

**Cattaraugus County
Health Department
2010 Annual Report**
Kevin D. Watkins, M.D., M.P.H. - Director

TABLE OF CONTENTS

Director's Desk	.....	3
Dedication	.....	4
Board of Health	.....	5
Administration	.....	6
Nursing Services	.....	7
Environmental Health	.....	22
Health Education	.....	37
Early Care	.....	42
PHCP/CSHCN	.....	43
WIC	.....	44
Laboratory	.....	46
Public Health		
Emergency		
Preparedness	.....	47
Financial	.....	51
Billing	.....	53
Acknowledgements	.....	55

From the Desk of the Public Health Director

The Cattaraugus County Health Department is proud to present its 2010 Annual Report. This report provides a brief overview of the services we provided last year in our efforts to preserve and promote public health in Cattaraugus County.

Both the 2010 and 2009 national county Health Rankings, produced by the Robert Wood Johnson Foundation and the University of Wisconsin, placed Cattaraugus County in the bottom third of the state with regard to factors that may influence a population's health as well as actual morbidity and mortality indicators. These rankings indicate that there is significant work to be done to reduce the unhealthy behaviors that are associated with the increased morbidity and mortality outlined in the report.

Community education and advocacy are vital components in promoting healthy lifestyles, preventing disease and addressing some of the findings of the county Health Rankings report. In 2010, these complementary strategies permeated throughout all Department programming. Health education provided targeted educational programming to both the school-age population and the population at large. Through its review, inspection and compliance functions, the environmental health division educates its constituency on a daily basis on how to prevent exposure to disease causing microbes and potentially toxic substances and promote safety. The Women Infant and Children's program provides targeted nutritional and breastfeeding information to promote a healthy start to our county's youngest citizens. Our nursing staff works individually with at risk clients to provide information on disease prevention, family planning and healthy lifestyles. Public Health Emergency Preparedness helps provide the hands on training necessary for our first responders and the institutional awareness necessary across the public health field to respond to emergencies. The Early Intervention and Physically Handicapped Children's Program provide vital advocacy for children with special needs, providing access to the services needed for them to reach their potential.

Additionally, 2010 saw the continuation of the county's H1N1 response. Although the county did see one death associated with an H1N1 Influenza A positive individual, by working with our community partners, the Department was able to mitigate the virus' morbidity and reduce its associated mortality.

Throughout all the Department's efforts in 2010, staff demonstrated diligence and dedication in meeting ever-increasing demands and overcoming daily challenges. Their loyalty and talent is greatly appreciated.

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

The 2010 Annual Report is dedicated to those who have served the Department tirelessly over the years.



*Susan Lorenz
Community Health
Nurse
Nursing
16 Years*



*Margaret Stady
Office Manager
Billing
3 Years*



*Helen Watson
Child Find Assistant
Early Intervention
15 Years*



*Rebekah Malone
Community Health
Nurse
Nursing
8 Years*



*Kathleen Thrun
Program Assistant, WIC
24 Years*

BOARD OF HEALTH

The Board of Health insures compliance with New York State Public Health Law, Cattaraugus County Health District Sanitary Code and applicable regulations, through established administration and enforcement procedures, for the continued safety and health of county residents. The Board sets policy for the county 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 2010, the Board of Health took enforcement actions on 15 cases and 2 appeals. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health.

BOARD OF HEALTH MEMBERS

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 and assessment, program initiation/improvement and capacity development is reflected in the department's mission statement;

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

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

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

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

Former New York State Department of Health Commissioner Richard Daines met with Director Watkins to discuss public health issues important to rural counties.

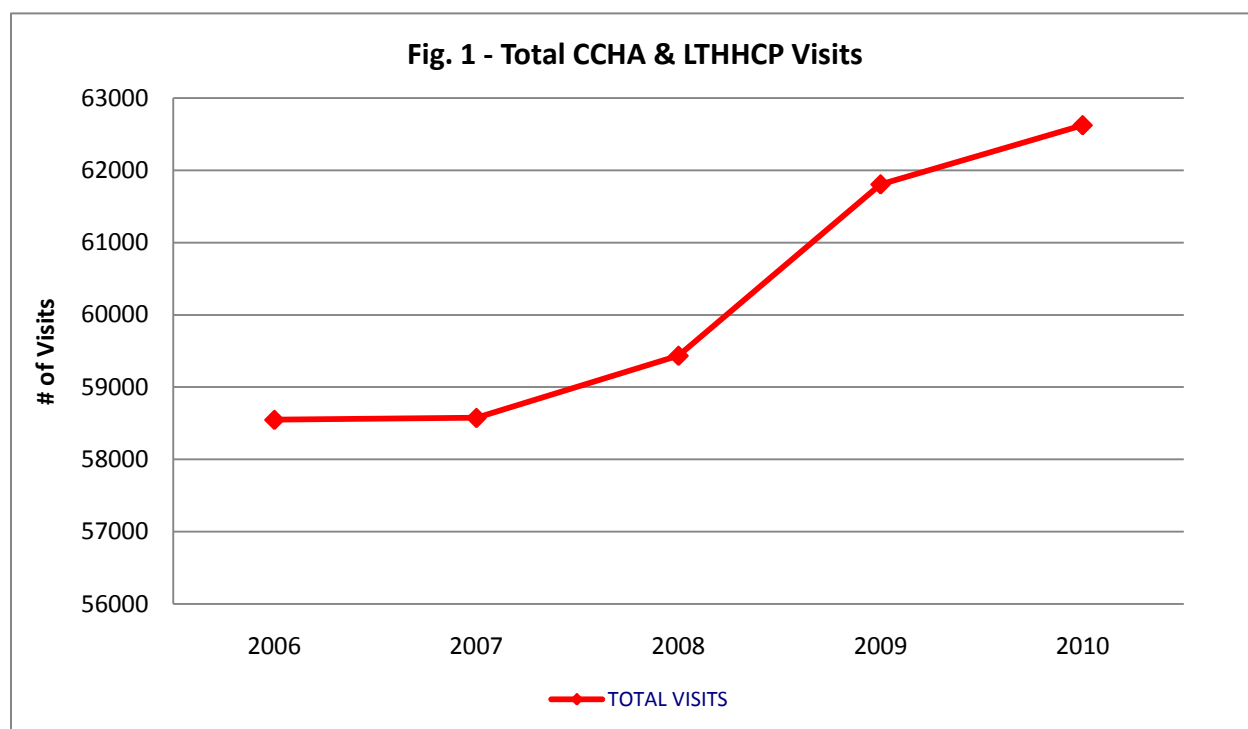


NURSING SERVICES DIVISION

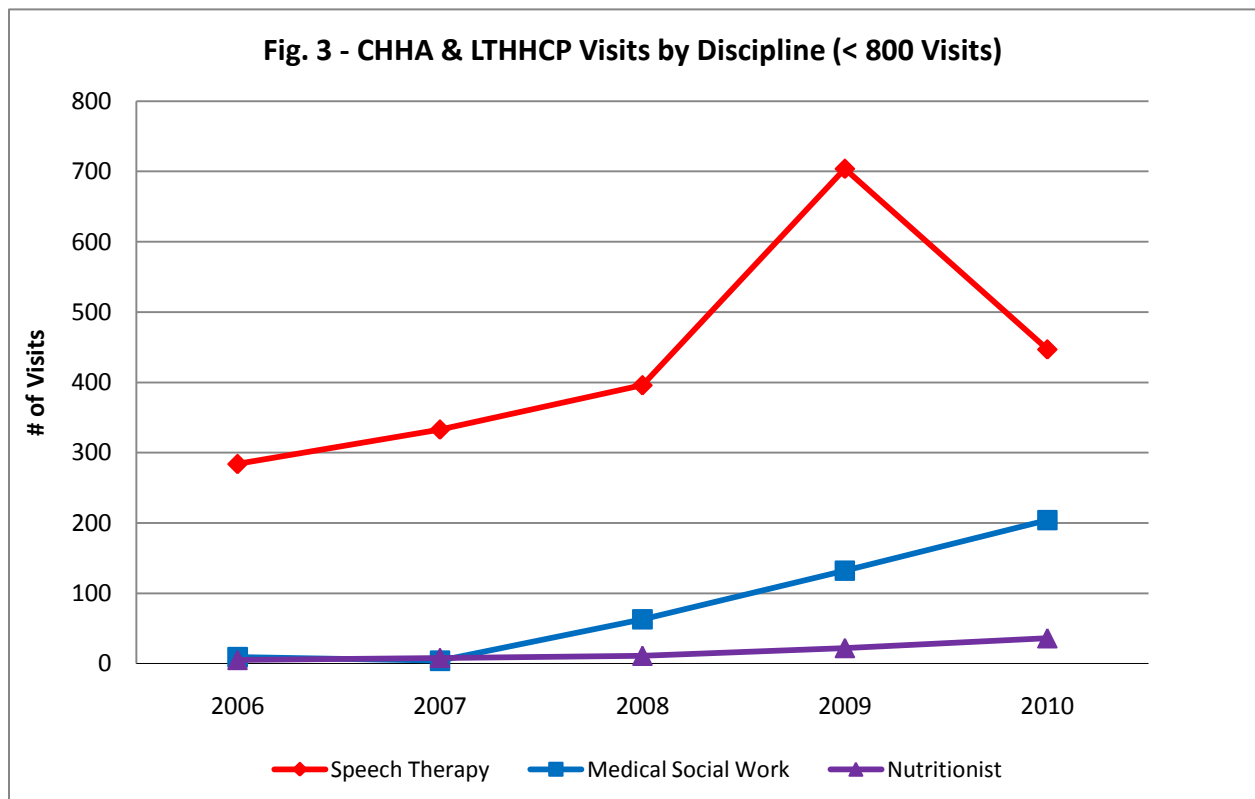
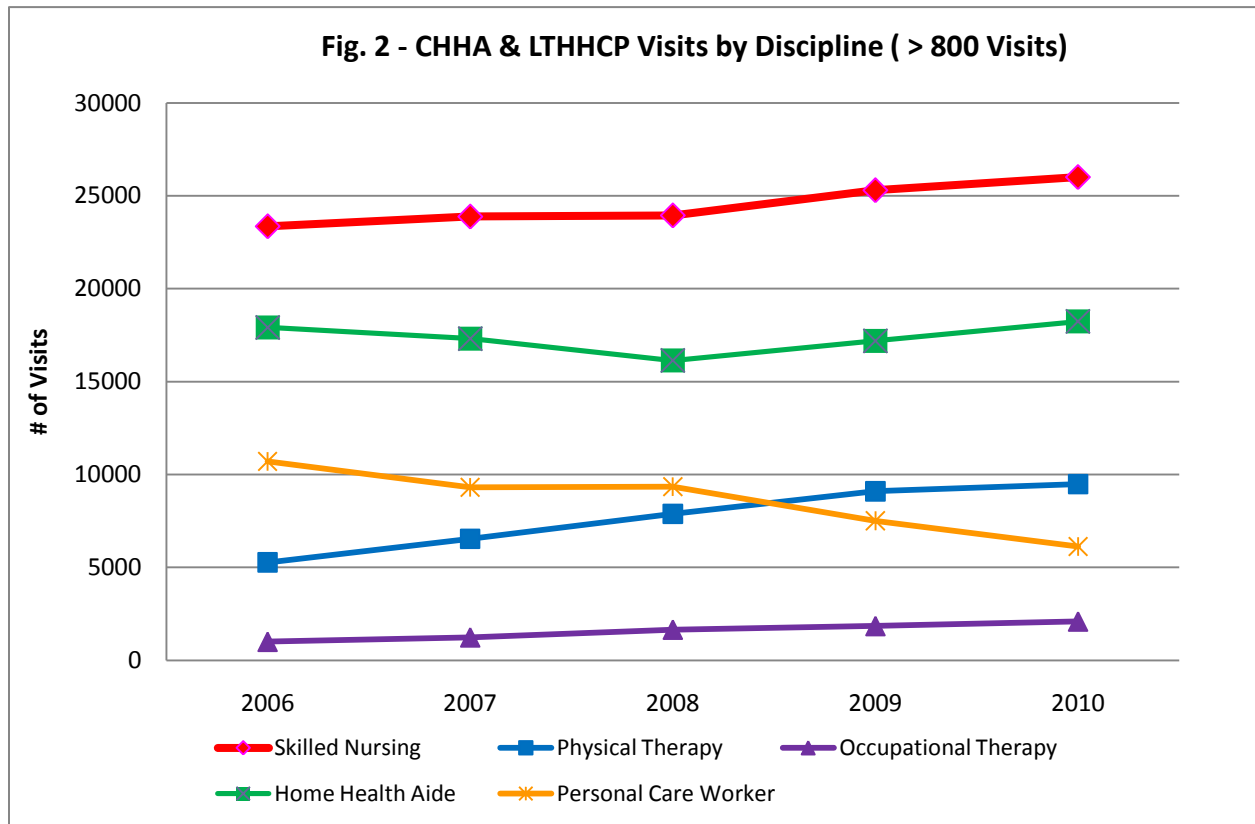
The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides both preventive and ameliorative medical care to improve public health and the community's quality of life. Prevention uses the dual strategies of education and evidence based interventions such as immunization/vaccination to improve individual outcomes. Prevention activities are contingent upon identification of those at-risk through 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 program models; namely the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides services to individuals with disabilities, chronic illnesses and especially those recovering from acute illness. The LTHHCP provides an alternative to nursing home placement to chronically ill or disabled individuals of all ages. In 2010, Cattaraugus County Health Department's Certified and Long Term Home Health agency **provided care to 1,748 individuals** with an **average daily census of 390**. 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.



Nursing Services



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, therapy and aide 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. Individuals with medical conditions that once required hospital based treatment can now be cared for at home due to advances in treatment and technology. The complexity of care and increased patient acuities are substantiated by steady increases in objective measures of patient acuity. In 2010, the CHHA had an **average daily census of 340 patients** with care provided to **1,677 individuals**.

Quality Assurance / Performance Improvement

Quality and customer service are key components of the 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/HomeHealthCompare/search.aspx>

Achieving positive outcomes improves 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. The Cattaraugus County Health Department Certified Home Health Agency has *been ranked in the top 25% of home care agencies nationwide* for the third consecutive year. This ranking, determined by Home Care Elite™, compares clinical and financial measures and includes agencies that have significantly more resources than our own. Additionally, the 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 helping individuals meet this goal. In 2010, the LTHHCP had an **average daily census of fifty (50) patients** with care provided to **seventy-one (71) 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

Although the CHHA and the LTHHCP are distinct programs each with its own admission criteria, there are opportunities to share similar services and technology. Both the clinical site rotations and the telehealth programs below are examples of this.

Clinical Site Rotations -

The CCHD's Nursing Division is affiliated 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 2010 semester, ~ **fifteen (15) students** took advantage of this opportunity to improve 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

Using technology, the CCHD CHHA and LTHHCP are able to monitor patients for changes in their health status on a daily or more frequent basis without making a visit to the patient's home. The process begins when a nurse installs a telemonitoring unit in the patient's home and establishes a connection to the department's computer system wirelessly or via the patient's home 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 hospitalization. **115 patients** received this service in 2010 with 9,236 sets of data reviewed for a total of **8,462 monitored days**. Nearly 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 individuals receive the appropriate level of care in the appropriate setting. CCHD nursing staff provides patient evaluation and assessment in the following capacities;

Patient Review Instrument and Long Term Care Patient Screening Instrument

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. **Eleven (11) assessments** were completed on individuals in the community and **seventeen (17)** on agency patients in 2010.

Personal Care and Private Duty Nursing Program Eligibility

Since March 1997, the Department of Social Services has contracted with the CCHD CHHA to perform assessments to determine eligibility for the Personal Care and Private Duty Nursing Programs. In 2010, 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
Sue Feldbauer - Supervising Community Health Nurse
Julie Welch - Community Health Nurse – Central Intake
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement

OLEAN:

Judy Braymiller – Community Health Nurse (PT)
Kristin Brown – Community Health Nurse
Kathleen Cochran- Community Health Nurse
Wanda Cousins – Registered Nurse (started 5/2010)
Antoinette Fancher – Community Health Nurse
Walter Hollamby - Community Health Nurse
Rebecca Lyman – Community Health Nurse
Rebekah Malone – Community Health Nurse (Retired 10/2010)
Ethel Milne- Community Health Nurse (PT)
Karen Phillips- Registered Nurse
Carol Skudlarek – Community Health Nurse
Cindy Smith – Registered Nurse (started - 10/2010)
Kim Southard – Community Health Nurse
Anne Wilber – Community Health Nurse
Kim Moricca – Social Worker (PT)
Earlena Baer - Keyboard Specialist II
Debra Lacher - Medical Record Technician
Deb Pettinato - Keyboard Specialist II

SALAMANCA:

Ann Barren - Community Health Nurse (PT Resigned 9/10)
Colleen Blendinger – Community Health Nurse
Sandy Grey - Community Health Nurse
Lois Lowry – Community Health Nurse
Kathy Marsh – Community Health Nurse (PT)
Erica Musall – Registered Nurse
Jennifer Rasinski - Community Health Nurse (started - 10/2010)
Chastity Standish – Community Health Nurse
Michelle Jennings – Keyboard Specialist II

MACHIAS:

Linda Bishop – Community Health Nurse
Lorie Blecha - Community Health Nurse
Cristin Boyles –Community Health Nurse
David Fancher - Community Health Nurse
Meegan Howard – Registered Nurse (started - 10/10)
Karen Hoffmann – Keyboard Specialist II

MATERNAL CHILD HEALTH

Cattaraugus County Health Department provides many services that promote the health of pregnant women, infants, children and families. These programs, through education and prevention, provide the framework to build 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 2010, the Department provided services to **sixty-nine (69) females** in the MOMS Program. In 2010 the ages of participants ranged from 17 to 36 years with an average age of ~23 years. In the past, up to a third of participants were nineteen (19) years old or younger.

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 suspended in September 2010 due to lack of staff.

Newborn Screening

CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over 40 genetic diseases such as cystic fibrosis, phenylketouria (PKU) and Krabbe Disease. With early diagnosis and medical treatment, serious illness can be prevented in many cases. Over **sixty (60) 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.

187 individuals received Maternal Child Health visits in 2010.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Elevated blood lead levels (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 CCHD monitored **1,582** blood lead levels via electronic reporting on NYSDOH's Health Information Network (HIN) to ensure that all children are tested and receive proper follow-up for any elevated levels. Fig. 4 illustrates the number of children with EBLL from 2005 to 2010. CCHD

Child tested by Community Health Nurse at WIC Clinic

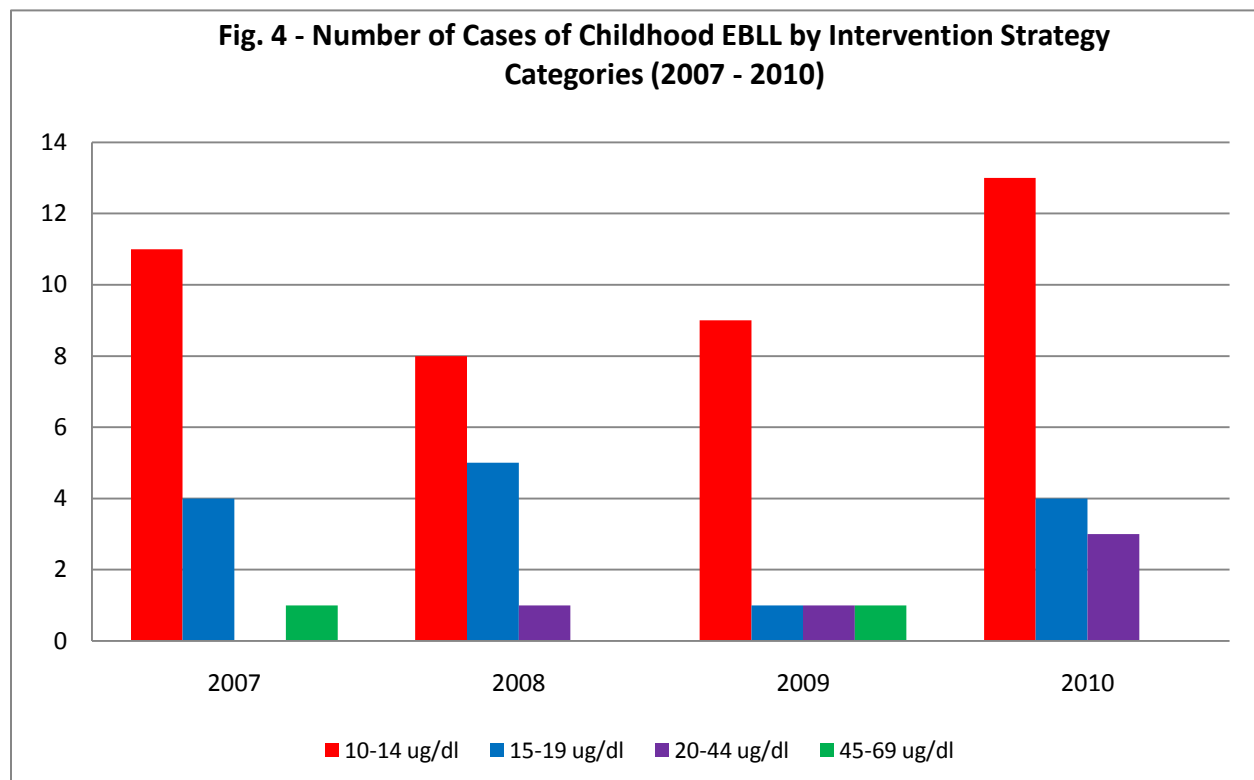


Nursing Services

nurses made **twenty-six (26)** home visits to children with elevated blood lead levels. With funding from NYSDOH, CCHD lead program began point of care lead testing. This will eliminate a separate trip to a lab by allowing the child to be tested immediately onsite with results in less than 5 minutes.

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

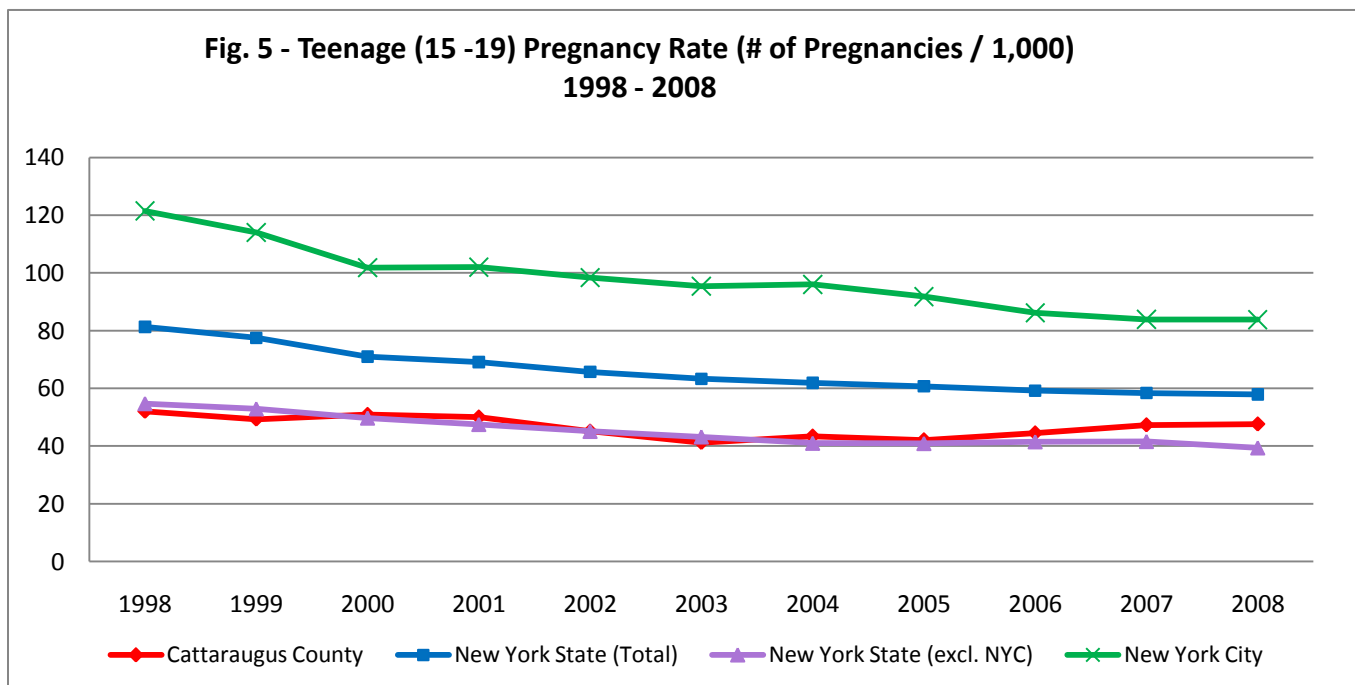
Community health clinics provide a variety of services to community members. These services often meet a critical public health need that is best addressed through comprehensive community based programs. What follows is a description of the services provided through community health clinics.

FAMILY PLANNING CLINICS (FPC) SERVICES

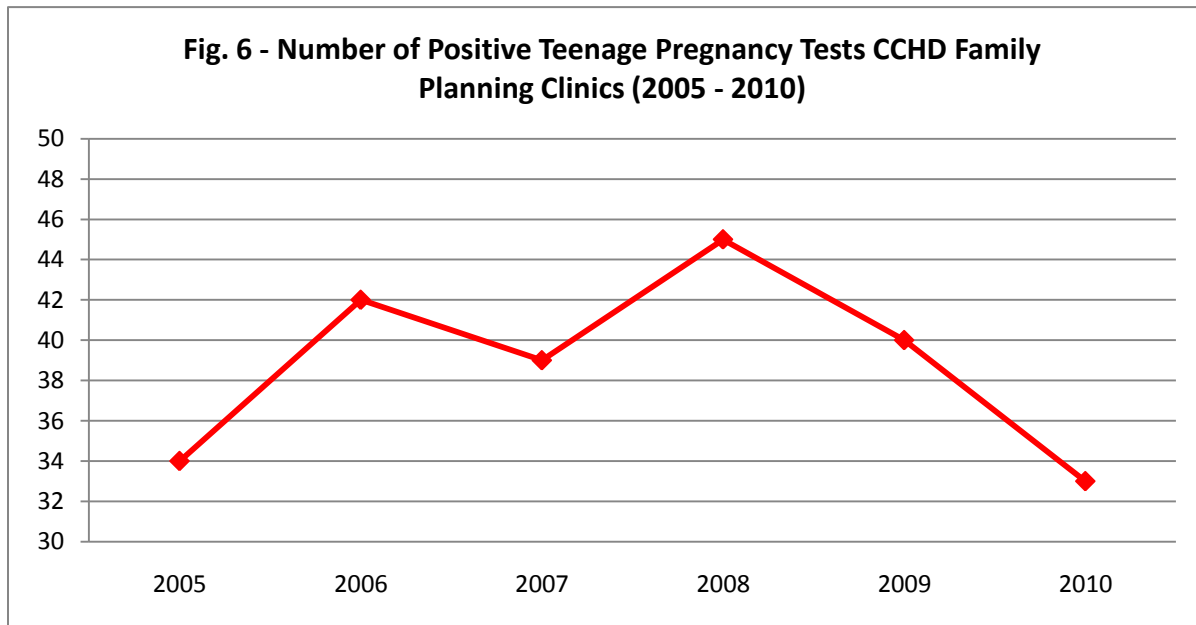
Objectives of family planning clinic services are to reduce adolescent pregnancies and unintended pregnancies in all age groups as well as prevent sexually transmitted diseases.

Reproductive Health Services

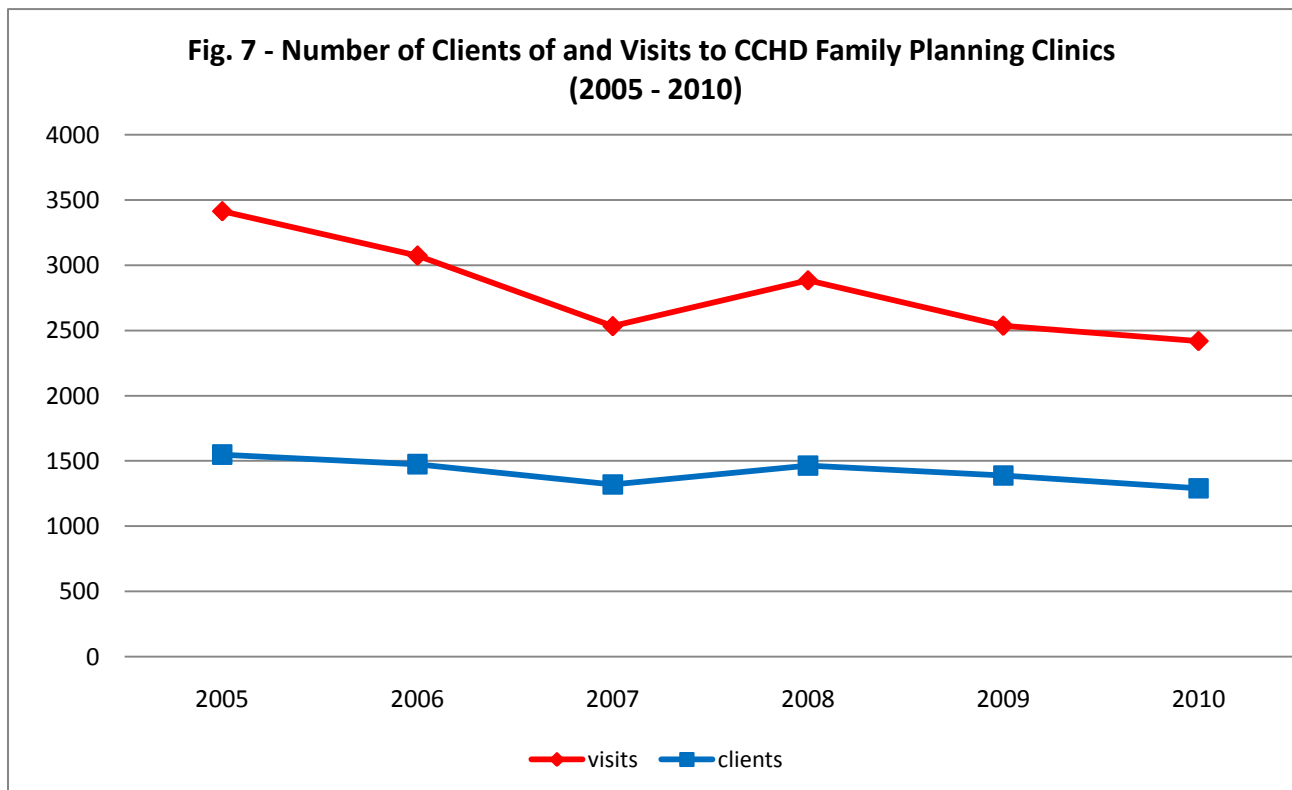
Reproductive Health Services for both men and women are offered at CCHD offices in Machias, Olean, Salamanca and Randolph. Family planning clinics fulfill the above objectives by ensuring access to basic reproductive health education and providing comprehensive reproductive health care. The need for this service is illustrated by the data presented in Figs 5 & 6. Fig. 5 suggests that Cattaraugus County is *not* following the downward trend seen in NYS as a whole. Although the pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies/1000 in 1990, it remains higher than many of our neighboring counties and has actually shown an upward trend in the most recent years that data is available. However, Fig. 6 shows that the number of adolescent family planning clients with positive pregnancy tests has steadily declined since 2005. It is estimated that 184 pregnancies were averted through the efforts of the family planning clinic/program. However, because almost half of all pregnancies continue to be unplanned and teen pregnancies continue to occur, there remains a need for factual reproductive health education and clinic services. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. More information about these activities may be found in the Health Education section.



Nursing Services



Comprehensive reproductive health care includes physical & laboratory examinations, contraceptives, emergency contraception, counseling/education and cancer/sexually transmitted infections (STI) screening for adolescents and adults. Fig. 7 shows the five-year trend for the number of clients of and visits to the CCHD family planning clinic. While difficult to substantiate, this downward trend in client and visit numbers may be associated with such diverse variables as changes in teenage pregnancy rates & behavior and promotion of the *medical home model* by state programs and private insurers.



Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2010, Cattaraugus County Family Planning Clinic performed **618 pap smears** on **548 clients**. **120 pap smears** were **abnormal** with **sixteen (16)** of these having significant abnormalities which required immediate follow-up including colposcopy and/or referral for treatment. **Fifty (50) colposcopies** were performed by the clinic nurse practitioner.

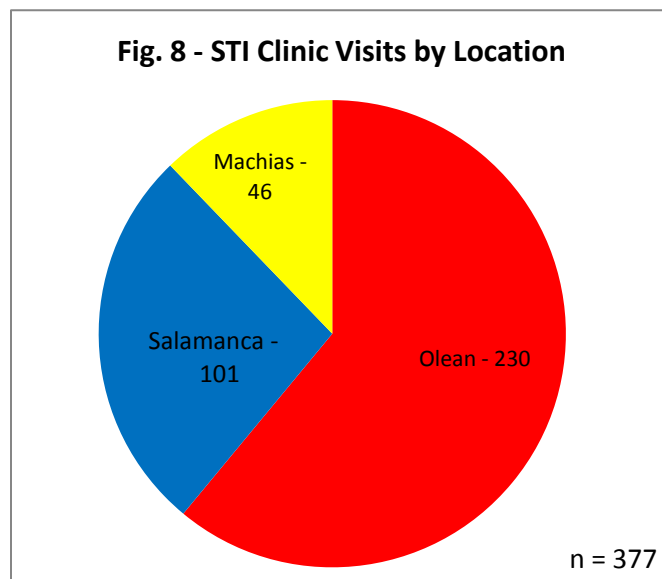
Cancer Services Program

This program assists those who are either underinsured or uninsured to receive regular health screenings to promote early detection of cervical, breast and colorectal cancer. Out of a total of 195 county residents screened in the program in 2010, CCHD Family Planning staff provided **74 clients** with **74 breast exams**, **31 pap smears** and **one colposcopy** directed biopsy. Staff also provide prevention education to clients in the program. Other county partner providers served the remaining 121 county residents in 2010.

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 infection in Cattaraugus County is Chlamydia. The **number of cases detected** during routine family planning visits was **thirty-nine (39)** and **sixteen (16)** in STI clinic. All clients with positive tests, and their contacts when indicated, received education, treatment, and follow-up. There were **377 client visits** to the STI clinic in 2010. Client ages ranged from 14-71 with an average age of 27 years. Fig. 8 shows the number of STI clinic visits by clinic location.

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

The CCHD 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 CCHD provides Rapid HIV testing by using fluids obtained by swabbing the oral mucosa. Using this method, results are generally available in about 20 minutes. In 2010, 405 individuals were tested for HIV in Family Planning Clinic and **224** in STI Clinic. There were no positive test results in 2010.

The Health Department provides clinic space to Erie County Medical Center so that HIV positive individuals living in Cattaraugus County and the surrounding areas may receive expert care close to home. **Twenty-seven (27) individuals** received services in 2010.

HYPERTENSION SCREENING

The mortality rate of heart disease in Cattaraugus County (353/100,000) significantly exceeds that of New York State (257/100,000) 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.

Fig. 9 - Number of Hypertension Screenings Performed by CCHD Staff (2005 - 2010)

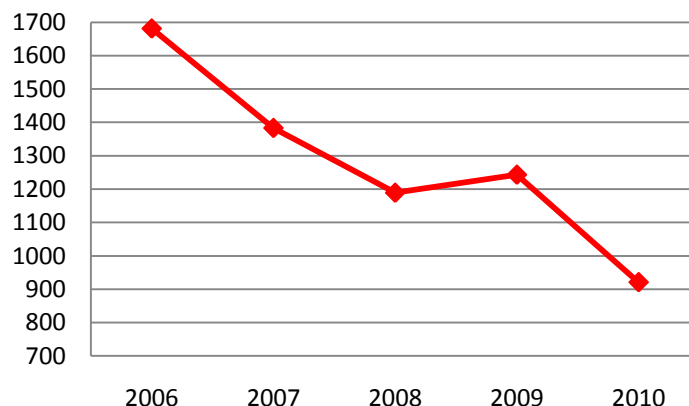
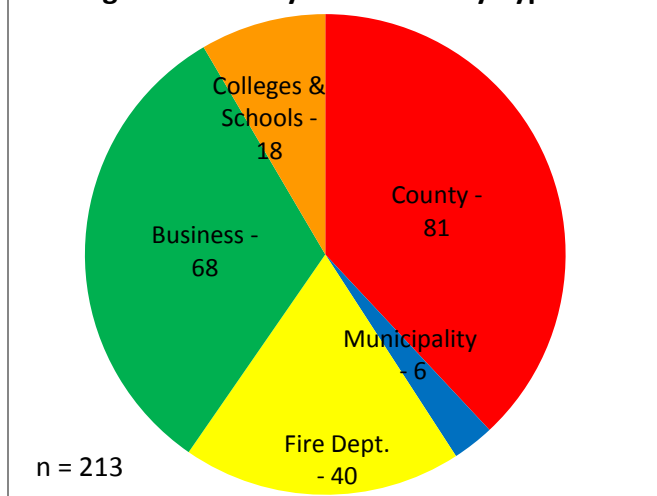


Fig. 10 Clinic Physical Exams by Type



PHYSICAL EXAMS

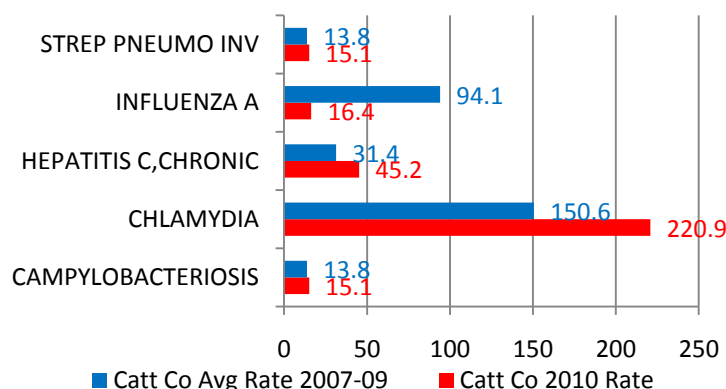
Clinic staff provides routine physical exams for new employees of the county, villages, towns and fire departments as well as for college admission, and other community businesses and organizations. In 2010, 210 exams were performed. Fig. 10 shows the breakdown of these by organizational type.

Communicable Disease Prevention

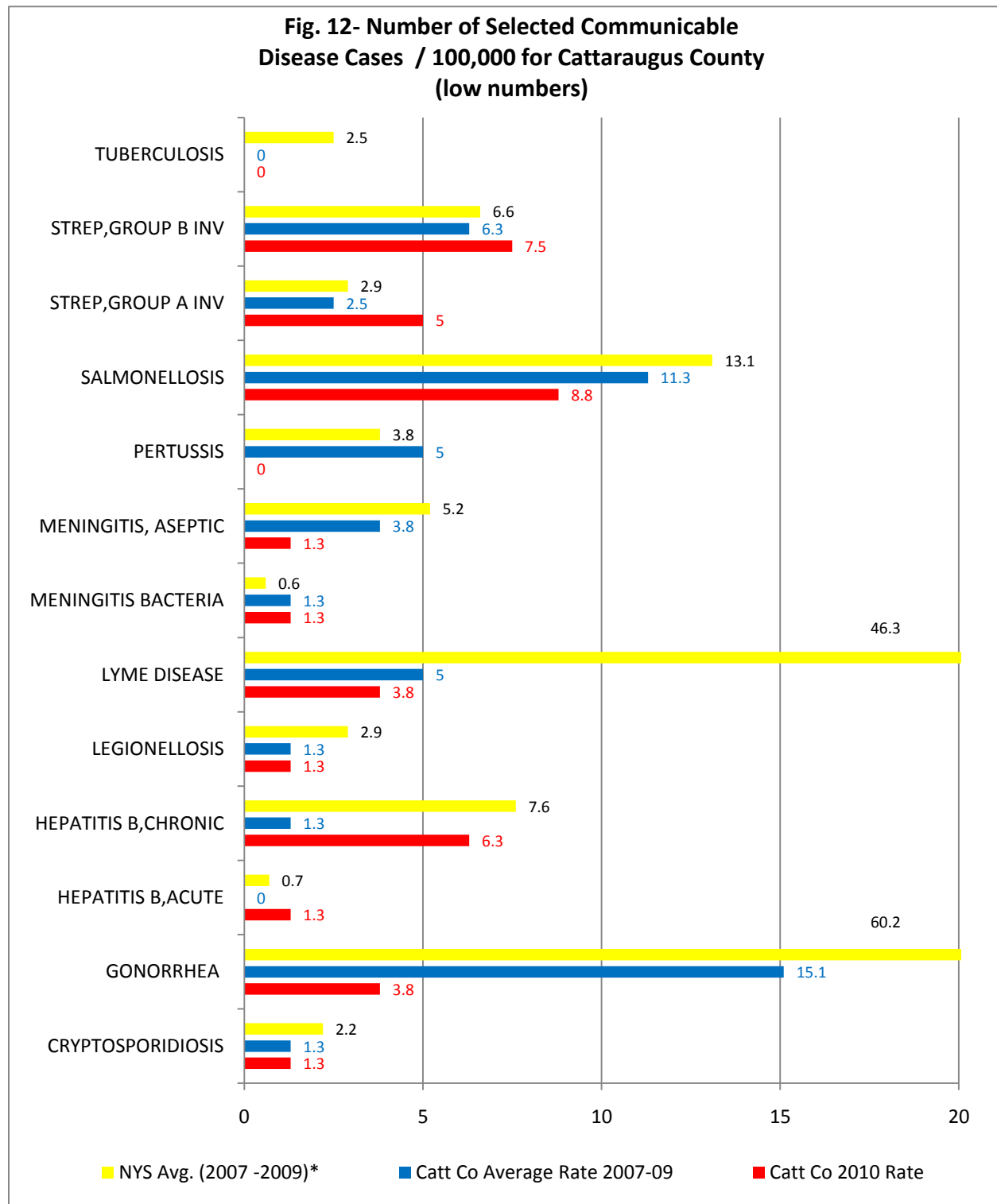
Disease prevention, surveillance and containment are core functions of the CCHD. These strategies are applied to the control of all disease whether it is responding to a case of Hepatitis A in a food handler or, as in 2009, pandemic H1N1 influenza.

Figs. 11 & 12 compare the 2010 occurrence rates of selected communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Chlamydia and Chronic Hepatitis C are the most frequently reported communicable diseases in Cattaraugus County although their occurrence rate is well below the state average. 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.

Fig. 11 - Number of Selected Communicable Disease Cases / 100,000 for Cattaraugus County



Nursing Services



TUBERCULOSIS CONTROL

There were no active cases of Pulmonary Tuberculosis in Cattaraugus County in 2010. **Tuberculin testing** was provided to **650** clients with **five (5)** individuals testing **positive**. Individuals with a positive test are required to follow-up with either the CCHD or their private physician. Through regular follow-up and prophylactic medication, active tuberculosis can be prevented. **Twenty-seven (27) individuals** received care in 2010 in Chest Clinic and **eight (8)** were started or continued on prophylactic medication.

IMMUNIZATION PROGRAM

To ensure access to immunizations and prevent disease, CCHD provides regular immunization services at the Olean, Salamanca and Machias offices as well as flu clinics at community locations throughout the county. Immunizations are available at no charge to individuals under age 19, for a minimal charge to individuals aged 19 and over or may be covered by insurance. Cattaraugus County is also a major provider of travel vaccines. Table 2 lists the types and numbers of vaccines given by the CCHD to adolescents and adults.

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.

Table 2 - 2010 CCHD Immunizations

IMMUNIZATION	Number Given	Number Given	Number Given
	Age18 & younger	Age19 & older	Total
DTaP	3	0	3
DtaP-HIB-IPV (Pentacel)	16	0	16
DtaP-IPV (Kinrix)	16	0	16
DtaP-HEP B-IPV (Pediarix)	17	0	17
HEP A	18	44	62
HEP B	16	68	84
HEP A & HEP B (Twinrix)	25	203	228
HIB	0	40	40
HPV (Gardasil)	18	44	62
INACTIVATED POLIO (IPV)	3	12	15
INFLUENZA	97	2680	2777
MENACTRA (MCV4)	69	2	71
MMR	37	92	129
PNEUMOCOCCAL (polysacc)	4	220	224
PREVNAR (pneumo-conjugate)	38	0	38
ROTOVIRUS	7	0	7
Td	2	42	44
Tdap	116	169	285
TYPHOID	5	70	75
VARICELLA	44	8	52
YELLOW FEVER	3	19	22
ZOSTAVAX (shingles)	0	16	16
Totals	554	3729	4283

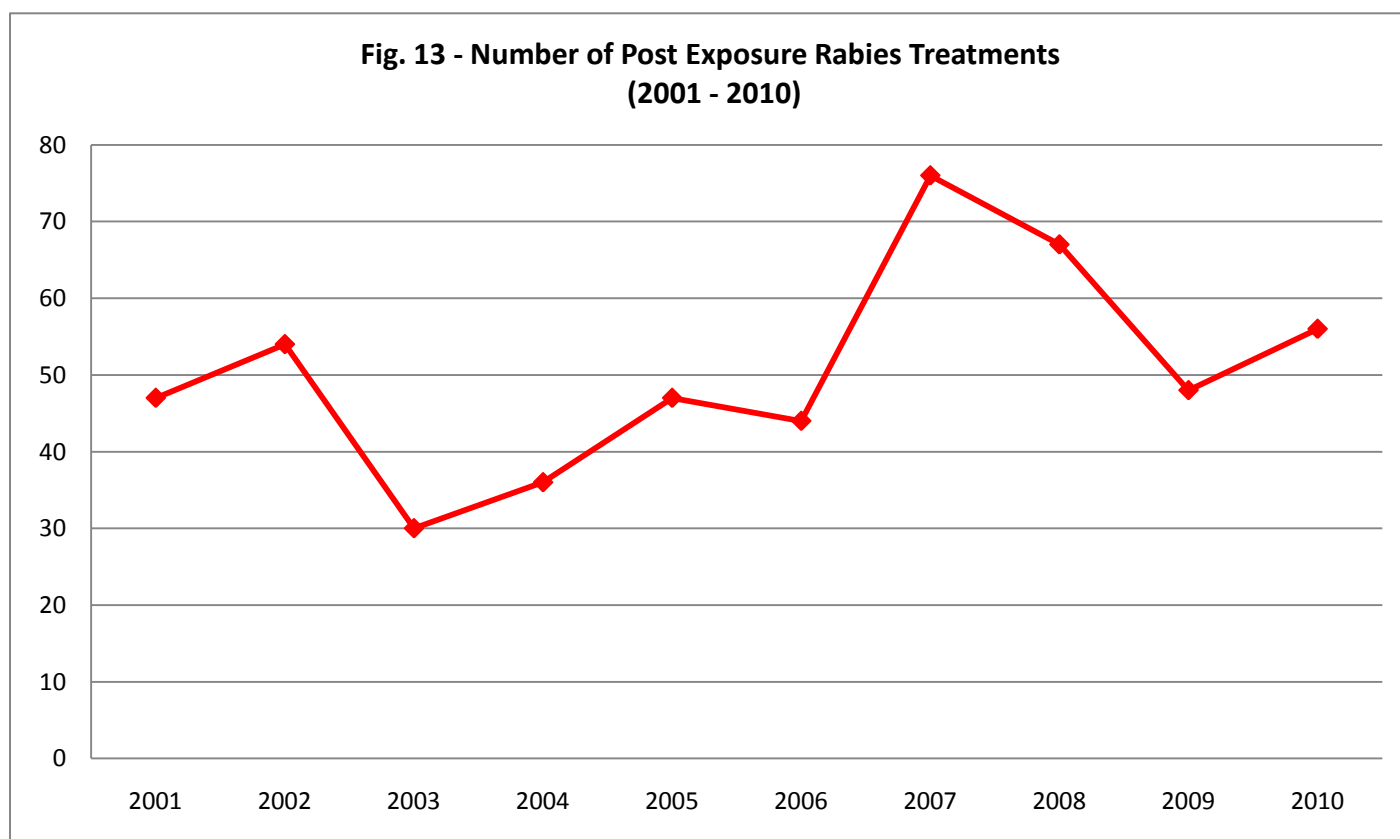
Influenza Vaccination Program

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 almost **3,000 doses** of **seasonal flu vaccine** at approximately 40 community sites. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county

Rabies Post-exposure Vaccination Program

Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva of infected mammals. If individuals receive prompt treatment following an exposure to the virus, rabies can be prevented. The majority of exposures occur due to potential contact with bats. Most individuals requiring post exposure rabies treatment did so because the animal was not available for testing. **Five (5)** people received post exposure vaccination due to contact with a lab confirmed rabid animal. All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

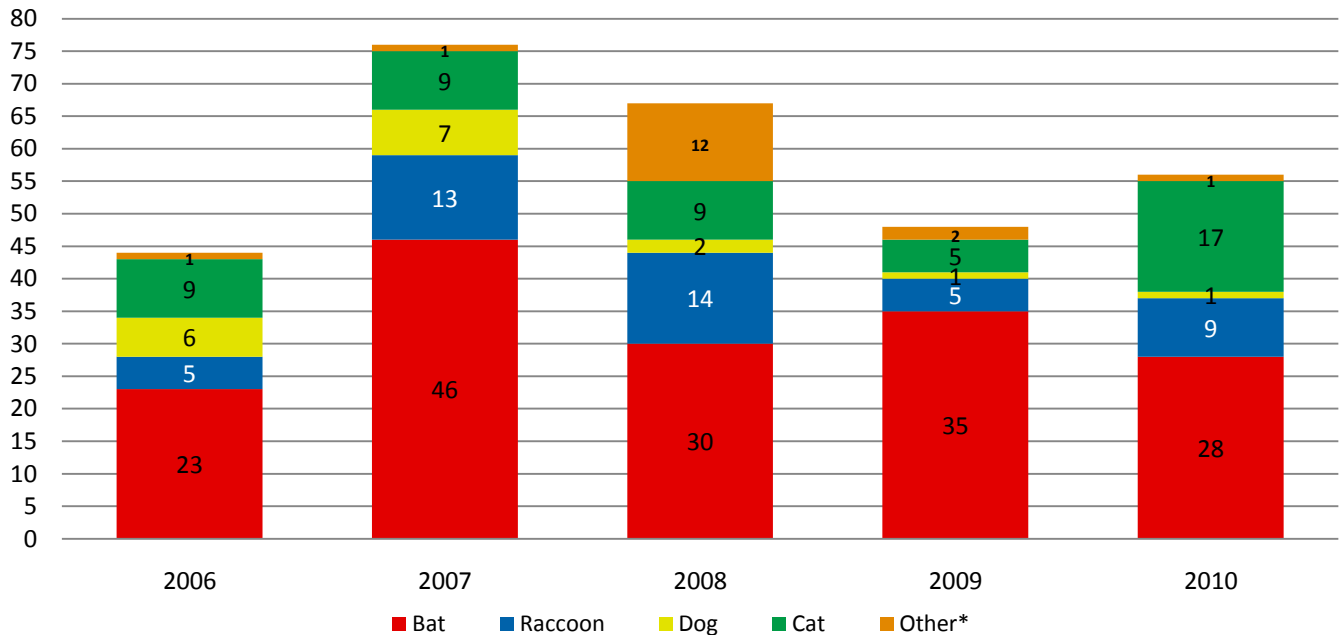
Fig. 13 illustrates the variability associated with the number of post exposure rabies treatments from year-to-year and Fig. 13 illustrates the annual breakdown of post exposure treatments by suspected animal vector.



Pre-exposure vaccination series were administered to **eight (8) individuals** at risk for occupational or recreational exposure to rabies. Another **fifteen (15)** people in this category had their immunity to rabies monitored through **titers**.

Nursing Services

**Fig. 14 - Number of Rabies Post Exposure Treatments
by Animal Type (2006-2010)**



* - Porcupine, Opossum, Rabbit, Cow, Skunk, Horse, Fox, Deer, Guinea pig

MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2010

Susan A. Andrews - Director of Patient Services
 Mary Anne Power - Supervising Community Health Nurse
 Mariann Graczyk - Nurse Practitioner (PT contracted)
 Julia McAndrew - Nurse Practitioner
 Clare Barr - Registered Nurse (Resigned 8/10)
 Janet Cottillion - Community Health Nurse (PT)
 Gayle Faulkner - Community Health Nurse
 Susan Lorenz – Community Health Nurse (Retired 1/10)
 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 - Keyboard Specialist II
 Karen Kell - Keyboard Specialist II
 Peggy Davis – Per Diem Clerical

Contracted Nurses for Flu Season
 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 inspection, education, and regulatory enforcement. Performing inspections to ensure compliance with science based regulatory controls established by state and federal agencies, is a core strategy in most environmental health work performed by the CCHD. Education is equally important in ensuring that those entrusted with the public's health understand the potential health risks and mitigation strategies associated with particularly vulnerable activities and facilities. Through education and enforcement many potential illnesses and injuries are prevented.

Water Supply Compliance and Protection

PUBLIC WATER SYSTEMS (PWS)

The U.S. Environmental Protection Agency cites efficient water use, better management and operation of water systems, full cost pricing, and watershed approaches to source protection as vital to ensuring the future of safe and healthy water for public consumption in the United States. The CCHD's PWS program works in all of these areas with operation and management personnel at **194 public and 44 non-public water systems** throughout the county to ensure the provision of safe drinking water through application of these principles. Subpart 5-1 of the New York State Sanitary Code (NYSSC) defines a *public water system* as a water system which provides water to the public for human consumption through pipes or other constructed conveyances, if such system has at least five service connections or regularly serves an average of at least 25 individuals daily, at least 60 days out of the year. Subpart 5-1 of the NYSSC further classifies public water systems as follows:

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

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

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

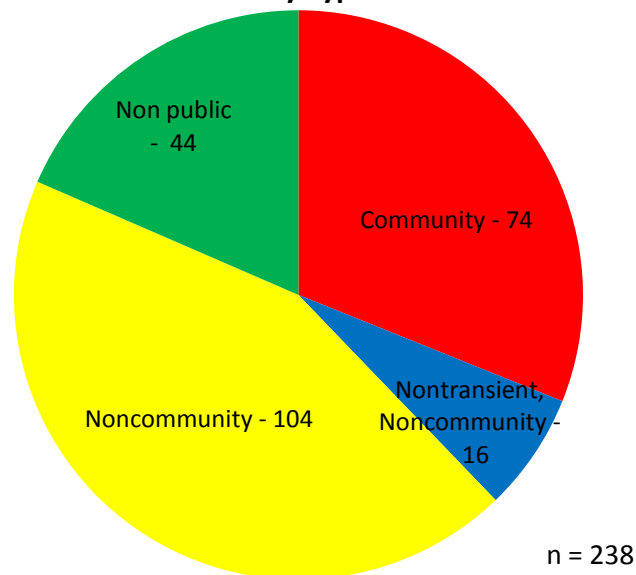
A *non-public* water system is one that does not meet the definition of a public water system and is thus not regulated under the NYSSC, but it is still regulated by the CCHD through other sections of state and county sanitary codes. Fig. 15 illustrates the breakdown of CCHD regulated systems by type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

Again in 2010, the Environmental Health Division prepared an approved workplan 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 2010, environmental health (EH) staff performed required inspections at **191 of the regulated water supplies**. At larger community and nontransient noncommunity 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 maintenance, 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 follow up lead to better management and operation of PWSs.

Fig. 15 - CCHD Regulated Water Systems by Type



Water Quality Monitoring

A key to providing safe and healthy drinking water is routine testing of drinking water quality. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, the more frequent micro-biological and nitrate sample are collected directly by CCHD personnel and analyzed in the county lab. In 2010, EH staff collected over **1,640 microbiological samples and 250 nitrate samples** for laboratory analysis.

Technical Assistance

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

- Each community PWS is required to publish an Annual Water Quality Report (AWQR). Each year EH staff provides updated draft AWQR's to the vast majority of these PWS's.
- State and federal regulatory requirements for PWS's are complicated. While most certified operators¹ are familiar with these requirements, questions routinely arise that require EH staff interpretation. An example of this is the 2010 training provided by EH staff regarding completion of detailed synthetic organic chemical (SOC) vulnerability assessments required to receive an SOC monitoring waiver.

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

Environmental Health

- Operation of 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 update 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 locating, servicing, and managing all system components. Such data can also be used in planning and determining the full cost of future improvements. Training was provided to staff from three systems in data capture, storage, and access of data needed for developing an effective Asset Management Program.
- Regulatory and technical assistance associated with various engineering and capital improvement projects throughout the county.
- EH staff have conducted operator training at a number of conferences and workshops
- EH staff have assisted several operators with completing their licensing requirements (i.e. certification courses and training requirements).

Community PWS Project Highlights

With the aging infrastructure present in Cattaraugus County, full compliance with current state and federal regulations often involves 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 and Town of Allegany, continued working together with the Department to complete a Wellhead Protection Plan for the 3 village wells which supply both districts. This plan is scheduled for completion in 2011. The Town completed construction of the water main extension out to expressway exit 24.

The Village of Delevan substantially completed construction on their \$1.25 M grant funded project to reconstruct their springs and install filtration treatment and the project is on-track to be operational before the end of 2011 as required by the Department. Distribution system improvements to their aging infrastructure are also needed.

With the Village of Limestone's dissolution on 12-31-10 the Town of Carrollton created both a new water and sewer district. This effectively transferred operational and managerial control of the former Village's utility systems. Their water system is now known as the "Town of Carrollton Limestone Water District". Monitoring requirements remain the same, but the Department plans to meet with the Town Board to begin educating them about the complex regulations, extensive reporting requirements, and their role and responsibilities in managing a public water supply system. The Town of Randolph has to complete the same process in 2011, when the Villages of Randolph and E. Randolph are also scheduled to dissolve.

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

Environmental Health

drinking water regulations and has been performing 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 Department then negotiated a formal compliance agreement which was signed August 10, 2010 committing water company owners to bring the system into compliance within 1 year, with other extensive improvements to be completed by the end of 2014. By the end of 2010 the water company had applied for and received permission from the NYS Public Service Commission for a desperately needed rate increase, and secured funding assistance through the NY Drinking Water State Revolving Loan Fund (DWSRF) at 0% interest.

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 was officially shut off and abandoned. Similar to West Valley, Otto, and Delevan, their old springs had to 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 2009 the Machias Town Board also entered into a formal compliance agreement with the Department which was supposed to have the springs officially abandoned by December 31 of 2009. All parties are pleased to report that construction work on the replacement water line and abandonment of the springs was substantially completed in November of 2010, thereby officially resolving this longstanding violation.

The Village of Cattaraugus, at the request of the Health Department, 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 prepare designs for the first phase of priority work is all but complete. The challenge for the current Village Board will be to find funding or otherwise attempt to budget for all the necessary work. The findings will be presented/discussed at an upcoming Village Board meeting following official release of the study. The Health Department is committed to participating in these discussions in 2011.

The Town of Otto Water District substantially completed the installation of new filtration and UV disinfection treatment on their unfiltered spring supply in September 2009. However the small community system experienced some equipment and controls issues throughout 2010 which prevented their engineer from issuing final certification for the project. The system also has had some monitoring violations and has financial problems due to decreased revenue from a dwindling customer base. Technical assistance is ongoing.

The Village of Randolph water system has been in operation since the 1930's. 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. The engineering study continued throughout 2010 including performing an elaborate dye test of the wells and facilities at the Village water works site. Evaluation of alternatives is complicated by the fact that both the Villages of Randolph and E. Randolph will be dissolved at the end of 2011, and any capital improvement projects will have to be initiated/financed by the Town after the systems are merged into one Town district. The engineering report should be completed in early 2011. The Department is committed to participating in this effort.

Wastewater

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

PRIVATE SEWAGE TREATMENT

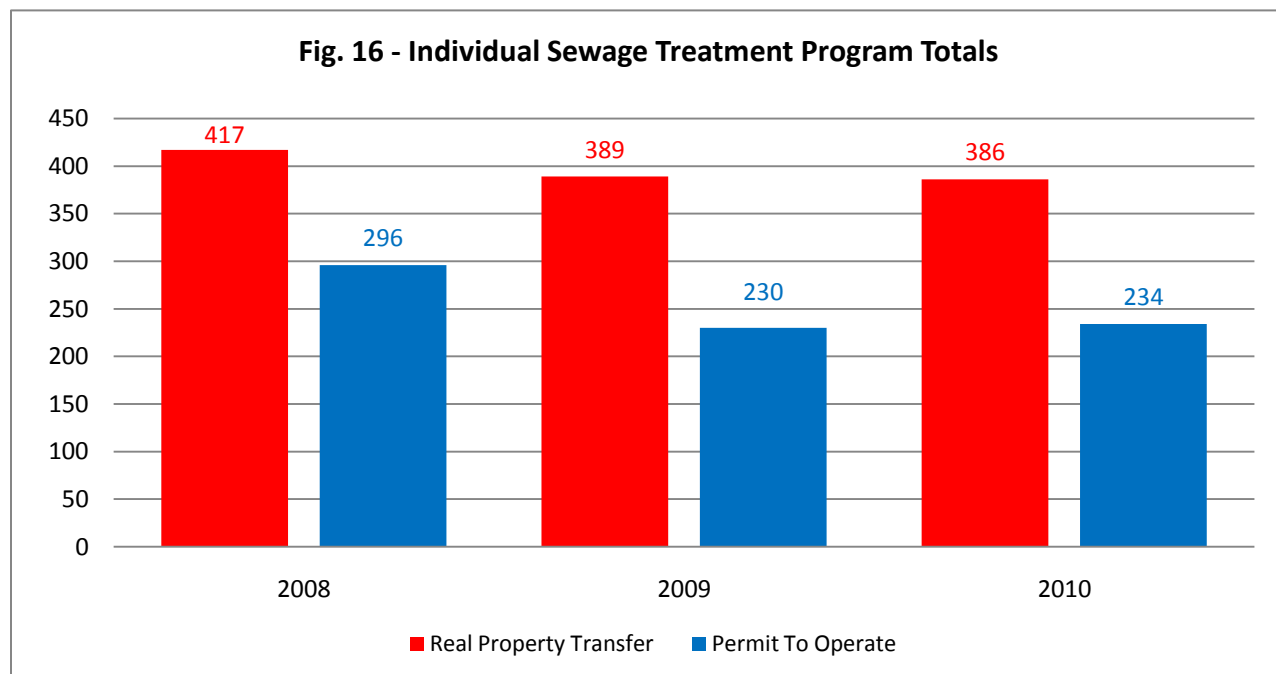
Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and Septic System Permit (SSP) programs. Together, these two programs account for the largest portion of field staff time each year.

Real Property Transfer Program

The RPT program provides a mechanism for performing sanitary survey inspections of private sewage and water systems on the occasion of all rural property sales. This, along with complaints that may be received, serve to identify failing septic systems in need of repair or replacement. Fig. 16 shows that the number of RPTs conducted in 2010 remained relatively unchanged from 2009.

Septic System Permit Program

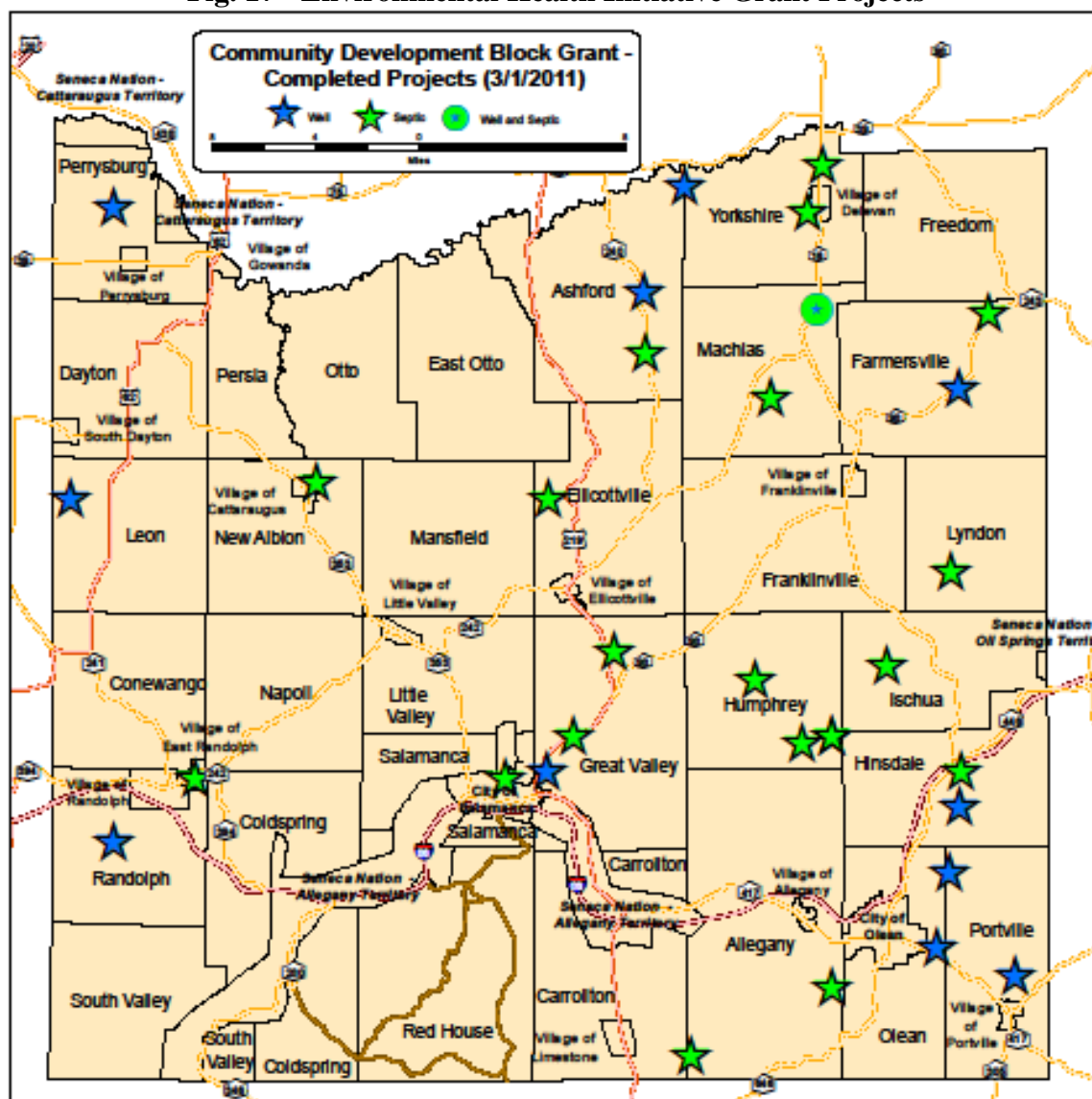
To ensure proper functioning of private wastewater systems, each system needs to be designed in conformance with state regulations and with an understanding of environmental conditions unique to each specific site. EH staff routinely conduct site investigations and design small septic systems for individual homes and review plans for larger commercial systems designed by professional engineers. Following design, construction, and inspection, EH staff issue permits to operate these systems. Fig. 16 shows that the number of septic system permits issued in 2010 remained relatively unchanged from 2009.



Environmental Health Initiative Grant Program

In 2009, the CCHD, on behalf of the Cattaraugus County Legislature, received a \$351,000 Community Development Block Grant (CDBG) through the NYS Office of Community Renewal. This "Environmental Health Initiative Program" was designed to provide financial assistance to low-to-moderate income households to replace/repair failing septic systems and well water supplies. With the assistance of NeighborWorks Home Resources (NWHR), a non-profit housing rehabilitation agency, the CCHD oversaw the completion of eight (8) well projects and eighteen (18) septic system projects in 2010 (See Figure 17). The CCHD is planning to reapply in May 2011 to fund the project for another two years.

Fig. 17 - Environmental Health Initiative Grant Projects

**COMMERCIAL SEWAGE TREATMENT**

Larger commercial sewage treatment systems are required to have a State Pollutant Discharge Elimination System (SPDES) permit issued by the NYS Department of Environmental Conservation (NYSDEC) and they require that such systems be inspected annually to ensure proper operation and maintenance. The NYSDEC

contracts with the CCHD to conduct these routine annual inspections. In 2010 EH staff performed **117 of these inspections** and filed all reports with the DEC regional office in Buffalo as required.

COMMUNITY / MUNICIPAL SEWAGE PROJECTS

The CCHD is continually working with municipal boards to promote community wastewater systems where documented septic system failures are an issue. Sometimes these efforts span decades. EH staff worked diligently with two town boards in 2010, both of which have been awarded grant funds toward their project.

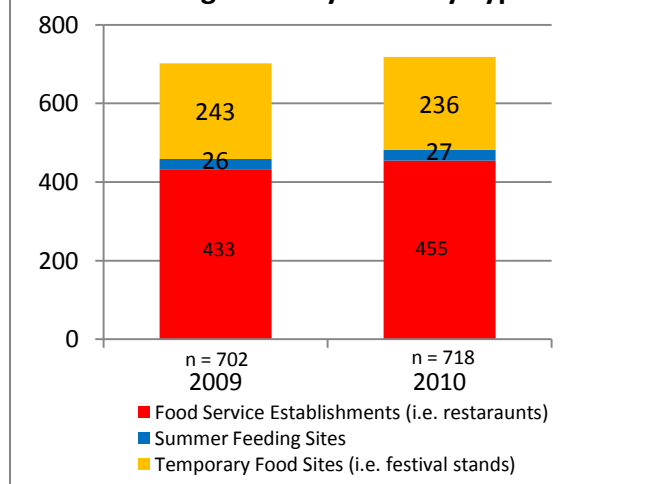
In late 2009, the Town of Olean was awarded a \$600,000 Community Development Block Grant to install public sewers on Butler and Andrew Streets near the Dugan Road. This important project will eliminate over ten longstanding septic system discharges and resolve many current legal and operational problems with the Dugan Road East Sewer District. Project planning and design continued throughout 2010. At the very end of the year, the Town's engineering firm had submitted their report and plans to the NYSDEC for review and approval. It is expected the project will go to bid in Spring 2011 and construction in Summer of 2011.

A major development in 2010 was the announcement in early July that the Town of Machias (Lime Lake community) was awarded a \$2M grant and offered a 0% interest loan from the New York Clean Water State Revolving Loan Fund (CWSRF), for construction of a public sewer system around the lake. The Lime Lake Cottage Owners Association (LLCOA) and Machias Town Board have conducted numerous studies over the last 50 years in attempts to eliminate the hundreds of sub-standard septic systems around the lake. These systems on tiny lakefront lots contaminate private drinking water wells and leach nutrients into the lake, which in turn causes excessive aquatic weed growth. It is understood that lack of a public sewer system is impairing the recreational value of the lake and causing risks to public health if residents consume untreated well water. In late 2010 the Town Board acted quickly to authorize an update of their 2006 engineering study and worked closely with the LLCOA wastewater committee, Health Department, and legal and financial consultants to be able to present a viable/affordable project to lake community members. A public information meeting and official hearing were being planned for January 2011, when the year came to an end. All parties are hopeful that the proposed district customers will vote favorably for the project and that it goes into design phase in 2011. If that happens, the project could go to bid and construction started in 2012 with final completion date in 2013.

Facility Inspections

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

Fig. 18 - Food Preparation Facilities Regulated by CCHD by Type



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. 18 compares the number of food service establishments regulated by the CCHD in 2010. No food borne 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

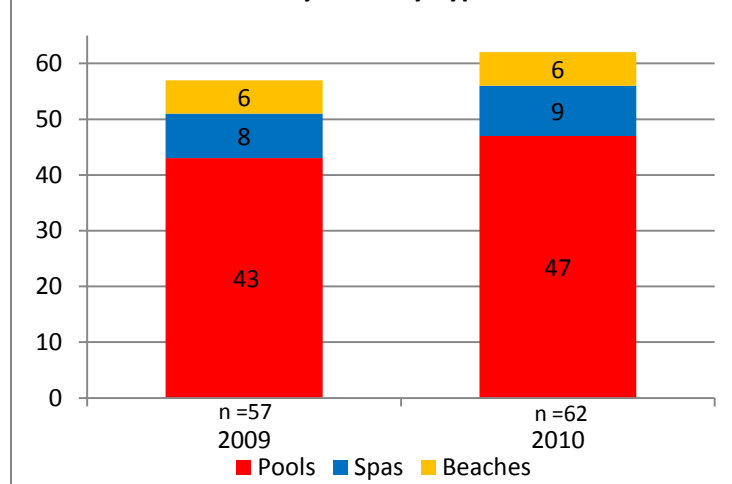
The EH division permits **forty-eight (48) temporary residences** which include all hotels, motels, campgrounds,

and several facilities which also operate as a children's camp in the summer within the county. EH staff perform at least one annual inspection of these facilities plus follow-up visits as necessary. Such inspections may include kitchen operations, public water supply treatment, and sampling onsite sewage disposal systems, and swimming pool or bathing beach. 2010 saw increased follow up on outstanding fire safety and electrical concerns at some of these facilities.

PUBLIC BATHING FACILITY PROGRAM

In 2010, the CCHD permitted and oversaw the operation of 62 public bathing facilities operated by 56 organizations (see Figs. 19 & 20 for breakdown by type and organization). The CCHD also conducts a bathing beach sampling program to determine when beaches should be closed due to

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



high E. coli bacteria counts. A total of **seventy-six (76) beach samples** were collected (at least weekly from each beach) which resulted in **four (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 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 2011.

CHILDREN'S CAMP PROGRAM

The CCHD permitted **thirteen (13) children's camps** in 2010. This is down from 17 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 annually review and approve the camp's written safety plans, investigate any reports of illness or injury, conduct background checks on all camp directors, and verify that required medical and safety certifications are current for all camp staff.

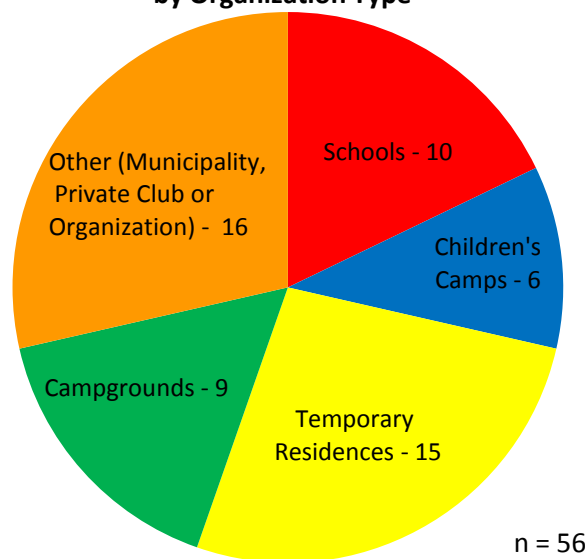
MOBILE HOME PARK PROGRAM

The CCHD permitted **thirty-eight (38)** mobile home parks in 2010. This is unchanged from 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. Throughout 2010 EH staff had to follow up on several problems with sewage systems, water supply issues, and numerous garbage complaints at such parks.

TATTOO / BODY PIERCING PROGRAM

The CCHD regulated **eight (8)** tattoo shops located in the county during 2010. This is down from 9 in 2009. The purpose of this program is to prevent the transmission of blood-borne pathogens during the tattoo process. Sterilization equipment at these facilities must be tested on a quarterly basis. Additionally, in response to increasing parental complaints about piercing of minors, the County Board of Health added Part 27 to the Sanitary Code in March of 2005. This county regulation does not require a permit or regular inspections, but prohibits the body piercing of any minor less than 18 years old, without parental consent. Such consent forms must be retained on file for Health Department or law enforcement review in the event of any reported violation and subsequent complaint investigation. There were no enforcement actions required to be taken in this program in 2010.

Fig. 20 - 2010 Public Bathing Facilities Regulated by Organization Type



Environmental Contaminant Control

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

CHILDHOOD LEAD POISONING CONTROL PROGRAM

As mentioned in the Nursing section, EH staff is responsible for assessment of a child's living environment if elevated blood lead levels are detected. In 2010, the Nursing division referred **seven (7) children** to EH to make such an assessment. EH staff conducted new environmental investigations at **nine (9) residences** and one daycare associated with these children. Lead paint hazards were identified at all of the residences. Continuous monitoring of the remediation work at these residences will continue in 2011 until the lead hazards are fully abated.

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. As of April 22, 2010, any work conducted for compensation, including rent, in pre-1978 housing or child-occupied facilities that involves renovation, repair, painting activities, or involves demolition or window replacement will need to be conducted by an EPA certified renovation firm.

ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) PROGRAM

Preventing the sale of tobacco to minors is contingent upon there being a credible deterrent to the sale. This deterrent comes from establishing an awareness among store operators that a sale to minors may be detected by regulatory authorities and serious penalties levied. In response to this need, the NYSDOH and the State Department of Taxation and Finance collaborate to perform compliance checks through the state's ATUPA program. As the state's agent, the CCHD performed **sixty-eight (68) ATUPA compliance checks at fifty-one (51) establishments** licensed to sell tobacco products. The unannounced compliance checks involve the use of minors who attempt to purchase cigarettes at store check-out counters. Of the 68 checks completed in 2010, there were no sales of tobacco products.

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 2010, there were **129** smoking compliance checks conducted in establishments around the county. From these compliance checks there were 2 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 2010, 4 waiver renewal applications were received and approved. Conversely, 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 attends public informational meetings and hearings and formally comments on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2010, the CCHD participated in review of the following sites / projects:

- West Valley Demonstration Project (County representative on Citizen Task Force)
- Substantial completion of Peter Cooper- Gowanda remediation project
- ALCAS/Olean Wellfield remedial investigation (amended ROD expected in 2011)
- Annual testing of all private wells in the Little Valley Trichlorethylene (TCE) project boundary
- Final round of testing of private wells in the Cadiz TCE study area

Vector Control

Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with insects and vector borne disease. In addition to the three programs mentioned below, EH staff responded to numerous complaints in 2010 associated with cockroach infestations, rodents, and even reports of bed bugs.

RABIES PROGRAM

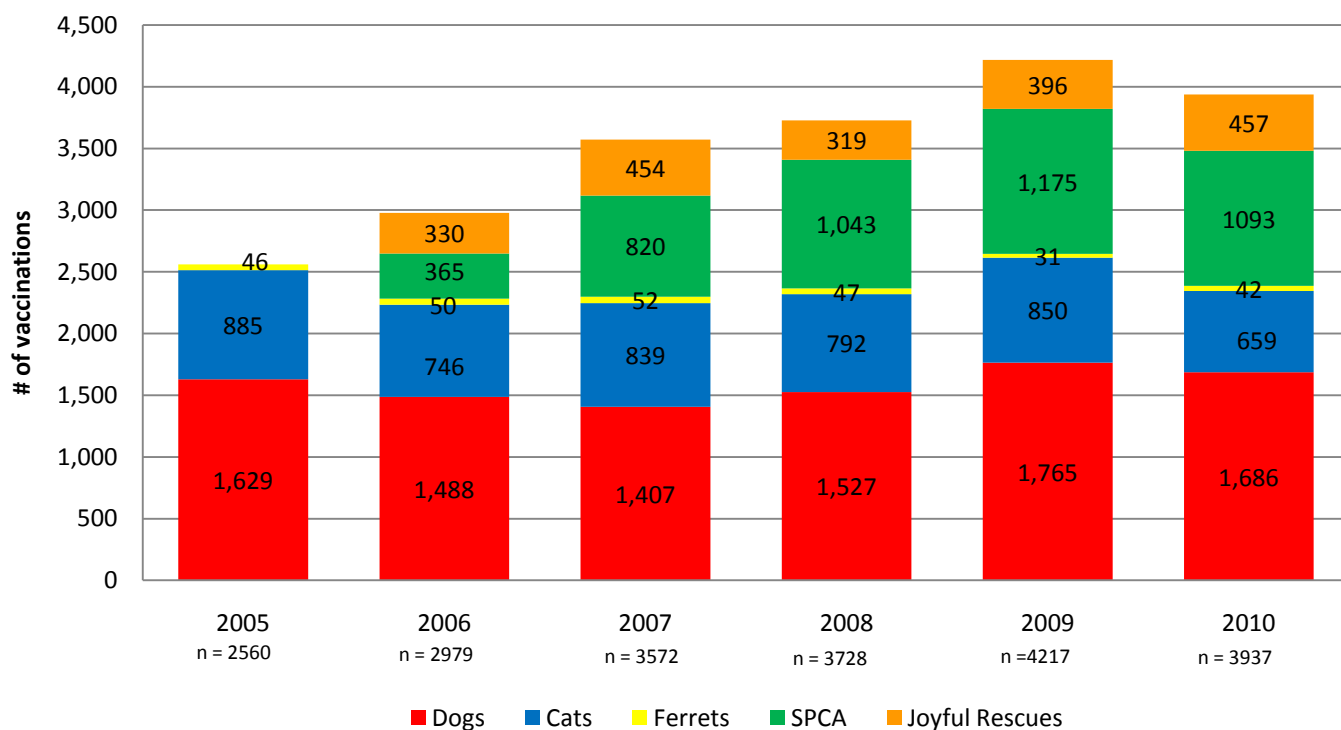
Control of rabies in a community starts with an aggressive pet vaccination program. In 2010, **five (5) animal vaccination clinics** were conducted at various locations around the county. In addition to this, CCHD provided vaccine to veterinarians who administer shots to pets at two local animal shelters. Figure 21 shows vaccinations by animal type for years 2005-2010. In total, \$1,995.65 in donations was collected at the five vaccination clinics held last year.

In addition EH staff conducted **seventy-two (72) animal bite investigations** and referred **fifty-six (56) persons** to the Nursing Division for post-



Franklinville Rabies Clinic

Fig. 21 - Rabies Vaccinations (2005-2010)



exposure immunization. In 2010 a total of **137 specimens** were submitted to the NYS Rabies Laboratory for analysis, of which 7 were positive (1 skunk, 1 fox, 2 raccoons, 1 cat, 1 bat, 1 deer).

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. Larval surveillance began on May 20th and continued until August 25th. Based on the relatively low number of larval mosquitoes, aerial application of larvicide was not performed in 2010. Adult surveillance began in June and ended in August. **134 mosquito specimen pools** were submitted to the state laboratory for analysis. There were no detections of West Nile Virus, but there was a detection of Jamestown Canyon virus. There were also no human cases of arbovirus reported in the County in 2010.

LYME DISEASE / DEER TICK EDUCATION

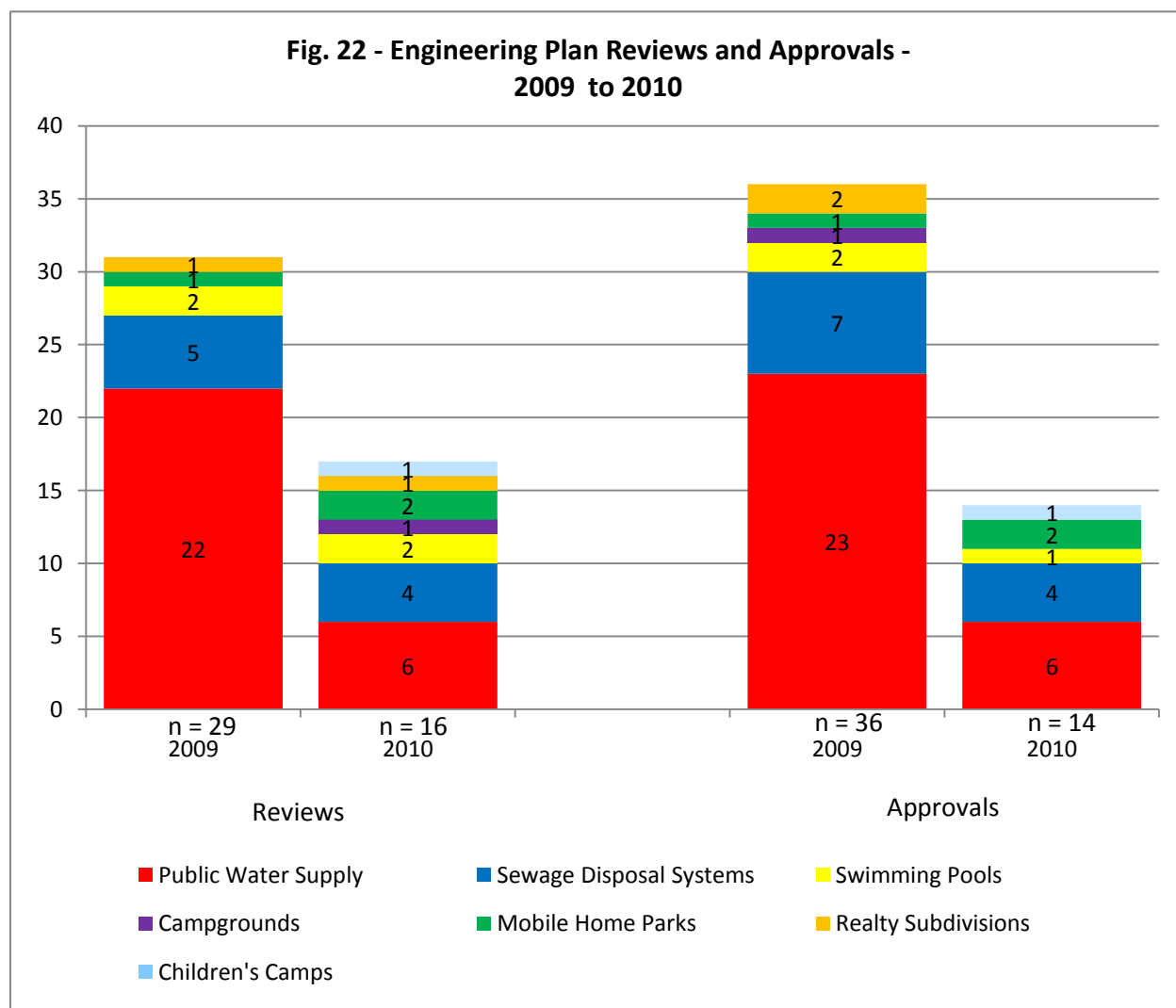
The NYSDOH reported in 2009 and 2010 that surveillance of deer ticks at two locations within the county revealed the presence and specimens infected with the bacterium that causes Lyme Disease. Consequently the CCHD organized a training session for health department and other agency staff, and launched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

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 reviews are required by regulation at all permitted facilities and are conducted by the CCHD Public Health Engineer for a variety of facility types. The number of engineering plan reviews and approvals can vary greatly from year to year shown in Fig.22.



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 2010, a total of **fifty-six (56) formal enforcement** actions were processed for various violations of the NYS Public Health Law, State Sanitary Code, or the

Environmental Health

Sanitary Code of the Cattaraugus County Health District. Cases involved sewage discharges, public water monitoring violations, restaurant and smoking violations, pets improperly vaccinated against rabies, and public health nuisances. In excess of **\$11,285 was collected in fines** and nearly \$950 more in assessed and accruing penalties remain unpaid from 2010. There is also nearly \$63,784.27 (including judgments) in outstanding fines from previous years which are still due, pending ongoing collection proceedings.

PUBLIC HEALTH NUISANCES

Many environmental health risks are identified through the programmatic activities outlined above. However, community members themselves often serve as the 'eyes and ears' of EH staff by reporting potential public health nuisances. In 2010, EH staff responded to **115 complaints regarding possible public health** issues. This resulted in **four (4)** formal enforcement actions being taken to bring about correction of county and state sanitary code violations.

ENVIRONMENTAL HEALTH STAFF - 2010

Eric Wohlers – Director
Raymond Jordan – Senior Sanitarian

OLEAN:

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

LITTLE VALLEY:

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

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 2010, the HE Division continued promoting healthy lifestyles to Cattaraugus County residents through school based programs designed for all grade levels as well as adult and community based programming. The HE Division continued to partner with other local and regional health agencies and non-profit organizations. In 2010 the Farmers Markets and Genesis House were added to this list of partners. Partnering activities include loaning of displays, data analysis, demographic information provision and referral services. The HE Division also participated in a number of Wellness Days and at the annual County Fair.



Glo-Germ preschool handwashing visit

School Age Programming

Changing unhealthy behaviors and practices is most effective with young individuals. Research has shown that the majority of an individual's adult behavior and his/her attitudes are shaped when they are children. Consequently, 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 (WIC), food pantries, work sites and Department of Social Services programs. The Glo Germ Handwashing, Oral Hygiene and Reproductive Health Programs remain most requested in 2010. Lead poison prevention education has expanded into Day Cares. HE continues to work with the lead nurse in education and follow-up activities.

GLO GERM HANDWASHING PROGRAM

The Glo Germ Handwashing program is designed to emphasize the importance of proper handwashing to prevent lead poisoning and minimize the spread of contagious disease such as influenzas (i.e. H1N1 influenza). 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 and pamphlets. Although targeted to school age children, the program has also been used effectively in adult presentations.



Pre-school Dental Program

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 (see NYS DOH data below). 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 works with the Olean General Hospital Dental Clinic to provide these tools and present educational materials 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.

Table 3 - Oral Health Indicators

(Source: NYSDOH Community Health Assessment 2010)

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

REPRODUCTIVE HEALTH PROGRAM

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

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

In support of these objectives, HE continued to provide innovative program activities designed to empower teens and young adults through self-discovery. These activities included:

Girl's Retreat

This weekend camp was designed to empower female youth by developing leadership skills 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.



Girls Weekend Retreat – Communication Activity (Houghton College)

Health Education

School Outreach

CCHD continued traditional school outreach programs at county schools. Specific programming topics offered included:

- Sexuality
- STDs/HIV
- Anatomy & Physiology of the Reproductive Systems
- The Media and Sexuality
- Puberty and Hygiene
- Sexting
- Abstinence, Contraception Choices
- Tattooing and Piercing
- Relationships and Boundaries
- Fetal Alcohol Spectrum Disorders

This programming is designed to educate children regarding puberty, teens the science of reproduction and potential consequences associated with sexual activity as well as providing insight into sociological factors associated with such activity.



Day of Adventure - Boys Camp
Trust Team Building Activity (Houghton College)

Comprehensive Adolescent Pregnancy Prevention (CAPP)

Collaboration with Allegany County ACCORD Corporation and Allegany County DOH resulted in a NYS DOH grant award of nearly \$19,000 in Fall of 2010 for Comprehensive Adolescent Pregnancy Prevention (CAPP) program to be initiated in Spring 2011. This will allow for extended open hours for FP Clinic services at the Salamanca site, with evidence-based educational programs in Salamanca and Olean Schools, and use of Social Media to increase access to CCHD services and education.

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 2010, HE staff brought programming to Department of Social Services and Women Infant and Children (WIC) program sites, food pantries, local work sites and health/wellness days. Health and wellness days have become more popular in recent years as members of the community are becoming more interested in healthy lifestyles. HE staff may offer blood pressure and osteoporosis screenings, Handwashing demonstrations, nutritional displays and body fat analysis at these events. In 2010, HE staff participated throughout the county at the YMCA's



Cattaraugus County Fair - Blood Pressure Screening

Health Education



Adult Hula Hoop Competition

Corn Festival, the Cattaraugus County Fair, Cattaraugus/Little Valley Schools, the City of Olean, Salamanca Middle School, Pine Valley Schools, NeighborWorks, the Rehabilitation Center, Parent Education Center, Department of Aging Picnics, Salamanca Schools and the Seneca Nation. Thousands of people attend these events.

NUTRITIONAL PROGRAM

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

CCHD staff illustrate the importance of portion control, making smart choices when eating out, eating from the 'food pyramid', growing or buying healthy foods, and encouraging 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 perform osteoporosis screening to identify those individuals at risk and subsequently refer them to other medical specialists for follow up 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 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 provides educational materials on lead poisoning prevention. If necessary, HE staff may refer families to Nursing staff for additional evaluation.



Lead Display at WIC Clinic

Health Education

SUMMER SAFETY

With increased outdoor activity in the summer months come increased public health and safety risks. 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 and Lyme magnets. The focus of the HE staff effort is on the prevention of rabies and arbovirus transmission, as well as safety promotion.



Salamanca Kiwanis Bike Rodeo

Partnership Activities

CCHD HE staff is small in number, yet the need for effective health education is great. Because of this, CCHD partners with a variety of sister organizations and agencies to address public health related issues. In 2010, HE staff actively participated in many councils, coalitions, and partnerships locally and regionally including the



Partnership Meeting with BOH and Youth Bureau Representatives

Southern Tier Wellness Partnership, Cancer Screening Program of Allegany and Cattaraugus Counties, the Tobacco-Free Coalition of Western New York, Asthma Coalition of WNY, Cattaraugus County Integrated County Planning, the Regional Dental Committee, Youth Development Coalition, the Public Health Coalition, Regional AIDS Network, the Falls Prevention Collaborative of Cattaraugus County, and P2 Healthy Lifestyles. Additionally, CCHD staff continue to partner closely with Healthy Community Alliance, Cornell Cooperative Extension, Southern Tier Health Care System, the Cattaraugus County Sheriff's Department, the Cattaraugus County Departments of Social Services and Aging, Cattaraugus County and Salamanca City Youth Bureaus, Head Start, Council on Addiction and Recovery Services, Cattaraugus Community Action, Mental Health Association, St. Bonaventure University, JCC, and county schools.

Partnership activities include technical advice, staff training, sharing equipment and program materials, presentations, grant writing support through data and demographic updates, and program implementation.

HEALTH EDUCATION STAFF - 2010

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

Early Care

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 NYS DOH 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 2010, the number of participants and referrals remained nearly the same as in 2009 with **345 participants**, including **202 new referrals**. There were **195 active Individual Family Service Plans (IFSP's)** in place on December 31, 2010.

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, ages 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, and 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 2010, the Child Find program extended outreach to the local university during the "It Takes a Village" seminar.

EARLY INTERVENTION PROGRAM

Once identified, children ages 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) - 2010

Dr. Kevin Watkins – Early Intervention Official
Janet Thrush – Early Intervention Service Coordinator
Patty Wilber – Early Intervention Service Coordinator
Nikki Moshier- Early Intervention Child Find Assistant
Helen Watson – Early Intervention Child Find Assistant (retired 4/2010)
Lanette Shaw – Early Intervention – Keyboard Specialist

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, obtains information on programs available, makes referrals for special health care or related services, and obtains 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.

2010, medical services were provided to an unduplicated total of **sixty-two (62) patients**. Of that number, **thirty (30) patients received approval for medical services** and **32 patients attended the orthopedic clinic** for an evaluation. A total of **sixty-six (66) families applied for state assistance**, with only two families denied due to an overage in income. 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 meets 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 - 2010

Debbie Miller – Resource Coordinator of PHCP/CSHCN programs

WOMEN, INFANTS AND CHILDREN (WIC)

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 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 identifies potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2010, the CCHD WIC Program's **caseload was 2,285** with an **enrollment of 2,242**. Staff remains diligent in appointment reminder calls as well as follow-up calls to those who miss appointments.



WIC Fun Festival

BREASTFEEDING PROMOTION AND SUPPORT PROGRAM

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides health, nutritional, economic and emotional benefits to mother and baby. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. The WIC Breastfeeding Promotion and Support Program in Cattaraugus County show that the **breast feeding initiation rates remained at 63% in 2010, the same rate as documented in 2009**.

In 2010, peer counselors continued to link with pregnant and new mothers, visiting new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps for participants who must be separated from their infants, vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home. To further increase capacity in this program, 8 out of 10 staff are now trained as Certified Lactation Counselors.

NUTRITION EDUCATION PROGRAM

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

more likely to understand the value of good nutrition and change eating behaviors. Additional nutrition education efforts include Fit Fridays, staff presence at the Farmers' Markets in Olean and Salamanca, and Dental education support from the Health Education Assistant.

BABY AND ME SMOKE FREE PROGRAM

Although funding for the "Baby and Me Smoke Free" program was discontinued in 2009, staff continues to offer assistance and referrals to those hoping to quit smoking.



Horsin' Around with WIC festival

WIC Staff

Donna Higley, CLC, Director

Mary Lou Palumbo, RN, CLC
Summer Jolley, MS, RD, CLC

Allyson Sponsler, RN, CLC, Breast Feeding Coordinator

Suzanne Walters, CLC, Senior Nutrition Program Assistant
Kathleen Thrun, CLC, Nutrition Program Assistant II (retired December, 2010)

Christian Bowser, Nutrition Program Assistant I
Molly Higgins, CLC, Nutrition Program Assistant I

Carla Jefferlone, CLC, 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, Myco-bacteriology, 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. 23 and Fig. 24 illustrate the change in the number of tests performed in different categories from 2008 to 2010. 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 Kolivoski – Medical Technician
 Rhonda Anderson – Phlebotomist
 Marcia Stayer – Senior Account Clerk Typist

Fig. 23 - Number of Laboratory Tests Performed by Category (2008 to 2010)

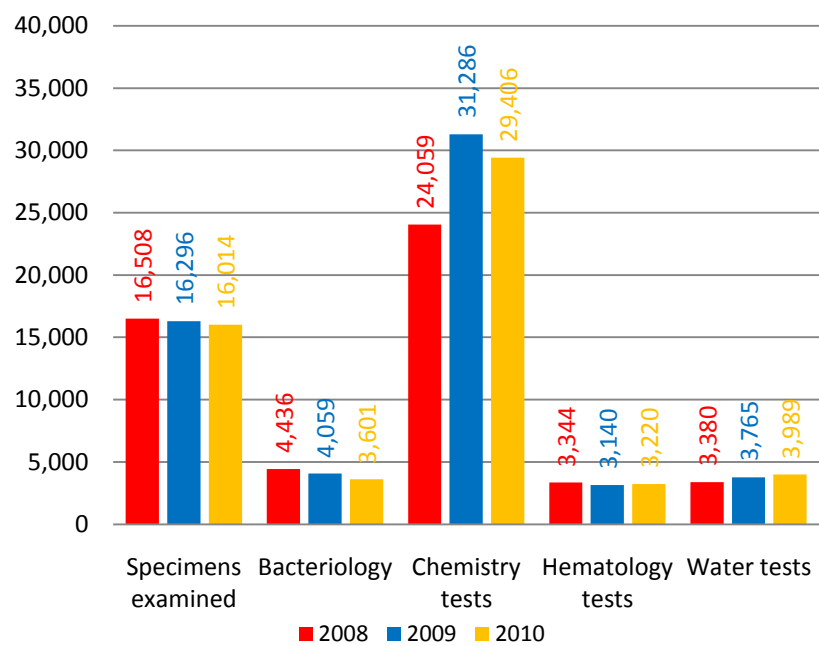
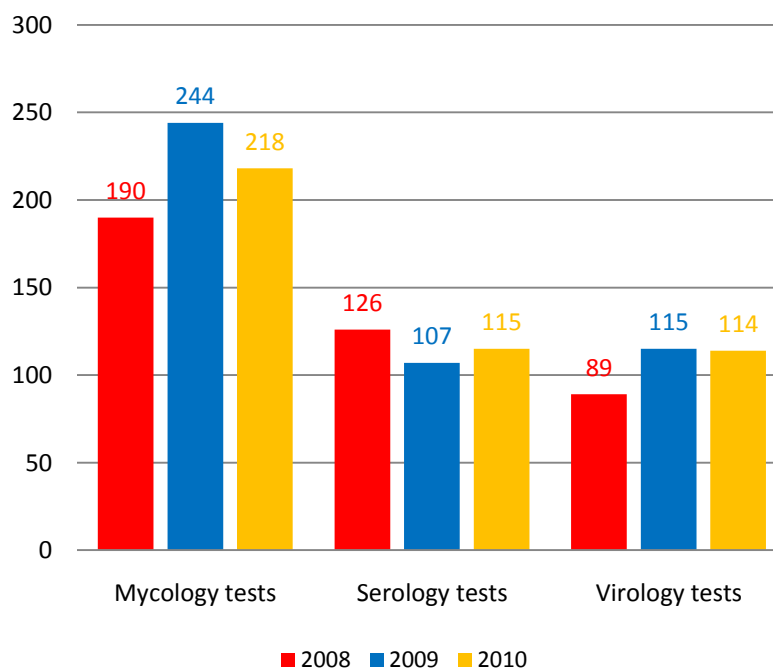


Fig. 24 - Number of Laboratory Tests Performed by Category (2008 to 2010)



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/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 strives 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 NYS DOH provides funding to each of the fifty seven (57) counties within NYS outside of New York City to prepare learning and maintenance deliverables that are targeted to coincide with the Center for Disease Control and Department of Homeland Security initiatives for public safety. Completion of these deliverables was accomplished through attendance at trainings, outreach programs, planning initiatives and implementing large scale Point of Dispensing (PODs) operations. Grant Year 2010 included **ten (10) learning deliverables** and **twenty-seven (27) maintenance deliverables**.

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

PUBLIC HEALTH EMERGENCY PREPAREDNESS

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

TRAINING PROGRAM

PHEP Staff attended the annual Public Health Preparedness Summit in February. This annual Summit brings together Public Health Preparedness officials from across the nation and U.S. territories to address issues, share experiences, and share best practices from the field. The 2010 Summit focus was “Engaging a Community for a Successful Public Health Response.”

PHEP Staff attended the Integrated Training Summit held in May to supplement the growing Medical Reserve Corps. This training summit brings together HHS partners including the National Disaster Medical System (NDMS), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the United States Public Health Service (USPHS).

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

Public Health Emergency Preparedness

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 2010 centered on the increased need for trained fit testing personnel. PHEP staff performed the following activities:

- Specialty training was held for School Nurses in each of the County School Districts to address the need for Fit Testing of N95 masks as well as a comprehensive planning work shop related to Respiratory Protection Programs in cooperation with both NYS DOH and the Bureau of EMS and the NYS Department of Labor
- Large effort was made to spend funding designated to Pandemic Influenza that resulted in purchase of assets geared toward aiding in preparation for future pandemic events; expenditures included purchase of Mortuary Response equipment

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
- participation in the annual STEMS (Southern Tier Emergency Medical Services) conference with education and CERT tables manned by staff and volunteers
- in conjunction with CCHD HE staff , PHEP staff helped organize activities at the Cattaraugus County fair;
- provided training to the Community Emergency Response Team (CERT) as part of the established Chautauqua - Cattaraugus - Allegany Regional Emergency Support Citizen Corps.

EMERGENCY RESPONSE

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.

H1N1 efforts in 2010 focused on vaccination in hopes of mitigating the spread of the H1N1 virus. Efforts continued with vaccination of H1N1 taking place as part of the seasonal flu vaccination program beginning in the fall of 2010.



H1N1 POD Vaccination Clinic

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>

EMERGENCY MEDICAL SERVICES

The Emergency Medical Services program uses Article 6 funding provided by NYSDOH to train both Emergency Medical Technicians and Certified First Responders. Training provided assists such individuals in meeting ambulance standards outlined in NYS Public Health Law. Classes sponsored in 2010 included: CPR, First Aid, Blood Borne Pathogens, and Certified First Responders. Much of this training was performed through contracts with certified instructors and in cooperation with partners such as the American Heart Association.

Eighteen (18) New York State Emergency Medical Courses were held. These courses resulted in **206 Certified Medical Responders**. The program also ran **43 American Heart Association classes** with defibrillation included, resulting in 438 individuals being trained.

EMS also coordinated licensing requirements for the CLIA Blood Glucometry program administered by the NYSDOH's Wadsworth Laboratory.

The EMS program co-Sponsored **5 National Safety Council Defensive Driving classes** held with an average of eleven students per class.

EMERGENCY PREPAREDNESS/EMERGENCY MEDICAL SERVICES STAFF - 2010

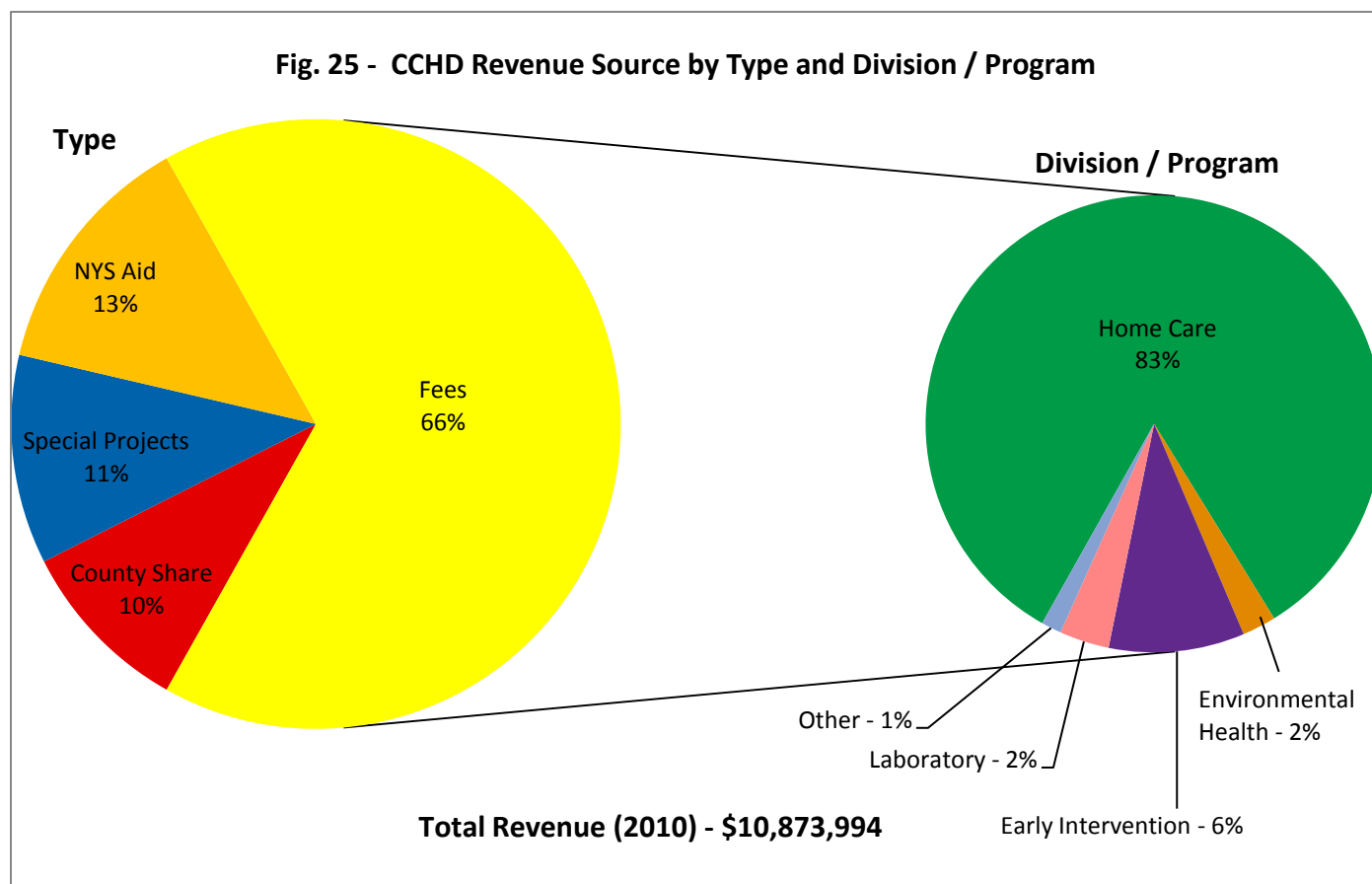
Michael Bechelli, Director
Stephanie Keis-Timblin, Resource Specialist
Debra Kasper, Keyboard Specialist II

FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs a majority of the purchasing functions for the Department and 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 2010 was \$10,873,994. Fig. 25 provides breakdown of CCHD revenue sources and Fig. 26 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. It should be noted that in 2010, the NYSDOH required all local health departments to develop a cost of services schedule for services provided.



Financial

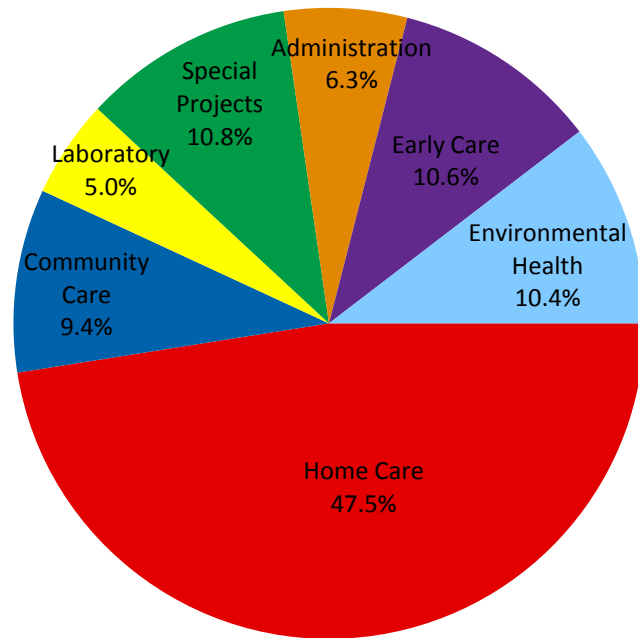
STAFF TRAINING

Late 2010 saw the transitioning of financial records and payroll information to a new software platform. Staff has been trained in the use of this system and full implementation and system use is ongoing.

FINANCIAL DIVISION STAFF - 2010

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

Fig. 26 - CCHD Expenditures by Division / Program



Total Expenditures (2010) - \$10, 873,994

BILLING DIVISION

The Billing division is primarily responsible for insuring the timely billing and collection of fees owed to the Cattaraugus County Health Department. Throughout 2010, billing division staff processed all bills in a timely fashion in accordance with internal controls requiring bills. Additionally, 2010 saw the initiation of a contract with Southern Tier Credit Services for collection services associated with all private pay accounts.

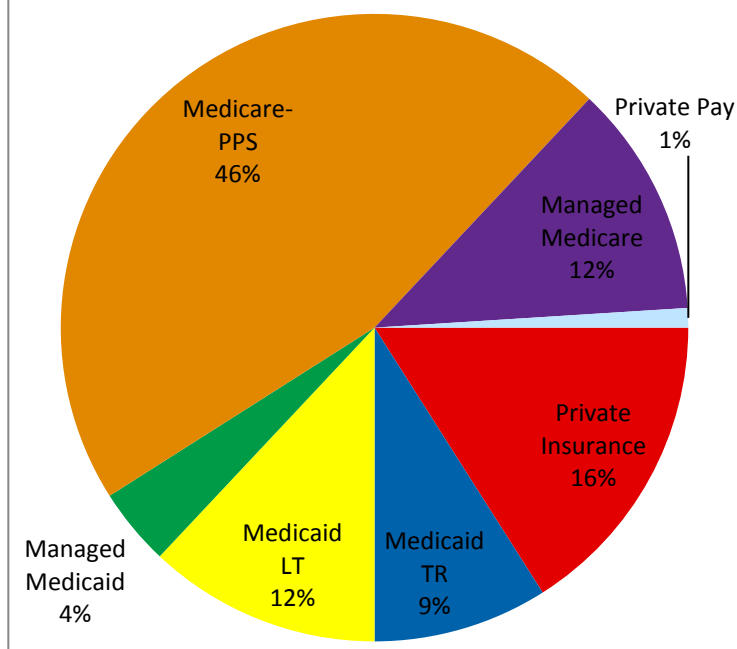
HOME CARE BILLING

In 2010, Home Care services generated approximately \$6,000,000.00 in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 27 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 continued to increase throughout 2010.

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 2009. Their report to the county consisted of 18 claims of which 10 recommendations were accepted and implemented.

The Third Party Liability (TPL) project, which was 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, continued much into the earlier portion of 2010. At year end, the project remained incomplete as Medicare continues to review records and provide direction to providers.

Fig. 27 - 2010 Distribution of Insurance Coverage by Type for Home Care Programs (Total Claims ~\$6,000,000)



CLINIC BILLING

The various nursing division clinics continued to see 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 2010, insurance reimbursement for clinic services was sought for **2,671 season flu shots, 220 seasonal pneumonia shots, 170 physicals, and fifty-six (56) post-exposure rabies shots.**

In 2010, the seasonal flu clinics collected patient information electronically for the first time. This cut down on the time spent in the office billing for these services, as well as a quicker turnaround time of payments from insurance companies to CCHD. With this new system, any patient returning in the following years to flu clinics will already have their information in the computer. This was done using the same software that Home Care currently uses for their billing process.

Billing

In 2010, the Cattaraugus County Health Department processed claims for services rendered by the Family Planning clinic. Reconciliation of these claims continues to need refinement. Clinic staff is informing patients with no insurance of the Family Planning Benefit Program (FPBP), which if eligible, will cover the cost of their Family Planning visits.

LABORATORY BILLING

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet Billing Division needs. An additional database system for billing water testing was put into operation during November of 2010 and continues to be utilized and modified for use into 2011. In 2010, New York State eliminated all State Aid on any non-public health laboratory work. The billing database systems were instrumental in obtaining the necessary information to segregate the various sections of testing conducted.

EARLY INTERVENTION BILLING

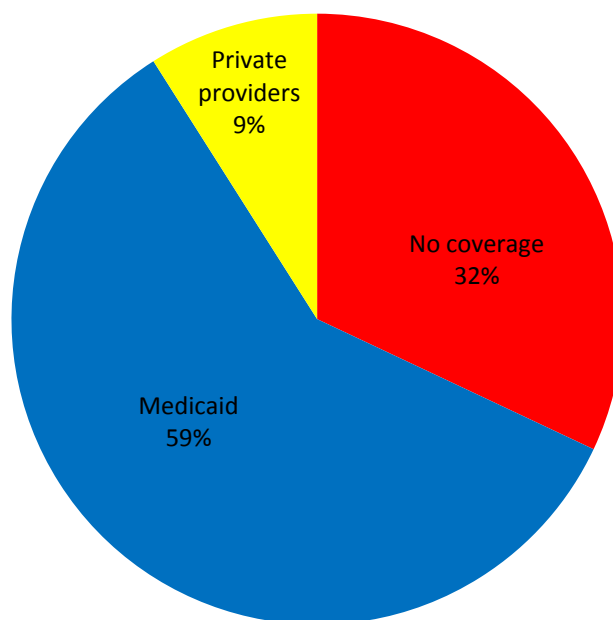
In 2010, the Early Intervention program received **202 new referrals**. Fig. 28 shows the distribution of insurance coverage by type for the **345 active early intervention cases**.

New software for processing EI program claims is being developed by New York State and is anticipated to be released to the County for use in 2011.

BILLING STAFF – 2010

Kathleen M. Ellis – Administrative Officer
 Maggie Stady – Office Manager (retired 6/30/10)
 Michele Spring – Jr. Accountant
 Terry Stone – Sr. Account Clerk Typist
 Winnie Dougherty – Keyboard Specialist II
 Shawna Trudeau – Account Clerk Typist
 Susan Boyle – Account Clerk Typist
 Heather Kellogg – Medical Billing Clerk

Fig. 28 - 2010 Distribution of Insurance Coverage by Type for Early Intervention Claims



Acknowledgements

Special thanks to one of the most dedicated employees of the Health Department, Dr. Christopher Crawford, who finds a way to share his knowledge and skills where requested throughout the department. He showed devotion and creativity when he was asked to assist in developing this annual document. His dependability is immeasurable and greatly appreciated.

Finally, I would like to thank Ms. Debbie Nichols for her persistence and dedication in assuring that a quality report is produced each year. She remains undaunted in the face of innumerable tasks placed before her and continues to make every effort in meeting these challenges.

Thanks to the entire Health Department staff for all that they do on a daily basis to meet the needs of the community as well as in meeting requirements per New York State Department of Health.

Kevin D. Watkins, M.D.,

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Cattaraugus County Health Department