

Cattaraugus County Health Department Annual Report 2011

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



Public Health

Prevent. Promote. Protect.



www.cattco.org/health

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Cover page photo credits:

Left: Susan Andrews, Director Patient Services, instructing Olean Family YMCA students

Right: Annual PENNSY Trail Clean Up Day, Salamanca ACHIEVE

From the Desk of the Public Health Director

The Cattaraugus County Health Department is proud to present its 2011 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.

The 2011 National County Health Rankings, produced by the Robert Wood Johnson Foundation and the University of Wisconsin, ranked Cattaraugus County Health Outcomes and Health Factors in the lower third of their ranking report. In order to make a formidable impact in reducing the morbidity and mortality outcomes, the Health Department partnered with the Cattaraugus County Healthy Livable Communities Consortium. The group is comprised of various nonprofits, county and local entities, committed to helping Cattaraugus County residents create healthier lifestyles within the various municipalities. Education and advocacy are vital components that will be used by the consortium in promoting healthier lifestyles, and addressing some of the negative findings revealed in the County's Health Ranking's report.

In addition, the Health Department and the Board of Health spear headed a campaign in 2011 to prohibit the use of herbal and electronic cigarettes in locations where tobacco usage is currently prohibited, and to prohibit the sale of herbal and electronic cigarettes to minors. The County legislators passed a local law to this affect and we are currently enforcing this statue within the county.

Promoting preventable disease and healthy lifestyles are strategies that are 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 Infants and Children 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 specials needs, providing access to the services needed for them to reach their potential.

Unfortunately, in 2011 the county did see one death associated with whooping cough, a bacterial infection that can be treated with antibiotics and prevented with scheduled vaccinations. Although we faced significant revenue setbacks in 2011, our nursing staff continues to work within the community to educate residents about the importance of immunizations.

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 2011 Annual Report is dedicated to those who have served the Department tirelessly over the years. 2011 marked a group of retirees with a remarkable 170+ years of valuable experience.



Mary Anne Power
Community Health Nurse
9/68 – 1/11



Terry Stone
Sr. Account Clerk Typist
10/88 – 1/11



Janet Thrush
*Community Health Nurse/
EI Services Coordinator*
8/75 – 1/11



Dale Frank
Senior Accountant
5/89 – 7/11



Deborah Miller
*Physically Handicapped Children/
Children with Special Health Care Needs
Resource Coordinator*
6/74 – 2/11



Rhonda Anderson
Phlebotomist
3/87 – 12/11

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 and provides the department with a road map for implementing programs that protects the health of county residents. In addition to these activities, the Board provides information and direction to the Cattaraugus County Legislature regarding public health issues. The Board of Health also serves as a governing body for activities of the nursing division of the Health Department by actively participating on Professional Advisory, Quality Improvement and Record Audit committees. In 2011, the Board of Health took enforcement actions on 18 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
Richard Haberer (Appointed 7/27/11)
James Lapey
Georgina Paul, FNP
Curtis Perkins (Resigned 4/6/11)
James Snyder

ADMINISTRATION DIVISION

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

Mary Anne Power tests Dr. Watkins' fasting glucose level at CCHD's Spring into Wellness Day.

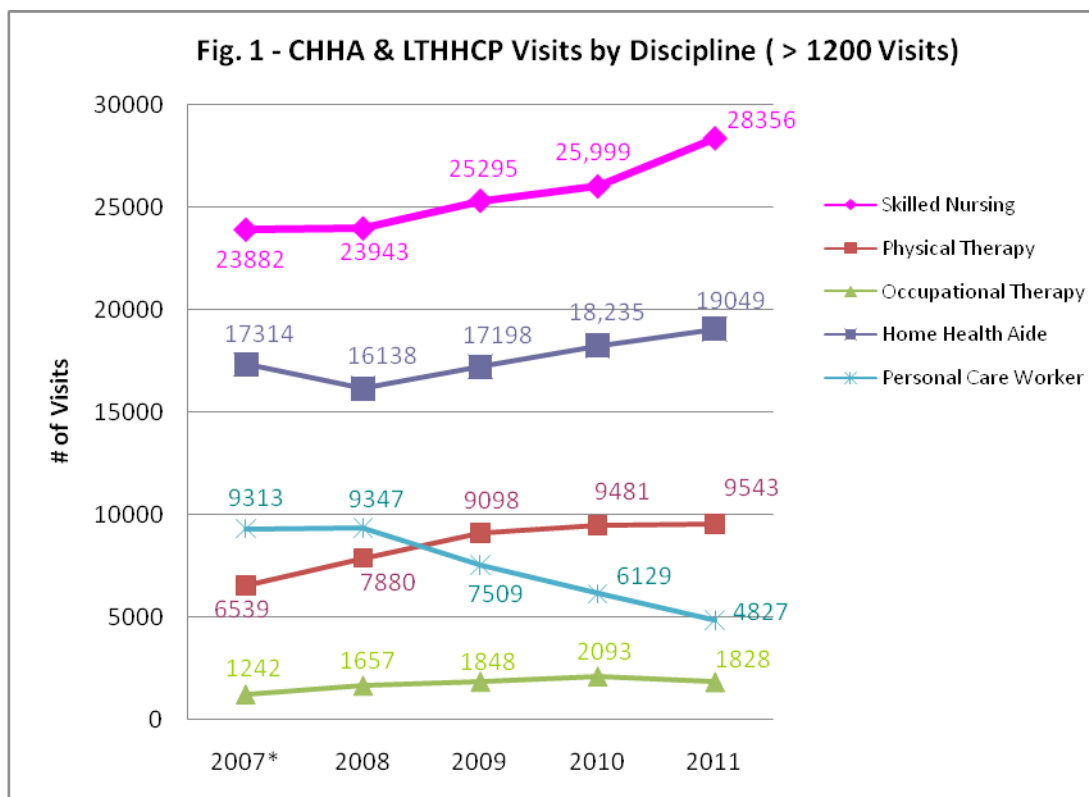


NURSING SERVICES DIVISION

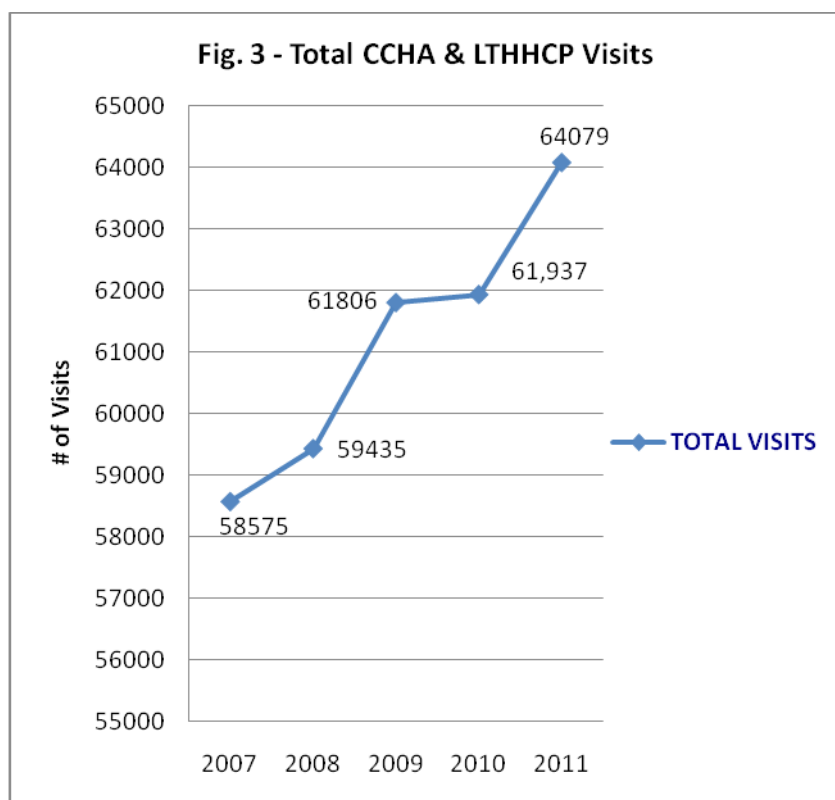
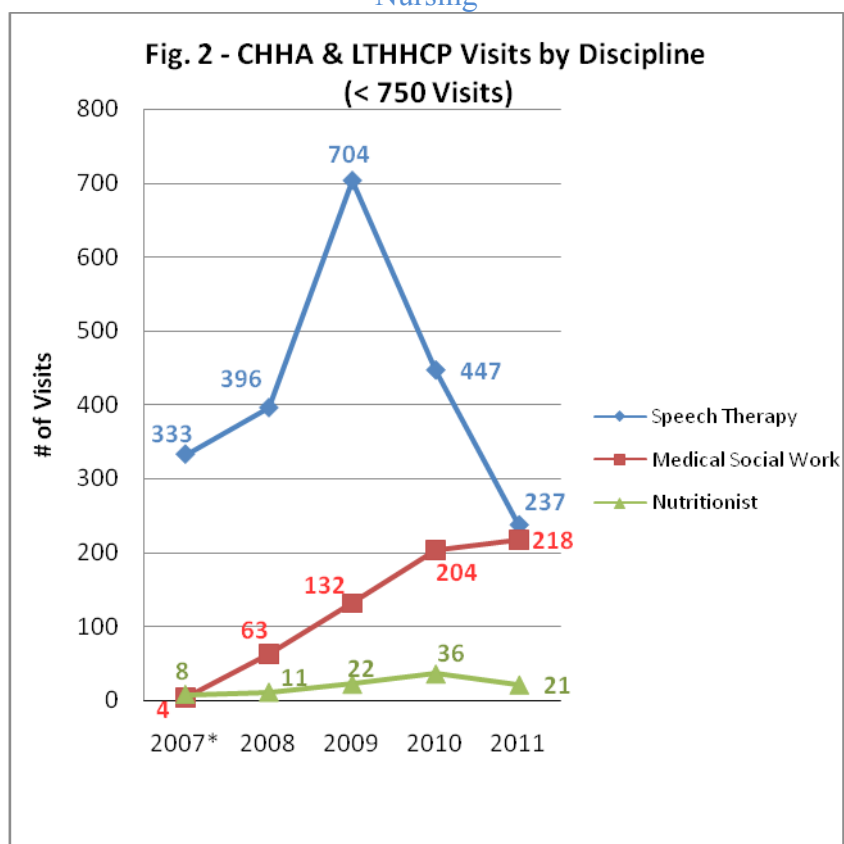
The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides preventive, restorative and palliative care with the goals of improving the quality of life of the individual, the family and the community.

HOME CARE

Home Care services in Cattaraugus County are provided through two programs; the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides skilled services to individuals of all ages usually following an acute illness, injury or surgery. The LTHHCP provides an alternative to nursing home placement to chronically ill or disabled individuals of all ages. In 2011, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,734 individuals with an average daily census of 340. 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.



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CERTIFIED HOME HEALTH AGENCY (CHHA)

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

Quality Assurance / Performance Improvement

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

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

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

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

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

The Long Term Home Health Care Program, which began in 1979, has been very successful in assisting the elderly, disabled and chronically ill to avoid unwanted or premature nursing-home placement by providing a range of health, assistive and social services at home. Services available through the Long Term Care Program include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, and social daycare. The future of this successful program is uncertain due to major policy changes at the state level that will be phased in over several years.

CHHA / LTHHCP SHARED SERVICE PROVISION

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

Clinical Site Rotations

CCHD's Nursing Division is affiliated with Jamestown Community College and Alfred State College to introduce students to the concepts of home and community based health services. During the spring 2011 semester, 15 students accompanied the CHHA nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and educate clients.

Telehealth Program

Using technology, the CHHA and LTHHCP are able to monitor patients for changes in their health status on a daily or more frequent basis without making a visit to the patient's home. The 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 phone line. The unit records the patients' responses to several

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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. One hundred eight (108) patients received this service in 2011 with over 8,000 sets of data reviewed.

PATIENT EVALUATION AND ASSESSMENT

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

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

New York State requires all individuals to be assessed 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. Fifty-nine (59) assessments were completed on individuals in the community and 21 on agency patients in 2011.

Personal Care and Private Duty Nursing Program Eligibility

Since 1997, the Department of Social Services has contracted with CCHD CHHA to perform assessments to determine eligibility for the Personal Care and Private Duty Nursing Programs. In 2011, CCHD made 253 assessment visits on personal care and private duty nursing clients.

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NURSING SERVICES – HOME CARE STAFF

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

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

OLEAN:

Amit Benedict - Registered Nurse (8/11)
Judy Braymiller – Community Health Nurse (PT)
Kristin Brown – Community Health Nurse
Kathleen Cochran - Community Health Nurse
Wanda Cousins - Community Health Nurse
Antoinette Fancher – Community Health Nurse (resigned 11/11)
Walter Hollamby - Community Health Nurse
Christopher Johnson - Registered Nurse (4/11)
Rebecca Lyman – Community Health Nurse
Ethel Milne - Community Health Nurse (PT)
Karen Phillips- Registered Nurse (resigned 10/11)
Carol Skudlarek – Community Health Nurse
Kim Southard – Community Health Nurse (resigned 5/11)
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:

Teneille Andrews - Registered Nurse
Colleen Blendinger – Community Health Nurse
Abbey Hayes - Registered Nurse
Lois Lowry – Community Health Nurse
Kathy Marsh – Community Health Nurse (PT)
Erica Musall – Registered Nurse
Jennifer Rasinski - Community Health Nurse
Chastity Standish – Community Health Nurse
Michelle Jennings – Keyboard Specialist II

MACHIAS:

Linda Bishop – Community Health Nurse
Lorie Blecha - Community Health Nurse
Cristin Boyles –Community Health Nurse (Clinics 9/2011)
David Fancher - Community Health Nurse
Meegan Howard – Registered Nurse
Karen Hoffmann – Keyboard Specialist II

MATERNAL CHILD HEALTH

Cattaraugus County Health Department provides many services that promote the health of pregnant women, infants, children and families. 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 2011, the Department provided 121 visits to 67 females in the MOMS Program. In 2011, 7% of clients were 18 or younger, 17% were age 19-20 and 75% were 21 to 35 years of age.

Newborn Screening

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

SKILLED HOME VISITS

Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or their physician. A registered nurse develops a home care plan that includes skilled assessments, interventions, education, and reinforcement of positive health behaviors in the individual's own environment. 182 individuals received Maternal Child Health visits in 2011.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Fig. 4 illustrates the number of children with Elevated blood lead levels (EBLL) from 2007 to 2011. EBLL in children are associated with learning and behavioral problems that may prevent children from reaching their potential. NYS law requires healthcare providers to test children for lead at one and two years of age. Table 1 describes the NYS prescribed intervention strategy for varying blood lead levels in children. The Health Department monitored 1,725 blood lead levels via electronic reporting on the Health Information Network to ensure that all children are tested and receive proper follow-up for any elevated levels. CCHD nurses made 19 home visits to children with elevated blood lead levels. With funding from NYSDOH, CCHD's lead program continues to provide point of care lead testing. This allows the child to be tested for lead immediately onsite with results in less than 5 minutes. Educational programs related to lead poisoning prevention are available to community groups.

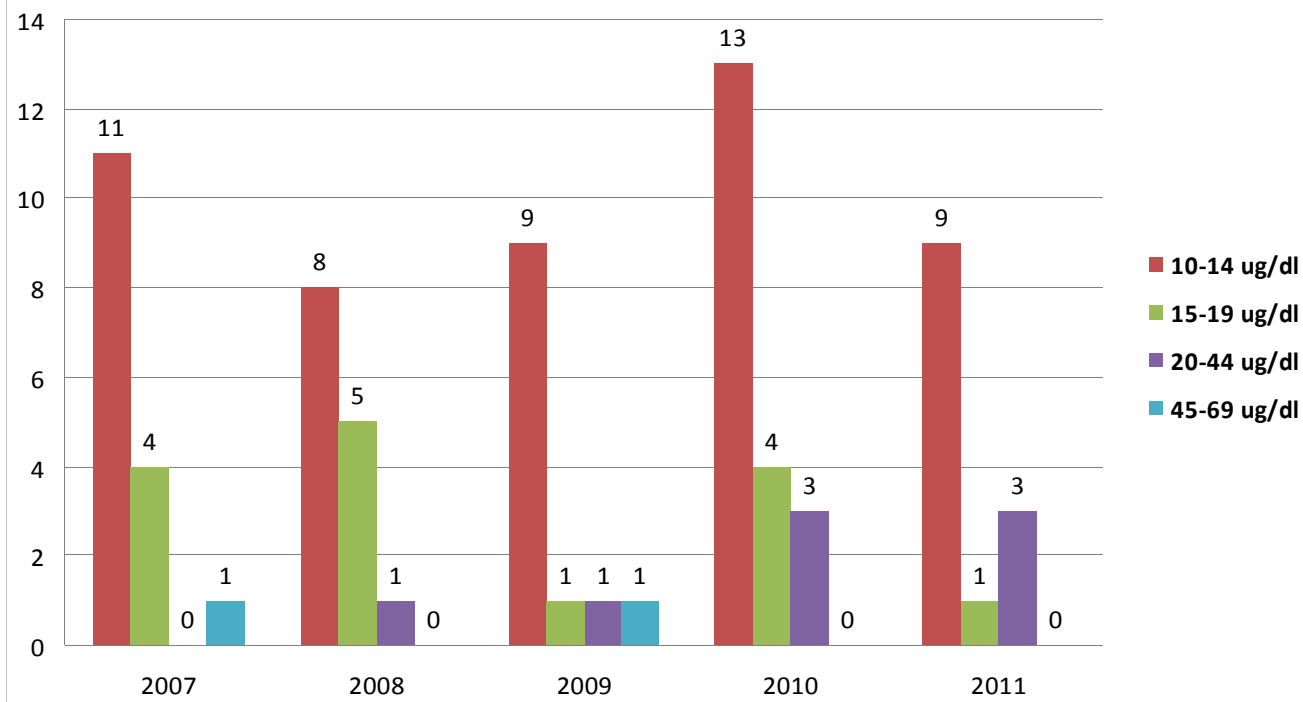
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Gayle Faulkner, CHN, and Bev Bennett, Health Education,
administer Lead Screen to WIC consumers

Table 1 - Intervention Strategy by Blood Lead Level

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

COMMUNITY HEALTH CLINICS**Fig. 4 - # of Cases of Childhood EBLI by Intervention Strategy Categories
(2007 - 2011)**

Community health clinics provide a variety of services to community members. These services often meet a critical public health need that is addressed through critical public health programs. The following is a description of the services provided through community health clinics.

FAMILY PLANNING CLINIC (FPC) SERVICES

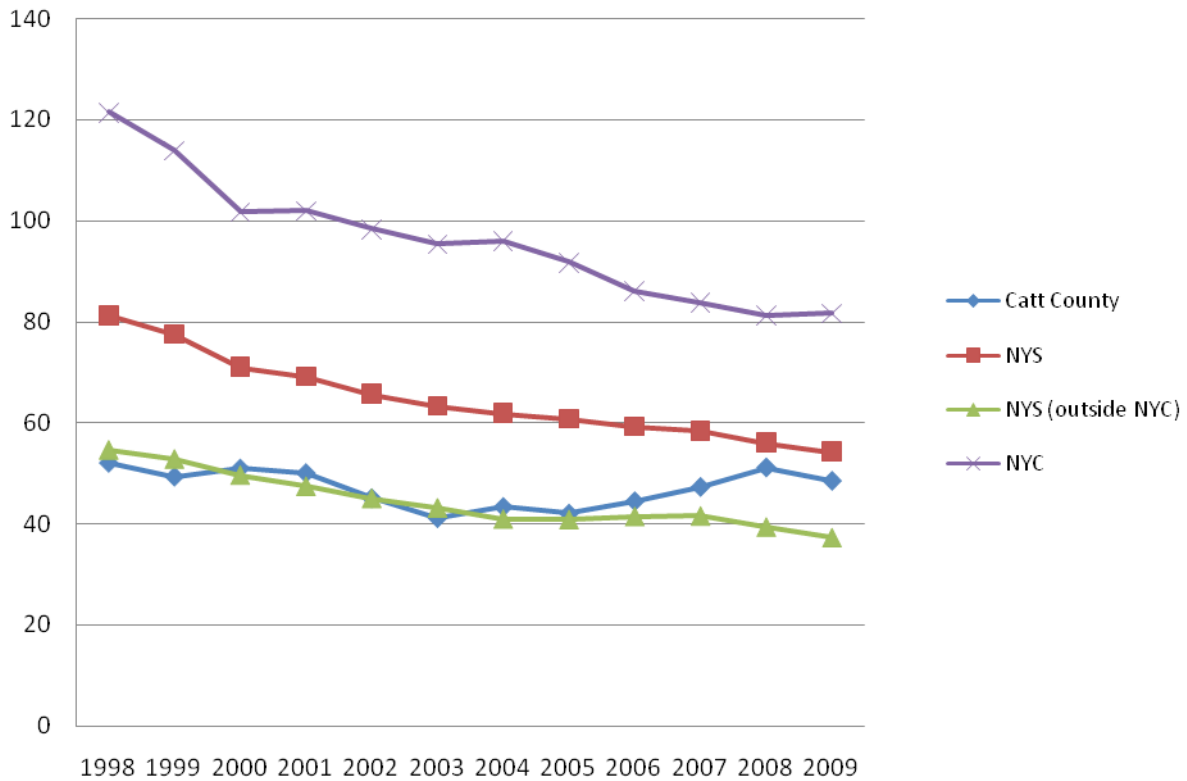
Objectives of family planning clinic services are to reduce adolescent pregnancies and unintended pregnancies in all age groups as well as prevent sexually transmitted diseases. Family planning clinics fulfill these objectives by ensuring access to basic reproductive health education and providing comprehensive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

Reproductive Health Services

Reproductive Health Services for both men and women are provided at CCHD offices in Machias, Olean, and Salamanca. In June of 2011, the monthly CCHD FPC conducted at the New Directions campus in Randolph, was closed. Although this clinic served at risk adolescents, it was believed that closure would allow CCHD FPC staff to concentrate their efforts on improving operations at the remaining three sites. Figs. 5 & 6 illustrate the need for family planning services in Cattaraugus County. Although the pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies/1000 in 1990, it remains higher than the state average (excluding NYC). Figure 6 shows that the number of adolescent FP clients with positive pregnancy tests, after several years of decline, the number has increased in 2011. It is estimated that 170 unplanned pregnancies were averted through the efforts of the FP clinic/program. There remains a need for factual reproductive health education and clinic services because almost half of all pregnancies continue to be unplanned and teen pregnancies continue to occur. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. More information about these activities may be found in the Health Education section.

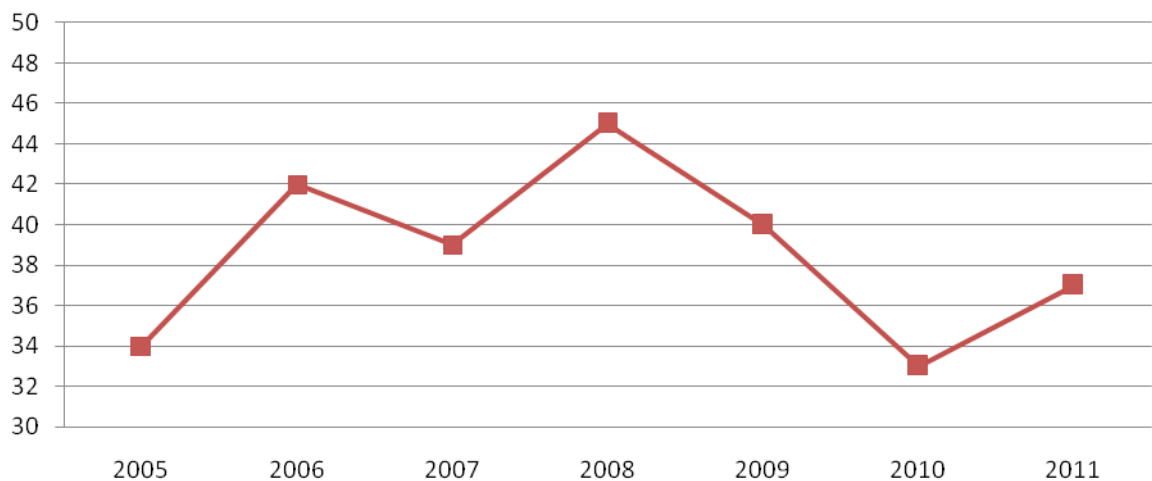
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**Fig. 5 - Teenage (15 -19) Pregnancy Rate (# of Pregnancies / 1,000)
1998 - 2009**



Source : NYSDOH Vital Statistics

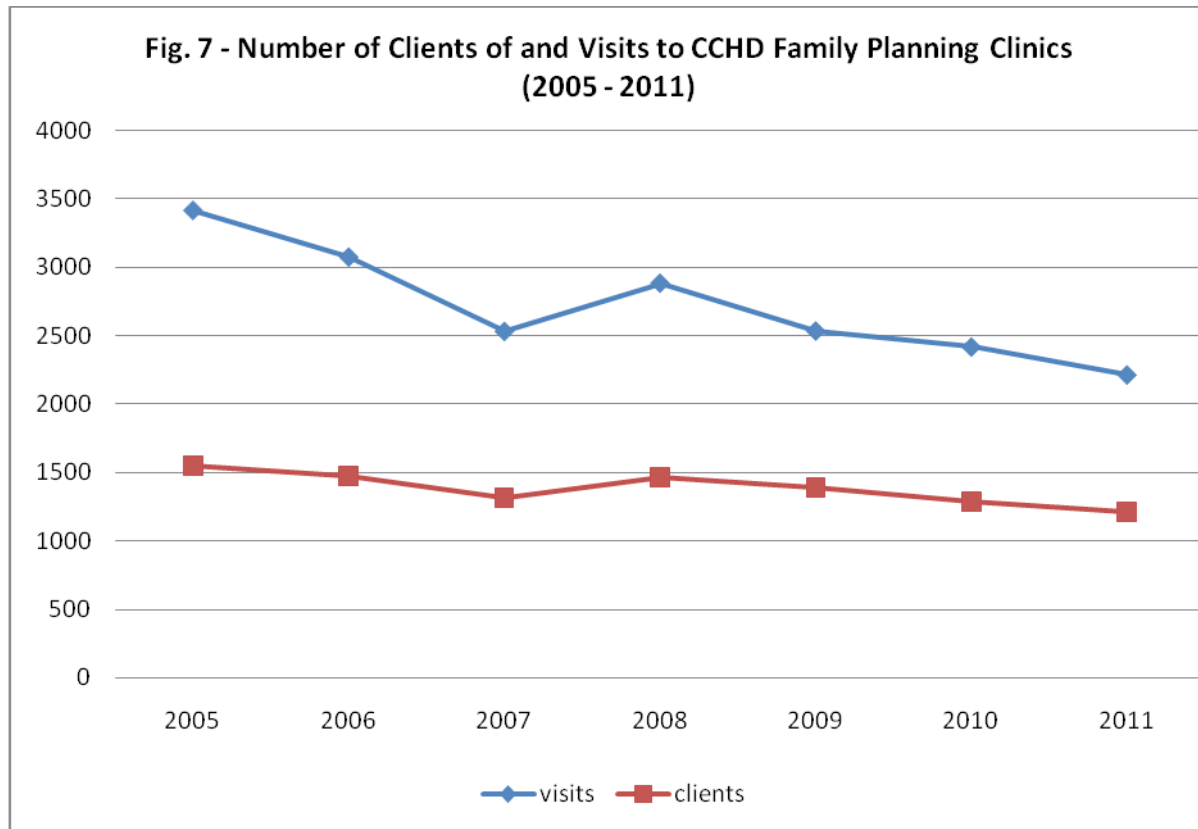
**Fig. 6 - Number of Positive Teenage Pregnancy Tests CCHD Family
Planning Clinics (2005 - 2011)**



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 seven-year trend for the number of clients of and visits to the CCHD

Nursing

family planning clinic. While difficult to substantiate, this downward trend in client and visit numbers may be associated with such diverse variables as changes in behavior and promotion of the *medical home model* by state programs and private insurers.



Source : Ahlers 2005 -2011

Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2011, Cattaraugus County Family Planning Clinic performed 565 pap smears on 455 clients. Eight pap smears were significantly abnormal to require immediate follow-up including colposcopy and/or referral for treatment. Twenty two colposcopies were performed by the clinic nurse practitioner.

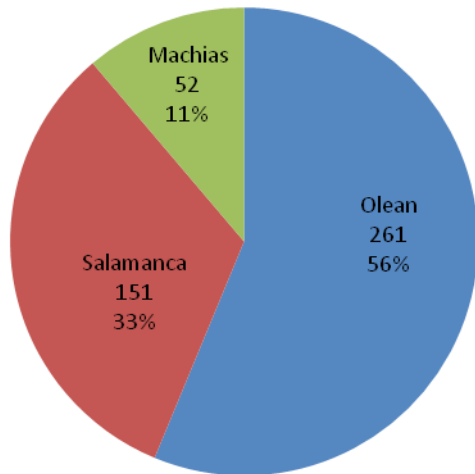
Cancer Services Program

This program assists individuals who are either underinsured or uninsured to receive regular health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program. Sixty-six (66) clients received 63 breast exams, 37 pap smears and three colposcopy directed biopsies.

SEXUALLY TRANSMITTED INFECTION (STI) CLINIC SERVICES

In accordance with the NYS Sanitary Code Part 23.2, CCHD is required to provide free, confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and their contacts 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 34 with 135 detected in STI clinic. There were 464 client visits to the STI clinic in 2011. Client ages ranged from 13-67 with an average age of 26 years. Fig. 8 shows the number of STI clinic visits by clinic location.

Fig. 8 - STI Clinic Visits by Location



HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICE

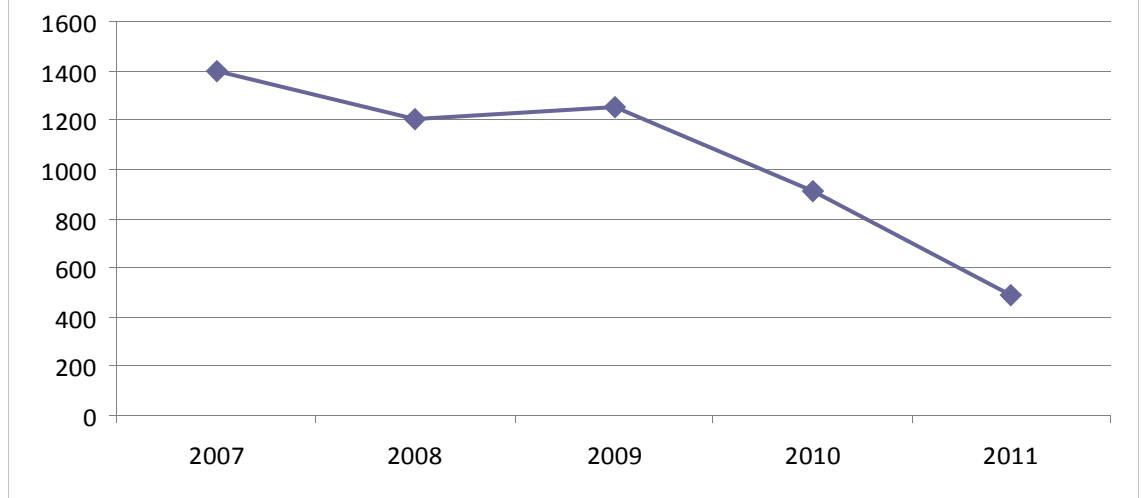
The Health Department is a primary provider of HIV testing in the county. Early detection and treatment enhances quality of life and longevity. Confidential counseling and testing are offered to all individuals utilizing our clinics. The Health Department provides Rapid HIV testing by using fluids obtained by swabbing the oral mucosa. Using this method, results are available in 20 minutes. In 2011, 227 individuals were tested for HIV in Family Planning Clinic and 249 in STI Clinic. There were no positive test results in 2011.

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

HYPERTENSION SCREENING

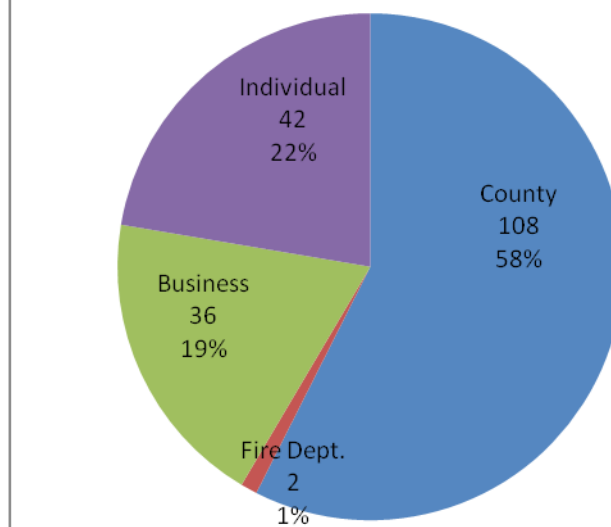
The premature death rate (prior to age 75) due to heart disease in Cattaraugus County (329/100,000) significantly exceeds that of New York State (192/100,000) and remains one of the leading causes of death in the county. Substantial medical research exists that supports the importance of maintaining tight blood pressure control to prevent 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. Approximately 500 individuals were screened. 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 (2007 -2011)



Clinic staff provides routine physical exams for new employees of the county, villages, towns and fire departments, community businesses and organizations and individuals for school/college admission. In 2011, 188 exams were performed. Fig. 10 shows the breakdown of these by payer.

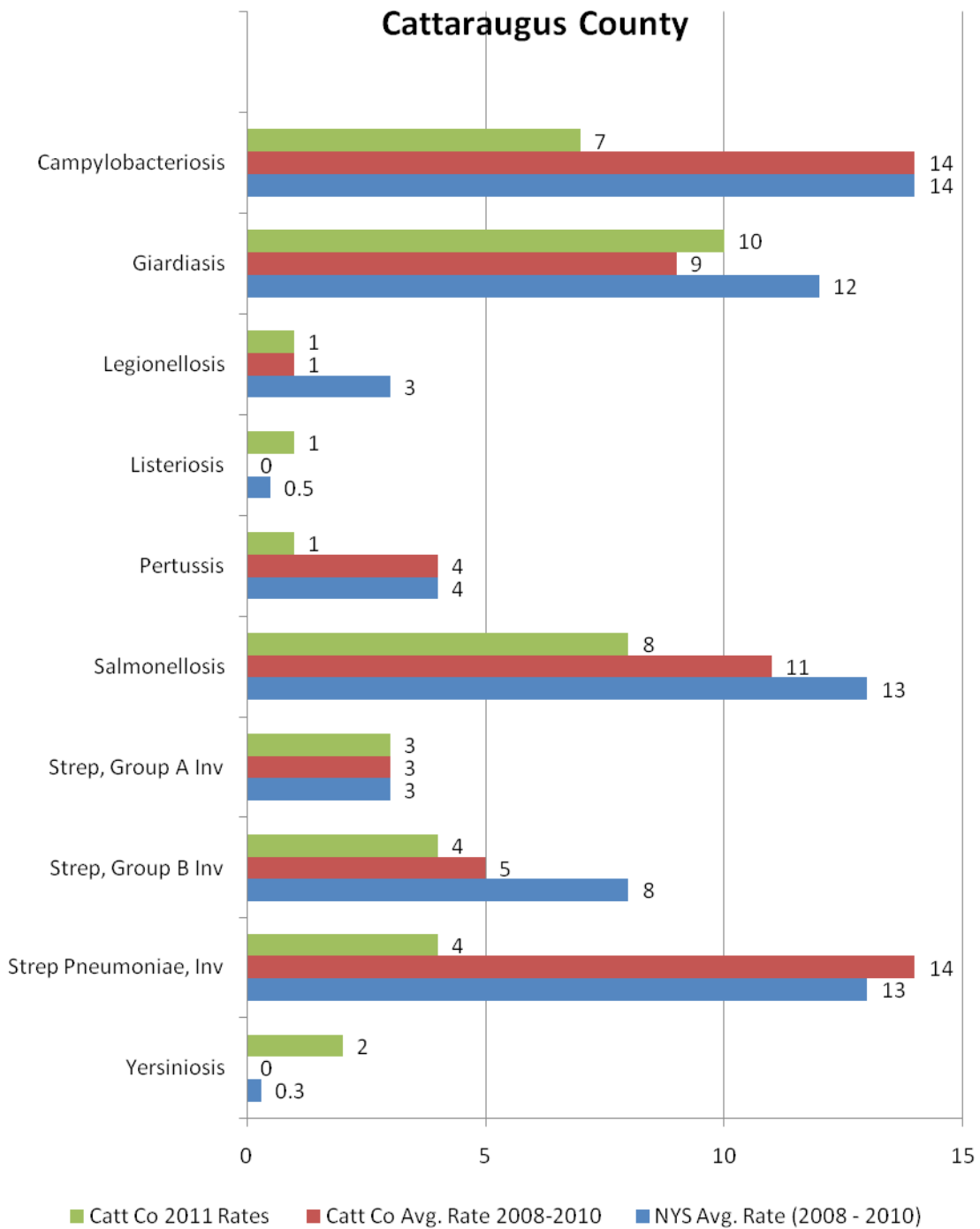
Fig. 10 Clinic Physical Exams by Payer



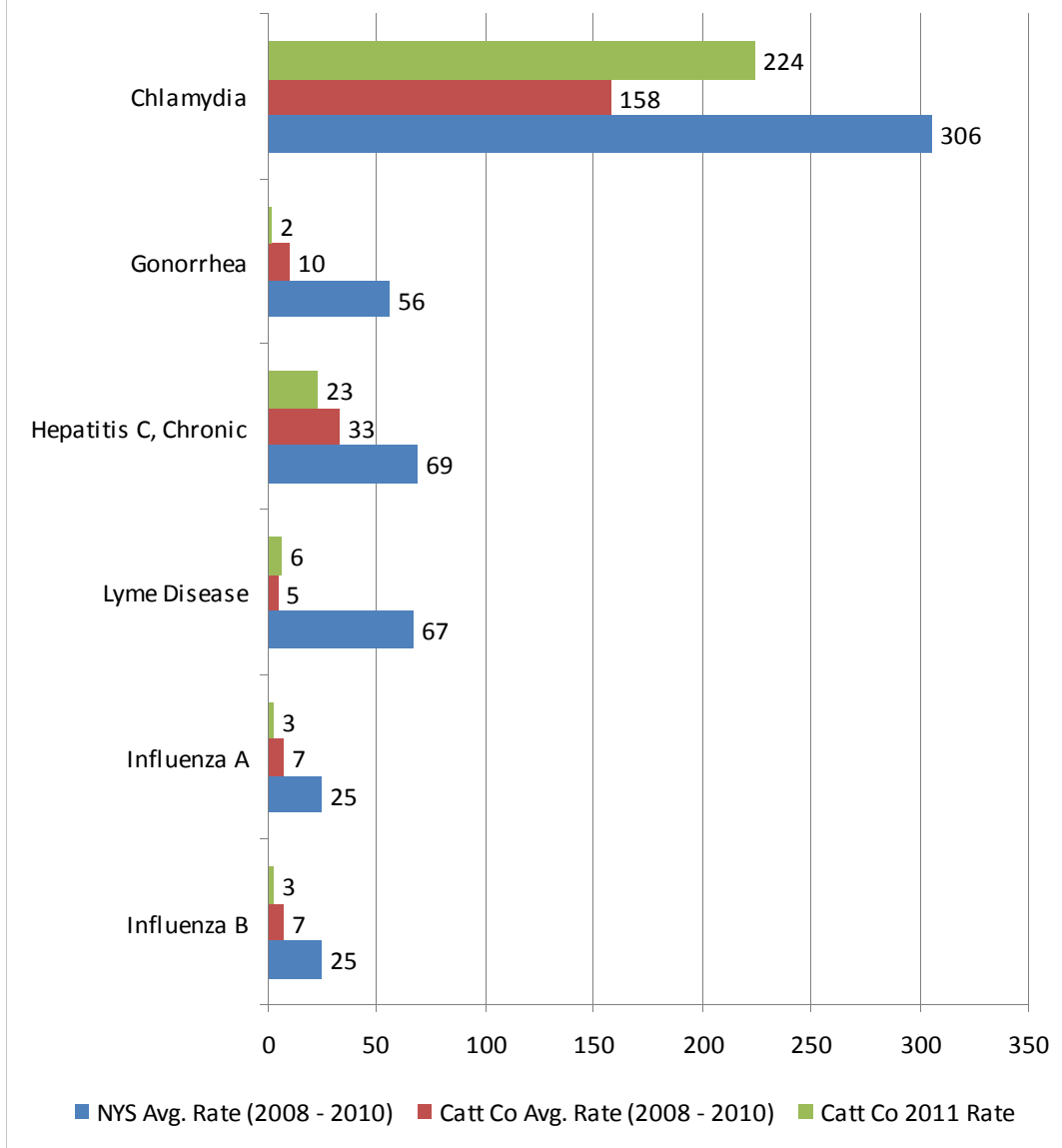
Communicable Disease Prevention

Disease prevention, surveillance and containment are core functions of the CCHD. These strategies are applied to the control of all disease whether it is responding to a case of Hepatitis A in a food handler or pandemic influenza. Figs. 11a & b compare the 2011 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county and NYS over the previous three years. Chlamydia, influenza, gastrointestinal infections and chronic hepatitis C are the most frequently reported communicable diseases in Cattaraugus County. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease.

Fig. 11a Selected Communicable Diseases Cases/100,000
Cattaraugus County



**Fig. 11b Selected Communicable Diseases Cases/100,000
Cattaraugus County**



TUBERCULOSIS CONTROL

There were no active case of Pulmonary Tuberculosis in Cattaraugus County in 2011. Tuberculin testing was provided to 668 clients with 7 individuals testing positive. Individuals with a positive test are required to follow-up with either the Health Department or their private physician. Through regular follow-up and prophylactic medication, active tuberculosis can be prevented. Twenty-six individuals received care in 2011 in Chest Clinic and three were started 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.

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At County
Employee Flu
Clinic, volunteer
retired nurse
Mary Anne
Power vaccinates
pregnant mom



Table 2 - 2011 CCHD Immunizations

IMMUNIZATION	Number Given Age18 & younger	Number Given Age19 & older	Total Number Given
Diphtheria Tetanus Acellular Pertussis- DTaP	6	0	6
DtaP-HIB-IPV	21	0	21
DtaP-IPV	23	0	23
DtaP-HEP B-IPV	7	0	7
Hepatitis A	36	53	89
Hepatitis B	19	128	147
Hepatitis A & Hepatitis B	0	35	35
Haemophilus Influenzae type b -HIB	2	1	3
Human Papillomavirus HPV	44	39	83
Inactivated Polio -IPV	4	21	25
Influenza	83	2035	2118
Meningococcal	51	11	62
Measles Mumps Rubella - MMR	69	93	162
Pneumococcal	40	86	126
Rotavirus	4	0	4
Tetanus Diphtheria Td	2	2	4
Tetanus Diphtheria Acellular Pertussis - Tdap	101	210	311
Typhoid	15	49	64
Varicella	45	0	45
Yellow Fever	4	36	40
Shingles (<i>Zostavax</i>)	0	43	43
Totals	576	2842	3418

Table 2 lists
the
immunizations
provided in
2011

Hepatitis Program

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

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risk. Education regarding risk factors and prevention are provided at most clinic encounters and at various programs in the community.

Influenza Vaccination Program

Flu is a contagious respiratory disease that is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year in the United States. The Health Department administered over 2,000 doses of seasonal flu vaccine at approximately 25 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. Six people received post exposure vaccination due to contact with lab confirmed rabid animals (one bat and two raccoons). All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.



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Fig. 13 illustrates the variability associated with the number of post exposure rabies treatments from year-to-year

Fig. 13 - # of Post Exposure Rabies Treatments (2002 - 2011)

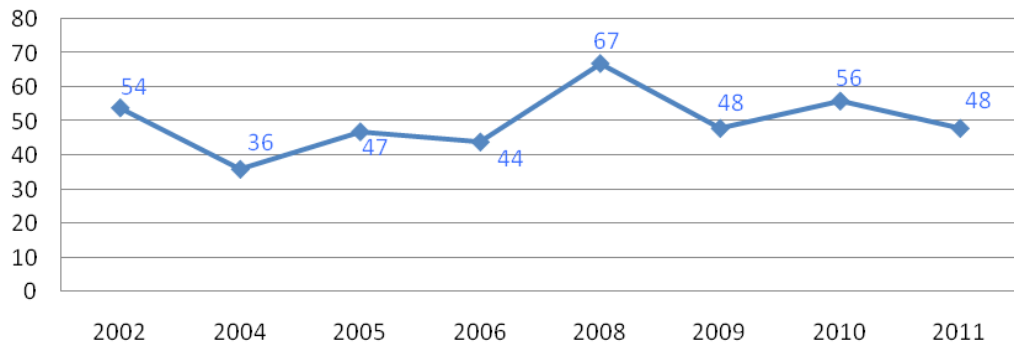
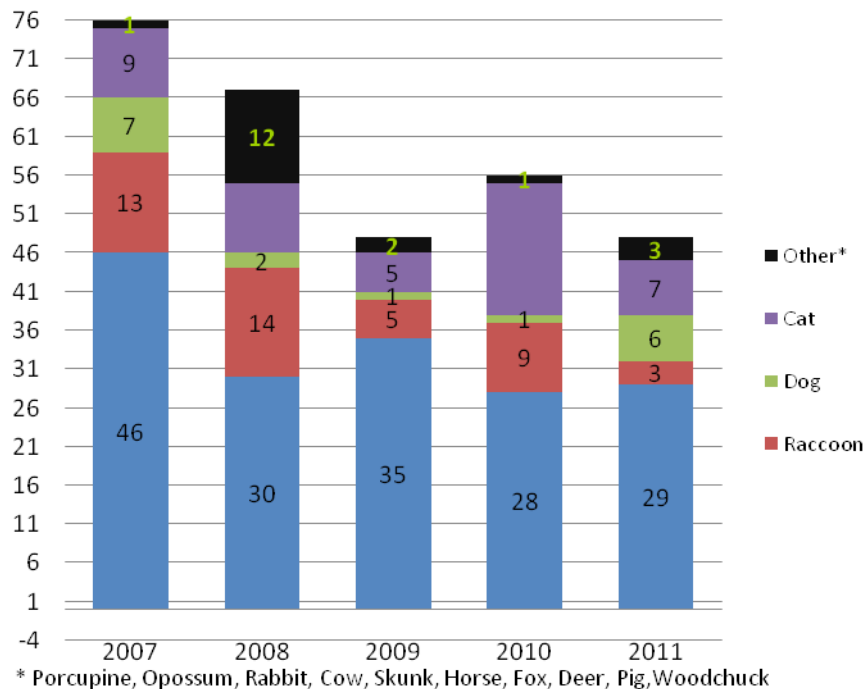


Fig. 14 illustrates the annual breakdown of post exposure treatments by suspected animal vector

Fig. 14 - # of Rabies Post Exposure Treatments by Animal Type (2007-2011)



MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2011

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

ENVIRONMENTAL HEALTH DIVISION

The field of environmental health seeks to identify those factors present in the environment that either cause or contribute to disease, illness, or unsafe conditions and prevent such factors from adversely affecting the public. To do this environmental health relies on the complementary strategies of inspection, education, and regulatory enforcement. Performing inspections to ensure compliance with science based regulatory controls established by state and federal agencies, is a core strategy in most environmental health work performed by the CCHD. Education is equally important in ensuring that 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 188 public and 22 non-public water systems throughout the county to ensure the provision of safe drinking water. Subpart 5-1 of the New York State Sanitary Code (NYSSC) defines a *public water system* as a water system which provides water to the public for human consumption through pipes or other constructed conveyances, if such system has at least five service connections or regularly serves an average of at least 25 individuals daily, at least 60 days out of the year. Subpart 5-1 of the NYSSC further classifies public water systems as follows:

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

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 2011, the Environmental Health Division (EH) prepared an approved work plan and applied to the NYSDOH for the Enhanced Drinking Water Program grant. This money is used to enhance/support the implementation and administration of the drinking water protection program in Cattaraugus County, by hiring and retaining qualified staff and minimizing the cost to local tax payers. Much of the work performed below is supported through this grant.

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Water System Inspections

During 2011, EH staff performed required inspections at 188 public 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 8 elements: *source, treatment, pumps& controls, finished water storage, distribution system, operation and maintenance, operator compliance, and recordkeeping*. Inspections and sanitary surveys are designed to critically review operations and management and provide operators with suggestions to better protect public health. Activities performed during inspections and follow up are intended to improve management and operation of PWSs.

Water Quality Monitoring

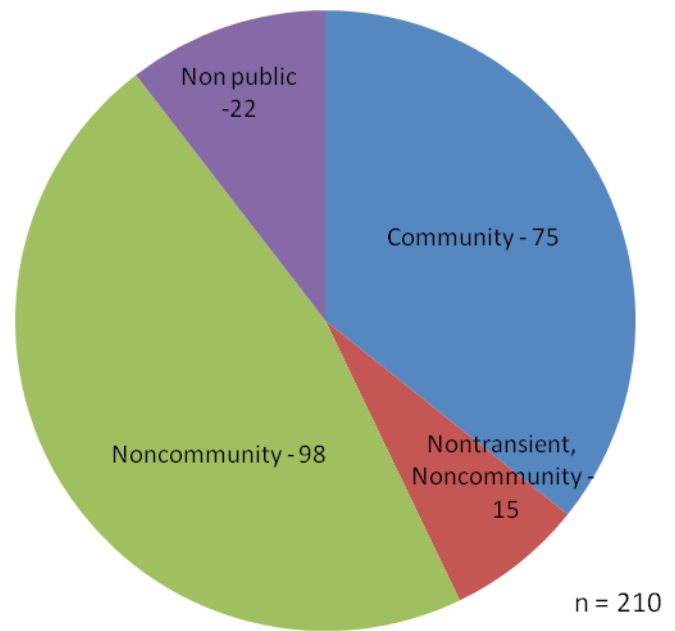
A key to providing safe and healthy drinking water is routine testing of water quality. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, the more frequent microbiological and nitrate samples are collected directly by CCHD personnel and analyzed in the county lab. In 2011, EH staff collected over 1,444 microbiological samples and 306 nitrate samples for laboratory analysis.

Technical Assistance

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

- Each community PWS is required to publish an Annual Water Quality Report (AWQR). Each year EH staff prepares the updated reports for the vast majority of these PWS's.
- State and federal regulatory requirements for PWS's are complicated. While most certified operators¹ are familiar with these requirements, questions routinely arise that require EH staff explanation or interpretation.
- EH staff provides updated detailed sampling schedules to all PWS's in the county each January.
- Operation of PWS's often requires historic and geographic information about the design and past operations of the system. EH staff are developing Geographic Information System (GIS) data

Fig. 15 - CCHD Regulated Water Systems by Type



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

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viewers to allow operators to securely and easily access information about their system and update it efficiently. EH staff have digitized data such as water lines and valves and incorporated them into an industry standard data model that can be used for locating, servicing, and managing all system components. Such data can also be used in planning and determining the full cost of future improvements. Training was provided to staff from three systems in data capture, storage, and access of data needed for developing an effective Asset Management Program.

- Regulatory and technical assistance associated with various engineering and capital improvement projects throughout the county.
- EH staff reviewed and commented on the NYS Department of Environmental Conservation's Supplemental Generic Environmental Impact Statement, for expanded gas well drilling and High Volume Hydraulic Fracturing (HVHF).
- EH staff assisted several operators with completing their licensing requirements (i.e. certification courses and training requirements).

Community PWS Project Highlights

With the aging infrastructure present in Cattaraugus County, full compliance with current state and federal regulations often involves costly improvements. In 2011, EH staff helped the following communities in their capital improvements project planning:

The Village of Portville, had been dealing with customer water quality complaints in portions of their distribution system. EH staff worked with the Village's engineers and plans were approved for the installation of orthophosphate treatment equipment at both well houses. By the end of 2011, the new treatment was operational at the South well, and the North well should be completed in early 2012.

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 drinking water regulations and has been performing mandatory quarterly public notifications. In 2011, water company owners were notified that they were eligible for funding assistance through the NY Drinking Water State Revolving Loan Fund (DWSRF). Project planning is underway but a lack of operating capital has delayed engineering design, and gas company replacement of gas utility lines throughout the community in Summer 2011 caused numerous water main and service line leaks which had to be repaired. The exact timeline for project design, approval, financing, bidding, and construction is still unclear.

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 was completed in early 2011 and presented to the Village and Town boards. Evaluation of alternatives was complicated by the fact that both the Villages of Randolph and E. Randolph dissolved at the end of 2011, and the capital improvement project will have to be financed by the Town now

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that the systems are merged into one Town district. An application to the DWSRF was submitted by the Town, and they were notified in October that they are eligible for \$3.74M of funding for their project. Planning and engineering design will hopefully be completed in 2012 so they will be ready to go to construction in 2012.

The Village of South Dayton was notified in late 2010 that they had received a \$460,000 grant through the NYS Small Cities CDBG program, for full replacement of their antiquated water storage tank that was built in 1934. The Village engineer submitted design plans and specs in June 2011 and CCHD issued the plan approval on 7-8-11. The project was immediately put out to bid, and construction started in late September. Amazingly, winter weather held off and the project was completed on a tight schedule, with the new tank going into service on December 14, 2011. Final site grading, new security fencing, and new telemetry controls will be installed in Spring 2012 to close the project out.

The Town of Perrysburg received initial funding for a \$3 M capital improvements project for the Perrysburg Central Water District, in 2006. The project was ultimately split into three phases, with Phase 1 (distribution system expansion) completed in 2007, and Phase 2 (well field redevelopment and transmission line rehabilitation) substantially completed in 2008. However, NYS Health Department requests for redesign of the new water treatment plant led to delays in the implementation of Phase 3. The change in design and delays ultimately resulted in cost increases which exceeded the original project budget. Consequently the town had to reapply to the NYS Drinking Water State Revolving Fund (DWSRF) for additional funding of \$730,000, which was allocated upon the release of the new DWSRF Intended Use Plan, in October 2011. It is anticipated that Phase 3 can now be bid out and constructed in 2012.

Wastewater

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

PRIVATE SEWAGE TREATMENT

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

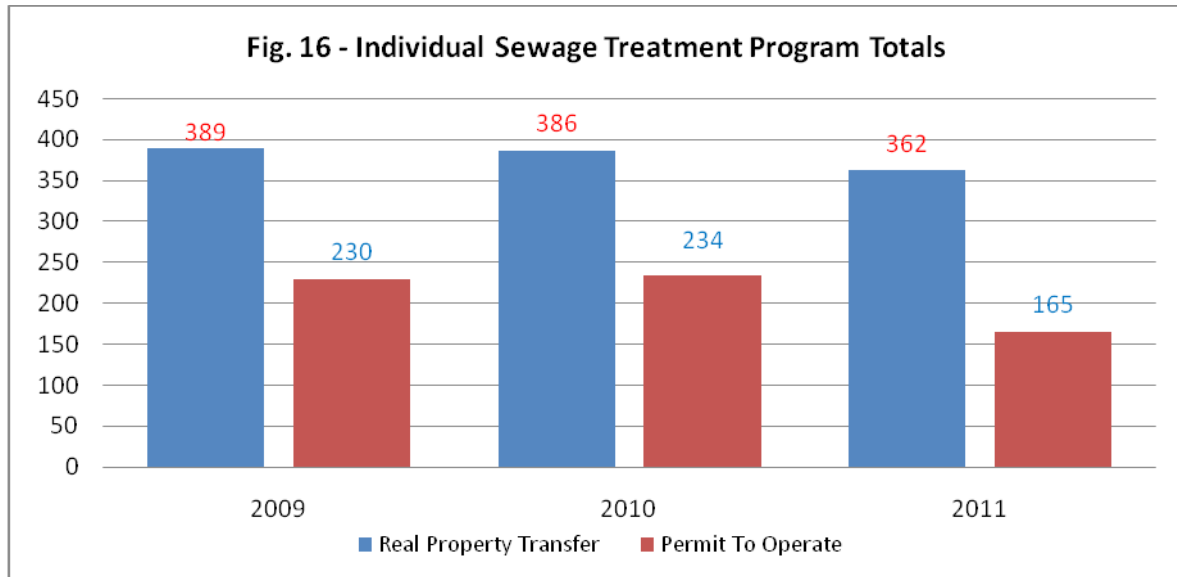
Real Property Transfer Program

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

Septic System Permit Program

To ensure proper functioning of private wastewater systems, each system needs to be designed in conformance with state regulations and with an understanding of environmental conditions unique to each specific site. EH staff routinely conduct site investigations and design small septic systems for individual homes and review plans for larger commercial systems designed by professional engineers. Following design, construction, and inspection, EH staff issue permits to operate these systems. Fig. 16 shows that the number of septic system permits issued in 2011 as compared to the past two years.

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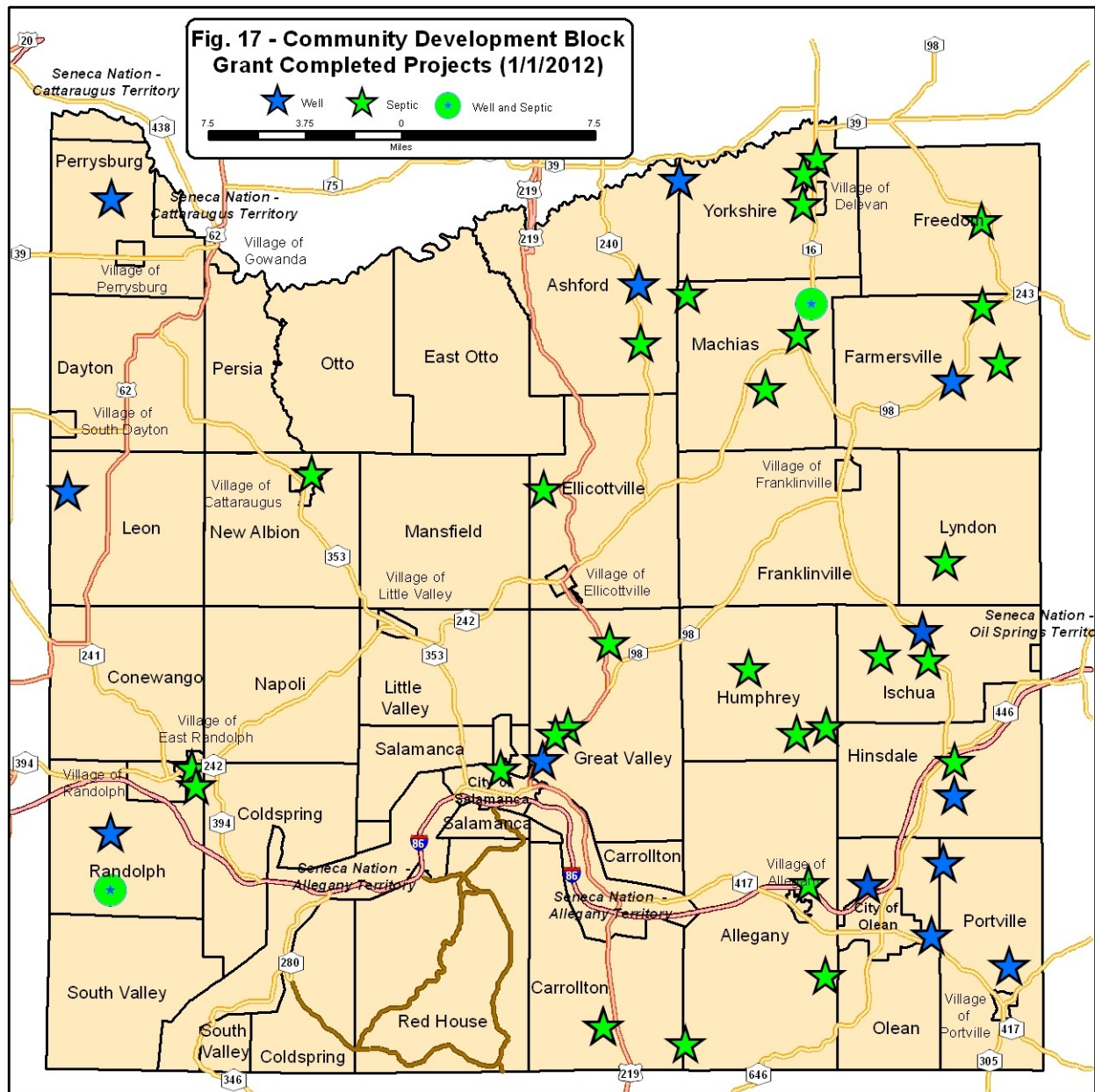
Environmental Health Initiative Grant Program

In late 2009, the CCHD 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 and 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 14 well projects and 33 septic systems projects in 2010 and 2011 (See Fig.17). We received word in late 2011 that this extremely successful program has been refunded by \$278,000 for the 2012-2013 grant period.

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 2011 EH staff performed 110 of these inspections and filed all reports with the DEC regional office in Buffalo as required.

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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 continued work with two town boards in 2011, which had 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 was completed in 2010 and it finally went to bid in Spring 2011. Construction was substantially completed in Summer 2011 and only final restoration remains for Spring 2012.

A major development in 2010 was the announcement 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

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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 held in January 2011, and ultimately the project was approved. During 2011 all required field work and surveying was completed and the project went into engineering design. It is anticipated that the NYSDEC will approve the plans in early 2012 so the project can go to bid and construction. Project completion and start-up is anticipated in 2013.

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Facility Inspections

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

FOOD PROTECTION PROGRAM

This program ensures that all restaurant inspections statewide are standardized. Facilities regulated under this program are subjected to periodic inspections dependent on the type of facility. Fig. 18 compares the number of food service establishments regulated by the CCHD in 2010 and 2011. No foodborne disease outbreaks were reported or investigated. Several staff members are in various stages of training to receive their NYS Food Service Inspection Officer (FSIO) certification. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.

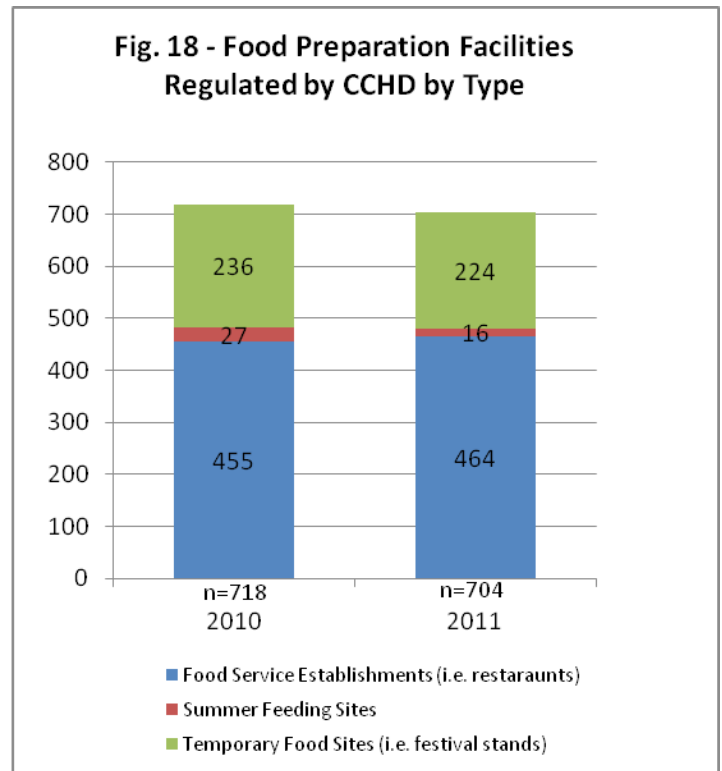
TEMPORARY RESIDENCE PROGRAM

The EH division permits 48 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as children's camps in the summer within the county. EH staff perform at least one annual inspection of these facilities plus follow-up visits as necessary.

Inspections may include kitchen operations, public water supply treatment and sampling, onsite sewage disposal system, and swimming pool or bathing beach.

PUBLIC BATHING FACILITY PROGRAM

In 2011, the CCHD permitted and oversaw the operation of 61 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 high E. coli bacteria counts. A total of 40 beach samples were collected which resulted in 1 beach being temporarily closed. Beach closings are usually associated with turbid conditions following a significant rainstorm event. As part of pool inspections, EH staff continued to notify operators of requirements associated with passage of the federal Virginia Graham Baker Pool and Spa Safety Act, which requires that all public pools nationwide replace existing bottom drain covers with new, approved grates. This legislation was designed to minimize risk associated with suction entrapment.



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

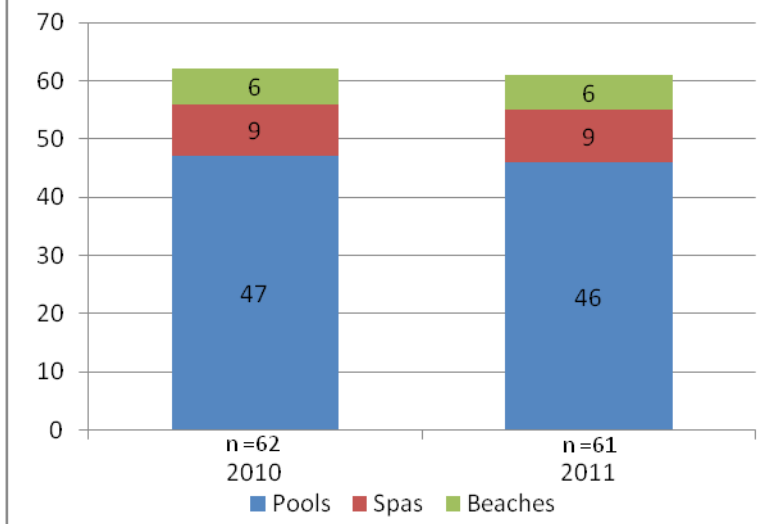
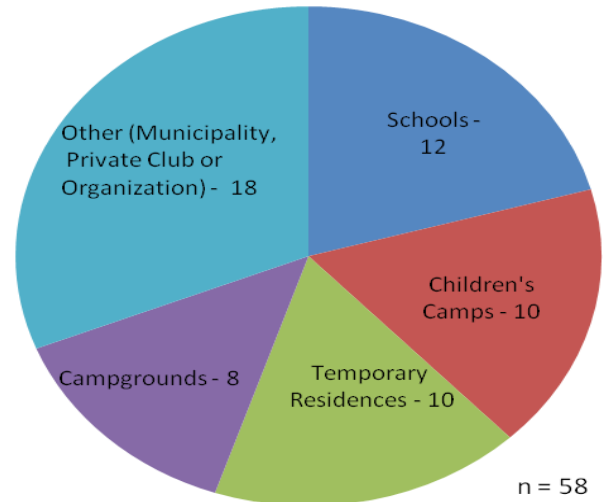


Fig. 20 - 2011 Public Bathing Facilities Regulated by Organization Type



* - The total number of organizations regulating facilities is smaller than the total number of facilities because one organization may manage more than one facility.

In 2011, two more facilities submitted engineering plans to convert from conventional chlorine disinfection, to salt generator disinfection treatment.

CHILDREN'S CAMP PROGRAM

The CCHD again permitted 13 children's camps in 2011. Many of these camps are operated by scouting, religious, or other non-profit organizations. Inspections at these facilities may also include a food service operation, public water supply treatment, on-site sewage disposal system, swimming pool or bathing beach. Besides annual inspections, staff are required to annually review and approve the camp's written safety plans, investigate any reports of illness or injury, conduct background checks on all camp directors, and verify that required medical and safety certifications are current for all camp staff.

MOBILE HOME PARK PROGRAM

The CCHD permitted 37 mobile home parks in 2011. 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 2011, EH staff had to follow up on several complaints regarding sewage systems, water supply systems, electrical issues, and numerous garbage complaints at such parks.

TATTOO / BODY PIERCING PROGRAM

CCHD regulated 8 tattoo shops located in the county during 2011. 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.

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

CHILDHOOD LEAD POISONING CONTROL PROGRAM

As mentioned in the Nursing section, EH staff are responsible for assessment of a child's living environment if elevated blood lead levels are detected. In 2011, the Nursing division referred 4 children to EH to make such an assessment. EH staff conducted new environmental investigations at 6 residences associated with these children. Lead paint hazards were identified at all of the residences. Continuous monitoring of the remediation work at these locations will continue in 2012 until the lead hazards are fully abated.

Recently NYSDOH 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 involve renovation, repair, painting activities, or that 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 70 ATUPA compliance checks at 42 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 70 checks completed in 2011, there were 8 sales of tobacco products. Consequently, formal actions were initiated which resulted in 8 violations for \$3,700 in fines.



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CLEAN INDOOR AIR ACT (CIAA) PROGRAM

In July 2003 a revised CIAA became effective which virtually eliminated smoking indoors in most public places. Similar to the ATUPA program, CCHD provides for compliance checks to insure that indoor smoking in public places is not occurring. In 2011, there were 67 smoking compliance checks conducted in establishments around the county. There were no violations found as a result of these unannounced visits.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a “Membership Association”. In 2011, 5 waiver renewal applications were received and approved. Conversely, 5 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 investigation (RI) reports, health risk assessment (HRA) studies, and long-term monitoring reports and data for all existing sites. EH staff also regularly attend public informational meetings and hearings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2011, the CCHD participated in review of the following sites / projects:

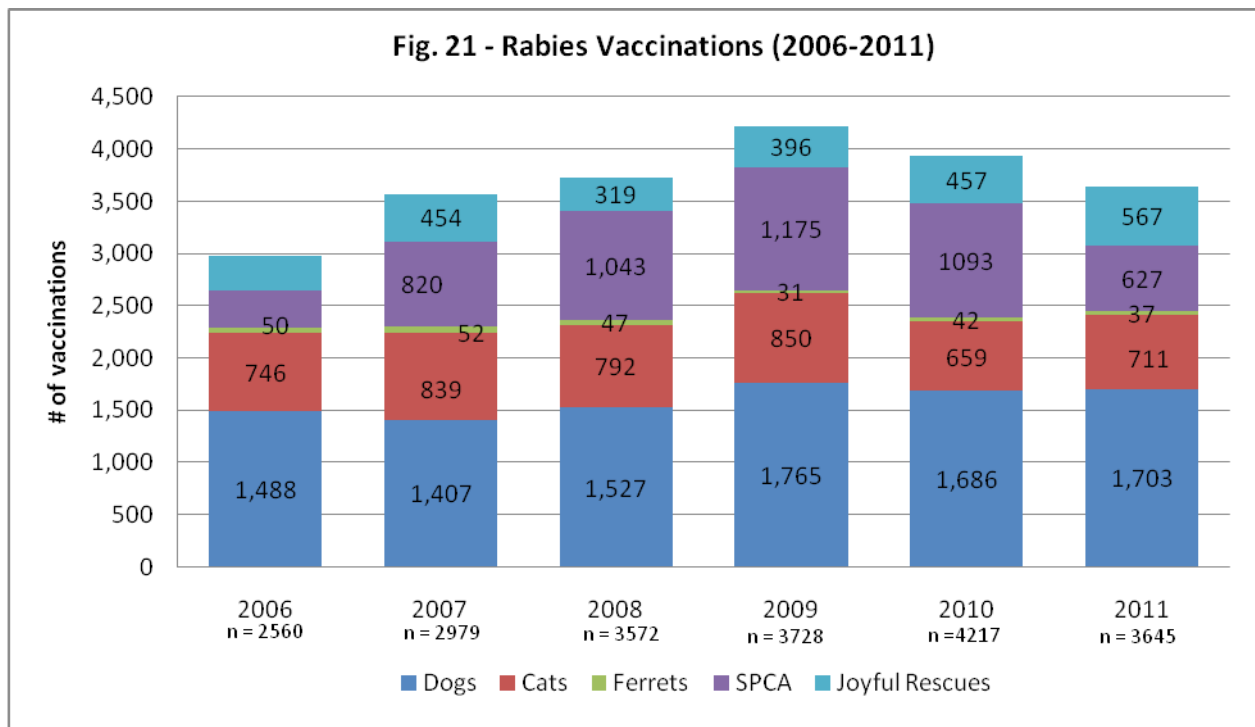
- West Valley Demonstration Project (County representative on Citizen Task Force)
- ALCAS/Olean Wellfield remedial investigation
- Annual testing of all private wells in the Little Valley Trichloroethylene (TCE) project boundary
- AVX/Olean Wellfield remedial investigation
- Signore Ellicottville remedial investigation
- Redevelopment of two new sites in the Olean Brownfield Opportunity Area (OBOA)

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 2011 associated with cockroach infestations, rodents, and even one report of bed bugs.

RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2011, 5 animal vaccination clinics were conducted at various locations around the county. In addition to this, CCHD provided vaccine to veterinarians who administer shots to pets at two local animal shelters. Fig. 21 shows vaccinations by animal type for years 2006-2011. In total, \$2,131.14 in donations was collected at the five vaccination clinics held last year.



In addition EH staff conducted 124 animal bite investigations and referred 50 persons to the Nursing Division for post-exposure immunization. In 2011 a total of 116 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 4 were positive (2 raccoons and 2 bats).

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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 in May and ended in August. Based on the relatively low number of larval mosquitoes, aerial application of larvicide was not performed in 2011. Adult surveillance began in June and ended in August. Fifty nine mosquito specimen pools were submitted to the state laboratory for analysis. There were no detections of West Nile Virus, or other arboviruses. There were also no human cases of arbovirus reported in the County in 2011.

LYME DISEASE / DEER TICK EDUCATION

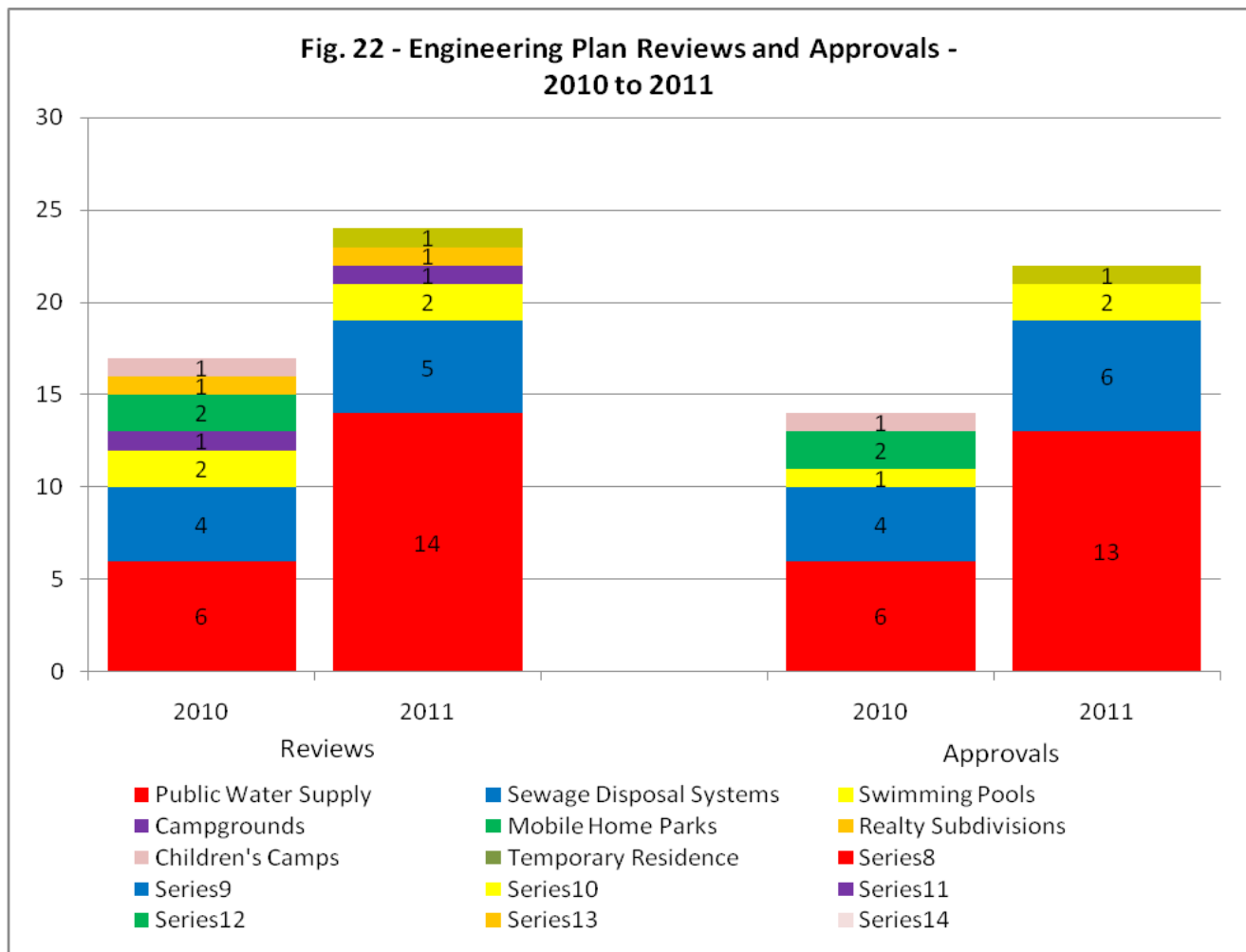
The NYSDOH reported in 2009 and 2010 that surveillance of deer ticks at two locations within the county revealed the presence of and specimens infected with the bacterium that causes Lyme Disease. Consequently, CCHD organized a training session for health department and other agency staff, and launched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

Environmental Health Program Support Services

In support of the above health department 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 ensuring the proper design, operation, and maintenance of all regulated facilities.

ENGINEERING PLAN REVIEWS

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



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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 2011, a total of 66 formal enforcement actions were processed for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. Cases involved sewage discharges, public water monitoring violations, restaurant and smoking violations, pets improperly vaccinated against rabies, and public health nuisances. In 2011, \$14,090 was collected in fines and nearly \$1,410.00 more in assessed and accruing penalties remain unpaid from 2011. There are also nearly \$63,936.35 (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 very often file formal complaints and report potential public health nuisances. In 2011, EH staff responded to 115 complaints regarding possible public health issues. This resulted in 3 formal enforcement actions being taken to bring about correction of county and state sanitary code violations.

ENVIRONMENTAL HEALTH STAFF - 2011

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:

Rhonda Kelley – Sanitarian
Karen Hoffmann – Keyboard Specialist II

HEALTH EDUCATION DIVISION

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

School Age Programming

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

GLO GERM HANDWASHING PROGRAM

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

ORAL HYGIENE PROGRAM

The importance of establishing good oral hygiene behavior in childhood cannot be underestimated. With the growth of adult teeth in early childhood, prevention of oral /dental diseases such as periodontal disease, gingivitis and tooth decay becomes the only way to insure dental health. Without good oral hygiene, many children begin the long, painful, expensive path towards oral and dental problems. Historically, rural areas, such as Cattaraugus County, have had limited access to the types of treatment available to treat these problems (see Table 3). Treatment cost makes prevention more important than ever. In Cattaraugus County, many children lack the necessary tools, such as dental floss, toothbrushes and paste, to help prevent tooth decay and combat oral / dental diseases. Health education staff works with providers at local dentist's offices to meet this need and present materials on prevention of oral/dental disease and tooth decay.

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

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Health Education



Bev Bennett educates pre-school children on proper dental hygiene

REPRODUCTIVE HEALTH PROGRAM

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

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

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

School Outreach

CCHD continued school outreach programs at county schools (see Table 4)

Table 4

Sexuality	STIs and HIV
Anatomy and Physiology of the Reproductive Systems	The Media and Sexuality
Puberty and Hygiene	Sexting
Abstinence and Contraception Choices	Tattooing and Piercing
Relationships and Boundaries	Fetal Alcohol Spectrum Disorders
Pregnancy/ Baby Think it Over	Self-Image

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Health Education



Tara Leonard, Reproductive Health Educator, preparing materials for public education

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

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 for a Comprehensive Adolescent Pregnancy Prevention (CAPP) program that was initiated in Spring 2011. This has allowed support for extended open hours for FP Clinic services at the Salamanca site, with evidence-based educational programs provided in Salamanca Schools, and use of Social Media to increase access to CCHD services and education.

Adult and Community Based Programming

Besides school age programming, HE staff provide adult and community based programming in an effort to foster healthier lifestyles at various venues throughout the county. In 2011, HE staff brought programming to Department of Social Services and Women Infant and Children (WIC) program sites, food pantries, local work sites, agencies/organizations 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. Staff may offer blood pressure and osteoporosis screenings, hand washing demonstrations, nutritional and sugar-sweetened beverages displays at these events. In 2011, staff participated at events including: the YMCA's annual Healthy Kids Day, the Cattaraugus County Fair, the annual School Nurses Dinner, multiple Influenza and Rabies Clinics, the City of Olean, Salamanca Schools, Pine Valley Schools, West Valley Schools, Olean Middle School, Salamanca Kiwanis, monthly Car Seat Checks, Farmers' Markets, the Rehabilitation Center, Cattaraugus Community Action, Holiday Valley, the PRIDE Picnic, Parent Education Picnic, Department of Aging Picnics, Annual World Breastfeeding Day, Seneca Allegany Casino Employee Wellness Day, and the Seneca Nation Health Centers in both Irving and Salamanca. Thousands of people attend these events.

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Health Education

NUTRITIONAL PROGRAM

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



OSTEOPOROSIS SCREENING

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



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Health Education

LEAD POISONING PREVENTION

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

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

SUMMER SAFETY

With increased outdoor activity in the summer months comes increased public health and safety risks. Paramount among these risks is the increased transmission of rabies and arboviruses. HE staff presented materials to at-risk populations at WIC and food pantry sites, Farmers' Markets, and summer camp programs throughout the county. Such presentations may include take-away items such as brochures, bookmarks, stickers, and rabies and Lyme disease magnets. The focus of the HE staff effort is on the prevention of rabies and arbovirus transmission, as well as safety promotion, particularly sun safety.

Partnership Activities



CCHD HE staff is small in number, yet the need for effective health education and wellness promotion is great. Because of this, CCHD partners with a variety of sister organizations and agencies to address public health related issues. In 2011, HE staff actively participated in many councils, coalitions, and partnerships locally and regionally including: Southern Tier Wellness Partnership (STWP), Cancer Screening Program (CSP) of Allegany and Cattaraugus Counties, the Tobacco-Free Coalition of Western New York, the Asthma Coalition of WNY, Cattaraugus County Integrated County Planning, the Regional Dental Committee, Youth Development Coalition (YDC), the Public Health Coalition of WNY, Regional AIDS Network, the Falls Prevention Collaborative of Cattaraugus County, ACHIEVE Salamanca, and P2 Healthy Lifestyles. Additionally, CCHD staff continue to partner closely with Healthy Community Alliance, Cornell Cooperative Extension, Southern Tier Health Care System, the Cattaraugus County Sheriff's Department, the Cattaraugus County Departments of Social Services and Aging, Cattaraugus County and Salamanca City Youth Bureaus, Head Start, Council on

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Health Education

Addiction and Recovery Services, Cattaraugus Community Action, Mental Health Association, St. Bonaventure University, JCC, and county and parochial schools.

New Collaborations in 2011

CCHD received *one of only four* NACCHO (National Association of County and City Health Officials) Tobacco awards for *Implementation of Developing Capacity to Support Tobacco Prevention and Control Efforts* in collaboration with our neighbors in Chautauqua County. This group is now referred to as STTAC (Southern Tier Tobacco Action Coalition) and is working closely on several deliverables including increasing smoke-free grounds/campuses, point of sale projects, a Cessation Resource Tool, and re-starting the *Baby & Me* program for pregnant and post-partum moms.



In late 2011, the National Association of Chronic Disease Directors (NACDD) announced that Salamanca had been selected as one of 15 existing national **ACHIEVE** (Action Communities for Health, Innovation, and EnVironmental Change) communities for additional funding to act as a Mentor community. ACHIEVE is an initiative of the Centers for Disease Control and Prevention, bringing together concerned citizens to create healthy communities and provide local leaders with education and resources to solve specific health problems.

The **Cattaraugus County Healthy Livable Communities Consortium** formed as a call to action following the release of the second annual County Health Rankings in the Spring of 2011. An existing Long Term Care Coalition merged with this group to form the larger County Consortium which has grown to over 50 representatives from non-profit agencies and organizations, and county and local government partners. The Consortium has performed an Asset Inventory, looked at What's Working and What's Missing, and currently is collecting data for its soon-to-be launched web-based Data Reserve.



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Health Education



*One hundred years from now, it will not matter what my bank account was,
the sort of house I lived in, or the kind of car I drove...
But the world may be different because I was important in the life of a child.*



HEALTH EDUCATION STAFF

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

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Early Care

Early Care

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

On April 1, 2011 Cattaraugus County launched the New York Early Intervention System (NYEIS). NYEIS is a State wide online computer system that can be used by referral sources, providers, and municipalities. All newly referred children are entered into the online system.

Intake staff received 197 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, 154 children qualified to receive services and obtained an Individual Family Service Plan (IFSP) in 2011.

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

CHILD FIND PROGRAM

The Child Find program identifies children, aged birth to 3 years, that may be at-risk of having a developmental delay *and* insures that such children are appropriately evaluated and have access to the services necessary to address such issues. The Child Find program assures that all children have a primary health care physician and health insurance, such as Medicaid and/or Child Health Plus. Identification of at-risk children occurs by working with area hospitals to contact families when their infant did not receive or failed a New Born Hearing Screen or through referrals by family, friends, physicians, hospitals, or educational/health care professionals when there is a concern regarding a child's ability to meet developmental milestones.

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

EARLY INTERVENTION PROGRAM

Once identified, children aged birth to 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 multi-disciplinary evaluation which determines eligibility and appropriate therapy. Services provided within this program fall into the following areas: Speech/Language Pathologist, Physical Therapy, Occupational Therapy, Nursing, Special Instruction, Audiology, Nutrition, Social Work, Vision, Psychological, Assistive Technology devices, Family Training, Respite and Service Coordination Services.

EARLY CARE PROGRAM STAFF (Early Intervention)

Dr. Kevin Watkins – Early Intervention Official
Rae Light – Early Intervention Service Coordinator
Janet Thrush – Early Intervention Service Coordinator (retired 2/2011)
Patty Wilber – Early Intervention Service Coordinator
Nikki Moshier- Early Intervention Child Find Assistant
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.

In 2011, medical services were provided to an unduplicated total of 61 patients. Of that number, 32 patients received approval for medical services and 29 patients attended the orthopedic clinic for an evaluation. The majority of these applicants carried health insurance. Referrals continue to be received from Buffalo Women's and Children's Hospital, local orthodontists, and local healthcare providers.

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 2011

Dr. Kevin Watkins, Early Intervention Official
Gina Parks – Resource Coordinator of PHCP/CSHCN programs
Debbie Miller – Resource Coordinator of PHCP/CSHCN programs (retired February 2011)

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 who are at nutritional risk by providing nutritious foods to supplement diets, providing information on healthy eating, and making referrals to health care.

SUPPLEMENTAL NUTRITION PROGRAM

Through the supplemental nutrition program, low income criteria eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five receive nutritious foods. Food benefits are received through the issuance of vouchers, or checks. WIC foods include infant cereal, iron-fortified adult cereal, Vitamin C-rich fruit juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, fruits and vegetables, baby foods and whole 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 2011, the CCHD WIC Program's caseload was 2,285 with an enrollment of 2,240. Staff remains diligent in appointment reminder calls as well as follow-up calls to those who miss appointments.

BREASTFEEDING PROMOTION AND SUPPORT PROGRAM

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides health, nutritional, economic and emotional benefits to mother and baby. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. The WIC Breastfeeding Promotion and Support Program in Cattaraugus County show that the breast feeding initiation rates were at 64.5% in 2011, an increase of 1.5% since last year. In 2011, peer counselors continued to link with pregnant and new mothers, visiting new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps for participants who must be separated from their infants, vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home. Cattaraugus County WIC staff include an IBCLC (International Board Certified Lactation Consultant) and two CLCs (Certified Lactation Counselors).

NUTRITION EDUCATION PROGRAM

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

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Women, Infants and Children (WIC)

WIC Staff

Donna Higley, Director

Mary Lou Palumbo, RN, CLC

Summer Jolley, MS, RD, CLC

Allyson Sponsler, RN, IBCLC, Breast Feeding Coordinator

Suzanne Walters, CLC, Senior Nutrition Program Assistant

Lynette Jimerson, LPN

Christian Bowser, Nutrition Program Assistant I

Molly Higgins, CLC, Nutrition Program Assistant I

Beverly Bennett, Health Education Assistant

Carla Jefferlone, CLC, Breast Feeding Peer Counselor

Sara Isaman, CLC, Breast Feeding Peer Counselor



WIC staff prepare healthy snacks for an event with consumer families

County Laboratory Services

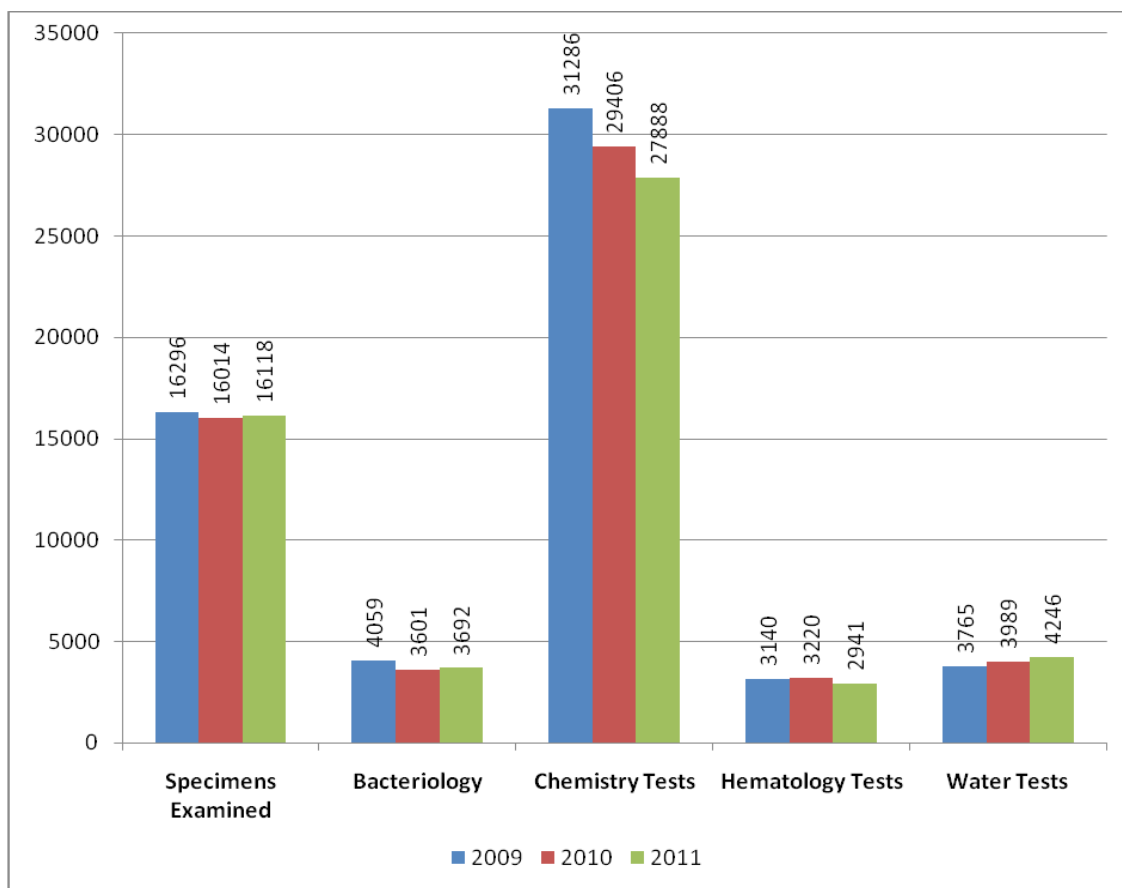


Fig. 23 – Number of Laboratory Tests Performed by Category (2009-2011)

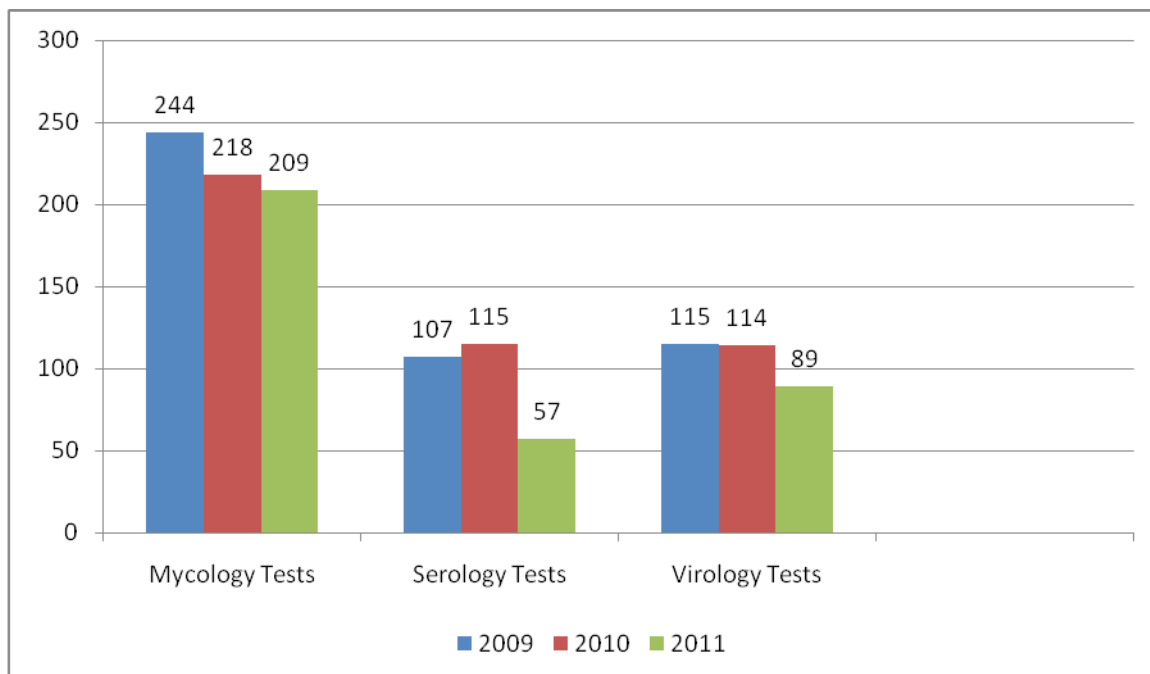


Fig 24- Number of Laboratory Tests Performed by Category (2009-2011)

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County Laboratory

Figs. 23 and 24 (preceding page) *illustrate the change in the number of tests performed in different categories from 2009- 2011. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.*

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

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

COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD- Director
Johannah Jewell-Supervisor
Paula Ketchner-Sr. Medical Technologist
David Woodworth-Clinical Laboratory
Technologist
Tammy Kolivoski-Medical Technician
Rhonda Anderson-Phlebotomist (Retired 12/11)
Marcia Stayer-Senior Account Clerk Typist

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Emergency Preparedness



PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION

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

The NYS DOH provides funding to each of the 57 counties within NYS outside of New York City to prepare local, time-oriented deliverables and annual maintenance deliverables that are targeted to coincide with the Center for Disease Control and Department of Homeland Security initiatives for public safety. Completion of these deliverables is accomplished through attendance at trainings, outreach programs, planning initiatives and implementing large scale Point of Dispensing (PODs) operations. Grant Year 2011 included 14 local, time-oriented deliverables and 28 annual maintenance deliverables.

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

PUBLIC HEALTH EMERGENCY PREPAREDNESS

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

TRAINING PROGRAM

PHEP staff participated in numerous online and classroom-based training programs. Staff attended Shelter Field Guide Training presented by the New York State Office of Emergency Management. This classroom program focused on the American Red Cross' Shelter Field Guide which addresses issues and best practices for the establishment and management of public shelters. Staff will utilize this guide as a resource for future emergency response.

In addition, PHEP staff completed a Professional Development Series Course for Exercise Design held by the New York State Office of Emergency Management. Exercise design and coordination is a key part of the PHEP deliverables. After participating in this four-day course, staff is prepared to follow Homeland Security Exercise and Evaluation Program guidelines to develop and implement training exercises.

PLANNING PROGRAM

Emergency planning strives to identify potential hazards/situations, generate likely scenarios based on those hazards/situations, develop the cross-organizational structures for addressing such scenarios and create the procedures and logistical checklists necessary for effective response. Previous years' PHEP deliverables created such emergency response plans that do exactly this. Many of the activities accomplished in 2011 centered on updating existing policies and plans.

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 S.T.E.M.S. (Southern Tier Emergency Medical System) conference with education, Medical Reserve Corps, and CERT (Community Emergency Response Teams) tables manned by staff and volunteers
- in conjunction with CCHD HE staff, PHEP staff helped organize activities at the Cattaraugus County fair;
- provided for increased involvement of Allegany, Cattaraugus, Chautauqua County Medical Reserve Corps volunteers in preparedness efforts

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Emergency Preparedness

EMERGENCY RESPONSE

Flood Response

In 2011, PHEP Staff facilitated services during multiple flood responses throughout the county. Shelters were established in response to flooding in the Villages and Towns of Portville and Allegany. Working with emergency services, several residents were evacuated and taken to a shelter for assistance. Shortly thereafter, staff assisted Little Valley Volunteer Fire Department with response to flash flooding in the Village of Little Valley which caused hundreds of thousands of dollars in damage to local roads and homes. Flooding continues to pose a significant threat to Cattaraugus County and PHEP staff works closely with emergency services to prepare response to flood emergencies.

Public Health Emergency Preparedness Staff

Mike Bechelli, Director

Stephanie Keis-Timblin, Resigned February 2011

Catherine Peters, Resource Specialist (effective May 2011)



EMERGENCY MEDICAL SERVICES 2011

EMERGENCY MEDICAL SERVICES (EMS) – The EMS program organized and managed several classes in 2011. Eighteen (18) New York State Emergency Medical Services Provider courses were held last year. These courses trained over 200 New York state-certified emergency medical first responders. Increasing our EMS agencies' ability to respond to and care for sick or injured persons in Cattaraugus County.

In late 2010, American Heart Association (AHA) updated their national CPR protocols and training programs. Throughout 2011, all Cattaraugus County AHA instructors were updated on the new material. The new training program has been put in place and all students are taught using up-to-date guidelines. Last year, 43 American Heart Association cardiopulmonary resuscitation (CPR) classes with automatic external defibrillator (AED) training were held, resulting in 438 individuals becoming certified.

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

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

Because New York State motor vehicle accident rates are highest in the 25 – 34 age group, and second highest in the 45 – 54 age group, defensive driver training is critical to the communities we serve. The EMS program coordinates National Safety Council defensive driving classes. These classes have been proven to reduce traffic deaths from impaired driving or distracted driving, non-use of seat belts and unsafe driving behaviors. Five of these classes were held in 2011 with an average of 11 students per class.

EMS Staff

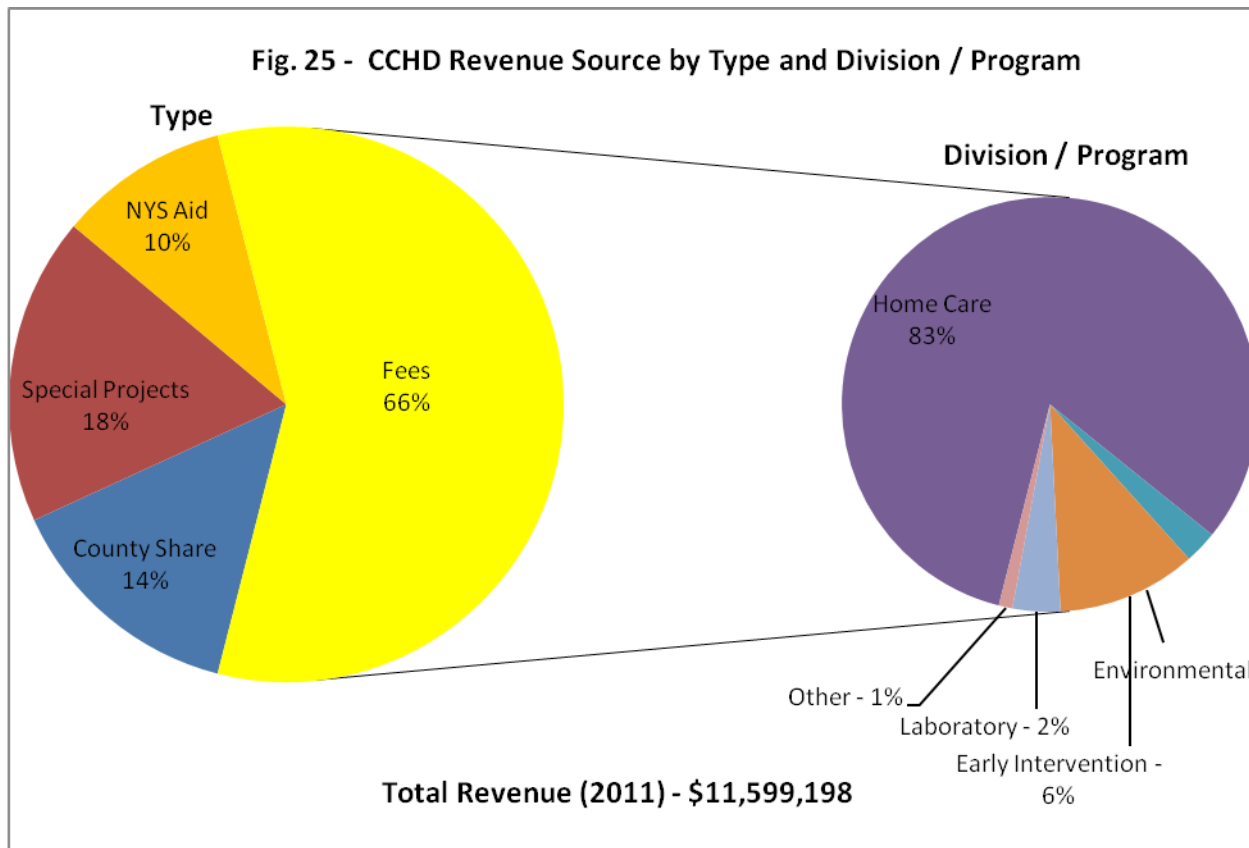
Michael Bechelli, Director
Debra Kasper, Keyboard Specialist II

FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division 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.

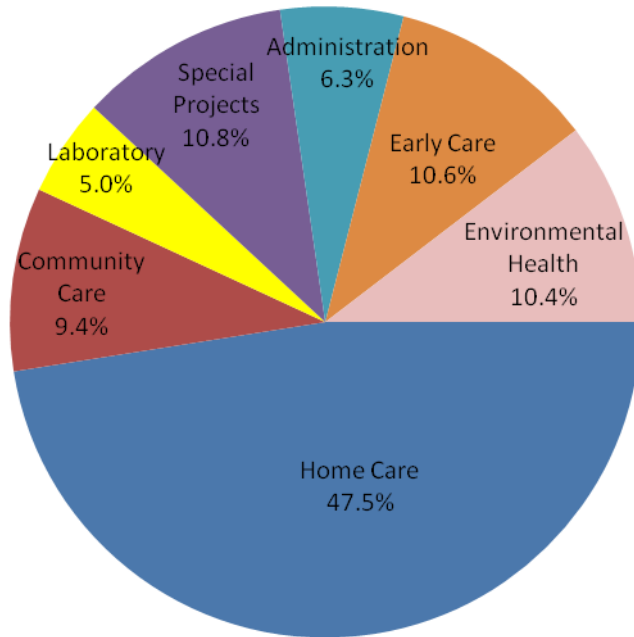
BUDGET PREPARATION

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 2011 was \$11,599,198. 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% until July 1, 2011, at which time expenditures for optional services are no longer reimbursed. 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 and the requirement to monitor and maintain these costs is on-going.



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Financial

Fig. 26 - CCHD Expenditures by Division / Program



Total Expenditures (2011) - \$11,599,198

FINANCIAL DIVISION STAFF - 2011

Kathleen Ellis – Administrative Officer

Dale Frank (retired July 2011) – Senior Accountant

Jeff Toner - Accountant

Lori Holmes – Senior Account Clerk Typist

Pat Metler – Senior Account Clerk Typist

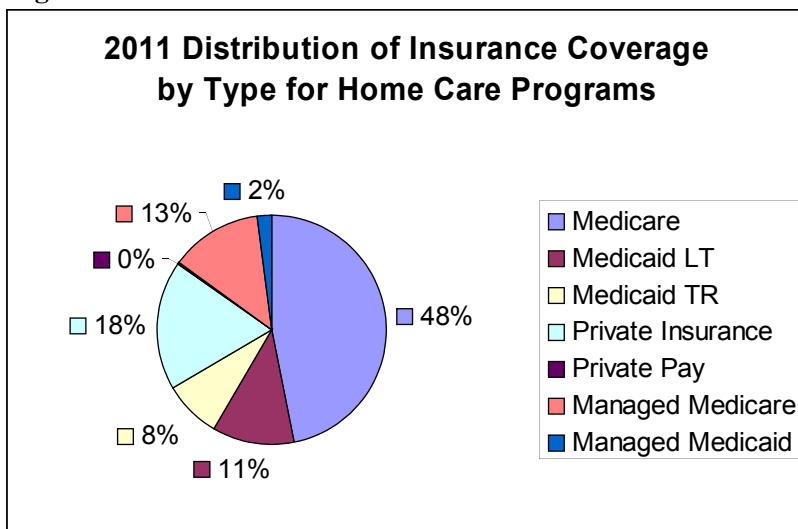
BILLING DIVISION

The Billing division is primarily responsible for the timely submission of claims and collection of fees owed to the Cattaraugus County Health Department for all health related services. Throughout 2011, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month.

HOME CARE BILLING

In 2011, Home Care services generated just under \$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 managed Medicare and Medicaid insurance products continued to increase throughout 2011.

Fig. 27



The Third Party Liability (TPL) project, which is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2010 and 2011 services and re-billing them to Medicare for their review and consideration, remains an ongoing project.

CLINIC BILLING

The various Nursing division clinics continued to see an increase in the number of patients having third party insurance that are often billed for services rendered. The process of insurance verification continues to be refined and rapid industry change will require continual upgrading. In 2011, insurance reimbursement for clinic services was sought for 2,035 season flu shots, 56 seasonal pneumonia shots, 188 physicals, and 46 post-exposure rabies shots.

FAMILY PLANNING

In 2011, the Cattaraugus County Health Department processed claims for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through a third party. Reconciliation of these claims continues to need improvement. Clinic staff has been diligent in their efforts to inform patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits.

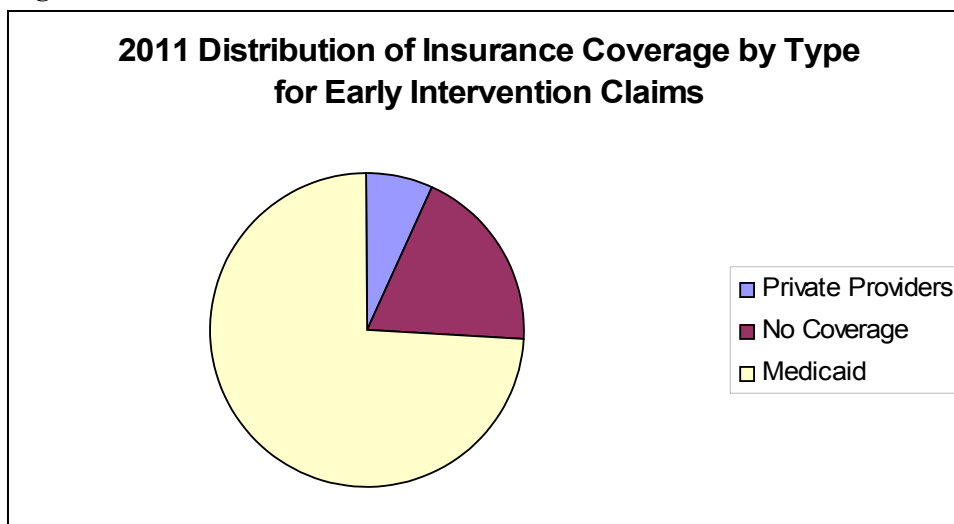
LABORATORY BILLING

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet billing needs. An additional database system for billing water testing was put into operation during November of 2010 and continued to be utilized and modified during 2011.

EARLY INTERVENTION BILLING

In 2011, the Early Intervention program received 197 new referrals. Fig. 28 shows the distribution of insurance coverage by type for the 154 active early intervention cases.

Fig. 28



New software for processing EI program claims was developed by New York State. The program, New York Early Intervention System (NYEIS), is being utilized for all new referrals. The previous program, KIDS (Kids Integrated Data), will continue to be utilized for existing patients until they are aged out of the program after the child reaches the age of 3 years.

BILLING STAFF – 2011

Kathleen M. Ellis – Administrative Officer
Michele Spring – Jr. Accountant
Terry Stone – Sr. Account Clerk Typist (retired January 2011)
Winnie Dougherty – Sr. Medical Billing Clerk
Shawna Trudeau – Account Clerk Typist
Susan Boyle – Account Clerk Typist
Heather Kellogg – Medical Billing Clerk
Ashlee Finefrock – Medical Billing Clerk (August – October 2011)

ACKNOWLEDGEMENTS

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

Thanks to the entire Health Department staff for all that they do on a daily basis to meet the needs of the community as well as in meeting requirements per New York State Department of Health. Through the tough times and undaunting changes that occurred in 2011, we stood together in the trenches for Public Health.

Kevin D. Watkins, M.D.,

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