

Cortland County Health Department Annual Report 2011



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

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<http://cchd.cortland-co.org>

Currently the Cortland County Health Department employs about 70 fulltime, part time and per-diem staff. Staffing is determined by program need and work load.

CCHD MISSION STATEMENT:

The mission of the Cortland County Health Department is to promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community.

LETTER FROM THE PUBLIC HEALTH DIRECTOR

The Year in Review

Catherine Feuerherm

Public Health Director

2011 brought some significant changes to our health department in programming and staffing. The year started with the retirement of five long term staff that took with them the institutional knowledge that comes with longevity. Duties were reassigned and positions abolished to decrease costs to county and to right-size staffing in anticipation of selling the CHHA. We contracted all CHHA services through HCR by midyear and their moving to outside office space gave us an opportunity to relocate staff offices to increase efficiency. We continued to experience some staffing turnover the rest of the year including our engineer, food inspector, MCH nurse and Pre K coordinator.

By fall, we were approved as a Licensed Home Care Services Agency (LHCSA) securing the regulatory authority to continue to provide nursing home visiting once the CHHA was sold. A proposed regulatory change in the fall jeopardized our sale of the CHHA to HCR, when it was clear that the long standing moratorium would be lifted. By year's end they had withdrawn their purchase offer. We faced 2012 as the administrator for a CHHA that served 90 patients and had no budget!

A change in Governor in January did not result in lifting the moratorium on hydrofracking in NYS, but we closely followed the draft DEC regulations and took every opportunity to educate the public about local concerns and resource needs to protect the public's health. A timely budget called for regulatory reform that would cut reimbursement for Early Intervention services and housing hygiene. Medicaid cuts would follow. Programmatic changes were made accordingly. The county budget required many sacrifices to keep within the tax cap mandates and we saw freezes on travel and trainings that were non-mandated. Flu season was relatively mild in the fall and we restructured our clinic schedule to reflect the changing times. Fewer clinics were held as we encouraged the insured to seek vaccine from their primary care provider. Many sought the convenience of vaccination at their local pharmacy. SDOH could not gather data to determine what percentage of vaccine had been administered by pharmacists the previous year. Ordering frugally meant that we were not left with excessive unused vaccine, as other counties were. 2011 ended on a note of uncertainty- fiscal, programmatic and staffing. In December identified an increase in Hepatitis C in persons under age 35. This would create a substantial workload in 2012.

We thank our Board of Health members for their support and dedication throughout the year.

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10 ESSENTIAL PUBLIC HEALTH SERVICES

<http://www.apha.org/>

The ten essential public health services provide the framework public health. The strength of a public health system rests on its capacity to effectively deliver the ten Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

PREVENTION AGENDA

http://www.health.ny.gov/prevention/prevention_agenda/

The New York State Department of Health developed the Prevention Agenda toward the Healthiest State, the Department's State Health Improvement Plan for 2008-2012, as a call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention.

A goal of the Prevention Agenda is to prevent health problems before they occur, or before they worsen. The things we do, the food we eat, the air, water around us, and the design of our communities contribute to the majority of deaths in New York and the nation. And, believe it or not, that's good news, because health promotion and disease prevention can help us eat healthier foods, successfully quit smoking, and enjoy living in safe environments with clean air and water. Health promotion and disease prevention activities might include investigating disease outbreaks, labeling foods that are high in fat, counseling and drug treatments to help people quit smoking, and testing water supplies to make sure they are free from chemicals or other pollution. Laws such as the Clean Indoor Air Act that bans smoking in public buildings, bars, and restaurants protect people's health. Keeping people healthy by preventing illness in the first place makes much more sense than having to treat them when sick. Community-based prevention can yield a return on investment through savings in health care and Medicaid budgets.

CORTLAND COUNTY BOARD OF HEALTH 2012

Barry L. Batzing, Ph. D. President	Term Expiration 12/31/2013
Marie Walsh Vice-President	Term Expiration 12/31/2014
Sandra Attleson, RN	Term Expiration 12/31/2015
Stuart Douglas, DDS	Term Expiration 12/31/2014
Cindy Johnson, MD	Term Expiration 12/31/2017
Christopher Moheimani, MD	Term Expiration 12/31/2016
Douglas A. Rahner, MD	Term Expiration 12/31/2012
Sandra Price Chair Health Committee	Term Expiration 12/31/2013

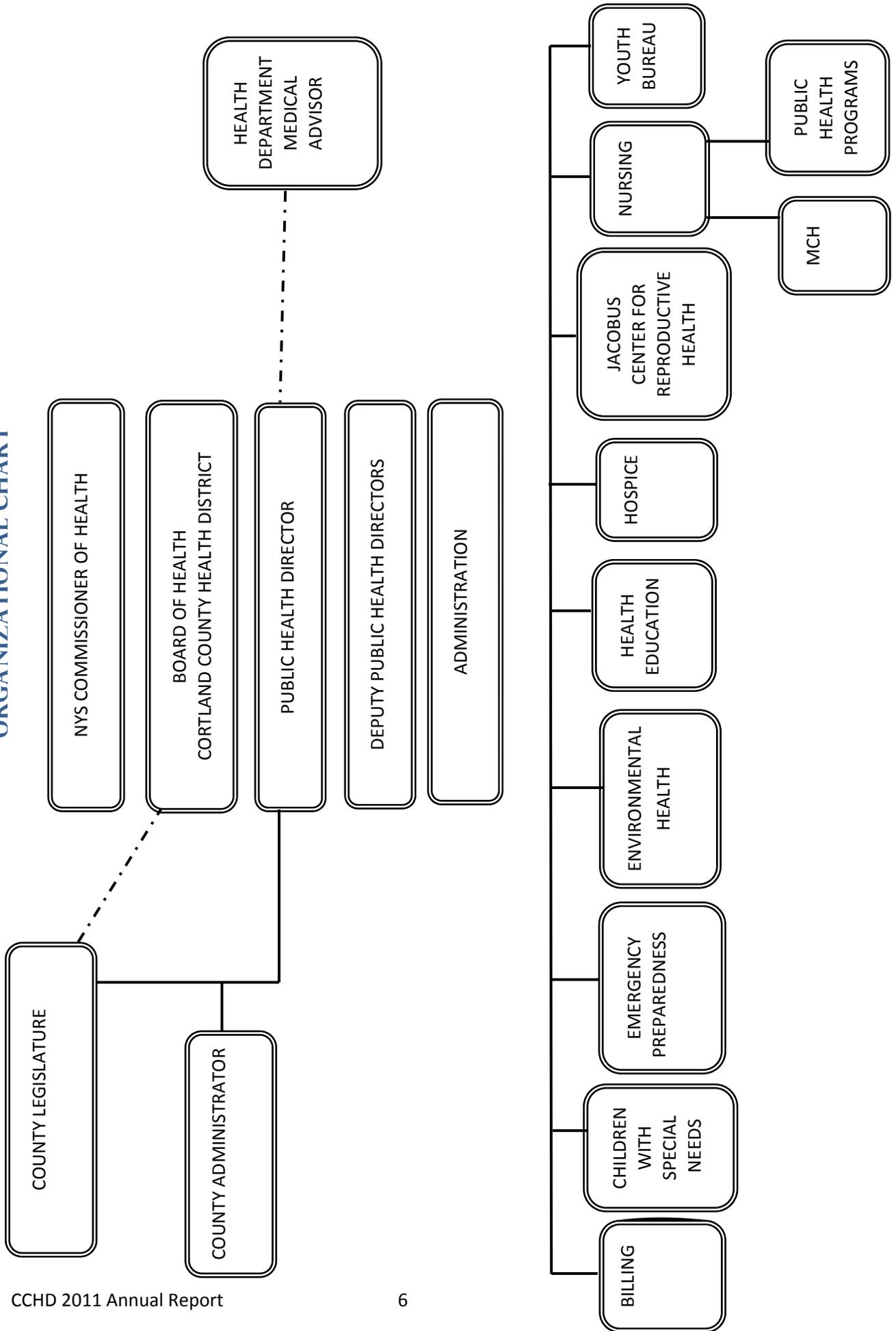
Meeting Schedule:

The Board of Health meets every third Tuesday of the month in the Cortland County Office Building, Room 302 at 4:00 p.m.

Link to Meeting Minutes:

http://cchd.cortland-co.org/index.php?option=com_content&task=category§ionid=4&id=199&Itemid=296

**CORTLAND COUNTY HEALTH
DEPARTMENT
ORGANIZATIONAL CHART**



HEALTH ADMINISTRATION

Counties are required by the state to produce a Community Health Assessment (CHA) every four (4) years. The CHA is a fundamental tool of public health practice. It describes the health of the community by presenting information on health status, community health needs, resources and current local health problem identifying target populations that may be at increased risk of poor health outcomes. The CHA enables public health professionals to gain a better understanding of their community's needs, as well as assess the larger community environment and how it relates to the health of individuals. The CHA identifies areas where better information is needed, especially information on health disparities among different subpopulations, quality of health care, and the occurrence and severity of disabilities in the population.

The Community Health Assessment is the basis for all local public health planning, giving local health units the opportunity to identify and interact with key community leaders, organizations and interested residents about health priorities and concerns. This information forms the basis of improving the health status of the community through a strategic plan.

The Cortland County Community Health Assessment is completed with the help of Seven Valleys Health Coalition, SUNY Cortland, Cortland Regional Medical Center and the United Way for Cortland. With community partner input and participation a document entitled *Cortland Counts, An Assessment of Health & Well Being in Cortland County* is produced annually using Healthy People 2020 goals established by the Center for Disease Control (CDC) as a guide in establishing local priorities. <http://www.sevenvalleyshealth.org/cortlandcounts.htm>

Duties: A county's legal responsibility to provide public health services is fixed by state statute and by any agreements or contracts governing the use of grant money to provide such services.

Structure & staffing: Health Administration is led by the Public Health Director. Appointed by the legislature and Board of Health, s/he is subject to the provisions of Section 356 of Public Health law and responsible for initiating, planning, and directing a local public health program, for the implementation and enforcement of the State and County Sanitary Code and other public health programs. A part time Medical Director serves as a medical consultant for the Health Department and the medical community specific to public health issues. A full time Deputy Public Health Director is responsible in the absence of the Public Health Director, overseeing special projects and serving as the Health Department Corporate Compliance Officer. A part time Deputy Public Health Director is responsible in the absence of the Public Health Director and has primary responsibility for the CCHD Emergency Preparedness Program. A full time Fiscal Officer is responsible for planning, implementing and monitoring accounting and fiscal management functions for the department. Among other duties, a full time Confidential Secretary supports the Public Health Director, Board of Health, and Administrative staff.

Health Administration (continued)

Revenue: Local Health Department State Aid (Article 6 State Aid) provides a base grant of \$550,000. This goes towards the cost of core programs (including salaries but no fringe benefit) after revenues are subtracted. Additional costs are reimbursed at 36% after revenues are subtracted. There is revenue off-set to reimburse for fringe benefit costs that were not included in any revenue received as well as other indirect costs.

Challenges/barriers: Cuts in state and federal funding along with the tax cap has decreased overall funding for state and local public health programs.

EMERGENCY PREPAREDNESS

Purpose: To be ready to deal effectively with all types of public health emergencies.

Staffing: .5 FTE

Highlights: Develops and maintains plans for mass dispensing, receiving and distribution of state and federal assets, infectious disease control, isolation and quarantine, special needs shelters, and continuity of public health operations.

Mandate, Regulatory Requirement: This program is mandatory to meet New York State public health preparedness requirements.

Required activities: All Health Department staff participates in Emergency Preparedness drills on an on-going basis. Emergency Management strategies (Ex; Incident Command System or ICS and risk communication) are implemented during public health activities in order to establish staff proficiency with these principles.

Challenges/barriers: Federal and state funding for Emergency Preparedness has been decreased this year while the mandates and deliverables have not. The county does not have a continuity of operations plan (COOP) that delineates how the county would function in a disaster. Because of this, the Health Department must draft the required plans separate from a larger plan.

Cost/Revenue: State Emergency Preparedness Grant pays Cortland County \$50,000 in 2012.

HEALTH EDUCATION

Health Education is a mandated public health service and employs 4 full time (FTE) Public Health Educators, 1 FTE Supervising Public Health Educator and 1 FTE Public Health Project Assistant whose salaries are covered almost exclusively by various grants. Staff duties include grant writing, grant administration, reporting and public education. By the end of 2011, the decision was made to move Youth Bureau over to the Health Department/Health Ed in an attempt to consolidate staffing and bring a health perspective to youth activities in the County.

Health Education (continued)

As of Jan 1, 2012 a full time Public Health Programs Manager (formerly SPHE) over sees the Youth Bureau and Health Education Division.

Traffic Safety

Purpose: To decrease the number of preventable traffic related injuries in Cortland County.

Programs/Grants: Injury Prevention and Traffic Safety Program of Cortland County & Traveling Tots Program (reduced cost child car seats)

Staffing: .45 FTE Program Coordinator, .06 FTE Program Projects Assistant

Objectives: Cortland County will work to decrease the number of preventable injuries and deaths by 10%.

- Reduce the number of pedestrians injured in crashes
- Decrease the number of passengers, who do not wear a seat belt
- Conduct at least four Child Passenger Safety Seats Checks.
- Decrease the number of crashes due to driver distraction/inattention
- Decrease the number of motorcycle crashes.
-

Challenges/barriers: Our community continues to struggle with traffic safety concerns including but not limited to pedestrian safety and car seat installation.

- Laws are difficult to enforce
- Inconsistent information among professionals (law enforcement, educators and physicians)
- There is no money for promotion of our programs

Cost/Revenue: Fully grant funded (\$56,636) by The Federal Highway Safety Program through the National Highway Traffic Safety Administration (NHTSA). This grant is intended to support state and local efforts to improve highway safety by providing start up or "seed" money for new programs directed at identified highway safety problems. In New York State, this grant program is administered by the Governor's Traffic Safety Committee. The GTSC's grant projects are funded for one year periods, based on the availability of federal funding and the performance of the grantee.

Cancer Services of Cortland and Tompkins Counties

Purpose: To reduce cancer rates in Cortland and Tompkins County by assisting qualifying under/uninsured residents to obtain free breast, cervical and colorectal cancer screenings and provide case management/ensure follow-up.

Programs: Cancer Services Program of Cortland and Tompkins Counties. Komen for the Cure grant covers expenses associated with uncovered breast screenings in women of all ages in Cortland and Tompkins Counties.

Health Education (Cancer Services continued)

Staffing: 1.8 FTE Program Coordinator, .78 FTE Data Manager/ Fiscal for the Cancer Services Program of Cortland & Tompkins Counties and .20 FTE Program Coordinator and .05 FTE Fiscal for the Komen Grant.

Objectives: To screen all eligible uninsured/underinsured men and women for breast, cervical and colorectal cancers in Cortland and Tompkins Counties. Target population is women \geq 40 years and men >50 years through age 64.

Challenges/barriers: Ensuring that clients complete recommended screenings timely and locating uninsured qualified men and women in Cortland and Tompkins Counties.

Highlights: In 2011 three hundred and eleven (311) under/uninsured people received screening for cancer. The CSP staff made 31 new partnerships in Cortland County and 68 in Tompkins County.

Cost/Revenue: Fully grant funded by NYSDOH Cancer Services Program Grant (\$146,916 for personnel and OTPS, \$87,266 for patient services), Susan G. Komen for the Cure Grant (\$21,802) and TC3's BIG PINK Trust Fund Donation (\$6,200).

Tobacco Free Cortland

Purpose: To reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State.

Grant Goals: To reduce the prevalence of adult cigarette use to 12% and adolescent cigarette by 10% use by 2013.

Programs: Tobacco Free Cortland is a component of the NYS Tobacco Control Program. Community partnerships work to change the community environment to support the tobacco-free norm. Partnerships engage local stakeholders; educate community leaders and the public; and mobilize the community to strengthen tobacco-related policies to

- Restrict the use and availability of tobacco products
- Restrict tobacco product promotion
- Limit opportunities for exposure to secondhand smoke

Staffing: 1 FTE Program Coordinator, .55 FTE Program Assistant and .11 FTE Public Health Projects Assistant

Health Education (Tobacco Free Cortland continued)

Highlights: (not all inclusive)

- Cortland County Legislature adopted a policy prohibiting smoking within 50 feet of all County-owned buildings (with some exceptions). Young Lungs at Play signs (tobacco-free zones) were posted at the pool and playgrounds at County-owned Dwyer Park
- SUNY Cortland adopted a policy prohibiting the use of all tobacco products (including e-cigarettes) on college-owned property which will go into effect Jan. 1, 2013
- The City of Cortland passed a policy prohibiting tobacco use in all City-owned parks
- Lime Hollow Nature Center adopted a written policy that prohibits tobacco use on its property and proudly includes Tobacco-Free Zone imagery on all event signage
- CRM Management, which owns many multi-unit dwelling facilities including Friendship House (senior housing in the City of Cortland) passed a regulation to designate all its rental properties smoke-free indoors and outdoors

Challenges:

Point-of-Sale (POS)

- Key players are skeptical that store tobacco displays cause kids to smoke
- Enforcement of POS regulation can be challenging
- Fear of hurting business owners financially
- Fear of being sued

Tobacco-Free Outdoors

- Enforcement of these policies
- Ostracizing smokers; “smokers have rights too”; “attendance or usage of facilities will be down because people won’t go if they can’t smoke”
- “It’s unnecessary because it’s outdoors”

Cost/Revenue: Fully grant funded (\$130,500) in year 4 of a 5-year grant.

Creating Healthy Places to Live Work and Play (Known as “HealthyNOW” Cortland County)

Purpose: To provide a supportive environment and population-wide efforts to accelerate improvements in individual health and behaviors and health outcomes with the prevention of Type 2 Diabetes. This is done through promotion of a healthy community. For example: easy access to information/instruction on how to obtain, grow and prepare local foods, promote home or community gardens, exercise opportunities in the community (walking, biking or hiking trails) and implement sustainable policy; systems and environmental changes in an effort to prevent chronic disease.

Highlights: Stores that had not typically carried produce now do thanks to the “Harvest to Home” program and an awareness of traffic safety concerns has been created.

Health Education (“Healthy Now” continued)

Grant Goals:

- Establish and promote the use of neighborhood and community trails
- Transportation policies that ensure streets are safe & accessible for all users
- Creation of community gardens
- Innovative strategies to promote a Cortland County Bounty Program and year round indoor farmers’ market
- Enhance variety and visibility of fruits and vegetables in convenience stores and small stores.

Challenges/barriers:

- Working with municipalities and towns to see the value in certain changes
- Trying to get people to understand that walking and biking will be done more often if people feel they can do it safely
- Asking stores to carry produce they don’t normally offer
- Stores not collecting data on how much more they are selling using the harvest to home program.
- Getting store owners to see the value in selling produce

Cost/Revenue: Fully Grant Funded (\$175,000) to the Seven Valleys Health Coalition of which Cortland County Health Department receives-\$21,874-for its share of staff salary and fringe.

NURSING

The MCH team is staffed by 1.5 FTE RN/PHN, 1 FTE Community Health Supervisor, .5 FTE MSW and a per-diem nutritionist and 1 FTE support staff. Program oversight is provided by .5 Director of Clinical Operations. Staff time is split between two primary programs; Maternal Child Health (MCH) and Medicaid Obstetrical & Maternal Services (MOMS).

Licensed Home Care Services Agency (LHCSA)

Maternal Child Health (MCH) purpose: To promote the health and well-being of women and their infants. A core function of public health, the MCH program provides prenatal and postpartum preventative health services for women and their infants. The MCH team supplements OB care provided by the woman’s medical provider through nursing, nutrition and psychosocial assessment and services, health education, coordination of care, referrals to other community resources and services that may be beneficial to a family (such as WIC, Smoking Cessation Program, Early Intervention). The MCH program nurse provides case management services and works closely with the OB provider to ensure a healthy birth outcome. All pregnant women and newborns are eligible for these services.

Nursing (LHCSA continued)

Medicaid Obstetrical & Maternal Services (MOMS) purpose: To promote the health and well-being of Medicaid eligible pregnant women and their infants. Similar to MCH, staff provides prenatal and postpartum Health Supportive Services (HSS) to women and their newborns including: nursing, nutrition and psychosocial assessment and services, health education, anticipatory guidance and assistance with the Medicaid and WIC applications. The MOMS program nurse provides case management services and works closely with the OB provider to ensure a healthy birth outcome. Women up to 200% of the federal poverty level are eligible for MOMS. HSS are provided to the woman until two months after delivery and the infant receives full health care coverage (Medicaid) up to one year of age.

Staffing: 1.5 FTE RN, 1 FTE Community Health Supervisor, .5 FTE MSW and per-diem nutritionist.

Highlights: With the closing of the Certified Home Health Agency, the Health Department has had to reestablish its MCH programs in Cortland County. The "new and improved" MCH team is focused on prevention services for women and their infants.

Mandate/Regulations: A mandated service MCH is regulated under Article 6 and Public Health Law.

Essential Stats: In 2011 340 women and infants were served by the MCH & MOMS programs.

Challenges/barriers: As a "new" program, the MCH team has provided much outreach to local hospitals, medical providers, agencies and the community. In the past MCH visits had been viewed a Public Health Prevention activity but as we transition to the LHCSA we are setting up a system to be able to bill for services under private insurance and Medicaid Managed Care plans.

Cost/Revenue: MOMS visits are billable under Medicaid. MCH visits may be billable to the woman's insurance policy or are covered under Article 6.

NURSING PUBLIC HEALTH PROGRAMS

Nursing Public Health Programs is staffed by 2 FTE RN/PHNS, 1 FTE SPHN and 1 FTE support staff. The nurses are cross trained and cover all public health programs in this area. They work closely with and serve as resources to physician offices, hospitals, community agencies, schools and the public.

Communicable Disease:

Purpose: To prevent and control infectious disease. Early identification and timely reporting of communicable disease is essential in order to minimize the impact to the community and protect the public's health.

Staffing: ~ .1 FTE RN/PHN

Nursing Public Health Programs (Communicable Disease continued)

Highlights: A hepatitis C outbreak was identified in late 2011. There was a 36% increase in 2011 case reports compared to the previous year. 50% of the cases reported were in adults < 35 years, and the vast majority associated with IV drug use. The health department staff is working closely with community partners to increase testing rates and ultimately curb the spread of this deadly disease.

Mandate/Regulations: Communicable Disease surveillance is a mandated service under Public Health Law Article 21. As a result of State and Federal mandates after September 11, 2001, this traditional Public Health activity has grown significantly in its requirements. Reporting of suspected or confirmed communicable diseases is required under the New York State Sanitary Code (10NYCRR 2.10).

Essential stats: The number of Communicable Disease reports received in 2011 was about 100, unchanged from 2010. A slight increase of Pneumo Strep and Strep Group B was identified in Cortland. Statewide surveillance identified outbreaks of Salmonella (food borne), Measles, Pertussis (Whooping Cough), Hep A & C and a single case of human Rabies. While these diseases were not identified in Cortland the fact that they were in surrounding counties led us to initiate prevention measures. For example, to limit the spread of Pertussis we organized a coalition with CRMC delivery room nurses and local OBs to encourage Tdap administration to expectant parents and infant caregivers (including grandparents).

Challenges/barriers: Outbreaks have to be addressed at the onset. They draw significantly on our limited local resources. The hepatitis C outbreak warranted extensive follow-up and outreach, including:

- Contact tracing to identify others potentially infected
- Education and outreach to both the professional and public community
- Mobilizing community partners to help determine the extent of the problem and how to best address it

Cost/Revenue: Some activities are reimbursed by State Aid and the remainder reimbursed at 36% by State Aid.

Lead Poisoning Prevention

Purpose: To decrease environmental exposure to lead for children. One of the most common environmental toxins for young children in New York State, lead exposure can cause severe health and developmental effects. The Lead Poisoning Prevention Program is responsible for:

- Establishing and coordinating activities to prevent lead poisoning and to minimize risk of exposure to lead
- Promoting routine universal screening and testing for lead poisoning in children
- Coordinating case management for persons with elevated blood lead levels
- Promoting lead screening of pregnant women and testing as indicated

Nursing Public Health Programs (Lead Poisoning Program continued)

Mandate, Regulatory changes: New York State has a number of laws and regulations relating to lead poisoning prevention and treatment. Labs are required to report lead results to the Local Health Department in the county where that person resides. The Health Department is required to ensure appropriate follow up including lead reduction education and (as required) environmental inspection. Control of Lead Poisoning - NYS Public Health Law, Title 10 of Article 13 (Amended April 2009) NYS Regulations for Lead Poisoning Prevention and Control - NYCRR Title X, Part 67 (Amended June 2009) and Public Health Law Section 2168 - Statewide Immunization Registry

Staffing: .68 FTE RN and .18 FTE Environmental Health staff

Highlights: Reports from NYSDOH during 2003-2009 have consistently shown Cortland County's testing rates well exceed the NYS average and those in other counties.

Mandate/Regulations: In 2009, the following changes were made to NYS Public Health Law and Regulations for blood lead testing, reporting and follow-up for early identification purposes and to reduce the risk of lead poisoning;

- Confirmatory testing required at a lower capillary test result
- Comprehensive follow-up services, including environmental management at a lower blood level
- Exchange of information between the NYSDOH Lead Program's reporting system, LeadWeb and the NYSDOH immunization registry, NYSIIS

Essential stats: There was a 17% decrease in the percentage of children tested by 72 months in 2011 compared to 2010. One-year-olds were the age group with the greatest decrease in testing. Two (2) additional children required comprehensive follow-up in 2011 due to the 2009 regulatory change.

Challenges/barriers: Staffing vacancies and changes, as well as a transition to a new electronic software program resulted in problems maintaining an effective tracking system that would help ensure children were being tested routinely in accordance with NYS universal testing guidelines. Additionally, the clinic workload was too burdensome for the medical services clerk.

Cost/Revenue: Lead Poisoning Prevention Grant (\$37,971) and State Aid.

Immunization:

Purpose: To help reduce the likelihood of vaccine-preventable diseases by helping assure children, seniors and everyone in between receives the vaccines they need. The primary focus is on increasing immunization coverage levels of one and two-year-olds. Other areas of focus include the promotion of vaccination of adolescents, adults and healthcare workers. The overall goal is to promote vaccination for everyone and in accordance with ACIP recommendations. This makes it necessary to assure access to vaccine and to share

Nursing Public Health Programs (Immunization continued)

information about the importance of on-time vaccinations. The Immunization Program staff serves as a resource both to the public and medical community, keeps the medical community apprised of important immunization related updates and monitors vaccination coverage levels of one and two year old children.

Staffing: .70 FTE clinic staff

Highlights:

- Improved hepatitis A and B coverage levels of at-risk individuals. The hepatitis C outbreak provided the opportunity to facilitate hepatitis A and B vaccinations of high-risk individuals including those infected with hepatitis C. This has been a long-term initiative that has not been met with successful compliance. The progress made during the hepatitis C outbreak raised awareness about this important initiative which should result in ongoing vaccination efforts.
- Improved access to pertussis vaccination for at-risk individuals, primarily women of child-bearing age, pregnant women and other adults who are in close contacts with infants. A pertussis task force was convened with community partners to address vaccination of these at risk adults in order to protect infants from pertussis, a very vulnerable population. Cortland County Health Department applied for and received 200 doses of Tdap vaccination for those at-risk adults who do not have insurance that pays for the vaccination, and a referral system has been developed.
- Improved access to influenza vaccination. Effort was made during the 2011-2012 influenza vaccination season to hold clinics at locations that would provide easy access to the under-served, persons who might otherwise go unvaccinated. Public clinic locations included the soup kitchen and several food pantries throughout the county.
- Improved tracking and monitoring of the immunization coverage levels of one and two-year-olds linked to immunization outreach initiatives and/or other community programs.
- Billed a private insurance successfully for influenza vaccinations administered to a small group of school personnel.
- Collaborated with the Maternal Child Health team in order for program activities to be completed that were planned for but would not have been completed otherwise had assistance not been available in this other program area.

Mandate/Regulations: No mandates or regulatory changes.

Essential stats: In 2011 442 people attended regular immunization clinics, 258 received vaccines and 224 TB testing. Four (4) special clinics vaccinating twenty five (25) adults were held specifically for Tdap, pneumococcal and HPV using vaccine purchased through a federal grant. During Flu season seventeen (17) flu clinics were held vaccinating 732 primarily under/uninsured adults under age 65.

Nursing Public Health Programs (Immunization continued)

Challenges/barriers:

- Need for an efficient electronic billing system to seek reimbursement from third party payers for immunizations.
- Influenza vaccination clinics for the under-served were not well attended so we are re-evaluating how to best advertise/deliver/meet this need.
- The focus of immunization clinic is shifting to people who are uninsured. This means that participants will be pre-screened and if insured will be routed to their primary physician. Those that are uninsured will be charged a vaccine charge and/or admin fee based on a sliding fee scale.

Cost/Revenue: Immunization Grant (\$30,000) and State Aid funded. Minimal reimbursement has been received from third party payers other than Medicare.

JACOBUS CENTER FOR REPRODUCTIVE HEALTH (JCRH)

JCRH is staffed by 1.6 FTE RN, 1 FTE SPHN, 2 FTE Nurse Practitioners, 1.4 FTE Clinic Aids and 3 FTE support staff. Division oversight is provided by .5 FTE Director of Clinical Operations.

Sexually Transmitted Diseases (STD):

Purpose: To prevent the spread of STDs by providing testing and treatment for reportable STDs (Chlamydia, gonorrhea, and syphilis) and prevention education for Cortland County residents. Screening for Hepatitis C and immunization for Hepatitis A and B and for HPV (Human Papillomavirus) are also available.

Staffing: .05 FTE Clinic Coordinator; .14 FTE NP; .06 FTE MSCs; .06 FTE RN; .09 FTE Clinic Aide; .05 Director of Clinical Operations

Highlights: There was a 46% increase in Chlamydia cases from 2009 to 2010, followed by a 10% decrease from 2010 to 2011. From Jan-May 2011 to the same period in 2012, there has been a 35% increase in cases. Professional outreach is conducted to local care provider offices regarding the increase in Chlamydia and the need to test and treat. Public outreach is conducted in the community and schools.

Mandate/Regulations: The County is mandated to fund diagnosis and treatment for reportable STDs, including Chlamydia, gonorrhea, and syphilis.

Essential stats: In 2011, there were 403 people seen in STD Clinic for 478 visits. There were 365 HIV tests and 1,268 STD lab tests done. People coming to STD clinic are screened for additional risk factors, educated regarding the prevention of STDs, and offered appropriate testing and treatment.

JCRH (Sexually Transmitted Diseases [STD] continued)

Challenges/barriers: Partner contacts of identified STD cases sometimes go to the local emergency room instead of coming to the HD for testing.

Cost/Revenue: Costs involve staff time, testing materials and lab fees. Insurance/Medicaid and patients cannot be charged for the covered STD services. Other services, such as HIV testing and vaccine administration can be charged to insurance/Medicaid. Additional services are charged to insurance/Medicaid and self-pay patients.

Family Planning:

Purpose: To provide individuals the information and means to make decisions about, and access, reproductive health care. The priority is to provide these services to underserved individuals in the community. Family Planning is recognized as an entry way into health care, as well as the source of primary care, for many women. The JCRH staff also performs public health activities that are not strictly reproductive health services, such as immunization administration and Hepatitis C testing and follow-up.

Staffing: .95 Clinic Coordinator; 1.86 FTE NPs; 1.4 FTE MSCs; 1.48 RNs; 1.71 Clinic Aides; 1.0 FTE Health Educator; .45 Director of Clinical Operations

Highlights:

- The annual Mother/Daughter Retreat held in March to facilitate communication between mothers and their 10-13 year old daughters
- The Jacobus Center services averted 390 unintended pregnancies (157 for teens) in 2011 according to American Journal of Public Health estimates. Cortland County's teen pregnancy rate has decreased steadily since 1991
- Research shows that for every \$1 spent on family planning services, \$4 is saved

Mandate/Regulations: The Family Planning clinic is optional and regulated under Title X Family Planning

Essential stats: In 2011, 1798 patients were seen for 3785 visits. 61% of these patients were at or below 100% Federal Poverty Level, with 79% at or below 150% FPL. There were 2,067 STD tests done in Family Planning Clinic, many of which would have otherwise been done at the STD Clinic (causing an additional cost to the County).

Challenges/barriers:

- Many patients seeking care from JCRH do not have a primary care provider. Those with complex medical needs are referred to primary care providers for follow up. Family Health Network is the referral for those who need a sliding fee scale.
- Reaching all under and uninsured people who would benefit from our services is challenging

JCRH (Family Planning/Challenges/barriers continued)

- The process of billing and reconciling remittances from Medicaid is more complicated with the APG methodology

Cost/Revenue: Reimbursement from 3rd party payers, Title X Family Planning Grant (\$387,018), direct patient payments; Article 6; educational program fees.

CHILDREN WITH SPECIAL NEEDS DIVISION (CSN)

In addition to program staff the Health Department has a team of therapy providers. This clinical team travels throughout the county providing Early Intervention and Pre-School Special Education services to eligible children. The Health Department bills third party insurance and Medicaid for these services and seeks additional reimbursement from the NYS Health and Education Departments as appropriate. Staffing levels are determined based on program need. Currently there are 2.5 FTE Speech Language Pathologists, .5 FTE Clinical Team Leader, 1.5 FTE Special Education Teachers, 1 per diem Occupational Therapist and 2 per diem Physical Therapists. In addition, the Health Department maintains service contracts with multiple individuals and agencies in order to meet the service needs of this community.

Child Find & Early Intervention (infants and toddlers birth – 3)

Purpose: To identify and evaluate as early as possible those infants and toddlers that are at risk of or with a suspected or confirmed developmental delay or disability and to provide for appropriate intervention to improve that child's development. The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. To be eligible for services, children must be less than 3 years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

Staffing: 2.5 FTE Early Intervention Service Coordinators, .5 FTE Child Find RN, 1 FTE Supervising Early Intervention Service Coordinator

Highlights: In 2011 Cortland began using a statewide data collection and billing system called NYEIS, phasing out the old outdated KIDS system.

Mandate/Regulations: A mandated program, counties are required to ensure Early Intervention services are provided. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993. Regulatory changes occurred in June 2010 increasing the role of the EI service coordinator.

Children with Special Needs Division

(Child Find & Early Intervention (infants and toddlers birth – 3 continued))

Essential stats: 113 referrals were made to EI in 2011 and 176 children received services in that year. 97 referrals were made to Child Find in 2011 and 247 children received services. The county clinical team completed seventy nine (79) core evaluations, seventeen (17) supplemental evaluations and provided 2064 therapy visits. All EI sessions are provided in the child's natural environment (home or day care).

Challenges/barriers: There has been a decrease in reimbursement for service coordination activities based on the regulatory changes. In 2011 there was a marked increase of EI children in foster care. These families have very complex needs and biological parents are often difficult to contact. Introduction of the New York Early Intervention System (NYEIS) in January 2011 has been a challenge due to the problems associated with the implementation of a new web based data collection and billing system. NYEIS program requirements also have placed additional responsibilities on EI staff.

Cost/Revenue: Section 2559 of PHL and 10 NYCRR Section 69-4.22(a) require municipalities to seek reimbursement from commercial insurance and Medicaid in the first instance and prior to submitting a claim to the Department of Health for the state share of costs related to early intervention services. The only exception to this requirement is for services delivered to

children whose family insurance policy is not subject to New York Insurance Law (e.g., employment-based self-insurance or New York residents insured by contracts delivered outside of New York State). NYS DOH provides some funding through an EI Grant (\$32,908) to be used for administration of the program.

Pre-School Special Education (children ages 3-5)

Purpose: To identify and provide educational services to children with developmental disabilities/delays that impact a child's ability to learn. The New York State Education Department (SED) Office of Special Education oversees the statewide preschool special education program with school districts, municipalities, approved providers and parents. Evaluations and specially planned individual or group instructional services or programs are provided to eligible children who have a disability that affects their learning.

Staffing: .5 FTE PreK Coordinator, 1 FTE support staff

Highlights: Jacquie Stegeland was hired on a per diem basis to replace the retired Preschool Coordinator in September 2011. Recently retired from Cortland City Schools as Special Education Director, Jacquie comes to us with many years of special education experience, a good understanding of state and federal regulations and a solid knowledge of this community and its resources.

Child Find & Early Intervention (Pre-School Special Education continued)

Mandate/Regulations: Established under Article 89 of the New York State Education Law. Medicaid in Education requirements continue to evolve including mandatory annual training for key staff.

Essential stats: In 2011, 192 students were served in the Pre-K program (52 received center based programming and 140 received related services in the home or community based setting). Transportation by First Transit and arranged for by Cortland County was provided to 42 center-based students. Six (6) students were transported by a parent and the family was reimbursed and four (4) children were transported by parents with no reimbursement.

Challenges/barriers: Documentation requirements for Medicaid do not align with SED documentation requirements which results in a convoluted/complex documentation and billing process when seeking Medicaid reimbursement.

Cost/Revenue: Funding for special education programs and services is provided by municipalities and the State. Some services may be billed to Medicaid as appropriate.

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

Purpose: To improve the system of care for children with special health care needs from birth to 21 years of age and their families. Children served by the CSHCN Program have an illness or condition for which they need extra health care and support services. New York State also supports programs in most counties in the state that help families of CSHCN by giving them information on health insurance and connecting them with health care providers. These programs will also work with families to help them meet the medical and non-medical needs of their children.

Staffing: .25 FTE RN

Highlights: PHCP is being phased out.

Essential stats: 4 families were served by PHCP in 2011

Challenges/barriers: none

Facilitated Enrollment

Purpose: To assist people to obtain health insurance for themselves and their children. Enrollers work one-on-one with people to gather the necessary documentation and submit a completed application for Child Health Plus, Family Health Plus or Medicaid based on eligibility (income) requirements. Enrollers are located at 60 Central Ave Cortland and CRMC and are available to meet with people beyond these locations and outside business hours.

Children with Special Needs (Facilitated Enrollment continued)

Staffing: 1 FTE enroller/program manager employed by CCHD and .5 FTE enroller subcontracted through Cortland Regional Medical Center.

Highlights: Cortland County Health Department has been chosen once again for the FE grant 2012 – 2017.

Mandate/Regulations: none

Essential stats (comparison): In 2011 the FE program completed 303 applications (family and individuals) with 135 adults qualifying for Medicaid or Family Health Plus and 177 children for Child Health Plus. Of the 305 applications processed 118 were ineligible because they were over income. The top five (5) referral sources to FE are: DSS, JCRH, self, CRMC and Access to Independence.

Challenges/barriers: As a Medicaid managed-care county, enrollers for the plans (Fidelis & Total Care) are located throughout the county such as physician offices, outside of DSS office and other community locations which has cut back on our enrollment numbers. It remains a challenge to identify the remaining uninsured of the community.

Cost/Revenue: Fully grant funded (\$109,758) through NYS DOH.

ENVIRONMENTAL HEALTH

Environmental Health is composed of 6 technical staff – 4 PH Sanitarians, 1 PH Engineer, 1 Supervising Sanitarian and 2 support staff. Program staff is crossed trained to allow for maximum program coverage. Technical staff is available after business hours through a mandated on-call system. Time spent in each program is tracked electronically by SDOH. Some program activities overlap so not all time is easily assigned to the programs listed below.

In 2011 EH lost two long time employees – the Public Health Engineer and the Sanitarian responsible for food inspections. Both positions took almost 6 months to fill. In 2010 time spent on EH programs was 7.78 FTE and in 2011 it was 6.87 FTE, reflecting the loss of the two positions.

Rabies Control and Response

Purpose: To respond to and control rabies exposure. EH is responsible for the management of rabies (vector bite) exposures, ensuring appropriate confinement of pet, submittal of rabies samples to NYS DOH, ensuring proper post-exposure treatment, and providing county pet rabies clinics.

Staffing: In 2011 .48 FTE HE time was spent in this program along with nursing time.

Environmental Health (Rabies Control and Response continued)

Highlights: Environmental Health staff works closely with Nursing Division Communicable Disease Program staff as well as with agencies such as the SPCA and local towns and villages in coordinating animal rabies clinics.

Mandate/Regulations: This is a mandated service under PHL Title 4 Section 2140.

Essential stats: In 2011, there were 221 incidents investigated, 110 pet confinements, 53 rabies specimens tested and 25 human post exposure treatments arranged.

Challenges/barriers: Billing private insurance is challenging as this health department is not a member of the “provider network”. The grant monies allocated do not keep up with the costs of veterinarian services, shipping charges for specimens and vaccine costs.

Cost/Revenue: 36% State Aid funding for staff, program expenditures are 100% funded up to \$21,000. Client’s insurance is billed for post exposure and state reimburses cost if client is under or uninsured.

Public Health Nuisances

Purpose: To respond to complaints and conditions that exist or may become a detriment or menace to human health or interfere with the free use of property so as to cause discomfort to the community or persons in the neighborhood. Nuisances include but are not limited to rodent infestations, improper storage, disposal, or transportation of garbage, exposures to domestic waste, or other problems that could have a detrimental effect on the public’s health.

Staffing: In 2011 .13 FTE was spent in this program.

Highlights: EH works closely with local Town and Village Code Enforcement Officers to resolve issues.

Mandate/Regulations: This is a mandated service under PHL Article 13 Section 1300

Essential stats: In 2011, 53 complaints were investigated.

Challenges/barriers: The economy has made it difficult to find/maintain affordable housing throughout the community.

Cost/Revenue: Reimbursed 36% State Aid

Temporary Residences

Purpose: To ensure that fire, safety and sanitation standards are met in hotels, motels and campgrounds thus affording the highest degree of protection possible to the occupants.

Staffing: In 2011 .05 FTE was spent in this program.

Environmental Health (Temporary Residences continued)

Highlights: none

Mandate/Regulations: Mandated service under PHL Title 10 part 7 Subpart 7-1

Essential stats: In 2011 there were 16 facilities.

Challenges/barriers: The economy has made it difficult to find/maintain affordable housing throughout the community. Some of the facilities are being utilized for short term housing for DSS clients. It will also be interesting to see how the proposed High Volume Hydro-Fracking (HVHF) will impact development of new or use of existing facilities.

Cost/Revenue: Reimbursed 36% State Aid plus permit fees

Housing Hygiene

Purpose: To respond to and investigate all complaints originating from a tenant of rental housing units. Program addresses sanitary conditions and whether a dwelling is fit for human occupancy.

Staffing: In 2011 .13 FTE was spent in this program.

Highlights: Staff works closely with local Code Enforcement to resolve housing issues. Unresolved issues result in posting the house against occupancy. This action requires quarterly monitoring.

Mandate/Regulations: A non-mandated service - County Code is different from the State Building Code in that the local code addresses occupancy issues rather than construction issues. These include but not limited to issues of no heat, no water, no hot water, inadequate kitchen and bathroom facilities, and insect infestations.

Essential stats: In 2011, 11 complaints were investigated.

Challenges/barriers: Although the City of Cortland has a multiple occupancy (3 or more units) housing program, the remaining municipalities do not. County Code also addresses 2 family units within the City. This program has been eliminated from State Aid reimbursement. We have been referring complaints to the CEOs when appropriate. The economy has made it difficult to find/maintain affordable housing throughout the community. It will also be interesting to see how the proposed HVHF will impact the availability of housing.

Cost/Revenue: No longer receive state aid for activities.

Environmental Health Continued

Vector Surveillance and Control

Purpose: To educate and provide information to the public regarding personal protective measures and other precautions to reduce mosquito populations and minimize mosquito borne illness in humans. We continue to respond to complaints with inspection, education and enforcement if necessary. WNV interventions including larval control will be considered on a case by case basis. Similar activities would be provided if Eastern Equine Encephalitis enters the area. Mosquito breeding sites may be considered a public health nuisance and some activities in the program could be mandated under PH Nuisances. Staff is also involved in answering questions on tick related issues.

Staffing: In 2011 .15 FTE was spent in this program.

Highlights: none

Mandate/Regulations: Non-mandated services PHL Section 602 Article 15

Essential stats: The number of calls to the office regarding dead birds has fallen considerably since the surveillance began in the late 90's. The focus has been personal protection and prevention. This is true for both mosquito and tick issues.

Challenges/barriers: This is primarily a seasonal issue. The State tick ID service is not available and we no longer have the funding or staff available for intensive mosquito surveillance/larvaciding activities.

Cost/Revenue: Reimbursed 36% with no cap for PH emergencies. Mosquito breeding sites may be considered a public health nuisance and some activities in the program could be mandated under PH Nuisances.

Food Service Establishments

Purpose: - To conduct inspections of all food operations, including restaurants, schools, taverns, vending machines, temporary events and senior nutrition sites to assure that standards of food handling and sanitation are met to prevent food-borne illness. Complaints of suspected food-borne illnesses are investigated.

Staffing: In 2011 .81 FTE was spent in this program.

Highlights: The Division currently has one FSIO1 certified staff member and two that are in the process.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 14

Essential stats: There are approximately 250 permitted facilities and 300 temporary food booths annually

Environmental Health (Food Service Establishments continued)

Challenges/barriers: Temporary food events/booths are always a challenge (impressing upon the operators the importance of proper food handling especially when this is an occasional operation with many different workers involved.). There seems to have been an upswing in applications for mobile food and food facilities. It is surprising given the economic climate. This is also one of the programs that cross over to other programs such as on-site sewage disposal and public water.

Cost/Revenue: 36% State Aid plus permit fees

Public Water Supplies

Purpose: To oversee the quality of all public water supplies in the county through multiple contacts with water systems on a daily, monthly and annual basis. Public water supplies are monitored, inspected and assisted. Municipalities, campgrounds, children's camps and mobile home parks, apartment buildings, schools, and businesses are all components of the public water supply community. Some of the functions covered are:

- Oversight of all new public water systems for proper design and construction
- Sanitary surveys of all public water systems within the county
- Assistance to public water systems during normal operations and emergencies
- Approval of credentials of licensed water operators for public water systems
- Enforcement actions and compliance determination
- Surveillance sampling, investigations and monitoring to ensure a safe water supply and delivery system
- Local regulation of community water systems for compliance with the Part 5 requirements of the NYS Sanitary Code and directives of the NYSDOH

According to the World Health Organization, "Access to safe drinking-water is essential to health, a basic human right and a component of effective policy for health protection"

Staffing: In 2011 1.37 FTE was spent in this program.

Highlights: In addition to NYS public health law, this Program fulfills requirements of the Sanitary Code of the Cortland County Health District. The Safe Drinking Water Act (SDWA) is the main federal law that ensures the quality of Americans' drinking water. Under SDWA, EPA sets standards for drinking water quality and oversees the states, localities, and water suppliers who implement those standards.

Mandate/Regulations: This is a mandated service under Public Health Law, Section 225, Part 5 Subpart 5.1 Public Water Supplies.

Essential stats: There were 25 community, 6 non-transient non-communities, and 62 non-community public water supplies monitored in 2011.

Environmental Health (Public Water Supplies continued)

Challenges/barriers: The Environmental Protection Agency consistently and methodically increases the rules, regulations and monitoring requirements for public water systems. There is an ever increasing need for more education and technical expertise in both the water systems and the regulatory agencies.

Cost/Revenue: Funded through the \$100,180 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Individual Water Supply

Purpose: - This program guides the remainder of water supplies that serve people in Cortland County. Oversight includes Issuing construction permits and certificates of completions for onsite drinking water wells. This includes site plan approval, and water quality testing of individual household water supplies. The program also includes disease investigations where testing is conducted to determine if the residential water supply is a contributing factor for various reportable communicable diseases.

Staffing: In 2011 .33 FTE was spent in this program.

Highlights: Works closely with communicable disease team during disease investigations. This program fulfills requirements of the Sanitary Code of the Cortland County Health District.

Mandate/Regulations: This is a non-mandated service

Essential stats: There are approximately 125 permits issued per year

Challenges/barriers: The rural nature of many installations in this county uses much time and travel.

Cost/Revenue: Funded through the \$100,180 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid

Well Head Protection and Aquifer Monitoring

Purpose: To ensure clean potable water. Groundwater is used by 98% of the county's population for drinking water. This program promotes drinking water well head protection activities and provides technical assistance to the Towns for protection programs. Aquifer surveillance and monitoring wells are coordinated with other agencies such as the NYSDEC and the Cortland County Soil and Water District.

Staffing: In 2011 .06 FTE was spent in this program.

Highlights: This program fulfills requirements of the Sanitary Code of the Cortland County Health District.

Environmental Health (Well Head Protection and Aquifer Monitoring continued)

Mandate/Regulations: Some program activities are mandated; aquifer protection and monitoring are non-mandated

Essential stats: none

Challenges/barriers: The economic benefit of development is many times in direct opposition to environmental concerns.

Cost/Revenue: Funded through the \$100,180 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Petroleum Bulk Storage

Purpose: To establish the regulations for registration of Petroleum Bulk Storage Facilities in the Cortland County Health District. Review and approve plans for new facilities, inspect existing facilities annually. The goal of the program is to prevent gasoline spills to the groundwater.

Staffing: In 2011 .28 FTE was spent in this program.

Highlights: This program fulfills requirements of the Sanitary Code of the Cortland County Health District. Older high risk buried petroleum tanks have been steadily quantified and eliminated by this program. This protects the irreplaceable ground water source which is used by 98% of the county's population for drinking water.

Mandate/Regulations: This is a non-mandated program.

Essential stats: There are approximately 472 registered tanks.

Challenges/barriers: Because of the fragile Sole Source aquifer the Health Department is vigilant to protect the drinking water for its residents and community needs. The importance of this task, as well as the difficulty in performing it, is enhanced by the recent advent of the High Volume Hydraulic Fracturing (HVHF or Hydrofracking) drilling possibilities.

Cost/Revenue: Funded through the \$100,180 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Mobile Home Parks

Purpose: To conduct annual inspections and issue permits. Water supplies, sewage disposal systems and refuse storage, disposal, etc. are inspected to assure health and safety of the occupants.

Staffing: In 2011 .03 FTE was spent in this program.

Highlights: none

Environmental Health (Mobile Home Parks continued)

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 17

Essential stats: There are 15 permitted facilities

Challenges/barriers: It will be interesting to see how the proposed HVHF will impact development of new or use of existing facilities. This is also one of the programs that cross over to other programs such as on-site sewage disposal and public water.

Cost/Revenue: 36% State Aid plus permit fees

Individual Sewage Systems

Purpose: To ensure adequate septic systems (also known as onsite wastewater disposal systems). When improperly used or operated, septic systems can be a significant source of ground water contamination that can lead to waterborne disease outbreaks and other adverse health effects. The division conducts site inspections, percolation tests, issues construction permits and certificates of completions and final inspections for onsite wastewater treatment systems.

Staffing: In 2011 0.71 FTE was spent in this program.

Highlights: This program enhances the safety of drinking water at non-public water systems through technical assistance, sanitary quality review, and activities related to the safe operations of on-site wastewater treatment systems.

Mandate/Regulations: This is a non-mandated program

Essential stats: There are approximately 275 permits issued annually

Challenges/barriers: none

Cost/Revenue: Funded through the \$100,180 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid.

Pools and Beaches

Purpose: To inspect and issue permits to all public pools and beaches, including those at temporary residences. All new construction plans are reviewed for code compliance. Requirements concerning supervision, lifesaving equipment and training, water quality and the operation and maintenance of the pool or beach are reviewed. Reports of injuries or illnesses are investigated.

Staffing: In 2011 .03 FTE was spent in this program.

Environmental Health (Pools and Beaches continued)

Highlights: There were no incidents of drowning at pools or beaches in the County in 2011. The county now has a recreational aquatic spray ground.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 6

Essential stats: There are 21 permitted facilities

Challenges/barriers: This is also one of the programs that cross over to other programs such as temporary residences

Cost/Revenue: 36% State Aid plus permit fees

Children's Camps

Purpose: To ensure the safety of day camps and overnight camps through inspection. Camp operators are required to submit a safety plan for review and approval. Key emphasis is on supervision requirements.

Staffing: In 2011 .13 FTE was spent in this program.

Highlights: There were no disease outbreaks in 2011. Staff is proactive in notifying camp staff of trends in reportable illness.

Mandate/Regulations: This is a mandated service under PHL Title 10 Part 7. On July 6, 2011, the definition of a Children's Camp was revised to include indoor camps with 2 or more activities, one of which is a non-passive activity with significant risk of injury.

Essential stats: There are 10 permitted facilities.

Challenges/barriers: The NYS code sets the permit fee for Children's Camps at \$200.00. Municipal, charitable, philanthropic or religious organizations are exempt from fees. Though seasonal, this is one of the most labor intensive programs in the Division. The State aid reimbursement does not keep up with the time spent in inspections and plan reviews required for permitting. This is also one of the programs that cross over to other programs such as on-site sewage disposal and public water.

Cost/Revenue: 36% State Aid, Fee set by NYS at \$200.00. Most camps are exempt.

Clean Indoor Air Act (CIAA)

Purpose: To limit smoking in indoor places of employment. This includes all bars and restaurants. Enforcement is conducted via complaint investigation and as an adjunct to any other EH program activity conducted by staff.

Staffing: In 2011 .01 FTE was spent in this program.

Environmental Health [Clean Indoor Air Act (CIAA) continued]

Highlights: none

Mandate/Regulations: This is a mandated service under PHL Article 13-E. CIAA limits smoking in indoor places of employment including all bars and restaurants. The amendment to the Act became effective on July 22, 2003.

Essential stats: In 2011 two (2) complaints were received and investigated.

Challenges/barriers: A small EH staff has made it difficult to conduct compliance checks as we lack the element of surprise. Most compliance checks (bars) have to be conducted after hours and we are faced with overtime restrictions.

Cost/Revenue: 36% State Aid/ ATUPA grant of \$135,314.00 for 5 years '08-'13.

Lead Poison Control Program

Purpose: To identify sources of lead exposure, through environmental inspections, for children who have been identified as having lead poisoning. To ensure that information is available to the public regarding environmental sources of lead poisoning and safe renovation techniques.

Staffing: 1 EPA certified lead risk assessor on staff. In 2011 .22 FTE EH time was spent in this program in addition to nursing time.

Highlights: Environmental staff works closely with the Lead program nurse to coordinate medical and environmental aspects of lead poisoning.

Mandate/Regulations: This is a mandated service under PHL Title 10 of Article 13 Part 67. Beginning in April 2010, contractors performing renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 must be certified by US EPA and must follow specific work practices to prevent lead contamination.

Essential stats: In 2011, 5 lead inspections were conducted.

Challenges/barriers: Risk assessors must be recertified every 3 years, the cost of which in 2012 was \$77.00. The cost of training another staff member will be an added expense in the coming year. This will also present a unique opportunity in that the present inspector will be able to provide 'in the field' training. Because the cost of purchasing and maintaining an XRF is prohibitive, EH utilizes the professional services of a consultant (Ecospect). We have been dealing with more owner-occupied situations, which limit enforcement.

Cost/Revenue: State aid & lead grant funded

Environmental Health Continued

Adolescent Tobacco-Use Prevention Act (ATUPA)

Purpose: Grant work plans require compliance checks for all facilities that sell tobacco products. If the grant funds are not accepted, the County is still responsible, without funding, to do the enforcements and hearings for all violations cited by an outside contractual agency.

Staffing: In 2011 .07 FTE was spent in this program.

Highlights: Work closely with Health Education Tobacco Free staff member

Mandate/Regulations: This is a mandated service under PHL Section 1399. The enforcement for selling tobacco to minors has been shifted from the criminal justice system to the public health administrative system with the implementation of a law that took effect September 6, 1992.

Essential stats: In 2011 there were 43 tobacco retailers. There were 4 enforcements generated for sale to a minor, one resulted in a 6 month tobacco/lottery license suspension.

Challenges/barriers: It has become increasingly difficult to recruit youth for compliance checks.

Cost/Revenue: Mandated 100% funded by ATUPA grant of \$135,314.00 for 5 years '08-'13 and/or 36% State Aid

Radiation Protection

Purpose: To respond to radiation emergencies that affects the municipality. Provide information on health effect from radiological exposures.

Staffing: We do not permit or conduct inspections of equipment.

Mandate/Regulations: This is a mandated service under PHL Title 10, Part 16.

Challenges/barriers: We would rely heavily on NYS for response to emergencies.

Cost/Revenue: 36% State Aid, some equipment and training can be paid through the Bio Terrorism grant

Environmental Assessment Program

Purpose: To investigate suspected hazardous waste sites; facilitation of remedial action at these sites; response to air quality and chemical exposure issues affecting public health. Assess exposures during oil spills and respond if people require relocation (relocation most often occurs as a result of home heating fuel spills).

- Hazardous Waste Sites- Working with State and Federal agencies on the investigation, monitoring and remediation of hazardous waste sites. (Rosen Site, Smith-Corona Site)

Environmental Health (Environmental Assessment Program continued)

- Indoor Air Quality – Investigate possible environmental exposures in the home.
- Chemical emergencies – Provide information on health effect from chemical exposures.
- Emergency Oil Spill Relocation Program

Staffing: In 2011 .06 FTE was spent in this program.

Highlights: Staff actively participates in the Local Emergency Planning Committee (LEPC) and enlists the assistance of the State Bureau of Toxic Substance Assessment with the issue of indoor air quality at the town of Cortlandville offices.

Mandate/Regulations: This is a mandated service under PHL section 206.

Essential stats: none

Challenges/barriers: this may be one of the programs significantly impacted by HVHF issues. Funding for this additional responsibility is still to be determined.

Cost/Revenue: 36% State Aid

Radon

Purpose: To decrease the incidence of lung cancer and other respiratory illness resulting from exposure to radon by encouraging radon testing in the home and remediation interventions.

Staffing: In 2011 .08 FTE was spent in this program.

Highlights: Cortland County has some of the highest indoor radon level in the State. Information on remediation system installation for new construction is handed out with each new septic system permit.

Mandate/Regulations: This is a non-mandated program.

Essential stats: 39 out of 40 Radon test kits were distributed to the public in 2011.

Challenges/barriers: It has been difficult to ascertain how many systems were installed in new construction. If the Uniform Code required the installation, the program would be more successful.

Cost/Revenue: 36% State Aid plus a \$7345 grant for a 5-year grant period from July 2010 through 2015. 25% of the grant each year is directed to home test kits which are given out free of charge to County residents.

Environmental Health continued

Tanning

This is a new program as of 2009. EH is charged with inspecting tanning facilities. At this time there are no guidelines established. (36% State Aid, mandated)

Tattoo Parlors

This is a new program as of 2009. EH is charged with inspecting tattoo parlors. At this time there are no guidelines established. (36 % state aid, mandated)

HOSPICE

Hospice staff includes 5.8 FTE available and on-call 24 hours a day, 7 days a week. Staff is made up of RNs, social worker, chaplain and physician. 1 FTE support staff, 1 FTE Director and other contracted personnel.

Purpose: To promote the availability and accessibility of quality hospice and palliative care for all persons and their families in Cortland County confronted with life-limiting illness.

Staffing: 5.8 FTE

Highlights: Age ranges served to date in twenty years of service- 5 day old infant to 106 year old.

Mandate/Regulations: New federal Quality Data reporting requirements are scheduled for January 2013. The elements are largely based upon the 15 month Medicare demonstration project that Cortland County's hospice participated in (2009-2010) as one of only seven hospices selected nationally. Hospice is not subject to recent Medicaid decreases in reimbursement and New York State has passed legislation approving prognosis eligibility for hospice services to be extended from the current six months to twelve months to encourage more use of proven cost-effective hospice services. Final approval from the federal government is in progress.

Essential stats: Comparisons of Cortland hospice's service statistics and cost data to regional, state and national hospice data show that Cortland hospice provides the same levels of care and service far more cost-effectively than regional, state and federal hospices (a savings of \$5,290 per patient when 2011 cost data is compared to the most recent 2008 New York State hospice service data.) Medicare savings for use of Cortland hospice in 2011 is estimated by Medicare data to be \$163,939, due to success in avoiding more costly end-of-life futile care or acute emergent hospitalizations. Additional savings to local and state Medicaid expenditures are realized when a Medicaid-eligible patient is maintained whenever possible in their own home setting rather than Medicaid-funded facility placement.

Hospice continued

Challenges/barriers: A pressing challenge is a number of late referrals resulting in patients/families not benefiting from earlier intervention and support in the terminal process.

Cost/Revenue: Certified by the federal government (CFR Article 42) and licensed by the State of New York (Public Health Law-Article 40; Title 10-Article 9), therefore services are billed to and paid by Medicare, Medicaid, and private insurances. Surplus and deficit years balance out ultimately to no cost to the county.

Link to website: www.cortlandhospice.org

Date Approved by Board of Health	11/20/2012
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