Cortland County Health Department
Annual Report
2012

60 Central Avenue
Cortland NY 13045
Phone 607-753-5135 Fax 607-753-5209
http://cchd.cortland-co.org

Currently the Cortland County Health Department employs 82 full time, 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 life in our community.

LETTER FROM THE PUBLIC HEALTH DIRECTOR

The Year in Review

Catherine Feuerherm
Public Health Director

Yet another year of changes as Public Health practice evolves at the national and local level! An aging workforce and reduced funding has forced a new approach to services. The Robert Wood Johnson County Health Rankings, along with State Department of Health's (SDOH) required Community Health Assessment and Community Health Improvement Plan promotes a collaborative approach to a community's health, which includes all stakeholders. The challenges encountered this year certainly reflect that need.

The Hepatitis C outbreak first identified in late 2011 took much time and resources in 2012. We continued to investigate newly identified cases well into the year, sparking the interest of SDOH and other stakeholders. An underlying drug problem was identified, resulting in collaborations with local prevention agencies, law enforcement, and the Southern Tier Aids Program (STAP) to develop a plan to address all aspects of the problem. Discussion revolved around needle exchange and needle disposal, to decrease the spread of infection. Consensus could not be reached and neither plan moved forward. An SDOH sponsored survey of IV drug users conducted over the summer by STAP tested 136 Cortland County residents and confirmed an extensive drug abuse problem. 32% tested positive for Hepatitis C. While testing rates dropped after the survey, we began to see an increase in children referred to our Maternal Child Health programs whose parents were using drugs. Many had been placed in foster care by DSS.

In March we finally closed on the sale of the Certified Home Health Agency to Rochester based HCR. The transition went smoothly. Since then we have concentrated on our Licensed Home Care Services Agency and the policies and procedures that guide their activities. Much effort was focused on community outreach and billing procedures. By years end we were successfully billing for some of our Maternal Child Health home visits.

A statewide increase in the use of bath salts and other synthetic cannabinoids was expediently handled by Environmental Health staff, who hand delivered notices and supervised the pulling of products from all facilities in the County on the first day of the ban! The County would later pass a local law to ban both sale and possession of such products in the county.

The County Health rankings, released in April, saw Cortland County climb in the rankings to number 41 with much work yet to be done. www.countyhealthrankings.org The report was reviewed by the Cortland Counts Health Track committee and plans were updated accordingly.

Early Intervention regulatory changes proposed in the fall promised fiscal relief to counties. This would also result in a decreased staffing need. We began to shift workloads and did not fill vacancies in preparation for the changes. Our 2013 budget proposal included a 10.5% cut from the previous year and eliminated 5 positions.

Cortland County Health Department

2012 Fiscal Overview

	Expenditures	Revenue	Net Cost
Health Admin	$1,063,209	$979,570	$83,639
Nursing	$1,584,358	$646,576	$937,782
Environmental Health	$566,658	$306,584	$260,074
JCRH	$800,887	$581,334	$219,553
Hospice	$603,799	$459,972	$143,827
Children w/ Special Needs	$1,095,788	$660,215	$435,573
Pre K	$1,653,157	$1,051,875	$601,282
Youth Bureau	$3,707	$25,814	($22,107)
TOTAL HEALTH DEPT	**$7,371,563**	**$4,711,940**	**$2,659,623**

Cardiovascular disease remained the primary cause of death in Cortland County residents in 2012 (96 of 373), with cancer a close second (88 of 373). The major underlying risk factors were smoking (24%), hypertension, diabetes and old age. As 2013 looks towards developing a new four year County Health Improvement Plan (CHIP) we look forward to engaging our community partners in program planning and policy development to help our Cortland residents live longer, healthier lives in our healthier community.

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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/2013-2017/index.htm

The Prevention Agenda 2013-17 is New York State's health improvement plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This unprecedented collaboration informs a five-year plan designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers. Recent natural disasters in New York State that have had an impact on health and well-being re-emphasize the need for such a roadmap.

The Prevention Agenda serves as a guide to local health departments as they work with their community to develop their mandated Community Health Assessment and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act over the coming year. The Prevention Agenda vision is New York as the Healthiest State in the Nation.

The plan features five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections.

Counties are asked to collaborate with the local hospital to identify two priority areas for the community and to establish goals to measure progress towards expected outcomes.

CORTLAND COUNTY BOARD OF HEALTH
2013

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 12/31/2018
Sandra Price Chair Health Committee	Term Expiration 12/31/2013

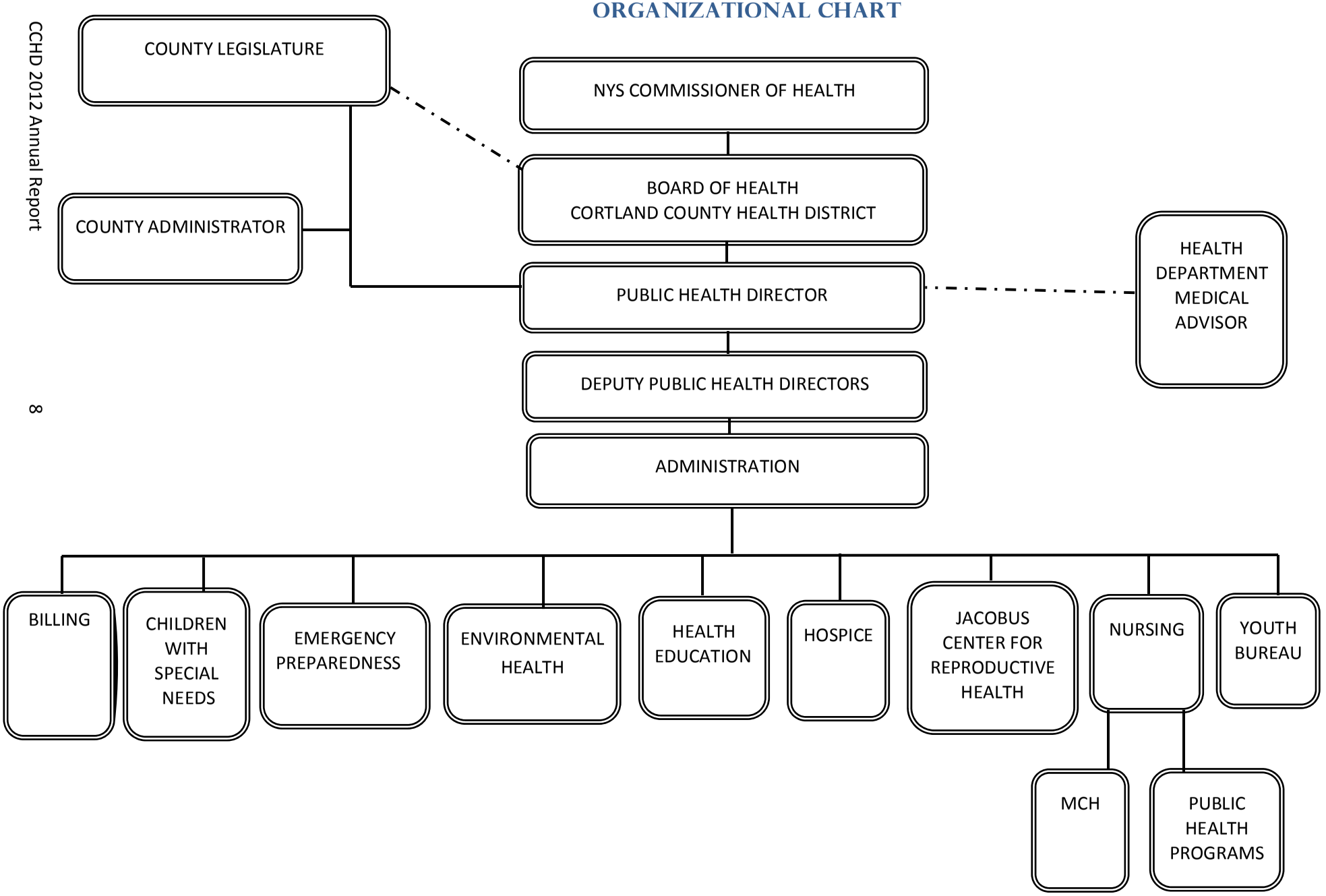
Meeting Schedule:

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/county-board-of-health-minutes-2

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 problems identifying target populations that may be at increased risk for poor health outcomes. The CHA enables public health professionals to gain a better understanding of their community's needs, as well as to assess the larger community environment and how it relates to the health of individuals. The CHA identifies areas where additional 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 in collaboration with 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 authorized 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 local public health programs to implement and enforce the State and County Sanitary Code. 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.

Revenue: Local Health Department State Aid (Article 6 State Aid) provides a base grant of $650,000. 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. Public Health funding has been reduced at the federal level to cover increased costs in the Affordable Care Act.

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 5 full time (FTE) Public Health Educators, 1 FTE Public Health Programs Manager and 1 FTE Public Health Project Assistant whose salaries are covered almost exclusively by the following grants. Staff duties include grant writing, grant administration, reporting and public education. As of Jan 1, 2012 a full time Public Health Programs Manager (formerly the Supervising Public Health Educator) oversees 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: .38 FTE Program Coordinator, .105 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 ($49,494) 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.

Staffing: 1 FTE Program Coordinator, 1 FTE Outreach/Recruitment Coordinator, and .78 FTE Data Manager/ Fiscal for the Cancer Services Program of Cortland & Tompkins Counties

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 ≥ 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 2012 three hundred and ninety-two (392) 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), and TC3's BIG PINK Trust Fund Donation ($8,531.35).

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

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.

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.

YOUTH BUREAU

By the end of 2011, the decision was made to move Youth Bureau over to the Health Department/Heath Ed in an attempt to consolidate staffing and bring a health perspective to youth activities in the County. Cortland County Youth Bureau employs one .5 (FTE) Public Health Programs Manager. As of Jan 1, 2012 a full time Public Health Programs Manager (formerly SPHE) over sees the Youth Bureau and Health Education Division.

Mission: To create and support countywide youth services in Cortland County which will provide opportunities for youth to become responsible, productive, and fully integrated members of our community.

Planning/Coordination: We assess youth needs by convening community planning groups, identifying problems and strengths and developing coordinated strategies to address them. We promote private and public partnerships in planning, bringing together towns, villages, cities, social agencies and private citizens including youth.

8 Features of Youth Bureau Programs

- *Physical and Psychological Safety*
  - Safe and Health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.
- *Appropriate Structure*
  - Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.
- *Supportive Relationships*
  - Warmth, closeness, connectedness, good communication, caring, support, guidance, secure attachment, and responsiveness.
- *Opportunities to Belong*
  - Opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement, and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.
- *Positive Social Norms*
  - Rules of behavior, expectations, injunctions, ways of doing things, values and morals, and obligations for service.

- *Support for Efficacy and Mattering*
    - Youth based; empowerment practices that support autonomy; making a real life difference in one's community, and being taken seriously. Practices that include enabling, responsibility granting, and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.
- *Opportunities for Skill Building*
    - Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment, and opportunities to develop social and cultural capital.
- *Integration of Family, School and Community Efforts*
    - Concordance; coordination and synergy among family, school and community.

Cost/Revenue:

Determining the effectiveness of contracted service through monitoring and evaluation is the key responsibility of the Youth Bureau. The Children and Family Services Plan (CFSP), which is a five year provision written by a Planning Committee including a variety of stakeholders, in collaboration with not-for-profits, youth, schools, community and county agencies, identifies youth program assets and needs in the county, with strategies to address the area in need. The Plan is then implemented through continued networking with these same groups. It is only with that Plan in place that funds become available to Cortland County from the New York State Office of Children and Family Services. Cortland County was allocated $64,556 in 2012

The Cortland County Youth Bureau administers NYS Office of Children and Family Services funding in the following categories:

- Youth Development Delinquency Prevention (YDDP) programs comprise the bulk of agencies funded and target positive youth development programs for ages 6-20 that focus on prioritized areas including academic enrichment, career enrichment, mentoring, counseling, ad youth leadership, service, and civic engagement. These awards require a 50% agency match.
- Special Delinquency Prevention programs (SDPP) target specific youth groups and/or services including school dropouts, victims of child abuse or domestic violence, pregnancy prevention, and more. These awards do not require an agency match.

Funded agencies are required to comply with OCFS and Youth Bureau policies and procedures, attend trainings, and turn in an Annual Report and final expenditure report (including financial backup documentation) quarterly.

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 the Deputy Public Health Director. 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, Mental Health and Early Intervention. The MCH 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.

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 working 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: The Health Department has rebuilt its MCH programs focusing on prevention services for women and their infants. MCH nurses collaborate with the local birthing hospital on prenatal and postnatal initiatives like the importance of flu and Tdap immunizations for infant caregivers and family members. The Quality Improvement Committee (QIC) meets quarterly and has developed policies and procedures for the Licensed Home Care Service Agency (LHCSA).

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

Essential Stats: In 2012, 268 women and infants were served by the MCH & MOMS programs.

Challenges/barriers: MCH has been viewed a Public Health Prevention activity but local health departments are encouraged to bill private and public insurance in an effort to offset decreased

funding. Billing is especially challenging without an electronic billing and record system. We plan to purchase a system in 2013.

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

NURSING PUBLIC HEALTH PROGRAMS

Nursing Public Health Programs are staffed by 1 FTE RN, 1 PT PHN, 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 Nursing and .13 FTE Medical Services Clerk time

Highlights: The Hepatitis C outbreak identified in late 2011 continued into 2012 with 47 new cases reported compared to 21 cases in 2011. The affected age group continued to be persons ≤ 35 years of age, representing 75% of the 2012 cases. The priority objective early in the outbreak was to determine the potential extent of the problem and associated risk factors which was necessary to respond effectively and curb the spread of the disease. NYSDOH provided trained field staff to interview the reported cases and to share with our staff effective interview strategies for this sensitive investigation. IV drug use was clearly identified as the primary risk factor, and sharing "the works" was a common unsafe practice among users. Names of many contacts were revealed which allowed additional follow-up and provided additional information about the outbreak. The second objective was to engage community partners that work with this "at-risk" population, taking a multi-faceted approach to this problem.

A case of mycobacterium tuberculosis was diagnosed in a county resident in 2012, the first in several years. While the source of exposure was not determined contact investigation indicated there has been no transmission of disease.

Four reported cases of pertussis resulted in lengthy investigations and follow-up as they all had the potential to create large outbreaks.

A rash-illness among athletes on a high school sports team required extensive collaboration with NYSDOH, the school nurse and school administration to try and limit the spread on the team, within the school and to other teams they would compete against, as well as identify the

cause for the rash. This was an opportunity to encourage school nurses to involve their school physicians in health-related issues and concerns.

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 statistics: The number of communicable disease reports received in 2012 was about 130 (excluding influenza), a 30% increase from 2011. In addition to the increase in cases of Hepatitis C, there was also an increase in campylobacteriosis. The cases of campylobacteriosis were isolated, without concern for ongoing transmission. Influenza activity was significantly higher in 2012 with 119 confirmed cases reported compared to 30 in 2011. One Long Term Care Facility (LTCF) was significantly impacted by an influenza outbreak.

Statewide surveillance identified several disease outbreaks including pertussis, measles, many of the gastrointestinal reportable diseases, legionellosis, norovirus and influenza in Long Term Care Facilities (LTCFs). While outbreaks were not identified in Cortland County for each of these diseases, it did provide good cause for stressing the importance of: up-to-date immunizations for all county residents, following NYSDOH pertussis control guidelines when illness is suspected, outbreak control guidelines in Adult Homes. Additionally, we continued collaborative activities with CRMC maternity unit and local OBs to encourage Tdap vaccination of expectant parents and infant caregivers including grandparents. A supply of Tdap vaccine obtained through Sanofi's GIFT Program has also allowed us to continue to vaccinate adults without insurance that pays for it.

Challenges/barriers: Outbreaks must be addressed at the onset and draw significantly on our limited local resources. The response to the Hepatitis C outbreak warranted a multi-faceted approach. Therefore, several initiatives were implemented, including:

- Contact tracing to identify and follow-up with others potentially infected
- Formal education and outreach to both the professional and public community
- Collaboration with community agencies including; the county jail to test and counsel those inmates who requested it, partnering with Southern Tier Aids Program (STAP) to provide testing and counseling clinics in the community, distribution of information throughout the county on risk reduction measures, primarily for IV drug users, and engaging community partners to discuss the more complex community issues, including safe needle disposal and strong concerns identified over limited access to rehabilitation, and maintenance treatment.
- Although some adults without insurance that pays for Tdap have been referred to the health department for vaccination, we suspect there are many who have not been and remain unvaccinated. The delay in insurance coverage for recommended adult vaccines creates significant barriers.

- A pattern of low influenza vaccination rates among health care workers in our LTCFs prompted visits early in the fall to discuss current coverage levels for the 2012-13 flu season. Discussions revealed two-thirds of the facilities had low coverage levels and lacked comprehensive vaccination campaigns. Guidance was provided on the components necessary for a comprehensive campaign, including collaboration with key partners within their facilities.
- A report of influenza in a resident of an adult home just prior to the Christmas holiday revealed the agency did not have outbreak control policies. Fortunately, it was an isolated case, and an opportune time to work with the adult homes and LTCFs to facilitate policy development and to promote networking among these agencies.

Cost/Revenue: Some activities are reimbursed by grant funds 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

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 environmental inspection, as required. 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: .28 FTE Nursing, .34 FTE Medical Services Clerk time along with assigned 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. However, more current data from NYSDOH has not yet been released.

Mandate/Regulations: In 2009 significant changes were made to NYS Public Health Law and Regulations for blood lead testing and reporting and follow-up for early identification purposes and to reduce the risk of lead poisoning. In 2012, NYSDOH made another change, requiring

follow-up at a lower blood lead level than the current action level. However, the follow-up required is limited and manageable.

Essential stats: There continues to be a decrease in the number of 1-2 year old children lead tested in 2012 (725) compared to 2011 (776)and 2010 (928). This is concerning because housing stock in Cortland County is old and environmental lead present. 24 children required the additional follow-up in 2012 due to the 2012 regulatory change.

Challenges/barriers: The problem of low testing rates in 2012 was discussed with practice office managers, physicians and/or nursing staff and they identified lack of parental compliance with follow-up as a contributing factor. They admitted that despite a policy that calls for a follow-up telephone to the parent in this situation, that call is often not made.

Cost/Revenue: Lead Poisoning Prevention Grant ($39,774 for 2012-13) and State Aid.

Immunization:

Purpose: To help reduce the likelihood of vaccine-preventable diseases by assuring people of all ages receive necessary vaccines. A 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 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.

Immunization Staffing: .43 FTE Nursing and .31 FTE Medical Services Clerk time

Rabies Staffing: .16 FTE Nursing time

Highlights:

- Ongoing efforts for Hepatitis A and B vaccination 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 long-term initiative met with boosted success during the Hepatitis C outbreak through increased awareness.
- Improved access to pertussis vaccination for at-risk individuals, primarily women of child-bearing age, pregnant women and other adults in close contacts with infants. A pertussis task force was convened with community partners in 2011 and continued in 2012 to address vaccination of these at risk adults in order to protect vulnerable infants from pertussis.
- Improved access to influenza vaccination for those without insurance that pays for it. Public clinics were held throughout the county at locations where this population is likely to seek other services including food pantries, the soup kitchen, secondhand clothing store and rural services in Cincinnatus. This was a successful and efficient way to reach the target population and collaborate with the agencies that serve them, reducing associated costs, such as advertisement.

- Improved tracking and monitoring of the immunization coverage levels of one and two-year-olds linked to immunization outreach initiatives and other community programs
- Implemented a sliding fee-scale for immunizations
- Instituted additional accountability measures to assess and assure Medicaid compliance.
- Collaborated with the Maternal Child Health team to improved outreach activities and increase efficiencies

Mandate/Regulations: No mandates or regulatory changes.

Essential stats: In 2012, 438 people attended regular immunization clinics, 201 received vaccines and 244 TB testing. Twenty (20) special clinics were held off-site providing 113 under/uninsured adults with influenza vaccination and 14 with Tdap. On-site special clinics were held as needed primarily for TB testing and to provide vaccinations to high risk uninsured individuals who otherwise were not likely to get vaccinated.

30 individuals were referred from Environmental Health for rabies post exposure treatment.

Challenges/barriers:

- Visits to provider offices in 2012 to measure childhood and adolescent immunization rates continued to reveal low coverage levels. It is unclear whether coverage levels are low because immunizations are not getting recorded in the New York State Immunization Information System (NYSIIS) as required, or immunizations are not provided in accordance with the recommendations of CDC's Advisory Committee on Immunization Practices (ACIP).
- Efforts to implement a Hepatitis A and B vaccination policy for inmates at our local jail have been unsuccessful despite numerous attempts. This is a significant missed opportunity.
- Need was identified for an efficient electronic billing system to seek reimbursement from third party payers for immunizations.
- A change in policy from NYSDOH regarding the use of publicly funded vaccine created ongoing and difficult challenges in 2012. The mandate stated fully privately insured individuals could not receive state or federally funded vaccine at any NYS local health department. While private physicians are required to meet the routine immunization needs of their privately insured patients, many had difficulty obtaining routine immunizations from their physician and continued to be referred to the health department - even though we could not vaccinate them. This resulted in use of personnel resources to facilitate vaccinations for these individuals, ongoing written and verbal communication with physicians and insurance companies, urging compliance with this mandate. In the process, we learned that some medical providers do not purchase adequate vaccines for their routine or high risk patients.

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 1.54 FTE RN, 2 FTE Nurse Practitioners, 1.8 FTE Clinic Aides and 2.76 FTE support staff with division oversight provided by 0.5 FTE Director of Clinical Services.

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. Hepatitis C and HIV Rapid Testing with appropriate referrals is available as well as immunizations for Hepatitis A & B and HPV (Human Papillomavirus).

Staffing: .14 FTE NP; .08 FTE MSCs; .06 FTE RN; .09 FTE Clinic Aide; .05 Clinic Coordinator, .05 Director of Clinical Operations.

Highlights:

- There was a 29% increase in Cortland County Chlamydia cases from 2011 to 2012.
- Expedited Partner Therapy (EPT), treating the sex partners of patients diagnosed with Chlamydia, is employed.
- A Chlamydia Quality Improvement team was formed to identify trends and plan approaches to address the increase in Chlamydia including professional outreach to local medical provider offices. A memo sent to area providers outlined the increase in Chlamydia, testing and treatment guidelines and the option of EPT. This information was reviewed at the Cortland Regional Medical Center OB Department meeting and at the Family Health Network QI and staff meetings.
- Public outreach and education is conducted in the community and schools
- Of the reportable Communicable Disease cases in Cortland County 46% were STD cases. A JCRH RN performs tracking and follow-up as appropriate.
- Staff provided 56 vaccinations for HPV, flu, Hepatitis A, Hepatitis B and Twinrix.

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

Essential stats: In 2012, there were 411 people seen in STD Clinic for 498 visits. 355 HIV tests and 1,214 STD lab tests were done. Clients accessing STD clinic are screened for additional risk factors, educated regarding the prevention of STDs, and offered appropriate testing and treatment.

Challenges/barriers: About 60% of Cortland's positive Chlamydia cases in 2012 were diagnosed in the JCRH STD Clinic. Partner contacts of identified STD cases sometimes go to the local emergency room instead of coming to the HD for testing which makes treatment tracking a challenge. We know area prenatal providers do routine Chlamydia testing of pregnant women but it is difficult to know how much Chlamydia testing area providers are conducting otherwise.

There is a 35% no show rate for STD Clinic in spite of reminder calls made the day before appointments.

Cost/Revenue: Costs involve staff time, testing materials and lab fees. Insurance/Medicaid and patients cannot be charged for covered STD services, although this will change with new legislation in 2013. 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 other essential primary care activities, such as immunization administration and Hepatitis C testing and follow-up.

Staffing: .87 Clinic Coordinator; 1.86 FTE NPs; 2.68 FTE MSCs; 1.48 RNs; 1.71 Clinic Aides; 1.0 FTE Health Educator; .45 Director of Clinical Operations

Highlights:

- Research shows that for every $1 spent on family planning services, $4 is saved
- The Jacobus Center services averted 372 unintended pregnancies (138 for teens) in 2012 according to American Journal of Public Health estimates. Cortland County's teen pregnancy rate has decreased steadily since 1991.
- The Jacobus Center Health Educator provided 327 educational programs for 5,825 participants in schools, agencies and the community, including probation, DSS staff, foster care parents and kids, LGBT Center, Career Works, CAPCO, colleges and junior and senior high schools. Topics included relationships, birth control, STDs, bullying, resisting coercion, abstinence, HIV/AIDS, sexual harassment, puberty and sexual decision making.
- JCRH staff provided 109 vaccinations including HPV, flu, Hepatitis A, Hepatitis B and Twinrix to clients in family planning clinic in 2012.
- The 2012 Zero Adolescent Pregnancy 8th Grade Survey administered by the JCRH revealed the important role parents continue to play in their teens decisions around sexual activity. The number of 8th graders who have had consenting sex was 15%, a decrease from 17% in 2010. The survey also revealed a disturbing trend of fewer teens using protection with sexual intercourse.
- JCRH staff was involved in the Hepatitis C (HCV) activities in late 2011 and early 2012 including HCV testing and counseling for inmates at the Cortland County Jail and testing for HCV and HIV in conjunction with the Southern Tier AIDS survey of local IV drug users. HCV testing continues to be available at the JCRH center along with public outreach and education regarding risk factors and the need for testing.

- The annual Mother/Daughter Retreat was held in March to facilitate communication between mothers and their 10-13 year old daughters

Mandate/Regulations: The Family Planning clinic is optional and regulated under Title X Family Planning and Article 28 Diagnostic and Treatment Centers

Essential stats: In 2012, 1608 patients were seen for 3285 visits. 60% of these patients were at or below 100% Federal Poverty Level, with 82% at or below 150% FPL. There were 1,701 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 remains a challenge
- The process of billing and reconciling remittances from Medicaid is complicated with the APG methodology and software limitations

Cost/Revenue: Reimbursement from 3rd party payers, Title X Family Planning Grant ($366,261), direct patient payments; Article 6; COLA; 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 infants and toddlers 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 2012 Cortland streamlined procedures and utilized computerized spreadsheets to assist in data collection and documentation.

- Preparing for the adjusted workload related to the impact of new billing procedures in 2013 and working with the new DOH fiscal agent
- Worked closely with LEICC to address local performance indicators

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.

Essential stats: 125 referrals were made to EI in 2012 and 92 children received services. 61 referrals were made to Child Find in 2012 and 47 children were tracked. The county clinical team completed 83 core evaluations, 18 supplemental evaluations and provided 2497 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 recent regulatory changes. In 2012 we continued to see an increase of EI children in foster care. Children in foster care have very complex cases and their biological parents are often difficult to engage requiring extensive staff time and attention.
The New York Early Intervention System (NYEIS) continues to create challenges due to the problems associated with the implementation of this statewide, 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 (The 2012-13 grant year amount is $26,737) 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 Pre-K Coordinator, 1 FTE support staff

Highlights: The Pre-K Coordinator works closely with the ten (10) Cortland County School Districts to ensure that the needs of Preschoolers with Disabilities are met, to monitor recommended services and make certain that NYS Education regulations are consistently followed. Services are provided in the least restrictive environment for each preschooler in community locations including but not limited to: the child's home or daycare setting, Franziska Racker Centers; Family Enrichment Network; YWCA, Head Start; St. Mary's; and Child Development Center. Cortland County continues to explore additional avenues to support children and families with disabilities, and to improve existing services.

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 2012, 207 students were served in the Pre-K program (55 students received center based programming and 152 students received related services in home/community based settings). Transportation, arranged for by Cortland County and provided through a 2 year contract with First Transit, was provided to 50 center-based students.

Challenges/barriers: While counties are obligated to fund preschool special education services they do not have a voting role in establishing a student's education plan. There has been some movement to bring that responsibility back to the school district where it belongs. We bill Medicaid for certain clinical Preschool services such as speech, occupational and physical therapies. Documentation requirements create 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 was phased out on 2011. Staff continues to provide resources and assist families with referrals as appropriate.

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.

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

Highlights: Cortland County Health Department was chosen once again to be lead agency for the FE grant from 2012 – 2017. Unfortunately the grant will be terminated at the end of 2013 at which time a Health Benefit Exchange (HBE) will take its place. The HBE is part of the Affordable Care Act. We have completed an application to be HBE lead and await DOH decision.

Mandate/Regulations: none

Essential stats (comparison): In 2012 the FE program completed 249 applications (family and individuals) with 93 adults qualifying for Medicaid or Family Health Plus and 121 children for Child Health Plus. Of the 249 applications processed 110 were ineligible because they were over income. The top five (5) referral sources to FE are: DSS, JCRH, self, CRMC and Online.

Challenges/barriers: As a Medicaid managed-care county, enrollers for the plans (Fidelis & Total Care) are located throughout the county such as physician offices 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 (EH) is composed of 8 staff members, 4 Public Health Sanitarians, 1 Supervising Sanitarian, 1 Director/Public Health Engineer, 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 although program activities often overlap so not all time is easily assigned to the programs listed below. In 2012 EH lost the long term Public Health Engineer taking 3 months to fill.

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 the pet, submittal of rabies samples to NYS DOH, ensuring proper post-exposure treatment, and providing county pet rabies clinics.

Staffing: In 2012 .56 FTE was spent in this program in addition to nursing and billing staff time.

Highlights: Environmental Health staff works closely with Nursing Division Communicable Disease staff. As a result of budget cuts, we have partnered with the SPCA in offering animal rabies clinics allowing us to continue to serve the community at almost the same capacity as before. Towns and Villages with websites post rabies clinic schedules which helps defray advertising costs. Both have been great collaborative efforts. In July 2012, Cortland Regional Medical Center took the lead in purchasing Human Rabies Immune Globulin (HRIG) and vaccine for initial rabies post exposure treatment done in their ER thereby facilitating patient billing. CCHD ensures appropriate follow up with the remainder of the post exposure series in the Nursing clinic, another cost cutting approach.

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

Essential stats: In 2012, there were 246 incidents investigated, 118 pet confinements, 50 rabies specimens tested and 31 human post exposure treatments arranged.

Challenges/barriers: Billing private insurance is challenging as this health department is often not a member of the client's "provider network". The grant monies allocated do not keep up with the costs of veterinarian services, shipping charges for specimens and vaccine costs. The most recent grant was cut by $7961.00 (one third of the total grant, with more cuts expected.)

Cost/Revenue: 36% State Aid funding for staff, program expenditures are 100% funded up to $14,511. Client's insurance is billed for post exposure and state reimburses some of the cost if the client is under or uninsured.

Public Health Nuisances

Purpose: To respond to complaints and conditions that exists 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 2012 .06 FTE was spent in this program.

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

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

Essential stats: In 2012 fifty (50) complaints were investigated.

Challenges/barriers: The economy has made it difficult to find/maintain affordable housing throughout the community. Conditions that are a result of code issues are referred to the local CEO's. The Health department provides education to the tenant on safe cleaning/removal.

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 2012 .07 FTE was spent in this program.

Highlights: none

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

Essential stats: In 2012 there were sixteen (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 Hydraulic Fracturing (HVHF) will impact development of new or use of existing facilities. The return of bedbugs to the northeastern portion of the United States has required increased efforts on the part of sanitarians.

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 2012 .10 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 2012, five (5) 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.

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 as necessary. West Nile Virus (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 2012 .01 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 funding or staff available for intensive mosquito surveillance or 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 2012 .78 FTE was spent in this program.

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

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

Essential stats: There are approximately 290 permitted facilities and 300 temporary food booths annually

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. Food Service is a program that crosses over to on-site sewage disposal and public water programs.

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, mobile home parks, apartment buildings, schools, and businesses are all components of the public water supply community. Some of the functions covered include:

- 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 2012 1.20 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 twenty five (25) community, five (5) non-transient non-communities, and sixty five (65) non-community public water supplies monitored in 2012.

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 (site plan approval and water quality testing of individual household water supplies) and disease investigations where testing is conducted to determine if the residential water supply is a contributing factor for various reportable communicable diseases.

Staffing: In 2012 .09 FTE was spent in this program.

Highlights: EH staff 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.

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 often 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 2012 .27 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 419 registered tanks.

Challenges/barriers: Because of the fragile Sole Source aquifer the Health Department is vigilant in protecting 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 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 2012 .03 FTE was spent in this program.

Highlights: none

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

Essential stats: There are fifteen (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. Mobile Home Parks is a program that crosses over to on-site sewage disposal and public water. The majority of Mobile Home Parks within Cortland County have aging water and septic facilities which require enhanced scrutiny.

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 2012 0.78 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: There are varying levels of local enforcement among the local municipalities, which makes it difficult to monitor all proposed installations within the County.

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 and reports of injuries or illnesses are investigated.

Staffing: In 2012 .09 FTE was spent in this program.

Highlights: There were no incidents of drowning at pools or beaches in the County in 2012.

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

Essential stats: There are twenty one (21) permitted facilities

Challenges/barriers: Pools and Beaches crosses over to 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 2012 .11 FTE was spent in this program.

Highlights: There were no disease outbreaks in 2012. 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 seven (7) permitted facilities.

Challenges/barriers: The NYS code sets the permit fee for Children's Camps at $200 although municipal, charitable, philanthropic or religious organizations are exempt from paying that fee. Though seasonal, this is one of the most labor intensive programs for EH. The State Aid reimbursement does not keep up with the time spent in inspections and plan reviews required for permitting. Children's Camps program crosses over to On-Site Sewage Disposal and Public Water.

Cost/Revenue: 36% State Aid, Fee set by NYS at $200. Most camps are exempt.

Clean Indoor Air Act (CIAA)

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

Staffing: In 2012 .01 FTE was spent in this program.

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 2012 three (3) 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 in 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. We are currently without any notice on grant renewals or the amount.

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 2012, .18 FTE EH time was spent in this program along with nursing time.

Highlights: Environmental staff works closely with the Lead program nurse to coordinate medical and environmental aspects of lead poisoning. We have begun to use GIS mapping software to track lead in housing stock.

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 follow specific work practices to prevent lead contamination.

Essential stats: In 2012 two (2) lead inspections were conducted.

Challenges/barriers: Risk assessors must be recertified every 3 years. 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 are dealing with more owner-occupied situations, which limits enforcement.

Cost/Revenue: State aid & lead grant funded

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 2012 .09 FTE was spent in this program.

Highlights: EH works closely with Health Education Tobacco Free Program 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 2012 there were forty five (45) tobacco retailers and eight (8) enforcements generated for sale to a minor.

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 radiologic 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)
- 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 2012 .04 FTE was spent in this program.

Highlights: Staff actively participate in the Local Emergency Planning Committee (LEPC) and enlists the assistance of the State Bureau of Toxic Substance Assessment with the issue of meth labs in residential areas.

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 2012 .04 FTE was spent in this program.

Highlights: Cortland County has some of the highest indoor radon level in NY State. Information on remediation system installation for new construction is handed out with each new septic system permit. We are now tracking radon test results with GIS mapping software.

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

Essential stats: Thirty eight (38) Radon test kits were distributed to the public in 2012.

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.

Tanning

A new program as of 2009 EH has opted out of the program although we still answer questions from the public. (36% State Aid, optional)

Tattoo Parlors

At this time no guidelines have been established by NYS DOH. We do answer questions and investigate complaints.

Public Health Preparedness

While not a core responsibility of the Environmental Health program, EH is frequently called upon to participate in drills to enhance preparedness of Public Health within Cortland County. In 2012 EH staff spent 0.13 FTE within these efforts. EH participated in the annual flu P.O.D. clinic exercise, Hurricane Sandy preparedness, and a critical medical supply delivery event.

HOSPICE

Hospice Interdisciplinary Group (IDG) team of professionals provides comprehensive services for end-of-life care, serving residents of Cortland County in the home setting of their choosing. Staffing includes provisions for after-hours coverage, addressing problems that may occur 24 hours a day, 7 days a week. The team consists of the Hospice Medical Director, registered nurses, a social worker, chaplain and other professionals (such as specialized therapists and office support staff), as well as volunteer personnel. In addition to the "people" providing direct care services, hospice pays for and provides medications related to the terminal illness, related medical supplies and equipment and different levels of care to help meet needs (such as inpatient respite care to give families a break).

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

Staffing: 5.8 FTE, plus on-call registered nurse coverage and volunteer personnel.

Highlights: Clients served in 2012 ranged in age from 39 to 95 years.

Mandate/Regulations: The regulatory climate is changing to include initiatives for more national benchmarking with an emphasis on quality of care, which has always been and will continue to be a hospice priority. Tracking methods are in place to comply with the increasing amounts of data required for submission to national and state databases.

Essential stats: Comparisons of Cortland hospice's service statistics and cost data to regional, state and national hospice data show that Cortland hospice provides equal level of care and service far more cost-effectively than other hospices. *

	Cortland	**Upstate NY**	**NYS**	**National**
Cost per patient	$6,660 (2012 data)	$8,049 (2008 data)	$11,356 (2008 data)	$9,144 (2008 data)

[*Please note: Cortland 2012 data on cost per patient is compared to the most recent 2008 data of other hospice programs- a comparison gap of 4 years, with rising prices in everything that hospice is required to provide, including pharmaceuticals and medical equipment.]

Challenges/barriers: Many misconceptions about hospice care remain to be addressed. Community education is ongoing to correct such misunderstandings and remove false barriers to accessing hospice care. One of the most prevalent misconceptions is that all home care agencies "do the same thing". They don't.

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 continue to balance out ultimately to no cost to the county. Link to the Hospice Foundation website from the CCHD website or directly at www.cortlandhospice.org

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