Cortland County Health Department
Annual Report
2013

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http://cchd.cortland-co.org

Currently the Cortland County Health Department employs 64 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

What a difference a year makes! Without the challenges of operating a Certified Home Health Agency we have been able to focus more on our public health priorities. Much of 2013 was spent retraining and cross training staff, revamping and writing policies and procedures and developing a vision for the future.

The year began with significant changes in operation when State Department of Health introduced draft regulatory changes to core public health services, to be enacted as a part of the governor's budget. These changes would increase our base grant by $100,000 and allow us to bill for STD services (with patient permission), while modernizing current STD law. We submitted our written comments to DEC regarding hydrofracking and were pleased when, in March, the NYS assembly passed legislation that would delay all hydrofracking pending the completion of a Health Impact Assessment, with which the Commissioner of Health was charged.

Technology was at the forefront of our communication efforts as we updated our website, started the process to join HealtheConnections- the Regional Health Information Organization (RHIO) and were awarded a NYSDOH grant to purchase a billing software system for immunization clinics. Clinical staff continued to deal with the impacts of our drug abuse epidemic, as at risk children, under age three, were referred for developmental screening by DSS. Many were referred for further evaluation and qualified for Early Intervention services.

The County Health rankings, released in April, saw Cortland County drop in the rankings to number 43 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. The Community Health Assessment, conducted in collaboration with Seven Valleys Health Coalition, further defined our health indicators and outcomes. Our Community Health Improvement Plan, developed jointly with Cortland Regional Medical Center chose "Chronic Disease" and "Healthy Mothers, Infants and Children" on the two areas of focus over the next four years.

Budget planning again presented some challenges. The proposed 2014 budget was reduced by a 3% cost to county and eliminated 2 full time positions. The announcement that our long term Hospice Director would retire early in 2014 prompted discussion with Hospicare and Palliative Care Services of Tompkins County on merger and acquisition.

Flu season started slowly but required, for the first time, that all employees of LHD, in addition to hospitals and other licensed facilities, be vaccinated against flu or wear an appropriate mask to limit transmission. Health Department had a compliance rate of greater than 97%.

Cardiovascular disease remained the primary cause of death in Cortland County residents in 2013 (117 of 540), with cancer (83 of 540) following behind old age/dementia (91 of 540). The major underlying risk factors were smoking (13%), hypertension (6%) and diabetes (4%). As we implement our four year Community 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.

Cortland County Health Department

2013 Fiscal Overview

	Expenditures	**Revenue**	**Net Cost**
Health Admin	$996,469	$1,730,445	($733,976)
Nursing	$768,652	$187,433	$581,219
Environmental Health	$589,460	$304,529	$284,931
JCRH	$782,315	$700,814	$81,501
Hospice	$650,116	$562,287	$87,829
Children w/ Special Needs	$1,078,484	$645,665	$432,819
Pre K	$1,987,240	$912,609	$1,074,631
Youth Bureau	$31,917	$43,435	($11,518)
TOTAL HEALTH DEPT	**$6,884,653**	**$5,087,216**	**$1,797,437**

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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.

COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN

After completing the Community Health Assessment CHA , staff assumed responsibility for developing the Community Health Improvement Plan CHIP .

They formed a team for each chosen area (Chronic Disease and Healthy Women, Infants and Children), with representation from each division. They also began to organize their community collaborators and by year's end, were well on the way to implementing change.

CORTLAND COUNTY BOARD OF HEALTH
2014

Barry L. Batzing, Ph. D. President	Term Expiration 12/31/2019
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 12/31/2015

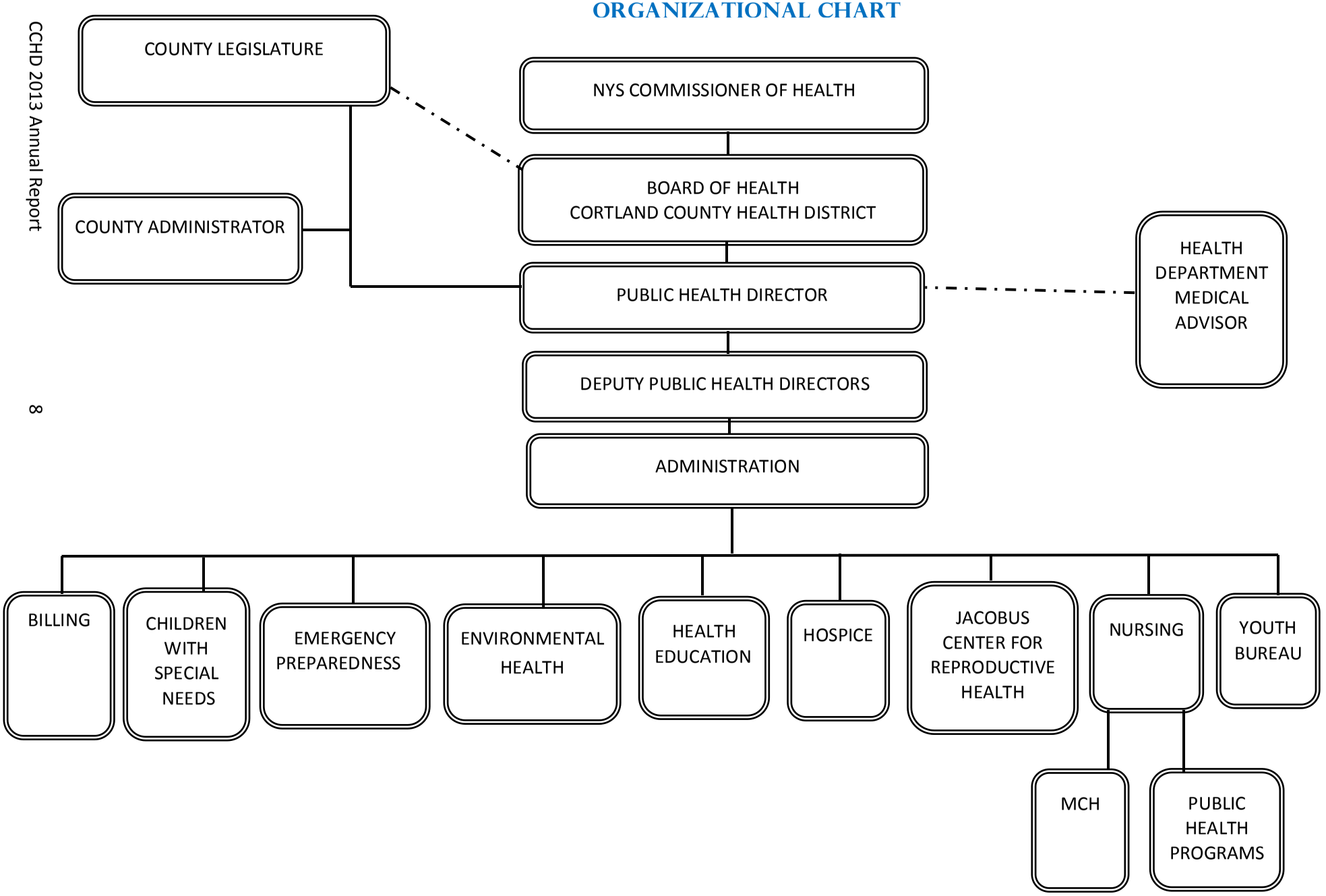
Meeting Schedule:

The Board of Health meets every third Tuesday of the month in the Cortland County Office Building, Room 304 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. Ours was completed this year (2013). 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/#!cortland-counts/cwns

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. In 2013, a part time Deputy Public Health Director was responsible 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. LHD's must show every effort to obtain reimbursement from third party payors and/or to refer clients for health insurance, prior to billing SDOH for clinical services delivered to vulnerable populations.

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 medical needs shelters, pandemic influenza, radiological response, 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 participate in Emergency Preparedness drills and exercises on an on-going basis. Emergency Management strategies (Examples: 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: The county government 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 its required plans separate from a larger plan. However, the County is beginning to address this issue in 2014.

Cost/Revenue: State Emergency Preparedness Grant pays Cortland County $49,336 in 2013-2014.

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 (Abolished 1/1/14) 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 ($47,765) 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.

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 $\geq$ 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 2013 Five hundred thirty four (534) screening and diagnostic services for cancer were paid for by the CSP. The CSP staff has made strong collaborative relationships with Cayuga Medical Center and Cortland Regional Medical Center.

Cost/Revenue: Fully grant funded by NYSDOH Cancer Services Program Grant ($128,791) for personnel and OTPS, $66,413 for patient services), and TC3's BIG PINK Trust Fund Donation ($10,279.26).

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 Outcome Goals: (1) Create a local environment that successfully demands passage of one or more local laws or regulations that either; a. requires tobacco products to be kept out of consumer view inside all non-adult-only retail establishments; b. restricts the number, location, and/or type of retailers that sell tobacco products within a municipality jurisdiction; c. restricts the redemption of coupons or use of multi-pack discounts from licensed tobacco retailers. (2) Create a local environment that successfully demands passage of one or more local laws or regulations requiring tobacco-free parks, playgrounds, grounds, and/or entranceways. At least one major employer will adopt a tobacco-free outdoor air policy including worksite grounds, parking lots and proximity to building entranceways. (3) Engage in sustainability efforts as outline by the NYS Tobacco Control Program. (4) Engage in infrastructure development efforts as outline by the NYS Tobacco Control Program. (5) Complete a local level evaluation project.

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 (P.H. Projects Assistant position abolished 12/31/13)

Highlights: (not all inclusive)

- SUNY Cortland's tobacco-free (including e-cigarettes) campus policy went into effect Jan. 1, 2013.
- The Cortland County Board of Health, including several prominent organizations, adopted written resolutions in support of ending the sale of tobacco in pharmacies.
- The Homer Congregational Church adopted a written policy that prohibits smoking on its property, including the Homer Green.
- Cortland Health Center, Copeland Avenue Counseling in Homer, the 1890 House Museum, Homer Farmers Market, Small Hands Daycare and Crown Center Nursing Facility and Rehabilitation Center adopt 100% tobacco-free grounds policies.
- Tobacco Free Cortland partnered with the Cortland Transit Coalition in bringing attention to elected officials the problem of smoking in taxicabs.
- Numerous Downtown Cortland businesses and community members help celebrate the 10th anniversary of the expanded Clean Indoor Air Act.
- Tobacco Free Cortland collaborated with local grocery store P&C Fresh on the Great American Smokeout to draw attention to the problem of tobacco marketing in stores. P&C Fresh owners made a conscious decision to not sell tobacco products in its stores.
- Tobacco Free Cortland and the Team ACT Cessation Center are working with the Cortland County Mental Health Department to improve patient cessation treatment and to plan, develop and communicate a tobacco-free grounds policy.

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 5 of a 5-year grant.

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

Purpose: Implement sustainable policy, systems and environmental changes in an effort to prevent chronic disease. The approach emphasizes supportive environments and population-wide efforts that accelerate improvements in individual health behaviors and health outcomes with the prevention of type 2diabetes and obesity as the primary targets.

This is done through promotion of a healthy community. For example: easy access to information/instruction on how to obtain, grow and prepare healthy foods, promote home or community gardens, exercise opportunities in the community (walking, biking or hiking trails).

Highlights:

- Increased use of Lehigh Valley Trail at Lime Hollow and participation in nordic events.
- TV commercials with local footage that educate about proper bike/vehicle and pedestrian safety issues.
- Common Ground Community garden established in the City of Cortland.
- Local stores featuring produce through the "Harvest to Home" campaign are featured in media promotion reminding the community of where produce is available in their neighborhood.

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 increase access to healthy foods in high need areas.
- 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 walk and bike as part of their daily commute
- 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

Cost/Revenue: Fully Grant Funded ($175,000) to the Seven Valleys Health Coalition of which Cortland County Health Department receives-$25,400 -for its share of staff salary and fringe.

Supervising Health Educator is in-kind ($5,878) - ensures health educator meets grant deliverables, participates in coalition initiatives and acts as a liaison with County Legislature and Board of Health.

YOUTH BUREAU

Cortland County Youth Bureau employs one .5 (FTE) Public Health Programs Manager.

Purpose: The Cortland County Youth Bureau is charged with the responsibility of developing and accounting for a county wide system of youth services. To reach this objective, the Youth Bureau networks with county municipalities and not-for-profit agencies within the county.

The primary function of the Youth Bureau is to develop a three year plan with the Department of Social Services which includes data to determine youth needs and problems in the county and strategies to address these issues. Based on this plan, the New York State Office of Children and Family Services allocates funds to the county through the Youth Bureau to meet these needs and concerns.

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 $61,183 in 2013.

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: These programs focus on prevention services for women and their infants. The MCH team collaborates with the local birthing hospital on prenatal and postnatal initiatives like the importance of flu vaccination for pregnant women and Tdap immunizations for new parents, infant caregivers and family members.
The Quality Improvement Committee (QIC) serves as the quality oversight for services provided under the Licensed Home Care Service Agency (LHCSA) meeting quarterly.
Late 2013 CCHD received a grant from NYS DOH to purchase an electronic medical record (EMR) and billing system which will be up and running by mid-2014.
The MCH team has an ongoing collaboration with local DSS, working closely with young families at risk.
The MCH and Immunization teams are working together to outreach to the Amish community through the local midwife, religious leaders and individual families.

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

Essential Stats: In 2013, 336 women and infants were referred and 256 admitted to 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.

Cost/Revenue: MOMS visits are billable under Medicaid. MCH visits may be billable to the woman's insurance depending upon their policy or are partially funded 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. 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: Program staff identified a need for an adult homes and LTCFs forum where infection control staff could support and learn from each other. An initial meeting was convened early in the year with a focus on infection and outbreak control, immunization best practices, and other pertinent topics identified by the group. An objective set by the committee is policy and/or best practice development in these key areas through collaboration. The committee met quarterly and while CCHD facilitates these meetings currently, the long-term plan is for agencies to take the lead, making meetings their own. Participation has not been as good as we had hoped but this is a great start.

The Immunization Coalition planned and presented an educational outreach event in the fall for medical providers and their staff to address Cortland County's low childhood immunization coverage level (41%) as reported by NYSDOH in 2013. The format provided for round-robin training sessions and a keynote speaker to address some of the barriers to immunization, as reported via a local provider survey. The keynote speaker, Dr. Joseph Domachowske, Pediatric Infectious Disease Physician from SUNY Upstate Medical University, and the program was very well received.

Immunization staff continued to encourage Tdap vaccination of expectant parents, other family members and caregivers through a collaborative effort with the MCH team and CRMC birthing unit staff. Tdap vaccine obtained through Sanofi's GIFT Program and from the Hurricane Sandy supply allowed continued vaccination of adults without insurance that pays for Tdap or adults with barriers to access.

Immunization staff is actively collaborating with MCH staff to provide outreach to Cortland County's Amish communities through the local midwife, religious leaders and individual families.

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 2013 (excluding influenza) was comparable to those received in 2012. Hepatitis C continues to be on the rise with 8 new chronic cases and 3 acute.
There were several cases of salmonella reported with a common source of exposure being baby chicks in early spring. Risk reduction messaging is planned for early spring 2014 as a preventive measure.
The number of Lyme disease reports has doubled in 2013 however the percentage of confirmed cases remained about the same (2013 – 20%, 2012 – 32%, 2011 - 22%). Most of the reports came in August through November.
Influenza activity was widespread in New York State for twenty two weeks of the 2012-13 season with 153 cases reported in Cortland County.
NYSDOH reported several disease outbreaks throughout the state. Cases of measles and pertussis affected primarily downstate and Western NY, while outbreaks of noroviral-like illness and influenza disease were reported across the state. Several outbreaks of norovirus associated with celebrations and events held at hotels and restaurants were identified throughout the state. No outbreaks were identified in Cortland County but this provided good cause for stressing the importance of up-to-date immunizations for all county residents, compliance with NYSDOH pertussis control guidelines, the development of outbreak control guidelines/practices in Adult Homes, and the importance of early reporting.

Challenges/barriers: Outbreaks must be addressed at the onset and they draw significantly on limited local resources. The primary focus this year was on early messaging as much as possible in an attempt to prevent outbreaks.
Three scabies outbreaks occurred in a Long Term Care Facility (LTCF), a Licensed Home Care Service Agency (LHCSA), and an adult home. The latter two were most difficult to contain because clients and residents went undiagnosed for months, despite seeking medical care. Clients had received services through various homecare and other human service agencies, which raised concern about additional spread. The outbreaks were further complicated when caregivers and some of their family members also became infected.
Despite the recommendation from CDC and NYSDOH to continue to vaccinate patients throughout flu season, some providers did not maintain an adequate vaccine supply resulting in fully insured families upset and frustrated over their search for influenza vaccination. The 2014 -15 flu season will bring additional challenges as one large medical practice has decided not to offer flu vaccine to their adult patients.

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: .34 FTE Nursing, .36 FTE Medical Services Clerk time along with assigned Environmental Health staff

Highlights: NYS Child Health Lead Poisoning Prevention Program Data as of June, 2013 continues to show Cortland County's testing rates well exceed the NYS average and those in other counties.

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: The number of 1-2 year old children lead tested in 2013 was comparable to 2012.

Challenges/barriers: The primary barrier to higher testing rates is lack of parental follow-through when given a lab requisition to take their child for lead testing, and no follow-through on the part of the office to assure it gets done.

Cost/Revenue: Lead Poisoning Prevention Grant ($39,774 for 2013-14) 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: .78 FTE Nursing and .38 FTE Medical Services Clerk time

Rabies Staffing: .10 FTE Nursing time

Highlights: Late in 2013 the Cortland County Health Department Immunization Program was awarded a $40,000 grant to help offset the purchase of an electronic medical record and billing system. The goal of the grant is to maximize billing efforts and allows for the system to be utilized beyond just the immunization program. It is anticipated that the system will be up and running by mid-2014.
Staff continued the 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.
Staff worked on improving access to pertussis vaccination for at-risk individuals, primarily women of child-bearing age, pregnant women and other adults in close contacts with infants.
Staff worked on improving access to influenza vaccination for those without insurance that pays for it, through public clinics 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 target population and collaborate with the agencies that serve them while reducing associated costs, such as advertisement.
Staff worked on improving tracking and monitoring immunization coverage levels of one and two-year-olds linked to immunization outreach initiatives and other community programs.
Staff implemented a sliding fee-scale for immunizations.
Staff worked on improving additional accountability measures to assess and assure Medicaid compliance.
Staff continued successful collaboration with the Maternal Child Health team resulting in improved outreach activities and increased efficiencies.
A national shortage of Tubersol for TB skin testing affected our ability to provide routine skin testing for employment purposes but did not impact public health.

Mandate/Regulations: No mandates or regulatory changes.

Essential stats: In 2013, 275 people attended regular immunization clinics, 98 flu vaccinations, 178 other vaccines and 92 TB tests were provided. 11 special clinics were held off-site providing under/uninsured adults with influenza vaccination and 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.

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

Challenges/barriers: Visits to provider offices in 2013 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 which we will continue to address.
Local medical specialists are not routinely vaccinating their patients, some referring insured patients to CCHD. This is a problem as local health departments arre mandated to prioritize uninsured/underinsured populations.

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, 1.4 FTE Clinic Aides and 2 FTE support staff 1 FTE Health Educator with division oversight provided by 1 FTE Jacobus Center Director.

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 are available as well as immunizations for Hepatitis A & B, Tdap, flu and [HPV (Human Papillomavirus)- not at this time – are considering purchasing for insured patients]. JCRH staff also provides mandated communicable disease tracking for STD cases.

Staffing: .2 FTE NP; .14 FTE MSCs; .03 FTE RN; .14 FTE Clinic Aide; .05 Jacobus Center Director.

Highlights:

- There was a 14% decrease in Cortland County Chlamydia cases from 2012 to 2013.
- Expedited Partner Therapy (EPT), treating the sex partners of patients diagnosed with Chlamydia, is employed.
- A Chlamydia Quality Improvement team continued to review data 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. Gonorrhea cases were tracked for a possible upward trend.
- Public outreach and education is conducted in the community and schools

- Of the reportable Communicable Disease cases in Cortland County, 54% were STD cases. A JCRH RN performs tracking, and follow-up as appropriate, for STD cases.
- JCRH staff provided 70 vaccinations for HPV, flu, Tdap, Hepatitis A, Hepatitis B and Twinrix at STD visits.
- Reminder calls helped to decrease the no show rate for STD Clinic from 35% in 2012 to 25% in 2013.

Mandate/Regulations: The County is mandated to fund diagnosis and treatment for reportable STDs, including Chlamydia, gonorrhea, and syphilis. Communicable Disease surveillance is a mandated service under Public Health Law Article 21. JCRH staff provides the surveillance for reportable STDs.

Essential stats: In 2013, there were 396 people seen in STD Clinic for 460 visits. 347 HIV tests and 1,181 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 46% of Cortland's positive Chlamydia cases in 2013 were diagnosed in the JCRH STD Clinic. The decrease from 60% diagnosed by JCRH in 2012 does not reflect a decrease in testing at the JCRH, rather an increase in testing by other providers (as encouraged in the memo sent to providers).
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. "Hooking up" through social media sites, eBay and smart phone apps (using GPS to locate someone nearby) bypass the need to know partner names, making it virtually impossible to follow-up with partners. 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.

Cost/Revenue: Costs involve staff time, testing materials and lab fees. Insurance/Medicaid and patients could not be charged for covered STD services in 2013. Billing will be implemented in 2014. 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: 1.78 FTE NPs; 1.84 FTE MSCs; 1.48 RNs; 1.23 Clinic Aides; 1.0 FTE Health Educator; .95 Director of Jacobus Center

Highlights:

- Research shows that for every $1 spent on family planning services, $4 is saved
- The Jacobus Center services averted 343 unintended pregnancies (127 for teens) in 2013 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 338 educational programs for 6,186 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 180 vaccinations to clients in the family planning clinic in 2013 including Tdap, HPV, flu, Hepatitis A, Hepatitis B and Twinrix.
- [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. 2014 report not completed yet]
- 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 2013, 1437 patients were seen for 2771 visits. 70% of these patients were at or below 100% Federal Poverty Level, with 85% at or below 150% FPL. There were 1,825 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
- Working with the Ahlers software system has been a challenge in terms of billing and data retrieval [should be greatly improved with EHR system]

Cost/Revenue: Reimbursement from 3rd party payers, Title X Family Planning Grant ($372,431), 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 staff, 1 FTE Supervising Early Intervention Service Coordinator

Highlights: In 2013 Cortland streamlined procedures and utilized computerized spreadsheets to assist in data collection and documentation.
Staff prepared for the adjusted workload related to the impact of new billing procedures in 2013 working with the new DOH fiscal agent.
Staff worked closely with LEICC to address local performance indicators.
EI staff attended state sponsored mandatory trainings in order to keep current with program changes as trainings became available.
EI and Child Find Programs continue to work closely with the Cortland County Department of Social Services and the Maternal Child Health Program to identify children at risk for developmental delay.
The Child Find Coordinator works closely with local physicians to determine the developmental status of children enrolled in Child Find. In addition the Coordinator, when needed, helps families secure a medical home for their children and obtain health insurance.

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: 137 referrals were made to EI in 2013 and 153 children received services. 32 referrals were made to Child Find in 2013 and 43 children were tracked. The county clinical team completed 80 evaluations and provided 2151 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 2013 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. Additionally we saw an increase in the number of children diagnosed with hearing loss. These cases are challenging since there are limited services in Cortland County that focuses on children birth to 3 with hearing deficits. On-going coordination with Hear-2-Learn in Syracuse has helped in the development of service plans for these children. 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 2013-14 grant year amount is $21,880) 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 including 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. Contracts for several new service providers were obtained in 2013-14 thus increasing options for special education, related service and evaluations.

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 2013, 208 students were served in the Pre-K program (59 students received center based programming and 130 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 54 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.
Medicaid is billed for certain clinical Preschool services such as speech, occupational and physical therapies. Documentation requirements create a complex documentation and billing process when seeking Medicaid reimbursement.
The need for specialty providers remains a challenge as these service agencies are housed in larger surrounding cities. The result is families or providers traveling longer distances, which is not cost effective.

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 professional staff

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 worked one-on-one with consumers 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 were 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 was employed by CCHD and .5 FTE enroller subcontracted through Cortland Regional Medical Center.

Highlights: The Facilitated Enrollment grant was terminated on December 31, 2013. The Health Benefit Exchange (HBE) began insurance enrollments in October 2013 offering assistance and navigation through the exchange. The HBE is part of the Affordable Care Act. Navigation and enrollment is provided by Community Service Society of New York through a subcontract with the Cortland County Chamber of Commerce and the Southern Tier Independence Center. Additionally Family Health Network received a grant that supports one application counselor and associated outreach. Cortland County Health Department staff will work collaboratively with these agencies to ensure a smooth transition for the public.

Mandate/Regulations: none

Essential stats (comparison): In 2013 the FE program completed 308 applications (family and individuals) resulting in 113 adults qualifying for Medicaid or Family Health Plus, 189 children for Child Health Plus and 99 enrolled in Medicaid.

Challenges/barriers: It remains a challenge to identify and/or account for the actual number of uninsured in 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 NYSDOH although program activities often overlap so not all time is easily assigned to the programs listed below.

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 2013 .47 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. A total of 1055 animals were vaccinated- 349 cats, 701 dogs and 5 ferrets. Cortland Regional Medical Center continues to take 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 2013, there were 208 incidents investigated, 117 pet confinements, 39 rabies specimens tested and 18 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 $13.702. 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 2013 .11 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 2013 seventy three (73) 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 public health standards are met in hotels, motels and campgrounds thus affording the highest degree of protection possible to the occupants.

Staffing: In 2013 .04 FTE was spent in this program.

Highlights: none

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

Essential stats: In 2013 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. 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 2013 .04 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 Sanitary Code is different from the State Building Code in that the local health 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 2013, four (4) complaints were investigated with follow up inspections.

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. Prevention of tick borne infection continues to be a focus of the Environmental Health Division. EH has distributed signs and information to municipalities having public participation in areas which might be prone to ticks for the purpose of prevention on Lyme disease. Articles have also been prepared and published in local publications. Currently EH, Nursing and Health education are partnering to further disseminate public knowledge on awareness and prevention.

Staffing: In 2013 .02 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 .77 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. . The loss of a full time sanitarian in 2013 required much overlap from other portions of EH to perform all of the needed food service activities. A full time contingent Sanitarian has since been hired and is helping to close this gap.

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 2013 0.94 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 seven (27) community, six (6) non-transient non-communities, and fifty six (56) non-community public water supplies monitored in 2013.

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. At the same time as increased work load, there was a reduction in the State Drinking Water Grant from $100,180 to $97,241 in 2013.

Cost/Revenue: Funded through the $97,241 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 2013 .12 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 were approximately 50 permits in 2013.

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

Cost/Revenue: Funded through the $97,241 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 2013 .10 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 $97,241 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 2013 .23 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 422 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 $97,241 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 2013 .02 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 2013 0.89 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 were approximately 60 permits issued in 2013.

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 $97,241 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 2013 .08 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 eight (28) 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 2013 .17 FTE was spent in this program.

Highlights: There were no disease outbreaks in 2013. 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 eight (8) 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 2013 .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 2013, 1 complaint was 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 $164,825.00 for 5 years '13 – '18.

Lead Poisoning 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 2013, .16 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 2013 one (1) lead inspection was 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 2013 .06 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 2013 there were forty six (46) tobacco retailers and three (3) 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 $164,825.00 for 5 years '13 – '18. 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 2013 .10 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 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 2013 .14 FTE was spent in this program.

Highlights: Cortland County has some of the highest indoor radon levels 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: 44 Radon test kits were distributed to the public in 2013. GIS mapping was prepared in 2013 showing results of radon testing throughout Cortland County.

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 2013 EH staff spent 0.09 FTE within these efforts. EH participated in the annual flu P.O.D. clinic exercise.

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

Highlights: Clients served in 2013 ranged in age from 44 to 103 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	$7,740 (2013 data)	$8,049 (2008 data)	$11,356 (2008 data)	$9,144 (2008 data)

[*Please note: Cortland 2013 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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