

Cortland County Health Department Annual Report 2016



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

60 CENTRAL AVENUE
CORTLAND NY 13045
PHONE 607-753-5135 FAX 607-753-5209
[HTTP://CCHD.CORTLAND-CO.ORG](http://CCHD.CORTLAND-CO.ORG)

Currently the Cortland County Health Department employs 55 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.

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LETTER FROM THE PUBLIC HEALTH DIRECTOR

The Year in Review

*Catherine Feuerherm
Public Health Director*

Public Health is rapidly changing at the national, state and local levels. Funding cuts, an aging PH workforce and the ever increasing demands of emerging diseases and regulatory changes often result in reactionary as opposed to preventive measures. Yet in 2016 we managed to rise 7 points in the [Robert Wood Johnson's County Health rankings in NYS](#) to #41! Much effort was expended in accomplishing the interventions set forth in the Community Health Improvement Plan and in developing new priorities and goals for the updated version. We are thankful to our community health partners for their collaborative approach and dedication to the health of Cortland County residents.

Our Board of Health experienced some changes in 2016. Long term member Sandra Attleson, RN and Dr. Chris Moheimani left but we were joined by Mary Wright, VP of Nursing at CRMC and Dr. Mezu-Patel, local infectious disease doctor. Both contribute valued expertise to public health decisions.

The emergence of Zika virus, though not evident in our geographic location, required the development of a plan for surveillance, education and testing. Pregnant women who tested positive for Zika virus are enrolled in a central registry for tracking the long term effects and potentially poor pregnancy outcomes associated with the disease. We continued to deal with Legionella, with fewer cases (9) than the previous year (17). We were unable to locate a single source of infection. The new cooling tower regulations were implemented and much time and effort spent identifying the units and assisting owners with the required state registry.

The Innovative Readiness Training (IRT) conducted in July proved to be a huge success. Many staff hours went in to planning and staffing the event. Not only did residents obtain medical services at no cost, but over 800 residents were surveyed regarding their perceived unmet health needs (dental health, affordable health care and mental health) and non-health needs (employment, drugs and housing) in the county. In June, we became the 5th county in NYS to pass T21- a local law prohibiting the sale of cigarettes to anyone under age 21. This was a major win for Cortland County, where rates of smoking remain higher than NYS averages and smoking continues to be a major contributor to chronic disease and early death.

Dental health was identified as an unmet health need in our community wide survey. Cavity Free Cortland launched a major fluoride campaign that included fluoride varnish trainings for medical providers and education regarding the benefits of community water fluoridation (CFW). Despite the availability of funding for municipal fluoridation systems and a Board of

Health resolution supporting CFW, the measure was not supported by the city council or the county legislature. Marathon continues to be our sole community water system that is fluoridated, providing a valuable health benefit for village residents and the children who attend Marathon Central School District. We commend their continued dedication to what CDC calls one of the greatest public health achievements of the 20th century, citing “water fluoridation remains the most equitable and cost-effective method of delivering fluoride to all members of most communities”.

The community continued to deal with the drug epidemic. While we saw a decline from overdose deaths, Narcan distribution increased as did access to treatment. More babies were born addicted to drugs, placed in foster care and referred to the Early Intervention system, prompting us to add “promote mental health and prevent substance abuse” as a priority area to our community health improvement plan update for 2017.

As rates of Chlamydia and Gonorrhea continued to soar, a resurgence of Syphilis in MSM became apparent at the national and state level. The sexual transmission of viruses like Zika and Hepatitis C, with long term negative health impacts and our continued high rate of unplanned pregnancy speak to the important role our family planning/STI clinic (Jacobus Center for Reproductive Health) plays in caring for our most vulnerable residents. Our strategic planning to increase efficiency and lower costs paid off and thanks to the great work of all staff, the clinic finished 2016 in the red – a bright outlook for 2017!

BIRTHS AND DEATHS

507 Cortland County children were born this year, a 9% increase from the previous year. There were 377 deaths reported. 174 (46%) were over age 80. Women outlived men almost 2:1. Cardiovascular disease remains the leading cause of death, followed by cancer. 37% of cancer deaths are from lung cancer. Nineteen percent of deaths were attributed to smoking and a median age of 60-70 years. This is consistent with 2015 data and different from the downward trend seen in the previous two years. There were 7 suicides and 4 unintentional drug overdose deaths.

It’s clear that the social determinants of health – the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life – impact health outcomes. We must continue to use our resources and political will to strengthen economic policies and systems, develop social norms and social policies that will result in a healthier Cortland.

2016 FISCAL OVERVIEW

	Expenditures	Revenue	Net Cost
Health Admin	\$1,583,137	(\$1,121,485)	\$461,652
Nursing	\$769,204	(\$449,515)	\$319,689
Environmental Health	\$586,702	(\$466,825)	\$119,877
JCRH	\$623,645	(\$707,601)	(\$83,956)
Children w/ Special Needs	\$1,011,220	(\$745,058)	\$266,162
Pre K	\$1,751,722	(\$941,536)	\$810,186
Youth Bureau	\$84,800	(\$60,779)	\$24,021
TOTAL HEALTH DEPT	\$6,410,430	(\$4,492,798)	\$1,917,632

PREVENTION AGENDA

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. 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 were asked to collaborate with the local hospital to identify two priority areas for the community and establish goals to measure progress towards expected outcomes. Cortland County Health Department and Cortland Regional Medical Center identified; *Chronic Disease* and *Healthy Women, Infants and Children*, as the two priority areas Cortland County Health Department will concentrate on through 2017. Specific activities, timelines and community partners are outlined in Cortland's [Community Health Improvement Plan](#) also known as CHIP.

In this third year of the Prevention Agenda, health department staff worked feverishly with community partners to implement the CHIP. Progress and data is reported to NYSDOH as required.

10 ESSENTIAL PUBLIC HEALTH SERVICES

American Public Health Association

The Ten Essential Public Health Services provide the framework for 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.

**CORTLAND COUNTY BOARD OF HEALTH
2016**

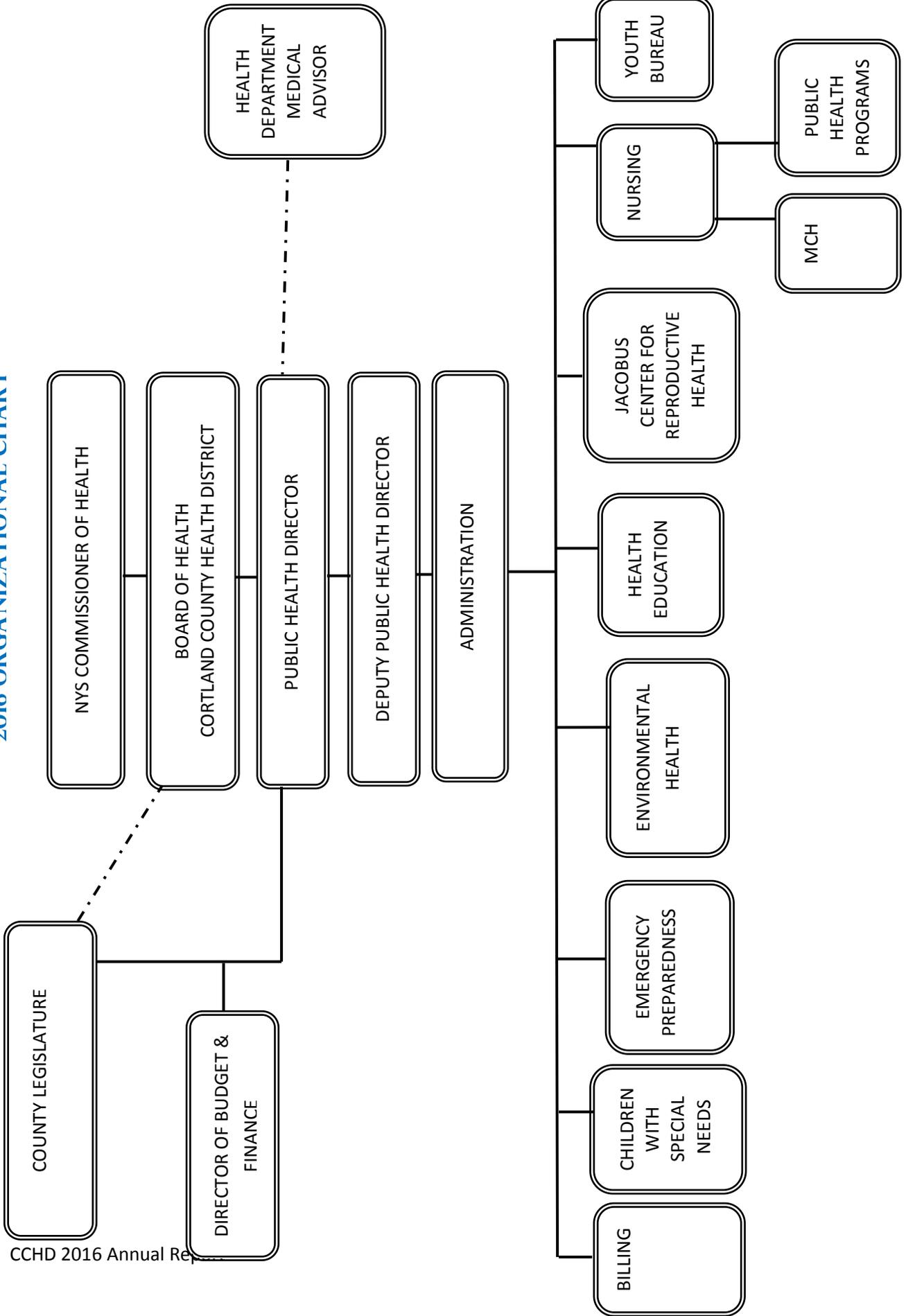
Barry L. Batzing, Ph. D. President	Term Expiration 12/31/2019
Marie Walsh Vice-President	Term Expiration 12/31/2020
Stuart Douglas, DDS	Term Expiration 12/31/2020
Cindy Johnson, MD	Term Expiration 12/31/2017
Ngozi Mezu-Patel, MD	Term Expiration 12/31/2022
Douglas A. Rahner, MD	Term Expiration 12/31/2018
Mary Wright, RN	Term Expiration 12/31/2021
Mary Ann Discenza Chair Health & Human Services Committee	Term Expiration 12/31/2017

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:](#)

**CORTLAND COUNTY HEALTH
DEPARTMENT
2016 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 County. With community partner input and participation, a document entitled [Cortland Counts, An Assessment of Health & Well Being in Cortland County](#) is produced and updated using Healthy People 2020 goals established by the Center for Disease Control (CDC) as a guide in establishing local priorities.

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 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 Advisor 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, oversees the Nursing and CSN Divisions, special projects and serves as the Health Department Corporate Compliance Officer. 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. One (1) PHN spends part-time on Emergency Preparedness duties.

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 on core public health programming. 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 offset the increased costs of preventive care covered under the Affordable Care Act. Decreased funding, staff lost due to attrition, an aging (shrinking) public health workforce and program cuts all contribute to a weakening public health infrastructure that will ultimately impact the health and well-being of our community. Grant funding is moreover targeting regional areas and multi- county applications, with emphasis on community collaboration. Climate change is real, with increasing environmental and impacts communicable disease surveillance and follow up.

EMERGENCY PREPAREDNESS

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

STAFFING: .6 FTE PHN

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 (ICS) and Risk Communication) are implemented during public health activities in order to maintain staff proficiency with these principles. Zika became the preparedness focus in 2016. Health Departments were required to develop a local response plan.

CHALLENGES/BARRIERS:

COST/REVENUE: State Emergency Preparedness Grant pays Cortland County \$53,500 in 2015-2016.

OPIOID OVERDOSE PREVENTION - NARCAN

PURPOSE: To help prevent deaths due to opioid overdose

STAFFING: .2 FTE Health Education

HIGHLIGHTS: A “train-the-trainer” opioid overdose protection program was implemented in 2015 in accordance with NYS regulations to equip those in the public community at risk of witnessing an overdose with the knowledge and tools necessary to reverse the overdose, and save lives. Twenty staff members are currently trained to dispense the Narcan kits and trainings are opened to the public every Tuesday and Thursday from 12:30-2:30 at the CCHD and by appointment. Outreach for the program was done through the CCHD Facebook page, along with flyers distributed throughout several county businesses/agencies/community partners. 284 people came to CCHD for kits from January-December 2016. Many off site trainings for business and agencies have been completed within Cortland County. The CCHD distributed 210 Narcan doses to local Cortland County law enforcement which includes Cortland City Police, Sheriff, SUNY Police, and Homer Police Department.

HEALTH EDUCATION

Health Education is a mandated public health service and employs 6 full time (FTE) Public Health Educators, 1 FTE Public Health Programs Manager and .60 FTE Nurse whose salaries are covered almost exclusively by the following grants. Staff duties include grant writing, grant administration, reporting and public education. The full time Public Health Programs Manager 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: .10 FTE Program Coordinator, .25 FTE Public Health Programs Manager

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

CHALLENGES/BARRIERS: The Child Passenger Safety grant was drastically cut in 2016-2017 so program staff had to search for alternative funding. The Cortlandville Fire Department and Auxiliary, Homer Fire Department, Onondaga Sheriff’s Department and Syracuse City Police Department donated cash or seats to our Traveling Tots program. Their generosity will make it possible for us to fulfill our commitment to the grant.

COST/REVENUE: Fully grant funded (\$42,978) by the Governor's Traffic Safety Committee (GTSC) through the National Highway Traffic Safety Administration (NHTSA). It 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. 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/Case Manager/Fiscal and .10 FTE Outreach/Recruitment Coordinator/Data Manager 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 and men 50-64 years of age. Provide education to decision makers, general public, local legislatures, businesses, and agencies about the importance of routine cancer screening and how to access screenings if there is a lack of insurance.

CHALLENGES/BARRIERS: Ensuring that clients complete recommended screenings timely and locating uninsured qualified men and women in Cortland and Tompkins Counties. Enrolling new clients has become a challenge because of the ACA.

HIGHLIGHTS: In 2016 (205) screening and (37) diagnostic services for cancer were paid for by the CSP. The CSP staff has made strong collaborative relationships with Cayuga Medical Center, Regional Medical Practice, Ithaca Free Clinic and Cortland Regional Medical Center, and Planned Parenthood.

COST/REVENUE: Fully grant funded by NYSDOH Cancer Services Program Grant (\$110,000 for personnel and OTPS, \$28000 for patient services).

TOBACCO FREE ZONE OF CORTLAND, TOMPKINS AND CHENANGO COUNTIES (INCLUDES REALITY CHECK)

NYS Bureau of Tobacco Control – Advancing Tobacco Free Communities

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

GRANT GOALS:

- Create a local environment that successfully demands passage of one or more local laws or regulations that either;
 - requires tobacco products to be kept out of consumer view inside all non-adult-only retail establishments
 - restricts the number, location, and/or type of retailers that sell tobacco products within a municipality jurisdiction
 - restricts the redemption of coupons or use of multi-pack discounts from licensed tobacco retailer
- Create a local environment that successfully demands passage of one or more local laws or regulations that requires 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.
- At least 380 multi-unit housing will be covered by a smoke-free policy in the catchment area. Create a local environment in at least one municipality that successfully demands passage of one or more local laws or regulations requiring all landlords to fully disclose their smoking policies to all current and prospective tenants.
- The Motion Picture Association of America will implement the “R” rating recommendation of the Smoke-Free Movies network.
- Engage in sustainability efforts as outlined by the NYS Bureau of Tobacco Control.
- Engage in infrastructure development efforts as outline by the NYS Bureau of Tobacco Control.
- Complete a local level evaluation project.

PROGRAMS: Tobacco Free Zone is a component of the NYS Bureau of Tobacco Control’s *Advancing Tobacco Free Communities grant*. Partnerships engage local stakeholders; educate community leaders and the public; and mobilize the community to strengthen tobacco-related policies.

STAFFING: 3 FTE Program Coordinators, .25 FTE Program Assistant, .15 FTE Program Manager; and one .50 FTE Program Liaison in Tompkins County.

HIGHLIGHTS: (not all inclusive)

- Tobacco 21 law passed in Cortland County. Law in effect October 1, 2016.
- City of Cortland passed an expanded tobacco-free outdoor law that goes beyond parks and playgrounds; includes buffer zone from entrances and outdoor events.
- Coordinated and held local youth training at Orenda Springs with about 75 youth and adult leaders from Central and Western regions.
- City of Norwich (Chenango County) passed a tobacco free outdoor park policy.
- Reality Check students from Cortland and Norwich attended the annual Statewide Youth Summit in Cazenovia.
- Reality Check youth leader, Katie Couture, won the Reality Check Central Region Youth Advocate of the Year Award at Legislative Day in Albany. Katie and her fellow Reality

Check members presented Point-of-Sale tobacco information to the Cortland Area Communities That Care Board and gathering support for action to minimize tobacco marketing and access.

- Forming Reality Check partnerships with Norwich, Ithaca Middle School, Trumansburg, and George Junior Republic schools.
- Kat Rhinehart, Cortland Junior Senior High School teacher and Relay for Life Club Advisor, was presented an award for being a local champion in tobacco control for Cortland County.
- In December 2016, HUD adopts rule to prohibit smoking within units/buildings funded 100% through HUD. Public Housing Authorities have through 2018 to implement. Ruling will change Cortland and Ithaca Housing Authorities current practice of allowing smoking. Norwich Housing Authority passed a smoke-free policy in 2014.
- Conducted a county-wide adult community survey in Cortland County.
- Raised awareness and collected signatures of support to get smoking out of youth-rated movies during the International Week of Action event at the Cinemapolis Theater in Ithaca. Provided similar information and collected support during Cortland City Youth Bureau's Movie Under the Stars summer movie series, JumpStart 10! Cortland County Youth conference, Greater Ithaca Activities Center, and SUNY Cortland.
- Janke Family Chiropractic, Upstate Rheumatology, and Cortland Line Company adopted tobacco-free outdoor worksite policies. 1000+ Worksite Wellness postcards were mailed to workplaces with 10 or more employees urging outdoor policies.

CHALLENGES:

- Hiring new full-time Chenango County Coordinator and a part-time Tobacco Free Zone assistant. Time dedicated to train new staff and introduce Chenango County to a new coordinator – re-building period.
- Overseeing 3 counties and juggling other agency requirements.
- Decision makers not prioritizing addressing tobacco use (even though tobacco use continues to be the leading preventable cause of death) or recognizing policy and environmental change vital in changing behavior.

COST/REVENUE: Fully grant funded (\$325,000) in year 3 of a 5-year grant.

HEALTHY NEIGHBORHOODS PROGRAM

PURPOSE: The goal of the Cortland County Healthy Neighborhoods Program (CCHNP) is to improve the design and maintenance of home environments to promote health, reduce related illnesses, and reduce fall risks among the most vulnerable populations.

GRANT OUTCOME GOALS: CCHNP staff conduct home visits to assess, educate and refer residents of homes in vulnerable neighborhoods to reduce asthma triggers, reduce the incidence of residential fires, non-fire related carbon monoxide poisonings, increase radon testing, reduce the incidence of elevated blood levels among children and reduce the number of hospitalizations and deaths due to falls among children and residents over 65 years of age.

STAFFING: 1 FTE Program Coordinator, .40 FTE Public Health Nurse.

HIGHLIGHTS:

- The grant year efforts began in April 1, 2016 and will end March 31, 2017.
- 280 Initial home assessments have been completed so far for this grant year.
- A total of 75 asthma cases were identified at initial visits.
- There were 80, 90-120 day revisits completed so far for this grant year.
- 195 referrals were made to other programs including but not limited to: code enforcement, fire department, weatherization, HEAP, landlords, primary care physicians, DSS, WIC, and health insurance.
- CCHNP staff provides home safety education and free safety measures at home visits, including smoke detectors, CO alarms, fire extinguishers, child safety items, flashlights, first aid kits, etc.
- A total of 69 streets/road were canvassed, these were both urban and rural areas
- 20 participants received a radon kit through the CCHNP. Each participant is assisted by the CCHNP staff in setting up the test, and receives a reminder call to send in the test kit within 2-4 days after test is opened.

CHALLENGES:

- Weather can be a barrier in canvassing many streets; cold temperature, unplowed roads and un-shoveled sidewalks make access to these streets difficult.
- Finding potential participants at home when canvassing is challenging. Door hangers and brochures are placed at each home on the targeted street, and staff continues to canvass at times other than the routine work day (evenings/weekends) as appropriate.

COST/REVENUE: Fully grant funded for personnel and OTP (\$127,791) per grant year.

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 allocate 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.

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 \$6,198 in 2016.

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 2.5 FTE RN/PHN, 1 FTE Community Health Supervisor, .5 FTE MSW 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: 2.5 FTE RN, 1 FTE Community Health Supervisor and .5 FTE MSW.

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.
- All visits are completed electronically with the only remaining challenge being access to WiFi. Nurses in the field are able to access remote internet in about 60% of Cortland County. Wireless connection, both in the field and County Office Building, continues to be a barrier to the full implementation of the EHR. Staff continues to work closely with the County IT Department to resolve technical issues.
- The MCH team continues an ongoing collaboration with local DSS, working closely with young families at risk. The impact of drug use/abuse in Cortland County is seen in the MCH population we serve. That includes pregnant women currently using, nursing visits done in the local jail, women accessing care late in their pregnancy or not at all, and babies born addicted.
- Through funding from the Breastfeeding Partnership, all the nurses on our MCH team became Certified Lactation Counselors in order to expand access to breastfeeding support to all new mothers in Cortland County.
- The MCH and Immunization teams work together to outreach to the Amish community through the local midwife, religious leaders and individual families.
- In 2016 the MCH team relocated to the Jacobus Center for Reproductive Health Clinic area with the goal to streamline women's services and facilitate referrals for pregnant and postpartum women served by both programs.
- The MCH supervisor, now located in the clinic area, oversees the day to day function of both programs and works closely with staff to more fully integrate the EMR.

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

ESSENTIAL STATS: In 2016, 250 women and infants were referred and 244 admitted to the MCH & MOMS programs.

CHALLENGES/BARRIERS: MCH is 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 private insurance and Managed Care Medicaid for MCH visits continues to be a challenge.

COST/REVENUE: MOMS visits are billable under Managed Care Medicaid. MCH visits may be billable to the woman's insurance depending upon their policy and/or 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. Additionally, there is a .3 FTE PHN that assists primarily in the Communicable Disease Program. The nurses are cross-trained and cover all public health programs and 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: 1.58 FTE Nursing and .1 FTE Medical Services Clerk time

HIGHLIGHTS:

- Monthly Ebola drills were halted at the start of 2016 and Zika planning took center stage.

CHALLENGES/BARRIERS:

- Legionella – The outbreak that started in 2015, continued throughout 2016. By mid-summer there were 21 cases associated with the outbreak. Despite extensive collaboration with CRMC and NYSDOH, an exposure source was not identified, and because appropriate testing was not done on majority of the cases, there is no way to know how many had a common exposure source.
- Varicella – An outbreak among infants at a daycare center started at the end of the year. The daycare was very thorough in their reporting and infection control measures, which helped contain the spread.
- Zika – Eight (8) individuals were referred for testing, all negative with the exception of one (1) pregnant woman.
- Tuberculosis - Client with active TB disease moved to Cortland from another county on discharge from the hospital. The client was initially on home isolation. Treatment requires nursing visits Monday – Friday for directly observed therapy (DOT). This treatment plan is expected to continue for through 2017.

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 investigated in 2016 (excluding influenza) was comparable to those in 2015.

- 53 reports of newly diagnosed Hepatitis C, and about half were in persons < 35 years of age, comparable to 2015. IV drug use continues to be the primary risk factor.
- Legionella – 15 cases reported, well above baseline for Cortland County prior to 2015.

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/REGULATIONS: 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: .54 FTE Nursing, .44 FTE Medical Services Clerk time along with assigned Environmental Health staff

HIGHLIGHTS: NYSDOH Lead Poisoning Prevention Program reported one and two-year-old blood lead testing rates for 2016, which were consistent with 2015. NYS changed their data collection method in 2015 from using birth cohort to the number of children residing in the county, which provides more accurate data.

ESSENTIAL STATS: 2016: 69% of one-year-olds and 67% of two-year-olds were tested
 2015: 68% of one-year-olds and 68 % of two-year-olds were tested
 Five (5) children from four homes reported with lead levels \geq 15 mcg/dL.

CHALLENGES/BARRIERS:

Three of the four homes with lead poisoned children were owner-occupied and old homes, with peeling and chipping paint or undergoing renovations without using lead-safe practices. Three children from two of the families were hospitalized for treatment. A pregnant woman and her two young children were exposed during renovations that she was doing. These cases involving the three children required extensive resources, and a lot of coordination with Environmental Health, The Regional Lead Resource Center at Update Medical, Department of Social Services, and another county where one of the families found temporary housing.

The primary barrier to higher testing rates continues to be a 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. This concern is addressed with each provider office that receives an immunization assessment which includes a summary of the lead testing status of the 19-35 month olds in the practice. The same recommendation made to the offices in 2015, that they reinforce the importance of the lead test throughout the office visit, was emphasized again this year. In addition, a meeting was held with the nurse manager for the two offices with the lowest testing rates for one-and-two year olds in 2015 to assess practices. A barrier was identified, and corrected. It was also an opportunity to show the nurse manager how to generate reports in the NYS Immunization Information System, where lead testing information is also easily accessible, to get lists of children due for lead testing in the seven days, 30 days, etc. The team will continue to monitor.

COST/REVENUE: Lead Poisoning Prevention Grant (\$40,297 grant year 2015-16) and State Aid. We are billing Medicaid Managed Care insurance successfully for Lead Nursing Home Visits.

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: .88 FTE Nursing and .6 FTE Medical Services Clerk time

RABIES STAFFING: .17 FTE Nursing time and .02 Medical Services Clerk

HIGHLIGHTS:

- Immunization staff continues to offer vaccinations to Cortland County's Amish communities. However, interest has declined since 2014, and the number of families

served is very few. A few home visits were made, primarily to continue vaccination series that were started.

- NYSDOH provided CCHD with publicly-funded vaccines for adults (VFA) without insurance or insurance that pays for vaccines. About half of the 44 adults who came to the soup kitchen, food pantries and rural services in Cincinnatus for influenza vaccination received VFA vaccine. Flu vaccinations were also administered to 29 inmates at the jail.
- Public Health Detailing committee was formed, and initial project focused on HPV vaccine to address the low coverage levels (3-dose series completion) for 13 year olds in Cortland County, 15.3%.
- Weekly joint meetings between Nursing and Environmental Health continued through 2016 to discuss reports of human exposure to animals that require additional follow-up to determine if human rabies post-exposure treatment is indicated. This quality assurance activity further ensures the prevention of human rabies. Although the post-exposure treatment (PET) is not provided at CCHD, a medical record is created for each person authorized for treatment, and the course of treatment is tracked and monitored to assure it is in compliance with NYSDOH guidelines.
- Billing meetings were held in 2016, although not as regularly as in 2015, but there other quality assurance measures are in place to assess and assure Medicaid compliance.

MANDATE/REGULATIONS: No mandates or regulatory changes.

ESSENTIAL STATS: In 2016, 303 people attended regular immunization clinics for routine vaccinations and 158 for tuberculosis skin testing. Some received both. Influenza vaccination clinics were held off-site throughout the county, for under/uninsured adults and those with access issues.

CHALLENGES/BARRIERS:

- NYSDOH reported that the vaccination coverage level for 19-35 month olds in Cortland County increased 30.74% from January 2013 – January 2017, the largest increase in the fourteen central county region. There were only five counties in the state that had a larger increase. The coverage level is 71.8%.
- Not providing all the vaccines due at each doctor visit is a missed opportunity, and is the main reason that the Healthy People 2020 goal of 80% has not been met yet. Despite the recommendation of the Advisory Committee on Immunization Practices (ACIP) these missed opportunities continue, especially at the 12-15 month old visit.
- The Human Papilloma Virus (HPV) vaccination rate among 13 year old Cortland County adolescents remain extremely low at 15.3% Local data indicates the vaccine is not getting the same provider recommendation as other vaccines routinely given at this age. Again, missed opportunities to vaccinate are largely the reason 13 year olds are being left unprotected. The Immunization Program staff is continuing to work jointly with Cancer Prevention Services to raise rates, and will address the issue in 2017 with the Immunization Coalition.

COST/REVENUE: Immunization Grant (\$30,000 grant year 2015-16) and State Aid funded. Client's insurance is billed when "in-network". The sliding fee scale is requested by the majority of self-pay clients.

ADDITIONAL PROGRAMS

- Cavity Free Cortland (CFC) convened a group of community stakeholders (11 agencies) concerned about the oral health status of Cortland County residents, with a special focus on early childhood caries (ECC) at the end of 2014. The group is led by Cortland County Health Department (CCHD) and Seven Valleys Health Coalition (SVHC). CFC worked hard to solidify support in the community among the stakeholder groups including, but not limited to CAPCO, Child Development Council, Cortland Regional Medical Center, and various medical and dental practices. A primary focus in 2016 was on Community Water Fluoridation, which had been identified as an intervention strategy in the early planning stages of the group. CFC met with City Council and the Mayor to provide information on the public health benefits of water fluoridation, and notified the council of the availability of a state funded grant for an engineering study. CFC surveyed community groups, planned community forums, and sponsored a nationally known water fluoridation expert to present at the forums. Unfortunately there was strong opposition to CWF on the part of a very vocal minority voiced by an anti-fluoride speaker from outside of Cortland. The City Council voted not to pursue CWF. The stakeholders regrouped and refocused on public outreach and community oral health education. Fluoride Varnish is another intervention strategy for oral health improvement and to date, there are 2 large practices offering the treatment to pediatric patients. CFC has brought community partners together to work on a common goal to better the oral health status of Cortland County residents and is committed to continuing the work of achieving the best outcomes possible.
- Fluoride varnish application was initiated in the Amish community and is done during home visits for immunizations. The previously established relationship between the Amish and immunization team is the key to their agreement to fluoride varnish. Unfortunately, there is little uptake, just two families. Varnish was applied to about a dozen children. While toothbrushes and toothpaste was provided to the children, it is apparent that good dental practices are not in place, and fluoride varnish alone will not prevent decay.

JACOBUS CENTER FOR REPRODUCTIVE HEALTH (JCRH)

JCRH is staffed by 2 FTE RN, 2 PT Nurse Practitioners, 2 PT Clinic Aides, 1.5 FTE support staff, .05 FTE Health Educator with division oversight provided by the Public Health 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.

STAFFING: .13 FTE NP; .20 FTE MSCs; .26 FTE RN; .13 FTE Clinic Aide

HIGHLIGHTS:

- There was a decrease in Chlamydia cases in Cortland County from 2015 (181 cases) to 2016 (168 cases) with Gonorrhea slightly up (14/17cases) and Syphilis (4/4 cases) stable from 2015 to 2016
- Clinic staff provide *Expedited Partner Therapy* (EPT), treatment for partners of patients diagnosed with Chlamydia
- Follow-up investigations are done on all Cortland County Chlamydia cases
 - The JCRH RNs perform tracking, communication with the regional office and follow-up for STD cases as appropriate
- Public outreach and education specific to STD conducted in the community and schools.
- A Public Health Detailing group was created which provided outreach to provider offices with a focus on Chlamydia (and other STD) testing & follow-up and HPV vaccination
- Rapid testing for Hepatitis C and HIV is available with appropriate referral
- STD Clinic services are billed as appropriate since the law changed allowing for STD billing in 2014
- 28% of Cortland’s positive Chlamydia cases in 2016 were diagnosed in the JCRH Clinic, a continuous decrease since 2012 and reflects an increase in testing by other providers

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 2016, there were 231 visits in our STD Clinic where 185 HIV tests and 529 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:

- 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
- “Hooking up” through social media sites 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

COST/REVENUE: Costs involve staff time, testing materials and lab fees. Clinic bills to Medicaid and private insurance and uses a sliding fee scale for 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: .85 FTE NPs; 1.3 FTE MSCs; 1.74 FTE RNs; .84 Clinic Aides; .05 FTE Health Educator; .5 Supervising Community Health Nurse

HIGHLIGHTS:

- Research shows that every \$1 spent on family planning services saves \$4.
- JCRH staff actively participated in Quality Improvement activities and project focusing on decreasing client “no show” visits, improving clinic efficiencies and improving STD follow up and reporting compliance.
- A new full time health educator was hired in the fall of 2016. She and two other staff were selected to participate in a statewide Learning Collaborative with the goal of increasing the number and proportion of clients served with incomes at or below the 100% Federal Poverty Level.
- Clinic staff met with NYS Title X program staff to assist with improving overall clinic efficiencies as well as billing and other administrative concerns.
- HCV testing continues to be available at the JCRH center along with public outreach and education regarding risk factors and the need for testing.
- In 2016 the MCH team relocated to the Jacobus Center for Reproductive Health Clinic area with the goal to streamline women’s services and facilitate referrals for pregnant and postpartum women served by both programs.
- The MCH supervisor, now located in the clinic area, oversees the day to day function of both programs and works closely with staff to more fully integrate the EMR.

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 2016 the clinic performed 1,583 FP visits. 80% of these patients were at or below 100% Federal Poverty Level (a 1% increase from 2015), with 89% at or below 150% FPL. There were 1,424 STD tests done in Family Planning Clinic, many of which would have otherwise been done at the STD Clinic (at 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 needing a sliding fee scale.
- Reaching under and uninsured people who would benefit from our services remains a challenge.
- In 2016 staff continued to make modifications to the Electronic Health Record (EHR) through staff training and systems changes. Overall clinic efficiencies continue to improve as is reflected in the increased revenue and patient count.

- NYSDOH continues to gather data from Family Planning programs through a system that does not interface with EHRs, so data must be entered into each system separately which is time-consuming.

COST/REVENUE: Reimbursement from 3rd party payers, Title X Family Planning Grant (\$367,487); COLA (\$34,154); Article 6; direct patient payments; 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 FTE, two .5 FTE and 1 per diem 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 2016 staff worked closely with LEICC to address local performance indicators.
- EI staff attended state sponsored mandatory trainings and webinars 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. As **needed** the Coordinator assists families secure a medical home for their children and referrals for assistance obtaining health insurance or any additional programs that may help the family with their identified needs.
- Efforts continue to go paperless as much as possible. EI Service Coordinators started using iCentral as a way to document and submit billing electronically. Program forms continue to be updated to simplify the documentation/paperwork process.
- Program is using social media to educate the community on child development and provide information on how to refer a child to EI for a developmental evaluation.

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: 129 referrals were made to EI in 2016 with 182 children received services. 48 infants were referred to Child Find in 2016 with 71% coming from the MCH Program and hospitals. The county clinical team completed 113 evaluations and provided 3289 therapy visits. EI sessions are provided in the child's natural environment (home or day care) with the exception of specialty services (ex: teacher of the deaf, audiology) where families transport their children to facilities where these services are provided.

CHALLENGES/BARRIERS:

- Lack of Integrated Classroom slots placed a burden on EI since children who qualified to transition into CPSE before their third birthday could not due to lack of availability. Keeping child in EI longer created waiting lists for the remaining EI children and overload on Service Coordinators.
- Inability to obtain insurance reimbursement in a timely manner. Much administrative time is spent on the phone working with insurance providers to obtain payment. In many cases coverage is denied and no reimbursement is provided.
- There has been an increase in the number children referred to EI/CF who test positive at birth for drugs. In many cases these children are in foster care and much time is spent engaging the biological parent to participate in the EI process. In addition, Service Coordinators spend a lot of time working with foster parents and DSS caseworkers.

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 2015-16 grant amount was \$21,880) which is 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 (FRC), 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.
- Quarterly meetings with area school district CSE/CPSEs, Head Start, Pre-school providers, SED and the Municipal representative continue to take place to address questions and concerns that exist in the program and try and problem solve solutions.

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 2016, 218 students were served in the Pre-K program (43 students received center based programming and 175 students received related services and/or SEIT in home/community based settings). Transportation, arranged for by Cortland County and provided through a 2 year contract with First Transit, was provided to 39 center-based students.

CHALLENGES/BARRIERS:

- In 2016 there was a shortage of Pre-k providers. Much effort was put forth working with current providers to find additional therapists to cover waiting lists. Lack of SEIT, OT and PT providers created long waiting lists for these services. Most impacted where children living in rural areas of the county.
- Lack of integrated program slots created a burden on the EI system.

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:

- Cortland County no longer has a Physically Handicapped Children's Program
- Referrals for Children with Special Health Care Needs are essentially phone calls from parents looking for information and referral.

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 2016, 0.41 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.
- Towns and Villages with websites post rabies clinic schedules which helps defray advertising costs.
- In 2016, CRMC continued to perform the entire PET series due to insurance billing issues (provider networks) and convenience to the individual undergoing treatment. Under and un-insured patients are scheduled and vaccinated through CCHD. CCHD ensures appropriate follow up with the remainder of the post exposure series through phone verification with the hospital and patient.
- The grant has undergone changes that now allow more flexibility for activities such as education and outreach.
- Quarterly report submission to NYS DOH is now done electronically.

MANDATE/REGULATIONS: This is a mandated service under PHL Title 4 Section 2140.

ESSENTIAL STATS: In 2016, there were 202 incidents investigated, 126 pet confinements, 22 rabies specimens tested and 40 human post exposure treatments arranged. The increase in human PET was due to bat exposure in a Children's Camp.

CHALLENGES/BARRIERS: Billing private insurance is challenging as this health department is often not a member of the client's "provider network".

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 treatment and NY 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 2016, 0.09 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 2016, 28 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. More properties have been identified with absentee landlords which increases the timeframe for resolution. Along with complaint investigation, the Health department provides outreach and education to the tenant on multiple issues. An increase in calls regarding bed bugs has been noted.

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 2016, 0.08 FTE was spent in this program.

HIGHLIGHTS: none

MANDATE/REGULATIONS: Mandated service under PHL Title 10 part 7 Subpart 7-1

ESSENTIAL STATS: In 2016 there were 21 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 2016, 0.01 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 which 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 2016, 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.

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 2016, 0.02 FTE was spent in this program

HIGHLIGHTS: NYSDOH required the preparation of a Zika Action Plan (ZAP). The species of mosquitos responsible for the spread of the disease are not prevalent in the Cortland County area. Travel related cases would be followed.

MANDATE/REGULATIONS: Non-mandated services PHL Section 602 Article 15

ESSENTIAL STATS: The primary focus has been personal protection and prevention from mosquitoes and ticks.

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 2016, 0.96 FTE was spent in this program.

HIGHLIGHTS: The Division currently has three FSIO 1 certified staff members. Staff had spent additional time in the mobile food service program due to inspections and Hearing involving a vendor.

MANDATE/REGULATIONS: This is a mandated service under PHL Title 10 Part 14

ESSENTIAL STATS: There are approximately 328 permitted facilities and 100 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 2016, 0.73 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 27 Community, 8 Non-transient Non-community, and 51 Non-community public water supplies monitored in 2016

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. This has not increased since that time.

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 2016, 0.11 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 43 permits issued in 2016.

CHALLENGES/BARRIERS: The rural nature of many installations in this county uses much time and travel. The retirement of a sanitarian affected this program.

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 2016, 0.08 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 2016, 0.44 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. Since program inception, there have been 568 permanently closed underground storage tanks. 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 444 registered tanks in Cortland County

CHALLENGES/BARRIERS: The potential aquifer impact from both new and existing buried facilities requires a constant vigilant effort. The NYSDEC has updated the Code regulating petroleum bulk storage effective October 2015. This required training of staff and additional education of facility owners/operators. This was an on-going activity along with the renewal of the Delegation Order.

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 2016, 0.03 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 15 permitted facilities

CHALLENGES/BARRIERS: 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. The retirement of a sanitarian affected this program.

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 2016, 0.63 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 47 permits issued in 2016

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. The retirement of a sanitarian affected this program.

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, beaches and water parks, 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 2016, 0.10 FTE was spent in this program

HIGHLIGHTS: There were no incidents of drowning at pools or beaches in the County in 2016.

MANDATE/REGULATIONS: This is a mandated service under PHL Title 10 Part 6.

ESSENTIAL STATS: There are 30 permitted facilities in Cortland County

CHALLENGES/BARRIERS: Pools and Beaches cross over to temporary residences and Children's Camps.

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 2016, 0.24 FTE was spent in this program

HIGHLIGHTS: There were no disease outbreaks in 2016, but staff did authorize human PET for 26 campers and counselors due to a bat exposure. 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 6 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, Public Water, pools, beaches and food service.

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 2016, 0.01 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 2016, no complaints were received.

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 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 is on staff. In 2016, 0.18 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 continue to use GIS mapping software to track lead in Cortland's 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 2016, 5 XRF assessments were conducted.

CHALLENGES/BARRIERS: Risk assessors must be recertified every 3 years. 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 limit 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 2016, 0.08 FTE was spent in this program

HIGHLIGHTS: EH works closely with Health Education Tobacco Free Program staff member. On October 1, T21 became effective in Cortland County which raised the age to purchase tobacco and related products to 21. We are awaiting approval from NYS to change the County Sanitary Code to reflect this regulation.

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 2016 there were 43 tobacco retailers and no 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 2013 – 2018 and/or 36% State Aid.

RADIATION PROTECTION

PURPOSE: To respond to radiation emergencies affecting the municipality and 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
- Protection Against Legionella

STAFFING: In 2016, 0.23 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. In 2015 and 2016 investigations into local Legionellosis outbreaks were conducted and involved tracking and sampling of cooling towers. This was a cooperative effort between Nursing and Environmental staff. An Emergency Regulation (NYSDOH) became effective on August 17, 2015 to protect against outbreaks of Legionnaires' Disease associated with cooling towers. Public Health Law Section 225(5)(a) Part 4 –Protection Against Legionella became effective on July 6, 2016.

MANDATE/REGULATIONS: This is a mandated service under PHL section 225

ESSENTIAL STATS: none

CHALLENGES/BARRIERS: Adequate “diagnostic” testing of patients presenting at the local hospital created a challenge for clinical investigation. Regulations passed by NYSDOH do not address the activities associated with monitoring or enforcement.

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 2016, 0.05 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 track radon test results with GIS mapping software.

MANDATE/REGULATIONS: This is a non-mandated program

ESSENTIAL STATS: 48 Radon test kits were distributed to the public in 2016. GIS mapping prepared in 2013 shows locations of radon testing throughout Cortland County. Health Education’s Healthy Neighborhoods program also distributed detectors in the County as a part of their grant.

CHALLENGES/BARRIERS: It is difficult to ascertain how many radon mitigation systems were installed during new construction. If the Uniform Code required installation, the program would be more successful.

COST/REVENUE: 36% State Aid plus \$48,330 grant for a 5-year grant period from July 2015 through 2020. 25% of the grant each year is directed to home test kits which are given out free of charge to County residents. Outreach and education events are planned for Towns in the County.

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

EH is frequently called upon to participate in drills to enhance preparedness of Public Health within Cortland County. In 2016 EH staff spent 0.03 FTE within these efforts.