

Cortland County Health Department Annual Report 2018



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

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Message from the Public Health Director-The Year in Review

What a year of change in our Public Health world! This was a year of renewed teamwork, as we collaborated across programs to address our goals. Participation in the accreditation readiness process brought quality improvement (QI) to the forefront of the work we do. Through QI staff identified the resources to change practices, increasing overall efficiencies. The year, once again saw staff changes through retirement and onboarding. While turnover results in the loss of institutional knowledge and experience, it is also an opportunity to rethink our approaches and redefine our practices. We restructured our organizational chart to streamline chain of command. These changes allowed us to submit a budget request at level funding.

While we continue to see a decline in the clinical services we provide, we are committed to maintaining quality of care delivered in the most cost effective manner and so we joined the world of Medicaid reform in NYS by contracting with Care Compass Network. This allows us to draw down DSRIP monies to prepare for value based payments. The monies can be used to access trainings that we otherwise cannot afford and prepare for Public Health Accreditation. It further integrates our services into the health delivery system in place in the community, highlighting the importance of the social determinants of health and public health's vital role in ensuring these needs are addressed.

As we embark on 2019, we plan to continue to advance our work to achieve full accreditation early next year.



Catherine Feuerherm
Public Health Director

Mission, Vision and Values

Mission: To promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community

Vision: Healthy People in a Healthy Community

Values:

Leadership

- We are recognized throughout the community for our integrity, advocacy, innovation and effective approach to public health

Transparency

- We maintain the highest levels of professionalism, accountability, honesty and fairness as responsible public health professionals

Excellence

- We have a strong commitment to quality, competency, and knowledge in order to provide optimal service to the community

Collaboration

- We develop, nurture, and leverage key partnerships throughout the community to improve health and support a strong public health system

Inclusiveness

- We promote a culture that encourages inclusivity, collaboration, flexibility, and approachability

2018 Fiscal Overview

	Expenditures	Revenue	Net Cost
Health Administration	\$1,861,087	(\$922,278)	\$938,809
Nursing	\$456,034	(\$267,521)	\$188,513
Environmental Health	\$662,334	(\$473,683)	\$188,651
JCRH	\$730,947	(\$775,204)	(\$44,257)
Children w/Special Needs	\$1,126,451	(\$891,712)	\$234,739
Pre K	\$1,843,078	(\$1,351,219)	\$491,859
Youth Bureau	\$32,032	(\$53,272)	(\$21,248)
Total Health Department	\$6,711,963	(\$4,734,889)	\$1,977,074

The net cost in 2018 was \$1,977,074. The cost of Public Health in Cortland County is approximately \$41/per person. Taking that further by removing the state mandated service (not a public health mandate) of CSN/PreK costs (\$726,598) brings the total net cost to \$1,250,476, for a total cost of Public Health programs and services to approximately \$26/per person. Overall the fiscal costs for 2018 were \$302,208 less than 2017.

Our Workforce

Category	# or %
Total # of Employees:	49
# of FTE:	45.19
% Paid by Grants/Contracts:	34%
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	3
Supervisory Staff/Manager:	6
Nurse:	6
Nurse Practitioner:	2
Public Health Sanitarian:	5
Public Health Engineer:	1
Public Health Educator:	6
Health Educator:	1
Social Worker:	1
Medical Director:	1
Speech Language Pathologist:	3
Special Education Teacher:	3
Physical Therapist:	4
Occupational Therapist:	2
Longevity:	
< 5:	24
5-10:	5
>10:	26
Employees < 5 Years from Retirement:	
Management:	1
Non-Management:	5

This is the current workforce as of December 2018

Cortland County Board of Health 2018

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 12/31/2023

Ngozi Mezu-Paten, MD

Term Expiration 12/31/2022

Nicole Villapiano, MD

Term Expiration 12/31/2024

(Replaced Douglas A. Rahner, MD)

Mary Wright, RN

Term Expiration 12/31/2021

Ronald VanDee

Chair Health & Human Services Committee

Term Expiration 12/31/2019

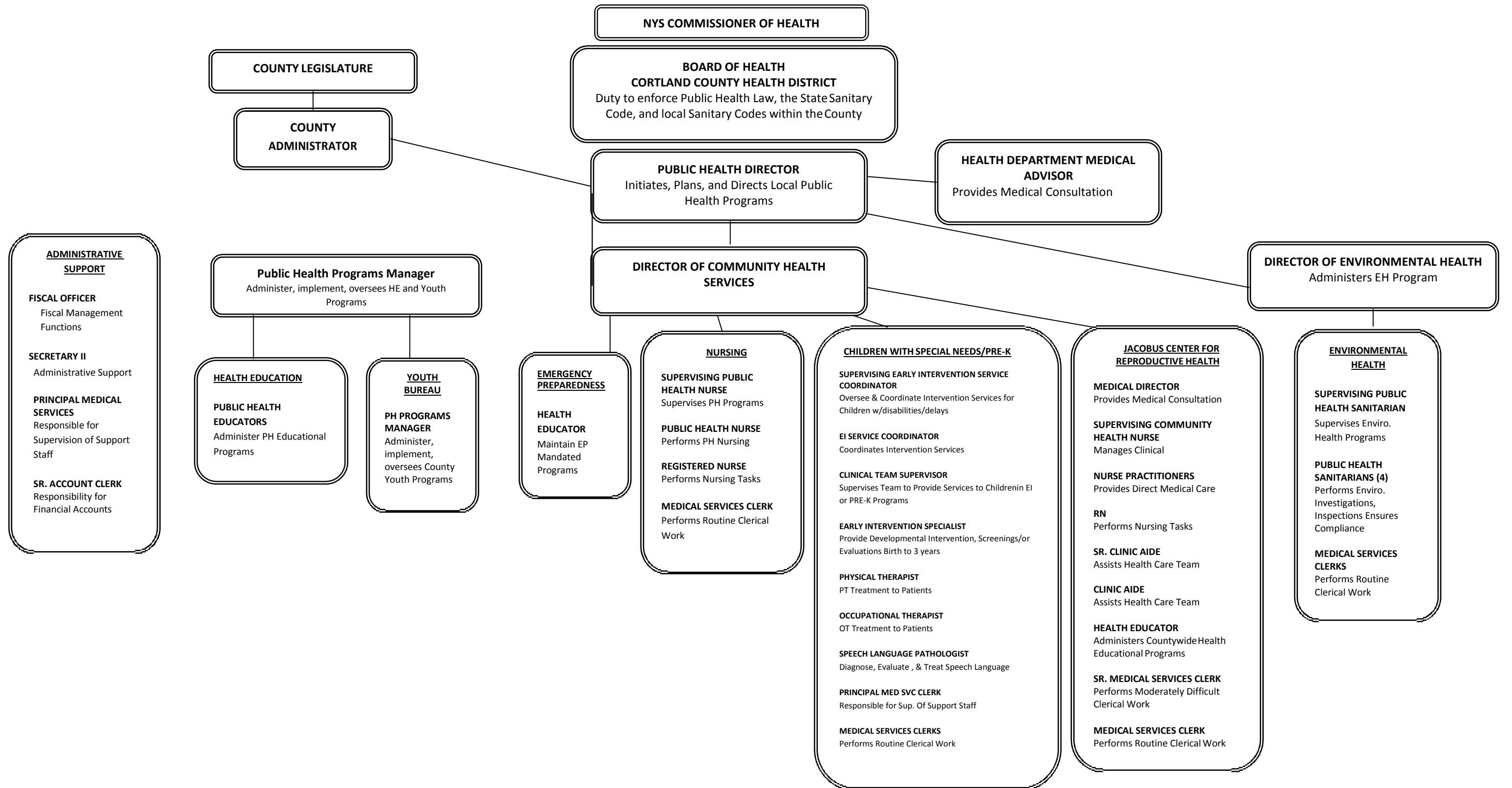
(Replaced Mary Ann Discenza)

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.

[Board of Health Meeting Minutes](#)

CORTLAND COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART



Ten Essential Public Health Services

1. Monitor health status to identify and solve 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 and action 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 competent public and personal health care 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



The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health organizations. Reference: Centers for Disease Control and Prevention (CDC). The public health system & the 10 essential public health services. Retrieved from <https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html> on 8/14/2018.

Health Administration

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 Director of Community Health Services oversees the Nursing and CSN Divisions, special projects and serves as the Health Department Corporate Compliance Officer. In the absence of the Public Health Director, the Director of Community Health Services is deputized to make all clinical decisions, and the Director of Environmental Health is deputized to make all Environmental Health decisions. 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.

COMMUNITY HEALTH ASSESSMENT

Counties are required by the state to conduct a Community Health Assessment (CHA) to align with the New York State Prevention Agenda, the new cycle will cover 2019-2024. 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. Beginning in May 2018, the Health Department began disseminating the Cortland County Community Health Assessment Survey, to stakeholders, partners, governing bodies and the community at large. This was done

through health department programming, partnering agencies and organization and through social media. The completed surveys were collected through May 2018-January 2019. The results of this survey will be reported in Spring 2019.

COMMUNITY HEALTH IMPROVEMENT PLAN

During the last cycle of the NYS Prevention Agenda (2013-2018), the Community Health Improvement Plan (CHIP) identified three priority areas of focus. This included *Prevent Chronic Disease* and *Promote Healthy Women, Infants and Children*, identified by the Cortland County Health Department (CCHD) and Guthrie Cortland Medical Center (formally known as Cortland Regional Medical Center) in 2014, with the addition of *Promote Mental Health and Prevent Substance Abuse* in 2016. The CHIP highlights progress and partner collaboration throughout the county. The final update for this cycle of the Prevention Agenda occurred in December 2018. Some of the 2018 highlights are listed below:

Prevent Chronic Disease:

- Continuation of indoor walking program @ Barry School
- New crosswalks were installed on the intersection of 281/41 in Homer
- Greek Peak Mountain Resort, Trinity Valley Farm and Hollenbeck's Cider Mill adopted smoke-free grounds policies
- DLH properties, this includes Village Terrace and Country Town Homes (a total of 168 units), has implemented a policy that there is no smoking within any units and within common areas

Promote Healthy Women, Infants and Children:

- The Breastfeeding Friendly "Standee Project" development and implementation began in April 2018. This is a marketing strategy to increase breastfeeding friendly support. These "Standees" feature local mothers/fathers and children, showcasing breastfeeding in life size form. Five families participated. These are being displayed throughout the year and years to come at local businesses, agencies and organizations.
- Four new daycare centers and two new businesses put in place Breastfeeding Friendly Environment Policies for customers and employees.
- Continued implementation of Fluoride Varnish application @ Family Health Network (FHN) and Dr. Djafari Pediatrics (a combined total of 723 fluoride varnish applications).

- Three classes were held and 33 people have been trained how to use the Cavity Free Kids Curriculum. This training is provided to child care providers, home visitors and others working with children.

Promote Mental Health and Prevent Substance Abuse:

- There were 410 Narcan kits distributed throughout 2018, education and training on use was included. 73 of these kits were distributed during the Cortland County Health Department's Narcan training clinic hours, and 337 kits were distributed during 20 group trainings throughout the county to area organizations, agencies, and community groups. An additional 199 Narcan kits were given to local law enforcement during this time period.
- The Mobile Crisis Intervention Program for Children and Youth is ongoing, expanded in 2018 to include adults
- In 2018, there was a total of 3080 pounds of medication collected from two "take back" drug events (April 2018 and September 2018) and the various medication drop boxes throughout the county. A total of 614 vehicles were counted at the Take Back Events (both of these events are accessible only by vehicle drive through).

STRATEGIC PLANNING

The Strategic Planning Committee (SPC) was formed in February 2018. This included staff members from each division, administration, two Board of Health members and a County Legislator representing the Health Committee. The Strategic Plan will guide the department's strategic directions, and will highlight key areas where the health department seeks to make significant improvements in the health and well-being of Cortland County Residents. The [CCHD Strategic Plan 2018-2021](#) was approved by the Board of Health in September 2018. The SPC was responsible for developing the department's strategic planning priorities, goals, and objectives. Four strategic priorities were chosen:

- Strategic Priority 1: Communication

Three strategic priorities directly align with the Community Health Improvement Plan (CHIP):

- Strategic Priority 2: Prevent Chronic Disease
- Strategic Priority 3: Promote Healthy Women, Infants, and Children
- Strategic Priority 4: Promote Mental Health and Prevent Substance Abuse

During the strategic planning process values were chosen by the SPC to represent our health department. These are as follows:

- **Leadership:** We are recognized throughout the community for our integrity, advocacy, innovation and effective approach to public health
- **Transparency:** We maintain the highest levels of professionalism, accountability, honesty and fairness as responsible public health professionals
- **Excellence:** We have a strong commitment to quality, competency, and knowledge in order to provide optimal service to the community
- **Collaboration:** We develop, nurture, and leverage key partnerships throughout the community to improve health and support a strong public health system
- **Inclusiveness:** We promote a culture that encourages Inclusivity, collaboration, flexibility, and approachability

[BIRTHS AND DEATHS](#)

BIRTHS:

- 449 Cortland County children were born during 2018, a 6.6% decrease from the previous year.

DEATHS:

- Total deaths: 391 deaths in 2018
 - Average age: Men 73, Women 80
 - Leading causes of death are still-Cardiovascular Disease (29%) and Cancer (19%); 1/3 are Lung Cancers.
 - 16% Old age/Dementia (down from 20% in 2016 & 2017)
 - 6% Chronic Obstructive Pulmonary Disease (COPD) (down 8% over past 5 years)
- Contributing Cause
 - Smoking 20%
 - Hypertension 5%
 - Diabetes 4%
 - Alcohol 2%
 - Obesity 1%

- Overdose deaths:
 - Opioid- 2 (down from 5 in 2016 & 2017)
 - Multiple Drugs- 4 (3 in 2016, 6 in 2017)
 - Huffing- 1 (1 in 2017, none before 2017)
 - Alcohol- 2 (none previously reported)
- Pediatric deaths < 19 years of age:
 - 1 Suicide
 - 1 Homicide
 - 1 Influenza (March 2018)
- Suicides: There were 5 suicides in 2018.

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.

Emergency Preparedness

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

STAFFING: .56 FTE Health Educator

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. The Health Department is an active participant with Health Emergency Preparedness Coalition (HEPC) which allows for partner health departments, hospitals and other medical agencies to meet and train together in preparation health related disaster management.

CHALLENGES/BARRIERS: Declining staffing numbers and declining funding combined with continued mandates and grant deliverable requirements prompts the need for collaboration with community agencies to be able to meet performance expectations during drills, exercises and real events. Partnerships and mutual aid agreements are continually developed and updated to ensure we have the required staffing and resources we would need in a true emergency. The NYS DOH expects use of different computer programs (CDMS, MERITS, IHANS) during emergency situations and staff proficiency with the use of these programs is difficult to maintain with only occasional use. We strive to identify more routine uses of these programs to improve proficiency. Emergency Management strategies (examples: Incident Command System (ICS) and Crisis and Emergency Risk Communication) are implemented during public health activities in order to maintain staff proficiency with these principles.

COST/REVENUE: State Emergency Preparedness Grant pays Cortland County \$52,096 in 2017-2018

Health Education

Health Education is a mandated public health service and employs 5 full time (FTE) Public Health Educators, 1 FTE Health Educator, and 2 FTE Public Health Programs Manager whose salaries are covered almost exclusively by the following grants. Staff duties include grant writing, grant administration, reporting and public education.

TRAFFIC SAFETY

PURPOSE: To decrease the number of preventable traffic related injuries in Cortland County through community education, programming and events.

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

STAFFING: .35 FTE Program Coordinator, .25 FTE Public Health Programs Manager

PASSENGER SAFETY - Child Passenger Safety Seats Checks, provide educational programming to children about riding safely in vehicles Pre-K – 3rd grade in daycares or schools, provide trainings to professionals, parents and caregivers in variety of venues and provide education and distribution of child safety seats to parents/caregivers.

- **PASSENGER SAFETY** - Child Passenger Safety Seats Checks, provide educational programming to children about riding safely in vehicles Pre-K – 3rd grade in daycares or schools, provide trainings to professionals, parents and caregivers in variety of venues and provide education and distribution of child safety seats to parents/caregivers.
- **PEDESTRIAN SAFETY** - Provide education on pedestrian safety to children and the public.
- **BIKE/HELMET SAFETY** - Education on helmet use and safety to those who use bicycles, skateboards and in-line skates in various organizations and by appointment in our office, and provide bike safety clinics (Bikeology 101) for adults in our community.
- **DRIVER'S SAFETY** - Provide education to four area high schools about the risks of teen driving; provide education at local events to promote safe driver awareness.

ESSENTIAL STATS: In 2018, there were 1700 motor vehicle crashes in Cortland County; this was an increase from 2017 with 1376 crashes. There were two fatalities associated with motor vehicle crashes in 2018; this was a decrease from 2017 with four fatalities. In 2018, there were 13 crashes involving pedestrians, this was a slight decrease from 2017 (14). There were 10 crashes involving bicycles in 2018, a slight decrease from 2017 (11). There were no reported fatalities in 2018 for crashes involving a pedestrian or bicycle.

CHALLENGES/BARRIERS: We are able to provide seats to parents and caregivers who present a WIC ID or Medicaid card. This proves that the child is in a low-income household. There are many other families who do not qualify for WIC or Medicaid who would benefit from the program even with a sliding fee scale.

COST/REVENUE: Fully grant funded (\$51,389) 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 money 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 CAYUGA, CORTLAND AND TOMPKINS COUNTIES

PURPOSE: To reduce cancer rates in Cayuga (beginning in October 2018), 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 Cayuga (beginning in October 2018), Cortland and Tompkins Counties.

STAFFING: .8 FTE Program Case Manager/Data/Patient Navigator/Public Outreach and .2 FTE Program Manager for the Cancer Services Program of Cayuga, Cortland and Tompkins Counties

OBJECTIVES: To screen all eligible uninsured/underinsured men and women for breast, cervical and colorectal cancers in Cayuga, Cortland and Tompkins Counties. Target population is women and men 50-64 years of age.

ESSENTIAL STATS: The average annual death rate for Colorectal Cancer is 15/100,000; this is for both males and females. The annual incidence rate of Colorectal Cancer is 40.9/100,000 (both male and female). The New York State (NYS) Colorectal Cancer incidence rate for men is 46/100,000 and for women is 35/100,000. The average annual death rate for Breast Cancer (female) is 18.8/100,000. The annual incidence rate of Breast Cancer is 137.3/100,000 which is higher than the NYS incidence rate of 131.3/100,000. Cortland County's Cervical Cancer incidence rate is 2.3/100,000 which is significantly lower than the NYS rate of 7.7/100,000 and the annual death rates for Cervical Cancer is 0.5/100,000. Colorectal, Breast, and Cervical Cancer Incidence and Mortality rates for Cortland County are based on 2011-2015 NYS Cancer Registry; most current data.

CHALLENGES/BARRIERS: Ensuring that clients complete recommended screenings within 90 days and locating uninsured qualified men and women in Cayuga, Cortland and Tompkins Counties.

HIGHLIGHTS: In 2018 (60) screenings and (71) diagnostic services for cancer were paid for by the CSP. The CSP staff has maintained 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 (\$104,500 for personnel and OTPS, \$13,891 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.

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 to

- Reduce the impact of retail tobacco marketing on youth
- Establish tobacco-free community norms through tobacco-free outdoor air policies
- Reduce secondhand smoke exposure through smoke free housing policies
- Reduce tobacco imagery in youth-rated movies
- Reduce tobacco industry presence on social media

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

ESSENTIAL STATS: The Cortland County adult cigarette smoking rate is 18.3% (2016, most recent data), although this is a decrease from 21.5% in 2014, our County rate is still higher than the New York State rate of 14.2%. The rate of Cortland County women who used tobacco during pregnancy in 2018 was 21.4% this is an increase from 19.9% in 2017 (Mothers and Babies Perinatal Network of Southern Tier, NYS DOH). The rate of Cortland County 7-12

grade cigarette smokers in 2018 was 4.4%; this was a slight decrease from 5.7% in 2017.

Although we are seeing a decrease in the rate of 7-12 grade cigarette smokers, the County is seeing a huge increase in the current vaping trends. For those in 7-12 grades the 2018 vaping rate is 22% this is a significant increase from 8% in 2017. (CACTC Youth Development Survey)

HIGHLIGHTS: (not all inclusive)

- 100% Tobacco-Free grounds for Hollenbeck's Cider Mill, Trinity Valley Farm, Greek Peak Mountain Resort and Tompkins County Cooperative Extension. The Bainbridge Chamber of Commerce adopted a 100% Tobacco-Free Policy for all Chamber events.
- Village of Dryden passes Tobacco-Free Outdoor policy prohibiting tobacco use on all Village-owned property, including Montgomery Park. Assistance from William George Agency teacher and students.
- Plank Road Manor (Norwich) and DLH Properties (Cortland) adopt smoke-free housing policies prohibiting smoking inside all indoor units and common areas.
- Cortland Housing Authority (380 units) and Ithaca Housing Authority (235 units) implement HUD-mandated smoke-free housing policies.
- Coordinated and held local youth training at Orenda Springs with more than 30 youth and adult leaders in attendance. Youth and adults from Central and Western region counties participated.
- Reality Check students from Cortland and Norwich attended the annual Statewide Youth Summit in Cazenovia
- Formed brand new Reality Check club at Homer Jr. High School.
- Received support from Village of Homer officials to move forward with policy to cap the number of tobacco/vape retailers in the Village.
- Partnered with SUNY Cortland to present at the New York State Public Health Association conference on the college's tobacco-free policy journey.
- Kelsey Gibbons, senior at Cortland High School, was recognized as Honorable Mention for the NYS Youth Advocate of the Year Award.
- Presented information related to JUUL, Vape and Tobacco on College Campuses at the New York State College Health Association conference.

CHALLENGES:

- Overseeing 3 counties and juggling other agency requirements.
- Policy enforcement.
- 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 5 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 lead 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, .20 FTE Public Health Educator, .20 FTE Public Health Programs Manager

ESSENTIAL STATS: The falls hospitalization rate for adults 65 and older in Cortland County in 2016 was 130 per 10,000; with the majority of the falls occurring with those aged 85 years and older (41 per 10,000). This was lower than the hospitalization rates due to falls in Cortland County of reported 2014 rates of 188/10,000. The current data (2012-2014) for hospitalizations for unintentional injuries (which include falls) for those aged 0-19 was 17, this is a decrease from 20 in 2009-2011. The rates for adults with Asthma have been decreasing with 10.3% in 2016 from 13.5% in 2014. The age-adjusted hospitalization rate due to Pediatric Asthma is 4.9 per 10,000 in those 18 and under (2012-2014). The most current data for both fall and asthma rates are 2012-2014, 2016 respectively.

HIGHLIGHTS:

- 289 Initial home assessments have been completed during 2018
- A total of 41 asthma cases were identified at initial visits
- There were 86, 90-120 day revisits completed
- 527 referrals were made to other programs

- 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 103 streets/road were canvassed, these were both urban and rural areas
- 59 participants received a radon kit

CHALLENGES/BARRIERS:

- Due to the nature of this program, it is necessary to order products to meet the demand of program participants and fulfill the work-plan goals set forth. It was often difficult to efficiently order products due to constraints in the established ordering process. Staff changes at the County level and constant changes to order protocol caused staff to often have to creatively figure out ways to purchase the necessary products.

COST/REVENUE: Fully grant funded for personnel and OTP (\$116,545) per grant year.

OPIOID OVERDOES 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.
- Seventeen staff members are currently trained to dispense 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 is done through the CCHD Facebook page, along with flyers distributed throughout several county businesses/agencies/community partners. 416 kits were distributed from January-December 2018 either through the CCHD walk in Narcan hours or community trainings. Many off site trainings for business and agencies have been completed within Cortland County.
- The CCHD distributed 199 Narcan kits to local Cortland County law enforcement which includes Cortland City Police, Sheriff, SUNY Police, and Homer Police Department.

CHALLENGES/BARRIERS:

- Accurate data for usage of Narcan Kits may be under reported to NYSDOH due to community members having access to Narcan Kits.

Youth Bureau

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.

STAFFING: Cortland County Youth Bureau employs one .25 (FTE) Public Health Programs Manager.

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. 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 \$68,686 in 2018.

HIGHLIGHTS: In 2018, allocations from OCFS and the Youth Bureau went to 11 different programs and served more than 1,932 youth.

CHALLENGES/BARRIERS: Each year, Youth Bureau funding provided by OCFS is cut. We are finding it difficult to get proper paper work and documents from organizational staff which holds up the vouchering process. Youth Bureau Director has developed a plan to schedule deadlines for submission of required document.

Nursing Public Health Programs

Nursing Public Health Programs are staffed by 1 FTE RN, 1 FTE PHN, 1 FTE SPHN and 1 FTE support staff. The nurses work closely with and serve as resources to physician offices, hospitals, community agencies, schools, daycares and the public. The nurses are cross-trained, 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: 1.98 FTE Nursing and .1 FTE Medical Services Clerk time

HIGHLIGHTS:

- An educational campaign was launched in 2017 and again in 2018. The number of Lyme disease reports went down to 35 in 2018 from 60 in 2017.
- No active cases of tuberculosis disease this year.

CHALLENGES/BARRIERS:

- Legionella – Continued to see sporadic cases, totaling 14 cases. There was no common source of exposure identified.
- Influenza – 593 lab reported cases of influenza for the 2017-18 season, compared to 254 the previous season. An outbreak at an adult home required close collaboration to control it. Educational outreach on influenza prevention was done throughout the season, and increased when the Governor declared influenza an imminent public health threat on 2/9/2018. There was a higher number of lab-confirmed illness among persons less than 65 years old than in recent years, consistent with statewide surveillance data.
- Pertussis – 4 cases confirmed, and two were epi-linked. Antibiotic prophylaxis was recommended for about 30 high-risk contacts, and education on surveillance measures was provided to a number of lower risk contacts. Nurses assisted an affected school with messaging. Information was sent to the Cortland Standard and the radio to diffuse misinformation found on Facebook in response to the illness.

- There were 63 reports of newly diagnosed Hepatitis C cases, 3 of those were acute. It is also important to note that 4 of the hepatitis C reports were in pregnant women. In May 2017, NYSDOH updated the Hepatitis C Case Status to include an additional category “Chronic with Hepatitis C antibody positive and RNA negative”. This status was previously reported as “Unknown”. This year 20/60 reports of chronic Hepatitis C met that new case status, and 18/20 were persons > 35 years of age. 57% of the total reported with hepatitis C were > 35 years old, similar to 2016 and 2017 which was about 50%. This shift first presented in 2016 with the recommendation to test baby boomers.
- Weekly joint meetings between Nursing and Environmental Health continued through 2018 to discuss reports of human exposure to potentially rabid animals, requiring additional follow-up for post-exposure treatment as 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 receiving payment authorization for treatment, and the course of treatment is tracked and monitored to assure it is in compliance with NYSDOH clinical guidelines.

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: There were 235 communicable disease reports (excluding influenza). On investigation 179 were confirmed, and 2 pending at year’s end. No reports of tuberculosis disease.

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: .6 FTE Nursing and .15 FTE Medical Services Clerk time, along with assigned Environmental Health staff

HIGHLIGHTS:

- Public health detailing visits to OB offices were made jointly with Environmental Health to help assure all pregnant women are screened for lead exposure and tested when indicated.
- Worked with provider offices on the use of “lead test due lists” generated through the New York State Immunization System (NYSIIS) to identify children by medical office who are due or will be due for a one-year old blood lead test and a two-year-old test. This was a function in NYSIIS that became available this year. The purpose of this initiative was to promote sound and consistent tracking/testing practices to help assure all children get age-appropriately tested.

ESSENTIAL STATS:

2018: 70% of one-year-olds and 68% of two-year-olds were tested

7 children were reported with a newly confirmed blood lead level ≥ 15 mcg/dL.

2017: 69% of one-year-olds and 68% of two-year-olds were tested

1 child reported with a lead level ≥ 15 mcg/dL

2016: 69% of one-year-olds and 67% of two-year-olds were tested

2 children reported with lead levels ≥ 15 mcg/dL.

CHALLENGES/BARRIERS:

- The greatest challenge is improving the percent of one and two year olds that get tested.
- We learned that the denominator used in the one and two-year-old lead testing aggregate reports includes children up to age 6 years. The percent of children tested will increase as evidence-based practices are put in place, but the full impact will not be immediately reflected in the aggregate report because the denominator includes children that have exceeded the testing age.
- There was a significant increase in the number of children reported with a newly confirmed blood lead level of ≥ 15 mcg/dL, 7 children compared to 1 in 2017, and 2 in 2016.
- Assuring timely follow-up blood lead testing for some children with elevated blood lead levels was more challenging this year than in past years, and required substantial resources to convince the parent to follow through.

COST/REVENUE: Lead Poisoning Prevention Grant (\$40,297 grant year 2017-2018) 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: 1 FTE Nursing and .8 FTE Medical Services Clerk

HIGHLIGHTS:

- Along with several outreach initiatives to increase HPV vaccination coverage among adolescents, nurses reached out to dentists on the importance of their recommendation to

their patients for HPV vaccination as cancer prevention, and referral to their primary care provider for it.

- As a result of increased reports of Hepatitis A illness among high-risk populations in NYS and others, and the lack of vaccine availability to client at most of the local medical provider offices, we partnered with the local soup kitchen to offer hepatitis A&B vaccinations to an at-risk population not likely to get vaccinated otherwise. Four clinics were held during mealtime, 15 individuals were vaccinated, and 21 vaccinations were administered. To increase the likelihood of vaccination series completion, reminder calls were made to clients the day before the scheduled clinic. There has also been significant outreach to other community agencies that serve the at-risk population to spread the word about the clinics and promote the vaccination.
- Billing meetings were held regularly in 2018 to assure ongoing compliance.
- In 2018, the Immunization Program provided vaccinations and/or tuberculosis testing to 607 individuals. This includes on-site and off- site clinics, including influenza vaccinations.

MANDATE/REGULATIONS: No mandates or regulatory changes.

ESSENTIAL STATS: NYSDOH reported that the vaccination coverage level for two-year-olds in Cortland County increased to 75.6% from 73.2% in 2017, and 71.8% in 2016, compared to the statewide rate of 59%. NYSDOH reports the coverage level category for Cortland County as High. The Human Papilloma Virus (HPV) coverage level for thirteen year olds was reported at 33.5%, down from 35.9% in 2017, compared to the statewide rate of 23%, which is also down from 26.26% in 2017. NYSDOH reports the coverage level category for Cortland County as high.

CHALLENGES/BARRIERS:

- The Human Papilloma Virus (HPV) vaccination rate among 13 year old Cortland County adolescents remains low. The Immunization Program staff and the Immunization Coalition continue to work to address the low coverage level, encouraging the use of evidence-based interventions including a strong provider recommendation for this cancer protecting vaccine, tracking and recall, and avoiding missed opportunities to vaccinate.
- Immunization visits to Cortland County's Amish communities was discontinued during 2018. The interest has declined since 2014, and just one family continued to receive

visits this year, and that family has agreed to come to the clinic for vaccines that come due.

- Despite a local educational campaign launched a few months before the start of the school year to encourage an immunization visit to the doctor before school started, there were more calls this year about students who lacked the immunizations necessary to stay in school. Program nurses worked with parents, school nurses and medical provider offices to keep children in the provider home as much as possible for the vaccinations they needed. An additional immunization clinic was also scheduled at CCHD to help address the need, but would have been more useful if it had been scheduled later in September, after notifications went out from the schools.
- Nursing visits were made to two large family practices to review their adult immunization coverage rates, and to discuss the immunization practice standards of the National Vaccine Advisory Committee. This was a new required initiative this year. The reports are generated from the New York State Immunization Information System (NYSIIS), and likely do not provide an accurate representation of coverage levels. It was apparent that vaccination histories for adults are not consistently recorded in NYSIIS, and not all adults consent to have their vaccinations recorded in NYSIIS. The Cortland County Immunization Coalition launched a project this year to promote more participation with NYSIIS. Additionally, pneumococcal vaccination coverage was under reported due to a glitch in the system.
- A required immunization audit of a daycare center was completed. Findings indicated a broader outreach to day cares was necessary to promote immunization policy and protocols consistent with NYSDOH guidance. This outreach was coordinated through the Child Development Council.
- Flu vaccination clinics were held at 4 food pantries and the local soup kitchen. Since flu vaccination is readily available to most people because it is offered at pharmacies, clients were surveyed to determine the need for the clinics to continue. The vast majority responded that they would get the flu shot elsewhere, with the exception of most at the soup kitchen and Cincinnatus Rural Health.

COST/REVENUE: Immunization Grant (\$31,050 grant year 2018-2019) and State Aid funded.

Client's insurance is billed. The sliding fee scale is requested by the majority of self-pay clients.

Jacobus Center for Reproductive Health (JCRH)

JCRH is staffed by 1 FTE RN, 1 PT Nurse Practitioner (NP), 1 Per Diem Nurse Practitioner, 2 PT Clinic Aides, 2 FTE support staff, 1 FTE Health Educator and 1 FTE Supervising Community Health Nurse (SCHN) 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: .2 FTE NP; .1 FTE MSC/SMSC; .30 FTE RN; .2 FTE Clinic Aide; .05 FTE Health Educator, .25 SCHN

HIGHLIGHTS:

- Chlamydia cases continue to increase in Cortland County. In 2016 (168 cases), 2017 (173 cases), and 2018 (203 cases). Gonorrhea had gone down slightly in 2017 (13 cases) but increased in 2018 (21cases) and Syphilis also increased 2016 (4 cases), 2017 (7 cases), and 2018 (9 cases).
- Clinic staff continues to provide *Expedited Partner Therapy* (EPT) treatment for partners of patients diagnosed with Chlamydia. Medication is provided both directly and via prescription.
- Clinic RN is a committee member of New York State Department of Health EPT Subcommittee. This committee is working on identifying and decreasing barriers to EPT in the community.
- Follow-up investigations are done on all Cortland County Chlamydia cases
 - Staff RNs perform tracking, communication with the regional office and follow-up for STD cases as appropriate
- Rapid testing for Hepatitis C and HIV is available with appropriate referrals based on outcome of testing
- STD Clinic services are billed as appropriate since the law changed allowing for STD billing in 2014. If insurance is not available county pays cost for county residents. No one is denied access based on inability to pay

- 24% of Cortland's positive Chlamydia cases were diagnosed in the JCRH Clinic, that reflects an increase in testing by community 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 2018, there were 155 visits in our STD Clinic where 89 HIV tests and 307 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 continues to be difficult to know how much Chlamydia testing area providers are conducting otherwise.
- JCRH now does syphilis testing on all positive pregnancy clients. This is in response to an increase number of women in not only NYS but the country testing positive for syphilis during pregnancy and at delivery.
- “Hooking up” through social media sites and smart phone apps bypass the need to know partner names continues to make 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: .82 FTE NPs; 1.9 FTE MSC/SMSC; .70 FTE RN; .59 Clinic Aides; .90 FTE Health Educator; .75 SCHN

HIGHLIGHTS:

- Eligibility screening is done for Family Planning benefit Program (FPBP) on all clients at each encounter to determine if client is eligible for coverage of visit. For those that qualify it enables clients to be able to make decisions about and access reproductive health care without the worry of having to pay out of pocket expenses. For those that do not qualify there is a sliding fee scale available.
- Clinic staff continues to collaborate with NYS Title X program staff and other Title X providers to improve overall clinic efficiencies, billing and other administrative issues.
- Rapid HCV and HIV testing continues to be available at the JCRH center along with public outreach and education regarding risk factors and the need for testing. A HCV testing day was held June 15, 2018. This was a coordinated event with CCHD Nursing, Health Education and JCRH staff.

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 2018 the clinic performed 1609 FP visits. 62% of these patients were at or below 100% Federal Poverty Level (a 14% decrease from 2017), with 73% at or below 150% FPL. There were a total of 2,107 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.
- While there has been improvement in no shows with the implementation of the client reminder system, TalkSoft in 2017, this continues to be an ongoing challenge.
- Although our EMR Company has been working on an interface system to gather data the NYSDOH requires us to report, staff at this time continues to manually data input information. This information 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 (\$7,570); 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, 1 per diem Speech Language Pathologist, .5 FTE Clinical Team Leader, 1 FTE Special Instructor, 2 per diem Special Instructors, 2 per diem Occupational Therapists, 4 per diem Physical Therapists and .5 FTE Child Find Coordinator. 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: 2.0 FTE Early Intervention Service Coordinators, 1 FTE Supervising Early Intervention Service Coordinator, .5 FTE Child Find Coordinator

HIGHLIGHTS:

- In 2018 staff worked closely with LEICC to address local performance indicators and program changes to improve efficacy.
- EI staff continues to participate in state sponsored mandatory trainings and webinars as well as additional training related to Early Childhood. These training opportunities allow staff to keep up on the yearly 10 hours of training needed for BEI requirements.
- Child Find Program was streamlined through the QI process which leads to time savings and better efficiency. Referrals for Child find came from parents/care givers, local

hospitals, DSS, and physicians. The program continues to assist families to obtain health insurance and a medical home if needed.

- Efforts in the Early Intervention continue to reduce outdated procedures and streamline the program. Less and less paper is being used. iCentral continues to be successful in improving the overall efficiency of the program.
- Through the QI process, the therapy team was able to increase monthly visits on average by 79 per month. The therapists now have a central scheduler that coordinates all scheduling for evaluations, therapy visits and makeups. This change in process has allowed the therapist to provide more visits and to see more children.
- Social media continues to be used to educate the community on child development and the importance early detection of developmental delays. A new closed Facebook page-Cortland Early Intervention Family Network was developed to help EI parents connect with other EI parents and to find activities available in the community. There are currently 35 members on this page.

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: 154 referrals were made to EI in 2018. Most EI referrals (90%) came from physicians and families. 77 children were referred to Child Find in 2018 with all coming from Health Department activities, DSS and area hospitals. The county clinical team completed 127 EI evaluations and provided 4347 EI 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:

- More children with complex medical and developmental needs are enrolled in EI and Care at Home Waiver programs. Collaboration with Care at Home Waiver program

providers is a struggle and creates additional administrative oversight which is not billable through the EI system.

- There continues to be much confusion over how the Health Homes model will fit into the EI system. Planning continues as to how children will transition from Care at Home into Health Homes and continue with EI services.
- An increase in the number of children with hearing impairment has been identified. Due to limited services for children with hearing impairment within Cortland County, transportation costs are given to the family to travel outside the county for needed services.
- Ability to obtain insurance reimbursement continues to be an issue. 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 continues to be a lack of EI providers in Cortland County. In 2018 there were waiting lists for OT, PT and Speech. On-going contact with approved providers in the Cortland County catchment area takes place on a regular basis.

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 2018-19 grant amount \$ 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.
- Through the QI process, many changes were implemented to increase efficiency and streamline program procedures. Program changes have been very successful in improving the overall coordination of the program.
- 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.

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 2018 there were 127 new students referred to the program, about 54% of referrals coming from CAPCO and the Early Intervention program. 212 students were served in the Pre-K program (40 students received center based programming and 172 students received related services and/or SEIT in home/community based settings). Transportation, arranged for by Cortland County and provided through an extension of a 2 year contract with First Transit, was provided to 27 center-based students while 13 parents opted to transport their children and received reimbursement from the county.

CHALLENGES/BARRIERS:

- In 2018 we continued to see 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 providers created long waiting lists for these services. Most impacted where children living in rural areas of the county.

- Connecting with local school districts on a regular basis through quarterly meetings has not been successful. There will be an effort to improve this collaboration over the next year.
- Lack of integrated program slots also lead to children being on waiting lists.

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:

- Efforts took place to increase the number of referrals to the CSHCN program this year. Program coordinator worked closely with DOH staff to improve referral numbers and follow up data. Referrals for Children with Special Health Care Needs come as phone call inquiries from parents and caregivers looking for additional supports for their children. Follow up on these referrals is done by program staff and pertinent (non-child specific) statistical information is entered into a state data base.

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 vaccination clinics.

STAFFING: In 2018, 0.47 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
- Towns and Villages with websites post rabies clinic schedules which helps defray advertising costs. Clinic information is also distributed through social media and the County website. During the school year ~5000 backpack flyers with clinic information are distributed to Cortland County schools.
- In 2018, CRMC continued to perform the entire PET series due to insurance billing issues (provider networks) and convenience to the individual undergoing treatment. CCHD provides initial authorization and 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 2018, there were 185 incidents investigated, 110 pet confinements, 33 rabies specimens tested and 27 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". Most patients are referred out for treatment. Follow-up with animal owners is sometimes difficult.
- The misconception is that we will "take the animal" from the owner and therefore no information is given at the time of medical treatment in many cases.

COST/REVENUE: 36% State Aid funding for staff, program expenditures are 100% funded up to \$14,852. 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 2018, 0.10 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 2018, 32 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 2018, 0.12 FTE was spent in this program.

HIGHLIGHTS: none

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

ESSENTIAL STATS: In 2018 there were 26 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 2018, 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 2018, 2 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.
- One complaint will usually generate multiple field visits.

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; we also utilize social media in education efforts. Currently EH, Nursing and Health Education are partnering to further disseminate public knowledge on awareness and prevention.

STAFFING: In 2018, 0.03 FTE was spent in this program

HIGHLIGHTS: NYSDOH previously 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. We have been distributing “tick kits” at all venues. NYS has been

providing a number of kits but our requests outnumber the amount they are able to provide.

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.
- We have been distributing “tick kits” at all venues. NYS has been providing a number of kits but our requests outnumber the amount they are able to provide.

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 2018, 1.10 FTE was spent in this program.

HIGHLIGHTS: The Division currently has three FSIO1 certified staff members. A new staff member has completed the Basic Environmental Health Course and is also completing the required course work for FSIO1 certification. One staff member has completed the required testing for FSIO 2 certification and is waiting for Bureau certification.

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

ESSENTIAL STATS: There are approximately 330 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.

- There have been instances of permitted facilities adding/changing menu items that may change the risk category of their operation without notification to our office. We are not aware until an inspection is performed.
- Pre-operational inspections of facilities (new or changing ownership) are challenging in that they are time consuming, often involving multiple field visits.
- Language barriers present difficulties when dealing with food service operators.

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 2018, 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 26 Community, 9 Non-transient Non-community, and 50 Non-community public water supplies monitored in 2018. One bottled water facility was inspected.

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.
- We occasionally find that NYS Ag & Mkts may regulate the food processing of a facility but the water supply falls under Part 5 and is regulated by the County. Cooperation between Agencies is important as we see more breweries, distilleries and cideries being developed across the State.

COST/REVENUE: Funded through the \$107,162.00 Water Enhancement Grant money and permit fees, with the remaining costs funded at 36% State Aid

[LEAD IN SCHOOL DRINKING WATER](#)

PURPOSE: Is to identify and remediate lead in pipes in schools. On September 6, 2016, Governor Andrew M. Cuomo signed into law Chapter 296 of the Laws of 2016 requiring all public school districts and boards of cooperative educational services (BOCES) in New York State to test drinking water for lead contamination, and if over the actionable threshold to take remedial actions. Some of the most common sources of lead in school drinking water are water fixtures, drinking fountains, bubblers or lead solder used to connect pipes and fixtures.

Staffing: In 2018, 0.01 FTE was spent in this program.

Highlights: The school shall report to the Department, local health department, and State Education Department, through the Department's designated statewide electronic reporting system.

Mandate/Regulation: Lead Testing in School Drinking Water - 10 NYCRR Subpart 67-4, (Subpart 67-4) effective September 6, 2016. Subpart 67-4 applies to all schools, including those already classified as a public water system under 10 NYCRR Subpart 5-1

Essential Stats: All Public schools and BOCES campuses fall under this regulation.

CHALLENGES/BARRIERS: Local health departments incur administrative costs related to tracking local implementation, reviewing waiver applications, and compliance oversight.

Cost/Revenue: These activities are eligible for 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 2018, 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 32 permits issued in 2018.

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

COST/REVENUE: Funded through the \$107,162.00 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 2018, 0.06 FTE was spent in this program.

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

MANDATE/REGULATIONS: Some program activities are mandated; aquifer protection and monitoring are non-mandated

ESSENTIAL STATS: none

CHALLENGES/BARRIERS: The economic benefit of development is often times in direct opposition to environmental concerns.

COST/REVENUE: Funded through the \$107,162.00 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 2018, 0.35 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 571 permanently closed underground storage tanks. This protects the irreplaceable EPA-designated Sole Source Aquifer. This ground water source 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 427 registered tanks in Cortland County. There are 90 active bulk storage facilities in the 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 \$107,162.00 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 2018, 0.08 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.

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 2018, 0.61 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 32 permits issued in 2018.

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 \$107,162.00 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 2018, 0.18 FTE was spent in this program.

HIGHLIGHTS: There were no incidents of drowning at pools or beaches in the County in 2018.

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

ESSENTIAL STATS: There are 31 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 2018, 0.33 FTE was spent in this program.

HIGHLIGHTS: There were no disease outbreaks in 2018. EH staff is proactive in notifying camp staff of trends in reportable illness. EH staff also investigates camper injuries occurring during the season.

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.

On June 22, 2016, the Children's Camp code Part 7-2 was amended to contain requirements for all camps enrolling one or more campers with a physical or developmental disability. Also, subdivision 7-2.25(b) contains additional requirements for "Camps for Children with Developmental Disabilities," which are camps with an enrollment of 20% or more campers with a developmental disability.

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 2018, 0.01 FTE was spent in this program.

HIGHLIGHTS: EH staff also works with Tobacco Enforcement program staff in investigating complaints involving multi-unit housing.

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 2018, no formal 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.
- Any legislation concerning e-cigarettes and their use in public spaces will impact this program.

COST/REVENUE: 36% State Aid/ ATUPA grant of \$146,600.00 for 5 years '18 - '23.

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 2018, 0.19 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 2018, 13 XRF assessments were conducted.

CHALLENGES/BARRIERS:

- Risk assessors must be recertified every 3 years. This was done in the fall of 2017 with a cost of \$575.00.
- 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.
- Legislation to lower the BLL requiring investigation/assessment will impact the division. These legislative changes currently proposed by New York State are anticipated to increase the investigative work required beyond existing staffing capabilities.

COST/REVENUE: 36% 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 2018, 0.09 FTE was spent in this program.

HIGHLIGHTS: EH works closely with Health Education Tobacco Free Program staff member. On October 1, 2016, T21 became effective in Cortland County which raised the age to purchase tobacco and related products to 21. The County Sanitary Code was revised 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 2018 there were 43 tobacco retailers and 1 enforcement generated for sale of tobacco products to a minor.

CHALLENGES/BARRIERS:

- It has become increasingly difficult to recruit youth for compliance checks.
- Budget constraints are a barrier to T21 compliance checks.
- Proposed statewide adoption of T21 may increase the compliance checks.

COST/REVENUE: Mandated 100% funded by ATUPA grant of \$146,600.00 for 5 years 2018 – 2023 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 2018, 0.04 FTE was spent in this program.

HIGHLIGHTS: Staff actively participates in the Local Emergency Planning Committee (LEPC). In 2018 investigations into local Legionellosis outbreaks continued. 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

[Cooling Tower](#)

Purpose: To protect against outbreaks of Legionnaires’ disease associated with cooling towers.

Staffing: In 2018, 0.01 FTE was spent in this program.

Highlights: EH staff monitors the NYSDOH cooling tower registry for facility sampling compliance.

Mandate/Regulation: Public Health Law Section 225(5)(a) Part 4 –Protection Against Legionella became effective on July 6, 2016.

Essential Stats: In 2018, Cortland County had approximately 30 cooling towers registered.

Challenges/Barriers: Funding did not increase with the establishment of a new program.

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 2018, 0.10 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 track radon test results with GIS mapping software.

MANDATE/REGULATIONS: This is a non-mandated program

ESSENTIAL STATS: 106 Radon test kits were distributed to the public in 2018. GIS mapping prepared in 2013 shows locations of radon testing throughout Cortland County. Health Education's Healthy Neighborhoods Program also distributed detectors (59) 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 event was conducted at 1 Town meeting in the County in 2018.

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 2018 EH staff spent 0.17 FTE within these efforts. EH Staff participated as Logistics in a Wellness Day POD clinic in 2018.