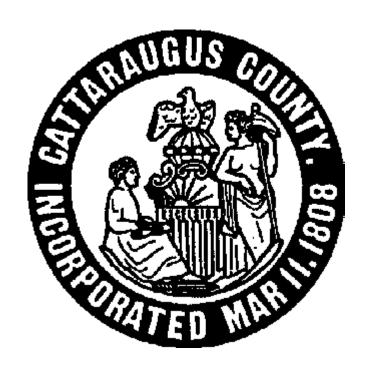
CATTARAUGUS COUNTY HEALTH DEPARTMENT



2008 ANNUAL REPORT

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CATTARAUGUS COUNTY HEALTH DEPARTMENT

2008 HIGHLIGHTS

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DEDICATION

The Cattaraugus County Health Department is excited to be able to dedicate this year's Annual Report to the Cattaraugus County Bicentennial (1808 – 2008). There have been many events over this past year to celebrate this 200-year birthday. One of the events that I am most proud of was the burying of the Bicentennial 100-year time capsule. I am proud because of the contributions this department made to this event. Staff at the Health Department spent many hours taking pictures of our staff and gathering memorabilia that represented our department. All this was buried in the time capsule.

The Cattaraugus County Health Department has a rich history that compliments this wonderful, bicentennial county celebration. It is for this reason that we combine the two into this memorable, annual report.

The Formation of Cattaraugus County Bicentennial (1808 – 2008)

In 1803, Major John Hoops, a Revolutionary War veteran, purchased twenty thousand acres of land from Holland Land Company. Major Hoops named this land Olean. The first permanent settlement was made in the vicinity of the current location of Olean by Major Hoops and his brother, Robert, in 1804. Within five years of this purchase, settlement of the land had begun.

On March 11, 1808, the County of Cattaraugus was formed from Genesee County, which in turn was taken from Ontario County. Because the new county did not have enough residents to organize a county government, its affairs were administered by Niagara County. By 1817, county government in Cattaraugus County was organized and Ellicottville chosen as the County seat. Courts were held in Olean. Within a year, a courthouse was built in Ellicottville, which burned down in 1829 and was quickly rebuilt. In 1867 the County Seat, and later the courts, were moved to their current location in Little Valley.

During this time, the land originally called Olean began to be broken into smaller towns and villages. In 1890, the last division was made and the 1,334 square-mile County of Cattaraugus now had a total of 32 towns and villages.

The Formation of the Cattaraugus County Health Department THE FIRST IN NEW YORK STATE Founded in 1923 85th Anniversary 2008

The early 1920s saw the beginning of substantial change in the provision of public health services to the populace in New York State. The Legislature passed laws in 1921 enabling counties to organize public health units and provide dollar-for-dollar matching funds. Prior to that time, most cities employed physician-health officers to enforce quarantine, deal with contagious diseases, encourage sanitary water supplies, etc. Residents of rural areas clearly did not benefit from that arrangement.

At the same time, the philanthropic Milbank memorial fund of New York City was seeking areas in which to demonstrate the effects of organized public health work on the health of the citizenry. Cattaraugus County was selected for the rural component of this project. Syracuse was chosen as the urban community. The metropolitan phase was funded as the Bellevue-Yorkville project in New York City.

In January 1923, the Cattaraugus County Board of Supervisors voted to organize the Cattaraugus County Health Department. City health districts in Olean and Salamanca were included under the county-wide Board of Health.

Over the next years (1923 - 1928), programs were phased in to include record keeping and reporting, county laboratory services, tuberculosis (diagnosis, treatment, and surveillance), school hygiene, social hygiene, sanitation and food inspections, and communicable disease control. The senior health officer of the State of Maine was hired as the first Health Commissioner.

Many of the programs initiated in the beginning years of the Cattaraugus County Health Department continue to be core activities today.

Throughout the years, the Cattaraugus County Health Department has continued to assess the health needs of the residents and develop programs to meet unidentified needs. Programs have been initiated, expanded or improved to meet the challenging health care needs of our communities. In addition, we have partnered with many organizations, agencies, and hospitals to help us meet our challenging goals for improving the health of Cattaraugus County residents.

2008 marked the 85th Anniversary of the Cattaraugus County Health Department, the first county health department in New York State!

It is an honor to have this opportunity to highlight these two, very significant, historical events in Cattaraugus County. I am proud to have been a part of both.

ADMINISTRATION

Barbara Hastings - Public Health Director Dr. Witte - Medical Director Kathleen Ellis - Administrative Officer Karen Manners – Administrative Secretary

Bicentennial Highlights



Jack Searles, County Administrator and Cheryl O'Keefe, Secretary to Administrator



Crystal Abers, Chairman of the Legislature Ringing the Bell

Wagon Train in Little Valley



Capsule

Welcome in Salamanca



Burying of the Time



BOARD OF HEALTH

The Board of Health insures the Public Health Laws, New York State and Cattaraugus County Health District Sanitary Codes are enforced to provide a safe and healthy environment for residents. The Board sets policy for the county that provides the department with a road map for implementing programs that ensure the health of county residents. In addition to these activities, the Board provides information and direction to the Cattaraugus County Legislature regarding public health issues. The Board of Health also serves as a governing body for activities of the nursing division of the Health Department by actively participating on Professional Advisory, Quality Improvement and Record Audit committees. In 2008, the Board of Health took enforcement actions on 18 cases and 6 appeals, down from 30 cases and 17 appeals in 2007. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health.

BOARD OF HEALTH MEMBERS

Andrew C. Klaczynski, MD, President
Joseph Bohan, MD, Vice-President
Frank Frost, MD
Joseph Eade
Sondra Fox, RN
James Lapey
Curtis Perkins
James Snyder
Thomas Thrasher

NURSING SERVICES – HOME CARE

CERTIFIED HOME HEALTH AGENCY (CHHA) Cattaraugus County Health Department successfully operates one of 185 CHHAs in New York State. Considered to be a less-costly alternative to care provided in the nursing home or hospital setting, home care encompasses a broad spectrum of health, therapeutic and social services delivered at home to persons with disabilities as well as patients who are chronically ill or recovering from an illness. Home care allows patients to receive vital health, therapy and social services in their setting of first choice — the home — where they experience the greatest sense of security. Advances in treatment and technology have allowed more people to leave institutions or never enter them. They can be cared for effectively and efficiently at home even if they have illnesses that at one time were treatable only in a hospital or institutional setting.

The Home Care division has continued to expand the point of care computerized medical record that was implemented in 2006. This technology allows clinical staff to access and record patient information during home visits, which can then be synchronized to the server allowing all staff to view. The technology enhances triaging abilities of evening, weekend and holiday staff. Additional contracted professional staff joined the system in 2008 which will promote coordination of patient care. The overall goal of this initiative is to promote efficiency and improve the quality of patient care.

CCHD's most frequently encountered home care diagnoses for 2008 in the Medicare population were diseases of the circulatory, endocrine, respiratory and musculoskeletal systems.

Quality and customer service are key components of CCHD. Quality is measured by patient outcomes, adverse events (AE) and random telephone satisfaction surveys. Patient outcome statistics and AE are derived from clinical and functional data collected by nurses and therapists on admission and at intervals during care.

Outcome data for 2008 posted on the public website www.medicare.gov *Home Health Compare*, reports that CCHD exceeds the state and national averages in 58% of quality measures and meets the averages in another 8%. This data includes measures such as patients being short of breath less often and patients that get better at walking or moving around. CCHD has the same or fewer adverse events than the national average in 69% of reported measures which include data on emergent care for injury caused by fall or accident at home and emergent care for wound infections/deteriorating wound status. Patient satisfaction surveys report that 92% of patients/families were completely or very satisfied with their care while another 8% report being somewhat satisfied.

Achievement of positive outcomes is associated with improvement in the quality of life for both the individual and family involved in care as well as lessens the need for more expensive forms of health care, making home care a very important part of the health care system in Cattaraugus County.

NURSING SERVICES (Continued)

In 2008, Cattaraugus County Health Department's Certified and Long Term Home Health agency **provided care to 1,884 individuals** with an **average daily census of 370**. Traditional Medicare remains the primary home care payment source, followed by Medicaid, Private Insurance, and Managed Medicare respectively. Cattaraugus County continued to provide charity care at no or reduced cost to individuals in need of skilled care.

CHHA AND LTHHCP VISITS FOR ALL DISCIPLINES

	2008	2007	2006	2005	2004	2003
Skilled Nursing	27,930	29,672	29,153	22,579	22,936	22,128
Physical Therapy	7,849	6,526	5,282	6,166	5,552	5,683
Occupational Therapy	1,657	1,242	1,005	966	831	845
Speech Therapy	390	333	273	254	203	191
Medical Social Work	63	6	6	14	12	10
Nutritionist	11	10	5	6	13	2
Home Health Aide	16,140	17,310	17,919	16,331	16,223	15,912
Personal Care Worker	9,348	9,313	10,706	14,726	13,637	16,349
TOTAL VISITS	63,388	64,412	64,361	61,042	59,407	61,120

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP) - Most individuals prefer to stay in their own homes for as long as they are able. The Long Term Home Health Care Program, which began in 1979, has been very successful in assisting individuals to meet this goal. Self determination, quality of life, an aging population, and the cost of health care have all intensified the importance of this program. In 2008, the LTHHCP had an **average daily census** of **60** patients with care provided to **77** individuals. Services available through the Long Term Care Program include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, and social daycare.

TELEHEALTH PROGRAM - The Telehealth program, which was funded through a competitive grant from the NYSDOH, was implemented in September of 2007 to promote quality patient care through the use of technology. The premise of this program is that if changes in patients' health status can be detected early and effective interventions initiated, then the need for emergency room care and/or hospitalization may be avoided. The process begins when a nurse installs a telemonitoring unit in the patient's home and establishes a connection to the

NURSING SERVICES (Continued)

department's computer system via the patient's phone line. The unit records the patients' responses to several individualized questions concerning new or worsening symptoms and records their weight, BP, pulse and oxygen saturation on a daily basis. This data is then transmitted to a registered nurse who evaluates the data and consults with the patients' personal physician as necessary. The physician may order interventions such as medication changes, blood work or other diagnostic tests that could negate the need for urgent care. **One hundred twenty six** patients received this service in 2008 with over **9,000** sets of data reviewed. Data gathered over the past 18 months indicate that the hospitalization rate for patients with telehealth has been reduced by as much as 10% compared to non telehealth patients. Almost 100% of patients said they would use telehealth again.

PRI/SCREEN (Patient Review Instrument and Long Term Care Patient Screening Instrument) - New York State requires that all individuals are assessed prior to admission to a Skilled Nursing Facility to determine if that person could be cared for in the community. These assessments are provided to current home care patients as well as individuals in the community upon their request. Currently 13 home care nurses are trained to perform PRI/Screens. **Forty - six assessments** were completed in **2008**.

DEPARTMENT SOCIAL SERVICES (DSS) - Since March 1997, the DSS has contracted with CCHD CHHA to perform assessments to determine eligibility for the Personal Care and Private Duty Nursing Programs. In 2008, CCHD made **329 assessment** visits on **personal care** and **private duty nursing** clients.

CLINICAL SITE ROTATION - Cattaraugus County Health Department Nursing Division provides nursing students of Jamestown Community College and Alfred State College the opportunity to gain valuable clinical experience in the Home Care field. Throughout the spring semester approximately 25 students accompany nurses on their visits. They learn how to apply assessment, organizational and communication skills, perform procedures, teach clients, and develop a basic understanding of home and community based health services.

NURSING SERVICES

HOME CARE STAFF

Susan A. Andrews - Director of Patient Services Barbara Parish - Supervising Community Health Nurse Patti Williams - Supervising Community Health Nurse Kerry Lehere - Supervising Community Health Nurse

OLEAN:

Judy Braymiller – Community Health Nurse (PT)

Kristin Brown – Community Health Nurse

Antoinette Fancher - Community Health Nurse

Sue Feldbauer – Community Health Nurse

Walter Hollamby - Community Health Nurse

Rebecca Lyman – Community Health Nurse

Rebekah Malone - Community Health Nurse

Ethel Milne- Community Health Nurse (PT)

Kay Reynolds – Community Health Nurse

Carol Skudlarek – Community Health Nurse

Anne Wilber - Community Health Nurse

Linda Waterman Moore – Licensed Practical Nurse (contracted)

Kim Moricca – Social Worker (PT) (5/08)

Earlena Baer – Keyboard Specialist II

Debra Lacher - Medical Record Technician

Deb Pettinato – Keyboard Specialist II

SALAMANCA:

Colleen Blendinger - Community Health Nurse

Stuart Burton - Community Health Nurse

Kathleen Cochran-Registered Nurse

Sandy Grey - Community Health Nurse

Lois Lowry – Community Health Nurse (11/08)

Kathy Marsh – Community Health Nurse (PT)

Bonnie Preston - Community Health Nurse (resigned 8/08)

Chastity Standish – Registered Nurse (8/08)

Kim Taylor – Community Health Nurse (8/08)

Julie Welch - Community Health Nurse

Dianna Kirchner - Licensed Practical Nurse (contracted)

Michelle Jennings - Keyboard Specialist II

MACHIAS:

Ann Barren - Community Health Nurse (PT) (8/08)

Linda Bishop – Community Health Nurse

Lorie Blecha - Community Health Nurse

Cristin Boyles - Community Health Nurse

David Fancher - Community Health Nurse

Laura Smith– Licensed Practical Nurse (contracted)

Karen Hoffmann – Keyboard Specialist II

NURSING SERVICES MATERNAL CHILD HEALTH

Cattaraugus County Health Department provides many services that promote the health of pregnant women, infants, children and families. These programs, through education and prevention, provide the framework to build strong and healthy family units where each child can grow to meet his/her potential.

MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS) - The MOMS Program was developed by the NYSDOH to improve birth outcomes in the high risk Medicaid population. Through this program, Cattaraugus County assists those without insurance who meet eligibility guidelines to receive presumptive Medicaid. Nurses, social workers and dieticians provide education and case management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. In 2008, the Department provided services to 72 females in the MOMS Program, which is a 48% increase over the number served in 2007. Approximately 37% of 2008 participants were 19 or younger.

NEWBORN VISITS - Using vital statistic information from NYSDOH, Community Health Nurses telephone the mothers of all newborns in Cattaraugus County to determine if they have any unmet needs. For many a phone call is all that is required, for others a home visit is made for further assessment, education or referral. Information and services provided vary per individual needs but all receive information on birth control, immunizations, lead poisoning prevention/testing, baby care, nutrition, safety, normal growth and development, parenting and importance of MD follow-up. Approximately 12% of all new mothers received a home visit in 2008. CCHD also assists NYSDOH in obtaining repeat blood samples for newborn screening for diseases such as cystic fibrosis, Krabbes disease and PKU.

SKILLED HOME VISITS -Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or their physician. A registered nurse develops a home care plan that includes skilled assessments, interventions, education, and reinforcement of positive health behaviors in the individual's own environment. **221 individuals** received Maternal Child Health visits in 2008.

NURSING SERVICES (cont'd)

LEAD POISONING PREVENTION PROGRAM – Elevated blood lead levels (EBLL) in children are often associated with learning and behavioral problems that may prevent children from reaching their potential. NYS law requires healthcare providers to test children for lead at one and two years of age. The Health Department monitored **1,569** blood lead levels via electronic reporting on the Heath Information Network to ensure that all children are tested and receive proper follow-up for any elevated levels.

Number of Children with New EBLL (Elevated Blood Lead Levels)

in Cattaraugus County 2004-08

Lead Level	2008	2007	2006	2005	2004	Intervention
10-14 ug/dl	8	11	8	8	7	Home visit by a CHN for assessment and teaching on ways to reduce
15-19 ug/dl	5	4	1	6	4	exposure. Case management to ensure blood levels decrease.
20-44 ug/dl	1	0	4	3	1	Same as above + Home Visit by Environmental Health (EH) staff for assessment, teaching, and abatement information.
45-69 ug/dl	0	1	0	1	1	Notify state Home visit within 24 hrs F/U blood test within 48 hrs Refer EH

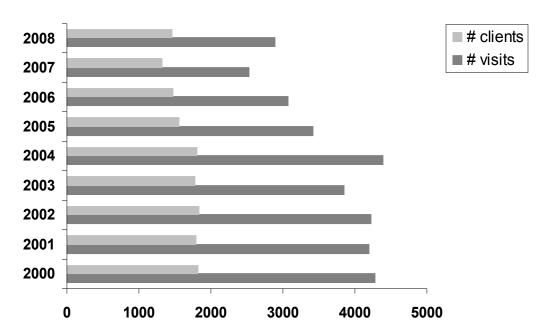
NURSING SERVICES (Cont'd)

COMMUNITY HEALTH - CLINICS

FAMILY PLANNING CLINICS - Reproductive Health Services for both men and women are offered at Health Department offices in Machias, Olean, Salamanca and at New Directions in Randolph. CCHD's major goal remains to reduce pregnancies among adolescent females and reduce the number of unintended pregnancies in all age groups. These goals can be achieved by ensuring access to basic reproductive health education and comprehensive reproductive health care. Community outreach and education are vital to providing the factual information that is necessary for responsible decision making. Information on the various outreach and education services provided may be found in the Health Educator section of this report. Comprehensive reproductive health care includes physical & laboratory examinations, contraceptives, emergency contraception, counseling/education and cancer/STI screening for adolescents and adults

CCHD FPC Client/Visit Comparison

Source: Ahlers 2000-08



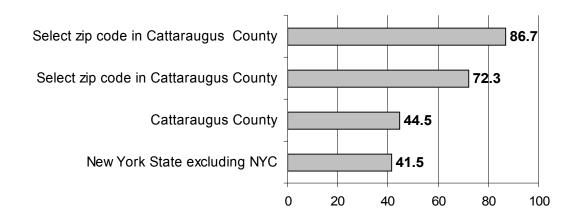
CCHD FPC saw a modest 5.2 % increase in clients and a 6 % increase in visits in 2008.

Community Health Clinics (Continued)

ADOLESCENT PREGNANCY IN CATTARAUGUS COUNTY - The following data demonstrates the need for factual reproductive health education and care to promote both delays in sexual activity and protective behaviors for teens who become sexually active.

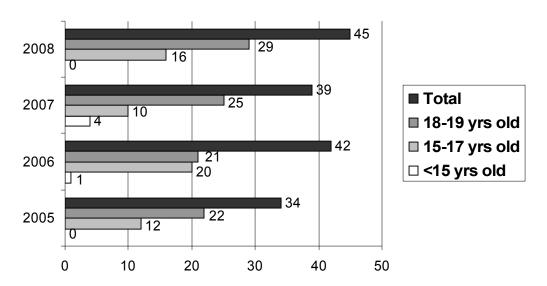
Pregnancy Rate/1,000 15-19 yr olds 2004-2006

Source NYSDOH



Positive Adolescent Pregnacy Tests CCHD FPC

Source: Ahlers 2005-08



NURSING SERVICES (Continued)

DISEASE PREVENTION - Cervical cancer is **preventable** through vaccination and routine screenings. In 2008, Cattaraugus County Family Planning Clinic performed **863 pap smears** on **769 clients. Two hundred thirteen pap smears** were **abnormal** and another **9** had **significant abnormalities** which required immediate follow-up including colposcopy and/or referral for treatment. **Twenty-one colposcopies** were performed by the clinic nurse practitioner.

Gardasil is the cervical cancer vaccine that helps protect against 4 types of human papillomavirus (HPV): 2 types that cause 70% of cervical cancer cases, and 2 more types that cause 90% of genital warts. In 2008 utilizing private insurance, Family Planning, Cancer Services and Vaccine for Children (VFC) funding, CCHD was able to provide **362** doses to girls and young women ages 9 to 26.

CANCER SERVICES PROGRAM (formerly **Healthy Living Partnership**) – This program ensures that individuals who are either underinsured or uninsured are able to receive regular health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals on this program. **One hundred thirty-one** clients received services from the clinic through this program.

SEXUALLY TRANSMITTED INFECTION (STI) CLINIC - In accordance with the NYS Sanitary Code Part 23.2, CCHD is required to provide free, confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and their contacts received education, treatment and follow-up.

Office	Olean	Salamanca	Machias	Total
# visits	255	63	38	356

The two most common sexually transmitted infections in Cattaraugus County are Chlamydia and Gonorrhea. The number of cases detected during routine family planning visits more than doubled in 2008 for a total of 45 and 4 respectively. In STI clinic 14 tested positive for Chlamydia and 4 clients tested positive for Gonorrhea. All clients with positive tests, and their contacts when indicated, received education, treatment, and follow-up.

HIV TESTING - The Health Department is a primary provider of HIV testing in the county. Early detection and treatment enhances quality of life and longevity. Confidential counseling and testing are offered to all individuals utilizing our clinics. The Health Department provides Rapid HIV testing using oral fluids, with results in 20 minutes. In 2008, 455 individuals were tested for HIV in Family Planning Clinic, 246 in STI Clinic, and 29 at Health Fairs. One individual tested positive in 2008.

NURSING SERVICES (Continued)

HYPERTENSION SCREENING - The mortality rate of heart disease in Cattaraugus County (368/100,000) significantly exceeds that of New York State (257/100,000) and remains the leading cause of death. Substantial medical research exists that supports the importance of maintaining tight blood pressure control to **prevent** stroke and heart attack. To promote cardiovascular health, Community Health Nurses provide hypertension screening at various locations in the county throughout the year. Individuals with readings that vary from the norm are encouraged to follow-up with their private medical providers.

Community Health Hypertension Screening								
Year	2008	2007	2006	2005	2004			
Number Screened	1189	1383	1681	1422	971			

PHYSICAL EXAMS - Clinic staff provide routine physical exams for new employees of the county, villages, towns and fire departments as well as for college admission, working papers and other community businesses and organizations. The number of physicals performed in 2008 increased by 12% from 2007.

	Clinic Physical Exams										
County	City	Fire	Business &	College	Sport	Working	Other	Total			
	Village	Dept	Organization	& Schools		Papers					
	Town										
106	30	36	26	12	3	11	8	232			

NURSING SERVICES

COMMUNITY HEALTH - COMMUNICABLE DISEASE - IMMUNIZATION

COMMUNICABLE DISEASE -Disease prevention, detection and containment are core functions of the Health Department and the Community Health Nurse. These basic tenets apply whether it is responding to a localized outbreak of a particular disease or pandemic influenza.

The table below lists the type, frequency and rate of select communicable diseases occurring in Cattaraugus County in 2008 compared to the average rate of the previous 3 years. Chlamydia continues to be the most commonly reported communicable disease. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect and contain the spread of disease.

DISEASE	2008	2008 Rate*	Average Rate*
	Frequency		(2005-07)
CAMPYLOBACTERIOSIS	12	14.7	8.6
CHLAMYDIA	132	172.2	107.9
CRYPTOSPORIDIOSIS	1	1.2	1.2
E.COLI 0157:H7	2	2.5	1.2
GIARDIASIS	4	4.9	7.4
GONORRHEA	17	20.9	17.2
HEMOPHILUS INFLUENZAE,INV B	1	1.2	0
HEPATITIS B,ACUTE	0	0	0
HEPATITIS B,CHRONIC	0	0	0
HEPATITIS C,CHRONIC	18	22.1	14.7
INFLUENZA, A	14	17.2	17.2
LEGIONELLOSIS	0	0	0
MENINGOCOCCAL	0	0	1.2
MENINGITIS, ASEPTIC	2	2.5	1.2
MENINGITIS, OTHER BACTERIAL	0	0	1.2
PERTUSSIS	10	12.1	24.5
SALMONELLOSIS	9	11.1	9.8
SHIGELLOSIS	0	0	0
STREP GROUP A,INVASIVE	2	2.5	1.2
STREP GROUP B,INVASIVE	2	2.5	4.9
STREP PNEUMO, ,INVASIVE	10	12.3	8.6
SYPHILIS	0	0	0
TUBERCULOSIS	0	0	1.2

* rate /100,000

NURSING SERVICES (Continued)

TUBERCULOSIS CONTROL - Cattaraugus County had **no active cases** of Pulmonary Tuberculosis in 2008. **Tuberculin testing** was provided to **756** clients with **9** individuals testing **positive.** Individuals with a positive test are required to follow-up with either the Health Department or their private physician. Through regular follow-up and prophylactic medication, active tuberculosis can be prevented. **Thirty -five individuals** received care in 2008 in Chest Clinic and **8** were started on medication.

NURSING SERVICES

COMMUNITY HEALTH - COMMUNICABLE DISEASE - IMMUNIZATION

IMMUNIZATION PROGRAM – To ensure access to immunizations and prevent disease, CCHD offered immunization services at four sites throughout the county at no charge to individuals under age 19 and for a minimal charge to individual's age nineteen and over.

The following table lists the types and numbers of vaccines given by the Health Department Nurses to adolescents and adults.

IMMUNIZATION	Number Given	Number Given
	Age 18 yrs and	Age 19 yrs and
	Under	Over
DTaP	32	-
DtaP-HIB (Trihibit)	4	-
DtaP-HIB-IPV (Pentacel)	6	-
DtaP-IPV (Kindrix)		
DtaP-HEP B-IPV (Pediarix)	21	-
HEP A	5	31
HEP B	4	215
HEP A & HEP B (Twinrix)	0	7
HIB-HEP B	2	1
HIB	2	0
HPV (Gardasil)	111	251
INACTIVATED POLIO (IPV)	29	7
MENACTRA (MCV4)	125	19
MMR	40	23
MMRV(ProQuid)	4	-
PNEUMOCOCCAL(polysacc)	-	84
PREVNAR (pneumo-congugate)	22	-
ROTOVIRUS	5	-
Td	2	57
Tdap	169	55
TYPHOID	12	45
VARICELLA	53	3
Zostavax (shingles)	-	25
sub total	648	822
Total		1,470

NURSING SERVICES (Continued)

Reimbursement, regulatory and quality initiatives continue at the state and federal levels to encourage all individuals to receive vaccinations from their primary care providers as opposed to public clinics. Many of the clients immunized by the health department either have no insurance and/or primary care provider or require travel vaccinations that their provider does not offer.

HEPATITIS PROGRAM - Cattaraugus County Health Department provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk. Education regarding risk factors and prevention are provided at most clinic encounters and at various programs in the community.

INFLUENZA –Flu is a contagious respiratory disease that is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year in the United States. To limit the impact of influenza in Cattaraugus County, the Health Department administered **4,690 doses** of vaccine together with education and surveillance for local influenza activity.

RABIES – Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva of infected mammals. If individuals receive prompt treatment following an exposure to the virus, rabies can be prevented. The majority of exposures occur due to potential contact with bats. Most individuals requiring post exposure rabies did so because the animal was not available for testing. All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

# Post-Exposure Rabies Treatments/Year in Cattaraugus County								
2000	2001	2002	2003	2004	2005	2006	2007	2008
53	47	54	30	36	47	44	76	67

	# Post Exposure Human Rabies Treatments/ Species									
	Bat	Raccoon	Dog	Raccoon/dog	Cat	Opossum	Other			
2008	30	14	2	0	9	0	Cow - 8, Skunk - 1, Rabbit -2, Horse - 1			
2007	46	10	7	3	9	0	Fox - 1			
2006	23	5	6	0	9	0	Unknown - 1			
2005	29	5	4	2	3	2	Porcupine/dog -1, Deer - 1			

NURSING SERVICES (Continued)

Pre-exposure vaccination series were administered to **6 individuals** at risk for occupational or recreational exposure to rabies. This number was decreased from 2007 due to a **vaccine shortage** beginning in July, which required that available vaccine be prioritized for post exposure cases. Another **10** people in this category had their immunity to rabies monitored through **titers**.

COMMUNITY HEALTH STAFF

Susan A. Andrews - Director of Patient Services Mary Anne Power - Supervising Community Health Nurse Mariann Graczyk - Nurse Practitioner Julia McAndrew - Nurse Practitioner Janet Cottillion - Community Health Nurse (PT) Gayle Faulkner - Community Health Nurse Susan Lorenz - Community Health Nurse Laurie McClory - Community Health Nurse Laurie Poole - Community Health Nurse Lucy Krol - Reproductive Health Educator (contracted) resigned 8/08 Tara Leonard - Reproductive Health Educator (contracted) 10/08 Karen Anderson - Keyboard Specialist II Gloria Artlip - Keyboard Specialist Nancy Eaton – Keyboard Specialist II Karen Kell - Account Clerk Typist Mary Wheeler - Account Clerk Typist Carmen Spencer/Peggy Davis - Per Diem Keyboard Specialist

ENVIRONMENTAL HEALTH

RABIES – In Cattaraugus County, a total of 158 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 14 were positive (1 skunk, 3 bats, 7 raccoons 1 fox, 1 horse, and 1 bovine). Five animal vaccination clinics were conducted during which 1,527 dogs, 792 cats, and 47 ferrets received vaccine. \$2,139.90 was collected in donations at these events. 96 animal bites were also investigated and 67 persons received post-exposure shots. The Health Department also gave 1043 doses of rabies vaccine to the SPCA's veterinarian for vaccination of pets at their shelter and events.

PUBLIC WATER SUPPLY - The Department inspected and monitored the operations of 230 public water supplies. These are broken down by definition as 73 "community" systems, 16 "non-transient noncommunity" systems, 104 "noncommunity" systems, and 37 "non-public" systems. 12 of these are at facilities regulated by the NYS Department of Agriculture and Markets.

During 2008 Division staff:

- performed required inspections at 147 of the regulated supplies
- collected over 1,700 microbiological samples for laboratory analysis
- collected 237 samples for nitrate analysis
- made sure that each system met the Annual Water Quality Report (AWQR) deadline
- assisted several operators with licensing requirements (i.e. certification exams/ training)
- attended training on implementation of the new Ground Water Rule

Again in 2008 the Department prepared an approved workplan and applied to the NYSDOH for the Enhanced Drinking Water Program grant. These funds are used to directly offset a portion of certain staff salaries, to support and maintain County Laboratory water testing services.

Noteworthy achievements in specific communities are outlined as follows:

The <u>Town of Allegany</u>, after holding public hearings, created a town-wide water district. This legal move was undertaken to readily provide for future expansions of their infrastructure, as well as consolidate some previously undistracted service areas where repairs are needed.

The <u>Village of Delevan</u> still continues to search for funding to reconstruct their springs and install filtration treatment. Distribution system improvements to their aging infrastructure are also needed. No funding assistance (grants or low interest loans) have been secured yet. In early 2008 they were officially declared in violation of federal and state drinking water

regulations and mandatory quarterly public notifications are now being performed.

ENVIRONMENTAL HEALTH (Cont'd)

The <u>Town of Perrysburg</u> substantially completed construction on the Perrysburg Central Water District distribution system. This is the project that will merge the operations of the Village of Perrysburg and NYSDDSO, which owned the water system prior to the closure of the JN Adam Developmental Center. Work will continue in 2009 on the well and treatment plant upgrades in addition to new customer service connections.

The <u>Crystal Water Company</u>, which serves the hamlet of West Valley, dates back to 1910. The old springs have been declared "Under the Influence of Surface Water" and therefore must also be filtered or abandoned in lieu of new wells. The water company owners have determined that it is not possible for them to undertake/finance the capital improvements necessary to bring the system up to modern standards of compliance and wish to turn the system over to the Town of Ashford. The Crystal Water Co. has also been officially declared in violation of federal and state drinking water regulations and is performing the mandatory quarterly public notifications. It is the Health Department's position that the community must endeavor to establish a municipal water district and then search for funding to upgrade the system for the benefit of the community and district customers. The Town hired an engineering firm to develop updated cost estimates and make recommendations for the Board to act on.

The <u>Town of Machias</u> Water District completed an engineering study in late 2007 in an attempt to decide how best to continue service to customers on their old spring line once the spring source is officially shut off and abandoned. Similar to West Valley, Otto and Delevan, their old spring must now either be filtered or disconnected. Cost estimates to rehabilitate the remote old source and transmission line, and install the required treatment were prohibitive. Therefore the Board decided that the Spring must be abandoned which will then require that the Town drill a number of private wells for customers on the soon-to-be abandoned spring transmission line. The also are performing mandatory quarterly public notices due to this formal violation.

The <u>Village of Cattaraugus</u>, at the request of the Health Department, undertook inspections of their old springs and transmission lines which had been neglected for decades and are in need of significant rehabilitation work. An engineering study to evaluate these critical facilities, develop cost estimates for the necessary improvements, and prepare designs for the first phase of priority work was nearing completion at the end of 2008. The challenge for the Village Board will be to find funding or otherwise attempt to budget for all the necessary work. The Department will participate in Village meetings to help facilitate the improvements.

The <u>Town of Otto</u> Water District received Health Department approval of their engineering plans for the installation of new required treatment on their unfiltered spring in 2008.

The project went to bid late in the year and construction must be completed in 2009 to avoid **ENVIRONMENTAL HEALTH (Cont'd)**

public notification requirements.

INDIVIDUAL SEWAGE TREATMENT/COMMUNITY PROJECTS – The program which annually requires the largest portion of field staff time is the design and inspection of private sewage disposal systems, and sanitary surveys of private sewage and water systems for real property transfers. The year 2008 was no exception, with 296 sewage system permits issued, and 417 property transfer surveys conducted. These numbers however represent a significant decrease from 2007 (16 fewer permits; 125 fewer property transfer surveys), which undoubtedly reflects the downturn in the economy. Fewer homes are being sold or constructed.

The Health Department also worked to promote/support new public sewer projects in the Towns of Olean, Machias (Lime Lake), and Yorkshire.

FOOD PROTECTION – There are presently 424 food service establishments and 16 summer feeding sites operating in Cattaraugus County. In addition, last year 224 temporary food stand permits were issued. No foodborne disease outbreaks were reported or investigated. Several staff members are in various stages of training to receive their NYS Food Service Inspection Officer (FSIO) certification. This program attempts to ensure that all county restaurant inspections statewide are conducted in a standardized way. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.

ATUPA (ADOLESCENT TOBACCO USE PREVENTION ACT) (10/01/07 – 09/30/08) – 82 ATUPA compliance checks with minors were conducted at 60 establishments. Of the 82 checks completed, there were 14 sales of tobacco products. Overall, minors under the age of 18 were able to purchase tobacco at 17% of the businesses. Tobacco sales registration checks were performed at 58 retail establishments and 2 vending machines across the County in 2008. This is an annual requirement resulting from collaboration between the NYSDOH and the State Department of Taxation and Finance.

CIAA (CLEAN INDOOR AIR ACT) – In July 2003 a revised CIAA became effective which virtually eliminated smoking indoors in most public places. In 2008 there were 20 smoking compliance checks conducted in establishments around the County. From these compliance checks there were 5 enforcement hearings scheduled. In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a "Membership Association". In 2008 4 waiver renewal applications were received and approved. Conversely, 7 renewal Membership Association applications were received and approved.

ENVIRONMENTAL HEALTH (Cont'd)

WEST NILE VIRUS/INSECT CONTROL PROGRAM – Larval surveillance began on May 27th and continued until August 14th. Based on the relatively large number of larval mosquitoes, an aerial application of larvicides was done June 27th through July 2nd. Approximately 4,100 acres were treated. Adult surveillance began on May 29th and ended on August 14th. Adult mosquito activity was high at some of our trap sites. 47 mosquito specimen pools were submitted to the State Laboratory for analysis. There were no detections of West Nile Virus, but there were three detections of Trivittatus virus, Jamestown Canyon virus, and Potosi virus. As in 2007, no birds were submitted for West Nile Virus testing in 2008. There were also no human cases of arbovirus reported in the County for 2008.

PUBLIC HEALTH NUISANCES – The Environmental Health Division responded to 157 complaints regarding possible health concerns. This resulted in 9 formal enforcement actions being taken to bring about correction of a Sanitary Code violation.

TEMPORARY RESIDENCE PROGRAM – The Division permits 47 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as a children's camp in the summer within the county. Services/inspections at these facilities can include a kitchen operation, public water supply treatment, on-site sewage disposal system, and swimming pool or bathing beach. We are following up on some outstanding fire safety and electrical concerns at a few of these facilities.

PUBLIC BATHING FACILITIES - In 2008 the Department permitted and oversaw the operation of 51 public bathing facilities within the county. These are broken down as 43 pools, 6 spas, and 7 beaches. Some permitted facilities have multiple pools (i.e. pool plus spa or wading pool) and some operations are seasonal (i.e. outdoor/summer only). A total of 58 official inspection visits at permitted facilities were recorded. 10 pools are operated at various schools, 8 at children's camps, 11 at temporary residences, 10 at campgrounds, and 11 are operated by other entities such as municipalities, country clubs, private clubs, or the YMCA. The Department also conducts a bathing beach sampling program to determine when beaches should be closed due to high E. coli bacteria counts. A total of 83 beach samples were collected (at least weekly from each beach) which resulted in 5 beaches being temporarily closed. Beach closings are usually associated with turbid conditions following a significant rainstorm event. Also of significance is that in 2008 Congress passed the Virginia Graham Baker Pool and Spa Safety Act which will, among other things, require that all public pools in the country replace their existing bottom drain covers, with new approved grates that will eliminate the chance of suction entrapment. Health Department staff will have to educate all pool operators of this new law in 2009 and monitor for compliance.

ENVIRONMENTAL HEALTH (Cont'd)

CHILDREN'S CAMPS – The Division permitted 16 children's camps in 2008. Many of these camps are operated by scouting, religious, or other non-profit organizations. Services/inspections at these facilities can also include a food service operation, public water supply treatment, on-site sewage disposal system, and a swimming pool or bathing beach. Regulating these camps is a very time consuming effort each summer. Many staff days are required afield and numerous written safety plans must be updated and formally reviewed/approved annually.

MOBILE HOME PARKS – The Division permits 37 mobile home parks. The capacity of the mobile home parks under permit range from a minimum of five homes to over 300 homes. The operations at these facilities also commonly includes a community water supply and on-site sewage disposal system.

TATTOO/BODY PIERCING PROGRAM - The Division regulates 6 tattoo shops located in the County. The purpose of this program is to prevent the transmission of blood-borne pathogens during the tattoo process. Sterilization equipment at these facilities must be tested on a quarterly basis. Additionally, in response to increasing parental complaints about piercing of minors, the County Board of Health added Part 27 to the Sanitary Code in March of 2005. This county regulation does not require a permit or regular inspections, but prohibits the body piercing of any minor less than 18 years old, without parental consent. Such consent forms must be retained on file for Health Department or law enforcement review in the event of any reported violation and subsequent complaint investigation. There were 0 enforcement actions required to be taken in this program in 2008.

CHILDHOOD LEAD POISONING CONTROL – Referrals for 2 children with elevated blood lead levels were received from the nursing Division in 2008. Environmental investigations were conducted at 3 residences associated with the children (one from an ongoing investigation). Lead paint hazards were identified at all 3 residences. Monitoring of the remediation process is continuing. The NYSDOH is currently proposing to lower the threshold blood lead concentration, which would trigger Environmental Health investigations and abatement work, from 20 mcg/dl to 15 mcg/dl. This would result in a significant increase in referrals and caseload, with no additional staff or resources to carry out the time consuming work and necessary follow up.

ENVIRONMENTAL HEALTH (Cont'd)

ENGINEERING PLAN REVIEWS – Following is a summary of the number of formal engineering projects reviewed and approved for each program category in 2008.

Program Area	# Reviewed	# Approved
Public Water Supplies	15	16
Sewage Disposal Systems	9	9
Swimming Pools	2	1
Campgrounds	_1	_0
Totals	27	26

ENFORCEMENT – Throughout the year a total of 63 formal enforcement actions were processed for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. The cases ranged from sewage discharges, public water monitoring, restaurant and Clean Indoor Air Act violations, to pets improperly vaccinated against rabies and public health nuisances. In excess of \$15,782.00 has been collected in fines and nearly \$8995 more in assessed and accruing penalties remain unpaid from 2008. There are also \$32,900 in outstanding fines from previous years which are still due, pending ongoing collection proceedings.

HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION - The

Division works closely with both the NYSDEC and USEPA to both facilitate and monitor the cleanup of hazardous waste sites throughout the county. The Department acts as the county repository for all remedial investigation (RI) reports, health risk assessment (HRA) studies, and long-term monitoring reports and data for all existing sites. Division staff also regularly attend public informational meetings and hearings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2008 the Department actively participated in the following projects:

- West Valley Demonstration Project (County representative on Citizen Task Force)
- Olean Brownfield Opportunity Area (BOA) pre-nomination study
- Completion of Peter Cooper- Markhams remediation project
- ALCAS/Olean Wellfield remedial investigation (amended ROD expected in 2009)
- Completion of Cattaraugus Brownfield project (Bush Industries Site)
- Annual testing of all private wells in the Little Valley TCE project boundary.

ENVIRONMENTAL HEALTH STAFF

Eric Wohlers – Director

Raymond Jordan – Senior Sanitarian

OLEAN:

Christopher Crawford- Water Resource Specialist
Chris Covert – Sanitarian
Rebecca Johnstone – Sanitarian
Robert Martin – Sanitarian
Elisha Rust – Technician
Elaine DePonceau – Keyboard Specialist II
Desiree Ottley – Keyboard Specialist

LITTLE VALLEY:

Deidre Murray – Sanitarian Andrew Wolf - Sanitarian Michael Hastings - Technician Regina Rogers – Keyboard Specialist

Machias:

Lawrence Sniezak - Sanitarian Rhonda Kelley – Technician Karen Hoffmann – Keyboard Specialist II

HEALTH EDUCATION

In 2008, Health Education continued promoting healthy lifestyles to Cattaraugus County residents by increasing educational efforts with an interactive focus. This has been accomplished through programs for all grade levels in schools, health fairs at local businesses, and presentations to support group meetings. Health Education also loaned out its materials and visual displays to schools, businesses and meeting groups for further educational opportunities. The Health Education Division continues to be a reputable and sought after source for information in the community.

The Glo Germ Handwashing Program continues to be the most popular program for all age groups. This presentation reinforces proper hygiene for lead poisoning prevention, stopping the spread of contagious diseases and raising awareness of a pandemic flu, which covers most areas of public health.

Dental programs are also very important to Cattaraugus County residents. Many children do not have a toothbrush or toothpaste and dental caries is a major issue. Improper diet, soda drinking, dangers of tobacco and proper oral hygiene are components of this program.

Health education has also worked collaboratively with weight loss support groups in providing them with pedometers, fitness guides and nutritional information with contributions from Healthy Community Alliance and Cornell Cooperative Extension. These have been provided to 4 school weight loss programs and 2 weight loss support groups. Feedback from the aforementioned organizations has been very positive.

HEALTH EDUCATION

The main presentations in 2008 include:

Educational	# of	#	Venues	Incentives
Program	Programs	Served		
Handwashing Glo Germ Program	174	3,323	Day Care Centers, Schools, Guidepost, businesses, health fairs	Age appropriate workbooks, stickers, pamphlets
Toothbrushing Program	81	2,234	Schools	Toothbrushes, floss, activity books, toothpaste, parent guide
*Nutritional Program	47	875	Schools, Guidepost, Day Care Centers, businesses, health fairs	New Food guide pyramid pocket cards, pedometers, Fast Food and nutrition slide guides, lunch bags
General Health/Wellness	5 week Summer school session	18	Limestone Youth Facility	Summer school session for 5 weeks focused on healthy diet, physical activity, tobacco education, hygiene. Final session was the preparation of a nutritious lunch for entire facility.
Arthritis Self-Help Program	2 six-week sessions	16	Linwood Center in Allegany	Self-Help books and resources were given to all participants
Osteoporosis Screening		217	Businesses, Family Planning Clinics, Wellness Fairs	Brochures, individual counseling
Lead Poisoning Prevention/ General wellness	6 (program began 9/08)	140	Olean Food Pantry	Focus group discussions provided knowledge to participants. Hand soap, sanitizer and health information was provided to all participants
Communicable disease reporting information and lead poisoning prevention info	15 in home and public day care centers	200+		Participants were provided all pertinent information and bottle of hand soap was distributed to encourage lead testing
Focus Group Discussions	12	240	Various WIC sites	Discussions about lead testing, parental issues were conducted at WIC sites. Parents received pertinent information and soap. This program began 10/01/2009
Summer Safety/Rabies Program	9	740	Allegany State Park Program, Summer School sessions	Bags with educational information for parents and students, workbooks, fly swatters, water bottles, rabies magnets

*Cornell Cooperative Extension and Health Community Alliance provided the incentives for programs. These greatly enhanced presentations and offered additional support to participants.

HEALTH EDUCATION (Continued)

Health education staff also attended several health/wellness fairs in 2008. They included the YMCA's Corn Festival, Cattaraugus County Fair, Cattaraugus/Little Valley School, City of Olean, NeighborWorks, Rehabilitation Center, Parent Education Center, Department of Aging Picnics, Olean Child Day Care, Salamanca School, Seneca Nation among several others. Health Fairs have become more interactive with blood pressure and/or osteoporosis screenings, handwashing, lead poisoning questionnaires and nutritional body fat analysis.

Education staff actively participate in many councils, coalitions and partnerships, i.e. Southern Tier Wellness Partnership, Healthy Living Partnership of Cattaraugus County, the Tobacco-Free Coalition of Cattaraugus County, the Diabetes Coalition of Western New York, the Asthma Coalition of Western New York, Integrated County Planning, the Regional Dental Committee, Youth Development Coaltion, etc.

The Health Department Education staff serves as consultants for internal and external grant applications. Additional responsibilities include reporting monthly, quarterly and yearly to New York State Department of Health as well as attending local, regional and state meetings.

Because the Western New York Public Health Alliance (WNYPHA) is an incorporated entity, several New York State Department of Health chronic disease funding requests for the eight county region are submitted through the Alliance umbrella.

Reproductive Health Education

The Health Department was able to continue to initiate many innovative programs in 2008 to provide outreach and education to work plan targeted populations in the county.

Girl's Retreat was a weekend camp designed to empower female youth through education and activities with the goal of leadership skills and self discovery to better prepare girls for enhanced decision-making and community responsibility.

Male Adventure was a day of challenges and self-discovery in which adolescent boys gained leadership skills and pride in accomplishing the challenges.

The CCHD School Nurse Dinner – A spokeswoman from the Child Advocacy Center spoke to the nurses on the services provided to children of sexual abuse at the center. The dinner is an opportunity for the Health Department to share new information and upcoming programming

with the school nurses who serve the county's population. Thirty-three school nurses were in attendance.

HEALTH EDUCATION (Continued)

Salamanca Alternative Education Teen Drama – CCHD continued the youth reality theater group, for a second year, with the purpose of peer education. Participating youth are at-risk GED students. The goals include leadership skills, team building, increased self-esteem, and enhanced decision-making skills.

Youth Development Coalition (YDC) – The Cattaraugus County Health Department is an active member of YDC, which is comprised of countywide human service agencies with the goal of promoting positive youth development. In the spring, an annual Youth Summit was held for 52 students (ages 13 to 19) and 33 adults. The annual Fall Event was a Youth Speak Out; 119 middle and high school students and 41 adults.

School Programming – Eight schools in the county received programming. Topics included: Sexuality, STDs/HIV, Anatomy & Physiology of the Reproductive Systems, The Media and Sexuality, Puberty and Hygiene, Relationships and Boundaries and Fetal Alcohol Spectrum Disorders.

Community Education/Training Programs:

AUDIENČE	# OF	# OF
	SESSIONS	PARTICIPANTS
Youth (1-12 years old)	5	150
Teens	27	1300
Parents	24	364
Adults	17	790
Professionals	6	93
TOTAL	79	2,697

HEALTH EDUCATION (Continued)

SPECIAL PROGRAMS KISS PROGRAM (KIDS IN SAFETY SEATS)

Purpose: To provide child safety seats to eligible families and to inspect, install and educate

any caregiver as to the proper use of car seats.

Funding: Functions independently with assistance from Governor's Traffic Safety Council,

Cattaraugus County Sheriff's Department.

Activities: Potential clients must come to a Certified Safety Seat Check or to the Permanent

Fitting Station to have seat properly installed. Those in need of a new seat are asked for a \$20 donation. In hardship cases, a seat is provided free of charge. With collaboration of the Cattaraugus County Health Department and Sheriff's Office, 5 checks were sponsored throughout the county and 11 monthly Permanent Fitting Station checks were conducted at the Allegany Fire Dept. A total of 329 seats were checked with 211 seats distributed. One hundred fourteen seats were taken out of circulation due to recall, age or condition of seat. Only 9 seats came into the check properly installed. This program continues to increase because of the cost of new car seats, education at childbirth classes, and recommendations from

participants.

Tri County Tobacco Control Program

Vision and Mission:

The Vision of the New York Tobacco Control Program (NY TCP) is that all New Yorkers live in a tobacco free society. The Mission is to reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State. Preventing and reducing cigarette use is the single most important step New York can take to improve the health of its citizens, reduce morbidity and mortality, and reduce health care costs.

The Tri County Tobacco Control Program (TCTCP) of Chautauqua, Cattaraugus and Allegany Counties is funded through the NY TCP, with Chautauqua County DOH serving as the fiscal conduit. The TCTCP strives to accomplish the vision and mission statements of the NY TCP through the following six goals:

- Promote cessation from tobacco use.
- 2. Decrease the social acceptability of tobacco use.
- 3. Prevent the initiation of tobacco use among youth and young adults.
- 4. Eliminate exposure to secondhand smoke.
- Build and maintain an effective tobacco control infrastructure.
- Contribute to the science of tobacco control.

Activities:

The following implemented TCTCP program goals and objectives were accomplished during the 2008 work plan year:

- 1. Utilized local media dollars to run paid cessation media that promotes the use of the New York State Smokers' Quitline. Coordinate media with the Quitline, such as ad placements in radio, Penny Savers, and local print outlets
- 2. Hosted three community recognition events honoring community members, businesses, governments, organizations, and individuals who have adopted pro-tobacco control policies or taken other steps to prevent and reduce tobacco use and reduce the social acceptability of tobacco use in the community. Involve all modalities in the catchment area.
- 3. Worked with local businesses to adopt and implement policies prohibiting tobacco use in outdoor areas including building entry ways, grounds and campuses. Organizations in the Tri County catchment area adopted policies prohibiting tobacco use in specific outdoor areas including parks, playgrounds, beaches and entryways

TRI COUNTY TOBACCO CONTROL PROGRAM (Cont'd)

- 4. Educated target audiences such as community members, community organizations, neighborhood groups, faith organizations, parents and school boards, about the impact of tobacco advertising and promotion in the retail environment. Built community support in creating e allies to take action in support of reducing tobacco marketing in the retail environment.
- 5. Conducted interventions with local retailers to encourage them to adopt a written policy to rearrange, reduce, or eliminate tobacco retail advertising
- 6. Worked with local governments to encourage adoption of a municipality resolution opposing tobacco advertising and promotion in the retail environment and calling on retailers to make voluntary changes.
- 7. Obtained copies of existing city, town, villages, and/or county laws and ordinances pertaining to signage, exterior windows, walls, sidewalk etc. Identified persons responsible for enforcement of laws/ordinances and provide education and technical assistance to increase enforcement of tobacco signage. Provided technical assistance and support to 10 municipalities in the catchment area to increase enforcement of signage ordinance affecting tobacco signage.
- 8. Educated target audiences such as parents, community based organization's board members, patrons of sporting and cultural events and venues, about the impact of tobacco industry corporate giving, commercial sponsorship and promotion.
- 9. Educated target audiences, i.e. tenants, landlords, schools, health care providers and other stakeholders, about the impact of exposure to SHS and benefits of living in smoke free housing. Encouraged landlords to adopt smoke free policies within their managed apartments

SOUTHERN TIER WELLNESS PARTNERSHIP

The main focus of the Heart Disease Prevention program in 2008 was to fund the "Making a Difference" Conference and to provide a resource manual to school personnel to help with the planning and implementation of policy and environmental changes within the school systems. The manual provided Healthy Vending Contacts, Healthy Fundraising Contacts, Energizers Curriculum, CDC Information and Food Service Options. After participating in the September "Making a Difference" Conference, schools were able to use the manual and BMI data collected by their District to persuade decision makers to begin the process to change their fundraising policy, classroom snack policy, and recess policy. Many schools that attended the program are

SOUTHERN TIER WELLNESS PARTNERSHIP (Cont'd)

now in the process of writing new policies that will limit or prohibit the number of unhealthy snacks in vending machines, the number of unhealthy fundraising activities and classroom recess. STWP is in the process of creating an on-line survey for all participants at the conference to inquire about usefulness of the Resource Manual and if the information was helpful in making any policy and/or environmental changes at their school districts.

The Worksite Wellness program in Cattaraugus County worked with employees at Allegany State Park and Shults Tire and Lube Express. These sites provided blood pressure monitoring devices for employees to use during the work day. In addition, they have each instituted NO SMOKING policies within 20 feet of all entrances as well as have started their own physical activity programs open to all employees. These sites have also worked with vending companies to create healthier vending options and have started walking groups for employees. Both have been model work site wellness programs in 2008.

ASTHMA COALITION OF WESTERN NEW YORK

Purpose: To effectively improve the health and wellness of children with asthma and their families in the diverse communities of Western NewYork.

Funding: New York State DOH; sub contracted to Cornell Cooperative Extension, through the Public Health Alliance

Activities: Coalition development, school-based educational programs and staff trainings, data collection, provider education, public education and outreach, and self-management and case management. Special focus continues to address pediatric asthma roles in WNY, which are the highest in New York State exclusive of New York City.

The Asthma Coalition of Western NY is an eight county program that focuses on School Asthma Management programs in the Western Region and funds a Resource Line dedicated to helping individuals who have asthma or who have children with asthma. The Resource Line is able to assist residents in receiving care, education, and materials needed to manage their own asthma.

Primary work of Coalition in 2008 was to review and revise previous work plan and through process of Strategic Planning, develop new measurable strategies.

WESTERN NEW YORK DIABETES COALITION: SOUTHERN TIER REGION

Purpose: To promote and measure healthy lifestyles within diverse communities for

the management or prevention of diabetes.

Funding: New York State Department of Health Bureau of Chronic Disease

Healthy Community Alliance acting as fiscal conduit

Activities:

• 33 Participants took part in a 6 week walking program in Springville from 2/25/08 – 4/4/08. 73% screened at risk for Diabetes.

- 246 participants from ALCAS in Olean lost 1,825 pounds during the *Lose to Win* program from 4/1/08 7/26/08. 51% screened at risk for Diabetes.
- 26 participants from the Arcade TOPS group completed a six week walking program from 6/2/08 7/13/08. 4,700,028 steps were logged with 27.4 pounds and 26.5 inches lost.
- 139 participants from the Cattaraugus County Health Department completed a 6 week walking program from 5/3/08 6/15/08. 56% screened at risk for Diabetes while 76% noted weight loss totaling 199 pounds with 16,770,291 total logged steps.
- 311 participants took part in the 10,000 Steps Program in Allegany county from 9/29/08 11/10/08.
- 102 participants completed the 8 week walking program in Salamanca through the Lionel R. John Health Center Step it Up program walking 18,729 miles with 27 individuals meeting their set goal.
- 136 completed the walking program through the Cattaraugus Indian Reservation Health Center Step it Up program. Of the 76 ADA Assessments collected 85% were at risk for Diabetes.
- 52 women were educated on gestational diabetes at WIC clinics in Cattaraugus and Allegany county. 25% screened at risk for diabetes. After distributing and reviewing educational materials 70% of the women showed an increase in knowledge after completing pre/post questionnaires.
- 14 un/uninsured individuals participated in Diabetes Self-Management classes at WCA Hospital. Pre average A1cs were 7.6 and reduced to 6.2 at post testing. 75% are now testing their blood glucose daily and 15% weekly.
- 101 individuals participated in the "Making a Difference" conference held on September 26th with participation from 10 Allegany County Schools, 8 Cattaraugus County Schools, 7 Chautauqua County Schools and 1 school from Southern Erie County and 1 from Wyoming County. Each participant was provided with a resource directory including all the tools needed to make healthy policy and environmental changes including healthy vending and fundraising options.

ACHIEVE Initiative

Action Communities for Health,
Innovation, and €nVironmental Chang€

- FUNDED BY CDC (Centers for Disease Control) 2008 2011
- NATIONAL PARTNERSHIP BETWEEN NACDD (National Association of Chronic Disease Directors) and YMCA of the USA
- ONE of only TEN funded (pilot) programs in the US (out of 127 applicants)
- CATTARAUGUS COUNTY is ONLY funded program in NYS
 - City of Salamanca = focus in Cattaraugus County
- ACHIEVE fosters collaborative partnerships between state DOH, local Health Departments and YMCAs
 - OVERALL GOALS:
 - ➤ Enhance collaboration between local leaders and stake holders to prevent chronic diseases and related risk factors
 - ➤ Build healthier communities by promoting health policy, systems and environmental strategies at local level
 - > Improve public health partnerships at local and state levels
 - ➤ Increase usage and establishment of policy, systems and environmental changes strategies focusing on tobacco use, physical activity, healthy nutrition, obesity, diabetes and heart disease
- Coaches (x 3) attended mandatory training at CDC/Atlanta in February 2008
- Developed CHART (Community Health Action Response Team)
 - ➤ Team of community leaders, led by 3 Coaches, attended Action Institute in Alexandria, Virginia June 9 12, 2008
 - ➤ Completion of CHANGE (Community Health Assessment and Group Evaluation) tool (Spring-Summer 2008)
 - Created CAP (Community Action Plan) August, 2008
- Tobacco Ordinances (x 2) Youth Possession + Young Lungs at Play (YLAP) Fall 2008

CANCER SERVICES PROGRAM (CSP) OF ALLEGANY & CATTARAUGUS COUNTIES (FORMERLY HEALTHY LIVING PARTNERSHIP)

Effective April 1, 2008, several existing county partnerships in New York State were mandated by NYS DOH to merge programs and partnerships.

Cattaraugus and Allegany counties fell into this category. Mandated staffing changes were also made as well as loss of the existing partnership office in Cattaraugus County at the Health Department in Olean. Single office location for both counties became the existing Allegany County office in Wellsville. These mandated changes created numerous challenges for the staff and for medical providers that had been providing excellent services for the past 15 years in both counties. Despite those obvious challenges and obstacles, the newly formed CSP of Allegany & Cattaraugus Counties actually met and exceeded the identified goal of 452 clients served in the past grant year! This is a testament to staff perseverance and support at the county level.

Purpose:

To raise awareness levels regarding importance of education and early detection, through monthly breast self-exams, annual clinical breast exams, annual pelvic exams with pap smears, annual mammograms, and fecal immunochemical (FIT) tests.

Partners:

Medical and non-medical providers, including hospitals, medical groups, laboratories, clinics, agencies and organizations, industry, media and consumers.

Funding:

New York State Department of Health and the Centers for Disease Control

Eligibility:

Breast and cervical cancer screening for women ages 18 and over, uninsured or underinsured, those over 64 who do not have Medicare B and those on Medicaid with high spend down. Mammogram screening eligibility begins at age 40 unless there is high risk identified. Colorectal cancer screening for men and women ages 50 and over with a FIT kit; those with high risk of colorectal cancer or a positive FIT kit, a colorectal consultation and colonoscopy is available.

HEALTH EDUCATION STAFF

Debra Nichols, Public Health Educator Beverly Bennett, Public Health Educator Assistant Lucy Krol, Reproductive Health Educator - contracted (resigned 8/08) Tara Leonard, Reproductive Health Educator - contracted (began 8/08)

EARLY INTERVENTION PROGRAM

The Early Intervention Program is a Federal Program for children birth to three years of age with or at risk of a developmental delay. The program is administered through the New York State Health Department and the county of residence. The Early Intervention/Child Find program assures that all children have primary health care physicians and health insurance such as Medicaid, Child Health Plus or Family Health Plus. Children can receive services when meeting qualification criteria. The Local Early Intervention Coordinating Council (LEICC) conducts periodic meetings to address programmatic issues and to assist in quality control of the program.

There were **327** participants, including **206** new referrals to the 2008 Early Intervention Program, an increase from 2007's 289 participants and 189 new referrals. There were **145** active Individual Service Plans (IFSPs) in place on December 31, 2008, with children receiving numerous services, with children receiving numerous services, also an increase from **122** in 2007.

Referrals are made by family, friends, Child Find Program, physicians, hospitals, professionals and community programs where there is a concern with the children meeting their developmental milestones. An evaluation determines eligibility to receive appropriate services. Services could be in the following areas: Speech-Language Pathology, Physical Therapy, Occupational Therapy, Nursing Services, Special Instruction, Audiology, Nutrition Services, Social Work Services, Vision Services, Psychological Services, Assistive Technology Services/devices, Family Training, Respite Services and Service Coordination Services. Speech-Language Pathology services represent the greatest number of services in the program.

EARLY INTERVENTION CHILD FIND PROGRAM

The Early Intervention Child Find Program continued its outreach in 2008 to include several information sessions at the local Community College, St. Bonaventure University, hospitals and pharmacies. Child Find continued to distribute information to physicians, professionals and the community to keep information current with Early Intervention Regulations, Medicaid, Child Health Plus, and Family Health Plus to ensure program awareness.

NYSDOH designated the Early Intervention Child Find Program responsible for the follow-up contact with families when an infant did not receive or failed a NewBorn Hearing Screen. There were **11** follow up contacts in 2008 for failed newborn hearing in the county.

El Child Find contacts families in Cattaraugus County with children from birth to three who are at risk of a developmental delay according to guidelines established by the New York State DOH. There were **59** follow-up contacts with families occurring throughout the year with appropriate referrals to other programs.

EARLY CARE PROGRAM STAFF

Barbara Hastings – Early Intervention Official

Janet Thrush – Early Intervention Service Coordinator

Patty Wilber – Early Intervention Service Coordinator

Helen Watson – Early Intervention Child Find Assistant

Lanette Shaw – Early Intervention – Keyboard Specialist II

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM

The PHC/CSHCN Programs provide services to children from birth to 21 years of age who have or are suspected as having, serious chronic physical/developmental conditions requiring health or related services of a type or amount beyond that typically required of children.

This program advocates with health care providers, obtains information on programs available, advocates with school districts for related or special services, makes referrals for special health care or related services, and obtains information on family support services. The program also assists parents in accessing insurance, setting up diagnostic testing and evaluations, paying for hearing aids, medical services, prescriptions, and durable medical equipment. If no insurance coverage is available, the PHC Program will fully cover all authorized diagnostic services. Families are allowed a maximum of three visits per year to rule out conditions such as heart and vision defects, neurological problems, cerebral palsy, and hearing loss.

Outreach activities are performed at a minimum of once a quarter. CSHCN/PHC Program staff take advantage of the opportunity to meet with medical providers, school nurses, and local communities to prevent gaps and barriers to the access of health care and resources for families.

Treatment services require the financial eligibility criteria. The county standards are designed to assist families with low to middle incomes and/or inadequate private health insurance. In general, serious chronic illnesses, as well as congenital or acquired disabilities, orthopedic, orthodontic, and neuromuscular conditions are covered.

In 2008, medical services were provided to an unduplicated total of **68** patients. Of that number, **33** patients received treatment services (medical and/or orthodontia) and **35** patients attended the orthopedic clinic for an evaluation. A total of **63** families applied for state assistance; only two families were denied due to an overage in income. All of these applicants carried health insurance. The majority of referrals continue to be received from Buffalo Women's and Children's Hospital.

Data reporting is forwarded to the New York State Department of Health's Family Fiscal Unit, as well as the Maternal and Child Health Office and the NYS Health Department's Buffalo Regional office on a quarterly basis.

PHCP/CSHCN STAFF

Debbie Miller – Resource Coordinator of PHCP/CSHCN programs

WOMEN, INFANTS AND CHILDREN (WIC)

The Cattaraugus County Health Department WIC Agency's caseload was consistently above 100% of the assigned **2089**. In October 2008, caseload was increased to **2143**, but that number is usually greater. Staff has been diligent in following up with referrals, phone calls and missed appointments. We have worked closely with the Olean General Hospital and local physicians to reach WIC eligible clients.

For our 2008 Healthy Lifestyles Grant, we partnered with the Western New York Diabetes Coalition's exercise program. Many families signed up, determined their Diabetes Risk Factors in the process, and improved their weight and activity levels.

Our Peer Counselors have been linked with over **120** pregnant women and new mothers. The Peer Counseling program is slowly growing and gaining acceptance; more physicians are referring women to this service. Our Breastfeeding Coordinator continues to visit new mothers in the hospital to get them started correctly.

WIC is the only source in Cattaraugus County for hospital-grade electric breastpump rentals. This service is for women who must be separated from their infants, a vital resource for families in need. While there is not a huge need, those who do qualify are extremely grateful for the resource.

WIC continues to partner with Cornell Cooperative Extension's Expanded Foods and Nutrition Program (EFNEP) to do educational programs during our WIC clinics. This collaboration has attracted the attention of the USDA as a way to increase dietary change (lower fat, healthier food choices) among WIC families. Formal evaluation of the success rates/behavioral change is ongoing, but the program is expected to go statewide soon.

"Baby & Me – Tobacco Free" has been closely studied; preliminary results are very positive for its long-term effectiveness as a smoking cessation program. WIC staff did saliva testing of women to verify nonsmoking status, and the study team did follow-up interviews. We have continued to enroll both WIC and non-WIC women, since Baby & Me has no income restrictions. In addition to women quitting cigarettes, we have done referrals to the Health Department and the NYS Quit line programs to help other family members quit.

WIC Staff

Vicky McKinney, Director

Donna Higley, Nutritionist

Mary Lou Palumbo, RN

Allyson Sponsler, Breastfeeding Coordinator

Suzanne Walters, Sr. Nutrition Program Assistant Kathleen Thrun, Nutrition Program Assistant II Christian Bowser, Nutrition Program Assistant I Vanda Samol, Nutrition Program Assistant I (retired 9/08) Molly Higgins, Nutrition Program Assistant I (began 10/08)

> Molly Higgins, Peer Counselor (Through 9/08) Carla Jefferlone, Peer Counselor Sara Isaman, Peer Counselor (began 12/08)

COUNTY LABORATORY

COUNTY LABORATORY – The Cattaraugus County Laboratory is a full-service clinical laboratory. The Laboratory also holds a permit to test potable and non-potable water for bacteria and nitrate. The clinical lab is permitted by New York State to do testing in Bacteriology, Mycobacteriology Smears, Mycology, Chemistry, Hematology, Virology, Diagnostic Immunology and Urinalysis. The Cattaraugus County Lab provides complete phlebotomy and testing services to the two county nursing homes. Outpatient services are available during all open hours and most health insurances are accepted.

The number of specimens examined during 2008 increased **2.8%** compared to 2007. In addition to water, nursing home and outpatient testing, specimens are processed from the Olean General Hospital, Health Department Clinics, and County Community Services clients. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.

Test Category	Total	Trend
	16,505	+ 2.8%
Specimens examined		
	4,475	+5.8%
Bacteriology		
	24,067	-4.2%
Chemistry tests		
	3,357	+ 6.0%
Hematology tests	· ·	
	192	+27.1%
Mycology tests		
	130	-4.4%
Serology tests		
	89	-23.3%
Virology tests		
Water tests	3,382	-10.1%

COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director
Johannah Jewell – Supervisor
Paula Ketchner – Sr. Medical Technologist
David Woodworth – Clinical Laboratory Technologist
Tammy Dennis – Medical Technician
Rhonda Anderson – Phlebotomist
Marcia Stayer – Senior Account Clerk Typist

EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL SERVICES (EMS) - Held **30** New York State Emergency Medical Courses, resulting in 187 Certified Medical Responders. The program also ran **27** American Heart Association classes with defibrillation included, resulting in **270** individuals being trained. A total of **24** individuals were trained in First Aid.

Six National Safety Council Safety Defensive Driving classes were held with an average of twelve students per class.

In conjunction with Dr. Storch, EMS is inspecting PAD (public access defibrillator) paperwork to assure Dr. Storch that sites are up to code. EMS provides the training for these sites if it is needed. The Cattaraugus County Buildings each contain an AED and EMS is in the process of organizing classes for those working at the facilities to learn how to properly operate the AED.

Two years ago, it became mandatory for public facilities to place AEDs in convenient places and that training be provided. These are to be utilized, should the need arise, during athletic events and any other social gathering. Schools are required to have an AED in places where events are held. It has also become a necessity for schools to have pediatric electrodes, in the rare instance that they should be needed.

EMS is working on an Emergency Medical cross border plan. This is in conjunction with the WNY Public Health Alliance Advanced Practice Center. The plan is looking to improve collaboration between New York and Pennsylvania borders.

There has been a continued decline in volunteers in local Fire Departments and EMS is promoting a three year Pilot Program. EMTs attend certified classes making it easier and less time consuming to continue their certification. They will not have to attend the EMT classes and take the final testing by the state.

The Community Emergency Response Teams (CERT) program includes the Office of the Civilian Medical Reserve Corps (MRC). The program reports directly to the Surgeon General of the U.S. Department of Health and Human Services. MRC strives to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. EMS hopes to have it implemented by the end of the year. Conversations are being held currently with both Allegany and Chautauqua counties on this plan.

EMS Staff:

Michael Bechelli – EMS Director

Debra Kasper – Keyboard Specialist II

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Emergency Preparedness is intended to increase the ability of Cattaraugus County and its residents to prepare for and respond to public health emergencies. These responsibilities encompass bioterrorism, mass casualities, chemical emergencies, natural disasters, severe weather, radiation emergencies, and disease outbreak.

The NYSDOH provides funding to each of the 52 counties within NYS to prepare through learning and maintenance deliverables that are targeted to conicide with the Center for Disease Control and Department of Homeland Security iniatives for public safety. Meeting these standards is accomplished through a number of trainings, outreach programs, drills, exercises and planning initiatives that are highlighted below.

TRAINING

- PHEP Staff attended a 3-day Homeland Security Exercise and Evaluation Program mobile training course to meet the requirements of Exercise Design and Evaluation related to Homeland Security funding. The training is instrumental in the proper design and implementation of drills and exercises at the local level.
- PHEP Staff attended Incident Command System 300 training that is part of a national training curriculum to assist agencies in preparing essential staff for successful cooperation during an emergency.
- PHEP Staff attended training in conjunction with the Office of Emergency Services that focused on Fire Mutual Aid Resource Management conducted by the New York State Office of Fire Prevention Control.
- PHEP Staff attending the Annual Public Health Preparedness Summit in Atlanta, GA, courtesy of the Western New York Public Health Alliance Advanced Practice Center. This annual summit brings together Public Health Preparedness officials from across the nation and U.S. territories to address issues and share experiences, and best practices in the Emergency Preparedness field.
- PHEP Staff attended a 2-day Emergency Preparedness Conference called "Crossing Borders" at the Buffalo Niagara Convention Center. This initiative brings together officials from both the United States and Canada to address local and international Preparedness matters. RADM W. Craig Vanderwagen, M.D., Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services presented and offered a private meeting for local PHEP Coordinators within the eight Western New York counties.

PUBLIC HEALTH EMERGENCY PREPAREDNESS (Cont'd)

PLANNING

Planning is potentially the most important facet of Emergency Preparedness. During calendar year 2008, PHEP Staff dedicated themselves to the enormous task of rewriting the Strategic National Stockpile plan that addresses the delivery and procurement of medications or medical supplies that would be needed during a large scale disease outbreak or other public health threat. Additionally, effort was given to the drafting of a Functional Medical Shelter plan to address the needs of specialty populations during an emergency as well as the ongoing recruitment efforts related to Closed PODs and their operation to help alleviate the burden on the public health workforce.

OUTREACH

As with any successful program, outreach is an important component of the successes of the Emergency Preparedness program. PHEP Staff were able to work with the staff at Jamestown Community College to facilitate further discussions about Pandemic Flu planning for the college. PHEP Staff participated in the annual Storm the Mall event hosted by the American Red Cross as a tribute to Emergency Preparedness during the month of March.

In conjunction with the Salvation Army, PHEP Staff developed a successful outreach program to educate Faith Based Organizations about their roles during an emergency. Additionally, a successful brochure campaign to address the Ready 9 program was implemented to educate citizens about the nine imperative supplies that they should gather for their safety during an emergency, this program was presented in collaboration with the Children with Special Healthcare Needs/Early Intervention program with great successes and additional sessions are planned for the upcoming year.

PHEP Staff had the opportunity to participate in many outreach activities throughout the year including the Cattaraugus County Fair, Leadership Cattaraugus, and several other community engagements.

DRILLS/EXERCISE

In cooperation with the NYS DOH, the PHEP program participated in two separate drills that tested the abilities of deploying a strategically placed cache of nerve agent antidotes, as well as a packaging and shipping drill conducted with the Laboratory.

A large foundation of the PHEP program is the annual Flu Clinics that are conducted throughout the county to assess the capabilities of our public health workforce to deliver vaccination to the

PUBLIC HEALTH EMERGENCY PREPAREDNESS (Cont'd)

population in a timely and efficient manner. The PHEP program received 1000 doses of influenza vaccine to distribute through POD models to the residents of Cattaraugus County. Seven clinics were conducted during the month of November. New this year, was the addition of conducting clinics on Election Day that were supported by a national initiative called "Vote & Vax". Additionally, assets were received from the NYS DOH to facilitate the use of the Clinic Data Management System used for tracking patient information electronically. Clinics were conducted for Cattaraugus County employees and their families, and a special clinic was held for First Responders. (See pictures below)





Volunteers line up for flu shots at the Trans Am POD



Director of Emergency Services Chris Baker and wife Tammy receive a flu shot





Sue Lorenz CCHD delivers a shot at the Pines of Machias while Nancy Eaton, CCHD assesses patient information utilizing the CDMS.

PUBLIC HEALTH EMERGENCY PREPAREDNESS STAFF

Michael Bechelli – Public Health Emergency Preparedness Coordinator

Stephanie Keis-Timblin – Public Health Emergency Preparedness Resource Specialist

FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs a majority of the purchasing functions for the Department and is responsible for preparation of the Department's Annual Budget and subsequent monitoring.

The New York State Aid to local health units base grant was remained at \$550,000 and the percent of reimbursement for expenditures in excess of revenues for core and optional services was 36%. A State Aid application must be submitted annually and must be approved by the New York State Department of Health. In addition to State Aid accounting, the division must process numerous grant funding streams such as WIC, Family Planning, Healthy Living, Bioterrorism and the Early Care Program.

FINANCIAL DIVISION STAFF

Kathleen Ellis – Administrative Officer

Dale Frank – Senior Accountant

Lori Holmes – Senior Account Clerk Typist

Pat Metler – Senior Account Clerk Typist

BILLING DEPARTMENT

Throughout 2008 the billing division realized a number of significant changes. The need for adjustments to the billing process was recognized and appropriate changes were made.

An outside audit was conducted of the entire Health Department's billing areas. The outcome of the audit led to several changes in staff duties, and the restructuring and centralization of the various divisions' billing, including Homecare, Early Intervention, Family Planning and Clinic, and Lab. Staff was physically relocated to one central billing area with training and cross training being a primary focus.

Homecare: The services of McBee were continued for revenue recovery of paid Medicare episodes that included both a clinical and financial review of homecare services provided through December 2007. This firm will continue to work with staff on training instruction in 2009 to maximize future Medicare reimbursement. Misys software merged with Allscripts and began doing business under the Allscripts name. Updates to the system were installed throughout the year.

Clinic: The clinic saw an increase in the number of patients seeking insurance payment reimbursement for the shingles vaccine. The coverage verification process was developed and implemented and has resulted in very few delays in accessing the insurance information. There were **65** post-exposure rabies claims billed in 2008. Updating Medicare enrollment information proved to be very problematic, resulting in initial denials of Medicare influenza vaccine billing. Rebills were started and will continue into 2009 and payments have begun to be realized.

Family Planning: Again in 2008, the schedule of monthly Medicaid, self-pay and insurance billings was successfully maintained throughout the year. The reconciliation process was reviewed and work will continue in 2009 to make necessary revisions to the process. The efforts to collect payment at the time of visit were continued.

Early Intervention: The Early Intervention program billing saw a significant increase due to having **207** referrals. Active cases during 2008 included **101** children insured through Medicaid and **71** children insured through third party health insurance.

BILLING STAFF

Kathleen M. Ellis - Administrative Officer Maggie Stady - Office Manager Terry Stone - Sr. Account Clerk Typist Winnie Dougherty – Keyboard Specialist II Lanette Shaw - Keyboard Specialist II Mary Wheeler - Account Clerk Typist Michele Spring - Account Clerk Typist

FINANCIAL OVERVIEW

