

2016



Public Health
Prevent. Promote. Protect.

**Cattaraugus County
Health Department**

Annual Report

Kevin D. Watkins M.D. MPH

Public Health Director

Table of Contents

Table of Contents

FROM THE DESK OF THE PUBLIC HEALTH DIRECTOR	1
BOARD OF HEALTH	2
DEDICATION	3
ADMINISTRATION DIVISION	4
NURSING SERVICES DIVISION	5
ENVIRONMENTAL HEALTH DIVISION	23
HEALTH EDUCATION DIVISION.....	38
COMMUNITY ENGAGEMENT.....	44
EARLY CARE DIVISION	46
WOMEN, INFANTS AND CHILDREN (WIC)	49
COUNTY LABORATORY SERVICES	51
PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION	53
FINANCIAL DIVISION	56
BILLING DIVISION	58
ACCREDITATION	61
ACKNOWLEDGEMENT	62

FROM THE DESK OF THE PUBLIC HEALTH DIRECTOR

It is my pleasure to present to you the Cattaraugus County Health Department's 2016 Annual Report. This report provides an overview of the many services that the department provides in an effort to preserve and promote public health in Cattaraugus County.

During the year, the department has seen itself more engaged in addressing health problems through collaborative community efforts. Public and private partners came together over many months to develop, and in some cases, implemented plans for handling the poor county health rankings. The Healthy Livable Communities Consortium, in an effort to be inclusive, worked on a grant *Reaching People with Disabilities through Healthy Communities* funded by the National Association of Chronic Disease Directors (NACDD) to develop inclusion policies, systems, and environmental (PSE) improvements that would increase opportunities for healthy eating, physical activity, and the prevention of tobacco use for people living with disabilities.

Policy changes in the form of a local law to combat youth from being introduced to tobacco early in adolescence was adopted this year. The Board of Health efforts to decrease early deaths, cut low birth weights and "substantially" reduce the number of 15- to 17-year-olds who begin smoking before age 21 was supported by the County legislators who adopted a local law to prohibit the sale of tobacco and related products in Cattaraugus County to individuals under the age of twenty-one.

The year found the department educating the public about periodic national and statewide public health crises that included the Zika and the mumps viruses. Due to the national attention garnered by these viruses, the department was able to shine light on its readiness to handle a public health crisis for the residents of Cattaraugus County by developing a Zika Action Plan and updating the isolation and quarantine protocol.

This was the year that Cattaraugus County Heroin-Opioid Taskforce was created by the county Legislators. The taskforce was formed in order to address the public health crisis seen nationwide. The Public Health Director and Community Service Director were appointed as the conveners of the task-force. Community partners have been brought together to work on broad responses that encompass awareness, prevention, and crisis intervention. The taskforce members are working to bring more residential beds to the community, providing a medication assisted therapy center, and increasing naloxone administration training for the community.

The department continues its quest to become an accredited Health Department. The preparation and dedication by the accreditation team and department management staff is unrelenting. I would like to extend my appreciation to the entire department for a job well done.

Finally, the Cattaraugus County Health Department is pleased to share this annual report and would like to thank you for taking the time to familiarize yourself with our dynamic programs and quality services. It is a pleasure to serve our residents and we look forward to maintaining a healthy relationship with you in the upcoming years.

Sincerely,

Kevin D. Watkins, M.D., MPH

Kevin D. Watkins, M.D., M.P.H.

BOARD OF HEALTH

The Board of Health insures compliance with New York State Public Health Law, the New York State Sanitary Code, and the Sanitary Code of the Cattaraugus County Health District and applicable regulations, through established administration and enforcement procedures, for the continued safety and health of county residents. The Board sets policy for the county and provides the department with a road map for implementing programs that protects 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 2016, the Board of Health took enforcement actions on 16 cases and 2 appeals. 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

Joseph Bohan, MD, President
Giles Hamlin, MD, Vice-President
Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Julie Hamacher
Theresa Raftis
David L. Smith
James Snyder, Legislator

DEDICATION

Curtis Remington Perkins, 92, passed away peacefully Friday evening (Jan. 15, 2016) with his wife Nancy at his side. Mr. Perkins was a member of the Cattaraugus County Board of Health for 24 years, serving on the board from 1987 through 2011, representing Cattaraugus, New York. He served on many boards and trusteeships, including the Bank of Cattaraugus, Alcoholic Beverage Control (ABC) Board, and the Cattaraugus Methodist Church Board. Mr. Perkins was a longtime member of the Masons and enjoyed many years with the Gowanda chapter of Barbershoppers. He operated the family dairy farm for 22 years until becoming a full time construction business owner of P and C Services, who is one of the area's largest employers.

The loss of his presence will be sadly felt by his many friends, and colleagues in Cattaraugus County.



ADMINISTRATION DIVISION

Throughout the years, Cattaraugus County Health Department (CCHD) has assessed and identified the health needs of county residents and has initiated expanded and improved existing programs to meet these needs. In undertaking this process, the Administration Division works with senior department management to develop the capacity necessary to adequately implement the Departments' programs.

This process of need identification and assessment, program initiation/improvement and capacity development is reflected in the department's mission statement;

“The Cattaraugus County Health Department strives to engage and empower the public of all ages to live healthier lifestyles through efforts of education, prevention, promotion, monitoring, accessibility, affordability, technology, testing, diagnosing, and treating.”

It is the role of the Administration division to insure progress towards fulfilling this mission. In doing so, the Administration division works toward the following goal;

"To develop health policy and oversee the management of resources to promote and protect the health of all county residents, and to assure access to quality health care."

Administration Staff

Kevin D. Watkins, M.D. – Public Health Director
Gilbert Witte, M.D. – Medical Director
Kathleen Ellis – Administrative Officer
Debra Lacher – Administrative Secretary

NURSING SERVICES DIVISION

The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides preventive, restorative and palliative care to improve the quality of life of the individual, the family and the community.

HOME CARE

Home Care services in Cattaraugus County are provided through two programs; the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides skilled services to individuals of all ages usually following an acute illness, injury or surgery. The LTHHCP serves as an alternative to nursing home placement for chronically ill or disabled individuals of all ages. In 2016, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,438 individuals with an average daily census of 327. Home Health Care is covered by Medicare, Medicaid and most private insurance plans. Cattaraugus County CHHA provides care at no or reduced fee to individuals in need of skilled care, who are uninsured and meet income guidelines.

CERTIFIED HOME HEALTH AGENCY (CHHA)

Home care allows individuals to receive nursing, therapy and aide services in their home where they prefer to be. Individuals with medical conditions that once required treatment in a hospital may now be cared for at home. The care is person-centered and focuses on the return to self-care. Individual goals are achieved through a coordinated effort of the individual, family, physician and home care staff. Examples of skilled care commonly provided in the home setting include intravenous therapy; complex wound care and rehabilitative therapy services.

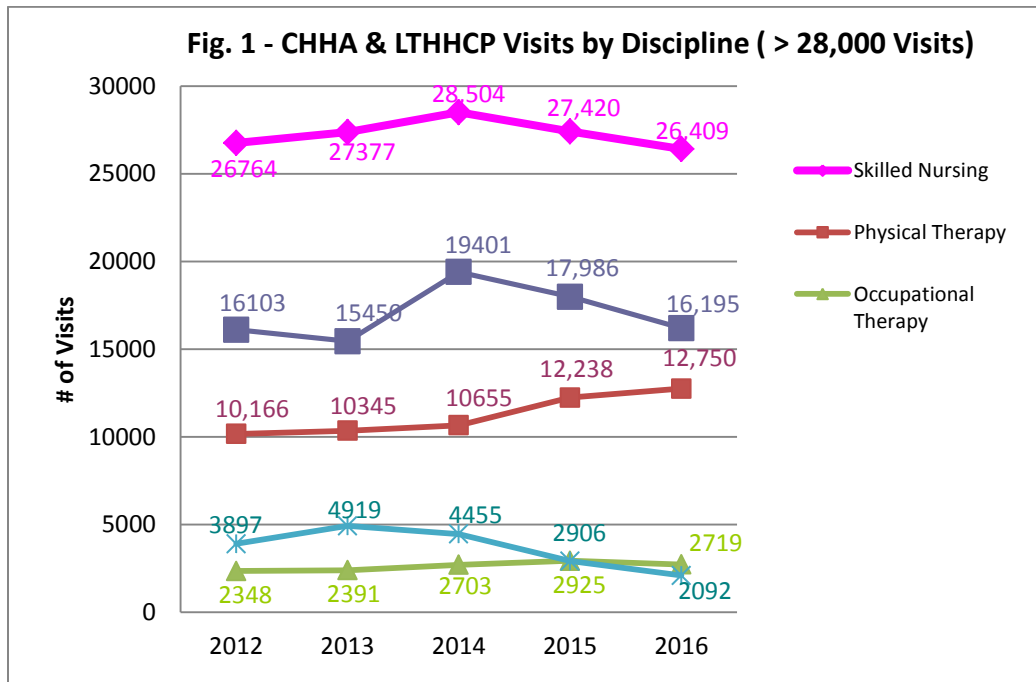
LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Since 1978, the Long Term Home Health Care Program has assisted elderly, disabled and chronically ill individuals, who otherwise might be in a nursing home, to remain safely in the community. Services provided include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, electronic medication dispenser and social daycare.

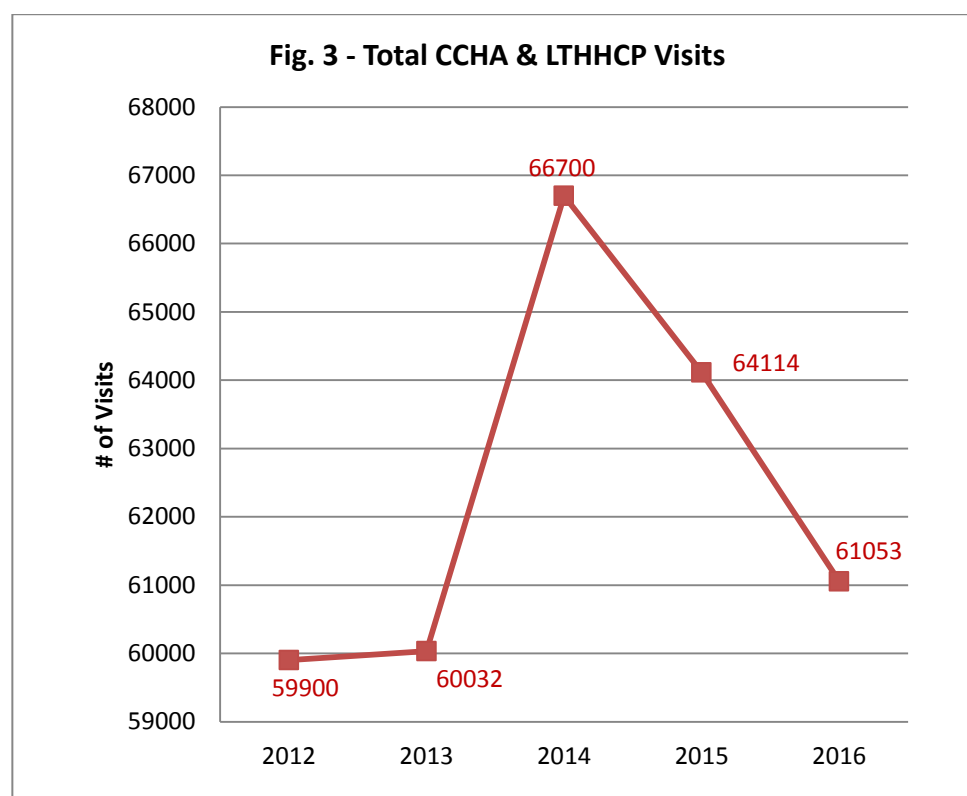
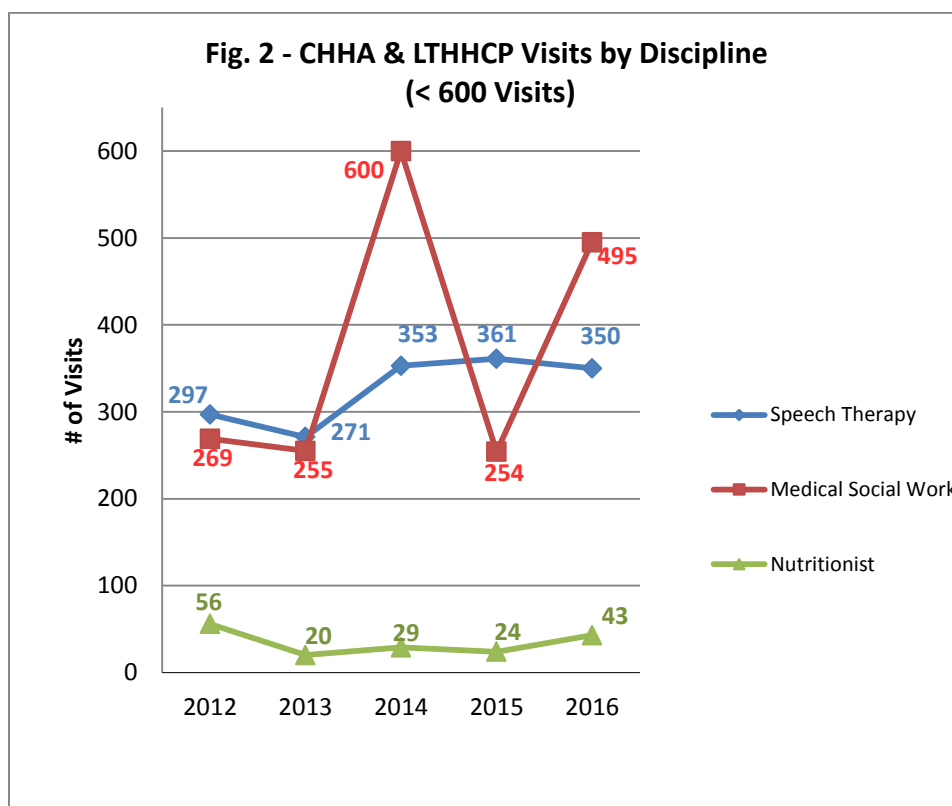
Care provided to individuals over an extended length of time, whether in the community, such as with the LTHHCP, or a facility such as a nursing home, is most often covered by Medicaid. Consequently, provisions of New York State's Medicaid redesign initiative have significantly impacted the county's LTHHCP. No new patients were admitted to the LTHHCP in 2016 and the majority of existing patients were transitioned into managed long-term care plans. Twenty-three individuals continued to receive services through CCHD, but most are now receiving services directly through Licensed Home Care Services Agencies.

Nursing

Figs. 1-3 illustrate the disciplinary breakdown of home care visits for 2016.



Nursing



QUALITY ASSESSMENT/ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Quality health care for people receiving home health services is a high priority for CCHD. QAPI is a process used to achieve positive results for patients and the agency. The process helps identify factors that contribute to a desired outcome and how those factors can be maintained, improved or strengthened. Home Health Quality Measures are derived from clinical and functional data collected by nurses and therapists, Medicare claims data, and patient satisfaction surveys. Some examples include:

- Improvement measures
Example: after receiving home health care, can the person walk better
- Potentially avoidable events (PAE)
Example: did the person experience a fall while receiving home health care
- Utilization measures
Example: was the person seen in the emergency department while receiving home health care
- Process measures
Example: does the home health agency use specific evidence-based processes of care, such as timely admission or assessing patients for depression

http://profiles.health.ny.gov/home_care/view/13982#overview

<http://www.medicare.gov/HomeHealthCompare/search.aspx>

Achievement of positive outcomes is associated with improvement in the quality of life for the individual and for informal caregivers as well as lessens the need for more expensive forms of health care, making home care a valued component of health care in Cattaraugus County.

PATIENT EVALUATION AND ASSESSMENT

Patient evaluation and assessment, using standardized, objective assessment tools, is essential to ensure individuals receive the appropriate level of care in the appropriate setting. The *Patient Review Instrument and Long Term Care Patient Screening Instrument (PRI/SCREEN)* and the *Uniform Assessment System for New York State (UAS-NY)* are examples of commonly used assessment tools.

PRI/SCREEN

New York State requires that all individuals be assessed using a PRI/SCREEN prior to admission to a Skilled Nursing Facility. CCHD had six nurses trained to conduct PRI/SCREEN assessments. PRI/SCREEN assessments were conducted on 48 individuals in the community and 25 agency patients.

UAS-NY

The online UAS-NY is utilized to determine if an individual can be effectively and safely cared for by a long-term community-based home health care program, such as the Traumatic Brain Injury (TBI) or Managed Long Term Care (MLTC) program. Six UAS-NY trained CCHD nurses completed 23 assessments in 2016.

CLINICAL SITE ROTATIONS

CCHD's Nursing Division provides Jamestown Community College nursing students with an introduction to the concepts of home and community based health services. Sixteen (16) students accompanied the Health Department nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and teach clients.

Nursing

NURSING SERVICES – HOME CARE STAFF

Susan A. Andrews - Director of Patient Services
Sue Feldbauer - Supervising Community Health Nurse
Sandy Grey - Supervising Community Health Nurse

Colleen Blendinger - Community Health Nurse –Intake
Laura Fuller RN– Medical Services Specialist
Barbara Parish Community Health Nurse – Quality Assurance/Performance Improvement
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement

OLEAN:

Cheri Antle - Community Health Nurse
Amit Benedict - Community Health Nurse
Judy Braymiller - Community Health Nurse (PT)
Kristin Brown - Community Health Nurse
Charity Burton - Registered Nurse
Gina Chaffee - Community Health Nurse
Melissa Chamberlain - Community Health Nurse
Patricia Feuchter - Community Health Nurse
Catherine McCready – Registered Nurse
Brooke Schnell- Community Health Nurse
Carol Skudlarek – Community Health Nurse
Janell Bell Wellman – Registered Nurse
Elizabeth Bless – Social Worker (PT)
Earlena Baer - Keyboard Specialist II
Deborah Pettinato - Keyboard Specialist II
Susan Boyle - Account Clerk Typist

SALAMANCA:

Erica Musall Andera – Community Health Nurse
Teneille Andrews - Community Health Nurse
Sidney Early- Community Health Nurse
Nancy Fuller – Community Health Nurse
Abbey Hayes - Community Health Nurse
Lois Lowry - Community Health Nurse
Jennifer Rasinski - Community Health Nurse
Chastity Standish – Community Health Nurse
Michelle Jennings – Keyboard Specialist II

MACHIAS:

Linda Bishop – Community Health Nurse
Lorie Blecha - Community Health Nurse (PT)
David Fancher - Community Health Nurse
Meegan Howard – Community Health Nurse
Karin Jochen – Community Health Nurse
Karen Hoffmann – Keyboard Specialist II
Peggy Davis – Per Diem Clerical

MATERNAL CHILD HEALTH

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

MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)

The New York State Department of Health (NYSDOH) developed the MOMS Program to improve birth outcomes in the high-risk Medicaid population. Through this program, Cattaraugus County assisted 31 individuals without insurance to receive presumptive Medicaid, thus promoting early prenatal care. Nurses, social workers and dieticians provide education and care management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. Forty-five (45) individuals received 125 visits through the MOMS Program.

NEWBORN SERVICES

Newborn Screening

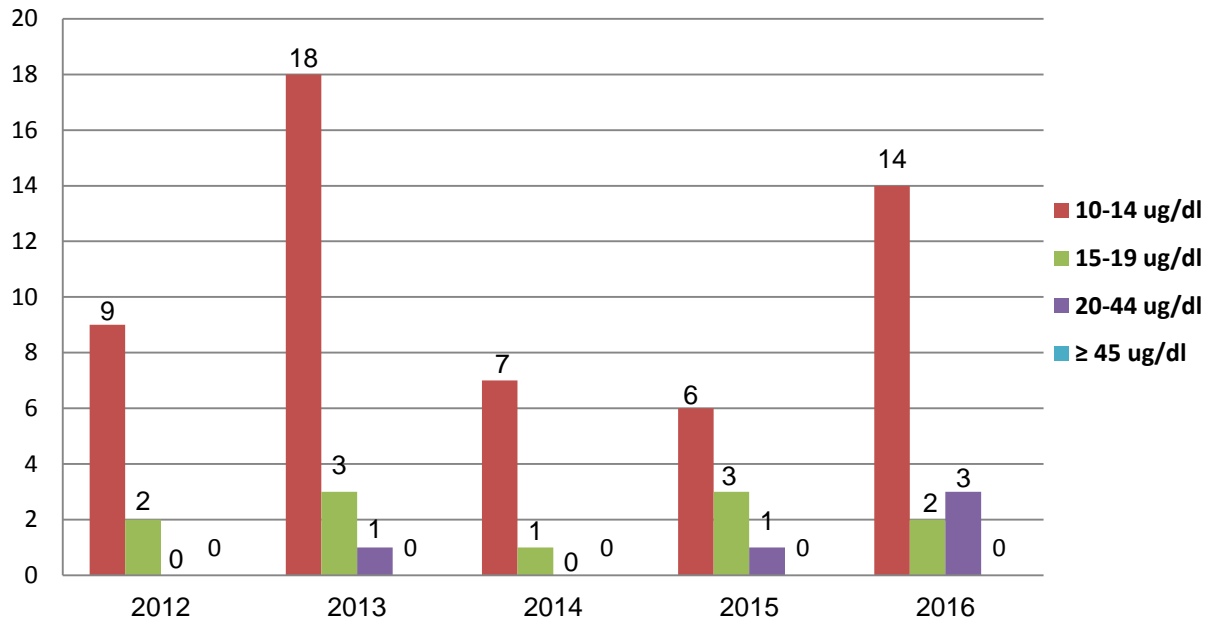
CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over 40 genetic diseases such as cystic fibrosis, phenylketonuria (PKU) and Krabbe Disease. Early diagnosis and medical treatment can prevent serious permanent illness in many cases. CCHD nurses performed fifty (50) NBSs in 2016.

SKILLED HOME VISITS

Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or 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. Ninety (90) individuals received 174 Maternal Child Health visits in 2016.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified and even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. Lead-based paint and lead contaminated dust are the most hazardous sources of lead for children in the United States. NYS law requires healthcare providers to test children for lead at one and two years of age. Fig. 4 illustrates the number of children with newly confirmed elevated blood lead levels (EBLL) from 2012 to 2016. Table 1 describes the NYS recommended interventions for varying blood lead levels in children. The Health Department monitored 1,627 blood lead levels via electronic reporting on the Health Commerce System (HCS) to ensure that all children are tested and receive appropriate follow-up. CCHD nurses made 29 home visits to 19 children with elevated blood lead levels. With funding from NYSDOH, CCHD lead program continues to provide point of care lead testing at WIC sites. This provides an excellent opportunity to address an at risk population through education and testing. One-hundred-four (104) point of care lead tests were conducted at WIC clinics and other community settings in 2016, increased from 88 in 2015.

**Fig. 4 - # of Cases of Childhood EBL by Intervention Strategy Categories
(2012 - 2016)****Table 1 - Intervention Strategy by Blood Lead Level**

Lead Level	Intervention
10-14 ug/dl	Follow up with family within 5 days for home visit by nurse for assessment & education on exposure reduction. Case management to ensure blood levels decrease.
15-24 ug/dl	Same as above + Home Visit by Environmental Health (EH) staff to perform assessment, educate family and provide information on effective abatement strategies.
25-44 ug/dl	Follow up within 2 days, + same as above and encourage patient physician to consult Regional Lead Resource Center
45-69 ug/dl	Perform EH visit as noted above, notify state, conduct home visit within 24 hrs., follow-up blood test within 48 hours

COMMUNITY HEALTH CLINICS

Community health clinics provide a variety of services to community members at health department offices in Machias, Salamanca and Olean. Clinic services may also be provided at various community locations throughout the county in response to critical public health needs. Community Health Clinics provide the following services.

FAMILY PLANNING CLINIC (FPC) SERVICES

The main goal of family planning services is to assist individuals in determining the number and spacing of children through the provision of affordable, voluntary contraceptive services, supplies and related preventive health services to all who want and need them, with priority given to persons from low-income families. Related preventive health services include Sexually Transmitted Infections (STI) prevention, testing and treatment and cancer screening. Services are available for both men and women at CCHD offices in Machias, Salamanca and Olean-.

Although the teenage pregnancy rate for Cattaraugus County has fallen substantially from its peak of 51 pregnancies/1000 in 2008, Figure 5 shows that Cattaraugus County continues to have a higher teenage pregnancy rate than the state average (excluding NYC) in 2014.

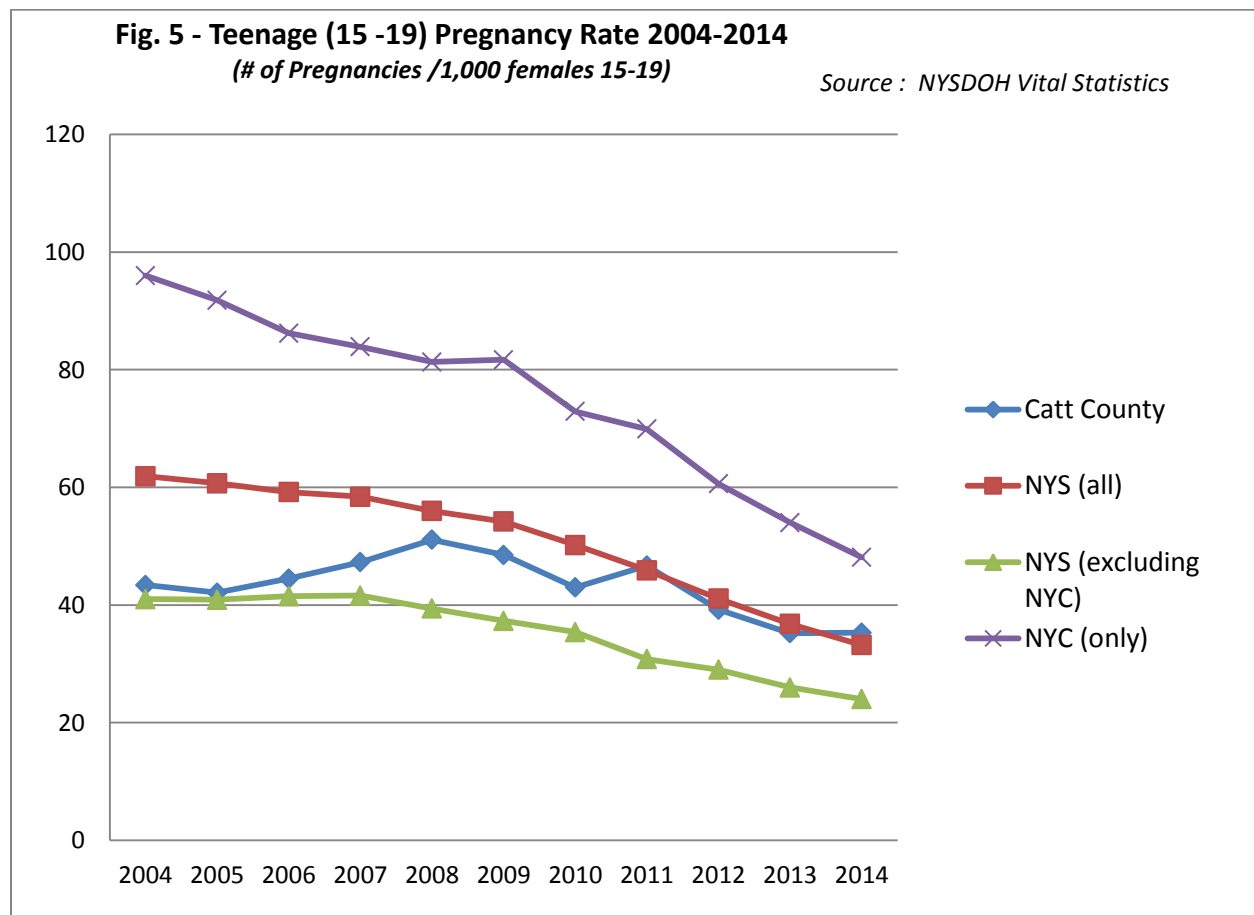
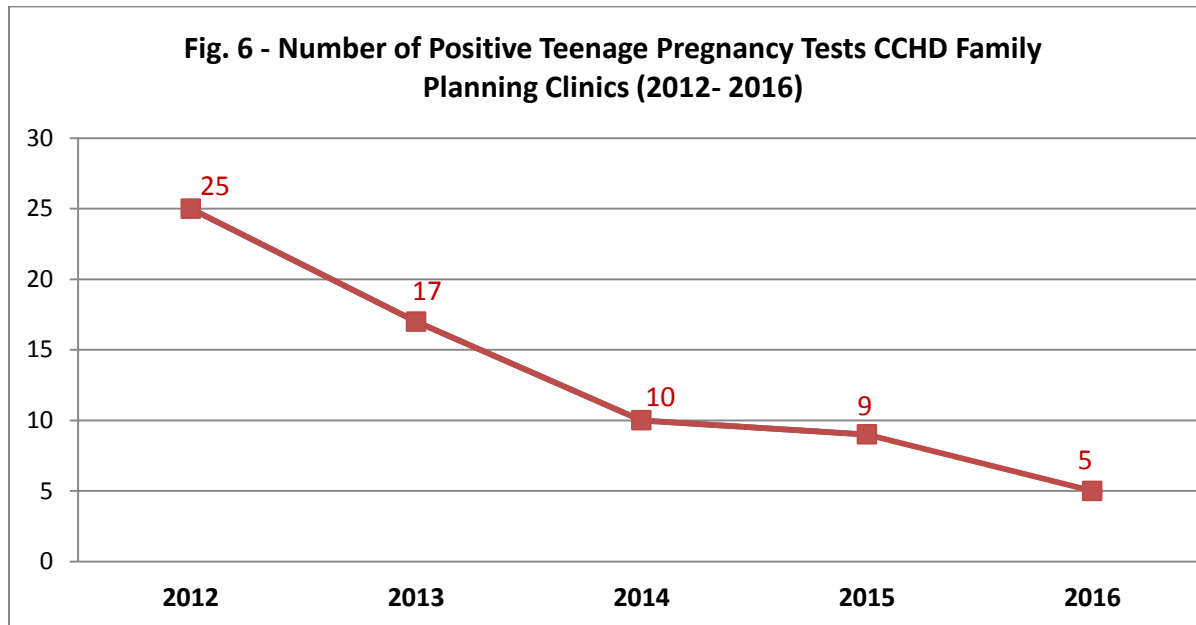
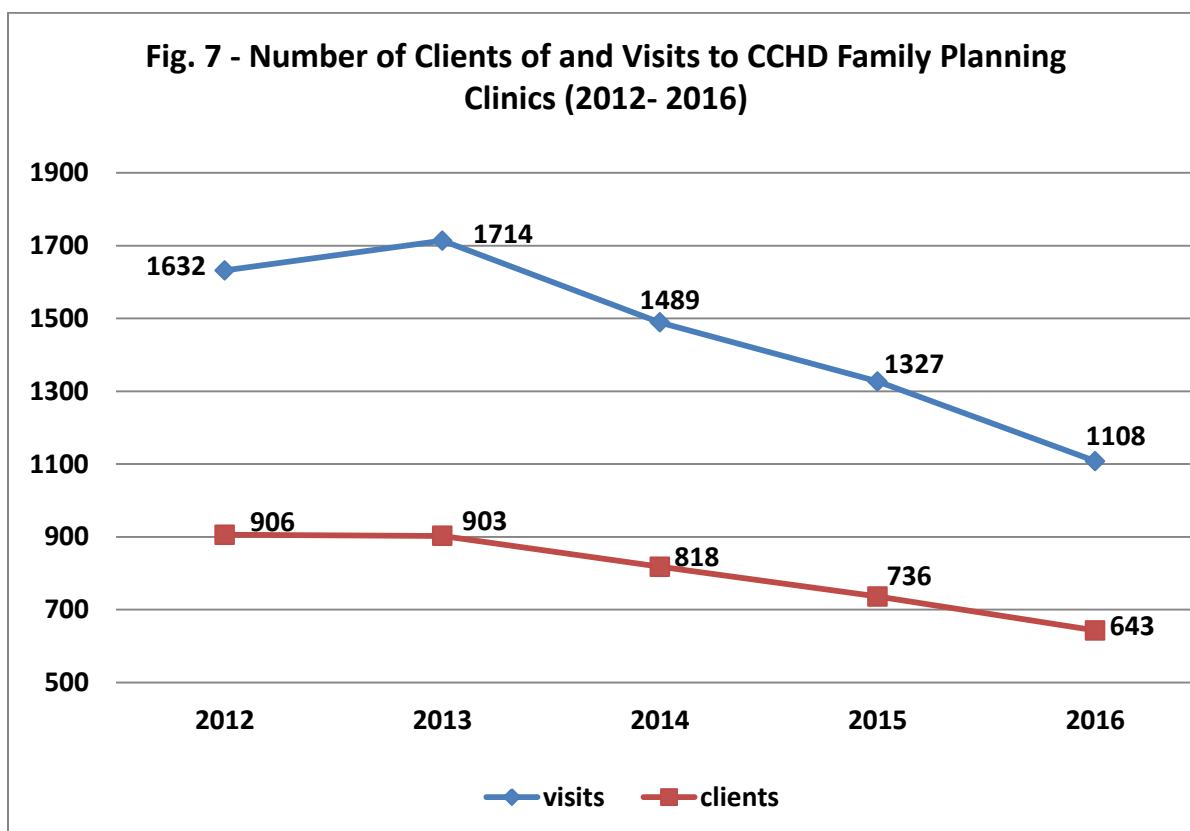


Figure 6 shows the number of adolescent FP clients with positive pregnancy tests.



It is estimated that thirty-two (32) adolescent pregnancies and eighty (80) unplanned pregnancies in individuals 20 and older were averted through the efforts of the FP clinic/program. Despite these efforts, almost half of all pregnancies are not desired or desired at a later time, highlighting the importance of readily available and affordable contraception. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. The Health Education section of this report provides more information about these activities.

Fig. 7 shows the five-year trend for the number of clients and visits to the CCHD family planning clinic. While difficult to substantiate, this downward trend in client and visit numbers may be associated with such diverse variables as changes in behavior, promotion of the *medical home model* and improved insurance coverage through the Affordable Care Act.



Source: Ahlers 2012 -2016

Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2016, Cattaraugus County Family Planning Clinic performed 112 pap smears of which 31 required further surveillance and one was significantly abnormal to require immediate referral for follow-up.

Cancer Services Program

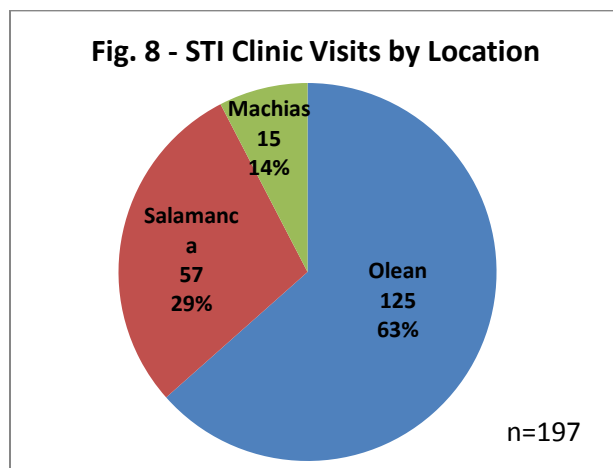
This program assists individuals who are either underinsured or uninsured to receive health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program. Five (5) clients received five (5) breast exams, and one cervical cancer screening. The utilization of this program continues to markedly decrease as insurance coverage increases.

SEXUALLY TRANSMITTED INFECTION (STI) CLINIC SERVICES

CCHD is required by public health law to provide confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and identified contacts receive education, treatment and follow-up.

Twenty four cases of chlamydia, six cases of gonorrhea and one case of syphilis were detected during routine family planning visits. Seventeen cases of chlamydia, four cases of gonorrhea and one case of syphilis were detected in STI clinic.

One-hundred seventy two (172) clients made 197 visits to the STI clinic in 2016. Client ages ranged from 17-59 with an average age of 29 years. Fig. 8 shows the number of STI clinic visits by clinic location.



HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICE

Confidential HIV counseling and testing are offered to all individuals utilizing health department clinics. Early detection and treatment enhances quality of life, longevity and reduces the potential for new cases. The Health Department provides Rapid HIV testing by swabbing the oral mucosa. Using this method, results are available in 20 minutes. In 2016, 168 individuals were tested for HIV in Family Planning/STI Clinic, with one testing positive.

The Health Department in Olean provides monthly clinic space to Evergreen Health Services so that HIV positive individuals living in Cattaraugus County and the surrounding areas may receive specialized care in their own community.

PHYSICAL EXAMS

Clinic staff provides routine physical exams for new employees of the county, several villages, towns, fire departments, community businesses, and organizations as well as individuals for school/college admission. Health Department staff performed 157 physicals in 2016.

COMMUNICABLE DISEASE PREVENTION

Disease prevention, surveillance and containment are core functions of the CCHD. Table 2 compares the 2016 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Diseases showing an increased frequency in 2016 include Chlamydia, Gonorrhea, and Chronic Hepatitis C. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease.

Nursing

Table 2:

Communicable Disease Report

Rates are defined as: Cases/100,000 population/Month

Disease	2016		Avg 2013-15	
	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS	7	8.9	10	12.7
CRYPTOSPORIDIOSIS	4	5.1	2	2.5
E.COLI 0157:H7	1	1.3	0	0.0
GIARDIASIS	7	8.9	4	5.1
HEPATITIS C, ACUTE	0	0.0	2	2.5
HEPATITIS C, CHRONIC	58	73.8	74	94.1
LEGIONELLOSIS	4	5.1	4	5.1
LYME DISEASE	17	21.6	7	8.9
MALARIA	1	1.3	0	0.0
MENINGITIS, ASEPTIC	1	1.3	7	8.9
MENINGITIS, BACTERIAL	0	0.0	1	1.3
PERTUSSIS	1	1.3	5	6.4
SALMONELLOSIS	7	8.9	10	12.7
STREP, GROUP A INVASIVE	2	2.5	4	5.1
STREP, GROUP B INVASIVE	5	6.4	5	6.4
STREP PNEUM, INVASIVE	3	3.8	6	7.6
TETANUS	1	1.3	0	0.0
VIBRIO - NON CHOLERA	1	1.3	0	0.0
SYPHILIS	2	2.5	2	2.5
GONORRHEA	65	82.7	18	22.9
CHLAMYDIA	283	360.1	240	305.3

HEPATITIS PROGRAM

Hepatitis C Testing

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus (HCV). Hepatitis C spreads when blood from a person infected with HCV enters the body of someone who is not infected. Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was spread through blood transfusions and organ transplants. Many people with Hepatitis C do not have symptoms and do not know they are infected. Symptoms of chronic Hepatitis C can take decades to develop and when they do appear, are often a sign of advanced liver disease. Testing is important to identify infection while treatment can be successful. CCHD provides Hepatitis C virus (HCV) rapid testing to anyone with risk factors. One-hundred four (104) at risk individuals were tested with one reactive results.

Hepatitis Vaccination Program

Cattaraugus County Health Department provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk.

TUBERCULOSIS CONTROL

There were no cases of active Pulmonary Tuberculosis in Cattaraugus County in 2016. Tuberculin skin testing (TST) was provided to 425 clients with none of those individuals testing positive. Individuals with a positive test are encouraged to follow up with either the Cattaraugus County Health Department or their private physician. Active tuberculosis can be prevented through follow up and prophylactic medication for those with positive TST. Seven (7) individuals received care in 2016 at the County Chest Clinic and six (6) were started on prophylactic medication.

IMMUNIZATION PROGRAM

Immunization Coalition

The South Western Immunization Coalition of NY, known as SWIC of NY, works in collaboration with the New York State Department of Health to increase immunization rates in children and adults. SWIC of NY combines the efforts of Cattaraugus, Chautauqua, and Allegany counties to promote education, information, and access to immunizations for the residents of southwestern NY. SWIC of NY is collaborating with health care providers in an initiative to increase immunization rates for the human papillomavirus (HPV) vaccine in adolescents, both male and female, for cancer prevention.

Provider Visits

The Cattaraugus County immunization staff makes scheduled visits to health care providers in Cattaraugus County to provide education and information to improve their immunization service delivery, maintain safe vaccine storage and handling, and raise immunization coverage levels. Visits include vaccine educational packets, and New York State Immunization Information System (NYSIIS) data entry information to increase the number of adult and childhood immunizations entered into the statewide immunization registry.

Visits are conducted using the **AFIX** model developed by the Centers for Disease Control:

Assessment of the health care provider's vaccination coverage levels and immunization practices.

Feedback of results to the provider along with recommended strategies to improve processes, immunization practices, and coverage levels.

Incentives to recognize and reward improved performance.

eXchange of healthcare information and resources among providers within the community to facilitate best practices.

Vaccination Services

CCHD provides immunization services at the Olean, Salamanca and Machias offices, as well as flu clinics at community locations throughout the county. The number of routine childhood and adult immunizations administered have been on a downward trend as more primary care providers and pharmacies offer vaccination and as insurance coverage for vaccination improves, however 2016 showed a slight increase in the number of vaccinations administered. Effective September 1, 2016, all students entering grades 7 and 12 in NYS were required to be vaccinated against meningococcal disease increasing the number of meningitis vaccines administered to school age children. Table 3 lists the types and numbers of vaccines given by the CCHD to children and adults.

Table 3 - 2016 CCHD Immunizations

IMMUNIZATION	Number Given Age 18 & younger	Number Given Age 19 & older	Total Number Given
Diphtheria Tetanus Acellular Pertussis-DTaP	13	0	13
Hepatitis A	22	46	68
Hepatitis B	4	74	78
Hepatitis A & Hepatitis B	0	90	90
Haemophilus Influenzae Type b (Hib)	1	0	1
Human Papillomavirus HPV	18	18	36
Rig	11	17	28
Inactivated Polio -IPV	7	6	13
Japanese Encephalitis	0	4	4
Meningococcal	79	11	90
Measles Mumps Rubella - MMR	11	49	60
Pneumococcal	0	46	46
Rabies	40	95	135
Rotavirus	0	0	0
Tetanus Diphtheria Td	1	0	1
Tetanus Diphtheria Acellular Pertussis - Tdap	19	130	149
Typhoid	16	80	96
Varicella	21	7	28
Yellow Fever	4	21	25
Shingles (Zostavax)	0	16	16
Totals	267	710	977

Influenza Vaccination Program

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. The best way to prevent flu is to get vaccinated each year.

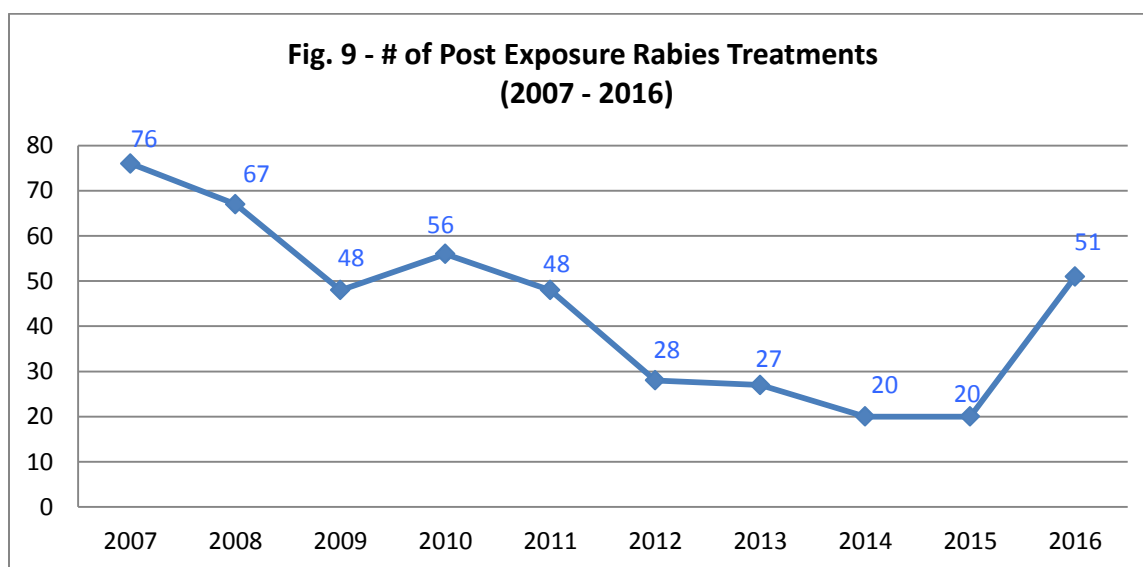
The Health Department administered over 2,000 doses of seasonal flu vaccine at 13 community sites, 1 school and 8 health facilities. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county.

Rabies Post-exposure Vaccination Program

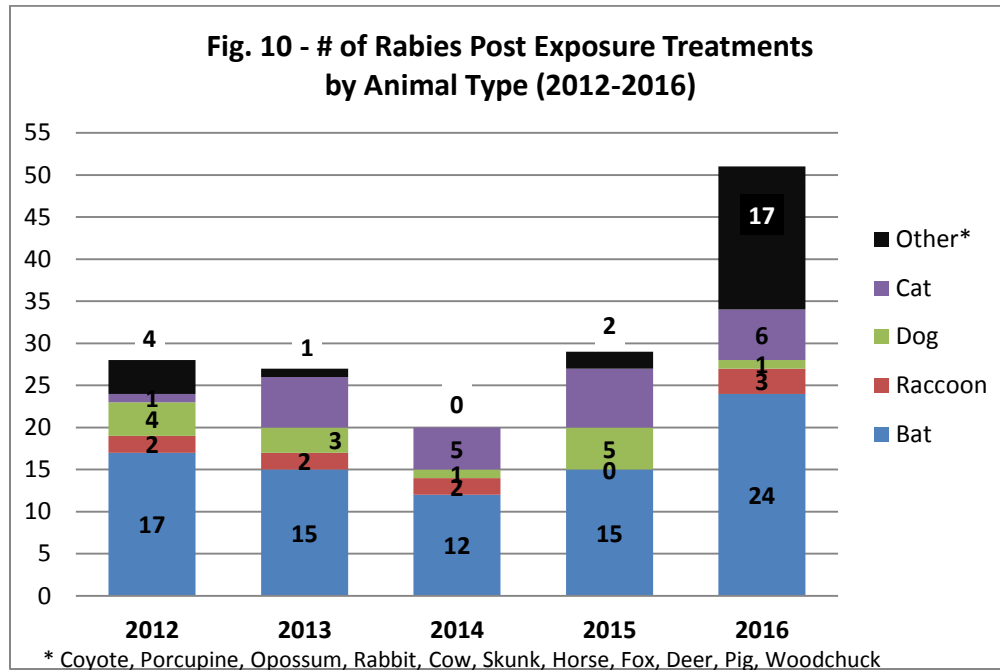
Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva and nervous tissue of infected mammals. If individuals receive prompt treatment following an exposure to the virus, rabies can be prevented. The majority of exposures occur due to potential contact with bats. Most individuals requiring post exposure rabies treatment did so because the animal was not available for testing. Fifty-one (51) people received post exposure vaccination; of these, seventeen (17) were due to contact with 6 lab confirmed rabid animals (one fisher, one fox, one bat, two cats, and one calf with multiple exposures). All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

Six (6) individuals, at risk for occupational or recreational exposure to rabies, received the pre-exposure vaccination series.

Fig. 9 illustrates the variability associated with the number of post- exposure rabies treatments from year-to-year and Fig. 10 illustrates the annual breakdown of post exposure treatments by animal vector.



Nursing

**MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2016**

Susan A. Andrews - Director of Patient Services
 Patti Williams - Supervising Community Health Nurse
 Gretchen Dowdy - Physician Assistant – resigned March 2016
 Kerime Perese –Nurse Practitioner
 Gayle Faulkner - Community Health Nurse
 Laurie McClory - Community Health Nurse
 Laurie Rzucek - Community Health Nurse
 Tara Leonard - Reproductive Health Educator (contracted)
 Gloria Artlip – Keyboard Specialist – retired July 2016
 Nancy Eaton - Keyboard Specialist II
 Lora Prey - Keyboard Specialist

ENVIRONMENTAL HEALTH DIVISION

The field of environmental health seeks to identify those factors present in the environment that either cause or contribute to disease, illness, or unsafe conditions, and prevent such factors from adversely affecting the public. To do this, environmental health relies on the complementary strategies of inspection, education, and regulatory enforcement. Performing inspections to ensure compliance with science based regulatory controls established by state and federal agencies, is a core strategy in most environmental health work performed by the CCHD. Education is equally important in ensuring that county residents understand the potential health risks and mitigation strategies associated with health code violations. Through education and enforcement many potential illnesses and injuries are prevented.

Water Supply Compliance and Protection

PUBLIC WATER SYSTEMS (PWS)

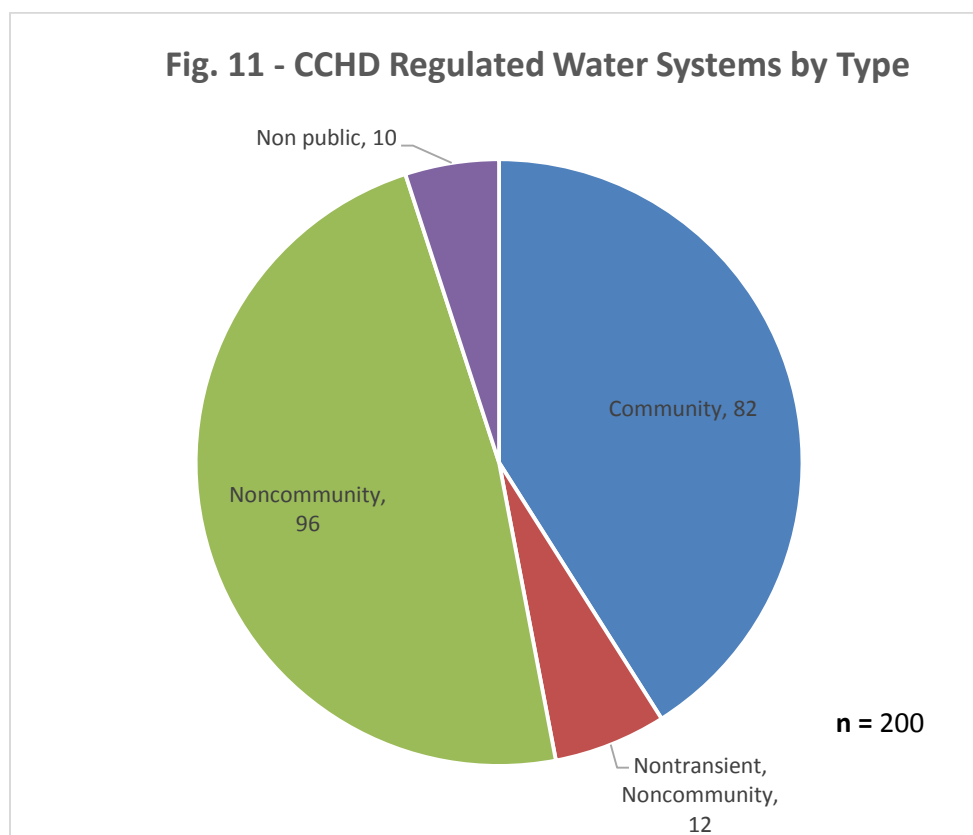
The U.S. Environmental Protection Agency cites efficient water use, better management and operation of water systems, full cost pricing, and watershed approaches to source protection as vital to ensuring the future of safe and healthy water for public consumption in the United States. The CCHD's PWS program works with operation and management personnel at 190 public and 10 non-public water systems throughout the county to ensure the provision of safe drinking water. Subpart 5-1, 10 NYCRR classifies public water systems as follows:

Community Water System (CWS) - means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents. Examples are a municipal water district or mobile home park system.

Noncommunity Water System (NCWS) - means a public water system that is not a community water system. An example would be a restaurant with less than 25 employees utilizing its own well to provide drinking water to the public.

Nontransient Noncommunity Water System (NTNC) - means a public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least 25 of the same people, four hours or more per day, four or more days per week, for 26 or more weeks per year. An example would be a school or business facility that has more than 25 employees, with its own well used to provide drinking water.

A *non-public* water system is one that does not meet the definition of a public water system, and is thus not regulated under Subpart 5-1, but it is still regulated by the CCHD through other sections of state and county sanitary codes. Fig.11 illustrates the breakdown of CCHD regulated systems by type within the county.



Water System Inspections

During 2016, Environmental Health (EH) staff performed required inspections at 128 public water supplies. At larger community and nontransient noncommunity systems, a full sanitary survey was performed in accordance with EPA and NYSDOH guidance documents. A sanitary survey requires examination of a system's *source, treatment, pumps & controls, finished water storage, distribution system, operation and maintenance, regulatory compliance, and record keeping*. Inspections and sanitary surveys are designed to critically review operations and management. Sanitary survey findings identify system deficiencies that can increase risks to public health. They also provide system management and operations personnel with recommendations to improve system operations, security, worker and public safety, and regulatory compliance.

Water Quality Monitoring

A key to providing safe and healthy drinking water is routine testing of water quality. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, monthly or quarterly microbiological samples, and annual nitrate samples, are collected directly by CCHD personnel and analyzed in the county lab. In 2016, 1,594 microbiological samples and 224 nitrate samples were collected at public water systems for eventual analysis by the Cattaraugus County laboratory. Numerous other samples were analyzed at commercial labs licensed by NYS.

Technical Assistance

Operating a PWS to minimize public health risk is challenging. In Cattaraugus County, the resources available to overcome these challenges vary by municipality or facility owner. Larger municipalities may have adequate resources to operate the system in accordance with industry-wide best management practices. Cities and large villages normally have full time dedicated staff. Other systems such as small hamlets, town districts, and mobile home parks, usually have part-time staff and limited capacity to achieve regulatory compliance and operate the system in a manner that ensures delivery of safe water 24 hrs/day, 365 days/yr. To aid all systems and encourage better operations and management, the CCHD provides the following technical assistance:

- Each community PWS is required to publish an Annual Water Quality Report (AWQR) and deliver it to customers. Each year EH staff prepares the updated reports for the vast majority of these PWSs.
- State and federal regulatory requirements for PWSs are complicated. While most certified operators¹ are familiar with these requirements, questions routinely arise that require EH staff explanation or interpretation.
- EH staff provide updated detailed sampling schedules to all PWSs in the county each January, and send reminder letters and e-mails to operators when certain sampling deadlines approach.
- Technical consultation is provided on an ongoing basis associated with various engineering and capital improvement projects throughout the county. The EH Director participates in project planning meetings each year with engineering consultants, municipal officials, and State agency representatives to secure funding for projects. The EH Director also reviews and approves all engineering reports, plans, and specifications to ensure compliance with NYS design standards.
- Each year EH staff assist several new operators with completing their licensing requirements (i.e. finding certification courses and processing applications), and seminars are conducted to help current operators obtain necessary certification renewal credits.

COMMUNITY WATER SYSTEM HIGHLIGHTS

With the aging infrastructure present in most Cattaraugus County communities, full compliance with current state and federal regulations often involves costly improvements. In 2016, EH staff helped the following communities in their capital improvements project planning:

The Village of Cattaraugus, continues to make improvements to their springs and transmission lines to improve yield and drinking water production, and to reduce leaks.

¹ Community and Nontransient, Noncommunity PWSs are required to have a NYS certified operator.

This work began in 2015. It is anticipated that it will be completed in 2017 or 2018. In 2016, Kelly Summit spring improvements and installation of all new customers metering were completed.

The Town of Ashford West Valley WD serves the Hamlet of West Valley. In December 2015 the town was notified that they had received an additional \$1.92 M grant to help offset the cost of completely reconstructing the 100 yr. old infrastructure. All new water mains and a new storage tank were installed in 2016. Two new well treatment facilities will be finished in 2017.

The Town of Randolph continues to make improvements in their water systems. The project began in 2011. Water main work was completed in 2016 and the new well and treatment plant will be completed in 2017.

Wastewater

Properly operating wastewater treatment systems are essential to limit the spread of disease associated with microbiological and viral contamination. Wastewater system performance is dependent upon several factors such as soils, topography and precipitation, design capacity, actual usage, and regular maintenance (i.e. septic tank pumping). EH programs are designed to ensure that all properties not served by a municipal sanitary sewer system, have a properly designed and maintained private Onsite Wastewater Treatment System (OWTS) which meets minimum NYS design standards.

PRIVATE SEWAGE TREATMENT

Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and OWTS Permit programs. Together, these two programs account for the largest portion of field staff time each year.

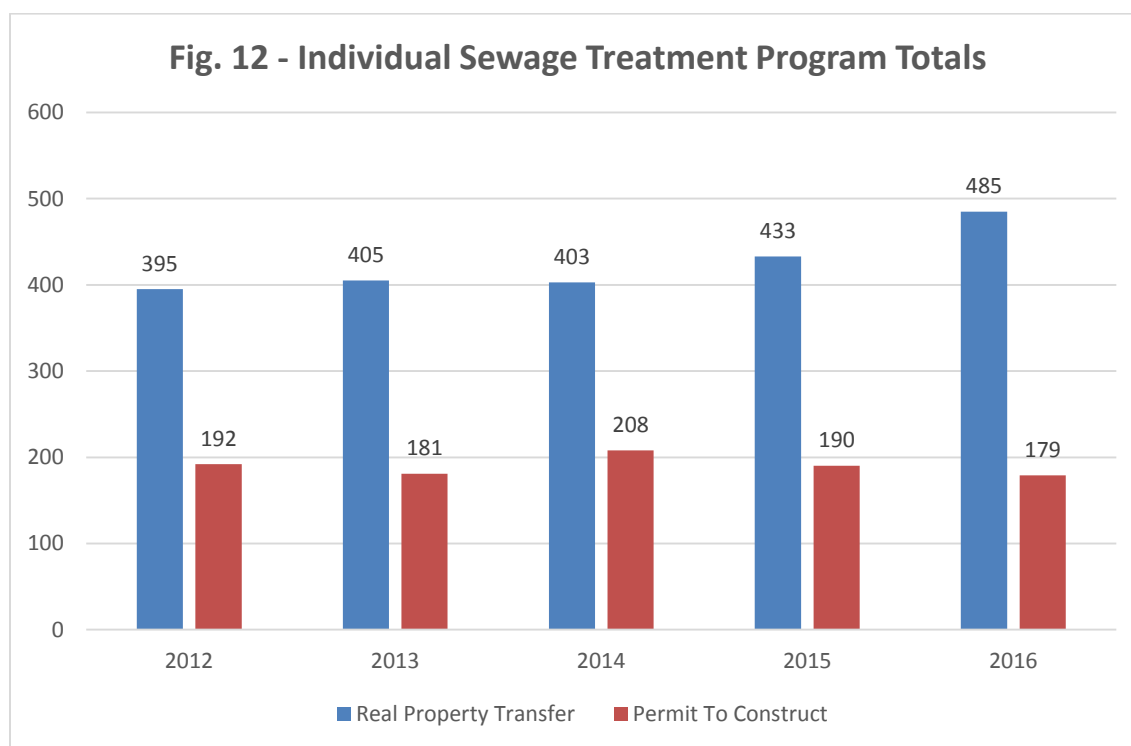
REAL PROPERTY TRANSFER PROGRAM

The RPT program provides a mechanism for performing sanitary survey inspections of private sewage and water systems at the time of all rural property sales. This, along with neighbor complaints that are received each year, serve to identify failing OWTS in need of repair or replacement.

Fig. 12 shows the number of RPTs completed between 2012 and 2016. Environmental Health staff created the Real Property Transfer Tracking and Reporting System (RPTTRS). The RPTTRS can provide field staff with electronic information directly from Real Property Services, to allow field staff to identify those sales that have not undergone a septic/water sanitary survey. Additionally, management staff can better track the number of such transfers to better allocate workload.

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT PROGRAM (OWTS)

To ensure proper functioning of private wastewater systems, each system needs to be designed in conformance with state regulations and with an understanding of environmental conditions unique to each specific site. EH staff routinely conduct site investigations, soil tests, and design small OWTS for individual homes, while the EH Director reviews and approves plans for larger commercial systems designed by professional engineers. Following design, construction, and inspection, EH staff issue permits to operate these systems. Fig. 12 shows the number of OWTS permits to construct issued between 2012 and 2016.

**ENVIRONMENTAL HEALTH INITIATIVE GRANT PROGRAM**

In 2016, the EH Division completed 14 remaining projects to spend all of the \$283,000 in the third funding cycle of the *Environmental Health Initiative Program*. This program is designed to provide financial assistance to low and moderate income households for the replacement of failing OWTS and well water supplies.

In September the Department made application for a fourth round of funding, requesting \$350,000 to complete 69 new private water and septic projects over the next two year period. In December the department was notified that the application was approved (Project No. 199WS338-16).

COMMERCIAL SEWAGE TREATMENT

Larger commercial sewage treatment systems are required to have a State Pollutant Discharge Elimination System (SPDES) permit issued by the NYS Department of Environmental Conservation (NYSDEC) and they require that such systems be inspected annually to ensure proper operation and maintenance. The NYSDEC contracts with the CCHD to conduct these routine annual inspections. In 2016 EH staff performed over 100 SPDES inspections and filed all reports with the DEC regional office in Buffalo as required.

COMMUNITY / MUNICIPAL SEWAGE PROJECTS

The CCHD also works with municipal boards to promote community wastewater systems where documented Onsite Wastewater Treatment System failures are an issue. Sometimes these efforts span decades.

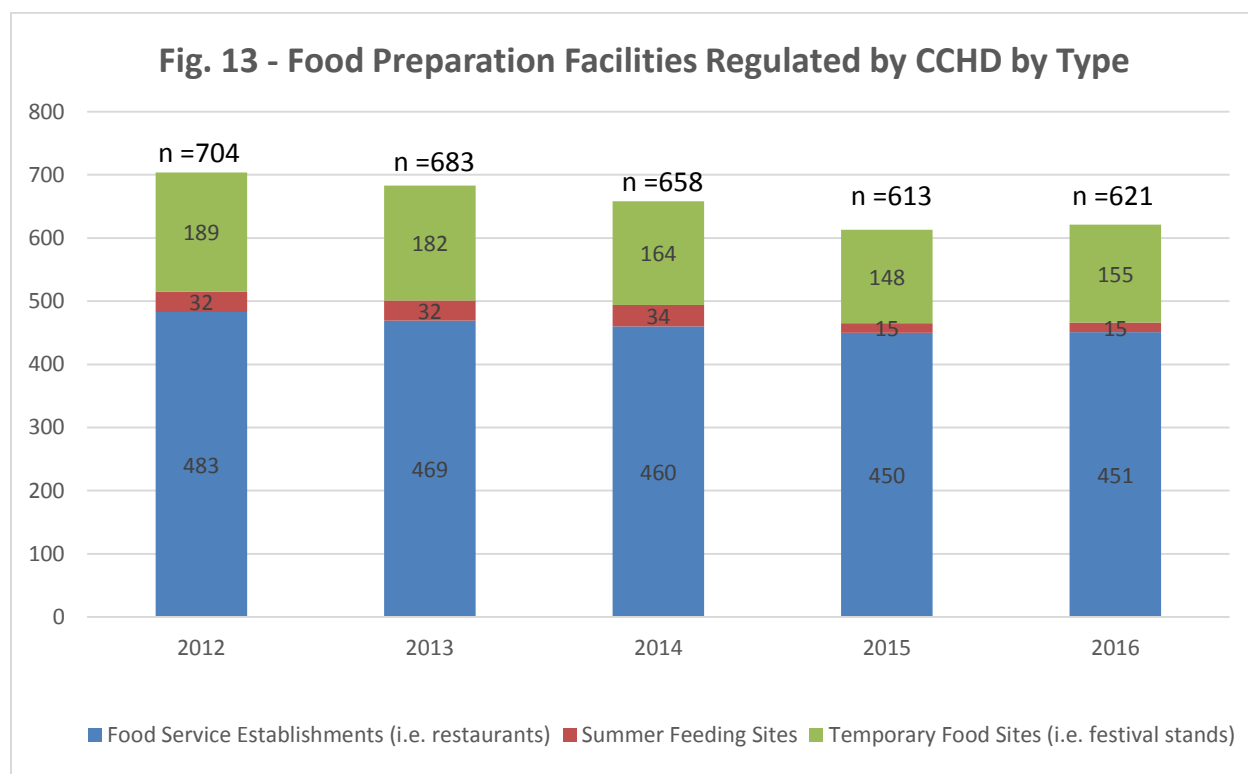
The Town of Machias began to secure funding to facilitate completion of the proposed municipal sewer district around Lime Lake. Engineering design continued throughout 2015 and 2016. It is anticipated that construction will begin in the spring of 2017 and be completed by the end of 2018.

Permitted Facility Inspections

Proper operation and maintenance of facilities serving the public can minimize disease outbreaks, health risks, and improve the overall quality of life for county residents. EH staff perform routine facility inspections to ensure compliance with regulatory requirements outlined in the NYS and Cattaraugus County sanitary codes. In doing so, EH staff use their education, training, and experience to identify code violations and other conditions which might represent a potential risk to public health and safety. EH staff educate facility operators in best management practices, work with them to achieve compliance with all regulations, and if necessary initiate administrative enforcement actions to compel compliance with minimum standards.

FOOD PROTECTION PROGRAM

This program ensures that all restaurant inspections statewide are standardized. Facilities regulated under this program are subjected to periodic inspections dependent on the type of facility. Fig. 13 compares the number of food service establishments regulated by the CCHD from 2012 through 2016. Environmental Health did investigate one alleged food borne outbreak in 2016. Upon investigation it could not be confirmed as being an outbreak. EH has seven field staff qualified to inspect restaurants, all of whom have completed their NYSDOH Food Service Inspection Officer (FSIO) training.



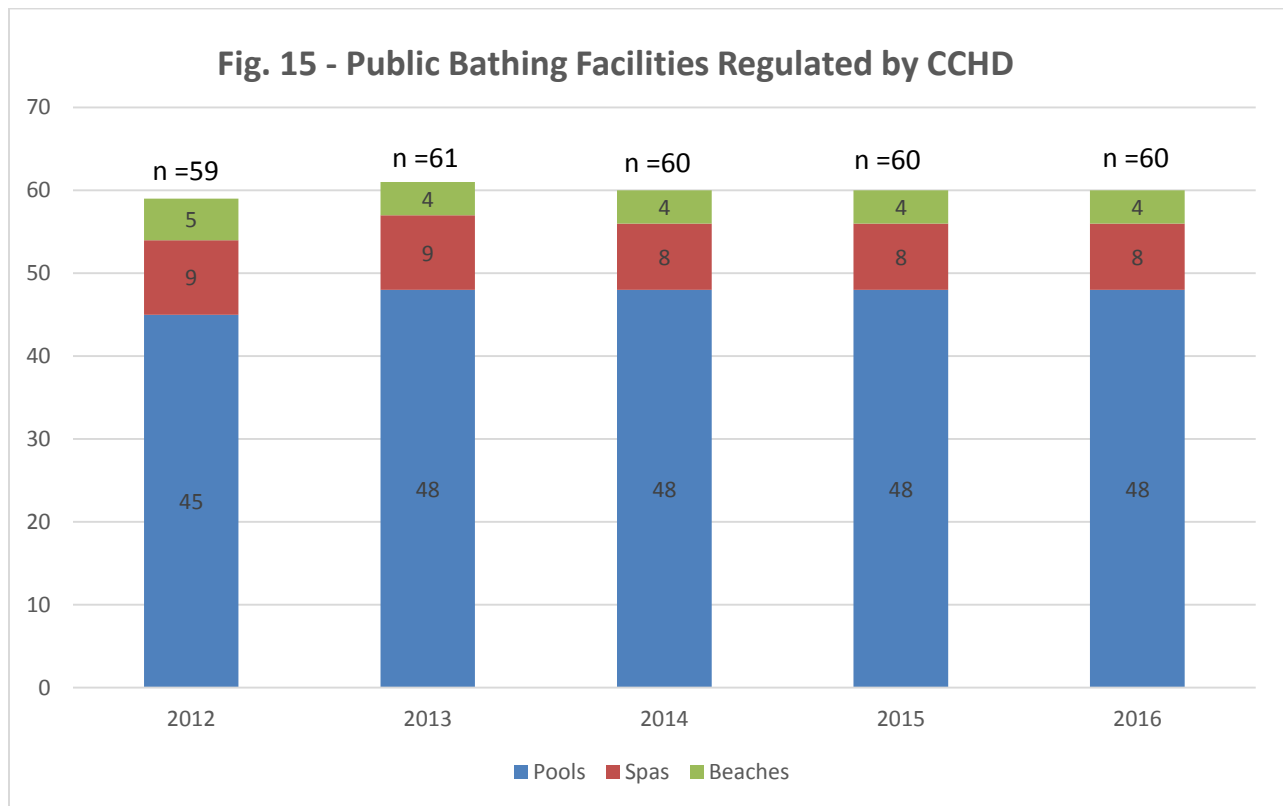
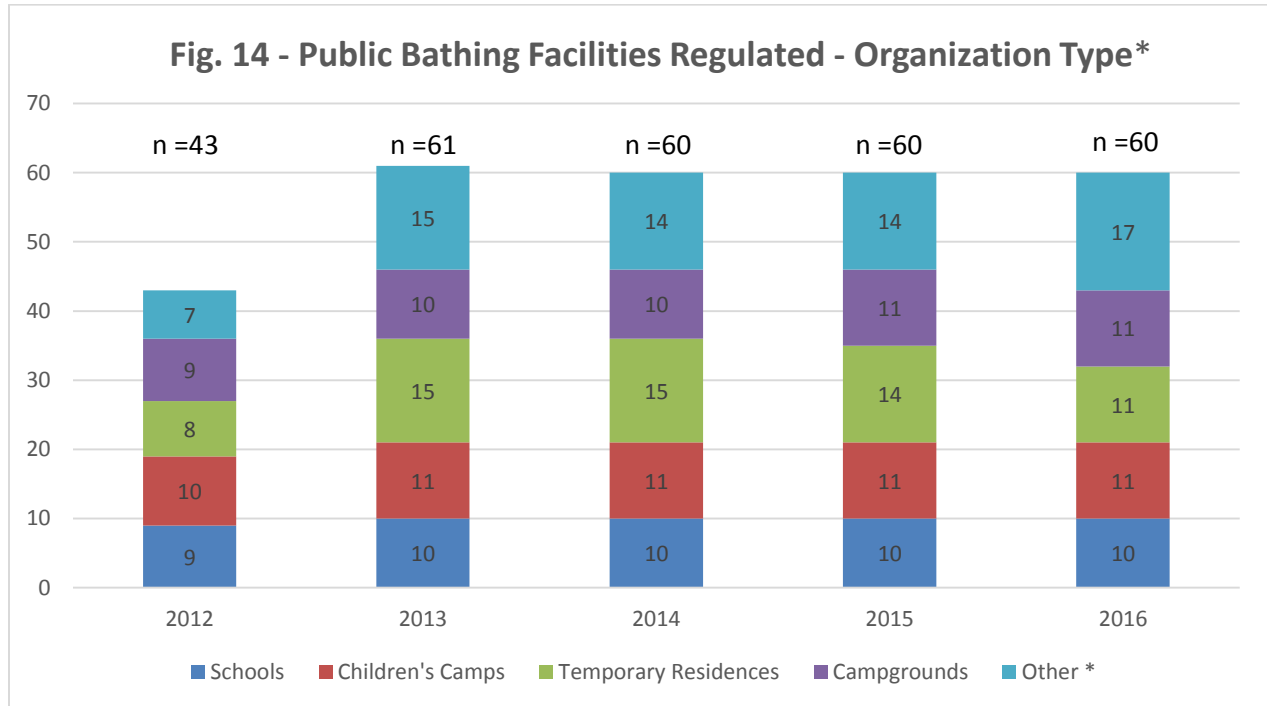
TEMPORARY RESIDENCE PROGRAM

The EH division permits 48 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as children's camps in the summer within the county. EH staff performed at least one annual inspection of these facilities and follow-up visits as necessary. Inspections may include kitchen operations, public water supply treatment and sampling, onsite sewage disposal system, and swimming pool or bathing beach. EH also works with local building code enforcement officers to ensure that required electrical and fire safety inspections are performed, and that permitted facilities are free of any public safety or health hazards.

PUBLIC BATHING FACILITY PROGRAM

In 2016, the CCHD permitted and oversaw the operation of 60 public bathing facilities operated by 39 organizations (see Figs. 14 & 15 for breakdown by type and organization). The CCHD also conducts a bathing beach sampling program to determine when beaches should be closed due to high E. coli bacteria levels. A total of 41 beach samples were collected. In 2016 one beach was temporarily closed on one occasion due to elevated E. Coli levels attributed to a recurring problem with a large resident goose population. Beach closings are usually associated with turbid conditions following a significant rainstorm event. As part of pool inspections, EH staff continued to notify operators of requirements associated with passage of the federal Virginia Graham Baker Pool and Spa Safety Act, which requires that all public pools nationwide replace existing bottom drain covers with new, approved grates. This legislation was designed to minimize risk associated with suction entrapment.

Environmental Health



* The total number of organizations operating facilities is smaller than the total number of facilities because one organization may operate more than one facility.

CHILDREN'S CAMP PROGRAM

The CCHD permitted 17 children's camps in 2016. Many of these camps are operated by scouting, religious, or other non-profit organizations. Inspections at these facilities may also include a food service operation, public water supply treatment, on-site sewage disposal system, and swimming pool or bathing beach. Besides annual inspections, staff are required to annually review and approve each camp's written safety plans, investigate any reports of illness or injury, conduct background checks on all camp directors, and verify that required medical and safety certifications are current for all camp staff.

MOBILE HOME PARK PROGRAM

The CCHD permitted 35 mobile home parks in 2016. 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 include a community water supply and on-site sewage disposal system(s). Throughout 2016, EH staff had to follow up on numerous complaints regarding sewage systems, water supply systems, electrical issues, and garbage complaints at such parks.

TATTOO / BODY PIERCING PROGRAM

CCHD regulated 8 tattoo shops located in the county during 2016. The purpose of this program is to prevent infections and the transmission of blood-borne pathogens during the tattoo process. Sterilization equipment at these facilities must be tested on a quarterly basis. In 2015 the tattoo and body piercing sections of the code were combined and updated into one section titled Body Art. The NYSDOH is planning to implement a new NYS body art regulation in 2017 which will supersede the county code.

Environmental Contaminant Control

Modern industrialized societies inevitably release contaminants into the environment. Local, state and federal regulatory agencies are charged with minimizing the effects of such contaminants on public health and the environment. EH staff periodically works with such agencies (i.e. NYSDEC and USEPA) to provide review and comment on documents pertaining to assessment and cleanup of contaminated sites in the county. Additionally, EH staff has a primary role in implementing specific regulatory programs associated with exposure to secondhand tobacco smoke and sources of lead poisoning.

CHILDHOOD LEAD POISONING CONTROL PROGRAM

EH staff is responsible for the assessment of a child's living environment if elevated blood lead levels are 15ug/dl or higher. In 2016, the Nursing division referred 6 children to EH to make such an assessment. EH staff conducted environmental investigation at 7 residences associated with these children. Lead paint hazards were identified at all residences and subsequent remediation work was started and/or completed.

CLEAN INDOOR AIR ACT (CIAA) PROGRAM

In July 2003 a revised CIAA became effective which virtually eliminated smoking indoors in most public places. Similar to the ATUPA program, CCHD provides for compliance checks to ensure that indoor smoking in public places is not occurring. In 2016, there were 70 smoking compliance checks conducted in establishments around the county. There were no violations found as a result of these unannounced visits.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a “Membership Association”. In 2016, 2 waiver renewal applications were received and approved. Additionally, 3 renewal Membership Association applications were received and approved.

ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) PROGRAM

In September 1992 Article 13-F of the NYSPHL went into effect which prohibited the sale of tobacco products to individuals less than 18 years of age. Since then, the EH division has performed annual visits at all stores in the county licensed to sell tobacco by NYS. In 2016 the CCHD performed 76 ATUPA compliance checks at 54 licensed establishments. The unannounced checks involve the use of minors who attempt to purchase tobacco products at store check-out counters. Of the 76 checks completed in 2016, there were 4 sales of tobacco products to a minor. Consequently, formal action was initiated which resulted in 4 violations for \$ 2,600 in fines.

In September 2016 the County Legislature passed Local Law No. 8- 2016 which raised the legal age for purchase of tobacco products in Cattaraugus County from 18 to 21. In October, formal notification and new signage were mailed to all retail tobacco stores in the county notifying them of this change. This will hopefully further reduce youth access to tobacco products and prevent early addictions.

HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION

As mentioned previously the EH Division works with both the NYSDEC and USEPA to 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. EH staff occasionally attend public informational meetings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2016, the CCHD participated in review of the following sites / projects:

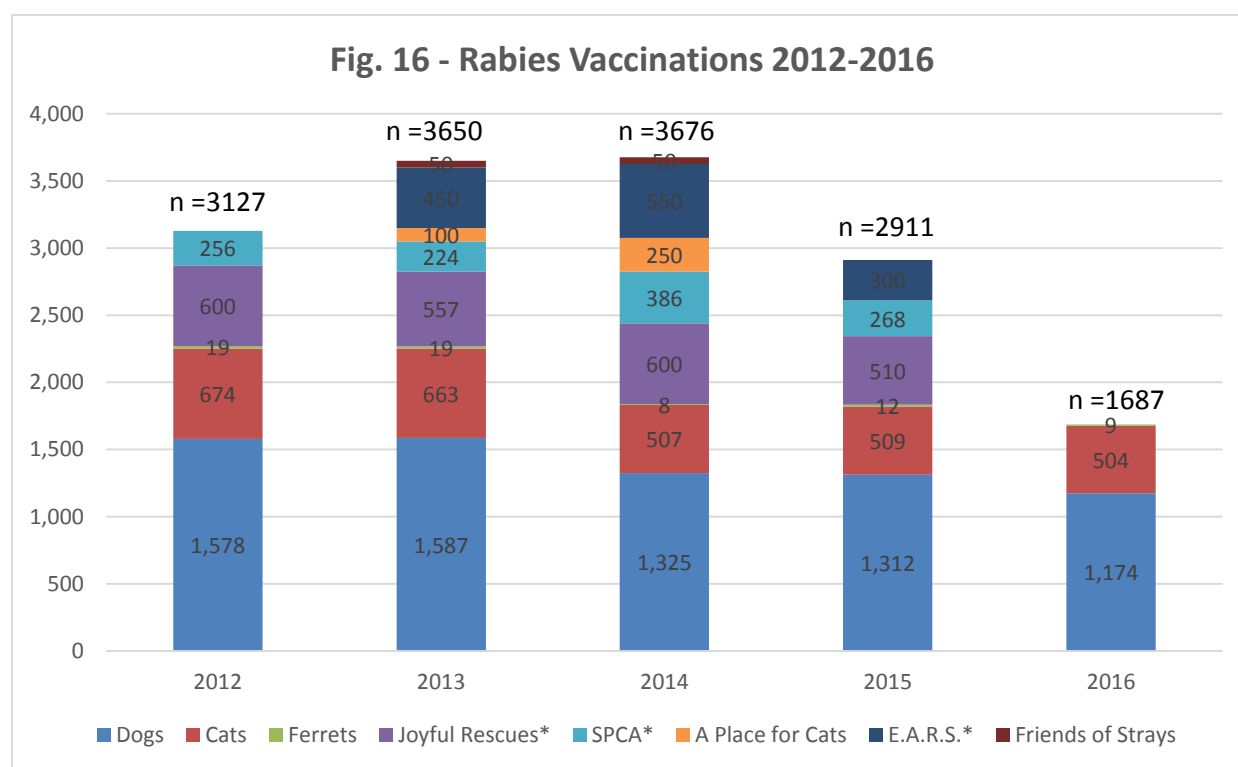
- West Valley Demonstration Project (County representative on Citizen Task Force)
- ALCAS/Olean Wellfield remedial investigation
- Annual testing of private wells in the Little Valley Trichloroethylene (TCE) site
- AVX remedial investigation in Olean
- Olean Brownfield Opportunity Area (OBOA)
- Ongoing investigation of the former Gee gas station and 7 Eleven sites in Allegany (V)

Vector Control

Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with insects and vector borne disease. In addition to the three programs mentioned below, EH staff responded to numerous complaints in 2016 associated with cockroach infestations, rodents, and bed bugs.

RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2016, 5 animal vaccination clinics were conducted at various locations around the county. Fig. 16 shows vaccinations by animal type for years 2012-2016. In total, \$1,763.63 in donations was collected at the five vaccination clinics held last year.



* No vaccination was available for CCHD to provide to SPCA or other organizations in 2016.

In addition, EH staff conducted 230 animal bite investigations and referred 51 persons to the Nursing Division for post-exposure immunization. In 2016 a total of 104 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 10 were positive (4 raccoons, 1 cat, 1 bat, 1 bovine, 1 skunk, 1 fisher and 1 fox).

MOSQUITO SURVEILLANCE AND CONTROL PROGRAM

EH staff began mosquito larval surveillance in May and continued surveillance into August. Adult surveillance began in May and ended in August. A total of **250 mosquito specimen pools** were submitted to the state laboratory for analysis. There was one detection of Trivittatus virus, and 1 detection of Jamestown Canyon virus. It should be noted that there were no human cases of West Nile virus reported in Cattaraugus County in 2016.

NYSDOH continued to conduct adult mosquito trapping in the area west of Salamanca during 2016 for Eastern Equine Encephalitis (EEE). All specimens obtained during this effort tested negative for EEE. At the very end of 2015 an outbreak of cases of Zika virus in South America prompted federal CDC and state DOH officials to issue warnings and guidelines in the U.S. As a result county health departments were required to develop Zika Action Plans (ZAP) in 2016.

LYME DISEASE

Continued surveillance from 2012 through 2016 has shown a slow progressive increase in the percentage of infected deer ticks. Testing of deer tick nymph specimens from one site in Cattaraugus County in 2016 yielded a 24.0% infection rate for *Borrelia burgdorferi* bacteria (bacterium that causes Lyme Disease) and testing of adult deer ticks yielded a 55.6% infection rate.

Three (3) human cases of Lyme Disease were reported in Cattaraugus County in 2012, four (4) in 2013, five (5) in 2014, twelve (12) in 2015, and seventeen (17) new cases in 2016. Similar data from surrounding counties supports the conclusion that the rate of Lyme Disease infections in WNY is likely to increase.

CCHD has distributed warning signs to all children's camps, campgrounds and public parks. Operators posted the signs in conspicuous locations for patron education. Dozens of additional signs were given to the NYSDEC and NYS Parks for posting at public fishing access sites, state forest recreation areas, and hiking trailheads.

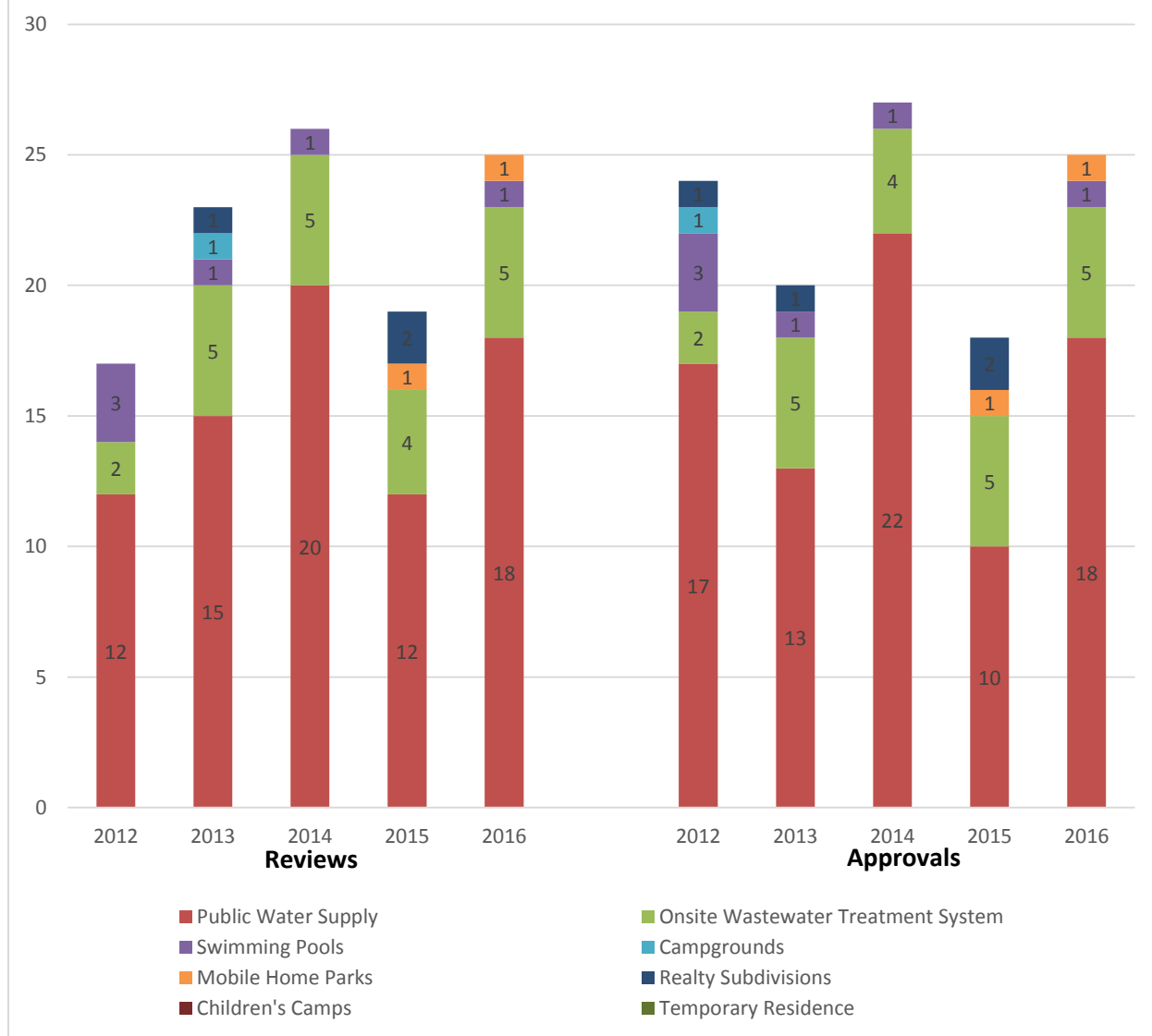
Environmental Health Program Support Services

In support of the above health department functions and program activities, EH staff performs three additional categories of service, namely engineering plan review, public health nuisance complaint investigation, and enforcement. These services are vital for ensuring the proper design, operation, and maintenance of all regulated facilities.

ENGINEERING PLAN REVIEWS

Engineering plan reviews are required to ensure compliance with NYS design standards at all permitted facilities. The formal reviews are conducted by the CCHD Public Health Engineer for a variety of facility types. The number of engineering plan reviews performed and approvals issued for the years 2012 through 2016 are shown in Fig. 17.

**Fig. 17 - Engineering Plan Reviews and Approvals
2012 to 2016**



PUBLIC HEALTH NUISANCES

Many environmental health risks are identified through the programmatic activities outlined above. However, county residents themselves often file formal complaints and report potential public health nuisances. In 2016, EH staff responded to 91 complaints regarding possible public health issues. This resulted in 3 formal enforcement actions taken to bring about correction of a sanitary code violation.

ENFORCEMENT

While much effort is spent to achieve regulatory compliance through education and voluntary compliance, there are occasions where formal enforcement must be conducted. In 2016, a total of 50 formal enforcement actions were initiated for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. Cases involved sewage discharges, public water monitoring violations, restaurant and smoking violations, pets improperly vaccinated against rabies, and public health nuisances. Of these 50 actions, 30 resulted in the assessment of \$ 5,275.00 in fines. Since January 1, 2001 the CCHD has assessed \$ 190,175.39 in fines and has collected \$ 156,366.59. Unpaid fine cases eventually go to small claims court, where court judgments are sought against the respondents.

INSTITUTIONAL DEVELOPMENT/ACCREDITATION

In 2015, adoption of a significantly revised County Sanitary Code and ongoing departmental accreditation provided opportunities to redesign and standardize workflows to better utilize existing information technology. As part of the accreditation process, the Environmental Health division has finalized six written policies/ procedures. Complementary to these efforts is the gradual transition to digital workflows. With the adoption of the revised County Sanitary Code, significant changes to the current workflows governing the Real Property Transfer Inspection and Body Art programs have begun. This “streamlining” makes the department more efficient, allowing EH staff to do more with stagnant or declining resources.

ENVIRONMENTAL HEALTH STAFF

Eric Wohlers – Director
Raymond Jordan – Senior Sanitarian

OLEAN:

Christopher Crawford – Water Resource Specialist (left 8/2016)
Lewis McCaffrey – Water Resource Specialist (began 9/2016)
Chris Covert – Sanitarian
Rebecca Johnstone – Sanitarian
Eli Rust – Sanitarian
Richard Dayton – Sanitarian
Elaine Fowler – Keyboard Specialist II
Desiree Ottley – Keyboard Specialist

LITTLE VALLEY:

Andrew Wolf – Sanitarian
Michael Hastings – Sanitarian
Samuel Dayton – Sanitarian
Rhonda Kelley – Sanitarian
Regina Rogers – Keyboard Specialist

Environmental Health



Dr. Chris Crawford meets with Boys Scouts



Rich Dayton begins electronic inspections

HEALTH EDUCATION DIVISION

Health Education (HE) is the process of assisting individuals and groups to make informed decisions and build skills on matters affecting personal, family and community health. Health Education provides information about awareness and prevention and spans the gap of knowledge between the consumer and the scientific community. All local health departments (LHDs) are required to provide health education services.

School Age Programming

Changing unhealthy behaviors and practices is most effective with young individuals. Research has shown that the majority of an individual's adult behavior and attitudes are shaped as children. Consequently, the HE Division spends much of its effort working with the school age population to promote healthy behaviors and lifestyles. School-age programming is presented not only in the schools, day care centers, summer camps and other children friendly venues, but also to parents in programs such as Women, Infants and Children (WIC), food pantries, work sites and Department of Social Services programs. The Glo Germ Hand washing, Oral Hygiene and Reproductive Health Programs continues to be most popular. The Health Department also continued education for Home Schooled Children, meeting at the Believers Chapel Church in Allegany, each Friday during the school year. This program began in October, 2015. Life skills lessons were presented by education staff to two different age groups on a bi-weekly basis. Lead poison prevention education and testing in WIC Clinics continued in 2016.

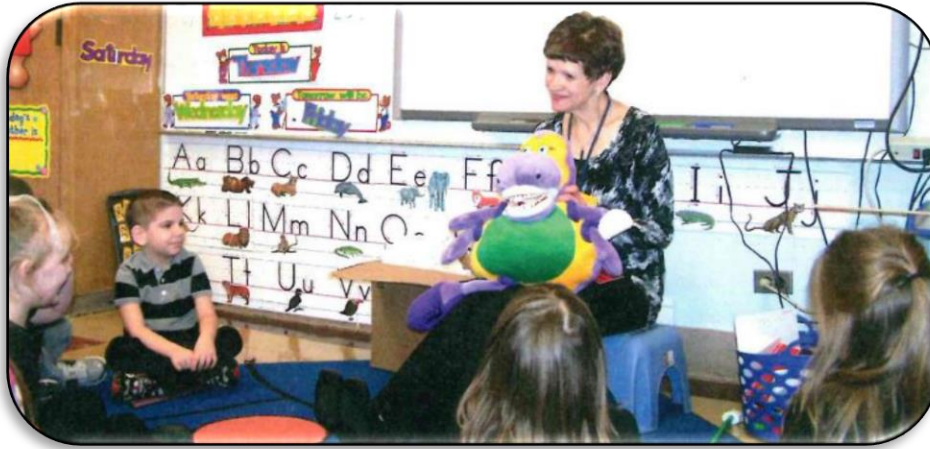
GLO GERM HANDWASHING PROGRAM

The Glo Germ Hand washing program is designed to emphasize the importance of proper hand washing to prevent lead poisoning and minimize the spread of contagious disease such as influenza. Health education staff goes into the field to discuss proper hand washing and show, through the use of ultraviolet light and 'Glo-Germ' gel, the effectiveness of proper hand washing. Children leave the Glo Germ program with age-appropriate workbooks, stickers, brochures and/or pamphlets. A total of 139 Handwashing presentations were conducted with a total of 2,341 participants. Although often targeted to school age children, the program has also been used effectively in adult presentations.

ORAL HYGIENE PROGRAM

The importance of establishing good oral hygiene behavior in childhood cannot be underestimated. With the growth of adult teeth in early childhood, prevention of oral/dental diseases such as periodontal disease, gingivitis and tooth decay becomes the only way to insure nominal dental health. Without good oral hygiene, many children begin the long, painful, expensive path towards oral and dental problems. Historically, rural areas, such as Cattaraugus County, have had limited access to the types of treatment available to treat these problems. Treatment cost makes prevention more important than ever. In Cattaraugus County, many children lack the necessary tools, such as dental floss, toothbrushes and paste, to help prevent tooth decay and combat oral/dental diseases.

Health education staff works with providers at local dentists' offices to meet this need and present materials on prevention of oral/dental disease and tooth decay. According to County Health Rankings, Cattaraugus County has only one dental provider for every 2,440 population. A total of 65 dental presentations were conducted with 1,237 students; each child received a dental supply bag that included a toothbrush, paste, dental floss and dental literature. These same materials are also disseminated at MOMS visits by Health Department nurses, to Department of Social Services clients, and to Veggie Mobile participants.



Bev Bennett teaches children healthy dental habits

REPRODUCTIVE HEALTH PROGRAM

The reproductive health program seeks not to just educate teenagers and adults about human reproduction, but also to give them the personal skills, sense of personal identity and confidence to make responsible choices regarding their own reproductive decisions. Objectives of the reproductive health program include:

- reduce adolescent pregnancies
- reduce sexually transmitted infections
- increase awareness of other CCHD reproductive health services
- increase personal knowledge of reproductive health

In support of these objectives, Health Education continued to provide innovative program activities designed to empower teens and young adults through self-discovery. In early 2016, the opportunity for new programs in the County Jail became available. Classes are popular with both males and females. Topics include contraception, STIs, birth spacing, and relationship skills. Inmates are additionally provided with information on how to access Health Department Family Planning Clinics.

Reproductive Health promotional ads have been posted to the department's Facebook page. These ads have been well received.



Staff complete ad development

School and Community Outreach

Programming in schools is designed to educate on puberty, teen issues, and the science of reproduction as well as potential consequences associated with sexual activity; for all ages, education provides insight into sociological factors associated with such activity. STIs prevention and Contraception education are provided to numerous individuals with learning and developmental disorders through Alternative Education School and adult programs; adult programs include those living in temporary housing, alcohol and/or other drug counseling centers. The Educator continues facilitation of the County's Youth Development Coalition which helps sponsor activities during the year that focus on independent living skills.



Adult and Community Based Programming

Besides school age programming, staff provide adult and community based programming in an effort to foster healthier lifestyles at various venues throughout the county. Health Education works collaboratively with other County Departments and Community Organizations. Staff participate at community events, including: the YMCA's annual Healthy Kids Day, Canticle Farms, the Cattaraugus County Fair, Influenza and Rabies Clinics, Machias Family Fun Day, Salamanca/ Pine Valley/ Pioneer/ West Valley/ and Olean School Fairs, Salamanca Kiwanis Annual Bike Rodeo, the Rehabilitation Center / the City of Olean/ Cattaraugus Community Action/ Seneca Allegany Casino, Holiday Valley Employee Wellness Days, the Department of Aging Senior Forum and Picnics, the Kathi Ward Foundation for Nurses event, Annual World Breastfeeding Day, and the Annual Farmer Neighbor Program. Health information was also available at the monthly car seat checks at the Allegany Fire Department.

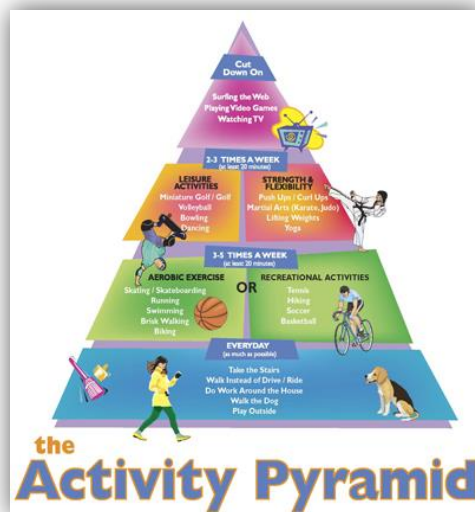
Cattaraugus County Health Department - 2016 Annual Report
Health Education



Cattaraugus County Fair Booth Displays

NUTRITIONAL PROGRAM

Proper nutrition is the foundation of a healthy lifestyle. Obesity is generally considered a leading cause of many health related conditions in the U.S. The nutritional program strives to educate the community on good nutrition and healthier habits. Through its programming, staff illustrates the importance of portion control, making smarter choices when eating out, eating from the 'My Plate' model, growing or buying healthier foods, and encouraging exercise to control weight. Focus has been to reduce the amount of sugar-sweetened beverages consumed by children and adults with emphasis on increasing the amount of water consumed. Sugary sweetened beverage education was incorporated into Dental Health programs, health and wellness days, and at after school presentations.



LEAD POISONING PREVENTION

While potentially harmful in all segments of the population, lead poisoning is particularly harmful to children because of its chronic nature and difficulty in detection. Lead poisoning in children can lead to learning difficulties as well as generally small physical stature. In severe cases, poor coordination, headaches, seizures and comas may occur. Lead based paint was used in many homes until 1978. Because of the age of the homes where many socio-economically deprived families live, children living in poverty are often at risk of lead poisoning.

Prevention of lead poisoning is primarily achieved by immobilizing lead laden particles and limiting exposure to potential sources of lead. HE staff work with families receiving social services and Women, Infant, Children (WIC) services as well as food pantry customers to help identify those most at risk. For these families, educational materials on lead poisoning prevention are provided. If necessary, Education staff refer families to CCHD Nursing staff for additional evaluation.

VEGGIE MOBILE PROJECT

A pilot program which provides fresh vegetables and tips on preparing them was introduced in 2015 to residents of Seneca and Alder Courts in Olean. The Veggie Mobile, a truck carrying fresh vegetables from Canticle Farms in Allegany, is a cooperative venture between Franciscan Sisters of Allegany, Olean Housing Authority and the Cattaraugus County Health Department.

Vegetables are delivered each week from June to September, free of charge to individuals, senior citizens and families. Participants are encouraged to eat healthy foods through recipes, handouts and tasting the vegetables in season. In 2016, two public housing sites were added, as were cooking demonstrations, container gardens, and fresh fruit.



Partnership Activities

Although Education staff is small in numbers, the need for effective health education and wellness promotion is great. Staff partner with a variety of organizations and agencies to address public health related issues. In 2016, staff continued to participate in many councils, coalitions, and partnerships locally and regionally including: Cancer Services Program (CSP) of Allegany and Cattaraugus Counties, Tobacco Free CCA (Chautauqua – Cattaraugus – Allegany counties), Healthy Cattaraugus County, Cattaraugus County's Healthy Livable Communities Consortium, Youth Development Coalition (YDC), the Public Health Coalition of WNY, Regional AIDS Network, the Falls Prevention Collaborative of Cattaraugus County, and P2 WNY Healthy Communities Consortium.



Annual Employee Dress Pink Day, October



Annual Recognition Day, November

HEALTH EDUCATION STAFF

Debra Nichols – Public Health Educator
Beverly Bennett – Public Health Educator Assistant
Tara Leonard – Reproductive Health Educator
Athena Godet-Calogeras – Health Educator Volunteer



Submission of 2014- 2018 Community Health Assessment/ Community Health Improvement Plan

COMMUNITY ENGAGEMENT

In 2016, the Cattaraugus County Health Department has continued to partner with a multitude of agencies and organizations to help better the health of the community.

The **Cattaraugus County Healthy Livable Communities Consortium** (HLCC) formed as a call to action in 2011. It continues to take strides toward creation of healthier, sustainable lifestyle opportunities for residents. The Consortium meets quarterly with sub groups meeting more frequently as needed.

Since the initiation of the HLCC, it has been the intent of the Cattaraugus County Health Department and its partners to instill upon other key stakeholders that we are *all called to action* to tackle health issues. The Community Health Assessment (CHA), the Community Services Plan (CSP), and the Community Health Improvement Plan (CHIP) are facilitated through the Consortium.

In 2015, HLCC was awarded the national Spreading Community Accelerators through Learning and Evaluation (SCALE) funding grant, one of 20 nationally, supported by Robert Wood Johnson Foundation. SCALE is a 20 month intensive *learning and doing* program whose goal is to create and support local leaders at all levels to be successful within communities, creating *bright spots* interventions. SCALE is the first initiative of 100 Million Healthier Lives.

In February 2016, the HLCC was awarded one of ten national *Reaching People with Disabilities through Healthy Communities* funding by the National Association of Chronic Disease Directors (NACDD). The goal of this funding is to seek community collaboration to accelerate disability inclusion policy, systems, and environmental (PSE) improvements that will increase opportunities for healthy eating, physical activity, and the prevention of tobacco use for people living with disabilities. The Centers for Disease Control leads this initiative with NACDD acting as lead.



Gowanda School District's James Klubek and Dave Smith, present healthy policy work to Consortium



Coaches Nichols and Brundage trained for NACDD work

Cattaraugus County Health Department - 2016 Annual Report
Community Engagement

Table 4 – Community Partners	
Agency/ Organization	Agency/ Organization
ACCORD (Allegany County Community Opportunities & Rural Development) Corporation	Housing Options
Allegany-Cattaraugus Cancer Services Program	Interfaith Caregivers
Alzheimer’s Association of WNY	Kidney Foundation of WNY
American Cancer Society	Legal Assistance of WNY
Ardent Solutions Network	Municipal Clerks
Baby & Me, Tobacco-Free Program	NY Connects
CARes (Council on Addiction Recovery Services)	NYS Health Foundation
Catholic Charities	NYS Smokers Quitline
Cattaraugus-Allegany BOCES (Board of Cooperative Educational Services)	Olean City Schools
Cattaraugus Community Action	Olean General Hospital/ Upper Allegany Health System
Cattaraugus County Board of Health	Olean Housing Authority
Cattaraugus County Community Services	Olean Medical Group
Cattaraugus County Department of Aging	Olean Times Herald
Department Economic Development	Olean YMCA
Cattaraugus County Health Department	P2 (Pursuing Perfection) Collaborative of WNY
Cattaraugus County Legislators	Pfeiffer Nature Center
Cattaraugus County Department of Social Services	Pioneer Knowledge Services
Cattaraugus County Veterans Services	Reality Check Program
Cattaraugus County Youth Bureau	ReHab Center
Cattaraugus Regional Community Foundation	Salamanca Press
City of Olean (Mayor, Planner, Youth Bureau)	SNI (Seneca Nation Indians) Health
Chautauqua County Health Network	Southern Tier Health Care System
City of Salamanca (Council, Youth Bureau)	Southern Tier West
Cornell Cooperative Extension Cattaraugus County	St. Bonaventure University
Creating Healthy Schools and Communities	STRAWW (Southern Tier Recovery Activities Without Walls)
Directions in Independent Living	Tap Into Greater Olean
Eat Smart New York	Tobacco-Free CCA
Fidelis Care	Total Senior Care
Genesis House	Underwood Manor
GOAC (Greater Olean Area Churches)	United Way of Cattaraugus County
Gowanda School District	Univera
Head Start Program	University Primary Care
Health Care Access Coalition	Venture Forthe
Healthy Community Alliance	WIC (Women, Infants, Children)
Healthy Families	WOGO (Wider Opportunities Greater Olean)
HomeCare & Hospice	YMCA Olean
	YourCare

EARLY CARE DIVISION

Identification of and early intervention in the treatment of developmental delays in young children is of paramount importance in improving childhood developmental outcomes. The Early Care Program administers two closely interrelated programs; the Child Find and Early Intervention Programs. These programs address respectively the interrelated issues of *identification of* and *intervention in* potential developmental delays in early childhood. These federal programs are administered through the NYSDOH and the family's county of residence. The Early Intervention - Local Early Intervention Coordinating Council (LEICC) conducts periodic meetings to address programmatic issues and to assist in quality control of the program.

Intake staff received 215 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, 131 children were eligible to receive services in 2016.

While the Child Find / Early Intervention programs are described separately below, practical administration of these programs does not necessarily recognize this programmatic division.

CHILD FIND PROGRAM

The Child Find program identifies children, aged birth to three years, that may be at-risk of having a developmental delay *and* insures that such children are appropriately evaluated and have access to the services necessary to address such issues. The Child Find program assures that all children have a primary health care physician and health insurance, such as Medicaid and/or Child Health Plus. Identification of at-risk children occurs by working with area hospitals to contact families when their infant did not receive or failed a New Born Hearing Screen or through referrals by family, friends, physicians, hospitals, or educational/health care professionals when there is a concern regarding a child's ability to meet developmental milestones.

In efforts to identify more at-risk children, Child Find distributes material containing information on developmental milestones for children aged birth to three years old to physicians, hospitals, educational/health care professionals and other potentially interested parties.

EARLY INTERVENTION PROGRAM

Once identified, children aged birth to three years old who are at risk of a developmental delay are evaluated and provided with intervention services through the Early Intervention Program. Children are determined eligible by a multi-disciplinary evaluation which determines eligibility and appropriate therapy. Services provided within this program fall into the following areas: Speech/Language Pathologist, Physical Therapy, Occupational Therapy, Nursing, Special Instruction, Audiology, Nutrition, Social Work, Vision, Psychological, Assistive Technology devices, Family Training, Respite and Service Coordination Services.

EARLY CARE PROGRAM STAFF (Early Intervention)

Dr. Kevin Watkins – Early Intervention Official
Patty Cheek – Early Intervention Service Coordinator
Peggy Keller- Early Intervention Service Coordinator
Alyssa McCutcheon – Early Intervention Service Coordinator (left 9/2016)
Kara Frontuto - Early Intervention Service Coordinator
Nikki Pratt – Early Intervention Child Find Assistant
Lanette Shaw – Early Intervention – Keyboard Specialist II

Physically Handicapped Children's Program (PHCP) / Children with Special Health Care Needs Program (CSHCN)

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

The Children with Special Health Care Needs Program is a referral service that connects families with extra health care and support services that will help meet the family's needs if the Physically Handicapped Children's Program cannot assist.

The Physically Handicapped Children's Program helps to cover the financial costs that arise when caring for a child with special health care needs and is designed to help low and middle income families who have inadequate or no health insurance.

This program has three divisions: First, the Diagnosis and Evaluation Program will provide funding to assist a family obtain a diagnosis for a child who is suspected of having a serious or chronic condition. Families are allowed a maximum of three visits per year under the diagnosis and evaluation division. Once a diagnosis is determined, the second division of CSHCN which is PHCP will provide funding to help cover costs related to that diagnosis.

For instance, if a child is diagnosed with diabetes, PHCP will help parents pay for prescriptions, diabetic supplies, and co-pays for the child's frequent medical visits. Examples of conditions that are considered to be serious or chronic which would be covered by PHCP include but are not limited to: asthma, cystic fibrosis, diabetes, cancer, hearing loss, orthopedic conditions, seizure disorder, et al. The first and second divisions of PHCP are free.

Early Care

The third division connects families to affordable orthodontic coverage. This is not a free service; parents pay a portion of their child's treatment based upon their annual income.

Outreach activities are performed quarterly. CSHCN/PHCP staff meets with medical providers, school nurses, and local community resources to inform them of the services that our programs provide. These activities aid in bridging gaps and overcoming barriers that prevent families from having access to adequate health care.

In 2016, medical services were provided to 52 patients. Thirty children received approval for medical; seventeen children were approved for orthodontic care. All of these applications had some form of health insurance. In total, 576 medical and orthodontic services were authorized in 2016. Referrals from Women and Children's Hospital of Buffalo are minimal. The majority of our referrals come from school nurses, special education teachers, school social workers, local healthcare providers, orthodontists, and parents who received services from CSHCN or PHCP in the past.

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

2016 PHCP/CSHCN Staff

Kevin D. Watkins, M.D., M.P.H – Public Health Director

Gilbert Witte, M.D. – Medical Director

Gina Parks - Resource Coordinator of PHC/CSHCN Programs

WOMEN, INFANTS AND CHILDREN (WIC)

The Women, Infants and Children (WIC) program is a federally funded program administered in New York by the NYSDOH through local health departments. The WIC Program serves to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, providing information on healthy eating and lifestyles, and making referrals to health care.

SUPPLEMENTAL NUTRITION PROGRAM

Through the supplemental nutrition program, income eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five receive nutritious foods. Food benefits are received through the issuance of vouchers, or checks. WIC foods include infant cereal, iron-fortified adult cereal, Vitamin C-rich fruit juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, fruits and vegetables, baby foods and whole grain products. Staff identifies potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2016, the CCHD WIC Program's average enrollment was 1,888, slightly higher than the previous year.

BREASTFEEDING PROMOTION AND SUPPORT PROGRAM

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides health, nutritional, economic and emotional benefits to mother and baby. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. The WIC Breastfeeding Promotion and Support Program in Cattaraugus County show that the breast feeding initiation rates were at 68.4% in 2016, which is about the same as last year. Peer counselors continue to link with pregnant and new mothers, visiting new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps, personal use electric pumps and manual pumps for participants who must be separated from their infants, vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home. Cattaraugus County WIC staff includes two CLCs (Certified Lactation Counselors).

NUTRITION EDUCATION PROGRAM

Nutrition education is vital in promoting a healthy start for newborns, infants and young children. The WIC nutrition program provides such education through individual counseling, literature dissemination and through facilitated group discussion. By allowing participants to discuss their nutritional practices, identify better practices and develop strategies for implementing such practices, there is a greater understanding of the role of good nutrition in living a healthy lifestyle. Recent research has indicated that participants in such programs are more likely to understand the value of good nutrition and change eating behaviors.

WIC Staff

Donna Higley – Director
Allison Maloney – MS, RD, CLC
Michele Phelps – MS, RD, CLC
Rachel Renninger – Qualified Nutritionist
Suzanne Walters – Senior Nutrition Program Assistant
Christian Bowser – Nutrition Program Assistant I
Molly Higgins – Nutrition Program Assistant I
Beverly Bennett – Health Education Assistant
Carla Jefferlone – Breast Feeding Peer Counselor
Sara Isaman – Breast Feeding Peer Counselor



COUNTY LABORATORY SERVICES

Fig. 18

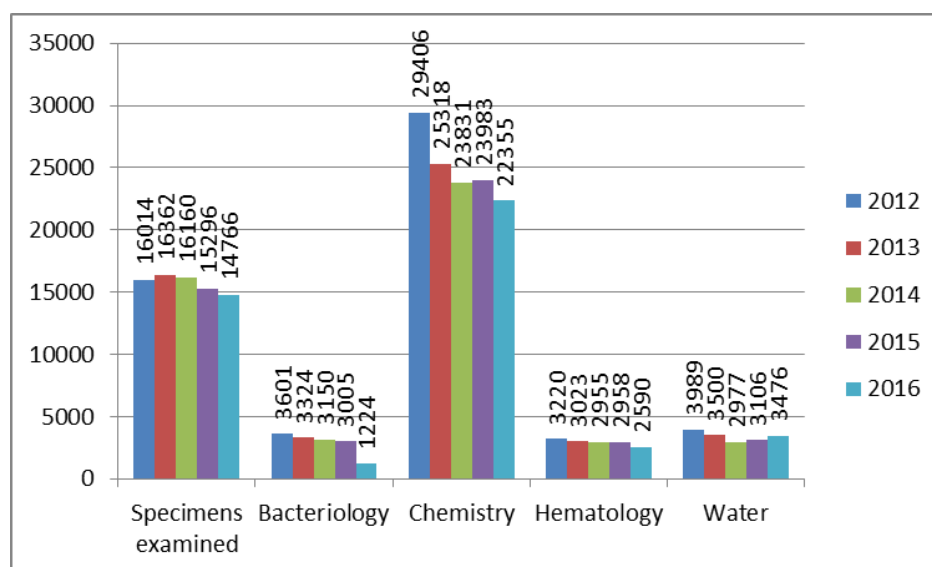
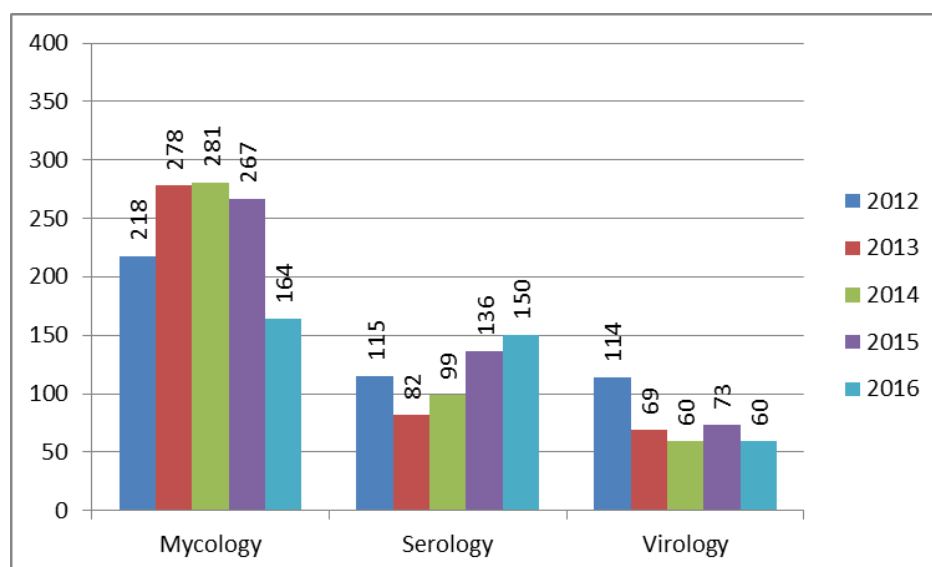


Fig. 19



*NOTE – Totals appear lower due to an extended period of time without a clinic practitioner. Bacteriology totals lower than actual. Specimens sent to Erie and totals do not include work-ups for positive specimens.

Figs. 18 and 19 above illustrate the change in the number of tests performed in different categories from 2012- 2016. 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.

Identification of possible disease causing organisms in the body and environment, and monitoring important health indicators in each individual is crucial to understanding public

health impacts across a population. Such identification requires exacting tests and scientific knowledge.

In response to this need, the Cattaraugus County Laboratory (CCL) provides a full-service clinical laboratory and water testing services. The clinical lab is a NYS certified lab in the fields of Myco-bacteriology, Mycology, Chemistry, Hematology, Virology, Diagnostic Immunology, and Urinalysis. The CCL is Certified to perform potable and non-potable water testing for bacteria and nitrate. Outpatient services are available during all open hours and most health insurance plans are accepted.

COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director

Paula Ketchner – Supervisor

Tammy Kolivoski – Clinical Laboratory Technician

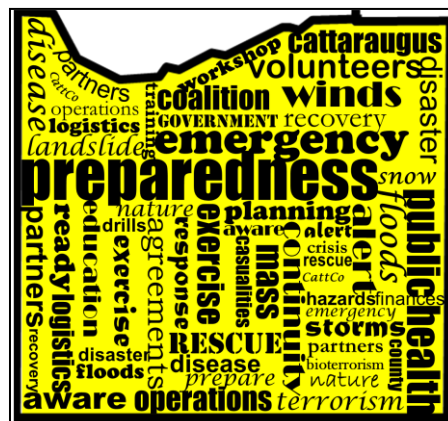
Kimberly Stewart – Clinical Laboratory Technologist

Catherine Territo – Phlebotomist

PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

Public Health Emergency Preparedness focuses on preparing personnel to respond to a public health emergency. In the event of an emergency, staff in all CCHD divisions may have to assume different and additional roles/responsibilities. Managing such institutional change in an emergency situation without proper planning and training is impossible. PHEP staff work with existing CCHD divisions to ensure that training and planning prior to emergencies are undertaken to maximize the potential for a quick and effective department-wide response to a public health emergency. The planning and training process include participation in workshops, seminars, small and large scale drills and exercises that form the framework to build and fortify the preparedness responses of the CCHD.



PHEP DIVISION

The Public Health Emergency Preparedness (PHEP) division coordinates and enhances the ability of the CCHD, Cattaraugus County Office of Emergency Services, First Responders, other local/county agencies and citizens to prepare for and respond to public health emergencies. Additionally, the PHEP division works to ensure overall community wellness for effective emergency/disaster recovery. PHEP staff strive to improve the public response to disease outbreaks, bioterrorism, mass casualties, natural disasters, severe weather, and chemical and radiological emergencies. An 'All-Hazards' approach is embraced to ensure effective response to any disaster or emergency that may arise.

The NYS DOH funds each of the 57 counties within NYS outside of New York City to prepare local, time-oriented deliverables and annual maintenance deliverables that are targeted to coincide with the Center for Disease Control (CDC) and Department of Homeland Security (DHS) initiatives for public safety. Completion of these deliverables is accomplished through participation in trainings (online and in-person), outreach programs, planning initiatives and implementing large scale Point of Dispensing (PODs) operations. 2016 encompassed the last two quarters of budget period 4 (BP4 – Jan-June 2016) and the first two quarters of budget period 5 (BP5 – Jul-Dec 2016) and included multiple local, time-oriented deliverables and annual maintenance deliverables.

PHEP RESPONSIBILITIES

TRAINING PROGRAM /COORDINATOR AND STAFF TRAINING:

PHEP staff participated in numerous online and in-person classroom based training programs. Trainings included class room based: Homeland Security Exercise and Evaluation Program (HSEEP), Response to a mass shooting incident, medical countermeasures (MCM) mass dispensing lessons, Access and Functional Needs Workshop and online: Medical Emergency Response Inventory Tracking System (MERITS), Non-Pharmaceutical Interventions (NPI) Overview, Environmental Clean-Up for Ebola Virus Detection in non-healthcare settings, Countermeasure data management system (CDMS-Rabies event), Legal issues for mass dispensing and newly issued emergency use instructions and dispensing orders, public and animal health response in NYS: *Burkholderia pseudomallei* and *Brucella suis*, MCM operational readiness review (ORR), Select legal considerations for mass dispensing without emergency use instructions.

DRILLS/EXERCISES:

In addition, health department staff participated in various drills and exercises including: normal business hour cascading notification drills using the integrated health alert notification system (IHANS), pick list generation using MERITS to distribute medication to select sites within the county. Two major exercises were conducted during BP5. In the first half of 2016, the CCHD was involved in an exercise that tested the public health and healthcare emergency preparedness capabilities in response to an influenza pandemic. The main focus was to conduct a Medical Counter Measure Points of Dispensing (MCM-PODs) exercise in which the ability to triage and record subjects and dispense flu medication was tested. CCHD coordinated this POD event involving various departments within the county building including Dept. of Aging. An extension of this exercise will be continued as part of the Outbreak Unchecked Response Exercise (OUREx) which will be conducted early in 2017. CCHD will participate in the Non-Pharmaceutical Interventions (NPI) portion of this exercise. In the second half of 2016, the Commissioner's Order Ebola Readiness Drill was performed. This exercise was coordinated at the CCHD: Olean clinic. This training assessed the LHDs ability to recognize and respond to a suspected case of Ebola and demonstrate donning and doffing of appropriate personal protective equipment consistent with CDC guidelines. This was successfully performed by the capable communicable disease and home care nursing team at CCHD.

PLANNING PROGRAM

Emergency planning strives to identify potential hazards/situations, generate likely scenarios based on those hazards/situations, develop the cross-organizational structures for addressing such scenarios and create the procedures and logistical checklists necessary for effective response. Previous years' PHEP deliverables created such emergency response plans that simulate this activity. Many of the activities accomplished in 2016 centered on updating existing policies and plans, and developing the plans further to enhance preparedness capabilities. PHEP staff was actively involved in planning, developing and updating material for the health department accreditation process.

OUTREACH PROGRAM

By its very nature, emergency preparedness requires organizations across varying disciplines to work together to train and plan for emergency response. To better identify and communicate with these organizations, PHEP staff engaged in numerous outreach activities including:

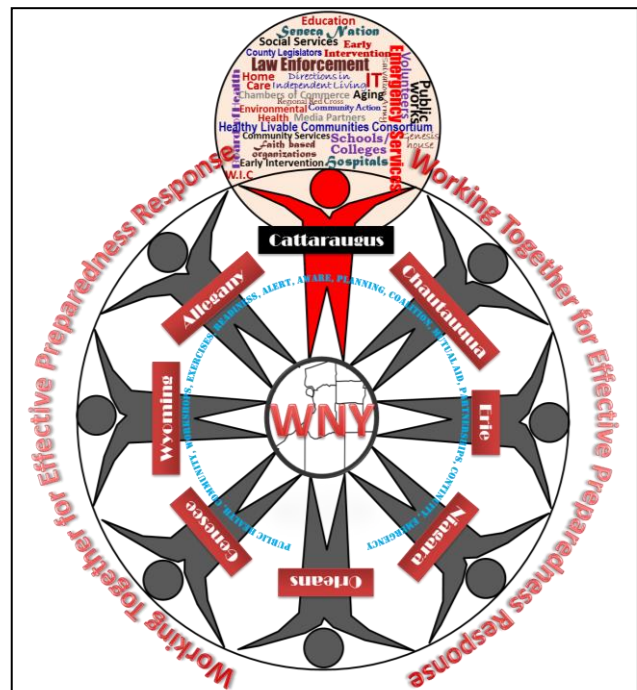
- Distribution of Emergency Preparedness information through social media (Facebook and Twitter)

EMERGENCY RESPONSE

In 2016, Cattaraugus County fared well in regards to events that required the response of PHEP, and Emergency Services Staff. PHEP staff along with Emergency Services Staff monitored several storms that could have had a potential impact on Cattaraugus County. Weather events continue to pose a significant threat to Cattaraugus County and PHEP staff work closely with emergency services to prepare response to and recovery from weather related emergencies.

LOCAL AND REGIONAL PARTNERSHIPS

As one of eight partnering counties in the Western NY region, we are fortunate to belong to a vibrant, innovative team that includes Chautauqua, Allegany, Wyoming, Genesee, Orleans, Niagara and Erie counties. Our collaboration is reflected in and sustained via regular monthly work group meetings held in Erie county. This ongoing collaboration resulted in the drafting of an inter-municipal mutual aid agreement between all eight partnering counties that ensures additional support during emergencies. In addition to the WNY collaborative, we have active partnerships with local hospitals, judicial and legislative systems, law enforcement, emergency services, local tribal (Seneca Nation of Indians) and other agencies. These partnerships were reflected in activities centered on planning, risk communication, informatics, training and exercises, and were designed to maintain the highest standard of Public Health Emergency Preparedness.



PUBLIC HEALTH EMERGENCY PREPAREDNESS STAFF

Kevin Watt – PHEP Director (left December 2016)
Robert Kuhn – Resource Specialist

FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs purchasing functions and oversees all of the medical billing for the Department. This division is responsible for preparing and submitting reimbursement claims to State and Federal Agencies, and for preparation and subsequent monitoring of the Department's Annual Budget.

Key to budget preparation is an understanding of revenue sources and program expenditures. Financial Services works closely with the various programmatic divisions to account for all revenue sources and program expenditures. Total budgeted revenue in 2016 was \$11,265,545. Fig. 20 provides a breakdown of CCHD revenue sources and Fig. 21 provides a similar breakdown for budgeted expenditures. In 2016 New York State Aid to Local Health Departments consisted of a base grant of \$650,000, and partial reimbursement of eligible expenditures (in excess of revenues for eligible services) of 36%. Some services provided by the Health Department do not qualify for reimbursement through New York State Aid. CCHD must complete the State Aid application annually and submit it for approval by the New York State Department of Health.

In addition to State Aid accounting, the Division processes numerous New York State grant funding streams for programs such as Family Planning, Lead, Drinking Water Enhancement, Adolescent Tobacco Use Prevention, Rabies, and the Early Care Program. Additionally, the Division processes Federal grant funding streams for programs that include WIC, Immunizations, Emergency Preparedness, Ebola, Children with Special Health Care Needs, Well and Septic Replacement, and private grants for Community Health Assessment and Chronic Disease Prevention.

FINANCIAL DIVISION STAFF - 2016

Kathleen Ellis – Administrative Officer
Tony Smrek – Senior Accountant
Jeff Toner - Accountant
Lori Holmes – Senior Account Clerk Typist
Pat Metler – Senior Account Clerk Typist

Fig. 20 - CCHD Revenue Source by Type and Division / Program

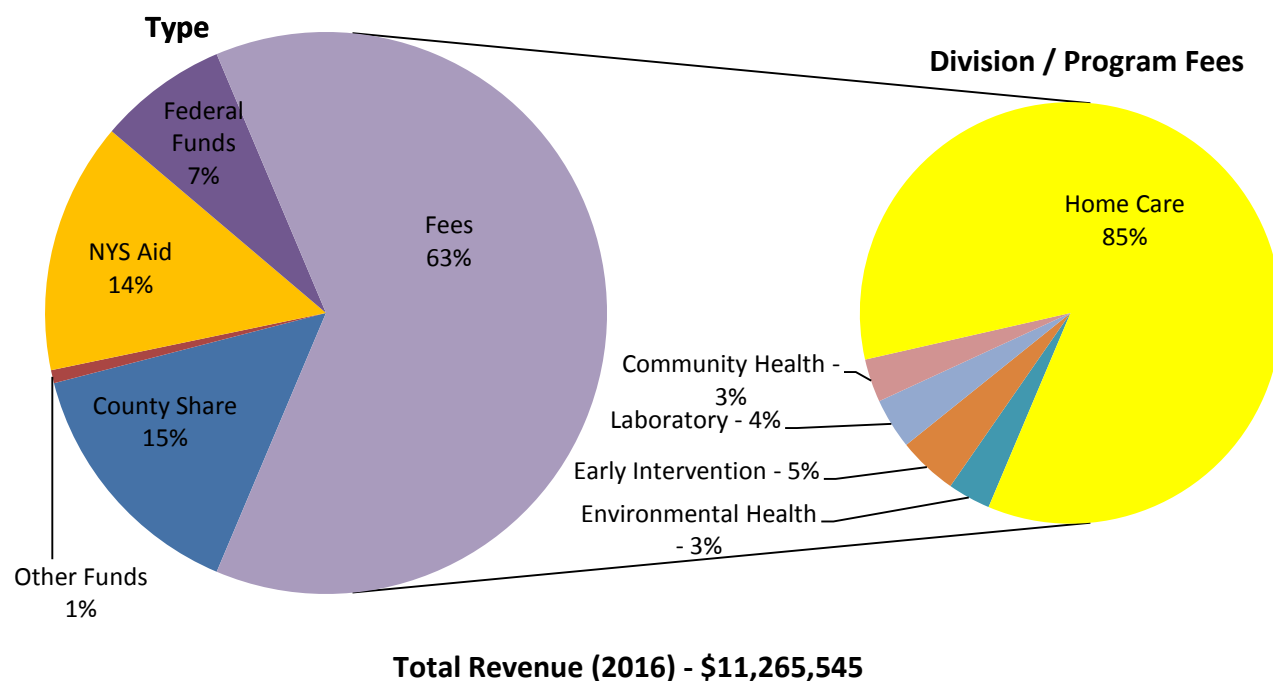
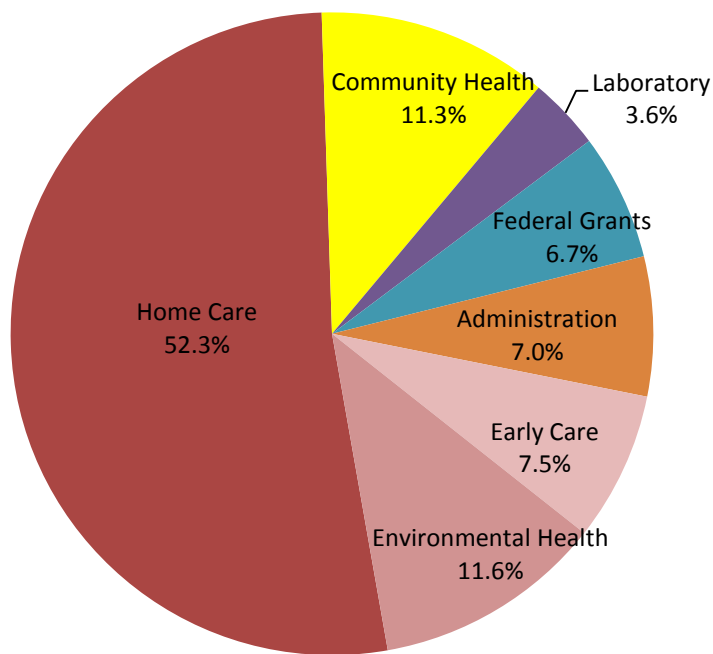


Fig. 21 - CCHD Expenditures by Division / Program



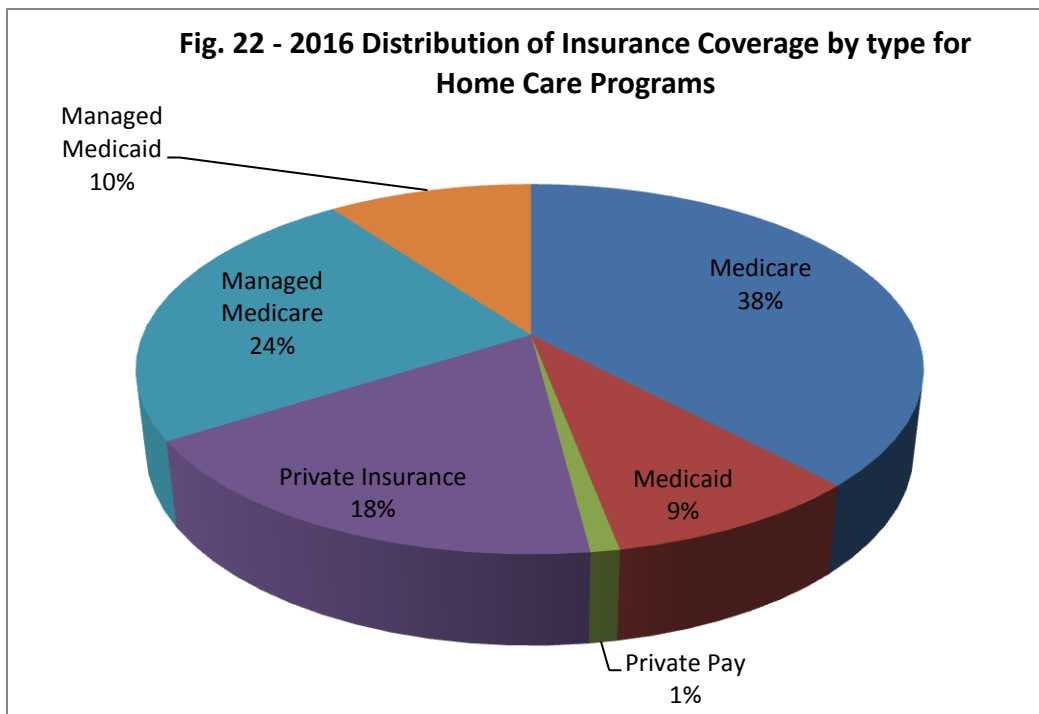
Total Expenditures (2016) - \$11,265,545

BILLING DIVISION

The Billing division is primarily responsible for the timely submission of claims and collection of fees owed to the Cattaraugus County Health Department for all health related services. Throughout 2016, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2016, the contract with Southern Tier Credit Services was continued, as well as National Collection Services Plus, for the purposes of ensuring all revenue due to the County was collected.

HOME CARE BILLING

In 2016, Home Care services generated over \$6 million in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 22 illustrates the breakdown of claim payments by type. This total makes home care the largest revenue source for the department.



The Third Party Liability (TPL) project, which is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2015 services and re-billing them to Medicare for their review and consideration, remains an ongoing project that will continue through 2017.

CLINIC BILLING

The various nursing division clinics continued to see an increase in the number of patients having third party insurance that are often billed for the services rendered. During the year, insurance reimbursement for clinic services was sought for 1,622 seasonal flu shots, 33 seasonal pneumonia shots, 153 physicals, and 148 post-exposure rabies shots. Near the end of 2015, it was mandated that e-prescribing take effect in the first quarter of 2016. This required the Health Department to look for new software that would be compliant with this regulation, resulting in the purchase of AthenaNet for Clinic services.

FAMILY PLANNING

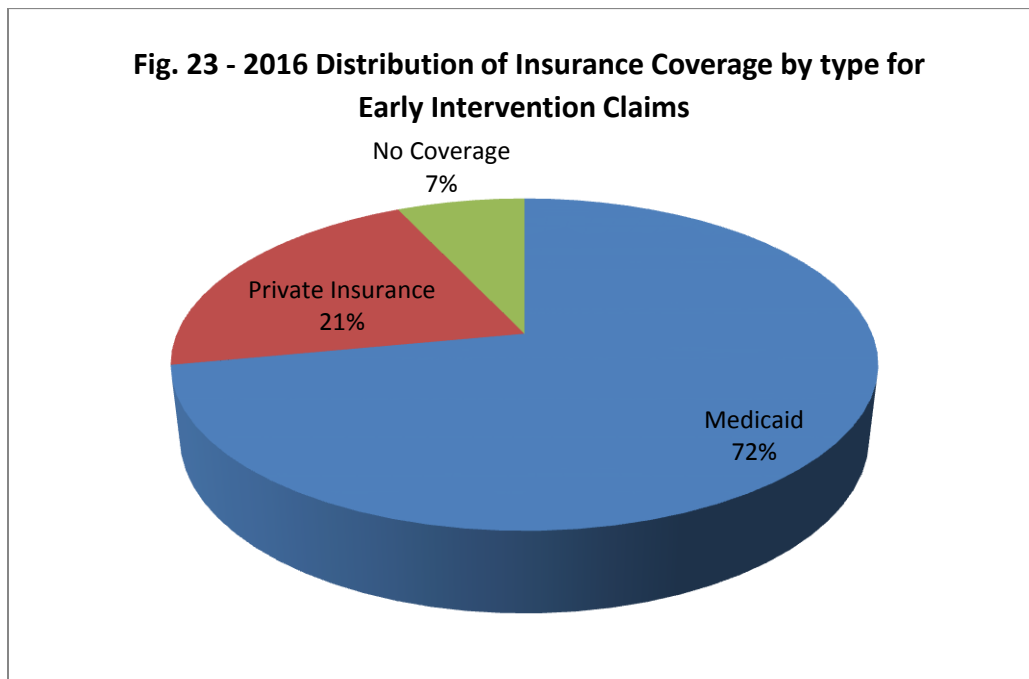
In 2016, the Cattaraugus County Health Department processed claims in-house for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through a third party. Clinic staff is urged to inform patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits. The mandate for e-prescribing mentioned above under Clinic Billing would also apply to Family Planning billing.

LABORATORY BILLING

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet billing needs. In 2016, the Laboratory generated over \$233,000 in clinical claims to Medicare Part B, Medicaid, Private Insurance and various departments throughout the county. In addition, over \$101,000 was generated in Water testing.

EARLY INTERVENTION BILLING

In 2016, the Early Intervention program received 215 new referrals. Fig. 23 shows the distribution of insurance coverage by type for the 164 active Early Intervention cases.



New York Early Intervention System (NYEIS) is the State software utilized for all referrals, charting, and billing. Service Coordination is the only EI service that is provided by County employees and billing to NYS, for Service Coordination, is being done with current staff.

BILLING STAFF – 2016

Kathleen M. Ellis – Administrative Officer
Michele Spring – Jr. Accountant
Shawna Trudeau – Sr. Account Clerk Typist (ended July 2016)
Amy Weaver – Sr. Medical Billing Clerk
Heather Kellogg – Medical Billing Clerk
Melanie Gergel – Medical Billing Clerk (ended April 2016)
Mary Jo Pula – Medical Billing Clerk (began May 2016)
Rachel Chesner – Sr. Account Clerk Typist (began September 2016)

ACCREDITATION

The Cattaraugus County Health Department has worked toward accreditation for nearly three years. The accreditation process sets a national standard for all health departments to strive toward. The Public Health Accreditation Board (PHAB) has established a set of standards and measures that a health department must meet to gain and keep the status of accreditation.

The PHAB is a nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.

The accreditation process provides a framework for the health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process challenged the department to think about what business it does and how it does that business.

The application process required the department to submit a Community Health Assessment, Community Health Improvement Plan, and Strategic Plan. Once the application was accepted, training was provided which began a timeline for document submission. During the documentation submission period, over 600 documents were selected to show conformity of approximately 99 different measures. Upon completion, the documents were reviewed by our assigned Accreditation Specialist, and verified by the Site Visit Team that was chosen by PHAB.

In 2016, the PHAB conducted a site visit. The Site Visit Team consisted of peers from around the country. During their two day visit, documentation was reviewed and health department staff, community partners, and governing entities were interviewed.

The site visit team completed a report after their visit and submitted the report to the PHAB, who meets quarterly. Based upon all the submitted documents and the report from the site visit team it was determined that the department needs to do more work to obtain Accreditation status. That work is being completed in 2017. Once submitted the documentation will be reviewed and PHAB will make a determination.

ACCREDITATION TEAM

Kevin D. Watkins, M.D. MPH – Public Health Director
Kevin Watt – Accreditation Coordinator
Gina Parks
Debra Nichols

ACKNOWLEDGEMENT

Special thanks to Debra Nichols, Gina Parks, and Shomita Steiner for their dedication in assuring that a quality report was produced this year. Their devotion, commitment and dependability are greatly appreciated.

Thanks to the entire Health Department staff for all that they do on a daily basis to meet the needs of the community as well as in meeting requirements per New York State Department of Health. In 2016, we stood together in the trenches for Public Health and I look forward to another year working together for the residents of Cattaraugus County.

Kevin D. Watkins, M.D., MPH

Kevin D. Watkins, M.D., MPH
Public Health Director
Cattaraugus County Health Department.