



Your Partner for a Healthy Community

# 2009 ANNUAL REPORT

*Promoting, protecting, preserving, and  
improving the health of the people of  
Tompkins County consistent with  
public health law.*

**Tompkins County Public Health**  
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*Cover Design by Katy Prince, Systems Analyst  
of Planning & Coordination*

**Tompkins County Health Department**  
401 Harris B. Dates Drive  
Ithaca, New York 14850

**Administration** ..... 274-6674

**Bioterrorism Preparedness Coordinator** .....274-6681

**Children with Special Care Needs** .....274-6644

- Children with Special Health Care Needs Program
- Early Intervention Program
- Preschool Special Education Program
- Physically Handicapped Children's Program

**Community Health Services**

- Health Promotion Program .....274-6710
- Maternal Child Unit Services .....274-6604
  - Communicable Disease .....274-6604
  - Immunization Clinics .....274-6616
  - Flu Hotline.....274-6616
  - Medicaid Obstetrical & Maternal Services (MOMS) .274-6622
- Tompkins County Home Health Care .....274-6656
- WIC .....274-6630

**Environmental Health Services**.....274-6688

**Health and Safety Coordinator**.....274-6704

**Vital Records** .....274-6642

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## **Mission Statement**

Promote, protect, preserve, and improve the health of the people of Tompkins County consistent with public health law.

## **Goals**

### **Service Provision**

1. Improve maternal, child, and family health care through the assessment, provision, and coordination of services in collaboration with service providers.
2. Provide communicable disease surveillance of humans and animals.
3. Identify and recommend remediation of service gaps in the community.
4. Reduce and prevent communicable disease transmission by: a) reportable disease case management, education, and immunization; and, b) regulation and education of foodservice providers and water purveyors.
5. Provide preventive, skilled, and supportive services, directly and through contractual agreements, to individuals with acute and chronic illnesses and disabling conditions.
6. Provide and improve environmental protective services.
7. Promote healthy lifestyle practices through health education and promotion.
8. Ensure the efficient and proper administration of vital statistics registration.
9. Provide forensic medical services to determine cause of death through investigation and certification.
10. Ensure the preparedness of the local public health system to respond to multiple emergency hazards.
11. Ensure safe and healthy environments at regulated facilities.

### **Planning**

1. Improve communication and facilitate planning within the department to achieve efficient use of resources and to improve public health services to the community.

2. Pursue and utilize grant funding to increase and enhance existing services.
3. Develop and maintain a Health Related Emergency Operations Plan, Municipal Health Services Plan, and Community Health Assessment.

### **Evaluation**

1. Evaluate and improve existing programs and service delivery through utilization of client satisfaction surveys, community feedback, quality improvement initiatives, staff input, and timely program reports.

### **Staff Development and Services**

1. Ensure that all employees access training opportunities to maintain or to increase their skills and to improve their job performance.
2. Ensure that all employees receive and participate in a written review of their work performance at least once a year.
3. Provide a comprehensive health and safety program for county employees.
4. Promote healthy lifestyle practices.
5. Nurture a workforce ethic that embraces diversity and makes it the norm for all interactions, including delivery of services to the public.
6. Ensure new employees receive a comprehensive orientation to their assigned duties, to all departmental services and to emergency preparedness and their role.

Written: 10/93

Revised: 06/94; 09/97; 10/00; 10/06; 4/08

Reviewed: 09/95; 09/98; 02/09

PS

## **Overview**

The year 2009 and to the date of this writing (April 2010) has had several major public health stories: the newly enacted Health Care Reform Law, the rise of pandemic H1N1 Influenza A, and the proposal to drill the Marcellus Shale using slick water hydrofracking technology.

### **The Health Care Reform Law of 2010**

The potential of this law to affect our actions in public health are many. If it succeeds in reducing the total number of individuals who lack health care insurance then it will succeed in improving access to care for our population. Access to care is the primary correlate to improving health, and reducing the impact of disease. If it broadens the coverage of individuals it may reduce some of the need for safety net programs such as the Physically Handicapped Children's Program, Family and Child Health Plus, and preventive screening programs. Counteracting this potential impact currently is the downturn in the economy which disconnects the individual from employer sponsored health insurance. Since the implementation of the consortiums which will provide a mechanism for individuals to purchase health care are not to start immediately, we will continue to see uninsured individuals for the near future.

The crisis in primary care availability, which is being caused by a significant lack of medical students choosing primary care as a career, is slated to be addressed in this law by an increase in reimbursement in primary care services. The hope is that increased reimbursement for primary care will offset extremely high medical student debt, the increased cost of delivering primary care, and, contrasted with other specialties with historically much higher income levels, make primary care competitive. A major part of this issue is Medicare reimbursement for services which has been declining in real dollars. While addressed somewhat in this law, the real solution to Medicare reimbursement for primary care is not addressed. Since primary care is essential for people's access to care, and since access is the primary correlate for good health outcomes, this becomes a public health issue. Multiple studies have shown that only primary care access is correlated with overall public health.

Pharmaceutical costs are addressed by trying to ameliorate the "donut hole" in Medicare Part D. Otherwise these costs (a primary driver of overall health care costs) are not addressed.

Administrative costs of our national health care system are left pretty much status quo. Thus, whether we will be able to contain health care costs remains moot.

The core public health missions are not affected by this law. Thus, public education, disease detection and control, and enforcement of public health regulations must go forward as prime concerns of local health units such as the Tompkins County Health Dept.

### ***H1N1 Pandemic influenza A***

Past experience with pandemics has shown that three waves of disease are the norm. We have experienced two. Therefore, continued vaccination of our population is urged. Authorities in the CDC predict a wave in the spring/summer of 2010.

We experienced the first wave in spring 2009, and our second in early fall 2009. Fortunately, the severity of illness was much like our seasonal influenza. Whether the virus will mutate into a more aggressive form remains a question.

Vaccine supply began to flow in the early fall resulting in plentiful supply by the middle of December. Supply continues to be plentiful. There were concerns in the general public regarding vaccine safety early on. While monitoring continues, these concerns have proven to be unfounded. This vaccine has been as safe and well tolerated as our seasonal influenza vaccines have been.

Collaboration between the Health Department and area health facilities and practitioners helped to coordinate our area response and resulted in maximum delivery in an expedient fashion. Coordinated messages helped to avoid confusion on the part of the public. These messages also provided preventive care suggestions and as a result we saw far greater implementation of hand washing, proper cough etiquette, and mask use than in prior years.

I prepared and delivered multiple presentations on the preparation of area practitioners' offices to cope with, prepare contingency plans for, and prevent the spread of pandemic influenza.

Strategies to control the outbreak include:

- Hygienic measures (proper cough technique (see for example <http://www.coughsafe.com/media.html#> ), use of masks, and washing hands),
- Use of antiviral medications only when indicated, and
- Employers are urged to formulate business continuity plans, which would take into account the multiple disruptions that would occur with pandemic influenza. Guidelines for formulating such plans are available on the web: <http://www.pandemicflu.gov/plan/workplaceplanning/index.html>.

We continue to prepare and coordinate in anticipation of possible future developments. This coming fall of 2010, please get your seasonal flu vaccine as well.

## ***Drilling the Marcellus Shale***

Sixteen months ago, the Board of Health passed a resolution expressing concern regarding potential public health effects from the unique technique of slick water hydrofracking. The Board followed that up with a resolution in August of 2009 urging an extension of the public comment period on the DEC's DGEIS regarding the regulations that would be used in permitting the drilling. In December, both the Board of Health and the County Legislature issued resolutions stating that the draft DGEIS did not adequately ensure the public's health and urged that drilling be prevented until ensuring the health of our citizens could be accomplished.

At this writing, the decision of the DEC is pending and whether permitting will go forward is uncertain.

At issue are the chemicals required to do the drilling and the waste created. Hundreds of chemicals are at the disposal of drilling companies. At any one site the selection of which ones will be used is determined by the unique features of the strata of the site. Once injected under high pressure, only a fraction is retrieved for disposal; the rest is left underground. Of those retrieved, they bring with them altered chemicals by reactions occurring down in the well and also any chemicals, and radioactivity originating in the strata through which the well passed.

The challenges to the public's health have to do with the phases of: delivery of chemicals to the site, injection of them into the well, retrieval from the well and storage on site, shipment of the waste to a disposal/treatment site, and the ultimate disposal/treatment itself.

Only a few hundred chemicals have very much known in detail about their effects on human health. For many hundreds more we are in ignorance. But Love Canal and our own local experiences on South Hill with TCE alert us to issues that affect generations. Thus, exposures become a concern.

Regarding radioactivity, we have more knowledge that radon and uranium, as well as others, are associated with long-term problems such as cancers of many organs. And we know that radioactivity is measured in thousands of years. Our experience with West Valley in Western New York has taught us that.

Exposures are possible with a trucking accident either to or from the drill site, with a rupture of plumbing either injecting into or removing from the well, with a rupture or breach of a storage tank or pond at the site, or with inadequate storage/treatment at the ultimate destination.

Ultimately, the cost in human health of any such incident is paid by the public. At issue is the balancing of risk versus benefit, of balancing the individual with the community, and the amount of risk they are willing to take. Also raised is the



question of the individual's right to take risk when the community has a stake in the issues. How we resolve this will be revealing. We in public health play a role in the process by informing the community and the individual that the health effects could be serious.

To that end, I moderated a program at TC3 in February 2010 exploring the public health implications. To the knowledge of the presenters and organizers, this was a unique forum. No other forums have looked at the public's health regarding the Marcellus Shale. The program's content can be accessed through the Cornell Cooperative Extension web site and a video of it was taken by members of Shaleshock.org.

### ***Topics of Interest:***

#### ***Asthma***

Early treatment of asthma, recognizing its triggers and their avoidance, and appropriate use of preventive and rescue medications are of major importance in this disease. To this end we collaborated with the Health Planning Council on revising "Asthma Action Plans" for children and adults. <http://hsctc.org/index.php?page=asthma> and [http://www.tompkins-co.org/health/asthma/AsthmaActionPlan\\_TompCo\\_form.pdf](http://www.tompkins-co.org/health/asthma/AsthmaActionPlan_TompCo_form.pdf). These plans more clearly spell out for patient, parent, school, and institution what actions should be taken to control the severity of asthma flares. Every person with asthma should have such a plan worked out with their practitioner. These plans should also spell out the triggers that are specific to the person so that the triggers can be avoided. Most often this will involve allergy testing in your practitioner's office to clarify what allergens you react to.

#### ***Food Safety***

Continued disease outbreaks related to food products demonstrate the need for safe food handling, inspection of food products, and regulation of food producers.

We consumers are often lax in our washing, cleaning, and handling of food products. Reminding ourselves how to properly handle food and the surfaces upon which we prepare it is equally important. A useful web resource is <http://foodsafety.gov>.

Initiatives continue to build allowing many people the option of eating food locally grown; they are routinely inquiring about where their food comes from, how it is grown, transported, and handled in the process. The public seeks to assure itself that responsible use of chemicals in production and sanitary standards is being followed. As the consciousness of the public grows, the options for the purchase of food increases to include community supported agriculture organizations, local farm stands, farmers' markets, and local and chain supermarkets. All these

venues begin taking safety and environmental impact factors into consideration in the procuring of their products when there is more public concern.

The linkages between our health, our food, our environment, and our economy are ever more apparent. Innovative strategies to maximize our health are evolving.

## ***Communicable Disease***

### *Rabies*

We continue to closely monitor and treat rabies exposures within our area. Our rates are comparable to previous years and you can find more information on rabies prevention and indications for vaccination by logging onto our web site.

### *Vaccine Preventable Diseases*

***Whooping cough or pertussis*** continues to have outbreaks. All adults and adolescents are urged to have a booster whooping cough vaccine in addition to the ones they may have had as a very young child. Contact your health care practitioner to arrange this. By boosting your immunity, you can prevent yourself from becoming ill with it and you can prevent spreading it to the young children and babies in your family.

*Other diseases* include chickenpox, measles, meningitis, (haemophilus influenzae B, meningococcal (some strains) and pneumococcal meningitis). Vaccines against all of these are available. A booster shot of chickenpox (varicella) vaccine is recommended for all people over four years old who have not had two of them in the past.

Adults of any age should be particularly careful to be vaccinated against tetanus/diphtheria/whooping cough, influenza. Older adults should check if they qualify for pneumonia, and shingles vaccine.

### *Meningococcal (meningitis) Infection*

Meningococcal meningitis vaccine is recommended for all children/adolescents *above the age of 11*. It is also very effective for travelers going into high-risk areas. Outbreaks in colleges of this bacterium (which can be fatal) emphasize the need for us all to practice common sense hygiene. We should not share drinking vessels and utensils, and should cover coughs.

*Pneumonia* prevention can be enhanced through the use of pneumococcal vaccine for persons who are at high-risk for infectious diseases and for anyone *over the age of 65*.

### Travel Associated Diseases

These include the diseases as mentioned above and also others that are regionally dependent, such as typhoid, yellow fever, Japanese encephalitis, and malaria, as well as others. Travelers are reminded to think ahead regarding vaccination when they are traveling. It's recommended to initiate your travel vaccinations at least two months before traveling. This is in order to be sure that you have time enough to get the appropriate vaccination doses that you would need to be protected and to bring you up-to-date for any in which you are deficient. Being properly vaccinated will help prevent bringing disease back to your loved ones and neighbors.

### **Healthy People/Healthy Communities**

#### Obesity and Nutrition

The public health data is replete with information closely linking good health to proper weight, good exercise, and dietary habits. We have become heavier as an adult population and are engaged in less physical activity compared to years ago. We need to tackle this problem by individual action and by the creation of "healthy communities" (removing barriers to exercise and encouraging walking and jogging). Our motto should be "eat less and move more."

The activities required for encouraging a healthy population transcend those of direct health care. Planning boards, zoning boards, and the governing boards of our political entities may take significant steps to promoting a healthy community. All of us can take a role in encouraging such actions.

As individuals, we must take the initiative to increase our flexibility in our consideration of the foods we choose to eat and the activities we choose to do. If we are inflexible (making many excuses for not making change), then our weight will go up, our physical conditioning will go down, and our health will be threatened.

The pricing of sugar loaded beverages has been a topic over the past 18 months. We have clearly seen that increasing the cost of tobacco products has led to lower rates of smoking. It has decreased adolescents adopting smoking (the prime age group for new smokers). The price of non-foods such as sugar laden beverages would logically also affect utilization and the weight of our population. A one liter bottle of sugar laden beverage gives a person 400 calories of no nutrition (about ¼ of a person's average daily calorie needs). One pound of body fat is 3,500 calories. Should you have three liters of this beverage in a week you will consume an extra 1,200 calories a week, or 4,800 calories in a month. Thus, in that month you will gain about 1-1/4 pounds. After a year you will be 15 pounds heavier and after five years - 75 pounds heavier. No wonder there is an interest in addressing this non food.

### Tobacco Use

Reduction in tobacco use reduces heart attacks and chronic lung disease. Our society is moving in the direction of regarding tobacco use as the exception rather than the rule. We are “denormalizing” tobacco. Nicotine constricts arteries, worsens leg problems in persons with bad arteries, and has other health effects.

- It was gratifying this past year to receive recognition from the New York State Department of Health for our Tobacco Control Program. Richard M. Daines, MD, NYS Commissioner of Health, traveled to Ithaca during National Public Health Week in April and awarded the County Health Department, Tobacco Free Tompkins, and the City of Ithaca the Public Health Excellence Award for “Collaborative Efforts to Create a Tobacco Free New York.” Planner/Evaluator, Ted Schiele, and Theresa Lyczko, Health Promotion Program Director, are recognized for their work instrumental to this award.
- The Health Promotion Program was awarded a \$150,000 five-year grant for the Tobacco Control Program Community Partnership.

### Alcohol Consumption

Drinking and driving remains a continuing concern for safety on the highways. Binge drinking at college campuses continues to be a risk for death in these individuals. Please use designated drivers and avoid alcohol party games which encourage excessive drinking.

## ***Sexually Transmitted Diseases***

### Harm Reduction Programs and Sterile Syringe Access

Tompkins County Prevention Point continues its successful activities as over the previous years. It serves as an outreach center for offering testing of transmittable diseases, abstinence counseling, birth control information, and drug intervention treatment and information, as well as exchanging contaminated syringes for clean ones. Exchange of syringes has been proven to reduce the spread of HIV and hepatitis.

### Sexually Transmitted Diseases

Syphilis: Unsafe sexual practices and indiscriminate sexual encounters (including those facilitated by internet encounters) have caused a rise in this disease. Syphilis is an extremely dangerous and sometimes fatal disease; it deserves respect. In addition, the risk of HIV is two to five times greater if you acquire any sexually transmitted disease. Safe sex practices are of paramount importance in preventing syphilis and HIV.

Human papilloma virus vaccine should dramatically reduce the development of cervical cancer from the current incidence of 16,000 women per year. The vaccine is expected to eliminate at least 70% of cancer of the cervix. In addition, it will similarly reduce abnormal pap smears in women and thus the annoying investigations necessary to investigate the pap results. It is most effective when given to the young teen/preteen girl, but can be given to females up to age 26.

We know that virtually all our children will become sexually active. We know from studies and our experience that this can happen at a relatively young age and without our knowledge. Our children will be at risk from this virus. Therefore, it is prudent to vaccinate while still giving them the same information about sexuality and health that we as parents should always give. Even if a child were to never have intimate sexual contact with another individual until that “one special person” came along, one could not be certain that that “one special person” would not be carrying the virus. It is prudent, therefore, to take out some “vaccination insurance” and have your child vaccinated.

Chlamydia, a bacterium that infects the genital tract, potentially causes infertility and pelvic infections. Seventy-five percent of women and 50 percent of men having this bacterium have no symptoms. It’s recommended that if you are in the high-risk population, that you be screened for this at the time of your checkups.

HIV: Testing for HIV is now recommended to be done as commonly as one is checked for their cholesterol or any other routine preventive measure. By facilitating early detection, early treatment can begin. Treatment has proven to prolong quality of life; but treatment can only begin when the problem is detected. Do not be afraid to seek out testing.

### ***In Summary:***

Public health involves not just immunizations, safe restaurants, safe water, safe highways and road systems, and preparedness in case of bioterrorism or a natural disaster. Public health also includes socio-economic and insurance initiatives, which many branches of our local, regional, and national community must address. Public health is correlated with the economic incomes of our population, their economic success, and their access to health care services, which are directly related to the payment systems used to support those services. Failure to adequately address these issues correlates with poor health outcomes, increased rates of disease, hospitalizations, and increased health care costs for our nation as a whole. The data concerning the wise use of health care dollars to maximize the health of the nation and reduce health care costs is continually growing. Implementing these lessons is yet to be fully realized even with the passage of the recent health care law.

The most effective means of helping to maximize our nation's health is to continue to reduce barriers, both financial and physical, to accessing health care, and to place a high priority on outreach to bring people into the health care system who are at risk for problems. Populations most needing attention are those who are most at risk for adverse outcomes. Some of these include newborns and new families who need outreach from public health to maximize outcomes of pregnancy and in the early years of infancy and childhood. In addition, our elderly population, who often find themselves socially isolated and physically/mentally challenged, need our special attention.

The actions of the Tompkins County Health Department have touched the lives of every single resident in this past year. Public health activities help us to maintain our lifestyle in the safety to which we have become accustomed. Public health messages in the media are a prime source of education. Public health actions help ensure air, water, and environmental purity. Preparedness actions and collaboration with multiple agencies throughout the region help to lessen the potential impact of a natural or bioterrorism disaster. Can there be any doubt where we should put our resources as a society? Enhancing our public health system would help us improve pregnancy outcomes, infant mortality, and life span expectancies. It would further our efforts toward "healthy communities." It would improve access to care.

A modern 21<sup>st</sup> century developed nation is one that has concern about the health of its people and takes action. It is a characteristic of a sophisticated, advanced culture. Let us take action together.

William A. Klepack, M.D.  
Medical Director

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## Public Health Director's Message

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In my first report in 1993, I wrote about transitions. Life has come full circle as 2009 became the start of yet another transition – my decision to retire as the Public Health Director in 2010.

Seventeen years ago when I started as the Public Health Director, the Children with Special Care Needs unit was created, as was the position of Health and Safety Coordinator. The 1993 Annual Report consisted of 32 pages, compared to nearly 100 pages now, the county experienced an outbreak of whooping cough, a vaccine for chicken pox was under consideration, rabies education was ramped up as a girl in Sullivan County died of the infection, and tobacco use in teenagers became a focus. Two programs that then were under the Health Department, the Expanded In-Home Services for the Elderly (EISEP) and the Long-Term Care Coordinating Service, are now under the County Office for the Aging (COFA) and the Department of Social Services (DSS). The Healthy Heart Program initiated the public health prevention agenda of increased physical activity, smoking cessation, and healthy eating.

Although many things have changed, some of the challenges remain. Budget reductions started in 1992 and have continued ever since. The dedicated and compassionate staff continues to do more with less.

The H1N1 pandemic that started in the spring of 2009 both taxed and stimulated all staff. Staff immunized over 7,500 people and conducted a continuous educational campaign. It was difficult to manage the vaccine distribution and then re-distribution issues. The priority group system was necessary, but very confusing to the general public. We learned that dealing with a pandemic forces prioritization of other important public health activities due to limited resources.

The move to our new facility on Brown Road did not occur as anticipated due to construction issues. The design of the building was labor intensive for those involved.

My tenure as Public Health Director and my 21 years with the county has allowed me to interact with many talented and wonderful individuals and community-based organizations. I can't mention everyone here, just know that I've benefited from all of my experiences and wish all well as they continue to protect the health of those in Tompkins County.

Alice Cole, RN, MSE  
Public Health Director

## **Board of Health**

**James Macmillan, M.D., President**

**Francis H. Fox, D.V.M.**

**Brooke Greenhouse**

**Mike McLaughlin, Jr.**

**Janet Morgan**

**Jeffrey Snedeker, M.D.**

**Greg Stevenson**

**William Tyler, M.D.**

### **Health and Human Services Committee of the Board of Representatives**

**Frank Proto, Chair**

**Will Burbank, Vice Chair**

**Duane Randall**

**Martha Robertson**

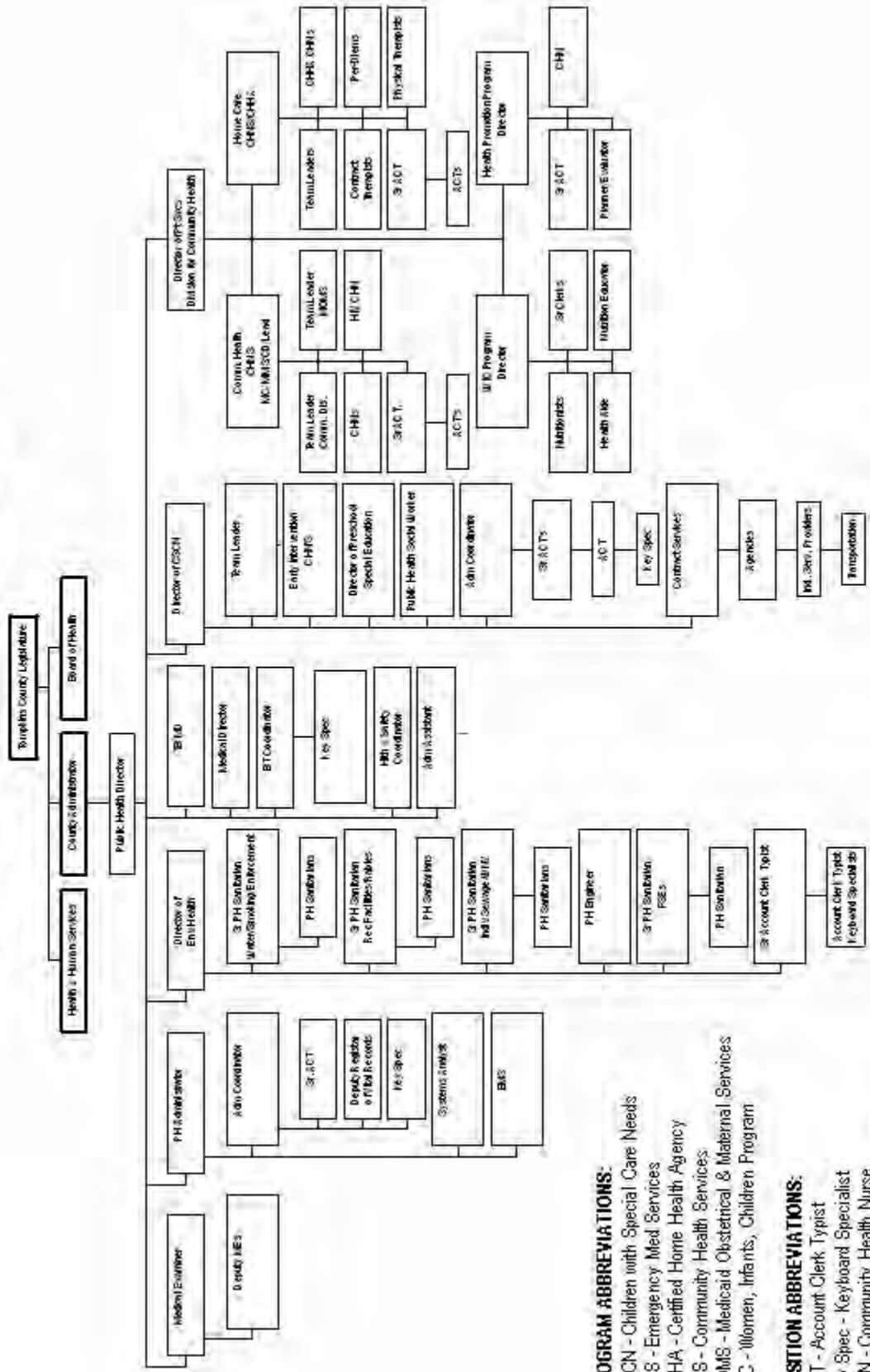
**Greg Stevenson**





Your Partner for a Healthy Community

# 2009 Organizational Chart



**PROGRAM ABBREVIATIONS:**

- CSCN - Children with Special Care Needs
- EMS - Emergency Med Services
- CHHA - Certified Home Health Agency
- CHS - Community Health Services
- MOMS - Medicaid Obstetrical & Maternal Services
- WMC - Women, Infants, Children Program

**POSITION ABBREVIATIONS:**

- ACT - Account Clerk Typist
- Key Spec - Keyboard Specialist
- CHN - Community Health Nurse
- CHNS - Community Health Nurse Supervisor

## 2009 Health Department Employee Listing

### Key for Health Department Programs

- CSCN - Children with Special Care Needs Program
- EH - Environmental Health Division
- HC - Home Care Nursing Unit
- HPP - Health Promotion Program
- CHS – Community Health Services
- HC - Home Care Nursing Unit
- MOMS - Medicaid Obstetrical and Maternal Services
- WIC - Women, Infants, Children Program

- *Employees who separated employment in 2009 are shown in italics.* -

### Employee Name

### Title

<i>Arlene Ace</i>	<i>Sr. Clerk, WIC</i>
Sylvia Allinger	Director of CSCN, CSCN
<i>Terri Aroca</i>	<i>Sr. Account Clerk Typist, HPP</i>
Deb Axtell	Community Health Nurse, CHS
Audrey Balander	Sr. Public Health Sanitarian, EH
<i>Kay Baldwin</i>	<i>Per-diem Community Health Nurse, HC</i>
Carol Beebe	Sr. Account Clerk Typist, CSCN
Kelly Bell	Per-diem Community Health Nurse, HC
Dianna Bennett	Community Health Nurse, CHS
Gail Birnbaum	Community Health Nurse, CHS
Karen Bishop	Supervising Community Health Nurse, CHS
Susan Bowman	Sr. Account Clerk Typist, CSCN
Jami Breedlove	Sr. Clerk, WIC
Peter Burgevin	Community Health Nurse, HC
C. Elizabeth Cameron	Director Environmental Health
Kathy Camilli	Per-diem Community Health Nurse, HC
<i>Daniel Carrion</i>	<i>Public Health Sanitarian, EH</i>
Cindy Ceracche	Community Health Nurse, HC
Carol Chase	Sr. Public Health Sanitarian, EH
Frank Chase	Public Health Sanitarian, EH
Pete Coats	Public Health Sanitarian, EH
Alice Cole	Public Health Director
Sigrid Connors	Director of Patient Services
Deborah Cooper	Health Aide, WIC
Brenda Coyle	Sr. Account Clerk Typist, EH
Brenda Grinnell Crosby	Public Health Administrator
Frank Croteau	Health & Safety Coordinator
Jane Daum	Public Health Sanitarian, EH
Shawn Davis	Nutrition Educator, WIC
Renata Dawson	Community Health Nurse, HC
Jennifer Dedrick	Sr. Account Clerk Typist, HPP
Susan Dunlop	Community Health Nurse, HPP
Georgetta Eckrich	Community Health Nurse, CHS
Rick Ewald	Sr. Public Health Sanitarian, EH
<i>Camila Faraday</i>	<i>Community Health Nurse, HC</i>
Carol Franco	Physical Therapist, HC
<i>Christina Funk</i>	<i>Community Health Nurse, HC</i>
Melissa Gatch	Supervising Community Health Nurse, HC

**Employee Name****Title**

Jennifer Grier	Sr. Account Clerk Typist,
Kim Hamilton	Team Leader, HC
Lois Handzel	Account Clerk Typist, CSCN
Bonnie Hart	Sr. Clerk, WIC
Adam Hartwig	Bioterrorism Preparedness Coordinator
C. Jeanne Henderson	Per-Diem Community Health Nurse, HC
<i>Carol Hill</i>	<i>Bioterrorism Preparedness Coordinator</i>
Joann Horton	Public Health Social Worker, CSCN
Cyndy Howe	Keyboard Specialist, EH
Regina Hubble	Keyboard Specialist, Reception
Anne James	Nutritionist, WIC
Pat Jebbett	Nutritionist, WIC & PH Sanitarian, EH
Karen Johnson	Administrative Coordinator
Terri Jordan	Account Clerk Typist, HC
Jared Jones	Community Health Nurse, CSCN
Steven Kern	Sr. Public Health Sanitarian, EH
William Klepack	Medical Director & Deputy Medical Examiner
Janice Koski	Public Health Sanitarian, EH
Karen LaCelle	Community Health Nurse, HC
Rosanne Lahr	Team Leader, CSCN
Cynthia LaLonde	Community Health Nurse, CSCN
Darlene Laninger	Account Clerk Typist, CHS
Chris Laverack	Public Health Sanitarian, EH
Debby Lecoq	Per-diem Community Health Nurse, HC
Paula Lukas	Account Clerk Typist, HC
Theresa Lyczko	Health Education Director, HPP
Jennifer Maine	Account Clerk Typist, CHS
Cindy Mallery	Nutritionist, WIC
Lorinda May	Per-diem Community Health Nurse, HC
<i>Clayton Maybee</i>	<i>Public Health Sanitarian, EH</i>
Steve Maybee	Public Health Engineer, EH
<i>Lester McNair</i>	<i>Nutrition Educator, WIC</i>
Mary Ellen Meade	Community Health Nurse, CSCN
Holly Meadows	Physical Therapist, HC
Janis Mehall	Keyboard Specialist, Bioterrorism Program
Lirita Meir	Account Clerk Typist, EH
Carol Mohler	Team Leader, CHS
Mary Monkman	Keyboard Specialist, CSCN
Kristee Morgan	PH Sanitarian, EH
Jack Moss	Community Health Nurse, CHS
David Newman	Deputy Medical Examiner
Kelly Nickerson	Sr. Account Clerk Typist, CHS
Diane Olden	Community Health Nurse, CSCN
Cyril Parr	PH Sanitarian, EH
Margo Polikoff	Community Health Nurse, CSCN
Katy Prince	Systems Analyst
Tiffany Putnam-Northrup	Community Health Nurse, HC
Alison Rice	Community Health Nurse, HIV
Mary Russo	Community Health Nurse, HC
Nancy Schaff	Community Health Nurse, HC
Ted Schiele	Planner/Evaluator, HPP
Cindy Schulte	Public Health Sanitarian, EH

**Employee Name**

**Title**

Lori Sibley  
Andrea Smith  
Patty Stamm  
Margaret Taber  
Kathy Taves  
*Jana Taylor*

Community Health Nurse, MOMS  
WIC Program Director  
Administrative Assistant  
Sr. Account Clerk Typist  
Team Leader, HC  
*Director of Preschool Special Education,  
CSCN*

Debra Thomas  
David Warmbrodt  
Janice Wood  
Sue Woodard  
Barbara Wright

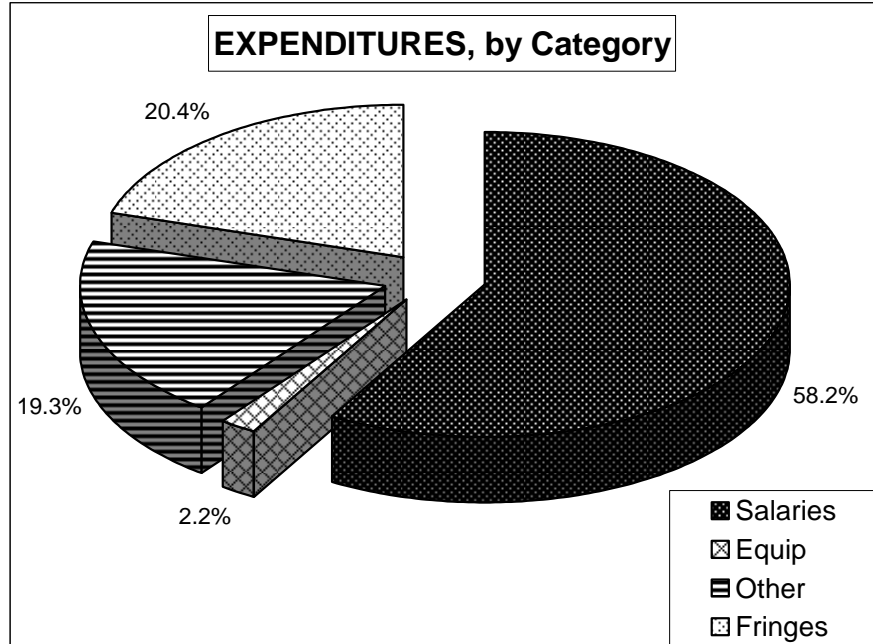
Community Health Nurse, CSCN  
Deputy Registrar of Vital Records  
Keyboard Specialist, EH  
Team Leader, MOMS  
Administrative Coordinator, CSCN

# 2009

## All Public Health Programs except Mandates

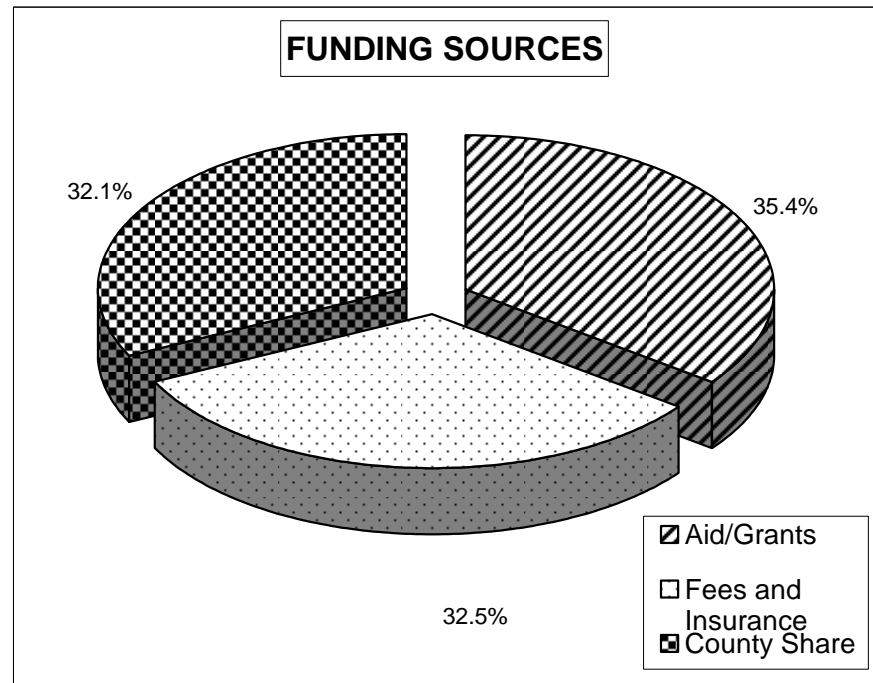
### EXPENDITURES

Salaries	\$4,079,526
Equip	\$151,498
Other	\$1,350,515
Fringes	\$1,427,402
<b>TOTAL</b>	<b>\$7,008,940</b>

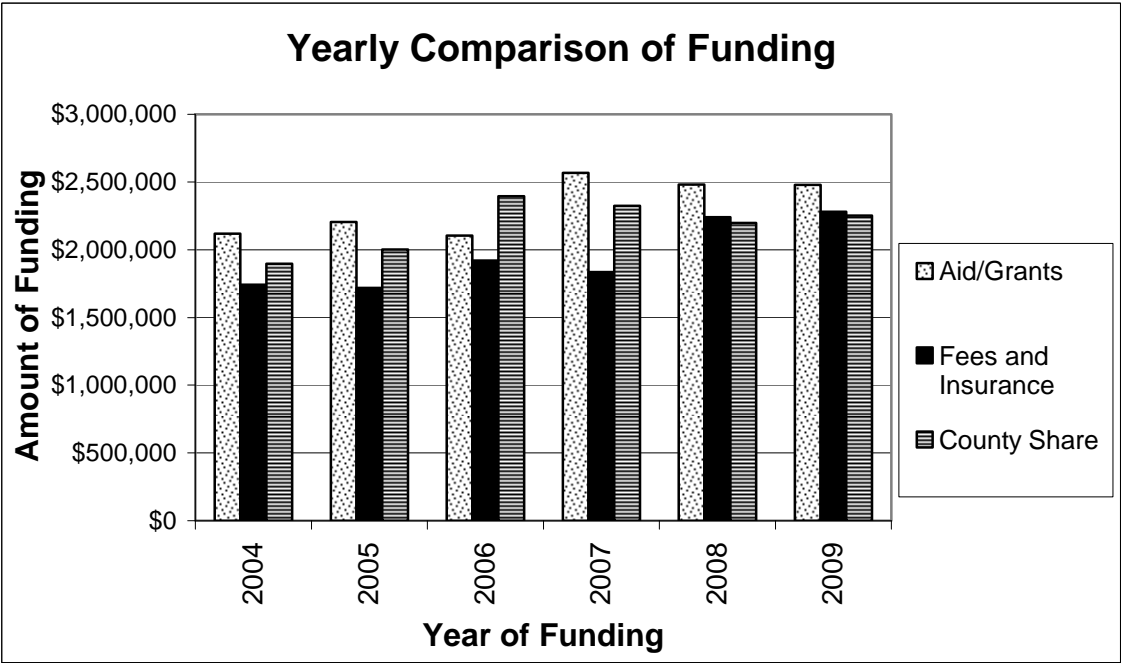
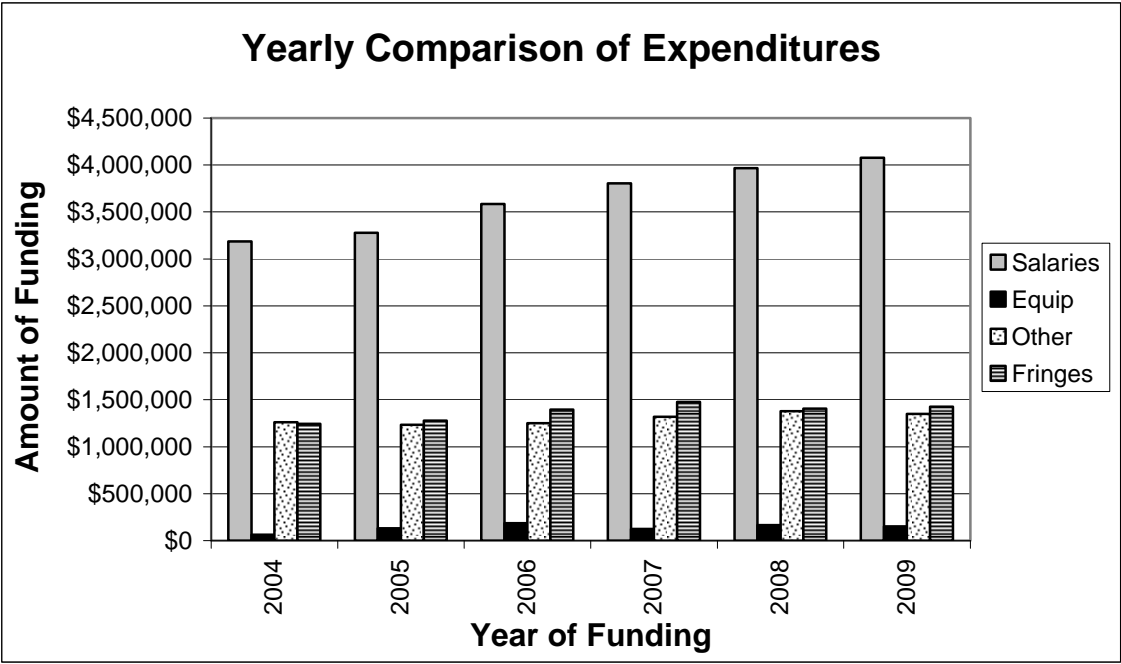


### FUNDING

Aid/Grants	\$2,478,366
Fees and Insurance	\$2,279,568
County Share	\$2,251,006
<b>TOTAL</b>	<b>\$7,008,940</b>

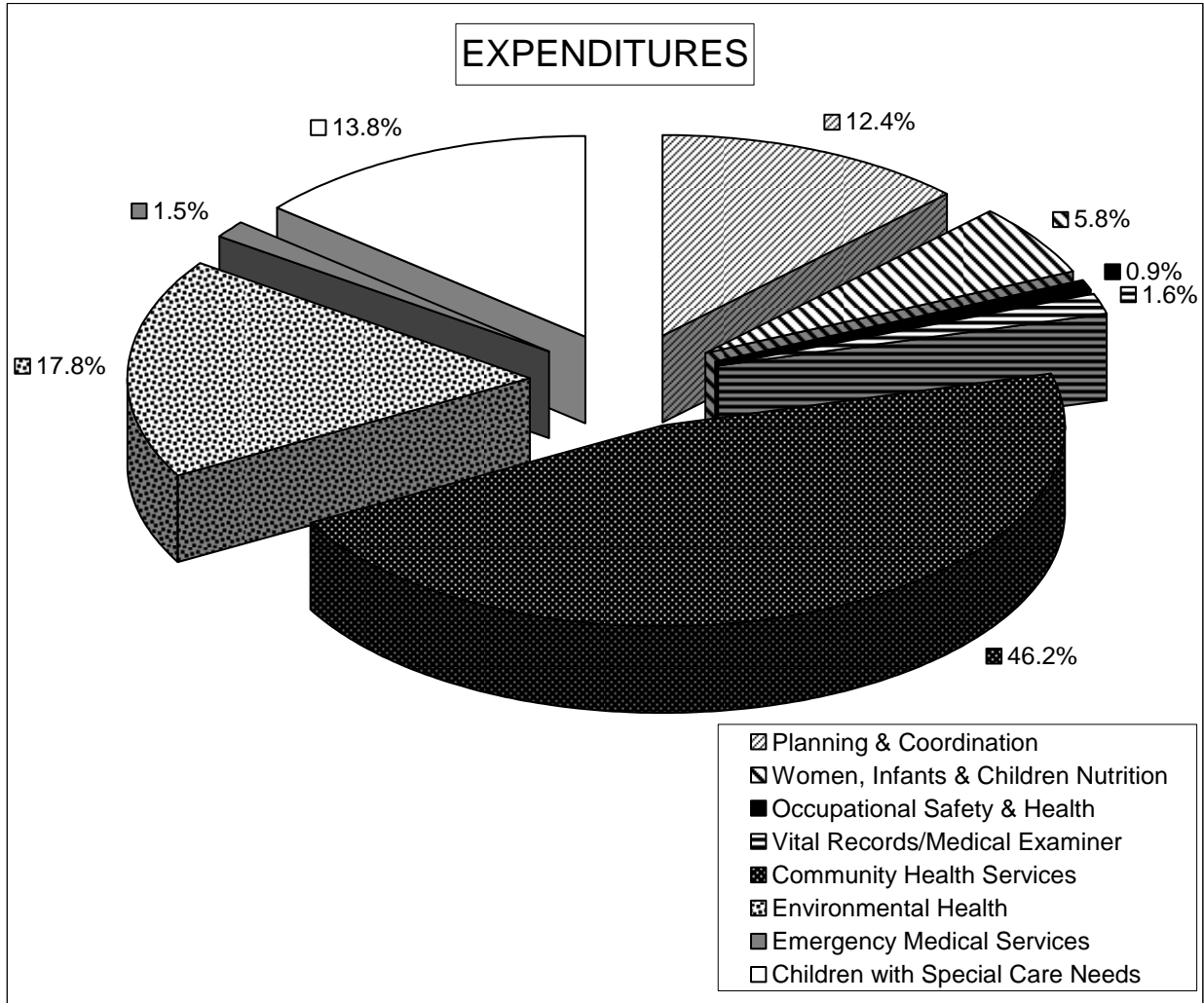


**2004-2009 Yearly Comparison  
All Public Health Programs except Mandates**

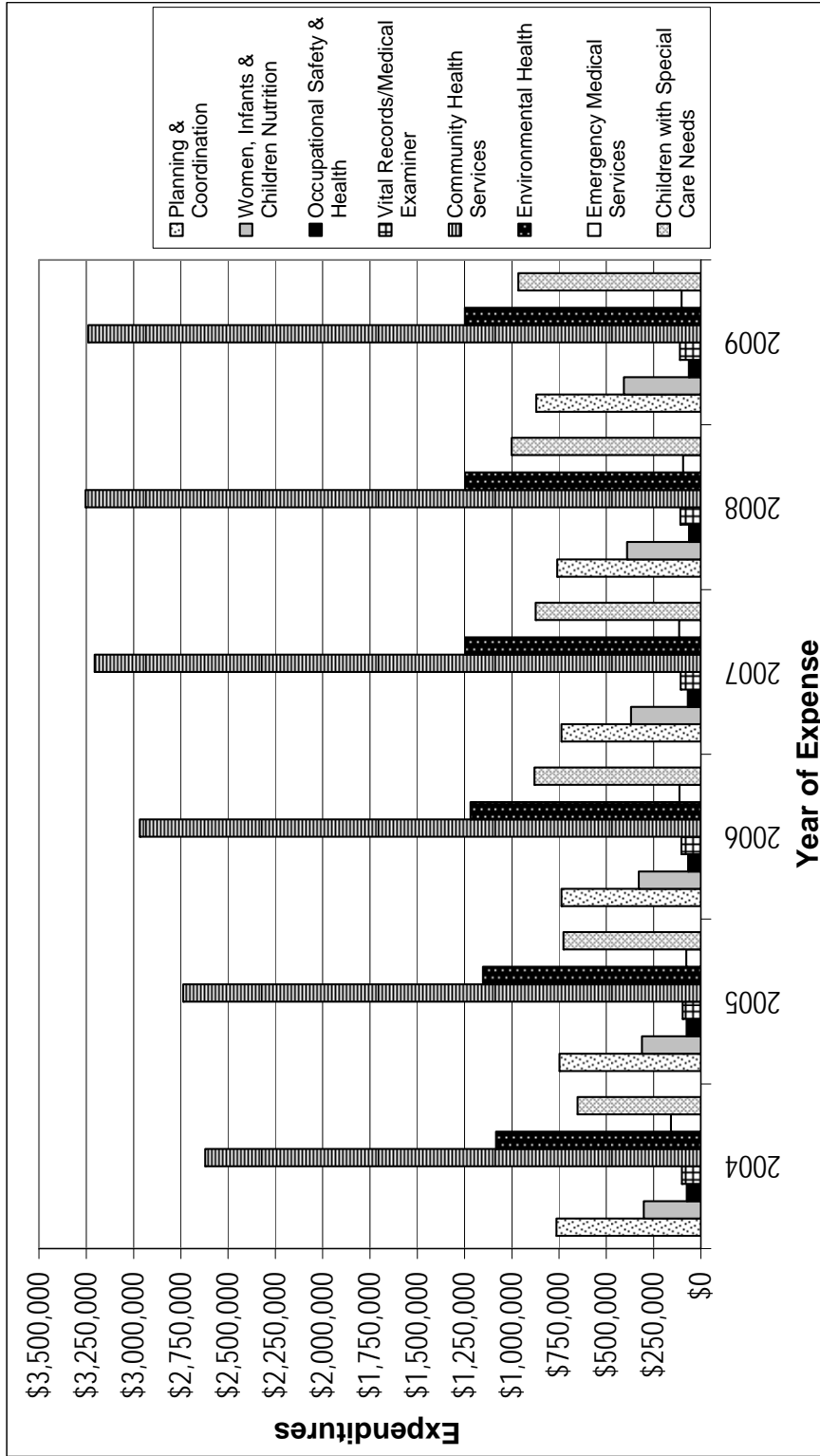


**2009**  
**Expenditures by Program**  
**All Public Health Programs except Mandates**

EXPENDITURES	<u>EXPENSE</u>	<u>% OF TOTAL EXPENSE</u>
Planning & Coordination	\$870,651	12.4%
Women, Infants & Children Nutrition	\$407,003	5.8%
Occupational Safety & Health	\$63,830	0.9%
Vital Records/Medical Examiner	\$111,556	1.6%
Community Health Services	\$3,239,562	46.2%
Environmental Health	\$1,248,800	17.8%
Emergency Medical Services	\$102,420	1.5%
Children with Special Care Needs	\$965,119	13.8%
<b>TOTAL</b>	<b>\$7,008,940</b>	



### 2004-2009 Yearly Comparison Expenditures by Program



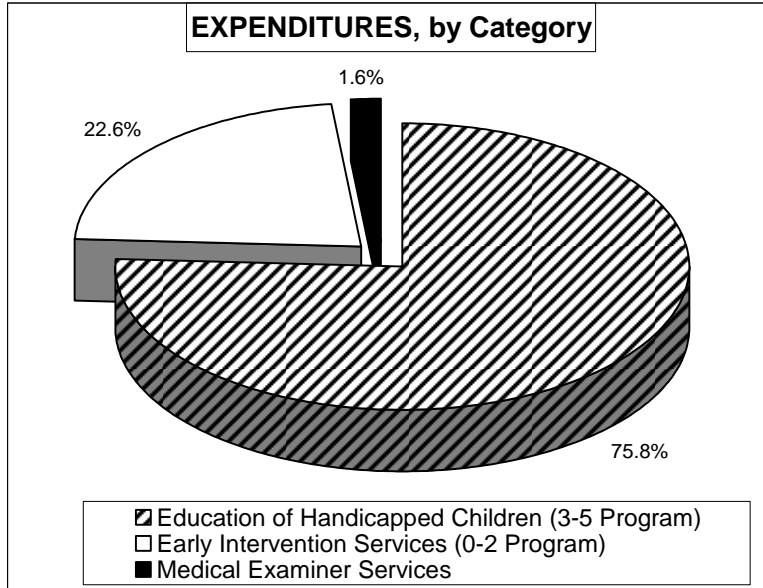
DEPARTMENTS	2004	2005	2006	2007	2008	2009
Planning & Coordination	\$763,258	\$747,312	\$737,606	\$736,816	\$759,504	\$870,651
Women, Infants & Children Nutrition	\$302,677	\$311,684	\$329,386	\$369,913	\$390,265	\$407,003
Occupational Safety & Health	\$74,803	\$76,052	\$68,731	\$69,456	\$63,114	\$63,830
Vital Records/Medical Examiner	\$101,320	\$96,386	\$104,116	\$107,701	\$108,952	\$111,556
Community Health Services	\$2,620,421	\$2,738,297	\$2,966,316	\$3,205,437	\$3,253,380	\$3,239,562
Environmental Health	\$1,083,050	\$1,152,370	\$1,218,285	\$1,247,220	\$1,246,992	\$1,248,800
Emergency Medical Services	\$158,183	\$77,442	\$114,496	\$115,629	\$94,378	\$102,420
Children with Special Care Needs	\$652,514	\$726,763	\$880,126	\$873,290	\$1,000,833	\$965,119
<b>TOTAL EXPENSES</b>	<b>\$5,756,226</b>	<b>\$5,926,306</b>	<b>\$6,419,062</b>	<b>\$6,725,462</b>	<b>\$6,917,418</b>	<b>\$7,008,940</b>



**2009  
Expenditures and Funding for Mandates**

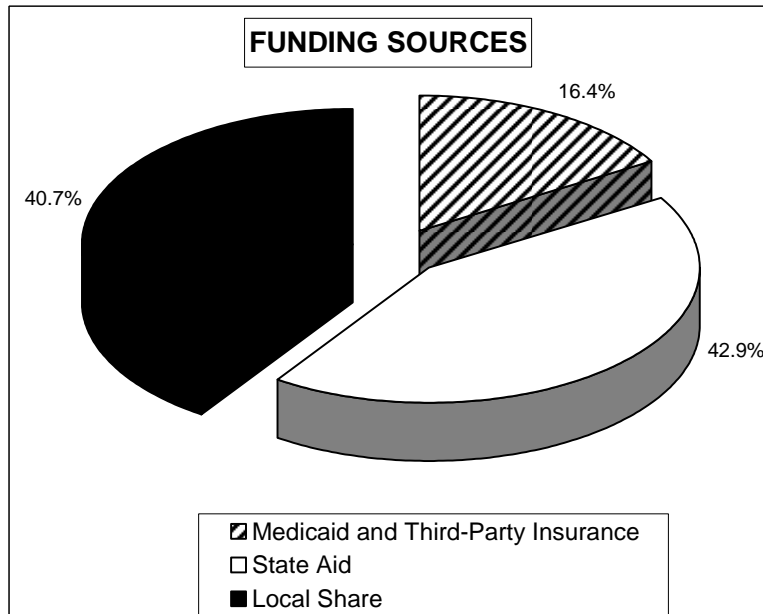
**EXPENDITURES**

Education of Handicapped Children (3-5 Program)	\$4,562,845
Early Intervention Services (0-2 Program)	\$1,357,354
Medical Examiner Services	\$98,253
<b>TOTAL</b>	<b>\$6,018,452</b>

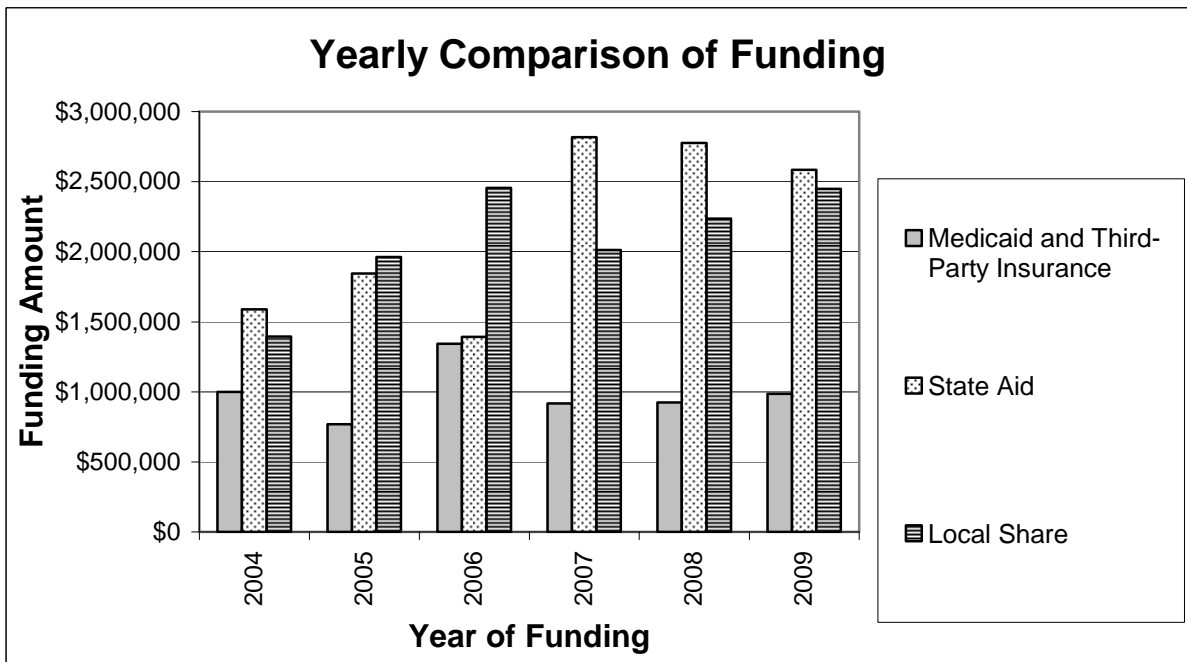
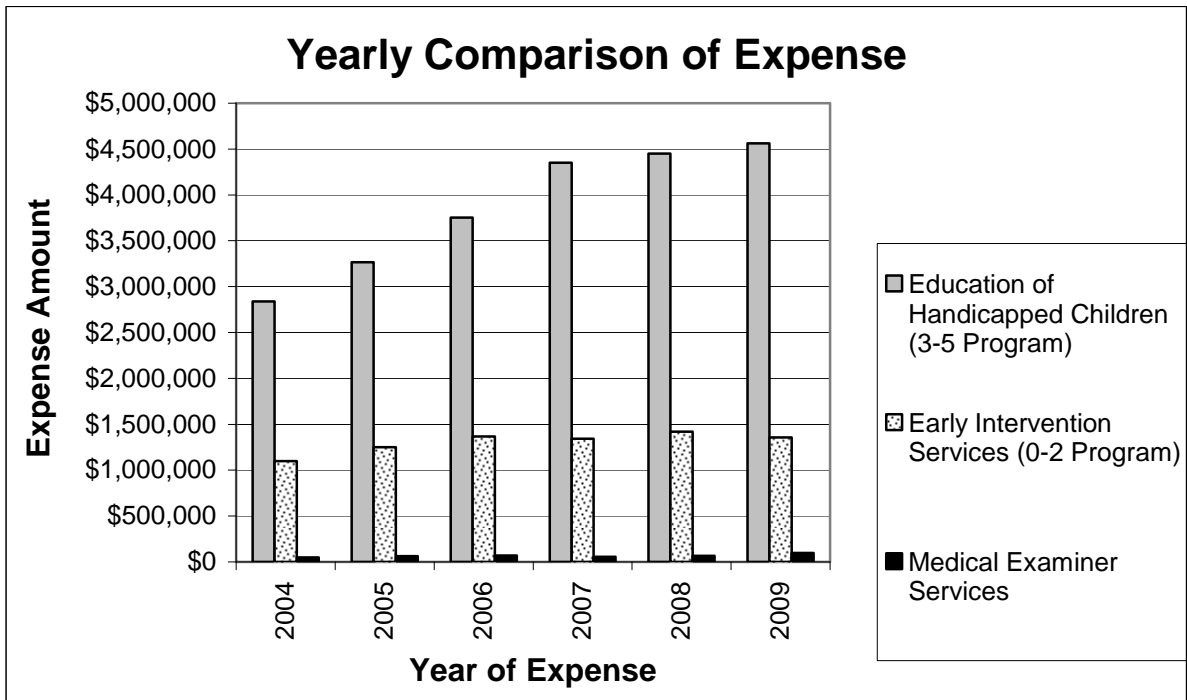


**FUNDING**

Medicaid and Third-Party Insurance	\$985,576
State Aid	\$2,583,746
Local Share	\$2,449,130
<b>TOTAL</b>	<b>\$6,018,452</b>



## 2004-2009 Yearly Comparison Expenditures and Funding for Mandates



## **OVERVIEW**

The Environmental Health (EH) Division of the Tompkins County Health Department (TCHD) is an educational and regulatory agency dedicated to protecting, preserving, and promoting the health of the residents of Tompkins County in natural and man-made environments through inspections, responding to public health nuisances, enforcement, and educating facility operators and the public.

The Division met its obligations in the Department's Municipal Health Services Plan in 2009, as well as its obligations under three grant programs. The Environmental Health Division staff included 19 full and part-time employees plus a part-time summer Public Health Sanitarian, Clayton Maybee. Daniel Carrión was also with us as a Public Health Sanitarian from March 9 through September 11, 2009. Clayton Maybee's position as a Summer Sanitarian was extended through the end of December upon Daniel Carrión's resignation.

## ***Special Projects, Incidents, and Events***

In 2009, the Environmental Health Division participated in a number of special projects and events and investigated several incidents, which are summarized below.

- ◆ The Division investigated potential outbreaks of food-borne or water-borne diseases in response to illnesses reported after a private dinner at a local restaurant; a confirmed case of *Vibrio parahaemolyticus* enteritis in a patient who ate raw oysters in a local oyster bar; a probable *Pseudomonas* outbreak at a hotel spa pool; and a *Campylobacter* incident at a park.
- ◆ Environmental Health staff participated in a number of activities connected to the draft Supplemental Generic Environmental Impact Statement (dSGEIS) for gas drilling in the Marcellus Shale issued by the New York State Department of Environmental Conservation (NYSDEC). The EH Division coordinated with Tompkins County Planning, the Water Resources Council, the Environmental Management Council, the Tompkins County Council of Governments, the New York State Department of Health (NYSDOH), and other Environmental Health Divisions in reviewing the dSGEIS and preparing comments and resolutions. Of special concern to the EH Division is the NYSDEC proposal that local health departments be responsible for monitoring test results from drinking water wells within 1000' of a gas well and responding to water quality complaints.
- ◆ Staff participated in the Coalition for Safe Medication Disposal, a group including representatives from the TCHD, Tompkins County Solid Waste, Ithaca Area Wastewater Treatment Facility, and Cornell University Retiree Environmental Stewards Program. The Coalition is pursuing a community

collection day for unwanted medications and household sharps to be held in March 2010. The event requires the participation of law enforcement, pharmacists, and numerous volunteers.

- ◆ The Division submitted a grant application to the NYSDOH for the Healthy Neighborhoods Program. The goals for the program include reducing injuries and deaths from residential fires, childhood lead poisoning, hospitalizations due to asthma, and exposure to indoor air pollutants. This program targets residents in the Village of Groton, mobile home parks (MHP's) in the Town of Dryden, and the Northside and Southside communities in the City of Ithaca. The grant would support 1.5 Public Health Sanitarians and expenses associated with implementation of the program. We are very happy to report that we received notification in December that we were awarded the grant!
- ◆ We responded to mercury, salt, and gasoline spills that had the potential to contaminate drinking water supplies.
- ◆ Division staff updated the Environmental Health website to provide more information to the public, especially in the areas concerning food service establishments and children's camps.
- ◆ All staff were involved in planning, purging, and preparing for the anticipated move to our new location at 55 Brown Road, in the (T) Lansing.
- ◆ The Division achieved 95% or higher for each of the Performance Measures reviewed during the annual review conducted by the NYSDOH Bureau of Environmental Health and Food Protection.

### ***Highlights from Core Programs***

**Rabies:** We investigated more than 500 incidents involving potential rabid animals, resulting in 11 confirmed rabid animals, and 130 people receiving post-exposure treatment for rabies. Included in these incidents is the investigation of a report that a raccoon harbored in a cage in the kitchen of a household had died of rabies. Upon investigation, we discovered that multiple persons had been in direct contact with one or more of nine juvenile raccoons while visiting the household. Fifteen persons were administered rabies post-exposure shots as a result.

**Mobile Home Parks:** We eliminated Public Health Hazards at Newfield Estates, Beaconview, and Conger's MHP's caused by sewage discharging to the ground surface from failed or failing sewage systems. Outdated water systems at Meadowbrook Park and Lakeview Village Mobile Home Park were taken out of service. Both facilities connected to municipal water systems.

**Temporary Food Service Establishments:** Over 300 temporary permits were issued to individuals, organizations, and groups (the highest number on record). All technical staff received training in temporary food inspections to enhance our ability to manage the increased workload.

## **RABIES CONTROL PROGRAM**

The Health Department Rabies Control Program exists to prevent human death due to rabies. A bite or scratch from a rabid mammal can infect a human victim with the rabies virus. Salivary contamination of a bleeding wound, weeping rash or mucous membrane is also a potential human exposure to rabies. Incidents involving bats are presumed to be exposures even when direct skin contact does not result in an obvious wound.

In 2009, the Environmental Health Division investigated 543 incidents involving potential human rabies exposure. One hundred seventy-nine animals were shipped to the New York State (NYS) Rabies Laboratory for testing. They included 95 bats (one from Ontario, Canada), 17 raccoons, 16 dogs, 34 cats, eight livestock animals, four skunks, two fox, two squirrels, and one woodchuck. One hundred ninety-two dog bite reports and 139 cat bite reports required follow-up to rule out rabies exposure. Rabies post-exposure shots were recommended to 130 people.

### ***Animals Testing Positive for Rabies 2005 - 2009***

<b>Animal</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>5 Year Total</b>
Bat	2	7	6	3	3	21
Raccoon	5	17	6	6	12	46
Skunk	1	6	2	2	3	15
Fox	2	1	0	0	0	3
Woodchuck	0	1	0	0	0	1
Cat	0	2	0	1	1	4
Beaver	0	0	0	0	1	1
Mule	0	0	0	0	1	1
<b>Total</b>	<b>10</b>	<b>34</b>	<b>14</b>	<b>12</b>	<b>21</b>	<b>92</b>

One of the 94 bats from Tompkins County tested was rabid. However, two county residents were in direct contact with a bat while camping in Ontario, Canada. They brought the bat home and it tested positive for rabies. These two county residents and 81 others received post-exposure treatment because they were bitten by a bat, scratched by a bat, had direct skin contact with a bat, or discovered that a bat was in the room while they slept. The administration of many more rabies shots was prevented because bats were captured, tested, and proven to be not rabid.

In addition to the post-exposure treatments due to exposure to bats, twenty-nine people received precautionary rabies treatment due to being bitten or possible exposure to the saliva of other wild animals. Some of these shots became necessary when the rabid animals were handled while alive or immediately after they died. Most treatments resulted from handling pets within two hours after

they had contact with rabid animals. Saliva on the pet containing rabies virus could potentially enter a person's body through a bleeding wound, weeping rash, or mucous membrane. Refraining from handling a pet or livestock animal for two hours following an incident insures that any rabies virus will be dead and no longer able to infect a person.

When a person is bitten by or exposed to the saliva of a domestic pet (cat, dog, or ferret) or livestock animal (horse, cow, sheep, goat, or pig), a laboratory test on the animal is one way of ruling out rabies. The negative laboratory test results on 16 dogs, 34 cats, three horses, two cows, one sheep, one goat, and one llama submitted for rabies testing proved that persons bitten or exposed did not need rabies shots.

Equally effective for proving a bitten person does not need rabies shots is a ten-day observation of the biting animal. It is known that any pet or livestock animal with rabies virus in its saliva will exhibit rabies symptoms and die in less than ten days. Survival for 10 days proves the biting animal could not have transmitted rabies virus when it bit.

The Health Department supervised the 10-day observation of 176 dogs and 105 cats in 2009. The administration of many unnecessary rabies post-exposure shots was avoided. If bitten, scratched by, or exposed to the saliva of a pet or livestock animal, acquire the name, address, and phone number of the owner and report the incident to the Health Department. Eighteen persons received rabies treatment because the biting pet was not available to be observed or tested.

***Potential Human Exposures to Rabies and Lab Submissions  
By Year 2005-2009***

<b>Year</b>	<b># of Animal Bites</b>	<b># Non-Bite Exposures</b>	<b># of Lab Submissions</b>
2009	355	108	179
2008	352	205	259
2007	336	161	211
2006	392	143	197
2005	298	165	193

Nearly all Americans who died of rabies in the last 30 years were exposed to strains of rabies virus that infect bats. No exposure to a bat was known or reported prior to nearly half of these deaths. It is believed that exposure can occur without the victim's knowledge, probably while sleeping. A bat that directly contacts a person's skin, or is found in a room with a sleeping person, or in proximity to an unattended child should be captured. The Health Department should be contacted immediately for further instruction. A bat not captured for

testing must be presumed rabid and treatment is recommended as a precaution. Many county residents received rabies shots after bats were known to be in the room while they slept. Questions about bats, exposure to bats, and the presence of bats in dwellings are handled almost daily throughout the year.

Vaccination of pets effectively protects humans from exposure to rabies endemic in wild animal populations. Rabies in pets vaccinated one time is extremely rare. In 2009, the Health Department continued to enforce the NYS Public Health Law requirement that all cats, dogs, and ferrets be vaccinated against rabies by four months of age. The Environmental Health Division provided 11 free rabies clinics: one in January, five in May, and five in September/October, 2009.

***Number of Animals Vaccinated at Rabies Clinics in 2009***

<b>Clinic</b>	<b>Date</b>	<b>Dogs</b>	<b>Cats</b>	<b>Ferrets</b>	<b>Total</b>
TC SPCA	01/22/09	77	70	6	153
(T) Lansing	05/06/09	92	64	3	159
(T) Danby	05/07/09	88	33	2	123
(T) Enfield	05/13/09	58	44	0	102
(T) Dryden	05/14/09	92	51	0	143
(T) Ithaca	05/20/09	28	13	0	41
(T) Newfield	09/23/09	53	33	2	88
(T) Groton	09/24/09	85	70	0	155
(T) Caroline	09/30/09	94	55	1	150
(T) Ulysses	10/01/09	37	44	0	81
(C) Ithaca	10/07/09	70	70	4	144
<b>2009 Totals</b>		<b>774</b>	<b>547</b>	<b>18</b>	<b>1339</b>
<b>2008 Totals</b>		<b>706</b>	<b>624</b>	<b>10</b>	<b>1340</b>
<b>2007 Totals</b>		<b>702</b>	<b>567</b>	<b>8</b>	<b>1277</b>
<b>2006 Totals</b>		<b>797</b>	<b>512</b>	<b>13</b>	<b>1322</b>
<b>2005 Totals</b>		<b>677</b>	<b>640</b>	<b>9</b>	<b>1326</b>

Media releases announcing the 11 rabies clinics, informing the public of the law requiring pets to be vaccinated by four months of age, and requesting assistance in locating biting dogs and cats resulted in coverage in print media, as well as on radio and television. In addition, poster campaigns every four months throughout the County are used to publicize rabies clinics.

Raccoons, skunks, foxes, and bats are presumed to be rabid unless proven otherwise by laboratory examination. To protect humans from rabies exposure, the owner of an unvaccinated pet that has contact with any bat, raccoon, skunk, fox, or any other animal known to be rabid must surrender it for euthanasia or quarantine it for six months in a facility approved by the Health Department at the owner's expense. Keeping these animals currently vaccinated, as required by law, saves them from death or a six-month separation from their family.

## **FOOD PROTECTION PROGRAM**

The Environmental Health Division's Food Protection Program provides education and regulation to food service establishments (FSE'S) through training, inspection, and enforcement. These tasks enable the Division to protect, promote, and preserve public health.

We continued our efforts to have more of a presence in the food service community by offering education on request to facilities and inspecting most of the permitted high-risk restaurants twice annually.

The Division offers education to individual facilities as part of the food service establishment inspection. The Food Protection Program staff presented training in regulatory issues and food safety to students at the Cornell Cooperative Extension Serv-Safe Courses. Staff presented basic food safety training to Greater Ithaca Activities Center mobile food cart staff. The Division also continued mailings and education for the recent Cardio-Pulmonary Resuscitation Law for food service establishments.

### **The Food Protection Program offers the following educational materials:**

- ◆ Various handouts on food safety
- ◆ Serv-Safe videos
- ◆ Multi-language handouts

### **New Information Provided in 2009:**

- ◆ Food inspection monthly Highlights maintained on web site
- ◆ Temporary food service handout: *When is a permit necessary?*
- ◆ Temporary food service information on web site
- ◆ Mass mailing to all food service establishments on changes in required proof of Workers' Compensation and Disability Insurance for obtaining permits

The Food Protection Program conducted and approved 12 plan reviews of new or extensively remodeled food service establishments.

### ***Food Protection Program Plan Reviews 2005 - 2009***

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Plan Reviews	12	17	25	32	20

Permanent food service facilities inspected included: FSE's, mobile units, institutions, State Office for the Aging sites, hotel/motel food services, and state education feeding sites. A Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the Health Department review food processes in the facility to make sure that all potential hazards are



identified and to assure that the best food safety practices are being used. The Division completed eight HACCP reviews at high risk permitted facilities.

***Food Protection Program Activity 2005 - 2009***

<b>Year</b>	<b># FSE Operations</b>	<b># Inspections</b>	<b># Critical Violations</b>	<b># of Enforcement Actions</b>
2009	493	565	220	10
2008	471	541	108	0
2007	491	538	133	5
2006	491	533	123	2
2005	493	568	171	6

The Division observed 220 critical violations during inspections and re-inspections. Correction of the violations occurred during the inspections and/or re-inspections in most cases. Ten facilities required enforcement action for repeat critical violations during re-inspections. Three of those enforcement actions occurred at the same facility.

The Food Protection Program received and investigated nine complaints of suspected food borne illness. No correlation could be found between the suspect food and the illnesses in any of the complaints received. All were individual cases.

Eighty-five complaints related to food preparation, service, temperature abuse, and/or garbage at permitted facilities resulted in site visits and investigations.

Temporary events serving food take place throughout the year. Events include the Ithaca Chili Cook Off, Ithaca Apple Harvest Festival, Taste of the Nation, Ithaca Festival, Finger Lakes GrassRoots Festival, Newfield Old Home Days, Groton Old Home Days, Lansing Carnival, Trumansburg Fair, Musefest, Tru-Ulysses Winter Festival, and many other smaller events such as chicken barbeques.

***Temporary Event Food Service Permit Activity 2005 - 2009***

<b>Year</b>	<b># Permits Issued</b>	<b># Inspections</b>	<b># of Critical Violations</b>
2009	321	188	37
2008	260	97	3
2007	217	121	13
2006	232	161	20
2005	220	121	28

We issued a record number of permits (321) for temporary food events in 2009. A summer sanitarian position enabled the food program to inspect more than 56% of those events. Additionally, all Environmental Health staff were trained to conduct temporary food inspections.

The inspections resulted in 37 critical violations. Correction of the violations occurred during the inspections. Re-inspections of facilities with critical violations do not usually occur, due to the short duration of most events.

Applications for temporary food service permits may be printed from the Tompkins County Health Department web page at <http://www.tompkins-co.org/health/eh/food/tempinfo.htm>. Applications may also be mailed or faxed on request.

## **DRINKING WATER PROGRAM**

### **A. Public Water Systems**

Part 5 of the New York State Sanitary Code (NYSSC) is designed to assure that the public has access to adequate quantities of safe drinking water. It contains quality, construction, and operating standards mandated by the United States Environmental Protection Agency (USEPA) and the United States Congress. Part 5 is the basis of Article VII of the Tompkins County Sanitary Code (TCSC). These codes provide the County with the authority to enforce national standards mandated by the Federal Safe Drinking Water Act. As part of this assurance, public water systems are required to monitor the water for various chemical, microbiological, and physical contaminants. The major factors that govern the monitoring requirements for a public water system are the type of water source, the number of people served, and whether the system serves a community (resident) or a non-community (transient) population.

The Division inspects each of the 190 public water systems (PWS) in the county. They range in size from restaurants and mobile home parks to the larger municipal systems such as Bolton Point and the City of Ithaca.

At the end of the year, we had 146 public water systems large enough to be regulated by Part 5 of the NYSSC, which contains more comprehensive requirements than the TCSC. Of those, 93 are Part 5 community water systems (CWS) in the county. Community systems are those with at least five residences used year-round or which regularly serve at least 25 residents year-round. There are 45 Part 5 transient non-community (TNC) water systems. Transient non-community water systems typically serve transient populations such as motels, restaurants, convenience stores, and campgrounds. In addition, there are eight Part 5 non-transient non-community (NTNC) water systems. These systems are a subset of non-community systems that regularly serve at least 25 of the same persons four hours or more a day, four days or more a week, for 26 or more

weeks a year (e.g., factories and schools). Additionally, 44 systems as defined by the TCSC and regulated by that code only, are public water systems.

**Public Water Systems 2005 - 2009**

Year	Part 5 CWS	Part 5 TNC	Part 5 NTNC	TCSC PWS	Total PWS
2009	93	45	8	44	190
2008	96	45	8	48	194
2007	98	41	8	48	195
2006	100	44	8	46	198
2005	101	46	9	42	198

The supplier of water conducts the routine monitoring of a public water system. Samples are collected in accordance with prescribed schedules, and are then submitted for analysis to laboratories that are certified by the New York State Department of Health. The Environmental Health Division provides oversight to ensure that water suppliers properly collect and have analyzed the required samples. Environmental Health also collects additional water samples for surveillance purposes to provide independent quality control. The Division assisted systems that may have groundwater sources under the direct influence of surface water with evaluations of treatment processes, Timetables of Compliance, and /or drilling new wells.

The Division also sampled for principal organic chemicals (POC's), pesticides and synthetic organic contaminants (SOC's), and inorganic chemicals (IOC's) for 20 systems. None of the analyses showed a Maximum Contaminant Level (MCL) violation at any system.

**Number of Analyses Provided by the Division 2005 - 2009**

Year	Micro-biology	Dye Tests	Inorganic	Organic	Cost in \$'s
2009 <sup>4</sup>	271	2	6	0	4,898.40
2008 <sup>2&amp;3</sup>	494	3	17	2	7,263.20
2007 <sup>2</sup>	537	0	94	10	9,782.56
2006 <sup>2</sup>	635	2	120	5	9,636.80
2005 <sup>1</sup>	747	8	197	4	12,991.00

<sup>1</sup> In 2005, there were five sets of UV parameters.

<sup>2</sup> NYSDOH did two MPA Analyses and 20 sets of POC/SOC/IOC analyses in 2006, 24 sets of POC/SOC/IOC analyses in 2007, and four sets in 2008.

<sup>3</sup> In 2008, TCHD performed 48 sets of quarterly radiological samples for compositing and two UV parameters.

<sup>4</sup> Number reflects decrease in Water Grant funding.

When problems occur which are considered imminent health hazards, immediate action is required to protect public health. Boil Water Notices (BWN) are issued to consumers if drinking the water, without taking special precautions, might pose a risk to health. Many BWN's are precautionary only.

***Boil Water Notices Issued by Cause 2005 - 2009***

<b>Cause</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Unsatisfactory Microbiological Quality	8	7	9	11	6
Quantity or Protection Problems	5	6	8	9	10
Disinfection System Problems	6	11	10	16	15
Other or Multiple Problems	4	2	0	2	2
<b>Totals</b>	<b>23</b>	<b>26</b>	<b>27</b>	<b>38</b>	<b>33</b>

The Division reviews and approves engineering plans to ensure that new, expanded, or improved public water systems are capable of providing safe and plentiful water. In 2009 these included two new sources, five extensions or projects to serve existing development, two extensions or projects for new development, one disinfection system, and nine other water system improvement plans.

***Water Plan Approvals 2005 - 2009***

<i>Projects</i>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
New Sources	2	1	1	4	3
Distribution System for Existing Development	5	2	7	2	4
Distribution System for New Development	2	5	3	9	6
Cross Connection Control Devices	8	24	27	15	27
Other	10	7	13	11	6
<b>Totals</b>	<b>27</b>	<b>39</b>	<b>51</b>	<b>41</b>	<b>46</b>

**B. Private Water Systems**

In 2009, staff performed sanitary surveys, along with many follow-up inspections, on 19 individual water systems. These inspections are done when tenants or homeowners contact the Health Department due to an unsatisfactory water sample, a waterborne illness, or a problem with the water system. Due to

decreases in Water Grant funding in 2009, the Division is no longer able to offer sampling services to individuals with suspected well contamination.

***Private Water System Program Activity 2005 - 2009***

<b>Activity</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Unsatisfactory Microbiological Quality	0	6	18	28	34
Daycares	0	12	17	18	23
Tenant Concerns	4	14	4	13	10
Homeowner Concerns	12	3	6	7	8
Illnesses	3	1	5	0	1
Possible Chemical Contaminations	0	0	3	0	0
New Wells	0	0	0	0	1
Other	0	1	1	3	1
<b>Totals*</b>	<b>19*</b>	<b>37*</b>	<b>54*</b>	<b>69</b>	<b>78</b>

\* No well workshops have been held since 2006, resulting in fewer home water system inspections due to unsatisfactory microbiological quality.

Staff answers questions and provides information to the public on an ongoing basis. This information includes referrals and resources on well development, water quality, and water treatment. In May of 2009, the Health Department staffed the annual Tompkins County Water Week event at the Ithaca Farmers Market. This event provides an opportunity for staff to educate the public on both community water systems and private water wells.

The Health Department requests that well drillers send copies of well completion reports for newly drilled wells to our office. The drillers are required to provide both the New York State Department of Environmental Conservation (NYSDEC) and the well owners with this information. The NYSDEC provided the Health Department with the following figures.

***Water Wells Drilled in Tompkins County 2005 - 2009***

<b>Well Completion Reports</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Domestic Wells	85	107	118	147	153
Commercial Wells	0	3	2	1	0
Test Wells	1	5	0	3	0
Agricultural Wells	0	0	1	3	2
Other Wells	0	1	0	0	4
<b>Totals</b>	<b>86*</b>	<b>116*</b>	<b>121*</b>	<b>154*</b>	<b>159*</b>

\*Well Completion Reports received by the TCHD from the NYSDEC as of March of each year.

**Water Wells Proposed in Tompkins County 2005 - 2009**

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Preliminary Notices to DEC	99	145	153	168	185

**WASTEWATER (SEWAGE) CONTROL PROGRAM**

**A. Centralized (Public) Sewage**

The Division reviews engineering plans of sewer extensions, pumping stations, and sewage systems to ensure compliance with standards and codes, as well as proper function. The New York State Department of Environmental Conservation approves new industrial and public sewage treatment plants. As indicated in the table below, plan approvals by the Division decreased by three.

**Centralized (Public) Sewage Plan Approvals 2005 - 2009**

<b># of Projects</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
New Sewer Extensions for Existing Properties	0	2	0	1	0
New Sewer Extensions for New Development	0	1	3	7	5
<b>Totals</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>5</b>

**B. Decentralized (On-site) Sewage**

The On-site Sewage Treatment Program (OSTP) manages decentralized sewage systems in Tompkins County through permitting, design, and inspection. The goals of the individual on-site sewage program include ensuring that systems are constructed using the best possible designs for site and flow conditions, ensuring they are under permit and on record at the division, and protecting the ground and surface waters (drinking water) of the county, thereby preventing disease from raw sewage becoming prevalent in the public. Sewage received by individual, on-site systems must be treated and returned to the ground or surface waters without contaminating the water. Ensuring proper design and function of on-site sewage systems prevents human diseases implicated in drinking water contaminated with sewage. In 2009, 243 sewage systems were built in Tompkins County. This represents almost 30,000 gallons per day of sewage treated and recycled to the ground water.

Appendix 75-A establishes the minimum standards for wastewater treatment of sewage from individual household systems in New York State. Article VI of Tompkins County Sanitary Code (TCSC) regulates individual or non-municipal sewage systems in Tompkins County. The Division issued five specific waivers from these standards for two engineered projects for private homes.

The waivers were to:

- ◆ Reduce the minimum separation distance to the property line from 10 to five feet.
- ◆ Accept an area with a slope greater than 15 percent modified to reduce the slope.
- ◆ Use maximum gravelless trench width increased from two to three feet in order to reduce trench length.
- ◆ Recognize a design not addressed in Appendix 75-A.
- ◆ Reduce the minimum vertical separation of the bottom of a trench to rock from three to two feet.

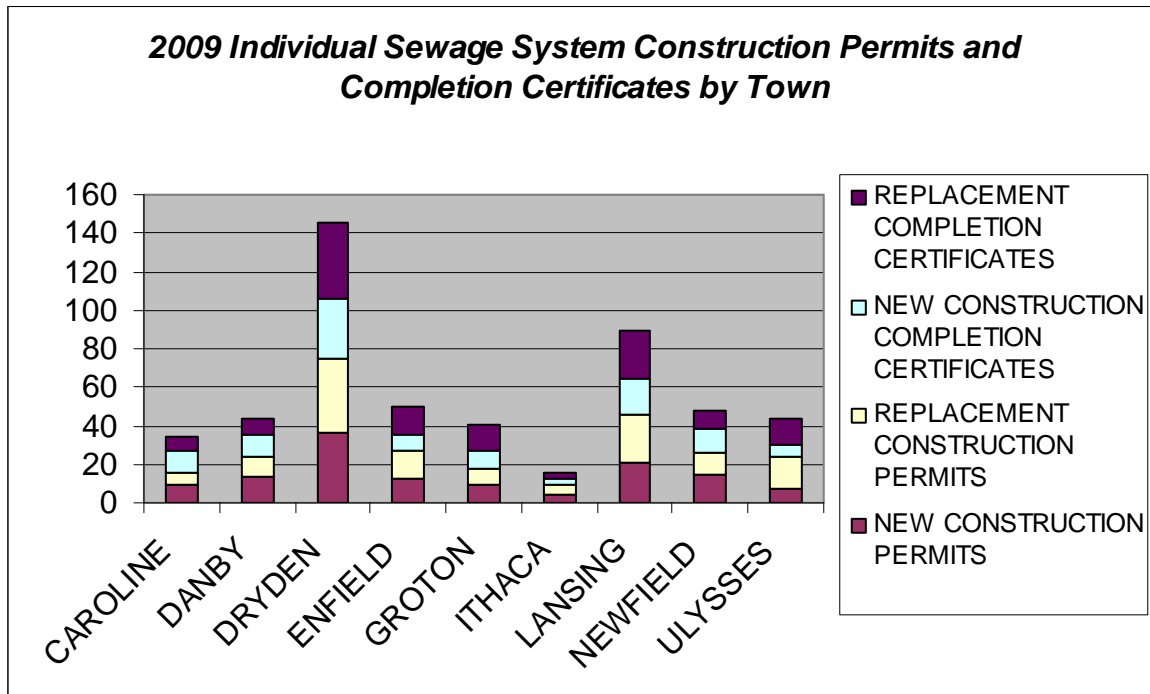
Combined activity of new construction and replacement permits (CP's), and new completion and replacement certificates (CC's) remained unchanged, as reflected in the chart below.

***Sewage System Construction Permits  
and Completion Certificates 2005 - 2009***

YEAR	CP'S NEW	CP'S- REPLACE- -MENT	TOTAL CP'S	CC'S NEW	CC'S- REPLACE- -MENT	TOTAL CC'S	COMBINED ACTIVITY
2009	127	138	265	109	134	243	508
2008	127	139	266	110	132	242	508
2007	168	153	321	123	128	251	572
2006	177	148	325	145	146	291	616
2005	191	146	337	173	129	302	639
<b>5 YEAR AVG.</b>	<b>158</b>	<b>145</b>	<b>302</b>	<b>132</b>	<b>133</b>	<b>266</b>	<b>568</b>

Sewage system construction permits and completion certificates for The Town of Dryden includes the Villages of Freeville and Dryden; the Town of Groton includes the Village of Groton; the Town of Lansing includes the Village of Lansing; the Town of Ulysses includes the Village of Trumansburg; the Town of Ithaca includes the City of Ithaca and Village of Cayuga Heights. All the villages and City of Ithaca are served by public sewer. Occasionally, there are areas outside the sewer districts, or where public sewer is inaccessible. In these cases, development may be eligible for on-site sewage. In 2009, two permits were issued in the Village of Groton; and one in the Village of Trumansburg. One completion certificate was issued in the Village of Trumansburg.

**2009 Individual Sewage System Construction Permits and Completion Certificates by Town**



Some on-site sewage systems are required to be designed by a Professional Engineer at the expense of owner due to size or unique site conditions. The Division approved engineered plans for 14 new or replacement on-site sewage treatment systems to serve:

- ♦ Three mobile home parks (one in T-Dryden, one in T-Enfield, and one in T-Newfield)
- ♦ Two gas station/convenience stores (one in T-Lansing and one in T-Caroline)
- ♦ Nine private residences (three in T-Caroline, one in T-Dryden, four in T-Lansing, and one in V-Lansing)

**Decentralized (On-Site) Sewage Plan Approvals 2005 – 2009**

Projects	2009	2008	2007	2006	2005
New/Expanded Sewage Treatment Systems	14	22	17	11	17



## **REALTY SUBDIVISIONS AND DEVELOPMENTS**

The Division regulates permanent and temporary residential development to ensure that safe, healthful facilities are built. Critical areas the Division reviews include: water systems, sewage treatment and disposal systems, and fire safety. In 2009, a substantial decrease in the number of approved plans and units occurred. This is a reversal of the past trend in increased realty subdivisions.

### ***Plans Approved 2005 - 2009***

Year	Type & # of projects	# lots/units	# Municipal water & municipal sewer	# Private water & private sewage	# Municipal water & private sewage	# Private water & municipal sewage
<b>Subdivisions</b>						
2009	1	5	0	5	0	0
2008	2	25	6	0	19	0
2007	2	42	0	25	17	0
2006	6	61	37	12	12	0
2005	5	151	128	10	13	0
<b>Mobile Home Parks (None 2005, 2008)</b>						
2009	1 expand	15	0	15	0	0
2007	1 expand	5	0	0	1	0
2006	1	2	0	2	0	0
<b>Apartment Complexes (None 2005 - 2009)</b>						
<b>Hotels and Motels (None 2007, 2008, 2009)</b>						
2006	3	156	156	0	0	0
2005	4	138	123	15	0	0

### ***Summary of Plan Approvals 2005 - 2009***

Year	# of Plans Approved	# of Lots/Units
2009	2	20
2008	2	25
2007	3	47
2006	10	219
2005	9	289

## **LEAD PROGRAM**

Lead poisoning can be a major health concern especially among children. Children who are lead-poisoned may suffer from learning disabilities, lower Intelligence Quotient, behavior problems, slowed growth, headaches, and hearing loss. When a child's blood lead level (BLL) becomes elevated, it is critical to prevent further exposure. The Division investigates the environments of children with BLL of 10 micrograms per deciliter (mcg/dL) or greater.

An environmental investigation begins with an elevated BLL reported to the Community Health Services Division of the Health Department. A home visit is arranged with Environmental Health staff to interview parents or guardians about lead exposure and explain how exposure and effects can be minimized. The child's environment is inspected and samples are taken of suspect materials or on-the-spot analysis may be done with an X-Ray Fluorescence (XRF) analyzer.

Staff then issues a report to the parents and/or the building owners on how to control the existing lead hazards found. In cases of lead poisoning (over 20 mcg/dL), the Public Health Director (PHD) may issue enforceable orders to the parents and/or the building owners to abate existing lead hazards. The orders must be followed even if the dwelling is vacated. The PHD issued no orders in 2009.

Uncontrolled discharge of lead based paint dust may endanger public health and is a violation of Article IX of the Tompkins County Sanitary Code. In 2009, investigation of six complaints resulted in no violation notices. All the investigations included providing educational materials.

The Division continues to focus on lead poisoning prevention through work with the Lead Poisoning Prevention Network (LPPN). The regular LPPN participants include Cooperative Extension of Tompkins County (TC), Tompkins Community Action, Daycare Council, TC Head Start, Ithaca Neighborhood Housing Services, TC Department of Social Services-Special Services, and the TC Health Department. The Network goals are to educate the public about lead poisoning, reduce exposures to lead by informing the public about the potential dangers from exposure to lead paint, and increase the number of children tested for lead in their blood.

Two staff are currently certified as Environmental Protection Agency (EPA) Lead Risk Assessors until 2012. Recertification is required every three years and requires an eight-hour EPA Lead Risk Assessor Refresher Course.

Effective June 20, 2009, the New York State Department of Health adopted changes to department regulations of Subparts 67-1 and 67-3 regarding lead poisoning screening, reporting, and follow-up. One significant code change is the requirement for local and state health departments to respond to blood lead

cases of 15 mcg/dL and over. The prior level was 20 mcg/dL. This change had no effect on the TC Lead Program, as we respond to BBL of 10 mcg/dL and over.

***Lead Program Summary 2005 - 2009***

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Children w/BLL>19.9 mcg/dL	0	0	0	1	0
Children w/BLL 10 -19.9 mcg/dL	1	8	1	5	4
Sites Inspected Related to 20+ Cases	0	0	0	1	0
Sites Inspected Related to 10 -19 Cases	1	8	1	6	3
Abatements Completed	0	0	1	0	0
Interim Controls Completed	0	0	0	0	0

***Number of Samples Collected For Lead Analysis 2005 - 2009***

	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Paint	0	0	0	0	0
Drinking Water	3	0	1	6	1
Soil	0	0	0	1	1
XRF survey	1	3	2	6	2
Dust Wipes	15	7	6	11	14
Other	0	0	0	2	1

**TEMPORARY RESIDENCES**

**(Hotels, Motels, and Cottage Communities)**

The Environmental Health Division permitted and inspected 28 hotels, motels, and cottage communities that included seven public water supplies, 18 restaurants, two outdoor swimming pools, seven indoor swimming pools, five spa pools, and three bathing beaches. The Country Inn and Suites Hotel was added to the permit inventory. Room capacity totaled 1745 for the 28 facilities.

## ***CAMPGROUNDS***

The Division permitted and inspected three permanent campgrounds that included two public water systems, two outdoor swimming pools, and one bathing beach. Campsites and cabins totaled 375 for these campgrounds.

### **Finger Lakes GrassRoots Festival:**

The Finger Lakes GrassRoots Festival received temporary permits to operate two campgrounds. Campsites totaled 1,318 for this festival. Inspections occurred prior to and during operation. Food vendors at the event had existing Food Service Permits or received individual Temporary Food Service Permits. Individual inspections occurred at each food service establishment.

### **State Parks:**

Staff conducted sewage system and water supply inspections at three State Parks: Taughannock Falls State Park, Robert H. Treman State Park (Upper), and Buttermilk Falls State Park (Upper). Due to agreements between State agencies, the Health Department does not permit State Parks and does not inspect park beaches or campgrounds.

## ***AGRICULTURAL FAIRGROUNDS***

The Trumansburg Fairground is the only Agricultural Fairground issued a permit to operate in Tompkins County. The Fairground must comply with state regulations during all events that occur on the premises. The water system, food service establishments, refuse handling, animal waste handling and disposal, and campground are regulated and inspected by the Health Department. No public health hazards were found during operational inspections of the 50 campsites.

## ***CHILDREN'S CAMPS***

The Tompkins County Health Department enforces the provisions of the New York State Sanitary Code (NYSSC), Subpart 7-2, regulating Children's Camps.

The Environmental Health Division issues permits to Children's Camps and performs preoperational and operational inspections to ensure that:

- ◆ All physical facilities (water and sewage systems, dining facilities, swimming pools, and beaches) are properly operated and maintained.
- ◆ Adequate supervision exists to provide a healthy and safe environment in accordance with the NYSSC.

Prior to receiving an operating permit, extensive written safety plans must be submitted to the Division for review and approval. The safety plans must address medical care, supervision, fire safety, waterfront safety, food safety, and water supply protection.

The Division inspected 28 permitted children’s camps. No violations were found that required enforcement action. Four camps that operated in 2008 did not operate in 2009 including 4-H Summer Day Camp, Camp Explorations at Cornell University, Dryden Booster Camp, and Cornell University Johnson School Program Overnight Camps.

The Division investigated 12 reports of serious injuries including:

- ◆ Three campers with fractured bones
- ◆ Five campers with lacerations requiring sutures or staples
- ◆ Two campers with concussions
- ◆ Two campers with minor head injuries

***Children’s Camps Activity 2005 - 2009***

<b>Year</b>	<b># Permits Issued</b>	<b># Overnight Camps</b>	<b># Day Camps</b>	<b># Campers</b>
2009	28	10	18	11,551
2008	32	11	21	12,192
2007	31	10	21	11,428
2006	28	8	20	10,041
2005	29	8	21	10,800

**MOBILE HOME PARKS**

The Mobile Home Park (MHP) program exists to ensure that such dense residential developments are created and operated to provide a healthy and safe environment for occupants. The operators must comply with Part 17 of the New York State Sanitary Code (NYSSC) and Article III of the Tompkins County Sanitary Code (TCSC). Other sections of these codes may also apply; including Part 5 (Water) of the NYSSC, Articles VI (Sewage) and VII (Water) of the TCSC, as well as New York State Department of Environmental Conservation regulations (Sewage). Division staff inspects the water supply, sewage treatment systems, site maintenance, general park operations, and other park-provided facilities. Additional inspections are performed in response to complaints, potential violations, changes in owner/operator, requests for technical assistance about repairs, improvements or new construction, or any other circumstance when the Department feels it is necessary.

The number of permitted MHPs remained unchanged at 42. However, the total number of permitted mobile home sites in Tompkins County decreased by 45 sites to a total of 2,025 by the end of 2009. The decrease is largely attributed to abandonment of sections of Meadowbrook MHP (15 sites) and Congers MHP (32 sites). Also, two permitted sites were removed from Valley Manor MHP's permit while Hayt's Trailer Park eliminated one site and Collegeview North MHP added five sites. One MHP changed ownership.

When a park operator has a history of good compliance and cooperation, the general park inspection may be waived for up to three years. In 2009, 15 MHPs received a waiver from the annual general park inspection. Sanitary surveys of on-site water systems are not included as part of the general park inspection and are performed annually. Sanitary surveys were performed at nine of the parks that had general inspections waived and a total of 29 sanitary surveys were conducted at MHPs.

The number of permitted mobile home sites serviced by municipal public water in Tompkins County increased with the connection of Meadowbrook MHP (T-Newfield) to the Newfield Water District and the connection of Lakeview Village (T-Lansing) to the Lansing Water District.

***Permitted Sites with Municipal Services 2005 - 2009***

<b>Year</b>	<b># of MHPs</b>	<b># of Permitted Sites</b>	<b># of Sites with Municipal Water</b>	<b># Sites with Municipal Sewer</b>
2009	42	2025	947	688
2008	42	2070	835	688
2007	42	2070	835	688
2006	43	2076	833	688
2005	43	2194	812	670

Approval of engineering plans by the Division is required prior to new construction of, modification of, or addition to mobile home parks (including water and sewage). The Division performed plan reviews for the projects listed below.

- ◆ Water and sewage system improvements at Newfield Estates MHP (T-Newfield)
- ◆ Park expansion and sewage system construction at Collegeview North MHP (T-Enfield)
- ◆ Replacement sewage system at Beaconview MHP (T-Dryden)

## **SWIMMING POOLS AND BATHING BEACHES**

Public swimming pools and bathing beaches are regulated to ensure that the facilities are constructed, maintained, and operated in a manner to eliminate illnesses, injuries, and deaths. Part 6-1 of the New York State Sanitary Code (NYSSC) regulates swimming pools, including spa pools, and Part 6-2 of NYSSC regulates beaches. All public bathing facilities require a permit to operate, though some operate through a children's camp or temporary residence permit.

The Division inspects all bathing facilities when in operation annually. In addition, comprehensive inspections of seasonal facilities are performed before they open. Other inspections are conducted in response to a complaint, potential violation, change in owner/operator, request for technical assistance about repairs, improvements or new construction, or any other circumstance when the Department feels it is necessary.

### ***Permitted Bathing Facilities 2005 - 2009***

<b>Year</b>	<b># of Permitted Bathing Facilities</b>	<b># of Indoor Pools</b>	<b># of Outdoor Pools</b>	<b># of Bathing Beaches</b>
2009	59	31	22	6
2008	59	30	23	6
2007	58	29	23	6
2006	57	28	23	6
2005	54	25	23	6

City Health Club's indoor spa pool re-opened and Borg-Warner's outdoor pool did not open in 2009. As a result, the total number of permitted pools remained unchanged at 53 (31 indoor/22 outdoor) for the year. Seventeen pools are located at temporary residences (13 indoor/four outdoor) and one outdoor pool is located at a children's camp.

The Division investigated three incidents at permitted pools in 2009 including a probable pseudomonas outbreak at a spa pool, a collision at an indoor pool resulting in head injuries, and a fall at an outdoor swimming facility resulting in a head injury.

The number of permitted beaches remained at six. There are three beaches located on Cayuga Lake (two in T-Ulysses, one in T-Lansing), one beach located on Jennings Pond (T-Danby) and two beaches located on two ponds at the Ithaca Zen Center (T-Danby). Three of the beaches are at temporary residences and one is at a children's camp.

Approval of engineering plans by the Division is required prior to new construction of new bathing facilities or modifications to existing facilities. The Division performed plans reviews for the projects listed below.

- ◆ Addition of ion generators (flow cell) treatment devices at the YMCA Main and Wading Indoor Pools
- ◆ Main drain modifications to the Cass Park Main and Wading Outdoor Pools
- ◆ Main drain and depth modifications to the Ramada Inn Outdoor Pool and the Clarion Hotel Indoor Pool
- ◆ Skimmer, inlets, and main drain modifications to the Ellis Hollow Community Center Outdoor Pool

### **TOBACCO/SMOKING PROGRAM**

The Environmental Health Division is responsible for education and enforcement of two New York State Public Health Laws relating to tobacco and smoking.

#### **A. Adolescent Tobacco Use Prevention Act (ATUPA):**

ATUPA, enacted in 1992, is designed to reduce access to tobacco and tobacco products by persons under the age of 18. The law requires tobacco vendors to check for valid proof of age for anyone appearing to be under 25 years of age. In addition, all tobacco products and herbal cigarettes must be stored behind a counter in an area accessible only to employees or in a locked container. Retailers must post a sign provided by the Health Department stating the sale of tobacco and tobacco products to persons under the age of 18 is prohibited. For businesses that house tobacco vending machines, the machines must be located under the direct supervision and control of an adult at all times. In addition, ATUPA places limits on the distribution of free tobacco products; prohibits sales of single cigarettes; and allows only tobacco businesses to sell bidis and gutka (types of herbal cigarettes).

Each year, the tobacco enforcement program conducts compliance checks (CC's) with youth from 15 to 17 years of age. Program staff accompanies a minor while he/she attempts to purchase a tobacco product from each of the tobacco vendors in the county. Vendors with sales to minors on their record within the last three years are subject to three CC's each year until their record is cleared either by suspension of their tobacco license or passage of three years with no sales to minors. The following is a summary of ATUPA activity for the grant year running from October 1, 2008 to September 30, 2009.



**ATUPA Enforcement Activity for Grant Year 2008 - 2009**

<b>Enforcement Category</b>	<b>Retail</b>	<b>Vending</b>	<b>Total</b>
Vendors	66	3	69
Partial CC's	77	4	81
Minor CC's	71	3	74
Violations	1	0	1
Stipulation Agreements Signed	0	0	0
<b>Total Penalties Assessed</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**ATUPA Retail and Vending History of Violations 2005 – 2009**

<b>Year</b>	<b>Retail</b>	<b>Vending</b>	<b>Total</b>
2009	1	0	1
2008	2	0	2
2007	1	0	1
2006	0	0	0
2005	6	0	6

**B. Clean Indoor Air Act (CIAA) and Tompkins County Local Law #3 of 2003:**

The Division is responsible for enforcing the CIAA and Tompkins County Local Law #3. These laws make smoking tobacco illegal in all public indoor areas including bars and food service establishments.

Upon receiving an initial complaint of smoking in a facility covered under the law, a telephone call is made to the owner/operator of the facility relating the complaint and the law. A letter of alleged violation reiterating the complaint and the applicable law follows the call.

When the Division receives a second smoking complaint, staff makes a field visit to the facility. Staff then determines whether smoking is occurring at that facility and discusses the complaint with the owner/operator. If smoking is found during the field visit, enforcement proceedings against the facility are initiated. If the violation is found to have occurred, the law allows the Tompkins County Board of Health (BOH) to levy up to a \$1,000 penalty. In 2009, no enforcement action was taken for violation of the CIAA in Tompkins County.

Tompkins County has one facility with a CIAA waiver. The Fraternal Order of Eagles #1253 in Ithaca initially received approval of their waiver by the BOH in February 2005. The waiver allows smoking in the facility in a room separated

from the rest of the establishment, with a separate entrance, separate ventilation system, and with proper signage. The waiver was renewed for another year in February of 2009, after the facility demonstrated compliance with waiver requirements.

## **COMPLAINTS**

The Environmental Health Division receives many calls daily from the public requesting information, services, and technical assistance. Some calls are complaints. Some complaints are valuable, as they become part of passive surveillance. Active surveillance, such as permitting, inspections, and monitoring provides a first line of defense against public health problems. Passive surveillance provides the Division with an opportunity to protect public health in program areas where monitoring is not feasible.

The Division recorded 227 complaints in 2009. Staff investigated most, but referred some to other agencies, especially complaints of building problems or residents' living conditions. Some complaints are not valid; meaning there is no violation or no public health threat. Some complaints, after investigation, are found valid and the Division issues notices of violations. Most of the respondents correct the violation after notification. Enforcement actions are listed in the enforcement section of this report.

Complaints are categorized in the following Environmental Health Programs:

- ◆ Food - Includes unsanitary conditions in permitted facilities; illnesses and suspected illnesses; food quality. Eighty-five food related complaints made to the division included nine complaints of suspected food borne illness and 76 of unsafe food temperatures and unsanitary conditions.
- ◆ Outdoor air - Usually open burning, or burning of trash, garbage, paper for disposal instead of using the accepted solid waste stream; occasionally includes unknown odors; lead paint removal from exterior buildings; manure odors from farms; exhaust fumes from vehicles.
- ◆ Garbage - Improper storage and disposal of household garbage and accompanying odor and vermin nuisances.
- ◆ Sewage - Discharges of untreated sewage to the ground surface; odors associated with improperly functioning sewage systems.
- ◆ Indoor Air - Frequently mold complaints; rarely noxious odors or aromas inside the home; some carbon monoxide concerns.
- ◆ Water - Usually complaints from tenants regarding water quality, tastes, and impurities. Most are private water sources; some are complaints from regulated water supplies.
- ◆ Adolescent Tobacco Use Prevention Act (ATUPA)/Clean Indoor Air Act (CIAA) - Complaints of teenage tobacco purchases or smoking in public places.

- ◆ Other - A catchall category for complaints not easily fitting in the above categories. Three “other” complaints included one of septage dumping, one of animals kept in a hallway in an apartment building, and one complaint about a children’s camp.

The following table compares the number of complaints by category over the last five years.

**Complaints 2005 - 2009**

<b>Category</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Food	85	76	76	78	65
Outdoor Air**	2	13	9	2	6
Open Burning	57	48	63	56	17
Garbage	16	28	46	27	30
Sewage	34	8	39	23	20
Indoor Air	4	18	13	13	10
Other	3	3	13	17	24
Water	21	11	4	8	1
ATUPA/CIAA	5	1	12	7	13
<b>Totals</b>	<b>227</b>	<b>206</b>	<b>275</b>	<b>231</b>	<b>186</b>

\*\* Outdoor Air complaints other than open burning such as lead paint grinding, farming activities including manure spreading, and odors of unknown sources.

In October of 2009, the New York State Department of Environmental Conservation (DEC) implemented Part 215 of Environmental Conservation Law, regulating open fires statewide. Article IX of the Tompkins County Sanitary Code, Air Pollution, is inconsistent with parts of DEC Part 215. As a result, Article IX is under review and will have to be altered accordingly to eliminate the inconsistencies. Since local law cannot be less strict than state law, alterations must be completed. Maintaining a local law will require the Division to respond to complaints and enforce open burning. Complaints may also be referred to DEC for further action.

## **ENFORCEMENT ACTIONS**

The Division pursues enforcement to ensure that good public health practices are known and carried out. An enforcement plan is used to back up efforts for enforcing the New York State Sanitary Code and Tompkins County Sanitary Code. Action begins when education and/or persuasion fail to prevent a violation. The owner/operator is notified when a violation occurs, and should the violation continue, the owner/operator is offered a Stipulation Agreement that includes Public Health Director's (PHD) Orders to correct the violation and prevent its future occurrence. The Stipulation Agreement with Orders is offered at an office conference or by mail.

When an agreement cannot be reached, the case may go to an Administrative Hearing. The Board of Health (BOH) makes all final determinations, and only the BOH can assess a penalty. The BOH often does order a penalty in cases of Public Health Hazards and/or flagrant, frequent, or recurrent violations. The PHD may issue orders to control a Public Health Hazard, with an opportunity for a later hearing.

The Division had 16 open enforcement actions on record carried over from 2008 and added 14 more actions in 2009. Seventeen of these were resolved (five from before 2009) leaving 13 open cases at the end of the year.

Environmental Health collected a total of \$7,200 in penalties (\$1,900 of the \$7,200 collected was from penalties assessed in 2008).

There remains \$8,300 in unpaid penalties, which includes eight cases from past years (\$5,300 – all in collection) and two cases from 2009 totaling \$3,000 (one in collection for \$2,500).

### ***Types of Action and New Cases in 2009 with penalties assessed by the BOH except where noted (Stipulation Agreements/Timetables of Compliance):***

1. Eleven for unsatisfactory inspections and/or violations of BOH Orders at food service establishments (FSE's):
  - Imperial Buffet, V-Lansing
  - Plum Tree Japanese Restaurant, C-Ithaca
  - Sunset Grill, T-Ithaca
  - Green Café (3X), C-Ithaca
  - Hope's Way, V-Lansing
  - PDR Catering – Grassroots Festival, V-Trumansburg
  - Wok Village – Grassroots Festival, V-Trumansburg
  - Falls Restaurant, V-Trumansburg
  - Sammy's Pizzeria, C-Ithaca

2. One for operating without a valid FSE permit:  
A-1 Restaurant & Pizzeria, V-Dryden
3. One for expansion of a mobile home park (MHP) without approved plans:  
Collegeview North MHP, T-Enfield
4. One Timetable of Compliance for connection to a municipal water system:  
Meadowbrook MHP, T-Newfield

### **PUBLIC OUTREACH AND STAFF TRAINING**

In 2009, Environmental Health Division participated in the following public outreach activities listed below.

- ◆ The Division held 13 meetings/classes with various groups totaling 374 people.
- ◆ We issued 15 press releases regarding rabies clinics, Water Week, carbon monoxide dangers, a sewage course, temporary food service permit requirements, and rabid animals.
- ◆ Staff participated in six media interviews, which resulted in articles in the Ithaca Journal and news and feature segments on local radio.
- ◆ Distribution of 69 information brochures to tobacco retailers and cigarette vending machine sites on the Adolescent Tobacco Use Prevention Act.
- ◆ Mailing of Annual Water Quality Sampling requirements to 150 public water systems, Annual Water Quality Report requirements to 50 public water systems, and several mailings to 50 water system certified operators on continuing education opportunities.
- ◆ Posting of new items on the county website included temporary food program information, workers compensation and disability requirements, Clean Indoor Air Act compliance, carbon monoxide information, and water and sewage system information.
- ◆ Distribution of a mailing to all local well drillers concerning well drilling in Tompkins County.

Training is necessary to ensure an efficient, accurate, and effective staff. Environmental Health staff trained in the areas listed below.

- ◆ **Water supply:** Web-based Safe Drinking Water Information System issues, Groundwater Rule, sanitary surveys, groundwater issues, water treatment, Legionellosis, Disinfection By-product Rule, gas drilling sampling, and Surface Water Treatment Rule.
- ◆ **Other programs:** Emergency Management of Radiological Accident Victims, Tanning Program, Treatment/Disposal Options for Gas Drilling Wastewater, Lyme Disease, Foodborne Illness Investigation, On-site Waste Water System Design, Food Safety Inspection Officer certification,

Body Modification, childhood lead, children’s camps, bathing facilities, and sewage updates.

- ♦ **County provided training:** Driving Safety, Emergency Response, Bloodborne Pathogens, Supervision for Success, Writing it Right, Cultural Competency, and Floor Fire Officer Training.

**TIME BREAKDOWN**

The Environmental Health Division has 13 full-time and two half-time technical staff and one full-time and 3 half-time support staff. Below is a breakdown of the time spent in various program areas.

<b>Health Department</b>	<b>Facilities,</b>		<b>% of Time</b>
<b>Program</b>	<b>Permits, or</b>	<b>Staff Days</b>	<b>Available</b>
	<b>Activity</b>		
Public Water Systems	146	768.2	23.4
Private Water Systems	36	119.8	3.6
Local Public Water Systems	44	66.1	2.0
Food Service Establishments	742	658.1	20.0
Individual Sewage Systems	265	681.4	20.8
Rabies Exposure Incidents	543	347.7	10.6
Temporary Residences			
Hotels/Motels	28	57.8	1.8
Children's Camps	28	128.6	3.9
Campgrounds	5	13.0	0.4
Mobile Home Parks	42	138.6	4.2
Swimming Pools/Beaches	59	116.8	3.6
Realty Subdivisions	0	16.7	0.5
Tobacco Control	69	59.8	1.8
Nuisances		57.9	1.8
Lead/Indoor Air		14.2	0.4
Other Programs		38.8	1.2
<b>Total Staff Days (excluding leave time)</b>		<b>3,283.5</b>	<b>100.0</b>

**Staff Days Spent in Major Program Areas 2005 - 2009**

<b>Program</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Individual Sewage Systems	681	709	688	671	578
Food Service Establishments	658	452	444	481	477
Public Water Systems	834	803	767	705	701
Rabies Exposure Incidents	348	359	330	305	332
Mobile Home Parks	139	153	107	82	76
Private Water Systems	120	174	232	232	251

**FEES AND OTHER REVENUE**

The Division charges operating and permitting fees to regulated facilities. Some facilities are fee exempt and some permits are issued for multiple years or other reasons. (The number in parentheses notes the # of fees submitted/# fee exempt).

<b>I. Annual Operating Permit Fees</b>	<b>\$156,661.50</b>
Food Service Establishment (410/11)	116,450.00
Temporary Food Service (97/222)	5,335.00
Hotel/Motel (28)	7,732.30
Mobile Home Park (44)	10,517.50
Campground (4/1)	1,566.70
Children's Camp (5/23)	500.00
Swimming Pool/Bathing Beach (56/1)	14,560.00
<b>II. Water System Operating Fees</b>	<b>\$20,350.00</b>
Part 5 Community (94)	15,580.00
Part 5 Non-Community (45)	4050.00
Part 5 Non-Transient Non-Community (8)	720.00
<b>III. Plan Review-Construction Permit Fees</b>	<b>\$68,920.00</b>
Sewage System Construction (272)	54,450.00
Sewage System Construction Permit Renewal (9)	450.00
Food Service Establishment Plan Review (12)	1,950.00
Subdivision Plan Review (3)	5,150.00
Temporary Residence (1)	330.00
Swimming Pool/Bathing Beach Plan Review (0)	0.00
Part 5 Public Water Supply Plan Review (6/1)	1,140.00
Collector Sewer Plan Review (0)	0.00

Cross Connection Control Plan Review (9)	1,590.00
Individual Sewage System Plan Review (14)	3,600.00
Apartment (1)	300.00
<b>IV. Other Fees</b>	<b>\$11,700.39</b>
Waiver/Variance (4)	300.00
Late Fees (70)	2,150.00
Photocopies	168.25
Rabies Clinics	1,882.14
Penalties (13)	7,200.00
~~~~~	
<b>Total Revenue</b>	<b>\$257,631.89</b>

***Fees Collected 2005 - 2009***

<b>Year</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>
Revenue	\$257,632	\$273,409	\$244,706	\$248,347	\$248,286



**Division for Community Health**

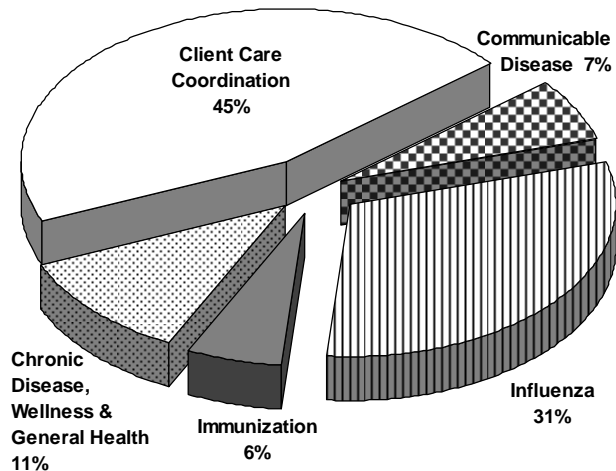
***Introduction from the Director of Patient Services***

The Division for Community Health (DCH) consists of **WIC** and the **Health Promotion Program (HPP)**, **Home Health Care (HHC)** & **Community Health Services (CHS)** programs. Program activities in CHS and HPP were reprioritized with the emergence of the novel H1N1 influenza virus in April 2009. This assured the provision of timely and accurate communication with providers, schools, colleges, the media and the general public. A multi-disciplinary team was formed including representatives from Planning & Coordination, CHS and HPP. Once again, staff pitched in to help each other to assure the completion of critical work. It is a pleasure to work with such a wealth of experienced, professional, and dedicated staff. I extend my appreciation to every member of our Division for their work to promote, protect, preserve and improve the health of our clients and the health of our community. A few highlights of the many program achievements are noted below with details listed in the program reports.

**Highlights**

- **40 nursing, nutrition, therapy, planning and support staff** served newborns, adolescents, college students, pregnant women, workers in a variety of professions, and the elderly in diverse settings such as schools, community agencies, worksites, libraries, malls, health fairs, clinics, and in private homes throughout the county. Five Per-Diem registered nurses, five contract therapists, two contract nutritionists also supported division work.
- **21,273 telephone calls** fielded by Division support staff: 1,389 Communicable Disease, 6,576 Influenza, 1,254 Immunization, 2,420 Chronic Disease, Wellness and General Health, and 9,634 Client Care Coordination calls.
- **The Health Promotion Program (HPP)** staff reached **601 people at 15** community outreach events.
- **'Public Health Excellence Award'** presented by the New York State Commissioner of Health for collaborative work by The Tobacco Control Program, Tompkins County Health Department, and The City of Ithaca during National Public Health Week.

**Calls Incoming to DCH: 2009**



- **Five-year grant of \$160,000 per year** awarded by the New York State Department of Health for tobacco control in Tompkins County.
- **H1N1** weekly TCHD website and weekly radio updates on WHCU Newswatch were coordinated by HPP staff to help assure accurate and timely information for the community.
- **Whole grain bread, brown rice, tofu, canned beans, and jarred baby food** are now part of the new WIC food package introduced in January.
- **82% of women WIC participants** initiated breast-feeding comparing favorably to the Syracuse Regional 58% average and New York State 69% average. The Healthy People 2010 goal is 75%.
- **\$897,291 dollars in WIC food vouchers** redeemed and 846 WIC families received \$24 farmers' market coupons for a value of \$20,304.
- **\$7,043 Healthy Lifestyles Grant** received to motivate WIC participants to develop specific behavioral goals to play more active games with their children.
- **508 Home Health Care clients** were served through **12,414 visits**, including 4,902 skilled nursing and 2,225 physical therapy visits.
- **98% Home Health Care clients** and families expressed satisfaction with their care, representing 20% of the client caseload.
- **20% of Home Health Care clients needed urgent and unplanned medical care**, compared to the 24% State and 22% national rates.
- **'Hoarding: Creating a Tompkins County Solution,'** a day-long conference in January, and the **'Tompkins County Hoarding Field Guide'** were a few of the resources developed by the Tompkins County Hoarding Task Force. A Home Health Care Community Health Nurse and representatives from the Department of Social Services, County Office for the Aging, Ithaca College Gerontology, and Tompkins County Mental Health formed the Task Force to address the challenges to local resources and educational needs of professionals who work with clients who hoard.
- **Six active Tuberculosis disease cases** identified in 2009 included the county's **first multi-drug resistant (MDR) case**. Treatment for the MDR case is anticipated to take two and one-half years compared to six to seven months for a standard case.
- **8,449 childhood and adult immunizations** given by CHS nursing staff including **5,388 H1N1 influenza** and **2,259 seasonal influenza** vaccinations.
- **583 Communicable Diseases** reported, the highest count in over 10 years. The sexually transmitted disease (STD), Chlamydia represented 33% of all cases and at 193 was the highest case count since reporting began in 2000. Other high case counts included Chronic Hepatitis C (55), Lyme disease (44), and Rabies post-exposure (142). Salmonella with eight cases had its lowest count in 10 years.
- **700 clients** and their families received **maternal child services** through **1,316 clinic** and **home visits** by CHS nursing staff.
- **1, 238 continuing education hours** achieved by Division staff.

- **Five state and federal grants** supplemented the HPP and CHS program budgets, facilitating prevention, education, and outreach related to tobacco use and control, immunization outreach, and education, HIV anonymous counseling and testing, lead poisoning, and strategies to affect environmental and institutional changes to promote healthy lifestyle.

Special thanks are extended to the following volunteers serving in 2009 on the Professional Advisory Committee (PAC) a subcommittee of the Board of Health with oversight of the Certified Home Health Agency and Diagnostic & Treatment Services. We extend our appreciation to outgoing member Joan Murphy, formerly of Family & Children's Services, who served as a Vice-Chair and member of PAC for close to 20 years.

- Dave Stoyell, County Office for the Aging, and Committee Chair
- Marilyn Pesesky, Long Term Care Services, and Committee Vice-Chair
- Peggy Apgar, Cayuga Medical Center at Ithaca
- Pauline Cameron, Hospicare, and Palliative Services
- Phil Cornell, Community Pharmacist
- Dorothy Daetsch, Consumer Representative
- Sorel Gottfried, Speech Language Pathologist, and Consumer
- Dr. James Macmillan, Gannett Health Services at Cornell University, and Board of Health representative.
- Pamela Mayberry, Ithaca College Gerontology Institute
- Ione Scanlon, Physical Therapist, and Consumer

### **Community Health Services**

Community Health Services provides health care services and education for the benefit of all Tompkins County residents including:

#### **Mothers**

- Prenatal and postnatal health assessments
- Childbirth Education Classes
- Breastfeeding support
- Parenting education

#### **Children**

- Newborn and child health assessments
- Immunizations
- Lead poisoning prevention and education
- Growth and development education

## All community residents

- Anonymous HIV counseling and testing
- Communicable disease surveillance & case management
- Health education related to preventing disease transmission
- Immunizations
- Influenza (flu) immunization (seasonal and novel H1N1)
- Lead poisoning prevention education
- Pandemic response including education and immunization
- Rabies pre and post-exposure immunization
- Referrals to appropriate medical and or community services
- TB contact investigation and treatment

### *Highlights of services for 2009:*

#### **Medicaid Obstetric and Maternal Services (MOMS)**

The Medicaid Obstetric and Maternal Services (MOMS) Program provides services for prenatal women that meet income eligibility requirements. Clients receive counseling and education through class instruction, written materials, videos, office and home visits. 358 prenatal women enrolled in MOMS. 372 women had office visits including those who needed pregnancy and/or presumptive eligibility verification without enrolling in the MOMS program.

**88.8%** (318) of 358 MOMS participants sought prenatal care in the first trimester. There were 879 live births at Cayuga Medical Center in 2009; 278 of those live births were to MOMS clients representing **31.6%** of all live births. Of the 278 live births, **1%** (three) were low birth weight (less than 5 pounds 8 ounces).

Community Health Nurses visit MOMS participants at home during pregnancy to assess blood pressure, pulse, respiration, lung sounds, weight, nutritional intake, and fetal heart sounds. They also educate MOMS participants about pregnancy, childbirth, breastfeeding, infant care, and chronic disease prevention. **554** antepartum home visits were made. One or two postpartum home visits are made to assess both mother and baby for any health issues and to provide education related to infant care, breastfeeding support, and childhood growth and development. **290** postpartum home visits were made.

#### **Maternal Child Home Visiting Program**

In addition to MOMS participants, Community Health Nurses also visit mothers, babies, and children in their homes when medically ordered by their physician. Nurses assess vital signs, lung sounds, weights, feedings and offer supportive guidance/teaching for successful breastfeeding, childhood growth and development, parenting, immunizations, injury prevention, nutrition, and chronic disease prevention. **100** pediatric home visits were made.

Total number of office and home visits (MOMS and maternal child) made for the year: **1,316**.

## Communicable Disease

**583** communicable disease cases were reported in 2009, compared to 546 in 2008, 567 in 2007, 487 in 2006, and 445 in 2005. The most frequently reported disease was Chlamydia (193 cases).

Communicable Disease										
	Avg. (92-00)	2001	2002	2003	2004	2005	2006	2007	2008	2009
Hepatitis A	5	1	-	3	-	2	1	3	2	-
Measles	-	-	-	1	-	-	-	-	-	-
Mumps	-	-	-	-	-	-	3	1	-	-
Pertussis	1	-	88	17	14	2	39	5	25	1
Rabies post-exposure	53	111	106	108	118	111	114	127	121	124
Tuberculosis (TB)										
Active cases	4	4	1	4	4	3	2	4	3	6

Syphilis (0 cases) – There are typically zero to one cases reported annually. In 2007 and 2008 there was an outbreak of syphilis (six cases in 2007; four cases in 2008) linked to individuals practicing several risky sexual behaviors. In response to the outbreak, TCHD facilitated a collaborative workgroup comprised of key stakeholders (Cornell University, Ithaca College, TC3, Planned Parenthood, Syracuse regional NYSDOH, and Tompkins County Health Department) to develop outbreak control strategies. Among them were the development of a local website: [www.tcstd.info](http://www.tcstd.info), to publicize and promote the importance of testing and the creation and distribution of educational materials promoting testing. Free confidential STD testing was made available to any Tompkins County resident. The workgroup is hopeful that these outreach strategies contributed to the reduction of syphilis incidence in 2009.

## Vaccine-Preventable Disease (1)

Pertussis (1 case) – No pertussis outbreak occurred in 2009; this has been the pattern for the past several years. CHS continued to promote pertussis vaccination to adolescents and adults through the distribution of locally developed flyers, paid ads, and the TCHD website. In addition, the team administered Tdap (tetanus, diphtheria, and acellular pertussis) vaccine to adolescents at all health department immunization clinics. Adults were strongly urged to obtain a Tdap vaccination from their primary physician.

## HIV Anonymous Counseling & Testing Program

During 2009, CHS offered 72 opportunities for anonymous HIV counseling and testing at a variety of community sites including Southern Tier AIDS Program (STAP), Loaves & Fishes, Lifelong (Senior Citizen Center), TC3, and Tompkins County Health Department. 149 people (110 males and 39 females) were HIV counseled and tested using the Rapid HIV test methodology with results available in 20 minutes. No HIV positive individuals were identified. There were 109 “walk-ins” and 50 appointments with a no show rate of 20%. Approximately 74% of the clients were males. The majority of clients (65-70%) were Caucasian with approximately 45% of the males and 75% of the females between 19 and 39 years of age.

Other health services provided by the nurse responsible for HIV services simultaneously at testing sites included blood pressure screening, STD education, immunization education, and referral to health and human community services. Testing information is on the Health Department’s web page at [www.tompkins-co.org/health](http://www.tompkins-co.org/health), the STAP web page at [www.stapinc.org](http://www.stapinc.org) and the new STD website at [www.tc-std.info](http://www.tc-std.info).

HIV Anonymous Counseling & Testing									
	Avg (98-01)	2002	2003	2004	2005	2006	2007	2008	2009
Clinics	-	146	90	94	87	87	87	86	72
Pre-test appointments	-	243	145	171	288	360	119	233	50
No-shows	-	20%	10%	17%	10%	9%	13%	5%	6%
Walk-ins	-	78	53	14	27	139	216	139	109
Clients tested	360	269	178	151	273	329	317	222	149
Males	-	146	118	82	165	200	203	143	110
Females	-	123	60	69	108	129	114	79	39
% clients who are male	-	54%	66%	54%	60%	61%	64%	64%	74%
Positive test results	2	-	-	-	2	3	2	1	-
Post-test counseling appts.	-	268	185	150	273*	329	317	222	149
No-shows	-	-	-	-	-	-	-	-	-

\*June 2005 implemented rapid HIV testing with results given 20 minutes after testing. Very appealing to clients.  
 Post-test counseling done with disclosure of rapid HIV test results, therefore 0% no show rate for post-test!  
 Positive results are confirmed with venous blood draw analyzed at NYS Wadsworth lab.

## Tuberculosis (TB)

### Definition of terms

Active TB disease - Contagious illness in which TB bacteria are rapidly spreading and causing tissue destruction. Before antibiotics, TB disease killed 50% of those infected within two years. Current treatment is individualized but generally calls for four different drugs taken for two months, then two different drugs for four to seven more months. The individual is isolated from the community until proven non-infectious, typically a two-week period. Treatment is mandatory.

Latent TB Infection (LTBI) - Non-contagious dormant infection. Bacteria are very slowly reproducing, but do not cause tissue damage. About 10% of those infected will develop TB disease during their lifetime. One drug taken daily for nine months cures the infection. Treatment is voluntary.

Directly Observed Therapy (DOT) - Most failures to cure TB disease occur because the client does not take the medicines correctly (up to 12 pills per day). Therefore, a Health Department Community Health Nurse visits the client's home daily to administer the medication, usually throughout the full nine months of treatment.

There were **six active TB disease cases (all pulmonary)** identified in 2009 and one extra pulmonary (lymph node TB) case remained under treatment since 2008. The **first multi-drug resistance TB case** in Tompkins County was identified in one of the pulmonary cases in November. This client was resistant to four first-line TB drugs. The drug treatment course was altered to include one daily antibiotic injection for six months and oral medications for 24 months. The nurse administered both injection and oral medications during directly observed therapy (DOT) visits.

All active TB disease cases received DOT totaling 510 visits.

International students make up 16.6% of Cornell's graduate and undergraduate enrollment. This necessitates the collaboration between a TCHD community health nurse and medical staff at Gannett Health

Active TB disease						
	2004	2005	2006	2007	2008	2009
# cases	5	5	1	4	3	6
# pulmonary	4	3	1	3	2	6
# non-pulmonary	1	2	-	1	1	-
# drug-resistant	-	1	-	2	-	1
# MDR	-	-	-	-	-	1*
<b>DOT visits</b>	153	315	94	128	168	510
<b>LTBI</b>						
# cases	177	249	435	308	348	229
# treated	38	88	112	77	76	43
Case #s reflect year in which TB disease or LTBI diagnosis made.						
*First multi-drug resistant case in Tompkins County.						
KEY:						
MDR = multi-drug resistant			LTBI = latent TB infection			
DOT = direct observe therapy			TB = tuberculosis			

Services to identify LTBI cases, to educate students on the benefits and risks of treatment, and to monitor those who are treated for medication side-effects. **229 students** were identified as **LTBI**; 43 started treatment with six completing treatment (14%). The majority started treatment in the last six months of 2009 and will complete treatment in 2010.

### Lead Poisoning Prevention Program

A community health nurse provided case management for four children: three with blood lead levels 10-14 mcg/dL and one with blood lead level > 20mcg/dL. NYSDOH requires case management for children up to age 18 years with blood lead levels 15mcg/dL and higher. Case management ensures appropriate

medical follow-up, identifies possible lead hazards, and provides lead poisoning prevention education to parents and providers. Due to a low local incidence, CHS was able to provide case management services at a lower lead level. The nurse visits the home with Environmental Health staff to assess the home for lead hazards, to assess the child for nutritional, medical, and developmental risks associated with lead exposure and to educate the parents on sources of lead, its affect on children, and lead-safe remodeling practices. The Health Department contracts with Cornell Cooperative Extension to provide primary prevention outreach and education to the general public, contractors, remodelers and renovators. See [www.cce.cornell.edu](http://www.cce.cornell.edu)

### ***Incidence of Lead***

- **One** child with blood lead level 23.7 mcg/dL. Follow-up included a joint home visit with Environmental Health staff to investigate possible sources of lead and to educate the parents on lead-safe remodeling practices. The family has been remodeling their home, vintage late 1800's, for a few years. The investigation is ongoing.

Quarterly meetings of the Lead Poisoning Prevention Network (LPPN) were held. Participants include representatives from Environmental Health, the Health Promotion Program, Cornell Cooperative Extension, Section 8 Housing Inspectors from Tompkins Community Action and Ithaca Housing Authority, Red Cross Emergency Shelter housing inspector, Ithaca Neighborhood Housing Service, and Head Start. LPPN goals:

- Increase the number of children tested for lead
- Educate tenant families and landlords regarding lead disclosure laws, lead hazards, exterior paint removal guidelines, and control measures
- Educate day care providers about lead hazards and control measures
- Educate housing inspectors about lead hazards and exterior lead paint removal guidelines
- Educate prospective parents and parents of young children about lead hazards and control measures.

### **Immunizations**

Routine childhood immunizations are provided to prevent diphtheria, haemophilus influenza type B (HIB), hepatitis A, hepatitis B, human Papillomavirus (HPV), measles, meningitis, mumps, pertussis, pneumonia, polio, rotavirus, rubella, tetanus, and varicella (chickenpox). These immunizations are provided free to children from birth through 18 years of age. A few select immunizations are also offered to adults 19 years of age and older for a nominal fee.



Evening clinics were offered on a walk-in and appointment basis at the Tompkins County Public Library (first Tuesday evening each month) and at the Tompkins County Health Department (third Tuesday evening each month). In addition, weekly daytime appointment clinics were held at the Tompkins County Health Department.

**Total number of immunizations given = 756**

*To ages birth through 18 years = 599*

*To ages 19 years and older = 157*

*Total number of unduplicated people immunized = 430*

<b>Immunization Clinic Stats (excluding flu)</b>									
	2001	2002	2003	2004	2005	2006	2007	2008	2009
Walk-in clinic clients	1,730	1,480	1,357	689	873	469	321	216	79
Appointment clients						460	430	353	351
Total # clinic clients						929	751	569	430
# of Clinics	154	149	152	44*	75	84	75	80	64
<b># Immunizations Given (walk-in &amp; appointment clients)</b>									
Children	1,296	1,318	1,057	749	723	756	873	964	599
Adults	948	1,056	874	688	826	889	320	240	157
Total	2,244	2,374	1,931	1,437	1,549	1,645	1,193	1,204	756
Note: * Total # walk-in clinics = 25. TC3 site used only 5 times during that year due to construction/scheduling issues. 2001 - 2006, children defined as birth through 19th year, adults 20 and older. As of 2007, children defined as birth through 18th year, adults 19 and older. Routine immunization clinics were suspended November - December 2009 due to novel H1N1 clinics.									

The CHS Supervisor facilitated the **Immunization Coalition** to address immunization issues for all ages. Coalition members include health care professionals from acute care, college health, school health, long-term care, as well as service organization representatives (i.e. Ithaca Rotary) and consumers. **Goals for 2009** included improving health care worker influenza vaccination, improving adolescent and adult pertussis vaccination, increasing public awareness of the benefits of novel H1N1 influenza immunization, and promoting vaccination, especially during National Immunization Awareness Month (August), National Adult Immunization Week (September), and National Influenza Vaccination Week (December). Coalition members were instrumental in assisting with publicity for novel H1N1 influenza clinics and volunteered to work at various school and community H1N1 clinics sites.

**Seasonal Influenza (flu)**

Special attention was given again this year to immunize **congregate senior housing residents first**. **Fifteen** seasonal flu clinics were held at congregate senior housing with **328 immunized**. Scheduled public clinics September through October for adults were postponed one month due to a delay in vaccine shipment. All seasonal flu manufacturers were directed by the federal government to prioritize manufacture and delivery of novel H1N1 vaccine. This

delay in receipt of flu vaccine necessitated rescheduling of public clinics sites, dates, times, and hundreds of clinic appointments, as well as issuing updated publicity in various venues including press releases, radio interviews, website updates, and the recorded message on the Flu Hotline. Senior citizen volunteers were utilized to answer the phones and to serve as “Greeter” or “Sleeve Roller Upper” at flu clinics. Flu immunizations for children less than 19 years of age were given by appointment at the health department.

Outreach efforts were targeted to the homeless, participants of Loaves & Fishes, as well as health care workers and first responders.

Pneumococcal vaccine was offered along with seasonal influenza vaccine and administered to **46** individuals.

Note: a drop in senior citizen participation occurred in 2007 due to a change in reimbursement from Medicare managed care plans. Although the plans reimbursed physicians directly, public clinics were not reimbursed without a contract in place. Since there are over 100 Medicare Managed Care plans, seniors were encouraged to go to their physician to avoid any out-of-pocket costs. Of those aged 65 and older, CHS vaccinated 995 in 2008 and 927 in 2009. Area pharmacies also provide seasonal vaccinations, further expanding vaccine accessibility.

<b>Seasonal Influenza Vaccinations</b>					
Age Groups	2005	2006	2007	2008	2009
6 months - 5 years	78	109	57	105	104
6 years - 18 years	229	146	100	182	146
19 years - 29 years	92	143	101	111	135
30 years - 49 years	324	341	327	407	337
50 years - 64 years	490	642	520	635	444
65 years & older	1,410	1,383	1,049	995	890
<b>Total</b>	<b>2,623</b>	<b>2,764</b>	<b>2,154</b>	<b>2,435</b>	<b>2,056</b>

<b>Seasonal Influenza Vaccinations</b>						
	2004	2005	2006	2007	2008	2009
Clients	2,695	2,623	2,736	2,196	2,561	2,259
Clinics: Off site	35*	33	22	35**	35	41
TCHD site						65
*Flu clinics extended into March 2005 due to ample vaccine supply subsequent to national vaccine shortage October to December 2004						
**Does not include TCHD clinics by appointment held December 2007 through March 2008. Drop in clinic attendance attributed to Medicare managed care plans reimbursing private providers and not public health.						

### **Novel H1N1 Influenza**

The emergence of novel H1N1 influenza in April, required a concerted and extensive ongoing response by CHS and other TCHD staff. Daily monitoring of school absenteeism was done with all area public schools and colleges from April through December. Novel H1N1 influenza disease incidence was monitored and frequent updates on incidence, use of antiviral medications, and vaccine availability were shared with local health care providers and schools. Presentations were given to community groups, schools, key stakeholders and

the public. In response to the pandemic, the federal government purchased and supplied the novel H1N1 vaccine and associated vaccine supplies to both public and private providers. As soon as the vaccine became available in October clinics were held for the five targeted priority groups set by the Centers for Disease Control and Prevention. Significant vaccination planning occurred with all area school administrators and school nurses for school based clinics. **4008** students were immunized at **19** school based clinics for pre-K through 12<sup>th</sup> grade students in a four-week period. Daytime and evening community clinics were offered for the general public beginning in December and continued well into 2010.

***Total immunized by year end = 5,388.***

## HEALTH PROMOTION PROGRAM

One of the 10 essential services of public health is “to inform, educate and empower people about health issues.”

The Health Promotion Program (HPP) informs, educates, and empowers people to do their best to prevent disease, maintain their health, and the health of their community.

HPP promotes healthy eating, regular physical activity, and avoidance of tobacco to reduce the risk of cardiovascular disease, obesity, diabetes and cancer. HPP advocates for and encourages policy, organizational and environmental change to support individual behavior change. It works in partnership with local businesses, media, health providers, schools, legislators and community agencies to achieve these objectives.

HPP collaborates with the Health Planning Council, local agencies, and health care providers to assess and to improve access to health care services and to provide access to community resources in the management of asthma.

### ***Media in 2009***

- 233 calls to HPP on a spectrum of health topics from the media, community, professionals. 81 calls were related to H1N1 flu.
- \$17,955 in paid media ads promoting tobacco free zones.

HPP plays an active role in emergency preparedness and works closely with other Health Department programs, county and city departments, and community partners to plan, implement, and promote activities that protect the safety of Tompkins County residents. HPP maintains and updates the TCHD website. The emergence of H1N1 became a significant focus of work activity in HPP for much of 2009.

The Health Promotion Program is responsible for the Municipal Public Health Services Plan and the Plan’s annual performance report as required by public health law. HPP produces and maintains the Community Health Assessment.

This document identifies leading health indicators, community health concerns and issues, and describes available and needed health services in Tompkins County. Researchers, grant writers, and interested community members contact HPP regularly for this information.

### ***Highlights of Activities for 2009***

The Tobacco Control Program, Tompkins County Health Department, and The City of Ithaca received the *Public Health Excellence Award* for “Collaborative Efforts to Create a Tobacco Free New York” on April 6<sup>th</sup>, during National Public Health Week. New York State Commissioner of Health presented the award on the Commons in downtown Ithaca.

New York State Department of Health (NYSDOH) awarded TCHD a five-year Community Partnership grant for tobacco control in Tompkins County in the amount of \$160,000 per year.

Access to Health Care, Chronic Disease, Physical Activity, and Nutrition were identified as community priorities from the New York State Department of Health Prevention Agenda.

The 2010–2013 Community Health Assessment and Municipal Public Health Services Plan were submitted to the New York State Department of Health.

H1N1 weekly TCHD website updates and weekly radio interview updates on WHCU Newswatch were integral to the public information and outreach strategy following the emergence of H1N1 in the country.

### ***Community Outreach in 2009***

- 15 health department employees were screened for high blood pressure in January.
- 23 health care providers at TCHD and two provider offices learned how to educate their patients about portion control using the Diabetes Toolkit.
- 13 County Office for the Aging staff and 13 Head Start and Tompkins Community Action staff learned about the Diabetes Toolkit.
- 22 church group members attended the presentation, “Heart, Body, Mind.”
- 14 community members with or at risk for Type 2 diabetes participated in walking groups on the Cayuga Waterfront Trail for six-weeks in the spring.
- 7 TCHD employees celebrated National Public Health Week by gathering for a lunch hour walk around the TCHD and Cayuga Medical Center campus.
- 80 visits were made to 32 tobacco retailers to provide information on Tobacco – Free Tompkins and T-Free Zones.
- 8 high school students from Ithaca College’s summer program learned about health education careers in public health.
- 28 Tompkins Community Action staff who reach 450 clients attended the presentation: “Asthma Can be Managed.”
- 200 employees at a local health care facility learned about TCHD programs, emergency preparedness, and diabetes prevention at the employee health fair. 86 took the self-test to assess their risk for Type 2 diabetes.
- 30 people with or at risk for Type 2 diabetes attended the session: “Healthy Eating and Shopping” at Island Health and Fitness.
- 60 attendees at the Harvest Fair in Enfield learned about H1N1 and hand hygiene.
- 70 County employees learned about H1N1 vaccination, prevention and how to stay healthy in the workplace.
- 15 residents in a rural housing complex learned the difference between seasonal and H1N1 flu and how to stay healthy.
- 16 people at the Community Justice Center learned about H1N1 and the Fax to Quit program.

## Tobacco

The promotion of smoke-free areas, smoke-free apartment buildings, and the advocacy to reduce point-of sale advertising of tobacco products were achieved in several ways: letters to the editor, paid advertising, radio interviews, direct mail campaigns, and the education of local policy makers, town and village boards, state legislators, and landlords.

An online directory of smoke-free apartment buildings in Tompkins County was launched in March 2009. [www.tompkins-co.org/wellness/tobaccofree/](http://www.tompkins-co.org/wellness/tobaccofree/).

HPP staff collaborates with a network of agencies in its programs. Some of these include the Cancer Resource Center of the Finger Lakes, Health Planning Council, the Chamber of Commerce, and the Cayuga Waterfront Trail, Cayuga Medical Center, Cornell Cooperative Extension of Tompkins County, Ithaca City School District, McGraw House, Tompkins Community Action, Community Coalition for Healthy Youth, county agencies, local providers, and regional county partners.

## TCHD Support

HPP works with TCHD programs to provide technical and educational support. Flu prevention planning and outreach, responding to media

inquiries on TCHD programs and current local and national health issues, editing press releases and other documents are a few examples. HPP posts Department press releases, clinic schedules, program updates, and health information.

## Staff Development

HPP staff is committed to staying up-to-date on current health issues. In 2009, HPP staff recorded 118 hours of training through conferences, presentations, and online opportunities.

### *Website activity in 2009*

Web page content	2009 Hits+
Health Department home page.....	28,409
Seasonal Flu home page.....	7,151
H1N1 Flu home page.....	5,508
Press Room home page.....	5,150
Directory page.....	4,353
Environmental Health Division home page.....	4,345
A-Z Index page.....	3,935
Health Promotion Program pages.....	3,862
Vitals page.....	3,495
WIC home page.....	3,197
Immunizations page.....	2,438
Children with Special Care Needs home page.....	2,270
MOMS home page.....	2,010
HIV page.....	1,991
Community Health Assessment home page.....	1,900
Rabies page.....	1,714
Tobacco Free Tompkins home page.....	9,738
T-Free Zones home page.....	2,585
T-Free's Quit Smoking home page.....	2,533
Drowsy Driving home page.....	5,059
Worksite Wellness Surveys home page.....	4,968
Worksite Wellness home page.....	4,409

\*For period January 1–December 1, 2009

Source: Tompkins County ITS Webstat access statistics

## Home Health Care

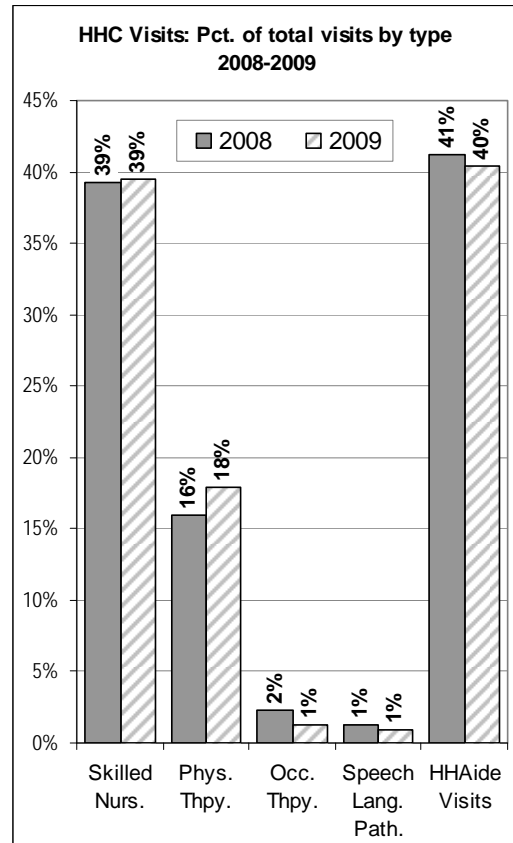
### **Mission Statement**

The mission of Home Health Care (HHC) is to promote high quality health care in the home to all members of the Tompkins County community by providing health education, supportive care, and professional services, regardless of payment ability.

### **Introduction**

Home Health Care (HHC) is a **Certified Home Health Agency** in accordance with the New York State Department of Health (NYSDOH) and Medicare's Condition of Participation. HHC employs a skilled and highly qualified staff that includes registered nurses; home health aides; physical, occupational, and speech language-pathology therapists. HHC provides medically ordered visits for clients in their homes. HHC also partners with local health care providers and agencies to provide other necessary services.

Home visits include assessment of socioeconomic, psychological, environmental, and family support factors in addition to assessment of the client's physical status. HHC provides community based, culturally competent home health services with a focus on family health, disease control, and health education.



In 2009, HHC provided services for **508 clients**, completed **12,414 home visits** and answered **8,144 phone calls**. A decrease in total admissions was seen in 2009 (522) from 2008 (620). HHC saw an increase in visit numbers for physical therapy and a decrease in all other disciplines. There was an influx of additional home care referrals during 2008 because it was necessary for another certified home health agency in the County to reduce or stop accepting referrals. During 2009 this certified agency was at full capacity and HHC saw referral numbers stabilize.

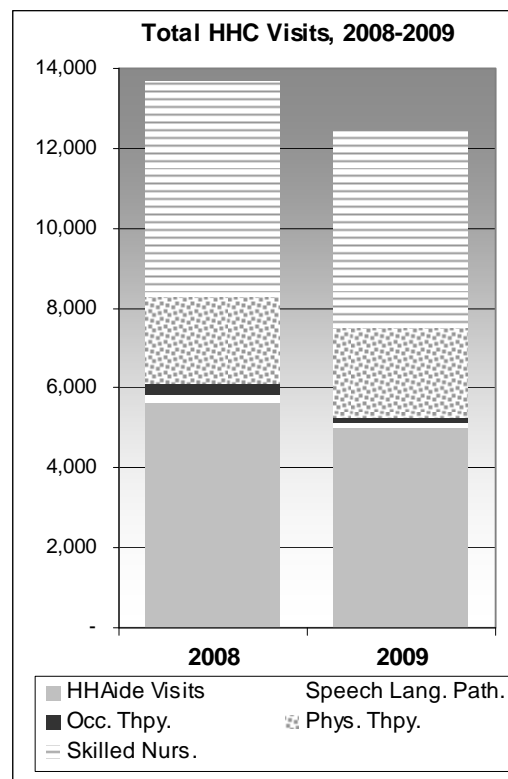
Visits included:

- Skilled Nursing..... 4,902
- Physical Therapy..... 2,225
- Occupational Therapy..... 158
- Speech Language Pathology....119
- Home Health Aide visits..... 5,010

**Highlights**

HHC developed a standardized care plan for congestive heart failure. The care plan incorporates evidence-based practice tools and guidelines to improve and standardize the care delivered by staff, as well as to help reduce the risk of re-hospitalization.

HHC staff began meeting with representatives from Department of Social Services, County Office for the Aging, Ithaca College Gerontology, and Tompkins County Mental Health to address the resources and educational needs of professionals who work with clients who hoard. Hoarding was identified as a growing problem in our community. In January 2009, the group facilitated a day-long conference for professionals: *Hoarding: Creating a Tompkins County Solution*. In March 2009, the Tompkins County Hoarding Task Force was developed. Task force members include representatives from many community agencies who work with individuals who hoard. In July, the Task Force created the *Tompkins County Hoarding Field Guide* designed to provide professionals with an understanding of hoarding and information about available local assistance. In December, the HHC Community Health Nurse Supervisor participated in a presentation on hoarding to the Aging Services Network.



In May, HHC received notice from Family and Children’s Service (FCS) licensed home care program that they would be closing at the end of June. FCS had been the primary contract home health aide agency for many years. HHC clients were transitioned to one of five other contracted agencies for their aide service. Contracts with two new licensed home care agencies were negotiated in 2009; Comfort Keepers in May and Redmoon Caregivers and Consultants in August.

We welcomed four new staff members in 2009; three community health nurses and one physical therapist.

HHC staff completed 415 hours of continuing education during 2008.

### Quality Improvement

#### Professional Advisory- Quality Improvement Committee reviews

- 23% (115) of client charts were reviewed by the PAC/QI and staff QI committees. One or two charts underwent a comprehensive review at each meeting.

#### Client and Family Satisfaction Surveys

- 101 client/family satisfaction surveys, representing 20% of the client caseload, were received in 2009, with a 98% satisfaction rating.

#### Outcome Assessment Information Set (OASIS)

- 810 surveys transmitted to NYSDOH. OASIS is a standard set of questions asked every Medicare and Medicaid client upon admission, resumption of care, transfer, and discharge.

#### Outcome Based Quality Improvement (OBQI)

- The Medicare OBQI reports demonstrated client improvement at or above the national average in 16 (out of 41) specific quality care indicators. These included improvement in transferring, meal preparation, laundry, housekeeping, shopping, phone use, oral medication management, speech, number and status of surgical wounds, cognitive function, anxiety level, behavior, and emergent care.

HHC Client Case Mix Profile

	2008	2009
<b>Age</b>		
<30 yrs	1%	2%
30–50 yrs	8%	6%
> 50 yrs	90%	92%
<i>Average age (yrs)</i>	78	79
<b>Gender</b>		
Male	37%	30%
Female	63%	70%
<b>Race</b>		
White	97%	96%
African Amer	3%	4%
<b>Place of residence</b>		
Own home	84%	79%
Family or friend	8%	8%
Adult home	8%	13%
<b>Top 8 Diagnosis (incidence)</b>		
Wound or skin lesion	96%	96%
Circulatory system	84%	61%
Orthopedic	50%	45%
Respiratory	23%	21%
Endocrine	52%	17%
Neurologic	16%	17%
Neoplasms	17%	16%
Digestive system disease	22%	15%
<b>Length of care</b>		
< 2 months	91%	93%
2-4 months	5%	6%
> 1 year	4%	1%
<i>Average days in care</i>	40	45
<b>Discharge to</b>		
Home or self care	79%	71%
Hospital	10%	7%
Other	9%	19%
Hospicare	2%	3%



## Tompkins County WIC Program

### ***Mission Statement***

The Tompkins County WIC Program strives to improve the nutrition and health status of participating women, infants, and children through the provision of nutritious foods, nutrition and health education, breastfeeding promotion and support, and connections with health and human services in a respectful environment.

### ***Service Summary for 2009***

- Full or part-time WIC staff members ..... 8
- Average # of people participating in WIC each month.<sup>1</sup> ..... 1,488
- Average total value of food vouchers redeemed each month ..... \$74,774
- Total value of food vouchers redeemed for the year ..... \$897,291
- Grocery stores in Tompkins County that accepted WIC vouchers ..... 11
- Community locations for WIC clinics ..... 7
- Total number of clinics..... 244
- Total clinic hours ..... 1,679
- WIC families receiving \$24 in Farmers Market Nutrition Program coupons..... 846

### ***Nutrition and Health Education***

WIC professional staff provided approximately 5,952 nutrition education sessions for WIC participants in 2009.<sup>2</sup>

Participants of the Tompkins County WIC Program had the opportunity to learn about a number of nutrition topics at each of their WIC visits. The nutrition topics included: the advantages of consuming 1% and skim milk for children over the age of 2, how to read food labels, and tips to increase consumption of whole grains, beans, fruits, and vegetables. The Tompkins County WIC program continued to participate in the New York State Health Department's "Healthy Lifestyles" and "Fit WIC" initiatives that encourage families to eat nutritious foods and to be physically active. The 2009 Healthy Lifestyles grant awarded \$7,043 to the WIC program which incorporated a theme of "Stay Fit with your Kids." Seven hundred and fifty participating families received a FITWIC tote bag containing a number of items to encourage active play within the family including bean bags, a ball, sidewalk chalk, the "FITWIC Activity Booklet" and a laminated activity game sheet. The goal of the project was to help participants develop specific behavioral goals related to WIC parents playing more active games with their children.

WIC staff began issuing the "new WIC food package" on January 5<sup>th</sup>. New York State was the first in the nation to revise its food package to implement the Institute of Medicine's mandate that USDA bring the WIC package into alignment

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1 Data are taken from WICSIS reports produced by the Regional Field Office of the Health Department in Syracuse.

2 Data are estimated based on the number of people served in clinic.

with the current Dietary Guidelines for Americans. New WIC foods included whole grain bread, brown rice, tofu, canned beans, and jarred baby food. There was an increase in the dollar amount for a fruit and vegetable check and a decrease per month in the amounts of milk, eggs, cheese, and juice. There also were enhancements to the program to encourage and support successful breastfeeding initiation and duration.

Finally, WIC staff began to implement the new WIC “Facilitated Group Discussions” at select WIC sites throughout 2009. These sessions aim to promote healthy nutrition behavior change utilizing a group education and discussion format.

### ***Breastfeeding Promotion and Support***

WIC nutrition staff emphasized the benefits of breastfeeding with all prenatal women. Using a locally developed breastfeeding questionnaire, detailed information on breastfeeding was collected and analyzed from all prenatal women who enrolled in WIC.

**Breastfeeding Rates for Tompkins County WIC Program**

Reporting Year: May–April	2007	2008	2009	Syr. Reg.	NYS	HP 2010
Women who initiated breastfeeding*	79%	76%	82%	58%	69%	75%
Women breastfeeding after 6 months	37%	35%	35%			50%
Women breastfeeding after 1 year	16%	17%	21%			25%

\*Syracuse Region and NYS data from WICSIS Report #CT056T 4/08-3/09 Breastfeeding Initiation, 2009. All others – Local BFQ data

In 2009, 81% of the survey respondents initiated breastfeeding. This compares favorably with Healthy People 2010 (HP2010) goals, and exceeds the Syracuse regional average (58%) and the New York State average (69%) of mothers who were breastfeeding at hospital discharge.

### ***Breast Pump Loan Program***

In 2009, the Tompkins County WIC Electric Breast Pump Loan Program had an inventory of 21 pumps. From May 2008 through April 2009, the 21 pumps were loaned to 44 different women. The reasons for using a pump included (some women gave more than one reason): 10 babies born prematurely, 14 full-term babies had latch-on problems, and 16 babies who had mothers going back to school or work. WIC also gave 27 women manual breast pumps.

### ***Farmers Market Nutrition Program***

The Farmers Market Nutrition Program (FMNP) is a collaboration between the WIC Program, Cornell Cooperative Extension, Office for the Aging, and the Department of Agriculture and Markets. The goals of the program are threefold:

- 1) To increase fruit and vegetable consumption among WIC participants and low income seniors;

- 2) To support local farmers by increasing their sales at area farmers markets;  
and
- 3) To increase the number of farmers markets in New York State.

In the summer of 2009, 846 Tompkins County WIC families received \$24 worth of coupons for the purchase of fresh fruits, vegetables and herbs at area farmers markets.

### ***WIC Staff Development***

WIC staff completed all mandatory training as required by the Tompkins County Health Department. Trainings were completed in 46 topic areas. Staff attended a total of 350 hours of training in federal fiscal year 2009.

Two nutrition staff received sufficient breastfeeding training to maintain the requirements for their Certified Lactation Counselor (CLC) credential in 2009.

### ***WIC Quality Assurance Procedures***

In 2009, quality assurance assessments were conducted for all staff performing the following program operations tasks: nutrition counseling; the measurement of heights, weights and blood hemoglobin values; income screening and documentation; and WIC check issuance.

### ***WIC Community Collaboration/Clinics***

As of June 1<sup>st</sup>, the WIC program began operating a new weekly clinic site at the Salvation Army Worship and Service Center (SAWSC) on every Wednesday of each month (except the 5<sup>th</sup> week). This site is adjacent to the County Human Services Building and has allowed the WIC program to consolidate its downtown clinics into one location with easier access to WIC participants than the previous downtown sites. The site also facilitates collaboration with other SAWSC programs including its daily food pantry and continues to bring increased awareness of WIC services to the downtown Ithaca population.

- Training Topics Completed by WIC staff in 2009 Included:**
- Universal Precautions In Blood Procedures
  - Communicable Diseases And Tuberculosis
  - Confidentiality Of Client Information
  - Right To Know
  - Workplace Violence
  - Civil Rights
  - Breastfeeding
  - Dangers Of Drugs And Alcohol
  - Dietary Assessment
  - Collection Of Anthropometric Data
  - New WIC Food Package
  - Information Security Awareness
  - Cultural Competency

Ten Family Reading Partnership (FRP) volunteers read to children in seven WIC clinic waiting rooms each month. In December, January, and February, the FRP volunteers and the WIC staff members distributed new books to children in WIC clinics as part of the "Give the Gift of Reading Program." In addition, Family Reading Partnership Calendars were distributed free to families in WIC clinics.

Finally, WIC provided training and work opportunities for student interns and volunteers to further expand their community nutrition educational experiences. Two student interns, one from Cornell University and the other from Messiah College, were supervised during the spring/summer of 2009.

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## Children with Special Care Needs

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The Federal government has adopted the following definition of Children with Special Care Needs....**Children with Special Care Needs are those who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.** Children who meet this definition have a wide variety of conditions and illnesses. A small percentage are permanently dependent or disabled. The vast majority will grow up to lead productive lives. The CSCN staff is committed to helping each child reach their fullest potential.

The following four programs make up the CSCN Division: **Children with Special Health Care Needs, Early Intervention, Physically Handicapped Children's Program, and Preschool Special Education.** Our talented staff is made up of six Community Health Nurses, one Social Worker/Family Outreach Worker, two Senior Account Clerk Typists, a Keyboard Specialist, an Account Clerk Typist, an Administrative Coordinator, the Preschool Special Education Director, the CSCN Team Leader, and the Division Director.

The Division Director would like to thank the CSCN Team for their endless efforts in meeting the needs of the children, families and community that we serve. We would also like to thank Alice Cole, Public Health Director, for her continuous support, guidance and enthusiasm.

Once again this has been an exciting year of learning, growth and opportunity for our Division. Our program challenges this year included the continuation of paradigm changes within the Early Intervention and Preschool Programs. The program roles and responsibility changes included two senior staff nurses being designated as Initial Service Coordinators and four Community Health Nurses designated as Ongoing Service Coordinators. The delineation of these roles has enabled staff to better focus on specific regulatory indicators within each unique role. As a result, our indicator compliance has increased and our billable service time for Ongoing Service Coordination has increased. Due to budgetary constraints resulting in difficult program choices, the Director of Preschool Special Education role has been eliminated with all responsibilities and duties divided among CSCN management and senior staff.

For many families, negotiating their way through the complex web of programs and services for children with special care needs is a daunting task. A goal for our Division is to have a seamless flow of interdivisional programs, thus combining mutual efforts, sharing resources, expertise, and maintaining fiscal responsibilities.

As a Division, we actively recruit and retain professional providers and evaluators throughout our region. To meet current regulatory standards for both **Early**

**Intervention** and **Preschool Education** programs, providers and evaluators must be both New York State Departments of Health and Education approved. They must also meet and maintain the standards for contract approval by the Tompkins County Health Department. Actively seeking out and recruiting highly qualified professionals and agencies that offer a diverse range of service opportunities requires continuous effort. Once the provider or agency meets all approval requirements and a contract is established we are then responsible for monitoring all services delivered, documentation of that service and all billing procedures. We currently have contracts with 42 private professional providers and 13 agencies.

***Children with Special Care Needs Budget--2009***

	<b>Appropriations</b>	<b>Revenue</b>
Early Intervention	\$1,777,000	\$1,309,280
Preschool Special Education	\$5,015,330	\$3,070,520
Physically Handicapped Children's Prog	\$ 8,000	\$ 3,944
CSCN Administrative Budget*	\$1,005,141	\$ 323,921
<b>TOTAL</b>	<b>\$6,030,248</b>	<b>\$4,707,665</b>

\*Includes salaries, fringes, computers, and other non-personnel items

***Transportation***



The service of **Transportation** is a collaborative effort between programs within our Division. The Early Intervention and Preschool Special Education Programs are responsible for coordinating and providing for the transportation of children enrolled to their respective programs. After a lengthy Request for Proposal (RFP) process, Birnie Bus Service, Inc. was awarded the three-year contract to provide transportation services for our programs. In addition to the qualified bus driver, each bus or van used to transport our children has a transportation aide on board. The age of the children transported is quite young, 18 months to five years old. Also, each child has the added concerns of a documented developmental delay, so the transportation aides are available to monitor the safety and well being of each child. In 2009, Preschool Special Education transported an average of 65 children per month to Special Education Programs within the Ithaca City School District and The Franziska Racker Centers' of Tompkins, Cortland, and Tioga counties.

***Transportation Costs 2009***

Preschool Special Education Transportation Cost in 2009      \$806,089

## **Children with Special Health Care Needs Program**

This Federal Grant program offers information and referral services concerning health and related issues to families with children with special health care needs up to age 21. One of the greatest obstacles to care is a lack of access to comprehensive and accurate information regarding the full range of available services and programs. Families exhaust their resources trying to find information, and health care providers are in many cases unable to assist them because of their own lack of resources and information. It is the mission of this program to support and guide families, based on their particular needs, in seeking out and connecting with the appropriate community resources and programs available.

This year our Family Outreach Worker transitioned into the Health Department's first Public Health Social Worker (PHSW). This skilled professional seeks out and networks with schools and community agencies. The PHSW works closely with CSCN staff across all programs in her professional capacity. She promotes access to quality health care by guiding and assisting families with their social-emotional, financial, medical, and transportation needs. The family is an active partner with the PHSW as needs and concerns are addressed in an individualized manner.

Part of our Children with Special Health Care Needs (CSHCN) Grant work scope is to identify gaps and barriers in services.

- ◆ We continue to have increased referrals for families with inadequate food supplies and lack of heating fuel. Consequently, there is a continued increase in requests for information and assistance in accessing food pantries. Our Public Health Social Worker is working with community organizations and regional programs to assist families with these needs.
- ◆ We have also noted the increased need for services and advocacy for families and children with disabilities or special needs, ages birth to 21 years of age. We are working with local agencies and school districts to address evaluation, diagnostic, and service needs.

The Ithaca Free Clinic continues to receive a high number of referrals from CSHCN due to the current fiscal climate in our county.

The Public Health Social Worker is an active member of the Cayuga Medical Center Cleft Palate and Facial Deformity Team. During 2009, this professional met / networked, and made referrals with 92 key community organizations. A few examples are the American Red Cross, Broome DDSO, Catholic Charities, Housing First in Tompkins County, Ithaca Housing Authority, Mothers and Babies Perinatal Network, Tompkins Community Action, Tompkins County DSS, and Tompkins County Family Court. This program served 145 families in Tompkins County this year.

## **Early Intervention Program**

The mission of the Early Intervention Program (EIP) is to identify and evaluate as early as possible those infants and toddlers whose healthy development are compromised and provide for appropriate intervention to improve child and family development.

### ***Introduction***

The Early Intervention Program is a federally mandated program that is also regulated by the New York State Department of Health. Children are eligible for EIP from birth until the age of three (36 months) and have a disability or developmental delay. A disability means that a child has a diagnosed physical or mental condition that often leads to problems in development. A developmental delay means that a child is behind in at least one area of development, including physical development (growth, gross, and fine motor abilities), cognitive development (learning and thinking), communication (understanding and using words), social-emotional development (relating to others), and adaptive development (self-help skills, such as feeding). This developmental delay must be measured by qualified professionals using informed clinical opinion, appropriate diagnostic procedures, and/or instruments.

### ***Staffing***

The EIP team consists of the CSCN Director, Team Leader, two Initial Service Coordinator / Senior Early Intervention Official Designees (EIOD), four Ongoing Service Coordinators / EIOD's. All Service Coordinators are Community Health Nurses, skilled in the area of early child development. Support staff includes an Administrative Coordinator, a Senior Account Clerk Typist, an Account Clerk Typist, and a Keyboard Specialist. Support staff duties are also shared among other CSCN programs.

Service Coordinator's responsibilities include:

- ◆ Speaking with the parent to address their initial concerns about their child's development
- ◆ Explaining the Early Intervention Program in detail
- ◆ Arranging for the child's evaluation
- ◆ Coordinating and completing the Individualized Family Service Plan (IFSP) every six months
- ◆ Obtaining service providers (therapists, teachers, etc.) to fulfill the IFSP service requirements.
- ◆ Coordinating and obtaining any further developmental evaluation needed
- ◆ Ensuring the child and family receive all of the services in the IFSP
- ◆ Ongoing contact with family and service providers
- ◆ Amending the IFSP as needed to meet the needs of the child and family
- ◆ Informing the family about advocacy services



- ◆ Assisting the family in the transition of their child at age three from the Early Intervention Program to the Pre-school Special Education Program.

### **Child Find**

Child Find is the primary referral source to the Early Intervention Program. Through Child Find children who are suspected or at risk for developmental delay or disability are monitored and screened. In 2009, the Child Find Program provided ongoing monitoring for 97 children. The CSCN Team Leader works closely with the child's parents or guardian and the primary medical provider to monitor the child's developmental progress. If a potentially qualifying disability or delay is identified the child is referred to our Early Intervention Program for evaluation.

### **Early Intervention Referrals**

An infant or toddler is referred to the Early Intervention Program by anyone who is concerned about the baby's growth and development. Our largest referral sources are parents and the primary medical provider.

### **Early Intervention Referrals for 2009**



Communication	133
◆ Communication and Hearing	2
◆ Communication and Social Emotional	13
◆ Communication and Adaptive	1
◆ Communication and Feeding	3
◆ Communication and Cognitive	1
Gross Motor	40
◆ Gross Motor and Communication	10
◆ Gross Motor and Fine Motor	1
◆ Gross Motor and Social Emotional	1
◆ Gross Motor and Feeding	6
Fine Motor	2
◆ Fine Motor & Vision	1
Social Emotional	4
◆ Social Emotional and Cognitive	1
◆ Social Emotional and Vision	1
Adaptive	2
Feeding	7
Gestational Age	1
Global Delays	13
Medical Diagnoses	5
Vision	1
Child Find -- Children at Risk	61
<b>TOTAL REFERRALS</b>	<b>310</b>

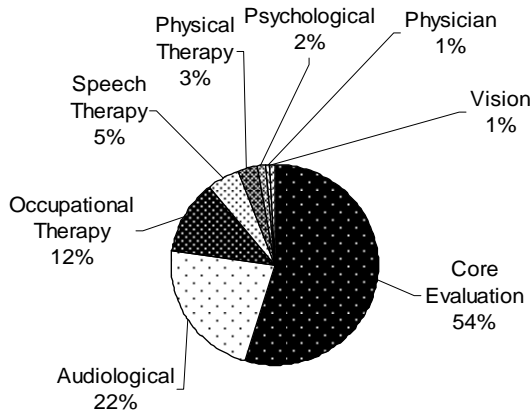
## Early Intervention Evaluations

The multidisciplinary Core Evaluation includes: a health assessment, with vision and hearing screening as indicated, an assessment of the child's strengths and needs in each area of development (physical, cognitive, communication, social-emotional, and adaptive development), and an interview with the parents about their concerns and what the child is like. With parental permission, pertinent records are reviewed that may be helpful.

Core Evaluation*	215
Audiological	89
Occupational Therapy	46
Speech Therapy	20
Physical Therapy	12
Psychological	6
Vision	3
Physician	2

\*The Core Evaluation is the initial qualifying evaluation that a child receives upon entering the EIP.

**Early Intervention Evaluations Provided in 2009**



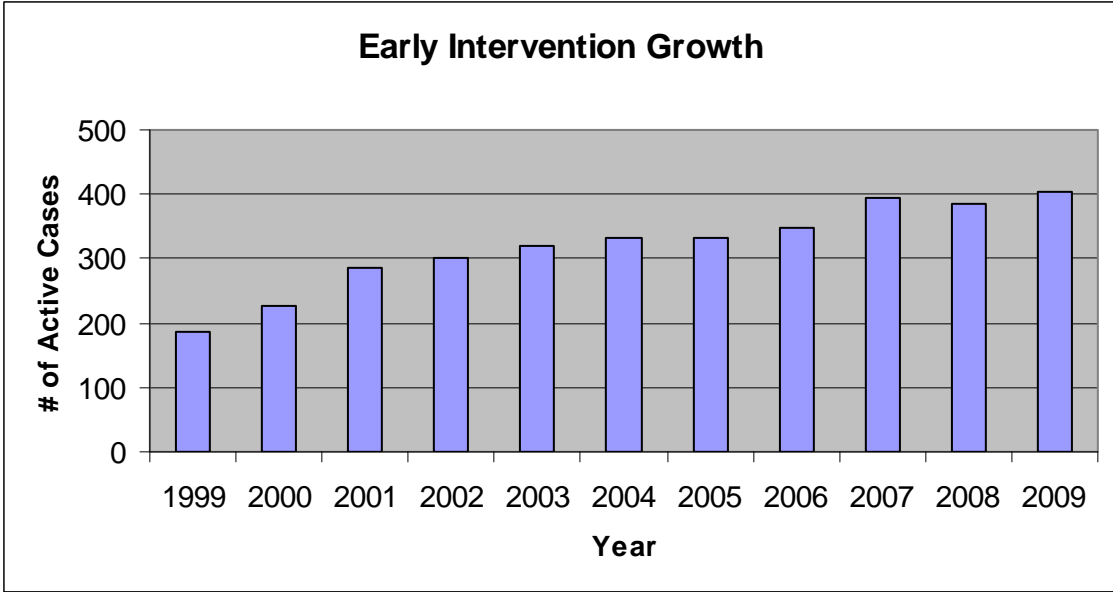
**Early Intervention Services Provided in 2009**

Type of Service	Number of Services	Cost
Psychological	5	\$480
Family Counseling	10	\$680
Family Training	96	\$8,684
Social Work	1,183	\$82,936
Occupational Therapy	2,148	\$147,220
Physical Therapy	2,801	\$191,283
Special Instruction	2,372	\$157,395
Speech/Language	8,486	\$578,070
<b>Total</b>	<b>17,101</b>	<b>\$1,166,748</b>

The Individualized Family Service Plan (IFSP) is the written plan for the Early Intervention services the child and family will receive. The plan includes all the details—

- ◆ The child's present level of functioning
- ◆ The families resources, priorities and concerns related to the child's development
- ◆ The major outcome goals expected from EI Services
- ◆ The measurable steps to attaining outcomes/goals
- ◆ The strategies to be used to accomplish steps
- ◆ When, where, and how often services will be delivered – within the child's natural environment

This plan is family centered. It is the responsibility of the Ongoing Service Coordinator to put this plan into action and to oversee its implementation. The IFSP is developed and written after the child initially qualifies and every six months thereafter until discharged.



The two (2) Initial Service Coordinators (ISC) and four (4) Ongoing Service Coordinators (OSC) / Community Health Nurses were responsible for:

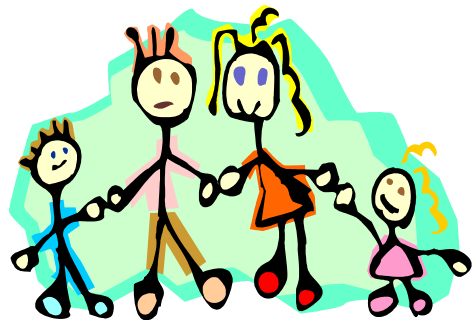
- ◆ A total of 403 cases in EIP for 2009
- ◆ An average of 50 cases per month
- ◆ A total avg. of 101 cases per OSC for 2009
- ◆ Completed a total of 449 IFSPs
- ◆ Made 1,496 community visits

Early Intervention Growth

<u>Year</u>	<u># Active Cases</u>
1999	186
2000	226
2001	285
2002	300
2003	321
2004	332
2005	332
2006	349
2007	394
2008	384
2009	403

Total Children discharged from EIP were 197.

- ◆ 36 children had their developmental delay resolved
- ◆ 25 children moved out of the County
- ◆ 30 children were not eligible
- ◆ 82 children transitioned to the Preschool Special Education Program



**Revenue for Service Coordination based on 2008 services\***

Service Coordinator Salaries**		\$288,560
Medicaid Revenue	\$123,732	
NYSDOH Revenue	62,522	
Medicaid Administrative Revenue	<u>18,351</u>	
<b>TOTAL REVENUE</b>		<b><u>\$204,605</u></b>
Total County Expense for Service Coordinator Salaries		<b><u>\$ 83,955</u></b>

71% of salaries reimbursed through revenues  
29% County Expense

\*Due to reimbursement timeframes for services, 2008 figures were used.  
\*\*Salaries do not include fringe benefits expense

**Early Intervention Insurance and Medicaid Claiming**

- ◆ NYS provides Early Intervention with a software application entitled “KIDS.” This program interfaces with the NYS Department of Health to provide all required statistical and billing data. At best, this DOS based program struggles to meet the needs of NYS and the municipalities. A new database / software application has been under development for several years, entitled ‘NYEIS’ (New York Early Intervention System). This program is targeted to be implemented statewide in 2010. We are currently preparing for this major upgrade / change.

The following information is for claims sent during the calendar year January 1, 2009 – December 31, 2009.

**Total Dollar Amount of EIP services billed in 2009**

Medicaid	\$ 818,543
Commercial Insurance Carriers	\$ 306,577
Child Health Plus B	<u>\$ 16,955</u>
Total billed	\$1,142,075

**Total Dollar Amount Received on those Claims**

Medicaid	\$ 767,378
Commercial Insurance Carriers	\$ 146,514
Child Health Plus B	<u>\$ 9,764</u>
Total Received	\$ 923,656

**Total Number of Insurance Claims billed by EIP staff**

Medicaid	14,554
Insurance	<u>4,604</u>
Total Claims	19,158



## **Preschool Special Education (4410) Program**

### ***Introduction***

The Preschool Special Education Program is a federally mandated program (4410) that is also regulated by the New York State Department of Education. Children are eligible for 4410 programming from ages three to five and have a significant delay or disability in one or more functional areas which adversely affects the student's ability to learn. Functional areas include cognitive (learning and thinking), language and communication (understanding and using words), adaptive (self-help skills), social emotional (relating to others), or motor development (gross and fine motor – physical development). The evaluation of a child is conducted by a team of qualified professionals using appropriate diagnostic procedures and / or instruments. This enables the Committee on Preschool Special Education (CPSE) to determine whether or not a child has a disability and, if so to what extent programs and/or services are appropriate.

### ***Staffing***

Preschool team includes the CSCN Director, CSCN Administrative Coordinator, and two Senior Account Clerk Typists; whose duties are also shared among other CSCN programs.

Specially trained CSCN staff represent Tompkins County in the municipal representative role at the CPSE at each school district. These staff members include the CSCN Director, Team Leader, and a senior level Community Health Nurse.

Municipal responsibilities within the 4410 program include –

- ◆ Establishment of rates to be paid for 'related services'
- ◆ Municipal representation at local school district CPSE meetings
- ◆ Recruit and establish contracts with qualified professionals and programs for service provision
- ◆ Ensure regulatory standards compliance of contracting providers and evaluators
- ◆ Provide school district Administration with a list of service providers, programs and evaluators who have met NYS standards and are under current contract with Tompkins County
- ◆ Process billing submissions, authorize payment for evaluations and services
- ◆ Optimize reimbursements from Federal and State funding sources
- ◆ Maintain regulatory compliance for all billing and reimbursement standards

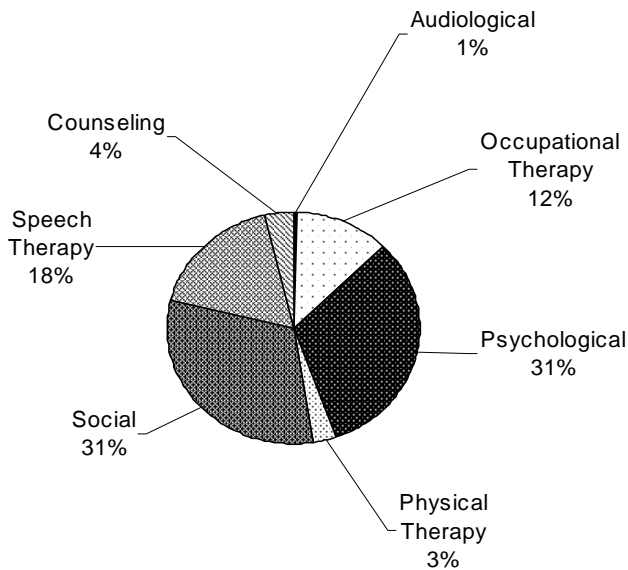
### ***Preschool Special Education Referrals***

Children are referred to the school district's CPSE if they are suspected of having a disability, which impairs their learning and development. Referrals are made in writing by parents, professionals, caregivers, program providers or other individuals who are concerned about a child's development.

- ◆ **New Referrals for the 2008-2009 school year 208**
- ◆ **188 Children were found eligible for CPSE services**
  - ◆ **20 children were found not eligible**

### ***Preschool Special Education Evaluations***

The individual evaluation must include a social history, a psychological evaluation, and an observation of the child in their natural setting and other appropriate assessments and evaluations. These required evaluations provide information about the child's development according to functional areas such as motor, language, social-emotional, and behavioral skills.



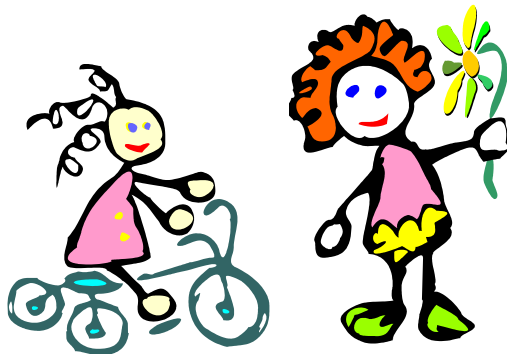
Audiological	3
Counseling	19
Physical Therapy	16
Occupational Therapy	62
Psychological	165
Social	162
Speech Therapy	91



**Preschool Special Education Services Provided in 2008-2009 School year**

Type of Service	Number of Children Receiving Service	Cost
Aide	35	\$225,111
Assistive Technology Svcs	3	4,539
Audiological Services	6	780
Coordination	33	4,080
Counseling	76	124,580
Interpreter	1	9,120
Occupational Therapy	118	177,700
Parent Counseling	2	1,320
Physical Therapist	37	48,440
Spec Ed Itinerant Teacher	44	90,514
Spec Ed--Tuition Programs	160	2,205,699
Speech Therapy	294	532,100
TO* Deaf	3	780
TO Visually Impaired	3	1,140
Total		\$3,425,903

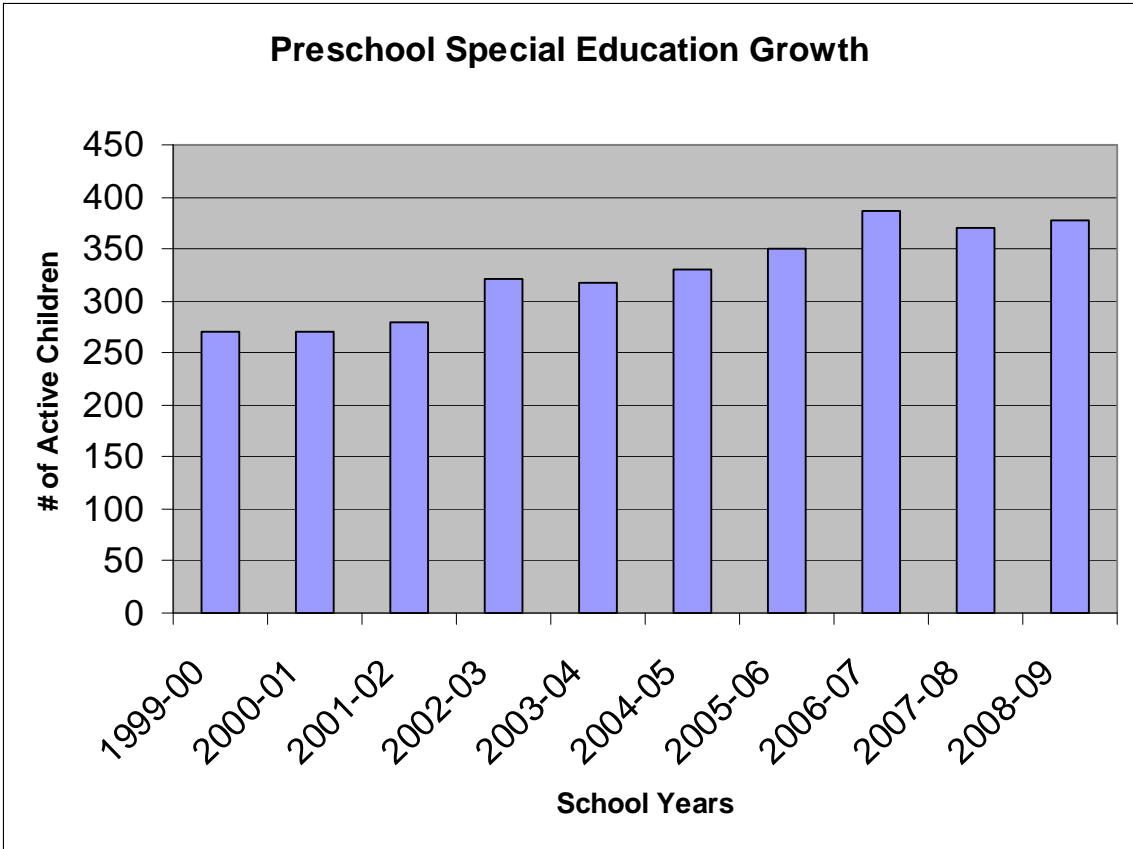
\*TO=Teacher of



The CPSE develops an Individualized Service Plan (IEP) which includes:

- ◆ The present level of performance and areas of strength indicates the individual needs of the child according to academic or educational achievement
- ◆ Indicates the classification of the disability - 'Preschool child with a disability'. Lists measurable annual goals, consistent with the child's needs and abilities
- ◆ Indicates appropriate special education program and/or service
- ◆ Indicates, if appropriate, supplementary aids and services to be provided
- ◆ The frequency and duration for each appropriate service
- ◆ The schedule of and measurement of progress towards annual goals

Programs and services are provided during the school year, September through June. Extended school year services may be appropriate for some children to prevent substantial regression. Substantial regression is a student's inability to maintain developmental levels due to a loss of skill or knowledge during the months of July and August. Six weeks of summer programming is provided for those children who qualify.



- ◆ In the 2008-2009 school year **377** children received services
- ◆ 157 children received summer services
- ◆ 116 children attended Preschool Special Education Integrated Programs
- ◆ 261 children received individual home based services

<u>Preschool Special Education Growth</u>	
<u>School Year</u>	<u># of Active Children</u>
1999-2000	270
2000-2001	270
2001-2002	279
2002-2003	322
2003-2004	318
2004-2005	331
2005-2006	350
2006-2007	386
2007-2008	371
2008-2009	377





### ***Preschool Special Education Reimbursement***

- ◆ In 2009, we continued to experience ongoing changes in the Medicaid reimbursement structure. As of July 1, 2009, per New York State Education Department mandate, we are not able to submit claims for any Medicaid reimbursement. We are pending further guidance regarding Medicaid claiming.
- ◆ In addition, all parents or guardians of children who have an IEP (Individualized Education Plan) and are Medicaid eligible must sign an annual consent allowing the municipality to submit for reimbursement from Medicaid funds. A new consent must be signed any time there is a change to a Medicaid eligible service on the IEP. This new consent process has been a challenge for the school districts and the municipalities. By collaborating with our District partners and our contracting Service Providers, we have developed a process to obtain these required consents.

The following information is for reimbursement for the calendar year January 1, 2009 – December 31, 2009.

<u>Total Dollar Amount Received on Reimbursement Claims</u>	
New York State Education Department	\$2,291,165
Medicaid	<u>\$ 194,925</u>
Total Received	\$2,486,090

### ***Children with Special Care Needs Division - Goals and Opportunities***

- ◆ Meeting the developmental and educational needs of the ever-increasing numbers of children qualifying for the Early Intervention and Preschool Programs.
- ◆ To develop an Evaluation Team for the Early Intervention Program so that we are able to meet current regulatory guidelines and standards. Pending approval by the County Legislature.
- ◆ Educating and training staff and service providers along with meeting the developmental and educational needs of all children who are at risk or diagnosed with any developmental delay.
- ◆ Meeting the demands of our ever-increasing caseloads effectively, efficiently, and within regulatory guidelines division-wide.
- ◆ To successfully transition the CSCN – Early Intervention Program from the current 'KIDS' to the new 'NYEIS' software application / database system. To successfully train all staff and contracting service providers and agencies regarding this new system.

- ◆ Keeping up with ever-changing regulatory guidelines.
- ◆ Recruiting qualified evaluators and service providers to meet the increasing demands.
- ◆ To address gaps and barriers identified through the Children with Special Health Care Needs Program.
- ◆ Increase community awareness of the Children with Special Care Needs Division and our programs.
- ◆ To prepare and to move the CSCN Division into the new 'Brown Road' Health Department site with as little disruption in day to day services as possible.



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## **Bioterrorism Preparedness**

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Our 2009 grant year started on August 10<sup>th</sup> and will end on August 10, 2010. We were charged with completing eight local and 27 maintenance deliverables, as well as new H1N1 deliverables. These deliverables included: a resubmission of our county's SNS (Strategic National Stockpile Plan), attend a number of trainings, conduct a POD (Point of Distribution) clinic regarding H1N1, participation in a State communication drill, and continued maintenance of our various communication capabilities and system redundancies.

The Bioterrorism Program, in conjunction with the rest of the Health Department, took part in conducting a POD on November 11, 2009. The POD was directed with providing the H1N1 vaccine to the students of the Newfield Central School District. The POD was conducted in accordance with the Bioterrorism Grant requirements, and Homeland Security Exercise; Evaluation Program (HESSP) evaluators Jessica Verfuss and Beth Harrington of Department Of Emergency Response were on hand. The POD resulted in 455 Newfield students being vaccinated.

The Bioterrorism Coordinator was also present for weekly briefings from NYSDOH on the status of H1N1 in New York State. The Bioterrorism Coordinator was also a member of various planning groups within the Health Department to organize and refine our response to H1N1. The BT Program was also in charge of tracking and logging all the H1N1 vaccine and supplies. This information was useful when the vaccine recalls took place.

The Bioterrorism Coordinator and select Health Department staff were on hand when the SNS was released to provide N-95 respirator masks to the TCHD. Over 10 staff members were on hand when seven pallets of over 56,000 masks were delivered. The staff on hand made the unloading and organizing of the masks quick and efficient. The Bioterrorism Coordinator recorded and sorted all the masks by size and manufacturer.

The Bioterrorism Coordinator has also started to revise and compile the revisions to the Strategic National Stockpile Plan. This is a large job and with help of the SNS committee, the Public Health Director, and Public Health Administrator should result in a more comprehensive plan.

Training and staff education in the area of Emergency Preparedness Planning continued though out 2009 and into 2010. The BT Program presented its annual All Hazards preparedness training to Department staff with almost 100% compliance. The Health Department staff and the Bioterrorism Coordinator also took part in various education and training opportunities.

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## Division of Health and Safety

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The Health and Safety Coordinator (H&SC) is responsible for a comprehensive safety program for the county, to include supervision of departmental training activities and conducting training on specific concerns or hazards. The Division of Health and Safety trained and/or coordinated training for county employees on:

- Right to Know
- Respiratory Protection
- Hearing Protection
- Ground Fault Protection for Construction
- Asbestos Safety
- Personal Protective Equipment
- Welding
- Lockout/Tagout and Electrical Training
- Workplace Violence Training
- Ergonomics Training Assessments for 73 employees
- Defensive Driving Course for 160 employees

The Division ensures that the requirements of local, state, and federal regulations are met for the protection of county employees, clients, and public. There were no monetary fines by Public Employee Safety and Health (PESH) in 2009 from inspections at the Highway, Public Works, and Solid Waste Divisions. Since 1993 inspections, the County has not received any monetary fines. The county also worked with the PESH consultation services for Lead abatements of dump trucks, Personal Protective Equipment assessments, welding policies and training, Respirator Program, Work Place Violence Assessments and training, and a survey of all of Highway's equipment to assess noise levels,

There were two major Indoor Air Quality audits performed by contractors; one at the Emergency Response Center and the other at Tompkins County Public Library. The Division coordinates all of the meetings, briefings, and completes after action reports.

Approximately 250 county employees were given hearing tests and respirator fit-tests free of charge which saved eleven thousand dollars by not using an outside contractor.

The H&SC also participated in training on bio-terrorism preparedness and is part of the Public Health Response Team.

There were 37 OSHA recordable injuries and illnesses in 2009. This continues to be below the county goal of 50 incidents. The OSHA incidence rate goal for the county is 8.5 per 100 employees. The rate for 2009 was well below the county goal and stood at 5.6. The Lost Work Day incidence rate was at 2.4 per 100 employees, which was below the county goal of 3.0.

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## Emergency Medical Services Tompkins County Department of Medical Response



Emergency Medical Services (EMS) providers in Tompkins County are assisted in their efforts by the Tompkins County Health Department, with services coordinated through the Tompkins County Department of Emergency Response (DOER). Input on County EMS needs and systems issues are provided through several sources:

- CNY Regional EMS Committee (REMSCO)
- Tompkins County EMS Continuous Quality Improvement (CQI) Committee
- Tompkins County Fire and EMS Chiefs Association, Tompkins County EMS
- Medical Director, Dr. Drew Koch, from Cayuga Medical Center
- Individual EMS agencies and providers
- New York State EMS training programs administered by Groton Fire Department, Cornell University, and Tompkins-Cortland Community College.

The Department's Director and Assistant Directors are actively involved with all these agencies and committees.

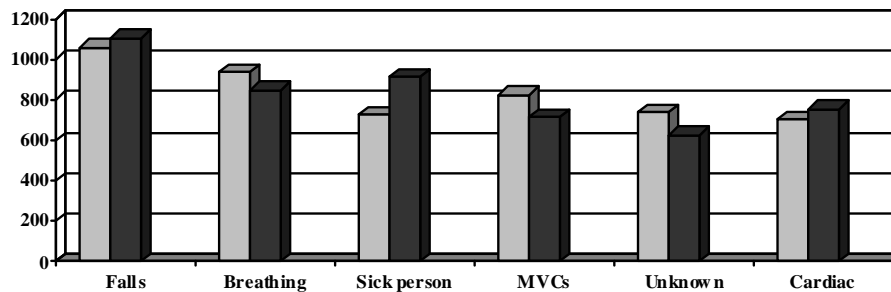
Education of EMS providers continues to be the main emphasis of this Department's activities. We continue to partner with Cayuga Medical Center to provide training programs at the Emergency Response Building and at the Hospital; CMC staff physicians provide training based on NYS EMS curriculum that allows providers to obtain continuing education hours. Our EMS Medical Director, Dr. Drew Koch, remains actively involved with County EMS, as a participant in CQI activities locally, as well as being a member of the Regional Medical Advisory Committee (REMAC). The Assistant Director taught many classes, both countywide and for individual agencies, on various EMS topics that allowed providers to obtain both core-hour re-certification and CME credits.

This office continues to participate in many other planning activities that related to emergency management and disaster planning that may directly or indirectly affect fire and EMS first responders, such as coordination of fire and EMS participation in various county disaster drills or exercises. This office partners with many local organizations, such as the Health Department, the American Red Cross, local law enforcement agencies, City and County administrators and legislators and other service organizations to conduct emergency preparedness planning. DOER staff also continues to participate in the county's Emergency Management Planning Committee and in the Health Department's Bioterrorism (BT) Committee, which, of course, focused on the H1N1 pandemic of 2009. The Assistant Director chairs a multi-disciplinary county committee on Training and Exercise development, and that team has been active in planning and coordinating exercises for various organizations in the county. In November

2009, the Assistant DOER Directors evaluated a “point of distribution” exercise that involved an actual H1N1 vaccination clinic at Newfield School, and developed the After Action Reports/Improvement Plan (AAR/IP) for the Tompkins County Health Department.

The Assistant Director also participates in the Chest Pain Committee at Cayuga Medical Center. In 2009, CMC attained national accreditation as a Chest Pain Center. Pre-hospital activities, such as doing and transmitting 12-lead EKGs, cardiac assessments, and the like were a big component of the accreditation process.

The Tompkins County Communications Center began EMD (Emergency Medical Dispatching) dispatching in January 2007. This national system involves structured training for all dispatchers along with specific quality improvement activities. All EMS calls dispatched through EMD in 2009 were statistically reviewed. The types of patient complaints as defined by EMD protocols were broken down for EMS calls responded to by the five ambulance services in the county; rescue squads also responded to these EMS calls, although the number of their responses was not included in the review. There were 8,669 EMD calls in 2009 involving EMS responses, about a 2% increase over the number of responses in 2008. The top six categories of medical problems included (2008 in gray, 2009 in black):



Being able to identify EMS activities will allow for better planning of training, resource identification, and other related activities that will be much more specific to local needs and issues.

The new 800 MHz communications system has been operational for over a year, and continues to provide interoperability among multiple disciplines, including direct EMS communication with Cayuga Medical Center. The system is performing well above original expectations. The continued goal of this office is providing for and supporting a framework for well-prepared and well-educated fire and EMS providers on a local level.

## Medical Examiner's Annual Report 2009

Number of Deaths Investigated - 113 ■ Number of Autopsies - 34

1. Natural deaths - 76
2. Accidental, non-vehicular - 12
  - a. Blunt trauma/crushing trauma to chest – 2
  - b. Accidental drug overdose - 2
  - c. Falls– 6
  - d. Asphyxia - 2
3. Accidental, vehicular - 6
  - a. MVA – driver – 4
  - b. MVA— passenger—1
  - c. Tractor rollover—1
4. Suicide – 15
5. Homicide—3
6. Pending—1

*Chief Medical Examiner:*  
Dr. Howard Silcoff

*Deputy Medical Examiners:*  
Dr. William Klepack  
Dr. David Newman

## REPORTED COMMUNICABLE DISEASES - TEN YEAR COMPARISON

DISEASE	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
AMEBIASIS	0	2	1	1	2	3	3	2	0	3
CAMPYLOBACTERIOSIS	18	25	15	28	26	13	28	31	27	39
CHLAMYDIAL INFECTIONS	44	133	171	183	183	167	171	228	178	193
CRYPTOSPORIDIOSIS	6	11	2	5	6	39	10	14	10	13
CYCLOSPORIASIS							0	4	0	0
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0
E. COLI (0157:H7)	2	2	1	1	0	0	1	2	1	0
GIARDIASIS	28	16	13	9	16	16	29	19	20	22
GONORRHEA	60	19	18	15	19	23	19	32	9	18
HAEMOPHILUS INFLUENZAE, INVASIVE	2	0	2	1	0	1	0	0	0	0
HEPATITIS A	3	1	0	3	0	2	1	3	2	0
HEPATITIS B, ACUTE*	2	0	0	1	0	1	0	1	1	0
HEPATITIS B, CHRONIC*				4	6	9	8	14	4	9
HEPATITIS C, ACUTE*	1	0	0	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC				7	4	8	19	29	43	55
LEGIONELLOSIS	0	0	0	0	1	1	3	0	0	0
LISTERIOSIS	0	0	0	1	0	0	0	0	0	0
LYME DISEASE	8	4	5	10	5	4	2	9	46	44
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	1	0
MALARIA	1	2	3	0	2	3	1	0	1	0
MEASLES	0	0	0	1	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	0	11
MUMPS	0	0	0	0	0	0	3	1	0	0
NEISSERIA MENINGITIDIS, INVASIVE	0	2	1	0	1	1	0	0	4	0
PERTUSSIS	0	0	88	17	14	2	39	5	25	1
RABIES EXPOSURE	70	111	106	108	118	111	114	127	123	142
RUBELLA	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	12	9	16	17	15	14	15	13	15	8
SHIGELLOSIS	5	5	1	2	1	3	1	1	4	4
STREPT GROUP A, INVASIVE	3	1	0	0	0	1	0	6	1	1
STREPT GROUP B, INVASIVE	0	1	2	3	5	5	3	3	6	3
STREPT PNEUMONIAE INVASIVE DIS	12	8	10	5	5	5	12	16	10	12
SYPHILIS	0	2	2	3	4	3	1	6	10	1
TETANUS	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	8	4	1	4	4	3	1	4	3	6
YERSINIOSIS	0	1	1	2	0	3	0	0	0	2
<b>GRAND TOTAL</b>	<b>285</b>	<b>359</b>	<b>459</b>	<b>431</b>	<b>437</b>	<b>441</b>	<b>484</b>	<b>570</b>	<b>544</b>	<b>587</b>

\*CHANGE IN CASE DEFINITIONS. YEARLY TOTALS IN ITALICS ARE BASED ON CASE DEFINITIONS PRIOR TO 2003.

NOTE: THOSE COLUMNS SHOWN WITH MISSING NUMBERS DENOTE NEW CATEGORY ADDED

(NOT INCLUDED IN STATS FOR PREVIOUS YEARS).

"INVASIVE": DISEASE IN AN OTHERWISE STERILE SITE IE: BLOOD, URINE AND CEREBRALSPINAL FLUID.

Miscellaneous includes 6 H1N1 for 2009

updated: 4/5/06; 4/3/07;2/08, 5/09, 3/10

F:/DCH SHARED/CD YEARLY COMPARISON 99-08



**Total All Births: 908**

Non-Resident	131
Resident	777

**Additional Stats On Resident Births Only:**

1st Live Birth	364
Cong Malf	5
Premies	19
Teen Births	35
Home Births	25

**Tompkins County Premies - 2009**

<b>Birth Weight</b>	<b>Mother's Age</b>	<b>Residence</b>	<b># Of Prenatal Visits</b>	<b># Of Previous Live Births</b>	<b>Race</b>
*794 g	29	(C) ITHACA	14	1	WH
*822 g	29	(C) ITHACA	14	1	WH
*907 g	29	(C) ITHACA	14	1	WH
1588 g	34	(C) ITHACA	6	1	IN
1616 g	27	(T) LANSING	9	1	BL
1701 g	22	(C) ITHACA	4	0	WH
1701 g	36	(T) ITHACA	11	2	WH
1899 g	28	(C) ITHACA	11	0	WH
1899 g	30	(T) ITHACA	6	0	WH
*1985 g	38	(T) ITHACA	12	0	WH
*2041 g	37	(T) ITHACA	5	2	WH
2155 g	27	(T) NEWFIELD	6	3	WH
2155 g	31	(C) ITHACA	10	0	OT
2183 g	29	(V) LANSING	7	0	WH
*2183 g	37	(T) ITHACA	5	2	WH
*2211 g	33	(C) ITHACA	10	1	KO
2240 g	32	(V) TRUMANBURG	7	1	WH
2240 g	32	(T) ITHACA	11	0	WH
2240 g	33	(V) DRYDEN	6	4	WH

\*One of Multiple Births

Premie = Less than or equal to 2268 grams

Total Resident Premies: 19

Birth Weight: g = grams

Race: WH=White; BL=Black; AS=Asian; CH=Chinese; IN=Indian; VI=Vietnamese; UN=Undetermined

## 2009 Births by Township

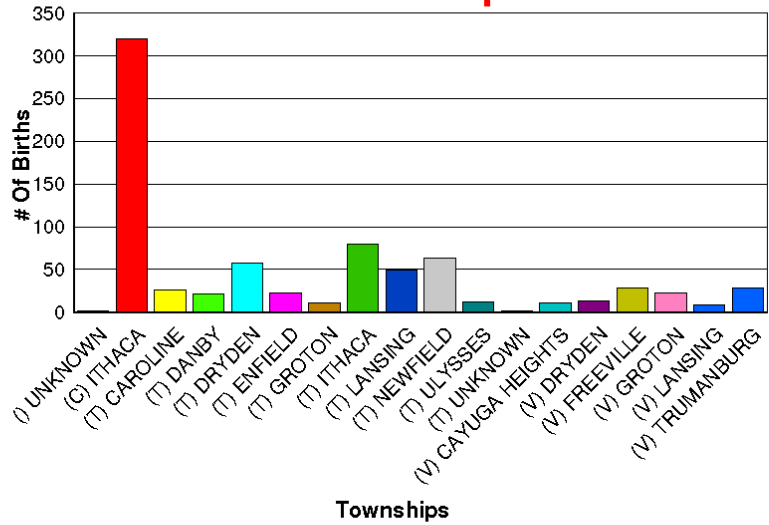
Residence*	# Of Births**
( ) UNKNOWN	2
(C) ITHACA	320
(T) CAROLINE	26
(T) DANBY	21
(T) DRYDEN	58
(T) ENFIELD	23
(T) GROTON	11
(T) ITHACA	80
(T) LANSING	49
(T) NEWFIELD	63
(T) ULYSSES	12
(T) UNKNOWN	1
(V) CAYUGA HEIGHTS	11
(V) DRYDEN	13
(V) FREEVILLE	28
(V) GROTON	23
(V) LANSING	8
(V) TRUMANBURG	28

777

\*Unknown: Residence was not filled in by parents

\*\*Teens included in count

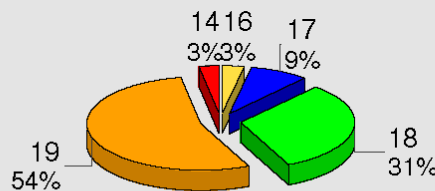
## Number of Births By Township



## Resident Teen Births

Residence	# Of Births
(C) ITHACA	13
(T) CAROLINE	3
(T) DRYDEN	5
(T) ENFIELD	1
(T) GROTON	2
(T) ITHACA	3
(T) LANSING	1
(T) NEWFIELD	4
(V) GROTON	1
(V) TRUMANBURG	2
<b>Total</b>	<b>35</b>

## Teen Births - % By Age Comparison



## Teen Live Births By Age

Age	# Of Births
14	1
16	1
17	3
18	11
19	19
<b>Total</b>	<b>35</b>

**January - December 2009  
Death Statistics For Tompkins County Residents Only**

Ages:	<1 - 9		10 - 19		20 - 29		30 - 39		40 - 49		50 - 59		60 - 69		70 - 79		80 - 89		90 - 99		100+		Totals			
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	All	
<b>CANCER</b>	0	0	0	0	0	0	1	0	3	0	9	4	14	12	8	11	17	14	6	6	0	0	58	47	105	
<b>CIRC</b>	0	1	0	0	1	0	0	0	0	4	3	5	8	14	6	11	31	17	21	5	2	0	72	57	129	
<b>COPD</b>	0	0	0	0	0	0	0	0	0	0	0	1	3	0	5	2	5	3	1	0	0	0	14	6	20	
<b>CVA</b>	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	2	8	4	5	1	1	0	17	8	25	
<b>HEART</b>	0	0	0	0	0	0	0	0	2	0	1	1	2	5	2	4	11	7	19	4	3	0	40	21	61	
<b>MVA</b>	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
<b>OTHER</b>	0	0	1	1	4	1	1	3	3	2	2	5	7	12	10	19	13	30	7	2	0	79	49	128		
<b>PENDING</b>	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
<b>PNEUMONIA</b>	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	3	4	10	6	6	13	2	0	22	26	48
<b>UNDETERMINED</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2	0	2	
<b>Totals</b>	0	1	1	2	5	1	2	3	8	8	16	19	32	38	39	44	103	64	88	36	10	0	304	216	520	

**Tompkins County Residents Only  
Accidental Deaths**

Total: 15*	Cause	Age
FEMALE: 6	COMPLICATIONS OF PELVIC FRACTURE	76
	DRUG OVERDOSE	28
	PNEUMONIA RESULT FROM FALL/HIP FRACTURE	79
	RUPTURED HEART; 2-CAR MVA	55
	SKULL FRACTURE/FALL	94
	SUBDURAL HEMATOMA FROM FALL	84
MALE: 9	ACCIDENTAL DRUG OVERDOSE	48
	ASPHYXIA/PINNED BY VEHICLE	47
	BLUNT FORCE TRAUMA	18
	BLUNT FORCE TRAUMA, 1-CAR MVA	60
	BLUNT FORCE TRAUMA/TRACTOR ROLLOVER	76
	BLUNT TRAUMA TO CHEST; 2-VEHICLE MVA	57
	BLUNT TRAUMA/STRUCK BY TREE LIMB	78
	CRUSHING CHEST TRAUMA	24
	HEAD TRAUMA FROM FALL	89

\* Total Accidental Deaths Including Out-Of-County Residents: 20

Total: 14*	Cause	Age
FEMALE: 3	ACUTE RESPIRATORY DISTRESS SYNDROME	22
	ASPHYXIA/HANGING	25
	DRUG OVERDOSE	36
MALE: 11	ACUTE HELIUM INHALATION	83
	ASPHYXIA/HELIUM GAS INHALATION	18
	ASPHYXIA	89
	ASPHYXIA DUE TO HANGING	32
	ASPHYXIA/CARBON MONOXIDE POISONING	46
	ASPHYXIA/HANGING	59
	BLOOD LOSS/SELF-INFLICTED LACERATIONS	67
	CARBON MONOXIDE POISONING	35
	DROWNING	64
	SELF-INFLICTED GUNSHOT WOUND	39
	SELF-INFLICTED GUNSHOT WOUND	82

\* Total Suicides Including Out-Of-County Residents: 15

*Death statistics continued, next page*

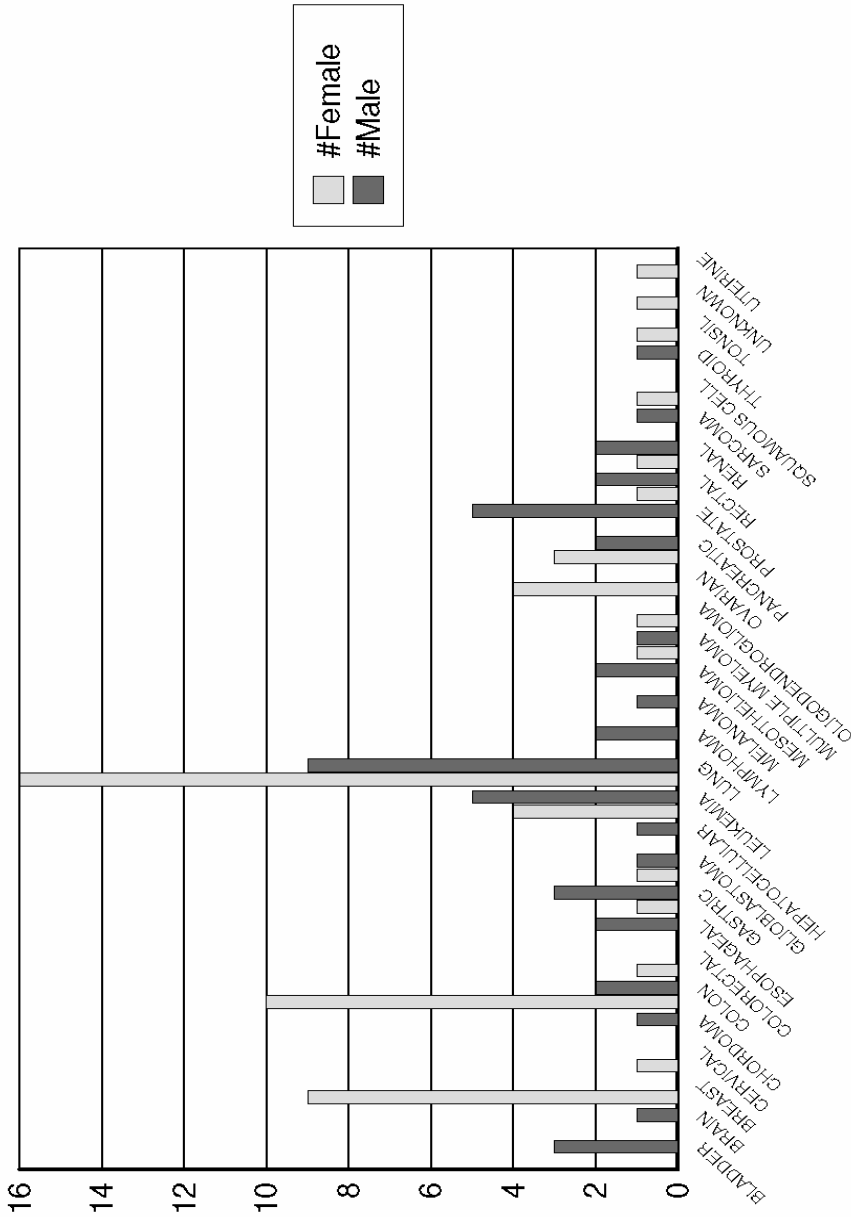
**January - December 2009  
Death Statistics For Tompkins County Residents Only**

<b>Homicides</b>		<b>Total All Deaths</b>	
Total: 3*	Cause	Total All Deaths	592
FEMALE: 3	BLUNT TRAUMATIC HEAD INJURIES	Non-Resident	72
	EXSANGUINATION/NECK WOUND	Resident	520
	PULMONARY EDEMA	A. Neonate*	1
		B. Infant	0
		C. Over 1 Year	519
		*Less than 1 month old	

\* Total Homicides Including Out-Of-County Residents: 3

January - December 2009  
 Death Statistics For Tompkins County Residents Only

Cancer Deaths By Type



Tompkins County Residents Only  
 Cancer Deaths

Types	Female	Male
BLADDER	0	3
BRAIN	0	1
BREAST	9	0
CERVICAL	1	0
CHORDOMA	0	1
COLON	10	2
COLORRECTAL	1	0
ESOPHAGEAL	0	2
GASTRIC	1	3
GLOBLASTOMA	1	1
HEPATOCELLULAR	0	1
LEUKEMIA	4	5
LUNG	16	9
LYMPHOMA	0	2
MELANOMA	0	1
MESOTHELIOMA	0	2
MULTIPLE MYELOMA	1	1
OLIGODENDROGLIOMA	1	0
OVARIAN	4	0
PANCREATIC	3	2
PROSTATE	0	5
RECTAL	1	2
RENAL	1	2
SARCOMA	0	1
SQUAMOUS CELL	1	0
THYROID	0	1
TONSIL	1	0
UNKNOWN	1	0
UTERINE	1	0
Totals	58	47

\*Numbers reflected in "Other" also includes other types of cancers in which category is not listed above.