

**AGENDA  
Tompkins County Board of Health  
Rice Conference Room  
Tuesday, September 24, 2013  
12:00 Noon**

- 12:00** I. Call to Order
- 12:01** II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)
- 12:04** III. Approval of August 27, 2013 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Old Business (15 mins.)
- |                               |                                  |
|-------------------------------|----------------------------------|
| Administration                | Children with Special Care Needs |
| Medical Director’s Report     | County Attorney’s Report         |
| Division for Community Health | Environmental Health             |
- 12:30** VI. New Business
- 12:30** **Administration** (5 mins.)
1. Establish Board of Health Nominating Committee (5 mins.)
- 12:35** **Division for Community Health** (5 mins.)
1. Approval of new policy and procedure – Influenza Vaccination and Prevention Requirements (5 mins.)
- 12:40** **Environmental Health** (20 mins.)
- Enforcement Action:**
1. Resolution #13.1.12 – Ithaca City Public Water System, C-Ithaca, Violation of Subpart 5-1 of the New York State Sanitary Code (Water) (10 mins.)
  2. Resolution #13.40.18 – Trumansburg Shur Save, V-Trumansburg, Violation of Adolescent Tobacco Use Prevention Act (ATUPA) (5 mins.)
  3. Resolution #13.11.19 – Al’s Concession, T-Ulysses, Violation of Part 14-2 of the New York State Sanitary Code (Temporary Food Service) (5 mins.)
- 1:00** **Adjournment**

**Board of Health**  
**August 27, 2013**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Will Burbank; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; and Janet Morgan, PhD

**Staff:** Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

**Excused:** Brooke Greenhouse; and Sylvia Allinger, Director of CSCN

**Guests:** Steven Kern, Sr. Public Health Sanitarian; Skip Parr, Sr. Public Health Sanitarian; and Mary Beth Tierney-Simmons, Empire State College Student

**Privilege of the Floor:** No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:04 p.m.

Mr. Kruppa introduced and congratulated Skip Parr on his promotion to the position of Senior Public Health Sanitarian responsible for Environmental Health enforcement.

Ms. Connors was pleased to introduce Mary Beth Tierney-Simmons, nursing student at Empire State College, who will be interning in the Division for Community Health Services throughout the fall semester.

**Approval of July 9, 2013 Minutes:** Dr. Morgan moved to approve the minutes of the July 9, 2013 meeting as written; seconded by Dr. Macmillan. The minutes carried with Dr. Meinhardt abstaining.

**Financial Summary:** Ms. Grinnell Crosby displayed the electronic version of the financial report. Data was condensed into two columns by selecting the most important items to present to the Board. This is a cumulative to date compared to budget report.

Mr. Kruppa demonstrated the links from the Dashboard Display page to the supporting graphs. Staff has worked with Kevin Sutherland in County Administration to simplify data to the basics of expenditures and revenues. At the bottom of the page there is an explanation of color codes. To be useful, parameters were built in to provide guidance. As the year progresses those parameters will become tighter and tighter giving a visual clue that there are items to address.

Ms. Grinnell Crosby said the order of programs may change in the next iteration of the dashboard. *Health Department* will include the entire department. *Mandates* will

have the three programs considered mandates. *Non-Mandates* will include the remaining programs. She provided additional information for the following programs:

- *Planning and Coordination* revenues are red because there are revenues that have not been claimed or posted. Emergency preparedness claims are filed quarterly. There was significant spending in June for those grants ending in July.
- *Women, Infants & Children* is on track with spending and revenues. There may be a monthly claim that has not been posted.
- *Division for Community Health* is red because clinic revenues are down at this time of year. The bulk of clinic revenues are related to flu and rabies.
- *Physically Handicapped Children's Program* is a program based on need. It is a small program with a budget of \$8,000 so there is not a lot of concern.
- *Vital Records* is yellow. It is driven by the number of birth and death certificates requested. The revenue projection may have been high.

Highlights form a lengthy discussion regarding the new format:

- A lack of revenues means there is no revenue stream for those programs.
- Something needs to be built into the program so the red or yellow box identifies which graph is causing it to be red or yellow.
- There was data fatigue from the number of graphs.
- The graphs showing cumulative to date revenues and expenditures seem to provide sufficient information.
- Utilizing the bottom *Notes* section to provide an executive summary would be helpful.
- The County's Finance Director controls when there is a pull for fringe benefits resulting in spikes in expenditures.

Summary comments: Ms. Grinnell Crosby stated the report is a work in progress. Mr. Sutherland is working on a data set for her. Today there were verbal notes but eventually she will be able to access the program and write her own notes. Mr. Kruppa recognized Mr. Sutherland for graciously creating and programming the financial report. Staff will look at ways to present the information and possibly reduce the number of graphs. Although the Health Department has the full report, the information presented in the packet is condensed. The goal is to make it understandable and useful for the Board and the public.

**Administration Report:** Mr. Kruppa reported Ted Schiele from the Health Promotion Program has been working with Shelley Comisi to put together the BOH packet as one document for posting online. Staff is tweaking the online report to make it user friendly so suggestions are welcome to make it more effective. Mr. Burbank and Ms. Cameron both noted it was difficult and confusing to locate the full packet on the Health Department website. Mr. Kruppa responded the County is updating its website. When the new version comes online, staff will look to clearly mark the BOH information piece.

Mr. Kruppa announced County ITS needs to install the equipment for wireless capability in the Rice Room. Ultimately there will be a line for the general public to access the internet. Mr. Burbank wondered if there is an expectation that everyone will

bring a computer to the Board meeting. Mr. Kruppa reported paper copies of the packet will be available the day of the meeting for any Board member needing a copy.

Mr. Kruppa informed members that Dr. DiFabio resigned her position on the Board because she felt she could not continue to meet the commitment. Several steps have been taken to advertise the opening to physicians. Dr. Meinhardt suggested Dr. Klepack contact the Medical Society regarding the vacancy. Mr. Kruppa also pointed out Mr. McLaughlin's term expires at the end of the year; however, he has the option of requesting to be reappointed. It will be the decision of the Board whether to reappoint or advertise for that position.

With the vacancy on the Board, Mr. Kruppa stated a nominating committee is needed to review applications and make a recommendation to the Board. Dr. Macmillan asked for volunteers but no one responded initially. If no one else steps forward, Mr. McLaughlin said he would be willing to serve, Dr. Meinhardt stated she would consider volunteering and Mr. Burbank expressed an interest in observing the process.

**Medical Director's Report:** Dr. Klepack reported he will be interviewed Wednesday, August 28, 2013 at 7:45 a.m. on WHCU radio. He will be discussing Lyme disease with a focus on prevention; particularly the prompt removal of ticks from the body.

Mr. McLaughlin thought there should be greater emphasis on educating the public about the importance of checking for ticks and removing them within 36-48 hours. It is a simple preventative technique.

Dr. Klepack mentioned Dr. Douglas MacQueen, whose specialty is Infectious Diseases, wrote a very good article emphasizing that Lyme disease is treatable at every stage to try to defuse some of the panic surrounding the disease.

Mr. Burbank asked if there was anything else the community could be doing to aggressively address the cause of Lyme disease. Dr. Klepack said there is not much more to be done other than working to take steps against the tick. He believes the Health Department needs to focus on prevention techniques.

Mr. McLaughlin commented he enjoyed the article written by Meg Klepack which left him pondering the invisible nature of public health and where that leads. Dr. Klepack said those who are involved in public health need to take every opportunity to convey the ways public health is affecting daily lives. There needs to be an emotional hook. Mr. McLaughlin suggested the BOH packet could have that kind of hook. Ms. Connors agreed there is an opportunity to use the packet as a venue for public health education now that it is posted online. It will take staff resources to develop but is important to work on for the future.

**Division for Community Health Report:** Ms. Connors reported there was an unannounced New York State Department of Health survey of the Licensed Home Care Services Agency (LHCSA). This was the first survey of the program since being licensed in November 2012. Considering the experiences of other licensed agencies that had received five or six deficiencies, staff was pleased the State cited only one deficiency. All of the actions described in the Plan of Correction have been completed. Staff is currently following up with Quality Assurance measures to ensure chart reviews incorporate all necessary actions. A few days ago, the acceptance letter of the Plan of Correction arrived from the State.

**Children with Special Care Needs Report:** Ms. Allinger was not present for the meeting. Mr. Kruppa provided an update on the proposal that Counties would front the money for providers waiting for payment from insurance companies. Tompkins County was one of seven counties that agreed to that proposal; however, the State has found some money and has now agreed to be the safety net. A small number of providers have signed an amended contract with the State because there is concern about the tracking mechanism. It is a flawed system. The challenge of finding providers to provide services is going to continue.

Responding to a question about the increasing caseloads for nursing staff, Mr. Kruppa answered he is working with Ms. Allinger to evaluate the numbers. Additional work time has been included for nursing staff in the 2014 budget. Although there has been a vacancy for quite some time, the Division is now fully staffed. When the new nurse is able to take on a full caseload, she will be able to relieve some of the pressure on the other nurses. Everyone in the Health Department is busy so strategic decisions must be made about adding staff or adding hours to work schedules.

**County Attorney's Report:** Mr. Wood stated he had nothing to report. He reminded the group he may arrive late because he has another regularly scheduled meeting prior to the Board meeting.

**Environmental Health Report:** Ms. Cameron reintroduced Skip Parr as the Senior Public Health Sanitarian who is filling the vacancy created by Carol Chase's retirement. Duties have been reassigned so he will be managing the enforcement cases and attending BOH meetings.

Ms. Cameron passed around two maps as she gave an update on hydrilla. The first map indicated the sites where low dose Sonar herbicide is being applied in the Cayuga Inlet. The second map showed the locations of hydrilla recently found in Fall Creek. A permit application is being submitted to New York State Department of Environmental Conservation (NYSDEC) to apply endothall in that area. Lake monitoring will continue. She reported hydrilla has been found in additional areas in the lake near the mouth where Fall Creek enters the lake consisting of floating fragments and some rooted plants along the shoreline. Options are being evaluated including hand removal of the rooted plants. There is still a sense that eradication will work. Mr. Kern added hydrilla has been found in two other spots in the State: Towanda Creek which is part of the Erie Canal system and an isolated, privately owned pond.

**Resolution #12.17.29 – revised – Hanshaw Village Mobile Home Park, T-Dryden, Violation of Subpart 5-1 and Part 17 of the New York State Sanitary Code (MHP/Water):** Ms. Cameron proposed the following two modifications:

- In the Draft Resolution, Resolved section, item #2, a change of date so the order reads: *“Meet the requirements of the attached revised schedule of compliance dated August 27, 2013.”*
- In the accompanying Schedule of Compliance, Immediate Modifications section, items #6 and #8, a change of date to *“8/30/2013.”*

There was a delay in receiving the water meters so additional time is needed to install them. Mr. Parr said the owner is cooperating.

Mr. McLaughlin moved to accept the resolution as amended; seconded by Dr. Meinhardt; and carried unanimously.

**Resolution #13.18.15 – Beaconville Mobile Home Park, T-Dryden, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):** Ms. Cameron said the replacement water storage tanks need to be installed. Plans have been submitted but the owner has been slow in completing the installation.

Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

**Resolution #13.18.10 – J-A-M Mobile Home Park, T-Lansing, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):** Ms. Cameron reported Jack Burns, owner, could not attend the meeting but wanted the record to reflect he was requesting the Board to consider a reduction in the penalty. Mr. Parr noted the owner's reasoning is that he is trying hard to meet the requirements but there are financial hardships.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Morgan.

Dr. Meinhardt asked about the risk to residents because the owners are moving so slowly. Ms. Cameron replied there has been a boil water order for a year which should remove the risk to the occupants. Mr. Parr added there are five units in the mobile home park and most of the homes have their own treatment systems. He reported the owners had missed two quarterly water samples but the third quarter sample was negative for total coliform.

The vote on the resolution as written carried unanimously.

**Resolution #13.14.11 – John Joseph Inn and Elizabeth Restaurant, T-Lansing, Violation of Subpart 5-1 of the New York State Sanitary Code (Water):** Ms. Cameron noted the facility is not in continual operation; however, the water system must be operated continuously because of concerns about water quality. The issue has been about the owner's ability to operate and maintain the water system continuously. He is making improvements and submitting reports. The fine is \$700 due to the number of reports the owner failed to submit.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Meinhardt; and carried unanimously.

**Resolution #13.11.17 – Lao Village, T-Ulysses, Violation of Part 14-2 of the New York State Sanitary Code (Temporary Food Service):** Ms. Cameron read a statement submitted by Keo Sisombath, owner of Lao Village, who was unable to attend the BOH meeting. In his statement, he acknowledged the violation and the \$1,000 fine to be paid. He apologized for the mishap and violation, adding he would try not to let it happen again. Ms. Cameron stated this temporary food service establishment had two violations at the Fingerlakes Grassroots Festival. The history shows the owner has a fairly consistent record of violations and a BOH action in 2006 so the fine was set at \$1,000 and conditions added to try to alleviate problems in the future.

There was a lengthy discussion regarding whether a food permit should be issued in a situation where there are numerous critical violations and the fines are not resulting in the necessary changes. Ms. Cameron explained staff feels the owner is trying to address the problem. Mr. Parr added there is a requirement in the resolution that the owner must show documentation he has adequate refrigeration equipment before he can be issued a new temporary food permit. In addition, there is a section written in the Stipulation Agreement and the Draft Resolution stating Mr. Sisombath may not be issued another temporary permit for three years if there is another violation.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Morgan; and carried unanimously.

**Resolution #13.20.16 – Heidi Pane/Leisure Lane, T-Dryden, Violation of Article VI of the Tompkins County Sanitary Code (Sewage):** Ms. Cameron asked for the resolution to be withdrawn from the agenda at this time. This is a difficult situation for the owner who has limited funds to replace the sewage system. Although Ms. Pane meets the requirements for a housing grant, the State is not releasing the funds to Better Housing for Tompkins County so she has been advised to obtain a loan. Staff needs to redraft the resolution to account for the change. In this matter, staff requests the Board to consider waiving the permit application fee.

Mr. Burbank moved to waive the permit application fee; seconded by Mr. McKee; and carried unanimously.

**Adjournment:** At 1:35 p.m. Dr. Macmillan adjourned the meeting.

TO: Tompkins County Board of Health

FROM: Brenda Grinnell Crosby

DATE: September 17, 2013

SUBJECT: August Financial Dashboard

The financial dashboard continues to be a work in progress. Due to budget development work changes discussed last month have not been implemented at this time.

In August we are fully green in expenditures and showing several red items in revenues as well as one yellow. Following a review of the actual data the following notes describe the status for those in red/yellow:

**Preschool Special Education (Red):** Automated Voucher Listings (AVLs) claimed in July/August (\$711,509.78) are not posted to the financial system as of August 30. The next large claim is likely around October 2013. NYS prescribes when we can file claims for this program.

**Planning & Coordination (Red):** A budget adjustment was processed to allow for unspent funds and re-authorization of prior year grant funds from Homeland Security. This additional spending will occur in September/October. Increased spending over the last couple of months is reflected in monthly claims that are not yet paid by NYS for the Public Health Preparedness Grant.

**Vital Records (Yellow):** Revenue is driven by the number of birth/death certificates requested. Requests are lower than estimated at this time.

**Division for Community Health (Red):** Grant revenues are lower as a result of not receiving approved contracts in order to submit claims as well as final spending is in process for grants ending in September that will generate larger claims in October/November. Clinic revenues are down and are expected to improve with upcoming flu clinics. Medicaid D&TC is lower as most of the clients are switching to Medicaid Managed Care and services are reflected as part of our Licensed Agency revenues not clinic revenues and TB DOT revenues are down due to managed care reimbursement rates which are lower (one time per week, not for each daily visit), in addition we have had only two clients on DOT.

**Physically Handicapped Children Treatment (Red):** This program is based on need. There hasn't been significant spending, therefore revenues will be lower than budgeted.

**Early Intervention (Red):** The state has not set up a mechanism to claim reimbursement following the state takeover of the program. Revenues currently reflected are clean up from prior to the state takeover of the program.

## Dashboard Display thru August 2013

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education		
Plng. & Coord. (Health)		
Women, Infants & Children		
Occupational Hlth.& Sfty.		
Medical Examiner		
Vital Records		
Division For Community Health		
Medical Examiner Program		
Plng. & Coord. Of C.S.N.		
Phys.Handic.Chil.Treatmnt		
Early Intervention (0-3)		
Environmental Health		
Public Health State Aid		

**LAST REFRESH: September 11, 2013**

### EXPENDITURES

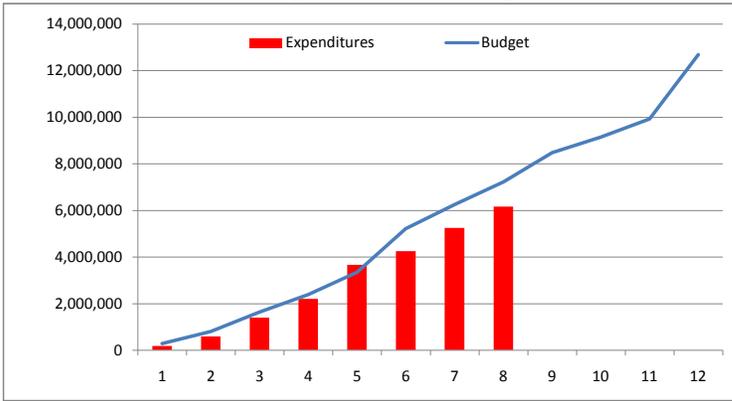
Cumulative to date compared to budget (over budget by more than 15% = Red, between 110% and 115% of budget = Yellow, below 110% of budget = Green)

### REVENUES

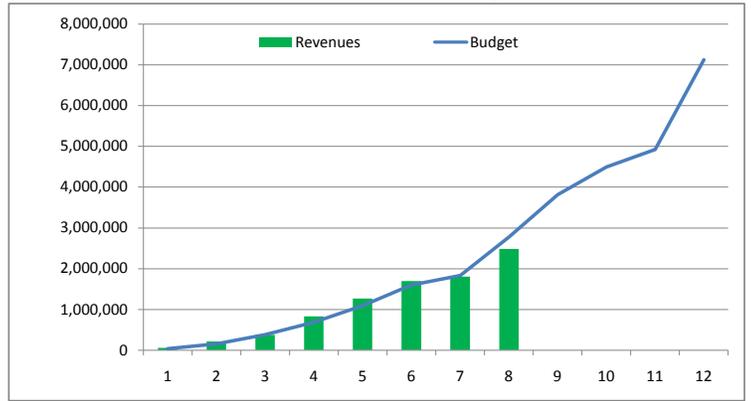
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

# Tompkins County Health Department

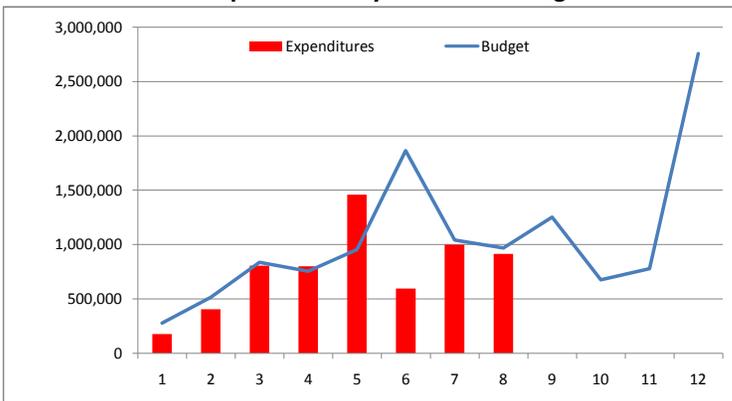
## Cumulative Expenditures thru August 2013



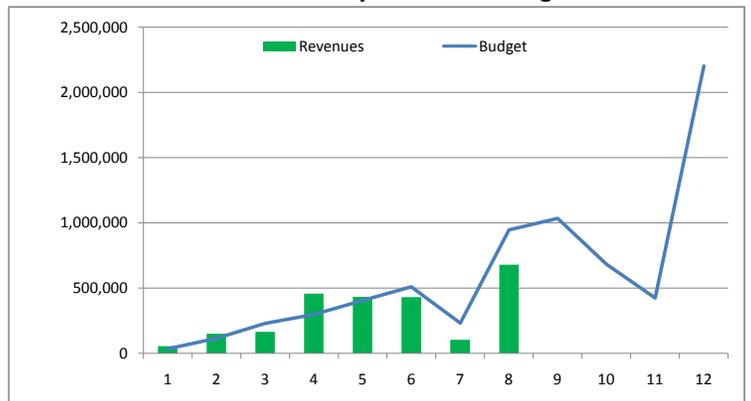
## Cumulative Revenues thru August 2013



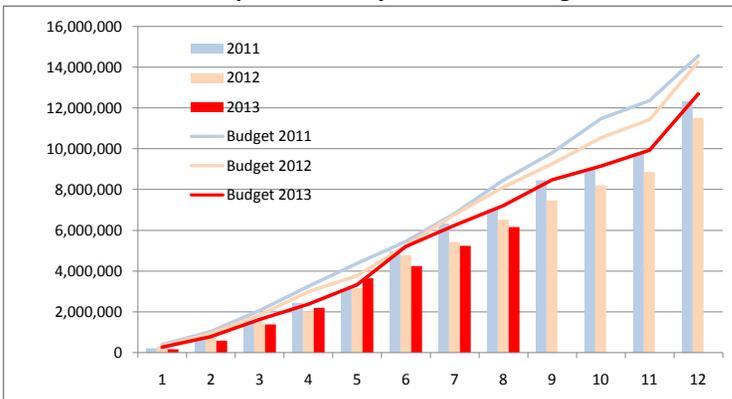
## 2013 Expenditures by month thru August



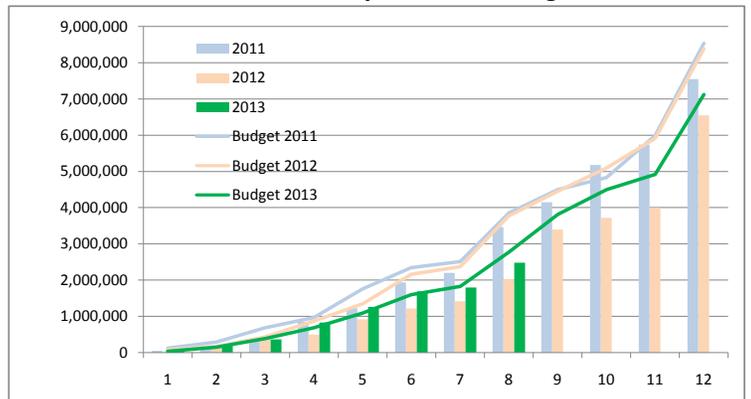
## 2013 Revenues by month thru August



## Cumulative Expenditures by month thru August 2013



## Cumulative Revenues by month thru August 2013

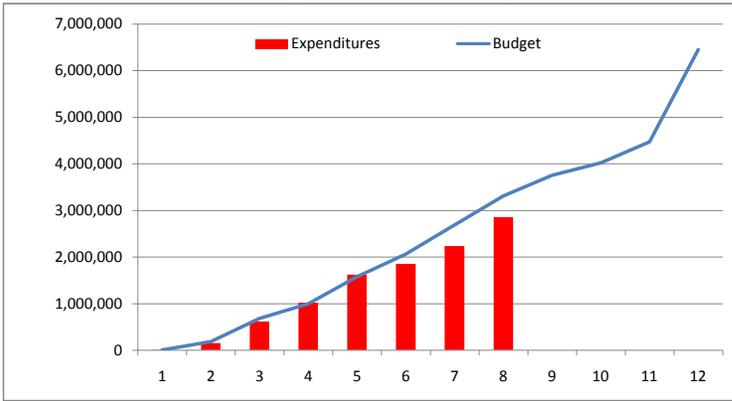


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

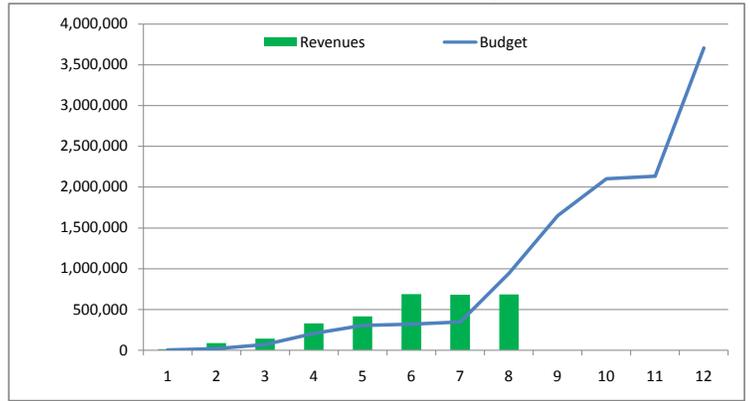
Notes:

# Health Department Mandate Accounts

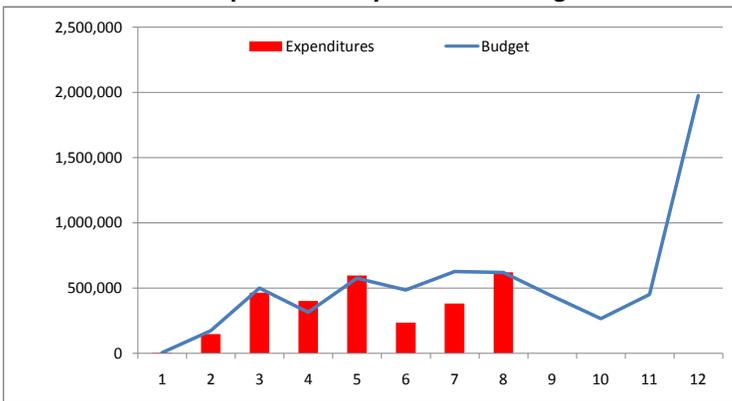
Cumulative Expenditures thru August 2013



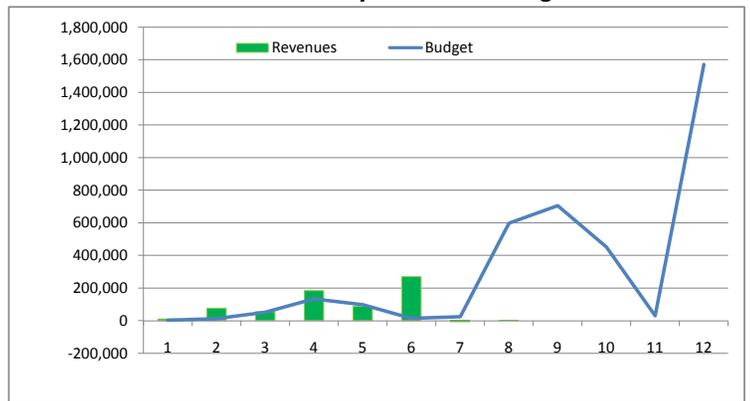
Cumulative Revenues thru August 2013



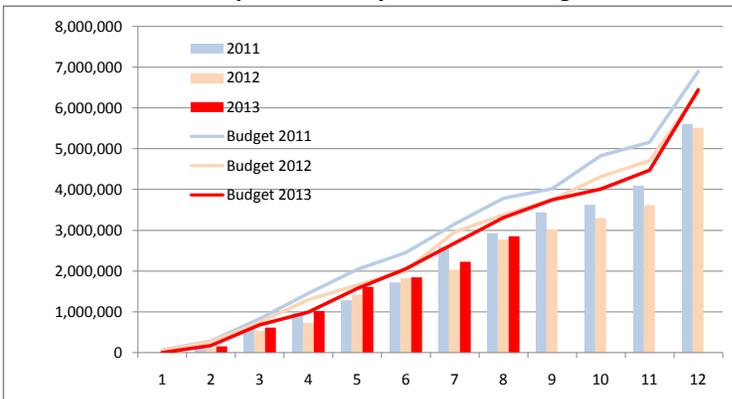
2013 Expenditures by month thru August



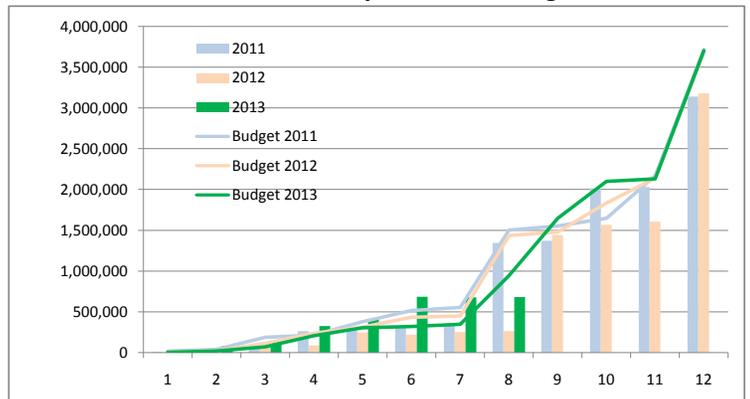
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

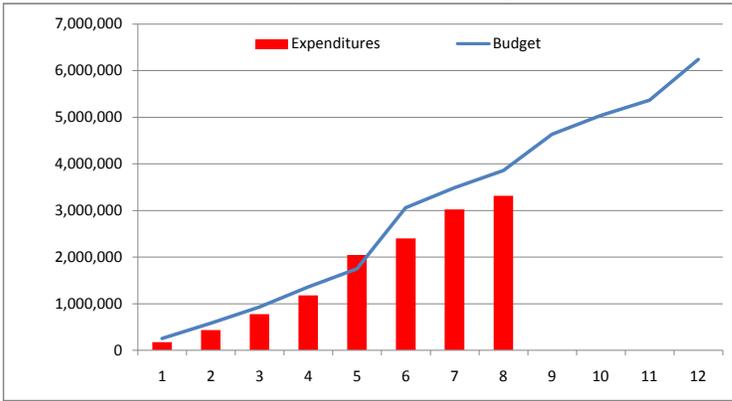


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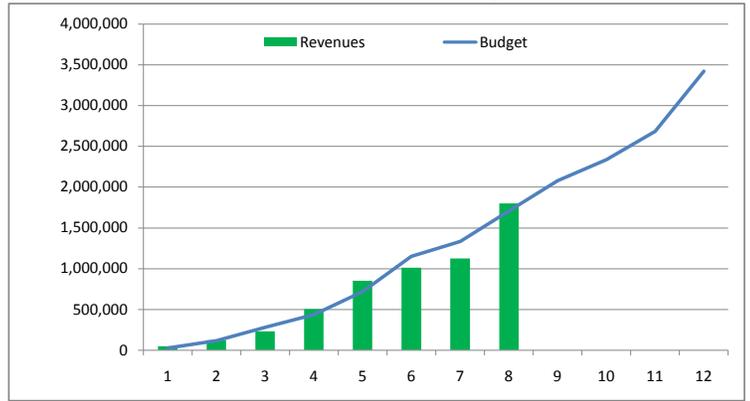
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# Health Department Non-Mandate Accounts

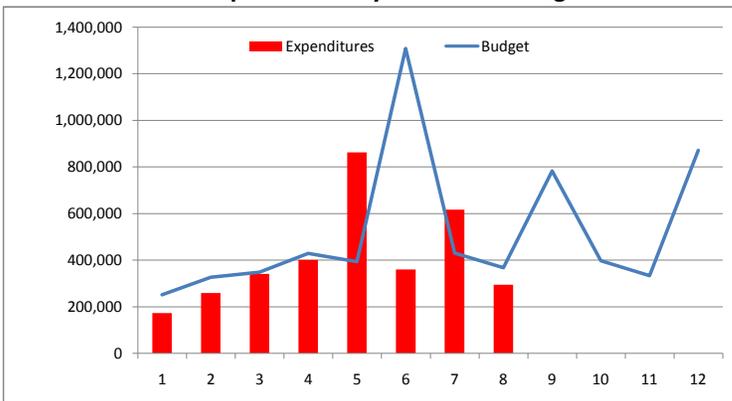
## Cumulative Expenditures thru August 2013



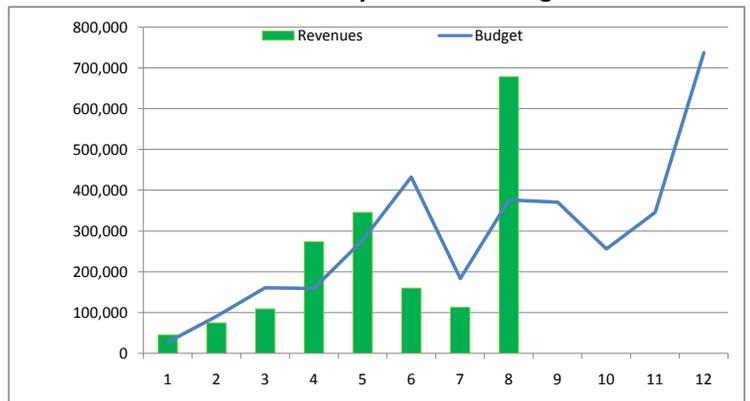
## Cumulative Revenues thru August 2013



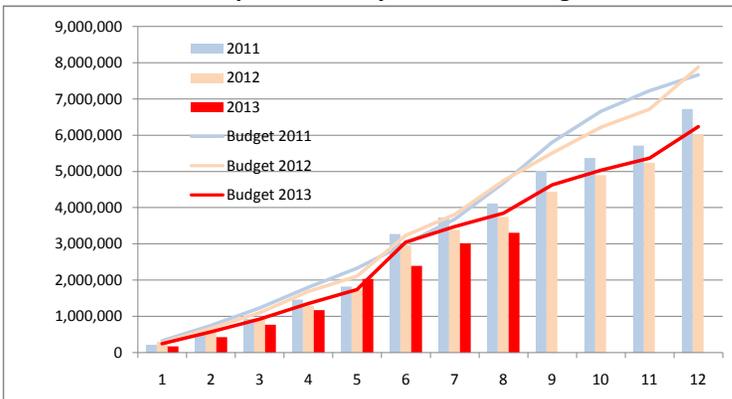
## 2013 Expenditures by month thru August



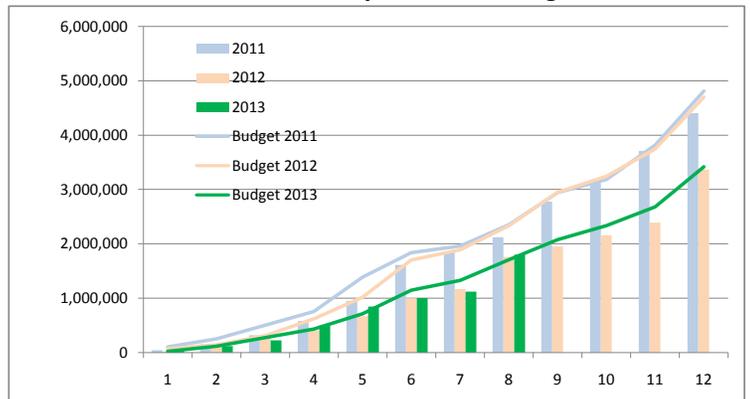
## 2013 Revenues by month thru August



## Cumulative Expenditures by month thru August 2013



## Cumulative Revenues by month thru August 2013

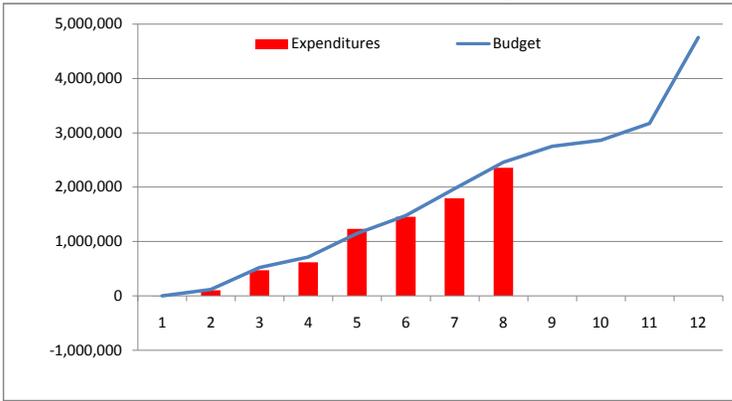


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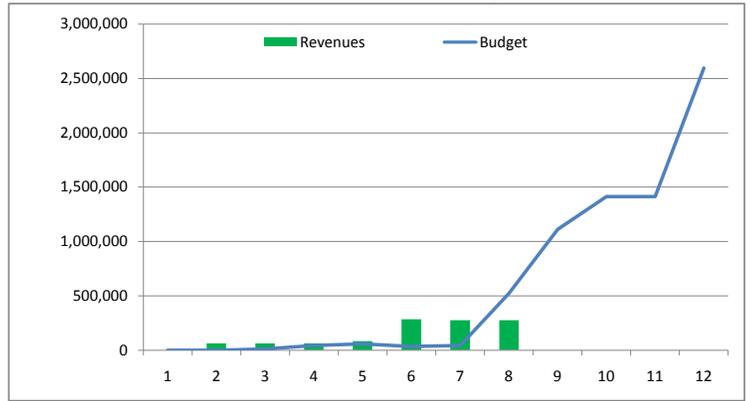
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# Health Department - Preschool Special Education

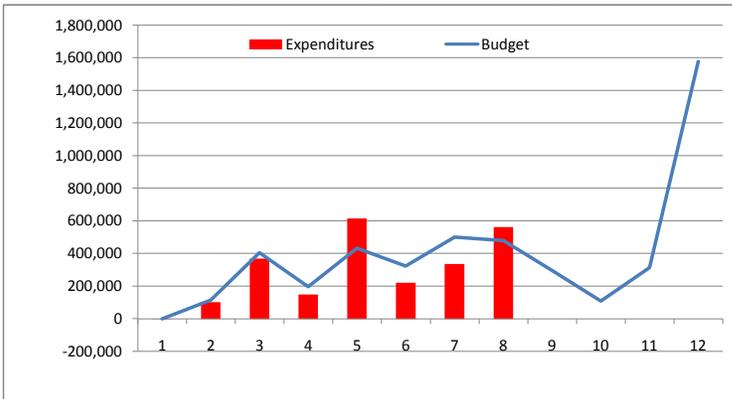
Cumulative Expenditures thru August 2013



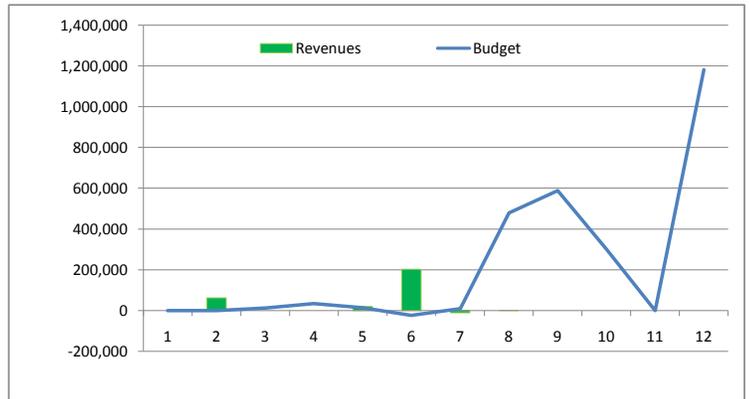
Cumulative Revenues thru August 2013



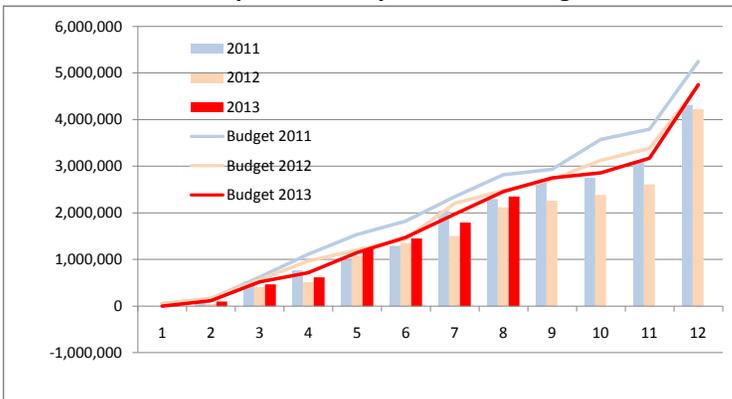
2013 Expenditures by month thru August



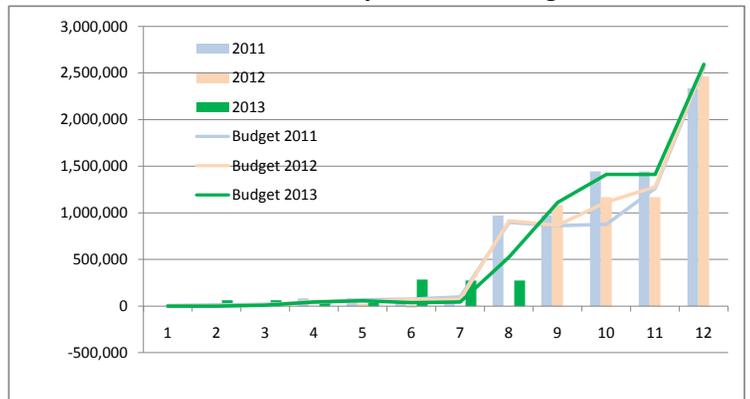
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

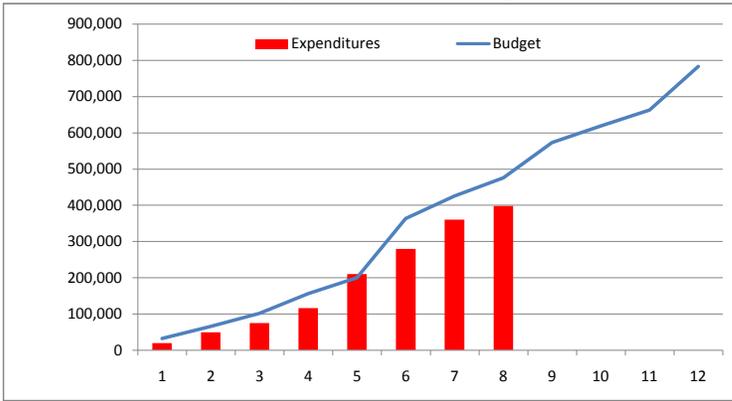


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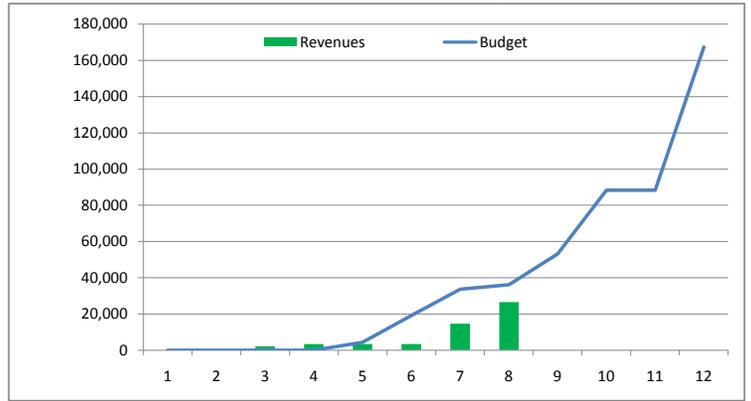
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# Health Department - Planning and Coordination

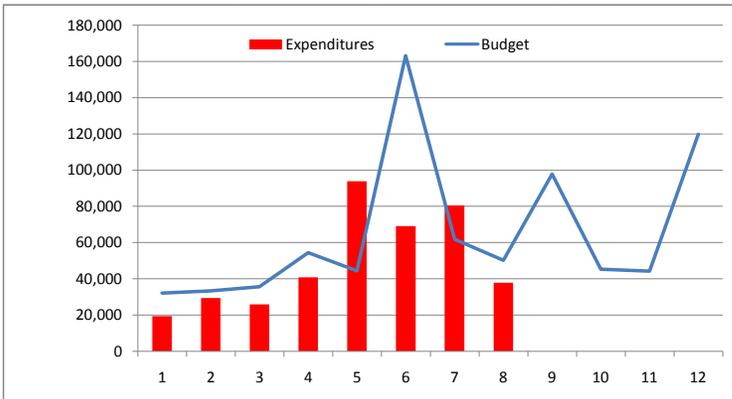
Cumulative Expenditures thru August 2013



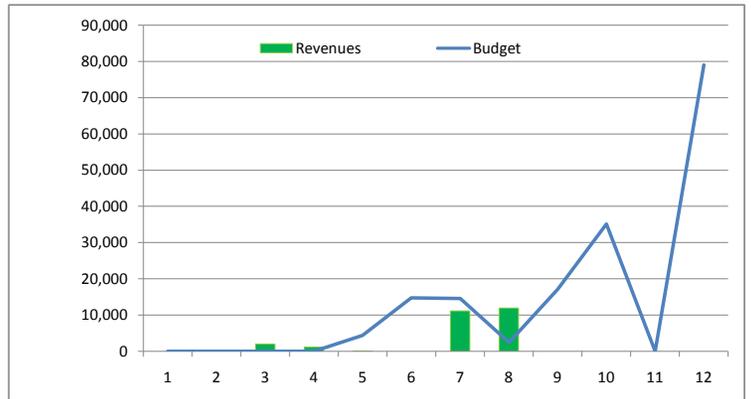
Cumulative Revenues thru August 2013



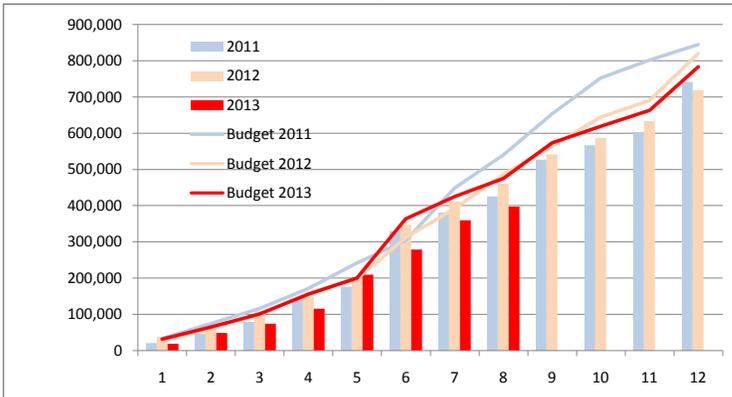
2013 Expenditures by month thru August



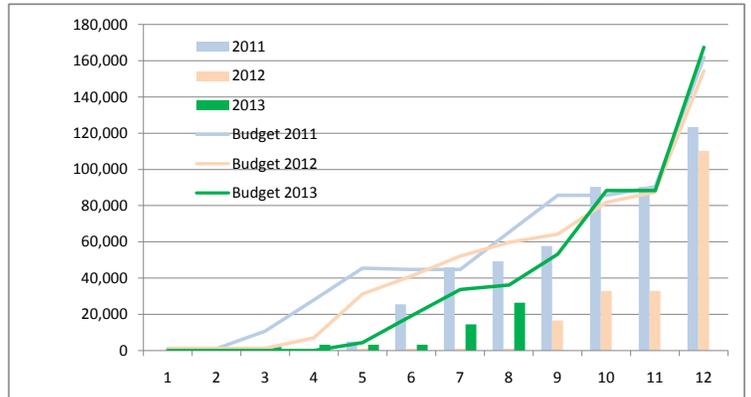
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

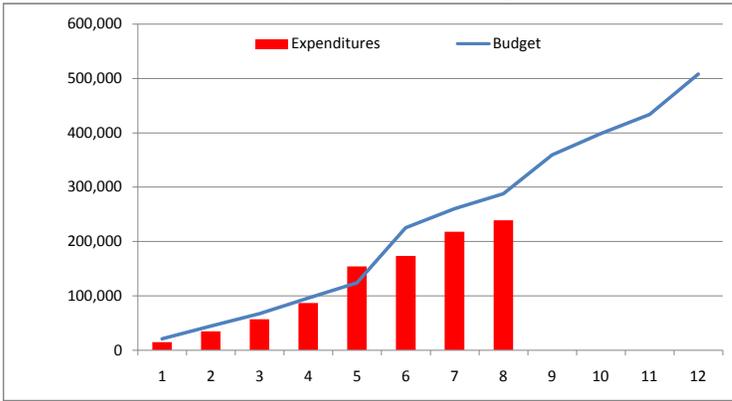


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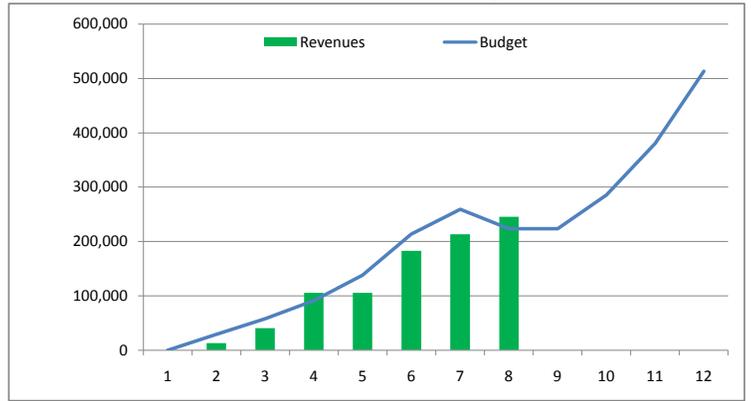
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# Health Department - Women, Infants & Children

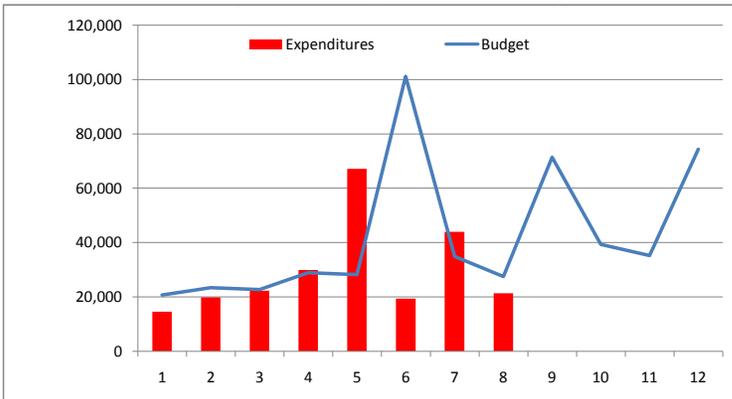
Cumulative Expenditures thru August 2013



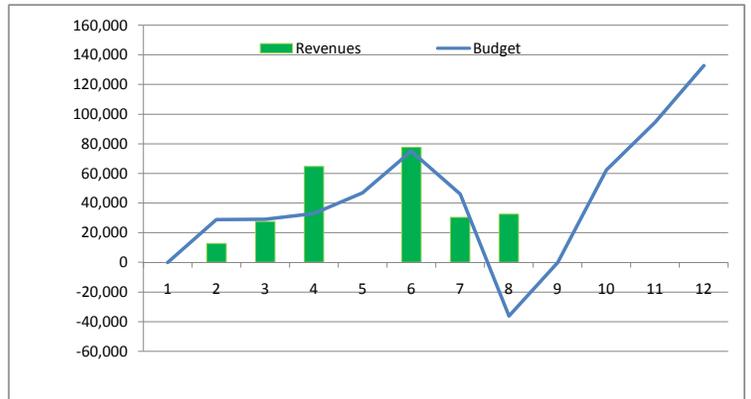
Cumulative Revenues thru August 2013



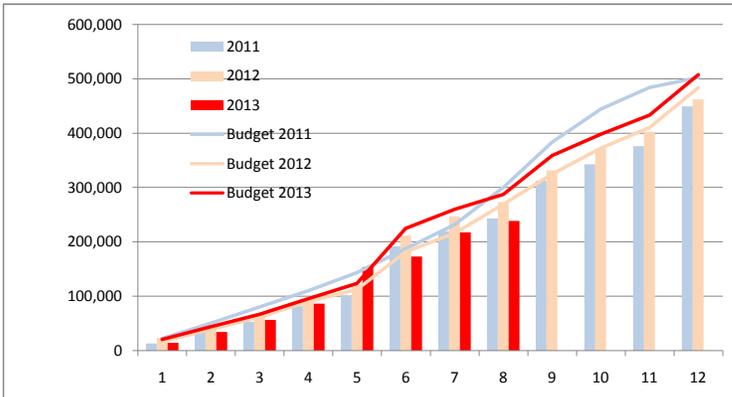
2013 Expenditures by month thru August



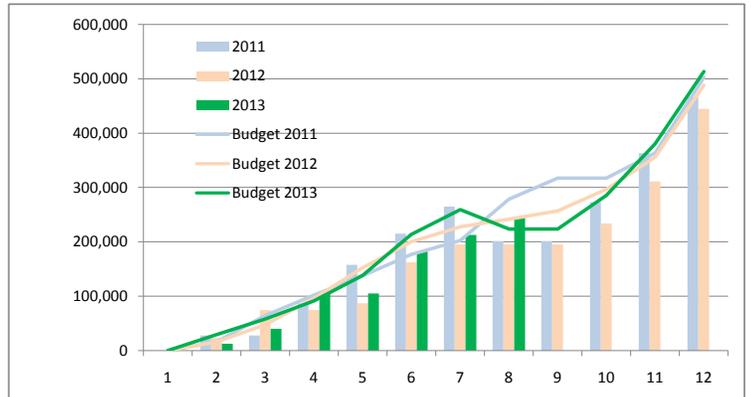
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

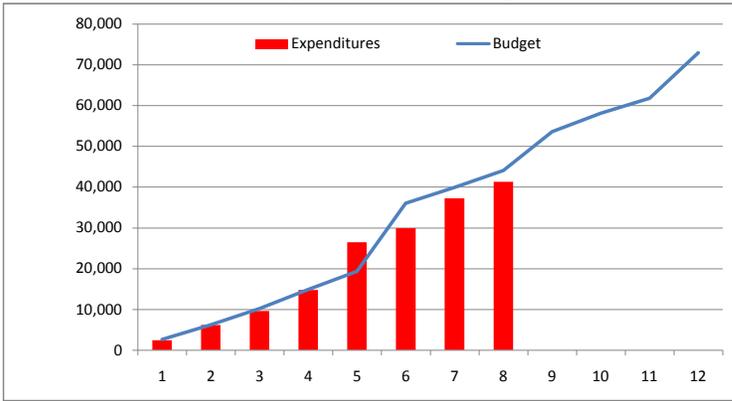


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

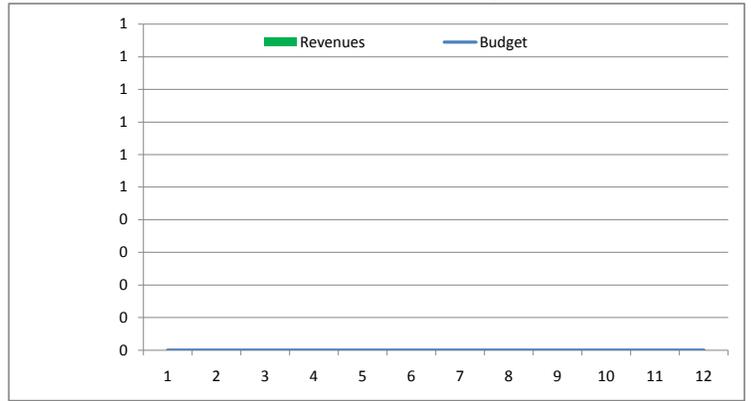
Notes:

# Health Department - Occupational Health & Safety

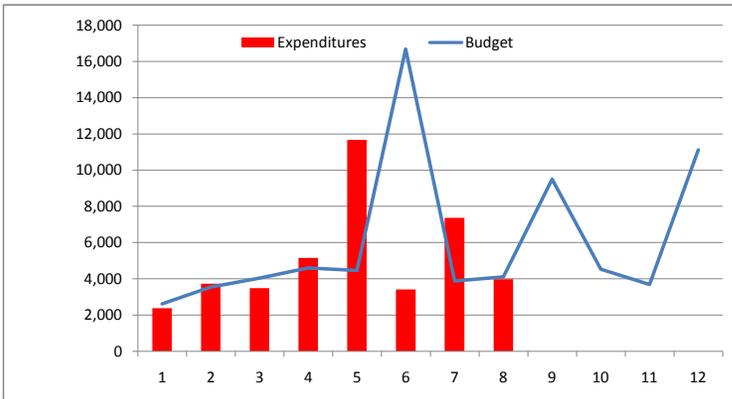
Cumulative Expenditures thru August 2013



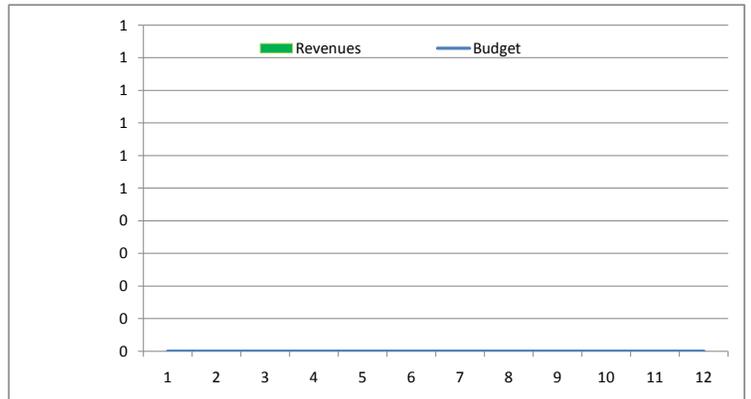
Cumulative Revenues thru August 2013



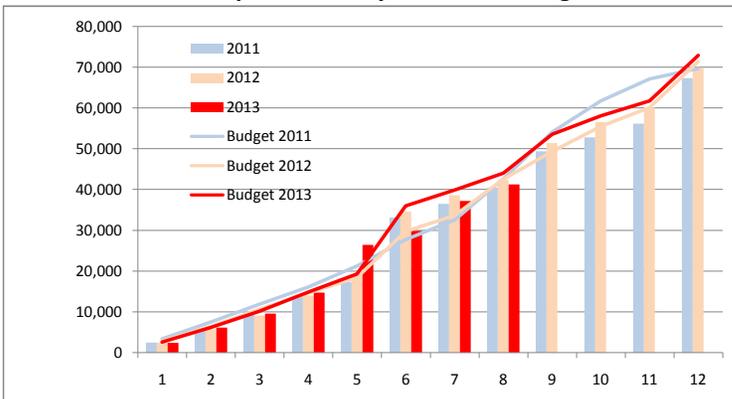
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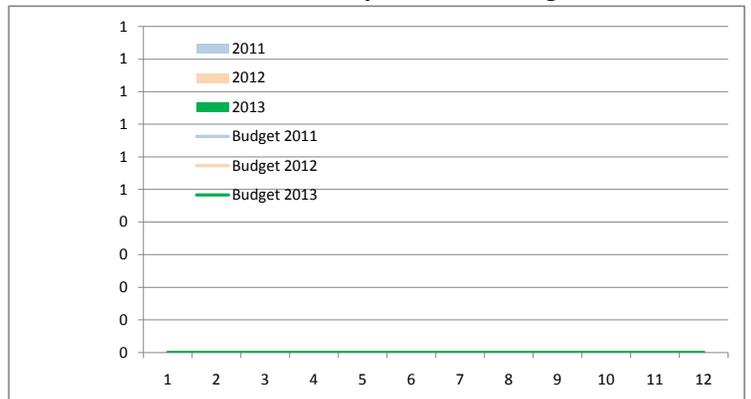
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

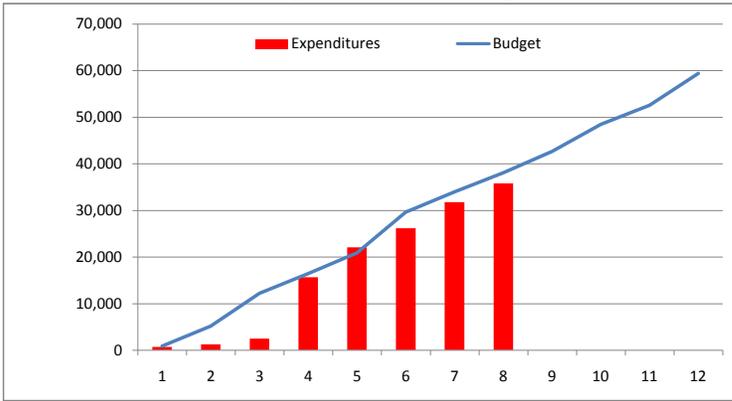


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

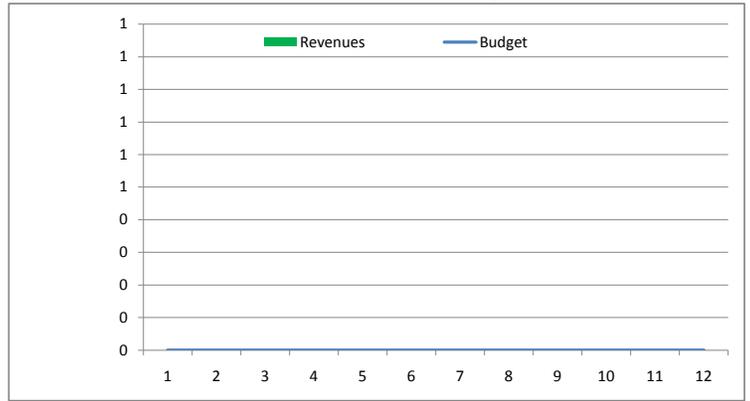
Notes:

# Health Department - Medical Examiner

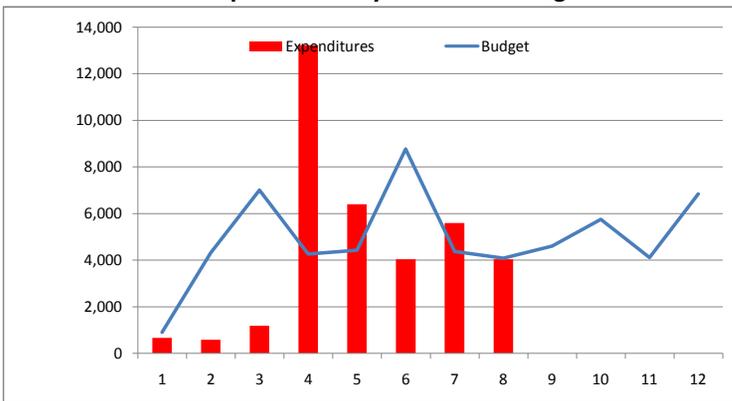
Cumulative Expenditures thru August 2013



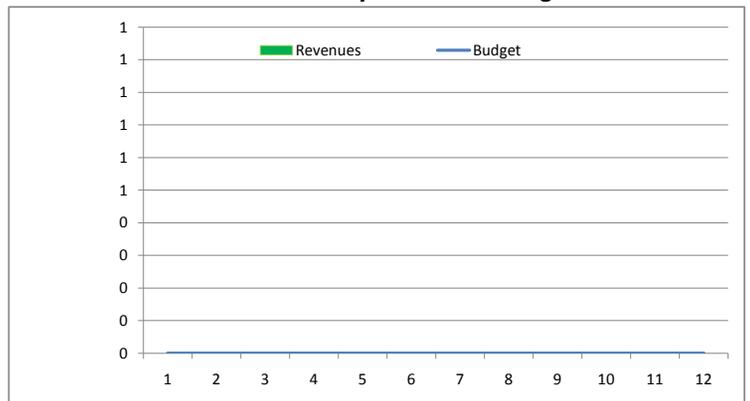
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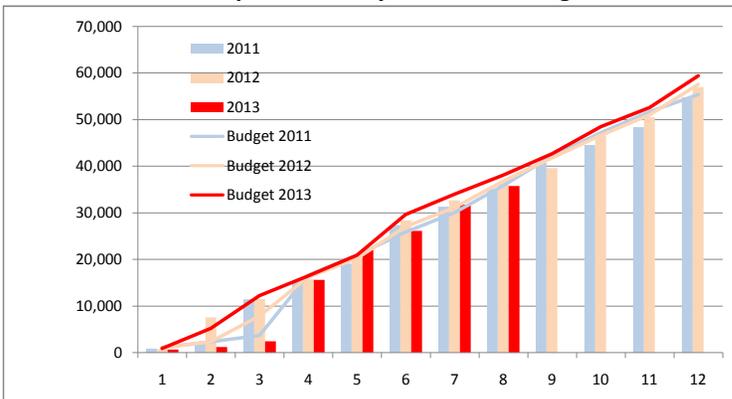
2013 Expenditures by month thru August



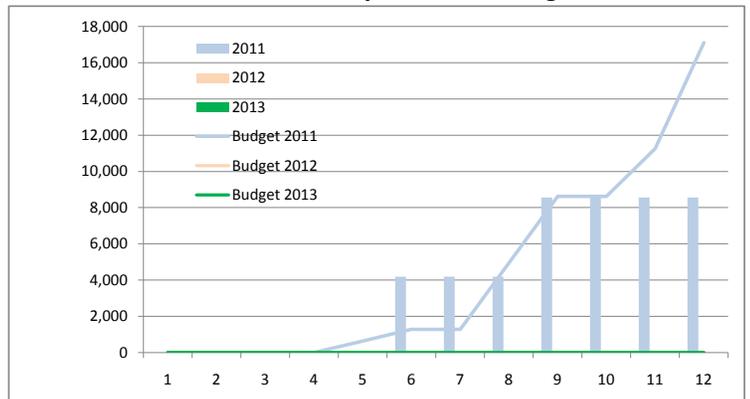
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

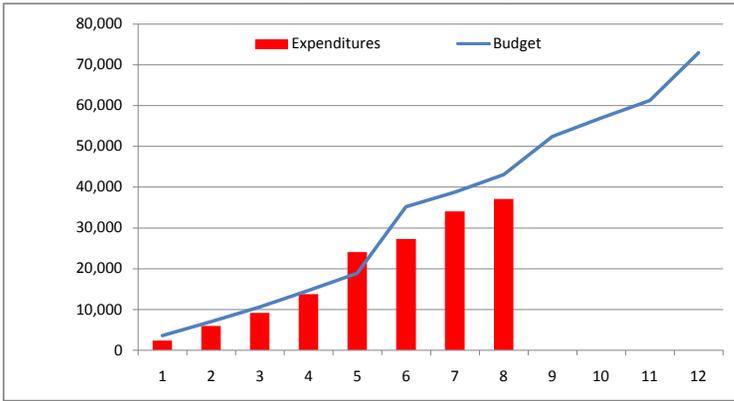


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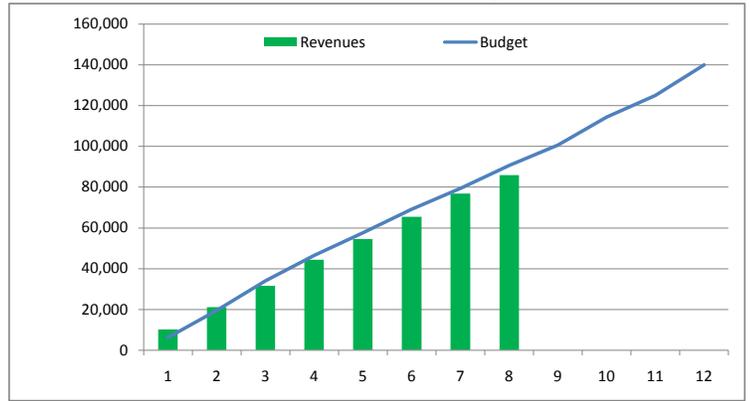
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# Health Department - Vital Records

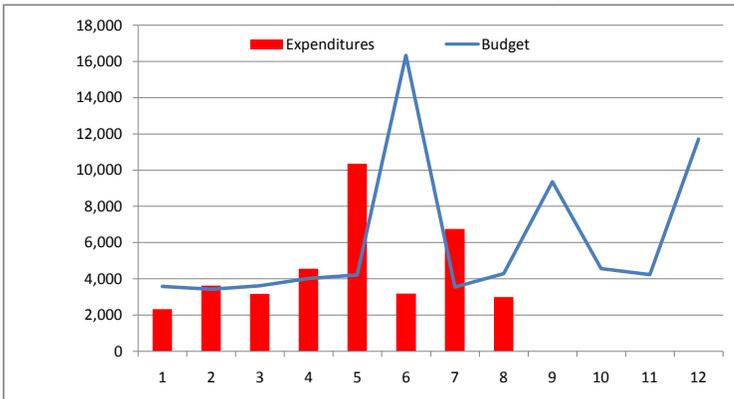
Cumulative Expenditures thru August 2013



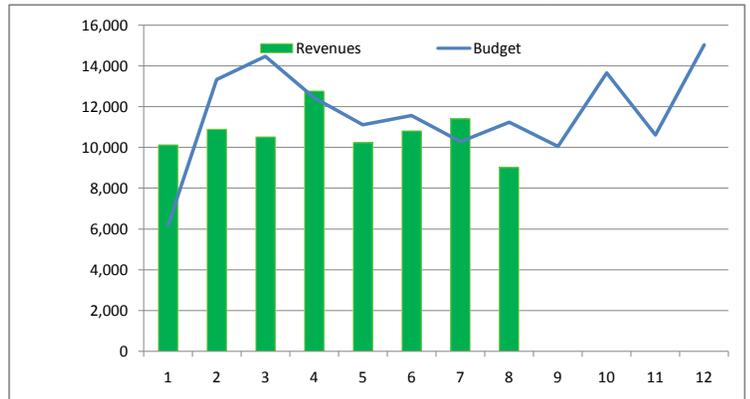
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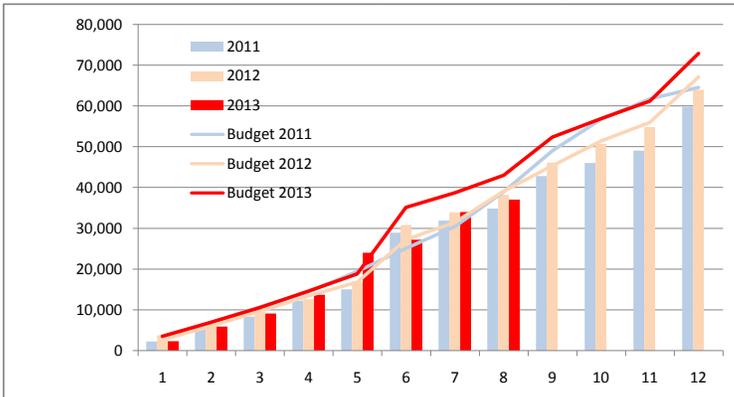
2013 Expenditures by month thru August



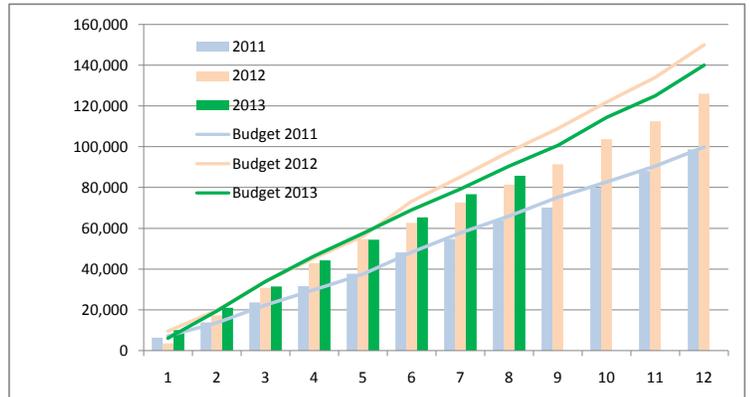
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

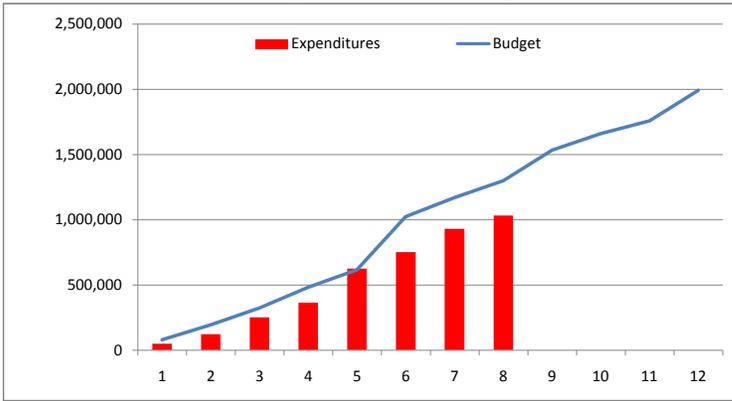


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

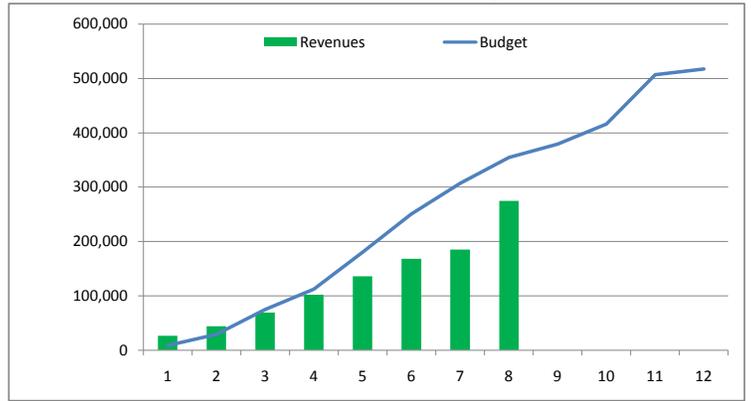
Notes:

# Health Department - Division For Community Health

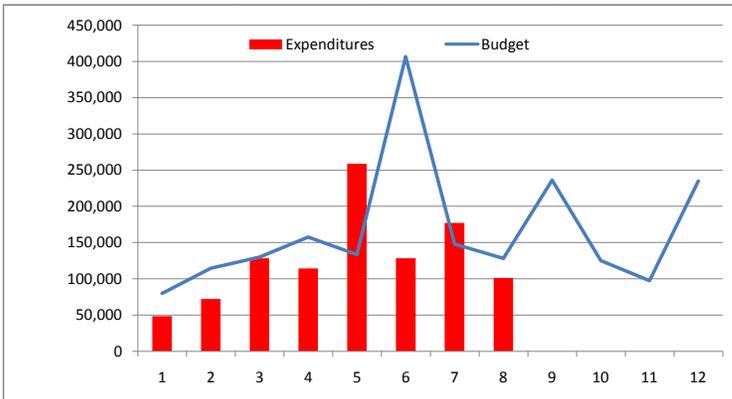
## Cumulative Expenditures thru August 2013



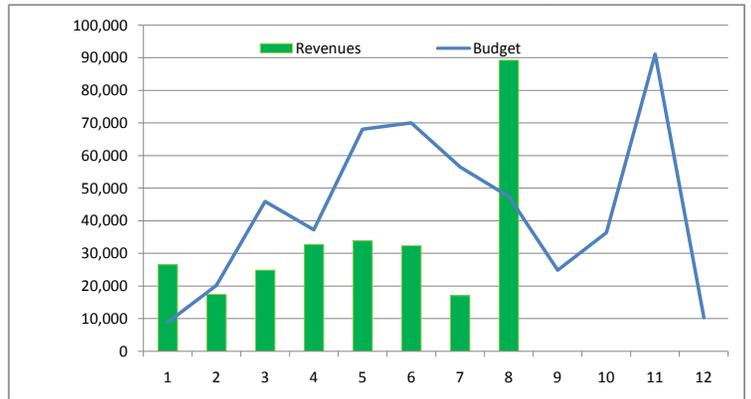
## Cumulative Revenues thru August 2013



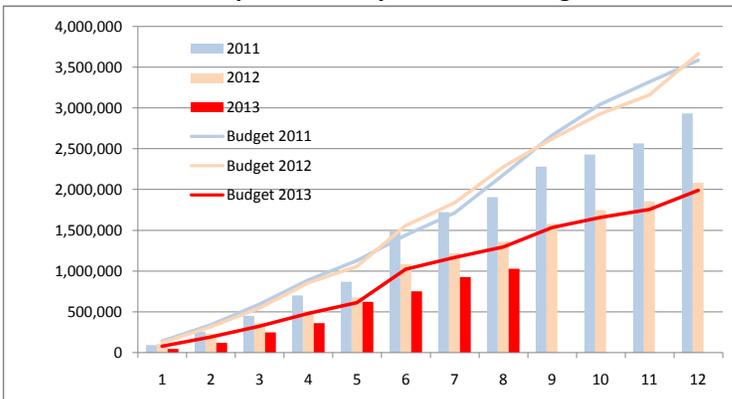
## 2013 Expenditures by month thru August



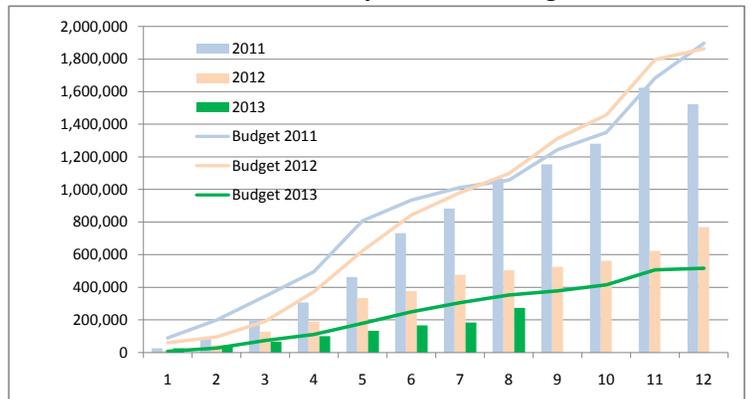
## 2013 Revenues by month thru August



## Cumulative Expenditures by month thru August 2013



## Cumulative Revenues by month thru August 2013

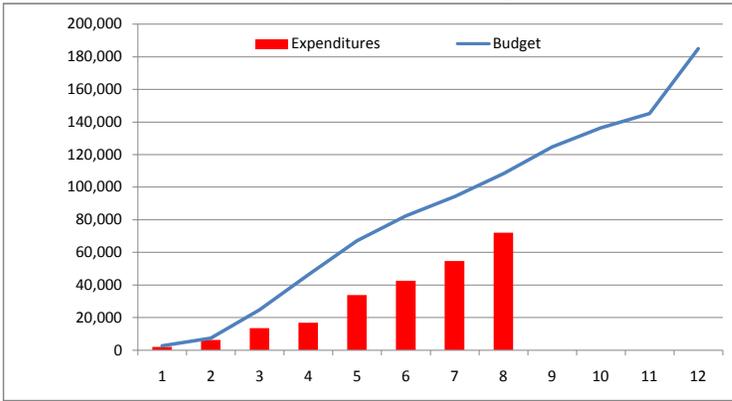


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

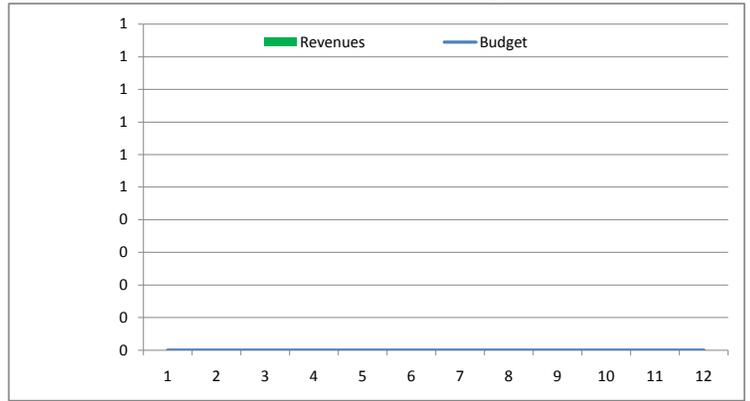
Notes:

# Health Department - Medical Examiner Program

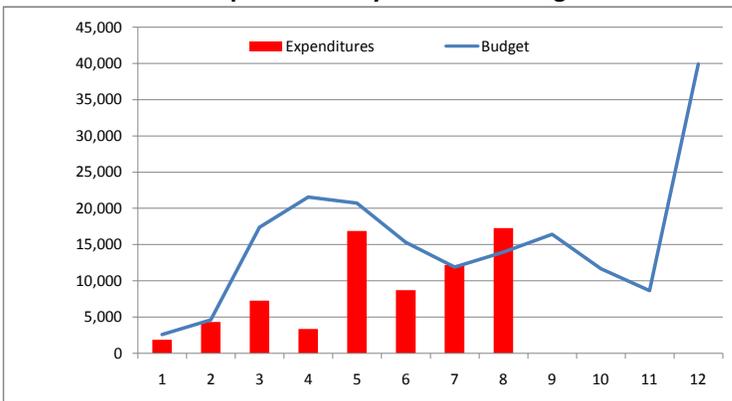
Cumulative Expenditures thru August 2013



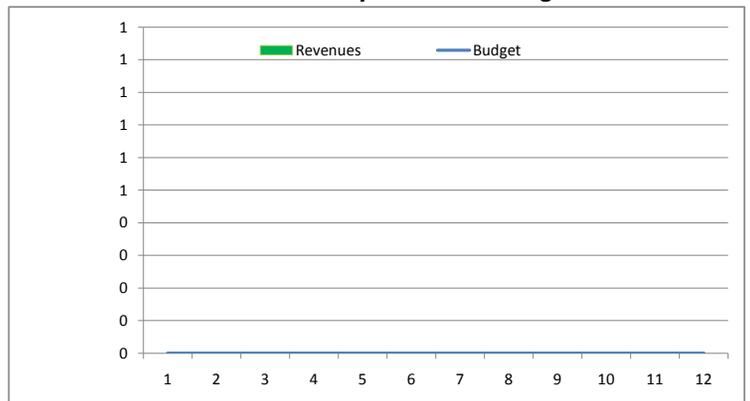
Cumulative Revenues thru August 2013



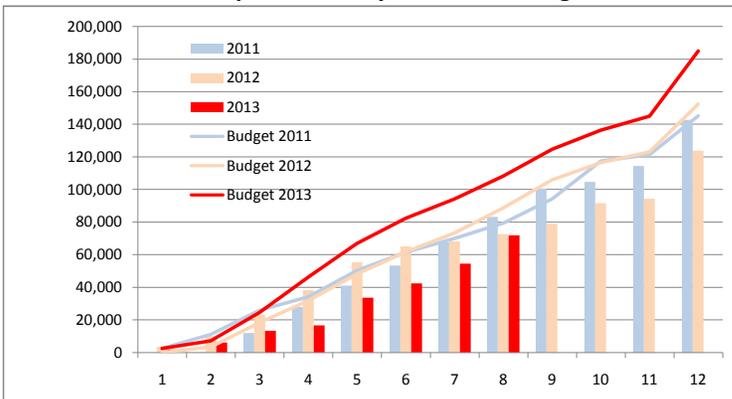
2013 Expenditures by month thru August



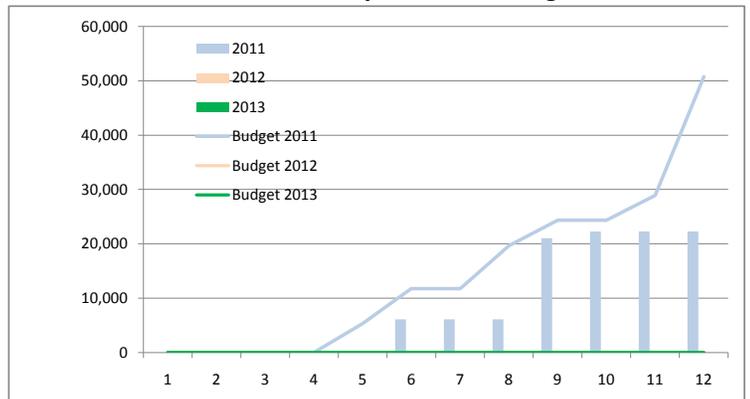
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

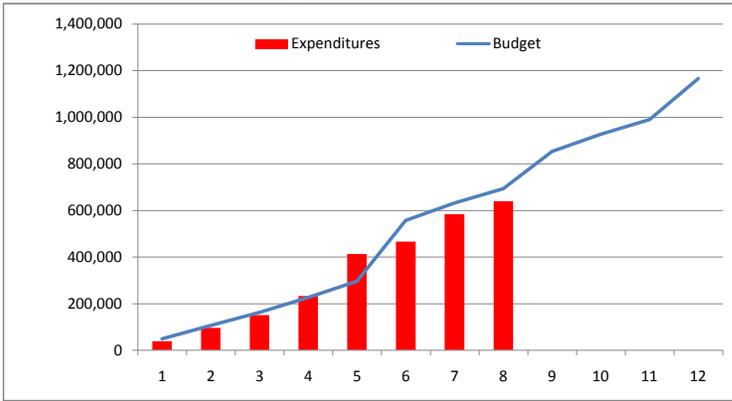


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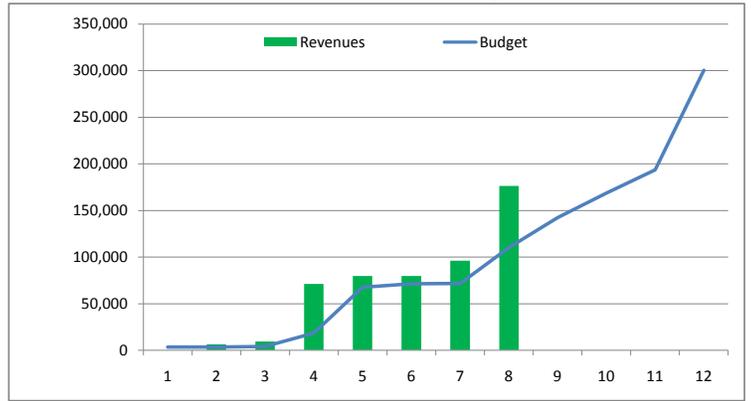
Notes:

# Health Department - Planning and Coordination of CSN

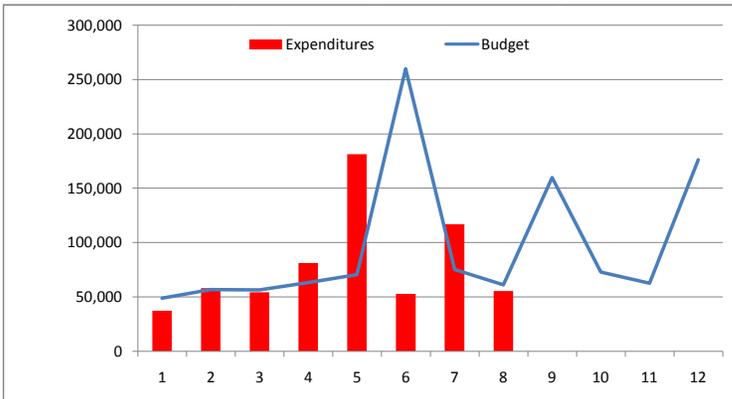
Cumulative Expenditures thru August 2013



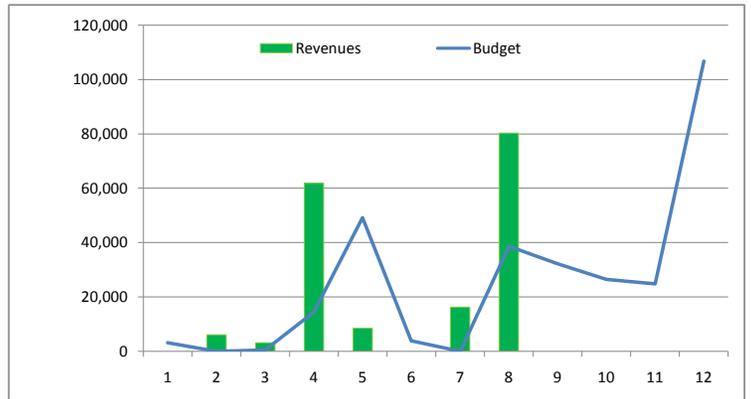
Cumulative Revenues thru August 2013



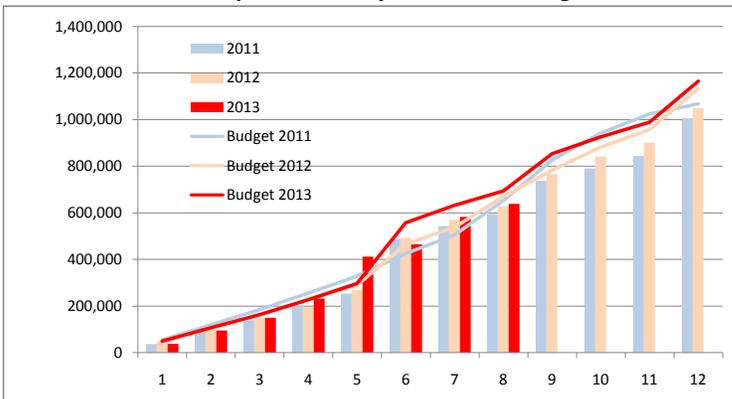
2013 Expenditures by month thru August



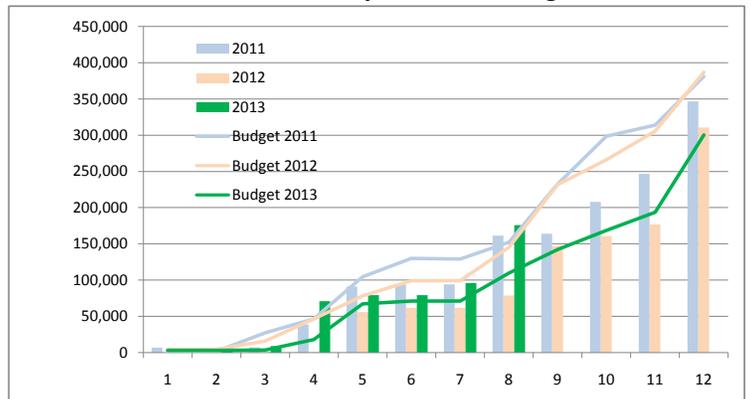
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

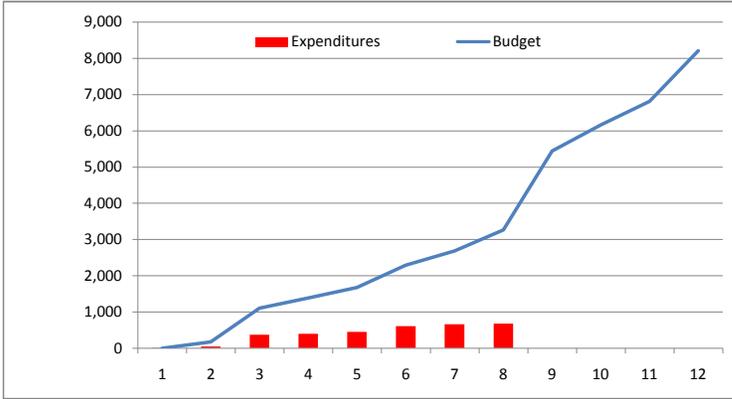


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

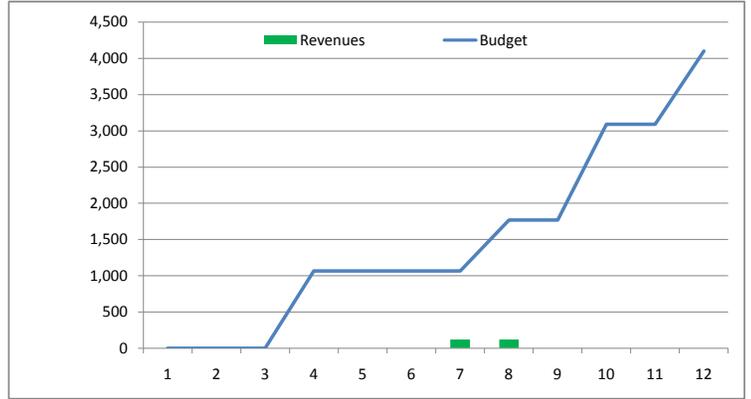
Notes:

# Health Department - Phys.Handic.Chil.Treatment

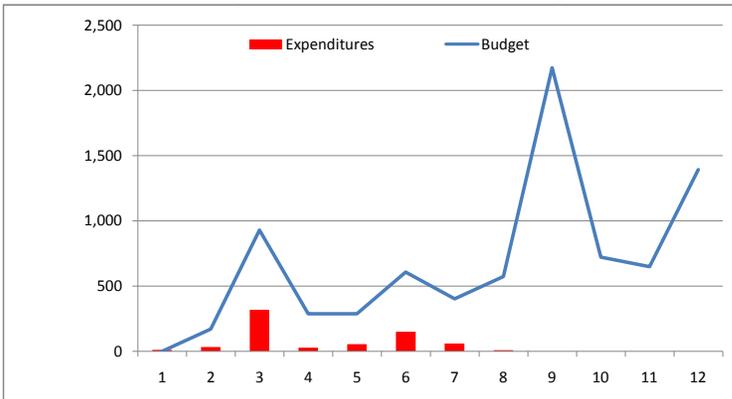
Cumulative Expenditures thru August 2013



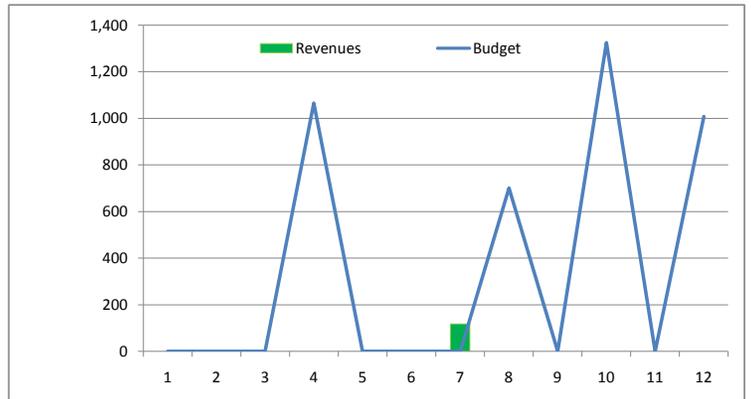
Cumulative Revenues thru August 2013



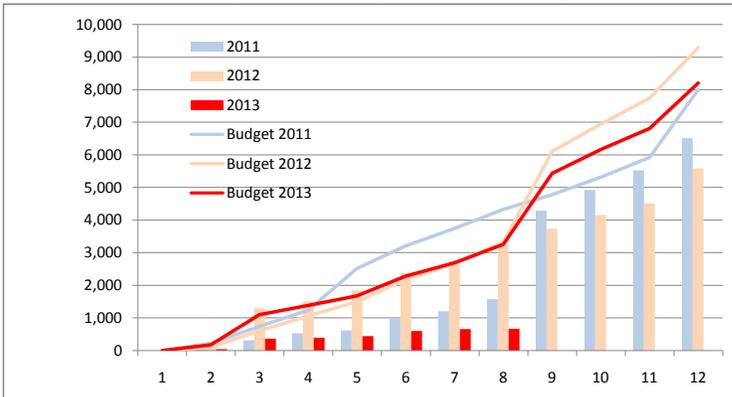
2013 Expenditures by month thru August



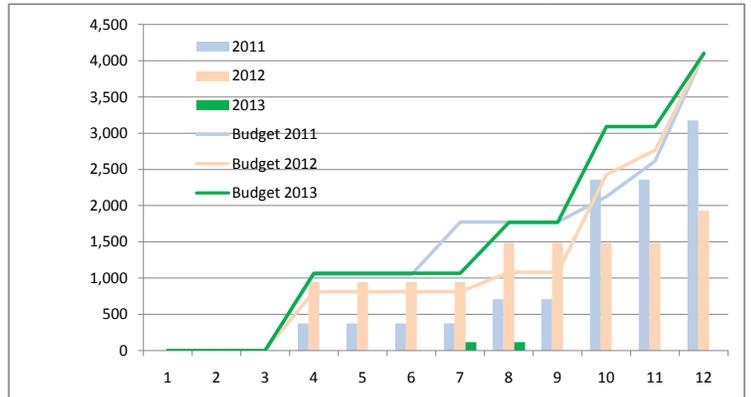
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

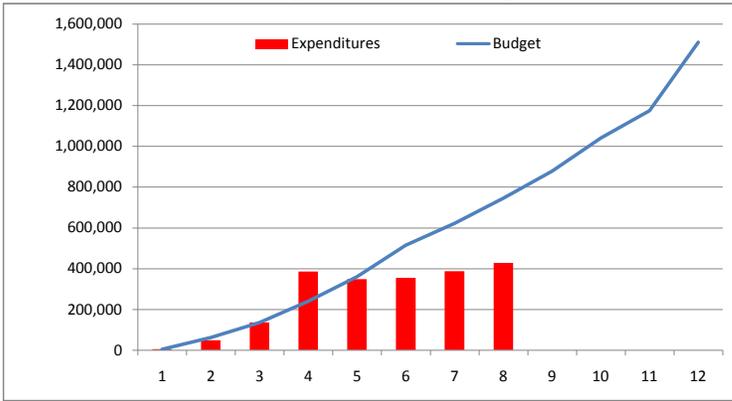


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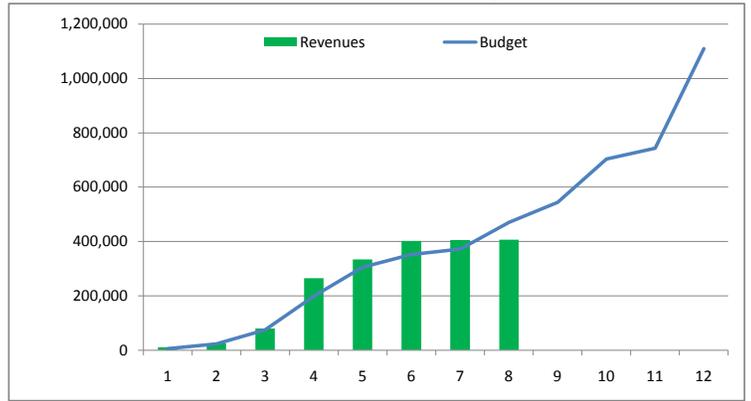
Notes:

# Health Department - Early Intervention (0-3)

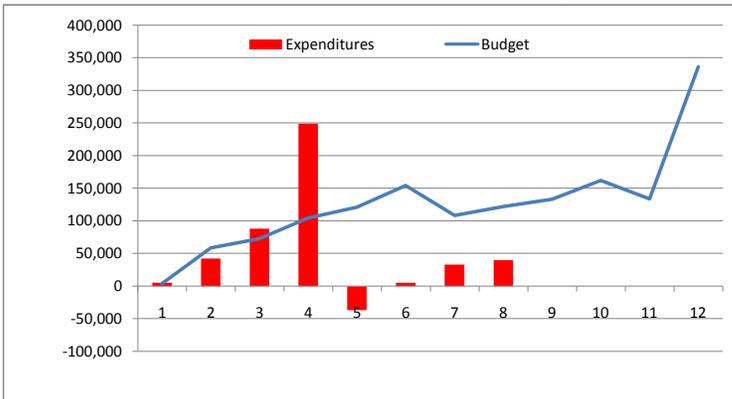
Cumulative Expenditures thru August 2013



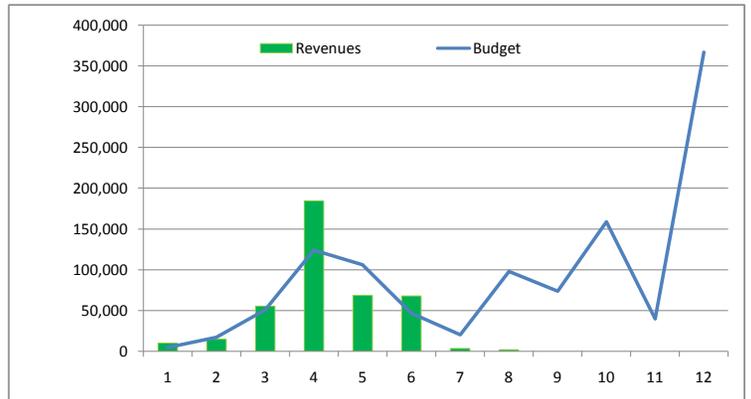
Cumulative Revenues thru August 2013



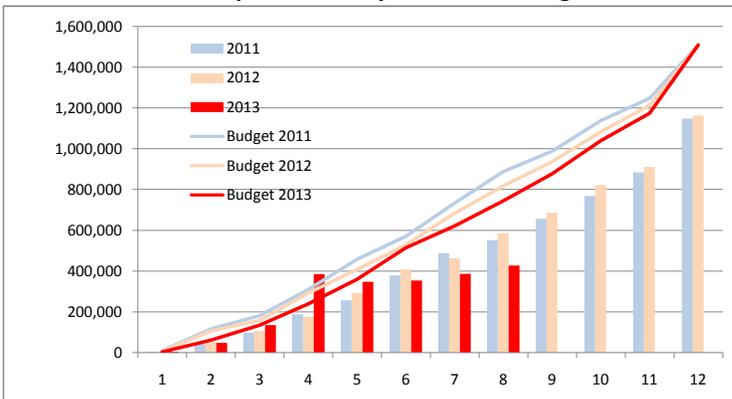
2013 Expenditures by month thru August



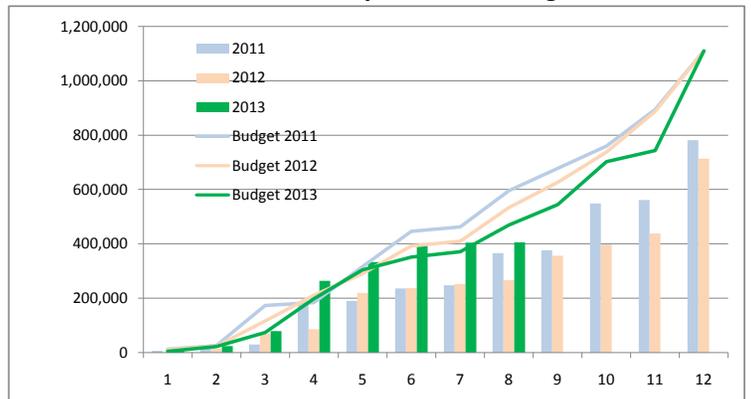
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

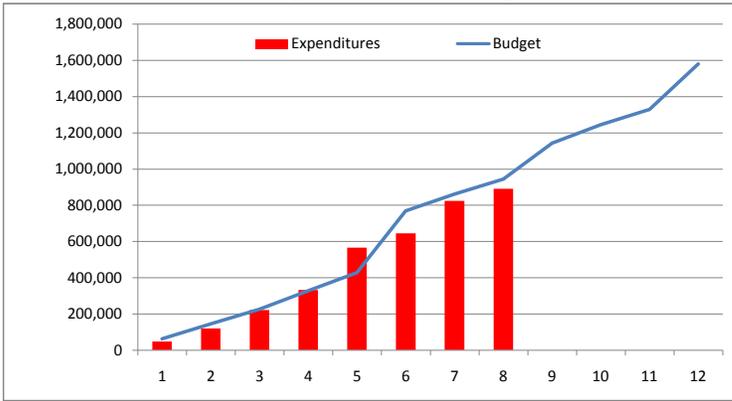


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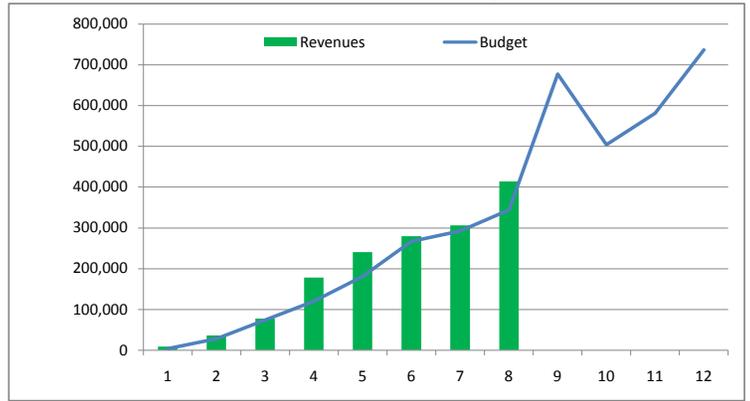
Notes:

# Health Department - Environmental Health

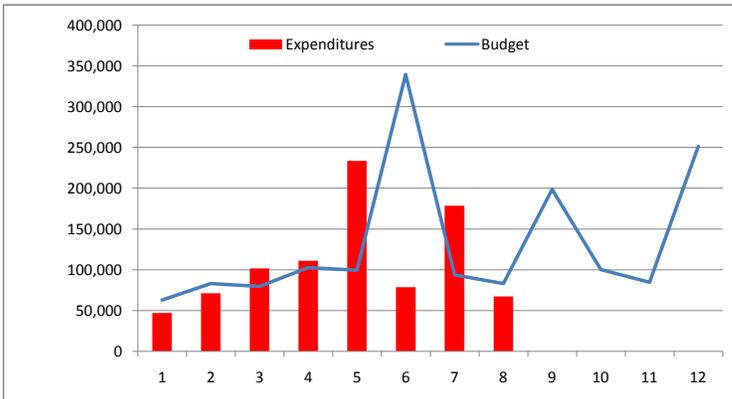
Cumulative Expenditures thru August 2013



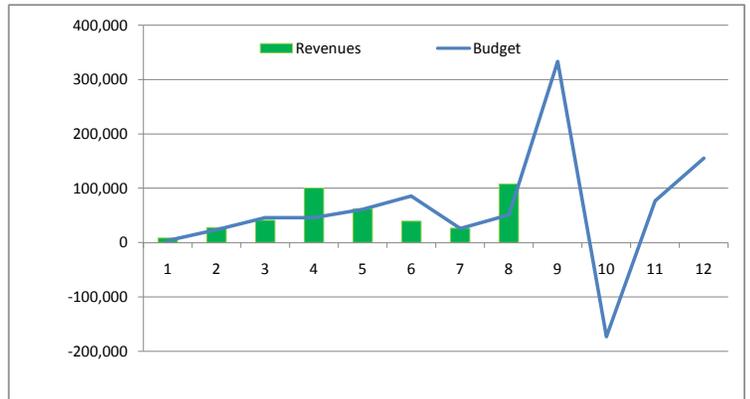
Cumulative Revenues thru August 2013



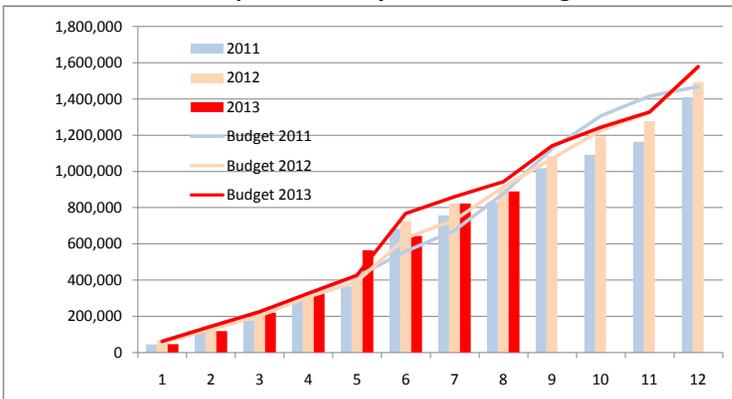
2013 Expenditures by month thru August



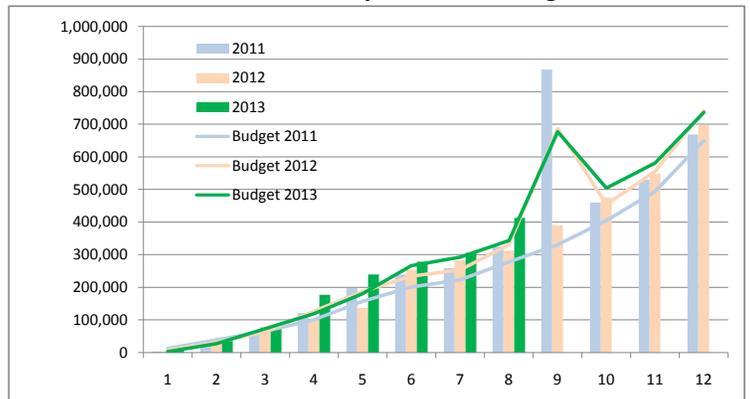
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013

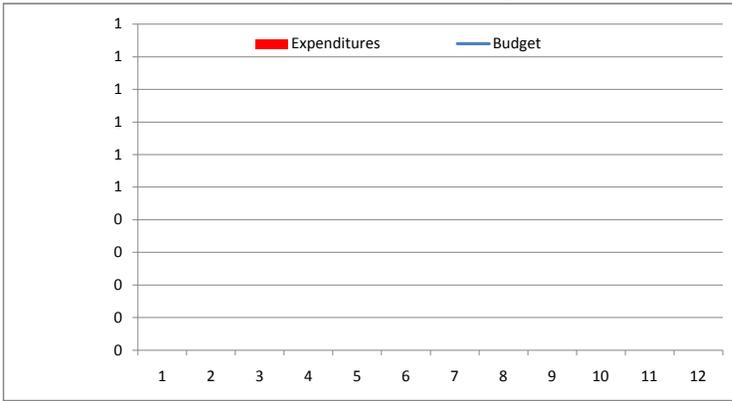


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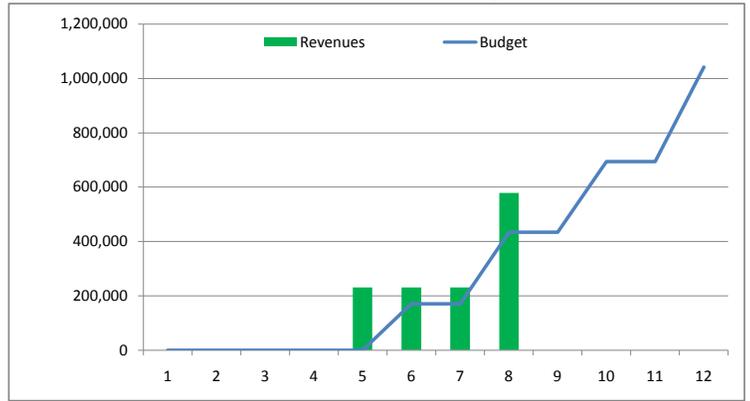
Notes:

# Health Department - Public Health State Aid

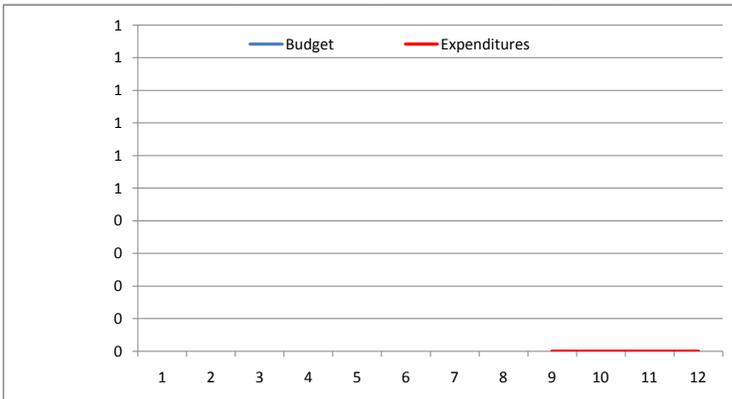
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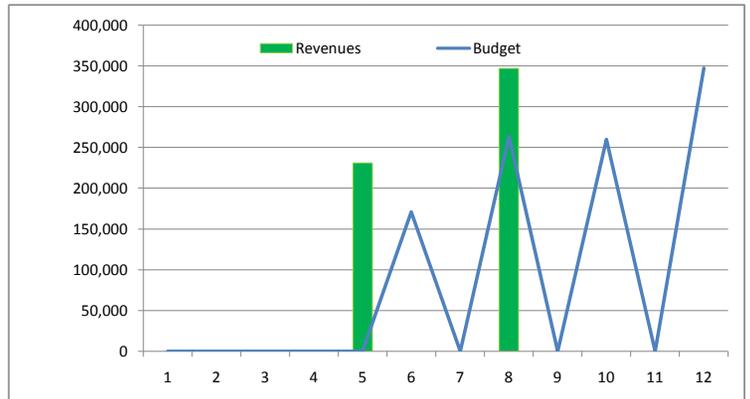
Cumulative Revenues thru August 2013



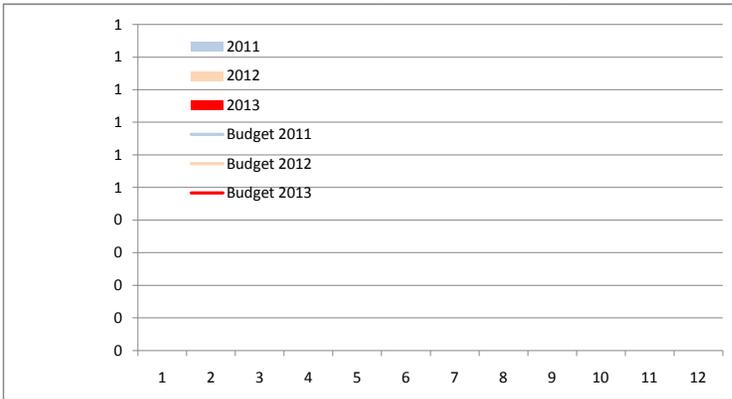
2013 Expenditures by month thru August



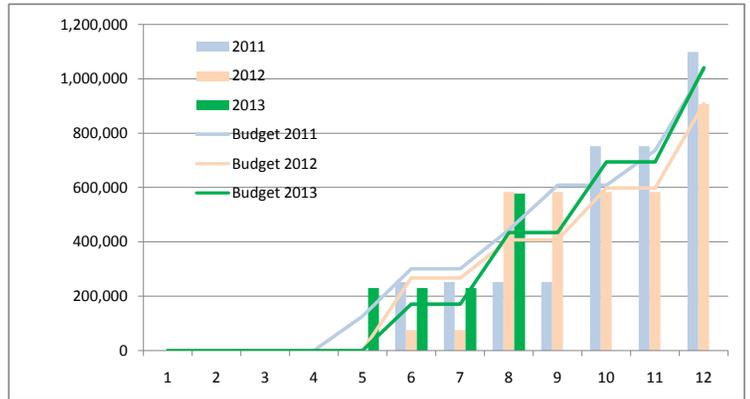
2013 Revenues by month thru August



Cumulative Expenditures by month thru August 2013



Cumulative Revenues by month thru August 2013



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Notes:

**Medical Director's Report  
Board of Health  
September 2013**

**Lyme Disease:**

Patient information on morning radio show on WHCU at 7:45 a.m. on August 28<sup>th</sup>. Main discussion points were prevention and including the use of total body checks for prompt removal of ticks in order to insure that the bacterium is not transmitted to the individual. Other prevention methods were also emphasized.

**General Activities:**

- 2013-2014 flu seasons signed policies updating our plan for the upcoming flu season.
- Reviewed vaccine purchases with Karen Bishop for this coming year and strategies for collaborating with private practitioners and the vaccine delivery community.
- Handicapped Children's Program and Early Intervention Program signed orders for delivery of services.

**Public Perceptions of Public Health:**

Last month I made reference to this article, but it did not get included in the packet. This is an article published in 1998 by Lezin et al's. It was enlightening in that public officials, including legislators and community leaders were documented often to have a limited understanding of the scope of public health. I hope by providing this article that it will help you to realize the lack of information that the public has about our mission. The public includes our elected officials and persons who are personally involved in our work who often need to be brought on board in terms of understanding what the mission of public health is. (See attachment)

**Influenza Illness and Hospitalizations Averted by Influenza Vaccination in the United States, 2005-2011** (See attachment)

# Influenza Illness and Hospitalizations Averted by Influenza Vaccination in the United States, 2005–2011

This analysis, from the Centers for Disease Control and Prevention, was [published in the journal PLoS One](#).

The goal of influenza vaccination programs is to reduce influenza-associated disease outcomes. Therefore, estimating the reduced burden of influenza as a result of vaccination over time and by age group would allow for a clear understanding of the value of influenza vaccines in the US, and of areas where improvements could lead to greatest benefits.

**Objective** To estimate the direct effect of influenza vaccination in the US in terms of averted number of cases, medically-attended cases, and hospitalizations over six recent influenza seasons.

**Results** We estimated that during our 6-year study period, the number of influenza illnesses averted by vaccination ranged from a low of approximately 1.1 million (95% confidence interval (CI) 0.6–1.7 million) during the 2006–2007 season to a high of 5 million (CI 2.9–8.6 million) during the 2010–2011 season while the number of averted hospitalizations ranged from a low of 7,700 (CI 3,700–14,100) in 2009–2010 to a high of 40,400 (CI 20,800–73,000) in 2010–2011. Prevented fractions varied across age groups and over time. The highest prevented fraction in the study period was observed in 2010–2011, reflecting the post-pandemic expansion of vaccination coverage.

**Conclusions** Influenza vaccination programs in the US produce a substantial health benefit in terms of averted cases, clinic visits and hospitalizations. Our results underscore the potential for additional disease prevention through increased vaccination coverage, particularly among nonelderly adults, and increased vaccine effectiveness, particularly among the elderly.

NICOLE LEZIN, PPM ■ SANDRA CROUSE QUINN, PHD ■ SUSAN ZARO, MPH ■ KATIE BAER, MPH ■ MARTHA KATZ, MPA

## Perceptions of Public Health

During the study described here, Ms. Lezin and Ms. Baer were with Macro International, Inc., Atlanta; Ms. Lezin is currently Director of Applied Research, Health 2000, Atlanta, and Ms. Baer is a Health Communications Specialist, Division of Violence Prevention, National Center for Injury Prevention and Control, CDC. During the study, Dr. Quinn was with Westat, Inc., Rockville, Maryland; she is currently an Assistant Professor, Dept. of Health Behavior and Health Education, School of Public Health, Univ. of North Carolina at Chapel Hill. Ms. Zaro is a Vice President with Macro International, Inc., Atlanta. During the study, Ms. Katz was Director of the Office of Program Planning and Evaluation, CDC; she is currently a Visiting Senior Program Director with the National Foundation for the Centers for Disease Control and Prevention, Inc., Atlanta.

Address correspondence to Dr. Quinn, School of Public Health, Rosenau Hall, CB#7400, Univ. of North Carolina, Chapel Hill NC 27599; tel. 919-966-3915; fax 919-966-2921; e-mail <sandra\_quinn@unc.edu>.

TODAY, NEW DIVISIONS OF RESPONSIBILITY BETWEEN managed care corporations and traditional public health departments create concern that the role of public health agencies is eroding. The American Public Health Association has issued a challenge to professionals in the field to “make public health visible,”<sup>1</sup> emphasizing the need for a “clear definition of public health,” diversifying and broadening media coverage of public health issues, increasing awareness of and support for public health among policy makers, and collaborating with public and private sector organizations and constituencies.<sup>1</sup>

This call to action encourages public health professionals to “remind policy makers and others why public health agencies are essential to community health.”<sup>2</sup> The need to do so is evident from the results of a Harris Poll of 1004 adults conducted in December 1996.<sup>3</sup> In response to the question “What do the words ‘public health’ mean to you?” 36% of respondents answered that it meant the overall health and well-being of the public, 12% said they did not know, 11% replied a government-provided system of health care for all Americans, and 9% said government-provided welfare programs for the needy and elderly. However, when they were asked how important certain activities are to “improving the health of the public,” 93% described the prevention of the spread of infectious diseases as “very important,” 90% said immunization to prevent disease is “very important,” 82% rated “making sure people are not exposed to unsafe water, dangerous air pollution or toxic waste” as “very important,” and 82% believed conducting research into the causes and prevention of disease is “very important.”

In 1994, the Office of Program Planning and Evaluation of the Centers for Disease Control and Prevention (CDC) initiated a study using focus groups of community leaders and public officials to examine perceptions of public health. The goal was to find ways of translating the core functions of public health—as defined in 1988 by the Institute of Medicine of the National Academy of Sciences<sup>4</sup>—into concepts and vocabulary

that are meaningful and compelling outside the public health arena. The study was conducted by Macro International, Inc., and Westat, Inc., for CDC.

In May and June 1994, the study team convened focus groups in three county seats (Bradenton, Florida; Lansing, Michigan; and Lumberton, North Carolina); one urban area (Detroit, Michigan); and two state capitals (Colorado Springs, Colorado, and Raleigh, North Carolina). Because approximately 70% of health departments and local governments are organized by county, we included three sites representing the common configuration of a county-level health department and a county commission allocating resources to it. We included Detroit as a representative of a typical urban configuration: a city health department and city council. Finally, we included the state capitals of Michigan and North Carolina to capture differences in perceptions of public health across states as well as the interplay between state and local health departments and state legislators.

At each site, we convened separate groups of community leaders and public officials. Each group included between 8 and 14 people; each group met once, for approximately two hours. *Community leaders* were defined as people whose professional and civic affiliations give them a unique view not only of public health in their communities but also of the general public's perceptions about public health. They frequently serve as spokespersons for their communities. *Public officials*, defined as those who could affect public health at the community or state level through their roles in making policy and allocating resources, included members of boards of health, county commissioners, city councilors, and state legislators.

To identify potential participants, study staff first contacted local and state health departments for recommendations of influential individuals and organizations. Staff recruited community leaders and public officials by telephone, obtaining further names from those initial contacts. The community leaders participating in the focus



groups represented a broad range of local advocacy, civic, and professional groups.

A professionally trained focus group moderator ensured consistency of questioning. The moderator focused on three main topics: (a) participants' own awareness of and their perceptions of community awareness of public health and health department functions; (b) reactions to and understanding of the core functions; and (c) ideas on promoting awareness, appreciation, and support for public health.

The moderator distrib-

uted a set of printed materials to stimulate discussion:

- "A Day in the Life of Public Health,"<sup>5</sup> a one-page hand-out that "walks" the reader through one family's encounters with public health during a single day;
- "Investing in Public Health,"<sup>6</sup> a fact sheet developed by the Association of State and Territorial Health Officials (ASTHO);
- a *New York Times* article on new and re-emerging infectious diseases, "Infectious Diseases on the Rebound in the U.S.,"<sup>7</sup> which emphasized the importance of disease surveillance.

One of the authors was present at each session. All groups were audiotaped, and the study author who was present took notes during each group. At the completion of each session, the moderator recorded notes from that session. All study staff independently read through the notes of all focus groups to identify preliminary themes and pertinent quotes. Working together, we then re-reviewed the notes, looking for key themes across groups, contradictory views, differences between community leaders and public officials, messages that could be used to convey the functions and value of public health, and potential marketing strategies for particular audiences. Tapes were used to clarify notes and provide verbatim quotations from participants.

The focus groups provided rich data on the misconceptions and negative perceptions of public health as well as encouraging insights into messages that could be used to promote public health.

## PERCEPTIONS AND MISPERCEPTIONS

The leader opened each group with the following question: "What do the words *public health* bring to mind?" Not surprisingly, community leaders and public officials shared a limited awareness of public health's scope, with the participants' immediate responses identifying narrowly defined services such as immunizations and restaurant inspections. Moreover, the examples provided by partici-

pants clustered overwhelmingly in the areas of personal care and environmental inspections; disease surveillance and policy development functions were not mentioned.

Although a number of participants had used health department services (most often for children's immunizations), the most typical contact with health departments had occurred when participants reported a problem that they felt was in the departments' purview: rabid raccoons, substandard daycare, sewage problems, and unsanitary restaurants.

### ORGANIZATIONS REPRESENTED IN FOCUS GROUPS OF COMMUNITY LEADERS, BY STATE

#### COLORADO

Association for Retarded Citizens  
Catholic Community Service  
Chamber Foundation  
Chamber of Commerce  
Chins Up  
Colorado State University Extension Service  
Focus on the Family Systems  
KKTV  
March of Dimes  
NAACP  
Pemrose-St. Francis Health Care  
Silver Key  
United We Stand Women's Center

#### FLORIDA

Bible Baptist Church  
The Bradenton Herald  
Bradenton Kiwanis Club  
FACE (advocacy organization for craniofacial disorders)  
First Call Responders  
Manatee Community College  
Manatee County Council on Aging  
Manatee County Head Start  
Manatee County Health Department Long Range  
Planning Committee  
Manatee County School System  
Manatee Memorial Hospital  
Manatee Opportunity Council  
Project Child Care  
United Way of Manatee County  
Family Young Men's Christian Association

#### MICHIGAN

American Heart Association  
American Lung Association  
American Red Cross  
Black Child and Family Institute  
Coalition of Patients with Chronic Disease

Grand River Elementary School  
Hospice, Inc.  
Junior League of Lansing  
March of Dimes  
Michigan Association for the Education of Young  
Children  
Michigan Black Nurses Association  
Michigan Council on Alcoholism  
Michigan Ecumenical Council  
Michigan League for Human Services  
Michigan Primary Care Association  
National Council on Alcoholism  
New Detroit, Inc.  
Planned Parenthood  
Wayne County Community Mental Health Board  
Wayne County Youth Services

#### NORTH CAROLINA

Communities in Schools  
Guardian Ad-Litem Program of Durham County  
Healthy Mothers, Healthy Babies  
Healthy Wake County Task Force  
NAACP  
New Bethel Methodist Church  
North Carolina Health Access Coalition  
North Carolina State University Cooperative Extension  
Service  
Robeson County Advocacy  
Robeson County Recreation Department  
Rochester Heights Church of Christ  
Strengthening the Black Family, Inc.  
Wake Chapel Baptist Church  
Wake County Council on Fitness and Health  
Wake County Economic Development Department  
Wake County Juvenile Services  
Wake Medical Center  
WLEL-FM Radio  
WRAL TV  
Women of Color/NC Equity

Most participants saw public health as synonymous with the health department; only a few understood, in the words of one participant, that “the health department is different from public health.” One North Carolina legislator expressed this broader understanding as follows: “I look at public health as being the broader umbrella—health department clinics, school health, outreach programs, education, prevention....”

A common perception, voiced by many, was that public health is synonymous with health care for the poor: “Public health looks after people who don’t have a family doctor.” “Public health’s stigma is about being a ‘have not’ service.” “Public health is Medicare, Medicaid.” Typically, participants who recognized public health as encompassing a broader array of services and responsibilities were public officials or those who had some professional contact with health departments.

Although the participants initially expressed a narrow view of public health activities, they became more eloquent when the leader asked them to envision a world without public health. They envisioned a disease-ridden, chaotic world with elevated levels of premature morbidity and mortality. Common responses included: “It would be like a developing country.” “Like going back to the 19th century.” One participant summed these sentiments up by saying, “Invisible things we take for granted would be gone.... Every time you turn on the water faucet you should be grateful you don’t have to worry about it.... I’ve lived overseas and I know what it’s like to live without the protection of public health surrounding you.” Another participant commented that, without public health, “there’d be no coordinated effort to quell outbreaks, carry out prevention, do disease control,” and another noted that public health plays a role in reassuring the public during a time of crisis by providing accurate information, for example, “an information center for things like a TB outbreak.”

However, several community leaders in Florida expressed confidence that a private entrepreneurial organization or other national body (one suggested the National Guard) would step into the breach if the public health infrastructure were to disappear. One of these Florida participants commented: “If public health went away, some entity would fill the niche.... Some entrepreneur would get involved on a for-profit basis.” While one participant suggested the absence of public health might be a good impetus for national health insurance, another suggested that more appreciation for public health might develop in its absence if a crisis were to occur: “The public may need to see an immediate public health danger.”

The handout “A Day in the Life of Public Health”<sup>5</sup> generated awareness of public health’s invisible presence in the daily lives of all Americans. One participant responded to “A Day in the Life” with: “This shows how virtually everyone benefits from public health, but no one realizes it.” Another said, “We are getting a lot of dollars’ worth taxwise that we don’t realize we are getting.” “I never realized how much my confidence in daily life would be shattered without public health.”

## CORE FUNCTIONS

In 1988, the Institute of Medicine defined three “core functions” of public health: “assessment,” “policy development,” and “assurance.”<sup>4</sup> These words were too vague and abstract to be understood by the majority of participants, even when the moderator provided examples and explanations, using the ASTHO handout<sup>6</sup> and the *New York Times* article.<sup>7</sup>

**Assessment.** To many participants, assessment was an invisible function. One person commented with rare insight: “It’s...a reporting of infections.... It’s important to have a disease database to be able to detect spikes.” One participant recognized the functions without understanding the terminology, stating, “Public health has two umbrellas...an information center for things like a TB outbreak and a service component.” Another noted that without a public health surveillance system, “no one would track disease.” Yet discussion of surveillance and data collection revealed some frustration on the part of participants who believed efforts to collect health data superseded efforts to implement changes that would benefit the health of the community.

Although the *New York Times* article<sup>7</sup> on new and re-emerging infectious diseases elicited favorable reactions about surveillance, many respondents also expressed skepticism about data collection. According to one community group participant, “We already know what the problems are. We don’t need to keep collecting all [these] data.” However, another participant stated, “It’s public health’s responsibility to develop a database that’s user friendly and get information out there where people can use it.”

**Policy development.** Discussions of policy development were most affected by participants’ relationships to local health departments and by anti-government sentiment. One participant in Detroit pointed to a prevailing anti-government attitude in that community: “If the county health department poses an idea that would be

good health policy, it's viewed as a bureaucratic move rather than good health."

Not surprisingly, participants called for more collaboration between community groups and health departments on policy and program development. In some groups, participants noted that public health professionals sometimes wrongly assume that scientific knowledge supersedes other considerations. Controversial topics—distributing condoms in schools, for example—can alienate important allies and draw attention away from other public health efforts. One participant offered a contrasting view, describing public health professionals as playing the unique role of being the community's conscience in struggling to advance an unpopular and controversial position (condom ads) out of concern for the public's well-being.

**Assurance.** As we expected, many participants found the term "assurance" confusing. As one participant asked, "Does it mean a guarantee?" Another participant commented, "The assurance function is necessary but maybe the word's not right. No matter what system we have, someone will fall through the cracks. We can't guarantee services to all people." Paradoxically, public health activities that fall within "assurance"—such as immunizations and prenatal care—are those most familiar to the participants. Many participants did appreciate that these services are important not only to the individuals receiving them but also to society at large. For example, one participant commented that, without health departments' attention to chronic diseases, "the cost of health care would rise." Similarly, another participant noted that "without the health department, 60% of our mothers would be getting questionable or no prenatal care."

Many people expressed some ambivalence about public health's regulatory functions. Although participants overwhelmingly appreciated the public health infrastructure's role in monitoring community health by setting and enforcing standards, several noted that their health department did not have the resources to perform this function adequately. As was true for reactions to the "Day in the Life" piece, the effects of an *absence* of regulation and monitoring were clear to participants: "There would be less interest in environmental issues and no one would do inspections," was one participant's scenario. Someone else pointed out that many people hold negative attitudes about regulation while at the same time expecting and even demanding the protection that certain inspections offer. A minority of participants expressed concern about public health agencies overstepping their regulatory mandates and "interfering"

rather than monitoring. One asked, "How far should we go in passing laws on behaviors that affect no one but me?" Another asked, "Should government tell me whether I can smoke or how much I should eat?"

We were encouraged to find a general understanding of the importance of health education and prevention. One participant saw "the health department as an educator for all segments of the population, and it is unfortunate we don't spend more money for that." Participants in several groups noted not only that public health agencies provide these services but also that public health is often unique in stressing certain aspects of health promotion. One participant commented, "Government understands prevention better than the private sector does. Blue Cross-Blue Shield will pay to have your toe amputated, but won't pay for education that prevents the need for it in the first place." While there was clear appreciation of the focus on prevention in public health, several comments suggest the importance of developing a clear way of communicating the economic benefits of prevention: "Can you attribute outcomes to this activity?" or "Cost avoidance vs. real dollars.... People don't pay for something [prevention] they don't think they are getting."

Community leaders viewed public health concerns as community issues and suggested that responsibility should be more broadly shared among stakeholders such as nonprofit agencies, business and civic groups, schools, faith communities, and other organizations. One participant captured this view by saying, "We pick up the pieces. Government can't care for all...so there's a need for people like us." In several groups, churches were seen as a natural partner, as echoed in this statement: "Public health education must start with churches." Health departments were viewed as catalysts, guiding and coordinating the efforts of other community groups. For example, participants in one group saw violence prevention as a community concern that unites numerous disciplines and organizational interests but one for which health departments are ideally suited to take the lead in shaping public policy.

## MARKETING PUBLIC HEALTH

The need to educate the public and elected officials was strikingly obvious from the focus groups. Participants in all groups reported a lack of comprehensive information on public health—"a vacuum," in the words of one legislator. One participant suggested "a public education campaign to talk about what public health is," and another said, "Public health needs a consumer education

campaign. People are blasé, complacent, unconcerned about infectious disease."

A critical theme expressed by public officials was that public health did not figure high on their agenda because there was no public pressure to put it there. One legislator summed up this view: "Constituents aren't crying for public health, so you don't feel like you're letting anyone down by not supporting it." One legislator commented, "They [public health professionals] are their own worst enemy because they don't publicize what they do."

Public officials voiced two seemingly disparate views on public health advocacy. On the one hand, some said they became numb after massive information overload from advocacy groups, and some expressed cynicism about "cooked" statistics and cost-benefit data twisted to support the views of the advocate. On the other hand, several legislators reported they did not get the same amount or quality of information from public health professionals that they received from other lobbying groups. In one focus group, legislators suggested more involvement from researchers in the field who could contribute to legislators' understanding of public health issues: "We should hear more from people doing research on public health issues—researchers without direct financial or special interests." Health departments can do more to bolster their case by serving as "resident experts" to legislators, some noted. A related theme was that relationships with public officials and other decision makers had to be built over time, forged through regular communication and common concerns.

Media representatives said they were not familiar with the broad scope of public health and thus were more inclined to cover health crises (such as AIDS or disease outbreaks) or perennial "public interest" features (such as "flu" shots). Community representatives noted that the media sets the public policy agenda about public health but often squanders that opportunity by an overemphasis on "disease-of-the-month" stories. One media participant

suggested that "[the media] must be held responsible since deregulation took away the obligation to do community service," while another suggested that to enhance media involvement in promotion of public health, one must "go to the powers-that-be in TV stations."

The focus groups provided a rich source of perceptions on which various marketing messages can be built. Among the positive themes that surfaced during the discussions were the following: public health works; prevention works; public health protects you and your family; within the health care system, only public health is responsible for your community's health; public health is always there for you; public health is indispensable; and, public health is a network of essential services that work together to keep us healthy and safe.

Local health departments can use these concepts to highlight the message that public health is more than a few specific services that serve poor people—it is an infrastructure of overlapping services essential to the health of the entire public. Especially in the uncertain climate created by the spread of managed care, reinforcing the role that public health services play as guardian of the public's health is critical. Equally important is the message that without public health, our quality of life would be palpably worse as we lose confidence in the safety of our food, water, and environment.

While this study confirmed the perceptions of many public health professionals that the full scope of public health is invisible and unrecognized, it also suggests that we can stimulate appreciation and understanding of public health functions and services. Our challenge is to be proactive in our marketing efforts, to remind the nation how essential public health activities are to the nation's health.

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## References

1. American Public Health Association. American Public Health Association strategic plan: 1997-2000. *Nation's Health* 1996;26:17.
2. Brown ER. President's column: media strategies can make public health visible, change policy. *Nation's Health* 1996;26:2.
3. Taylor H. Public health: two words few people understand even though almost everyone thinks public health functions are very important. Harris Poll #1. NY: Louis Harris and Associates, Inc.; 1997.
4. Institute of Medicine. The future of public health. Washington: IOM; 1988.
5. A day in the life of public health. Colorado Springs: Colorado Environmental Health Association, Colorado Department of Health, U.S. Public Health Service; 1993. Available from: Colorado Department of Public Health and Environment, 4300 Cherry Creek Dr. South, Denver CO 80246.
6. Investing in public health. Washington: Association of State and Territorial Health Officials; 1994.
7. Infectious diseases on the rebound in the U.S., a report says. *New York Times* 1994 May 10; Sect. C:3.
8. Macro International, Inc., Westat, Inc. Marketing core public health functions: summary of focus group findings and implications for message concepts. Draft report. Atlanta: Macro International, Inc., Westat, Inc. Contract No.: 200-93-0653. Sponsored by the Centers for Disease Control and Prevention, Office of Program Planning and Evaluation. ■

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## **Division for Community Health Highlights for September 24, 2013 BOH Meeting**

### **Sigrid Larsen Connors, Director of Patient Services (DPS)**

Action item – Approval of new policy and procedure: *Influenza Vaccination & Prevention Requirements* – see agenda, policy and attachments following the Division report

#### **Administration**

- On August 12 the NYS Department of Health approved the Plan of Correction (POC) for the Licensed Home Care Services Agency (LHCSA) program survey completed July 16-17. The state identified the client's Plan of Care as an area in need of improvement in 3 out of 5 records. The POC will be reviewed at the September 17 Community Health Quality Improvement Committee.
- Participated in Community Health Assessment and Community Health Improvement Plan meetings August 2, 23 and 27.
- Attended Netsmart's demonstration of their "Insight" clinical documentation and billing software via online web meeting, August 20.
- Recommended revisions to the Bloodborne Pathogen and Tuberculosis section of the County Risk Management Policy, at Tompkins County Safety Committee, August 21.
- Reviewed Anonymous HIV Counseling & Testing grant services with Public Health Director Frank Kruppa and Community Health Nurse (CHN) Supervisor Karen Bishop, August 22. Program in transition due to retirement of the part-time CHN. The Division has provided anonymous HIV C&T since 1993 through the \$19,300 federal and grant funds received through the Southern Tier Aids Program. Program staffing has been remarkably stable with Ms. Alison Rice, RN in the position 17 of the program's 20 years of service.

#### **Staffing**

- The half-time CHN vacancy in Community Health Services increased to a full-time vacancy due to Ms. Rice's August 9 retirement. An updated eligible list of CHN candidates is anticipated in September.
- Continued to provide oversight for WIC Program due to partial leave of the WIC Program Director.
- Reclassed one WIC job title to incorporate new WIC education and job duty standards. The WIC Program Director job title was also updated with the new standards.

#### **Training**

- *The Affordable Care Act (ACA), What You Need to Know*, NACCHO – Webinar, August 8, an overview of state plans and the *Health Benefit Exchange*, NACCHO – Webinar, August 22, an overview of federal ACA plans.
- ClinOps 2013 Medical Countermeasure Clinical Operations Training: *Legal Issues and Mass Dispensing Operations*, NYSDOH – Webinar, August 28.

**Other Meetings** – Senior Leadership (21) and BOH (27)

**Division Statistical Highlights** – January – August 2013 reports attached.

## COMMUNITY HEALTH SERVICES

**Communicable Disease** – See attached statistical reports.

### **Tuberculosis (TB) – 1 active case**

#### TB Disease – Pulmonary – Drug Sensitive

- 17 year old female, born in U.S., spent 10 years in Korea, identified in May 2013. Client receiving Direct Observe Therapy (DOT) and tolerating medication well. Plan: Continue DOT five times per week through November, 2013.

## HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

### **Tobacco Control Program**

- Sent T-Free resource guide to Program Director of Rural Youth Services at Cornell Cooperative Extension of Tompkins County (CCCE-TC) who will email to Program Managers in towns. Attendance at in CCCE-TC October staff meeting is planned to discuss initiatives, August 1. Samantha Hillson – Tobacco Education Coordinator
- Coordinated signatures for Downtown Ordinance Review letter signed by the City of Ithaca Mayor, a Councilperson Seph Murtagh, and the Public Health Director, August 2. Distributed downtown letter and survey with Seph Murtagh to 20 downtown businesses on Cayuga and State Streets, August 12. Samantha Hillson
- Working with Downtown Ithaca Alliance on status of outdoor smoking in central business district. Samantha Hillson, Ted Schiele, Evaluator/Planner
  - Survey developed in July was sent out by Downtown Ithaca Alliance (DIA), August 9.
  - Met with working group (Alderspersons Murtagh & Dotson, DIA Exec Director Ferguson) to present and discuss survey results and next steps. Seventy-four members of the DIA responded to the survey, August 22
- Met with New Roots Charter School staff about enforcing school smoking policy, resulting in the formation of a student advocacy group against tobacco August 25. Follow-up meeting included two students and planning for orientation (mural competition, poster project), August 29. Samantha Hillson
- Met with the program director of Ithaca Youth Council to discuss collaboration with youth this school year, August 6. Samantha Hillson
- Called local parks/playgrounds to see if anyone needed signs to post tobacco free (based on new law that was passed on July 12, 2013): Village of Groton, Town of Dryden, and Brooktondale. Signs already in place; none needed, August 6. Samantha Hillson
- Delivered T-Free stickers to Northside Wine and Liquor, August 13 and to Family & Children's Services, August 14. Samantha Hillson
- Webinar: Tobacco Health Equity, Legacy Foundation. 1.0 hours. August 15. Samantha Hillson
- Sent mailing to Tompkins County Legislators, included update on initiatives and menthol comment submitted to FDA, August 16. Samantha Hillson
- Met with Program Director for 4-H Urban Outreach Program on West Hill. Collaboration is planned with students from West Hill housing developments during the after-school program at Lehman Alternative School on tobacco issues, specifically Smoke Free Housing August 21; attended meeting with Public Achievement Coaches at Cornell to recruit undergraduate students to collaborate with in after school program, August 26. Samantha Hillson

- Met with the Ithaca High School government teacher, who discusses TFree downtown policy with students and is interested in further engaging students, emails were exchanged, August 26. Samantha Hillson
- Sent emails to ICSD middle schools to determine how to submit articles to the school newsletters, will submit article to DeWitt December newsletter, August 26. Samantha Hillson
- Tobacco Free policy discussed at Town of Ithaca board meeting, board members agreed to further discuss at a future meeting, August 26. Samantha Hillson, Ted Schiele
- Met with aide to Assemblywoman Barbara Lifton and the President of Tompkins County Library Board. Discussed tobacco initiatives, especially ongoing issue with smoking outside library entrance. Education at library and Red Cross Friendship Center will be provided; homeless population and their problems with addiction were also discussed. Provided Quit-line pad and Break Loose pamphlets for distribution at Friendship Center, August 30. Ted Schiele, Samantha Hillson
- Conference call: multi-unit housing, August 21. Samantha Hillson
- Conference calls: Tobacco-free pharmacy workgroup August 23; Tobacco-free outdoors workgroup, August 27; Point of Sale (POS), August 13. Samantha Hillson, Ted Schiele
- Training: by the Tobacco Policy Center about initiatives to address couponing and price reduction tactics for cigarette sales, Albany, August 8. Ted Schiele, Samantha Hillson
- Training: pilot/ walk-through for upcoming training about tobacco use among populations in poverty, Albany, August 29. Ted Schiele

#### **TCHD Support and Participation**

- Lead Poisoning and Prevention Program Coalition meeting, August 1. Theresa Lyczko
- Met with TCHD Medical Director to discuss Diabetes Prevention Program (DPP) and HPP's role in offering the program to the community, August 7. Theresa Lyczko, Susan Dunlop, Community Health Nurse
- NYSDOH calls on state aid proposed changes, August 13, 14. Theresa Lyczko
- Met with Emergency Preparedness coordinator to discuss outreach to businesses, flu campaign and programs in HPP, August 29. Theresa Lyczko
- Media: responded to media inquiry on Lyme Disease from the Ithaca Times, August 13. Coordinated WHCU monthly interview. Topic: Lyme Disease prevention with Dr. Klepack, August 28. Theresa Lyczko

#### **Web site postings**

- Worked with Coordination and Planning staff to build BOH packet PDF file to post on Web site.
- Hydrilla herbicide sampling reports, five posts
- National Immunization Month widgets.

#### **Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)**

- Work continues on this project, data collection and review, meetings. Theresa Lyczko, Ted Schiele, Samantha Hillson
- Developed power point for presentation to Board of Health and County legislators, August 27. Ted Schiele, Theresa Lyczko, Samantha Hillson

#### **Community Outreach**

- Creating Healthy Places (CHP) – A survey was drafted for one participating worksite to assess employee support for a tobacco-free policy, initiated January 1. The results will be included in

a presentation to state wide CHP contractors' meeting to be held October 1 – 2 Albany. Ted Schiele

- CHP – worksite wellness meeting at another worksite; conference call with NYSDOH grant contract manager, August 12. Ted Schiele
- CHP – Friends of Stewart Park (FSP) board meeting, August 13 and as board secretary, recording and submission of meeting minutes. Theresa Lyczko
- Chronic Disease Self Management program (CDSMP) at Longview, August 5, 12, 19, 26. Eleven participants completed the program. Susan Dunlop
- Met with various community partner staff to plan the COPD educational sessions to be held at TCHD beginning in October and continue monthly for six months. August 5, 10. Susan Dunlop
- Diabetes Prevention Program (DPP) continues the weekly sessions, August 6, 13, and 20. Six participants. Susan Dunlop
- Coordinated Respiratory Care Committee (aka Healthy Lungs Coalition) agenda, August 14. Susan Dunlop. Ted Schiele, Samantha Hillson also attended.

### **Meetings and Trainings**

- Webinar: Program Evaluation and Prioritizing, University of Michigan. 1.5 hours, August 8. Theresa Lyczko
- Webinar: Health Homes for Boys and Men of Color, Policylink. 1.0 hours, August 1. Samantha Hillson

## **WIC**

### **WIC Administration**

- WIC Clinics after-hours clinics will be expanded as of October.
- The NYSDOH approved the WIC Budget for the fiscal year beginning October 1, 2013.

### **WIC Staffing**

- When the full-time WIC Nutrition Educator position was vacated August 26 the title was re-classed to a higher functioning WIC Nutrition Educator II. The reclass enables this role to assess and counsel high-risk participants with oversight from the WIC Nutritionists and/or WIC Program Director.

**WIC Dashboard** – see attached

## **ATTACHMENTS**

- Agenda - Influenza Vaccination & Prevention Requirements P&P with 3 attachments
- August 2013 Division Statistical Highlights
- August 2013 Summary of DC103s by Disease
- 2013 Communicable Diseases Summary Report
- WIC Dashboard for September BOH Meeting

Division for Community Health  
Clinic Statistical Highlights 2013

Community Health Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2013	YTD 2012	Total 2012
<b>Clinics</b>															
# of Immunization Clients	25	20	21	13	15	4	25	15					138	266	411
# of Immunizations Given	29	37	27	21	20	4	33	33					204	350	574
Children 0 - 19 yrs.	14	34	12	15	10	0	19	23					127	173	295
Adults 20 yrs. & over	15	3	15	6	10	4	14	10					77	194	279
# of Flu Immunizations	2	0	0	0	0	0	0	0					2	19	916
<b>Rabies Vaccination Program</b>															
Post-Exposure Clients	1	1	1	2	9	11	16	25					66	92	103
Post-Exposure Vaccinations	3	2	4	6	19	37	47	46					164	245	282
<b>Tuberculosis Program</b>															
Cumulative Active TB clients	2	2	2	2	3	3	3	3					3	4	5
Active TB Admissions	0	0	0	0	1	0	0	0					1	4	5
Active TB Discharges	1	0	0	0	0	0	1	0					2	2	3
Cumulative Latent TB Infection Clients	33	33	34	37	37	39	40	40					40	74	93
Latent TB Infection Admissions	3	0	1	3	0	2	1	0					10	32	51
Latent TB Infection Discharges	1	2	2	4	5	3	3	3					23	35	54
TB Direct Observe Therapy Visits	21	16	13	13	52	34	27	23					199	181	415
# of PPDs	25	40	58	20	16	39	64	32					294	220	474
<b>Anonymous HIV Clinics</b>															
# of HIV Clinics - including Walk-Ins	7	5	5	5	6	4	8	4					44	51	74
# of Counseled & Tested	10	6	7	7	8	3	7	6					54	86	120
HIV+ Eliza & Western Bloc	0	0	0	0	0	0	0	0					0	0	1
Final    Prelim															
<b>WIC</b>															
Total Enrolled (average)	Jan	Feb	Mar	April	May	June	July	August							
	1806	1799	1793	1758	1778	1821	1837	1798					1799	1779	1781
Total # Served (average)	1545	1555	1546	1533	1517	1498	1506	1491					1524	1511	1519
% Caseload Target (avg) *2000 FY12	79.50%	77.75%	#####	#####	#####	#####	#####	#####					76.48%	75.56%	75.97%
Monthly Clinic No-Show Rate (% avg.)	11.96%	13.56%	#####	#####	#####	#####	#####	#####					14.95%	15.71%	15.20%
# of Clinics	21	23	21	22	22	20	19	22					170	187	267

All statistics are considered primary as data is continually collected and updated  
UA = Unavailable at this Time

**Division for Community Health  
Program Visit Statistical Highlights**

<b>Maternal Child Services/MOMS program</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>YTD 2013</b>	<b>YTD 2012</b>	<b>Total 2012</b>
Cumulative Unduplicated Client Count	186	216	238	269	307	344	374	400					400	242	346
# of Admissions	37	30	22	31	38	37	30	26					251	237	341
# of Discharges	37	18	35	22	34	17	30	22					215	248	375
<b>Total # of Office Visits</b>	<b>31</b>	<b>31</b>	<b>30</b>	<b>34</b>	<b>36</b>	<b>37</b>	<b>35</b>	<b>28</b>					<b>262</b>	<b>216</b>	<b>332</b>
# of Antepartum Home Visits	46	40	42	50	37	40	52	53					360	310	493
# of Postpartum Home Visits	31	17	34	22	37	22	27	19					209	193	306
# of Pediatric Home Visits	14	16	11	8	9	12	21	11					102	38	56
<b>Total # of Home Visits</b>	<b>91</b>	<b>73</b>	<b>87</b>	<b>80</b>	<b>83</b>	<b>74</b>	<b>100</b>	<b>83</b>					<b>671</b>	<b>541</b>	<b>855</b>
<b>Total # of Home &amp; Office Visits</b>	<b>112</b>	<b>104</b>	<b>117</b>	<b>114</b>	<b>119</b>	<b>111</b>	<b>135</b>	<b>111</b>					<b>923</b>	<b>757</b>	<b>1187</b>
# of RN Home Visit Hours	89	66	83	78	81	72	93	79					641	558	865
# of Childbirth Education Classes	2	1	0	3	0	3	0	3					12	0	6
# of Childbirth Education Moms	8	5	0	12	0	0	0	8					33	0	20
<b>On Call Visits</b>															
Maternal Child On Call Visits	0	0	0	0	1	2	0	0					3	3	3
Rabies On Call Vaccinations	0	1	0	1	2	4	9	6					23	33	39
TB Direct Observe Therapy On Call Visits	0	0	0	0	3	0	0	0					3	2	7

<b>2013 Log of Public Contacts* (Via Telephone or Email) For Community Health Services</b>													<b>2013 Total</b>	<b>2012 Total</b>	<b>2011 Total</b>
Communicable Disease (including Flu/Pneumonia disease related, HIV, Rabies and TB)	160	266	82	142	189	139	178	178					1334	2182	2004
Immunization (including Flu)	119	57	73	109	95	72	114	85					724	1460	1921
Maternal Child/Family/MOMS	112	57	286	405	383	340	371	353					2307	4127	3906
Miscellaneous	27	29	34	63	61	42	44	52					352	472	535
<b>Total</b>	<b>418</b>	<b>409</b>	<b>475</b>	<b>719</b>	<b>728</b>	<b>593</b>	<b>707</b>	<b>668</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4717</b>	<b>8241</b>	<b>8366</b>

\*2012 and prior Public Contacts include Home Care Program calls. Home care program closed in May 2012.

All statistics are considered preliminary as data is continually collected and updated.

UA = Unavailable at this time

## August 2013 Summary of DC103s by Disease without Name

### CAMPYLOBACTERIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/6/2013	M	1	43	
8/14/2013	F	2	42	

### CHLAMYDIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/1/2013	F	1	19	
8/5/2013	M	2	25	
8/5/2013	F	3	22	
8/6/2013	F	4	19	
8/8/2013	F	5	23	
8/9/2013	M	6	25	
8/9/2013	F	7	23	
8/12/2013	M	8	24	
8/14/2013	M	9	32	
8/14/2013	F	10	25	
8/15/2013	F	11	28	
8/19/2013	M	12	26	
8/20/2013	M	13	28	
8/23/2013	F	14	23	

### CRYPTOSPORIDIOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/2/2013	F	1	62	

### GONORRHEA, UNCOMPLIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/7/2013	M	1	28	
8/22/2013	M	2	27	

### HEPATITIS C, ACUTE

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/10/2013	M	1	31	

### HEPATITIS C, CHRONIC

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/13/2013	F	1	48	
8/22/2013	M	2	60	

### LEGIONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/4/2013	M	1	69	

### LYME

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/20/2013	M	1	42	

### MALARIA

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/8/2013	M	1	28	

### SALMONELLOSIS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/17/2013	F	1	0	

### STREP GROUP B, INVAS

DIAGNOSIS DATE	SEX	RUNNING COUNT	AGE	OTHER
8/14/2013	F	1	82	
8/21/2013	M	2	48	

**TOTAL DISEASE COUNT**

28 \*

*\*Total disease count does not include individuals who received rabies post-exposure vaccine.*

## 2013 Communicable Disease Report

DISEASE	2012												2013	
	TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
<b>AIR-BORNE ENVIRONMENTAL DISEASE</b>	2	0	0	0	0	0	0	1	1	0	0	0	0	2
LEGIONELLOSIS	2	0	0	0	0	0	0	1	1	0	0	0	0	2
<b>ARTHROPODA-BORNE DISEASES</b>	21	0	0	1	1	2	10	13	2	0	0	0	0	29
ANAPLASMOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BABESIOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
*LYME DISEASE	20	0	0	1	0	2	10	13	1	0	0	0	0	27
MALARIA	0	0	0	0	1	0	0	0	1	0	0	0	0	2
<b>BLOODBORNE DISEASES</b>	82	6	6	9	7	8	3	4	3	0	0	0	0	46
HEPATITIS C, ACUTE	5	0	0	0	0	0	0	0	1	0	0	0	0	1
HEPATITIS C, CHRONIC	77	6	6	9	7	8	3	4	2	0	0	0	0	45
<b>CENTRAL NERVOUS SYSTEM DISEASES</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>GASTROINTESTINAL ILLNESSES</b>	74	4	2	5	8	5	6	11	4	0	0	0	0	45
<b>BACTERIAL</b>	42	1	1	4	7	3	4	9	3	0	0	0	0	32
CAMPYLOBACTERIOSIS	21	0	1	2	4	1	2	0	2	0	0	0	0	12
E. COLI 0157:H7	2	0	0	0	0	0	1	2	0	0	0	0	0	3
LISTERIOSIS	1	0	0	0	0	0	0	1	0	0	0	0	0	1
SALMONELLOSIS	14	1	0	2	3	0	1	6	1	0	0	0	0	14
SHIGELLOSIS	3	0	0	0	0	1	0	0	0	0	0	0	0	1
YERSINIOSIS	1	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>PARASITIC</b>	32	3	1	1	1	2	2	2	1	0	0	0	0	13
AMEBIASIS	1	1	0	0	0	0	0	0	0	0	0	0	0	1
CRYPTOSPORIDIOSIS	12	1	1	0	1	2	2	0	1	0	0	0	0	8
CYCLOSPORIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
GIARDIASIS	18	1	0	1	0	0	0	2	0	0	0	0	0	4
<b>MYCOBACTERIUM AGENTS</b>	4	0	0	0	0	1	0	0	0	0	0	0	0	1
TUBERCULOSIS	4	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>RABIES EXPOSURE</b>	108	2	2	3	2	9	12	16	25	0	0	0	0	71
ADMINISTERED @ TCHD	96	1	1	3	2	9	11	16	19	0	0	0	0	62
ADMINISTERED @ GANNETT	12	1	1	0	0	0	1	0	6	0	0	0	0	9
<b>SEXUALLY TRANSMITTED DISEASES</b>	319	29	21	31	26	20	23	20	16	0	0	0	0	186
CHLAMYDIAL INFECTIONS	283	26	19	27	22	18	20	20	14	0	0	0	0	166
GONORRHEA	31	3	2	4	4	1	3	0	2	0	0	0	0	19
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	5	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>INVASIVE DISEASES, NOT VACCINE PREV.</b>	14	1	1	0	0	0	1	0	2	0	0	0	0	5
STREPT GROUP A	7	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT GROUP B	7	1	1	0	0	0	1	0	2	0	0	0	0	5
<b>VACCINE PREVENTABLE DISEASES</b>	149	2	4	1	3	1	5	2	0	0	0	0	0	18
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, INVASIVE	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS A	1	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, ACUTE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, CHRONIC	16	0	0	1	1	0	1	1	0	0	0	0	0	4
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PERTUSSIS	122	1	2	0	0	0	1	1	0	0	0	0	0	5
RUBELLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMO, INVASIVE	4	1	2	0	2	0	1	0	0	0	0	0	0	6
TETANUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	5	0	0	0	0	1	2	0	0	0	0	0	0	3
<b>GRAND TOTAL OF REPORTS</b>	773	44	36	50	47	46	62	67	53	0	0	0	0	403

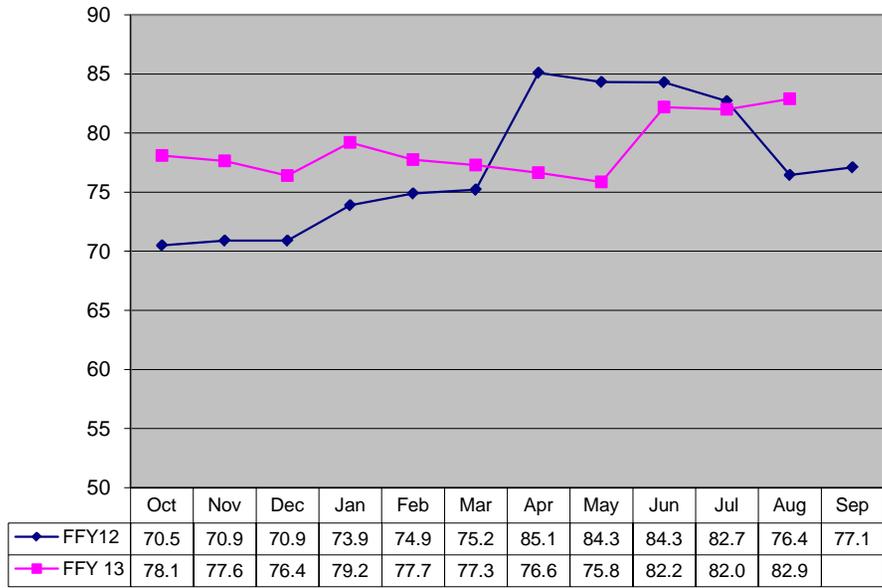
\*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

5/2013 Miscellaneous = 1 Rocky Mountain Spotted Fever

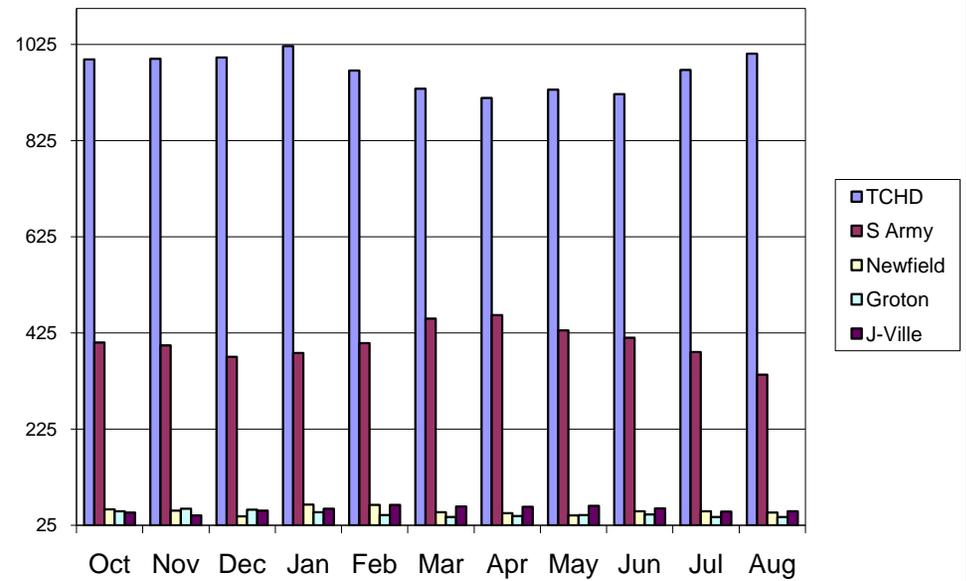
6/2013 Miscellaneous = 1 Meningitis, Aseptic and 1 Herpes Simplex II Encephalitis

# Tompkins County WIC Dashboard for September BOH Meeting - Report of official NYS WIC statistics

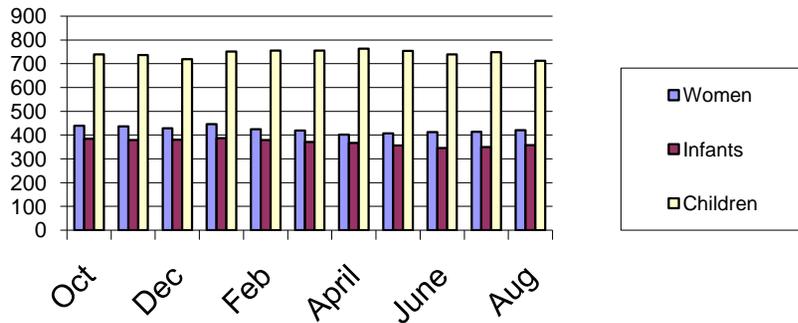
## Percentage of Caseload Target



## WIC Participants Receiving Benefits at each Site



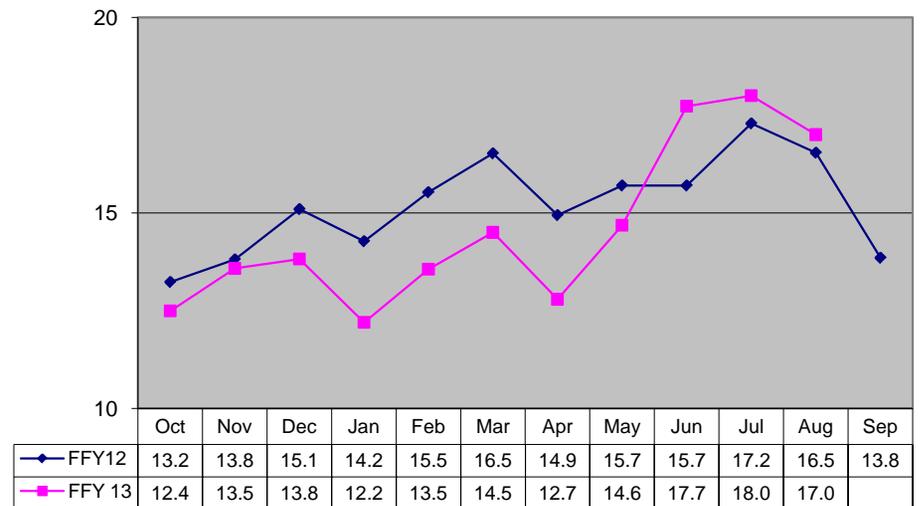
## Total Number of Women, Infants & Children Receiving Benefits



Total WIC Participation	August 2012	August 2013
	1529	1491

WIC Participant Target Caseload	FFY 2012	FFY 2013
	2000	2000

## Participant No Show Rate



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

#### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

### Your Choices

#### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide public health services
- Market or communicate our services to you

➤ **See page 3** for more information on these choices and how to exercise them

### Our Uses and Disclosures

#### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 or 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Office for Civil Rights, DHHS, 26 Federal Plaza - Suite 3312 New York, NY 10278, calling (212) 264-3313; (212) 264-2355 (TDD), or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we *never* share your information unless you give us written permission:

- Any of your information for marketing purposes
- Sale of your information
- Mental health, alcohol and drug, AIDS/HIV and genetic testing information, as well as most sharing of psychotherapy notes (unless legally required) (See Special Notes p. 4)

### In the case of fundraising:

- We do not participate in fundraising activities.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

- We can use or share your information for health research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

*Special Notes:*

*If you request to inspect, to receive a copy of, or to receive a summary of your medical record, we will respond within 30 days of receiving your request. We may need to deny you access to certain information. If we do, we will give you the reason in writing and will explain how you may appeal the decision. If your request is approved, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

*Although under some laws we are allowed to share your information without your consent for treatment, payment and health care operations, we will follow the strictest laws when disclosing your information. Unless legally required to do so, we will not release sensitive information such as mental health, alcohol and drug, HIV/AIDS and genetic testing without your written authorization. For other sensitive information such as pregnancy, abortion and sexually transmitted infections, we will follow applicable laws on disclosing your information. Please talk to us about how we share your information.*

## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date: September 23, 2013*

**This Notice of Privacy Practices applies to the following organizations.**

**All programs within Community Health Services and any other program in which PHI may be transacted** for electronic billing including clinic services, immunizations, Medicaid Obstetrical and Maternal Services, and home based visiting. If you have questions please ask.

Please contact the following people with questions or to file a complaint:

Tompkins County Health Department Public Health Administrator

(607) 274-6674

[tchdprivacy@tompkins-co.org](mailto:tchdprivacy@tompkins-co.org)

If unavailable, please call the:

Tompkins County Public Health Director at (607) 274-6674 or,

Tompkins County Healthcare Information Security and Privacy Officer at (607) 274-6324

**Or you may file a complaint at the:**

Office for Civil Rights, DHHS

26 Federal Plaza - Suite 3312

New York, NY 10278

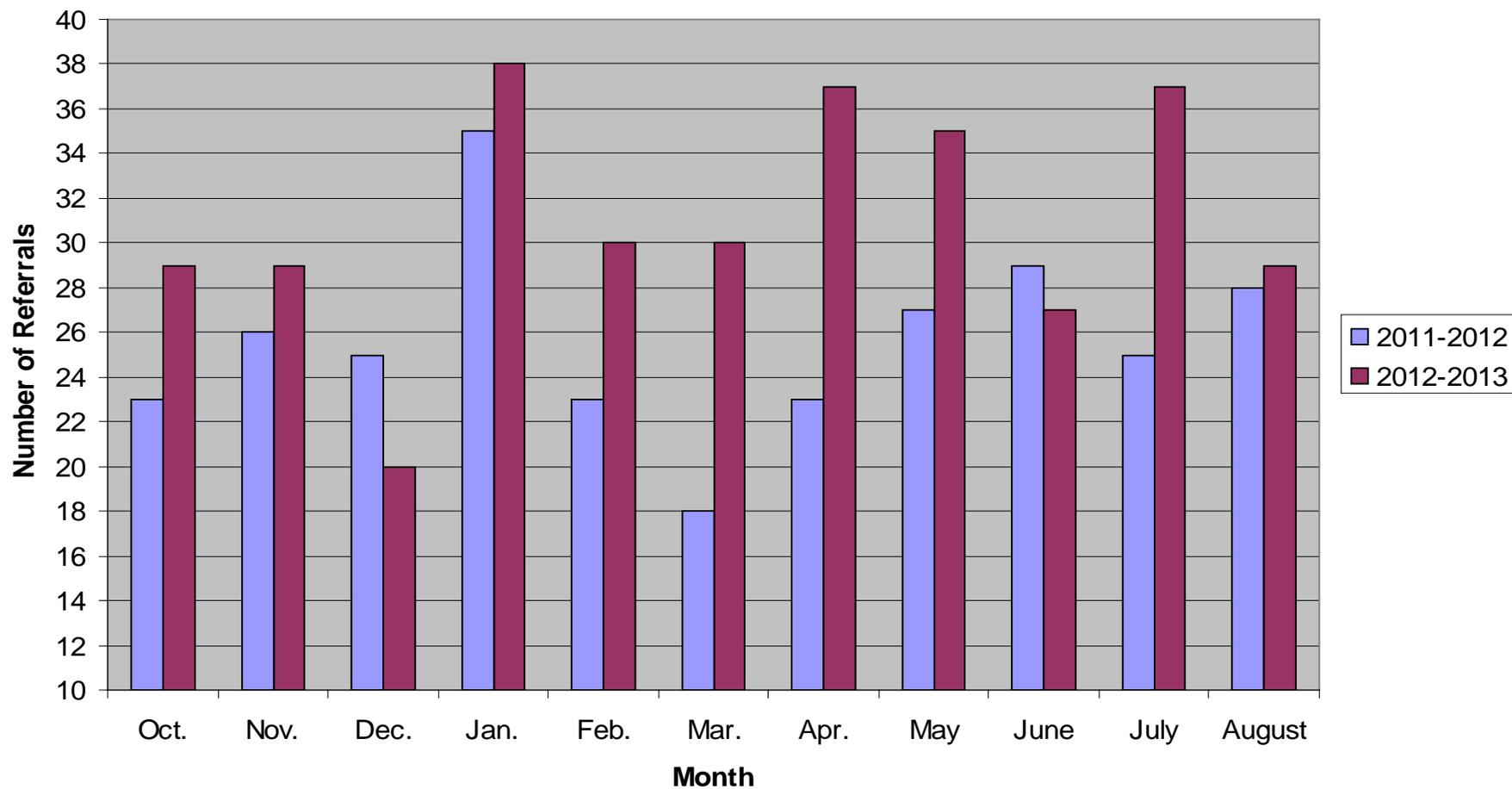
(212) 264-3313; (212) 264-2355 (TDD)

(212) 264-3039 FAX

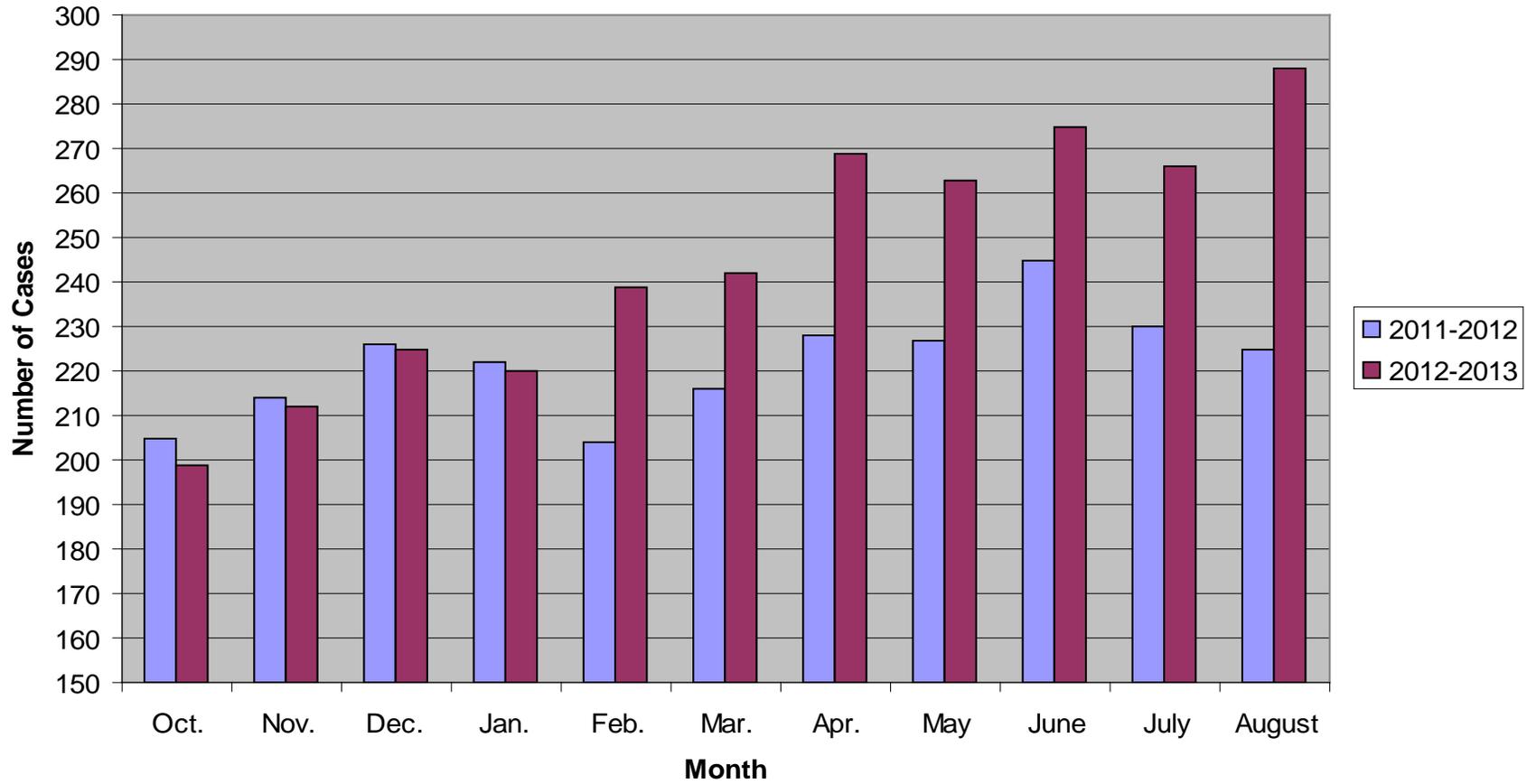
E-MAIL: [OCRcomplaint@hhs.gov](mailto:OCRcomplaint@hhs.gov)

ONLINE COMPLAINT PORTAL: [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)

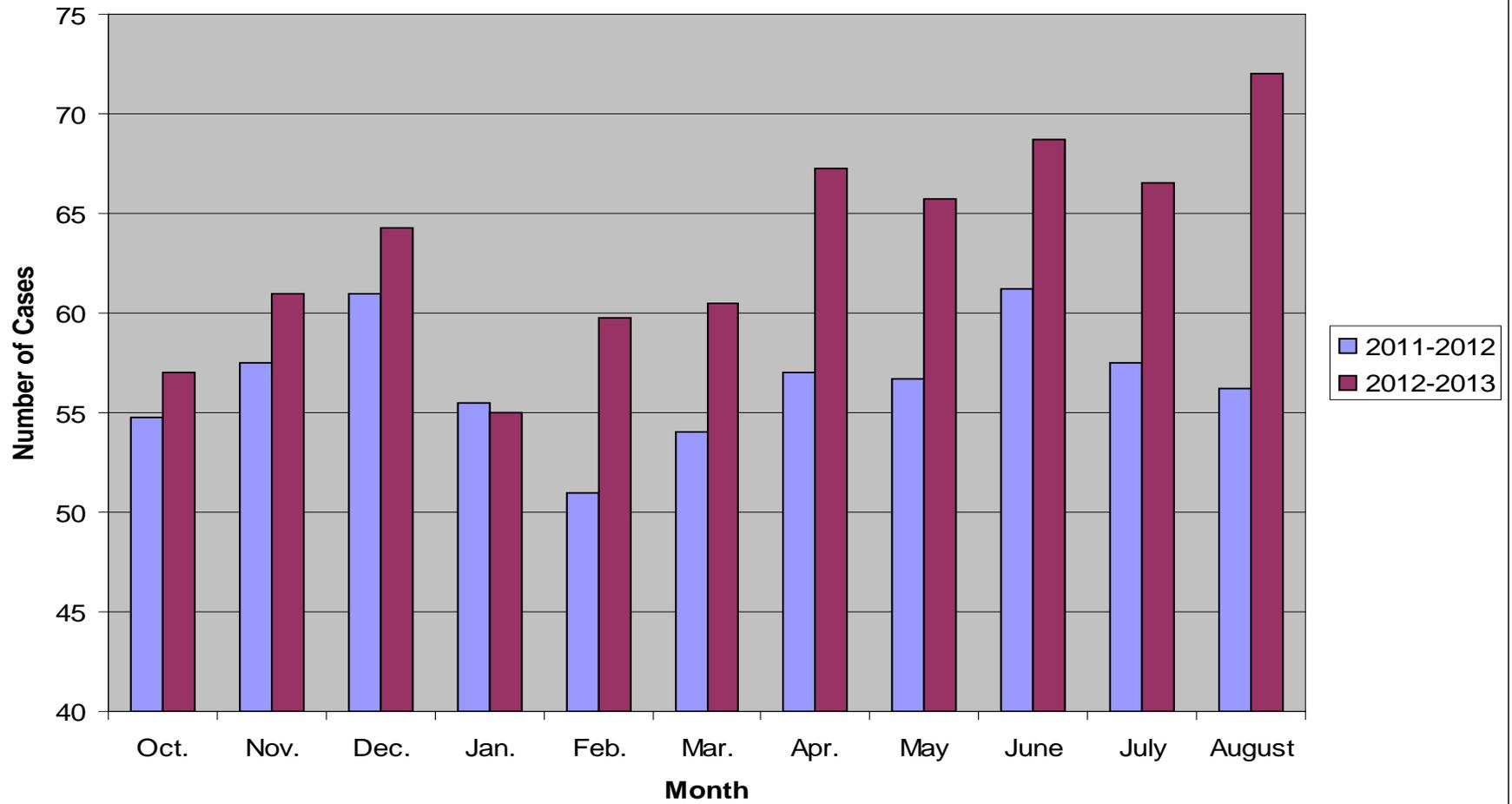
### Total Number of EI Referrals



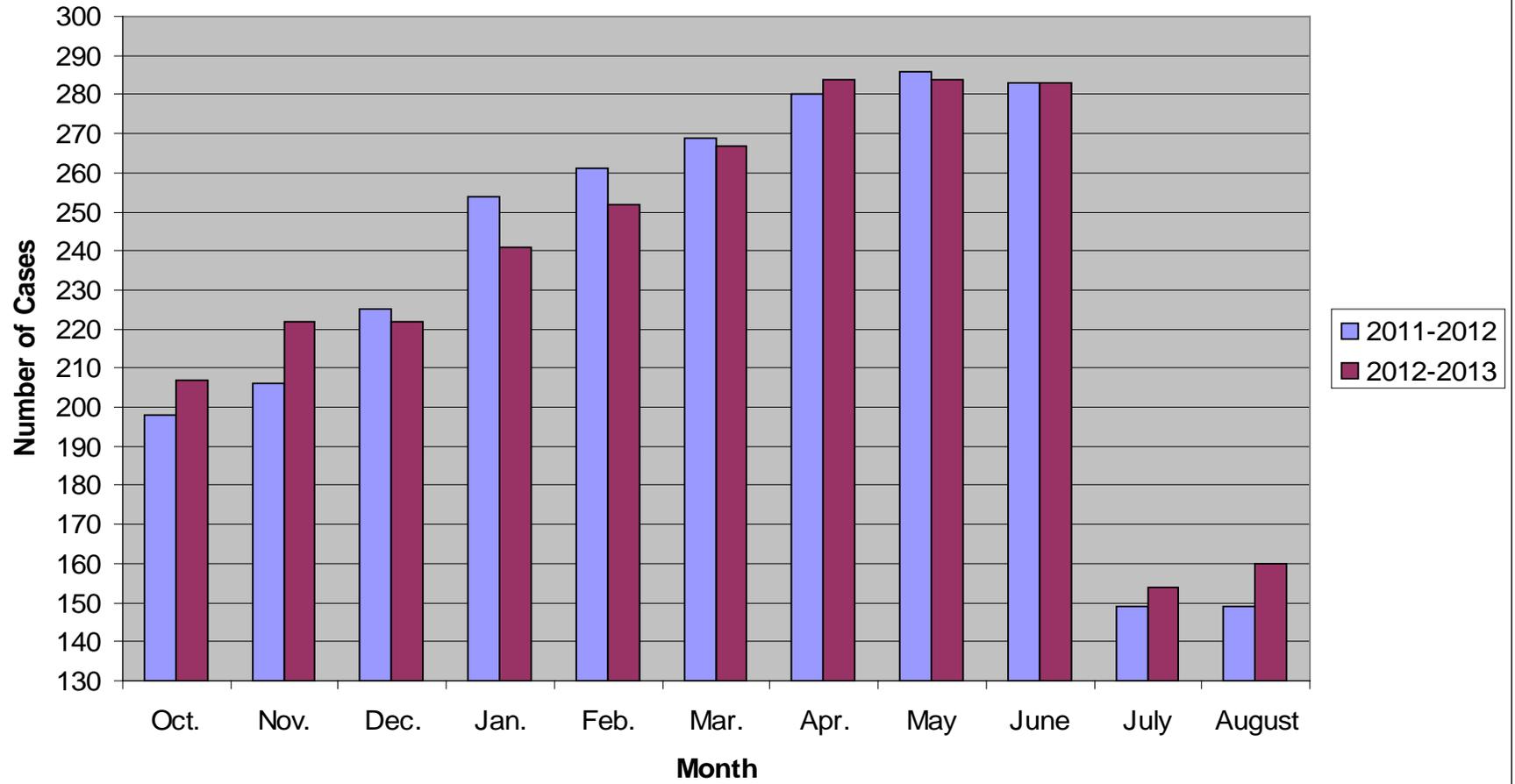
### Total Number of Early Intervention Cases



### Average Service Coordinator Caseloads



### Total Number of Preschool Cases



**Children with Special Care Needs Division**

**Statistical Highlights 2013**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2013 Totals
<b>Early Intervention Program</b>													
<b>Number of Program Referrals</b>	38	30	30	37	35	27	37	29	0	0	0	0	263
<b>Initial Concern/reason for referral:</b>													
-- Birth/Medical History													
-- DSS Founded Case		1	3			2	2	1					
-- Failed MCHAT Screening													
-- Gestational Age	3	1	1	1	1	3	3	1					14
-- Global Delays				1		1							2
-- Hearing				1									1
-- Physical													0
-- Feeding		3		1	1	1		1					
-- Gross Motor	7	4	8	8	8	9	8	4					56
-- Gross Motor & Feeding				1	1								2
-- Gross Motor & Fine Motor				2	1								3
-- Gross Motor & Social Emotional			2		1								3
-- Fine Motor			2	1									3
-- Fine Motor/Vision													0
-- Vision													
-- Social Emotional	2	2	1	1	2			2					10
-- Social Emotional & Adaptive													
-- Social Emotional & Cognitive													0
-- Social Emotional & Feeding		1											
-- Social Emotional & Vision													0
-- Speech	16	12	8	7	9	8	15	13					88
-- Speech & Adaptive													0
-- Speech & Cognitive	1												1
-- Speech & Gross Motor			2	2		1		1					
-- Speech & Social Emotional	2	1	1	1	3			2					10
-- Speech & Feeding				1				2					3
-- Speech & Hearing		1	1										2
-- Transfer from other Municipality													
-- Adaptive						1							1
-- Adaptive/Feeding	4												4
-- Vision													0
-- Qualifying Congenital / Medical Diagnosis	2	2	1	4		1							10
-- Child Find (At Risk)	1	2		5	8		6	2					24
<b>Total # of clients qualified and receiving svcs</b>	181	201	203	229	235	247	240	253					
<b>Total # of clients pending intake/qualification</b>	39	38	39	40	28	28	26	35					
<b>Total # qualified and pending</b>	220	239	242	269	263	275	266	288	0	0	0	0	
<b>Average # of Cases per Service Coordinator</b>	55	59.75	60.5	67.25	65.75	68.75	66.5	72	0	0	0	0	
<b># of Family/Client visits</b>													
-- Intake visits	24	27	25	16	25	24	33	25					199
-- Introduction Visits	0	0	0	0	0	0	0	0					0
-- IFSP Meetings	48	46	43	52	54	26	36	32					337
-- Amendments	13	14	14	20	23	23	33	17					157
-- Evaluations	30	29	29	35	34	25	30	26					238



**Children with Special Care Needs Division**

**Statistical Highlights 2013**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2013 Totals
-- Supplemental Evaluations	6	6	5	3	13	9	6	2	0	0	0	0	50
<b>Early Intervention Program (continued)</b>													
Type:													
-- Audio	0	1	2	1	3	2	1	1					11
-- Feeding	0	0	0	0	0	0	0	0					0
-- Occupational Therapy	4	4	2	1	6	2	2	0					21
-- Physical Management Clinic	0	0	0	0	0	0	0	0					0
-- Physical Therapy	1	1	0	1	1	2	1	0					7
-- Social Emotional	0	0	0	0	0	1	2	0					3
-- Speech Therapy	1	0	1	0	3	2	0	1					8
-- Vision	0	0	0	0	0	0	0	0					0
<b>Autism Spectrum</b>													0
-- Children currently diagnosed:	0	0	0	0	0	0	0	0					0
-- Children currently suspect:	6	5	8	10	14	3	15	4					65
<b>Children with 'Other' Diagnosis</b>													0
-- Agenesis Corpus Collosum	0	0	0	1	1	1	0	0					3
-- Cardiac Anomalies	2	1	1	3	3	4	3	3					20
-- Cerebral Palsy	3	2	2	5	5	4	3	3					27
-- Chromosome 22Q Deletion	1	1	1	1	1	1	1	1					8
-- Cleft Lip/Palate	2	2	2	2	2	2	2	2					16
-- Congenital Anomaly	0	2	2	1	1	1	1	1					9
-- Congenital Hand Deformity	0	0	0	0	0	0	1	1					2
-- Cyclic Neutropenia	0	1	1	1	1	1	1	1					7
-- Down Syndrome	1	1	1	2	2	1	1	1					10
-- Gastroesophageal reflux disease (GERD)	0	1	1	0	0	0	0	0					2
-- Hearing Impairment	0	0	0	1	1	1	0	0					3
-- Hydrocephalus	2	2	2	3	3	3	4	4					23
-- Hypotonia -- Severe	1	1	1	1	1	1	0	0					6
-- Laryngomalacia	1	1	1	1	1	1	1	1					8
-- Metabolic Disorder	0	1	1	1	1	1	1	1					7
-- Microtia Atresia	1	1	1	1	1	0	1	1					7
-- Musculoskeletal Anomaly	1	1	1	1	1	1	1	1					8
-- Nasal Encephalocele	1	1	1	1	1	1	1	1					8
-- Neurofibromatosis Type 1	2	2	2	2	2	2	2	2					16
-- Prematurity	8	7	7	8	14	15	19	19					97
-- Prematurity (Micro)	6	4	4	7	4	9	6	6					46
-- Radial Nerve Palsy	0	0	0	0	0	0	1	1					2
-- Spina Bifida	1	1	1	1	1	1	1	1					8
-- Tay Sachs Disease	1	1	1	0	0	0	0	0					3
-- Temporal & Frontal Subdural Hematomas	0	0	0	1	0	0	0	0					1
-- Torticollis	6	5	5	7	8	8	9	9					57
-- Transposition	1	0	0	0	0	0	0	0					1
-- Type 1 Diabetes	0	1	1	1	1	1	0	0					5
-- Ventriculomegaly	1	1	1	1	0	1	1	1					7
-- Vocal Cord Paralysis	0	0	0	0	0	0	1	1					2
-- Scaphocephaly	0	0	0	0	0	0	1	1					2





**Children with Special Care Needs Division**

**Statistical Highlights 2013**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2013 Totals
													0
													0
													0
													0
													0
<b>Municipal Representation</b>													0
<b>Committee on Preschool Special Education</b>													0
													0
-- Ithaca	30	23	28	28	32	26	0	15					182
-- Dryden	13	8	4	14	20	11	0	3					73
-- Groton	0	0	0	0	5	0	0	0					5
-- Lansing	1	1	2	1	8	12	0	2					27
-- Newfield	1	4	1	16	13	2	0	0					37
--Trumansburg	0	0	1	1	2	0	0	0					4

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

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## ENVIRONMENTAL HEALTH HIGHLIGHTS

### August 2013

#### Outreach and Division News

**Hydrilla – Year 3 continues:** Small patches of hydrilla were found in new areas this month – in Fall Creek and in the southeast corner of Cayuga Lake. The hydrilla was removed by hand and an application to apply endothall in Fall Creek has been submitted to the New York State Department of Environmental Conservation (NYSDEC). It is anticipated that the endothall treatment will be conducted in late September or October.

Similar to the treatment process used last year, low-dose fluridone treatment was initiated in the other areas of the inlet as a follow-up to the endothall application in that area in July.

We had previously received unexpectedly high results for endothall during analytical testing of water at the Bolton Point water supply intake for samples collected during the endothall application in the inlet last month. Community Sciences Institute (CSI) reported results ranging from non-detectable to 42 ppb. Additional laboratory study and testing of various samples has indicated that there is an interference that is producing the high results. All samples sent to a separate ELAP-certified laboratory were below detection limits.

Anne Wildman and (less often) Steven Kern or Liz Cameron participate in monthly meetings plus the special meetings that were held in response to the findings in Fall Creek and the lake. We are also now participating in weekly conference calls to monitor the fluridone treatment.

**EH/ITS Permit Management Software Project:** The new Onsite Wastewater Treatment System (OWTS) permit management software project is progressing. We have completed the initial project management steps and the software has been installed on the servers. We are now very actively and intensely working on the detailed documents that will guide the configuration of the software for our specific use in the OWTS program. Adriel Shea, Brenda Coyle, Steve Maybee, Cyndy Howe, Cindy Schulte, Janice Koskii, Skip Parr, Greg Potter, and Liz Cameron have been involved to varying degrees in almost daily meetings for several weeks, often using web connections with the Redmark representatives, to determine our OWTS workflow and process. We are currently on schedule to have the system up and running by the end of the year.

**State Drinking Water Taste Test:** After securing first place at the Regional Drinking water taste test held at the Groton Old Home Days, the Bolton Point drinking water supply placed a commendable top ten finish at the New York State Fair.

The Bolton Point Water Supply - which serves the Town of Ithaca, Village of Lansing, Village of Cayuga Heights, Town of Lansing, Town of Dryden and the Town of Ulysses - had the best-tasting water in the Central Region, beating one other participating water treatment plant.

To secure their place at the regional event, Bolton Point water beat out six other local water treatment plants at a county level water taste test held in the spring by the Tompkins County Health Department.

#### Rabies Control Program

There were no confirmed rabid animals during the month of August, 2013. There continue to be reports of rabid acting animals, either where the animal did not cause an exposure to a human or unvaccinated domestic animal or the suspect animal escaped.

Key Data Overview		
	This Month	YTD
Bites <sup>1</sup>	21	156
Non Bites <sup>2</sup>	17	54
Referrals to Other Counties	4	38
Submissions to the NYS Rabies Lab	65	161
Human Post-Exposure Treatments	20	73
Unvaccinated Pets 6-Month Quarantined <sup>3</sup>	0	3
Unvaccinated Pets Destroyed <sup>4</sup>	0	0
Rabid Animals (Laboratory Confirmed)	0	6

<sup>1</sup>"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

<sup>2</sup>"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

<sup>3</sup>When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

<sup>4</sup> Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type								
	Bites		Animals sent to the NYS Rabies Laboratory				Rabid Animals	
	Month	YTD	By TCHD	By NYS CU Vet College	Totals		Month	YTD
					Month	YTD		
Cat	8	51	0	1	1	10	0	0
Dog	10	88	0	0	0	6	0	0
Cattle	1	1	0	0	0	1	0	0
Horse/Mule	0	0	0	0	0	1	0	0
Sheep/Goat	0	0	0	0	0	0	0	0
Other Dom.	0	1	0	0	0	0	0	0
Raccoon	0	1	0	0	0	2	0	1
Bats	2	5	60	1	61	103	0	4
Skunks	0	0	0	0	0	0	0	0
Foxes	0	3	0	1	1	6	0	1
Other Wild	0	6	0	2	2	32	0	0
<b>Totals</b>	<b>21</b>	<b>156</b>	<b>60</b>	<b>5</b>	<b>65</b>	<b>161</b>	<b>0</b>	<b>6</b>

### Childhood Lead Program

	This Month	YTD
<b>A: Active Cases (total referrals):</b>	0	0
A1: # of Children w/ BLL>19.9ug/dl	1	2
A2: # of Children w/ BLL 10-19.9ug/dl	0	3
<b>B: Total Environmental Inspections:</b>		
B1: Due to A1	2	7
B2: Due to A2	0	0
<b>C: Hazards Found:</b>		
C1: Due to B1	2	6
C2: Due to B2	0	0
<b>D: Abatelements Completed:</b>	0	0
<b>E: Environmental Lead Assessment Sent:</b>	2	5

<b>F: Interim Controls Completed:</b>	0	0
<b>G: Complaints/Service Requests (w/o medical referral):</b>	5	38
<b>H: Samples Collected for Lab Analysis:</b>		
- Paint	0	0
- Drinking Water	0	1
- Soil	0	3
- XRF	2	5
- Dust Wipes	2	5
- Other	0	0

## Food Program

*Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.*

### **The following inspections were conducted with no critical violation(s) noted:**

4-H Acres, T-Dryden	Lansing Pizzeria, T-Lansing
Borg Warner, T-Lansing	Lot 10 Kitchen & Lounge, C-Ithaca
Butch's Bar-B-Q, Throughout	McGraw House, C-Ithaca
Chanticleer, C-Ithaca	Moakley House, C-Ithaca
Chili's Bar & Grill, C-Ithaca	New York Garden, V-Groton
CU – Robert Purcell Dining, C-Ithaca	The Nines, C-Ithaca
CU – Trillium Dining, C-Ithaca	North East Pizza & Beer, V-Lansing
Dottie's Ice Cream, T-Groton	Northstar House, C-Ithaca
Dragon Village, V-Trumansburg	Peking Restaurant, V-Lansing
Drop-In Children's Center, C-Ithaca	The Rose, V-Lansing
Global Taco, Throughout	Sincredible Pastries, T-Groton
Hatfield Catering, Throughout	Sweet Melissas, C-Ithaca
Ithaca Yacht Club, T-Ulysses	Subway of Dryden, T-Dryden
Jalapenos Mexican Grill, V-Dryden	Tango Chicken, C-Ithaca

**The 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.

Foodnet Central Kitchen, V-Lansing

*Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.*

### **The following re-inspections were conducted with no violations noted:**

Glenwood Pines, T-Ulysses	Tamarind, C-Ithaca
Ling Ling Takeout, C-Ithaca	Coddington Road Community Center, T-Ithaca
Plantation Bar & Grill, T-Dryden	

*Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.*

**Critical Violations were found at the following establishments:****Tamarind, C-Ithaca**

Potentially Hazardous Foods were not kept under refrigeration. Observed duck meat thawing in the three-bay sink at 54-60°F. The product was moved to the walk-in cooler to be chilled to 45°F or below before use.

**Coddington Road Community Center, T-Ithaca**

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Toxic chemicals were improperly labeled. A bottle of unlabeled spray cleaner was observed stored over a food preparation area.

**Fine Line Bistro, C-Ithaca**

Potentially Hazardous Foods were not kept at or below 45°F during cold holding. Products were observed in a sandwich unit at 51-54°F. Products were moved to a freezer to be cooled to 45°F or less before use.

**Easy Wok, V-Lansing**

Potentially Hazardous Foods not stored under refrigeration. Several Potentially Hazardous Foods were found stored on a cart and under equipment, the food was observed to be at 60-64°F. Another product was found on a push cart in a different location and was observed to be at 98°F. The products were placed in cold holding equipment to be chilled to 45° or less before use.

Potentially Hazardous Foods not kept at 140°F or above during hot holding. Potentially Hazardous Foods were found stored in an oven and were observed to be at 115-120°F. The products were placed in cold holding equipment to be chilled to 45° or less before use.

**Apollo Restaurant, C-Ithaca**

Potentially Hazardous Foods not stored under refrigeration. Potentially Hazardous Foods were observed sitting on the counter at 56-58°F. The products were placed in cold holding equipment to be chilled to 45° or less before use.

**Imperial Kitchen, V-Lansing**

Cooked or prepared foods were subject to cross-contamination from raw foods. Storage was rearranged during the inspection.

Enough refrigerated storage equipment not maintained so that potentially hazardous foods are kept at or below 45°F during cold holding. Observed four cold holding units maintaining food at temperatures ranging from 50-74°F. Potentially hazardous foods in these units were discarded during the inspection.

Potentially Hazardous Foods not kept at 140°F or above during hot holding. Products on the buffet line were observed to be at 116°F and 130°F. Products were removed from service and rapidly reheated to 165°F or above before return to service.

**Aladdin's Natural Eatery, C-Ithaca**

Toxic chemicals were improperly stored so that contamination of food can occur. The storage was rearranged during the inspection.

***Temporary Food Service Operation Permits*** are issued for single events at one location. The Food Protection Program issued 60 temporary permits.

***Temporary food operation inspections*** are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

**The following inspections were conducted with no violation(s) noted:**

Acapulco Mexican Grill, T-Ulysses	Fowler's Taffy, T-Ulysses
American Legion Carrington-Fuller Post 800, V-Groton	German Wurst Haus, T-Lansing
Annlee Concessions, T-Ulysses	Pendergast Food, T-Lansing
Calvary Baptist Church, T-Ulysses	Oakes Pizza, T-Ulysses
Coleman Fried Dough, T-Ulysses	Oakes Popcorn, T-Ulysses
Dickey's Barbecue Pit, V-Groton	Oakes Soft Serve, T-Ulysses
Dryden Rotary Club, T-Dryden	Special Event Attractions, V-Groton
Foggy Bog Hunting Lodge, V-Groton	

**Critical Violations were found at the following establishments:****Afrikana Cuisine Catering, C-Ithaca**

Potentially hazardous foods were at improper temperatures. Product was observed at 132°F in hot holding. The product was discarded.

**AI's Concession, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Product was observed at 50-53°F in cold holding. The product was discarded during the inspection.

**AI's Concession, Re-inspection, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Product was observed at 54°F in cold holding. The product was moved to a different cold holding location to be rapidly chilled to 45°F or less before use. Board of Health action will follow.

**American Legion Arthur E. Bouton Post 770, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Product was observed at 48°F in cold holding. The product was discarded during the inspection.

**Jerry's Lunch, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Products were observed at 132°F in hot holding. The products were rapidly reheated to 165°F or above before return to service.

**NY Hotbox, Newfield Firehall, T-Newfield**

Potentially hazardous foods were at improper temperatures. Products were observed at 104°F in hot holding. The product was discarded at 12:00.

**Sylvia's Midway Diner, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Product was observed at 129°F in hot holding. The product was rapidly reheated to 165°F or above before being returned to service.

**Coleman French Fry, Trumansburg Fair, T-Ulysses**

Potentially hazardous foods were at improper temperatures. Products were observed at 120°F and 133°F in hot holding. The products were heated to the appropriate temperature before being offered for service.

*Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.*

**The following pre-operational inspections were conducted:**

CU-Dairy Bar, T-Lansing  
Fairfield Inn, C-Ithaca

**Plans Approved:**

Fairfield Inn & Suites Food Service, C-Ithaca  
CU-College of Architecture, Art and Planning Food Truck, C-Ithaca  
Smart Yogurt, V-Lansing

**New Permits Issued:**

Affinity Bakery & Beyond, T-Lansing  
 Dickey's Barbecue Pit, Throughout  
 Oishii Bowl, C-Ithaca  
 Fork & Gavel, C-Ithaca  
 Friendly's #7450, V-Lansing  
 Global Taco, Throughout  
 Tango Chicken, C-Ithaca

*The Food Protection Program received and investigated four complaints related to issues and/or problems at permitted food service establishments.*

**Engineering Plans Approved**

- Diebler Apartments, PWS Sodium Hypochlorite Disinfection System, Dryden-T
- Dollar General, New Non-Community PWS, Dryden-V
- Jay Smith, 330 GPD Sewage System, Dryden-T
- Kirk Duplex Apartments, 880 GPD Sewage System, Dryden-T
- Lucas, 330 GPD Sewage System, Lansing-T

Three plans for cross-connection control devices to protect municipal water systems from hazardous connections were approved this month.

**Problem Alerts/Emergency Responses**

- 13-01-08 Dryden Lake Golf Course, T-Dryden. Boil Water Order (BWO) issued 8/31/13 due to positive coliform sample result. Repeat samples taken. Permanent disinfection will be installed.
- 13-01-07 Village of Dryden Public Water Supply, V-Dryden. BWO issued 8/9/13 due to loss of pressure for more than 4 hours during a water main break at Lee Road. Caused by flooding road repair. Received negative bacteria results and the BWO was released 8/12/13.
- 13-01-06 Hanshaw Village Mobile Home Park, T-Dryden. BWO issued 8/9/13 due to wells submerged due to flooding and inability to access well house. No chlorine residual. Chlorine restored and satisfactory sample results obtained. BWO released 8/20/13.
- 13-01-05 Speedsville Grocery Store, T-Caroline. BWO issued 8/2/13 due to positive coliform results. Disinfection waiver revoked. Disinfection to be installed.

BWOs remain in effect at:

- 12-01-08 J-A-M Mobile Home Park, T-Lansing. BWO issued 8/16/12 due to positive total coliform results. Lost disinfection waiver. Currently under BOH orders to submit plans and install disinfection or to connect to municipal water.

**Childrens Camps**

Thirty children's camps received permits to operate during the 2013 summer; twenty-two day camps and 8 overnight camps. All camps were inspected prior to opening and at least once while in operation as required by NYS Sanitary code, Subpart 7-2. No public health hazards were found at these camps during operational inspections.

The Division investigated 41 reports of serious injuries and illnesses at these camps: 19 concussions, 4 fractures, 2 lacerations requiring sutures, two dislocations, one contusion of the eye, one sprain, one use of an epi pen, 11 cases of Folliculitis, six cases of Impetigo, two cases of Ringworm, 1 case of Pertussis, one intentional overdose of a medication.

### Healthy Neighborhoods Program

On August 7, Pat Jebbett (Healthy Neighborhoods Program) met with Margo Polikoff and Rachel Buckwalter (Children with Special Care Needs) to discuss our respective programs and how we can work together to help serve our target areas and populations.

On August 8, Eric Shearer attended a presentation in Yates County on Ticks, Lyme Disease and Bed Bugs by Dr. Wayne Gall, NYSDOH Entomologist.

On August 15, Eric Shearer and Pat Jebbett (HNP staff) attended the all-day Healthy Homes training in Syracuse.

On August 16, Pat and Eric conducted outreach activities for HNP at the Groton Olde Home Days. Nine people signed up for home visits and at least 50 more were informed about this program.

On August 26, Pat Jebbett and Anne Wildman held outreach at the BOCES Adult Education Program for adult GED students.

	This Month	YTD
<b># Home Visits</b>	39	352
<b># Revisits</b>	4	82
<b># Asthma Homes</b>	7	47
<b># Homes Approached</b>	43	652
<b>Products Distributed:</b>		
Carbon Monoxide Detectors	9	186
Smoke Detectors	12	175
Fire Extinguishers	28	300
Surge Protectors	0	16
Radon Test Kits	4	58
Batteries for SD/CO	13	210
HEPA Vacuums	0	2
Vinegar	31	231
Baking Soda	33	367
Spray Bottles	0	231
Brushes	33	307
Mops	1	8
Buckets	5	103
Baby Gates	0	7
Safety Latches	14	96
Door Knob	14	89
Stove Knobs	11	59
Pest Control Products	2	28
Nightlights	13	170
No-Slip Bathtub Strips	29	278
Pillow Case	2	61
Flashlights	30	282

### Status of Enforcement Actions

#### *Office Conference Held:*

15 Leisure Lane, T-Dryden, Heidi Pane, owner; sewage system violation; Stipulation Agreement with PHD Orders signed 8/7/2013, revised Agreement mailed for signature.

#### *Office Conferences Scheduled:*

Trumansburg Shur Save, V-Trumansburg, Jim Seafuse, owner: Adolescent Tobacco Use Prevention Act (ATUPA) violation; 9/9/2013.

Al's Concession, Trumansburg Fair, Al Belchy, owner: repeat food service violations; 9/10/2013.

Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; 9/10/2013.

***Compliance Schedules/Board of Health Orders/PH Director's Orders:***

- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Lao Village, V-Trumansburg, Keo Sisombath, owner: repeat food service violation, signed Stipulation Agreement with PHD Orders on 8/7/2013; BOH assessed \$1000 penalty on 8/27/2013; **awaiting payment.**
- Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **awaiting compliance and payment.**
- JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **awaiting compliance and payment.**
- John Joseph Inn, T-Lansing, John Hamilton, owner: water system and temporary residence violations: signed Stipulation Agreement with PHD Orders on 8/12/2013; penalty on 8/27/2013; **awaiting payment.**

***Referred to Collection:***

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• CC's, C-Ithaca, Jian Wang</li> <li>• Blue Frog Café, V-Lansing, Karina Murphy</li> <li>• P&amp;Y Convenience, T-Lansing, Min Gyu Park</li> </ul> | <ul style="list-style-type: none"> <li>• William Crispell, T-Caroline – two penalties</li> <li>• 1795 Mecklenburg Road, T-Enfield, V. Bruno</li> <li>• Blue Frog Café, V-Lansing Karina Murphy</li> </ul> |
|---|---|

**Training**

Audrey Balander and Clayton Maybee participated in the NYSDOH Vector conference call on August 5. Mosquito borne disease activity is picking up down state. There isn't much activity in Central New York yet.

Clayton Maybee and Chris Laverack participated in a Powassan Virus webinar on August 21. Powassan virus is an emerging disease, carried by deer ticks and woodchuck ticks. There are two genetic strains that have the same symptoms. Currently, there are 0-3 cases in New York annually. Lets hope this disease doesn't emerge. The disease symptoms include nervous system difficulties and mortality is approximately 15 percent and the majority of those who survive end up in a nursing home.

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**Division for Community Health**  
**AGENDA**

**Tompkins County Board of Health**  
**September 24, 2013**

**Approval for new policy and procedure (attached):**

- **Influenza Vaccination & Prevention Requirement** – In July the NYSDOH passed regulation to mandate influenza vaccination for health care personnel in hospitals, skilled nursing facilities, licensed and certified home care agencies and diagnostic & treatment clinics. The regulation impacts employees, vendors, students and volunteers who will work in close proximity to clients and will require documentation of annual flu vaccination or need to wear a facial mask in client care areas during the influenza season. Attachments include a map of the designated clinic area, a medical exemption form and a vaccination declination form.
  - NYSDOH regulation information and resources –  
[www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention\\_of\\_influenza\\_transmission/](http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/)
  - Frequently Asked Questions about the regulation -  
[www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention\\_of\\_influenza\\_transmission/frequently\\_asked\\_questions.htm](http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/frequently_asked_questions.htm)

# DRAFT

Division for Community Health

## Influenza Vaccination & Prevention Requirements

### Policy & Procedure

#### Background

1. Influenza vaccination is an effective infection control measure to protect clients and healthcare workers from acquiring influenza during the receipt or provision of care. Other measures include practicing respiratory hygiene, effective hand washing and staying home when ill.
2. The New York State Department of Health (NYSDOH) passed a regulation<sup>1</sup> governing clinic (Article 28) and home care services (Article 36) which requires influenza vaccination of healthcare agency personnel to prevent the transmission of illness. The Director of Patient Services (DPS) will ensure compliance with the regulation.
3. The NYSDOH Commissioner of Health will annually determine when the regulation<sup>1</sup> is in effect.

#### Definitions

1. The Article 28 Diagnostic & Treatment (D&TC) **clinic service area is defined** as the Tompkins County Health Department (TCHD) clinic client rooms and hallway (Appendix A).
2. **The Article 36 Home care service area is defined** as the location where a Licensed Home Care Services Agency (LHCSA) service is provided such as after passing the threshold of a client's residence or within an enclosed area such as a homeless shelter or automobile.
3. **Healthcare agency personnel** (personnel) include anyone paid or unpaid who engage in activities such that if they were infected with influenza, they could potentially expose clients or staff to disease. Personnel include:
  - All Division for Community Health (DCH) Administration and Community Health Services (CHS) staff.
  - All contractors, students, volunteers and interns assigned to CHS who will routinely work where clients may be present.
  - All Facilities staff routinely assigned to designated clinic areas.

#### Procedure

1. Personnel will be strongly encouraged to receive annual seasonal influenza vaccinations as recommended by the NYSDOH.
2. Vaccine will be free of charge to designated personnel after insurance coverage has been sought.
3. Personnel unable to receive an influenza vaccination due to a medical contraindication will complete Appendix B.

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4. Personnel refusing influenza vaccination will be complete an Influenza Vaccination Declination Form (Appendix C).
5. Personnel not vaccinated against influenza will wear a surgical or procedure mask during the influenza season while working in areas where clients may be present.
  - TCHD will provide masks in sufficient sizes and quantities to assure infection control compliance.
  - Masks should be changed or discarded after completing client care in the clinic or home; whenever the mask is soiled or potentially soiled and/or through professional judgment.
6. Personnel will be educated regarding the policy and procedure during orientation and annually.
7. Compliance will be monitored during periodic supervisory clinic and home visits.
8. Staff will maintain documentation of personnel influenza vaccination and provide aggregate data on the number and percentage of personnel vaccinated to NYSDOH upon request.

#### **Appendices**

- A – TCHD Designated Article 28 Clinic Area Map (9/13)
- B – Medical Exemption Statement for Health Care Personnel NYSDOH Form 4482 (10/10)
- C – TCHD Declination of Influenza Vaccination for Health Care Personnel NYSDOH Form

#### **References**

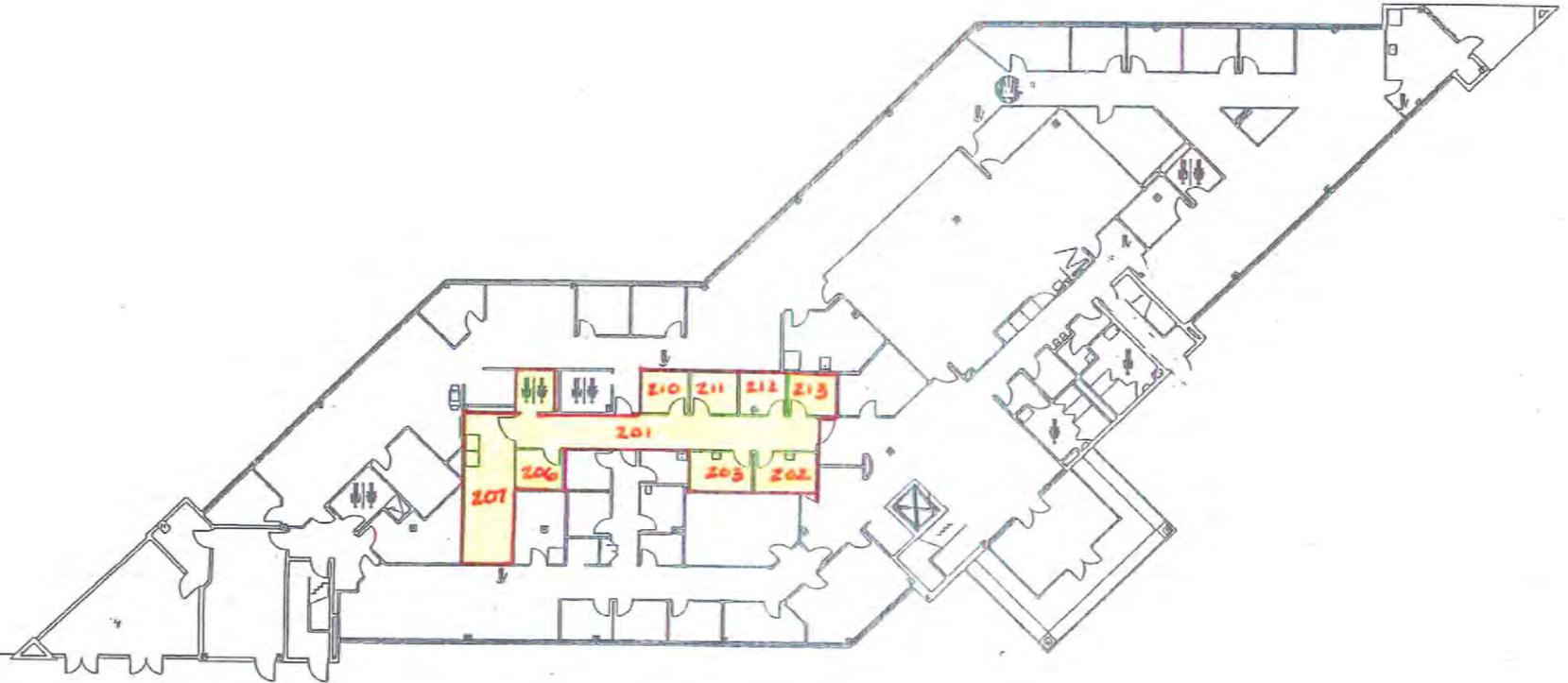
- Title 10 Health NYCRR section 2.59, 766.11 – Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel (7/31/13)
- TCHD Employee Health Policy & Procedure (6/10)
- CHS Clinic Infection Control Policy; MOMS Infection Control Policy; LHCSA Infection Control Policy

Original: 8/26/13

Administrative & TCHD Medical Director Approval: 9/10/13

Community Health Quality Assurance Committee Approval: *pending 9/17/13*

Board of Health Approval: *pending 9/24/13*



TOMPKINS COUNTY HEALTH DEPARTMENT  
55 BROWN ROAD, ITHACA NY

LOWER FLOOR

# Influenza Vaccine

## Medical Exemption Statement for Health Care Personnel

For use by health care facilities choosing to institute locality-specific influenza vaccination requirements for health care personnel.

### Instructions

Questions? Call (518)473-4437

1. Complete information (name, DOB etc.).
2. Complete contraindication/precaution information.
3. Complete date exemption ends, if applicable.
4. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1 Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Patient Address \_\_\_\_\_  
 Name of Health Care Facility \_\_\_\_\_

Guidance for medical exemptions for influenza vaccination can be obtained from the contraindications, indications, and precautions described by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can be found at the following website, <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

Contraindications are conditions that indicate when vaccines should not be given. A **contraindication** is a condition that increases the chance of a serious adverse reaction. A **precaution** is a condition that might increase the chance or severity of an adverse reaction or compromise the ability of a vaccine to produce immunity. An **indication** is a condition that increases the chance of serious complications due to influenza infection. If an individual has an indication for influenza vaccination, it is recommended that they be immunized.

The following are not considered contraindications to influenza vaccination.

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media).
- Mild to moderate local reactions and/or low-grade or moderate fever following a prior dose of the vaccine.
- Sensitivity to a vaccine component (e.g., upset stomach, soreness, redness, itching, swelling at the injection site).
- Current antimicrobial therapy (taking prescription anti-influenza therapy is only a temporary contraindication for the live attenuated influenza vaccine [LAIV]).
- Disease exposure or convalescence.
- Pregnant or immunosuppressed person in the household.
- Breast feeding.
- Family history (unrelated to immunosuppression).
- Any condition which is itself an indication for influenza vaccination.

Contraindications and precautions to all influenza vaccines include the following.

- Severe allergic reaction after a previous dose or to a vaccine component (e.g., eggs).\*
- History of Guillain Barré Syndrome.
- Current moderate or severe acute illness with or without fever (until symptoms have abated).

\* A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

2 Please document the patient's contraindication/precaution here:

3 Date exemption ends (only if applicable):

4 A New York State licensed physician, physician assistant, nurse practitioner, nurse-midwife or licensed midwife must complete this medical exemption statement and provide their information below.

Name (print) \_\_\_\_\_ NYS Medical License # \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

For Facility Use ONLY Medical Exemption Status:  Accepted  Not Accepted Date \_\_\_\_\_  
 Reason: \_\_\_\_\_

APPENDIX C

**Declination of Influenza Vaccination  
For Health Care Personnel**

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

I have been advised that I should receive the influenza vaccine to protect myself and the clients I serve. I have read the Centers for Disease Control and Prevention’s (CDC) Vaccine Information Statement explaining the vaccine and the disease it prevents. I have had the opportunity to discuss the statement and have my questions answered by a healthcare provider. I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect this facility’s clients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding of the virus can spread influenza to clients in this facility.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don’t, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including all clients in this healthcare facility, coworkers, my family and my community.
  
- **Because I have refused vaccination against influenza, I will be required to wear surgical or procedure masks in areas where clients or residents may be present during the influenza season.**

I acknowledge that I have read this document in its entirety and fully understand it. Despite these facts, I have decided to decline the influenza vaccine by my signature below. I realize that I may re-address this issue at any time and accept vaccination in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Inclusion Through Diversity*



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**CERTIFIED AND REGULAR MAIL**

September 13, 2013

Mayor Svante Myrick  
City of Ithaca  
108 East Green Street  
Ithaca, New York 14850

**Re: Tompkins County Board of Health Draft Resolution # 13.1.12  
Water System Violations of the New York State Sanitary Code Subpart 5-1  
City of Ithaca, Ithaca-C**

Dear Mayor Myrick:

Thank you for signing the Stipulation Agreement on August 26, 2013 for the City of Ithaca Public Water System.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 24, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Stephen Maybee, P.E. or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

We appreciate the cooperation to date shown by the City in resolving this matter.

Sincerely,

C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosure(s) – Draft Resolution and Stipulation Agreement and Orders

pc: Steven Kern, TCHD Senior Public Health Sanitarian; Cyril (Skip) Parr, TCHD Senior Public Health Sanitarian  
F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Ithaca PWS\Enforcement\IthacaCityBackflowDraftBOHRes.doc  
ec: Mayor Myrick, C-Ithaca; Pamela Mackesey, TC Legislature; Eric Whitney, P.E., Assistant Superintendent of Public Works  
Charles Baker, Chief Operator; John Strepelis, P.E., NYSDOH  
Frank Kruppa, TCHD Public Health Director; Steve Maybee, TCHD Public Health Engineer  
scan: Signed copy to EH

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**DRAFT RESOLUTION #13.1.12 FOR**

**Mayor Svante Myrick  
City of Ithaca Public Water System  
108 East Green Street  
Ithaca, New York 14850**

**Whereas**, the City of Ithaca allowed Collegetown Terrace Apartments to install backflow prevention devices at Buildings 109, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3 and 4.4 before receiving approval from the Tompkins County Health Department which is a violation of Subpart 5-1.31(a) and Subpart 5-1.22(a) of the New York State Sanitary Code (NYSSC); **and**

**Whereas**, Mayor Svante Myrick, representative for the City of Ithaca Public Water System, signed a Stipulation Agreement with Public Health Director's Orders on August 26, 2013, agreeing that the City of Ithaca Public Water System violated these provisions of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That the City of Ithaca Public Water System, is ordered to:**

1. Pay a penalty of \$1000 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Develop an approvable cross connection control program plan and procedures to protect the water supply from aesthetically objectionable and hazardous facilities and submit it to the Tompkins County Health Department **by November 1, 2013**. It is within the discretion of the water supplier to assess the degree of hazard; **and**
3. Develop an approvable plan for reviewing existing structures to ensure that cross connection control devices are installed, approved, and operational where required to protect the water supply from aesthetically objectionable and hazardous facilities, including the maintenance of adequate installation, maintenance and repair records, and submit it to the Tompkins County Health Department **by January 15, 2014; and**
4. As required in Subpart 5-1 of the New York Sanitary Code, require all users who require backflow prevention to protect the water supply from aesthetically objectionable and hazardous facilities to first obtain approval from the Tompkins County Health Department before connecting to the City of Ithaca Public Water system.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
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**STIPULATION AGREEMENT AND ORDERS #13.1.12**

**Mayor Svante Myrick  
City of Ithaca Public Water System  
108 East Green Street  
Ithaca, New York 14850**

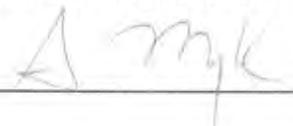
I, Mayor Svante Myrick, as a representative for the City of Ithaca Public Water System, agree that the City of Ithaca was in violation of Subpart 5-1.31(a) and Subpart 5-1.22(a) of the New York State Sanitary Code (NYSSC) for allowing Collegetown Terrace Apartments to install backflow prevention devices at Buildings 109, 2.1, 2.2, 2.3, 2.4, 4.1, 4.2, 4.3 and 3 before receiving approval from the Tompkins County Health Department.

The City of Ithaca agrees to pay a penalty not to exceed \$1000 for this violation, following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

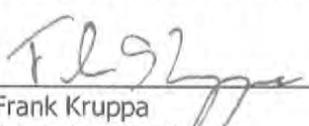
1. Develop an approvable cross connection control program plan and procedures to protect the water supply from aesthetically objectionable and hazardous facilities and submit it to the Tompkins County Health Department by November 1, 2013. It is within the discretion of the water supplier to assess the degree of hazard; **and**
2. Develop an approvable plan for reviewing existing structures to ensure that cross connection control devices are installed, approved, and operational where required to protect the water supply from aesthetically objectionable and hazardous facilities, including the maintenance of adequate installation, maintenance and repair records, and submit it to the Tompkins County Health Department by January 15, 2013; **and**
3. As required in Subpart 5-1 of the New York Sanitary Code, require all users who require backflow prevention to protect the water supply from aesthetically objectionable and hazardous facilities to first obtain approval from the Tompkins County Health Department before connecting to the City of Ithaca Public Water system.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: 

Date: 8/29/13

Mayor Svante Myrick, as a representative for City of Ithaca Public Water System is hereby ordered to comply with these Orders of the Public Health Director.

Signed:   
Frank Kruppa  
Public Health Director

Date: 8/29/13

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**CASE SUMMARY – FOR RESOLUTION # 13.1.12**

**Mayor Svante Myrick  
City of Ithaca Public Water System  
108 East Green Street  
Ithaca, New York 14850**

**Compiled by Stephen Maybee and Elizabeth Cameron**

Date	Action
	Most of the events in this Case Summary concern Phase I of the Collegetown Terrace Apartments development in the City of Ithaca. This Phase of the development consists of 11 buildings: Building 109, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, and 4.4.
July 20, 2012	The Tompkins County Department of Health (TCHD) received backflow prevention plans for Collegetown Terrace Apartments Phase I, Buildings 109, 2.1, 2.2, 2.3, 2.4, 4.1, 4.2, 4.3 by Argus Engineering. The plans were forwarded from Marc Albanese, City of Ithaca Chief Inspector of Plumbing to TCHD. The City performed the initial review and signed off on the application (DOH-347 – Application for Approval of Backflow Prevention Devices).
July 23, 2012	Stephen Maybee, P.E., mailed a plan review letter for the Collegetown Terrace Apartments Phase I plans received 7/20/12 to Glen LeComte, P.E., Argus Engineer (cc: John Novarr, owner, and Marc Albanese, City of Ithaca) with comments that needed to be addressed prior to TCHD approval.
February 5, 2013	The TCHD received backflow prevention plans for Bldgs 3 and 4 prepared by Argus Engineering. The plans were forwarded from Marc Albanese, City of Ithaca. The City performed the initial review and signed off on the application (DOH-347 – Application for Approval of Backflow Prevention Devices).
February 13, 2013	During a meeting with Herman Sieverding, Collegetown Terrace Project Manager, the TCHD learned that the City of Ithaca had issued Certificates of Occupancy and allowed Collegetown Terrace Apartments to install backflow prevention devices at Buildings 109, 2.1, 2.2, 2.3, 2.4, 4.1, 4.2, and 4.3 before receiving approval from the TCHD.
March 8, 2013	Elizabeth Cameron, P.E., Director of Environmental Health, sent a letter to Marc Albanese, City of Ithaca, expressing concern that the City had allowed installation of backflow prevention devices prior to the required approval by the TCHD.
May 3, 2013	The TCHD issued "As Built" Completed Works for backflow devices already installed by Collegetown Terrace Apartments for Bldgs. 109, 2.1, 2.2, 2.3, 2.4, 4.1, 4.2, and 4.3.
May 15, 2013	Stephen Maybee, P.E., (Public Health Engineer); Elizabeth Cameron, P.E (Environmental Health Director).; and Chris Laverack (Sanitarian) met with Marc Albanese and Eric Whitney from the City and Herman Sieverding, Collegetown

*Inclusion Through Diversity*

**CASE SUMMARY – FOR RESOLUTION # 13.1.12, p. 2**  
**City of Ithaca Public Water System**

	Terrace Project Manager, to discuss backflow information required in order for the TCHD to approve the existing plans prior to construction.
May 24, 2013	Photos of the backflow devices for Building 3 were received electronically from Herman Sieverding, Collegetown Terrace Apts. Project Manager. The TCHD informed the City and Herman Sieverding that, since these devices had already been installed, the TCHD would require Parts A and B of form DOH-1013 to be completed and submitted to our office.
June 26, 2013	TCHD sent an email to the City of Ithaca and Herman Sieverding (Collegetown Terrace Apts. Project Manager) asking again for the completed DOH-1013 forms for Bldg 3.
July 3, 2013	TCHD sent a Draft Stipulation Agreement and Orders to the City of Ithaca due to the City continuing to allow backflow devices to be installed without approval from the TCHD.
July 12, 2013	The completed <i>Report on Test and Maintenance of Backflow Prevention Device</i> (DOH-1013) forms were received for C-town Terrace Bldg 3. "As Built" Completed Works were issued by TCHD for backflow devices already installed for Bldg 3.
July 12, 2013	The Tompkins County Health Department (TCHD) was informed that the backflow prevention devices at Collegetown Terrace Apartments Bldg 4.4 (the final bldg.) were installed without approval from the TCHD.
July 24, 2013	Office Conference attended by Steve Maybee, Elizabeth Cameron from TCHD and Krin Flaherty, Assistant City Attorney, Erik Whitney, and Marc Albanese, City of Ithaca. Discussed language. TCHD mentioned potential increase in fine due to Building 4.4
August 1, 2013	The TCHD issued "As Built" Completed Works for backflow devices already installed by Collegetown Terrace Apartments for Building 4.4
August 26, 2013	City of Ithaca signs revised Stipulation
August 29, 2013	At the request of the City of Ithaca Building Department, Stephen Maybee, P.E., Skip Parr, Senior Sanitarian meet with the Mike Niechwiadowicz, Ithaca City Building Commissioner, C. Thomas Parsons, Ithaca Fire Chief, Krin Flaherty, Assistant City Attorney and others, to discuss the requirements and procedures for approval of backflow prevention plans and completed works. The City is modifying their building permit approval process to require address the cross connection issue. The Ithaca City Building Department requested that they be copied on all cross connection plan approvals and completed works certificates.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

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Fx: (607) 274-6695

**CERTIFIED AND REGULAR MAIL**

September 11, 2013

Jimmy Seafuse  
T-Burg Foodline, Inc.  
2085 Route 96  
Trumansburg, NY 14886

**Re: Tompkins County Board of Health Draft Resolution # 13.40.18  
Violation of Adolescent Tobacco Use Prevention Act (ATUPA)  
Trumansburg Shur Save, V – Trumansburg**

Dear Mr. Seafuse:

Thank you for signing the Stipulation Agreement on September 9, 2013, for the Trumansburg Shur Save.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 24, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Please note that you currently are assigned two points for the sale of tobacco to a minor on August 19, 2013. Any future violations for selling tobacco to a minor prior to August 19, 2016, will result in suspension of your tobacco and lottery license due to having three or more points assigned to you.

Sincerely,

C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and ATUPA Law and Brochure

- pc: Steven Kern, TCHD;  
F:\EH\TOBACCO\ATUPA\Facilities - Violations\Trumansburg Shur Save\Draft Resolution.doc
- ec: Tompkins County Board of Health  
TC Legislator James P. Dennis; V-Trumansburg Mayor; V-Trumansburg CEO; Frank Kruppa, TCHD;  
C. Elizabeth Cameron, PE, TCHD; Steven Kern, TCHD; Eric Shearer, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
- scan: Signed copy to eh



Your Partner for a Healthy Community

Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

**DRAFT RESOLUTION # 13.40.18 FOR**

Trumansburg Shur Save  
Jimmy Seafuse, Owner/Operator  
2085 Route 96, V-Trumansburg  
Trumansburg, New York 14886

**Whereas**, the owner of a business that sells retail tobacco products must comply with the regulations of Article 13-F, Section 1399-cc of the New York State Public Health Law (NYSPHL); **and**

**Whereas**, on August 19, 2013, the Tompkins County Health Department observed the sale of a tobacco product to a minor at Trumansburg Shur Save; **and**

**Whereas**, Jimmy Seafuse, Owner, signed a Stipulation Agreement with Public Health Director's Orders on September 9, 2013, agreeing that Trumansburg Shur Save violated Article 13-F, Section 1399-cc of the NYSPHL; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Jimmy Seafuse, Owner, is ordered to:**

1. Pay a penalty, not to exceed \$450 plus a \$50 state mandatory surcharge for this violation, due within 30 days of notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Prohibit the sale of tobacco products to minors.



Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
Fx: (607) 274-6695

**STIPULATION AGREEMENT AND ORDERS # 13.40.18**

Trumansburg Shur Save  
Jimmy Seafuse, Owner/Operator  
2085 Route 96, V-Trumansburg  
Trumansburg, New York 14886

I, Jimmy Seafuse, as a representative Trumansburg Shur Save, agree that on August 19, 2013, I was in violation of New York State Public Health Law, Article 13F, Section 1399-cc for selling tobacco to a minor.

I understand that I will be assigned two points for this violation of the ATUPA law unless I can demonstrate that I possessed a certificate from a state certified tobacco sales training program. In that case, I will be assigned one point. These points will be removed in three years.

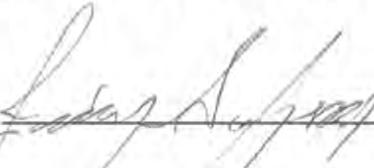
I understand that at least three inspections will be conducted each year for the next three years. If I am assigned a total of three or more points due to future sales to a minor, my registration to sell tobacco and, if I am a lottery agent, my lottery license, will be suspended for 6 months.

I agree to pay a penalty, not to exceed \$450 plus a \$50 surcharge for this violation, following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

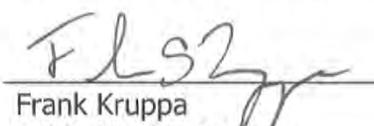
1. To prohibit the sale of tobacco products to minors.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: 

Date: 9-9-13

Jimmy Seafuse is hereby ordered to comply with these Orders of the Public Health Director.

Signed:   
Frank Kruppa  
Public Health Director

Date: 9/9/13

## NEW YORK STATE LAWS ON SELLING TOBACCO PRODUCTS TO MINORS

### N.Y.S. Penal Law 260.20 - Unlawfully Dealing With A Child

A person is guilty of unlawfully dealing with a child when: He sells or causes to be sold tobacco in any form to a child less than eighteen years old.

**UNLAWFULLY DEALING WITH A CHILD IS A CLASS B MISDEMEANOR**

### N.Y.S. Public Health Law Article 13-F

#### §1399-cc. Sale of Tobacco Products to Minors Prohibited

Sale of tobacco products to minors prohibited. Any person operating a place of business wherein tobacco products are sold or offered for sale is prohibited from selling such products to individuals under 18 years of age, and shall post it in a conspicuous place a sign upon which there shall be imprinted the following statement, "SALE OF CIGARETTES, CIGARS, CHEWING TOBACCO, POWDERED TOBACCO, OR OTHER TOBACCO PRODUCTS TO PERSONS UNDER EIGHTEEN YEARS OF AGE IS PROHIBITED BY LAW." Such sign shall be printed on a white card in red letters at least one-half inch in height. Sale of tobacco products in such places, other than by a vending machine, shall be made only to an individual who demonstrates, through a driver's license or other photographic identification card issued by a government entity or educational institution indicating that the individual is at least eighteen years of age. Such identification need not be required of any individual who reasonably appears to be at least twenty-five years of age, provided, however, that such appearance shall not constitute a defense in any proceeding alleging the sale of a tobacco product to an individual under eighteen years of age.

#### §1399-dd. Sale of Tobacco Products In Vending Machines

No person, firm, partnership, company or corporation shall operate a vending machine which dispenses tobacco products unless such machine is located:

- (a) in a bar as defined in subdivision two of section thirteen hundred ninety-seven-n of this chapter, or the bar area of a food service establishment with a valid, on-premises full liquor license;
- (b) in a private club;
- (c) in a tobacco business as defined in subdivision twelve of section thirteen hundred ninety-nine-n of this chapter; or
- (d) in a place of employment which has an insignificant portion of its regular workforce comprised of people under the age of eighteen years and only in such locations that are not accessible to the general public; provided, however, that in such locations the vending machine is located in plain view and under the direct supervision and control of the person in charge of the location or his designated agent or employee.

A violation of any of these provisions of this section shall be PUNISHABLE BY A PENALTY of at least one hundred and not more than three hundred dollars on the first violation and one thousand dollars on the second and all subsequent violations.

### N.Y.S. Tax Law Article 20

#### §480-a - Retail Dealer and Vending Machine Registration

1.(a) "On and after January first, nineteen hundred ninety-one, every retailer shall publicly display a certificate of registration from the department in each place of business in this state through which it sells cigarettes or tobacco products at retail. A retail dealer who has no regular place of business shall publicly display such certificate on each of its carts, stands, trucks or other merchandising devices through which it sells cigarettes or tobacco products in this state."

A violation of any of the provisions of this section shall, after due notice and an opportunity for a hearing, for a first violation be liable for a civil fine not to exceed two hundred dollars.



Your Partner for a Healthy Community

Frank Kruppa  
Public Health Director  
55 Brown Road  
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION  
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688  
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**CERTIFIED AND REGULAR MAIL**

September 13, 2013

Alan Bechy  
Al's Concession  
210 Lenox Ave.  
Elmira Heights, NY 14903

**Re: Tompkins County Board of Health Draft Resolution # 13.11.19  
Al's Concession, Temporary Food Service, Trumansburg Fair, T-Ulysses**

Dear Mr. Bechy:

Thank you for signing the Stipulation Agreement on September 9, 2013, for Al's Concession Temporary Food Service.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, September 24, 2013**. You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.  
Director of Environmental Health

Enclosure(s) – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: Steven Kern, TCHD;  
F:\EH\FOOD (SF)\TEMP FSE (STF)\Facilities\Al's Concession\Draft Resolution.doc  
ec: Tompkins County Board of Health  
Supervisor T-Ulysses; James Dennis, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E.,  
Director of Environmental Health; Anne Wildman, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD  
scan: Signed copy to eh



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**DRAFT RESOLUTION # 13.11.19 FOR**

**Al's Concession Temporary Food Service  
Alan Bechy, Owner/Operator  
210 Lenox Avenue, Elmira Heights, NY 14903**

**Whereas**, it is a violation of Part 14-2.3 of New York State Sanitary Code (NYSSC) to store potentially hazardous foods at improper temperatures; **and**

**Whereas**, on August 21, 2013, while operating at the Trumansburg Fair, the Tompkins County Health Department (TCHD) observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. Milk and Half and Half creamer were observed at 50-53°F; **and**

**Whereas**, on August 22, 2013, while operating at the Trumansburg Fair, the Tompkins County Health Department (TCHD) observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. Milk was observed at 54°F; **and**

**Whereas**, Alan Bechy, Owner, signed a Stipulation Agreement with Public Health Director's Orders on September 9, 2013, agreeing that Al's Concession, Temporary Food Service violated these provisions of the New York State Sanitary Code and the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,  
That Alan Bechy, Owner, is ordered to:**

1. Pay a penalty of \$400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding and record temperatures on a log sheet twice a day during business hours. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times; **and**
3. Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.



Your Partner for a Healthy Community

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**STIPULATION AGREEMENT AND ORDERS # 13.11.19**

**Al's Concession Temporary Food Service  
Al Bechy, Owner/Operator  
210 Lenox Avenue, Elmira Heights, NY 14903**

I, Al Bechy, as a representative for Al's Concession, agree that on August 21, 2013 and August 22, 2013, I was in violation of Part 14-2 of the New York State Sanitary Code for Temporary Food Service Establishments for storing potentially hazardous foods at improper temperatures between 45°F and 140°F.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. To monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding and record temperatures on a log sheet twice a day during business hours. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times.
2. To maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Alan Bechy

Date: 9/9/13

Al Bechy is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa  
Frank Kruppa  
Public Health Director

Date: 9/10/13



Your Partner for a Healthy Community

Frank Kruppa  
Public Health Director

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**CASE SUMMARY – FOR RESOLUTION # 13.11.19**

**Al's Concession, Temporary Food Service  
Al Bechy, Owner/Operator  
210 Lenox Ave.  
Elmira Heights, NY 14903**

**Compiled by Kristee Morgan on August 23, 2013  
Updated by Skip Parr on September 10, 2013**

Date	Action
9/10/13	<b>Signed stipulation submitted to Health Department</b>
8/22/2013	<b>Re-Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Milk was observed at 54°F. Board of Health Action to follow.
8/21/2013	<b>Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Milk and Half and Half creamer were observed at 50-53°F.
08/22/2012	<b>Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> No violations observed
08/24/2011	<b>Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> No violations observed
08/25/2010	<b>Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> No violations observed
08/26/2009	<b>Inspection at Trumansburg Fair, T-Ulysses by TCHD staff:</b> No violations observed

*Inclusion Through Diversity*