

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, January 26, 2016
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 December 1, 2015 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Reports (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 ***Environmental Health*** (5 mins.)

Enforcement Action:

1. Resolution ENF-15-0023 – Michael Morris, 2374 Mecklenburg Road, T-Enfield, Violation of Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)

12:35 ***Administration*** (20 mins.)

Discussion/Action:

1. Board of Health Selection of Officers for 2016 (5 mins.)

Presentation:

1. Local licensing of tobacco retailers; one of four recommendations submitted to Mayor Svante Myrick's Municipal Drug Policy Committee by the Prevention Pillar [subcommittee] (15 mins.)

12:55 ***Adjournment***

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MINUTES
Tompkins County Board of Health
December 1, 2015
12:00 Noon
Rice Conference Room

Present: Will Burbank; David Evelyn, MD, MPH; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Susan Merkel

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; 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: Sylvia Allinger, Director of Children with Special Care Needs; Brooke Greenhouse, Board of Health Member; and Janet Morgan, PhD, Board of Health Member

Guests: Theresa Lyczko, Director, Health Promotion Program; Kristee Morgan, Senior Public Health Sanitarian; and Deb Thomas, Senior Community Health Nurse

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:04 p.m.

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

Approval of October 27, 2015 Minutes: Dr. Koppel moved to approve the minutes of the October 27, 2015 meeting as written; seconded by Dr. Evelyn. The minutes carried with two abstentions (Mr. Burbank and Mr. McLaughlin).

Financial Summary: Ms. Grinnell Crosby stated the financial summary report in the packet is for October. She will be running the November report later in the week. In further remarks she reported:

- Administration (Planning & Coordination) has an expenditure in the amount of \$68,000 to \$69,000 that needs to be moved to the capital project account. The correction was sent to the Finance Department but has not been completed yet.
- A correction in the Environmental Health (EH) program was made that adjusted the revenue in August. The program is tracking in a better direction.
- Fringes in 2014 were not posted until the end of the year but are being posted routinely now. That makes a difference when looking at the comparison to other years.
- The Medical Examiner's cases with expenses are higher than in the previous two years. Autopsy bills are not received immediately but are often held pending the

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results from the autopsy. A request for a budget adjustment will be presented to the Legislature for \$32,000 to be added to the program's budget.

With the increased number of Medical Examiner cases, Mr. McLaughlin wondered if the staff or standards have changed that determine when to perform autopsies. Mr. Kruppa responded neither staff nor standards have changed. Autopsies are performed at the discretion of the Medical Examiner based on the law. Staff does track the cause of deaths, but there is no discernible factor. The rise in the number of deaths this year is considered an anomaly. Staff is keeping an eye on it. When asked how next year's budget is affected, Ms. Grinnell Crosby said she moderately increased the amount budgeted for next year.

Administration Report: Mr. Kruppa:

- Referred to the BOH calendar of meeting dates for 2016 that was distributed prior to the meeting (see attached handout). The November and December meetings have been combined into one meeting at the end of the year. There was no opposition from members to the proposed dates.
- Reminded the Board that the Health and Human Services Committee and the Budget, Capital, and Personnel Committee of the Legislature will be holding a joint meeting on Thursday, December 3rd, at 3:00 p.m. to discuss the combined department head role for Public Health and Mental Health departments. Board members are welcome to attend. Comments will be accepted.

Medical Director's Report: Dr. Klepack explained there is a minor correction to his report. In the third bullet of his activities, he reported that he reviewed and signed immigration forms. Those forms are specifically for refugees to ensure they are up-to-date with immunizations. Immigrants follow a different path. Therefore, *refugee* should replace *immigrant* in his report.

Division for Community Health Report: Ms. Bishop reported New York State Department of Health (NYSDOH) releases a weekly influenza surveillance report. Each week, her staff sends out a blast fax to area providers to keep them informed of flu activity from a local, regional and state perspective. Right now influenza is sporadic and typical for this time of year.

Dr. Koppel mentioned Cornell University has been seeing a significant number of cases of a flu-like illness: dramatic high fevers, body aches, and coughing lasting for a week or two. Flu cultures are negative. The results are coming back as adenovirus.

Children with Special Care Needs Report: Deb Thomas, Senior Community Health Nurse, represented Ms. Allinger at the meeting. She had nothing to add to their report.

County Attorney's Report: Mr. Wood had nothing to report.

Environmental Health Report: Ms. Cameron had nothing to add to her written report.

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Resolution #ENF-15-0022 – Sammy’s Pizzeria, C-Ithaca, Violations of Part 14-1 of the New York State Sanitary Code and Board of Health Orders Dated September 22, 2015 (Food): Ms. Cameron stated Sammy’s Pizzeria was recently before the Board. During the inspection of the facility following the BOH action, EH staff observed critical violations: food was out of temperature, equipment was not working well or properly maintained, and the owner was not monitoring the equipment.

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

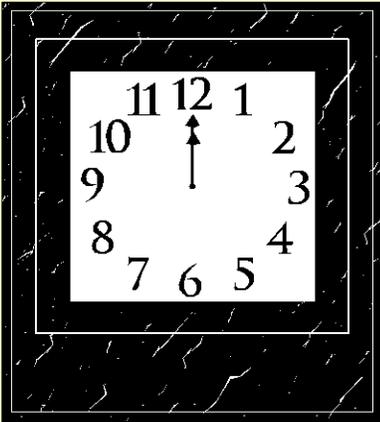
Noting that assessing a penalty did not correct the issue, Mr. McLaughlin asked about the next step to be taken in this situation. Ms. Cameron responded EH staff is discussing additional measures that would result in compliance. Maintaining temperature logs for food is one option. To this point, the owner has not been required to keep temperature logs because the problem has been with the equipment. In this case, logs maintained on the equipment would show whether or not the owner is actively checking equipment.

Mr. McLaughlin was in favor of adding a requirement that the owner maintain temperature logs on the food or equipment. Mr. Kruppa suggested the Board use general language that would require temperature logs and allow EH staff to make the appropriate determination on the type of log to be maintained.

After a discussion regarding Mr. McLaughlin’s recommendation to require the facility to maintain temperature logs, it was decided an additional order will be inserted as the new number 2 with the following language: “*Maintain temperature logs as prescribed by the Tompkins County Health Department.*” In addition, subsequent orders in the resolution will be renumbered.

The vote on the resolution, as amended, carried unanimously.

Adjournment: At 12:37 p.m. Dr. Macmillan adjourned the meeting.



BOARD OF HEALTH MEETING DATES 2016

January 26

February 23

March 22

April 26

May 24

June 28

July 26

August 23

September 27

October 25

December 6

**Meetings are held in the
Rice Conference Room at 12:00 noon.**

**Public Health Director
Report
January 2016**

- On December 15, 2015, the Tompkins County Legislature authorized my appointment, for at least three more years, to serve as Department Head for both Public Health and Mental Health.
- I will be unable to attend the January 2016 Board of Health meeting because interviews are scheduled for the Deputy Mental Health Commissioner at that same time. Brenda Crosby will fill in for me.
- The Community Services Board (CSB) is interested in exploring collaboration between the two Boards. The Boards are both currently full, but perhaps a non-voting membership or liaison concept could be explored. We will discuss it more at your February meeting. It is on the CSB agenda for February as well.
- Met with Department of Social Services staff and CSCN Division staff to discuss expanding our involvement in a Safe Care program. Diane Olden, a nurse in CSCN, has been participating a few hours a week as a Home Visitor.
www.safecare.org
- Attended monthly Care Compass Network (DSRIP) Board of Directors meeting. Progress has been made in establishing governance and contracts are beginning to be signed with organizations to achieve the project goals. There has not yet been a specific project for the Health Department to directly contract, but we continue to make sure public health and population health considerations are part of the discussion. 2016 should begin to clarify some of the work that will be done to actually prevent unnecessary ER and hospital readmissions.
<http://carecompassnetwork.org/>
- I have been participating with NYSACHO leadership to prepare strategy and response to the Governor's proposed budget.
<http://www.nysacho.org/i4a/pages/index.cfm?pageid=3365>

Medical Director's Report Board of Health January 2016

Prescription Drug Costs

In recent months, there have been several articles in the news relating to the escalating costs of prescription drugs. The focus has been on generic drug costs particularly since these costs have seen increases in far excess of what would seem reasonable. I have attached the *Medicare Drug Spending Dashboard 2014* (available at the website listed at the bottom of the attachment) and have printed part of this website for review. The far right column shows the change in each drug's cost per unit for the one year period from 2013 to 2014. You can see that several drugs had double digit increases and a couple listed triple digit increases. Medicare has selected these particular drugs to list in this dashboard because they meet one or more of three criteria. The criteria are listed at the top left hand corner of the dashboard and relate to (1) high total program spending, or (2) high annual spending per user, or (3) a large increase in average cost per unit.

I thought this data sample would be an interesting example of one of the major drivers of costs in the healthcare sector. Drug costs are in the top three factors causing healthcare costs to rise. As illustrated in this chart, it is not always the breakthrough or a brand name drug that drives costs, but it can be generic drugs as well.

Ebola Virus – Update

As of January 7th, the New York State Department of Health (NYSDOH) stated that Guinea had been declared Ebola free by the World Health Organization as of December 29, 2015. Travelers from Guinea, Sierra Leone and Liberia are no longer being monitored by the NYSDOH or local health departments and no longer need to be evaluated and managed as having suspected Ebola virus disease. However, healthcare facilities and providers who routinely care for persons with acute communicable diseases are still advised to collect travel history on all patients upon their presentation. It is recommended that signage asking patients to provide travel history continue to be posted. Then on January 15, 2016, a [new confirmed case](#) of Ebola was identified in Sierra Leone. The Sierra Leone government acted rapidly to respond to this new case. The origin of the case is being investigated, and contacts are being identified to prevent further transmission.

WHO stressed in a [statement](#) on January 14th that Guinea, Liberia and Sierra Leone remain at high risk of additional small outbreaks of Ebola in the coming months due to the virus persisting in survivors after recovery.

"We are now at a critical period in the Ebola epidemic as we move from managing cases and patients to managing the residual risk of new infections," said Dr Bruce Aylward, WHO's Special Representative for the Ebola Response, yesterday. "We still anticipate more flare-ups and must be prepared for them."

Sierra Leone is still in a 90-day period of enhanced surveillance following the declaration on November 7, 2015 of the end of Ebola transmission in the country. This period is designed to ensure no hidden chains of transmission have been missed and to detect any new flare-ups of the disease.

Survivors of Ebola are at risk of relapsing with new symptoms (as happened with a Scottish nurse) and the virus persists in survivors in body locations which are relatively isolated from the person's immune system. Therefore, it is possible for new cases of the virus infection to arise even after the epidemic is over.

Activities:

- Attended Community Health Quality Assurance Meeting.
- Completed IS-907 which is a FEMA sponsored course regarding management of active shooter situations. This is a mandatory course for all County employees in order to help minimize impacts should we have an active shooter situation at a county facility. The IS-907 course is very good and succinct. I recommend all BOH members access the course in order to become familiar with the content that can be used in your own place of work. I plan to use this material in my own private office in order to enhance our preparedness. The web address for the program is:
<http://training.fema.gov/is/courseoverview.aspx?code=IS-907>.
- Completed County mandatory training regarding bomb threats, confidential information, and safety protection for County employees.
- Reviewed two lengthy modules regarding the Vaccines for Children Program and also Vaccine Storage and Handling Requirements. This annual certification of training is required for us to operate our immunization program and to continue receiving vaccines through the Centers for Disease Control and Prevention (CDC) and NYSDOH. These agencies promulgate the very detailed requirements for ensuring vaccine potency and ensuring the vaccine is of maximum quality when administered to the recipient.

Medical Director's Report - January 2016 Attachment

MEDICARE DRUG SPENDING DASHBOARD 2014

- ▲ Drug selected due to high total program spending.
- Drug selected due to high annual spending per user.
- ↑ Drug selected due to large increase in average cost per unit.

MEDICATIONS LIST | INFORMATION



	Brand Name	Generic Name	Coverage Type	Total Spending	Beneficiary Count	Total Annual Spending Per User	Average Annual Beneficiary Cost Share*	Annual Change In Average Cost Per Unit
▲	Abilify	Aripiprazole	Part D	\$2,527,319,032	405,161	\$6,238	\$552	17%
■	Abraxane	Paclitaxel Protein-Bound	Part B	\$276,345,661	17,733	\$15,584	\$3,156	1%
↑	Activase; Cathflo Activase	Alteplase	Part B	\$38,263,516	56,521	\$677	\$125	16%
▲	Advair Diskus	Fluticasone/Salmeterol	Part D	\$2,276,374,749	1,420,748	\$1,602	\$265	8%
▲	Alimta	Pemetrexed Disodium	Part B	\$559,204,733	22,993	\$24,321	\$4,618	2%
▲	Aranesp	Darbepoetin Alfa In Albumn Sol; Darbepoetin Alfa In Polysorbat	Part B	\$286,631,628	63,252	\$4,532	\$931	7%
■	Atripla	Efavirenz/Emtricitab/Tenofovir	Part D	\$577,030,156	29,484	\$19,571	\$1,423	8%
▲	Avastin	Bevacizumab	Part B	\$1,063,835,621	216,357	\$4,917	\$931	3%
■	Azacitidine; Vidaza	Azacitidine	Part B	\$194,446,523	8,821	\$22,044	\$4,487	-17%
↑	Brovana	Arformoterol Tartrate	Part B	\$148,844,292	68,086	\$2,186	\$466	15%
■	Capecitabine; Xeloda	Capecitabine	Part B	\$274,454,629	27,052	\$10,145	\$2,072	3%
↑	Captopril	Captopril	Part D	\$37,263,266	82,827	\$450	\$48	329%
↑	Clobetasol Propionate	Clobetasol Propionate	Part D	\$167,415,146	998,143	\$168	\$23	135%
↑	Clomipramine Hcl	Clomipramine HCL	Part D	\$79,334,398	17,991	\$4,410	\$351	104%
▲	Copaxone	Glatiramer Acetate	Part D	\$1,221,108,238	26,851	\$45,477	\$3,486	-88%
▲	Crestor	Rosuvastatin Calcium	Part D	\$2,543,786,426	1,752,704	\$1,451	\$309	10%
↑	Cubicin	Daptomycin	Part B	\$91,580,070	15,926	\$5,750	\$1,169	11%
↑	Cyanocobalamin Injection	Cyanocobalamin (Vitamin B-12)	Part B	\$4,822,427	583,190	\$8	\$2	78%
↑	Cyclophosphamide	Cyclophosphamide	Part B	\$91,168,574	33,812	\$2,696	\$537	68%
↑	Digoxin; Digox	Digoxin	Part D	\$217,958,706	916,472	\$238	\$58	298%
↑	Divalproex Sodium ER	Divalproex Sodium	Part D	\$357,176,775	275,739	\$1,295	\$137	77%
↑	Doxazosin Mesylate	Doxazosin Mesylate	Part D	\$102,415,256	599,375	\$171	\$50	90%
▲	Duloxetine HCl	Duloxetine HCl	Part D	\$1,426,877,758	1,161,079	\$1,229	\$232	-20%
■	Enbrel	Etanercept	Part D	\$1,198,397,788	53,459	\$22,417	\$1,584	16%

* Note: the Average Annual Beneficiary Cost Share is the average amount that beneficiaries using the drug paid out of pocket during the year; for Part D drugs, the amount displayed here is based only on Part D beneficiaries without a Low Income Subsidy (LIS).

Health Promotion Program – Theresa Lyczko, Director

November – December 2015

Tobacco Control Program – Ted Schiele, Planner/Evaluator

- Completed training task: Change Style Indicator survey – grant requirement
- Municipal Drug Policy Committee – City of Ithaca (MDPC):
 - attended presentation of draft chair’s report, November 12
 - attended follow-up meeting of Prevention Pillar members with the MDPC chairs, November 17
- Planning related to Community Tobacco Survey being conducted during January 2016
- Emails related to proposed local tobacco laws in Trumansburg
- Great American Smokeout letter written and posted to the HSC Listserv, November 19
- Ithaca College Colleges Against Cancer (CAC) chapter:
 - Preparation and presentation about Tobacco-Free IC to CAC group, November 3
 - Follow-up meeting with one CAC student who is interested in pursuing T-Free IC, November 18
- Handled 2 resident calls about drifting secondhand smoke in multi-unit housing
- Website tobacco updates
- Statewide conference calls: 3, November
- Training: Building a Foundation for Change Leadership. Trainers: U of Albany School of Public Health. Held in Albany, December 9–10
- Planning related to Community Tobacco Survey being conducted during January 2016
- Meet w BOH member Sue Merkel about local licensing of tobacco retailers, December 14
- Meet with Tburg Village Trustee, about proposed tobacco laws, December 7 and preparation and follow-up activities
- Municipal Drug Policy Committee, Prevention Pillar meeting with Mayor Myrick, December 21
- Attended meeting of the Cortland Area Communities That Care, Environmental Strategies Committee, to learn about Cortland City and Cortland County experiences with their respective “social host” laws, which were implemented as strategies to reduce underage drinking, December 17
- Meet with owner/ manager of Dryden Apartment Company regarding smoke-free apartments, December 22
- Activities associated with SUNY grad student whose project surveyed residents of West Village about their attitudes about secondhand smoke
- Meetings and office work to assist with preparing the survey instrument & proposal for SUNY project
- Conducted face-to-face surveys at West Village, December 5
- Posted information about participating in the survey on the HSC Listserv

Community Outreach

- Participated in the Ithaca College Benefits Fair promoting the Diabetes Prevention Program (DPP). IC employees (62) filled out the “Am I at Risk” test and learned about the DPP, November 3. Susan Dunlop, Community Health Nurse.
- Participated in the County’s Employee Benefits Fair at 2 sites: DSS – Susan Dunlop and TCHD – Theresa Lyczko. DPP and tobacco free housing were promoted. More than 155 employees attended, November 12.

- CFCU Wellness Committee, November 3. Ted Schiele
- Taught the DPP at the Health Department on November 3, 10, 17, 24 and December 23 – 8 participants. Susan Dunlop
- Facilitated last post core session of the DPP for 2 Cornell University staff participants. This completed the one year program, December 16. Theresa Lyczko
- Presented “COPD and Asthma Management,” to 12 attendees at the Finger Lakes Independence Center, November 4. Susan Dunlop
- Attended the Greater Tompkins County Municipal Health Insurance Consortium (Consortium) monthly meeting of the Joint Committee on Plan Structure & Design, November 5. Ted Schiele
- Participated in a Consortium workgroup to develop an organizational mission statement, goals, & objectives; meeting – November 9. Ted Schiele
- Worksite Wellness Coalition meeting, November 5 - planning, press release, hosting, follow-up, Ted Schiele. Theresa Lyczko attended.
- Greater Tompkins County Municipal Health Insurance Consortium meetings: Joint Committee, December 3; joint committee, December 3; Own Your Own Health (wellness), December 16; mission statement work group, December 7. Ted Schiele
- Diabetes Prevention Program quarterly partners’ meeting at Cayuga Center for Healthy Living, December 10. Theresa Lyczko

TCHD Participation and Support

- Senior Leadership meeting, November 4. Theresa Lyczko
- Orientation session for new CHS nurse and WIC staff, November 6. Theresa Lyczko
- Media: Dog bite press release to avoid rabies prophylactic vaccination.
- Attended staff satisfaction meeting, November 17 – Susan Dunlop; December 15 included Wellness component, Ted Schiele.
- Provided Blood Borne Pathogen (BBP) training in November and December to TCHD and County staff required to attend: TCHD (21); Buildings and Grounds (29); Probation (26); makeup session (6) and 2 EH staff who attended the TB portion of the BBP training.

Web site postings

- Diabetes Prevention Program class dates, November
- National Influenza Vaccination Week, December
- BOH packet, reports, minutes
- EH page updates, Healthy Neighborhood Program information, dog bite press releases, November
- Rabies clinic dates; temporary food pages updates, December

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

- Attended PHIP (Public Health Improvement Plan) presentation at Health Planning Council (HPC) meeting, November 9. Theresa Lyczko, Ted Schiele
- Gave a PHIP stakeholder interview as tobacco control coordinator, November 12. Ted Schiele
- DSRIP (Delivery System Reform Incentive Payment) PAC committee call, November 13. Theresa Lyczko
- DSRIP – North Performing Unit (NRPU) Quality sub-committee meeting, November 19. Theresa Lyczko
- Prevention Agenda – NYSACHO call, December 3. Theresa Lyczko

- New York Academy of Medicine (NYAM) Prevention Agenda Learning Collaborative call – focus on chronic disease self-management programs and their connection or relation to DSRIP, PHIP, SHIP (State Health Improvement Plan), December 8. Theresa Lyczko
- NRPU project updates and budgets, December 9, 17. Theresa Lyczko
- Submitted annual Prevention Agenda survey report to NYSDOH, December 29. Theresa Lyczko

Emergency Preparedness

- WEB EOC training – Department of Emergency Response, December 3. Theresa Lyczko
- After Action Report/debrief meeting regarding Ithaca College incident, December 4. Theresa Lyczko

Meetings and Trainings

- Medscape: “Changes to the ACS Breast Screening Guidelines,” November 23, 1.0 CEU. Susan Dunlop
- Medscape: “Work Related Asthma: Recognition and Diagnosis,” November 30, 1.0 CEU. Susan Dunlop
- NYSDOH – T2B2: “Reaching the Underinsured: Progress and Future of the New York State of Health Marketplace,” November 30, 1.0 CEU. Susan Dunlop
- Community Coalition for Healthy Youth (CCHY) board meeting, November 9, December 14. Ted Schiele
- CCHY work & meetings to plan a forum on treatment for heroin users being held in January. Ted Schiele
- Health Planning Council - Community Health and Access Committee, November 18. Theresa Lyczko
- Public Relations Society (Southern Tier Chapter) – “Managing Internal Communications,” presenter: David Kubissa – Manager of Corporate Communications, Corning Inc. 2.0 hours
- Website training – ITS staff, instructors, November 23. Theresa Lyczko

Division for Community Health
January 26, 2016 Board of Health Meeting

Karen Bishop, Director of Community Health
December 2015 Report

Agenda – none

Administration –

- Core Solutions Software Implementation
 - Our internal Core Solutions Software Team continued meeting weekly to review revised customized forms and work flow. We have experienced multiple challenges in testing functionality requiring further system configuration and revision of customized forms. We have been dependent on Core Solutions development team to address these issues.
 - Participated on weekly status conference calls with Core Solutions staff.
 - Jeffrey Saeli, Administrative Coordinator has developed an End-user Test Plan to assure specific testing is completed successfully prior to full implementation of the software with staff.
 - Internal work around billing processes remain in effect to bill for clinic services and home visits until Core is implemented.
- Mentored Karen LaCelle, CHN and Melissa Gatch, Supervising Community Health Nurse with IAP (Immunization Action Plan) grant activities due for completion this quarter and workplan content development for the 2016-2017 grant year.
- Met weekly with Cathy Sinnott, WIC Director to review program and staff needs as well as budget expenditures.
- Reviewed and revised the Client Bill of Rights for both clinic and home visit services which was posted to the health department's website.
- Participated in the After Action meeting with community partners on December 4 to review the incident response to the death of a local college student in November.
- Attended annual Blood Borne Pathogen training on December 2.
- Reviewed all Division for Community Health policies and made necessary revisions to referenced job titles to reflect current job titles i.e. Director of Community Health instead of Director of Patient Services; Senior Community Health Nurse instead of Team Leader.
- Reviewed all applicable division contracts and provided the Public Health Administrator with updates for consideration in 2016 contracts.

Statistical Reports –

- Division statistical reports – see attached reports. Note preliminary stats in red.
- Communicable Disease statistical reports include monthly and year to date (not annual).

WIC -

- Developed a LACASA (local agency compliance and self assessment plan) for the current grant year identifying several objectives including the following:
 - Develop a training plan for WIC staff (support staff and nutritionists).
 - Update the WIC program policy and procedure manual. Manual last updated in 2013.
 - Decrease the incidence of high prenatal weight gain among prenatal participants from 44.7% to 42%.
 - Increase child (ages 1-5) participation rate from 49.99% to 55%.
- See attached LACASA Data Sheet dated 11/30/15 for the WIC grant year 10/01/14 to 9/30/15. We rank #1 on 6 out of 12 objectives for the Central NY Region! We rank #2 in NYS for prenatal enrollment in the first trimester. This accomplishment is a direct result of the collaboration between the MOMS Program and WIC.

January 2016 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

CHS staffing-

- We are pleased to welcome Community Health Nurse Rachel Buckwalter to the Community Health Services (CHS) unit as of February 1, 2016. Rachel will be transferring from the TCHD CSCN program where she has worked for several years as a Community Health Nurse.
- We are also pleased to welcome (to her new permanent position) Information Aide Deidre DeMatteo. Deidre had been working in CHS for the last year as a Project Assistant.

Continuing Education-

- Community Health Nurses Karen LaCelle, Gail Birnbaum, Deb Axtell and Senior Community Health Nurse Lori Sibley attended the 4th Annual Ithaca Breastfeeding Coalition Conference on November 12-13th in Ithaca, New York.
- All CHS staff completed annual mandatory Blood Borne Pathogen training on December 2, 2016.
- All CHS staff completed annual mandatory Right to Know training during the month of December.

Lead Poisoning Prevention- (2 cases)

- **Case #1** : One year old with initial Blood Lead Level (BLL) of 10.2mcg/dl on 9/4/15. Joint visit made with Environmental Health on 9/22/15 as well as ECOSPEC inspector for XRF lead analyzer testing. Parents own older home. Visual inspection did not reveal any deteriorating paint despite its age. Child does not attend daycare and only visits grandparents' local home which was built after 1978. Parents reported trip to Maine for several weeks over the summer to visit a family member who was renovating an older home. Paint sampling results using XRF analyzer found lead-based paint in a few areas on the interior of the home. A letter was sent to the parents by Environmental Health listing the lead testing results and recommendations to reduce lead hazards. It is suspected that the lead exposure was likely during trip to Maine where older home was being renovated. Plan: Repeat December BLL not done as yet -letter sent to Primary Care Provider and parents to have done. Keep case open to ensure repeat lead testing done and if below 10mcg/dl discharge.
- **Case #2**(New): Two year old with initial BLL 35.1 mcg/dl on 11/23/15. Previous BLL at one year of age was 3.3 mcg/dl 9/3/14. Joint visit made with Environmental Health on 11/23/15. No obvious lead hazards identified at child's home which was built after 1978- home is a rental home. Interview of parents revealed that child spends several days each week visiting both sets of grandparents who live nearby but not in Tompkins County- both are in older homes. Child is no longer in daycare but spent 6 weeks in a daycare. Referred two homes in outside county for

lead testing- done 11/27/15. No lead hazards identified in either home except for one door in one home which is unavailable to the child. Daycare was assessed 12/1/15 and found no lead hazards. Repeat BLL on 11/27/15 was 30.9mcg/dl, 12/7/15 was 29.5 mcg/dl and 12/23/15 was 28.1- next level due 01/22/16. Paint sampling results using XRF analyzer in parents rental home found a kitchen door that leads to the upstairs bedroom positive for lead paint and in deteriorated condition. Report includes that the child spends a significant amount of time at this doorway/landing and was in contact with the door daily. The parents removed the door upon discovering this and provided cleaning of the floor. A "Notice and Demand" was issued by EH on December 8th to the landlord outlining steps to take to minimize further exposure. Plan: Repeat BLL monthly until below 25mcg/dl. Keep case open to ensure repeat testing done.

Communicable Disease-

- **Ebola:** The World Health Organization declared Sierra Leone free of Ebola on November 7, 2015 and Guinea on December 29, 2015. This marked more than 42 days (two 21-day incubation periods) since the last patient with Ebola tested laboratory negative twice. Travelers entering the USA from Guinea, Sierra Leone, and Liberia are no longer being monitored by NYSDOH or local health departments and no longer need to be evaluated and managed as having suspected Ebola. Signage asking patients to provide travel history should continue to be prominently posted and healthcare facilities and providers should still collect a travel history on all patients upon initial presentation. As of December 29, 2015, there have been 28,601 cases (suspected, probable and confirmed); 11,215 laboratory confirmed cases and 11,300 total deaths worldwide.
- **Pertussis:** 18 year old female college student returning home by plane to Tompkins County from out of state during Thanksgiving break. Onset of cough prior to returning home for break, tested and treated while home and then returned to college out of state. NYSDOH was notified and requested flight information for the case and contact information for the college; the state is following up with the college and the flights. The parents and sibling living locally received prophylaxis treatment.
- **Chicken Pox:** Two Tompkins county schools have reported chicken pox illness in the Pre-K and Elementary setting during December. The source case was not vaccinated; several family members also not vaccinated. The schools involved sent letters notifying parents/guardians that their child may have been exposed to chickenpox in the classroom. Though this is not a reportable condition, this data is being collected by the NYSDOH and sent to the Centers for Disease Control (CDC).
- **Hepatitis A:** The Seneca County Health Department, in conjunction with the NYSDOH, has investigated 5 cases of hepatitis A. The investigation began in November with two food handlers initially identified. Mass prophylaxis PODS were held, with more than 400 people receiving vaccine. One contact of a food handler in Seneca County was vaccinated at TCHD in November. The source of these infections remains under investigation. No additional hep A cases have been reported since December.

- **Influenza:** Flu activity in New York State remains geographically sporadic. Season to date there have been no reported pediatric deaths. Tompkins County has had 6 confirmed cases to date. We continue to offer flu vaccine by appointment at our weekly immunization clinics.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Weekly Influenza Surveillance Reports
 - Two Health Advisories on acute hepatitis A virus infection.
 - One Health Advisory on updates to the Commissioner's Order regarding Ebola Virus Disease.

Tuberculosis (TB): One Active TB Disease Case:

- 22 year old foreign born college student entering US in August 2015. Case with complaint of 1-2 month history of fever and productive cough. Work-up from the college revealed a positive QFT, chest x-ray with left lower lobe infiltrate and pleural effusion. CT of the chest included cavitation and airspace consolidation within the right lower lobe. Case was referred to TB consultant for follow up. Three sputa specimens sent to Wadsworth lab with results AFB (Acid Fast Bacillus) negative for two specimens and positive for one. 4-drug treatment initiated at the end of August given clinical presentation and strong suspicion of active pulmonary disease. Culture and PCR negative for MTB but will continue to treat as culture negative TB as case has showed continued improvement on therapy. Transitioned to 2-drug therapy 2x/week at the end of October. Plan is to continue DOT visits twice weekly through February and then repeat CT to evaluate for resolution of cavitary disease and establish a new baseline.

Latent TB Infection (LTBI): There were **97** Tuberculin Screening Tests (TST) placed during the months of November and December. There were two positive results. Both clients were screened for symptoms (negative), received chest xrays (normal), provided education on LTBI, and offered treatment. Both clients declined treatment at this time.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2015

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2015	Total 2014	Total 2013
Maternal Child / MOMS Services															
Client Caseload	168	162	162	161	162	154	159	152	153	136	131	126			
# of Client Admissions	33	26	28	31	27	31	28	24	24	15	15	13	295	321	354
# of Client Discharges	32	28	36	25	38	24	33	22	32	19	20	28	337	357	351
Maternal & Infant Clinic Visit	29	19	26	27	27	19	17	14	16	6	6	3	209	355	382
Maternal & Infant Home Visit	73	62	73	72	71	75	91	85	72	63	62	63	862	758	980
Total Home & Clinic Visits	102	81	99	99	98	94	108	99	88	69	68	66	1071	1113	1362

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Rabies On Call Vaccinations	2	0	0	0	4	2	1	15	2	1	1	0	28	37	30
TB DOT On Call Visits	0	0	0	4	0	0	0	0	5	0	0	0	9	11	3
Total # On-Call Visits	2	0	0	4	4	2	1	15	7	1	1	0	37	48	38

Total Home, Clinic, On-Call Visits	104	81	99	103	102	96	109	114	95	70	69	66	1108	1161	1400
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Childbirth Education															
# of Childbirth Education Classes	1	2	1	0	3	0	0	0	3	0	0	0	10	16	15
# of Childbirth Education Moms*	10	5	4	0	6	0	0	0	7	0	0	0	32	54	49

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2015	Total 2014	Total 2013
Immunizations (Reported to NYSIIS, Updates May Be Pending)															
# of Immunization Clients	27	13	18	25	20	54	36	77	64	45	33	17	429	319	272
# of Immunizations Administered	43	24	24	45	33	69	51	145	127	84	71	45	761	534	434
^Children 0 thru 18 years, 364 days	34	14	15	34	17	36	30	21	48	38	22	10	319	423	321
^Adults 19 years and older	8	10	9	11	16	33	21	56	16	7	11	7	205	111	113
# of Influenza Immunizations	7	4	1	2	0	0	0	0	0	451	104	10	579	917	971
Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)															
Post-Exposure Clients	5	8	4	2	7	16	4	40	15	2	2	2	107	106	91
Post-Exposure Clinic Vaccinations	8	9	4	2	13	44	8	116	42	4	3	5	258	267	210
Tuberculosis Program															
Cumulative TB clients	0	0	0	1	0	0	0	0	2	2	2	2	2	4	3
Active TB Admissions	0	0	0	1	0	0	0	0	1	0	0	0	2	4	1
Active TB Discharges	1	0	2	0	0	0	0	0	0	1	0	0	4	2	3
TB Direct Observe Therapy Home Visits	75	54	56	29	15	0	0	2	2	25	8	8	274	269	251
# of Tuberculosis Screening Tests*	6	10	9	6	17	37	15	17	***28	69	93	4	283	421	532
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	10	10	10	7	9	9	6	10	11	10	9	8	109	99	71
# of Clients Counseled & Tested	7	11	14	6	9	8	3	7	9	5	5	10	94	96	84
HIV Positive Eliza & Western Bloc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Women, Infants, Children Clinic															
Monthly New Enrollments	66	51	64	49	64	46	58	61	57	69	44	47	676	430	UA
Total Participants Served	560	504	547	516	493	555	547	550	534	538	492	581	6417	4889	UA
Participants w/Active Checks	1331	1333	1373	1331	1338	1325	1339	1344	1361	1355	1325	1300	1338	1386	1507
Total Enrolled (summary is an Average)	1557	1547	1585	1561	1562	1562	1558	1566	1574	1591	1559	1550	1564	1689	1797
% No-Show	14.5%	13.8%	13.4%	14.7%	14.3%	15.2%	14.1%	13.3%	13.5%	14.8%	15.0%	16.1%		18.3%	15.3%
% Active Participation	66.6%	66.7%	68.7%	66.6%	66.9%	66.8%	67.0%	67.0%	68.1%	90.3%	88.3%	86.7%		69.3%	75.6%
% Caseload Target (FY15 Target = 1500)****	77.9%	77.4%	79.3%	78.1%	78.1%	78.1%	77.9%	77.9%	78.7%	106.1%	103.9%	103.3%		84.4%	UA

123 Red numbers indicate preliminary data; subject to revision

* Tuberculin Screening Tests - formerly described as PPD's (Purified Protein Derivative)

** # of Immunizations administered understates actual activity; Rabies activity updates to NYSIIS pending

^ Notation changed as of September report

UA = Unavailable at this time

*** 28 Screens placed, only 27 read - one client did not return for a read

**** Caseload target changed from 2000 to 1500 effective 10/1/2015

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01DEC15
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=November

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	1	11.6	1	11.6	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	5	57.9	0	0.0	1	11.6	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
EHEC, SEROGROUP NON-O157	0	0.0	0	0.0	1	11.6	0	0.0	0	0.0
GIARDIASIS	3	34.7	1	11.6	0	0.0	1	11.6	1	11.6
HEPATITIS B,CHRONIC	1	11.6	2	23.2	3	34.7	1	11.6	2	23.2
HEPATITIS C,ACUTE	0	0.0	0	0.0	0	0.0	1	11.6	0	0.0
HEPATITIS C,CHRONIC	8	92.6	2	23.2	7	81.1	8	92.6	6	69.5
INFLUENZA A, LAB CONFIRMED	3	34.7	2	23.2	0	0.0	7	81.1	3	34.7
INFLUENZA B, LAB CONFIRMED	1	11.6	0	0.0	2	23.2	2	23.2	1	11.6
LYME DISEASE** *****	2	23.2	1	11.6	0	0.0	3	34.7	1	11.6
PERTUSSIS**	0	0.0	4	46.3	0	0.0	2	23.2	2	23.2
SALMONELLOSIS	0	0.0	2	23.2	2	23.2	0	0.0	1	11.6
STREP,GROUP A INVASIVE	0	0.0	2	23.2	1	11.6	0	0.0	1	11.6
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	2	23.2	1	11.6
STREP PNEUMONIAE,INVASIVE	1	11.6	1	11.6	1	11.6	1	11.6	1	11.6
VIBRIO - NON 01 CHOLERA	1	11.6	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SYPHILIS TOTAL.....	0	0.0	2	23.2	0	0.0	0	0.0	1	11.6
- P&S SYPHILIS	0	0.0	2	23.2	0	0.0	0	0.0	1	11.6
GONORRHEA TOTAL.....	3	34.7	4	46.3	1	11.6	4	46.3	3	34.7
- GONORRHEA	3	34.7	4	46.3	1	11.6	4	46.3	3	34.7
CHLAMYDIA	28	324.3	38	440.1	22	254.8	20	231.6	27	312.7

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** From 2012-2015,18 counties investigated a sample of positive laboratory results.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05JAN16
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=December

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	7	81.1	1	11.6	4	46.3	1	11.6	2	23.2
CHIKUNGUNYA**	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
EHEC, SEROGROUP NON-O157	0	0.0	1	11.6	1	11.6	0	0.0	1	11.6
GIARDIASIS	0	0.0	2	23.2	1	11.6	2	23.2	2	23.2
HEPATITIS B,CHRONIC	2	23.2	3	34.7	1	11.6	1	11.6	2	23.2
HEPATITIS C,ACUTE	1	11.6	2	23.2	0	0.0	0	0.0	1	11.6
HEPATITIS C,CHRONIC	8	92.6	13	150.6	14	162.1	23	266.4	17	196.9
INFLUENZA A, LAB CONFIRMED	0	0.0	64	741.2	8	92.6	93	1077.0	55	637.0
INFLUENZA B, LAB CONFIRMED	0	0.0	5	57.9	0	0.0	2	23.2	2	23.2
LYME DISEASE** ****	3	34.7	2	23.2	1	11.6	2	23.2	2	23.2
MALARIA	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
PERTUSSIS**	1	11.6	3	34.7	5	57.9	0	0.0	3	34.7
SALMONELLOSIS	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	2	23.2	0	0.0	1	11.6	1	11.6
STREP PNEUMONIAE,INVASIVE	1	11.6	2	23.2	0	0.0	2	23.2	1	11.6
TUBERCULOSIS***	0	0.0	1	11.6	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	0	0.0	0	0.0	2	23.2	1	11.6	1	11.6

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- LATE LATENT	0	0.0	0	0.0	1	11.6	0	0.0	0	0.0
- P&S SYPHILIS	0	0.0	0	0.0	1	11.6	1	11.6	1	11.6
GONORRHEA TOTAL.....	3	34.7	13	150.6	2	23.2	4	46.3	6	69.5
- GONORRHEA	3	34.7	13	150.6	2	23.2	4	46.3	6	69.5
CHLAMYDIA	24	277.9	39	451.7	31	359.0	33	382.2	34	393.8

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** From 2012-2015,18 counties investigated a sample of positive laboratory results.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 05JAN16
 Through December

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

County=TOMPKINS

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	2	1.9	1	1.0	1	1.0	1	1.0
ANAPLASMOSIS**	3	2.9	2	1.9	1	1.0	0	0.0	1	1.0
BABESIOSIS**	1	1.0	1	1.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	29	28.0	22	21.2	21	20.3	20	19.3	21	20.3
CHIKUNGUNYA**	0	0.0	2	1.9	0	0.0	0	0.0	1	1.0
CRYPTOSPORIDIOSIS**	7	6.8	12	11.6	13	12.5	13	12.5	13	12.5
E.COLI 0157:H7	1	1.0	1	1.0	0	0.0	0	0.0	0	0.0
EHEC, SEROGROUP NON-0157	6	5.8	5	4.8	7	6.8	0	0.0	4	3.9
EHRlichiosis (CHAFEENSIS)**	1	1.0	1	1.0	0	0.0	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	1	1.0	1	1.0	1	1.0
GIARDIASIS	15	14.5	25	24.1	15	14.5	18	17.4	19	18.3
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	2.9	1	1.0	0	0.0	1	1.0	1	1.0
HEPATITIS A	0	0.0	1	1.0	0	0.0	1	1.0	1	1.0
HEPATITIS B,ACUTE	0	0.0	2	1.9	0	0.0	0	0.0	1	1.0
HEPATITIS B,CHRONIC	12	11.6	14	13.5	9	8.7	12	11.6	12	11.6
HEPATITIS C,ACUTE	3	2.9	5	4.8	4	3.9	4	3.9	4	3.9
HEPATITIS C,CHRONIC	97	93.6	102	98.4	75	72.4	93	89.8	90	86.9

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	0	0.0	0	0.0	3	2.9	1	1.0
INFLUENZA A, LAB CONFIRMED	297	286.6	242	233.6	96	92.6	149	143.8	162	156.3
INFLUENZA B, LAB CONFIRMED	70	67.6	33	31.8	68	65.6	12	11.6	38	36.7
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
LEGIONELLOSIS	1	1.0	2	1.9	4	3.9	2	1.9	3	2.9
LISTERIOSIS	0	0.0	0	0.0	2	1.9	1	1.0	1	1.0
LYME DISEASE** ****	38	36.7	29	28.0	43	41.5	21	20.3	31	29.9
MALARIA	1	1.0	1	1.0	2	1.9	0	0.0	1	1.0
MENINGITIS, ASEPTIC	1	1.0	0	0.0	1	1.0	1	1.0	1	1.0
PERTUSSIS**	4	3.9	14	13.5	10	9.7	95	91.7	40	38.6
SALMONELLOSIS	9	8.7	8	7.7	16	15.4	14	13.5	13	12.5
SHIGELLOSIS	1	1.0	1	1.0	1	1.0	5	4.8	2	1.9
STREP,GROUP A INVASIVE	3	2.9	4	3.9	2	1.9	7	6.8	4	3.9
STREP,GROUP B INVASIVE	6	5.8	12	11.6	7	6.8	6	5.8	8	7.7
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	1	1.0	1	1.0	1	1.0	1	1.0
STREP PNEUMONIAE,INVASIVE	4	3.9	9	8.7	7	6.8	5	4.8	7	6.8
TUBERCULOSIS***	2	1.9	4	3.9	1	1.0	4	3.9	3	2.9
TYPHOID FEVER	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA	2	1.9	0	0.0	0	0.0	1	1.0	0	0.0
WESTNILE VIRUS**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
YERSINIOSIS	0	0.0	3	2.9	2	1.9	1	1.0	2	1.9
SYPHILIS TOTAL.....	5	4.8	12	11.6	3	2.9	5	4.8	7	6.8

Disease	2015		2014		2013		2012		Ave (2012-2014)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- LATE LATENT	1	1.0	1	1.0	2	1.9	1	1.0	1	1.0
- P&S SYPHILIS	3	2.9	9	8.7	1	1.0	3	2.9	4	3.9
- EARLY LATENT	1	1.0	2	1.9	0	0.0	1	1.0	1	1.0
GONORRHEA TOTAL.....	55	53.1	64	61.8	45	43.4	33	31.8	47	45.4
- GONORRHEA	55	53.1	64	61.8	45	43.4	31	29.9	47	45.4
- P.I.D.	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
- GONORRHEA,DISSEMINATED	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
CHLAMYDIA	339	327.2	357	344.5	274	264.4	288	277.9	306	295.3

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** From 2012-2015,18 counties investigated a sample of positive laboratory results.

LACASA Data Sheet

225

Tompkins County Health Department

Central Region

Agency Information	Rates/Ranks
Budgeted Staff to Participant Ratio	1:267
CPA to Participant Ratio:	1:667
Actual Staff to Participant Ratio	1:267
Infants with LBW or VLBW	
Healthy People 2020	9.2%
Statewide	8.7%
Local Agency	6.1%
Local Agency State Rank	7
Local Agency Regional Rank	1
Obesity rate of Children	
Healthy People 2020	9.4%
Statewide	11%
Local Agency	13.6%
Local Agency State Rank	35
Local Agency Regional Rank	6
High Maternal Weight Gain	
Statewide	36.39%
Local Agency	44.73%
Local Agency State Rank	71
Local Agency Regional Rank	7
TV and Screen Time ≤ 2 Hours	
Healthy People 2020	83.2%
Statewide	83.8%
Local Agency	87.7%
Local Agency State Rank	25
Local Agency Regional Rank	5
Daily Consumption of Fruits or Vegetables	
Statewide	79.96%
Local Agency	94.30%
Local Agency State Rank	3
Local Agency Regional Rank	1

LACASA Data Sheet

Breastfeeding Initiation Rate

Healthy People 2020	81.9%
Statewide	82.4%
Local Agency	90.6%
Local Agency State Rank	14
Local Agency Regional Rank	1

Infants Exclusively Breastfeeding at 6 months

Statewide	7.3%
Local Agency	18.5%
Local Agency State Rank	3
Local Agency Regional Rank	1

Infants Receiving Fully Breastfed Package

Statewide	9.02%
Local Agency	27.47%
Local Agency State Rank	4
Local Agency Regional Rank	1

Check Redemption Rate

Statewide	85.31%
Local Agency	73.23%
Local Agency State Rank	89
Local Agency Regional Rank	12

Prenatal Enrollment First Trimester

Statewide	37.05%
Local Agency	61.81%
Local Agency State Rank	2
Local Agency Regional Rank	1

Participation Rate: Percent of Enrolled Participants Receiving Benefits

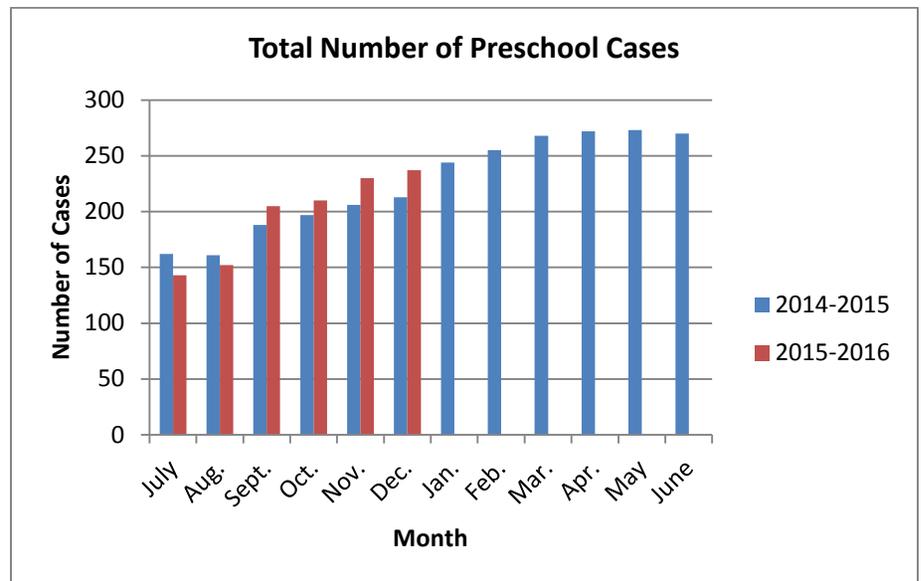
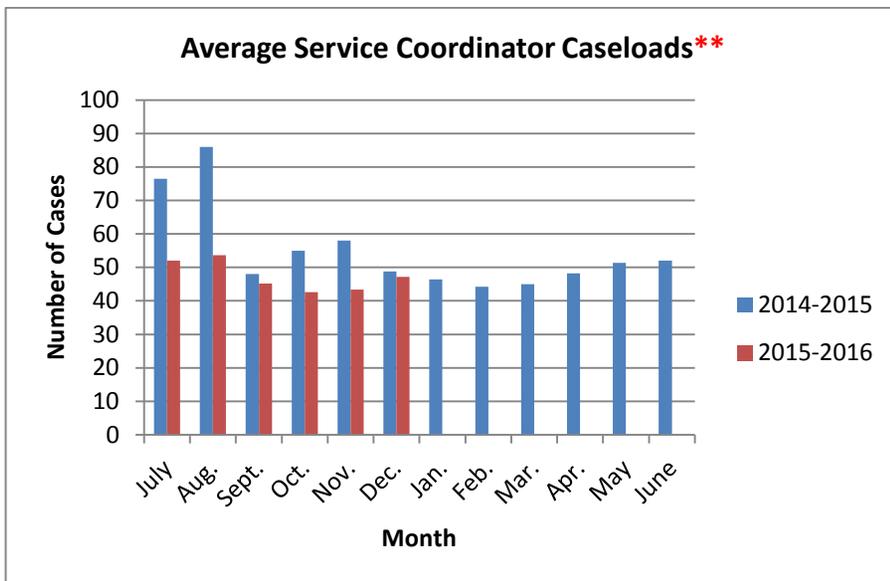
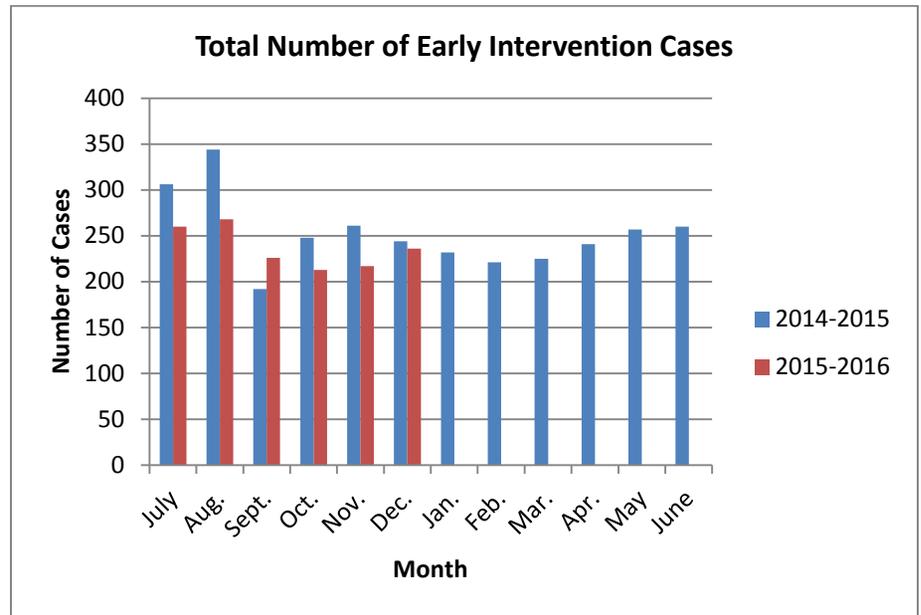
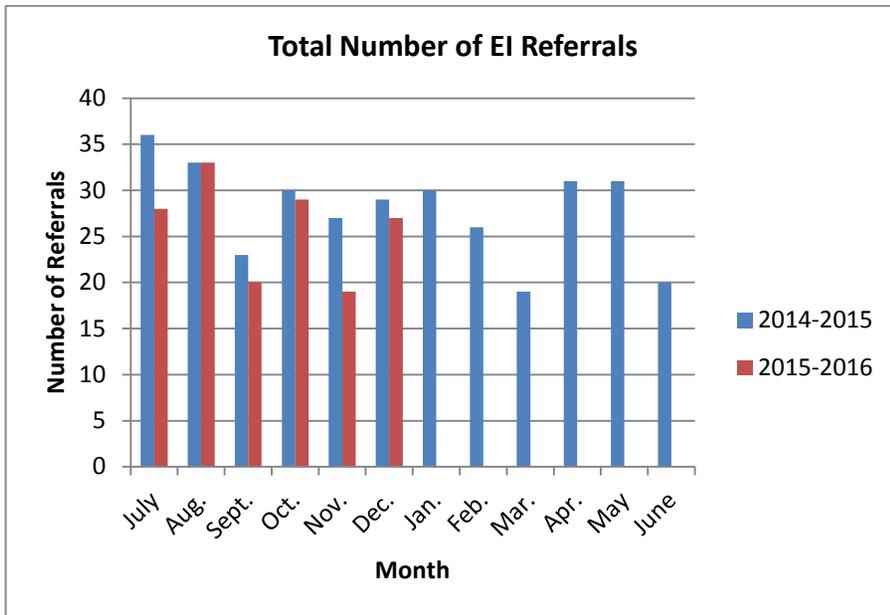
Statewide	84.35%
Local Agency	84.57%
Local Agency State Rank	42
Local Agency Regional Rank	7

Child Participation Rate: Children Ages 1-5 Participating out of Total

Women, Infants, & Children Receiving Benefits

Statewide	53.22%
Local Agency	49.99%
Local Agency State Rank	72
Local Agency Regional Rank	12

**Children with Special Care Needs Division
Statistics Based on Program School Year**



****Beginning December 2014, the number of full-time Service Coordinators increased from 4 to 5.**

**Children with Special Care Needs Division
Statistical Highlights 2015**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case				3	5	1	3	5	1			1	19	4
-- Gestational Age					1	2							3	9
-- Gestational Age & Hearing													0	1
-- Global Delays				1		1	1				1	2	6	9
-- Hearing													0	1
-- Physical														
-- Feeding	1	2	1	1	2	1	1	1	1	3	1	1	16	14
-- Feeding & Hearing												1		
-- Gross Motor	7	2	4	5	4	2	5	11	3	4	5	6	58	73
-- Gross Motor & Feeding								1		1			2	1
-- Gross Motor & Fine Motor					1				1				2	2
-- Gross Motor & Social Emotional													0	1
-- Fine Motor													0	2
-- Social Emotional	4	2		2			1			1			10	10
-- Social Emotional & Adaptive						1							1	1
-- Speech	15	16	7	13	13	10	17	15	9	13	10	15	153	138
-- Speech & Adaptive													0	1
-- Speech & Cognitive				1		1							2	1
-- Speech & Feeding					1							1	2	8
-- Speech & Fine Motor			2			1							3	3
-- Speech & Hearing													0	1
-- Speech & Gross Motor	1	1	3	2	1				1		1		10	19
-- Speech & Sensory				2										
-- Speech & Social Emotional	1	1	1	1	2				2	2			10	15
-- Adaptive													0	0
-- Adaptive/Feeding													0	2
-- Adaptive/Sensory	1								1				2	1
-- Vision													0	1
-- Qualifying Congenital / Medical Diagnosis		1	1		1								3	3
-- Child Find (At Risk)		1							1	5	1		8	14
Total Number of Early Intervention Referrals	30	26	19	31	31	20	28	33	20	29	19	27	313	340

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Total # of clients qualified and receiving svcs	189	193	195	210	228	230	231	225	198	190	192	201		
Total # of clients pending intake/qualification	43	28	30	31	29	30	29	43	28	23	25	35		
Total # qualified and pending	232	221	225	241	257	260	260	268	226	213	217	236		
Average # of Cases per Service Coordinator	46.4	44.2	45	48.2	51.4	52	52	53.6	45.2	42.6	43.4	47.2		

**Children with Special Care Needs Division
Statistical Highlights 2015**

EARLY INTERVENTION PROGRAM

Diagnosed Conditions (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Children with 'Other' Diagnosis (continued)														
-- Optic Nerve Hypoplasia	0	0	0	0	1	1	1	1	0	0	0	0		
-- Pierre Robin Syndrome	1	1	1	1	1	1	1	1	1	1	1	1		
-- Plagiocephaly	2	2	3	2	2	2	2	1	1	1	1	1		
-- Prematurity	8	8	8	8	9	6	14	14	14	10	11	19		
-- Prematurity (Micro)	3	2	4	4	2	2	3	2	4	2	2	0		
-- Sensorineural Hearing Loss	2	1	2	3	5	3	3	4	3	3	3	2		
-- Sleep Apnea	0	0	0	0	0	0	0	0	0	1	1	1		
-- Spina Bifida	0	0	0	0	0	0	0	1	1	1	1	1		
-- Spinal Anomaly	0	0	0	0	0	0	0	0	1	0	0	0		
-- Torticollis	6	6	5	6	5	5	3	3	3	5	4	4		
Early Intervention Discharges														
-- To CPSE	10	0	1	0	0	1	4	1	55	3	3	0	78	79
-- Aged out	1	1	2	3	1	0	0	2	0	1	0	1	12	2
-- Declined	1	2	3	0	0	3	2	2	3	0	2	4	22	19
-- Skilled out	7	1	3	4	4	8	4	3	1	3	2	4	44	36
-- Moved	5	4	4	1	0	3	4	3	1	3	1	2	31	24
-- Not Eligible	13	13	8	2	6	7	4	11	5	13	8	2	92	71
-- Other	3	5	0	0	0	0	0	0	1	0	0	0	9	17
Total Number of Discharges	40	26	21	10	11	22	18	22	66	23	16	13	288	245
Child Find														
Total # of Referrals	2	1	2	0	0	1	0	0	1	6	1	1	15	19
Total # of Children in Child Find	13	15	17	17	17	17	10	10	9	13	13	15		
Initial Consents Sent	0	1	0	0	2	1	0	0	0	6	0	1	11	10
Initial Consents Resent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consents Returned	0	0	0	0	1	0	0	0	0	1	0	1	3	3
ASQs Sent	0	10	6	3	2	3	4	0	1	6	0	5	40	43
ASQs Returned	0	3	3	0	2	0	5	0	1	2	1	0	17	42
Total # Transferred to Early Intervention							0	1	1	1	0	0	3	5
Total # of Discharges							4	0	1	1	0	0	6	9

**Children with Special Care Needs Division
Statistical Highlights 2015**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2015 Totals	2014 Totals
Children per School District														
-- Ithaca	135	142	147	152	151	147	84	87	114	116	129	131		
-- Dryden	22	21	21	20	21	22	14	18	28	30	32	36		
-- Lansing	21	24	27	28	28	28	8	9	21	22	26	26		
-- Newfield	24	25	26	26	27	27	15	15	14	14	14	13		
-- Groton	27	27	30	31	31	31	16	15	22	22	22	23		
-- Trumansburg	13	13	13	11	11	11	5	5	3	3	4	4		
-- Spencer VanEtten	0	0	1	1	1	1	0	0	1	1	1	1		
-- Newark Valley	1	1	1	1	1	1	0	1	0	0	0	0		
-- Odessa-Montour	0	1	1	1	1	1	1	1	1	1	1	1		
-- Candor	1	1	1	1	1	1	0	1	0	0	0	0		
-- Moravia	0	0	0	0	0	0	0	0	1	1	1	1		
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	1		
Total # of Qualified and Receiving Services	244	255	268	272	273	270	143	152	205	210	230	237		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
Services Received by Discipline														
-- Speech Therapy (individual)	146	161	164	174	164	163	57	60	116	129	141	144		
-- Speech Therapy (group)	2	6	6	6	6	6	1	1	1	1	1	1		
-- Occupational Therapy (individual)	47	53	54	55	57	62	29	30	39	45	48	49		
-- Occupational Therapy (group)	2	3	3	3	3	3	0	0	1	1	1	1		
-- Physical Therapy (individual)	30	31	32	33	32	33	11	11	23	24	26	26		
-- Physical Therapy (group)	0	0	0	0	0	0	0	0	0	0	0	0		
-- Transportation														
-- Birnie Bus	24	22	25	24	24	24	18	20	19	21	23	25		
-- Ithaca City School District	35	35	37	37	37	35	31	32	37	38	43	40		
-- Parent	1	2	2	2	2	3	4	3	2	2	1	1		
-- Service Coordination	27	28	30	33	33	34	7	7	21	23	27	28		
-- Counseling	45	48	49	56	51	50	29	31	31	32	38	43		
-- 1:1 (Tuition Program) Aide	6	6	6	6	6	6	2	4	5	6	6	6		
-- Special Education Itinerate Teacher	24	27	29	28	27	25	14	14	9	9	11	12		
-- Parent Counseling	21	21	22	24	23	22	6	9	12	12	14	15		
-- Program Aide	2	3	0	3	4	5	2	2	1	2	2	3		
-- Teaching Assistant	3	3	3	3	3	4	3	3	1	1	5	6		
-- Psychological Services	0	0	0	0	0	0	0	0	0	0	0	0		
-- ASL Interpreter	0	0	0	0	0	0	0	0	0	0	0	0		
-- Audiological Services	0	0	0	0	0	0	0	0	0	0	0	1		
-- Teacher of the Deaf	1	1	1	1	1	1	0	0	1	1	1	1		
-- Auditory Verbal Therapy	0	0	0	0	0	0	0	0	0	0	0	0		
-- Teacher of the Visually Impaired	0	0	0	0	0	0	0	0	0	0	0	0		
-- Nutrition	4	4	4	4	4	4	0	0	1	1	1	1		
-- Assistive Technology Services	1	2	1	0	0	1	0	0	0	0	0	0		
-- Skilled Nursing	1	1	1	1	1	1	0	0	1	1	1	1		
-- Vision	1	1	1	0	0	0	0	0	1	1	1	1		
Total # of children rcvng. home based related svcs.	183	192	203	209	210	208	90	94	147	149	161	170		

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkinscountyny.gov>

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ENVIRONMENTAL HEALTH HIGHLIGHTS

November 2015

Outreach and Division News

Hydrilla: The season's herbicide treatment was terminated in mid-October; water-quality monitoring continued until concentrations reached the non-detect level in all samples. Monitoring information was presented by Anne Wildman at the public meeting held on November 2 at Cornell Cooperative Extension. Other presenters at the meeting provided an overview of hydrilla eradication efforts in 2015, aquatic plant and other invasive species information. The treatment appears to have been very effective, especially in the Inlet, and herbicide use in some locations may be able to be reduced. Liz Cameron and Chris Laverack participated in the November statewide conference call and the Local Task Force meeting to draft a preliminary proposal for the 2016 treatment and prepare for the peer review of the 2015 results and the 2016 treatment proposal.

Former Tanana Spill Site: A fuel spill occurred on the property at Corn and Clinton Streets in the City of Ithaca when it was occupied by Tanana Oil. Ithaca Neighborhood Housing Service (INHS) subsequently built residential housing on the property. City of Ithaca Alderperson Cynthia Brock recently contacted Environmental Health with questions and concerns. INHS voluntarily installed a subsurface ventilation system at the property when it was developed. Liz Cameron met representatives from the New York State Department of Health (NYSDOH) and INHS at the home on November 7. NYSDOH inspected the system and noted that it was well designed and functioning properly.

Personnel: The Environmental Health Division staffing transition period continues. Steven Kern, retired Senior Public Health Sanitarian, returned temporarily to help us finish our inspections by the end of the year. He started Nov 16, working about 24 hours per week through the end of the year. Steven is assisting with food inspections, temporary residence re-inspections, and rabies. We really appreciate his willingness to help us out!

René Borgella is doing well with his training and expertise in our temporary food program, and became the lead for the program in early November.

Joel Scogin assisted Adriel Shea, Pete Coats and Skip Parr in the scramble to complete mobile home park inspections by the end of November and is now beginning his training in the onsite wastewater treatment system program.

Training:

- René Borgella, Joel Scogin, and Beau West continued their participation in the Basic Environmental Health Program (BEHP). All Sanitarians and Technicians must complete the BEHP within their first two years of service. Beau, Joel, and René attended sessions on November 16-19 and participated in webinars on November 4, 9 and 12. Joel, René, and Beau will be finishing up the course in early December.
- On November 9, Samantha Hillson attended diversity training, Leading Diverse Groups, at Cornell Cooperative Extension. The training was valuable and allowed for networking.
- On November 19, Tompkins HNP hosted a Bed Bug presentation with Susannah Reese from Cornell University Pest Management, Stop Pests. The presentation was organized by Samantha Hillson, Healthy Neighborhoods Education Coordinator and was open to local professionals who conduct home visits, property managers, and others who work with families. 15 people attended the presentation including Liz Cameron, Pat Jebbett, Samantha Hillson and Skip Parr.
- Clayton Maybee, Adriel Shea, Skip Parr and Liz Cameron attended annual Blood Borne Pathogen training on November 17.

Rabies Control Program

There were two confirmed cases of rabies in Tompkins County during November of 2015. A raccoon and a cat were confirmed positive by the NYS Wadsworth Laboratory. The rabid raccoon had contact with a dog. The dog was up-to-date on its rabies vaccination and received a booster shot to ensure its protection against the potential exposure. The rabid cat aggressively attacked a person. The Tompkins County SPCA responded and was able to capture and euthanize the feral cat for testing. Upon verification that the cat was rabid, rabies post exposure prophylaxis was initiated for the person attacked.

Key Data Overview				
	This Month	YTD 2015	YTD 2014	TOTAL 2014
Bites¹	14	213	156	167
Non Bites²	0	72	85	86
Referrals to Other Counties	2	20	39	43
Submissions to the Rabies Lab	6	200	185	190
Human Post-Ex Treatments	2	92	101	103
Unvaccinated Pets 6-Month Quarantined³	0	2	0	0
Unvaccinated Pets Destroyed⁴	0	1	0	0
Rabid Animals (Laboratory Confirmed)	2	13	12	12

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

²"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.

³When 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.

⁴ 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			
	Mo	YTD 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
Cat	7	87	58	58	2	0	2	14	1	1	0	0
Dog	7	118	84	94	0	0	0	7	0	0	0	0
Cattle	0	0	0	0	0	0	0	1	0	0	0	0
Horse/Mule	0	0	1	1	0	0	0	1	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	2	0	0	0	0	0	1	0	0	0	0
Raccoon	0	1	1	1	0	1	1	7	1	3	3	3
Bats	0	3	6	6	2	1	3	157	0	7	5	5
Skunks	0	0	2	2	0	0	0	0	0	0	3	3
Foxes	0	0	0	0	0	0	0	4	0	1	0	0
Other Wild	0	2	4	5	0	0	0	8	0	1	1	1
Totals	14	213	156	167	4	2	6	200	2	13	12	12

Food Program

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

***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:

The Antlers, T-Dryden	John Thomas Steakhouse, T-Ithaca
Apollo Restaurant, C-Ithaca	The Kitchen Theater, C-Ithaca
At the Ridge, T-Lansing	Ko Ko, C-Ithaca
BOCES – Darwin C. Smith, T-Ithaca	LCSO – R.C. Buckley Elementary School, T-Lansing
BOCES – Horizon Café, T-Ithaca	LCSO – Middle School, T-Lansing
Caspers, V-Groton	LCSO – High School, T-Lansing
Coltivare, C-Ithaca	La Tourelle Bistro, T-Ithaca
Cornell Childcare Center, C-Ithaca	La Tourelle Catering, T-Ithaca
CU – Keglers Pub, C-Ithaca	Little Thai House, C-Ithaca
CU – Risley Dining, C-Ithaca	Longview, T-Ithaca
Country Club of Ithaca, V-Cayuga Heights	Mahogany Grill, C-Ithaca
Country Inn & Suites, T-Ithaca	Maxie's Supper Club & Oyster Bar, C-Ithaca
De Tasty Hot Pot, C-Ithaca	Mehak Cuisine, C-Ithaca
The Dock, C-Ithaca	Miyake Japanese Restaurant, C-Ithaca
Dryden Veterans Memorial Home, T-Dryden	Plum Tree Restaurant, C-Ithaca
Emoticakes, V-Trumansburg	Red's Place, C-Ithaca
Flynn's Roadhouse Café, V-Lansing	Sahara, C-Ithaca
Foodnet – Woodsedge, T-Lansing	Seabring Inn, T-Newfield
First Baptist Church of Ithaca, C-Ithaca	Smart Start Preschool, T-Ulysses
Franziska Racker Center, T-Ulysses	Spring Buffet, C-Ithaca
Hazelnut Kitchen, V-Trumansburg	Taughannock Farms Inn, T-Ulysses
Hotel Ithaca – Max's, C-Ithaca	TC Action Magnolia House, C-Ithaca
IC – Egbert Union Dining Hall, T-Ithaca	TST BOCES Snack Shack, T-Ithaca
IC – Food Court, T-Ithaca	The Westy, C-Ithaca
IC – Grand Central, T-Ithaca	Word of Mouth Catering, V-Trumansburg
Ithaca Community Childcare Center, T-Ithaca	Za Za's Cucina, C-Ithaca
Joe's Restaurant, 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.

No HACCP inspections were conducted this month.

***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:

AGAVA, T-Ithaca
Cayuga Addiction Recovery Services, T-Ulysses

Futai Buffet, C-Ithaca
ICSD – Caroline Elementary, T-Caroline
Loco/Luna, C-Ithaca
Subway #22428, C-Ithaca

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:

Fall Restaurant, V-Trumansburg

Potentially hazardous foods were not pre-chilled to 45°F or less before being put into service. Product available for service was observed to be at 54°F. The product was removed from service and placed in the walk-in to be cooled to 45°F or less before use.

Sunset Grill, T-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product was observed on trays in the kitchen at 105-115°F. The products were moved to refrigerated storage to be properly cooled.

Sarah's, C-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were kept at or below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 51-55°F during cold holding. The products were moved to functioning storage to be chilled to 45°F or less before use.

Carriage House Café, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 48-52°F. The products were discarded during the inspection.

Sammy's Pizzeria & Restaurant, C-Ithaca

Food was adulterated on premises. The food was discarded during the inspection.

Potentially hazardous foods were not cooled by an approved method. Products on a counter were observed to be at 84-90°F. The products were discarded during the inspection.

Enough refrigerated storage was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 54°F. The products were discarded during the inspection.

Hawi Ethiopian, C-Ithaca

Enough hot-holding equipment was not operated to keep hot foods above 140°F. Products in a steam table were observed to be at 105-115°F. The products were removed from service and reheated to 165°F or above before use.

Sarah's, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in cold holding was observed to be at 51-54°F. The product was removed from service and cooled to 45°F or less before use.

Madeline's Restaurant, C-Ithaca

Enough refrigerated storage equipment was not properly maintained so that all potentially hazardous foods were kept at or below 45°F during cold holding. Products in a cooler were observed to be at 51-53°F. The products were discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 21 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:

Trumansburg Rotary Club Election Day Fundraiser, V-Trumansburg
Cornell Taiwanese American Society – CU, C-Ithaca
5K Chili Challenge, V-Trumansburg Village

Critical Violations were found at the following establishments:

CU ALANA Dining With Diverse Minds, C-Ithaca

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:

Farrell's, V-Groton

Plans Approved:

CU – Klarman Hall Café, C-Ithaca
Hive 45, V-Trumansburg

New Permits Issued:

Casper's, V-Groton
Denny's, C-Ithaca
Farrell's, V-Groton

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

Engineering Plans Approved

- 607 Bone Plain Road, 440 GPD Sewage System, Dryden-T
- Lansing High School Pool Mechanical System Upgrade, Lansing-T
- Westfall Duplex Apartments Sewage Systems 2 @ 440 gpd, Dryden-T
- 174 Burns Road Apartments PWS Water Storage, Caroline-T
- Redder, 330 GPD Sewage System, Lansing-T

Problem Alerts/Emergency Responses

A precautionary boil water order was issued at Hovlan Apartments (T-Lansing) due to the presence of bacteria on November 2. Corrective actions were taken and additional sample results were acceptable and the boil water order was released on November 13.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	34	370	392	426
# of Revisits	10	128	77	98
# of Asthma Homes (initial)	10	66	63	67
# of Homes Approached	152	635	1930	2034

*Covers the calendar year (January through December)

Outreach

- An advertisement was placed in The Shopper weekly newspaper to promote our program. The ad will run November 3rd through December 8th.
- On November 3, Samantha Hillson tabled at the Ithaca College Benefits Fair (50 reached).
- On November 4, flyers were distributed to the Tompkins County Library and Catholic Charities. Samantha Hillson presented at Finger Lakes Independence Center as part of a COPD presentation (12 reached).
- On November 6, Stephanie Egan-Engels conducted outreach at the Salvation Army (1 visit, 10 reached) and the Rescue Mission (10 reached).
- On November 12, Pat Jebbett and Stephanie Egan-Engels conducted outreach at the Tompkins County Benefits Fair (100 reached).

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	1	1	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	0	3	5	5
B: Total Environmental Inspections:				
B1: Due to A1	1	1	3	3
B2: Due to A2	0	4	7	8
C: Hazards Found:				
C1: Due to B1	1	1	0	0
C2: Due to B2	0	4	5	6
D: Abatements Completed:	1	2	0	0
E: Environmental Lead Assessment Sent:	1	4	4	5
F: Interim Controls Completed:	0	0	3	3
G: Complaints/Service Requests (w/o medical referral):	6	57	53	55
H: Samples Collected for Lab Analysis:				
- Paint	0	1	0	0
- Drinking Water	1	1	0	0
- Soil	0	2	2	2
- XRF	0	3	5	6
- Dust Wipes	0	4	5	6
- Other	0	0	1	1

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
9/22/15	GrassRoots World Café	Lissa Farrell	Repeat Critical Violations	\$400	Penalty Payment received.	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Detailed Construction plan and schedule due 4/15/16.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit preliminary plans to reduce arsenic below the MCL for the Jay Street Well and for the replacement of the Lee Road Reservoir by 2/15/16.	Monitoring Compliance

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkinscountyny.gov>

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ENVIRONMENTAL HEALTH HIGHLIGHTS

December 2015

Outreach and Division News

The Environmental Health Division hopes you had a happy and healthy holiday.

Healthy Neighborhoods Program: There is a nice article on the Tompkins County Healthy Neighborhoods Program in the Winter issue of the *In The Field of Environmental Health*, a publication of the NYSDOH Center for Environmental Health. Thanks to Samantha Hillson, Pat Jebbett, and Skip Parr for their excellent work setting up this excellent program. (Newsletter is attached.)

Personnel: Steven Kern, retired Senior Public Health Sanitarian, returned to retirement at the end of December. His assistance with food inspections and temporary residence re-inspections was very valuable.

Beau West's half time position as a Public Health Technician in EH ended at the end of the month, with Beau returning to TCHD reception full time. Beau will continue to help out EH for 5 hours a week and will return to working half time for us during our busy season.

With the change in Beau's position, Caitlin Feller will be working as an Information Aid full time in EH. She will be switching to half time in EH and half time at TCHD reception with the 2016 busy season.

Training:

Congratulations to René Borgella, Joel Scogin, and Beau West. All three completed the Basic Environmental Health Program (BEHP) in December.

Chris Laverack, Steve Maybee and Liz Cameron attended the *Finger Lakes Water Works Conference* in Waterloo on December 3rd. Topics covered included Removal of Algae Toxins, Water Treatment with Activated Carbon, the Fundamentals of Hydraulics, and Pump Station Design.

René Borgella participated in *A Return to the Wild, Wild West of E-Cigarettes*, a webinar, on December 3rd.

Janice Koski, Kristee Morgan and Clayton Maybee attended a Food Inspectors Training workshop in Syracuse on December 8th.

EH staff completed and submitted the required annual workplace training.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during December 2015. However, rabies continues to appear in wildlife animals throughout New York State.

The Winter Rabies Clinic is being held at the Tompkins County SPCA in January.

Key Data Overview				
	This Month	YTD 2015	YTD 2014	TOTAL 2014
Bites¹	17	230	167	167
Non Bites²	0	72	86	86
Referrals to Other Counties	6	26	43	43
Submissions to the Rabies Lab	6	207	190	190
Human Post-Ex Treatments	1	93	103	103
Unvaccinated Pets 6-Month Quarantined³	0	2	0	0
Unvaccinated Pets Destroyed⁴	0	1	0	0
Rabid Animals (Laboratory Confirmed)	0	13	12	12

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

²"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.

³When 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.

⁴ 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			
	Mo	YTD 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
Cat	9	96	58	58	0	0	0	14	0	1	0	0
Dog	7	125	94	94	0	0	0	7	0	0	0	0
Cattle	0	0	0	0	0	0	0	1	0	0	0	0
Horse/Mule	0	0	1	1	0	1	1	2	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	2	0	0	0	0	0	1	0	0	0	0
Raccoon	1	1	1	1	0	0	0	7	0	3	3	3
Bats	0	3	6	6	2	3	5	162	0	7	5	5
Skunks	0	0	2	2	0	0	0	0	0	0	3	3
Foxes	0	0	0	0	0	0	0	5	0	1	0	0
Other Wild	0	2	5	5	0	1	1	9	0	1	1	1
Totals	17	230	167	167	2	5	7	208	0	13	12	12

Food Program

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

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:

Affinity Bakery & Beyond, T-Lansing	Lakewatch Inn, T-Lansing
Aladdin's Natural Eatery, C-Ithaca	Le Café Cent Dix, C-Ithaca
Boatyard Grill, C-Ithaca	Lot 10 Kitchen & Lounge, C-Ithaca
Bowl-O-Drome, C-Ithaca	Mercato Bar & Kitchen, C-Ithaca
Ciao!, V-Lansing	Namgyal Monastery, T-Danby
Collegetown Bagels-College Ave., C-Ithaca	New Delhi Diamonds, C-Ithaca
Come 2 You Canteen, Throughout Tompkins	Old Teahouse, C-Ithaca
CU – Food Service Management Laboratory, C-Ithaca	Potala Café, C-Ithaca
Denny's, C-Ithaca	Rogues Harbor Steak & Ale, T-Lansing
John Joseph Inn & Elizabeth Restaurant, T-Lansing	Rongovian Embassy, V-Trumansburg
Elm Tree Inn, T-Groton	Rose's Home Dish, Throughout Tompkins
Fall Creek House, C-Ithaca	Sammy's Express, C-Ithaca
Foodnet Groton Village Court, V-Groton	Shortstop Deli – Hot Truck, C-Ithaca
Grok's, V-Dryden	Sincredible Pastries, T-Lansing
Groton Corona Club, V-Groton	Sri Lankan Curry in a Hurry, Throughout Tompkins
Heights Café, V-Cayuga Heights	Subway Sandwiches and Salads, V-Trumansburg
IC - Sandella's Café, T-Ithaca	Taste of Thai Express, C-Ithaca
Just a Taste Wine & Tapas Bar, C-Ithaca	Uncle Joe's Grill & Sports Bar, C-Ithaca
K-House Karaoke, V-Lansing	Vietnam/Hai Hong, C-Ithaca
Kendra's Culinary Creations, T-Lansing	Viva Taqueria and Cantina, C-Ithaca
Kuma's Charmers, T-Enfield	
La Cocina Latina, Throughout Tompkins	

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.

Benn Conger Inn, V-Groton
Foodnet Central Kitchen, V-Lansing
Istanbul Turkish Kitchen, C-Ithaca

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:

Carriage House Café, C-Ithaca	Mama Teresa Pizzeria, C-Ithaca
Collegetown Pizza, C-Ithaca	Mia Restaurant, C-Ithaca
Fall Restaurant, V-Trumansburg	Saigon Kitchen, C-Ithaca
Farrells, V-Groton	Salt of the Earth, Throughout Tompkins
Gola Osteria, C-Ithaca	Sammy's Pizzeria, C-Ithaca
Hawi Ethiopian, C-Ithaca	Subway of Dryden, T-Dryden
Italian Carryout, T-Ithaca	Sunset Grill, T-Ithaca
Ithaca Bakery, V-Lansing	Taste of Thai, C-Ithaca

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:**Taste of Thai, C-Ithaca**

Potentially hazardous foods were not stored under refrigeration. Product to be used for customer service was observed to be at 56°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Italian Carry Out, T-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product for customer service was observed on a display counter at 66-67°F. The facility has a waiver to use time as a public health control for the product but the required temperature logs were not being maintained.

Collegetown Pizza, C-Ithaca

Potentially hazardous foods are not kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 51°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Moonshadow Tavern, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a cooler were observed to be at 51°F. The products were discarded during the inspection.

Gola Osteria, C-Ithaca

Food workers do not use proper utensils to eliminate bare hand contact with cooked or prepared foods. A food worker was observed preparing ready to eat foods without elimination of bare hand contact. The items were discarded during the inspection.

Ithaca Bakery, V-Lansing

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a cooler were observed to be from 50-60°F. The products were either discarded or moved to functioning refrigeration to be chilled to 45°F or less during the inspection.

Farrell's, V-Groton

Cracked eggs were observed in the upright refrigerator. The eggs were discarded during the inspection.

An accurate thermometer was not available to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Moonshadow Tavern, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cooler was observed to be at 6°F. The product was discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 9 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:

Cru Cornell - Cru Christmas Party, C-Ithaca
First Baptist Church - Winterfest, C-Ithaca
Lansing Class of 2016-Moore's Tree Farm Food Hut, T-Lansing
Trumansburg Venture Crew 13, V-Trumansburg

Critical Violations were found at the following establishments:

There were no critical violations observed this month.

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 – Big Red Store Kiosk, C-Ithaca
 CU – Klarman Hall Café, C-Ithaca

Plans Approved:

Journey Fitness, V-Lansing

New Permits Issued:

CU – Klarman Hall Café, C-Ithaca
 Simeons on the Commons, C-Ithaca

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

Engineering Plans Approved

- 1407 Mecklenburg Road, 225 GPD Alternative Sewage System, Ithaca-T
- Asbury Hill Subdivision, 28 Residential lots served by onsite sewage systems and municipal water, Lansing-T
- Hughes, 390 gpd replacement sewage system, Groton-T
- Unity House, 860 GPS Conversion sewage system, Enfield-T

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

Problem Alerts/Emergency Responses

None reported in December.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	36	406	426	426
# of Revisits	13	141	98	98
# of Asthma Homes (initial)	5	71	67	67
# of Homes Approached	253	888	2034	2034

*Covers the calendar year (January through December)

Outreach

- On December 1, Samantha attended a workshop, Tu Salud: Insuring Your Health, with ¡Cultura! Ithaca. The workshop allowed for outreach as well as networking (20 reached).
- On December 2, flyers were distributed to Delia Yarrow at Ithaca Neighborhood Housing Services with the Homebuyers Program. This partnership will provide future referrals to Tompkins HNP.
- On December 2, Samantha distributed Tompkins HNP flyer to Carolina Osorio Gil at ¡Cultura! Ithaca and Latino Studies Program, as well as Debra Castillo, former director of Latin American Studies Program, and Mary Jo Dudley, director of Cornell Farmworker Program, and other professors at Cornell University, for assistance in translating the flyer into Spanish and who have connections to populations who Tompkins HNP can serve.
- On December 11, Stephanie distributed a poster to the Varna Community Center.
- On December 15, Samantha conducted outreach at the Immaculate Conception Church food pantry (1 visit, 25 reached).
- On December 30, Pat conducted outreach at the Salvation Army (2 visits, 25 reached).
- On December 30, Stephanie distributed posters at 5 locations in downtown Ithaca.

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	1	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	0	3	5	5
B: Total Environmental Inspections:				
B1: Due to A1	0	1	3	3
B2: Due to A2	0	4	8	8
C: Hazards Found:				
C1: Due to B1	0	1	0	0
C2: Due to B2	0	4	6	6
D: Abatements Completed:	0	2	0	0
E: Environmental Lead Assessment Sent:	0	4	5	5
F: Interim Controls Completed:	0	0	3	3
G: Complaints/Service Requests (w/o medical referral):	5	61	55	55
H: Samples Collected for Lab Analysis:				
- Paint	0	1	0	0
- Drinking Water	0	1	0	0
- Soil	0	2	2	2
- XRF	0	3	6	6
- Dust Wipes	0	4	6	6
- Other	0	0	1	1

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
9/22/15	GrassRoots World Café	Lissa Farrell	Repeat Critical Violations	\$400	Penalty Payment received.	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Detailed Construction plan and schedule due 4/15/16.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit preliminary plans to reduce arsenic below the MCL for the Jay Street Well and for the replacement of the Lee Road Reservoir by 2/15/16.	Monitoring Compliance (Letter is attached.)

In the Field of Environmental Health

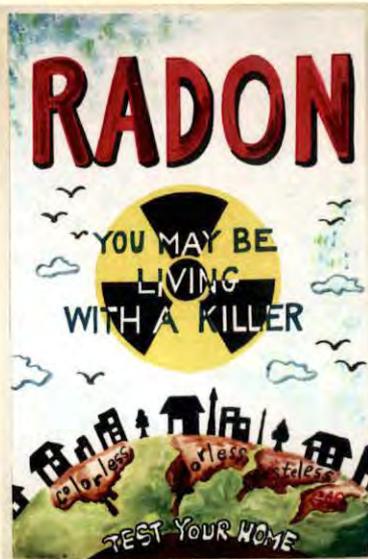
Winter 2016

Welcome to "In the Field"

Reading this and every issue of *In the Field* reminds me just how important good working relationships are to successful outcomes in environmental health. The crisis at the City of Dunkirk's water filtration plant was averted through multidisciplinary efforts that identified a problem, and designed, funded, and constructed a solution. The Tompkins County DOH's Healthy Neighborhoods Program harnessed greater public access and program success through building relationships with other agencies and the public. The Fulton County Public Health Department worked with a broad array of agencies and organizations to reach the public, health care practitioners, and other key stakeholders. Although these examples may seem like special circumstances, they are reflective of our day to day efforts to protect and promote the public's health.



Nathan Graber, M.D., M.P.H., Director
Center for Environmental Health



Shiho Oki (Astoria, NY) submitted the winning entry to this year's New York State Radon Poster Contest. First, second, and third place New York State posters were submitted to compete in the National Conference of Radiation Control Program Directors Radon Poster Contest.

All and All It's Just Another Brick in the Wall

The 1920's City of Dunkirk Water Filtration Plant, Chautauqua County, has been ongoing maintenance under a required schedule for almost a decade. The water district had already taken on about \$17 million worth of planned

repairs. So, it was an unhappy surprise when, in November 2014, a routine plant inspection noted that the retaining wall separating the plant from Dunkirk Harbor was showing signs of structural damage. A major seawall repair was never factored into the City's maintenance plans.

Dunkirk's Best Laid Plans

The City's filtration plant is a 6.5 million gallon-per-day facility. It includes a 36-inch intake line that extends 5,200 feet into Dunkirk Harbor of Lake Erie, a two-story main building, two external sedimentation basins, and a chemical building. The plant serves the needs of about 15,000 people in the City of Dunkirk and towns of Dunkirk, Pomfret, Portland, and Sheridan. Like many older plants, it is under a compliance schedule to make repairs.

Unfortunately, wave action and age had taken a toll on the original US Army Corps of Engineers (ACOE) steel sheet pile seawall. Approximately 500 feet of the wall bordering the plant was showing signs of movement. If the seawall collapsed, the raw water supply line also would have collapsed.

By February 2015, State and County Health officials issued a report and an ACOE dive team determined that the steel sheet pile under the concrete wall failed, allowing for rotational action in the wall. The Corps wanted repairs as soon as possible. The City was also required to monitor wall movement.

Repairs Fast Tracked

The City worked with the County to line up emergency pumps and finalized a structural plan to reinforce 500 feet of the wall with riprap to ensure water to the plant. The project was given emergency status. The County's Director of Emergency Services helped by promoting the importance of the repair and the risk to the City's water supply.

The \$140,000 project was completed by July 2015, financed largely by Chautauqua County



City of Dunkirk's filtration plant and wall repair.

bed tax funds. Large stone fill was used as riprap on the harbor side to stabilize the wall and placed on a one-foot on two-foot slope. No interruptions of water service occurred while work was ongoing. Had the wall collapsed, it would have potentially cost the City of Dunkirk millions in additional funds and cut off the City's raw water supply.

"It is unusual to encounter a structural repair like this as a county health department engineer," explained Paul Snyder, of Chautauqua County Health and Department of Public Facilities. "I split my time as an Engineer for both the County Health Department and for Public Facilities. My background on bridge repair allowed me to talk with the City as a structural engineer and provide that service."

Lessons Learned

- **Don't wait.** Don't overlook sink/pot holes as they could be signs of a larger problem.
- **High stakes repairs get attention.** The City was more supportive of the seawall than any other maintenance project. Pumps may still run, but this was a physical failure that people could see with their own eyes.
- **Be creative with funding.** The repair was not immediately eligible under the State Revolving Fund, even though it directly impacts plant operations. The City needs to extend the riprap repairs of the wall beyond the plant, and is exploring the use of economic and rural development funding to do that.
- **Consider centralizing aging water districts.** We have multiple municipalities coming together to create a regional municipal water district. This would create more water connections, reduce possible interruptions, and avoid the need to make costly repairs to other existing aging water treatment plants.

Submitted by Paul Snyder, Chautauqua County Department of Health and Department of Public Facilities

Tompkins County Healthy Neighborhoods Program Changes Lives

Public health is about making a real difference in people's lives. Tompkins County DOH does that through the Healthy Neighborhoods Program (HNP). Samantha Hillson, the Healthy Neighborhoods Education Coordinator, is happy that "the program is so positively received all throughout the county. There is a ripple effect by word of mouth, one positive experience trickles over to another."

When the program first launched, Senior Public Health Sanitarian Skip Parr remembers there was skepticism. "Is it true you will provide free products? Then what's the catch?"

"Staff worked hard to establish relationships, and now people are starting to contact us," said Pat Jebbett, Public Health Sanitarian. She and other HNP staff build trust by listening to people's concerns.

Providing Low-Cost Healthy Solutions

One of the most rewarding aspects of HNP is being able to provide low-cost interventions that address people's health issues. Staff develop asthma action plans and can provide hypoallergenic pillow cases and green cleaning kits. Samantha notes, "When you mention that you can review their asthma triggers with them, people light up. We have a set of questions we ask that delve deep into the day-to-day control of asthma symptoms."



Education Coordinator Samantha Hillson and Project Assistant Gibrian Hagood at Streets Alive Culture Fest.

The answers to these questions demonstrate the dramatic relief many HNP participants experience.

On an initial visit, a 72-year old man had 45 days of worsening asthma over a three month period and an overnight stay in the hospital. On the six-month revisit, the participant reported none of these problems. A 26-year old woman also experienced a major decrease in asthma symptoms. Between her initial visit and revisit, her worsening asthma symptoms dropped from 100 to five days. Her overnight hospital stays and ER visits, and uses of quick relief medication all dropped to zero. The participant reported better understanding

of her asthma triggers. That's public health in action!

Samantha and Skip say that an integral part of the program is the consistent collaboration with other agencies in the county, with code enforcement, and the fire department. "We consult with respiratory therapists at Cayuga Medical Center. The information flows both ways. HNP becomes a clearinghouse for different agencies; we know about what they offer, but the people we are visiting often don't."

Better Health by Relationship Building

Cultivating these relationships can mean healthier outcomes for participants, such as having a landlord correct a lead paint hazard. In 2014, HNP staff visited a home childcare center in downtown Ithaca. The home received Section 8 funding; several young children attended daycare and the provider had a one year-old child. A swab confirmed that a peeling windowsill had lead paint. The client had already asked the landlord to replace the window, and authorized DOH to contact the landlord and Section 8 staff. Section 8 staff inspected the home daycare, informed the landlord that the site failed their inspection, and revisited until the window repairs were complete.

"We look forward to serving more Tompkins County residents with this important program." Skip concludes.

Fulton County Highlights National Lead Poisoning Prevention Week Activities



Annually, approximately 15 to 20 children in Fulton County have elevated blood lead levels above 15 micrograms per deciliter which may cause significant damage to their health. Stopping a child's exposure to lead from leaded paint, house dust, or any other source is the best way to prevent the harmful effects of lead. This year, to raise awareness of the consequences of lead poisoning among parents and pregnant women who live in homes built before 1978, Fulton County Public Health Department (FCPH) participated in National Lead Poisoning Prevention Week (NLPPW) October 25-31, with an integrated approach to education and prevention.

Collaborations for a Winning Campaign

Each year, FCPH works with the Centers for Disease Control and Prevention, the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban

Development, and the NYS Department of Health on a local campaign encouraging parents to learn more about how to prevent lead poisoning.

Targeting Effective Outreach

In June, community outreach efforts included billboards to publicize lead poisoning prevention and to highlight the importance of safety when remodeling older homes (see image left).

To further the prevention initiative, FCPH and HealthLink, Nathan Littauer Hospital's Wellness Education Center, partnered with local businesses in using placemats with lead prevention education and information. A troop of Girl Scouts of Northeastern New York participated in recording one of many in a series of public announcements appearing regularly in newspapers, on the radio, and via social media.

This year's NLPPW theme, "Lead-Free Kids for a Healthy Future," underscores the importance of testing your child, keeping their environment lead free, as well as learning how to prevent lead poisoning and the serious health effects. FCPH participated in ongoing meetings with pediatric primary care providers to reiterate the importance of testing. Purchasing a lead testing machine (see image right) has been instrumental in the ability of

FCPH nurses to offer and provide testing at the community WIC program office. In order to utilize new means of disseminating

information, FCPH has placed a Geocache entitled *Public Health or Else*, containing lead prevention information and other public health materials, in one of the local cemeteries. Geocaching is an outdoor recreational activity, in which participants use a Global Positioning System (GPS) to hide and seek containers anywhere in the world. Once found, it can contain items or trinkets for trading.

FCPH Director, Dr. Irina Gelman, addressed the Gloversville Common Council at its October 27th meeting about the hazards of lead poisoning within the context of housing, environmental issues, and the potential for changes to local statutes. She outlined the social and economic benefits of lead hazard control. A more comprehensive approach to lead prevention and education will require the continued participation of community stakeholders.

Submitted by Dr. Irina Gelman, Fulton County Public Health Department



Use of Quantitative Risk Assessment for Guidelines, Standards, and Decisions

For over 30 years, CEH's Bureau of Toxic Substance Assessment (BTSA) and others have used risk assessment to address sentinel environmental problems and to set standards and guidelines for chemical contaminants in every environmental media (air, water, drinking water, and soil) in New York State.

What is Risk Assessment?

Risk assessment estimates the nature and probability of adverse health effects in people who may be exposed to chemicals in the environment, consumer products, or food. It is a public health policy tool to guide regulatory and advisory responses to environmental problems.

Risk assessment was first used in the state in the 1970s by NYS DOH Commissioner Dr. David Axelrod to address major threats to public health from environmental contamination, including Love Canal, organic chemicals in Long Island drinking water, and pesticides/PCBs in NYS sportfish. Just this year, NYS DOH used these same principles to support actions to address exposure of nail salon workers to chemicals in their workplace.

A major sentinel event requiring the use of risk assessment was the re-opening of the Binghamton State Office Building (BSOB) after a 1981 electrical fire in a transformer containing PCBs contaminated the entire building with PCBs and PCDD/Fs, which are produced when PCBs catch fire. When the decision was made to clean up the building, rather than demolish

it, it was necessary to determine re-entry guidelines for workers. In other words, how low should the levels of PCBs and PCDD/Fs be on building surfaces and in indoor air to protect worker health? Those levels were developed by Drs. Nancy Kim and John Hawley of BTSA, and were approved by a BSOB panel of nationally recognized experts. After extensive cleaning efforts achieved the re-entry guidelines, the building was re-opened in 1994. The estimated cleanup cost was \$53,000,000. The scientific rigor of the guidelines was affirmed when they were adopted by a committee of the US National Academy of Sciences. They are still in use today.

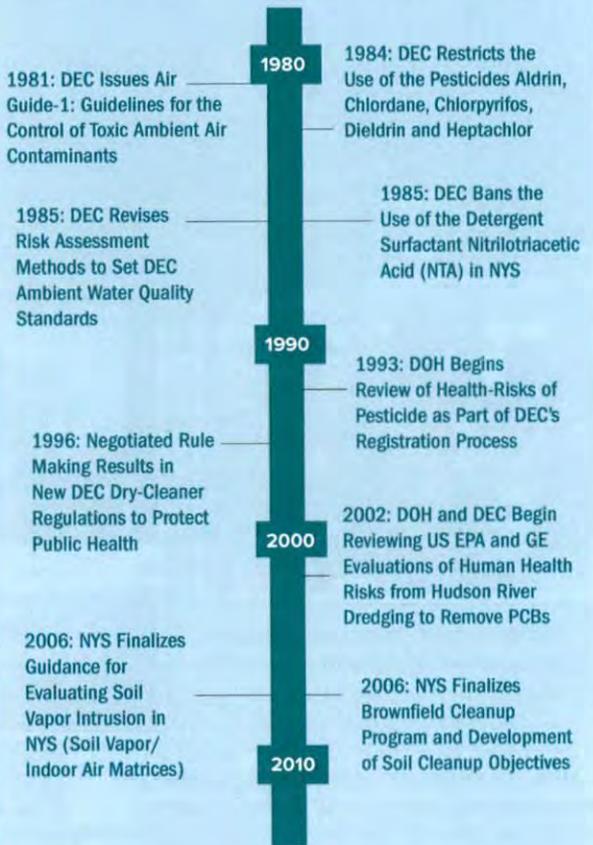
Future Challenges

Over the years, BTSA has focused its attention on providing a strong science-based foundation to help risk managers evaluate public health risks of environmental contaminants. Staff hope to continue their work as challenges of unwanted chemical exposures expand from broad environmental to personal exposures, such as those associated with contaminants in toys, community gardens, pharmaceuticals, personal care products, and food packaging.

*Submitted by Ken Bogdan,
NYS DOH Bureau of Toxic Substance
Assessment*

Milestones in BTSA Contributions to DEC Programs to Protect NYS Public Health

CEH's Bureau of Toxic Substance Assessment (BTSA) is an important contributor to risk assessments used by the NYS Department of Environmental Conservation (DEC) regulatory programs that set environmental standards and guidelines based on the protection of human health. Below are a sample of such programs:



NYS CEHD Fall Meeting

The NYS Conference of Environmental Health Directors (CEHD) held its fall meeting and annual business meeting at the Embassy Suites Hotel in East Syracuse on October 14-15, 2015.

Eileen O'Connor opened the technical session with Dr. Indu Gupta, Onondaga County Health Commissioner. Catherine Johnson (Rockland County) presented on Rockland's Body Art regulations followed by public water supply topics offered by representatives from NY Rural Water Association and Doug Pabst, (USEPA Region 2).

Crissy Dyer-Drobnack presented updates from NYSACHO and introduced the new EH Associate Joseph Oladimeji. Joseph will be taking on a new grant funded role with NYSACHO and serving as a liaison with CEH and CEHD.

SAVE THE DATE CEHD SPRING MEETING

**May 9-11, 2016 at the Minnowbrook
Conference Center in Blue Mountain Lake.**

Dr. Nathan Graber provided his CEH Director's message and Bridget Boyd presented an overview of the role that the NYS DOH Bureau of Environmental Exposure Investigation serves in responding to sites with chemical contamination. Roger Sokol, NYS DOH Bureau of Water Supply Protection, discussed the rollout of the *Legionella* program along with Bureau updates, and Claudine Jones Rafferty, Brian Miner, and Mike Cambridge concluded the technical session with respective CEH program updates.

Discussion on the draft CEHD Issues Document dominated the initial portion of the CEHD Business Meeting. Reports and new committee assignments, along with Mark Stow's treasurer's report, preceded the nomination and election of Sherri Palmer of the Watertown DO and re-appointment of Dan Gilmore of Oneida County to the CEHD Executive Board.

*Submitted by Geoff Snyder, Madison
County Health Department*

In the Field of Environmental Health

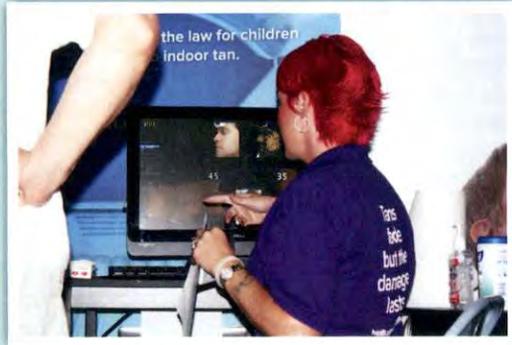
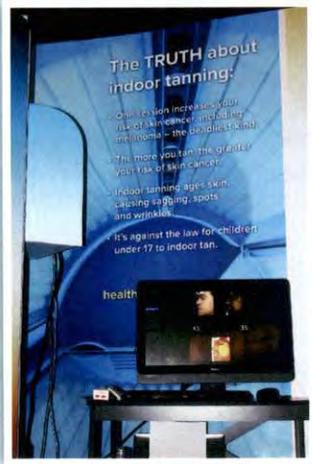
is issued by the NYS DOH Center for Environmental Health

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ceheduc@health.ny.gov

Back issues of *In the Field* are posted on the Health Commerce System, or contact us for copies.

Special thanks to our contributors

Exhibits Draw Big Crowds at State Fair



Crowds learn about the dangers of indoor tanning. More than 600 people had their skin assessed for UV damage at DOH's Indoor Tanning exhibit.



Blue Mountain Lake Water District wins Best Tasting Drinking Water in New York State at the 2015 contest.



The Distracted Driver and Handwashing stations (not shown) also proved popular with State Fair goers.

NYS DOH Commissioner Recognizes Ken Bogdan and Nicholas Rich for Lifetime Achievement

Congratulations to Ken Bogdan, NYS DOH Bureau of Toxic Substance Assessment, and Nicholas Rich, Geneva District Office, for receiving lifetime achievement awards at the Commissioner's Excellence Awards Ceremony in December.

In the Field Changes

Goodbye From Karen Davda

After almost seven years as editor of *In the Field*, it is time for me to take on other projects within CEH. It has been a pleasure to get to know so many of you in the local health departments, and district and regional offices. I am grateful for all that I have learned. I hope that I was able to contribute to our public health efforts, and occasionally bring a smile to some faces. Wishing great new beginnings to all our contributors and readers. Cheers!

Welcome Christina Akey

I am thrilled to be part of the *In the Field* team. After 14 years as a Health Educator in Fulton County, I bring with me many years of experience to augment our work in environmental health. I look forward to collaborating with all of you in developing articles and sharing news about our efforts to protect the health and well-being of the residents of New York State.

In good health!

In this Issue and Seasonal Resources

New York State Drinking Water

www.health.ny.gov/environmental/water/drinking/

NYS Conference of Environmental Health

[Directors www.nyscehd.org/](http://www.nyscehd.org/)

Lead Poisoning Prevention

www.health.ny.gov/environmental/lead/

Healthy Neighborhoods

www.health.ny.gov/environmental/indoors/healthy_neighborhoods/

Carbon Monoxide Poisoning

www.health.ny.gov/environmental/emergency/weather/carbon_monoxide/

Risk Assessment References

- David Axelrod, M.D.: His Impact on the Law and Public Policy
www.nixonpeabody.com/files/Millock_Health-Journal.pdf
- Setting Ambient Water Quality Standards: New York State's Nonlinear Approach to Carcinogens
www.ncbi.nlm.nih.gov/pmc/articles/PMC2656122/

New/Updated Resources

Trench Collapse Safety Video

https://youtu.be/Nhgee_Dsq-4

Emergency Legionella Regulation Q&A

www.health.ny.gov/diseases/communicable/legionellosis/docs/cooling_tower_regulations_q_and_a.pdf

Health Data NY Cooling Tower Data

- Registered Cooling Towers
<https://health.data.ny.gov/Health/Registered-Cooling-Towers-Beginning-August-2015/24a4-muw7>
- Registered Cooling Tower Map
<https://health.data.ny.gov/Health/Registered-Cooling-Tower-Map/unmf-baqa>

Food Pubs in More Languages

- Hand Washing & Glove Use for Food Workers (8pp. English, Chinese and Spanish)
www.health.ny.gov/publications/1334/
- Food Cooking and Storage Magnet (English, Spanish and Chinese)
www.health.ny.gov/publications/2743/
- Employee Hand Washing Sticker (English, Spanish and Chinese)
www.health.ny.gov/environmental/indoors/food_safety/guidance.htm

Your stories make the best *In the Field* stories.

Email us 450 words or less of your environmental health best practices, investigations, news, and events and we'll print them.
ceheduc@health.ny.gov



January 12, 2016

C. Elizabeth Cameron, P.E.
Director of Environmental Health
Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850-1247

**RE: TOMPKINS COUNTY BOARD OF HEALTH FINAL REVISED RESOLUTION #12.1.25 – REV #3
REQUESTED REVISION TO DRYDEN VILLAGE PUBLIC WATER SYSTEM TIME TABLE OF COMPLIANCE
MRB GROUP PROJECT NO. 0425.15001.000**

Dear Ms. Cameron:

On behalf of the Village of Dryden, MRB Group is requesting revision to the completion dates contained in the Dryden Village Public Water System Time Table of Compliance for submittal of the preliminary plans and final plans "to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir".

As discussed yesterday in our Water Committee meeting held at the Village of Dryden Offices, the Village has made a significant amount of progress recently on this project. The Revised Project Engineering Report was submitted for review and approval to the regulatory and funding agencies on November 16, 2015. The Village has chosen a single option to pursue and has begun implementing a strategy to complete the project. The Village has also coordinated with NYS EFC for the modification of the funding into a single project in order to help simplify the project administration. The Village has approved the proposals from both Deuel Archaeology for the Phase IA/IB Cultural Resources Investigation and from Moody and Associates for the New Groundwater Source Development work at Dryden Lake. The TC3 Board of Trustees has scheduled a meeting on January 21, 2016 to approve construction of the new Lee Road water storage tank location on TC3 college property. The Village Board reviewed the environmental status of the project and issued a Negative Declaration at the 12/17/15 Board meeting, with the Negative Declaration being published by the NYSDEC in the Environmental Notices Bulletin (ENB) on 1/6/2016.

Even though we have recently made significant progress on the project, a significant amount of time was utilized prior to this for the Village to further investigate other

alternatives, solidify the option of drilling wells in the Dryden Lake area, and in dealing with the planning of the project and the environmental review. At this time, it appears the Village has a much clearer understanding of the project scope and we are on track to move this project forward in a more expeditious manner. However, more time will be needed from here to provide the required milestone submissions. According to the most recent Time Table of Compliance, preliminary plans are to be submitted to the TCHD by 2/15/16 and final plans are to be submitted to the TCHD by 6/15/16. Unfortunately, MRB Group will need additional time to complete these tasks.

It is also essential that we receive approval of the Section 233 permit required from the NYS Education Department to conduct archaeological investigations on State owned lands. The permit application was submitted back on November 16, 2015 and we are still waiting for approval. It is our understanding that the NYS Education Department forwarded the information to the NYSDEC, but has not received approval from the NYSDEC yet. We are being told that NYSDEC approval will be received in the near future.

As noted, we would like to discuss the proposed schedule with the Village of Dryden and get back to you with realistic dates for completion of the preliminary and final plans. We may also discuss with the Village some strategies that may help move portions of the project along if we become delayed again for any other specific project components.

Please let me know if you have any questions or would like to discuss this matter.

Sincerely,



Richard N. DeGuida, P.E., BCEE
Project Manager

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- c: Mayor Reba Taylor – Village of Dryden
- Village of Dryden Board
- Terry Deuel - NYSEFC
- Bill Davis – MRB Group



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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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CERTIFIED AND REGULAR MAIL

January 13, 2016

Michael Morris and Krista Bellavigna
2374 Mecklenburg Road
Trumansburg, NY 14886

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0023
2374 Mecklenburg Road, Town of Enfield, Tax Map # 6.-2-9.2**

Dear Mr. Morris:

Thank you for signing the Stipulation Agreement on January 11, 2015 for the failed sewage system serving 2374 Mecklenburg Road, Town of Enfield.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, January 26, 2016**. 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

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Enfield\4-6.-2-9.2, 2374-2378 Mecklenburg Rd\Draft Resolution 15.0023.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Enfield; Supervisor T-Enfield; David McKenna, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Cindy Schulte; Adriel Shea; Steve Maybee, P.E.; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # 15-0023 FOR

**Michael Morris and Krista Bellavigna, Owners
2374 Mecklenburg Road, Town of Enfield
Tax Map # 6.-2-9.2**

Whereas, it is a violation of Article VI Section 6.02 (b) of the Tompkins County Sanitary Code for anyone to discharge human wastes or sewage to the atmosphere or to the surface of the ground; **and**

Whereas, on December 18, 2015, sewage was observed on the ground at 2374 Mecklenburg Road, T-Enfield; **and**

Whereas, Michael Morris, Owner, signed a Stipulation Agreement with Public Health Director's Orders on January 11, 2016, agreeing that the property at 2374 Mecklenburg Road, T-Enfield, violated this provision of the Tompkins County Sanitary Code; **now therefore be it**

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

1. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped by a licensed septic hauler; **and**
2. Complete the replacement of the sewage system in accordance with the Sewage System Construction Permit that expires **April 15, 2016**.



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

ENVIRONMENTAL HEALTH DIVISION
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Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # ENF-15-0023

**Michael Morris and Krista Bellavigna, Owners
2374 Mecklenburg Road, Town of Enfield
Tax Map # 6.-2-9.2**

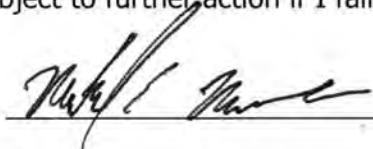
I, Michael Morris and/or Krista Bellavigna, Owner(s) of 2374 Mecklenburg Road, Town of Enfield, agree that on December 18, 2015, I was in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

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

1. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped by a licensed septic hauler.
2. Complete the replacement of the sewage system in accordance with the Sewage System Construction Permit that expires April 15, 2016.

I understand that failure to comply with the above orders may result in a penalty not to exceed \$500 per day.

I also 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: 1/11/16

Michael Morris and Krista Bellavigna are hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 4/11/16
for Frank Kruppa
Public Health Director

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

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

CASE SUMMARY – FOR RESOLUTION # ENF 15-0023
Michael Morris and Krista Bellavigna, Owners
2374 Mecklenburg Rd.
Tax Map# 4-6.-2-9.2
Town of Enfield, NY

January 2016

Date	Action
1/11/16	Mr. Morris came into the office to sign revised stipulation and discuss details of sewage system installation with TCHD.
1/4/16	TCHD spoke with Michael Morris. Mr. Morris stated that the fence was installed and that the septic tank would be pumped. Mr. Morris requested the date of installation be extended two months to allow additional time to put financing together.
12/23/15	Stipulation sent by TCHD requiring system to be replaced 2/13/16. Office conference set for 1/5/16.
12/18/2015	Field visit by TCHD staff. Sewage observed surfacing to ground surface.
4/27/2015	Field visit by TCHD staff. No evidence of sewage discharge to ground but it is suspected that system is saturated. Continue to monitor.
July 2014	Field visit by staff. System was not replaced however, no surfacing sewage. Mobile home removed from sewage system and property. Enforcement not pursued. TCHD set up schedule to continue to monitor property for surfacing sewage.
6/27/2014	Notice of Violation issued for occupying property without replacing sewage system. Notice required replacement of the sewage system.
3/14/2014	Property transferred from prior owner to Michael Morris and Krista Bellavigna.
2/13/2014	OWTS permit transferred to Michael Morris from prior owner by TCHD.
1/16/2013	Property reportedly vacated.
11/13/2012	BOH Orders adopted requiring the previous property owner to replace sewage system or vacate the property.

In its final report to the co-chairs of Mayor Svante Myrick's Municipal Drug Policy Committee, the Prevention Pillar [subcommittee] recommended implementing local licensing for retailers who sell tobacco products, smoking paraphernalia, and ENDS. The following is excerpted from that report.

1. Goal:

- a. Address the number and density of retail outlets, and the proximity of retail outlets to youth and family oriented centers of activity within the city and/or county.

2. Current Status (Survey data are averages across all Tompkins County schools, 10/2014):

- a. Thirty-day use: Current cigarette use for each of grades 6–12 has declined or stayed flat from 2008–2014, settling at 3%, 5%, 7%, and 10%, in each of grades 9, 10, 11, and 12, respectively. See Figures 1 & 2.
Current marijuana use among 11th and 12th grade students increased from 2008–2014, reaching 28% and 31% for grades 11 & 12, respectively.
- b. Perceived risk: In each of grades 8, 10, and 12, about 92% of students believe there is a great or moderate risk of harm to themselves from smoking 1+ packs of cigarettes/ day. See Table 1
In grade 12, just 19% believe in a great or moderate risk from *trying* marijuana once or twice. About twice that number (42%) believe there is similar risk to smoking marijuana once or twice a week.
- c. Peer disapproval: In grades 8 and 10, 96% and 90% of students say smoking cigarettes is wrong or very wrong. In grade 12, only 80% disapprove of cigarette use.
Fewer than 50% of 12th graders say smoking marijuana is wrong or very wrong, and just 70% for 10th graders.
- d. Ease of availability (access): Over one quarter of 10th graders and over half of all 12th graders say cigarettes are easy to get.
Close to half of 10th graders and two-thirds of 12th graders say marijuana would be easy to get.
- e. A majority of Tompkins County adults are not opposed to policies that would restrict access to tobacco products. See Table 2.
- f. In the last few years, there has been an increase in retailers selling smoking paraphernalia and e-cigarettes (ENDS).
- g. Currently there is no public health-driven licensing of retailers who sell tobacco products, smoking paraphernalia, or ENDS.
- h. Local licensing laws are now in place in Cayuga County (2014), Ulster County (2015), City of Newburgh (2015), NYC (2013), and Dutchess County (Sanitary Code).

3. Rationale

- a. Increased access to tobacco and alcohol is associated with higher levels of use among youth. Ease of access is influenced by multiple factors including the geographic density of retail outlets.
- b. The Institute of Medicine recommends restricting the number and location of retail outlets for cigarettes in communities based on associations found between density of cigarette retail outlets and advertising and adolescent smoking, and by studies linking the density of retail alcohol outlets and youth alcohol use. (Report of the U.S. Surgeon General, 2012. Page 545.)
- c. Prompted by an increase in the number of “head shops” on The Commons, in 2012 a draft ordinance to license retail tobacco and retail smoking paraphernalia outlets was developed by a committee of the board of the Downtown Ithaca Alliance, and by board action delivered to the Mayor. The proposed licensing ordinance aimed to regulate tobacco outlet density, and reduce youth exposure to the sale and visible display of smoking paraphernalia. It was tabled by the Planning and Economic Development Committee of the Common Council in December 2012.
- d. Licensing of alcohol sales has been applied to limit retail density, control the hours the retail outlet is able to sell alcohol, the kind of alcohol sold, and the size of the container the alcohol is sold in. Using licensing to reduce the number of alcohol retailers has been shown to lower consumption of wine and spirits.
- e. This is a proactive step for changing cultural norms to increase perception of risk and decrease social acceptance of tobacco and other drugs among youth and young adults. Limiting the number of tobacco retail outlets helps to denormalize both the purchase and sale of tobacco products which, because of their nature, should not be treated as just another consumer product that is readily available in every store.

4. Recommendation to the city and/or county:

- a. Local licensing of retailers who sell any tobacco products, electronic cigarettes and vaporizers (ENDS), and smoking paraphernalia (all products covered by ATUPA). Government has a substantial public health interest in limiting access to these products. Licensing may address any or all of the following: total number of retailers; density of retailers; type of retailer; minimum age access; couponing, multi-pack discounts, and minimum pricing; proximity of retailers to schools, playgrounds, libraries, and community centers where children and families are likely to congregate.

Figure 1: Tompkins County 30-day Cigarette Use by Grade over Time

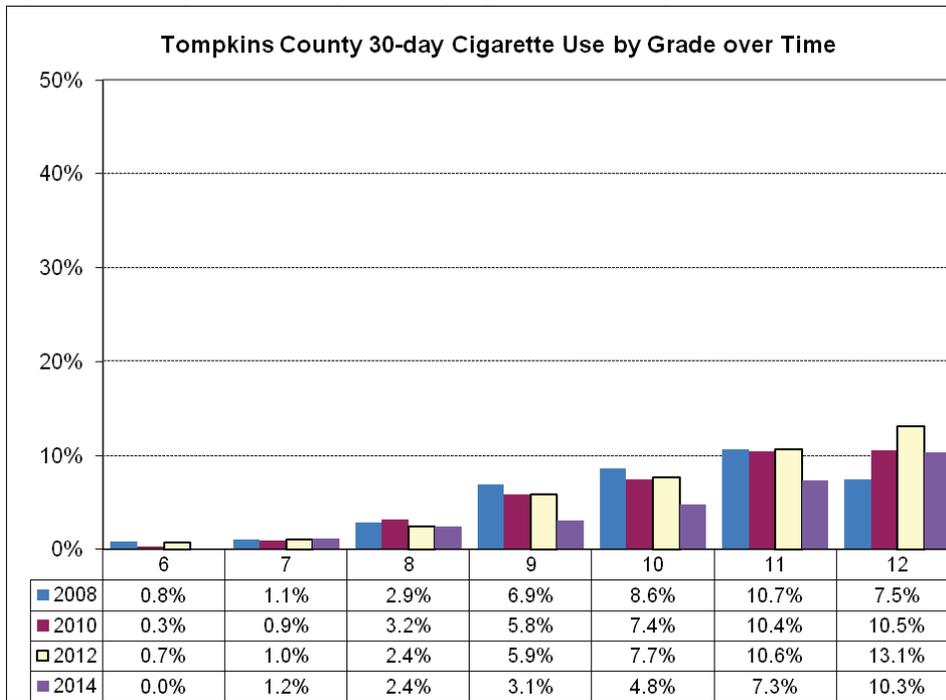


Figure 2: Tompkins County 30-day Marijuana Use by Grade over Time

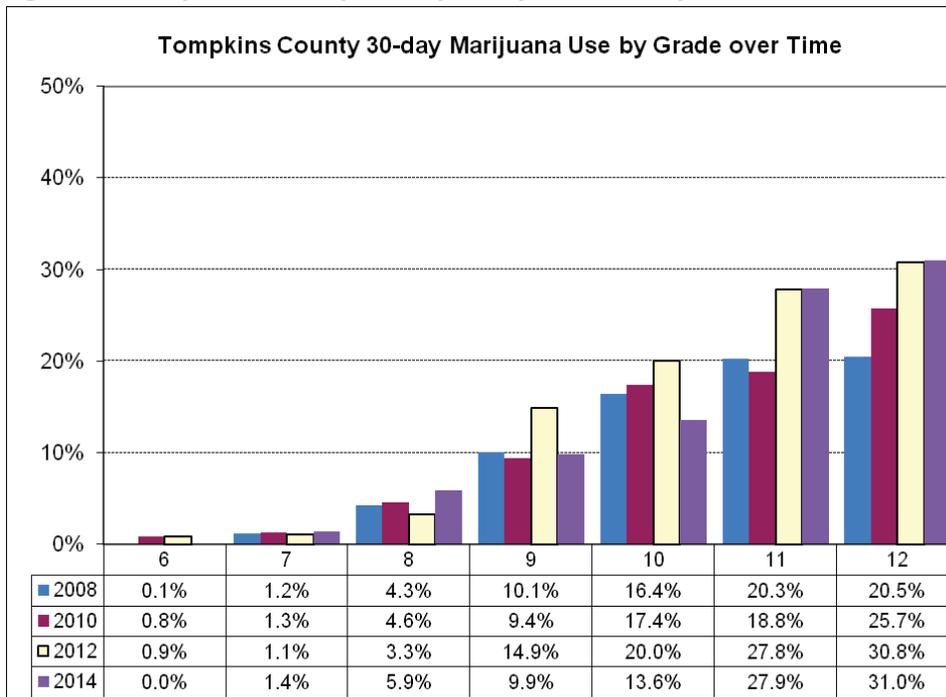


Table 1: Cigarette and Marijuana Core Measures*

PRIDE SURVEYS: TOMPKINS COUNTY SCHOOLS, OCTOBER 2014			
Cigarettes Core Measures (Pack=1+ packs/day)			
	8th	10th	12th
30-day Use	2.4	4.8	10.3
Perceived Risk (Pack)	92.4	92.6	92.2
Parental Disapproval	97.5	96.7	93.7
Friends Disapproval	95.5	90.3	80.4
Ease of Access	17.0	26.6	51.4
Risk=Great Risk+Moderate Risk. Disapproval=Wrong+Very Wrong Ease=Very Easy+Sort of Easy			
Marijuana Core Measures (Try=1x-2x; Smoke=1x-2x/wk)			
	8th	10th	12th
30-day Use	5.9	13.6	31.0
Perceived Risk (Try)	53.3	29.8	18.9
Perceived Risk (Smoke)	78.1	57.6	42.0
Parental Disapproval	94.8	88.5	77.4
Friends Disapproval	89.2	70.6	49.3
Ease of Access	18.9	45.4	67.1
Risk=Great Risk+Moderate Risk. Disapproval=Wrong+Very Wrong Ease=Very Easy+Sort of Easy			

***Core Measures:** Many federal agencies have identified certain data that are most important in measuring drug use and perceptions among youth. These data are often referred to as the *Core Measures* and consist of 30-day use (*the percentage of students who have reported use in the last 30 days*), perception of risk (*the percentage of students who reported that a drug was a moderate risk or great risk when used regularly*), perception of parental disapproval of use (*the percentage of parents who would feel it is wrong or very wrong to use*) and the average age of onset of use. The drug categories examined are: cigarettes, alcohol and marijuana. [Source: Pride Surveys]

Survey Data (above): 2014 Communities That Care® Youth Survey conducted by the Community Coalition for Healthy Youth, T-S-T BOCES, TC Youth Services, the Drug & Alcohol Council of Tompkins County. Contact www.healthyyouth.org or 607-274-5310

Table 2: Tompkins County Adult Tobacco Survey, 2013

Support requiring retailers to keep tobacco products out of view from customers	
Yes	68.5%
No	23.1%
Not sure/no opinion	8.4%
Pharmacies should not be allowed to sell tobacco products	
Should not be allowed to sell	59.7%
Should be allowed to sell	32.6%
Don't know	7.7%
Restrict the sale of tobacco products in stores located near schools	
In favor of restriction	63.1%
Neutral	20.4%
Against restriction	16.0%
Limit the number of stores that can sell tobacco	
In favor of a limit	46.7%
Neutral	21.2%
Against a limit	30.3%

Telephone survey June 2013, N=400 age 18+, LaLone Consulting, Watertown, N.Y., for Tobacco Free Tompkins