

ANNUAL REPORT



2007

Tompkins County Health Department



Inclusion through Diversity

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*Cover Design by Karen Johnson, Administrative Coordinator
of Planning & Coordination*

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

Administration 274-6674

Bioterrorism Preparedness Coordinator274-6681

Children with Special Care Needs274-6644

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

Community Health Services

- Health Promotion Program274-6710
- Maternal Child Unit Services274-6604
 - Communicable Disease274-6604
 - Immunization Clinics274-6616
 - Flu Hotline.....274-6616
 - Medicaid Obstetrical & Maternal Services (MOMS) .274-6622
- Tompkins County Home Health Care274-6656
- WIC274-6630

Environmental Health Services.....274-6688

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

Vital Records274-6642

Website: www.tompkins-co.org/health/

E-mail: bob@tompkins-co.org

Mission Statement

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

Goals

Service Provision

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

Planning

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

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

Evaluation

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

Staff Development and Services

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

Written: 10/93
Revised: 06/94; 09/97; 10/00; 10/06; 4/08
Reviewed: 09/95; 09/98
PS

Overview

Access to health care and the affordability of health care are major issues in public health. Being able to access health care is directly correlated with the public's health. With poorer access one has poorer health and the workload of public health agencies increases. Major measurements of a population's health such as infant, child and adult death rates are affected.

Food Safety

Food outbreaks continue to be intermittently reported in the news. Our global commerce continues to see the importation of foodstuffs from other countries with food handling standards different from our own. This has an impact on the prevention of bacteria and virus contamination of food with regard to the risk of herbicide and pesticide contamination. These different standards result in a higher probability of residues of chemicals and actual bacteria and virus finding their way into our bodies. While our federal agencies try to screen foreign foods for these problems, the agencies are often understaffed to do the huge volume of work required. In addition, we the consumer are often lax in our washing, cleaning, and handling of food products. Support of agencies to do their job is important. Reminding ourselves how to properly handle food and the surfaces upon which we prepare it is equally important. A useful web resource is <http://foodsafety.gov>.

What do we do about the residues of chemicals that can't just be scrubbed off? What do we do about the environmental impact of herbicides and pesticides, including their affect on species of animals and birds that migrate around the globe?

Many people are exploring the option of eating much more locally; they are routinely enquiring about where their food comes from. In this way they seek to assure themselves that responsible chemical use in production and sanitary conditions are being followed. As the consciousness of the population grows, the options for purchase of such foods increases from community supported agriculture organizations and local farm stands and markets to chain supermarkets taking such factors into consideration in procuring their products.

The linkages between our health, our food, our environment, and our economy are ever more apparent. Innovative strategies to maximize our health are being evolved. One only needs to have an interest in one's health to take action.

Communicable Disease

Seasonal Influenza

We continue to promote the strategy of vaccinating the general public and, especially, children over 6 months, senior citizens, and all those at elevated risk. Vaccinating the younger age folks helps to reduce the spread of influenza and also protects them from its complications. When flu vaccine season comes around think of bringing your children and toddlers in for their immunization as well as thinking of yourself and your senior citizens.

The vaccine match for the 2007-08 flu season was not as perfect as in many prior years. Two of the three virus strains were not an accurate match for the virus that actually circulated in some communities. This resulted in greater numbers of people ill even among the vaccinated. To understand this you must consider that the virus predicted to circulate in the U.S. does have time to change its structure in the months between March of 07 and winter of 07-08. Most years the vaccine and the virus match up well due to the skill of public health scientists in predicting the strain to circulate and the probability that the virus in circulation will not change that much. Some years we just have to accept that the virus changed quite a bit. Still, one of the three strains in the vaccine was perfect and that gave people very good protection. The other two vaccine strains may have helped to lessen the severity of any influenza they contracted. Preliminary 2007-08 data from the CDC indicate that the vaccine success in preventing "medically attended respiratory illness" was 58%, which is quite good.

Physicians prescribed more antiviral pill medication this season due to these developments. The public should become more aware of this medicine as a "fall back" option for influenza treatment.

Pandemic Influenza

Should a high risk strain of influenza arise, strategies to control the outbreak would include: hygienic measures (proper use of masks, and washing hands), limiting public activities, use of antiviral medications, and distribution of an appropriate vaccine as soon as it became available.

Employers are urged to formulate business continuation plans, which would take into account the multiple disruptions that would occur with pandemic influenza. Guidelines for formulating such plans are available on the web.

Rabies

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

Other Vaccine Preventable Diseases

Whooping cough or **pertussis** continues to have its outbreaks. The major carriers of whooping cough or pertussis are adults and adolescents. A booster dose of whooping cough vaccine is part of a diphtheria-tetanus booster and is recommended once for everyone above the age of 11.

Other vaccine preventable diseases include **chickenpox, measles, meningitis, (haemophilus influenzae B, meningococcal (some strains) and pneumococcal meningitis)**. Vaccines against all of these are available. A booster shot of chickenpox vaccine is recommended for those children who have not had two of them in the past if over 4 years of age.

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

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

Travel Associated Diseases

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

Bioterrorism Planning/Pandemic Influenza Planning

Periodic meetings of the Bioterrorism Preparedness Committee are held. Attendees include representatives from community agencies and services ranging from nursing homes to law enforcement to university health services. In addition, training programs occupying staff time are a sizable commitment on the part of your Health Department. Training in incident command structures, which are employed in the case of disaster, is part of this. These command structures help to facilitate communication and effective deployment of resources in the time of a disaster.

Lifestyle Issues

Obesity and Nutrition/Poverty and Health Insurance

The public health data is replete with information closely linking good health to proper weight, good exercise, and dietary habits. Health of adults 55 years and over is closely related to income status and health insurance coverage. Poor and low income adults and those without private health insurance coverage had much higher rates of health problems, much lower rates of immunizations and dental care, and lower rates of healthy behaviors than adults who were not poor and those who had health insurance coverage. Those individuals who also had a supportive partner were less likely to be in poor or fair health and to have less difficulty with physical and social activities. Other studies done in other age groups over many years past reiterate the same themes.

Unfortunately, the trends for our general population for obesity, nutrition, and health insurance coverage continue to move in the wrong direction. We have become heavier as an adult population and have engaged ourselves in less physical activity compared to years ago. As a population, we need to tackle this problem by individual action and by the creation of “healthy communities.” (The term healthy community applies to those that remove barriers to exercise, e.g. walking, jogging.) Our motto should be “eat less and move more.”

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

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

Tobacco Use and Alcohol Consumption

Tobacco use and alcohol consumption remain important issues. Reduction in tobacco use is a major factor in reduction of heart attacks and chronic lung disease. Our society is gradually moving in the direction of regarding tobacco use as the exception rather than the rule. We are moving in the direction of “denormalizing” tobacco. Various measures have been undertaken to help raise the issue in our consciousness including “Smoke Free Tompkins”. More commonly now you may see the stickers for this program on the doors of businesses and public buildings. They announce that the owner has taken some steps to promote the denormalization of tobacco use by avoiding its advertising, use on the premises, and wants you to know that tobacco use is associated with sickness, and early death.

Alcohol consumption and driving remains a continuing concern for safety on the highways. Binge drinking at college campuses continues to be a risk for death in these individuals. Use designated drivers and avoid alcohol party games, which encourage excessive drinking and could also transmit some communicable diseases.

Sexually Transmitted Diseases

Harm Reduction Programs and Sterile Syringe Access

Tompkins County Prevention Point continues its successful activities as over the previous years. It serves as a successful outreach center for offering testing of transmittable diseases, abstinence counseling, birth control information, and drug intervention treatment and information, as well as exchanging contaminated syringes for clean ones. A national survey showed 185 such programs across the United States. Since such programs began in 1994 they have expanded their services, the better to reduce the spread of communicable disease. A total of 22,472,168 used syringes were taken out of the community in one year alone (2005). This action reduced the chance that a dirty syringe would accidentally prick some innocent child or adult or that the syringe would be used again by drug users thus spreading disease and adding to the community's burden of caring for such diseases. Other services provided included (but were not limited to) referral to treatment programs, counseling and testing for HIV, and vaccination.

Sexually Transmitted Diseases Basic Information

Syphilis was in the news over the past year as the numbers of cases have increased locally and in the state. Unsafe sexual practices and indiscriminate sexual encounters (including those facilitated by internet facilitated encounters) have caused the rise. Still extremely dangerous and sometimes fatal disease, syphilis deserves respect. In addition, the risk of acquiring HIV rises two to five times if a person acquires another type of sexually transmitted disease. Thus, the initiation of healthy behaviors and STD prevention is of paramount importance in preventing HIV.

Human papilloma virus by some accounts has been estimated to have infected 75 percent of the reproductive age population at some point in their life. HPV vaccine is the primary cause of sexual warts and also of cancer of the cervix. The vaccine is expected to eliminate at least 70% of cancer of the cervix! In addition, it will similarly reduce abnormal pap smears in women and, thus the annoying investigations necessary to investigate the pap results. It is most effective when given to the young teen/preteen but can be given to females up to age 26. We know that our children will become sexually active. We know from studies and our experience that this can happen at a relatively young age and without our knowledge. We know that our children can be at risk from this virus. Therefore, it is prudent to vaccinate while still giving them the same information about sexuality and health that we as parents would always give.

Even if a child were to never have intimate sexual contact with another until that “one special person” came along one could not be certain that that “one special person” would not be carrying the virus (there is nothing as unreliable as what one person tells another about their sexuality). It is prudent, therefore, to take out some “vaccination insurance” and have your child vaccinated.

Sixteen thousand women develop cervical cancer related to HPV infection each year with five thousand women dying from it each year. This heartache will hopefully be curtailed with this vaccine.

Chlamydia, a bacterium that infects the genital tract, potentially causes sterility and pelvic infections. Seventy-five percent of women and 50 percent of men having this bacterium have no symptoms. It’s recommended that if you are in the high-risk population, that you be screened for this at the time of your checkups. This is also one of the many sexually transmitted diseases which can be passed to a newborn or a fetus. Some of them can be communicated to the newborn from other family members living in proximity to the newborn (especially Hepatitis B). Check with your health care practitioner to see if you should be checked.

Testing for **HIV** is now recommended to be done as commonly as one is checked for their cholesterol or anemia or any other routine preventive measure. This is to facilitate early detection of infected persons and early treatment. Treatment has proven to prolong life of high quality; but treatment can only begin when the problem is detected. Do not be afraid to seek out testing.

A Summary

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

The most effective means of helping to maximize our nation’s health is to reduce barriers to accessing health care, both financial and physical and to place a high priority on outreach to bringing people into the health care system who are at high-risk for problems. Populations most needing attention are those who are most at risk for adverse outcomes. Some of these include newborns and new families who need outreach from public health to maximize outcomes of

pregnancy and in the early years of infancy and childhood. In addition, our elderly population, who often find themselves socially isolated and physically/mentally challenged, need our special attention.

The actions of the Tompkins County Health Department have touched the lives of every single resident in this past year. Public health activities helped us to maintain our lifestyle in the safety to which we have become accustomed. Public health messages in the media are a prime source of education. Public health actions help ensure air, water, and environmental purity. Preparedness actions and collaboration with multiple agencies throughout the region help to lessen the potential impact of a natural or bioterrorism disaster. Can there be any doubt where we should put great effort as a society? Enhancing our public health system would help us improve pregnancy outcomes, infant mortality, and life span expectancies. It would further our efforts toward “healthy communities.” It would improve access to care. A real community is one that takes action over its concern about the health of its people. It is the mark of a sophisticated advanced culture. Let us take action together.

William A. Klepack, M.D.
Medical Director

As I sat thinking about how to characterize the public health events of 2007, the word transition came to mind. Transition is defined as, “passage from one state, stage, subject, or place to another” (Merriam Webster’s Collegiate Dictionary). The Tompkins County Health Department saw several significant changes.

The first was the retirement of John Andersson as the Director of Environmental Health. John’s nearly 30 years at the helm saw a huge evolution in public health activities. Liz Cameron became the new Environmental Health Director in April 2007 and was quickly ensconced in a myriad of duties.

Selecting a new location for the Health Department consumed a large part of 2007, culminating in a decision to move to 55 Brown Road. Although we do not expect to move until 2009, change brings both excitement and trepidation.

Dr. Richard F. Daines was installed as the new State Health Commissioner. His major initiative was to implement the Berger Commission recommendations. We were impacted locally with the decision to close Lakeside Nursing Home. Lakeside submitted a plan for an Assisted Living, Adult Day Health Care, and a Long Term Home Health Care Program with a smaller skilled nursing facility. As of this publication, Lakeside was notified that part of their plan has been approved by the State, maintaining skilled nursing beds at a reduced level.

In local government, County Administrator Steve Whicher and Legislator Tim Joseph announced their impending departures.

I am proud that the staff of the Health Department work 24/7 to protect the public’s health. Perhaps change is what draws people to work in public health. The desire to work in an ever changing job, the desire to change the lives of others, and yet not change their passion for what they do.

As we enter into an era of new leadership and a new location, the Health Department will continue to be a constant presence in our community to educate and protect our community.

Alice Cole, RN, MSE
Public Health Director

Board of Health

Jeffrey Snedeker, M.D., President

Francis H. Fox, D.V.M.

Brooke Greenhouse

James Macmillan, M.D.

Frank Proto

David Raimon

Greg Stevenson

William Tyler, M.D.

Health and Human Services Committee of the Board of Representatives

Nathan Shinagawa, Chair

Michael Sigler, Vice Chair

Michael Koplinka-Loehr

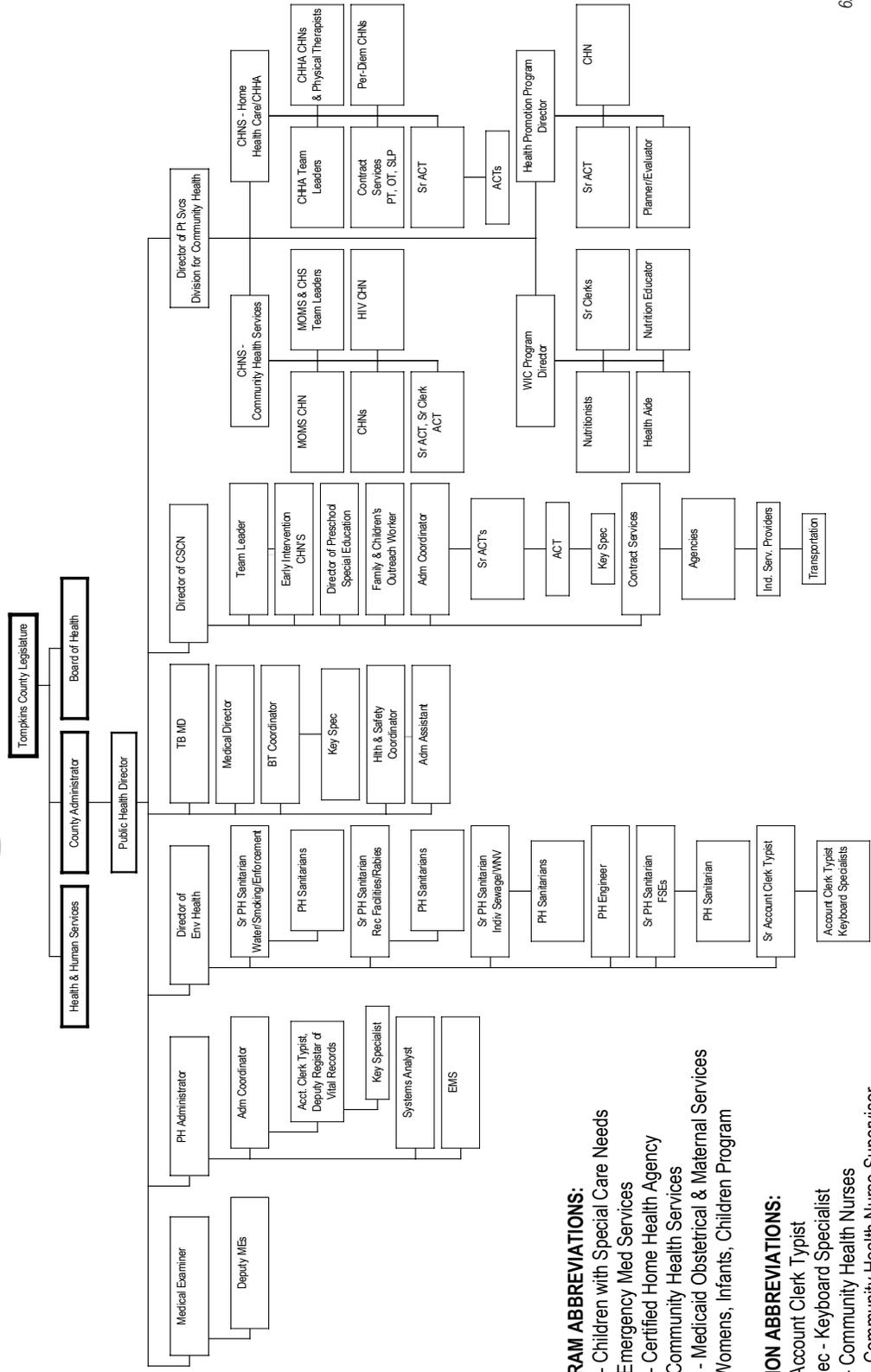
Frank Proto

Martha Robertson



Your Partner for a Healthy Community

2007 Organizational Chart



- PROGRAM ABBREVIATIONS:**
 CSCN - Children with Special Care Needs
 EMS - Emergency Med Services
 CHHA - Certified Home Health Agency
 CHS - Community Health Services
 MOMS - Medicaid Obstetrical & Maternal Services
 WIC - Womens, Infants, Children Program
- POSITION ABBREVIATIONS:**
 ACT - Account Clerk Typist
 Key Spec - Keyboard Specialist
 CHNS - Community Health Nurses
 CHNS - Community Health Nurse Supervisor

2007 Health Department Employee Listing

Key for Health Department Programs

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

- *Employees who separated employment in 2007 are shown in italics.* -

Employee Name

Title

Sylvia Allinger	Director of CSCN, CSCN
<i>John Andersson</i>	<i>Director of Environmental Health</i>
<i>Heather Antal</i>	<i>Community Health Nurse, CSCN</i>
Terri Aroca	Sr. Account Clerk Typist, HPP
Deb Axtell	Community Health Nurse, CHS
Audrey Balander	Sr. Public Health Sanitarian, EH
Kay Baldwin	Per-diem Community Health Nurse, HC
Carol Beebe	Sr. Account Clerk Typist, CSCN
Kelly Bell	Per-diem Community Health Nurse, HC
Dianna Bennett	Community Health Nurse, CHS
Gail Birnbaum	Community Health Nurse, CHS
Karen Bishop	Supervising Community Health Nurse, CHS
Susan Bowman	Sr. Account Clerk Typist, CSCN
Jami Breedlove	Sr. Clerk, WIC
Peter Burgevin	Community Health Nurse, HC
C. Elizabeth Cameron	Director Environmental Health
Kathy Camilli	Per-diem Community Health Nurse, HC
Cindy Ceracche	Per-diem Community Health Nurse, HC
Carol Chase	Sr. Public Health Sanitarian, EH
Frank Chase	Public Health Sanitarian, EH
Pete Coats	Public Health Sanitarian, EH
Alice Cole	Public Health Director
Sigrid Connors	Director of Patient Services
Deborah Cooper	Health Aide, WIC
Brenda Coyle	Sr. Account Clerk Typist, EH
Brenda Grinnell Crosby	Public Health Administrator
Frank Croteau	Health & Safety Coordinator
Jane Daum	Public Health Sanitarian, EH
Renata Dawson	Community Health Nurse, HC
Susan Dunlop	Community Health Nurse, HPP
Georgetta Eckrich	Community Health Nurse, CHS
<i>Michelle Eighmey</i>	<i>Secretary</i>
Rick Ewald	Sr. Public Health Sanitarian, EH
Camila Faraday	Community Health Nurse, HC
Carol Franco	Physical Therapist, HC
Amy Frith	WIC Program Director, WIC
Melissa Gatch	Supervising Community Health Nurse, HC
Carol Griep	Bioterrorism Preparedness Coordinator
Jennifer Grier	Sr. Account Clerk Typist, HC
Kim Hamilton	Community Health Nurse, HC
Lois Handzel	Account Clerk Typist, CSCN
Joann Horton	Public Health Social Worker, CSCN
Cyndy Howe	Keyboard Specialist, EH
Regina Hubble	Keyboard Specialist, Reception

Employee Name

Anne James
Pat Jebbett
Karen Johnson
Jared Jones
Linda Jones
Steven Kern
William Klepack
Janice Koski
Karen Lacelle
Rosanne Lahr
Darlene Laninger
Chris Laverack
Debby Lecoq
Paula Lukas
Theresa Lyczko
Donald Mack
Cindy Mallery
Jodie Mangor
Lorinda May
Steve Maybee
Mary Ellen Meade
Holly Meadows
Janis Mehall
Lirita Meir
Carol Mohler
Mary Monkman
Kristee Morgan
Jack Moss
David Newman
Kelly Nickerson
Diane Olden
Moses Ong
Cyril Parr
Linda Pealo
Margo Polikoff
Katy Prince
Tiffany Putnam-Northrup
Alison Rice
Mary Russo
Nancy Schaff
Ted Schiele
Bethany Schroeder
Cindy Schulte
Lori Sibley
Felicia Skibinski
Andrea Smith
Patty Stamm
Margaret Taber
Kathy Taves
Jana Taylor
Debra Thomas
Janet VanEtten
Wendy VanValkenburg
David Warmbrodt
Janice Wood
Sue Woodard
Barbara Wright

Title

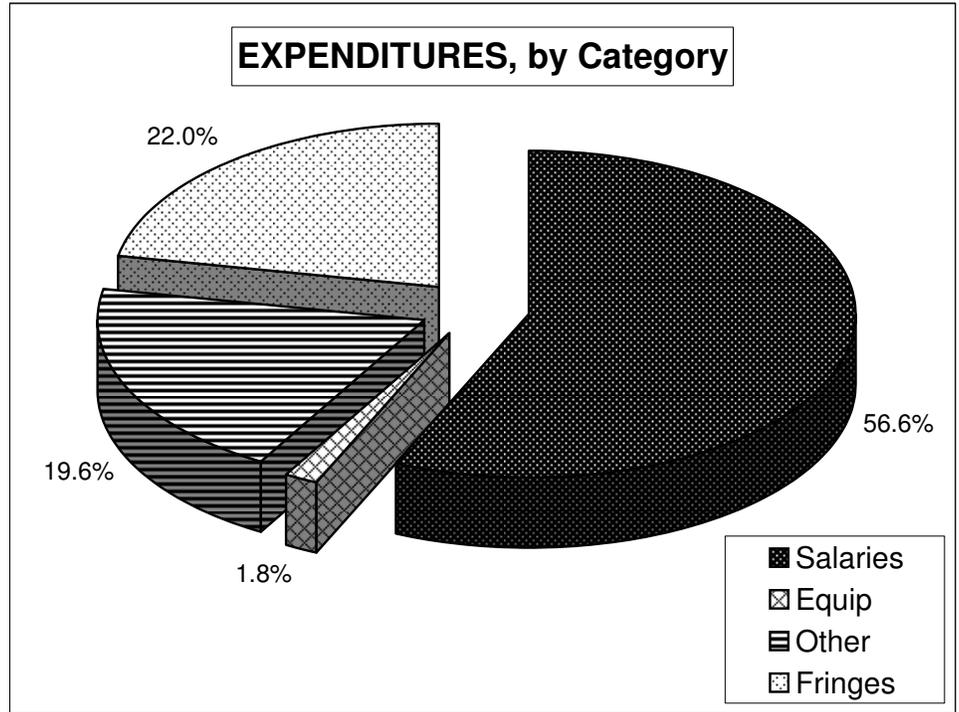
Nutritionist, WIC
Nutrition Aide, WIC & PH Sanitarian, EH
Administrative Coordinator
Community Health Nurse, CSCN
Account Clerk Typist, HC
Sr. Public Health Sanitarian, EH
Medical Director & Deputy Medical Examiner
Public Health Sanitarian, EH
Per-diem Community Health Nurse
Team Leader, CSCN
Account Clerk Typist, CHS
Public Health Sanitarian, EH
Per-diem Community Health Nurse, HC
Account Clerk Typist, HC
Health Education Director, HPP
Account Clerk Typist, HC
Nutritionist, WIC
Public Health Sanitarian, EH
Community Health Nurse, HC
Public Health Engineer, EH
Community Health Nurse, CSCN
Physical Therapist, HC
Keyboard Specialist, Bioterrorism Program
Account Clerk Typist, EH
Team Leader, CHS
Keyboard Specialist, CSCN
PH Sanitarian, EH
Community Health Nurse, CHS
Deputy Medical Examiner
Sr. Account Clerk Typist, CHS
Community Health Nurse, CSCN
Senior Clerk, WIC
PH Sanitarian, EH
Sr. Clerk, CHS
Community Health Nurse, CSCN
Systems Analyst
Community Health Nurse, HC
Community Health Nurse, HIV
Community Health Nurse, HC
Community Health Nurse, HC
Planner/Evaluator, HPP
Per-diem Community Health Nurse, HC
Public Health Sanitarian, EH
Community Health Nurse, MOMS
Account Clerk Typist, HC
Nutritionist, WIC
Administrative Assistant
Account Clerk Typist
Team Leader, HC
Director of Preschool Special Education, CSCN
Team Leader, HC
Sr. Clerk, WIC
Per-diem Community Health Nurse, HC
Deputy Registrar of Vital Records
Keyboard Specialist, EH
Team Leader, MOMS
Administrative Coordinator, CSCN

2007

All Public Health Programs except "Class A Mandates"

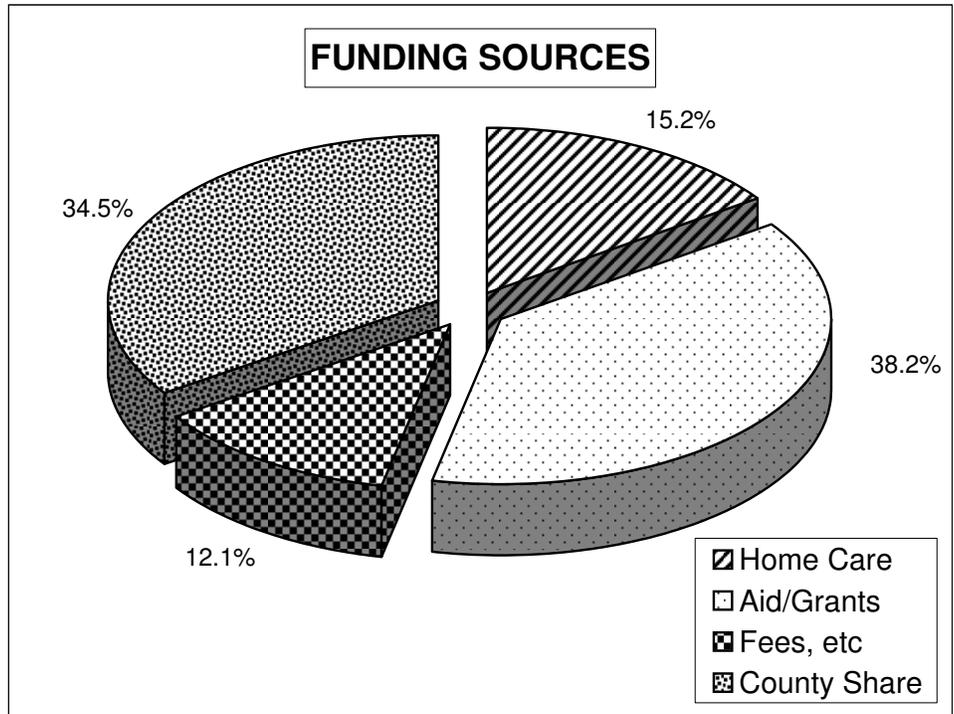
EXPENDITURES

Salaries	\$3,804,790
Equip	\$123,745
Other	\$1,319,841
Fringes	\$1,477,086
TOTAL	\$6,725,462



FUNDING

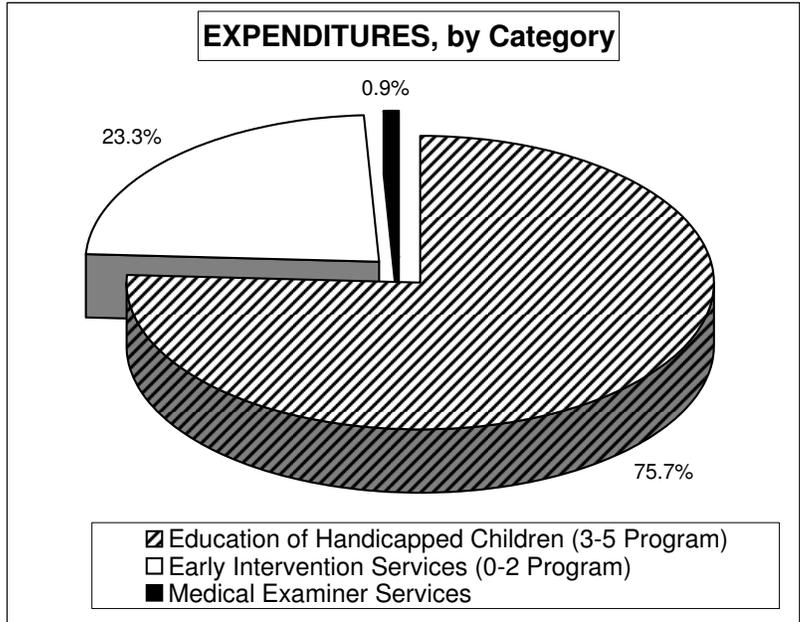
Home Care	\$1,022,040
Aid/Grants	\$2,566,946
Fees, etc	\$812,879
County Share	\$2,323,597
TOTAL	\$6,725,462



2007
Expenditures and Funding for "Class A Mandates"

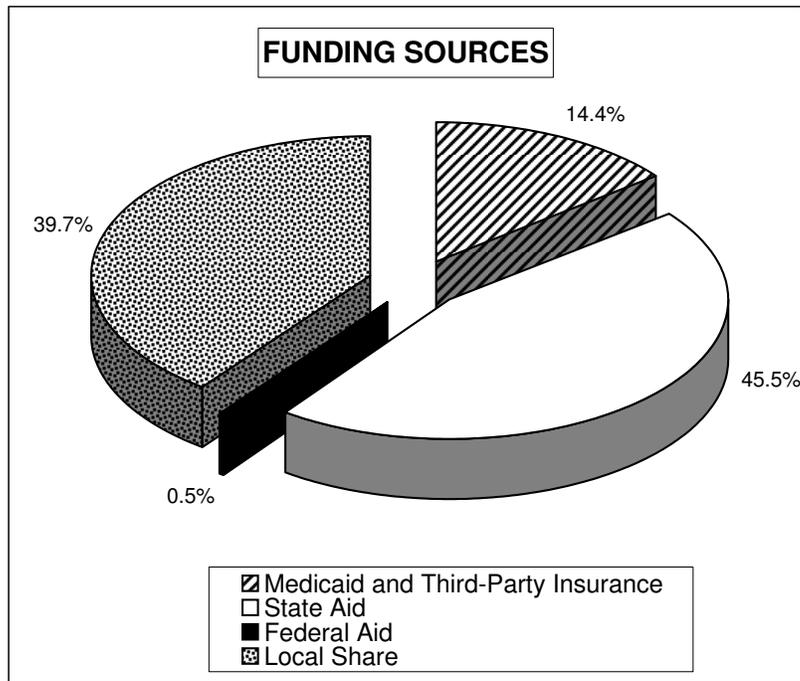
EXPENDITURES

Education of Handicapped Children (3-5 Program)	\$4,351,168
Early Intervention Services (0-2 Program)	\$1,341,875
Medical Examiner Services	\$53,987
TOTAL	\$5,747,030



FUNDING

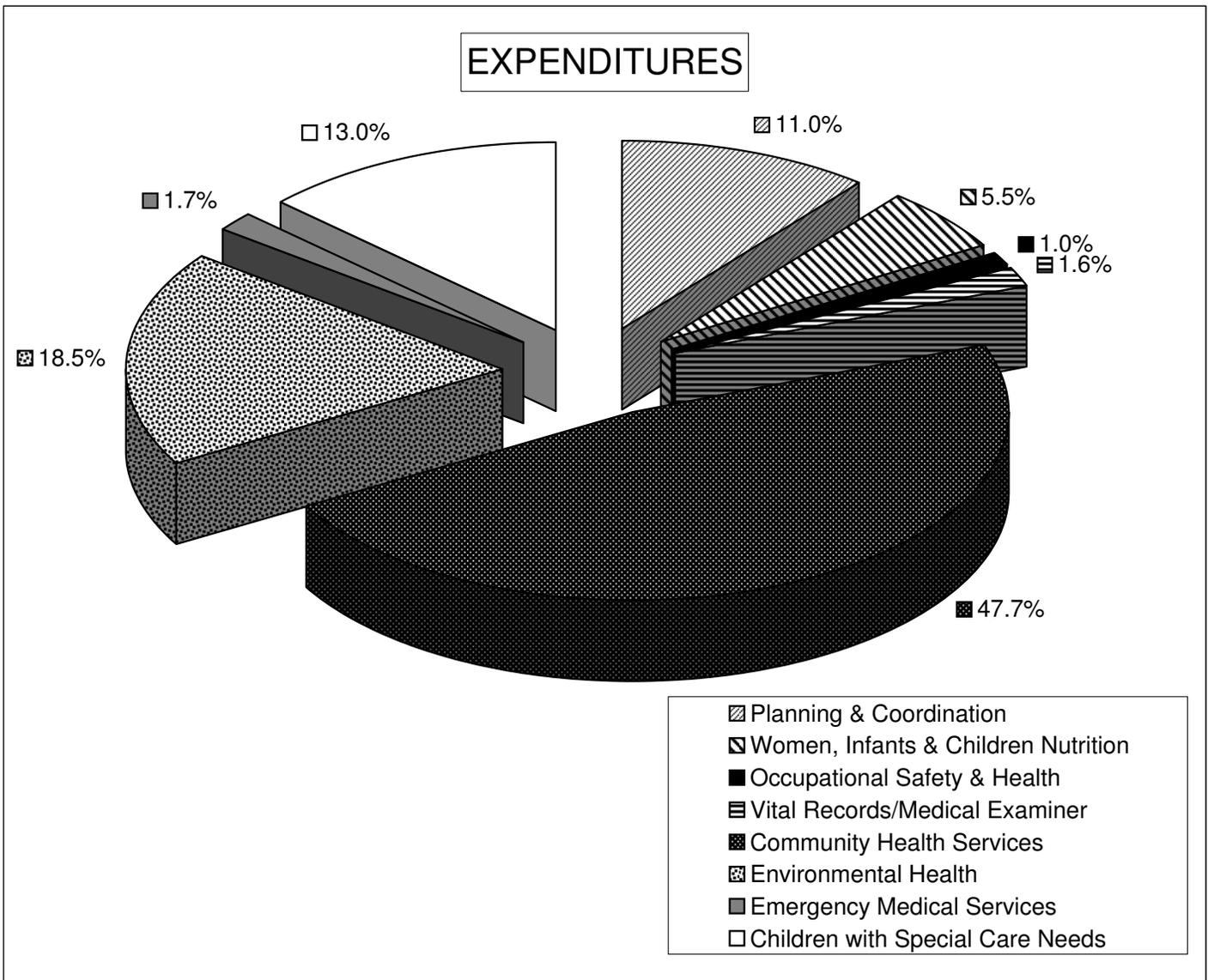
Medicaid and Third-Party Insurance	\$888,824
State Aid	\$2,816,527
Federal Aid	\$29,151
Local Share	\$2,455,197
TOTAL	\$6,189,699



2007
Expenditures by Departments
All Public Health Programs except "Class A Mandates"

EXPENDITURES

Planning & Coordination	\$736,816
Women, Infants & Children Nutrition	\$369,913
Occupational Safety & Health	\$69,456
Vital Records/Medical Examiner	\$107,701
Community Health Services	\$3,205,437
Environmental Health	\$1,247,220
Emergency Medical Services	\$115,629
Children with Special Care Needs	\$873,290
 TOTAL	 \$6,725,462



OVERVIEW

The Environmental Health Division is an educational and regulatory agency dedicated to protecting, preserving, and improving the health of the residents of Tompkins County through inspections and permits, responding to public health nuisances, and educating facility operators and the public. The Division met its obligations in the Department's Municipal Health Services Plan in 2007, as well as its obligations under three grant contracts. Technical staff members spent 67% of their time in three program areas - Public & Private Water Systems (31%), Individual Sewage (22%), and Food Service (14%).

The Division participated in two major recalls of potentially harmful consumer products in 2007:

- In February, the Food and Drug Administration (FDA) reported a recall of Peter Pan Peanut Butter and Great Value Peanut Butter. Representatives of the Tompkins County Health Department (TCHD) received over 25 calls concerning the recall and disposal of the products. A few persons complained of illness but were not confirmed positive for *Salmonella tennessee*. The TCHD Communicable Disease Nurse reported that two individuals in the county were confirmed positive.
- In August, the New York State Department of Health (NYSDOH) issued a summary order mandating the removal of specific toy products from store shelves. The recalled products included more than 9 million toys containing lead paint or which presented a choking hazard for young children. In response to a request from the NYSDOH, Division staff contacted 69 retailers in Tompkins County to determine if the stores had received the toys identified in the recall and if the toys had been removed from their shelves. Thirteen stores had received these products. One store had one of the recalled toys on its shelf when contacted by our staff. The recalled toys were immediately removed and destroyed. The toys had been removed from the shelves at all other retailers contacted.

Additionally, staff participated in one food related illness investigation. In October, staff assisted with the investigation of an *Escherichia coli* (E. coli) incident connected to Topps hamburger where two County residents were confirmed with the illness. NYSDOH complemented us on our handling of the investigation.

The Environmental Health Division and the Water Resources Council celebrated the 13th Annual NYS Water Week at the Farmers' Market on May 5th. Personnel from the water treatment plants of the City of Ithaca, Cornell University, and the Southern Cayuga Lake Intermunicipal Water Commission (SCLIWV), the Tompkins County Departments of Health and Planning, the Tompkins County Soil and Water Conservation District, the Cayuga Lake Watershed Network, the Fall Creek Watershed Committee, and others set up interactive displays at the

event. Thousands of people visited the exhibits and 297 people tasted drinking water from the SCLIWC (AKA Bolton Point), Cornell University, City of Ithaca, Village of Trumansburg, Village of Dryden, Village of Groton, and Newfield Water District (WD) before choosing the Village of Trumansburg as the Best Tasting for 2007. The Ithaca Journal and the Ithaca Times provided very good coverage of the event. For previous years' taste test results and information on other local groups that participated in the Water Week activities, visit the Tompkins County Health Department (TCHD) web site at: <http://www.tompkins-co.org/health/>

Environmental Health responsibilities include enforcement and education. A separate section of this report details enforcement actions, but it is education that is most rewarding. In 2007, staff:

- participated in 11 meetings/classes with various groups totaling 177 people.
- developed 13 press releases regarding rabies clinics, revisions to Article VII of the County Sanitary Code, West Nile Virus, Water Week events, and requests for information on biting dogs.
- participated in five media interviews which resulted in articles in the Ithaca Journal.
- distributed information on the Adolescent Tobacco Use Prevention Act (ATUPA) to 100 tobacco retailers and cigarette vending machine sites.
- mailed annual water quality sampling requirements to 160 public water systems, Annual Water Quality Report requirements to 70 public water systems, and several mailings to 50 water system certified operators on continuing education opportunities.
- posted new items on the County website (water handouts, Clean Indoor Air Act information, Food Program information).
- distributed two mailings to local well drillers and other stakeholders in the proposed revisions to Article VII of the County Sanitary Code.

Training is necessary to ensure an efficient, accurate and effective staff. Staff training through the year, again, emphasized security, Emergency Preparedness and Terrorism with training in the Incident Command System, National Incident Management System, emergency response, bio-terrorism, zoonotic diseases, agricultural terrorism, Empire State Animal Response Team, Avian Influenza, and Emergency Sample Collection in Public Health Emergencies.

Other Environmental Health training included:

- Water Supply: revised New York State (NYS) Regulations of individual wells, well construction, Safe Drinking Water Information System (SDWIS) issues, laboratory techniques, Radiological Rule, Groundwater Rule, Disinfection By-product Rule, and Surface Water Treatment Rule.
- Environmental Protection Agency (EPA) Lead Risk Assessment, indoor air, pest management and vectors, radiological and toxic risk assessment, New York State Department of Agriculture and Markets cooperation, injury and illness investigations at bathing facilities, and food inspectors update.

- County provided training: Defensive Driving, Cardio Pulmonary Resuscitation (CPR), Preventing Workplace Violence, Workplace Morale, Confidentiality (HIPAA), Sexual Harassment Prevention, Access Levels I, II and III, and Diversity Training.

The 2007 Enhanced Water System Program Grant from the NYSDOH provided the Division with two positions and equipment that sustained productivity in the public and individual water supply programs. The 2007 ATUPA Program Grant provided one half-time staff person dedicated to the ATUPA program and the revised Clean Indoor Air Act.

John Andersson, P.E., left the Division after 30 years as Director of Environmental Health in 2007. We welcomed Elizabeth Cameron, P.E., on her first day as the new Director of Environmental Health on April 23rd. With a Masters Degree in Civil & Environmental Engineering from Cornell University, she has a variety of experiences in her career, most recently with O'Brien & Gere Consulting Engineers. She earlier worked with Tompkins County Public Works and then Cornell's Environmental Compliance Office.

Skip Parr began as our newest Public Health Sanitarian in February. Before joining EH, Skip was a Recycling Specialist in the Tompkins County Solid Waste Management Division.

The users of Division services paid \$244,706 in fees, penalties, and donations (from rabies vaccination clinics) in 2007, nearly the same as in 2006. Individual Sewage Permits (\$66,235); Food Service (\$107,620), Mobile Home Parks (\$10,167), and Swimming Pools and Beaches (\$11,500) generated the most revenues. Community Public Water Supply fees for 2007 were not assessed until December 2007 due to a legal issue. Revenue from these fees will be received in 2008.

TIME BREAKDOWN

Below is a breakdown of the time spent in various program areas. Assuming a usual 220-day work year, the total of 3,162.7 staff days shows that 14.0 staff positions performed the work of 14.3 staff in 2007.

Health Department Program	Facilities on Record or Inspected	Staff Days	% of Time Available
Public Water Systems	147	766.9	24.2
Private Water Systems	51	207.5	6.6
Local Public Water Systems	48	24.1	0.8
Food Service	755	443.5	14.0
Individual Sewage Systems	321	687.7	21.8
Temporary Residences			
• Hotels/Motels	27	49.9	1.6
• Children's Camps	31	86.5	2.7
• Campgrounds	3	9.8	0.3
Mobile Home Parks	43	106.6	3.4
Swimming Pools/Beaches	60	148.2	4.7
Realty Subdivisions	5	17.4	0.5
Rabies/Animal Bites	534	329.2	10.4
Nuisances		54.8	1.7
Other Programs		81.2	2.6
Tobacco Control		88.8	2.8
Lead/Indoor Air		60.6	1.9
Total Staff Days (excluding leave time)		3,162.7	100.0

Staff Days Spent in Major Program Areas in Recent Years

Program	2007	2006	2005	2004	2003
Individual Sewage	688	671	578	616	560
Food Service	444	481	477	471	518
Public Water Systems	767	705	701	717	772
Rabies/Animal Bites	330	305	332	317	338
Temporary Residences	146	147	135	161	144
Private Water Systems	232	232	251	248	281

FEES and OTHER REVENUE*

I. Annual Operation Permits

Food Service Establishments (392)	\$107,620.00
Temporary Food Service (85)	4,250.00
Hotel/Motel Permits (28)	8,319.45
Mobile Home Park Permits (45)	10,167.25
Campground Permits (4)	1,544.75
Children's Camps Permits (7)	700.00
Swimming Pools/Beaches Permits (46)	11,500.00

II. Water System Operating Fees

Part 5	4,940.00
Community (4)	
Non-Community (45)	
Non-Transient Non-Community (7)	

III. Plan Review-Construction Permits

Sewage System Construction Permits (310)	62,685.00
Sewage System Construction Renewal (43)	3,550.00
Food Service Establishment Plan Review (24)	3,475.00
Subdivision Plan Review (5)	9,057.50
Temporary Residence (1)	740.00
Pool/Beach (-2)	{400.00}
Part 5 Public Water Supply (11)	1,880.00
Collector Sewer (4)	440.00
Cross Connection Control (20)	3,850.00
Individual Sewage Systems (12)	2,250.00
Mobile Home Park (1)	450.00

IV. Other

Waiver/Variance (2)	125.00
Late Fees (52)	1,600.00
Photocopies	18.00
Rabies Clinics	1,693.88
Penalties (9)	4,250.00

Total \$244,705.83

* **Note:** The number of operations submitting fees is indicated in parentheses.

Fees Collected 2003 - 2007

Year	2007	2006	2005	2004	2003
Revenue	\$244,706	\$248,347	\$248,286	\$255,014	\$172,635

RABIES CONTROL PROGRAM

The Health Department Rabies Control Program responds to human exposure to potentially rabid animals. The program goal is to prevent human death due to rabies.

In 2007, as part of this effort, the Health Department investigated 161 dog bites and 151 cat bites, submitted 211 animals to the New York State (NYS) Rabies Laboratory for testing, and recommended rabies post-exposure shots for 129 people. The animals from Tompkins County submitted for rabies testing last year included; 103 bats, 37 cats, 22 dogs, 11 livestock animals, 15 raccoons, six skunks, two foxes, two deer, four opossum, three woodchucks, one weasel, and five small rodents.

Six of the 103 bats from Tompkins County tested positive for rabies. Nineteen persons received rabies post-exposure shots due to potential contact with the saliva of these bats. Another eight persons received shots due to bites by or direct skin contact with bats that were not captured for rabies analysis.

Of the 38 other wild animals from Tompkins County tested for rabies, six raccoons and two skunks proved to be rabid. Thirty people received precautionary rabies treatment due to possible exposure to the saliva of these eight rabid animals. Some of these shots became necessary when the rabid animals were handled while alive or immediately after they died. Most treatments resulted from handling pets that fought with rabid animals before two hours had passed. Saliva on the pet containing rabies virus could then enter a person's body through a bleeding wound, weeping rash, or mucous membrane. Refraining from handling a pet or livestock animal for two hours following an incident insures that any virus will be dead and no longer able to infect a person. Four Tompkins County residents bitten by wild animals not captured for laboratory testing received rabies shots.

When a person is bitten by or exposed to the saliva of a domestic pet (cat, dog, or ferret) or livestock animal (horse, cow, sheep, goat, or pig), laboratory test is one way of ruling out rabies. The negative lab test on the 22 dogs and 37 cats submitted for rabies testing proved that persons bitten or exposed did not need rabies shots.

Equally effective for proving a bitten person does not need shots is a 10-day observation of the biting animal. It is known that any pet or livestock animal with rabies virus in its saliva will exhibit other rabies symptoms and die in less than 10 days. Survival for 10 days proves it could not have transmitted rabies virus when it bit. The Health Department supervised the 10-day observation of 139 dogs and 114 cats in 2007. The administration of many unnecessary rabies post-exposure shots was prevented. Eighteen county residents did receive rabies shots after bites or scratches by dogs or cats. Had these dogs and cats been identified or captured to undergo laboratory test or 10-day observation, the need for these treatments could have been ruled out.

Nearly all Americans who died of rabies in the last 30 years were exposed to strains of rabies virus that infect bats. No exposure to a bat was known or reported in nearly half of these deaths. It is believed that exposure can occur without the victim's knowledge, probably while sleeping. A bat found in a room with a sleeping person or in proximity to an unattended child should be captured, frozen and submitted for rabies testing. A bat not captured for testing must be presumed rabid and treatment is recommended as a precaution. Forty-five county residents received rabies shots after bats were known to be in the room while they slept. Questions about bats, exposure to bats, and the presence of bats in dwellings are handled almost daily throughout the year.

Vaccination of pets effectively protects humans from exposure to rabies endemic in wild animal populations. Rabies in pets vaccinated one time is extremely rare. No cat, dog, or ferret that has received its first booster shot has ever incubated rabies. In 2007, the Health Department continued to enforce the NYS Public Health Law requirement that all cats, dogs, and ferrets to be vaccinated against rabies by four months of age. The Environmental Health Division provided eleven free rabies clinics: one in January, five in May, and five in September/October, 2007.

Pets Vaccinated at Rabies Clinics 2004 - 2007

Clinic	Date	Dogs	Cats	Ferrets	Total
TC SPCA	01/24/07	75	85	0	160
(T) Lansing	05/02/07	98	53	1	152
(T) Danby	05/03/07	47	38	0	85
(T) Enfield	05/09/07	109	54	0	163
(T) Dryden	05/10/07	69	44	0	113
(C) Ithaca	05/16/07	32	37	0	69
(T) Newfield	09/26/07	96	71	0	167
(T) Groton	09/27/07	60	43	4	107
(T) Caroline	10/03/07	42	62	1	105
(T) Ulysses	10/04/07	36	40	0	76
(C) Ithaca	10/10/07	38	40	2	80
2007 Totals		702	567	8	1277
2006 Totals		797	512	13	1322
2005 Totals		667	640	9	1316
2004 Totals		705	607	14	1326

Raccoons, skunks, foxes, and bats are presumed to be rabid unless proven otherwise by laboratory examination. To protect humans from rabies exposure, the owner of an unvaccinated pet that has contact with any bat, raccoon, skunk, fox, or any other animal known to be rabid, must surrender it for euthanasia or quarantine it for six months in a facility approved by the Health Department at the owner's expense.

FOOD PROTECTION PROGRAM

The Tompkins County Health Department Food Protection Program provides education and regulation to food service establishments through inspection, enforcement, and training. These tasks enable the Department to protect, promote, and preserve public health.

In 2007, the Division continued its effort to have more of a presence in the food service community by offering education on request to facilities and inspecting most of the permitted high-risk restaurants twice annually. Four enforcement actions, two for a Temporary Food Service Establishment and two for facilities permitted year round, for repeat critical violations during this time indicate that increased surveillance is necessary.

The Division offers education to individual facilities as part of the food service establishment inspection. The Food Protection Program staff presented training in food safety to students at George Jr. Republic as part of a career-training program, and Lansing School Food Service Workers. The Division also continued mailings and education for the recent Cardio-Pulmonary Resuscitation (CPR) law for Food Service Establishments.

Educational efforts also included a lecture/training session for 43 Cornell University Food Science students. Each student also observed an actual restaurant inspection with Health Department Inspectors. The Division developed three new educational materials in 2007:

- Taking Care of Business Resources Brochure for Food Services
- Revised Eliminating Bare Hand Contact Brochure
- Revised Guidelines for Planning a Safe Temporary Event

The Food Protection Program conducted 24 plan reviews of new or extensively remodeled food service establishments. The reviews resulted in 21 pre-operational inspections. The remaining facilities will be ready for inspection in 2008.

Temporary events serving food take place throughout the year. Events include: the Chili Cook Off, Ithaca Apple Harvest Festival, Taste of the Nation, Ithaca Festival, Fingerlakes Grassroots Festival, Newfield Old Home Days, Groton Old Home Days, Lansing Carnival, Trumansburg Fair, Musefest, Trumansburg Winter Festival, and many other smaller events.

Temporary Event Food Service Permit Activity 2003 - 2007

Year	Permits Issued	Inspections	Re-inspections
2007	217	121	7
2006	232	161	10
2005	220	121	19
2004	181	101	5
2003	163	77	16

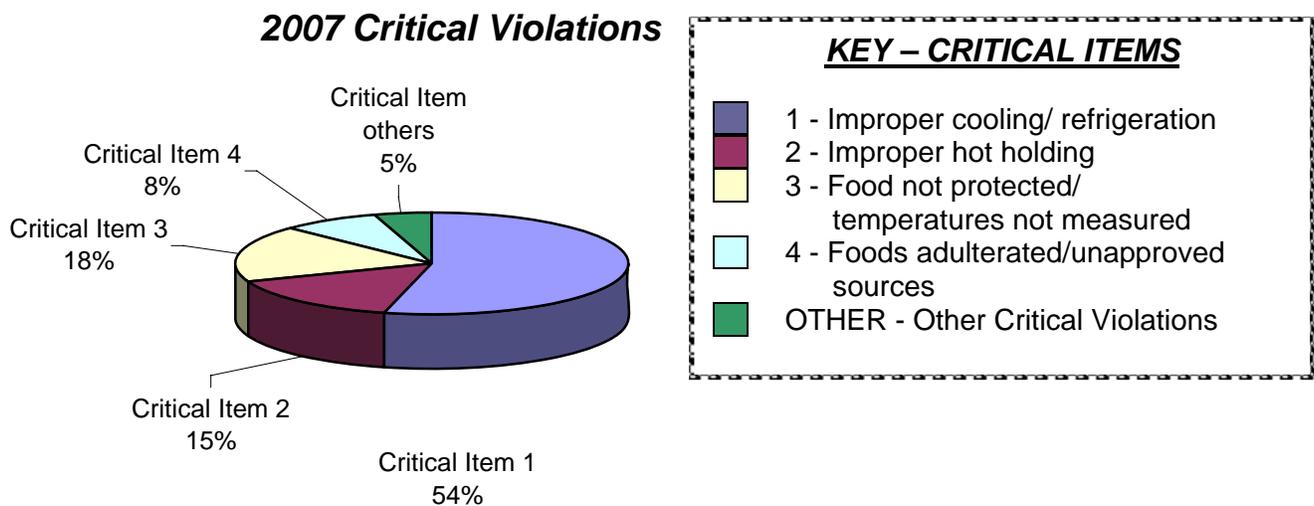
Seven re-inspections for critical violations took place at temporary events and two enforcement actions occurred as a result.

Permanent food service facilities inspected included: Food Service Establishments (FSE's), Mobile Units, Institutions, State Office of the Aging (SOFA) sites, Hotel/Motel Food Services, and State Education (SED) feeding sites. Division staff also completed 13 Hazard Analysis Critical Control Point (HACCP) reviews for safe food preparation and service at High Risk permitted facilities.

Food Protection Program Activity 2003 - 2007

Year	# Permanent FSE's	# Inspections	Average # Inspections/FSE	# Critical Violations	Average # Critical Violations/FSE
2007	491	538	1.10	133	0.27
2006	491	533	1.08	123	0.25
2005	493	568	1.15	171	0.35
2004	439	564	1.28	175	0.39
2003	406	564	1.39	164	0.29

The Division observed one 133 critical violations during inspections and re-inspections. Correction of the violations occurred during the inspections and/or re-inspections in most cases. Two facilities required enforcement action.



The Food Protection Program received and investigated 16 complaints of suspected food borne illness. No correlation could be found between the suspect food and the illnesses in any of the complaints received. All were individual cases.

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

The Food Protection Program received a request for assistance from the NYS Department of Health to gather food histories and meat samples in the nationwide Topps meat recall. After purchasing and consuming the recalled product, two Tompkins County residents became ill, required hospitalization and recovered. The meat samples and food histories were obtained quickly and efficiently. The thoroughness of the Division's investigation helped to determine the cause of our residents' illnesses.

DRINKING WATER PROGRAM

Public Water Systems

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

The Division inspects each of the 195 public water systems in the County. They range in size from restaurants and mobile home parks to the larger municipal systems such as Bolton Point and the City of Ithaca.

About 147 of the public water systems are large enough to be regulated by Part 5 of the NYSSC, which contains more comprehensive requirements than the TCSC. There are 98 Part 5 community water systems in the County. Community systems are those with at least five residences used year-round or which regularly serve at least 25 residents year-round. There are 41 Part 5 transient non-community water systems. Transient non-community water systems typically serve transient populations such as motels, restaurants, convenience stores, and campgrounds. In addition, there are eight Part 5 non-transient-non-community water systems. These systems are a subset of non-community systems that regularly serve at least 25 of the same persons, four hours or more

a day, four days or more a week, for 26 or more weeks a year (e.g. factories and schools). The remaining 48 systems are public water systems as defined by the TCSC and regulated by that code only.

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

The Division also sampled for principle organic chemicals (POC's), pesticides and synthetic organic contaminants (SOC's), and inorganic chemicals (IOC's) for 21 systems. None of the analyses showed a Maximum Contaminant Level (MCL) violation at any system.

Analyses provided by the Division 2003 - 2007

Year	Micro-biology	Dye Tests	Inorganic	Organic	Non-water Lead	Cost in \$'s
2007 ³	537	0	94	10	0	9,782.56
2006 ³	635	2	120	5	0	9,636.80
2005 ²	747	8	197	4	0	12,991.00
2004 ¹	685	13	236	12	3	11,818.40
2003	858	7	231	12	2	12,913.40

¹ NYSDOH did 2 Microscopic Particulate Analyses (MPA) in 2004.

² In 2005 there were 5 sets of UV parameters.

³ NYSDOH did 2 MPA Analyses and 20 sets of POC/SOC/IOC analyses in 2006, and 6 sets of POC/SOC/IOC analyses in 2007.

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

Boil Water Notice Distribution by Cause 2003 - 2007

	2007	2006	2005	2004	2003
Unsatisfactory Microbiological Quality	9	11	6	9	13
Quantity or Protection Problems	8	9	10	7	6
Disinfection System Problems	10	16	15	10	14
Other or Multiple Problems	0	2	2	2	3
Totals	27	38	33	28	36

The Division reviews and approves engineering plans to ensure that new, expanded, or improved public water systems are capable of providing safe and plentiful water. In 2007, these included one new source, seven extensions or projects to serve existing development, three extensions or projects for new development, one storage tank, four chlorination disinfection systems, two Ultra Violet (UV) disinfection systems, and two other water treatment systems.

Water Plan Approvals 2003 - 2007

Projects	2007	2006	2005	2004	2003
New Sources	1	4	3	7	2
Distribution System for Existing Development	7	2	4	4	5
Distribution System for New Development	3	9	6	8	6
Cross Connection Control Devices	27	15	27	21	29
Other	13	11	6	1	3
Total	51	41	46	41	45

The City of Ithaca is evaluating options for its future water supply. Either the existing water plant will be replaced on the site and the Six Mile Creek Reservoir maintained, or the treatment plant will be abandoned and water obtained from an expanded Bolton Point Water Treatment Plant through a new large diameter transmission pipe. The environmental review of both options was initiated in 2007.

Two Tompkins County projects are in line for funding through the Drinking Water Revolving Loan Fund. The Town of Lansing created Consolidated Water District (WD) Extension #1 (area of Algerine and Lansing Station Roads). Engineered plans were approved in 2007 and construction should be completed in 2008. The Town of Ulysses did not create WD #5 (to serve the area between Taughannock Falls State Park and the Village of Trumansburg and to provide the Village with a back-up supply) by the end of 2007, but action may take place in 2008.

Systems that use a groundwater source that is negatively affected by the quality of a nearby stream, pond, or lake are determined to be “under the direct influence of surface water,” or GWUDI. The systems have 18 months to bring either their source or their treatment processes into compliance; during this time these systems are not in violation.

- Camp Comstock Girl Scout Camp, T-Ulysses. Determined to be GWUDI in October 2006. Engineering plans for a filtration system were approved in 2007, with construction scheduled for 2008.
- Lansing Shore Apartments, T-Lansing. Determined to be GWUDI in June 2005, the source was replaced by an extension of the Town of Lansing WD in 2007.
- Fall Creek, Mobile Home Park, T-Dryden. Determined to be GWUDI in early 2005, the approved microfiltration filters on the infiltration system had a Completed Works inspection in January 2007.

The Tompkins County Board of Health granted time extensions to some GWUDI systems:

- Taughannock State Park, T-Ulysses. Determined to be GWUDI in early 2005, the source may be replaced by the proposed Town of Ulysses WD #5.
- Skyhook Apartments, T-Newfield. Determined to be GWUDI in October 2005, the owner hired a consultant to review options. Engineering plans and project completion is scheduled for 2008.

Private Water Systems

In 2007, staff performed sanitary surveys, along with many follow-up inspections, on 54 individual water systems. These inspections are done when tenants or homeowners contact the Health Department with a concern such as a previously unsatisfactory water sample, a suspected waterborne illness, or a problem with the water system. Inspections may also be performed when a neighborhood survey is needed.

Distribution of Private Water System Inspections 2003 - 2007

	2007	2006	2005	2004	2003
Unsatisfactory Microbiological Quality	18*	28	34	22	23
Daycare	17	18	23	12	17
Tenant Concerns	4	13	10	11	6
Homeowner Concerns	6	7	8	5	7
Illness	5	0	1	3	1
<i>Possible Chemical Contamination</i>	3	0	0	0	4
New Well	0	0	1	1	0
Water Quality Survey	0	0	0	14	2
Other	1	3	1	1	2
Totals	54*	69	78	69	62

* There were no well workshops held in 2007, resulting in fewer home water system inspections due to unsatisfactory microbiological quality.

The Health Department continues to request that well drillers send copies of well completion reports for newly drilled wells to our office. The drillers are required to provide both the New York Department of Environmental Conservation (NYSDEC) and the well owners with this information. The NYSDEC provided the Health Department with the following figures from 2003 to 2007.

Water Wells Drilled in Tompkins County 2003 - 2007

	2007	2006	2005	2004	2003
Preliminary notices of proposed wells	153	168	185	168	175
Well completion reports received	121*	154	159	152	146
# of domestic wells	118*	147	153	150	137
# of commercial wells	2*	1	0	1	1
# of test wells	0*	3	0	0	5
# of agricultural wells	1*	3	2	1	3
Other	0*	0	4	0	0

* Well Completion Reports received by the TCHD as of January 30, 2008. Complete information from NYSDEC was not available as of March 30, 2008.

The County Information Application (CIA) database is in the process of being developed and implemented for use in 2008. This will provide a repository of information warehoused in a central location. The database will improve the record keeping of individual water supplies to better serve the residents of Tompkins County.

WASTEWATER (SEWAGE) CONTROL

Centralized (Public) Sewage

The Division carefully reviews engineering plans of sewer extensions, pumping stations, and sewage systems to ensure they comply with standards and codes and will provide good service. The New York State Department of Environmental Conservation approves new industrial and public sewage treatment plants. Plans approved by the Division in 2007 included three new municipal sewer extensions to serve new development [all 8" poly vinyl chloride (PVC)]: 1011' in T-Ithaca, 700' in V-Groton, and 1700' in V-Lansing.

Centralized Sewage Plan Approvals 2003 - 2007

Projects	2007	2006	2005	2004	2003
New Sewer Extensions for Existing Properties	0	1	0	0	0
New Sewer Extensions for New Development	3	7	5	4	4
Total	3	8	5	4	4

Decentralized (On-site) Sewage

The Onsite Sewage Treatment Program (OSTP) manages decentralized sewage systems. The sewage produced must be treated and returned to the ground or surface waters without contaminating the water. Human diseases implicated in drinking water contaminated with sewage are then prevented. In 2007, 251 sewage systems were built in Tompkins County. This represents almost 30,000 gallons per day of sewage treated and recycled to the ground water.

The Division issued six specific waivers 2007:

- Two waivers from minimum lot size, following submission and approval of engineered plans.
- One waiver from separation distance from a sand filter to a dwelling (from 20 feet to 15 feet), with approval of engineered plans.
- One waiver from pressure distribution to gravity flow in an absorption bed, following approval of engineered plans.
- One project received two waivers, from slope requirements, and reduced length propriety system following a sand filter, upon approval of engineered plans.

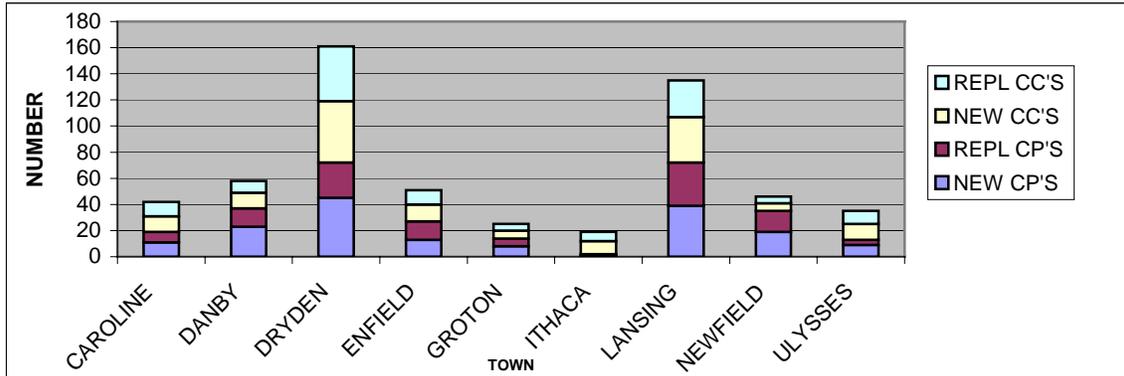
The Division began use of a new and more complete database for individual sewage systems in 2007. The database, when complete, will provide easier access to our records and in the near future allow linkage to other databases in Geographic Information Systems capability. Development of the complete database is ongoing.

Combined activity [New Construction Permits and Replacement Construction Permits (CP's), plus New Completion Certificates and Replacement Completion Certificates (CC's)] totaled 572.

**Sewage System Construction Permits
and Completion Certificates 2003 - 2007**

YEAR	CP'S NEW	CP'S-REPLACE- MENT	TOTAL CP'S	CC's New	CC'S- REPLACE- MENT	TOTAL CC'S	COMBINED ACTIVITY
2007	168	153	321	123	128	251	572
2006	177	148	325	145	146	291	616
2005	191	146	337	173	129	302	639
2004	252	171	423	207	158	365	788
2003	232	174	406	164	150	314	720
5 YEAR AVG.	204	158	362	162	142	304	667

2007 Individual Sewage by Town



Some decentralized sewage systems need to be designed by a Professional Engineer outside the Division due to size or unique site conditions. In 2007, the Division approved plans for 16 new or replacement on-site sewage treatment systems.

Decentralized Sewage Plan Approvals 2003 - 2007

Projects	2007	2006	2005	2004	2003
New/expanded Sewage Treatment Systems	16	11	17	11	11

ENVIRONMENTAL HEALTH ASSESSMENTS

The Division investigates the impacts on human health from known or suspected hazardous waste sites, spills of hazardous materials, and environmental pollutants in the indoor air or workplace. The New York State Department of Health (NYSDOH) and the New York State Department of Environmental Conservation (NYSDEC) provide technical and assessment advice. Occupational exposures are usually referred to the federal Occupational Safety and Health Administration (OSHA) or the New York State Department of Labor.

In 2007, there were 13 State Superfund Program or Brownfield Cleanup Program sites in Tompkins County listed on the NYSDEC Environmental Site Remediation Database. These sites are summarized below.

South Hill Area Sites. The NYSDEC is conducting environmental investigations associated with three listed sites in the South Hill area of the City of Ithaca:

- **Emerson Power Transmission** (754010 - State Superfund Program), the former Morse Industrial Corporation, 620 Aurora Street, C-Ithaca. Elevated levels of trichloroethene (TCE) and other volatile organic compounds (VOCs) were detected in groundwater. A groundwater extraction and treatment system was installed in the 1990s. Soil vapor and indoor air testing was initiated in 2004 in the neighborhood to the north of the site. Vapor mitigation systems have been installed in 25 homes and offered to 18 additional homes. Other homes are on a monitoring program. NYSDEC expects to select a remedy to address the entire site by June 2008; with remediation activities scheduled beginning in July 2008.
- **Axiom** (C755012 - Brownfield Cleanup Program), 950 Danby Road, C-Ithaca. Elevated levels of TCE and other VOCs have been detected in groundwater. There is also the potential for soil vapor intrusion, and a sub-slab depressurization system has been installed. A draft Remedial Work Plan is under review by the NYSDEC. Additional investigations are pending. South Hill Business Campus, LLC, currently owns the site and plans to redevelop the building into a multi-tenant professional office complex.
- **National Cash Register (NCR)** sanitary sewer is also being investigated as a source of soil vapor contamination.

Ithaca Gun (V00511 - Brownfield Cleanup Program), 121 Lake Street, C-Ithaca. The primary contaminants of concern are lead and VOC's in the soil from gun manufacturing. The US Environmental Protection Agency (USEPA) removed lead-contaminated soil during cleanup activities from June 2002 to October 2004. Additional investigation and remediation is proposed. The City of Ithaca received a 2008 Restore NY grant for the project, in the amount of \$2.3 million, for the demolition of the building and site remediation. The City is pursuing additional funding for remediation. The owner has proposed dividing the site into two parcels, one parcel including the factory building (site #V00511) and the second parcel being transferred to the City for development as the proposed Ithaca Falls

Overlook (site #E755018). After remediation, the owner is proposing to redevelop the site into town houses.

New York State Electric and Gas (NYSEG), Manufactured Gas Plant (MGP) (75508 - State Superfund Program), Court Street, C-Ithaca. NYSEG operated a MPG in Ithaca from 1853-1927. The site is currently owned by the Ithaca City School District. The site has been investigated for coal tar contamination since 1986. Remediation of part of the site was concluded in 2005. The Ithaca Landmarks Preservation Committee denied NYSEG's request to demolish the Markles Flat Building, delaying remediation of the main plant site. Remediation plans were revised to contain the contamination under the Markles Flat Building, and remediation is expected to start in 2008.

Former and Active Dry Cleaning Sites. Dry cleaning operations previously used perchloroethene (PCE) as a cleaning solvent. Several former or active dry cleaning operations are listed State Superfund Sites due to PCE and other VOC contamination in groundwater at the site. Soil vapor intrusion by these contaminants may also need to be addressed:

- **Clinton West Plaza** (755015), 609-625 West Clinton Street, C-Ithaca. This site, an active shopping plaza, was added to the NYSDEC Registry of hazardous waste sites in 2007, due to elevated levels of PCE and other VOCs in groundwater. There is also the potential for soil vapor intrusion and off-site groundwater contamination. A dry cleaner facility operated at the plaza from 1970-2000. The investigation is on going.
- **315 North Meadow Street** (755014), C-Ithaca. Active dry cleaner. Elevated levels of PCE have been detected in groundwater on-site. Sub-slab depressurization systems have been installed at two commercial buildings based on soil vapor data. Soil vapor monitoring continues at other locations. A remedial action plan will be prepared for the site.
- **Campagnolo Property** (755013), 503-511 North Meadow Street, C-Ithaca. Former dry cleaning operation. Elevated levels of PCE have been detected in groundwater on-site. Sub-slab depressurization systems have been installed at two commercial buildings based on soil vapor data. Soil vapor monitoring continues at other locations. A remedial action plan will be prepared for the site.
- **Colonial Cleaners** (754011), 1902 East Shore Drive, T- Lansing. Active dry cleaner. The site has been investigated and remediations including soil removal, groundwater extraction and treatment, a soil vapor extraction system (SVE) have been implemented. Remediation is on going.

Cornell University Radiation Burial Site (755001 - State Superfund Program), Snyder Road, T- Lansing. Low-level radioactive waste was disposed of at the site from 1956-1978. 1,4-dioxane, a solvent used in radiation scintillation cocktails, is the primary contaminate in groundwater at the site. The NYSDEC determined that all remedial activities required by the Consent Order were

deemed completed by January 27, 2005. The site has been contained with a cap, slurry wall, and grout curtain. Extraction and treatment of contaminated groundwater and site monitoring continues.

Cornell University Chemical Waste Site (755002 - State Superfund Program), Snyder Road, T- Lansing. Groundwater is contaminated with VOC's at the site, which was used for the disposal of hazardous waste from 1962-1978. The disposal area is capped and surrounded with a slurry wall. Extraction and treatment of contaminated groundwater and site monitoring continues.

Other Investigations:

The Division responded to one spill of heating oil. Environmental Health collected samples from wells at three residences in the area. No petroleum products were detected in the samples. The NYSDEC Spill Inventory lists 47 spills in Tompkins County in 2007. Most sites involved the release of petroleum products. All of these cases were closed by NYSDEC. A spill case is closed when records and data indicate that the necessary cleanup and removal actions have been completed.

Radon:

In 2007, the NYSDOH extended the funding for the Comprehensive Radon Education Project for another three years. The Division partnered with the Cornell Cooperative Extension to implement the program.

Environmental Assessment:

Forty-seven requests, many through the Freedom of Information Act, required file searches for environmental assessments for property transfers. This is an increase compared to the average of recent years.

Environmental Assessment Searches 2003 - 2007

Year	2007	2006	2005	2004	2003
Searches	47	30	36	26	26

REALTY SUBDIVISIONS AND DEVELOPMENTS

The Division regulates permanent and temporary residential development to ensure that safe, healthful facilities are built. Critical areas the Division reviews include: water systems, sewage treatment and disposal systems and fire safety. In 2007, a substantial decrease in the number of approved plans and units occurred. This is a reversal of the recent trend in increased realty subdivisions.

Plans Approved 2003 - 2007

Year	Type and number of projects	Total lots/units	Municipal water & municipal sewer	Private water & private sewage	Municipal water & private sewage	Private water & municipal sewage
Subdivisions						
2007	2	42	0	1	1	0
2006	6	61	37	12	12	0
2005	5	151	128	10	13	0
2004	6	90	54	22	14	0
2003	4	63	55	0	8	0
Mobile Home Parks (None 2002 - 2005)						
2007	1 addition	5	0	0	1	0
2006	1	2	0	2	0	0
Apartment Complexes (None 2004 - 2007)						
2003	1	12	NA	12	0	0
Hotels and Motels (None 2004 & 2007)						
2006	3	156	156	0	0	0
2005	4	138	123	15	0	0
2003	2	94	94	0	0	0

Summary of Plan Approvals 2003 - 2007

Year	Total # of Plans Approved	# of Lots/Units
2007	3	47
2006	10	219
2005	9	289
2004	6	90
2003	7	169

LEAD PROGRAM

Lead poisoning can be a major health concern, especially among children. Children who are lead-poisoned may suffer from learning disabilities, lower Intelligence Quotient (IQ), behavior problems, slowed growth, headaches, and hearing loss. When a child's blood lead level (BLL) becomes elevated, it is critical to prevent further exposure. The Division investigates the environment of children whose BLL's are over 20 mcg/dl and completes environmental surveys for all children with BLL's from 10-19 mcg/dl.

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

Staff then issues a report to the parents and/or the building owners to control the existing lead hazards found. In cases of lead poisoning (over 20 mcg/dl), the Public Health Director (PHD) may issue enforceable orders to the parents and/or the building owners to abate existing lead hazards. The Orders must be followed even if the dwelling is vacated. The PHD issued no orders in 2007.

Uncontrolled discharge of lead based paint dust may endanger public health and is a violation of Article IX of the Tompkins County Sanitary Code. In 2007, investigation of three complaints resulted in one issuance of a violation notice. All the investigations included providing educational materials.

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

On August 17, the New York State Department of Health (NYSDOH) issued a summary order mandating the removal of specific toy products from store shelves. The products were associated with the recent voluntary recall of more than nine million toys containing lead paint or which presented a choking hazard for young children. In response to a request from the NYSDOH, Division staff contacted 69 retailers in TC to determine if the stores had received the toys identified in the recall and if the toys had been removed from their shelves. Thirteen stores had received these products. One store had one of the recalled toys on its shelf when contacted by our staff. The store immediately removed and destroyed the recalled toys. The toys had been removed from the shelves at all other retailers contacted.

Lead Program Summary 2003 - 2007

	2007	2006	2005	2004	2003
# Children w/BLL>19.9 mcg/dl	0	1	0	2	0
# Children w/BLL 10 -19.9 mcg/dl	1	5	4	4	6
Sites inspected related to 20+ cases	0	1	0	2	0
Sites inspected related to 10 -19 cases	1	6	3	4	8
Abatements Completed	1	0	0	0	0
Interim Controls Completed	0	0	0	0	0

Samples Collected For Lead Analysis 2003 - 2007

	2007	2006	2005	2004	2003
Paint	0	0	0	0	0
Drinking Water	1	6	1	0	0
Soil	0	1	1	2	3
XRF survey	2	6	2	2	5
Dust Wipes	6	11	14	11	8
Other	0	2	1	0	2

TOBACCO/SMOKING PROGRAM

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

Adolescent Tobacco Use Prevention Act (ATUPA):

ATUPA, enacted in 1992, is designed to reduce access to tobacco and tobacco products by persons under the age of 18. The law requires tobacco vendors to check for valid proof of age of anyone appearing to be under 25 years of age. In addition, all tobacco products and herbal cigarettes must be stored behind a counter in an area accessible only to employees or in a locked container. Retailers must post a sign stating sales of tobacco and tobacco products to persons under the age of 18 are prohibited. For businesses that house tobacco vending machines, the machines must be located under the direct supervision

and control of an adult at all times. In addition, ATUPA places limits on the distribution of free tobacco products; prohibits sales of single cigarettes; and allows only tobacco businesses to sell bidis and gutka.

Each year, the tobacco enforcement program conducts compliance checks with youth 15 to 17 years of age. Program staff accompanies a minor while he/she attempts to purchase a tobacco product from each of the tobacco vendors in the county. Vendors with violations on their record within the last three years are subject to three compliance checks each year until their record is cleared either by suspension of tobacco license or passage of three years with no sales to minors. In 2006, the Division continued to conduct minor compliance checks (cc's) of tobacco vendors in the county. The following is a summary of ATUPA activity for the grant year running from October 1, 2006 to September 31, 2007:

ATUPA Enforcement Activity for Grant Year 2006 - 2007

Enforcement Category	Retail	Vending	Total
No. of vendors	73	7	80
No. of Partial cc's	73	7	80
No. of Minor cc's	82	7	89
No. of Violations	1	0	1
No. of Stipulation Agreements Signed	1	0	1
Total Penalties Assessed	\$350.00	0	\$350.00
Total Penalties Collected	\$350.00	0	\$350.00

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

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

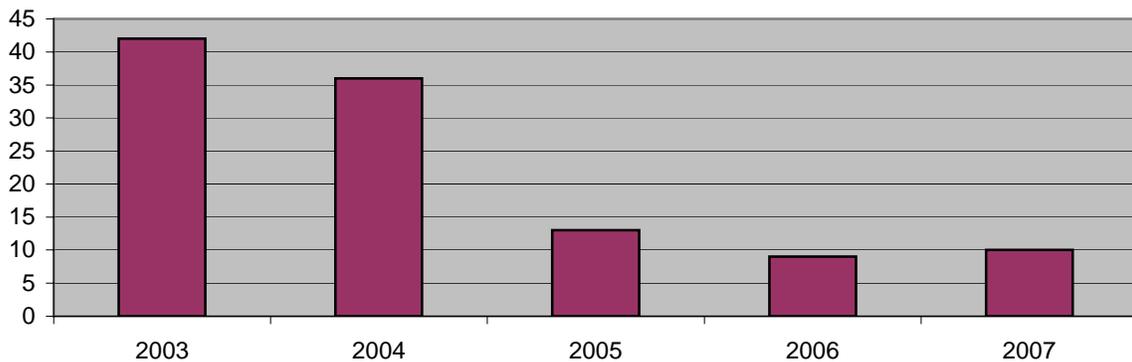
Upon receiving an initial complaint of smoking in a facility covered under the law, a telephone call is made to the owner/operator of the facility relating the complaint and the law. A letter of alleged violation relaying the complaint and the applicable law follows the call.

When the Division receives a second smoking complaint, staff makes a field visit to the facility. Staff then determines whether smoking is occurring at that facility, and discusses the complaint with the owner/operator. If smoking is found during the field visit, enforcement proceedings are begun against the facility. If the violation is found to have occurred, the law allows the Tompkins County Board of

Health (BOH) to levy up to a \$1,000 penalty. In 2007, no enforcement action was taken for violation of the CIAA in Tompkins County.

The Fraternal Order of Eagles #1253 in Ithaca, the only facility in the county that has applied for a waiver from the CIAA, initially received approval of their waiver by the BOH in February 2005. The waiver was renewed for another year in February of 2007, after the facility demonstrated compliance with waiver requirements.

Smoking Complaints Since 2003



TEMPORARY RESIDENCES

Children's Camps:

The Tompkins County Health Department enforces the provisions of the New York State Sanitary Code (NYSSC), Subpart 7-2 regulating Children's Camps. Preoperational and operational inspections are made to assure that all camps operate safely.

The Environmental Health Division issues permits to Children's Camps and inspects them to ensure that:

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

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

In 2007, the Division inspected 31 Children's Camps. No violations were found that required enforcement action to be taken.

The Division investigated 20 reports of serious injuries and illnesses:

- Nine campers with fractured bones
- Three campers with dislocations
- Two campers with lacerations requiring sutures or staples
- Four campers with concussions
- One camper use of an epi-pen for an allergic reaction
- One camper had an allergic reaction

Children’s camps 2003 - 2007

Year	# Permits Issued	# Overnight Camps	# Day Camps	# Campers
2007	31	10	21	11,428
2006	28	8	20	10,041
2005	29	8	21	10,800
2004	31	8	23	11,014
2003	29	8	21	12,230

Agricultural Fairgrounds:

The Trumansburg Fairground is the only Agricultural Fairground issued a permit to operate in Tompkins County. The fairground must comply with state regulations during all events that occur on the premises. The water system, food service establishments, refuse handling, animal waste handling and disposal, and campground are regulated and inspected by the Health Department. No violations were found during any of the inspections of the Fairground in 2007.

Temporary Residences-Hotels, Motels and Cottage Communities:

In 2007, the Environmental Health Division permitted and inspected 27 hotels, motels, and cottage communities that include seven public water supplies, 17 restaurants, four outdoor swimming pools, six indoor swimming pools, four spa pools, and three bathing beaches. The Varna Inn and Buttermilk Falls Bed and Breakfast were removed from the permit inventory in 2007. The Homewood Suites and the John Joseph Inn were added to the permit inventory in 2007.

Campgrounds:

In 2007, the Division permitted and inspected three permanent campgrounds that include two public water systems, two outdoor swimming pools, and one bathing beach.

Fingerlakes Grassroots Festival:

The Fingerlakes Grassroots Festival received temporary permits to operate two campgrounds in 2007. Inspections occurred prior to and during operation. Food vendors at the event had existing Food Service Permits or received individual

Temporary Food Service Permits. Individual inspections occurred at each food service establishment.

State Parks:

Staff conducted sewage system and water supply inspections at three state parks in 2007.

Due to agreements between State agencies, the Health Department does not permit state parks, and does not inspect beaches or campgrounds at state parks.

MOBILE HOME PARKS

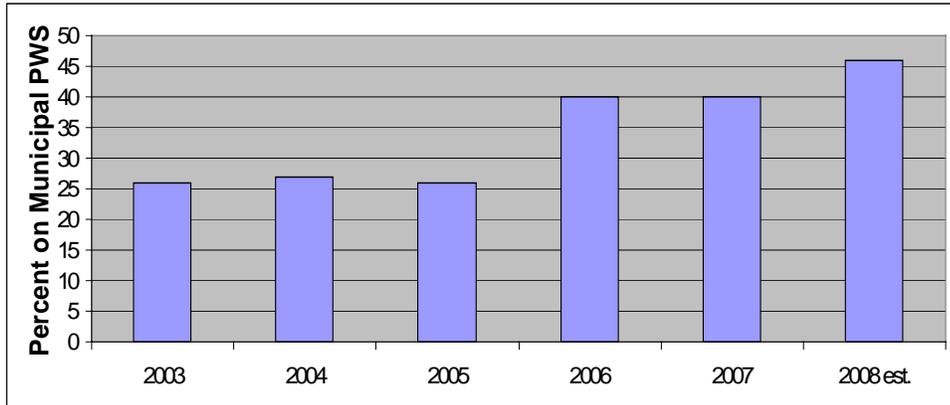
The Mobile Home Park (MHP) program exists to ensure that such dense residential developments are created and operated to provide healthy conditions for the residents. The operators must comply with Part 17 of the New York State Sanitary Code (NYSSC) and Article III of the Tompkins County Sanitary Code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

When a park operator has a history of good compliance and cooperation, the general park inspection may be waived up to three years. As a result, 19 MHPs received waivers from annual inspection in 2007. Inspections of on-site water systems are still performed every year.

The number of permitted MHPs decreased to 42. Ferguson's MHP, T-Lansing decreased the number of mobile home sites below the permitting threshold of five. Washington Heights', T-Ulysses, permitted capacity increased with the development of two new sites. The overall decrease of six sites reduced the total number of permitted mobile home sites in Tompkins County to 2070 in 2007. Ownership of three parks changed during the year.

The percentage of permitted mobile home sites on municipal public water in Tompkins County remained unchanged at 40 in 2007. It is anticipated that Meadowbrook MHP, T-Newfield, will connect to the Newfield Water extension and that Lakeview Village, T-Lansing will connect to the Town of Lansing Water extension in 2008.

Mobile Home Sites on Municipal PWS



Approval of engineering plans by the Division is required prior to new construction, modification, or addition to mobile home parks. In 2007, the Division did not receive any plan review requests for mobile home parks. The Division designed and approved three replacement sewage systems in 2007 for Newfield Estates (two systems) and Mountainview Manor.

SWIMMING POOLS AND BEACHES

Public Health rules regulate public swimming pools and bathing beaches to ensure facilities are constructed, maintained, and operated with the goal to eliminate injuries and deaths. Supervision is an important component of safety. Part 6-1 of the New York State Sanitary Code (NYSSC) regulates swimming pools, including spa pools, and Part 6-2 regulates beaches. All public bathing facilities require a permit to operate, though some operate through a children's camp or temporary residence permit.

The Environmental Health Division inspects all bathing facilities annually, with a comprehensive inspection of seasonal facilities before they open. Other inspections are performed in response to complaints, potential violations, change in owner/operator, request for technical assistance about repairs, improvements, new construction, or any other circumstance when the Department feels it is necessary. Pools are sampled annually for bacteriological quality. Beaches are required to sample prior to opening and monthly during their operational period for bacteriological quality.

The spa pools at Courtside Racquet and Fitness Club, T-Ithaca, closed in 2007. The City Health Club's, C-Ithaca, spa pool reopened in 2007 for a brief period and then closed due to repairs. A new temporary residence, Homewood Suites, V-Lansing, opened an indoor pool and spa pool in 2007. The total number of permitted pools increased to 52 (29 indoor/23 outdoor) by the end of the year. Fifteen pools are at temporary residences (11 indoor/four outdoor) and one outdoor pool is at a children's camp.

The Division investigated three minor head injuries at permitted pools in 2007.

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

New or modified bathing facilities must comply with approved engineering plans. In 2007, Homewood Suites (two indoor pools, V-Lansing) completed construction per approved plans. Also, the Division approved plans and inspected modifications at Cass Park's main pool (disinfection system, outdoor pool, C-Ithaca). The proposed temporary residence, Country Inn and Suites, T- Ithaca, received approval in 2007 to construct two indoor pools as well.

WEST NILE VIRUS

The Tompkins County Health Department's West Nile Virus (WNV) Program consists of three parts: completing dead crow reports, submitting selected dead crows for WNV testing, and educating the public.

The Division provides a surveillance program to inform the public when viral activity peaks and recommends methods of personal protection against mosquito bites to reduce the risk of contracting the potentially fatal disease.

In 2006, the New York State Department of Health ended its research grant at the Cornell diagnostic laboratory and moved its facilities downstate. This eliminated any mosquito surveillance in Tompkins County and removed a local laboratory capable of performing the necessary WNV tests on birds and mosquitoes. The Tompkins County Health Department had to return to its former practice of shipping suspect birds to the Wildlife Pathology Unit in Delmar, New York.

The Tompkins County Health Department submitted five suspect birds to the laboratory in 2007. In late July, a bird tested positive for WNV. A media release informed the public of the positive bird and reminded residents of the county how to protect themselves against mosquito bites and prevent breeding sites in their yards. Sampling ceased at the notification of a positive bird.

In New York State, 22 human cases and two deaths attributed to WNV had been reported in 2007. Nationwide, the Centers for Disease Control (CDC) and Prevention reported 3598 cases, (down from 4180 in 2006) and 121 deaths (down from 148) from the virus. In 2007, Colorado reported the most WNV cases, 576, and California reported the most fatalities, 18.

The CDC broke down the 3598 cases into three categories:

- 1204 cases with West Nile encephalitis and West Nile meningitis, including 16 deaths. These are the most severe forms of the disease, affecting a person's central nervous system.

- 2331 cases of West Nile fever, a less severe case that shows no evidence of neuroinvasion.
- 63 with other clinical manifestations (no WN fever, WN encephalitis, or WN meningitis) or cases where clinical information was not provided.

NEIGHBOR NOTIFICATION LAW FOR PESTICIDES

The Neighbor Notification Law (NNL) for pesticide applications became effective January 1, 2003, following adoption by the Tompkins County Legislature. The law adopts the provisions of Title 10 of Article 33 of Environmental Conservation Law, and must be adopted “as is” by local municipalities, such as Tompkins County. All funding for the law is secured locally. The purpose of the law is to allow neighbors to know a lawn application of pesticides is occurring next door to them. They can then take any precautions they feel are necessary.

Important provisions of the law are:

- Retailers that sell general use pesticides must post an informational sign as close as possible to each display location of pesticides. The sign must notify customers that the law is in effect and give some basic instructions as to how homeowners can comply with the law.
- Commercial applicators must provide a written notice to neighbors 48 hours before application. The notice must identify the applicator, date of application, alternative dates, and the Environmental Protection Agency (EPA) number for each pesticide applied.
- Commercial applicators must post or provide for posting a notification at least 24 hours before application at apartment complexes and shopping malls (and similar public places). Neighbors less than 150 feet from the treated area must be notified in writing.
- Commercial applicators may use exempt or “low risk” pesticides and not be required to notify. A listing of such pesticides is available through the Cornell Cooperative Extension.
- Homeowners (with no exemptions) applying lawn and turf pesticides to areas over 100 square feet must mark the area being treated with markers every 50 feet along the perimeter. They must also notify neighbors that pesticides are being applied and the markers must remain in place for 24 hours.
- Certain activities, such as farms, golf courses, cemeteries, and turf farms are exempt from the provisions of the NNL.

Staff maintained an inventory of local retailers known to sell general use pesticides, and developed a running inventory of confirmed violations of the Neighbor Notification Law.

Staff responded to three complaints during 2007. One complainant wanted to stop the application at an apartment complex. Follow up revealed the notification had been completed. The law has no provisions preventing treatment after proper notification. Two separate complaints occurred after application of an

herbicide. Neither was confirmed as a violation due to application in an area less than 100 square feet.

COMPLAINTS

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

The Division recorded 275 complaints in 2007. Staff investigated most, but referred some to other agencies, especially complaints of building problems or residents' living conditions. Some complaints are not valid; meaning there is no violation or no public health threat. Some complaints, after investigation, are found valid and the Division issues notices of violations. Most of the respondents correct the violation after notification. A smaller number need enforcement action, such as an office conference or administrative hearing and Board of Health action.

Complaints are currently dispensed according to the nearest Environmental Health Program. Generic categories are as follows:

- **Food** - Includes unsanitary conditions in permitted facilities; illnesses and suspected illnesses; food quality.
- **Outdoor air** - Usually open burning, or burning of trash, garbage, papers for disposal instead of the accepted Solid Waste stream; occasionally includes unknown odors; lead paint removal from exterior buildings; manure odors from farms.
- **Garbage** - Improper storage and disposal of household garbage and accompanying odor and vermin nuisances.
- **Sewage** - Discharges of untreated sewage to the ground surface; odors associated with improperly functioning sewage systems.
- **Indoor Air** - Frequently mold complaints; rarely noxious odors or aromas inside the home; some carbon monoxide concerns.
- **Water** - Usually complaints from tenants regarding water quality, tastes, and impurities. Most are private water sources; some are complaints from regulated water supplies.
- **Adolescent Tobacco Use Prevention Act (ATUPA)/Clean Indoor Air Act (CIAA)** - Complaints of teenage tobacco purchases or smoking in public places.
- **Other** - A catchall category for complaints not easily fitting in the above categories. Examples are: mosquito breeding grounds, pesticide application and notification.

Specific program sections in this report detail activities, enforcement actions and unusual situations.

The following table compares the number of complaints by category over the last five years. Food complaints are always the most numerous. ATUPA/CIAA complaints have dropped since 2003. Outdoor air complaints rose dramatically in 2006 and 2007 following implementation of stricter Article IX standards and the efforts informing the public of the law.

TABLE COMPARING NUMBERS OF COMPLAINTS 2003 - 2007

Category	2007	2006	2005	2004	2003
Food	76	78	65	78	69
Open burning	63	56	17	14	19
Other Outdoor Air*	9	2	6	1	1
Garbage	46	27	30	25	35
Sewage	39	23	20	29	27
Indoor Air	13	13	10	18	32
Other	13	17	24	12	33
Water	4	8	1	7	12
ATUPA CIAA	12	7	13	39	43
TOTAL	275	231	186	223	271

* "Other Outdoor Air" includes lead paint grinding, farming activities including manure spreading, and odors of unknown sources and does not include "Open burning."

ENFORCEMENT ACTIONS

The Division's Enforcement Plan is used to back up its efforts to enforce the New York State Sanitary Code (NYSSC) and Tompkins County Sanitary Code (TCSC) to ensure that good public health practices are known and carried out.

Enforcement action begins when education and/or persuasion fail to prevent a violation. The owner/operator is notified of the violation, and should the violation continue, the owner/operator is offered a Stipulation Agreement that includes Public Health Director's (PHD) Orders to correct the violation and prevent its future occurrence. The Stipulation Agreement with Orders is offered at an office conference or by mail.

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

The Division had 16 open cases (12 in collection) at the beginning of 2007. During the year, 16 cases were added and 13 resolved, leaving 19 on record at the end of the year (which includes 12 in collection and four Ground Water Under Direct Influence (GWUDI) - Timetables of Compliance (TOC's).

Environmental Health collected a total of \$4,250 (nine cases) in penalties in 2007, of which \$1000 (two cases) were assessed in 2006. A total of \$4,150 in penalties (eight cases) was assessed in 2007.

There remains \$7,700 in unpaid penalties; 12 cases from past years (\$6,700 – all in collection) and two cases (\$1,000) from 2007. The County Attorney has filed a judgment on an uncollected penalty from Key West (\$300).

Types of Action and Cases in 2007:

Formal Administrative Hearings:

1. Crooked Board Tavern, T-Caroline: Carol and Richard Arsenault, owners; water system violations; the Hearing Officer concluded the violations existed; BOH assessed \$500 penalty and ordered improvements made; sent to collection, business closed.
2. Shady Grove Mobile Home Park (MHP), T-Dryden: Scott Hicks, owner; water system violations; the Hearing Officer concluded the violations existed; BOH assessed \$500 penalty and ordered improvements made; sent to collection.

Stipulation Agreements/Timetables of Compliance (with penalties assessed by the BOH except where noted):

1. Four for Unsatisfactory Inspections and/or Violations of BOH Orders at Food Service Establishments:
 - Subway, T-Dryden
 - Lao Village, C-Ithaca (temporary foodservice establishment) – two times
 - Imperial Kitchen, V-Lansing (penalty waived by BOH)

2. Three for Water System Violations:
 - Stork H & E Machine, T-Danby – no penalty
 - Cloverland MHP, T-Newfield – no penalty
 - Beech Hill Community, T-Danby – no penalty
3. Four for Sewage Violations:
 - Deerfield Apartments, T-Dryden – no penalty
 - Congers MHP, T-Dryden
 - Ferguson Apartments, T-Lansing – no penalty
 - Beech Hill Community, T-Danby – (with water agreement) no penalty
4. Two for GWUDI extensions of TOC:
 - Skyhook Apartments, T-Newfield
 - Taughannock State Park, T-Ulysses
5. One for Open Burning Violations:
 - Perfect Painters, T-Caroline
6. One for Adolescent Tobacco Prevention Act Violation:
 - Triphammer Mobil, V-Lansing

Introduction from the Director of Patient Services

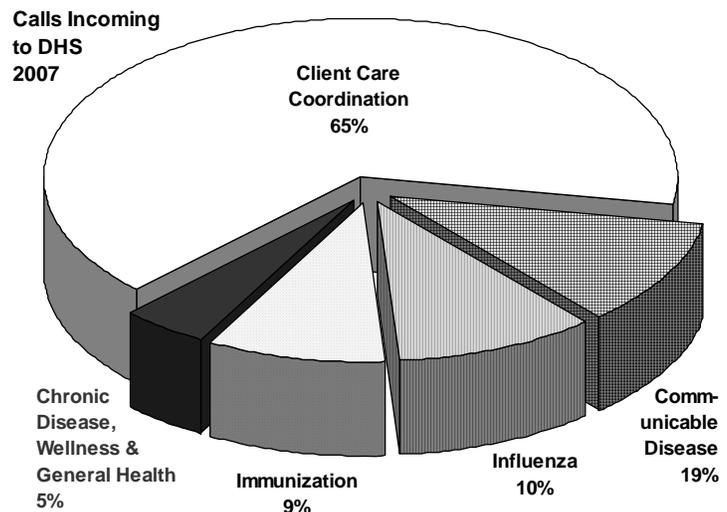
The Division for Community Health (DCH) consists of **WIC** and the **Health Promotion (HPP), Home Health Care (HHC) & Community Health Services (CHS)** programs. 2007 presented staffing challenges that included shortages in clerical support, nursing, and physical therapy services in HHC. Once again, staff pitched in to help each other to assure the completion of critical work. It is a pleasure to work with such a wealth of experienced, professional, and dedicated staff. I extend my appreciation to every member of our Division for their work to promote, protect, preserve, and improve the health of our clients and the health of our community. A few highlights of the many program achievements are noted below with details listed in the program reports.

Highlights

- **42 nursing, nutrition, therapy, planning, and support staff** served newborns, adolescents, college students, pregnant women, workers in a variety of professions and the elderly in diverse settings such as schools, community agencies, worksites, libraries, malls, health fairs, clinics, and in private homes throughout the county.

Seven Per-Diem registered nurses and six contract therapists also supported division work.

- **18,113 telephone calls** fielded by Division support staff: 1,942 Communicable Disease, 1,869 Influenza, 1,673 Immunization, 822 Chronic Disease, Wellness, and General Health and 11, 807 Client Care Coordination calls.
- **1,048 people attended** 15 community outreach events sponsored by the Health Promotion Program (HPP) staff.
- **Tobacco retailers to limit the amount of point of sale advertising** for tobacco products by resolution of the Ithaca Common Council, including decision to not accept funding from the tobacco industry and not permit tobacco product promotions on city property. These efforts supported and assisted by HPP staff.
- **Chronic Disease** the leading cause of death in United States and Tompkins County continued as a focus of HPP through education and



- information provision on cardiovascular disease, obesity, diabetes, cancer, and asthma.
- **79% of women WIC participants** initiated breast-feeding comparing favorably to the Syracuse Regional 56% average and New York State 67% average.
 - **5,820 nutrition education sessions provided for WIC participants** by WIC nutrition staff.
 - **600 Home Health Care clients** were served, the highest number served since 2002 (472) through **13,776 visits**.
 - **Home Health Care** received its **2nd deficiency-free NYSDOH review** in six years! A notable achievement for this agency and within the state. These onsite reviews are unannounced and are extensive in nature.
 - **94% Home Health Care clients** and families expressed satisfaction with their care.
 - **25% Acute Care Hospitalization rate** for Home Health Care clients compared to the 28% State and 31% national rates.
 - **State triennial reviews** of the CHS administered Childhood Lead Poisoning and Prevention Program and the Medicaid Obstetrical and Maternal Services (MOMS) Programs were also found to be in **substantial compliance** and were also **citation free!**
 - **317 persons tested for HIV**, via appointment and walk-in clinics. Use of the Rapid HIV test at the anonymous HIV testing and counseling clinics continues to influence a higher percentage of testing. There were two positive cases identified.
 - **3,389 childhood and adult immunizations** were given by CHS and HHC nursing staff.
 - **567 Communicable Diseases** reported, the highest count in over 10 years. The STD Chlamydia, which became reportable in 2000, represents 40% of all reports.
 - **644 clients** and their families received **maternal child services** through **1,523 clinic** and **home visits** by CHS nursing and support staff.
 - **1, 338 continuing education hours** achieved by Division staff.
 - **Seven state and federal grants** supplemented the HPP and CHS program budgets facilitating prevention, education, and outreach related to diabetes, tobacco use and control, immunizations, the Central New York Immunization Registry, HIV anonymous counseling and testing, and lead poisoning.

Special thanks are extended to the following volunteers serving in 2007 on the Professional Advisory Committee (PAC), a subcommittee of the Board of Health with oversight of the Certified Home Health Agency and Diagnostic & Treatment Services.

- Dave Stoyell, County Office for the Aging, and Committee Chair
- Joan Murphy, Family & Children's Services and Committee Vice-Chair
- Peggy Apgar, Cayuga Medical Center at Ithaca
- Pauline Cameron, Hospicare and Palliative Services
- Phil Cornell, Community Pharmacist

- Dorothy Daetsch, Consumer Representative
- Sandra Gittelman, Medical Social Worker and Consumer
- Sorel Gottfried, Speech Language Pathologist and Consumer
- Deborah Horton, Tompkins County Mental Health Department
- Dr. James Macmillan, Gannett, Cornell University Health Services
- Pamela Mayberry, Ithaca College Gerontology Institute
- Marilyn Pesesky, Long Term Care Services, Dept. of Social Services
- Jeff Shepardson, Community Dispute Resolution Center

Community Health Services

Community Health Services (formerly Maternal Child Unit) provides health care services and education for the benefit of all Tompkins County residents including:

Mothers

- Prenatal care
- Childbirth Education Classes
- Postnatal care
- Breastfeeding support

Children

- Newborn and child health assessments
- Immunizations
- Lead Poisoning Prevention

All community residents

- Anonymous HIV counseling and testing
- Communicable disease surveillance & case management
- Health education related to preventing disease transmission
- Immunizations
- Influenza (flu) immunization
- Rabies pre and post-exposure immunization
- Tuberculosis (TB) surveillance
- TB contact investigation and treatment

Highlights of services for 2007:

Medicaid Obstetric and Maternal Services (MOMS)

The Medicaid Obstetric and Maternal Services (MOMS) program provides services for prenatal women that meet income eligibility requirements. Clients received counseling and education through class instruction, written materials, videos, and home visits. Of the 929 live births at Cayuga Medical Center in 2007, 292 were to MOMS clients representing 31% of all live births.

	2002	2003	2004	2005	2006	2007
MOMS Program						
Enrollments	359	428	365	347	370	360
Total Visits	1,648	1,259	1,120	1,208	1,238	1,372
Home visits	1,117	744	689	783	764	918
Clinic visits	531	515	431	425	474	454
Client Count*	509	574	522	529	525	518
Maternal Child Program						
Client Count*	196	141	154	111	81	126
Home Visits	572	407	344	137	231	151
*Cumulative Unduplicated Client Count						
Totals for Community Health Services (MOMS + Maternal Child)						
Visits	2,220	1,666	1,464	1,345	1,469	1,523
Clients	705	715	676	640	606	644

Maternal Child Home Visiting Program

Community Health Nurses visit mothers, babies, and children in their homes as medically ordered by their physician. Typically, nurses assess blood pressure, pulse, respiration, lung sounds, weights, and fetal heart sounds. Mothers are instructed on pregnancy, breastfeeding, infant care, childhood development, immunization, and chronic disease prevention. 126 mothers/families were served in 2007 through 151 home visits. This is in addition to the 1,372 home visits made to 518 MOMS clients (during both antepartum and postpartum periods) throughout the year.

Communicable Disease

In 2007, 567 communicable disease cases were reported, compared to 487 in 2006 and 445 in 2005. The most frequently reported disease was Chlamydia (228 cases).

Communicable Disease								
	Avg 92-00	2001	2002	2003	2004	2005	2006	2007
Hepatitis A	5	1	0	3	0	2	1	3
Measles	0	0	0	1	0	0	0	0
Mumps	0	0	0	0	0	0	3	1
Pertussis	1	0	88	17	14	2	39	5
Rabies post-exposure	53	111	106	108	118	111	114	127
Tuberculosis (TB)								
Active cases	4	4	1	4	4	3	2	4

Syphilis (6 cases) –

Six cases were

confirmed, two were female (one pregnant) and four were male. Ages ranged from 20 to 85 years. The incidence of syphilis in Tompkins County has been 0-1 cases per year for the past ten years. Unprotected sexual activity, internet facilitated sexual encounters, and multiple anonymous sex partners may have been responsible for the increased incidence. CHS staff encouraged screening and testing of sexual contacts in addition to providing disease prevention education. Free confidential STD testing is available to Tompkins County residents through Planned Parenthood of the Southern Finger Lakes.

Vaccine-Preventable Disease

Pertussis (5 cases) – Pertussis cases accounted for 55% of all vaccine-preventable diseases reported in 2007. All of the cases were unvaccinated for pertussis and three cases were members of the same family.

CHS promoted pertussis vaccination to adolescents and adults through distribution of locally developed educational materials and media ads. And CHS offered Tdap (tetanus, diphtheria, and pertussis) vaccine to adolescents at all Health Department immunization clinics. Adults were strongly urged to see their primary care physician for Tdap vaccination.

Hepatitis A (3 cases) – Two adults who traveled out of the country contracted Hepatitis A. The third case was a 3-year-old from Ethiopia who was co-infected with salmonella, giardia, and cryptosporidia. Eight contacts were vaccinated.

Mumps (1 case) – A 20-month-old confirmed with mumps disease had a history of one MMR vaccination. The source of infection was not identified. CHS educated family members on the disease and vaccinated as necessary. All area health care providers were faxed an alert on the mumps incidence. Six suspect mumps cases were identified, five from Cornell University and one from Ithaca College. The students were appropriately isolated but none were confirmed as cases. A meeting was held in August with staff from Gannett Health Services and TC3 Health Center regarding mumps vaccination and mumps testing recommendations as well as mumps outbreak control guidelines.

HIV Anonymous Counseling & Testing Program

A total of 317 people (203 males and 114 females) were HIV tested in anonymous HIV clinics in 2007.

Of the total, 216 (68%) were walk-in clients. The majority of clients were Caucasian between 18-35 years old. Anonymous testing sites included Southern Tier AIDS Program

HIV Anonymous Counseling & Testing							
	Avg 98-01	2002	2003	2004	2005	2006	2007
Clinics	x	146	90	94	87	87	87
Pre-test appointments	x	243	145	171	288	360	119
No-shows	x	20%	10%	17%	10%	9%	13%
Walk-ins	x	78	53	14	27	139	216
Clients tested	360	269	178	151	273	329	317
Males	x	146	118	82	165	200	203
Females	x	123	60	69	108	129	114
% male clients	x	54%	66%	54%	60%	61%	64%
Positive test results	2	0	0	0	2	3	2
Post-test counseling appts.	x	268	185	150	273*	329	317
No-shows	x	10%	9%	4%	0%	0%	0%

*June 2005 implemented rapid HIV testing with results given 20 minutes after testing. Very appealing to clinic clients. Both positive results were tested using the rapid test then confirmed with venous blood draw analyzed at NYS Wadsworth lab. Walk-in available at all test sites increased the numbers of persons tested.

(STAP), Loaves & Fishes, TC3, Lifelong (Senior Citizen Center), and the Tompkins County Health Department. Testing was regularly offered on Tuesday and Wednesday by appointment and walk-in with occasional testing offered on alternate weekdays to accommodate clinic client needs.

Rapid HIV test methods were used at all sites with HIV results available 20 minutes after testing. Two HIV positive clients (one male and one female) were identified, confirmed by venous blood draw, and referred to primary HIV medical and supportive services. The Community Health Nurse responsible for HIV testing, Alison Rice, also provided blood pressure screening, STD education, immunization education, and referral to health and human community services at the testing sites. Testing information is located on the Health Department's web page at www.tompkins-co.org/health as well as the STAP web page at www.stapinc.org.

Tuberculosis (TB)

Definition of terms

Active TB disease – Contagious illness in which TB bacteria are rapidly spreading and causing tissue destruction. Before antibiotics, TB disease killed

50% of those infected with the disease within two years of infection. Treatment is individualized but generally calls for four different drugs taken for two months, then two different drugs for four to seven more months. Individual is kept isolated from the community until proven non-infectious.

Latent TB Infection (LTBI) – Non-contagious dormant infection in which the bacteria are very slowly reproducing, but not causing tissue damage. About 10% of those infected will develop TB disease during their lifetime. One drug taken daily for nine months is required to cure the infection.

Directly Observed Therapy (DOT) – Most failures to cure TB disease is due to the client non-compliance. Therefore, a Health Department nurse visits the client daily to administer the medication (up to 12 pills a day) often through the nine month duration of treatment.

Incidence of TB

There were four active TB disease cases (three pulmonary, one lymph node) identified in 2007. One pulmonary case was a foreign-born healthcare worker who had Isoniazid-resistant tuberculosis. Contact investigation included close household contacts and co-workers and patients who may have been exposed that spanned seven New York State counties and three states. Only two persons tested positive but had no signs of disease and were offered preventive treatment. The index case completed treatment.

	2004	2005	2006	2007
Active TB disease				
# cases	5	5	1	4
# pulmonary	4	3	1	3
# drug-resistant	0	1	0	2
LTBI				
# cases	177	249	435	308
# treated	38	88	112	77
*Treatment for active TB is mandatory; treatment for LTBI is voluntary.				

Another pulmonary case occurred in a foreign born person with Isoniazid-resistant tuberculosis. The close contacts did not have TB disease. The remaining two cases were not drug resistant and tolerated treatment well.

Due to the high international Cornell University student population Jack Moss, TB nurse, and medical staff at Gannett Health Services collaboratively worked to identify LTBI cases, provide education on the benefits and risks of treatment, and to monitor those who opted for treatment for medication side effects. Three hundred eleven at risk individuals were tested. Of these, 308 were identified as LTBI, 77 initiating treatment with five completing treatment (6.5%) with majority starting treatment in the last six months of 2007.

Lead Poisoning Prevention Program

The Lead Poisoning Prevention Network (LPPN) facilitated by Carol Mohler, Team Leader, met quarterly and membership included representatives from Environmental Health, Cornell Cooperative Extension, Section 8 Housing Inspectors from Tompkins Community Action and Ithaca Housing Authority, Red Cross Emergency Shelter housing inspector, Ithaca Neighborhood Housing Service, and HeadStart. LPPN goals are to:

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

Incidence of Lead

- **One** child with blood lead level > 10mcg/dl. Follow-up included home visits to investigate possible sources of lead and to educate parents/families on lead poisoning prevention.
- Home/source of lead exposure: Lead hazard was identified in the home of affected children in **one** of **one** case.

Immunizations

Routine childhood immunizations are provided free to children from birth through the 18th year and for a nominal fee to adults 19 years of age and older. Clinics were offered on a walk-in basis at the Tompkins County Public Library (first Tuesday evening each month), Tompkins County Health Department

Immunization Clinic Stats (excluding flu)							
	2001	2002	2003	2004	2005	2006	2007
Walk-in clinic clients	1,730	1,480	1,357	689	873	469	321
Appointment clients	x	x	x	x	x	460	430
Total # clinic clients	x	x	x	x	x	929	751
# of Clinics	154	149	152	44*	75	84	90
# Immunizations Given (walk-in & appointment clients)							
Children (<20yrs)	1,296	1,318	1,057	749	723	756	873*
Adults (20+ yrs)	948	1,056	874	688	826	889	320*
Total	2,244	2,374	1,931	1,437	1,549	1,645	1193*
# PPD screenings	x	x	x	x	x	x	523

*In 2004, total # walk-in clinics = 25. TC3 site used only 5 times.
 *In 2007, statistical age breakdown changed to children (0-18 years) and adults (19 years and older). PPD screening data was also captured.

(third Tuesday evening each month), and Tompkins-Cortland Community College (fourth Tuesday evening with a varied schedule based on academic year). Clinics were also offered by appointment at the Tompkins County Health Department.

Facilitated the Adult Immunization Coalition to address adult immunization issues in our community. The coalition is comprised of health care professionals from acute care, college health, school health, long-term care, as well as Health Promotion Program staff, service organization representatives, and consumers.

Goals for 2007:

- Improve flu immunization rate, especially among healthcare workers & pregnant women
- Promote adult immunizations, especially Tdap, pneumococcal, flu vaccine
- Improve provision of Hepatitis A & B vaccine to high-risk adults
- Expand coalition membership

Early in 2007, a subcommittee was formed to address promotion of flu vaccine. This workgroup developed the “Be Flu Safe Tompkins County” campaign. Coalition members were instrumental in disseminating “Be Flu Safe” materials in the community.

Flu immunization rate among hospital healthcare workers improved by 10% from the previous year.

Immunization Registry

Tompkins County Health Department, an active charter participant in the Central New York Immunization Registry since its inception in 1995, continued to recruit local providers to participate. The Registry’s goal is to provide easy access to immunization records for parents, private providers, and schools across central New York State. To date, two of two pediatric practices, six of eight family practices, three of six school districts (Ithaca, Lansing & Newfield), Tompkins County HeadStart, WIC, and the Health Department participate in the Registry. Parental benefits to participate include:

- Child’s immunization record is available for health care providers or clinics, kindergarten or day care/preschool, WIC certification, school, or job requirements.
- No lost immunization records.
- Complete information on required childhood immunizations.

According to Public Health Law, effective January 1, 2008, participation in the registry will be mandated for health care providers administering immunizations to children birth through 18 years of age. Parental consent will not be necessary.

Influenza (flu)

“Be Flu Safe Tompkins County,” a new community-wide initiative, was launched to decrease the spread of flu by promoting flu immunization and encouraging common prevention practices. A “Be Flu Safe” flyer was developed and included the logos of the supporting organizations: Tompkins County Health Department, Cayuga Medical Center, Lifelong, Ithaca City School District, TC3, Ithaca Rotary, Northeast Pediatrics, Dryden Family Medicine, Tompkins Weekly, Ithaca Child, and Sanofi Pasteur. All flu immunization promotional material included the “Be Flu Safe” logo including paid media advertisements, the Health Department web page, and buttons. “Be Flu Safe” flyers were distributed throughout the community (pharmacy counters, Lifelong, 525 FoodNet home delivered meal recipients, senior citizen groups, service organizations, day care centers, Head Start, schools, health care providers, and human service organizations) Flu information and updates were posted on our web page at www.tompkins-co.org/flu



New York State Department of Health awarded CHS a mini-grant for the purchase of bottled water. The label included “Be Flu Safe” logo, Flu Hotline phone number, and our web address. Sixty-nine cases of water were purchased and distributed with the flyers.

Special attention was given again this year to immunize congregate senior housing residents first. Thirteen clinics were held at congregate sites and 375 people were immunized.

Web-based flu clinic appointment software was implemented in the 2007 flu season which allowed the public to make an appointment on-line. Key CHS staff, Community Health Services Division clerical support staff, and Lifelong staff successfully made client appointments for those without computer access.

Public clinics for adults were offered by appointment at various community sites including a special "Vote and Vaccinate" flu clinic held on Election Day at the Women's

Flu Immunizations							
	2001	2002	2003	2004	2005	2006	2007
Clients	2,821	2,353	3,513	2,695	2,623	2,736	2,196
Clinics	50	38	33	35**	33	22	35***

Flu stats represent entire flu season typically Oct–Feb, not calendar year.
 **Flu clinics extended well into March '05 due to ample vaccine supply subsequent to national vaccine shortage Oct–Dec '04.
 ***Does not include TCHD clinics by appointment held Dec '07–March '08. Drop in clinic attendance attributed to Medicare managed care plans reimbursing private practice and not public health clinics.

Community Building in conjunction with the Ithaca Rotary Election Day Pancake Breakfast; 375 were immunized. Flu immunizations (both flu shot and flu nasal spray) were given to children at the health department by appointment.

Emergency Preparedness

CHS communicable disease nurses participated in many activities associated with emergency preparedness including:

- Ongoing active disease surveillance with Cayuga Medical Center Emergency Department to identify unusual disease clusters or outbreaks.
- Participation in bi-monthly Bioterrorism Preparedness Committee meetings.
- NIMS 700 & 800 training of all CHS staff, annual emergency preparedness training of all CHS staff, and Incident Command System (ICS) 300 training of CHS Supervisor.

Home Health Care

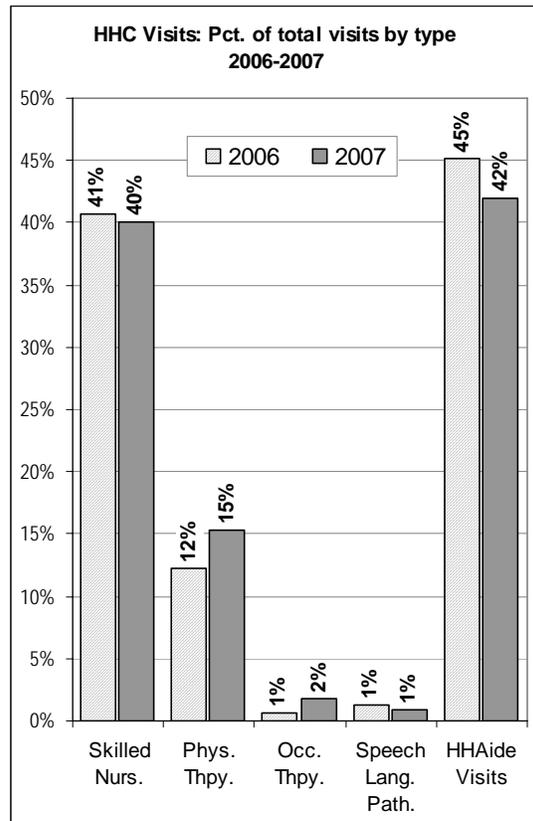
Mission Statement

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

Introduction

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

Home visits include assessment of socioeconomic, psychological, environmental, and family support factors in addition to assessment of the client’s physical status. HHC provides health education and includes both the client and the family as an integral part of every home visit.



In 2007, HHC provided services for **600 clients** and completed a total of **13,776 home visits**. An increase in visit numbers and total admissions was seen in 2007 (591) from 2006 (533). HHC saw a dramatic increase in both physical and occupational therapy visits in 2007 from 2006. There was a notable increase of home care referrals from October through December 2007 because another certified home health agency in the County reduced and later was unable to accept referrals.

- Skilled Nursing 5,514
- Physical Therapy 2,109
- Occupational Therapy 245
- Speech Language Pathology 120
- Home Health Aide visits 5,788

Achievements

New York State Department of Health survey staff conducted their triennial re-certification survey in January 2007. For the second time in six years, HHC received a deficiency free review. HHC was found to be in substantial compliance with all state and federal statutes, rules and regulations.

A plan of action was developed in August 2006 to improve HHC's oral medication management quality indicator; at that time our client outcome was at 20.5%. By the end of 2007, our oral medication management rate improved to 42.5%, above the state and national averages.

Island Peer Review Organization (IPRO), Medicare's quality assurance organization, asked HHC to mentor other NYS agencies, due to the agency's achievement of a very low acute care hospitalization rate. In 2007 only 25% of our clients were admitted to the hospital while receiving home care services. This rate is below the state and national hospitalization averages of 28% and 31% respectively.

HHC welcomed nine new staff in 2007; four community health nurses; three support staff; one occupational therapist and one physical therapist.

During 2007, HHC successfully implemented two major upgrades to the computer system Cerner Beyond Now.

Quality Improvement

Professional Advisory-Quality Improvement Committee (PAC/QI) Reviews

- 16% (100) of client charts were reviewed by the PAC/QI and staff QI committees. One or two charts underwent a comprehensive review at each meeting.

Client Case Mix Profile (HHC-2007)		
	2007	2006
Age		
<30yrs	2%	2%
30-50 yrs	7%	4%
>50 yrs	91%	94%
average age (yrs)	77	78
Gender		
Male	33%	39%
Female	67%	61%
Race		
White	97%	96%
African-Amer	2%	3%
Other	1%	1%
Place of residence		
Own home	80%	83%
With family or friend	11%	8%
Adult Home	9%	7%
Top 8 Diagnosis: incidence		
Wound or skin lesion	98%	97%
Circulatory disease	78%	80%
Musculoskeletal disease	48%	47%
Endocrine disease	46%	46%
Respiratory system disease	27%	25%
Digestive system disease	23%	19%
Mental disease	21%	22%
Neoplasms	11%	15%
Length of care		
< 2 months	96%	94%
2-4 months	3%	5%
> 1 year	1%	1%
Average days in care	27	28
Discharge to		
Home or self-care	77%	75%
Hospital	9%	10%
Other	10%	10%
Hospice	2%	3%
Death at home	1%	1%
Skilled nursing facility	1%	1%

Client and Family Satisfaction Surveys

- 112 client/family satisfactory surveys were received in 2007 with a 94% satisfactory rating.

Outcome Assessment Information Set (OASIS)

- 1,241 surveys transmitted to NYSDOH. These assessments are completed for clients with Medicare and Medicaid upon admission, each 60 day period of service, at resumption of care (following a hospital stay), and transfer to an inpatient stay and upon discharge.

Outcome Based Quality Improvement (OBQI)

- OBQI reports demonstrated client improvement at or above the national average in 26 (out of 41) specific quality care indicators.
- In an effort to help reduce acute care hospitalizations, a *Problem Solving Checklist* form was implemented to help clients decide whether to call the home care nurse or go to the Emergency Department when a problem arises. The nurse or therapist reviews the form with the client on admission.

Continuing Education

Staff completed a total of 269 hours of continuing education for the year on a variety of educational topics. Topics included:

- Prospective Payment System Reform
- Influenza and Pneumonia
- Emergency Preparedness
- Diabetes
- Chronic pain management
- Workplace violence
- Public Health Nursing
- Intravenous therapy
- Pharmacology for Physical Therapists
- End of life care
- Communication and the aging population
- Foot health
- Telehealth
- Integrated movement systems

HEALTH PROMOTION PROGRAM

The key role of the Health Promotion Program (HPP) is to educate the public, health care practitioners, and policymakers about the importance of prevention. Prevention of the leading chronic diseases helps to reduce health care costs,

increases the quality of individual lives, and contributes to the maintenance of a healthy community.

HPP promotes healthy eating, regular physical activity, and avoidance of tobacco to reduce the risk of cardiovascular disease, obesity, diabetes, and some cancers. HPP works in partnership with businesses, local media, health providers, schools, and human service and community agencies to achieve these objectives.

HPP also works with the Health Planning Council, local agencies, and health care providers to improve access to health care services and management of chronic conditions.

HPP plays an active role in bioterrorism/emergency preparedness and works closely with other health department programs, County and City departments, and community partners to plan, implement and promote activities and interventions.

The Health Promotion Program is responsible for the Municipal Public Health Services Plan and the plan's annual performance report as required by public health law. HPP also produces and maintains the Community Health Assessment. This document identifies leading health indicators, community health concerns and issues, and describes available and needed health services in Tompkins County. Researchers, grant writers, and interested community members contact HPP or go to the Department's website regularly for this information, www.tompkins-co.org/health/cha05.

Highlights of Activities for 2007

The HPP responded to 33 inquiries from local and regional media – more than double the number in 2006 – 15 calls. The media interest included tobacco – free zones, local health data, flu prevention and vaccination, among other topics.

“Get Serious About Asthma” - Grant funding was secured to work with four schools in Tompkins County to manage asthma symptoms. HPP staff worked with the Health Planning Council, the lead agency to develop and initiate grant activities that began in mid-year.

Developed the “Be Flu Safe Tompkins County” logo that was introduced during the fall flu immunization campaign. The logo will be used annually to build awareness of the community effort to encourage flu vaccine immunization.

The County Legislature passed a resolution of support for voluntary T-Free Zones (Tobacco Free Zones) and Mayor Carolyn Peterson established T-Free Zones at all City of Ithaca buildings. Policy change is one of the goals of the New York State Tobacco Control Program. These changes were in part, a result of the sustained effort of HPP staff.

Diabetes

The diabetes control coalition grant continued to focus on working with providers to help patients with diabetes manage the disease through education and local resources. In 2007 TCHD community health nurses learned how to use the nutrition toolkits to teach their patients about portion control.

Tompkins County residents at risk for Type 2 diabetes learned about the personal and financial costs of diabetes. The Director of the Center for Healthy Living at Cayuga Medical Center was the guest speaker. The sessions were presented by HPP and Cayuga Medical Center and funded by the coalition grant. 24 people attended the session.

227 "Take Charge of Your Diabetes," patient education manuals, were distributed to physician offices and individuals. The manuals have become a reliable educational resource for patients since the inception of the diabetes grant program.

Tobacco Use Prevention

Tobacco Program Grant Highlights

The Ithaca Common Council passed a resolution that asks tobacco retailers to limit the amount of point of sale advertising for tobacco products because of the influence it has on children's decision to try smoking, and on smokers' (children and adults) decision to keep smoking. The resolution also states that the City will not accept funding from the tobacco industry, and will not permit tobacco product promotions on city property.

An *Ithaca Journal* editorial supports smoke free public outdoor areas.

Community Outreach

- **50** Newfield Schools' staff and community members learned about adult immunizations, sun safety, and injury prevention in the home, at the annual Newfield health fair.
- **13** women and two men from a local church group learned about the impact of diabetes on cardiovascular health, the benefits of physical good nutrition and physical activity and how to recognize a heart attack.
- **24** people at risk for diabetes learned about the personal and financial costs of diabetes.
- **16** residents of McGraw House are screened for high blood pressure six times a year.
- **31** Tompkins County employees were screened for high blood pressure and learned about "portion control" to control weight gain at the annual employee benefits fair.
- **15** County employees received information on the New York State Quitline program at the Employee Benefits Fair.
- **11** community health nurses and staff in Community Health Services learned how to use the "asthma toolkit" for patient education.
- **15** TCHD Children with Special Care Needs staff learned about the "fax to quit" program to assist their clients in smoking cessation.
- **800** children in the Dryden pre-K and elementary schools learned about sun safety.
- **60** nursing students learned about the health issues facing Tompkins County through a presentation on the community health assessment.

Outreach & Collaboration

HPP staff work closely with a network of agencies to encourage health education and to provide information on community resources and health services. Some of these include the Cancer Resource Center of the Finger Lakes, Health Planning Council, the Chamber of Commerce and the Cayuga Waterfront Trail, Cayuga Medical Center, Cooperative Extension, Ithaca City School District, McGraw House, Tompkins Community Action, Community Coalition for Healthy Youth, County agencies, local providers, and regional county partners.

The “Whole Community Project,” a program of the Cornell Cooperative Extension addresses childhood obesity through existing and new community initiatives. HPP is an active participant in that effort.

- 224 calls on a spectrum of health topics from the media, community, professionals
- 10 people borrowed educational materials from HPP library
- 5 providers requested 227 patient diabetes education manuals
- 836 paid radio and print media ads promoting tobacco free zones. \$44,500 direct contribution to local economy

Website traffic for 2007

(# of unique visitors to Home pages)

- Health Department home page ... 12,198
- TCHD Press Release Index 7,628
- Tobacco Free Tompkins home..... 4,134
- Worksite Wellness for TC home.... 4,049
- Environmental Health Div. home... 3,689
- TCHD A–Z Index 2,948
- TCHD Flu site home 2,673
- TC WIC page..... 2,541

TCHD Support

HPP works with other TCHD programs to provide technical and educational support. Marketing the flu program, responding to media inquiries on TCHD programs and current local and national health issues, editing press releases and other documents are a few examples. Department press releases, clinic schedules, program updates were routed to HPP for website posting.

Staff Development

HPP staff is committed to staying up-to-date on current health issues. In 2007, HPP staff recorded 213 hours of training through conferences, on-line and video presentations.

Emergency Preparedness

HPP staff was active in emergency preparedness in 2007. The HPP Director and the Planner/Evaluator attended a three-day Incident Command System 300 training and other required online training. HPP Director attended quarterly bioterrorism preparedness meetings and participated in County public information officer meetings and activities.

Tompkins County WIC Program

Mission Statement

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

Service Summary for 2007

- Full or part-time WIC staff members 7
- Average number of people participating in WIC each month.¹ 1,455
- Average total value of food vouchers redeemed each month \$66,868
- Total value of food vouchers redeemed for the year \$906,879
- Grocery stores in Tompkins County that accepted WIC vouchers 11
- Community locations for WIC clinics 8
- Total number of clinics 233
- Total clinic hours 1,503
- WIC families receiving \$24 in Farmers Market Nutrition Program coupons..... 940

Nutrition and Health Education

WIC professional staff provided approximately 5,820 nutrition education sessions for WIC participants in 2007.²

Participants of the Tompkins County WIC Program had the opportunity to learn about a number of nutrition topics. The topics included: the advantages of consuming 1% and skim milk for children over the age of two; how to read food labels; and tips to increase consumption of fruits and vegetables. WIC continues to support the New York State Health Department’s “Healthy Lifestyles” and “Fit WIC” initiatives that encourage families to eat nutritious foods and to be active. At the end of 2007, WIC received a “Healthy Lifestyles” grant award for \$22,430 to promote increased consumption of fruits and vegetables within WIC families.

Percentage of WIC participants drinking 1% or fat free milk (age 2+ yrs.)³	
Tompkins	39%
Syracuse Region	29%
NYS	53%

Children over two years of age and adults were encouraged to reduce the percentage of fat in the milk they drink from whole or 2% to 1% or fat free. In October of 2007, 39% of children and women were choosing 1% or fat free milk, compared to 29% in the Syracuse region and 53% in New York State.

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

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

³ Data are from a point estimate collected October 2007 by NYS DOH WIC Program.

Breastfeeding Promotion and Support

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

In 2007, more than 75% of the survey respondents initiated breastfeeding. This compares favorably with Healthy People 2010 (HP2010) goals, and exceeds the Syracuse regional average (56%) and the New York State average (67%) of mothers who were breastfeeding at hospital discharge.

<i>Reporting Year September-May</i>	Pct 2007	Pct 2006	Pct 2005		Syracuse Region**	NYS**	HP 2010
Women who initiated breast feeding	79%	82%	79%		56%	67%	75%
Women breastfeeding after 6 months*	42%	38%	47%				50%
Women breastfeeding after 1 year*	23%	19%	23%				25%

**Syracuse region and NYS data from WICSIS Report #ct056t - Infant Breastfeeding Status Before Hospital Discharge, 2007

Breast Pump Loan Program

In 2007, the Tompkins County WIC electric Breast Pump Loan Program was again expanded to 17 pumps. WIC leases eight pumps and owns nine pumps. From May 2006 through April 2007, the 17 pumps were loaned out to 40 different women. Reasons for using a pump included (some women gave more than one reason): 18 babies born prematurely (including four sets of twins); seven babies with latching-on problems; three mothers who wanted to increase their milk supply; 15 mothers who were returning to school or work, and one mother who was on medication incompatible with breastfeeding for a short period of time. WIC also gave 29 women manual breast pumps.

\$5.00 Fruit and Vegetable Vouchers

New York State was the first state to implement an initiative where all children between the ages of two to five years of age received \$5.00 monthly vouchers specifically for the purchase of fruits and vegetables. The goal of this initiative was to promote the purchase of fresh fruits and vegetables. This goal was realized as >70% of participants used the vouchers to purchase fresh produce.

Farmers' Market Nutrition Program

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

- 1) To increase fruit and vegetable consumption among WIC participants and low income seniors;
- 2) To support local farmers by increasing their sales at area farmers markets; and
- 3) To increase the number of farmers' markets in New York State.

In the summer of 2007, 940 Tompkins County WIC families received \$24 worth of coupons for the purchase of fresh fruits, vegetables, and herbs at area farmers' markets.

WIC Staff Development

WIC staff completed all mandatory training as required by the Tompkins County Health Department. Trainings were completed in 12 topic areas. Staff attended a total of 161 hours of training in federal fiscal year 2007.

Two nutrition staff received sufficient breastfeeding training to satisfy the requirements for their Certified Lactation Counselor (CLC) credential in 2007.

WIC Quality Assurance Procedures

In 2007, quality assurance assessments were conducted for all staff for: nutrition counseling; the measurement of heights, weights and blood hemoglobin values, income screening and documentation, and WIC check issuance.

WIC Community Collaboration

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

Mandatory Training Topics completed by WIC staff in 2007

- Universal precautions in blood procedures
- Communicable diseases and tuberculosis
- Confidentiality of client information
- Hazards in the workplace
- Civil rights
- Breastfeeding
- Dangers of drugs and alcohol
- Dietary assessment
- Collection of Anthropometric data
- Collection of hematological data
- Updates on the National Voter Registration Act.

Finally, WIC provided training and work opportunities for two nutrition interns, one from Cornell University and one from Ithaca College, and other student volunteers to further expand their educational experiences.

Children with Special Care Needs

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

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

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

Once again this has been an exciting year of learning, growth, and opportunity for our Division. Our major challenge has been the increased 'intensity of need' of a great number of the infants and toddlers that qualify for our programs.

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

As a Division we actively recruit and retain professional providers and evaluators throughout our region. To meet current regulatory standards for both **Early Intervention** and **Preschool Education** programs, providers and evaluators must be both New York State Departments of Health and Education approved. They must also meet and maintain the standards for contract approval by the Tompkins County Health Department. Actively seeking out and recruiting highly qualified professionals and agencies that offer a diverse range of service opportunities requires continuous effort. Once the provider or agency meets all approval requirements and a contract is established we are then responsible for monitoring all services delivered, documentation of that service and all billing procedures. We currently have contracts with 43 private professional providers and 13 agencies.

Children with Special Care Needs Budget--2007

Expense Budget

Early Intervention	\$	1,341,847.00
Preschool Special Education	\$	4,351,168.00
Physically Handicapped Children's Prog	\$	8,000.00
CSCN Administrative Budget*	\$	872,046.00
TOTAL	\$	6,573,061.00

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

Transportation

The service of **Transportation** is a collaborative effort between programs within our Division. The Early Intervention and Preschool Special Education Programs are responsible for coordinating and providing for the transportation of children enrolled to their respective programs. After a lengthy Request for Proposal (RFP) process, Birnie Bus Service, Inc. was awarded the three-year contract to provide transportation services for our programs. In addition to the qualified bus driver, each bus or van used to transport our children has a transportation aide on board. The age of the children transported is quite young, 18 months to five years old. Also, each child has the added concerns of a documented developmental delay, the transportation aides are available to monitor the safety and well being of each child. In 2007, the Early Intervention Program transported an average of 16 children each month to the Franziska Racker Centers' Group Developmental Intervention Program. Preschool Special Education transported an average of 53 children per month to Special Education Programs within the Ithaca City School District, and The Franziska Racker Centers' of Tompkins, Cortland, and Tioga counties.

Transportation Costs 2007

Early Intervention Transportation Cost in 2007	\$ 73,263.96
Preschool Special Education Transportation Cost in 2007	<u>\$645,877.34</u>
Total Division Costs	\$719,141.30



Children with Special Health Care Needs Program

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

Our part time 'Family Outreach Worker' (FOW) is a skilled professional Social Worker who seeks out and networks with schools and community agencies. She works closely with CSCN staff across all programs in her professional capacity. She promotes access to quality health care by guiding and assisting families with their social-emotional, financial, medical, and transportation needs. The family is an active partner with the Family Outreach Worker as needs and concerns are addressed in an individualized manner.

Part of our CSHCN Grant work scope is to identify gaps and barriers in services.

- ◆ In the past year there has been an involuntary exodus of working poor parents from Family Health Plus. This exodus is due to regulatory changes stating that any adult residing in New York, who works for a State, County, local government, or NY State school district, is not eligible for Family Health Plus if comprehensive health insurance is offered through their employer and the employer pays for any portion of the premium. This regulation applies even in extreme cases, such as where the employee's monthly cost for insurance would exceed his or her monthly wages.
- ◆ Another concern noted has been an increasing number of referrals for low-income families who are non-citizens and who lack child and adult health insurance.

The Ithaca Free Clinic has received a high number of referrals from CSHCN due to the insurance challenges described above.

Along with the CSCN Director, the FOW is an active member of the Cayuga Medical Center Cleft Palate and Facial Deformity Team. During 2007, the Family Outreach Worker met / networked, and made referrals to key community organizations, programs and school district personnel including:



- ◆ Advocacy Center
- ◆ Alex Haley Pool
- ◆ American Cancer Society
 - ◆ Road to Recovery Program
- ◆ American Red Cross
 - ◆ Homeless Services
- ◆ Arnot Ogden Medical Center
- ◆ Babies First
- ◆ Bishop Sheen Housing Foundation
- ◆ Broome DDSO
 - ◆ OMRDD
- ◆ Cass Park
- ◆ Cayuga Medical Center
 - ◆ Cleft Palate Team
- ◆ Catholic Charities
 - ◆ Immigrant Assistance Program
 - ◆ Samaritan Center
- ◆ Chemung County Health Dept.
- ◆ Child Health Plus
- ◆ Cincinnati Children's Hospital
- ◆ Cleveland Clinic
- ◆ Cops, Kids and Toys
- ◆ Cornell Cooperative Extension
 - ◆ Family/Parenting Education Program
- ◆ Cornell Legal Aid
- ◆ Cornell Translator-Interpreter Program
- ◆ Cortland County Family Court
- ◆ Day Care and Child Development Council
 - ◆ Child and Family Development Program
- ◆ Dryden School District
 - ◆ Committee on Special Ed–CSE
 - ◆ Committee on Preschool Special Education–CPSE
 - ◆ Speech Pathologist
 - ◆ School Nurse
- ◆ Eleanor Roosevelt Fund
- ◆ Evenstart Program
- ◆ Excellus Safety Net Outreach Coord.
- ◆ Family and Children's Services
- ◆ Family Health Plus
- ◆ Local Dentists
- ◆ Local Food Pantries
- ◆ Local and Regional Attorneys
- ◆ Local and Regional Medical Suppliers
- ◆ Local and Regional Physicians
- ◆ Mothers & Babies Perinatal Network
- ◆ Neighborhood Legal Services
- ◆ Nestle Nutrition
- ◆ Newfield Community Good Neighbor Fund
- ◆ Newfield Town Court
- ◆ North Penn Legal Services
- ◆ NYS Child Abuse Hotline
- ◆ NYS Parks and Recreation
- ◆ NYS Regional Special Ed Associate
- ◆ Onondaga County DSS
- ◆ PACE—Public Assistance Comprehensive Education
- ◆ Pennsylvania Child Abuse Hotline
- ◆ Pennsylvania-Clinton County
 - ◆ Children and Youth Services
- ◆ Regional Insurance Providers
- ◆ Salvation Army
 - ◆ Kitchen Cupboard
 - ◆ Christmas Assistance Program
- ◆ Strong Memorial Hospital
 - ◆ Kirsch Developmental Center
 - ◆ REACH Clinic
- ◆ Social Security Administration
 - ◆ SSD
 - ◆ SSI
- ◆ Tompkins Community Action
 - ◆ Head Start
 - ◆ Housing Choice Voucher Prog.
 - ◆ Weatherization program
- ◆ Tompkins County DSS
 - ◆ Adult Protective
 - ◆ Child Protective Services
 - ◆ Child Support
 - ◆ Dental Case Manager
 - ◆ Emergency Medicaid

- ◆ Family Resource Network
- ◆ Finger Lakes Unschooler's Network
- ◆ Franziska Racker Centers
- ◆ GIAC
- ◆ Groton Nursing Facility
- ◆ Health Now
- ◆ Healthy New York
- ◆ Human Services Coalition
 - ◆ Health Planning Council
- ◆ Information and Referral Svcs
- ◆ Immigrants Rights Center
- ◆ Ithaca City School District
 - ◆ Assistant Director of Special Ed
- ◆ Committee on Special Education—CSE
 - ◆ Committee on Preschool Special Ed—CPSE
 - ◆ Early Childhood Program
 - ◆ Social Workers
 - ◆ Vision Specialist
- ◆ Ithaca Housing Authority
- ◆ Housing Voucher Program
- ◆ Ithaca Youth Bureau
- ◆ Ithaca Free Clinic
- ◆ Lansing School District
 - ◆ Committee on Special Ed—CSE
- ◆ Nursing
- ◆ Local Day Care Centers/Providers
- ◆ Food Stamps
- ◆ HEAP
- ◆ Long Term Care Unit
- ◆ Medicaid
- ◆ Medicaid Transportation
- ◆ Medicaid Waiver Program
- ◆ Preventive
- ◆ Special Services Unit
- ◆ Temporary Assistance
- ◆ Wheels to Work
- ◆ Tompkins County Family Court
- ◆ Tompkins County Health Dept.
 - ◆ Environmental Health
 - ◆ MOMS
 - ◆ WIC
- ◆ Tompkins County Mental Health Association
 - ◆ Mental Health Clinic
- ◆ TST BOCES
 - ◆ SETRC
 - ◆ Smith School
- ◆ Trumansburg School District
- ◆ University Hospital—Syracuse
- ◆ United States Department of Health and Human Services
- ◆ Unity House
- ◆ Verizon
 - ◆ Lifeline
- ◆ Visiting Nurse Services

This program served 100 families in Tompkins County this year.



Early Intervention Program

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

Introduction

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

Staffing

The EIP team consists of the CSCN Director, Team Leader and five full-time Service Coordinators. All are Community Health Nurses, skilled in the area of early child development. Support staff includes an Administrative Coordinator, a Senior Account Clerk Typist, an Account Clerk Typist, and a Keyboard Specialist. Support staff duties are also shared among other CSCN programs.

Service Coordinator's responsibilities include:

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

Child Find

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

Early Intervention Referrals

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

Early Intervention Referrals for 2007

Communication	81
♦ Communication and Hearing	12
♦ Communication and Social Emotional	21
♦ Communication and Adaptive	2
♦ Communication and Feeding	3
Gross Motor	28
♦ Gross Motor and Communication	12
♦ Gross Motor and Fine Motor	5
♦ Gross Motor and Social Emotional	3
♦ Gross Motor and Feeding	5
♦ Gross Motor and Gestational Age	1
Fine Motor	2
♦ Fine Motor & Adaptive	2
Global Delays	12
Adaptive	1
♦ Feeding/Oral Motor	4
Social Emotional	8
♦ Social Emotional & Feeding	2
♦ Social Emotional & Adaptive	2
♦ Social Emotional & Vision	1
Gestational Age	1
Diagnosis -- Genetic	2

Transfer from Another County	2
Child Find -- Children at Risk	43
TOTAL REFERRALS	255

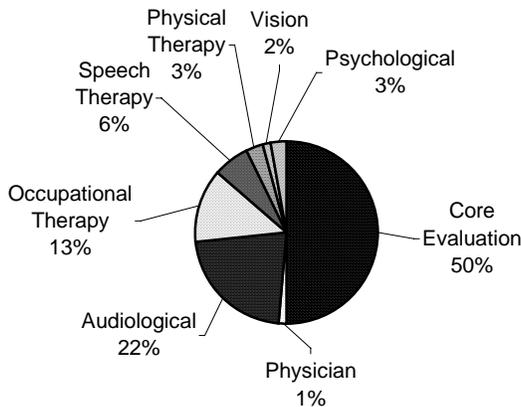
Early Intervention Evaluations

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

Core Evaluation*	198
Physician	5
Audiological	87
Occupational Therapy	51
Speech Therapy	25
Physical Therapy	12
Vision	6
Psychological	11

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

Early Intervention Evaluations Provided in 2007



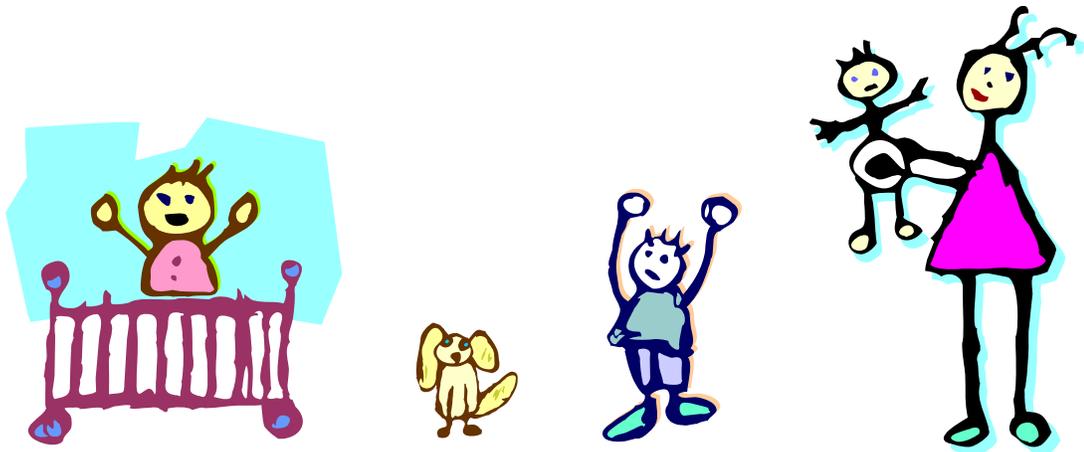
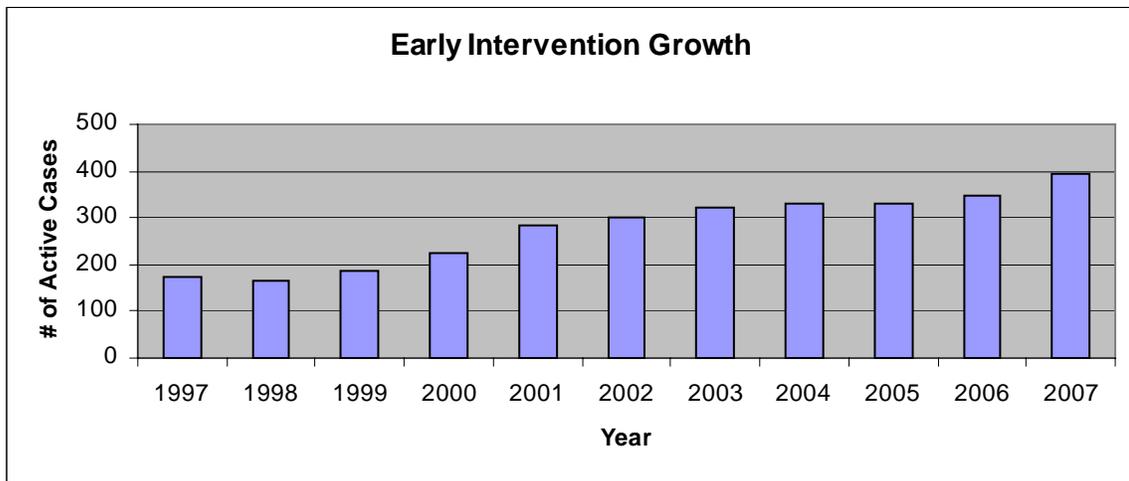
The Individualized Family Service Plan (IFSP) is the written plan for the Early Intervention services the child and family will receive. The plan includes all the details—

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

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

Early Intervention Services Provided in 2007

Type of Service	Number of Services	Cost
Audiology	1	\$96.00
Psychological	10	\$960.00
Family Counseling	11	\$748.00
Family Training	120	\$11,072.00
Social Work	1,171	\$87,188.00
Occupational Therapy	2,601	\$175,931.00
Physical Therapy	2,650	\$179,953.00
Special Instruction	2,904	\$166,417.00
Speech/Language	7,768	\$529,547.00
Total	17,236	\$1,151,912.00



The five (5) Community Health Nurses/Service Coordinators were responsible for:

- ◆ A total of 394 cases in EIP for 2007
- ◆ An average of 44.2 cases per month
- ◆ A total avg. of 78.8 cases for 2007
- ◆ Completed a total of 398 IFSPs
- ◆ Made 890 community visits

Total Children discharged from EIP were 194.

- ◆ 28 children had their developmental delay resolved
- ◆ 85 children transitioned to the Preschool Special Education Program

Early Intervention Growth

<u>Year</u>	<u># Active Cases</u>
1997	174
1998	167
1999	186
2000	226
2001	285
2002	300
2003	321
2004	332
2005	332
2006	349
2007	394

Revenue for Service Coordination based on 2006 services*

Service Coordinator Salaries** \$227,128.03

Medicaid Revenue	\$ 88,571.37	
Insurance Revenue	28,168.97	
NYSDOH Revenue	55,325.76	
Medicaid Administrative Revenue	<u>9,461.22</u>	
TOTAL REVENUE		<u>\$181,527.32</u>

Total County Expense for Service Coordinator Salaries \$ 45,600.71

80% of salaries reimbursed through revenues
20% County Expense

*Due to reimbursement timeframes for services, 2006 figures were used.

**Salaries do not include fringe benefits expense

Early Intervention Insurance and Medicaid Claiming

- ◆ NYS provides Early Intervention with a software application entitled "KIDS." This is a DOS based program that is not able to meet the billing needs of the program. CSCN worked closely with County ITS staff in evaluating an adjunct application. Appropriate approval was obtained to purchase the McGuinness EI Third Party Billing Software.
 - ◆ The McGuinness software application automatically imports all data from the current "KIDS" program. Utilizing the imported data, all third party billing is accomplished accurately, efficiently, and in a timely manner, where previously all claims were hand generated.

- ◆ The new program allows for tracking, monitoring, and accurate unduplicated reporting of every aspect of EI billing.
- ◆ The program is ever evolving as the needs of the county change.

The following information is for claims sent during the calendar year January 1, 2007 – December 31, 2007.

Total Dollar Amount of EIP services billed in 2007

Medicaid	\$ 736,101
Commercial Insurance Carriers	\$ 521,855
Child Health Plus B	\$ 21,543
Total billed	\$1,279,499

Total Dollar Amount Received on those Claims

Medicaid	\$ 656,694.97
Commercial Insurance Carriers	\$ 189,081.60
Child Health Plus B	\$ 7,962.82
Total Received	\$ 853,739.39

Total Number of Insurance Claims billed by EIP staff

Medicaid	12,338
Insurance	<u>10,817</u>
Total Claims	23,155



Preschool Special Education (4410) Program

Introduction

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

Staffing

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

Municipal responsibilities within the 4410 program include –

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

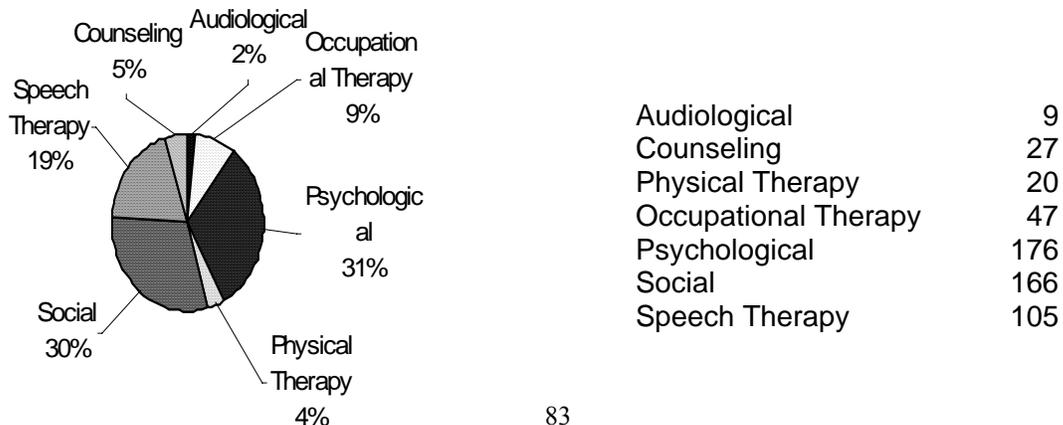
Preschool Special Education Referrals

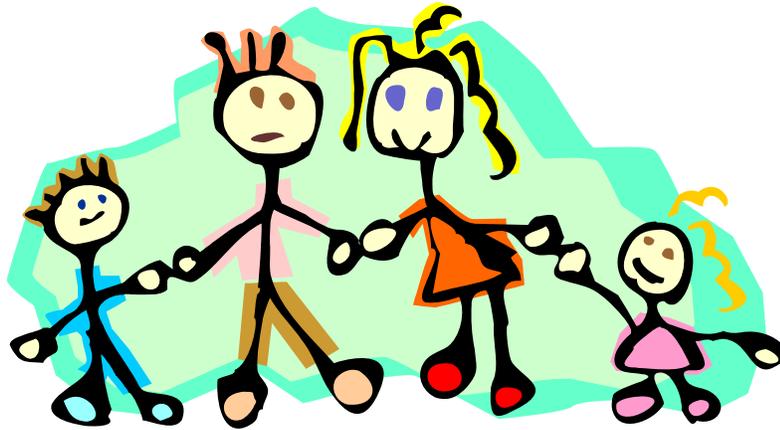
Children are referred to the school district’s CPSE if they are suspected of having a disability, which impairs their learning and development. Referrals are made in writing by parents, professionals, caregivers, program providers, or other individuals who are concerned about a child’s development.

◆ New Referrals for the 2006-2007 school year 180

Preschool Special Education Evaluations

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





Preschool Special Education Services Provided in 2006-2007 School year

Type of Service	Number of Children Receiving Service	Cost
TO* Deaf	3	\$17,460
TO Visually Impaired	5	\$660
Nursing	1	\$1,680
Parent Counseling	18	\$12,480
Assistive Tech Services	2	\$807
Psychologist	6	\$6,480
Aide	29	\$163,039
Interpreter	4	\$61,360
Spec Ed Itinerant Teacher	31	\$85,581
Physical Therapist	33	\$58,920
Counseling	66	\$115,740
Coordination	62	\$10,260
Spec Ed--Tuition Programs	104	\$1,957,921
Occupational Therapy	128	\$208,500
Speech Therapy	282	\$680,220
	8	\$4,440
Audiological Services		
Total		<u>\$3,385,548</u>

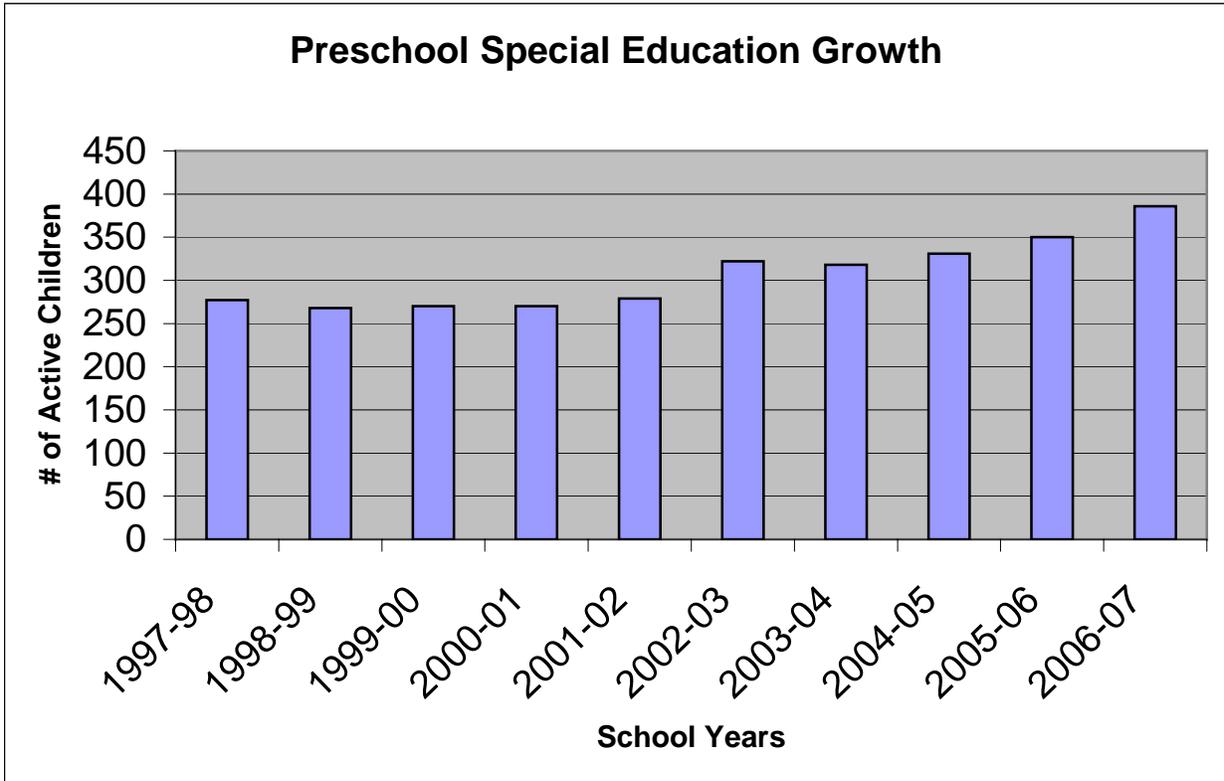
*TO=Teacher of



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

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

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



- ◆ In the 2006-2007 school year **386** children received services
- ◆ 501 Annual Reviews were completed
- ◆ 134 children received summer services
- ◆ 102 children attended Preschool Special Education Programs



<u>Preschool Special Education Growth</u>	
<u>School Year</u>	<u># of Active Children</u>
1997-1998	277
1998-1999	268
1999-2000	270
2000-2001	270
2001-2002	279
2002-2003	322
2003-2004	318
2004-2005	331
2005-2006	350
2006-2007	386

Preschool Special Education Reimbursement

- ◆ New York State does not provide a software application program to process claims for the Preschool Program. CSCN staff worked closely with County ITS staff to determine the best software application program. After appropriate approval, the McGuinness Preschool software application was purchased and installed. This software tool is designed to assist NYS counties with the processes involved with providing services to preschool aged children.
- ◆ This software application -
 - ◆ Automates the STAC-1 and STAC-5 entry and submissions to NYSED
 - ◆ AVL approval, confirmation and processing
 - ◆ Manages the enrollment and paying of all providers
 - ◆ Interfaces with the web for file downloads and product updates.
 - ◆ The program automatically tracks the NYS Department of Education rate changes/updates resulting in immediate notification of all changes and automatically recalculates all billing for the entire year.
 - ◆ Allows for tracking, monitoring, and accurate unduplicated reporting of every aspect of the preschool program.

The following information is for reimbursement for the calendar year January 1, 2007 – December 31, 2007.

Total Dollar Amount Received on Reimbursement Claims

New York State Education Department	\$2,553,083.10
Medicaid	<u>\$ 163,022.82</u>
Total Received	\$2,716,105.92

Children with Special Care Needs Division - Goals and Opportunities

- ◆ Meeting the developmental and educational needs of the ever-increasing numbers of children qualifying for the Early Intervention and Preschool Programs.
- ◆ Educating and training staff and service providers along with meeting the developmental and educational needs of those children suspected of or diagnosed on the Autism Spectrum.
- ◆ Meeting the demands of our ever-increasing caseloads effectively, efficiently, and within regulatory guidelines division-wide.
- ◆ Keeping up with ever-changing regulatory guidelines.
- ◆ Recruiting qualified evaluators and service providers to meet the increasing demands.
- ◆ To address gaps and barriers identified through the Children with Special Health Care Needs Program.
- ◆ Increase community awareness of the Children with Special Care Needs Division and our programs.



It was a continuing theme that the Bioterrorism Program again faced more funding reductions, and this year had to continue to deal with the demands of additional planning responsibilities. August 31, 2007 was the start of another year of Federal grant funding for the Health Department's Bioterrorism Program which started in the fall of 2002. Like last year, the Program faced a 17% reduction in Federal funding and in the interim was required to make significant adjustments in the program's budget to compensate for this decrease in funding [the Bioterrorism Program fully funds salaries, supplies, and maintenance items with federal monies, with no local dollar supplementation]. The Program was faced with the task of creatively finding ways to efficiently allocate its funding while maintaining viable emergency planning programs and surveillance systems available to be activated and to respond effectively to a possible public health related emergency.

Hardest hit again this year within the Bioterrorism Program was the area of staffing. It was necessary to reduce the full-time BT Keyboard Specialist position to a halftime position. This was a hardship not only for staff, but for the Program as a whole, as the Program was faced with the BT Coordinator, as well as other key staff within the department, having to take on greater responsibilities. This was both in our planning and coordination responsibilities as well as the addition of increased clerical duties that the BT Keyboard Specialist position was originally created to handle. The reduction in funding, however, did not decrease the workload for the department. On the contrary, the Bioterrorism Program and the department were charged with additional planning and collaboration responsibilities related to emergency preparedness planning. This included planning for Pandemic Influenza, Special Medical Sheltering Needs planning, continuity of the department's operations (COOP planning), Risk Communications planning, and SNS Strategic National Stockpile planning, as well as the additions of federally regulated training and education mandates.

As in past years, the Bioterrorism office in conjunction with various other Health Department programs, continued to spend a large percentage of time reestablishing current partnerships, revising plans, creating and updating current Memorandum of Understanding (MOU's) with various community planning partners. We continued to work collaboratively with our Alliance counties in developing response plans, as well as continuing to strengthen communications to better handle a public health emergency of a large magnitude. In addition to these activities, the Program and the Health Department have been actively involved in the County's Emergency Management Strategic Group (EMSG), Special Needs Sheltering activities. Many of the department's staff sit on a number of sub-committees of the County's Emergency Management Planning Team. Sub-committee involvement includes participation on the Educational Outreach Committee, as well as the Human Services Committee, as well as partner participation on the Ithaca City School District's Pandemic Influenza Planning committee.

In addition, the Program continued to coordinate and manage the delegation of the contract deliverables that are required by the State and Federal government. This year the Health Department planned and coordinated a number of internal communication drills with the assistance of the State Health Department. Most drills this past year focused on our department's ability to access the State hosted surveillance and alerting system known as the Commerce System or Health Information Network (HIN). The CHS Division had the greatest responsibilities regarding these drills, as their Division handles all communicable disease reports and epidemiologic investigations.

Training and staff education in the area of Emergency Preparedness Planning is ever changing within the Bioterrorism Program and requires completion by all staff within the Health Department. This training remains a challenge to complete in a timely manner due to our decreased funding structure. In the past, the Bioterrorism Program was able to off-set the cost of training and travel costs for the other Health Department divisions, however, with the decreased funding the Program was limited in its ability to help aid other divisions with training and travel expenses. Many of the training requirements are federally mandated and regulated training. This year the Health Department staff completed a number of trainings related to emergency preparedness planning that included the following:

- Annual Emergency Preparedness and Bioterrorism Training 2007
- Empire State Animal Response Team CART Conference
- Communicable Disease Health Information Network (HIN) training
- Psychological First Aid training
- Regional Pan Flu Tabletop
- NYSDOH/HSEEP training course: Exercise Evaluation and Improvement Matrix Planning
- Preparedness and Response to Agricultural Terrorism Management and Planning at Cornell
- FEMA IS 800: National Response Plan (NRP), an Introduction
- Health Information Network (HIN) Coordinator Training
- Incident Command System (ICS) 100, 200, 300 & 400
- FEMA IS 700: National Incident Management System
- IS 120 An Orientation to Community Disaster Exercises

Future training will include ICS 400 for designated division management staff and a number of other event related trainings for various Health Department staff. Additionally, the BT Coordinator conducted a number of trainings on various topics from SNS training for Public Works staff, Pandemic Influenza training to members of the medical and business communities, and other preparedness based training.

The Program continues to provide county-wide education on all areas of Emergency Preparedness Planning, as well as infectious disease prevention. Completing State mandated grant deliverables is always the main focus of the Program and will be the main focus in the coming year as well as planning for various events that could potentially impact the health and safety of the

community's population. In addition, the Program will have continued challenges of program management and coordination, as this year the grant cycle was decreased by 1.5 months and is projected to start 2 months earlier next year creating an overlap of the current grant year.

As the events of the world around us continue to change and develop and as cuts to both Federal and State funding develop, it is uncertain what the impact will be on the effectiveness of this Program to maintain a viable structure of preparedness planning for our community. It is vital and apparent that additional resources including increased funding, equipment, supplies, as well as human resources, are needed to maintain and properly respond to the possibility of a large scale public health emergency.



The Health and Safety Coordinator is responsible for a comprehensive safety program for the County, to include supervision of departmental training activities and conducting training on specific concerns or hazards. Out of the 812 eligible employees, approximately 91% were given Right-to-Know (RTK) training in 2007. The Division of Health and Safety trained over 200 of these 812 employees. Other trainings given by this Division were Respiratory Protection, Confined Space, Hearing Protection, Asbestos Safety, and Hazardous Awareness.

The Health & Safety Coordinator and an Ergonomic Consultant performed 70 ergonomic assessments this past year. This alone has prevented numerous and very painful injuries from worsening and/or occurring.

There were three major Indoor Air Quality audits performed by contractors this past year, one at the Health Department, one at the Library, and one at Mental Health. The Division coordinates all of the meetings, briefings, and documents with after action reports.

The Division continues to give hearing tests and respirator fit-tests free of charge to county employees, which saved several thousand dollars by not using a contractor.

The Division also participates in training on bioterrorism preparedness and is a part of the Public Health Response Team.

There were only 33 OSHA recordable injuries and illnesses for 2007. This continues to be well below the county goal of 50 incidents. The OSHA Incidence Rate goal for the county is 8.5 per 100 employees. The rate for 2007 was 5.5. The Lost Work Day incidence rate was at 2.6 per 100 employees, which was below the county goal of 3.0.

There were no monetary fines by Public Employee Safety and Health (PESH) for the past year. Since 1993, the County has not received any monetary fines.

Emergency Medical Services Tompkins County Department of Emergency Response



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

- Tompkins County Fire, Disaster, and EMS Advisory Board
- Tompkins County EMS Continuous Quality Improvement (CQI) Committee
- Tompkins County Fire and EMS Chiefs Association through its EMS Training sub-committee
- Tompkins County EMS Medical Director, Dr. Drew Koch from Cayuga Medical Center
- Individual EMS agencies and providers
- New York State EMS training programs administered by Groton Fire Department, Cornell University, and Tompkins-Cortland Community College

The Department's Director and Assistant Director are actively involved with all these agencies and committees. Both are also members of the CNY Regional EMS Council.

Education of EMS providers continues to be the main emphasis of this Department's activities. We continue to partner with Cayuga Medical Center to provide training programs at the Emergency Response Building; CMC staff physicians provide training based on NYS EMS curriculum that allows providers to obtain continuing education hours. In 2007, a new EMS Medical Director, Dr. Drew Koch, was appointed by CMC. The DoER Assistant Director taught many classes, both countywide and for individual agencies, on various EMS topics that allowed providers to obtain core-hour CME credits.

The Tompkins County Communications Center began EMD (Emergency Medical Dispatching) dispatching in January 2007. This national system involves structured training for all dispatchers along with specific quality improvement activities. Training on EMD was also provided to EMS agencies throughout the County. In conjunction with EMD, a process for backing up ambulance services to help improve response times. In 2007, the Communications Center dispatched 12,678 EMS and rescue requests to the five ambulance services and 13 fire department rescue squads in the County. Sixty-eight air medical transports, through services of Guthrie and Mercy Flight, also occurred in 2007.

This office continues to participate in many other planning activities that related to emergency management and disaster planning that may directly or indirectly affect fire and EMS first responders, such as coordination of fire and EMS participation in various County disaster drills or exercises. This office partners with many local organizations, such as the Health Department, the American Red

Cross, local law enforcement agencies, City and County administrators and legislators, and other service organizations to conduct emergency preparedness planning. The Assistant Director provided ongoing training in NIMS incident management (IS-100, IS-200 and IS-700) throughout the year to various agencies and disciplines. DoER staff also continues to participate in the County's Emergency Management Planning Committee and in the Health Department's BT Committee.

In summary, 2007 saw continuation of EMS training; the final stages of the new 800 MHz communications system were undertaken at the end of the year with anticipation of a fully operational system early in 2008. The continued goal of this office is providing for and supporting a framework for well-prepared and well-educated fire and EMS providers on a local level.

Number of Deaths Investigated: 119 ■ Number of Autopsies: 19

1. Natural deaths - 92
2. Accidental, non-vehicular: 11
 - a. Fall from roof at home: 1
 - b. Fall in bathroom at home: 1
 - c. Unwitnessed fall: 1
 - d. Other falls/fractures: 6
 - e. Skull fracture from wooden beam at construction site: 1
 - f. Asphyxia (infant trapped in recliner): 1
3. Accidental, vehicular: 4
 - a. MVA – driver: 3
 - b. MVA – pedestrian: 1
4. Suicide: 10
5. Pending: 1
6. Fetal death referred to ME: 1

Chief Medical Examiner:
Dr. Howard Silcoff

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

REPORTED COMMUNICABLE DISEASES - TEN YEAR COMPARISON

DISEASE	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
AMEBIASIS	4	1	0	2	1	1	2	3	3	2
BACTEREMIA, OTHER	0	0	4	0	0	0	0	0	0	0
BALANTIDIASIS	0	0	0	0	0	0	0	0	0	0
CAMPYLOBACTER	10	12	18	25	15	28	26	13	28	31
CAT-SCRATCH DISEASE	0	0	0	0	0	0	0	0	0	0
CHANCROID	0	0	0	0	0	0	0	0	0	0
CHLAMYDIAL INFECTIONS			44	133	171	183	183	167	171	228
CHOLERA	0	0	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS	5	10	6	11	2	5	6	39	10	14
CYCLOSPORIASIS									0	4
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0
E. COLI (0157:H7)	6	1	2	2	1	1	0	0	1	2
***EHEC NON:0157									2	0
ENCEPHALITIS	2	0	2	2	1	1	2	0	0	0
GIARDIASIS	25	19	28	16	13	9	16	16	29	19
GONORRHEA	44	61	60	19	18	15	19	23	19	32
GRANULOMA	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE	2	3	2	0	2	1	0	1	0	0
HANTAVIRUS DISEASE	0	0	0	0	0	0	0	0	0	0
HEMOLYTIC UREMIC SYN	0	0	0	0	1	0	0	0	0	0
HEPATITIS A	5	2	3	1	0	3	0	2	1	3
HEPATITIS B, ACUTE*	3	2	2	0	0	1	0	1	0	1
HEPATITIS B, CHRONIC*						4	6	9	8	14
HEPATITIS C, ACUTE*	6	1	1	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC						7	4	8	19	29
KAWASAKI SYNDROME	0	0	0	0	0	0	0	0	0	0
LEGIONELLOSIS	1	1	0	0	0	0	1	1	3	0
LEPROSY	0	0	0	0	0	0	0	0	0	0
LISTERIOSIS	0	0	0	0	0	1	0	0	0	0
LYME DISEASE	7	7	8	4	5	10	5	4	2	9
LYMPNOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0
MALARIA	3	2	1	2	3	0	2	3	1	0
MEASLES	0	0	0	0	0	1	0	0	0	0
MENINGITIS, BACTERIAL**	1	2	0	2	1	0	1	1	0	0
MENINGITIS, VIRAL	3	3	0	16	2	3	1	1	2	0
MUMPS	0	0	0	0	0	0	0	0	3	1
PERTUSSIS	0	0	0	0	88	17	14	2	39	5
PSITTACOSIS	0	0	0	0	0	0	0	0	0	0
RABIES EXPOSURE	33	58	70	111	106	108	118	111	114	127
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	1	0	0	0	0
RUBELLA	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	21	14	12	9	16	17	15	14	15	13
SARS, SUSPECT						1	1	0	0	0
SHIGELLOSIS	4	5	5	5	1	2	1	3	1	1
STREPT GROUP B, INVASIVE	0	0	0	1	2	3	5	5	3	3
STREPT INVASIVE DIS, GROUP A	3	0	3	1	0	0	0	1	0	6
STREPT INVASIVE DIS, GROUP A, DRUG RESIST	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMONIAE INVASIVE DIS	5	11	12	8	10	5	5	5	12	16
STREPT PNEUMONIAE INVASIVE DIS, DRUG RESIST	0	0	0	0	0	0	0	0	0	0

SYPHILIS	1	1	0	2	2	3	4	3	1	6
TETANUS	0	0	0	0	0	0	0	0	0	0
TOXIC SHOCK SYN	0	0	0	0	0	0	0	0	0	0
TRICHINOSIS	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	3	3	8	4	1	4	4	3	1	3
TYPHOID FEVER	2	1	0	0	0	0	0	0	0	0
TYPHUS FEVER	0	0	0	0	0	0	0	0	0	0
YELLOW FEVER	0	0	0	0	0	0	0	0	0	0
YERSINIOSIS	2	2	0	1	1	2	0	3	0	0
GRAND TOTAL	201	222	291	377	463	437	441	442	488	569

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

***STREPT FORMS OF BACTERIAL MENINGITIS ARE NOT SHOWN IN MENINGITIS, BACT LINE AS OF YEAR 2000.*

****EHEC=Enterohemorrhagic E.Coli*

**NOTE: THOSE COLUMNS SHOWN WITH MISSING NUMBERS DENOTE NEW CATEGORY ADDED
(NOT INCLUDED IN STATS FOR PREVIOUS YEARS).**

updated: 4/5/06; 4/3/07;2/?/08

F:\PREV\CDC\CD YEARLY COMPARISON 97-06

F\DCH SHARED\CDC\YEARLY COMPARISON 98-07



Your Partner for a Healthy Community

2007 Birth Statistics

Total All Births: 948

Non-Resident 144
Resident 804

Additional Stats On Resident Births Only:

1st Live Birth 389
Cong Malf 1
Premies 19
Teen Births 41
Home Births 5

Tompkins County Premies - 2007

Birth Weight	Mother's Age	Residence	# Of Prenatal Visits	# Of Previous Live Births	Race
1474 g	20	(C) ITHACA	5	0	BL
1673 g	39	(C) ITHACA	12	0	WH
1758 g	30	(C) ITHACA	10	4	WH
1786 g	20	(T) CAROLINE	5	0	WH
1786 g	30	(T) ITHACA	12	0	WH
*1928 g	25	(C) ITHACA	20	0	WH
1928 g	27	(T) GROTON	6	0	WH
1985 g	31	(V) LANSING	11	2	WH
2013 g	21	(C) ITHACA	8	0	OT
2013 g	24	(C) ITHACA	8	1	WH
*2041 g	18	(V) TRUMANBURG	9	0	WH
2070 g	33	(T) DRYDEN	5	0	WH
2098 g	19	(T) NEWFIELD	5	1	WH
*2098 g	35	(T) CAROLINE	12	0	WH
2126 g	19	(T) NEWFIELD	7	0	WH
*2126 g	35	(T) CAROLINE	12	0	WH
2126 g	40	(V) TRUMANBURG	14	0	WH
2155 g	31	(T) DRYDEN	12	0	WH
2183 g	33	(C) ITHACA	7	0	WH

*One of Multiple Births

Premie = Less than or equal to 2268 grams

Total Resident Premies: 19

Birth Weight: g = grams

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

2007 Births by Township

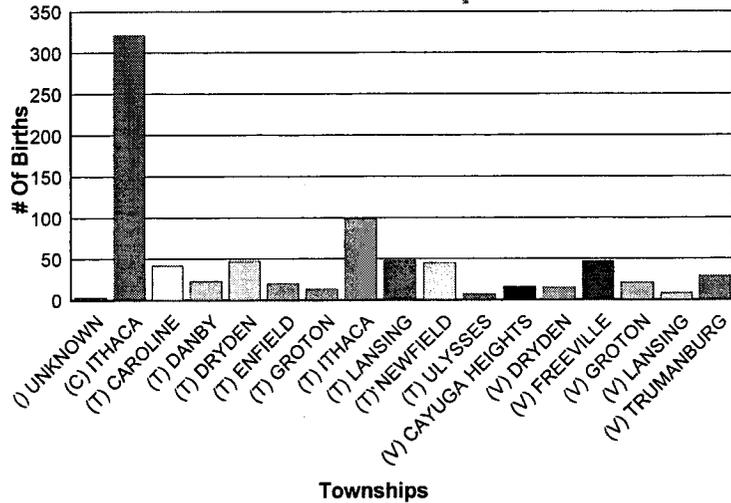
Residence*	# Of Births**
(U) UNKNOWN	3
(C) ITHACA	321
(T) CAROLINE	42
(T) DANBY	23
(T) DRYDEN	47
(T) ENFIELD	20
(T) GROTON	13
(T) ITHACA	99
(T) LANSING	48
(T) NEWFIELD	45
(T) ULYSSES	7
(V) CAYUGA HEIGHTS	16
(V) DRYDEN	15
(V) FREEVILLE	47
(V) GROTON	21
(V) LANSING	8
(V) TRUMANBURG	29

804

*Unknown: Residence was not filled in by parents

**Teens included in count

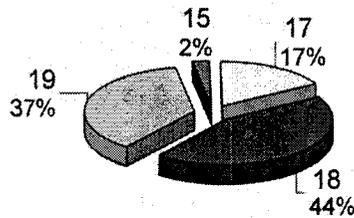
Number of Births By Township



Resident Teen Births

Residence	# Of Births
(U) UNKNOWN	1
(C) ITHACA	14
(T) CAROLINE	1
(T) DANBY	1
(T) DRYDEN	2
(T) ITHACA	1
(T) LANSING	2
(T) NEWFIELD	7
(V) DRYDEN	2
(V) FREEVILLE	2
(V) GROTON	4
(V) TRUMANBURG	4
Total	41

Teen Births - % By Age Comparison



Teen Live Births By Age

Age	# Of Births
15	1
17	7
18	18
19	15
Total	41

**January - December 2007
Death Statistics For Tompkins County Residents Only**

Ages:	<1 - 9		10 - 19		20 - 29		30 - 39		40 - 49		50 - 59		60 - 69		70 - 79		80 - 89		90 - 99		100+		Totals			
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	All	
CANCER	0	0	0	0	0	0	0	0	1	3	5	6	10	9	17	13	21	16	3	2	0	0	57	50	107	
CIRC	0	1	0	0	0	1	1	0	1	3	1	7	5	7	5	18	28	22	27	15	1	0	69	74	143	
COPD	0	0	0	0	0	0	0	0	0	0	1	0	4	2	6	5	7	3	0	0	0	0	18	10	28	
CVA	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	5	4	6	1	0	0	15	5	20	
HEART	0	0	0	0	0	0	0	0	0	1	1	3	3	1	6	8	20	13	18	7	0	0	48	33	81	
MVA	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	3	
OTHER	2	0	0	1	1	1	0	2	1	0	6	2	8	3	6	12	26	4	28	4	2	1	80	30	110	
PENDING	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2	2	
PNEUMONIA	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	4	3	10	9	9	4	1	0	27	18	45
UNDETERMINED	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	
Totals	2	1	0	1	2	3	2	3	4	10	15	20	32	22	47	59	117	71	91	33	4	1	316	224	540	

**Tompkins County Residents Only
Accidental Deaths**

Total: 11*	Cause	Age
FEMALE: 7	ASPHYXIA/TRAPPED IN RECLINER CHAIR	0
	CARDIOGENIC SHOCK	69
	CEREBRAL HERNIATION	84
∞	FRACTURED HIP FROM FALL	95
	MVA/I VEHICLE	22
	MVA/I VEHICLE	33
	SUBDURAL HEMATOMA	86
MALE: 4	FALL OFF ROOF	88
	MULTIPLE TRAUMATIC INJURIES/PINNED UNDER VEHICLE	58
	MVA/I VEHICLE	25
	SUBDURAL HEMATOMA/UNWITNESSED FALL	54

* Total Accidental Deaths Including Out-Of-County Residents: 15

Total All Deaths	
Total All Deaths	604
Non-Resident	64
Resident	540
A. Neonate*	3
B. Infant	0
C. Over 1 Year	537
*Less than 1 month old	

Suicides

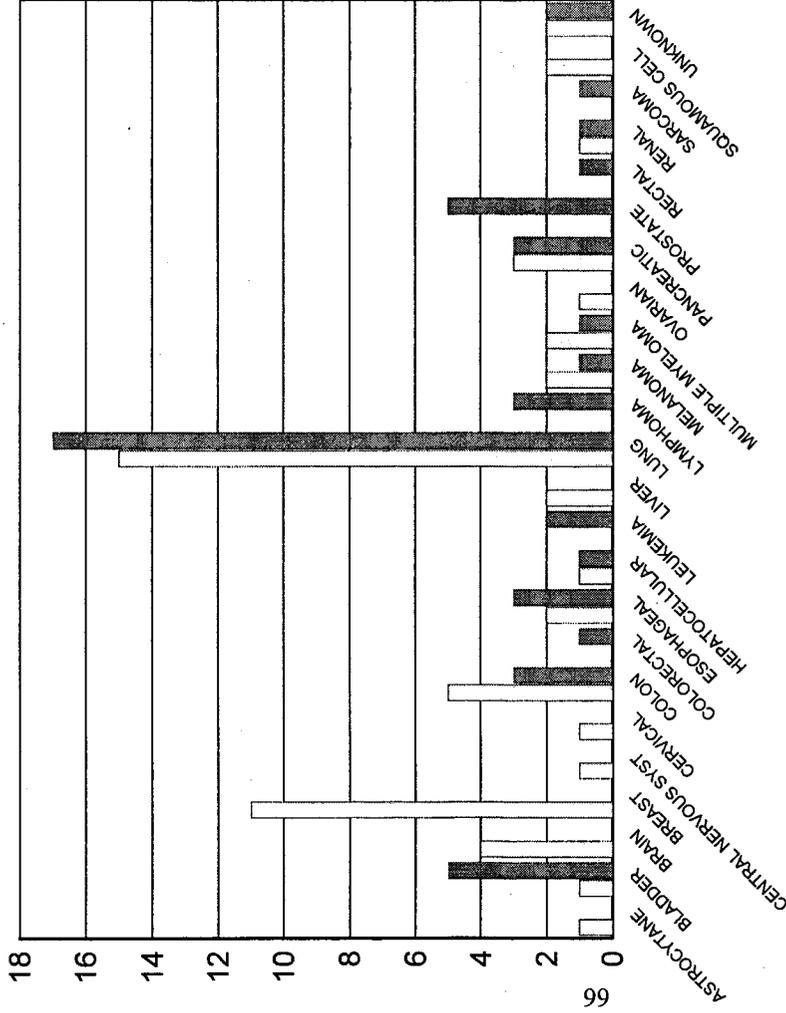
Total: 7*	Cause	Age
FEMALE: 2	GUNSHOT WOUND/HEAD	21
	MULTIPLE DRUG OVERDOSE	89
MALE: 5	EXSANGUINATION	32
	GUNSHOT WOUND TO HEAD	61
	INTENTIONAL OVERDOSE	33
	JUMP OVER WATERFALL	28
	SELF-INFLICTED GUNSHOT WOUND	73

* Total Suicides Including Out-Of-County Residents: 10

January - December 2007
 Death Statistics For Tompk County Residents Only

Tompkins County Residents Only
 Cancer Deaths

Cancer Deaths By Type



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