



TOMPKINS COUNTY
HEALTH DEPARTMENT



55 BROWN ROAD
ITHACA, NY 14850

PROGRAM HIGHLIGHTS

- Environmental Health
- Division for Community Health
- Children with Special Care Needs
- Division of Health and Safety
- Emergency Medical Services
- Medical Examiner
- Communicable Disease Statistics
- Birth and Death Statistics

2010 ANNUAL REPORT

Mission Statement:

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



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

Tompkins County Health Department
55 Brown Road
Ithaca, New York 14850

Administration 274-6674

Bioterrorism Preparedness Coordinator 274-6681

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

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

Division for Community Health

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

Environmental Health Services 274-6688

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

Vital Records 274-6642

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; 02/09

PS

Overview

The past year we bid farewell to Alice Cole, former Public Health Director who retired in June 2010. It was my pleasure to work with Alice during her entire tenure. I admire her clear vision of and passion for public health. Always nurturing and supportive of the Department, she was also clear in her expectations. She articulated the mission of public health and advocated for its goals. Practical and level headed, she was careful to stay within the Department's means and capacity and was able to clarify the strengths and limitations of public health. She was an effective collaborator and helped promote community efforts to achieve public health goals.

Financial Outlook

State and local budgets are under stress. Public Health is subject to curtailment of programs and resources as is every other sector. Already subjected over past years to reductions in budget with resultant cuts in programs, the Health Department is now down to the "bone." Core missions of public health are at risk. Activities at risk of curtailment include: response to disease outbreaks, frequency of restaurant inspections, treatment of persons who are disabled, or newly discharged from hospital to their homes, vaccination clinics, and collaboration with our community partners, among others. At risk is the level of safety you feel when eating out, when your neighbor falls ill from a communicable disease, when the water system fails in your subdivision, and when a sewage system permit is necessary for the system your neighbor is installing. These are some of the areas that the Health Department's activities influence.

Public Health usually goes unnoticed because when it is working well it is taken for granted. When it is working well it operates silently. It is always there performing restaurant checks to prevent food contamination from improper storage of eggs, meat, and other foods. Are the salad fixings stored under risky foods that might drip on the lettuce, and is food maintained at proper temperature? We are also there at the job site, the summer camp, the community pool, at meetings with the school health nurse and the local hospital, and answering the phone when you call worried about rabies, a chemical spill, or a disaster.

One of our programs is at risk of complete elimination - the Certified Home Health Agency which cares for the elderly, chronically ill, and those recently discharged from the hospital. The Department will go through an evaluation of the program early in 2011. The evaluation will assist the Legislature in determining if home health care remains a County provided service. The proposal to consider divestiture is the result of a reduction in New York State support and the county's financial situation. A resolution of this issue is expected in June 2011. In these financially challenging times I applaud the employees of our Department who through very unaffirming circumstances continue to fulfill their role in helping their community, and their neighbors, putting their best effort into very meaningful work.

The Health Care Reform Law of 2010

How will health reform change public health if, as planned, citizens have greater access to primary care?

Some of the impacts we might expect are: provision of vaccinations, treatment of the handicapping conditions of childhood, and pregnancy care are likely to be aided substantially by improved access to health care services in the private sector. Decreased demand for these services from public health *could* result. Expansion of preventive health screenings in the private sector may result in less demand for safety net programs such as the New York State Health Department's Cancer Services Program.. For example, under health care reform Medicare now covers (with no co-pay or deductible) all of the standard preventive screenings recommended plus periodic preventive care visits. Persons who have other third party health insurance usually do not have the same level of benefit unless mandated by their state insurance regulator.

Typical public health services and programs unlikely to change substantially under reform include: protection of the safety of water, food, and air; the inspection and surveillance of public venues such as summer camps, pools; and the investigation and mitigation of disease, and programs such as Early Intervention, The Special Supplemental Nutrition Program for Women Infants and Children (WIC), rabies control, and sexually transmitted disease detection, and prevention. The role of public health education and collaboration with community partners to achieve our goals and target unmet needs will continue. Our roles in death investigation and certification, as a partner in advance preparation for bioterrorism, pandemic influenza, or preparing for environmental disasters will not change. Neither will there be a change in the need for outreach to the vulnerable populations of newborns and their families, those socioeconomically disadvantaged, the disabled, and the elderly.

If reform is successful, it will reduce the total number of individuals who lack health care insurance and will improve access to care for the population. Access to care is the primary correlate to improving health, and reducing the impact of disease. If it broadens the coverage of individuals it may reduce some of the need for safety net programs such as the Physically Handicapped Children's Program, Family and Child Health Plus, along with preventive screening programs. Counteracting this potential impact is the downturn in the economy and job losses which disconnect the individual from employer sponsored health insurance. The consortiums which will provide a mechanism for individuals to purchase health care won't start immediately (it will take until 2014 for them to be fully operational), therefore we will continue to see uninsured individuals in the near future.

A major issue has been Medicare reimbursement which has been steadily declining in real dollars at the same time that primary care needs are very high for people sixty-five years of age and older. The real solution to Medicare costs is not fully addressed through health care reform. An example is pharmaceutical costs – one of the most rapidly rising costs of the health care system. Reform addresses this by trying to ameliorate the “donut hole” in Medicare part D but without trying to influence the actual prices seniors must pay for their medications.

Administrative costs of the national health care system are left status quo by reform. Thus, our ability to contain health care costs remains doubtful.

What reform does not do:

- Fails to provide a forum for health care practitioners to negotiate with the health care system regarding paperwork, insurance coverage of services and, reimbursement.
- Fails to reduce the administrative costs inherent in a multipayer system which has complex and multiple rules for coverage.
- Fails to bring the nation together into a dialogue about creating a true national public health policy.
- Fails to pool the medication patients require into a bargaining unit in order to achieve lower generic and brand name drug prices.
- Fails to disconnect health care insurance from employment, thus failing to recognize that we have an interest in assuring continued, uninterrupted health care of our population.

H1N1 (Pandemic influenza A) and Seasonal Influenza

The first wave of H1N1 emerged in spring 2009, and a second in early fall 2009. A third wave (Spring 2010) did not materialize. Fortunately, the severity of H1N1 illness was much like seasonal influenza; death and hospitalization rates were similar. Vaccination for *every one, every year* remains the cornerstone to prevent unnecessary illness and death.

Strains of influenza virus circulating in 2010 along with H1N1 included two other influenza A strains and one B strain. Vaccine supply was plentiful and available through a variety of venues. However, fewer people chose to be vaccinated in 2010 than in 2009 when H1N1 pandemic flu posed an ominous, uncertain threat. I urge the public not to give in to complacency. Five children died in the 2010 influenza season. There have been about 460 deaths across all ages in this country. Vaccine safety is not an issue; *everyone above six months of age should receive a flu vaccination every year.*

Basic prevention practices are always important to keep in mind to prevent the spread of influenza and other respiratory diseases.

- Wash your hands frequently with soap and water or alcohol based sanitizer.
- Cover your nose and mouth with a tissue during coughs and sneezes; discard the tissue.
- Keep your hands away from your face, eyes, mouth and nose.
- Clean frequently used surfaces such as door knobs, telephones, keyboards.
- Stay home from school, work, and social engagements if you have flu symptoms to protect others.
- Employers should formulate business continuity plans, that take into account the multiple disruptions that would occur with a pandemic influenza. Guidelines for formulating such plans are available on the web:
<http://www.pandemicflu.gov/plan/workplaceplanning/index.html>

We continue to prepare and coordinate for pandemic influenza in anticipation that the next outbreak could be more dangerous. This fall, get vaccinated – every one, every year.

Drilling the Marcellus Shale

In January 2009, the Board of Health passed a resolution expressing concern regarding potential public health threats from the unique technique of slick water, high volume hydrofracking. In August 2009 the Board followed up with a resolution urging an extension of the public comment period on the Department of Environmental Conservation's (DEC) Draft Generic Environmental Impact Statement (DGEIS) regarding the regulations that would permit gas drilling. In December 2009, both the Board of Health and the County Legislature issued resolutions stating that the draft DGEIS did not adequately ensure the public's health and urging that drilling be prevented until the health of citizens could be assured. As of the end of 2010 nothing had occurred which would mitigate concern. Indeed accidents at drilling sites and the discharge of wastewater into Pennsylvania streams underscore the risk of contaminating our water, soils, and air with chemicals of high risk which likely could not be removed.

At this writing, the DEC is working on its final regulations for issuing permits. The Federal Environment Protection Agency is still about a year and a half away from its evaluation of the process. And the oil and gas industry is still exempt from the Clean Water Act though some of our area representatives have introduced legislation to reverse this.

At issue are the chemicals required to do the drilling and the waste created. Drilling companies have access to hundreds of chemicals. The selection of chemicals to be used at a given site is determined by the unique features of the strata of the site. Once injected under high pressure only a fraction (of the chemicals) is retrieved for disposal; the rest is left underground. In the fluid retrieved some chemicals are altered by reactions occurring down in the well and any radioactivity originating in the strata.

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

Of the tens of thousands of chemicals in existence, there are only a few hundred of which that we have knowledge related to their effects on human health. Many of the chemicals about which we know little or nothing regarding their human health effects are used in hydrofracking. The risk is heightened because tiny amounts of chemicals can disrupt our hormone system. So any exposure to chemicals is a concern. There may also be radioactivity in the flowback fluid from the well. Radon and uranium for example, are known to cause long-term problems such as cancer. And we know that radioactivity persists for hundreds to thousands of years.

Exposures to chemicals and radioactivity may also result from a trucking accident either to or from the drill site, a plumbing rupture, the injection or removal of fracking fluids from the well, a rupture or breach of a storage tank or pond at the site, and with inadequate storage/treatment at the ultimate destination. Accidents will happen.

Ultimately, the cost to human health of any such incident is paid by the public. At issue is the balance of risk versus benefit, of balancing the individual with the community, and the amount of risk we are willing to take. The individual's right to take risk when the community has a stake in the issues is also in question. Public health plays a role in the process by informing the community and the individual about serious health effects that could result.

In Summary:

Public health involves just not immunizations, safe restaurants, safe water, safe highways and road systems, and preparedness in case of bioterrorism or a 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 payment systems used to support those services. Failure to adequately address these issues correlates with poor health outcomes, increased rates of disease, hospitalizations, and increased health care costs for our nation as a whole. The data concerning the wise use of health care dollars to maximize the health of the nation and reduce health care costs is continually growing. Implementing these lessons is yet to be fully realized even with the passage of the recent health care law.

The most effective means of helping to maximize our nation's health is to continue to reduce barriers, both financial and physical, to accessing health care and to place a high priority on outreach to bring people into the health care system that are at risk for adverse outcomes. Some of these include newborns and their families who need outreach from public health to maximize outcomes of pregnancy and the early years of infancy and childhood. In addition, the elderly, who are often 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 messages in the media are an important source of information. Public health actions help ensure air, water, and environmental purity. Preparedness actions and collaboration with multiple agencies throughout the region help to lessen the potential impact of a natural or bioterrorism disaster. Can there be any doubt where we should put our resources as a society? Enhancing our public health system would help us improve pregnancy outcomes, infant mortality, and life span expectancies. It would further our efforts toward "healthy communities." It would improve access to care.

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

William A. Klepack, M.D., Medical Director

The year 2010 brought much change for the Department. We said good bye to Alice Cole, our Public Health Director, we moved from Biggs B to our new offices at 55 Brown Road in July after many project delays, we continued response to the H1N1 pandemic, and persevered through a difficult budget process, facing the possibility of losing our Certified Home Health Agency which we have operated since 1965.

The Department faces many challenges as our work force endures budget reductions, retirements, and an uncertain future for programs. The staff of the Health Department is dedicated and compassionate and has proven so in the work they do every day.

It has been a privilege to serve as Interim Director in 2010 following the retirement of Alice Cole, Public Health Director and during a national search conducted to fill the position. Alice served Tompkins County for 21 years, the last 17 as Public Health Director. Alice was a well respected leader, colleague and mentor.

Below are some Tompkins County Health Department highlights. Read more about them and other accomplishments in the program reports that follow. They illustrate the Department's mission to protect, preserve and improve the health of Tompkins County residents.

- The Environmental Health Division received a grant and initiated the Healthy Neighborhoods Program with the goals of reducing injuries and deaths from fires, lead poisoning, hospitalizations due to asthma.
- The Department was part of the Coalition for Safe Medication Disposal that collected over 2,441 pounds of medication preventing unintended use and protecting the water supply.
- The Community Health Services team vaccinated 9,934 individuals during the 2009/2010 flu season.
- The advocacy of the Health Promotion Program greatly contributed to the passage of the City of Ithaca no smoking ordinance for City parks, playgrounds, and areas of the Commons in May 2010, effective August 1.
- Home Health Care (HHC) community health nurses and therapists successfully implemented the new Medicare and Medicaid OASIS data sets used to assess all home health care clients over the age of 18. HHC scored at or above the State and National averages in 11 of the 18 reported quality indicators.
- WIC staff participated in the County sponsored Smart Work" initiative. As a result, the program has seen an overall improvement in staff morale and participant satisfaction.

Brenda L. Grinnell Crosby, Interim Public Health Director

Board of Health

James Macmillan, M.D., President

Will Burbank

Brooke Greenhouse

Erin Hall-Rhoades, M.D.

Patrick McKee

Mike McLaughlin, Jr.

Janet Morgan

William Tyler, M.D.

**Health and Human Services
Committee of the
Tompkins County Legislature**

Frank Proto, Chair

Will Burbank, Vice Chair

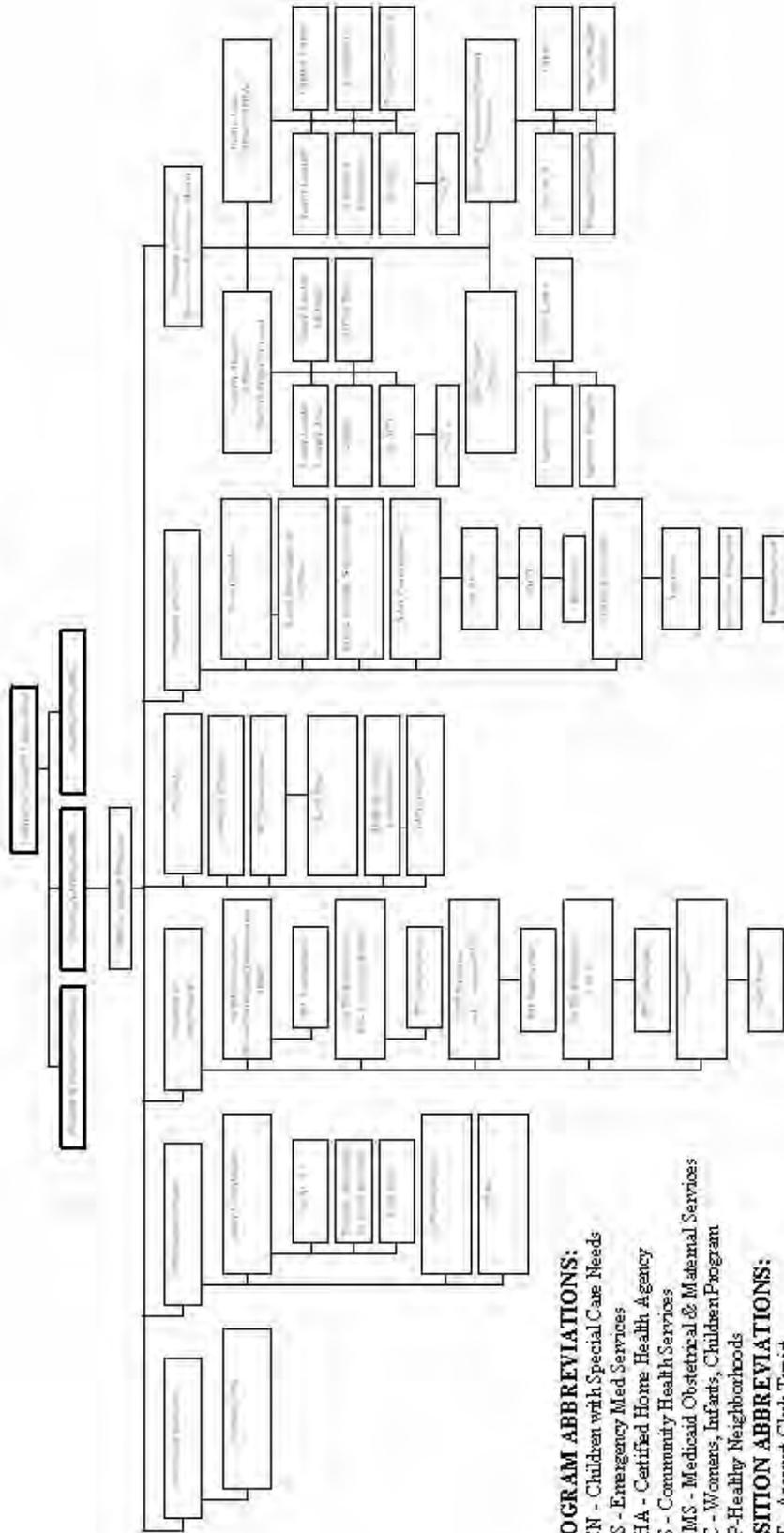
James Dennis

Kathy Luz Herrera

Nathan Shinagawa



2010 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 - Women, Infants, Children Program
 HNP - Healthy Neighborhoods
- POSITION ABBREVIATIONS:**
 ACT - Account Clerk Typist
 Key Spec - Keyboard Specialist
 CHN - Community Health Nurse
 CHNS - Community Health Nurse Supervisor

2010 Health Department Employee Listing

Key for Health Department Programs

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

- *Employees who separated employment in 2010 are shown in italics.* -

<u>Employee Name</u>	<u>Title</u>
Sylvia Allinger	Director of CSCN, CSCN
<i>Paula Austic</i>	<i>Project Assistant, CHS</i>
Deb Axtell	Community Health Nurse, CHS
Audrey Balander	Sr. Public Health Sanitarian, EH
<i>Sandra Baxter</i>	<i>Project Assistant, CHS</i>
Carol Beebe	Sr. Account Clerk Typist, CSCN
<i>Kelly Bell</i>	<i>Per-diem Community Health Nurse, HC</i>
Dianna Bennett	Community Health Nurse, CHS
<i>Deborah Belknap</i>	<i>Community Health Nurse, HC</i>
Gail Birnbaum	Community Health Nurse, CHS
Karen Bishop	Supervising Community Health Nurse, CHS
Susan Bowman	Sr. Account Clerk Typist, CSCN
Jami Breedlove	WIC 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
<i>Frank Chase</i>	<i>Public Health Sanitarian, EH</i>
Pete Coats	Public Health Sanitarian, EH
<i>Alice Cole</i>	<i>Public Health Director</i>
Sigrid Connors	Director of Patient Services
<i>Deborah Cooper</i>	<i>Health Aide, WIC</i>
Brenda Coyle	Sr. Account Clerk Typist, EH
Brenda Grinnell Crosby	Interim Public Health Director
Frank Croteau	Health & Safety Coordinator
Jane Daum	Public Health Sanitarian, EH
Shawn Davis	Nutrition Educator, WIC
Renata Dawson	Community Health Nurse, HC
Jennifer Dedrick	Sr. Account Clerk Typist, HPP
Susan Dunlop	Community Health Nurse, HPP
Georgetta Eckrich	Community Health Nurse, CHS
<i>Rick Ewald</i>	<i>Sr. Public Health Sanitarian, EH</i>
<i>Carol Franco</i>	<i>Physical Therapist, HC</i>
<i>Christina Funk</i>	<i>Community Health Nurse, HC</i>
Melissa Gatch	Supervising Community Health Nurse, HC
Jennifer Grier	Sr. Account Clerk Typist, HC

Employee Name

Joyleen Gaustad
Kim Hamilton
Lois Handzel
Bonnie Hart
Adam Hartwig
C. Jeanne Henderson
Joann Horton
Cyndy Howe
Regina Hubble
Anne James
Erin James
Pat Jebbett
Karen Johnson
Terri Jordan
Jared Jones
Steven Kern
Jessica Kerr
William Klepack
Janice Koski
Karen LaCelle
Rosanne Lahr
Cynthia LaLonde
Darlene Laninger
Chris Laverack
Debby Lecoq
Paula Lukas
Theresa Lyczko
Jennifer Maine
Cindy Mallery
Jodie Mangor
Lorinda May
Clayton Maybee
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
Cyril Parr
Carol Pflughardt
Margo Polikoff
Katy Prince

Title

Community Health Nurse, HC
Team Leader, HC
Account Clerk Typist, CSCN
WIC Clerk, WIC
Bioterrorism Preparedness Coordinator
Per-Diem Community Health Nurse, HC
Public Health Social Worker, CSCN
Keyboard Specialist, EH
Keyboard Specialist, Reception
Nutritionist, WIC
Public Health Educator, HPP
Nutritionist, WIC & PH Sanitarian, EH
Administrative Coordinator
Account Clerk Typist, HC
Community Health Nurse, CSCN
Sr. Public Health Sanitarian, EH
Project Assistant, CHS
Medical Director & Deputy Medical Examiner
Public Health Sanitarian, EH
Community Health Nurse, HC
Team Leader, CSCN
Community Health Nurse, 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, CHS
Nutritionist, WIC
Public Health Sanitarian, EH
Per-diem Community Health Nurse, HC
Public Health Sanitarian, EH
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
PH Sanitarian, EH
Per-diem Community Health Nurse, HC
Community Health Nurse, CSCN
Systems Analyst

Employee Name

Tiffany Putnam-Northrup
Ruth Reed
Alison Rice
Mary Russo
Nancy Schaff
Ted Schiele
Cindy Schulte
Adriel Shea
Lori Sibley
Andrea Smith
Patty Stamm
Margaret Taber
Kathy Taves
Debra Thomas
David Warmbrodt
Janice Wood
Sue Woodard
Barbara Wright

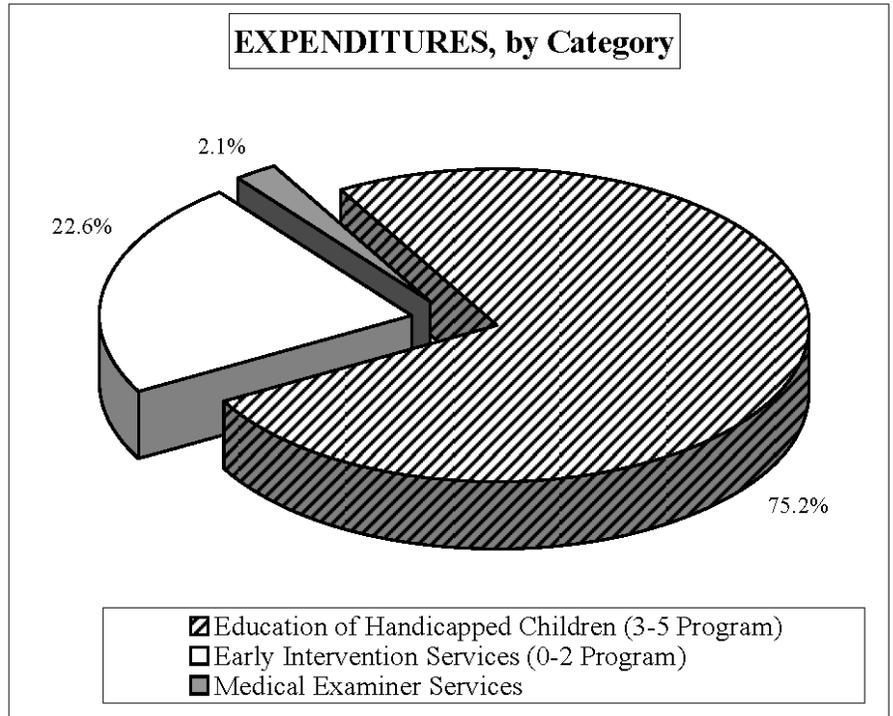
Title

Community Health Nurse, HC
WIC Clerk, WIC
Community Health Nurse, HIV
Community Health Nurse, HC
Community Health Nurse, HC
Planner/Evaluator, HPP
Public Health Sanitarian, EH
Public Health Sanitarian, EH
Team Leader, CHS
WIC Program Director
Administrative Assistant
Sr. Account Clerk Typist
Team Leader, HC
Community Health Nurse, CSCN
Deputy Registrar of Vital Records
Keyboard Specialist, EH
Team Leader, MOMS
Administrative Coordinator, CSCN

2010
Expenditures and Funding for Mandates

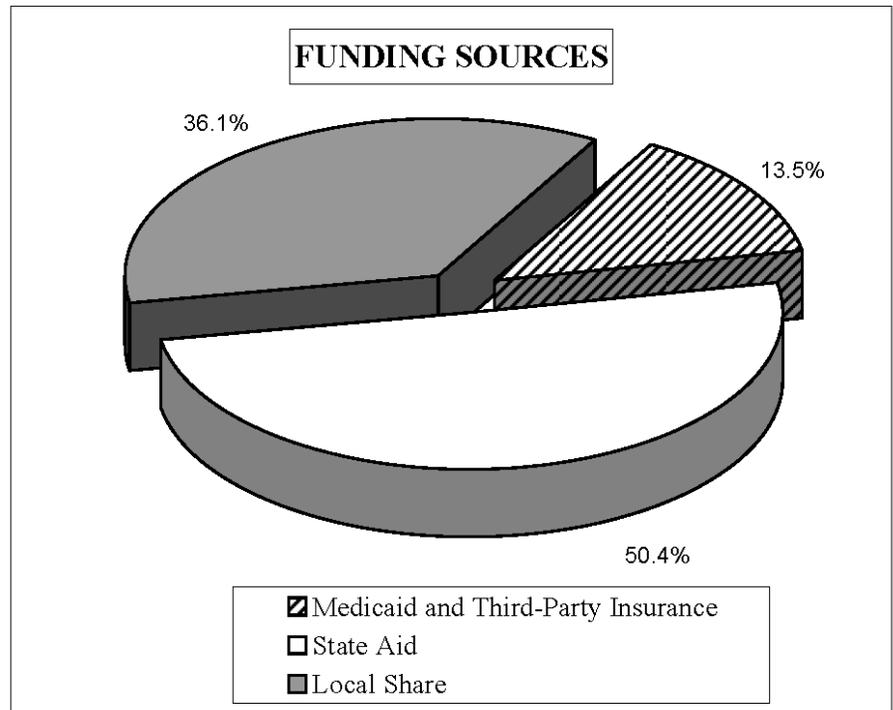
EXPENDITURES

Education of Handicapped Children (3-5 Program)	\$4,328,452
Early Intervention Services (0-2 Program)	\$1,301,690
Medical Examiner Services	\$122,793
TOTAL	\$5,752,935



FUNDING

Insurance	\$777,926
State Aid	\$2,897,465
Local Share	\$2,077,544
TOTAL	\$5,752,935

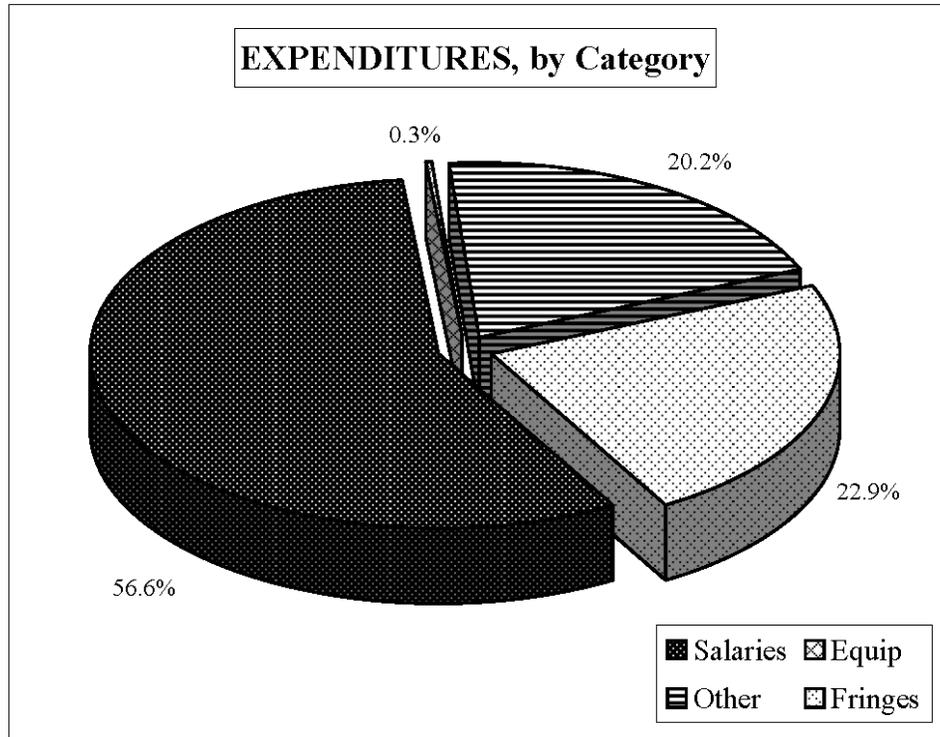


2010

All Public Health Programs except Mandates

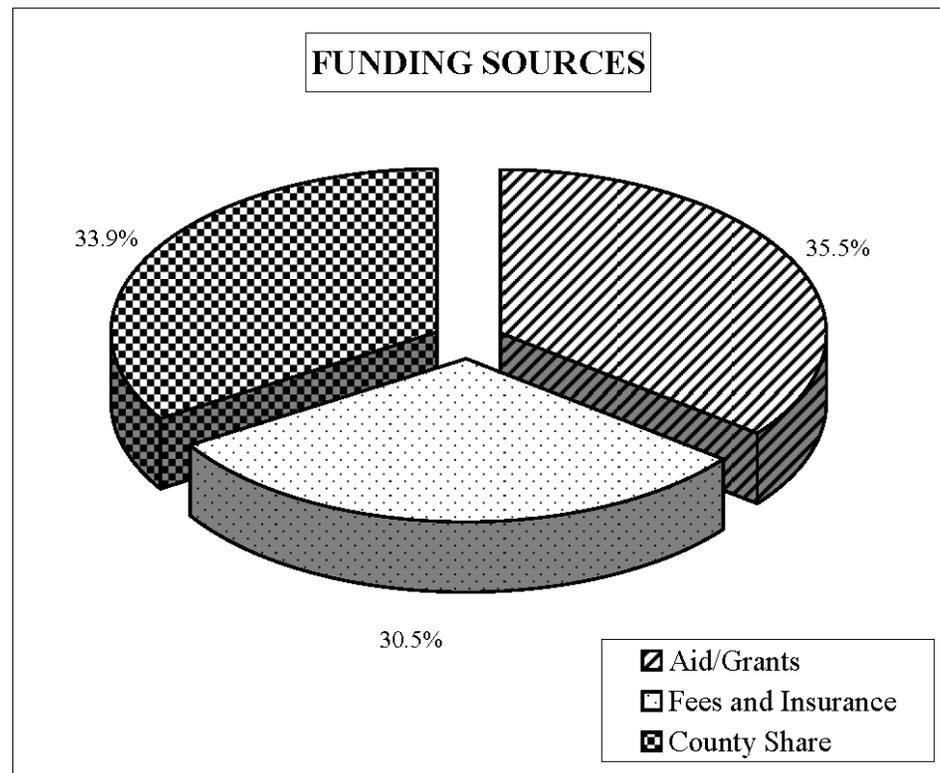
EXPENDITURES

Salaries	\$4,110,537
Equip	\$22,462
Other	\$1,464,325
Fringes	\$1,667,115
TOTAL	\$7,264,439



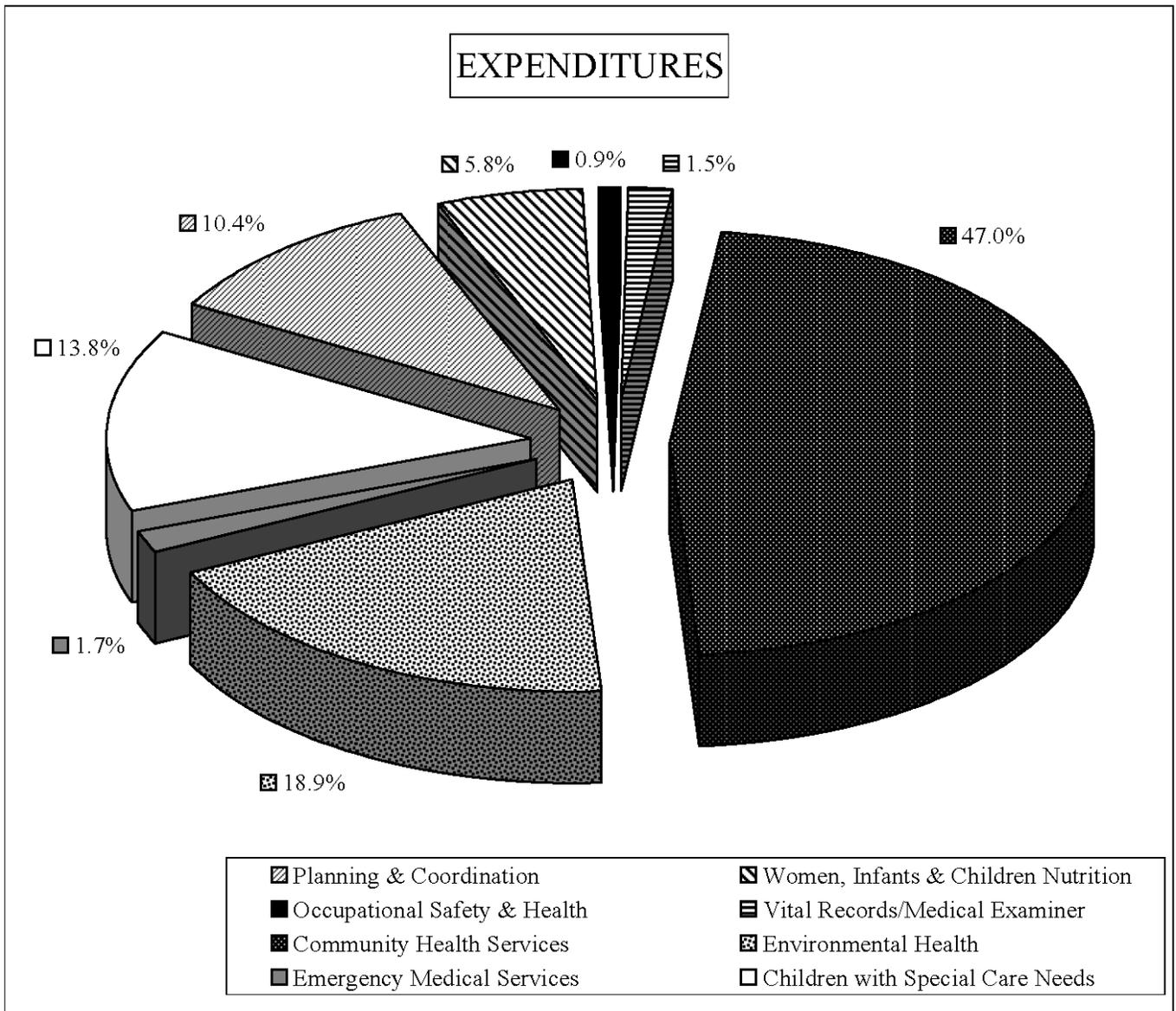
FUNDING

Aid/Grants	\$2,580,491
Fees and Insurance	\$2,217,690
County Share	\$2,466,257
TOTAL	\$7,264,439

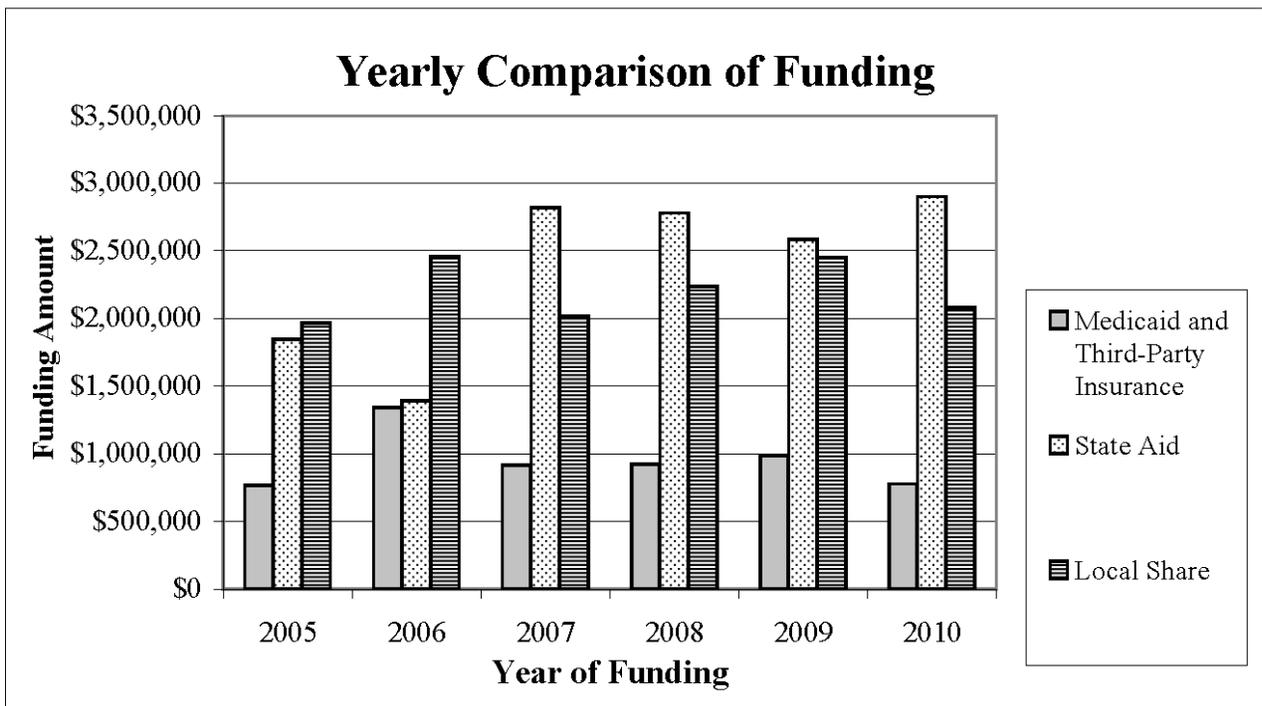
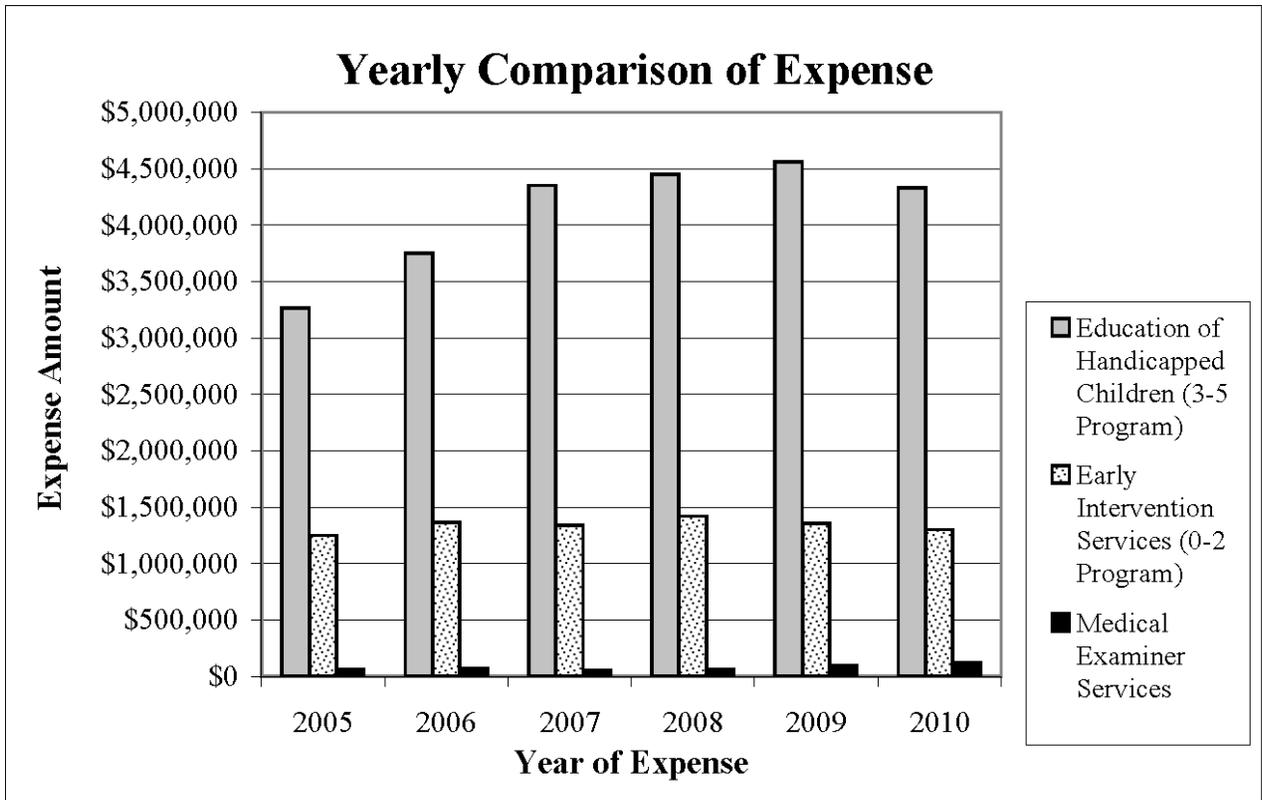


2010
Expenditures by Program
All Public Health Programs except Mandates

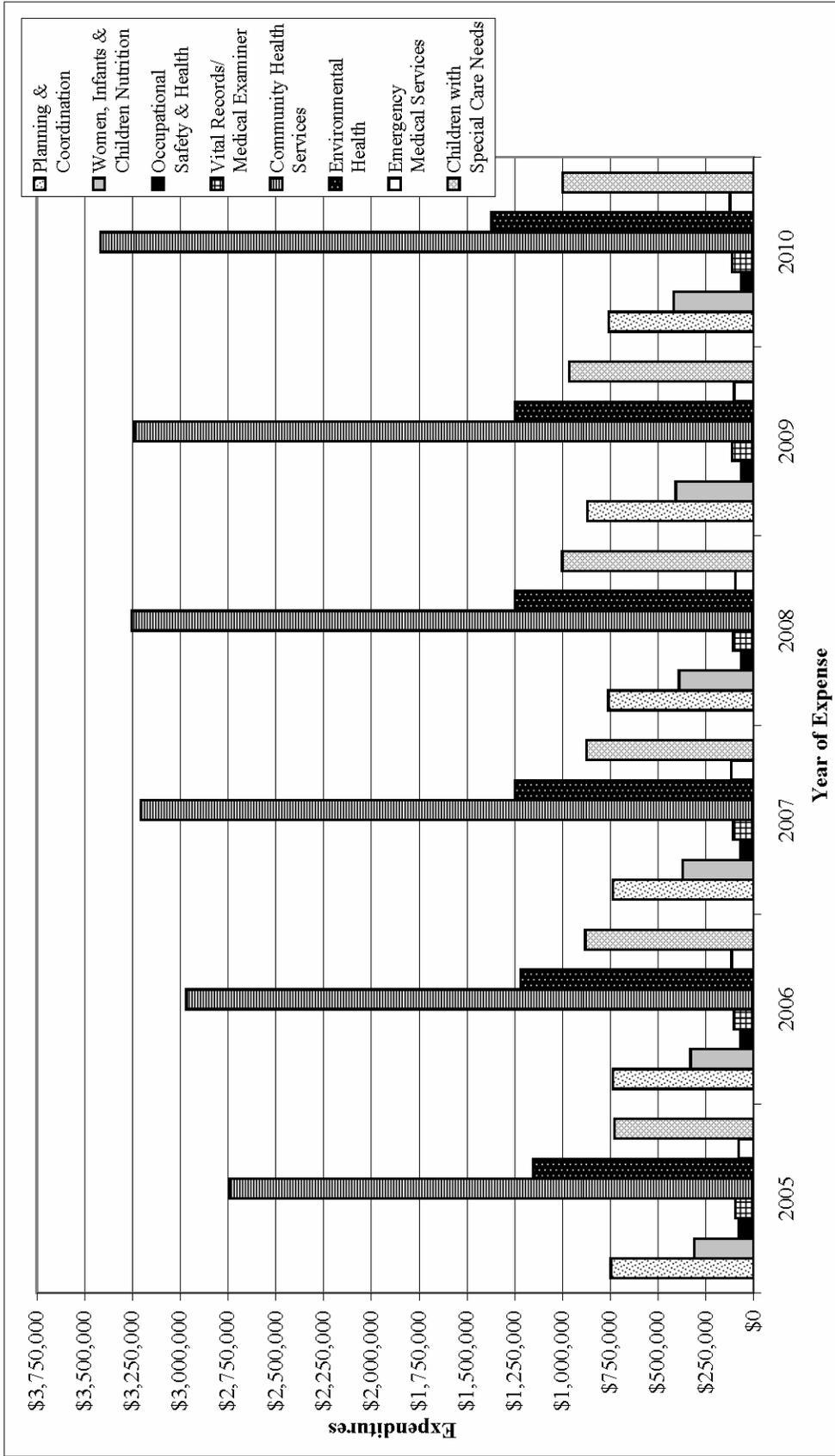
EXPENDITURES	<u>EXPENSE</u>	<u>% OF TOTAL EXPENSE</u>
Planning & Coordination	\$757,430	10.4%
Women, Infants & Children Nutrition	\$418,585	5.8%
Occupational Safety & Health	\$64,178	0.9%
Vital Records/Medical Examiner	\$111,960	1.5%
Community Health Services	\$3,416,764	47.0%
Environmental Health	\$1,371,942	18.9%
Emergency Medical Services	\$123,867	1.7%
Children with Special Care Needs	\$999,711	13.8%
TOTAL	\$7,264,439	



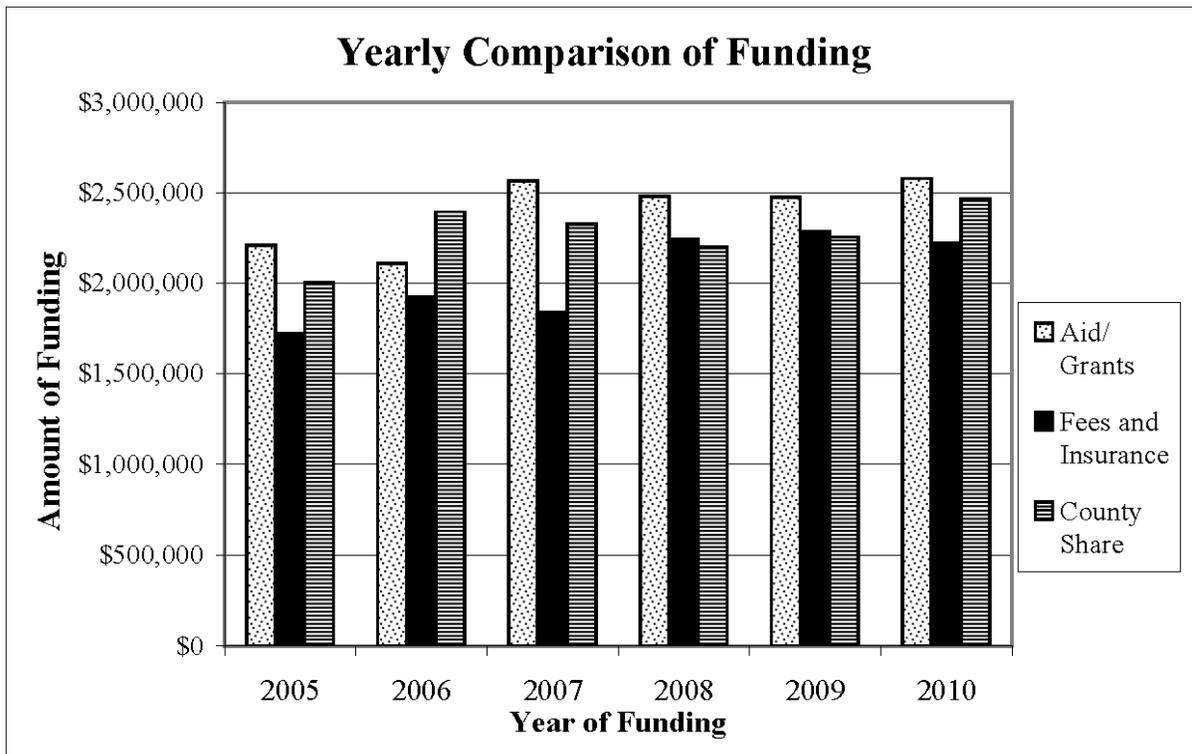
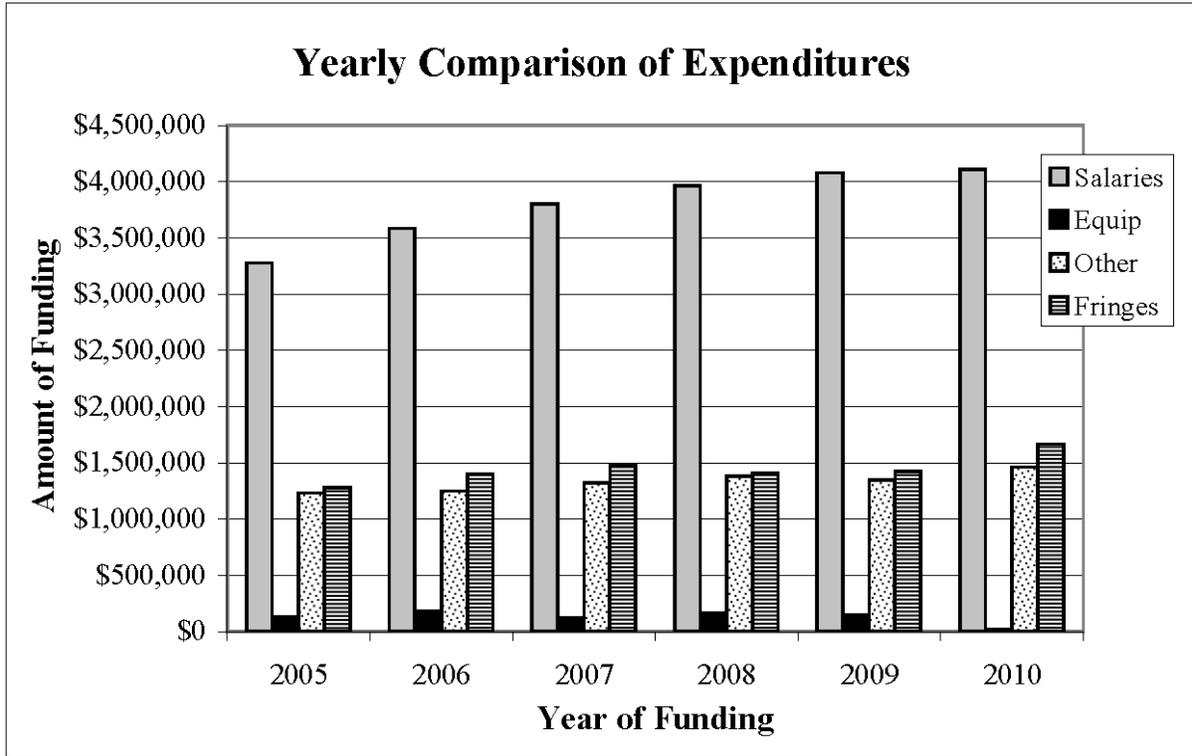
**2005-2010 Yearly Comparison
Expenditures and Funding for Mandates**



**2005-2010 Yearly Comparison
Expenditures by Program**



**2005-2010 Yearly Comparison
All Public Health Programs except Mandates**



Overview

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

Permits are issued to food service establishments, mobile home parks, swimming pools, hotels and motels, agricultural fair grounds, campgrounds, children's camps, and on-site wastewater treatment (sewage) systems. Inspections are conducted and responses are made to public health issues and complaints.

The Division works to prevent human rabies by exposure investigation, promoting pet vaccination, and providing free clinics to vaccinate dogs, cats, and ferrets every four months.

We monitor public water systems for compliance with the regulations to ensure safe drinking water quality and aid homeowners with individual water problems.

To promote safe and healthy communities we review and approve new construction and major renovation plans of food service establishments, swimming pools, residential developments, sewer and water main extensions, and water treatment plants.

We work to prevent retail sales of tobacco to minors and investigate complaints related to smoking regulations in worksites and public places.

Environments of children with elevated blood lead levels are assessed and improvements are made through education and enforcement.

We investigate food borne and waterborne illnesses, occurrences that may cause public health problems such as indoor air quality, animal manure, trash, rubbish, rodents, and violation of regulations.

The Division met its obligations in the Department's Municipal Health Services Plan in 2010, as well as its obligations under multiple grant programs.

It was a year of transition for the Environmental Health Division. Three staff retired from the Division this year: Rick Ewald, Senior Public Health Sanitarian in charge of the On-site Wastewater Treatment Program (OWTP), retired after more than 30 years of service; Frank Chase, Public Health Sanitarian working in rabies and other programs, retired after 21 years; and Lirita Meir, Account Clerk/Typist, retired after 18 years of service. Much planning, training, and worrying took place in the Division as we prepared for the departure of these dedicated, experienced, and very capable staff (all leaving shortly before our busy summer season).

The Division welcomed Public Health Sanitarians Adriel Shea to the OWTP and Clayton Maybee to the Rabies and Recreational Facilities Program. Steve Maybee, P.E., Public Health Engineer, assumed Rick Ewald's responsibilities managing our OWTP. Keyboard Specialists Cyndy Howe and Janice Wood increased their hours following the departure of Lirita Meir. Jodie Mangor returned as the Summer Sanitarian to assist with our busy summer work load. The Division also welcomed Jeremy Di Bari, a Senior in Cornell's College of Veterinary Medicine, who worked with us in late November and December. Jeremy did a terrific job reformatting the Rabies Standing Orders and other documents in the Rabies Program.

Congratulations and kudos to Kristee Morgan for obtaining her certification as a Food Safety Inspection Officer II.

In addition to the challenge created by the multiple retirements, the TCHD moved to 55 Brown Road in July. All staff were involved in planning, purging, and preparing for the anticipated move to our new location, and then unpacking, organizing, and trying to find things and people in the maze at our new office building.

EH staff did a tremendous job handling the transitions and hiring and training new staff, with the result that the Division issued all permits and conducted all required inspections despite the staff changes and the challenges from our move to Brown Road. Great job by the EH staff!

Special Projects, Incidents, and Events

In 2010, the Environmental Health Division participated in a number of special activities and investigated several incidents, which are summarized below.

- The Division initiated their new Healthy Neighborhoods Program (HNP) with the goals of reducing injuries and deaths from residential fires, childhood lead poisoning, hospitalizations due to asthma, and exposure to indoor air pollutants. Environmental Health staff provided home visits to residents in the Village of Groton, mobile home parks in the Town of Dryden, and the northside and southside communities in the City of Ithaca. Staff educated the residents and provided complementary health and safety products such as smoke and carbon monoxide detectors, cleaning products, etc. A few months after one home visit, the smoke detector provided through the HNP visit alerted the residents to a fire in their home. The home was destroyed but no people were harmed.
- Staff from the Community Health Services Division and the Environmental Health Division participated in the Coalition for Safe Medication Disposal, a group including representatives from the TCHD, Tompkins County Solid Waste, Ithaca Area Wastewater Treatment Facility, Cornell University Retiree Environmental Stewards Program, and others. The Coalition conducted two community collection day events for unwanted medications. This helps minimize misuse and keeps medications out of
- sewage systems and landfills. The first event, held on March 6, resulted in over 1,100 pounds of medications collected from 509 participants. The second event on October 16 collected 778 pounds of medications from 401 vehicles.
- The Environmental Health Division initiated a record number of enforcement actions in 2010. The Board of Health acted on 44 enforcement actions. Of these, 21 involved food service establishments. Small public water systems were also the subject of several

enforcement actions for compliance with new regulations and for monitoring that is no longer conducted by the Division due to budget constraints.

- The Division investigated one near drowning incident at a permitted pool and 16 complaints of suspected food borne illnesses.
- We investigated 463 incidents involving potential rabid animals, resulting in 15 confirmed rabid animals, and 114 people receiving post-exposure treatment. The Health Department was called when a rabid cat attacked two people. Both people received post-exposure shots following the attack.
- The Food Protection Program issued 325 temporary food service establishment permits to individuals, organizations, and groups, the highest number on record.

Rabies Control Program

The Rabies Control Program exists to prevent human death due to rabies. Worldwide, approximately 55,000 people die of rabies each year. Most of these deaths are acquired from dog bites. Due to aggressive pet vaccination programs, laws requiring confinement and/or observation of biting pets, and availability of post-exposure treatment, human rabies deaths in the United States are rare, averaging about two deaths a year.

Vaccinate your pet! Rabid animals frequently bite other animals. Unfortunately, this animal often is someone's pet. If the pet is unvaccinated or has lapsed in its vaccination, it means euthanasia or six-month quarantine at the owner's expense. The Tompkins County Health Department (TCHD) holds free rabies clinics throughout the year to help people keep their pets vaccinated.

Capture the bat! Nearly all Americans who died of rabies in the last 30 years were exposed to strains of rabies virus that infect bats. No exposure to a bat was known or reported prior to nearly half of these deaths. People exposed to a bat either by a bite, direct contact, or who have awakened to find a bat in their bedroom, should receive rabies post-exposure treatment, if the bat is rabid or unavailable for testing. When the bat is captured and submitted to the TCHD for testing, treatment is often not necessary. TCHD should be contacted immediately for further instruction regarding any potential bat exposure.

A bite from a rabid mammal can infect its victim with the rabies virus. Salivary contamination of a bleeding wound, scratch, weeping rash, or mucous membrane is also a potential exposure to rabies. A laboratory test on the animal is one way of ruling out rabies. Contact the TCHD for instructions on submitting a potentially rabid animal for testing. The Environmental Health Division ships suspect rabid specimens to the New York State (NYS) Rabies Laboratory (Wadsworth) for testing. Post-exposure shots are recommended for those exposed to confirmed rabid animals or for potential exposures when testing is not possible.

It is known that any pet or livestock animal with rabies virus in its saliva will exhibit rabies symptoms and die in less than ten days. Survival for ten days proves the biting animal could not have transmitted rabies virus when it bit. The Division supervised the ten-day observation of 136 dogs and 148 cats in 2010. If bitten by a pet or livestock animal, acquire the name, address, and phone number of the owner and report the incident to the Environmental Health Division. Seven

persons received rabies treatment because the biting pet was not available to be observed or tested.

The Environmental Health Division investigated 463 incidents involving potential human rabies exposure. As a result, 114 people received rabies post-exposure shots. A summary of activity is provided below.

Potential Human Exposures to Rabies 2006 - 2010

Potential Human Exposures	2010	2009	2008	2007	2006
# of Dog Bites	136	192	183	161	n/a
# of Cat Bites	148	139	147	151	n/a
# of Other Bites	18	24	22	24	n/a
Total # of Animal Bites	302	355	352	336	392
Total # of Non-Bite Exposures	161	108	205	161	143
Total Investigations	463	463	557	497	535

Lab Submissions by Year 2006 – 2010

Lab Submissions	2010		2009		2008		2007		2006	
	# Submitted	# Positive	# Submitted	# Positive	# Submitted	# Positive	# Submitted	# Positive	# Submitted	# Positive
Bat	89	0	95	2	145	7	103	6	95	3
Dog	14	0	16	0	27	0	22	0	27	0
Cat	25	1	34	0	24	2	37	0	35	1
Livestock	5	0	8	0	14	0	11	0	11	0
Raccoon	11	10	17	5	26	17	15	6	13	6
Skunk	9	3	4	2	9	6	6	2	4	2
Fox	2	1	2	2	4	1	2	0	1	0
Woodchuck	1	0	1	0	2	1	3	0	1	0
Other	5 ¹	0	2 ²	0	8 ³	0	12 ⁴	0	10 ⁵	0
Total Lab Submissions	161	15	179	11	259	34	211	14	197	12
Post-Exposure Shots Received	114		130		117		129		101	

¹ 2010 Other – 1 mink, 2 opossums, 1 deer, and 1 chipmunk were submitted.

² 2009 Other – 2 squirrels. Also, 1 bat was from Ontario, Canada.

³ 2008 Other – 4 ferrets, 3 squirrels, and 1 small rodent were submitted.

⁴ 2007 Other – 2 deer, 4 opossum, 1 weasel, and 5 small rodents were submitted.

⁵ 2006 Other – 1 coyote, 3 deer, 1 rabbit, and 5 others were submitted.

In Tompkins County, approximately one in thirty bats tested over the last five years was rabid. None of the 89 bats tested in 2010 were rabid. However, surrounding counties did have rabid bats. Sixty-four county residents received post-exposure treatment following exposure or potential exposure to a rabid bat. The need for administration of many more rabies shots was eliminated because bats were captured, tested, and proven to be not rabid.

Fifty people received rabies treatment due to being bitten or possible exposure to a rabid or presumed rabid terrestrial animal. Most-treatments resulted from handling pets after they had contact with rabid wild animals. Following an incident, refraining from handling a pet or livestock animal until saliva is dry, ensures that any rabies virus will be dead and no longer able to infect a person.

The TCHD continues to enforce the NYS Public Health Law requirement that all cats, dogs, and ferrets be vaccinated against rabies by four months of age. Details on the free rabies clinics provided by the Division, is noted in the following table.

Number of Animals Vaccinated at Rabies Clinics in 2006 – 2010

Clinic	Date	Dogs	Cats	Ferrets	Total
TC SPCA	01/20/10	75	49	2	126
(T) Lansing	05/05/10	85	38	0	123
(T) Danby	05/06/10	59	59	0	118
(T) Enfield	05/12/10	79	44	2	125
(T) Dryden	05/13/10	89	47	0	136
(T) Ithaca	05/19/10	60	32	1	93
(T) Newfield	09/22/10	84	72	0	156
(T) Groton	09/23/10	59	41	2	102
(T) Caroline	09/29/10	102	55	0	157
(T) Ulysses	10/30/10	51	55	0	106
(C) Ithaca	10/06/10	69	43	0	112
2010 Totals		812	535	7	1354
2009 Totals		774	547	18	1339
2008 Totals		706	624	10	1340
2007 Totals		702	567	8	1277
2006 Totals		797	512	13	1322

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

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 the pet for euthanasia or quarantine it for six months in a facility approved by the Division at the owner's expense. Keeping pets currently vaccinated, as required by law, saves them from death or a six-month separation from their family. In 2010, there were two dogs that had to be quarantined for six months, one after a possible exposure to rabid skunk, the other from a raccoon.

Food Protection Program

The Food Protection Program provides education and regulation to food service establishments (FSE's) through training, inspection, and enforcement. FSE's include restaurants, mobile units, institutions, State Office for the Aging sites, feeding sites for the indigent, hotel/motel food services, and State Education feeding sites. These tasks enable the Division to protect, promote, and preserve public health.

All food service establishments are categorized by their relative risk of causing a food borne outbreak or illness based on the nature of the menu and the population served.

High risk establishments are facilities that serve potentially hazardous foods that require a great deal of significant on-premises processing that includes manual handling, cooling, re-heating, hot

or cold holding for service, transportation of prepared foods, and foods prepared several hours or days before service.

Medium risk establishments often serve potentially hazardous foods; however, there is a rapid turnover between preparation and service. Food served at medium risk establishments are cooked, prepared, and served immediately to the customer.

Low risk establishments do not serve potentially hazardous foods; however, they may serve pre-packaged items such as pre-made sandwiches from a permitted vendor and snack foods.

Potentially hazardous foods are foods that require time and temperature controls to prevent bacterial growth. In 2010, the New York State Health Department changed the term *potentially hazardous foods* to *time/temperature controlled for safety foods*.

The Division offers education to individuals and facilities on request and during inspections. Food Protection Program staff presented training on regulatory issues and food safety to students at the Cornell Cooperative Extension Serv-Safe Courses. Staff also presented *Basic Food Safety* training to Cornell Alpha Chi Omega Sorority and students attending the Ithaca College *Environmental Dimensions In Health Education Course*. Two Cornell University students shadowed Division staff during inspections. In addition, staff presented *Temporary Food Service and Your Organization* training to the Ellis Hollow Community Center staff and volunteers and to Dryden Kiwanis.

The Food Protection Program offers the following educational materials:

- Various handouts on food safety
- Serv-Safe videos to lend
- Multi-language handouts
- *Did You Know?* A hand out that discusses the violations most frequently found during routine facility inspections (updated annually).

The Food Protection Program reviewed and approved plans for 26 new or extensively remodeled food service establishments. As shown in the chart below, the number of plans reviewed and approved more than doubled from last year.

Food Protection Program Plan Reviews 2006 – 2010

Plan Reviews	2010	2009	2008	2007	2006
	26	12	17	25	32

A Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for an establishment to have the Environmental Health Division review food processes in the facility to make sure that all potential hazards are identified, assuring that the best food safety practices are being utilized. Division staff completed 14 HACCP reviews at high risk permitted facilities.

The Division also inspects 14 food service operations at New York State licensed facilities and issues Certificates of Inspection. These facilities are not permitted by the Division and inspections are not included in the chart below.

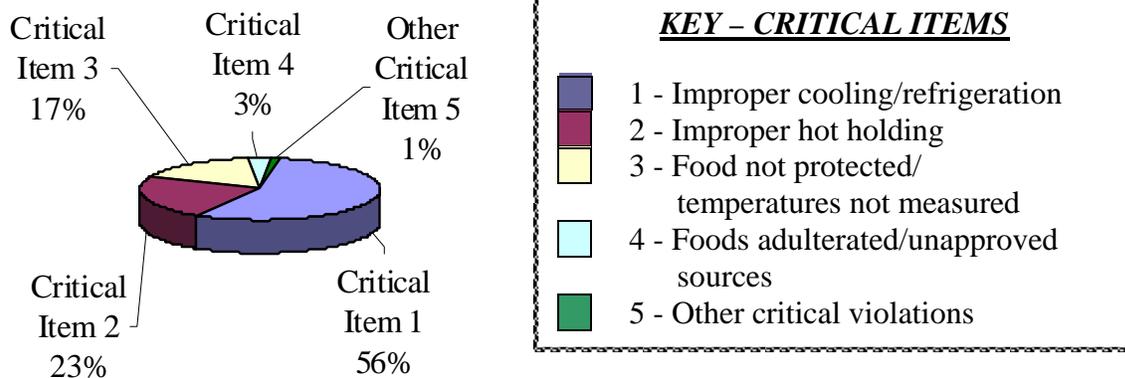
High risk facilities are inspected twice annually. Medium and low risk food service facilities are inspected annually.

Food Protection Program Inspection Summary 2006 – 2010

Year	# of FSE Operations	# of Inspections/ Re-Inspections	# of Critical Violations	# of Enforcement Actions
2010	523	596	207	21
2009	493	565	220	10
2008	471	541	108	0
2007	491	538	133	5
2006	491	533	123	2

As noted in the chart above the Division observed 207 critical violations during inspections and re-inspections. Correction of the violations occurred during the inspections and/or prior to re-inspections in most cases. Twenty-one facilities required enforcement action for repeat critical violations during re-inspections. Two facilities had consecutive enforcement actions for repeat violations.

2010 Critical Violations



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. Most of the complaints were individual cases. Fifty-seven complaints related to food preparation, service, temperature abuse, and/or garbage at permitted facilities resulted in site visits and investigations.

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

Temporary Event Food Service Permit Activity 2006 – 2010

Year	# of Permits Issued	# of Inspections	# of Critical Violations
2010	325	173	34
2009	321	188	37
2008	260	97	3
2007	217	121	13
2006	232	161	20

The Division issued a record number of permits for temporary food events. A summer sanitarian position, along with full time Environmental Health staff, enabled the food program to inspect more than 53% of those events. The inspections resulted in 34 critical violations. Correction of the violations occurred during the inspections. Re-inspections of temporary food service vendors with critical violations occur at multi-day events. One temporary vendor had an enforcement action due to recurring violations observed during a re-inspection.

Drinking Water Program

Public Water Systems

Part 5 of the New York State Sanitary Code 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 and the United States Congress. Part 5 is the basis of Article VII of the Tompkins County Sanitary Code. These codes provide the Environmental Health Division with the authority to enforce national standards mandated by the Federal Safe Drinking Water Act. As part of this assurance, public water systems (PWS) 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 145 PWS in the county. They range in size from restaurants and mobile home parks to the larger municipal systems such as Bolton Point and the City of Ithaca.

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 (NYSDOH). The Environmental Health Division provides oversight to ensure that water suppliers properly collect and have analyzed the required samples. Staff collects additional water samples for surveillance purposes to provide independent quality control. The Division assisted systems that may have groundwater sources under the direct influence of surface water with evaluations of treatment processes, Timetables of Compliance, and /or information on drilling new wells.

The Division collected samples for principal organic chemicals (POC's), pesticides and synthetic organic contaminants (SOC's), and inorganic chemicals (IOC's) for 22 systems. A water supply

in the Town of Dryden had samples the exceeded the Maximum Contaminant Level (MCL) for arsenic. A new well was developed for the system.

Public Water Systems 2006 – 2010

Water System Type	Definition	# of Systems
Community Water System	≥ 5 service connections and ≥ 25 year-round residents (municipal systems, mobile home parks, apartments, subdivisions)	92
Transient Non-Community Systems	Does not regularly serve ≥ 25 of the same people over 6 months/yr (restaurants, hotels/motels, children’s camps, convenience stores)	45
Non-Transient Non-Community Systems	Regularly serves ≥ 25 of the same people for ≥ 4 days/wk for ≥ 26 wks/yr (schools, factories)	8
Total PWS	≥ 5 service connections or regularly serve ≥ 25 individuals ≥ 60 days per year	145
Total - 2009		146
Total - 2008		149
Total - 2007		147
Total - 2006		152

Number of Analyses Provided by the Division 2006 – 2010

Year	Microbiology	Dye Tests	Inorganic	Organic	Cost in \$’s
2010 ¹	205	2	4	0	3,816.00
2009 ¹	271	2	6	0	4,898.40
2008 ^{2&3}	494	3	17	2	7,263.20
2007 ²	537	0	94	10	9,782.56
2006 ²	635	2	120	5	9,636.80

¹ Number reflects decrease in Water Grant funding

² NYSDOH did two microscopic particulate analyses and 20 sets of POC/SOC/IOC analyses in 2006, 24 sets of POC/SOC/IOC analyses in 2007, and four sets in 2008.

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

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

Boil Water Notices Issued by Cause 2006 – 2010

Cause	2010	2009	2008	2007	2006
Unsatisfactory Microbiological Quality	1	8	7	9	11
Quantity or Protection Problems	4	5	6	8	9
Disinfection System Problems	6	6	11	10	16
Other or Multiple Problems	1	4	2	0	2
Totals	12	23	26	27	38

The Division reviews and approves engineering plans to ensure that new, expanded, or improved PWS are capable of providing safe and plentiful water. These included three new sources, one extension for new development, six cross connection control, and seven other water system improvement plans.

Water Plan Approvals 2006 – 2010

<i>Projects</i>	2010	2009	2008	2007	2006
New Sources	3	2	1	1	4
Distribution System for Existing Development	0	5	2	7	2
Distribution System for New Development	1	2	5	3	9
Cross Connection Control Devices	6	8	24	27	15
Other	7	10	7	13	11
Totals	17	27	39	51	41

Private Water Systems

Due to decreases in Water Grant funding that occurred mid-year, the Environmental Health Division is no longer able to offer sampling services to individuals with suspected well contamination or perform sanitary surveys for homeowners. We do provide information and consultation.

Private Water Systems Program Activity 2006 – 2010

Activity	2010	2009	2008	2007	2006
Unsatisfactory Microbiological Quality	5	0	6	18	28
Daycares	0	0	12	17	18
Tenant Concerns	1	4	14	4	13
Homeowner Concerns	0	12	3	6	7
Illnesses	0	3	1	5	0
Possible Chemical Contaminations	0	0	0	3	0
New Wells	1	0	0	0	0
Other	0	0	1	1	3
Totals*	7**	19	37	54	69

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

** No longer perform sanitary surveys or sampling for homeowners.

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

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

Water Wells Drilled in Tompkins County 2006 – 2010

Well Completion Reports	2010	2009	2008	2007	2006
Domestic Wells	58	85	107	118	147
Commercial Wells	1	0	3	2	1
Test Wells	0	1	5	0	3
Agricultural Wells	1	0	0	1	3
Other Wells	0	0	1	0	0
Totals	60*	86*	116*	121*	154*

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

Wastewater (Sewage) Control Program

Centralized (Public) Wastewater Treatment

The Environmental Health Division reviews engineering plans of sewer extensions, pumping stations, and sewage treatment systems to ensure compliance with standards and codes as well as proper function. The New York State Department of Environmental Conservation approves new industrial and public sewage treatment plants. The table below summarizes sewer extension plan approvals by the Division over the past five years.

Centralized (Public) Wastewater Treatment Plan Approvals 2006 – 2010

# of Projects	2010	2009	2008	2007	2006
New Sewer Extensions for Existing Properties	0	0	2	0	1
New Sewer Extensions for New Development	1	0	1	3	7
Totals	1	0	3	3	8

On-site Wastewater Treatment

The On-site Wastewater Treatment Program (OWTP) manages decentralized sewage systems in Tompkins County through permitting, design, and inspection. The goals of the OWTP include preventing disease from raw sewage by ensuring that systems are constructed using the best possible designs for site and flow conditions, ensuring they are under permit and on record at the Division, and protecting the ground and surface waters (drinking water) of the county. Sewage received by individual, on-site systems must be treated and returned to the ground or surface waters without contaminating the water. Ensuring proper design and function of on-site wastewater treatment systems prevents human diseases implicated in drinking water contaminated with sewage. In 2010, 207 on-site wastewater treatment systems were built in Tompkins County.

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

- reduce the minimum separation distance from the toe of a mound sewage system to an intermittent stream from 100ft to 50ft.
- reduce the minimum lot dimension of 150ft to 130ft.
- use maximum gravelless trench width increased from 2ft to 3ft in order to reduce trench length.

Combined activity of new construction and replacement permits (CP's) and new completion and replacement certificates (CC's) are summarized in the chart below.

***On-site Wastewater Treatment System Construction Permits
and Completion Certificates 2006 – 2010***

<i>Town</i>	CP's New	CP's Replac- ment	Total CP's	CC's New	CC's Replac- ment	Total CC's	Combined Activity
Caroline	10	18	28	6	11	17	45
Danby	15	9	24	11	9	20	24
Dryden ¹	24	30	54	26	30	56	110
Enfield	13	11	24	8	10	18	42
Groton ²	7	10	17	6	10	16	33
Ithaca ³	4	3	7	3	4	7	14
Lansing ⁴	31	20	51	19	18	37	88
Newfield	9	5	14	8	5	13	27
Ulysses ⁵	3	21	24	3	20	23	47
2010 Totals	116	127	243	90	117	207	450
2009 Totals	127	138	265	109	134	243	508
2008 Totals	127	139	266	110	132	242	508
2007 Totals	168	153	321	123	128	251	572
2006 Totals	177	148	325	145	146	291	616
5 Year Average	143	141	284	115	131	247	531

¹ Dryden includes the Villages of Freeville and Dryden

² Groton includes the Village of Groton

³ Ithaca includes the City of Ithaca and Village of Cayuga Heights

⁴ Lansing includes the Village of Lansing

⁵ Ulysses includes the Village of Trumansburg

All the villages and City of Ithaca are served by public sewer.

Three permits were issued within sewer districts where a connection to public sewer was inaccessible; one in the Village of Dryden, one in the Village of Freeville, and one in the Village of Trumansburg. One completion certificate was issued in the Village of Dryden and one in the Village of Freeville.

Some on-site wastewater treatment systems are required to be designed by a professional engineer at the expense of the owner due to size or unique site conditions. The Division approved engineered plans for 20 new or replacement on-site wastewater treatment systems to serve:

- one apartment cluster in Newfield and one in Caroline,
- one grocery store in Lansing,
- one business in Ulysses and one in Dryden, and
- fifteen private residences four in Caroline, two in Danby, three in Dryden, five in Lansing, and one in Ulysses

On-Site Wastewater Treatment System Plan Approvals 2006 – 2010

Projects	2010	2009	2008	2007	2006
New/Replacement On-Site Wastewater Treatment Systems	20	14	22	17	11

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 and wastewater treatment and disposal systems. In 2010, New York State shifted all plan review responsibility for Hotels and Motels to the building code officials.

Plans Approved 2006 – 2010

Year	Type & # of Projects	# of Lots/ Units	# of Municipal Water & Municipal Sewer	# of Private Water & Private Sewage	# of Municipal Water & Private Sewage	# of Private Water & Municipal Sewage
Subdivisions						
2010	2	22	0	22	0	0
2009	1	5	0	5	0	0
2008	2	25	6	0	19	0
2007	2	42	0	25	17	0
2006	6	61	37	12	12	0
Mobile Home Parks (None 2008, 2010)						
2009	1 expand	15	0	15	0	0
2007	1 expand	5	0	0	1	0
2006	1	2	0	2	0	0
Apartment Complexes (None 2006 - 2010)						
Hotels and Motels (None 2007, 2008, 2009, 2010)						
2006	3	156	156	0	0	0

Summary of Plan Approvals 2006 – 2010

Year	# of Plans Approved	# of Lots/Units
2010	2	22
2009	2	20
2008	2	25
2007	3	47
2006	10	219

Lead Program

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

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

Staff then issues a report to the parents and/or the building owners on how to control the existing lead hazards found. In cases of lead poisoning (over 20 mcg/dL), the Public Health (PH) Director 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 PH Director issued no orders in 2010.

Uncontrolled discharge of lead-based paint dust may endanger public health and is a violation of Article IX of the Tompkins County Sanitary Code. Investigation of twenty-four complaints resulted in no violation notices. All the investigations included providing educational materials.

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

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

Beginning April 22, 2010, contractors performing renovation repair, and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 must be EPA certified and must follow specific work practices to prevent lead contamination.

The requirements apply to renovation, repair, and painting activities. The rule generally does not apply to minor maintenance or repair activities where less than six square feet of lead-based paint is disturbed in a room or where less than 20 square feet of lead-based paint is disturbed on the exterior, but this does not include window replacement, demolition, or prohibited practices.

Lead Program Summary 2006 - 2010

Cases	2010	2009	2008	2007	2006
Children w/BLL >19.9 mcg/dL	0	0	0	0	1
Children w/BLL 10 - 19.9 mcg/dL	3	1	8	1	5
Sites Inspected Related to 20+ Cases	0	0	0	0	1
Sites Inspected Related to 10 - 19 Cases	3	1	8	1	6
Abatements Completed	0	0	0	1	0
Environmental Lead Assessment Sent	3	1	8	1	5

Number of Samples Collected For Lead Analysis 2006 - 2010

Sample Types	2010	2009	2008	2007	2006
Paint	0	0	0	0	0
Drinking Water	3	3	0	1	6
Soil	5	0	0	0	1
XRF survey	1	1	3	2	6
Dust Wipes	0	15	7	6	11
Other	2	0	0	0	2

Healthy Neighborhoods Program

The Healthy Neighborhoods Program (HNP) is funded through grant money provided by the New York State Department of Health (NYSDOH), and is administered by the Tompkins County Health Department (TCHD) Environmental Health Division. The objective of this program is to promote healthy homes in specific areas of Tompkins County by pursuing the following goals: prevent indoor air pollution, prevent asthma hospitalizations, prevent residential fire deaths, prevent lead poisoning, and reduce indoor tobacco use. The program received funding to operate in the City of Ithaca, Village of Groton, and mobile home parks in the Town of Dryden. The HNP operates with guidance from the HNP Advisory Committee. The committee consists of representatives from TCHD Environmental Health, Administration, Community Health Services, and Women, Infants and Children; Cornell Cooperative Extension, Code Enforcement, the Ithaca Fire Department, and the Tompkins County Asthma Action Coalition.

Although the grant year started on October 1, 2009, we did not receive notification of the grant award from the NYSDOH until December 2009. The grant was accepted by the Tompkins County Legislature in January 2010. We did not receive a signed contract from the NYSDOH for the program until September 13, 2010. Without a signed contract, we could not make major

expenditures until May 2010. For the 2009-2010 grant year the home visits were performed by the full-time equivalent of one Public Health Sanitarian.

Despite problems with funding and staffing, the program conducted 88 home visits resulting in 220 referrals to agencies, groups, and programs. Of these visits, 21% were conducted in the Village of Groton, 40% in the City of Ithaca, and 39% in Dryden mobile home parks. To promote the HNP in the target areas, outreach was conducted throughout the year at various locations and events. Additional outreach was conducted through print media, interviews with radio, and press releases.

Part of the HNP home visit includes providing products to help make the home safer and healthier. Products provided are summarized below.

Product Distribution for the 2009 – 2010 HNP Grant Year

Fire Extinguishers	71
Carbon Monoxide Detectors	60
Smoke Detectors	56
Surge Protectors	47
Radon Test Kits	31
Cleaning Products (Vinegar or Baking Soda)	78
Batteries for CO/Smoke Detectors	12
Child Safety Products (received late in grant year)	9

Temporary Residences

Hotels, Motels, and Cabin Colonies

The Environmental Health Division permitted and inspected 30 hotels, motels, and cabin colonies that included seven public water supplies, 19 restaurants, two outdoor swimming pools, seven indoor swimming pools, five spa pools, and three bathing beaches. Room capacity totaled 1,760 for the 30 facilities. Rogues Harbor Inn was added to the inventory. Thirty-five inspections and re-inspections were conducted at these facilities.

Campgrounds

The Division permitted and inspected three permanent campgrounds that included two public water systems, two outdoor swimming pools, and one bathing beach. Campsites and cabins totaled 375 for these campgrounds. Eight inspections and re-inspections were conducted during 2010.

Finger Lakes GrassRoots Festival

The Finger Lakes GrassRoots Festival received temporary permits to operate three campgrounds. Next Door Camping with 300 additional sites was added during 2010. Campsites totaled 1,618 for this festival. Inspections occurred prior to and during operation. Food vendors at the event

had existing Food Service Establishment Permits or received individual Temporary Food Service Permits. Individual inspections occurred at each food service establishment.

State Parks

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

Agricultural Fairgrounds

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

Children's Camps

The Environmental Health Division issues permits to children's camps and performs pre-operational, operational, and buddy check inspections to ensure that:

- all physical facilities (water and wastewater treatment 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 New York Sanitary Code.

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

The Division conducted 73 inspections at the 27 permitted children's camps. No violations were found that required enforcement action. However, enforcement action was taken against one children's program for not obtaining a Permit to Operate a Children's Camp.

The Division investigated 24 reports of serious injuries including:

- Ten campers with fractured bones
- Five campers with lacerations requiring sutures or staples
- Four campers with concussions
- Three campers with head injuries that were not concussions
- One camper with a neck injury
- One sprain

The Division investigated reports of 53 illnesses:

- Two campers were administered Epi-pens
- Fifty-one campers at one camp had skin infections

Children's Camps Activity 2006 – 2010

Year	# of Permits Issued	# of Overnight Camps	# of Day Camps	# of Campers
2010	27	9	18	10,232
2009	28	10	18	11,551
2008	32	11	21	12,192
2007	31	10	21	11,428
2006	28	8	20	10,041

Mobile Home Parks

The Mobile Home Park (MHP) program ensures that these dense residential developments are created and operated to provide a healthy and safe environment for occupants. The operators must comply with Part 17 of the New York State Sanitary Code (NYSSC) and Article III of the Tompkins County Sanitary Code (TCSC). Other sections of these codes may also apply; including Part 5 (Water) of the NYSSC, Articles VI (Sewage) and VII (Water) of the TCSC, as well as New York State Department of Environmental Conservation regulations (Sewage). Division staff inspects the water supply, wastewater 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 Division feels it is necessary.

Mobile Home Park Program Activity 2008 – 2010

Year	# of Inspections	# of Minor (Blue) Violations	# of Public Health Hazards (Red Violations)	# of Enforcement Actions
2010	70	56	7	1
2009	91	52	6	2
2008	111	55	4	4

As shown in the above table, Environmental Health staff performed 70 inspections (includes field visits, park inspections, and sanitary surveys), resulting in 56 minor violations, the correction of seven public health hazards (PHH's), and the initiation of one enforcement action. PHH's require immediate mitigation by the park operator and may result in an enforcement action against the facility. One enforcement action was initiated for sewage exposure to the ground surface.

When a park operator has a history of good compliance and cooperation with the Department, the general park inspection may be waived for up to three years. Sixteen MHP's received a waiver from the annual general park inspection. However, sanitary surveys of on-site water systems are still performed annually at those facilities where the general park inspection is waived. Nine MHP's that received a waiver for the general park inspection have on-site water

systems and therefore had a sanitary survey of the facility completed by Division staff. A total of 29 sanitary surveys were performed at MHP's with on-site water systems.

Permitted Sites with Municipal Services 2006 – 2010

Year	# of MHP's	# of Permitted Sites	# of Sites with Municipal Water	# of Sites with Municipal Sewer
2010	42	2022	944	683
2009	42	2025	947	688
2008	42	2070	835	688
2007	42	2070	835	688
2006	43	2076	833	688

As shown in the above table, the number of permitted MHP's remained unchanged at 42 in 2010. However, the total number of permitted mobile home sites in Tompkins County decreased by three sites to a total of 2,022. The decrease is attributed to abandonment of five sites at Forest Home Park (T-Dryden) and the addition of two permitted sites at Washington Heights (T-Ulysses). These changes also correspond with the decreases in the number of sites with municipal water and sewer (note that Washington Heights has on-site wastewater treatment systems).

Approval of engineering plans by the Division is required prior to new construction of, modification of, or addition to MHP's (including water and sewage). The Division performed a plan review for Hanshaw Village MHP's wastewater collection system.

Swimming Pools and Bathing Beaches

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

The Division inspects all public bathing facilities when in operation annually. In addition, comprehensive inspections of seasonal facilities are performed before they open. Other inspections are conducted in response to complaints, potential violations, changes in owners/operators, requests for technical assistance about repairs, improvements or new construction, or any other circumstance when the Division feels it is necessary.

Permitted Bathing Facilities 2006 – 2010

Year	# of Permitted Bathing Facilities	# of Indoor Pools	# of Outdoor Pools	# of Bathing Beaches
2010	59	30	23	6
2009	59	31	22	6
2008	59	30	23	6
2007	58	29	23	6
2006	57	28	23	6

As shown in the table above, the total number of permitted pools remained unchanged at 53 (30 indoor/23 outdoor) for the year. Seventeen pools are located at temporary residences (13 indoor/four outdoor) and one outdoor pool is located at a children’s camp.

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

The Division received two reportable incidents at permitted swimming pools. One required an extensive investigation by the Division into a near-drowning at an indoor pool. The other involved a collision at an indoor pool between two patrons where a neck injury was suspected requiring further medical evaluation. The medical evaluation of the injured swimmer showed there was no serious injury as a result of the collision.

Bathing Facility Program Activity 2007 – 2010

Year	# of Visits	# of Minor (Blue) Violations	# of Public Health Hazards (Red Violations)	# of Enforcement Actions
2010	152	57	9	3
2009	151	74	6	0
2008	144	96	10	0
2007	143	106	4	0

As shown in the above table, Environmental Health staff made 152 visits (includes inspections, pre-operational inspections, re-inspections, and field visits) to bathing facilities in 2010, resulting in the citation of 57 minor violations, the correction of nine public health hazards (PHH’s), and the initiation of three enforcement actions. Failure to correct PHH’s requires closure of the facility until the violation is corrected and may result in an enforcement action especially in the case of repeat violations. Enforcement actions were initiated against three bathing facilities including:

- operating without a permit,
- providing inadequate supervision (PHH), and
- repeat failure in maintaining adequate disinfection residuals (PHH)

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

- Addition of vacuum safety release system and modification of main drain grating at the Ithaca College indoor pool.
- Addition of ultraviolet light disinfection to the three Cornell University pools.

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.

Adolescent Tobacco Use Prevention Act (ATUPA):

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

Each year, the tobacco enforcement program conducts compliance checks with youths from 15 to 17 years of age. Program staff accompanies a minor while he/she attempts to purchase a tobacco product from each of the tobacco vendors in the county. Vendors with sales to minors on their record within the last three years are subject to three compliance checks each year until their record is cleared either by suspension of their tobacco license or passage of three years with no sales to minors. In the 2009-2010 ATUPA Grant year, tobacco vending machines were removed from the last two facilities that previously had them. There are no longer any facilities in the county with a registered tobacco vending machine. The following is a summary of ATUPA activity for the grant year running from October 1, 2009 to September 30, 2010.

ATUPA Retail and Vending Violations 2006 – 2010

Number	2010	2009	2008	2007	2006
of Vendors	66	65	71	78	84
of Violations	5	1	2	2	1

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

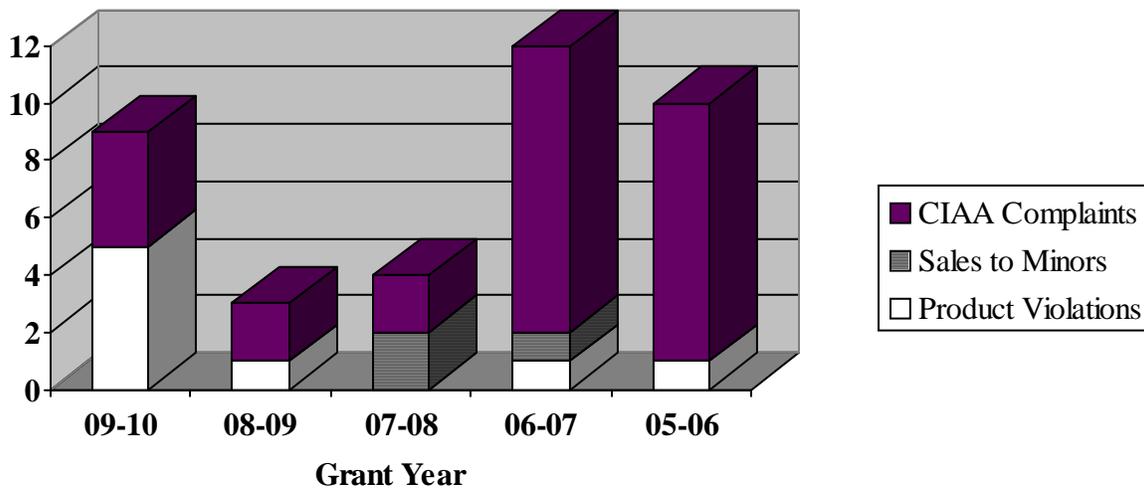
The Division is responsible for enforcing the CIAA and Tompkins County Local Law #3 of 2003. These laws make smoking tobacco illegal in all public indoor areas including bars and food service establishments.

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

When the Division receives a second smoking complaint, staff makes a field visit to the facility. Staff then determines whether smoking is occurring at that facility and discusses the complaint with the owner/operator. If smoking is found during the field visit enforcement proceedings against the facility are initiated. If the violation is found to have occurred, the law allows the Tompkins County Board of Health (BOH) to levy up to a \$1,000 penalty. In the 2009-2010 grant year four CIAA complaints were investigated. No field visits were needed and no enforcement actions required.

Tompkins County has one facility with a CIAA waiver. The Fraternal Order of Eagles #1253, in Ithaca, initially received approval of their waiver by the BOH in February 2005. The waiver allows smoking in the facility in a room separated from the rest of the establishment, with a separate entrance, separate ventilation system, and proper signage. The waiver was renewed for another year in February of 2010, after the facility demonstrated compliance with waiver requirements.

CIAA Complaints / ATUPA Violations 2006 - 2010



Complaints

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

The Division recorded 182 complaints in 2010. Staff investigated most, and referred some to other state and local agencies, especially complaints of building problems or residents' living conditions. Some complaints are not valid; meaning there is no violation or no public health threat. Some complaints, after investigation, are found valid and the Division issues notices of

violations. Most of the respondents correct the violation after notification. Enforcement actions are listed in the enforcement section of this report.

Complaints are categorized in the following Environmental Health Programs:

- Food – Includes unsanitary conditions in permitted facilities, illnesses and suspected illnesses, and food quality.
- Open Burning – Burning of trash, garbage, and paper for disposal instead of using the accepted solid waste stream.
- Outdoor Air – Complaints other than open burning such as lead paint grinding, farming activities including manure spreading, and odors of unknown sources.
- Indoor Air – Mold or noxious odors inside the home.
- Garbage – Improper storage and disposal of household garbage and accompanying odor and vermin nuisances.
- Sewage – Discharges of untreated sewage to the ground surface and odors associated with improperly functioning wastewater treatment systems.
- Water – Complaints from tenants regarding water quality, tastes, and impurities. Most are private water sources and some are complaints concerning regulated water supplies.
- Adolescent Tobacco Use Prevention Act (ATUPA) and Clean Indoor Air Act (CIAA) – ATUPA complaints are related to improper sales, package size or display of tobacco products and CIAA complaints are smoking in public places.
- Other – A category for complaints not easily fitting in the above categories. These include but are not limited to insects or cleanliness in public places, vermin in apartments, and manure or cat litter disposal.

Complaints by Category 2006 – 2010

Category	2010	2009	2008	2007	2006
Food	73	85	76	76	78
Open Burning	21	57	48	63	56
Outdoor Air	1	2	13	9	2
Indoor Air	5	4	18	13	13
Garbage	25	16	28	46	27
Sewage	27	34	8	39	23
Water	9	21	11	4	8
ATUPA/CIAA	7	5	1	12	7
Other	14	3	3	13	17
Totals	182	227	206	275	231

Open Burning:

In October of 2009, the New York State Department of Environmental Conservation (NYSDEC) implemented Part 215 of Environmental Conservation Law, regulating open fires statewide.

Article IX of the Tompkins County Sanitary Code, Air Pollution, is inconsistent with parts of the NYSDEC Part 215. Since local law cannot be less strict than state law, Article IX is under review and will have to be altered accordingly to eliminate the inconsistencies. Maintaining a local law will require the Division to respond to complaints and enforce open burning. Complaints may also be referred to the NYSDEC for further action.

West Nile Virus:

The Division continues to recommend methods of personal protection against mosquito bites and control breeding sites in yards to reduce the risk of contracting the potentially fatal disease. New York State Department of Health reported 129 human cases and five deaths in 2010.

Neighborhood Notification Law:

The Neighbor Notification Law for pesticide applications became effective January 1, 2003, following adoption by the Tompkins County Legislature. 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. Staff maintains an inventory of local retailers known to sell general use pesticides and investigates complaints. No complaints were received in 2010.

Enforcement Actions

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

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

At the beginning of the year there were 13 unresolved cases from past years; all were resolved in 2010.

The Division had 44 new cases this year; 34 were resolved.

Environmental Health collected \$8,600 (26 cases) of the \$18,600 (37 cases) in penalties assessed by the BOH in 2010.

There remains \$10,000 (10 cases) in unpaid penalties (all but one in collection).

Enforcement Activity 2006 – 2010

Actions Taken	2010	2009	2008	2007	2006
Cases	44*	14	11	16	12
Administrative Hearings	0	0	0	2	1
Penalties Assessed	37	13	5	8	8
Amount Assessed	\$18,600	\$8,300	\$3,900	\$4,150	\$3,300
Amount Collected**	\$8,600	\$7,200	\$2,550	\$4,250	\$1,700

* One facility complied prior to enforcement action.

** Penalties collected may include penalties assessed in previous years.

Types of Action and New Cases in 2010 with penalties assessed by the BOH except where noted Stipulation Agreements/Timetables of Compliance (TOC), no penalty assessed:

1. Sixteen for unsatisfactory inspections and/or violations of BOH Orders at food service establishments (FSE's):
 - Cajun Grill – 2X, V-Lansing
 - Hampton Inn, V-Lansing
 - Mehak, C-Ithaca
 - Green Café, C-Ithaca
 - Manndible – 2X, C-Ithaca
 - Orange Blossom Café – 3X, C-Ithaca
 - Potala – 2X, C-Ithaca
 - Feel Good Foods, C-Ithaca
 - Grassroots Retail Concession, V-Trumansburg
 - Ithaca Bakery, C-Ithaca
 - Country Inn & Suites, T-Ithaca
2. Five for operating without a FSE permit:
 - A-1 Restaurant, T-Dryden
 - Dryden Pizza, T-Dryden
 - Lou's Carryout, V-Groton
 - Mama's Sweet Treats, C-Ithaca
 - Quiznos, C-Ithaca
3. Twelve for water monitoring sampling violations:
 - John Joseph Inn, T-Lansing
 - Thorpe Apartments, T-Dryden
 - Banner Apartments, T-Caroline
 - Deerfield Apartments, T-Dryden
 - Sunrise Apartments, T-Caroline
 - A-1 Restaurant, T-Dryden
 - Dryden Central Schools, T-Dryden
 - On A Roll, T-Dryden

- Franziska Racker Center, T-Ulysses
 Seabring Inn, T-Newfield
 Pinecreek Campground, T-Enfield
 Omni Electromotive, T-Newfield – TOC
4. Two for swimming pool operating violations:
 Island Fitness, C-Ithaca
 Country Club of Ithaca, T-Ithaca
 5. One for operating without a swimming pool permit:
 City Health Club, C-Ithaca
 6. One for operating without a children’s camp permit:
 WAZA Soccer Camp, T-Lansing
 7. One for constructing a wastewater treatment system without a permit:
 House Doctor, T-Ulysses
 8. Three for new Ground Water Under the Direct Influence of Surface Water (GWUDI):
 Brookton Markets, T-Caroline – TOC
 Glenwood Pines, T-Ulysses – TOC
 Taughannock Falls State Park, T-Ulysses – TOC
 These three systems are the last of the GWUDI systems to be brought into compliance with the State Code and Federal Law.
 9. One for adding an apartment to a house without a wastewater treatment system construction permit:
 Miner, Emmons Road, T-Lansing – TOC
 10. One for wastewater treatment system violations:
 Hanshaw Village MHP – TOC

Types of Enforcement Actions 2006 – 2010

Programs	2010	2009	2008	2007	2006
ATUPA/CIAA	0	0	2	1	1
Children’s Camps	1	0	0	0	0
FSE’s	21	12	1	4	4
Mobile Home Parks	0	1	0	0	0
Public Water Supplies (PWS)	12	0	1	5	1
PWS GWUDI TOC	3	1	3	2	1
Wastewater Treatment	3	0	4	4	2
Pools and Beaches	3	0	0	0	0
Other	0	0	1	1	3
Totals	43	14	12	17	12

* One facility complied prior with enforcement action and is not included in this table.

Public Outreach and Staff Training

In 2010, the Environmental Health Division engaged in the following public outreach activities listed below.

- Held 23 meetings/classes with various groups totaling 398 people.
- Issued 15 press releases regarding rabies clinics, Water Week, carbon monoxide dangers, a Healthy Homes course, the Healthy Neighborhoods Program, and potentially rabid animals.
- Participated in eight media interviews, resulting in articles in the Ithaca Journal and Ithaca Times and segments on local radio.
- Distributed 66 information brochures to tobacco retailers on the Adolescent Tobacco Use Prevention Act.
- Mailed annual water quality sampling requirements to 145 public water systems, Annual Water Quality Report requirements to 48 public water systems, and several mailings to 50 water system certified operators on continuing education opportunities.
- Updated the postings of items on the county website.
- Distributed a mailing to all local well drillers concerning well drilling in Tompkins County.
- Contacted all Dryden mobile home park operators, county pediatric practices, and county social service agencies for partnering with the Healthy Neighborhoods Program.
- Participated in numerous public forums and public meetings regarding the health issues associated with horizontal hydraulic fracturing gas drilling in the Marcellus Shale formation.

Training is necessary to ensure an efficient, knowledgeable, and effective staff. Environmental Health staff received training in the areas listed below.

- **Water supply:** Web-based Safe Drinking Water Information System issues, residential water supplies, sanitary surveys, source water protection, water distribution issues, GIS applications, horizontal hydraulic fracturing gas drilling issues, public water supply security, residential on-site wastewater treatment systems, and the Agriculture and Markets partnership.
- **Other programs:** Proper disposal of pharmaceuticals, foreign and emerging diseases, rabies post-exposure treatment, foodborne illness investigation, on-site wastewater treatment system design, realty subdivisions, childhood lead, children's camps, bathing facilities, lead abatement, tanning, and Healthy Neighborhoods Program home visits.
- **County provided training:** Driving Safety, Emergency Response, Bloodborne Pathogens, Supervision for Success, Right to Know, Health Commerce System portal use, Communication in the Workplace, Trust in the Workplace, Floor Fire Officer Training, and use of our new phone system ShorTel.

Because Environmental Health programs are very specialized, many staff must maintain individual certification with on-going training requirements.

- Steve Maybee, P.E., and Liz Cameron, P.E., maintained their Professional Engineer licenses.
- Chris Laverack and Steve Maybee maintained their Lead Risk Assessor Certification through the Environmental Protection Agency.
- Carol Chase, Rick Ewald (retired), and Audrey Balander maintained their New York State Department of Health Food Safety Inspection Officer (FSIO) II Status.
- Kristee Morgan maintained her status as an FSIO I and completed training as an FSIO II.
- Jane Daum maintained her status as an FSIO I and began training as an FSIO II.

Time Breakdown

At the end of 2010, The Environmental Health Division had 13 full-time and two half-time technical staff and one full-time and 2 half-time support staff. Below is a breakdown of the time spent in various program areas.

Program	Facilities, Permits, or Activity	Technical Staff Days	% of Time Available
Public Water Systems	145	558.4	16.9
Private Water Systems	36	33.1	1.0
Food Service Establishments	848	645.2	19.5
Healthy Neighborhoods Program	136	334.4	10.1
On-Site Wastewater Treatment Systems	252	780.9	23.6
Rabies Exposure Incidents	463	375.2	11.4
Temporary Residences			
Hotels/Motels	30	72.1	2.2
Children's Camps	27	134.6	4.0
Campgrounds	7	11.2	0.3
Mobile Home Parks	42	80.6	2.5
Swimming Pools/Bathing Beaches	59	114.7	3.6
Realty Subdivisions	0	10.5	0.3
Tobacco Control	66	57.7	1.7
Nuisances		44.7	1.3
Lead and Indoor Air		33.3	1.0
Other Programs		21.2	0.6
Total Staff Days (excluding leave time)		3307.8	100.0

Staff Days Spent in Major Program Areas 2006 – 2010

Programs	2010	2009	2008	2007	2006
On-Site Wastewater Treatment	781	681	709	688	671
Food Service Establishments	645	658	452	444	481
Public Water Systems	558	834	803	767	705
Rabies Exposure Incidents	375	348	359	330	305
Mobile Home Parks	81	139	153	107	82
Private Water Systems	33	120	174	232	232

Fees and Other Revenue

The Division charges operating and permitting fees to regulated facilities. The numbers in parentheses note the # of fees submitted / # fee exempt facilities.

I. Annual Operating Permit Fees		\$163,998.65
Food Service Establishment (425/15)		122,774.50
Temporary Food Service (108/217)		5,940.00
Hotel/Motel (29)		7,869.70
Mobile Home Park (42)		9,931.50
Campground (6)		2,262.95
Children's Camp (4/23)		400.00
Swimming Pool/Bathing Beach (57/1)		14,820.00
II. Water System Operating Fees		\$20,090.00
Part 5 Community (92)		15,320.00
Part 5 Non-Community (45)		4,050.00
Part 5 Non-Transient Non-Community (8)		720.00
III. Plan Review-Construction Permit Fees		\$66,450.00
Wastewater Treatment System Construction Permit (252)		52,280.00
Wastewater Treatment System Construction Permit Renewal (8)		400.00
Food Service Establishment Plan Review (24)		4,100.00
Subdivision Plan Review (2)		2,680.00
Part 5 Public Water Supply Plan Review (1)		250.00
Cross Connection Control Plan Review (6)		900.00
Distribution Water Main Extension (4)		720.00
Non-community Water System New Source (3)		600.00
Other Water System Modification (3)		300.00
Collector Sewer Plan Review (2)		220.00
Individual Sewage System Plan Review (17)		3,400.00
Other Engineering Review (4)		600.00

IV. Other Fees	\$12,377.96
Waiver/Variance (0)	0.00
Late Fees (72)	1,800.00
Duplicate Rabies Certificates (11)	110.00
Photocopies	45.00
Rabies Clinics Donations	1822.96
Penalties (26)	8,600.00
~~~~~	
<b>Total Revenue</b>	<b>\$262,916.61</b>

*Fees Collected 2006 – 2010*

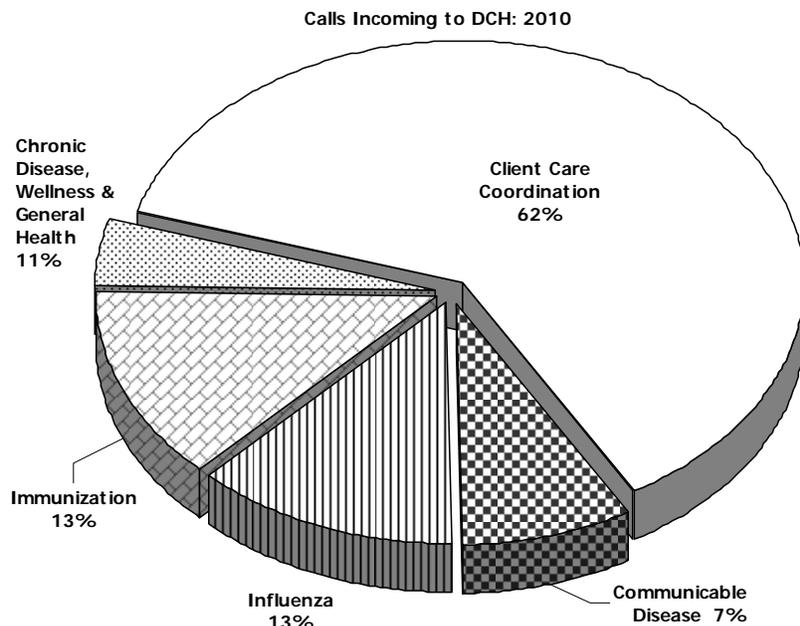
<b>Year</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>
Revenue	\$262,917	\$257,632	\$273,409	\$244,706	\$248,347

*Introduction from the Director of Patient Services*

The Division for Community Health (DCH) includes **WIC** and the **Health Promotion (HPP)**, **Home Health Care (HHC)** and **Community Health Services (CHS)** programs. It is a pleasure to work with such a wealth of experienced, professional and dedicated staff. I extend my appreciation to every member of our Division for their work to promote, protect, preserve and improve the health of our clients and the health of our community. A few highlights of the many program achievements are noted below with details listed in the program reports.

**Highlights**

- **40 nursing, education, 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. 5 Per-Diem registered nurses, 7 contract therapists and nutritionists also supported division work.



- **17,985 telephone calls** fielded by Division support staff: 1,426 Communicable Disease, 2,258 Influenza, 2,360 Immunization, 780 Chronic Disease, Wellness and General Health and 11,161 Client Care Coordination calls.
- **The Health Promotion Program (HPP)** staff reached **472 people at 13** community outreach events.
- Ted Schiele, Evaluator/Planner **educated City of Ithaca legislators and key stakeholders** on the benefits of smoke free public areas. This effort which took several years enabled the City of Ithaca to pass an ordinance effective August 1 banning smoking in City parks, playgrounds, the Commons, during outdoor events on City property and other public areas.
- An annual \$240,000 NYSDOH **Creating Healthy Places 5 Year Grant** was initiated in October made possible by HPP grant writing skills, knowledge of policy change, and collaboration with the Health Planning Council, Cornell Cooperative Extension of Tompkins County and other community partners.

- **Fresh fruit and vegetables selections were increased and soy milk as added to the WIC food package.**
- **85% of women WIC participants** initiated breast-feeding comparing favorably to the Syracuse Regional 60% average and New York State 70% average and surpassed the Healthy People 2010 goal of 75%.
- **\$808,097 dollars in WIC food vouchers** redeemed and 870 WIC families received \$24 farmers' market coupons for a value of \$20,880.
- **431 Home Health Care clients** were served through **12,084 visits**, including 5,076 skilled nursing and 2,016 physical therapy visits.
- **92% Home Health Care clients** and families expressed satisfaction with their care, representing 19% of the client caseload.
- **The 'Tompkins County Hoarding Field Guide'** which provides professionals with education as well as information about local resources earned the NYS Office of Children and Family Services award for Outstanding Programs & Practices in Protection of Vulnerable Adults. The Home Health Care supervisor serves as core task force member.
- **1 new active Tuberculosis disease cases** identified in 2010. Treatment for the county's **first multi-drug resistant (MDR) case** identified in 2009 is anticipated to complete mid-year 2011.
- **3,188 childhood and adult immunizations** given by CHS nursing staff including **2,195 seasonal influenza** vaccinations.
- **603 Communicable Diseases** reported; the highest number in over 11 years. The STD Chlamydia represented 42% (259) of all cases and was the highest case count since reporting began for Chlamydia in 2000. Other high case counts included Chronic Hepatitis C (35), Lyme disease (69) and Rabies post-exposure (121). Pertussis (2) cases was the lowest since 2005.
- **558 clients** and their families received **maternal child services** through **1,160 clinic and home visits** by CHS nursing staff.
- **1,635 continuing education hours** achieved by Division staff.
- **4 state and federal grants** supplemented the HPP and CHS program budgets facilitating prevention, education and outreach related to tobacco use and control, immunization outreach and education, HIV anonymous counseling and testing, lead poisoning and strategies to affect environmental and institutional changes to promote healthy lifestyle.

Special thanks are extended to the following volunteers serving in 2010 on the Professional Advisory Committee (PAC) a subcommittee of the Board of Health with oversight of the Certified Home Health Agency and Diagnostic & Treatment Services. We extend our appreciation to outgoing member Pamela Mayberry after many years of service.

- Dave Stoyell, County Office for the Aging, and Committee Chair
- Marilyn Pesesky, Long Term Care Services and Committee Vice-Chair
- Peggy Apgar, Cayuga Medical Center at Ithaca
- Pauline Cameron, Hospicare and Palliative Services
- Phil Cornell, Community Pharmacist
- Dorothy Daetsch, Consumer Representative
- Sorel Gottfried, Speech Language Pathologist and Consumer

- Dr. James Macmillan, Gannett, Cornell University Health Services and Board of Health representative.
- Pamela Mayberry, Ithaca College Gerontology Institute
- Ione Scanlon, Physical Therapist and Consumer

### ***Community Health Services***

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

#### **Mothers**

- Prenatal health assessments
- Childbirth Education Classes
- Postnatal health assessments
- Breastfeeding support
- Parenting education

#### **Children**

- Newborn and child health assessments
- Immunizations
- Lead Poisoning Prevention and education
- Growth and development education

#### **All community residents**

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

### ***Highlights of services for 2010:***

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

The Medicaid Obstetric and Maternal Services (MOMS) program provides services for prenatal women that meet income eligibility requirements. Clients receive counseling and education through class instruction, educational materials, office and home visits. **297** prenatal women enrolled in MOMS. **332** women visited TCHD offices including those who needed pregnancy or presumptive eligibility verification without enrolling in the MOMS program.

Of the 297 MOMS participants, 263 (**88.5%**) sought prenatal care in the first trimester. Of the 795 live births at Cayuga Medical Center in 2010, **271** live births were to MOMS clients representing **34.1%** of all live births.

Typically, Community Health Nurses visit MOMS participants in their home during pregnancy to assess blood pressure, pulse, respiration, lung sounds, weight, nutritional intake, and fetal heart sounds and to teach about pregnancy, childbirth, breastfeeding, infant care, and chronic disease prevention. **491** antepartum home visits were made. After delivery, 1-2 postpartum home visits are made to assess both mother and baby for any health issues and to offer education related to infant care, breastfeeding support, and childhood growth and development. **237** postpartum home visits were made. Not all MOMS clients resided in Tompkins County after delivery or were receptive to postpartum visits. Many MOMS clients have complex psychosocial needs requiring extensive nursing attention and interventions well after the postpartum visit.

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

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

CHS staff promoted the use of Text4baby, a free voluntary service of the National Healthy Mothers, Healthy Babies Coalition, with all maternal clients. With the mother's consent, free text messages are sent to her cell phone with helpful information during pregnancy and baby's first year of life. This service has been well received and utilized.

Total number of office and home visits (MOMS and maternal child) made for the year: **1160**.

### **Communicable Disease**

**603** communicable disease cases were reported in 2010, compared to 583 in 2009, 546 in 2008, 567 in 2007, 487 in 2006 and 445 in 2005. The most frequently reported disease was Chlamydia (259 cases). In addition, there has been a dramatic increase in the number of Lyme disease cases (69 in 2010; 44 in 2009; 46 in 2008; 9 in 2007; 2 in 2006). Though not all cases are locally acquired, the presence of Lyme infected ticks in this area is well documented. Significant Lyme disease prevention, screening and treatment education have been done with local health care providers and the public. CHS continued to provide free tick identification services in cooperation with NYSDOH Wadsworth lab for community residents who find a tick on their bodies.

Communicable Disease											
	Avg./Yr										
	'92-'00	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Hepatitis A	5	1	0	3	0	2	1	3	2	0	1
Measles	0	0	0	1	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	3	1	0	0	0
Pertussis	1	0	88	17	14	2	39	5	25	1	2
Rabies post-exposure	53	111	106	108	118	111	114	127	121	124	121
Tuberculosis (TB)											
Active cases	4	4	1	4	4	3	2	4	3	6	1

### Vaccine-Preventable Disease (3)

**Pertussis (2 cases)** — Tompkins County had no pertussis outbreak in 2010 as has occurred in past years. CHS continued to strongly promote pertussis vaccination to adolescents and adults via locally developed flyers, paid media, blast faxes to health care providers and posts to TCHD website. In addition, CHN’s routinely administered Tdap (tetanus, diphtheria, and acellular pertussis) vaccine to adolescents and adults at all health department immunization clinics and on prenatal/postpartal home visits to “cocoon” the newborn. Cayuga Medical Center adopted Tdap vaccination of mothers after delivery in 2010.

**Hepatitis A (1 case)** — This case was exposed through international travel and did not transmit disease to others in the community. Contacts were identified and offered vaccination to prevent disease. CHS typically sees 0-2 cases of Hepatitis A each year due to international travel.

### HIV Anonymous Counseling & Testing Program

During 2010 CHS offered 79 testing dates for anonymous HIV counseling and testing at a variety of community sites including Southern Tier AIDS Program (STAP), Loaves & Fishes, Lifelong (Senior Citizen Center), TC3 and Tompkins County Health Department. **144** people (103 males and 41 females) were HIV counseled and tested utilizing the Rapid HIV test methodology with results available in 20 minutes. **Two** HIV positive individuals were identified, one male and one female. Both were referred to primary HIV medical care and appropriate community resources. There were 79 “walk-ins” and 48 appointments with a no show rate of 2%. Approximately 74% of the clients were males. The majority of clients (72%) were Caucasian with approximately 45% male and 75% female between 19 and 39 years of age.

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

HIV Anonymous Counseling & Testing										
	4-yr Avg									
	'98-'01	2002	2003	2004	2005	2006	2007	2008	2009	2010
Clinics	-	146	90	94	87	87	87	86	72	79
Pre-test appointments	-	243	145	171	288	360	119	233	50	48
No-shows	-	20%	10%	17%	10%	9%	13%	5%	6%	2%
Walk-ins	-	78	53	14	27	139	216	139	109	79
Clients tested	360	269	178	151	273	329	317	222	149	144
Males	-	146	118	82	165	200	203	143	110	103
Females	-	123	60	69	108	129	114	79	39	41
% male clients	-	54%	66%	54%	60%	61%	64%	64%	74%	72%
Positive test results	2	0	0	0	2	3	2	1	0	2
Post-test counseling appts.	-	268	185	150	273*	329	317	222	149	144
No-shows	-	10%	9%	4%	0%	0%	0%	0%	0%	0%

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

## Tuberculosis (TB)

### Definition of terms

**Active TB disease** - Contagious illness in which TB bacteria are rapidly spreading and causing tissue destruction. Before antibiotics, TB disease killed 50% of those infected within 2 years. Treatment is individualized but generally requires 4 different drugs taken for 2 months, followed by 2 different drugs for 4-7 months. The individual is isolated from the community until proven non-infectious.

**Latent TB Infection (LTBI)** - Non-contagious dormant infection. The bacteria are very slowly reproducing but do not cause tissue damage. About 10% of those infected will develop TB disease during their lifetime. One drug taken daily for 9 months cures the infection.

**Directly Observed Therapy (DOT)** – Most failures to cure TB disease occur because the client does not take the medication appropriately (up to 12 pills/day).

Active TB disease							
	2004	2005	2006	2007	2008	2009	2010
# cases	5	5	1	4	3	6	1
# pulmonary	4	3	1	3	2	6	1
# non-pulmonary	1	2	0	1	1	0	0
# drug-resistant	0	1	0	2	0	1	0
# MDR	0	0	0	0	0	1*	0
DOT visits	153	315	94	128	168	510	284
LTBI							
# cases	177	249	435	308	348	229	138
# treated	38	88	112	77	76	43	46

Treatment for active TB is mandatory. However, treatment for LTBI is voluntary.  
Case #s reflect year in which TB disease or LTBI diagnosis made.  
*First multi-drug resistant case in Tompkins County.

**Key:**    **MDR** = multi-drug resistant                      **LTBI** = latent TB infection  
              **DOT** = direct observe therapy                      **TB** = tuberculosis

Therefore, a CHS nurse visits the client's home daily to administer the medication, usually throughout the full 9 months of treatment.

**One active pulmonary TB disease case** was identified in 2010. The case relocated to Ithaca after initiating TB treatment out of state in May 2010. DOT visits were made to monitor adherence to TB treatment. Dr. Kaplan, TB Consultant, reviewed the treatment plan and extended treatment to six additional months due to documented late culture conversion. DOT visits will continue until estimated treatment completion date of April 2011.

During the course of 2010, four previously identified active pulmonary TB cases including the county's first multi-drug resistant case received DOT visits. Three of these cases completed treatment in 2010. The multi-drug resistant case's course of treatment required daily antibiotic injections for the first six months and overall oral TB medications for 24 months, all managed through daily DOT visits.. Treatment completion is anticipated in June 2011.

**Total DOT visits in 2010:** 284 visits

Due to the high international Cornell University student population, CHN, TB nurse and medical staff at Gannett Health Services continued to collaborate to identify LTBI cases, to educate them on the benefits and risks of treatment, and to monitor those who opted for treatment for medication side effects. **138** were identified as **LTBI**, 46 started treatment with 6 completing treatment (13%) with the majority starting treatment in the last six months of 2010 so their treatment completion date will be in 2011.

### **Lead Poisoning Prevention Program**

CHN, Lead Coordinator, case managed 3 cases (1 with blood lead level 12.2mcg/dL, 1 with blood lead level 15.1mcg/dL and 1 with initial blood lead level 23.7mcg/dL identified in 2009) in children up to age 18 years to ensure appropriate medical follow-up was done, possible lead hazards identified, and lead poisoning prevention education provided to parents and providers. NYSDOH requires childhood lead case management for blood lead levels 15 mcg/dL and higher. Due to the county's low local incidence CHS was able to provide case management services at a lower lead level. Typically, the nurse arranges for a joint home visit with Environmental Health staff to assess the home for lead hazards, to assess the child for nutritional, medical, and developmental risks associated with lead exposure and to educate the parents on sources of lead, its affect on children and lead safe remodeling practices. The Health Department contracts with Cornell Cooperative Extension to provide primary prevention outreach and education to the general public, contractors, remodelers and renovators. See [www.cce.cornell.edu](http://www.cce.cornell.edu).

### **Synopsis of Lead Cases**

- **1** child with initial blood lead level 23.7 mcg/dL identified in 2009. Joint home visit made with Environmental Health staff to investigate possible sources of lead and to educate the parents on lead safe remodeling practices. The family had been remodeling their home, vintage late 1800's, for a few years. Subsequent blood work over the course of the year showed decreasing blood lead levels. Case remains open until blood lead level remains below 15 mcg/dL for at least 6 consecutive months.

- **1** infant seen by a physician for routine well care when the physician discovered that the parent was using Chinese ointment to a dry skin area on infant’s thigh. Third ingredient listed on ointment was lead. Child tested for lead with a result of 15.1 mcg/dL. The ointment was sent for lead testing and was comprised of 12% lead by weight. EPA (Environmental Protection Agency) considers lead based paint a hazard if it contains more than 0.5% lead by weight. Joint home visit revealed no lead hazards. EH found that this product is not available in local Asian markets. The product was purchased in China and brought to Ithaca. The FDA was notified. The infant’s blood lead level has declined steadily since identified.
- **1** toddler screened at a physician’s office was identified with a blood lead level 12.2 mcg/dL. Joint home visit was made with EH staff. Lead was present in all interior and exterior windows and window components. Lead dust was found on bedroom and bathroom floors. HEPA vacuum was loaned to the parent. The landlord was responsive to lead exposure concerns, cleaned the apartment, repainted all surfaces with chipped paint and plans to replace all windows. Case continued to receive case management services.

## Immunizations

**15** routine childhood immunizations for diphtheria, haemophilus influenza type B, hepatitis A, hepatitis B, human papillomavirus, measles, meningitis, mumps, pertussis, pneumonia, polio, rotavirus, rubella, tetanus, and varicella (chickenpox) were provided free to children from birth through 18 years of age utilizing free vaccine provided to the health department from the Vaccine For Children (VFC) Program. A few select adult immunizations were offered for a nominal fee.

Immunization clinics were offered on a walk-in and appointment basis two days per week at the Health Department. CHS saw a dramatic increase in number of clients served when the Department moved to 55 Brown Road in July. 993 vaccinations in 2010 (655 to ages 0 to 18 years and 338 to adults 19 and over).

Immunization Clinic Stats (excluding flu)										
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Walk-in clinic clients	1,730	1,480	1,357	689	873	469	321	216	79	**
Appointment clients						460	430	353	351	**
Total # clinic clients						929	751	569	430	746
# of Clinics	154	149	152	44*	75	84	75	80	64	
# Immunizations Given (walk-in & appointment clients)										
Children (<20yrs)	1,296	1,318	1,057	749	723	756	873	964	599	655
Adults (20+ yrs)	948	1,056	874	688	826	889	320	240	157	338
Total	2,244	2,374	1,931	1,437	1,549	1,645	1,193	1,204	756	993
* Total # walk-in clinics = 25. TC3 site used only 5 times during that year due to construction/scheduling difficulties.										
** Served 208 clients at walk-in clinics at 401 Dates Dr. site through 6/30. Moved to new building at 55 Brown Rd. on 7/16 and opened clinic operations 7/19. Served 538 clients by appointment 2 days/wk from 7/19 through 12/31.										
Definition for age breakdown changed in 2007. Children are considered birth through 18th yr. Adults are age 19 & older.										
Routine immunization clinics were suspended Nov.– Dec. 2009 due to novel H1N1 clinics.										

In the fall, CHS received free federally purchased adult vaccine. (Tdap, HPV, pneumococcal and zoster vaccines). CHS offered the vaccines free to adult county residents and quickly exhausted the supply.

The CHS Supervisor facilitated the **Immunization Coalition** to address immunization issues for all ages. Coalition members include health care professionals from acute care, college health, school health, private practice pediatric offices, long-term care as well as service organization representatives (i.e. Ithaca Rotary) and consumers. **Goals for 2010** included improving health care worker influenza vaccination, improving adolescent and adult pertussis vaccination, and promoting both meningococcal and HPV vaccination for adolescents and young adults. Coalition members were instrumental working towards meeting these goals throughout the year.

**Influenza (flu)**

“Everyone, Every Year” campaign message emphasized the importance of annual flu vaccination for everyone aged 6 months and older.

Special attention was given again to immunize congregate senior housing residents first. **19** clinics were held at congregate senior housing with **498** immunized. Public clinics operated October 15 through December 31 by appointment and walk-in serving adults 19 years of age and older. Children six months through 18 years were seen by appointment at the health department. Three family flu clinics were held on Saturdays as a special outreach measure. 171 people (99 adults and 72 children) were vaccinated at these clinics. RSVP and Lifelong volunteers helped CHS staff operate public flu clinics and answer flu clinic phone calls. Clinic volunteers served as greeters and helped clients roll their sleeves. **Total vaccinated = 2,195**

<b>Flu Immunizations</b>						
<b>AGE GROUPS</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
6 months– 5 yrs	78	109	57	105	104	82
6 yrs– 18 yrs	229	146	100	182	146	178
19 yrs– 29 yrs	92	143	101	111	135	137
30 yrs– 49 yrs	324	341	327	407	337	401
50 yrs– 64 yrs	490	642	520	635	444	545
65 yrs & older	1,410	1,383	1,049	995	890	852
<b>Total</b>	<b>2,623</b>	<b>2,764</b>	<b>2,154</b>	<b>2,435</b>	<b>2,056</b>	<b>2,195</b>

## ***Health Promotion Program***

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

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

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

HPP collaborates with the Health Planning Council, local agencies, and health care providers to assess and to improve access to health care services. And it facilitates community focus on Tompkins County’s Prevention Agenda priorities: Access to Quality Health Care, Physical Activity and Nutrition and Chronic Disease.

HPP plays an active role in emergency preparedness and works closely with other health department programs, county and city departments, and community partners to plan, implement and promote activities that protect the safety of Tompkins County residents.

HPP maintains and updates the TCHD website. HPP is involved in promoting other TCHD programs through marketing and communication strategies including advertising campaigns, press releases and media interviews. HPP Director is the Public Information Officer (PIO) and coordinates a monthly radio interview on WHCU which features TCHD programs and current health issues.

The Health Promotion Program is responsible for the Municipal Public Health Services Plan and the plan’s

### **HPP Community Outreach**

- 70 Dryden Senior Citizens learned about the benefits of the Chronic Disease Self – Management program and other Health Department programs and services.
- 15 people from Dryden and Trumansburg completed the six-week Chronic Disease Self – Management Program.
- 28 residents at Titus Towers learned about staying healthy in the winter, seasonal and H1N1 flu, and women and heart disease in 3 separate sessions.
- 25 Home Care and Children with Special Health Care Needs staff learned about asthma prevention and management.
- 11 staff and 2 parents at Head Start learned about asthma management.
- 11 people learned about asthma management during Newfield Central School District’s Superintendent’s Day.
- 35 people attended “Asthma Can Be Managed” inservice at Bright Horizons Cornell Child Care Center.
- 100 County employees learned about the City of Ithaca’s smoke free ordinance and flu immunizations during Employee Benefits Day.
- 100 people receive information on smoke free areas and point of sale marketing during a health fair at the Ithaca Mall.
- 14 Longview staff attended a “Falls Prevention” inservice.
- 20 people learned about the impact of point of sale marketing on children during 2 separate sessions at the Newfield PTA and the Ithaca Health Alliance.
- 13 people learned about local health care and wellness resources during a Tompkins County Chamber of Commerce sponsored panel presentation.
- 30 Cornell University students learned about public health careers in local health departments

annual performance report as required by public health law. HPP produces and maintains the Community Health Assessment. This document identifies leading health indicators, community health concerns and issues and describes available and needed health services in Tompkins County. Researchers, grant writers and interested community members contact HPP regularly for this information.

**2010 Highlights**

- City of Ithaca passed an ordinance in April to ban smoking in City parks, playgrounds, a portion of the Commons, during outdoor events on City property and other public areas. The ordinance went into effect on August 1. This was a result of several years of education and advocacy by HPP staff. Staff provided education to the community about the ordinance through tabling events on the Commons during August and September. On October 6, Ithaca Common Council voted to extend the smoking ban to cover the entire Commons.
- Smoke free property law went into effect in January in the Town of Lansing. Signs were provided to inform the community.
- Hired a full time public health educator funded through the Tobacco Control Program grant to increase efforts to educate stakeholders and the community on the benefits of tobacco free areas and the impact of tobacco companies’ point of sale marketing on children.
- Community Tobacco Survey of Tompkins County adults conducted in June.
- HPP provided \$34,000 to two target neighborhoods and the Cayuga Waterfront Trail through New York State Department of Health’s (NYSDOH) “Healthy Communities Capacity Building Initiative.” Signs for a community park and a trail, gardening supplies, and physical activity equipment were included. The intent of the funding is to promote environmental change that supports physical activity, access to nutritional food and healthy eating.

<b>Media 2010</b>	
•	115 calls and emails to HPP from the media, community, and health professionals on a spectrum of health topics.
•	28 media interviews, community newsletter articles, and newspaper and online reports resulting from letters to the editor, press releases, or media inquiries on health issues that are concerns for Tompkins County residents.
<b>TCHD Web site: Unique Visitor counts for 2010</b>	
Health Department Home page.....	26,268
Seasonal Flu information pages .....	13,174
Health Department Directory, Overview and A–Z Index .....	9,389
Vital Records information pages .....	7,130
Community Health Services information pages.....	6,062
Rabies information pages .....	4,233
Environmental Health Div Home page.....	3,743
STD/STI information Pages .....	3,408
WIC Home page .....	3,086
Temporary Food Service information pages....	2,847
Press Releases Home page .....	2,173
Children with Special Care Needs .....	2,084
HIV information page .....	1,733
Health Promotion Program .....	1,671
Home Care.....	1,492
Community Health Assessment.....	1,382
Worksite Wellness:	
Total for 6 most visited pages .....	23,063
Tobacco Free Tompkins:	
Total for 6 most visited pages .....	15,650
Drowsy Driving Home page.....	4,651

- HPP collaborated with the Health Planning Council (HPC), Cornell Cooperative Extension of Tompkins County and other community partners to apply for NYSDOH Creating Healthy Places Grant in February. The grant was awarded in October for \$240,000 annually for five years. HPP will work with HPC, the lead agency in target communities and worksites to reduce obesity and Type 2 diabetes through environmental and policy changes that support healthy eating and physical activity.
- Community Health Nurse completed peer leader training achieved certification to teach Chronic Disease Self – Management and Diabetes Self-Management Programs – Stanford University evidence based programs.
- Marketing strategies to promote flu and HPV immunizations included weekly ads in a weekly newspaper, radio advertising, press releases, “crawl” on the Weather Channel on Time Warner Cable, advertising at the Ithaca Mall to reach target audiences.

### **Tobacco**

The promotion of tobacco free areas and advocacy to reduce point-of sale advertising of tobacco products were achieved in several ways: letters to the editor, paid advertising, radio interviews, direct mail campaigns, and the education of local policy makers, town and village boards, and state legislators. The New York Tobacco Control Program Community Partnership grant to Tompkins County is \$160,000 per year.

### **Staff Development**

HPP staff logged 285 hours of training through conferences, presentations, and online opportunities. Mandatory tobacco grant trainings and health department trainings were included along with updates on health issues and program activities.

## Home Health Care

### Mission Statement

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

### Introduction

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

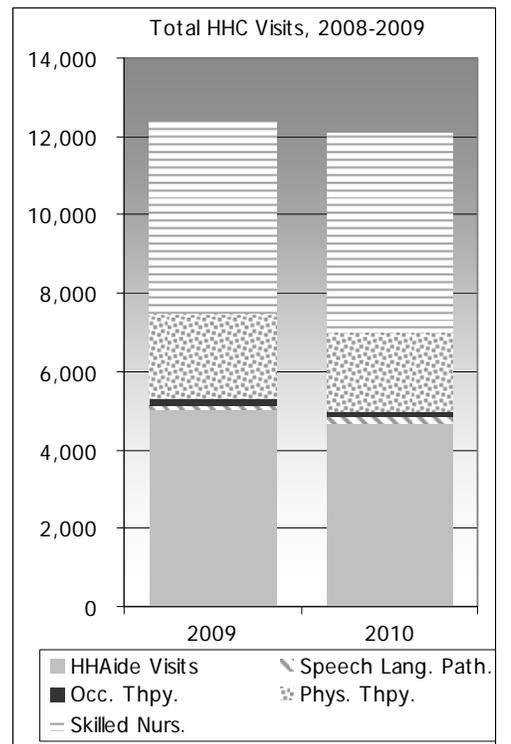
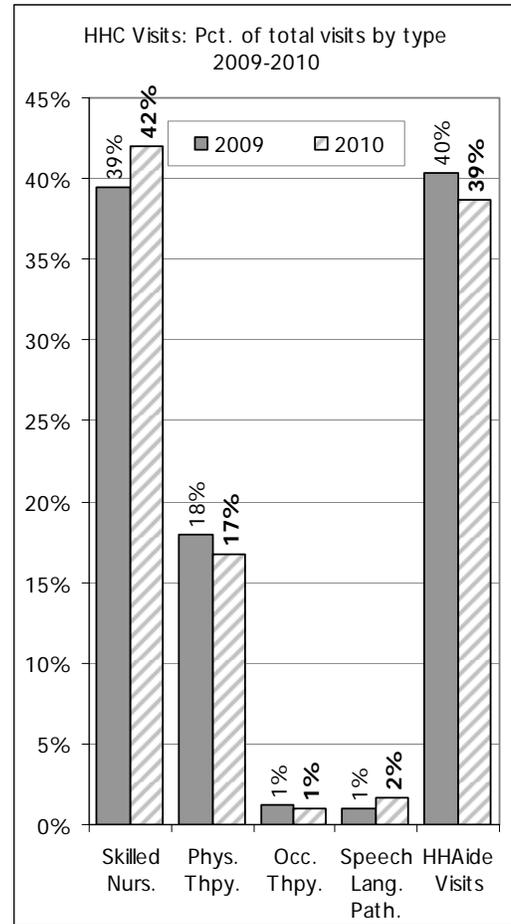
Home visits include assessment of socioeconomic, psychological, environmental and family support factors in addition to assessment of the client’s physical status.

HHC provides community based, culturally competent home health services with a focus on family health, disease control and health education.

In 2010, HHC provided services for 431 clients, completed 12,084 home visits and answered 7,493 phone calls. A decrease in total admissions was seen in 2010 (424) from 2009 (508). HHC saw an increase in visit numbers for skilled nursing and speech therapy and a slight decrease in physical and occupational therapy. HHC saw a significant decrease in home health aide (HHA) visits during 2010 most likely due to HHA shortages and the loss of several long term patients.

### Visits included:

- Skilled Nursing .....5,076
- Physical Therapy.....2,016
- Occupational Therapy.....123
- Speech Language Pathology .....200
- Home Health Aide visits.....4,669



## Highlights

HHC staff successfully implemented the new Medicare and Medicaid Outcome Assessment Information Set (OASIS-C) data sets used to assess all Home Care clients nationwide over the age of 18. OASIS-C was a total overhaul of these assessment processes that began in 2001 and are key indicators for quality and financial determinants.

HHC Community Health Nurse Supervisor served as a core member of the Tompkins County Hoarding Task Force developed in 2009 to address this growing problem in the community. The task force created a field guide to provide professionals with education as well as information about local resources. The Community Health Nurse Supervisor participated in several presentations on hoarding to local agencies and in September the Task Force was the recipient of the NYS Office of Children and Family Services award for Outstanding Programs & Practices in Protection of Vulnerable Adults.

In January NYSDOH survey staff conducted their recertification survey which resulted in five deficiency areas but with no negative patient outcomes identified. HHC developed and implemented a Plan of Correction approved by NYSDOH which included intense chart reviews by supervisors, revisions to the computer documentation system, revision of one policy and creation of two policies. In November NYSDOH survey staff completed their post certification survey in which HHC was cleared of all deficiencies except for one in the category of Coordination of Patient Services.

In October HHC received notice from Comfort Keepers licensed home care program that they would be terminating their contract with HHC at the end of December. Comfort Keepers had been the agency's primary contract home health aide agency since the closure of Family and Children's Service in June 2009. HHC clients were successfully transitioned to one of five contract agencies for their aide service.

HHC welcomed five new staff members in 2010; three community health nurses, one physical therapist and one occupational therapist. HHC staff also mentored a Binghamton University Bachelor of Science nursing student.

HHC staff completed 178 hours of continuing education during 2010.

HHC Client Case Mix Profile		
	2010	2009
<b>Age</b>		
< 18 yrs	2%	x
19-64 yrs	22%	x
> 65 yrs	76%	x
<i>Average age (yrs)</i>	73	79
<b>Gender</b>		
Male	38%	30%
Female	62%	70%
<b>Race</b>		
White	98%	96%
African Amer	1%	4%
Asian	1%	x
<b>Place of residence</b>		
Own home	58%	79%
Family or friend	34%	8%
Adult home	8%	13%
<b>Top 8 Diagnosis (incidence)</b>		
Circulatory system	86%	61%
Wound or skin lesion	58%	96%
Endocrine	50%	17%
Orthopedic	40%	45%
Respiratory	28%	21%
Neoplasms	17%	16%
Gastrointestinal	14%	15%
Neurologic	13%	17%
<b>Length of care</b>		
< 2 months	87%	93%
2-4 months	7%	6%
< 1 year	4%	x
> 1 year	2%	1%
<i>Average days in care</i>	55	45
<b>Discharge to</b>		
Home or self care	78%	71%
Hospital	11%	7%
Other	9%	19%
Hospicare	2%	3%

## **Quality Improvement**

### ***Professional Advisory- Quality Improvement Committee Reviews***

Supervisory staff reviewed 631 documentation records during 2010. Reviews focused on state survey findings and implementation of plan of care objectives. In addition, one or two charts underwent a comprehensive review at each quarterly PAC/QI meeting.

### ***Client and Family Satisfaction Surveys***

83 client/family satisfaction surveys representing 19% of the client caseload were received in January through September 2010 with a 94% satisfaction rating.

In August The Centers for Medicare and Medicaid Services (CMS) mandated that all certified home health agencies participate in the standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. HHC transitioned client surveys to an outside vendor, Deyta for survey management with the initial set of data released in September. 32 client/family satisfaction surveys representing 20% (32/160) of surveys sent and returned showed an 87% satisfaction rating.

### ***Outcome Assessment Information Set (OASIS)***

862 surveys transmitted to NYSDOH. OASIS is a standard set of questions asked every client (except clients under the age of 18) upon admission, resumption of care, transfer, recertification and discharge.

### ***Outcome Based Quality Improvement (OBQI)***

The most recent results of OASIS-C outcomes posted on Home Health Compare show HHC at or above the State and National averages in 11 of the 19 reported quality indicators.

### ***Referrals Not Taken Under Care***

HHC tracks client referrals in thirteen different categories that are Not Taken Under Care (NTUC) or admitted to services. During 2010 HHC had a total of 162 NTUC referrals. The top five reasons included: client was not homebound or refused services(31); unable to staff physical therapist(23); not the preferred provided (22); no skilled service needed (21); and client admitted to skilled nursing facility (14).

## **WIC Program**

### **Mission Statement**

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

### **Service Summary for 2010**

- full or part-time WIC staff members ..... 8
- average # of mothers, infants and children participating in WIC each month.¹ .... 1366
- average total value of food vouchers redeemed each month ..... \$67,341
- total value of food vouchers redeemed for the year ..... \$808,097
- grocery stores in Tompkins County that accepted WIC vouchers..... 11
- total number of WIC clinic sites ..... 6
- total number of clinics ..... 222
- total clinic hours ..... 1,555
- WIC families receiving \$24 in Farmers Market Nutrition Program coupons..... 870

### **Nutrition and Health Education**

WIC professional staff provided approximately 5464 nutrition education sessions for WIC participants in 2010.²

Participants of the Tompkins County WIC Program had the opportunity to learn about a number of nutrition topics at each of their WIC visits. The nutrition topics included: the advantages for consuming 1% and skim milk for children over the age of 2, how to read food labels, and tips to increase consumption of whole grains, beans, fruits and vegetables. The Tompkins County WIC staff offered these topics in the context of participant centered nutrition counseling and assessment designed to assist and empower participants develop specific behavioral goals related to adopting an overall healthy lifestyle including eating nutritious foods and engaging in physical activity.

<b>Breastfeeding Rates for Tompkins County WIC Program</b>						
Reporting Year: May–April	Pct 2010	Pct 2009	Pct 2008	Syracuse Region**	NYS* *	HP 2010
Women who initiate breastfeeding	85%	82%	76%	60%	70%	75%
Women breastfeeding after 6 months	34%	35%	35%			50%
Women breastfeeding after 1 year	19%	21%	17%			25%

**Syracuse region/ NYS data from WICSIS Report #CT056T 4/09–3/10  
Breastfeeding Initiation, 2010 All others: Local BFQ Data

WIC staff continued issuing the “new WIC food package” throughout 2010.

New WIC foods included fresh fruits and vegetables, whole grain bread and tortillas, soy milk,

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.

tofu, canned beans, and jarred baby food. Consistent with the current Dietary Guidelines for Americans that recommend consuming less saturated fat and concentrated sugars and more whole foods and fiber, there was an increase in the dollar amount for a fruit and vegetable check and a decrease per month in the amounts of milk, eggs, cheese and juice. There also were enhancements to the program to encourage and support successful breastfeeding initiation and duration.

Finally, WIC staff continued to implement the new WIC “Facilitated Group Discussions” at WIC sites throughout 2010. These sessions aim to promote healthy nutrition behavior change utilizing a group education and discussion format.

### **Breastfeeding Promotion and Support**

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

In 2010, 85% of the survey respondents initiated breastfeeding. This compares favorably with Healthy People 2010 (HP2010) goals, and exceeds the Syracuse regional average (60%) and the New York State average (70%) of mothers who were breastfeeding at hospital discharge.

### **Breast Pump Loan Program**

In 2010, the Tompkins County WIC electric Breast Pump Loan Program had an inventory of 29 pumps. From May 2009 through April 2010, the electric pumps were loaned out to 58 different women. The reasons for using a pump included: 17 babies born prematurely, 11 full-term babies with latch-on problems, and 14 mothers going back to school or work. WIC also gave 35 women manual breast pumps.

### **Breastfeeding Peer Counselor Program**

In 2010, the Breastfeeding Peer Counselor (PC) Program received renewed funding and focus. This priority USDA initiative trains WIC mothers to help other WIC mothers reach their breastfeeding goals via various means including phone counseling, clinic visits, and assisting with breast pump issuance. The Tompkins County WIC program trained three WIC Peer Counselors in 2010. To further support breastfeeding education and promotion for our WIC participants, the WIC program and PC program continued to collaborate closely with the Cornell Cooperative Extension of Tompkins County Breastfeeding Education and Support Program, which offers both special group breastfeeding classes and in-home visits.

### **Farmers Market Nutrition Program**

The Farmers Market Nutrition Program (FMNP) is a collaboration among the WIC Program, Cornell Cooperative Extension of Tompkins County, County 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 2010, 870 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 58 topic areas. Staff attended a total of 830 hours of training in federal fiscal year 2010 including several new priority trainings and webinars offered through the NYS WIC Training Center.

WIC staff participated in a county-sponsored “Smart Work Training” that was designed to facilitate greater work efficiency; as a result the team took steps to practice a more integrated Clerical/Nutrition Assessment process to help reduce participant wait times and improve overall participant satisfaction with their WIC experience.

Two nutrition staff received sufficient breastfeeding training to maintain the requirements for their Certified Lactation Counselor (CLC) credential, and an additional nutrition staff member was trained and certified as a CLC in 2010.

### **WIC Quality Assurance Procedures**

In 2010, quality assurance assessments were conducted for all staff performing the following program operations tasks: nutrition counseling; the measurement of heights, weights and blood hemoglobin values; income screening and documentation; and WIC check issuance.

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

Each month, the WIC program offers a number of WIC clinics at various community sites throughout the county. These include the Dryden Holy Cross Church in Dryden, the Assembly of God Church in Groton, the United Methodist Church in Newfield, and the Jacksonville Community United Methodist Church. The support of these local congregations allows participants in rural areas to access WIC services more easily. The WIC program also operates a weekly clinic in downtown Ithaca at the Salvation Army Worship and Service Center (SAWSC) on every Wednesday of each month (except the 5th weeks). This popular downtown site is adjacent to the County Human Services Building and has allowed the WIC program to consolidate its downtown clinics into one location with easier access to WIC participants than the previous downtown sites. The site also facilitates collaboration with other SAWSC programs including its daily food pantry and continues to bring increased awareness of WIC services to the downtown Ithaca population.

Another core partnership for the WIC program continues to be the local Family Reading Partnership (FRP). Ten FRP volunteers read to children in five WIC clinic waiting rooms each month. In November, December and January 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, attractive Family Reading Partnership Calendars were distributed free to families in WIC clinics during this program.

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 six Community Health Nurses, one Social Worker/Family Outreach Worker, two Senior Account Clerk Typists, a Keyboard Specialist, an Account Clerk Typist, an Administrative Coordinator, the 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, our former Public Health Director, and Brenda Grinnell Crosby, Interim Public Health Director, for their continuous support, guidance and enthusiasm.

The ‘move’ of the Health Department into our new building has made this year an exceptional year of learning, growth and opportunity for our Division. All CSCN staff absolutely love and are extremely appreciative for our Division ‘space’ within the new Health Department.

This has been an exceptional year for programmatic changes and challenges. The NYS Bureau of Early Intervention (BEI) adopted new and completely revised programmatic regulations effective June 2010. In addition, NYS implemented the Preschool/School Supportive Health Services, Medicaid-in-Education compliance program and policies. These policies affect both Early Intervention and Preschool Special Education programs. All CSCN staff, including employees and independent and agency contract staff have had required specialized training and all billing and documentation processes are being revised. We have also been preparing for the implementation of the New York State Early Intervention System (NYEIS) – a web based data base system which, over time, will change our current practices within Early Intervention.

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. CSCN Contractors 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. In addition the NYS DOH BEI routinely audits all independent contract and agency Service Providers and Evaluators. The CSCN Administrative staff is responsible for preparing all contract staff for these DOH IPRO audits and any Corrective Action Plan (CAP) follow-up. We currently have contracts with 41 private professional providers and 12 agencies.

**Children with Special Care Needs Budget--2010**

	Appropriations	Revenue
Early Intervention	\$1,510,000	\$1,110,000
Preschool Special Education	\$5,027,100	\$2,558,500
Physically Handicapped Children's Prog	\$ 8,000	\$ 4,022
CSCN Administrative Budget*	\$1,000,677	\$ 325,716
<b>TOTAL</b>	\$7,545,777	\$3,998,238

*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. Birnie Bus Transportation Service, Inc. provides contract 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 5 years old. Also, each child has the added concerns of a documented developmental delay, so the transportation aides are available to monitor the safety and well being of each child. In 2009, Preschool Special Education transported an average of 65 children per month to Special Education Programs within the Ithaca City School District, and The Franziska Racker Centers' of Tompkins, Cortland and Tioga counties.

**Transportation Costs 2010**

Preschool Special Education Transportation Cost in 2010 \$729,963

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

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

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

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

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

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

The Public Health Social Worker is an active member of the Cayuga Medical Center Cleft Palate and Facial Deformity Team. During 2010, this professional met / networked, and made referrals with 90 key community organizations. A few examples are the American Red Cross, Broome DDSO, Catholic Charities, Housing First in Tompkins County, Ithaca Housing Authority, Mothers and Babies Perinatal Network, Tompkins Community Action, Tompkins County DSS, and Tompkins County Family Court. This program served 117 families in Tompkins County this year.

## ***Early Intervention Program***

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

### **Introduction**

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

### **Staffing**

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

Service Coordinator's responsibilities include:

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

## Child Find

Child Find is the primary referral source to the Early Intervention program. Through Child Find children who are suspected or at risk for developmental delay or disability are monitored and screened. In 2010 the Child Find Program provided ongoing monitoring for 79 children. The CSCN Team Leader works closely with the child's parents or guardian and the primary medical provider to monitor the child's developmental progress. If a potentially qualifying disability or delay is identified the child is referred to our Early Intervention Program for evaluation.

## Early Intervention Referrals

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

### *Early Intervention Referrals for 2010*



Communication	128
◆ Communication and Hearing	8
◆ Communication and Social Emotional	10
◆ Communication and Feeding	7
Physical	48
◆ Gross Motor and Adaptive	1
◆ Gross Motor and Cognitive	1
◆ Gross Motor and Fine Motor	2
◆ Gross Motor and Feeding	2
◆ Gross Motor and Hearing	1
◆ Gross Motor and Speech	8
◆ Gross Motor and Social Emotional	2
◆ Fine Motor & Cognitive	1
◆ Fine Motor & Speech	1
Social Emotional	1
Adaptive	1
Feeding	6
◆ Feeding & Failure to Thrive	4
Gestational Age	5
Global Delays	13
Hearing	4
Medical Diagnoses	12
Child Find -- Children at Risk	45
<b>TOTAL REFERRALS</b>	<b>311</b>

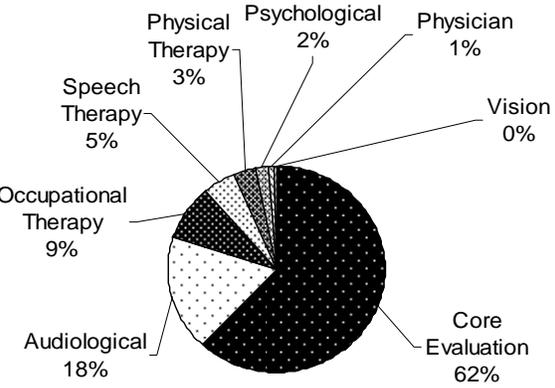
## Early Intervention Evaluations

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

Core Evaluation*	214
Audiological	62
Occupational Therapy	30
Speech Therapy	17
Physical Therapy	11
Psychological	7
Vision	1
Physician	3

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

### Early Intervention Evaluations Provided in 2010



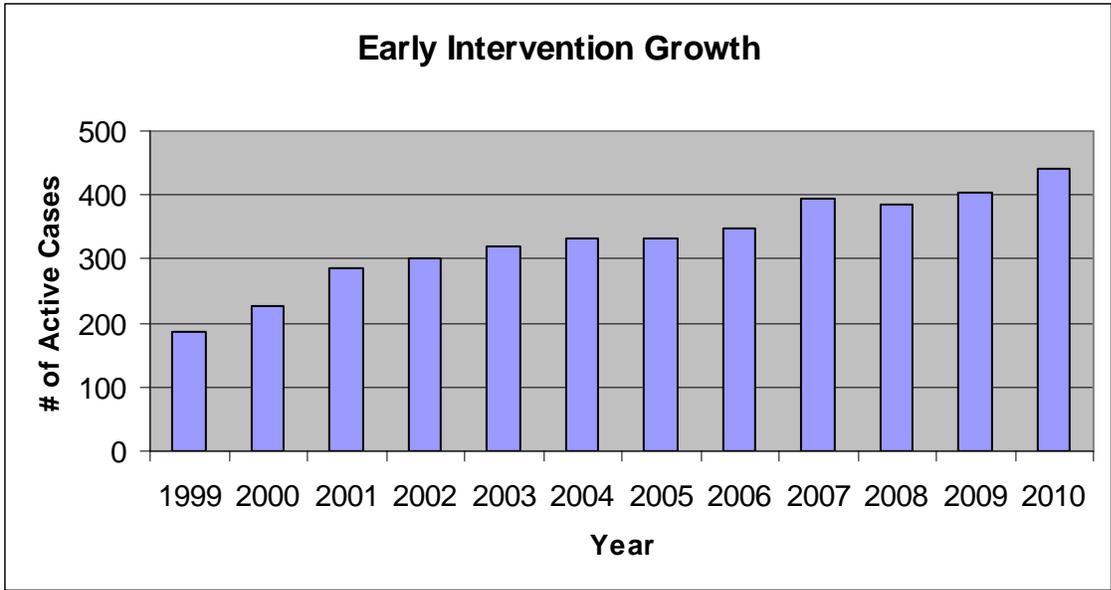
### Early Intervention Services Provided in 2010

Type of Service	Number of Services	Cost
Psychological	5	\$440
Family Counseling	6	\$408
Family Training	32	\$2,176
Social Work	1,378	\$87,981
Occupational Therapy	1,931	\$123,926
Physical Therapy	3,277	\$204,461
Special Instruction	2,483	\$155,743
Speech/Language	9,378	\$588,971
<b>Total</b>	<b>18,490</b>	<b>\$1,164,106</b>

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

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

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



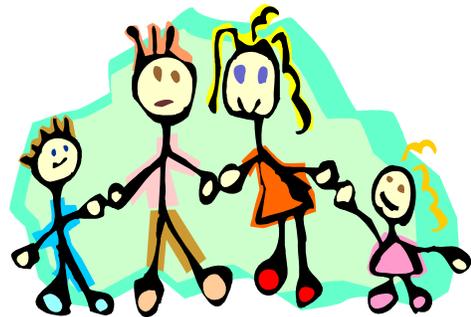
The two (2) Initial Service Coordinators (ISC) and four (4) Ongoing Service Coordinators (OSC) / Community Health Nurses were responsible for:

- ◆ A total of 441 cases in EIP for 2009
- ◆ An average of 55 cases per month
- ◆ A total avg. of 110 cases per OSC for 2010
- ◆ Completed a total of 460 IFSPs
- ◆ Made 1,776 community visits

Early Intervention Growth	
<u>Year</u>	<u># Active Cases</u>
1999	186
2000	226
2001	285
2002	300
2003	321
2004	332
2005	332
2006	349
2007	394
2008	384
2009	403
2010	441

Total Children discharged from EIP were 237.

- ◆ 45 children had their developmental delay resolved
- ◆ 20 children moved out of the County
- ◆ 45 children were not eligible
- ◆ 94 children transitioned to the Preschool Special Education Program



**Revenue for Service Coordination based on 2009 services***

Service Coordinator Salaries**		\$310,987
Medicaid Revenue	\$148,470	
NYSDOH Revenue	79,054	
Medicaid Administrative Revenue	<u>14,479</u>	
<b>TOTAL REVENUE</b>		<b><u>\$242,003</u></b>

Total County Expense for Service Coordinator Salaries     \$ 68,984

78% of salaries reimbursed through revenues  
22% County Expense

*Due to reimbursement timeframes for services, 2009 figures were used.  
**Salaries do not include fringe benefits expense

**Early Intervention Insurance and Medicaid Claiming**

- ◆ NYS provides Early Intervention with a software application entitled “KIDS”. This program interfaces with the NYS Department of Health to provide all required statistical and billing data. At best, this DOS based program struggles to meet the needs of NYS and the municipalities. A new database / software application has been under development for several years, entitled ‘NYEIS’ (New York Early Intervention System). This program is targeted to be implemented statewide in 2011. We are currently preparing for this major upgrade / change.

The following information is for claims sent during the calendar year January 1, 2010 – December 31, 2010.

**Total Dollar Amount of EIP services billed in 2010**

Medicaid	\$ 842,783
Commercial Insurance Carriers	\$ 278,840
Child Health Plus B	<u>\$ 20,522</u>
Total billed	\$1,142,145

**Total Dollar Amount Received on those Claims**

Medicaid	\$ 790,874
Commercial Insurance Carriers	\$ 110,866
Child Health Plus B	<u>\$ 10,428</u>
Total Received	\$ 912,168

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

Medicaid	15,573
Insurance	<u>4,482</u>
Total Claims	20,055



## ***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 3 to 5 and have a significant delay or disability in one or more functional areas which adversely affects the students' ability to learn. Functional areas include cognitive (learning and thinking), language and communication (understanding and using words), adaptive (self-help skills), social emotional (relating to others) or motor development (gross and fine motor – physical development). The evaluation of a child is conducted by a team of qualified professionals using appropriate diagnostic procedures and / or instruments. This enables the Committee on Preschool Special Education (CPSE) to determine whether or not a child has a disability and, if so to what extent programs and/or services are appropriate.

### **Staffing**

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

Specially trained CSCN staff represents Tompkins County in the municipal representative role at the CPSE at each school district. These staff members include the CSCN Director, Team Leader, and a senior level Community Health Nurse. Due to increased programmatic and work requirements of CSCN staff, attendance at routine CPSE meetings is limited.

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.

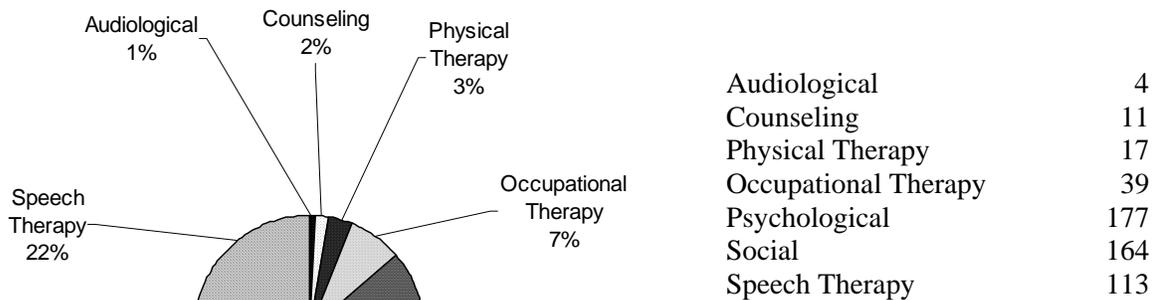
## Preschool Special Education Referrals

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 2009-2010 school year - 201**
- ◆ **187 Children were found eligible for CPSE services**
- ◆ **14 children were found not eligible**

## Preschool Special Education Evaluations

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



**Preschool Special Education Services Provided in 2009-2010 School year**

Type of Service	Cost
Aide	\$23,240
Assistive Technology Svcs	753
Audiological Services	240
Coordination	3,720
Counseling	129,720
Interpreter	37,844
Occupational Therapy	157,600
Parent Counseling	360
Physical Therapist	61,700
Spec Ed Itinerant Teacher	129,548
Spec Ed--Tuition Programs	2,269,638
Speech Therapy	530,300
TO* Deaf	1,740
Total	\$3,346,403

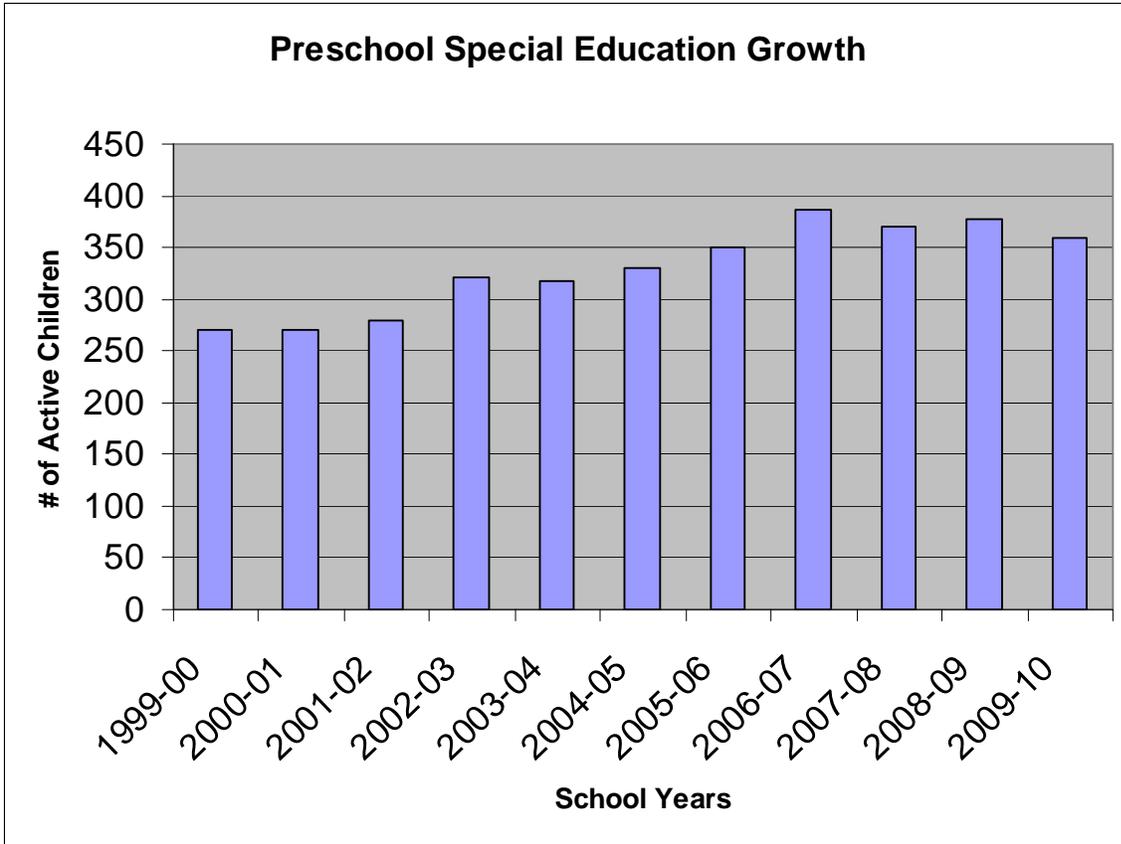
*TO=Teacher of



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 2009-2010 school year 360 children received services
- ◆ 137 children received summer services
- ◆ 110 children attended Preschool Special Education Integrated Programs
- ◆ 250 children received individual home based services

<b><u>Preschool Special Education Growth</u></b>	
<b><u>School Year</u></b>	<b><u># of Active Children</u></b>
1999-2000	270
2000-2001	270
2001-2002	279
2002-2003	322
2003-2004	318
2004-2005	331
2005-2006	350
2006-2007	386
2007-2008	371
2008-2009	377
2009-2010	360



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

- ◆ In 2010 we continued to experience ongoing changes in the Medicaid reimbursement structure. As of July 1, 2010 the New York State Education Department implemented Preschool / School Supportive Health services Program, Medicaid – in – Education policies. NYS SED required trainings regarding this mandate began in the Fall of 2010. All relevant employees – including all CSCN Division staff and all independent and agency contractors and school district staff must be annually trained. These Medicaid policy mandates have triggered a complete revision of billing and documentation practices. We are working with all school districts to ensure these new Medicaid policy changes are put into effect.
- ◆ In addition all parents or guardians of children who have an IEP (Individualized Education Plan) and are Medicaid eligible must sign an annual consent allowing the municipality to submit for reimbursement from Medicaid funds. A new consent must be signed any time there is a change to a Medicaid eligible service on the IEP. This new consent process has been a challenge for the school districts and the municipalities. By collaborating with our District partners and our contracting Service Providers, we have developed a process to obtain these required consents.

The following information is for reimbursement for the calendar year January 1, 2010 – December 31, 2010.

#### **Total Dollar Amount Received on Reimbursement Claims**

New York State Education Department	\$2,264,316.46
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### ***Children with Special Care Needs Division - Goals and Opportunities***

- ◆ Meeting the developmental and educational needs of the ever-increasing numbers of children qualifying for the Early Intervention and Preschool Programs.
- ◆ To develop an Evaluation Team for the Early Intervention Program so that we are able to meet current regulatory guidelines and standards. Pending approval by the County Legislature.
- ◆ Educating and training staff and service providers along with meeting the developmental and educational needs of all children who are at risk or diagnosed with any developmental delay.
- ◆ Meeting the demands of our ever-increasing caseloads effectively, efficiently, and within regulatory guidelines division-wide.
- ◆ To successfully transition the CSCN – Early Intervention Program from the current ‘KIDS’ to the new ‘NYEIS’ software application / database system. To successfully train all staff and contracting service providers and agencies regarding this new system.
- ◆ Complete revision Early Intervention and Preschool Special Education billing and documentation processes, to meet newly mandated Medicaid–in–Education policies.
- ◆ To resume limited Medicaid billing in Preschool Special Education in the 2011-2012 school year.

- ◆ Develop and open a CSCN ‘lending library’ of therapeutic toys, and equipment and testing materials for our contract therapists and evaluators.
- ◆ To open a CSCN therapy and evaluation room for use within our Early Intervention program.
- ◆ To enhance our partnerships with community agencies to develop needed parenting groups.
- ◆ 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.



Our 2010 grant year started on August 10th and will end on August 9th, 2011. We were charged with completing 8 local and 27 maintenance deliverables, as well as continuing to complete 2009 H1N1 deliverables. These deliverables included: a resubmission of our County's Strategic National Stockpile Plan (SNS Plan), attending a number of trainings, conducting a POD (Point of Distribution) with a third party regarding seasonal flu vaccination, participation in a State communication drill, and continued maintenance of our various communication capabilities and system redundancies.

The Bioterrorism Program in conjunction with the department took part in conducting a third party POD and Homeland Security Exercise and Evaluation Program (HSEEP) evaluation on December 2nd, 2010. The POD was held with the Ithaca Free Clinic, creating a new partnership, and was directed to the uninsured and underserved population of Tompkins County. The department provided free seasonal flu vaccine for the POD.

The Bioterrorism Preparedness Program took the opportunity to provide information to the public via radio interviews with WHCU's Dave Veiser about such issues as personal preparedness and extreme cold weather preparedness. These spots ran multiple times over a period of a few days to help ensure maximum exposure to the information.

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

Training and staff education in the area of Emergency Preparedness Planning continued throughout 2010. The program presented its annual All Hazards Preparedness training to department staff with almost 100% compliance. The Bioterrorism Coordinator took the opportunity to partake in many training opportunities which included but are not limited to mass fatality management, Incident Command System level 300, and Homeland Security Exercise and Evaluation Program (HSEEP). The Health Department staff and the Bioterrorism Coordinator also took part in various education and training opportunities.

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.

Department Safety Officers provided Right to Know training to 93% of eligible employees for 2010. This internal training saved the county about \$23,000. Other training conducted or coordinated by the coordinator included Tuberculosis Prevention, Respiratory Protection, Hearing Protection, Asbestos Safety, and Bloodborne Pathogen standards. In addition, a three-hour construction safety seminar was given to over 80 employees of the Public Works Division in partnership with the New York State Public Employee Safety and Health (PESH) Bureau.

The Health & Safety Coordinator performed over 300 employee and department assessments including indoor air quality investigations, hearing tests, respirator fit tests, ergonomic assessments, and safety inspections of County departments and worksites in 2010. The Division ensures that the requirements of local, state, and federal regulations are met for the protection of employees, clients and the public. There were no monetary fines by PESH for the past year; in fact since 1993, the County has not received any monetary fines. The coordinator worked with the Personnel Department and PESH on the development of a Workplace Violence Prevention Program. All county departments have been assessed in accordance with New York State requirements and training was conducted and will continue on an annual basis to inform employees of the specific hazards identified from those assessments and also inherent with their positions.

The Health & Safety Coordinator continues to give annual hearing tests. Over 80 hearing tests were performed in 2010; the cost saving for these tests is estimated at \$4,000. The Health & Safety Coordinator also performed respiratory fit tests for about 150 employees. This saved the County approximately \$5,000. The Coordinator also participates in training on preparedness and is part of the Public Health Response Team.

There were only 24 OSHA recordable injuries and illnesses for 2010. The OSHA Incidence Rate goal for the county is 8.5 per 100 employees. The rate for 2010 was 3.8. The Lost Work Day incidence rate was at 1.3 per 100 employees which was below the county goal of 3.0. These are by far the best rates we have had since we started keeping statistics 18 years ago and the first time that the county has been below 30 recordable incidents for the year.

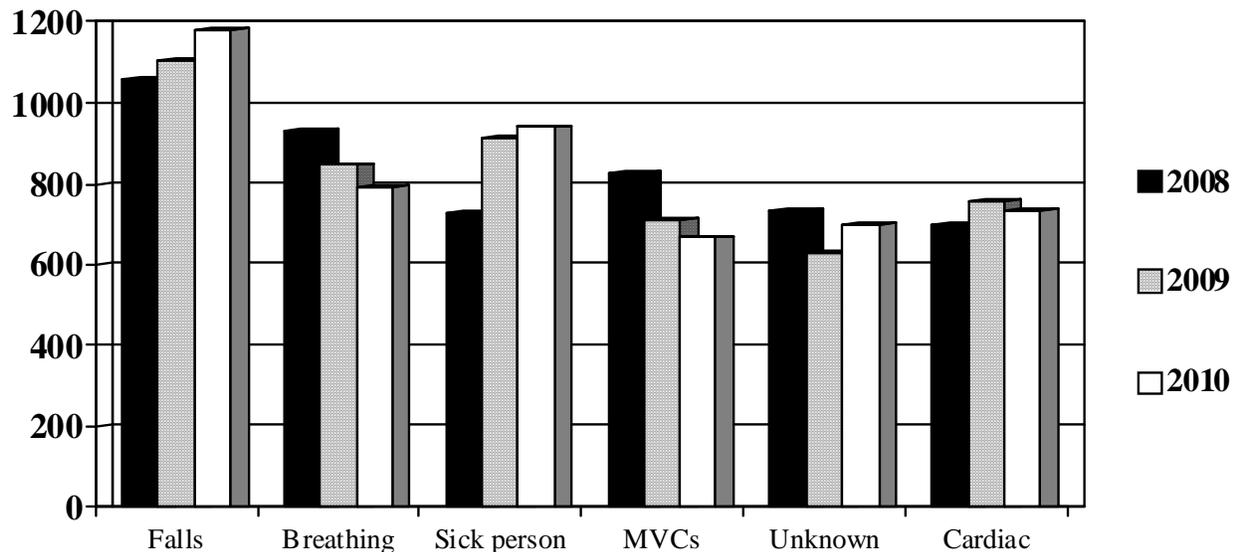
## Emergency Medical Services Tompkins County Department of Medical Response



Emergency Medical Service (EMS) providers in Tompkins County are supported in their efforts through the resources of the Tompkins County Department of Emergency Response (DoER) and the Tompkins County Department of Health, which are funded, in part, by the New York State Health Department. The Department’s Director and Assistant Directors are actively involved with the following agencies and/or committees:

- CNY Regional EMS Committee (REMSCO)
- Tompkins County EMS Continuous Quality Improvement (CQI) Committee
- Tompkins County Fire and EMS Chiefs Association Tompkins County EMS
- County EMS Medical Director, provided by Cayuga Medical Center at Ithaca
- Individual EMS agencies and providers (5 ambulance services and 17 fire/rescue squads)
- New York State EMS training programs administered by Groton Fire Department, Cornell University and Tompkins-Cortland Community College.

The top six categories of medical problems to which EMS respond:



*MVC - Motor Vehicle Crash*

In 2010, according to information obtained from the Tompkins County Communication (911) Center, there were 8,379 calls made requesting EMS response, just slightly less than the number of calls in 2009. The ability to utilize Emergency Medical Dispatching (EMD) statistics continues to provide insight into EMS functioning within the County. An example is the identification of “falls” as the reason for the greatest percentage of calls in the County; that information was included in a grant request submitted by the Human Services Coalition for

creating a falls prevention strategy for Tompkins County. Ambulance services are participating in gathering more detailed data about falls, and EMS is one of the primary partners in this countywide project, which was initiated in the fall of 2010. As noted above, falls continue to be the leading reason for requests for EMS services. With ongoing monitoring and EMS participation, success in decreasing the number of falls in the County can be measured. Overall, being able to identify EMS activities will allow for better planning, training, resource identification, and other related activities, that will then be much more specific to local needs and issues.

EMS and the DoER staff continue to be seen as active partners in many community and agency activities. Participation in committees at Cayuga Medical Center allows for pre-hospital input, a critical initial factor in the continuum of medical care throughout Emergency Department care and/or hospitalization. With Cayuga Medical Center's new ability to perform more cardiac interventions, the role of EMS in providing patient information before arrival in the Emergency Department helps to decrease the amount of time until the patient receives specific medical intervention for a heart attack. Other opportunities for EMS involvement in community activities included tabletop drills and exercises, such as one conducted by CMC as follow-up to an actual incident that had EMS involvement, workshops for people with disabilities that led to the formation of a Task Force to develop awareness training for first responders, and an actual heat emergency that necessitated monitoring of EMS calls for a pattern of heat-related emergencies.

Much of 2010 was spent in the purchase and development of a new CAD (computer-aided dispatch) system for the 911 Center. While much of the system was geared towards providing mobile data capabilities, increased service capacities for fire and EMS response is also included. Aspects such as GIS mapping will enable first responders to find an address in a timelier manner when a residence or building is not clearly addressed. Another part of this new system is a software program that will allow for better quality assurance review of EMD calls, thus enhancing the potential of identifying systems issues. Being able to provide local EMS services with such information helps them to assure quality response and care in the pre-hospital setting.

## **Medical Examiner's Annual Report 2010**

Number of Deaths Investigated - 156 | Number of Autopsies - 32

1. Natural deaths - 116
2. Accidental, non-vehicular - 13
  - a. Drowning - 1
  - b. Accidental drug overdose - 4
  - c. Falls - 4
  - d. Carbon monoxide poisoning (house fire) - 1
  - e. Hypothermia/ethanol intoxication - 1
3. Accidental, vehicular - 10
  - a. MVA – driver - 7
  - b. MVA – passenger - 2
  - c. MVA - pedestrian - 1
4. Homicide - 4
5. Suicide - 10
6. Pending - 2
7. Undetermined circumstances - 1

*Chief Medical Examiner:*  
Dr. Howard Silcoff

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

# REPORTED COMMUNICABLE DISEASES - TEN YEAR COMPARISON

TOMPKINS COUNTY, N.Y.

DISEASE	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
AMEBIASIS	2	1	1	2	3	3	2	0	3	2
CAMPYLOBACTERIOSIS	25	15	28	26	13	28	31	27	39	23
CHLAMYDIAL INFECTIONS	133	171	183	183	167	171	228	178	193	259
CRYPTOSPORIDIOSIS	11	2	5	6	39	10	14	10	13	10
CYCLOSPORIASIS						0	4	0	0	0
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0
E. COLI ( 0157:H7 )	2	1	1	0	0	1	2	1	0	2
GIARDIASIS	16	13	9	16	16	29	19	20	22	14
GONORRHEA	19	18	15	19	23	19	32	9	18	32
HAEMOPHILUS INFLUENZAE, INVASIVE	0	2	1	0	1	0	0	0	0	1
HEPATITIS A	1	0	3	0	2	1	3	2	0	1
HEPATITIS B, ACUTE*	0	0	1	0	1	0	1	1	0	0
HEPATITIS B, CHRONIC*			4	6	9	8	14	4	9	2
HEPATITIS C, ACUTE*	0	0	0	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC			7	4	8	19	29	43	55	35
LEGIONELLOSIS	0	0	0	1	1	3	0	0	0	1
LISTERIOSIS	0	0	1	0	0	0	0	0	0	0
LYME DISEASE	4	5	10	5	4	2	9	46	44	69
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	1	0	0
MALARIA	2	3	0	2	3	1	0	1	0	0
MEASLES	0	0	1	0	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	11	2
MUMPS	0	0	0	0	0	3	1	0	0	0
NEISSERIA MENINGITIDIS, INVASIVE	2	1	0	1	1	0	0	4	0	0
PERTUSSIS	0	88	17	14	2	39	5	25	1	2
RABIES EXPOSURE	111	106	108	118	111	114	127	123	142	121
RUBELLA	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	9	16	17	15	14	15	13	15	8	7
SHIGELLOSIS	5	1	2	1	3	1	1	4	4	2
STREPT GROUP A, INVASIVE	1	0	0	0	1	0	6	1	1	2
STREPT GROUP B, INVASIVE	1	2	3	5	5	3	3	6	3	7
STREPT PNEUMONIAE INVASIVE DIS	8	10	5	5	5	12	16	10	12	8
SYPHILIS	2	2	3	4	3	1	6	10	1	0
TETANUS	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	4	1	4	4	3	1	4	3	6	1
YERSINIOSIS	1	1	2	0	3	0	0	0	2	0
<b>GRAND TOTAL</b>	<b>359</b>	<b>459</b>	<b>431</b>	<b>437</b>	<b>441</b>	<b>484</b>	<b>570</b>	<b>544</b>	<b>587</b>	<b>603</b>

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

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

(NOT INCLUDED IN STATS FOR PREVIOUS YEARS).

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

Miscellaneous includes 6 H1N1 for 2009

updated: 4/5/06; 4/3/07;2/08, 5/09, 3/10, 2/11



Your Partner for a Healthy Community

## 2010 Birth Statistics

### Total All Births: 813

Non-Resident	134
Resident	679

#### Additional Stats On Resident Births Only:

1st Live Birth	329
Cong Malf	2
Premies	19
Teen Births	31
Home Births	18

### Tompkins County Premies - 2010

Birth Weight	Mother's Age	Residence	# Of Prenatal Visits	# Of Previous Live Births	Race
347 g	18	(V) GROTON	0	0	WH
907 g	22	(C) ITHACA	5	0	WH
1077 g	33	(T) DRYDEN	3	0	WH
1106 g	32	(C) ITHACA	4	2	OT
1219 g	22	(T) LANSING	9	0	WH
*1644 g	23	(T) GROTON	9	0	WH
1758 g	21	(T) GROTON	0	0	WH
1814 g	20	(C) ITHACA	11	0	WH
1871 g	20	(T) LANSING	8	0	WH
*1956 g	23	(T) GROTON	9	0	WH
1985 g	33	(T) NEWFIELD	11	0	WH
*2013 g	32	(T) CAROLINE	10	0	WH
2013 g	37	(C) ITHACA	10	1	CH
2070 g	21	(C) ITHACA	8	0	BL
2070 g	32	(C) ITHACA	9	0	CH
*2098 g	32	(T) CAROLINE	10	0	WH
2126 g	17	(V) TRUMANBURG	13	0	BL
2155 g	25	(V) FREEVILLE	14	0	WH
2211 g	22	(C) ITHACA	4	1	WH

*One of Multiple Births

Total Resident Premies: 19

Premie = Less than or equal to 2268 grams

Birth Weight: g = grams

### 2010 Births by Township

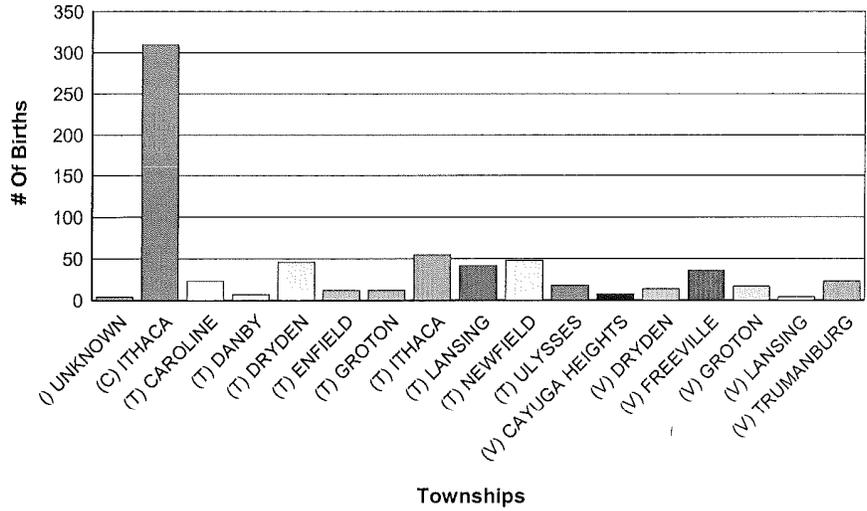
Residence*	# Of Births**
() UNKNOWN	4
(C) ITHACA	310
(T) CAROLINE	23
(T) DANBY	7
(T) DRYDEN	46
(T) ENFIELD	12
(T) GROTON	12
(T) ITHACA	55
(T) LANSING	42
(T) NEWFIELD	48
(T) ULYSSES	18
(V) CAYUGA HEIGHTS	8
(V) DRYDEN	14
(V) FREEVILLE	36
(V) GROTON	17
(V) LANSING	4
(V) TRUMANBURG	23

**679**

*Unknown: Residence was not filled in by parents

**Teens included in count

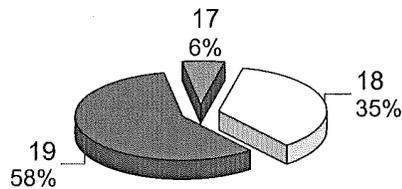
### Number of Births By Township



### Resident Teen Births

Residence	# Of Births
(C) ITHACA	15
(T) CAROLINE	1
(T) DRYDEN	3
(T) GROTON	2
(T) ITHACA	1
(T) NEWFIELD	4
(V) DRYDEN	1
(V) FREEVILLE	1
(V) GROTON	1
(V) TRUMANBURG	2
<b>Total</b>	<b>31</b>

### Teen Births - % By Age Comparison



### Teen Live Births By Age

Age	# Of Births
17	2
18	11
19	18
<b>Total</b>	<b>31</b>

**January - December 2010  
Death Statistics For Tompkins County Residents Only**

Ages:	<1 - 9		10 - 19		20 - 29		30 - 39		40 - 49		50 - 59		60 - 69		70 - 79		80 - 89		90 - 99		100+		Totals		
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	All
<b>Sex:</b>																									
CANCER	0	0	0	0	0	0	0	0	5	3	7	6	11	15	14	13	15	10	5	5	1	0	58	52	110
CIRC	0	1	0	0	0	1	0	0	3	1	5	10	5	13	12	8	23	21	12	7	2	0	62	62	124
COPD	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3	2	5	5	1	2	0	0	10	11	21
CVA	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	5	7	10	2	0	0	17	12	29
HEART	0	0	0	0	0	1	0	0	0	2	0	1	1	3	3	9	11	19	18	8	3	1	37	43	80
OTHER	0	1	0	0	2	4	1	1	2	3	4	10	3	12	10	12	40	14	22	12	2	1	86	70	156
PENDING	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	2	2	4
PNEUMONIA	0	0	0	0	0	0	0	0	0	0	0	1	4	1	1	5	10	10	10	6	1	1	26	24	50
UNDETERMINED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
<b>Totals</b>	0	2	0	0	4	5	1	1	10	9	17	30	26	47	44	51	109	86	78	43	9	3	298	277	575

**Tompkins County Residents Only  
Accidental Deaths**

Total: 16*	Cause	Age
FEMALE: 6	ACUTE HEART FAILURE/INTRAVENOUS USE OF ORAL MEDICATION	28
	FALL W/ HEAD STRIKE	90
	MIXED DRUG OVERDOSE	54
	MULTI-ORGAN TRAUMA/2-VEHICLE MVA	24
	PASSENGER--ONE CAR MVA; BLUNT FORCE TRAUMA	75
	POLYPHARMACY/OXYCONTIN-ALCOHOL FATAL INTERACTION	52
MALE: 10	BLOOD ASPIRATION DUE TO FALL	63
	CARDIAC ARRHYTHMIA/COCAINE INTOXICATION	46
	CO INHALATION/ASPHYXIA (STRUCTURAL FIRE)	63
	DROWNING	60
	FALL FROM HEIGHT	29
	FORMATION OF AORTIC PSEUDOANEURYSM RESULTANT FROM MVA (1/23/2010)	79
	HYPERTHERMIA/ETHANOL INTOXICATION	60
	MULTI-ORGAN TRAUMA/2-VEHICLE MVA	28
	MULTIPLE TRAUMA/1-VEHICLE MVA	26
	MULTIPLE TRAUMATIC INJURIES/1-CAR MVA (PEDESTRIAN)	59

* Total Accidental Deaths Including Out-Of-County Residents: 23

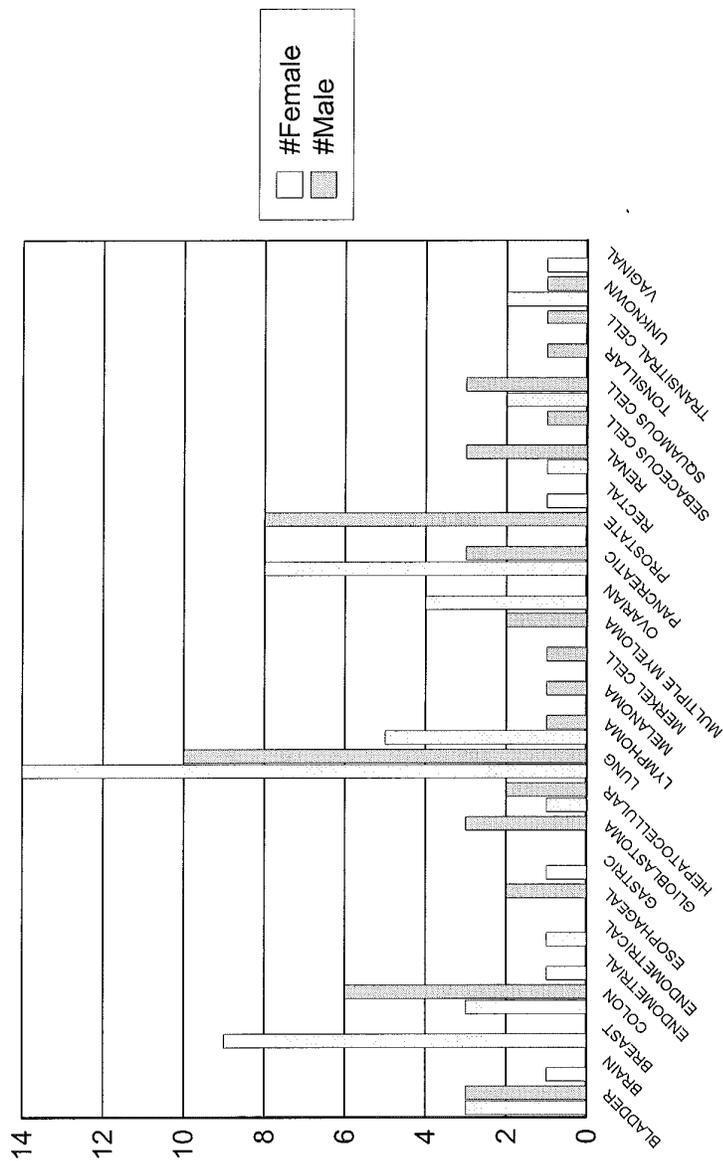
**Suicides**

Total: 6*	Cause	Age
FEMALE: 4	ASPHYXIATION/HANGING	28
	ASPHYXIATION/HANGING	70
	EXSANGUINATION/FALL INTO GORGE	40
	INGESTION OF ANTI-FREEZE	49
MALE: 2	ANTIFREEZE POISONING	36
	BALCOFAN AND ALCOHOL TOXICITY	65

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

January - December 2010  
 Death Statistics For Tompkins County Residents Only

### Cancer Deaths By Type



### Tompkins County Residents Only Cancer Deaths

Types	Female	Male
BLADDER	3	0
BRAIN	1	0
BREAST	9	0
COLON	3	6
ENDOMETRIAL	1	0
ESOPHAGEAL	1	0
GASTRIC	0	2
GLIOBLASTOMA	1	0
HEPATOCELLULAR	1	2
LUNG	14	10
LYMPHOMA	5	1
MELANOMA	0	1
MERKEL CELL	0	1
MULTIPLE MYELOMA	0	2
OVARIAN	4	0
PANCREATIC	8	3
PROSTATE	0	8
RECTAL	1	0
RENAL	1	3
SEBACEOUS CELL	0	1
SQUAMOUS CELL	2	3
TONSILLAR	0	1
TRANSITRAL CELL	0	1
UNKNOWN	2	1
VAGINAL	1	0
Totals	58	52

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