

# 2008 Annual Report



Your Partner for a Healthy Community



Providing numerous programs and services  
to Tompkins County residents.

*Our Mission: "Promote, preserve, and  
improve the health of Tompkins County  
consistent with Public Health Law."*

**Tompkins County Health Department**  
401 Harris B. Dates Drive, Ithaca, NY 14850  
Phone: 607-274-6600 / Fax: 607-274-6680  
Web: [www.tompkins-co.org/health](http://www.tompkins-co.org/health)

## Table of Contents

Phone Listing .....	2
Mission Statement .....	3
Medical Director's Report .....	5
Public Health Director's Message .....	11
Board and Committee Listing .....	12
Organizational Chart .....	13
Employee Listing.....	14
Financial Data.....	17
Program Highlights	
Environmental Health.....	23
Division for Community Health.....	56
Children with Special Care Needs.....	74
Bioterrorism Preparedness.....	88
Division of Health and Safety .....	91
Emergency Medical Services.....	92
Medical Examiner.....	94
Communicable Disease Statistics .....	95
Birth Statistics .....	96
Death Statistics .....	98

*Cover Design by Katy Prince, Systems Analyst  
of Planning & Coordination*

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

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

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

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

Children with Special Health Care Needs Program

Early Intervention Program

Preschool Special Education Program

Physically Handicapped Children's Program

**Community Health Services**

Health Promotion Program ..... 274-6710

Maternal Child Unit Services ..... 274-6604

Communicable Disease ..... 274-6604

Immunization Clinics ..... 274-6616

Flu Hotline ..... 274-6616

Medicaid Obstetrical & Maternal Services (MOMS) . 274-6622

Tompkins County Home Health Care ..... 274-6656

WIC ..... 274-6630

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

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

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

**Website:** [www.tompkins-co.org/health/](http://www.tompkins-co.org/health/)

**E-mail:** [bob@tompkins-co.org](mailto: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***

Access to health care and the affordability of health care continue to be major issues in public health. Now, with the election of 2008 and the decline in the economy, they have been seen as a major factor in the nation's economic health. Being able to access health care is directly correlated with the public's health. In times when the economy declines, the public health system becomes even more essential as increased numbers of people must directly rely upon it. Support for public health systems must not waiver.

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

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

The food outbreaks of 2008 again demonstrate the need for inspection and regulation of food producers. We cannot relax our standards within this nation's borders and we must continue to strengthen our surveillance of imported food for both biological as well as chemical contaminants. Support of agencies to do their job is important.

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

Many people are exploring the option of eating more locally; they are routinely enquiring about where their food comes from. The public seeks to assure itself that responsible use of chemicals in production and sanitary standards is being followed. As the consciousness of the public grows, the options for the purchase of food increase to include community supported agriculture organizations, local farm stands, farmer's markets, and local and chain supermarkets. All these venues begin taking safety and environmental impact factors into consideration in the procuring of their products when there is more public concern.

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

#### ***Communicable Disease***

##### ***Seasonal Influenza***

This winter we have seen the development of a type A influenza virus resistant to a medication formerly in common use. This fact reinforces the importance of vaccinating everyone over six months and, especially, children, senior citizens,

and all those at elevated risk. Virus do not develop resistance to a vaccine unlike with medications. As long as the type of virus circulating matches the vaccine, then the vaccine will work. When next fall begins, think of bringing yourself, children, and toddlers in for their immunization.

### Rabies

We continue to closely monitor and treat rabies exposures within our area. Our rates are comparable to previous years and you can find more information on rabies prevention and indications for vaccination by logging onto our web site: <http://www.tompkins-co.org/health/eh/rabiesfact.htm>.

### Other Vaccine Preventable Diseases

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

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

### ***Meningococcal (meningitis) Infection***

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

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

### Travel Associated Diseases

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

## ***Bioterrorism Planning/Pandemic Influenza Planning***

The Bioterrorism Preparedness Committee and other County committees continue to plan and prepare. Attendees include representatives from community agencies and services ranging from nursing homes to law enforcement to university health services. Training programs occupying staff time are a sizable commitment. Unfortunately, the economic downturn threatens to eliminate funding from our department which is key to maintaining and furthering our efforts. Without this funding, key staff will be let go and with them considerable knowledge and momentum in the execution of this work. We urge the public to support continued funding of these activities.

### **Pandemic Influenza**

We have continued with our intensive planning activities in this past year. Should a high risk strain of influenza arise then strategies to control the outbreak would include:

- Intensive community response activities and implementation of contingency plans,
- Hygienic measures (proper use of masks, and washing hands),
- Limiting public activities,
- Use of antiviral medications, and
- Distribution of an appropriate vaccine as soon as it became available.

Employers are urged to formulate business continuation plans, which would take into account the multiple disruptions that would occur with pandemic influenza. Guidelines for formulating such plans are available on the web: <http://www.pandemicflu.gov/plan/workplaceplanning/index.html>.

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

### **Obesity and Nutrition/Poverty and Health Insurance**

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

We have become heavier as an adult population and are engaged in less physical activity compared to years ago. We need to tackle this problem by individual action and by the creation of “healthy communities” (removing barriers

to exercise and encouraging walking and jogging). Our motto should be “eat less and move more.”

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

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

#### *Tobacco Use and Alcohol Consumption*

Tobacco use and alcohol consumption remain important issues. Reduction in tobacco use is a major factor in reduction of heart attacks and chronic lung disease. Our society is gradually moving in the direction of regarding tobacco use as the exception rather than the rule. We are moving in the direction of “denormalizing” tobacco. Certain tobacco products are still exempt from the same taxation as are cigarettes - such as “little cigars.” Taxation of these would be as successful as it has been with cigarettes in decreasing their use. Nicotine products in pill form are an emerging concern. Nicotine constricts arteries, worsens legs problems in persons with bad arteries, and has other health effects. In addition we worry about adolescents overdosing with nicotine pills.

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

### ***Sexually Transmitted Diseases***

#### *Harm Reduction Programs and Sterile Syringe Access*

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

#### *Sexually Transmitted Diseases Basic Information*

Syphilis: Unsafe sexual practices and indiscriminate sexual encounters (including those facilitated by internet encounters) have caused a rise in this disease.

Syphilis is an extremely dangerous and sometimes fatal disease; it deserves respect. In addition, the risk of HIV is 2 to 5 times greater if you acquire any sexually transmitted disease. Safe sex practices are of paramount importance in preventing syphilis and HIV.

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

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

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

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

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

Public health involves just not immunizations, safe restaurants, safe water, safe highways and road systems, and preparedness in case of bioterrorism or a natural disaster. Public health also includes socio-economic and insurance initiatives, which many branches of our local, regional, and national community must address. Public health is correlated with the economic incomes of our population, their economic success, and their access to health care services, which are directly related to the payment systems used to support those services. Failure to 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. Whatever healthcare reform is instituted in the coming years should meet the test of improving the length and quality of our lives.

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

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

---

## PUBLIC HEALTH DIRECTOR'S MESSAGE

---

Some of the challenges faced by Public Health in 2008 were:

- A reduction in grant funding by the Governor.
- Rising fuel costs compelling us to sell our gas guzzling vehicles and purchase more fuel efficient vehicles.
- The Individual Water Well Program was not approved.
- Continued sponsorship of the WIC Program was debated.
- Design of our new location at 55 Brown Road began.
- Food-borne illness outbreaks spread throughout the United States.

The staff of the Tompkins County Health Department excelled at their responsibilities while dealing with the many challenges. For example, the Environmental Health Division conducted an intensive search to locate an unidentified man that had contact with a rabid bat. This task was made more difficult, as the man was a visitor to our community and not a local resident. The Community Health Services Division launched a website ([www.tc.std.info](http://www.tc.std.info)) for syphilis and sexually transmitted disease prevention (STD). Ads on Facebook are also being utilized with prevention messages, as well as coasters and coffee cozies. And, the Children with Special Care Needs Division developed and implemented a new procedure for obtaining signed physician orders for Early Intervention. This change in procedure decreased the turn around time for receiving signed orders from four to five weeks to eight days.

As you read this Annual Report, you will see many more examples of dedicated professionals providing high quality services to an ever increasing number of customers. It is ironic that as the need for public health services increases, funding and support for the public health infrastructure decreases. We will continue to advocate for continued funding to provide our extensive and valuable services that protect the health of everyone who lives in and visits Tompkins County.

Alice Cole, RN, MSE  
Public Health Director

## **Board of Health**

Jeffrey Snedeker, M.D., President

Francis H. Fox, D.V.M.

Brooke Greenhouse

James Macmillan, M.D.

Mike McLaughlin, Jr.

Frank Proto

Greg Stevenson

William Tyler, M.D.

## **Health and Human Services Committee of the Legislature**

Frank Proto, Chair

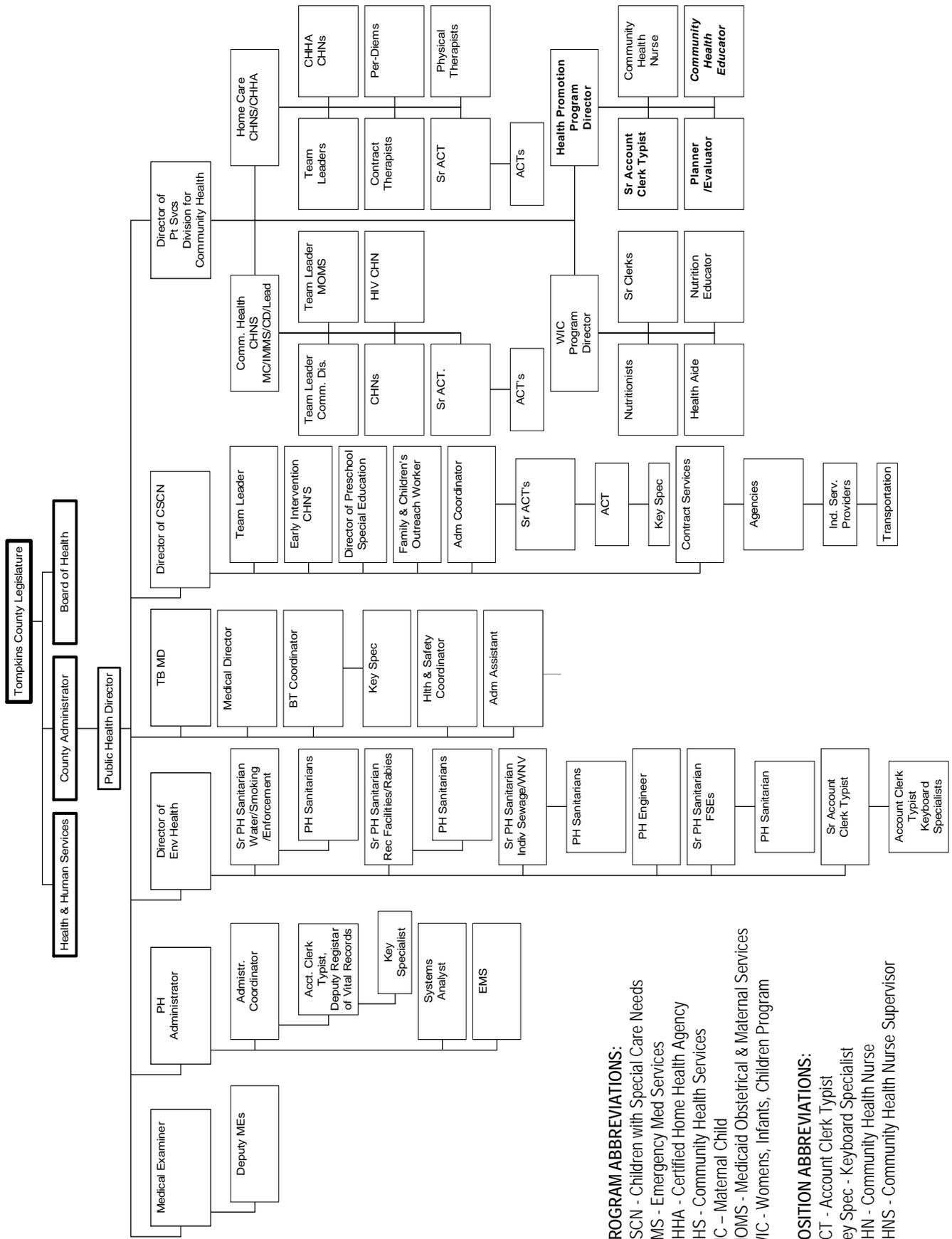
Duane Randall, Vice Chair

Carol Chock

Martha Robertson

Nathan Shinagawa

TOMPKINS COUNTY HEALTH DEPARTMENT (2008)



**PROGRAM ABBREVIATIONS:**  
 CSCN - Children with Special Care Needs  
 EMS - Emergency Med Services  
 CHHA - Certified Home Health Agency  
 CHS - Community Health Services  
 MC - Maternal Child  
 MOMS - Medicaid Obstetrical & Maternal Services  
 WIC - Womens, Infants, Children Program

**POSITION ABBREVIATIONS:**  
 ACT - Account Clerk Typist  
 Key Spec - Keyboard Specialist  
 CHN - Community Health Nurse  
 CHNS - Community Health Nurse Supervisor

## 2008 Health Department Employee Listing

### Key for Health Department Programs

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

- *Employees who separated employment in 2008 are shown in italics.* -

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

**Employee Name****Title**

Lois Handzel	Account Clerk Typist, CSCN
Carol Hill	Bioterrorism Preparedness Coordinator
Joann Horton	Public Health Social Worker, CSCN
Cyndy Howe	Keyboard Specialist, EH
Regina Hubble	Keyboard Specialist, Reception
Anne James	Nutritionist, WIC
Pat Jebbett	Nutritionist, WIC & PH Sanitarian, EH
Karen Johnson	Administrative Coordinator
Terri Jordan	Account Clerk Typist, HC
Jared Jones	Community Health Nurse, CSCN
Steven Kern	Sr. Public Health Sanitarian, EH
William Klepack	Medical Director & Deputy Medical Examiner
Janice Koski	Public Health Sanitarian, EH
Karen Lacelle	Per-diem Community Health Nurse
Rosanne Lahr	Team Leader, CSCN
Cynthia LaLonde	Community Health Nurse, CSCN
Darlene Laninger	Account Clerk Typist, CHS
Chris Laverack	Public Health Sanitarian, EH
Debby Lecoq	Per-diem Community Health Nurse, HC
Paula Lukas	Account Clerk Typist, HC
Theresa Lyczko	Health Education Director, HPP
Cindy Mallery	Nutritionist, WIC
<i>Jodie Mangor</i>	<i>Public Health Sanitarian, EH</i>
Lorinda May	Per-diem Community Health Nurse, HC
<i>Clayton Maybee</i>	<i>Public Health Sanitarian, EH</i>
Steve Maybee	Public Health Engineer, EH
Mary Ellen Meade	Community Health Nurse, CSCN
Holly Meadows	Physical Therapist, HC
Janis Mehall	Keyboard Specialist, Bioterrorism Program
Lirita Meir	Account Clerk Typist, EH
Carol Mohler	Team Leader, CHS
Mary Monkman	Keyboard Specialist, CSCN
Kristee Morgan	PH Sanitarian, EH
Jack Moss	Community Health Nurse, CHS
David Newman	Deputy Medical Examiner
Kelly Nickerson	Sr. Account Clerk Typist, CHS
Diane Olden	Community Health Nurse, CSCN
<i>Moses Ong</i>	<i>Sr. Clerk, WIC</i>
Cyril Parr	PH Sanitarian, EH
<i>Linda Pealo</i>	<i>Sr. Clerk, CHS</i>
Margo Polikoff	Community Health Nurse, CSCN
Katy Prince	Systems Analyst
Tiffany Putnam-Northrup	Community Health Nurse, HC
Alison Rice	Community Health Nurse, HIV
Mary Russo	Community Health Nurse, HC
Nancy Schaff	Community Health Nurse, HC
Ted Schiele	Planner/Evaluator, HPP
Cindy Schulte	Public Health Sanitarian, EH
Lori Sibley	Community Health Nurse, MOMS
<i>Felicia Skibinski</i>	<i>Account Clerk Typist, HC</i>
Andrea Smith	WIC Program Director
Patty Stamm	Administrative Assistant

**Employee Name**

**Title**

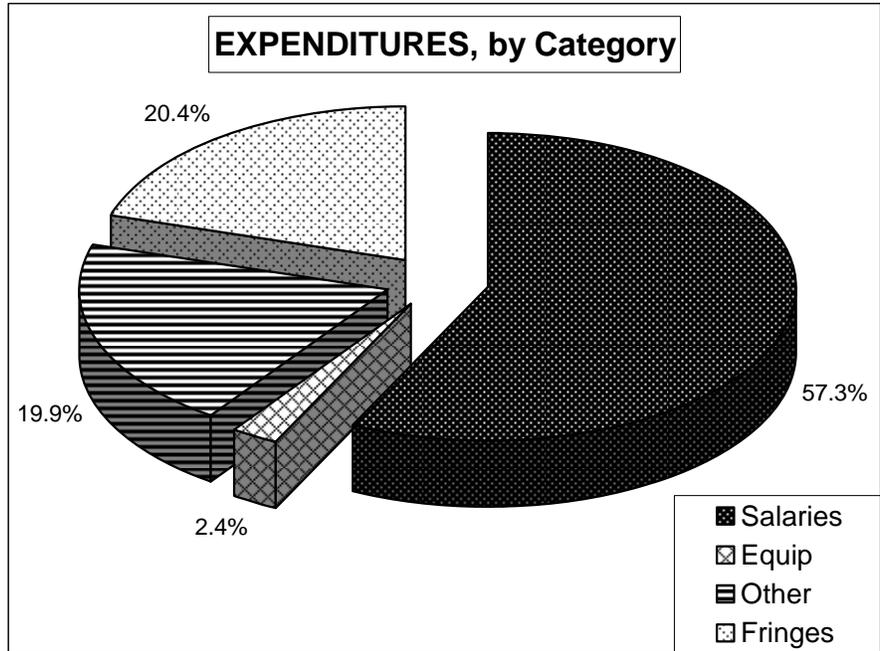
Jennifer Sutfin	Account Clerk Typist, CHS
Margaret Taber	Sr. Account Clerk Typist
<i>Edmund Tadros</i>	<i>Account Clerk Typist, CHS</i>
Kathy Taves	Team Leader, HC
Jana Taylor	Director of Preschool Special Education, CSCN
Debra Thomas	Community Health Nurse, CSCN
<i>Wendy VanValkenburg</i>	<i>Per-diem Community Health Nurse, HC</i>
David Warmbrodt	Deputy Registrar of Vital Records
Janice Wood	Keyboard Specialist, EH
Sue Woodard	Team Leader, MOMS
Barbara Wright	Administrative Coordinator, CSCN

# 2008

## All Public Health Programs except "Class A Mandates"

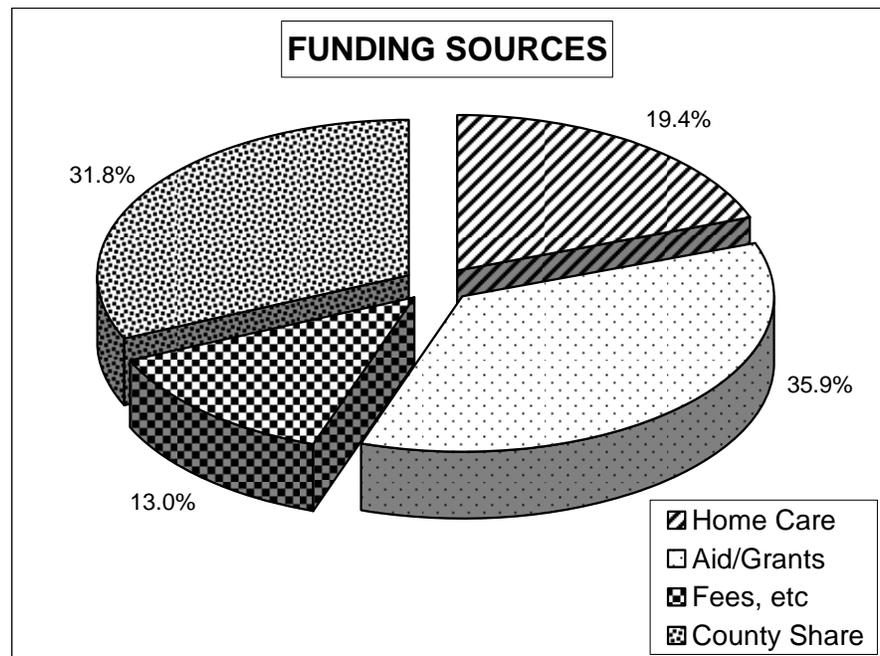
### EXPENDITURES

Salaries	\$3,965,615
Equip	\$163,620
Other	\$1,379,993
Fringes	\$1,408,190
<b>TOTAL</b>	<b>\$6,917,418</b>

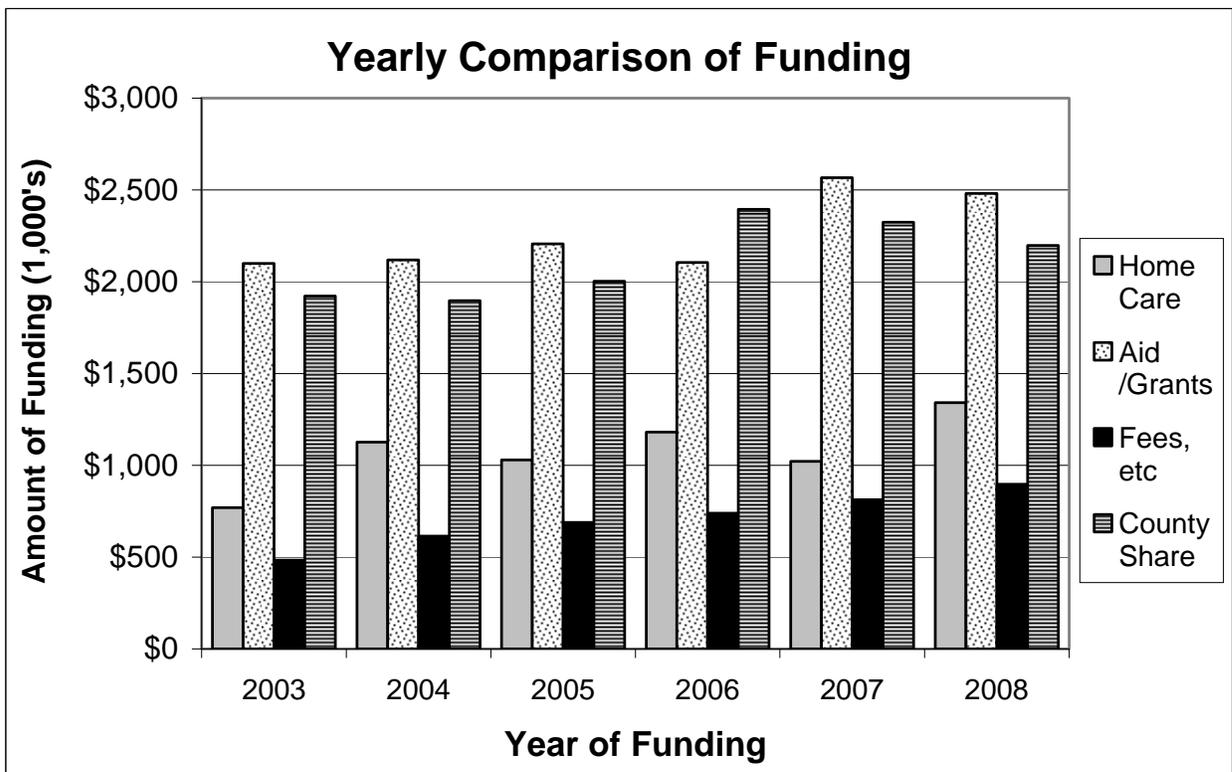
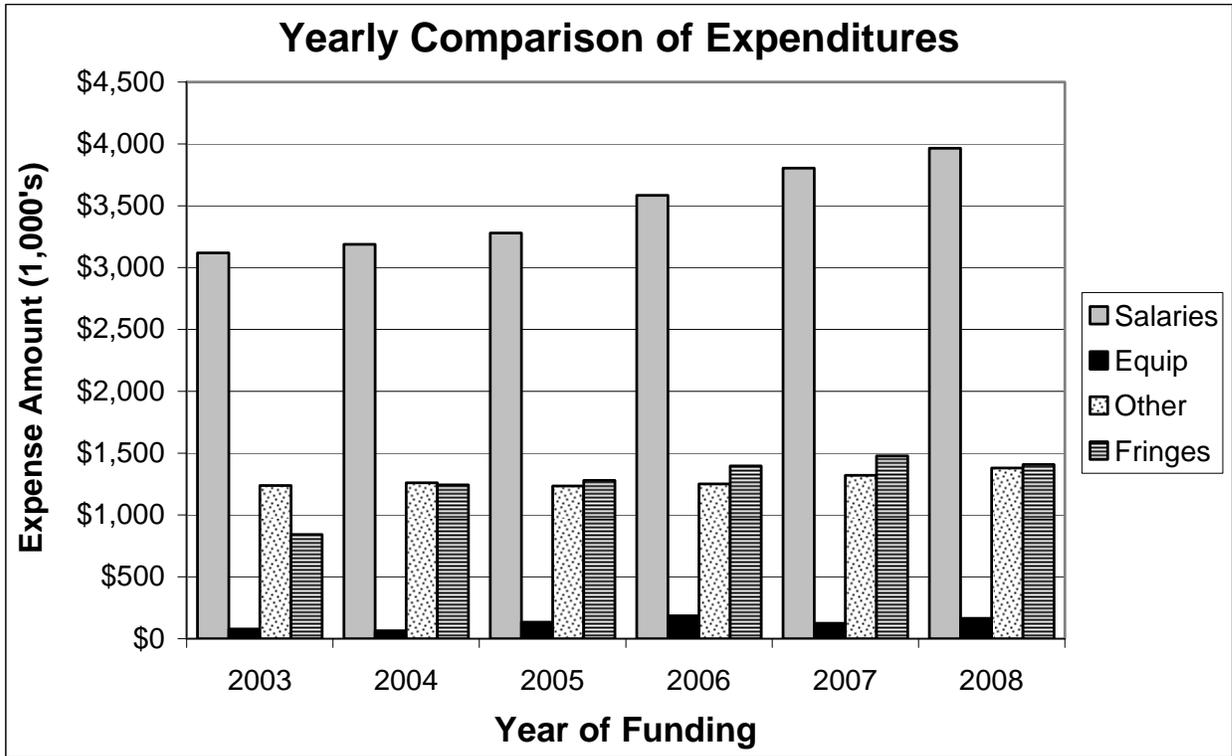


### FUNDING

Home Care	\$1,341,757
Aid/Grants	\$2,480,472
Fees, etc	\$897,596
County Share	\$2,197,593
<b>TOTAL</b>	<b>\$6,917,418</b>

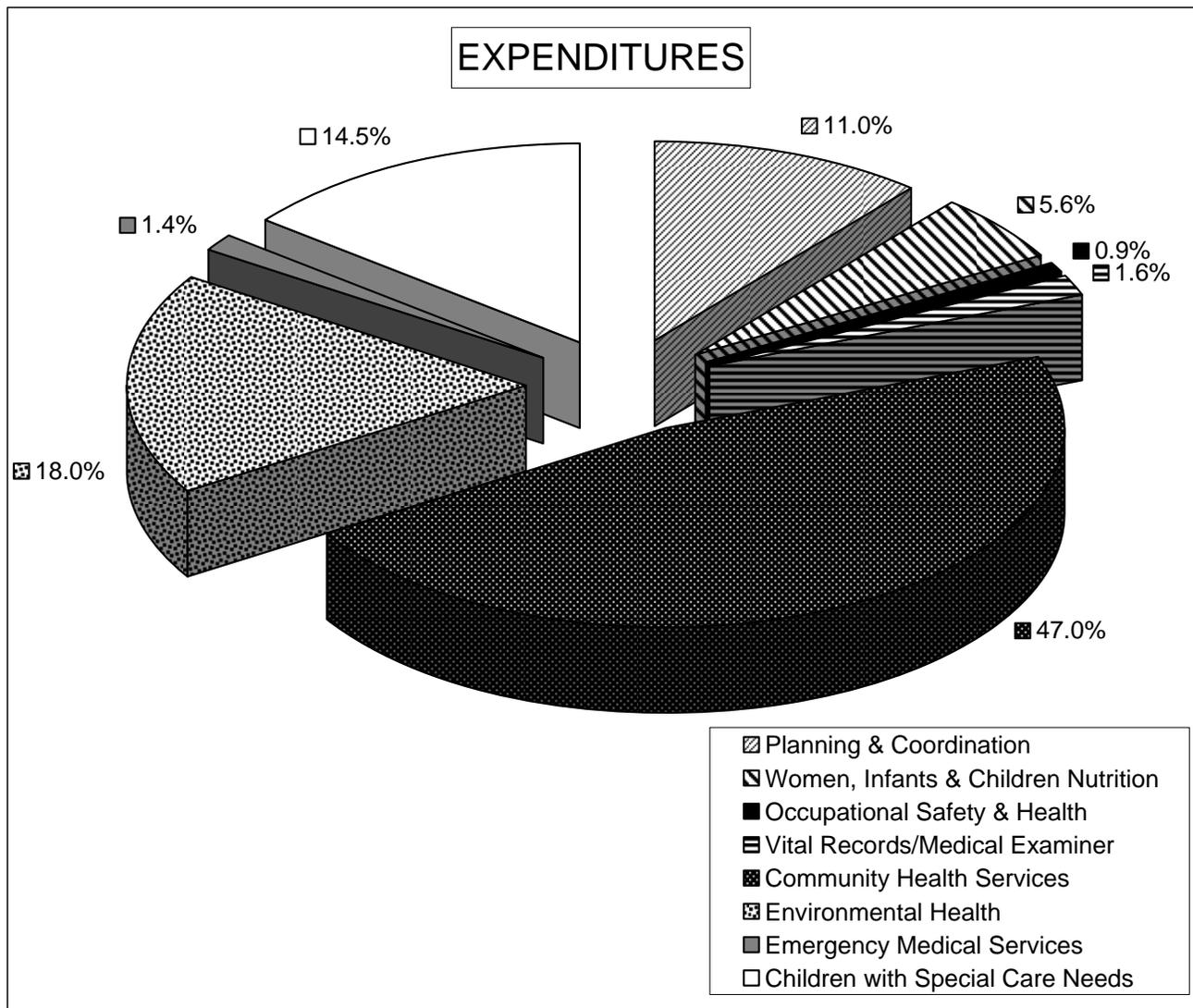


**2003-2008 Yearly Comparison  
All Public Health Programs except "Class A Mandates"**

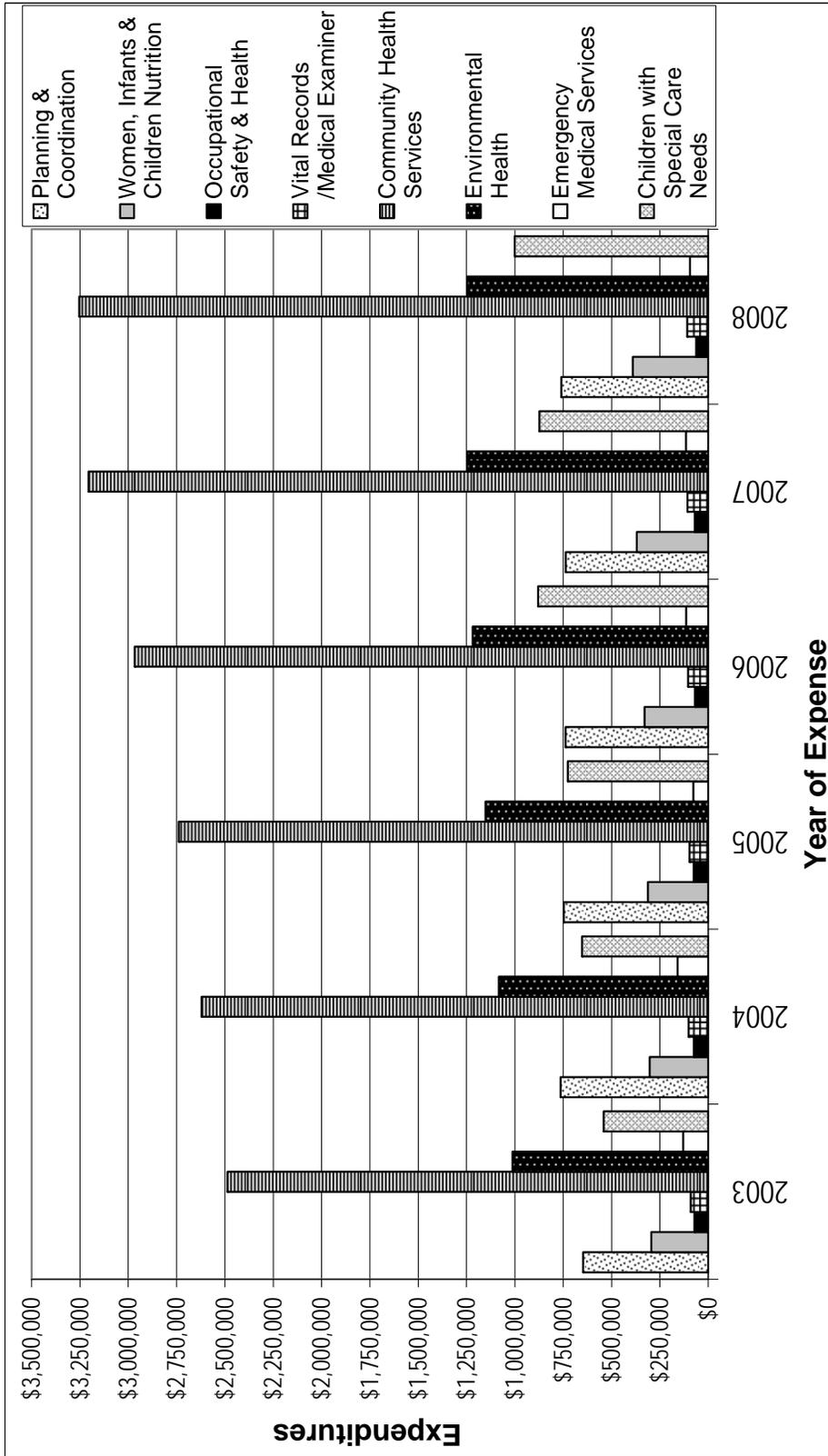


**2008**  
**Expenditures by Program**  
**All Public Health Programs except "Class A Mandates"**

<b>EXPENDITURES</b>	<u>EXPENSE</u>	<u>% OF TOTAL EXPENSE</u>
Planning & Coordination	\$759,504	11.0%
Women, Infants & Children Nutrition	\$390,265	5.6%
Occupational Safety & Health	\$63,114	0.9%
Vital Records/Medical Examiner	\$108,952	1.6%
Community Health Services	\$3,253,380	47.0%
Environmental Health	\$1,246,992	18.0%
Emergency Medical Services	\$94,378	1.4%
Children with Special Care Needs	\$1,000,833	14.5%
<b>TOTAL</b>	<b>\$6,917,418</b>	



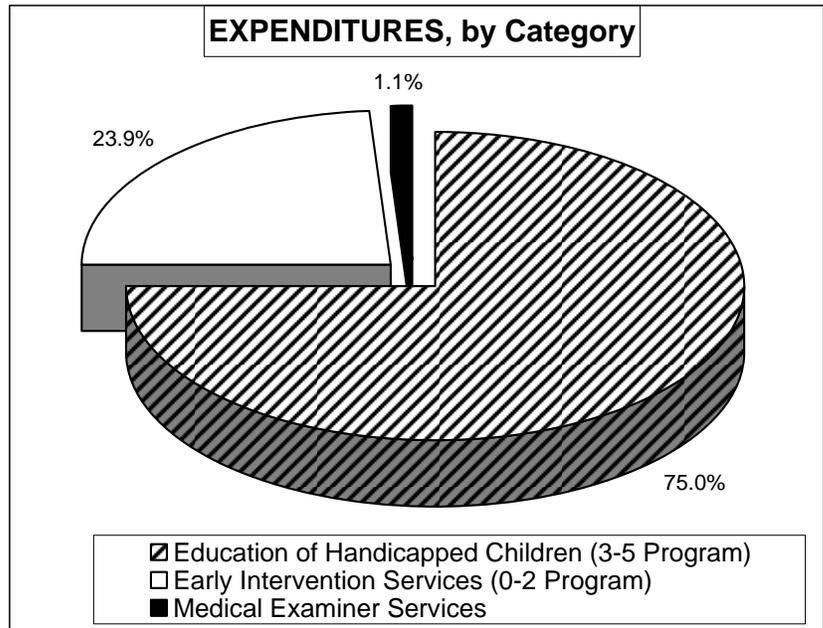
## 2003-2008 Yearly Comparison Expenditures by Program



**2008**  
**Expenditures and Funding for "Class A Mandates"**

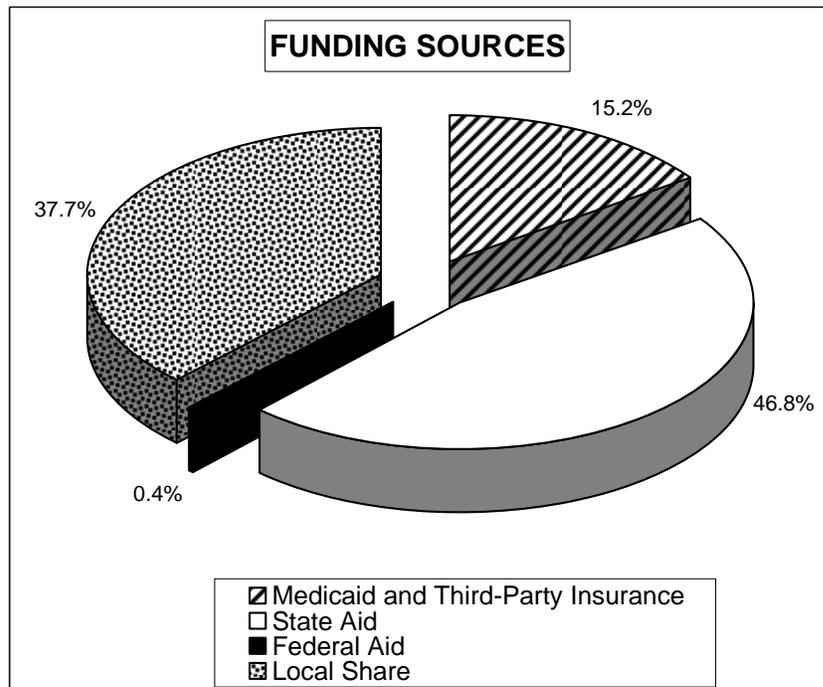
**EXPENDITURES**

Education of Handicapped Children (3-5 Program)	\$4,451,139
Early Intervention Services (0-2 Program)	\$1,420,415
Medical Examiner Services	\$65,444
<b>TOTAL</b>	<b>\$5,936,998</b>

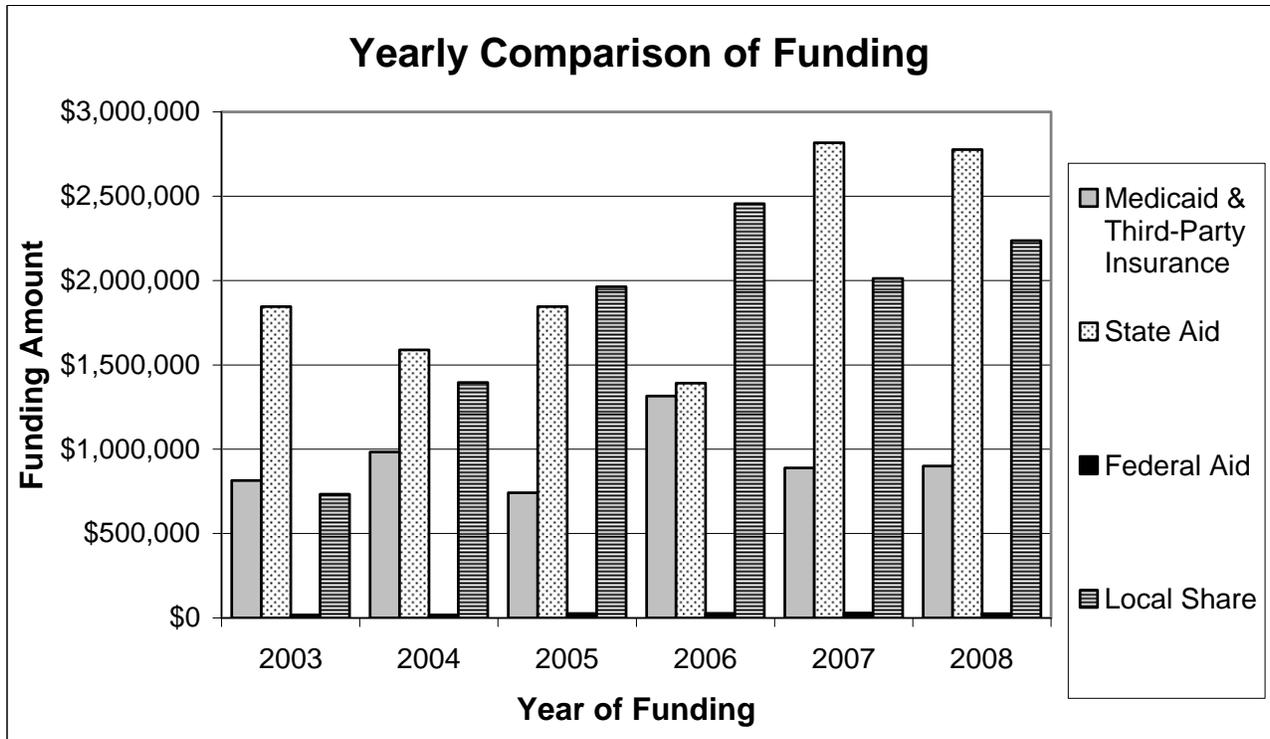
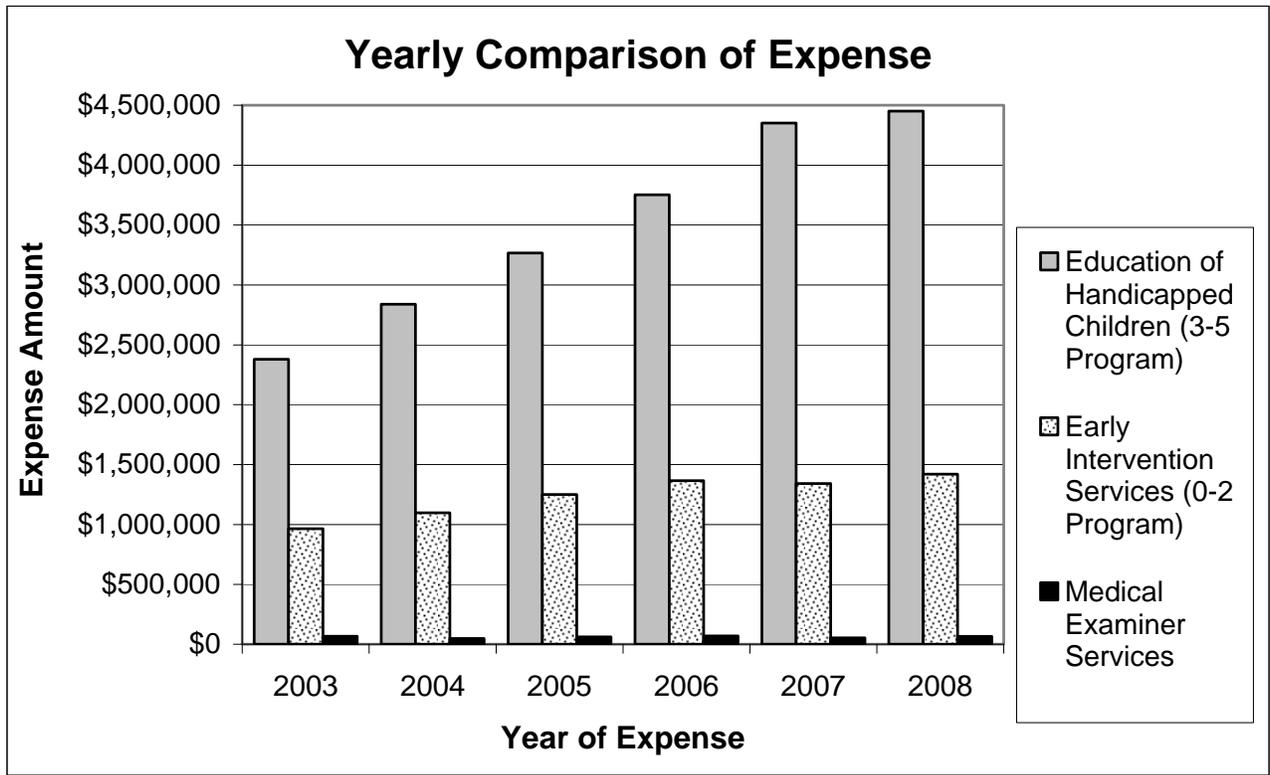


**FUNDING**

Medicaid and Third-Party Insurance	\$900,045
State Aid	\$2,775,922
Federal Aid	\$24,932
Local Share	\$2,236,100
<b>TOTAL</b>	<b>\$5,936,998</b>



## 2003-2008 Yearly Comparison Expenditures and Funding for "Class A Mandates"



## **OVERVIEW**

The Environmental Health Division both realized successes and faced challenges during 2008. Some program areas saw an increase in activity. We vaccinated the highest number of pets (1340) in the last five years during our popular free Rabies Pet Vaccination Clinics. We also tested more animals for rabies in 2008 (259, compared to 211 in 2007), resulting in noticeably more rabid bats, raccoons, skunks, and other animals than in the previous year.

In the Lead Program, we were fortunate that no children had a blood lead level (BLL) greater than 19.9 mcg/dl in 2008. However, we handled a significantly higher number of cases in the 10-19.9 mcg/dl range (eight cases in 2008, compared to zero in 2007).

The Drinking Water Program, with approximately the same number of public drinking water systems as 2007, saw other changes. We automated the public water system sampling schedules using the State Drinking Water Information System – an initially time-intensive effort that promotes more efficient program management in the future. We also collected samples for radionuclide's analysis as a service for many of our public water systems and to facilitate compliance with 2008 radionuclide's monitoring requirements. The Environmental Health Division hosted both the 15<sup>th</sup> Annual Tompkins County Water Week Taste Test in April and the Regional Water Taste Test at the Ithaca Farmer's Market in August.

The Water Program faced significant challenges with the 8% reduction in the New York State Department of Health (NYSDOH) Drinking Water Enhancement Grant. This State budget cut announced mid-year after budgets had been established and expenses incurred, eliminated funding for laboratory services we provided for federally regulated school water systems, local public water supplies, family day care operations, and individual homeowners.

The Environmental Health Division had proposed changes to Article VII of the Tompkins County Sanitary Code (TCSC) that would establish an Individual Water Well Program and make the Health Department responsible for oversight and enforcement of the State Standards for Water Wells included in Appendix 5-B of the New York State Sanitary Code. A public hearing was held in February. The Board of Health, however, voted against the proposed changes for an individual water well program at their meeting in July 2008. Some proposed changes affected Local Public Water Systems. The Board subsequently adopted those changes to the TCSC in February 2009. These changes are currently being reviewed by the NYSDOH.

Several program areas including Children's Camps, Temporary Residences, Swimming Pools and Beaches, and Mobile Home Parks saw activity levels similar to previous years. The Adolescent Tobacco Use Prevention Act Program

saw a slight decrease in the number of regulated tobacco vendors, but also saw a slight increase in non-compliance and enforcement actions.

The number of construction permits issued for new systems in the Onsite Wastewater Treatment Program continued the declining trend of recent years. Staff time in the program increased due to the increasing changes and complexity of sewage system regulations, and the increasing frequency with which difficult site conditions are encountered.

The Food Program saw a slight decrease in the number of permitted permanent facilities (471, down from 491 in 2007); however, the number of temporary food permits issued (260) was the highest level in five years. The effectiveness of our education efforts is reflected in the decreasing trend in the average number of critical violations per inspection.

In 2008, the Environmental Health Division staff included 19 full and part-time employees plus two new part-time summer Public Health Sanitarians. Jodie Mangor and Clayton Maybee joined us as our summer Sanitarians, working with children's camps, mobile home parks, swimming pools, complaints, and food service establishments.

### ***RABIES CONTROL PROGRAM***

The overall purpose of the Health Department Rabies Control Program is to evaluate potential human exposure to rabies whenever a person is bitten or scratched by a mammal or has a bleeding wound, weeping rash, or mucous membrane contaminated with the saliva. The program goal is to prevent human death due to rabies.

In 2008, as part of this effort, the Health Department submitted 259 animals to the New York State (NYS) Rabies Laboratory for testing, investigated 183 dog bites and 147 cat bites, and recommended rabies post-exposure shots for 117 people. The animals from Tompkins County submitted for rabies testing last year included 145 bats, 26 raccoons, 27 dogs, 24 cats, 14 livestock animals, nine skunks, four foxes, four ferrets, three squirrels, two woodchucks, and one small rodent.

Seven of the 145 bats from Tompkins County tested for rabies were rabid. Eighty-three Tompkins County residents received post-exposure treatment because they were bitten by a bat, scratched by a bat, had direct skin contact with a bat or discovered that a bat was in the room while they slept. Many more rabies shots were prevented because the bat was captured, tested, and proven to be not rabid.

Seventeen raccoons, six skunks, two cats, one fox, and one woodchuck from Tompkins County also tested positive for rabies in 2008. Twenty eight people received precautionary rabies treatment due to being bitten or possible exposure to the saliva of these wild animals. Some of these shots became necessary when the rabid animals were handled while alive or immediately after they died. Most treatments resulted from handling pets since they fought with rabid animals before two hours had passed. Saliva on the pet containing rabies virus could then enter a person's body through a bleeding wound, weeping rash, or mucous membrane. Refraining from handling a pet or livestock animal for two hours following an incident insures that any rabies virus will be dead and no longer able to infect a person.

When a person is bitten by or exposed to the saliva of a domestic pet (cat, dog, or ferret) or livestock animal (horse, cow, sheep, goat, or pig), a laboratory test on the animal is one way of ruling out rabies. The negative lab test results on the 27 dogs, 22 cats, seven horses, four ferrets, three sheep, two goats and two cows submitted for rabies testing proved that persons bitten or exposed did not need rabies shots.

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

Survival for ten days proves it could not have transmitted rabies virus when it bit. The Health Department supervised the ten-day observation of 156 dogs and 123 cats in 2008. The administration of many unnecessary rabies post-exposure shots was avoided. Ten county residents received rabies shots after bites or scratches by dogs or cats. Had these dogs and cats been identified or captured to undergo laboratory testing or ten-day observation, the need for these treatments could have been ruled out.

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

Vaccination of pets effectively protects humans from exposure to rabies endemic in wild animal populations. Rabies in pets vaccinated one time is extremely rare. In 2008, the Health Department continued to enforce the NYS Public Health Law requirement that all cats, dogs, and ferrets be vaccinated against rabies by four months of age. The Environmental Health Division provided eleven free rabies clinics: one in January, five in May, and five in September/October, 2008.

***Number of Animals Vaccinated at Rabies Clinics 2004 – 2008***

<b>Clinic</b>	<b>Date</b>	<b>Dogs</b>	<b>Cats</b>	<b>Ferrets</b>	<b>Total</b>
TC SPCA	01/23/08	107	92	1	200
(T) Lansing	05/07/08	71	35	0	106
(T) Danby	05/08/08	57	41	2	100
(T) Enfield	05/14/08	69	75	3	147
(T) Dryden	05/15/08	76	62	0	138
(C) Ithaca	05/21/08	44	47	1	92
(T) Newfield	09/24/08	60	48	0	108
(T) Groton	09/25/08	49	45	2	96
(T) Caroline	10/01/08	78	67	0	145
(T) Ulysses	10/02/08	44	51	0	95
(C) Ithaca	10/08/08	51	61	1	113
<b>2008 Totals</b>		<b>706</b>	<b>624</b>	<b>10</b>	<b>1340</b>
<b>2007 Totals</b>		<b>702</b>	<b>567</b>	<b>8</b>	<b>1277</b>
<b>2006 Totals</b>		<b>797</b>	<b>512</b>	<b>13</b>	<b>1322</b>
<b>2005 Totals</b>		<b>667</b>	<b>640</b>	<b>9</b>	<b>1316</b>
<b>2004 Totals</b>		<b>705</b>	<b>607</b>	<b>14</b>	<b>1326</b>

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

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.

Poster campaigns every four months throughout the County are used to publicize rabies clinics.

## **FOOD PROTECTION PROGRAM**

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

In 2008, the Division continued its effort to have more of a presence in the food service community by offering education on request to facilities and inspecting most of the permitted high-risk restaurants twice annually. One enforcement action against a facility permitted year round for repeat critical violations during this time indicate that increased surveillance is necessary. One enforcement action started in 2008 will be completed in 2009.

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

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

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

### **New in 2008:**

- ◆ Multi-language signage for food safety
- ◆ Food Inspection Monthly Hilites added to web site

The Food Protection Program conducted 17 plan reviews of new or extensively remodeled food service establishments. The reviews resulted in 17 pre-operational inspections.

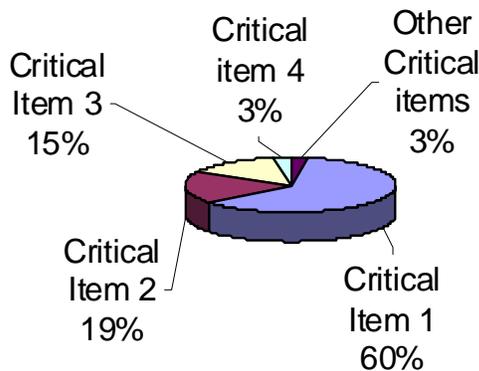
Permanent food service facilities inspected included: FSE's, Mobile Units, Institutions, State Office for the Aging sites, Hotel/Motel Food Services, and State Education feeding sites. Division staff also completed 10 Hazard Analysis Critical Control Point reviews for safe food preparation and service at High Risk permitted facilities.

**Food Protection Program Activity 2004 - 2008**

Year	# Permanent FSE's	# Inspections	Average # Inspections/FSE	# Critical Violations	Average # Critical Violations/FSE
2008	471	541	1.15	108	0.22
2007	491	538	1.10	133	0.27
2006	491	533	1.08	123	0.25
2005	493	568	1.15	171	0.35
2004	439	564	1.28	175	0.39

The Division observed 108 critical violations during inspections. Correction of the violations occurred during the inspections and/or re-inspections in most cases. Two facilities required enforcement action.

**2008 Critical Violations**



**KEY – CRITICAL ITEMS**

- 1 - Improper cooling/ refrigeration
- 2 - Improper hot holding
- 3 - Food not protected/  
temperatures not measured
- 4 - Foods adulterated/unapproved sources
- Other- Other Critical Violations

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

**Temporary Event Food Service Permit Activity 2004 - 2008**

Year	# Permits Issued	# Inspections	# Re-inspections
2008	260	97	1
2007	217	121	7
2006	232	161	10
2005	220	121	19
2004	181	101	5

One re-inspection for critical violations took place at a temporary event. Applications for events requiring Temporary Food Service Permits may be printed from the Tompkins County Health Department web page at [www.tompkins-co.org/health/eh/food/tempinfo.htm](http://www.tompkins-co.org/health/eh/food/tempinfo.htm) or mailed on request.

The Food Protection Program received and investigated 19 complaints of suspected food borne illness. No correlation could be found between the suspect food and the illnesses in any of the complaints received. All were individual cases.

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

## ***DRINKING WATER PROGRAM***

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

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

The Division inspects each of the **197** public water systems in the county. They range in size from restaurants and mobile home parks to the larger municipal systems such as Bolton Point and the City of Ithaca.

At the end of the year, we had **149** public water systems large enough to be regulated by Part 5 of the NYSSC, which contains more comprehensive requirements than the TCSC. Of those, **96 are Part 5 community** water systems in the County. Community systems are those with at least five residences used year-round or which regularly serve at least 25 residents year-round. There are **45 Part 5 transient non-community** water systems. Transient non-community water systems typically serve transient populations such as motels, restaurants, convenience stores, and campgrounds. In addition, there are **eight Part 5 non-transient non-community** water systems. These systems are a subset of non-community systems that regularly serve at least 25 of the same persons four hours or more a day, four days or more a week, for 26 or more weeks a year (e.g., factories and schools). An additional **48 systems**

are **public** water systems as defined by the TCSC and regulated by that code only.

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

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

All of the Part 5 community water systems with more than 15 service connections or 25 people (Federally regulated) were required to perform quarterly radiological sampling for composited analyses in 2008. The Division did that sampling for those 48 systems and arranged for the analyses through a private laboratory at a discount for the systems. None of the analyses showed a **MCL** violation at any system.

***Number of Analyses Provided by the Division 2004 - 2008***

<b>Year</b>	<b>Micro-biology</b>	<b>Dye Tests</b>	<b>Inorganic</b>	<b>Organic</b>	<b>Non-water Lead</b>	<b>Cost in \$'s</b>
2008 <sup>3 &amp; 4</sup>	494	3	17	2	1	7,263.20
2007 <sup>3</sup>	537	0	94	10	0	9,782.56
2006 <sup>3</sup>	635	2	120	5	0	9,636.80
2005 <sup>2</sup>	747	8	197	4	0	12,991.00
2004 <sup>1</sup>	685	13	236	12	3	11,818.40

<sup>1</sup> NYSDOH did 2 Microscopic Particulate Analyses (MPA) in 2004.  
<sup>2</sup> In 2005, there were 5 sets of UV parameters.  
<sup>3</sup> NYSDOH did 2 MPA Analyses and 20 sets of POC/SOC/IOC analyses in 2006, 24 sets of POC/SOC/IOC analyses in 2007 and 4 sets in 2008.  
<sup>4</sup> In 2008, TCHD performed 48 sets of quarterly radiological samples for compositing and 2 UV parameters.

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

***Boil Water Notice Distribution by Cause 2004 - 2008***

	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
# of Unsatisfactory Microbiological Quality	7	9	11	6	9
# of Quantity or Protection Problems	6	8	9	10	7
# of Disinfection System Problems	11	10	16	15	10
# of Other or Multiple Problems	2	0	2	2	2
<b>Totals</b>	<b>26</b>	<b>27</b>	<b>38</b>	<b>33</b>	<b>28</b>

The Division reviews and approves engineering plans to ensure that new, expanded, or improved public water systems are capable of providing safe and plentiful water. In 2008, these included one new source, two extensions or projects to serve existing development, five extensions or projects for new development, two disinfection systems, and five other water system improvement plans.

***Water Plan Approvals 2004 - 2008***

<i>Projects</i>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
<b>New Sources</b>	1	1	4	3	7
Distribution System for Existing Development	2	7	2	4	4
Distribution System for New Development	5	3	9	6	8
Cross Connection Control Devices	24	27	15	27	21
Other	7	13	11	6	1
<b>Total</b>	<b>39</b>	<b>51</b>	<b>41</b>	<b>46</b>	<b>41</b>

## B. Private Water Systems

In 2008, staff performed sanitary surveys, along with many follow-up inspections, on 38 individual water systems. These inspections are done when tenants or homeowners contact the Health Department due to an unsatisfactory water sample, a waterborne illness, or a problem with the water system.

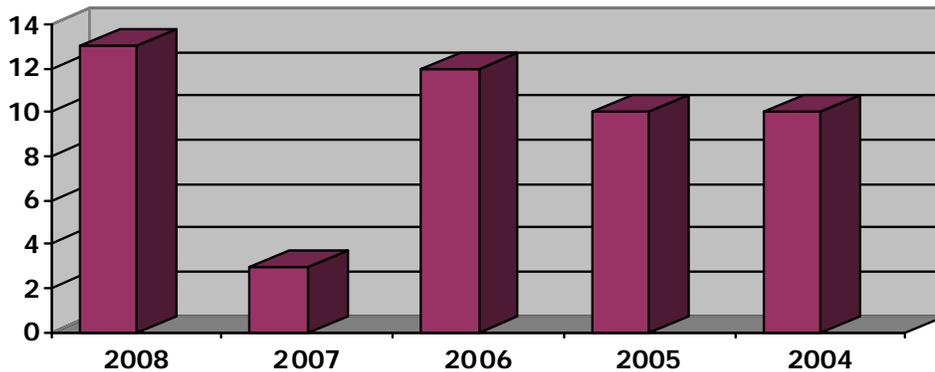
### *Distribution of Private Water System Inspections 2004 - 2008*

	2008	2007	2006	2005	2004
# Unsatisfactory Microbiological Quality	6*	18*	28	34	22
# of Daycares	12	17	18	23	12
# of Tenant Concerns	14	4	13	10	11
# of Homeowner Concerns	3	6	7	8	5
# of Illnesses	1	5	0	1	3
# of possible Chemical Contaminations	0	3	0	0	0
# New Wells	0	0	0	1	1
# of Water Quality Surveys	0	0	0	0	14
# of Other	1	1	3	1	1
<b>Totals</b>	<b>37*</b>	<b>54*</b>	<b>69</b>	<b>78</b>	<b>69</b>

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

Staff answers questions and provides information to the public on an ongoing basis. This information includes referrals and resources on well development, water quality, and water treatment. In May of 2008, the Health Department staffed the annual Tompkins County Water Week event at the Ithaca Farmers Market. This event provides an opportunity for staff to educate the public on both community water systems and private water wells.

### *Sanitary Surveys for Tenant Concerns*



The Health Department requests that well drillers send copies of well completion reports for newly drilled wells to our office. The drillers are required to provide both the New York State Department of Environmental Conservation (NYSDEC) and the well owners with this information. The NYSDEC provided the Health Department with the following figures from 2004 to 2008.

***Water Wells Drilled in Tompkins County 2004 - 2008***

	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
# of Preliminary notices for proposed wells to DEC	145	153	168	185	168
# of Well completion reports received	116*	121	154	159	152
# of domestic wells	107*	118	147	153	150
# of commercial wells	3*	2	1	0	1
# of test wells	5*	0	3	0	0
# of agricultural wells	0*	1	3	2	1
# of Other	1*	0	0	4	0

\* Well Completion Reports received by the TCHD as of February 18, 2009.

The County Information Application (CIA) database is in use. However, some improvements are still needed. When completed, this will provide a repository of information warehoused in a central location. The database will improve the record keeping of individual water supplies to better serve the residents of Tompkins County.

***WASTEWATER (SEWAGE) CONTROL***

**A. Centralized (Public) Sewage**

The Division carefully reviews engineering plans of sewer extensions, pumping stations, and sewage systems to ensure they comply with standards and codes and will provide good service. The New York State Department of Environmental Conservation approves new industrial and public sewage treatment plants. Plans approved by the Division in 2008 included two new municipal sewer extensions to serve existing properties: 409' in T-Ithaca and 229' in V-Trumansburg, and one new municipal sewer extension to serve new development: 385' in V-Cayuga Heights (all 8" poly vinyl chloride).

**Centralized Sewage Plan Approvals 2004 - 2008**

# of Projects	2008	2007	2006	2005	2004
# New Sewer Extensions for Existing Properties	2	0	1	0	0
# New Sewer Extensions for New Development	1	3	7	5	4
<b>Total</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>5</b>	<b>4</b>

**B. On-site Sewage**

The On-site Sewage Treatment Program, also referred to as individual sewage systems, manages decentralized sewage systems. The sewage produced must be treated and returned to the ground or surface waters without contaminating the water. Human diseases transmitted through drinking water contaminated with sewage are then prevented. In 2008, 242 sewage systems were built in Tompkins County. This represents almost 30,000 gallons per day of sewage **treated** and recycled to the ground water.

The Division issued five **specific waivers** in 2008:

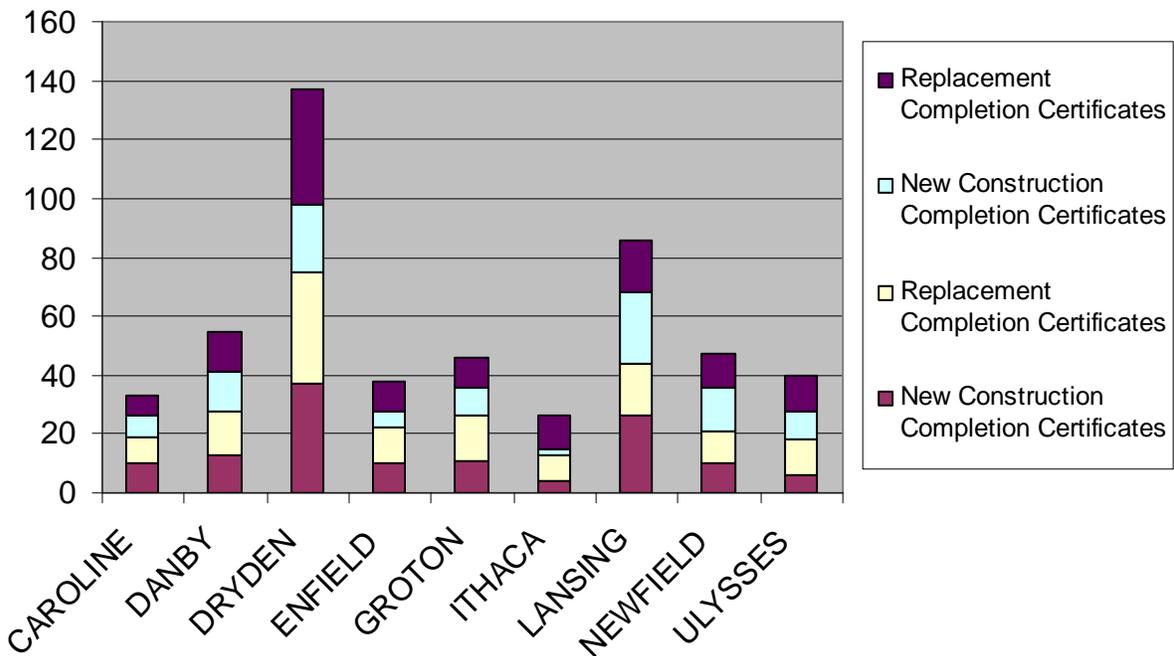
- ♦ **Two** waivers from minimum lot size and minimum lot dimension, following submission and approval of engineered plans for a single project.
- ♦ A **Third** waiver for the same project, for reducing length of absorption field using a proprietary structure. (Engineered Plans)
- ♦ A **Fourth** waiver for the same project, for constructing an absorption field on steep slopes. (Engineered Plans)
- ♦ **One** waiver from requirement for a developmental plan for a fourth residence, (total design over 1000 gallons per day for all four units) on a 450 acre lot. The Board of Health issued this waiver for an elderly family member.

Combined activity [New Construction Permits and Replacement Construction Permits (CP's), plus New Completion Certificates and Replacement Completion Certificates (CC's)] totaled 508.

**Sewage System Construction Permits  
and Completion Certificates 2004 - 2008**

YEAR	# CP'S NEW	# CP'S-REPLACE- MENT	TOTAL # CP'S	# CC'S NEW	# CC'S- REPLACE- MENT	TOTAL # CC'S	Combined Activity
2008	127	139	266	110	132	242	508
2007	168	153	321	123	128	251	572
2006	177	148	325	145	146	291	616
2005	191	146	337	173	129	302	639
2004	252	171	423	207	158	365	788
5 YEAR AVG.	183	151	334	151	138	290	624

**2008 Individual Sewage System Permits and  
Completion Certificates by Town**



The Town of Dryden includes the Villages of Freeville and Dryden; the Town of Groton includes the Village of Groton; the Town of Lansing includes the Village of Lansing; the Town of Ulysses includes the Village of Trumansburg; the Town of Ithaca includes the City of Ithaca and Village of Cayuga Heights. All the Villages and City of Ithaca are served by public sewer. Occasionally, areas outside the sewer districts, or where public sewer is inaccessible, development may be eligible for on-site sewage. In 2008, two permits were issued in the Village of Freeville, three in the Village of Groton; and one in the Village of Dryden. Three

completion certificates were issued in the Village of Groton; one each in the Villages of Trumansburg and Dryden.

Some on-site sewage systems need to be designed by a Professional Engineer outside the Division due to size or unique site conditions. In 2008, the Division approved plans for 22 new or replacement on-site sewage treatment systems to serve:

- ◆ three mobile home parks (two in T-Dryden and one in T-Newfield)
- ◆ two systems at one campground (T-Enfield)
- ◆ one market/restaurant (T-Caroline)
- ◆ one residential development (T-Danby)
- ◆ one apartment (T-Lansing)
- ◆ one recreational facility (T-Ulysses)
- ◆ one office building (T-Lansing)
- ◆ 12 private residences (four in T-Dryden, three in T-Lansing, and five in T-Danby).

***Decentralized Sewage Plan Approvals 2004 - 2008***

<b>Projects</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
# New/expanded Sewage Treatment Systems	22	17	11	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, sewage treatment and disposal systems, and fire safety. In 2007 and 2008, a substantial decrease in the number of approved plans and units occurred. This is a reversal of the past trend in increased realty subdivisions.

***Summary of Plan Approvals 2004 - 2008***

<b>Year</b>	<b>Total # of Plans Approved</b>	<b># of Lots/Units</b>
2008	2	25
2007	3	47
2006	10	219
2005	9	289
2004	6	90

**Plans Approved 2004 - 2008**

Year	Type and number of projects	Total # lots/units	# Municipal water & municipal sewer	# Private water & private sewage	# Municipal water & private sewage	# Private water & municipal sewage
<b>Subdivisions</b>						
2008	2	25	1	0	1	0
2007	2	42	0	1	1	0
2006	6	61	37	12	12	0
2005	5	151	128	10	13	0
2004	6	90	54	22	14	0
<b>Mobile Home Parks (None 2004, 2005, 2008)</b>						
2007	1 addition	5	0	0	1	0
2006	1	2	0	2	0	0
<b>Apartment Complexes (None 2004 - 2008)</b>						
<b>Hotels and Motels (None 2004, 2007, 2008)</b>						
2006	3	156	156	0	0	0
2005	4	138	123	15	0	0

**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 mcg/dl or greater.

An environmental investigation begins with an elevated BLL reported to the Community Health Nurse. A home visit is arranged with Environmental Health staff to interview parents or guardians about lead exposure and explain how exposure and effects can be minimized. The child's environment is inspected and samples are taken of suspect materials or on-the-spot analysis may be done with an X-Ray Fluorescence 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 2008.

Uncontrolled discharge of lead based paint dust may endanger public health and is a violation of Article IX of the Tompkins County Sanitary Code. In 2008, investigation of 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.

In August, Stephen Maybee, P.E., and Chris Laverack attended the eight-hour Environmental Protection Agency (EPA) Lead Risk Assessor Refresher Course. This course is required every three years by the EPA for re-certification as a Lead Risk Assessor. Stephen Maybee, P.E., and Chris Laverack are certified as EPA Lead Risk Assessors until 2012.

***Lead Program Summary 2004 - 2008***

	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
# Children w/BLL>19.9 mcg/dl	0	0	1	0	2
# Children w/BLL 10 -19.9 mcg/dl	8	1	5	4	4
# of Sites inspected related to 20+ cases	0	0	1	0	2
# of Sites inspected related to 10 -19 cases	8	1	6	3	4
# of Abatements Completed	0	1	0	0	0
# of Interim Controls Completed	0	0	0	0	0

### Number of Samples Collected For Lead Analysis 2004 – 2008

	2008	2007	2006	2005	2004
Paint	0	0	0	0	0
Drinking Water	0	1	6	1	0
Soil	0	0	1	1	2
XRF survey	3	2	6	2	2
Dust Wipes	7	6	11	14	11
Other	0	0	2	1	0

### **TEMPORARY RESIDENCES**

#### **Children's Camps:**

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

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

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

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

In 2008, the Division inspected **32** Children's Camps. No violations were found that required enforcement action to be taken.

The Division investigated **15** reports of serious injuries and illnesses:

- ♦ **Two** campers with fractured bones
- ♦ **One** camper with a dislocation
- ♦ **Two** campers with lacerations requiring sutures or staples
- ♦ **Seven** campers with concussions
- ♦ **One** camper with an eye injury
- ♦ **One** camper with a head contusion
- ♦ **One** camper with a chipped tooth

***Children’s Camps 2004 - 2008***

<b>Year</b>	<b># Permits Issued</b>	<b># Overnight Camps</b>	<b># Day Camps</b>	<b># Campers</b>
2008	32	11	21	12,192
2007	31	10	21	11,428
2006	28	8	20	10,041
2005	29	8	21	10,800
2004	31	8	23	11,014

**Agricultural Fairgrounds:**

The Trumansburg Fairground is the only Agricultural Fairground issued a permit to operate in Tompkins County. The fairground must comply with state regulations during all events that occur on the premises. The water system, food service establishments, refuse handling, animal waste handling and disposal, and campground are regulated and inspected by the Health Department. There was one public health hazard found during a 2008 operational inspection that was corrected immediately during the inspection.

**Temporary Residences - Hotels, Motels, and Cottage Communities:**

In 2008, the Environmental Health Division permitted and inspected **28** hotels, motels, and cottage communities that included **seven** public water supplies, **18** restaurants, **two** outdoor swimming pools, **seven** indoor swimming pools, **five** spa pools, and **three** bathing beaches. The Country Inn and Suites was added to the permit inventory in 2008.

**Campgrounds:**

In 2008, the Division permitted and inspected three permanent campgrounds that included two public water systems, two outdoor swimming pools, and one bathing beach.

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

The Finger Lakes GrassRoots Festival received temporary permits to operate two campgrounds in 2008. Inspections occurred prior to and during operation. Food vendors at the event had existing Food Service Permits or received individual Temporary Food Service Permits. Individual inspections occurred at each food service establishment.

### **State Parks:**

Staff conducted sewage system and water supply inspections at three state parks in 2008.

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

### ***MOBILE HOME PARKS***

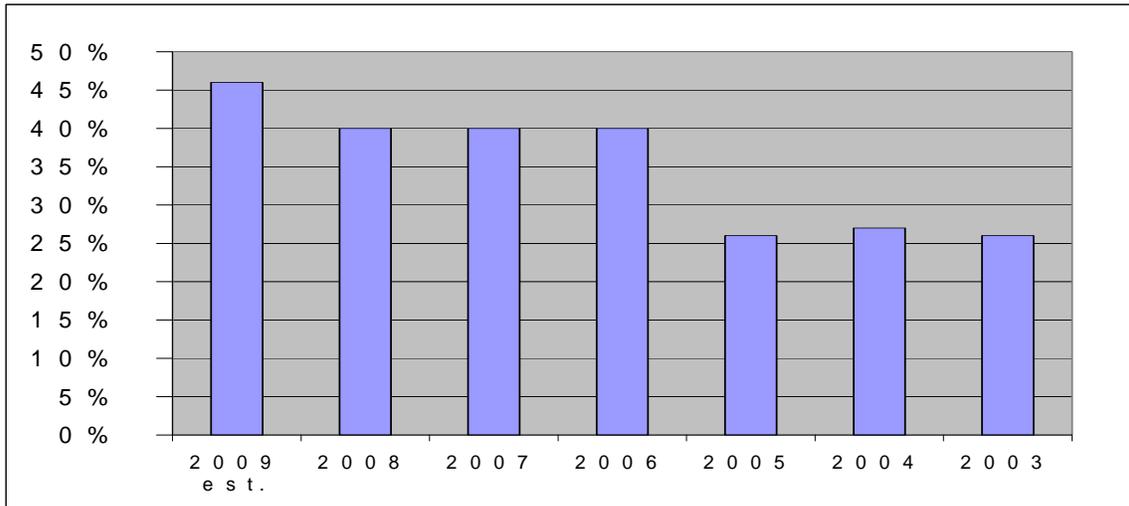
The Mobile Home Park (MHP) program exists to ensure that such dense residential developments are created and operated to provide healthy conditions for the residents. The operators must comply with Part 17 of the New York State Sanitary Code (NYSSC) and Article III of the Tompkins County Sanitary Code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

When a park operator has a history of good compliance and cooperation, the general park inspection may be waived for up to three years. After evaluation, 11 MHP's received waivers from annual inspection in 2008. Inspections of on-site water systems are still performed every year.

The number of permitted MHP's remained unchanged at 42. The total number of permitted mobile home sites in Tompkins County was 2070 in 2008. Ownership of five parks changed during the year and one park's name changed.

The percentage of permitted mobile home sites on municipal public water in Tompkins County remained unchanged at 40 in 2008. It is anticipated that Meadowbrook MHP (T-Newfield) will connect to the Newfield Water extension and that Lakeview Village (T-Lansing) will connect to the Town of Lansing Water extension in 2009.

**Percentage of Mobile Home Sites on Municipal PWS by Year**



Approval of engineering plans by the Division is required prior to new construction of, modification of, or addition to mobile home parks (including water and sewage). In 2008, the Division performed plan reviews for the projects listed below.

- ◆ Backflow Prevention Plan Lakeview Village MHP (T-Lansing)
- ◆ Hypochlorite Disinfection System at Green Acres MHP (T-Caroline)
- ◆ Replacement Sewage System at Newfield Estates MHP (T-Newfield)
- ◆ Replacement Sewage System at Congers MHP (T-Dryden)
- ◆ Replacement Sewage System at Beaconview MHP (T-Dryden)
- ◆ Replacement Sewage System at B&B MHP #1 (T-Dryden)

**SWIMMING POOLS AND BATHING BEACHES**

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

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

City Health Club's (C-Ithaca) spa pool was not in operation in 2008. A new temporary residence, Country Inn and Suites (T-Ithaca), opened an indoor pool and spa pool in 2008. As a result, the total **number of permitted pools** increased to 53 (30 indoor/23 outdoor) by the end of the year. Seventeen pools are at temporary residences (13 indoor/four outdoor) and one outdoor pool is at a children's camp.

The Division investigated three incidents at permitted pools in 2008 including a chlorine gas release, a head injury, and an asthma attack.

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

New or modified bathing facilities must comply with approved engineering plans. In 2008, Ithaca College (T-Ithaca) submitted plans for the installation of two new indoor swimming 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 Health Department stating that sales of tobacco and tobacco products to persons under the age of 18 are prohibited. For businesses that house tobacco vending machines, the machines must be located under the direct supervision and control of an adult at all times.

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

Each year, the tobacco enforcement program conducts compliance checks with youth 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 2007 and 2008, the Division continued to conduct minor compliance checks (cc's) of tobacco vendors in the county. The following is a summary of ATUPA activity for the grant year running from October 1, 2007 to September 30, 2008:

***ATUPA Enforcement Activity for Grant Year 2007 - 2008***

<b>Enforcement Category</b>	<b>Retail</b>	<b>Vending</b>	<b>Total</b>
# of Vendors	71	4	75
# of Partial cc's	881	7	88
# of Minor cc's	81	4	85
# of Violations	2	0	2
# of Stipulation Agreements Signed	2	0	2
<b>Total Penalties Assessed</b>	<b>\$1,150.00</b>	<b>\$0</b>	<b>\$1,150.00</b>

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

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

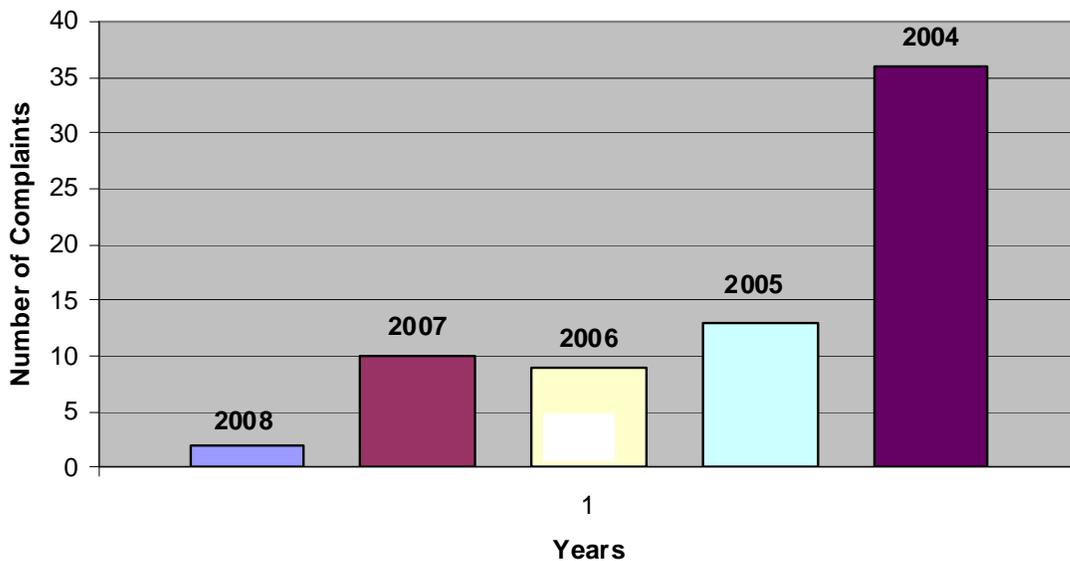
Upon receiving an initial complaint of smoking in a facility covered under the law, a telephone call is made to the owner/operator of the facility relating the complaint and the law. A letter of alleged violation reiterating the complaint and the applicable law follows the call.

When the Division receives a second smoking complaint, staff makes a field visit to the facility. Staff then determines whether smoking is occurring at that facility, and discusses the complaint with the owner/operator.

If smoking is found during the field visit, enforcement proceedings against the facility are initiated. If the violation is found to have occurred, the law allows the Tompkins County Board of Health (BOH) to levy up to a \$1,000 penalty. In 2008, no enforcement action was taken for violation of the CIAA in Tompkins County.

Tompkins County has one facility with a CIAA waiver. The Fraternal Order of Eagles #1253 in Ithaca initially received approval of their waiver by the BOH in February 2005. The waiver allows smoking in the facility in a room separated from the rest of the establishment, with a separate entrance, separate ventilation system, and with proper signage. The waiver was renewed for another year in February of 2008, after the facility demonstrated compliance with waiver requirements.

### **Smoking Complaints 2004 - 2008**



### **WEST NILE VIRUS**

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

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

The Tompkins County Health Department submitted **five** suspect birds to the laboratory in 2008. In early August, a bird tested positive for WNV.

A media release informed the public of the positive bird and reminded residents of the county how to protect themselves against mosquito bites and prevent breeding sites in their yards. Sampling ceased at the notification of a positive bird. For additional information, visit our website at [www.tompkins-co.org/health/eh/westnile.htm](http://www.tompkins-co.org/health/eh/westnile.htm)

In New York State, **45 human cases** and **six deaths** attributed to WNV had been reported in 2008. Nationwide, the Centers for Disease Control (CDC) and Prevention reported **1370 cases** (down from 3598 in 2007) and **37 deaths** (down from 121) from the virus. In 2008, California reported the most WNV cases, 411, and the most fatalities, 13.

### ***ENVIRONMENTAL HEALTH ASSESSMENTS***

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

In 2008, there were 15 State Superfund Program or Brownfield Cleanup Program sites in Tompkins County listed on the NYSDEC Environmental Site Remediation Database. These sites are summarized below.

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

- ♦ **Emerson Power Transmission** (755010 - State Superfund Program), the former Morse Industrial Corporation, 620 Aurora Street, C-Ithaca. Elevated levels of trichloroethene (TCE) and other volatile organic compounds (VOCs) were detected in groundwater. A groundwater extraction and treatment system was installed in the 1990s. Soil vapor and indoor air testing was initiated in 2004 in the neighborhood to the north of the site. Vapor mitigation systems have been installed in affected homes. Other homes are on a monitoring program. NYSDEC has issued a remediation plan for the site itself. The off-site investigation is on-going.
- ♦ **Axiom** (C755012 - Brownfield Cleanup Program), 950 Danby Road, C-Ithaca. Elevated levels of TCE and other VOCs have been detected in groundwater. There is also the potential for soil vapor intrusion, and a sub-slab depressurization system has been installed. A Remedial Work Plan was approved by the NYSDEC in February 2008. Remedial actions are complete in accordance with the plan. Sub-slab depressurization systems have been installed at the building and continue to operate.

- ◆ **National Cash Register**, Danby Road, C-Ithaca. The sanitary sewer is also being investigated as a source of soil vapor contamination.

**Ithaca Gun** (V00511 - Brownfield Cleanup Program) and **Ithaca Falls Overlook** (E755018 – ERP), 121 Lake Street, C-Ithaca. The primary contaminants of concern are lead and VOC's in the soil from gun manufacturing. The US Environmental Protection Agency removed a majority of lead-contaminated soil during cleanup activities. The City of Ithaca received a 2008 Restore NY Grant for the project, in the amount of \$2.3 million, for the demolition of the building and site remediation and \$700,200 from the NYSDEC Environmental Restoration Program. The NYSDEC has approved a Demolition Work Plan for the building, and demolition has been initiated. Remediation of the site is planned following demolition. The owner has proposed dividing the site into two parcels, one parcel including the factory building (site #V00511) and the second parcel being transferred to the City for development as the proposed Ithaca Falls Overlook (site #E755018). After remediation, the owner is proposing to redevelop the site into town houses.

**New York State Electric and Gas (NYSEG), Manufactured Gas Plant (MGP)** (755006 and 755008 - State Superfund Program), Court Street, C-Ithaca. NYSEG operated a MPG in Ithaca from 1853-1927. The site is currently owned by the Ithaca City School District. The site has been investigated for coal tar contamination since 1986. Remediation of part of the site was concluded in 2005. The Ithaca Landmarks Preservation Committee denied NYSEG's request to demolish the Markles Flat building, delaying remediation of the main plant site; however, this determination is being challenged by some residents. Remediation plans were revised to contain the contamination under the Markles Flat building. Remediation is currently underway.

**Groton Smith-Corona-Marchant** (755005 – State Superfund Program), Main Street, V-Groton. Investigation of this former typewriter manufacturing facility was done in the 1990's, and remediation efforts taken. Post-remediation ground water monitoring continues. A vapor intrusion evaluation is underway.

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

- ◆ **Clinton West Plaza** (755015), 609-625 West Clinton Street, C-Ithaca. This site, an active shopping plaza, was added to the NYSDEC Registry of hazardous waste sites in 2007, due to elevated levels of PCE and other VOCs in groundwater. There is also the potential for soil vapor intrusion and off-site groundwater contamination. A dry cleaner facility operated at

the plaza from 1970-2000. A Remedial Investigation Feasibility Work Plan was prepared in March 2008.

- ♦ **315 North Meadow Street** (755014), C-Ithaca. Active dry cleaner. Elevated levels of PCE have been detected in groundwater on-site. Sub-slab depressurization systems have been installed at the site and at selected other buildings based on soil vapor data. A revised Remedial Investigation Report is under review.
- ♦ **Campagnolo Property** (755013), 503-511 North Meadow Street, C-Ithaca. Former dry cleaning operation. Elevated levels of PCE have been detected in groundwater on-site. Sub-slab depressurization systems have been installed at two commercial buildings based on soil vapor data. Remedial Investigation has been completed. The Feasibility Study is being reviewed.
- ♦ **Colonial Cleaners** (755011), 1902 East Shore Drive, T- Lansing. Active dry cleaner. The site has been investigated and remediation including soil removal, groundwater extraction and treatment, and a soil vapor extraction system (SVE) have been implemented. Remediation is on going. Sub-slab depressurization systems have been installed at a few homes upon request.

**Cornell University Radiation Burial Site** (755001 - State Superfund Program), Snyder Road, T- Lansing. Low-level radioactive waste was disposed of at the site from 1956-1978. 1,4-dioxane, a solvent used in radiation scintillation cocktails, is the primary contaminate in groundwater at the site. The NYSDEC determined that all remedial activities required by the Consent Order were deemed completed by January 27, 2005. The site has been contained with a cap, slurry wall, and grout curtain. Site monitoring continues.

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

#### **Delisted or Closed Sites:**

- ♦ NYSEG Ithaca-Cayuga Inlet MGP (75507 - State Superfund Program), 702 West Buffalo Street, C-Ithaca. This site was a barge loading facility for the Ithaca MGP. Soils contaminated with coal tar were removed in 1999. In 2003, the NYSDEC determined that no further action was required at the site and no use restrictions are needed.

- ♦ Ithaca Fire Training Site (754004 - State Superfund Program), Pier Road, C-Ithaca. In the 1970's, this site was used for burning hazardous liquids. Delisted in 1995 after testing failed to reveal the presence of hazardous waste.

**Other Investigations:**

The NYSDEC Spill Inventory lists 81 spills in Tompkins County in 2008. Most sites involved the release of petroleum products. Spills involving the release of non-petroleum products included one release of potassium permanganate spill incident, one release of ethylene glycol, one release of auto waste fluids, five cases involving unknown material and/or wastewater, and five releases of refrigerant. A spill case is closed when records and data indicate that the necessary cleanup and removal actions have been completed. Seventy-three cases were closed by NYSDEC. Eight cases, all involving petroleum products, remain open as of March 31, 2009.

**Radon:**

In 2008, the NYSDOH continued funding for the Comprehensive Radon Education Project. The Division partnered with the Cornell Cooperative Extension to implement the program.

**Environmental Assessment:**

Twenty-nine requests, many through the Freedom of Information Act, required file searches for environmental assessments for property transfers. This is a return to the level of effort seen in previous years, after the increase in 2007.

***Environmental Assessment Searches 2004 - 2008***

<b>Year</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
Searches	29	47	30	36	26

**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 **226** complaints in 2008. Staff investigated most, but referred some to other agencies, especially complaints of building problems or residents' living conditions. Some complaints are not valid; meaning there is no violation or no public health threat. Some complaints, after investigation, are found valid and the Division issues notices of violations. Most of the respondents correct the violation after notification. Enforcement actions are listed in the enforcement section of this report.

Complaints are categorized in the following Environmental Health Programs:

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

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

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

**Table Comparing Numbers of Complaints 2004 - 2008**

<b>Category</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
Food	76	76	78	65	78
Outdoor Air**	13	9	2	6	1
Open Burning	48	63	56	17	14
Garbage	28	46	27	30	25
Sewage	8	39	23	20	29
Indoor Air	18	13	13	10	18
Other	3	13	17	24	12
Water	11	4	8	1	7
ATUPA/CIAA	1	12	7	13	39
<b>Total</b>	<b>226</b>	<b>275</b>	<b>231</b>	<b>186</b>	<b>223</b>

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

### **ENFORCEMENT ACTIONS**

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

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

The Division had 19 enforcement actions on record (which included 12 in collection and four Ground Water Under Direct Influence (GWUDI) - Timetables of Compliance at the beginning of 2008. During the year, 11 cases were added

and 14 resolved (five from 2008 and before), leaving 16 open case at the end of 2008.

Environmental Health collected a total of \$2,550 in penalties (five cases) in 2008, of which \$500 (one case) was assessed in 2007. A total of \$3,900 in penalties (five cases) was assessed in 2008.

There remains \$7,200 in unpaid penalties: eight cases from past years (\$5,300 – all in collection) and two from 2008 totaling \$1,900. The County Attorney has filed a judgment on an uncollected penalty from Key West (\$300).

The Board of Health determined that the following penalties were uncollectable and closed the cases in 2008 (\$1,400):

- ◆ Pizzabilities, C-Ithaca
- ◆ Pizzabilities, C-Ithaca
- ◆ Crossroads, T-Lansing
- ◆ About Bangkok, C-Ithaca

***Types of Action and Cases in 2008:***

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

1. One for Unsatisfactory Inspections and/or Violations of BOH Orders at Food Service Establishments:  
Cajun Café Grill, V-Lansing
2. One for Water System & Sewage System Violations:  
Newfield Estates MHP (2X), T-Newfield
3. Three for Sewage Violations:  
Mendelsohn, T-Dryden – no penalty  
Conger's MHP, T-Dryden  
Beaconview MHP, T-Dryden – no penalty
4. One for GWUDI extension of Timetable of Compliance:  
Taughannock State Park, T-Ulysses
5. One for Open Burning Violations:  
Smith, T-Ulysses – no penalty
6. Two for Adolescent Tobacco Prevention Act Violation:  
Rogans' Corners, C-Ithaca  
P & C Food Store #119, C-Ithaca
7. Two for new GWUDI Timetables of Compliance:  
Brookton Market, T-Caroline  
Glenwood Pines, T-Ulysses



## **PUBLIC OUTREACH AND STAFF TRAINING**

In 2008, Environmental Health Division participated in the following **public outreach** activities. Staff:

- ◆ held seven meetings/classes with various groups totaling 80 people.
- ◆ issued 21 press releases regarding rabies clinics, revisions of Article VII of the County Sanitary Code, National Recreational Water Illness Week, West Nile virus, Water Week events, and requests for information on biting and rabid animals.
- ◆ participated in six media interviews, which resulted in articles in the Ithaca Journal.
- ◆ distributed 86 information brochures to tobacco retailers and cigarette vending machine sites on the Adolescent Tobacco Use Prevention Act.
- ◆ mailed annual water quality sampling requirements to 160 public water systems, Annual Water Quality Report requirements to 50 public water systems, and several mailings to 50 water system certified operators on continuing education opportunities.
- ◆ posted new items on the county website (food program information, including inspections, Clean Indoor Air Act compliance, carbon monoxide information, and water and sewage system information).
- ◆ distributed a mailing to all local well drillers concerning well drilling in Tompkins County.

Training is necessary to ensure an efficient, accurate, and effective staff. Environmental Health training included:

- ◆ **Water supply:** Safe Drinking Water Information System issues, Radiological Rule, Groundwater Rule, volatile organic compounds in water, National Sanitation Foundation chemicals for drinking water, sanitary surveys, advanced water treatment technologies, Radiological Rule, Disinfection By-product Rule, and Surface Water Treatment Rule.
- ◆ **Other programs:** Environmental Protection Agency Lead Risk Assessment, State Environmental Quality Review, rabies updates, mold, radon, New York State Zoonoses Program, Health Information Network/Health Alert Network, children's camps, bathing facilities, recreational spray parks, and food and sewage inspectors updates.
- ◆ **County provided training:** Driving Safety, Cardio Pulmonary Resuscitation, Preventing Workplace Violence, Confidentiality and Health Insurance Portability and Accountability Act, Access I and II, Diversity, Right to Know, Effective Feedback, Files Management, Emergency Response, Priority Management, Difficult Customer Management, Leadership, Human Resources Law, Stress Management, Bloodborne Pathogens, Strengths-based Feedback, and Novell GroupWise.

**TIME BREAKDOWN**

Below is a breakdown of the time spent in various program areas. Assuming a usual 220-day work year, the total of 3,186.5 staff days shows that 14.2 staff positions performed the work of 14.5 staff in 2008.

Health Department Program	Facilities on Record or Inspected	Staff Days	% of Time Available
Public Water Systems	152	742.2	23.3
Private Water Systems	38	174.3	5.5
Local Public Water Systems	48	61.1	1.9
Food Service	757	451.8	14.3
Individual Sewage Systems	260	709.2	22.3
Temporary Residences			
Hotels/Motels	28	55.5	1.7
Children's Camps	32	98.6	3.1
Campgrounds	5	13.1	0.4
Mobile Home Parks	42	152.9	4.7
Swimming Pools/Beaches	59	122.6	3.8
Realty Subdivisions	0	7.3	0.2
Rabies/Animal Bites	558	359.0	11.3
Nuisances		57.9	1.8
Other Programs		28.2	0.9
Tobacco Control		109.4	3.4
Lead/Indoor Air		43.4	1.4
<b>Total Staff Days</b> (excluding leave time)		3,186.5	100.0

***Staff Days Spent in Major Program Areas 2004 - 2008***

Program	2008	2007	2006	2005	2004
Individual Sewage	709	688	671	578	616
Food Service	452	444	481	477	471
Public Water Systems	803	767	705	701	717
Rabies/Animal Bites	359	330	305	332	317
Temporary Residences	167	146	147	135	161
Private Water Systems	174	232	232	251	248

**FEES and OTHER REVENUE\***

<b>I. Annual Operation Permits</b>		
Food Service Establishments (387)		\$111,741.00
Temporary Food Service (92)		5,060.00
Hotel/Motel (34)		8,128.45
Mobile Home Park (47)		11,111.50
Campground (5)		2,213.50
Children's Camps (7)		700.00
Swimming Pools/Beaches (57)		14,820.00
<b>II. Water System Operating Fees</b>		44,555.00
Part 5		
Community (194-2 years collected in 2008)	39,880.00 <sup>1</sup>	
NonCommunity (41)	3,685.00	
NonTransient Non-Community (11)	990.00	
<b>III. Plan Review-Construction Permits</b>		
Sewage System Construction (267)		55,145.00
Sewage System Construction Permit Renewal (8)		880.00
Food Service Establishment Plan Review (15)		2,375.00
Subdivision Plan Review (0)		0.00
Temporary Residence (0)		0.00
Pool/Beach Plan Review (2)		650.00
Part 5 Public Water Supply Plan Review (9)		1,830.00
Collector Sewer Plan Review (3)		395.00
Cross Connection Control Plan Review (23)		3,800.00
Individual Sewage Systems Plan Review (18)		3,650.00
Mobile Home Park (0)		0.00
<b>IV. Other</b>		
Waiver/Variance (2)		150.00
Late Fees (48)		1,550.00
Photocopies		25.00
Rabies Clinics		2,079.63
Penalties (4)		2,550.00
		-----
<b>Total</b>		<b>\$273,409.08</b>

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

<sup>1</sup> Also includes fees for one system from 2004 & 2005.

***Fees Collected 2004 - 2008***

<b>Year</b>	<b>2008</b>	<b>2007</b>	<b>2006</b>	<b>2005</b>	<b>2004</b>
Revenue	\$273,409	\$244,706	\$248,347	\$248,286	\$255,014

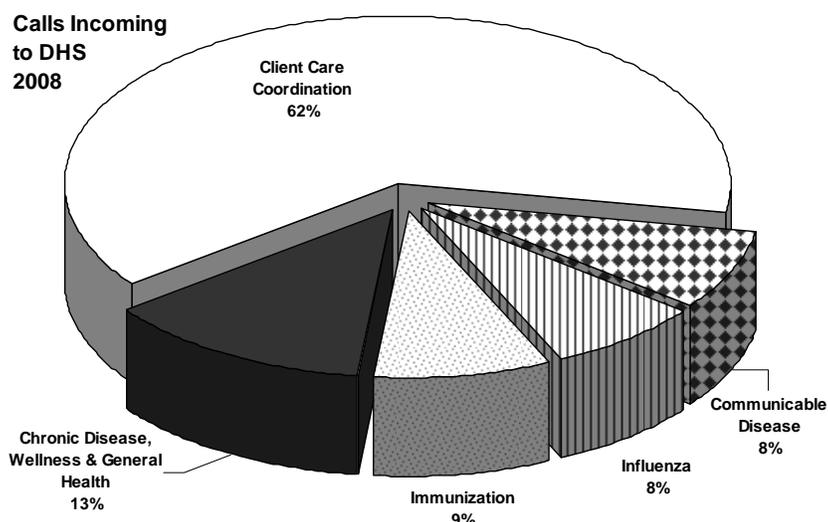
## Division for Community Health

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

The Division for Community Health (DCH) consists of **WIC** and the **Health Promotion (HPP)**, **Home Health Care (HHC)**, & **Community Health Services (CHS)** programs. 2008 presented staffing challenges that included shortages in clerical support, nursing, and physical therapy services in HHC. Once again, staff pitched in to help each other to assure the completion of critical work. It is a pleasure to work with such a wealth of experienced, professional, and dedicated staff. I extend my appreciation to every member of our Division for their work to promote, protect, preserve, and improve the health of our clients and the health of our community. A few highlights of the many program achievements are noted below with details listed in the program reports.

### *Highlights*

- **40 nursing, nutrition, therapy, planning, and support staff** served newborns, adolescents, college students, pregnant women, workers in a variety of professions and the elderly in diverse settings such as schools, community agencies, worksites, libraries, malls, health fairs, clinics, and in private homes throughout the county. Six Per-Diem registered nurses, seven contract therapists, and two contract nutritionists also supported division work.
- **18,904 telephone calls** fielded by Division support staff: 1,478 Communicable Disease, 1,419 Influenza, 1,607 Immunization, 2,490 Chronic Disease, Wellness and General Health, and 11,910 Client Care Coordination calls.
- **1,113 people attended** 15 community outreach events sponsored by the Health Promotion Program (HPP) staff.
- Tobacco Control Program – A subcommittee of the Community & Organizational Issues Committee of the Ithaca Common Council was formed to draft regulations on outdoor smoking.
- HPP continued to inform, educate, and empower people to do their best to prevent disease, maintain their health and the health of their community.
- **76% of women WIC participants** initiated breast-feeding comparing favorably to the Syracuse Regional 57% average and New York State 67% average. The Healthy People 2010 goal is 75%.



- **\$1,006,789 dollars in WIC food vouchers** including farmers market coupons redeemed in 2008.
- **\$22,430 Healthy Lifestyles Grant** received to motivate WIC participants to eat more fruits and vegetables and foster family involvement in meal preparation.
- **615 Home Health Care clients** were served, continuing the increased caseload since 2002 (472) through **13,693 visits**.
- **95% Home Health Care clients** and families expressed satisfaction with their care, representing 20% of the client caseload.
- **17% of Home Health Care clients needed urgent and unplanned medical care** compared to the 24% State and 22% national rates.
- **222 persons tested for HIV**, via appointment and walk-in clinics. Use of the Rapid HIV test at the anonymous HIV testing and counseling clinics continues to influence a higher percentage of testing. There was one positive case identified.
- **3,765 childhood and adult immunizations** given by CHS nursing staff.
- **541 Communicable Diseases** reported, the highest count in over 10 years. The STD Chlamydia, which became reportable in 2000, represents 40% of all reports.
- **701 clients** and their families received **maternal child services** through **1,410 clinic** and **home visits** by CHS nursing staff.
- **1,101 continuing education hours** achieved by Division staff.
- **Five state and federal grants** supplemented the HPP and CHS program budgets facilitating prevention, education, and outreach related to diabetes, tobacco use and control, immunization outreach and education, HIV anonymous counseling and testing, and lead poisoning.

Special thanks are extended to the following volunteers serving in 2008 on the Professional Advisory Committee (PAC), a subcommittee of the Board of Health with oversight of the Certified Home Health Agency and Diagnostic & Treatment Services.

- Dave Stoyell, County Office for the Aging, and Committee Chair
- Joan Murphy, Family & Children's Services, and Committee Vice-Chair
- Peggy Apgar, Cayuga Medical Center at Ithaca
- Pauline Cameron, Hospicare and Palliative Services
- Phil Cornell, Community Pharmacist
- Dorothy Daetsch, Consumer Representative
- Sorel Gottfried, Speech Language Pathologist and Consumer
- Deborah Horton, Tompkins County Mental Health Department
- Dr. James Macmillan, Gannett, Cornell University Health Services and Board of Health representative.
- Pamela Mayberry, Ithaca College Gerontology Institute
- Marilyn Pesesky, Long Term Care Services, Dept. of Social Services
- Ione Scanlon, Physical Therapist and Consumer
- Jeff Shepardson, Community Dispute Resolution Center

## **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

### **Children**

- Newborn and child health assessments
- Immunizations
- Lead Poisoning Prevention and 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
- Rabies pre and post-exposure immunization
- Tuberculosis (TB) surveillance
- TB contact investigation and treatment

### ***Highlights of services for 2008:***

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

The Medicaid Obstetric and Maternal Services (MOMS) Program provides services for prenatal women that meet income eligibility requirements. Clients receive counseling and education through class instruction, written materials, videos, and home visits. Three hundred fifty-eight prenatal women enrolled in MOMS. As of May 2008, the MOMS initial office visit included completion of the Total Care Medicaid Managed Care application in addition to the standard Medicaid application for MOMS participants choosing OB-GYN Associates for medical prenatal care. Effective June 1, 2008, OB-GYN Associates will only accept Medicaid clients enrolled in Total Care Medicaid Managed Care.

Of the 358 MOMS participants, 286 (80%) sought prenatal care in the first trimester. Of the 831 live births at Cayuga Medical Center in 2008, 245 live births were to MOMS clients representing 30% of all live births. Of the 245 live births, 14 (6%) were low birth weight (less than 5 pounds 8 ounces). Of the 14, there were three sets of twins.

***Pre- and post-natal services***

	2004	2005	2006	2007	2008
<b>MOMS Program</b>					
Enrollments	365	347	370	360	215
Total Visits	1,120	1,208	1,238	1,372	864
Home visits	689	783	764	918	456
Clinic visits	431	425	474	454	408
Cumulative unduplicated client count	522	529	525	518	358
<b>Maternal Child Program</b>					
Cumulative unduplicated client count	154	111	81	126	343
Home Visits	344	137	231	151	546
<b>Totals for CHS (MOMS + Maternal Child)</b>					
Visits	1,464	1,345	1,469	1,523	1,410

**Maternal Child Home Visiting Program**

Community Health Nurses visit mothers, babies, and children in their homes as medically ordered by their physician. Typically, nurses assess blood pressure, pulse, respiration, lung sounds, weights, and fetal heart sounds. Mothers are taught about pregnancy, breastfeeding, infant care, childhood development, immunization, and chronic disease prevention. Five hundred forty-six home visits were made to 343 mothers/families. In addition, Community Health Nurses made 456 home visits to MOMS clients (during both antepartum and postpartum periods) throughout the year.

Total number of home visits made for the year: 1,002

**Communicable Disease**

Five hundred forty-one communicable disease cases were reported in 2008, compared to 567 in 2007, 487 in 2006, and 445 in 2005. The most frequently reported disease was Chlamydia (198 cases).

Syphilis (4 cases) – Four cases were confirmed; all were males ranging in age from 20-60 years.

Typically, there are zero to one cases reported annually. Risk behaviors including unprotected sex, internet facilitated sexual encounters, and multiple anonymous sex partners were identified among the four cases. CHS facilitated

***Communicable Disease***

	2004	2005	2006	2007	2008
Hepatitis A	0	2	1	3	2
Measles	0	0	0	0	0
Mumps	0	0	3	1	0
Pertussis	14	2	39	5	25
Rabies post-exposure	118	111	114	127	121
Tuberculosis (TB)					

a collaborative workgroup comprised of key stakeholders (Cornell University, Ithaca College, TC3, Planned Parenthood, Syracuse regional NYSDOH, and Tompkins County Health Department) to address the outbreak and to develop outbreak control strategies. A \$15,000 NYSDOH grant was utilized to create a local website: [www.tcstd.info](http://www.tcstd.info), to promote the importance of testing and treatment. The grant funded the creation and distribution of educational materials, online advertising and bus posters. Free confidential STD (sexually transmitted disease) testing continues to be available to any Tompkins County resident through Planned Parenthood of the Southern Finger Lakes.

Four workgroup members presented at the annual NYS College Health Association in October highlighting the collaboration.

### **Vaccine-Preventable Disease**

Pertussis (25 cases) – Pertussis cases accounted for 93% of all vaccine-preventable diseases reported in 2008. Three single cases were reported early in the year with the remaining 22 cases reported from July to December. Most (17) were in the town of Dryden. Cases ranged from 13 months to 45 years of age. The 13 month old was exposed to a confirmed adolescent case and had not been previously vaccinated. Several cases occurred in previously vaccinated children. Significant outreach and education occurred with the entire Dryden School District staff prior to start of school in September resulting in successful Tdap (tetanus, diphtheria, acellular pertussis) vaccination of district staff.

CHS promoted pertussis vaccination to adolescents and adults through locally developed flyers and media ads. In addition, Tdap vaccine was offered to adolescents at all Health Department immunization clinics. And, adults were strongly urged to seek Tdap vaccination via their primary physician.

Hepatitis A (2 cases) – Two cases occurred in adults. The infection was attributed to travel out of the area, one internationally. Both recovered. A total of five contacts received prophylactic vaccination.

### **HIV Anonymous Counseling & Testing Program**

A total of 222 people (143 males and 79 females) received HIV testing through anonymous HIV clinics in 2008. There were 95 testing appointments and 139 “walk-ins.” Approximately 50% of the males and 70% of the females were 18-35 years old. The majority of clinic attendees (65-70%) were Caucasian. Rapid HIV testing service was used; results were available in 20 minutes. One HIV positive male client was identified and confirmed with additional blood work sent to Wadsworth Lab. Appropriate referrals were made for primary HIV medical care and supportive services.

Anonymous testing sites included Southern Tier AIDS Program (STAP), Loaves & Fishes, TC3, Lifelong (Senior Citizen Center), and Tompkins County Health Department. 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 at [www.tompkins-co.org/health](http://www.tompkins-co.org/health), the STAP web page at [www.stapinc.org](http://www.stapinc.org), and the new STD website at [www.tc-std.info](http://www.tc-std.info).

### ***HIV Anonymous Counseling & Testing***

	2004	2005	2006	2007	2008
Clinics	94	87	87	87	<b>86</b>
Pre-test appointments	171	288	360	119	<b>233</b>
No-shows	17%	10%	9%	13%	<b>5%</b>
Walk-ins	14	27	139	216	<b>139</b>
Clients tested	151	273	329	317	<b>222</b>
Males	82	165	200	203	<b>143</b>
Females	69	108	129	114	<b>79</b>
% clients who are male	54%	60%	61%	64%	<b>64%</b>
Positive test results	0	2	3	2	<b>1</b>
Post-test counseling appts.	150	273*	329	317	<b>222</b>
No-shows	4%	0%	0%	0%	<b>0%</b>

\*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! 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% within two years. Treatment is individualized but generally calls for four different drugs taken for two months, then two different drugs for four to seven more months. Individual is kept isolated from the community until proven non-infectious.

Latent TB Infection (LTBI) – Non-contagious dormant infection. The bacteria are very slowly reproducing but not causing tissue damage. About 10% of those infected will develop TB disease during their lifetime. To cure the infection requires one drug taken daily for nine months.

Directly Observed Therapy (DOT) – Because most failures to cure TB disease are due to

#### ***Tuberculosis Cases***

Active TB disease	2004	2005	2006	2007	2008
Total Cases	5	5	1	4	<b>3</b>
Pulmonary	4	3	1	3	<b>2</b>
Drug-resistant	0	1	0	2	<b>0</b>
LTBI					
# cases	177	249	435	308	<b>348</b>
# treated	38	88	112	77	<b>76</b>

\*Treatment for active TB is mandatory, however treatment for LTBI is voluntary.

the client not taking the medicines correctly (up to 12 pills/day), a Health Department nurse home visits daily to administer the medication, usually throughout the full nine months of treatment.

### ***Incidence of TB***

There were three active TB disease cases (two pulmonary, one lymph node) identified in 2008. All were foreign-born. Both pulmonary cases showed no drug resistant strains of TB, tolerating medications well, and will complete their treatment course in 2009. The lymph node case had a previous history of lymph node TB in 2001 and 2003 and was referred to an infectious disease specialist to manage the treatment course. It is likely this case's treatment may continue for 18-24 months. All three cases received DOT (168 DOT visits in 2008).

Due to the high international Cornell University student population, Jack Moss, TB nurse and medical staff at Gannett Health Services collaboratively worked to identify LTBI cases, to educate them on the benefits and risks of treatment, and to monitor those who opted for treatment for medication side effects. Three hundred fifty-seven were identified as LTBI, 76 started treatment with five completing treatment (6.5%), with majority starting treatment in the last six months of 2008.

### **Lead Poisoning Prevention Program**

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

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

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

- Four (4) children with blood lead level > 10mcg/dl. Follow-up included home visits to investigate possible sources of lead and to educate parents/families on lead poisoning prevention. Cases were followed until the blood level was below 10 mcg/dl for two consecutive blood tests.
- Home/source of lead exposure: Lead hazards were identified in the home of affected children in three of four cases. Written reports of findings and recommendations were given to the parents and the child's primary care

provider. One case was clearly found to have been exposed in a previous home located in another NYS county.

## Immunizations

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

(first Tuesday evening each month) and at the Tompkins County Health Department (third Tuesday evening each month). In addition, weekly clinics were offered by appointment at the Tompkins County Health Department.

### *Immunization Clinic Stats (excluding flu)*

	2004	2005	2006	2007	2008
Walk-in clinic clients	689	873	469	321	216
Appointment clients			460	430	353
Total # clinic clients			929	751	569
# of Clinics	44*	75	84	75	80
# Immunizations Given (walk-in & appointment clients)					
Children (<20yrs)	749	723	756	873	964
Adults (20+ yrs)	688	826	889	320	240
Total	1,437	1,549	1,645	1,193	1,204

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

### **Goals for 2008:**

- Improve flu vaccination of health care workers by 10%
- Improve pertussis vaccination of adults by 10%
- Improve hepatitis A & B vaccination of adults by 10%
- Improve health care provider knowledge regarding adult immunizations
- Increase public awareness of the benefits of adult immunization against influenza, pneumococcal, HPV, hepatitis A & B, tetanus, diphtheria, pertussis, varicella, measles, mumps, and rubella disease
- Promote adult vaccination especially during National Immunization Awareness Month (August), National Adult Immunization Week (September), and National Influenza Vaccination Week (November 26–December 2)

The coalition organized a free public presentation “Vaccinations: Why Me?” on September 25<sup>th</sup> at the Tompkins County Public Library. Three local physicians including Dr. Snedeker, Dr. Loehr, and Dr. Klepack and a polio survivor, Jan Nichols, presented to an audience of 36 community members. This community event was highlighted on the National Immunization Coalition electronic newsletter.

The coalition continued to support our “Be Flu Safe Tompkins County” campaign and coalition members were instrumental in disseminating “Be Flu Safe” materials in the community.

Publicity promoting pertussis, flu, and other childhood and adult immunizations ran via local media outlets.

**Influenza (flu)**

Special attention was given again this year to immunize congregate senior housing residents first. Twelve such clinics were held with 345 immunized.

**Web-based flu clinic appointment software**

was used again this season, which offered the public the ability to make an appointment on-line. Key CHS staff, Division for Community Health support staff, and Lifelong staff successfully made client appointments for those without computer access utilizing this software.

Public clinics for adults were then offered by appointment at various community sites including a special "Vote and Vaccinate" flu clinic held on Election Day at the Women's Community Building in conjunction with the Ithaca Rotary Election Day Pancake Breakfast (269 immunized). Flu immunizations (flu shot or flu nasal spray) were given to children at the Health Department by appointment.

***Flu Immunizations***

	2004	2005	2006	2007	2008
Clients	2,695	2,623	2,736	2,196	<b>2,561</b>
Clinics	35**	33	22	35***	<b>35</b>

\* Total # walk-in clinics = 25. TC3 site used only 5 times during that year. Flu stats represent entire flu season typically October through February, not just calendar year.

\*\*Flu clinics extended well into March 2005 due to ample vaccine supply subsequent to national vaccine shortage October to December 2004.

\*\*\*Does not include TCHD clinics by appointment held December '07-March'08. Drop in clinic attendance attributed to Medicare managed care plans reimbursing private practice and not public health clinics.

**HEALTH PROMOTION PROGRAM**

The key role of the Health Promotion Program (HPP) is to educate the public, health care practitioners, and policymakers about the importance of prevention. Prevention of the leading chronic diseases helps to reduce health care costs, increases the quality of individual lives, and contributes to the maintenance of a healthy community.

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

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

HPP plays an active role in bioterrorism/emergency preparedness and works closely with other Health Department programs, other county and city departments, and community partners to plan, implement, and promote activities and interventions. HPP maintains and updates the TCHD website.

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

### ***Highlights of Activities for 2008***

The HPP responded to 36 inquiries from local and regional media. The increase in syphilis cases in the County and the incidence of meningococcal disease topped media interest. Other topics included tobacco – free zones, local health data, flu prevention and vaccination, among others.

The asthma web page on the TCHD website was created as a source of reliable, local information on asthma management. Targeted to parents, people with asthma, and providers, the web page is an integral part of the asthma management project coordinated by the Health Planning Council.

### ***Community Outreach***

- 20 staff at a local health care facility attended a presentation, “Women and Heart Disease. Prevention of heart disease and diabetes through healthy eating, physical activity and tobacco cessation were emphasized.
- 12 Children with Special Care Needs staff learned about the “Best Practices in Asthma Management.”
- 35 school staff and community members at the Newfield Health learned about Type 2 diabetes prevention; 29 assessed their risk of the disease through a self test.
- 16 residents of McGraw House are screened for high blood pressure six times a year.
- 54 people at one local employer were screened for high blood pressure and were encouraged to maintain a healthy lifestyle to reduce their risk for cardiovascular disease.
- 30 Enfield community residents learned about TCHD programs and healthy lifestyles at the spring health fair.
- Distributed 83 alarm timers and brochures on drowsy driving to CHS and WIC. New (sleep deprived) parents were the target of this NYSDOH campaign.
- 300 students at the Dryden Elementary School learned about sun safety.
- 9 parents and children learned about “Safe Fun in the Sun,” at the Evenstart program in Groton.
- 200 employees at a local health care facility learned about TCHD programs, emergency preparedness, and diabetes prevention at the employee health fair. 86 took the self-test to assess their risk for Type 2 diabetes.
- 40 Tompkins County employees and learned about “portion control,” flu vaccination, staying healthy in the winter, and tobacco control at the annual employee benefits fair.
- 151 County employees participated in the 8-week Step-Up online physical

Thirty-two providers and community agencies received the “diabetes toolkit” that enables them to teach their clients how to make small changes, including portion control to reduce their risk of Type 2 diabetes.

## **Diabetes**

Twelve senior citizens in Trumansburg attended a series of six-week cooking classes coordinated by Cornell Cooperative Extension of Tompkins County and funded by NYSDOH Diabetes and Prevention Control Program. A local chef instructed the class on cooking a variety of local produce, grains and staples.

## **Tobacco**

Tobacco Control Program Grant highlights:

- February 2008: 10th Annual Chili Cook-Off is first smoke-free event on The Commons.
- May 2008: Tompkins Consolidated Area Transit (TCAT) begins posting T-Free Zone stickers on their bus shelters.
- May 2008: A subcommittee of the Community & Organizational Issues Committee (C&OI), Ithaca Common Council, is formed to draft regulations on outdoor smoking. 15 meetings are held from June–October 2008.
- June 2008: Biennial community survey of Tompkins County adults to measure attitudes, perceptions, and behaviors related to tobacco use and control issues. 400 telephone interviews were completed.
- August 2008: Compromise for designating smoke-free areas of The Commons, the “Inner-T”, is introduced to the C&OI Committee.



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

## TCHD Support

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

## Emergency Preparedness

HPP staff was active in emergency preparedness in 2008. The HPP Director developed a training module on risk perception and participated in curriculum development for the county public information officer group. HPP Director attended quarterly Bioterrorism Preparedness meetings and participated in County Public Information Officer meetings and activities.

## Staff Development

HPP staff is committed to staying up-to-date on current health issues. In 2008, HPP staff recorded 160 hours of training through conferences and on-line and video presentations.

## Website activity in 2008

Rank*	Web page content	2008 Hits**
1	TC Health Department (TCHD) home page.....	29,005
2	TCHD press releases .....	19,389
3	Worksite Wellness employee interest survey .....	13,681
4	Tobacco Free Tompkins (TFT) brands page .....	11,885
5	Drowsy Driving home page.....	11,642
6	TFT home page .....	8,753
7	Environmental Health Div home page .....	8,563
8	Worksite Wellness program planning steps.....	8,116
9	Worksite Wellness Programs home page.....	7,842
10	WIC home page.....	7,062
11	Vitals home page.....	6,665
12	TCHD A-Z index page .....	6,647
13	Worksite Wellness objectives .....	6,471
15	Flu home page.....	5,923
19	TFT Quit Smoking home page.....	5,061
21	TCHD Immunizations information page.....	4,387
25	TCHD MOMS program .....	1,528

\*Rank among top 25 pages maintained by the HPP.

\*\*Does not include hits for November 2008

Source: Tompkins County ITS access statistics

## Media

- 148 calls on a spectrum of health topics from the media, community, professionals.
- 13 people borrowed educational materials from HPP library
- \$38,620 in paid media ads promoting tobacco free zones.

## 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**

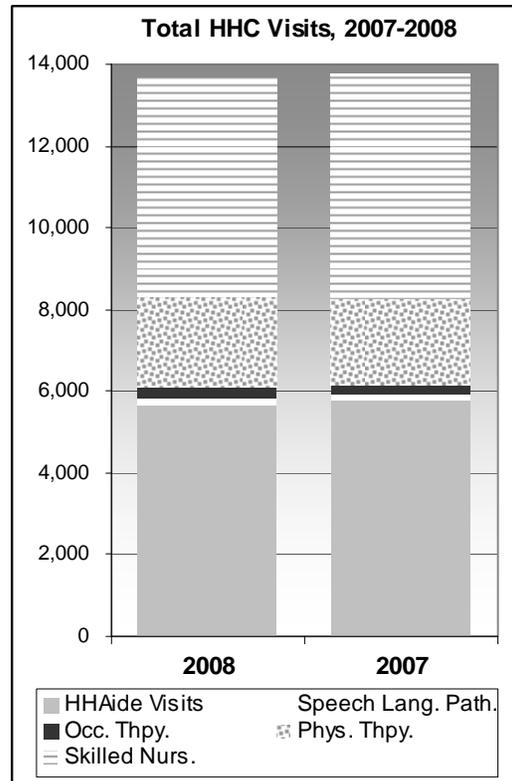
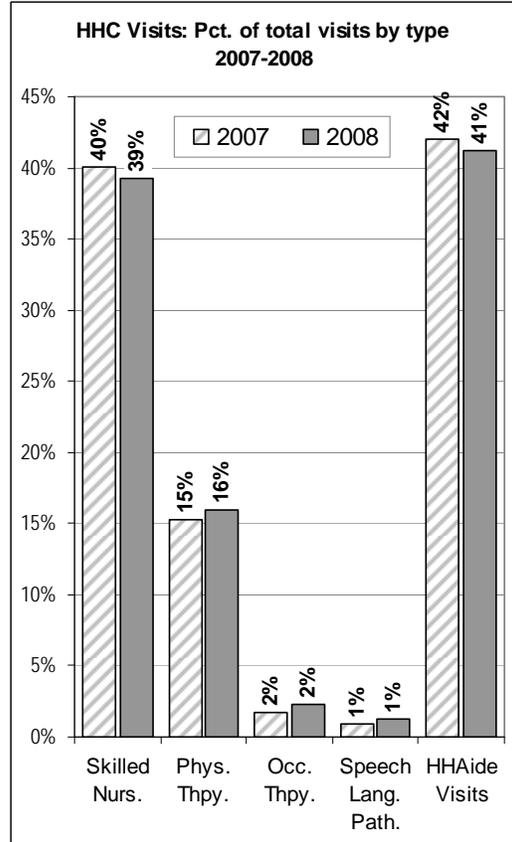
Home Health Care (HHC) is a **Certified Home Health Agency** in accordance with the New York State Department of Health (NYSDOH) and Medicare’s Condition of Participation. HHC employs a skilled and highly qualified staff that includes registered nurses, home health aides, physical, occupational, and 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 2008, HHC provided services for **615 clients**, completed **13,693 home visits**, and answered **9,594 phone calls**. An increase in total admissions was seen in 2008 (620) from 2007 (600). HHC saw an increase in visit numbers for physical, occupational, and speech language pathology visits with a slight decrease in skilled nursing and home health aide visits. There was an influx of additional home care referrals January through May 2008 as a result of Tompkins County’s alternate certified Home Health Agency needing to reduce or stop referrals.

Visits included:

- Skilled Nursing .....5,378
- Physical Therapy .....2,192



- Occupational Therapy .....307
- Speech Language Pathology ....171
- Home Health Aide visits .....5,645

### **Achievements**

Kudos' to the entire HHC staff for managing increased caseloads, admissions, visits, and phone calls during the first half of 2008. HHC was fortunate to have several Per Diem Community Health Nurses (CHN's) that helped to assure our ability to admit as many home care patients as possible.

CHN Susan Dunlop from the Health Promotion Program worked closely with HHC staff to review and update patient education material on diabetes, diet, exercise, urinary incontinence, smoking cessation, cardiac, and respiratory disease.

HHC developed a **How to Make a Referral to Home Care** instruction sheet to assist referral sources with patient information that is required when making a referral for services.

HHC purchased a new nursing procedure manual from the Visiting Nurse Association of America.

We welcomed five new staff members in 2008; two community health nurses, one physical therapist, and two support staff.

HHC staff completed 304 hours of continuing education during 2008.

### **Quality Improvement**

Professional Advisory- Quality Improvement Committee reviews

- 12% (72) of client charts were reviewed by the PAC/QI and staff QI committees. One or two charts underwent a comprehensive review at each meeting.

	2008	2007
<b>Age</b>		
<30 yrs	1%	2%
30–50 yrs	8%	7%
> 50 yrs	90%	91%
<i>Average age (yrs)</i>	78	76
<b>Gender</b>		
Male	37%	37%
Female	63%	63%
<b>Race</b>		
White	97%	95%
African Amer	3%	4%
<b>Place of residence</b>		
Own home	84%	83%
Family or friend	8%	9%
Adult home	8%	8%
<b>Top 8 Diagnosis (incidence)</b>		
Wound or skin lesion	96%	98%
Circulatory system	84%	73%
Endocrine	52%	47%
Orthopedic	50%	x
Respiratory	23%	32%
Digestive system disease	22%	26%
Mental disease	17%	24%
Neoplasms	17%	x
<b>Length of care</b>		
< 2 months	91%	97%
2-4 months	5%	2%
> 1 year	4%	1%
<i>Average days in care</i>	40	23
<b>Discharge to</b>		
Home or self care	79%	80%
Hospital	10%	10%
Other	9%	9%
Hospicare	2%	NA

#### Client and Family Satisfaction Surveys

- 121 client/family satisfaction surveys representing 20% of the client caseload were received in 2008 with a 95% satisfaction rating.

#### Outcome Assessment Information Set (OASIS)

- 1,422 surveys transmitted to NYSDOH. OASIS is a standard set of questions asked every Medicare and Medicaid client upon admission, resumption of care, transfer, and discharge.

#### Outcome Based Quality Improvement (OBQI)

- The Medicare OBQI reports demonstrated client improvement at or above the national average in 27 (out of 41) specific quality care indicators. And HHC demonstrated improvement in nine of the remaining 14 indicators over the past year. These included improvement in grooming, ambulation, eating, phone use, urinary tract infection, urinary incontinence, confusion frequency, and discharge to the community. HHC also saw a decrease in acute care hospitalizations rates (lower is better for this indicator).

### **Tompkins County WIC Program**

#### ***Mission Statement***

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

#### ***Service Summary for 2008***

- Full or part-time WIC staff members ..... 8
- Average # of people participating in WIC each month.<sup>1</sup> ..... 1,492
- Average total value of food vouchers redeemed each month ..... \$82,099
- Total value of food vouchers redeemed for the year ..... \$985,189
- Grocery stores in Tompkins County that accepted WIC vouchers ..... 10
- Community locations for WIC clinics ..... 8
- Total number of clinics..... 236
- Total clinic hours ..... 1,401
- WIC families receiving \$24 in Farmers Market Nutrition Program coupons..... 900

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

WIC professional staff provided approximately 5,968 nutrition education sessions for WIC participants in 2008.<sup>2</sup>

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

<sup>2</sup> Data are estimated based on the number of people served in clinic.

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 two, how to read food labels, and tips to increase consumption of fruits and vegetables.

The Tompkins County WIC program continues to participate in the New York State Health Department's "Healthy Lifestyles" and "Fit WIC" initiatives that encourage families to eat nutritious foods and to be active. At the end of 2007, WIC received a "Healthy Lifestyles" grant award for \$22,430 to promote increased consumption of fruits and vegetables within WIC families. This grant was implemented during the summer of 2008. As part of the grant project, the WIC staff helped each family develop a behavioral goal related both to eating more fruits and vegetables and to preparing more foods as a family. Each grant participant was also awarded a "Family Food Fun Kit" which included author and former Ithacan Mollie Katzen's *Pretend Soup And Other Real Recipes: A Cookbook for Preschoolers and Up* cookbook and various cooking and kitchen items in a sturdy canvas tote bag. Ted Schiele of Health Promotion developed a colorful fruit and vegetable logo for the tote bags and the cookbooks were obtained at 50% off retail price due to Ms. Katzen's generosity. The Tompkins County Purchasing Department helped the WIC program to obtain the kit items at an excellent cost. In addition, the grant funded a festive Kitchen Appliance Give-Away for July through September.

In January 2008, the NYS WIC program food package was changed so that the only milk that could be issued to children over two years of age and adults was low fat (1%) or skim (fat-free) milk. At this time, these same participant packages were also enhanced with a monthly \$5.00 Fruit and Vegetable Voucher. In previous years, New York State had been the first state to implement an annual three-month initiative where all children between the ages of two to five years of age received \$5.00 vouchers specifically for the purchase of fruits and vegetables. As of January 2008, this voucher became a permanent part of the food package as noted above. Both of these updates were designed to help bring the WIC food package into closer alignment with the current Dietary Guidelines for Americans, which in part encourage consumption of low fat foods and more fruits and vegetables.

### **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 2008, 76% of the survey respondents initiated breastfeeding. This compares favorably with Healthy People 2010 (HP2010) goals, and exceeds the Syracuse regional average (57%) and the New York State average (67%) of mothers who were breastfeeding at hospital discharge.

***Breastfeeding Rates for Tompkins County WIC Program***

<i>Reporting Year May–April</i>	<b>Pct 2008</b>	<b>Pct 2007</b>	<b>Pct 2006</b>	<b>Syr Reg**</b>	<b>NYS**</b>	<b>HP 2010</b>
Women who initiated breast feeding	76%	79%	82%	57%	67%	75%
Women breast-feeding after 6 months	35%	37%	38%			50%
Women breast-feeding after 1 year	17%	16%	19%			25%

\*\*Syracuse Region and NYS data from WICSIS Report #CT056T–Breastfeeding Initiation, 2008. All others– Local BFQ data

**Breast Pump Loan Program**

In 2008, the Tompkins County WIC Electric Breast Pump Loan Program had an inventory of 17 pumps. We lease eight pumps and own nine pumps. From May 2007 through April 2008, the 17 pumps were loaned out to 51 different women. The reasons for using a pump included (some women gave more than one reason): 15 babies born prematurely (including four sets of twins and one set of triplets), nine full-term babies had latch-on problems, 16 babies who had mothers going back to school or work, one baby whose mother wanted to increase her milk supply, and three mothers who were on medication incompatible with breastfeeding for a short period of time. WIC also gave 36 women manual breast pumps.

**Farmers Market Nutrition Program**

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

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

In the summer of 2008, 900 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 28 topic areas. Staff attended a total of 224 hours of training in federal fiscal year 2008.

Two nutrition staff received sufficient breastfeeding training to maintain the requirements for their Certified Lactation Counselor (CLC) credential in 2008.

## **WIC Quality Assurance Procedures**

In 2008, quality assurance assessments were conducted for all staff doing the following: nutrition counseling, the measurement of heights, weights and blood hemoglobin values, income screening and documentation, and WIC check issuance.

## **WIC Community Collaboration**

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

Finally, WIC provided training and work opportunities for student interns and volunteers to further expand their community nutrition educational experiences. Two student interns from Ithaca College were supervised during the spring and summer of 2008, and one full-time dietetic intern from Cornell University was advised during fall 2008

### ***Mandatory Training Topics completed by WIC staff in 2008***

- universal precautions in blood procedures
- communicable diseases and tuberculosis
- confidentiality of client information
- hazards in the workplace
- civil rights
- breastfeeding
- dangers of drugs and alcohol
- dietary assessment
- collection of anthropometric data
- collection of hematological data
- updates on the National Voter Registration Act.

---

---

## Children with Special Care Needs

---

---

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

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

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

Once again this has been an exciting year of learning, growth, and opportunity for our Division. Our program challenges this year included a major paradigm shift in the Early Intervention and Preschool Special Education Programs where we 'shifted' program roles and responsibilities. These changes are affording our programs increased efficiency in these fiscally restrained times.

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

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

monitoring all services delivered, documentation of that service, and all billing procedures. We currently have contracts with 39 private professional providers and 11 agencies.

**Children with Special Care Needs Budget--2008**

Expense Budget

Early Intervention	\$	1,695,103.00
Preschool Special Education		4,296,467.00
Physically Handicapped Children's Prog	\$	8,000.00
CSCN Administrative Budget*	\$	1,009,160.00
<b>TOTAL</b>	\$	<b>7,008,730.00</b>

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

**Transportation**

The service of **Transportation** is a collaborative effort between programs within our Division. The Early Intervention and Preschool Special Education Programs are responsible for coordinating and providing for the transportation of children enrolled to their respective programs. After a lengthy Request for Proposal (RFP) process, Birnie Bus Service, Inc. was awarded the three-year contract to provide transportation services for our programs. In addition to the qualified bus driver, each bus or van used to transport our children has a transportation aide on board. The age of the children transported is quite young, 18 months to five years old. Also, each child has the added concerns of a documented developmental delay, so the transportation aides are available to monitor the safety and well being of each child. In 2008, the Early Intervention Program transported an average of seven children each month to the Franziska Racker Centers' Group Developmental Intervention Program. 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 2008**

Early Intervention Transportation Cost in 2008	\$ 59,306.08
Preschool Special Education Transportation Cost in 2008	<u>\$711,453.52</u>
Total Division Costs	\$770,759.60



## **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 Family Outreach Worker 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.

- ◆ In the past year we have noted an increase in client 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 2008, this professional met / networked, and made referrals with 80 key community organizations. A few examples are the Advocacy Center, Local School Districts, Neighborhood Legal Services, Regional Health Insurance Companies, Salvation Army, Tompkins Community Action, Tompkins County DSS, and Verizon and Frontier-Lifeline services. This program served 124 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), and 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. 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 2008**



Communication	86
◆ Communication and Hearing	4
◆ Communication and Social Emotional	14
◆ Communication and Adaptive	1
◆ Communication and Feeding	3
◆ Communication and Physical	1
◆ Communication and Cognitive	1
Gross Motor	29
◆ Gross Motor and Communication	9
◆ Gross Motor and Fine Motor	6
◆ Gross Motor and Social Emotional	3
◆ Gross Motor and Feeding	6
◆ Gross Motor and Adaptive	2
◆ Gross Motor and Medical Dx	2
◆ Gross Motor and Hearing	1
Fine Motor	
◆ Fine Motor & Communication	2
Global Delays	7
Adaptive	
◆ Feeding/Oral Motor	2
Social Emotional	22
Hearing	2
Micro Premie	5
Child Find -- Children at Risk	53
<b>TOTAL REFERRALS</b>	<b>270</b>

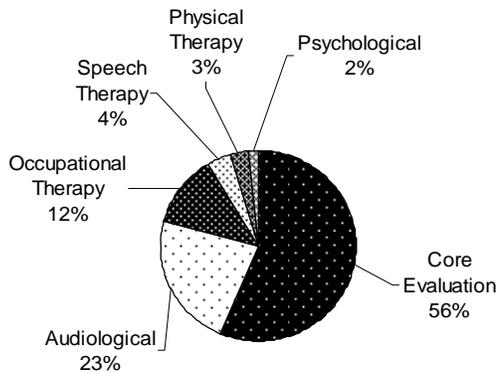
## Early Intervention Evaluations

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*	169
Audiological	68
Occupational Therapy	36
Speech Therapy	12
Physical Therapy	9
Psychological	5
Physician	1

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

**Early Intervention Evaluations Provided in 2008**



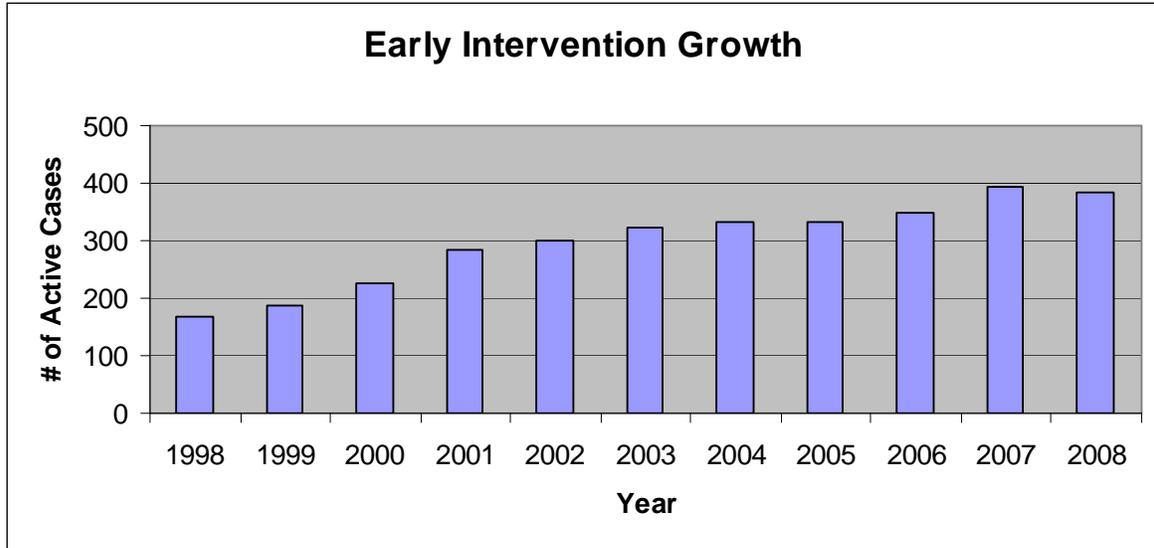
## Early Intervention Services Provided in 2008

Type of Service	Number of Services	Cost
Audiology	2	\$78
Psychological	3	\$288
Family Counseling	44	\$2,992
Family Training	51	\$4,812
Social Work	1,228	\$83,875
Occupational Therapy	2,265	\$150,608
Physical Therapy	2,651	\$180,879
Special Instruction	3,076	\$176,315
Speech/Language	8,521	\$580,773
<b>Total</b>	<b>17,801</b>	<b>\$1,180,620</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:

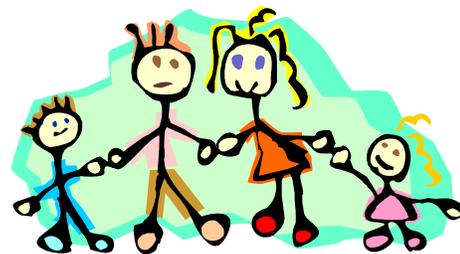
- ◆ A total of 384 cases in EIP for 2008
- ◆ An average of 43 cases per month
- ◆ A total avg. of 96 cases per OSC for 2008
- ◆ Completed a total of 372 IFSPs
- ◆ Made 1,139 community visits

Total Children discharged from EIP were 196.

- ◆ 44 children had their developmental delay resolved—an increase of 16 from the previous year
- ◆ 79 children transitioned to the Preschool Special Education Program

Early Intervention Growth

<u>Year</u>	<u># Active Cases</u>
1998	167
1999	186
2000	226
2001	285
2002	300
2003	321
2004	332
2005	332
2006	349
2007	394
2008	384



**Revenue for Service Coordination based on 2007 services\***

Service Coordinator Salaries**		\$242,641.37
Medicaid Revenue	\$112,622.93	
Insurance Revenue	25,199.48	
NYSDOH Revenue	44,097.15	
Medicaid Administrative Revenue	<u>11,361.15</u>	
<b>TOTAL REVENUE</b>		<b><u>\$193,280.71</u></b>
Total County Expense for Service Coordinator Salaries		<u>\$ 49,360.66</u>

80% of salaries reimbursed through revenues  
20% County Expense



\*Due to reimbursement timeframes for services, 2007 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 2009. We are currently in the ‘infancy’ stage preparing for this major upgrade / change.
- ◆ New York State Bureau of Early Intervention announced and implemented a decrease in the NYS reimbursement structure of 1%. After insurance and Medicaid claims have been determined for services rendered, NYS reimburses 49% with the County’s share having an increase to 51%.

The following information is for claims sent during the calendar year January 1, 2008 – December 31, 2008.

<u>Total Dollar Amount of EIP services billed in 2008</u>	
Medicaid	\$ 782,951
Commercial Insurance Carriers	\$ 373,759
Child Health Plus B	<u>\$ 25,354</u>
Total billed	\$1,182,064

**Total Dollar Amount Received on those Claims**

Medicaid	\$ 702,096
Commercial Insurance Carriers	\$ 148,526
Child Health Plus B	<u>\$ 12,072</u>
Total Received	\$ 862,694

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

Medicaid	13,719
Insurance	<u>6,989</u>
Total Claims	20,708



## Preschool Special Education (4410) Program

### ***Introduction***

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

### ***Staffing***

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

Municipal responsibilities within the 4410 program include –

- ◆ Establishment of rates to be paid for 'related services'
- ◆ Municipal representation at local school district CPSE meetings
- ◆ Recruit and establish contracts with qualified professionals and programs for service provision
- ◆ Ensure regulatory standards compliance of contracting providers and evaluators
- ◆ Provide school district Administration with a list of service providers, programs, and evaluators who have met NYS standards and are under current contract with Tompkins County

- ◆ Process billing submissions, authorize payment for evaluations and services
- ◆ Optimize reimbursements from Federal and State funding sources
- ◆ Maintain regulatory compliance for all billing and reimbursement standards

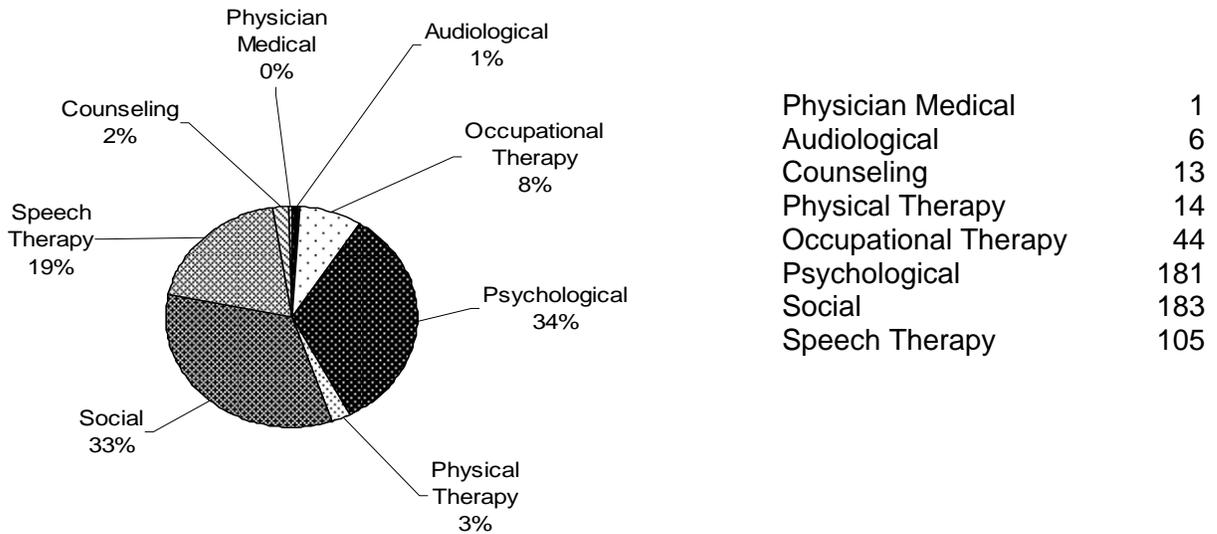
***Preschool Special Education Referrals***

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

- ◆ **New Referrals for the 2007-2008 school year 210**
- ◆ **186 Children were found eligible for CPSE services**
  - ◆ **24 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 2007-2008 School year**

Type of Service	Number of Children Receiving Service	Cost
TO* Deaf	4	\$2,940
TO Visually Impaired	2	540
Parent Counseling	16	3,480
Psychologist	3	660
Aide	36	204,764
Interpreter	3	36,800
Spec Ed Itinerant Teacher	45	74,146
Physical Therapist	27	40,900
Counseling	75	142,140
Coordination	52	8,340
Spec Ed--Tuition Programs	143	2,094,302
Occupational Therapy	126	200,340
Speech Therapy	305	536,020
	5	2,880
<b>Audiological Services</b>		
Total		<u>\$3,348,252</u>

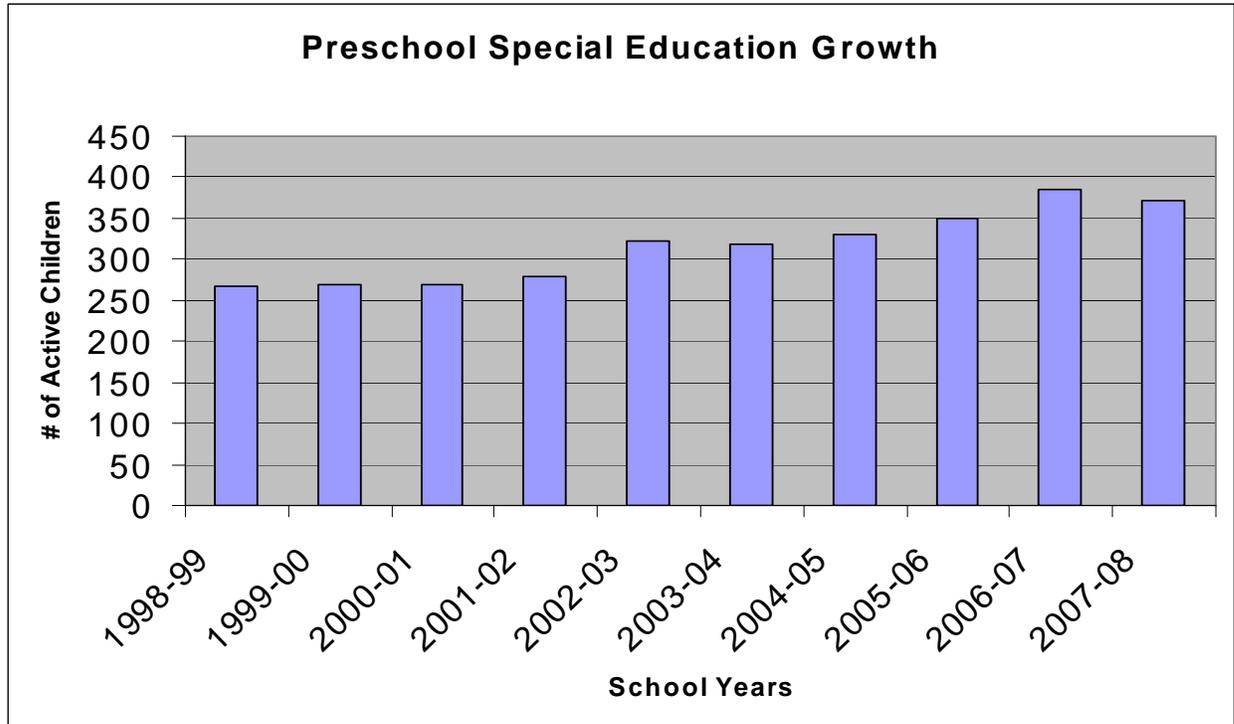
\*TO=Teacher of



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

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

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



- ◆ In the 2007-2008 school year **371** children received services
- ◆ 145 children received summer services
- ◆ 143 children attended Preschool Special Education Integrated Programs

<u>Preschool Special Education Growth</u>	
<u>School Year</u>	<u># of Active Children</u>
1998-1999	268
1999-2000	270
2000-2001	270
2001-2002	279
2002-2003	322
2003-2004	318
2004-2005	331
2005-2006	350
2006-2007	386
2007-2008	371



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

- ◆ In 2008, we experienced changes in the Medicaid reimbursement structure. We are no longer able to claim for 'Special Transportation Services' and reimbursement for all Social Work and Psychological evaluations and services remains on hold. Billing for agency or school district based Speech services has become incredibly restrictive, thus greatly limiting reimbursement claims.
- ◆ 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, 2008 – December 31, 2008.

<u>Total Dollar Amount Received on Reimbursement Claims</u>	
New York State Education Department	\$2,378,910.35
Medicaid	<u>\$ 110,434.50</u>
Total Received	\$2,489,344.85

### ***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, implementation of our Evaluation Team is targeted for winter of 2010.
- ◆ Educating and training staff and service providers along with meeting the developmental and educational needs of those children suspected of or diagnosed on the Autism Spectrum.
- ◆ Meeting the demands of our ever-increasing caseloads effectively, efficiently, and within regulatory guidelines division-wide.
- ◆ To successfully transition the CSCN – Early Intervention Program from the current 'KIDS' to the new 'NYEIS' software application / database system. To successfully train all staff and contracting service providers and agencies regarding this new system.

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



---

---

## Bioterrorism Preparedness

---

---

Our 2008 grant year started on August 31<sup>st</sup> and will end on August 9th, 2009. As a result of the proposed State budget, the BT program has had to preplan for the 2009-2010 grant year by making significant adjustments in the program's budget to compensate for projected decreases in funding. Currently the State funding supports the following: salaries of both the BT Coordinator, as well as a half-time Key Board Specialist, supplies, and maintenance items as mandated by our BT grant deliverables (i.e. 24/7 cell phone coverage, alternate internet capabilities, fit-testing equipment, etc.). The program once again was faced with the task of creatively finding ways to efficiently allocate its funding, while at the same time adequately maintaining viable emergency planning programs and surveillance systems that could be activated and aid the department and it's other first response partners to respond effectively to a possible public health related emergency.

Hardest hit in 2008 within the Bioterrorism Program was our staffing. It was necessary to move the full-time BT Keyboard Specialist position to a half-time position. This continues to create a hardship not only for staff, but for the program as a whole. The BT Coordinator, as well as other key staff within the entire Health Department, has had to take on greater responsibilities. This will be a considerable burden on existing staff in the coming years if this program is not continued to be adequately funded. Added tasks and responsibilities over the next grant year are projected to not only increase, but greater accountability will be expected both at the local and State levels in maintaining that our State and local responses are up to par with national standards.

We were charged with completing 12 local and 25 maintenance deliverables that included: the development and uploading of an antiviral/vaccine receipt, storage, and distribution plan, a resubmission of our County's SNS (Strategic National Stockpile Plan), attend a number of trainings, participation in a State run SNS drill, and continued maintenance of our various communication capabilities and system redundancies.

As in past years, the Bioterrorism Office, in conjunction with various other Health Department programs, continued to spend a large percentage of time on reestablishing current partnerships, revising key plans, creating and updating current Memorandum of Understandings (MOU's), as well as conduct and or participate in a number of exercise and drill activities. Additionally, we continued to work collaboratively with our Alliance Counties in developing response plans, as well as continuing to strengthen communications to better handle a public health emergency of a large magnitude. The program has been actively involved in the County's Comprehensive Emergency Management Planning Committee and its various sub-committees (i.e. Human Needs, PIO Team, and the Training and Education sub-committees).

Both the Public Health Director and the BT Coordinator remain active planning partners on the county's Emergency Management Strategic Group (EMSG), a group developed by the County's previous Administrator to handle more wide-spread departmental planning needs and work to revise current or create new administrative policies related to emergency response and management. Many of the Health Department's Emergency Response Plans have been used as guidance for other county departments for their planning. Special Needs Sheltering activities through the Human Needs Committee and under the direction of the Director of Patient Services within the department also continued and were part of our required BT grant deliverables.

The BT Coordinator continued to coordinate and manage the delegation of the contract deliverables that are required by the State and Federal governments. Part of the success of any plan is in its usefulness and thus again in 2008 we saw an increase in drills which focused on our department's ability to access the State-hosted surveillance and alerting system known as the Commerce System or Health Information Network (HIN). We also (under the grant deliverables) revisited areas within our past After Action Reports (AAR's) and Improvement Matrix's and conducted various internal communication drills. Happily, we can report that our continued drills and exercises have helped us in both our response times, as well as revise various call-down lists and other redundant communication tools. In addition to the BT Program itself, the CHS division had the greatest responsibilities regarding these drills, as their division handles all communicable disease reports and epidemiologic investigations.

Training and staff education in the area of Emergency Preparedness Planning continues to be ever changing within the Bioterrorism Program and requires completion by all staff within the Health Department. In the past, the Bioterrorism Program was able to off-set the cost of training and travel costs for the other Health Department divisions, however, with the decreases in funding the program was limited in its ability to help other divisions with training and travel expenses. Many of the training requirements are federally mandated and regulated training. This year the Health Department staff completed a number of trainings related to Emergency Preparedness Planning that included the following:

- Annual Emergency Preparedness and Bioterrorism Training 2008
- "This is Not a Test" Erie County Hepatitis A Incident Response
- Communicable Disease Health Information Network (HIN) training
- Psychological First Aid training
- NYFLEX (SNS) Full-Scale Drill, Cornell
- NYSDOH/HSEEP training course: Exercise Evaluation and Improvement Matrix Planning
- Alternative Marketing & Messaging to Prepare Vulnerable Populations
- Commerce Rollout Training
- LSU Emergency Response to Domestic Biological Incidents

- Preparedness and Response to Agricultural Terrorism Management and Planning at Cornell University (Sponsored by Ithaca Fire Department)
- FEMA IS 800: National Response Plan (NRP), an Introduction
- Health Information Network (HIN) Coordinator Training
- Incident Command System (ICS) 100, 200, 300 & 400
- FEMA IS 700: National Incident Management System
- IS 10020: An Introduction to Exercises
- Pandemic Flu Teleconferences, ServNY Teleconferences
- Preparing Emergency Messages
- Radiological Dispersal Devices Training
- Understanding and Responding to the Needs of Children after Large-Scale Disasters
- Working with the Media During Emergencies

Future training will include both ICS 300 and ICS 400 for designated division management staff and team leaders. Additionally, the BT Coordinator continued to conduct a number of trainings on various topics from SNS training for Public Works staff, Pandemic Influenza training to various members of the medical and business communities, and other preparedness based training.

The program continues to provide county-wide education on all areas of Emergency Preparedness planning, as well as infectious disease prevention. Completing State/Federally mandated grant deliverables is always the main focus of the program and will continue to be for going into the 2009-2010 grant years. Additionally, our other main focus will be to work creatively with State and local partners and administrators in helping to maintain our current funding status in a way that is both fiscally responsible for the County and Health Department, and in away that will not compromise the department's ability to plan and respond to all public health emergencies.

As the events of the world around us continue to change and develop and as cuts to both Federal funding and in our State's budget change and develop, it is uncertain what the impact will be on the effectiveness of this program to maintain a viable structure of preparedness planning for our community residents. It is vital and apparent that additional resources including financial, equipment, supplies, as well as human resources continue to be needed. Our local ability to be able to maintain and properly respond to the possibility of a large scale public health emergency is critical, especially since all emergencies are local and demand a viable local resource of response capabilities at all times.



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

- Right to Know
- Respiratory Protection
- Confined Space
- Hearing Protection
- Slips Trips and Falls
- Back Injury Prevention
- Asbestos Safety
- Hazardous Awareness
- Ergonomic Prevention

The H&SC coordinated the efforts for 54 ergonomic assessments by a specialist in 2008. This continues to prevent numerous and very painful injuries from worsening and/or occurring. Employees have spoken very favorably about the county efforts and assessments and trainings given by Greg Shaw of the Midstate Education and Service Foundation.

There were three major Indoor Air Quality Audits performed by contractors; one at the Emergency Response Center, one at the Library and one at Mental Health. The Division coordinates all of the meetings, briefings, and completes after action reports.

Approximately 200 county employees were given hearing tests and respirator fit-tests free-of-charge, which saved nine thousand dollars by not using a contractor.

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

There were only 33 OSHA recordable injuries and illnesses in 2008. This continues to be well below the county goal of 50 incidents. The OSHA Incidence Rate goal for the county is 8.5 per 100 employees. The rate for 2008 was well below the county goal and stood at 4.9. The Lost Work Day incidence rate was at 1.9 per 100 employees, which was below the county goal of 3.0.

There were no monetary fines by Public Employee Safety and Health (PESH) in 2008. Since 1993, the County has not received any monetary fines.

---

---

## Emergency Medical Services Tompkins County Department of Medical Response



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

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

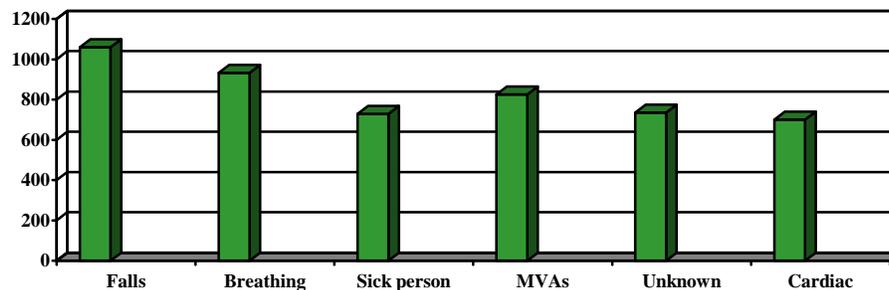
The Department's Director and Assistant Director are actively involved with all these agencies and committees. Both are also members of the CNY Regional EMS Council.

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

This office continues to participate in many other planning activities that relates to emergency management and disaster planning that may directly or indirectly affect fire and EMS first responders, such as coordination of fire and EMS participation in various County disaster drills or exercises. This office partners with many local organizations, such as the Health Department, the American Red Cross, local law enforcement agencies, City and County administrators and legislators, and other service organizations to conduct emergency preparedness planning. The Assistant Director provided ongoing training in NIMS incident management (IS-100, IS-200 and IS-700) throughout the year to various agencies and disciplines. DoER staff also continues to participate in the County's Emergency Management Planning Committee and in the Health Department's Bioterrorism Committee. The Assistant Director was asked to chair a multi-disciplinary County committee on Training and Exercise development,

and that team has been actively involved in planning and coordinating exercises for various organizations in the County. Through the development of After Action Reports/Improvement Plans (AAR/IP) following these exercises and trainings, a comprehensive multi-year plan can be developed that is specific to local needs, including those of EMS. A full-scale exercise drill was held this year, as part of the Airport's FAA mandates. EMS strengths and areas for improvement were identified, with a focus on education on handling multi-casualty incidents.

The Tompkins County Communications Center began EMD (Emergency Medical Dispatching) dispatching in January 2007. This national system involves structured training for all dispatchers along with specific quality improvement activities. All EMS calls dispatched through EMD in 2008 were reviewed. The types of patient conditions, as defined by EMD protocols, were broken down for EMS calls responded to by the five ambulance services in the County; rescue squads also responded to these EMS calls, although the number of their responses were not included in the review. There were 8,513 EMD calls involving EMS responses. The top six categories of medical problems included:



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

The new 800 MHz communications system was completed this year, going operational in October 2008. The capabilities of this new system allow for interoperability among multiple disciplines, and include direct EMS communication with Cayuga Medical Center. The system is performing well above original expectations. The continued goal of this office is providing for and supporting a framework for well-prepared and well-educated fire and EMS providers on a local level.



## REPORTED COMMUNICABLE DISEASES - TEN YEAR COMPARISON

DISEASE	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
AMEBIASIS	1	0	2	1	1	2	3	3	2	0
CAMPYLOBACTERIOSIS	12	18	25	15	28	26	13	28	31	27
CHLAMYDIAL INFECTIONS		44	133	171	183	183	167	171	228	178
CRYPTOSPORIDIOSIS	10	6	11	2	5	6	39	10	14	10
CYCLOSPORIASIS								0	4	0
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0
E. COLI (0157:H7)	1	2	2	1	1	0	0	1	2	1
GIARDIASIS	19	28	16	13	9	16	16	29	19	20
GONORRHEA	61	60	19	18	15	19	23	19	32	9
HAEMOPHILUS INFLUENZAE, INVASIVE	3	2	0	2	1	0	1	0	0	0
HEPATITIS A	2	3	1	0	3	0	2	1	3	2
HEPATITIS B, ACUTE*	2	2	0	0	1	0	1	0	1	1
HEPATITIS B, CHRONIC*					4	6	9	8	14	4
HEPATITIS C, ACUTE*	1	1	0	0	0	0	0	0	0	0
HEPATITIS C, CHRONIC					7	4	8	19	29	43
LEGIONELLOSIS	1	0	0	0	0	1	1	3	0	0
LISTERIOSIS	0	0	0	0	1	0	0	0	0	0
LYME DISEASE	7	8	4	5	10	5	4	2	9	46
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	1
MALARIA	2	1	2	3	0	2	3	1	0	1
MEASLES	0	0	0	0	1	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	3	1	0
NEISSERIA MENINGITIDIS, INVASIVE	1	0	2	1	0	1	1	0	0	4
PERTUSSIS	0	0	0	88	17	14	2	39	5	25
RABIES EXPOSURE	58	70	111	106	108	118	111	114	127	123
RUBELLA	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	14	12	9	16	17	15	14	15	13	15
SHIGELLOSIS	5	5	5	1	2	1	3	1	1	4
STREPT GROUP A, INVASIVE	0	3	1	0	0	0	1	0	6	1
STREPT GROUP B, INVASIVE	0	0	1	2	3	5	5	3	3	6
STREPT PNEUMONIAE INVASIVE DIS	11	12	8	10	5	5	5	12	16	10
SYPHILIS	1	0	2	2	3	4	3	1	6	10
TETANUS	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	3	8	4	1	4	4	3	1	4	3
YERSINIOSIS	2	0	1	1	2	0	3	0	0	0
<b>GRAND TOTAL</b>	<b>217</b>	<b>285</b>	<b>359</b>	<b>459</b>	<b>431</b>	<b>437</b>	<b>441</b>	<b>484</b>	<b>570</b>	<b>544</b>

\*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.

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

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







