



Public Health
Prevent. Promote. Protect.

**Cattaraugus County
Health Department**

2017

Annual Report

Kevin D. Watkins, MD, MPH

Public Health Director



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FROM THE DESK OF THE PUBLIC HEALTH DIRECTOR

It is my pleasure to present to you the Cattaraugus County Health Department's 2017 Annual Report. This report provides a brief overview of the many services that the department provides in an effort to preserve and promote public health in Cattaraugus County.

This year the department received national accreditation by the Public Health Accreditation Board (PHAB) and I am immensely proud of the accreditation team and the entire Cattaraugus County Health Department for all the hard work and dedication shown in reaching this achievement. Being one of the first five local Health Departments in New York State to reach this honor is most exhilarating and profound.

Accreditation demonstrates that a public health agency meets or exceeds a common set of national standards; has the capacity to provide core public health services; and is continually striving to improve service, value, and accountability to stakeholders, including the residents it serves.

The department was notably active with the Heroin-Opioid Task Force during a time when opioids took several county residents lives. Members of the Heroin-Opioid Task Force (in their various work capacities) were successful in developing a resource directory, expanding both professional and community naloxone (narcans) trainings, increasing the number of residential beds, increasing the number of drug drop boxes, expanding the number of medication assistant treatment facilities, removing large quantities of drugs off the street, and most importantly, leveling off the number of opioid related deaths in the community.

The department continues to work on its Community Health Improvement Plan, collaborating with community providers to increase the screening rates for diabetes and preventable cancers (breast, cervical, colorectal, prostate, lung and skin). An educational campaign to reduce the adult smoking rates continues to be on-going, but this year the department collaborated with community partners to expand the tobacco education campaign to include education on the adverse effects of smoking in cars with children under fourteen years of age.

In a campaign to promote the connection of oral health and overall health, the department partnered with Remote Area Medical, Saint Bonaventure University, and the University at Buffalo School of Dental Medicine, in planning a free health fair, offering free medical and dental services over a weekend for the very needy, and working poor. Remote Area Medical (RAM) set up 40 -50 dental operatories and provided all the necessary instruments and supplies. Primary care physicians provided general medical exams, dermatologists offered skin cancer screenings, and optometrists gave free refractory exams and same day milling and fitting of glasses.

Finally, the Cattaraugus County Health Department is pleased to share this annual report with you and would like to thank you for taking the time to familiarize yourself with our dynamic programs and quality services. It is a pleasure to serve our residents and we look forward to maintaining a healthy relationship with you in the upcoming years.

Sincerely,

Kevin D. Watkins, M.D., M.P.H.

Kevin D. Watkins, M.D., M.P.H.

BOARD OF HEALTH

The Board of Health insures compliance with New York State Public Health Law, the New York State Sanitary Code, and the Sanitary Code of the Cattaraugus County Health District and applicable regulations, through established administration and enforcement procedures, for the continued safety and health of county residents. The Board sets policy for the county and provides the department with a road map for implementing programs that protects the health of county residents. In addition to these activities, the Board provides information and direction to the Cattaraugus County Legislature regarding public health issues. The Board of Health also serves as a governing body for activities of the nursing division of the Health Department by actively participating on Professional Advisory, Quality Improvement and Record Audit committees. In 2017, the Board of Health took enforcement actions on 9 cases with no appeals. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health. Table 1 illustrates the actions taken by the Board of Health in 2017.

BOARD OF HEALTH MEMBERS

Joseph Bohan, MD, President
Giles Hamlin, MD, Vice-President
Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Kathryn Cooney Thrush, NP, MSN
Theresa Raftis
David L. Smith, Mayor
James Snyder, Legislator Chairman



Pictured left to Right: Richard Haberer, Theresa Raftis, James Snyder, David Smith, Sondra Fox, RN, Giles Hamlin, MD, and Joseph Bohan, MD.
Not pictured: Zahid Chohan, MD and Kathryn Cooney Thrush, NP, MSN

Board of Health

Table 1

Month	Action
February 2017	BOH approved 2017 Clinic immunization fees
	BOH approved 2016 write off of account receivables
	BOH submitted recommendation to county legislators to increase environmental health fees.
	BOH discussed class action lawsuit against pharmaceutical manufactures relating to heroin opioid epidemic.
	Three enforcement actions were taken by the BOH.
March 2017	Two enforcement actions were taken by the BOH.
April 2017	BOH approved multiple departmental policies and procedures.
	Community Resident spoke to Board asking if they would consider sponsoring a local law to prohibit smoking in vehicles when children are present. Board requested Dr. Watkins to draft resolution with County Attorney and bring back to the Board.
	One enforcement action was taken by the BOH.
May 2017	BOH sent to county legislature a request to support NYS Senate and Assembly bills prohibiting smoking in vehicles when children under the age of 14 are present.
	BOH directed Health department to appropriate funds for educational campaign about the harmful effects of smoking in vehicles when children under age of 14 are present.
June 2017	One enforcement action was taken by BOH.
July 2017	BOH resolution asking county legislature to work with law firm to pursue legal actions against pharmaceutical manufacturers for deceptive practices related to opioids.
	BOH discussed requiring restaurants with repeat violations to take a food handler training course.
	One enforcement action was taken by BOH.
September 2017	BOH discussed ordinance requiring all food facilities in Catt. Co. to complete an approved food service manager certification course.
	One enforcement action was taken by BOH.
October 2017	BOH approved request for 2 Clean Indoor Air Act waivers needing renewal with approved inspections and submission of application fee
	BOH passed ordinance requiring all food service facilities that classified as med/high risk must have at least one (1) employee to complete approved food service manager course. Employee(s) is/are not required to pass the test.

Dedication

RETIREE DEDICATION

232 YEARS OF SERVICE



Nancy Eaton
48 years of service



Susan Andrews
37 years of service



Rebecca Johnstone
37 years of service



Linda Bishop
31 years of service



Beverly Bennett
22 years of service



Kay Reynolds
20 years of service



Colleen Blendinger
20 years of service



Judy Braymiller
17 years of service

ADMINISTRATION DIVISION

Throughout the years, Cattaraugus County Health Department (CCHD) has assessed and identified the health needs of county residents and has initiated expanded and improved existing programs to meet these needs. In undertaking this process, the Administration Division works with senior department management to develop the capacity necessary to adequately implement the Departments' programs.

This process of need identification and assessment, program initiation/improvement and capacity development is reflected in the department's mission statement;

The Cattaraugus County Health Department strives to engage and empower the public of all ages to live healthier lifestyles through efforts of education, prevention, promotion, monitoring, accessibility, affordability, technology, testing, diagnosing, and treating.

It is the role of the Administration division to insure progress towards fulfilling this mission. In doing so, the Administration division works toward the following goal;

To develop health policy and oversee the management of resources to promote and protect the health of all county residents, and to assure access to quality health care.

Administration Staff

Kevin D. Watkins, M.D. – Public Health Director

Gilbert Witte, M.D. – Medical Director

Kathleen Ellis – Administrative Officer (left May 2017)

Thomas Lecceadone – Administrative Officer (began May 2017)

Debra Lacher – Administrative Secretary

NURSING SERVICES DIVISION

The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides preventive, restorative and palliative care to improve the quality of life of the individual, the family and the community.

HOME CARE

Home Care services in Cattaraugus County are provided through two programs; the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides skilled services to individuals of all ages following an acute illness, injury or surgery as well as to individuals with chronic disease. Figures 1 and 2 illustrate a breakdown of home visits by discipline. The LTHHCP serves as an alternative to nursing home placement for chronically ill or disabled individuals of all ages who require ongoing assistance with care management and personal care. In 2017, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,415 individuals with an average daily census of 299. Figure 3 illustrates the total number of visits across all disciplines for both CHHA and LTHHCP.

CERTIFIED HOME HEALTH AGENCY (CHHA)

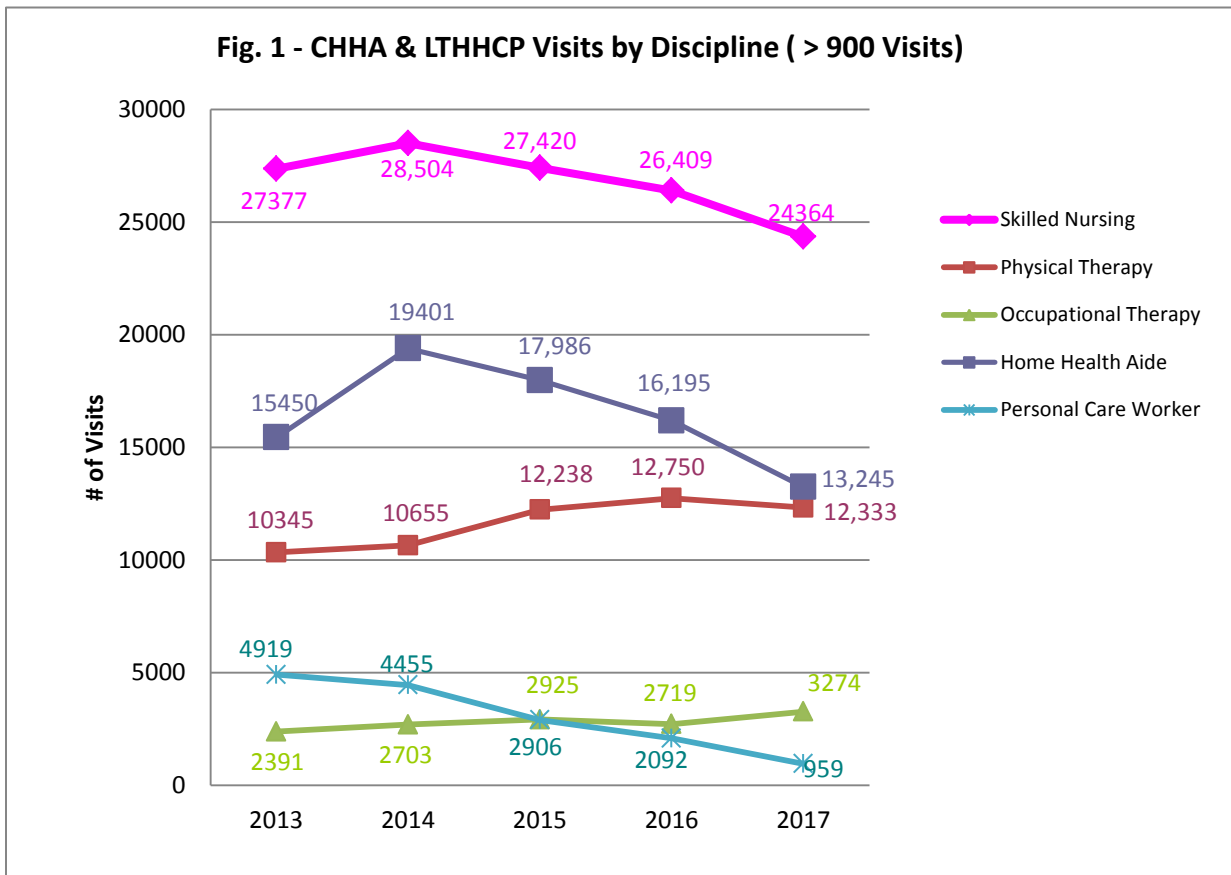
Home care allows individuals to receive nursing, therapy and aide services in their home where they prefer to be. Individuals with medical conditions that once required treatment in a hospital may now be cared for at home. The care is person-centered and focuses on the return to self-care. Individual goals are achieved through a coordinated effort of the individual, family, physician and home care staff. Examples of skilled care commonly provided in the home setting include intravenous therapy, complex wound care, and rehabilitative therapy services. Home Health Care is covered by Medicare, Medicaid and most private insurance plans. Cattaraugus County CHHA provides care at no or reduced fee to individuals in need of skilled care, who are uninsured and meet income guidelines.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

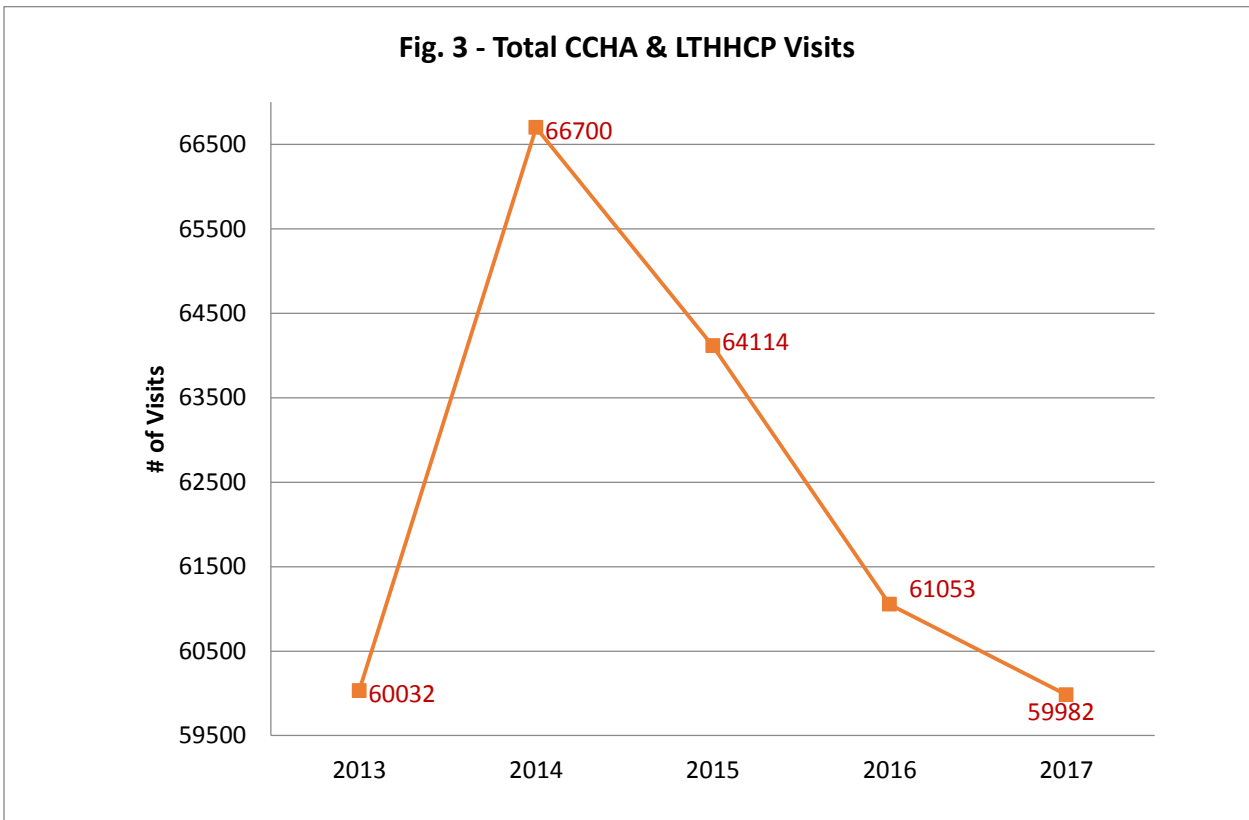
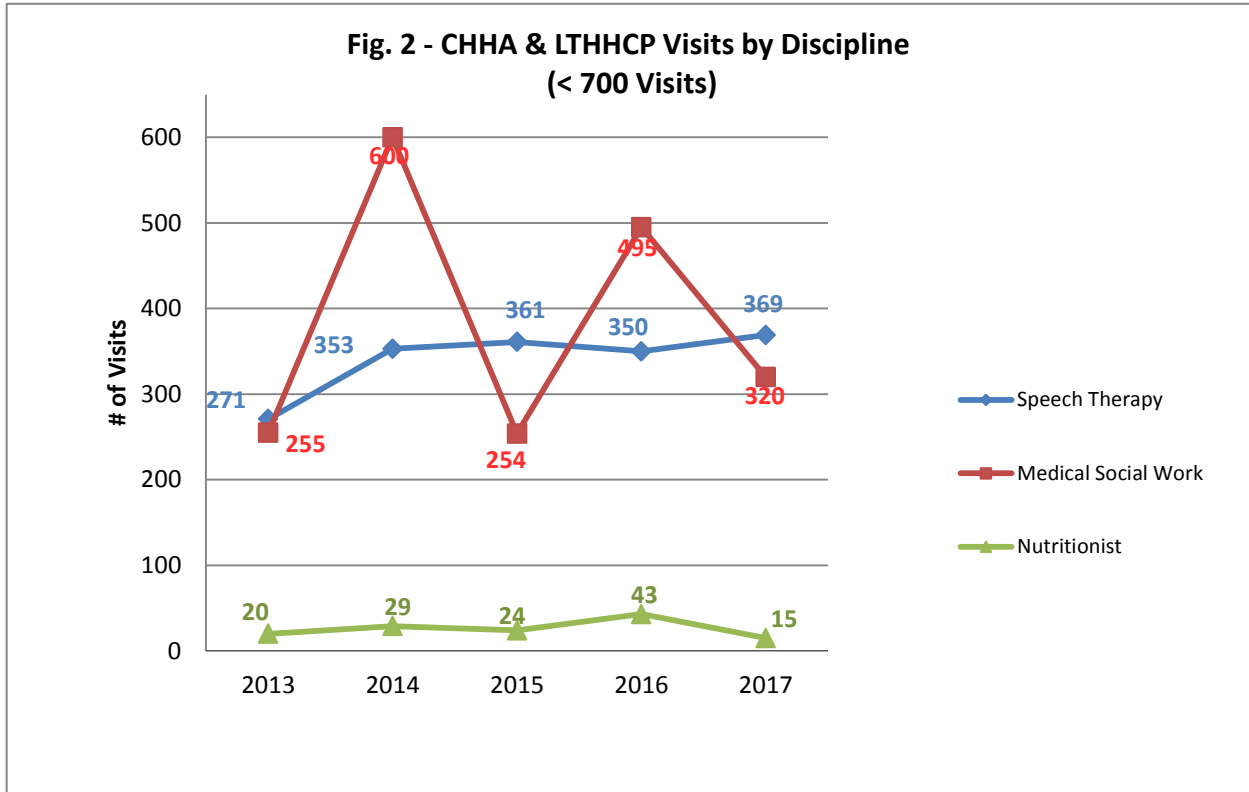
Since 1978, the Long Term Home Health Care Program has assisted elderly, disabled and chronically ill individuals, who otherwise might be in a nursing home, to remain safely in the community. Services provided included case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, electronic medication dispenser and social daycare.

Nursing

Care provided to individuals over an extended length of time, whether in the community, such as with the LTHHCP, or a facility such as a nursing home, is most often covered by Medicaid. New York State’s Medicaid redesign initiative has essentially eliminated the need for the county’s LTHHCP by shifting this type of care to other programs and provider types, including the county’s CHHA. Subsequently, no new patients were admitted to the LTHHCP in 2017 and seven of the remaining nine patients were transitioned to other services. Closure of this program is planned for early 2018 under the guidance of the New York State Department of Health (NYSDOH).



Nursing



QUALITY ASSESSMENT/ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)

Quality health care for people receiving home health services is a high priority for CCHD. QAPI is a process used to achieve positive results for our patients and agency. The process helps identify factors that contribute to a desired outcome and how those factors can be maintained, improved or strengthened. Home Health Quality Measures are derived from clinical and functional data collected by nurses and therapists, Medicare claims data, and patient satisfaction surveys. Some examples include:

- Improvement measures
Example: after receiving home health care, can the person walk better
- Potentially avoidable events (PAE)
Example: did the person experience a fall while receiving home health care
- Utilization measures
Example: was the person seen in the emergency department while receiving home health care
- Process measures
Example: does the home health agency use specific evidence-based processes of care, such as timely admission or assessing patients for depression

A detailed report of our quality data may be viewed at

<https://www.medicare.gov/homehealthcompare/profile.html#profTab=0&ID=337004&cmprID=337004&loc=14760&lat=42.1000383&lng=-78.4069732>

Achievement of positive outcomes is associated with improvement in the quality of life for the individual and for informal caregivers as well as lessens the need for more expensive forms of health care, making home care a valued component of health care in Cattaraugus County.

PATIENT EVALUATION AND ASSESSMENT

Patient evaluation and assessment, using standardized, objective assessment tools, is essential to ensure individuals receive the appropriate level of care in the appropriate setting. The *Patient Review Instrument and Long Term Care Patient Screening Instrument (PRI/SCREEN)* and the *Uniform Assessment System for New York State (UAS-NY)* are examples of commonly used assessment tools.

PRI/SCREEN

New York State requires that all individuals be assessed using a PRI/SCREEN prior to admission to a Skilled Nursing Facility. CCHD has six nurses trained to conduct *PRI/SCREEN* assessments. PRI/SCREEN assessments were conducted on 29 individuals in the community and 31 agency patients.

UAS-NY

The online *UAS-NY* is utilized to determine if an individual can be effectively and safely cared for by a long-term community-based home health care program, such as the Traumatic Brain Injury (TBI) or Managed Long Term Care (MLTC) program. Five *UAS-NY* trained CCHD nurses completed 13 assessments in 2017.

CLINICAL SITE ROTATIONS

CCHD's Nursing Division provides Jamestown Community College nursing students with an introduction to the concepts of home and community based health services. Twenty (20) students accompanied the Health Department nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and teach clients.



Community Health Nurse Rzucek performing a blood pressure screening for Karen Burr in Little Valley County Building

Nursing

NURSING SERVICES – HOME CARE STAFF

Susan A. Andrews - Director of Patient Services
Sue Feldbauer - Supervising Community Health Nurse
Sandy Grey - Supervising Community Health Nurse

Colleen Blendinger - Community Health Nurse –Intake (retired July 2017)
Laura Fuller RN– Medical Services Specialist
Barbara Parish Community Health Nurse – Quality Assurance/Performance Improvement
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement (retired July 2017)

OLEAN:

Cheri Antle - Community Health Nurse
Amit Benedict - Community Health Nurse
Kristin Brown - Community Health Nurse
Charity Burton - Registered Nurse
Gina Chaffee - Community Health Nurse
Melissa Chamberlain - Community Health Nurse
Ashley Dahill - Registered Nurse
Patricia Feuchter - Community Health Nurse
Brooke Schnell - Community Health Nurse
Carol Skudlarek - Community Health Nurse
Janell Wellman - Community Health Nurse
Angela Pascarella - Medical Social Worker (PT)
Earlena Baer - Keyboard Specialist II
Deborah Pettinato - Keyboard Specialist II
Susan Boyle - Account Clerk Typist

SALAMANCA:

Erica Andera – Community Health Nurse
Teneille Andrews - Community Health Nurse
Joshua Creed – Registered Nurse
Sidney Early- Community Health Nurse
Nancy Fuller – Community Health Nurse
Tyler Harvey – Community Health Nurse
Abbey Hayes - Community Health Nurse
Lois Lowry - Community Health Nurse
Jennifer Rasinski - Community Health Nurse
Michelle Jennings – Keyboard Specialist II

MACHIAS:

David Fancher - Community Health Nurse
Meegan Howard – Community Health Nurse
Karin Jochen – Community Health Nurse
Chastity Standish – Community Health Nurse
Karen Hoffmann – Keyboard Specialist II
Peggy Davis – Per Diem Clerical

MATERNAL CHILD HEALTH

Cattaraugus County Health Department provides many services that promote the health of pregnant women, infants, children and families. Education and prevention provide the framework to build healthy family units where each child can grow to meet his/her potential.

MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)

The New York State Department of Health (NYSDOH) developed the MOMS Program to improve birth outcomes in the high-risk Medicaid population. Through this program, Cattaraugus County assisted 13 individuals without insurance to receive presumptive Medicaid, thus promoting early prenatal care. Nurses, social workers and dieticians provide education and care management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. Forty-three (43) individuals received 110 visits through the MOMS Program in 2017 and of these 32 were new admissions.

NEWBORN SERVICES

Newborn Screening

CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over 40 genetic diseases such as cystic fibrosis, phenylketonuria (PKU) and Krabbe Disease. Early diagnosis and medical treatment can prevent serious permanent illness in many cases. CCHD nurses performed 62 NBSs in 2017.

SKILLED HOME VISITS

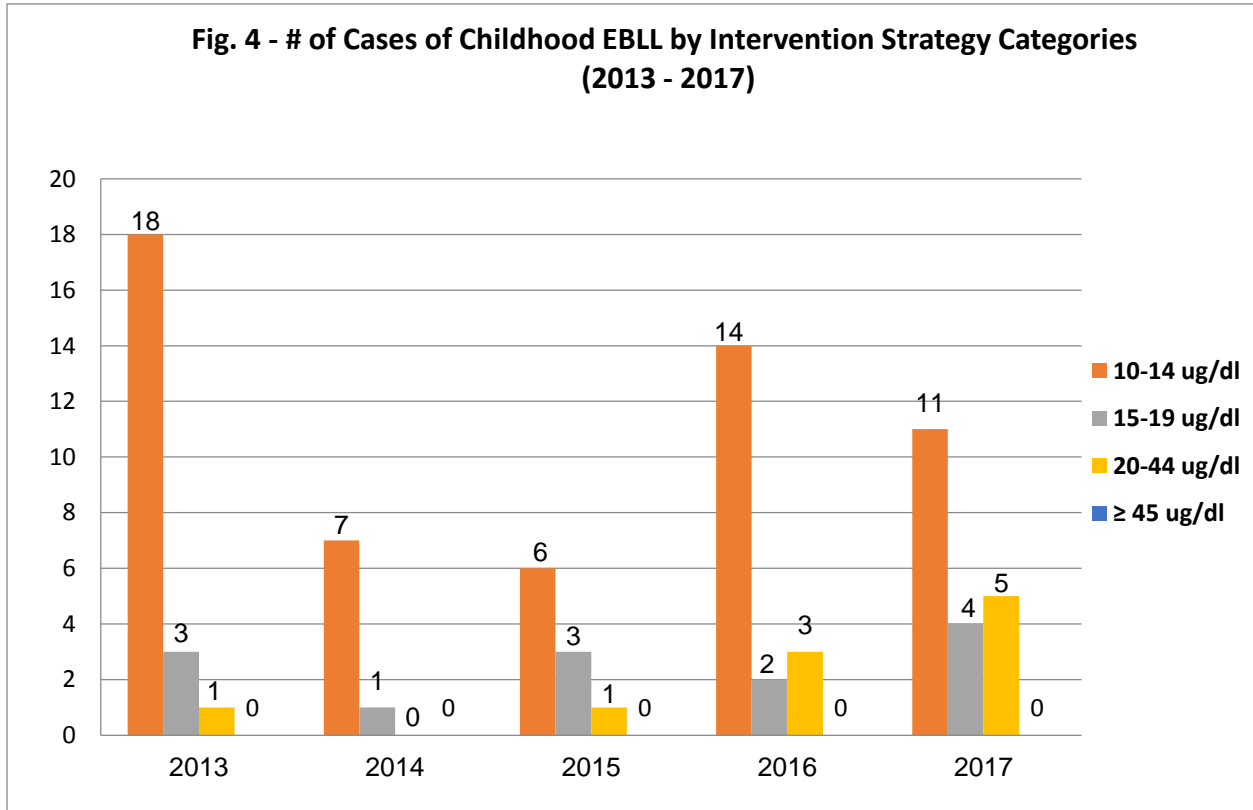
Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or physician. A registered nurse develops a home care plan that includes skilled assessments, interventions, education, and reinforcement of positive health behaviors in the individual's own environment. Ninety-six (96) individuals received 174 Maternal Child Health visits in 2017.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified and even low levels of lead in blood have been shown to affect IQ, behavior, and academic achievement. Lead-based paint and lead contaminated dust are common sources of lead exposure for children in Cattaraugus County and are often associated with pre 1978 housing that is poorly maintained. CCHD has organized the Southern Tier Lead Coalition to promote the primary prevention goals of promoting awareness and lead safe housing policy at the community level. NYS law requires healthcare providers to test children for lead at one and two years of age. Figure 4 illustrates the number of children with newly confirmed elevated blood lead levels (EBLL) from 2013 to 2017. Table 2 describes the NYS recommended interventions for varying blood lead levels in children. The Health Department monitored 1,493 blood lead levels via electronic reporting on the Health Commerce System (HCS) to ensure that all children are tested and receive appropriate follow-up.

Nursing

CCHD nurses made 31 home visits to children with elevated blood lead levels, of those visits 19 were initial and 12 were routine. With funding from NYSDOH, CCHD’s lead program continues to provide point of care lead testing at WIC sites. This provides an excellent opportunity to address an at risk population through education and testing. Ninety (90) point of care lead tests were conducted at WIC clinics and other community settings in 2017.



Community Health Nurse Faulkner (standing left) assisted by Health Educator Beverly Bennett (standing center) are getting a Lead sample during a WIC Clinic

Table 2 - Intervention Strategy by Blood Lead Level

Lead Level	Intervention
10-14 ug/dl	Follow up with family within 5 days for home visit by nurse for assessment & education on exposure reduction. Case management to ensure blood levels decrease.
15-24 ug/dl	Same as above + Home Visit by Environmental Health (EH) staff to perform assessment, educate family and provide information on effective abatement strategies.
25-44 ug/dl	Follow up within 2 days, + same as above and encourage patient physician to consult Regional Lead Resource Center
45-69 ug/dl	Perform EH visit as noted above, notify state, conduct home visit within 24 hrs., follow-up blood test within 48 hours

COMMUNITY HEALTH CLINICS

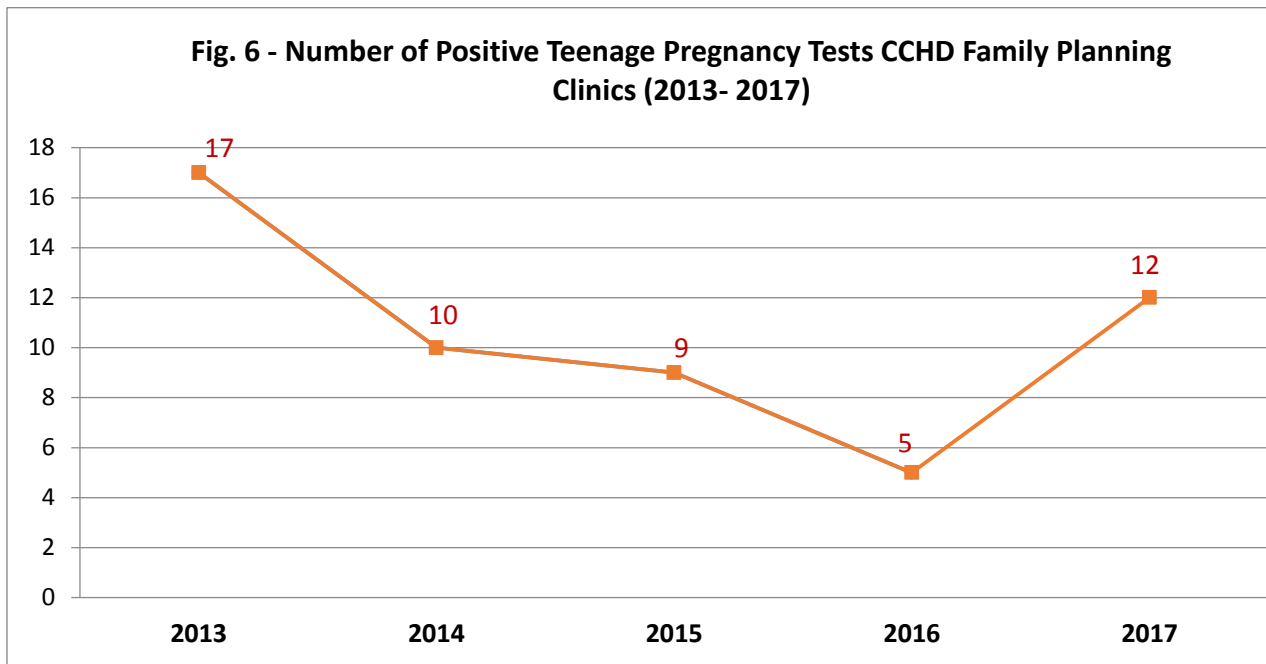
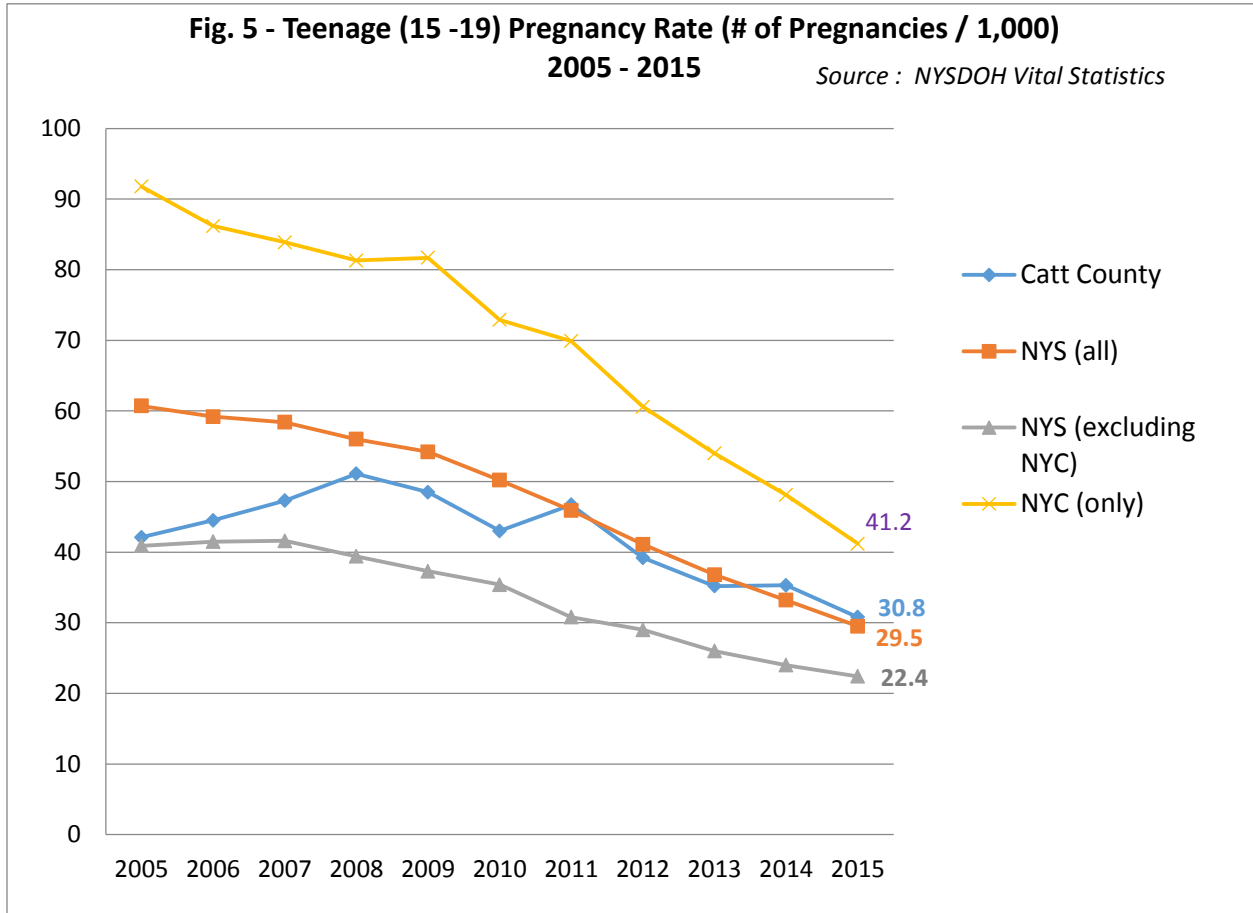
Community health clinics provide a variety of services to community members at health department sites in Machias, Salamanca and Olean. Clinic services may also be provided at various community locations throughout the county in response to critical public health needs. Community Health Clinics provide the following services.

FAMILY PLANNING CLINIC (FPC) SERVICES

The main goal of family planning services is to assist individuals in determining the number and spacing of children through the provision of affordable, voluntary contraceptive services, supplies and related preventive health services to all who want and need them, with priority given to persons from low-income families. Related preventive health services include sexually transmitted infection (STI) education, testing and treatment and cancer screening. Confidential services are available for both men and women at CCHD offices in Machias, Olean, and Salamanca.

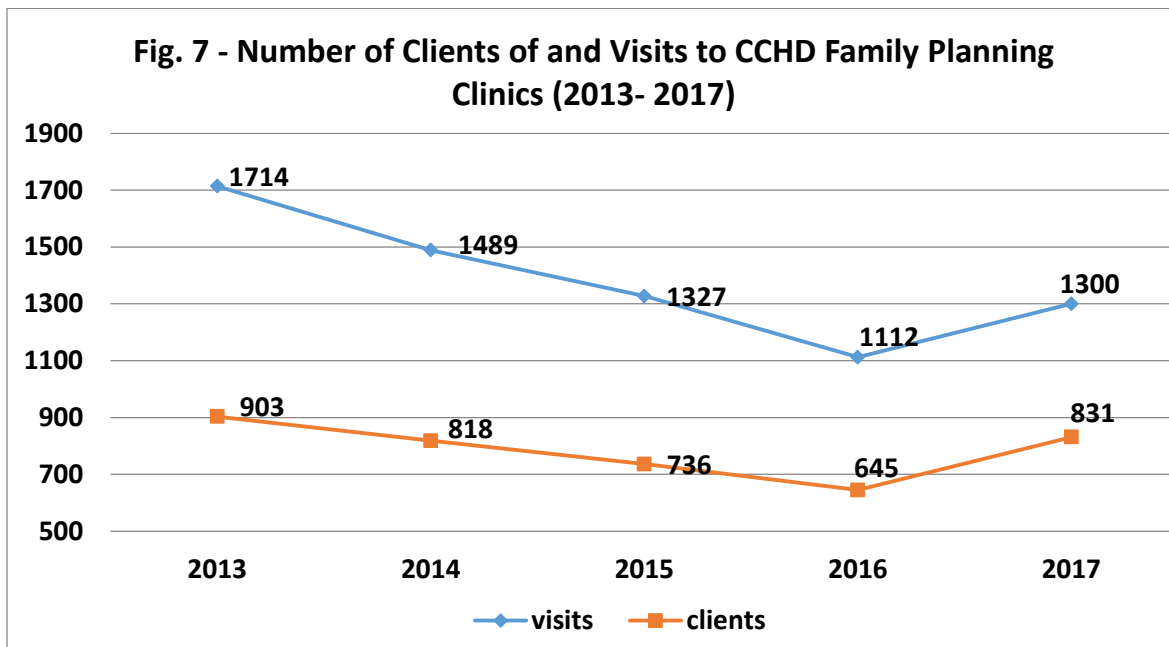
Although the teenage pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies/ 1000 in 1990, Figure 5 shows that Cattaraugus County continues to have a higher teenage pregnancy rate than the state average (excluding NYC). Figure 6 shows the number of FPC clients aged 15-19 years old with positive pregnancy tests.

Nursing



It is estimated that forty-four (44) adolescent pregnancies and seventy-nine (79) unplanned pregnancies in individuals 20 and older were averted through the efforts of the FPC program. Despite these efforts, almost half of all pregnancies are not desired or desired at a later time, highlighting the importance of readily available and affordable contraception. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. The Health Education section of this report provides more information about these activities.

Figure 7 shows the five-year trend for the number of clients and visits to the CCHD family planning clinic. After several years of declining numbers, 2017 showed an increase in both the number of clients and number of visits.



Source: Ahlers

REPRODUCTIVE DISEASE PREVENTION

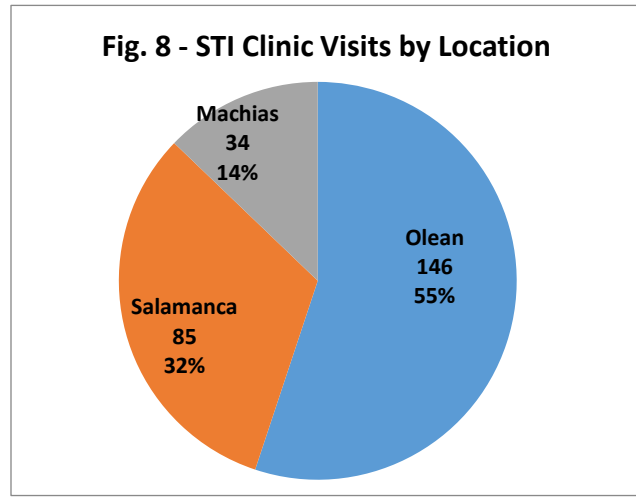
Cervical cancer is preventable through vaccination and routine screenings. In 2017, Cattaraugus County Family Planning Clinic performed 93 pap smears, 13 requiring further surveillance with one significantly abnormal to require immediate referral for follow-up.

CANCER SERVICES PROGRAM

This program assists individuals who are either underinsured or uninsured to receive health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program. Thirteen clients received twelve breast exams, nine mammograms and seven cervical cancer screenings.

SEXUALLY TRANSMITTED INFECTION (STI) SERVICES

CCHD is required by public health law to provide confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and identified contacts receive education, treatment and follow-up. In 2017, seventeen cases of chlamydia and twelve cases of gonorrhea, and one case of syphilis were detected during routine family planning visits. Twenty-nine cases of chlamydia and five cases of gonorrhea were detected during STI Clinic visits. Figure 8 illustrates the number of STI clinic visits by location.



HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICE

Confidential HIV counseling and testing are offered to all individuals utilizing health department clinics. Early detection and treatment enhances quality of life, longevity, and reduces the potential for new cases. The Health Department provides Rapid HIV testing by swabbing the oral mucosa. Using this method, results are available in 20 minutes. In 2017, 182 individuals were tested for HIV in Family Planning/STI Clinic, with no one testing positive.

The Health Department in Olean provides monthly clinic space to Evergreen Health Services so that HIV positive individuals living in Cattaraugus County and the surrounding areas may receive specialized care in their own community.

PHYSICAL EXAMS

Clinic staff provides routine physical exams for new employees of the county, several villages, towns, fire departments, community businesses, and organizations as well as individuals for school/college admission. Health Department staff performed 168 physicals in 2017.

COMMUNICABLE DISEASE PREVENTION

Disease prevention, surveillance and containment are core functions of the CCHD. Table 3 compares the 2017 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Diseases showing a decreased frequency in 2017 when compared to average 2014 - 2016 frequency include Chlamydia and Chronic Hepatitis C. The frequency and rate of Lyme Disease, Salmonellosis, and Gonorrhea shows a marked increase over the average 2014 - 2016 frequency and rate. All cases

Nursing

of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease.

Table 3:**Communicable Disease Report**

Disease	2017		Avg 2014-16	
	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS	9	11.6	10	12.8
CRYPTOSPORIDIOSIS	4	5.1	3	3.9
E.COLI 0157:H7	2	2.6	1	1.3
EHRlichiosis	1	1.3	0	0.0
GIARDIASIS	4	5.1	5	6.4
HAEMOPHILUS INFLUENZAE, NOT B	1	1.3	2	2.6
HEPATITIS C, CHRONIC	65	83.4	73	93.7
LEGIONELLOSIS	4	5.1	3	3.9
LYME DISEASE	33	42.4	10	12.8
MENINGITIS, BACTERIAL	1	1.3	0	0
PERTUSSIS	1	1.3	3	3.9
SALMONELLOSIS	11	14.1	8	10.3
STREP, GROUP A INVASIVE	1	1.3	4	5.1
STREP, GROUP B INVASIVE	4	5.1	7	9.0
STREP PNEUM, INVASIVE	3	3.9	6	7.7
TUBERCULOSIS	1	1.3	0	0.0
SYPHILIS	2	2.6	2	2.6
GONORRHEA	47	60.3	35	44.9
CHLAMYDIA	209	268.2	256	328.5

Rates are defined as: Cases/100,000 population

HEPATITIS PROGRAM

Hepatitis C Testing

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus (HCV). Hepatitis C spreads when blood from a person infected with HCV enters the body of someone who is not infected. Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was spread through blood transfusions and organ transplants. Many people with Hepatitis C do not have symptoms and do not know they are infected. Symptoms of chronic Hepatitis C can take decades to develop and when they do appear, are often a sign of advanced liver disease. Testing is important to identify infection while treatment can be successful. CCHD provides Hepatitis C virus (HCV) rapid testing to anyone with risk factors. Forty-six (46) at risk individuals were tested with five reactive results.

HEPATITIS VACCINATION PROGRAM

Cattaraugus County Health Department provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk.

TUBERCULOSIS CONTROL

Tuberculin skin testing (TST) was provided to 493 clients with one of those individuals testing positive for latent TB infection. Individuals with a positive skin test are encouraged to follow up with either the Cattaraugus County Health Department or their private physician. Treating latent TB infection can prevent progression to active TB disease. Six (6) individuals received care in 2017 at the County Chest Clinic and three (3) were started on prophylactic medication. There was one case of extra pulmonary tuberculosis in Cattaraugus County in 2017.

IMMUNIZATION PROGRAM

Immunization Coalition

The **South Western Immunization Coalition of NY**, known as SWIC of NY, works in collaboration with the New York State Department of Health to increase immunization rates in children and adults. SWIC of NY combines the efforts of Cattaraugus, Chautauqua, and Allegany counties to promote education, information, and access to immunizations for the residents of southwestern NY. SWIC of NY has been collaborating with health care providers for several years in an initiative to increase immunization rates for the human papillomavirus (HPV) vaccine in adolescents for cancer prevention. To date the overall vaccination rate for girls and boys aged 13 *has improved* by 9.4 % from 21.3% in 2016 to 30.7% in 2017.

Provider Visits

The Cattaraugus County immunization staff makes scheduled visits to health care providers in Cattaraugus County to provide education and information to improve their immunization service delivery, maintain safe vaccine storage and handling, and raise immunization coverage levels. Visits include vaccine educational packets, and New York State Immunization Information System (NYSIIS) data entry information to increase the number of adult and childhood immunizations entered into the statewide immunization registry. Visits are conducted using the **AFIX** model developed by the Centers for Disease Control:

- **A**ssessment of the health care provider's vaccination coverage levels and immunization practices.
- **F**eedback of results to the provider along with recommended strategies to improve processes, immunization practices, and coverage levels.
- **I**ncentives to recognize and reward improved performance.
- **eX**change of healthcare information and resources among providers within the community to facilitate best practices.

Vaccination Services

CCHD provides immunization services at the Olean, Salamanca and Machias offices, as well as flu clinics at community locations throughout the county. The number of routine childhood and adult immunizations administered have been on a downward trend as more primary care providers and pharmacies offer vaccination. Table 4 lists the types and numbers of vaccines given by the CCHD to children and adults.



At the Olean County Building, Retired Nurse Volunteer Malone (standing left) performing a Blood Pressure Screening for Kristen Brown, Carol Skudlarek and Earlena Bear (standing right) are waiting patiently.

Table 4 - 2017 CCHD Immunizations

IMMUNIZATION	Number Given Age 18 & younger	Number Given Age 19 & older	Total Number Given
Diphtheria Tetanus Acellular Pertussis- DTaP	17	0	17
Hepatitis A	19	76	95
Hepatitis B	31	145	176
Hepatitis A & Hepatitis B	6	100	106
Haemophilus Influenzae Type b (Hib)	3	0	3
Human Papillomavirus HPV	49	13	62
Inactivated Polio -IPV	30	4	34
Japanese Encephalitis	0	8	8
Meningococcal	86	31	117
Measles Mumps Rubella - MMR	38	79	117
Pneumococcal	3	25	28
Tetanus Diphtheria Td	1	0	1
Tetanus Diphtheria Acellular Pertussis - Tdap	70	132	202
Typhoid	28	119	147
Varicella	51	16	67
Yellow Fever	7	30	37
Shingles (<i>Zostavax</i>)	0	21	21
Totals	439	799	1238

INFLUENZA VACCINATION PROGRAM

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. The best way to prevent flu is to get vaccinated each year.

In 2017, the Cattaraugus County Health Department offered a quadrivalent seasonal influenza vaccine that included A/Michigan/45/2015 (H1N1) pdm09-like virus; A/Hong Kong/4801/2014 (H3N2)-like virus; B/Brisbane/60/2008-like (B/Victoria lineage) virus; and B/Phuket/3073/2013-like (B/Yamagata lineage) virus components. The Health Department also offered a trivalent, high-dose vaccine that is formulated to enhance the immune response of individuals over 65 years of age. Cattaraugus County vaccinated

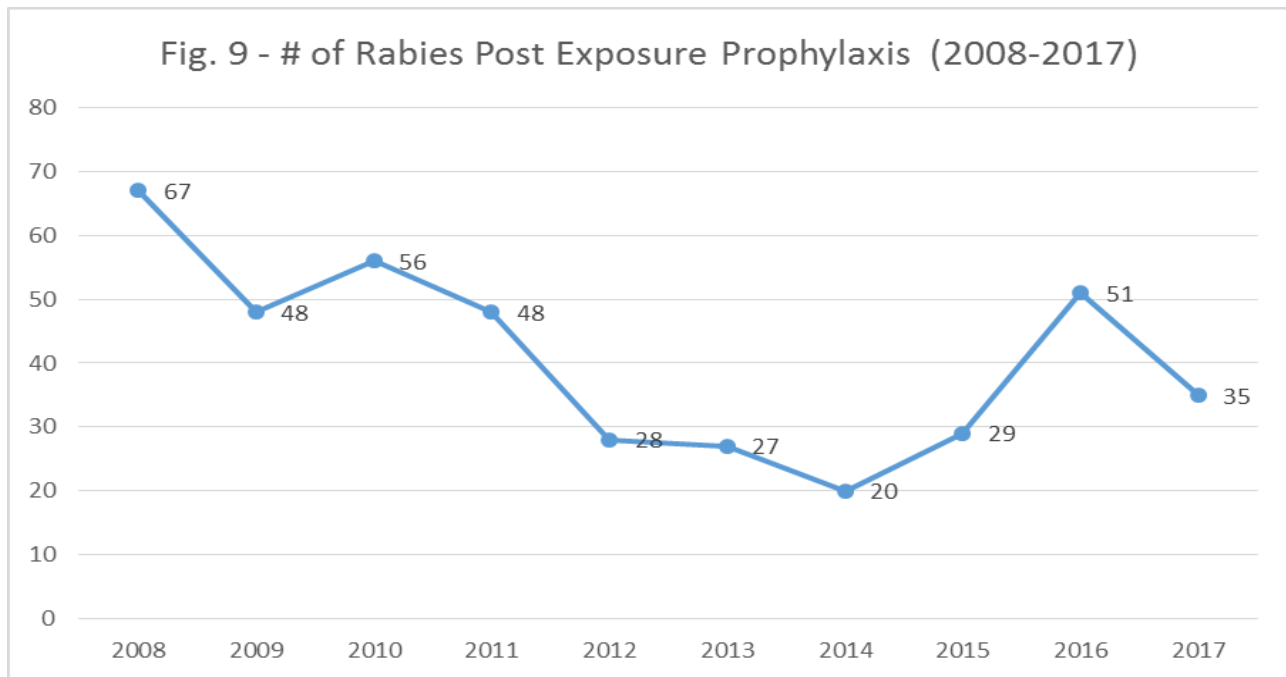
The Health Department administered over 2,200 doses of seasonal flu vaccine at 12 community

sites, plus one school and 5 health facilities. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county.

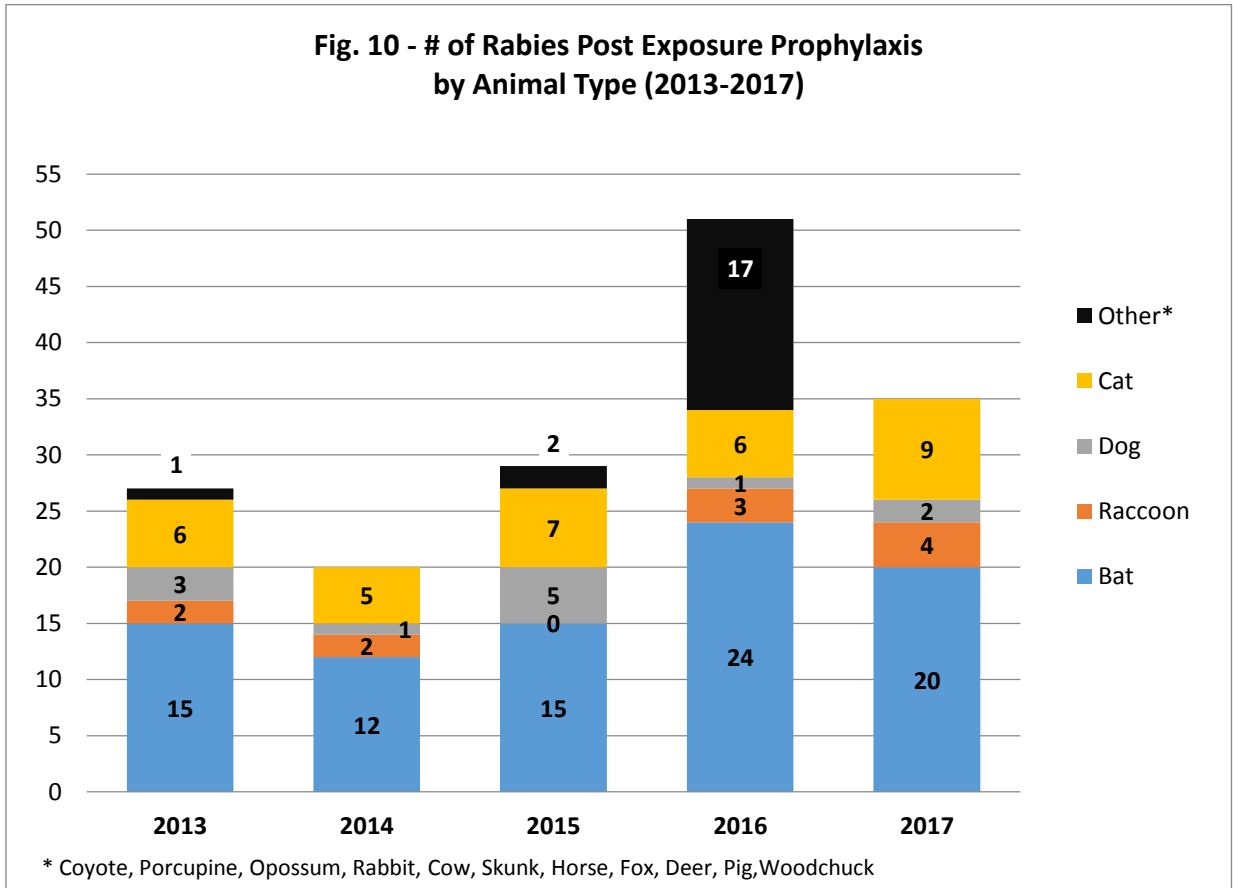
RABIES POST-EXPOSURE VACCINATION PROGRAM

Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva and nervous tissue of infected mammals. If individuals receive prompt treatment following an exposure to the virus, rabies can be prevented. The majority of exposures occur due to potential contact with bats. Most individuals requiring post exposure rabies treatment did so because the animal was not available for testing. Thirty-five (35) people received post exposure vaccination; of these, four (4) were due to contact with 3 lab confirmed rabid animals (two bats, and one raccoon). All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

Figure 9 illustrates the variability associated with the number of rabies post- exposure prophylaxis treatments from the last ten years, and Figure 10 illustrates the annual breakdown of post exposure treatments by animal vector.



Nursing



Community Health Nurse McClory preparing a syringe at a Rabies Clinic



Veterinarian Shaw and his Assistant vaccinate a pet at Rabies Clinic

MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2017

Susan A. Andrews - Director of Patient Services
Patti Williams - Supervising Community Health Nurse
Kerime Perese –Nurse Practitioner
Gayle Faulkner - Community Health Nurse
Laurie McClory - Community Health Nurse
Laurie Rzucek - Community Health Nurse
Tara Leonard - Reproductive Health Educator (contracted)
Lora Prey - Keyboard Specialist
Karen Hoffmann – KBS II

ENVIRONMENTAL HEALTH DIVISION

The field of environmental health seeks to identify those factors present in the environment that either cause or contribute to disease, illness, or unsafe conditions, and prevent such factors from adversely affecting the public. To do this, environmental health relies on the complementary strategies of inspection, education, and regulatory enforcement. Performing inspections to ensure compliance with science based regulatory controls established by state and federal agencies, is a core strategy in most environmental health work performed by the CCHD. Education is equally important in ensuring that county residents understand the potential health risks and mitigation strategies associated with health code violations. Through education and enforcement, many potential illnesses and injuries are prevented.

Water Supply Compliance and Protection

PUBLIC WATER SYSTEMS (PWS)

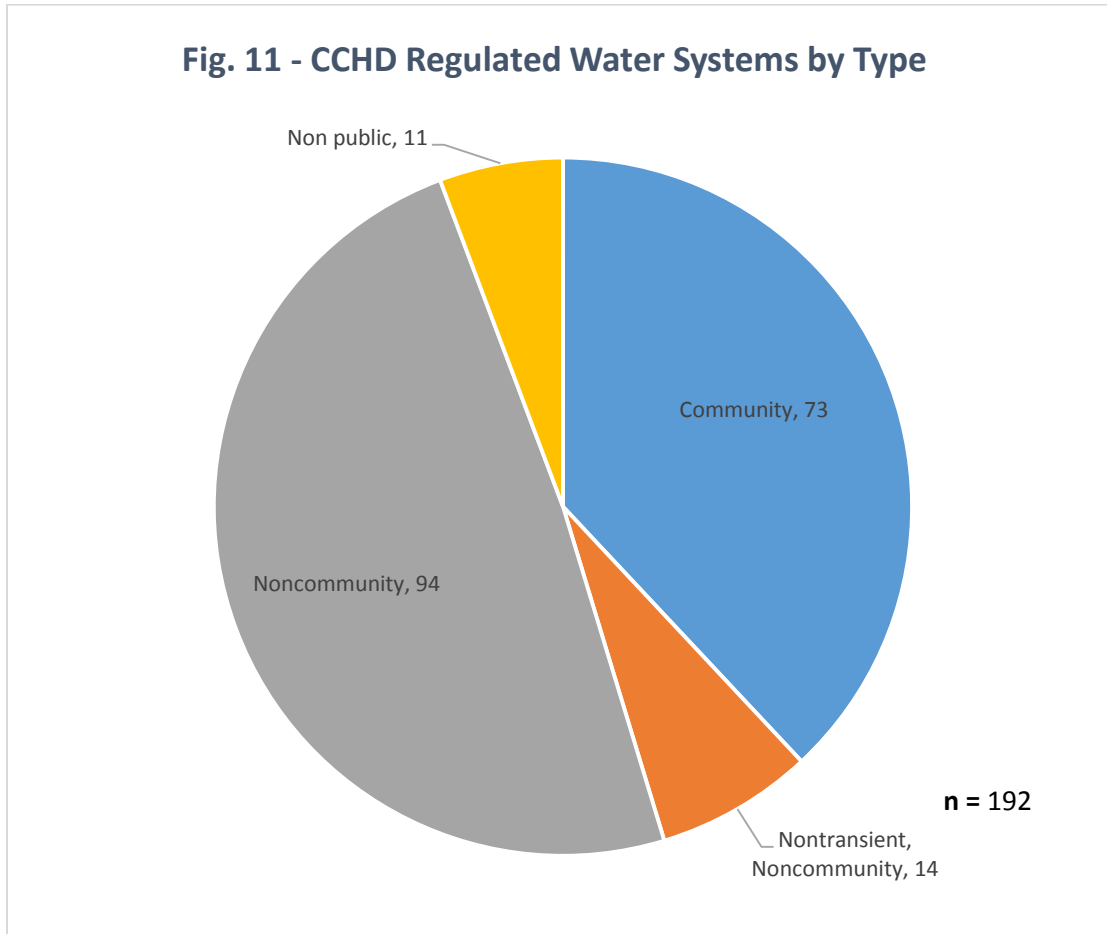
The U.S. Environmental Protection Agency cites efficient water use, better management and operation of water systems, full cost pricing, and watershed approaches to source protection as vital to ensuring the future of safe and healthy water for public consumption in the United States. The CCHD's PWS program works with operation and management personnel at 181 public and 11 non-public water systems throughout the county to ensure the provision of safe drinking water. Subpart 5-1, 10 NYCRR classifies public water systems as follows:

Community Water System (CWS) - a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents. Examples are a municipal water district or mobile home park system.

Noncommunity Water System (NCWS) - a public water system that is not a community water system. An example would be a restaurant with less than 25 employees utilizing its own well to provide drinking water to the public.

Nontransient Noncommunity Water System (NTNC) - a public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least 25 of the same people, four hours or more per day, four or more days per week, for 26 or more weeks per year. An example would be a school or business facility that has more than 25 employees, with its own well used to provide drinking water.

A *non-public* water system is one that does not meet the definition of a public water system, and is thus not regulated under Subpart 5-1, but it is still regulated by the CCHD through other sections of state and county sanitary codes. Fig.11 illustrates the breakdown of CCHD regulated systems by type within the county.



Water System Inspections

During 2017, Environmental Health (EH) staff performed required inspections at 121 public water supplies. At larger community and nontransient noncommunity systems, a full sanitary survey was performed in accordance with EPA and NYSDOH guidance documents. A sanitary survey requires examination of a system's *source, treatment, pumps & controls, finished water storage, distribution system, operation and maintenance, regulatory compliance, and record keeping*. Inspections and sanitary surveys are designed to critically review operations and management. Sanitary survey findings identify system deficiencies that can increase risks to public health. They also provide system management and operations personnel with recommendations to improve system operations, security, worker and public safety, and regulatory compliance.

Water Quality Monitoring

A key to providing safe and healthy drinking water is routine testing of water quality. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, monthly or quarterly microbiological samples, and annual nitrate samples, are collected directly by CCHD personnel and analyzed in the county lab. In 2017, 1,607 microbiological samples and 217 nitrate samples were collected at public water systems for eventual analysis by the Cattaraugus County laboratory. Numerous other samples were analyzed at commercial labs licensed by NYS.

Technical Assistance

Operating a PWS to minimize public health risk is challenging. In Cattaraugus County, the resources available to overcome these challenges vary by municipality or facility owner. Larger municipalities may have adequate resources to operate the system in accordance with industry-wide best management practices. Cities and large villages normally have full time dedicated staff. Other systems such as small hamlets, town districts, and mobile home parks, usually have part-time staff and limited capacity to achieve regulatory compliance and operate the system in a manner that ensures delivery of safe water 24 hrs/day, 365 days/yr. To aid all systems and encourage better operations and management, the CCHD provides the following technical assistance:

- Each community PWS is required to publish an Annual Water Quality Report (AWQR) and deliver it to customers. Each year EH staff prepares the updated reports for the vast majority of these PWSs.
- State and federal regulatory requirements for PWSs are complicated. While most certified operators¹ are familiar with these requirements, questions routinely arise that require EH staff explanation or interpretation.
- EH staff provide updated detailed sampling schedules to all PWSs in the county each January, and send reminder letters and e-mails to operators when certain sampling deadlines approach.
- Technical consultation is provided on an ongoing basis associated with various engineering and capital improvement projects throughout the county. The EH Director participates in project planning meetings each year with engineering consultants, municipal officials, and State agency representatives to secure funding for projects. The EH Director also reviews and approves all engineering reports, plans, and specifications to ensure compliance with NYS design standards.

¹ Community and Nontransient, Noncommunity PWSs are required to have a NYS certified operator.

- Each year EH staff assist several new operators with completing their licensing requirements (i.e. finding certification courses and processing applications), and seminars are conducted to help current operators obtain necessary certification renewal credits.

COMMUNITY WATER SYSTEM HIGHLIGHTS

With the aging infrastructure present in most Cattaraugus County communities, full compliance with current state and federal regulations often involves costly improvements. In 2017, EH staff helped the following communities in their capital improvements project planning:

The Village of Cattaraugus, continued to make improvements to their springs and transmission lines to improve yield, drinking water production, and to reduce leaks. This work began in 2015. In 2017, Kelly Summit spring improvements and installation of all new customers metering were completed. The village has been awarded a new NYS Water Grant in the amount of \$929,000. This money will be leveraged with additional loan to complete a \$3.6 M transmission line project.

The Town of Ashford West Valley WD serves the Hamlet of West Valley. In December 2015 the town was notified that they had received an additional \$1.92 M grant to help offset the cost of completely reconstructing the 100 yr. old infrastructure. All new water mains and a new storage tank were installed in 2016. The two new well treatment facilities were finished in 2017.

The Town of Randolph continues to make improvements in their water systems. The project began in 2011. Water main work was completed in 2016, all new water meters were installed and the storage tank was reconstructed, and work continued on the new Church St. well house and Larkin St. pump station in 2017. Scheduled completion is April 2018.

The Village of Gowanda replaced hundreds of feet of old, undersized water mains on several streets during the Summer/Fall of 2017. The project areas included N. Water, Center, School, N. Chapel, and High Streets.

The Town of Portville has initiated a study to determine the feasibility of extending public water from the City of Olean throughout the Hamlet of Westons Mills. Many private wells there have chronic water quality issues with iron and hardness. In 2018 they plan to conduct an income survey and then apply to various state and federal programs for grant and/or low interest loan assistance.

Wastewater

Properly operating wastewater treatment systems are essential to limit the spread of disease associated with microbiological and viral contamination. Wastewater system performance is dependent upon several factors such as soils, topography and precipitation, design capacity, actual usage, and regular maintenance (i.e. septic tank pumping). EH programs are designed to ensure that all properties not served by a municipal sanitary sewer system, have a properly designed and maintained private onsite wastewater treatment system (OWTS) which meets minimum NYS design standards.

PRIVATE SEWAGE TREATMENT

Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and OWTS Permit programs. Together, these two programs account for the largest portion of field staff time each year.

REAL PROPERTY TRANSFER PROGRAM

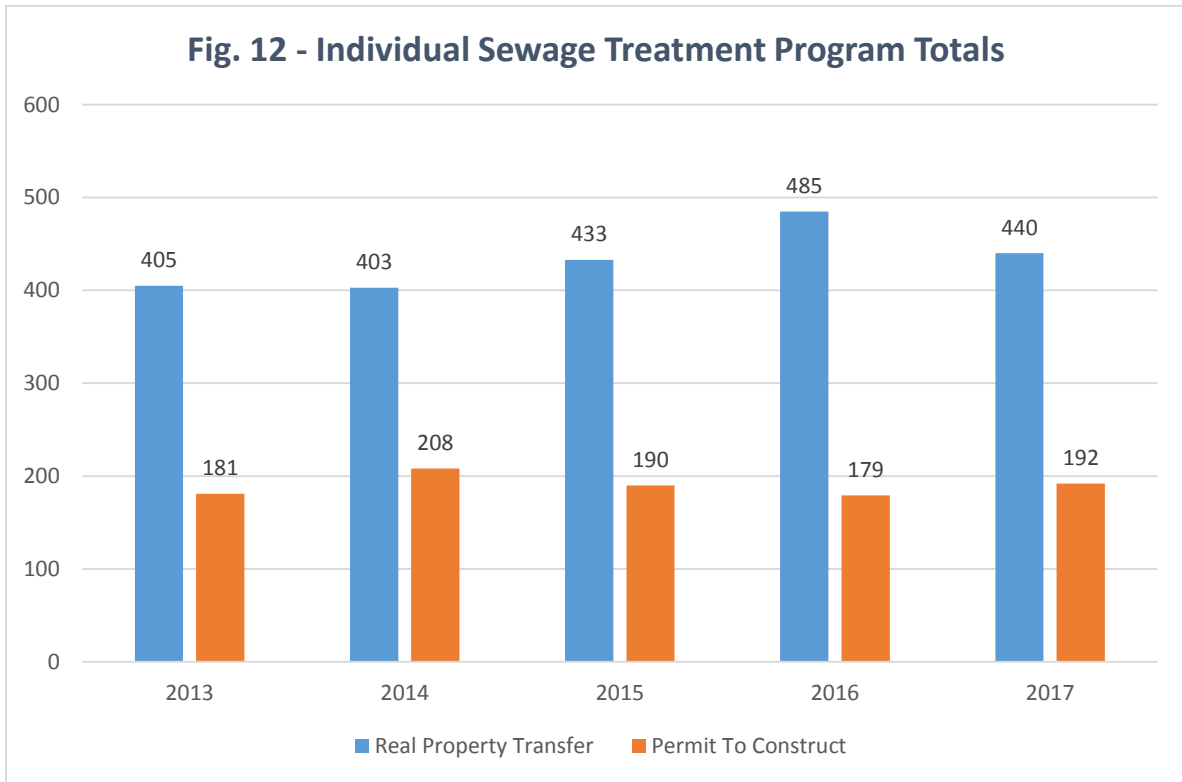
The RPT program provides a mechanism for performing sanitary survey inspections of private sewage and water systems at the time of all rural property sales. This, along with neighbor complaints that are received each year, serve to identify failing OWTS in need of repair or replacement.

Fig. 12 shows the number of RPTs completed between 2013 and 2017. Environmental Health staff created the Real Property Transfer Tracking and Reporting System (RPTTRS). The RPTTRS can provide field staff with electronic information directly from Real Property Services, to allow field staff to identify those sales that have not undergone a septic/water sanitary survey. Additionally, management staff can better track the number of such transfers to better allocate workload.

ONSITE WASTEWATER TREATMENT SYSTEM PERMIT PROGRAM (OWTS)

To ensure proper functioning of private wastewater systems, each system needs to be designed in conformance with state regulations and with an understanding of environmental conditions unique to each specific site. EH staff routinely conduct site investigations, soil tests, and design small OWTS for individual homes, while the EH Director reviews and approves plans for larger commercial systems designed by professional engineers. Following design, construction, and inspection, EH staff issue permits to operate these systems. Fig. 12 shows the number of OWTS permits to construct issued between 2012 and 2017.

Environmental Health

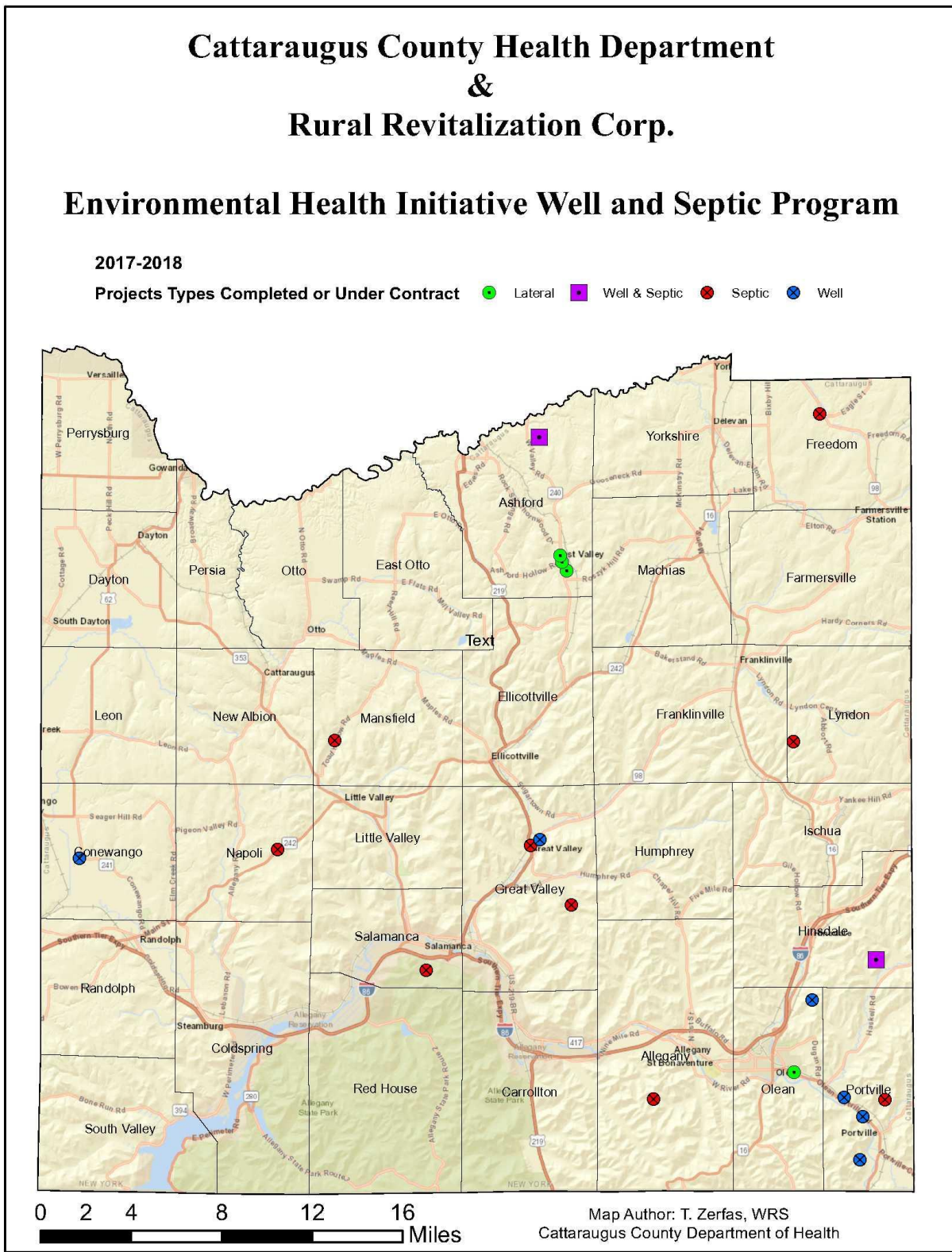


ENVIRONMENTAL HEALTH INITIATIVE GRANT PROGRAM

In September of 2016 the Department made application for a fourth round of funding, requesting \$350,000 to complete 69 new private water and septic projects over the next two year period. In December of 2016 the department was notified that the application was approved (Project No. 199WS338-16). The department will now have until December 14, 2018 to spend the remaining funds.

In 2017, the EH Division completed 21 projects to start off the fourth funding cycle of the *Environmental Health Initiative Program* (see Figure 13). This program is designed to provide financial assistance to low and moderate income households for the replacement of failing OWTS and well water supplies.

Fig. 13



COMMERCIAL SEWAGE TREATMENT

Larger commercial sewage treatment systems are required to have a State Pollutant Discharge Elimination System (SPDES) permit issued by the NYS Department of Environmental Conservation (NYSDEC) and they require that such systems be inspected annually to ensure proper operation and maintenance. The NYSDEC contracts with the CCHD to conduct these routine annual inspections. In 2017 EH staff performed 114 SPDES inspections and filed all reports with the DEC regional office in Buffalo as required.

COMMUNITY / MUNICIPAL SEWAGE PROJECTS

The CCHD also works with municipal boards to promote community wastewater systems where documented Onsite Wastewater Treatment System failures are an issue. Sometimes these efforts span decades.

The Town of Machias began project planning back in 2004 for the proposed municipal sewer district around Lime Lake. In 2010 the town received notice that they would receive a \$2.0 M grant along with additional low-interest loan funding to build the \$9.5 M project. However, due to DEC permitting requirements the project had to undergo engineering design changes in 2012, and final approvals were delayed until July of 2016. The project was bid out in early 2017, contracts awarded, and ground was finally broken in Fall 2017. It is estimated that the project can be substantially completed by December 2018 if we have a good construction season this summer.

The Town of Olean undertook a preliminary engineering study in 2017 to determine the feasibility of installing new municipal sewers along a short stretch of Indiana Avenue and Dugan Road in the town. An income survey of proposed district residents is being scheduled in early 2018 so that the town may apply to various federal and state programs for grant and loan assistance.

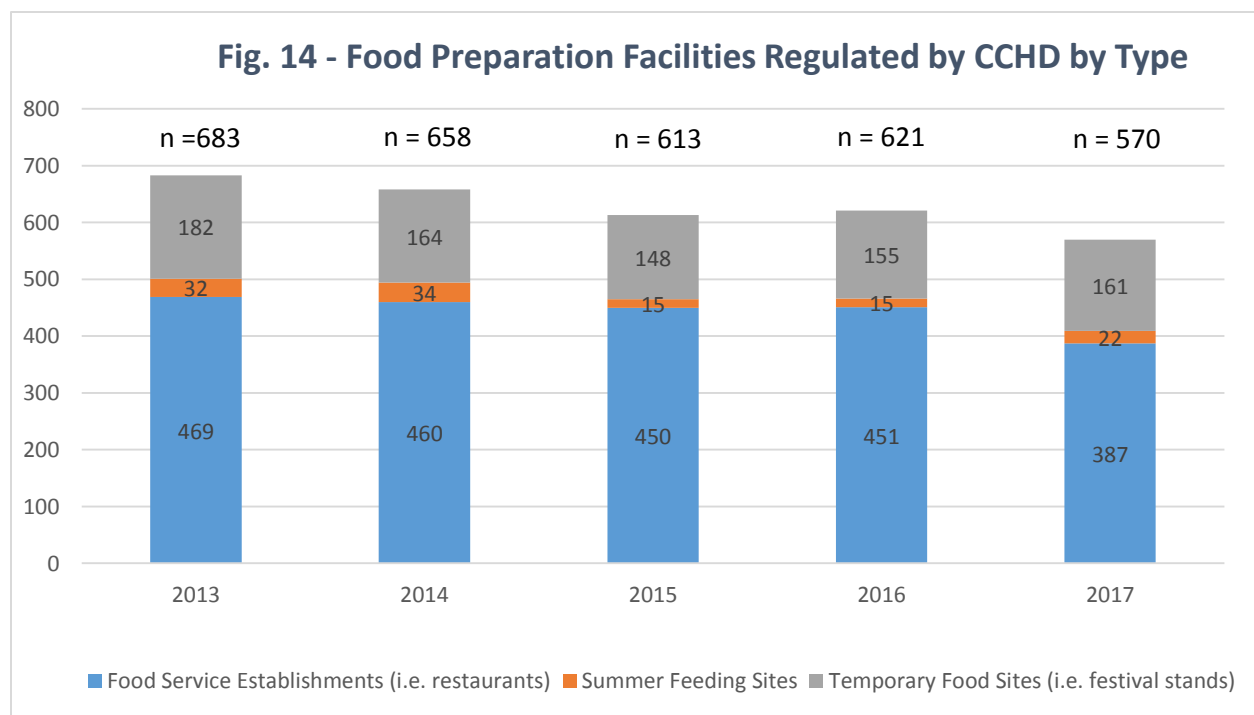
The Town of Carrollton received approval in March 2017 for Phase 1 of their Limestone Wastewater Plant improvements project. Phase 1 included overdue removal of sludge deposits from the primary and secondary lagoons. The primary lagoon was completed in 2017, but the secondary lagoon work had to be delayed until 2018. The town also just received approval for Phase 2 improvements which will include repairs and upgrades at four pumping stations, as well as various improvements at the treatment plant (i.e. fencing, valves, new generator, etc.).

Permitted Facility Inspections

Proper operation and maintenance of facilities serving the public can minimize disease outbreaks, health risks, and improve the overall quality of life for county residents. EH staff perform routine facility inspections to ensure compliance with regulatory requirements outlined in the NYS and Cattaraugus County sanitary codes. In doing so, EH staff use their education, training, and experience to identify code violations and other conditions which might represent a potential risk to public health and safety. EH staff educate facility operators in best management practices, work with them to achieve compliance with all regulations, and if necessary initiate administrative enforcement actions to compel compliance with minimum standards.

FOOD PROTECTION PROGRAM

This program ensures that all restaurant inspections statewide are standardized. Facilities regulated under this program are subjected to periodic inspections dependent on the type of facility. Fig. 14 compares the number of food service establishments regulated by the CCHD from 2013 through 2017. Environmental Health did investigate one alleged food borne outbreak in 2017. Ultimately it could not be confirmed as being an outbreak. EH has seven field staff qualified to inspect restaurants, of those seven, six have completed their NYSDOH Food Service Inspection Officer (FSIO) training. On November 14, 2017, the county Board of Health passed a new ordinance requiring mandatory training of food service managers at all Medium and High Risk food service establishments (FSE). Formal letters were mailed to all such restaurants under permit, notifying owners that they must complete the classroom or online training no later than December 1, 2018. Implementation is underway.

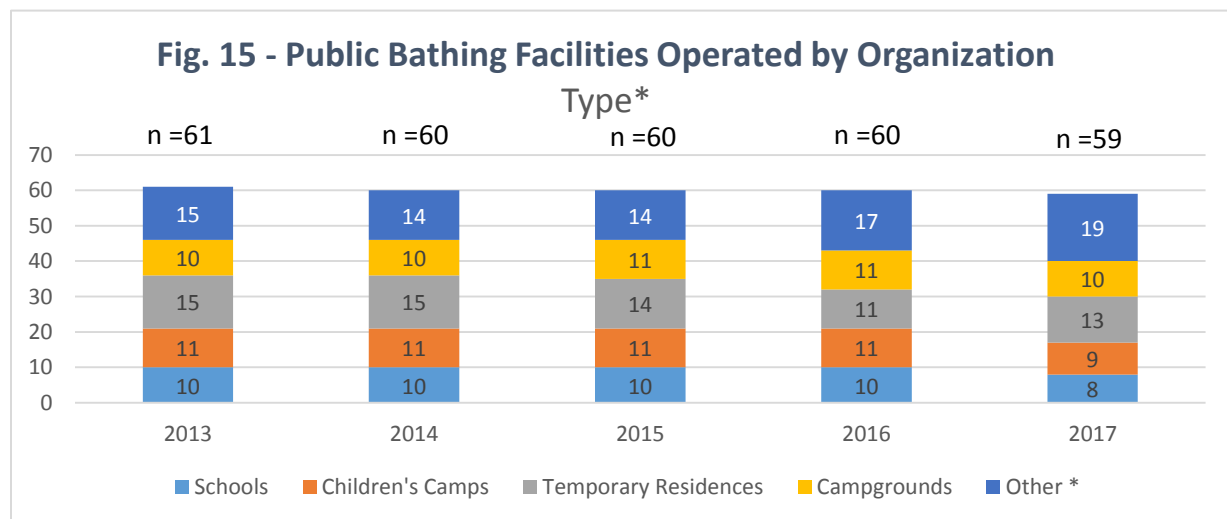


TEMPORARY RESIDENCE PROGRAM

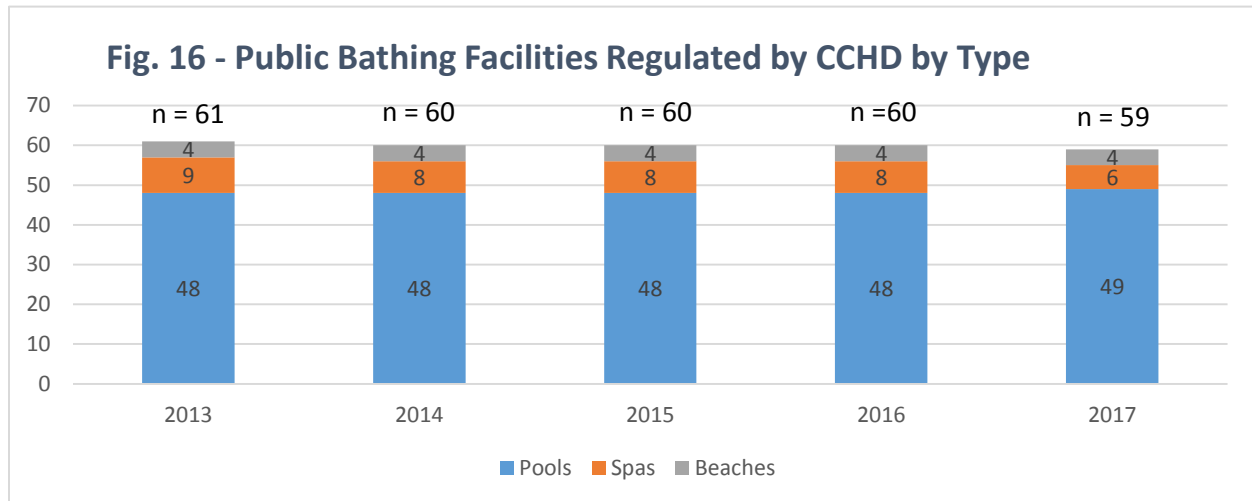
The EH division permits 45 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as children’s camps in the summer within the county. EH staff performed at least one annual inspection of these facilities and follow-up visits as necessary. Inspections may include kitchen operations, public water supply treatment and sampling, onsite sewage disposal system, and swimming pool or bathing beach. EH also works with local building code enforcement officers to ensure that required electrical and fire safety inspections are performed, and that permitted facilities are free of any public safety or health hazards.

PUBLIC BATHING FACILITY PROGRAM

In 2017, the CCHD permitted and oversaw the operation of 60 public bathing facilities operated by 39 organizations (see Figs. 15 and 16 for breakdown by type and organization). The CCHD also conducts a bathing beach sampling program to determine when beaches should be closed due to high E. coli bacteria levels. A total of 41 beach samples were collected. In 2017 one beach was temporarily closed on one occasion due to elevated E. Coli levels attributed to a recurring problem with a large resident goose population. Beach closings are usually associated with turbid conditions following a significant rainstorm event. As part of pool inspections, EH staff continued to notify operators of requirements associated with passage of the federal Virginia Graham Baker Pool and Spa Safety Act, which requires that all public pools nationwide replace existing bottom drain covers with new, approved grates. This legislation was designed to minimize risk associated with suction entrapment. .



* The total number of organizations operating facilities is smaller than the total number of facilities because one organization may operate more than one facility



CHILDREN'S CAMP PROGRAM

The CCHD permitted 16 children's camps in 2017. Many of these camps are operated by scouting, religious, or other non-profit organizations. Inspections at these facilities may also include a food service operation, public water supply treatment, on-site sewage disposal system, and swimming pool or bathing beach. Besides annual inspections, staff are required to annually review and approve each camp's written safety plans, investigate any reports of illness or injury, conduct background checks on all camp directors, and verify that required medical and safety certifications are current for all camp staff.

MOBILE HOME PARK PROGRAM

The CCHD permitted 34 mobile home parks in 2017. The capacity of the mobile home parks under permit range from a minimum of five homes to over 300 homes. The operations at these facilities also commonly include a community water supply and on-site sewage disposal systems. Throughout 2017, EH staff had to follow up on numerous complaints regarding sewage systems, water supply systems, electrical issues, and garbage complaints at such parks.

BODY ART PROGRAM

CCHD regulated 6 tattoo shops located in the county during 2017. The purpose of this program is to prevent infections and the transmission of blood-borne pathogens during tattoo and body piercing procedures. Sterilization equipment at these facilities must be tested on a quarterly basis. In 2015 the tattoo and body piercing sections of the code were combined and updated into one section titled Body Art. A new cosmetic procedure offered by trained cosmetologists which enhances, reshapes, or creates natural looking eyebrows was brought to the attention of staff in 2017. As a result, the CCHD will start permitting hair stylists, cosmetologists, and salons that intend to offer this semi-permanent body art procedure to their customers.

Environmental Contaminant Control

Modern industrialized societies inevitably release contaminants into the environment. Local, state and federal regulatory agencies are charged with minimizing the effects of such contaminants on public health and the environment. EH staff periodically works with such agencies (i.e. NYSDEC and USEPA) to provide review and comment on documents pertaining to assessment and cleanup of contaminated sites in the county. Additionally, EH staff has a primary role in implementing specific regulatory programs associated with exposure to secondhand tobacco smoke and sources of lead poisoning.

CHILDHOOD LEAD POISONING CONTROL PROGRAM

EH staff is responsible for the assessment of a child's living environment if elevated blood lead levels are 15ug/dl or higher. In 2017, the Nursing division referred 8 children to EH to make such an assessment. EH staff conducted environmental investigation at 9 residences associated with these children. Lead paint hazards were identified at 6 residences and subsequent remediation work was started and/or completed.

CLEAN INDOOR AIR ACT (CIAA) PROGRAM

In July 2003 a revised CIAA became effective which virtually eliminated smoking indoors in most public places. Similar to the ATUPA program, CCHD provides for compliance checks to ensure that indoor smoking in public places is not occurring. In 2017, there were 69 smoking compliance checks conducted in establishments around the county. There were no violations found as a result of these unannounced visits.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a "Membership Association". In 2017, 2 waiver renewal applications were received and approved. Additionally, 3 renewal Membership Association applications were received and approved.

ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) PROGRAM

In September 1992 Article 13-F of the NYSPHL went into effect which prohibited the sale of tobacco products to individuals less than 18 years of age. Since then, the EH division has performed annual visits at all stores in the county licensed to sell tobacco by NYS. In 2017 the CCHD performed 84 ATUPA compliance checks at 58 licensed establishments. The unannounced checks involve the use of minors who attempt to purchase tobacco products at store check-out counters. Of the 84 checks completed in 2017, there were 3 sales of tobacco products to a minor. Consequently, formal action was initiated which resulted in 3 violations for \$ 1,050 in fines.

In September 2016 the County Legislature passed Local Law No. 8- 2016 which raised the legal age for purchase of tobacco products in Cattaraugus County from 18 to 21. Formal notification and new signage were mailed to all retail tobacco stores in the county notifying them of this change. This will hopefully further reduce youth access to tobacco products and prevent early addictions.

HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION

As mentioned previously the EH Division works with both the NYSDEC and USEPA to facilitate and monitor the cleanup of hazardous waste sites throughout the county. The Department acts as the county repository for all remedial investigation (RI) reports, health risk assessment (HRA) studies, and long-term monitoring reports and data for all existing sites. EH staff occasionally attend public informational meetings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2017, the CCHD participated in review of the following sites / projects:

- West Valley Demonstration Project (County representative on Citizen Task Force)
- ALCAS/Olean Wellfield remedial investigation
- Annual testing of private wells in the Little Valley Trichloroethylene (TCE) site
- AVX remedial investigation in Olean

Vector Control

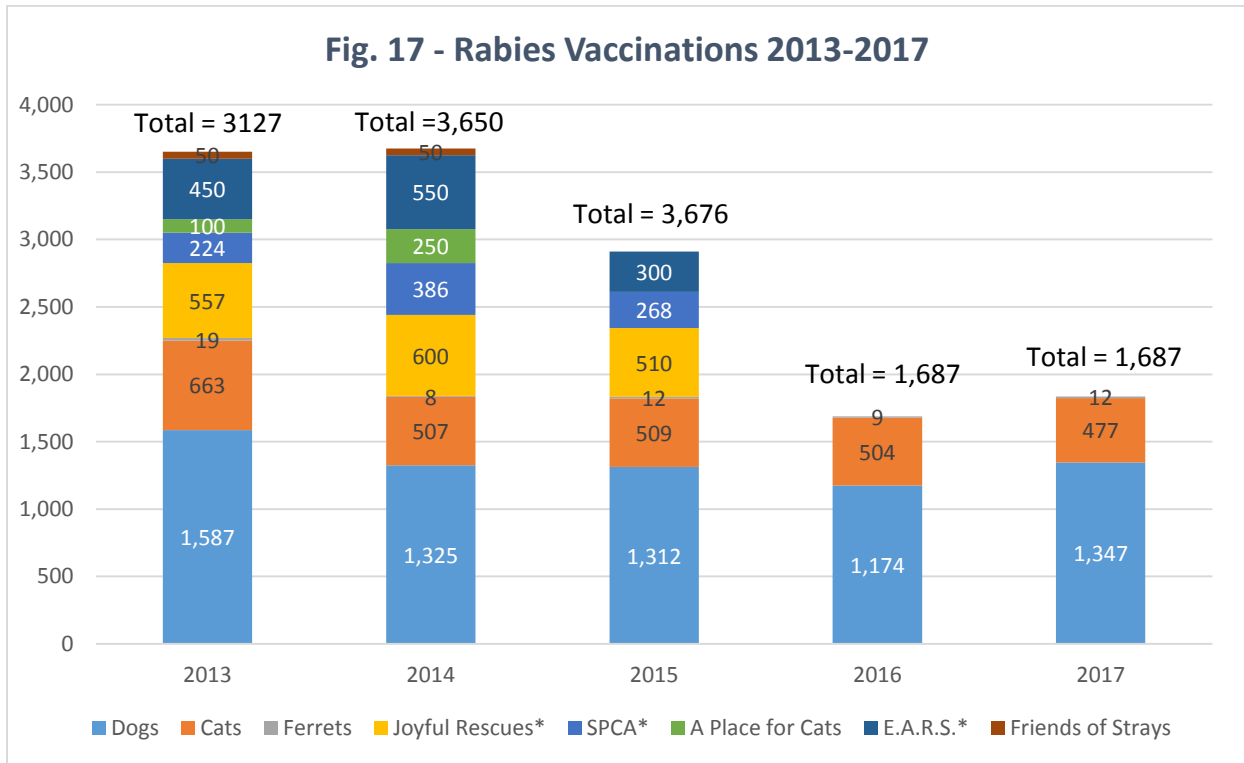
Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with insects and vector borne disease. In addition to the three programs mentioned below, EH staff responded to numerous complaints in 2017 associated with cockroach infestations, rodents, and bed bugs.

RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2017, five animal vaccination clinics were conducted at various locations around the county. Fig. 17 shows vaccinations by animal type for years 2013-2017. In total, \$2,013.32 in donations was collected at the five vaccination clinics held last year.



Residents line up early to take advantage of free rabies vaccine for dogs, cats, and ferrets.



* No vaccine was available for CCHD to provide to SPCA or other organizations in 2017.

In addition, EH staff conducted 208 animal bite investigations and referred 34 persons to the Nursing Division for post-exposure immunization. In 2017 a total of 58 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 2 were positive (1 raccoon, 1 bat).

MOSQUITO SURVEILLANCE AND CONTROL PROGRAM

EH staff began mosquito larval surveillance in May and continued surveillance into August. Adult surveillance also began in May and ended in August. A total of **85 mosquito specimen pools** were submitted to the state arbovirus laboratory for analysis. There were no detections of West Nile virus. However, there were detections of Cache Valley Virus, Potosi Virus, and Jamestown Canyon virus. It should be noted that there were no human cases of West Nile Virus reported in Cattaraugus County in 2017.

NYSDOH continued to conduct adult mosquito trapping in the area west of Salamanca during 2017 for Eastern Equine Encephalitis (EEE). All specimens obtained during this effort tested negative for EEE. At the very end of 2015, an outbreak of cases of Zika virus in South America prompted federal CDC and state DOH officials to issue warnings and guidelines in the U.S. As a result the CCHD submitted an annual Zika Action Plan (ZAP) to the New York State Department of Health. Two mosquito traps were set to monitor for Zika, one in Great Valley and one in Hinsdale. Neither yielded enough of a pool to submit to New York State Arbovirus Lab.

LYME DISEASE

Continued surveillance from 2012 through 2017 has shown a slow progressive increase in the percentage of infected deer ticks. Testing of deer tick nymph specimens from one site in Cattaraugus County in 2016 yielded a 25.0% infection rate for *Borrelia burgdorferi* bacteria (bacterium that causes Lyme Disease) and testing of adult deer ticks yielded a 71.9% infection rate. Testing results for 2017 had not been received yet as of the writing of this report.

It should be noted that there are newly emerging tick-borne diseases (anaplasmosis, ehrlichiosis, babesiosis, *B. miyamotoi* relapsing fever, and Powassan encephalitis). Three (3) human cases of Lyme Disease were reported in Cattaraugus County in 2012, four (4) in 2013, five (5) in 2014, twelve (12) in 2015, seventeen (17) in 2016, and thirty-three (33) new cases in 2017. Similar data from surrounding counties supports the conclusion that the rate of Lyme Disease infections in WNY is likely to steadily increase.

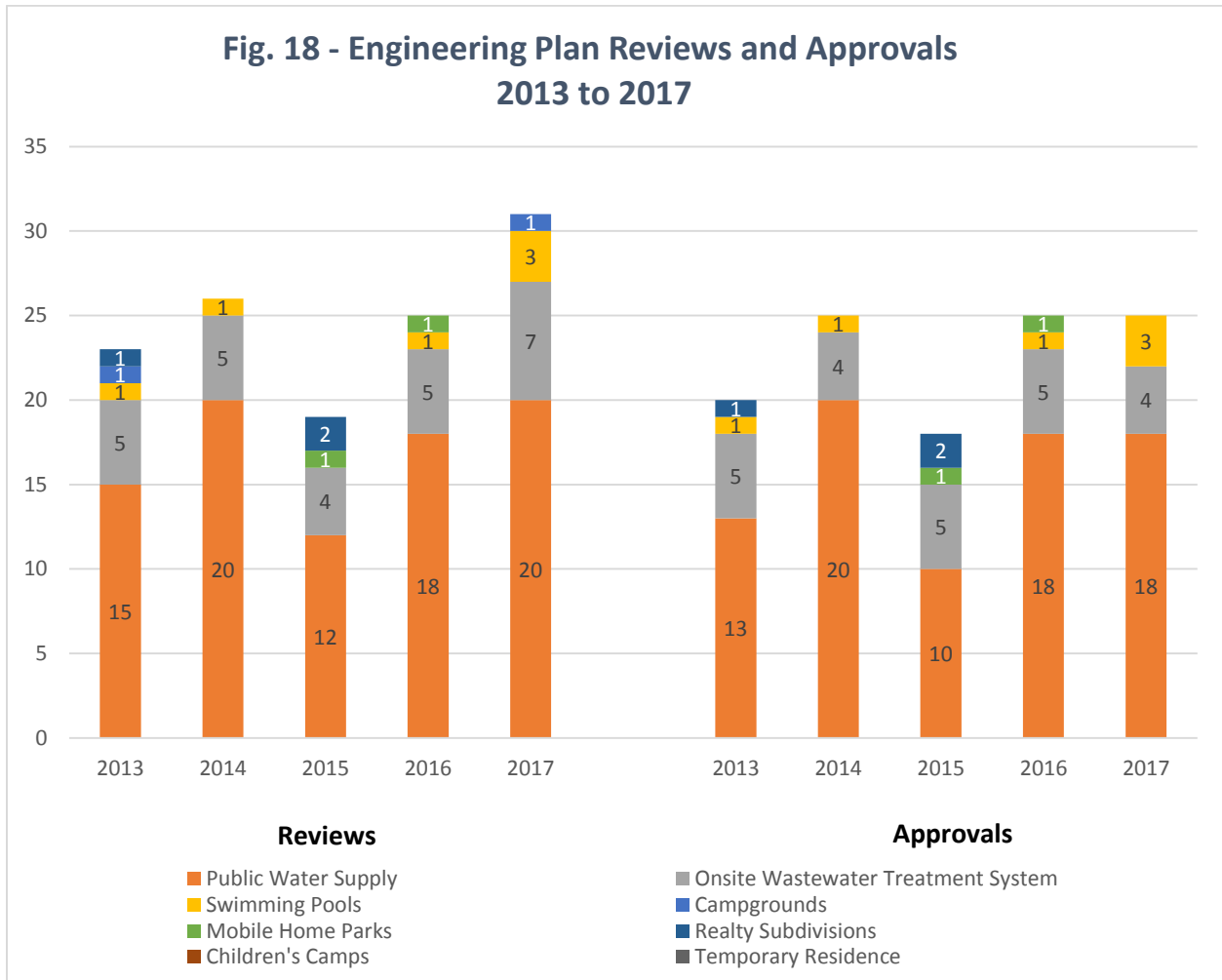
CCHD has distributed warning signs to all children's camps, campgrounds and public parks. Operators posted the signs in conspicuous locations for patron education. Dozens of additional signs were given to the NYSDEC and NYS Parks for posting at public fishing access sites, state forest recreation areas, and hiking trailheads.

Environmental Health Program Support Services

In support of the above health department functions and program activities, EH staff perform three additional categories of service, namely engineering plan review, public health nuisance complaint investigation, and enforcement. These services are vital for ensuring the proper design, operation, and maintenance of all regulated facilities.

ENGINEERING PLAN REVIEWS

Engineering plan reviews are required to ensure compliance with NYS design standards at all permitted facilities. The formal reviews are conducted by the CCHD Public Health Engineer for a variety of facility types. The number of engineering plan reviews performed and approvals issued for the years 2013 through 2017 are shown in Fig. 18.



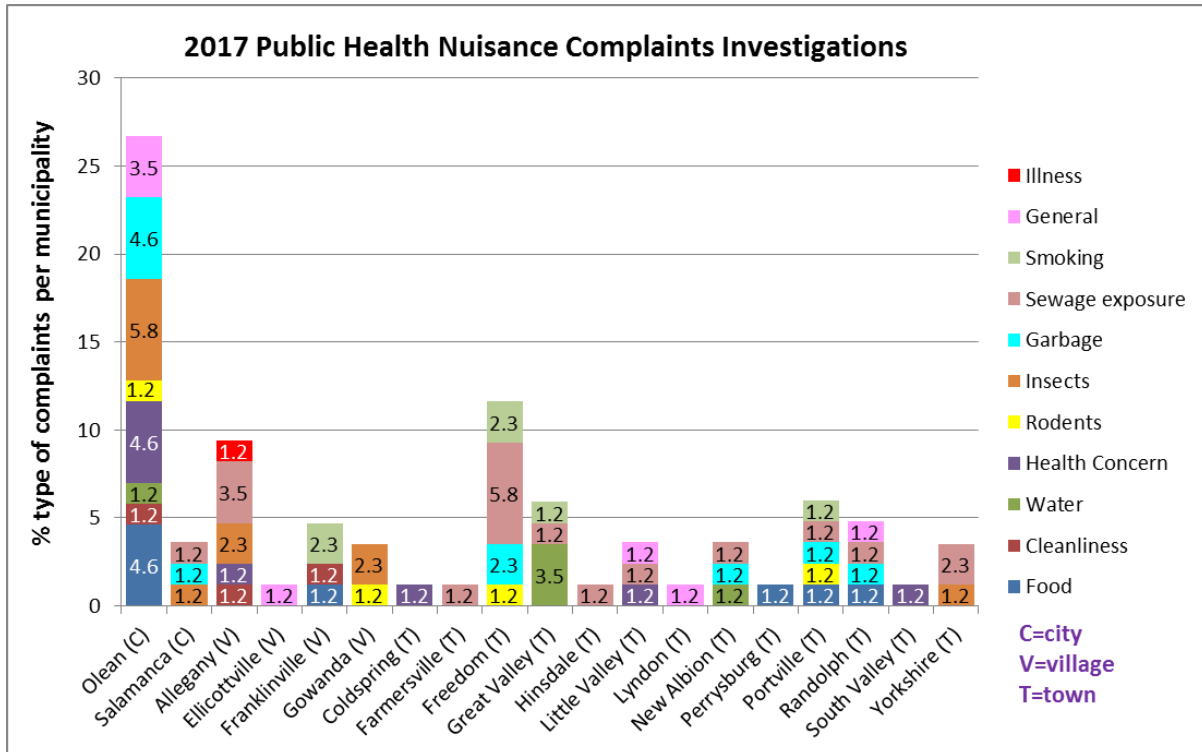
PUBLIC HEALTH NUISANCES

Many environmental health risks are identified through the programmatic activities outlined above. In 2017, EH staff responded to 86 total complaints regarding a variety of public health issues related to food service, cleanliness, water, general health concerns, rodents, insects, garbage, sewage exposure, smoking and illness (Figure 19 illustrates the percentage of each type of complaint in each municipality).

EH staff were prompt in responding to complaints and 75% of these cases were either resolved or closed or identified as invalid. Of the remaining 25% that were not resolved or identified as invalid, 9.6% remained open, 8.4% were referred to other sources for follow up, 6% were identified as needing further investigation and 1.2% had an unknown/incomplete status.

EH staff initiated one formal enforcement action to bring about correction of a sanitary code violation.

Fig. 19



ENFORCEMENT

While much effort is spent to achieve regulatory compliance through education and voluntary compliance, there are occasions where formal enforcement must be conducted. In 2017, a total of 29 formal enforcement actions were initiated for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. Cases involved sewage discharges, public water monitoring violations, restaurant and smoking violations, pets improperly vaccinated against rabies, and public health nuisances. Of these 29 actions, 29 resulted in the assessment of \$ 7,565.00 in fines. Since January 1, 2001 the CCHD has assessed \$ 197,740.39 in fines and has collected \$ 162,896.59. Unpaid fine cases eventually go to small claims court, where court judgments are sought against the respondents.

Environmental Health

ENVIRONMENTAL HEALTH STAFF

Eric Wohlers – Director
Raymond Jordan – Senior Sanitarian

OLEAN:

Timothy Zerfas – Water Resource Specialist
Chris Covert – Sanitarian
Eli Rust – Sanitarian
Richard Dayton – Sanitarian
Renee Herc – Sanitarian
Elaine Fowler – Keyboard Specialist II
Desiree Ottley – Keyboard Specialist

LITTLE VALLEY:

Andrew Wolf – Sanitarian
Michael Hastings – Sanitarian
Samuel Dayton – Sanitarian
Rhonda Kelley – Sanitarian
Regina Rogers – Keyboard Specialist

HEALTH EDUCATION DIVISION

Health Education (HE) is the process of assisting individuals and groups to make informed decisions and build skills on matters affecting personal, family and community health. Health Education provides information about awareness and prevention and spans the gap of knowledge between the consumer and the scientific community. All local health departments (LHDs) are required to provide health education services.

School Age Programming

Changing unhealthy behaviors and practices is most effective with young individuals. Research has shown that the majority of an individual's adult behavior and attitudes are shaped as children. Consequently, Health Education focuses much of its effort working with the school age population, or parents of school age population to promote healthy behaviors and lifestyles. HE reorganized its efforts to share responsibilities and has divided amongst all health department divisions. HeadStart's *Cavity Free Kids Program* has been taught to WIC staff, now trained to educate and provide dental supplies to families or children in need. HeadStart staff are also filling Dental Program requests at schools and community events if requested.

GLO GERM HANDWASHING PROGRAM

The Glo Germ Hand washing program is designed to emphasize the importance of proper hand washing to prevent lead poisoning and minimize the spread of contagious disease such as influenza. Health education staff discuss proper hand washing and show, through the use of ultraviolet light and 'Glo-Germ' gel, the effectiveness of proper hand washing. Children leave the Glo Germ program with age-appropriate workbooks, stickers, brochures and/or pamphlets. Although often targeted to school age children, the program has also been used effectively in adult presentations. Equipment may be borrowed for short periods of time by the public. Multiple summer programs were provided at both the Olean Star Program and at Walsh Montessori.

ORAL HYGIENE PROGRAM

The importance of establishing good oral hygiene behavior in childhood cannot be underestimated. With the growth of adult teeth in early childhood, prevention of oral/dental diseases such as periodontal disease, gingivitis and tooth decay becomes the only way to insure nominal dental health. Without good oral hygiene, many children begin the long, painful, expensive path towards oral and dental problems. Historically, rural areas such as Cattaraugus County, have had limited access to the types of treatment available to treat these problems. Treatment cost makes prevention more important than ever. In Cattaraugus County, many children lack the necessary tools, such as toothbrushes, paste, and dental floss to help prevent tooth decay and combat oral/dental diseases. Dental supplies are also disseminated at MOMS visits by Health Department nurses, to

Department of Social Services clients, and to Veggie Mobile participants. According to County Health Rankings, Cattaraugus County has only 41 dental providers per 100,000 population, ranking the county significantly lower than the New York State value of 81 per 100,000 population.

REPRODUCTIVE HEALTH PROGRAM

The reproductive health program seeks not to just educate teenagers and adults about human reproduction, but also to give them the personal skills, sense of personal identity and confidence to make responsible choices regarding their own reproductive decisions. Objectives of the reproductive health program include:

- reduce adolescent pregnancies
- reduce sexually transmitted infections
- increase awareness of other CCHD reproductive health services
- increase personal knowledge of reproductive health

In support of these objectives, Health Education continued to provide innovative program activities designed to empower teens and young adults through self-discovery. In the past two years, the opportunity for new programs in the County Jail became available. Classes are popular with both males and females. Topics include contraception, STIs, birth spacing, and relationship skills. Inmates are additionally provided with information on how to access Health Department Family Planning Clinics.



Health Educator, Tara Leonard (left) presents to YDC participants



Youth Development Coalition participants tackle independent Living Skills Projects.

School and Community Outreach

Programming in schools is designed to educate on puberty, teen issues, and the science of reproduction as well as potential consequences associated with sexual activity; for all ages, education provides insight into sociological factors associated with such activity. STIs prevention and Contraception education are provided to numerous individuals with learning and developmental disorders through Alternative Education School and adult programs; adult programs include those living in temporary housing, alcohol and/or other drug counseling centers (see Table 5). The Educator continues facilitation of the County's Youth Development Coalition (YDC) which helps sponsor activities during the year that focus on independent living skills.

Table 5

Cattaraugus County Health Department – 2017 Annual Report
Health Education

Program	Sites	Number reached (duplicated)
Puberty Stinks	Gowanda, Portville, Allegany, Olean, Salamanca	997
STIs	Jail, Big Ps Ellicottville & Cuba, BOCES, Hinsdale	151
Relationships	Gowanda, Jail, Cuba, Ell Big P, Children’s Home	483
Sexting	Gowanda, Olean HS, Randolph, BOCES, Children’s Home, Olean Middle	446
Media	Randolph, Olean Middle, Catt-Little Valley	330
Contraception	Big Ps Ellicottville & Cuba, Olean, Cuba, Jail, Salamanca	348
Women’s Health/ Men’s Health	Jail, Salamanca	32
Hygiene	Hinsdale, Olean Middle	153
Communicable Disease	Foster Care	8
Hepatitis	Jail	19
Shaken Baby, FASD	Randolph, Children’s Home, Ell Big P, Hinsdale, Cuba	195

Adult and Community Based Programming

Staff provide adult and community based programming in an effort to foster healthier lifestyles at various locations throughout the county. Health Education works collaboratively with other County Departments and Community Organizations. Staff participate at events, including: Cattaraugus County Employee & Retiree Wellness Days, the YMCA’s annual Healthy Kids Day, Canticle Farms, the **Cattaraugus County Fair Booth**, Influenza and Rabies Clinics, Machias Family Fun Day, Salamanca/ Pine Valley/ Pioneer/ West Valley/ and Olean School Fairs, Salamanca Kiwanis Annual Bike Rodeo, the Rehabilitation Center / the City of Olean/ Cattaraugus Community Action/ Seneca Allegany Casino, Holiday Valley Employee Wellness Days, the Department of Aging Senior Forum, the Kathi Ward Foundation for Nurses event, Genesis House Agency Fair, Annual World Breastfeeding Day, and the Annual Farmer Neighbor Event.



Annual County Fair Booth Displays

Remote Area Medical (RAM) event was added this year, requiring much preparation from Health Education. In 2017, the Eighth District Dental Society and Eighth District Dental

Cattaraugus County Health Department – 2017 Annual Report
Health Education

Foundation, in partnership with the University at Buffalo School of Dental Medicine, planned a health fair, courtesy of St. Bonaventure University and Remote Area Medical (RAM). During this event, free oral cancer exams, extractions, restorations, and preventive care were offered.

The Cattaraugus County Health Department, and other agencies offered educational tables; Olean General Healthcare Systems along with UB provided counseling for placing patients into dental and medical homes. Residents who were out of the mainstream health loop, had their needs addressed, and were educated about the dangers of oral neglect and the corresponding decline in total health.



RAM: From Registration to Initial Screening by Volunteer Medical Staff



RAM Dental stations

NUTRITIONAL PROGRAM

Proper nutrition is the foundation of a healthy lifestyle. Obesity is the leading cause of many health related conditions in the U.S. The nutritional program strives to educate the community on good nutrition and healthier behaviors. Staff illustrates the importance of portion control, making smarter choices when eating out, growing or buying healthier foods, and encouraging physical activity to control weight. Focus continues to be *reducing the amount of sugar-sweetened beverages consumed by children and adults with emphasis on increasing the amount of water consumed.* Sugary sweetened beverage



education is incorporated into all displays, and at health and wellness days. Several posters were created internally by staff, shared on social media, shared with the Consortium, and shared at participating vendor events

VEGGIE MOBILE PROJECT

Originally a pilot program in 2015, providing fresh vegetables as well as tips on preparing them, the Veggie Mobile (VM) was introduced to public housing residents of Seneca and Alder Courts in Olean. The VM, a vehicle carrying fresh vegetables from local farmers, is a cooperative venture between the Cattaraugus County Health Department, and Olean Housing Authority. Vegetables are delivered each week from June to September, free of charge to senior citizens, the disabled, and low-income families. Participants are encouraged to eat healthy foods through recipes, handouts, cooking demos, and tasting the vegetables in season. In 2016, two public housing sites in Olean, South and West Courts, were added, as were cooking demonstrations, container gardens, and fresh fruit. Salamanca's Housing Authority, the residents of Hillview Homes, were added in 2017. Also welcomed in 2017 was collaboration from an *Eat Smart New York* nutritionist, and an educator from the Expanded Food and Nutrition Education Program (EFNEP) of Cornell Cooperative Extension, who provided food demonstrations.



Volunteers assist consumers with vegetables and fruit;



Eating peas...



Cooking demonstration given by Athena Godet-Calogeras

Partnership Activities

Staff partner with a variety of organizations and agencies to address public health related issues. In 2017, staff continued to participate in many councils, coalitions, and partnerships locally and regionally including: Cattaraugus County’s Healthy Livable Communities Consortium, Youth Development Coalition (YDC), Cancer Services Program (CSP) of Allegany and Cattaraugus Counties, Tobacco Free CCA (Chautauqua – Cattaraugus – Allegany counties), Healthy Cattaraugus County(HCC), the WNY Public Health Alliance, Regional Hepatitis/ HIV/ STIs Network, and Population Health’s WNY Healthy Communities Consortium.



Second Annual Inclusion Recognition Day, November

HEALTH EDUCATION STAFF

Debra Nichols – Public Health Educator
Beverly Bennett – Public Health Educator Assistant – retired January 2017
Tara Leonard – Reproductive Health Educator
Athena Godet-Calogeras – Health Educator Volunteer/ Veggie Mobile Coordinator

COMMUNITY ENGAGEMENT

In 2017, the Cattaraugus County Health Department continued to partner with a multitude of agencies and organizations to help better the health of the community.

The **Cattaraugus County Healthy Livable Communities Consortium (HLCC)** formed as a *call to action* in 2011. It continues to take strides toward creation of healthier, sustainable lifestyle opportunities for residents. The Consortium meets quarterly with sub groups meeting more frequently.

Since initiation of the HLCC, it has been the intent of the Cattaraugus County Health Department and its partners to instill upon key stakeholders that we are *all called to action* to tackle health issues. The Community Health Assessment (CHA), the Community Services Plan (CSP), and the Community Health Improvement Plan (CHIP) are facilitated through the Consortium.

HLCC was first awarded the national Spreading Community Accelerators through Learning and Evaluation (SCALE) funding grant in 2015, one of only 20 nationally, supported by Robert Wood Johnson Foundation. SCALE is an intensive *learning and doing* program whose goal is to create and support local leaders at all levels to be successful within communities, creating *bright spot* interventions. SCALE is the first initiative of 100 Million Healthier Lives. **In 2017**, HLCC was awarded SCALE 2.0 Regions of Solution, whose focus is to SCALE Up into other communities; this model is being demonstrated to 8 regional counties through the existing WNY Public Health Alliance.

In February 2016, the HLCC was awarded one of ten national *Reaching People with Disabilities through Healthy Communities* funding by the National Association of Chronic Disease Directors (NACDD). The goal of this funding is to seek community collaboration to accelerate disability inclusion policy, systems, and environmental (PSE) improvements that will increase opportunities for healthy eating, physical activity, and the prevention of tobacco use for people living with disabilities. The Centers for Disease Control leads this initiative with NACDD acting as lead. In 2017, funding was again awarded to HLCC to increase efforts throughout the county.



Annual Training CDC Atlanta

Cattaraugus County Health Department – 2017 Annual Report
Community Engagement



Population Health Awarded to Consortium



Accepted by Debra Nichols

Smoking in Cars with Children

A collaborative effort between Universal Primary Care (Federally Qualified Health Center) the Cattaraugus and Chautauqua County Health Departments, and the Western New York Public Health Alliance, to educate the public about the adverse effects to children in vehicles when smoking occurs, was initiated in 2017. Social Media and Print Ads were made available to the public.



Cattaraugus County Health Department – 2017 Annual Report
Community Engagement

Table 6

Community Partners	
Agency/ Organization	Agency/ Organization
Allegheny-Cattaraugus Cancer Services Program	Housing Options
Alzheimer’s Association of WNY	Interfaith Caregivers
American Cancer Society	Kidney Foundation of WNY
Ardent Solutions Network	Legal Assistance of WNY
Baby & Me, Tobacco-Free Program	Municipal Clerks
Boundless Connections/ Strength Solutions	NY Connects
Canticle Farm	NYS Department of Health
CARes (Council on Addiction Recovery Services)	NYS Health Foundation
Catholic Charities	NYS Senate
Cattaraugus-Allegany BOCES (Board of Cooperative Educational Services)	NYS Smokers Quitline
Cattaraugus Community Action	Olean City Schools
Cattaraugus County Board of Health	Olean General Hospital/ Upper Allegheny Health System/ Kaleida Health
Cattaraugus County Community Services	Olean Housing Authority
Cattaraugus County Department of Aging	Olean Medical Group
Cattaraugus County Economic Development	Olean Times Herald
Cattaraugus County Health Department	Olean YMCA
Cattaraugus County Legislators	Population Health Collaborative of WNY
Cattaraugus County Department of Social Services	Pfeiffer Nature Center
Cattaraugus County Veterans Services	Reality Check Program
Cattaraugus County Youth Bureau	ReHab Center
Cattaraugus Regional Community Foundation	Rural Revitalization
City of Olean (Mayor, Planner, Youth Bureau)	Salamanca Press
Chautauqua County Health Network	SNI (Seneca Nation Indians) Health, Ed & Planning
City of Salamanca (Council, Youth Bureau)	Southern Tier Health Care System
Cornell Cooperative Extension Cattaraugus County	Southern Tier West/ Fresh Local WNY
Creating Healthy Schools and Communities	St. Bonaventure University
Directions in Independent Living	STRAWW (So Tier Recovery Activities w/out Walls)
Eat Smart New York	Suicide Prevention Coalition
Fidelis Care	Tap Into Greater Olean
Genesis House	Tobacco-Free CCA
GOAC (Greater Olean Area Churches)	Total Senior Care
Gowanda School District	United Way of Cattaraugus County
Head Start Program	Univera
Health Care Access Coalition	University Primary Care
Healthy Cattaraugus County	Veggie Mobile
Healthy Community Alliance	Venture Forthe
Healthy Families	WIC (Women, Infants, Children)
HomeCare & Hospice	WOGO (Wider Opportunities Greater Olean)
iCircle	YourCare

Healthy Livable Communities Consortium



Consortium members settled for meeting



Co-Chairs Cathy Mackay and Dr. Watkins



Facilitator Ebersole



Debra Nichols presents to consortium members



Dr. Watkins and Gina Parks acknowledge Healthy Policies

COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN-COMMUNITY SERVICE PLAN

The New York State Department of Health requires each local health department and all partner hospitals in the county to work together along with other community partners to identify and address local health priorities associated with the NYS Prevention Agenda. NYS envisions that there is shared ownership between local health departments and hospitals in all phases of the community health improvement process including the health assessment, planning, investment, implementation and performance monitoring to assess progress. Collaborative approach will leverage efforts and resources of all health organizations in a county toward shared community health goals and will improve effectiveness and reduce duplication in the assessment and planning efforts.

The Health Department, in collaboration with Olean General Hospital, worked with many community partners to complete a Community Health Needs Assessment (CHA) in 2016. Two community surveys were conducted and other county specific health data were examined to assess priority health issues in Cattaraugus County. Olean General Hospital and Cattaraugus County Health Department submitted one Community Health Assessment /Community Health Improvement Plan – Community Service Plan to NYSDOH.

The two health priority areas chosen were: 1) Prevent Chronic Disease and 2) Promote Mental Health and Prevent Substance Abuse. The disparity chosen for the specific populations that are disproportionately impacted were individuals and families in poverty.

These major health priorities require continued community partnerships to implement evidence based strategies to produce health improvements. In 2017, Olean General Hospital and Cattaraugus County Health Department submitted a one year progress report Community Health Improvement Plan to NYSDOH (Table 7). As more work is still needed to meet the goals of the Community Health Improvement Plan, the hospital and the health department are engaging community partners to work together on various measureable indicators that will show an improvement in the final Community Health Improvement Plan progress report due December 2018.

CHA/CHIP-CSP STAFF

Kevin D. Watkins, M.D., M.P.H – Public Health Director
Debra Nichols – Public Health Educator
Gina Parks – Accreditation Coordinator
Shomita Steiner, PhD – Public Health Emergency Preparedness Coordinator

Table 7

Cattaraugus County 2016 - 2018: CHIP Indicator Tracker				
2017 Update				
<p style="text-align: center;"> + Improvement ↓ Decline ★ No change ◆ New measure (baseline and progress not available) </p>				
Partners: FMG= Foothills Medical Group, UPC=Universal Primary Care, OMG=Olean Medical Group				
Progress	Health Focus Area and Goals	Baseline (Year)	Most Recent (Year)	Target
Prevent Chronic Diseases: Reduce Obesity in children and adults				
+	Number of agencies/organizations that have passed Healthy Meeting and/or Healthy Vending Policies	0 (2016)	15 (2017)	5/year
+	Number of municipalities that have passed Complete Street Policies	0 (2016)	6 (2017)	5/year
Prevent Chronic Diseases: Increase access to high quality chronic disease preventive care and management in both clinical and community settings				
FMG + UPC ★ OMG ↓	Percentage of breast cancer screening rates	FMG: 29% UPC: 56% OMG: 64% (2016)	FMG: 32% UPC: 60% OMG: 61% (2017)	Increase by 5%
FMG + UPC + OMG ★	Percentage of colorectal cancer screening rates	FMG: 23.7% UPC: 48% OMG: 37% (2016)	FMG: 56% UPC: 51% OMG: 38% (2017)	Increase by 3%
FMG + UPC ★	Percentage of diabetes screening rates	FMG: 69% UPC: 43% OMG: none (2016)	FMG: 94% UPC: 43% OMG: none (2017)	Increase by 5%
Promote Mental Health and Prevent Substance Abuse: Prevent substance abuse and other MEB disorders				
+	Number of schools where evidence-based training programs were implemented	0 (2016)	5 (2017)	-
+	Number of drugs collected through drop boxes	430 pounds (2016)	1761 pounds (2017)	-
+	Number of Narcan trainings provided	253 (2016)	272 (2017)	-
◆	Number of individuals trained in suicide prevention gatekeeper trainings	-	45 (2017)	-
◆	Number of individuals trained in Mental health first-aid	-	24 (2017)	-

EARLY CARE DIVISION

Identification of and early intervention in the treatment of developmental delays in young children is of paramount importance in improving childhood developmental outcomes. The Early Care Program administers two closely interrelated programs; the Child Find and Early Intervention Programs. These programs address respectively the interrelated issues of *identification of* and *intervention in* potential developmental delays in early childhood. These federal programs are administered through the NYSODH and the family's county of residence. The Early Intervention - Local Early Intervention Coordinating Council (LEICC) conducts periodic meetings to address programmatic issues and to assist in quality control of the program.

In 2017, Intake staff received 220 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, approximately 126 children qualified to receive services and obtained an Individual Family Service Plan (IFSP) in 2017.

While the Child Find / Early Intervention programs are described separately below, practical administration of these programs does not necessarily recognize this programmatic division.

CHILD FIND PROGRAM

The Child Find program identifies children, aged birth to 3 years, that may be at-risk of having a developmental delay *and* insures that such children are appropriately evaluated and have access to the services necessary to address such issues. The Child Find program assures that all children have a primary health care physician and health insurance, such as Medicaid and/or Child Health Plus. Identification of at-risk children occurs by working with area hospitals to contact families when their infant did not receive or failed a New Born Hearing Screen or through referrals by family, friends, physicians, hospitals, educational/health care professionals when there is a concern regarding a child's ability to meet developmental milestones.

In efforts to identify more at-risk children, Child Find distributes material containing information on developmental milestones for children aged birth to three years old to physicians, hospitals, educational/health care professionals and other potentially interested parties.

EARLY INTERVENTION PROGRAM

Once identified, children aged birth to 3 years old who are at risk of a developmental delay are evaluated and provided with intervention services through the Early Intervention Program. Children are determined eligible by a multi-disciplinary evaluation which determines eligibility and appropriate therapy. Services provided within this program fall into the following areas: Speech/Language Pathologist, Physical Therapy, Occupational Therapy, Nursing, Special Instruction, Audiology, Nutrition, Social Work, Vision, Psychological, Assistive Technology devices, Family Training, Respite and Service Coordination Services.

EARLY CARE PROGRAM STAFF (Early Intervention) - 2017

Dr. Kevin Watkins – Early Intervention Official

Patty Cheek – Early Intervention Service Coordinator

Kara Frontuto – Early Intervention Service Coordinator

Peggy Keller – Early Intervention Service Coordinator

Nikki Pratt- Early Intervention Child Find Assistant

Lanette Shaw – Early Intervention – Keyboard Specialist II

**PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM (PHCP)
CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)**

The PHC/CSHCN Programs provide services to children from birth to 21 years of age, who have or are suspected of having serious chronic physical or developmental condition requiring health or related services of a type or amount beyond what is typically required by children.

The Children with Special Health Care Needs Program is a referral service that connects families with extra health care and support services that will help meet the family's needs if the Physically Handicapped Children's Program cannot assist.

The Physically Handicapped Children's Program helps to cover the financial costs that arise when caring for a child with special health care needs and is designed to help low and middle income families who have inadequate or no health insurance.

This program has three divisions: First, the Diagnosis and Evaluation Program will provide funding to assist a family obtain a diagnosis for a child who is suspected of having a serious or chronic condition. Families are allowed a maximum of three visits per year under the diagnosis and evaluation division. Once a diagnosis is determined, the second division of CSHCN which is PHCP will provide funding to help cover costs related to that diagnosis. For instance, if a child is diagnosed with diabetes, PHCP will help parents pay for prescriptions, diabetic supplies, and co-pays for the child's frequent medical visits. Examples of conditions that are considered to be serious or chronic which would be covered by PHCP include but are not limited to: asthma, cystic fibrosis, diabetes, cancer, hearing loss, orthopedic conditions, seizure disorder, et al. The first and second divisions of PHCP are free. The third division connects families to affordable orthodontic coverage. This is not a free service; parents pay a portion of their child's treatment based upon their annual income.

Outreach activities are performed quarterly. CSHCN/PHCP staff meets with medical providers, school nurses, and local community resources to inform them of the services that our programs provide. These activities aid in bridging gaps and overcoming barriers that prevent families from having access to adequate health care.

In 2017, medical services were provided to 52 patients. Thirty one children received approval for medical; sixteen children were approved for orthodontic care. All of these applications had some form of health insurance. In total, 649 medical and orthodontic services were authorized in 2017. The majority of referrals come from school nurses, local healthcare providers, orthodontists, the Early Intervention Program, and parents who received services from CSHCN or PHCP in the past.

Data reporting is forwarded quarterly to the New York State Department of Health's Family Fiscal Unit, the Bureau of Maternal and Child Health, as well as New York State's Regional Office in Buffalo.

2017 PHCP/CSHCN Staff

Kevin D. Watkins, M.D., M.P.H – Public Health Director
Gilbert Witte, M.D. – Medical Director
Gina Parks - Resource Coordinator of PHC/CSHCN Programs

WOMEN, INFANTS AND CHILDREN (WIC)

The Women, Infants and Children (WIC) program is a federally funded program administered in New York by the NYSDOH through local health departments. The WIC Program serves to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, providing information on healthy eating and lifestyles, and making referrals to health care.

SUPPLEMENTAL NUTRITION PROGRAM

Through the supplemental nutrition program, income eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five receive nutritious foods. Food benefits are received through the issuance of vouchers, or checks. WIC foods include infant cereal, iron-fortified adult cereal, Vitamin C-rich fruit juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, fruits and vegetables, baby foods and whole grain products. Staff identifies potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2017, the CCHD WIC Program's average enrollment was 1,812.

BREASTFEEDING PROMOTION AND SUPPORT PROGRAM

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides health, nutritional, economic and emotional benefits to mother and baby. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. The WIC Breastfeeding Promotion and Support Program in Cattaraugus County show that the breast feeding initiation rates were at 69.8% in 2017, which is a bit higher when compared to last year which was 68.4%. In 2017, peer counselors continued to link with pregnant and new mothers, visiting new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps, personal use electric pumps and manual pumps for participants who must be separated from their infants, vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home. Cattaraugus County WIC staff includes two CLCs (Certified Lactation Counselors).

NUTRITION EDUCATION PROGRAM

Nutrition education is vital in promoting a healthy start for newborns, infants and young children. The WIC nutrition program provides such education through individual counseling, literature dissemination and through facilitated group discussion.

By allowing participants to discuss their nutritional practices, identify better practices and develop strategies for implementing such practices, there is a greater understanding of the role of good nutrition in living a healthy lifestyle. Recent research has indicated that participants in such programs are more likely to understand the value of good nutrition and change eating behaviors.

WIC Staff

Donna Higley – Director
Allison Gliss – MS, RD, CLC
Michele Phelps – MS, RD, CLC
Rachel Renninger – Qualified Nutritionist
Suzanne Walters – Senior Nutrition Program Assistant
Christian Bowser – Nutrition Program Assistant I
Molly Higgins – Nutrition Program Assistant I
Carla Jefferlone – Breast Feeding Peer Counselor
Sara Isaman – Breast Feeding Peer Counselor



Pictured left to right: Sara Isaman, Allison Gliss, Christian Bowser, Donna Higley, Suzanne Walters, Molly Higgins, Rachel Renninger, and Michele Phelps. Not pictured: Carla Jefferlone



Olean Mayor Aiello joins Dr. Watkins, WIC staff, and WIC families for Annual Breastfeeding Week Picnic



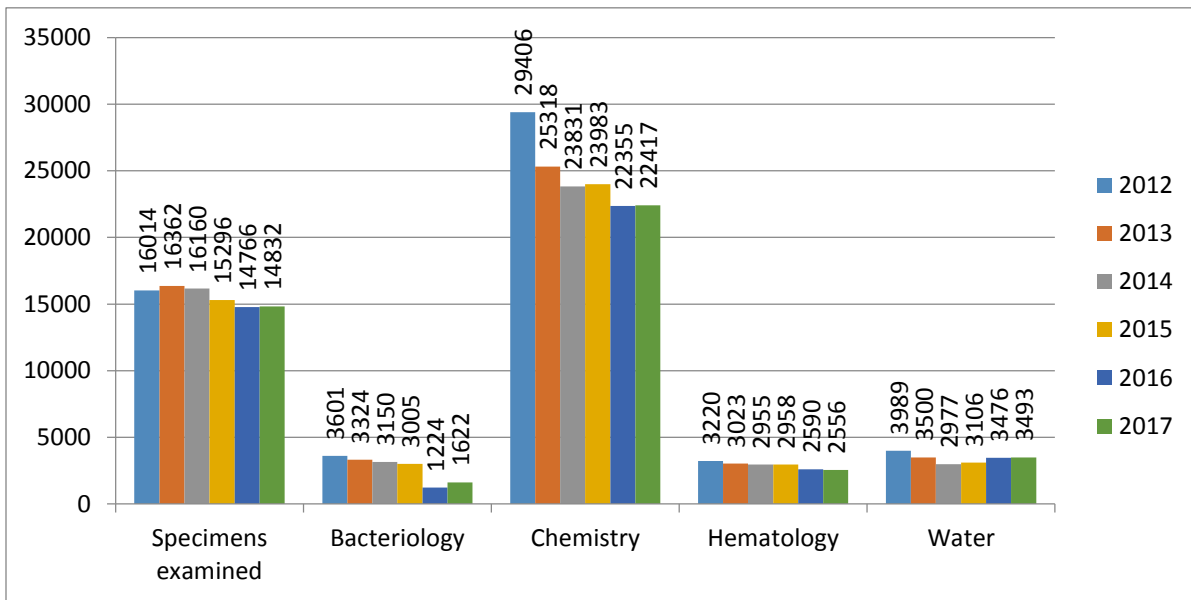
Pictured standing left to right: Molly Higgins, Suzanne Walters, Allison Gliss, Mayor Aiello, Dr. Watkins, Rachel Renninger, Michele Phelps. Kneeling: Carla Jefferlone and Christian Bowser



COUNTY LABORATORY SERVICES

Figs. 20 and 21 illustrate the change in the number of tests performed in different categories from 2011- 2014. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.

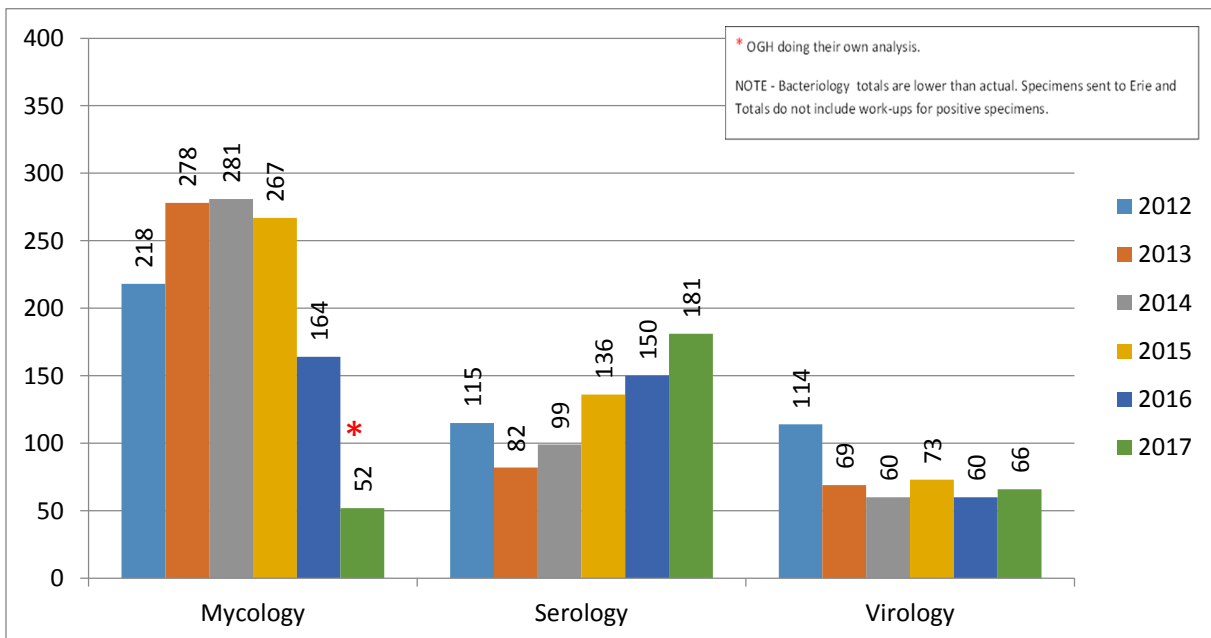
Fig. 20



* OGH doing their own analysis.

NOTE - Bacteriology totals are lower than actual. Specimens sent to Erie and Totals do not include work-ups

Fig. 21



County Laboratory

Identification of possible disease causing organisms in the body and environment, and monitoring important health indicators in each individual is crucial to understanding public health impacts across a population. Such identification requires exacting tests and scientific knowledge.

In response to this need, the Cattaraugus County Laboratory (CCL) provides a full-service clinical laboratory and water testing services. The clinical lab is a NYS certified lab in the fields of Mycobacteriology, Mycology, Chemistry, Hematology, Virology, Diagnostic Immunology, and Urinalysis. The CCL is Certified to perform potable and non-potable water testing for bacteria and nitrate. Outpatient services are available during all open hours and most health insurance plans are accepted.

COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director

Paula Ketchner – Supervisor

Kimberly Stewart – Clinical Laboratory Technologist

Tammy Kolivoski - Clinical Laboratory Technician (left in August 2017)

Kandra Yeager – Clinical Laboratory Technician (started October 2017)

Catherine Territo - Phlebotomist

PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

Public Health Emergency Preparedness focuses on preparing personnel to respond to a public health emergency. In the event of an emergency, staff in all CCHD divisions may have to assume different and additional roles/responsibilities. Managing such institutional change in an emergency situation without proper planning and training is impossible. The PHEP program manager works with existing CCHD divisions to ensure that training and planning prior to emergencies are undertaken to maximize the potential for a quick and effective department-wide response to a public health emergency. The planning and training process include participation in workshops, seminars, small and large scale drills and exercises that form the framework to build and fortify the preparedness responses of the CCHD.

PHEP DIVISION

The Public Health Emergency Preparedness (PHEP) division coordinates and enhances the ability of the CCHD, Cattaraugus County Office of Emergency Services, First Responders, other local/county agencies and citizens to prepare for and respond to public health emergencies. Additionally, the PHEP division works to ensure overall community wellness for effective emergency/disaster recovery. PHEP staff strives to improve the public response to disease outbreaks, bioterrorism, mass casualties, natural disasters, severe weather, and chemical and radiological emergencies. An 'All-Hazards' approach is embraced to ensure effective response to any disaster or emergency that may arise.

The NYSDOH funds each of the 57 counties within NYS outside of New York City to prepare local, time-oriented deliverables and annual maintenance deliverables that are targeted to coincide with the Center for Disease Control (CDC) and Department of Homeland Security (DHS) initiatives for public safety. Completion of these deliverables is accomplished through participation in trainings (online and in-person), outreach programs, planning initiatives and implementing large-scale Point of Dispensing (PODs) operations. 2017 encompassed the last two quarters of budget period 5 (BP5 – Jan-June 2017) and the first two quarters of the new budget period 1 (BP1 – Jul-Dec 2017) and included multiple local, time-oriented deliverables and annual maintenance deliverables. Changes in the deliverables and information requested were implemented in BP1.

PHEP RESPONSIBILITIES

TRAINING PROGRAM /COORDINATOR AND STAFF TRAINING:

PHEP staff participated in numerous online and in-person classroom based training programs. Trainings included

- A. class room based: I-300 Intermediate ICS for expanding incidents, I-400 ICS for Major and/or Complex Incidents, Pipeline Emergency Response training, Homeland Security Exercise and Evaluation Program (HSEEP), Professionalism in the workplace, Centers for Medicaid and Medicare Services Emergency Preparedness rule for Nursing Homes and Medical Counter Measures (MCM) distribution and dispensing training
- B. online: ICS-100 Introduction to Incident Command System, ICS-200 ICS for Single Resources and Initial Action Incident, IS-700 National Incident Management System (NIMS), IS-702 NIMS Public Information Systems, IS-703 NIMS Resource Management, IS-800 National Response Framework, An introduction, CDC-CERC01 Crisis and Emergency Risk Communication, CERC02 Crisis and Emergency Risk Communication: Pandemic Influenza, Health Commerce System applications trainings (IHANS, HERDS, Communications Directory), Psychological First Aid PFA101, NYS Learning Management System (LMS) Administrator, Medical Emergency Response Inventory Tracking System (MERITS) overview, ServNY, CTI-502 eFINDS, Performance Management (PMG 100, 101, 110, 120, 130), Succession Planning, Countermeasure data management system (CDMS) overview and MCM operational readiness review (ORR).



OurEx NPI table-top exercise participants: Susan Andrews, Director, Patient Services and Shomita Steiner, PhD, Prog. Mgr Emergency Preparedness Division.

DRILLS/EXERCISES:

In addition, health department staff participated in various drills and exercises including: normal business hour cascading notification drills using the integrated health alert notification system (IHANS), pick list generation using MERITS to distribute medication to select sites within the county.

In the first half of 2017, the CCHD was involved in an exercise that tested Non-Pharmaceutical Interventions (NPI) for disease outbreaks. This was an opportunity to update Isolation/Quarantine (I/Q) plans and evaluate the effectiveness of the plans in response to a mock influenza outbreak. This was a table-top exercise that included participants from the Health Department, Division of Patient Services, Depts of Emergency Services, Aging, Social Services, Community Services, Information Technology and Sheriff's department. Community partners included Cattaraugus Community Action, Healthy Livable Communities Consortium, Directions in Independent Living and Olean General Hospital.

The PHEP office was tasked with planning and coordinating the annual influenza clinics for county employees in October 2017. Two separate points of dispensing (PODs) were organized. The Olean clinic had 170 attendees. The Little Valley clinic had 98 attendees. First responders were encouraged to attend employee and community clinics organized by the Health Department and a final tally of 18 first responders were recorded as having received flu vaccines via these PODs.

The Centers for Medicaid and Medicare Services (CMS) instituted an emergency preparedness (EP) rule for healthcare organizations that tasked all healthcare agencies with specific requirements to ensure their preparedness for disasters. One of the requirements was to complete at least 2 exercises on an annual basis. The Certified Home Health Agency (CHHA) associated with the HD engaged in an earthquake drill

organized by the NYS Department of Health (NYSDOH) which required participation from the PHEP office. This three-day drill was completed successfully and an after-action report was generated.

In the second half of 2017, the *Commissioner's Order Ebola Readiness Drill* was performed. This exercise was coordinated at the CCHD: Olean clinic. This training assessed the LHD's ability to recognize and respond to a suspected case of Ebola and demonstrate donning and doffing of appropriate personal protective equipment consistent with CDC guidelines. This was successfully performed by the capable communicable disease and home care nursing team at CCHD.

PLANNING PROGRAM

Emergency planning strives to identify potential hazards/situations, generate likely scenarios based on those hazards/situations, develop the cross-organizational structures for addressing such scenarios and create the procedures and logistical checklists necessary for effective response. Many of the activities accomplished in 2017 centered on updating existing policies and plans, and developing the plans further to enhance preparedness capabilities. PHEP staff was actively involved in planning, developing and updating material for the health department accreditation process.



**Olean Employee's
Flu clinic:
2017**

The PHEP staff also assisted with the development of Emergency Preparedness (EP) plans for the CHHA and LTHHCP to meet Center for Medicare and Medicaid Services (CMS) rule requirements.

At the request of Universal Primary Care (UPC), a Federally Qualified Health Center, PHEP staff attended the annual meeting and presented an overview of the CMS EP rule and requirements and its specifications for UPC. UPC will be invited to partner with the Health Department for upcoming exercises or trainings.

OUTREACH PROGRAM

By its very nature, emergency preparedness requires organizations across varying disciplines to work together to train and plan for emergency response. To better identify and communicate with these organizations, PHEP staff engaged in numerous outreach activities including:

Distribution of Emergency Preparedness information through

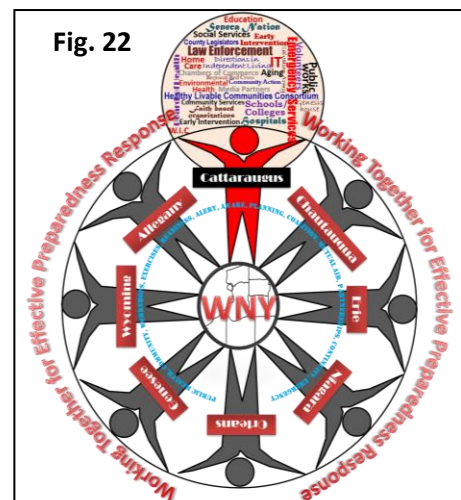
- Social media (Facebook and Twitter)
- Health Department's website
- County fair
- Employee Survey
- Educational interviews with students from the Olean High School

EMERGENCY RESPONSE

In 2017, Cattaraugus County fared well in regards to events that required the response of PHEP, and Emergency Services Staff. PHEP staff along with Emergency Services Staff monitored several storms that could have had a potential impact on Cattaraugus County. Weather events continue to pose a significant threat to Cattaraugus County and PHEP staff work closely with emergency services to prepare response to and recovery from weather related emergencies.

LOCAL AND REGIONAL PARTNERSHIPS

WNY PHEP workgroup. As one of eight partnering counties in the Western NY region, the PHEP office is fortunate to belong to a vibrant, innovative team that includes Chautauqua, Allegany, Wyoming, Genesee, Orleans, Niagara and Erie counties (Figure 22). Our



collaboration is reflected in and sustained via regular monthly work group meetings held in Erie county.

WNY Health Emergency Preparedness Coalition. In addition to the WNY PHEP collaborative, PHEP staff has active partnerships with local hospitals, judicial and legislative systems, law enforcement, emergency services, local tribal (Seneca Nation of Indians) and other agencies. These partnerships were reflected in activities centered on planning, risk communication, informatics, training and exercises, and were designed to maintain the highest standard of Public Health Emergency Preparedness.

Seneca Nation of Indians Partnership. The PHEP staff, along with Office of Emergency Services, is actively engaged in training and preparedness planning with the Seneca Nation of Indians (SNI) Emergency Management and Health Department. PHEP staff participated in planning meetings (coordinated by the NYS Office of Health Emergency Preparedness (OHEP)) and will help train SNI partners in aspects of POD planning.

Home-based clients disaster response planning. The Health Department along with the Dept. of Emergency Services initiated a planning group including the Certified Home Health Agency, Departments of Aging, Community Services, Social Services and Information Services to plan for disaster responses specific to home-bound clients. In partnership with Real Property and GIS Services, initial planning began in December 2017 and will continue into 2018.

Health Care Agencies. PHEP staff participates in monthly preparedness meetings organized at the Olean General Hospital (OGH). Currently, OGH expressed interest in partnering with the Health Department as a closed POD partner. The PHEP staff is currently drafting an agreement to engage in this partnership.

PUBLIC HEALTH EMERGENCY PREPAREDNESS STAFF

Shomita S. Steiner, PhD – PHEP Program Manager

Robert Kuhn – Resource Specialist

FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs purchasing functions and oversees all of the medical billing for the Department. This division is responsible for preparing and submitting reimbursement claims to State and Federal Agencies, and for preparation and subsequent monitoring of the Department's Annual Budget.

Key to budget preparation and reporting is an understanding of revenue sources and program expenditures. Financial Division staff works closely with the various programmatic divisions to account for all revenue sources and program expenditures. Total budgeted revenue in 2017 was \$11,271,981. Figure 23 provides a breakdown of CCHD revenue sources and Figure 24 provides a similar breakdown for budgeted expenditures.

In 2017 New York State Aid to Local Health Departments consisted of a base grant of \$650,000, and partial reimbursement of eligible expenditures (in excess of revenues for eligible services) of 36%. Some services provided by the Health Department do not qualify for reimbursement through New York State Aid. CCHD must complete the State Aid application annually and submit it for approval by the New York State Department of Health.

The Division also processes numerous New York State grant funding streams for programs such as Family Planning, Lead, Drinking Water Enhancement, Adolescent Tobacco Use Prevention, Rabies, and the Early Care Program.

Federal grant funding includes WIC, Immunizations, Emergency Preparedness, Children with Special Health Care Needs, and Well and Septic Replacement.

FINANCIAL DIVISION STAFF – 2017

Thomas Lecceadone – Administrative Officer

Tony Smrek – Senior Accountant

Jeff Toner – Accountant

Michelle Spring – Junior Accountant

Lori Holmes – Senior Account Clerk Typist

Pat Metler – Senior Account Clerk Typist

Fig. 23 - CCHD Revenue Source by Type and Division / Program Type

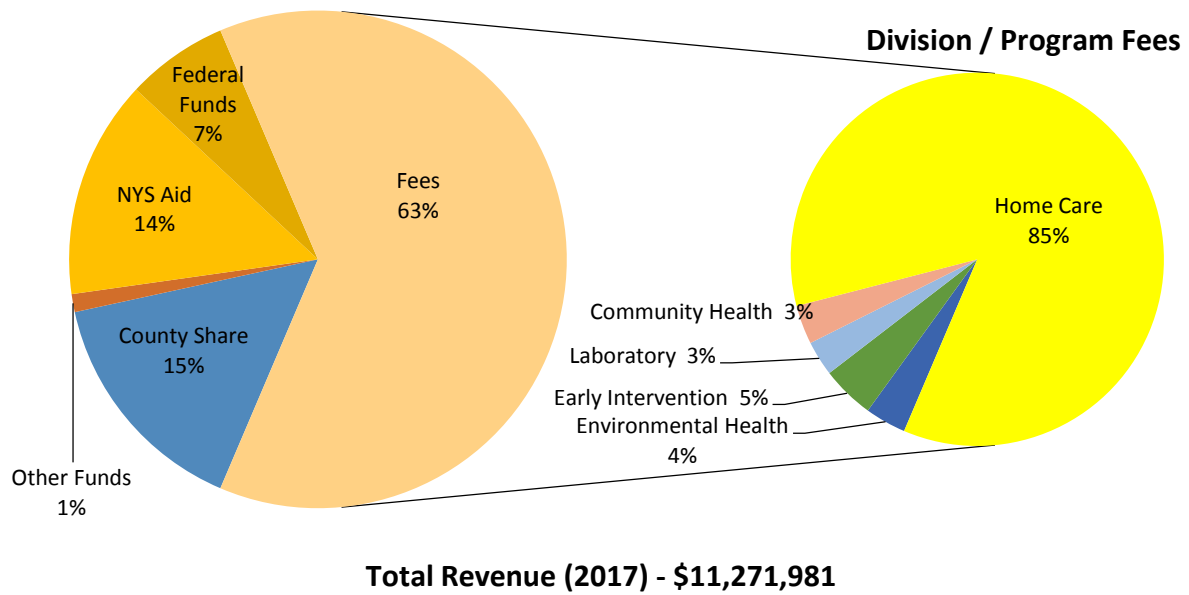
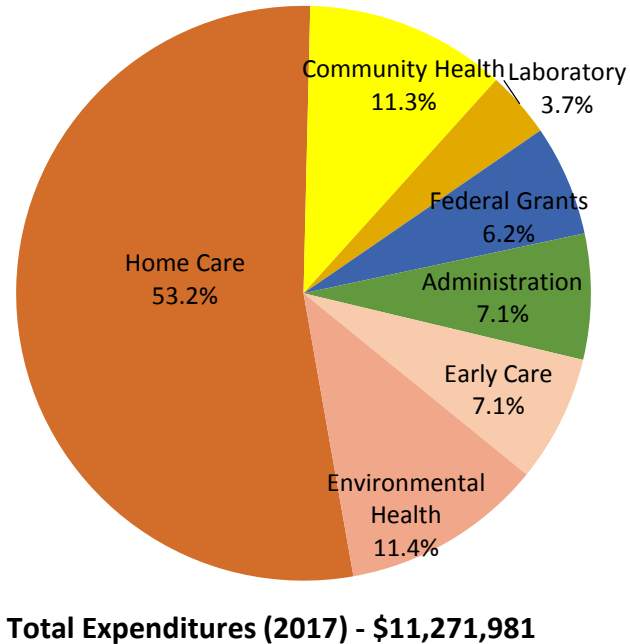


Fig. 24 - CCHD Expenditures by Division / Program



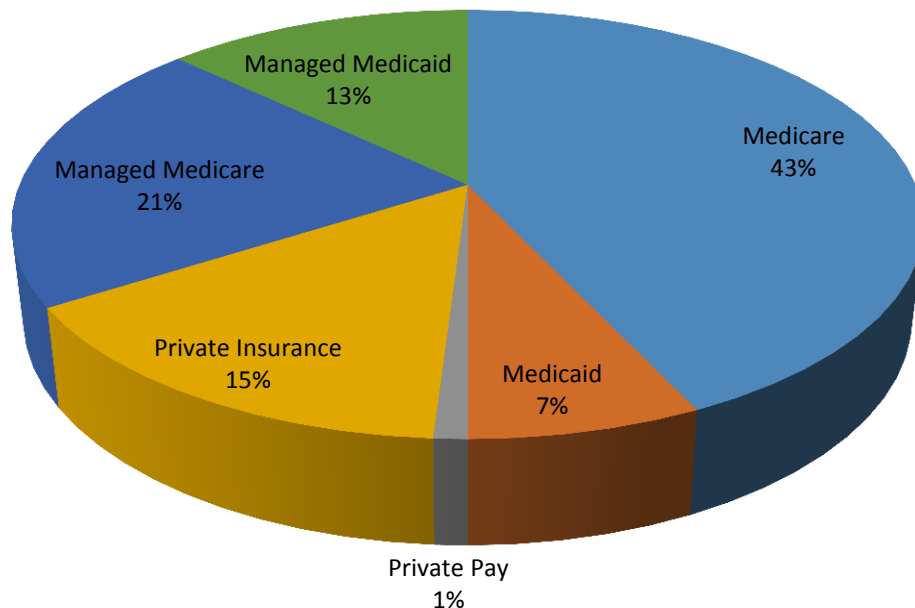
BILLING DIVISION

The Billing division is primarily responsible for the timely submission of claims and collection of fees owed to the Cattaraugus County Health Department for all health related services. Throughout 2017, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2017, the contract with Southern Tier Credit Services was continued, as well as National Collection Services Plus, for the purposes of ensuring all revenue due to the County was collected.

HOME CARE BILLING

In 2017, Home Care services generated over \$6.4 million in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Figure 25 illustrates the breakdown of claim payments by type. This total makes home care the largest revenue source for the department.

Figure 25: 2017 Distribution of Insurance Coverage by type for Home Care Programs



The Third Party Liability (TPL) project, which is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2016 services and re-billing them to Medicare for their review and consideration, remains an ongoing project that will continue through 2018.

CLINIC BILLING

The various nursing division clinics continued to see an increase in the number of patients having third party insurance that are often billed for the services rendered. During the year, insurance reimbursement for clinic services was sought for 1,433 seasonal flu shots, 11 seasonal pneumonia shots, 168 physicals, and 142 post-exposure rabies shots. The Health Department implemented new software through AthenaNet for Clinic services in 2017, which continues to require training and education to utilize the program to its fullest ability.

FAMILY PLANNING

In 2017, the Cattaraugus County Health Department processed claims through a third party (AthenaNet) for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through another third party (Ahlers). Clinic staff is urged to inform patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits.

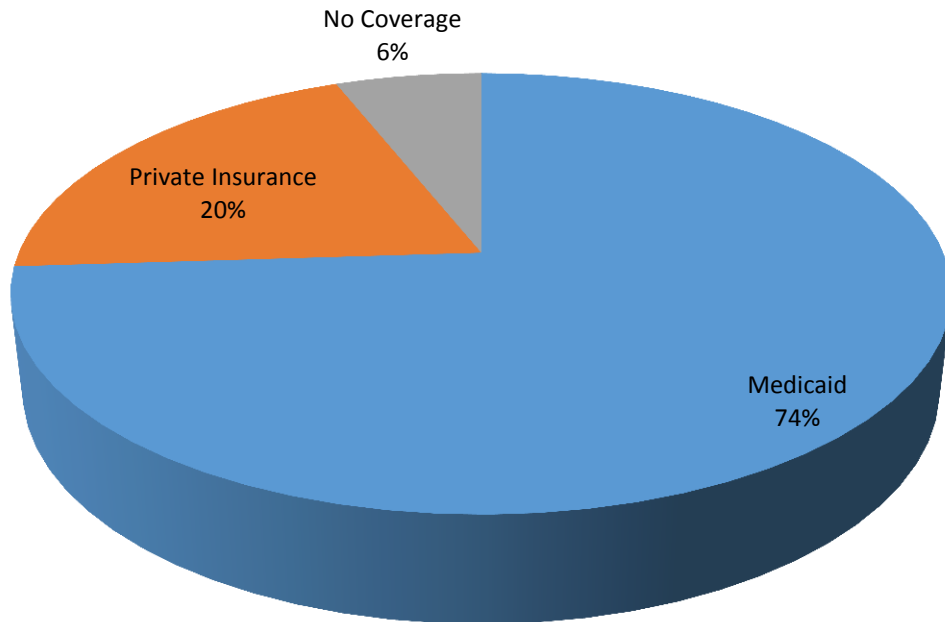
LABORATORY BILLING

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet billing needs. In 2017, the Laboratory generated over \$218,000 in clinical claims to Medicare Part B, Medicaid, Private Insurance and various departments throughout the county. In addition, over \$99,000 was generated in Water testing.

EARLY INTERVENTION BILLING

In 2017, the Early Intervention program received 220 new referrals. Figure 26 shows the distribution of insurance coverage by type for the 126 active Early Intervention cases.

Figure 26: 2017 Distribution of Insurance Coverage by type for Early Intervention Claims



New York Early Intervention System (NYEIS) is the State software utilized for all referrals, charting, and billing. Service Coordination is the only EI service that is provided by County employees and billing to NYS, for Service Coordination, is being done with current staff.

BILLING STAFF – 2017

Kathleen M. Ellis – Administrative Officer (ended May 2017)
Thomas Lecceadone – Administrative Officer (began June 2017)
Michele Spring – Jr. Accountant
Amy Weaver – Sr. Medical Billing Clerk
Heather Kellogg – Medical Billing Clerk
Mary Jo Pula – Medical Billing Clerk
Rachel Chesner – Sr. Account Clerk Typis

ACCREDITATION

The Cattaraugus County Health Department is proud to announce that the Public Health Accreditation Board awarded the department accreditation status on November 14, 2017 for five years.

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments. The accreditation process provided a framework for the health department to identify performance improvement opportunities, to improve management, develop leadership, and

improve relationships with the community. Since 2014, the Health Department has worked to achieve accreditation status, demonstrating conformity to 97 measures across 12 domains identified by PHAB (Figure 27). The process challenged the department to think about what business it does and how it does that business.

Fig. 27

DOMAINS	1	Assess Population Health
	2	Investigate Public Health Problems & Hazards
	3	Inform and Educate Community Through Policies, Programs, and Processes.
	4	Engage Community to Address Problems
	5	Keep all Policies & Plans (incl. Strategic Plan, Emerg. Preparedness) Current
	6	Enforce Public Health Laws
	7	Promote Access to Care
	8	Maintain a Competent Workforce through Development
	9	Institute a Quality Improvement Culture using Performance Management
	10	Apply Evidence-Based Activities
	11	Develop Administration and Management Capacity
	12	Engage with Governing Authority (e.g., Board of Health)

The accreditation process required a site visit by peer review team. The purpose of the visit is to validate findings presented in the documentation submitted to PHAB. The Site Review Team identified the following health department strengths:

- Community collaborations.** The applicant has established strong collaborative and mutually beneficial relationships with community partners. In addition to this being apparent in the documentation, it was evident both in the community partner meeting and in discussion of CHIP implementation, community partnerships, and community health education and communication (Domains 3 and 4) discussions. The partners rely on one another, trust one another, and have an obvious and genuine respect for each other. The Healthy Livable Communities Consortium work is one example of the productivity of these collaborations that have sustained and expanded over time; it is also apparent that the members work together to assist, advance, and meet community needs in other ways as well.

- **Systems focus in community health efforts.** Policy, systems and environmental changes are a primary focus of the applicant's health education/promotion efforts and of the Consortium. School, vending, shared use, and food policies and practices are but a few examples. The applicant is obviously committed to these strategies and has experienced success with them.
- **Proactive and eager governance entities.** The Board of Health and Legislators are eager to learn and act on public health issues. They are attuned to upcoming public health issues and engaged with one another. Their respective responsibilities are taken seriously. This is aided and supported by the Health Director's commitment to health issues and ability to successfully serve as spokesperson to the Board about issues.

The Health Department must maintain accreditation by continuing to foster a culture of quality within the department. This will be accomplished through the implementation of Performance Management and Quality Improvement systems, Strategic Planning, Workforce Development, et al. Community partnerships will continue to be developed in effort to improve public health within Cattaraugus County.

ACCREDITATION TEAM

Kevin D. Watkins, M.D. MPH – Public Health Director
Gina Parks – Accreditation Coordinator
Debra Nichols – Public Health Educator
Shomita Steiner, Ph.D. – Emergency Preparedness Coordinator



Pictured left to right: Dr. Kevin D. Watkins, Dr. Joseph Bohan

LOCATION AND CONTACT INFORMATION



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