

2019-2020



Public Health
Prevent. Promote. Protect.

**Cattaraugus County
Health Department**

Annual Report



Kevin D. Watkins, MD, MPH
Public Health Director

PHAB Accredited Health Department
Public Health Accreditation Board

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Equity in Public Health

From the Desk of the Public Health Director

It is my pleasure to report that the Cattaraugus County Health Department provides a wide range of services to the residents of our community from promoting healthy lifestyles and protecting the health of our residents through immunizations and disease investigation to serving as an onsite and in-home medical care provider. This 2019-2020 Annual Report reviews our purpose and the services we provide to accomplish our mission for the benefit of our great community.

In the 2019-2020 Annual Report, the Cattaraugus County Health Department aimed to spotlight each divisions' activities; how their efforts geared towards advancing equity in service and response towards public health.

This report covers more of the many ways that the Department is protecting public health in a changing world. Preventing public health crises requires preparation and vigilance from the government, but also an educated and informed public that trusts scientific facts and medical expertise. In 2019 and 2020, the Department worked long and hard to strike this safe balance for the residents of Cattaraugus County.

In 2020 public health was placed at the forefront of an international crisis that will go down in many history books for years to come. COVID-19, a new coronavirus, that is still sweeping the nation, is found to be highly transmissible and is leaving behind unprecedented numbers of deaths worldwide. Locally, Cattaraugus County has come together to deal with the many challenges brought on by this pandemic and together we are able to sustain the many obstacles placed before this county.

The nonstop working that is associated with battling this pandemic could not have been accomplished without the entire county workforce who stepped up and assisted the department with the many undaunting tasks that is placed before the department each day. Both the County and Board of Health Leadership was and is still beyond incredible during this unprecedented moment of history.

I am proud of our dedicated and highly trained public health workforce who again responded to a range of emergencies and challenges. We are honored to be nationally accredited with the Public Health Board, and stand as a lighthouse and beacon of hope for Local Health Departments and community leaders seeking success in the profession and in community health.

Thank You,

Kevin D. Watkins, M.D.

Dr. Kevin D. Watkins, MD. MPH

Health Department Directory 2019-2020

Kevin D. Watkins, MD. MPHPublic Health Director
Gilbert N. Witte, MD Medical Director
Debra LacherSecretary to the Public Health Director

Certified Home Health Agency Staff

Lynn Moore- Director of Patient Services
Carol Skudlarek- Supervising Community Health Nurse Olean
Amit- Benedict- Supervising Community Health Nurse
Machias
Sandy Grey- Supervising Community Health Nurse Salamanca
Kristin Brown -Community Health Nurse (Intake)
Laura Fuller, RN -Medical Services Specialist
Chastity- Standish- Authorizations
Brooke Schnell – QAPI
Teneille Andrews – QAPI
Susan Boyle -Account Clerk Typist
Deborah Pettinato- Keyboard Specialist II
Desiree Ottley- Keyboard Specialist
Earlena Baer - Keyboard Specialist II
Karen Hoffmann-Keyboard Specialist II-Retired
Michelle Jennings- Keyboard Specialist II
Peggy Davis- Per Diem Clerical-Resigned
Ashley Dahill- Community Health Nurse
Abbey Hayes- Community Health Nurse
Charity Burton- Community Health Nurse
Cheri Antle- Community Health Nurse
Erica Andera- Community Health Nurse
Gina Chaffee - Community Health Nurse
Janell Wellman -Community Health Nurse
Jennifer Rasinski- Community Health Nurse
Joshua Creed-Community Health Nurse
Karin Jochen- Community Health Nurse
Lois Lowry- Community Health Nurse
Meegan Howard- Community Health Nurse
Melissa Chamberlain -Community Health Nurse
Melissa Spencer- Community Health Nurse
Nancy Fuller- Community Health Nurse
Patricia Feuchter- Community Health Nurse
Tyler Harvey- Community Health Nurse

Environmental Health Staff

Eric Wohlers – Environmental Health Director
Raymond Jordan – Senior Sanitarian
Timothy Zerfas– Water Resource Specialist
Andrew Wolf – Sanitarian
Chris Covert – Sanitarian
Eli Rust – Sanitarian
Michael Hastings – Sanitarian
Mariel Gray- Sanitarian
Renee Herc – Sanitarian
Rhonda Kelley – Sanitarian
Richard Dayton – Sanitarian
Rigel Johnson- Sanitarian
Samuel Dayton – Sanitarian
Elaine Fowler – Keyboard Specialist II
Regina Rogers – Keyboard Specialist
Teresa Ross – Keyboard Specialist

Early Intervention

Kevin Watkins, MD, MPH- Early Intervention Official
Peggy Keller – Service Coordinator E.I.O.D
Patty Cheek – Service Coordinator E.I.O.D.
Jenn Schosek- Service Coordinator E.I.O.D.
Stacey Johnson- Service Coordinator E.I.O.D.
Nikki Pratt- Child Find Assistant
Lanette Dwaileebe- Keyboard Specialist II

Children with Special Health Care Needs

Gina Parks- Resource Coordinator
Matthew Tyssee- Resource Coordinator

Financial Division

Colette Lulay-Pound – Administrative Officer
Tony Smrek – Senior Accountant
Jeff Toner – Accountant
Lori Holmes – Senior Account Clerk Typist
Pat Metler – Senior Account Clerk Typist
Mary Jo Pula – Senior Account Clerk Typist
Renee James – Senior Account Clerk Typist
Michelle Spring – Accountant (Billing)
Amy Weaver – Sr. Medical Billing Clerk
Heather Drayton– Medical Billing Clerk
Stacey Santee – Medical Billing Clerk
Rachel Chesner – Sr. Account Clerk Typist

Health Education

Deb Nichols- Public Health Educator
Tara Leonard-Reproductive Health Educator
Heidi Reese- Health Education Assistant

Maternal Child Health & Community Health Staff

Paul Schwach, MD- Clinical Physician
Kerime Perese- Nurse Practitioner
Barb Parish- Supervising Community Health Nurse
Laurie McClory - Community Health Nurse
David Fancher- Community Health Nurse
Gayle Faulkner- Community Health Nurse
Laurie Rzucek- Community Health Nurse
Melissa Chamberlain- Community Health Nurse
Shawna Trudeau – Community Health Nurse
Sidney Earley-Community Health Nurse
Adrienne Ratzel- Keyboard Specialist II
Lora Prey- Keyboard Specialist II
Desiree Ottley-Keyboard Specialist

Public Health Emergency Preparedness

Shomita Steiner, PhD – Emergency Preparedness
Director

Laboratory

Donald Higgs- Lab Director
Paula Ketchner- Lab Supervisor
Kandra Yeager- Clinical Laboratory Technician
Kimberly Stewart- Clinical Laboratory Technologist
Amy Johnson- Phlebotomist

Women, Infants, & Children

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



VISION, MISSION, and CORE VALUES

Vision

A community that embraces excellence and collaboration, capable of improving the population health through data-driven decision making and policy development.

Mission Statement

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.

Core Values

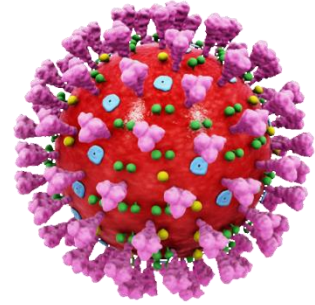
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|------------------------|--|
| Excellence | Work to strengthen the county's public health infrastructure. |
| Collaboration | Continue public health partnerships with private, non-profit and faith-based organizations, government, and educational entities. |
| Compassion | Acknowledging ideas and opinions of every employee, citizen, and consumer while working with the community in an empathetic and respectful manner. |
| Innovation | Cutting edge and evidence-based approach to deliver public health. |
| Professionalism | A high standard of competence and responsibility, while striving for occupational growth. |
| Integrity | Delivering services ethically, morally, and honestly among employees, management, and the public. |
| Accountability | Taking ownership of our professional duties, conduct, actions, and resources entrusted to us. |



COVID-19 Response: A Special Report

SARS-CoV-2

The 2019 Coronavirus disease (COVID-19) is a disease that causes mild to severe respiratory symptoms including fever, cough, and difficulty breathing. People infected with COVID-19 virus have had symptoms ranging from those that are mild (like a common cold) to severe pneumonia that requires medical care in a general hospital and can be fatal with a disproportionate risk of severe illness for older adults and/or those who have serious underlying medical health conditions



On January 30, 2020, the World Health Organization (WHO) designated the COVID-19 outbreak as a Public Health Emergency of International Concern, New York State first identified cases on March 1, 2020 and thereafter became the national epicenter of the outbreak. On March 26, 2020, Cattaraugus County identified its first case of COVID-19 and by the end of the year, had 2,565 cases.

COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, how it spreads, and its detriment to the public health.

Cattaraugus County Health Department (CCHD) COVID-19 Efforts

In 2020, the CCHD capitalized on its existing network of community and partner organizations to conduct a comprehensive outpour of the county's health guidelines for COVID-19 safety response to develop community wide enforcement of COVID-19 expectations. CCHD partnered with hospitals, health departments, K-12 Schools, College/University, and community leaders who represented the broad interests of the Western region and the public health safety of the communities. The COVID-19 response team was comprised of individuals with expertise in public health, internal program management, epidemiology, and contact tracing/case investigation. The scope of outreach by this team included medically underserved populations, low-income persons, minority groups, and those with chronic disease needs who were at a higher risk of developing life-threatening infections from COVID-19.



Image 1 Emergency Operation Call center receiving COVID-19 calls during the 2020 COVID-19 pandemic.

The COVID-19 CCHD taskforce is comprised of a total of 10 full-time daily CCHD staff, 15 additional part-time staff members, and 2 school specialists from NYS who handle all cases relating to K-12 schools within the region. In addition to these staff, CCHD also had a tremendous partnership with the Cattaraugus County Department of Emergency Services. Through this combined effort, the Emergency Operations Center was onboarded for assistance in a limited capacity consisting of 5-10 staff and a team at the Virtual Call Center for NYS to assist with the completion of Case Investigations and Contact Tracing of positive COVID-19 cases.

The collaborative working relationships established with these partners enabled the timely implementation of the aforementioned taskforce and effectively ensured the rapid 24/7 response to

COVID-19 infections, case investigations, community outreach, and quarantine/isolation statuses to slow the spread of the virus within the community.

In addition to the established relationships above, CCHD strengthened our relationships with hospitals, medical providers, K-12 schools, universities, municipal leaders, and relevant stake holders. CCHD served as a resource to these entities and provided guidance, services, allocation of supplies (i.e. vaccines, testing kits, etc.), educational materials, and providing comprehensive public health assistance.



Image 2 COVID-19 drive thru testing location at Allegany-Limestone School Bus Garage.

COVID-19 Emerging

In March 2020 a COVID-19 response team was created that consisted of health department employees and county volunteers divided into sections:

- Daily wellness checkups on COVID-19 positive cases,
- Data tracking and analysis of all cases, COVID-19 testing location and scheduling,
- COVID-19 vaccine Points of Distribution (POD's) for vaccine availability and offering free vaccines to the community and,
- COVID-19 laboratory analysis transferred to a team of contact tracers/case investigators trained in communicable disease tracking.

Cattaraugus County COVID-19 Data 2020 (See Figure 1)

- Cattaraugus County had **2,565** total positive COVID-19 cases.
- **504** active COVID-19 infections.
- **2,011** recovered cases.
- **45** hospitalized COVID-19 cases.
- **50** deaths due to the COVID-19 virus.
- **700** contacts placed under mandatory quarantine.
- **7-day** average percent positive cases of **9.9**.



Image 3 and 4 COVID-19 Team Ready for Testing

Demographic Data of Positive COVID-19 Cases as of December 31st, 2020

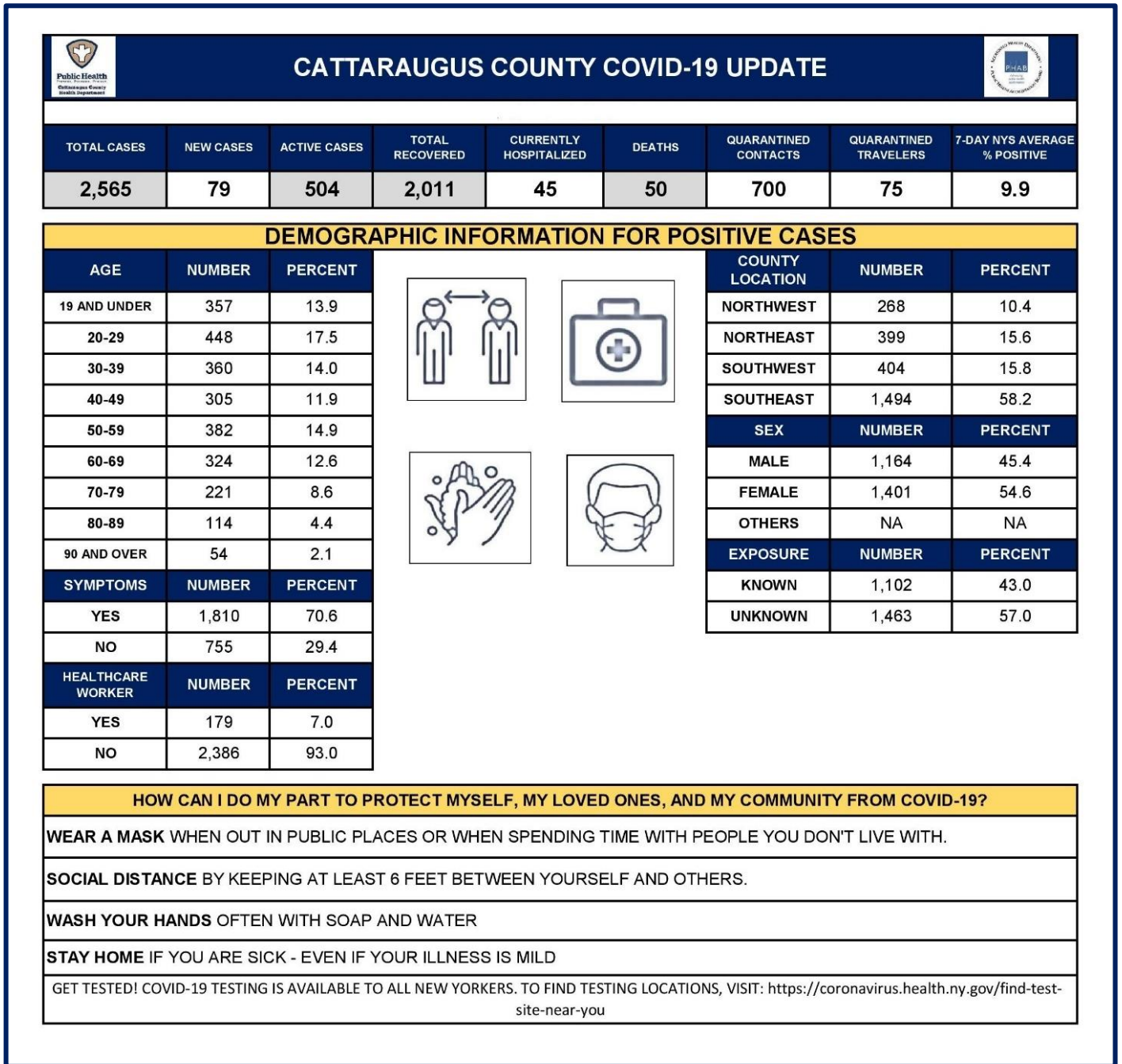


Figure 1 COVID-19 Press Release tracking the number of COVID-19 Cases in Cattaraugus County.

Monitor health status to identify and solve community health problems.

Introduction: There are ten essential public health services (see **Figure 2**), and these services provide a framework for public health to protect and promote the health of all people in all communities. In order to ensure equity through assessment, Cattaraugus County Health Department (CCHD) partnered with the Olean General Hospital and developed a Community Health Assessment (CHA) in 2019 which laid the foundation for the 2019-2021 Community Health Improvement Plan (CHIP). The CHA identified 35 Areas of Opportunity considering: benchmark data, significant findings, volume of affected populations, and the potential for impact to health. Strategy Solutions Inc. (SSI), a consulting firm, was hired to assist in data collection and analysis.

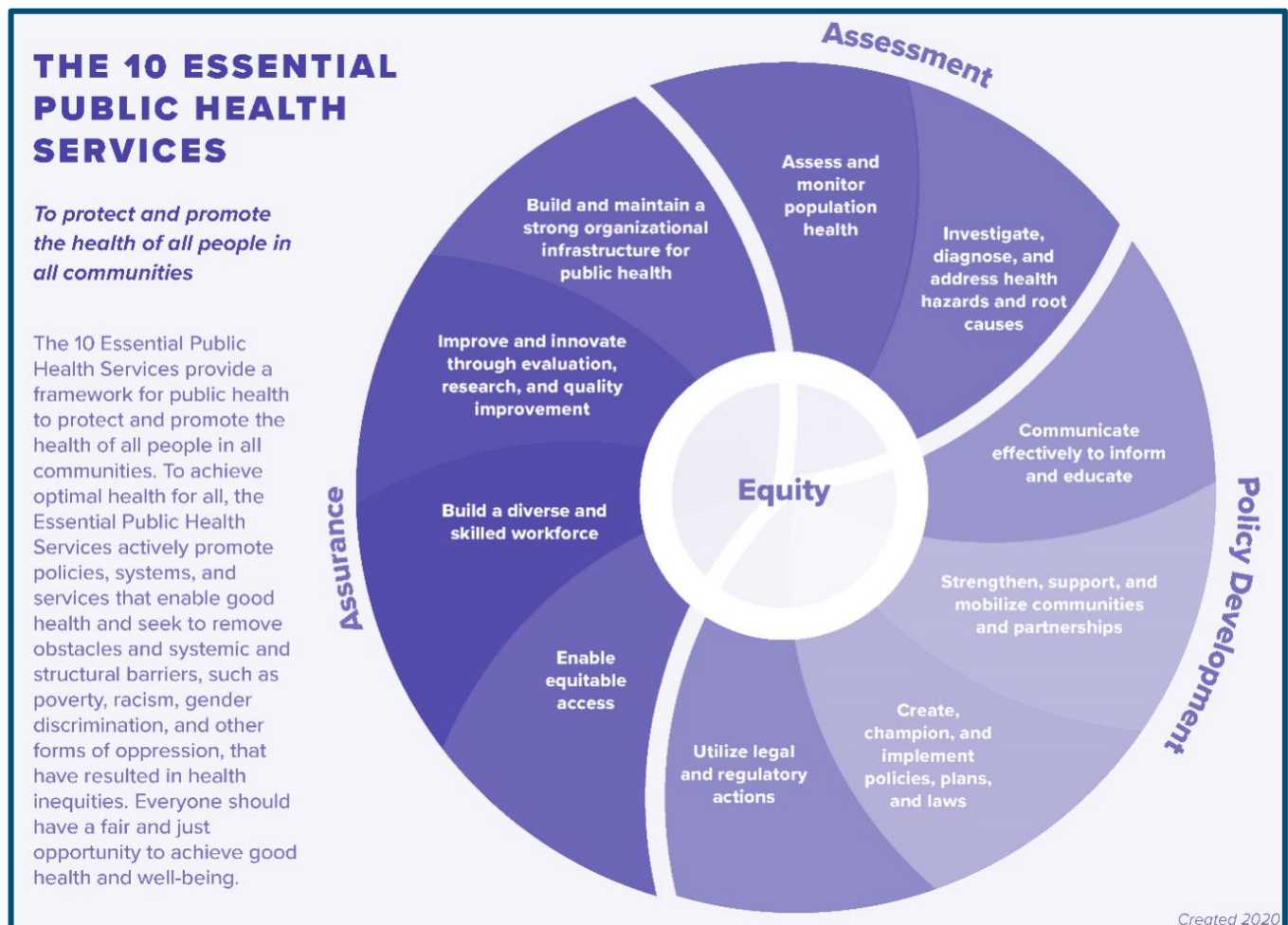


Figure 2 Ten Essential Public Health Functions, CDC 2020

The two Community Health Assessment priority areas were: prevent chronic diseases; and promote well-being by preventing mental health and substance use disorders. Olean General Hospital and CCHD are committed to working on the goals and measures in the 2019-2021 Community Health Improvement Plan (CHIP).

Those living at or below the poverty level are the population focus. The goal of the CHIP is to improve the health status of the residents within the service area and to reduce the health disparities through increased emphasis on prevention. The key factors that shaped the 2019-2021 CHIP were as follows:

Chronic Diseases Factors

- Obesity rates in Cattaraugus County are higher than NYS. ¹
- Leisure time physical activity has decreased in recent years. ²
- Percent of women receiving mammograms is lower in Cattaraugus County. ³
- Lung cancer is the leading cause of cancer deaths in men and women. ⁴
- Percent of adult smokers is almost twice as high in Cattaraugus County. ⁵
- Age-adjusted rate per 100,000 population leading causes of death that are higher in Cattaraugus County than NYS are heart disease, chronic lower respiratory diseases and stroke. ⁶
- Hospital ER discharges with a primary diagnosis of asthma, diabetes and hypertension have improved. ⁷
- Hospital inpatient discharges with a primary diagnosis of COPD and cancer have increased. ⁸

Well-Being, Mental Health, and Substance Use Disorder Factors

- The percentage of adults with poor mental health 14+ days in the past month in Cattaraugus County is higher than Western New York (WNY), New York State (NYS) and New York State Prevention Agenda (NYS PA) objective.⁹
- One-third of adult community survey respondents said they had been bothered by little interest or pleasure in doing things or felt down, depressed, or hopeless.¹⁰
- The age adjusted suicide death rate per 100,000 in Cattaraugus County is higher than WNY and NYS and more than double the NYS PA objective rate.¹¹
- The percentage of alcohol impaired driving deaths, excessive drinking, insufficient sleep and frequent mental distress in Cattaraugus County is higher than NYS.¹²

¹ NYS State Department of Health eBRFSS, 2016

² NYS State Department of Health eBRFSS, 2016

³ County Health Rankings, 2019

⁴ NYS Department of Health Cancer Registry

⁵ NYS State Department of Health eBRFSS, 2016

⁶ NYS Leading Causes of Death, 2020

⁷ Olean General Hospital Office of Statistics, 2019

⁸ Olean General Hospital Office of Statistics, 2019

⁹ NYSDOH Prevention Agenda Dashboard for Cattaraugus County: Promote Mental Health

¹⁰ Cattaraugus County Community Health Survey, 2018

¹¹ NYSDOH Prevention Agenda Dashboard for Cattaraugus County: Promote Mental Health

¹² County Health Rankings, 2019

- Unique clients admitted for any opioid (including heroin) for Cattaraugus County has increased slightly from 2016 to 2017.¹³
- Student's binge drinking in grades 10 and 12 in 2017 was higher than the Monitoring the Future (MTF) study.¹⁴
- The percentages are increasing for 6th grade students using alcohol and 7th grade students using marijuana.¹⁵
- Almost one in four students in Cattaraugus County report depressive symptoms and the rates are higher for students in 11th and 12th grades.¹⁶
- Overdoses from any opioid drug were at its highest rate in 2015.¹⁷

¹³ New York State - County Opioid Report, 2018

¹⁴ CARES Cattaraugus County Profile: Alcohol, Tobacco and Other Drug (ATOD), 2017

¹⁵ New York State - County Opioid Report, 2018

¹⁶ New York State - County Opioid Report, 2018

¹⁷ New York State - County Opioid Report, 2018

The County Health Rankings are based upon the model of population health improvement in which health outcomes are the result of a set of health factors (see **Table 1**). These determining factors and their outcomes are also affected by policies or programs in the community.

Table 1 Community Health Improvement Plan (CHIP) Milestones (2019-2020)

OUTCOMES	
Life Expectancy:	Remained the same at 77.8
Premature Death:	Decreased from 7,400 to 7,300
Child Mortality:	Increased from 30 to 40
Poor to Fair Health:	Decreased from 19% to 16%
Poor Physical Health Days in a 30 Day Period:	Decreased from 4.4 to 3.9
Frequent Physical Distress:	Decreased from 13% to 12%
Poor Mental Health Days:	Remained Low at 4.6 days
Frequent Mental Distress:	Remained the low at 14%
Low Birth Rate:	Remained low at 8%
Diabetes Prevalence:	Remained low at 13%
HIV Prevalence:	Increased from 124 to 135
Factorial Milestones	
Adult Smoking:	Remained the same at 23%
Adult Obesity:	Increased from 28% to 37%
Food Insecurity:	Remained the same at 13%
Limited Access to Healthy Foods:	Remained the same at 3%
Drug Overdose Deaths:	Increased from 18 to 19
Motor Vehicle Crash Deaths:	Decreased from 12 to 9
Insufficient Sleep:	Remained low at 38%
Uninsured Adults:	Decreased from 9% to 8%
Uninsured Children:	Decreased from 4% to 3%
Primary Care Providers:	Increased from 1,317:1 to 1,114:1
Dentists per 100,000:	Remained the same at 44
Children in Poverty:	Increased from 21% to 24%
Severe Household Problems:	Remained low at 15%

Note: Cattaraugus County population total for 2020 was 76,840; The data reflected in this table has been adjusted for fluctuations in populations, and represents increases and decreases between Jan 2019 and Dec 2020. ¹⁸

Diagnose and investigate health problems and health hazards in the community

Introduction: Essential Service Two includes provision of epidemiological identification of emerging health threats, active investigation and prevention of infectious diseases, prevention of vaccine preventable disease through immunization, and the active investigation and prevention of human health hazards such as water, food, vector borne or zoonotic illnesses. This Essential Service also includes the availability of diagnostic services and the department's Laboratory services. Programs and services within the Nursing, Environmental Health, Public Health Emergency Preparedness, and Laboratory Divisions are highlighted in this section.

Communicable Disease Prevention

2019 Outcomes:

- **695** cases of various communicable diseases were reported in Cattaraugus County.
- Incidences of Chlamydia, Chronic Hepatitis C and Lyme disease were the most frequent.
- **277** Hepatitis A, and 170 Hepatitis B vaccinations were provided to at-risk individuals.
- **1,576** doses of influenza vaccine were administered to residents at community sites, schools and health facilities.
- **12** individuals received care in the Tuberculosis Clinic and **3** were started on prophylactic medication.

2020 Outcomes:

- **1,994** cases of various communicable diseases were reported in Cattaraugus County.
- Incidences of Chlamydia, Chronic Hepatitis C and Lyme disease were the most frequent.
- **70** Hepatitis A, and **45** Hepatitis B vaccinations were provided to at-risk individuals.
- **1,156** doses of influenza vaccine were administered to residents at community sites, schools and health facilities.
- **4** individuals received care in the Tuberculosis Clinic and **4** were started on prophylactic medication.

Communicable Disease prevention, surveillance, and containment are core functions of the CCHD. All cases of communicable disease are investigated by a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease. In 2020, 1,994 cases of communicable diseases reported in Cattaraugus County, compared to 695 cases in 2019.¹⁹

Chlamydia continues to be the most common communicable disease because most infected people are asymptomatic and lack abnormal physical examination findings. In 2020 when comparing

communicable disease frequency rates to the 2019 communicable disease frequency rates, Chlamydia remained high in incidence followed by Lyme disease (**Table 2**).

Table 2 Communicable Disease Report

Disease	Freq. for 2020	Rate for 2020	Freq. for 2019	Rate for 2019
Amebiasis	1	1.3	0	0.0
Campylobacteriosis	12	15.8	13	17.1
Candida Auris	5	6.6	0	0.0
Congenital Zika Virus	1	1.3	0	0.0
Cryptosporidiosis	2	2.6	1	1.3
E.Coli Shiga Toxin	2	2.6	2	2.6
Ehrlichiosis			0	0.0
Giardiasis	2	2.6	5	6.6
Haemophilus Influenzae, Not B	1	1.3	0	0.0
Hepatitis C, Chronic	50	65.7	44	57.8
Legionellosis	3	3.9	7	9.2
Lyme Disease	107	140.6	48	63.1
Meningitis, Bacterial	0	0.0	0	0.0
Pertussis	0	0.0	4	5.3
Rubella	1	1.3	0	0.0
Salmonellosis	9	11.8	3	3.9
Strep,Group A Invasive	8	10.5	6	7.9
Strep,Group B Invasive	9	11.8	8	10.5
Strep Pneum, Invasive	5	6.6	8	10.5
Tuberculosis	0	0.0	0	0.0
Syphilis	5	6.6	2	2.6
Gonorrhea	54	70.9	37	48.6
Chlamydia	177	232.54	223	293.0

Note: Rates are defined as cases/100,000 population.

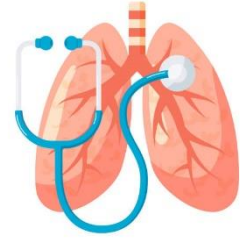
Hepatitis C Program

Hepatitis C (HCV) is a viral infection that causes liver inflammation, sometimes leading to serious liver damage. The infection spreads when blood contaminated with the virus enters the bloodstream of an uninfected person. Before widespread screening of the blood supply in 1992, HCV was spread through blood transfusions and organ transplants. Injection drug use has been the principal mode of transmission of HCV since the 1970's. HCV is more rapidly acquired after initiation of intravenous drug use. Many people with HCV do not have symptoms and do not know they are infected. Symptoms of chronic HCV 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. In 2019, 21 at risk individuals were tested with one reactive result. In 2020, the rapid Hepatitis C testing was discontinued due to cost and the clinic began serum Hepatitis C testing.

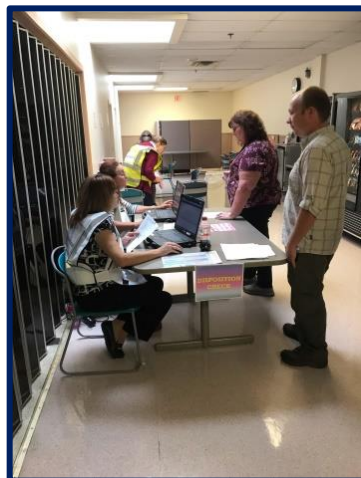
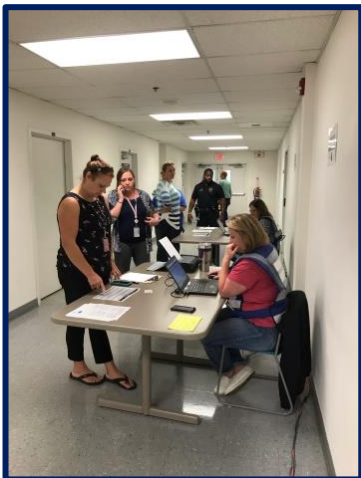
Tuberculosis Control

Tuberculin skin testing (TST) was provided to 519 individuals in 2019 and 575 in 2020. The results of these tests concluded that none of those individuals tested positive for latent TB infection. Treating latent TB infection can prevent progression to active TB disease. Individuals with a positive skin test are encouraged to follow up with either the CCHD or their private physician. In 2020, 4 individuals received care at CCHD's Chest Clinic and 4 were started on prophylactic medication, compared to 2019 when 12 individuals received care and 3 were started on prophylactic medication. There haven't been any active Tuberculosis cases in Cattaraugus County since 2009.



Immunization Services

CCHD provides immunization services at the Olean, Salamanca and Machias offices. Community health nurses conduct influenza vaccine clinics at community locations throughout the county. The number of routine childhood and adult immunizations administered has been on a downward trend as more primary care providers and pharmacies offer vaccination. **Table 3** lists the vaccines that were administered and how many were given by the CCHD to children and adults. In 2020, the number of vaccinations administered decreased compared to 2019. Due to the Pandemic, Community members were not seeking out vaccinations in 2020. The number of vaccinations for Hepatitis A, Hepatitis B, Pneumococcal, Varicella and Yellow Fever were significantly lower in 2020 when compared to 2019. The number of routine childhood and adult immunizations administered has been on a downward trend as more primary care providers and pharmacies offer vaccination.



Images 5, 6, & 7 Employees attending a flu vaccination clinic.

Table 3 Immunizations Administered by CCHD

IMMUNIZATION	Number Given Age 18 & younger (2019)	Number Given Age 19 & older (2019)	2019 Total	Number Given Age 18 & younger (2020)	Number Given Age 19 & older (2020)	2020 Total
Diphtheria Tetanus Acellular Pertussis-DTaP	17	0	17	21	0	21
Hepatitis A	16	91	107	22	48	70
Hepatitis B	19	86	105	11	34	45
Haemophilus Influenzae Type b (Hib)	11	1	12	12	1	13
Human Papillomavirus HPV	9	10	19	11	14	25
Inactivated Polio - IPV	29	10	39	21	8	29
Japanese Encephalitis	0	0	0	0	3	3
Meningococcal	56	16	72	44	38	82
Measles Mumps Rubella - MMR	18	82	100	15	36	51
Pneumococcal	11	21	32	0	17	17
Tetanus Diphtheria Acellular Pertussis - Tdap	33	100	133	30	64	94
Typhoid	18	86	104	2	16	18
Varicella	23	15	38	18	7	25
Yellow Fever	0	0	0	0	0	0
Shingles (<i>Shingrix</i>)	0	79	79	0	31	31
Totals	260	597	857	207	317	524

Hepatitis Vaccination Program

The CCHD provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk. The risk of Hepatitis A infection is associated with a lack of safe water, poor sanitation, and hygiene. Hepatitis A is usually transmitted person-to-person through the fecal/oral route or consumption of contaminated food or water. In 2020, CCHD administered 70 Hepatitis A vaccinations compared to 107 in 2019.

The Hepatitis B virus is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. Healthcare and public safety workers exposed to blood on the job, people who inject drugs or share needles, syringes, or other drug equipment are examples of populations at risk for Hepatitis B. In 2020, CCHD administered 45 Hepatitis B vaccinations compared to 105 administered in 2019.

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. One of the best ways to prevent flu is to get vaccinated each year.

In 2019, the CCHD offered quadrivalent seasonal influenza vaccine. 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.

In 2020, CCHD administered 1,156 doses of influenza vaccines compared to 1,576 administered in 2019. This number includes vaccinations that were administered by the CCHD clinic, at community influenza vaccine clinics, schools, county run nursing homes, and the CCHD's Certified Home Health Agency. In 2019, 15,758 residents throughout Cattaraugus County received an influenza vaccination.



Image 8 Retired Public Health Educator receiving her influenza vaccine.

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, raise immunization coverage levels, and maintain safe vaccine storage and handling. 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. Beginning in July 2019, the Assessment Feedback Incentive and Exchange (AFIX) program was replaced with the Immunization Quality Improvement for Providers (IQIP) model.

- Assessment of the health care provider's vaccination coverage levels and immunization practices.
- Feedback of results to the provider along with recommended strategies to improve processes, immunization practices, and coverage levels.
- Incentives to recognize and reward improved performance.
- Exchange of healthcare information and resources among providers within the community to facilitate best practices

IQIP is CDC's national, Vaccines for Children (VFC) provider-level immunization quality improvement (QI) program. IQIP promotes and supports implementation of provider-level strategies designed to help increase on-time vaccination of children and adolescents. IQIP is a 12-month process where public health representatives and VFC providers collaborate to identify QI strategies to increase vaccine uptake by improving and enhancing immunization workflow.

CCHD is required by the New York State Department of Health (NYSDOH) to visit 25% of all pediatric providers. There are 17 pediatricians that practice within Cattaraugus County. In 2020, the IQIP program was interrupted by the COVID response. Two visits were conducted using the IQIP model and the 12 – month process was extended into 2021.

Environmental Contaminant Control

Modern industrialized societies release contaminants into the environment. Local, state and federal regulatory agencies are charged with minimizing the effects of such contaminants on the public's health and the environment. Environmental Health (EH) staff periodically works with such agencies [i.e. New York State Department of Environmental Conservation (NYSDEC) and United States Environmental Protection Agency (USEPA)] to provide review and comment on documents pertaining to assessment and cleanup of contaminated sites in the county. Additionally, both EH staff and Community Health Nurses have a primary role in implementing specific regulatory programs associated with exposure to sources of lead poisoning.



2019-2020 Outcomes:

- **104** home visits were conducted for children with elevated blood lead levels.
- **163** point of care lead tests were conducted at WIC clinics and other community settings.
- **6** children with an elevated blood lead level of 15ug/dl or higher were referred to Environmental Health. There were 10 referred with BLL of 10ug/dl.
- **4** residences associated with the 3 cases of EBLLs of 15ug/dl or higher were investigated by EH staff. After October 1, 2019, following the lowering of EBLL to 5 ug/dL, 12 children with EBLL were identified and 15 residences were inspected.
- **3** EH staff participated in review of ongoing cleanup efforts at 3 hazardous waste sites including 2 superfund sites throughout the county.

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. The reason for these lead exposures could be associated with housing stock built before 1978 that is poorly maintained. CCHD has organized the Southern Tier Lead Coalition called the Lead (Pb) Smart Partnership 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 3** illustrates the number of children with confirmed elevated blood lead levels (EBLL) from 2016-2020. Previously, nurses would conduct home visits when a child had an elevated blood level (EBLL) of 10ug/dl and above. With a policy change, nurses now conduct home visits when a child's EBLL is 5 ug/dl or higher. In October of 2019, this policy change became a NYS regulation. In 2019, CCHD identified 31 children with EBLL of 5ug/dl to 9.9ug/dl. **Table 4** describes the recommended interventions for varying blood lead levels in children.

In 2019, CCHD monitored 1,625 blood lead levels. Blood lead level testing is monitored via electronic reporting on the Health Commerce System (HCS) to ensure that all children who are tested receive appropriate follow-up.

In 2019, CCHD nurses made 43 home visits to children with EBLL. 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. In 2019, 112 point of care lead tests were conducted at WIC clinics and other community settings. Most point of care tests are conducted on children two years of age. Aggressive outreach has increased the number of providers testing at age two.

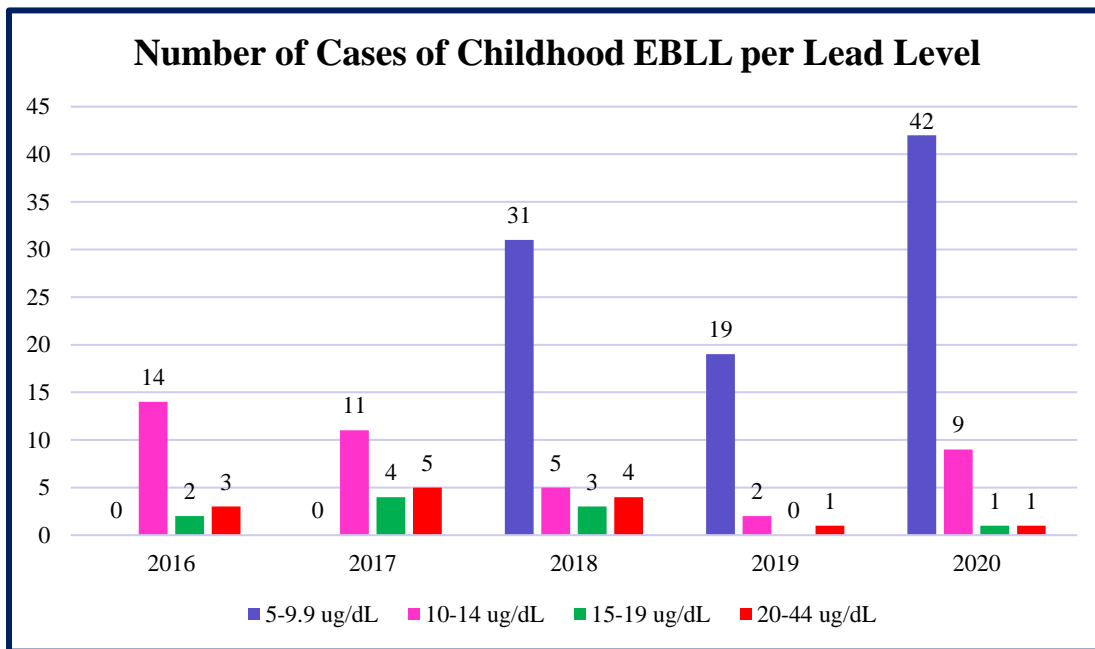


Figure 3 Number of Cases of Childhood EBLL per Lead Level

Environmental Health (EH) staff are responsible for the assessment of a child's living environment if elevated blood lead levels are 15 ug/dl or higher. In 2019-2020, the CCHD nurses referred 77 children to EH. EH staff conducted environmental investigation at 80 residences associated with these children. Lead paint hazards were identified at 19 residences and a notice to the effect was shared with the homeowners.



Image 9 Railing and porch with lead paint



Image 10 Old boarded window with lead

Lead Level	Intervention Strategy
<5 ug/dl	<ul style="list-style-type: none"> • Anticipatory guidance about common sources of lead exposure. • Follow-up blood lead testing at recommended intervals based on child's age.
5-14.9 ug/dl	<ul style="list-style-type: none"> • Follow up with family within 5 days for home visit by nurse for assessment and guidance about common sources of lead exposure. • Case management to ensure blood levels decrease.
15-24.9 ug/dl	<ul style="list-style-type: none"> • Follow up with family within 5 days for home visit by nurse for assessment and guidance about common sources of lead exposure. • Environmental Health (EH) staff will also conduct a visit to any resident to perform assessment, educate family and provide information on effective abatement strategies. • Case management to ensure blood levels decrease.
25-44.9 ug/dl	<ul style="list-style-type: none"> • Follow up within 2 days, for home visit by nurse for assessment and guidance about common sources of lead exposure. • Environmental Health (EH) staff will also conduct a visit to any resident to perform assessment, educate family and provide information on effective abatement strategies. • Case management to ensure blood levels decrease. • Encourage patient physician to consult Regional Lead Resource Center
45-69 ug/dl	<ul style="list-style-type: none"> • Nurse will conduct home visit within 24 hrs. • Environmental Health (EH) staff will also conduct a visit to any resident to perform assessment, educate family and provide information on effective abatement strategies. • Notify NYSDOH. • Follow-up blood test within 48 hours. • Case management to ensure blood levels decrease. • Encourage patient physician to consult Regional Lead Resource Center

Table 4 Intervention Strategy by Blood Lead Level, (CDC 2019)

Hazardous Chemical/Radiological Waste Site Remediation

As previously mentioned 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, formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2019-2020, the CCHD participated in review of the following site 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.
- Several smaller sites on Franklin St. and Homer St. in the city of Olean.

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 issues span decades.

The town of Machias Lime Lake Sewer district project was completed in 2019. The town of Olean-Indiana Avenue Sewer district was formed and construction was completed in 2020. The City of Olean received grants to design and replace an old main sewer under the Allegheny River and to provide backup power at their south 4th St. Pump Station. The Town of Yorkshire completed an engineering study to determine the updated cost and feasibility of constructing a new sewer district to serve the Hamlet of Yorkshire Corners. The Town of Yorkshire received some limited grant funding to help with the project. They formed the legal district and engineering design is underway with hopes to start construction in 2022.

Vector Borne and Zoonotic Disease Control Program

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. Rabies vaccine clinics, testing, post-exposure immunizations, and education are provided by the CCHD to mitigate the transmission of rabies.

2019-2020 Outcomes:

- **105** mosquito specimen pools were submitted to the state arbovirus laboratory for analysis. There were no detections of West Nile virus or other mosquito-borne viruses.
- **144** positive human cases of Lyme disease were reported.
- **305** animal bite investigations were conducted by EH staff.
- **47** people were referred to the Nursing Division for rabies post-exposure immunization.
- **145** specimens were submitted to the NYS Rabies Laboratory for analysis, of which 2 were positive (2 bats, 1 raccoon and 1 skunk).
- **2,650** rabies vaccinations were administered at pet vaccination clinics held throughout the county.

Mosquito Surveillance and Control Program

EH staff conducts surveillance for both mosquito larvae and adult mosquitoes beginning in May and continues surveillance into August. In 2019, 105 mosquito specimen pools were submitted to the state arbovirus laboratory for analysis and zero viruses were detected. Although locally acquired human infection with Zika virus has not been detected in Cattaraugus County, surveillance for mosquitoes that carry the Zika virus. A comprehensive Zika action plan has been developed to address the detection of the invasive *Aedes aegypti/albopictus* mosquitoes and potential transmission of the exotic mosquito-borne viral infection. No specimens have been obtained since this surveillance began in 2016.



Image 11 Zika Virus Vector: *Aedes Aegypti* Mosquito Species. (Smithsonian, 2021)

NYSDOH continues to conduct limited adult mosquito trapping in an area west of Salamanca for Eastern Equine Encephalitis (EEE). In 2019, all specimens obtained during this effort tested negative for EEE.

Tick-Borne Disease Surveillance

As part of annual surveillance efforts to monitor for certain tick-borne pathogens, ticks from locations within Cattaraugus County were collected and tested for the presence of the following pathogens commonly found in the blacklegged ticks (known as deer ticks, *Ixodes scapularis*):

- *Borrelia burgdorferi* (bacterial causative agent of Lyme disease).
- *Anaplasma phagocytophilum* (rickettsial causative agent of anaplasmosis).
- *Borrelia miyamotoi* (bacterial causative agent of a relapsing fever illness).
- *Babesia microti* (protozoan causative agent of babesiosis).
- Deer tick virus and Powassan virus lineages (viral causative agent of Powassan encephalitis).



Image 12 Lyme Warning Signs at Allegany State Park

Data from an average of seven to ten geographical locations were sampled in 2016-2019 (no data collected for 2020). *B.burgdorferi* was the most common pathogen identified in the nymph (young adult) and adult ticks tested within Cattaraugus County, followed by *A.phagocytophilum* and *B. miyamotoi*. Compared to 2018, more nymphs and adults tested positive for *B.burgdorferi* and *A.phagocytophilum* in 2019.

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous

system. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks. In Cattaraugus County the number of human cases of Lyme disease varies from year to year. **Figure 4** illustrates the variability associated with the number of Lyme Disease cases for the last five years. Improved surveillance and testing methods represented graphically could account for

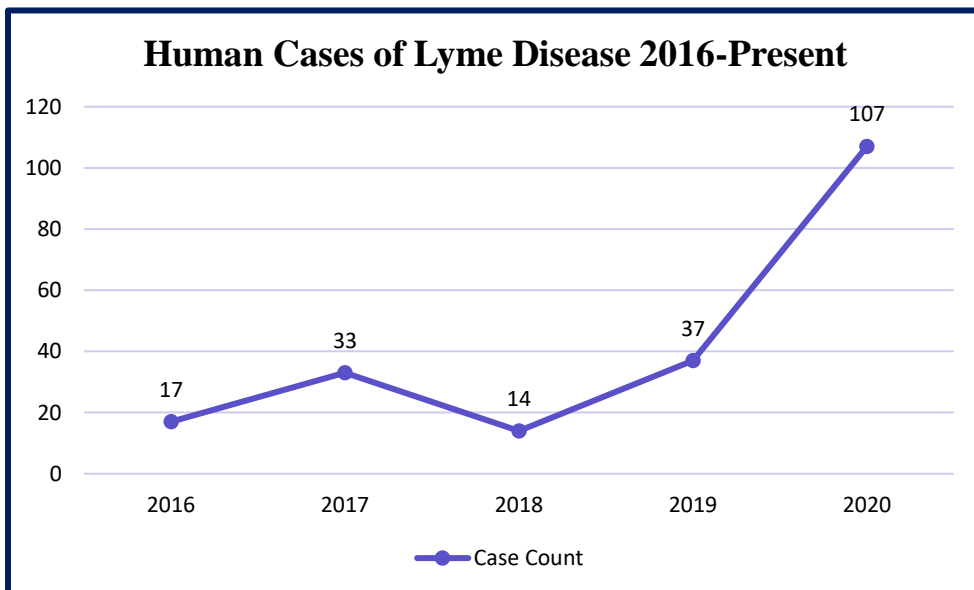


Figure 4 Lyme Disease Case Count

the increased positive results identified. Overall, the data suggests the need for continued public education to promote awareness of the prevalence of risk factors for tick-borne diseases in the county and preventive measures that the public can take to protect themselves against these diseases.

Rabies 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 rabies exposures occur due to potential contact with bats.

In 2019, EH staff conducted 234 animal bite investigations and referred 47 persons to the Nursing Division for post-exposure immunization compared with 2018 there were 215 animal bite investigations and 85 persons were referred to the Nursing Division (see **Figure 5**).

The increase could be attributed to a health promotion campaign that focused on the importance of reporting rabies exposures to the CCHD.

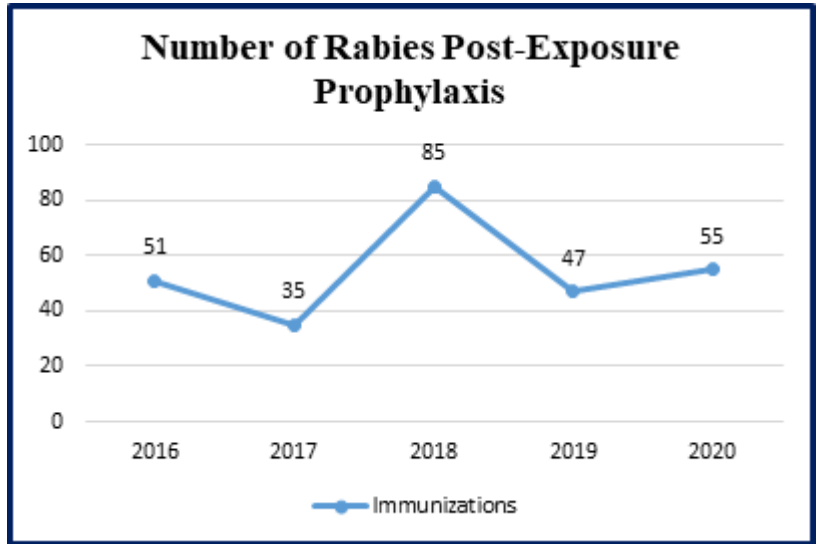


Figure 5 Number of Rabies Post-Exposure Prophylaxis

Post-Exposures by Animal Type

In 2019-2020, a total of **138** specimens were submitted to the NYS Rabies Laboratory for analysis, (see **Figure 6**) of which **4** were positive (2 bats, 1 raccoon & 1 skunk); compared to a total of **111** specimens of which **9** were positive (6 bats, 2 raccoons and 1 woodchuck) in 2017-2018.

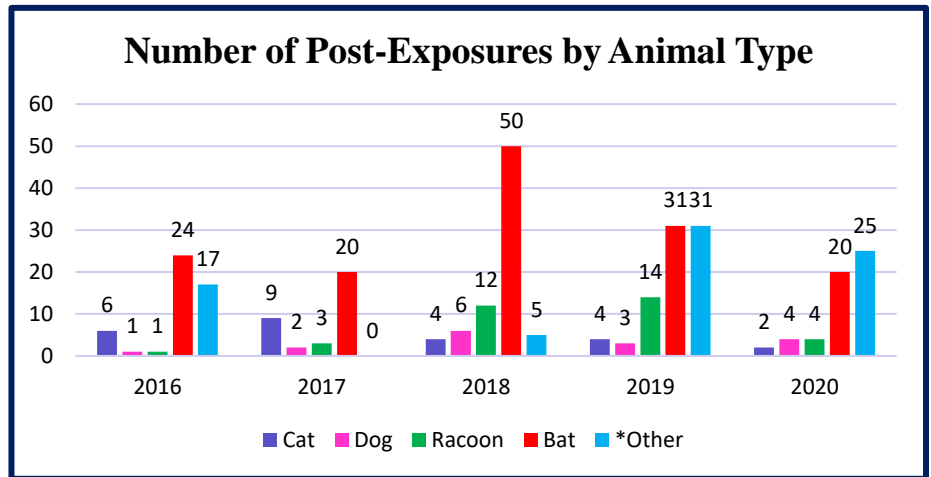


Figure 6 illustrates the annual breakdown of post exposure treatments by animal vector over the last five years.

Rabies Post-Exposure Vaccination Program

All rabies post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians. In 2019-2020, 138 people required post-exposure rabies vaccination, compared to 77 cases in 2018.

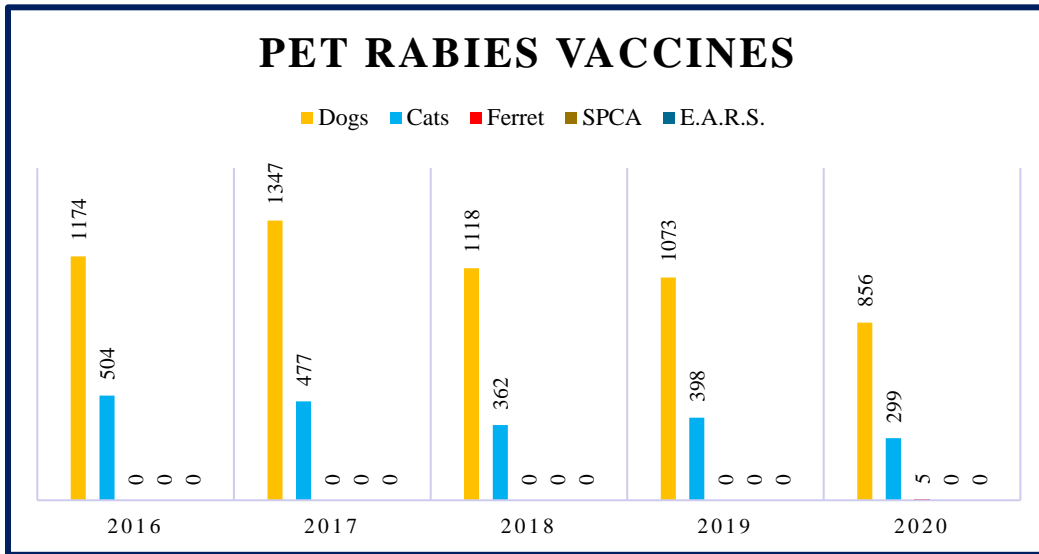


Figure 7 Pet Rabies Vaccines

Pet Vaccine Clinics

The CCHD hosts pet vaccination clinics five times throughout the year providing free rabies vaccine for dogs, cats, and ferrets. Pet vaccination clinics were held at various locations around the county in 2019. **Figure 7** shows vaccinations by animal type for years 2016-2020. In 2020, 1,155 rabies vaccinations were administered compared to 1,471 administered in 2019. Due to the Covid-19 restrictions in 2020, appointments were required which led to fewer registrations.



Image 13 Attendees animals receiving the rabies vaccine.

Public Health Emergency Preparedness

Public Health Emergency Preparedness (PHEP) 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. The PHEP Director 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.

2019 Outcomes:

- **Drills/Exercises:** Three exercises were conducted: A Point of Dispensing (POD) exercise, a CHEMPACK exercise and a table top exercise on a food borne illness investigation.
- **Flu Clinics:** **Two** employee flu PODs were coordinated by the PHEP division. A total of **260** County employees participated in the two flu POD clinics. **17** first responders received vaccinations via a community flu clinic.
- **Disaster Preparedness Application:** Seven county departments collaborated to develop a mapping application for disaster preparedness response specific to home-based clients.

2020 Outcomes:

- Drills/Exercises: One County-wide Strategic National Stockpile (SNS) Point of Distribution (POD) exercises was conducted.
- Flu Clinics: **Two** employee and **ten** general public flu PODs were coordinated by the PHEP division.
- Real life disaster event: COVID-19 Pandemic Declared as of March 27th, 2020.

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. The NYSDOH funds each of the 58 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 and Prevention (CDC) and the 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. 2019-2020 encompassed multiple local, time-oriented deliverables and annual maintenance deliverables.

Responsibilities

Training: The provision of incident command training for staff and stakeholders. In 2019, PHEP staff participated in 19 online and four in-person classroom-based training programs. Training included:

Class room based: G-290 basic public information officers' course, Office of the Assistant Secretary for Preparedness and Response, Department of Health and Human Services, Division of Strategic National Stockpile RSS Operations course, Safe Talk (Suicide alertness for everyone) training, stress management training.

Online: Clin-Ops webinars included: MCM exercise, vaccine management during emergencies, infection control and injection safety at points of dispensing, review of outcome data for 2018-2020 site activation, notification, acknowledgement, assembly and facility set up drills. Additional trainings included: SNS and mass dispensing overview (CDC TRAIN), RSS101, SNS 101, blood borne pathogens, preventing sexual harassment for employees and managers, BPR4 AFN for POD, BPR5



Image 14 County Staging Site Exercise (CSS). April 2019

OHS for POD, BPR8 webinar, Home care interoperable communications drill webinar, PHEPR plan webinar, CTI 101, 102 (MERITS refresher) trainings, workplace violence, cultural competency for public health settings.

Drills/Exercises: In addition, CCHD staff participated in various drills and exercises including: low notice, normal business hour interoperable communication drill (August 2019) using the integrated health alert notification system (IHANS), County Staging Site (CSS) exercise (April 2019) and Home care emergency preparedness virtual table top exercise (April 2019).

In 2019, the CCHD participated in the interoperable communications component and the hot wash discussion of the low-notice coalition surge test (CST) exercise that involved all hospitals in the Western New York (WNY) region.

In 2019, the CCHD was involved in an exercise that tested the notification, activation and staffing of the county staging site (CSS) in response to a simulated Bacillus anthracis terrorist threat. All WNY and Finger Lakes counties (with few exceptions) conducted this exercise on the same day following the same parameters. This was an opportunity to update the public health assets distribution (PHAD) plan and evaluate the effectiveness of the plans in response to a mock outbreak. This was a table top exercise that included participants from CCHD, Departments of Emergency Services, Public Works and Information Services. Feedback received from participants was incorporated into modifying the PHAD plan.

Flu Vaccination Point of Distribution (POD)

In 2019, the PHEP division was tasked with planning and coordinating the annual influenza PODs (October) for county employees. Two separate points of dispensing (PODs) flu clinics were organized. Although employee clinics were open, the total numbers of participants at each of the clinics did not show expected increases compared to the 2018 employee POD flu clinics. This is likely due to employees obtaining vaccines from pharmacies and/or primary care providers who advertise vaccine availability starting in early August. First responders were encouraged to attend employee and community clinics organized by the CCHD and a final tally of 11 first responders were recorded as having received flu vaccines via these PODs. Furthermore, the CCHD worked with an Olean High School (OHS) student to coordinate a POD, at the school in November. A total of 48 people, including 21 students (under 18 years) and 27 staff were vaccinated at this POD.

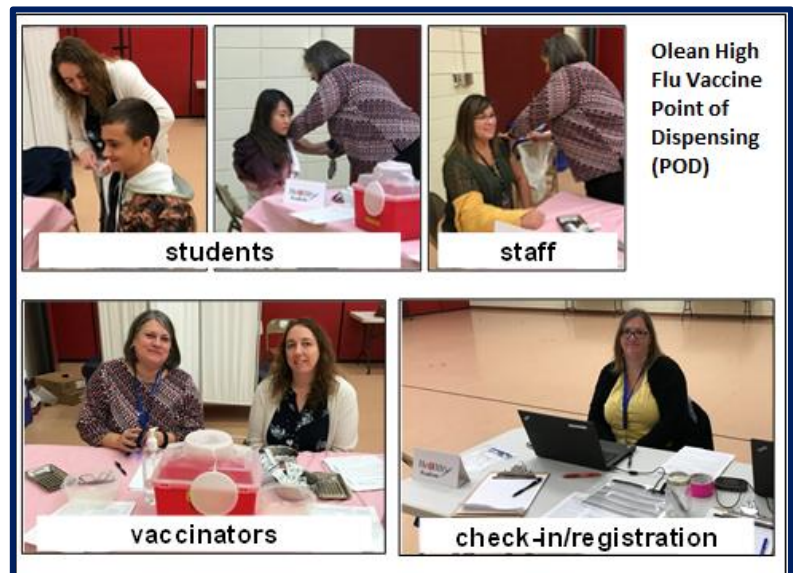


Image 15 Olean High School Flu Vaccine Point of Dispensing (POD)

Local & Regional Partnerships:

EMS Advisory Council: PHEP staff participate actively in the quarterly meetings of the Cattaraugus County Emergency Medical Services Advisory Council that includes representatives from CCHD, Sheriff's Office, County Emergency Services, Olean General Hospital (OGH), WREMAC, STEMS, SNI, Cities of Olean and Salamanca (including Fire Depts), Commercial Ambulance, Legislature, Aero-medical and County Districts. Ongoing PHEP activities were shared with the council for informational purposes and participation in activities if necessary.

WNY PHEP workgroup: As one of eight partnering counties in the Western NY region, Cattaraugus County is fortunate to belong to a vibrant, innovative team that includes Chautauqua, Allegany, Wyoming, Genesee, Orleans, Niagara and Erie counties. Our collaboration is reflected in and sustained via regular monthly work group meetings held in Erie County.

Southern Tier Area Workgroup: In addition to the WNY PHEP collaborative, Cattaraugus County has active partnerships with local hospitals, emergency services, local tribal (Seneca Nation of Indians) and other Health Departments in the Southern Tier Area (STA).

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.

Home-Based Client Disaster Response Planning: CCHD along with the Department of Emergency Services are part of a planning group including the Certified Home Health Agency, Departments of Aging, Community Services, Social Services, Real Property GIS and Information Services to plan for disaster responses specific to home-bound clients. An application was developed to help all departments engage in real-time responses to disasters. Training for participants from all involved county departments to use the application was conducted in January and coincided with a DisasterLAN (DLAN) training which is a web-based incident management system training for overall emergency preparedness led by Cattaraugus County Emergency Services.

Health Care Agencies: PHEP staff participates in monthly preparedness meetings and quarterly infection control meetings organized at the Olean General Hospital.



Image 16 Lead (Pb) Smart Partnership with Seneca Nation of Indians

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 Chemistry, Hematology, Virology, Diagnostic Immunology, and Urinalysis. The CCL is also 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.

Figure 8 illustrates the change in the number of tests performed in different categories from 2016-2020. Compared to 2020, the total number of tests performed was higher in 2019. The laboratory performed slightly fewer chemistry, water and hematology tests in 2020.

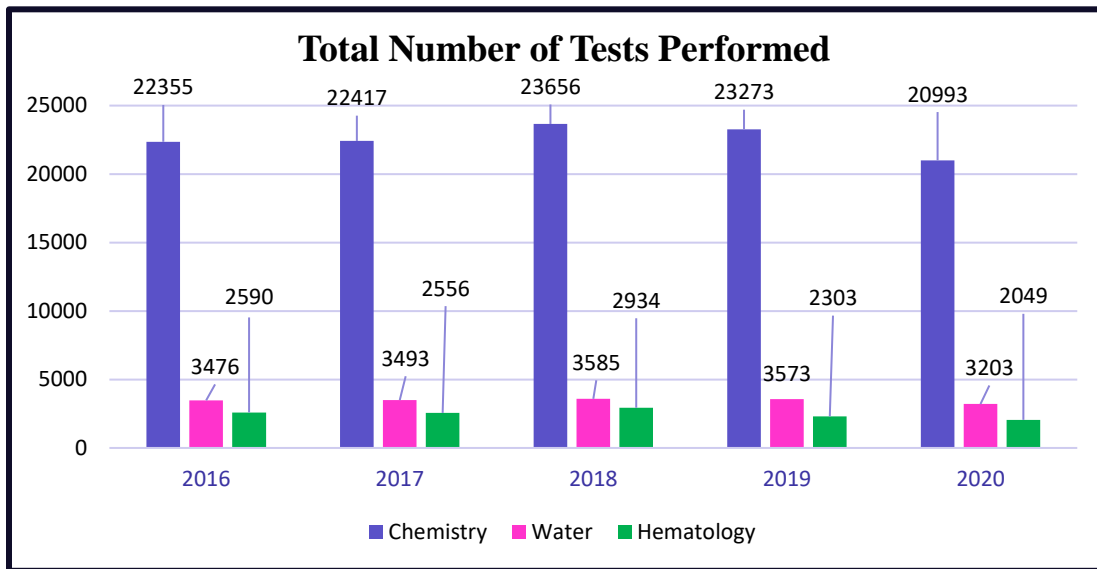


Figure 8 Total Number of Tests Performed

The laboratory performed more serology tests but fewer virology tests in 2020 (**Figure 9**). The laboratory performs autoclave sterility tests for tattoo parlors in the county. In 2019, all the 17 parlors that were tested passed the test.

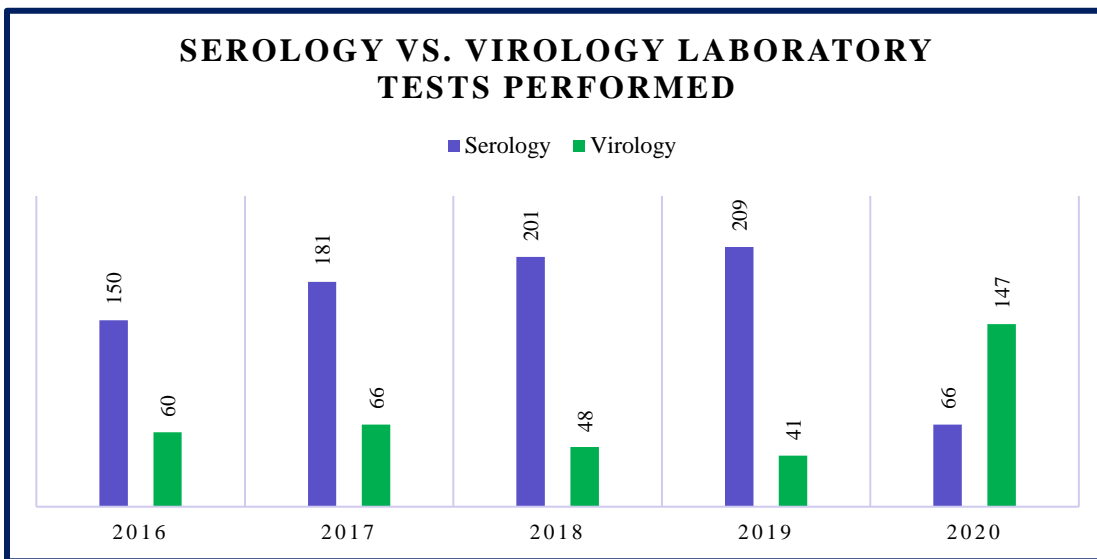


Figure 9 Serology vs. Virology Laboratory Tests Performed

At the beginning of 2019, CCHD laboratory began working with the Department of Social Services to provide in house collections of drug screens for Child Protective Services (CPS) and child welfare cases, as a means to streamline their processes and also help keep revenue within the county. At the start of 2019, laboratory staff completed training for specimen collection for this process. Collections officially began in mid-January of 2019. 1,015 total collections were performed in 2019-2020.

Inform, educate, empower people about health issues

Introduction: Essential Service three activities include the Health Education Division efforts to utilize health education and communication sciences to (1) build knowledge and shape attitudes, (2) to develop skills and behaviors for healthy living, and (3) maintain partnerships within the community to support healthy living. The following activities are highlighted in this section:

Health Education

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.

2019-2020 Outcomes:

- **12,323** individuals received some form of health education (duplicated number shared by Educators).
- **611** individuals received fresh produce and education through the Veggie Wheels Program.

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 has focused much of its effort working with the school age population, or with parents of school age population to promote healthier behaviors and lifestyles.

Glo Germ Handwashing Program

The Glo Germ Hand washing program emphasizes the importance of proper hand washing to prevent lead poisoning and to minimize the spread of contagious disease such as influenza. 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 program with age-appropriate workbooks, handouts, and brochures. Although targeted to school age children, the program has also been used effectively in adult presentations.



Image 17 Hinsdale Schools Handwashing

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, 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, toothbrushes, paste, and dental floss, to help prevent tooth decay and combat oral/dental diseases. Many children and adults are forced to seek emergency dental care at local Urgent Care Centers or at the Olean General Hospital Emergency Room. The Health educator introduced new programming for children, including the addition of a dental puppet.



Dental supplies are disseminated at MOMS visits by Maternal Child Health Nurses, to WIC participants and to Veggie Wheels participants. Per 2020 County Health Rankings, the NYS dental provider ratio, or population to provider, is 1,170:1; Cattaraugus County ratio is 2,060:1, placing the county in the bottom quartile of NYS.

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 four years, the opportunity for weekly programs in the County Jail became available. Classes are popular with both males and females. Topics include contraception, Sexually Transmitted Infections (STIs), birth spacing, and relationship skills. Inmates are additionally provided with information on how to access Health Department Clinics.

School and Community Outreach

Programming in schools is designed to educate students about puberty, teen issues, and the science of reproduction. Students also learn potential consequences associated with sexual activity; for all ages, this education provides insight into sociological factors associated with such activity.

STI prevention and Contraception education are provided to numerous individuals with learning and developmental disorders through Alternative Education Schools and adult programs; adult programs include those living in temporary housing, those followed by Directions in Independent Living, and those receiving services at alcohol and/or other drug counseling centers. **Table 5** provides a summary of 2019 activities. The educator continued facilitation of the County's Youth Development Coalition (YDC) which helps sponsor activities during the year that focus on independent living skills.

Table 5: Health Education Programs

Program	Locations	Number
Body Mod	Olean Middle School, Ellicottville BOCES, Olean MS, Randolph HS	398
Bullying	Hinsdale	48
Communicable	Olean, Cattaraugus Community Action staff	106
Communication	Allegany Rec, Olean MS, Allegany MS	106
Contraception/Birth control	County Jail, Big P, Catt Community Action Staff, Gowanda HS, Gowanda Middle School	405
County Fair	Little Valley – Annual Booth	400
Culture	County Jail	48
Dating	Olean MS, Randolph HS, County Jail	268
Dental Hygiene	Gowanda, Olean, Randolph	316
Dirty World	County Jail, West Valley, Olean, Hinsdale, and IJN Elem	260
Domestic Violence	County Jail	20
Emotional Control	Gowanda, Hinsdale, Salamanca	187
Fetal Alcohol Syndrome	Hinsdale Middle and HS, County Jail, Ellicottville BOCES	102
Glo Germ Handwashing	Allegany, Delevan, Ellicottville, Franklinville, Gowanda, Hinsdale, Olean, Randolph, Salamanca	1,525
Goal Setting	Olean Independent Living Group/ Foster Care	72
Goals	County Jail, Randolph MS	23
Good Bad Ugly	Ellicottville Middle & HS, County Jail, Portville, Randolph HS, Gowanda	168
Health Fairs	Allegany & Catt-LV Schools	179
How Old	Portville MS & HS, County Jail, Ellicottville BOCES	177
Hygiene	Allegany Elem, Hinsdale Elem, Olean Middle & HS, Big P	413
Internet	Big P	11
Lead	Delevan, Franklinville, Gowanda, Little Valley, Olean, Salamanca	128
Leadership	Allegany State Park	53
Lemonade	Olean, Allegany	180
Looking Ahead	Randolph HS & MS	117

Table 5 Health Education Programs (Part 2)

Program	Locations	Number
Media	County Jail, Olean MS	372
Obesity	County Jail, Randolph HS	51
Outreach	Allegany	166
Paper	West Valley	28
Puberty	Allegany-Limestone MS, Olean Middle, Gowanda Elem School, Randolph Middle and High Schools, Franklinville Middle School, Salamanca Elementary and Middle Schools, Cattaraugus-Little Valley Middle School, West Valley Middle School, Hinsdale, Allegany	1,475
Relationships	County Jail, Randolph Middle and High Schools, Gowanda Middle School, Ellicottville Middle & High, Portville, Hinsdale, Salamanca	717
Reproduction	County Jail, Olean HS, Gowanda MS & HS	184
Sex and technology	Randolph HS, Portville	199
Sexting	Olean MS, Randolph Middle and HS, Portville, Ellicottville BOCES	463
Sugar Overload	Hinsdale	85
Shaken Baby	County Jail, CA BOCES	153
Shaken Baby Syndrome	County Jail, Ellicottville BOCES, Olean HS, Randolph MS	153
Stars	Olean MS	38
STIs	County Jail, Gowanda MS, Portville, Ellicottville BOCES, Catt Community Action Staff	311
Suitcase	Olean MS, West Valley, IJN Elem,	370
Taste of Independence	Olean High School, Allegany Recreation Center	52
Taste the Rainbow	Hinsdale, Olean	50
Team Building	Allegany MS	53
Tobacco	County Jail	21
Vaping – Catch My Breath	Allegany, Cattaraugus-Little Valley, Olean, Portville, Randolph	1,484
Youth Leadership	Allegany State Park (ASP)	53
	Total:	12,188

Adult and Community Based Programming

Staff provide community-based programming in an effort to foster healthier lifestyles at various locations throughout the county.

Participation includes:

Cattaraugus County
Employee & Retiree

Wellness Days, the YMCA's
Annual Healthy Kids Day,
the week-long Cattaraugus
County Fair Booth, Influenza

and Rabies Clinics, School

Health and Wellness Days, Annual Bike Rodeos, Celebrate Salamanca Day, Garden fest Olean, Monthly Employee Blood Pressure Screening, Annual Developmental Disabilities Day, Annual Youth Summit (Seneca Nation), Annual Intandem Health Fair, Cattaraugus Community Action, Seneca Allegany Casino, and Holiday Valley Employee Wellness Days, the Annual Department of Aging Senior Forum, Genesis House Agency Fair, West Valley Demonstration Project Well ness and Safety day and the Annual Farmer Neighbor Event.



Image 18 County Fair Booth



Image 19 Monthly Blood Pressure Clinic

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 number of sugar-sweetened beverages, including juices, consumed by children and adults with emphasis on increasing the amount of water consumed. Sugary sweetened beverage education is incorporated into displays, and at health and wellness days. Several posters were created by staff, shared on social media, shared with the Consortium, and shared at participating vendor events.

CATCH-My Breath Program

Catch-My-Breath program - a pilot program offered beginning in 2019 as a proactive reaction to the number of youth and adults choosing to vape versus smoke. Catch My Breath is an evidence-based program that meets national and state health education standards, providing children with necessary information about vaping. This program includes parent resources that are sent home with students to help educate families. Shown in are student developed anti-vaping posters.

A survey was conducted by the CCHD as part of the evidence-based program CATCH My Breath to determine which age groups are vaping, what do students know about vaping and e-liquids, and determine why students started vaping. To collect the following data, paper-based surveys and an

online link were provided to teachers to have their students complete. One hundred fifty-five students completed the survey within three different schools. Students from grades seventh, eighth, tenth, eleventh, and twelfth grade participated in the survey. The survey consisted of sixteen questions ranging from types of devices used to vape, did students know if their vape contained nicotine, and questions to determine their curiosity about vaping.

The results of the survey concluded that out of one hundred fifty-five students surveyed 14.8% of the students admitted to vaping, with tenth grade students vaping more than other grades (see **Figure 10**). Of the 23 students who admitted to vaping 3.2% admitted to vaping all days in the past 30 days. Only 10.3% of students knew that the liquid they were vaping contained nicotine and 31.6% were unsure if the vapes contained nicotine. The most utilized vaping device was the Juul, followed by vape pens, and box mods. Additional data from other Cattaraugus County schools is needed to determine the severity of vaping in the county compared to the rest of New York State. Students reported the reasons they began vaping; results showed because it looked cool, because friends are vaping, and a large number of students reported they do not know why they started vaping. Students were asked if most youth their age vaped and the results indicated that 84.5% of students agreed youth their age vaped. 16.1% of students indicated that they are curious about vaping and 18.1% of students indicated if a friend offered them a vape they would try it.



Image 20 Anti-Vaping Posters

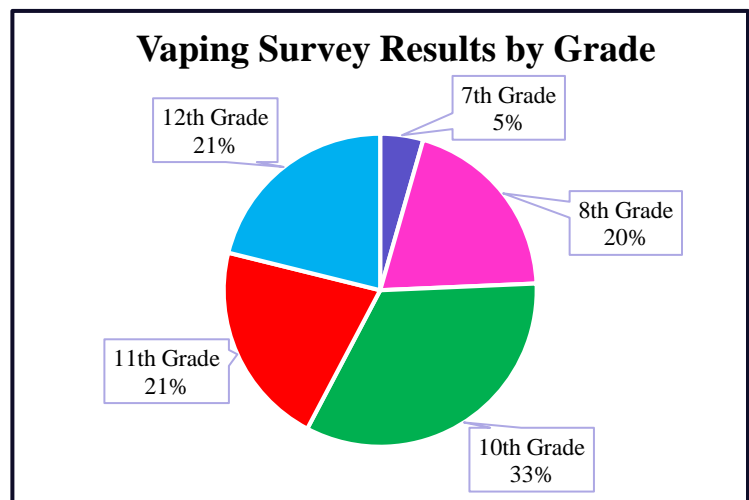


Figure 10 Vaping Survey Results by Grade

Advertising

The CCHD developed a campaign for social media (Facebook) and local theaters, launched in December 2019, funded by the Adolescent Tobacco Use Prevention Act (ATUPA). A 30 second public service announcement (PSA) was played at AMC Olean and Joylan (Springville) theaters and will continue until the end of March 2020. The overall reach of the PSAs will be estimated via numbers provided by the theaters and Facebook.

Veggie Wheels Program

Veggie Wheels began its fifth year in 2019 providing fresh fruits and vegetables to community residents of Olean, Salamanca, and Delevan.

In 2019, additions to the program included adding a new location in Delevan at the Baptist Church. Veggie Wheels worked alongside WIC in Delevan and Salamanca to provide fresh fruits and vegetables to local community members. Collaborating with WIC allowed Veggie Wheels to reach, educate, and provide more individuals with fresh fruits and vegetables. Veggie Wheels has worked with Canticle Farms, Child's Blueberries, Great Valley Berry Patch, Stayer's Greenhouse and added collaboration with Miller's Farmers Market in 2019.



Image 21 Veggie Wheels Salamanca Site

Thanks to a generous donor, Veggie Wheels was able to establish and maintains an Endowed Fund with the Cattaraugus Region Community Foundation to provide sustainability for the program. Each year Veggie Wheels participates in a 24-hour event called Cattaraugus Gives, where community members near and far come together to donate to the Veggie Wheels cause. Veggie Wheels is a grant funded program and hosts an event known as the Slow Ride to promote active lifestyles, and raise money for the Veggie Wheels program. Several community members attended the Slow Ride event including adults and children in 2019. In 2020, the Slow Ride event was held virtually and expanded so individuals could complete the Slow Ride at any location. All funds raised from these events, are directly utilized to purchase fresh fruits and vegetables from local farmers and growers.

During the 2019 Veggie Wheels program, volunteers visited site locations in Salamanca, Olean, and expanded to Delevan and provided fresh fruits and vegetables to approximately 600 individuals. Of the 611 community members provided with fresh fruits and vegetables, 61.5 percent were adults and 38.4% were youth ages three to twelve. Veggie Wheels collaborated with Women, Infants, and Children (WIC) and Cornell Cooperative Extension to provide education and cooking demonstrations for members attending Veggie Wheels.



Image 22 Veggie Wheels Slow Ride

In 2020, Veggie Wheels experienced challenges due to the COVID-19 pandemic. Food demonstrations, education, and farmers market set ups had to be discontinued due to social distancing and mask requirements. Many volunteers were concerned with volunteering due to potential exposure. Five dedicated volunteers came together to pick up all fruits and vegetables, prepackage bags for each location, and distributed them onsite. There was an influx in participants, as many were temporarily unemployed due to COVID-19. Veggie Wheels served 1,185 participants during the 2020 season at locations in Olean and Salamanca.

There continues to be a need to expand to more remote and food insecure regions of the county. As Veggie Wheels continues to grow and prosper the volunteers will look to expand to new locations with the hopes of being able to resume educational and cooking demonstrations in the upcoming season.



Image 23 Veggie Wheels Volunteers Preparing Produce Bags for Community

Mobilize community partnerships to identify and solve health problems.

Introduction: Essential Service four involves convening and facilitating community groups in undertaking defined preventive and population focused activities in order to capture the full range of potential resources to solve community health problems. Highlighted in this section are: The Healthy Livable Communities Consortium, Immunization Coalition, and the Lead (Pb) Smart Partnership, and the Youth Development Coalition.

Staff partner with a variety of organizations and agencies to address public health related issues. Cattaraugus County Healthy Livable Communities Consortium: In 2019, the CCHD continued to partner with multiple agencies and organizations to help better the health of the community.

Healthy Livable Communities Consortium

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 CCHD and its partners to instill upon key stakeholders that we are all called to action to tackle health issues. The Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) are facilitated through the Consortium. See **Table 6** for Partners and **Figure 11** for common Health Issues.



Image 24 2019 Healthy Livable Communities Consortium

Table 6 Health Education Community Partners

Community Partners by Agency/Organization	
2-1-1	Housing Options
Allegany ARC	Interfaith Caregivers
Alzheimer's Association of WNY	Kidney Foundation of WNY
American Cancer Society	Legal Assistance of WNY
Ardent Solutions Network	Municipal Clerks
Boundless Connections/ Strength Solutions	NY Connects
Cancer Services Program	NYS Department of Health
Canticle Farm	NYS Health Foundation
CARes (Council on Addiction Recovery Services)	NYS Senate
Catholic Charities Kinship Program	NYS Smokers Quitline
Cattaraugus County Departments of Aging, Community Services, Health, Youth, Social Services, Economic Development	Olean City Schools
Cattaraugus Community Action	Olean General Hospital/Upper Allegany Health System/ Kaleida Health
Cattaraugus Community Regional Foundation	Olean Housing Authority
Cattaraugus County Board of Health	Olean Medical Group
Cattaraugus County Legislators	Olean Times Herald
Cattaraugus-Allegany BOCES	Olean YMCA
Charter for Compassion	Population Health Collaborative of WNY
City of Olean	Pfeiffer Nature Center
City of Salamanca	Reality Check Program
Cornell Cooperative Extension	Rural Revitalization
Creating Healthy Schools and Communities	Salamanca Press
Directions in Independent Living	SNI (Seneca Nation Indians) Health, Ed & Planning
Eat Smart New York	Southern Tier Health Care System
Fidelis Care	Southern Tier West/Fresh Local WNY
Genesis House	St Bonaventure University
Gowanda School District	Suicide Prevention Coalition
Head Start Program	Tap Into Greater Olean
Health Care Access Coalition	Tobacco- Free CCA
Healthy Cattaraugus County	Total Senior Care
Healthy Community Alliance	United Way of Cattaraugus County
Healthy Families	Univera
HomeCare & Hospice	University Primary Care
iCircle	Veggie Wheels
WIC (Women, Infants, Children)	Venture Forthe

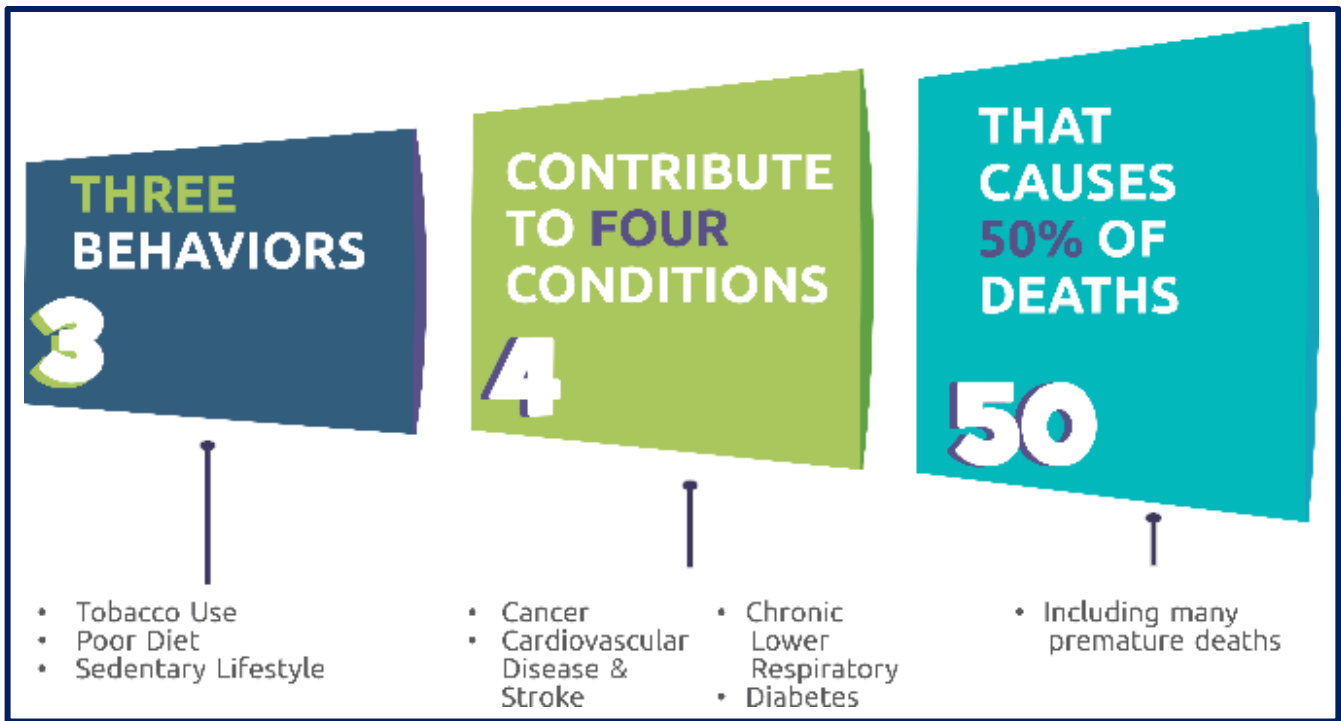


Figure 11 Healthy Livable Communities Consortium (HLCC) Health Issues

In 2019, HLCC expanded its work on the national grant Spreading Community Accelerators through Learning and Evaluation (SCALE (one of only 20 national SCALE grants awarded), by continued collaboration and training of leaders in the 8 counties of western NY. The SCALE project focuses on 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. This model is being demonstrated through the WNY Public Health Alliance, integrating regionally evidence-based programs through the 2019-2021 CHA.

In 2019, the HLCC expanded its work through the national grant Reaching People with Disabilities through Healthy Communities funded by the National Association of Chronic Disease Directors (NACDD), initially awarded in 2016. The goal of this program 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. In 2019, the NACDD Team focused on its 4th Annual Inclusion Recognition Event (photo below); the ceremony is the single most unique event of its kind held among all the nationally funded programs. The Lead NACDD Consultant for the Disabilities funding, Karma Edwards Harris, traveled from Florida to participate.



Photos (L to R):
 4th Annual Recognition Event
 groups, individuals, and leaders.
 Karma Edwards Harris, NACDD
 Program Consultant

Image 25 National Association of Chronic Disease Directors (NACDD) Event

Immunization Coalition

The South Western Immunization Coalition of NY (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. The adult immunization rates such as influenza, pneumonia, shingles, and cervical cancer, is low across the United States, and the SWIC of NY has been focusing on improving vaccination rates in adults in the three partnering counties. SWIC is also encouraging healthcare providers who administer adult vaccines to use the New York State Immunization Information System (NYSIIS) to track immunizations. NYSIIS is an electronic immunization registry that any enrolled provider can access to assess the immunization needs of their patients

Lead(Pb)Smart Partnership

The housing stock in Cattaraugus County is the second oldest in New York State; 66% of the housing stock was built before 1978. Lead-based paint and lead contaminated dust are common sources of lead exposure for children and are often associated with the type of housing available in Cattaraugus County. Prevalence of elevated blood lead levels in Cattaraugus County among children less than 6 years of age is 15.6 per 1000 which is significantly higher than the New York State rate of 5.1 per 1000. Elevated blood lead level testing for children ages one (63.3%) and two (59%) across Cattaraugus County is lower than the NYS rate for 75% for both one- and two-year old's (eBRFSS). To combat the prevalence of preventable lead poisoning in children who reside in Cattaraugus County, the CCHD has organized a Southern Tier Lead Coalition, called The Lead (Pb) Smart Partnership (PbSP).



Image 26 Nurse Administering Lead Testing

The partnership seeks to promote lead poisoning prevention at the community level. The partnership's goals are to increase lead testing rates among one and two-year-old children, increase the number of lead safe housing policies, and to educate the community about lead poisoning and prevention.

The PbSP is a regional lead poisoning prevention coalition that includes the CCHD, Allegany County Department of Health, Chautauqua County Department of Health, the Seneca Nation Health Care System, Cattaraugus and Wyoming Project Head Start, Southern Tier Health Care System, Rural

Revitalization Corporation, Parent Education Program, the City of Olean, the City of Salamanca, and Universal Primary Care (Federally Qualified Health Center) and the Regional lead resource center. Representatives from the New York State Department of Health regional office and from the Regional Lead Resource Center also attend the quarterly meetings to help guide the coalition.

In 2019, the PbSP completed the following activities to help increase lead testing rates and spread awareness about the dangers of lead poisoning:

- Advocated for increased lead testing and lead awareness through doctor's office visits and community education at WIC/Head Start/and community events. In 2020, PbSP plans to gather physicians to educate them on the importance of lead testing and the NYS law requiring follow-up services, including Environmental Health intervention for BLL > or equal to 5mcg/dl. This event will include expert presentations and CME credits for continuing education.
- Advocated for improved housing codes.
- Worked with Olean General Hospital to include lead poisoning prevention materials in hospital newborn packets
- Develop resource list for families impacted by lead poisoning
- Develop newsletter to share on Facebook
- Worked to get grant sponsored and privately sponsored EPA Certified Lead Renovator trainings to the area thereby training 39 individuals and firms.
- Developed a social media campaign for lead prevention week
- Developed new lead posters for distribution countywide
- Developed and implemented outreach programs in schools and Head Start programs.



Image 27 Lead Prevention Education at StrOlean



Image 28 Lead Prevention Education in the Community

Youth Development Coalition

The CCHD leads the Youth Development Coalition (YDC). The Coalition partners with the Allegany Recreation and Parks Department, Brookshire Farms, Catholic Charities, Cattaraugus Community Action, Council on Addiction Recovery Services (CAReS), Housing Options Made Easy, and the Rehab Center to promote the practice of positive youth development in order to educate, encourage and empower the youth of the county. All programs offered through YDC are free for both youth and adults. Two popular programs hosted by YDC include the Taste of Independence and the Lemonade Stand.

From 2019 to 2020, the Taste Independence was offered seven times. This one-day program gives participants the opportunity to experience life responsibilities that are associated with being an independent adult, including interviewing for a job, obtaining housing and transportation, purchasing groceries and household furnishings, etc. 106 youth ages 13 – 19 from school districts throughout Cattaraugus County participated in these events. At the conclusion of the day's events, participants learn that good decision making is the key to success.

The Youth Leadership Program, offered once a week for six weeks over summer break, had a total of twenty-five teens from throughout the county learning life skills. The teens worked on team building and learned about resources in the county available to teens. The goal of this program is to build leaders in the adolescent social groups who can then take the information back to their home school to help other teens.

In 2019-2020, the Lemonade Stand was offered five (5) times during the year. A total of 118 youth, ages 9 – 15, from school districts throughout Cattaraugus County participated in this event. The Lemonade Stand is a week-long program supported by the Mayor of Allegany along with the Allegany Fire and Police Departments and the Greater Olean Area Chamber of Commerce. The program helps children to learn team work, business development and management. The program helps children to learn team work, business development and management.

As a result of the pandemic more precautions had to be taken to ensure the safety of all. Due to social distancing guidelines, only family groups were allowed to work together. This meant multiple smaller groups were formed and spread out over the entire summer. The youth who normally would prepared the lemonade sold, instead sold prepackaged juice and snacks. The handling of products and money were limited and all wore masks.



Image 29 2019 Lemonade Stand

Develop policies and plans that support individual and community health efforts.

Introduction: Essential Service five involves providing leadership for systematic community and state level planning for health improvement; development and tracking of measurable health objectives as a part of continuous quality improvement strategies and development of codes, regulations and legislation to guide the practice of public health. Highlighted in this section are the Board of Health, and the CCHD strategic plan.

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 CCHD and provides the department with a road map for implementing programs that protect 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 department by actively participating on Professional Advisory, Quality Improvement and Record Audit committees.



Standing from left to right: Giles Hamlin, MD, Sondra Fox, RN, MSN, C.S, Mayor David Smith, Kathryn Cooney Thrush, NP, MSN, James Snyder, Theresa Raftis, Joseph Bohan, MD, Richard Haberer, Not Pictured: Zahid Chohan, MD.

Image 30 2019 Board of Health Members

2019 Board of Health Members	2020 Board of Health Members
PRESIDENT: Dr. Joseph Bohan	PRESIDENT: Dr. Joseph Bohan
VICE PRESIDENT: Dr. Giles B. Hamlin	VICE PRESIDENT: Dr. Giles B. Hamlin
LEGISLATIVE MEMBER: James J. Snyder	LEGISLATIVE MEMBER: Kelly J. Andreano
Dr. Zahid Chohan	Dr. Zahid Chohan
Sondra Fox, RN, MSN, C.S.	Sondra Fox, RN, MSN, C.S.
Richard Haberer	Richard Haberer
Kathryn Cooney Thrush, NP, MSN	Kathryn Cooney Thrush, NP, MSN
Theresa Raftis	Theresa Raftis
David L. Smith	David L. Smith

In 2019-2020, the Board of Health took enforcement actions on 34 cases with 4 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 7** illustrates the actions taken by the Board of Health in 2019-2020.

Table 7 Board of Health Actions

Date	Board of Health Actions
February 2019	<ul style="list-style-type: none"> • Approved 2019 BOH officers Dr. Joseph Bohan, President and Dr. Giles Hamlin, Vice Pres. • Approved 2019 Clinic Fee Schedule.
August 2019	<ul style="list-style-type: none"> • The BOH has made a recommendation to the legislators to amend the current local law that would prohibit the sale of flavored e-liquids, if the concentration of nicotine is to be restricted.
October 2019	<ul style="list-style-type: none"> • BOH accepted the 2019-2021 CHA/CHIP. • BOH approved an increase in environmental health fees for 2019. • BOH renewed the Clean Indoor Air Act waivers for two establishments
November 2019	<ul style="list-style-type: none"> • BOH submitted a request to the Legislators for renewal of Dr. Giles Hamlin’s reappointment to the board for another 6-year term.
February 2020	<ul style="list-style-type: none"> • Approved 2020 BOH officers Dr. Joseph Bohan, President and Dr. Giles Hamlin, Vice Pres. • Approved 2020 Clinic Fee Schedule. • Approved write off of uncollected debt for 2019.
July 2020	<ul style="list-style-type: none"> • BOH voted to approve the credentialing privileges of the following providers, Dr. Gilbert Witte, Dr. Kaitlin Hanmer, Dr. Paul Schwach, Dr. Donald Higgs, and Kerry Perese.
September 2020	<ul style="list-style-type: none"> • BOH voted to approve (4) homecare policies including the Start of Care Screening for COVID-19, Pandemic Disease Plan, Sanitation procedure, and Staff surveillance.
October 2020	<ul style="list-style-type: none"> • BOH voted to approve the addition of a Kinrix vaccine to the clinic immunization fee schedule adopted on February 2020. • BOH renewed the Clean Indoor Air Act waivers for two establishments
December 2020	<ul style="list-style-type: none"> • BOH submitted a request to the Legislators for renewal of Sondra Fox’s reappointment to the board for another 6-year term.

Strategic Plan

Since 2018, the CCHD adopted a new Strategic Plan and began its implementation. The new plan has six goals, each goal has several strategic objectives:

Goal 1: Prevent Chronic Disease

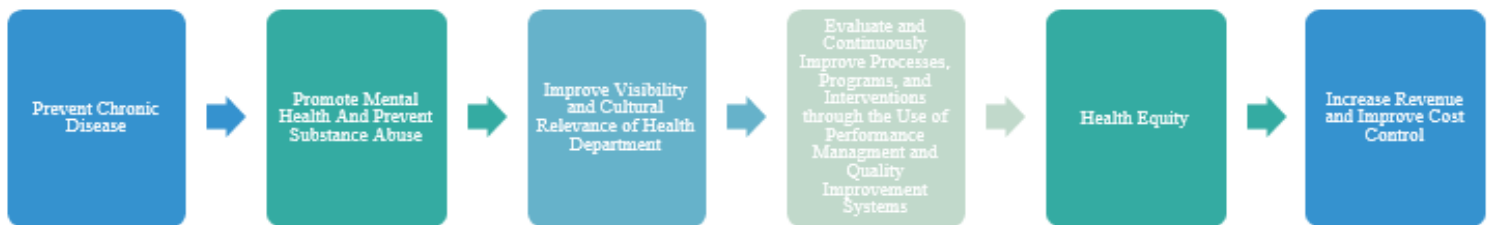
Goal 2: Promote Mental Health and Prevent Substance Abuse

Goal 3: Improve Visibility and Cultural Relevance of the Health Department

Goal 4: Evaluate and Continuously Improve Processes, Programs, and Interventions through the Use of Performance Management and Quality Improvement Systems

Goal 5: Health Equity

Goal 6: Increase Revenue and Improve Cost Control.



CCHD has made efforts to link the strategic plan with the Community Health Improvement Plan (Goals 1, 2, and 5), Workforce Development Plan (Goals 1, 2, 4, and 6), and Quality Improvement Plan (Goals 4 and 6) as it works toward meeting new accreditation standards.

Increasing community access to fresh fruits and vegetables was identified as a strategic objective within Goal One. The CCHD's Women, Infants and Children (WIC) Program set a goal to increase the redemption rate of farmer's market coupons from 49% to 59%. Results of an internal survey showed that 90% of WIC participants redeemed their farmer's market coupons. Goal Two has strategic objectives and is on track for completion in 2019 and 2020.

An ongoing project, the formation of the Health Promotion Committee (HPC) identified in Goal Three. The HPC devised a system for tracking outreach activities, and updated the department's brand strategy. Improving procedures and documentation for investigations of infectious or communicable diseases and non-infectious health problems was identified as a strategic objective for Goal Four.

Implementing socially, culturally and linguistically appropriate health promotion strategies to protect population from preventable health conditions was a strategic objective identified in Goal Five. The HPC revised the Health Promotion Communication Plan to ensure marketing, communication, and educational materials created by the department are available in alternative formats (large print, languages other than English, accessible to people with low literacy skills, etc.). The HPC created a schedule of health promotion activities focusing on prevention. The schedule was implemented in 2019.

Goal Six has strategic objectives and is on track for completion in 2019 and 2020.

Enforce laws and regulations that protect health and ensure safety.

Introduction: Essential Service six involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of sewage disposal standards; animal rabies vaccination laws, and timely follow-up of nuisance complaints. Highlighted in this section are: The Environmental Health Division's summary of regulated facility inspections, enforcement activities, nuisances and complaints, along with a summary of actions taken by the Board of Health on enforcement.

Regulated Inspections

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.

2019-2020 Outcomes:

- **161** public water supplies were inspected by EH staff.
- **2959** microbiological samples and 455 nitrate samples were collected at public water systems for analysis by the CCHD's Laboratory.
- **996** sanitary survey inspections of private sewage and water systems were conducted.
- **371** permits to construct Onsite Wastewater Treatment Systems (OWTS) were issued by EH staff.
- **698** inspections at facilities that prepare and serve food to the public were conducted.
- **264** critical violations were discovered during food establishment inspections.
- **61** routine inspections were completed at temporary residences, this include all hotels, motels, campgrounds, and several facilities which also operate as children's camps.
- **16** routine inspections were conducted at Children's Camps.
- **13** routine inspections were conducted at tattoo shops and salons.
- **140** Adolescent Tobacco Use Prevention Act compliance checks were conducted at 101 licensed establishments.
- **141** smoking compliance checks conducted at establishments regulated by the Clean Indoor Air Act.
- **257** complaints were responded to regarding possible public health issues.

Public Water Systems (PWS)

The U.S. Environmental Protection Agency (EPA) 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 174 public and 10 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) - means 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) - means 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.

Non-transient Non-community Water System (NTNC) - means 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. **Figure 12** illustrates the breakdown of CCHD regulated systems by type within the county.

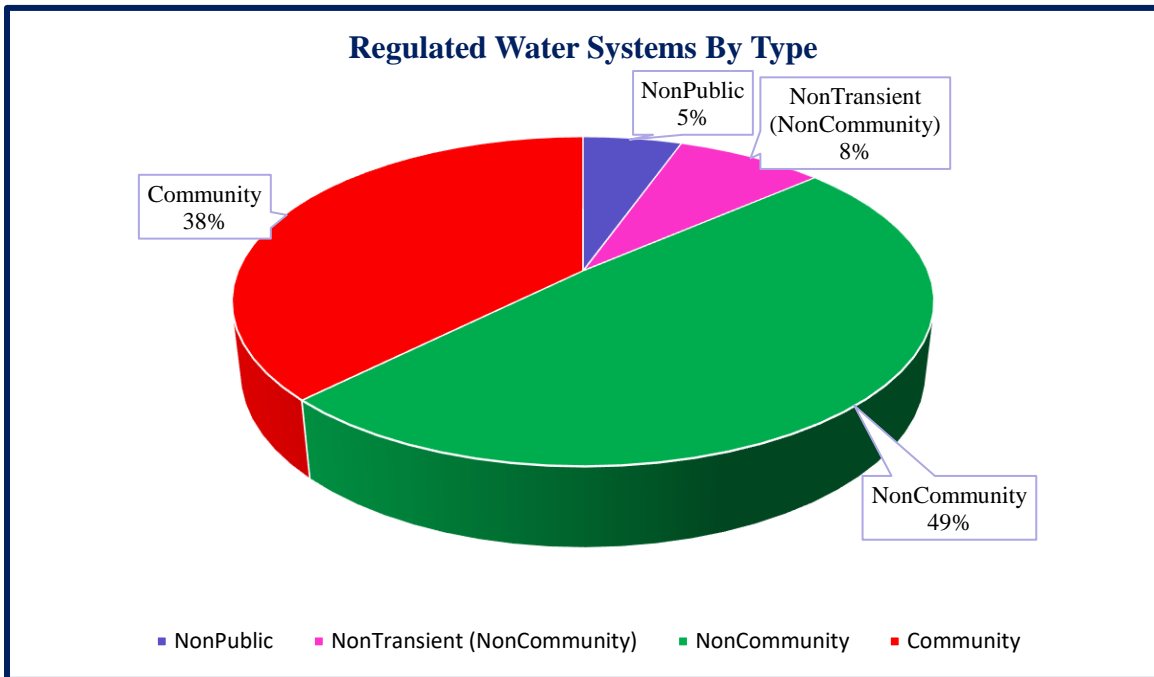


Figure 12 CCHD Regulated Water Systems by Type

Water System Inspections

During 2019-2020, Environmental Health (EH) staff performed required inspections at 161 public water supplies. A full sanitary survey was performed in accordance with EPA and NYSDOH guidance documents in larger water supplies in which it is required.

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 2019-2020, 2,959 microbiological samples and 455 nitrate samples were collected at public water systems. Numerous other samples were analyzed at commercial labs licensed by NYS.

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. Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and OWTS Permit programs. Inspections of private water supplies consist of a bacteriological water sample and a visual inspection of the water source and any water system equipment. A water supply is considered potable if the water sample indicates an absence of contamination by both coliform and *E. coli* bacteria. It is common for old systems to have to be disinfected or sources better developed and protected to pass the bacteria test. Together, these two programs account for the largest portion of field staff time each year.

Real Property Transfer Program (RPT)

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

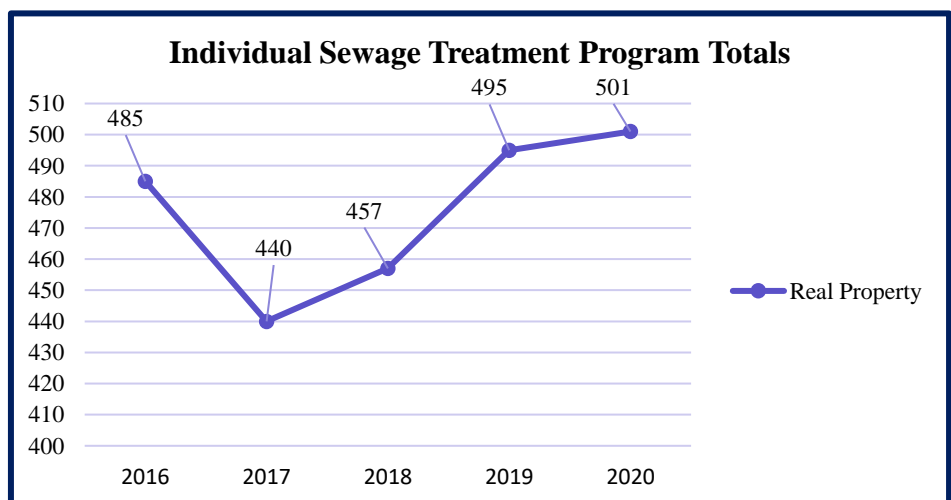


Figure 13 Individual Treatment Program Totals

Figure 13 shows the number of RPTs completed between 2016 and 2020. 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.

Commercial Sewage Treatment

Larger commercial sewage treatment systems are required to have a State Pollutant Discharge Elimination System (SPDES) permit issued by the New York State 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 2020, EH staff performed 115 SPDES inspections, compared to 119 SPDES inspections in 2019. All inspection reports were filed with the NYSDEC regional office in Buffalo as required. NYSDEC followed up on any deficiencies reported.

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-Lime Lake sewer district project was completed in 2019. The town of Olean – Indiana avenue sewer district was formed and construction is scheduled for Spring 2020. The city of Olean received grants to design and replace an old main sewer under the Allegheny river, and to provide back-up power at their South 4th street pump station. The Town of Yorkshire completed an engineering study to determine the updated cost and feasibility of constructing a new sewer district to serve the hamlet of Yorkshire Corners, and received some limited grant funding to help with the same. Lastly, the town of Great Valley had updated engineering estimates for a new sewer district in the hamlet of Kill Buck, and applied for construction grants in 2020.

Permitted Facilities 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. In 2019-2020, field staff completed 698 inspections during which 264 critical violations were discovered. **Figure 14** compares the number of food service establishments regulated by the CCHD from 2016 through 2020.

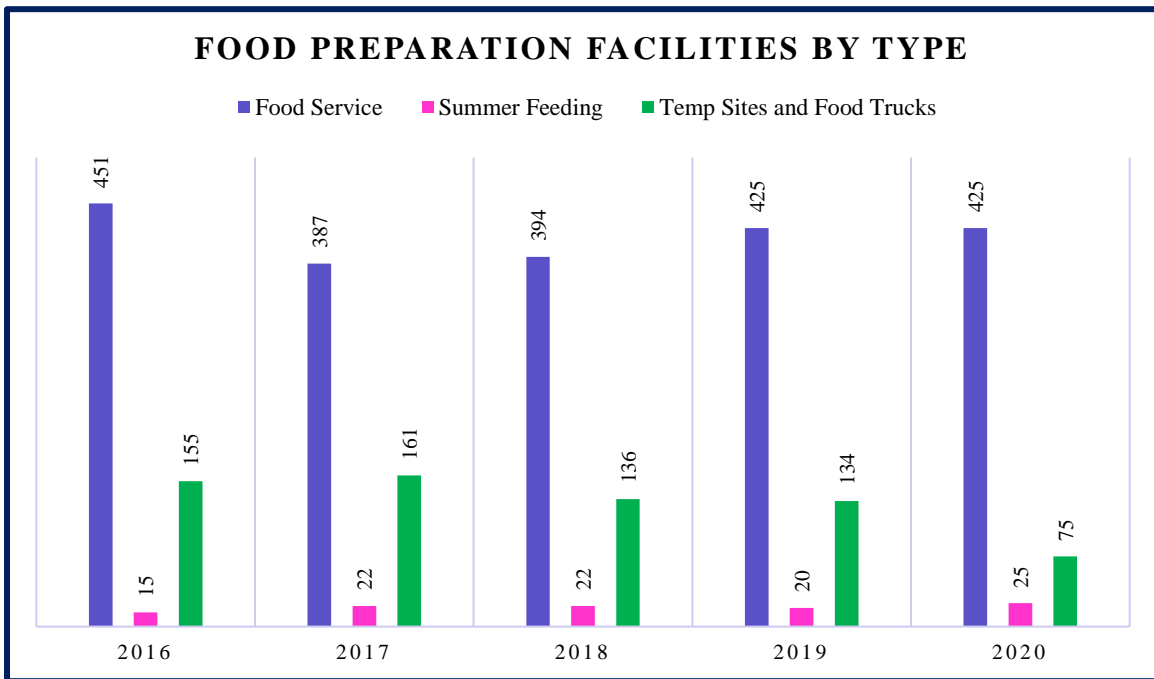


Figure 14 Food Preparation Facilities by Type

Temporary Residence Program

The EH division permits 49 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. In 2019-2020, 61 routine inspections were conducted during which 109 violations were found.

Public Bathing Facility Program

In 2019-2020, the CCHD permitted and oversaw the operation of 87 public bathing facilities operated by 55 organizations (see **Figure 15** and **Figure 16** for breakdown by type and organization). All aspects of the facility are inspected to ensure public safety. This includes but is not limited to: review of the facility’s safety plan, observation of lifeguard, and testing of the water and filtration system. 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.

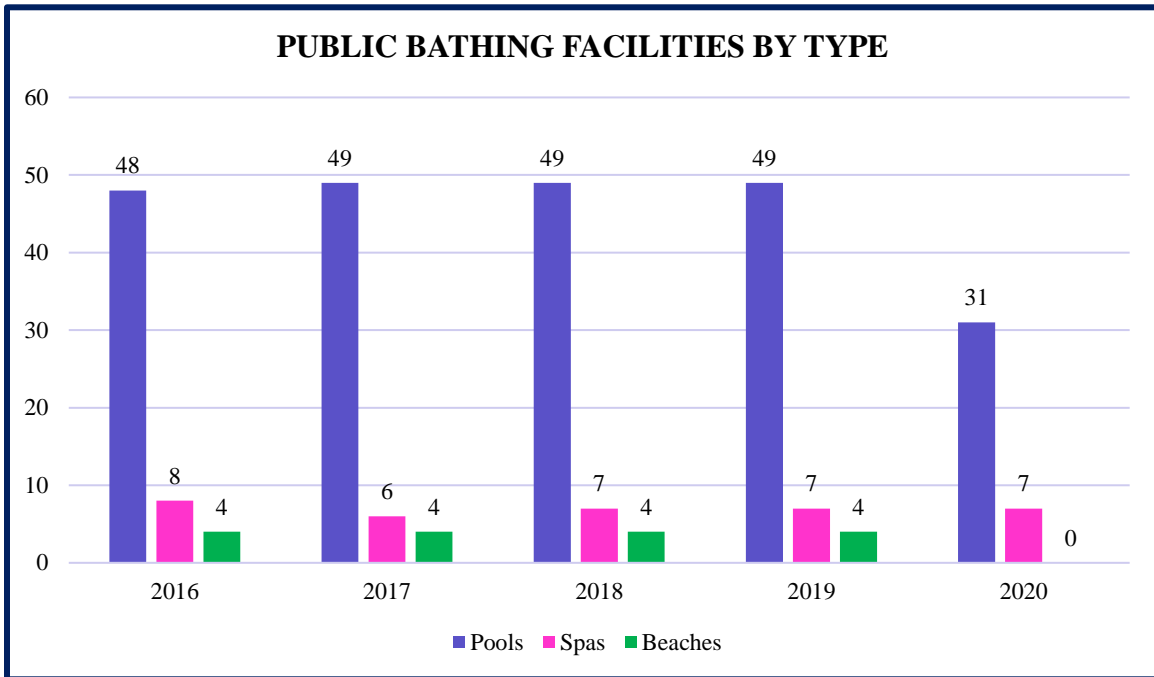


Figure 15 Public Bathing Facilities by Type

The CCHD also conducts a bathing beach sampling program to determine when beaches should be closed due to high E. coli bacteria levels. For 2019, staff collected samples from 4 beaches regulated by the health department and two (2) located in Allegany State Park are regulated by New York State. A total of 45 beach samples were collected throughout the summer months. NYSDOH closed beaches at Allegany State Park a few times due to elevated E. coli levels and/or turbid conditions following a significant rainstorm event and also due to potential harmful algae blooms.

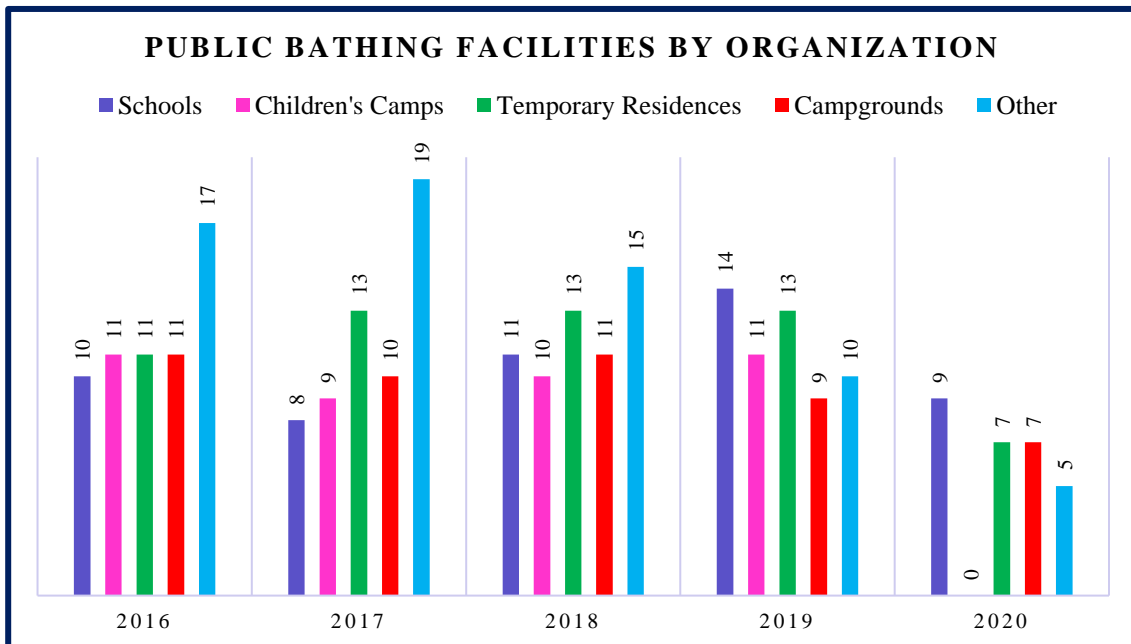


Figure 16 Public Bathing Facilities by Organization

Cooling Tower Program

Beginning in July 2016, cooling tower owners and operators have been required to comply with Subpart 4-1 of the NYS Sanitary Code - Protection from Legionella. Due to the operating characteristics of cooling towers, it creates an optimum environment for Legionella bacteria growth and can also cause airborne transmission of the bacteria. Respiration of the airborne bacteria can cause Legionellosis or “Legionnaires Disease”. Under these new regulations cooling tower operators are required to:

- Electronically register their cooling towers on a statewide registry
- Develop and implement an approved maintenance program
- Perform routine inspections, and have their cooling towers inspected and certified annually
- Perform monthly bacteria cultures, and quarterly Legionella cultures
- Retain records of all sample results, maintenance, and disinfections during operation.
- Routinely update sample dates, results, disinfections, certification dates, and start up and shut down dates in the NYS automated electronic registry
- Notify the local health department within 24 hours of receipt of a Legionella culture sample that exceeds 1,000 colony forming units per milliliter

In 2019, there were a total of 20 registered cooling towers, 7 which operated year-round, and 12 which operated seasonally within the County. EH reviews the cooling tower registry on a monthly basis to determine operator’s compliance with Subpart 4-1 and follows up as necessary. In the event that a cluster of Legionellosis is identified, it would initiate an intensive investigation to determine possible sources, including inspection and review of all nearby cooling towers. Since the program began in 2016, there has not been a cluster of cases that would prompt such an investigation.

Children’s Camp Program

Children’s Camps did not operate in 2020. The CCHD permitted 16 children’s camps in 2019. All 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. In 2019, 16 inspections were conducted during which 30 of violations were found.

Mobile Home Park Program

The CCHD permitted 35 mobile home parks in 2019-2020. 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.

In 2019-2020, 62 routine inspections were conducted during which 171 violations were found. Throughout 2019, 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 13 tattoo shops located in the county during 2019. 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 2019-2020, 23 routine inspections were conducted during which 3 violations were found.

Since 2017, staff began receiving inquiries from persons being trained in the new process of “microblading”. As a result, the CCHD now has 3 beauticians and salons under permit which offer this semi-permanent cosmetic tattoo procedure to their customers.

Adolescent Tobacco Use Prevention Act (ATUPA) Program

In November 2019, individuals under the age of 21 have been prohibited from purchasing tobacco products by NYS Law. Since then, the EH division has performed annual visits at 47 establishments in the county licensed to sell tobacco by NYS. The unannounced checks involve the use of minors who attempt to purchase tobacco products at store check-out counters. In 2019, the CCHD performed 140 ATUPA compliance checks during which 1 sale of tobacco products to a minor occurred. Consequently, formal action was initiated in 2019 which resulted in one violation for \$650 in fines.

Clean Indoor Air Act (CIAA) Program

The Clean Indoor Air Act was passed to regulate indoor and outdoor smoking as well as to prohibit smoking in all places of employment and restaurants. Similar to the ATUPA program, CCHD conducts unannounced compliance checks to ensure that indoor smoking in public places is not occurring. In 2019-2020, there were 141 smoking compliance checks conducted in establishments around the county. There were no violations found as a result of these unannounced visits.

Public Health Nuisances

Many environmental health risks are identified through the programmatic activities outlined above. However, county residents themselves often file formal complaints and report potential public health nuisances. In 2019-2020, EH staff responded to 275 complaints regarding possible public health issues. This resulted in no formal enforcement action taken to bring about correction of a sanitary code violation.

Data analysis of complaints lodged in 2019-2020 showed that there were three specific trends or patterns regarding complaints.

1. The majority of the garbage, insects and rodents complaints have come from the cities.
2. Most of the mobile home complaints have been related to sewage issues.
3. Almost all of the sewage complaints are from towns.

Garbage, rodent, and insect complaints tend to be centered in the more populated areas of the county; but, are not linked to one particular neighborhood/region and are scattered throughout the cities of Olean and Salamanca. Further analysis showed garbage, rodent, and insect complaints could be attributed to the following factors: affordability of having garbage hauled away; irresponsible tenant and absentee landlord situations, lack of transportation to refuse station; and hoarding. Where there is garbage accumulated rodents and insects are attracted.

Data analysis of sewage complaints from mobile home parks, villages, and towns show that while sewage discharge complaints occur with some frequency, the complaints are not linked to one municipality. This is primarily due to the lack of availability of public sewer systems.

Additional factors contributing to the issue are: inability to afford repairs or replacement; lack of information on how to maintain a proper onsite waste water treatment system; and systems greater than 50 years old that have reached the end of their expected service life.

Enforcement

The Board of Health is charged with enforcement of public health law. Fines and penalties are issued if a situation rises to that level. In 2019-2020, there were 72 formal enforcement actions of which 26 required a Board of Health hearing. The remaining were settled without need for a formal hearing. **Table 8** and **Table 9** are a summary of enforcement actions taken by the Board of Health.

Table 8 Board of Health Enforcements (2019)

Date	Board of Health Actions on Enforcement
February 2019	BOH fined a business \$200 for failing to submit complete daily records for operation of the non-community water supply.
	BOH fine a restaurant \$75 for not providing certified food protection manager training verification.
	Businesses paid: \$550 fine for category 1 and 2 hazards, \$100 fine for operating without a valid permit, and \$50 fine driveway maintenance.
	BOH fined a resident \$150 for not providing proof of vaccination for their dog.
	BOH fined a business \$400 for records not completed and submitted. Another \$200 fine was added for non-operational chlorine pump.
March 2019	BOH fined a resident \$150 for no proof of dog vaccination.
	BOH fined another resident \$75 for no proof of pet vaccination.
	BOH fined a business \$50 for not completing the certified food protection manager training course within the allotted timeframe.
April 2019	BOH fined a business \$550 due to public health hazard and four repeat violations.
	A resident was fined \$150 for failing to provide proof of rabies vaccination.
July 2019	A resident was fined \$250 for a sanitary code violation.
August 2019	A respondent was fined \$400 for operating a mobile home park without a valid permit.
	A business was fined \$150 for failure to provide required workers compensation and NYS disability insurance.
November 2019	A resident was fined \$150 and mandated completion of remediation prior to rental of apartments.
	A business was fine \$50 for failing to submit water supply records.
	A business was fine \$50 for failing to submit water supply records.
	A resident was fined \$50 and was required to pay a \$290 RPT application fee for on-site waste water treatment system.
December 2019	A resident was fined \$390 for failing to obtain a permit to construct.
	A business was ordered to have monthly inspections completed.

Table 9 Board of Health Enforcements (2019)

Date	Board of Health Actions on Enforcement
February 2020	BOH suspended a restaurant permit for a minimum of 15 days and required onsite training of staff by a Certified ServeSafe instructor BOH fined a School District \$500 for not providing adequate aquatic supervision during use of the pool.
March 2020	BOH accepted the Notice of Appeal from a restaurant and allowed them to reopen with a monthly inspection being required.
May 2020	BOH allowed a restaurant to continue to operate for another month.
June 2020	BOH allowed a restaurant to continue to operate for another month, however, they were to hire a Certified Servesafe Instructor and submit a report to the BOH in July.
July 2020	The Servesafe report was received from the instructor for the above referenced restaurant. Also received an inspection report from a Sanitarian. BOH voted not to reissue the permit and that the facility must close within 15 days.
August 2020	A Notice of Appeal from the above referenced restaurant was heard by the BOH. The BOH voted to again another month permit.
September 2020	The BOH voted to have another Administration Hearing for the above referenced facility. BOH heard recommendations from the Hearing Officer regarding a failed septic system at a rental property. Absentee property owner that could not be contacted and due to the COVID eviction restrictions no action to be taken at this time. BOH fined a resident \$1,000 for failure to submit a lead remediation work plan. BOH ordered the respondent to submit a work plan by 9/30/2020 and complete work by 11/2/2020. BOH fined a facility \$350 for operating a campground without the required permits (campground, sewage system and public water supply). BOH fined a Mobile Home Park \$625 for operating without a permit, \$50 for garbage, \$250 for public water supply violations.
October 2020	BOH fined a restaurant \$1500.
November 2020	BOH fined a resident \$75 for failure to comply with Notice and Demand deadlines and that all lead remediation to be completed by November 14, 2020 for the interior and May 15, 2021 for the exterior.
December 2020	Fined a resident \$150 for not providing proof of vaccination for their dog. BOH agreed to go back to normal inspection frequency for the above referenced restaurant. Fined a resident \$75 for not providing proof of vaccination for their dog. Fined a resident \$75 for failure to comply with recommendations with a Real Property Transfer.

Link people to needed personal health services and assure the provision of care when otherwise available.

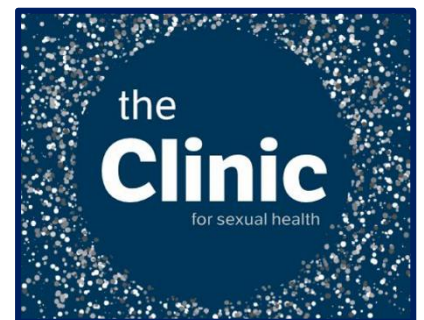
Introduction: Essential Service seven involves assuring effective entry for disadvantaged people into a coordinated system of clinical care; linkage to services for special population groups; ongoing care coordination; targeted health information to high risk population groups and technical assistance for effective worksite health promotion/disease prevention programs. Several program and services are highlighted in this section which include: Clinic Services, Homecare, Maternal Child Health Programs, Early Intervention, Children with Special Health Care Needs/ Physically Handicapped Children's Program, and Woman Infants and Children.

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.

2019 Outcomes:

- **86** pap smears were performed, **9** requiring further surveillance.
- **129** clients received breast exams.
- **21** cases of chlamydia, 8 cases of gonorrhea, and **3** case of syphilis were detected during STI Clinic visits.
- **128** tests for HIV were done in the Family Planning/STI Clinics, with **0** testing positive.
- **178** employment physicals were performed by clinic staff.



2020 Outcomes:

- **98** pap smears were performed, **12** requiring further surveillance.
- **121** clients received breast exams.
- **168** cases of chlamydia, **54** cases of gonorrhea, and **5** case of syphilis were detected during STI Clinic visits.
- **112** tests for HIV were done in the Family Planning/STI Clinics, with **2** testing positive.
- **402** employment physicals were performed by clinic staff.

Family Planning Clinic (FPC) Services

The goal of family planning services is to assist individuals in determining the number and spacing of births through the provision of affordable, voluntary contraceptive services, supplies, and related preventive health resources 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.

In New York, anyone under the age of 18 has the right to consent to services like contraception, testing for sexually transmitted diseases, and reproductive health care without parental consent. **Figure 17** shows the number of FPC clients aged 15-19 years old with positive pregnancy tests. A reduction of results in 2020 may have been due to clinic closures due to COVID-19.

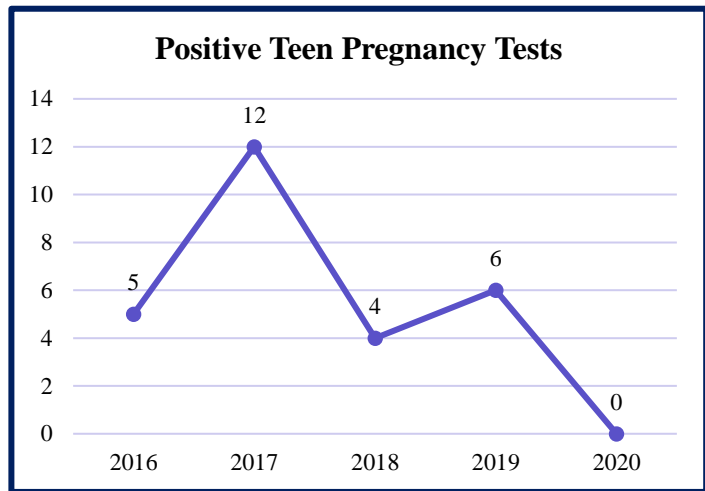


Figure 17 Positive Teen Pregnancy Tests

Figure 18 shows the five-year trend for the number of clients and visits to the CCHD family planning clinic. The Family Planning Clinic saw a sharp decline in the number of clients and visits in 2019. In 2020, the number of Family Planning Clinic visits increased, while the number of clients decreased slightly. Similarly, a reduction in clients may have been attributed to COVID-19 social distancing and closures.

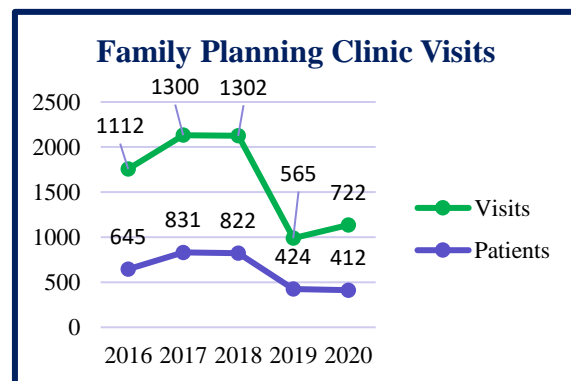


Figure 18 Positive Teen Pregnancy Tests

Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2019, Cattaraugus County Family Planning Clinic performed 86 pap smears, 9 requiring further surveillance. In 2020, the Family Planning Clinic performed 98 pap smears, 12 required further surveillance.

Cancer Services Program

The Cancer Service Program assists individuals ages 40 and up who are either underinsured or uninsured to receive health screenings to promote early detection of cervical, breast and colorectal cancer. In 2020, 121 clients received breast exams compared to 129 in 2019. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program.

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 2019, 21 cases of chlamydia, 8 cases of gonorrhea, and 3 cases of syphilis were detected during STI Clinic visits. In 2020, 168

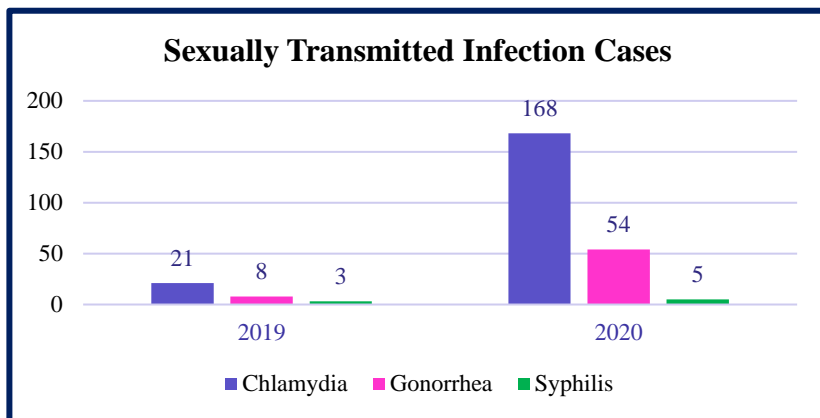


Figure 19 Sexually Transmitted Infection Cases

cases of chlamydia, 54 cases of gonorrhea, and 5 cases of syphilis were detected during clinic visits (see **Figure 19**). The increase in cases of chlamydia could be attributed to the fact that most infected people are asymptomatic and lack abnormal physical examination findings.

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 2020, 112 tests for HIV were completed in the Family Planning/STI Clinics, with two testing positives compared to 128 tests and no positive cases in 2019.

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. In 2019, Health Department staff performed 119 physicals compared to 402 physicals in 2020. In 2020, clinic staff provided routine physicals in Olean, Salamanca, and Machias for ease of access, with a total of 402 physicals being performed.

Home Care

Home Care services in Cattaraugus County are provided through the Certified Home Health Agency (CHHA). 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.

2019 Outcomes:

- **1,262** individuals were provided care by the CCHD’s Certified Home Health Agencies.
- **23** individuals received PRI/SCREEN assessments.
- **0** individuals received a UAS-NY assessment.
- **16** nursing students accompanied the Home Care Nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and teach clients.

2020 Outcomes:

- **1,278** individuals were provided care by the CCHD’s Certified and Home Health Agencies.
- **40** individuals received PRI/SCREEN assessments.
- **1** individual received a UAS-NY assessment.
- Due to COVID restrictions there were no nursing students that shadowed our nurses in 2020.

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. **Figure 20** illustrates the total number of visits across all disciplines for the CHHA.

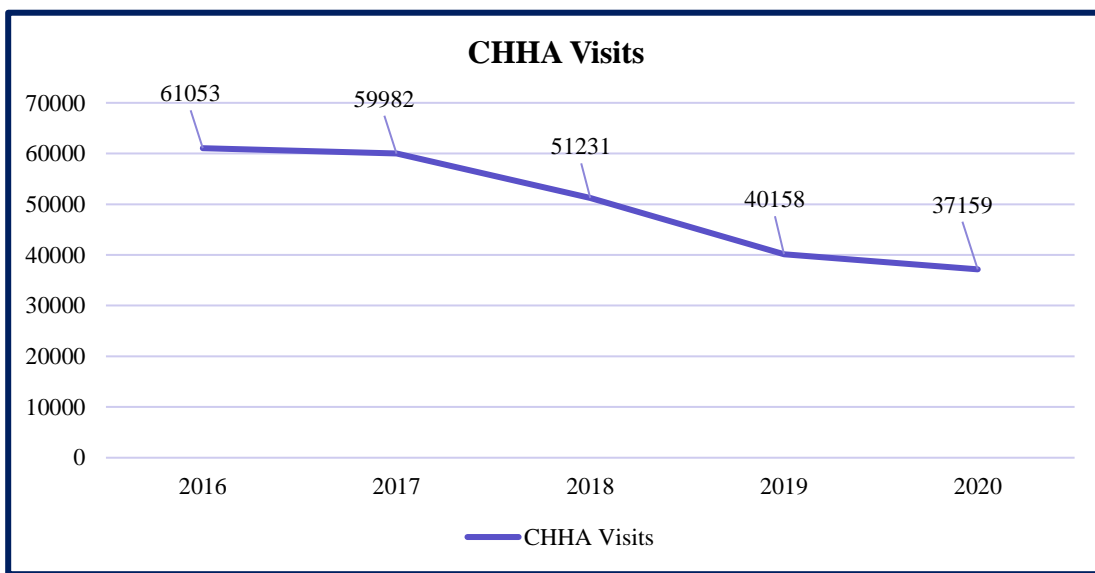


Figure 20 CHHA Visits

In 2020, CCHD's Certified Home Health Agency provided care to 1,278 individuals with an average daily census of 276 compared to 1,262 individuals with an average daily census of 266 in 2019, which shows a consistent census between years. **Figure 21 and 22** illustrate a breakdown of home visits by discipline beginning in 2016.

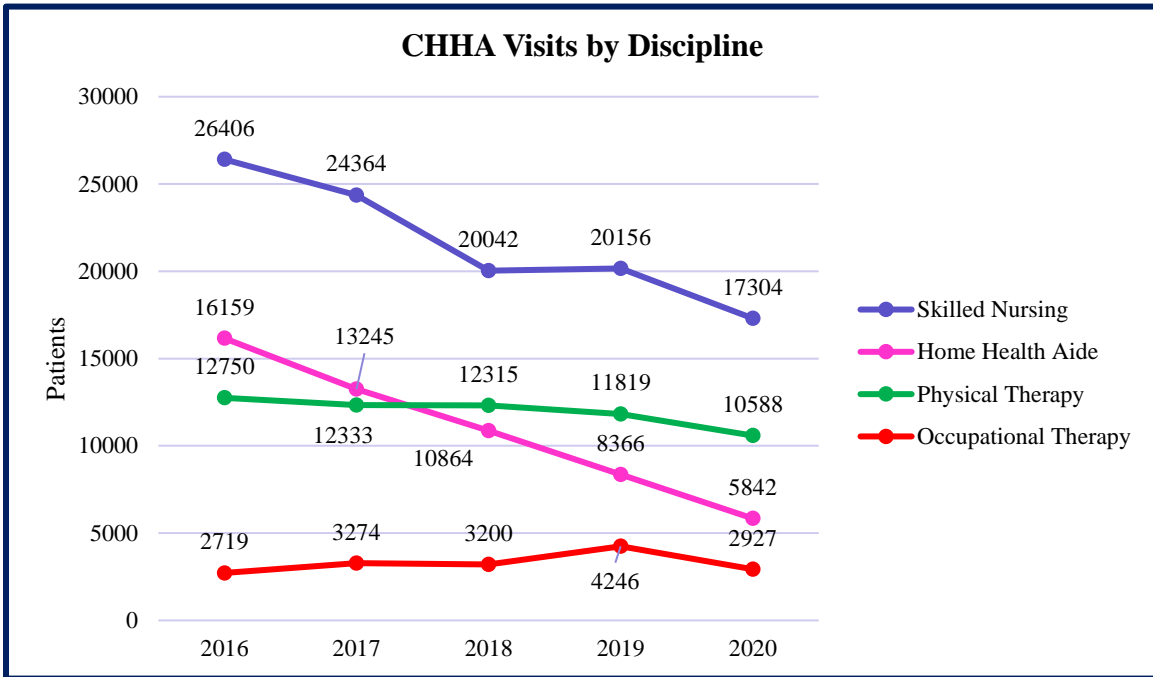


Figure 21 CHHA Visits by Discipline

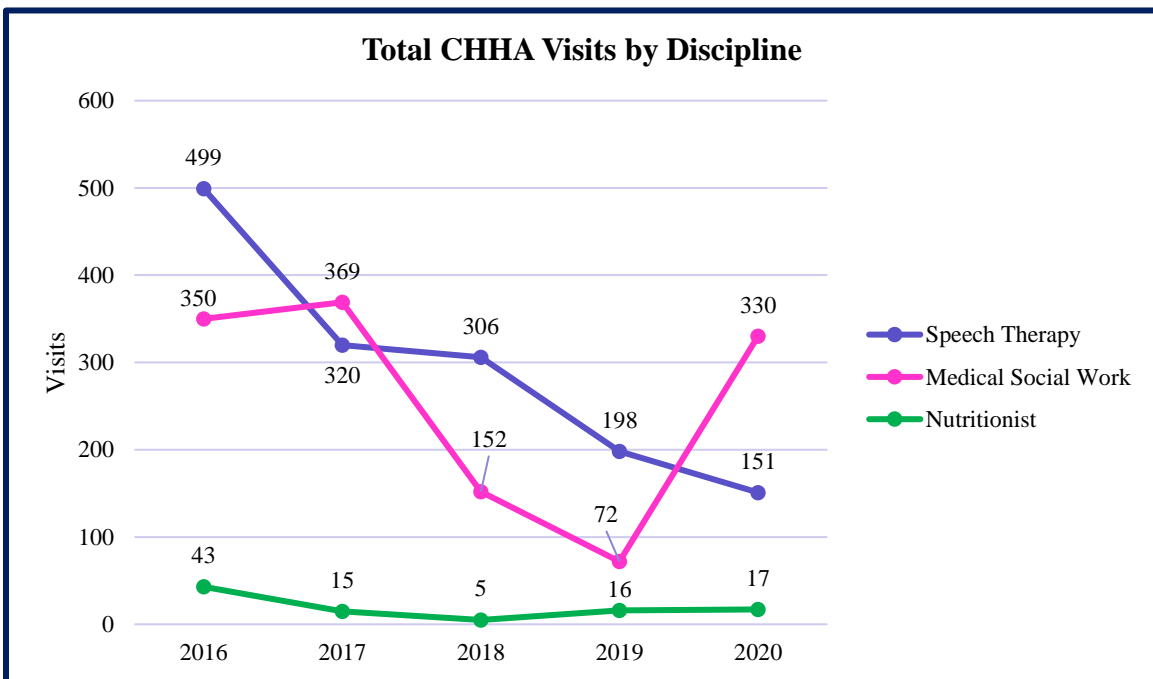


Figure 22 CHHA Visits by Discipline

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. According to CHHA Patient Survey Ratings²⁰ Cattaraugus County CCHA is performing above the national average and NY average in many categories such as giving care in a professional way 91%.

Patient Evaluation and Assessment

PRI-SCREEN

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.

New York State requires that all individuals be assessed using (PRI) and SCREEN prior to admission to a Skilled Nursing Facility. PRI and SCREEN results help families and professionals determine the correct level of care between staying home with services, assisted living, memory care, enhanced assisted living and nursing homes. CCHD has four nurses trained to conduct PRI and SCREEN assessments. In 2020, 40 PRI and SCREEN assessments were conducted on individuals compared to 23 in 2019.

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. Four CCHD nurses are trained in the UAS. In 2020, 1 assessment was conducted compared to 0 assessments in 2019.

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. In 2019, sixteen (16) students participated in the program. Students accompanied the Health Department nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and educate patients on performing their own care procedures. There were no students in 2020 due to COVID-19 restrictions.

²⁰ Current as of 21 July 2021. Medicare.gov

CCHD 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.

2019 Outcomes:

- **9** new admissions to the Medicaid Obstetrical and Maternal Services (MOMS) program.
- **13** individuals received **81** visits through the MOMS Program.
- **48** newborn screenings were performed by CCHD Nurses.
- **90** individuals received **174** in-home skilled nursing visits by a Maternal Child Health nurse.

2020 Outcomes:

- **10** new admissions
- **19** individuals received **27** visits through the MOMS Program.
- **72** newborn screenings were performed by CCHD nurses.
- **108** received **224** in-home skilled nursing visits by a Maternal Child Health nurse.

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. 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. In 2020, 19 individuals received 27 visits through the MOMS Program which was lower than the visits in 2019 where 13 individuals received 81 visits. The lower visits in 2020 is most likely due to COVID precautionary measures taken.

Newborn Services

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. In 2020, CCHD nurses performed 72 NBS which was higher than the NBS in 2019, which was 48.

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. In 2020, 108 individuals received 224 Maternal Child Health visits, higher than the numbers reported in 2019, which was 90 individuals and 174 visits.

2019-2020 Outcomes:

- **265** referrals for children suspected of or diagnosed with a developmental delay were received by intake staff.
- **150** children qualified to receive services and obtained an Individual Family Service Plan.

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 2019-2020, Intake staff received 265 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, approximately 150 children qualified to receive services and obtained an Individual Family Service Plan (IFSP).

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 Newborn Hearing Screen. Referrals can be made by family, friends, physicians, hospitals, or educational/health care professionals; specifically, 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 of age. This material is provided 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 Pathology, Physical Therapy, Occupational Therapy, Nursing, Special Instruction, Audiology,

Nutrition, Social Work, Vision, Psychological, and Assistive Technology Devices, Family Training, Respite and Service Coordination Services.



Image 31 Service Coordinator Performing a Home Visit

Physically Handicapped Children's Program (PHCP) / Children with Special Health Care Needs Program (CYSHCN)

2019-2020 Outcomes:

- **64** children received approval for medical care.
- **7** children received orthodontic care.
- **564** medical and orthodontic services were authorized.



The PHCP/CYSHCN 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 and Youth with Special Health Care Needs Program is a referral service that connects families with health care and support services that will help meet the family's needs.

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.

Outreach activities are performed quarterly. CYSHCN/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. The majority of PHCP referrals come from school nurses, local healthcare providers, orthodontists, the Early Intervention Program, and parents whose children have received services from CYSHCN or PHCP in the past.

In 2019-2020, there were 71 children enrolled in PHCP. 64 children received approval for medical care; seven (7) children were approved for orthodontic care in 2019.

Woman Infants and Children (WIC)

2019 Outcomes:

- **1,762** participants on average were enrolled in WIC.
- **5,396** Farmers Market Coupons were distributed throughout the summer.
- **46.5%** of the Farmers Market Coupons distributed were redeemed.
- **73%** of mothers enrolled in WIC initiated breastfeeding while in the hospital.
- **69** breast pumps were distributed by certified lactation counselors.
- **100%** of all participants received nutrition education.

2020 Outcomes:

- **1,570** participants on average were enrolled in WIC.
- **1,440** Farmers Market Coupons distributed throughout the summer.
- **31.9%** of the Farmers Market Coupons distributed were redeemed.
- **73%** of mothers enrolled in WIC initiated breastfeeding while in the hospital.
- **55** breast pumps were distributed by certified lactation counselors.
- **100%** of all participants received nutrition education.

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. 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 outreach events and through distribution of flyers. In 2020, the CCHD WIC Program's average enrollment was 1,570, down a bit from 2019 (1,762). The Outreach staff regularly visit all areas of the County to encourage WIC enrollment. The decrease in program participants in 2020, is attributed to the COVID-19 pandemic and participants believing the WIC program to be inactive. Staff were unable to go to the temporary sites and much of the decrease in participation is from small towns.

The birthrate during the pandemic also dropped according to data released by the US Centers for Disease Control and Prevention's National Center for Health Statistics. Additionally, the enhanced



unemployment benefit had to be included when qualifying participants for WIC and many could not be certified as they were over income. Along with the additional funds made available to our participants, SNAP was increased and we find that if foods can be purchased with that, clients tend to drop off WIC. Naturally, with lower birth rates would come lower issuances of breast pumps but recent legislation requires insurance companies to issue breast pumps to pregnant and postpartum women so many get their pumps that way.

In addition to foods, the WIC program offers WIC families Farmer's Market Coupons that are used at local and seasonal farmer's markets. In 2020 Cattaraugus County WIC program received 1,440 coupon booklets that were distributed throughout the summer. The most recent data shows that 31.90% of them were redeemed in 2020. Many participants stated they would not be able to travel to the Farmer's Markets and chose not to receive Farmer's Market Coupons in 2020. There was also a problem getting applications from the farmers processed during the start of the pandemic with offices being closed or having reduced staff.



Image 32 Seneca Nation Drive Thru Baby Shower

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. In 2020, WIC's Breastfeeding Promotion and Support Program show that the breast-feeding initiation rates were 73% which is about the same as 2019. 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. In 2020, 55 breast pumps were given to WIC participants, compared to 69 in 2019. Cattaraugus County WIC staff includes three CLCs (Certified Lactation Counselors) and one IBCLC (International Board of Certified Lactation Consultants).

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. Research has indicated that participants in such programs are more likely to

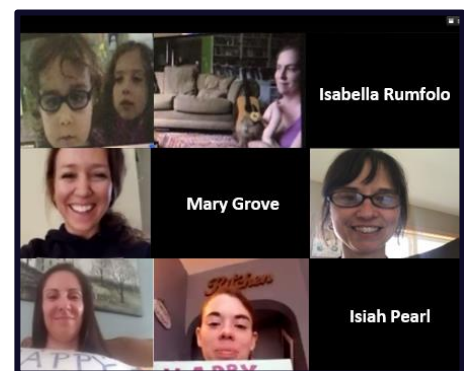


Image 33 Storytime on Zoom

understand the value of good nutrition and change eating behaviors²¹.

During 2020, the New York State WIC Program continued to serve our participants in spite of the Covid-19 pandemic. All of WIC's benefits were available utilizing temporary remote operations, including breast pump issuance, Farmer's Market checks and of course WIC EBT cards. If necessary, staff met participants on their porches, in parking lots or in the Health Department waiting room. During World Breastfeeding Week, WIC collaborated with the Olean Public Library to do a Zoom Story time for the WIC children.



Image 34 WIC Staff Showing Their Christmas Spirit

²¹ WIC participation and relative quality of household food purchases: Evidence from FoodAPS. Southern Economic Journal, 86(1), 83-105

Assure competent public and personal health care workforce.

Introduction: Essential Service eight involves educating and training personnel to meet the needs for public and personal health service, work towards the adoption of continuous quality improvement and life-long learning, and to create active partnership with academic institutions. In order to provide the highest quality services, the Health Department strives to ensure that all our staff possess the knowledge, skills, and abilities necessary to perform their jobs effectively and efficiently. Highlighted in this section is a summary of the department's partnership with academic institutions and a summary of Workforce Development activities.

2019-2020 Outcomes:

- **17** interns from Jamestown Community College's nursing program shadowed homecare nurses.
- **22** staff from all levels received training in building positive work relationships.
- **79** staff from all levels received training in Cultural Competency and Sexual harassment.
- **67** staff from all levels completed workplace violence training.
- **22** staff from all levels attended a Stop-the-Bleed training.
- **13** staff participated in Narcan trainings.
- **8** staff from all levels were trained in Suicide Alertness for Everyone (SAFETalk).
- **18** staff completed various emergency preparedness specific trainings.

Academic Partnerships

Jamestown Community College

Jamestown Community College (JCC) offers an Associate's Degree program for nursing. The Health Department hosted 17 interns from JCC in 2019. Students followed homecare nurses based out of the Olean office. Each intern shadows a nurse for one day. With the patient's permission, interns take vital signs, change wound dressings, and may complete other activities based on the skill level of the intern.



Workforce Development

Building Positive Work Relationships Training

Figure 23 illustrates hands-on training in 2019 provided part of the performance management and work force development plan. Twenty-two staff from all levels participated in two main training events focused on developing a positive work environment. Additional counseling training was also conducted.

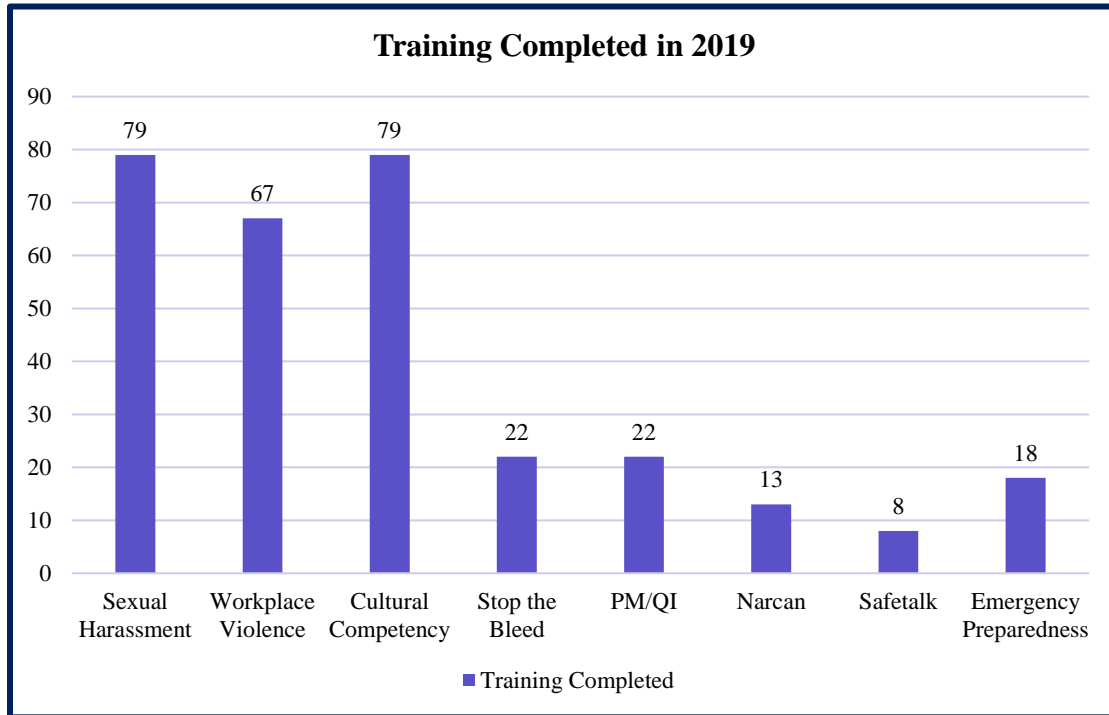


Figure 23 Employee Training Completed

Creating a Healthy Community Workshop

Five staff from Health Education, PHEP and Early Intervention participated in an in-person workshop held at the Hotel Henry Convention Center in Buffalo, NY on October 24, 2019. Presenters included John Maggiore, Senior Advisor to Governor Andrew M. Cuomo, (The Economic Benefits from a Healthy Infrastructure) and Bill Purcell, Former Nashville Mayor, (How Nashville utilized the FTI Economic Report). The day concluded with a discussion from local developers and organizations who recognize the importance of building a culture of health.



Image 35 Creating a Healthy Community Workshop Organized by the Population Health Collaborative in Buffalo NY

Cultural Competency Training

The term cultural competence is used to describe a set of skills, values and principles that acknowledge, respect and work towards optimal interactions between the individual and the various cultural and ethnic groups that an individual might come in contact. At the heart of cultural competency is effective communication that has as its basis a desire for mutual respect and empathy. The objective of the training was to define key concepts in cultural competency;

to identify potential barriers to cultural competency; and to improve the ability to identify cultural biases. As of December 31, 2019, 79 staff from all levels completed online training on cultural competency.

Workplace Violence and Sexual Harassment Training

Cattaraugus County has a Workplace Violence (WV) and Sexual Harassment (SH) Prevention Program. In 2019, 79 CCHD employees completed the SH training and 67 completed the WV training.

Miscellaneous Training

In 2019, 13 employees participated in Narcan Administration Training, 8 employees participated in Suicide alertness training, and 22 employees participated in Stop-the-bleed training; additionally, employees completed over 50 different division-specific proficiency training sessions.

Emergency Preparedness

Incident Command Center Training

The NYS Department of Health's Office of Health Emergency Preparedness recommends that all local Health Department personnel who may be directly involved in emergency response processes are trained in four basic courses provided by the Federal Emergency Management Agency (FEMA). These include IS100, IS200, IS700 and IS800.

Miscellaneous Preparedness Training

In 2019-2020, twelve (12) staff participated in county staging site (CSS) activation training, set up and mobilization in preparation for the annual preparedness CSS exercise. Three (3) staff attended the in-person basic public information office (PIO) training that was held in Belmont, NY. One (1) staff completed training for Crisis and Emergency Risk Communication (CERC)-01 and Psychological First Aid (PFA) -101 training.



Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Introduction: Essential Service nine calls for ongoing evaluation of health programs to assess program effectiveness and to provide information necessary for allocating resources and shaping programs. Highlighted in this section are the Public Health Accreditation Board (PHAB) standards, and summary Quality Improvement Activities.

Re-Accreditation

The CCHD has been accredited by the Public Health Accreditation Board (PHAB) since November 14, 2017.

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.

The Health Department has worked to meet the established set of standards and measures identified by PHAB. The process challenged the department to refine what business it does and how it does that business.

The Health Department must maintain accreditation by continuing to foster a culture of quality within the department. This is 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.

In 2019 and 2020, CCHD submitted its second and third annual reports to the PHAB as the department strives towards re-accreditation. PHAB's annual report has two sections. Section one highlights action taken on measures PHAB identified as areas of improvement. Section two highlights the continuous improvement of the department highlighting efforts to update and implement the Community Health Assessment, Community Health Improvement Plan, Strategic Plan, and Quality Improvement Plan. The following is a list of some of the strengths identified by PHAB:



Strengths:

- Building on our successes and on our continued commitment towards improvement.
- CCHD is taking important steps toward formalizing and integrating quality improvement and performance management into its operations, culture, and community.
- CCHD has aligned the agency PM plan to the Strategic Plan, CHIP and WFDP.
- CCHD is actively utilizing a cloud-based performance management system that meets our needs.

Quality Improvement

In an effort to continuously improve, the Health Department implemented a Performance Management and Quality Improvement Process. **Table 10** provides a summary of completed and on-going projects conducted in 2019.

Table 10 Quality Improvement Projects

Project	Type	Divisions/ Programs	Status
Customer Satisfaction	Admin	6 of 8 CCHD Divisions - 43/106 participated	Expansion from 2018
Goal/Objective Details: Each division surveys customers to assess level of satisfaction. Surveys are used to identify potential improvement activities. Overall, 95% of clients are satisfied with Health Department services.			
Lab Billing	Admin	Lab and Finance - 8 Employees participated	Expansion from 2018
Goal/Objective Details: The CCHD’s full service Laboratory’s billing process needed an upgrade from a manual process to an automated process. By changing this process, it is estimated that it will reduce the time spent by 30% from 18 hours to 12 hours per week.			
Complaints Investigations	Program	Environmental Health - 13 Employees participated	New Project
Goal/Objective Details: Data analysis showed that approximately 24% of all complaints that have been investigated over a four year period have been left open or unresolved. EH Staff worked to resolve this problem and worked to reduce open complaints from 24% to 14%.			
Health Promotion	Program	All 4 Employees participated	Expansion from 2018
Goal/Objective Details: The Health Promotion Committee (HPC) reviewed all materials used for community engagement/education activities and ensured compliance with CCHD’s Health Promotion Plan and Cultural Competency Policy. The HPC also created a yearly calendar of activities to guide the development of social media educational and informational posts.			

Research for new insights and innovate solutions to health problems.

Introduction: Essential Service ten includes continuous linkage with appropriate institutions of higher learning and research. Highlighted in this section is a summary of an informatics project that continues in partnership with St. Bonaventure University.

St. Bonaventure University - Informatics

The Health Department continued the collaboration with St. Bonaventure University to apply the developed informatics infrastructure to analyze data from the department but also provide training opportunities in computational analysis for school teachers and school aged children in the Science, Technology, Engineering, and Math (STEM-C) track. The initial feasibility study was performed using 2014 Statewide Planning and Research Cooperative System (SPARCS) data. Dr. Xiao-Ning Zhang, Biology Professor at St. Bonaventure University, and Mike Makutonin, a St. Bonaventure University student were guest speakers at the Board of Health meeting in April 2019, and shared the results of a study they completed by analyzing local health data using a new informatics database program called QlikView that conducts computational research on health data. The leading causes of death in the county were heart disease, cancer, respiratory disorders, stroke and unintentional injuries. The most serious conditions were cardiac, respiratory, and infectious diseases. The lengthier hospital stays and additional medical costs were also significant. For example, the rate of sexually transmitted disease is high and the response to these conditions is often delayed. In an effort to provide equity in essential services health professionals will continue to incorporate this software and rely on exquisite training.

The next step in this ongoing study was to share available SPARCS data from 2009-2017 for continued analysis. The goal is to improve health outcomes in the county. For example, the high rate of sexually transmitted disease is a concern. In an effort to provide equity in essential services health professionals will continue to incorporate this software and rely on exquisite training.



Image 36 Stateside Planning and Research Cooperative Study (SPARCS) Presentation by Dr. Xiao-Ning Zhang. (April 2019)

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 Services works closely with the various programmatic divisions to account for all revenue sources and program expenditures. Total budgeted revenue in 2019 was \$11,455,867 and in 2020 it was \$11,670,891. **Figure 24** and **26** provide a breakdown of CCHD revenue sources and **Figure 25** and **27** provides a similar breakdown for budgeted expenditures.

In 2019 and 2020 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%.

The State Aid Application provides funding for mandated NYS DOH Article 6 programs only. Article 6 programs would include Chronic Disease Prevention and Control, Communicable Disease Control, Community Health Assessment, Emergency Preparedness and Response, Environmental Health and Family Health.

Due to the significant risks COVID-19 posed, the New York State Commissioner of Health declared an Imminent Threat to Public Health (ITPH) in August of 2020. This designation created an additional funding stream for all COVID related expenditures, allowing those to be reimbursed by the State at 50% instead of the normal 36% rate. The ITPH designation for 2020 covered the period from March 1st through December 31st.

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, Early Care Program and NYS Environmental Facilities Corporation (EFC) Septic System Replacement Program.

Federal grant funding includes WIC, Immunizations, Emergency Preparedness and Children with Special Health Care Needs. In March 2020 due to the COVID-19 Pandemic the Public Health Emergency Preparedness (PHEP) grant was initially expanded. Then two additional grants, COVID-19 Response (March 2020) and Epidemiology & Laboratory Capacity (ELC) Detection, Surveillance and Prevention of Covid-19 (July 2020) were provided to support Contact Tracing, Isolation & Quarantine and expanded COVID-19 Testing. In addition, the Finance Division is responsible for maintaining, organizing and accounting for all FEMA relevant revenue and expenses as Cattaraugus County Legislature declared a COVID-19 State of Emergency on March 13, 2020.

The CCHD also provides many services that do not qualify for reimbursement through New York State Aid or other funding streams but are supported by commercial insurance revenue, consumer fee revenue and county tax levy support.

The Finance Division is charged with the task of reviewing, recording and reporting all available revenues and necessary expenses to assist in the goal of ensuring that all county residents have access to quality health care services regardless of their ability to pay.

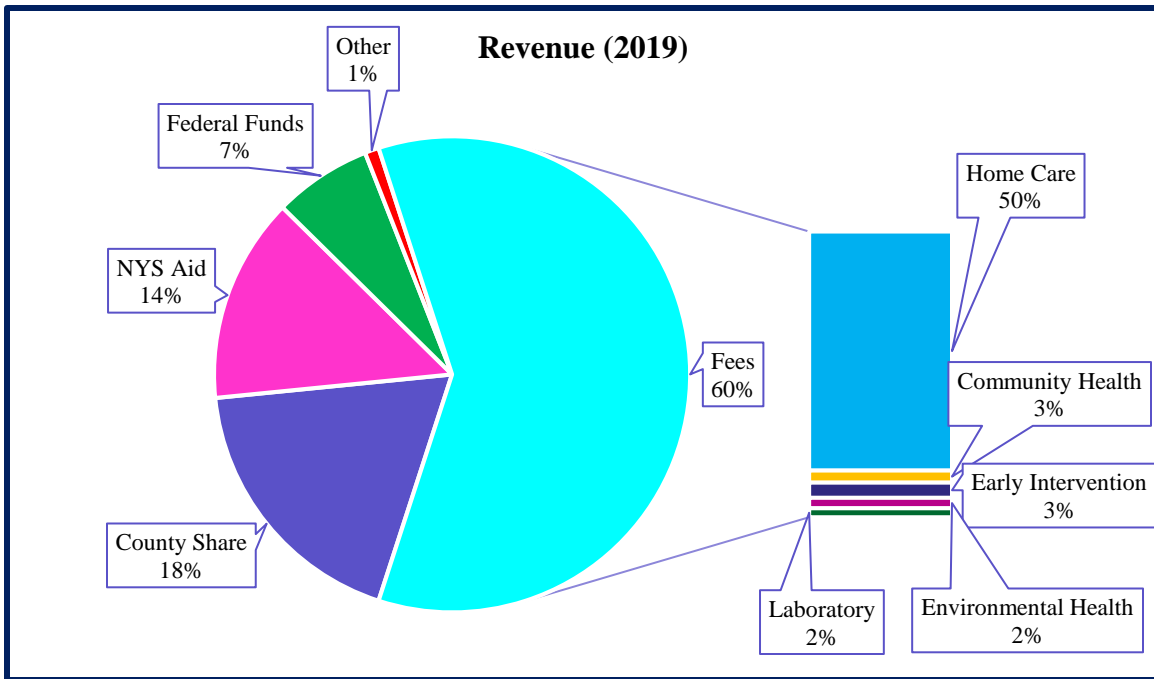


Figure 24 Revenue (2019)

Note: Total Revenue for 2019 was based on figure totaling \$11,455,867

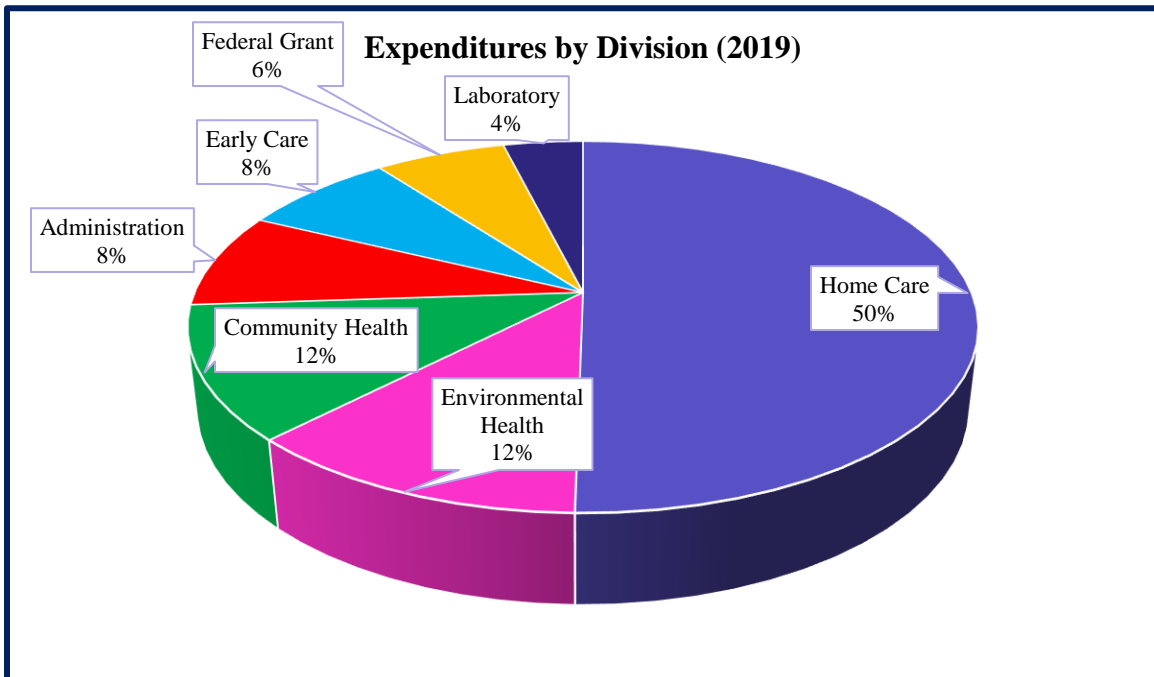


Figure 25 Expenditures by Division / Program (2019)

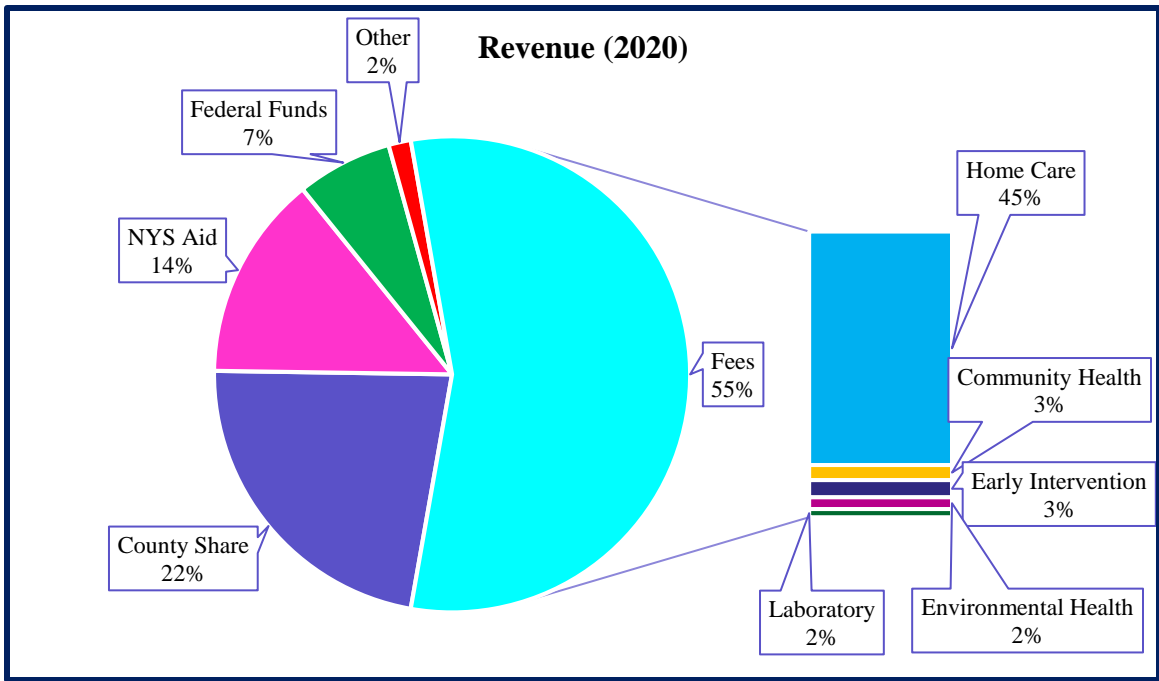


Figure 26 Revenue (2020)

Note: Total Revenue for 2020 was based on figure totaling \$11,670,891

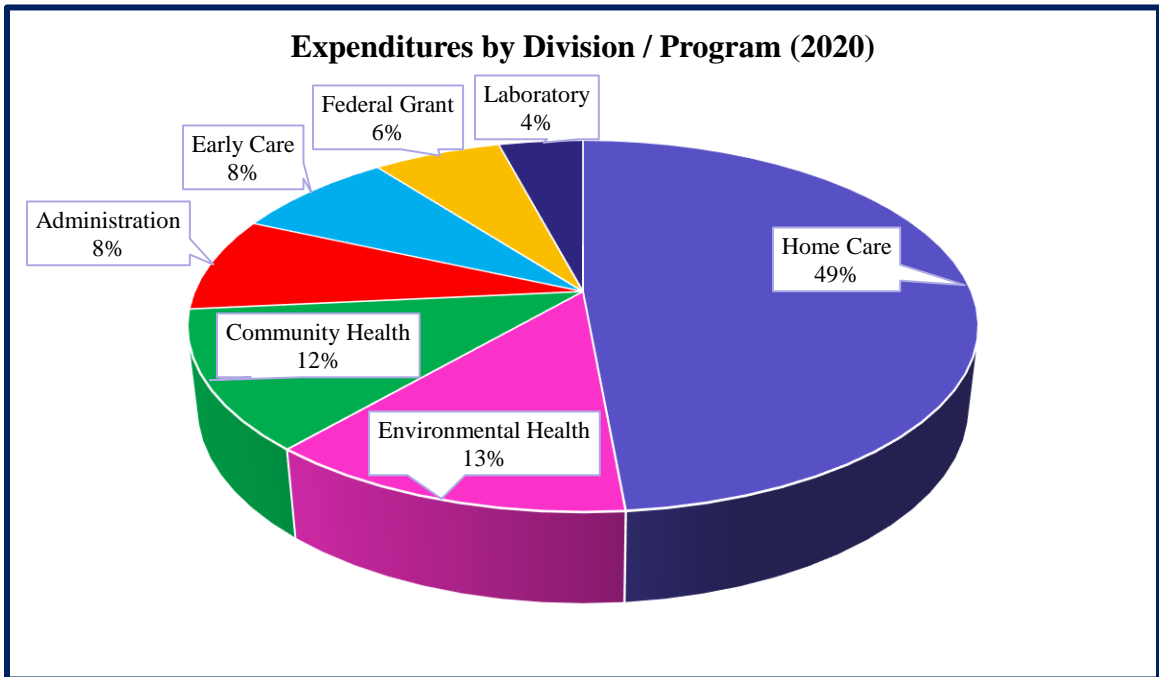


Figure 27 Expenditures by Division / Program (2020)

Billing

The Billing division is primarily responsible for the timely submission of claims and collection of fees owed to the CCHD for all health-related services. Throughout 2019-2020, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2019 and 2020, 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 2020, Home Care services generated over \$5.9 million; (\$5.1 million in 2019) comprised of claims to several private insurance companies, Medicare and Traditional Medicaid. These totals make home care the largest revenue source for the department. **Figure 28 and 29** illustrate the breakdown of claim payments by type.

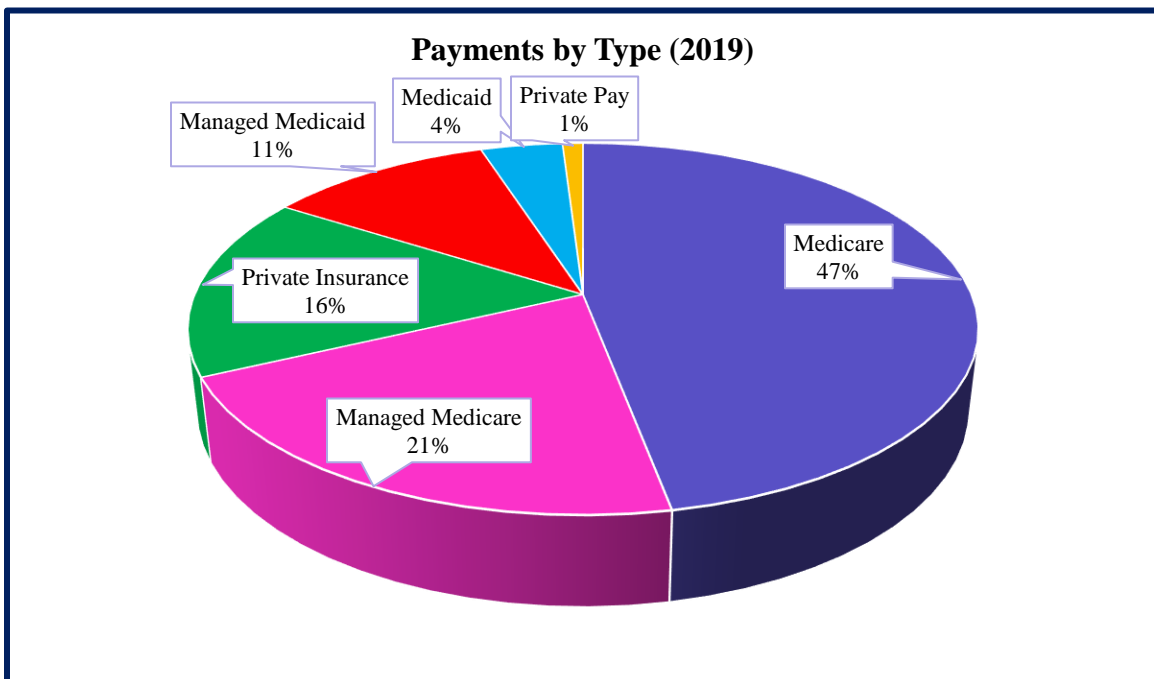


Figure 28 Payments by Type (2019)

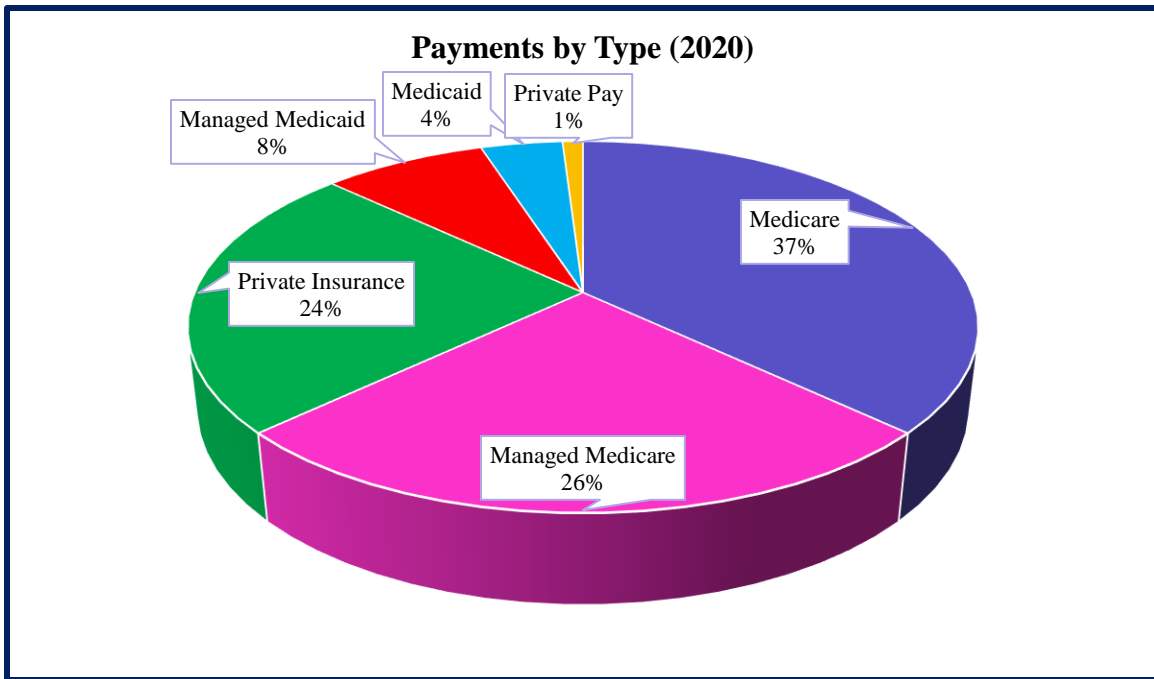


Figure 29 Payments by Type (2020)

The Third-Party Liability (TPL) project, which is a labor-intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2019 services and re-billing them to Medicare for their review and consideration, remains an ongoing project that will continue through 2021. In addition, CMS (Centers for Medicare & Medicaid Services) and OMIG (Office of Medicaid Inspector General) reached an agreement that will produce settlement payments to home health providers that have appeals pending.

Clinic Billing

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. In 2020, clinic services insurance reimbursement was sought for 1,392 seasonal flu shots compared to 2,128 in 2019; for 372 physicals (390 in 2019); and for 269 post-exposure rabies shots (328 in 2019). The Health Department implemented new software through Patagonia Health for Clinic services beginning in May 2019. Insurance was not billed for the Covid-19 vaccine.

Family Planning Billing

In 2019 and 2020, the CCHD processed claims through a third party (Patagonia Health) for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through another third party (Ahlrs). Clinic staff is advised to refer patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits.

Laboratory Billing

In 2020, the Laboratory generated over \$239,000 compared to \$263,000 in 2019 for clinical claims comprised of Medicare Part B, Medicaid, and Private Insurances. Additionally, in 2020 over \$94,000 was generated in Water testing compared to \$104,000 in 2019.

Early Intervention Billing

In 2019, the Early Intervention program received 265 new referrals and many more for 2020.

Figure 30 shows the distribution of insurance coverage by type for the active Early Intervention cases.

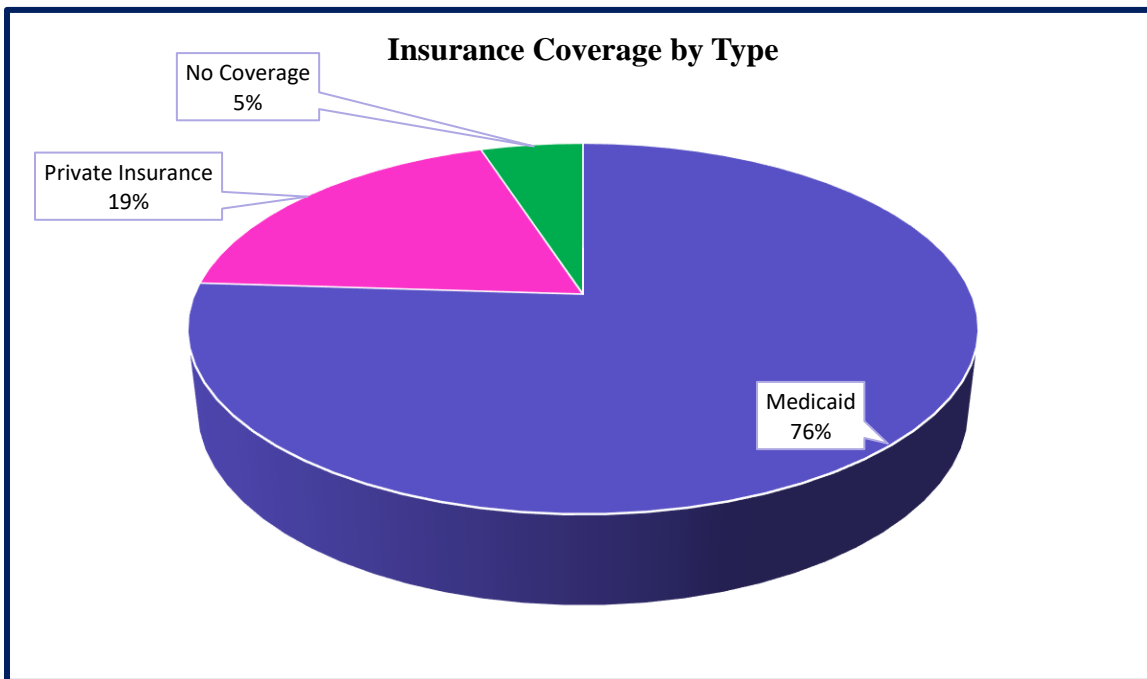


Figure 30 Insurance Coverage by Type

ACKNOWLEDGEMENT

Special thanks to Debra Lacher, Heidi Reese, Marissa Del Monaco, Matthew Tyssee and James Lawrence for their dedication in assuring that a quality report was produced this year. Their devotion, commitment and dependability are greatly appreciated.

Thanks to the entire Health Department staff for all that they do on a daily basis to meet the needs of the community as well as in meeting requirements per New York State Department of Health. In 2020, we stood together in the trenches for Public Health and I look forward to another year working together for the residents of Cattaraugus County.

A special thank you to the entire Cattaraugus County workforce for all that you did to support the department; efforts to respond to COVID-19.

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