



Meeting Agenda

TCBOH Meeting January 28, 2025

12:00	I.	Call To Order	Dr. Christina Moylan, Board President
12:01	II.	Introduction of New County Administrator	Korsah Akumfi
12:06	III.	Administrative Action	Executive Session (10 MINS.)
12:16	IV.	Privilege Of The Floor	Anyone may address the Board. 3 minutes per person.
12:19	V.	Approval Of Minutes	Board Members
12:21	VI.	Financial Summary	Jeremy Porter, Fiscal Administrator
12:24	VII.	Medical Director's Report	Dr. William Klepack, Medical Director
12:27	VIII.	Commissioners Shared Report	Frank Kruppa, Whole Health Commissioner
12:30	IX.	Division Highlights Reports	<ul style="list-style-type: none">• Community Health (Rachel Buckwalter)• Health Promotion Program (Samantha Hillson)• Children with Special Care Needs (Jessica Clark Manderville)• Environmental Health (Elizabeth Cameron)

12:45 X. [New Business](#)

Enforcement Actions

ENVIRONMENTAL HEALTH

1. Draft Resolution # EH-ENF-24-0019 – Hanshaw Village MHP, Violations of Board of Health Orders and Subpart 5-1 & 17 of the New York State Sanitary Code (PWS/Mobile Home Parks) (5 min)

Administrative Actions

DISCUSSION

2. The Oral Health Status of and Recommendations Concerning the Children of Tompkins County (15 min)

1:05 XI. Adjournment

APPROVAL OF MINUTES

**Tompkins County Board of Health
December 3, 2024
12:00 Noon
Rice Conference Room and via Zoom**

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Shawn Black; Dr. Andreia de Lima; Samara Touchton; and Ravinder Kingra

Staff: Frank Kruppa, Commissioner; Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services; Brenda Grinnell Crosby, Deputy Public Health Director; Jeremy Porter, Fiscal Administrator; Dr. William Klepack, Medical Director; Elizabeth Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; Rachel Buckwalter, Director of Community Health; Jessica Clark Mandeville, Director of Children with Special Care Needs; and Zoe Lincoln, Whole Health Planner; and Karan Palazzo, LGU Administrative Assistant.

Excused:

Guests: None

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at noon. Dr. Moylan.

Privilege of the Floor: None

Approval of October 22, 2024, BOH Minutes: Mr. Kingra moved to approve the minutes from October 24, 2024, and Dr. Koppel seconded the motion. All were in favor as written, and the motion carried.

Financial Summary: Mr. Porter said that the financial budget may appear somewhat unusual for the remainder of the year due to the implementation of new salary contracts. The County will adjust the budget if the department exceeds its budget in specific functional areas, which will result in higher reported expenses since the new salaries were not included in the original budget.

Mr. Porter noted that they recently brought in a completely new workforce and next year, expenses are expected to be very high because most of those positions are now filled. These expenses will begin to balance out with increased revenue. Although we have incurred significant expenses in hiring new staff, they have been able to find savings within the department since there are still some vacancies open. The financial margins will be tight as there won't be as many vacancies to offset these costs, especially if additional medical staff is hired. They are working on internal reports to provide the Board

with a clearer understanding of how programs are performing compared to the original projected budget, separate from the County's financial records. Year-end purchasing is in progress and there are no significant revenue concerns.

Mr. Kruppa explained that the budget appears to be exceeding limits because salary increases were not accounted for in the original budget. However, these salary increases are being paid, so there is no actual overspending, even though it may seem that way from the financial records. If the department ends up overspending the total budget due to the salary increases, they can request the county adjust the budget accordingly to cover the salary-related overages. The total budget is being closely monitored, with some temporary reporting challenges due to the change in how the salary increases are being handled.

Mr. Kruppa added that the mental health clinic budget, is close to \$1.8 million, with a county share to fill the gap as the finance team manages discrepancies year-round to ensure the department stays under budget.

Medical Director's Report and Discussion: Dr. Klepack stated that to date cases of Avian Influenza have been similar to his prior report. Some experts suggest that more should be done to contain the spread of Avian influenza through increased testing and surveillance. Efforts in this direction are limited partially by the fact that testing of workers, herds, and plants is on a voluntary basis. Currently, in New York State, no humans or dairy herds have tested positive for Avian influenza. The state continues to monitor the situation.

The primary care physician shortage is an ongoing struggle. Finding primary care physicians can be challenging, particularly for Medicare patients. Medicare reimbursement does not provide an incentive for practitioners to expand their practices. There is a shortage of available appointments in the region for individuals seeking access to primary care regardless of insurance plan.

Physician shortage discussion

- Lack of incentives for medical students to go into primary care fields of family medicine, internal medicine, and pediatrics. There are actually disincentives, as primary care is not as highly valued or compensated as other medical specialties.
- Retirement of existing primary care providers without enough new providers to replace them. Even with efforts to train and retain new primary care providers, Dr. De Lima indicated that it is not enough to keep up with the providers retiring.
- Challenges in recruiting and retaining primary care providers, especially in certain geographic areas. Dr. De Lima said that it is difficult to convince providers, both physicians and physician assistants, to come to and stay in the community.

- Systemic issues in the healthcare system make primary care less appealing, such as high administrative burdens, low reimbursements, and an emphasis on more complex/specialized care over basic primary care.

Administration Report: Mr. Kruppa announced that the new satellite Mental Health Clinic on Brown Road opened on November 12th. The State has launched a new EI (Early Intervention) system through the New York State Department of Health for both county and state providers.

There was a significant amount of training offered to providers, but many chose not to participate because it was unpaid. As a result of the lack of trained providers, some have not received payment. In response to these issues, the State has implemented emergency contracting mechanisms to ensure that payments are made. The County is making every effort to support providers in navigating the system.

Children with Special Care Needs (CSCN) Report: Ms. Clark Manderville said that the department has put in significant effort to prepare and support the providers through this challenging EI hub system launch.

County support efforts:

Internal Preparation - worked internally for 6 months before the launch to prepare; prioritized meetings, training, and in-person sessions to get ready; and provided space for providers to watch trainings together, allowing for discussion afterward.

Ongoing Support - weekly meetings to troubleshoot specific issues with providers; provide daily phone calls, texts, and emails to support the providers; claim submissions support (392 submitted claims after the system launch, but only 40 have gone through successfully. Multiple billing errors which are assumed are also happening on the providers' end.

Stipend Contracts - Sent out stipend contracts around the same time as the launch to provide monetary assistance to providers for time spent on training; paid out a significant amount of these stipends to help support the providers.

Future plans include provider meetings where all can sit down and work through specific cases to understand the workflows and responsibilities and resubmit rejected claims to take advantage of the state to lift the top 4 billing error restrictions temporarily.

Ms. Clark Manderville noted that their waitlist has not increased during this time and children are still receiving services. She is currently in discussion with several new providers who are working on a contract with the State to become early intervention providers. No services or frequency of services for children have been denied.

The department is working diligently to support providers and ensure they receive their payments. However, there is still uncertainty regarding when the system issues will be fully resolved to allow for timely payments. The removal of billing error restrictions and the ability to resubmit claims is viewed as a positive development, but no specific timeline has been provided.

Mr. Kruppa added that for rural areas of NYS, it is an ongoing problem and a foundational issue because rates are not high enough and cost the loss of providers. Tompkins County is fortunate to have the Legislature's commitment to pay providers stipends to provide these services to our children.

Division for Community Health (DCH) Report: Ms. Buckwalter had nothing to add to her written report included in the package but was pleased to announce that they are fully staffed.

Health Promotion Program Report: Ms. Hillson shared that they worked with the videographer for a 30-second clip showing on local data at Regal Cinema in all the movies during the holiday season; The County is launching a new website platform which should be complete by mid-December.

Ms. Hillson shared a comprehensive presentation on the CHI (Community Health Improvement) and CHA (Community Health Assessment) process. The CHI process is a 3-year cycle, led by public health with involvement from social service agencies, healthcare partners, and community members to assess unmet needs, propose strategies and interventions, and monitor those interventions throughout. A steering committee was created to plan and implement the process.

They have adopted the Map 2.0 framework from the National Association of City Health Officials and their updated version called "Mobilizing, Action for Through Planning and Partnerships". [Community Health Improvement - Tompkins County | Tompkins County](#). This framework includes three phases which Ms. Alvord explained.

Phase 1 January – June 2024: Build the Community Health Improvement Foundation: Hosted events, put up posters around the community, and collected input about a community vision statement.

Questions included

1. Who's in the community,
2. In five years for me to achieve health equity, what would be different or what would it look like?

282 responses were received for question # 1 which covered different identities and the diversity in our community. 170 responses were received for question #2 which covered health care, housing, food security, and a comfortable meeting for recreation.

The Vision Statement (also aligns with the Whole Health mission statement).

“Our community is a diverse and dynamic mosaic of people across the lifespan. Shared spaces and natural beauty are central to our community, fostering care and belonging.

“We envision a community where everyone thrives, regardless of background, income, or abilities. We aspire to focus on prevention and health promotion through accessible healthcare, inclusive spaces, and resources that meet everyone’s basic needs. Our community desires collaboration, trauma-informed care, safety, resilience, environmental stewardship, and the elevation of marginalized voices. We seek comprehensive well-being that encompasses physical, mental, and social needs.”

Phase 2 June – December 2024 and January 2025 – September 2025: Tell the Community Story: An assessment design team was developed to provide oversight and input on the three assessments focused on the community status assessment and community context assessment, particularly in the context of their cultural acceptability.

Three assessments:

- Community Partner Assessment – Focused on resources, capacity & programs of organizations impacting the county’s health. Completed assessment and key items were highlighted in the comprehensive survey which can be found on the public-facing dashboard.
- Community Status Assessment – Currently underway and is focused on health, behaviors, and identities of the county’s population. They are finalizing the repository of secondary data indicators, intending to describe our community’s current status using most 2022 or more recent data. A brief Community Health Survey will be disseminated in the new year which will focus on social drivers of health as outlined in the New York State Prevention Agenda to be released in February 2025.
- Community Context Assessment – A collaboration between Civic Ensemble, students, and faculty from Cornell MPH will allow for the utilization of innovative methods and engagement of the community. This qualitative collection focused on influences, environments, and sentiments experienced by the county will be done last. The above two assessment tools will be drafted and reviewed collaboratively with the assessment design team and the steering committee.

Ms. Hillson prepared questions for the Board on the Community Context Assessment but will email the questions along with the PowerPoint presentation to Board members for their input.

Phase 3 – Continuously Improve the Community October 2025 – June 2026:

Environmental Health (EH) Report: Ms. Cameron had nothing to add to her written report included in the packet but reported they have an opening for an environmental specialist in the food service program. The vacancy is posted until December 16, 2024.

Ms. Black asked if there are any conversations about the City’s Enforcement action regarding the moving of the waste and garbage from the jungle with the City of Ithaca.

Ms. Cameron met with City representatives at the site of the enforcement action which brought other various concerns to her attention. Internal discussions have begun with the City while receiving other complaints related to the general issue including other locations. They are working on solutions, but it may take some time and will keep the Board updated as things progress.

ENVIRONMENTAL HEALTH

Enforcement Actions:

1. **Draft Resolution #EH-ENF-24-0015 - Dos Amigos Restaurant, Violations of Subpart 14-1 of New York State Sanitary Code (Food Service) (5 mins.)**– Ms. Black moved to accept the resolution as written; seconded by Dr. De Lima.

Ms. Cameron explained that this case is a hot holding violation at Dos Amigos' College Town location. EH proposes a fine of \$200.

Discussion: There was no mention of language barriers or not understanding the violations. This business has other locations.

Six favored approving the resolution with one abstaining; the vote to approve the resolution as written was passed.

2. **Draft Resolution #EH-ENF-24-0016 – Caribbean Patty World, Violations of Subpart 14-2 of New York State Sanitary Code (Temporary Food Service) (5 mins.)** Dr. Dhundale moved to accept the resolution as written; seconded by Mr. Kingra.

Ms. Cameron explained that this case was a violation for cold holding and hot holding violations for a temporary food establishment which falls under a different code from restaurants. EH proposes a fine of \$400.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

3. **Draft Resolution #ENF-24-0017 - Tamarind, Violations of Subpart 14-1 of New York State Sanitary Code (Food Service) (5 mins.)** Dr. Koppel moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron explained that this was a case where Tamarind was operating without a food service permit. EH proposes a penalty of \$400.

No discussion.

All were in favor; the vote to approve the resolution as written was unanimous.

Administrative Actions (EH) (5 MINS)

- 1. Waiver Request – Department of Social Services Code Blue Shelter FSE permit fees.** Ms. Black moved to accept the resolution as written; seconded by Ms. Touchton.

Ms. Cameron explained that the Department of Social Services (DSS) requested a waiver of the permit fees for churches and organizations providing food under the DSS's permit for Code Blue shelters. DSS has established a family shelter at the Econo Lodge and a new shelter at Key Bank and some churches that wanted to provide food services needed a permit to do so. DSS obtained the food service permit that would allow churches and organizations to provide food services without the need to obtain separate permits. The request is to waive the DSS food service permit fee. The board members discussed the requirements for working under the DSS permit which include that individuals take and pass a food safety test and the necessity for trained personnel to oversee food service to ensure food safety and utilize a commercial kitchen for food preparation.

All were in favor; the vote to approve the resolution as written was unanimous

The next meeting is on Tuesday, January 28th, 2025 @ noon.

The meeting adjourned at 1:16 pm

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FINANCIAL SUMMARY

November & December 2024 Reports | BOH Meeting January 28, 2025

See following page

Tompkins County Financial Report for Public Health

Year: **24**

Month: **12**

Percentage of Year: 100.00%		Expenditures			Revenues			Local Share		
		Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010	PH ADMINISTRATION	2,457,053	2,133,466	86.83%	689,650	572,560	83.02%	1,767,403	1,560,907	88.32%
4012	WOMEN, INFANTS & CHILDREN	584,417	578,027	98.91%	584,417	532,947	91.19%	0	45,080	
4015	VITAL RECORDS	86,719	87,521	100.92%	115,000	113,113	98.36%	-28,281	-25,592	90.49%
4016	COMMUNITY HEALTH	2,110,531	1,722,090	81.60%	638,820	511,711	80.10%	1,471,711	1,210,378	82.24%
4018	HEALTHY NEIGHBORHOOD PROG	210,074	187,563	89.28%	204,811	131,331	64.12%	5,263	56,233	1068.46%
4047	PLNG. & COORD. OF C.S.N.	2,151,912	1,557,273	72.37%	822,852	440,510	53.53%	1,329,060	1,116,763	84.03%
4090	ENVIRONMENTAL HEALTH	2,211,857	2,230,837	100.86%	603,064	556,050	92.20%	1,608,793	1,674,787	104.10%
4092	PUB HLTH COVID SCHOOL GRN	0	0		0	0		0	0	
4095	PUBLIC HEALTH STATE AID				2,150,134	1,608,341	74.80%	-2,150,134	-1,608,341	74.80%
Non-Mandate		9,812,563	8,496,777	86.59%	5,808,748	4,466,563	76.89%	4,003,815	4,030,214	100.66%
2960	PRESCHOOL SPECIAL EDUCATI	5,442,000	4,191,185	77.02%	3,450,000	1,934,890	56.08%	1,992,000	2,256,294	113.27%
4017	MEDICAL EXAMINER PROGRAM	375,865	292,310	77.77%	0	2,700	#VALUE!	375,865	289,610	77.05%
4054	EARLY INTERV (BIRTH-3)	503,000	317,445	63.11%	130,000	169,770	130.59%	373,000	147,675	39.59%
Mandate		6,320,865	4,800,940	75.95%	3,580,000	2,107,360	58.86%	2,740,865	2,693,580	98.27%
Total Public Health		16,133,428	13,297,717	82.42%	9,388,748	6,573,923	70.02%	6,744,680	6,723,794	99.69%

BALANCES (Including Encumbrances)

Non Mandate		Available	Revenues	Mandate		Available	Revenues
		Budget	Needed			Budget	Needed
4010	PH ADMINISTRATION	323,487	117,090	2960	PRESCHOOL SPECIAL EDUCATI	1,250,815	1,515,110
4012	WOMEN, INFANTS & CHILDREN	5,720	51,470	4017	MEDICAL EXAMINER PROGRAM	66,471	-2,700
4015	VITAL RECORDS	-802	1,887	4054	EARLY INTERV (BIRTH-3)	185,555	-39,770
4016	COMMUNITY HEALTH	388,442	127,109			1,502,842	1,472,640
4018	HEALTHY NEIGHBORHOOD PROG	22,511	73,480				
4047	PLNG. & COORD. OF C.S.N.	594,639	382,342				
4090	ENVIRONMENTAL HEALTH	-19,413	47,014				
4092	PUB HLTH COVID SCHOOL GRN	0	0				
4095	PUBLIC HEALTH STATE AID	0	541,793				
		1,314,582	1,342,185				
Total Public Health Balances							
						Available Budget	Revenues Needed
						2,817,424	2,814,825

Comments: Expenses include payroll through 12/21/24. This is not final report for 2024. Payments of 2024 expenses being processed in 13th period. Grant and State Aid claims for period ending 12/31/24 will be generated January/February 2025.

MEDICAL DIRECTOR REPORT

November & December 2024 Reports | BOH Meeting January 28, 2025

Avian Influenza

NYS continues to have no cases and no dairy herds testing positive. Bulk milk testing at production facilities is expected to begin in the next few weeks.

The death of a person in Louisiana has been chilling. However, underlying disease in the individual was a contributing factor. [The CDC has said](#): [deaths are] "... not unexpected because of the known potential for infection with these viruses to cause severe illness and death. As of January 6, 2025, there have been 66 confirmed human cases of H5N1 bird flu in the United States since 2024 and 67 since 2022. This is the first person in the United States who has died because of an H5 infection. Outside the United States, more than **950** cases of H5N1 bird flu have been reported to the [World Health Organization](#); about half of those have resulted in death."

"Most importantly, no person-to-person transmission spread has been identified. As with the case in Louisiana, most H5 bird flu infections are related to animal-to-human exposures."

So, avian influenza is not trivial, and (as is the case with all infections like this) the more infections in humans and other mammals that occur the greater the risk of a mutation occurring that could change the situation drastically.

While the current public health risk for the general public remains low, people who work with birds, poultry, or cows, have recreational exposure to them or have backyard poultry are at higher risk.

The best way to protect yourself and your family from H5N1 is to avoid sources of exposure. That means avoiding direct contact with wild birds and other animals infected with or suspected to be infected with bird flu viruses.

PROTECTING YOURSELF AND OTHERS FROM H5N1 INFECTION

- Do not touch sick or dead animals or their droppings and do not bring sick wild animals into your home.
- Keep your pets away from sick or dead animals and their feces.
- Do not eat uncooked or undercooked food. Cook poultry, eggs, and other animal products to the proper temperature and prevent cross-contamination between raw and cooked food.
- Avoid uncooked food products such as unpasteurized raw milk or cheeses from animals that have a suspected or confirmed infection.
- If you work on poultry or dairy farms, talk to your provider about getting your seasonal flu vaccination. It will not prevent infection with avian influenza viruses, but it can reduce the risk of coinfection with avian and flu viruses.

- Report dead or sick birds or animals to the USDA toll-free at 1-866-536-7593 or the Louisiana Department of Agriculture and Forestry Diagnostic Lab at 318-927-3441.

If you have been exposed to sick or dead birds or other animals or work on a farm where avian influenza has been detected, watch for respiratory symptoms or conjunctivitis. If you develop symptoms within 10 days after exposure to sick or dead animals, tell your healthcare provider that you have been in contact with sick animals and are concerned about avian influenza. This will help them give you appropriate advice on testing and treatment. Stay home and away from others while you have symptoms.

Respiratory infections:

Some good news in that it appears we may be seeing a peak in seasonal influenza, Covid and RSV occurring at this time. Only time will tell. However, influenza activity is highly prevalent and widespread, and it will take weeks for it to change as will RSV and Covid. Vaccination is still available to protect against severe disease. For both influenza and RSV disinfecting surfaces is very important and covering coughs and sneezes for all respiratory diseases is exceedingly important.

Meanwhile **enteric infections** and especially norovirus are prevalent. The best strategy is to wash one's hands.

WHCU interviews:

- Meningitis/encephalitis regarding the advent of vaccines and the significant reduction in these serious forms of viral and bacterial disease.
- Avian influenza update with focus on the death in Louisiana and resources being deployed in NYS.
- Loneliness and local mental health resources to combat severe forms of it.
- Smallpox – on the occasion of the 45th anniversary of its eradication – a triumph of science and cooperation
- Hypertension – High Blood Pressure – public health's role in promoting the identification and treatment of this disorder with the significant reduction in such maladies as strokes, and heart attacks.

Housing As a Human Right

On December 16, 2025, I participated in a zoom panel regarding Housing as a Human Right. My focus was on the public health ramifications of homelessness and our role in helping to improve the problem of being homeless or inadequately housed.

I reiterated that the mission of Whole Health is to identify gaps in care of persons in our community and to work with partners to reduce those gaps as much as possible.

HOMELESSNESS

Homelessness is both a cause and (in most cases) a result of gaps in care by the community. It is far less common for it to be solely an individual's unavoidable fate. Perhaps only in instances of diseases like schizophrenia is the community at a loss to address the individual's situation.

Homelessness correlates with poverty and economic instability, impaired access to services, and transportation challenges. Due to these access issues and sanitation challenges crowding and lack of personal security homelessness results in:

- Injuries Wounds (importance of care – early treatment)
- Rape
- Infectious disease (STDs, foodborne illness (hep a, intestinal infections etc.), pneumonias, etc.
- Exacerbation of chronic disease (asthma, COPD, diabetes, high blood pressure)
- Dental problems including abscesses
- Lack of preventive care (vaccination, screenings for colon breast and cervical cancer, blood pressure detection, etc.) – REACH Medical does much in this regard

If not addressed these health issues worsen and people suffer health that is worse than it would otherwise be and die when they needn't. In addition, the worsening of their health progresses until expensive care is required (such as emergency room and hospital care). The cost of which is ultimately borne by all of us. Lack of early intervention increases disability.

Homelessness (especially repeated or prolonged homelessness) causes and increases PTSD and the onset of other mental health issues –(e.g., anxiety, and depression). It also contributes to the worsening of preexisting mental health conditions – especially if access to medication and treatment is impaired. And it contributes to substance use. If one did not have an issue to begin with, the stresses of being homelessness lead many to use substances to blunt the anxiety/depression and the fear of being insecure resulting from homelessness.

All of these contribute to a greater difficulty for the individual to return to a housed status.

COMMISSIONER SHARED REPORT

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Whole Health Highlights

On the occasion of my last meeting, I want to thank the Board of Health, both current and former members, for all the support over the last 14 years. We have faced many challenges together and had even more successes. Your leadership and support of the Department does not go unnoticed, and it is the platform we jump from to achieve excellence. I am leaving you a department and an amazing team of professionals that I am confident will carry forward the mission and achieve more greatness. I am not leaving the community, so if I can ever be of help, please let me know. I will forever be cheering on your success.

With great appreciation,
Frank

Shared Topics Update

Strategic Planning/Merger

INTEGRATION:

Merge the department structures to become one organization and increase our ability to better serve our clients and community.

- Our twice-yearly All-Staff event will take place on Wednesday Jan 29th! Our theme for this event is Collaboration. We'll be focusing on further uniting mental and public health while we aim to identify and implement new and more effective approaches to worked as an integrated unit.
- Our CFTs have been hard at work finding opportunities to streamline our integrated communications and processes. Several teams are reviewing the results of staff surveys and developing plans for action based on the responses!

DATA:

Review and establish effective data collection to measure programmatic, organizational and county progress towards achieving our priorities.

- Several CFTs have been focused on collecting data the past few months with surveying staff and community partners. These teams are now working to take this data to the next level with analysis and interpretations!

DIVISION FOR COMMUNITY HEALTH

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tompkinscountyny.gov/health/chs

Highlights

Communicable disease

NOVEMBER 2024:

- **Campylobacter** 6 cases: 2 cases are associated with travel; one to NYC with a lot of dining out, one to Asia with over a 2 month stay, 2 cases have comorbidities, 1 case ill with no known cause, and 1 case was unable to be interviewed.
- **Salmonellosis** 2 cases: 1 case has chronic GI issues, 1 case presented with Salmonella UTI and no GI symptoms.
- **Pertussis** 2 cases: Both cases were university students with up-to-date vaccinations.
- **Q-fever** 1 case: Elderly person who lives on goat farm.
- **Anaplasmosis** 13 cases: The cases span in age from 4 to 87. Three cases went for care at the ED, 2 were hospitalized. All recovered.
- **Babesiosis** 1 case, co-infected with Lyme Disease.

DECEMBER 2024:

- **Campylobacter** 4 cases: 2 cases are elderly people – one case had a wound and reported no GI symptoms; 1 patient is a resident in a skilled nursing facility needing to be hospitalized and had GI symptoms. One case traveled abroad to N. Africa, and 1 case had a wound as the source of infection with no GI symptoms.
- **Salmonellosis** 1 case: Infection resolved without medication. The case thought infection was due to eating out at a local restaurant.
- **Pertussis** 1 case: The case is a university student with up-to-date vaccinations.
- **Hemophilus Influenzae** 1 case: Elderly patient from assisted living facility, with multiple comorbidities, hospitalized for 10 days.
- **Strep Group A Invasive** 1 case: Case patient with several co-morbidities and infected leg joint, hospitalized for 15 days.
- **Anaplasmosis**: 5 cases: The cases span in age from 54-81 years old. Three cases needed to be hospitalized. All recovered.

Immunizations

- Our November Imms Clinic vaccinated 21 children and 25 adults for a variety of vaccinations.
- In December we vaccinated 20 children and 20 adults. We have resumed scheduling clinics for Fridays only.

- Mobile Clinics- on 12/18/24 we completed a clinic at Newfield Gardens which was the last one for the year. There we vaccinated 8 people for Covid and/or Influenza.
- 2 Homebound vaccinations were completed in November for Covid and Flu.
- There were no homebound vaccination requests in December.
- CHS hosted a meeting of the Immunization Coalition of Tompkins County on November 12th. We had a guest presentation from Kara Rode Webber who is co-director of the group Vaccine Conversations with Scientists. This group does phone banking to encourage people to get vaccinated by disrupting misinformation and empowering individuals to make informed decisions using the best available science.

Staff trainings/meetings attended

- Caryl Silberman, Senior Community Health Nurse, attended the Communicable Disease Monitoring and Preparedness Meeting in November in conjunction with Cornell University Staff. The main topics this month were the Pertussis cases and H5N1 concerns.
- CD nurse staff attended the Local Health Department meeting remotely in December.
- Our MOMS Plus+ nurses attended the University of Albany's Grand Rounds Breast Feeding Webinar in December. The two-hour presentation highlighted the impacts of social media on breastfeeding/chestfeeding.
- Three MOMS Plus+ nurses are working through their CLC training and certification and continue to make home visits throughout November and December.
- CHS Director Rachel Buckwalter attended a public health communications class at Cornell on December 5th. Students presented a communications campaign proposal to increase community awareness of Mpox risk and to inform the community regarding prevention measures. Rachel was able to give feedback on strategies proposed by the students.

WIC

- Established a working MOU with Head Start program to build a better collaboration and improve continuity of care for mutual families.

Program Updates

SAFECARE PROGRAM

- New Community Health Nurse Rose Goosen completed SafeCare provider training in December. Rose will be starting SafeCare home visits with families in January.
- We currently have four families enrolled in SafeCare and are planning to have another nurse, Emily Baker, trained as a SafeCare provider at the next available training.
- Caryl Silberman will be starting SafeCare coach training in February.

MOMS PLUS+

- MOMS Plus+ Nurses completed 57 home visits in November 2024 and 53 in December 2024, compared to 55 home visits made in October 2024.
- There were 36 referrals made to the MOMS Plus+ Program during November 2024 and 43 referrals made in December 2024, down from 58 referrals made during October 2024.
- There were 19 new admissions to the MOMS Plus+ Program in November 2024 and 15 in December 2024, up from 14 new admissions to our program in October 2024.
- There were 65 clients enrolled in the MOMS Plus+ Program in November 2024 and 66 clients enrolled in December 2024, up from 56 clients enrolled in the program at the end of October 2024.

RABIES

- 28 rabies vaccines were administered to patients in the month of November and 6 in December. Exposures were from cats, bats, dogs and one confirmed rabid raccoon.
- The grand total for rabies vaccinations for 2024 was 360. This is an increase from the total for 2023 which was 307.

LEAD

- 16 children in total are being followed for elevated blood lead levels.
- No new admissions/referrals for the months of November or December.
- 3 children were successfully discharged during the month of December.

HIV/COMMUNITY OUTREACH

- Community Health Nurse Liz Lawrence performed 1 HIV test at STAP in November 2024 and 1 HIV test at Loaves and Fishes in December 2024.
- Liz checked 13 blood pressures in December 2024 during outreach and made several referrals including to 211 and Planned Parenthood.
- Topics discussed by Liz with community members at both Amici House and Loaves and Fishes during December 2024 included: access to dental care and primary care, nutrition issues such as low sodium diet, STI prevention, and Narcan use.
- We are planning to expand this outreach to include regular visits to Magnolia and Asteri House to support residents there.

WIC

- 1181 people are currently enrolled in the program and 1134 of that 1181 are utilizing their WIC benefits. 96% of the people enrolled in the program are redeeming the WIC foods.
- In December we served 476 individuals.

[CHS Appendix](#)

- NYSDOH Communicable Disease Reports
- WIC Caseload table

HEALTH PROMOTION PROGRAM

November & December 2024 Reports | BOH Meeting January 28, 2025

tompkinscountyny.gov/health/hpp

Highlights

- A 30 second video highlighting the continued need for COVID-19 vaccination (featuring footage at the COVID-19 Community Resiliency Mural located at the Human Services Annex (State St/Albany St, Ithaca) began running at Regal Cinemas as a commercial in movie lobby as well as part of the movie previews. This will run through the winter (mid-November 2024 – mid February 2025) and be featured during the holiday movie-going season. The 30 sec video can be viewed [here](#). Developed by Uplifted Ithaca.
- Health Promotion staff, in partnership with other TCWH staff, conducted over 60 community outreach events throughout the county in 2024!

STAFFING

- Tamrie Oliver, CHW, will transition to a new position at the City of Ithaca, her last day will be Jan 3, 2025.
- Ashley Lewis, Public Health Fellow, will transition to a new position at the Rural Health Institute, her last day will be Jan 10, 2025.
- HNP staff conducted interviews for a Project Assistant to begin in January 2025.
- Interviews were conducted for a new Public Health Fellow to begin in January 2025. This fellow will primarily support coordination of the CHI Tompkins process.

Program Updates

HEALTHY NEIGHBORHOODS PROGRAM

- HNP continues to offer Induction cooktops as an alternative to cooking with propane or gas for cleaner indoor air quality
- HNP interviewed candidates for a Project Assistant

TOBACCO FREE TOMPKINS COUNTY

- Partnership with Ithaca High School to provide vape education presentations to students during health classes.
- Meeting with State Senator Webb for Legislative Education Day

COMMUNITY HEALTH WORKER (CHW) AND PICHC PROGRAMS

- Attended new Coordinated Entry Training for 2025
- Started weekly visits at Loaves and Fishes with Community Health Nurse, Liz.

- Held virtual Community Action Board for HiP Tompkins meeting in November 2024, and an in-person Community Action Board for HiP Tompkins meeting in December 2024

COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

- Development of the data dictionary for secondary data review.
- Discussion and planning for collaboration on the Community Context Assessment with Cornell MPH and Civic Ensemble.

COMMUNICATIONS

- Tompkins County website transition was our primary focus in November and December, with rollover taking place early December. This work included review of all TCWH pages to make updates, fix links that changed during the transition, and ensure that new page layouts remained user friendly. Content was re-organized as needed and review and updates are ongoing.
- Launch of [Respiratory Virus webpage](#), combines local data for COVID-19, Flu, and RSV with symptoms, prevention guidance, vaccination information, and treatment options.
- Presentation at Family & Children's Services with the youth team about maternal child health services.
- Presentation about career opportunities with students from Cornell University.
- Provided support to County Administration for the press conference announcing a new homeless shelter.

[HPP Appendix](#)

- Opioids, Monthly overdose calls to 911
- CHWs
- HNP, Monthly Activity table
- COVID-19
- Media
 - [Press releases](#)
- Outreach and Training (all staff)
- Committee and Partnership Meetings

CHILDREN WITH SPECIAL CARE NEEDS

November & December 2024 Reports | BOH Meeting January 28, 2025

tompkinscountyny.gov/health/cscn

Highlights

Staff Training:

NOVEMBER 2024

- EI Hub started live on October 15th state wide. There have been many training opportunities for all staff and support staff as processes have changed to meet the needs of the new system.

DECEMBER 2024

- EI Hub went live on October 15th state wide. There have been many training opportunities for all staff and support staff as processes have changed to meet the needs of the new system.
- Process for EI Hub has been finalized and more billing has gone through with less errors.

Program Updates

Early Intervention

NOVEMBER

- SLP hired by the county has picked up children off the therapy needs list. The SLP had 29 visits a week so far with more potential each week as her caseload grows.
- The proposal for the reallocation of funds to keep 2 positions and to allow for current providers to receive a stipend per service rendered, including ongoing services and evaluations has been approved by the legislator. Contacts with all therapists have been completed and sent out for private providers and agencies to sign.
- The other provider position at the county is still open and on all platforms being advertised. No more inquiries have been made.
- Early Intervention experiencing wait lists for all specialties.
- Speech (25) Feeding (3), OT (1), PT (14), SI (21), SW (4)
- Referrals received November: 16
- EI has made efforts to make relationships with core teams outside of the county. We have established relationships with Liberty Post in Syracuse and have gotten slots for families to travel there for evaluations. We have also created another local eval team at the Groton Elementary with Liberty Post. Racker has agreed to have more core slots on Mondays and offer 2 additional core slots per week of PT/ST with an occasional OT/ST slot.
- Currently serving 180 active/qualified children in Early Intervention. 1 Total Child Find Cases.

DECEMBER

- SLP hired by the county has picked up children off the therapy needs list. The SLP had 31 visits a week so far with more potential each week as her caseload grows.
- The proposal for the reallocation of funds to keep 2 positions and to allow for current providers to receive a stipend per service rendered, including ongoing services and evaluations has been approved by the legislator. Contacts with all therapists have been completed and sent out for private providers and agencies to sign.
- The other provider position at the county is still open and on all platforms being advertised. One inquiry has been made by an SI and an interview was conducted. The applicant was given the week to think about the position.
- Early Intervention experiencing wait lists for all specialties.
- Speech (23) Feeding (2), OT (0), PT (16), SI (17), SW (2)
- Referrals received December: 21
- EI has made efforts to make relationships with core teams outside of the county. We have established relationships with Liberty Post in Syracuse and have gotten slots for families to travel there for evaluations. We have also created another local eval team at the Groton Elementary with Liberty Post. Racker has agreed to have more core slots on Mondays and offer 2 additional core slots per week of PT/ST with an occasional OT/ST slot.
- Currently serving 178 active/qualified children in Early Intervention. 1 Total Child Find Cases.

[CSCN Appendix](#)

- Statistics based on Calendar Year
- Early Intervention Program statistical highlights
- Preschool Special Education Program statistical highlights

ENVIRONMENTAL HEALTH

November & December 2024 Reports | BOH Meeting January 28, 2025

tompkinscountyny.gov/health/eh

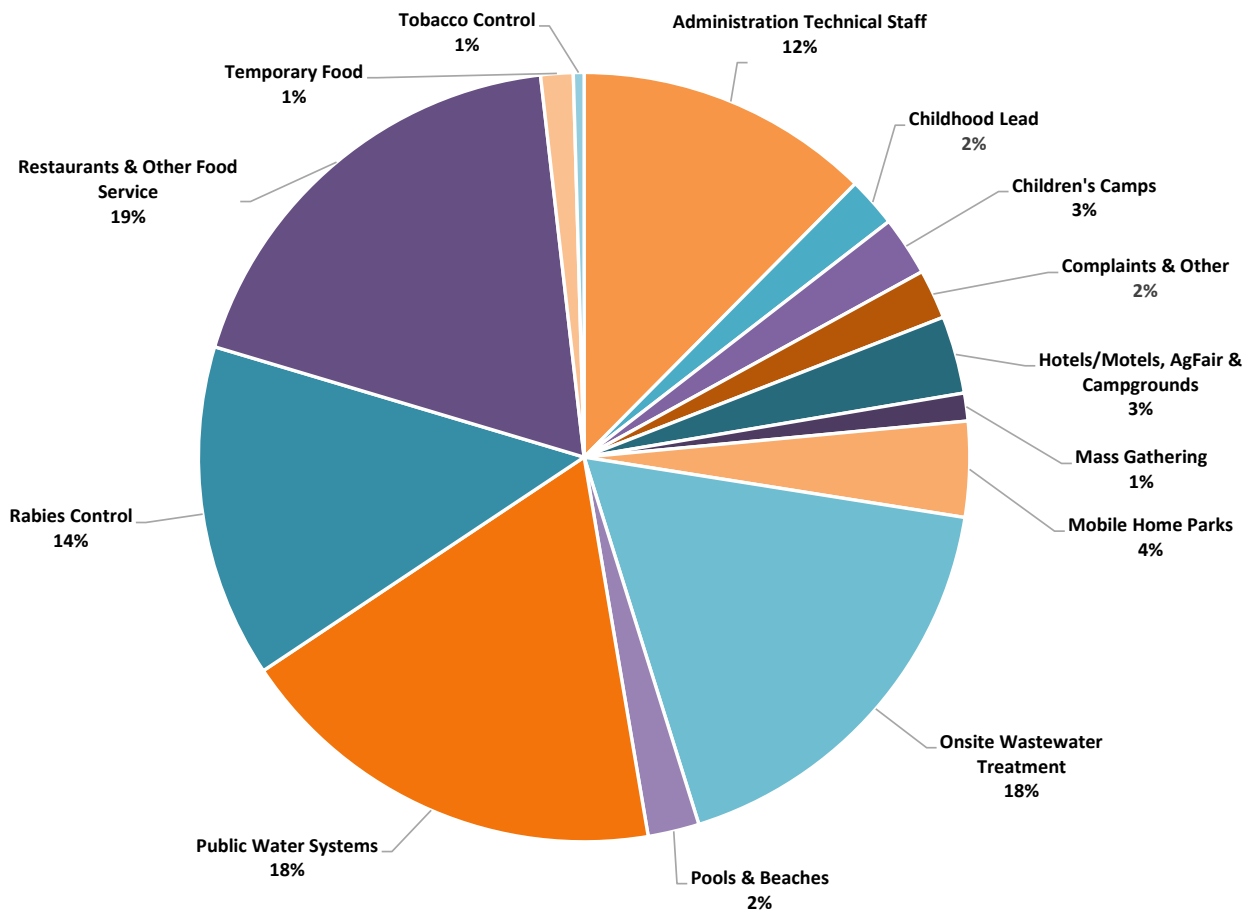
November Highlights

TOPIC

Text

Summary of Activity

Staff Time in Environmental Health Programs - November 2024



[Also see appendix](#)

November Program Updates

Food Program

FSE INSPECTIONS

The [results of food service establishment inspections](#) conducted in Tompkins County can be viewed directly on the Environmental Health website. Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

PLANS APPROVED THIS PERIOD

- Mushroom Spirits Distillery, C-Ithaca

NEW PERMITS ISSUED

- DSS Code Blue Warming Center, C-Ithaca
- First Baptist Church of Ithaca, C-Ithaca
- Fresh Marche-State St., C-Ithaca
- Mama Lieu, C-Ithaca
- Mushroom Spirits Distillery, C-Ithaca

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General Dryden	11/14/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples pending; NOV issued
Newfield Estates	11/26/2024	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples pending; NOV issued

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/2022	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending
Dollar General Freeville	03/11/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	NOV Issued
Stone Bend Farm	06/05/2024	Unsatisfactory sample results	Install sanitary well cap & ensure UV Disinfection System is operating	Satisfactory samples pending

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
None				

Summary of Open BOH Enforcement Actions

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
05/23/23	C&C/Chuck’s (EH-ENF-22-0052)	Chuck’s Gas Mart, Inc.	ATUPA – Underage Sale of Tobacco Products	\$2,750	NA	Awaiting court ruling
12/05/23	Applegate Park MHP (EH-ENF-23-0024)	Joseph Giordano	Mobile Home Park – Violation of Board of Health Order	\$1725 (may be waived pending compliance)	Continue compliance through 12/31/24	Monitoring compliance
NOV Issued 04/09/24	Part of Ithaca Homeless Encampment (EH-NOV-24-0010)	City of Ithaca	TCSC Refuse Violations	NA	NA	Monitoring Compliance
NOV Issued 04/09/24	Part of Ithaca Homeless Encampment (EH-NOV-24-0011)	Watco-Ithaca Central Railroad	TCSC Refuse Violations	NA	NA	Monitoring Compliance
06/25/24	Brew 22 Coffee & Espresso (EH-ENF-24-0006)	Riley Brewer	PWS/Food Service – Violation of BOH Orders	\$8,700 (Payment agreement accepted 09/24/24)	On payment plan; monitoring compliance	4 th payment due 12/15/24
06/25/24	Hanshaw Village MHP (EH-ENF-24-0003)	Cook Properties, NY	PWS – Repeat Critical Violations	\$1,500 (Paid 07/11/24)	Draft feasibility study being reviewed	Awaiting information; Violation of BOH - action pending
12/03/24	Dos Amigos Restaurant (EH-ENF-24-0015)	Jorge C. Bouras	Food Service – Repeat Critical Violations	\$200	Penalty due 2/15/25	Awaiting payment

December Highlights

Topics

DEC/EH WATER AND WASTEWATER DISCUSSIONS:

Several Environmental Health staff with roles in programs dealing with drinking water and wastewater treatment have begun collaborating with the NYSDEC's Region 7 and the County's Planning Department to explore potential solutions to ongoing issues at the Hanshaw Village mobile home park. These initial discussions expanded to include the challenges facing small public water and wastewater systems due to increasingly burdensome and challenging regulations. These small systems may be located fairly near municipal water and wastewater systems, but financial and other issues hinder the ability of small system to connect to municipal ones. Our agencies are looking into how to address these current and future limitations and challenges for the infrastructure for these types of treatment and conveyance systems present for Tompkins County and its residents.

SPCA RABIES CLINIC:

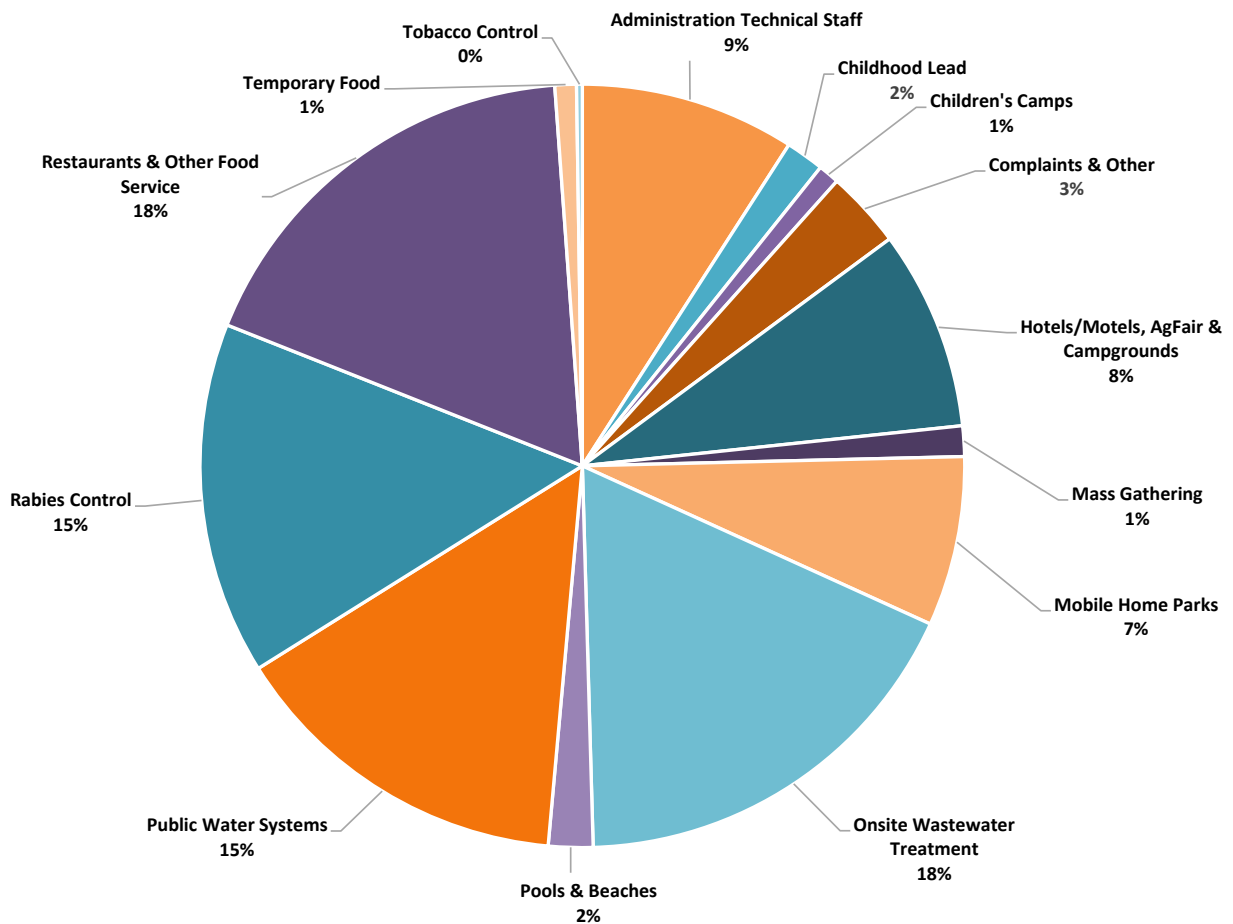
On January 15th, Environmental Health hosted a free rabies clinic at the Tompkins County SPCA. At the clinic, a total of 142 cats and dogs were vaccinated. Environmental Health would like to extend our gratitude and appreciation to all the veterinarian staff (Dr. Brian Collins, Isaiah Moten, Hannah Kilmatis and Emily Kulp) as well as the EH staff that participated – (René Borgella, Nicole Piston, Dillon Shults, Doug Barnes, Ellie Nierstedt, Scott Freyburger, Michelle Luther, Bee Walsh).

HUMAN RESOURCES:

Environmental Health will be welcoming Alexandra Dunn as an Environmental Health Specialist (EHS) starting on January 21, 2025. Alex has a variety of experience in a variety of countries, including early work with medical records before turning to agricultural work as a traveling winegrower for a number of years. Alex will be working primarily in our food service inspection program as well as conducting ATUPA inspections. Since the NYS HELP program is in place through the end of 2025, Alex has been hired as a permanent (not provisional) EHS and does not have to take a Civil Service test to remain in her position. We are excited to welcome Alex to our EH team.

Summary of Activity

Staff Time in Environmental Health Programs - December 2024



[Also see appendix](#)

December Program Updates

Food Program

FSE INSPECTIONS

The [results of food service establishment inspections](#) conducted in Tompkins County can be viewed directly on the Environmental Health website. Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest.

PLANS APPROVED THIS PERIOD

- Vinifera, C-Ithaca

NEW PERMITS ISSUED

- 2nd Landing Cafe, V-Lansing
- BanCoffee Corp., C-Ithaca
- Finger Lakes Distilling, T-Newfield
- First Congregational Church of Ithaca, C-Ithaca
- Taco Bell #42056, V-Lansing

Boil Water Orders (BWOs)

NEW

Facility Name	BWO Issued	Reason	Corrective Action	Status
Hanshaw Village MHP	12/09/2024	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 12/12/24
Hanshaw Village MHP	12/17/2024	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 12/26/24
Hanshaw Village MHP	12/27/2024	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples received; BWO released 1/14/25

ONGOING

Facility Name	BWO Issued	Reason	Corrective Action	Status
Dollar General North Lansing	02/08/2022	Operating without TCEH approval	Water System Approved	Monitoring System Operation; BOH Action Pending
Dollar General Freeville	03/11/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	NOV Issued
Stone Bend Farm	06/05/2024	Unsatisfactory sample results	Install sanitary well cap & ensure UV Disinfection System is operating	Satisfactory samples pending
Dollar General Dryden	11/14/2024	Inadequate disinfection	Restore adequate disinfection & submit satisfactory samples	Satisfactory samples pending; NOV issued
Newfield Estates	11/26/2024	Loss of Pressure	Restore adequate pressure & submit satisfactory samples	Satisfactory samples pending; NOV issued

RELEASED

Facility Name	BWO Issued	Reason	Corrective Action	Status
None				

Summary of Open BOH Enforcement Actions

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
05/23/23	C&C/Chuck's (EH-ENF-22-0052)	Chuck's Gas Mart, Inc.	ATUPA – Underage Sale of Tobacco Products	\$2,750	NA	12/12/24: court ruling in our favor. Facility to be referred to NYSDOH for NYSDTF suspension of license
12/05/23	Applegate Park MHP (EH-ENF-23-0024)	Joseph Giordano	Mobile Home Park – Violation of Board of Health Order	\$1725 (may be waived pending compliance)	Continue compliance through 12/31/24	Monitoring compliance
NOV Issued 04/09/24	Part of Ithaca Homeless Encampment (EH-NOV-24-0010)	City of Ithaca	TCSC Refuse Violations	NA	NA	Cleanup completed; NOV closed out 1/13/25
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06/25/24	Brew 22 Coffee & Espresso (EH-ENF-24-0006)	Riley Brewer	PWS/Food Service – Violation of BOH Orders	\$8,700 (Payment agreement accepted 09/24/24)	On payment plan; monitoring compliance (past due - 07/15/24)	4 th payment due 12/15/24; Payment returned by bank; 5 th payment due 1/15/24; NOV pending

06/25/24	Hanshaw Village MHP (EH-ENF-24-0003)	Cook Properties, NY	PWS – Repeat Critical Violations	\$1,500 (Paid 07/11/24)	Draft Resolution to BOH 1/28/25	Violation of BOH - action pending (ENF-24-0019)
12/03/24	Dos Amigos Restaurant (EH-ENF-24-0015)	Jorge C. Bouras	Food Service – Repeat Critical Violations	\$200	Penalty due 2/15/25	Awaiting payment
01/01/24	ZaZa Exotics (EH-ENF-24-0004)	ZaZa Exotics, Inc	Violation of BOH Orders - ATUPA Sale of flavored vape to a minor	TBD (pending hearing and BOH action)	Hearing scheduled 1/21/25	Hearing pending

[EH Appendix](#)

- Summary of Activity

NEW BUSINESS:

November & December 2024 Reports | BOH Meeting January 28, 2025

Actions

Enforcement Actions

ENVIRONMENTAL HEALTH:

1. Draft Resolution # EH-ENF-24-0019 – Hanshaw Village MHP, Violations of Board of Health Orders and Subpart 5-1 & 17 of the New York State Sanitary Code (PWS/Mobile Home Parks) (5 min)

Find Enforcement Action Reports following this page

Administrative Actions

ENVIRONMENTAL HEALTH:

1. None

DISCUSSION

1. The Oral Health Status of and Recommendations Concerning the Children of Tompkins County

CERTIFIED, REGULAR, & ELECTRONIC MAIL

December 30, 2024

CNY MHPS, LLC
Attention: Olivia Ditko
90 Airport Drive, Suite 400
Rochester, NY 14624

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-24-0019
CNY MHPS, LLC – Violation of Board of Health Orders # EH-ENF-24-0003
Hanshaw Village mobile home park**

Dear Olivia Ditko:

The Tompkins County Board of Health will consider the attached draft Resolution # EH-ENF-24-0019 at its regular meeting on January 28, 2025, for violating its orders provided in Revised Resolution # EH-ENF-24-0003. Revised Resolution # 24-0003, Order #9 required CNY MHPS, LLC to submit a draft feasibility study by November 15, 2024. The draft feasibility study was to be prepared by a licensed design professional and outline the exploration of alternate drinking water sources, upgrades and improvements to the current water treatment system, or other acceptable options for source and/or treatment at the Hanshaw Village mobile home park.

The documents that CNY MHPS, LLC/Cook Properties submitted on November 6, 2024, do not satisfy Order #9. They have not been prepared by a NYS licensed design professional and they lack important information and documentation as noted in Exhibit B.

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board in person or via zoom, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Thank you for your cooperation in this matter.

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures: Draft Resolution including Exhibit A and Exhibit B, Revised Resolution #EH-ENF-24-0003

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Hanshaw\Enforcement\2024\EH-ENF-24-0019\Draft Res 24-0019.docx
ec: Tompkins County Board of Health (via: SharePoint); CEO T-Dryden; Supervisor T-Dryden; Greg Mezey, TC Legislature; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director; Scott Freyburger, Public Health Engineer; John Strepelis, P.E., NYSDOH; Garrett Cappon, NYSDOH; Skip Parr; Adriel Shea; Dillon Shults; Adam Ace; Brenda Coyle
scan: Signed copy to Accela

DRAFT RESOLUTION # ENF-24-0019

**Hanshaw Village Mobile Home Park
CNY MHPS, LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, operators of public water systems are required to comply with Subpart 5-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, Hanshaw Village Mobile Home Park is a public water system and is regulated as a mobile home park under Part 17 of the NYSSC; **and**

Whereas, on August 29, 2024, the Board of Health adopted Revised Resolution #ENF-24-0003 with specific deliverables and deadlines to address Hanshaw Village Mobile Home Park's water system violation; **and**

Whereas, Order # 9 of Revised Resolution #ENF-24-0003 required Hanshaw Village Mobile Home Park to submit a draft feasibility study by November 15, 2024, prepared by a licensed design professional outlining alternate drinking water source, upgrades and improvement to the current water treatment system or other viable options in accordance with Part 5 or the NYSSC; **and**

Whereas, on November 6, 2024, the operator of Hanshaw Village Mobile Home Park submitted a letter from a well driller, a proposal for water treatment system modifications, and a statement that connection to municipal water was not financially feasible; **and**

Whereas, Tompkins County Environmental Health's (TCEH) review of the submittals identified that the submission lacked specific detail and was not prepared by a licensed design professional; **and**

Whereas, this resolution supersedes Revised Resolution #ENF-24-0003; **and**

Whereas, the Tompkins County Board of Health has the authority to levy penalties of up to \$500 per violation of its orders, and up to \$2,000 per violation of the New York State Sanitary Code and may levy such penalties if future violations occur; **and**

Whereas, CNY MHP LLC, violated Board of Health Revised Resolution #ENF-24-0003; **now therefore be it**

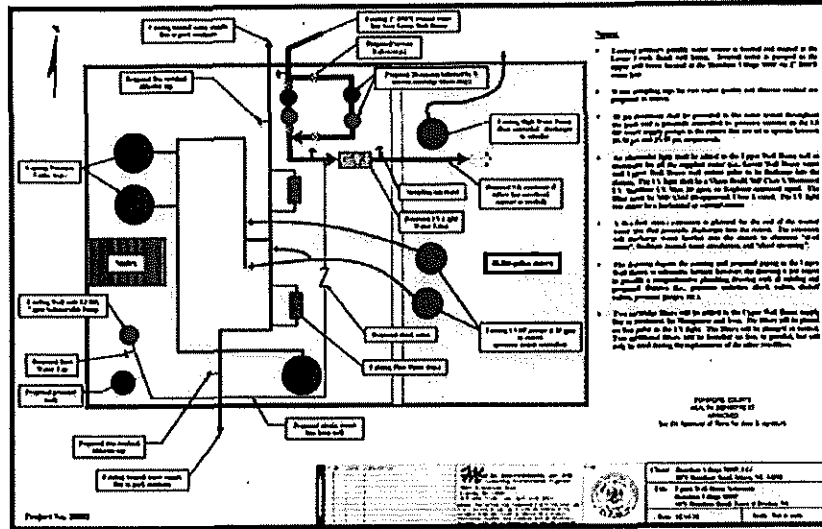
**Resolved, on recommendation of the Tompkins County Board of Health,
That CNY MHPS, LLC, Owner/Operator, is ordered to:**

1. Maintain all equipment listed in the Approval of Completed Works document dated 8/17/2021, and the approved plans from 1/5/2021, attached hereto as Exhibit A, operational at all times, unless prior approval is granted by TCEH and/or a Force Majeure Event causes the operational failure. As used herein a Force Majeure Event shall include acts of God, work stoppages due to labor disputes or strikes, fires, explosions, epidemics, riots, war

rebellion, sabotage or any other fact or circumstance beyond the reasonable control of CNY;
and

2. Notify TCEH by phone at 607-274-6688 within 24 hours if the UV light warning alarm referenced in Exhibit A is triggered, or if the UV disinfection unit or any other component of the water system is otherwise not operating as designed; **and**
3. Maintain at least one spare UV light and additional cartridge filters at all times; **and**
4. Notify TCEH by phone at 607-274-6688 immediately, if disinfected water is unavailable to the residents of Hanshaw Village MHP for at least four hours; **and**
5. Exercise both wells in the lower creek pump house, as outlined in Exhibit A, on a monthly basis and detail the treated water volume of each such well on the monthly operation report beginning with the April 2024 report; **and**
6. Submit a draft feasibility study, **by February 17, 2025**, prepared by a licensed design professional that includes items included in Exhibit B and the information noted below:
 - a. Explore alternate drinking water sources. Review to include feasibility of a new drilled well onsite as well as the feasibility of connecting to a municipal water source;
 - b. Explore upgrades and improvements to the current water treatment system and its components;
 - c. Explore other viable options in accordance with Part 5 of the NYSSC; **and**
7. Submit the final feasibility study for approval by TCEH, by **April 4, 2025**; **and**
8. Implement the water system upgrades in accordance with the approved schedule: **and**
9. Comply with all the requirements of Subpart 5-1 and Part 17 of the New York State Code for Public Water Supplies and Mobile Home Parks.

EXHIBIT A



Approval of Completed Works Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

Applicant Name: Wayne C. Matteson, Jr., P.E.	
Location of Works: Upper Well House Improvements	
County: Tompkins	Water District: NA
Plans for the construction of this project were approved on: 1/5/2021	
Project Description: Upper Well House improvements: Iron and Manganese filters, UV disinfection.	
This approval for completed works is issued subject to the following conditions:	
<ul style="list-style-type: none"> That the project shall be maintained and operated in conformity with the plans and specifications approved. 	

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

8/17/2021

Date

Scott D. Freyburger, P.E.
Designated Representative

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection
Flanigan Square, 547 River Street
Troy, New York 12180-2216

Scott D. Freyburger, Public Health Engineer
Division of Environmental Health
55 Brown Road
Ithaca, New York 14850

EXHIBIT B

The following information must be included in the draft feasibility study due by February 17, 2025:

- Detailed information and analysis regarding the cost comparison of connecting to municipal water versus improving the existing water system must be provided.
 - It would be helpful to include an explanation of the factors involved in connecting to municipal water including any applicable legal, regulatory, or other issues.
- Provide a detailed assessment of the adequacy and condition of the existing water sources and the existing Lower Creek Road pumphouse.
- Provide a detailed assessment of the transmission line between the pumphouse and the park, including its accessibility, condition and integrity, whether the pressure differential from the inflow to the outflow is due to expected head loss, and any other pertinent information.
- Provide an explanation of why it is being proposed to run the Lower Creek Road pumps continuously, and why intermittent pumping is not suitable to prevent unnecessary waste of groundwater.
- Provide additional details for the proposed treatment system improvements, including baffling factors and contact time calculations, whether the system is meant to achieve 4 log disinfection or 5.5 log (if wells, wellhouse and/or the transmission line are deemed vulnerable to flooding or other surface water infiltration), and other detailed information showing that the proposed system will meet requirements of Subpart 5-1 and Recommended Standards for Water Works 2022 Edition.
- Provide an interim plan for limiting interruptions and improving responses to interruptions of Hanshaw Village's potable water supply, which will be implemented until permanent improvements or municipal connections can be made.
- A recommended option and an implementation schedule that includes submission of appropriate engineering plans and the completion of proposed water system upgrades prepared by licensed design professional(s) submission of appropriate engineering plans, and the completion of proposed water system upgrades prepared by licensed design professional.

CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 30, 2024

CNY MHPS, LLC
Attention: Olivia Ditko
90 Airport Drive, Suite 400
Rochester, NY 14624

**Re: Tompkins County Board of Health Revised Resolution # EH-ENF-24-0003
Hanshaw Village MHP – Repetitive Water Violations and Boil Water Orders**

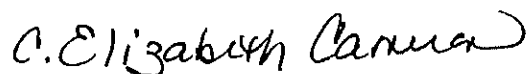
Dear Olivia Ditko:

The Tompkins County Board of Health adopted the enclosed resolution at its regular meeting on August 27, 2024. Please note that the enclosed resolution allows additional time for evaluation for alternate drinking water sources and upgrades and improvements to the current water treatment system for Hanshaw Village Mobile Home Park, in addition to other requirements.

If you have any questions, please contact Skip Parr or me at the Environmental Health Division at (607) 274-6688.

Thank you for your cooperation in this matter.

Sincerely,



C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures: Final Resolution

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Hanshaw\Enforcement\2024\EH-ENF-24-0003\Revised Res 24-0003.docx
ec: CEO T-Dryden; Supervisor T-Dryden; Greg Mezey, TC Legislature; TCWH: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Whole Health Commissioner; Brenda Crosby, Deputy Public Health Director; Scott Freyburger, Public Health Engineer; John Strepelis, P.E., NYSDOH; Garrett Cappon, NYSDOH; Skip Parr; Adriel Shea; Tom Palmer; Adam Ace; Brenda Coyle
scan: Signed copy to Accela

Diversity Through Inclusion

REVISED RESOLUTION # ENF-24-0003

**Hanshaw Village Mobile Home Park
CNY MHPS, LLC, Owner/Operator
1871 Hanshaw Road, T-Dryden
Dryden, NY 13068**

Whereas, operators of public water systems are required to comply with Subpart 5-1 of the New York State Sanitary Code (NYSSC); and

Whereas, Hanshaw Village Mobile Home Park is a public water system and is regulated as a mobile home park under Part 17 of the NYSSC; and

Whereas, on June 25, 2024, the Board of Health adopted Resolution #ENF-24-0003 with specific deliverables and deadlines to address Hanshaw Village Mobile Home Park's water system violation; and

Whereas, the operator of Hanshaw Village Mobile Home Park has requested a 90-day extension to submit a draft feasibility study to explore option for alternate drinking water sources and upgrades and improvements to the current water system; now therefore be it


**Resolved, on recommendation of the Tompkins County Board of Health,
That CNY MHPS, LLC, Owner/Operator, is ordered to:**

1. Pay a penalty of \$1,500 for these violations, due by **August 15, 2024** (*Payment received by TCEH on 7/11/24*); and
2. Maintain all equipment listed in the Approval of Completed Works document dated 8/17/2021, and the approved plans from 1/5/2021, attached hereto as Exhibit A, operational at all times, unless prior approval is granted by TCEH and/or a Force Majeure Event causes the operational failure. As used herein a Force Majeure Event shall include acts of God, work stoppages due to labor disputes or strikes, fires, explosions, epidemics, riots, war rebellion, sabotage or any other fact or circumstance beyond the reasonable control of CNY; and
3. Develop and submit to TCEH by **May 10, 2024**, an Emergency Response Plan (ERP) that includes procedures for providing potable water to residents of the park during outages exceeding 24 hours and for restoring the operation of equipment referenced in Exhibit A without unreasonable delay (*ERP received by TCEH on 5/9/24*); and
4. Notify TCEH by phone at 607-274-6688 within 24 hours if the UV light warning alarm referenced in Exhibit A is triggered, or if the UV disinfection unit or any other component of the water system is otherwise not operating as designed; and
5. Maintain at least one spare UV light and additional cartridge filters at all times; and
6. Notify TCEH by phone at 607-274- 6688 immediately, if disinfected water is unavailable to the residents of Hanshaw Village MHP for at least four hours; and

Diversity Through Inclusion

7. Develop Standard Operating Procedures (SOPs) for equipment in the lower creek pump house, as outlined in Exhibit A, and submit to TCEH by **May 10, 2024**. The SOPs may incorporate materials developed by the manufacturer of the equipment at the lower creek pump house. These SOPs must be stored and accessible at the lower creek pump house at all times (*SOPs received by TCEH on 5/9/24*); and
8. Exercise both wells in the lower creek pump house, as outlined in Exhibit A, on a monthly basis and detail the treated water volume of each such well on the monthly operation report beginning with the April 2024 report; and
9. Submit a draft feasibility study, by **November 15, 2024**, prepared by licensed design professional(s) outlining the following:
 - a. Explore alternate drinking water sources. Review to include feasibility of a new drilled well onsite as well as the feasibility of connecting to a municipal water source;
 - b. Explore upgrades and improvements to the current water treatment system and its components;
 - c. Or other viable options in accordance with Part 5 of the NYSSC; and
10. Submit a final feasibility study, by **January 31, 2025**, prepared by licensed design professional(s); and
11. Comply with all the requirements of Subpart 5-1 and Part 17 of the New York State Code for Public Water Supplies and Mobile Home Parks.

This action was adopted by the Tompkins County Board of Health at its regular meeting on August 27, 2024.


Frank Kruppa
Whole Health Commissioner

8/29/24
Date

Report to the Board of Health of Whole Health

From: Sagarika Vemprala, Public Health Fellow

Rachel Buckwalter, RN, Director Community Health Services

William Klepack, MD, Medical Director for Public Health

Subject: Oral health status of and recommendations concerning the children of Tompkins County

Date: January 17, 2025

Realizing that data on the oral health of children were significantly out of date, the three of us have been collaborating on this topic for more than the past year. Accordingly, a survey was conducted to gather relevant information. Our work also included reviewing the past and recent literature, and conversations with a Cornell committee devoted to addressing oral health in the university community (members include public health professor Yihong Li and retired professor William Henry Lesser). In preparing this report for you, we reviewed its data and conclusions with Frank Kruppa, Commissioner. We believe submitting this report to the Board of Health will stimulate further creative thought and solutions regarding the problems we outline within Whole Health and our region.

We conclude this report with suggested actions for the Board. These actions we believe should significantly enhance the probability of improving the oral health of Tompkins County children.

Here are our conclusions:

1. Access problems are significant.

Our survey confirms that disparities in dental care access exist, including finding affordable pediatric dentists within reasonable transportation reach.

Our data depict inadequate early dental care. 10% of children surveyed have never seen a dental practitioner and a total of 17.6% have not been seen at the minimal interval of 1 year.

The data also clearly reveal the implications for a child who meets the qualifications for Medicaid. As do many non-Medicaid children who are disadvantaged, our data show that those who do have Medicaid for dental insurance frequently go longer between dental visits or are not accessing dental care at all, when

compared to those with private insurance. Data show that there is a shortage of dentists in Tompkins County who accept Medicaid, and government data confirm this (Health Resources and Services Administration data indicate that we need 3.7 additional dentists in Tompkins County who accept Medicaid to meet our population's needs—see references #2 and 7). Reimbursement to dentists for care under Child Health Plus is possibly somewhat better than Medicaid but a quick search is unable to verify or quantify this.

A comprehensive evaluation of the options to improve access in Tompkins County to preventive and restorative dental care is needed.

2. Improving home oral hygiene is an opportunity.

Our data show that this is an area of need. Education regarding preventive care should be improved from its present level through a more aggressive and persistent information campaign by Whole Health and our partners. The campaign should address:

- Oral fluoride topical applications and supplements in the home under the supervision of a child's caregivers
- Efficacy of topical fluoride applications whether by schools, or healthcare practitioners— especially for those lacking fluoride in their water (presently all Tompkins County residents).
- Education on standards for oral hygiene (brushing, flossing, and periodic dental hygienist visits.
- Communication about issues concerning fluoride in water. Among topics to be included are the following:
 - Efficacy We would include depicting the evolution of fluoride ingestion pre and post 1975. (Post 1975 more in home fluoride products became available, and progressively more food and beverage products came from fluoridated communities. Those products increasingly had fluoride as a constituent. (For a statement on fluoride intake from foods and drinking water in communities with fluoridated water see reference # 8)
 - Safety (references # 6 and 8) -the proper dosing of fluoride to balance efficacy and avoid toxicity.
 - The absence of fluoride in any of the county's water systems.
 - Factors unique to our rural setting
 - e.g., 40% of our County's population is not on public water and would not reap the benefits of water fluoridation in their home, making other home strategies even more important for them
 - 60% of children on public water would benefit from fluoride in the water. Additionally, children who have a well at home would benefit from attending a school with fluoridated water.
 - Water fluoridation is a local political issue decided by local municipalities and water authorities. Public input is key in the decision-making process.

3. *Public health can focus its work on the following areas:*

The survey has clearly outlined gaps in access to oral healthcare. We suggest Whole Health through in-house and community work groups focus on:

- a. What role can Whole Health directly play in this problem?
- b. What partners in our region might offer potential solutions?
- c. For those children with transportation issues can Whole Health foster a solution?

- d. To increase the number of practitioners can Whole Health lower overhead barriers by providing a site(s) and/or equipment for some or all the following?
- ✦ For dental evaluations and restorative care
 - ✦ For topical applications
 - ✦ Periodic dental hygienist visits

Note: we have not to date reached out to regional dentists within Tompkins County except to reference past positions and current resources. Experience has shown significant challenges to this sector participating in reducing the gap in care that we depict. However, Whole Health should include this sector by informing them of our findings and inviting them to participate in problem-solving,

While we do not present the above as an exhaustive list, we believe that addressing them will result in improvement.

Suggested Board Actions:

We believe these Board actions should significantly enhance the probability of improving the oral health of Tompkins County children.

1. Passing a Board resolution.

Presenting our current situation and our conclusions to the public and the media, supported by a Board resolution, would increase our visibility and public attention.

Such a resolution could be considered at the Board's February meeting, which would give the Board time to review the survey and our report in detail and consider their implications.

The resolution, we believe, should address the severity of our oral health situation and its origins and the disparities it depicts. We believe it should be in the form of resolves supported by whereas clauses. One resolve could be a formal charge to Whole Health to address the multiple issues revealed by the study and to pursue strategies which would improve the oral health of Tompkins County.

2. Addressing the efficacy and safety of fluoride as a later step.

A separate resolution addressing fluoride, both topical and water-borne, should be considered as a subsequent step. We believe the accurate depiction of fluoride is of heightened importance as anti-fluoride misinformation is prevalent in the country. Such information threatens both topical routes and water fluoridation. Studies even as recently as within the past month have raised concerns but have been of such poor quality as to not merit the weight given to them (see references # 5 and 6 below).

We would affirm that the proper role of Whole Health is to convey high-quality science and to counsel parents on the merits of different routes of fluoride administration. The decision regarding the route of administration must be left up to parents (and regarding fluoridation of water up to the political process).

There are self-evident reasons that the Board should choose to affirm the safety, efficacy, and practicality of various fluoride delivery methods while simultaneously affirming the political process. In doing so Whole Health and the Board must address head-on the allegations raised against fluoride in a forthright, transparent manner.

Fluoride and IQ levels:

As one example of an allegation currently before the public, the United States District Court for the Northern District of California has issued a decision in Food & Water Watch, Inc. v. United States Environmental Protection Agency. This suit which hinged on allegations regarding fluoride levels in water and IQ has made a ruling that should be put in context (see references #4 and 6 below). Acknowledging this case and stating why it does not affect the Board's perception of the science supporting topical and water borne fluoride should work in public health's best interest.

Summarization

We suggest that the Board first consider a resolution regarding the severity of the oral health situation for Tompkins County children and its origins. Later in the year, after due consideration, the Board can consider further action.

We look forward to our conversation with you and continuing our joint work of improving oral health in Tompkins County.

Sincerely,

Sagarika Vemprala, Public Health Fellow

Rachel Buckwalter, RN, Director Community Health Services

William Klepack , MD, Medical Director for Public Health

Selected references

1. Tompkins County Community Health Assessment Reports. Published 2019. https://tompkinscountyny.gov/files2/health/cha-chip/2019-2024_CHA-CHIP-Tompkins_S1-5.pdf
2. Health Rankings for Dentists in Tompkins County . Published 2023. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/healthhttps://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care/dentists?year=2023&county=36109factors/clinical-care/access-to-care/dentists?year=2023&county=36109>
3. The Fluoride Debate. Published 2024. https://yourlocalepidemiologist.substack.com/p/the-fluoridehttps://yourlocalepidemiologist.substack.com/p/the-fluoride-debate?utm_campaign=email-half-post&r=133dqs&utm_source=substack&utm_medium=emaildebate?utm_campaign=email-half-post&r=133dqs&utm_source=substack&utm_medium=email

4. New York State Dental Association. Published 2024. [California Federal District Court Rules Current Water Fluoridation Levels Pose Unreasonable Risk of Injury](#)
5. Fluoride Exposure and Children’s IQ Scores A Systematic Review and Meta-Analysis
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2828425>
6. Caution Needed in Interpreting the Evidence Base on Fluoride and IQ
<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2828430>
7. HPSA data re: dental needs in Tompkins County from HRSA.gov <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
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Dental Health	6365459857	ME - Tompkins County	Medicaid Eligible Population HPSA	New York	Tompkins County, NY	3.70	20	NA	Designated	Non-Rural	12/07/2011	04/23/2019
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
New York		Tompkins		Tompkins		Single County		36109		Non-Rural		

8 Fluoride Intakes and Status from FAQ Sheet for Health Professionals

<https://ods.od.nih.gov/factsheets/Fluoride-HealthProfessional/#:~:text=According%20to%20the%20EPA%2C%20typical,mg%20for%20adults%20%5B10%5D.>

“Most people in the United States consume adequate amounts of fluoride through foods containing naturally occurring fluoride, *fluoridated tap water*, and *food products made with fluoridated tap water*. According to the EPA, typical daily fluoride intakes in the United States from foods and beverages (including fluoridated drinking water) are 1.2 to 1.6 mg for infants and toddlers younger than 4 years, 2.0 to 2.2 mg for children age 4–11 years, 2.4 mg for those age 11–14 years, and 2.9 mg for adults [10].”

Appendix

Background information regarding survey including limitations

Introduction

Despite significant advances in the prevention and early detection of oral diseases, disparities in dental care were perceived to persist in Tompkins County. To better understand these disparities and identify dental care gaps, Tompkins County Whole Health conducted an oral health survey in early 2024 to assess parents’ knowledge, attitudes, and practices (KAP) regarding their children’s oral health.

Oral health is a key indicator of public health that is often overlooked and understated. According to the Community Health Assessment reports of Tompkins County, oral health is ranked as the second-most unmet need, with 42% of third graders experiencing dental caries between 2009 and 2011. Insufficient oral health data have hampered the ability to assess problems and identify solutions. To partially close this data gap regarding oral health and to identify gaps, needs, and opportunities to improve oral health in Tompkins County, Whole Health conducted an oral health survey from February 9th, 2024, to April 13th, 2024. The survey was designed to:

1. Identify gaps in knowledge.
2. Assess oral health knowledge, attitudes, and practices among children in the county.
3. Identify unmet oral health needs.
4. Assess the adequacy of dental care access.
5. Understand residents’ perspectives regarding fluoride.

From this survey and drawing upon the literature regarding best practices we offer strategy and some tactics to improve the situation.

Details regarding the survey itself may be found in “Whole Health Oral Health Survey 2023-24” appended to this report.

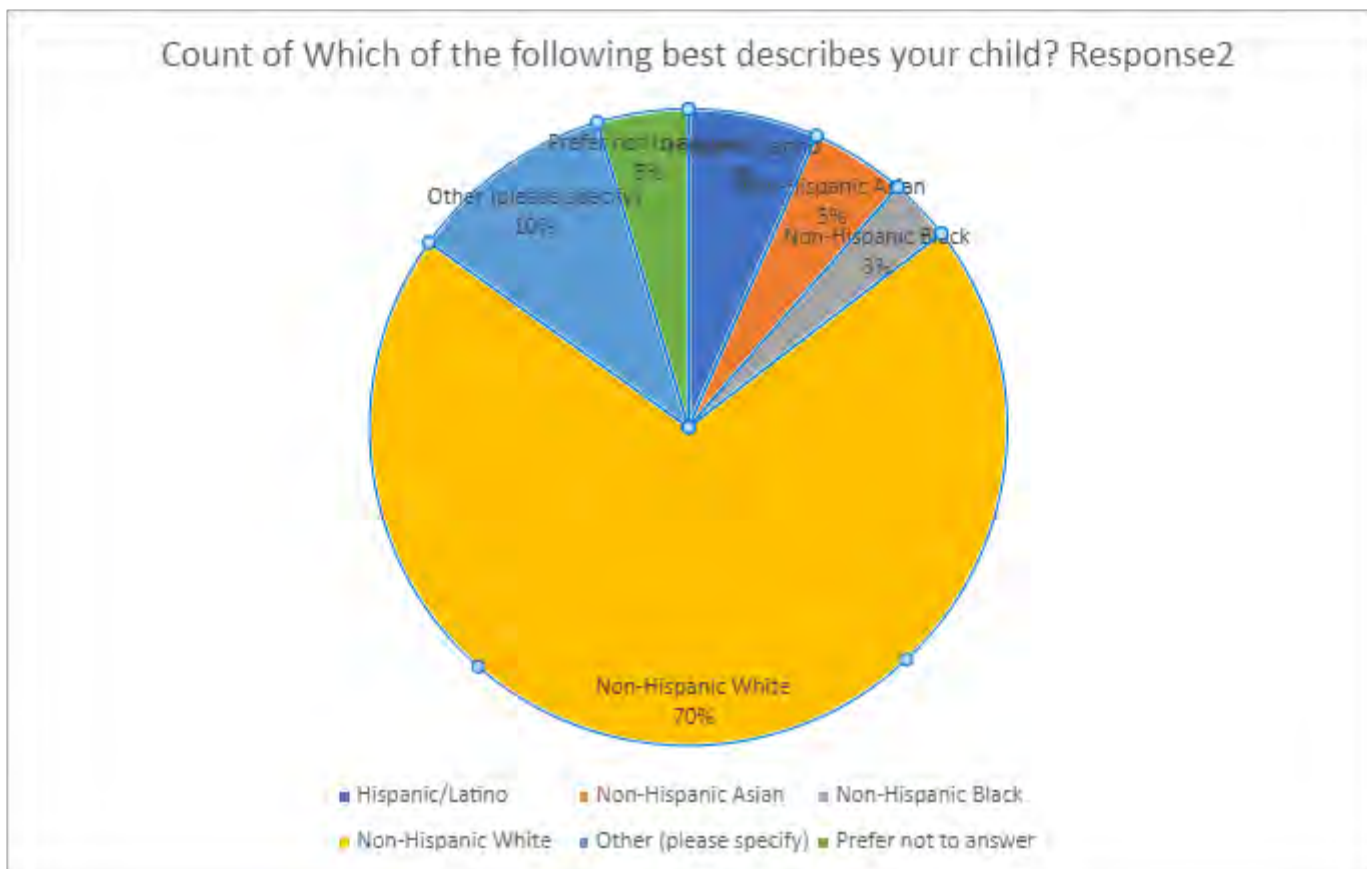
Survey and its findings summarized

A total of 645 responses were received, of which 85 were from WIC participants and 560 were from school participants and individuals who accessed the survey through social media and community bulletin postings.

Race/ethnicity information:

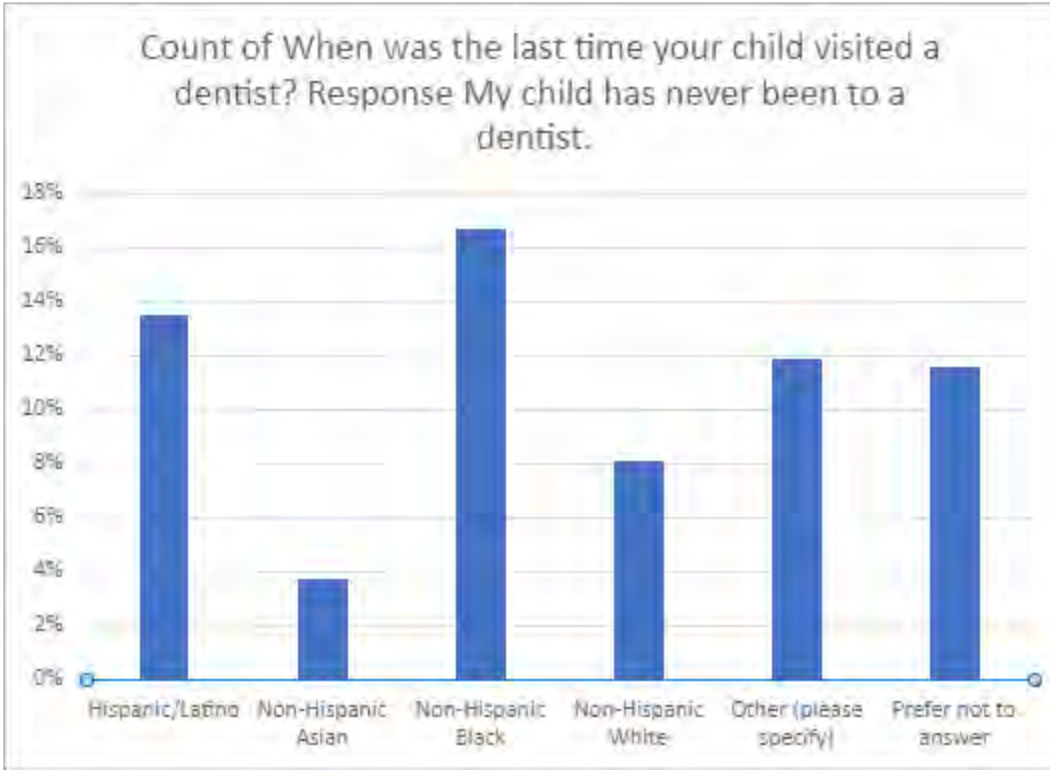
QUESTION 14	Which of the following best describes your child? Response	Count of Which of the following best describes your child? Response	Count of Which of the following best describes your child? Response2
2	Hispanic/Latino	37	6.58%
3	Non-Hispanic Asian	27	4.90%
4	Non-Hispanic Black	18	3.20%
5	Non-Hispanic White	395	70.26%
6	Other (please specify)	59	10.50%
7	Prefer not to answer	26	4.63%
8	(blank)		0.00%
9	Grand Total	562	100.00%

Which of the following best describes your child? Response	Count of Which of the following best describes your child? Response	Count of Which of the following best describes your child? Response2
Hispanic/Latino	37	7%
Non-Hispanic Asian	27	5%
Non-Hispanic Black	18	3%
Non-Hispanic White	395	70%
Other (please specify)	59	10%
Prefer not to answer	26	5%
Grand Total	562	100%



For a list of the range of responses for the option “other (please specify)” see the end of this report.

Visits to a dentist vary by race/ethnicity. Here is the data that depicts those children who have never been to a dentist:



Count of When was the last time your child visited a dentist? Response My child has never been to a dentist.

Row Labels	Percentage
Hispanic/Latino	14%
Non-Hispanic Asian	4%
Non-Hispanic Black	17%
Non-Hispanic White	8%
Other (please specify)	12%
Prefer not to answer	12%

Data analysis showed that 52% of respondents go to dentists located within Tompkins County, while 43% travel outside the county. Among those who go out of county, most respondents visit dentists in Broome County.

Regarding difficulties finding a dentist in the county, 55% of the residents reported difficulties, while 41% reported no issues. Among those with difficulties finding a dentist, 40% struggled to find a dentist who accepted their child's insurance, 36% had difficulty finding a pediatric dentist, and 10% found it challenging to obtain reliable information about dentists in Tompkins County.

Regarding their child's dental insurance, 54% of respondents reported having private insurance, 23.5% had Medicaid, 13% had Child Health Plus (CHP) insurance, and 8% reported not having dental insurance (Figure 15).
Note: both Medicaid and CHP have dental benefits

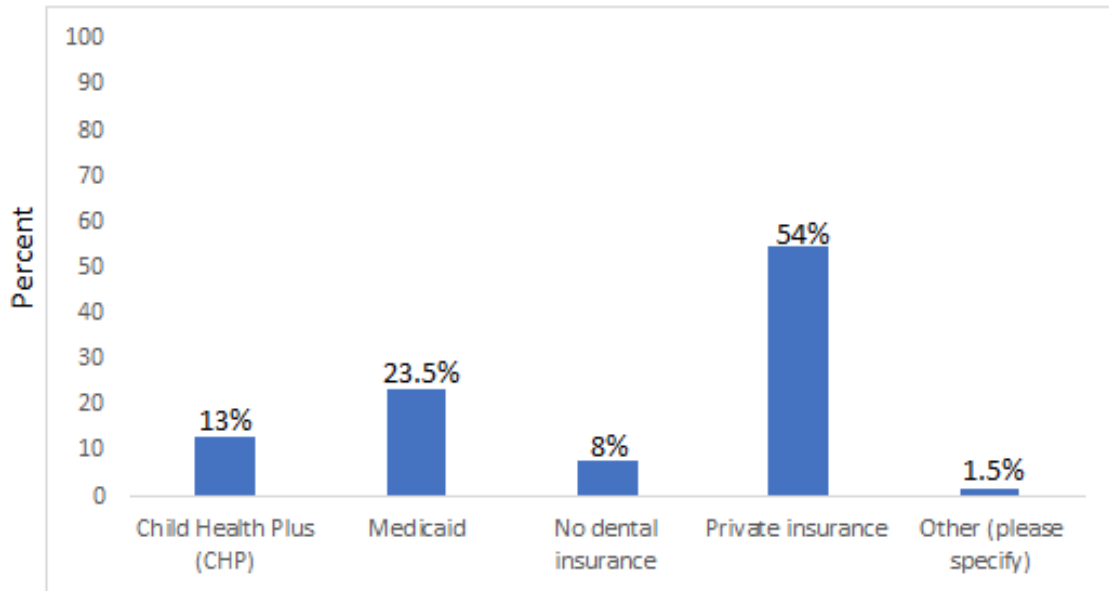
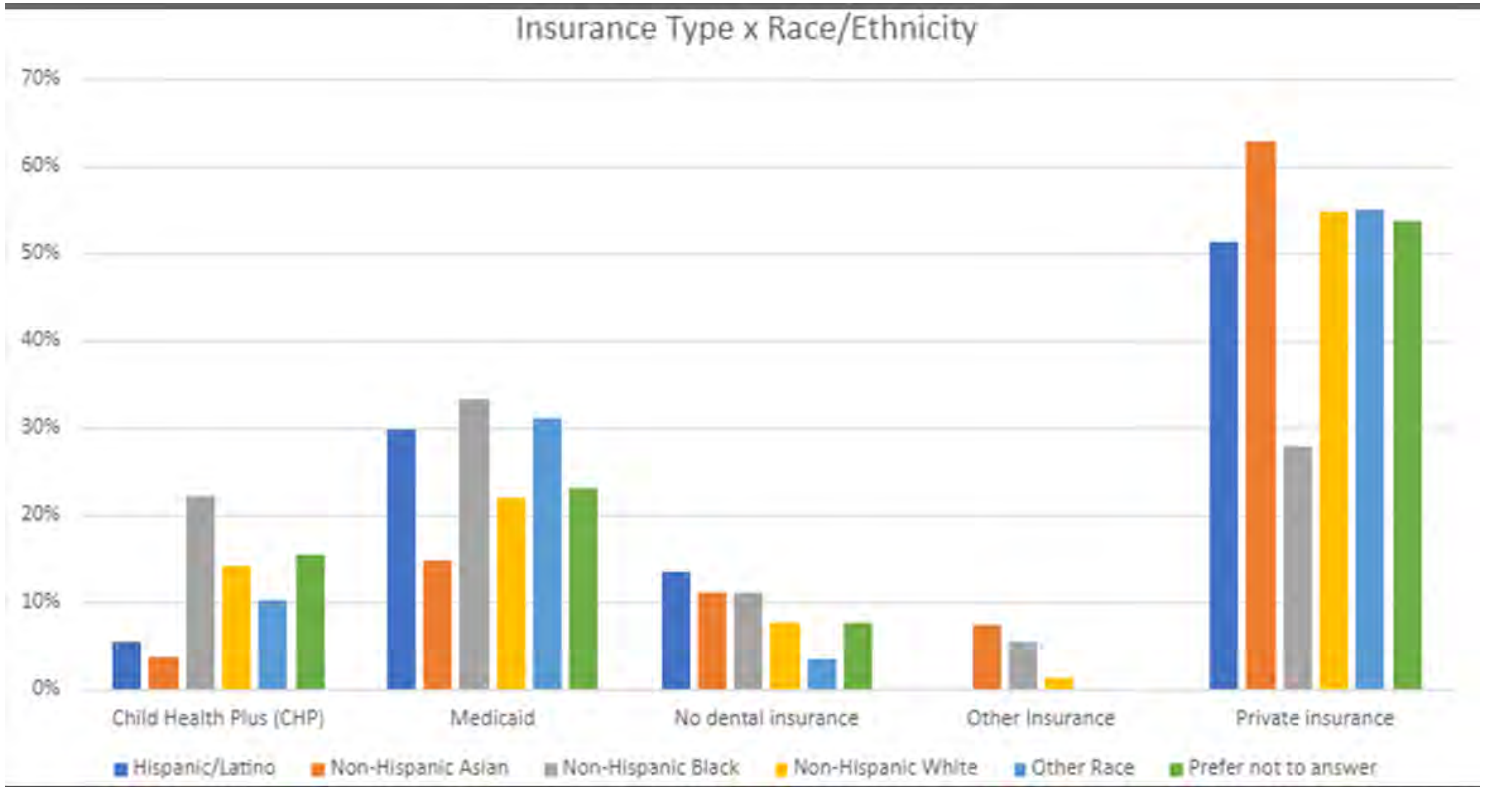


Figure 15 – Percentage of children with dental insurance

Insurance varies by race/ethnicity



People with Medicaid have a longer interval between dental visits and their children had a higher percentage of never having been to a dentist. The data show Child Health Plus to be intermediate. Those with no insurance are likely to be self-pay.

Table 19 – Percentage of children with dental insurance by length of time since last dental visit.

Last time since last dental visit	Child Health Plus	Medicaid	No dental insurance	Private insurance	Other
1 year – 2 years ago	0.9	2.5	0.5	0.7	0.2
2 years ago, or more	0	0.5	0.7	0.9	0
6 months – 1 year ago	3.9	7.3	2.5	9.9	0.5
Less than 6 months ago	8	6.6	3	41.7	0.5
My child has never been to a dentist	0.2	6.6	1.1	1.1	0.2

Our data also reveal deficiencies in the frequency of brushing and of flossing.

When asked if their child had had discomfort due to a cavity in the past year nearly 9% had. Most of those were between 5 and 12 years of age.

Public Health Assumptions:

1. Access is influenced by:

- Number of practitioners available
- Travel distance to get to a practitioner (especially when transportation is problematical)
- Public/personal perception of the quality of services available (one does not view as an option care rendered by a practitioner one does not trust).
- Affordability of care rendered

- Scope of care rendered (preventive, restorative, etc.)

All things considered care is most likely to be of use when it is affordable, relatively easy to travel to, and of good to excellent quality.

Limitations of Survey

1. The survey was promoted with WIC participants and through social media and community bulletins rather late in the process. This potentially limited its reach and response rate. Initially the focus was on promoting it through Tompkins County public schools. Public schools limited the socio-economic questions we could ask. Thus, our analysis by socio-economic variables was limited. The lack of participation by some public schools limited its regional scope.
2. The survey was available only in English, which may have created barriers for parents whose first language is not English.
3. We did not include questions about fluoride treatments administered at home (such as fluoride tablets or liquids), nor did we provide an option for "no fluoride treatments given." This oversight limits our ability to fully assess attitudes and practices related to fluoride use.
4. The survey was retrospective in the sense that it relied on the recollections of caregivers. That is, it focused on capturing the oral health knowledge, attitudes, recollections, and practices from the perspective of parents or caregivers, which may not accurately reflect what occurred. What a caregiver believes is occurring may be different from reality especially in the case of older and more independent children.

End note:

Range of responses to "other (please specify)" see "race/ethnicity" above (The number following the response category indicates the number of responses. No number implies 1.)

African American

African American / White

American

Asian

Asian American

Asian-Ithacan

Biracial - 2

Biracial (Caucasian mother & African American father)

bi-racial black/white

Biracial white and Asian - 2

Black and Hispanic

Black/ Caucasian

Both white and black non-Hispanic

Caribbean

Caucasian/white

Hispanic White

Hispanic/Caucasian

Human

Latino and Black

Mixed

Mixed and Hispanic

mixed half white, half Asian

Mixed race

Mixed race- Asian/white

Mixed white/Hispanic

Multi racial -4

Non-Hispanic white and black

Non- white/Asian

Non-Hispanic - half white, half Asian

Non-Hispanic Black & White, you need to be able
to pick more than one

Non-Hispanic Mixed race

non-Hispanic white and black

Non-Hispanic White and Non-Hispanic Asian

Two or more non-Hispanic

White

White & Asian

White & Native American

White and black

Survey attached: Whole Health Oral Health Survey 2023-24

ABSTRACT

Objective - Despite significant advances in the prevention and early detection of oral diseases, disparities in dental care persist in Tompkins County. To better understand these disparities and identify dental care gaps, Tompkins County Whole Health conducted an oral health survey to assess parents' knowledge, attitudes, and practices (KAP) regarding their children's oral health.

Methods – A KAP survey was administered to parents and caregivers of children under 18 in Tompkins County from February 9, 2024, to April 13, 2024. A flyer with a QR code and a link to the survey was distributed through various channels, such as email lists from public schools, text messages to WIC participants, social media, and community bulletins. The survey comprised 18 questions, including both multiple choice and free text responses. The questions were organized into five sections: dental visits, oral hygiene practices, fluorides, dentist and dental health information, and demographics. The data collected from the survey were analyzed using a Microsoft Excel database.

Results – A total of 645 responses were received, of which 85 were from WIC participants and 560 were from school participants and individuals who accessed the survey through social media and community bulletin postings. Data analysis showed that 52% of respondents go to dentists located within Tompkins County, while 43% travel outside the county. Among those who go out of county, most respondents visit dentists in Broome County. Regarding difficulties finding a dentist in the county, 55% of the residents reported difficulties, while 41% reported no issues. Among those with difficulties finding a dentist, 40% struggled to find a dentist who accepted their child's insurance, 36% had difficulty finding a pediatric dentist, and 10% found it challenging to obtain reliable information about dentists in Tompkins County.

Conclusion – In Tompkins County, disparities in dental care access continue to exist, particularly finding pediatric dentists, dentists who accept children's insurance, and the lack of fluoride in water.

BACKGROUND

Oral health is a key indicator of public health that is often overlooked and understated. According to the Community Health Assessment reports of Tompkins County, oral health is ranked as the second-most unmet need, with 42% of third graders experiencing dental caries between 2009 and 2011. Challenges such as insufficient oral health data have hampered the ability to assess problems and identify solutions. To update our assessment of the oral health status and identify gaps and needs of oral health in Tompkins County, Tompkins County Whole Health conducted an oral health survey from February 9th, 2024, to April 13th, 2024. The survey was designed to:

1. Identify gaps in knowledge.
2. Assess oral health knowledge, attitudes, and practices among children in the county.
3. Identify unmet oral health needs.
4. Assess the adequacy of dental care access.
5. Understand residents' perspectives regarding fluoride.

SURVEY METHODS

Survey design and development

In order to accomplish our objectives, an electronic survey was designed to reach out to parents or caregivers of children under 18 years old in Tompkins County using the tool known as “SurveyMonkey”. The survey consisted of 18 questions that included multiple choice and free text responses. The questions were divided into five sections as seen in Table 1.

Table 1 – Survey administered questions.

<p>Section 1 – Dental visits</p> <ol style="list-style-type: none">1. When was the last time your child visited a dentist?<ol style="list-style-type: none">1.1 Your child has never been to a dentist because.... (check all that apply)2. What was the main reason your child went to a dentist last time?3. In the last 12 months, did your child have discomfort or pain because of a cavity?<ol style="list-style-type: none">3.1 How did you know?
<p>Section 2 – Oral hygiene practices</p> <ol style="list-style-type: none">4. Overall, how would you rate the health of your child’s teeth?5. How often does your child brush their teeth?6. Does your child floss their teeth or use interdental brushes?<ol style="list-style-type: none">6.1 If so, how often?
<p>Section 3 – Fluorides</p> <ol style="list-style-type: none">7. Do you know what fluoride is?<ol style="list-style-type: none">7.1 Do you know if our public water system has fluoride?8. Has your child ever received fluoride treatment from your dentist/pediatrician?<ol style="list-style-type: none">8.1 What fluoride treatment did your child receive? (Check all that apply)9. Do you think fluoride can benefit your teeth?
<p>Section 4 – Dentist and dental health information</p> <ol style="list-style-type: none">10. Where is your dentist located?11. Have you ever had any difficulty finding a dentist in Tompkins County?<ol style="list-style-type: none">11.1 What was the difficulty? (Check all that apply)12. How do you get information about dental health? (Check all that apply)13. Does your child have dental insurance?
<p>Section 5 – Demographics</p> <ol style="list-style-type: none">14. Which of the following best describes your child?15. What is your child’s assigned sex at birth?16. What is your child’s age?17. What grade is your child in?18. Where does your family live?

Pilot Survey

Before sending out the survey to parents a pilot survey was conducted to test the survey structure and questions. It was sent out to all the whole health employees (public health and mental health) via their health department email addresses. We received a total of 34 responses, with participants providing feedback/suggestions that helped us improve the survey tool.

Survey Participants & Distribution

The survey was administered to parents of all children below 18 years of age through the following channels:

1. Public schools in the county
2. Text message to WIC participants
3. Tompkins County's social media and email distribution list
4. Community bulletin

1. For public schools in the county, the Tompkins County school listing was utilized to gather email addresses of school superintendents. A flyer with a QR code and a link to the anonymous survey was sent to superintendents for approval. The flyer included a statement as to the survey's purpose and instructions for parents/caregivers regarding how to access and complete it (Figure 1). Once approved the flyers were distributed to parents via email and paper handouts. They were sent out to the Ithaca city school district and Tompkins Seneca Tioga (TST) BOCES district that includes multiple component school districts such as:

- a. Dryden Central School District
- b. Groton Central School District
- c. Lansing Central School District
- d. Newfield Central School District
- e. Trumansburg Central School District

2. For WIC participants, the survey link was sent out via the WIC text distribution list. Parents were also given an option to call or email us to complete the survey verbally or on paper.

3. The survey was distributed on Tompkins County's social media platforms, such as Facebook and Twitter. Additionally, it was shared via local human services email list-serv and our "Community Announcements" newsletter through GovDelivery.

4. The flyers were printed out and displayed on community bulletins across the county.



Figure 1 – Tompkins County Oral Health Survey Flyer

Data analysis

The data gathered from the survey was analyzed using Microsoft Excel database. Subsequent analysis was performed by the study’s authors with the assistance of Deidre Gallow (Administrative Assistant – Level I).

RESULTS

A total of 645 responses were received, of which 85 were from WIC participants and 560 were from school participants and those who took the survey through our social media and community bulletin postings. The results are summarized based on the sections shown in Table 1.

- The survey represents children from birth to the age of 18. Around 50% of children were in the 5-12 years age group, 33% were in the 13-18 years age group, and a minority of 17% were below 5 years of age (Figure 2).

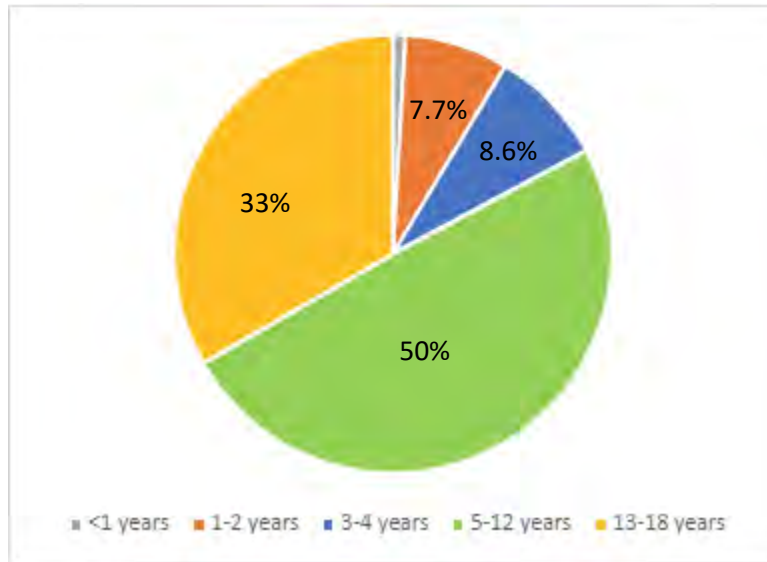


Figure 2 – Age distribution of children in Tompkins County

- Gender representation was nearly equal, with males comprising 49.3% and females 48.6%, as shown in Figure 3. Additionally, 2% of respondents preferred not to answer.

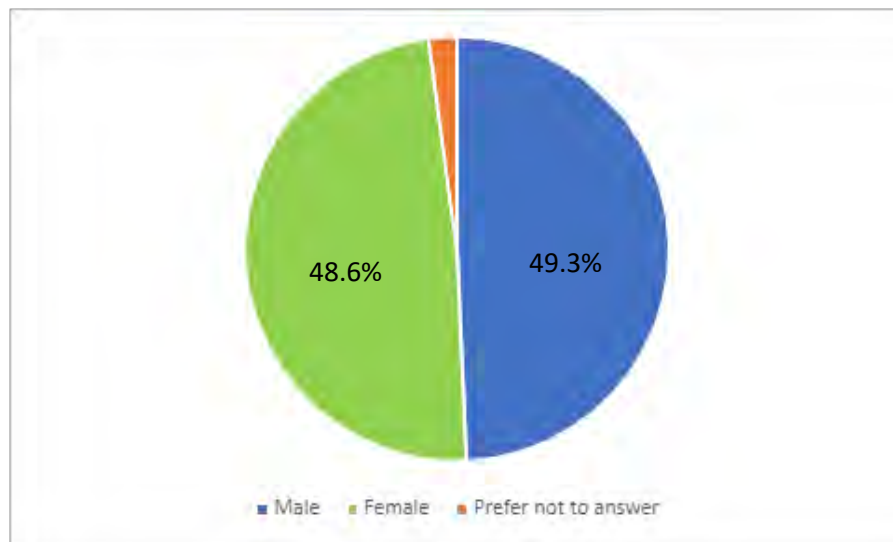


Figure 3 – Gender representation of children in Tompkins County

- Geographically 38.8% were from the town and City of Ithaca, 60.6% from the villages of Dryden, Groton, Trumansburg, Lansing, Danby, Caroline, Enfield, and Newfield, and 0.5% lived outside Tompkins County. Around 82% listed their home in a rural location versus 18% from the City of Ithaca.

SECTION 1 –

Section 1 focuses on children’s dental visits in Tompkins County, detailing their past dental visits and the primary reasons behind them.

- Out of 645 survey responses, 57.8% of children had visited a dentist less than six months ago, while 24.5% had visited within six months to a year ago. About 10.6% reported that their child had never been to a dentist (Table 2).

Table 2 – Percentage of children’s last dental visits

When was the last time your child visited a dentist?	Percent
1 year – 2 years ago	4.5
2 years ago, or more	2.5
6 months – 1 year ago	24.5
Less than 6 months ago	57.8
My child has never been to a dentist	10.6

- The age distribution of children’s last dental visit is shown in Table 3. About 31.8% of children in the 5-12 age group and 22.3% in the 13-18 age group visited the dentist less than 6 months ago.

Table 3 – Percentage of children’s last dental visit, categorized by age group.

Age group	Last dental visit: 1-2 years ago	Last dental visit: 2 years ago, or more	Last dental visit: 6 months – 1 year ago	Last dental visit: Less than 6 months ago	Last dental visit: My child has never been to a dentist.
<1 years	0	0	0.2	0	0.7
1-2 years	0	0	1.3	2.6	3.8
3-4 years	0.7	0	2	3.5	2.4
5-12 years	2.4	0.9	13.3	31.8	1.1
13-18 years	1.8	0.7	7.5	22.3	0.9

- When asked about the main reason for their child's dental visit, 89% said it was for a general dental check-up and about 11% of them answered that it was for other reasons such as broken tooth, discomfort or pain, and treatment of a condition such as dental filling, pit and fissure sealants, and root canals (Figure 4).

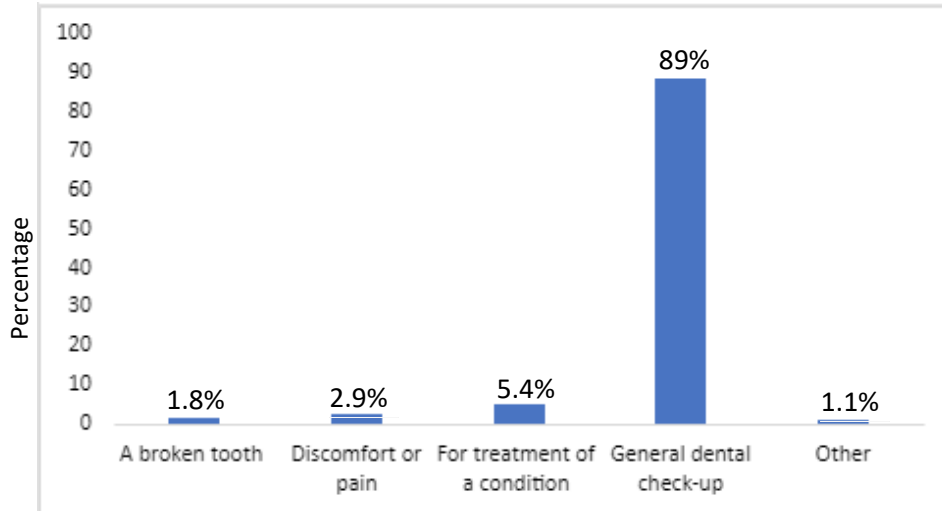


Figure 4 – Reasons for child’s dental visits: breakdown of visit purposes by percentage

- The age distribution of reasons for children’s dental visits is presented in Table 4. Most children visited the dentist for a general check-up, with 47.8% in the 5-12 age group and 32.3% in the 13-18 age group.

Table 4 – Percentage of reasons for children’s dental visits, categorized by age group.

Age group	Reasons for dental visits: Broken teeth	Reasons for dental visits: Discomfort/pain	Reasons for dental visits: Treatment	Reasons for dental visits: General dental check-up	Reasons for dental visits: Other
<1 years	0	0	0	0	0.2
1-2 years	0.2	0	0	3.8	0.2
3-4 years	0.4	0.2	0.2	5.6	0.4
5-12 years	0.8	1.6	0.8	47.8	2.2
13-18 years	0.4	0.8	0.8	32.3	1.2

- Among the 11% of children who visited the dentist for reasons such as broken tooth, discomfort or pain, and treatment of a condition, further analysis of their dental hygiene practices is presented in Tables 5 and 6.

Table 5 – Percentage of reasons for children’s dental visits, broken down by tooth brushing habits.

Reason for children’s dental visits	Frequency of children’s brushing habits: Less than once a day	Frequency of children’s brushing habits: Once a day	Frequency of children’s brushing habits: Twice a day	Frequency of children’s brushing habits: I don’t know
A broken tooth	0	6.8	8.5	0
Discomfort or pain	1.7	11.9	10.2	0
For treatment	1.7	0	16.9	0
Other	1.7	16.9	18.6	3.4

Table 6 – Percentage of reasons for children’s dental visits, broken down by flossing habits.

Reason for children’s dental visits	Does your child floss their teeth? Yes	Does your child floss their teeth? No	Does your child floss their teeth? I don’t know
A broken tooth	6.9	6.9	1.7
Discomfort or pain	12.1	12.1	0
For treatment	10.3	10.3	0
Other	17.2	20.7	1.7

- When asked if their child experienced discomfort or pain due to a cavity in the last 12 months, 87.5% of respondents answered "No," while approximately 9% answered "Yes." (Table 7). Among those who answered yes, 51% mentioned their child complained about the cavity without crying, 23.5% observed a cavity themselves, and about 13.5% were informed by their dentist that the cavity was causing their child's pain (Figure 5).

Table 7 – Percentage of children experiencing discomfort or pain due to a cavity in the last 12 months.

In the last 12 months, did your child have discomfort or pain because of a cavity?	Percent
I don't know	3.5
No	87.5
Yes	8.9

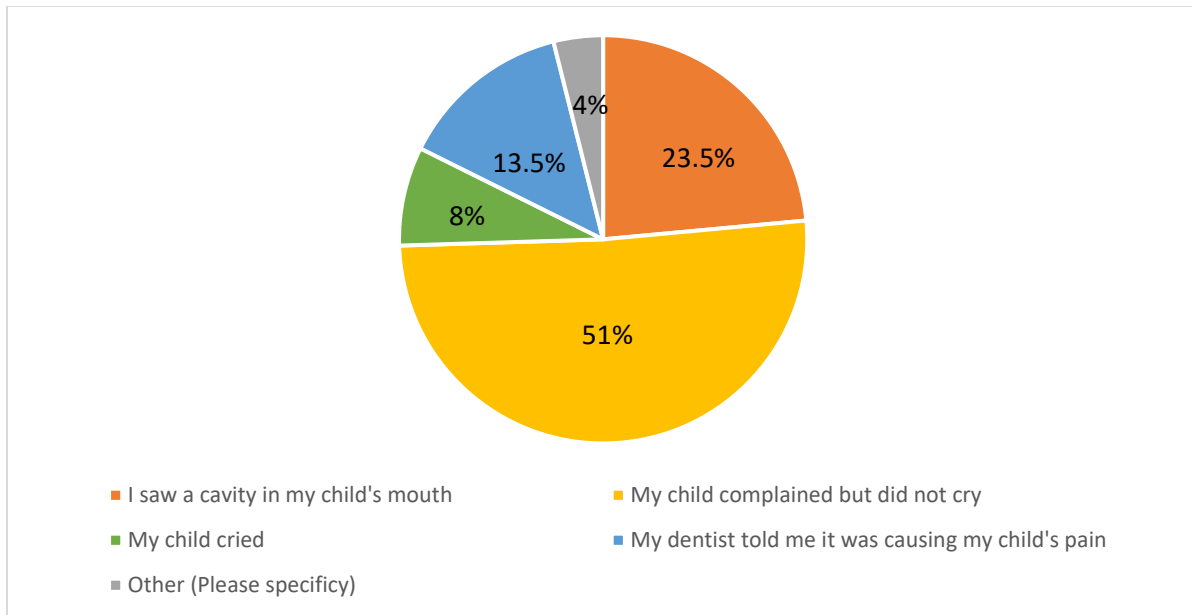


Figure 5 – Percentage of children experiencing discomfort or pain due to a cavity in the last 12 months (Based on 'yes' responses)

- The age distribution of children experiencing discomfort or pain due to a cavity in the last 12 months is shown in Table 8. A total of 43% of children in 5-12 years and 30% of adolescents aged 13-18 years reported no discomfort or pain from cavities. In contrast, 5% of children in the 5-12 age group and 2.6% of those aged 13-18 reported experiencing discomfort or pain due to cavities in the past year.

Table 8 - Percentage of children experiencing discomfort or pain due to a cavity in the last 12 months, by age group.

Age group	Discomfort/pain due to a cavity in the last 12 months: I don't know	Discomfort/pain due to a cavity in the last 12 months: No	Discomfort/pain due to a cavity in the last 12 months: Yes
<1 years	0	0.9	0
1-2 years	0.4	6.8	0.5
3-4 years	0.2	7.5	0.9
5-12 years	1.5	43	5
13-18 years	0.9	29.8	2.6

- For children experiencing discomfort or pain from a cavity in the last 12 months, the results were further analyzed by the length of time since their last dental visit (see Table 9) and by the fluoride treatments received from a dentist or pediatrician (see Table 10). The data in table 9 indicate that 53% of children who did not experience discomfort or pain due to a cavity in the last 12 months visited a dentist less than six months ago, while approximately 21% had their last visit between six months and one year ago. Additionally, Table 10 shows that 73% of children without discomfort or pain from a cavity in the last 12 months had received fluoride treatments from a dentist or pediatrician.

Table 9 – Percentage of children experiencing discomfort/pain due to a cavity in the last 12 months, by length of time since last dental visit.

Length of time since last dental visit	Discomfort/pain due to a cavity in the last 12 months: I don't know	Discomfort/pain due to a cavity in the last 12 months: No	Discomfort/pain due to a cavity in the last 12 months: Yes
1 year – 2 years ago	0.7	3.7	0.2
2 years ago, or more	0.7	1.3	0.3
6 months – 1 year ago	0.5	21	3.3
Less than 6 months ago	0.8	53	4.7
My child has never been to a dentist	1	8.5	0.5

Table 10 – Percentage of children experiencing discomfort/pain due to a cavity in the last 12 months, by fluoride treatments received from dentist/pediatrician.

In the last 12 months, did your child have discomfort or pain because of a cavity?	Fluoride treatment received: No	Fluoride treatment received: Not sure	Fluoride treatment received: Yes
No	11.6	3.4	73.1
Yes	0.8	0.8	6.9
I don't know	0.5	0.7	2.2

SECTION 2 –

Section 2 delves into children’s oral hygiene assessments and practices, specifically exploring their brushing and flossing habits.

- In terms of parental assessments of their children’s overall oral health, nearly 37% rated it as very good, 26% as good, and 23% as excellent. A small minority, 9%, considered it fair, with an additional 3% rating it as poor (Table 11).

Table 11 – Percentage of parental assessments on their children’s oral health status

Overall, how would you rate the health of your child’s teeth?	Percent
Excellent	23.1
Very good	36.7
Good	26.1
Fair	9.2
Poor	3.1
I am not sure	1.6

- About 22.7% of parents who rated their child's oral health as excellent, 35% as very good, and 22.7% as good reported that their child experienced no discomfort or pain due to a cavity in the past year. However, a small portion of the population reported experiencing discomfort or pain: 3.1% of parents who rated their child’s oral health as good, 1.1% as very good, and 3.6% as fair or poor (Table 12).

Table 12 – Percentage of parental assessments on their children’s oral health status, by discomfort/pain due to a cavity in the last 12 months.

Overall, how would you rate the health of your child’s teeth?	Discomfort/pain due to a cavity in the last 12 months: I don’t know	Discomfort/pain due to a cavity in the last 12 months: No	Discomfort/pain due to a cavity in the last 12 months: Yes
Excellent	0.2	22.7	0.3
Very good	0.7	35	1.1
Good	0.3	22.7	3.1
Fair	1.1	5.3	2.8
Poor	1	1.3	0.8
I am not sure	0.3	1.1	0.2

- Of a total of 606 responses collected, nearly 59% indicated that the parent/caregiver or child brush their teeth twice a day. About 32% reported brushing once a day, while only 6% reported brushing less than once a day (Figure 6).

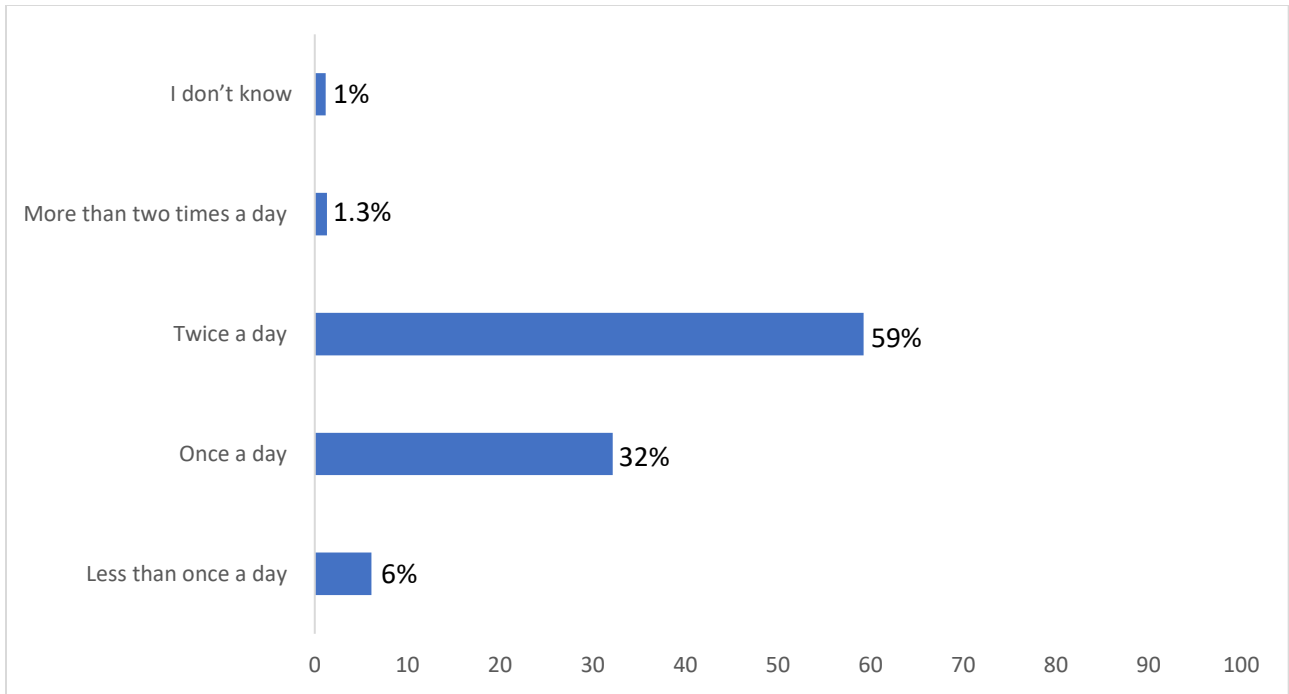


Figure 6 – Percentage of children’s brushing habits frequency

- When tooth brushing frequency was analyzed by age group (Table 13), 32% of children in the 5-12 age group and 20% in the 13-18 age group brushed their teeth twice a day. While brushing twice a day is the recommended practice, 14.6% of children in the 5-12 age group and 10.2% in the 13-18 age group brushed their teeth once a day.

Table 13 – Percentage of children’s tooth brushing frequency, by age group

Age group	Frequency of children’s brushing habits: More than two times a day	Frequency of children’s brushing habits: Twice a day	Frequency of children’s brushing habits: Once a day	Frequency of children’s brushing habits: Less than once a day	Frequency of children’s brushing habits: I don’t know
<1 years	0	0.4	0	0.4	0.2
1-2 years	0.5	2.7	4.2	0.2	0
3-4 years	0.2	4.8	2.9	0.7	0
5-12 years	0.4	32	14.6	2.2	0.4
13-18 years	0.2	20.3	10.2	2.2	0.4

- A total of 49.5% of respondents answered “No” when asked if their children floss or use interdental brushes, while around 46.5% answered “Yes” (Figure 7). Among those who answered “Yes”, 48% do so daily, close to 20% floss weekly, around 17% floss every other day, and 11.5% do not floss very often.

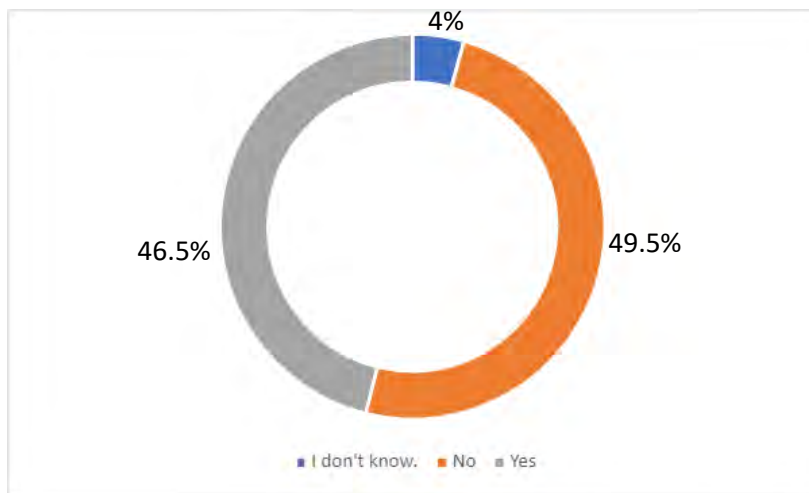


Figure 7 – Percentage of children using floss/interdental brushes

- Flossing habits by age group (Table 14) show that 24.2% of children in the 5-12 age group and 11% in the 13-18 age group did not floss. In contrast, 24.5% of children in the 5-12 age group and 19% in the 13-18 age group reported flossing. Additionally, 6.6% and 6.8% of children who belong to 1-2 and 3-4 age group respectively did not floss their teeth.

Table 14 – Percentage of children’s tooth flossing frequency, by age group

Age group	Does your child floss their teeth? Yes	Does your child floss their teeth? No	Does your child floss their teeth? I don’t know
<1 years	0	0.9	0
1-2 years	1.1	6.6	0
3-4 years	1.8	6.8	0
5-12 years	24.5	24.2	0.9
13-18 years	19	11	3.1

SECTION 3 -

Section 3 of the survey focuses on the community's awareness and perceptions regarding fluorides and their oral health benefits.

- When asked if they know what fluoride is, 96% of respondents answered “Yes”, while 4% responded with either “Not sure” or “No” (Table 15).

Table 15 – Percentage of respondents’ awareness about fluoride

Do you know what fluoride is?	Percent
Yes	96
Not sure	1.5
No	2.3

- A total of 80% of respondents answered “Yes” when asked if they think fluoride benefits their teeth, while 4.3% answered “No”, and 15.7% were “Not sure” (Figure 8).

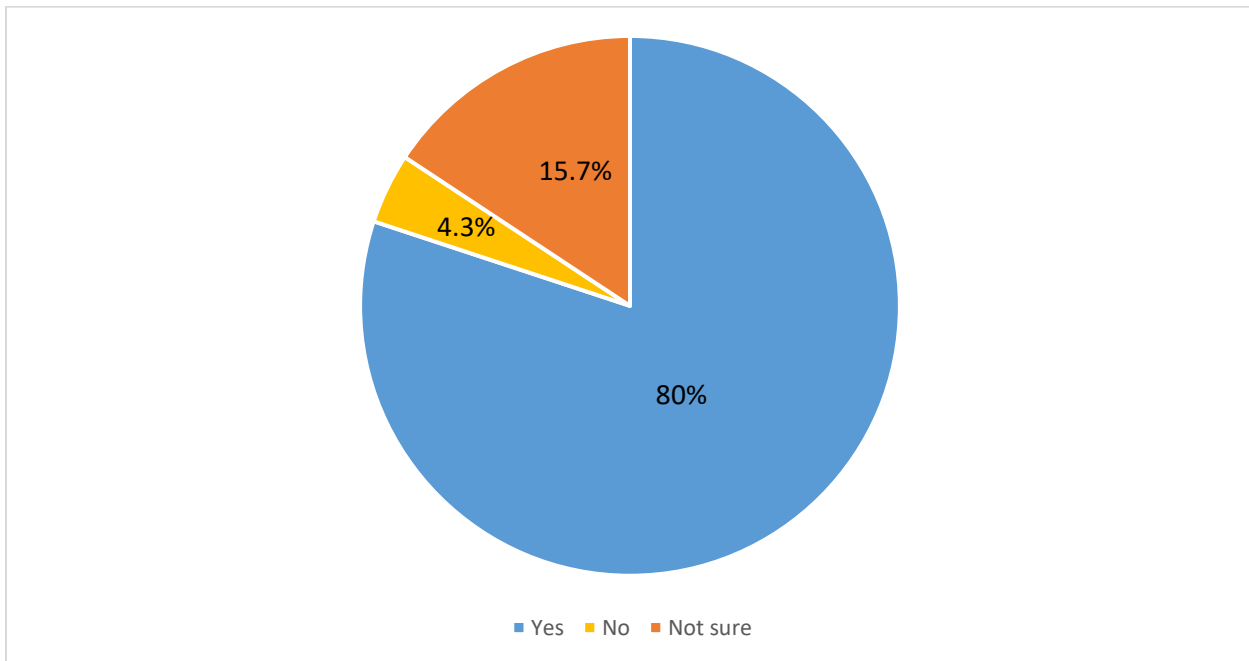


Figure 8 – Percentage of respondents’ beliefs about fluoride benefits

- When asked if their child ever received fluoride treatment from a dentist/pediatrician, 82% answered “Yes”, 13% answered “No”, and 5% answered “Not sure” (Figure 9).

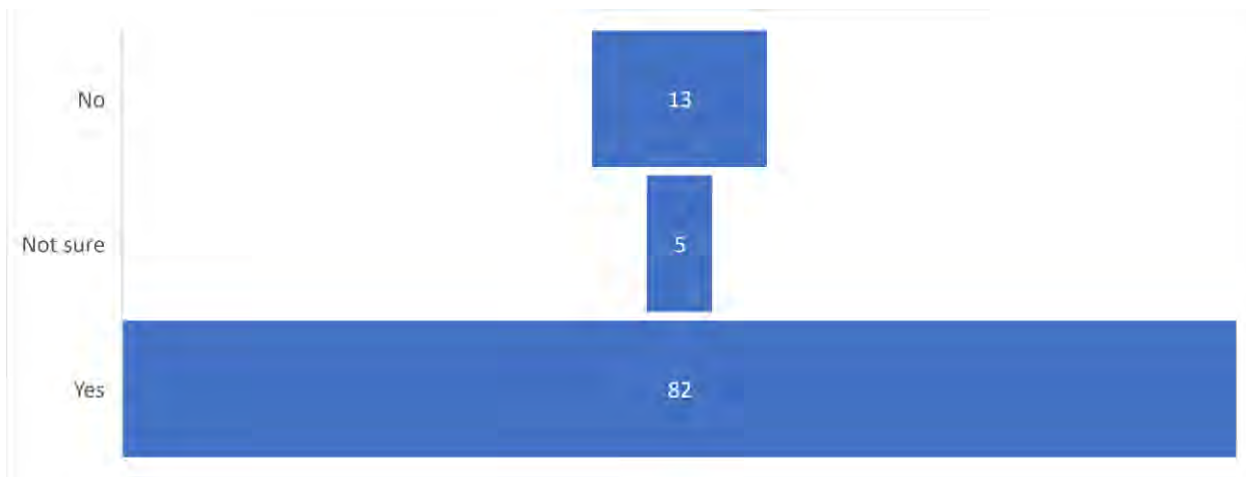


Figure 9 – Percentage of children receiving fluoride treatments

- Of the 13% that answered “No”, 3.9% visited the dentist 1-2 years ago, 5.2% visited the dentist 2 or more years ago, 23.4% visited 6 months-1 year ago, 28.6% visited less than 6 months ago, and 39% of children had never been to a dentist (Table 16).

Table 16 – Percentage of children who did not receive fluoride treatments, based on the time since their last dental visit.

Length of time since last dental visit	Fluoride treatment received: No
1 year – 2 years ago	3.9
2 years ago, or more	5.2
6 months – 1 year ago	23.4
Less than 6 months ago	28.6
My child has never been to a dentist	39

- Regarding their source of water at home, 43% of respondents indicated that the water they consume does not originate from a public water system. The remaining respondents (57%) were asked if they know whether their public water system is fluoridated. Of those respondents only 38.6% indicated they know that their public water is not fluoridated. 37.5% were not sure and 23.9% did not know for a total of 61% of those on public water being in the dark about their water status regarding fluoride (Figure 10).

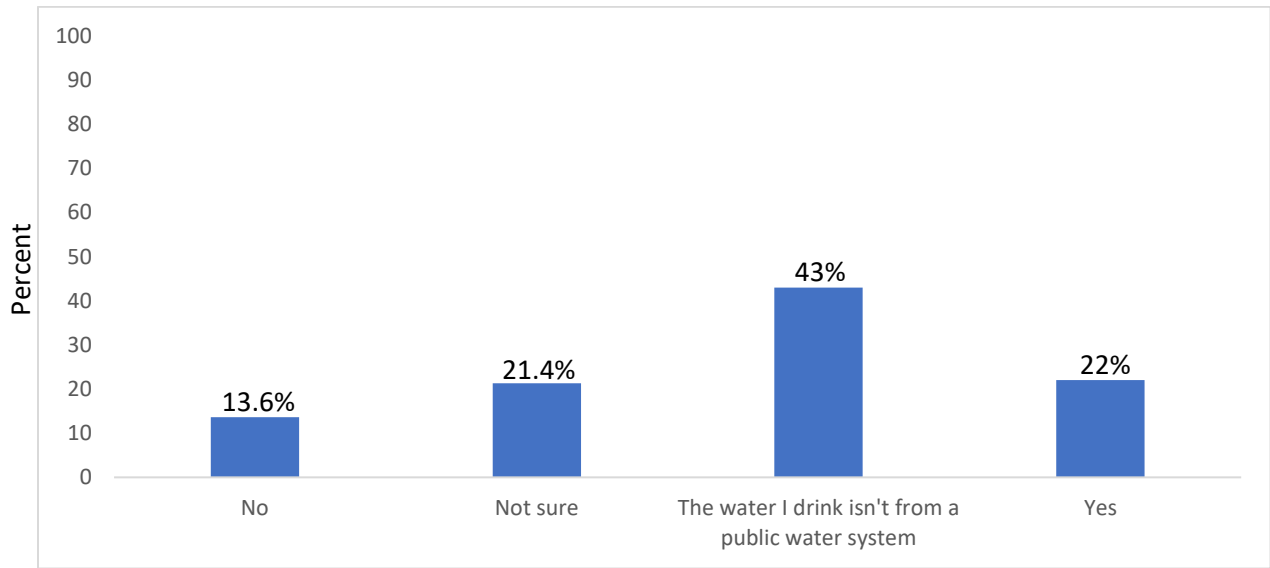


Figure 10 – Percentage of respondents' awareness of fluorides in public water system

SECTION 4 -

Section 4 of the survey details aspects of dental care, specifically focusing on the geographic locations where respondents take their children for dental visits and their children's dental insurance coverage.

- In terms of children's dental visits by location, 52% of respondents stated they go to dentists in Tompkins County, while 43% travel outside the county (Figure 11).

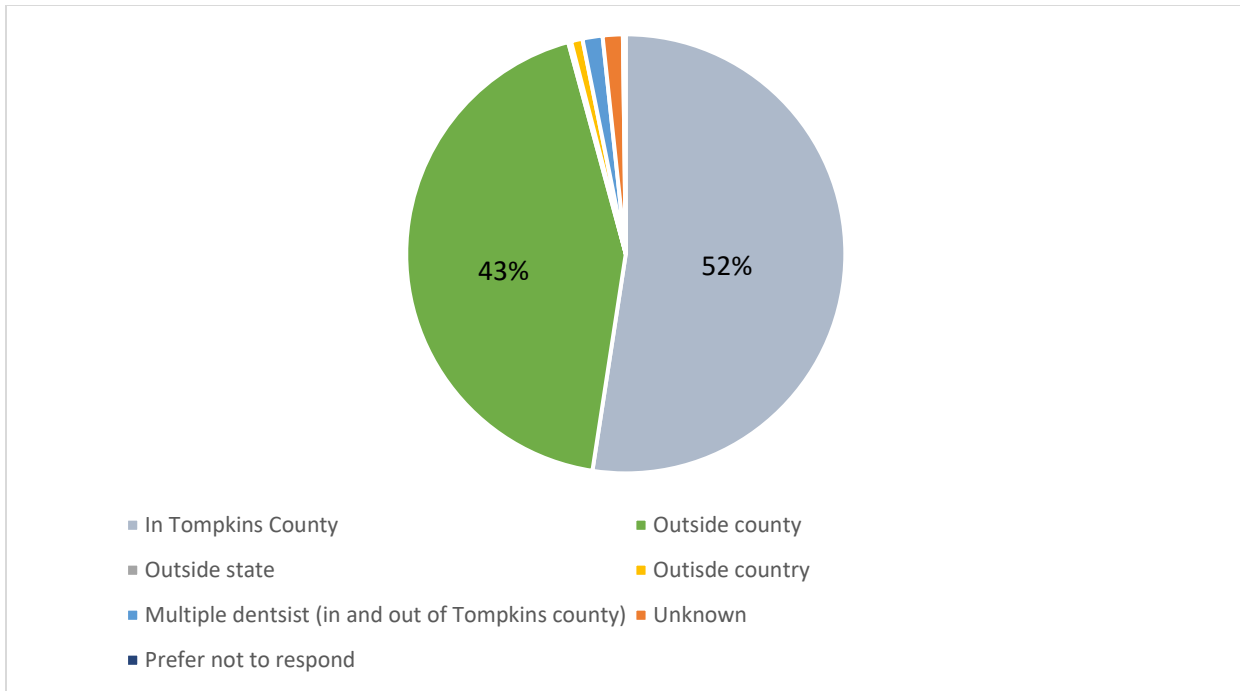


Figure 11 – Percentage of children’s dental visits by location

- Among the 43% that go out of county, 78.5% visit dentists in Broome County (67% of them visit Dinosaur Dental), 14.3% in Cortland County, and about 7% in counties such as Chemung, Cabarrus, Rockland, Seneca, Steuben, Schuyler, and Monroe (Figure 12).

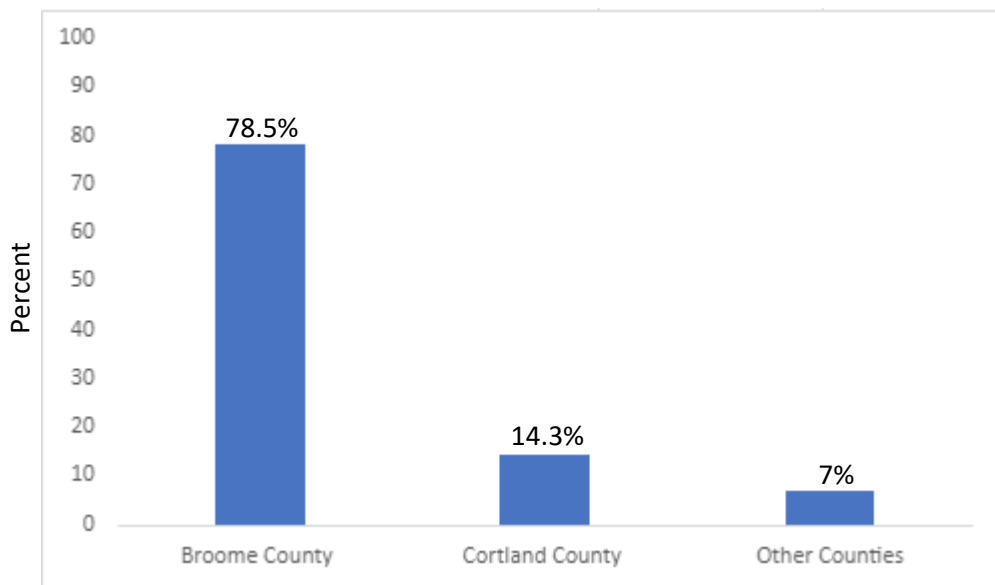


Figure 12 – Percentage of children who visit a dentist outside Tompkins County

- When asked if they had any difficulties finding a dentist in Tompkins County, 55% of the residents answered “Yes”, while 41% answered “No”, and 4% stated that they were never in need a dentist (Figure 13).

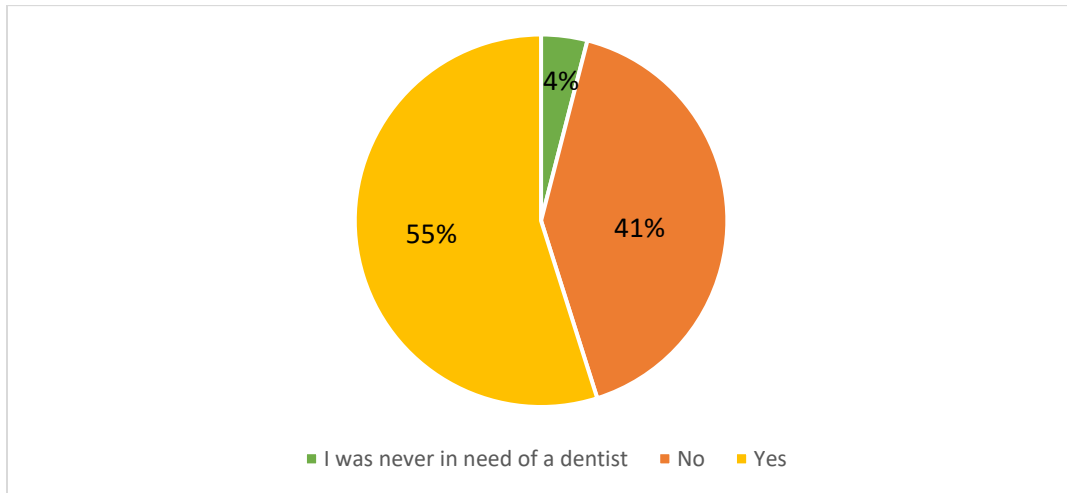


Figure 13 – Percentage of children reporting difficulty in finding a dentist

- Table 17 shows that the largest percentage of children who experienced difficulty finding a dentist were in the 5-12 age group (27.8%), followed by the 13-18 age group (13.6%), the 3-4 age group (6.6%), and the 1-2 age group (5.9%).

Table 17 – Percentage of children experiencing difficulties finding a dentist in Tompkins County, by age group.

Age group	Difficulty finding a dentist: Yes	Difficulty finding a dentist: No	Difficulty finding a dentist: I was never in need of a dentist
<1 years	0.4	0.2	0.4
1-2 years	5.9	1.5	0.4
3-4 years	6.6	1.5	0.5
5-12 years	27.8	20.3	1.5
13-18 years	13.6	18.5	1.1

- When asked what the difficulty was, 40.3% stated that they struggled to find a dentist who accepted their child's insurance, 36% had difficulty finding a pediatric dentist, and 10.7% found it challenging to obtain reliable information about dentists in Tompkins County.

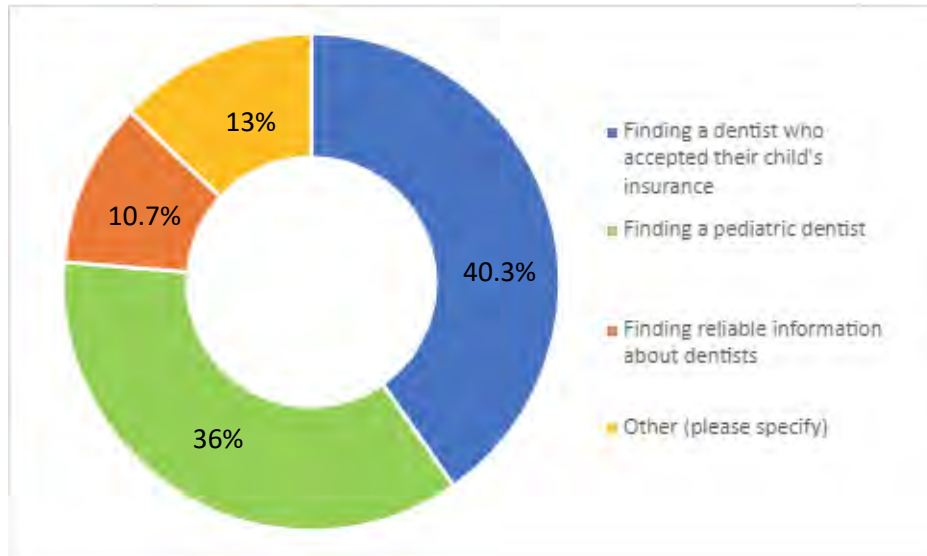


Figure 14 – Percentage of reasons for children experiencing difficulties finding a dentist in Tompkins County

- Regarding their child's dental insurance, 54% of respondents reported having private insurance, 23.5% had Medicaid, 13% had Child Health Plus (CHP) insurance, and 8% reported not having dental insurance (Figure 15).

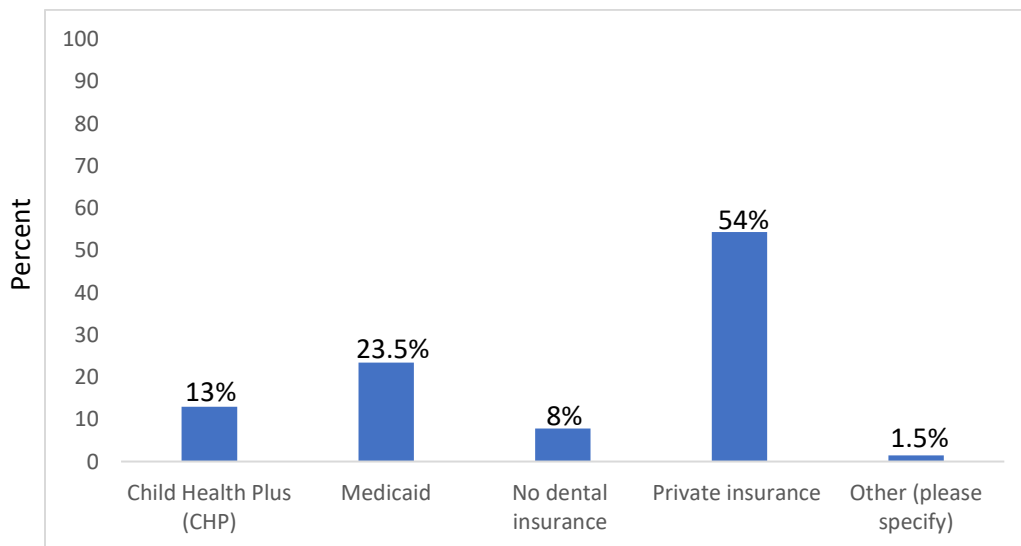


Figure 15 – Percentage of children with dental insurance

- Table 18 shows that half of the children over 5 years old have private dental insurance, with 30.3% in the 5-12 age group and 20% in the 13-18 age group having coverage.

Table 18 – Percentage of children with dental insurance, by age group

Age group	Child Health Plus	Medicaid	No dental insurance	Private insurance	Other
<1 years	0	0.7	0	0.2	0
1-2 years	1.1	4.8	0.7	0.9	0.2
3-4 years	0.7	4.8	0.4	2.8	0
5-12 years	7.2	7.9	3.9	30.3	0.6
13-18 years	4.4	5.1	2.8	20	0.7

- Data further analyzed by the length of time since the last dental visit is shown in Table 19. Approximately 41.7% of children with private dental insurance visited a dentist within the last 6 months, while 9.9% had visited between 6 months and 1 year ago. Among children with Medicaid, 7.3% visited the dentist 6 months to 1 year ago, 6.6% visited less than 6 months ago, and 6.6% had never been to a dentist.

Table 19 – Percentage of children with dental insurance by length of time since last dental visit.

Last time since last dental visit	Child Health Plus	Medicaid	No dental insurance	Private insurance	Other
1 year – 2 years ago	0.9	2.5	0.5	0.7	0.2
2 years ago, or more	0	0.5	0.7	0.9	0
6 months – 1 year ago	3.9	7.3	2.5	9.9	0.5
Less than 6 months ago	8	6.6	3	41.7	0.5
My child has never been to a dentist	0.2	6.6	1.1	1.1	0.2

DISCUSSION

The survey findings revealed several aspects of children’s oral health. These include the frequency of past dental visits, parental evaluations of their children's overall oral health, oral hygiene practices, fluoride treatments, beliefs about the benefits of fluoride, and dental care disparities in Tompkins County.

Approximately 57.8% of children had visited a dentist in the last six months, indicating a relatively good level of access to dental care and regular check-ups. The 24.5% of children who visited a dentist between six months and a year ago suggest a moderate level of dental care access. Of particular concern is the 10.6% of children who reported never visiting a dentist. Among the 10.6%, 0.7% are in less than 1 year age group, 3.8% are in the 1-2 age group, 2.4% in the 3-4 age group, 1.1% in the 5-12 age group, and 0.9% in the 13-18 age group. This suggests that some children may not have visited a dentist due to a lack of awareness about the importance of early dental visits, or possibly due to a shortage of pediatric dentists in the area.

The parental assessments of their children's overall oral health show a generally positive outlook. Nearly 37% of parents rated their children's oral health as "very good," while 26% rated it as "good" and 23% as "excellent." This indicates that a majority (86%) of parents perceive their children's oral health positively. A smaller proportion of parents rated their children's oral health as "fair" (9%) or "poor" (3%). This highlights a minority of children who may be experiencing dental issues or inadequate care, which warrants further attention and support. This could indicate a need for targeted interventions or education for families who may struggle with maintaining optimal oral health for their children.

The data on tooth brushing habits among all respondents reflects a generally positive trend in oral hygiene practices. Nearly 60% of parents or caregivers reported that their children brush their teeth twice a day. This aligns with dental health guidelines that recommend brushing at least twice daily to maintain good oral health. About 32% of respondents indicated that they brush once a day. Only 6% reported brushing less than once a day. This is a small minority, but it still raises concerns as infrequent brushing can lead to plaque buildup and other oral health problems.

Regarding flossing habits, 46.5% of respondents reported that their children floss, while half of the respondents indicated that their children do not floss. This raises concern, as the American Dental Association (ADA) recommends flossing once a day to help prevent gum disease, tooth decay, bad breath, and other oral health issues.

The data regarding fluoride treatments indicates a strong prevalence of awareness and use among respondents, with 82% confirming that their child has received fluoride treatments. This suggests that a significant majority of parents recognize the importance of fluoride in preventing dental issues and are proactive in seeking this preventive care for their children. Conversely, 13% of respondents reported that their child has not received fluoride treatments, which may point to gaps in access, awareness, or understanding of the benefits of fluoride. The 5% who are unsure further emphasizes the need for improved education around fluoride treatments and their role in oral health. Overall, the high percentage of children receiving fluoride treatments is encouraging, but the remaining percentages indicate that there are still families who may not be fully aware of this important preventive measure. Efforts to increase awareness and access to fluoride treatments could help further improve oral health outcomes for children in the community.

The responses regarding beliefs in the benefits of fluoride indicate a strong general support for its use. With 80% of respondents believing in the benefits of fluoride, there is a significant majority who recognize its importance in preventing tooth decay and promoting oral health. This suggests that awareness of fluoride's benefits is high among the surveyed population. Only 4% of respondents answered "No," indicating that very few individuals do not support the idea of fluoride's benefits. The 16% of respondents who were "Not sure" reflects a minority that may require additional education or information about fluoride. This uncertainty could stem from misinformation or lack of knowledge about its effects.

The findings also reveal dental care access disparities in Tompkins County. The data highlights significant access issues for families seeking dental care for their children. While 52% of respondents visit dentists within Tompkins County, a notable 43% travel outside the county. Among those who seek dental care outside of Tompkins County, 78% visit dentists in Broome County, with a majority (67%) going to Dinosaur Dental.

Regarding difficulties finding a dentist in the county, 55% of Tompkins County residents reported difficulties, while 41% reported no issues. Among those who reported difficulties finding a dentist, 40% struggled to find a dentist who accepted their child's insurance, 36% had difficulty finding a pediatric dentist, and 10% found it challenging to obtain reliable information about dentists in Tompkins County. Overall, these findings underscore the need for improved access to pediatric dental services in Tompkins County, particularly in terms of expanding the number of dentists accepting various insurance plans, enhancing the availability of pediatric dentists, and improving dissemination of information about dental services to better support families in accessing essential oral health care for their children. Addressing these barriers could help reduce the necessity for families to travel outside the county for their children's dental care.

LIMITATIONS

The survey has several limitations. First, the survey was initially distributed to public schools in Tompkins County and was shared with WIC participants and promoted through social media and community bulletins only later in the survey timeline, potentially limiting the reach and response rate. Second, the survey was available only in English, which may have created barriers for parents whose first language is not English. Furthermore, we did not include questions about fluoride treatments administered at home, such as fluoride tablets or liquids, nor did we provide an option for "no treatments given." This oversight limits our ability to fully assess attitudes and practices related to fluoride use. Lastly, the survey focused on capturing the oral health knowledge, attitudes, and practices from the perspective of parents or caregivers, which may not accurately reflect the child's perspective.

REFERENCES

ORAL HEALTH SURVEY

Tompkins County Whole Health is currently assessing and evaluating the oral health status of children in the county. The survey is about you and your child's oral health practices and knowledge. The survey is anonymous and will take 5–10 minutes to complete. Your responses will help us evaluate ways to address dental care gaps and improve the dental health outcomes of children in Tompkins County. Thank you in advance!

If you have more than one child within the specified age groups (0-5 years age group or Pre-K through 12th grade), please fill out one survey for each child

Dental visit

1. When was the **last time** your child visited a dentist?

- a. Less than 6 months ago
- b. 6 months – 1 year ago
- c. 1 year – 2 years ago
- d. 2 years ago, or more
- e. My child has never been to a dentist. **(SKIP to 1.1)**

1.1 Your child has never been to a dentist because.... (Check all that apply) **(SKIP TO 3)**

- a. Expensive treatment
- b. Fear of a dentist
- c. Trouble finding a dentist
- d. Dental office is too far
- e. Dental office is not open at convenient times.
- f. Trouble finding a dentist who accepts my insurance
- g. My child does not have a dental insurance
- h. No need for dental care
- i. Other _____

2. What was the **main reason** your child went to the dentist last time?

- a. General dental check-up
- b. Discomfort or pain
- c. Swollen or bleeding gums
- d. A broken tooth
- e. Ulcers in the mouth
- f. For treatment of a condition. **Name of the treatment** _____
- g. Other _____

3. In the last 12 months, did your child have discomfort or pain because of a **cavity**?

- a. Yes **(SKIP to 3.1)**
- b. No
- c. I don't know.

3.1 How did you know?

- a. My child cried.
- b. My child complained but did not cry.
- c. I saw a cavity in my child's mouth.
- d. My dentist told me it was causing my child's pain.
- e. I don't know.
- f. Other _____

Oral hygiene practices

4. Overall, how would you rate the health of your child's teeth?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor
- f. I am not sure.

5. How often does your child brush their teeth?

- a. Less than once a day
- b. Once a day
- c. Twice a day
- d. More than two times a day
- e. I don't know.

6. Does your child floss their teeth or use interdental brushes?

- a. Yes (**SKIP to 6.1**)
- b. No
- c. I don't know.

6.1 If so, how often?

- a. Daily
- b. Every other day
- c. Weekly
- d. Not very often
- e. I don't know.

Fluorides

7. Do you know what fluoride is?

- a. Yes (**SKIP to 7.1**)
- b. No
- c. Not sure

7.1 Do you know if our public water system has fluoride?

- a. Yes
- b. No
- c. Not sure
- d. The water I drink isn't from a public water system

8. Has your child ever received fluoride treatment from your dentist/pediatrician?

- a. Yes **(SKIP to 8.1)**
- b. No
- c. Not sure

8.1 What fluoride treatment did your child receive? (Check all that apply)

- a. Fluoride varnish
- b. Fluoride gel
- c. Fluoride drops
- d. Fluoride tablets
- e. Not sure

9. Do you think fluoride can benefit your teeth?

- a. Yes
- b. No
- c. Not sure

Dentist & Dental health information

10. Where is your dentist located? **Dental clinic name (for every option chosen) - _____**

- a. Ithaca
- b. Lansing
- c. Dryden
- d. Groton
- e. Freeville
- f. Trumansburg
- g. School-based clinic _____
- h. Out of county _____
- i. My child does not have a dentist

11. Have you ever had any difficulty finding a dentist in Tompkins County?

- a. Yes **(SKIP to 11.1)**
- b. No
- c. I was never in need of a dentist.

11.1 What was the difficulty? (Check all that apply)

- a. Finding a pediatric dentist
- b. Finding reliable information about dentists in Tompkins County.
- c. Finding a dentist who takes my child's insurance
- d. Other, specify _____

12. How do you get information about dental health? (Check all that apply)

- a. Television
- b. Friends or family members
- c. Dentist/pediatrician/ health care provider
- d. YouTube
- e. Health information website
- f. Lifestyle website
- g. Podcast
- h. Instagram or Facebook
- i. TikTok
- j. A social media influencer
- k. Other, specify _____

13. Does your child have dental insurance?

- a. Medicaid
- b. Child Health Plus (CHP)
- c. Private insurance. **Name of the insurance** _____
- d. No dental insurance
- e. Other _____

Demographics

14. Which of the following best describes your child?

- a. Hispanic/Latino
- b. Non-Hispanic White
- c. Non-Hispanic Black
- d. Non-Hispanic Asian
- e. American Indian or Alaska Native
- f. Other _____
- g. Prefer not to answer

15. What is your child's assigned sex at birth?

- a. Male
- b. Female
- c. Prefer not to answer

16. What is your child's age?

17. What grade is your child in?

18. Where does your family live?

- a. Cayuga Heights
- b. City of Ithaca

- c. Danby
- d. Dryden
- f. Enfield
- g. Groton
- h. Lansing
- i. Newfield
- j. Slaterville Springs/Town of Caroline
- k. Town of Ithaca
- l. Trumansburg/Town of Ulysses

APPENDIX

- [Medical Director](#)
 - [Commissioner](#)
 - [Community Health Services](#)
 - [Health Promotion Program](#)
 - [Children with Special Care Needs](#)
 - [Environmental Health](#)
 - [New Business](#)
-

Medical Director's Report

Homelessness, "Homelessness is not happening despite prosperity: it's happening because of prosperity" [from the podcast "The Outsiders"]

1. Progressive income discrepancy,
2. Early 80s recession with highest unemployment since the Great Recession,
3. Release of inmates from mental health facilities, without adequate aftercare in the late 1970s going into the 1980s
4. Continued economic stressors, coupled with recessions since the 1970's
5. Gentrification which removed housing that was affordable (including flop houses. Flop houses were an unofficial safety net for people attending to fall into potential homelessness or trying to get out of it. There was no security deposit or background check required, and it was "one of the last places that a disability check could cover the rent" (e.g. think of Social Security disability).
6. Exploding home prices, not only in major cities but in other locations.
7. Disappearance of some safety net programs

What is the factor(s) that correlate with rising homelessness? Why rising homelessness when the economy is doing better and currently substance addiction has flattened a bit and other factors don't seem to be indicative of a worsening problem? The answer from Washington state is rising rent. Rising rent is supported by limited housing.

"Homelessness is not happening despite prosperity: it's happening because of prosperity" in Seattle for every 5% rise in rates for rent the homeless population increases by 250 people (per the Outsiders podcast)

Flop houses have nearly disappeared in Seattle and Tacoma edged out by rising property values for apartments that can be far more lucrative to build. Flop houses were an unofficial safety net for people

tending to fall into potential homelessness or trying to get out of it. There was no security deposit or background check required, and it was one of the last places that a disability check could cover the rent (e.g., think of Social Security disability).

The 40-year story of the bursting fourth of homelessness from what it used to be is one of the disappearances of places where people with disabilities, mental health issues, or poverty could go in the past. They might have been terrible, but they were inside; now they have disappeared by and large.

The 9th federal district court (2018), the ninth for the West Coast of the US decided that police could not cite a person sleeping in a public place unless the community had a place that they could go to. That is, sleeping in public was not punishable if it was your condition that forced you to do it rather than just your behavior.

The court said that the government cannot criminalize homeless people for sleeping outdoors when they have no choice in the matter. The court also said that municipalities cannot criminalize this behavior when there's no practical sleeping space available in any shelter.

However, The Supreme Court ruled on June 28, 2024, that cities can enforce bans on homeless people sleeping outdoors in West Coast areas where shelter space is lacking. The court ruled that such laws don't amount to cruel and unusual punishment.

“Advocates [for the homeless] say today’s [Supreme Court] decision won’t change the core problem behind rising homelessness: a severe housing shortage, and rents that have become unaffordable for a record half of all tenants. The only real solution, they say, is to create lots more housing people can afford – and that will take years.”

Background:

- [One court case changed how West Coast cities deal with homeless encampments](#) (The Seattle Times, Oct 15, 2023)
- [The Supreme Court says cities can punish people for sleeping in public places](#) (NPR, June 28, 2024)

In my opinion, the Supreme Court decision reduces the pressure on communities/states/ and the federal government to increase supports for affordable housing and by doing so helps to perpetuate the problem. In his book [Shaping a City](#) (Cornell Press), Mack Travis points out the delicate chemistry required to bring together all the constituent elements that make a housing project which includes affordable housing units commercially possible. Community underwriting is one of them. Charging and jailing individuals is expensive and ineffective if the individual does not have a choice of where to go.

Community Health Services

WIC CASELOAD DATA FFY 2025

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	AVG
Target Caseload	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	1320	
Participation	1123	1099	1135										1119
% Caseload Served	85.1%	83.3%	86.0%										84.8%
% Change Per Month	0.00%	-1.82%	2.73%										0.45%
Enrolled	1189	1171	1181										1180
Participation/ Enrollment	94.4%	93.9%	96.1%										94.8%

NYSDOH COMMUNICABLE DISEASE REPORTS

See following pages.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02DEC24
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=November

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	13	154.4	11	130.6	5	59.4	10	118.7	9	106.9
BABESIOSIS**	1	11.9	0	0.0	1	11.9	3	35.6	1	11.9
CAMPYLOBACTERIOSIS**	6	71.2	2	23.7	1	11.9	5	59.4	3	35.6
COVID-19	36	427.5	156	1852.4	418	4963.5	724	8597.0	433	5141.6
CRYPTOSPORIDIOSIS**	0	0.0	1	11.9	2	23.7	1	11.9	1	11.9
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
GIARDIASIS	0	0.0	2	23.7	1	11.9	2	23.7	2	23.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	5	59.4	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE**	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
HEPATITIS C,CHRONIC**	5	59.4	0	0.0	0	0.0	7	83.1	2	23.7
HEPATITIS C,PERINATAL	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
INFLUENZA A, LAB CONFIRMED	10	118.7	12	142.5	369	4381.6	197	2339.3	193	2291.8
INFLUENZA B, LAB CONFIRMED	2	23.7	9	106.9	2	23.7	1	11.9	4	47.5
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	1	11.9	0	0.0
LYME DISEASE** ****	52	617.5	19	225.6	13	154.4	4	47.5	12	142.5
MALARIA	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
PERTUSSIS**	2	23.7	0	0.0	0	0.0	0	0.0	0	0.0
Q FEVER**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
RESPIRATORY SYNCYTIAL VIRUS	3	35.6	0	0.0	0	0.0	0	0.0	0	0.0
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
SALMONELLOSIS**	2	23.7	0	0.0	0	0.0	2	23.7	1	11.9
SHIGELLOSIS**	0	0.0	1	11.9	0	0.0	1	11.9	1	11.9
STREP,GROUP A INVASIVE	0	0.0	1	11.9	1	11.9	1	11.9	1	11.9
STREP,GROUP B INVASIVE	0	0.0	0	0.0	0	0.0	6	71.2	2	23.7
STREP PNEUMONIAE,INVASIVE**	0	0.0	1	11.9	1	11.9	0	0.0	1	11.9
SYPHILIS TOTAL.....	2	23.7	3	35.6	4	47.5	1	11.9	3	35.6
- P&S SYPHILIS	0	0.0	0	0.0	2	23.7	1	11.9	1	11.9
- EARLY LATENT**	0	0.0	2	23.7	2	23.7	0	0.0	1	11.9
- LATE LATENT**	2	23.7	1	11.9	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	9	106.9	17	201.9	11	130.6	8	95.0	12	142.5
- GONORRHEA	9	106.9	17	201.9	11	130.6	8	95.0	12	142.5
CHLAMYDIA	35	415.6	27	320.6	16	190.0	35	415.6	26	308.7

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02DEC24
 Through November
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
ANAPLASMOSIS**	102	110.1	116	125.2	66	71.2	86	92.8	89	96.1
BABESIOSIS**	28	30.2	34	36.7	11	11.9	20	21.6	22	23.7
BLASTOMYCOSIS	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	35	37.8	26	28.1	28	30.2	19	20.5	24	25.9
CHIKUNGUNYA**	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
COVID-19	1483	1600.9	2756	2975.1	16048	17324	9626	10391	9477	10230
CRYPTOSPORIDIOSIS**	8	8.6	7	7.6	11	11.9	14	15.1	11	11.9
CYCLOSPORA	4	4.3	0	0.0	0	0.0	0	0.0	0	0.0
DENGUE FEVER**	6	6.5	0	0.0	1	1.1	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	3	3.2	4	4.3	3	3.2	6	6.5	4	4.3
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	1	1.1	1	1.1	0	0.0	1	1.1
ENCEPHALITIS, ARBO**	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	1.1	0	0.0
GIARDIASIS	16	17.3	14	15.1	13	14.0	15	16.2	14	15.1
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	3.2	1	1.1	4	4.3	0	0.0	2	2.2
HEPATITIS A	0	0.0	0	0.0	1	1.1	7	7.6	3	3.2
HEPATITIS B, ACUTE	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
HEPATITIS B, CHRONIC**	20	21.6	10	10.8	15	16.2	18	19.4	14	15.1
HEPATITIS C, ACUTE**	2	2.2	5	5.4	4	4.3	3	3.2	4	4.3
HEPATITIS C, CHRONIC**	17	18.4	22	23.7	20	21.6	30	32.4	24	25.9
HEPATITIS C, PERINATAL	0	0.0	0	0.0	0	0.0	1	1.1	0	0.0

TCBOH-2025-01-28 (CHS)

[NYSDOH COMMUNICABLE DISEASE REPORTS, NOV & DEC 2024 | PG. 3/10](https://commerce.health.state.ny.us/hpn/ctrl/docs/cdess/CdessHelp/Reports/MonthlyRpts/ytd109.html)

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	919	992.0	251	271.0	1341	1447.6	265	286.1	619	668.2
INFLUENZA B, LAB CONFIRMED	123	132.8	31	33.5	11	11.9	6	6.5	16	17.3
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	3	3.2	1	1.1	1	1.1
LEGIONELLOSIS	2	2.2	15	16.2	6	6.5	3	3.2	8	8.6
LISTERIOSIS	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
LYME DISEASE** ****	522	563.5	415	448.0	265	286.1	44	47.5	241	260.2
MALARIA	1	1.1	2	2.2	3	3.2	0	0.0	2	2.2
MENINGITIS, ASEPTIC	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	3	3.2	0	0.0	1	1.1
PERTUSSIS**	15	16.2	0	0.0	0	0.0	0	0.0	0	0.0
Q FEVER**	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	166	179.2	64	69.1	0	0.0	0	0.0	21	22.7
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
SALMONELLOSIS**	21	22.7	12	13.0	20	21.6	13	14.0	15	16.2
S.PARATYPHI	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	3	3.2	1	1.1	2	2.2	1	1.1	1	1.1
STREP, GROUP A INVASIVE	9	9.7	11	11.9	5	5.4	3	3.2	6	6.5
STREP, GROUP B INVASIVE	3	3.2	1	1.1	6	6.5	10	10.8	6	6.5
STREP PNEUMONIAE, INVASIVE**	4	4.3	3	3.2	8	8.6	4	4.3	5	5.4
TOXIC SHOCK SYNDROME, STREPTOCOCCAL**	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	1	1.1	1	1.1	1	1.1	1	1.1
TYPHOID FEVER	0	0.0	1	1.1	0	0.0	0	0.0	0	0.0
VARICELLA	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	3	3.2	2	2.2	1	1.1	2	2.2
WESTNILE VIRUS**	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
YERSINIOSIS**	5	5.4	1	1.1	6	6.5	1	1.1	3	3.2
SYPHILIS TOTAL.....	14	15.1	12	13.0	34	36.7	24	25.9	23	24.8
- P&S SYPHILIS	0	0.0	0	0.0	16	17.3	7	7.6	8	8.6
- EARLY LATENT**	7	7.6	6	6.5	15	16.2	11	11.9	11	11.9
- LATE LATENT**	7	7.6	6	6.5	2	2.2	6	6.5	5	5.4
- CONGENITAL SYPHILIS	0	0.0	0	0.0	1	1.1	0	0.0	0	0.0
GONORRHEA TOTAL.....	103	111.2	120	129.5	109	117.7	142	153.3	124	133.9
- GONORRHEA	103	111.2	120	129.5	109	117.7	142	153.3	124	133.9
CHLAMYDIA	259	279.6	328	354.1	377	407.0	337	363.8	347	374.6

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 02JAN25
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=December

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	5	59.4	2	23.7	2	23.7	2	23.7	2	23.7
BABESIOSIS**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
BLASTOMYCOSIS	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	4	47.5	5	59.4	5	59.4	0	0.0	3	35.6
COVID-19	80	949.9	329	3906.7	511	6067.8	4395	52188	1745	20721
CRYPTOSPORIDIOSIS**	0	0.0	1	11.9	1	11.9	2	23.7	1	11.9
EHRlichiosis (EWINGII)**	0	0.0	1	11.9	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	1	11.9	1	11.9	3	35.6	2	23.7
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	11.9	1	11.9	1	11.9	0	0.0	1	11.9
HEPATITIS B,CHRONIC**	1	11.9	1	11.9	2	23.7	8	95.0	4	47.5
HEPATITIS C,ACUTE**	1	11.9	0	0.0	1	11.9	1	11.9	1	11.9
HEPATITIS C,CHRONIC**	2	23.7	2	23.7	4	47.5	7	83.1	4	47.5
INFLUENZA A, LAB CONFIRMED	200	2374.9	129	1531.8	599	7112.7	66	783.7	265	3146.7
INFLUENZA B, LAB CONFIRMED	2	23.7	8	95.0	5	59.4	3	35.6	5	59.4
LEGIONELLOSIS	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
LYME DISEASE** ****	43	510.6	14	166.2	10	118.7	6	71.2	10	118.7
MALARIA	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0
PERTUSSIS**	1	11.9	0	0.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	56	665.0	64	760.0	0	0.0	0	0.0	21	249.4
SALMONELLOSIS**	1	11.9	0	0.0	2	23.7	1	11.9	1	11.9
SHIGELLOSIS**	0	0.0	0	0.0	1	11.9	0	0.0	0	0.0

TCBOH-2025-01-28 (CHS)

NYSDOH COMMUNICABLE DISEASE REPORTS, NOV & DEC 2024 | PG. 6/10

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
STREP,GROUP A INVASIVE	1	11.9	2	23.7	1	11.9	0	0.0	1	11.9
STREP,GROUP B INVASIVE	0	0.0	0	0.0	1	11.9	1	11.9	1	11.9
STREP PNEUMONIAE,INVASIVE**	0	0.0	0	0.0	4	47.5	2	23.7	2	23.7
TUBERCULOSIS***	0	0.0	1	11.9	0	0.0	1	11.9	1	11.9
SYPHILIS TOTAL.....	1	11.9	2	23.7	0	0.0	5	59.4	2	23.7
- EARLY LATENT**	0	0.0	2	23.7	0	0.0	2	23.7	1	11.9
- LATE LATENT**	1	11.9	0	0.0	0	0.0	3	35.6	1	11.9
GONORRHEA TOTAL.....	7	83.1	5	59.4	10	118.7	22	261.2	12	142.5
- GONORRHEA	7	83.1	5	59.4	10	118.7	22	261.2	12	142.5
CHLAMYDIA	15	178.1	30	356.2	31	368.1	38	451.2	33	391.9

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted

***Not official number

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N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02JAN25
 Through December
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
ANAPLASMOSIS**	107	105.9	116	114.8	66	65.3	86	85.1	89	88.1
BABESIOSIS**	28	27.7	34	33.6	11	10.9	20	19.8	22	21.8
BLASTOMYCOSIS	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	39	38.6	26	25.7	28	27.7	19	18.8	24	23.7
CHIKUNGUNYA**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
COVID-19	1562	1545.6	2756	2727.1	16048	15880	9626	9525.2	9477	9377.8
CRYPTOSPORIDIOSIS**	8	7.9	7	6.9	11	10.9	14	13.9	11	10.9
CYCLOSPORA	4	4.0	0	0.0	0	0.0	0	0.0	0	0.0
DENGUE FEVER**	6	5.9	0	0.0	1	1.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN**	3	3.0	4	4.0	3	3.0	6	5.9	4	4.0
EHRlichiosis (CHAFEENSIS)**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
EHRlichiosis (EWINGII)**	0	0.0	1	1.0	1	1.0	0	0.0	1	1.0
ENCEPHALITIS, ARBO**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0
GIARDIASIS	16	15.8	14	13.9	13	12.9	15	14.8	14	13.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	4	4.0	1	1.0	4	4.0	0	0.0	2	2.0
HEPATITIS A	0	0.0	0	0.0	1	1.0	7	6.9	3	3.0
HEPATITIS B,ACUTE	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	21	20.8	10	9.9	15	14.8	18	17.8	14	13.9
HEPATITIS C,ACUTE**	3	3.0	5	4.9	4	4.0	3	3.0	4	4.0
HEPATITIS C,CHRONIC**	17	16.8	22	21.8	20	19.8	30	29.7	24	23.7
HEPATITIS C,PERINATAL	0	0.0	0	0.0	0	0.0	1	1.0	0	0.0

TCBOH-2025-01-28 (CHS)

NYSDOH COMMUNICABLE DISEASE REPORTS, NOV & DEC 2024 | PG. 8/10

Disease	2024		2023		2022		2021		Ave (2021-2023)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HERPES INF, INFANT =< 60 DAYS	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
INFLUENZA A, LAB CONFIRMED	1119	1107.3	251	248.4	1341	1327.0	265	262.2	619	612.5
INFLUENZA B, LAB CONFIRMED	125	123.7	31	30.7	11	10.9	6	5.9	16	15.8
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	0	0.0	3	3.0	1	1.0	1	1.0
LEGIONELLOSIS	2	2.0	15	14.8	6	5.9	3	3.0	8	7.9
LISTERIOSIS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
LYME DISEASE** *****	565	559.1	415	410.7	265	262.2	44	43.5	241	238.5
MALARIA	1	1.0	2	2.0	3	3.0	0	0.0	2	2.0
MENINGITIS, ASEPTIC	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
MONKEYPOX	0	0.0	0	0.0	3	3.0	0	0.0	1	1.0
PERTUSSIS**	16	15.8	0	0.0	0	0.0	0	0.0	0	0.0
Q FEVER**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
RESPIRATORY SYNCYTIAL VIRUS	222	219.7	64	63.3	0	0.0	0	0.0	21	20.8
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
SALMONELLOSIS**	22	21.8	12	11.9	20	19.8	13	12.9	15	14.8
S.PARATYPHI	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
SHIGELLOSIS**	3	3.0	1	1.0	2	2.0	1	1.0	1	1.0
STREP,GROUP A INVASIVE	10	9.9	11	10.9	5	4.9	3	3.0	6	5.9
STREP,GROUP B INVASIVE	3	3.0	1	1.0	6	5.9	10	9.9	6	5.9
STREP PNEUMONIAE,INVASIVE**	4	4.0	3	3.0	8	7.9	4	4.0	5	4.9
TOXIC SHOCK SYNDROME,STREPTOCOCCAL**	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
TUBERCULOSIS***	0	0.0	1	1.0	1	1.0	1	1.0	1	1.0
TYPHOID FEVER	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
VARICELLA	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0
VIBRIO - NON 01 CHOLERA**	0	0.0	3	3.0	2	2.0	1	1.0	2	2.0
WESTNILE VIRUS**	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0

	2024		2023		2022		2021		Ave (2021-2023)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
YERSINIOSIS**	5	4.9	1	1.0	6	5.9	1	1.0	3	3.0
SYPHILIS TOTAL.....	15	14.8	12	11.9	34	33.6	24	23.7	23	22.8
- P&S SYPHILIS	0	0.0	0	0.0	16	15.8	7	6.9	8	7.9
- EARLY LATENT**	7	6.9	6	5.9	15	14.8	11	10.9	11	10.9
- LATE LATENT**	8	7.9	6	5.9	2	2.0	6	5.9	5	4.9
- CONGENITAL SYPHILIS	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	108	106.9	120	118.7	109	107.9	142	140.5	124	122.7
- GONORRHEA	108	106.9	120	118.7	109	107.9	142	140.5	124	122.7
CHLAMYDIA	273	270.1	328	324.6	377	373.1	337	333.5	347	343.4

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** Beginning in 2022, extrapolated results were no longer used and all confirmed/probable cases are counted.

Health Promotion Program

Opioids

911 CALL REPORTS

All calls that come into Tompkins County's 9-1-1 center are coded based on the type of emergency. To help direct the call, the dispatcher assigns each a "Nature." The Department of Emergency Response (DoER) sends the monthly totals to Whole Health for calls coded as "Overdose/Poisoning," and these are posted in graphic form [on the WH website](#). A 3-month summary is shown below.

Total 911 calls per month that are Nature coded as "Overdose/ Poisoning."

Source: DoER.

Month	2019	2020	2021	2022	2023	2024
SEP	28	20	40	57	35	71
OCT	30	21	40	45	27	37
NOV	23	24	41	33	15	31
DEC	29	16	23	43	9	23

CHWs

	December 2024 Enrolled Clients	YTD 2024
HiP Tompkins	30	64
General CHW Program	13	13

OUTREACH

- Loaves and Fishes – 12/2, 12/9, 12/16, 12/30
- Groton Resource Hub- 11/5, 11/12, 11/19, 11/26, 12/3, 12/10, 12/17, 12/24
- Community Action Board for HiP Tompkins – 11/5, 12/10
- Trumansburg Winter Festival – 12/7
- CHWs and LawNY 12/12

TRAININGS

- Supporting Families of Children with Diverse Needs 11/5
- Mastering the Art of De-escalation: Strategies for Field Visits –11/12
- Parenting and Youth Social Media Use – 11/13
- Coalition for Families: Project COPE (Community Overdose Prevention Education) -11/21
- Motivational Interviewing 12/3-12/6
- Ethical Decision Making for Parenting Educators 12/11
- Coordinated Entry Training 12/13

HNP

MONTHLY STATS

HEALTHY NEIGHBORHOODS PROGRAM	December 2024	YTD 2024	December 2023	TOTAL 2023*
# of Initial Home Visits (including asthma visits)	20	241	23	252
# of Revisits	0	24	15	56
# of Asthma Homes (initial)	5	38	2	45
# of Homes Approached	1	152	96	530

OUTREACH & TRAINING

- Homeless & Housing Task Force Meeting
- Diversity, Equity, Inclusive & Belonging Cross Functional Team
- Lead Poisoning Prevention Network Meeting
- Housing & Human Rights

COVID-19

- Launch of new [Respiratory Virus webpage](#), to align with CDC guidance that combines COVID-19, Flu and RSV under “Respiratory Viruses”
- Continued promotion of vaccination (updated vaccine released late September 2024) along with weekly new positive case rates shared on social media.

Media

SOCIAL MEDIA

- November: Launch of 9-week Harm Reduction Campaign, created by the Rural Health Institute: <https://nyrhi.org>. The purpose of the campaign is to normalize harm reduction (specifically Narcan) with reminders of everyday harm reduction tips (such as using seatbelts or helmets, wearing sunscreen, using condoms or having designated drivers). Campaign will run through January 2025.
- Focus on mental health resources and supports over the holiday season (Nov-Dec).
- Event promotion:
- Virtual Panel, presented by Office of Human Rights (Dec. 16, 2024): Housing & Human Rights: Public Health, Human Services and Legal Perspectives Affirming the Right to Housing. TCWH Medical Director Dr. William Klepack was a panelist, sharing public health insight, goals and perspective.
- Promo for next Rabies Vaccination Clinic (for clinic to take place January 15, 2025)

- Highlighting awareness for November/December:
- November – Diabetes Awareness Month
- World Diabetes Day (November 14)
- Transgender Awareness Week (November 13-19)
- National Rural Health Day (November 21)
- World AIDS Day (December 1)
- National Influenza Vaccination Week (Dec 2-6)
- National Grief Awareness Week (Dec 2-8)
- Rural Health Institute’s Harm Reduction Campaign
- General Cooking Safety and Food Safety
- General Winter Weather Awareness
- General Mental Health Awareness

PRESS RELEASES

- [TCWH Celebrates One-Year Anniversary of the C.A.R.E. Team](#) (11/4/24)
- [Health Alert: Local Rise in Whooping Cough & Walking Pneumonia Cases](#) (11/6/24)
- [Health Alert: TCEH Seeks Info About a Dog Bite In Collegetown](#) (11/12/24)
- [Health Alert: E. coli Outbreak Linked to Organic Carrots](#) (11/19/24)
- [Whole Health Office \(55 Brown Rd.\) Closure: 12/11/24, 12pm-2pm](#) (12/9/24)
- [Mental Health Services \(201 E. Green St\) Closing Afternoon of 12/20/24](#) (12/16/24)
- [Mental Health Well-Being, Substance Use Resources & Support](#) (12/16/24)
- [Health Alert: EH Seeks Info re: Dog Bite on Beebe Lake Trail \(Ithaca\)](#) (12/30/24)

Outreach & Training

Conducted by Health Promotion, PH Fellows, CSCN, and Mental Health staff

OUTREACH

- Trumansburg Winter Fest (12/7/24)

TRAINING

- OpenCities Content Publisher Trainings (throughout November in preparation for website changes)
- NYS OASAS Project Cope Harm Reduction Training (November 21)
- Frameworks Institute Webinar: How to Counter Public Health Myths and Elevate Science Now (December 5)
- Big Cities Health Coalition Webinar: How to Talk about Tricky Public Health Issues: Messaging Research from Big Cities (December 12)
- TC Office of Human Rights Presents (Panel Presentation): Housing & Human Rights: Public Health, Human Services and Legal Perspectives Affirming the Right to Housing (December 16)
- NYC Poison Control Center Webinar: Substance Use and Suicide Prevention (December 17)

Committee and Partnership Meetings

Group, Organization	Activity/Purpose	Date
CATCHI Working Group (Coordinated Approach to Community Health Integration)	Combines Social Determinants of Health, CHW initiative and Childhood Nutrition Collaborative into one working group.	Monthly
Long Term Care Committee	Planning and sharing resources for long-term care in the community.	Quarterly
Health Planning Council	Advisory Board and Executive Committee, Hillson reappointed as Secretary and Co-Chair of Community Health and Access Cmte.	Bi-monthly
Community Health and Access Committee	Sub-committee of the HPC. Focus on telehealth, maternal health, etc.	Quarterly
COFA Advisory Board	Updates and Age Friendly	Quarterly
Suicide Prevention Coalition	In partnership with the Sophie Fund	Monthly
Community Services Board Substance Use Subcommittee	Monthly meeting, updates on opioid use data and intervention	Monthly
Immunization Coalition	Quarterly meeting, updates about COVID-19 vaccine and discussion/feedback, youth vaccination promo	Quarterly
Lead Poisoning Prevention Network	Quarterly meeting, review lead cases, prevention, new regulation	Quarterly
Cayuga Health Data Governance Committee	Oversight/advisory committee for the health equity team at Cayuga Health, focus on data collection for health equity, We Ask Because We Care campaign.	Quarterly
TC Cancer Screening Working Group	Regular meeting	Monthly
Aging Services Network	Regular meeting	Monthly
Homeless & Housing Taskforce	Regular meeting	Bi-monthly
PICHC Partners Meeting	Weekly meeting to discuss community health worker roles, align program design, collaborate w/community partners	Weekly
PICHC State Call	Monthly meeting for PICHC programs in NYS	Monthly
LATCH: Lactation Alliance for Tompkins County Health	Monthly meeting of community partners/stakeholders. Mission: To protect, promote, & support breastfeeding/ chestfeeding in Tompkins County, and to protect, promote, & support the rights of families to achieve their infant feeding goals.	Monthly

Children with Special Care Needs (CSCN)

STATISTICAL HIGHLIGHTS

(See following pages)

**Children with Special Care Needs Division
Statistical Highlights 2024
EARLY INTERVENTION PROGRAM**

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
Initial Concern/reason for referral:															
-- DSS Founded Case	0	0	0	0	0	0	0	0	0	0	1	0	1	0	
-- Gestational Age	0	0	0	0	3	0	0	0	1	0	0	0	4	2	6
-- Gestational Age/Gross Motor	0	0	1	0	0	0	0	0	0	0	0	0	1	0	2
-- Global Delays	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
-- Hearing	0	2	0	0	1	1	0	0	0	0	0	0	4	1	2
-- Physical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Feeding	1	1	0	2	2	0	1	0	0	2	0	1	10	30	17
-- Feeding & Gross Motor	0	0	0	0	1	0	0	1	0	3	0	0	5	4	10
-- Feeding & Social Emotional	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4
-- Gross Motor	5	4	1	2	1	4	4	1	5	2	2	1	32	48	40
-- Gross Motor & Fine Motor	0	0	0	0	0	0	1	0	0	0	0	0	1	5	9
-- Gross Motor, Speech & Social Emotional	0	1	0	0	2	2	0	0	0	0	0	0	5	2	4
Gross Motor, Speech& Hearing	1	0	0	0	1	0	1	0	0	1	0	0	4	0	
-- Fine Motor	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
-- Social Emotional	0	2	0	0	1	0	0	0	0	0	0	0	3	5	3
-- Social Emotional & Adaptive	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1
-- Speech	6	9	16	7	8	9	7	6	14	7	7	6	102	110	129
-- Speech & Cognitive	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0
-- Speech & Feeding	0	0	0	0	0	2	1	0	0	0	0	0	3	3	3
-- Speech & Fine Motor	0	0	0	0	0	0	0	0	0	0	1	0	1	2	2
-- Speech & Gross Motor	0	3	0	0	0	0	1	1	0	0	0	1	6	13	10
-- Speech & Hearing	0	0	0	0	1	0	1	0	1	0	0	0	3	4	5
-- Speech & Sensory	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0
-- Speech & Social Emotional	2	1	0	0	1	1	0	0	1	0	0	0	6	6	11
-- Speech, Feeding & Gross Motor	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
-- Speech, Fine Motor, Social/Emotional, Other	0	0	0	1	1	1	0	0	0	0	0	0	3		
-- Adaptive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Adaptive/Sensory	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
-- Adaptive/Fine Motor	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0
-- Qualifying Congenital / Medical Diagnosis	0	0	0	0	0	0	0	0	0	0	0	0	0	8	3
-- Other -- Birth Trauma	0	0	0	1	0	0	0	0	2	0	0	0	3	3	0
-- Overall Development	1	1	0	1	0	0	0	0	0	0	0	1	4		
-- Sensory, Safety, Motor	1	0	0	0	0	0	0	0	0	0	0	0	1		
-- Child in Foster Care	1	0	0	0	0	0	0	0	0	1	0	0	2		
-- Maternal Drug Use	0	1	0	0	0	0	0	0	0	0	0	0	1	4	0
Total # of CYSHCN Referrals	3	0	1	1	1	0	2	0	2	0	0	0	10	13	23
Total # of Information and Referrals (I&R)	10	7	12	2	12	1	6	9	0	4	1	10	74	100	48
Total # of Child Find Referrals	1	0	0	0	0	0	0	0	1	1	0	0	3	7	54
Total Number of CSCN Program Referrals	32	32	34	17	36	21	25	18	27	22	13	20	297	385	391
Caseloads															

Total # of clients worked with during this month	176	177	192	184	190	196	198	205	186	185	179	171		
Average # of Cases per Full Time Service Coordinator	25.14	25.29	27.43	26.3	27.1	28.0	28.3	29.3	26.6	26.4	25.6	24.4		

EARLY INTERVENTION PROGRAM

Billable Expenses/Visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
-- Intake visits	11	18	17	12	24	18	11	16	15	15	12	6	175	225	241
-- IFSP Meetings	0	0	0	0	0	0	0	0	0	0	0	2	2	303	261
-- Initial IFSP	1	0	2	1	0	3	1	4	1	1	1	7	22		
-- Core Evaluations	8	7	11	6	6	13	6	6	4	7	5	4	83	191	221
-- Core Evaluations with IFSP	6	6	3	4	14	9	7	8	11	10	8	2	88		
-- Supplemental Evaluations	1	1	2	0	4	4	3	5	3	3	4	3	33	54	50
-- Supplemental Evaluations with Amendment	2	1	1	2	0	0	3	1	1	1	2	2	16		
-- Observation Visits	14	36	33	26	35	20	35	24	19	32	26	21	321	290	314
-- IFSP Change Visit	1	2	1	4	1	3	2	1	2	0	0	2	19		
-- IFSP Review Visit	17	17	21	16	13	14	13	11	16	14	17	17	186		
-- CPSE meetings	9	5	9	7	5	5	3	6	5	5	2	3	64	63	57
-- SC Discuss	16	20	26	27	19	14	30	39	19	19	11	23	263	88	
-- SC Visits	10	11	9	18	13	8	7	11	10	21	9	4	131		
-- Family Training/Team Meetings	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2
-- Phone Call	182	190	155	143	137	142	152	163	156	143	122	129	1814		
-- OSC-Transfer Chart to OSC	3	3	3	0	10	4	9	8	5	10	6	7	68		
-- Transition meetings	1	15	7	1	5	0	1	6	3	1	0	4	44	47	38
-- Home Visit for Signature	2	2	3	1	0	0	1	1	3	0	0	1	14		
															1184
Services and Evaluations Pending & Completed															
Children with Services Pending(Needs List)															
-- Feeding	7	7	7	7	7	7	7	7	7	7	7	7	84	67	42
-- Nutrition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Occupational Therapy	12	11	12	11	11	11	12	12	11	11	11	11	136	57	18
-- Physical Therapy	8	8	8	8	8	8	8	8	8	8	8	8	96	0	62
-- Social Work	4	4	4	4	4	4	4	4	4	4	4	4	48	55	13
-- Special Education	22	21	22	22	22	22	22	22	22	22	22	22	263	0	106
-- Speech Therapy	41	46	48	48	48	42	48	47	48	48	48	48	560	478	486
															727

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
-- To CPSE	14	0	2	4	1	0	1	27	1	6	3	0	59	65	59
-- Aged out	2	4	0	1	1	0	0	3	0	0	2	1	14	30	15
-- Skilled out	1	3	0	3	1	3	1	1	0	3	4	2	22	27	27
-- Moved	1	0	0	0	3	0	0	1	0	0	4	0	9	13	27
-- Not Eligible/DNQ	5	6	5	6	3	7	7	5	3	5	3	7	62	62	79
-- Family Refused/Unable to Locate	2	4	3	1	4	2	1	1	1	3	2	2	26	36	1
--Child Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1

Total Number of Discharges	25	17	10	15	13	12	10	38	5	17	18	12	192	234	44
															252
Child Find															
Total # of Referrals	2	0	0	0	0	0	0	0	1	1	0	0	4	6	53
Total # of Children in Child Find	6	6	6	5	2	2	2	2	3	1	1	1	6	79	
Total # Transferred to Early Intervention	0	0	0	0	2	0	0	0	0	1	0	0	3	2	14
Total # of Discharges	0	0	0	1	2	0	0	0	0	2	0	0	5	17	32

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
Children per School District															
-- Ithaca	136	143	152	160	168	164	116	113	110	118	122	134			
-- Dryden	35	38	42	45	45	46	34	34	26	26	28	28			
-- Newfield	20	21	21	22	23	23	15	15	14	18	19	20			
-- Groton	31	33	35	35	36	36	13	13	21	24	26	29			
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0			
-- Lansing	24	28	28	28	31	31	25	28	27	28	30	32			
-- Trumansburg	13	15	18	20	20	20	13	13	10	12	13	13			
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0			
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0			
-- Odessa-Montour	1	1	1	1	1	1	0	0	0	1	1	1			
-- Spencer VanEtten	1	1	1	1	1	1	1	1	0	0	0	0			
-- Candor	2	2	2	2	2	2	1	1	1	1	1	1			
-- Newark Valley	0	0	0	0	0	0	0	0	0	0	0	0			
Total # of Qualified and Receiving Services	263	282	300	314	327	324	218	218	209	228	240	258			

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
Services /Authorized by Discipline															
-- Speech Therapy (individual)	153	163	187	191	196	194	118	116	116	134	132	140			
-- Speech Therapy (group)	25	25	37	42	39	39	0	0	0	3	3	5			
-- Occupational Therapy (individual)	52	54	57	60	61	60	35	37	42	53	58	59			
-- Occupational Therapy (group)	1	1	1	1	1	1	0	0	0	0	0	0			
-- Physical Therapy (individual)	23	28	30	33	34	36	22	22	21	25	26	28			
-- Physical Therapy (group)	0	2	2	2	2	2	0	0	0	2	2	2			
-- Transportation	59	62	62	61	61	59	54	56	58	63	64	67			
-- Birnie Bus	16	16	16	16	15	15	16	16	18	20	21	21			
-- Dryden Central School District	2	2	2	2	2	2	0	0	3	4	4	4			
-- Ithaca City School District	35	38	38	37	38	36	36	35	33	34	34	36			
-- Parent	6	6	6	6	6	6	2	5	4	5	5	6			
-- Counseling	29	27	32	35	40	41	33	31	23	27	23	26			
-- Parent Counseling	26	27	29	29	32	30	12	12	20	22	19	20			
-- Service Coordination	15	15	15	17	19	19	17	16	17	20	19	19			
-- Assistive Technology	0	0	0	0	0	0	0	0	0	0	0	0			

-- Special Ed Itinerate Teacher (SEIT)	30	31	33	46	44	44	32	32	26	32	30	31		
-- 1:1 Tuition Aide (CB)	5	6	6	6	6	6	5	5	5	6	7	7		
-- Audiological Services	0	0	0	0	0	0	0	0	0	1	1	1		
-- Nutrition (OTHER)	0	0	0	0	0	0	0	0	0	0	0	0		
-- Teacher of the Deaf	0	0	0	0	0	0	0	0	1	1	1	1		
-- 1:1 Aide	2	2	4	4	4	4	4	4	2	4	3	3		
-- 1:1 Teacher Assistant	0	0	0	0	0	0	0	0	0	0	0	0		
-- Music Therapy	0	0	0	0	0	0	0	0	0	0	0	0		
-- Skilled Nursing	0	0	0	0	0	0	0	0	1	1	1	0		
-- Teacher of Visually Impaired	0	0	0	0	0	0	0	0	0	0	0	0		
Total # of children rcvng. home based related svcs.	199	217	235	251	264	263	161	161	144	163	171	187		

PRESCHOOL SPECIAL EDUCATION PROGRAM

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
-- Ithaca	38	39	39	38	38	36	37	36	34	34	36	38			
-- Dryden	10	10	10	9	9	9	6	6	8	8	9	9			
-- Newfield	3	3	3	3	3	3	3	3	6	6	6	6			
-- Lansing	2	2	2	2	2	2	1	2	7	7	7	7			
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0			
--Groton	3	3	3	3	3	3	4	4	5	5	6	6			
-- Cortland	0	0	0	0	0	0	0	0	0	0	0	0			
--Newark Valley	0	0	0	0	0	0	0	0	0	0	0	0			
-- Trumansburg	7	7	7	7	7	7	5	5	4	4	4	4			
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0			
-- Odessa Montour	0	0	0	0	0	0	0	0	0	0	0	0			
-- Spencer -Van Etten	0	0	0	0	0	0	0	0	0	0	0	0			
--Candor	1	1	1	1	1	1	1	1	1	1	1	1			
-- # attending Franziska Racker Centers	30	30	30	28	28	27	28	26	38	37	38	39			
-- # attending Ithaca City School District	29	30	30	30	30	29	29	31	24	25	27	29			
-- # attending Dryden Central School	3	3	3	3	3	3	0	0	3	4	4	4			
-- # attending South Seneca School District	2	2	2	2	2	2	0	0	0	0	0	0			
Total # attending Special Ed Integrated Tuition Progr.	64	65	65	63	63	61	57	57	65	65	69	71			

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2024 Totals	2023 Totals	2022 Totals
-- Ithaca	18	17	25	22	27	23	11	21	16	23	19	21	243	225	219
-- Candor	0	1	0	0	0	1	0	0	0	0	1	0	3	2	1
-- Dryden	7	3	8	11	7	1	3	5	3	4	1	4	57	53	64
-- Groton	3	4	16	11	0	1	0	1	1	3	4	0	44	43	50
-- Homer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
-- Lansing	1	4	4	0	7	6	1	1	1	3	2	0	30	22	23
-- Newfield	3	0	0	3	7	0	1	3	1	4	2	2	26	26	19
-- Trumansburg	0	3	3	1	3	4	0	1	0	1	0	0	16	13	26
-- Spencer VanEtten	0	1	0	0	0	0	0	0	0	0	0	0	1	1	1
-- Moravia	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total CPSE Meetings Attended	32	33	56	48	51	36	16	32	22	38	29	27	420	386	390

Environmental Health

SUMMARY OF ACTIVITY

(See following pages)

Division of Environmental Health
Summary of Activity (2024)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (535 Permitted Operations*)														
Inspections**	53	57	83	78	85	63	82	78	82	82	45		788	828
Critical Violations	5	1	28	14	7	12	15	19	16	3	5		125	170
Other Violations	30	18	38	33	20	22	29	39	29	24	11		293	359
Plans Approved	1	5	1	2	2	3	2	1	0	4	0		21	14
Complaints Received	2	4	2	3	4	5	1	5	1	1	2		30	55
Temporary FSE (150 Estimated Operations*)														
Permits Issued	1	2	7	7	18	34	20	38	23	7	3		160	163
Inspections**	0	0	5	0	12	12	16	19	11	2	2		79	94
Critical Violations	0	0	0	4	0	0	2	3	0	1	2		12	24
Other Violations	0	0	0	0	0	0	3	1	1	2	0		7	12
MOBILE HOME PARKS (39 Permitted Operations, 2019 Lots*)														
Inspections**	0	4	4	5	4	3	2	3	2	3	1		31	17
Critical Violations	0	0	1	3	0	4	6	3	2	0	0		19	6
Other Violations	1	6	3	10	3	28	1	11	3	4	0		70	59
Complaints Received	0	2	0	2	1	0	1	0	0	0	1		7	14
TEMPORARY RESIDENCES - Hotels & Motels (35 Permitted Operations, 2241 Rooms*)														
Inspections**	1	0	0	0	4	2	0	4	0	0	3		14	45
Critical Violations	0	0	0	0	7	0	0	0	0	0	0		7	41
Other Violations	0	0	0	0	5	0	0	0	0	0	1		6	54
Complaints Received	1	0	0	0	2	0	1	0	0	0	0		4	8
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0	0	0	0	13	0	0	0	0		13	10
Critical Violations	0	0	0	0	0	0	10	0	0	0	0		10	7
Other Violations	0	0	0	0	0	0	131	0	0	0	0		131	46
Complaints Received	0	0	0	0	0	0	0	0	0	0	0		0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0	0	0	0	0	0	1	0	0		2	2
Critical Violations	0	0	0	0	0	0	0	0	0	0	0		0	0
Other Violations	0	0	0	0	0	0	0	0	0	0	0		0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0	0	0		0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (9 Operations, 595 Sites*)														
Inspections**	0	0	0	4	5	0	8	4	0	0	0		21	20
Critical Violations	0	0	0	0	0	0	0	4	0	0	0		4	0
Other Violations	0	0	0	0	0	0	11	5	0	0	0		16	18
Complaints Received	0	0	0	0	0	0	0	0	0	0	0		0	0
CHILDREN'S CAMPS (28 Operations)														
Inspections**	0	0	0	0	1	16	9	21	0	0	0		47	57
Critical Violations	0	0	0	0	0	0	0	1	0	0	0		1	4
Other Violations	0	0	0	0	0	0	0	0	1	0	0		1	0
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0		0	0
Complaints Received	0	0	0	0	0	0	0	0	0	0	0		0	0
SWIMMING POOLS & BATHING BEACHES - (50 Operations*)														
Inspections**	1	7	9	0	8	17	14	11	3	9	3		82	88
Critical Violations	0	2	1	0	0	0	4	1	0	1	0		9	10
Other Violations	0	9	3	0	0	2	11	6	0	3	5		39	60
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0		0	0
Complaints Received	0	0	0	0	0	0	0	0	0	0	0		0	0
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*)														
Inspections**	5	6	21	16	15	10	6	7	15	15	7		123	83
Boil Water Orders Issued	2	2	3	0	5	5	1	3	2	2	2		27	7
Complaints Received	1	0	0	0	0	0	0	2	0	1	1		5	1

Division of Environmental Health
Summary of Activity (2024)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	12	16	17	16	20	27	26	21	22	18	9	0	204	232
New Construction/Conversions	7	9	5	9	10	14	8	10	12	11	5		100	111
Replacements	5	7	12	7	10	13	18	11	10	7	4		104	121
Completion Certificates Issued	8	10	9	8	14	12	13	29	14	19	27	0	163	190
New Construction/Conversions	3	3	2	4	4	4	9	6	5	11	14		65	73
Replacements	5	7	7	4	10	8	4	23	9	8	13		98	117
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	1	0	0	0	0	0	0		1	1
OWTS	4	3	8	4	2	5	3	0	1	7	2		39	34
Collector Sewer	0	0	0	0	0	0	0	0	0	0	0		0	0
Public Water Systems	2	0	0	0	0	0	0	0	0	1	0		3	4
Water Main Extension	0	0	0	0	0	0	0	0	0	0	0		0	5
Cross-Connection Control Devices	2	0	2	2	0	1	0	0	0	0	1		8	5
Other Water System Modification	0	0	1	0	0	0	2	0	0	1	1		5	2
Other Engineering Reviews	0	0	0	0	0	0	0	0	0	0	0		0	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	30	23	29	30	79	64	94	132	47	67	57		652	581
Human Post-X Treatments	4	5	3	3	16	22	33	51	17	15	17		186	186
Animal Specimens Tested	10	4	6	5	23	16	29	46	11	9	5		164	255
Animals Testing Positive	0	0	0	0	1	1	1	0	4	0	0		7	19
Pet Quarantine	1	0	0	0	0	0	0	0	1	0	0		2	9
Rabies Clinics Offered	1	0	0	0	1	0	0	0	1	1	0		4	5
Dogs Vaccinated	101	0	0	0	79	0	0	0	125	75	0		380	458
Cats Vaccinated	66	0	0	0	29	0	0	0	68	34	0		197	301
Ferrets Vaccinated	2	0	0	0	0	0	0	0	0	0	0		2	10
CHILDHOOD LEAD PROGRAM														
# of New EH Referrals w/ Elevated BLL	1	0	0	1	0	0	0	0	0	0	0		2	7
# of EH Investigations Initiated	1	0	0	1	0	0	0	0	0	0	0		2	6
# of Home Assessments Performed	0	1	0	0	1	0	0	0	0	0	0		2	9
# of Notice of Demands Sent	0	1	0	0	0	0	0	0	0	0	0		1	3
Lead Calls/Inquires Received by EH	0	0	0	0	0	0	0	0	0	0	0		0	9
FOIL REQUESTS														
Total Received	5	1	4	10	4	7	1	5	2	9	4		52	51
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	24	29	7	0	0	0	0	0	0	0	0		60	112
Violations	0	2	2	0	0	0	0	0	0	0	0		4	1
CIAA Complaints	0	0	0	0	0	0	0	0	0	0	0		0	0
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	2	4	1	4	5	0	4	3	3	5	2		33	120
ENFORCEMENT ACTIONS														
Total Cases	2	0	2	2	1	2	0	1	1	2	0		13	35
Cases Related to FSE	0	0	1	2	0	1	0	0	0	2	0		6	13
BOH Penalties Assessed	\$800	\$0	\$600	\$8,900	\$1,500	\$900	\$0	\$0	\$450	\$600	\$0		\$13,750	\$79,000
BOH Penalties Collected	\$1,300	\$500	\$1,700	\$1,100	\$250	\$0	\$1,900	\$200	\$1,500	\$1,900	\$2,400		\$12,750	\$54,050
CUSTOMER SERVICE/SUPPORT														
Calls Received	410	425	537	543	743	676	688	714	676	609	488		6509	6449
Walk-In Customers	15	21	28	44	77	94	65	70	48	44	54		560	416
TCEH Emails Received	355	372	501	473	546	567	573	578	473	565	297		5300	4807
Applications Processed	90	127	194	198	189	129	128	146	122	128	116		1567	1769
Payment Receipts Processed	55	101	169	148	158	107	103	108	98	134	109		1290	1331
Renewals/Billings Sent	120	19	183	150	30	25	101	43	64	125	6		866	951

* As of 1/1/2024

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)

Division of Environmental Health
Summary of Activity (2024)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
Permitted Operations (535 Permitted Operations*)														
Inspections**	53	57	83	78	85	63	82	78	82	82	45	57	845	828
Critical Violations	5	1	28	14	7	12	15	19	16	3	5	5	130	170
Other Violations	30	18	38	33	20	22	29	39	29	24	11	10	303	359
Plans Approved	1	5	1	2	2	3	2	1	0	4	0	1	22	14
Complaints Received	2	4	2	3	4	5	1	5	1	1	2	2	32	55
Temporary FSE (150 Estimated Operations*)														
Permits Issued	1	2	7	7	18	34	20	38	23	7	3	2	162	163
Inspections**	0	0	5	0	12	12	16	19	11	2	2	0	79	94
Critical Violations	0	0	0	4	0	0	2	3	0	1	2	0	12	24
Other Violations	0	0	0	0	0	0	3	1	1	2	0	0	7	12
MOBILE HOME PARKS (39 Permitted Operations, 2019 Lots*)														
Inspections**	0	4	4	5	4	3	2	3	2	3	1	0	31	17
Critical Violations	0	0	1	3	0	4	6	3	2	0	0	0	19	6
Other Violations	1	6	3	10	3	28	1	11	3	4	0	0	70	59
Complaints Received	0	2	0	2	1	0	1	0	0	0	1	4	11	14
TEMPORARY RESIDENCES - Hotels & Motels (35 Permitted Operations, 2241 Rooms*)														
Inspections**	1	0	0	0	4	2	0	4	0	0	3	24	38	45
Critical Violations	0	0	0	0	7	0	0	0	0	0	0	38	45	41
Other Violations	0	0	0	0	5	0	0	0	0	0	1	30	36	54
Complaints Received	1	0	0	0	2	0	1	0	0	0	0	1	5	8
MASS GATHERING (Fingerlakes GrassRoots Festival)														
Inspections**	0	0	0	0	0	0	13	0	0	0	0	0	13	10
Critical Violations	0	0	0	0	0	0	10	0	0	0	0	0	10	7
Other Violations	0	0	0	0	0	0	131	0	0	0	0	0	131	46
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MIGRANT FARM WORKER HOUSING (1 Operation)														
Inspections**	0	1	0	0	0	0	0	0	1	0	0	0	2	2
Critical Violations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Violations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (9 Operations, 595 Sites*)														
Inspections**	0	0	0	4	5	0	8	4	0	0	0	0	21	20
Critical Violations	0	0	0	0	0	0	0	4	0	0	0	0	4	0
Other Violations	0	0	0	0	0	0	11	5	0	0	0	0	16	18
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN'S CAMPS (28 Operations)														
Inspections**	0	0	0	0	1	16	9	21	0	0	0	0	47	57
Critical Violations	0	0	0	0	0	0	0	1	0	0	0	0	1	4
Other Violations	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SWIMMING POOLS & BATHING BEACHES - (50 Operations*)														
Inspections**	1	7	9	0	8	17	14	11	3	9	3	1	83	88
Critical Violations	0	2	1	0	0	0	4	1	0	1	0	0	9	10
Other Violations	0	9	3	0	0	2	11	6	0	3	5	1	40	60
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PUBLIC WATER SYSTEMS (PWS) 88 Community PWS, 63 Other PWS*)														
Inspections**	5	6	21	16	15	10	6	7	15	15	7	8	131	83
Boil Water Orders Issued	2	2	3	0	5	5	1	3	2	2	2	3	30	7
Complaints Received	1	0	0	0	0	0	0	2	0	1	1	0	5	1

**Division of Environmental Health
Summary of Activity (2024)**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2023 Totals
ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	12	16	17	16	20	27	26	22	22	18	9	26	231	232
New Construction/Conversions	7	9	5	9	10	14	8	11	12	11	5	17	118	111
Replacements	5	7	12	7	10	13	18	11	10	7	4	9	113	121
Completion Certificates Issued	8	10	9	8	14	13	13	29	14	19	27	14	178	190
New Construction/Conversions	3	3	2	4	4	5	9	6	5	11	14	4	70	73
Replacements	5	7	7	4	10	8	4	23	9	8	13	10	108	117
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	0	0	1	0	0	0	0	0	0	0	1	1
OWTS	4	3	8	4	2	5	3	0	1	7	2	2	41	34
Collector Sewer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Water Systems	2	0	0	0	0	0	0	0	0	1	0	0	3	4
Water Main Extension	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Cross-Connection Control Devices	2	0	2	2	0	1	0	0	0	0	1	0	8	5
Other Water System Modification	0	0	1	0	0	0	2	0	0	1	1	0	5	2
Other Engineering Reviews	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	30	23	29	30	79	64	94	132	47	67	57	33	685	581
Human Post-X Treatments	4	5	3	3	16	22	33	51	17	15	17	4	190	186
Animal Specimens Tested	10	4	6	5	23	16	29	46	5	9	5	10	168	255
Animals Testing Positive	0	0	0	0	1	1	1	0	4	0	0	0	7	19
Pet Quarantine	1	0	0	0	0	0	0	0	1	0	0	0	2	9
Rabies Clinics Offered	1	0	0	0	1	0	0	0	1	1	0	0	4	5
Dogs Vaccinated	101	0	0	0	79	0	0	0	125	75	0	0	380	458
Cats Vaccinated	66	0	0	0	29	0	0	0	68	34	0	0	197	301
Ferrets Vaccinated	2	0	0	0	0	0	0	0	0	0	0	0	2	10
CHILDHOOD LEAD PROGRAM														
# of New EH Referrals w/ Elevated BLL	1	0	0	1	0	0	0	0	0	0	0	0	2	7
# of EH Investigations Initiated	1	0	0	1	0	0	0	0	0	0	0	0	2	6
# of Home Assessments Performed	0	1	0	0	1	0	0	0	0	0	0	0	2	9
# of Notice of Demands Sent	0	1	0	0	0	0	0	0	0	0	0	0	1	3
Lead Calls/Inquires Received by EH	0	0	0	0	0	0	0	0	0	0	0	0	0	9
FOIL REQUESTS														
Total Received	5	1	4	10	4	7	1	5	2	9	4	7	59	51
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (65 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	24	29	7	0	0	0	0	0	0	0	0	0	60	112
Violations	0	2	2	0	0	0	0	0	0	0	0	0	4	1
CIAA Complaints	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMPLAINTS - General/Nuisance														
Complaint Investigations Opened	2	4	1	4	5	0	4	3	3	5	2	5	38	120
ENFORCEMENT ACTIONS														
Total Cases	2	0	2	2	1	2	0	1	1	2	0	3	16	35
Cases Related to FSE	0	0	1	2	0	1	0	0	0	2	0	3	9	13
BOH Penalties Assessed	\$800	\$0	\$600	\$8,900	\$1,500	\$900	\$0	\$0	\$450	\$600	\$0	\$1,000	\$14,750	\$79,000
BOH Penalties Collected	\$1,300	\$500	\$1,700	\$1,100	\$250	\$0	\$1,900	\$200	\$1,500	\$1,900	\$2,400	\$1,900	\$14,650	\$54,050
CUSTOMER SERVICE/SUPPORT														
Calls Received	410	425	537	543	743	676	688	714	676	609	488	493	7002	6449
Walk-In Customers	15	21	28	44	77	94	65	70	48	44	54	35	595	416
TCEH Emails Received	355	372	501	473	546	567	573	578	473	565	297	383	5683	4807
Applications Processed	90	127	194	198	189	129	128	146	122	128	116	78	1645	1769
Payment Receipts Processed	55	101	169	148	158	107	103	108	98	134	109	50	1340	1331
Renewals/Billings Sent	120	19	183	150	30	25	101	43	64	125	6	18	884	951

* As of 1/1/2024

** Includes Pre-op, Inspection, Re-inspection, HAACP, Sanitary Surveys (Doesn't include Co-Inspector/Field Visits)