



Onondaga County  
Health Department



# 2008 Annual Report

Joanne M. Mahoney, County Executive  
Cynthia B. Morrow, MD, MPH, Commissioner of Health



COUNTY OF ONONDAGA HEALTH DEPARTMENT

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JOANNE M. MAHONEY  
*County Executive*

CYNTHIA B. MORROW, MD, MPH  
*Commissioner of Health*

March 1, 2009

Dear County Executive Mahoney,

I am very pleased to be able to present the Onondaga County Health Department's 2008 Annual Report. I hope this provides you with a clear picture of the activities and events associated with the Health Department over the year.

This past year was an unusually busy year for the Onondaga County Health Department (OCHD) with respect to outbreaks of communicable disease. Whether responding to a dramatic change in the distribution of Lyme disease in Central New York, to unprecedented food-borne outbreaks involving hundreds of Onondaga County residents, or to Legionella on the campus of one of our local hospitals, the staff of the Onondaga County Health Department has shown us how fortunate we are to have an extraordinarily dedicated and skilled public health workforce ready to serve our community.

While we witnessed an unprecedented year for challenges in communicable diseases, we also experienced new successes in chronic disease management. For example, the Health Department partnered with Upstate Medical University on a Diabetes Prevention project in the workplace. Although information is still being gathered and analyzed, the initial anecdotal feedback of the project is overwhelmingly positive. As chronic diseases pose the greatest ongoing threat to the health of our community, it is heartening that we can explore innovative approaches to managing this threat from a population perspective.

Of course, the big story of 2008, the economic downturn, affected the Health Department as it has affected all sectors in our community; for example, we have seen unprecedented numbers of individuals accessing WIC services. Unfortunately, so often a downturn in the economy indicates an additional threat to the health of our community so now, more than ever, it is imperative that we continue to aggressively evaluate programs to ensure that we are protecting and promoting the health of our community in the most efficient and cost-effective way possible. Thank you very much for your leadership and guidance during this difficult time.

Sincerely,

A handwritten signature in black ink, appearing to read "Cynthia B. Morrow".

Cynthia B. Morrow, MD, MPH  
Commissioner, Onondaga County Health Department



# Ten Essential Public Health Services

The Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of the local public health system. The following represents ways in which the Onondaga County Health Department fulfilled those responsibilities to the residents of Onondaga County in 2008.

## **1** *Monitor health status to identify community health problems*

In April the New York State Department of Health launched the “Public Health Prevention Agenda for the Healthiest State”. The Prevention Agenda, consisting of 10 priority areas with specific outcome goals for each, challenges local health departments, hospitals, and community partners to collaborate to improve the health status of residents with an emphasis on prevention. The Onondaga County Health Department performed the initial data analysis in 2008 and is working with the Health Advisory Board, representatives from local hospitals, and other community partners to identify priority health problems based on local data.

## **2** *Diagnose and investigate health problems and health hazards in the community*

In September 2008, the Health Department reported that a total of 236 individuals became ill with gastrointestinal symptoms after eating at a dining facility in Onondaga County. The Health Department managed hundreds of calls as a result of this outbreak and through real-time data analysis, was able to rapidly identify contaminated raw Mahogany clams as the source of illness. The Division of Environmental Health embargoed the clams thereby preventing further illness in the community.

## **3** *Inform, educate, and empower people about health issues*

The Health Department saw a dramatic increase in the number of locally acquired cases of Lyme disease in the summer of 2008. Historically, an average of 10 cases of Lyme disease were reported to the Health Department every year, and of those only 1 or 2 cases were considered locally acquired. This year, the Health Department had 69 reports of Lyme disease of which 53 were locally acquired. As a result of this increase, the

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Health Department developed and distributed approximately 10,000 educational pieces throughout Onondaga County to raise awareness about prevention measures and to educate County residents who may have been exposed to Lyme to seek medical care.

## **4 Mobilize community partnerships to identify and solve health problems**

The Health Department's Tobacco-Free Onondaga County program works with community decision makers to implement strong anti-tobacco policies. Over the year, the Health Department partnered with 9 municipalities including the City of Syracuse to create tobacco-free playgrounds and parks. Such policies contribute to decreasing the social acceptability of tobacco use and decreasing youth initiation of tobacco use.

## **5 Develop policies and plans that support individual and community health efforts**

In November, the implementation of a countywide information management system began, connecting the Center for Forensic Sciences' Forensic Laboratories and Medical Examiner's Office with the District Attorney's Office and other local law enforcement agencies. This system provides comprehensive property and evidence tracking combined with an extensive case management component. The system will increase efficiencies for all entities involved by providing superior inter/intra agency communication, case management, and a paperless chain of custody for evidence, thereby expediting the criminal justice process and enhancing the health and safety of Onondaga County residents.

## **6 Enforce laws and regulations that protect health and ensure safety**

The Food Protection section conducts comprehensive inspections of area food service facilities as mandated by Onondaga County and New York State Sanitary codes. Staff from this section provides food safety education and guidance to the food service industry, temporary food service operations, the media and the public. These combined efforts help ensure safe and sanitary food preparation and service.

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## **7 *Link people to needed personal health services and assure the provision of health care when otherwise unavailable***

The Cancer Screening Services Program Partnership of Onondaga County provides medically uninsured women and men with free appropriate colorectal, annual breast, and cervical screening at health care provider offices. In addition, the program staff assists women and men who are diagnosed with colorectal, breast, cervical or prostate cancer apply for full Medicaid coverage through the Medicaid Cancer Treatment Program, which provides coverage for their entire treatment period.

## **8 *Assure a competent public health and personal health care workforce***

In 2008, 100 Health Department personnel, from all divisions and positions, completed Psychological First Aid training. This course is designed to train public health personnel how to maintain their personal balance and emotional strengths to be able to provide effective support to co-workers during high stress/high consequence emergencies. The Health Department collaborated with the Department of Mental Health to present this course to other responders in County government as well.

## **9 *Evaluate effectiveness, accessibility, and quality of personal and population-based health services***

In April, the Onondaga County Health Department, with support from multiple community partners, coordinated a community education and clinical screening event entitled, "Get Health Connected." This well attended event was held on a Saturday in two inner-city neighborhoods to provide improved access to underserved populations. Those in attendance were provided with health education messages and a wide variety of free health screenings.

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## **10** *Research for new insights and innovative solutions to health problems*

This year, the Health Department in collaboration with SUNY Upstate Medical University's Joslin Diabetes Center implemented the "Diabetes Control and Prevention in the Workplace: A Pilot Study". The goal of the program is to promote weight loss and increase physical activity for healthy individuals, thereby reducing the risk of developing diabetes.

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# **Mission Statement**

The mission of the Onondaga County Health Department is to protect and improve the health of all residents of Onondaga County through health promotion, disease prevention, public health preparedness, and assurance of a safe and healthy environment.

## **Onondaga County Legislature Health Committee**

Robert Warner, Chair

Sam Laguzza, Vice-Chair

Thomas Buckel

Patrick Kilmartin

Richard Lesniak

Kathleen Rapp

Lovie Winslow

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Peter J. Cronkright, MD

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Robert Warner

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# Correctional Health Services

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## *2008 Highlights*

- *The Correctional Facilities continue to see more medically compromised inmates as well as inmates with significant mental illness.*
- *The Onondaga County Justice Center and Correctional Facility underwent a successful survey and certification by the National Commission of Correctional Health Care.*
- *With grant funding from the Local Government Records Management Improvement Fund (LGRMIF) Correctional Health was able to make substantial improvements with storing and tracking health records.*

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The mission of Correctional Health is to provide urgent and necessary medical care to inmates in the custody of Onondaga County. Services provided to inmates include: medical and mental health assessments at booking; history and physical exam within 14 days of admission; sick call visits with physicians, nurses, physician assistants, and dentists; health education and psychological education; emergency medical and psychiatric services; medical housing; case management and discharge planning; medication administration; clinic appointments; and hospitalization as necessary.

The Correctional Medical and Behavioral Health Unit is part of a multidisciplinary team, working with the Departments of Health, Mental Health, Corrections, and the Sheriff's Office to coordinate health care for inmates. Provision of health care through these County agencies also serves a wider public health purpose by allowing the County to screen for and treat chronic and communicable diseases in a transient population with little access to consistent primary medical care.

Correctional Health continued to experience high volumes in the inmate population in 2008, presenting an ongoing challenge to system capacity at the Onondaga County Correctional

Facilities. This year, Correctional Health staff provided care to 13,127 persons at the Justice Center and 2,460 persons at the Department of Correction, with an average combined daily census of 1,063. The following table demonstrates the growth in the inmate population since 2001.

	<b><i>Total Average Daily Population (Justice Center and Dept. of Corrections)</i></b>	<b><i>Total # of Inmates at Justice Center with stays exceeding 14 days</i></b>	<b><i>Total # of Inmates at Dept. of Corrections with stays exceeding 14 days</i></b>
<b><i>2001</i></b>	820	3011	1367
<b><i>2002</i></b>	931	3319	1570
<b><i>2003</i></b>	932	3291	1481
<b><i>2004</i></b>	1011	3570	1892
<b><i>2005</i></b>	1031	3818	1993
<b><i>2006</i></b>	1114	3555	2250
<b><i>2007</i></b>	1053	3434	2257
<b><i>2008</i></b>	1,063	3,378	2,292

In addition to caring for the medical needs of inmates, this year Correctional Health staff was also involved in reaccreditation of the facilities and in improving record management. In the case of the former, the National Commission on Correctional Health Care (NCCHC) accredits both the Onondaga County Justice Center and Correctional Facility every three years after a rigorous review and on-site survey. Such accreditation requires being in compliance with a number of standards pertaining to the administration of health services; health care services and support; routine medical and mental health treatment; treatment of inmates with special needs; health promotion; safety; personnel and training; health records and medical-legal issues. The review and survey were very favorable and corrective action plans are in place to meet all essential standards by February 1, 2009.

With respect to medical record management, all inmates have a health record that needs to be immediately accessible during their incarceration, and remains on-site at the facility for one year following incarceration. With grant funding from the Local Government Records Management Improvement Fund (LGRMIF,) a secure moveable shelving unit was obtained to improve the record storage system. In addition, all such records now have an electronic barcode that can be scanned into a database that records and identifies who has the record and where the record is located. Together, these systems improvements should result in improved efficiencies in the management of medical records.

# Bureau of Disease Control

The Bureau of Disease Control is responsible for the prevention, investigation, reporting, diagnosis, and treatment of reportable communicable diseases in Onondaga County. Programs within the Bureau include Communicable Disease, Sexually Transmitted Disease (STD), Tuberculosis Control, and HIV Counseling and Testing. Bureau staff members monitor disease activity within the community and work closely with Health Administration to develop education, outreach, testing, and treatment strategies to minimize the impact of communicable disease in the community.

## ***Communicable Disease***

The Communicable Disease program is responsible for the investigation, follow-up, surveillance, and reporting of almost 70 diseases identified by the New York State Department of Health (NYSDOH) as reportable under the New York State Sanitary Code. Communicable disease nurses review positive lab findings, investigate each as necessary, and follow-up with the case patients and their medical providers to ensure, for public health purposes, that appropriate management is provided. All confirmed cases of reportable diseases are electronically submitted to the NYSDOH. Staff works closely with the Onondaga County Health Department's Food Protection, Animal Disease Control, Surveillance and Statistics programs and NYSDOH staff to control and prevent the spread of communicable disease within the community.

Communicable Disease saw a surge in disease activity in the spring/summer of 2008. In early summer, a notable increase in the number of cases of Lyme disease was reported. At the same time, the NYSDOH reported an increase in the number of infected deer ticks in Green Lake State Park. By the end of 2008, over 70 cases of Lyme disease had been investigated and reported to the NYSDOH. This is in stark contrast to only 10 cases in 2007, none of which were locally acquired. In addition to the increased incidence of locally acquired Lyme disease,

Communicable Disease staff, working closely with the Division of Environmental Health, was involved with a Legionella outbreak and several large outbreaks of food borne illness.



In all, in 2008 the Communicable Disease program investigated over 1,700 possible cases of communicable disease of which, 1,029 cases reported to NYSDOH. This was an increase from 1,308 cases investigated and 916 reports to NYSDOH in 2007.

The Communicable Disease program continues to closely monitor potential human exposures to rabies, evaluating the need for prophylaxis (rabies shots) administration. In 2008, the OCHD authorized rabies shots for 107 individuals identified as being potentially exposed to rabies.

### ***Sexually Transmitted Disease***

The Sexually Transmitted Disease (STD) program offers free and confidential examination, diagnosis, treatment, education, and partner notification of sexually transmitted diseases to all Onondaga County residents. New York State Public Health Law mandates that all positive reports of sexually transmitted disease be reported to the local health department for investigation, assurance of appropriate treatment, and follow-up with possible contacts.



For the second year in a row the STD program saw a decrease in the number of gonorrhea and syphilis cases. Chlamydia rates remained relatively constant despite an increased emphasis on enhanced investigation of Chlamydia cases for partner identification and follow-up. While Chlamydia rates of disease did not decrease, there was an increase in the number of partners identified and partners who received treatment. Finally, the number of repeat cases fell, potentially as a result of enhanced follow-up.

	<b><i>2004</i></b>	<b><i>2005</i></b>	<b><i>2006</i></b>	<b><i>2007</i></b>	<b><i>2008*</i></b>
<b><i>Gonorrhea</i></b>	808	498	670	502	357
<b><i>Chlamydia</i></b>	2,366	2,247	2,465	2,306	2,358
<b><i>Syphilis</i></b>	13	9	17	10	6
<b><i>Clinic Visits</i></b>	6,392	6,351	6,520	6,406	6,583

*\*Some data has not yet been recorded; these numbers are approximate*

HIV counseling, testing, and partner notification activities continued and were associated with an increase in the number of individuals being tested at various outreach sites around the county. This activity was made possible through a NYSDOH grant targeting high-risk groups for off-site testing with the use of Ora-sure oral fluid HIV testing. In 2008, over 2,400 HIV tests were provided through the STD clinic and outreach sites funded by this grant.

### ***Tuberculosis Control***

The Tuberculosis (TB) Control program provides comprehensive testing, diagnosis, and treatment of latent and active tuberculosis cases in Onondaga County. The TB Control program minimizes the public health threat posed by active tuberculosis in our community through careful evaluation, closely monitored treatment regimes, directly observed therapy (DOT), and the promotion of preventive therapy.



#### ***Cases of Tuberculosis, Onondaga County 2003-2008***

<b><i>Year</i></b>	<b><i># Cases</i></b>	<b><i>% Foreign-born</i></b>
<b><i>2003</i></b>	19	42
<b><i>2004</i></b>	14	36
<b><i>2005</i></b>	20	75
<b><i>2006</i></b>	15	80
<b><i>2007</i></b>	14	64
<b><i>2008</i></b>	23	91

Active tuberculosis rates in Onondaga County saw an increase this year. While 14 cases of active disease were reported in 2007, 23 cases of active disease were reported in 2008. The highest rates of TB are found in foreign-born populations (please refer to chart above). Central New York has experienced an increase in the arrival of new refugees to the area. The individuals who are coming are largely from Myanmar (Burma) and Bhutan as well as Burundi, Iraq, Somalia, and Cuba.



The Tuberculosis Control program utilizes various targeted testing strategies to identify those county residents at greatest risk of TB infection. For example, the OCHD partners with the Refugee Assistance Program to provide on-site tuberculin skin testing, assessment, diagnosis, and provision of preventive treatment for individuals who are at risk for TB. Similarly, staff members continue to monitor the homeless population through collaborative-targeted testing activities. Onondaga County Health Department staff work closely with Rescue Mission and Oxford Inn staff to provide initial tuberculin skin testing allowing identification, diagnosis, and preventative treatment for individuals identified as being at-risk for TB.

The TB program had a successful site visit from NYSDOH TB Control in August 2008 where program activities were highlighted. NYSDOH expressed approval of all aspects of the OCHD's TB Program.

# Emergency Medical Services

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## *2008 Highlights*

- *Partnered with the Central New York Police Academy teaching four 40-hour First Responder courses from the New York State Department of Transportation. As a result of this training, 59 police cadets gained valuable life-saving skills and received emergency medical care certificates of completion.*
- *Sponsored 25 training sites and 130 Cardio-Pulmonary Resuscitation (CPR) instructors through EMS's role as a training center for the American Heart Association (AHA). Instructors from the EMS Bureau also trained 2,504 civilians and EMS/Fire/Police personnel in First Aid/CPR/Automated External Defibrillation (AED) at various locations in Onondaga County in 2008.*
- *Sponsored 18 EMS training courses, enabling the certification or recertification of 165 EMS personnel through EMS's role as a sponsor for the New York State Emergency Medical Services Program.*

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The Emergency Medical Services (EMS) Bureau works with Health Department staff and several outside agencies to improve and expand disaster preparedness and education for County employees and the general public. The Bureau plays an active role in updating and refining County response plans for chemical and biological incidents. In addition, the EMS Bureau manages EMS education and field operations and oversees EMS coverage for public events and 911 operations.



# Environmental Health

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## **2008 Highlights:**

*Environmental Health was confronted with a Legionella outbreak and three major foodborne disease outbreaks within a three-month period. These outbreaks were further complicated by the fact that in three of them, residents of other counties were involved.*

## **Legionnaires' Disease**

- *Environmental Health staff worked with Communicable Disease and New York State Department of Health (NYSDOH) staff to identify the source of a Legionnaires' disease outbreak involving 13 cases that were associated with the Onondaga Hill area starting in late June. Specific tasks for the Division included identifying the location and maintenance procedures of air conditioning cooling towers within a one and two mile radius, reviewing cooling tower and building water system test results at both Community General Hospital and Van Duyn Home and Hospital, and reviewing the water distribution systems in the vicinity of those facilities. The probable source of the outbreak was ultimately determined to be contaminated droplets from a cooling tower at Community General.*

## **Foodborne Outbreaks**

- *Investigation of the first major outbreak began in September at Hinerwadel's, a restaurant located in North Syracuse. A total of 679 case histories were obtained as the result of media reports and contact with groups that had held clambakes at this facility. Of these, 257 reported illness symptoms. Additional cases were reported from multiple counties. Real-time statistical analysis of the data identified raw clams as the vehicle responsible for transmission of the illness. This led to the embargo and removal of these clams from service, stopping the spread of this disease. Food and stool specimen analysis confirmed that *Campylobacter jejuni* was the primary bacterial agent responsible for the outbreak.*
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- *The second major outbreak occurred at a charity fund raising event held at the New York State Fairgrounds in October. Carnegie Café and Catering Company prepared the foods provided at this event. A total of 284 case histories were obtained during this investigation with 205 individuals reporting that they experienced gastrointestinal illness. Statistical analysis identified pork with gravy as the responsible vehicle. Stool and food specimen analysis confirmed *Clostridium perfringens* as the primary responsible bacterial agent.*
- *The third, and most challenging, major outbreak occurred at Plainville's Natures Fare Restaurant in Cicero. The Communicable Disease Bureau began receiving an increase in a particular type of salmonella in October and was notified by the New York State Department of Health that these salmonella cultures had the same "fingerprint". At the same time, additional cases were being reported in multiple counties in Central New York. None of the infected individuals initially associated their illness with the restaurant but extensive case history interviews in multiple jurisdictions eventually led to confirmation that the restaurant was the source of these illnesses. The outbreak was interrupted in November after the restaurant was closed for a one-week period while all surfaces were cleaned and sanitized and changes in food handling and preparation procedures were initiated and approved by the Food Protection Section. In addition, all employees were required to submit stool specimens and were allowed to return to work only after negative results were received. A total of 123 case histories were obtained with 90 of these individuals reporting illness symptoms, including 6 restaurant employees.*



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## ***Environmental Health 2008 Highlights, cont.***

*The success of the response to these outbreaks can be attributed to the cooperative effort of Health Department staff, public health officials in other counties, State agencies, operators of the implicated food service facilities, and the affected individuals who provided critical data.*

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### ***Animal Disease Prevention***

The Bureau of Animal Disease Prevention provides services and education to reduce the incidence of illness transferred from animals to humans. The primary focus of the Bureau continues to be the control of rabies in Onondaga County. Staff members investigate reports from the community concerning animal bites or suspected rabid animals. Investigations allow the Bureau to determine the potential for human exposure to rabies, oversee the testing of specimens, and take the necessary steps to protect the community's health.

In 2008, the Bureau investigated 890 animal bites involving 640 dogs, 194 cats, and 56 other species. The Bureau also oversaw the testing of specimens when a potential human exposure to rabies was identified. Of the 256 specimens submitted for testing, there were a total of 13 positive animals including 1 cat, 6 raccoons, 1 skunk, 2 foxes, and 3 bats.

The Bureau provides education for the public. This information includes the handling of animal bites, rabies specimen submission for testing from local residents and veterinarians, and information concerning our rabies clinics offered throughout the year. Staff is available on a 24-hour basis to provide information and guidance in the event of a possible human exposure to rabies.

With the assistance of community partners, the Bureau of Animal Disease Prevention conducted 18 rabies vaccination clinics for Onondaga County residents. Scheduled from March through December, these clinics took place in various locations throughout the county, including 4 sites in the city of Syracuse. The clinics provided free vaccination (with donations accepted) to 2,774 animals from 1,780 families. Out of 2,774 animals vaccinated, 1,815 were dogs, 938 were cats, and 21 were ferrets.

Formal enforcement hearings were initiated for individuals who did not comply with supplying proof of rabies vaccinations for dogs that had bitten a human. In 2008, there were a total of 9 hearings scheduled, resulting in 5 orders being issued.

## ***Community Environmental Health***

The Bureau of Community Environmental Health consists of the Food Protection, Residential Environmental Health, as well as Temporary Residence and Recreational Facilities.

Bureau activities include inspection of facilities; review of safety plans; dissemination of educational materials to regulated facilities and the public; collection and testing of food and water samples; response to citizen complaints; investigation of injuries and food-borne illnesses linked to regulated facilities; and enforcement of Sanitary Code regulations.

The New York State Department of Health conducts periodic review of community environmental health programs. Onondaga County's Community Environmental Health Bureau achieved satisfactory reviews for all its programs in 2008.

**Food Protection** strives to ensure that safe and sanitary food is prepared and served to the many thousands of patrons who visit the 1,890 food service facilities in Onondaga County. To accomplish these objectives, the Food Protection section conducts periodic comprehensive inspections of all food service facilities as mandated by Onondaga County and New York State Sanitary Codes. The Food Protection section also provides food safety education and guidance for the food service industry, temporary foodservice operations, media outlets, and the general public. Together, these educational and enforcement activities help achieve and improve compliance with Sanitary Code provisions.



The variety of festivals, field days, and other community events in Onondaga County expand in scope and popularity each year. Temporary food service events continue to require a significant amount of staff time to provide pre-event education, issue permits, and conduct operational inspections during events. Pre-event education provided to temporary food service providers resulted in significant levels of compliance at the majority of the 479 operations inspected during 2008.

In addition to the foodborne disease outbreaks discussed in the highlights section of this report, the Food Protection section investigated a total of 126 suspected foodborne illness complaints in 2008. Food Protection employees advise ill individuals to follow preventive measures to reduce or eliminate secondary transmission of illness to family members or others with whom they are in contact. On the facility end, the Food Protection section

implements a combination of education and enforcement measures to prevent foodborne illness events at the restaurant or facility.

The Food Protection section is also responsible for monitoring compliance with the New York State Clean Indoor Air Act. Food Protection staff investigated 43 complaints involving the Clean Indoor Air Act in 2008. In 16 cases, the establishments were determined to be in non-compliance and subsequent enforcement actions were taken, including written warnings, and, for establishments with repeat offenses, Commissioner's Hearings.

Food Protection staff investigated 482 other complaints in 2008. Facilities are required to implement corrective measures in a timely manner when violations are observed. Code enforcement action is initiated when necessary.

**Residential Environmental Health** is responsible for inspections and sanitary surveys of mobile home parks, child care centers, community water supplies, and non-community water supplies. Public health workers in this section enforce public health housing regulations and investigate citizen complaints of alleged public health nuisances or hazardous conditions. During 2008, staff members inspected 109 regulated facilities and investigated 622 complaints. The majority of facilities demonstrated substantial compliance and most complaints were resolved through education on proper sanitation practices. In situations where education measures did not achieve compliance, Residential Environmental Health staff utilized Commissioner's Hearings to enforce Sanitary Code provisions.

**The Temporary Residence & Recreational Facilities Section** conducts inspections and sanitary surveys of a variety of different types of regulated facilities, including swimming pools, bathing beaches, hotels and motels, children's camps, migrant farm worker camps, school food services, state institutions, campsites, and rooming houses. During 2008, staff members inspected 495 regulated facilities for compliance with the Sanitary Code. The majority of facilities demonstrated substantial compliance with the Sanitary Code. When deficiencies were identified, the facility was cited and corrections made; however, Commissioner's Hearings were scheduled when necessary.

During 2008, staff investigated two near drowning incidents, one of which resulted in a subsequent death as a result of injuries sustained. One of these incidents



occurred at a bathing beach and the other at a hotel pool. Staff determined in both investigations that the facilities were in compliance with Sanitary Code requirements.

Temporary Facilities staff provides ongoing education to facility owners regarding code requirements and proper operating procedures. Staff members also respond to complaints concerning regulated facilities.

### ***Environmental Health Assessment***

The Environmental Health Assessment Bureau is responsible for responding to and investigating issues dealing with the indoor and outdoor environment. The Bureau houses the following programs: Adolescent Tobacco Use Prevention Act, Environmental Exposure Response, Healthy Neighborhood, Incinerator Monitoring, Indoor Air, New York State Clean Indoor Air Act, Radon, Rodent Control, and Vector Control.

Health Assessment staff performed 427 compliance checks in 2008 assessing whether retailers sold tobacco to minors in violation of the **Adolescent Tobacco Use Prevention Act (ATUPA)**. To conduct these compliance checks, trained teenage volunteers, working with an environmental health assessment staff member, randomly visit retailers and attempt to purchase tobacco. Retailers who sell tobacco to minors face penalties and follow-up investigations. In 2008, 13 retailers sold tobacco to a minor.

Tobacco retailers who fail the compliance check accumulate penalty points on their registration. If a retailer accumulates three points, his/her registration to sell tobacco is suspended for six months. However, non-compliant tobacco retailers can avail themselves of state certified training courses on ATUPA. If the retailer provides proof that the salesperson who sold tobacco to a minor attended one of these courses, the retailer will be assigned only one penalty point instead of two.

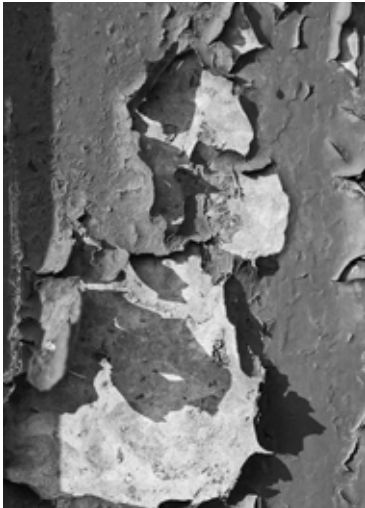
**The Environmental Exposure Response program** conducts surveillance of toxic and hazardous substance sites, investigates environmental radiation incidents, and responds to hazardous spills.

During 2008, the Environmental Exposure Response program provided guidance on health risks associated with hazardous materials incidents. These included several petroleum spills that resulted in odors in a residence, unknown chemical type odors in a residence, and cleaning chemical incidents. Specific examples include: staff collaborating with a school to resolve concerns involving mercury in a science classroom; staff assisting a health care provider who was concerned a patient's severe medical condition may have been attributed



to an exposure of a toxic chemical at home; and staff working with a Burmese interpreter to identify and ultimately remove potential sources of possible hazardous substances from the home.

Staff members continue to respond to a significant number of radiation incidents although the number has decreased from the previous year. The majority of cases involved loads of trash going to the municipal trash incinerator. Often, the source of radiation is associated with medical waste.



The goal of the **Healthy Neighborhood program** is to reduce specific household hazards, such as fire hazards, lead poisoning, and carbon monoxide, in high-risk neighborhoods. Staff members conduct door-to-door surveys to determine household needs and identify safety issues. The Healthy Neighborhood program provides households with supplies and referrals to address identified household hazards. During 2008, Healthy Neighborhood staff completed 730 surveys, resulting in 1,476 referrals. The Syracuse Fire Department responded by installing 759 smoke detectors and 131 carbon monoxide detectors in at-risk homes. In addition, as a result of the Healthy Neighborhood intervention, 279 children were tested for lead and 329 residents received training on managing their asthma.

**Incinerator Monitoring:** As part of Onondaga County's effort to monitor the relationship between the operation of the municipal solid waste incinerator and levels of constituents in the environment, Environmental Health staff collected a series of soil and ash samples. Samples were collected in the spring and fall. They were analyzed for metals, PCB's, Dioxins, and Furans. Staff reviewed quarterly reports and annual stack testing reports which are forwarded directly from the Onondaga County Resource Recovery Agency. The Incinerator Monitoring program determined 2008 results were within the expected range for urban environments and were below levels associated with health risk. The Environmental Health Assessment Bureau issued a report outlining the results of 2007 monitoring in November and will issue a similar report for 2008 results.

For the first time in several years, Bureau staff responded to several complaints that were attributed to the incinerator by the complainant. After investigation, it was determined that the sources were a dumpster fire and home fire in the area.

**The Indoor Air program** investigates complaints associated with indoor air quality, such as mold, asbestos, carbon monoxide, and odors. During 2008, the Indoor Air program

investigated or responded to 83 concerns and complaints. Concerns about mold continued to be the predominant issue for this program in 2008. Staff members are using a successful protocol to address public questions and complaints about mold in homes, rental units and workplaces. Services included advising residents on how to correct water problems and effectively clean up mold.

Environmental Health is involved in enforcement of the **New York State Clean Indoor Air Act (CIAA)**. The success of this legislation is reflected in the continued decline in the number of complaints, waivers, and tobacco promotion requests received each year.

The division received and renewed 7 CIAA waiver applications during 2008. These active waivers, originally issued for financial hardship, continue to decline as facilities change ownership or go out of business. In addition, there were 10 tobacco promotion notices received from establishments (primarily bars) in accordance with the law.

Environmental Health Assessment staff addresses complaints involving smoking in the workplace. In 2008, staff members resolved 32 workplace smoking complaints by answering questions and providing education and guidance on the Clean Indoor Air Act.

**The Radon program** provides County residents with information on home radon testing and mitigation. During 2008, staff members distributed 500 radon detectors to Onondaga County residents through a grant from the New York State Department of Health. Early this year, there was significant interest in radon due to an article in a local newspaper. This article resulted in over 1,000 calls requesting radon detectors and information.

**The Rodent Control program** investigates rodent complaints and conducts monitoring and baiting activities in the public sewer system. All three of the summer staff from 2007 rejoined the Rodent Control program in 2008. Because all three personal had completed the New York State Department of Environmental Conservation required training to be apprentice applicators, they were able to start applications after only one day of safety procedure review. In summer 2008, Rodent Control staff members checked sewers located in the project areas for both this year and next year's construction for the Onondaga Lake Improvement Project. Program personnel applied rodenticide to catch basins and manholes located in these areas. No evidence of active rodent infestations was observed during that time.

The number of rodent complaints received by the Health Department on both public and private property has declined steadily over the last several years, possibly because of the impact of this program. During 2008, Onondaga County residents filed only 5 complaints alleging rodent infestations associated with the public sewer system. Rodent Control staff

investigated these complaints, applying appropriate baiting as needed. Staff members also conducted preventive baiting activities in other areas, as time permitted.

**The Vector Control program** conducts bird and mosquito surveillance as well as mosquito control activities in an effort to prevent disease transmission.

In 2008, West Nile Virus (WNV) was again detected in mosquito pools and birds in Onondaga County. In addition, Eastern Equine Encephalitis (EEE) was detected in mosquitoes. There were no reported human cases of WNV or Eastern Equine Encephalitis (EEE) in Onondaga County in 2008.



Program staff conducted vector mosquito surveillance activities from May through September. Each week, the Vector Control program submitted mosquito specimen pools to the Wadsworth Center Laboratory, New York State Department of Health, to determine the presence of WNV, EEE, California Encephalitis (CE), and other arboviruses. Of the 447 mosquito pools submitted during the period, 1 tested positive for WNV, 1 tested positive for EEE, and 1 tested positive for Jamestown Canyon virus.

Dead bird surveillance occurred throughout the year. The Vector Control program received reports of 175 dead birds, including 79 crows, in 2008. Program staff members collected and submitted a subset of these birds to the New York State Department of Environmental Conservation Wildlife Pathology Unit and Wadsworth Lab for virus testing. Of the 23 birds submitted, 4 tested positive for WNV.

The Vector Control program performed mosquito control activities from May through September. Program staff treated 17,250 catch basins throughout the county with Altosid XR, a single application, long lasting, briquette larvicide. Nearly 1,000 known breeding sites were checked and treated, as necessary, with granular larvicide or larviciding oil.

Vector Control continued its program to treat abandoned swimming pools with appropriate larvicide. Staff treated one abandoned swimming pool during 2008.

Vector Control staff also continued the tick identification service for county residents. Staff identified 15 ticks during 2008.

## ***Public Health Engineering***

The Public Health Engineering Bureau consists of the Water Supply section, Land Development section, and the staff for the Council on Environmental Health.

**The Water Supply section** is responsible for surveillance, inspection, and regulatory oversight of the County's Public Water Systems (PWS). This section also provides information and assistance to residents on individual wells. Program highlights from 2008 include the following:

- Ground Water Under the Direct Influence (GWUDI) sources are susceptible to surface water contamination and therefore require additional treatment including filtration and disinfection capable of 99.9% removal and/or inactivation of viruses and Giardia Lamblia cysts. In 2008, the Bureau continued efforts to eliminate the two remaining municipal sources determined to be GWUDI. The Southern Onondaga system has been constructed and approved for use, which has allowed the Mountain Glen Water Co. to be eliminated as a water supplier. As of October 31, 2008, Mountain Glen Water Co. had successfully switched to OCWA and eliminated their spring source. The Village of Marcellus continues to make progress in eliminating their source, with design plans for the Limeledge Water District having been approved in 2008.
- Ground Water Under the Direct Influence (GWUDI) evaluations were conducted on the 8 non-municipal supplies that were suspect sources. Monthly raw water samples were collected from sources at each PWS in 2008 and the data will be evaluated to make a final determination.
- In response to an EPA mandate, Bureau staff conducted radionuclide sampling at 31 water systems. Quarterly sampling was conducted at 21 of these systems.
- The New York State Department of Health requires the full utilization of the Safe Drinking Water Information System (SDWIS). A new requirement for 2008 was full utilization of the sample schedule module. All 113 public water system monitoring requirements must now be generated from SDWIS. Sample schedules were set up for all of the individual organic and inorganic chemicals and bacteriological sampling requirements at each of the 113 systems. This accomplishment required a great deal of staff time and the increased SDWIS workload will now be an ongoing responsibility.



- One aspect of the Long Term 2 Enhanced Surface Water Treatment Rule (LT2) requires water systems with uncovered finished water storage to cover their storage facilities or provide additional treatment to inactivate and/or remove microbial contaminants. The deadline for covering storage facilities or treating the water before distribution, or achieving compliance by having a State approved schedule, is April 1, 2009. Systems with open reservoirs include the City of Syracuse, Metropolitan Water Board, and the Town of Skaneateles. In 2008, Onondaga County decided that the Metropolitan Water Board would enter into an agreement with OCWA in which OCWA will build and own new tanks at Eastern and Western Reservoirs. Metropolitan Water Board will operate and maintain the tanks. In addition, design plans for new tanks at the City of Syracuse Westcott Reservoir location were reviewed and approved. Construction of these tanks is currently underway. In the early part of 2009, staff will be working with the remaining facilities not in compliance to develop approved schedules as required.
- The Stage 2 Disinfectants and Disinfection Byproducts Rule (Stage 2 DBPR) required that water suppliers with Total Trihalomethanes and Haloacetic Acid levels above a specified level conduct an Individual Distribution System Evaluation (IDSE). Those PWS serving 100,000 or more people have submitted their final IDSE report for review and approval by bureau staff by the required date of 12/31/08.
- In 2008 bureau staff evaluated more than 35 potential drinking water certified operators under the State's On-site Assessment Program.
- The Water Supply program staff conducted in-depth sanitary surveys of all 113 public water supplies and 54 non-public water supplies in Onondaga County in 2008.

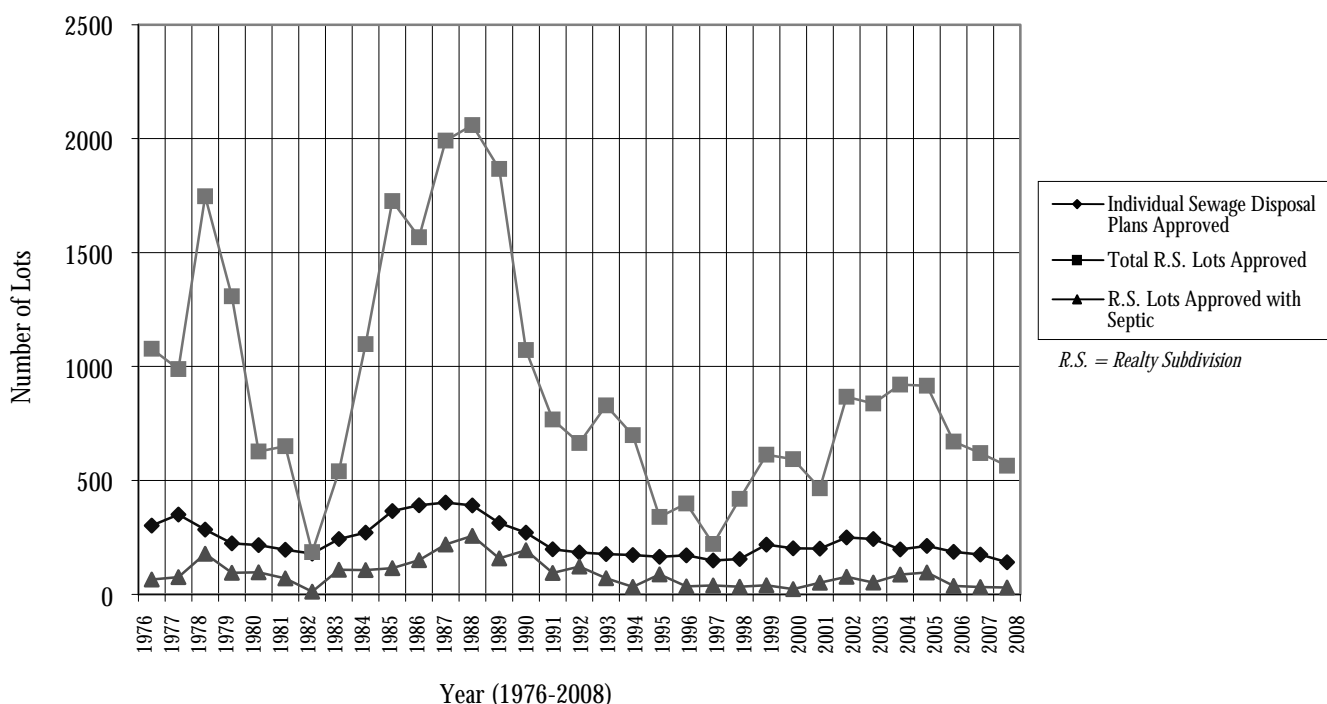
**Land Development** conducts review and approval of plans for municipal sewer and water extensions, realty subdivisions, individual sewage disposal systems, and public swimming pools to assure they conform to public health standards.

In 2008, the number of building lots approved as individual lots by the Land Development section continued a downward trend. The total number of lots approved under the realty subdivision program was also down in 2008, consistent with the state of the economy and the nationwide slow-down in the housing market.



Bureau staff conducted a comprehensive training for individual sewage disposal system contractors. This presentation was integral in our attempt to establish a good working relationship with contractors. Topics of discussion included reading a septic plan, proper construction techniques, and the basics of what inspectors look for during inspections. The Bureau received significant positive feedback for this initiative.

### ***Land Development Plans Approved by Category, 1976-2008***



### **Council on Environmental Health**

Citizen members of the Council on Environmental Health provided over 200 volunteer hours of their collective expertise on environmental and environmental health issues through monthly meetings, attending public information meetings, field site visitations, and document review and report preparation. Council ex-officio members, representatives from other local and state agencies, private organizations, and interested citizens regularly attend meetings or make presentations on issues studied by the Council.

**Council Activities:**

- Continued its designated role as the County's Citizen Advisory Board as lead entity to meet public participation requirements for the County's Stormwater Management Program.
- Reviewed and provided comment on the County's Stormwater Management Plan Annual Report.
- Reviewed and endorsed the Cooperative Extension "Rain Catcher" program to encourage the professional nursery landscape community to make rain garden construction a more integral part of their business operations and to promote rain gardens, rain barrels and related techniques to the public to reduce stormwater runoff.
- Helped promote zero-phosphorus fertilizer use at the Onondaga Lake Partnership (OLP) Lake Day as part of an OLP mini-grant the Council obtained jointly with Cooperative Extension.
- Commented on the NYSDEC draft scope for supplementing the Department's Generic Environmental Impact Statement on the Oil, Gas and Solution Mining Regulatory Program as it pertains to natural gas drilling and extraction in the Marcellus Shale with attention to the Skaneateles Lake and Otisco Lake drinking water supply watersheds.
- Implemented a distribution plan for educational material developed by the Council focused on the proper maintenance of neighborhood stormwater management ponds and swales to ensure proper function and mosquito population prevention. Over 250 copies distributed to targeted audiences.
- Provided correspondence supporting expansion of the New York State Bottle Bill.
- Provided oversight for the County's 2008 aquatic invasive species control program.

**Staff Activities:**

- Provided administrative and technical support for Council on Environmental Health.
- Served on the County's internal stormwater management team to help the County meet Municipal Separate Stormwater Sewer Systems (MS4) regulatory compliance.
- Provided staff assistance for the County's Citizen Flood Advisory Committee.
- Served as members on the ad-hoc Central New York Water Chestnut Task Force.
- Administered and implemented diverse water quality projects in County watersheds under the Finger Lakes-Lake Ontario Watershed Protection Alliance grants program.

- Provided technical assistance on the County's Onondaga Lake Ambient Monitoring Program; technical review and comment on reports/submissions related to industrial pollution remediation of Onondaga Lake and vicinity.
- Provided permit compliance, field coordination and implementation of the water chestnut mechanical harvesting and chemical control program.
- Served an oversight role in County's stormwater outfall inspection program.

## ***Weights & Measures***

The Weights and Measures program performs annual inspection and testing of scales, gas pumps, and other weighing or measuring devices used for retail services. Staff members inspected a total of 775 facilities and 6,953 devices during 2008. Program staff also conducted investigations of all complaints received during the year.



The program continues to use the systematic method for collecting overdue fees for Weights and Measures facilities. Under this method, facilities that do not pay in a timely manner, despite repeated billing attempts, will have a graduated fine added to their fee. The Weights and Measures program carefully devised the fee collection system to be fair and equitable to all facilities, including those that pay within the time period allowed under New York State Weights and Measures regulations.



# Facilitated Enrollment

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## *2008 Highlight*

- *During 2008 significant strides were made to expand health care coverage to children and adults in Onondaga County. Eligibility for Child Health Plus increased from 250% to 400% of the Federal Poverty Level, Family Health Plus now offers a Premium Assistance Program, and eligible children can receive presumptive coverage for Child Health Plus.*
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The mission of the Facilitated Enrollment program is to expand the accessibility and enhance the ease of applying for public health insurance within Onondaga County. In order to accomplish this mission, ongoing partnerships have been established with key community



based organizations and County departments. Facilitated Enrollment makes strides to continuously strengthen these partnerships.

All partnering community based enrollment sites have a Facilitated Enroller on staff. Facilitated Enrollers assist families in the application process for Medicaid, Family Health Plus, and Child Health Plus. Enrollers meet at times and locations convenient for families. They assist and guide families throughout the application process and offer

supportive services until the family receives on-going health coverage. In 2008, Facilitated Enrollment processed 2,258 applications for public health insurance. A combined number of 1,631 completed applications were submitted to Medicaid and Child Health Plus. As of October 31, 2008, 934 adults and 923 children were enrolled, with the remainder pending review at the close of 2008.

# Family Planning Service

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## ***2008 Highlights***

- *In October Family Planning Service's (FPS) administrative office moved into a newly designed office space at 428 West Onondaga Street in the Onondaga Commons complex. The new offices are near the William H. Harris Clinic on Slocum Avenue, and are a block away from the Women, Infants, and Children (WIC) office. The location provides easier access for program participants who live on the near west side and south side of Syracuse. Free parking is available for both patients and staff.*
  - *Family Planning Service continues to provide male reproductive health services at the Slocum Avenue site, and in 2008 began to provide services to males at the North Syracuse clinic. A male health educator was assigned to both of those clinic sites to provide education and counseling on issues related to reproductive health and male responsibility. In 2008, 180 men received reproductive health care.*
  - *With the support of funding from the New York State Department of Health, Family Planning provides free walk-in emergency contraceptive services to women who are medically qualified. Walk-in patients are served at both the administrative office and at clinic sites. Each patient receives evaluation, counseling, and is offered the opportunity to enroll in FPS. In 2008, FPS provided 1,707 patients with emergency contraception, a 14% increase over 2007.*
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## ***Clinical Services***

Family Planning Service is a preventive health care program funded by the United States Public Health Service and the New York State Department of Health. Family Planning provides medical, educational, and social services designed to assist women and men in the planning and spacing of children. The program also serves as an entry point to health care.

Family Planning Service focuses on women who are at risk for an unintended pregnancy and in need of subsidized family planning care. Priority is given to teenagers and women from low-income families. In 2008, FPS provided care to 6,428 unduplicated patients. Patients made 13,028 visits to the three FPS clinic sites, and 98% of all patients seen in 2008 were at or below 200% of the federal poverty level. Family Planning Service staff members work with uninsured patients to help them access publicly funded insurance programs such as Medicaid, the Family Planning Benefit Program, and Child Health Plus. Family Planning Service actively partners with the Cancer Screening Program to ensure eligible women receive mammograms, follow-up care for positive cervical cancer testing, and Human Papilloma Virus (HPV) immunizations.

Family Planning Service is committed to reducing the rate of adolescent pregnancy in Onondaga County. Family Planning Service continues to operate two “teen-only” clinics per week at the Civic Center. In addition, teenagers can access services during after-school hours at the Slocum Avenue and North Syracuse sites. During 2008, services were provided to 1,704 unduplicated patients aged nineteen years or younger.



Since 2007, Family Planning has offered the OraQuick Human Immunodeficiency Virus (HIV) Rapid Test at all clinic sites. This test uses a small blood sample and allows patients to receive HIV test results in approximately 20 minutes. In 2008, FPS provided HIV testing to 1,898 patients, representing a 124% increase in testing since shifting from conventional HIV testing in 2006.

### ***Health Education and Outreach***

Family Planning Service provides information and education to numerous middle schools and high schools throughout Onondaga County. Public health messages are delivered through a standardized curriculum, discussing appropriate decision-making practices and the long-term health effects of different behaviors. The curriculum is designed to increase knowledge, develop resiliency skills, and build upon student assets. Health education and outreach was received at 54 community-based organizations and health related events throughout the year.

# Health Information Technology

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## ***2008 Highlights***

- *Health Information Technology (Health IT) increased utilization of the thin client computing system. This system alleviates maintenance of individual workstations. Administration of software takes place on servers and users share the server resources as if they are PCs. The system has built-in load balancing to optimize server use and speed as well as to avoid down time. The system, which now services 30% of the Department, permits user access from a choice of locations and may be used for emergency access.*
- *Through collaboration between Health IT, Correctional Health, the Department of Personnel, County IT and the insurance vendor, a system was put in place that shortened the medical insurance billing cycle from 2 months to 2 weeks.*
- *In conjunction with the Center for Forensic Sciences, Health IT managed the groundwork for transition to an expanded LIMS (laboratory information management system). The expanded system will integrate with evidence tracking for law enforcement throughout Onondaga County in 2009.*
- *Together with Maternal and Child Health, Health IT managed migration of multiple databases tracking health outcomes of underserved pregnant women, infants, and mothers into one comprehensive product, which is designed to increase efficiency of service coordination with community partners.*

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Health Information Technology, in coordination with the Onondaga County Department of Information Technology, manages an electronic framework for the smooth exchange of Health Department information. Health IT is responsible for planning, procuring, implementing, managing, and supporting information systems for more than 400 active users in 9 divisions at 7 physical locations. In 2008, Health IT will begin work to implement electronic health records in the Health Department. As medical and other sensitive information continues to move from paper to electronic storage, Health IT will devise secure, efficient and cost-saving strategies for managing the ever-increasing volume of critical data.

# Health Promotion & Disease Prevention

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## ***2008 Highlights***

- *In 2008, the Cancer Services Program Partnership diagnosed 13 cervical cancers, 9 breast cancers, and 2 colorectal cancers. The Partnership also provided health education about cancer screening to over 1,800 men and women.*
  - *Eat Well Play Hard sponsored a meeting for all media representatives, entitled "Media on the Move", to increase the public's awareness of childhood obesity in Onondaga County.*
  - *In 2008, the Lead Program successfully implemented two new grants targeting primary prevention of lead poisoning.*
  - *The Onondaga County Health Department and Onondaga County Parks received the "Exceptional Program Award" from the Central New York State Recreation and Park Society for their "Get Moving CNY" program.*
  - *The Healthy Heart School-Based Initiative awarded sectionizers (to facilitate fruit and vegetable preparation), pedometers, and fitness testing software to numerous school districts throughout Central New York. These three initiatives have contributed to sustainable environmental changes within schools, impacting a total of over 38,590 students.*
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## ***Car Seat Program***

The Onondaga County Car Seat Program participates in a community wide effort to increase compliance with the New York State Child Passenger Safety Law. This law requires all children under the age of seven to be properly restrained in a federally approved car seat (or an appropriate child restraint system) when riding in a motor vehicle. The Governor's Traffic Safety Committee provides funding for the car seat distribution program. Additionally, the funds collected from purchases and rentals are deposited in the Car Seat account to fund additional seats.

The Health Department operates the distribution program allowing parents and caregivers to purchase child restraint seats at low cost. Car seats are also available for short-term rentals of 30 days or less. The program is open to all parents and caregivers regardless of income.

The Governor's Traffic Safety grant requires that all program recipients receive car seat education on the importance of using child restraints, how to properly install and use their car seat. A certified Child Passenger Safety Technician provides these demonstrations and inspections of car seats, ensuring they meet proper safety standards. If they do not, the Car Seat Program is able to provide a new seat. This service is provided to the public at no cost.

During 2008, the Onondaga County Car Seat Program distributed 312 child restraint seats and trained 468 parents/caregivers on how to install them correctly.



## ***Dental Health***

The Dental Health program targets dental health education and referral services to pre-school aged children and their parents/guardians. Parents and guardians are given written materials with dental health tips and recommendations about making early and regular oral exam appointments for children.

In 2008, the Dental Health program:

- Provided small group presentations to 63 sites including Syracuse City School District Pre-K programs, PEACE Head Start programs, day care centers, nursery schools, after school programs, libraries, and community-based agencies.
- Conducted 192 dental health presentations to total of 2,888 children, with literacy levels geared toward three, four, and five year old children. This program focused on oral health and how to properly care for teeth. Educational messages were evaluated throughout the presentations by asking children if they have had a dental visit and if they could identify healthful foods for teeth when playing the "Good Food, Bad Food for Teeth Game". Responses were recorded and presentations modified based on evaluations results. The children also demonstrated their tooth brushing abilities.
- Conducted 4 presentations about children's oral health to 102 adults at parent groups.

## ***Eat Well Play Hard***

The Eat Well Play Hard (EWPH) program supports efforts to prevent childhood obesity and chronic disease through policy, system, and environmental strategies. The Eat Well Play Hard Program has been directed by the New York State Department of Health to develop a “sustainable community coalition” aimed at reducing the prevalence of overweight and obese children in Onondaga County. With the support and guidance of the Onondaga County Commissioner of Health, the Onondaga County Eat Well Play Hard network underwent a strategic planning process aimed at building sustainability. As a result, the EWPH network defined a Mission, Vision, Strategy, and Method statements in the fall of 2008.



Program objectives are to encourage County residents to:

- increase the daily consumption of vegetables and fruits,
- switch to low-fat and fat-free dairy products after two years old,
- engage in daily age appropriate physical activity.

During 2008, program staff planned, promoted, and implemented 20 Women, Infant, and Children (WIC) farmers markets from June-October 2008. These markets collectively resulted in \$4,053 of fresh produce purchased. In total, \$2,738 worth of produce was purchased through WIC coupons, \$270 was purchased through use of an EBT, and \$1,045 were in cash sales.

Eat Well Play Hard implemented the Nutrition and Physical Activity Self Assessment in Child Care Centers (NAP SACC) at nine child care centers. This resulted in five policy changes, 10 built environmental changes, and seven practice changes.

### **Policy changes implemented by EWPH included:**

- Switching to 1% and fat free milk starting at age two
- Implementing “healthy celebration” policy guidelines
- Mandating staff training opportunities on nutrition and/or physical activity
- Offering nutrition or physical activity education opportunities to parents

**Practice changes implemented by EWPH included:**

- Parent newsletters including nutrition and physical activity tips
- Fitness and nutrition bag dissemination to the SUNY Upstate Child Care Center
- “Rainbow On Your Plate” nutrition curriculum implemented within the YWCA Fairmount Child Care Center
- SPARK curriculum (physical activity) implementation

**Eat Well Play Hard built environmental changes that included:**

- Construction of ten fruit and vegetable garden beds at six child care centers

For the second consecutive year, EWPH, in conjunction with Onondaga County Parks and Syracuse Parks and Recreation, coordinated “Get Moving CNY”. This program is a county-wide physical activity initiative to encourage people to exercise 30 minutes for 30 consecutive days. “Get Moving CNY” received an Exceptional Program Award from professional recreation and park societies on a regional level (CNYRPS) and on a state level (NYSRPS) in the summer of 2008. In total, over 1,444 participants were recorded from log sheets submitted, representing an increase from the previous year.

Eat Well Play Hard hosted two, three-hour Yoga Kids physical activity workshops targeting professionals who work with children of day care age. The purpose of the workshops was to increase the amount of physical activity that children receive in the day care setting through yoga inspired activities. Eighty participants, who received 3 hours of physical activity continuing education credits, attended the workshops. As a result, 60 participants reported that they would incorporate 30-60 minutes of daily physical activity in their child care sites.





## ***Healthy Children Healthy Futures***

### ***School-Based Childhood Obesity Initiative***

In January 2005, the Onondaga County Health Department received a five-year grant from the New York State Department of Health (NYSDOH) with the goal of reducing the prevalence of childhood obesity by promoting healthful eating and physical activity through policy and environmental changes in local schools. As part of the federal Child Nutrition and WIC Reauthorization Act of 2004, all schools receiving federal funding for their lunch programs are required to develop a wellness policy that addresses both nutrition and physical activity.

The goal of this program is to prevent childhood obesity and chronic disease risk through policy, system, and environmental supports for physical activity and good nutrition. This program continues to expand the number of school districts with comprehensive policies and environments that increase physical activity, healthy eating, and coordinated school health. This grant initiative serves an eight-county Central New York region that includes: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins counties.

During 2008, the School-Based Childhood Obesity Initiative supported school districts throughout the eight-county Central New Region by:

- Awarding Fitnessgram/Activitygram software to selected school districts throughout the Central New York region. Fitnessgram/Activitygram is a computerized tool that allows a school to perform quality fitness assessments, physical activity assessments, and collect and organize BMI data. Incorporation and utilization of the Fitnessgram/Activitygram software in physical education classes resulted in a sustainable environmental change in physical education programs within these select districts. Two versions of the software were awarded. A Small Network version was awarded to three districts that have a combined total of seven school buildings impacting 1,276 students. A district server version was awarded to three districts with a combined total of 15 school buildings impacting a combined total of 22,914 students.
- Coordinating and implementing the workshop, “Farm-to-Cafeteria: Bringing Schools and Communities to the Table” on March 11, 2008. The key focus of this workshop was to engage school staff to learn how to connect with local food producers to increase the amount and variety of local farm products served to children at school. A total of 45 participants from 24 school districts in an eight-county region across Central New York attended this workshop. The participants included district superintendents, school food service directors, and school staff. Over 65,000 youth are offered school meals from districts attending this workshop.

- Awarding “Walk4Life” Pedometers to fifteen school buildings throughout the CNY region. The purpose of incorporating the use of pedometers into physical education classes is to track the physical activity levels of students during physical education class time. It is recommended that students participate in moderate to vigorous physical activity at least 50% of physical education class time. Incorporation and use of pedometers in physical education classes resulted in a sustainable environmental change in physical education programs each day, impacting over 8,400 students in participating schools throughout Central New York.
- Awarding Sunkist Fruit and Vegetable Sectionizers to school districts throughout the CNY region. The CNY Healthy Heart School-Based Initiative capitalized on a previous success with school districts by awarding thirteen additional Sunkist Fruit and Vegetable Sectionizers, thus creating a sustainable environmental change in these districts’ food service programs. The CNY Healthy Heart School-Based Initiative had a direct impact on increasing consumption of fresh fruits and vegetables by over 6,000 students each day in schools throughout Central New York that have incorporated these sectionizers into their food service practices.



### ***Influenza & Pneumonia Vaccination Program***

The Onondaga County Health Department strives to prevent illness and reduce hospitalizations and premature deaths resulting from influenza and pneumococcal disease by making vaccinations accessible to all county residents. This season, both flu and pneumococcal vaccines were readily available in the community.

All persons are susceptible to infection with the flu. Three populations, however, are especially vulnerable to serious complications that can lead to hospitalization or death: children under age two, persons with chronic medical problems, and seniors ages 65 and older. In addition to encouraging these high-risk groups to get vaccinated, the Health Department places a special emphasis on promoting influenza immunization of all persons who come in contact with high-risk populations.

In keeping with changes in the national vaccine recommendation, the Onondaga County Health Department promoted vaccination of all children 6 months to 18 years of age. To

support parents in meeting this recommendation, six of the Health Department's 15 public clinics were designated as "family clinics", where parents and children were able receive their vaccinations together. The Health Department, in partnership with Visiting Nurse Association and Maxim Healthcare Systems, conducted 15 clinics at 15 different locations in Onondaga County. Clinics were held between October 22 and November 26. After November 26, individuals seeking a flu shot from the Health Department could arrange to receive one at the William Harris Clinic on Slocum Avenue.

This year, FluMist<sup>®</sup> was available to county residents ages 2 to 49. FluMist<sup>®</sup> is a live but weakened vaccine that is administered through a nasal spray. The Health Department vaccinated 3,132 children and adults against influenza at public clinics in 2008. Of these, 74 received FluMist<sup>®</sup>.

### **Staffing**

Twenty volunteer nurses and 27 clerical volunteers joined with 20 staff nurses and 25 public health personnel to participate in the operation of one or more of the Health Department's scheduled flu and pneumonia vaccination clinics.



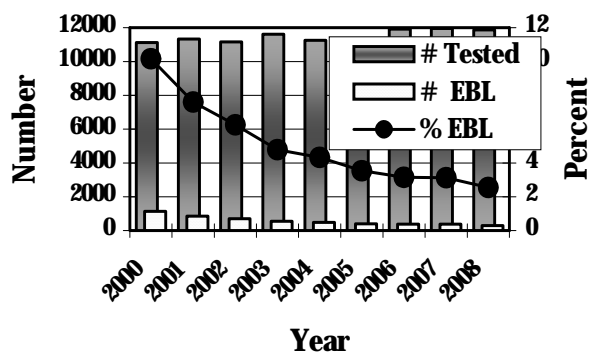
### ***Lead Poisoning Control Program***

The mission of the Lead Poisoning Control Program (LPCP) is to reduce the prevalence of elevated blood lead levels (defined by the Centers for Disease Control and Prevention (CDC) as  $\geq 10$   $\mu\text{g}/\text{dL}$ ) in young children. The Lead Program achieves its mission by conducting surveillance, screening, case management, environmental investigations, health education, and outreach.

In 2008, the Lead Program continued its efforts to identify, and provide case management for, children with lead poisoning. This year, 11,871 children in Onondaga County were tested for lead poisoning and 303 children (2.6%) were found to have elevated blood lead levels. This prevalence has continued its downward trend. Rates of lead poisoning in several zip codes in Syracuse, however, continue to rank among the highest in New York State.

Door-to-door outreach continues to be a critical component of the Lead Program’s efforts to identify children affected by lead poisoning in high-risk areas of the city of Syracuse. During the summer of 2008, the Lead Program visited 7,835 dwellings. Of the 3,424 dwellings where someone was home, one-on-one education was provided to 385 families with young children. A total of 236 children received lead testing at summer fixed-site clinics and on the “lead bus”. Elevated blood lead levels were detected in 16% of the 173 children tested on the “lead bus”. This rate is more than five times the countywide rate, illustrating the importance of targeting specific areas of the city.

### Prevalence of Lead Poisoning in Onondaga County



EBL = Elevated Blood Lead  
Provisional data; Includes unconfirmed fingersticks

The Lead Program initiated two new projects in 2008, both aimed at increasing primary prevention efforts in areas of Syracuse where children are at the highest risk for lead poisoning. Under a grant from the US Environmental Protection Agency, the Lead Program provided education and cleaning supplies to over 50 families to teach them how to reduce lead dust in their homes. With the support of a grant from the New York State Department of Health, the Lead Program conducted over 150 environmental lead inspections in order to identify and correct lead hazards in homes prior to a child becoming lead poisoned. Preventing lead poisoning is key to meeting the CDC goal of eliminating childhood lead poisoning by 2010.

In addition to primary prevention inspections, the Lead Program’s Environmental Health inspectors conducted 124 inspections of properties associated with children who had elevated blood lead levels. In the past, the Lead Program routinely conducted lead inspections for children with blood lead levels  $\geq 15 \mu\text{g}/\text{dL}$ . In 2008, the Lead Program also started offering environmental inspections to children with blood lead levels between 10 and 14  $\mu\text{g}/\text{dL}$  in an effort to prevent blood lead levels from reaching higher levels through early identification and intervention.

The Lead Program continued to subcontract with both the Onondaga County Community Development Lead Hazard Reduction Program and the City of Syracuse Lead Program in 2008. Under this arrangement, the Lead Program conducts community outreach and health education, provides blood lead testing, and relocates families living in properties undergoing lead hazard reduction by these grant programs.

## ***Migrant Health***

The goal of the Migrant Health program is to promote the health of the migrant farm worker population and to protect the health of the community in Onondaga County. Program components include: health education, outreach, in-camp health services, advocacy, and



referral services. Program staff members collaborate with SUNY Upstate Medical University and other community organizations to provide in-camp health care and health education services.

In 2008, a New York State Department of Health (NYSDOH) Migrant and Seasonal Farmworker Health Program grant award was again received for a five-year period. This funding, combined with volunteer support and multi-agency collaboration, provides resources needed for program operation. To initiate the year's activities, SUNY Upstate faculty and medical students, working through the Salt City Hope Clinic, teamed with Onondaga County Health Department

(OCHD) nursing and outreach staff to hold the first clinic of the season on June 25, 2008. During the summer and fall, the Migrant Health program conducted 10 medical clinics serving 8 different farms in Onondaga County. As a result of these combined efforts 122 farm workers received in-camp health care services.

The Migrant Health program continued to coordinate with Oswego County Opportunities, Finger Lakes Migrant Health Care Project, Syracuse Community Health Center and other local health care providers for off-site health care, enabling farm workers to receive medical, dental, and specialty services at little or no cost. Bilingual outreach workers from the OCHD provided migrant workers with ongoing health education, advocacy, referral, transportation, and interpretation services for follow-up medical, dental, and community service appointments.

Onondaga County Health Department nurses and volunteers, in collaboration with the NYSDOH Immunization Program, provided migrant workers with immunizations during in-camp visits. An in-camp flu clinic was successfully piloted for the first time in 2008. The Migrant Health program partnered with the Central New York Council on Occupational Safety and Health and the Central New York Occupational Health Clinical Center to conduct in-camp group and individual education, respectively, on ergonomics and other occupational health topics.

The Migrant Health program will continue working with migrant farm workers, growers, medical facilities, and community agencies to address the needs of the county's migrant community.

## ***Onondaga County Cancer Services Program Partnership***

The Onondaga County Cancer Services Program Partnership provides low cost or no cost screening for breast, cervical, and colorectal cancer to medically uninsured or underinsured women and men in Onondaga County. Key program activities include conducting health education and outreach as well as networking with community partners to increase referrals. In 2008, 13 cervical cancers, 9 breast cancers, and 2 colorectal cancers were identified through this program.

In April 2008, the Partnership, with support from multiple community partners, planned, coordinated, and implemented an education and clinical screening event entitled, "Get Health Connected." The event was held at two locations to reach a broad priority audience, providing health education for medically uninsured individuals. Health education topics included diabetes, cholesterol, nutrition, and several other chronic diseases. Medical screenings were offered for hypertension, cholesterol, kidney disease, vision, HIV/AIDS, and breast, cervical, prostate, and colorectal cancers. In total, 203 medically uninsured Onondaga County residents took part in this event.

On an ongoing basis, the Partnership provides education and screening for breast and cervical cancer for women. Case management to help identify and remove potential barriers to care is also available to further enhance these screening services. In 2008, the following procedures were performed for Partnership clients:

- 1038 clinical breast exams
- 806 mammograms
- 458 cervical cancer screenings
- 142 colorectal cancer screenings
- 230 follow up breast screenings
- 139 follow up cervical screenings
- 53 follow up colorectal screenings
- 102 HPV tests
- 28 received case management services
- 1,808 men and women received health education re: the importance of cancer screenings



In 2008, a primary focus of the Partnership was to increase the number of health care providers who agree to provide services for Partnership clients. These medical personnel provide breast and cervical screening services which are then reimbursed through the Partnership. This approach offers patients the ability to receive screening services at their medical home without a fee for service attached. In 2008, 7 additional medical providers became Partnership providers.

### ***Public Health Education***

The Public Health Education team works with a variety of Health Department initiatives to increase the public's awareness about local health issues, programs, and events. In 2008, the Public Health Education team planned and implemented numerous initiatives aimed at enhancing the health of Onondaga County residents. In 2008, these activities included: conducting media campaigns utilizing billboard, radio television, and print media; participating in writing grant applications for program services; conducting outreach events to increase awareness of program services; working cooperatively with local media to address emerging diseases; posting website alerts; designing health education materials to target priority populations using low literacy principals; conducting qualitative research for program development through focus groups; and by networking with area businesses, faith-based agencies, and community based organizations.

The Public Health Education team played a vital role in the following:

- Coordinating a meeting for all media representatives, entitled "Media on the Move". This initiative was held in an effort to determine ways to increase the awareness of childhood obesity in Onondaga County. A total of 33 media representatives attended this event, each making commitments to contribute to this initiative by airing/producing/publishing health enhancing reports. Progress has been made and awareness activities are currently being implemented.
- Coordinating and holding a family health event to provide information and health screening for low-income families, including those without health insurance. The purpose was to reach out to families with children two years old and over to share information about lead poisoning prevention and screening; Women, Infants, and Children (WIC) services; the importance of childhood immunization; and the importance of proper nutrition and daily physical



activity. This event resulted in approximately 450 people attending. In all, 35 immunization records were reviewed with parents; 11 families applied for WIC benefits; and 36 children were screened to determine if they were up-to-date for lead testing.

- Implementing a targeted promotional campaign to highlight the expanded availability of no cost or low cost Human Papillomavirus (HPV) vaccination for women 19-26 years old. Several health education materials were developed to outline key facts about the HVP vaccine and how County residents without health insurance can access the vaccine.
- Coordinating several hotlines to address public inquires about current health concerns (e. g. Lyme Disease, Legionella, and foodborne illness).

### ***SHAPE Program***

The SHeriff's Accessible Parking Enforcement (SHAPE) program delivers education and enforcement related the reserved/accessible parking and fire lane law ordinances to residents of Onondaga County. Since 2004, the Onondaga County Health Department (OCHD) has partnered with the Onondaga County Sheriff's Office to provide a Public Health Educator to coordinate the SHAPE program. The SHAPE program provides ticketing enforcement for accessible parking and fire lane laws through volunteer Special Deputies.

On April 30, 2008, this program was transitioned from OCHD to the Onondaga County Sheriff's Office. The following activities took place: the SHAPE program Public Health Educator coordinated and conducted the first SHAPE volunteer meeting, provided educational materials to 6 community events, 4 news articles were distributed to local media and one radio outlet, informed 18 area businesses about parking regulations, created library displays at two Onondaga County public libraries and distributed educational materials at 3 defensive driving courses.

SHAPE Special Deputy volunteers distributed 1,162 accessible/handicapped tickets and donated 182 hours during first 4 months of 2008.

### ***Tobacco Control Programs***

#### **Tobacco-Free Onondaga County**

Tobacco-Free Onondaga County (TFOC) is a partnership of local organizations and individuals committed to creating a tobacco-free Onondaga County. Tobacco-Free Onondaga County's primary goals are to: eliminate exposure to secondhand smoke; decrease the social acceptability of tobacco use; promote cessation from tobacco use; prevent youth and young adults from taking up tobacco use; collect local data on tobacco use; and assist in the development of policy initiatives to support prevention efforts.



## 2008 TFOC Activities:

- **Young Lungs at Play:** Eight Onondaga County municipalities partnered with Tobacco-Free Onondaga County's "Young Lungs at Play" program by implementing policies for tobacco-free parks and playgrounds. These included: the City of Syracuse, Town Of Cicero, Town of Clay, Town of Lysander, Village of Jordan, Village of East Syracuse, Village of Fayetteville, and Village of North Syracuse. Through this year's efforts, Onondaga County's largest municipality, the City of Syracuse and the entire northern border of the county now have tobacco-free parks and playgrounds policies.
- **No Thanks Big Tobacco:** In 2008, 19 organizations and 5 community festivals in Onondaga County signed policies to refuse tobacco company advertising, sponsorship, and promotion. In total, 93 community organizations and 11 festivals have signed 'No Thanks, Big Tobacco' commitments.
- **Point of Purchase:** Fourteen tobacco retailers have voluntarily reduced or removed tobacco advertising at their stores. This represents a potential impact of youth being exposed to 840 fewer tobacco advertisements.
- Tobacco-Free Onondaga County staff attended the 136th American Public Health Association conference where they delivered a poster presentation on the success of local media campaign efforts to reduce tobacco advertisements in the retail environment.
- A total of 11,847 Onondaga County residents called the New York State Smokers' Quitline (1-866-NY QUIT) to receive counseling and free nicotine replacement therapy tool kits.
- Through television, billboard, radio, and direct mailings, the messages of Tobacco-Free Onondaga County reached thousands of county residents.



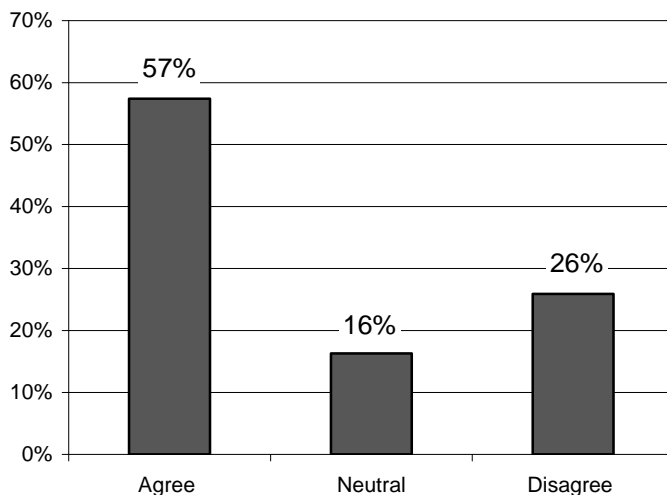
## CNY Colleges Take Action on Tobacco

*CNY Colleges Take Action on Tobacco* is a project funded by the New York State Department of Health to strengthen tobacco-related policies and reduce tobacco usage at five local colleges. Staff worked closely with students and employees on tobacco education, cessation, and policy development on each campus. This project impacts over 15,000 students and 2,700 employees at the following Onondaga County campuses:

- Bryant and Stratton Colleges (Downtown Syracuse and Liverpool campuses)
- Onondaga Community College
- LeMoyne College
- State University of New York–College of Environmental Science & Forestry (SUNY-ESF)

In February 2008, OCHD staff planned and coordinated the *CNY College Tobacco Policy Summit*. A nationally recognized college tobacco policy expert spoke to representatives of 15 colleges in the Central New York area about creating more restrictive campus tobacco policies. In Fall 2008, Bryant and Stratton – Liverpool campus and SUNY-ESF both implemented more restrictive tobacco policies on their campuses. During December 2008, staff conducted an online survey measuring tobacco-related attitudes and behaviors. Over 2,800 students and 520 employees responded from the five campuses. Approximately 57% of students support a tobacco-free policy on their campus. (Please see data below.)

**I would support a tobacco-free policy on campus.**



*Syracuse Area College Tobacco Survey, Spring 2007*

## ***Traffic Safety Program***

For the past 24 years, the Health Department's Traffic Safety Program has conducted educational presentations and promotion of numerous traffic safety events in Onondaga County. The New York State Governor's Traffic Safety Committee funds the Traffic Safety Education Program through funds allocated from the National Highway Traffic Safety Administration. As of October 1, 2008, the Safety Council of Central New York & Western New York was awarded these funds.

For the first nine months of 2008, program staff made 125 presentations to 3,280 individuals on a variety of traffic safety topics including: safety belt use, child passenger safety, bicycle safety, bicycle helmet use, pedestrian safety, and defensive driving. In addition, the Traffic Safety Program distributed and fit 1,735 low-cost helmets at 12 satellite locations and community distribution events. Approximately 300 of these helmets were distributed and fit free of charge from the traffic safety grant monies to agencies whose clients qualified for low-income helmets. These include Huntington Family Center, two Head Start Programs, Chadwick Residence, Weed 'n' Seed Program, Determination Center, and selected police agencies.

In June and August, program staff participated in "Parkway Sunday," a summer event at Onondaga Lake Parkway. The Parkway is closed to motor vehicles on Sundays to provide joggers, walkers and bicyclists with car-free recreation and exercise opportunities. During Parkway Sunday, Traffic Safety staff checked bicycle helmets for correct fit and size and assisted the Sheriff's Office Bike Patrol with a bicycle safety rodeo. Approximately 60 children participated in the rodeos testing their bicycle driving skills. During the year, the Traffic Safety Program also promoted national, state and local observances, such as Child Passenger Safety Week, Bicycle Safety Month, Walk Your Child to School, and Pedestrian Safety Week.



The Traffic Safety Program and the SAFE KIDS Greater Syracuse Coalition, (a member of SAFE KIDS Worldwide), coordinated a variety of traffic safety activities in 2008. SAFE KIDS Coalition members assisted Traffic Safety staff with four car seat check events and two major helmet give-away events in 2008. The first helmet event took place at a

Chiefs home game at the Alliance Bank Stadium during the annual SAFE KIDS week (April 26-May 4, 2008). Coalition members distributed and fit 250 helmets and shared a variety of safety and health messages with the community. At a second event in December 2008,

Coalition members participated in a community-wide holiday bicycle giveaway, providing helmet-use education and distributing over 350 helmets to participants. Fayetteville Dodge donated the helmets.

Each year, the Traffic Safety Program and SAFE KIDS Greater Syracuse Coalition work together to conduct a four-day national certification training program for Child Passenger Safety Technicians. In addition, both organizations sponsor a 1-day update workshop for currently certified technicians. During 2008, Traffic Safety staff and Coalition members conducted two 4-day trainings certifying 33 new technicians and provided re-certification training to 30 technicians.

Through its Car Seat Program, the Health Department assists in the coordination of fitting stations providing parents and caregivers an opportunity to receive education on installing car seats and to have their car seats checked for possible misuse and seat safety issues by Child Passenger Safety Technicians. In total, 14 fitting station locations were available in the county. The car seat misuse rate for 2008 was 92%, and once again, the top three issues included:

1. Seats were not secured tightly enough, they moved from side to side more than 1 inch
2. Harness straps were too loose or twisted
3. Harness retainer clip were not threaded correctly or were too low on a child's body



# Maternal and Child Health

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## ***2008 Highlights***

- *A continued reorganization of the Division of Maternal and Child Health (MCH) led to the elimination of the position of Director of Special Children Services. This move promoted fiscal savings as well as an increased integration of services with the Division. The position's duties were organizationally realigned among Program Coordinators and the Director of Maternal and Child Health.*
- *In 2007, the MCH Division established a partnership in 2007 with the UnitedWay of Central New York's Success By Six and Child Care Solutions for Touchpoints<sup>®</sup>, an approach for people who work with young children and parents to strengthen the parent-child bond. In 2008, 138 staff within the Division of Maternal and Child Health (and some community partners) completed training on Touchpoints<sup>®</sup>. In 2009, Early Intervention providers and targeted community childcare staff will receive the training.*
- *Peer Place, a database system that integrates home-visiting programs in the MCH Division was programmatically adopted. Direct service staff and program administrators, can access this web-based database and referral system thereby allowing the Division to reduce redundant paperwork, generate reports, and coordinate services at the push of a button.*

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The Division of Maternal and Child Health (MCH) is comprised of the Bureau of Community Health Nursing, Special Children Services, Immunization Action Plan, Syracuse Healthy Start, and the Women's, Infants, and Children (WIC) Program. The Division of MCH provides services to new moms, babies, and families in Onondaga County under a unified system.

## ***Community Health Nursing***

The Bureau of Community Health Nursing (CHN) operates a preventive nurse home visitation program under the New York State Department of Health (NYSDOH) Licensed Home Care Service Agency (LHCSA). While all pregnant women in Onondaga County are eligible to receive services, the Bureau focuses efforts on reaching pregnant women whose pregnancy outcomes are identified as being at-risk for infant mortality, low birth weight, or developmental delays or disabilities. Preventive maternal/child nursing visits are made to some of our most vulnerable residents including incarcerated women and their infants, to children with elevated lead levels, as well as to families who have experienced a sudden unexpected infant death.

In 2008, the Bureau of CHN received a total of 3,279 referrals for its entire preventive nursing services and provided 1,673 clients with 5,789 home visits. Under the various home visitation programs, clients received health assessments, case management, health teaching, as well as referrals to community resources such as drug, alcohol, and/or mental health counseling.

The Bureau of Community Health Nursing (CHN) comprises several programs that target the complex needs of at-risk prenatal, postpartum, and newborn/infant clients throughout Onondaga County. The following programs include both home visitation and clinic services.

### **Early Intervention C.A.R.E.S.**

The Early Intervention C.A.R.E.S. (Children At-Risk Early Screening) program is part of a statewide Early Intervention Child Find program that identifies children, birth through two years, who are at risk for developmental delays. Community Health Nurses provide home visits for health assessments, teaching, and referrals to community resources for infants who are at-risk for developmental delays. In 2008, there were 440 cases referred for Early Intervention C.A.R.E.S. nurse home visits.



## Enhanced Perinatal and Pediatric Care

Enhanced Perinatal and Pediatric Care (EPPC) is a grant program funded by the Onondaga County Department of Social Services. The overall objective of the program is to enhance the provision of prenatal, postpartum, and pediatric care for pregnant and parenting families whose income falls below 200% of the federal poverty level. In 2008, the EPPC staff served 408 unduplicated clients and provided interventions via home visits, telephone contacts, referrals, as well as case coordination and management.



## Family Life Team

The Family Life Team (FLT) program is a collaborative effort between the OCHD Bureau of CHN, the Syracuse City School District (SCSD), the Salvation Army, and Syracuse Community Health Center's Comprehensive Medicaid Case Management program. The Family Life Team program offers preventive nursing and case management services to all identified pregnant and parenting student in the SCSD schools. In the 2007-2008 school year, 120 out of 145 (83%) of identified pregnant students were provided with ongoing nursing and/or case management services. In 2007-2008, FLT nurses were also available to assist any at-risk student

with education and referrals for community services including pregnancy prevention resources and Sexually Transmitted Disease (STD) prevention and treatment services. In the 2007-2008 school year, 106 infants were born to SCSD students within the FLT program.

## Medicaid Managed Care

In 2008, the Medicaid Managed Care Office maintained its status as the central intake point for referrals for both the Bureau of Community Health Nursing and Syracuse Healthy Start. In 2008, 3,688 referrals from Syracuse Healthy Start, Community Health Nursing, Community Health Worker Program, Social Work and Nutritionist were processed. Of these 3,688 referrals, 2,618 (29%) were clients enrolled in one of the four contractual Medicaid Managed Care plans (United Healthcare/Americhoice, Fidelis, Excellus Blue Cross Blue Shield, and Total Care) with 2,330 billable events.

## Nurse-Family Partnership

The Nurse-Family Partnership (NFP) is a collaborative venture between the Onondaga County Departments of Health, Mental Health, and Social Services to provide an intensive,

evidence-based, nurse home visitation program to low-income, first time moms throughout Onondaga County. The Nurse Family Partnership, based upon the Nurse Home Visitation Program developed by Dr. David Olds and implemented across the country, has provided evidence for numerous improved short and long-term social-economic benefits. The Onondaga County Health Department (OCHD) is one of over 300 such NFP sites across the United States. The OCHD NFP program was implemented in 2007 and began enrolling first-time moms in May 2007. In 2008, the NFP served 89 moms and families and 76 infants.

### **Prenatal Care Assistance Program**

The Prenatal Care Assistance Program (PCAP) staff provides women whose income falls below 200% of the federal poverty level and who are without insurance and without primary obstetrical care, a centralized entry point for complete pregnancy care and health supportive services. PCAP offers routine pregnancy check ups, hospital care during pregnancy and delivery, full health care for woman until at least two months after delivery, and full health care coverage for the baby up to one year of age. PCAP provides women assistance with obtaining Medicaid; WIC; HIV testing; and education about nutrition, labor, delivery, breastfeeding, and contraceptive and reproductive care. The Program offers two weekly clinics, one in the city of Syracuse and one in North Syracuse. In 2008, 539 women were evaluated and 472 were enrolled in the OCHD PCAP.

### ***Immunization Action Plan***

The three primary goals of the Immunization Action Plan (IAP) are to ensure children are up-to-date with all recommended immunizations, to educate adults about the importance of flu and other adult immunizations, and to oversee the New York State Immunization Information System (NYSIIS). The Immunization Action Plan conducted the following activities in 2008 in keeping with program goals:

- Distributed back-to-school immunization education kits to 200 Onondaga County school nurses. The kits provided nurses with current immunization recommendations and tools to educate parents and promote immunization within schools.
- Promoted National Infant Immunization Week using multiple media outlets. Hosted the Immunization Update 2008 at the Rosamond Gifford Zoo for school nurses, private office nursing staff, and Onondaga County Health Department (OCHD) staff. Speakers presented such topics as “Autism and Vaccines” and “Vaccine Preventable Disease Perspective”.
- Conducted outreach and promotion of flu and pneumonia shots at Health Department vaccine clinics. During 2008, outreach and education efforts focused



on a number of groups, including seniors, parents, and health care providers. Extensive outreach was done with each flu clinic site to promote vaccination in the populations they serve. A “Vaccinate Your Staff” campaign was conducted to encourage healthcare providers to receive their flu shots.

- Worked with a number of OCHD programs including Immunization, Lead, Eat Well Play Hard, Traffic Safety, Tobacco Control, and WIC to conduct a family health event called “Lions and Tigers, and Health, Oh My!” at the Rosamond Gifford Zoo. The goal of the event was to promote the important health benchmarks for toddlers, such as being fully immunized, getting two lead tests before age two, and switching to low-fat milk. Approximately 450 adults and children attended the event. The IAP program provided education to all attendees on childhood and adult immunizations, as well as vaccine safety. Over 35 immunization records were checked at the event and referrals were made when appropriate.
- Conducted a targeted promotional campaign in conjunction with the Healthy Living Partnership to highlight the expanded availability of a no cost / low cost Human Papilloma Virus (HPV) vaccination for uninsured / underinsured females under 26 years of age. A number of educational materials were developed including flyers, brochures, and palm cards outlining key facts about the HPV vaccine and where women could get the shot series if they did not have health insurance. Materials were distributed to key organizations serving the target population. As a result, the Health Living Partnership received numerous calls to check eligibility for the vaccine and to date have vaccinated 13 females who would not otherwise have been able to get vaccinated against HPV.
- Continued to collaborate with the Syracuse City School District and the Refugee Assistance Program to establish a system to assist refugee families receive their required immunizations in a timely manner by educating staff on the use of the New York State Immunization Information System (NYSIIS) and the current immunization schedule, and by facilitating vaccinations at the OCHD Immunization clinic for those in need.

In support of the Immunization Action Plan, the Onondaga County Health Department holds a weekly immunization clinic at the Dr. William A. Harris Clinic on Slocum Avenue in Syracuse. In 2008, the clinic provided vaccines for 1,723 children and adults. Most of the individuals receiving vaccines were underinsured and/or without a source of medical care, making it difficult for them to receive immunizations elsewhere.

This year included many exciting changes for the Central New York Immunization Registry. After several years of planning, New York State began implementation of a new statewide web-based registry system called the New York State Immunization Information System (NYSIIS). The transition from a regional system to this new State system was completed in February 2008. The Central New York Immunization Registry team has been working with the New York State Department of Health to transition all data from the existing registry database, HealthyShot, into the statewide registry. Education, training classes, webinars, newsletters, and user meetings have been offered to educate providers on the upcoming changes to the Registry. This new web-based Registry and reporting requirement for all providers will speed progress toward the Healthy People 2010 goal of enrolling 95% of children, age birth to 6 years, in an immunization registry.

### ***Special Children Services***

Special Children Services (SCS) comprises Early Intervention, Preschool Special Education, Children with Special Health Care Needs, and Physically Handicapped Children Programs. Each program works closely with the local community to ensure a high quality delivery of services to children with special needs, and to the families of these children. In 2008, Special Children Services:



- Contracted with 20 agencies and 70 individual providers to access the special education services, transportation, respite care, and resource referrals that children and families have been authorized to receive in Special Children Services.
- Provided a formal training and handbook for all contractual agency and itinerant providers regarding ethics and client/program interactions.
- Held a collaborative meeting between 62 participants from preschool agencies, evaluators, and Committee of Preschool Special Education (CPSE) Chairs in November 2008. The goal of the meeting was to enhance communication, promote consistency, and streamline transition processes between Early Intervention and Preschool programs.

In 2008, reorganization within the Division of Maternal and Child Health (MCH) resulted in the elimination of the Director of Special Children Services position whose duties were organizationally realigned among SCS Program Coordinators and the Director of Maternal and Child Health.

## Children With Special Health Care Needs

The Children with Special Health Care Needs (CSHCN) program assists families of children (birth to age 21) with special health care needs and identifies resources to obtain necessary health services, including specialty care providers, related health care services, and health insurance. The Children with Special Health Care Needs program is a New York State Department of Health (NYSDOH) grant-funded program, administered by the OCHD via a subcontract with Exceptional Family Resources (EFR). Exceptional Family Resources is a private non-profit community agency that provides additional respite services for eligible SCS families who need support in caring for a child with significant special needs. In the 2007-2008 grant year, CSHCN program:



- Provided information and referral services to over 100 families.
- Disseminated quarterly newsletters to 1,300 families, agencies, and physicians on pertinent topics of interest to families of CSHCN.
- Continued to distribute at community meetings, *The Parent Notebook*, a tool developed by the CSHCN Project Coordinator and fourth year medical students. The tool assists parents in coordinating their child's ongoing records and notes for medical and specialty care needs.

## Early Intervention Program

The Early Intervention (EI) Program is a Federally and State mandated program that provides therapeutic and educational services for children, birth through age two, who have a developmental delay or a diagnosed condition

with a high probability for developmental delay. In 2008, Early Intervention received 1,319 referrals for EI services with 842 infants/children enrolled at year-end.

## **Physically Handicapped Children's Program**

The Physically Handicapped Children's Program (PHCP) offers assistance to families to help pay for ongoing medical and orthodontic services not covered by insurance for applicants who meet both financial and medical requirements. In February 2008, PHCP was organizationally restructured under the Division of Maternal and Child Health. In 2008, PHCP received 45 new program applications and served 39 new cases; 38 for orthodontia and 1 for medical assistance services.

## **Preschool Special Education Program**

The Preschool Special Education Program provides mandated evaluation, educational, therapeutic, and transportation services for three- and four-year-old children with special needs. Twenty-two local school district Committees on Preschool Special Education (CPSE) authorize Preschool Special Education Services. The Onondaga County Health Department Preschool staff serves as County representatives to CPSE, providing assistance to families and CPSE chairpersons.

### **2008 Preschool Statistics:**

- Children enrolled in June 2008 (end of 2007-2008 school year): **1,747**
- Children enrolled in 2008 summer session: **1,377**
- Children enrolled at year-end (12/08): **1,410**

## ***Syracuse Healthy Start***

Syracuse Healthy Start (SHS) is a federally funded program that began in 1997. Syracuse Healthy Start facilitates the provision of maternal and child health services to residents of the city of Syracuse. The program promotes healthy pregnancies and healthy babies through community partnerships, community referrals, health education, case management, and home visiting. SHS focuses on the elimination of health disparities in the community and works towards the reduction of infant mortality and poor birth outcomes. Specific functions of the program include intensive case finding, one-on-one and community education, home visiting for pregnant and postpartum women, and referrals to other Onondaga County Health Department resources such as WIC and Family Planning. In 2008, SHS served approximately 1,800 women.





### **PeerPlace®**

In 2008, SHS introduced PeerPlace®, a new data management system from PeerPlace Networks, LLC, a software development company located in East Rochester, NY. PeerPlace® was chosen for its focus on the support of the health and human services industry and its capability to improve service delivery, streamline the flow of information management, efficiently generate reports, and support quality improvement measures. The new system went live on June 18, 2008. Since implementation over 3,118 cases have been entered.

Case managers, home visitors, outreach workers, supervisors, medical record technicians, and other clerical personnel are currently utilizing PeerPlace® within SHS. This provides SHS and its subcontractors the ability to securely share client information while maintaining privacy as required by the Health Insurance Portability and Accountability Act (HIPAA) regulations.

Minimizing the repetitive collection of information reduces costs and the time spent generating reports. Data collection is consistent and accurate, and services are better coordinated.

Because this database is a web-based system, the system is accessible to all SHS subcontractors. The goal is for all home visitors, both subcontractors and OCHD staff, to be able to connect to the PeerPlace® system and complete casework while out in the field. Similarly, web-based referrals for SHS services will be possible in 2009, thus improving referral access for partners across the community.

### **Breastfeeding**

Syracuse Healthy Start worked with LeMoyne College to survey 100 culturally diverse consumers regarding their knowledge, myths, and beliefs around breastfeeding. The survey results were as follows:

- Women twenty-two years of age or older were five times more likely to breastfeed than those under twenty-one years of age.
- The Black/African\* mothers were more than four times likely to breastfeed than the White/Caucasian population. (\*This group included a large number of recently arrived refugees or immigrants from Africa.)

- Those with more knowledge about breastfeeding were more likely to breastfeed than those with less knowledge.
- Respondents were least knowledgeable about breastfeeding benefits for the mother and the safety of medication use while breastfeeding. Several respondents believed that breastfeeding mothers must drink milk to make milk.

## **Health Education**

Syracuse Healthy Start began partnering with the Syracuse Housing Authority (SHA) to provide health education to pregnant and parenting women at the SHA James Geddes Housing location. The program has been successful in increasing referrals and name recognition. The SHA has asked SHS to partner on a Housing and Urban Development (HUD) grant to expand these services to twelve additional sites in Syracuse. The grant received funding in 2008 and expanded services to these sites will begin in 2009.

In response to feedback from the SHS evaluation, the health education team began working with the Refugee Assistance Program, Northside CYO and Catholic Charities, gathering groups of recently arrived refugee pregnant women and parenting families for group health education sessions. Site personnel provide translation services and meet with health educators in advance of the sessions to discuss pertinent cultural issues.

In Spring 2008, SHS Health Education created a partnership with JOBSPlus!, Onondaga County's program to help welfare recipients successfully join the workforce, on a pilot program for new mothers returning to the JOBSPlus!

program. Women are invited to attend three, two-hour educational programs one month prior to returning to the workforce. As part of this series, SHS conducts half-hour sessions, two times a month, addressing topics such as infant care, safe sleep practices, and community resources. Following the session, SHS staff accepts referrals from interested women. Syracuse Healthy Start has also partnered with Vera House, a domestic violence shelter and service agency, to provide health education sessions for their clients.



## **Fatherhood**

The Syracuse Healthy Start Fatherhood Committee, Parent Success Initiative, and the New York State Office of Temporary and Disability Assistance (OTDA) presented a Forum on Responsible Fatherhood. This all-day event was free and open to the public and held at the Bethany Baptist Church on Saturday, November 8, 2008 and included a keynote address by best-selling author Dr. Michael Eric Dyson.

The forum featured a dialogue on the struggles facing low-income fathers in Syracuse, offering possible solutions to overcome barriers to success. The event served as an interactive networking opportunity for professionals to learn about the various programs and services offered in Syracuse to promote responsible fatherhood. Over 200 community participants attended.

## **Community Health Worker Program**

The Community Health Worker Program (CHWP) is part of the Division of Maternal and Child Health, and provides outreach, case management, and advocacy to pregnant and parenting families in Onondaga County. Community Health Workers (CHWs) target families who are at highest risk of a poor birth outcome. Community Health Workers assist with access to needed medical and social services while offering education and referrals to help families have healthy babies and raise healthy children. The Community Health Worker Program is a New York State Department of Health (NYSDOH) grant-funded program, administered by OCHD via a subcontract with The Salvation Army. In the 2007-2008 grant year, the CHWP received 409 referrals and served 170 clients through 1,497 home visits.

## ***Women Infants and Children***

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded program sponsored locally by the Onondaga County Health Department. WIC program participants receive nutrition education, supplemental foods, and referrals for health care services. The WIC program continues to focus on providing nutritious foods and nutrition education to program participants. In 2008, the WIC program:

- Served an average of 10,448 participants per month during 2008 compared to an average of 9,821 participants served monthly during 2007.
- Partnered with agencies in Onondaga County serving refugees to enroll and serve the increasing number of Burmese and Bhutanese refugees in Onondaga County.
- Worked in collaboration with the Onondaga County Health Department's Eat Well Play Hard program and the Rosamond Gifford Foundation's Mobile Market to expand the weekly Farmer's Markets held June through October at the West Onondaga Street WIC site.



- Participated in the “Fit WIC Families on the Go” study with New York State Department of Health and the University of Albany. Results of this study indicated 2-5 year old WIC participants who partook in the study’s interventions saw an increase in physical activity levels.
- Provided training and education to WIC staff and WIC participants in preparation for the new WIC food package to be implemented in January 2009.

In 2008, of the participants served by the WIC program:

- 24% of these participants were women, 26% were infants, and 50% were children
- 49% of women who certified for WIC after delivery initiated breastfeeding
- Of the WIC prenatal population:
  - 44% were certified within their first trimester of pregnancy
  - 44% were certified within the second trimester of pregnancy and
  - 13% were certified within the third trimester of pregnancy

### ***WIC Vendor Management Agency***

The WIC Vendor Management Agency (VMA) oversees approximately 300 authorized WIC vendors in a 14 county region. WIC VMA is responsible for ensuring vendor compliance with both New York State and federal regulations governing the WIC program.

In 2008, Vendor Management Agency staff conducted 61 training sessions and more than 475 site visits to monitor vendors. Over the course of the year, WIC VMA identified over 800 WIC vendor violations and saw to their correction. The WIC VMA also received and resolved more than 211 vendor-related complaints throughout the year. In addition, staff received and reviewed 28 new vendor applications in an effort to ensure adequate access of vendors for WIC participants.



During 2008, the WIC Vendor Management Agency increased vendor outreach efforts to both chain and independent stores. The Agency continued assisting WIC vendors with the reauthorization process.

In 2008, the Agency added a large chain of convenience stores as approved WIC vendors; thirteen stores were added in 2008 and WIC VMA will continue to work with this corporation to add more stores in 2009. Many of these stores are located in remote, rural towns that previously lacked WIC authorized stores.

In 2008, WIC VMA provided over 300 training sessions to WIC vendor staff on the 'new' WIC foods that are to be introduced into the WIC program in 2009.

# Public Health Preparedness

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## ***2008 Highlights***

- *The Onondaga County Health Department (OCHD) played an active role in the New York State Department of Health's New York Full-Scale Logistics Exercise (NYFLEX) in June 2008. The OCHD coordinated with and offered guidance to the four civilian hospitals in the county to ensure their needs are met in the event of a pandemic illness. The OCHD continued as the lead county in the Epidemiological Alliance with six neighboring counties, and worked effectively with them throughout the NYFLEX drill.*
  - *The Onondaga County Health Department continues its collaboration with regional stakeholders on development and utilization of the Central New York Regional Medical Reserve Corps. A Special Needs Shelter table-top exercise was conducted in August 2008. The Health Department took full responsibility for the Medical Reserve Corps in September 2008.*
  - *Health departments, first responder agencies, and emergency management agencies from Buffalo/Erie, Rochester/Monroe, and Syracuse /Onondaga entered into regular collaborations to coordinate preparedness planning, use grant funds more effectively, enhance information sharing, and facilitate mutual aid.*
  - *The Onondaga County Health Department is collaborating with Lockheed Martin to plan an employee clinic on site to serve all Lockheed employees, contractors, and their families in the event that mass medication or prophylaxis are needed in a public health emergency. Although now in the beginning stages, when complete, this project could be a model for other large employers in the county.*
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### ***Public Health Preparedness 2008 Highlights, cont.***

- *In October 2008, Public Health Preparedness conducted its third annual drive-through flu clinic for first responders. A record 615 fire, police, and emergency medical services (EMS) personnel were vaccinated, which represented a 27% increase over 2007. The average total time participants spent in the clinic was thirteen minutes, less than the average time spent at walk-in flu clinics.*



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The objectives of the Public Health Preparedness division are to plan, prepare and respond to biological, chemical, and radiological terrorism as well as any other public health threat, natural or man-made. Public Health Preparedness staff work with local, State, and Federal partners to anticipate, manage, and mitigate such threats.

The Onondaga County Health Department continues to update all Public Health Readiness Plans. These comprehensive plans strengthen the Health Department's ability to protect the health and well being of Onondaga County residents in the event of a natural or man made disaster.

# Surveillance and Statistics

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## ***2008 Highlights***

- *Investigated and developed specifications for an electronic records archive and retrieval system for the Office of Vital Statistics. When implemented, the system will improve the efficiency of providing vital records to the public and will preserve copies of the records in the event of fire or flood.*
  - *Prepared and distributed a health assessment for chronic disease in Onondaga County, to help guide public health prevention strategies.*
  - *Assisted in the evaluation of infectious disease outbreaks.*
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The Bureau of Surveillance and Statistics monitors the health status of Onondaga County by analyzing and interpreting statistical information about local illnesses, deaths, and their associated risk factors. During 2008, Bureau staff members fulfilled 90 requests for local health statistics, many of which came from local agencies needing health data for grant applications or project reports.

The Office of Vital Statistics keeps records of all births and deaths in Onondaga County and provides birth and death certificates by request. During 2008, the Office of Vital Statistics issued 13,307 birth certificates and 27,328 death certificates.



# Volunteer Services

The Volunteer Services Office recruits and places public health volunteers and interns in a variety of professional, paraprofessional, and support services throughout the Onondaga County Health Department. The program strives to provide the Health Department with a multi-skilled, multi-trained, adjunct workforce prepared to support public health programs, projects, and initiatives.



This year, volunteers and interns at the Health Department provided 4,387.75 hours of service to the residents of Onondaga County. This service represents a donation of time valued at \$81,592.77.

Volunteers staff some of the Health Department's most widely known and utilized programs, including Influenza and Pneumonia Vaccination Clinics, Rabies Vaccination Clinics, and the Hypertension Screening and Education Program.

This year the program supported more than 18 Health Department programs, projects, and initiatives assisting in such diverse activities as:

- Establishing a task force to develop a Chronic Disease Case Management program specially designed to support the efforts of physicians for patients suffering with chronic conditions.
- Participating in the annual Public Health Preparedness drive-through flu clinic for first responders.
- Administering influenza injections and intranasal spray to children at OCHD influenza and pneumonia vaccination clinics.
- Repackaging over-the-counter medications and lances for the Correctional Health program at the Justice Center.

- Drawing blood for prostate cancer testing as a part of the cancer screening initiative.
- Driving the 'Lead Mobile' to targeted neighborhood locations to test children for elevated blood levels of lead.
- Assisting as forensic investigators at the Medical Examiner's Office.
- Conducting compliance checks under the Adolescent Tobacco Use Prevention Act.
- Providing nursing and interpreting services at health clinics for migrant workers.
- Completing various support tasks such as answering phones, filing, collating, photocopying, and assembling packets of forms and information needed by the Health Department.

***Volunteer and Intern Hours Served, 2001-2008***

	<b>Volunteer Hours</b>	<b>% of Total</b>	<b>Intern Hours</b>	<b>% of Total</b>
<b>2001</b>	3,402.75	54.5%	2,843.00	45.5%
<b>2002</b>	2,843.75	42.8%	3,804.00	57.2%
<b>2003</b>	3,036.25	42.7%	4,075.00	57.3%
<b>2004</b>	3,056.00	36.0%	5,422.00	64.0%
<b>2005</b>	3,330.50	32%	7,045.00	68%
<b>2006</b>	2,245.75	25%	6,912.75	75%
<b>2007</b>	2,339.75	35%	4,335.00	65%
<b>2008</b>	2,158.50	49%	2,229.25	51%

***Value to the Community, 2001-2008***

	<b>Volunteer/Intern Hours Served</b>	<b>Value to Onondaga County</b>
<b>2001</b>	6,245.75	\$ 82,283.00
<b>2002</b>	6,647.75	\$ 94,793.67
<b>2003</b>	7,115.25	\$ 104,793.67
<b>2004</b>	8,478.00	\$131,614.41
<b>2005</b>	10,374.5	\$170,317.05
<b>2006</b>	9,158.50	\$150,466.34
<b>2007</b>	6,674.75	\$120,420.75
<b>2008</b>	4,387.75	\$81,592.77

The preceding figures represent what it would have cost the County to hire and pay workers to perform the same jobs that were completed by volunteers and interns. Figures were computed by multiplying the total number of volunteer hours spent in the performance of a particular job (clerical, nursing, research) by the **lowest** salary on the pay scale that the County pays a staff person to perform that same job. These figures do not take into fringe and benefits into account.

### ***Blood Pressure Screening and Education Program***

The aim of Onondaga County Health Department's Hypertension Screening and Education program is to improve management of elevated blood pressure by:

- Identifying individuals with elevated blood pressure;
- Educating individuals in the management and control of blood pressure;
- Referring individuals needing post-screening follow-up.

This year, a staff of 6 volunteer nurses and 4 clerical volunteers conducted a total of 63 scheduled clinics at 7 locations throughout the county. The average clinic is 1 to 2 hours long with one nurse providing 21 screenings per clinic. In addition to regularly scheduled screenings, blood pressure readings were conducted at 2 community events. The Health



Department has set out to study the results of these screenings by identifying 3 basic categories of persons being screened: those with no history or diagnosis of hypertension; those with a diagnosis of hypertension who are not on medication for it; and those with a diagnosis of hypertension who are on prescription medication(s) to manage and control it. The following table illustrates those findings:

## 2008 Statistics

<i>BP Readings</i>	<i>Number of Screenings</i>	<i>% of Total Screenings</i>
<b><i>Total # of BP Screenings</i></b>	1,309	100%
<b><i>Persons with No History of Hypertension, 346 or 26% of Total Screened</i></b>		
<b><i>Total Normal</i></b>	146	11%
<b><i>Total Pre-Hypertensive</i></b>	150	11%
<b><i>Total Stage 1 Hypertensive</i></b>	41	3%
<b><i>Total Stage 2 Hypertensive</i></b>	9	<1%
<b><i>Screenings of Persons Diagnosed as Hypertensive But Not on Hypertension Medication, 74 or 6% of Total Screened</i></b>		
<b><i>Total Normal</i></b>	23	2%
<b><i>Total Pre-Hypertensive</i></b>	28	2%
<b><i>Total Stage 1 Hypertensive</i></b>	19	1%
<b><i>Total Stage 2 Hypertensive</i></b>	4	<1%
<b><i>Screenings of Persons Diagnosed as Hypertensive Who Are Taking Hypertension Medication, 889 or 68% of Total Screened</i></b>		
<b><i>Total Normal</i></b>	124	9%
<b><i>Total Pre-Hypertensive</i></b>	506	39%
<b><i>Total Stage 1</i></b>	196	15%
<b><i>Total Stage 2</i></b>	63	5%

Onondaga County Health Department performed 1,309 blood pressure readings in 2008. The number of screenings conducted on persons with no previous history of hypertension was 346 readings (26%). Of those readings, 50 (14%) were elevated (Stage 1 or Stage 2). The number of screenings conducted on persons diagnosed with hypertension who were not taking blood pressure medication was 74 (6%) readings. Of those readings, 23 (31%) were elevated (Stage 1 or Stage 2). The number of screenings conducted on persons diagnosed with hypertension who were on medication for their elevated blood pressures was 889 (68%) readings. Of those readings, 259 (29%) were elevated (Stage 1 or Stage 2).

The Health Department's continued education and outreach efforts in 2009 will be informed and guided by these findings.



# The Wallie Howard, Jr. Center for Forensic Science

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## ***2008 Highlights: Forensic Laboratories***

- *The Laboratory received \$1,097,022 in grant funding from New York State and the National Institute for Justice during 2008. The funding is being used primarily for upgrading equipment, increasing the analytical capacity of the laboratories, as well as purchasing and implementing a countywide evidence tracking system.*
  - *The laboratory became one of the first 25 crime laboratory systems across the nation to be accredited by the American Society of Crime Laboratory Directors Laboratory Accreditation Board – International Program (ASCLD/LAB-International). Accreditation is granted after a thorough review and evaluation of a laboratory’s management practices, personnel qualifications, technical procedures, quality assurance program and facilities. The laboratory had previously been accredited under the ASCLD/LAB legacy program, however, this recent accreditation includes the requirements of the International Standards Organization (ISO/IEC 17025:2005). The new ISO-based accreditation requires compliance with over 400 standards encompassing both technical and management requirements.*
  - *The Firearms section of the laboratory received a Certificate of Achievement Award from the Department of Justice Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) for achieving over 200 matches utilizing the firearms ballistic database NIBIN (National Integrated Ballistic Information Network). By September 2008, the section surpassed another significant milestone becoming one of the top 10% of labs in the country to obtain over 300 matches. The section also received accolades being recognized as “Hit of the Week” by the ATF for linking three separate violent shooting incidents to a firearm recovered by the police during a traffic accident.*
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The Forensic Science Laboratories provide high quality scientific laboratory services in support of the administration of justice and public safety programs for the citizens of Onondaga and surrounding counties.

## ***Criminalistics***

The Criminalistics section of the laboratory houses the following forensic disciplines: Latent Prints, Questioned Documents, Forensic Chemistry, Firearms, Trace Evidence, and Digital Evidence.

The **Latent Print** section is responsible for developing fingerprints, palm prints, and footprints from items of evidence using various chemicals, powders, dye stains, and light sources. The Latent Print section compares recovered latent prints to known fingerprints in order to identify individuals. Identification may involve searching unidentified latent fingerprints in the Statewide Automated Fingerprint Identification System (SAFIS).

The **Questioned Documents** section is responsible for performing handwriting comparisons, analyzing paper items for indentations, and differentiating inks and obliterations contained on documents.

The **Forensic Chemistry** section analyzes powders, tablets, and plant material for the presence of controlled substances. This section is also responsible for analyzing fire debris and liquids collected in arson investigations to determine if accelerants are present.



The **Firearms** section examines firearms to determine the operability status of submitted weapons. Firearms examiners are also responsible for determining whether or not a projectile or casing recovered at a crime scene was fired from a particular firearm. To make this determination, examiners conduct test fires with the gun in question and use a comparison microscope to examine markings on recovered projectiles and casings that are unique to that gun. The laboratory uses a computerized database, called the Integrated Ballistic Identification System, to aid in connecting shootings from different crime scenes.

The **Trace Evidence** section examines evidence items in order to recover and compare hairs, fibers, and glass. Hair and fiber evidence are usually compared microscopically to known hair or fiber standards to determine whether the hair or fiber under question could share a common origin with the known standard.

The **Digital Evidence** section examines submitted electronic media (e.g. hard drives, optical discs, flash memory, digital cameras, etc.) for the purposes of acquiring, retrieving, preserving, and presenting relevant data that has been electronically processed and stored on the item. Target data may be in the form of text, photographs, video, audio or any combination thereof.

### ***Forensic Biology/DNA***

The Forensic Biology/DNA section of the Center receives biological evidence from criminal investigations of homicide, sexual assault, burglary, and other crimes. The section identifies bodily fluids obtained as evidence and performs DNA analysis on items of probative value to the case. Current DNA technologies can be used to link suspects to a crime or eliminate individuals from suspicion. The DNA laboratory serves as a local casework database site for entry and searching of profiles in the national Combined DNA Index System (CODIS). The CODIS database can be used to link unsolved crimes, identify a previously convicted offender as a contributor to crime scene DNA, or associate unidentified remains with missing persons.

### ***Forensic Toxicology***

The Forensic Toxicology Laboratory assists the Medical Examiner's Office in determining the cause and manner of death by utilizing the methods of analytical forensic toxicology. Employing such techniques as gas chromatography, liquid chromatography, mass spectrometry, immunoassay, and other analytical methods, the laboratory determines if drugs, alcohol and/or poisons are present in submitted specimens. The Toxicology Laboratory also conducts testing on specimen submissions from DUI/DWI and drug-facilitated sexual assault investigations conducted by law enforcement agencies.

#### ***Laboratory Cases Completed by Section for 2008***

Arson	40	Drug Identification	473
Firearms	823	Latent Prints	593
Forensic Bio/DNA	345	Trace Evidence	89
Questioned Documents	24	Digital Evidence	13
Toxicology	933		

# Medical Examiner's Office

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## *2008 Highlights*

- *The Medical Examiner's Office worked closely with the Onondaga County District Attorney's Office in a criminal investigation that spanned multiple counties and 21 years. Complex exhumations and forensic examination were critical to the resolution of the case.*
  - *Medical Examiner Robert Stoppacher and Forensic Investigator Mo Lupia attended a Centers for Disease Control-sponsored training academy on the investigation of sudden unexplained infant deaths (SUIDI) that resulted in improved and standardized investigative techniques and the implementation of doll reenactment at infant death scenes. This helped identify a significant number of infant deaths related to co-sleeping that otherwise may have been listed as sudden infant death syndrome (SIDS). These findings assisted the Health Commissioner in delivering a public health prevention message about co-sleeping to the community.*
  - *An article on "Deaths with Transdermal Fentanyl Patches", written by Chief Medical Examiner, Mary I. Jumbelic, was accepted for publication in the American Journal of Forensic Medicine and Pathology.*
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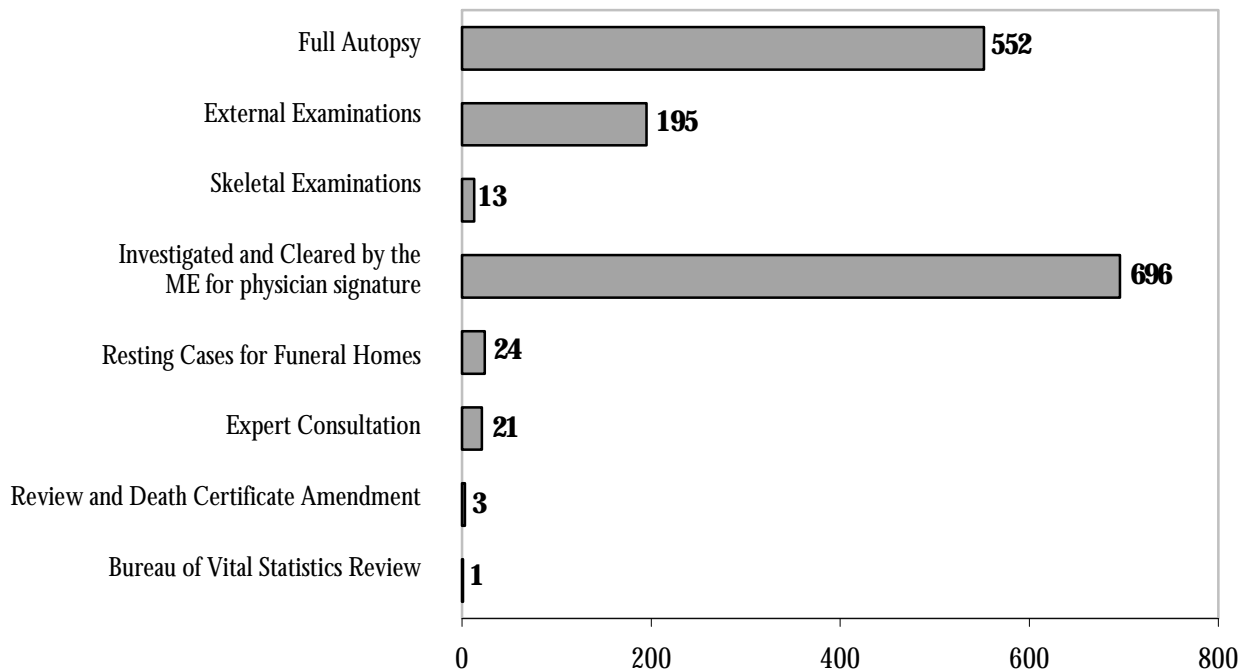
The Medical Examiner's Office (MEO) determines the cause, circumstance, and manner of death in sudden, unexplained, and unnatural deaths in Central New York (CNY) including Onondaga, Cayuga, Jefferson, Lewis, Madison, Oswego, Otsego, Seneca, St. Lawrence, and Tompkins counties. The Medical Examiner's Office uses forensic medicine and death investigation skills to recognize and collect evidence for potential use in the criminal justice system and civil litigation. The MEO also helps protect public health by identifying communicable diseases and unsafe environmental conditions that put people at risk as well as by examining the quality of acute medical care and long-term care for CNY residents. The services of the MEO also extend to other public agencies that call upon the expertise of forensic pathologists to interpret injury patterns in living victims of trauma, abuse (child, domestic, and elder), and other suspected violent acts.

Medical Examiner's Office staff members participate in continuing education opportunities each year through organizations such as the National Association of Medical Examiners, the American Academy of Forensic Sciences, the New York State Association of County Coroners and Medical Examiners, and other specialized conferences. In 2008 several staff members successfully completed training in forensic pathology and medicolegal death investigation to meet the standards of the National Association of Medical Examiners and American Board of Medicolegal Death Investigators.

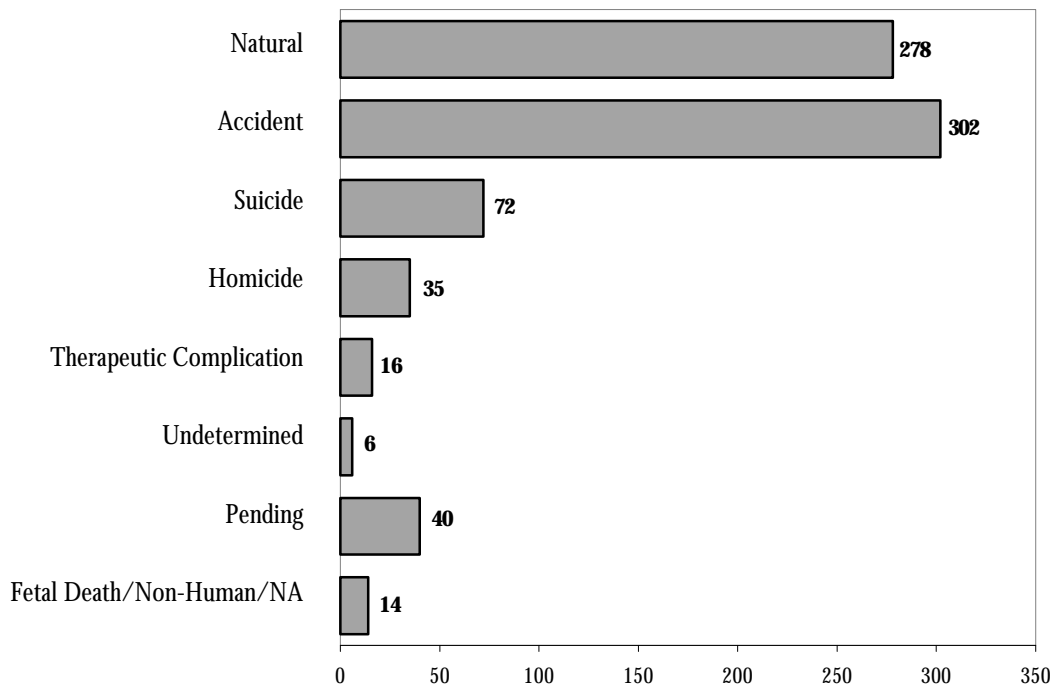
The MEO regularly participates in community public health education. Each year, forensic investigators conduct presentations for a number of local middle schools and high schools to educate youth about forensic pathology and medicolegal death investigation. The Medical Examiner's Office provides internship opportunities for college-level students in medical and criminal justice fields. Forensic Pathologist staff members play a critical role in educating postgraduate pathology residents as well as medical students.

In 2008, 1,505 cases were reported to the Medical Examiner's Office, of which 199 cases were from surrounding counties. (Please see chart for total cases by category).

### ***Medical Examiner's Office, 2008 Cases by Disposition [n=1,505]***

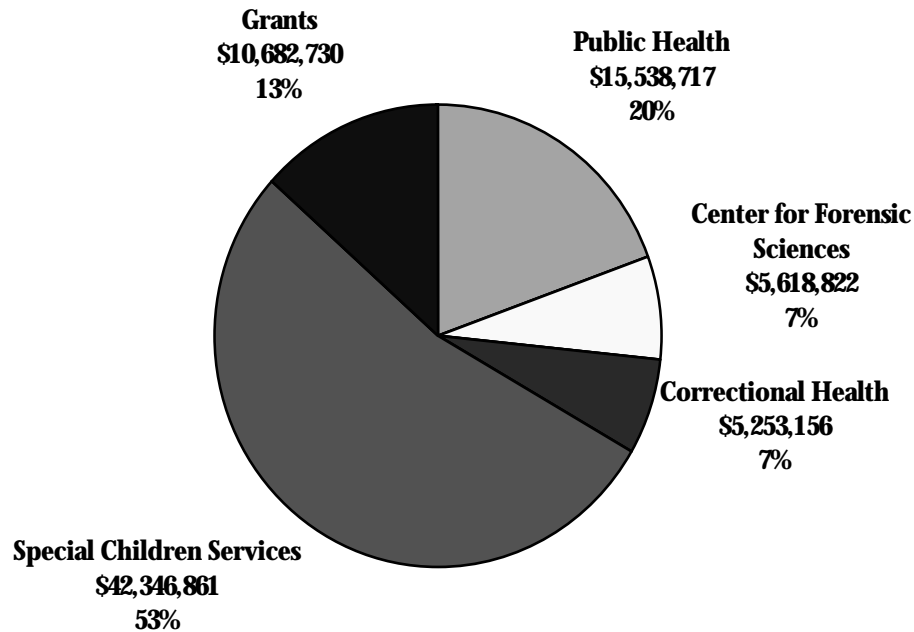


### ***Cases by Manner of Death [n=763]***

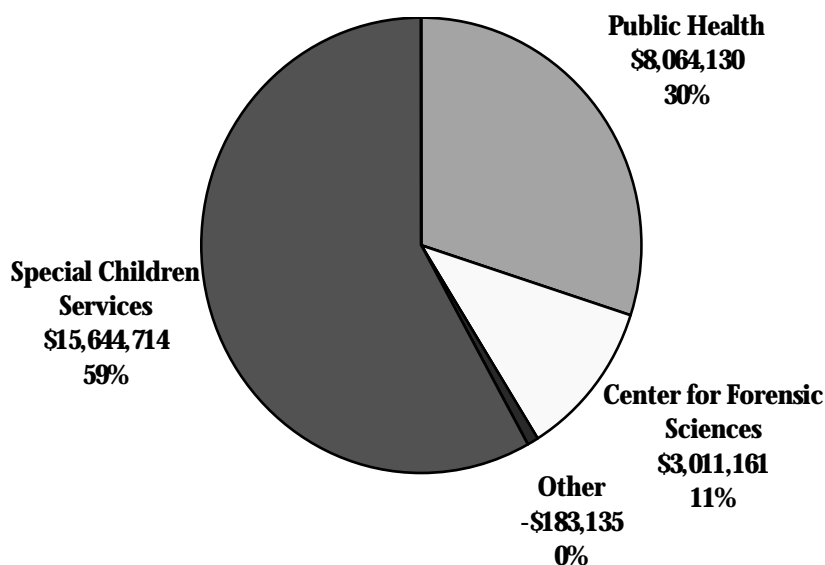


# Onondaga County Health Department 2008 Expenses and Local Dollars

## 2008 Expenses \$79,440,286



## 2008 Local \$26,536,870



<b>Grant Projects, 2008</b>	<b>Expense/Revenue</b>
<b>Administration</b>	<b>\$899,950</b>
▪ Regional Epidemiology	\$13,166
▪ Public Health Preparedness/Response for Bioterrorism	\$390,618
▪ Facilitated Enrollment	\$462,760
▪ Other	\$33,406
<b>Disease Control</b>	<b>\$829,537</b>
▪ HIV/AIDS/STD	\$558,816
▪ Tuberculosis	\$270,721
<b>Environmental Health</b>	<b>\$406,093</b>
<b>Health Promotion &amp; Disease Prevention</b>	<b>\$2,571,947</b>
▪ Obesity	\$216,839
▪ Cancer Screening Services	\$601,187
▪ Lead	\$1,020,613
▪ Tobacco	\$695,572
▪ Other	\$37,736
<b>Maternal &amp; Child Health</b>	<b>\$4,874,124</b>
▪ Eliminating Disparities (Healthy Start)	\$983,963
▪ Immunization Action Plan	\$622,114
▪ WIC	\$2,336,911
▪ Early Intervention Program	\$443,117
▪ Community Health Worker	\$233,636
▪ Enhanced Perinatal Care	\$254,383
<b>Laboratory</b>	<b>\$1,052,322</b>
<b>Correctional Health</b>	<b>\$48,757</b>
<b>Total Health Department:</b>	<b>\$10,682,730</b>



# Onondaga County Health Department 2008 Organizational Chart

