

Health in **FOCUS**



**A community of partners
working together for the physical,
social, and emotional well-being
*of all.***

Onondaga County Health Department • 2012 Annual Report



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Onondaga County Health Department Mission

To protect and improve the health of all residents of Onondaga County.

Vision

A community of partners working together for the physical, social, and emotional well-being of all.

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Ten Essential Public Health Services

The following Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of the local public health system.

1. *Monitor health status to identify community health problems.*
2. *Diagnose and investigate health problems and health hazards in the community.*
3. *Inform, educate, and empower people about health issues.*
4. *Mobilize community partnerships to identify and solve health problems.*
5. *Develop policies and plans that support individual and community health efforts.*
6. *Enforce laws and regulations that protect health and ensure safety.*
7. *Link people to needed personal health services and assure the provision of health care when otherwise unavailable.*
8. *Assure a competent public health and personal health care workforce.*
9. *Evaluate effectiveness, accessibility, and quality of personal and population-based health services.*
10. *Research for new insights and innovative solutions to health problems.*

Disease Control

2012 Highlights

- *The number of shigellosis cases increased in the community in 2012. In order to mitigate the spread of disease, CD staff worked with the staff of Environmental Health to investigate all reported cases and to inspect locations where clusters of cases were reported. In 2012, there were 246 cases of Shigellosis reported, compared to 4 cases in 2011.*
 - *The number of gonorrhea cases reported in Onondaga County more than doubled from 2011 to 2012. This trend was also seen in other large upstate counties such as Erie and Monroe. Area physicians were educated about the increase, as were community based organizations that work with vulnerable populations. In 2012, 924 cases of gonorrhea were reported compared to 427 cases the previous year.*
 - *The Bureau participated in a competitive grant process and was awarded funding to support STD intervention efforts for 5 years. In addition, funding for HIV Partner Notification activities was extended for an additional five years.*
-

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); HIV Counseling and Testing; and Tuberculosis Control. 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 (CD) program is responsible for the investigation, follow-up, surveillance and reporting of almost 70 diseases/conditions identified by the NYSDOH as reportable under the New York State Sanitary Code.

Communicable disease nurses review positive laboratory findings, investigate each as indicated, and follow-up with the case patients and their medical providers to ensure that the public health impact of these diseases is minimized. All confirmed cases of reportable diseases are electronically reported to NYSDOH. Staff works closely with the OCHD's Food Protection, Animal Disease Control, and Surveillance and Statistics programs, and with NYSDOH to control and prevent the spread of communicable disease within the community.

The CD program investigated over 1,898 possible cases of communicable disease with 1,274 cases being reported to NYSDOH in 2012. In 2012, communicable disease staff saw an increase in the number of shigellosis cases reported with 246 cases being reported compared to only 4 cases that were reported in 2011. The Bureau of Disease Control CD staff worked closely with Health Administration and Environmental Health staff to investigate clusters of cases. The most significant clusters of cases occurred in child care settings. The OCHD worked closely with child care centers to minimize the risk of shigella in their facilities.

The CD program continued to closely monitor potential human rabies exposures, evaluating the need for prophylaxis (rabies shots) administration. In 2012, the OCHD authorized rabies shots for 151 individuals who were identified as potentially having been exposed to rabies.

Sexually Transmitted Disease

The Sexually Transmitted Disease program offers education as well as free and confidential examination, diagnosis, treatment, and partner notification of reportable sexually transmitted diseases for all Onondaga County residents. NYS Public Health Law mandates all cases of reportable sexually transmitted disease be referred to the local health department for investigation, assurance of appropriate treatment, and follow-up with possible contacts.

In 2012, the STD Program was successful in securing a competitive 5 year grant for disease intervention activities, and continued funding for HIV Partner Notification activities. These activities have an important impact on the sexually transmitted diseases that affect Onondaga County residents.

The STD Program saw a large increase in the number of gonorrhea cases in 2012, with 924 cases reported. By comparison, 427 cases were reported in 2011. The majority of the increase was experienced in young African Americans between ages 15 and 24.

	2009	2010	2011	2012*
<i>Gonorrhea</i>	377	395	427	924
<i>Chlamydia</i>	2,344	2,383	2,506	2,422
<i>Syphilis</i>	6	9	20	24
<i>Clinic Visits</i>	7,404	7,004	6,813	6,529

**Preliminary data pending review*

Larger upstate metropolitan regions such as Buffalo and Rochester also saw an increase in gonorrhea cases, as did NYC and other regions nationwide. Information was disseminated to alert area providers about the increase and to emphasize the need for increased vigilance in prevention efforts. OCHD also reached out to community based organizations that work with the most affected population. In 2012, Chlamydia decreased slightly and syphilis increased slightly, reflecting a continued upward trend.

The HIV counseling and testing (HIV C&T) program provided 1,648 HIV tests through the OCHD clinics in 2012. Of the individuals tested, 67% returned to receive their results.

Tuberculosis Control

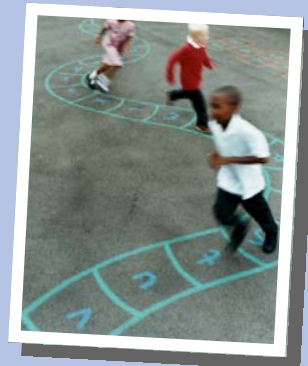
The Tuberculosis (TB) Control program provides comprehensive testing, diagnosis, and treatment of latent and active tuberculosis cases in Onondaga County. The TB Control program decreases the public health threat posed by cases of active tuberculosis in our community through careful evaluation, closely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

The number of tuberculosis cases increased slightly this year, with 11 cases of active disease reported in 2012 compared to 8 cases in 2011. More than half of the TB cases in 2012 were found in individuals who are foreign born. (Please see table.)

The Tuberculosis Control Program utilizes various targeted testing strategies to identify those county residents who are 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 may be at high risk for developing active TB. Similarly, staff continues to monitor the homeless population through collaborative-targeted testing activities.

Why we do what we do...

In early 2012 we were notified of a case of active Tuberculosis in a young refugee child. The prognosis was poor and any hope for full meaningful recovery was considered highly unlikely. The language and cultural barriers were daunting. Through the dedicated efforts of the staff from Upstate Hospital and OCHD Tuberculosis Control and the courageous determination of the family, those barriers were overcome. Today, one year later, after much hard work to overcome the odds, the child is getting ready to attend school for the first time!



OCHD staff work closely with the Rescue Mission and Oxford Inn staff to provide initial tuberculin skin testing, which allows for the identification, diagnosis, and treatment of individuals who are at-risk for TB.

OCHD staff also participated in the Refugee Health Committee which consists of local providers, hospitals and community agencies who work with the refugee population in Onondaga County.

The committee is working to identify and address the variety of health care concerns facing our refugee population. Catholic Charities, Interfaith Works, OCHD, SUNY Upstate Medical University, St. Joseph's hospital, Syracuse Community Health Center and others are working together to address health care for the refugee population.

The TB program had a successful site visit from NYSDOH TB Control in June 2012 where program activities were highlighted. NYSDOH expressed approval of all aspects of the OCHD's TB Program.

***Cases of Tuberculosis
Onondaga County, 2008-2012***

<i>Year</i>	<i># Cases</i>	<i>% Foreign-born</i>
2008	23	91
2009	20	84
2010	13	85
2011	8	88
2012	11	55

Environmental Health

2012 Highlights

- *Division staff participated in two initiatives to enforce a statewide ban on the sale of bath salts and synthetic marijuana. In both cases, within 48 hours of receipt of the New York State Health Commissioner's Order, environmental health inspectors visited over 200 local facilities to inform the facilities of the ban and to enforce the orders to remove these harmful synthetic drugs from the channels of trade.*
 - *West Nile virus (WNV) was detected throughout Central New York during the summer of 2012. One death due to WNV infection was reported, and eight additional cases of WNV disease were confirmed in Onondaga County residents. In addition, 17 mosquito pool samples collected in Onondaga County were positive for WNV.*
 - *Food Protection staff worked with Communicable Disease staff to investigate a large food borne illness outbreak at a local restaurant during February and March 2012. A total of 181 case histories were collected during this investigation. Of these, 99 individuals experienced symptoms of illness, and 10 were reported as confirmed cases of norovirus.*
 - *The Division engaged in a contract with the Consumer Product Safety Commission to conduct swimming pool inspections to ensure compliance with federal entrapment and drowning prevention regulations. Inspections provided through this contract improve the safety of swimming pools in our community.*
-

In 2012, **Animal Disease Prevention** continued to provide 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 program 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.

With the assistance of community partners, Animal Disease Prevention conducted 15 rabies clinics for Onondaga County residents. Scheduled from March through December, the clinics took place in various locations throughout the county, including 4 sites in the city of Syracuse. The clinics provided vaccination to 2,924 animals from 1,982 families, including 2,088 dogs, 825 cats, and 11 ferrets.

Staff assisted in a series of Healthy Pet Clinics sponsored by the Shamrock Fund. In addition to rabies vaccinations, these clinics provide a full range of health services for animals. Animal Disease Prevention provided the rabies certificates and tags for these clinics.



Animal Disease Prevention oversees the testing of specimens when there has been potential human exposure to rabies. Of the 387 specimens submitted for testing in 2012, there were 11 animals positive for rabies, including 7 raccoons, 1 cat, 1 skunk, and 2 bats. When specimens were not available or not suitable for testing, post exposure rabies prophylaxis for the exposed individual, or a 6-month quarantine for the animal is required. The bureau investigated 996 animal bites involving 714 dogs, 219 cats, 37 bats, and 26 other species.

Community Environmental Health

The Bureau of Community Environmental Health consists of the Food Protection section, the Residential Environmental Health/Environmental Lead Section and the Temporary Residence and Recreational Facilities section.

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.

In response to an outbreak of shigellosis in the community during 2012, Community Environmental Health staff collected specimens, conducted phone interviews, and performed site investigations in an effort to find the source and reduce the spread of this disease.

Food Protection strives to ensure that safe and sanitary food is prepared and served to the many thousands of patrons who visit the county's 1,932 food service facilities. To accomplish this, 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 of temporary food service providers resulted in high levels of compliance at the majority of the 633 operations permitted during 2012.

The Food Protection section investigated 82 suspected food borne illness complaints in 2012. 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. The Food Protection section also implements a combination of education and enforcement measures to prevent food borne illness events at the restaurant or facility.

Food Protection staff investigated 291 other complaints in 2012. Facilities are required to implement corrective measures in a timely manner when violations are observed. Sanitary code enforcement action is initiated when necessary.

Residential Environmental Health is responsible for inspection of mobile home parks and child care centers. Public health workers in this section also enforce public health housing regulations and investigate citizen complaints of alleged public health nuisances or hazardous conditions. During 2012, staff members inspected 50 regulated facilities and investigated 634 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, Commissioner's Hearings were utilized to enforce Sanitary Code provisions.

In 2012, Residential Environmental Health staff began an initiative to inspect previously cited vacant properties that contained abandoned swimming pools. Those properties found still vacant were again cited, and were treated by Vector Control staff to prevent the swimming pool from becoming a mosquito breeding site, as necessary.

Temporary Residence & Recreational Facilities 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 2012, staff members



inspected 576 regulated facilities, the majority of which demonstrated substantial compliance with the Sanitary Code. When deficiencies were identified, the facility was cited and corrections were made; however, Commissioner's Hearings were scheduled if necessary.

Temporary Facilities staff provides ongoing education to facility owners regarding code requirements and proper operating procedures. Staff members also responded to 33 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 437 compliance checks in 2012 to assess 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 2012, 10 retailers were found to have sold tobacco to a minor.

Tobacco retailers who fail the compliance check accumulate penalty points on their registration. 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. If the retailer accumulates a total of three points, his/her registration to sell tobacco is suspended for six months. In 2012, no retailers had his/her registration suspended.

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

During 2012, the Environmental Exposure Response program provided guidance on health risks associated with hazardous materials incidents. Specific examples include investigating abandoned barrels of unknown substances, working with other agencies on residential oil spills, and providing assistance to residents living near several local hazardous waste sites.

Staff members continue to respond to a number of radiation incidents although the number continues to decrease. 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 hazards. During 2012, Healthy Neighborhood staff completed 716 surveys, resulting in 1,147 referrals. The Syracuse Fire Department responded by installing 391 smoke detectors and 272 carbon monoxide detectors in at-risk homes. In addition, as a result of the Healthy Neighborhood intervention, 74 children were tested for lead and 272 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.

In the monitoring conducted to date, no relationship has been established between the operation of the incinerator and any significant increased levels of constituents in the environment. The Environmental Health Assessment Bureau issued a report outlining the results of 2011 monitoring and will issue a similar report for 2012 results. A summary of this report is available on the OCHD website.

The **Indoor Air program** investigates complaints associated with indoor air quality, such as mold, asbestos, carbon monoxide, and odors. During 2012, the Indoor Air program investigated or responded to 45 concerns and complaints. Concerns about mold continued to be the predominant issue in 2012. Staff members use 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. Other issues addressed included carbon monoxide problems, asbestos, and unidentifiable odors.



Environmental Health is involved in enforcement of the **New York State Clean Indoor Air Act (CIIA)**. 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 5 CIIA waiver applications during 2012. These active waivers, originally issued for financial hardship, continue to decline as facilities change ownership or go out of business. In addition, there were 7 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 2012, staff members resolved 6 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 2012, staff members distributed 500 radon detectors to Onondaga County residents through a grant from the New York State Department of Health. Through a competitive process, a new five year radon grant was awarded to the Division.

The **Rodent Control program** investigates rodent complaints and conducts monitoring and baiting activities in the public sewer system. Rodent Control staff, including trained summer aides, applied rodenticide to catch basins and manholes located in the City of Syracuse. A total of 1,653 sites were treated. During 2012, Onondaga County residents entered 10 complaints alleging rodent infestations within the public sewer system. Rodent Control staff investigated these complaints, applying appropriate rodenticide as needed.

The **Vector Control program** conducts mosquito surveillance and control activities in order to reduce transmission of mosquito borne illness. In 2012, West Nile virus (WNV) was detected in Onondaga County. One death due to WNV virus infection was reported and eight additional cases of WNV disease were confirmed in Onondaga County residents.

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 virus, California Encephalitis (CE) virus, and other arboviruses. Of the 517 mosquito pools submitted during the period, 17 tested positive for WNV. There were no positive pools for EEE virus in 2012.

The Vector Control Program performed mosquito control activities from May through September. Beginning in 2011, New York State Department of Environmental Conservation regulations required the presence of a certified pesticide applicator onsite when pesticides are applied to mosquito breeding areas. Program staff checked 1,275 known breeding sites and treated 167, as necessary, with granular larvicide or larviciding oil. In addition, program staff treated 185 storm water and catch basins with larvicide.



Vector Control continued its program to treat abandoned swimming pools with appropriate larvicide. Staff treated 22 abandoned swimming pools during 2012.

Vector Control performs tick identification for county residents. Staff identified 14 ticks during 2012.

Public Health Engineering

The Bureau of Public Health Engineering consists of the Water Supply Section, the 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. This section also provides information and assistance to residents on individual wells. Program highlights from 2012 include the following:

- A provision of the Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR) 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 City of Syracuse, Metropolitan Water Board and Skaneateles Water Districts are currently under Bilateral Compliance Agreements (BCA) with the Onondaga County Health Department for their uncovered reservoirs. The City of Syracuse began construction of an ultraviolet light (UV) disinfection facility. Metropolitan Water Board began construction of two 15 million gallon tanks at Terminal Reservoir. Skaneateles Water Districts plan to abandon their uncovered finished water storage and draw directly from Skaneateles Village's finished water storage was approved and construction of system modifications began. In 2012, the Bureau worked closely with these water suppliers through all phases of planning and construction.

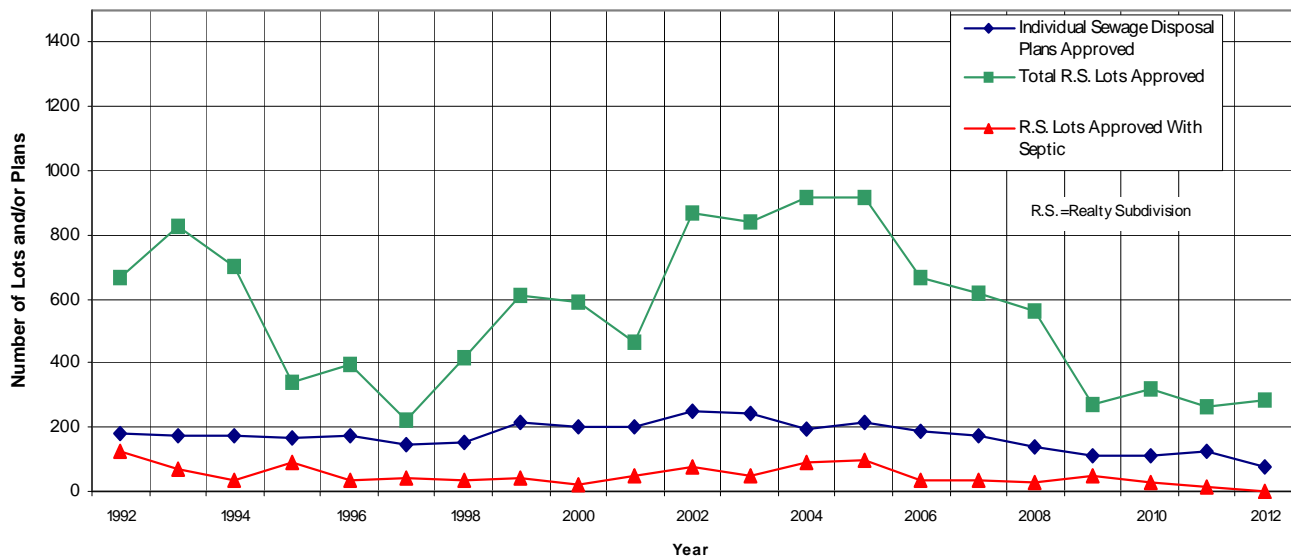


- Another provision of the LT2ESWTR requires unfiltered water systems to provide additional treatment for *Cryptosporidium* using chlorine dioxide, ozone, or UV disinfection. Plans were approved for a new UV facility serving the Village of Skaneateles and Skaneateles Water Districts within the Town, construction was completed and the UV facility was placed online in 2012. In order to accomplish this, the Bureau worked closely with the NYS Department of Health and the Village and Town of Skaneateles. An Administrative Order of Consent (AOC) was put in place between the United States Environmental Protection Agency (EPA) and the City of Syracuse regarding the additional source water treatment requirement. The dates agreed upon in the AOC tied in with the established BCA between the City of Syracuse and the Onondaga County Health Department for the uncovered reservoir provision of LT2ESWTR. Construction of the City's UV facilities began at Woodland and Westcott Reservoirs in 2012. The Bureau worked closely with the EPA, the NYS Department of Health, and the City of Syracuse to complete this agreement.
- As part of their LT2ESWTR Project and with concurrence from OCHD staff, the City of Syracuse took Woodland Reservoir out of service to drain, clean and inspect the structure. This was the first such operation conducted since the 1930s. Bureau staff worked with City staff to develop an operational plan for both normal system operation and methods for dealing with emergencies such as high turbidity events while Woodland Reservoir was out of service.
- The Bureau was instrumental in expanding the Cross-Connection Control Program in Onondaga County. Ongoing educational and coordination efforts with the major public water suppliers and Onondaga County's Plumbing Control Section have resulted in an increase in the number of plans the Bureau approved for new backflow prevention devices in 2012.
- Ten potential drinking water certified operators were evaluated by Bureau staff under the State's On-site Assessment Program. Staff sent recommendations for certification of nine of these individuals to the New York State Department of Health for final approval.
- The Water Supply program staff conducted in-depth sanitary surveys of all 94 public water supplies and 41 non-public water supplies in Onondaga County.

The Land Development Section conducts review and approval of plans for municipal sewer and water extensions, realty subdivisions, individual sewage disposal systems, and public swimming pools to ensure they conform to public health standards. The Bureau also coordinates closely with the Plumbing Control Section of Onondaga County's Department of Water Environment Protection. Plumbing permits for properties connecting to new public sewer and/or water facilities are not released until Engineering has reviewed, approved and received certification of completion of the facilities. Lots on individual systems must also be reviewed and approved by the Bureau before plumbing permits are released.

In 2012, as shown in the chart below, the number of building lots approved within realty subdivisions remained steady compared to the past few years, while the number of new individual sewage disposal plans decreased slightly. The Bureau responded to 148 inquiries from the public concerning existing and future issues related to onsite sewage disposal and individual water supply. In addition, the areas of sewage complaints and repairs remained a significant portion of the Bureau's overall workload. The area of septic system repairs continues to be a concern due to the restrictive characteristics associated with existing site development. It is this area of onsite sewage disposal where Land Development Section staff has developed significant experience to provide critical insight into new technology that can lead to a safer method of wastewater treatment than traditional systems alone.

Land Development Plans Approved by Category, 1992-2012



The Bureau continued its involvement with the Onondaga County Planning Board by attending seventeen General Municipal Law coordinated review sessions throughout the year. This process has allowed the OCHD to respond to and offer guidance toward the ultimate goal of responsible land use management within Onondaga County. The Bureau also attended a Coordinated Review of the Route 31 corridor in the Town of Clay. A presentation was made to fellow County departments and Clay officials discussing the relationship between minimum lot sizes (zoning) and the appropriate methods for sewage disposal (septic systems vs. community systems).

Designed by the Consumer Product Safety Commission (CPSC) as an entrapment and drowning prevention measure, the Virginia Graeme Baker Pool & Spa Safety Act (VGB) became legislation in December 2008. Due to limited staff, the CPSC contracted with the Onondaga County Health Department in 2012 to perform pool inspections to ensure VGB compliance. Bureau personnel inspected 50 facilities, through this contract. While this is a federally mandated Act for public pools, the Bureau concurs that the required modifications improve the safety of the bathing public beyond the current design parameters in the New York State Sanitary Code.

The Onondaga County Council on Environmental Health (CEH) formulates County-wide policy recommendations relating to environmental health issues. The CEH held nine regularly scheduled meetings in 2012 which included two informative, interactive site visits. Citizen members provided approximately 300 volunteer hours of collective expertise on environmental and environmental health issues. Council ex-officio members representing county and city government departments, representatives from non-member local and state agencies, private organizations, as well as interested citizens attend meetings. Presentations on issues studied by the Council or of concern to County government and its residents are made by public and private sector experts.

Council Activities:

- Submitted comments to the New York State Department of Environmental Conservation (NYSDEC) on the Revised Draft Supplemental Generic Environmental Impact Statement regarding its use for developing the High Volume Hydraulic Fracturing regulations.
- Provided comment instrumental in the NYSDEC removing Onondaga Lake Outlet from the New York State Section 303(d) list of Total Maximum Daily Loading impaired water bodies.
- Assisted with the development of the Otisco Lake Watershed Management Plan being conducted as a multiagency effort with a NYS Local Waterfront Revitalization Program Grant.

- Provided comments on the Onondaga County Sustainability Plan and the Onondaga County Climate Plan.
- Submitted comments to NYSDEC on the proposed remedy for the Stauffer Chemical Management Company State Superfund site in the Town of Skaneateles.
- Continued in its designated role as the County's Citizen Advisory Board and lead entity to meet public participation requirements for the County's Stormwater Management Program.
- Continued with general oversight of the County Aquatic Vegetation Control Program including utilizing a Federal Aquatic Nuisance Species grant for water chestnut control in the Three Rivers system.
- Served as part of the Local Working Group providing input to the Natural Resources Conservation Service to establish local funding priorities for the Federal Farm Bill in a six-county area including Onondaga County.
- Participated in updates on NYSDOH monitoring for ticks and Lyme disease occurrence.
- Participated in updates on County efforts to address anticipated Emerald Ash Borer impacts.

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 724 facilities and 6,701 devices during 2012. Program staff also conducted investigations of all complaints received during the year.

Facilitated Enrollment

The mission of the Public Health Insurance Program is to expand the accessibility and enhance the ease of applying for public health insurance (Medicaid, Family Health Plus and Child Health Plus) within Onondaga County. Ongoing collaborations have been established with key community-based organizations, public schools, colleges, and County departments. The program staff strives to strengthen and expand upon these collaborations. All partnering community-based enrollment sites have a Facilitated Enroller on staff to assist and advocate for eligible individuals and families in the application process. Enrollers meet at times and locations convenient for families and offer supportive services.



In 2012, facilitated enrollers in the Public Health Insurance Program were able to assist more than 1,484 eligible individuals and families in obtaining Medicaid, Family Health Plus and Child Health Plus insurance. In June 2012 the program began moving to a paperless system by scanning client insurance applications, which realized considerable savings in paper and storage costs.

Family Planning Service

2012 Highlights

- *Family Planning Service (FPS) expanded community education and outreach staff, resulting in reproductive health education programming occurring at over 10 additional sites in 2012 including Jobs Plus, Hillbrook Detention Center, Onondaga Community College, and Crouse Chemical Dependency.*
 - *In April 2012, FPS began offering HPV vaccine to young men enrolled in FPS who are between the ages of 19 and 26. Since then 17 males have received the vaccine.*
 - *FPS now offers presumptive eligibility screening for the Family Planning Benefit Program. This ensures that eligible individuals living below 200% of the federal poverty level can receive immediate public health insurance coverage for their reproductive health care.*
-

Clinical Services

Family Planning Service (FPS) is a program of the Syracuse Model Neighborhood Facility, Inc. that provides clinical services as part of the Onondaga County Health Department (OCHD). FPS is a preventive health care program funded by the United States Public Health Service and the NYSDOH. 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. In accordance with the Centers for Disease Control and Prevention's (CDC) emphasis on reproductive life planning, FPS has incorporated guidelines for clinical staff to provide patient-specific education and counseling on preconception care. These messages have been positively received by our patients.

FPS focuses on women who are at risk for an unintended pregnancy and in need of subsidized family planning care. Although priority is given to teenagers and women from low-income

families, FPS continues to provide male reproductive health services at both the Slocum Avenue and the North Syracuse clinic sites. In 2012, FPS provided care to 4,713 unduplicated patients, for a total of 9,919 visits.

In 2012, 98% of patients were at or below 200% of the federal poverty level. FPS 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. Patients who cannot afford care and who have no insurance are provided services on a sliding fee scale. Patients eligible for reproductive health care are never turned away due to an inability to pay. FPS also actively partners with the OCHD Cancer Services Program to ensure eligible women receive mammograms, and to provide follow up care for positive cervical cancer testing.

FPS is committed to reducing the rate of adolescent pregnancy in Onondaga County. FPS continues to operate a “teen-only” clinic at the Civic Center. In addition, teenagers can access family planning services during after-school hours at the Slocum Avenue and North Syracuse sites. In 2012, FPS provided services to 950 unduplicated teens aged nineteen years or younger.

FPS provides human papillomavirus (HPV) vaccine services to young men and women between the ages of 19 and 26 years. The vaccine is provided at the North Syracuse site as well as at the William H. Harris Health Center on Slocum Avenue. In 2012, 113 vaccines were provided to 80 unduplicated patients.

FPS also offers the OraQuick 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 2012, FPS provided HIV testing to 1,551 individuals.

With funding support from the NYSDOH, FPS provided free walk-in emergency contraceptive services to medically qualified women. Walk-in patients were served at both the administrative office and at clinic sites. Each woman received a brief evaluation and counseling and was offered the opportunity to enroll in FPS. In 2012, FPS provided 1,048 patients with emergency contraception.



Health Education and Outreach

FPS partners with a number of community-based organizations to promote a proactive approach to reproductive health planning and long-term reproductive health care. Information and education is provided in 13 middle 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 provided at over 25 different community-based organizations and health-related events throughout the year. In 2012, programs were conducted at locations including include Jobs Plus, Hillbrook Detention Center, and Onondaga Community College (OCC). Outreach and education staff also worked to promote awareness and understanding of the Affordable Care Act in the community.

Health Information Technology

Health Information Technology (Health IT), in coordination with the Onondaga County Department of Information Technology (County IT), provides the framework and strategy for the rapidly growing electronic business demands of the Health Department. Health IT is responsible for devising secure, efficient, and cost-saving measures to plan, procure, implement, manage, and support the electronic framework for all department users.

2012 Program Activities

- Department-wide enterprise content management is under way. Vital birth records for Onondaga County are being scanned and permanently preserved, paving the way for streamlined delivery of records to the public. When fully implemented, this system will improve the business efficiency of this revenue source.
- Health IT worked with the Public Health Insurance program to bring insurance applications into electronic storage. This change has allowed for the more effective management of applications, and has resulted in a reduction in paper use by the program.
- Health IT worked with County IT to provide a county-wide platform to manage hard-copy information through computer systems.



Subsequent phases of enterprise content management will drastically reduce both the amount of paper used by the department and the County, and the cost for storage of physical records. The system will permit instant electronic retrieval of business records and allow related records to be collected into time-saving electronic work flows.

- Health IT developed a new database to track rabies vaccinations and animal bites. The database will allow the Division of Environmental Health and the Bureau of Disease Control to share current and accurate data.
- The Division of Healthy Families and Health IT worked together to develop a series of electronic forms to streamline the process of tracking cases for children with special needs.
- Health IT delivered a series of computer “mini trainings” targeted to enhance specific capabilities of Health Department staff. The trainings will continue to build capability of staff as the Health Department continues to transition business to the electronic environment.

Health Promotion & Disease Prevention

2012 Highlights

- Conducted a Complete Streets training to educate municipalities on the health and environmental benefits of complete streets. In total, 49 participated in this training. Subsequently, the Village of Fayetteville became the first local municipality in Onondaga County to create a local complete streets policy.
- The OCHD worked with the NYSDOH and several contiguous counties to host a “Mosquito Borne Disease Media Day”. The purpose was to provide information to the local media about mosquito borne disease including surveillance, prevention, spraying information, and key prevention messages for the public. The media day was a success with all media in attendance and mosquito—borne disease messages were ultimately promoted successfully regionally.
- The OCHD worked in partnership with Senator Schumer’s office to coordinate a mosquito borne disease panel discussion for municipalities. The purpose was to address the importance of mosquito borne disease prevention, surveillance measures, how spraying recommendations are made, and to provide support. The panel consisted of a representative from Senator Schumer’s office, the Onondaga County Commissioner of Health, Environmental Health staff, and Health Promotion staff.



- *With the support of grant funding, the Lead Program purchased a freestanding interactive, bilingual educational display. In a pilot project designed to lend the display unit to host sites, the display unit was placed at the Museum of Science and Technology (M.O.S.T.) for the month of October, in recognition of National Lead Awareness Week.*
- *Tobacco Control Program staff presented a workshop on smoke-free housing at the LeadingAge of New York's pre-conference program. There were approximately 150 property owners in attendance. LeadingAge New York, formerly the New York Association of Homes & Services for the Aging (NYAHS), represents not-for-profit, mission-driven and public continuing care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living and community service providers.*
- *Outreach staff from the CSP utilized an integrated approach to public health education. The CSP cultivated new partnerships with the Educational Opportunities Center, CNYWorks, and Nojaims Brothers Supermarkets where the CSP was on site at these partner locations to educate and enroll uninsured adults for breast, cervical, and colorectal cancer screening.*
- *The OCHD participated in a NYSDOH initiative, "We Are Public Health". The purpose of this initiative was to increase awareness and understanding of what public health is and how it positively affects our community. Onondaga County was one of the counties selected for recognition in this photo campaign.*
- *A cooperative agreement was approved by NYSDOH between the Lead Program and WIC. This agreement allows the Lead Program to provide on site blood lead testing for children considered at high risk for lead exposure and provides families with a convenient way to have two required blood tests completed with a single procedure.*
- *The Lead Program is a collaborative partner in an EPA Environmental Justice Small Grant awarded to the Partnership for Onondaga Creek in 2012. As a scheduled presenter at four community workshops funded by the grant, the Lead Program will share information on lead poisoning prevention with program participants in 2012 and 2013. Information on other housing based health risks will also be provided to participants.*
- *Tobacco Point of Sale continues to be the primary focus of the Tobacco Control Program. Staff met with several Town Supervisors and Village Mayors to discuss the issue of tobacco point of sale and the impact of tobacco marketing on youth smoking initiation. On June 13th, three youth working with the Reality Check program made a presentation about tobacco marketing to the Greater Cicero Community Connections for Youth Board. The Youth Board is comprised of representatives from the Village of North Syracuse and the Towns of Cicero, Clay, and Salina (the 4 municipalities in the North Syracuse Central School District). Tobacco Free Onondaga County helped prepare the youth to speak and brought material to also to display. The presentation was well-received by the Youth Board.*

Adult Immunization Program

Influenza & Pneumonia Vaccination Program

The Onondaga County Health Department (OCHD) strives to prevent illness and reduce hospitalizations and premature deaths associated with influenza and pneumococcal disease by making vaccinations accessible to all county residents.

Seasonal Influenza

This season, vaccine was initially readily available in our community. Many doctors and providers were able to vaccinate for seasonal flu as early as August.

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 conditions, and seniors ages 65 and older. In an effort to prevent the transmission of influenza to these vulnerable populations, an emphasis was placed on encouraging everyone over 6 months of age to get a flu shot.

The OCHD, in partnership with the University of Rochester School of Nursing's Passport Program, conducted 3 clinics in Onondaga County in the fall of 2012. In an effort to encourage parents to immunize their children, all 3 clinics were designated "family clinics", where parents and children could receive their vaccinations together. A total of 233 children and adults were vaccinated at public clinics in 2012. In addition to the large public clinics, flu vaccine was available to county residents at the Dr. William B. Harris Health Clinic.

Five OCHD volunteer nurses, 6 CNY Medical Reserve Corps volunteers, and 6 clerical volunteers joined with staff nurses and public health personnel to participate in the operation of the Health Department's scheduled seasonal flu and pneumonia vaccination clinics.

Drive-Through Flu Clinic

OCHD has been holding a drive-through flu clinic for first responders for the past seven years. This clinic provides a service to the community by vaccinating first responders for seasonal flu, and serves as an exercise in mass prophylaxis. In 2012, the Health Department vaccinated 706 first responders at the drive-through clinic.

Seven CNY Medical Reserve Corps volunteers joined with staff nurses and public health personnel to participate in the operation of the drive-through flu clinic.



Why we do what we do...

The Cancer Services Program works with community agencies to identify uninsured women in need of breast cancer screening. While at a local unemployment office our staff encountered an individual who had not had a mammogram in a number of years.

Unfortunately, the initial screening mammogram identified abnormalities in the breast tissue and further follow-up determined that this woman had breast cancer.

The Cancer Services Program was not only able to assist with the full cost of diagnosis, the program also enrolled the woman in the Medicaid Treatment Act Program which will pay for all of her medical costs throughout the duration of her treatment for breast cancer.



Cancer Services Program Partnership

The Onondaga County Cancer Services Program (CSP) Partnership provides free screenings for breast, cervical, and colorectal cancer to medically uninsured 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 2012, the CSP screened 1,094 women and men for breast, cervical, and colorectal cancer. As a result of these screenings, 17 breast cancers, 2 cervical cancers, and 4 colorectal cancers were diagnosed. Additionally pre-cancerous polyps were detected and removed in 18 clients.

The CSP provides education and screening for breast and cervical cancer for women as well as education and screening for colorectal cancer for both men and women. Case management services are available to help identify and remove potential barriers to screening. In 2012, the following procedures were performed for CSP clients:

- 974 clinical breast exams
- 1,020 mammograms
- 428 follow up breast screenings
- 264 cervical cancer screenings
- 51 follow up cervical screenings
- 269 colorectal cancer screenings
- 75 follow up colorectal screenings

An extensive network of contracted health care providers, located throughout the community, plays an essential role in this program by providing breast, cervical, and colorectal cancer screening and diagnostic services. These services are then reimbursed through the CSP. This approach offers patients the ability to receive screening services at their medical home.

With support from multiple community partners, the CSP planned, coordinated, and implemented a number of

targeted clinical screening events in 2012. Three call-in phone banks were held resulting in identification of 116 residents who were eligible for CSP services. In May and October of 2012, the CSP assisted in coordinating screening events targeting Native American women as part of the Pink Shawl Initiative. These two events resulted in screening 40 Native American women for breast cancer. In October 2012, the CSP saw a record high of 134 clients being qualified for services in one month. This success was due in part to a media series on local radio, television, and print media that promoted Breast Cancer Awareness Month. In partnership with Syracuse Community Health Center, 13 screening clinics serving CSP clients were held at the SCHC main campus on South Salina Street. In total, SCHC served 371 CSP clients at these clinics and by individual appointment in 2012.

Creating Healthy Places to Live, Work, and Play

Creating Healthy Places to Live, Work, and Play in Onondaga County is an initiative that began in November 2010. The goal of this initiative is to establish and implement programs and policies to prevent obesity, type 2 diabetes, and other chronic diseases in Onondaga County residents. Multiple program activities have been conducted to achieve this goal.

In 2012, program staff:

- Worked with local child care centers to implement the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) and to create policies and environmental changes designed to improve nutrition, support daily physical activity, and reduce screen time.
- Developed and supported transportation policies and environmental changes to ensure streets are safe, accessible, and convenient for all users of the roadway, including pedestrians, bicyclists, users of public transit, motorists, children, the elderly, and people with disabilities.
- Promoted the use of farmers markets and implemented innovative strategies to increase access to healthy foods in high need areas.
- Coordinated a produce donation (gleaning) program with local farmers. The gleaned produce was distributed to local food pantries.
- Reduced point of sale marketing of nutrient poor foods and beverages in grocery and convenience stores.

Specific achievements in 2012 include:

- Work with eight child care centers to produce policy and environmental changes designed to improve nutrition, increase daily physical activity reduce screen time. In total, 5 policies and 8 environmental changes were created.
- A Complete Streets training to educate nearly 50 stakeholders from local municipalities on the health and environmental benefits of complete streets. The Village of Fayetteville became the first local municipality to create a Complete Streets policy in 2012.
- Provision of assistance for the coordination and implementation of farm fresh mobile markets to increase access to fresh fruits and vegetables. Approximately 10 farmers markets are now being held year round in Onondaga County.



Why we do what we do...

“At Marcellus Community Childcare Center the health and safety of our children is serious business. The Creating Healthy Places program provided us with training and support to develop center policies that improve the health and well being of children, families and staff! At MCCC we know that healthy kids count! Our key messages include:

- *Be active 1 hour or more each day*
- *Watch less than 2 hours of screen time a day*
- *Eat 3 healthy meals each day*
- *Drink 4 cups of water each day*
- *Eat 5 fruits and veggies every day*

Thank you Creating Healthy Places for making MCCC a better, healthier place for children and adults!”

- Sharon Morgan, Director
Marcellus Childcare Center

Dental Health

The Dental Health program provides dental health education and promotes early dental care to pre-school aged children and their parents or guardians. Parents and guardians are given dental health tips and recommendations about early and regular oral exam appointments for their children.

In 2012, the Dental Health program:

- Provided small group presentations to 58 sites including Syracuse City School District Pre-K programs, PEACE Head Start programs, daycare centers, nursery schools, after school programs, libraries, and community-based agencies.
- Conducted 149 dental health presentations reaching over 2000 children. The presentations focused on oral health and how to properly care for teeth.
- Conducted 7 presentations about children's oral health to 49 adults at parent groups.

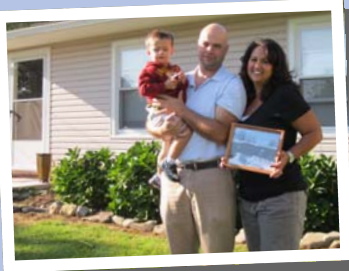
Lead Poisoning Control Program

The mission of the Lead Poisoning Control Program (LPCP) is to reduce the prevalence of childhood lead poisoning by *identifying housing with potential lead based paint hazards and enforcing the correction of hazards before children are exposed*. In addition, to further reduce the impact of lead poisoning in the community, the LPCP continues to provide case management, environmental investigations, and education for children and families that have already been exposed to lead.

The LPCP continues to evolve beyond its initial set of responsibilities first established in 1972. In addition to conducting surveillance, screening, case management, environmental investigations, and public health education, the program's mission places specific emphasis on housing based interventions. This change in focus is consistent with both the Centers for Disease Control and Prevention's (CDC) and the New York State Department of Health's (NYSDOH) shift from a model designed to respond once a child has already been exposed to lead paint to a model focused on addressing the housing based health risks associated with the breakdown of lead based paint.

One factor behind this strategy is the CDC's new national approach to defining childhood lead poisoning. Traditionally, blood lead levels of 10 micrograms per deciliter or higher indicated a "level of concern" that directed the work of state and local health departments. The new 2012 reference level of 5 micrograms per deciliter is based on the U.S. population of children ages 1-5 years who have blood lead levels in the highest 2.5% of all children tested.

Why we do what we do...



*“Now we know
about the sources
of lead and how to
protect our family.
It gives us peace of
mind knowing our
son is safe.”*

-Program participants

The new lower reference value will be used to identify children who have been exposed to lead and who require case management. This means that more children will likely be identified as having lead exposure; allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child's future exposure to lead. Protecting children from exposure to lead is important to lifelong good health. Even low levels of lead in blood have been shown to affect IQ, attention span and academic achievement. The effects of lead exposure cannot be corrected.¹

The most important step parents, doctors, and others can take is to **prevent lead exposure before it occurs**. Onondaga County's commitment to this primary prevention response model of ***treating the home, not the child*** is demonstrated through the development and implementation of housing based interventions which include enhancing the focus on partnership development, increasing community engagement, offering training opportunities to ensure the safety of home renovation and repairs, and providing homeowners with access to the necessary financial assistance to safely address lead paint on their property.

Identifying Children in Need

A primary objective of the Lead Program is to increase the number of children being tested at age 1 and 2 as required by NYSDOH regulations. A recent report indicated that over 92% of children in Onondaga County had at least one test before age 2. These numbers reflect the Lead Program's efforts over the past several years to notify parents when their child is in need of testing and the increased diligence by providers to meet the requirements.

In 2012, the LPCP continued its efforts to improve testing compliance rates and provide case management to children with lead poisoning in Onondaga County, and new initiatives were undertaken to respond to CDC's new national strategy. This year, 11,530 children in Onondaga County were tested for lead exposure and 1,050 (9.1%) children were identified as having blood lead levels above the CDC's current reference value. The 2012 change in how the CDC identifies children in need of follow-up services has increased both the number of children in need of follow-up services and the local prevalence rate.

¹ http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm

As in previous years, the rate of detectable lead exposure reported for certain neighborhoods in the city of Syracuse exceeded 10%, ranking them among the highest in New York State. In addition to screening children for risk factors that may indicate the need for a property inspection, the LPCP provided the family of each child with a documented blood lead level at or above the reference value, with information to help identify potential sources of exposure, instructions on lead dust cleaning methods and prevention strategies, and information on follow-up medical consultation or repeat testing.

Children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are an important population to target for lead poisoning interventions. The percent of children enrolled in WIC who are identified with elevated blood lead levels is double that of the Onondaga County population as a whole (18% vs. 9.1%, respectively). To more effectively serve this population, a cooperative agreement was developed between the LPCP and WIC to allow LPCP staff to provide onsite testing at WIC clinics for children considered at high risk for lead exposure.

Treating the Home

In 2012, the LPCP continued to identify and correct lead paint hazards in properties located in targeted areas of Syracuse where children are at the highest risk for lead poisoning. A total of 357 lead inspections were conducted in 2012. Of this total, 282 (79%) inspections were conducted on properties that are not currently associated with a child with an elevated blood lead level. This “primary prevention” model seeks to reduce hazards before a child is exposed. Onondaga County’s ongoing efforts resulted in a total of 261 properties having the necessary work completed in 2012 to address previously identified lead hazard violations.

2009-2012 Onondaga County Inspection and Clearance Summary

	Total # Inspections	% Primary Prevention	% with Hazards	# Units Corrected
2009	347	84%	92%	268
2010	431	83%	89%	353
2011	476	82%	90%	270
2012	357	79%	85%	261

With the implementation of the CDC's new national strategy for lead poisoning prevention, new guidelines were developed for determining when an in-home inspection is warranted. In 2012 LPCP staff inspected 75 properties associated with children with blood lead levels ≥ 15 $\mu\text{g}/\text{dL}$. In addition to these inspections, and in response to the CDC's shift in focus to increase housing based interventions for children at lower levels, in 2012, 59 inspections were conducted on properties associated with children with blood lead levels between 10-14 $\mu\text{g}/\text{dL}$, more than doubling the number of inspections for children in this category in 2011.

In an effort to assist low income families living in rental properties with uncorrected lead based paint hazards, routine screening is conducted to assess eligibility for rental subsidy programs to enable families of children with elevated blood lead levels to move to safer housing. In partnership with the Syracuse Housing Authority's (SHA) Housing Assistance Voucher Program staff, the LPCP provides eligible families with assistance in completing the SHA application process. In 2012, a total of 20 applications were submitted.

Education and Outreach

Newly arrived refugee families are at increased risk for lead poisoning based upon a number of housing, health, and cultural factors. Onondaga County has dedicated a portion of its NYSDOH Primary Prevention grant funding to reduce the potential risk for refugee families settling in our community by providing specialized education visits for families with young children or a pregnant woman in the home. Through our partnership with the local Refugee Resettlement Agencies, a translator assists LPCP staff in teaching cleaning methods for safely reducing toxic lead dust in the home. The cleaning supply kit used during the visit is provided to the family to aid in their ongoing efforts at controlling hazardous lead dust. During each visit, a visual assessment to identify potential lead paint hazards is also conducted. In 2012, 50 families were served through this initiative.

In 2012, the LPCP continued to subcontract with both the Onondaga County Community Development and the City of Syracuse's HUD funded Lead Hazard Reduction Programs. Under this arrangement, the LPCP conducts community outreach and health education, provides blood lead testing, and relocates families living in properties undergoing lead hazard reduction work funded by the two grant programs.

An essential component of the NYSDOH Primary Prevention contract is ensuring an adequate workforce is available to safely renovate and repair older homes with confirmed lead based paint hazards. A subcontract agreement to provide EPA-required Renovate, Repair and Paint certification training to rental property managers, contractors, and building maintenance staff, and individuals referred from construction related job training programs continued in 2012, providing access to training for 65 individuals.

Migrant Health program

The mission 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.

Program funding is provided through a New York State Department of Health (NYSDOH) Migrant and Seasonal Farmworker Health Program grant. This funding, combined with volunteer support and multi-agency collaboration, provides resources needed for program operation. To initiate the year's clinical activities, SUNY Upstate faculty and medical students, teamed with Onondaga County Health Department (OCHD) nursing and outreach staff to conduct 5 medical clinics, 1 immunization only clinic and 3 influenza vaccination clinics over the summer and fall. As a result, 75 farm workers from 5 Onondaga County camps received in-camp health care services, for a total of 122 visits.

The Migrant Health program continued to coordinate with Oswego County Opportunities (OCO), Finger Lakes Community Health Center (FLCHC), St. Joseph's Health Center and other local 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 OCHD provided ongoing health education, advocacy, referral, transportation, and interpretation services for follow-up medical, dental, and community service appointments. In 2012, 37 farm workers received 79 outreach services for access to off-site health related care.

The OCHD nurses and volunteers collaborated with the NYSDOH Immunization Program to provide migrant workers with immunizations during in-camp visits. The Migrant Health program also partnered with the FLCHC Mobile Dental Program, OCO, and a local church to hold a dental clinic in

Why we do what we do...

The services provided by the Migrant Health Program help assure that the farmworkers stay healthy while they are in our community harvesting our crops. It helps our community stay healthy by providing the farmworkers with immunizations and other health care services they need as they provide the very valuable service of keeping fresh produce on our tables!

"I would not be able to go to my health care appointments because I do not have transportation and I need your help."

– Program participant



northern Onondaga County in 2012. Eleven migrant farm workers received low cost dental services at this clinic. In collaboration with SUNY Upstate Medical University, Central New York Occupational Health Clinical Center, and the New York Center for Agricultural Medicine and Health, individual and group health education was provided on a variety of health topics at migrant camps throughout the county.

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



Public Health Education

The Public Health Education team works with numerous health department programs and services to increase the public's awareness of local health issues. Public Health Educators perform a wide range of activities including: conducting educational programs and outreach events; writing press releases and coordinating media events; promoting special events; responding to public health alerts; posting website messages and updates; creating and posting social media updates on Facebook and Twitter; designing and developing health education materials for targeted populations; promoting health department programs and clinical services at area businesses and worksites; networking with faith-based and neighborhood agencies; participating in community coalitions; and conducting qualitative research to assess health behaviors in our community.

2012 Program Activities:

- Participated in a NYSDOH initiative, "We Are Public Health". The purpose of this initiative was to increase awareness and understanding of what public health is and how it positively affects our community. Onondaga County was one out of three counties selected for this photo campaign.
- Worked cooperatively with the NYSDOH and contiguous counties to host a "Mosquito Borne Disease Media Day". The purpose was to provide information to the local media about mosquito borne diseases including surveillance, prevention, spraying information, and key messages for the public. Fifteen local media attended the session, which resulted in the promotion of mosquito borne disease messages throughout the area.

- Worked in partnership with Senator Schumer's office to coordinate a mosquito borne disease panel discussion for municipalities. The purpose was to address the importance of mosquito borne disease prevention, to discuss current surveillance measures and how spraying recommendations are made, and to provide overall support to towns and villages. The panel consisted of a representative from Senator Schumer's office, the Onondaga County Commissioner of Health, and staff from both the Environmental Health and Health Promotion sections.

Tobacco Free Onondaga County

Tobacco Free Onondaga County (TFOC) is funded by the New York State Department of Health and administered by the Onondaga County Health Department. TFOC works in the Onondaga County community to strengthen tobacco-related policies to prevent and reduce tobacco use and to limit opportunities for exposure to secondhand smoke. TFOC policy change initiatives are prescribed by the funding agency, the New York State Tobacco Control Program.

TFOC directs numerous evidenced-based initiatives focused on changing the social norms surrounding tobacco use in Onondaga County. These include working to reduce the amount of tobacco product marketing in the retail environment; working with businesses and organizations to eliminate tobacco use in outdoor areas, and with local municipalities to adopt new or strengthen existing tobacco-free policies on municipal grounds; encouraging owners/property managers of multi-unit rental residences to prohibit the use of tobacco in their buildings and on their property; implementing local evaluation activities to collect data for program development; and promoting smoking cessation programs and services, including the New York State Smokers' Quitline.



In 2012, TFOC:

- Contracted with Joel LaLone Consulting to conduct the 2012 Adult Community Survey. Conducted every two years, results from these surveys are utilized to plan future activities related to program initiatives. The 2012 survey specifically addressed respondents' thoughts on both tobacco marketing at the point of sale, and smoke-free policies for multi-unit housing.

- Continued to focus on point of sale tobacco marketing as a priority. TFOC staff conducted over 40 presentations to community organizations that focused on point of sale tobacco marketing. In addition, staff met with several Town Supervisors and Village Mayors to discuss the issue of tobacco point of sale marketing and the impact on youth smoking initiation.
- Made significant progress in building a social media following, as part of TFOC's education through earned media. Maintaining a social media presence was found to be a key activity for engaging the community in local tobacco control efforts.
- Worked with landlords and property managers to protect residents from secondhand smoke by covering an additional 102 rental housing units under a 100% smoke-free housing policy.

Healthy Families

The Division of Healthy Families—Maternal and Child Health (MCH) includes the Bureau of Community Health Nursing, Special Children Services, Immunization Action Plan, Syracuse Healthy Start, the Women, Infants, and Children (WIC) Program, and WIC Vendor Management Agency (VMA). Healthy Families provides services to new moms, babies, and families in Onondaga County under a unified system. The Division of Healthy Families is now accessible through its website, onhealthyfamilies.com, and is visible on Facebook.

2012 Highlights

- *Healthy Families compared a series of maternal and infant health indicators for the women who participated in Healthy Families against women who did not participate in the program. This evaluation is the first step in the process of establishing the Healthy Families Visitation Program as an evidence-based model.*



- *All new parents received Safe Infant Sleep messages in 2012. Information is now provided with every birth certificate mailed to new parents, assisting in the efforts to decrease preventable infant deaths associated with unsafe sleep environments.*
- *Healthy Families expanded its Nurse-Family Partnership (NFP) program, allowing additional high-risk clients throughout Onondaga County to be served. By June 2012, NFP had enrolled and was serving 122 clients in its program.*
- *Three Healthy Family Staff members earned the Family Development Credential (FDC). In order to earn the FDC, front-line workers completed 90 hours or classes on Empowerment Skills for Family Workers, completed a portfolio documenting their ability to apply these concepts and skills, and successfully passed a standardized exam.*
- *Early Intervention (EI) and Pre School (PS) Special Education transportation contracts for children receiving EI and PS center-based programs were rebid in 2011, effecting the 2011/2012 school year. These new contracts resulted in programmatic savings; transportation services now being paid per child, rather than prior per vehicle basis.*
- *Early Intervention staff began using laptops in the field, now able to complete required paperwork electronically and able to upload the finished documents directly into NYEIS upon returning to the office.*
- *WICVMA completely revamped their vendor training. The new training was condensed to help store managers educate vendor's employees about the WIC program and proper WIC procedures. VMA staff created tools to offer the vendors to help employees at the register while conducting a WIC transaction and ease potential conflicts.*
- *WIC expanded its participant-centered nutrition education to include more facilitated group discussions focusing on obesity prevention and healthier lifestyles for all participants.*
- *WIC expanded its Enhanced Peer Counselor Program to include breastfeeding classes for prenatal women in an effort to increase initiation and duration of breastfeeding rates amongst WIC participants.*

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 highest risk for infant mortality, low birth weight, developmental delay or disabilities. Preventive maternal/child visits are made to some of our most vulnerable residents, including incarcerated women and their infants, children with elevated blood lead levels, and families who have experienced a sudden unexpected infant death.

In 2012, the Bureau of CHN received a total of 2,552 referrals for its preventive home visiting services and provided 2,865 clients with 10,300 home visits. Under the various home visitation programs, clients received health assessments, case management, health teaching, and referrals to community resources such as drug, alcohol and/or mental health counseling.

The Bureau of CHN consists of 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.

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 OCHD NFP, based upon the Nurse Home Visitation Program developed by Dr. David Olds, is one of 470 such NFP sites across the United States. NFP evaluation has provided data supporting numerous short- and long-term socioeconomic benefits for family participants. The OCHD NFP program began enrolling first-time moms in May 2007 and expanded in 2011 to allow additional clients to receive intensive services based on need. In 2012, the NFP program

Why we do what we do...

“Thank you for being part of me and my baby's support system throughout my journey of pregnancy and the first two years of my baby's life. Every little piece of information has helped us immensely! So thank you from the bottom of my heart!”

-NFP participant



served 184 moms and families and 95 infants, and 10 mothers and their two year olds graduated from the program. Each NFP graduate was honored with a graduation certificate and celebration with their NFP nurse.

Family Life Team

The Family Life Team (FLT) program is a collaborative effort between the Bureau of CHN, the Syracuse City School District (SCSD) and Syracuse Community Health Center's former Comprehensive Medicaid Case Management (CMCM) program. The FLT program offers preventive nursing and case management services to all identified pregnant and parenting students in the SCSD schools. In the 2011-2012 school year, 79 pregnant students were provided with ongoing nursing and/or case management services, and 10 students were eligible to receive high school credit through completion of NFP curriculum. In 2011-2012, FLT nurses were also available to assist any at-risk student with education and referrals for community services including pregnancy prevention resources and resources for sexually transmitted infection prevention and treatment services.

Early Intervention Children At-Risk Early Screening (E.I. C.A.R.E.S.)

The E.I. C.A.R.E.S. 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. Public Health Nurses provide home visits for health assessments, teaching and referrals to community resources for infants who are at-risk for developmental delays. In 2012, there were 350 cases referred for E.I. C.A.R.E.S. nurse home visits.

Immunization Action Plan

Across New York State, 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). In keeping with program goals, Onondaga County's IAP conducted the following activities in 2012:

- Promoted National Infant Immunization Week (NIIW) utilizing movie trailer advertisements. Ads promoted the importance of infant immunization to parents. Movie ads were run before all movies at Destiny USA for a total of four months. In addition, an award was presented to a local pediatric practice with excellent immunization rates during NIIW.
- Developed on-line vaccine storage and handling training for all Vaccines for Children (VFC) providers in Onondaga County. An immunization provider page was created on the Onondaga County website to post the training and other immunization related updates and recommendations.

- Developed education materials on changes to the VFC program and distributed to schools, health care providers and the public.
- Developed and distributed education materials to promote Tdap vaccination for pregnant women and individuals who have close contact with infants. Materials were distributed to OB/GYN practices and birthing hospitals in Onondaga County. Radio advertisements were run in March 2012 highlighting the importance of Tdap vaccination for all close contacts of infants.
- Distributed a tool-kit on pertussis and Tdap vaccination to all local hospitals. Tool-kits included a presentation to use for staff in-services, as well as current recommendations and staff and patient education materials.
- Conducted additional media interviews in response to the arrival of an early and more severe flu season. The interviews, which aired on both television and radio, were intended to inform the public on flu prevention tips and to stress the importance of vaccination.
- Delivered in-service education and materials regarding current vaccine recommendations in support of the Onondaga Nation Health Center. As a result, Rotavirus vaccine is now offered to all eligible Onondaga Nation clients.



In support of the IAP, OCHD holds a weekly immunization clinic at the Dr. William A. Harris Clinic on Slocum Avenue in Syracuse for children 2 months of age through 18 years, and adults who are full-time students. In 2012, the clinic provided 2,510 vaccines to 978 children and adults. Most individuals who received vaccines were uninsured, underinsured and/or without a source of medical care.

Why we do what we do...

*“My child transitioned from Early Intervention to CPSE services as of Jan. 1, 2013. I am writing to provide feedback regarding our experience with EI and to sincerely express how incredibly valuable these services are to **CHILDREN** and **FAMILIES** with special needs. Our coordinator clearly provided the needed guidance, information and support every step of the way so that as a parent I can advocate best for my child. My service coordinator was extremely professional, did a great job **HEARING NEEDS** expressed and helping to put into place the necessary therapies, networks, and education that is essential for my child to meet his potential. We are forever thankful. I am not sure what my child's journey holds, but we gladly walk holding onto the fact that my child has had the best possible start. One day I am hoping my child will be able to "thank" the service coordinator without any help from me. Thank you for working to help our child.”*

- EI participant's family

Special Children Services

Special Children Services (SCS) comprises Early Intervention and Preschool Special Education. Each program works closely with the local community to ensure appropriate services and resources are provided to eligible children with special needs and to the families of these children.

In 2012, Early Intervention and Preschool Special Education participated in a program review completed by Apter & O'Connor Associates, Inc. The goal for this was to examine current operations, improve overall accountability and operational effectiveness, and review staff efficiencies. Staff is working to implement the major recommendations identified in the report and subsequent surveys.

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 2012, Early Intervention:

- Received 1,296 referrals with 798 infants/children enrolled at year end.
- Participated in the NYEIS report work group and the NYSAC work group. The NYEIS group is working with NYSDOH to identify problems with the existing reports and to test reports after they have been modified. The NYSAC group is working toward a seamless transition to a State Fiscal Agent.

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.

In 2012, OCHD Preschool staff:

- Served as municipality representatives to CPSE, providing assistance to CPSE chairpersons and families when indicated or requested.
- Combined efforts with the Early Childhood Direction Center to assist CPSE chairpersons and preschool agencies develop more consistent practices throughout the county.
- Enrolled 1,946 children by June 2012, the close of the 2011-2012 school year.
- Enrolled 1,373 children for the 2012 summer session.
- Enrolled 1,385 children for the months September through December, 2012.

Syracuse Healthy Start

Syracuse Healthy Start (SHS) is a federally funded program that began in 1997. SHS 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 OCHD resources such as WIC and Family Planning. In 2012, SHS served 984 women.

Data Collection

In 2012, SHS began uploading birth data from the New York State Department of Health (NYSDOH) Electronic Birth Certificate (EBC). SHS will be developing additional reports based on the new information now available through this unique system. New data points that are available to query include: country of mother's birth, presence of a paternity affidavit, maternal BMI, and infant feeding. In the past, this information was not consistently available from postpartum clients when collected by home visiting staff.



Health Education

In 2012, 96 health education sessions were held, reaching a total audience of 533 individuals. Health education sessions were located in a variety of community sites in order to reach diverse and at-risk groups including: Onondaga County Probation Department; Syracuse Behavioral Healthcare (mothers with substance abuse issues); Huntington Family Center (parents with developmental disabilities); Catholic Charities; Refugee Assistance Program; Literacy Zones (GED program); and Vera House (family violence services).

Program Referrals

The number of “self” referrals made to SHS has increased steadily in recent years and is likely due to events, the website, and media promotion of SHS and Healthy Families. Ongoing referral results (source and total numbers) are monitored via PeerPlace. There were 79 self-referrals in 2009, 97 in 2010, 145 in 2011, and 147 in 2012. SHS is encouraged that self-referrals continue to increase, even after the conclusion of the media campaign of 2010/2011.

Local Health System Action Plan

Each Healthy Start is responsible for the development and implementation of a Local Health System Action Plan (LHSAP). The LHSAP is used as a guiding document to focus the efforts and resources of each Healthy Start program. As part of a comprehensive reorganization of the Consortium, the SHS Executive Council (EC) has taken on the responsibility of developing and implementing SHS’s LHSAP. At its June 2012 meeting, the EC engaged in a planning process to identify and prioritize community need and choose three goals to address this year. In subsequent meetings, the three goals of the LHSAP were further developed.

Consortium

SHS’s Annual Breakfast at the Rosamond Gifford Zoo took place on Thursday May 10, 2012. Ms. Eva Williams, an Administrative Intern from the Syracuse City School District, engaged parents in a discussion about “Making Reading Fun for You and Baby!” She provided information to connect parents to local early literacy programs and resources, including the Literacy Zones and the Onondaga County Public Library. There were 85 people in attendance including professionals, staff and SHS families. Transportation and child care were provided for families if needed. After the breakfast, SHS families received free tickets to visit the zoo sponsored by the fundraising efforts of the SHS EC.

On November 15, 2012, SHS presented “The State of Our Babies Health in Syracuse”. The two hour program focused on perinatal outcomes within the community, with special attention given to the disparities in birth outcomes between different races and ethnicities. Sixty-four community members attended this event. The SHS Evaluation Team presented the data and took questions from the audience. Given the success of this event, it will now become an annual occurrence on the SHS calendar.

The Community Health Worker Program

The Community Health Worker Program (CHWP) is part of Healthy Families, 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 poor birth outcomes. CHWs 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 CHWP is a NYSDOH grant-funded program, administered by OCHD via a subcontract with The Salvation Army. During the 2011-2012 grant year, the CHWP received 380 referrals and served 146 clients through 1,350 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 (OCHD). WIC program participants receive nutrition education, supplemental foods, and referrals for supportive services. In 2012, the WIC program:

- Served an average of 10,077 participants per month.
- Expanded its participant centered nutrition education to include more facilitated group discussions focusing on obesity prevention and healthier lifestyles for all participants.
- Implemented the New York State Department of Health (NYSDOH) Health and Nutrition Updates (HNU) for infants and children between certification periods. The HNU monitors growth rates among infants and children 0-5 years old who participate on WIC.
- Held its inaugural Advisory Board meeting in May, 2012. The Advisory Board meeting, attended by representatives from community agencies, physician offices, staff and clients, provided an opportunity to discuss programmatic recommendations while promoting community connection and involvement.



- Hosted a weekly Mobile Farmers Market from June through September, at the West Onondaga Street clinic site in an effort to increase fruit and vegetable consumption among WIC participants.
- Increased the breastfeeding initiation rate for women participating in WIC, from 58.1% in January 2011 to 63.2% in November 2012.

In 2012, of the WIC program participants, 24% were women, 25% were infants and 51% were children. Of the WIC prenatal population:

- 38% were certified within their first trimester of pregnancy.
- 45% were certified within the second trimester of pregnancy.
- 15% were certified within the third trimester of pregnancy.

Breastfeeding Peer Counselor Program:

The OCHD WIC Breastfeeding Peer Counselor Program seeks to increase the initiation and duration rates of breastfeeding among participants. The program has served over 1,560 clients since its inception in June 2010. In 2011, the program began a two-year study to evaluate the effectiveness peer counseling on first time breastfeeding mothers. Results from the first year of the study showed that, among those who were offered a peer counselor, women who accepted the service had higher rates of breastfeeding initiation (89.2%) than women who declined the service (73.3%). These initial results were presented at the 2012 OCHD Quality Improvement Summit. Data collected during the second year of the study will examine breastfeeding duration rates between those who did and did not accept peer counseling services. Final results will be presented at the 2013 OCHD Quality Improvement Summit.

WIC Vendor Management Agency

The WIC Vendor Management Agency (VMA) oversees 279 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.

During 2012, the WIC VMA increased vendor outreach efforts to both chain and independent stores in an effort to ensure that WIC participants have adequate access to vendors. Forty new vendor applications were requested throughout the year. The WIC VMA staff received 36 returned applications and processed 21 completed applications.

In 2012, WIC VMA staff conducted 44 training sessions and more than 470 site visits to monitor vendors. Over the course of the year, WIC VMA identified over 1,044 WIC vendor violations and saw to their correction. The WIC VMA also received and resolved more than 154 vendor-related complaints throughout the year.

Public Health Preparedness

The objectives of Public Health Preparedness are to plan, prepare, and respond to public health emergencies, natural or man-made. Public Health Preparedness staff members work with local, regional, State, and Federal partners to anticipate, manage, and mitigate such threats. Specific program activities for 2012 include the following:

- In August, Public Health Preparedness invited Texas A&M Engineering Extension Service (TEEX) to provide a training in Onondaga County for staff with a role in the OCHD Incident Command Structure (ICS). The course, Bioterrorism: Mass Prophylaxis Preparedness and Planning (MGT-319), is a guide for local health officials and their partners (in this case Syracuse University), to coordinate plans to conduct a mass distribution of pharmaceuticals for the jurisdiction as it relates to the Strategic National Stockpile (SNS). Valuable lessons were learned throughout the course, which led to the redefinition of the OCHD ICS chart. The course will be repeated in May 2013 to test the new chart organization and to train additional partners (Lemoyne College and Onondaga Community College).
- The Central New York Medical Reserve Corps (CNYMRC):
 - Provided rehabilitation services to first responders during a three-county full-scale exercise
 - Assisted with influenza and rabies vaccination clinics
 - Drew blood for prostate screening and read blood pressures for kidney and heart screenings at health events targeted toward uninsured and underinsured community members
 - Provided medical services to the Southern Tier AIDS Program (STAP) Ride for Life and support services to the Syracuse Ironman, Making Strides Against Breast Cancer, the Empire State Marathon, and the Salvation Army Christmas Bureau
 - Responded to the call for assistance from Nassau County after Hurricane Sandy—six MRC nurses and EMTs worked in shelters caring for residents evacuated from their homes and for American Red Cross workers

- In December, Public Health Preparedness conducted its first distribution of emergency kits using the department's model for distribution of medical countermeasures during a public health emergency. The kits include supplies that would aid people during an evacuation from their households. OCHD collaborated with the Departments of Social Services and Emergency Management to reach out to foster parents and relative placement households to receive the kits. The process went well, and few obstacles to rapid distribution were identified. This collaboration may lead to future joint efforts to support the preparedness of vulnerable populations in Onondaga County.



Surveillance and Statistics

2012 Highlights

- Continued implementation of an enterprise content management (ECM) system in the Office of Vital Statistics to protect records and improve workflow.
 - Maintained inventory of influenza vaccine, and participated in planning for community-based vaccination clinics.
 - Provided statistical and epidemiological support for the evaluation of infectious disease outbreaks.
 - Supported Department quality improvement efforts with statistical and methodological guidance.
 - Advanced the Department's accreditation efforts through participation on the Strategic Planning Accreditation Resource Committee.
-

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 2012, Bureau staff members fulfilled 105 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 2012, the Office of Vital Statistics issued 21,367 birth certificates and 27,575 death certificates.

Why we do what we do...

"I recently sent an e-mail inquiry to the Office of Vital Statistics website. Within ten minutes, an employee called me back and advised me on how to order a certificate. The certificate arrived in a few days, and I was able to obtain a passport for a much-needed trip with my family. Thank you for the very efficient response to my request!"

- Vital Statistics customer

Volunteer Services



Volunteer Services program 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, health department volunteers and interns provided **3,401.25** hours of service to the residents of Onondaga County. This service represents a donation of time valued at **\$57,829.86**.

Volunteers assist at 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 volunteers also supported the Health Department by assisting in such diverse activities as:

- Assisting forensic investigators and laboratory technicians at the Forensic Science Center
- Conducting compliance checks under the Adolescent Tobacco Use Prevention Act
- Providing clerical support for tuberculosis clinics at the Refugee Assistance Program
- Filing, collating, photocopying and providing general clerical assistance to a variety of programs and projects
- Assembling packets of forms and information needed by Healthy Families nurses and outreach workers in opening new cases

Volunteer and Intern Hours Served, 2008-2012

	Volunteer Hours	% of Total	Intern Hours	% of Total
2008	2,158.50	49%	2,229.25	51%
2009	2,593.75	42%	3,583.00	58%
2010	2,359.50	53%	2,128.00	47%
2011	1,141.25	25%	3,491.50	75%
2012	803.5	24%	2,597.75	76%

Value to the Community, 2008-2012

	Volunteer/Intern Hours Served	Value to Onondaga County
2008	4,387.75	\$81,592.77
2009	6,176.25	\$110,065.25
2010	4,487.50	\$77,312.95
2011	4,632.75	\$80,295.56
2012	3,401.25	\$57,829.86

The figures above 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 account costs such as benefits.

The Wallie Howard, Jr. Center for Forensic Sciences

2012 Highlight: Forensic Laboratories

- *The laboratory underwent a comprehensive audit conducted by ASCLD/LAB, an independent accrediting body, in October of 2012. This audit included a thorough review and evaluation of the laboratory's management practices, personnel qualifications, technical procedures, case file documentation, quality assurance program and facilities. The laboratory was assessed on over 450 standards and the results of the assessment were exemplary, demonstrating that laboratory operations continue to meet the highest industry established standards.*
-

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, 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 Biometric Identification System (SABIS).

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 the 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. In 2012, the Trace Evidence section was discontinued due to a lack of requests for comparative trace analysis required to maintain accreditation. The laboratory will continue to collect and preserve trace evidence and if necessary, can assist in directing requests for comparative trace evidence to external accredited laboratories.

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. Target data may be in the form of text, photographs, video, audio or any combination thereof.

Why we do what we do...

Tragically, a 20 month old toddler was fatally shot while sitting in a car seat in a parked minivan in Syracuse when a known gang member opened fire into the vehicle in an attempt to kill the child's father. Analysis and testimony by both the firearms and latent print sections of the laboratory played a key role in the prosecution of the perpetrator of this heinous crime.

*"We're just so happy.
Justice has been served."*

- The victim's maternal grandmother after the verdict

Forensic Biology/DNA

The Forensic Biology/DNA section 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.

Laboratory Cases Completed by Discipline for 2012

Digital Evidence	23
Drug Identification	439
Firearms	617
Forensic Biology/DNA	500
Ignitable Liquids	25
Latent Prints	702
Trace Evidence	104

Medical Examiner's Office

2012 Highlights

- *The Medical Examiner's Office (MEO) expanded its role as a regional center of excellence by providing complete medicolegal death investigation services to Oneida County. Through an inter-municipal contractual agreement, the office will provide jurisdictional, investigative, autopsy and toxicology services for Oneida County, in part, through the use of assistant forensic investigators trained by the MEO and based in Oneida County. Using this model, the MEO hopes to continue to be a driving force in regionalization of services as supported both on a state and federal level.*
- *Investigator Brian Ehret was awarded the Mary Fran Ernst Best Affiliate Presentation at the Annual National Association of Medical Examiners conference (NAME) in October 2012. Investigator Ehret's presentation titled "Utilizing the National Institute of Justice 'Death Investigation: A Guide for the Scene Investigator' and database technology to improve medicolegal death investigation reports" was also a quality improvement project originally presented at the 2011 annual Health Department Quality Improvement Summit before it's submission to the NAME competition.*



The mission of the Onondaga County Medical Examiner's Office (MEO) is to provide objective, in-depth medicolegal investigations into all unnatural, unattended, and unexpected deaths that occur within either Onondaga County or other contracted counties, with the goal of establishing an accurate and legally-defensible cause and manner of death. This includes investigating deaths that have a potential public health impact as well as providing educational programs to related agencies, providing professional consultation, and promoting community awareness. To fulfill this mission, the MEO utilizes the services of forensic pathology, medicolegal death investigation, forensic toxicology, and education.

Forensic Pathology

Forensic pathology services include the performance of autopsy examinations, integration of investigative information, and interpretation of autopsy findings and supplemental testing in order to establish and certify cause and manner of death. American Board of Pathology (ABP)-certified forensic pathologists serve as medical examiners and document autopsy findings in a written autopsy report, but also communicate findings to physicians, family members, law enforcement personnel, attorneys, and other involved agencies. Medical examiners also testify in court as expert medical witnesses and meet with district attorneys and/or other attorneys upon request. In addition, medical examiners use their expertise to interpret injury patterns in living victims or trauma, abuse or other suspected violent acts. Through the performance of these duties, the medical examiners also act as agents of public health by identifying potential communicable diseases or recognizing unsafe environmental conditions that may put individuals at risk for poor health outcomes.

Medicolegal Death Investigation

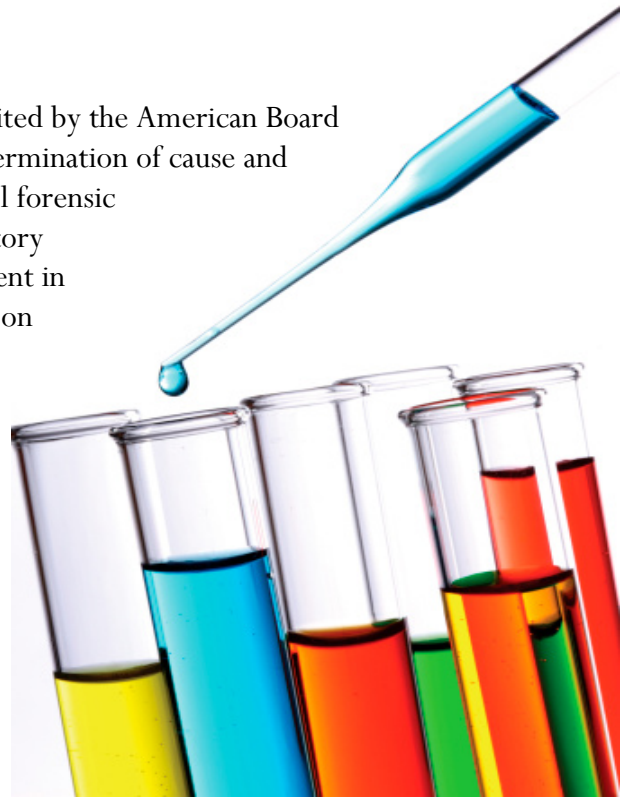
Medicolegal death investigation services includes scene investigation with examination of the body at the location of death, inspection of the scene environment, photo-documentation of the scene findings, meeting with families and/or witnesses, and collecting physical evidence for possible further testing. The investigations are carried out by American Board of Medicolegal Death Investigators (ABMDI)-certified investigators who work collaboratively with, but independent of, law enforcement authorities, fire fighters, emergency medical responders, and physicians both at the scene and through ongoing investigative

communications relative to identification of decedents, family contacts, obtaining medical and social history, and funeral home disposition. This information complements the autopsy examination in the determination of cause and manner of death and is summarized in a medicolegal death investigation report.



Forensic Toxicology

The Forensic Toxicology Laboratory (FTL) is accredited by the American Board of Forensic Toxicology (ABFT) and assists in the determination of cause and manner of death by utilizing the methods of analytical forensic toxicology. Using a variety of techniques, the laboratory determines if drugs, alcohol and/or poisons are present in submitted specimens. The FTL also conducts testing on specimen submissions for DUI/DWI and drug facilitated sexual assault investigations conducted by law enforcement agencies. Certified forensic toxicologists and chemists also provide expert testimony relative to their findings as needed.

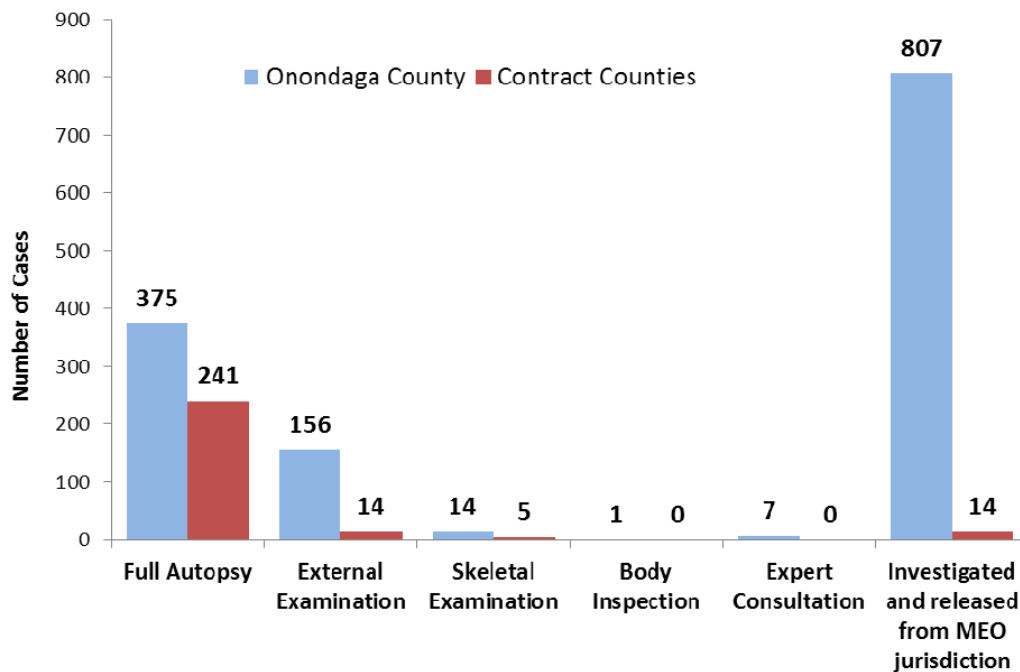


Education

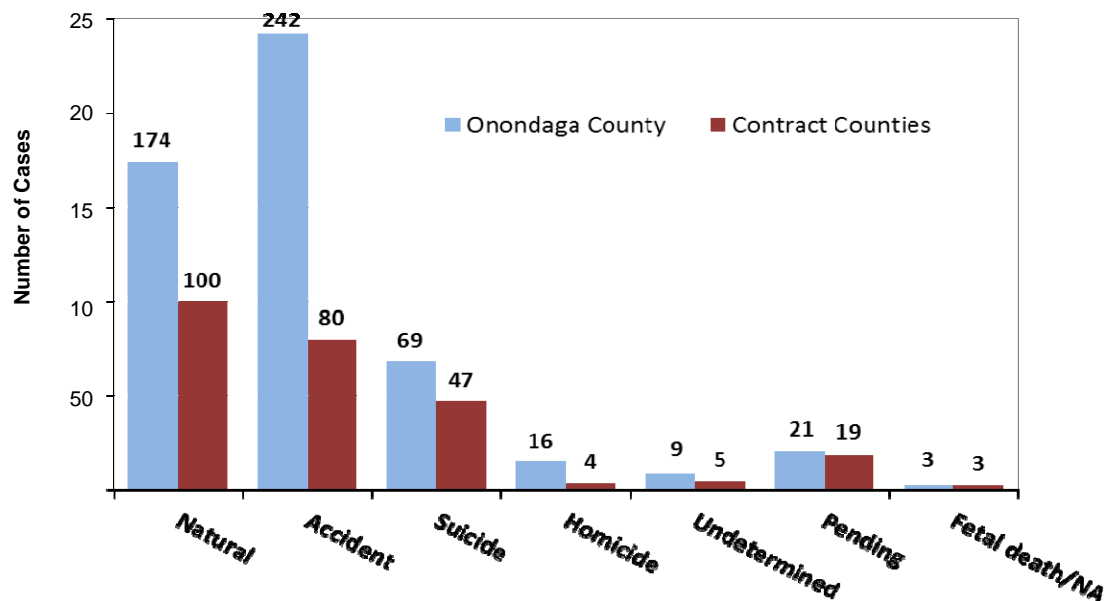
The MEO has an active role in educating the community at large and also participates in ongoing internal education to remain current in the scientific field. MEO staff actively participates in the Onondaga County Child Fatality Review Team, which plays a critical public health role in indentifying, reviewing, and preventing infant and childhood deaths. Medical examiners and forensic investigators also present forensic pathology and investigative topics at the local, regional and national levels each year through their participation in agencies such as the Central New York Regional Trauma Advisory Committee (RTAC), New York State Association of County Coroners and Medical Examiners (NYSACCME), National Association of Medical Examiners (NAME), American Academy of Forensic Science (AAFS) and College of American Pathologists (CAP). Each year, forensic investigators give presentations to a number of local middle and high schools to educate youth about forensic pathology and medicolegal death investigation. The MEO provides internship opportunities for college-level students in the medical and criminal justice fields. Medical examiners participate in the education of postgraduate pathology residents, medical students, and other health care providers relating to autopsy and forensic pathology. MEO staff members participate in continuing education opportunities through organizations such as the NAME, AAFS, NYSACCME, and other specialized conferences. In 2012, 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.

In 2012, 1,634 cases were reported to the Medical Examiner's Office, of which 274 cases were from surrounding counties. (Please see charts below for total cases by category.)

Medical Examiner's Office, 2012 Cases by Disposition [1,634]

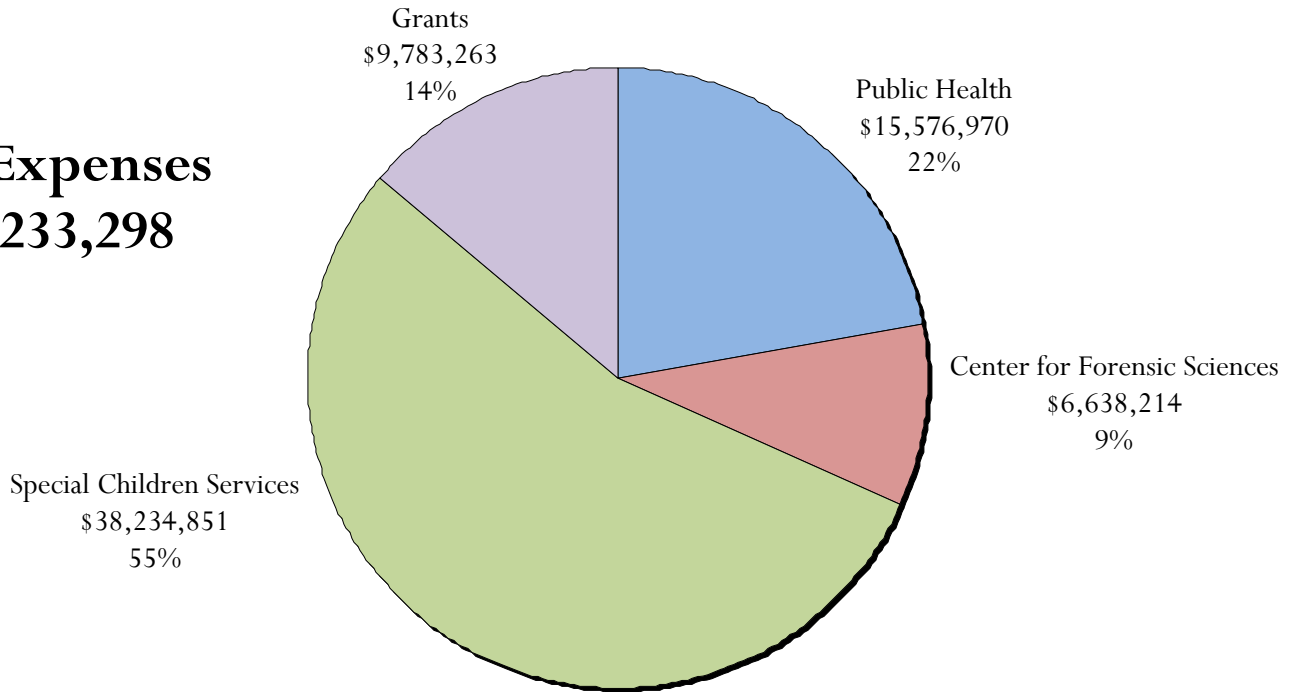


Medical Examiner's Office, 2012 Cases by Manner of Death [806]

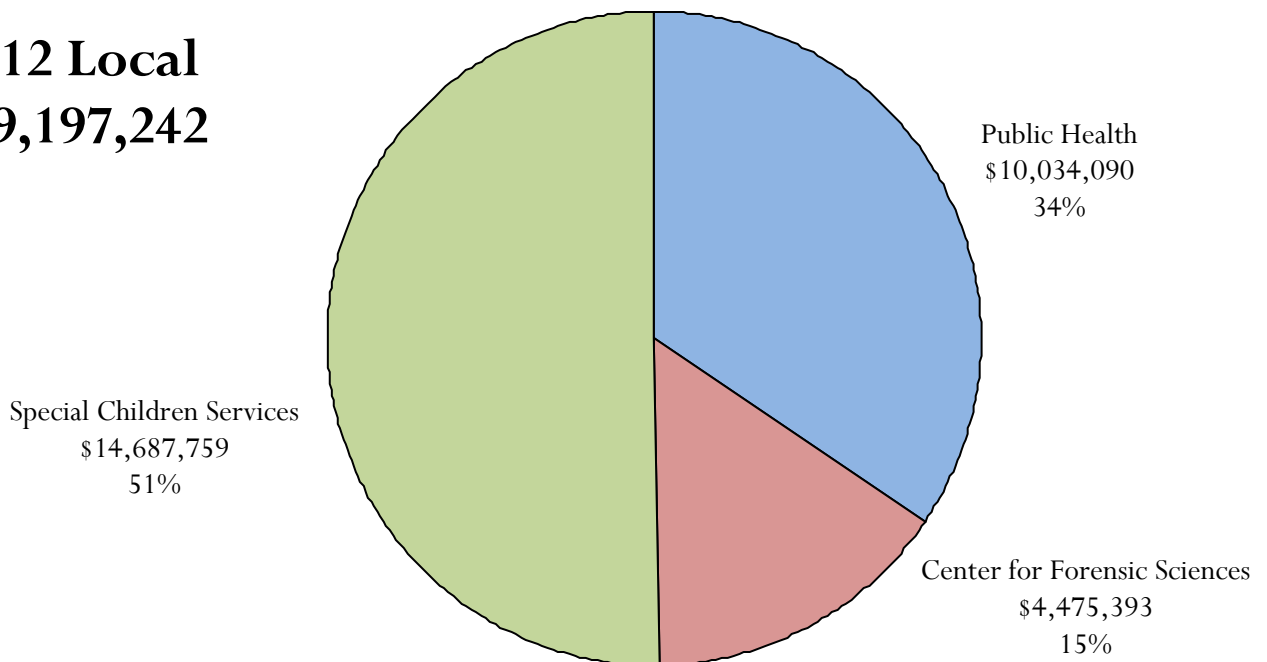


2012 Health Department Expenses and Local Dollars

2012 Expenses \$70,233,298



2012 Local \$29,197,242

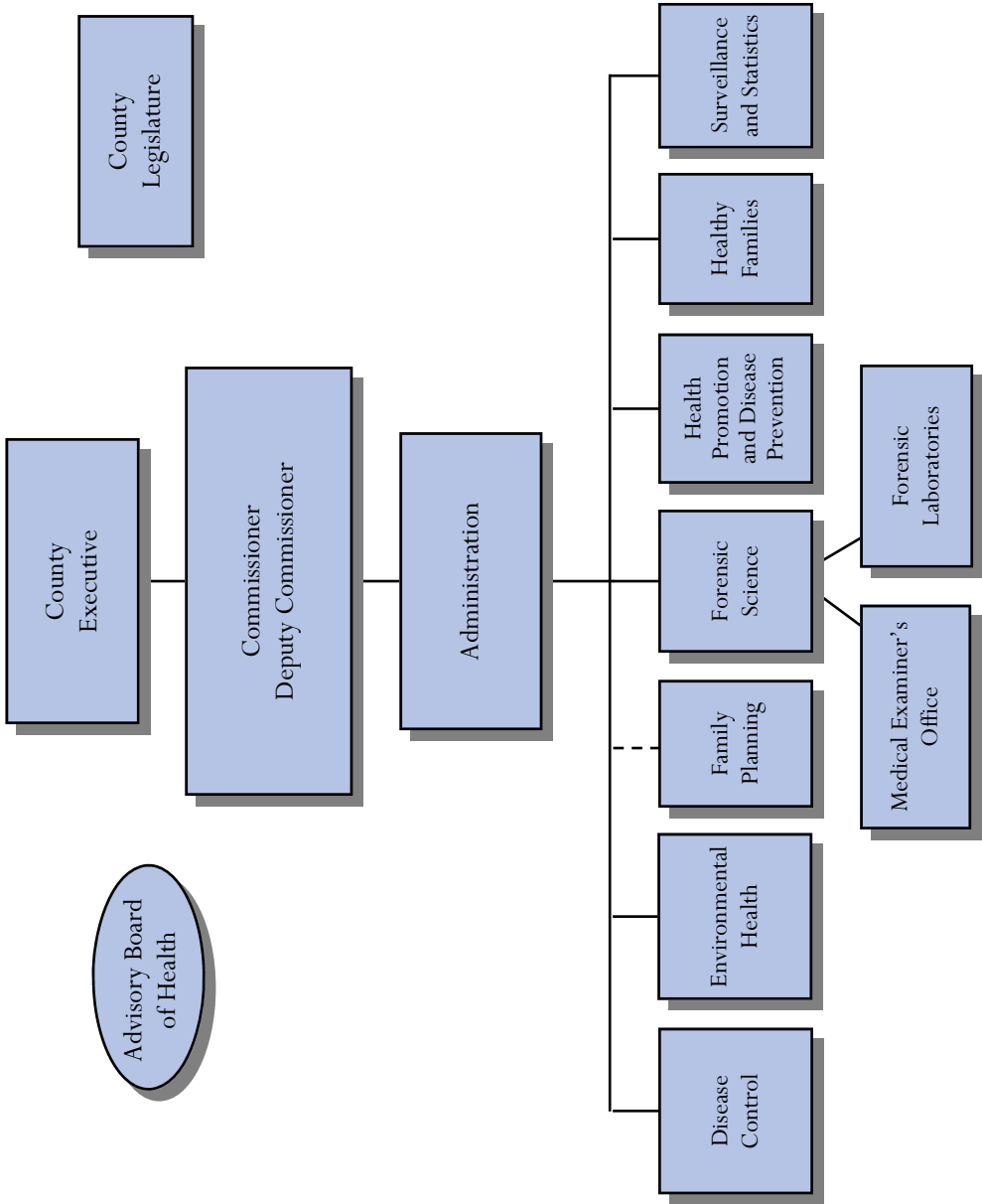


Grant Projects, 2012**Expense/Revenue**

Administration	\$813,982
▪ Public Health Preparedness	\$473,320
▪ Facilitated Enrollment	\$304,961
▪ Other	\$35,701
Disease Control	\$631,417
▪ HIV/AIDS/STD	\$370,531
▪ Tuberculosis	\$260,886
Environmental Health	\$438,069
Health Promotion & Disease Prevention	\$2,298,176
▪ Obesity	\$173,974
▪ Cancer Screening Services	\$661,049
▪ Lead	\$1,089,071
▪ Tobacco	\$374,082
Maternal & Child Health	\$4,703,158
▪ Eliminating Disparities (Healthy Start)	\$969,758
▪ Immunization	\$261,623
▪ WIC	\$2,659,029
▪ Early Intervention Program	\$329,803
▪ Children with Special Health Care Needs	\$3,400
▪ Community Health Worker	\$189,580
▪ Healthy Moms/Healthy Babies	\$289,965
Center for Forensic Sciences	\$898,461
Total Health Department:	\$9,783,263

Onondaga County Health Department

2012 Organizational Chart



Onondaga County Health Department

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



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