



Onondaga County Health Department



2009 Annual Report



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



COUNTY OF ONONDAGA HEALTH DEPARTMENT

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JOANNE M. MAHONEY
County Executive

CYNTHIA B. MORROW, MD, MPH
Commissioner of Health

February 1, 2010

Dear County Executive Mahoney,

I am very pleased to be able to present the Onondaga County Health Department's 2009 Annual Report. I hope this provides you with a clear picture of the activities and events associated with the Health Department over the past year.

In April and May 2009, Onondaga County began investigating cases of a new influenza virus that affected people across the county, state, country and world. On June 11, 2009 the World Health Organization declared that this novel virus represented the emergence of the 2009 H1N1 pandemic. Like communities across the world, Onondaga County was profoundly affected by the threat of this new virus as we witnessed unprecedented levels of late spring and early summer influenza activity. Over the summer and early fall, Onondaga County Health Department, in close partnership with the New York State Department of Health, worked tirelessly to respond to and prepare for more influenza activity. The OCHD maintained regular communication about the pandemic with health care providers, schools, governmental and community based organizations, and the public throughout the summer and fall. Public health preparedness staff focused efforts on developing a mass vaccination plan, targeting school age children who were both most likely to get the disease and spread the disease. By September 2009, influenza cases started to increase again, ultimately peaking the last week of October. Fortunately, by the time vaccine started arriving in October, we were poised to rapidly deliver it, in large part because of our partnership with Onondaga-Madison-Cortland Counties Board of Cooperative Educational Services and every school superintendent in our community. By mid December, over 19,000 school age children were vaccinated in school based clinics across the County. In addition, by the end of the year, the OCHD redistributed approximately 7,500 doses of vaccine to health care providers in the community.

Over the past several years, the Onondaga County Health Department has emphasized the importance of partnerships as a means to improve the overall health of our community. Another shining example of this was the implementation of the countywide Property and Evidence/Laboratory Information Management System, a database that consolidates information from all law enforcement agencies within the County, the District Attorney's Office, Medical Examiner's Office, and the Forensic Laboratories into one system. The system serves as a central repository for information related to property and evidence handled, stored, and analyzed by the various agencies. This implementation serves to increase the efficiency and accuracy of related information while making significant progress towards a paperless operation.

Unfortunately the economic situation continues to pose an additional threat to the health of our community so that now, more than ever, it is imperative that we continue to partner with key stakeholders in our community and continue to aggressively evaluate programs to ensure that we are protecting and promoting the health of our community in the most efficient and cost-effective way possible. Thank you very much for your leadership and guidance over the past year.

Sincerely,

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

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

Mission Statement

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

Onondaga County Legislature 2009 Health Committee

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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.*

Correctional Health Services



2009 Highlights

- *Collaborated with the Onondaga County Sheriff's Office and the Departments of Correction and Information Technology to implement a new Inmate Management System that will improve both the communication of inmate health needs to security staff and overall workflow.*
 - *Revised and enhanced quality improvement initiatives with an increased focus on critical correctional health issues, greater multidisciplinary involvement, and the inclusion of both process and outcome studies.*
 - *Two Correctional Health physicians were named to the list of USA Best Physicians.*
 - *Behavioral Health Program staff conducted suicide prevention training for correctional officers.*
-

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

The Correctional Medical and Behavioral Health Unit is part of a multidisciplinary team, working with the Departments of Health, Mental Health, Correction, and the Sheriff's Office to coordinate care for inmates. Provision of health care through these County agencies also serves a wider public

health purpose by allowing the County to screen for and treat chronic and communicable diseases in a vulnerable population with little access to consistent primary medical care.

Correctional Health continued to experience high volume in the inmate population in 2009, presenting an ongoing challenge to system capacity at the Onondaga County Correctional Facilities. This year, Correctional Health staff provided care to 12,019 persons at the Justice Center and 2,164 persons at the Department of Correction, with an average combined daily census of 1,002.

The sustained increase in the inmate population has continued to present many challenges. Correctional Health Services has worked creatively to provide necessary services in a cost-efficient manner, and has collaborated with other county departments to identify alternatives to incarceration.

Quality Improvement initiatives have always been an important aspect of the program. This year the program was enhanced by shifting the focus towards outcome studies where applicable, in order to improve patient care. Six key studies were conducted that encompassed medical records, nursing care, medical care, psychiatric care and security issues.

Disease Control

2009 Highlights

Disease Control

- *The Bureau of Disease Control focused on cross-training of all staff to maximize the efficiency and the effectiveness of Bureau activities.*

Communicable Disease

- *The pandemic (2009 H1N1) influenza virus outbreak presented many challenges for communicable disease staff in 2009 including management of initial test routing, tracking cases, and communicating with the New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention. As the extent and impact of the outbreak became known, the planning and work encompassed the entire Health Department and community.*
- *Lyme disease continued to make westward progress with Onondaga County becoming the western frontier of the disease. NYSDOH responded to the increase in suspect Lyme disease cases by offering to assist with data gathering and input.*

Sexually Transmitted Disease

- *The number of clients served at the clinic in 2009 increased 11% over 2008.*

Tuberculosis Control

- *The Refugee Assistance Program has continued to increase the number of refugees needing tuberculosis assessment. In 2009, the number of individuals seen increased by 13% over 2008. Historical data show that from 2006 to 2009 the number of clients seen in this program has increased by 67.8%.*
-

Communicable Disease

The Communicable Disease (CD) program is responsible for the investigation, follow-up, surveillance and reporting of almost 70 diseases identified by the NYSDOH as reportable under the New York State Sanitary Code. Communicable disease nurses review positive laboratory findings, investigate each as necessary, 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 Onondaga County Health Department'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 Communicable Disease program investigated over 1,800 possible cases of communicable disease, of which 1,137 were reported to NYSDOH in 2009. This was an increase from 1,700 cases investigated and 1,029 reports to NYSDOH in 2008.

In 2009, the greatest challenge to the Bureau was the emergence of the pandemic (2009 H1N1) influenza as a major public health challenge in Onondaga County, in the country, and in the world. In the spring of 2009, Communicable Disease took primary responsibility for managing laboratory sample submissions as well as the tracking and reporting of cases associated with pandemic (2009 H1N1) influenza. As the public health response was developed and the scope of the outbreak became known, many responsibilities shifted to other areas of the Health Department.



The Lyme disease activity reported in 2008 led to the recognition of Onondaga County as the western frontier of Lyme disease progression in the state. NYSDOH, recognizing the challenges of the changing ecology of Lyme disease created an opportunity for NYSDOH staff to assist CD with managing case data. NYSDOH will continue to assist with data tracking and entry over the next several years.

The Communicable Disease program continues to closely monitor potential human rabies exposures, evaluating the need for prophylaxis (rabies shots) administration. In 2009, the OCHD authorized rabies shots for 101 individuals who were identified as potentially having been exposed to rabies.

Sexually Transmitted Disease

The Sexually Transmitted Disease (STD) program offers free and confidential examination, diagnosis, treatment, education, and partner notification of sexually transmitted diseases for all

Continued

Onondaga County residents. New York State Public Health Law mandates that all positive reports of sexually transmitted disease be reported to the local health department for investigation, assurance of appropriate treatment, and follow-up with possible contacts. In 2009, the STD program saw an 11% increase in clients utilizing services compared to 2008.

The number of gonorrhea cases in Onondaga County increased slightly in 2009, while Chlamydia cases decreased slightly and syphilis remained the same. The decrease in Chlamydia may be due to an increased emphasis on identifying Chlamydia partners, an effort that was made possible by additional staff supported through a grant from NYSDOH. The HIV counseling and testing (HIV C&T) program provided over 2,700 HIV tests through the STD clinic and outreach sites funded by this grant.

	2006	2007	2008	2009*
<i>Gonorrhea</i>	670	502	357	377
<i>Chlamydia</i>	2,465	2,306	2,358	2,344
<i>Syphilis</i>	17	10	6	6
<i>Clinic Visits</i>	6,520	6,406	6,583	7,404

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

Tuberculosis Control

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

Active tuberculosis rates in Onondaga County decreased slightly in 2009. While 23 cases of active disease were reported in 2008; 20 cases of active disease were reported in 2009. The highest rates of TB are found in foreign-born populations (please see table). Central New York continues to see an increase in the arrival of new refugees primarily from Myanmar (Burma), Bhutan, Burundi, Iraq, Somalia, and Cuba. The TB Control program utilizes various targeted testing strategies to identify county residents at greatest risk of TB infection. For example, the OCHD partners with the Refugee Assistance Program to provide on-site tuberculin skin testing, assessment, diagnosis, and provision of preventive treatment for individuals who are at

risk for developing active TB. Similarly, staff members continue to monitor the homeless population through collaborative targeted testing activities. OCHD staff work closely with the Rescue Mission and Oxford Inn staff to provide initial tuberculin skin testing allowing identification, diagnosis, and preventative treatment for individuals identified as being at-risk for TB.

***Cases of Tuberculosis, Onondaga County
2005-2009***

<i>Year</i>	<i># Cases</i>	<i>% Foreign-born</i>
<i>2005</i>	20	75
<i>2006</i>	15	80
<i>2007</i>	14	64
<i>2008</i>	23	91
<i>2009</i>	20	84

The TB Control program had a successful site visit from NYSDOH TB Control in August 2009 where program activities were highlighted. NYSDOH expressed approval of all aspects of the OCHD's TB Program.

Emergency Medical Services



2009 Highlights

- *Partnered with the Central New York Police Academy teaching four 40-hour First Responder courses from the New York State Department of Transportation. As a result of this training, 60 police cadets gained valuable life-saving skills and received emergency medical care certificates of completion.*
- *Sponsored 20 training sites and 100 Cardio-Pulmonary Resuscitation (CPR) instructors through EMS's role as a training center for the American Heart Association (AHA). Instructors from the EMS Bureau also trained 2,400 civilians and EMS/Fire/Police personnel in First Aid/CPR/Automated External Defibrillation (AED) at various locations in Onondaga County in 2009.*
- *Sponsored 8 EMS training courses, enabling the certification or recertification of 121 EMS personnel through EMS's role as a sponsor for the New York State Emergency Medical Services Program.*
- *Sponsored 16 pandemic (2009 H1N1) influenza vaccination clinics for pre-hospital certified EMS staff and administered vaccine to 500 EMT personnel.*

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

Environmental Health

2009 Highlights

- *Eastern equine encephalitis (EEE) virus was detected throughout Central New York during the summer of 2009. The virus was found to be present in a mosquito species known to feed on humans, prompting truck spraying around Oneida Shores Park area in August and aerial spraying Cicero Swamp in September. Oswego County conducted aerial spraying of the Toad Harbor Swamp in August and September after detecting EEE virus in mosquitoes and horses. One death due to EEE virus infection was reported in an Oswego County resident in 2009. This was the first death due to EEE virus infection in Central New York since 1983.*
- *Food Protection and Communicable Disease staff members were involved in a large foodborne illness outbreak investigation in March after reports of Shigellosis infections were received from local laboratories. The investigation determined that these individuals became ill after consuming foods at the Applebee's restaurant in Camillus. A total of 194 case histories were obtained from individuals after a press release and other media attention highlighted the outbreak. Symptoms of illness were reported in 96 individuals, and 8 of these were laboratory confirmed for Shigella sonnei.*
- *An increase in the water quality monitoring at public bathing beaches was initiated by the Temporary Residence and Recreational Facilities Section. This initiative was implemented to assess the impact of significant rain events and the increase in waterfowl activity at local public beaches. The increased monitoring resulted in the temporary closure of two beaches. A third beach closed for the season earlier than scheduled due to unacceptable bacterial counts caused by these environmental factors.*
- *Water Supply Program staff worked with a number of water suppliers who were required under EPA regulations to develop a compliance schedule by April 1, 2009 for covering water storage facilities or providing additional water treatment. Bilateral Compliance Agreements that include milestone dates for design and construction were entered into with the Metropolitan Water Board, OCWA, the City of Syracuse and Skaneateles Water District.*

Continued

Animal Disease Prevention

In 2009, Animal Disease Prevention continued to provide services and education to reduce the incidence of disease transmission 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 17 rabies vaccination clinics for the pets of Onondaga County residents. Scheduled from March through December, these clinics took place in various locations throughout the county, including 4 sites in the city of Syracuse. Clinic attendance increased 11% from 2008 and resulted in vaccination of 3,081 animals from 2,127 families. Of the vaccinated animals, 2,082 were dogs, 979 were cats, and 20 were ferrets.

Animal Disease Prevention oversees the testing of specimens after a potential human exposure to rabies. Of the 244 specimens submitted for testing, 7 came back positive including 1 cat, 2 raccoons, 3 skunks, and 1 bat. Seven submissions were unable to be tested, resulting in post exposure rabies prophylaxis for the exposed individual, or a 6-month quarantine for the animal. The Bureau investigated 818 animal bites involving 581 dogs, 204 cats, and 33 other species.

Formal enforcement hearings were initiated for individuals who did not supply proof of rabies vaccination for dogs that had bitten a human. In 2009, 3 hearings were scheduled.

Community Environmental Health

The Bureau of Community Environmental Health consists of the Food Protection section, Residential Environmental Health, 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.

The New York State Department of Health (NYSDOH) conducts periodic review of community environmental health programs. The Bureau of Community Environmental Health achieved satisfactory reviews for all its programs in 2009.

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 1,890 food service facilities. To accomplish these objectives, the Food Protection section conducts periodic comprehensive inspections of all food service facilities as mandated by Onondaga County and New York State Sanitary Codes. The Food Protection section also provides food safety education and guidance for the food service industry, temporary foodservice operations, media outlets, and the general public. Together, these educational and enforcement activities help achieve and improve compliance with Sanitary Code provisions.

The variety of festivals, field days, and other community events in Onondaga County expand in scope and popularity each year. Temporary food service events continue to require a significant amount of staff time to provide pre-event education, issue permits, and conduct operational inspections during events. Pre-event education of temporary food service providers resulted in high levels of compliance at the majority of the 459 operations inspected during 2009.

In addition to the foodborne disease outbreak discussed in the highlights section of this report, the Food Protection section investigated a total of 88 suspected foodborne illness complaints in 2009. Food Protection employees advise ill individuals to follow preventive measures to reduce or eliminate secondary transmission of



illness to family members or others with whom they are in contact. On the facility end, the Food Protection section implements a combination of education and enforcement measures to prevent foodborne illness events at the restaurant or facility.

The Food Protection section is also responsible for monitoring compliance with the New York State Clean Indoor Air Act. Food Protection staff investigated 29 complaints involving the Clean Indoor Air Act in 2009. In 14 cases, the establishments were determined to be in non-compliance and subsequent enforcement actions were taken, including written warnings, and, for establishments with repeat offenses, Commissioner's Hearings.

Food Protection staff investigated 428 other complaints in 2009. Facilities are required to implement corrective measures in a timely manner when violations are observed. Code enforcement action is initiated when necessary.

Residential Environmental Health is responsible for 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 2009, staff members inspected 76 regulated facilities and investigated 625 complaints. The majority of facilities demonstrated substantial compliance and most complaints were resolved through education on proper sanitation practices. In situations where education measures did not achieve compliance, Residential Environmental Health staff utilized Commissioner's Hearings to enforce Sanitary Code provisions.

The Temporary Residence & Recreational Facilities Section conducts inspections and sanitary surveys of a variety of different types of regulated facilities, including swimming pools, bathing beaches, hotels and motels, children's camps, migrant farm worker camps, school food services, state institutions, campsites, and rooming houses. During 2009, staff members inspected 510 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 42 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 514 compliance checks in 2009 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 2009, 9 retailers were found to have sold tobacco to a minor.



Tobacco retailers who fail the compliance check accumulate penalty points on their registration. If a retailer accumulates three points, his/her registration to sell tobacco is suspended for six months. In 2009, two retailers had their registrations suspended. Non-compliant tobacco retailers can avail themselves of state certified training courses on ATUPA. If the retailer provides proof that the salesperson who sold tobacco to a minor attended one of these courses, the retailer will be assigned only one penalty point instead of two.

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

During 2009, the Environmental Exposure Response program provided guidance on health risks associated with hazardous materials incidents. Specifically, program staff provided assistance after laboratory waste fell from a garbage truck, when a mercury spill was identified in a school setting, and 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 in 2009 involved loads of trash going to the municipal trash incinerator. The source of radiation is often 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 2009, Healthy Neighborhood staff completed 657 surveys, resulting in 1,271 referrals. The Syracuse Fire Department responded by installing 643 smoke detectors and 130 carbon monoxide detectors in at-risk homes. In addition, as a result of the Healthy Neighborhood intervention, 119 children were tested for lead and 279 residents received training on managing their asthma.

Through a competitive grant proposal process, the Healthy Neighborhood Program was awarded three additional years of funding from the New York State Department of Health.

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, and were analyzed for metals, PCB's, Dioxins, and Furans. Staff reviewed quarterly reports and annual stack testing reports which are forwarded

directly from the Onondaga County Resource Recovery Agency. The Incinerator Monitoring program determined that 2009 results were within the expected range for urban environments and were below levels associated with health risk. The Environmental Health Assessment Bureau issued a report outlining the results of 2008 monitoring and will issue a similar report for 2009 results. A program reevaluation resulted in a reduction in the number of sites sampled and the frequency of testing for organics at some sites beginning in 2009. These measures were determined to provide a significant cost savings while still ensuring appropriate monitoring to protect the public's health.

The Indoor Air program investigates complaints associated with indoor air quality, such as mold, asbestos, carbon monoxide, and odors. During 2009, the Indoor Air program investigated or responded to 91 concerns and complaints. Concerns about mold continued to be the predominant issue in 2009. 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 odors from neighboring businesses.

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

The division received and renewed 7 CIAA waiver applications during 2009. These active waivers, originally issued for financial hardship, continue to decline as facilities change ownership or go out of business. In addition, there were 12 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 2009, staff members resolved 28 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 2009, staff members distributed 500 radon detectors to Onondaga County residents through a grant from the New York State Department of Health.

The Rodent Control program investigates rodent complaints and conducts monitoring and baiting activities in the public sewer system. One of the summer staff from 2008 rejoined the Rodent Control program in 2009. Two new summer staff joined the program in 2009 and successfully completed the apprentice applicator training requirements specified by the New York State Department of Environmental Conservation (NYSDEC). In summer 2009, Rodent

Control staff members checked sewers located in the project areas for this year's and the following year's construction for the Onondaga Lake Improvement Project. Program personnel applied rodenticide to catch basins and manholes located in these areas. No evidence of active rodent infestations was observed.

During 2009, Onondaga County residents filed 14 complaints alleging rodent infestations within the public sewer system. Rodent Control staff investigated these complaints, applying appropriate rodenticide as needed. Staff members also conducted preventive baiting activities in other areas, as time permitted.

The Vector Control program conducts bird and mosquito surveillance and mosquito control activities in order to prevent transmission of vector-borne diseases.

In 2009, West Nile virus (WNV) was again detected in mosquitoes and birds in Onondaga County. In addition, Eastern equine encephalitis (EEE) virus was detected in mosquitoes. There were no reported human cases of WNV or EEE virus infection in Onondaga County in 2009.



Program staff conducted vector mosquito surveillance activities from May through September. Each week, the Vector Control program submitted mosquito specimens to the Wadsworth Center Laboratory, New York State Department of Health, to test for the presence of WNV, EEE virus, California Encephalitis (CE) virus, and other arboviruses. Of the 706 mosquito pools submitted during the period, 1 tested positive for WNV, 13 tested positive for EEE virus, and two tested positive for Jamestown Canyon virus.

Bird mortality surveillance occurred throughout the year. The Vector Control program received reports of 150 dead birds, including 67 crows, during 2009. Program staff collected and submitted a subset of these birds to the New York State Department of Environmental Conservation Wildlife Pathology Unit and Wadsworth Center Laboratory for virus testing. Of the 15 birds submitted, 2 tested positive for WNV.

The Vector Control program performed mosquito control activities from May through September. Program staff treated 8,300 catch basins throughout the county with Altosid XR, a single application, long lasting, briquette larvicide. Nearly 1,000 known breeding sites were checked and treated, as necessary, with granular larvicide or larviciding oil. The number of treated catch basins was reduced due to the decline in WNV activity in recent years. This resulted in a significant savings in chemical and personnel costs.

Truck mounted ULV spraying using Anvil 10+10 occurred in August in response to the detection of EEE virus in local mosquitoes. A total of 479 acres were sprayed around Oneida Shores Park. The continued detection of EEE virus in mosquitoes in September resulted in the aerial spraying of an additional 12,000 acres using Kontrol 30+30 in and around Cicero Swamp.

Vector Control continued its program to treat abandoned swimming pools with appropriate larvicide. Staff treated four abandoned swimming pools during 2009.

Vector Control staff also continued the tick identification service for county residents. Staff identified 10 ticks during 2009.

Public Health Engineering

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

The Water Supply section is responsible for surveillance, inspection, and regulatory oversight of the County's Public Water Systems (PWS). This section also provides information and assistance to residents on individual wells. Program highlights from 2009 include the following:

- Ground Water Under the Direct Influence (GWUDI) sources are susceptible to surface water contamination and therefore require additional treatment including filtration and disinfection capable of 99.9% removal and/or inactivation of viruses and *Giardia lamblia* cysts. In 2009, the Bureau completed efforts to eliminate the remaining municipal source determined to be GWUDI. The Limeledge Water District was constructed and approved for use, which allowed the Village of Marcellus to be eliminated as a water supplier. In December 2009, the Village of Marcellus successfully turned the system over to OCWA and eliminated the spring source.
- GWUDI determinations were made on the 8 non-municipal supplies that were suspect sources. Jordan Mini-Mart was determined to be GWUDI. The Bureau continues to assist Jordan Mini-Mart in coming into compliance.
- One aspect of the Long Term 2 Enhanced Surface Water Treatment Rule (LT2) requires water systems with uncovered finished water storage to cover their storage facilities or provide additional treatment to inactivate and/or remove microbial contaminants. The deadline for compliance was April 1, 2009. By this date, Bilateral

Compliance Agreements were entered into with Metropolitan Water Board, OCWA, the City of Syracuse and Skaneateles Water District. OCWA also began construction of new tanks in 2009 at Eastern and Western Reservoirs as a compliance measure.

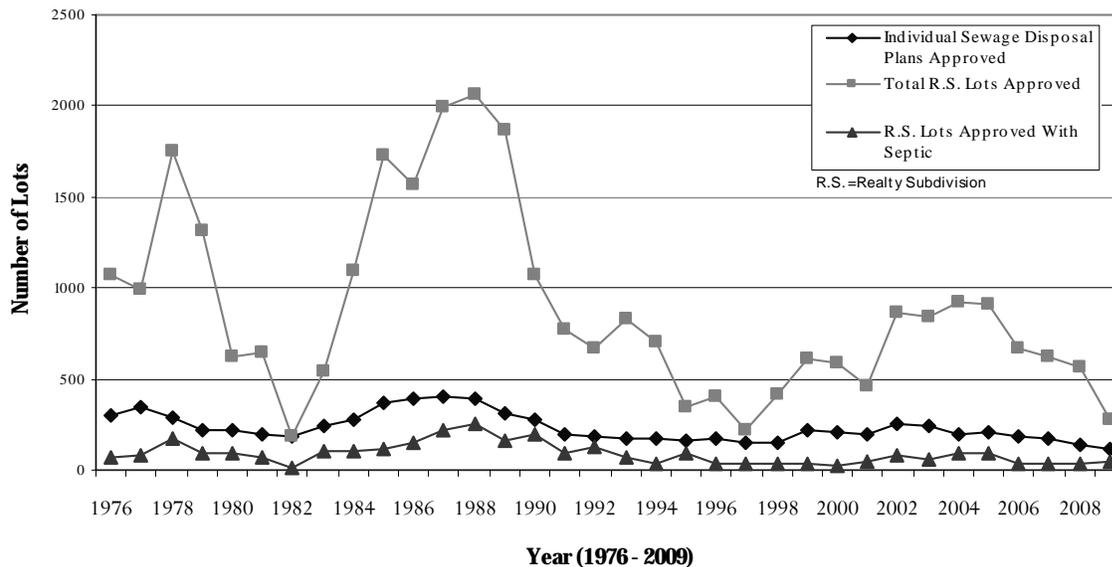
- In 2009, construction on the southern Westcott Reservoir tank was completed and placed online, providing necessary covered storage for the City of Syracuse water distribution system. The northern Westcott tank is still under construction, with completion expected in June 2010. The Bureau worked closely with the City through all of the phases of planning and construction.
- The Bureau worked closely with OCWA in the planning and construction necessary to upgrade their filter plant. Some of the changes at the filter plant include 2 new filter beds, updates to the existing filter beds including filter media upgrades, a new air scouring system, replacement of the gas chlorine disinfection with liquid chlorine, and full implementation of a system for electronic control and monitoring of the plant. In addition, OCWA now has a seasonal on-site generation and use of chlorine dioxide out at the Otisco Lake intakes.
- Bureau staff were instrumental in providing Cross-Connection Control training to all public water supply operators in Onondaga County. This was part of a new initiative to assure proper installation and testing of devices to protect the public water system from contamination.
- More than 15 potential drinking water certified operators were evaluated by Bureau staff under the State's On-site Assessment Program.
- The Water Supply program staff conducted in-depth sanitary surveys of all 108 public water supplies and 54 non-public water supplies in Onondaga County.



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

In 2009, the number of building lots approved as individual lots by the Land Development section continued to trend downward. The total number of lots approved under the realty subdivision program was also down in 2009, consistent with the current economy and the nationwide slow-down in the housing market.

Land Development Plans Approved by Category, 1976-2009



Bureau staff developed an enhanced program to monitor repairs of existing onsite sewage disposal systems. This was partially in response to a directive from the New York State Department of Health which dictated the appropriate procedures for changes to existing septic systems. Of equal importance is the recognition that the installation of new septic systems to service existing dwellings has the same, if not more, public health impact as those intended for new home construction for which plan approval and inspection are required. While the Bureau has always been available to review and comment on changes to existing properties, the new program formalizes the process and allows for increased County oversight of plan preparation and construction.

The Bureau has seen an increased use of “new technology” treatment systems for the repair of many failing or undersized septic systems. These treatment mechanisms are not part of the design standards, and therefore cannot be proposed for new construction. However, this office is reviewing an increasing number of advanced treatment proposals for repairs. This use is a direct result of the success of the Skaneateles Lake Demonstration Project, which Bureau

staff contributed to. The Demonstration Project used these systems on difficult sites throughout the Skaneateles Lake watershed and has aggressively promoted their use to area contractors and engineers.

Council on Environmental Health

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

Council Activities:

- Continued its designated role as the County's Citizen Advisory Board; lead entity to meet public participation requirements for the County's Stormwater Management Program.
- Reviewed and endorsed continuation of the Cooperative Extension "Rain Catcher" program promoting techniques and practices for businesses and the residential public to reduce stormwater runoff.
- Assisted the Syracuse -Onondaga County Planning Agency with updating the County Land use Plan with emphasis on policies and use of stormwater reduction construction practices and techniques.
- Endorsed and promoted zero-phosphorus fertilizer use in the Otisco Lake watershed as part of an Onondaga Lake Partnership mini-grant the Council obtained jointly with Cooperative Extension.
- Provided final comments on the NYSDEC draft Supplemental Generic Environmental Impact Statement (dSGEIS) governing potential natural gas drilling activities in the Marcellus Shale and other possible gas-bearing geologic formations in Onondaga County.
- Approved and provided oversight of the County's 2009 aquatic invasive species control program.

Weights & Measures

The Weights and Measures program performs annual inspection and testing of scales, gas pumps, and other weighing or measuring devices used for retail services. Staff members inspected a total of 771 facilities and 6,711 devices during 2009. Program staff also conducted investigations of all complaints received during the year.

Facilitated Enrollment

2009 Highlights

- *During 2009, significant outreach efforts were made to expand health care coverage to children and adults in Onondaga County. Facilitated Enrollment partnered with the Syracuse University and Syracuse City School District “SayYes to Education” Program to identify uninsured children and to help their families obtain Medicaid, Family Health Plus, and/or Child Health Plus. A Facilitated Enroller is now located at WIC and at the Onondaga Nation Health Clinic each month to help clients obtain health insurance.*
 - *Facilitated Enrollment submitted 1762 applications for public health insurance in 2009, resulting in 1720 adults and children enrolled in Medicaid, and 294 children enrolled in Child Health Plus.*
-



The mission of the Facilitated Enrollment program is to expand the accessibility of and enhance the ease of applying for public health insurance within Onondaga County. Ongoing partnerships have been established with key community based organizations and County departments. Facilitated Enrollment strives to continuously strengthen and expand these collaborations. All partnering community based enrollment sites have a Facilitated Enroller on staff who are

able to assist families in the application process for Medicaid, Family Health Plus, and Child Health Plus. Enrollers meet at times and locations convenient for families and offer supportive services until the family receives ongoing health coverage.

Family Planning Service

2009 Highlights

- *In 2009, Family Planning Service (FPS) received funding from the New York State Department of Health to provide human papillomavirus (HPV) vaccine to women between 19 and 26 years of age. In July, FPS began to provide the vaccine at the William H. Harris Health Center on Slocum Avenue.*
 - *FPS continues to provide male reproductive health services at both the Slocum Avenue and the North Syracuse clinic sites. In 2009, 180 men received reproductive health care.*
 - *With the support of funding from the New York State Department of Health (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 patient received a brief evaluation and counseling and was offered the opportunity to enroll in FPS. In 2009, FPS provided 1,535 patients with emergency contraception.*
-

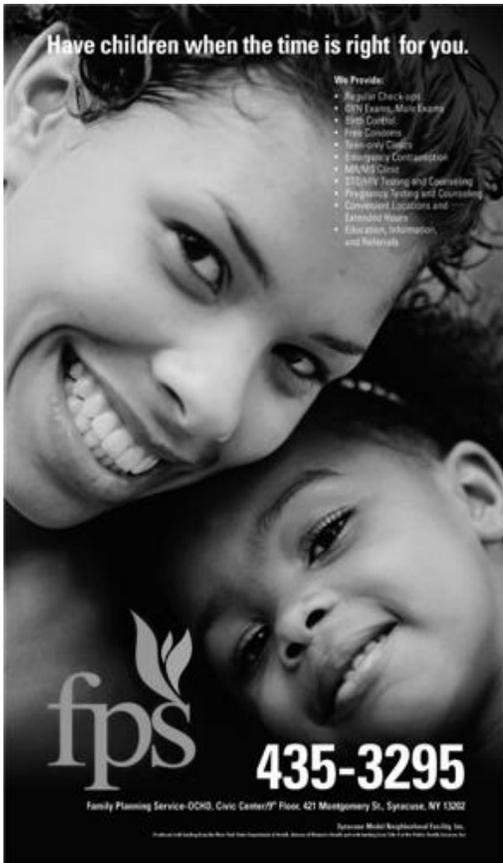
Clinical Services

Family Planning Service (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.

Family Planning Service focuses on women who are at risk for an unintended pregnancy and in need of subsidized family planning care. Priority is given to teenagers and women from low-income families. Despite the challenge of significant cuts in funding and staffing shortages, FPS maintained full services in 2009, providing care to 6,403 unduplicated

Continued

patients. Patients made 13,353 visits to the three FPS clinic sites, and 98% of all patients seen in 2009 were at or below 200% of the federal poverty level. Of these, 44% were uninsured. FPS staff members work with uninsured patients to help them access publicly funded insurance programs such as Medicaid, the Family Planning Benefit Program, Family Health Plus and Child Health Plus. FPS actively partners with the Onondaga County Cancer Services Program Partnership to ensure that eligible women receive mammogram, and follow up care for positive cervical cancer testing.



Family Planning Service is committed to reducing the rate of adolescent pregnancy in Onondaga County. FPS continues to operate a weekly “teen-only” clinic at the Civic Center. In addition, teenagers can access services during after-school hours at the Slocum Avenue and North Syracuse sites. During 2009, FPS provided services to 1,604 unduplicated patients aged 19 years or younger.

Family Planning offers the OraQuick Human Immunodeficiency Virus (HIV) Rapid Test at all clinic sites. This test uses a small blood sample and allows patients to receive HIV test results in approximately 20 minutes. In 2009, FPS provided HIV testing to 1,672 patients.

Health Education and Outreach

Family Planning Service provides information and education to numerous middle schools and high schools throughout Onondaga County. In 2009, education was provided to 1,680 students at 13 schools. 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 55 community-based organizations and health related events throughout the year.

Health Information Technology

2009 Highlights

- *Expanded the flu shot scheduling system (OnFlu.net), to allow more than 20,000 pandemic (2009 H1N1) influenza vaccination appointments for school-aged children and to provide data necessary to accurately plan for large scale vaccinations.*
 - *Implemented a secure wireless data system for use with a New York State web database to track vaccinations in real time. The system can be used for vaccination of the public in the event of a large scale emergency.*
 - *Installed and integrated a forensics-laboratory information management and law-enforcement property management system providing complete processing of evidence for criminal cases. The system is now in use by the Forensic Sciences Laboratory, Medical Examiner's Office, District Attorney and all county, city, town and village law enforcement agencies.*
 - *Built a tracking system to more efficiently manage freedom of information requests. The system will be used in 2010 to reduce costly repetitive effort and to begin to fill requests electronically.*
-

Health Information Technology, in coordination with Onondaga County Department of Information Technology, provides the framework and strategy for the ever-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 more than 400 users in 9 divisions at 7 physical locations.

Health Promotion & Disease Prevention

2009 Highlights

- *In April and October of this year, the Bureau activated a public hotline to address community concerns relating to the emergence of pandemic (2009 H1N1) influenza.*
 - *In 2009, the Cancer Services Program screened 1,020 women and men for breast, cervical and/or colorectal cancer and diagnosed 11 breast cancers, 5 cervical cancers, and 1 colorectal cancer.*
 - *A recent report from the New York State Department of Health ranked Onondaga County second in New York State (excluding New York City) for the percentage of children born in 2002 who were screened for lead poisoning at age 1 and at age 2.*
 - *The Car Seat program experienced a 57% increase in sales.*
 - *The EatWell Play Hard program's FitWIC Initiative impacted over 2,000 WIC participants.*
 - *In 2009, the Tobacco Control Partners of Onondaga County held their 3rd Annual Recognition Event. This event allows the program to honor those individuals, businesses, and organizations that have made substantial strides toward furthering tobacco control policies in Onondaga County.*
 - *The Onondaga County Health Department was funded for a second grant to work with local colleges and universities for the development of tobacco control policies.*
 - *Bureau staff hosted numerous focus groups to collect qualitative data for the 2010-2013 Community Health Assessment.*
-

Adult Immunization Program Influenza & Pneumonia Vaccination Program

The Onondaga County Health Department strives to prevent illness and reduce hospitalizations and premature deaths resulting from influenza and pneumococcal disease by making vaccinations accessible to all county residents.

Seasonal Influenza

Any person wishing to reduce the risk of getting influenza should be vaccinated against the virus. This season, the Health Department, in partnership with the University of Rochester School of Nursing's Passport Program, conducted 15 clinics at 15 different locations in Onondaga County. Clinics were held between October 28 and December 5. The Health Department vaccinated 2,951 children and adults at public clinics in 2009.

Staffing

Eight (8) volunteer nurses and 20 clerical volunteers joined with staff nurses and public health personnel to participate in the operation of one or more of the Health Department's scheduled seasonal flu and pneumonia vaccination clinics.

Drive Thru Flu Clinic for First Responders

OCHD has been holding a drive thru flu clinic for first responders for the past four years. This clinic doubles as a service to the community vaccinating first responders for seasonal flu and as an exercise in mass prophylaxis. The Health Department vaccinated 780 first responders at the 2009 clinic.



2009 Novel H1N1 Influenza

In April 2009 a novel influenza virus, 2009 H1N1, was identified in North America. The Onondaga County Health Department immediately implemented heightened surveillance for this novel virus, working with school superintendents, local hospitals, health care providers, and laboratories. This novel virus disproportionately affected younger individuals, particularly school-aged children. Initial response to this novel influenza virus included school dismissals but as more information became available on the extent of illness associated with 2009 H1N1, national and state guidelines for the management of 2009 H1N1 changed. As the first wave of novel influenza activity passed, public health efforts were targeted on preparing for a mass

Continued

vaccination campaign once the vaccine became available. The Centers for Disease Control and Prevention identified healthcare workers, pregnant women, children and young adults under age 25, household contacts and care providers for children under six months, and adults age 25 to 64 with high risk for medical complications as the priorities for initial vaccination. By the time the second wave of 2009 H1N1 began in September 2009, mass vaccination plans were already well established for our community. By mid October, as 2009 H1N1 vaccine began trickling into local communities, the OCHD, hospitals, and health care providers were ready to vaccinate Onondaga County residents. Given that children were both the most likely to be infected and the most likely to transmit 2009 H1N1 influenza, the OCHD focused its efforts on school-age children.

In an unprecedented campaign, the Health Department worked with the superintendents of all school districts in Onondaga County to hold school-based clinics. In partnership with the University of Rochester School of Nursing's Passport Program, the Health Department conducted 17 school clinics and three clinics for other priority groups. In total, the Health Department vaccinated 18,748 school-aged children and 1,062 others in priority groups at these clinics in 2009. Almost 2,800 children were vaccinated in a single evening at the largest school-based vaccine clinic. OCHD-sponsored H1N1 vaccine clinics continued into 2010.

Staffing

Throughout November and December, almost 50 Health Department volunteer nurses, Central New York Medical Reserve Corps, and scores of school volunteers joined OCHD

personnel from all bureaus of the Health Department to participate in the Health Department's H1N1 clinics.



Car Seat Program

The Onondaga County Car Seat Program participates in a community wide effort to increase compliance with the New York State Child Passenger Safety Law. On November 24, 2009, the New York State Child Passenger Safety law changed and now requires that all children under the age of eight be properly restrained in a federally approved car seat (or an appropriate child restraint system) when riding in a motor vehicle. The law was promoted through a campaign which included mailings to pediatrician offices, community-based organizations, elementary schools, nursery schools, and day care centers.

In addition to promoting car seat use, the Onondaga County Health Department operates a car seat distribution program which is funded by the Governor's Traffic Safety Committee. This program allows parents and caregivers to purchase child restraint seats at low cost. Car seats are also available for short-term rentals of 30 days or less. Funds collected from purchases and rentals are used to fund additional car seats. The program is open to all parents and caregivers regardless of income. All recipients of car seats receive education about the importance of using child restraints and about proper installation and use of their car seat. A certified Child Passenger Safety Technician provides these demonstrations and inspections of car seats, ensuring they meet proper safety standards. If they do not, the Car Seat Program is able to provide a new seat. This service is provided to the public at no cost.



During 2009, the Onondaga County Car Seat Program distributed 455 child restraint seats, a 57% increase over 2008. In addition, 491 parents and caregivers were trained on how to install their seats correctly.

Dental Health

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

Continued

In 2009, the Dental Health program:

- Provided small group presentations at 57 sites including Syracuse City School District Pre-K programs, PEACE Head Start programs, day care centers, nursery schools, after school programs, libraries, and community-based agencies.
- Conducted 158 dental health presentations to a total of 2,292 children, with literacy levels geared toward three-, four-, and five-year old children. This program focused on oral health and how to properly care for teeth. Educational messages were evaluated throughout the presentations by asking children if they have had a dental visit and if they could identify healthful foods for teeth when playing the “Good Food, Bad Food for Teeth Game”.
- Conducted 7 presentations about children’s oral health to 57 adults at parent groups.

Eat Well Play Hard

The Eat Well Play Hard (EWPH) program supports efforts to prevent childhood obesity and chronic disease through policy, system, and environmental strategies. The program’s three key objectives are to increase: daily consumption of vegetables and fruits, the intake of low-fat and fat-free dairy products, and age-appropriate physical activity.

During 2009 program staff implemented several successful interventions to support the Eat Well Play Hard initiative including:

- From May to November 2009, program staff planned and implemented the Fit WIC physical activity program in cooperation with the Women, Infants, and Children (WIC) program. This program educated 2,000 WIC program participants about the benefits of age-appropriate physical activity and increased consumption of vegetables and fruits.
- For the third consecutive year, EWPH in conjunction with Onondaga County Parks and Syracuse Parks and Recreation, coordinated “Get Moving CNY”. This countywide physical activity initiative encouraged residents to exercise for 30 minutes for 30 consecutive days. “Get Moving CNY” received an Exceptional Program Award from the New York State Recreation and Parks Society. In total, over 670 residents participated.



- EWPH awarded seven refrigeration mini-grants to emergency food site operators. The grants will increase access to fresh vegetables, fruits, and low-fat dairy products for approximately 1,109 emergency food site patrons per week. In support of the refrigeration mini-grants, an educational tool kit was developed and distributed to assist food site operators in promoting vegetables, fruits, and low-fat dairy products.
- As a result of the Nutrition and Physical Activity Self Assessment in Child Care Centers (NAP SACC) program, four participating centers harvested vegetables and fruits from their child care center garden in the summer and fall of 2009.
- EWPH evaluated outcomes of the “Yoga Kids” physical activity workshops conducted in 2008. The goal of the “Yoga Kids” workshop was to train child care center employees to increase physical activity in children through yoga techniques. A survey was conducted in 2009 to evaluate long term results. Out of eighty participants, 53% responded to the survey. As a result of the yoga kids workshop:
 - 92% of respondents are currently using the information they learned at the workshop
 - 92% are currently including yoga kids movements in their curriculum
 - 39% reported an increase in physical activity six months after the workshop
 - 90% are using physical activity equipment they received at the workshop

Healthy Children Healthy Futures School-Based Childhood Obesity Initiative

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

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

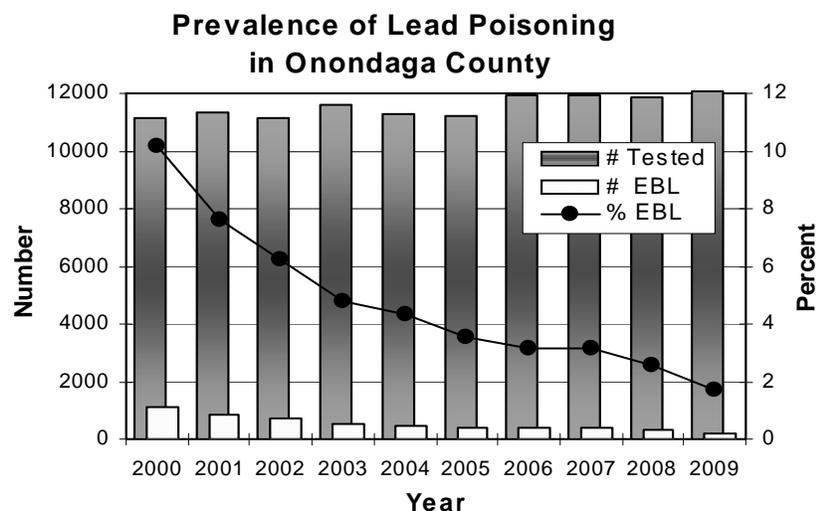
During 2009, the School-Based Childhood Obesity Program supported school districts throughout the eight-county Central New York Region by:

- Providing resources and technical assistance to schools to assist with implementation of wellness policy through environmental changes. This included offering mini-grants to “high-needs” schools throughout Central New York to create and implement sustainable environmental, systems, or policy changes related to physical activity or healthy eating. These “high needs” schools have an estimated 40% or more of the student population eligible for free/reduced lunch.
- Continuing to work with school districts that received Fitnessgram/Activitygram fitness testing software for physical education programs. De-identified fitness testing results and Body Mass Index (BMI) data were shared with the Onondaga County Health Department to assist in the planning of future interventions to help the school and community address childhood obesity.

Lead Poisoning Control Program

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

In 2009, the Lead Program continued its efforts to identify, and provide case management for children with lead poisoning. This year, 12,059 children in Onondaga County were tested for lead poisoning and 208 children (1.7%) were found to have elevated blood lead levels. This prevalence continues to trend downward. Rates of lead poisoning in several zip codes in Syracuse, however, continue to rank among the highest in New York State.



A primary objective of the Lead Program is to increase the number of children who are tested at age 1 and 2, which is required by New York State Department of Health (NYSDOH) regulations. A recent report from NYSDOH ranked Onondaga County **second in New York State** (excluding New York City) for the percentage of children in the 2002 birth cohort that were screened for lead poisoning at age 1 and at age 2. In addition, preliminary NYSDOH data for the 2005 birth cohort show that Onondaga County screening rates continue to increase, particularly at age 2, and are much higher than the statewide average (79.3% of children between 18-36 months were screened in Onondaga County for lead poisoning compared with 55.1% statewide). 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 of providers in providing the required tests.

Door-to-door outreach is a critical component of the Lead Program's efforts to identify children affected by lead poisoning in high-risk areas of the city of Syracuse. During the summer of 2009, staff from the Lead Program visited 5,255 dwellings. Of the 2,456 dwellings where someone was home, one-on-one education was provided to 450 families with young children. Of the 149 children tested on the "lead bus", elevated blood lead levels were detected in 34%. This rate is 20 times higher than the countywide rate, illustrating the importance of targeting specific areas of the city.

The Lead Program continued work on two primary prevention grants aimed at identifying and correcting lead hazards prior to a child becoming lead poisoned. Both of these grants targeted areas of Syracuse where children are at the highest risk for lead poisoning. Under a grant from the US Environmental Protection Agency, the Lead Program provided education and cleaning supplies to 100 families over a two-year period to teach them how to reduce lead dust in their homes. With the support of a grant from NYSDOH, the Lead Program conducted nearly 300 primary prevention lead inspections in 2009, an almost 80% increase over the number of primary prevention inspections conducted in 2008.

In addition to primary prevention inspections, the Lead Program's Environmental Health inspectors conducted 121 inspections of properties associated with children who had elevated blood lead levels, including 94 inspections for children with blood lead levels $\geq 15 \mu\text{g/dL}$, as required by NYSDOH, and 27 inspections for children with blood lead levels between 10 and $14 \mu\text{g/dL}$, which are voluntary and are offered to the family when they are notified of the child's blood lead level.

In 2009, the Lead Program continued to subcontract with both the Onondaga County Community Development Lead Hazard Reduction Program and the City of Syracuse Lead Program. Under this arrangement, the Lead Program conducts community outreach and health education, provides blood lead testing, and relocates families living in properties undergoing lead hazard reduction by these grant programs.

Migrant Health

The goal of the Migrant Health program is to promote the health of the migrant farm worker population and to protect the health of the community in Onondaga County. Program components include: health education, outreach, in-camp health services, advocacy, and referral services. Program staff 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, in combination with volunteer support and multi-agency collaboration, provides resources needed for program operation. To initiate the year's activities, SUNY Upstate faculty and medical students working through the Salt City Hope Clinic, teamed with Onondaga County Health Department (OCHD) nursing and outreach staff to hold the first clinic of the season on June 17, 2009. During the summer and fall, the Migrant Health program conducted 11 medical clinics serving 6 farms in Onondaga County. As a result, 94 farm workers received in-camp health care services for a total of 147 visits.



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

Onondaga County Health Department nurses and volunteers collaborated with the NYSDOH Immunization Program to provide migrant workers with immunizations during in-camp visits. The Migrant Health program partnered with the Central New York Council on Occupational Safety and Health and the Central New York Occupational Health Clinical Center to conduct in-camp group and individual education, respectively, on ergonomics and other occupational health topics.

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

Onondaga County Cancer Services Program Partnership

The Onondaga County Cancer Services Program Partnership provides low cost or no cost screening for breast, cervical, and colorectal cancer to medically uninsured or underinsured women and men in Onondaga County. Key program activities include conducting health education and outreach as well as networking with community partners to increase referrals. In 2009, 11 breast cancers, 5 cervical cancers, and 1 colorectal cancer were diagnosed through this program.

On an ongoing basis, the Partnership provides education and screening for breast and cervical cancer for women. Case management to help identify and remove potential barriers to health care is also available to further enhance these screening services. In 2009, the following procedures were performed for Partnership clients:

- 977 clinical breast exams
- 914 mammograms
- 589 follow up breast screenings
- 382 cervical cancer screenings
- 220 follow up cervical screenings
- 167 colorectal cancer screenings
- 153 follow up colorectal screenings
- 49 received case management services
- 1,567 men and women received health education on the importance of cancer screenings

In 2009, the Partnership recruited 5 additional health care providers to provide screening and diagnostic services for Partnership clients. These medical personnel provide breast and cervical screening services which are then reimbursed through the Partnership. This approach offers patients the ability to receive screening services at their medical home without a fee for service attached.

In May 2009, the Partnership, with support from multiple community partners, planned, coordinated, and implemented an education and clinical screening event entitled, “Get Health Connected.” The event provided health education and screening to over 100 medically uninsured individuals on topics including diabetes, cholesterol, nutrition, and several other chronic diseases. Medical screenings were offered for hypertension, cholesterol, kidney disease, vision, HIV/AIDS, and breast, cervical, prostate, and colorectal cancers.

Public Health Education

The Public Health Education team works on a variety of initiatives to increase the public's awareness about local health issues, programs, and events. The Public Health Education team planned and implemented many initiatives aimed at enhancing the health of Onondaga County residents.

In 2009, these activities included: activating hotlines to offer the public accurate and timely information about 2009 H1N1 influenza; conducting media campaigns utilizing billboard, radio television, and print media; conducting outreach events to increase awareness of program services; working in partnership with local media to address emerging diseases; designing health education materials to target priority populations using low-literacy principles; and conducting qualitative research for program development through focus groups and through networking with area businesses, faith-based agencies, and community based organizations.

In 2009, the Public Health Education team:

- Coordinated several hotline events to address public inquiries about current health concerns such as 2009 H1N1 influenza and seasonal influenza.
- Provided staffing for each of the 17 school-based 2009 H1N1 vaccination clinics and three clinics for other priority groups to assist in patient screening and education.
- Worked continuously with local media to provide updates on 2009 H1N1 influenza activities and vaccine supply and to promote upcoming clinics.
- Redesigned and updated the health department website to provide current information on emerging diseases and public health programs designed to promote and improve the health of Onondaga County residents.
- Planned, developed, and implemented several physical activity campaigns to encourage residents of all fitness levels to exercise most days of the week. These campaigns included Fit WIC and Get Moving CNY. In total, over 2,670 participated in these combined initiatives.

Tobacco-Free Onondaga County

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

2009TFOC activities:

- Program staff presented *Successful Media Campaign Strategies to Encourage Retailers to Voluntarily Remove Tobacco Signs* at the National Conference on Tobacco or Health in Phoenix, AZ in June 2009.
- The 3rd Annual Tobacco Control Partners of Onondaga County Recognition Event was held. County Legislator Robert Warner was recognized for his numerous contributions toward tobacco control in Onondaga County.
- A multi-media campaign ran to raise awareness and advocate for non-smoking apartments. Since the campaign, five major apartment complexes have designated all their building units as non-smoking.
- A total of 8,097 Onondaga County residents called the New York State Smokers’ Quitline (1-866-NY QUIT) to receive counseling and free nicotine replacement therapy tool kits.

CNY Colleges Take Action on Tobacco

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

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

Over the course of this three-year project, which ended in March 2009, more restrictive tobacco control policies were implemented at three of the four colleges. A campus-wide survey was conducted in the spring of 2007 and again in December 2008, with results available in February 2009. The results clearly display an increase in overall support for the implementation of smoke-free campuses.

Responses of campus students and employees when asked the question, “I would support a tobacco-free policy on campus”:

	<i>2007</i>	<i>2008</i>
<i>Agree</i>	56%	61%
<i>Neutral</i>	16%	16%
<i>Disagree</i>	28%	23%

Colleges for Change: Tobacco-Free

Colleges for Change (C4C) began in July 2009. The C4C program is a NYSDOH program administered by the Onondaga County Health Department. C4C works in partnership with Syracuse University and SUNY Cortland to strengthen tobacco-related policies to prevent and reduce tobacco use and limit opportunities for exposure to secondhand smoke. The program engages young adult leaders to work on and off the college/university campuses to limit where and how tobacco products are promoted, advertised and sold, and to advance local and statewide policy action to prevent and reduce tobacco use. Colleges for Change initiatives are part of the New York State Tobacco Control Program's efforts to implement evidence-based and promising strategies to prevent and reduce tobacco use.

This program has the potential to impact over 26,000 students and 6,000 employees at Syracuse University and SUNY Cortland.



In 2009, Colleges for Change:

- Worked with SUNY Cortland to establish a Colleges for Change Tobacco Advisory Committee consisting of 27 faculty and staff members.
- Attended selected student events at each targeted college/university to recruit student advocates to participate in new Colleges for Change student coalitions.

Maternal and Child Health

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

2009 Highlights

- *In 2009, MCH continued its partnership with the UnitedWay of Central New York's Success By Six, Child Care Solutions and Empire State College for continued Touchpoints[®] training for childcare providers in the community. Touchpoints[®] is an approach for people who work with young children and parents to strengthen the parent-child bond. In 2009, MCH played a major role in expanding Touchpoints[®] into the community via a Community Health Foundation grant awarded to the UnitedWay and Catholic Charities. This award supported Catholic Charities staff to join the current Touchpoints[®] team and allowed integration of the Touchpoints[®] approach into the many parent/child services provided by Catholic Charities.*
- *In October 2009, MCH was awarded a grant from the New York State Department of Health (NYSDOH), Healthy Mom, Healthy Baby, Prenatal and Postpartum Home Visiting Program. The goal of this grant is to improve the health of Medicaid-eligible mothers and infants through early identification, outreach, referral, and home visiting to high-risk pregnant women and newborns.*
- *In October 2009, a new website was created and launched that features an overview of all the services offered by MCH, a Resource Directory, News, Links, and a Document Library. Funded by SHS in partnership with the Regional Perinatal Forum, **onhealthyfamilies.com** allows families to request assistance electronically through an Internet referral form.*

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, Bureau efforts are focused on reaching pregnant women whose pregnancy outcomes are identified as being at-risk for infant mortality, low birth weight, or developmental delays or disabilities. Preventive maternal/child nursing visits are made to some of the county's 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 2009, CHN received a total of 1,978 referrals for preventive nursing services and provided 1,775 clients with 4,882 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.

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



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

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

Enhanced Perinatal and Pediatric Care

Enhanced Perinatal and Pediatric Care (EPPC) is a grant program funded by the Onondaga County Department of Social Services. The overall objective of the program is to enhance the provision of prenatal, postpartum, and pediatric care for pregnant and parenting families whose income falls below 200% of the federal poverty level. In 2009, the EPPC staff served 417 unduplicated clients and provided interventions via home visits, telephone contacts and referrals, as well as case coordination and management.

Family Life Team

The Family Life Team (FLT) program is a collaborative effort between the OCHD Bureau of CHN, the Syracuse City School District (SCSD), and Syracuse Community Health Center's Comprehensive Medicaid Case Management (CMCM) program. The FLT program offers preventive nursing and case management services to all identified pregnant and parenting student in the SCSD schools. In the 2008-2009 school year, 118 out of 134 (88%) of identified pregnant students were provided with ongoing nursing and/or case management services. In 2008-2009, FLT nurses were also available to assist any at-risk student with education and referrals for community services including pregnancy prevention resources and sexually transmitted disease (STD) prevention and treatment services.

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 over 300 such NFP sites across the United States. NFP has provided evidence for numerous short- and long-term socioeconomic benefits for family participants. The OCHD NFP program began enrolling first-time moms in May 2007. In 2009, the OCHD NFP served 122 moms and families including 82 infants. Eight mothers and their two-year-old children graduated from the NFP program in 2009.

Prenatal Care Assistance Program

The Prenatal Care Assistance Program (PCAP) provided a centralized entry point for complete pregnancy care and health supportive services to women with incomes below 200% of the federal poverty level and who were without insurance and primary obstetrical care. PCAP offered routine pregnancy check ups, hospital care during pregnancy and delivery, full health care for woman until at least two months after delivery, and full health care coverage for the baby up to one year of age. PCAP provided women assistance with obtaining Medicaid, WIC, HIV testing, and education about nutrition, labor, delivery, breastfeeding, and contraceptive and reproductive care. The Program offered two weekly clinics, one in the city of Syracuse and one in North Syracuse. In 2009, 411 women were evaluated and 376 were enrolled in the OCHD PCAP. Effective November 1, 2009, OCHD's PCAP is no longer providing direct patient care delivery to individuals; instead this program has refocused its efforts on the provision of support services. These services include:

- Expanding OCHD's role in facilitating Presumptive Eligibility (PE) applications;
- Referring women covered by PE to an obstetrical provider; and
- Working cooperatively with the Onondaga County Department of Social Services Medicaid Division to ensure that once Medicaid eligibility is established for pregnant women, a managed care plan is assigned.

Community Health Worker Program

The Community Health Worker Program (CHWP) of the Division of Maternal and Child Health provides outreach, case management, and advocacy to pregnant and parenting families in Onondaga County. Community Health Workers (CHWs) target families who are at highest risk of a poor birth outcome. CHWs assist with access to needed medical and social services while offering education and referrals that support families in having healthy babies and raising healthy children. The CHWP is a New York State Department of Health (NYSDOH) grant-funded program, administered by OCHD via a subcontract with The Salvation Army. In the 2008-2009 grant year, the CHWP received 413 referrals and provided services to 240 clients through 1633 home visits.

Immunization Action Plan

The three primary goals of the Immunization Action Plan (IAP) are to ensure children are up-to-date with all recommended immunizations, to educate adults about the importance of influenza and other adult immunizations, and to oversee the New York State Immunization Information System (NYSIIS). In keeping with program goals, the IAP conducted the following activities in 2009:

- Distributed back-to-school immunization education kits to 200 Onondaga County school nurses. The kits provided nurses with current immunization recommendations and tools to educate parents and promote immunization within schools.
- Promoted National Infant Immunization Week using multiple media outlets. Ads on county buses promoted the message of “Love them, Protect them, Immunize them!”, while radio ads encouraged parents to talk to their health care provider for reliable immunization information. As part of National Infant Immunization Week, a local pediatrician was presented with an award for excellent immunization rates. A press conference was held to highlight the award presentation and to reinforce the importance of childhood immunizations.
- Responded to the influenza pandemic declared in June 2009 by conducting extensive education and outreach to promote seasonal influenza, 2009 H1N1 influenza, and pneumococcal vaccination. Information on new developments relating to the disease and the vaccine was provided regularly to local media, and educational materials were distributed throughout the county.
- Continued to collaborate with the Syracuse City School District and the Refugee Assistance Program to establish a system through which refugee families can receive their required immunizations in a timely manner. This involved educating staff on the use of NYSIIS and the current immunization schedule, and facilitating vaccinations at the OCHD Immunization clinic for those in need.

- Continued to collaborate with health care providers and schools regarding NYSIIS recordkeeping and vaccine storage and handling.

In support of the Immunization Action Plan, the OCHD holds a weekly pediatric 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 2009, the clinic provided vaccines for 1,116 children and 326 adults. Most individuals who received vaccine were underinsured and/or without a source of medical care.

Special Children Services

Special Children Services (SCS) comprises Early Intervention (EI), Preschool Special Education, and Children with Special Health Care Needs. Each program works closely with the local community to ensure a high quality delivery of services to children with special needs and to the families of these children. In 2009, Special Children Services:

- Contracted with 21 agencies and 70 individual providers to access authorized special education services, transportation, respite care, and resource referrals for children and families.
- Continued to work with agencies, evaluators, and Committee on Preschool Special Education (CPSE) Chairs to enhance communication, promote consistency, and streamline transition processes between EI and Preschool programs. As a result of collaboration with the Early Childhood Direction Center, CPSE Chairs now meet monthly to continue to achieve these objectives.
- Improved system efficiency by implementing an electronic evaluation scheduling system for EI children.
- In the spring of 2009 all preschool service providers were trained to enter service data into Ksystems, a web-based system which will eliminate the exchange of thousands of paper service records and streamline the ability to bill Medicaid for eligible services.
- Targeted efforts to improve compliance with regulations regarding the transition process between EI and Preschool Special Education services. Specifically, parental consent submission increased to 93% in 2009, up from a low of 55% in 2007.



Children with Special Health Care Needs

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

In the 2008-2009 grant year, CSHCN program:

- Provided information and referral services to over 150 families.
- Disseminated quarterly newsletters to 1,300 families, agencies, and physicians on pertinent topics of interest to families of CSHCN.
- Continued to distribute *The Parent Notebook*, a tool developed by the CSHCN Project Coordinator and fourth year medical students. This tool assists parents in coordinating their child's ongoing records and notes for medical and specialty care needs.

Early Intervention Program

The Early Intervention (EI) Program is a Federally and State mandated program that provides therapeutic and educational services for children, birth through age two, who have a developmental delay or a diagnosed condition with a high probability for developmental delay. In 2009, EI received 1,331 referrals for services with 794 infants/children enrolled at year-end.

Preschool Special Education Program

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

2009 Preschool Statistics:

- Children enrolled in June 2009 (end of 2008-2009 school year): 1,783
- Children enrolled in 2009 summer session: 1,391
- Children enrolled at year-end (December 2009): 1,460

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 2009, SHS provided services to more than 1,100 women.

Reauthorization

SHS was notified in June 2009 that grant funding was awarded for an additional five years. Through a competitive process, SHS will remain one of over 100 Healthy Start programs in the nation.

Website

SHS, in partnership with the Regional Perinatal Forum, funded the development of the new Maternal and Child Health (MCH) website. The new website, onhealthyfamilies.com, was created and launched in October 2009. The website features an overview of all the services offered by MCH, a Resource Directory, News, Links, and a Document Library. The website allows families to request assistance electronically through an Internet referral form. Families are now able to request information and assistance around-the-clock. During the first three months, the site received 579 unique hits.

Sleep Safe and Sound

In response to an alarming trend in infant deaths associated with sleeping with an adult or older sibling, SHS led a community-wide media campaign, “Give Your Baby Some Space, Share the Room not the Bed,” to educate new parents about a safe sleep environment including the dangers of co-sleeping with babies. Twenty-five agencies and medical providers came together in January 2009 to offer support for this new initiative. The resulting media campaign ran in conjunction with community education, medical provider education, and home visitation education. The campaign involved buses and bus shelters, billboards, print

Continued

advertising, movies, radio and free print advertising. Local advertising company, Latorra, Paul and McCann, donated the creative development for the campaign. Approximately, 22,500 half sheets, 7,800 flyers, and 110 posters were distributed as part of this campaign.

Consortium

The SHS Consortium sponsored an evening event with guest speaker, Raymond L. Cox, MD, MBA, entitled. “Why does my race affect my health and my baby’s health?” It was held at



McKinley-Brighton School with almost 90 community members attending. The event was part of a March of Dimes sponsored two-day series of events featuring Dr. Cox.

Health Education

SHS health education has continued to grow to new sites throughout the City. Attendance increased 60% from 321 participants in 2008 to 516 in 2009.

Fatherhood

The Fatherhood committee co-sponsored a “Take Your Child to School” event with the Syracuse City School District. Fifty fathers participated at two schools.

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). Program participants receive nutrition education, supplemental foods, and referrals for health care services. The WIC program continues to focus on providing nutritious foods and nutrition education to program participants. In 2009, the WIC program:

- Served an average of 10,683 participants per month compared to an average of 10,448 participants served monthly during 2008.
- Received notification from the New York State Department of Health (NYSDOH) that the OCHD was awarded the WIC grant for a new five-year grant cycle. The new award has a state-mandated caseload of 12,000 participants per month.
- Implemented the new WIC food package for all WIC participants.

- Distributed 2,000 Fit WIC/Healthy Lifestyle backpacks to WIC participants aged 2-5 years in an effort to increase age-appropriate physical activity and fruit and vegetable consumption.

In 2009, of the WIC program participants:

- 24% were women, 25% were infants, and 51% were children
- 55% of women who certified for WIC after delivery initiated breastfeeding

In 2009, of the WIC prenatal population:

- 41% were certified within their first trimester of pregnancy
- 46% were certified within the second trimester of pregnancy and
- 13% were certified within the third trimester of pregnancy

WIC Vendor Management Agency

The WIC Vendor Management Agency (VMA) oversees approximately 295 authorized WIC vendors in a 14 county region. WIC VMA is responsible for ensuring vendor compliance with both New York State and federal regulations governing the WIC program.

In 2009, the WIC VMA received notification from the NYSDOH that the Onondaga County Health Department (OCHD) was awarded the WIC VMA grant for a new five-year grant cycle.

In the last quarter of 2009, the WIC VMA covered the additional western counties of New York State for VMA needs until a new western agency could be awarded and transition into full capacity.

During 2009, the WIC VMA increased vendor outreach efforts to both chain and independent stores. Twenty-two new vendor applications were reviewed in an effort to ensure that WIC participants have adequate access to vendors.

In 2009, WIC VMA staff conducted 57 training sessions and more than 520 site visits to monitor vendors. Over the course of the year, WIC VMA identified over 1,296 WIC vendor violations and saw to their correction. The WIC VMA also received and resolved more than 346 vendor-related complaints throughout the year.

Public Health Preparedness



2009 Highlights

- *Between October and December the Onondaga County Health Department (OCHD) vaccinated nearly 20,000 residents against 2009 H1N1 influenza in 23 Point-Of-Distribution (POD) clinics for at-risk groups. These clinics culminated six months of efforts to identify, track, and contain 2009 H1N1 influenza, in cooperation with local, regional, State, and Federal partners. The OCHD coordinated with the County's 19 school districts to vaccinate 18,748 school-age children. Public Health Preparedness staff assisted with surveillance, supply management (including vaccine distribution), risk communication, and PODs.*
 - *In October 2009, Public Health Preparedness conducted its fourth annual drive-through seasonal flu clinic for first responders. A record 780 fire, police, emergency medical services (EMS), and emergency communications personnel were vaccinated, representing a 21% increase over 2008. The amount of time participants spent in the clinic averaged between seven and nine minutes, significantly less than the average time spent at walk-in flu clinics. The first responders who completed new online registration forms in advance of arrival averaged between five and seven minutes.*
 - *Public Health Preparedness continued to develop and mobilize the Central New York Regional Medical Reserve Corps. More than 100 volunteers were fully certified, and many participated in the school-based and drive-through influenza vaccination clinics.*
-

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

The Onondaga County Health Department continues to update all Public Health Readiness Plans. These comprehensive plans strengthen the Department's ability to protect the health and well being of Onondaga County residents during disasters and ongoing public health crises.



A record 780 fire, police, emergency medical services (EMS), and emergency communications personnel were vaccinated at the fourth annual drive-through seasonal flu clinic for first responders.



Staff were ready and waiting to serve the hundreds of children who arrived for the school-based H1N1 clinic at Elbridge Elementary School.

Surveillance and Statistics

2009 Highlights

- *Assisted in the planning and development of the 2010-2013 Community Health Assessment, a document designed to guide local public health planning.*
- *Developed and implemented a data management system for tracking local cases of 2009 H1N1 influenza. Bureau staff also assisted in school surveillance and data analysis to identify local trends.*
- *Maintained inventory of 2009 H1N1 influenza vaccine and participated in planning for school-based vaccination clinics.*
- *Provided statistical support for the evaluation of infectious disease outbreaks.*
- *Supported program staff in grant applications to enhance public health services in Onondaga County.*

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 2009, Bureau staff members fulfilled 90 requests for local health statistics, many of which came from local agencies needing health data for grant applications or project reports.

The Office of Vital Statistics keeps records of all births and deaths in Onondaga County and provides birth and death certificates by request. During 2009, the Office of Vital Statistics issued 13,205 birth certificates and 26,840 death certificates.

Volunteer Services

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

This year, health department volunteers and interns provided **6,176.25** hours of service to the residents of Onondaga County. This service represents a donation of time valued at **\$110,065.25**.

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

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

- Providing vaccinations and clerical support at OCHD seasonal influenza and pneumonia clinics as well as H1N1 school clinics
- Repackaging over-the-counter medications and lancets for the Correctional Health Program at the Justice Center
- Drawing blood for prostate cancer testing as a part of a cancer screening initiative
- Driving the "Lead Mobile" to targeted neighborhood locations to test children for elevated blood levels of lead
- Assisting forensic investigators at the Medical Examiner's Office



- Conducting compliance checks under the Adolescent Tobacco Use Prevention Act
- Providing nursing and interpreting services at health clinics for migrant workers
- Answering phones and taking messages for several departments
- Filing, collating, photocopying and providing general clerical assistance to a variety of programs and projects
- Assembling packets of forms and information needed by Maternal/Child Health nurses and outreach workers in opening new cases

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

Volunteer and Intern Hours Served, 2000-2009

	Volunteer Hours	% of Total	Intern Hours	% of Total
2000	2,567.00	46.8%	2,915.25	53.2%
2001	3,402.75	54.5%	2,843.00	45.5%
2002	2,843.75	42.8%	3,804.00	57.2%
2003	3,036.25	42.7%	4,075.00	57.3%
2004	3,056.00	36.0%	5,422.00	64.0%
2005	3,330.50	32%	7,045.00	68%
2006	2,245.75	25%	6,912.75	75%
2007	2,339.75	35%	4,335.00	65%
2008	2,158.50	49%	2,229.25	51%
2009	2,593.75	42%	3,583.00	58%

Value to the Community, 2000-2009

	Volunteer/Intern Hours Served	Value to Onondaga County
2000	5,482.25	\$ 77,645.16
2001	6,245.75	\$ 82,283.00
2002	6,647.75	\$ 94,793.67
2003	7,115.25	\$ 104,793.67
2004	8,478.00	\$131,614.41
2005	10,374.5	\$170,317.05
2006	9,158.50	\$150,466.34
2007	6,674.75	\$120,420.75
2008	4,387.75	\$81,592.77
2009	6,176.25	\$110,065.25

The Wallie Howard, Jr. Center for Forensic Sciences

2009 Highlights: Forensic Laboratories

- *The laboratory received \$989,831 in grant funding from New York State and the National Institute for Justice during 2009. The funding is being used primarily for upgrading equipment and increasing the analytical capacity of the laboratories, as well as supporting six analytical positions.*
- *The Laboratory acted as lead agency in the purchase, installation, and implementation of a countywide Property and Evidence/ Laboratory Information Management System. The database consolidates information from all law enforcement agencies within the County, the District Attorney's Office, Medical Examiner's Office, and the Forensic Laboratories into one system. The system serves as a central repository for information related to property and evidence handled, stored, and analyzed by the various agencies. Prosecutors and investigators now have the ability to review case information, photographs, and analytical reports online, immediately upon entry. Barcode labels enable staff to quickly transfer items between individuals and to storage locations. This implementation serves to increase the efficiency and accuracy of related information while making significant progress towards a paperless operation.*

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 Fingerprint Identification System (SAFIS).

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.

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.



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.

Forensic Toxicology

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

Laboratory Cases Completed by Section for 2009

Arson	31
Digital Evidence	17
Drug Identification	398
Firearms	749
Forensic Bio/DNA	385
Latent Prints	641
Questioned Documents	14
Toxicology	867
Trace Evidence	106

Medical Examiner's Office

2009 Highlights

- *Dr. Robert Stoppacher was appointed as Chief Medical Examiner upon the retirement of former Chief Medical Examiner Dr. Mary I. Jumbelic.*
- *A new digital X-ray system was implemented using funds from the National Institutes of Justice Paul Coverdell Forensic Sciences Improvement grant. This system reduces by half the amount of time needed to take x-rays.*
- *The Onondaga County Medical Examiner's Office (OCMEO) provided a training seminar to Broome County on infant death investigation.*
- *The OCMEO, Onondaga County Child Death Review Team, and Onondaga County Health Department initiated the "Safe Sleep campaign" to reduce infant deaths associated with an unsafe sleep environment.*
- *Chief Medical Examiner Dr. Robert Stoppacher and Medical Examiner Dr. Abraham T. Philip in conjunction with the SUNY Upstate Department of Pathology authored a paper on the pathologic lung findings in 2009 H1N1 influenza viral infection.*



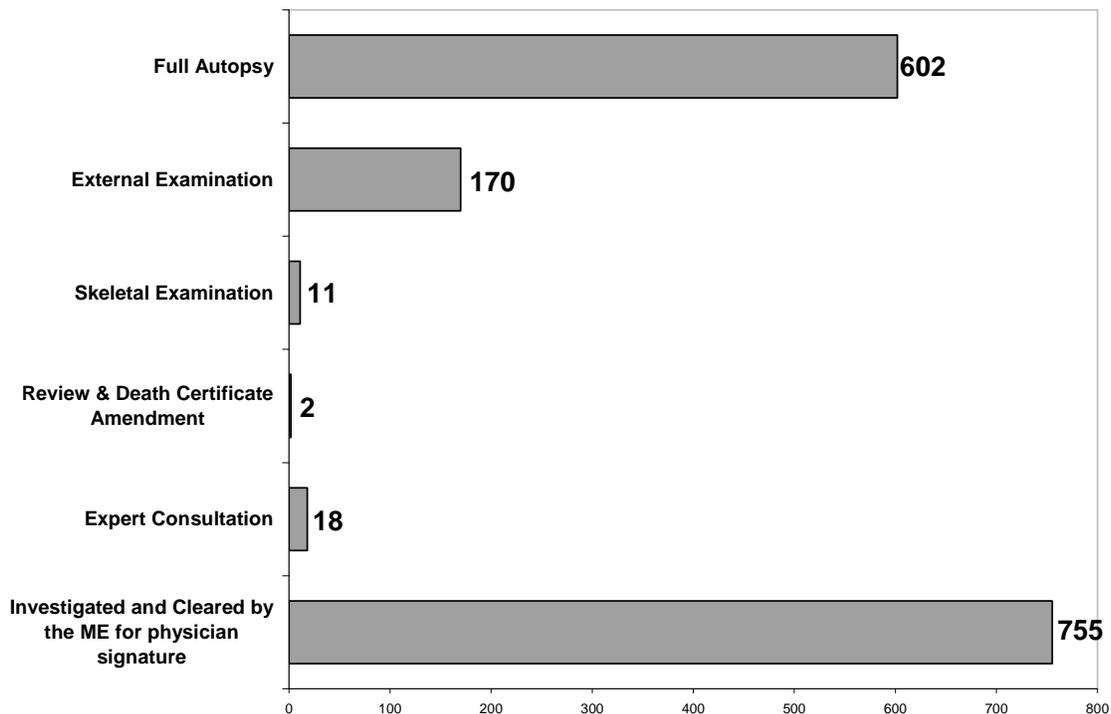
The Medical Examiner's Office (MEO) determines the cause, circumstance, and manner of death in sudden, unexplained, and unnatural deaths in Central New York (CNY) including Onondaga, Cayuga, Jefferson, Lewis, Madison, Oswego, Otsego, Seneca, St. Lawrence, and Tompkins counties. The MEO uses forensic medicine and death investigation skills to recognize and collect evidence for potential use in the criminal justice system and civil litigation. The MEO also helps protect public health by identifying communicable diseases and unsafe environmental conditions that put people at risk for poor health outcomes. The services of the MEO also extend to other public agencies that call upon the expertise of forensic pathologists to interpret injury patterns in living victims of trauma, abuse (child, domestic, and elder), and other suspected violent acts.

MEO staff members participate in continuing education opportunities each year through organizations such as the National Association of Medical Examiners, the American Academy of Forensic Sciences, the New York State Association of County Coroners and Medical Examiners, and other specialized conferences. In 2009, several staff members successfully completed training in forensic pathology and medicolegal death investigation to meet the standards of the National Association of Medical Examiners and American Board of Medicolegal Death Investigators.

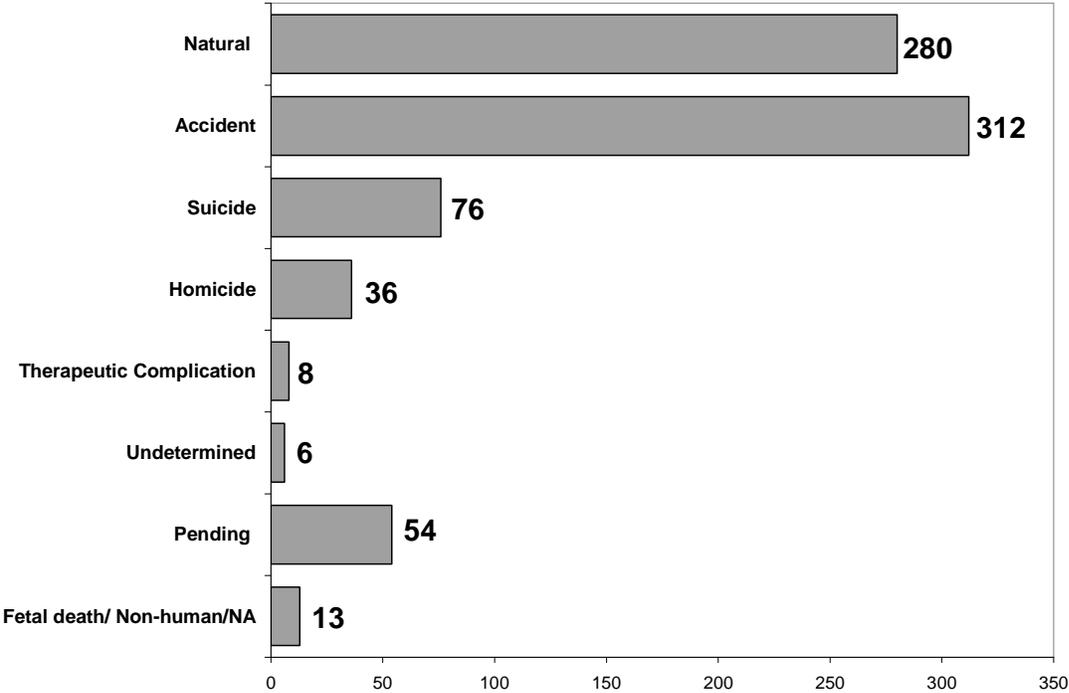
The MEO regularly participates in community public education. Each year, forensic investigators conduct presentations for a number of local middle schools and high schools to educate youth about forensic pathology and medicolegal death investigation. The MEO provides internship opportunities for college-level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

In 2009, 1,558 cases were reported to the Medical Examiner's Office, of which 245 cases were from surrounding counties. (Please see chart below for total cases by category).

***Medical Examiner's Office, 2009
Cases by Disposition [n=1,558]***

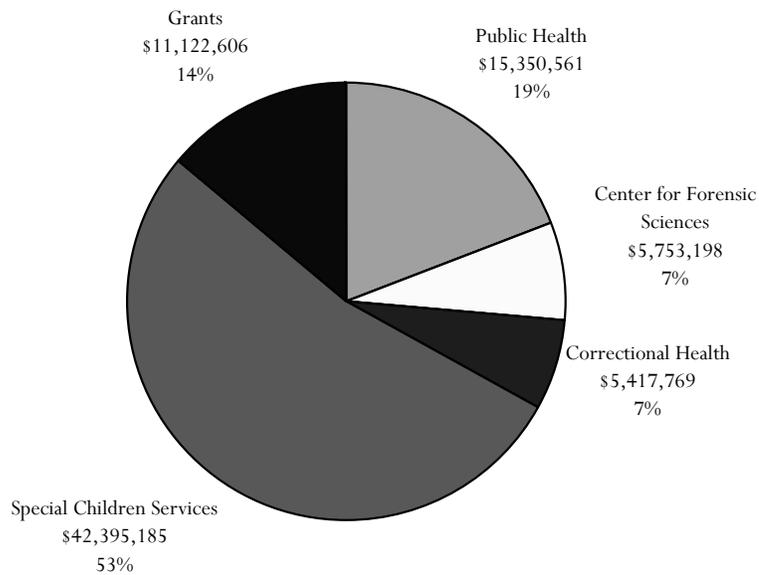


**2009 Medical Examiner
Cases by Manner of Death [n= 785]**

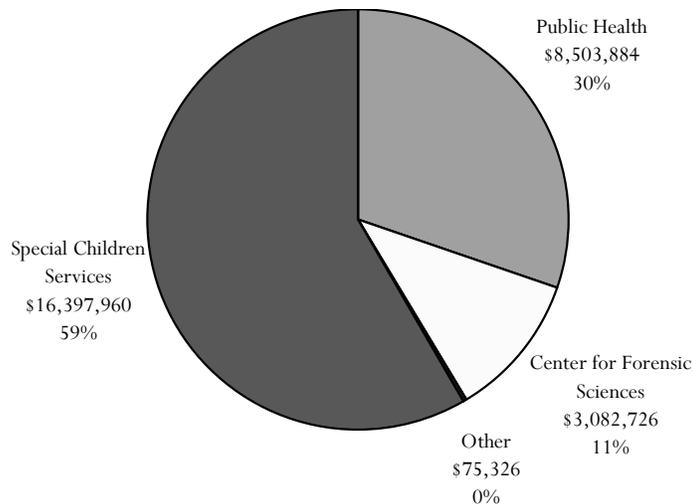


2009 Expenses and Local Dollars

2009 Expenses \$80,039,319



2009 Local \$28,059,896



Grant Projects, 2009 **Expense/Revenue**

Administration **\$1,375,154**

▪ Regional Epidemiology	\$7,578
▪ Public Health Preparedness	\$850,639
▪ Facilitated Enrollment	\$470,441
▪ Other	\$46,496

Disease Control **\$752,997**

▪ HIV/AIDS/STD	\$510,109
▪ Tuberculosis	\$242,888

Environmental Health **\$429,289**

Health Promotion & Disease Prevention **\$2,536,911**

▪ Obesity	\$190,889
▪ Cancer Screening Services	\$654,112
▪ Lead	\$1,153,794
▪ Tobacco	\$529,115
▪ Other	\$9,001

Maternal & Child Health **\$4,650,854**

▪ Eliminating Disparities (Healthy Start)	\$900,306
▪ Immunization Action Plan	\$337,814
▪ WIC	\$2,518,407
▪ Early Intervention Program	\$373,848
▪ Children with Special Health Care Needs	\$45,101
▪ Community Health Worker	\$226,117
▪ Enhanced Perinatal Care	\$248,436
▪ Other	\$825

Center for Forensic Sciences **\$1,377,401**

Total Health Department: **\$11,122,606**

Onondaga County Health Department 2009 Organizational Chart

