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Onondaga County
Health Department

2011 Annual Report



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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.

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Ten Essential Public Health Services

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

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

Disease Control

2011 Highlights

- *Communicable Disease investigation staff initiated a 2 year pilot study to determine if the integration of HIV rapid field testing capabilities would increase the acceptance of HIV testing among partners/contacts of HIV positive individuals. Early knowledge of HIV status and early treatment of positive individuals can result in greater quality of life and decreased HIV transmission.*
- *The number of syphilis cases increased in Onondaga County in 2011. This mirrored a statewide trend. Area physicians received a letter from the New York State Department of Health (NYSDOH) notifying them of a 38% increase in early syphilis cases in the Upstate region and requesting that they remain vigilant in assessing patients for the disease.*
- *Tuberculosis Control staff continued to assess newly arriving refugees for tuberculosis. Staff participated in the Refugee Health Committee, a network of local providers, hospitals, and community agencies that work with the refugee population in Onondaga County. The committee is working to identify and address the variety of health care concerns facing our refugee population. OCHD staff also attended the first ever National Refugee Health conference. This provided an opportunity for staff to learn about emergent refugee health concerns, share ideas with other providers facing similar issues, increase knowledge of refugee cultural considerations, and discuss potential collaborative solutions to common issues.*
- *Communicable disease staff continued to see pockets of pertussis activity in Onondaga County. Staff worked with school districts to mitigate the spread of pertussis, encourage timely immunization, and alert providers to the need for continued vigilance against the disease.*



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

Communicable Disease

The Communicable Disease (CD) program is responsible for the investigation, follow-up, surveillance and reporting of almost 70 diseases/conditions identified by the NYSDOH as reportable under the New York State Sanitary Code. Communicable disease nurses review positive laboratory findings, investigate each as indicated, and follow-up with the case patients and their medical providers to ensure that the public health impact of these diseases is minimized. All confirmed cases of reportable diseases are electronically reported to NYSDOH. Staff works closely with the OCHD's Food Protection, Animal Disease Control, and Surveillance and Statistics programs, and with NYSDOH to control and prevent the spread of communicable disease within the community.



The CD program investigated over 1,938 possible cases of communicable disease with 1,180 cases being reported to NYSDOH in 2011. This was a slight increase over the 2010 numbers of over 1,650 cases investigated and 1,044 reported to NYSDOH. In 2011 NYSDOH, through a grant from the CDC, conducted all Lyme disease investigations and follow-up for Onondaga County except for those reported to OCHD directly from physicians.

In 2011, communicable disease staff continued to investigate pertussis activity. Although the number of cases was much lower than in 2010, over 40 cases were investigated; 35 of which met NYSDOH case criteria. By comparison, 125 cases were reported in 2010, and 12 were reported in 2009.

The CD program continued to closely monitor potential human rabies exposures, evaluating the need for prophylaxis (rabies shots) administration. In 2011, the OCHD authorized rabies shots for 118 individuals who were identified as potentially having been exposed to rabies.

Sexually Transmitted Disease

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

The STD Program saw a slight increase in the number of gonorrhea and chlamydia cases, and a proportionately larger increase in early syphilis cases in 2011. The increase in early syphilis cases occurred over the first three quarters of 2011, and was reflective of both regional and statewide trends.

	2008	2009	2010	2011
<i>Gonorrhea</i>	357	377	395	427
<i>Chlamydia</i>	2,358	2,344	2,383	2,506
<i>Syphilis</i>	6	6	9	20
<i>Clinic Visits</i>	6,583	7,404	7,004	6,813

**Preliminary data pending review*

In order to improve client service and clinic flow, the STD program instituted a limit on the number of patients seen during clinic. The limit is calculated based on the number of staff present for clinic and utilizes a staff to patient ratio that ensures optimal clinical assessment, education, and documentation for each client.

The STD Control Communicable Disease investigation staff initiated a 2 year pilot study to determine if the integration of HIV rapid field testing capabilities would increase the acceptance of HIV testing among partners/contacts of HIV positive individuals. Early knowledge of HIV status and early treatment of positive individuals can result in greater quality of life and decreased HIV transmission.

The HIV counseling and testing (HIV C&T) program provided over 3,000 HIV tests through the OCHD clinics in 2011. Of the individuals tested, 52% returned to receive their results.

Tuberculosis Control

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

Tuberculosis rates in Onondaga County decreased again this year. While 13 cases of active disease were reported in 2010; 8 cases were reported in 2011. The highest rate of TB is found in foreign born populations (please see table). Central New York continues to be very active in the resettlement of refugees in our community.

The Tuberculosis Control Program utilizes various targeted testing strategies to identify those county residents at greatest risk of TB infection. For example, the OCHD partners with the Refugee Assistance Program to provide on-site tuberculin skin testing, assessment, diagnosis, and provision of preventive treatment for individuals who may be at high risk for developing active TB. Similarly, staff continues 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.

OCHD staff also participated in the Refugee Health Committee which consists of local providers, hospitals and community agencies who work with the refugee population in Onondaga County. The committee is working to identify and address the variety of health care concerns facing our refugee population. Catholic Charities, Interfaith Works OCHD, SUNY Upstate Medical University, St. Joseph's hospital, Syracuse Community Health Center, and others are working together to address the health care for the refugee population.

The TB program had a successful site visit from NYSDOH TB Control in August 2011 where program activities were highlighted. NYSDOH expressed approval of all aspects of the OCHD's TB Program.

Cases of Tuberculosis Onondaga County, 2007-2011

<i>Year</i>	<i># Cases</i>	<i>% Foreign-born</i>
<i>2007</i>	14	64
<i>2008</i>	23	91
<i>2009</i>	20	84
<i>2010</i>	13	85
<i>2011</i>	8	88

Environmental Health

2011 Highlights

- *Eastern equine encephalitis (EEE) virus was detected throughout Central New York during the summer of 2011 and was associated with one human death in an Oswego County resident and several horse deaths in the Central New York region. In Onondaga County, EEE virus was found in mosquitoes in the Cicero area where there is a long history of EEE activity. In addition, West Nile virus (WNV) activity was also detected in several areas of Onondaga County in 2011. Two cases of WNV disease were confirmed in county residents. Aerial spraying of Cicero Swamp was conducted after detecting EEE virus in mosquitoes and truck spraying of the New York State Fairgrounds was conducted in response to West Nile virus activity in this area.*
 - *Amendments to the New York State Children's Camp Sanitary Code were adopted in 2011 which required 18 additional camps to be regulated, a 46% increase from 2010.*
 - *The Healthy Neighborhood program was recognized this year when a family escaped from an early morning house fire after being alerted by a smoke detector provided by program staff in 2010.*
-

Animal Disease Prevention

In 2011, Animal Disease Prevention continued to provide services and education to reduce the incidence of illness transferred from animals to humans. The primary focus of the bureau continues to be the control of rabies in Onondaga County. Staff members investigate reports from the community concerning animal bites or suspected rabid animals. Investigations allow the program to determine the potential for human exposure to rabies, oversee the testing of specimens, and take the necessary steps to protect the community's health.

With the assistance of community partners, Animal Disease Prevention conducted 15 rabies clinics for Onondaga County residents. Scheduled from March through December, these clinics took place in various locations throughout the county, including 4 sites in the city of Syracuse. The clinics provided vaccination to 3,201 animals from 2,157 families, including 2,294 dogs, 887 cats, 19 ferrets, and 1 horse.

Animal Disease Prevention oversees the testing of specimens when there has been potential human exposure to rabies. Of the 282 specimens submitted for testing, there were 11 positive animals including 1 fox, 4 raccoon, 2 skunks, and 4 bats. When specimens were not available or not suitable for testing, post exposure rabies prophylaxis for the exposed individual, or a 6-month quarantine for the animal is required. The Bureau investigated 898 animal bites involving 642 dogs, 213 cats, 25 bats, and 18 other species.

Formal enforcement hearings were initiated as needed for individuals who did not comply with supplying proof of rabies vaccinations for dogs that had bitten a human.

Community Environmental Health

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

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

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 2011.

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 this, the Food Protection section conducts periodic comprehensive inspections of all food service facilities as mandated by Onondaga County and New York State Sanitary Codes. The Food



Protection section also provides food safety education and guidance for the food service industry, temporary foodservice operations, media outlets, and the general public. Together, these educational and enforcement activities help achieve and improve compliance with Sanitary Code provisions.

The variety of festivals, field days, and other community events in Onondaga County expand in scope and popularity each year. Temporary food service events continue to require a significant amount of staff time to provide pre-event education, issue permits, and conduct operational inspections during events. Pre-event education of temporary food service providers resulted in high levels of compliance at the majority of the 396 operations permitted during 2011.

The Food Protection section investigated 75 suspected food borne illness complaints in 2011. 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 food borne illness events at the restaurant or facility.

Food Protection staff investigated 279 other complaints in 2011. Facilities are required to implement corrective measures in a timely manner when violations are observed. Sanitary code enforcement action is initiated when necessary.

Residential Environmental Health is responsible for inspection of mobile home parks and child care centers. Public health workers in this section also enforce public health housing regulations and investigate citizen complaints of alleged public health nuisances or hazardous conditions. During 2011, staff members inspected 50 regulated facilities and investigated 669 complaints. The majority of facilities demonstrated substantial compliance and most complaints were resolved through education on proper sanitation practices. In situations where education measures did not achieve compliance, Commissioner's Hearings were utilized to enforce Sanitary Code provisions.

In 2011, Residential Environmental Health staff continued to receive a large volume of requests for information concerning bed bug infestations. Although bedbugs do not pose a risk for disease transmission, substantial time and effort has been required to educate a concerned public about procedures to combat this emerging nuisance pest.

Temporary Residence & Recreational Facilities conducts inspections and sanitary surveys of a variety of different types of regulated facilities, including swimming pools, bathing beaches, hotels and motels, children's camps, migrant farm worker camps, school

food services, state institutions, campsites, and rooming houses. During 2011, staff members inspected 589 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 34 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 422 compliance checks in 2011 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 2011, 5 retailers were found to have sold tobacco to a minor.

Tobacco retailers who fail the compliance check accumulate penalty points on their registration. Non-compliant tobacco retailers can avail themselves of state certified training courses on ATUPA. If the retailer provides proof that the salesperson who sold tobacco to a minor attended one of these courses, the retailer will be assigned only one penalty point instead of two. If a retailer accumulates three points, his/her registration to sell tobacco is suspended for six months. In 2011 no retailers had their registrations suspended.

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

During 2011, the Environmental Exposure Response program provided guidance on health risks associated with hazardous materials incidents. Specific examples include investigating abandoned barrels of unknown substances, working with other agencies on residential oil spills, and providing assistance to residents living near several local hazardous waste sites.

Staff members continue to respond to a number of radiation incidents although the number continues to decrease. The majority of cases involved loads of trash going to the municipal trash incinerator. Often, the source of radiation is associated with medical waste.

The goal of the **Healthy Neighborhood program** is to reduce specific household hazards, such as fire hazards, lead poisoning, and carbon monoxide, in high-risk neighborhoods. Staff members conduct door-to-door surveys to determine household needs and identify safety issues. The Healthy Neighborhood program provides households with supplies and referrals to address identified hazards. During 2011, Healthy Neighborhood staff completed 663 surveys, resulting in 1,282 referrals. The Syracuse Fire Department responded by installing 772 smoke detectors and 428 carbon monoxide detectors in at-risk homes. In addition, as a result of the Healthy Neighborhood intervention, 78 children were tested for lead and 298 residents received training on managing their asthma.

The program gained special recognition this year when a family escaped from an early morning house fire after being alerted by a smoke detector provided by program staff in 2010.



Incinerator Monitoring: As part of Onondaga County's effort to monitor the relationship between the operation of the municipal solid waste incinerator and levels of constituents in the environment, Environmental Health staff collected a series of soil and ash samples. Samples were collected in the spring and fall. They were analyzed for metals, PCB's, Dioxins, and Furans. Staff reviewed quarterly reports and annual stack testing reports which are forwarded directly from the Onondaga County Resource Recovery Agency. In the monitoring conducted to date, no relationship has been established between the operation of the incinerator and any significant increased levels of constituents in the environment. The Environmental Health Assessment Bureau issued a report outlining the results of 2010 monitoring and will issue a similar report for 2011 results. A summary of this report is available on the OCHD website.

The **Indoor Air program** investigates complaints associated with indoor air quality, such as mold, asbestos, carbon monoxide, and odors. During 2011, the Indoor Air program investigated or responded to 64 concerns and complaints. Concerns about mold continued to be the predominant issue in 2011. Staff members use a successful protocol to address public questions and complaints about mold in homes, rental units, and workplaces. Services included advising residents on how to correct water problems and effectively clean up mold. Other issues addressed included carbon monoxide problems, asbestos, and unidentifiable odors.

Environmental Health is involved in enforcement of the **New York State Clean Indoor Air Act (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 5 CIAA waiver applications during 2011. These active waivers, originally issued for financial hardship, continue to decline as facilities change ownership or go out of business. In addition, there were 8 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 2011, staff members resolved 8 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 2011, staff members distributed 500 radon detectors to Onondaga County residents through a grant from the New York State Department of Health. Through a competitive process, a new five year radon grant was awarded to the Division.

The **Rodent Control program** investigates rodent complaints and conducts monitoring and baiting activities in the public sewer system. Rodent Control staff, including trained summer aides, applied rodenticide to catch basins and manholes located in the City of Syracuse. A total of 1,754 sites were treated.

During 2011, Onondaga County residents entered 5 complaints alleging rodent infestations within the public sewer system. Rodent Control staff investigated these complaints, applying appropriate rodenticide as needed.

The **Vector Control program** conducts mosquito surveillance and control activities in order to prevent disease transmission.

In 2011, West Nile virus (WNV) and Eastern Equine Encephalitis (EEE) virus were detected in mosquitoes in Onondaga County. There were two reported human cases of WNV infection in Onondaga County in 2011.

Program staff conducted vector mosquito surveillance activities from May through September. Each week, the Vector Control program submitted mosquito specimen pools to the Wadsworth Center Laboratory, New York State Department of Health, to determine the presence of WNV, EEE virus, California Encephalitis (CE) virus, and other arboviruses. Of the 675 mosquito pools submitted during the period, 16 tested positive for WNV and 12 tested positive for EEE virus.

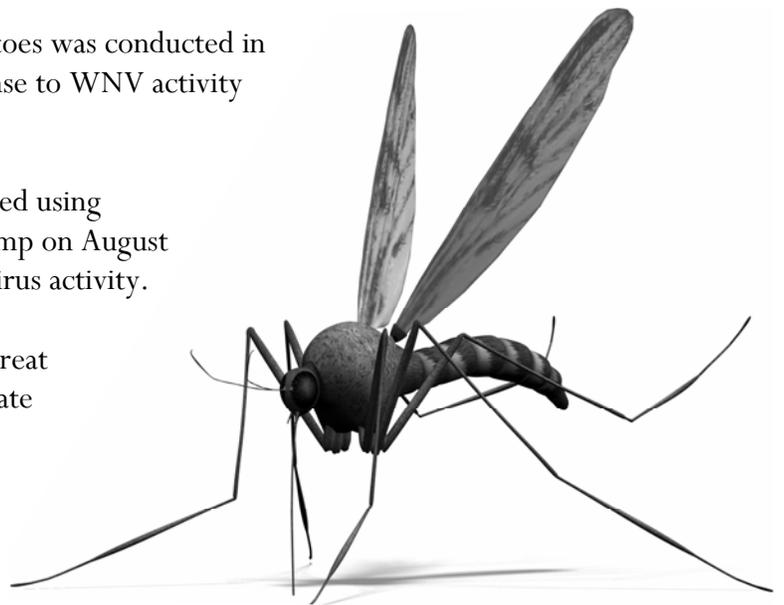
The Vector Control Program performed mosquito control activities from May through September. Starting in 2011, New York State Department of Environmental Conservation regulations required the presence of a certified pesticide applicator onsite when pesticides are applied to mosquito breeding areas. Program staff checked 1,419 known breeding sites and treated 279, as necessary, with granular larvicide or larviciding oil.

Truck mounted spraying for adult mosquitoes was conducted in and around the NYS Fairgrounds in response to WNV activity in this area.

A total of 12,000 acres were aerially sprayed using Kontrol 30+30 in and around Cicero Swamp on August 29, 2011 in response to concerning EEE virus activity.

Vector Control continued its program to treat abandoned swimming pools with appropriate larvicide. Staff treated 14 abandoned swimming pools during 2011.

Vector Control performs tick identification for county residents. Staff identified 12 ticks during 2011.



Public Health Engineering

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

The Water Supply Section is responsible for surveillance, inspection, and regulatory oversight of the County's Public Water Systems. This section also provides information and assistance to residents on individual wells. Program highlights from 2011 include the following:

- A provision of the Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR) requires water systems with uncovered finished water storage to cover their storage facilities or provide additional treatment to inactivate and/or remove microbial contaminants. Metropolitan Water Board and Skaneateles Water Districts are currently under Bilateral Compliance Agreements with the Onondaga County Health Department for their uncovered reservoirs. In 2011, the Bureau worked closely with these water suppliers through all phases of planning their respective methods of compliance.
- In 2011, construction of a 20 million gallon water storage tank by OCWA at the Metropolitan Water Board's Eastern Reservoir was completed. As a result of the Bureau's Inspection and Completed Works processes, the tank was placed online providing the necessary covered storage for the water distribution system.
- Another provision of the LT2ESWTR requires unfiltered water systems to provide additional treatment for Cryptosporidium using chlorine dioxide, ozone, or ultraviolet light (UV) disinfection. In 2011, plans were approved for a new UV facility serving the Village of Skaneateles and Skaneateles Water Districts and construction began. In order to accomplish this, the Bureau worked closely with the NYS Department of Health, the Village of Skaneateles and Skaneateles Water Districts. In 2011 the Bureau worked closely with Hartlot Water District through all phases of planning, approval and construction of new water supply improvements that brought this system into compliance



with the LT2ESWTR. These improvements resulted in lower, safer water pressures, lower water rates and lower taxes for this water district.

- The Bureau was instrumental in expanding the Cross-Connection Control Program in Onondaga County. Ongoing educational and coordination efforts with the major public water suppliers and Onondaga County's Plumbing Control Section have resulted in an increase in the number of plans the Bureau approved for new backflow prevention devices in 2011.
- Sixteen 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 95 public water supplies and 43 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.

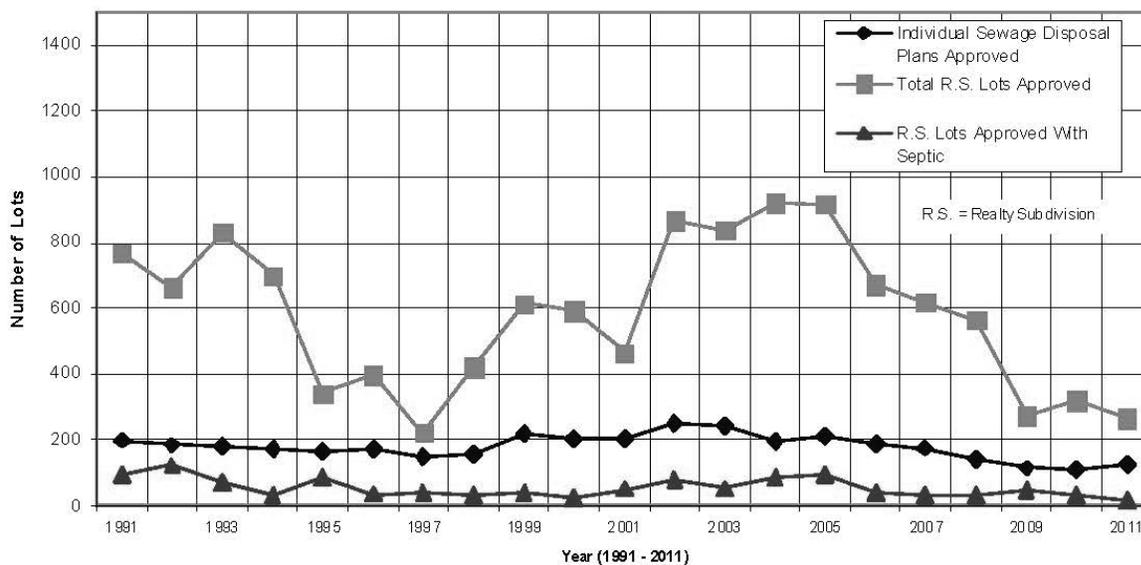
In 2011, the number of building lots approved as both individual lots and within realty subdivisions remained steady compared to the past few years. Discussions with local developers indicate the potential for steady, if not increasing, development within Onondaga County. In addition to the newly created lots as depicted in the chart below, the Bureau maintains a significant workload approving plans and conducting inspections of septic system repairs throughout Onondaga County.

In an effort to promote responsible land use management of both existing and proposed development, particularly in more environmentally sensitive areas, the Bureau has enhanced its working relationship with municipal officials. In 2011, the Bureau worked with the Town of Elbridge to re-zone specific waterfront areas where onsite sewage disposal was a concern. Their ability to create a seasonal use zone along Cross Lake is a successful example of promoting long term sustainable land use given difficult existing conditions.

Cluster development has long been a favored tool for municipal and Onondaga County planners. Developing denser housing allows for more open space for residents and less public infrastructure (roadways, water mains, drainage provisions) for government to maintain. This works very well in areas served by municipal sewers, however, clustering must be used with caution in outlying areas that are serviced by onsite sewage disposal. While clustering homes is ideal, clustering of septic systems remains a difficult hurdle when lot sizes are

diminished. To that end, in 2011, the Bureau approved plans for a Town of Skaneateles owned community onsite sewage disposal system for the Old Seneca Heights development. This type of community system is viable when conditions such as topography, soil and groundwater conditions and adequate available land area are provided.

Land Development Plans Approved by Category, 1991-2011



The **Onondaga County Council on Environmental Health** held ten regularly scheduled meetings in 2011 which included two informative and interactive site visits. Citizen members provided over 200 volunteer hours of collective expertise on environmental and environmental health issues. Council ex-officio members representing county and city government departments, representatives from non-member local and state agencies, private organizations, as well as interested citizens attended meetings. Presentations on issues studied by the Council or of concern to County government and its residents are made by public, private and academic sector experts.

Council Activities

- Submitted comments to the New York State Department of Environmental Conservation on the Revised Draft Supplemental Generic Environmental Impact Statement on the Oil, Gas and Solution Mining Regulations Program.

- Updated the County Water Quality Strategy which had not been completed since 2005. This document outlines efforts being employed by county/city entities and their partners to enhance local water quality, assess progress in achieving such improvements in prioritized waterbodies, and provide future actions for restoration or protection.
- Supported an Environmental Protection Fund mini-grant application submitted by the Onondaga County Soil and Water Conservation District which would provide funding to obtain baseline data from private well water sources in the area of the Marcellus Shale Layer of southern Onondaga County prior to any drilling for natural gas.
- Continued in its designated role as the County's Citizen Advisory Board and lead entity to meet public participation requirements for the County's Stormwater Management Program.
- Continued general oversight of the County Aquatic Vegetation Control Program. Provided input to Onondaga County's portion of a Federal Aquatic Nuisance Species grant for water chestnut control in the Three Rivers system and Otisco Lake.
- Served as part of the Local Working Group providing input to the Natural Resources Conservation Service to establish local funding priorities for the Federal Farm Bill in a six-county area including Onondaga County.

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 737 facilities and 6,949 devices during 2011. Program staff also conducted investigations of all complaints received during the year.



Facilitated Enrollment

2011 Highlight

- *During 2011, the Public Health Insurance program continued their partnership with Syracuse University and Syracuse City School District's "SayYes to Education" Program. Public Health Insurance program staff and facilitated enrollers worked directly with the administrative, nursing, SayYes, and social work staff at 16 elementary and K-8 schools in the district to identify over 320 uninsured children and families and help them obtain Medicaid, Family Health Plus, and Child Health Plus.*
-

Facilitated Enrollment is a New York State funded program whose mission is to expand accessibility and enhance the ease of applying for public health insurance (Medicaid, Family Health Plus, and Child Health Plus) within Onondaga County. Ongoing collaborations have



been established with key community-based organizations, public schools, colleges, and County departments. The program staff strives to strengthen and expand upon these collaborations. All partnering community-based enrollment sites have a Facilitated Enroller on staff to assist and advocate for families in the application process. Enrollers meet at times and locations convenient for families and offer supportive services.

In 2011, a total of 1,933 children and adults were enrolled in Child Health Plus, Family Health Plus, or Medicaid through the assistance of the Facilitated Enrollment program.

Family Planning Service

2011 Highlights

- *Family Planning Service (FPS) provided human papillomavirus (HPV) vaccine services to 75 women between the ages of 19 and 26 years old and tested 1,676 individuals for HIV.*
 - *FPS incorporated specific guidelines for clinical staff to provide patient-specific education and counseling on preconception care as recommended by CDC.*
-

Clinical Services

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

FPS focuses on women who are at risk for an unintended pregnancy and in need of subsidized family planning care. Although priority is given to teenagers and women from low-income families, FPS continues to provide male reproductive health services at both the Slocum Avenue and the North Syracuse clinic sites. In 2011, FPS provided care to 5,083 unduplicated patients, for a total of 10,965 visits.

In 2011, 97% of patients were at or below 200% of the federal poverty level. FPS staff members work with uninsured patients to help them access publicly funded insurance

programs such as Medicaid, the Family Planning Benefit Program and Child Health Plus. Patients who cannot afford care and who have no insurance are provided services on a sliding fee scale. Patients eligible for reproductive health care are never turned away due to an inability to pay. FPS also actively partners with the OCHD Cancer Services Program to ensure eligible women receive mammograms, and to provide follow up care for positive cervical cancer testing.

FPS is committed to reducing the rate of adolescent pregnancy in Onondaga County. FPS continues to operate a “teen-only” clinic at the Civic Center. In addition, teenagers can access family planning services during after-school hours at the Slocum Avenue and North Syracuse sites. In 2011, FPS provided services to 1,093 unduplicated teens aged nineteen years or younger.

Family Planning Service (FPS) provides human papillomavirus (HPV) vaccine services to women between the ages of 19 and 26 years old. The vaccine is provided at the North Syracuse site as well as at the William H. Harris Health Center on Slocum Avenue. In 2011, 124 vaccines were provided to 75 unduplicated patients.

FPS also offers the OraQuick HIV Rapid Test at all clinic sites. This test uses a small blood sample and allows patients to receive HIV test results in approximately 20 minutes. In 2011, FPS provided HIV testing to 1,676 individuals. Two were HIV positive; both were offered accompaniment by FPS staff to their first visit at the Designated AIDS Center at Upstate Medical University.

With the support of funding from the NYSDOH, FPS provided free walk-in emergency contraceptive services to medically qualified women. Walk-in patients were served at both the administrative office and at clinic sites. Each woman received a brief evaluation and counseling and was offered the opportunity to enroll in FPS. In 2011, FPS provided 1,084 patients with emergency contraception.

Health Education and Outreach

FPS partners with a number of community-based organizations to promote a proactive approach to reproductive health planning and long-term health care. Information and education is provided in 9 middle and high schools throughout Onondaga County. Public health messages are delivered through a standardized curriculum, discussing appropriate decision-making practices and the long-term health effects of different behaviors. The curriculum is designed to increase knowledge, develop resiliency skills, and build upon student assets. Health education and outreach was provided at 11 community-based organizations and health-related events throughout the year.

Health Information Technology

2011 Highlights

- *Phase One of the department wide enterprise content management is underway. Vital birth and death records for Onondaga County are being scanned and permanently, securely preserved, paving the way for streamlined delivery of records to the public. Health IT worked with County IT to provide a county-wide platform to manage information, now on paper, through computer systems. Subsequent phases of enterprise content management will drastically reduce the amount of paper used throughout the County and reduce costs for storage of physical records. In addition, the system will permit instant electronic retrieval of records, allowing for improvement in business efficiency.*
 - *Grant funding supported the development of a comprehensive lead poison control database. The system enhances the ability of Lead Poisoning Control Program staff to identify and manage risks to children from lead paint in housing as well as facilitates mandated NYS reporting requirements.*
 - *Federal funding, administered by NYS, provided laptop computers for use by Early Intervention staff in the field. Health IT configured the laptops to begin moving data from paper to electronic storage.*
 - *Health IT began delivering a series of computer “mini trainings” targeted to enhance specific capabilities of Health Department staff. The trainings will build capacity among staff as the Health Department continues to move its business to the electronic environment.*
-

Health Information Technology, in coordination with the Onondaga County Department of Information Technology, provides the framework and strategy for the rapidly growing electronic business demands of the Health Department. Health IT is responsible for devising secure, efficient, and cost-saving measures to plan, procure, implement, manage, and support the electronic framework for more than 400 users in 9 divisions at 9 physical locations.

Health Promotion & Disease Prevention

2011 Highlights

- *The Health Department launched a social media initiative utilizing Facebook to provide concise and current health information while providing a mechanism to interact with the public about public health issues.*
- *Bureau of Health Promotion and Disease Prevention staff planned, developed, and implemented a “Ready Onondaga County” campaign to encourage residents to prepare in advance for any type of hazard or emergency. Activities included the development of a website, media campaign, and health education materials. This multi-county initiative included Onondaga, Madison, and Oswego Counties.*
- *The Lead Poisoning Prevention and Tobacco Control Programs identified a need to address lead safe work practices in home repair and remodeling, as well as the increased demand for smoke-free housing policies. This collaboration culminated with a seminar entitled “Bricks & Mortar and Everything Else: A Practical Seminar for Rental Property Owners and Managers”, held December 1, 2011.*
- *The Creating Healthy Places to Live, Work and Play in Onondaga County Initiative in partnership with the Central New York Regional Market Authority, the Food Bank of Central New York, and the Assumption Food Pantry at the Church of the Assumption created a gleaning program. In total, from August – October 2011, twenty farmers donated produce and over 400 families benefitted from these donations which were distributed at the Church of the Assumption food pantry.*
- *In 2011, the Onondaga Nation Health Center and Cancer Services Program began the Pink Shawl Initiative for Native American women that utilized culturally appropriate imagery and messaging surrounding breast cancer screening.*
- *The Lead Program, Tuberculosis Control Clinic, and Immunization Program combined efforts to provide screening and testing for newly arrived refugee families resulting in initial and follow-up blood lead testing for 300 refugee children.*

Like us!



Adult Immunization Program: Influenza & Pneumonia Vaccination Program

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

Seasonal Influenza

This season, vaccine was readily available in the community. Many providers had seasonal flu vaccine available as early as September.

All persons are susceptible to infection with the flu. Three populations, however, are especially vulnerable to serious complications that can lead to hospitalization or death: children under age two, persons with chronic medical conditions, and seniors ages 65 and older. In an effort to prevent the transmission of influenza to these vulnerable populations, an emphasis was placed on encouraging everyone over 6 months of age to get a flu shot.

The OCHD, in partnership with the University of Rochester School of Nursing's Passport Program, conducted 8 clinics in Onondaga County in the fall of 2011. In an effort to encourage parents to immunize their children, all 8 clinics were designated as "family clinics", where parents and children could receive their vaccinations together. A total of 713 children and adults were vaccinated at public clinics in 2011.

Eight (8) Health Department volunteer nurses, 10 CNY Medical Reserve Corps volunteers, 1 Upstate nursing student, and 16 clerical volunteers joined with staff nurses and public health personnel to participate in the operation of the scheduled seasonal flu and pneumonia vaccination clinics.

Drive-through Flu Clinic

OCHD has been holding a drive-through flu clinic for first responders for the past six years. This clinic provides a service to the community by vaccinating first responders for seasonal flu, and serves as an exercise in mass prophylaxis. In 2011, the Health Department vaccinated 741 first responders at the Drive-through clinic held at the NYS Fairgrounds.



Three (3) CNY Medical Reserve Corps volunteers joined with staff nurses and public health personnel to participate in the operation of the Drive-through Flu Clinic.

Cancer Services Program Partnership

The Onondaga County Cancer Services Program (CSP) Partnership provides free screenings for breast, cervical, and colorectal cancer to medically uninsured women and men in Onondaga County. Key program activities include conducting health education and outreach as well as networking with community partners to increase referrals. In 2011, 14 breast cancers and 1 cervical cancer were diagnosed. In addition, pre-cancerous polyps were detected and removed in 17 clients.

The CSP provides education and screening for breast and cervical cancer for women as well as education and screening for colorectal cancer for both men and women. Case management services are available to help identify and remove potential barriers to health care and further enhance these screening services. In 2011, the following procedures were performed for CSP clients:

- 983 clinical breast exams
- 998 mammograms
- 555 follow-up breast screenings
- 393 cervical cancer screenings
- 62 follow-up cervical cancer screenings
- 230 colorectal cancer screenings
- 71 follow-up colorectal cancer screenings

The health care providers play a vital role in this program by providing breast, cervical, and colorectal cancer screening and diagnostic services, which are then reimbursed through the CSP. This approach offers eligible patients the ability to receive screening services at their medical home.

In 2011, the CSP planned, coordinated, and implemented a number of targeted clinical screening events with support from multiple community partners. The first event, entitled “Screening Madness” was held in March and targeted men and women for colorectal cancer screening and women for breast cancer screening. This event involved a call-in phone bank which identified 59 callers as eligible for CSP services. In May and October of 2011, the CSP assisted in coordinating screening events targeting Native American women for breast cancer screening as part of the Pink Shawl Initiative. This initiative was designed to include culturally appropriate imagery and messaging surrounding breast cancer screening for Native women. In September, the CSP participated in “Get Health Connected“, a yearly event which brings both health screenings and health education to uninsured residents of Onondaga County. Approximately 200 medically uninsured and medically underserved individuals attended this event.

Creating Healthy Places to Live, Work, and Play

Creating Healthy Places to Live, Work, and Play in Onondaga County is an initiative to establish and implement programs and policies to prevent obesity, type 2 diabetes, and other chronic diseases in Onondaga County residents. Multiple program activities were conducted in 2011 to achieve this goal:

- Worked with five new child care centers to assess current child care policies and to create new policies that support healthful eating, increased physical activity, and decreased screen time.
- Planned, developed, and implemented two physical activity trainings entitled “Hip Fit” for child care center personnel. A total of 175 people attended these trainings and self reported their commitment to increasing physical activity at their child care center.
- Worked with local town and village officials to support the creation of complete street policies. Ongoing support and guidance will be provided to the three local municipalities that have initiated this process.
- Established five new Farm Fresh Mobile Markets (FFMM) in areas considered to be “food deserts”. Approximately 1,000 customers visited and purchased produce at the FFMM sites this year.
- Planned, developed, and launched a gleaning program (a food donation program) with local community partners including local farmers, the Central New York Regional Market Authority, the Food Bank of Central New York, and the Assumption Food Pantry at the Church of the Assumption. Produce was donated by local farmers and then delivered to a local food pantry for distribution and use in their meal programs. Over 400 families received produce donations through this initiative.
- Planned and implemented, with local community partners, the second “Cycle in the City” event. This event drew over 125 people to downtown Syracuse to bicycle. This event helped increase riders’ awareness of bicycle safety rules, the importance of daily physical activity, and the concept of “complete streets”.



- Collaborated with the County Parks Department to plan and launch a physical activity program called “Get Moving CNY.” This summer program encouraged people of all ages and physical abilities to engage in 30 minutes of physical activity for 30 days in a row. Approximately 650 people participated and many reported that they will maintain their physical activities beyond the program.

Dental Health

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

In 2011, the Dental Health program:

- Provided small group presentations to 65 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 184 dental health presentations reaching a total of 2,819 children. This program focused on oral health and how to properly care for teeth.
- Conducted 6 presentations about children’s oral health to 40 parents.

Lead Poisoning Control Program

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

In 2011, the Lead Program continued its efforts to identify and provide case management for children with lead poisoning. This year, 12,207 children in Onondaga County were tested for lead poisoning and 204 children (1.7%) were found to have elevated blood lead levels.

Although the prevalence continues its downward trend for the County, rates of lead poisoning in certain neighborhoods in Syracuse exceed 10% and 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 as required by New York State Department of Health (NYSDOH) regulations. A recent report indicated that over 92% of children in Onondaga County had at least one test

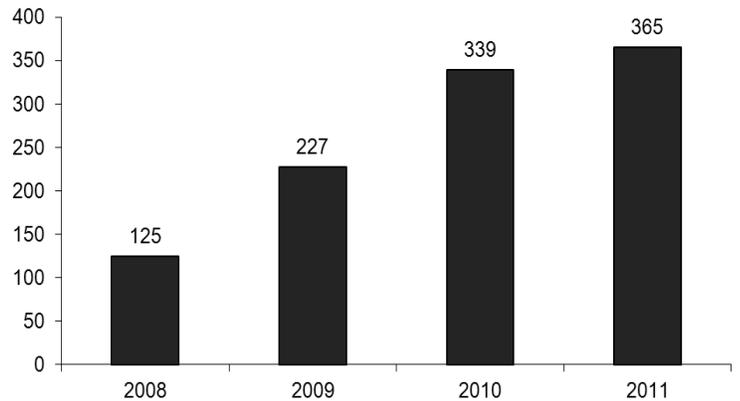
before age 2. These numbers reflect the Lead Program’s efforts over the past several years to notify parents when their child is in need of testing and the increased diligence by providers to meet the requirements.

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 2011, the Lead Program visited more than 4,900 high-risk dwellings, resulting in one-on-one education being provided to 364 families with young children. As a result of these efforts, 71 children were tested on the “lead bus”; 11.3% of those tested were identified with elevated blood lead levels. This rate is considerably higher than the countywide rate, illustrating the continued importance of targeting outreach activities to specific high risk areas of the city.

The Lead Program continued work on a primary prevention grant from NYSDOH aimed at identifying and correcting lead hazards prior to a child becoming lead poisoned. Program activities focused on targeted areas of Syracuse where children are at the highest risk for lead poisoning. With this grant support, 365 primary prevention lead inspections were conducted in 2011, nearly three times the number of primary prevention inspections conducted in the first year of the program.

In addition to primary prevention inspections, the Lead Program’s Environmental Health inspectors conducted 83 inspections of properties associated with children who had elevated blood lead levels, including 63 inspections associated with children with blood lead levels $\geq 15 \mu\text{g}/\text{dL}$, as required by NYSDOH, and 20 inspections for children with blood lead levels between 10 and 14 $\mu\text{g}/\text{dL}$. In addition to conducting inspections for children identified with a blood lead level $\geq 10 \mu\text{g}/\text{dL}$, education and outreach services are provided to all families of children identified with measurable lead levels. Nearly 1,000 children were identified with blood lead levels between 5 and 9 $\mu\text{g}/\text{dL}$. The family of each child was provided with information to help identify potential sources of exposure, instructions on lead dust cleaning methods and prevention strategies, and information on follow-up medical consultation or repeat testing based on their child’s blood lead level.

Number of Primary Prevention Properties Inspected by Year



In 2011, 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. Subcontract agreements to provide trainings on safely working with lead paint for homeowners, rental property managers and contractors continued in 2011, providing access to training for 196 individuals. Subcontract agreements with local refugee resettlement agencies for direct education to newly arrived refugee families provided primary prevention education and cleaning supplies to 51 refugee families with young children.

Migrant Health

The mission of the Migrant Health program is to promote the health of the migrant farm worker population and to protect the health of the community in Onondaga County.

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



Program funding is provided through a New York State Department of Health (NYSDOH) Migrant and Seasonal Farmworker Health Program grant. This funding, combined with volunteer support and multi-agency collaboration, provides resources needed for program operation. To initiate the year's activities, SUNY Upstate faculty and medical students, teamed with Onondaga County Health Department (OCHD) nursing and outreach staff to conduct 7 medical clinics and 3 influenza vaccination clinics serving 6 farms in Onondaga County over the summer and fall. As a result, 85 farm workers received in-camp health care services, for a total of 105 visits.

The Migrant Health program continued to coordinate with Oswego County Opportunities (OCO), Finger Lakes Community Health Center (FLCHC), Syracuse Community Health Center and other local providers for off-site health care, enabling farm workers to receive

medical, dental, and specialty services at little or no cost. Bilingual outreach workers from the OCHD provided ongoing health education, advocacy, referral, transportation, and interpretation services for follow-up medical, dental, and community service appointments.

The OCHD nurses and volunteers collaborated with the NYSDOH Immunization Program to provide migrant workers with immunizations during in-camp visits. The Migrant Health program also partnered with the FLCHC Mobile Dental Program, OCO and two local churches to hold 2 dental clinics in northern & southern Onondaga County in 2011. Twenty-four migrant farm workers received low cost dental services at these clinics. Individual and group health education was provided at migrant camps throughout the county in collaboration with SUNY Upstate Medical University, Central New York Occupational Health Clinical Center and Bienestar Bilingual Counseling Center, LLC on a variety of 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.

Public Health Education

The Public Health Education team works with numerous health department programs and services to increase the public's awareness of local health issues. The Public Health Educators perform a wide range of activities including: conducting educational programs and outreach events; writing press releases and coordinating media events; promoting special events; responding to public health alerts; posting website messages and updates; creating and posting social media updates on Facebook and Twitter; designing and developing health education materials for targeted populations; promoting health department programs and clinical services at area businesses and worksites; networking with faith-based and neighborhood agencies; and participating in community coalitions. 2011 program activities included:

- Worked consistently with the local media to provide accurate and timely information about program resources and prevention messages about public health issues such as immunization, pertussis, influenza, and mosquito borne diseases.
- Launched a social media initiative utilizing Facebook and Twitter. Messages posted to these social media networks provide concise and current information on a variety of health topics and Health Department initiatives. The use of social media also provides a mechanism to interact with the public about local public health issues.
- Worked with Emergency Management and Public Health Preparedness to plan, develop, and implement a "Ready Onondaga County" campaign designed to encourage Onondaga

County residents to prepare in advance for any type of hazard or emergency. Health education materials were created, a mailing campaign was conducted, a media campaign was launched, and a website was designed to offer numerous resources to the public.

- Worked with the local media to conduct several special reports and provide staff for telephone banks. These special media events allowed the public to call and ask their personal questions about a specific health topic addressed during the broadcast.
- Conducted qualitative research to learn about health behaviors in our community. Examples include conducting focus groups, surveys and key informant interviews. This research became the foundation of select health education campaigns.

Tobacco Control Programs

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 initiating tobacco use; collect local data on tobacco use; and assist in the development of policy initiatives to support prevention efforts.

In 2011, TFOC:

- Conducted a landlord survey in June 2011. Although responses were limited, survey results combined with education on smoke-free housing policies led to a total of 591 rental units that are now smoke-free.
- Advocated to the Onondaga County Parks Department for a 100% Tobacco-Free Parks policy. In September 2011, the Parks Department announced that all 15 parks under the Onondaga County Parks Department are smoke-free, including all parks, playgrounds, and beaches.
- Presented at the Action to Quit Employer event on the New York State Tobacco Control Program Community Partnership's role in working with employers to adopt TFO



policies. The event was collaboratively sponsored by the New York State Smokers' Quitline and Cessation Center at St. Joseph's Hospital. A total of 45 people representing local businesses attended the event.

- Collaborated with the Onondaga County Health Department's Lead Poisoning Control Program to plan and implement a half-day seminar for Syracuse and Onondaga County rental property owners and managers on December 1, 2011. A total of 25 participants, who collectively manage 334 properties and 989 rental units throughout the City of Syracuse and Onondaga County attended this seminar.

Advocacy in Action - Colleges for Change (C4C), a New York State Department of Health (NYSDOH) program administered by the Onondaga County Health Department, began in July, 2009. The program was discontinued by the New York State Department of Health in May 2011. The C4C program worked 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. In 2011, C4C:

- Collaborated with the American Cancer society to plan and host the NYS Tobacco-Free Colleges conference in Syracuse. A total of 65 students, staff, and faculty from the Central New York region attended this event.
- Worked with the SUNY Cortland's Tobacco Advisory Committee to plan and host three open forums on a planned tobacco policy. A comprehensive tobacco-free campus policy was approved in the summer of 2011 and will be implemented in January 2013. SUNY Cortland is the first SUNY college to pass a campus-wide comprehensive tobacco-free policy.

Healthy Families

2011 Highlights

In 2011, Healthy Families:

- *Began a wellness committee to encourage good health among its staff. The committee conducted a staff survey on wellness in the workplace, and used the results to guide targeted activities to improve well-being among staff. Activities included a wellness bulletin board in the break room, an opportunity for daily walks during break time, and a monthly “lunch and learn” on staff requested topics.*
- *Expanded case management services in the community for Medicaid (MA) eligible pregnant women and their infants under the Healthy Mom Healthy Baby (HMHB) grant initiative. HMHB subcontracted with Catholic Charities for two case managers and with REACH CNY for one Patient Navigator/Case Manager (PN/CM). Case managers help clients to identify housing and shelter resources, obtain crib/baby supplies, access other community resources, such as counseling for substance abuse, domestic violence, grief and depression, and complete applications for various forms of assistance.*
- *Designed and published the Healthy Families “New Mom Booklet”, a resource manual for new parents. In 2011, 2,400 copies were distributed at home visitation and health education sessions.*



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

The Bureau of Community Health Nursing

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

In 2011, the Bureau of CHN received a total of 2,546 referrals for its preventive nursing services and provided 1,102 clients with 8,661 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.

In 2011, the Bureau of CHN implemented electronic Nursing Care Plans to improve efficiency. In addition, the Bureau of CHN had a successful site visit by the New York State Department of Health in 2011.

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

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 and expanded in 2011 to allow additional clients to receive intensive services based on need. In 2011, the NFP program served 121 moms and families and 99 infants, and 11 mothers and their two year olds graduated from the program. All current and former OCHD NFP graduates were honored in September 2011 at the Syracuse Stroll for Infant Mortality event, sponsored by REACH CNY and Syracuse Healthy Start.

The Family Life Team (FLT) program is a collaborative effort between 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 students in the SCSD schools. In the 2010-2011 school year, 70 pregnant students were provided with ongoing nursing and/or case management services. In 2010-2011, 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 infection (STI) prevention and treatment services.

The Early Intervention C.A.R.E.S. (Children At-Risk Early Screening) program is part of a statewide Early Intervention Child Find program that identifies children, birth through two years, who are at risk for developmental delays. Community Health Nurses provide home visits for health assessments, teaching, and referrals to community resources for infants who are at-risk for developmental delays. In 2011, there were 236 cases referred for Early Intervention C.A.R.E.S. nurse home visits.



Immunization Action Plan

Across New York State, the three primary goals of the Immunization Action Plan (IAP) are to ensure children are up-to-date with all recommended immunizations, to educate adults about the importance of flu and other adult immunizations, and to oversee the New York State Immunization Information System (NYSIIS). In keeping with program goals, Onondaga County's IAP conducted the following activities in 2011:

- Promoted National Infant Immunization Week and National Influenza Vaccination Week using multiple media outlets. As part of National Infant Immunization Week, an award was presented to a local pediatric practice with excellent immunization rates.
- Received and redistributed vaccine to colleges, hospitals, and health clinics (such as Ameus and Poverello) that serve adults unable to pay for vaccines. Special funding for this initiative came from the American Recovery and Reinvestment Act (ARRA). To date,

421 HPV vaccines, 21 Pneumovax, and 332 Tetanus-diphtheria-pertussis (Tdap) vaccines have been given. Educational materials were provided to all sites to promote the vaccines with their clients.

- Conducted training on vaccine storage and handling for all Vaccines for Children (VFC) providers in Onondaga County. Educational resources for additional staff were also distributed to the medical practices.
- Developed and implemented an “Immunization Champions” program for non-medical caseworkers. Participants are trained in the basics of immunization and given resources so they can share the information with their clients. To date, three organizations have participated in this training.
- Developed and distributed education materials to promote Tdap vaccination for pregnant women and individuals who have close contact with infants. Materials were distributed to OB/GYN practices and birthing hospitals in Onondaga County. Radio advertisements were run in March 2011 highlighting Tdap vaccination for new parents.
- Collaborated with the NYSDOH to fill a gap in services for the refugee community through March 2011 by holding clinics at the Refugee Assistance Program (RAP) to immunize all newly arriving refugee children. In 2011, 77 refugee children were vaccinated by OCHD staff at the RAP immunization clinics.

In support of the IAP, OCHD holds a weekly immunization clinic at the Dr. William A. Harris Clinic on Slocum Avenue in Syracuse for children 2 months of age through 18 years, and adults who are full-time students. In 2011, the clinic provided vaccines for 1,039 children and 263 adults. Most of the individuals receiving vaccines were uninsured, underinsured and/or without a source of medical care.

Special Children Services

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

In 2011, SCS decreased programmatic costs by restructuring the transportation contracts for children involved with center based programs or playgroups, when the contracts were up for rebidding.

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 2011, Early Intervention received 1,391 referrals and had 763 infants/children enrolled at year-end. The New York Early Intervention System (NYEIS) was implemented in Onondaga County in April 2011. NYEIS, a centralized, web-based system, electronically manages the EI administrative tasks and provides for information exchanges at both the local and state levels.

The Preschool Special Education Program provides mandated evaluation, educational, therapeutic, and transportation services for three- and four-year-old children with special needs. Twenty-two local school district Committees on Preschool Special Education (CPSE) authorize Preschool Special Education services. In 2011, the Preschool Special Education Program continued its role as municipality representatives to CPSE, providing assistance to CPSE chairpersons and families when indicated or requested. Program staff worked with the OCHD Compliance Officer to educate Preschool providers on the changes in training requirements and documentation necessary for Medicaid (MA) reimbursement through the Preschool Supportive Health Services Program.

2011 Preschool Statistics

- Children enrolled by June 2011 end of the 2010-2011 school year: **1,880**
- Children enrolled in 2011 summer session: **1,341**
- Children enrolled at year-end (12/11): **1,339**

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 CSHCN program is a New York State Department of Health (NYSDOH) grant-funded program, administered by the 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. Although the OCHD no longer administers the CSHCN program as of September 30, 2011, the resources of EFR remain available to serve children and families with special health care needs in the community.

Syracuse Healthy Start

Syracuse Healthy Start (SHS), part of Healthy Families, is a federally funded program that began in 1997. The focus of this grant is on the elimination of health disparities in the community with an overarching goal of reducing infant mortality and poor birth outcomes. The program promotes healthy pregnancies and healthy babies through community partnerships, community referrals, health education, case management, and home visiting. Specific program activities 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 2011, SHS provided services to 993 women. Areas of the program that were emphasized in 2011 are described below.

Neighborhood Outreach Worker (NOW)

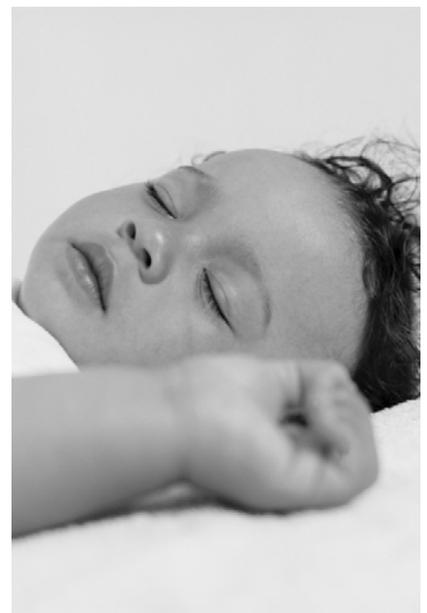
SHS is committed to increasing the number of referrals for high-risk women during the prenatal period through a subcontract with REACH CNY for a Neighborhood Outreach Worker (NOW). The NOW was hired and trained in February 2011 and began conducting outreach in March 2011. The NOW provides outreach in the neighborhoods identified as being at highest risk for poor birth outcomes. Outreach sites include community and faith-based organizations, neighborhood centers, soup kitchens, the WIC clinic, and the waiting area of the Department of Social Services. Since March 2011, the NOW has made a total of 560 contacts, generating 54 referrals.

County Partnerships

Children's Division at the Onondaga County Department of Social Services continues to refer pregnant women and families with children under age two to Healthy Families. Children's Division expanded the pilot program from 50 case workers in 2010, to include all of its case workers by June 2011. Healthy Families received 86 referrals from Children's Division in 2011, up from 70 in 2010 and 20 in 2009.

Safe Sleep

The SHS Consortium continues to collaborate with churches in the African American community in Syracuse to provide increased community awareness of SIDS/SID through risk reduction education and parent support. Through this project, the Consortium developed ongoing relationships with 18 congregations, successfully involving pastors and "safe sleep champions" in educating members on reducing the risk of infant mortality through safe sleep practices. Three safe sleep champions joined Executive Council as a result of this partnership. The current chair of the Executive Council began her relationship with SHS through this partnership.



Consortium

In March 2011, the SHS Consortium hosted a visit by African American attorney, writer and producer, Tonya Lewis Lee, the national spokesperson for the US Office of Minority Health's "A Healthy Baby Begins with You" campaign. Ms. Lee presented and discussed her documentary, "Crisis in the Crib", a film about African American infant mortality in the United States. The film screening, held at Hendrick's Chapel at Syracuse University, was attended by 150 community members. After the film, a panel of local public health leaders, moderated by Pastor Daren Jaime, discussed health disparities in Syracuse with an engaged and interested audience.

The Consortium and SHS staff worked together to plan "Syracuse Stroll," a community event to recognize Infant Mortality Awareness Month in September 2011. Program participants were invited to attend with their infants in strollers. Activities included decorating the strollers and taking a stroll around Kirk Park. Kirk Park, located in the heart of the south side of Syracuse, has one of the highest concentrations of SHS program participants in the city. Approximately 80 community members, parents, and agency staff attended. Television, newspaper, and Internet media outlets covered the event. A follow-up editorial on infant mortality was featured in the local Sunday newspaper. The SHS Consortium Executive Council plans to build on the success of this first year effort in 2012.

In November 2011, the SHS Consortium, the March of Dimes, and Say Yes to Education co-sponsored a community forum with speaker Terry S. Johnson, APN, NNP-BC, MN. Ms. Johnson gave an interactive presentation entitled, *Planning for Your Baby's Birth*. She engaged pregnant and parenting moms and their partners in a discussion on how to talk to medical providers about the best birth experience for mom and baby, how to make birthing wishes known, and balancing safety with personal needs.

The Community Health Worker Program

The Community Health Worker Program (CHWP) is part of Healthy Families, providing outreach, case management, and advocacy to pregnant and parenting families in Onondaga County. Community Health Workers (CHWs) target families who are at highest risk of poor birth outcomes. CHWs assist with access to needed medical and social services while offering education and referrals to help families have healthy babies and raise healthy children. The CHWP is a New York State Department of Health (NYSDOH) grant-funded program, administered by OCHD via a subcontract with The Salvation Army. In the 2011 grant year, the CHWP received 507 referrals and served 251 clients through 1,733 home visits.

WIC-Women, Infants, and Children

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

In 2011, the WIC program:

- Served an average of 10,004 participants per month.
- Implemented the New York State Department of Health (NYSDOH) 1-year certification for all children 1-5 years of age. This effort encourages a greater number of eligible child participants to continue to receive WIC benefits.
- Distributed the NYSDOH Breastfeeding Tool Kit to over 75 area physicians. This initiative is an effort to build a collaborative partnership between the physician and the OCHD WIC program to promote and sustain breastfeeding rates among WIC clients.
- Was selected, in a competitive process, to participate in a Quality Improvement initiative aimed at improving outcomes associated with WIC participation.
- Increased the initiation rate of breastfeeding women participating in WIC from 58.1% in January to 61.8% in October 2011. This effort was assisted by the OCHD WIC Breastfeeding Peer Counselor Program.



In 2011, of the WIC program participants:

- 25% were women, 25% were infants and 50% were children.
- 61.8 % of women who certified for WIC after delivery initiated breastfeeding.

In 2011, of the WIC prenatal population:

- 40% were certified within their first trimester of pregnancy.
- 45% were certified within the second trimester of pregnancy.
- 15% were certified within the third trimester of pregnancy.

WIC Vendor Management Agency

The WIC Vendor Management Agency (VMA) oversees 294 authorized WIC vendors in a 14 county region. WIC VMA is responsible for ensuring vendor compliance with both New York State and federal regulations governing the WIC program.

During 2011, the WIC VMA increased vendor outreach efforts to both chain and independent stores in an effort to ensure that WIC participants have adequate access to vendors. Thirty-six vendor applications were requested throughout the year. The VMA WIC staff received twelve returned applications and processed eight completed applications.

The OCHD WIC VMA promoted increased efficiencies and eliminated duplicative efforts through a complete staffing reorganization while promoting improved vendor management and programmatic oversight.

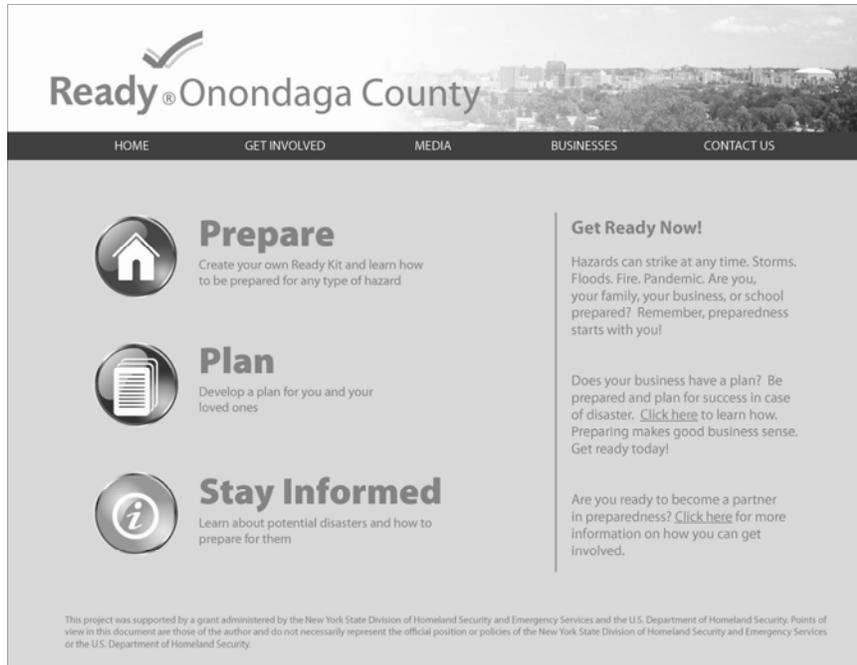
In 2011, WIC VMA staff conducted 35 training sessions and more than 470 site visits to monitor vendors. Over the course of the year, WIC VMA identified over 1,372 WIC vendor violations and saw to their correction. The WIC VMA also received and resolved more than 126 vendor-related complaints throughout the year.

Public Health Preparedness

The objectives of Public Health Preparedness are to plan, prepare, and respond to public health emergencies, natural or man-made. Public Health Preparedness staff members work with local, regional, State, and Federal partners to anticipate, manage, and mitigate such threats. Specific program activities for 2011 include the following:

- In September, Public Health Preparedness conducted its sixth annual drive-through seasonal flu clinic for first responders. This year, 741 fire, police, emergency medical services (EMS), and emergency communications personnel were vaccinated. The amount of time participants spent in the clinic averaged eight minutes; significantly less than the average time spent at walk-in flu clinics. The 2011 drive-through clinic was held for the second time at the New York State Fairgrounds. The traffic flow and other elements were adjusted to address concerns identified at the 2010 event. The size and set-up of the fairgrounds made it an ideal location to stage a mass vaccination effort in the event of a public health emergency.
- The Central New York Medical Reserve Corps (CNYMRC) continued to grow and strengthen its volunteer membership. Volunteers developed skills necessary to assist during emergencies by working alongside county departments at training exercises such as the drive-through flu clinic, point of dispensing (POD) exercises, and with the Radiological Reception Center. Volunteers assisted with flu vaccination clinics in three counties and with rabies vaccination clinics in one county. Volunteers provided medical services to the Syracuse Ironman and the Empire State Marathon. They also promoted personal preparedness at several community events. Thirteen CNYMRC nurses responded to the call for assistance from Broome County after the floods from Hurricane Irene and Tropical Storm Lee. These nurses contributed almost 300 hours in a special medical needs shelter caring for seniors evacuated from their homes.
- 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.

- Emergency Management, Public Health Preparedness, and Health Promotion worked together on a multi-county initiative (including Onondaga, Oswego, and Madison) to plan, develop, and implement the “Ready Onondaga County” initiative to help residents prepared for any type of hazard.



Surveillance and Statistics

2011 Highlights

- *Initiated implementation of an enterprise content management (ECM) system in the Office of Vital Statistics to protect records and improve workflow.*
 - *Maintained inventory of influenza vaccine, and participated in planning for community-based vaccination clinics.*
 - *Provided statistical and epidemiological support for the evaluation of infectious disease outbreaks.*
 - *Supported Department quality improvement efforts with statistical and methodological guidance.*
-

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 2011, 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 2011, the Office of Vital Statistics issued 21,335 birth certificates and 27,174 death certificates.



Volunteer Services



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

This year, health department volunteers and interns provided **4,632.75** hours of service to the residents of Onondaga County. This service represents a donation of time valued at **\$80,295.56**.

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

This year volunteers also supported the Health Department by assisting in such diverse activities as:

- Drawing blood for prostate cancer screening as a part of a larger community assistance initiative
- Assisting forensic investigators and laboratory technicians at the Forensic Science Center
- Conducting compliance checks under the Adolescent Tobacco Use Prevention Act
- Providing clerical support for tuberculosis clinics at the Refugee Assistance Program
- Filing, collating, photocopying and providing general clerical assistance to a variety of programs and projects

- Assembling packets of forms and information needed by Healthy Families nurses and outreach workers in opening new cases
- Providing advisory assistance on environmental and environmental health issues as part of the Council on Environmental Health

Volunteer and Intern Hours Served, 2007-2011

	Volunteer Hours	% of Total	Intern Hours	% of Total
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%
2010	2,359.50	53%	2,128.00	47%
2011	1,141.25	25%	3,491.50	75%

Value to the Community, 2007-2011

	Volunteer/Intern Hours Served	Value to Onondaga County
2007	6,674.75	\$120,420.75
2008	4,387.75	\$81,592.77
2009	6,176.25	\$110,065.25
2010	4,487.50	\$77,312.95
2011	4,632.75	\$80,295.56

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

The Wallie Howard, Jr. Center for Forensic Sciences

2011 Highlights: Forensic Laboratories

- *The Forensic Laboratories enhanced its services to the Central New York region by opening a web portal for out-of-county law enforcement agencies. Regional agencies may now fill out a laboratory submission form online that generates a receipt with a two-dimensional barcode containing case information. Upon arriving at the lab, the form is scanned, creating an electronic case file. Once analysis is complete, the database automatically delivers an email to the submitting agency notifying them that a finalized report is available for viewing and/or printing from the web portal.*
- *The DNA section brought the process of Y-STR analysis online in 2011. This analysis is an additional type of testing that allows for detection of low levels of male DNA in male/female mixtures. Y-STR analysis will provide additional information to assist investigations of sexual assaults and homicides while enhancing prosecution of offenders.*

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.

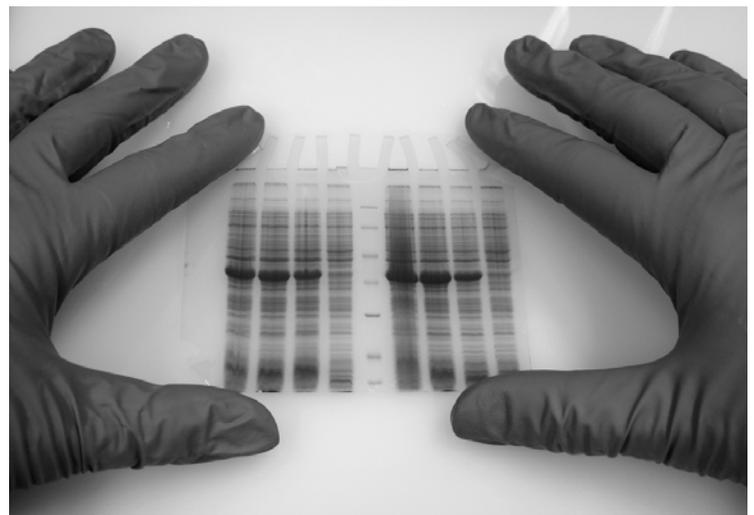
The **Firearms** section examines firearms to determine the operability status of submitted weapons. Firearms examiners are also responsible for determining whether or not a projectile or casing recovered at the crime scene was fired from a particular firearm. To make this determination, examiners conduct test fires with the gun in questions 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.

***Laboratory Cases Completed
by Section for 2011***

Digital Evidence	34
Drug Identification	571
Firearms	601
Forensic Bio/DNA	387
Ignitable Fluids	26
Latent Prints	810
Trace Evidence	102

Medical Examiner's Office

2011 Highlights

- *The Medical Examiner's Office Forensic Toxicology Laboratory (FTL) achieved American Board of Forensic Toxicology (ABFT) accreditation on April 1, 2011. ABFT accreditation is based upon compliance with professional standards, as assessed by peer review, including on-site inspection and successful achievement in one or more proficiency testing programs recognized by the Board. Accreditation demonstrates the FTL meets requisite qualifications and competence in forensic toxicology.*
- *Investigator Ronald Brunelli, F-ABMDI was appointed as the New York State Medicolegal representative for the National Missing and Unidentified Persons System (NamUs) after he was nominated to attend and completed NamUs training at their Northeast Academy. NamUs is a federally funded and operated online database that is accessible to the public, law enforcement and medical examiners/coroners offices to identify missing persons. Using the NamUs training and knowledge of death investigation, Investigator Brunelli was able to identify a human remains case that he had worked on for 10 years. The remains were identified through familial DNA comparisons of a foot and a torso that had washed ashore on Lake Ontario. This case has national and international connections as the identified decedent was from England and had been involved in the planning of a 1993 robbery of \$7.4 million from a Brinks Co depot in Rochester New York.*
- *Dr. Deborah Johnson, a board certified forensic pathologist, was hired as a medical examiner in July 2011.*



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

Forensic Pathology

Forensic pathology services include the performance of autopsy examinations, integration of investigative information, and interpretation of autopsy findings and supplemental testing in order to establish and certify cause and manner of death. American Board of Pathology (ABP)-certified forensic pathologists serve as medical examiners and document autopsy findings in a written autopsy report, but also communicate findings to physicians, family members, law enforcement personnel, attorneys, and other involved agencies. Medical examiners also testify in court as expert medical witnesses and meet with district attorneys and/or other attorneys upon request. In addition, medical examiners use their expertise to interpret injury patterns in living victims or trauma, abuse or other suspected violent acts. Through the performance of these duties, the medical examiners also act as agents of public health by identifying potential communicable diseases or recognizing unsafe environmental conditions that may put individuals at risk for poor health outcomes. In 2011, medical examiners completed 84% of non-homicide autopsy reports in 60 days or less; 96% of homicide autopsy reports were completed in 90 days or less.

Medicolegal Death Investigation

Medicolegal death investigation services includes scene investigation with examination of the body at the location of death, inspection of the scene environment, photo-documentation of the scene findings, meeting with families and/or witnesses, and collecting physical evidence for possible further testing. The investigations are carried out by American Board of Medicolegal Death Investigators (ABMDI)-certified investigators who work collaboratively with, but independent of, law enforcement authorities, fire fighters, emergency medical responders, and physicians both at the scene and through ongoing investigative communications relative to identification of decedents, family contacts, obtaining medical and social history, and funeral home disposition. This information complements the autopsy examination in the determination of cause and manner of death and is summarized in a medicolegal death investigation report. In 2011, forensic investigators investigated 1,525 cases, 739 of which fell under MEO jurisdiction. Investigators responded to 254 scenes of death.

Forensic Toxicology

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

Certified forensic toxicologists and chemists also provide expert testimony relative to their findings as needed. In 2011, the FTL completed 843 cases with an average toxicology report turnaround time of 29.5 days.

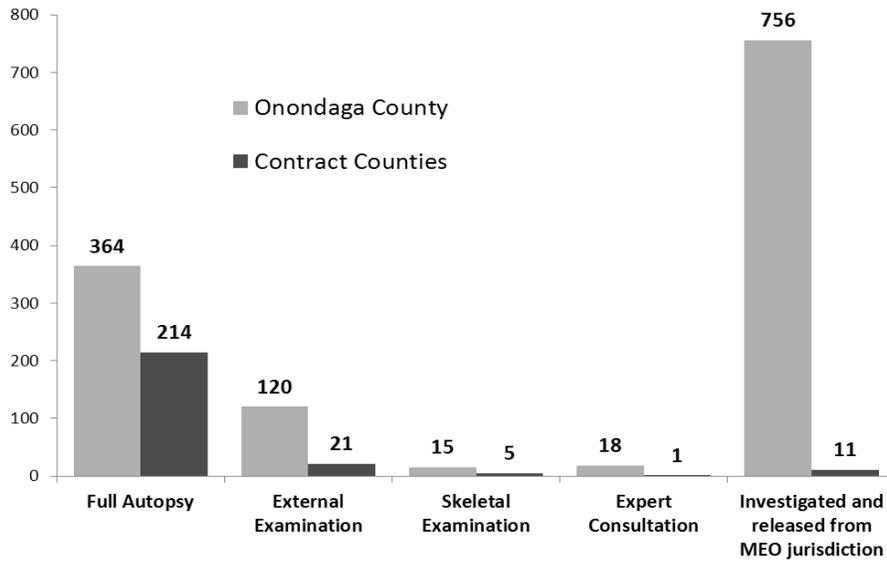


Education

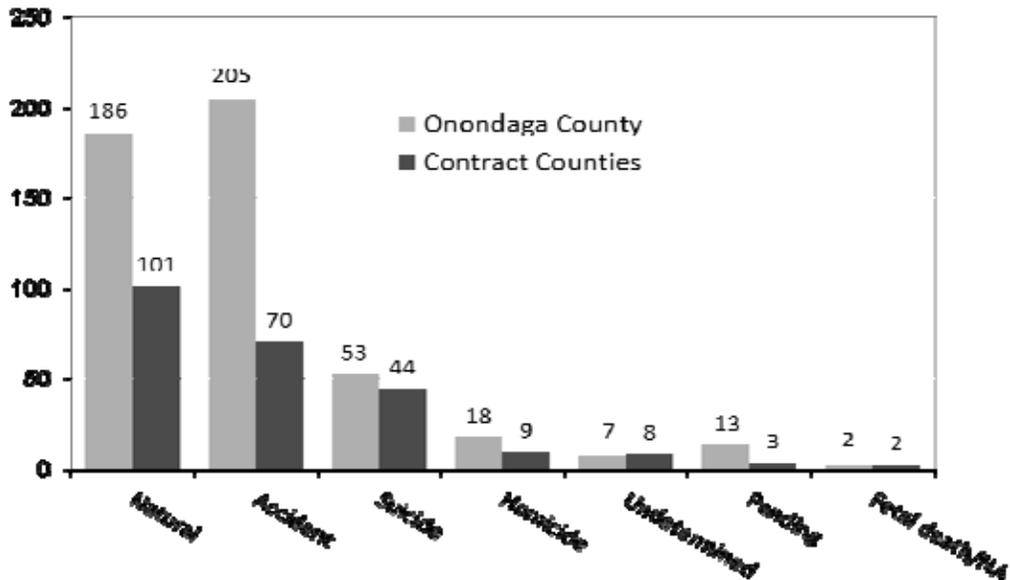
The MEO has an active role in educating the community at large and also participates in ongoing internal education to remain current in the scientific field. MEO staff actively participates in the Onondaga County Child Fatality Review Team, which plays a critical public health role in indentifying, reviewing, and preventing infant and childhood deaths. Medical examiners and forensic investigators also present forensic pathology and investigative topics at the local, regional and national levels each year through their participation in agencies such as the Central New York Regional Trauma Advisory Committee (RTAC), New York State Association of County Coroners and Medical Examiners (NYSACCME), National Association of Medical Examiners (NAME), American Academy of Forensic Science (AAFS) and College of American Pathologists (CAP). Each year, forensic investigators give presentations to a number of local middle and high schools to educate youth about forensic pathology and medicolegal death investigation. The MEO provides internship opportunities for college-level students in the medical and criminal justice fields. Medical examiners participate in the education of postgraduate pathology residents, medical students, and other health care providers relating to autopsy and forensic pathology. MEO staff members participate in continuing education opportunities through organizations such as the NAME, AAFS, NYSACCME, and other specialized conferences. In 2011, several staff members successfully completed training in forensic pathology and medicolegal death investigation to meet the standards of the National Association of Medical Examiners and American Board of Medicolegal Death Investigators.

In 2011, 1,525 cases were reported to the Medical Examiner's Office, of which 252 cases were from surrounding counties. (Please see charts below for total cases by category.)

***Medical Examiner's Office, 2011
Cases by Disposition [n=1,525]***

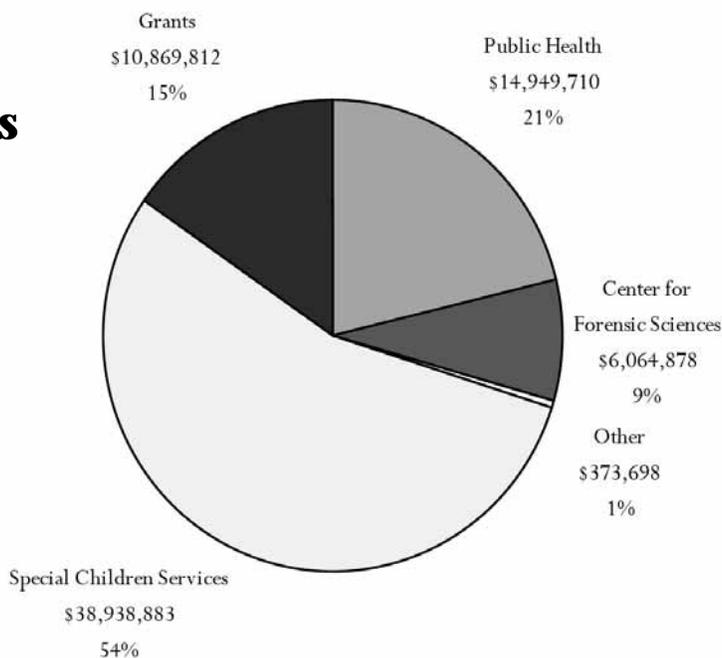


***Medical Examiner's Office, 2011
Cases by Manner of Death [740]***

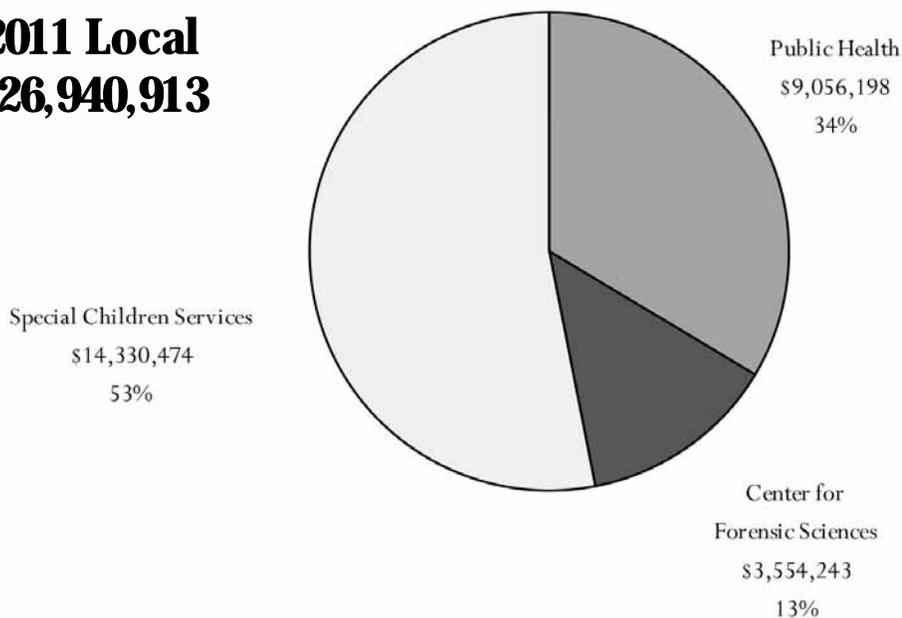


2011 Health Department Expenses and Local Dollars

2011 Expenses \$71,196,981



2011 Local \$26,940,913



Grant Projects, 2011	Expense/Revenue
Administration	\$896,407
▪ Public Health Preparedness	\$418,405
▪ Facilitated Enrollment	\$438,758
▪ Other	39,244
Disease Control	\$658,876
▪ HIV/AIDS/STD	\$411,267
▪ Tuberculosis	\$247,609
Environmental Health	\$420,281
Health Promotion & Disease Prevention	\$2,577,397
▪ Obesity	\$177,662
▪ Cancer Screening Services	\$665,777
▪ Lead	\$1,234,701
▪ Tobacco	\$499,257
Maternal & Child Health	\$5,195,095
▪ Eliminating Disparities (Healthy Start)	\$1,015,322
▪ Immunization	\$275,377
▪ WIC	\$2,953,955
▪ Early Intervention Program	\$432,743
▪ Children with Special Health Care Needs	\$33,131
▪ Community Health Worker	\$221,222
▪ Healthy Moms/Healthy Babies	\$263,345
Center for Forensic Sciences	\$1,121,756
Total Health Department:	\$10,869,812

Onondaga County Health Department 2011 Organizational Chart

