

ONONDAGA COUNTY
HEALTH DEPARTMENT

2017 ANNUAL REPORT



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Health Department

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MESSAGE FROM THE COMMISSIONER OF HEALTH



Dear Friends of Public Health,

I am very pleased to present the Onondaga County Health Department's 2017 Annual Report, which provides you with a clear picture of our activities and events over the past year.

The Health Department strives to provide the highest quality public health programs and services to our community utilizing best practices and continuous quality improvement. Our programs and services are responsive to community needs and focused on ensuring health equity for the residents of Onondaga County. Our assets and resources include not only

the dedicated staff of the Health Department, but our many partners representing the various sectors of our county. The importance of collaboration cannot be overemphasized in our efforts to improve the overall health of our community.

The Onondaga County Community Health Assessment and Community Health Improvement Plan demonstrate our commitment to community engagement in identifying the health priorities in the community. Implementation of our strategic plan in 2017 is reflective of the mission, vision, and values of the Health Department.

We urge you to review the detailed information provided in this report and welcome your suggestions on how we can continue to improve the way we provide programs and services to the residents of Onondaga County.

Sincerely,

A handwritten signature in black ink that reads "Indu Gupta".

Indu Gupta, MD, MPH, MA, FACP
Commissioner
Onondaga County Health Department

ONONDAGA COUNTY HEALTH DEPARTMENT

Mission

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

Vision

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

Values

Respect • Excellence • Accountability • Collaboration • Health Equity



Onondaga County Legislature 2017 Health Committee

Danny Liedka, Chair
Tim Burtis, Vice Chair
Peggy Chase
Kevin Holmquist
Monica Williams

2017 Advisory Board of Health

Thomas H. Dennison, Ph.D., Chair
Larry Conenstein, MD
Peter Cronkright, MD
Robert J. Hack
David Page, MD
Ann Rooney
Diane Turner
Monica Williams

ONONDAGA COUNTY HEALTH DEPARTMENT 2017 ORGANIZATIONAL CHART

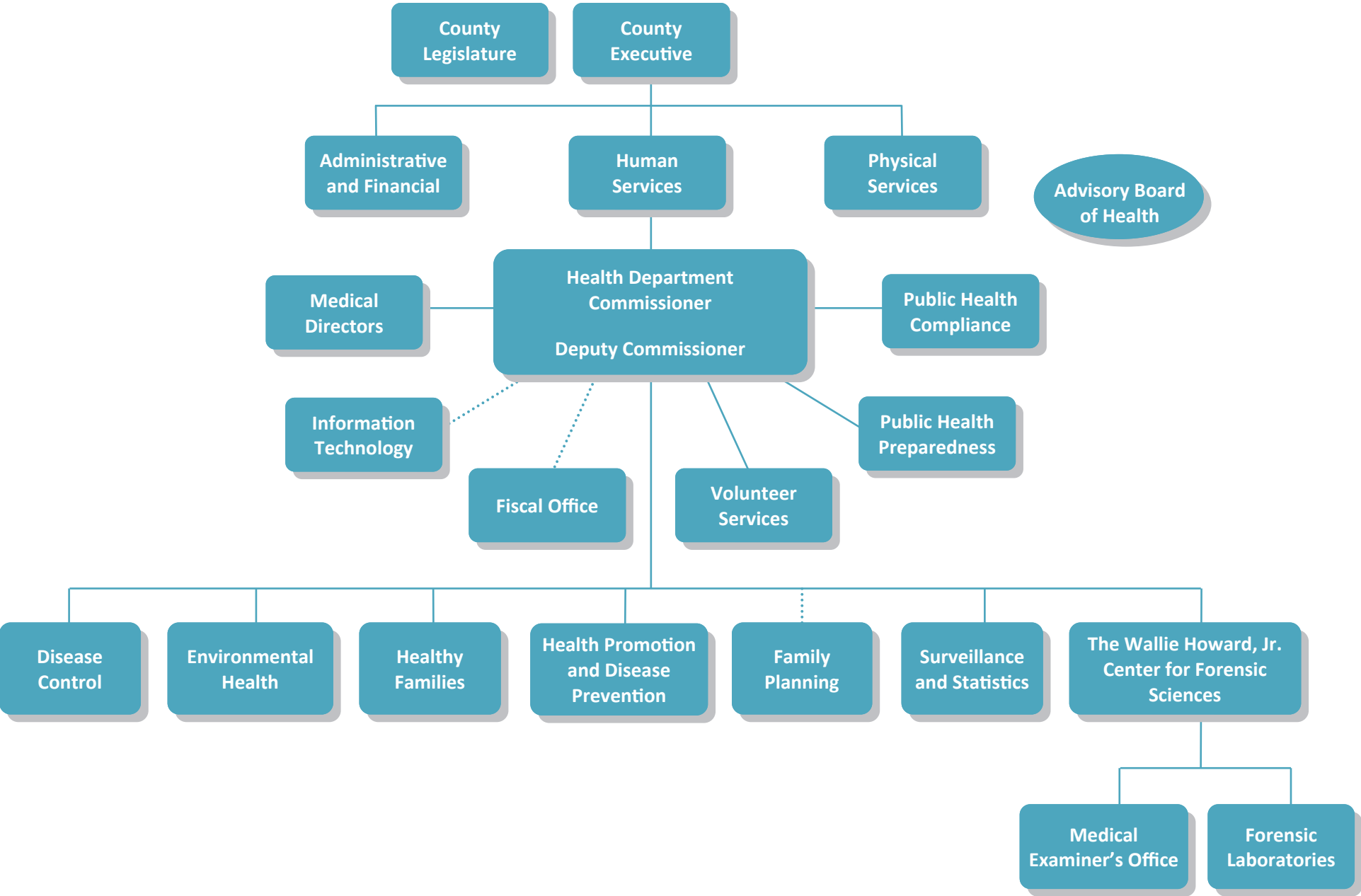


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Ten Essential PUBLIC HEALTH SERVICES

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 new insights and innovative solutions to health problems.*

Source: CDC, <http://www.cdc.gov/nphpsp/essentialservices.html>

The background features a light blue gradient with various white business icons such as a calendar, folders, a target, a pie chart, a magnifying glass, a handshake, and currency symbols. A large, abstract graphic at the bottom consists of curved bands in shades of blue, green, and yellow, with a dotted pattern on the right side.

2017 ANNUAL REPORT
ADMINISTRATION

ADMINISTRATION

The mission of the Onondaga County Health Department’s administration is to provide the support and services necessary for the OCHD’s Divisions and Bureaus to be successful.

COMMISSIONER’S OFFICE

OCHD’s administration provides support with:

- Public Health Preparedness
- Quality Improvement
- Compliance
- Public Health Accreditation
- Education and Volunteer Services
- Records Access

PUBLIC HEALTH PREPAREDNESS

While the OCHD has traditionally exercised an active role in local emergency response, the Public Health Preparedness (PHP) program was not formally established until 2002. The program develops and carries out response plans for public health emergencies working with Federal, State, regional, and local emergency response organizations to assure coordination in the mitigation, preparedness, response, and recovery phases of public health emergencies.

THE PUBLIC HEALTH PREPAREDNESS PROGRAM PROVIDES:

- Regular exercises and real time implementation opportunities that use program plans such as the Pandemic Influenza Response Plan
- Coordination of all public health preparedness grants awarded to the OCHD from the NYS Division of Homeland Security and Emergency Services and the New York State Department of Health (NYSDOH)
- Risk communication information to the public and first responders about public health emergencies
- Input into the County’s emergency planning and response under the direction of the Department of Emergency Management
- Coordination of public health preparedness planning efforts with Alliance Counties (Cayuga, Cortland, Jefferson, Lewis, Madison, Oswego, and Tompkins)
- Development and maintenance of OCHD’s emergency response plans

| ANNUAL DATA | 2015 | 2016 | 2017 |
|----------------------------------------------------------|------|------|------|
| New Individuals trained in Incident Command System (ICS) | 23 | 10 | 30 |
| Exercises conducted | 6 | 7 | 14 |

*Added new requirement to all new and existing staff: ICS-200.b

QUALITY IMPROVEMENT

The OCHD has a long standing history of Quality Improvement (QI), dating back to 1989. Since this time, there has been an annual QI Summit, during which program representatives present on their QI efforts throughout the year. This event consists of various presentation formats, and is attended by OCHD staff and partners. In 2012, a QI Champions program was developed to involve new staff in QI activities. In 2017, the department finalized a QI Plan that streamlined activities under a QI Council, comprised of staff from all levels in the department.

THE QUALITY IMPROVEMENT PROGRAM PROVIDES:

- Participation in and support for the QI Council, Performance Management team and annual QI Summit
- Support and resources for the QI Champions program
- Annual training on Quality Improvement and Performance Management basics for all staff
- Annual review and updates to the OCHD QI Plan and Performance Management System

COMPLIANCE

THE COMPLIANCE PROGRAM PROVIDES:

- Initiation, implementation, review and enforcement of policies and procedures
- Support and coordination for, and response to, all program and regulatory audits
- Quality Assurance measures and internal audits
- Support for annual trainings and certifications

PUBLIC HEALTH ACCREDITATION

Accreditation is a process to advance quality and performance within public health departments, and improve service, value and accountability to all stakeholders. The Centers of Disease Control and Prevention (CDC) identified accreditation as a key strategy for strengthening public health infrastructure in 2004. The Public Health Accreditation Board (PHAB) was formed as the non-profit entity to implement and oversee national public health department accreditation, and program development began in May 2007. The accreditation process was developed by the PHAB Assessment Process Workgroup, which included state and local public health professionals, representatives from state-based accreditation programs, representatives from other national accreditation programs, and other technical experts.

In order to achieve accreditation, Administration provides support to each program, bureau and division of OCHD in order to show conformity with the 12 domains outlined by PHAB, along with evidence to support the [10 essential services](#) provided by OCHD.

SPECIFICALLY, ADMINISTRATION PROVIDES:

- Support for all public health programs through the development of materials and templates, regular meetings, and resource review through the Strategic Plan and Accreditation Resource Committee (SPARC).
- Support for the development and implementation of plans that guide the work of the department and support the accreditation process, such as the Community Health Assessment and Improvement Plan, and the OCHD Strategic Plan. Administration also ensures accountability for achieving the goals identified in these plans.

- The [Community Health Assessment and Improvement Plan](#) (CHA/CHIP) was developed as a collaborative process between the OCHD, local hospitals, and several community agencies. Data collection, analysis, and interpretation were combined with extensive community engagement to identify two priority areas in which to focus efforts during the next several years: Prevent Chronic Disease and Promote Mental Health and Prevent Substance Abuse. The interventions identified in the CHA/CHIP were monitored by the Bureau of Surveillance and Statistics in 2017, with guidance from the Commissioner of Health. Collaborating partners are local hospitals, the Lerner Center for Public Health Promotion of Syracuse University, HealthConnections, and the Central New York Care Collaborative (CNYCC). Data are monitored continuously to provide timely and accurate reporting, and to ensure strategies can be adjusted if needed to achieve the desired goals.
- [The OCHD Strategic Plan](#) (2015-2019) provides strategic direction for the department, in order to better serve our community. Finalized in 2015, the plan was implemented throughout the department in 2016. The plan is organized into four overarching strategic priorities: Health Protection, Health Improvement, Public Engagement, and Organizational Excellence. Each of these strategies are associated with detailed work plans to enable us to measure progress and adapt strategies to effectively respond to community need. The plan emphasizes the use of data and systematic approaches to improve how we can work together both within the organization and within the community. This work continued in 2017 and modifications to the implementation process are being done with the staff input. The implementation will continue in 2018 and beyond, under the direction of the Commissioner of Health.

EDUCATION & VOLUNTEER SERVICES

Prior to the 1967 establishment of the Onondaga County Health Department, the majority of public health services were provided by the A.J. Silverman Hospital. After the closure of the Silverman Hospital, its auxiliary transferred their affiliation to the County Health Department. Since that time the Auxiliary has been a critical Health Department partner. In 1976, when the nation was facing the possible outbreak of swine flu, the Auxiliary assisted the OCHD in forming a volunteer program to set up and staff public health clinics. In 2017 the Auxiliary was dissolved. OCHD is in the process of creating a desirable volunteering opportunity based on the need of the department.

Onondaga County Health Department provides educational opportunities to undergraduate and graduate students of public health, nursing, social work, forensic anthropology and pathology, and medical students and residents in close coordination with local and regional colleges and universities.

VOLUNTEERS PROVIDE ASSISTANCE WITH:

- Refugee Assistance Program clinics
- Rabies vaccination clinics
- Blood pressure screening and education sites
- Clerical support in programs and services within OCHD

The Health Department currently works with approximately 25 interns annually.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|----------------------------------|-----------|----------|----------|
| Volunteer/Intern hours | 5,872 | 4,569 | 2,680 |
| Volunteer/Intern estimated value | \$100,375 | \$75,971 | \$46,330 |

RECORDS ACCESS

Records Access provides timely and safe disclosure of public records as allowable under the Freedom of Information Law.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------------|------|------|------|
| FOIL Requests* | 47 | 25 | 8 |
| Total # of Records* in Request | 129 | 143 | 31 |
| Medical Record Requests | 20 | 13 | 18 |
| Total # of Records in Request | 25 | 19 | 28 |

* Lead records

HIGHLIGHTS IN 2017: ADMINISTRATION

- In October the OCHD formally submitted documents to the Public Health Accreditation Board (PHAB) to provide supporting evidence that the department provides the 10 essential public health services, adheres to public health laws and otherwise conforms to the standards and measures identified by PHAB.
- The Department integrated a Performance Management System and a finalized Quality Improvement Plan to focus efforts on continuous quality improvement and operational excellence within our programs and to help achieve the strategic priorities outlined in our Strategic Plan.
- OCHD addressed numerous public health crises during 2017, including:
 - Measles: Opened a hotline and took more than 750 calls in response to public concerns after a potential measles exposure at a local grocery store.
 - Mumps: Assisted with the planning and provision of Measles, Mumps, and Rubella (MMR) vaccine to more than 4,300 Syracuse University students and staff in response to a mumps outbreak at the university.
 - Tuberculosis: Responded to a potential tuberculosis exposure at the Syracuse City School District, and worked with 9 community partners on their mass prophylaxis countermeasures and emergency response plans.
 - Blue-green Algae Bloom: Worked with NYSDOH, City of Syracuse, the Town of Skaneateles, and the Onondaga County Water Authority (OCWA), to ensure coordination of testing and reporting of toxin levels in raw water at Skaneateles Lake. The public drinking water never had any detectable toxins.
- The opioid epidemic continues to impact Onondaga County. Working with the Onondaga County Drug Task Force, OCHD has increased awareness in the community through a media campaign, provided educational opportunities to medical providers, and collaborated with task force members to increase use of naloxone to reverse overdoses, promote treatment, and reduce the use of prescription opioids. The number of deaths due to opioids has decreased by 36% from 2016 to 2017. The work will continue to sustain the gains in this fight.



2017 ANNUAL REPORT

DISEASE CONTROL

DISEASE CONTROL

The mission of the Bureau of Disease Control is to decrease the impact of communicable diseases in Onondaga County.

The Bureau of Disease Control (BDC) 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](#); Pre-exposure Prophylaxis (PrEP) and [Tuberculosis Control](#). Bureau staff members monitor disease activity in Onondaga County and work closely with Health Administration, Community Health, Environmental Health, and Healthy Families to develop education, outreach, testing, and treatment strategies to minimize the impact of communicable disease in the community.

COMMUNICABLE DISEASE CONTROL

The Communicable Disease program is responsible for the investigation, follow-up, surveillance and reporting of 73 diseases/conditions identified as reportable under the New York State Sanitary Code. All confirmed cases of reportable disease are electronically reported to the New York State Department of Health (NYSDOH). Staff works closely with OCHD's Food Protection, Animal Disease Control, Health Assessment programs, NYSDOH, and community partners including hospitals, to control and prevent the spread of communicable disease within the community.

COMMUNICABLE DISEASE CONTROL PROGRAM PROVIDES:

- Surveillance of reportable communicable diseases
- Investigation and follow-up of all reportable diseases in Onondaga County residents, including coordination with other health related entities (laboratories, hospitals, infection control practitioners, physicians, etc.)
- Recommendations for preventative treatment when indicated
- Screening and exclusion of persons who are suspected/confirmed to have certain communicable diseases and who are in sensitive areas (such as food handlers, infants or toddlers in child care, child care providers, health care providers)
- Education to community and health care providers
- Reporting of disease to NYSDOH
- Information to the public in a timely manner to protect and improve the health of our community

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------------------------------|-------|-------|------|
| Case investigations | 1,184 | 1,130 | 2082 |
| Actual cases of reportable communicable disease* | 1,020 | 890 | 1216 |
| Cases of possible rabies exposure | 355 | 303 | 315 |
| Cases for which rabies post-exposure prophylaxis was given | 138 | 143 | 141 |

*does not include flu cases

SEXUALLY TRANSMITTED DISEASE CONTROL

The [Sexually Transmitted Disease program](#) is responsible for the investigation of, follow-up (including partner notification when indicated), surveillance and reporting of chlamydia, gonorrhea, syphilis, and HIV.

SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM PROVIDES:

- Screening, diagnosis, and treatment of reportable sexually transmitted disease
- On-site laboratory testing
- Contact investigation and notification of clients with reportable STDs
- Follow-up of positive STD referrals from outside healthcare providers
- Hepatitis A & B vaccinations for qualified patients
- Patient education and referral for services not available at Onondaga County Health Department
- [HIV counseling and testing](#) offered to all clinic participants
- Partner Notification Assistance Program (PNAP) for HIV positive clients and referral for follow-up
- Pre-exposure prophylaxis (PrEP) to HIV negative patients who are at risk of contracting HIV

| ANNUAL DATA | 2015 | 2016 | 2017* |
|----------------------------------------------------|-------|-------|-------|
| Total patient visits to the STD Center | 5,566 | 5,302 | 5,378 |
| Total number of treatments performed at STD Center | 2,704 | 2,905 | 3,171 |
| Cases of gonorrhea in Onondaga County | 898 | 1006 | 754 |
| Cases of chlamydia in Onondaga County | 2,632 | 2,587 | 2,633 |
| Cases of syphilis in Onondaga County ^A | 36 | 38 | 43 |
| New cases of HIV in Onondaga County* | 35 | 33 | 35 |

*Preliminary data pending review

^A Includes primary, Secondary, and early latent cases

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 of TB by evaluating and treating positive cases of TB, while promoting preventative therapy as indicated for contact cases. The TB Control program performs targeted testing on high-risk groups and works closely with the Refugee Assistance Program, the Catholic Charities Men's Shelter, and the Rescue Mission to provide testing for those at greatest risk of TB.

TUBERCULOSIS CONTROL PROGRAM PROVIDES:

- Tuberculin skin testing and t-spot (blood test), with targeted testing of groups at high-risk for active disease
- Client assessment, diagnostic chest x-ray and laboratory testing
- Diagnosis of active and latent TB
- Case management for active and latent TB cases—monthly symptom reviews, follow-up lab work
- Medication administration and directly observed therapy as indicated

- Contact investigation of active TB cases
- TB surveillance in Onondaga County
- Community and provider education about tuberculosis

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------------------------------------------------------|--------|--------------------|--------|
| Total visits | 13,420 | 11,015 | 7,915* |
| Active cases of TB managed by OCHD | 10 | 18 | 6 |
| Latent TB cases identified (inclusive of pediatric cases) | 598 | 515 | 503 |
| Latent pediatric TB cases identified and treated | 75 | 62 | 55 |
| Latent TB started on preventative therapy (inclusive of pediatric cases) | 452 | 313 | 381 |
| Directly observed therapy visits | 6,458 | 4,487 | 2,632* |
| Tuberculin skin tests | 2,096 | 1,261* | 1,273 |
| T-Spot (IGRA) | - | 1,861 [#] | 962* |

*Decreased total visits due to a decrease in number of refugees entering Onondaga County.

*Decreased tuberculin skin test due to adoption of t-spot blood test

Year that t-spot was adopted at OCHD

*Decrease in Directly Observed Therapy due to a decrease in number Active Cases for the year.

*Decrease in T-Spot due to a decrease in number of refugees entering Onondaga County. T-spots are mostly used by OCHD to test for TB in the refuge and immigrant population.

HIGHLIGHTS IN 2017: DISEASE CONTROL

- The Communicable Disease (CD) program at BDC was recognized for its success in the 2016 Local Health Department Performance Incentive Initiative. The CD program was recognized for its timeliness and completeness of communicable disease reports and investigations in 2016, and as such, received monetary award from NYSDOH.
- The STD Center had a successful STI mixed media campaign that included billboards, print ads and a social media campaign. The campaign allowed the STD Center to focus on groups who were most at-risk for contracting STIs. The media campaign was impactful as patients referred to the ads as their source of information about BDC’s services.
- In recognition of strides made by the BDC’s PrEP program, the BDC celebrated its one year anniversary of the program in October 2017. The celebration was a week-long promotional event that included PrEP item giveaways, quiz sessions with patients and tabling of PrEP information at the clinic. During this period, the BDC was donned in shades of blue to commemorate the “PrEP Colors”. The staff at the STD Center wore blue PrEP shirts and gave out PrEP goodie bags to patients that attended the clinic. Additionally, there was a guided tour of the STD Clinic for community partners of the STD Clinic’s services. A lunch sit-down was also held at the end of the guided tour to answer questions from attendees.

- BDC partnered with Community Based Organizations and agencies to host the AIDS Memorial Quilt Exhibition at the OnCenter Complex Convention Center in Syracuse. This event took place on November 30 to herald the annual observance of world AIDS Day on December 1. The event drew an audience of about 300 high school students and the public. During the event, there was a display of twelve 12-ft by 12-ft AIDS quilts in memory of loved ones from central New York who died of AIDS. Educational sessions were held to discuss HIV/AIDS and to remind youths about the dangers of contracting other STIs as well. Overall, the event was an avenue for students, participants and community members to respond to, and lend their voices to HIV/AIDS awareness and prevention. The event was also an opportunity to refocus the public's attention to HIV/AIDS in the community.
- BDC CD staff worked collaboratively with other OCHD staff and a local college campus authority during a mumps outbreak to provide an effective response to the outbreak. BDC staff participated in the planning, implementation and follow-up of the response activities. The prompt and effective response was recognized by NYSDOH as a reflection of OCHD's ability to successfully respond to challenges.

2017 ANNUAL REPORT

ENVIRONMENTAL

HEALTH



ENVIRONMENTAL HEALTH

The mission of this Division is to protect and improve the overall health of Onondaga County residents through the assurance of a safe environment.

OVERVIEW:

The Division of Environmental Health comprises numerous programs and services under a unified system.

Environmental Health programs include:

- Bureau of Community Environmental Health
 - Food Protection
 - Residential Environmental Health
 - Temporary Residence and Recreational Facilities
- Bureau of Environmental Health Assessment
 - Animal Disease Prevention (Rabies)
 - Vector Control (Mosquito and Rodent)
 - Adolescent Tobacco Use Prevention Act and the Clean Indoor Air Act
 - Healthy Neighborhood Program
 - Radon
 - Waste-to-Energy Facility Monitoring Program
 - Indoor Air
 - Environmental Exposure Response
- Bureau of Public Health Engineering
 - Land Development
 - Onondaga County Council on Environmental Health
 - Water Supply
 - Weights and Measures

BUREAU OF COMMUNITY ENVIRONMENTAL HEALTH

The [Bureau of Community Environmental Health](#) conducts core environmental health programs. There are three sections within the Bureau: Food Protection, Residential Environmental Health, and Temporary Residence & Recreational Facilities. Onondaga County has conducted these programs since the Health Department was created in 1967.

FOOD PROTECTION

The Food Protection section provides:

- Inspection of food service establishments, which are categorized as high, medium, and low risk
- Inspection of temporary food service events at fairs, festivals, and other special events including evening and weekend venues
- Investigations of all concerns about potential food borne illness outbreaks
- Investigations of complaints concerning restaurant sanitation and violations of the New York State Clean Indoor Air Act
- Information on food safety and the Clean Indoor Air Act to the food service industry and general public
- Inspection of water supplies at all food service establishments with individual wells

- Issuance of enforcement activities for violations including notices of violation and subsequent Commissioner’s Hearings including fines and closures as indicated
- Issuance of permits for food service establishment, temporary food service establishment and frozen dessert manufactory
- Collection of permit fees, water sample fees, and fines related to these permits

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------------------------|-------|-------|-------|
| Inspections | | | |
| Mandated annual inspections conducted | 2,016 | 2,225 | 2,036 |
| Second inspections conducted | 199 | 242 | 196 |
| Follow-up inspections conducted | 2,887 | 2,004 | 1,773 |
| Temporary food services inspections | 635 | 517 | 502 |
| Complaints | | | |
| Food complaint investigations | 357 | 364 | 303 |
| Clean indoor air act complaint investigations | 14 | 2 | 10 |
| Enforcement | | | |
| Violation notices issued | 327 | 271 | 244 |
| Hearings scheduled | 80 | 65 | 72 |
| Hearings held | 9 | 7 | 10 |
| Voluntary closures | 8 | 4 | 7 |
| Commissioner’s closure orders | 0 | 1 | 0 |

RESIDENTIAL ENVIRONMENTAL HEALTH

The Residential Environmental Health section provides:

- Health and safety inspections at mobile home parks and child care centers
- Investigations of complaints regarding public health nuisances and hazards including refuse, sewage, insects, rodents, substandard rental housing, offensive material, and noxious weeds
- Inspections for insects, rodents or other pests at buildings scheduled for demolition
- Code enforcement activities when indicated, including issuance of violation notices and Commissioner’s Hearings if necessary

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------|-------------|-------------|-------------|
| Inspection | | | |
| Inspections conducted | 497 | 555 | 435 |
| Follow-up inspections conducted | 396 | 325 | 348 |
| Enforcement | | | |
| Violation notices issued | 130 | 111 | 130 |
| Hearings Scheduled | 10 | 1 | 1 |
| Violations Resolved Before Hearing | 9 | 0 | 1 |
| Hearings Held | 1 | 1 | 0 |

TEMPORARY RESIDENCE AND RECREATIONAL FACILITIES

The temporary residence and recreational facilities section provides:

- Health and safety inspections of many types of regulated public facilities including hotels and motels, schools, children’s camps, swimming pools, bathing beaches, campgrounds, tanning facilities, and migrant farm worker housing to enforce provisions of the New York State Sanitary Code and to ensure correction of health hazards and noncompliance items found
- Education for facility owners and operators on proper sanitation techniques and generally accepted standards in various programming areas
- Investigations of consumer injury, illness, and complaints as indicated

| ANNUAL DATA | 2015 | 2016 | 2017 |
|---------------------------------------|-------------|-------------|-------------|
| Inspections | | | |
| Mandated annual inspections conducted | 580 | 574 | 550 |
| Second inspections conducted | 200 | 208 | 204 |
| Follow-up inspections conducted | 610 | 416 | 652 |
| Complaint investigations | 35 | 38 | 40 |
| Enforcement | | | |
| Violation notices issued | 107 | 70 | 118 |
| Hearings Scheduled | 8 | 5 | 25 |
| Hearings Held | 0 | 0 | 0 |
| Voluntary Closures | 8 | 3 | 20 |

ENVIRONMENTAL HEALTH ASSESSMENT

The mission of the Bureau of Environmental Health Assessment is to protect the community from a wide range of environmental hazards and provide services and education to reduce risk.

The Bureau of Environmental Health Assessment has been in operation since the creation of the OCHD in 1967. Program activities have changed over the years, and currently include:

- [Animal Disease Prevention \(Rabies\)](#)
- Vector Control ([Mosquito](#) and [Rodent](#))
- [Adolescent Tobacco Use Prevention and Clean Indoor Air Act](#)
- [Healthy Neighborhood](#) Program
- Radon
- Waste- to- Energy Facility Monitoring Program
- Indoor Air
- Environmental Exposure Response

ANIMAL DISEASE PREVENTION (RABIES)

The [Animal Disease Prevention \(Rabies\) program](#) deals with the concerns of rabies and its potential spread to the human population on a daily basis. Rabies clinics are provided following guidelines offered in the New York State Sanitary Code, and the New York State Public Health Law.

The animal disease prevention program provides:

- Investigation of reports of possible exposure to rabies
- Availability of services 24 hours a day and 7 days a week
- Arrangement of appropriate disposition of animals involved with rabies which may include confinement, observation, quarantine, vaccination, or euthanasia and testing
- Assistance with the collection, preparation, and submission of animal specimens to Wadsworth Center Laboratory for rabies diagnosis
- Rabies clinics for local residents on a quarterly basis located throughout the county at local fire departments, community centers and the Society for the Prevention of Cruelty to Animals.
- Enforcement of dog bite exposure procedures when dog owners fail to provide proof of rabies vaccination

| ANNUAL DATA | 2015 | 2016 | 2017 |
|---------------------------------------|------|------|------|
| <i>Rabies specimens</i> | | | |
| Submitted | 454 | 435 | 435 |
| Total Positive: | 14 | 18 | 18 |
| <i>Breakdown of positives:</i> | | | |
| Bat | 12 | 7 | 12 |
| Skunk | 1 | 1 | 1 |
| Raccoon | 1 | 9 | 4 |
| Fox | 0 | 1 | 1 |
| Cat | 0 | 0 | 0 |

| Rabies clinics | | | | |
|-----------------------|-----------------|-------|-------|-------|
| | Held | 15 | 12 | 12 |
| | Dogs vaccinated | 1,751 | 1,573 | 1,383 |
| | Cats vaccinated | 702 | 635 | 605 |
| | Other | 4 | 3 | 3 |
| Bites reported | | | | |
| | Dogs | 762 | 754 | 767 |
| | Cats | 266 | 282 | 256 |
| | Other | 21 | 35 | 60 |

VECTOR CONTROL (MOSQUITO AND RODENT)

Onondaga County has conducted a [mosquito control program](#) since 1972. The program was originally established to control Eastern Equine Encephalitis (EEE) virus in response to the increased recognition of EEE as a threat to human health. While the program is county-wide, its primary target is the northeast quadrant of Onondaga County where the virus has a long documented presence. The virus is considered endemic in this area due to the presence of the *Culiseta melanura* mosquito in the Cicero Swamp. Control activities were also implemented to decrease the risk of West Nile virus (WNV).

- Eastern Equine Encephalitis:** The presence of the EEE virus was documented in Onondaga County in nine separate years between 1973 and 1994. After a nine year absence, the EEE virus re-emerged in late 2003 and has consistently been documented since (with the exception of 2007, 2012 and 2016). A human fatality in Onondaga County attributed to EEE occurred in 2010, the first since 1983. Two human cases occurred in 2014 and those individuals recovered with mild impairment. Two human cases occurred in 2015, one resulting in a fatality.
- EEE Regional Aspect:** EEE virus is a regional problem in central New York involving Onondaga, Madison, Oneida, and Oswego counties. During a 46 year period (1971-2017), EEE was documented in horses or mosquitoes in at least one of these counties during 32 of those years. Since many of these counties share borders, information is exchanged throughout the mosquito season in an effort to make informed decisions about mosquito control.
- West Nile Virus:** In 2000, West Nile virus (WNV) unexpectedly spread throughout New York State, including Onondaga County. The ubiquitous nature of WNV in the environment required that efforts to control the spread of the virus focus on the entire county. The mosquito control program was expanded to meet this need in 2001. West Nile virus activity has been documented in Onondaga County each year since 2000, including five human cases in 2002, two in 2011, nine in 2012 (including one fatality), one in 2014, and two in 2017.
- Zika Virus:** Starting in 2015, the Zika virus became a worldwide concern when there were several outbreaks in South and Central America. In these areas the mosquito species linked to the transmission of the virus was *Aedes aegypti*, a warmer climate mosquito. Concern began to surface in the United States in 2016 when a less temperature sensitive mosquito, *Aedes albopictus*, was determined to potentially transmit Zika. Although *Aedes albopictus* had not been found in Onondaga County, it has been found sporadically in a few New York State counties. Onondaga County performs surveillance under the guidance of New York State who is equipped to test for the Zika virus if *Aedes albopictus* is found.

THE MOSQUITO CONTROL PROGRAM PROVIDES:

- Surveillance through mosquito trapping and testing. Traps are used at 22 sites throughout the county. Mosquito pools are submitted to the NYSDOH Wadsworth Center Laboratory weekly to test for WNV, EEE virus, California Encephalitis (CE) virus, and other arboviruses. Results are posted to the website throughout the season.
- Mosquito control, consisting of:
 - Monitoring and treating nearly 1,000 breeding sites as necessary with larvicide (a pesticide to kill mosquito larvae)
 - Treating catch basins with larvicide, primarily within the City of Syracuse
 - Truck spraying to kill adult mosquitoes when indicated
- Education regarding mosquito program activities and personal protection measures through media reports, public meetings, and individual contacts with local residents
- Monitoring and baiting for rodents in the public sewer system (catch basins and manholes)
- Investigation of [rodent complaints](#)

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------------------|---------|--------|---------|
| Mosquitoes collected/identified | 303,791 | 83,937 | 193,305 |
| Mosquito pools submitted for testing | 720 | 476 | 749 |
| EEE positive mosquito pools | 22 | 0 | 1 |
| WNV positive mosquito pools | 7 | 4 | 31 |
| Mosquito breeding sites treated | 348 | 201 | 387 |
| Catch basins treated with larvicide | 5,824 | 5,126 | 4,127 |
| Manholes treated with rodenticide | 2,491 | 2,929 | 1,958 |
| Rodent infestations investigated | 6 | 8 | 5 |

ADOLESCENT TOBACCO AND CLEAN INDOOR AIR ACT

Tobacco remains the leading preventable cause of death. Since 1995, the Onondaga County Health Department has received a grant from the New York State Department of Health (NYSDOH) to implement the [Adolescent Tobacco Use Prevention \(ATUPA\) program](#) along with investigation and enforcement activities associated with the Clean Indoor Air Act (CIAA).

THE ADOLESCENT TOBACCO AND CLEAN INDOOR AIR ACT PROGRAMS PROVIDE:

- At least one compliance check (using a youth under the age of 18) at every facility that sells tobacco
- Investigation of complaints regarding the local law prohibiting the sale of tobacco products to persons under the age of 19
- Inspection and verification that all tobacco vendors are registered with the New York State Department of Taxation and Finance and the required signage is present
- Issuance of formal enforcement action against each facility that is cited for a violation of ATUPA
- Re-inspection compliance checks at every facility with a prior violation
- Investigations of CIAA complaints
- Issuance of formal enforcement for facilities with CIAA violations

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------|------|------|------|
| ATUPA (Grant Year) | | | |
| Compliance checks completed | 405 | 431 | 481 |
| Re-inspections completed | 7 | 31 | 50 |
| Violations/enforcement | 13 | 12 | 20 |
| CIAA | | | |
| Complaints investigated | 17 | 27 | 27 |
| Violations/enforcement | 0 | 0 | 0 |

HEALTHY NEIGHBORHOOD PROGRAM

The [Healthy Neighborhood Program](#) is a New York State Department of Health grant supported program. The OCHD has been a recipient of this grant since 1996.

HEALTHY NEIGHBORHOOD PROGRAM PROVIDES:

- Door-to-door surveys that focus on safety issues in the home in select census tracts
- Education on a wide range of health and safety issues
- Direct interventions are provided including cleaning kits, pillow and mattress covers, furnace filters, shower curtains, cabinet locks, and batteries for existing smoke detectors
- Referrals to the Syracuse Fire Department for installation of smoke and carbon monoxide detectors; to the American Lung Association for additional asthma information; and to other agencies as appropriate
- Attempted revisits after 90 days to determine if lasting improvements have been made

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------------------------|-------|-------|------|
| Surveys completed | 812 | 793 | 667 |
| Revisits | 232 | 245 | 202 |
| Numbers of smoke/CO detectors distributed | 779 | 724 | 614 |
| Children referred for lead testing | 76 | 88 | 184 |
| Individuals with asthma identified & educated | 291 | 266 | 219 |
| Referrals to other agencies | 1,194 | 1,012 | 874 |

RADON

Radon is a naturally occurring radioactive gas that seeps into homes through cracks in the foundation, walls, and joints. Radon is the second leading cause of lung cancer in the United States. The program receives a grant each year from New York State for the promotion of radon detection and prevention activities in Onondaga County. Radon detectors are distributed to county residents and targeted educational activities for homeowners, schools, and the real estate community are provided. Residents are guided through the process of testing and mitigation.

WASTE-TO-ENERGY FACILITY MONITORING PROGRAM

The Onondaga County Health Department initiated a Waste-to-Energy Facility monitoring program in 1994 in response to public concern regarding possible health risks associated with the facility. Soil samples are taken at a series of sites around the facility along with ash samples directly from the facility. The samples are analyzed for metals, Polychlorinated Biphenyls (PCB's), Dioxins and Furans. Results of the analyses are posted on the OCHD website annually. In the monitoring conducted to date, no relationship has been established between the operation of the facility and any significant increased levels of constituents in the environment.

INDOOR AIR

The indoor air quality within a building can affect the health and comfort of its occupants. Program staff provides guidance to residents on a variety of indoor air issues including mold, asbestos, carbon monoxide, and general indoor air quality. Information is provided, referrals to other appropriate agencies are given and research is conducted.

ENVIRONMENTAL EXPOSURE RESPONSE

Human exposure to a spill or release of chemicals or radiation into the air, soil, or water can result in both immediate and long term health effects. Program staff responds to incidents involving chemicals, hazardous waste and radiation by providing information and guidance. Assistance is given to other responding agencies such as the Department of Environmental Conservation and Hazmat teams along with other public agencies that respond to environmental health issues

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------------------------|------|------|------|
| Radon kits distributed | 500 | 500 | 500 |
| Waste to Energy facility samples collected | 48 | 48 | 48 |
| Indoor air complaints/ concerns investigated | 36 | 39 | 88 |
| Environmental exposure incidents investigated | 39 | 41 | 50 |

PUBLIC HEALTH ENGINEERING

The mission of Public Health Engineering is to ensure safe, healthy drinking water; safe, effective wastewater disposal; responsible land use; design and construction of code compliant public swimming pools and bathing beaches; and accurate measurement of goods for the residents of Onondaga County by working together with industry professionals and the community at large.

The [Bureau of Public Health Engineering](#) consists of the Water Supply Section, the Land Development Section, the Council on Environmental Health staff, and the Weights & Measures program. In addition to these program areas, the Bureau reviews engineering plans for regulated facilities such as public swimming pools and beaches. Onondaga County has conducted these programs since the Health Department was created in 1967.

LAND DEVELOPMENT

The [Public Health Engineering Land Development Section](#) provides:

- Review and approval of plans for municipal sewer and water extensions, realty subdivisions, individual sewage disposal systems and public swimming pools
- Inspection of sewage disposal system installations for conformance with approved plans
- Information and assistance to County residents served by onsite sewage disposal systems

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------------------------|------|------|------|
| Individual sewage plans approved | 123 | 125 | 155 |
| Individual sewage installations inspected | 125 | 94 | 107 |
| Realty subdivision lots approved for water and sewer | 239 | 242 | 164 |

ONONDAGA COUNTY COUNCIL ON ENVIRONMENTAL HEALTH

The [Council on Environmental Health](#) provides:

- Review and comment on critical environmental matters relating to Onondaga County during monthly meetings
- Oversight and implementation of the County's aquatic vegetation control program and lake/stream water quality and invasive species management efforts through secured grant programs
- Continued monitoring of the current Lyme disease situation and its relationship to urban deer population issues
- Continued monitoring of agricultural manure spreading issues and providing comment on updated state permit regulations and implementing recommendations from a previously prepared report

WATER SUPPLY

The [Water Supply Section](#) provides:

- Surveillance, inspection, and regulatory oversight of the county's public water systems, which serve approximately 90% of the county population
- Information and assistance as requested by Onondaga County residents served by individual wells

| ANNUAL DATA | 2015 | 2016 | 2017 |
|---------------------------------------------|-------|-------|-------|
| In-depth sanitary survey inspections | 98 | 97 | 107 |
| Water quality samples | 1,792 | 1,834 | 1,782 |
| Requests for well assistance or information | 40 | 34 | 73 |

WEIGHTS AND MEASURES:

The [Weights and Measures](#) program ensures that customers receive accurate quantities of commodity in Onondaga County.

THE WEIGHTS AND MEASURES PROGRAM PROVIDES:

- Inspections of nearly 800 facilities with scales including gas stations, grocery and convenience stores, delis, pharmacies, hardware stores, bakeries, and fuel tank facilities
- Enforcement and re-inspection of facilities that are not within standards, with requirements to make corrections
- Investigate complaints from the public

| ANNUAL DATA | 2015 | 2016 | 2017 |
|---------------------------------|-------|-------|-------|
| Facilities inspected | 710 | 795 | 842 |
| Complaint investigations | 14 | 11 | 6 |
| Devices inspected | | | |
| Scales | 2,463 | 2,457 | 2,474 |
| Liquid measuring devices | 3,151 | 3,456 | 3,460 |
| Weights | 1,595 | 1,627 | 1,524 |

HIGHLIGHTS IN 2017: ENVIRONMENTAL HEALTH

- Water program personnel assisted the NYSDOH in a legionella investigation involving a local health club as a possible source based on interviews with ill individuals. Staff sampled swimming pools, spas, and showers at the facility and determined that there were positive levels in a spa. The spa was immediately closed. The facility was given guidance on draining, disinfecting and replacing the skimmer components. Several rounds of testing and disinfection were performed until the bacteria were no longer present.
- In September of 2017, a wide-spread blue-green algal bloom was reported in Skaneateles Lake. The lake is an unfiltered source of public drinking water for the Town and Village of Skaneateles, Town and Village of Elbridge, Village of Jordan, City of Syracuse and portions of the Towns of Onondaga and DeWitt. Working together, the OCHD, NYSDOH, and the City of Syracuse Water Department developed a plan to determine if the public water system was being impacted by the algal bloom. Although low levels of toxins were found consistently in the raw water and after initial chlorination points on several occasions, there were no toxins detected in any water samples that were representative of drinking water reaching customers of the system. The OCHD took the lead in coordinating the investigation and notifying the public about the sample results and the status of the algal bloom. Sampling continued until mid-November when non-detects were found in the raw water consistently.
- A blue-green algal bloom at two public beaches in the Town of Cicero resulted in closure of the beaches for several days. Sampling was performed daily until the bloom dissipated and the beach was reopened.
- Extensive cross-training was performed for staff within the Division of Environmental Health in areas involving investigation of nuisance complaints, swimming pool inspections, hotel/motel inspections and food service at restaurants and schools. The training has made the Division more flexible and improves our ability to respond to emergency situations.
- The Healthy Neighborhood Program has significantly expanded collaborations within the population that the program serves in the City of Syracuse. The Program has participated in health fairs, asthma education seminars, and other community events with PEACE Inc., the Green and Healthy Homes Initiative, the Dunbar Center, National Grid, and the NE Hawley Development Association.

- A local law, raising the minimum age to purchase tobacco from 19 to 21, was passed in Onondaga County at the very end of 2017. Division staff will be responsible for educating retailers and enforcement activities related to the new law.
- Implementation by staff of Finger Lakes-Lake Ontario Watershed Protection Alliance and invasive species management initiatives.



2017 ANNUAL REPORT
FAMILY PLANNING
SERVICE

FAMILY PLANNING SERVICE

In Partnership with Syracuse Model Neighborhood Facility, Inc./Syracuse Community Connections

CLINIC LOCATIONS

- Dr. William Harris Health Center, 301 Slocum Ave, Syracuse NY 13204
- 113 East Taft Road, North Syracuse, NY 13212
- Administrative Office
428 West Onondaga Ave, Syracuse, NY 13202
315-435-3295

PROGRAM PRIORITIES

Under Title X guidelines, Family Planning Service (FPS) has been an essential provider (since 1969) of primary, preventive reproductive health care in Onondaga County. FPS program goals derive from Healthy People 2020 Objectives and from the Department of Health and Human Service priorities as follows:

FAMILY PLANNING SERVICE PROVIDES:

- Delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families
- Assessment of clients' reproductive life plan as part of determining their need for family planning services
- Access to a broad range of family planning preventive health services including, contraceptive services, pregnancy testing and counseling, STD testing and treatment, HIV testing, HPV vaccine, preconception healthcare, basic infertility services, and breast and cervical cancer screening
- Voluntary, client-centered contraceptive and other preventive health services using shared decision making based on the patient's values and priorities
- Outreach to hard-to-reach and/or vulnerable populations
- Same day appointments and walk-in visits at every clinic session
- Partnerships with other community-based organizations, primary care providers and social service providers
- Facilitation of client enrollment into Family Planning Benefit Program (FPBP) and presumptive Medicaid
- Development and implementation of health and sexuality education programs to schools and community based organizations

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------|-------|-------|-------|
| Unduplicated Patients | 3,909 | 3,384 | 3,402 |
| Number of Patient Visits | 7,711 | 6,573 | 6,361 |
| STD Screening Services | 2,068 | 1,835 | 1,838 |
| Male Clients Served | 181 | 162 | 183 |

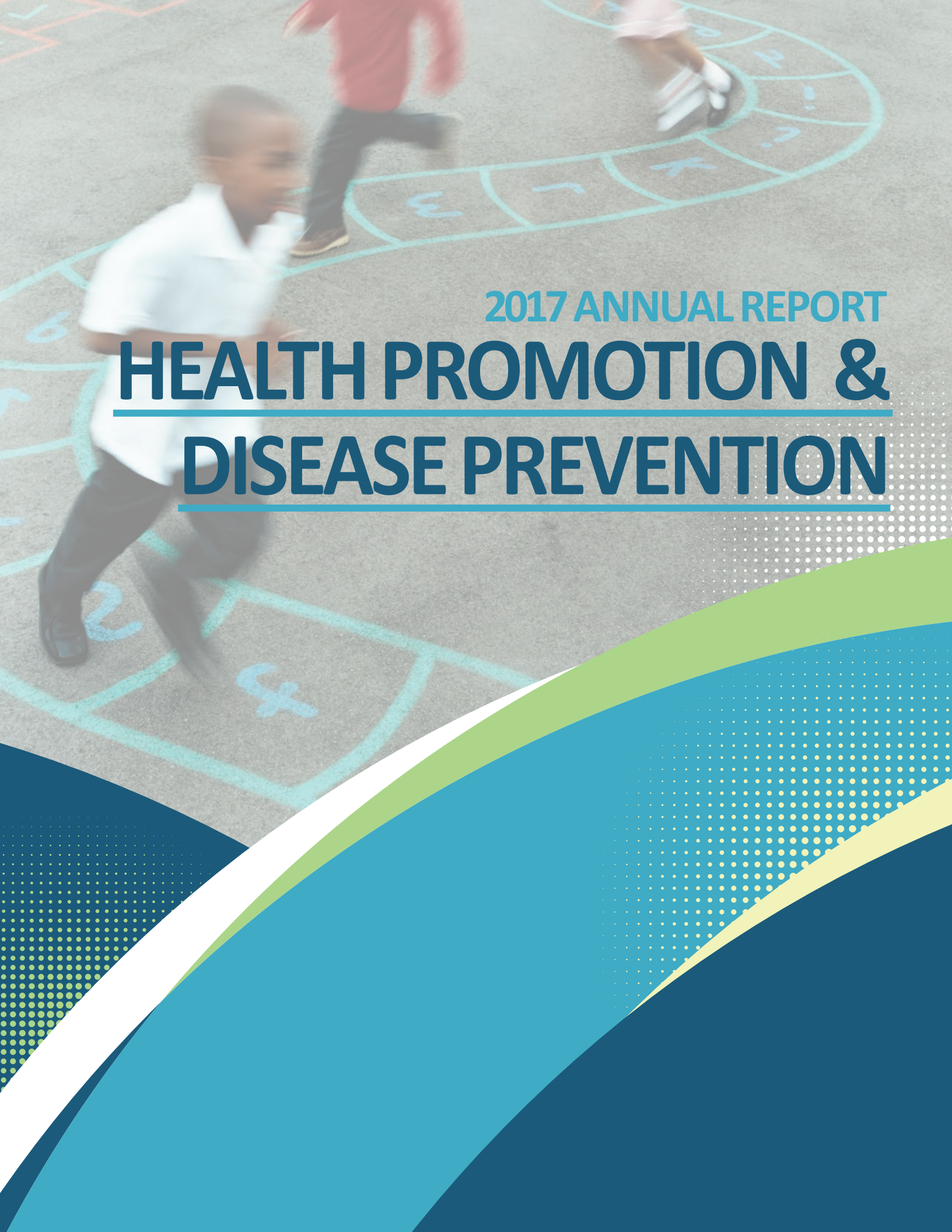
QUALITY IMPROVEMENT

FPS participates in the OCHD Quality Improvement process with a focus on the quality of services being provided to individuals within program areas. FPS monitors both regulatory compliance issues and client centered quality issues. Topics in 2017 include:

- Staff compliance with delivery and documentation of all HIV education and counseling and test recommendation to pregnancy testing clients. 100% of pregnant women will be offered an HIV test, and 30% of pregnant women will choose to be tested at the time of the positive pregnancy test visit.
- Staff compliance with Title X required documentation of patients' race and ethnicity. No more than 5% of FPS records will be of "Non-Hispanic, unknown race".

HIGHLIGHTS IN 2017: FAMILY PLANNING SERVICE

- FPS was able to expand our Health Education team via the Comprehensive Adolescent Pregnancy Prevention (CAPP) initiative. This expansion allows FPS to reach more people with information and outreach, and enabled the development of a Peer Leadership program that gives youth interested in Public Health the opportunity to gain leadership skills and work experience. Our Peers are trained in Reproductive Health content and presentation, and facilitation skills.
- FPS continually partners with community stakeholders. These mutually beneficial collaborations inform our strategies for fulfilling the expectations of our work plans and provide staff development opportunities, including training in PrEP and LGBTQ sensitivity.
- Per the Community Health Improvement Plan (CHIP) and in response to an increase in opioid abuse, addiction and unintended overdose, all clinical staff participated in NARCAN training.
- Began offering same-day contraceptive method starts of Long Acting Reversible Contraception, including IUDs and Nexplanon.
- Provided use of Language Line for 62 clients, allowing FPS to provide linguistically appropriate care to our non-English speaking patients. Through the use of language line we were able to effectively communicate with our patients in Myanmar, Spanish, Somali, and Vietnamese among others.



2017 ANNUAL REPORT

HEALTH PROMOTION & DISEASE PREVENTION

HEALTH PROMOTION AND DISEASE PREVENTION

The mission of the Bureau of Health Promotion and Disease Prevention is to promote the health of all Onondaga County residents through education and policy change.

THE BUREAU PROVIDES THE FOLLOWING PROGRAMS:

- Healthy Communities Initiatives
- Lead Poisoning Control Program
- Cancer Services Program
- Public Health Education
- Dental Health Education

HEALTHY COMMUNITIES INITIATIVES

Through grant projects funded by the New York State Department of Health (NYSDOH), St. Joseph's Hospital Health Center and HealtheConnections, the Onondaga County Health Department (OCHD) works to develop policies and programs that will prevent obesity, Type 2 diabetes, and other chronic diseases. This is achieved through supporting policy development, environmental and practice changes, and purchasing changes. The Healthy Communities Initiatives target key populations including students from the Syracuse City School District, small retail venue owners, worksite employees, community-based organization employees, children who attend early child care centers and their families, students at higher education institutions and city of Syracuse residents. A primary focus is on reducing health disparities among adults.

THE HEALTHY COMMUNITIES INITIATIVES PROGRAM INCLUDES:

- **Creating Healthy Schools and Communities:** a five year initiative funded by the NYSDOH designed to reduce the risk of obesity, diabetes, and other chronic diseases. This program partners with the Syracuse City School District to implement policies and practices that increase the demand for and access to healthy and affordable foods.
- **Local IMPACT:** an initiative funded by HealtheConnections for the purpose of supporting high need counties to implement intensive, location-specific strategies in communities and health systems to prevent obesity, prevent and control diabetes, heart disease and stroke, with a focus on reducing health disparities among adults.
- **Trinity Health:** a program funded by St. Joseph's Hospital Health Center to serve neighborhoods in the city of Syracuse (the near west and north sides) and the Syracuse City School District. Target populations include low income adults and children who are disproportionately impacted by health conditions related to poor diet, inactivity, and tobacco use. This initiative works on modifiable health behaviors in areas where healthy choices may not be affordable or visible to underserved residents.
- **Sodium Reduction in Communities:** a program funded by the NYSDOH to reduce sodium consumption in early childhood education centers, universities, and colleges in Onondaga County. This is achieved through implementing food standards that include sodium, and changing both food purchasing and preparation practices to reduce sodium content.

LEAD POISONING CONTROL PROGRAM

The [Lead Poisoning Control Program](#) was established in 1972 to minimize the adverse health impact of lead poisoning. The program has helped thousands of families protect their children from lead exposure by ensuring their homes are lead safe. By law, health providers in New York State must test children for lead at age one and at age two.

THE LEAD POISONING CONTROL PROGRAM PROVIDES:

- Surveillance of blood lead levels (BLL) in Onondaga County children
- Blood lead testing for uninsured/underinsured Onondaga County children in need of testing
- Follow-up services including nursing and environmental case management for families of children with elevated blood lead levels (EBLL)
- Comprehensive health education and outreach campaigns designed to increase awareness of the health risks associated with lead poisoning
- Promotion of primary prevention strategies to reduce the risk of toxic lead exposure before it occurs
- Environmental inspections of properties associated with children with elevated blood lead levels and properties in high-risk block groups and census tracts
- Referrals to home repair assistance programs for homeowners of properties with lead hazards
- Participation in community-wide planning activities and coalitions formed to address the development and rehabilitation of at-risk housing units
- Coordination of training in Lead Safe Work Practices for contractors

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------------------------------------------|--------------|-------------|-------------|
| Primary prevention inspections | 315 | 265 | 208 |
| BLL ≥15 mcg/dL inspections | 76 | 71 | 83 |
| Section 8 referral inspections* | N/A | 24 | 34 |
| Children tested for lead poisoning in Onondaga County | 11,519 | 11,795 | 11,701 |
| Children tested for lead poisoning at an Onondaga County clinic | 1,209 | 1,213 | 1,152 |
| Children with EBLL ≥5 mcg/dL in Onondaga County | 707 | 742 | 678 |
| Number/Percentage of OCHD tests done at WIC | 952 / 78.7% | 893 / 73.6% | 855 / 79.3% |
| Children tested at WIC with EBLL ≥5 mcg/dL in Onondaga County | 105 / 11.02% | 94 / 10.5% | 69 / 8.1% |

*A new partnership between the Lead Program and the Syracuse Housing Authority's Section 8 program was initiated in July 2016

CANCER SERVICES PROGRAM

Since 1987, the [Cancer Services Program](#) (CSP) of the Onondaga County Health Department has collaborated with NYSDOH, local healthcare providers, and numerous community agencies/organizations to offer screening services for breast, cervical, and colorectal cancer to uninsured and underinsured residents of both the city of Syracuse and Onondaga County.

THE CANCER SERVICES PROGRAM PROVIDES:

- Promotion and provision of breast, cervical, and colorectal cancer screening services through collaborative relationships with healthcare providers, human service agencies, local media, and other community organizations to provide and promote utilization of cancer screening services
- Assessment and case management services for all men and women identified with abnormal screening results

| ANNUAL DATA | 2014* | 2015 | 2016 | 2017 |
|---------------------------------------------------|-------|------|------|------|
| Number of patients screened | 730 | 493 | 277 | 209 |
| Clinical breast exams | 626 | 402 | 147 | 168 |
| Mammograms | 651 | 400 | 208 | 228 |
| Follow-up breast cancer diagnostic procedures | 342 | 252 | 152 | 195 |
| Pap tests | 198 | 111 | 50 | 60 |
| Follow-up cervical cancer diagnostic procedures | 52 | 25 | 10 | 13 |
| Colorectal Fecal Immunochemical Test Kits | 221 | 120 | 75 | 101 |
| Follow-up colorectal cancer diagnostic procedures | 212 | 126 | 92 | 133 |

* 2014 marked the first year in which Onondaga County residents could receive full health coverage benefits through the Affordable Care Act. An increase in individuals covered through the ACA decreased the number of individuals seeking screening services through the Onondaga County Health Department's Cancer Services Program.

PUBLIC HEALTH EDUCATION

The mission of the Public Health Education program is to increase public awareness of local health issues and to encourage the adoption of healthy behaviors.

THE PUBLIC HEALTH EDUCATION SECTION PROVIDES:

- Educational programs, community outreach, and special health events/activities
- Information to the public through the use of press releases, coordination of media events, and the promotion of special events as needed
- Response to public health alerts by utilizing social media outlets, and/or activating hotlines to respond to high-volume questions from the public
- Development of health education materials for targeted populations
- Promotion of health department programs and clinical services at area businesses, worksites, and numerous community locations
- Participation in community coalitions (such as faith-based and neighborhood agencies)
- Evaluation of paid and earned media campaigns, and special events
- Qualitative research to identify health behaviors in our community through conducting focus groups, surveys, and key informant interviews

DENTAL HEALTH EDUCATION

Since 2005, the Dental Health Program has concentrated on providing dental health education to children, targeting pre-school age children and their families.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|----------------------------------------------------------------|-------|-------|-------|
| <i>Oral health presentations to pre-school children</i> | 135 | 129 | 122 |
| # Sites | 39 | 47 | 41 |
| # Children | 2,006 | 1,965 | 1,886 |
| <i>Oral health presentations to parents</i> | 0 | 2 | 6 |
| # Adults | 0 | 27 | 54 |

HIGHLIGHTS IN 2017: HEALTH PROMOTION AND DISEASE PREVENTION

- A new “Produce in a Box” program was launched at four worksites. Each box contained approximately 20 pounds of produce, recipe cards, and tips on storage and preparation, to encourage consumption of local fruits and vegetables as part of a healthy diet. Feedback from employees was overwhelmingly positive. Around 9,000 pounds of fresh local produce was sold during this 5 month program.
- Eighteen new breastfeeding rooms were created in community locations. Breastfeeding offers many health benefits for both mother and baby. Creating a dedicated space supports and encourages breastfeeding for employees and visitors to these locations.
- In conjunction with community partners, additional enforcement tools were implemented to strongly encourage rental property owners cited for lead paint violations to complete the ordered repairs. When repairs are not made in a timely manner, the Lead Program works with the Onondaga County Department of Social Services - Economic Security (DSS-ES) to temporarily withhold rent until repairs are made. The Lead Program also works with both the Onondaga County District Attorney's Office and the City of Syracuse Code Enforcement to hold rental property owners accountable for maintaining a safe and healthy living environment for their tenants.
- Mini-grants were awarded to four community-based organizations in Onondaga County to assist with promoting and educating residents on breast, cervical, and colorectal cancer, and to recruit eligible women and men for free cancer screenings through the program.
- Enhanced physical activity opportunities were created in several Syracuse City School District (SCSD) buildings to encourage students to engage in daily physical activity. OCHD supported the purchase of physical activity equipment for all ages and abilities including: playground equipment, yoga in the classroom items, golf equipment, life vests for use at the school pool, indoor walking trails, and scalers climbing wall. As a result of the SCSD Wellness policy, the Healthy Communities Initiative also sponsored yoga training for 65 physical education teachers to support the adoption of yoga as part of the physical education curriculum.



2017 ANNUAL REPORT
HEALTHY FAMILIES

HEALTHY FAMILIES: MATERNAL AND CHILD HEALTH

The mission of this program is to improve the overall health and related socio-economic, educational, and developmental outcomes for mothers, infants, and children in Onondaga County.

[The Division of Healthy Families](#) (Maternal and Child Health) provides services to moms, babies, dads, and families in Onondaga County under a unified system.

HEALTHY FAMILIES COMPRISES:

- Community Health Nursing and Community Health Worker Programs:
 - [Early Intervention Children at Risk Early Screening \(EI C.A.R.E.S.\)](#)
 - [Family Life Team](#)
 - [Immunization Action Plan](#)
 - [Maternal and Infant Community Health Collaborative \(MICHC\)](#)
 - Newborn Metabolic Screening
 - Public Health Nursing and [Nurse-Family Partnership](#)
 - [Syracuse Healthy Start](#)
- [Special Children Services \(Early Intervention and Preschool Special Education\)](#)
- Women, Infants, and Children (WIC)

The Division of Healthy Families is accessible through its website, onhealthyfamilies.com and its Facebook page, facebook.com/HealthyFamiliesOnondaga.

COMMUNITY HEALTH NURSING

The Bureau of Community Health Nursing operates a preventive nurse home visitation program under the New York State Department of Health (NYSDOH) as a Licensed Home Care Service Agency (LHCSA). Preventive maternal/child visits are made by public health nurses, community health workers, and social workers. Some of the most vulnerable populations served include incarcerated women and their infants; children with elevated lead levels; and families who experienced a sudden unexpected infant death. While all pregnant women in Onondaga County are eligible to receive services, the Bureau focuses its efforts on reaching prenatal women whose pregnancy outcomes are identified as being at highest risk for infant mortality, low birth weight, and developmental delay or disabilities. Studies have demonstrated that home visiting interventions have positive outcomes for both parents and children served. The Bureau offers client programs and services through partnerships with several community agencies and other County departments. These include the Syracuse City School District, the Salvation Army, Catholic Charities, Syracuse Community Connectors, Family Planning Services, Onondaga County Justice System, the Department of Children and Family Services and the Department of Social Services: Economic Security.

EARLY INTERVENTION C.A.R.E.S. (CHILDREN AT RISK EARLY SCREENING)

The Early Intervention C.A.R.E.S. program is part of a statewide Early Intervention Child Find program that identifies infants and toddlers up to age three who are at risk for developmental delays. Public Health Nurses provide home visits for health assessments, teaching, and referrals to community resources for infants who are at-risk for developmental delays.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------|------|------|------|
| E.I. C.A.R.E.S Referrals | 203 | 452 | 506 |

FAMILY LIFE TEAM

The Family Life Team (FLT) program is a collaborative effort between the Bureau of Community Health Nursing and the Syracuse City School District (SCSD). The FLT program offers public health nursing and community health worker (CHW) services to any identified pregnant and parenting student in the SCSD schools. CHW services are provided by the Healthy Families' subcontracted services of Syracuse Healthy Start and the Maternal and Infant Community Health Collaborative.

| ANNUAL DATA | School Year: | 2014-2015 | 2015-2016 | 2016-2017 |
|----------------------------|--------------|-----------|-----------|-----------|
| Family Life Team Referrals | | 98 | 72 | 41 |

IMMUNIZATION/IMMUNIZATION ACTION PLAN

The Onondaga County Health Department has historically provided immunizations as a safety net for county residents. [Clinics](#) are currently held weekly for *uninsured* children 2 months of age through 18 years of age, college students over 18 years of age and *uninsured* adults. In addition to providing this clinical service, the program partners with the New York State Department of Health (NYSDOH) and their Vaccines for Children (VFC) program to improve access to and education about recommended immunizations for children and adults. OCHD also participates with the NYSDOH Vaccines for Adult (VFA) program. The NYSDOH provides grant funding to support these programs. The [Immunization Clinic](#) is located in Room 30; 421 Montgomery Street, Syracuse, New York 13202; walk-in appointments are on Wednesdays, 9:00 AM-12:00 PM.

SPECIFIC PROGRAM ACTIVITIES FOR IMMUNIZATION ACTION PLAN INCLUDE:

- Maintain the Immunization Action Plan work plan, utilizing the Assessment Feedback Incentives Exchange (AFIX) to conduct assessments and follow-up visits with health care providers to assess immunization rates and the standards of practice for child and adolescent immunizations
- Collaborate with hospitals, healthcare providers, and clients to reduce/eliminate perinatal hepatitis B transmission from mother to newborn
- Facilitate an Onondaga County Immunization Coalition to engage community partners, pharmacies and healthcare providers in promoting age appropriate vaccination for children and adults in the community
- Provide Hepatitis A and Hepatitis B vaccine through the OCHD's Bureau of Disease Control to at-risk individuals 19 years of age and older who are uninsured or underinsured and have at least one risk factor, as defined by NYSDOH. Risk behaviors are defined as engaging in high-risk sexual behaviors, IV drug use and for certain chronic health conditions.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-------------------------------------------------------|-------|-------|-------|
| Immunization clinic, total served (adults & children) | 786 | 1,065 | 1,901 |
| Flu clinics (total served) | 1,169 | 1,004 | 822 |
| Perinatal Hepatitis B Program referrals | 38 | 28 | 19 |
| Vaccine for Adults (VFA) (total served) | | 21 | 68 |

MATERNAL AND INFANT COMMUNITY HEALTH COLLABORATIVE: COMMUNITY HEALTH WORKER PROGRAM

The NYSDOH grant-supported [Maternal and Infant Community Health Collaborative \(MICHC\)](#), begun in October 2013, provides outreach and home visitation to high-risk women and their families throughout the life course. The MICHC Program provides assistance and advocacy for clients to overcome barriers to accessing needed services, while offering support and guidance to achieve healthier lives for themselves and their families. The MICHC program is a collaborative with many community partners and provides Community Health Worker (CHW) services via subcontract with REACH CNY and Syracuse Community Connection.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------|------|------|------|
| Referrals received | 276 | 247 | 240 |
| Clients served | 148 | 89 | 232 |

NEWBORN METABOLIC SCREENING

New York State (NYS) requires that every infant born in NYS be tested shortly after birth for over 40 different disorders. Upon notification from the NYSDOH Wadsworth Laboratory, a staff member works directly with hospitals, primary care providers, and families to ensure that repeat testing is completed on all infants with abnormal results and on those whose specimens were inadequate and unable to be tested.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------|------|------|------|
| Requests for Follow Up | 27 | 20 | 18 |

NURSE – FAMILY PARTNERSHIP (NFP)

The [NFP program](#) Public Health Nurses (PHN) provide intensive, frequent, structured home visits to low income first-time pregnant women who reside in Onondaga County. The visits start as early in an individual's pregnancy as possible and continue until the baby's 2nd birthday. PHNs receive extensive ongoing training with supervisory support and follow very specific curriculum, protocols, and guidelines for each visit. NFP is based upon the Nurse Home Visitation program developed by Dr. David Olds. There is documented evidence that this program can produce significant benefits for the participating child and parents. Future cost savings have been identified in numerous social services programs. NFP has been shown to reduce subsequent pregnancies; decrease the incidence of child abuse; increase parent/child school completion rates; reduce welfare use; and increase the child's school readiness by improving their language, cognition, and behavior skills.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------------|------|------|------|
| Moms served | 231 | 197 | 243 |
| Infants served | 146 | 174 | 180 |
| Mothers/two yr. olds graduated | 19 | 34 | 32 |

SYRACUSE HEALTHY START: COMBINED COMMUNITY HEALTH NURSING and OUTREACH/COMMUNITY HEALTH WORKER PROGRAMS

[Syracuse Healthy Start \(SHS\)](#) is a federally funded program which aims to reduce disparities in infant mortality and perinatal outcomes in the City of Syracuse. The program began in 1997, during a time when Syracuse's African American infant mortality rate was the highest in the country for a mid-sized city. The program takes a community based approach to support new families from pregnancy through a child's second birthday, with an emphasis on empowering parents to meet their own personal goals, connect with community resources, and achieve optimal health for themselves and their children.

SPECIFIC PROGRAM ACTIVITIES FOR SHS INCLUDE:

- **Home Visitation:** Healthy Start home visitors are an integral part of the Healthy Families team, and include a Social Worker and Public Health Nurses (PHN) at the OCHD, and Community Health Workers and Doulas stationed at community agencies including Catholic Charities of Onondaga County, and Syracuse Community Connections. Home visitors offer case management and health education, and help families access and navigate healthcare and community resources. PHN also provide health screenings.
- **Community Action Network (CAN):** Healthy Start's Community Action Network is the outreach and engagement arm of the program. The CAN offers open community events including baby showers, yoga classes, fathers groups and more. The Executive Council and subcommittees of the CAN also bring together healthcare providers, human service workers, and program participants to focus on issues that impact maternal and child health in Syracuse, including improving community wide breastfeeding rates and fatherhood involvement, promoting safe sleep for infants, and reducing perinatal substance abuse.
- **Health Education:** Group and one-on-one education sessions are conducted on health related topics geared to improve birth outcomes. Program participants may receive education during home visits, and/or through community sessions held throughout the city.

- Evaluation:** The program uses a data system to collect and monitor specific indicators set by federal guidelines. Local evaluation of the program consists of statistical comparison of Syracuse Healthy Start participants with non-participants, and is shared at the annual “State of our Babies’ Health in Syracuse” talk. Trends are measured and assessed in relation to stated objectives and yearly targets. Racial and ethnic specific measures are compared to assess for disparities.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------------|------|------|------|
| First trimester prenatal care | 75% | 74% | 70% |
| Low birth weight babies | 10% | 12% | 13% |
| Breast-fed babies | 55% | 65% | 60% |
| Fatherhood Program- total clients served | - | 26 | 11* |
| Doulas- total clients served | - | 28 | 52 |
| Doulas clients delivered | - | 20 | 44 |

**Fatherhood Worker position vacant part of 2017*

In addition to the above data, Healthy Start provided home visits to a total of 871 families in 2017, and 292 program participants attended a total of 51 group health education sessions. The overall 2015-2017 infant mortality rate for City of Syracuse residents was 10.0 per 1,000 live births (data are preliminary).

ALL HOME VISITING PROGRAMS COMBINED

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-----------------------------------------|--------|--------|-------|
| Total referrals received (unduplicated) | 2,986 | 2,976 | 2,883 |
| Total home visits completed | 11,458 | 10,070 | 9,520 |
| Total clients served (unduplicated) | 3,563 | 3,512 | 3,276 |

SPECIAL CHILDREN SERVICES

[Special Children Services](#) provides mandated developmental and related therapeutic services to children birth through age five. Qualifying children receive services that are tailored to their specific needs in accordance with all rules and regulations governing their respective program (Early Intervention and Preschool Special Education) to encourage children to maximize and achieve their greatest potential.

EARLY INTERVENTION

[The Early Intervention Program](#) for infants and toddlers up to age three was established in 1994 conforming NYS law to the Federal Individuals with Disabilities Act (IDEA), Part C. The New York State Department of Health (NYSDOH) is the lead agency for statewide administration and oversight of this program. The program is implemented at the local level under the direction of the Early Intervention Official and the OCHD Division of Healthy Families. Fee for service reimbursement to providers is completed by the NYSDOH Fiscal Agent.

Early Intervention Program arranges:

- Evaluations
- Educational and therapeutic services, such as speech therapy, physical and occupational therapy, audiological services, and assistive technology
- Transportation as determined by the Individual Family Service Plan (IFSP)

| ANNUAL DATA | 2015 | 2016 | 2017 |
|----------------------------------------------------------------|-------|-------|-------|
| Children referred from all sources | 1,433 | 1,408 | 1,562 |
| Children who qualified and were receiving services as of 12/31 | 757 | 814 | 909 |

PRESCHOOL SPECIAL EDUCATION

The [Preschool Special Education program](#) is a Federal and State mandated program for children three and four years old. Each school district has a Committee on Preschool Special Education (CPSE) who determines if a child qualifies for services as a preschooler with a disability. Eligibility is determined by evaluation, based on criteria established in regulation, at a meeting of the CPSE. New York State Education Department (NYSED) is the lead agency for statewide administration and oversight. The program is implemented at the local level by the school district where the child resides and the OCHD Division of Healthy Families.

Rates for service reimbursement are set by NYSED for Special Education Itinerant Teacher (SEIT) and classroom programs Special Class Inclusive Setting (SCIS). Rates for related therapy services (speech, physical therapy, occupational therapy, etc.) provided outside of a classroom program are set by the OCHD. There are no family out-of-pocket expenses for children determined eligible for services, and there is no third party billing, except for Medicaid with parental consent.

OCHD CONTRACTS WITH APPROVED PROVIDERS THAT SCHOOL DISTRICTS CAN CONTACT TO ARRANGE:

- Evaluations
- Special education and therapeutic services, such as speech therapy, physical and occupational therapy, and audiological services
- Transportation as determined appropriate by the school district CPSE through an Individual Education Plan (IEP)

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------------------------------------|-------|-------|-------|
| Number of school districts served | 22 | 22 | 21 |
| Children who received services during the summer 7/1 – 8/31 | 1,486 | 1,485 | 1,442 |
| Children who received services during the school year, 9/1 -6/30 | 1,914 | 1,955 | 1,998 |

SPECIFIC PROGRAM ACTIVITIES FOR SPECIAL CHILDREN SERVICES INCLUDE:

- Created a centralized referral intake system for all Early Intervention and home visitation services including Public Health Nursing, Social Work and Community Health Worker programs.
- Contracted with McGuinness to use its CPSE Portal and Medicaid Billing Clearing House, replacing the previous K-systems. McGuinness allows all information on Preschool special education services to be in one system, and provides the ability to bill Medicaid (MA), promoting MA reimbursement to OCHD when indicated. The change in vendor alone is projected to save the County approximately \$44,000 annually in contractual costs.
- Collaborated with the New York State Education Department (NYSED) and Early Childhood Direction Center (ECDC) to provide county wide training for CPSE chairs and Preschool providers. The training reviewed NYSED and CPSE regulations regarding the appropriate provision of special education service and necessary requirements of the Onondaga County Health Department for relevant Medicaid cost reimbursement.

WOMEN, INFANTS AND CHILDREN (WIC)

On September 26, 1972, Public Law 92-433, “The Special Supplemental Food Program” was enacted establishing the [Women, Infants, and Children \(WIC\) program](#). The OCHD WIC program, funded by both Federal grants and NYSDOH funds, provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

In order to meet the program’s mission, the OCHD WIC provides:

- Clinics throughout the County at several sites: Camillus, Lafayette, Liverpool, Onondaga Nation, and Syracuse (at both West Onondaga Street and at Assumption Church, N. Salina Street). An additional East Syracuse clinic site closed
- Evening appointments to better accommodate participant’s needs
- Nutritional education focusing on obesity prevention and healthier lifestyles

- Monthly checks for specific nutritious foods tailored to prenatal, postpartum, breastfeeding and infants/children (birth to age 5 years)
- Monitoring of growth during critical periods of the life cycle (pregnancy, infancy, breastfeeding, toddler, and preschool years)
- A Breastfeeding Peer Counselor Program to support successful breastfeeding
- Testing for iron deficiency anemia and in collaboration with the OCHD Lead Poison Prevention program testing for elevated lead levels
- Referrals to supportive health and human services

Of the clients enrolled in 2017: 23% are women, 26% are infants, and 51% are children.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|--------------------------|-------|-------|-------|
| Average monthly caseload | 9,085 | 8,982 | 8,681 |

HIGHLIGHTS IN 2017: HEALTHY FAMILIES

- Increased the breastfeeding initiation rate amongst lactating WIC women to 74.3%; in 2016 it was 65.8%
- Assisted Upstate Campus at Community General Hospital (CGH) in their efforts under their NYS Breastfeeding Collaborative, to become a Breastfeeding Baby Friendly facility. Upstate at CGH now refers eligible postpartum women, upon their hospital discharge, to WIC which in turn provides the breastfeeding mom with a WIC Peer Breastfeeding Counselor for additional support in that critical newborn period
- Developed and implemented a campaign geared toward WIC prenatal participants to decrease the percentage of high maternal weight gain during pregnancy

2017 ANNUAL REPORT

SURVEILLANCE & STATISTICS



SURVEILLANCE AND STATISTICS

The mission of the Bureau of Surveillance and Statistics is to monitor the health status of the population of Onondaga County, support the OCHD with data analysis and interpretation, and provide vital records for those who were born or died in Onondaga County.

The Office of Vital Statistics was originally established in 1968, to support consolidation and centralization of State-mandated vital record functions for Onondaga County. The Bureau of Surveillance and Statistics was established in 1988, by merger of the Office of Vital Statistics with the newly created Surveillance unit. The Surveillance unit is responsible for producing the State-mandated Community Health Assessment and Improvement Plan for Onondaga County.

THE BUREAU OF SURVEILLANCE AND STATISTICS PROVIDES:

- Health status monitoring for our community using numerous data sources
- Analysis and interpretation of statistical information about local morbidity and mortality, and the associated risk factors
- Support for quality improvement initiatives across Divisions and Bureaus
- Consultation for community members and requests for local health statistics
- Maintenance of records documenting all births and deaths that occur in Onondaga County
- Issuance of certified copies of birth and death records for a fee, which is set by New York State

| ANNUAL DATA | 2015 | 2016 | 2017 |
|-------------------------------|--------|--------|--------|
| Certificates issued for a fee | 42,307 | 42,063 | 41,308 |

HIGHLIGHTS IN 2017: SURVEILLANCE AND STATISTICS

- In partnership with Administration, the Bureau of Surveillance and Statistics administered a grant from NYSDOH to assist with Opioid Overdose Prevention in Onondaga County. This grant supported training to medical providers on prescribing practices, a community-wide educational media campaign, and a community documentary screening on promoting resilience.
- Bureau staff revised and enhanced the 2016-2018 Community Health Assessment and Improvement Plan to include a complete overview of demographic and health indicator data for Onondaga County residents. The document also identifies current health challenges, determinants of health, and existing community assets and resources, and outlines a collaborative plan for addressing community health priorities.

A composite image featuring a microscope on the left and a gloved hand holding a small object in the center. The background is a blurred laboratory setting with a grid pattern on the right side. The text is overlaid on the right side of the image.

2017 ANNUAL REPORT
CENTER FOR
FORENSIC SCIENCES

FORENSIC LABORATORIES

The mission of the Forensic Laboratories is to provide high quality scientific laboratory services in support of the administration of justice and public safety programs for the citizens of Onondaga County.

The [Forensic Laboratories](#) provides forensic laboratory analysis in the disciplines of Digital Evidence, Firearms, Forensic Biology/DNA, Forensic Chemistry, and Latent Prints with 25 scientists and technicians working in various disciplines within the sections. The Forensic Laboratories process evidence from all police agencies within Onondaga County and several from surrounding counties. Evidence is also processed for various state and federal agencies as necessary. The Laboratories' scientists provide expert scientific testimony in court concerning analytical processes used in the analysis of related evidence and the results of that analysis. The Forensic Laboratories maintain accreditation by the American Society of Crime Lab Directors/Laboratory Accreditation Board International under ISO 17025 standards and by the New York State Commission on Forensic Science.

THE LABORATORIES PROVIDE THE FOLLOWING FORENSIC SERVICES:

- **DIGITAL EVIDENCE:** The Digital Evidence section examines submitted electronic media (e.g., hard drives, optical discs, flash memory, digital cameras, etc.) for the purposes of acquiring, retrieving, preserving, and presenting relevant data that has been electronically processed and stored on the item. The section also analyzes portable mobile devices including cell phones and tablets. Target data may be in the form of text, photographs, video, audio or any combination thereof.
- **FIREARMS:** The Firearms section examines firearms to determine the operability status of submitted weapons. Firearms examiners are also responsible for determining whether or not a projectile or casing recovered at a crime scene was fired from a particular firearm. The laboratory uses a computerized database, called the Integrated Ballistic Identification System (IBIS), to aid in connecting shootings from different crime scenes. The section also provides serial number restoration analysis and target to muzzle distance determinations.
- **FORENSIC CHEMISTRY:** 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.
- **FORENSIC BIOLOGY/DNA:** The Forensic Biology/DNA section identifies bodily fluids on submitted 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 state and 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.
- **LATENT PRINTS:** 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 and palm prints in the Statewide Automated Biometric Identification System (SABIS). The section also provides identification verification services for the Medical Examiner's Office, positively identifying decedents through fingerprint comparison.

The Forensic laboratory also plays an active role in the forensic education and criminal justice communities at local, state, and national levels. The laboratory has representatives on six statewide forensic technical working

groups (TWGS) and the crime laboratory advisory committee (NYCLAC), which serve to identify technical and policy issues affecting forensic science services and to encourage consistency and uniformity in forensic service provider services and reporting. Members of the laboratory also sit on various national forensic boards including the National Institute of Standards and Technology Organization of Scientific Area Committees (NIST-OSAC) and the Association of Firearm and Tool Mark Examiners (AFTE) Board of Directors.

The laboratory also actively participates in criminal justice initiatives and promoting forensic science best practices and education as members of the local Sexual Assault Nurse Examiner program, the Gun Involved Violence Elimination (GIVE) Initiative, the Syracuse University Forensic and National Security Sciences Institute (FNSSI), and the Syracuse City School District's Forensic Science Advisory Council and Cybersecurity Council. Additionally, the laboratory is engaged in providing forensic science seminars and outreach to local high schools, SUNY Upstate Medical University, and Syracuse University's Forensic Science Department and Law School.

| ANNUAL DATA | 2015 | 2016 | 2017 |
|------------------------------------------------------------|-------------|-------------|-------------|
| <i>Laboratory Assignments Completed</i> | | | |
| Ignitable Liquids | 20 | 25 | 23 |
| Firearms | 1,098 | 1,254 | 1006 |
| Forensic Bio/DNA | 530 | 488 | 621 |
| Drug Identification | 338 | 271 | 511 |
| Latent Prints | 853 | 827 | 994 |
| Digital Evidence | 32 | 24 | 27 |
| <i>Court testimony provided for all disciplines</i> | 59 | 68 | 78 |

HIGHLIGHTS IN 2017: FORENSIC LABORATORIES

- As members of the Syracuse City School District (SCSD) Forensic Science Advisory Council, the Forensic Chemistry and Digital Evidence sections worked with the SCSD to help establish a program curriculum and prepare the necessary materials needed to gain New York State approval for a new Career Technical Education (CTE) program.
- To address increasing submissions in the face of limited laboratory resources, the laboratory revised their evidence submission guidelines for their submitting agencies. The intent of the guidelines is to focus laboratory resources on performing analyses on evidence that has the highest probability of providing probative results and to reduce or eliminate analyzing evidence that would provide little to no probative value. The laboratory also provided training to over 70 individuals representing 14 law enforcement agencies regarding the revised guidelines, the types of analyses offered by the laboratory, and how to choose analyses that will yield the most probative value to their investigations.
- The Chemistry section of the laboratory validated a handheld Raman spectrometer (TruNarc) to allow the laboratory to quickly perform a presumptive screening for controlled substances without the need for reagents or sampling. This ability will allow the laboratory to be more efficient in screening drugs and move them directly to confirmatory testing. This instrument will be implemented in casework in 2018.
- The Forensic Biology/DNA section of the laboratory completed a validation of a new expanded kit for DNA profiling. The new kit increases the number of markers, or regions of DNA, that are tested from 13 to 20. Due to their difference in size and variability, the new markers will allow for better testing of degraded samples and more discriminating power in complex DNA mixtures. This change will improve the ability of the laboratory to analyze challenging DNA profiles from evidence. This kit will be implemented in casework in 2018.

MEDICAL EXAMINER'S OFFICE

The mission of the Medical Examiner's Office is to protect the health and safety of our community by providing objective, comprehensive medicolegal investigations and establishing an accurate, legally-defensible cause and manner of death for all unnatural, unattended, and unexpected deaths that occur within Onondaga County and other contracted counties.

The Medical Examiner's Office is located in the Wallie Howard, Jr. Center for Forensic Sciences in Syracuse, New York. The Onondaga County Medical Examiner's Office (OCMEO) is accredited by the National Association of Medical Examiners (NAME) and is responsible for the investigation of sudden and unexplained deaths. OCMEO findings are shared with and/or utilized by decedent next-of-kin/family members, district attorney offices, law enforcement, insurance companies, legal offices, and local and state public health agencies.

The OCMEO also provides medical examiner services through contractual agreements with surrounding counties primarily Cayuga, Madison, Oneida and Oswego counties covering a regional area with a total population of approximately 977,500 (US Census Bureau, 2010). The OCMEO investigates deaths that have a potential public health impact as well as provides educational programs to related agencies, provides professional consultation, and promotes community awareness. The OCMEO Forensic Toxicology Laboratory is accredited by the American Board of Forensic Toxicology (ABFT) and the OCMEO also follows American Board of Medicolegal Death Investigators (ABMDI) standards.

Pursuant to New York State County Law, Article 17A, Section 670, the medical examiner has jurisdiction and authority to investigate the death of every person dying within his/her county, or whose body is found within the county, which is or appears to be:

- A violent death, whether by criminal violence, suicide or casualty;
- A death caused by unlawful act or criminal neglect;
- A death occurring in a suspicious, unusual or unexplained manner;
- A death caused by suspected criminal abortion;
- A death while unattended by a physician, so far as can be discovered, or where no physician able to certify the cause of death as provided in the public health law and in form as prescribed by the commissioner of health can be found;
- A death of a person confined in a public institution other than a hospital, infirmary or nursing home.

Once it is determined that an individual case falls within the jurisdiction of the medical examiner, it is the MEO's responsibility to determine the cause and manner of death, produce an autopsy report and issue a death certificate. The cause of death is the disease process or injury that results in the person's death. The manner of death indicates how the death occurred and includes designations of accident, homicide, natural, suicide, or undetermined.

THE MEDICAL EXAMINER'S OFFICE PROVIDES:

- Objective, in-depth medicolegal investigations into all unnatural, unattended, and unexpected deaths that occur within Onondaga County and other contracted counties
- An accurate, legally-defensible cause and manner of death including deaths that have potential public health impact
- Educational programs to related agencies
- Expertise to increase awareness of significant trends in preventable deaths in the community such as unsafe sleep deaths or drug related deaths
- Professional consultation as needed

SPECIFIC SERVICES INCLUDE:

FORENSIC PATHOLOGY SERVICES: [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 of trauma, abuse or other suspected violent acts. Through the performance of these duties, the medical examiners act as agents of public health by identifying potential communicable diseases or recognizing unsafe environmental conditions that may put individuals at risk for poor health outcomes.

MEDICOLEGAL DEATH INVESTIGATION SERVICES: [Medicolegal death investigation](#) services includes scene investigation with examination of the body at the location of death, inspection of the scene environment, photo-documentation of the scene findings, meeting with families and/or witnesses, and collecting physical evidence for possible further testing. The investigations are carried out by American Board of Medicolegal Death Investigators (ABMDI)-certified investigators who work collaboratively with, but independent of, law enforcement authorities, fire fighters, emergency medical responders, and physicians both at the scene and through ongoing investigative communications relative to identification of decedents, family contacts, obtaining medical and social history, and funeral home disposition. This information complements the autopsy examination in the determination of cause and manner of death and is summarized in a medicolegal death investigation report.

FORENSIC TOXICOLOGY SERVICES: [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. Employing such techniques as gas chromatography, liquid chromatography, mass spectrometry, immunoassay, and other analytical methods, the laboratory determines if drugs, alcohol and/or poisons are present in submitted specimens. The FTL also conducts testing on specimen submissions for DUI/DWI and drug facilitated sexual assault investigations conducted by law enforcement agencies. Certified forensic toxicologist and chemists also provide expert testimony relative to their findings as needed.

EDUCATION SERVICES: The OCMEO has an active role in educating the community at large and also participates in ongoing continuing education to remain current in the scientific field. OCMEO staff actively participates in the Onondaga County Child Fatality Review Team which plays a critical public health role in identifying, reviewing, and preventing infant and childhood deaths as well as many other surveillance programs. Medical examiners and forensic investigators are also active presenting forensic pathology and investigative topics at the local, regional and national levels each year through their participation in agencies that include 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 conduct presentations for a number of local schools to educate youth about forensic pathology and medicolegal death investigation. The OCMEO provides internship opportunities for college-level students in medical, forensic, and chemistry programs of study. Medical examiners play a critical role in educating postgraduate pathology residents, medical students, and other health care providers regarding autopsy and forensic pathology. The OCMEO is also an integral part of the [Forensic and National Security Sciences Institute at Syracuse University](#). OCMEO staff members participate in continuing education opportunities each year through organizations such as the NAME, AAFS, NYSACCME, the Society of Forensic Toxicologists (SOFT) and other specialized conferences.

| ANNUAL REGIONAL DATA* | 2015 | 2016 | 2017 |
|--------------------------------------------------------|-------------|-------------|-------------|
| Total Cases | 2,464 | 2,611 | 2,586 |
| Total Deaths Reported | 2,452 | 2,602 | 2,583 |
| Medical Examiner Cases | 1,110 | 1,213 | 1,116 |
| Full autopsy | 847 | 956 | 883 |
| External examination | 96 | 78 | 85 |
| Skeletal examination | 19 | 19 | 10 |
| Body Inspection | 24 | 9 | 7 |
| Death Certificate Only | 124 | 151 | 131 |
| Medical Examiner Cases by Manner of Death | | | |
| Accidents | 476 | 578 | 539 |
| Motor Vehicle | 104 | 104 | 101 |
| Drug Use/Toxin | 187 | 276 | 228 |
| <i>Opioid related</i> | 146 | 238 | 183 |
| <i>Other drugs</i> | 41 | 38 | 45 |
| Falls | 127 | 131 | 142 |
| Fire | 11 | 21 | 18 |
| Other | 47 | 46 | 50 |
| Homicide | 43 | 52 | 38 |
| Natural | 422 | 423 | 393 |
| Suicides | 130 | 119 | 105 |
| Undetermined | 20 | 23 | 26 |
| Pending | 0 | 0 | 7 |
| Manner not applicable/fetal death | 19 | 18 | 8 |
| Scene Response | 408 | 465 | 420 |
| Expert Consultation | 23 | 20 | 17 |
| Investigated and Released from MEO Jurisdiction | 1,331 | 1,378 | 1,453 |
| Forensic Toxicology cases | 1,117 | 1,252 | 1,144 |

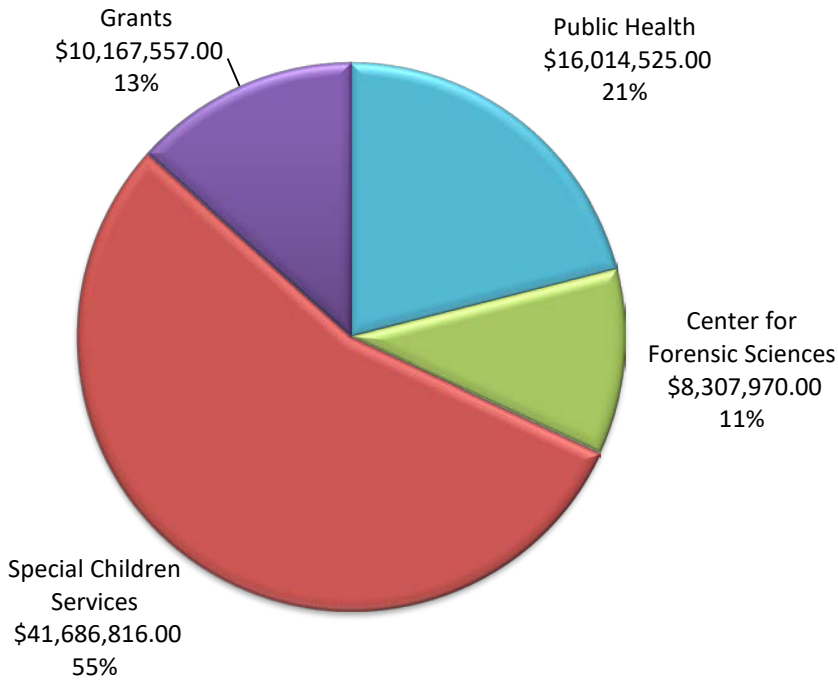
*Annual regional data includes deaths routinely reported and referred from Cayuga, Madison, Oneida, Onondaga and Oswego counties. Data also includes other counties that less commonly refer deaths such as Jefferson, Lewis, and Tompkins counties.

HIGHLIGHTS IN 2017: MEDICAL EXAMINER'S OFFICE

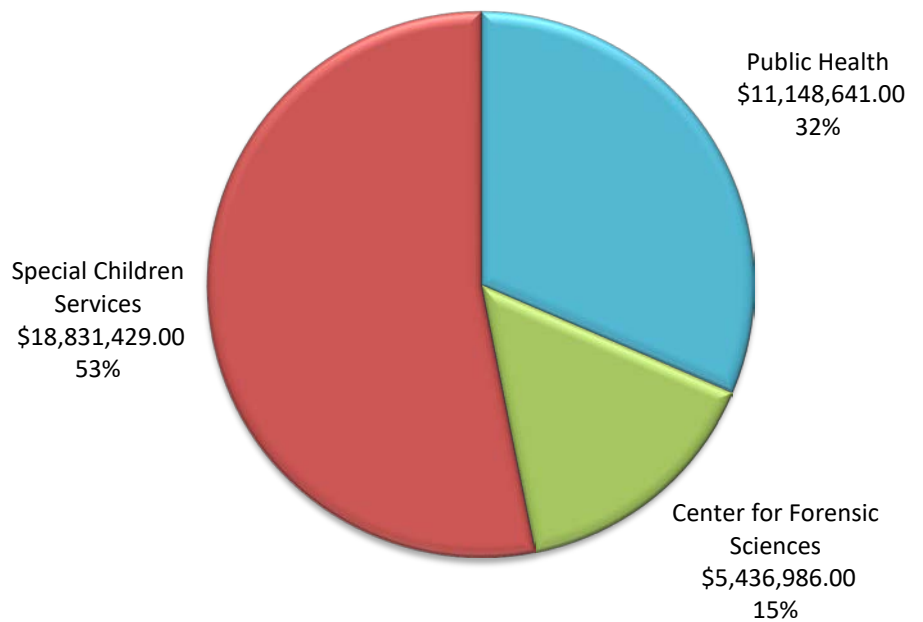
- The Medical Examiner's Office (MEO) passed full on-site inspection and re-accreditation by the American Board of Forensic Toxicology.
- The MEO enhanced the website by adding an online forensic pathology examination report request form that includes an automatic acknowledgment and email response to the requestor confirming receipt. The MEO also developed an electronic review process for requests submitted online to reduce paper processing.
- The MEO streamlined the drug data query process for opioid-related deaths by creating a Crystal Report to extract opioid-related overdose fatality statistics from our database for the OCHD website and outside county health departments and agencies in a timely manner. The MEO's use of database technology and report development successfully met an increasing demand from multiple agencies for timely fatality data while requiring little increased staff time to extract and summarize data.
- Following the Medical Examiner's Office presentation and receipt of the "Best Paper Award" on forensic investigation "Case-Type Specific Data" at the National Association of Medical Examiners (NAME) annual meeting in September 2016, the MEO Senior Forensic Investigator worked closely with the CDC regarding "Case-Type Specific Data" for death scene investigations, as well as information that should be documented on scene investigations that are the direct result of natural disasters. The CDC awarded a grant to the American Board of Medicolegal Death Investigators to further develop the MEO "Every Scene, Every Time" scene documentation and "Case-Type Specific Data" toolkits to be used across the nation and in Canada.

2017 HEALTH DEPARTMENT EXPENSES AND LOCAL DOLLARS

2017 Expenses: \$76,176,868



2017 Local: \$35,417,056



GRANT PROJECTS

| | |
|-----------------------------------------|-------------|
| Administration | \$251,323 |
| Disease Control | \$1,063,359 |
| Environmental Health | \$562,454 |
| Health Promotion and Disease Prevention | \$1,747,028 |
| Maternal and Child Health | \$5,483,045 |
| Surveillance and Statistics | \$36,226 |
| Center for Forensic Sciences | \$1,024,122 |

TOTAL HEALTH DEPARTMENT: \$10,167,557

PHONE DIRECTORY

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BIRTH AND DEATH RECORDS

| | |
|-----------------------------------|--------------|
| Autopsy Reports..... | 315.435.3163 |
| Birth and Death Certificates..... | 315.435.3241 |
| Genealogy Research..... | 315.435.3241 |

CLINICS/SCREENINGS

| | |
|----------------------------------------------------------|--------------|
| Cancer Screening (breast, cervical, and colorectal)..... | 315.435.3653 |
| Family Planning..... | 315.435.3295 |
| HIV Testing, PrEP..... | 315.435.3236 |
| Immunizations (shots for children and adults)..... | 315.435.2000 |
| Lead Testing..... | 315.435.3271 |
| Pregnancy Testing..... | 315.435.3295 |
| Rabies Shots..... | 315.435.3165 |
| Sexually Transmitted Disease (STD)..... | 315.435.3236 |
| Tuberculosis (TB)..... | 315.435.3236 |
| WIC (Women, Infants, and Children)..... | 315.435.3304 |

ENVIRONMENTAL HEALTH

| | |
|-----------------------------------------------------------------|--------------|
| Animal Bites/Rabies..... | 315.435.3165 |
| Food Protection (restaurants, events, and mobile units)*..... | 315.435.6607 |
| Housing/Sanitation Complaints..... | 315.435.1649 |
| Indoor Air Quality (asbestos, mold, radon, and smoking)..... | 315.435.6600 |
| Land Development (septic systems and subdivisions)..... | 315.435.6600 |
| Lead Inspections (homes)..... | 315.435.6617 |
| Migrant Labor Camps*..... | 315.435.6617 |
| Mobile Home Parks*..... | 315.435.6617 |
| Mosquito Control..... | 315.435.1649 |
| Pesticide Safety..... | 315.435.1649 |
| Recreational Facilities (pools, beaches, and campgrounds)*..... | 315.435.6617 |
| Rodent Control..... | 315.435.1649 |
| Temporary Residences (hotels and motels)*..... | 315.435.6617 |
| Water Supply..... | 315.435.6600 |

**Call for information about permits, inspections, or to report a complaint*

FAMILY HEALTH AND SAFETY

| | |
|-----------------------------------------------------|--------------|
| Bike Helmets | 315.435.3280 |
| Home Health and Safety Check-Up | 315.435.5431 |
| Immunizations (shots for children and adults) | 315.435.2000 |
| Lead Testing | 315.435.3271 |
| Nutrition and Physical Activity | 315.435.3280 |
| Preparing for Emergencies | 315.435.5262 |

PREGNANCY/EARLY CHILDHOOD

| | |
|-----------------------------------------------------|--------------|
| Early Intervention | 315.435.3230 |
| Healthy Families | 315.435.2000 |
| Home Visits (new moms and babies) | 315.435.2000 |
| Immunizations (shots for children and adults) | 315.435.2000 |
| Lead Testing | 315.435.3271 |
| Preschool Special Education | 315.435.3230 |
| Syracuse Healthy Start | 315.435.2000 |
| WIC (Women, Infants, and Children) | 315.435.3304 |

SPECIALIZED PROGRAMS AND SERVICES

| | |
|--------------------------------------------------------------|--------------|
| Communicable Disease (epidemiology) | 315.435.3236 |
| Forensic Laboratories | 315.435.3800 |
| Health Administration | 315.435.3252 |
| Medical Examiner's Office | 315.435.3163 |
| Health Surveillance (gathers and analyzes health data) | 315.435.3280 |
| Volunteer and Internship Opportunities | 315.435.3663 |
| Weights and Measures (inspections and complaints) | 315.435.6625 |



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