
NASSAU COUNTY
DEPARTMENT OF HEALTH



2012

ANNUAL REPORT

Edward P. Mangano
Nassau County Executive

Lawrence E. Eisenstein, MD, FACP
Commissioner of Health

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Letter from the Commissioner of Health

The year 2012 was a time of great change in public health on the local, state, and national levels. Legislation was presented in New York State which would lead to changes in the New York State Public Health Law. Activities were begun at the Nassau County Department of Health (NCDOH) to prepare a new Community Health Assessment (CHA,) Community Health Improvement Plan (CHIP,) and Strategic Plan as we continued to ready ourselves for Public Health Accreditation. We prepared for the change to a new state-run fiscal agent in our Early-Intervention program. The year, 2012, was also a time of efficiency changes, cross training, and technological advances. Among our many successes, a new Mosquito Surveillance and Control Plan was implemented, and Skype Observed Therapy became an efficient use of technology. Our Department would be asked to participate in the Long Island Marathon, Empire State Games for the Physically Challenged, and our Medical Reserve Corp grew substantially. Mostly though, 2012 would be remembered for mother-nature's interference with our routine!

Superstorm Sandy arrived on October 29th, and altered the lives of thousands of our residents and employees. The damage would be unprecedented in recent times, and we would have to look back to 1938 to see anything remotely close. The storm left devastation that would require an intense and immense response from our department. I am so proud of the amazing work that was done during and following Sandy by the incredible staff of NCDOH and our Medical Reserve Corp (MRC) Volunteers. I am extremely appreciative of the MRC members from across our state, and the military health teams that came to our County to provide temporary health measures to our residents in need. Many of our own employees suffered damage to their property, yet came to work to help their fellow residents. Our department matured as a team, and our accomplishments are well documented.

Beginning with the impending arrival of the storm, NCDOH helped facilitate evacuation of nursing homes and a hospital without any serious injuries. Our logistics team prepared a special needs shelter at Nassau Community College which stayed open for 30 days where health department employees provided excellent care to our residents. Our Environmental Health Division assured the safety of our water supply, addressed health issues related to sewage plant failures and performed heightened inspections of food service establishments. Women Infant and Children (WIC) sites resumed open hours to provide care to our pregnant women and new moms. In the end, despite massive destruction, there were NO public health related deaths due to Sandy in Nassau County.

I thank the Board of the Nassau County Department of Health, County Executive Mangano and his staff, the Nassau County Legislature, and our colleagues in other government agencies in Nassau County for incredible continual support and collaboration during our routine activities before the storm, and during the difficult days that followed. Most of all though, I thank the great employees of the Nassau County Department of Health who show complete commitment and professionalism in meeting our mission, and providing public health services to the residents of Nassau County. Here's to a great 2013!

—Larry Eisenstein

Nassau County Board of Health

The Nassau County Board of Health and the Nassau County Department of Health were created in 1938 by the Nassau County Charter. Members of the Board of Health are appointed by the County Executive to five year terms. The Board enforces the New York State Public Health Law as well as New York State and local sanitary codes.

The Board:

- Prescribes the duties of and directs the Commissioner of Health.
- Makes and publishes orders and regulations for the preservation of life and health.
- Creates orders and regulations for the supervision of nuisances and other matters detrimental to the public health.
- Restrains by injunction violators of its orders and regulations.
- Issues subpoenas, compels the attendance of witnesses, and administers oaths and compels testimony.
- Issues warrants to peace officers to enforce the law.
- Prescribes and imposes penalties for violations of, or failure to comply with, its orders or regulations or any of the regulations of the state sanitary code.

Inquiries to the Nassau County Board of Health can be addressed to:

Ellen J. Braunstein, MD, Chair
Nassau County Board of Health
c/o Nassau County Department of Health
106 Charles Lindbergh Blvd, Uniondale NY 11553

Board of Health

Membership Biographies



Anthony Battista, MD, FAAP, attended Chaminade High School, earned a B.S. in Biology at St. John's University, and received his medical degree from SUNY Brooklyn Health Science Centers. He did his training in Pediatrics at the Steven & Alexandra Cohen Children's Medical Center in New Hyde Park. He practiced Pediatrics in Mineola for 24 years before moving his practice to Garden City in 2008. He has served as President of the Nassau Pediatric Society and President of the American Academy of Pediatrics New York Chapter 2.

Ellen J. Braunstein, MD, FAAP, is the present chair of the Nassau County Board of Health. She is a board-certified Neurologist practicing in Woodmere, Long Island. Dr. Braunstein is a Hofstra University Alumna and a graduate of Chicago Medical School. She spent her internship year in New York City at the Mt. Sinai Hospital/City Hospital Center at Elmhurst and continued her Neurology Residency training at North Shore University Hospital and the Memorial Sloan Kettering Cancer Center, where she attained Chief Residency status. Dr. Braunstein is involved in many medical community affairs. She is a fellow in the Nassau Academy of Medicine and past president of the Nassau County Medical Society. Through the Medical Society of New York State, she is a member of the House of Delegates and Budget and Finance Committee. She is an active member of the American Academy of Electrodiagnostic Medicine, the American Academy of Clinical Electrophysiology, and the former director of the Multiple Sclerosis Outpatient center sponsored by the National Multiple Sclerosis Society. Dr. Braunstein is an active participant of the American Academy of Neurology where she sits as a section member of multiple committees.





Abby Greenberg, MD, FAAP, has been a member of the Board of Health since December 2009. She was previously with the Department of Health for over 40 years, including serving as Acting Commissioner of Health in 2006 - 2007; 2000 - 2001; and 1993 - 1994. She began her career with the Department in 1968 as a pediatric clinician working in the Department's Community Health Centers. She then became, in subsequent order, Medical Director of the Plainview Health Center, Director of the Quality Assurance Program, Director of Special Children's Services, Director of the Bureau of Health Centers, Director of the Bureau of Infectious Disease Control, Director of the Division of Epidemiology, Director of the Division of Disease Control, Appointed Early Intervention Official for Nassau County, and Director of the Center for Public Health. She continues to be a member of the Medical Reserve Corps. Dr. Greenberg is also a pediatric medical expert for Social Security Administration pediatric disability and is currently the President of the Nassau Pediatric Society.

Paul A. Pipia, MD, graduated from Archbishop Molloy High School, earned a BS and MS degree from Fordham University, and received his medical degree from SUNY Downstate Medical Center in Brooklyn. His internship training was at Staten Island University Hospital, and his residency in Physical Medicine and Rehabilitation was at NYU Medical Center. He is an attending physician at Nassau University Medical Center, where he was a member of the Board of Managers for eight years and served as Medical Director. Dr. Pipia is board-certified in Physical Medicine and Rehabilitation as well as Sports Medicine. He is currently an Assistant Professor and Division Chief of Physical Medicine and Rehabilitation at SUNY Downstate Medical Center. He is also the Residency Program Director and is the Co-Director of the Muscular Dystrophy Association Clinic at Downstate Medical Center. He is a fellow in the Nassau Academy of Medicine and past President of the Nassau County Medical Society. Through the Medical Society of New York State, he is a member of the House of Delegates and Chair of the State Legislation and Physician Advocacy Committee. He is an honorary Vice-Chairman for the Toys for Tots program which is run by the United State Marine Corp.



Anish Berry, not pictured.

Department of Health

Vision:

“The Nassau County Department of Health will lead a public health system that works to create healthy communities.”

Department of Health

Mission:

The Nassau County Department of Health promotes and protects the health of all who live, work, and play in Nassau County. This mission is accomplished through direct services and community partnerships in the following areas:

- Development and maintenance of individual and community preparedness for public health hazards and events.
- Investigation, prevention, and control of communicable diseases.
- Prevention of environmental health hazards through assessment, regulation, and remediation.
- Promotion of healthy lifestyles through outreach and education.
- Provision for evaluation and services to individuals, children, and families that have developmental delays and concerns.

Major Events and Initiatives

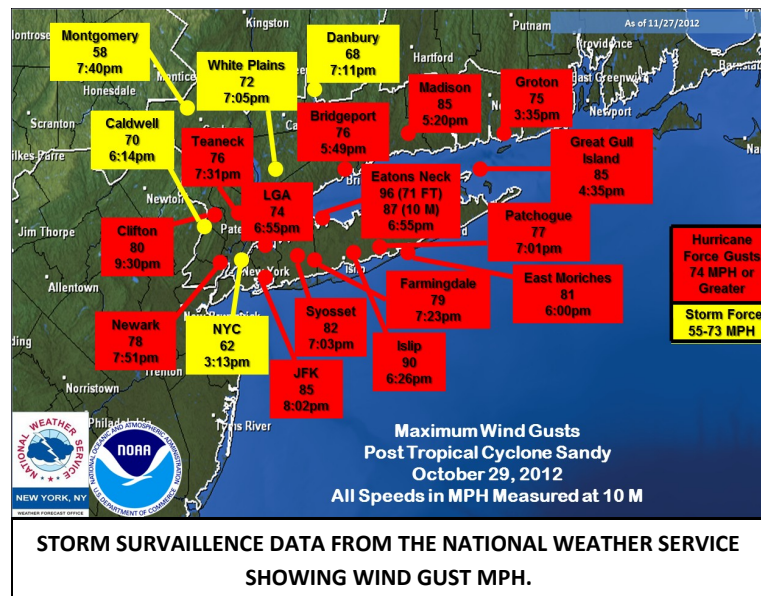
Superstorm Sandy

Superstorm Sandy hit the Northeastern United States on October 29, and dissipated two days later. The damage caused by the storm was catastrophic. In Nassau County alone, there were 74,736 flooded, damaged, and destroyed structures, and over 3 million cubic yards of debris. Nassau County ordered mandatory evacuations of the North and South Shore storm surge areas. Shelters were opened at Levittown High School, Locust Valley High School, Nassau Community College, SUNY Old Westbury, and Manhasset High

School. The LIRR remained closed due to storm damage until November 8, and many Nassau County colleges, including Adelphi University, Hofstra University, Molloy College, and Nassau Community College, closed during and after the storm.

November was dedicated to Superstorm Sandy response at the Nassau County De-

partment of Health. However, planning for the storm began in October. The Health



Department facilitated the evacuation of 1 hospital and 6 nursing homes. Approximately 1,200 individuals residing in health care facilities on the South Shore were relocated to safer areas by October 28, before the storm hit. The evacuations were facilitated by Department of Health staff and partner agencies at the Emergency

Operations Center (EOC). Staff tracked patients during and after transfers to receiving facilities, and managed logistical challenges of patients requiring special equipment and medications.



INCIDENT COMMAND STAFF AT THE EMERGENCY OPERATIONS CENTER, WITH REPRESENTATION FROM OVER 50 FEDERAL, STATE, AND LOCAL AGENCIES.

Like the community in which they serve, many Health Department staff suffered personal damages from Superstorm Sandy. Yet, nearly 100% of staff representing all divisions worked during and in response to Superstorm Sandy. The Health Department responded in various capacities, including staffing the Special Needs Shelter, the EOC, the environmental emergency response teams and the Department itself.

The Special Needs Shelter was opened from October 25, 2012, until November 23, 2012, the day after Thanksgiving. The Special Needs Shelter was for residents who could not evacuate to a general population shelter because they required additional support. Health Department staff functioned as nurses,

health aides, caregivers, shelter managers, administrators, and logistical support. Closing the shelter required all residents to be appropriately discharged to either their homes or other living facilities. Staff had to confirm and

assure that residents' homes were in proper order. Assessments were performed in order to place residents into long-term care or assisted living facilities, with support from Winthrop University Hospital, North Shore-LIJ Health System and SAIL (South Shore Association for Independent Living, Inc).

Over 200 Nassau County residents were cared for in the Special Needs Shelter.

The Health Department responded to an outbreak of norovirus at an American Red Cross general population shelter. Staff provided recommendations for sanitizing equipment and surfaces, proper hygiene practices, and other communicable disease control measures. In addition, Health Department staff organized PODs (Point of Dispensing) for the seasonal influenza vaccine at the Special Needs Shelter as well as a general population shelter and for Tdap (Tetanus, Diphtheria, and Pertussis) vaccine at various locations for first responders and the public who assisted in recovery efforts.

The Emergency Operations Center (EOC) coordinated a county-wide response to Superstorm Sandy and was staffed by representatives from federal, state and local agencies.

The Health Department staffed the EOC 24/7 during the recovery period, providing medical

and environmental support, consultation and coordination. The Health Department

facilitated equipment needs, including oxygen supplies, bariatric and hospital beds,

laundry services, personal care aides, and laboratory services.

The Department coordinated with FEMA ambulances and NICE buses to transport

residents to shelters, doctors' appoint-

ments, and nursing homes

Environmental response began several days prior to Superstorm Sandy's arrival. Public water suppliers were notified and advised to activate their Hurricane Response Plans.

Health Department staff prepared equipment and vehicles and briefed staff on the plan to dispatch Emergency Response Teams into the field immediately after the storm.

The storm's impact on the public water supply, food service establishments, and residential living environments was unprecedented. All 46 public water systems lost primary elec-

trical power and had to operate on emergency power generation. Five public water systems were flooded with sea water and rendered wholly or partially inoperable. The City of Long Beach public water system was lost due to the failure of primary electrical power, flooding of



SAND WASHED UP ON A RESIDENTIAL STREET IN LONG BEACH, NY.

the emergency generator, supply wells and booster pumps and multiple water main breaks. The system was without fire suppression for five days and without drinking water for 10 days. Thousands of food service establishments lost electrical power and refrigeration capacity and many in the coastal areas were flooded. Flood water destroyed or damaged more than 1,200 fuel oil tanks, causing petroleum spills. Thousands of residential homes were impacted by sea water flooding and/or sewage.

Emergency Response Teams (ERTs) were dispatched into the field. Damage at public water systems was assessed and repairs and reactivation of the water supplies were verified through inspection, sampling, and laboratory testing. Many public water systems had to rely on their emergency power generation for up to two weeks due to the difficulty of restoring primary electrical power. ERTs made inspections at food service establishments (FSEs) and emergency feeding PODs. Sweep teams conducted follow-up inspections at FSEs to ensure that embargoed food was properly discarded to prevent illness. ERTs inspected homes in areas impacted by sewage, seawater flooding, and oil spills and provided guidance to homeowners regarding restoration of the impacted residences.

The Nassau County Medical Reserve Corps (MRC), composed of volunteer health care professionals and trained first responders, assisted the Health Department's response efforts. In total, 236 members of the MRC were deployed. MRC members volunteered approximately 3,000 hours of service, translating to \$138,272¹ in cost savings to the county.

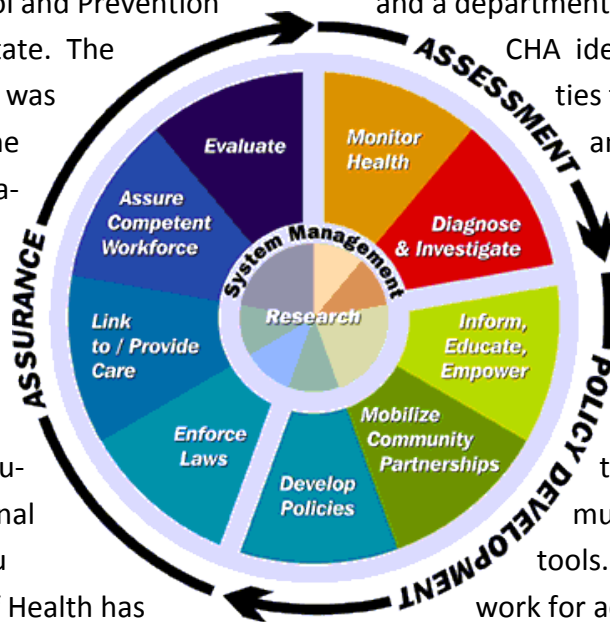
MRC members volunteered at Special Needs Shelters as well as Red Cross general population centers. They also were deployed to PODs offering Tdap immunizations. Additional support came from Disaster Medical Assistance Teams (D-MAT) and 17 out-of-county ServNY healthcare volunteers.

The Nassau County Recovery Housing Task Force Initiative headed by County Health Commissioner, Dr. Lawrence Eisenstein, was created with the mission of developing short term and long term solutions to assist the thousands of Nassau County residents facing catastrophic housing losses as a result of Superstorm Sandy. The Recovery Housing Task Force Initiative, composed of commissioners and staff from the Department of Health, Department of Social Services and Human Services, the Office of Housing and Community Development, and representatives from FEMA and the US Army Corps of Engineers, worked hard to ensure that all residents received a prompt and complete response to address urgent housing needs.

¹To quantify in financial terms, the Points of Light Foundation, a nationally recognized volunteer resource site, analyzed and documented professional use of volunteers and established hourly rates based on licensure.

Health Department Accreditation Process

The Nassau County Department of Health is participating in a voluntary accreditation process, a national initiative supported by the Centers for Disease Control and Prevention (CDC) and New York State. The accreditation program was launched in 2011 by the Public Health Accreditation Board (PHAB). The PHAB grants accreditation, which certifies that essential public health services provided to the community are meeting national standards. The Nassau County Department of Health has always worked to provide professional, effective, and high-quality services. The accreditation process will provide tools and a clear framework for identifying the department's strengths and areas in need of improvement. The Nassau County Department of Health plans to submit its initial application for accreditation in the coming years.



Included in the accreditation process are a Community Health Assessment (CHA) report, Community Health Improvement Plan (CHIP) and a departmental Strategic Plan. The CHA identifies key health priorities through a systematic analysis that examines the health status of Nassau County residents. Sources of data for the community health assessment are derived from morbidity and mortality data as well as community engagement survey tools. The CHIP is a framework for addressing priorities identified by the assessment. The CHIP is instrumental in guiding public policy to improve community health. The Strategic Plan sets forth departmental priorities, a plan and a timeline in which to address them. The Health Department has received support from the NYC/LI-Lower-Tri-County Public Health Training Center to facilitate the accreditation effort.

Supporting the Health and Wellness of Nassau County Residents

The Nassau County Department of Health is committed to promoting and supporting the physical health of its residents through education and outreach. The Health Department has spearheaded educational initiatives as well as facilitated large-scale community wellness events.

The Teen Wellness Trainers program, sponsored by the Nassau School Wellness Coalition, is a peer leadership training program that seeks to educate youth about nutrition and exercise. The Nassau County School Wellness Coalition's third Teen Wellness Trainers program was hosted at Adelphi University. To augment efforts within Nassau schools, the Nassau County School Wellness Coalition identified experts who educated high school students on nutrition, body image, physical activity, and food marketing. In turn, these high school students prepared lesson plans to "teach" age-appropriate classes to elementary students.

In addition, the Health Department sought to promote healthy eating and exercise habits through already existing programs assisting Nassau County residents. The Women, In-



fants, & Children (WIC) Program provides food vouchers, breastfeeding peer counseling, and nutrition education for eligible pregnant women and mothers, infants, and children. WIC's Healthy Lifestyle Initiative distributed exercise equipment and educational materials on nutrition and physical activity to promote the wellbeing of WIC families. A new WIC food package implemented in 2009 was shown to have had positive changes in dietary intake and weight for WIC families. Under the revised WIC food package, mothers and their children receive a more balanced group of foods that reflect dietary recommendations.

The Health Department provides staff and medical support for community and statewide events promoting physical activity. The annual Long Island Marathon Weekend, held from May 4 to May 6, has grown to include both a full and half marathon, 10k, 5k, 1-mile run, and Kids Fun Run. Department of Health

staff and 66 MRC members volunteered at 11 medical stations distributed along the course and gave medical support to over 8,000 runners. Department of Health staff also provided medical and logistics support for the 2012 Nassau County Empire State Games for the Physically Challenged at Mitchel Athletic Complex and Nassau Community College. Athletes competed in track,

field, slalom, archery, swimming, wheelchair basketball, and table tennis. Participants ranging from ages 5 to 21 face disabilities including blindness, visual impairment, hearing impairment, spinal cord injury, and include those who are amputees or who have cerebral palsy, dwarfism and other physical challenges. Nassau County Department of Health pro-

vided medical and logistic support for the first Brick 26 Challenge, appropriately named for the weight of the five bricks that participants carried throughout the 10K race course in a backpack. This event was aimed at raising money to support our local veterans and for the construction of a new monument in Nassau County.

Division Highlights

Environmental Health

The Environmental Health Division promotes safe food, drinking water, air quality, and recreational, commercial, and residential environments through regulation, inspection and enforcement of the New York State Public Health Law, State Sanitary Code, and the Nassau County Public Health Ordinance. It protects the community from adverse effects resulting from environmental pollution, unsanitary conditions, or unsafe practices. It regulates the safe and sanitary conditions of public water systems, food service establishments, residential environments, children's camps, public pools and beaches, and temporary residences. The Division provides education to food handlers and investigates food-borne outbreaks. It oversees the public health aspects of hotels, motels, and recreational facilities, including children's camps, pools, and bathing beaches, and certifies tattoo and body piercing artists. The Division monitors the abatement of lead hazards, prevents the sale of tobacco products to minors, investigates complaints of rodent and insect infestations, and conducts mosquito and rabies surveillance. The Division monitors drinking water quality, investigates soil and groundwater contamination, and regulates the storage of toxic and hazardous materials. It reviews and approves engineering plans for water systems, public pools, residential developments of five

lots or more, and commercial development in non-sewered areas.

During the year, the Environmental Health Division conducted activities in the following programs:

- The Office of Food Protection conducted over 17,000 food service inspections and trained over 2,000 individuals in the Food Managers Training program.
- The Office of Recreational Facilities issued permits to 133 children's camps, 55 beaches, and 321 public swimming pools. Over 2,500 water samples from public beaches were collected and analyzed.
- The Office of Water Supply Operations collected over 3,200 water samples to test drinking water quality and reviewed over 244,000 water sample results from public water systems.
- The Bureau of Environmental Engineering reviewed 450 public water supply plans, 120 hazardous material storage plans, 79 realty subdivision plans, and 48 public swimming pool plans.
- The Animal Zoonoses Program investigated 981 animal bites and prepared 162

animal specimens for NYS Wadsworth laboratory analysis. One bat tested positive for rabies.

- Mosquito surveillance included the collection and testing of 831 mosquito pools with 81 pools testing positive for West Nile Virus.
- The Adolescent Tobacco Use Prevention Act (ATUPA) Program conducted 1,198 compliance checks of tobacco vendors and detected 96 illegal sales (92% compliance rate).
- The Lead Assessment Program monitored over 60 facilities including schools and residences for the abatement of lead hazards and gave clearance for completed abatement at 39 locations.
- The Office of Community Sanitation investigated over 2,000 complaints of residential hazards including rodent or insect infestation, sewage spills, and lack of heat.
- The Air Quality Program investigated 186 complaints of asbestos, airborne releases of hazardous materials, and indoor air quality, including carbon monoxide and mold.
- The Office of Toxic and Hazardous Materials Storage Operations conducted over 900 inspections at regulated facilities and monitored 160 tank removals and

31 tank abandonments at these facilities. In addition, 1,490 home owner tanks were abandoned in place and 1,219 tanks were removed at non-regulated sites.

- The Office of Soil and Groundwater Remediation assessed public health exposure threats from contaminated soil and groundwater at 137 Federal and State regulated sites in Nassau County.
- The Division of Environmental Health prosecuted 267 formal enforcement cases that resulted in a fine assessment of \$337,500.

In August, New York State Health Commissioner, Nirav R. Shah M.D., M.P.H., issued an Order For Summary Action banning the sale of broadly defined designer drugs known as Synthetic Cannabinoids and Synthetic Phenethylamines, commonly known as bath salts. This action was initiated by Governor Andrew M. Cuomo who called upon the Health Department to ban the sale of these dangerous products. At the direction of the NYS Health Department, Division of Environmental Health ATUPA staff began distributing the Order to local retailers, tobacco shops and gas stations that may have potentially stocked these substances. This activity continued through December, resulting in the service of 191 Orders for Summary Action on retailers. Only one retailer was found to have these drugs in stock and immediately removed them.

Communicable Disease Control

This Division protects the public from the spread of communicable diseases through education, surveillance, investigation, and intervention. Some of the actions taken to prevent outbreaks include: education, post-exposure prophylaxis, immunization, recommendations, isolation, and quarantine. In 2012, the Division of Communicable Disease Control:

- Investigated 19,406 laboratory reports with case confirmation of 3,042 communicable diseases, including meningococcal infection, pertussis, influenza, vibrio non cholera, campylobacteriosis and salmonellosis.
- Investigated and confirmed 14 human cases of West Nile Virus with 1 death.

- Investigated 1,722 instances of vaccine-preventable illness including influenza, and responded to 737 calls on the immunization hotline.
- Outbreak control activities included: influenza and gastrointestinal illness in assisted living facilities, day care facilities, and schools; vibrio associated with Oyster Bay shellfish; multistate fungal meningitis outbreak; norovirus at an American Red Cross Shelter; and meningococcal, hepatitis A, Tdap, and influenza clinics post-Superstorm Sandy.

Communicable Disease Control also maintains a 24-hour public health consultation service for reporting of notifiable diseases (see Appendix B) and physician consultation.

Tuberculosis Control

Nassau County's Division of Tuberculosis (TB) Control successfully monitors and manages the spread of tuberculosis, one of the world's deadliest diseases, through case management, Directly Observed Therapy (DOT), contact investigation, the immigrant program, education, consultation, isolation and quarantine .

Three metro area counties, Nassau, Suffolk, and Westchester, report approximately half of the cases of TB in the state, exclusive of NYC. Seventy eight percent of Nassau County cases are foreign born, comparable to NYS. In 2012, this Division:

- Managed and provided DOT to all 36 identified new cases.
- Investigated and followed up with 262 identified contacts.
- Referred 66 immigrants for evaluation from the B1B2 program. This program identifies immigrants with potential TB infections and follows their treatment.

Directly Observed Therapy (DOT) is one of the most important tools for TB control, ensuring that patients follow a complete course of treatment. In order to diminish the spread of

TB, active cases must be treated with multiple combinations of antibiotics over the course of six to nine months. To best assure compliance of drug regimen, DOT is considered the standard of care. DOT is an adherence-enhancing strategy in which a health-care worker ob-

serves ingestion of each dose of medication. This year, TB Control piloted a new Skype Observed Therapy which reduced staff travel time and cost and allowed staff to observe patients taking medicine remotely.

STD Control and HIV Partner Services

Activities of this Division focus on a comprehensive approach to disease intervention including risk reduction, counseling and education, early identification, and partner notification. These activities are done in partnership with health care providers, community organizations, schools, and other county agencies.

The Division staff has extensive experience in field epidemiology, case interviews, confirmation of treatment, partner elicitation and noti-

fication, counseling and referral services, and has the capacity to use innovative approaches to case and partner investigations. In 2012, STD Control and HIV Partner Services:

- Investigated 238 Syphilis, 3125 Chlamydia, and 534 Gonorrhea cases.
- Investigated 91 cases of HIV. Each case was contacted and was offered assistance notifying his or her partners who might be at risk.

Community and Maternal Child Health Services

The Division of Community and Maternal Child Health Services provides a combination of direct services and administrative support to community-based programs and facilitates coordination and integration of services to children and families. The Division includes the Office of Children with Special Needs which includes four programs: Early Intervention, Preschool Special Education, the Physically Handicapped Children's Program (PHCP) and Child Find. The Division is also comprised of the Child Fatality Review Team (NCCFRT), the Community Health Worker Program, the Perinatal Services Network, 1 in 9 Hewlett

House, the Childhood Lead Poisoning Prevention Program and the Women, Infants, and Children (WIC) Program.

Early Intervention (EI)

The Early Intervention Program (EI) provides services for children less than three years of age with developmental delays or disabilities. Typical services include speech therapy, physical and occupational therapy, special education, and family counseling. In 2012, the Early Intervention Program received 4,192 referrals, mostly from parents, families, pediatricians,

and other providers. A total of 6,991 children were served throughout the year, and 3,541 cases were closed, mostly due to children becoming ineligible for services as they age out.

Child Find

Child Find is designed to locate, identify, and intervene as early as possible for all children with disabilities. The total number of referrals to Child Find in 2012 was 96. The referral sources included WIC, Early Intervention transfers, parent calls, and healthcare provider requests.

Preschool Education Program

The Preschool Education Program is designed for 3 and 4 year old children who have or are suspected of having a disability. This program is administered by the child's local school district with oversight and guidance from NYS Education Department. The local municipality contribution to the funding of this program is 40.5%. The Preschool Special Education Program's Training Committee, partnering with Child Care Council of Nassau and the Long Island Early Childhood Direction Center, sponsored a training in January held at the Department of Health titled "Building a Successful Learning Environment: A Toolbox for Early Child Care Providers". This was a free training for preschool and childcare providers as well as school district chairs. Approximately 80 preschool/childcare facilities were represented, along with five school districts and eight municipal county representatives.

Physically Handicapped Children's Program (PHCP)

The Physically Handicapped Children's Program (PHCP) provides financial assistance to eligible families of children from birth to age 21 who meet medical and financial guidelines.

Child Fatality Review Team (NCCFRT)

The Nassau County Child Fatality Review Team (NCCFRT) is a multidisciplinary team created to review fatalities of Nassau County residents age 0-17 years whose death is unexpected or unexplained. The mission of the NCCFRT is to review cases to better understand the causes of these deaths and to make recommendations to reduce future child fatalities based on the team's findings. Three members of the NCCFRT authored an article on teen suicide which was on the front cover of the Summer 2012 edition of Mental Health News. The article, titled "Understanding and Coping with Suicide," presents national and local trends in teen suicide, and offers recommendations on how to deal with this problem in a school setting.

Community Health Worker Program

The Community Health Worker Program (CHWP) serves at-risk pregnant women and their families in Roosevelt and the Village of Hempstead. The goal of the CHWP is to improve birth outcomes for at-risk pregnant

women. With an annual caseload of approximately 170 families, community health workers conduct outreach in the community, make home visits, and provide education, advocacy and coordination of services to women. During 2012, the Community Health Worker Program made 994 home visits, and welcomed 126 new babies. Ninety-two percent of those newborns had a birth weight of over 5lbs 8oz, considered a normal birth weight. The community health workers continue to provide case management services for the family during the baby's first year, including developmental screenings three times a year for every baby and child under 5 in the family.

Childhood Lead Poisoning Prevention Program (CLPPP)

The Childhood Lead Poisoning Prevention Program (CLPPP) identified 80 new children with elevated blood lead levels in 2012, with a rate of 217/100,000. Program staff followed a total of 120 children with elevated blood levels throughout the year. The CLPPP provided case management services, environmental investigations, and referrals to other services. In 2012, CLPPP worked cooperatively with the Nassau County Office of Community Development to identify and facilitate HUD grant funding for lead remediation services in residential dwellings.

Women, Infants, and Children Program (WIC)

The Women, Infants & Children Program (WIC) provides food vouchers, peer breastfeeding counseling, and nutrition education

for eligible pregnant/post-partum women, infants and children. In 2012, WIC served over 13,000 participants who were seen at five community-based WIC sites. Over 10 million dollars worth of vouchers were redeemed in 2012. WIC is entering into its third year of its breastfeeding peer counseling program. This program provides breast pumps at no cost to participants to support breastfeeding efforts. WIC also assists participants to access other health and human service programs. The WIC



CHILDREN MAKING HEALTHY FOOD CHOICES AT A COMMUNITY-BASED WIC SITE.

program maintains a successful partnership with "First Books" of Nassau County which provides age-appropriate books for children. The program continues to collaborate with the Office of Children with Special Needs' Child Find program at WIC sites to screen and refer children for developmental disabilities. In addition, WIC partners with Medicaid Managed Care Programs to provide onsite facilitated

enrollment into health insurance plans for low-income, underserved Nassau County residents.

Perinatal Services Network

The Nassau County Perinatal Services Network (NCPSN) is an organization of more than 40 community-based partners. These include health and human service providers within the perinatal system of Nassau County as well as community-based organizations that serve populations with high risk for poor birth outcomes. The Network's mission is to decrease infant mortality and improve birth outcomes in Nassau County. Through collaborative efforts with partners, the NCPSN addresses issues that make an impact on birth outcomes. In May 2012, the NCPSN, in partnership with all Nassau County birth hospitals, the mental health system and providers, the Postpartum

Resource Center of New York, and United Health Care of Long Island, hosted a kick-off event for a project titled "She Is Not Alone: Creating a Safety Net for Pregnant and Postpartum Women in Nassau County Who Face Perinatal Mood Disorders."

1 in 9 Hewlett House

Hewlett House is an organization that provides services to individuals and families dealing with cancer. Hewlett House holds support groups, private counseling, and various classes, including a discussion group on insurance and environmental issues. In 2012, Hewlett House participated in and spearheaded many fundraising and awareness events and campaigns, representing a wide array of creative activities, such as knitting events, a crafts fair, a soccer tournament, and many other athletic events.

Quality Improvement, Epidemiology, and Research

In 2012, the Division of Quality Improvement, Epidemiology, and Research analyzed hospitalization data and vital statistics for the county. New methods for collecting data and identifying performance measures were developed, and quality improvement changes were initiated. In addition, the Division partnered with hospitals, schools, and other agencies to carry out research, provide trainings, and apply for grants. These partners include

North Shore LIJ Health System, NuHealth, Nassau Center for Health Initiatives, Columbia University, Adelphi University, Stony Brook University, Hofstra University, and New York Institute of Technology.

This Division is responsible for the Community Health Assessment, the Community Health Improvement Plan, the departmental Strategic Plan, and accreditation.

Public Health Emergency Preparedness

The Health Department is invested in developing and maintaining individual and community preparedness for public health hazards and events. The Public Health Emergency Preparedness Division leads and coordinates the department in emergency preparedness and response. In 2012, the Office of Public Health Emergency Preparedness:

- Coordinate departmental response to Superstorm Sandy.
- Partnered with first responders, hospitals, nursing homes, skilled-nursing facilities, home care agencies, and community based organizations.
- Participated in trainings and exercises with partner organizations.
- Attended conferences and trainings on such topics as: improving cardiac arrest outcomes, assisted living centers, special needs, CHEMPACK, hazard mitigation, strategic national stockpiling, West Nile Virus, and healthcare facility evaluation.

The Division coordinates and staffs the Medical Reserve Corps, a volunteer organization through which medical professionals can volunteer their time and expertise in preparing for and responding to public health emergen-

cies. In addition, MRC members work to improve the overall health and wellbeing of the community through-

out the year by engaging in various public health initiatives. In 2012, the MRC:

- Provided training for MRC members and increased membership to 687.
- Launched a Facebook site and Twitter account.
- Attended numerous trainings on topics such as Basic Disaster Life Support, Pediatric Disaster Core Curriculum (PED-COR), and CPR.
- Volunteered at various Point of Distributions (PODs) to administer vaccines to the public.
- Staffed medical tents at Nassau County events, including the Empire Games for the Physically Challenged, the Long Island Marathon, and the Brick 26 Challenge.



Communications and Health Information

The Office of Communications and Health Information is responsible for educating Nassau County residents about health issues to support a safe and healthy community. In 2012, the Nassau County Department of Health held 58 meetings and community events, including Town Hall meetings, public forums, and conferences/summits focused on chronic disease.

Over 17,000 pieces of educational literature were distributed through health fairs and provided to community based organizations. The Office of Communications and Health Information is dedicated to answering the public's questions, and answered over 16,000 phone calls, 500 email inquiries, and issued over 90 press releases.

Human Resources

In 2012, the Health Department experienced a net decrease in staffing of 5 employees. At year end, the Department employed 263 employees, of which 243 were full time and 20 were part time. In response to the December 28, 2011 cost reduction initiative, the Department effected multiple employee re-assignments from the General Fund to the various Grants. As such, there was a net increase of 10 employees whose salaries are funded by the various grants. Overall, in 2012, 31% of the Department's employees' salaries were funded by grants and 69% were funded by the county's General Fund.

During 2012, the county offered a Voluntary Separation Incentive program for eligible members of CSEA Nassau Local 830. Eligible employees were offered \$1,000 per year of completed service if they voluntarily retired on or before the end of August, 2012. Six Health Department employees took advantage of this program. In addition to the retirements, four employees resigned and left the county. In total, the Department experienced 10 employee separations. In contrast, the Department hired seven employees. Four employees were reinstated from having been laid off the prior year and three new employees were hired into grant funded positions.

Lastly, seven employees were rewarded with promotions for their hard work and dedication.

| | 2011 | 2012 | Net Change |
|------------------------|------|------|------------|
| Total Employees | 268 | 263 | -5 |

| | | | |
|------------------|-----|-----|----|
| Full Time | 246 | 243 | -3 |
| Part Time | 22 | 20 | -2 |

| | | | |
|---------------------|-----|-----|-----|
| General Fund | 196 | 181 | -15 |
| Grants | 72 | 82 | 10 |

Public Health Laboratory

The Division of Public Health Laboratory provides essential analytic and diagnostic laboratory services which assesses the status of community health in Nassau County. It maintains the necessary technical expertise and instrumentation to test for the presence of bacterial and chemical contaminants in the environment. The Health Department Laboratory is available to respond to public health emergencies 24 hours a day 7 days a week.

The Public Health Laboratory is comprised of two divisions - Microbiology and Chemistry. The Microbiology division monitors the quality of beach water, the efficacy of waste water

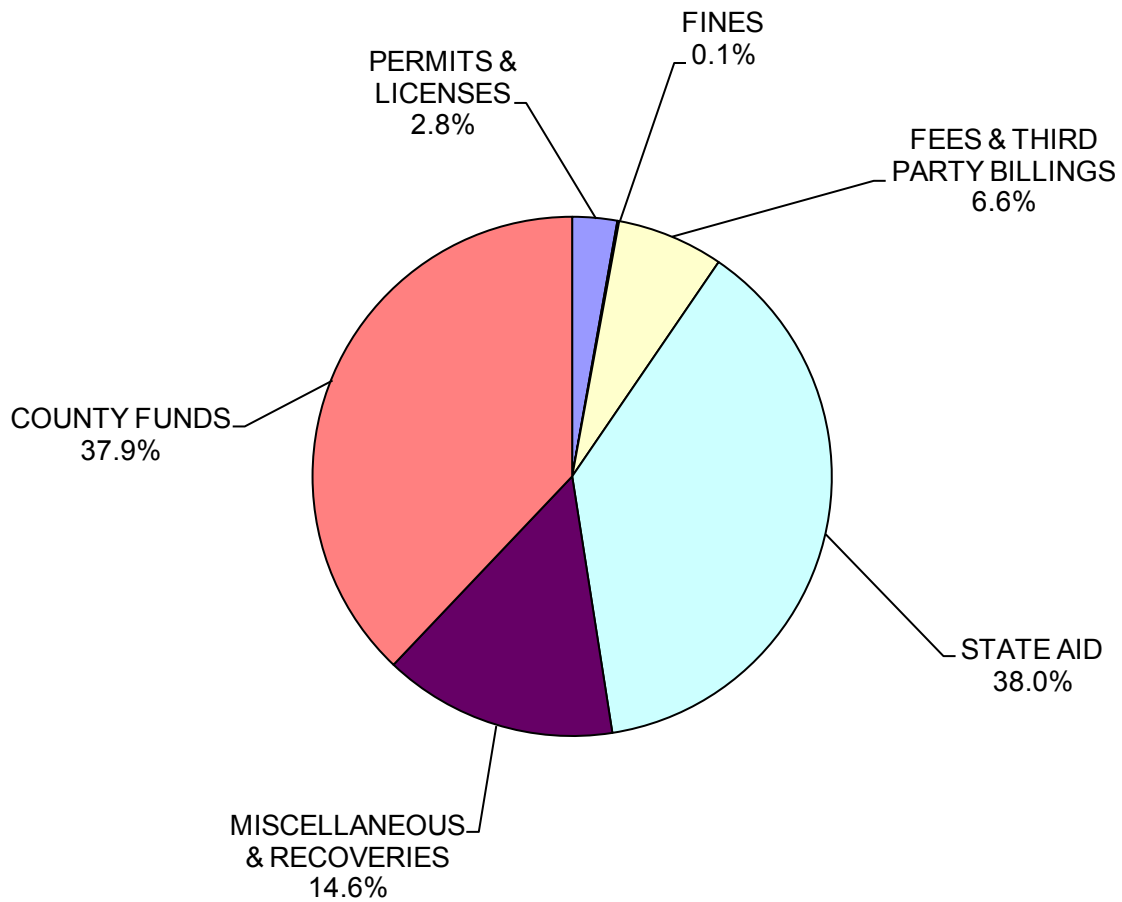
treatment and quality of drinking water as well as identifies mosquito species for West Nile Virus testing. The Environmental Chemistry Division performs chemical agent analyses in water, air, soil and dust samples.

In 2012, the Public Health Laboratory chemical and microbiological divisions:

- Tested 11,329 samples, including beach water, drinking water and wastewater.
- Identified 39,042 mosquitoes of 25 different species from 974 mosquito traps and prepared the specimens for West Nile Virus testing by NYSDOH.

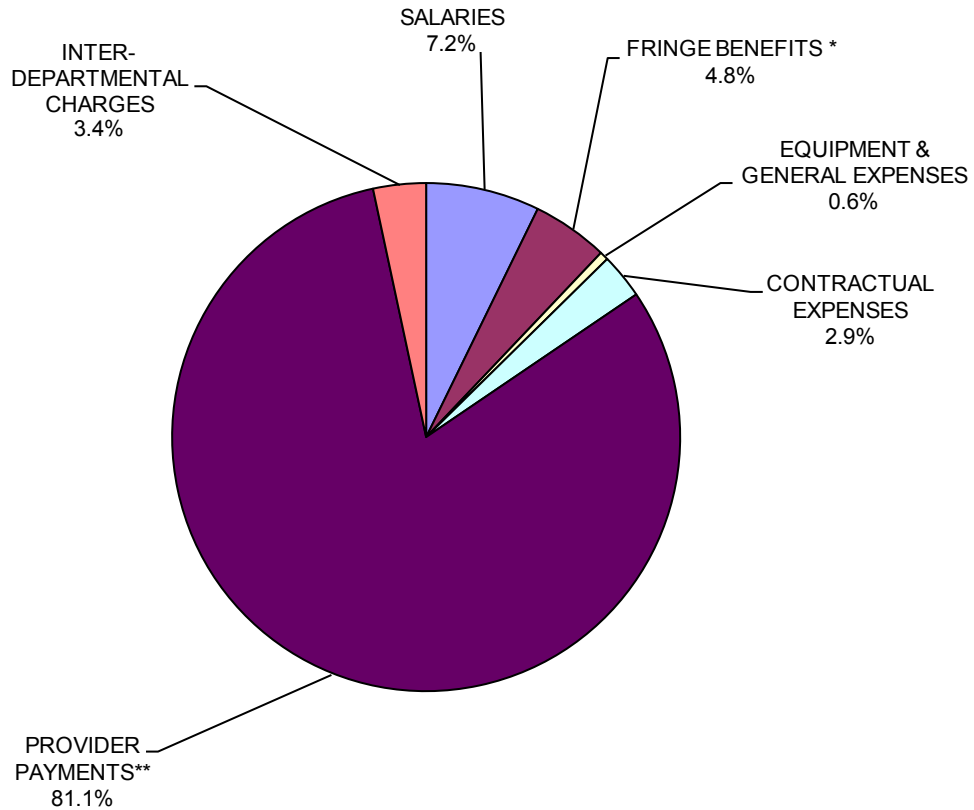
This document could not have been published without the efforts of Ms. Patricia Rothenberg who compiled, edited and revised this report.

NASSAU COUNTY DEPARTMENT OF HEALTH FY2012 REVENUES BY TYPE



| | |
|-----------------------------|-----------------------------|
| PERMITS & LICENSES | \$5,121,319 |
| FINES | 200,844 |
| FEES & THIRD PARTY BILLINGS | 12,186,938 |
| STATE AID | 69,690,093 |
| MISCELLANEOUS & RECOVERIES | 26,706,166 |
| COUNTY FUNDS | 69,578,115 |
| TOTAL | <u>\$183,483,475</u> |

NASSAU COUNTY DEPARTMENT OF HEALTH FY2012 EXPENDITURES BY TYPE

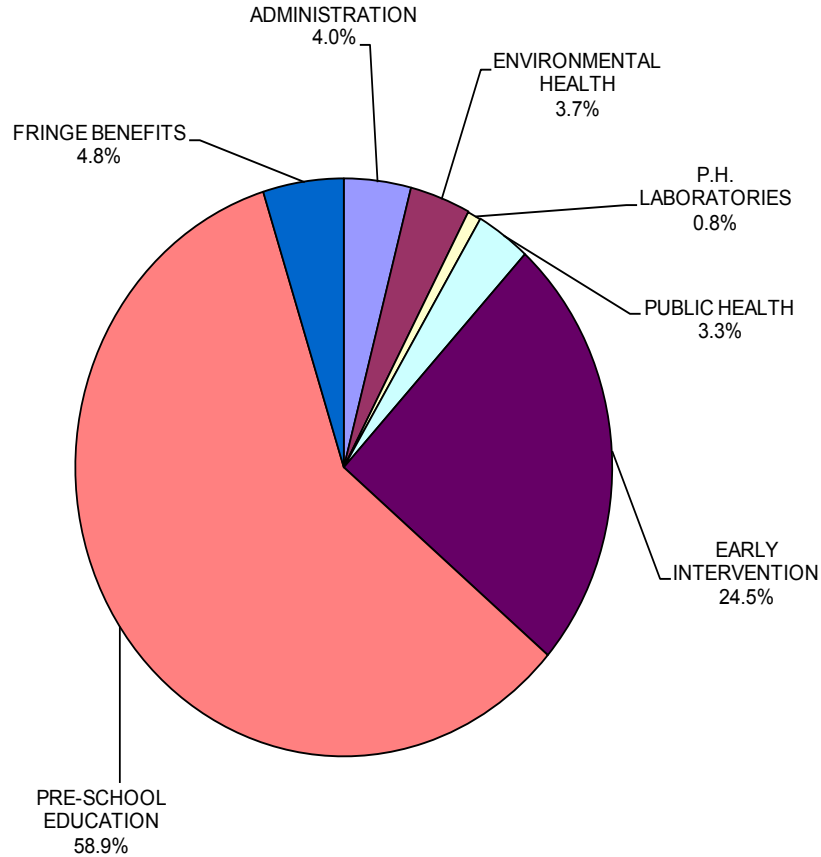


| | |
|------------------------------|----------------------|
| SALARIES | \$13,288,585 |
| FRINGE BENEFITS * | 8,881,619 |
| EQUIPMENT & GENERAL EXPENSES | 1,011,451 |
| CONTRACTUAL EXPENSES | 5,275,715 |
| PROVIDER PAYMENTS** | 148,864,248 |
| INTER-DEPARTMENTAL CHARGES | 6,161,857 |
| TOTAL: | <u>\$183,483,475</u> |

* Fringe benefits are budgeted centrally by the county. The amount above represents the fringe benefit allocated to the Health Department.

** Provider Payments reflects payments to Early Intervention and Pre-School Education providers.

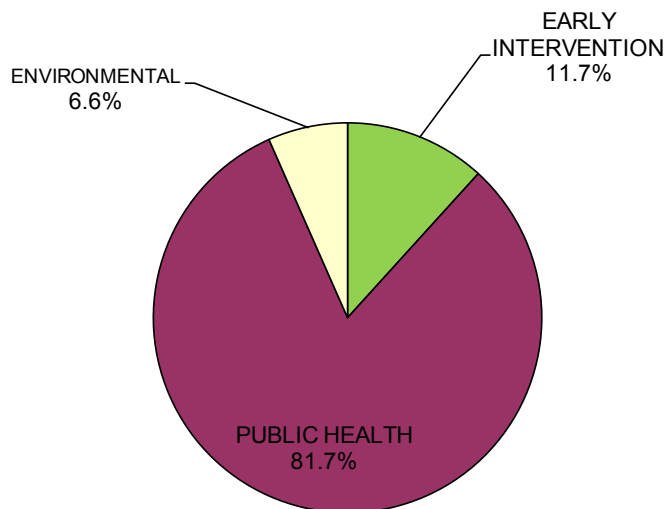
NASSAU COUNTY DEPARTMENT OF HEALTH FY2012 EXPENDITURES BY CONTROL CENTER



| | |
|-----------------------------|-----------------------------|
| HE10 - ADMINISTRATION | \$7,377,210 |
| HE20 - ENVIRONMENTAL HEALTH | 6,696,377 |
| HE30 - P.H. LABORATORIES | 1,484,824 |
| HE40 - PUBLIC HEALTH | 6,032,128 |
| HE51 - EARLY INTERVENTION | 44,981,471 |
| HE54 - PRE-SCHOOL EDUCATION | 108,029,846 |
| FB10 - FRINGE BENEFITS | 8,881,619 |
| TOTAL: | <u>\$183,483,475</u> |

* Fringe benefits are budgeted centrally by the County. The amount above represents the fringe benefit allocated to the Health Department.

NASSAU COUNTY DEPARTMENT OF HEALTH FY2012 GRANT SUPPORT BY PROGRAM



| | |
|--------------------|---------------------------|
| EARLY INTERVENTION | \$943,198 |
| PUBLIC HEALTH | \$6,570,757 |
| ENVIRONMENTAL | \$531,523 |
| TOTAL: | <u>\$8,045,478</u> |

Environmental Grants:

Adolescent Tobacco Use Prevention Act (ATUPA)
 Bathing Beach Water Quality Monitoring & Notification
 Drinking Water Enhancement
 Rabies

Public Health Grants:

Child & Family Safety
 Childhood Lead Poisoning Prevention
 Children with Special Healthcare Needs
 Community Health Worker Program
 FEMA - 2010 Nor'easter
 FEMA - Hurricane Irene

Public Health Grants, continued:

HIV Surveillance & Partner Notification
 Immunization Action Plan
 Lead Hazard Reduction
 MRC Capacity Building
 Prenatal Perinatal Services
 Public Health Campaign - STD
 Public Health Campaign - TB
 Public Health Emergency Preparedness (PHEP)
 State Homeland Security Program
 STD Intervention Services
 Urban Area Security Initiative
 Women, Infant, & Children (WIC)

Nassau County Department of Health Annual Notifiable Communicable Disease Table

| | 2012 | 2011 | 2010 | 2009 | Average (2009-2011) |
|--------------------------------------|---------|---------|---------|---------|------------------------|
| Disease | # cases | # cases | # cases | # cases | # cases |
| AMEBIASIS | 21 | 14 | 27 | 15 | 19 |
| ANAPLASMOSIS** | 5 | 5 | 1 | 1 | 2 |
| BABESIOSIS** | 4 | 5 | 3 | 2 | 3 |
| CAMPYLOBACTERIOSIS** | 312 | 277 | 183 | 224 | 228 |
| CHOLERA | 0 | 1 | 0 | 0 | 0 |
| CRYPTOSPORIDIOSIS** | 10 | 10 | 7 | 6 | 8 |
| CYCLOSPORA | 2 | 2 | 2 | 1 | 2 |
| DENGUE FEVER** | 4 | 2 | 6 | 6 | 5 |
| E.COLI 0157:H7 | 8 | 9 | 3 | 7 | 6 |
| EHEC, SEROGROUP NON-O157 | 7 | 11 | 7 | 7 | 8 |
| EHEC, NONSEROGROUPED | 6 | 3 | 3 | 2 | 3 |
| EHRlichiosis (CHAFEENISIS)** | 1 | 1 | 0 | 1 | 1 |
| EHRlichiosis (UNDETERMINED)** | 0 | 1 | 0 | 0 | 0 |
| ENCEPHALITIS, ARBO** | 7 | 7 | 18 | 0 | 8 |
| ENCEPHALITIS, OTHER | 1 | 3 | 1 | 2 | 2 |
| GIARDIASIS | 69 | 107 | 86 | 106 | 100 |
| HAEMOPHILUS INFLUENZAE, INV B | 0 | 0 | 1 | 2 | 1 |
| HAEMOPHILUS INFLUENZAE, NOT TYPE B | 17 | 15 | 21 | 29 | 22 |
| HEMOLYTIC UREMIC SYNDROME** | 0 | 0 | 2 | 0 | 1 |
| HEPATITUS A | 9 | 8 | 8 | 8 | 8 |
| HEPATITUS B, ACUTE | 9 | 5 | 8 | 8 | 7 |
| HEPATITUS B, CHRONIC | 42 | 76 | 162 | 231 | 156 |
| HEPATITUS B, INFANT PERINATAL | 0 | 0 | 1 | 0 | 0 |
| HEPATITUS C, ACUTE | 2 | 1 | 2 | 0 | 1 |
| HEPATITUS C, CHRONIC | 307 | 434 | 514 | 674 | 541 |
| HERPES INF, INFANT ≤ 60 DAYS | 0 | 0 | 0 | 1 | 0 |
| INFLUENZA A, LAB CONFIRMED | 1214 | 1463 | 820 | 6565 | 2949 |
| INFLUENZA B, LAB CONFIRMED | 193 | 625 | 76 | 624 | 408 |
| INFLUENZA UNSPECIFIED, LAB CONFIRMED | 0 | 8 | 3 | 13 | 8 |
| INFLUENZA PEDIATRIC DEATH | 0 | 1 | 0 | 4 | 2 |

Nassau County Department of Health • Annual Report 2012

| | 2012 | 2011 | 2010 | 2009 | Average (2009-2011) |
|--|---------|---------|---------|---------|------------------------|
| Disease | # cases | # cases | # cases | # cases | # cases |
| LEGIONELLOSIS | 27 | 71 | 37 | 67 | 58 |
| LISTERIOSIS | 4 | 10 | 10 | 11 | 10 |
| LYME DISEASE** **** | 15 | 30 | 21 | 122 | 58 |
| MALARIA | 4 | 12 | 13 | 5 | 10 |
| MEASLES | 0 | 3 | 1 | 0 | 1 |
| MELIODOSIS | 0 | 0 | 1 | 0 | 0 |
| MENINGITIS, ASEPTIC | 59 | 63 | 90 | 127 | 93 |
| MENINGITIS, OTHER BACETERIAL | 8 | 5 | 6 | 17 | 9 |
| MENINGOCOCCAL** | 2 | 1 | 3 | 1 | 2 |
| MENINGITIS, UNKNOWN | 1 | 3 | 3 | 2 | 3 |
| MUMPS** | 0 | 0 | 2 | 1 | 1 |
| PERTUSSIS** | 140 | 68 | 27 | 10 | 35 |
| Q FEVER** | 0 | 0 | 1 | 0 | 0 |
| ROCKY MTN SPOT FEVER** | 2 | 0 | 0 | 1 | 0 |
| SALMONELLOSIS | 153 | 150 | 194 | 201 | 182 |
| SHIGELLOSIS | 96 | 39 | 40 | 38 | 39 |
| STREP, GROUP A INVASIVE | 35 | 46 | 35 | 25 | 35 |
| STREO, GROUP B INVASIVE | 108 | 105 | 83 | 105 | 98 |
| STREP, GROUP B INV, EARLY/LATE ONSET | 9 | 7 | 6 | 7 | 7 |
| STREP PNEUMONIAE, INVASIVE | 96 | 139 | 149 | 140 | 143 |
| TETANUS** 10 | 0 | 0 | 1 | 0 | 0 |
| TOXIC SHOCK SYNDROME, STAPHYLOCOCCAL** | 0 | 0 | 0 | 2 | 1 |
| TOXIC SHOCK SYNDROME, STREPTOCOCCAL** | 0 | 0 | 2 | 0 | 1 |
| TYPHOID FEVER | 4 | 1 | 3 | 3 | 2 |
| VISA | 0 | 3 | 2 | 2 | 2 |
| VIBRIO – NON 01 CHOLERA | 14 | 6 | 7 | 12 | 8 |
| WESTNILE VIRUS** | 7 | 9 | 39 | 0 | 16 |
| YERSINIOSIS | 20 | 8 | 8 | 10 | 9 |

**Confirmed and Probable cases counted; campylobacter confirmed and suspect

****In 2009, 12 counties investigated a sample of positive laboratory results,. In 2010, 17 counties; 2011, 14 counties; 2012, 18 counties.