

NASSAU COUNTY
DEPARTMENT OF HEALTH



2013
ANNUAL REPORT

Edward P. Mangano
Nassau County Executive

Lawrence E. Eisenstein, MD, FACP
Commissioner of Health

Nassau County Department of Health • Annual Report 2013

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Nassau County Board of Health

Role and Responsibilities

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 (hereafter referred to as the “Board”) 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
200 County Seat Drive, Mineola, NY 11501**

Board of Health Membership Biographies



Anthony Battista, MD, FAAP, attended Chaminade High School, earned a BS 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, where she served 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

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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.



Department of Health Vision

Vision

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

Values

- Integrity
- Professionalism
- Respect
- Dedication
- Innovation

Department of Health Mission

Mission

Nassau County Department of Health promotes and protects the health of all who live, work, and play in Nassau County.

The 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.

Awards, Events, and Initiatives from 2013

NCDOH Earns Three NACCHO National Model Practice Awards

The National Association of County and City Health Officials (NACCHO) honored Nassau County Department of Health (NCDOH) at their 2013 Annual Conference for implementing programs that demonstrate exemplary and replicable qualities in response to local public health need with three National Model Practice Awards. Each of the 38 innovative projects to receive this national award was reviewed by a committee of peers (other local health department professionals) and selected from a group of 101 applications. The selection of a program as a model practice means that it demonstrates exemplary and replicable qualities in response to a local public health need. Model practice also reflects a strong health department role, collaboration, and innovation, and has demonstrated its value through evaluation.

Nassau County Department of Health 2013 Model Practice Awards are:

- *Screen for Success*, a collaborative effort between the department's Early Intervention (EI) and Women, Infants and Children (WIC) programs provides for onsite developmental screening for children birth to age three at the Freeport and Hempstead WIC sites.
- *Skype Observed Therapy (SOT)* utilizes innovative technology for tuberculosis (TB) control. This internet-based technology has demonstrated improved efficiency, high compliance with observed medication management and has created an alternative to the traditional Directly Observed Therapy (DOT) model.
- *Enhanced Collaboration for the Implementation of the Nassau County Mosquito Surveillance and Control Plan Revised to Address the Asian Tiger Mosquito* was successfully implemented for the 2013 mosquito season. The utilization of a decision matrix resulted in a coordinated and effective response for the county's mosquito surveillance and control program.

Since 2003, NACCHO's Model Practice Awards program has honored initiatives – including programs, resources, and tools – that demonstrate how local health departments and their community partners can effectively collaborate to address local public health concerns. This award puts Nassau County Department of Health into a select group of health departments that exemplify a forward thinking, proactive attitude toward protecting and promoting the health of communities across the nation. Additionally, the CDC awarded several PHAP associates (Public Health Associate Program) to NCDOH. Associates are paid employees of CDC and participate for a tenure of two years in various divisions.

Health Department's Continued Response in Recovery after Hurricane Sandy

While Super Storm Sandy hit the northeastern United States on October 29, 2012, the effects of the storm were still felt well into 2013. Department functions were prioritized as the Health Department returned to normal daily operations, after devoting the majority of its time and resources on securing public water supplies, abating environmental hazards, working in shelters, or addressing housing needs of affected individuals. The department worked hard to ensure a smarter reconstruction of various buildings and critical facilities impacted by the storm such as placing essential electrical components and communication services at higher elevations.

The Public Health Emergency Preparedness Division (PHEP) participated in a number of meetings, with various agencies, to discuss its ability to respond to the impact of the Storm and specific action items that can be taken to improve planning and ultimately the ability to respond during future events.

The Department's lessons learned from Super Storm Sandy proved to be a much sought-after topic for meetings and conferences. Presentations were highlighted at local, regional and national venues including the National Capital Region's Forum on Healthcare Evacuation and Medical Reserve Corps Conferences. On November 21, the Nassau County Executive held a special appreciation ceremony to honor the many Medical Reserve Corps volunteers who selflessly gave of their time and expertise to provide medical support to the residents of Nassau County.

Planning

The Health Department continues its efforts towards accreditation, by completion of a strategic plan, community health assessment activities and construction of a community health improvement plan. Accreditation is a relatively new national initiative spearheaded by the Public Health Accreditation Board, CDC and Robert Wood Johnson Foundation.

Strategic Plan

A strategic plan was developed and used as a guide for making decisions on allocating resources and creating a timeline based on the established goals and

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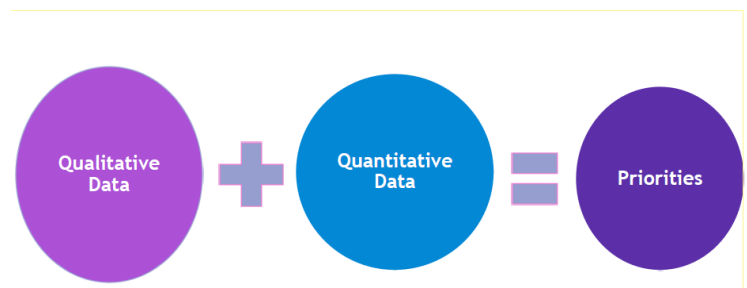
objectives. The plan addressed strategic issues; Workforce Development, which entailed the maintenance of a competent, engaged and informed workforce; Accreditation including Quality Improvement and Data Management, and; Community Engagement, which entailed increasing visibility and presence of NCDOH to better serve the community.

Community Health Assessment (CHA)

The community health assessment provided qualitative and quantitative outcome data of hospitalizations, vital statistics, key informant interviews and community wide surveys for Nassau County and is a collaboration between NCDOH, Nassau county hospitals, community based organizations and academic partners. NCDOH was responsible for analyzing the distribution of disease, including the morbidity and mortality data, throughout the county. The community’s perception of health was measured by a community-wide survey and key informant interviews.

Community Health Improvement Plan (CHIP)

Based on data from the community health assessment, the Community Health Improvement Plan (CHIP) was developed as a joint effort amongst county agencies, community based organizations, hospitals, academia and other associations to identify goals, strategies and objectives to improve the health of Nassau County residents. The collaborations identified two prevention agenda priorities - reducing obesity in children and adults, and increasing access to high-quality chronic disease prevention care in clinical and community settings. The Long Island Health Collaborative (LIHC), a joint effort between the Nassau County and neighboring Suffolk County Health Departments, hospitals, community-based organizations and the Nassau-Suffolk Hospital Council, was established to address common goals in the Long Island region and is in the process of launching a region wide walking initiative “Walk! Long Island.” The LIHC activities will encompass three levels of intervention – the healthcare system, the community and the media.



Healthy Initiatives at the Health Department

One of the missions of the Health Department is the promotion of healthy lifestyles through outreach and education. For employee wellness, the “Healthy Health Department” Lunch and Learn Series, a new initiative, was spearheaded by a collaborative effort between the Division of Social Health Initiatives and the Division of Quality Improvement, Epidemiology and Research. Experts from partnering academia, New York Institute of Technology (NYIT), gave lectures to staff members on topics such as Fad Diets, Healthy Snacking and Stress



reduction. Addressing the need for regular exercise, the program also included a walking component – Walk to New Orleans. With over 1/3 of the staff participating, this initiative was extremely successful and boosted the morale of participants to exercise and improve their physical health.

To encourage wellness activities in the community, the Health Department supported physical fitness programs throughout the county. Department of Health employees and Medical Reserve Corps volunteers supported medical and logistical needs at the annual Long Island Marathon and the Empire State Games for the Physically Challenged. Additionally, the Teen Wellness Trainers program, an initiative between the Health Department and county public schools, continued to educate youth about nutrition and exercise through peer leadership training. In 2013, it reached a new success, training over 400 teens to give wellness instruction in 40 elementary classrooms. The Health Department also participated in numerous health fairs throughout the year, disseminating important information to the community on topics such as emergency preparedness, West Nile virus, food safety, and the WIC program.

Division Highlights

Environmental Health

The Division of Environmental Health promotes safe drinking water, food, 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. The Division is comprised of four bureaus that regulate the safe and sanitary conditions of public water systems, food service establishments, commercial and residential environments, recreational facilities and investigates complaints of conditions that may be hazardous to public health. 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. In 2013, in addition to these activities, the Division of Environmental Health continued with its efforts to assess damage from Hurricane Sandy, providing support and regulatory guidance for reconstruction and recovery.

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

- The Bureau of Environmental Engineering reviewed 58 swimming pool plans, 66 toxic and hazardous material storage plans, 78 realty projects and 492 public water supply plans.
- The Bureau of Environmental Inspection collected 666 mosquito pools with 81 testing positive for West Nile Virus, conducted 877 animal bite investigations for rabies with none reported as positive, conducted 2,169 community investigations, , conducted 1,457 tobacco sale stings with 71 illegal sales (95% compliance rate), conducted 134 investigations of indoor or outdoor air quality hazards and investigated 60 facilities for lead with 44 facilities receiving clearance after lead hazard abatement,
- The Bureau of Environmental Protection collected and analyzed 3,639 samples, reviewed more than 206,000 water quality test results from public water systems,

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conducted comprehensive sanitary surveys at 9 public water systems, assessed the groundwater impact and threat to public water supply wells from 137 federal and state regulated sites, conducted 839 inspections, monitored 227 tank removals and 21 tank abandonments and certified 2,006 tank removals and 1,831 abandonments. The success of the small tank program was described and highlighted in a trade bulletin.

- The Bureau of Environmental Sanitation issued 7,843 permits, conducted 12,304 inspections and investigated 805 complaints, trained and certified 2,256 food managers, issued permits to 129 children's camps, 55 beaches, and 321 swimming pools and collected 2,093 beach water samples for quality analysis and reviewed water quality results from 3,384 samples.
- The Division prosecuted 311 formal enforcement cases resulting in a fine assessment of \$415,000.

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 2013, the Division of Communicable Disease Control:

- Investigated 20,191 laboratory reports with case confirmation of 4,294 communicable diseases, including brucellosis, dengue fever, encephalitis, meningococcal infection, salmonellosis, typhoid fever, pertussis and campylobacteriosis.
- Investigated and confirmed 3 human cases of west nile virus with no deaths.
- Investigated 63 instances of vaccine preventable illness including influenza, and responded to 711 calls on the immunization hotline.
- Outbreak control activities included influenza and gastrointestinal illness in assisted living facilities and restaurants; contact investigation of a measles case; vibrio from raw shellfish; and chickenpox.

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In October, the NY State Department of Health Bureau of Immunization notified department staff that Nassau's Immunization and AP program ranked 2nd in NY State for work-plan activities and implementation. Communicable Disease Control 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), Skype Observed Therapy (SOT), 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 2013, this Division:

- Managed and provided DOT to 40 confirmed cases, including 2 multidrug resistant cases.
- Investigated and followed up over 464 identified contacts.
- Referred 28 immigrants for evaluation from the B1B2 program. This program identifies immigrants with potential TB infections and follows their treatment.

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 notification, counseling and referral services, and has the capacity to use innovative approaches to case and partner investigations. In 2013, STD Control and HIV Partner Services:

- Investigated 101 Syphilis, 3351 Chlamydia and 589 Gonorrhea cases.

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- Investigated 135 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

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 offers a variety of therapeutic and support services to eligible infants and toddlers with disabilities and their families. Typical services include speech therapy, physical therapy, occupational therapy, special education, and parent training. To be eligible for services, children must be less than 3 years of age and have a confirmed disability or established developmental delay, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. In 2013, the Early Intervention Program received 4,392 referrals, mostly from parents, families, pediatricians, and other providers. A total of 6,907 children were served throughout the year, and 3,706 cases were closed, mostly due to children becoming ineligible for services because of their age.

Child Find

The Child Find Program is responsible for performing developmental tracking of certain at risk infants and toddlers, providing community and primary referral source education regarding the importance of developmental surveillance and the availability of early intervention services. Child Find conducts follow up activities to locate children with failed newborn screening test results as identified by the New York State Department of Health. Referral sources to Child Find include WIC, Early Intervention transfers, Childhood Lead Poisoning Prevention Program, Foster Care, CPS, parents, and healthcare

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providers. Child Find continues to collaborate with local hospitals and has provided field experiences for residents. Informational materials have been distributed at several community health events throughout Nassau County and Child Find continues outreach targeted at lower socioeconomic communities through the Early Intervention Program-WIC Developmental Screening Collaborative.

Preschool Special Education Program

The Preschool Special Education Program is designed for 3 and 4 year old children who have been determined by their school district to have a disability based on a multidisciplinary evaluation. This program is administered by the child's local school district with oversight and guidance from NYS Education Department.

In 2013, the program assumed the responsibility of processing and verifying all transportation request documents for preschoolers requiring bussing or parent mileage reimbursement. The Preschool Program meets with the regional division of the NYS Education Department approximately every 2 months to discuss current issues. County presence at school district meetings is routinely accomplished by the attendance of municipal 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. There are three components to PHCP: the Diagnosis and Evaluation program; the Treatment/Medical program; and the Dental rehabilitation program, which is being phased out. PHCP makes available comprehensive medical, surgical, and rehabilitative services to children diagnosed with a chronic illness or physically handicapping condition.

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. In 2013, the team reviewed 15 cases and developed recommendations and interventions based on the reviews conducted. Activities in 2013 include a 2011-2012 summary report, drowning report and choking prevention report with accompanying recommendations and posters. CFRT became a

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chapter of the national Cribs for Kids program this past year, as well.

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 115 families, community health workers conduct outreach in the community, make home visits, and provide education, advocacy and coordination of services to women. During 2013, the Community Health Worker Program made 781 home visits, and welcomed 98 new babies. 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 55 new children with blood lead levels ≥ 10 mcg/dl in 2013. Program staff followed a total of 128 (new and ongoing) children with elevated blood levels throughout the year. The CLPPP provided case management services, environmental investigations, and referrals to other services.

Women, Infants, and Children Program (WIC)

The Women, Infants & Children Program (WIC) provides food vouchers, peer breast feeding counseling and nutrition education for eligible pregnant/post-partum women, infants and children. In 2013, WIC served over 11,000 participants who were seen at five community-based WIC sites. In addition, the program continued to promote early childhood literacy, through its partnership with First Books of Nassau County, providing age-appropriate books for children.

Perinatal Services Network

The Nassau County Perinatal Services Network (NCPSN) is an organization of more than 40 community-based partners. The Network's ongoing mission is to decrease infant

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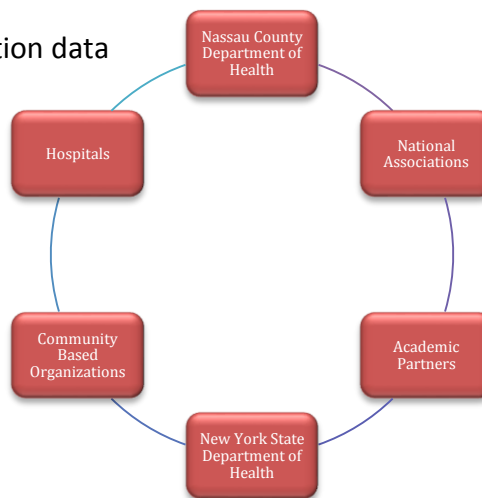
mortality and improve birth outcomes in Nassau County. Through the collaborative efforts of partners, the NCPSN addresses issues that may impact birth outcomes in the county. In 2013, the NCPSN hosted an event with Nassau hospital systems, “Circle of Caring Support Groups for Pregnant and Postpartum Women Facing PMD,” that addressed post-partum depression. In addition, the NCPSN presented “Creating a Safety Net in Nassau County for Perinatal Mood and Anxiety Disorders” at New York State Perinatal Association’s Annual Conference in June. The NCPSN Family Resource Guide was completed and distributed among members, partners, and health and human service providers to pregnant and postpartum women in Nassau.

1 in 9 Hewlett House

Hewlett House is an organization that provides services to individuals and families dealing with cancer. Hewlett House conducts support groups, private counseling, and various classes, including a discussion group on insurance and environmental issues. In 2013, Hewlett House participated in and spearheaded many fundraising and awareness events, representing a wide array of creative and athletic activities.

Quality Improvement, Epidemiology, and Research

In 2013, 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. This Division employed new and innovative performance management and quality improvement measures for divisions within the Health Department. In addition, the Division partnered with hospitals, schools, and other agencies to carry out research, provide trainings, and apply for grants. These partners include Nassau-Suffolk Hospital Council, Nassau County hospital systems, NuHealth, Adelphi University, Columbia University, Hofstra University, New York Institute of Technology and Stony Brook University.



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This Division is responsible for the Community Health Assessment, the Community Health Improvement Plan, the departmental Strategic Plan, accreditation, and the Healthy Health Department Initiative, which were all initiated in this calendar year.

Minority Health

This Division is focused on health education in the underserved and minority populations within the county. In 2013, it actively engaged these communities in monthly forums and workshops at schools, shelters, churches and local recreation centers. Staff provided information on health including chronic disease, colon health, dental care, and safe sex practices. A film screening of *Soul Food Junkies*, directed by Byron Hurt (first seen on PBS) was also offered to encourage healthy choices and substitutions.



Public Health Emergency Preparedness (PHEP)

The Health Department is invested in developing and maintaining individual and community preparedness for public health hazards and events. The Public Health Emergency Preparedness (PHEP) Division leads and coordinates the department in emergency preparedness and response. In 2013, the Office of Public Health Emergency Preparedness:

- Facilitated Health and Medical Multi-Agency Coordinating Group meetings to improve healthcare facility evacuation process during disasters and promote public health emergency preparedness.
- Attended trainings and exercises with partner organizations to improve response
- Coordinated departmental response to Snow Storm Nemo and Tropical Storm Andrea
- Facilitated a department-wide flu immunization POD , administering 126 vaccines to staff
- Facilitated trainings for DOH staff including communications, logistics, Psychological First Aid and Strategic National Stockpile training.

The Division coordinates the Medical Reserve Corps, a volunteer organization through

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which medical professionals can volunteer their time and expertise in preparing for and responding to public health emergencies. In addition, MRC members work to improve the overall health and well-being of the community throughout the year by engaging in various public health initiatives. In 2013, the MRC:

- Increased membership to 917.
- Volunteered at the Long Island Marathon, providing support to over 8,000 runners at 8 medical stations.
- Provided first aid at the Brick Walk held in Cedar Creek Park.
- Provided medical supervision and first aid at the Empire State Games for the Physically Challenged at Eisenhower Park.
- Facilitated numerous trainings including NARCAN training, Advanced Critical Life Support certification, CPR training and recertification, Strategic National Stockpile training, Pediatric Advanced Life Support certification, Psychological First Aid, Pandemic Influenza Preparedness training and Disaster Triage training

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 2013, the Nassau County Department of Health held 22 meetings and community events, including Town Hall meetings, public forums, and conferences/summits focused on chronic disease. Educational literature was 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 issued over 76 press releases.

Human Resources

In 2013, the Health Department experienced a net decrease in staffing of 2 employees. At year end, the Department employed 261 employees, of which 241 were full time and 20 were part time. 71% of total salaries were funded by the county's General Fund and 29% were funded by grants.

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	2012	2013	Net Change
Total Employees	263	261	-2
Full Time	243	241	-2
Part Time	20	20	0
General Fund	181	185	4
Grants	82	76	-6

During 2013, 11 employees left the Health Department. Specifically, seven employees retired, two resigned, one transferred and one was terminated. In response, the Health Department added nine staff persons to its roster. Five staff persons were hired and four were reinstated (two employees were reinstated from having been laid off in late 2011, one employee returned after previously resigning and as a result of a CSEA Arbitration Settlement, one employee was reinstated resulting from a CSEA Arbitration). Lastly, eight employees were rewarded with promotions for their hard work and dedication.

Public Health Laboratories

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 2013, the Public Health Laboratory chemical and microbiological divisions:

- Tested 11,794 samples, including beach water, drinking water and waste

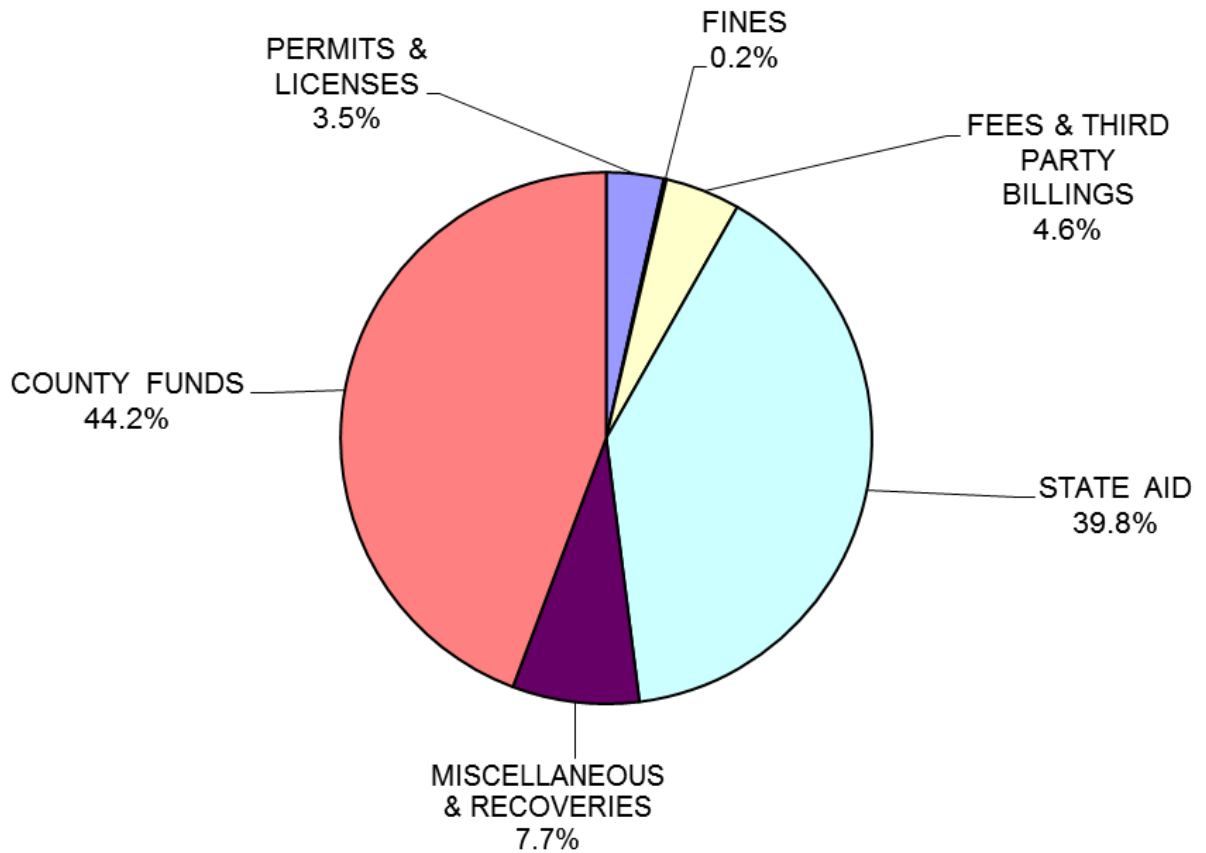
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water.

- Identified 39,193 mosquitoes of 16 different species from 874 mosquito traps and prepared the specimens for West Nile Virus testing by NYSDOH.

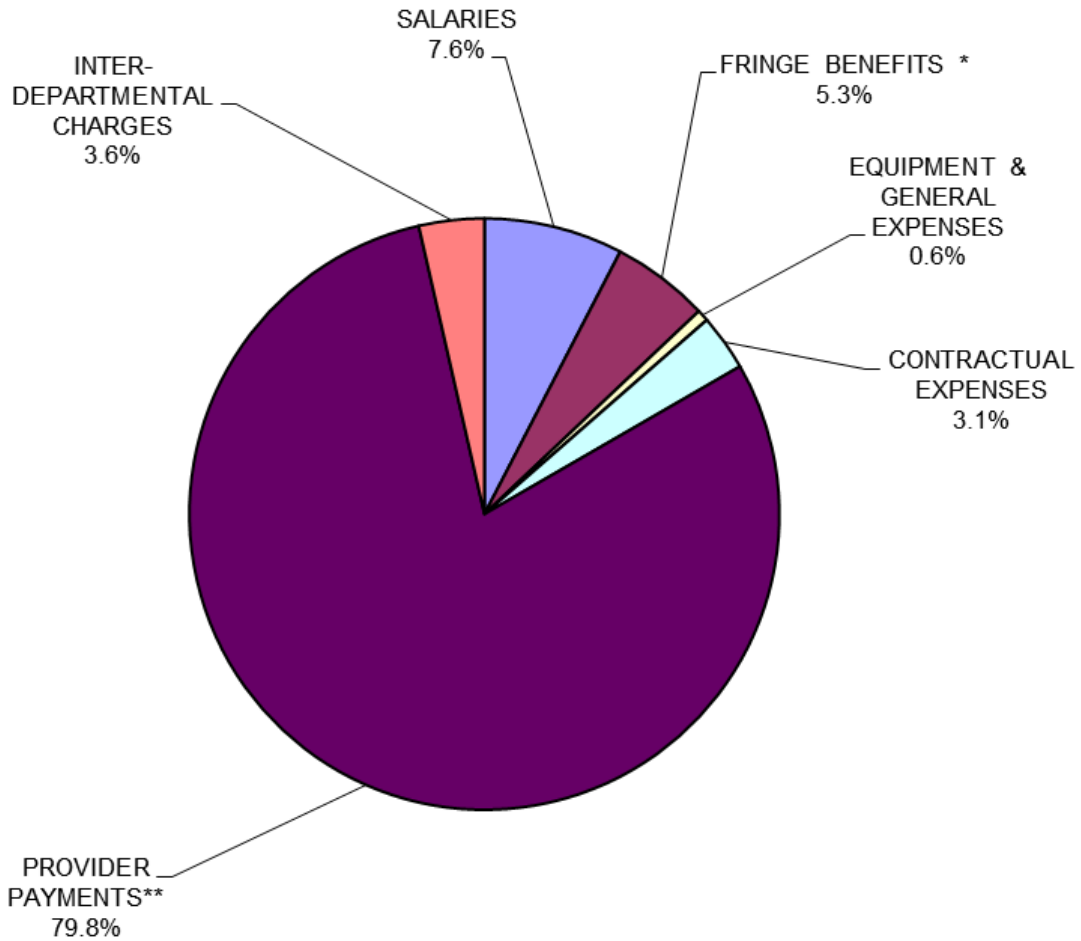
Appendix A: Fiscal Year 2013, Charts

FY2013 REVENUES BY TYPE



PERMITS & LICENSES	\$5,986,928
FINES	278,267
FEES & THIRD PARTY BILLINGS	7,853,328
STATE AID	68,385,929
MISCELLANEOUS & RECOVERIES	13,257,359
COUNTY FUNDS	76,106,509
TOTAL:	<u><u>\$171,868,320</u></u>

FY2013 EXPENDITURES BY TYPE

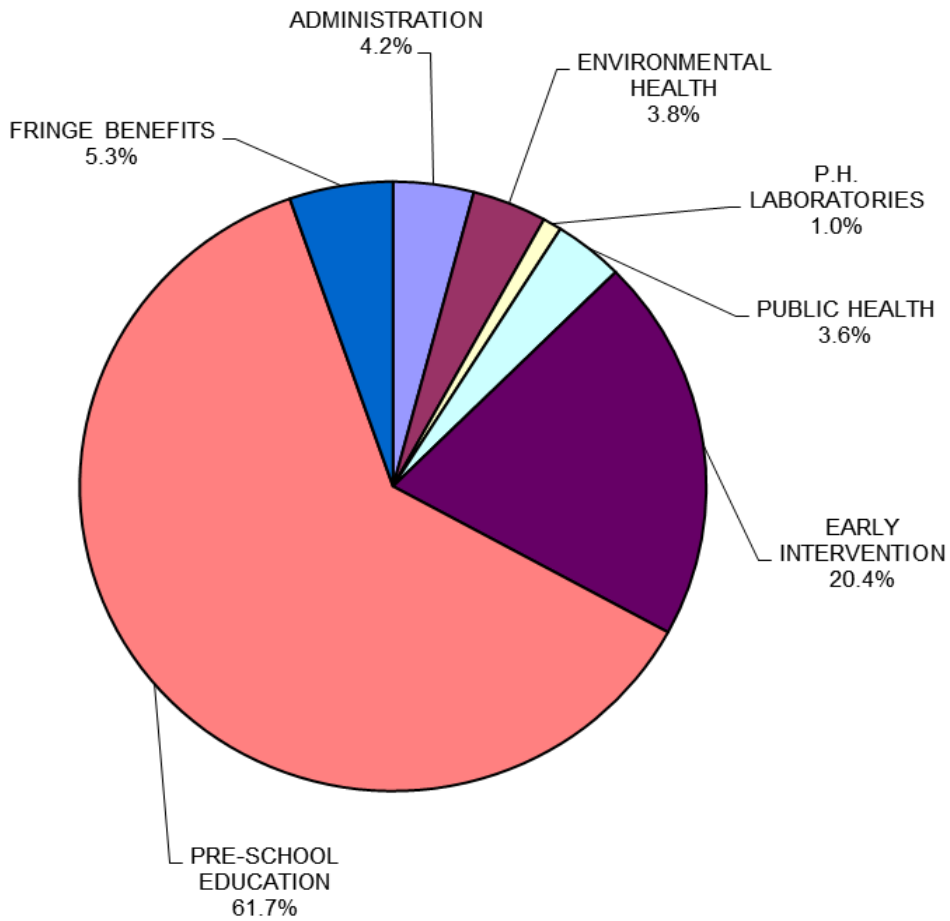


SALARIES	\$13,087,645
FRINGE BENEFITS *	9,185,342
EQUIPMENT & GENERAL EXPENSES	1,091,160
CONTRACTUAL EXPENSES	5,298,830
PROVIDER PAYMENTS**	137,060,436
INTER-DEPARTMENTAL CHARGES	<u>6,144,907</u>
TOTAL:	<u><u>\$171,868,320</u></u>

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

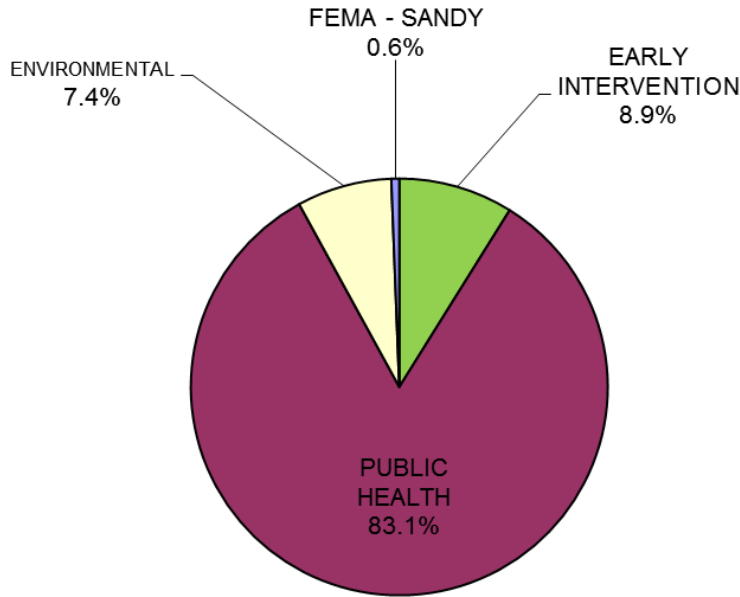
**Provider Payments reflects payments to Early Intervention and Pre-School Education providers.

FY2013 EXPENDITURES BY CONTROL CENTER



HE10 - ADMINISTRATION	\$7,140,894
HE20 - ENVIRONMENTAL HEALTH	6,610,764
HE30 - P.H. LABORATORIES	1,673,228
HE40 - PUBLIC HEALTH	6,199,531
HE51 - EARLY INTERVENTION	35,001,344
HE54 - PRE-SCHOOL EDUCATION	106,057,217
FB10 - FRINGE BENEFITS	9,185,342
TOTAL:	<u><u>\$171,868,320</u></u>

FY2013 GRANT SUPPORT BY PROGRAM



EARLY INTERVENTION	\$689,881
PUBLIC HEALTH	\$6,456,932
ENVIRONMENTAL	\$572,165
FEMA - SANDY	\$47,378
TOTAL:	\$7,766,356

*Environmental Grants list:

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

*Public Health Grants list:

Child & Family Safety
 Childhood Lead Poisoning Prevention
 Children with Special Healthcare Needs
 Community Health Worker Program
 FEMA - Hurricane Irene
 HIV Surveillance & Partner Notification

Public Health Grants list (cont)

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
 STD Prevention Systems
 Urban Area Security Initiative
 Women, Infant, & Children (WIC)

** FEMA Sandy is a separate special revenue fund. It is included here together with the grants special revenue fund.

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Appendix B: Notifiable Communicable Disease Chart

Disease	2013 YTD		2012 YTD		2011 YTD		Average (2011-2013)	
	# cases	Rate	# cases	Rate	# cases	Rate	# cases	Rate
AMEBIASIS	23	1.7	23	1.7	14	1	20	1.5
ANAPLASMOSIS**	4	0.3	5	0.4	5	0.4	5	0.4
BABESIOSIS**	8	0.6	4	0.3	5	0.4	6	0.4
BOTULISM	0	0	0	0	0	0	0	0
BRUCELLOSIS**	1	0.1	0	0	0	0	0	0
CAMPYLOBACTERIOSIS**	289	21.4	320	23.7	277	20.5	295	21.9
CHIKUNGUNYA**	NA	0	NA	0	NA	0	NA	0
CHOLERA	0	0	0	0	1	0.1	0	0
CRYPTOSPORIDIOSIS**	7	0.5	10	0.7	10	0.7	9	0.7
CYCLOSPORA	1	0.1	2	0.1	2	0.1	2	0.1
DENGUE FEVER**	11	0.8	3	0.2	2	0.1	5	0.4
DENGUE-VIRAL HEMORRHAGIC FEVER**	0	0	0	0	0	0	0	0
E.COLI 0157:H7	2	0.1	8	0.6	9	0.7	6	0.4
EHEC, SEROGROUP NON-O157	9	0.7	7	0.5	11	0.8	9	0.7
EHEC, NOT SEROGROUPED	0	0	2	0.1	0	0	1	0.1
EHRlichiosis (CHAFEENSIS)**	4	0.3	1	0.1	1	0.1	2	0.1
EHRlichiosis (UNDETERMINED)**	1	0.1	0	0	1	0.1	1	0.1
ENCEPHALITIS, OTHER	1	0.1	1	0.1	3	0.2	2	0.1
GIARDIASIS	72	5.3	70	5.2	107	7.9	83	6.2
HAEMOPHILUS INFLUENZAE, NOT TYPE B	24	1.8	20	1.5	15	1.1	20	1.5
HEMOLYTIC UREMIC SYNDROME**	1	0.1	0	0	0	0	0	0
HEPATITIS A	14	1	9	0.7	8	0.6	10	0.7
HEPATITIS B,ACUTE	5	0.4	9	0.7	5	0.4	6	0.4
HEPATITIS B,CHRONIC	72	5.3	105	7.8	109	8.1	95	7
HEPATITIS C,ACUTE	14	1	2	0.1	1	0.1	6	0.4
HEPATITIS C,CHRONIC	492	36.5	427	31.6	444	32.9	454	33.6
INFLUENZA A, LAB CONFIRMED	1666	123.5	1492	110.6	1463	108.4	1540	114.1
INFLUENZA B, LAB CONFIRMED	1074	79.6	207	15.3	625	46.3	635	47.1
INFLUENZA UNSPECIFIED, LAB CONFIRMED	5	0.4	2	0.1	8	0.6	5	0.4
INFLUENZA PEDIATRIC DEATH	1	0.1	0	0	1	0.1	1	0.1
LEGIONELLOSIS	35	2.6	30	2.2	71	5.3	45	3.3

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LISTERIOSIS	10	0.7	4	0.3	10	0.7	8	0.6
LYME DISEASE** ***	25	1.9	14	1	30	2.2	23	1.7
MALARIA	7	0.5	4	0.3	12	0.9	8	0.6
MEASLES	2	0.1	0	0	3	0.2	2	0.1
MENINGITIS, ASEPTIC	49	3.6	60	4.4	63	4.7	57	4.2
MENINGITIS, OTHER BACTERIAL	2	0.1	10	0.7	5	0.4	6	0.4
MENINGOCOCCAL**	5	0.4	2	0.1	1	0.1	3	0.2
MENINGITIS, UNKNOWN	0	0	1	0.1	3	0.2	1	0.1
MUMPS**	4	0.3	0	0	0	0	1	0.1
PERTUSSIS**	28	2.1	140	10.4	68	5	79	5.9
ROCKY MTN SPOT FEVER**	1	0.1	2	0.1	0	0	1	0.1
SALMONELLOSIS	148	11	166	12.3	150	11.1	155	11.5
SHIGELLOSIS	27	2	98	7.3	39	2.9	55	4.1
STREP, GROUP A INVASIVE	46	3.4	36	2.7	46	3.4	43	3.2
STREP, GROUP B INVASIVE	113	8.4	108	8	105	7.8	109	8.1
STREP, GROUP B INV, EARLY/LATE ONSET	6	0.4	10	0.7	7	0.5	8	0.6
STREP PNEUMONIAE, INVASIVE	103	7.6	112	8.3	139	10.3	118	8.7
TRICHINOSIS	1	0.1	0	0	0	0	0	0
TYPHOID FEVER	5	0.4	4	0.3	1	0.1	3	0.2
VISA	3	0.2	1	0.1	3	0.2	2	0.1
VIBRIO - NON O1 CHOLERA	19	1.4	15	1.1	6	0.4	13	1
WESTNILE VIRUS**	6	0.4	7	0.5	9	0.7	7	0.5
WESTNILE FEVER**	2	0.1	7	0.5	7	0.5	5	0.4
YERSINIOSIS	12	0.9	10	0.7	8	0.6	10	0.7

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

*** In 2011, 14 counties investigated a sample of positive laboratory results. In 2012 - 2014: 18 counties.