

NASSAU COUNTY  
DEPARTMENT OF HEALTH



2016  
ANNUAL REPORT

Edward P. Mangano  
Nassau County Executive

Lawrence E. Eisenstein, MD, FACP  
Commissioner of Health

# Nassau County Department of Health • Annual Report 2016

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## **Letter from the Commissioner**

I am excited and pleased to share with you the 2016 Annual Report from the Nassau County Department of Health (NCDOH.) 2016 was a year of great challenges in public health, which was met with incredible response by the hardworking women and men of NCDOH. Great successes were achieved across our Bureaus in 2016. Numerous presentations and awards were awarded to NCDOH, and we met our mission of promoting and protecting the health of the residents of Nassau County.

In 2016, NCDOH achieved impressively high scores in the annual Health Rankings from the University of Wisconsin. Of all the counties in New York State, Nassau ranked 1<sup>st</sup> in Health Factors, and 2<sup>nd</sup> in Health Outcomes! While achieving such high results is multi-factorial, the hard work of NCDOH, in collaboration with other government agencies, community based organizations, and academia certainly played a role in these improved rankings. NCDOH was also awarded two more national awards in 2016, including a Model Practice award for a safe sleep initiative, and a promising practice award, as awarded by the National Association of City and County Health Officials (NACCHO) bringing the total number of prestigious national awards to 14 since 2010, an accomplishment which is demonstrative of NCDOH's environment of innovation, efficiency and leadership. Almost every bureau within NCDOH has been part of this winning philosophy, and awards have been given across the Department! 2016 also saw NCDOH competitively apply for and obtain three associates from the Centers of Disease Control and Prevention (CDC,) who will be assigned to perform work here at NCDOH for two years.

2016 had its share of public health challenges, and NCDOH was well prepared to address these challenges while protecting the health of our residents. A great example was the arrival of the Zika virus in parts of Central and South America, and the Caribbean. Through collaboration of the Bureau of Communicable Disease Control, Environmental Health, and Public Health Education, the Nassau County Zika Action Plan was created, which offered a multi-disciplinary attack designed to minimize potential Zika consequences to our County. Numerous returning travelers were screened and followed for effects of Zika, and numerous press events occurred. Zika would not be the only communicable disease dealt with during 2016 by NCDOH. A mumps outbreak was investigated and contained during the Summer of 2016, and only 53 cases occurred in a large community of many thousands of people. Our STD/HIV unit worked diligently to prevent and control the spread of STDs and HIV in our communities, and our Bureau of Tuberculosis control managed dozens of cases to ensure that spread of the potentially dangerous TB would be stopped.

On the environmental front there was a large focus on water safety in public health around the United States in 2016. The water protection team at NCDOH led the cause locally, and their expertise served to shape policy and protect residents. Almost 6,000 restaurants were inspected (and re-inspected when necessary,) and our Bureau of Community Sanitation worked with NCDOH's legal team to draft Article XV of the

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Nassau County Public Health Ordinance, as the NYSDEC delegated gas tank inspections to NCDOH.

Thousands of families and children were served by the Division of Maternal-Child Health and WIC, leading to likely better outcomes in health, and in life! This not only included Early Intervention and Pre-School Special Education, but also involved protecting children from lead morbidity, as well as evaluation of child-fatality.

While there are so many amazing, positive things that occurred at NCDOH in 2016, I will finish by sharing that the application for Public Health Accreditation was completed by NCDOH in 2016. We eagerly anticipate a site visit, and subsequent announcement that we have become PHAB accredited, but that is for the 2017 Annual Report! Please enjoy this review of NCDOH in 2016. I must express my gratitude for the diligent work of NCDOH staff, our working relationship with collaborative partners, and great support from elected officials, especially from the administration of our County Executive, Edward P. Mangano. They all make our great outcomes possible!

Sincerely,



Lawrence Eisenstein, MD, MPH, FACP  
Commissioner



## **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 is a member of the Nassau County Medical Society and the Nassau Academy of Medicine. 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**, 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.



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**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 Control, Appointed Early Intervention Official for Nassau County, and Director of the Center for Public Health. Dr. Greenberg served a term as President of the Nassau Pediatric Society. She continues to be a member of the Medical Reserve Corps and New York State Department of Health Advisory Council on Lead Poisoning Prevention. Dr. Greenberg is also a pediatric medical expert for Social Security Administration pediatric disability.

**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 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.



## **Division Highlights**

### **Environmental Health**

The Division of Environmental Health promotes healthy 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 and unsafe practices. 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 operates from four bureaus to regulate public water systems, food service establishments, commercial and residential environments, recreational facilities and investigates complaints of conditions that may be hazardous to public health.

#### **Bureau of Environmental Engineering**

Ensuring a safe and healthy environment begins with the appropriate design, construction and installation of infrastructure. The Bureau of Environmental Engineering reviews design plans for public water systems, tank storage of petroleum products, public swimming pools and on-site sewage disposal at realty subdivisions and commercial facilities. The Bureau also evaluates environmental conditions and requires remediation at realty subdivisions prior to map approval and construction.

#### **Engineering Plan Review 2016**

ON-SITE SANITARY DISPOSAL	24
SWIMMING POOLS	75
PETROLEUM BULK STORAGE	102
REALTY SUBDIVISIONS	158
PUBLIC WATER SYSTEMS	604

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## **Bureau of Environmental Investigation**

The Bureau of Environmental Investigation administers multiple environmental health programs to protect the public from disease. The bureau conducts investigations of the following hazards: lead, air quality, residential environments (rodent and insect infestations, sewage and garbage, lack of utilities at rental housing) and animal bites. The bureau also conducts surveillance sampling of animals for the rabies virus and mosquitos for arboviruses. The Bureau administers and enforces the Adolescent Tobacco Use Prevention Act (ATUPA) program to prevent sales of tobacco products to minors.

### ***Bureau of Environmental Investigations 2016***

Lead Hazard Investigations	133
Air Quality Investigations	95
Residential Environment Investigations	2,430
Adjoining Property Surveys	3,514
Rodent Free Demolition Inspections	699
ATUPA Compliance Inspections	1,220
Animal Bite Investigations	1,151
Animal Specimens Tested for Rabies	290
Mosquitos Trapped	27,826
Mosquito Pools Tested for Arbovirus	525

## **Bureau of Environmental Protection**

The Bureau of Environmental Protection is focused on the protection of drinking water resources and the regulation of public water supplies to ensure the public is safe from harmful contaminants that can be present in drinking water. The Petroleum Bulk Storage Program protects our groundwater resources through the regulation of heating oil and waste oil tanks (other forms of petroleum are regulated by the Nassau County Fire Marshal). The bureau registers facilities and

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tanks containing regulated quantities of petroleum products and conducts inspections to ensure that spills and leaks will not endanger the county's Sole Source Aquifer for drinking water. The bureau also regulates the appropriate abandonment or removal of homeowner heating oil tanks. The Public Water Supply Program administers and enforces regulations for the production and delivery of safe drinking water to the county's residents. This program includes site inspections, the collection of public water supply samples and the review of water sample results to ensure that the water quality meets all federal and state standards.

## ***Bureau of Environmental Protection 2016***

Petroleum Storage Facility Permits Issued	390
Petroleum Storage Inspections	3,917
Freedom of Information Law Requests	1,135
Microbiological Drinking Water Samples Collected	1,542
Chemical Drinking Water Samples Collected	1,277
Public Water Supply Testing Results Reviewed	~250,000

## **Bureau of Environmental Sanitation**

The Bureau of Environmental Investigation protects the public from disease and illness that could be transmitted by unsanitary conditions at Food Service Establishments, Recreational Facilities (Pools, Beaches, Children's Summer Camps), Body Art Establishments (Tattoo and Piercing) and Temporary Residences (Hotels and Motels). The bureau conducts facility plan reviews, issues permits to operate, conducts facility inspections and compliance conferences and investigates reports Food Borne Illnesses. The bureau also educates Food Managers in the proper sanitary procedures for safe food handling and facility operation.

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## Bureau of Environmental Sanitation 2016

Food Service Establishment Plan Reviews	234
Food Service Establish Permits Issued	6,580
Temporary Food Vendor Permits Issued	1,672
Food Service Establishment Inspections	13,613
Food Manager Training Certificates Issued	2,265
Food Service Compliance Conferences	462
Foodborne Illness Investigations	127
Recreational Facility Permits Issued	643
Pool Inspections	1,089
Beach Water Samples Collected	1,314
Temporary Residence Inspections	79
Body Artist (Tattoo and Piercing) Certifications Issued	58

### **Environmental Health Enforcement**

The Division has a vigorous enforcement program to ensure that violations and hazards that may endanger public health are corrected. Owners and operators of facilities who fail to correct violations are subject to a formal enforcement process presented before an Administrative Law Judge. In 2016, the Division initiated 287 cases and the Board of Health assessed \$364,445 in fines.

### **Communicable Disease Control**

This Division protects the public from the spread of communicable diseases through education, surveillance, investigation, and intervention. Strategies to limit outbreaks include: education, post- exposure prophylaxis, immunization, recommendations, isolation, and quarantine. In 2016 the Division of Communicable Disease Control:

- Investigated 23,133 laboratory reports with case confirmation of 4817 communicable diseases including: 57 cases of Zika virus disease, dengue fever, encephalitis, meningococcal disease, chikungunya, acute hepatitis A, acute hepatitis

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B, typhoid fever, shigellosis, mumps and an increased incidence of pertussis and legionellosis.

- Investigated and confirmed 6 human cases of west Nile virus disease with 1 death.
- Investigated 235 instances of vaccine preventable illness and responded to over 1000 calls on the immunization hotline.
- Outbreak control activities included the conclusion of Ebola direct and active monitoring, the creation of a surveillance system for Zika virus disease, meningococcal disease with post exposure prophylaxis, mumps, hepatitis A with post exposure prophylaxis and legionellosis surveillance. In addition, surveillance and control of a mumps outbreak associated with young adults was accomplished. Other outbreak control activities include Influenza, gastrointestinal illness and varicella in assisted living facilities, schools and group homes.

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. Eighty-four percent of Nassau County cases are foreign born, comparable to NYS. In 2016, this Division:

- Investigated 1613 laboratory reports and managed 38 confirmed cases
- Provided directly observed therapy to 28 cases
- Investigated and followed up nearly 259 identified contacts.
- Received 106 immigrants for evaluation from the B1B2 program, of whom 63 were in jurisdiction. 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 2016, STD Control, HIV Partner Services and, Expanded Partner Services:

- Investigated 398 Syphilis, 4131 Chlamydia and 579 Gonorrhea cases.
- Investigated 128 cases of HIV. Each case was contacted and was offered assistance notifying his or her partners who might be at risk.
- Investigated 284 cases of out- of- care HIV positive. Each case was dispositioned and those who were truly not in care were offered assistance with re-linkage.

## **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.

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## **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 three 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 2016, the Early Intervention Program received 4,766 referrals, mostly from parents, families, pediatricians, and other providers. A total of 7,298 children were served throughout the year, and 3,900 cases were closed.

## **Child Find**

The Child Find Program performed developmental tracking for developmentally at-risk infants and toddlers and provided education for both primary referral sources and community stakeholders regarding the importance of developmental surveillance and the availability of early intervention services. Child Find conducted follow up activities to locate children with failed Newborn Hearing Screening and compromised Newborn Screen Blood test results as identified by the New York State Department of Health. Child Find continued to collaborate with local hospitals regarding referrals to early intervention and has provided field experiences for pediatric and preventive medicine medical residents. Informational materials have been distributed at several community health events throughout Nassau County. Child Find continued outreach at targeted lower socioeconomic communities through *Screen for Success: Early Intervention Program-WIC Developmental Screening Collaborative*. An Enhanced Service Coordination component was added to *Screen for Success* to ensure that eligible children get to services. Referral sources to Child Find included WIC, Early Intervention transfers, Childhood Lead Poisoning Prevention Program, Foster Care, Child Protective Services, parents, and healthcare providers.

## **Preschool Special Education Program**

The Preschool Special Education Program is designed for three and four-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.

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The Preschool Program meets with the regional division of the NYS Education Department approximately every two months to discuss current issues. County presence at school district meetings is routinely accomplished by the attendance of municipal representatives.

The Preschool website was revamped to include sections with updated forms for parents, school districts, and providers.

## **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 twenty-one 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 2016, the team reviewed 9 cases and developed recommendations and interventions based on the reviews conducted. Activities in 2016 included: applying for and receiving a National Association of County and City Health Officials (NACCHO) model practice award for our submission titled- A Safe Place to Sleep: Developing a National/Local Partnership (describing our activities and efforts to create our local Cribs for Kids chapter); Cribs for Kids-Nassau County continued to apply for grants to secure funding for cribs, trained additional recruited partner agencies (Family and Children’s Association, North Shore Child and Family Guidance/Good Beginnings); and delivered 22 cribs to families on need. In addition, the team coordinated a Halloween Safety press release as well as a 2 year 2014 and 2015 NCCFRT Summary Report highlighting team findings and activities.

## **Childhood Lead Poisoning Prevention Program (CLPPP)**



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The Childhood Lead Poisoning Prevention Program (CLPPP) identified 74 new children with blood lead levels  $\geq 10$  mcg/dl in 2016. Program staff followed a total of 129 (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) provided food vouchers, breastfeeding support through its breastfeeding peer counseling program and nutrition education, for eligible pregnant/post-partum women, infants and children. In February of 2016, the county program transferred its Westbury location to a new agency. As a result, the county caseload determined by the state health department was 5,700, reflecting Hempstead and Glen Cove sites.

The program developed new satisfaction surveys and other outreach materials in an attempt to improve retention and customer satisfaction. Based on the results of the surveys, the program schedule was adjusted to 8:00am. In addition, the program instituted a new telephone number to which all phone calls were directed 571-1WIC (571-1942) in an effort to improve response times. Furthermore, staff participated in a training program to improve caseload retention. Other 2016 activities included providing four cribs to low income families through the Cribs for Kids Initiative, maintaining facilitated enrollers from Medicaid managed care providers, and providing Early Intervention Screen for Success to identify developmental delays linking moms and children to health services

## **Perinatal Services Network**

The Nassau County Perinatal Services Network (NCPSN) consists of more than 40 community-based partners. The network's ongoing mission is to decrease infant mortality and improve birth outcomes in Nassau County for which it received a nationally recognized award. In 2016, the network continued to promote awareness and train health and human service providers on the importance of screening for Perinatal Mood and Anxiety Disorders (PMAD). In addition, the network provided screening for children and moms at WIC sites for developmental delays and for PMAD, respectively.

## **1 in 9 Hewlett House**

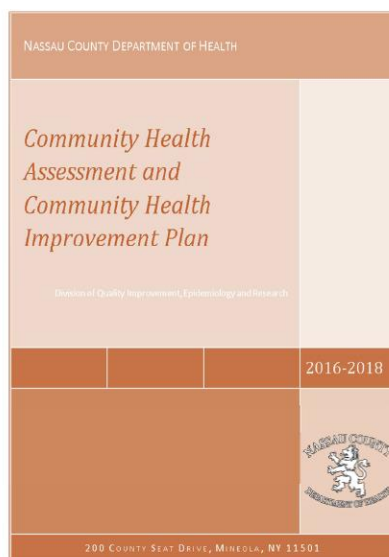
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Hewlett House is an organization that provides services to individuals and families dealing with cancer. Hewlett House conducts support groups, private counseling, and various classes, including a discussion group on insurance and environmental issues. In 2016, 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 2016, the Division of Quality Improvement, Epidemiology, and Research continued to support 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. The Division actively participated the Long Island Health Collaborative (LIHC)/Population Health Improvement Plan (PHIP) in partnership with Nassau-Suffolk Hospital Council, community based organizations, Nassau County hospital systems, NuHealth, Adelphi University, Columbia University, Hofstra University, New York Institute of Technology and Stony Brook University. In 2016, the LIHC/PHIP provided opportunities for community input and data analytics necessary for understanding the health of Nassau County’s residents.

This Division is responsible for the Community Health Assessment, the Community Health Improvement Plan, the departmental Strategic Plan, Accreditation, and support and advance ongoing activities related to the New York State Prevention Agenda 2013-2017, PHIP and Delivery Reform System Incentive Payment (DSRIP) Program, which builds on the work of the Medicaid Redesign Team. In 2016, on behalf of the county, the health assessment and improvement plan were updated to 2016-2018 and accreditation documents were submitted to the Public Health Accreditation Board for its review.



## Minority Health

This Division continues to focus on health education, outreach, and programming in the underserved communities within the county. In **2016**, the Division collaborated with More than 50 community organizations including The Roosevelt Revitalization Corporation’s Summer Farmers Market. Additionally, the Division successfully coordinated a sponsored the 4<sup>th</sup> annual Health, Sports, and Fitness Expo which served more than 1000 county residents.



## Public Health Emergency Preparedness (PHEP)

Public Health Emergency Preparedness (PHEP) is tasked with responding to a range of public health threats—including infectious diseases; natural disasters; and biological, chemical, nuclear and radiological events. Our goal is to build a more resilient community that is prepared to deal with threats and emergencies that affect the health of the public.

The division manages the more than 920 Medical Reserve Corps (MRC) volunteers. Regular meetings and a variety of trainings are offered to improve our volunteers’ ability to respond and to help keep them engaged. This year was the exciting launch of the Nassau County MRC Acupuncture Team with a two-day “Acupuncture for Disaster Triage Training” that was developed through the PHEP collaboration with the National Acupuncture Detoxification Association (NADA).

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Activations involve responding to emergencies as well as providing medical support at planned events. When Nassau County activates the Emergency Operations Center (EOC), PHEP (and other NCDOH employees) staff the ESF-8 (health desk) to coordinate activities and situational awareness. 2016 activations included:

- Blizzard Jonas ESF-8 activation and readiness for possible medical needs sheltering operation
- Response to Tropical Storm Hermine involved staffing the ESF-8 and preparing a medical station for the potential opening of a general population shelter
- ESF-8 activation and on-scene medical emergency support at two Trump rallies and the Presidential Debate at Hofstra University
- NCDOH staff and MRC volunteers provide medical support for participants and spectators at the Nassau County Empire State Games for the Physically Challenged, the Nassau County Health, Fitness & Sports Expo and the Long Island Marathon

More than 25 trainings were held for NCDOH staff and MRC volunteers. Examples of standard courses are: Advanced Critical Life Support, Basic Life Support for Health Care Professionals, Psychological First Aid, Blood Borne Pathogens, Personal Protective Equipment (PPE), Medical Needs Shelter, and Disaster Triage. New this year was a Radiological Training with hands-on equipment practice along with soil and water sampling developed for the NCDOH Rad Emergency Response Team. PHEP also facilitated a CHEMPACK (forward placement of nerve agent antidotes) training and tabletop exercise for 43 individuals from 18 different agencies.

The division maintains a cache of consumable medical supplies and more than 300 pieces of equipment– including vehicles, two-way radios, emergency medical tents, Automated External Defibrillators (AEDs), wheelchairs, cots, computers, and generators.

PHEP also leads the Nassau County Health and Medical Coordinating Group (HMMACG) which includes all of the hospitals, nursing homes, adult care facilities and approximately 18 healthcare partners.



*Long Island Marathon Medical Tent*



*Information table at the Health, Fitness & Sports Expo*

## 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 2016, the Nassau County Department of Health participated in meetings and community events, including 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 60 press releases.

## Human Resources

In 2016, the Health Department experienced a net decrease in staffing of 8 employees. At year end, the Department employed 237 employees, of which 223 were full time and 14 were part time. Overall, 80% of the Department’s employees’ salaries were funded by the County Fund while 20% was funded by various grants.

In 2016, the Health Department was awarded less funding for the Women, Infants and Children grant. As such the staffing levels and site locations had to be downsized. In response, multiple clerical and nurse employees were reassigned to fill vacant positions in other areas.

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In 2016, the Health Department experienced a total of 13 separations –7 retired; 1 deceased; 1 job abandonment and remainder 5 resigned. In turn, the Health Department hired 6 employees.

Lastly, 10 employees were rewarded with promotions for their hard work and dedication.

	2015	2016	Net Change
Total Employees	245	237	-8
Full Time	229	223	-6
Part Time	16	14	-2
General Fund	181	189	+8
Grant Fund	64	48	-16

## 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 2016, the Public Health Laboratory chemical and microbiological divisions:

- Were visited by the Environmental Laboratory Accreditation Program

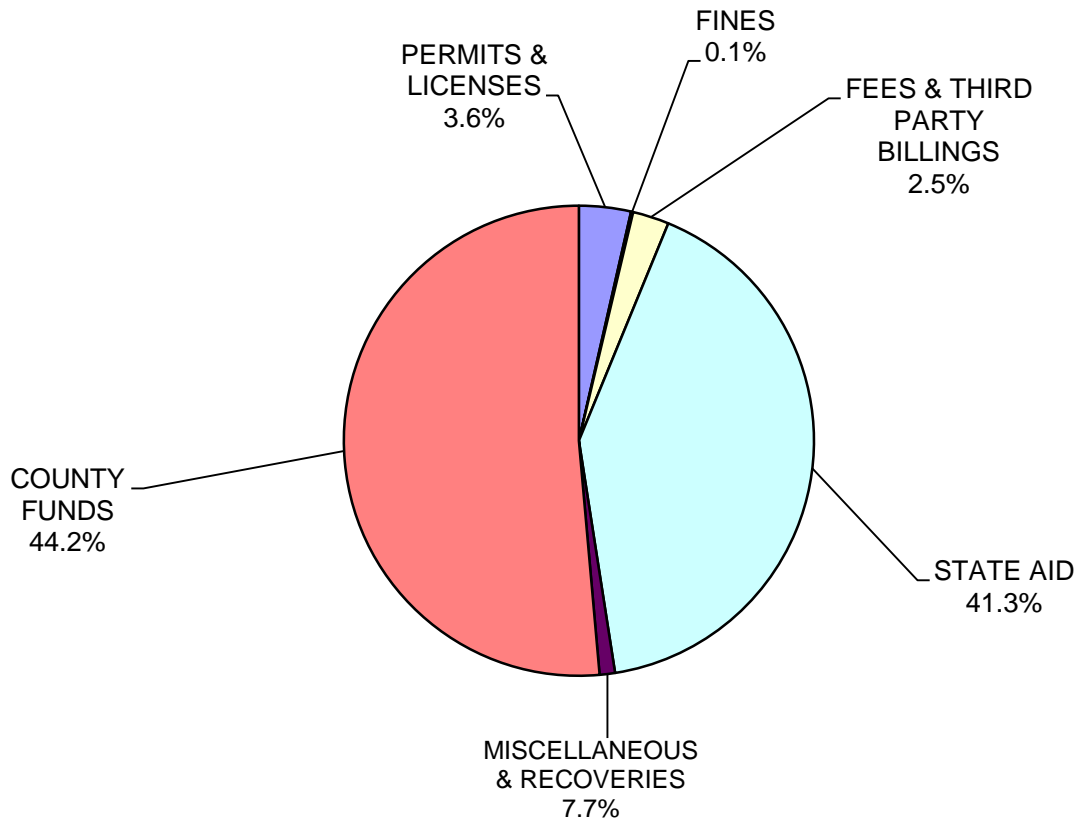
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inspectors in May for its bi-annual inspection review. Seventeen deficiencies were observed by the inspectors and the Laboratory responded accordingly. The Laboratory successfully passed the inspection and received certification to continue operating.

- Tested 18,710 samples, including beach water, drinking water and waste water.
- Identified 27,826 mosquitoes of 13 different species from 1,867 mosquito traps and prepared the specimens for West Nile Virus and ZIKA Virus testing by NYSDOH.
- At the request of the Port Washington Water Pollution Control District, the Microbiology unit agreed to accept additional water samples for testing and will be charging a fee for such services.

**Appendix A: Fiscal Year 2016, Charts**

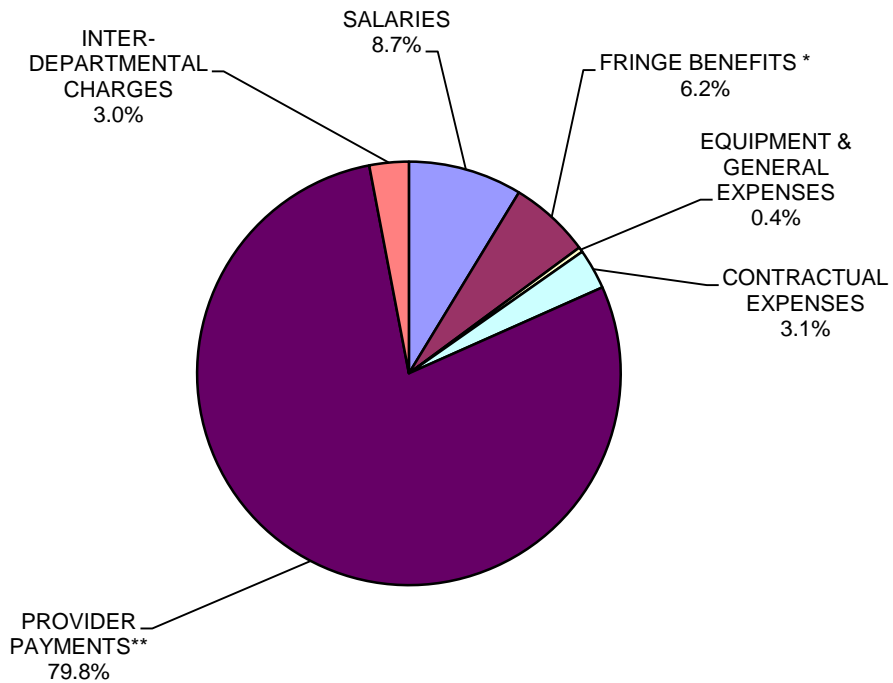
FY2016 REVENUES BY TYPE



PERMITS & LICENSES	\$6,033,360
FINES	247,599
FEES & THIRD PARTY BILLINGS	4,232,750
STATE AID	69,913,978
MISCELLANEOUS & RECOVERIES	1,788,784
COUNTY FUNDS	<u>86,973,105</u>
TOTAL	<u><u>\$169,189,576</u></u>



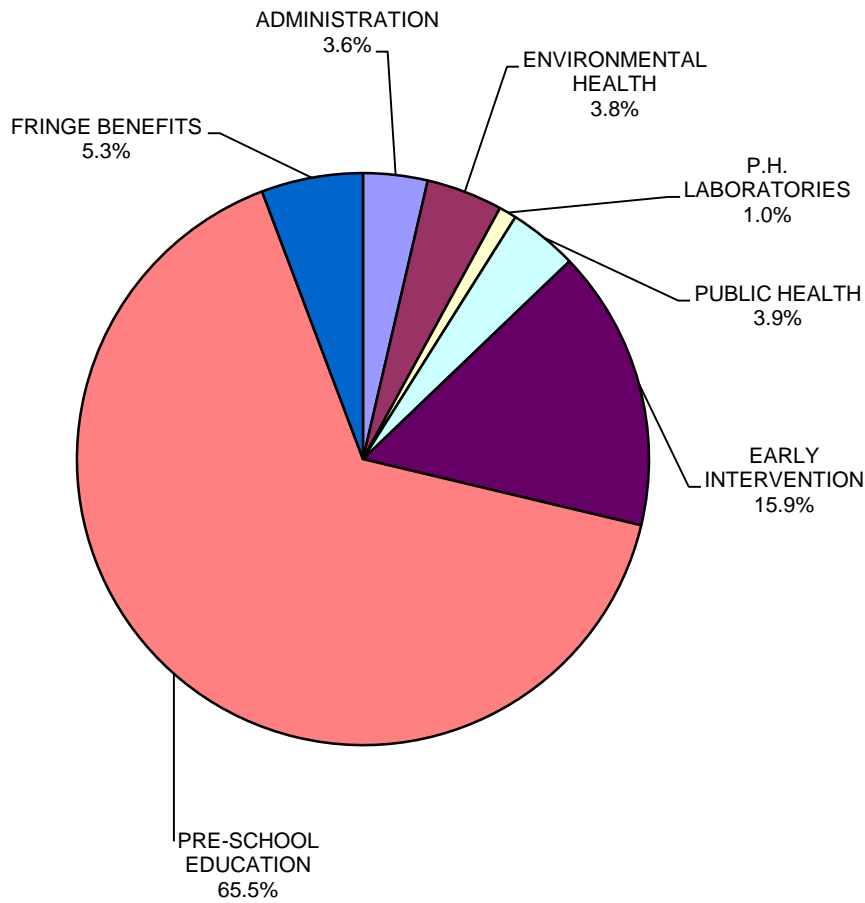
FY2016 EXPENDITURES BY TYPE



SALARIES	\$14,715,736
FRINGE BENEFITS	10,455,089
EQUIPMENT & GENERAL EXPENSES	646,474
CONTRACTUAL EXPENSES	5,217,082
PROVIDER PAYMENTS**	133,071,618
INTER-DEPARTMENTAL CHARGES	5,083,577
TOTAL	<u><u>\$169,189,576</u></u>

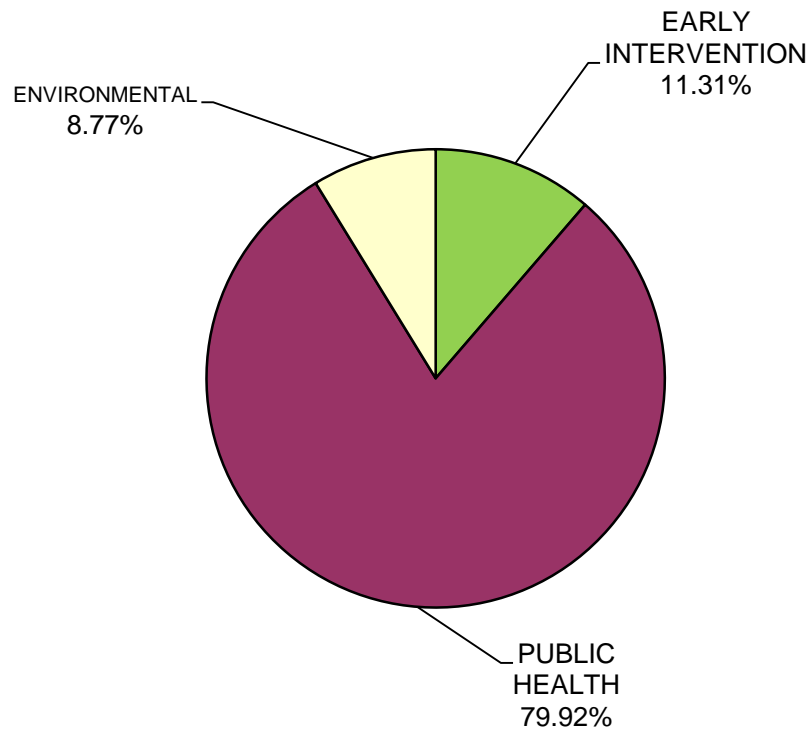
Fringe benefits are budgeted centrally by the County. The amount above represents the fringe benefit cost allocated to the health department. Provider payments reflect payments to Early Intervention and Pre-School Education providers.

FY2016 EXPENDITURES BY CONTROL CENTER



Fringe benefits are budgeted centrally by the County. The amount above represents the fringe benefit costs allocated to the health department.

FY2016 GRANT SUPPORT BY PROGRAM



EARLY INTERVENTION	\$699,293
PUBLIC HEALTH	\$4,938,951
ENVIRONMENTAL	\$541,924
TOTAL	<u>\$6,180,168</u>

**Appendix B: Communicable Disease Control Annual Table**

	2016	2015	2014	2013	3 Year Ave (2013-2015)
Disease	Annual # Cases	Annual # Cases	Annual # Cases	Annual # Cases	# Cases
AMEBIASIS	20	21	17	23	20
ANAPLASMOSIS**	4	1	3	4	3
BABESIOSIS**	5	8	9	8	8
BOTULISM	0	0	1	0	0
BRUCELLOSIS**	0	0	0	1	0
CAMPYLOBACTERIOSIS**	217	291	287	289	289
CHIKUNGUNYA**	2	13	43	0	19
CRYPTOSPORIDIOSIS**	7	10	10	7	9
CYCLOSPORA	4	5	3	1	3
DENGUE FEVER**	9	6	3	11	7
DENGUE-VIRAL HEMORRHAGIC FEVER**	0	0	1	0	0
E.COLI 0157:H7	3	6	7	2	5
EHEC, SEROGROUP NON-O157	10	6	18	9	11
EHEC, NOT SEROGROUPED	3	0	0	0	0
EHRlichiosis (CHAFEENSIS)**	2	0	1	4	2
EHRlichiosis (UNDETERMINED)**	0	0	0	1	0
ENCEPHALITIS, OTHER	2	0	3	1	1
GIARDIASIS	101	91	79	72	81
HAEMOPHILUS INFLUENZAE, INV B	1	1	0	0	0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	33	14	25	24	21
HEMOLYTIC UREMIC SYNDROME**	0	0	0	1	0
HEPATITIS A	10	8	6	14	9
HEPATITIS B,ACUTE	3	4	6	5	5
HEPATITIS B,CHRONIC	50	169	201	161	177
HEPATITIS C,ACUTE	3	2	7	14	8
HEPATITIS C,CHRONIC	261	561	578	497	545
HERPES INF, INFANT =< 60 DAYS	1	2	0	0	1
INFLUENZA A, LAB CONFIRMED	2502	2272	2047	1666	1995
INFLUENZA B, LAB CONFIRMED	873	299	1166	1074	846
INFLUENZA UNSPECIFIED, LAB CONFIRMED	6	6	5	5	5

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INFLUENZA PEDIATRIC DEATH	0	1	0	1	1
LEGIONELLOSIS	56	65	77	35	59
LISTERIOSIS	9	6	10	10	9
LYME DISEASE** ****	45	44	25	25	31
MALARIA	10	6	9	7	7
MEASLES	0	0	0	2	1
MENINGITIS, ASEPTIC	51	69	40	49	53
MENINGITIS, OTHER BACTERIAL	6	6	6	2	5
MENINGOCOCCAL** ##	0	2	1	5	3
MENINGITIS, UNKNOWN	1	0	0	0	0
MUMPS**	54	1	4	4	3
PERTUSSIS**	86	68	34	28	43
ROCKY MTN SPOT FEVER**	2	1	1	1	1
SALMONELLOSIS	143	156	121	148	142
SHIGELLOSIS	35	79	62	27	56
STREP, GROUP A INVASIVE	44	29	46	46	40
STREP, GROUP B INVASIVE	124	98	97	113	103
STREP, GROUP B INV, EARLY/LATE ONSET	10	5	12	6	8
STREP PNEUMONIAE, INVASIVE	80	78	85	103	89
TRICHINOSIS	0	0	0	1	0
TYPHOID FEVER	2	2	3	5	3
VISA	0	0	2	3	2
VIBRIO - NON 01 CHOLERA	6	11	8	19	13
WESTNILE VIRUS**	6	7	4	6	6
WESTNILE FEVER**	2	2	0	2	1
YERSINIOSIS	3	7	11	12	10
ZIKA VIRUS**	57	1	NA	NA	0

\*Based on month case created, or December for cases created in Jan/Feb of following year

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

\*\*\*Not official number

\*\*\*\* From 2013-2014, 18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties sampled.