



Onondaga County Legislature

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Chairman

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HEALTH & HUMAN SERVICES COMMITTEE MINUTES – JUNE 20, 2023 COLLEEN A. GUNNIP, CHAIR

MEMBERS PRESENT: Dr. Chase, Dr. Kelly, Mr. Bush

MEMBERS ABSENT: Ms. Kuhn

ALSO ATTENDING: See attached

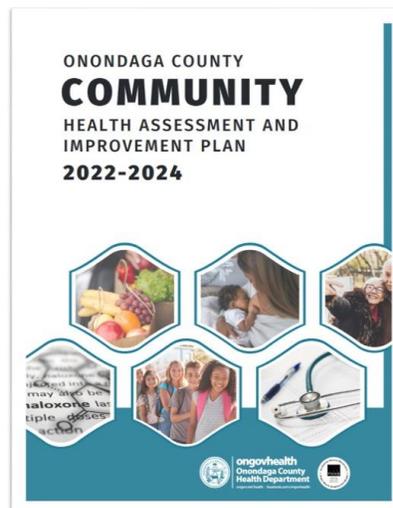
Chair Gunnip called the meeting to order at 10:31 a.m. *The minutes of the previous meeting had been distributed, and there were no objections to waiving the reading. There were no corrections to the minutes, and the minutes were approved.*

1. HEALTH DEPARTMENT: Dr. Kathryn Anderson, Commissioner; Debra Lewis, Program Coordinator
a. Authorizing Execution of an Intermunicipal Agreement with the State University of New York Research Foundation for Funding of a Tick Surveillance Program

- Resolution in relation to Dr. Saravanan Thangamani’s Citizen Science Tick Surveillance Program
 - Vector biologist at Upstate that is studying ticks, mosquitos and associated infections
 - Innovative citizen science program that has received over 20,000 ticks people found on themselves or pets in NY
 - 1,000s sent in from Onondaga County
 - Information from program: 1/3 or 30% of ticks carry a pathogen that could infect people – mainly Lyme disease
- Program useful to clinicians to know when certain things are increasing (not just Lyme but anaplasmosis)
- Many ticks co-infected with Lyme and other things
- Huge platform that goes far beyond what NYS Dept. of Health is able to provide for tick surveillance
 - NYS samples and tests ~50 ticks per year
- This is to support Dr. Thangamani’s platform
 - He has been supporting his program internally with startup funds and Upstate funds
 - Looking to expand funding in sustainable way – County DOH wants to support this resource
- Funding from County to Upstate 1 time to bolster and keep lab going
 - \$100,000: \$50,000 budgeted and \$50,000 from Health Department in access funds

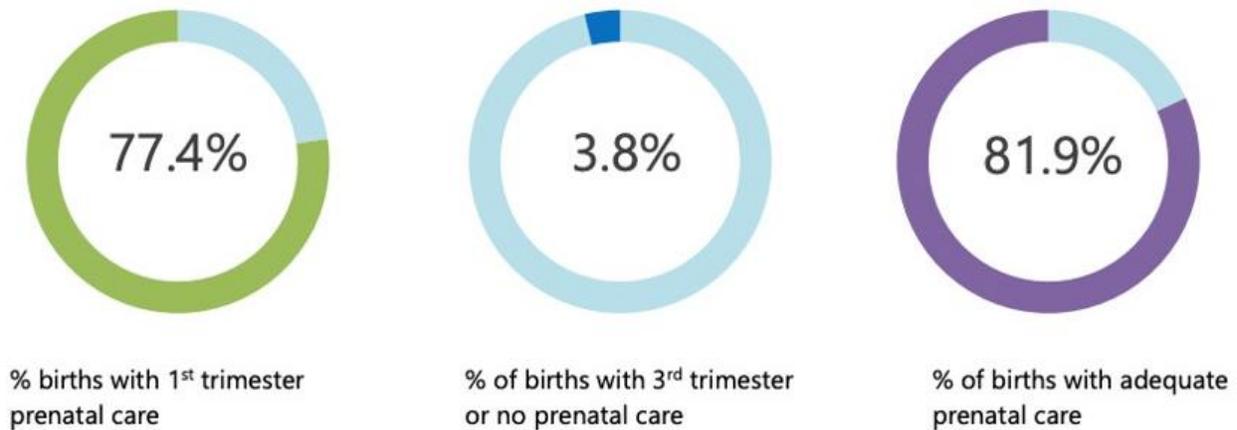
A motion was made by Chair Gunnip, seconded by Dr. Chase to approve this item. Passed unanimously; MOTION CARRIED.

b. INFORMATIONAL: Department Update



- Community Health Assessment
 - Conducted by Health Dept. in collaboration with healthcare agencies
 - Includes Upstate, Crouse, St. Joe’s and community based organizations
 - Very objective data intensive – looking at trends and community based data collection with outreach to community
 - Spoke to over 3,000 residents in Onondaga County to discuss priorities, concerns and largest health problems
 - Final aspect is for all agencies compiling this to come up with priorities in Onondaga County over next couple years
- Fortunate to live in county with a lot of healthcare resources
 - Healthcare institutions and education, community based organizations, supported government resources, parks
- There are opportunities for improvement in health overall and clear disparities to raise level of health

Figure 62. Prenatal care indicators, Onondaga County, 2017-2019



Source: [NYS Prevention Agenda Dashboard- County Level](#), 2017-2019. Retrieved 10/11/2022.

Figure 64. Preterm births and low birth weight births by race and ethnicity, Onondaga County, 2017-2019

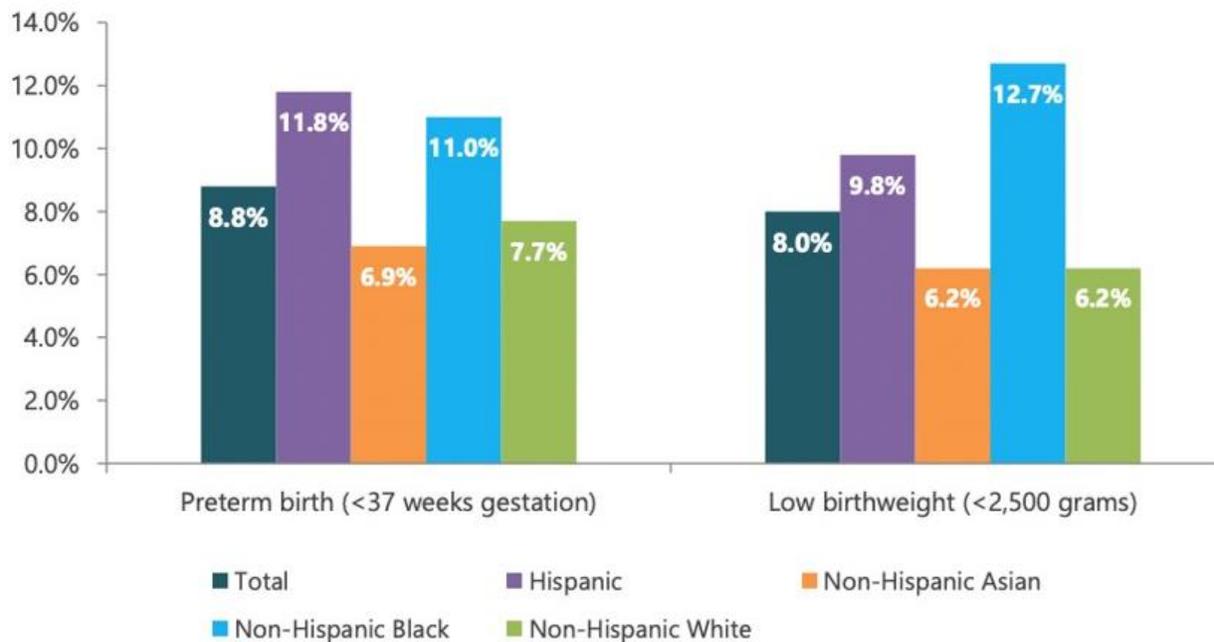
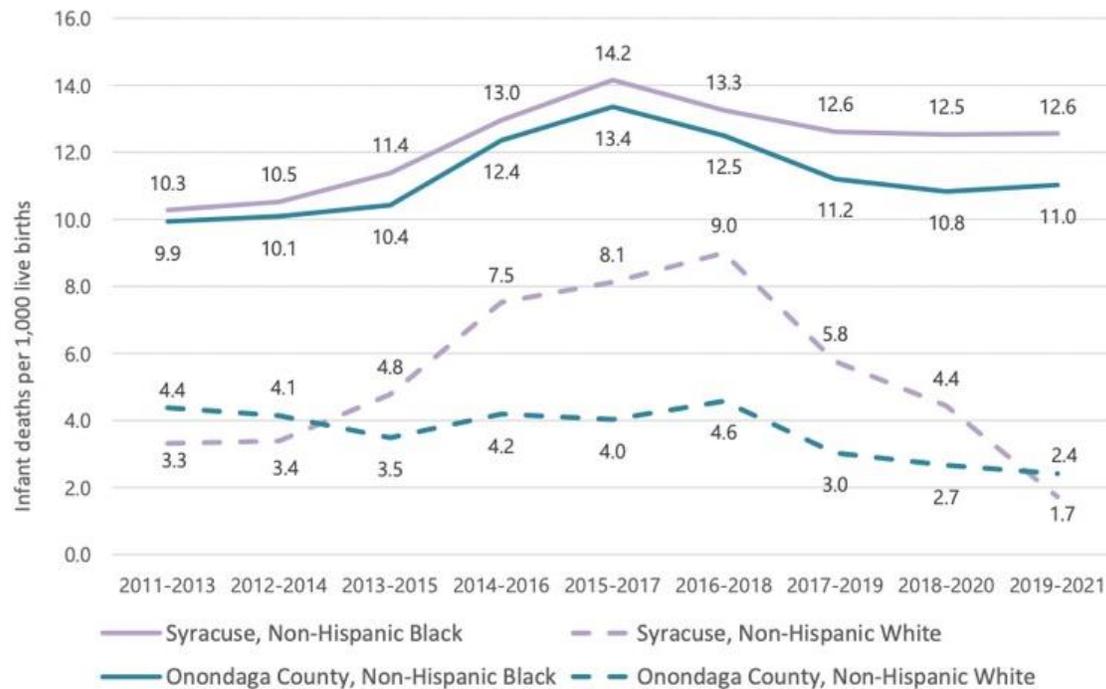


Figure 65. Infant Mortality Rate, 3-Year Rolling Average, By Race and Ethnicity, Onondaga County and Syracuse, 2011-2021



Sources: NYS Statewide Perinatal Data System (accessed by OCHD) and OCHD, Office of Vital Statistics. Notes: Onondaga County data are inclusive of Syracuse. A 3-year rolling average is used to adjust for fluctuations in individual years. Data are provisional.

* Average U.S. infant mortality rate in 2020: 5.4 per 1,000 live births

- Most concerning figures are with infant mortality
- Trend in recent years with infant mortality rates going down for Non-Hispanic White
- Syracuse Non-Hispanic Black is 6x higher – it is a national trend that is highly concerning and not improving
- It is not broken out by age; there are differences of ages in pregnancies
- Underlying need for reproductive care across spectrum
 - Includes preventing teen pregnancies and access to pre and post natal care
- Teens pregnant while in school is an interesting area for future research
 - There are some school based health centers (i.e. Syracuse City Schools), but not in all schools
 - Hoping to do more work and data
 - Pregnancy planning not as robust as hoped
- Community Health Assessment had fairly good reach to residents of color, but not as much as they would have liked
- If they were to dive into social determinants of health and understanding how to start to make a difference, it would need to be outreach with community based partners and focus groups
- Comes down to access to transport, access to childcare, availability of clinic hours, etc.

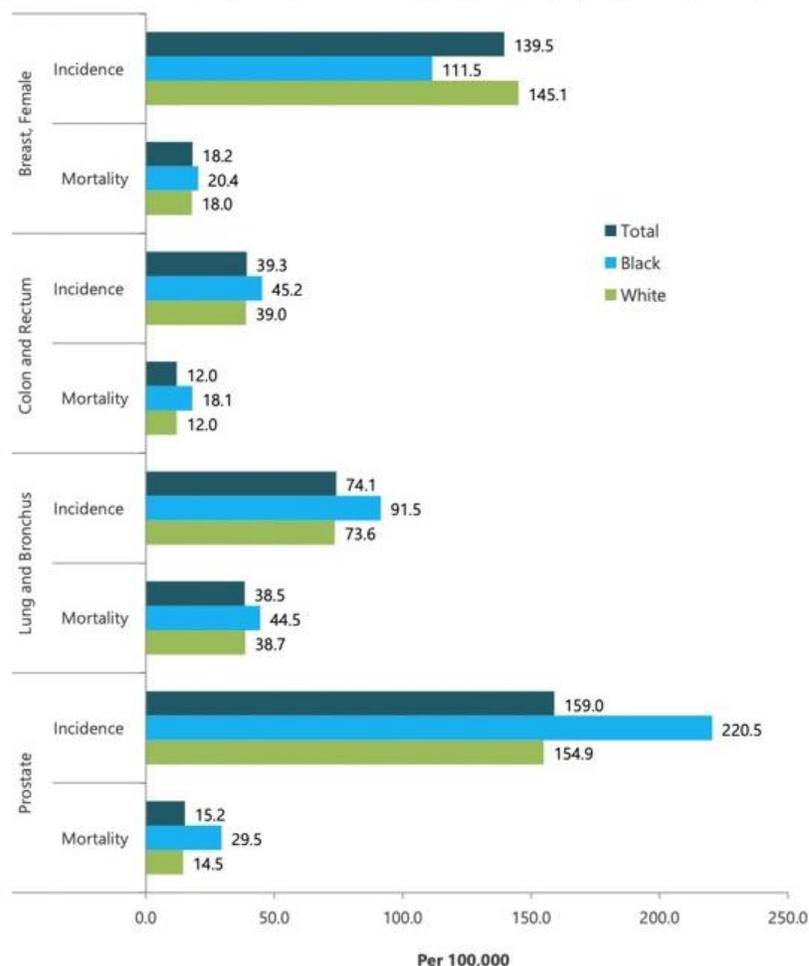
Figure 74. Syphilis case rate per 10,000, Onondaga County, 2016-2021



Source: Onondaga County Health Department, 2016-2021, data are provisional.

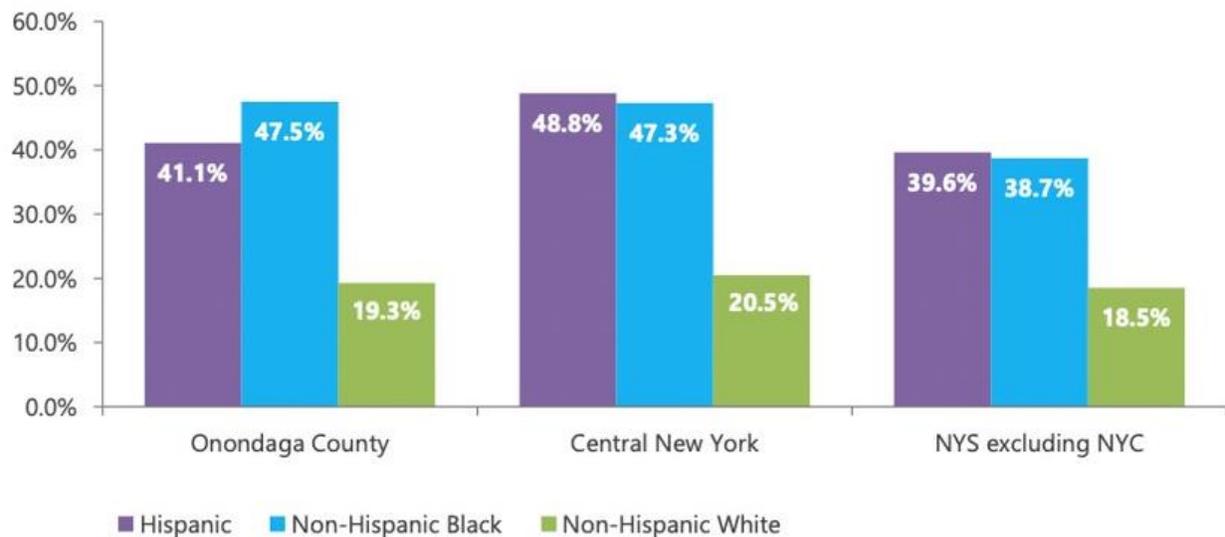
- Representation of 1 Sexual Transmitted Disease (STD), but STDs are rising
- Syphilis higher in county than in many years
- Last year had 4 congenital Syphilis cases (transferred from mother to infant)
- Large pool of people that need access to testing and care
- Numbers of HIV cases 2x higher to date this year over last year – cases this year is ~30

Figure 43. Incidence and mortality rates for several cancer types, per 100,000, by race, Onondaga County



- Interesting differences, which some might reflect higher access to diagnostics with higher incidents in white women
- Mortality across the board higher for those identified as Black (Prostate Cancer stands out)

Figure 32. Percentage of premature death (before 65 years), by race and ethnicity, Onondaga County, Central New York (CNY), and NYS excluding NYC, 2019



Source: NYSDOH Vital Records, 2019. Retrieved 9/22/2022, from [NYS Prevention Agenda Dashboard](#).

- Premature death defined as death before 65 yrs; 2.5x higher for Hispanic/Non-Hispanic Black vs. Non-Hispanic White
- Trend seeing across the state, which is concerning and is compilation of other disparities that take on early in life
- Insured vs. uninsured – most people should be eligible to get insurance; challenge is identifying primary care doctor who accepts new patients and will see them in reasonable amount of time
- Shortage of primary care doctors across country and those taking on new patients; sometimes comes down to type of insurance (i.e. Medicaid)
- Nurse Practitioner – increasing shift towards having NPs and Physician Assistants; not efficient to fill the gap yet

Diverse determinants of local health

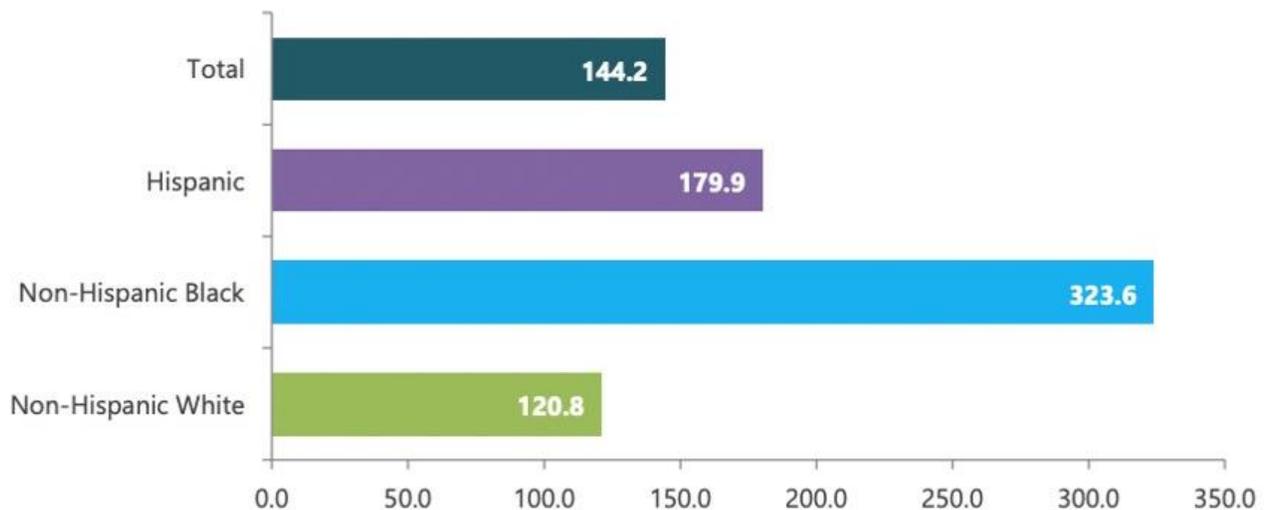
- 34.4% of public-school students in the county are overweight or obese
 - 5.0% of children tested for lead in Onondaga County had a blood lead level of ≥ 5 mcg/dL. In Syracuse, this was 10.5%.
 - In Syracuse, 89.4% of homes were built in 1979 or earlier
 - 27.3% of Syracuse residents do not have a vehicle (12.1% in the county)
 - 30.3% of Syracuse residents live below the federal poverty level, compared to 13.9% of County residents as a whole.
 - 38.1% of Onondaga County adults report experiencing two or more adverse childhood experiences (statewide average of 35.6%). Females and people of color are at greater risk for experiencing 4 or more ACEs.
- 1 in 3 public-school students are overweight or obese; some districts are as high as 50%
 - Childhood experiences include exposure to trauma, violence, substance use, or exposure to someone in the home with mental health struggles
 - More adverse childhood goes hand-in-hand with chronic health issues, substance use and mental health

Figure 26. Five most common experiences seeking medical care, Onondaga County, 2022

	Onondaga County
Long wait to get an appointment	49.4%
Difficulty getting to a medical appointment due to office hours	30.0%
Wait time in the healthcare provider's office impacted your ability to meet your obligations	26.7%
Feeling like your healthcare provider is not listening	24.2%
Feeling like your healthcare provider is not spending enough time with you	23.4%

Source: Onondaga County Health Department, Onondaga County Community Health Survey, 2022.

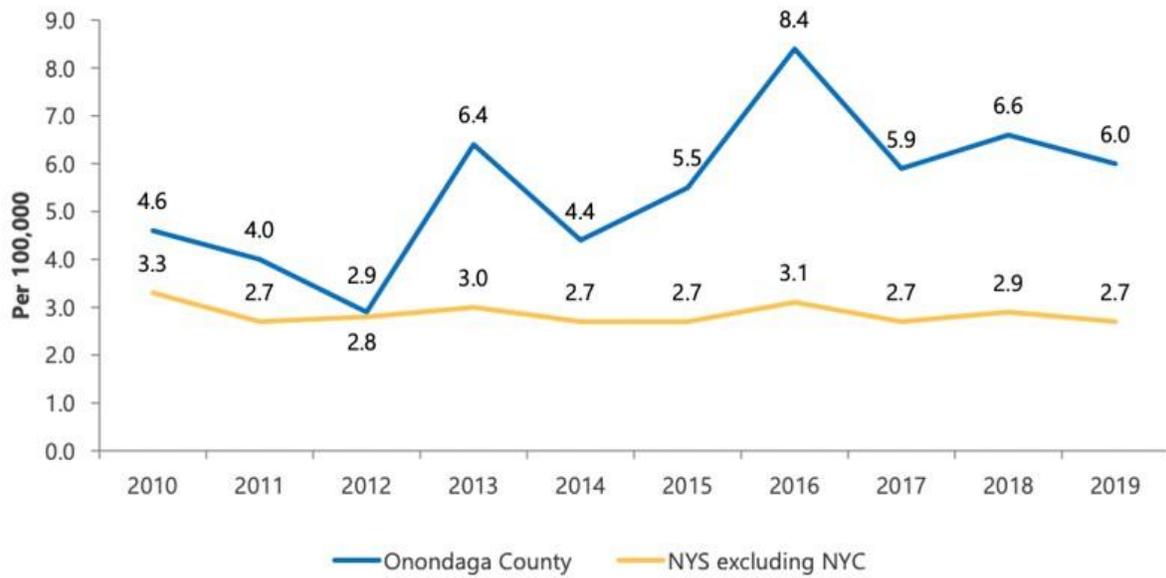
Differences in health care access

Figure 30. Age-adjusted potentially preventable hospitalization rate per 10,000 adults, by race and ethnicity, Onondaga County, 2019

Source: SPARCS, 2016-2019. Retrieved 10/10/2022, from [NYS Prevention Agenda Dashboard](#).

- Preventable hospitalization – something that will ideally be managed and kept in stable range as an outpatient
 - i.e. Diabetes, chronic kidney disease, etc.
- If the person is not able to see primary care doctor and management is not aligned, then the person is hospitalized
- Non-Hispanic Black 2-3x higher, which goes to reliable access to primary care

Figure 23. Age-adjusted homicide mortality rate per 100,000 population, Onondaga County and NYS excluding NYC, 2010-2019

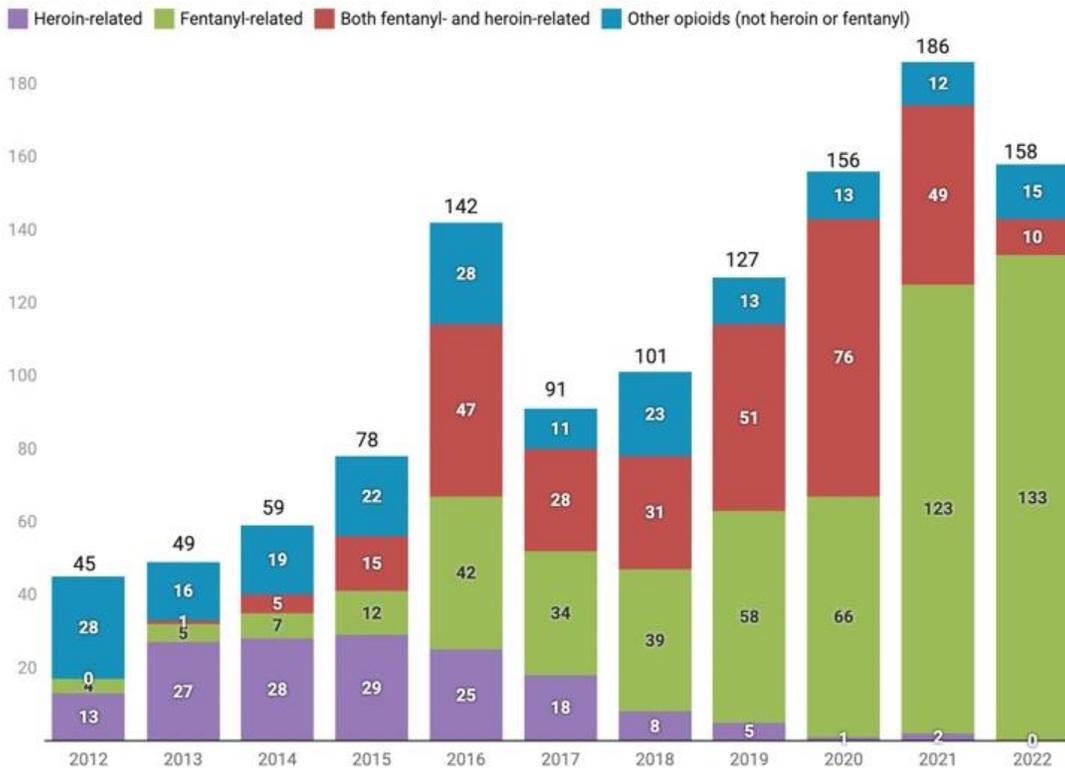


Source: NYS Community Health Indicator Reports, 2019. Retrieved 12/20/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

Unintended Opioid Related Deaths Onondaga County, 2012-2022



Data through December 31, 2022



Heroin-related: Heroin alone or in combination with other drugs (non fentanyl)
 Fentanyl-related: Fentanyl alone or in combination with other drugs (non heroin)
 Both fentanyl- and heroin-related: Both fentanyl and heroin alone or in combination with other drugs
 Other opioids: Opioids other than heroin or fentanyl

- Opioid related deaths going up since 2012
- Heroin at very bottom – started at 13 deaths, then down to 5; almost disappeared as cause of death in county
- Fentanyl – increasing to be 143 as of 2022; huge in community right now
- First time in 2022, saw deaths go down; not overdoses, as those are very high in community
- Optimistic getting Narcan into community including testing strips ties into decrease in deaths; county making a dent
- Registry for painkiller scripts – do not know how much Suboxone scripts have increased or not; important tool, but it is not something the Health Department prescribes

Our community has significant health-related resources

Health:

- 4 large healthcare systems
- A Federally-Qualified Health Center, SCH, with multiple school-based and community-based clinics

Education:

- Multiple universities and colleges providing health-related degrees and training

Numerous **community-based organizations** addressing health-related issues and concerns

Numerous **cultural resources** (libraries, arts) and **outdoor resources** (parks, green spaces).

Community Health Improvement Plan (CHIP) – Priority area 1

Within the priority area of **Promote Healthy Women Infants and Children**, activities include:

- Improving access to blood lead testing among census tracts with low testing rates
- Piloting a program to prevent developmental delays in children with elevated blood lead levels
- Supporting the adoption of healthy nutrition policies and standards at early childcare centers
- Supporting breastfeeding policies at local worksites, community sites, and provider offices
- Enhancing equity of healthcare service delivery, with a particular focus on improving maternal health outcomes

Community Health Improvement Plan (CHIP) – Priority area 2

Within the priority area of **Promote Well-Being and Prevent Mental and Substance Use Disorders**, activities include:

- Implementing clinical screenings and interventions to support patients with alcohol use disorders
- Linking substance use disorder patients to care
- Increasing the availability of medication assisted treatment and harm reduction strategies
- Identifying community level protective factors to inform suicide prevention efforts

- 2 priority areas:
 - Promote healthy women and children
 - Closely tied to lead testing and treatment
 - Programs to support nutrition, breastfeeding and equity of healthcare service delivery
 - Health Dept. would take lead on some, some would be other institutions like Upstate
 - Promote wellbeing and prevent substance abuse
 - Increasing substance use treatment and Mental Health treatment
 - Couple organizations in community doing good job with integrated healthcare approaches
 - Harm reduction strategies
 - Naloxone, which others are doing in community
 - Access to Fentanyl testing strips
 - Will be getting access to Xylazine (tranquilizer being mixed in) testing strips
 - Syringe exchange
 - Increasing peer program – links individuals who have experience in using drugs and sometimes with mental health with individuals needing support

LEAD PROGRAM

- Program reach in housing remediation and child testing
- Monitoring all test results for children living in Onondaga County and providing response required by state with child testing over state current action level of 5 micrograms per deciliter
- County takes action when child tests 5 and above
 - Responsibility for follow up and case management assistance
 - Assessing family risk and needs as part of case management
 - Coordinating inspection by Environmental Health team
 - Linking to other services in community including:
 - Grant programs for remediation in properties that qualify in city and county
 - Health Dept. is subcontract grantee for city and county HUD grant program
 - Provide outreach and enrollment assistance to families into those programs
- New initiative to return to testing – getting close to being live with testing; couple remaining approvals with NYS
- Once approved and staff fully trained to use point-of-care testing unit, will use site based testing w/critical partners
- Testing again at head start programs that require testing for program enrollment and other partners in the area at higher risk based on community needs and housing conditions
- Vehicle is getting ready – waiting for final design work so it can be wrapped and identified as Health Dept. vehicle
- Vehicle will be available to community
- Program services city and county; how teams are deployed is based on what the focus is for that initiative
 - Education and outreach takes place across the county
 - Testing activity for any child elevated
 - Identifying properties at risk – focus primarily in city, but also pockets of county with older housing stock
 - Promoting use of grants in communities

Questions/Comments from the committee:

- Lot of resources are put into lead; as the Health Dept. increases activity and tests more individuals, the numbers and percentages may go up, but hoping it goes in other direction; have to be aware as the county does more testing
 - Starting to do more testing and capture the children that may have been missed in the past
 - Appreciate additional support in 2023 budget to bring on additional staffing
 - Actively recruiting for Outreach Workers which will help education, outreach and testing
 - Recently hired Community Health Counselor who will oversee those activities
 - Addition of Public Health Educator – department in community more and linking to partners that may have not been as connected during COVID; re-establish relationships
 - Lead 100% preventable
 - Appreciated additional investment this year, which is getting the Health Dept. out to identify children who may have been missed

- Is there an update on Community Development working with contractors to get trained and do the remediation in households?
 - Community Development prioritizes referrals from Health Dept. – households with children at elevated levels
 - Both programs participating in community collation that brings together diverse group of people and community members looking broadly at what needs are of community to identify gaps
 - i.e. Workforce Development piece being worked on by Community Development
 - Dedicated committee working to increase number of high school students who are trained and will have pipeline to work
 - Working to ensure landlords, property managers and anyone working on older homes are properly trained and certified, as required by EPA
 - Include stakeholders in community that are concerned with that and can contribute

- This should be a finite problem, and DOH has come up with innovative ways with mobile testing and workforce
- Is there any sense of making a dent in this problem, and is there a timeline with current work levels?
 - One frustration is that anything done in an older property lasts as long as paint remains in tact
 - Unless all lead is removed, which is considered abatement and very expensive, the county will be dealing with lead paint in homes for a very long time
 - There are regulations from neighborhood, city, and up to the federal government dictating who needs to do what, and who enforces those rules and regulations
 - Lot of attention on how to strengthen enforcement, and what else needs to be pulled together to make sure rules in place make sense or can be modified
 - i.e. Couple bills in front of state legislature recently passed:
 - Right-to-know law on lead pipes – lead in water a concern periodically; lead service lines
 - Law requiring communities of concern in county’s funded for Primary Prevention Activities (Onondaga one of 20) to maintain registry of every property required to have an inspection done on tri-annual basis
 - Entire city of Syracuse a high risk area
 - Looking at how many properties have had routine inspections, have they identified lead paint hazards, and have they been addressed
 - Collecting the data and sharing with the state is a new requirement unfolding at state level

- Focus is on paint, but what about water flowing in from pipes?
- What is the difference in percentage of lead pipes versus lead paint exposure?
 - Majority of exposures from lead paint and lead dust
 - Water has never been identified as a source in 13 years since Ms. Lewis has been in the program
 - There have been some instances with other sources, but majority is lead paint and lead dust
 - i.e. Flint Michigan mostly water related, but very specific to bringing in new water sources
 - Water treatment has to be up to code for drinking water with federal regulations to address it

OPIOID SETTLEMENT FUNDS

- Lot going on with harm reduction opioid area, some fund related and some not
- Opioid settlement funds to support staff salaries, which is now fully staffed
- Vehicle already rolled out – ambulance on the streets distributing Narcan and doing syringe exchange

- 6 active syringe exchange sites – have exchanged over 7,000 sterile syringes only a couple months into program
- 1,700 Narcan kits given out since beginning of year
- Used some of the settlement funds to expand program – PAX Good Behavior Game
 - Builds resiliency and self-control
 - Identified 2 new school districts that will participate in the fall (can find out which school districts)
 - Received briefing from organization that runs the program on improvements
- Rapid HIV and Hepatitis C testing in settlement funds, but waiting on final approvals and waivers for vehicle

Comments from the Chair:

- Gentleman from Cornell offering assistance to Children and Family Services is working with Ms. Cunningham, and they are scheduling a meeting
- Will confer with Mr. Skahen (Community Development) about training contractors on lead remediation, as there is funding, but not enough people to get the work done

A motion was made by Chair Gunnip, seconded by Dr. Kelly to adjourn the meeting. Passed unanimously; MOTION CARRIED.

The meeting was adjourned at 11:17 a.m.

Respectfully submitted,



JAMIE McNAMARA, Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **HEALTH & HUMAN SERVICES COMMITTEE**

DATE: **JUNE 20, 2023**

NAME (Please Print)	DEPARTMENT/AGENCY
Kathryn Anderson	OCHD
Debra Lewis	OCHD
Darcie Lesniak	Leg.
John Desantis	Leg
Tim Beebe	Leg
Tim Frateschi	Leg.