

Oneida County Health Department

2009 Annual Report

Anthony J. Picente, Jr.
Oneida County Executive

Daniel W. Gilmore Ph.D.
Director of Environmental Health
Supervisor-in-Charge

February 19, 2010

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Message From The Director

February 19, 2010

Mr. Anthony J. Picente, Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

Mr. Gerald J. Fiorini
Chairman of the Board of Legislatures
800 Park Avenue
Utica, New York 13501

Dear Messrs Picente and Fiorini:

The Oneida County Health Department continues to face challenges in the implementation of its mission to “promote and protect the health” of its citizens, and its visitors due to the Federal and State fiscal crises that began in 2009 and are projected to continue through 2011. To better utilize resources, partnerships are being developed with agencies to improve the quality and delivery of services provided by the health department.

A partnership has been developed with Cornell Cooperative Extension of Oneida County to provide their expertise in nutritional education to the Oneida County Women, Infants, and Children’s (WIC) Program. This partnership began in August of 2009 with several notable improvements being made to the WIC program. These improvements include a redesigned waiting area to better accommodate clients and their children; an improved telephone system; increased training opportunities for staff; and e-mail accounts being made available to all staff.

A partnership was also developed with the Rochester Primary Care Network an organization that recently announced the future opening of the Utica Community Health Center on Oneida Street. The Utica Community Health Center will be a Federally Qualified Health Center (FQHC) with its primary mission to serve people who have little or no health insurance. The Rochester Primary Care Network has graciously provided 500 square feet of office space for a satellite WIC clinic. Once the FQHC facility is up and running, the health department will begin exploring additional partnerships – namely a partnership between the Utica Community Health Center and the Department’s Article 28 public health clinic.

Two partnerships developed by the health department in 2009 were with the lead poisoning prevention programs and the City of Utica. The first is with the primary prevention program and the Utica City Codes Department. Efforts from this partnership have included the training of all city codes officers on identifying lead poisoning hazards a home; the education of landlords on the dangers of lead poisoning to young children and how to alleviate this problem; and the training of contractors on how to safely renovate a home that contains lead.

A partnership between the City of Utica, the Oneida County Health Department, and GrowWest yielded a success with a grant to the Housing and Urban Development Agency (HUD). The City of Utica was the lead agency in the grant which has brought \$2.2 million to the area to renovate and abate lead hazards in old housing stock.

In 2009, the health department completed a Community Health Assessment in partnership with the Oneida County Health Coalition and the entire health services community. This three year project involved the development of a partnership with community agencies and area hospitals with the goal of improving factors that affect the health of County residents. A Regional Public Health Summit was held in the spring of 2009 to bring partner agencies together to determine what areas of the NYS

Prevention Agenda to focus on at the local level. The five priority areas are: Physical Activity and Nutrition; Healthy Mothers, Babies and Children; Access to Quality Healthcare; Mental Health and Substance Abuse; and Chronic Disease. Another Regional Public Health Summit is planned in the spring of 2010 to focus on improving the health status of the County in 2009.

The 2009 Annual Report provides an overview of the service provision and accomplishments of the six divisions that make up the health department: Community Wellness, Environmental Health, Clinical Services, Special Children's Services, Early Intervention, and the Woman, Infants, and Children's program (WIC). Below is a brief summary of a few of the more important highlights from select divisions:

Community Wellness Division

- Bea Allison, the Director of the Community Wellness Division retired at the end of 2009 after over 20 yrs of service to the health department. Irene Willette, who worked with Bea for many years was promoted to Director of Community Wellness in 2010.
- Uninsured and under insured residents of Oneida, Herkimer, and Madison Counties continued to benefit from a grant to this division to provide breast, cervical, and colorectal cancer screening.
- The grant-funded Healthy Families Program continues to benefit young families throughout Oneida County via a partnership between the health department and the Family Nurturing Center of Central New York.

WIC Division

- WIC provided services to approximately 17,000 participants in 2008. Average monthly clientele was: 607 pregnant women, 302 breast-feeding women, 564 postpartum women, 1,848 infants, and 2,944 children.

Clinical Services Division

- The novel H1N1 flu pandemic dominated clinic activities in 2009.
- Nearly 6,500 vaccines were given through the Elizabeth Street Clinic and clinics held throughout the County. In addition, approximately 7,000 children were vaccinated in Oneida County schools.
- County employees that participated in H1N1 efforts included: 45 from the Health Department, 2 from Central Services, 4 from Building and Grounds, 3 from the Print Shop and several Sheriff Deputies.
- Effective relationships were developed between the County, hospitals, healthcare agencies and community providers who all assisted in vaccinating County residents as well as collaborating on disease surveillance, diagnosis, and treatment as necessary to prevent and control the H1N1 flu.

The Oneida County Health Department in partnership with our elected officials, the New York State Department of Health, our community partners, and our citizenry will continue to work collaboratively to enhance the effectiveness of the public health system and improve the overall health and safety of our County's residents.

Respectfully submitted,

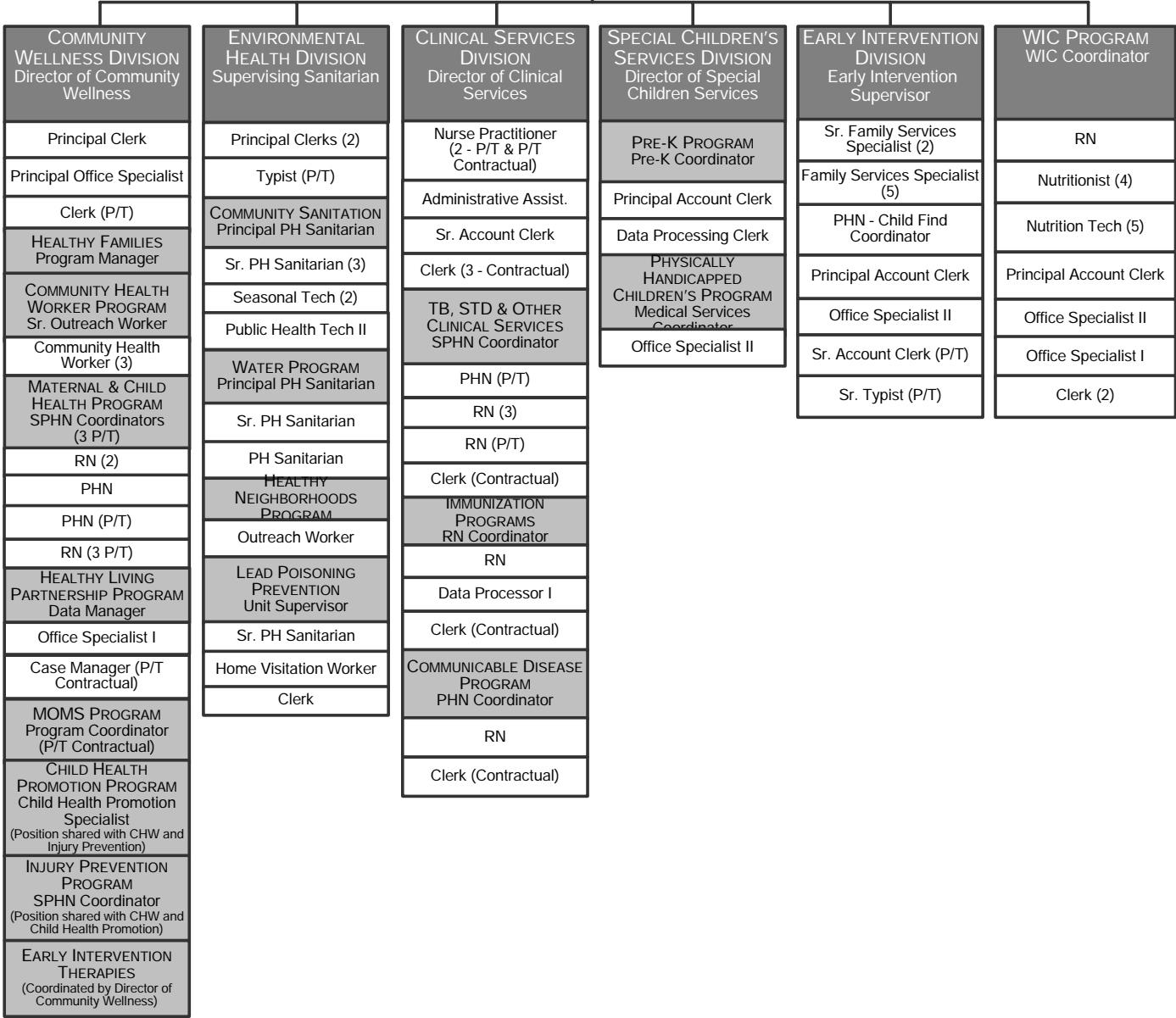
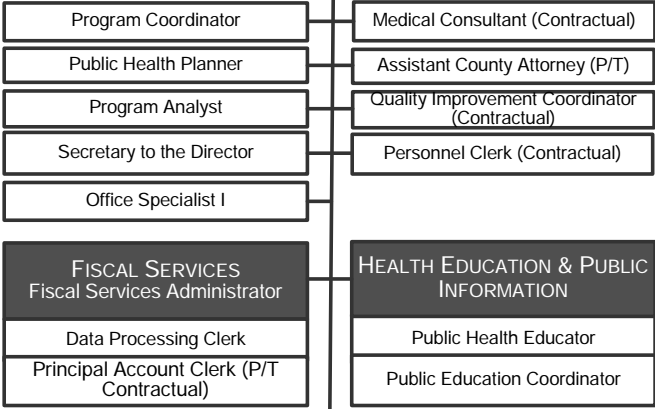
Daniel W. Gilmore, Ph.D.
Acting Public Health Director

Our Mission

**“Promoting & Protecting the Health”
of the Citizens of and Visitors to
Oneida County**

**ONEIDA COUNTY
GOVERNMENT**
Oneida County Executive

**ONEIDA COUNTY HEALTH
DEPARTMENT ADMINISTRATION**
Director of Health



The Director of Public Health is responsible for initiating, planning, coordinating, and directing the programmatic and budgetary management of all Public Health programs. The Administrative Division provides administrative, legal, fiscal, health emergency response and preparedness, quality improvement, and health education support for the Department. These include the following services and activities.

Health Planning:

Responsibilities of Health Planning include the following: developing plans for the Oneida County Health Departments role in natural and human-caused disasters as well as outbreaks and epidemics; integrating departmental plans into the overall all-hazard Oneida County Emergency Management Plan; and providing department staff support to the Oneida County Health Emergency Response and Preparedness (CHERP) multi-agency committee; and providing staff support for the Community Health Assessment and the Strategic Plan.

Health Education and Public Information:

The thrust of *Public Health Education* is the planning, organizing and conduct of programs designed to create public awareness of the Health Department's programs and services, influence public attitudes and modify behaviors with regard to priority health issues facing the community. Health Education programs focus on disease/injury prevention and community wellness and involve educational presentations, participation in health fairs, targeted outreach and the distribution of educational materials within the community.

Public Information focuses on the dissemination of information concerning both the health department and its programs, as well as those health issues of interest and/or possibly posing a health threat to the community. The Public Information Officer serves as a media specialist, serving as the spokesperson for the department, arranging and/or participating in press conferences and media interviews, writing all press releases issued by the health department and producing and recording Public Service Announcements (PSAs). In addition, the Public Information Officer, in the event of a public health emergency, informs the general public as to the nature and scope of the emergency and coordinates with all media and other agencies involved in protecting the health of the community. Since April of 2009, the threat of the H1N1 influenza virus has been in the forefront of Public Information activities and resulted in numerous press releases, interviews, PSAs and the Oneida County's Influenza 'Hotline.'

Legal:

Legal services include advising the Health Department and other County Agencies on Public Health and Environmental Law; representing the Department in Administrative Hearings and in court; drafting orders on behalf of the Director of Health to deal with public health violations, hazards, and nuisances; serving as County's HIPAA Compliance and Privacy Officer; drafting and reviewing departmental contracts; supervising Freedom of Information requests; advising employees relative to subpoenas and subpoenas duces tecum; advising Department with respect to the Clean Indoor Air Act, ATUPA, and lead enforcement procedures. In 2009, we were pleased that Clean Indoor Air Act inspections resulted in 15 violations whereas in 2008 there were 51 violations. (We conducted approximately the same number of inspections each year.) Violations for Operating Without a Permit numbered 40. Food-Barehand Contact 4, Minors Purchasing Tobacco 12, and Sewage-Water 9. Thirty-Eight Hearings were scheduled. Major time commitments this year included dealing with Vienna campground/seasonal residence businesses with respect to violation of Federal Flood regulations and meetings and responses with respect to legislators, concerns relative to Raven Rock development. In a Supreme Court special proceeding a building which was a public health hazard was

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demolished. At one point over 150 FOIL requests were outstanding and at end of 2009 all had been answered.

Quality Improvement and Quality Management:

Quality improvement and quality management includes planning, coordinating and ensuring the quality of services provided through the development of indicators and audit tools to measure performance, use of cost vs. benefit analysis, and the development and implementation of quality management tools to ensure effective program management. It audits and analyzes programs to insure compliance with regulations and provides analysis and recommendations to ensure effective risk management.

	TOTAL COSTS	% OF BUDGET	% OF FEDERAL FUNDING	% OF STATE FUNDING	% OF COUNTY FUNDING	% OF OTHER FUNDING	% OF MEDICARE MEDICAID
ADMINISTRATION	\$712,882	3.2%		33%	66%	1%	
PRE-SCHOOL (3-5)	\$11,136,142	50.1%		56%	42%		2%
EARLY INTERVENTION	\$3,468,432	15.6%	19%	11%	21%		49%
PHYSICALLY HANDICAPPED CHILDREN	\$195,684	.9%		73%	27%		
PUBLIC HEALTH CLINIC	\$1,320,970	6%	28%	33%	30%		9%
LEAD PRIMARY PREVENTION	\$280,262	1.3%		100%			
LEAD SCREENING	\$281,586	1.3%		76%	24%		
TB	\$47,486	.2%		100%			
ENVIRONMENTAL HEALTH	1,125,288	5%		46%	27%	27%	
COMMUNITY HEALTH OUTREACH	\$246,046	1%		92%	5%		3%
COMMUNITY WELLNESS	\$811,862	3.7%		18%	36%	43%	3%
WIC	\$1,096,785	5%	95%	5%			
IMMUNIZATION CONSORTIUM	\$136,333	.6%		87%	13%		
HEALTHY FAMILIES	\$779,536	3.5%		100%			
HEALTHY LIVING PARTNERSHIP	\$368,172	1.7%	15%	85%			
EMERGENCY PREPAREDNESS	\$193,581	.9%		100%			

COMMUNITY WELLNESS DIVISION

The Oneida County Health Department’s Division of Community Wellness provides a variety of services to promote the health and well being of prenatal women and parenting families in Oneida County. We provide ongoing collaboration with other agencies and providers to ensure that comprehensive services are available to the population we serve. The division implements prevention programs throughout the community that assist community members to improve and maintain optimal health. The division consists of the following programs:

Community Wellness Division: Major Accomplishments 2009:

- Provided monthly Public Service Announcements on a variety of health education messages to promote healthy lifestyles for the Community.
- Grant from Susan G. Komen Foundation was renewed for \$23,000.
- Awarded \$278,810 to provide breast, cervical, and colorectal cancer screening to uninsured and underinsured residents in Oneida, Herkimer and Madison Counties through the Health Living Partnership Program (HLP).
- In collaboration with the Oneida County Child Fatality Review Team and other community agencies the Safe Sleep campaign continues to alert residents of Oneida County to the most recent recommendations about babies and sleep. Through this program 100 portable cribs were made available to needy families throughout the county who had no safe place for their babies to sleep. Training was provided to home visiting programs so that they could provide education and support to families receiving portable cribs.

Community Health Worker Program: The Community Health Worker Program is a free, voluntary program designed to encourage pregnant women and families with young children to use primary health care, to have healthy pregnancies and healthy babies, and for children to be up to date on immunizations, lead testing and well child visits. Our focus is to assist undeserved and hard to reach families to get the best level of health care, self-sufficiency, and optimal family functioning. In 2009, the Community Health Workers’ Program celebrated 21 years of service to high-risk families in Oneida County. In 2009, the CHWP assisted 173 families. During this period, the CHWP made a total of 1477 referrals to other agencies within Oneida County to help our families with self-sufficiency and improve family functioning and 799 home visits. A Sr. Outreach Worker has become a Certified Lactation Peer Counselor in 2009.

CHW PROGRAM 2009 STATISTICS	
Families Served	173
Home visits	799

Community Health Worker Program: Major Accomplishments 2009:

- Stable enrollment with 95% retention rate of clients.
- 90% of performance targets met including breastfeeding, immunizations and lead risk

assessment.

- Valid Parental Stress index in place and utilized pre and postpartum (Edinburg Scale).
- All community health workers have met CORE educational requirements and attend additional training related to current health trends.
- The Community Health Workers Program continues to collaborate with “Utica Safe Schools Healthy Students Project”. The Utica Safe Schools Healthy Students Project provides at-risk teens with activities and education to help build self-esteem and positive relationships. Through this project the CHWP is providing health education and mentoring to inner-city youth.
- Expanded outreach for youth safety in very rural areas of Oneida County
- Collaboration with MVCR successful and provided car seats to families with certified infant passenger seat technician giving the education in their native language.

Community Health Worker Program: 2010 Goals

- Number of days in teen support groups continue at 3 per week.
- Increase dental care among pregnant women enrolled in CHWP by 20% by utilizing new federally funded health clinic in the city of Utica.
- Provide education to reduce the risks of premature labor.
- Provide education to teens to reduce incidence of teen pregnancy.
- Women referred for Mental Health Counseling will increase enrollment in those programs by 5%.
- Investigate additional sources of funding to enhance current program.
- Increase collaboration with the Mohawk Valley Refugee Center to provide health education and Community Health Worker services to the refugee population.
- Continue collaboration with MVRC to provide car seats to our refugee population utilizing their certified car seat technicians who speak the native language of the recipient.
- Collaborate with Utica’s intermediate schools(Jr. High) to provide support for teens attending those schools.
- Strengthening ties with Utica’s Alternative Education to provide support and referrals for pregnant teens attending that school.

Healthy Families: The Health Department is the lead agency, in partnership with the Family Nurturing Center of Central New York for this national home visiting program. To achieve the goals of preventing child abuse and neglect, promotion of optimal child health and development, and enhanced parental self-sufficiency, services are initiated prenatally or until the newborn is 92 days old. After assessment, visits are structured to be intensive in nature and designed to assist overburdened families. Home visits can last up to 5 years, or until a child enters preschool, Head Start, or Kindergarten. We offer this program throughout the entire county on a free and voluntary basis.

HEALTHY FAMILIES PROGRAM	2009 STATISTICS
Home visits completed	2,709
Attempted	1,176
Initial interviews with Referral Specialist	208
Families Enrolled	91
Families served	323
Families active at end of Year	115
Total Screens/Referrals to program	2,164
Referrals to other agency services	1,873
Graduated families	5

Healthy Families: 2009 Major Accomplishments:

- Increased the number of performance targets met or exceeded for the year. Out of 21 benchmarks for *Health & Development*, *Parent-Child Interaction* and *Self Sufficiency -Life Course* we met or exceeded all but 5, missing several by only 2-4 %.
- All performance targets exceeded for breastfeeding, immunizations, lead risk assessment, medical provider home, well baby visits, and developmental screening.
- Continued to augment program services to actively engage fathers by holding monthly Fatherhood Fellowship Group, participated as a group in the St. Patrick’s Day Parade, and held a Father’s Day Breakfast for the community.
- Brought families together for 2 major events–August for the 8th Annual Picnic & Graduation Day at Proctor Park in Utica and December for Holiday Family Party.
- Began a teen parent group for our young families as well as the public.
- Joined state computer data planners in developing forms to capture the work Fatherhood Advocates do with fathers.
- Part of the regional Rotary sponsored kick-off event “It Takes a Man to Be a Dad” which included a national speaker targeted to community leaders and an open discussion panel at MVCC highlighting the import of having fathers involved in their children’s lives.
- Received a very generous gift consisting of infant supplies, blankets, outfits, and stuffed toys from the *Barneveld Singing Hills Seniors*.
- Started “Baby Bucks” program to allow families to *earn* bucks for participation in areas to help us meet home visit goals while enabling them to *purchase* these items on a periodic basis.
- Added the ACES (Adverse Childhood Experiences Study) national questionnaire to our assessment narrative process. This is very relevant to our work, noting what childhood markers have been shown to produce long term negative effects for children.
- Received \$1,000 grant to provide services in collaboration with Lead Primary Prevention Pilot Program.
- Since inception in 2001, 74 families have been enrolled for at least 3 years; 46 have graduated and/or gone on to Head Start; 11 are still open and receiving services.

Healthy Families: 2010 Goals

- Increase outcome for bi-annual performance indicator (report card) to 9 out of 11
- Institute enrollment agreement with new families
- Increase retention rate at one year to 50%
- Improve % in 2 prenatal areas: Assessment & Enrollment
- Maintain full case weight for current staff level (Total program 156)
- Continue current successes with quarterly targets while pursuing growth in other areas
- Maintain full staff
- Continue to explore additional funding sources

Early Intervention Therapy Services: The Division of Community Wellness provides Physical, Occupational, and Speech Therapies; Medical Social Worker, Nutrition and Special Instruction Services to the Early Intervention Program for children from birth through age three.

EARLY INTERVENTION THERAPY SERVICES		2009 STATISTICS	
Physical Therapy	Clients	17	
	Visits	427	
Occupational Therapy	Clients	28	
	Visits	782	
Speech Therapy	Clients	65	
	Visits	2,047	
Medical Social Work	Clients	13	
	Visits	155	
Special Instruction	Clients	5	
	Visits	64	
Total E. I. Therapy Clients		140	
Total E.I. Therapy Visits		3,577	

Early Intervention Program Major Accomplishments 2009:

- In-service program provided by Continuous Quality Improvement Coordinator and Director of Community Wellness on Child Abuse and Domestic Violence.
- Provided annual program update for the therapists.
- Contracted with three additional Medical Social Workers and one Speech and Language Pathologist.
- Number of clients served in 2009 increased by 45 clients, and the number of visits provided increased by 700 visits.

Early Intervention Therapy Services Goals 2010:

- Increase the number referrals to the program by 20 %.
- Recruit additional Physical Therapists, Medical Social Workers and Special Education Teachers to provide services to the E.I. Program.
- Institute a more comprehensive quality assurance program, including regular chart audits and client satisfaction surveys.
- Continue to pursue several avenues and funding sources for long-term solutions to regionally standardize and offer our in-service/wraparound trainings.

- Increase service to at least 50 more families and end the year with an active caseload of 175.
- Increase awareness of our Fatherhood Advocate and the Fathers’ Fellowship Group to a core of 5-6 regular participants.
- Increase the number of performance targets met or exceeded for quarter by 2 more.

Injury Prevention Program: The injury prevention program goal is to reduce the number of preventable injuries in children through outreach education in the community. This program distributes free car seats and bicycle helmets to families in need. Families are educated on the proper installation of car seats at the time the car seat is given. Bicycle rodeos and bicycle safety are done throughout the county to educate children and their parents on the importance of bicycle helmets and periodic bicycle checks and repairs. Most recently, CHWP—Injury Prevention has partnered with the Mohawk Valley Center for Refugees (MVCR) to provide car seats and education to those families. MVCR participated in the certification training required and now has certified car seat technicians that provide education and hands on instruction in their native language. This was made possible by a coalition that was put together with the Utica Police Department, Sheriff’s Department, Health Department, MVRC and MAMI.

INJURY PREVENTION PROGRAM	2009 STATISTICS
Total Number of Safety Seats Installed	210
Total Number of Bicycle Helmets Provided	650

Injury Prevention: Major Accomplishments 2009:

- NYSDOH Grant funding continued for Bicycle Helmet and Car Seat Program.
- 210 child safety seats were distributed in 2009.
- Families receiving child passenger safety seats were educated on injury prevention and proper installation of safety seats.
- 650 bicycle helmets were distributed in 2009.
- Bicycle helmets were distributed at Oneida County Fair, Woodsmen Field Days, and summer recreation programs for school-aged children throughout Oneida County.

Injury Prevention Program: 2010 Goals:

- We will conduct 4 bicycle rodeos in the rural areas of Oneida County. We will provide bicycle checks and distribute helmets and provide education on the proper fit of helmets and bicycle safety.
- Increase awareness of basic injury prevention at two Health Fairs in Oneida County targeting the very rural population.
- Will collaborate with Boys and Girls Club in Utica to provide bicycle helmets and needed education to children involved with the agency.
- Increase awareness of Child Passenger Seat Program throughout Oneida County by attending health fairs and continuing outreach activities.
- Continue collaboration with the Mohawk Valley Refugee Center to provide injury prevention education in refugees’ native language and distribute child passenger safety seats and bicycle helmets for the refugees.

Cancer Services Program: (formerly the Healthy Living Partnership): This program is funded by a grant from the New York State Department of Health and the CDC, and includes healthcare providers, local health departments, voluntary agencies, and volunteers from the

community. We provide no cost breast, cervical, and colorectal cancer screening for uninsured and underinsured individuals, ages 40 to 64, in Oneida, Herkimer, and Madison Counties, who meet program criteria. Follow-up care and case management is provided for those who need further services. Individuals found to have a positive screen and need further treatment are enrolled in the Medicaid Cancer Treatment Program, if eligible, which covers treatment, costs. If not found eligible for enrollment into the Medicaid Cancer Treatment Program, the program assists these individuals in finding other resources to assist with treatment. In 2009, funding for the Gardasil vaccine was eliminated. The State also changed the age eligibility, no longer allowing women ages 19-39 to be screened for cervical and breast cancer. A strong focus is placed on outreach and education to the community, and reaching those who need services.

CANCER SERVICES PROGRAM	2009 STATISTICS
Clinical Breast Exams	407
Mammograms	530
Pap and pelvic exams	177
Ultrasounds	84
Colorectal Screening exams	
Colonoscopy	16
Fecal Immunochemical test	73

Susan G. Komen

The purpose of this mammograms, surgical consultations

who have no health insurance. This program helps us provide services for women found ineligible for the above program. It also provides for some support services such as transportation, translation, childcare and head coverings.

Foundation Grant:

grant is to provide ultrasounds, and for women under 40

Cancer Services Program and Komen Foundation Grant Major Accomplishments 2009:

- Number of mammograms increased by 85
- Awarded 5 year New York State Department of Health Cancer Services Program grant, integrating colorectal screening with the breast and cervical screenings, as well as funding for the HPV vaccine Gardasil for eligible 19-26 year old women.
- Collaborated with the American Cancer Society to put together provider packets as a quick reference to Healthy Living Partnership providers on how to enroll a patient into the program.
- Collaborated with Faxton St Luke’s Healthcare to provide outreach and education to the community, including a yearly health screening event for the rural population in Steuben.
- Provided 22 screening programs in Oneida County.
- Added 6 new provider offices in Oneida County.

Cancer Services Program: 2010 Goals:

- Continue to collaborate with the American Cancer Society and other community providers to reach priority populations through education and outreach.
- Work closely with Faxton St. Luke’s Healthcare to provide a minimum of three screening events to reach high risk clients in all three counties.
- Work closely with Bassett Hospital’s Mobile Mammography Van to participate in Healthy Living Partnership screening events.
- Take on the Outreach and Education piece fully through the Oneida County Health Department.
- Increase the number of mammograms provided to program eligible clients by 65.
- Develop and implement a Quality Assurance process for the HLP program.

Maternal Child Health: The Maternal Child Health Program provides home visits by a registered nurse to pregnant and parenting families. Education and assessment are provided to improve pregnancy outcomes for women experiencing high-risk pregnancies as a result of medical or social issues. Breast feeding education and support is provided by a registered nurse trained as a Certified Lactation Counselor. Education and assessment are also provided to families with young children who are in need due to either social or medical issues.

MATERNAL CHILD HEALTH PROGRAM	2009 STATISTICS
Skilled Nursing Visits	2109
Clients Admitted	624

Maternal Child Health/Licensed Homecare Service Agency Quality Improvement Major Accomplishments 2009:

- All MCH PHN charts were audited at the start of care, totally over 600.
- 10% of all active MCH charts were audited again prior to recertification.
- Chart audits were performed by the Nursing Supervisory staff quarterly in 2008.
- Chart audits are scheduled on a monthly basis in 2009.
- Telephone client satisfaction surveys were completed, with 10% of clients surveyed.
- No complaints were reported. All surveyed were satisfied with their services.
- No serious incidents or accidents were reported.
- Findings regarding all policy and procedure changes, and results of Start of Care, quarterly, and focused audits reported at Professional Advisory Committee quarterly meetings.
- Professional Advisory Committee continues to meet quarterly to advise the Community Wellness Program on Maternal Child Health issues and policies.
- MCH Supervising Public Health Nurse continues to be an active member of the Child Fatality Review Team and Safe Sleep Project.
- Nursing staff attended trainings on: domestic violence, violence in the workplace, postpartum hemorrhage, safe sleep, birth control, HIV, sexually transmitted diseases, HPV infection and Gardasil medication.
- Administered Synagis injections to 43 premature infants to prevent the RSV infection which can be life threatening to premature infants
- MCH Nursing Staff mentored Nursing Students from Utica College, St Elizabeth College and SUNY Utica/Rome as part of their Community Health clinical rotation.
- Developed an assessment tool and revisit flow sheet for breastfeeding women.
- The number of clients served increased by 86 clients and the number of skilled visits increased by 137.

MCH/LHCSA Quality Improvement: 2010 Goals:

- The Community Wellness Division Programs will continue programmatic and work flow analysis in 2010 to insure all programs are utilizing evidenced based practice, insure there is no duplication of services among programs, eliminate any redundant documentation processes, developed a methodology for sharing equipment, trainings, and resources, and streamline the referral processes for all programs within this division.
- Develop Breastfeeding guidelines and a focused audit tool.
- Staff will continue to address post-partum depression with use of the standardized Edinburgh Scale and the referral process for women in need of treatment.
- Continue Membership on the Oneida County Fatality Review Team and participate in initiatives to decrease child morbidity and mortality in Oneida County.
- Increase leadership in the community regarding Maternal and Child health issues.
- Renegotiate contracts with Medicaid Managed Care providers to increase reimbursements for home visiting services.
- Participate in discussions with other agencies and programs in the community to increase our understanding of refugee cultures, beliefs, education and events to help us develop a better method in helping their assimilation into our community.

Maternal Obstetrical Medicaid Services (MOMS): MOMS offers a full range of health care services for income eligible pregnant women. Family size and earnings up to 200% of the Federal Poverty Level determine Income Eligibility. Services include, but are not limited to: health and nutritional education, health and psychosocial risk assessment, certified HIV counseling, access to Medicaid for the pregnant woman and newborn, referrals for WIC, Registered Dietician, Childbirth Education, Community Health Worker, Healthy Families, Mental Health, and Maternal Child home nursing visits.

MATERNAL OBSTETRICAL MEDICAID SERVICES (MOMS)	2009 STATISTICS
Total Visits	471
Total New Clients	181
Total Referrals Generated	408

MOMS Program Major Accomplishments 2009:

- Medicaid Obstetrical Maternal Services Program enrollment, antepartum, and postpartum visits continue to improve each year. Total visits increased by 32 %, from 359 in 2008 to 471 in 2009.
- New enrollees increased with, 38% or 181 in 2009, from 127 or 35% in 2008.
- Antepartum revisits decreased slightly to 34% with 161 visits from 38% and 136 in 2008.
- Postpartum rates rose from 26% in 2008 to 27% in 2009.
- First trimester of entry to care rates decreased slightly from 62% to 59 %, as a result of a larger number women enrolling after a life altering event that changed their eligibility later in pregnancy.
- Second trimester of entry to care rates rose as a direct result of this from 21% in 2008 to 27% in 2009, however, most of the women entered the program early in their second trimester allowing adequate time to receive the full scope of services offered throughout the pregnancy and postpartum.
- Third trimester entry to care rates decreased from 17% in 2008 to 14% in 2009. The majority of the women who did enroll in the third trimester were new to the area or new to the participating providers that generate the referrals, as well as, a result of situations such as job or insurance loss.
- Teen enrollment rose in 2009 to 21% from 18% in 2008.

- Almost 50% of all new enrollees qualified at the expanded 200% federal poverty guideline level, meaning without such programs as this, they would not be eligible for any financial assistance with the pregnancy costs that exceed their current health plans.
- The Oneida County Health Department maintains MOMS contracts with 8 OB-GYN physicians from three local practices, Slocum – Dickson Medical group, Medical Arts, and Mohawk Valley Women’s Associates with offices in Rome and New Hartford. This includes a new participating OB-GYN at Slocum Dickson that contracted with the program earlier this year. She completed the necessary credentialing to be a NYS approved MOMS provider. Recruitment efforts are ongoing as new providers enter the area.

MOMS Program: 2010 Goals:

- Efforts continue to enhance enrollment rates, improve first trimester of entry to MOMS care rates and postpartum visit rates.
- Expand patient services, education and community awareness of the program benefits, in efforts to continue to reduce poor birth outcomes.
- Maintain collaboration with Department of Social Services Medicaid, and all perinatal medical and service providers to eliminate barriers to care.
- Recruitment of any new Oneida County MOMS medical providers as well as any out of county medical providers recognized by the Medicaid Managed Care plans and serves Oneida county prenatal residents.

Environmental Health Division

The Division of Environmental Health endeavors to protect county residents and visitors from health hazards that are beyond the control of ordinary citizens. This is accomplished by environmental surveillance and project plan review. The Division enforces the Oneida County Sanitary Code, Public Health Law, and the New York State Sanitary Code.

Community Sanitation Programs: Environmental Health Staff provides routine inspections of children's camps, hotels and motels, proprietary campgrounds, swimming pools, bathing beaches, mobile home parks, food service establishments, and childhood lead poisoning control. In addition, the staff provides advice, consultation and education to county residents and visitors in areas such as individual household water systems, home sewage systems, animal disease control (rabies control), vector disease control (West Nile Virus), lead poisoning control, and citizen requested nuisance/housing complaint investigations.

Hotels and Motels: The Oneida County Health Department's Temporary Residence inspection program at hotels and motels emphasizes fire safety for the protection of the traveling public lodging at facilities in Oneida County. Food service, swimming pool and bathing beach operation and maintenance, on-site water supply and sewage facilities are also reviewed.

HOTELS 2009			
Active	Inspected	Enforcement Action	Site Visits
45	41	0	3

Swimming Pool/Bathing Beaches: The major focus of swimming pool inspections is on pool supervision, lifeguard requirements, and life-saving equipment and its use. General pool safety provisions, chemical treatment, and the proper operation of filtration equipment and maintenance of such facilities are examined.

SWIMMING POOLS/BATHING BEACHES 2009				
	Active	Inspections (included re-inspections)	Enforcement Action	Site Visits
Pools	68	70	0	10
Beaches	17	70	0	10

Proprietary Campsites/State Parks: Environmental health inspections of campsites include reviewing the facility's campsites for proper site spacing, shower and sanitary facilities, food service protection, the quality and operation of on-site drinking water supplies, and adequate sewage disposal systems. Where bathing facilities are provided, emphasis is placed on waterfront supervision, designated swimming areas and safety equipment.

CAMPSITES 2009			
Active	Inspected	Enforcement Action	Site Visits
28	19	0	12

Children's Camps: Children's camps are inspected for a variety of sanitary and safety factors. In order to provide a safe environment for children who attend summer camps, major emphasis is placed on ensuring that each camp provides an adequate number of trained, qualified staff, and waterfront safety and supervision. Attention is also focused on food service protection, adequate safe housing, proper sewage disposal, adequate garbage storage facilities, and safe, sanitary water supplies which meet State Sanitary Code standards.

CHILDREN'S CAMPS 2009			
Active	Inspected	Enforcement Action	Site Visits
25	25	0	25

Food Protection: Prevention of food borne illness is the primary focus of the Environmental Health Division. This is accomplished by conducting quality inspections, educational seminars, on-site training and enforcement actions for all food service establishments in Oneida County.

FOOD PROTECTION 2009	
Food Establishments	1,113
# of High Risk	315
# of Medium Risk	650
# of Low Risk	148
Inspections	1,147
# Violations	479

Adolescent Tobacco: The Oneida County Health Department oversees compliance of tobacco products sold by vendors in Oneida County. The Oneida County Sheriff's Department along with volunteer youth conducts compliance checks, re-inspections, and follow-up visits. These inspection reports are submitted to the Environmental Health Division for enforcement action. The Health Department submits a quarterly report of compliance checks, complaint investigation, non-registered vendors, enforcement actions, and names and addresses of violators penalized and/or fined to the Bureau of Community Sanitation and Food Protection.

ATUPA 2009	
Retail Tobacco Vendors	232
Compliance Checks	73

Mobile Home Parks: Mobile home parks are inspected to ensure that the parks continue to meet the standards contained in Part 17 of the New York State Sanitary Code. In addition, the department responds to complaints from residents in the mobile home parks. The following table summarizes the number of mobile home parks in Oneida County, and the number of these parks which were inspected in 2009.

MOBILE HOME PARKS 2009		
Total Number Under Permit:	Mobile Home Parks	Inspected 2009
	72	70

Housing and Nuisance Complaint Investigations: Environmental Health staff investigates complaints pertaining to housing issues and public and private nuisances that may affect the health, safety, and welfare of county residents.

Animal Disease Control Program: The Environmental Health Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases.

RABIES 2009	
Animal Exposures	690
Specimens sent to Wadsworth Laboratory	148
Positive Rabid Animals	11
Clinics Held	9
Animals Vaccinated	1153

West Nile Virus (WNV) Prevention Program: The Oneida County Health Department oversees (bird, mosquito, human) source reduction and educational activities to reduce the risk of West Nile Virus (WNV) in Oneida County. Eastern equine encephalitis (EEE) is a mosquito-borne viral disease that occurs in the eastern half of the United States where it causes disease in humans, horses, and some bird species.

WNV and EEE 2009	
Submitted Pools	223
WNV Positive Pools	0
EEE Positive Pools	0

Oneida County Healthy Neighborhoods Program: The Oneida County Healthy Neighborhoods Program (OCHNP) is a grant program funded by NYS Health Department. The OCHNP is an outreach and education program that conducts surveys in the Cornhill section and parts of West Utica. The major components of the program are asthma education, lead poisoning prevention, fire safety and indoor air quality, as well as substandard housing and unintentional injuries. By providing educational literature, safety products and referrals to other community programs for assistance, the OCHNP staff looks to ensure safer housing, as well as fewer incidents of asthma attacks, lead poisoning, fire related injuries or death, carbon monoxide poisoning and unintentional injuries. Oneida County was not awarded the Healthy Neighborhoods Grant for the 2009-2010 grant year. Health Department staff, community programs and citizens will miss the HN program and the significant impact that it had on our department and the community.

Carbon Monoxide Detectors:	113
Mattress and Pillow Covers	57
Safety Items	1042
Cleaning products:	1185
Miscellaneous (toothbrush and paste ,bibs, coloring books,nightlights, etc.):	914

Public Water Supply Program:

The Environmental Health Division’s public water supply program is responsible for the oversight of nearly 200 public and certain non-public water supplies in Oneida County. The goal of this program is to ensure that the public is protected from waterborne disease and contamination, both naturally occurring and human caused. Certain facilities regulated by NYS Agriculture and Markets are considered Non-Public water systems, but technical assistance is provided if problems arise or new systems are developed. In previous years, the Engineering Staff of the OCHD were relied upon to inspect and manage the more complicated regulations for the larger community water systems. In April 2009, engineering staff were eliminated. As a result, staff members from the water program were asked to coordinate the Engineering Plan Review activities of the division. Therefore, water program activities were reduced.

PUBLIC AND NONPUBLIC REGULATED WATER SYSTEMS 2009	
Active	195
Inspected	149
Formal Enforcement Actions	10
Boil Water orders/other emergencies	6
Samples Collected	250

Engineering Plan Review:

Engineering staff of the Oneida County Health Department were eliminated as of April 1, 2009. Following the elimination of these positions, contracts were developed with consulting engineering firms, water program staff created a tracking and correspondence system to ensure adequate follow-up with plan reviews. This review process ensures facilities and projects meet the standards contained in the New York State Sanitary Code and generally accepted engineering standards. The plan review process ensures environmental health practices are in place prior to use. In addition to new facilities being

PLAN REVIEW 2009		
	Submitted	Approved
Cross Connection Control Plan Reviews	3	2
Water System Expansions / Improvements	10	6
Realty Subdivisions	2	1
Individual Wastewater Disposal Systems Plans	11	8
Swimming Pool (New or Improvements)	2	1
Total Plans	28	18

reviewed, replacement and upgrades for existing facilities are reviewed.

Childhood Lead Poisoning Prevention Program (CLPPP): (Secondary Prevention)

This program provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels. Program services include home inspections, outreach workers educational visits, environmental investigations, referral to healthcare providers, coordination with school staff and community agencies and ongoing monitoring of children with elevated blood lead levels. The program provides lead poisoning prevention presentations and written information to healthcare providers and community agencies. Lead testing is provided through the clinic for children lacking medical providers or health insurance.

Childhood Lead Poisoning Prevention (CLPPP) 2009	
Initial Environmental Investigations	130
Lead Testing (Screening)	4,936
Outreach Worker Home Visits	323
Sanitarian Re-Inspection Visits	396
Presentations	10
Health Fairs	21
Testing: Lead Clinics: Refugee Children	37
Number of Elevated Blood Lead Levels (BLL in µg/dL)	
BLL 10-14	234
BLL 15-19	122
BLL ≥ 20	114

CLPPP 2009 Major Accomplishments:

- Due to a change in CLPPP regulations, Case Coordination services now begin when children’s blood lead levels are equal to or greater than 15 micrograms per deciliter. Previously, these services did not begin until children’s blood lead levels were equal to or greater than 20 micrograms per deciliter. This has resulted in the following annual increases.
 - 69 additional Environmental Investigations
 - 52 additional Outreach Worker Home Visits
 - 797 additional children had blood lead levels taken
- HEPA vacuum cleaners have been made available to families, homeowners and landlords involved in CLPPP cases.
- Through information and education provided to the Rome and Utica School districts, water fountains and faucets in both school districts have been tested. Testing showed water in both districts exceeded lead limits. Corrective actions were immediately taken by both districts to correct this problem.

CLPPP 2010 Goals:

- Continue to work collaboratively with the Lead Primary Prevention Program to educate the community and reduce Oneida County’s incidence of lead poisoning.
- Continue to increase the number of children having blood lead levels taken by educating community agencies, the public and health care providers.

Lead Primary Prevention Program (LPPP):

LPPP Statistics for Year Two of Grant

# of Initial New Home Inspections	140
# of Units with Children Under Age 6	127
# Children < age 6 Living in These Units	226
# of Children who lacked lead testing referred for testing	140
# Housing Units where lead hazards were found	100
# of Units receiving legal notification to repair hazards	100
# Units that Reduced Lead Dust Hazards with the use of the HEPA vacuum loaner program	100
# Units that received either exterior or interior inspections through Codes contract with City of Utica	178

LPPP Lead Safe Work Practices Training Provided for Year Two

Type of Event	# of Events	# Trained
Lead Safe Work Practices	7	100
Lead Abatement Worker/Supervisor	5	94
Green Window Replacement Initiative	12	48

Lead Primary Prevention 2009 Accomplishments:

- In partnership with the City of Utica and GroWest, Inc. applied for competitive funding from HUD’s Lead Hazard Control program. The City of Utica’s application was awarded \$2 million dollars to rehabilitate 160 housing units in Cornhill and West Utica.
- Developed property owner seminars in partnership with the City of Utica and GroWest, Inc.
- Developed a ‘Green Window Replacement Initiative’ in partnership with GroWest, Inc.
- Developed a partnership with the City of Utica’s Urban and Economic Development program to provide lead paint and lead poisoning histories on housing units that are acquired by the City and sold.
- Expanded the HEPA vacuum loaner program to all Oneida County residents with a grant from Excellus Blue Cross.
- Provided a Legal Seminar for area judges, attorneys, government officials, codes officers and fire personnel.
- LPP developed a contract between the Health Department and the City of Utica’s Codes Department which permits codes officers to cite Public Health Law and cite for chipping and peeling paint. This resulted in 175 properties being cited in 2009.
- In partnership with the Mohawk Valley Community Action Agency’s Head Start and 12 other community agencies offered children living in Cornhill and West Utica, free physicals including vision and hearing screening, dental exams, lead testing and immunizations through the Health Department’s clinic, the opportunity to sign up for Child Health Plus, nutrition and lead poisoning prevention education, and a children’s lead poisoning prevention puppet show.

- In partnership with the Family Nurturing Center’s Healthy Families program offered lead poisoning education and free use of HEPA vacuums.
- In partnership with the Neighborhood Center, offered free training to local contractors and low income workers in lead safe work practices to increase employment opportunities.
- In partnership with the County’s IT Division, developed a Lead Safe Housing Registry on the County website.
- In partnership with the County’s IT Division developed an area on the Lead Recalls and Information section of the website for property owners to learn about lead poisoning and steps they can take to reduce it. Educational materials can be downloaded in multiple languages.
- In partnership with the County’s IT Division, developed an area on the Lead Recalls and Information section that provides contractors and residents with educational and regulatory information that may be downloaded in multiple languages.
- Developed two podcasts for the website on the new EPA’s Renovation and Remodeling Paint Rule that will impact most contractors working in Oneida County who work in the remodeling business.
- The LPPP Project Manager was invited to speak at the National Healthy Homes Conference in Philadelphia and, at the New York State Governor’s Lead Advisory Council in Albany on the LPPP program’s initiatives, and presented the ‘Green Window Initiative’ project at the Lead Advisory Committee in Albany.

Lead Primary Prevention Goals for 2010:

- Increase the number of census tracts in Cornhill, West Utica and parts of East Utica that have high risk older housing that may participate in the lead poisoning prevention program and increase the number of infants that can benefit from the program.
- Complete work on the study of window replacements to reduce lead hazards in high risk housing and utilize that data to support the value of window replacements as part of weatherization efforts in area homes.
- Work in partnership with Environmental Educational Associates and Mohawk Valley Community Action to increase lead safe work practice training among contractors and do-it-yourselfers in Oneida County.
- Begin offering pro-active home inspections and dust wipe sampling to determine lead house dust levels for children with blood lead levels between 10 and 14 micrograms/deciliter to immediately reduce their exposure to lead dust and prevent further lead poisoning damage.

Engineering Plan Review: Engineering plans for projects are reviewed and approved by professional engineers who work with health department staff. The review process ensures facilities and projects meet the standards contained in the New York State Sanitary Code and generally accepted engineering standards.

Environmental Health 2009 Major Accomplishments:

Water Supply Program:

- Assisted over 40 community water systems in the development of Annual Water Quality Reports.
- Worked with permit-program personnel to ensure adequate cross-training – will continue in 2010.
- Worked with revolving Fund applications and consolidation of Public water supplies and formation of Water Districts.
- Assisted several individual homeowners regarding health implications of their on-site water systems through sampling, water source assessments, and public education.
- Utilized postcard and email notification reminders to reduce mailing costs and ensure compliance.

- Developed a standardized reporting tool (Water Emergency Reporting Form) in PDF format that can be used to report water problems (e.g. water main breaks). Worked with USEPA contractor regarding Boil Water Advisories and submitted Emergency Notification Form for use in National review of materials. Form was selected as representative example of form and process for reporting.

Food Protection and Community Sanitation:

- Operator training resulted in increased code compliance.
- On site children's camp trainings allowed better operator understanding of the beach code and safety plan requirements.
- Assisted communicable disease with a food borne illness outbreak investigation associated with a family party.
- Continued cross training personnel in all permit issuing programs.

Environmental Health 2010 Goals:

Water Supply Program:

- Continue notification program using postcard and email reminders for sampling, reports, and other items required from facilities and operators
- Continue working with systems to ensure compliance with new sampling, reporting and operational regulations.
- Continue work on water security and emergency planning for community water systems especially regarding prevention, detection, and response.
- Continue to assist water systems in development of Annual Water Quality Reports, Standard Operating Procedures and Cross Connection Control Plans.
- Continue to work with permit program personnel cross-training with water personnel – ultimately all personnel in all programs will be able to complete sanitary survey and related follow-up for all PWSs.
- Continue to work with consulting engineers to assist with Drinking Water State Revolving Fund applications and consolidation of PWSs and formation of Water Districts.
- Institute notification program using postcard reminders for sampling, reports, and other items required from facilities and operators
- Complete GWUDI compliance for remaining affected systems requiring treatment upgrades.
- Continue working with systems to ensure compliance with new sampling, reporting and operational regulations.
- Continue work on water security and emergency planning for community water systems especially regarding prevention, detection, and response.
- Continue county wide soils mapping as well as enhancing water system information such as distribution system mapping utilization Geographic Information Systems, while integrating soils and geology data to enhance the water program (when time allows)
- Continue to assist water systems in development of Annual Water Quality Reports, Standard Operating Procedures, Cross Connection Control Plans.
- Continue to work with permit program personnel cross-training with water personnel – ultimately all personnel in all programs will be able to complete sanitary survey and related follow-up for all PWSs.
- Continue to work with consulting engineers to assist with Drinking Water State Revolving Fund applications and consolidation of PWSs and formation of Water Districts.

Mobile Home Parks: Ensure that mobile home parks are operated in a manner consistent with Public Health Law requirements.

West Nile Virus and Eastern Equine Encephalitis: Continue mosquito surveillance throughout the county, continue educational efforts geared towards horse owners and the elderly and immune compromised.

Food Protection: Aim to complete inspections under the NYS guidelines of two times a year for high risk, once a year for medium risk and every other year for low risk which will enable us to prioritize our recourses.

Adolescent Tobacco: We expect 100% of compliance checks to be completed with anticipation of violations being reduced.

Community Sanitation: Inspect all facilities within the core programs, and endeavor to increase compliance through continued communication and education.

Clinical Services Division

The Diagnostic and Treatment Clinic performs health screening and health promotion activities, along with diagnosis and treatment or referral for treatment. In addition, education is provided to schools and colleges, healthcare providers, public safety workers and the general public. Bilingual staff are available for non-English speaking Bosnian, Russian, Burmese, and German speaking clients.

Communicable Disease: Throughout the workday, departmental staff monitors the Electronic Clinical Laboratory Reporting System (ECLRS) to retrieve laboratories reporting communicable diseases

identified for any County resident. Departmental staff investigate 73 reportable communicable diseases to either contain or prevent outbreaks. Program staff ascertain source of infection, seek out contacts and other steps to reduce morbidity and mortality. Individual case reports are evaluated for commonalities. Staff works closely with the New York State Department of Health and local health care providers and the community to keep them informed of disease clusters and for educational purposes. The Department also provides, either directly or indirectly, prophylaxis, when appropriate, to individuals exposed to various communicable diseases to prevent the onset of the disease. Staff members also monitor the hospital emergency rooms through the Syndromic Surveillance to identify any illness clusters and any other unusual illnesses or occurrences. Significant increases were noted in the number of phone calls regarding H1N1 information.

Immunization: Vaccines are provided to children and adults at various sites throughout the County. In addition, staff works closely with the NYSDOH Immunization Program in assessing the immunization rate of two-year olds in the private sector. Immunizations also include those needed for Green Card status. In 2009, 694 persons were assisted by immunization staff for Green Card requirements, an increase of 4% from 2008 (667). Rabies post exposure vaccine is also provided by clinic staff with 80 persons receiving vaccine in 2009 an increase of 4% from 2008 (77).

IMMUNIZATION PROGRAM	STATISTICS	
	2008	2009
Total Visits	9,059	10,118

Travel: Held on a weekly basis and by appointment only, this specialty clinic provides counseling and immunizations for persons traveling to countries with special vaccine requirements.

TRAVEL PROGRAM	STATISTICS		
	2007	2008	2009
To Total Services	300	267	261

Sexually Transmitted Disease (STD): This program ensures provision for evaluation, diagnosis, and treatment of sexually transmitted diseases to the public. Patients may also be seen for treatment of infection due to referral from other facilities. Along with treatment of the individual, with assistance from the NYSDOH, efforts are made to identify, locate and ensure treatment of sexual contacts. Behavioral counseling occurs to promote healthy behaviors and to prevent future disease transmission.

STD PROGRAM	STATISTICS		
	2007	2008	2009
Activity			
Clinics	191	187	183
Total Visits	905	935	893

STD CASES	STATISTICS		
	2007	2008	2009
Chlamydia	647	748	671
Gonorrhea	74	102	134
Syphilis (Primary & Secondary)	2	2	0
Syphilis (Early Latent)	2	0	1

HIV Counseling, Testing and Prevention: This program serves to help uninfected persons initiate and sustain behavioral changes that reduce their risk of becoming infected, to assist infected persons to avoid infecting others, and to encourage and assist infected persons to obtain early and appropriate medical care. These counseling, testing, and educational services are provided concurrently with the STD clinic. Oneida County Health Department now also uses the 10 minute Rapid Test. In 2009, 521 persons were tested, an increase of 6% from 2008 (490).

HIV COUNSELING & TESTING	STATISTICS		
	2007	2008	2009
Activity			
Clinics	184	173	183
Total Tested	545	490	521
Positive HIV Cases	0	1	0

Tuberculosis Clinic: The TB program goal is to prevent the spread of TB. This is accomplished through efforts to ensure that patients with TB disease, TB infection, and those at high risk for progression to TB disease are identified and receive adequate treatment. Efforts also include educating health care workers and the public about TB.

TUBERCULOSIS PROGRAM	STATISTICS								
	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Reported Cases	7	10	5	8	5	5	6	7	5

Employee, Correction Officer and Police Physical Examinations: The clinic performs the new employee physicals for Oneida County, including a more extensive exam for Oneida County Correction Officer candidates. In addition, contracts exist with local law enforcement agencies.

PHYSICAL EXAMINATIONS	STATISTICS		
	Agency	Exams in 2007	Exams in 2008
County Employees	43	74	81
OC Correction Officers	30	16	N/A
Police	31	19	13
Deputy Sheriff	2	0	0
Total Exams	106	109	94

Refugee Health: Under contract with NYSDOH, a physical exam and screening for communicable diseases is provided to individuals referred by the Mohawk Valley Resource Center for Refugees. The health assessment also includes evaluation for TB, hepatitis, ova and parasite, hemoglobin, and Pap smear testing. As part of this program refugees are administered immunizations as needed. Of the 464 completed assessments in the 2009, 464 referrals were made for identified medical problems. Also, 183 dental appointments, 99 ophthalmology referrals, and 10 OB/GYN appointments were made.

REFUGEE HEALTH PROGRAM	STATISTICS		
	Year	2007	2008
Total Services	567	590	464

Communicable Diseases	2005	2006	2007	2008	2009
Amebiasis	6	1	10	11	1
Babesiosis			1	0	0
Campylobacter	18	16	22	30	32
Chlamydia	501	597	647	748	671*
Cryptosporidiosis	24	9	18	20	26
E. Coli 0157:H7	6	4	0	6	3
E Coli, Not Serogrouped	2	2	0	0	0
E. Coli, Serogrouped Non-0157	0	7	0	0	2
Encephalitis –viral	0	1	0	0	0
Encephalitis – West Nile	0	0	0	0	0
Giardiasis	59	49	88	65	64
Gonorrhea (simple)	137	78	74	102	133*
Gonorrhea (PID)	1	0	0	0	1
Gonorrhea (PPNG)	1	0	0	0	0
Group A Streptococcal	2	4	7	4	5
Group B Streptococcal	12	17	18	11	20
Group B Streptococcal (Early Onset)	2	1	0	4	0
H1N1					25
Hemolytic Uremic Syndrome (HUS)	0	0	0	1	0
Haemophilus Influenza, Inv.			1	0	0
Haemophilus Influenza , Inv. Not B	1	1	4	0	5
Hepatitis A	2	7	0	2	1
Hepatitis B (Acute)	2	1	2	5	0
Hepatitis B (Chronic)	45	37	40	56	31*
Hepatitis B (Chronic) Probable		9	31	26	24*
Hepatitis C (Acute)	0	1	0	0	1
Hepatitis C (Chronic)	327	380	194	202	206*
Hepatitis C (Chronic) Probable		9	31	10	12*
Herpes Infant, Inf. <60 days				1	2
Influenza A	30	15	101	356	987
Influenza B		2	61	145	52
Influenza, Unspecified	8	3	16	21	74
Legionellosis	1	2	3	11	11
Listeriosis	1	2	3	2	1
Lyme Disease	5	3	7	25	12
Malaria	0	2	1	0	3
Measles	0	0		0	0
Meningitis –Aseptic	3	1	2	4	6
Meningitis – Other Bacterial	0	2	1	1	0
Meningococcal Infection	0	1	1	0	0
Mumps	0	1	0	0	0
Pertussis	35	55	15	8	10
Rabies (Human)	0	0	0	0	0
Rubella	0	0	0	0	0
Salmonella	32	22	30	32	29
Shigellosis	2	3	2	0	2
Strep Pneumoniae (Invasive, Drug Resistant)	1	3	4	3	4
Strep Pneumoniae (Invasive, Intermediate)	2	6	9	2	6
Strep Pneumoniae (Invasive, Sensitive)	20	23	22	22	22
Strep Pneumoniae (Unknown)	0	1	0	0	2
Syphilis (Primary and Secondary)	4	1	2	2	0
Syphilis (Early Latent)	1	0	2	0	1
Syphilis (Other)	3	4	0	0	2
Toxic Shock	0	1	0	0	0
Tuberculosis	5	5	6	7	5
Typhoid Fever	0	0	0	0	0
Vibrio non 01 Cholera	0	0	0	0	0
Yersiniosis	0	0	0	0	0

* Not finalized data

Clinical Services 2009 Major Accomplishments:

H1N1 Response:

All Clinic programs were affected by demands of the H1N1 disease outbreak. The numbers of weekly Immunization and STD clinics were decreased. Staffing for Communicable Disease, Tuberculosis and Refugee Health Assessments were at minimal levels. Clinic staff and those from other Departments were cross trained to fill the various roles necessary for large scale H1N1 vaccination clinics. Skills and abilities practiced in previous emergency response training were utilized to respond to the needs of this outbreak, resulting in effective interagency communication and collaboration, community education and widespread vaccination. This response began in April and continued to affect Clinic programs through the remainder of the year.

Communicable Disease Prevention and Control:

- OCHD staff conducted 1,855 investigations of which 1,763 were later confirmed as communicable disease cases.
- CD staff also conducted outbreak investigations regarding: episodes of GI outbreak including major outbreak out of state dance convention (37 interviewed), national outbreak of Salmonella Typhymurium, Crypto outbreak (41 interviewed), and a Scabies cluster.
- CD staff met quarterly with other infection control practitioners as part of the Infection Control Association of the Mohawk Valley and monthly with the Department's Epi Committee.
- The CD staff was also involved in active and passive surveillance for 2009 H1N1 flu virus and in heightening surveillance due to potential exposure of Measles, Mumps, and Varicella from overseas.

Immunization Program:

- OCHD administered 4,412 adult seasonal influenza vaccinations which was an increase of 15% from 2008 (3,765). OCHD also administered over 6,000 for the 2009-2010 H1N1 Influenza A vaccine to both adults and children through additional night and Saturday clinics. OCHD works collaboratively with local healthcare providers to ensure adequate influenza vaccine availability and to promote vaccination.
- Oneida County Health Department has activity enrolled children into New York State Immunization Information System (NYSIIS). We have entered 5,562 vaccinations for 3,045 children into NYSIIS. This is a 26% increase of vaccinations entered from 2008 (4,130). The number of children entered into NYSIIS increased 51% from 2008 (1,482). Some of this increase reflects the higher volume of children seen for H1N1 vaccination. There were 2,130 immunizations given to 736 adults entered into NYIIS which is a 35 % increase of immunizations entered from 2008 (1,294) and a 29% increase of adults enrolled into NYSIIS from (2008).
- OCHD immunization staff are active members of the Mohawk Valley Adult Immunization Coalition. This organization includes representatives from Herkimer and Madison Counties and continues efforts to improve influenza, pneumococcal, and hepatitis vaccination rates of adults.
- The availability of Zostavax (shingles) vaccine to the repertoire is very popular due to the majority of private sector physicians not stocking the vaccine.

Refugee Health:

- OCHD continued the contract with NYSDOH Refugee Health Program. This contract provides additional funding to enable enhanced health screening for newly arrived refugees.
- OCHD evaluated 464 refugees for health screening, and of these refugee arrivals, 100% received completed health assessment within 90 days of arrival.

Other:

- OCHD has continued HIV/STD/TB education throughout the community reaching additional numbers of child service organizations, shelters, long term care facilities, hospitals, colleges, and professional organizations. In 2010, 275 individuals were reached through these programs.

Clinical Services 2010 Goals:

Communicable Disease Prevention and Control:

- Investigate cases within three days of receipt of either a positive lab test or a Confidential Case Report.
- Investigate telephoned priority communicable diseases within three hours of the call.

Immunization Program:

- Increase the rate of immunized two-year-olds seen in public clinics to meet or exceed the Healthy People year 2010 goals.
- Provide education and technical support to private providers for implementation of the New York State Immunization Information System (NYSIIS).
- Increase awareness of the benefits of adult immunization (for people over 50 and other at risk adults) against influenza, pneumococcal, hepatitis B, Tetanus, and varicella disease.

Tuberculosis Clinic:

- At least 95% of the active TB cases will be placed on DOT.
- At least 95% will complete their prescribed course of therapy.
- At least 95% of the active TB cases will be interviewed within 3 working days of notification of the report.

Refugee Health:

- At least 95% of refugees will receive a complete health assessment within 90 days of their initial clinic visit.
- OCHD anticipates the arrival of approximately 425 new refugees in 2010.

Other:

- Support the efforts of the Oneida County Health Coalition in evaluating access to clinical care and communicable disease trends with modification of public health clinic programs when indicated.

Special Children Services Division:

Physically Handicapped Children’s Program:

The Physically Handicapped Children’s Program (PHCP) ensures access to quality health care for chronically ill and disabled children with severe chronic illnesses or physical disabilities, between birth and 21 years of age. The families must live in Oneida County and meet county medical and financial eligibility criteria. PHCP has two components: the Diagnosis and Evaluation Program and the Treatment Program. The program includes care for 150 categories of medical conditions requiring specialty care (e.g., musculo-skeletal, cardiac, convulsive disorders, hearing loss, dento-facial abnormalities and other long-term diseases). All services provided under this program must be authorized prior to services being covered. Table A illustrates the number of children authorized for services of years 2005 through 2009.

Table A PHCP Authorized Services	
2005	266
2006	317
2007	329
2008	259
2009	171

**Children with Special Healthcare Needs (CSHCN)
Physically Handicapped Children’s Program (PHCP)**

Major Accomplishments 2009:

- Continued to implement the previously modified financial eligibility criteria for orthodontic assistance. These changes were necessary to meet the increased number of applications for assistance and to maintain a fiscally responsible position. The impact on the program was to reduce the wait list for orthodontic assistance from 43 to less than 10 children by the end of 2009. We exceeded our projected goal of reducing the wait list by 25%.
- Continued collaboration with Central Services to facilitate smooth production of reports and documents using database developed in 2007-2008.
- Continued collaboration with Specialty Medical Providers to encourage programmatic referrals for Children with Special Needs.
- Identified uninsured children or underinsured families to facilitate medical/dental insurance enrollment.
- Assisted families with access to quality medical services for children with special needs through referrals to appropriate providers and agencies.

CSHCN/PHCP Goals for 2010:

- Continue to have a wait list for orthodontic assistance that minimizes wait time for financial approval but remains fiscally responsible.
- Continue collaboration with Specialty Medical Providers to encourage programmatic referrals for Children with Special Needs.
- With assistance from Central Services complete the PHCP database to assist the program and to allow for data to be queried and tabulated.
- Continue to identify uninsured children or underinsured families to facilitate medical/dental insurance enrollment. Refer these families to facilitated enroller and DSS.
- Continue to assist families with access to quality medical services for children with special needs through referrals to appropriate providers and agencies.

Education & Transportation for Handicapped Children's Program (ETHCP)

The Education and Transportation of Handicapped Children Program is a state mandated program that provides special education services to three and four year old children with disabilities according to provisions under Section 4410 of the New York State Education Law. Each school district's Board of Education has established a Committee on Preschool Special Education which is responsible for ensuring that children receive an evaluation, determines the type of services required, submit recommendations to the Board for approval, and annually review the status of each child in the program. The county, through the Education and Transportation of Handicapped Children's Program, is responsible for contracting with service providers and arranging, where appropriate, for the transportation of these children. The State Education Department's Office of Special Education Services is responsible for approving program providers and ensuring that the program providers comply with regulations.

The services available to every eligible pre-school child at no cost to the parent are: related services such as speech pathology, physical therapy, occupational therapy, etc; special education itinerant teacher; special segregated classes; and special classes in an integrated setting.

Table B Children Served in Pre-K by School Year Enrollment and Service Type

Table B	03-04	04-05	05-06	06-07	07-08	08-09
Enrollment	555	612	639	628	607	624
Center Based	307	321	359	340	325	361
SEIT	32	34	55	58	61	60
Rel. Serv.	260	286	295	299	284	270

ETHCP 2009 Major Accomplishments:

- Training for additional Preschool Coordinator continued.
- In collaboration with Preschool Coalition, quarterly newsletter developed for independent service providers.
- Ongoing work with school districts, agencies and providers to ensure delivery of cost effective services to preschoolers with disabilities.
- 99% County representation at Committee for Preschool Special Education meetings.

ETHCP 2010 goals

- Continue to work with Preschool Coalition to provide quarterly newsletter to independent service providers.
- Collaboration with the Early Childhood Direction Center to address issues related to transition from Early Intervention to Preschool services.
- Continued participation in Coalition round table forums with school district chairpersons, municipality representatives and service providers to ensure optimum communication in all Preschool related matters.

Early Intervention Division:

In accordance with the Individuals with Disabilities Education Act (IDEA), the Early Intervention Program was created by Congress in 1986 and is administered by the New York State Department of

Health through the Bureau of Early Intervention. The program is administered locally within Oneida County and provides a variety of services to infants and toddlers with disabilities and offers support services for their families. Any child aged three or younger, with a suspected delay, is entitled to a multidisciplinary evaluation. The areas of development assessed during this evaluation include: cognitive; physical (including vision and hearing); communication; social/emotional; and adaptive development. Children who qualify for services are provided with an individualized family service plan and receive services appropriate to their needs. These services can include: audiology, speech pathology, physical therapy, occupational therapy, special instruction, nursing, vision therapy, and nutrition and social work services.

We also offer respite reimbursement and transportation reimbursement to families. In 2009, Oneida County's Early Intervention Program authorized 395 multidisciplinary evaluations and 84 supplemental/non-physician evaluations. These evaluations are offered in the family's primary language and bilingual reports are provided when necessary. While these services are offered at no cost to families, our billing team works diligently to recover funding from Medicaid and private insurers.

The Early Intervention Program directly serviced 787 children in 2009, and the Child Find division within the Early Intervention program actively tracked the development of 1,142 children.

The following table illustrates the types and numbers of services provided to families throughout Oneida County in 2009. (These figures are accurate as of 2/1/10).

Physical therapy visits	6,736
Occupational therapy visits	6,048
Speech/Language therapy visits	14,959
Special Instruction visits	6,653
Vision therapy sessions	39
Nutrition therapy services	61
Social work visits	60
Total of all visits (including other miscellaneous services and service coordination visits)	30,247

Early Intervention 2009 Major Accomplishments:

- Participated in several trainings to enhance knowledge and improve provision of services.
- Participated in health fairs at the Oneida County fair as well as the School for the Deaf. Distributed educational information regarding EI services to increase awareness of our program.

- Hosted a very successful family day for Early Intervention children and their families. In addition to free admittance to the “Rough and Tumble” indoor playground, families received lunch, raffles and goodie bags and had the opportunity to meet families whose children have similar needs and challenges.
- EI staff received training in lead prevention and in providing our families with materials and referrals as appropriate.
- Formed subcommittee of municipal staff to retool our transition policy/procedures in order to improve service delivery to families and better meet state and federal timelines.

Early Intervention 2010 Program Goals and Objectives:

- Work closely with our health department’s lead prevention programs to develop policy and procedure(s) to comply with new requirements regarding lead screening.
- Distribute materials/information to EI families, schools, churches etc. regarding lead sources, symptoms, testing and treatment etc.
- Develop and update listings for lead recalls and distribute among providers/families.
- Increase knowledge of current treatment and best practice by attending lead trainings as offered.
- Increase capacity of all therapies in all areas of the county.
- Continue to seek developmental playgroups that include typically developing children to act as role models.
- Continue to review the Early Intervention program policies and procedures for quality improvement purposes (this has been ongoing since 2006 and will continue this year).
- Continue to coordinate with other community programs to further educate our staff in order to provide current and accurate information to the families we serve (i.e.: Medicaid, food bank, WIC, food stamps etc.).

WIC Program:

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious foods including low-fat or fat-free milk, whole grains, vegetables and fruits, breastfeeding

support or formula to low- income pregnant or breastfeeding women, infants and children up to age five.

WIC has been shown to improve the health of pregnant women, new mothers and their infants and children. The foods provided through WIC are a good source of essential nutrients that are often missing from the diets of women and young children. WIC participants have longer healthier pregnancies and fewer premature births. The Oneida County WIC program provides services at 14 sites throughout the county.

WIC 2009 Major Accomplishments:

- All staff attended staff development training to improve participant centered nutrition education skills to provide education that is individualized and based on participant's needs, concerns, and interest.
- Extended program hours to meet the needs of program participants. The WIC main site is now open at 7:30a.m. on Tuesday's and open until 7:00 p.m. on Wednesday.
- New food packages were developed to help families' better meet dietary guidelines for Americans, Healthy People 2010 goals and objective, recommendations from the American Academy of Pediatrics and to strength and support WIC breastfeeding support and promotion. Major changes included increased Fruit and Vegetable supplements, lower fat milk's and whole grain breads.
- Partnership with Cornell Cooperative Extension of Oneida County to provide Nutrition Education management and support to enhance overall program quality and effectiveness.
- Partnership was initiated between WIC and the Federally Qualified Health Center. Plans are underway to house a WIC temporary site at the FQHC.

WIC 2010 GOALS:

- Continued growth of the Breastfeeding Peer Counselor program and increasing the number of hours counselors are available on site to provide education and support to pregnant and postpartum mothers.
- Initiation of group participant centered education to enhance program services and streamline our program to reduce wait times.
- Increase WIC program participation through outreach and strategic placement of WIC main and temporary sites.
- Partnership with the Federally Qualified Health Center will continue and a WIC temporary site will be housed at the FQHC.
- Plans will be completed to consolidate Rome WIC sites to be moved to the former Herb Phillipson's Building.