



ONEIDA COUNTY HEALTH DEPARTMENT

2014 ANNUAL REPORT

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

PHYLLIS D. ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH

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ONEIDA COUNTY HEALTH DEPARTMENT

PHYLLIS D. ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH





MESSAGE FROM THE DIRECTOR

It is my privilege to serve as the Director of the Oneida County Health Department and to present our 2014 Annual Report. This report provides details of the work of our programs to fulfill our mission to “promote and protect the health of Oneida County”.

This has been another year of success and challenges in public health:

2014 challenged NYS as well as the nation in the most serious potential communicable disease outbreak in many years—Ebola Virus Disease (EVD). OCHD took the lead in collaborating with community partners to comply with the NYS Department of Health’s Commissioner’s Orders for EVD preparedness for health care facilities and emergency responders. We also worked diligently to ensure effective measures are in place for monitoring travelers from affected areas and continue to work closely with our partners to respond to EVD should the need arise. As a result, our partnerships and capabilities have been strengthened to respond to any public health threat to our community.

Utilizing the 2014-2017 Community Health Assessment and Community Health Improvement Plan, we mobilized our community partners to focus efforts on smoking cessation, breastfeeding and healthy nutrition. This included offering support to breastfeeding women by opening a Baby Weigh Station where parents can check the weight of their baby and get answers to questions from a certified lactation counselor.

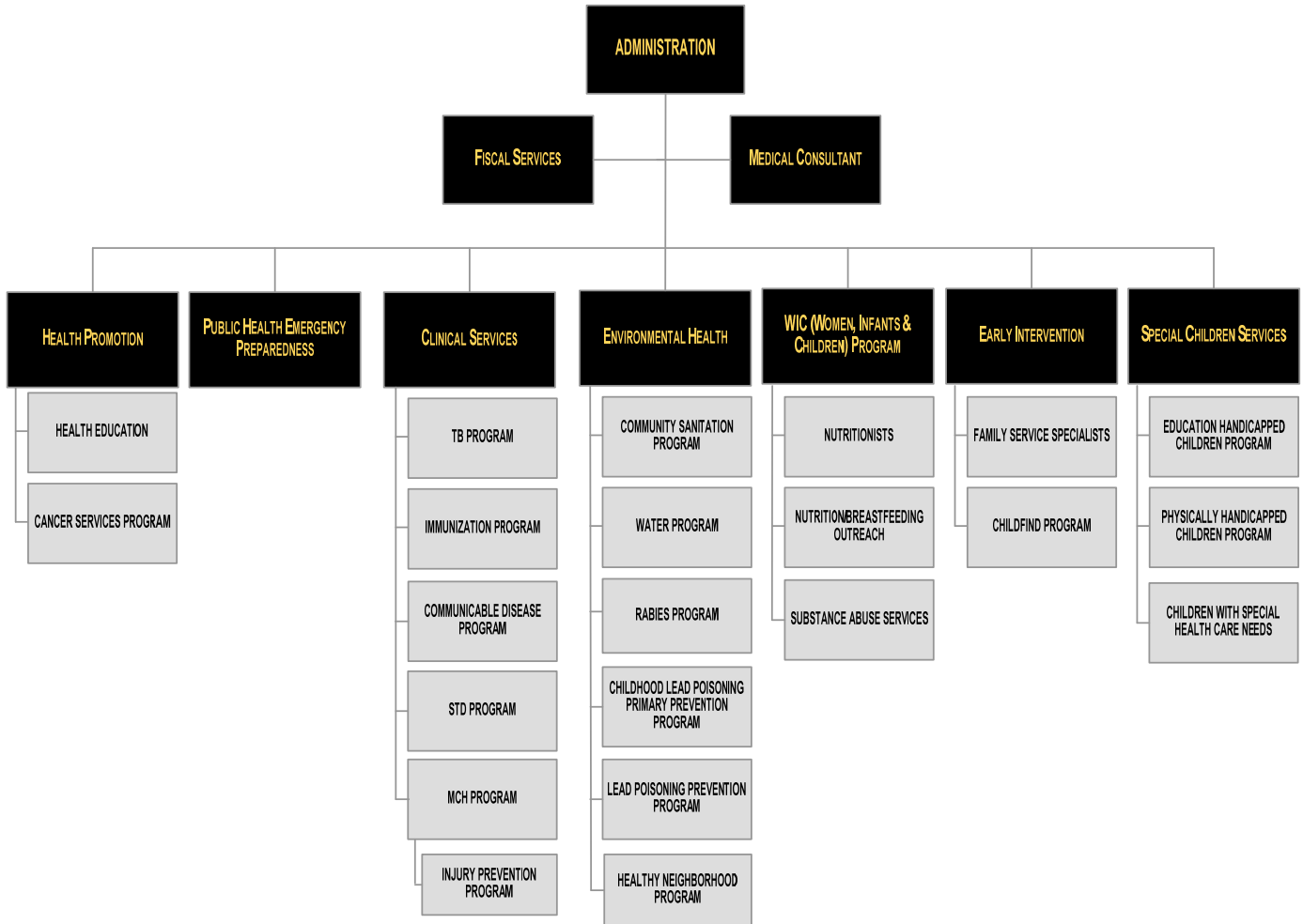
Community education is a central role of public health. In 2014, we participated in over 60 community events throughout the County on a variety of health and safety topics. We also applied for and received a five year Healthy Neighborhoods Program (HNP) grant from NYS Department of Health which targets the neighborhoods of South Rome and adjoining towns to provide free in-home education and assessment of conditions that impact health and safety in the home.

This is just a snapshot of the many accomplishments achieved in 2014 which would not have been possible without the support of our dedicated staff, community partners, the County Executive, and Board of Legislators. As we enter 2015, I look forward to working with all of you to build on past successes and find innovative ways to improve the health and quality of life of Oneida County residents.

Phyllis D. Ellis, BSN, MS, FACHE
Director of Health



OCHD ORGANIZATIONAL CHART



2014 FISCAL REPORT

PROGRAM	TOTAL COSTS*	% OF BUDGET	% OF FEDERAL FUNDING	% OF STATE FUNDING	% OF COUNTY FUNDING	% OF OTHER FUNDING	% OF MEDICARE MEDICAID
ADMINISTRATION	\$1,036,503	5.8%		35%	65%		
<i>Cancer Services Program</i>	\$383,040	2.1%	21%	79%			
EARLY INTERVENTION	\$1,625,110	9.1%	31%	26%	32%		11%
PRE-SCHOOL (3-5)	\$9,719,735	54.4%		56%	41%		3%
PHYSICALLY HANDI-CAPPED CHILDREN	\$136,069	.8%		47%	53%		
PUBLIC HEALTH CLINIC	\$1,235,240	6.9%		33%	38%	21%	8%
<i>TB</i>	\$47,847	.3%		100%			
<i>Immunization Consortium</i>	\$133,287	.7%		100%			
<i>Community Wellness</i>	\$311,382	1.7%		53%	46%		1%
ENVIRONMENTAL HEALTH	\$1,101,683	6.3%		36%	28%	36%	
<i>Lead Poisoning Prevention Program</i>	\$288,108	1.6%		81%	19%		
<i>Childhood Lead Poisoning Primary Prevention</i>	\$389,004	2.2%		100%			
<i>Healthy Neighborhood Program</i>	\$141,660	.8%		100%			
WIC	\$1,175,387	6.6%	96%	4%			
EMERGENCY PREPAREDNESS	\$128,074	.7%	100%				

*Data accurate as of February 2015

ADMINISTRATIVE SERVICES

PATRICE BOGAN
DEPUTY DIRECTOR OF HEALTH





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The Director of Health is responsible for directing the programmatic and budgetary management of all public health programs. The Deputy Director of Health provides oversight of all division and program operations and administrative services including legal, personnel, fiscal, and quality improvement activities. Administration includes the following programs and services :

FINANCIAL SERVICES staff assists in preparation of the department's annual budget; prepares required financial statements and government reports; ensure that spending is within the budget allotments; ensures revenues from 3rd party reimbursements; and prepares claims for State and Federal and other reimbursement. The *2014 Budget Summary* is outlined on page 4 of this report.

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 insure effective risk management.

THE SECRETARY TO THE DIRECTOR OF HEALTH processes contracts, performs personnel duties and provides overall administrative support to the Director of Health.

As of 2013, the **ONONDAGA COUNTY MEDICAL EXAMINER'S (OCME)** Office serves as Oneida County's Medical Examiner and provides medical examiner services as required by New York State's County Law and the Oneida County Charter and Administrative Code. The OCME's Office provides professional, efficient and compassionate service to families, service providers and law enforcement officials. The 2014 Oneida County Medical Examiner Case Summary is on page 8 of this report.



ADMINISTRATIVE STAFF:

ABOVE (L TO R): TOM ENGLE, FISCAL SERVICES ADMINISTRATOR; ROSEMARIE YACCO, SECRETARY TO THE DIRECTOR OF HEALTH; MARYANN LABELLA, PERSONNEL LIAISON; DENISE CICCARELLI, OFFICE SPECIALIST I; **LEFT:** BEATRICE ALLISON, PROGRAM CONSULTANT; **ABSENT:** NANCY ENGLE, BILLING SPECIALIST

2014 ONEIDA COUNTY MEDICAL EXAMINER CASE SUMMARY

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2014	2013
CASE TYPE														
Medical Examiner	19	23	18	16	17	23	21	28	15	25	29	26	260	244
Non-Medical Examiner	42	37	37	28	32	30	36	28	33	34	43	56	436	414
Total	61	60	55	44	49	53	57	56	48	59	72	82	696	658
EXAM/OTHER														
Inmate Autopsy	2	3	1	1	2	3	1	4	2	1	3	0	23	16
Autopsy	14	17	16	15	12	15	19	20	11	21	15	18	193	183
External Examination	2	0	1	0	1	2	0	2	2	3	5	4	22	15
Body Inspections	1	3	0	0	2	3	1	2	0	0	6	4	22	26
Death Certificate Amendment	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244
MANNER OF DEATH**														
Accident	4	10	4	3	2	9	6	15	2	10	12	8	85	90
Homicide	1	0	0	2	1	0	1	1	0	1	0	2	9	13
Natural	9	10	11	10	10	9	11	9	8	11	12	6	116	99
Pending and n/a*	0	0	0	0	1	0	1	1	2	0	0	7	12	2
Suicide	5	2	2	1	3	3	2	2	2	3	3	3	31	36
Undetermined	0	1	1	0	0	2	0	0	1	0	2	0	7	4
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244
RESPONSE STATUS— MEDICAL EXAMINER CASES														
Scene Response	12	6	8	8	7	12	14	13	11	8	13	14	126	131
Body Inspection Only	1	3	0	0	2	3	1	2	0	0	6	4	22	26
No Scene Response	6	14	10	8	8	8	6	13	4	17	10	8	112	87
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244
GENDER														
Female	4	7	4	4	2	8	5	6	6	7	8	14	75	71
Male	15	16	14	12	15	15	16	22	8	18	21	11	183	171
Not applicable*	0	0	0	0	0	0	0	0	1	0	0	1	2	2
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244
RACE														
Black	2	3	4	2	5	2	1	2	0	1	5	3	30	24
Caucasian	17	20	14	14	12	20	20	24	13	23	24	22	223	211
Other	0	0	0	0	0	1	0	2	2	1	0	1	7	9
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244
AGE														
<15	0	2	1	0	2	2	0	0	0	0	0	1	8	9
15-19	0	0	0	0	0	0	0	1	0	0	1	0	2	6
20-24	2	1	0	1	0	0	2	4	0	2	2	2	16	17
25-34	2	2	0	2	2	2	1	3	1	4	2	1	22	27
35-44	3	3	3	1	2	2	4	0	1	3	2	5	29	19
45-54	5	3	5	3	2	2	5	7	2	1	2	2	39	42
55-64	5	3	5	4	4	6	5	8	6	9	10	4	69	52
65-74	1	3	2	2	1	3	2	2	0	2	3	4	25	30
75-84	0	3	2	3	3	4	1	2	3	3	2	2	28	17
85+	1	3	0	0	1	2	1	1	1	1	5	4	20	23
Not applicable*	0	0	0	0	0	0	0	0	1	0	0	1	2	2
Total	19	23	18	16	17	23	21	28	15	25	29	26	260	244

*n/a: Non-human skeletal remains, stillbirth

** Manner of death not final due to pending cases.

HEALTH PROMOTION SERVICES

MELANIE ADAMS
PROGRAM COORDINATOR





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HEALTH PROMOTION works to improve the health of individuals and the community by providing education and targeted interventions throughout the county. Staff participates in a wide range of community education & outreach activities and works to improve access to cancer screenings.

HEALTH EDUCATION & INFORMATION: Staff work with the community on a variety of health related topics, provide community members and agencies with information related to health department programs, work to increase awareness of important health and safety issues, and collaborate with employers, schools, colleges, businesses, and community agencies. Activities include educational presentations, community events, outreach, health fairs, distributing materials, participating in community coalitions, and helping residents with their questions. We also work with media outlets to publicize important public health messaging.

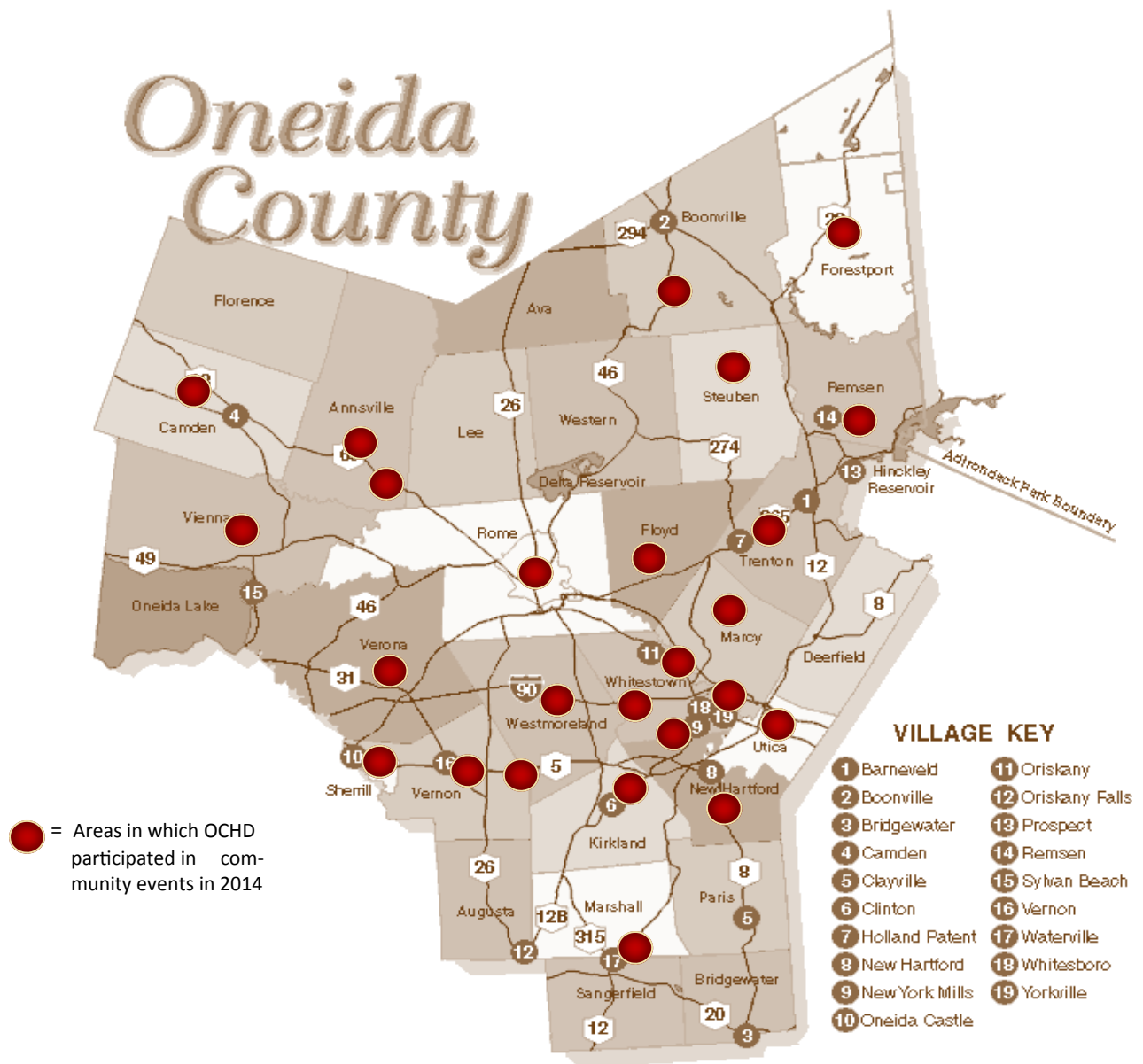
CANCER SERVICES PROGRAM (CSP): The CSP is a grant from the NYS Department of Health, Bureau of Chronic Disease and Prevention. The program offers no-cost breast, cervical and colorectal cancer screenings and/or diagnostic services to uninsured and under-insured people. Breast and cervical screenings are for women ages 40 to 64, and colorectal screenings are for men and women ages 50 to 64. The Oneida County Health Department contracts with local health providers who perform the screenings and/or diagnostic services and are reimbursed by the CSP for their services. Case Management is provided to all clients who have an abnormal screening. If cancer is diagnosed, the clients are assessed for eligibility for the Medicaid Cancer Treatment

Program (MCTP). This specialized Medicaid program is strictly for people diagnosed with breast, cervical, colorectal and prostate cancer and has higher financial eligibility than regular Medicaid (250% of Federal Poverty Guideline). MCTP will pay for treatment and all other medical needs for the client while on the program. The local CSP covers Oneida, Herkimer and Madison counties. In addition to paying for the screenings, the program provides outreach and education to the community about the program itself as well as the cancers for which the program provides screenings.

CANCER SERVICES PROGRAM DATA			
	2013	2012	2014*
Breast exams	338	337	221
Mammograms	424	412	263
Pap/pelvic exams	107	84	64
FIT kit (colon scr.)	84	88	72
Colonoscopy	22	12	9

*These numbers have decreased due to increased coverage under the Affordable Care Act.

2014 DEPARTMENTAL PARTICIPATION IN VARIOUS COMMUNITY HEALTH EVENTS





2014 HIGHLIGHTS

- ◇ The Cancer Services Program of Oneida, Herkimer and Madison Counties was awarded another 5 year grant for clinical services in the amount of \$1,041,669 from NYS plus an additional \$147,431 from HRI. An additional \$250,000 was awarded by NYS for administration.
- ◇ Held our 5th annual Love Yourself Screening Week in October, working with local healthcare professionals to provide 43 breast exams, 46 mammograms and 6 Pap examinations to Tri-County residents.
- ◇ As a part of the Community Health Improvement Plan, developed two community wide workgroups to address the county wide goals and objectives related to breastfeeding and tobacco cessation and continued to work with area hospitals and agencies on identified interventions.
- ◇ Participated in over 60 community events promoting health and safety to the community.
- ◇ Developed and expanded health department Facebook page.

2015 GOALS

- ◇ Integrate program activities in department wide marketing plan.
- ◇ Provide focused education to the school community on the importance of hydration and preventive dental care.
- ◇ Work to improve and expand information available to the community through the Oneida County website.
- ◇ Continue to work with partners to provide community outreach.
- ◇ Assist at least one employer in the community to initiate a paid leave for cancer screening policy.
- ◇ Continue to expand upon community partnerships to offer information, services, and opportunities to the residents of Oneida, Herkimer and Madison Counties to obtain screening for breast, cervical and colorectal cancers.



HEALTH PROMOTION STAFF

(L TO R) ROW 1 (SEATED): WENDY HUNT, PROGRAM MANAGER; KRISTA DRAKE, HEALTH EDUCATOR
ROW 2: LYNDA KIEFER, CASE MANAGER; ROBIN POTENSKI, CASE MANAGER

EMERGENCY RESPONSE & PREPAREDNESS

LISA WORDEN
PHERP COORDINATOR





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The Public Health Emergency Response & Preparedness (PHERP) Program seeks to coordinate and/or support the department's response to all hazards in order to protect the health of the community. Such hazards can include disease outbreaks and natural and man-made disasters. OCHD engages in preparedness activities with multi-agency partnerships such as the NYSDOH's Regional Health Emergency Preparedness Coalition and Herkimer Oneida Organizations Active in Disasters (HOOAD) to identify resources, establish mutual agreements, develop coordinated response plans, conduct drills and exercises, identify and follow up on areas for improvement, train staff, and coordinate public and media communications. The Health Department also has an internal planning team with representation from all divisions to assist in and building and improving capacity to respond to all hazards.

EMERGENCY RESPONSE PLANS REVIEWED OR UPDATED IN 2014

- Oneida County Mass Fatality Plan
- OCHD Public Health Response & Preparedness Plan
- Isolation & Quarantine Plan
- OCHD Continuity of Operations Plan
- Oneida County Mutual Aid Evacuation & Supply Plan



2014 HIGHLIGHTS

- ◇ Participated in coordinating the department's Ebola response in collaboration with community partners. Activities included updating of the Oneida County Isolation & Quarantine Plan, convening community partners, issuing weekly situational briefs and preparing an Ebola Q & A for emergency service providers.
- ◇ Conducted a Mass Fatality Workshop with the Onondaga County Medical Examiner's Office and other key response partners and updated the Oneida County Mass Fatality Plan.
- ◇ Updated the Oneida County Health Department Public Health Emergency Response Plan.
- ◇ Participated in the County Emergency Preparedness Assessment (CEPA) coordinated by the Oneida County Office of Emergency Management. CEPA assists in assessing local risks, capabilities, and needs during emergencies or disasters.
- ◇ Made available to the community a downloadable version of the Family Disaster Preparedness Planner on the OCHD website to assist in building individual/family readiness for disasters.
- ◇ Developed and produced in English a 5-minute educational YouTube video entitled "Walk the World Prepared" and began working with MVRRCR and MAMI to produce the video in 5 additional languages. The video is designed to promote the importance of individual readiness for emergencies.
- ◇ Arranged for staff to attend the NYS Department of Homeland Security Workplace Violence and Active Shooter Workshop to provide guidance on recommended actions for preventing and preparing to respond to potential active shooter situations. Over 60 county employees attended the training and all remaining and new OCHD staff will be required to take the course online

2015 GOALS

- ◇ Develop and run a multi-media campaign to promote individual disaster readiness with the "Walk the World Prepared" video to be developed in Spanish, Russian, Bosnian, Karen, and Burmese.
- ◇ Promote and conduct an online community event to provide real-time education to the public on questions related to emergency preparedness, flu, vaccination, and other related public health concerns.
- ◇ Coordinate a community disaster preparedness event in collaboration with Herkimer and Oneida Organizations Active in Disasters (HOOAD) partners.
- ◇ Conduct a mass dispensing exercise at MVCC in collaboration with community partners.
- ◇ Expand efforts to develop staff training and departmental policies to address active shooter events.

EARLY INTERVENTION

PATRICIA MEYER
DIRECTOR OF EARLY INTERVENTION





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he **EARLY INTERVENTION PROGRAM** is a statewide program that provides many different types of early intervention services to infants and toddlers with disabilities and their families. The regulations focus on measuring and improving outcomes for children with the goal of ensuring that such children are ready for preschool and kindergarten. Children are eligible for the Early Intervention Program if they are under three years old AND have a disability OR developmental delay. Early Intervention services are provided at no out-of-pocket cost to families. Private insurance and Medicaid are utilized to help pay for the costs of EI services in New York State.

The Child Find division of Early Intervention identifies and tracks infants and children that are at risk for developmental delays. Referrals for the program come from a variety of sources such as parents, primary care providers, daycare centers, community agencies, and hospitals. Once a child is enrolled they are provided with information about age appropriate developmental milestones to watch for, and play activities to keep their child's development on track. Child Find works with the child's family and primary care provider to monitor the child's developmental progress. Referrals for an evaluation can be made to the Early Intervention Program anytime if there are developmental concerns.

EARLY INTERVENTION PROGRAM DATA*

*data accurate as of 1/27/15	2012	2013	2014
Multidisciplinary Evaluations (MDE)	367	447	357
Bilingual MDE's	17	17	9
Supplemental Evaluations	59	58	105
Special Instruction Visits	3,733	3,986	4,623
Physical Therapy Visits	7,078	6,963	8,999
Occupational Therapy Visits	6,257	5,771	7,422
Speech/Language Therapy Visits	13,649	12,081	14,029
Vision Therapy Visits Authorized	2	0	367
Social Work Visits	11	0	50
Total of All Visits (including other miscellaneous services and service coordination visits)	42,533	37,186	43,743
Total # of Children who received service through EI	975	1074	1084

2014 HIGHLIGHTS

- ◇ Attained the Office of Special Education Programs (OSEP) target of 100% in Federal Indicator #7 - Individual Family Service Plan (IFSP) timeliness of developing the IFSP within 45 days.
- ◇ Collaborated with all of our providers to successfully transition into utilizing the state's fiscal agent to process and pay claims and to seek insurance reimbursement.
- ◇ Re-established the availability of vision and social work services through successful collaboration with service providers.

2015 GOALS

- ◇ Continue partnerships within our Local Early Intervention Coordinating Council (LEICC).
- ◇ Continue efforts to improve access to services in outlying areas within the county including Boonville, Camden, Waterville etc.
- ◇ Offer more opportunities for the provision of services in a variety of natural settings, such as public libraries, playgrounds etc. where children can interact with their typically developing peers.



EARLY INTERVENTION PROGRAM STAFF:

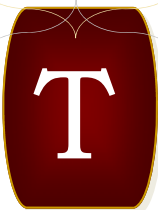
(L TO R) ROW 1 (SEATED): MICHELLE JONES, PHN CHILD FIND COORDINATOR; KIM BRUCKER, RN (SCS); SALLY TAYLOR, FAMILY SERVICE SPECIALIST; EDINA MISTRIC, FAMILY SERVICE SPECIALIST;

ROW 2: ROBIN CALANDRA, FAMILY SERVICE SPECIALIST; PATTI MEYER, DIRECTOR OF EI; ANNALEE GORDON, OFFICE SPECIALIST I; **ROW 3:** JOCELYN EASTMAN, PRINCIPLE ACCOUNT CLERK; THERESA PARKANY, PROGRAM MANAGER; MARC DIMAGGIO, FAMILY SERVICE SPECIALIST; STACEY GREEN, FAMILY SERVICE SPECIALIST. **ABSENT:** SU STRAIL, FAMILY SERVICE SPECIALIST AND CHRIS ANDREWS, FAMILY SERVICE SPECIALIST

SPECIAL CHILDREN SERVICES

BARBARA PELLEGRINO
DIRECTOR OF SPECIAL CHILDREN SERVICES





The **CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)** seeks to improve the system of care for children and youth from birth to 21 years of age. Oneida County's program helps to empower families of children and youth to advocate for the best health care options to meet their needs.

Also within this division is New York State's Preschool Special Education Program (or Education/Transportation of Handicapped Children's Program ETHCP). Federal and state laws govern the program and grant administrative authority to school districts located in Oneida County. The County is mandated by NYS Education Law to provide funding for this program. Educational and therapeutic services are provided in least restrictive environments to maximize the preschool child's learning potential.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN): This program provides information and referrals for children and youth birth to 21 years of age who have or are suspected of having serious or chronic health, behavioral or emotional conditions. The program assists families in establishing a medical home, accessing private and/or public insurance, establishing connections to community resources as well as support for youth transitioning to adult health care, work and independence.

CSHCN PROGRAM			
	2012	2013	2014
3<5	N/A	N/A	N/A
5<13	8	12	13
13<19	59	76	59
>19	8	5	4
Total Children:	74	93	76
Total Service Authorizations	619	905	369

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM (PHCP): The purpose of PHCP (as a component of CSHCN) is to help families pay for quality health care for their children with severe chronic illness or physical disabilities. The program has a Diagnosis and Evaluation component as well as a treatment piece which includes the Dental Rehabilitation Program. Families must meet medical and financial eligibility to receive assistance.

PRESCHOOL SPECIAL EDUCATION (EDUCATION/TRANSPORTATION OF HANDICAPPED CHILDREN'S PROGRAM ETHCP): This is a state mandated program for children ages 3 and 4 years old who have been classified as Preschool Students with a Disability through their school district's Committee on Preschool Special Education (CPSE). Classified children are provided with a variety of special services that will take full advantage of their learning potential.

ETHCP	
2012	
Evaluations completed to determine eligibility:	386 children evaluated
Classified Preschool Students with a Disability (PSWD):	758 distinct children
2013	
Evaluations completed to determine eligibility:	282 children evaluated
Classified PSWD:	647 distinct children
2014	
Evaluations completed to determine eligibility:	416 children evaluated
Classified PSWD:	651 distinct children



2014 HIGHLIGHTS

- ◇ 651 children benefitted from services through the Education and Transportation of Handicapped Children Program (ETHCP) in Oneida County. Through their participation in this program, children with learning differences were better prepared to meet the challenge of entering a school classroom. School Districts in Oneida County: 24 districts; 2014 individual student Committee on Preschool Education (CPSE) meetings with Oneida County Representation: 1,180
- ◇ ETHCP staff collaborated with administrators of Universal Pre-Kindergarten and Head Start programs to maximize preschoolers with a disability (PSWD) participation in typical educational settings.
- ◇ The CSHCN program initiated a marketing campaign (which included monthly Facebook postings) to increase the awareness of program services and supports for Oneida County residents.
- ◇ The CSHCN program database was updated to accurately capture all encounters with Oneida County residents seeking resource information.
- ◇ SCS staff participated in Health Advisory Committees, Early Childhood conferences and trainings as well as workgroups focusing on Mohawk Valley Workforce Readiness. All committee activities highlighted the need for quality education, health care and childcare programs for children and their families.

2015 GOALS

- ◇ CSHCN will implement outreach and educational activities targeting youth who are transitioning from child to adult health care and independence.
- ◇ SCS staff will maximize participation in local and regional discussions focusing on the expansion of Universal Prekindergarten in New York State and the necessity of including special needs children in program implementation.
- ◇ SCS staff will maximize participation in all training opportunities relating to the structure of Early Childhood Programs as well as the Affordable Care Act's Health Home model implementation.
- ◇ ETHCP will continue to participate in legislative discussions regarding changes in law and regulations of the Preschool Special Education Program.
- ◇ ETHCP staff will participate in State Department of Education discussions regarding English Language Learners disproportionately identified as preschool students with disabilities.

WOMEN, INFANTS & CHILDREN PROGRAM

CAROL WATKINS
PROGRAM MANAGER





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he **ONEIDA COUNTY WIC PROGRAM** is a USDA funded supplemental nutrition program that provides services to prenatal and postpartum women, infants, and children up to the age of five that are income eligible. Our WIC staff conducts a thorough nutrition assessment including parent/caregiver participant centered nutrition counseling along with anthropometry (height and weight) and hematology (iron level) services to formulate a food package that meets individual nutritional preferences and needs. A WIC participant is issued a food package in the form of checks that can be used at participating WIC approved grocery stores to purchase foods that support optimal growth and development. Program participation by prenatal woman reduces the risk of pre-term birth and supports healthy birth outcomes.

The Oneida County Health Department will be transitioning the WIC Program to a community agency to be announced by the New York State Department of Health during the summer of 2015. The Health Department will continue to play a critical role to provide guidance, support and promotion of this important Nutrition Education program for the overall health of our community.

<i>WIC WORKLOAD MEASURES</i>			
	2012	2013	2014
Average Monthly Participants	5994	6013	5426
Average value of Redeemed Oneida County WIC Checks	\$368,433	\$373,503	\$234,104
Value of Farmer Market Checks Issued	\$55800	\$61200	\$58752
Average monthly participants utilizing Breastfeeding Peer Counselor Program	193	220	647



2014 HIGHLIGHTS

- ◇ Raised garden beds were installed at the Utica WIC site late fall of 2014. These gardens will be used for nutrition education and demonstrations during the 2015 year.
- ◇ Grant funded “Shopping Matters Store Tours” for over 140 WIC participants. This research based program is proven to increase use of unit pricing and reading labels to identify healthy food options. WIC tour graduates report an increased understanding of WIC foods and how to identify them when shopping. <http://cookingmatters.org/at-the-store>
- ◇ Received Performance Improvement Project funding of \$106,462 to support and improve local WIC services.

2015 GOALS

- ◇ Complete three Performance Improvement Projects which include:
- ◇ Comprehensive messaging system in over 120 languages.
- ◇ Participate in a multi-county education Media Campaign. Educate public on the local benefits of WIC Programs.
- ◇ Refugee Support Services – this will include the development of innovative and effective communication tools to reach our non-English speaking participants in cooperation with the Utica Refugee Center.
- ◇ Assist in transitioning WIC Program to the agency that is awarded funding in the next grant cycle.

ENVIRONMENTAL HEALTH

DAN GILMORE
DIRECTOR OF ENVIRONMENTAL HEALTH





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, periodic inspections of regulated facilities, and project plan review. The Division seeks compliance and when necessary initiates enforcement action for conformity with NYS Public Health Laws, the NYS Sanitary Code, and the Oneida County Sanitary Code.

All of the services provided and programs in the Environmental Division are funded either partially or entirely through grants and dollars provided through the NYS Department of Health, permit fees, or fees for services, and the collection of fines associated with violations of Public Health Law, the NYS & Oneida County Sanitary Codes, and the Clean Indoor Air Act.

Staff conduct routine inspections of Children's camps, temporary residences (hotels, motels, cabins), campgrounds, swimming pools, bathing beaches, mobile home parks, tanning salons, and food service establishments. Test results for the blood lead levels of all 1- and 2-year-old who are tested in the County are reviewed on a daily basis. In addition, staff provide 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 (insect borne diseases), lead poisoning control, and citizen requested nuisance and housing complaint investigations.

COMMUNITY SANITATION PROGRAMS

TEMPORARY RESIDENCES: Temporary residence inspections include hotels, motels, and cabin colonies emphasizes fire safety, facility cleanliness, and sanitation for the protection of the traveling public lodging at facilities in Oneida County.

SWIMMING POOL/BATHING BEACHES: The major focus of swimming pool inspections is on pool supervision, lifeguard requirements, life-saving equipment, general pool safety, chemical treatment, the proper operation of filtration equipment, and bather water quality of the beaches and pools. There were a large number of inspections and field visits in recent years due to poor bathing water quality issues associated with flooding at beaches

CAMPGROUNDS: Inspections of campsites include reviewing 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.

CHILDREN'S 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 NYS Sanitary Code standards.

FOOD PROTECTION: Prevention of food borne illness is the primary focus of food protection. This is accomplished by conducting unannounced inspections during the food preparation process, educational seminars, on-site training, and enforcement actions for all food service establishments, with the exception of hospitals and nursing homes, in Oneida County.

MOBILE HOME PARKS: Mobile home parks are inspected to ensure that the parks continue to meet the standards contained in the NYS Sanitary Code. In addition, the Department responds to complaints from residents in the mobile home parks.

SUMMARY OF NUMBER OF REGULATED FACILITIES, INSPECTIONS AND FIELD VISITS FOR THE COMMUNITY SANITATION PROGRAM 2012- 2014						
Program	Number active			Inspections & Field Visits		
	2012	2013	2014	2012	2013	2014
Temporary Residences	51	51	49	48	57	60
Swimming Pools & Bathing Beaches	83	83	89	85	142	127
Campgrounds	27	27	27	27	31	31
Children's Camps	17	18	19	34	38	39
Food protection						
Low risk	102	91	85	92	108	98
Medium risk	841	873	596	770	934	730
High risk	515	497	437	511	622	510
Total	1458	1461	1118	1373	1664	1338
Mobile home parks	67	67	65	69	106	73

TANNING FACILITIES INSPECTIONS: In 2013, the department assumed the role from NYS DOH of permitting and inspecting all tanning facilities in Oneida County. Currently, there are 18 tanning facilities inspected every two years. Inspections focus on ensuring tanning equipment and records are maintained. Permits are issued every two years.

COMPLAINT INVESTIGATIONS: Staff investigate complaints pertaining to housing issues, public and private nuisances, and regulated facilities that may affect the health, safety, and welfare of county residents.

ADOLESCENT TOBACCO: The health department works with the Oneida County Sheriff's office to assure that tobacco products are not sold to minors. Sheriff Deputies conduct compliance checks, re-inspections, and follow-up visits. These inspection reports are submitted to the health department for enforcement action as warranted. The health department submits a quarterly report of compliance checks, complaint investigation,

<i>ADOLESCENT TOBACCO</i>				
	2011	2012	2013	2014
# retail tobacco vendors	227	197	228	231
# compliance checks	236	140	192	178
General complaint investigations	38	27	90	83

non-registered vendors, enforcement actions, and names and addresses of violators penalized and/or fined to the NYS Bureau of Community Sanitation and Food Protection.

ANIMAL DISEASE CONTROL: The Environmental Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases. Emergency rooms and physicians are required by NYS Public Health Law to report all animal bites to the health department. Individuals can also report suspected rabies exposures to the health department.

<i>RABIES PREVENTION PROGRAM</i>				
	2011	2012	2013	2014
Rabies exposure investigations	624	808	539	577
Post-exposure treatment for humans	72	96	73	69
Rabies vaccines administered to pets	1,129	1,197	1,008	960
Sponsored pet vaccination clinics	11	13	11	11

WEST NILE VIRUS (WNV) AND EASTERN EQUINE ENCEPHALITIS (EEE) PREVENTION: The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County.

In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE. In 2014, 211 collections of mosquitoes (referred to as pools) revealed no WNV and no pools of eastern equine encephalitis (EEE).

PUBLIC WATER SUPPLY PROGRAM

The public water supply program is responsible for the oversight of over 150 public water supplies in Oneida County as well as several non-public water systems (e.g., Children's Camps). The goal of this program is to ensure that the public is protected from illness and injury resulting from waterborne disease and contamination that may be naturally occurring or human caused. Staff provide technical assistance to water system operators on compliance with NYS Sanitary Codes and Federal Clean Drinking Water Act Guidelines, review and assist in the certification of new community system water operators, and technical assistance is provided to homeowners and other non-public water system operators if problems arise or new systems are developed.

During the past 3 years, there has been a decrease in number of public water systems due to consolidation and deregulation (systems no longer met definition of regulated water system).

Division staff assist water systems with their development of an Annual Water Quality Report. There has been an increase in the number of water systems developing cross-connection control programs and staff work with water systems in their efforts. Staff also respond to a number of requests from home owners / prospective buyers, lenders and realtors related to water well and septic regulations.

<i>REGULATED PUBLIC WATER SYSTEM INFORMATION 2011-2014</i>				
	2011	2012	2013	2014
Active	193	163	156	155
Inspected	152 (121 Sanitary Surveys)	163 (104 Sanitary surveys)	156 (109 Sanitary Surveys)	150 (75 Sanitary Surveys)
Notices of violations issued	160	140	187	185
Formal enforcement actions (Stipulation / Hearing)	12	15	4	13
Boil water orders and other emergencies	10	8	2 (17 precautionary advisories)	10 (18 precautionary advisories)
Samples collected	191 Coliform + 15 Chemical	172 Coliform + 25 Chemical	221 Coliform + 23 Chemical	199 Coliform + 13 Chemical

ENGINEERING PLAN REVIEW

Contracts are in place with several consulting engineering firms to review engineer plans on behalf of the health department and ensure that facilities and projects meet the standards contained in the NYS Sanitary Code and generally accepted engineering standards. The plan review process ensures environmental health concerns are addressed and acceptable practices are in place prior to the use of the facility. Plans for new facilities as well as plans for replacement and upgrades of existing facilities are reviewed.

ENGINEER PLANS REVIEWED & APPROVED				
Year	2011	2012	2013	2014
Water system expansions/Improvements	13	9	7	4
Backflow prevention devices	4	2	9	7
Realty subdivisions	2	1	3	0
Individual wastewater disposal systems plans (non-conventional)	6	3	4	1
Pit privies (sewage disposal)	0	1	0	0
Swimming pool (new or improvements)	0	4	2	3
Campground (improvement or expansion)	0	1	2	1
Kitchen facility (new or expansion)	2	2	2	2
Temporary residences (hotel, motel, cabins)	0	0	2	1
Total plans	27	23	31	19

LEAD POISONING PREVENTION PROGRAMS

PRIMARY LEAD POISONING PREVENTION PROGRAM: This program seeks to eliminate lead poisoning hazards in a geographically-defined area within East and West Utica. This program is funded in its entirety through the NYS Department of Health and focuses on educating young families, the health care profession, landlords, and renovation contractors on the risks, dangers, and causes of lead poisoning in children.

PRIMARY LEAD POISONING PREVENTION PROGRAM				
Metric	Result 2011	Result 2012	Result 2013	Result 2014
# of Initial Lead Primary Prevention Home Inspections in pre-1978 Housing	239	259	199	252
# of Units Inspected with Children under age six	192	212	140	143
# of Children < Age 6 Living in Inspected Units	352	437	264	275
# of Children who lacked a lead test in a unit and were referred for testing	187	201	132	136
# of Housing Units inspected where lead dust hazards were found	266	241	150	226
# of Units Who Received Legal Notification to Repair Hazards (Notice & Information, includes those with visual chipping paint hazards but low lead dust levels)	257	241	153	134
# of Units that Required Additional Enforcement Action (Notice & Demand)	5	24	5	5
# of Units that Reduced Lead Hazards by Using a HEPA vacuum from the HEPA vacuum loaner program	253	157	185	120
# of Children Impacted in Units that Borrowed a HEPA vacuum	334	195	251	144
# of Units Receiving Exterior Inspections through the LPP Codes Contract	353	300	300	256

SECONDARY LEAD POISONING PREVENTION PROGRAM: This NYS Department of Health mandated program provides case coordination and environmental investigations for children

under the age of eighteen with elevated blood lead levels (BLL). Services provided include home inspections, outreach worker home visits, written educational materials to families, environmental inspections including visual inspections, lead detection via XRF and dust wipe analyses, referrals to healthcare providers, coordination with school staff, and community agencies for children with BLLs $\geq 15 \mu\text{g/dL}$. Parents/guardians of children with BLLs $\geq 5 \mu\text{g/dL}$ are provided with BLL re-testing recommendations, educational materials and BLL monitoring.

SECONDARY PREVENTION LEAD POISONING PREVENTION PROGRAM			
	2012	2013	2014
Environmental			
Number of new assessments	90	53	51
Number of closed dwellings	105	59	77
Number of closed referrals	133	63	84
Number of children referred	48	37	39
Number of dwellings referred with at least one lead hazard found	84	43	46
Number of Notice & Demands issued	84	43	46
Case Coordination			
Number of Blood Lead Level tests	5,807	5,524	5,684
BLL in $\mu\text{g/dL}$			
BLL 0 - 4	4,441	4,386	4,520
BLL 5 - 9	904	801	808
BLL 10 - 14	277	225	243
BLL 15 - 19	105	53	59
BLL ≥ 20	80	59	54
Number of new admissions (BLLs $\geq 15 \mu\text{g/dL}$)	48	24	38
Number of Outreach Worker initial home visits (BLLs $\geq 15 \mu\text{g/dL}$)	48	24	38
Number of Outreach Worker follow-up home visits	307	223	172
Number of one-time Outreach Worker visits (BLLs 10 - 14 $\mu\text{g/dL}$)	N/A	N/A	11
Community Education			
Presentations	9	10	6
Health Fairs	39	27	30

Mailings are sent to parents/guardians of one and two year old children lacking BLL testing. Parents/guardians of children with BLLs 10 – 14 $\mu\text{g/dL}$ residing outside of the Childhood Lead Poisoning Prevention Program (CLPPP) high-risk designated area of Utica are offered voluntary one-time home education visits from an Outreach Worker. Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community members and agencies, and provides written information to healthcare providers and community agencies. Lead testing is provided through the OCHD D&T Clinic for children lacking medical providers and/or health insurance.

HEALTHY NEIGHBORHOODS PROGRAM

In 2014, the OCHD was the recipient of a competitive Healthy Neighborhoods Program grant from NYS Department of Health. The Healthy Neighborhoods Program (HNP) is entirely grant funded by the NYS Department of Health to service a geographically-

defined area in south Rome and mobile home parks in the western portion of the County. The purpose of the HNP is to improve environmental health surveillance in neighborhoods of Rome and adjoining towns having aged housing stock that creates conditions that raise health concerns among the occupants. The target area for the HNP is southern Rome, and mobile home parks in Rome, and the Towns of Annsville, Ava, Boonville, Florence, Lee, Vernon, Verona, Vienna, Western, and Westmoreland.

HEALTHY NEIGHBORHOOD PROGRAM VISITS JULY 1 - DECEMBER 31, 2014	
Initial visit	84
Re-visit	0
Refused visit	152
1st attempt	267
2nd attempt	163
3rd attempt	106



2014 HIGHLIGHTS

- ◇ Achieved FSIO 1 status for one inspector that allows for the unsupervised inspection of high-risk food facilities. The division now has 6 inspectors certified out of 11 eligible employees.
- ◇ Recipient of a competitive, five year Healthy Neighborhoods Program (HNP) grant from NYS Department of Health in the amount of \$1,317,910). The HNP targets the neighborhoods of South Rome and adjoining towns to provide free in-home survey and assessment of conditions that impact health and safety issues in the home; residents are provided with educational materials and cleaning and safety products at no cost.
- ◇ Received two grants totaling \$27,251 from The Community Foundation of Herkimer & Oneida Counties. This provided the resources to fund the Paint Stabilization Program in the Childhood Lead Poisoning Primary Prevention Program (CLPPPP) to assure lead safe housing for families having young children and to expand the HEPA vacuum loaner program. These two established initiatives have proven records of success in reducing the amount of lead dust to which children living in older housing in our high risk neighborhoods would otherwise be exposed.

2015 GOALS

- ◇ Continued participation in NYS Department of Health sponsored in-service training programs to maintain and improve technical skills.
- ◇ Increase the number of FSIO certified inspectors in the division.
- ◇ Inspect all regulated facilities in the County as per criteria set forth in the NYS Sanitary Code.

CLINICAL SERVICES DIVISION

SANDRA PEJCIC
DIRECTOR OF CLINICAL SERVICES





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The **DIAGNOSTIC AND TREATMENT (D&T) CLINIC** targets the prevention and control of communicable disease through the Immunization, STD, HIV, Tuberculosis, and Communicable Disease programs. The D&T Clinic also provides services through Maternal Child Health, Medicaid Obstetrical Maternal Services (MOMS) and Injury Prevention Programs.

Clinic performs communicable disease surveillance, outbreak investigations, health screening and health promotion activities, along with diagnosis and treatment. In addition health education is provided to schools and colleges, healthcare providers, and the general public through various media avenues and presentations.

COMMUNICABLE DISEASE PROGRAM: Communicable disease staff is responsible to investigate 73 reportable diseases thoroughly and timely in order to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. The department received 5,078 reports through the year of which 1,875 were confirmed cases and 48 met the probable case definition (probable case criteria varies with disease) all of which were reported to the New York State Health Commerce System. Staff members lead outbreak investigations in the community to prevent further spread of disease; the CD Department led several outbreaks including gastrointestinal, influenza, pertussis, and head lice, and clusters of scabies. Syndromic Surveillance is monitored on twice a week basis or as needed to identify any clusters in the community.

COMMUNICABLE DISEASES

	2012	2013	2014
Amebiasis	6	0	0
Anaplasmosis	2	0	0
Babesiosis	2	0	2
Campylobacter	27	37	26
Chlamydia	726	865	752
Cryptosporidiosis	33	25	20
Dengue Fever	0	1	0
E. Coli 0157:H7	2	1	1
E Coli, Not Serogrouped	3	2	2
E. Coli, Serogrouped Non-0157	3	5	4
Ehrlichiosis	1	0	0
Encephalitis –viral	0	0	0
Encephalitis – West Nile	0	0	0
Giardiasis	69	56	42
Gonorrhea (simple)	136	145	108
Gonorrhea (PID)	0	0	1
Gonorrhea (PPNG)	0	0	0
Group A Streptococcal	5	14	15
Group B Streptococcal	18	33	26
Group B Streptococcal (Early Onset)	1	1	2
Hemolytic Uremic Syndrome (HUS)	2	0	0
Haemophilus Influenza, Inv.	2	0	0
Haemophilus Influenza, Inv. Not B	1	4	0
Hepatitis A	2	4	2
Hepatitis B (Acute)	1	0	1
Hepatitis B (Chronic)	28	22	18
Hepatitis B (Chronic) Probable	10	27	34
Hepatitis C (Acute)	3	7	5
Hepatitis C (Chronic)	12	117	104
Hepatitis C (Chronic) Probable	6	1	0
Hepatitis C (Chronic) Unknown	0	1	0
Herpes Infant, Inf. <60 days	0	0	1
Influenza A	1610	225	868
Influenza B	14	117	617
Influenza, Unspecified	0	2	0
Legionellosis	2	8	6
Listeriosis	0	1	0
Lyme Disease	35	74	38
Lyme Disease Probable	8	13	10
Lyme Disease Suspect	12	70	46
Lyme Disease – not a case	19	260	123
Malaria	2	2	2
Measles	0	0	0
Meningitis –Aseptic	10	2	5
Meningitis – Other Bacterial	0	2	3
Meningococcal Infection	0	1	0
Mumps	0	0	0
Pertussis	42	5	28
Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	32	27	20
Shigellosis	9	1	1
Strep Pneumoniae (Invasive, Drug Resistant)	1	0	0
Strep Pneumoniae (Invasive, Intermediate)	5	4	0
Strep Pneumoniae (Invasive, Sensitive)	20	31	14
Strep Pneumoniae (Unknown)	2	1	2
Syphilis (Primary and Secondary)	2	4	1
Syphilis (Early Latent)	0	0	3
Syphilis (Other)	1	3	5
Toxic Shock	1	0	0
Tuberculosis	5	8	2
Typhoid Fever	0	0	0
Yersinoisis	1	0	0

IMMUNIZATION PROGRAM: Immunizations are offered to people of all ages to protect themselves and others from vaccine preventable diseases at Utica and Rome clinic sites. Evening clinics are offered from May to October to accommodate the public's work schedule and meet the need for school and college age students' vaccine requirements. Additional influenza vaccine clinics are offered during the months of October and November.

TUBERCULOSIS PROGRAM: The program goal is to prevent the spread of tuberculosis (TB) disease and to educate health care workers, community agencies, and the public about TB. This is accomplished through efforts to ensure that patients with TB disease and those at high risk for progression to TB disease are identified and receive treatment. Treatment is also offered to patients with latent TB infection (LTBI) to reduce the risk of developing TB (257 patients, 760 visits in 2014).

IMMUNIZATION PROGRAM			
	2012	2013	2014
Total Visits	4,871	4,363	3,856
Total clients - Post exposure rabies	86	67	64
Total clients – Flu shots	1,269	477	646
Total clients – Green Card Status	374	334	430

TB PROGRAM			
	2012	2013	2014
Total Reported Cases	5	8	2

SEXUALLY TRANSMITTED DISEASES (STD) PROGRAM: This program ensures provision for evaluation, testing, diagnosis, and treatment of sexually transmitted diseases (chlamydia, gonorrhea, syphilis)

to the public. Patients are also seen for treatment of infection due to referral from other facilities/agencies. Behavioral counseling occurs to promote a healthy sexual lifestyle and to prevent infection and future disease transmission.

STD PROGRAM			
Activity	2012	2013	2014
Clinics	178	160	155
Total Visits	902	833	722

Behavioral counseling occurs to promote a healthy sexual lifestyle and to prevent infection and future disease transmission.

STD CASES			
	2012	2013	2014
Chlamydia	726	865	751
Gonorrhea	136	145	107
Syphilis (Primary & Secondary)	1 – secondary 1 – primary	1- primary 3-secondary	1 - secondary
Syphilis (Early & Late Latent)	1 – late latent	3 - late latent	3 – early latent 5 – late latent

HIV COUNSELING, TESTING & PREVENTION PROGRAM: This program serves to help uninfected persons initiate and sustain behavioral changes that reduce their risk of becoming infected, to assist/educate the infected person to avoid infecting others, and to encourage and assist infected person to obtain early and appropriate medical care. These counseling, testing and educational services are provided concurrently with the STD clinic.

HIV COUNSELING & TESTING			
Activity	2012	2013	2014
Clinics	183	166	151
Total Tested	512	484	427
Positive HIV Cases	0	0	1

MATERNAL CHILD HEALTH (MCH) PROGRAM

BREASTFEEDING INITIATIVE: The Maternal Child Health (MCH) program staff continues in efforts to increase the number of women who initiate breastfeeding and to provide support to those women. Staff is meeting with pregnant women at Obstetrical Clinics at St Luke's hospital and Women's Health Center to discuss feeding choices and encourage breastfeeding. MCH staff has been active in the Breastfeeding Network and their Breastfeeding Cafés and now leads one Breastfeeding Café each month. Baby Weigh Station at the Ufca site was established where women can meet with a CLC to learn more about breastfeeding, obtain help and support if they experience problems with breastfeeding and to help women with breastfeeding issues as they transition to work or school.

Public Health Detailing was initiated with members of the medical community to provide pediatric and obstetric offices with tools and resources to assist them and their patients to breastfeed successfully and to provide opportunities to discuss what barriers to breastfeeding exist in the community.

SCHOOL OUTREACH AND EDUCATION PROGRAM (SOEP): Provides education and support to pregnant teens at local high schools in order to assist them to have healthier pregnancies, better birth outcomes, reduce the number of subsequent pregnancies and assistance to them to graduate high school. In 2014 SOEP served 56 students. In addition Maternal Child Staff continues to be very active in community endeavors such as: Child Fatality Review Team, Safe Sleep Coalition, and Healthy Baby Initiative.

MCH 2014 PEOPLE SERVED	
Women counseled at OB Clinics	272
Breastfeeding Café	88
SOEP	56

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS) PROGRAM: MOMS continues to ensure women access to a full range of health and related services, such as obstetrical care, education, nutrition and breastfeeding counseling and psychosocial support. It serves a population of low income at risk women that may otherwise not be eligible for Medicaid benefits. It provides assistance to eligible pregnant women with the Medicaid application and determination process. Family size and earnings up to the 233% Federal Poverty Level determine income eligibility. Other services include, but are not limited to, referrals for pregnant and parenting families and newborns to such services as WIC,

MOMS PROGRAM			
	2012	2013	2014
Total Visits	485	432	512
Total New Clients	147	127	154
Nutrition and Lactation Visits	70	53	86
First Trimester of Entry to Care Rate	73%	70%	71%
Medicaid Enrollment			
Active Medicaid /Medicaid Managed Care	10%	11%	17%
138% Federal Poverty Level	46%	36%	48%
223% Federal Poverty Level	43%	52%	35%
Referrals	321	297	317

Registered Dietician, Certified Dietary Nutritionist, Lactation Consultant, Child-birth Education, Healthy Families, Community Health Worker Program, Mental Health Services, Nurse home visits, Pediatricians, Tobacco Cessation Programs and various other agencies. Comprehensive care is achieved through the collaboration and coordination of care with many community partners.

INJURY PREVENTION PROGRAM

The goal of the injury prevention program is to decrease the number of injuries of children in bicycle and car accidents in Oneida County by education and distribution of bicycle helmets and car seats.

CAR SEATS: OCHD offers car seats to underserved, low income families in Oneida County through Federal Funding (The Governor's Traffic Safety Committee). The goal is to increase the proper use and installation of child safety seats in New York State.

CAR SEAT PROGRAM SEATS DISTRIBUTED		
	2013	2014
Infant seats	75	64
Convertible seats	70	42
Booster seats	30	12
Total seats distributed	175	118

BICYCLE HELMETS: This Program distributes bicycle helmets through Federal funding (Governor's Traffic Safety Committee). The goal is to educate children and parents on the importance of the need for helmets and periodic bicycle checks and repairs. In 2014 OCHD distributed 660 free helmets and instructed children and their families on bicycle safety.

BICYCLE HELMET PROGRAM		
	2013	2014
Total number of helmets distributed	516	660



2014 HIGHLIGHTS

- ◇ Active in education and surveillance of emerging infectious diseases and strains that caused national and international outbreaks such as Chickungunya, Enterovirus D68 and Ebola. Active participation in Ebola preparedness including conference calls, establishing protocols, PPE training, presentations for community health care providers and Emergency Medical Systems (EMS) partners.
- ◇ Staff media appearances to provide information regarding the prevention of getting or transmitting disease. (Seven TV interviews, six radio interviews, four newspaper interviews and ten press releases)
- ◇ Received financial award of \$19,000 from NYSDOH for quality performance in the Communicable Disease Program case reporting.
- ◇ OCHD taught families proper installation of car seats (99 families/133 car seats) and distributed 660 free helmets while instructing children and their families on bicycle safety, through Federal funding (Governor’s Traffic Safety Committee).
- ◇ Baby Weigh Station was opened in August, 2014 with a goal of supporting breastfeeding.
- ◇ Eight additional Amish schools were identified and immunization records were entered into the Health Commerce System tracking system for 161 children.

2015 GOALS

- ◇ To increase the awareness of the benefits of influenza and Tdap vaccinations among adults through faith based organizations and creative advertising methods.
- ◇ To increase latent Tuberculosis infection treatment completion rate to 85% (Healthy People 2020 objectives).
- ◇ To decrease the number of injuries of children in bicycle and motor vehicle accidents in Oneida County by education and distribution of bicycle helmets and car seats to those in need.
- ◇ To assess adolescent immunization coverage levels and to increase the HPV vaccine three dose series completion rates in 13-year-olds in the county by 1-2%.
- ◇ To increase awareness and compliance of health care providers with the current NYSDOH STD Treatment Guidelines”.
- ◇ To increase education efforts to the public and health care providers to prevent and control communicable disease outbreaks.



CLINICAL SERVICES STAFF:

(L TO R) Row 1 (seated): LISA MALINE, RN; KAY ROBERTS, SUPERVISING PHN; MICHELE FISH, CLERK; ROSEANN CLEMENTE, PHN; SANDRA PEJCIC, DIRECTOR OF CLINICAL SERVICES; ANGELA PERCOLA, PRINCIPAL CLERK; **Row 2:** NAW LAY, TRANSLATOR; CHRISTINE BENSON, DATA PROCESSING CLERK; MICHELLE EDIC, DATA PROCESSING CLERK; RENE BURGESS, SR. ADMINISTRATIVE ASSISTANT; VALENTINA OSILOVSKY, RN; MARINA KISTNER, RN; ELENA LESHKEVICH, RN; ALIDA RIVERA DE DAVIS, PHN; **ABSENT:** STACEY FARRELL, RN; HALLIE GABRIEL, PHN; MARY ELLEN MCDONOUGH, PHN; JASMINA HOZDIC, OUTREACH WORKER; LINDA KOKOSZKI, SUPERVISING PHN; CAITLIN ADAMS, CLERK; ELIZAETH ALLEN, NP; CINDY TESTA, REG. HEALTH INFO ADMIN; MARCIA LAYTON, PHLEBOTOMIST; JOAN GALLIMO, MOMS PROGRAM COORDINATOR; SUE NIEDZIELSKI, NUTRITION & LACTATION CONSULTANT

"PROMOTING & PROTECTING THE HEALTH OF ONEIDA COUNTY"

