



Oneida County Health Department

2015 ANNUAL REPORT



ANTHONY J. PICENTE, JR.

ONEIDA COUNTY EXECUTIVE

PHYLLIS D. ELLIS, BSN, MS, FACHE

DIRECTOR OF HEALTH

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Message from the Director

I am pleased to present the *2015 Oneida County Health Department Annual Report*. This report includes narrative descriptions and statistical information for each program in the Health Department compiled throughout the year and, in its sum, provides an action plan for the department to accomplish its mission of "...promoting and protecting the health of Oneida County" in 2016 and the years to come. I am once again proud of the work that we have achieved in public health this year in the often unrecognized, but vital and lifesaving work of disease prevention and health promotion.



PHYLLIS ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH

Continuing from 2014, the year 2015 was marked with heightened preparedness and response activities to a significant public health threat, Ebola Virus Disease (EVD). OCHD's public health incident management team convened regularly with stakeholders to coordinate sharing of information, field inquiries and concerns, link partners to needed resources or information, allow providers to discuss mandatory preparations for EVD, and provide a common operating picture of what was happening at the county, state and federal level. Although there is always room for

improvement, we are encouraged by the positive feedback from partners which speaks to our capability to respond to emerging threats. Our efforts helped to establish the department as a leader in the community and we received praise for engaging partners in a productive and informative manner that helped to decrease anxiety and promote a coordinated and more effective response.

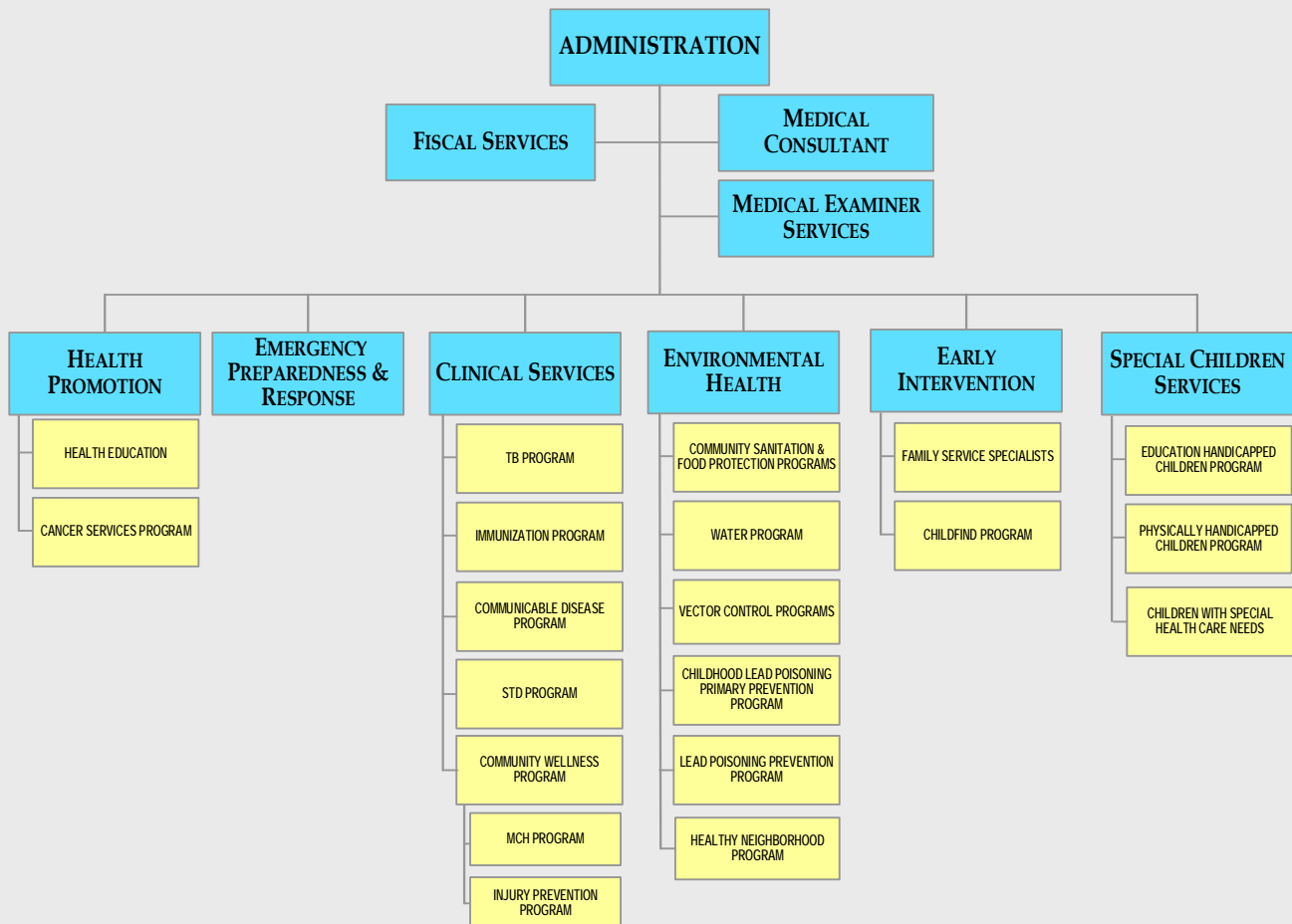
Additional highlights for this year include the following:

- Our Health Promotion team was available at 188 health events and presentations throughout the County.
- Oneida County referrals to the NYS Smokers Quitline went up dramatically: from 132 in 2014, to 458 in 2015.
- Emergency Preparedness Program produced and translated a 5-minute animated educational preparedness YouTube video in 7 languages: English, Spanish, Arabic, Bosnian, Russian, Karen and Burmese.
- Special Children Services staff facilitated a 40% reduction in the number of English Language Learners (ELL) placed in more restrictive special education classes. This statistic correlates with guidance from NYS Department of Education regarding the disproportion of ELLs placed in special classes.
- Fire extinguishers provided by the Healthy Neighborhoods Program were used to extinguish two separate fires in multi-family dwellings.
- In collaboration with community faith leaders, Clinical Services held a Health Fair for refugees to promote health among Karen, Burmese, and Nepali individuals; one hundred-seventy (170) members of the target community attended and 82 vaccines were given.

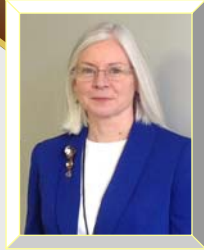
I take this opportunity to thank our dedicated staff, community partners, the County Executive, and Board of Legislators for their support in helping us to achieve these and many other successes in 2015. I am excited to move forward in 2016 with many other goals outlined in this report including community health assessment and pursuing quality improvement through public health accreditation, all of which will help us to better serve our community.

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

ONEIDA COUNTY HEALTH DEPARTMENT 2015 ORGANIZATIONAL CHART



Administration



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

PATRICE BOGAN

DEPUTY DIRECTOR OF HEALTH

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, the development and implementation of quality management tools to ensure effective program management, and supporting public health accreditation efforts. It audits and analyzes programs to insure compliance with regulations and provides analysis and recommendations to insure effective risk management.

ADMINISTRATIVE SUPPORT

The Secretary to the Director of Health processes contracts, performs personnel duties and provides overall administrative support to the Director of Health.

MEDICAL EXAMINER SERVICES

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 NYS 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 and collaborates in OCHD's emergency preparedness planning. The 2015 Oneida County Medical Examiner Case Summary is on [page 8](#) of this report.



FINANCIAL SERVICES

Coordinates the preparation of the department's annual budget; prepares required financial statements and government reports; ensures that spending is within the budget allotments; ensures revenues from 3rd party reimbursements; and prepares claims for State and Federal and other reimbursement. The *2015 Budget Summary* is outlined below.

THOMAS ENGLE

FISCAL SERVICES ADMINISTRATOR

2015 BUDGET SUMMARY							
Program	Total Costs	% of Budget	% of Federal Funding	% of State Funding	% of County Funding	% of Other Funding	% of Medicare Medicaid
ADMINISTRATION	\$1,174,381	6.3%		32%	68%		
PRE-SCHOOL (3-5)	\$9,963,985	53.5%		57%	40%		3%
EARLY INTERVENTION	\$1,888,053	10.1%	26%	23%	39%		12%
PHYSICALLY HANDICAPPED CHILDREN	\$104,963	0.6%		46%	54%		
PUBLIC HEALTH CLINIC	\$1,385,118	7.4%	3%	32%	43%	21%	1%
LEAD POISONING PREVENTION PROGRAM	\$333,081	1.8%		66%	34%		
CHILDHOOD LEAD POISONING PRIMARY PREVENTION	\$321,794	1.7%		100%			
TB SUPPLEMENTAL GRANT	\$46,079	0.2%		100%			
ENVIRONMENTAL HEALTH	\$1,136,182	6.1%		31%	33%	36%	
HEALTHY NEIGHBORHOOD PROGRAM	\$250,456	1.5%		100%			
COMMUNITY WELLNESS	\$303,753	1.6%		42%	54%		4%
WIC	\$1,106,297	5.9%	96%	4%			
IMMUNIZATION ACTIONAL PLAN SUPPLEMENTAL GRANT	\$125,388	0.7%		100%			
CANCER SERVICES PROGRAM	\$360,000	1.9%	12%	88%			
EMERGENCY PREPAREDNESS	\$129,162	0.7%	100%				

HEALTH PLANNING & COMMUNITY COLLABORATIONS:

There are many agencies and organizations that directly contribute to public health and these collectively make up the local public health system. They include a broad cross-section of representatives from health care, schools, government, business, community groups, law enforcement, and volunteers to name a few. OCHD staff across all divisions actively participate in multiple community collaborations recognizing that the potential for improving the health of the community is significantly increased when agencies work together to address problems. A few major partnership initiatives initiated in 2015 include the following:

Oneida County Health Coalition: In collaboration with community partners, OCHD undertook planning efforts to re-establish the Oneida County Health Coalition (OCHC), a partnership of community agencies and organizations that will support population health improvement through the framework and goals of the NYS Prevention Agenda. The OCHC will serve as a platform for community partners to increase awareness of local public health issues, leverage additional support or resources, network, and to recruit new partners for existing or newly identified initiatives. The OCHC Steering Committee will support OCHD's community health assessment and health improvement planning activities, facilitate quarterly presentations on topics from the NYS Prevention Agenda, and assist OCHD in preparation of a Quarterly Community Health Status Reports that will include: issue-specific county data from the NYS Prevention Agenda, OCHC member feedback on factors and trends contributing to the issues, identification of existing community initiatives addressing the issue, and evidence-based recommendations for improvement.

Population Health Improvement Program (PHIP): In 2015, the New York State Department of Health launched the Population Health Improvement Program (PHIP) to promote the better care, better population health and lower health care costs. Each county works with regional contractors (HealtheConnections for Central NY) to support the NYS Prevention Agenda by serving as a resource in implementing evidence-based interventions to address identified priorities, support evaluation of strategies identified, and serve as a resource to Delivery System Reform Incentive Payment (DSRIP). Each region has a designated county agent to support county stakeholder engagement and advance local community activities addressing health priorities. Central New York Health Homes Network, Inc. serves as the agent for Oneida County and, along with HealtheConnections, are collaborating with OCHD to re-establish the Oneida County Health Coalition, support Community Health Assessment activities, and provide resources to support existing initiatives doing evidence-based work in the NYS Prevention Agenda Focus Areas.

MEDICAL EXAMINER'S OFFICE DATA OVERVIEW

Medical Examiner cases have remained stable from 2013-2015, including scene responses. There was a slight decrease in autopsies with an increase in inmate autopsies. The majority of deaths

were due to natural causes, with second highest as accidental. The majority of cases were male and Caucasian. Heroin related deaths were highest in males, with age groups ranging from 20-29 years to 60-69 year age groups with no spikes. Opioid related deaths were highest in males, with a spike in the age group of 41-50 years old. Suicide deaths steadily decreased from 2013-2015 with highest in males.

ONEIDA COUNTY CASE SUMMARY

Date range: 1/1/2013 - 12/31/2015*

CASE DISPOSITION BY YEAR	2013	2014	2015
Consult - Living	0	0	1
Consult - Non-living	0	0	1
Medical Examiner case	244	260	249
Non-Medical Examiner case review	414	436	474
TOTAL	658	696	725

EXAM TYPE BY YEAR	2013	2014	2015
Autopsy	181	190	160
Autopsy - Bariatric	0	3	9
Autopsy - Biohazard	1	0	0
Autopsy - Inmate	16	23	30
External	12	16	19
External - Inmate	1	4	0
Skeletal	1	0	0
Skeletal - Non-Human	2	2	1
TOTAL	214	238	219

SCENE RESPONSE TYPE BY YEAR	2013	2014	2015
Body Inspection Only	26	22	6
DC Only	0	0	24
Hospital	5	10	9
No response	82	103	83
Scene	124	121	123
Scene and Hospital	7	4	4
TOTAL	244	260	249

MANNER OF DEATH BY YEAR	2013	2014	2015
Accident	90	88	91
Homicide	13	9	11
Natural	99	119	112
Not applicable	2	2	1
Pending	0	0	9
Suicide	36	32	24
Undetermined	4	10	1
TOTAL	244	260	249

SEX BY YEAR	2013	2014	2015
Female	71	75	57
Male	171	183	191
TOTAL	242	258	248

RACE BY YEAR	2013	2014	2015
Asian	4	0	1
Black	24	30	25
Caucasian	211	223	221
Hispanic	0	1	0
Indian	0	1	0
Native American	1	2	0
Other	2	1	1
Not Applicable	2	2	1
TOTAL	244	260	249

AGE GROUPS BY YEAR	2013	2014	2015
< 1 yr.	7	7	6
1 - 4 yrs.	4	2	1
5 - 9 yrs.	0	1	0
10 - 19 yrs.	6	2	5
20 - 29 yrs.	31	27	18
30 - 39 yrs.	20	24	21
40 - 49 yrs.	31	36	37
50 - 59 yrs.	50	57	53
60 - 69 yrs.	40	45	55
70 - 79 yrs.	24	27	23
80 - 89 yrs.	18	23	22
> 89 yrs.	13	9	8
TOTAL	244	260	249

* as of 1/22/2016 there are pending cases dating back to April 2015.

ONEIDA COUNTY UNINTENTIONAL HEROIN RELATED* DEATHS

Date range: 1/1/2013 - 12/31/2015**

	2013	2014	2015	Total
10 - 19 yrs.	2	0	0	2
20 - 29 yrs.	3	7	3	13
30 - 39 yrs.	4	6	4	14
40 - 49 yrs.	1	4	3	8
50 - 59 yrs.	2	2	4	8
60 - 69 yrs.	0	0	1	1
Total	12	19	15	46

*Includes all deaths where heroin caused or contributed to death either solely or in combination with other drugs and/or medications.

** as of 1/22/2016, there are pending cases dating back to April 2015. Includes all deaths occurring in Oneida County.

UNINTENTIONAL OPIOID RELATED* DEATHS BY AGE GROUP BY YEAR

Date range: 1/1/2013 - 12/31/2015**

	2013	2014	2015	Total
11 - 20 yrs.	2	0	0	2
21 - 30 yrs.	6	9	5	20
31 - 40 yrs.	4	8	7	19
41 - 50 yrs.	3	7	10	20
51 - 60 yrs.	2	5	7	14
61 - 70 yrs.	0	2	0	2
Total	17	31	29	77

*Includes all deaths where opioids (heroin, morphine, fentanyl, oxycodone, oxycontin, oxymorphone, acetylfentanyl, methadone, hydrocodone and hydromorphone) caused or contributed to death either solely or in combination with other drugs and/or medications.

** as of 1/22/2016, there are pending cases dating back to April 2015. Includes all deaths occurring in Oneida County

Health Promotion



MELANIE ADAMS
PROGRAM COORDINATOR

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 Cancer Services Program (CSP) is a grant from the NYS Department of Health, Bureau of Chronic Disease and Prevention. The CSP 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 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 CSP 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

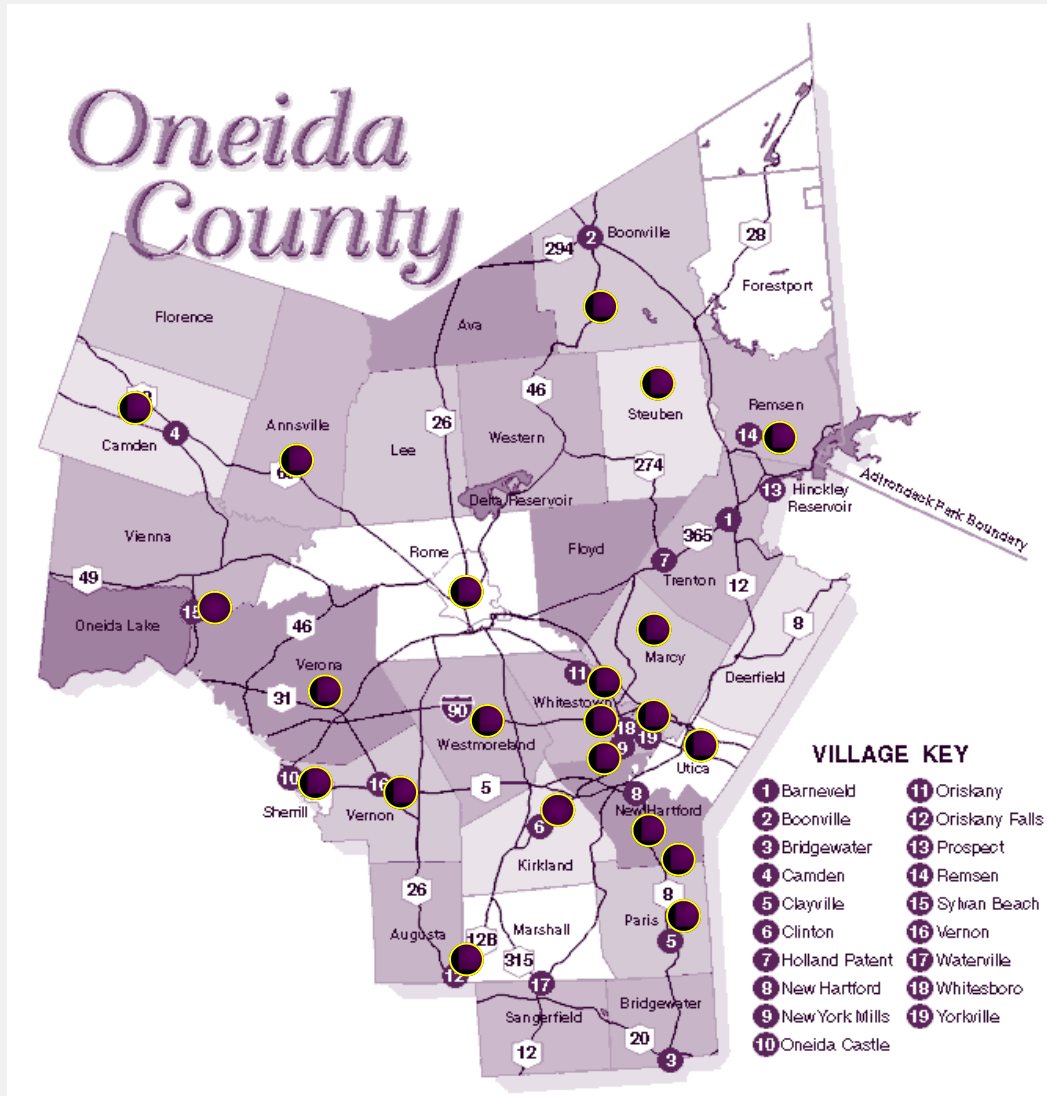
	2013	2014	2015
Clinical breast exams	505	335	204
Mammograms	608	388	238
Pap/pelvic exams	117	101	60
FIT kit (colon scr.)	154	132	82
Colonoscopy	13	15	15
Total Clients Served	628	416	272*

*These numbers continue to decrease due to increased coverage under the Affordable Care Act.

2015 PARTICIPATION IN VARIOUS COMMUNITY HEALTH EVENTS

● = Areas (listed on left) in which HP staff participated in community events in 2015

- Barneveld
- Boonville
- Camden
- Clinton
- Holland Patent
- Marcy
- New Hartford
- New York Mills
- Oriskany
- Oriskany Falls
- Remsen
- Rome
- Sauquoit
- Sherrill
- Steuben
- Sylvan Beach
- Taberg/Annsville
- Utica
- Vernon
- Verona
- Washington Mills
- Westmoreland
- Whitesboro
- Whitestown
- Yorkville



2015 HIGHLIGHTS

- The Health Promotions team was available at 188 health fairs and presentations throughout Oneida County.
- Provided focused educational programs to the school community on the importance of hydration and preventive dental care.
- Partnered with Oneida - Herkimer- Madison BOCES on the Creating Healthy Schools and Communities Grant.
- Continued to facilitate community work groups for Tobacco Cessation and Breastfeeding Promotion.
- Tobacco workgroup partners continued to meet quarterly. Oneida County referrals to the NYS Quitline have gone up dramatically, from 132 in 2014, to 458 referrals in 2015.
- Breastfeeding workgroup continued to the work in the community to increase the proportion of Oneida County babies who are breastfed.
- CSP held first annual Human Pink Ribbon event on October 1, 2015 to highlight breast cancer awareness. Eighty-six attendees wore pink and formed a human pink ribbon at Proctor Park in Utica. Collaborated successfully with the American Cancer Society, Mohawk Valley Health System Regional Cancer Center, After Breast Cancer Support Group and Utica Mayor Robert Palmieri's office.
- CSP worked successfully with Madison County's EAP program to get a policy passed in their county legislature to add 4 hours of time to county employee annual cancer screening time.

2016 GOALS

- Increase the number of evidence-based best practice educational programs.
- Increase availability of data sharing sources with community partners.
- Educate and promote available data sharing sources with the community.
- Improve processes and methods for evaluating health promotion activities.
- Train all Public Health Educators in plain language techniques and apply these standards and techniques to all presentations.
- Collaborate with hospitals and community partners to accomplish the 2016-2018 Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) Update.
- Implement the first year goals and objectives of the Creating Healthy Schools and Communities grant.
- Raise awareness of the importance of colorectal cancer screening through action taken around the national "80% by 2018" initiative.
- Work with at least 2 employers in Oneida, Herkimer and Madison counties to establish policies that offer employee paid leave for cancer screening.

Emergency Preparedness



LISA WORDEN
IPHERP COORDINATOR

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 has a cross-division Public Health Incident Management Team that convenes to coordinate the public health response for any emergency event.

2015 PHERP ACTIVITIES

PLANS REVIEWED OR UPDATED

- Oneida County Mass Fatality Incident Plan (MFIP)
- Oneida County Family Assistance Center Standard Operating Guide (Appendix to MFIP)
- Isolation & Quarantine Plan
- Oneida County Mutual Aid Evacuation & Supply Plan

2015 HIGHLIGHTS

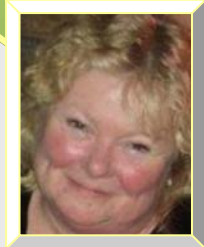
- In response to Ebola Virus Disease (EVD) OCHD worked diligently to comply with multiple new mandated requirements for public health departments and took the lead in convening stakeholders to provide technical expertise, coordinate sharing of information, field inquiries and concerns, and link partners to needed resources or information. OCHD set priorities and protocols for coordination and provided a common operating picture of the response at the county, state and federal level.

- Produced and translated a 5-minute animated emergency preparedness YouTube video entitled, “*Walk the World Prepared*”, in 7 languages: English, Spanish, Arabic, Bosnian, Russian, Karen and Burmese. The videos were pre-screened with over 30 people representing each of the target language groups. The videos help to ensure that preparedness messages are accessible to and fully understandable to diverse audiences.
- Conducted a full-scale Point of Distribution (POD) Exercise at Mohawk Valley Community College to test effectiveness in distributing life-saving medication to community members in the event of a biological threat. OCHD successfully administered pretend medication to an average of 228 people per hour with the support of over 60 staff, community partners, and volunteers. All senior management staff participated in the exercise and 47% of the 49 employees that worked the POD never participated in a POD exercise prior to this one.
- In collaboration with the Department of Emergency Services and the Onondaga County Medical Examiner’s Office, convened key county departments and community partners to update the Oneida County Mass Fatality and Family Assistance Center Plans.
- Nine (9) OCHD staff participated in a CDC sponsored Pandemic Flu Virtual Tabletop Exercise coordinated by the Oneida County Office of Emergency Services.
- All staff took Active Shooter Training via the FEMA online course or an in-person workshop. Three (3) staff attended the Public Health Preparedness Summit in Atlanta, GA and the PHERP Coordinator attended the National Public Health Service Conference in Atlanta, GA.
- During National Public Health Week, PHERP collaborated with Health Promotion, Environmental Health and Clinical Services staff to hold a web-based live one-on-one chat session with the public to get their questions answered on Flu & Immunization, Car Seat Safety, Rabies and Tics/Lyme Disease. Although there were fewer calls than anticipated due in part to the time of day the event was held, this was the first time OCHD used this format as a tool for public education/outreach and provided good experience in using diverse methods to reach the public.
- The PHERP Coordinator was selected as a 2015 *New York State Public Health Works!* Honor Roll awardee. The Honor Roll was established to highlight the key role public health workers play in protecting and promoting the health of all New Yorkers.

2016 GOALS

- Sponsor a regional Public Health Emergency Response & Preparedness Conference that addresses topics relevant to a broad cross-section of stakeholders to improve local and regional knowledge, response and coordination through subject-matter experts and real-life lessons learned for all-hazards.
- In collaboration with the Oneida County Office of Emergency Management, conduct an infectious disease exercise with local response partners.
- Conduct a workshop with local partners to update the Oneida County Isolation & Quarantine Plan
- Assess current status of public health preparedness capabilities in comparison with the public health accreditation standards to identify gaps and areas for improvement.

Early Intervention



PATRICIA MEYER
DIRECTOR OF EARLY INTERVENTION

The 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 (EI) Program if they are under three years old AND have a disability OR developmental delay. EI 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.

CHILD FIND PROGRAM

The Child Find Program 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.

EI PROGRAM DATA

*Data accurate as of 02/01/2016

	2013	2014	2015
Multidisciplinary Evaluations (MDE) performed	447	357	374
Bilingual MDE's performed	17	9	17
Supplemental evaluations performed	58	105	117
Special Instruction visits	3,986	4,623	10,268
Physical therapy visits	6,963	8,999	7,760
Occupational Therapy Visits	5,771	7,422	7,051
Speech/Language Therapy visits	12,081	14,029	14,086
Vision Therapy Visits authorized	0	367	247
Social work visits	0	50	40
Total of All visits (including other miscellaneous services as well as service coordination visits)	37,186	43,743	45,239
Total # of children who received service through Early Intervention	1,074	1,084	929

2015 HIGHLIGHTS

- Local Early Intervention Coordinating Council (LEICC) hosted a parent training at the Dunham Library. Staff from the Early Childhood Direction Center (ECDC) presented to families on the topic of child development. Child care staff hosted a child group for the toddlers so the parents could attend and network with others.
- The Early Intervention (EI) Program and the Children with Special Needs Program coordinated to better assist families during a transition period that can be confusing to families. The EI Program generally services children ages birth to three and the Children with Special Needs Program manages the academic needs of children ages 3-5.
- Increased internal record review process in order to meet NYSDOH required timelines for service provision. Random reviews are conducted to identify potential outliers.
- In a recent New York State Department of Health audit for the period of July 2013–June 2014, it was determined that based on a set of criteria from Individuals with Disabilities Education Act (IDEA), Oneida County achieved the level of “meets requirements” which is the highest category of achievement.

2016 GOALS

- To continue to work with providers and the NYSDOH to increase available speech, occupational and physical therapists.
- Work with providers and our LEICC to identify ways of providing needed services to children in outlying and difficult to serve areas.

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.

BARBARA PELLEGRINO
DIRECTOR OF SC SERVICES

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

	2013	2014	2015
3<5	0	0	0
5<13	12	13	7
13<19	76	59	54
>19	5	4	9
Total Children	93	76	70
Total Service Authorizations	905	369	303

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. Classified children are provided with a variety of special services that will take full advantage of their learning potential.

ETHCP	
2013	
Evaluations completed to determine eligibility:	282 children evaluated
Classified Preschool Students with a Disability (PSWD):	647 distinct children
2014	
Evaluations completed to determine eligibility:	416 children evaluated
Classified PSWD:	651 distinct children
2015	
Evaluations completed to determine eligibility:	419 children evaluated
Classified PSWD:	638 distinct children

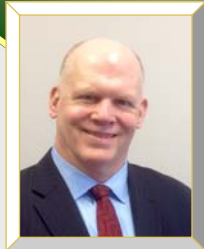
2015 HIGHLIGHTS

- 638 children benefitted from services through the 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; 2015 individual student CPSE meetings with Oneida County Representation: 1,274
- Special Children Services (SCS) staff participated in training opportunities sponsored by the NYS Department of Health and other Public Health Training Centers. Topics included: mental health issues in children, cross-cultural communication, emergency preparedness, leadership, quality improvement, and Hands Only CPR.
- Oneida County is now represented on the New York State Association of Counties Children with Special Needs Standing Committee.
- There was a 40% reduction in the number of English Language Learners (ELL) placed in more restrictive special education classes. This statistic correlates with guidance received from the New York State Department of Education discussing the disproportion of ELLs placed in special classes.
- 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.

2016 GOALS

- Continue to implement outreach and educational activities targeting youth who are transitioning from child to adult health care and independence. 9 youth in Oneida County will be transitioning to adult care in the near future.
- 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.
- Explore options to improve provider capacity issues for supportive health services in Oneida County. Prospective implementation of group service for classified children attending community based regular education programs.
- 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.

Environmental Health



DANIEL GILMORE
DIRECTOR OF ENV. 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 New York State Public Health Laws, the New York State 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. 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 prevention and control, and citizen requested nuisance and housing complaint investigations.

COMMUNITY SANITATION & FOOD PROTECTION 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.

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.

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

ADOLESCENT TOBACCO					
	2011	2012	2013	2014	2015
# Retail tobacco vendors	227	197	228	231	219
# Compliance checks	236	140	192	178	369

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.

COMMUNITY SANITATION & FOOD PROTECTION PROGRAMS

Program	Number Active				Inspections & Field Visits			
	2012	2013	2014	2015	2012	2013	2014	2015
Temporary Residences	51	51	49	47	48	57	60	61
Swimming Pools & Bathing Beaches	83	83	89	86	85	142	127	129
Campgrounds	27	27	27	29	27	31	31	34
Children's Camps	17	18	19	17	34	38	39	36
Mobile home parks	67	67	65	65	69	106	73	83
Food protection*								
Low risk	102	91	85	68	92	108	98	88
Medium risk	841	873	596	554	770	934	730	834
High risk	515	497	437	371	511	622	510	696
Total	1458	1461	1118	993	1373	1664	1338	1618

*For 2015 includes Food Service Establishments, Institutional Food (prisons, schools), and State Office for the Aging sites.
Other food programs:
44 summer feeding sites, 49 inspections
77 mobile food vendors, 98 inspections
89 temporary event vendors 106 inspections

VECTOR CONTROL PROGRAMS

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

RABIES PREVENTION PROGRAM					
	2011	2012	2013	2014	2015
Rabies exposure investigations	624	808	539	577	718
Post-exposure treatment for humans	72	96	73	69	70
Rabies vaccines administered to pets	1,129	1,197	1,008	960	890
Sponsored pet vaccination clinics	11	13	11	11	10

NYS Public Health Law to report all animal bites to the health department. Individuals can also report suspected rabies exposures to the health department.

West Nile Virus (WNV) & Eastern Equine Encephalitis (EEE) Prevention: OCHD 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 2015, 205 collections of mosquitoes (referred to as pools) revealed one positive WNV sample and one positive eastern equine encephalitis (EEE) sample. No horses or humans were infected with WNV or EEE in Oneida County in 2015.

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.

REGULATED PUBLIC WATER SYSTEM INFORMATION

	2011	2012	2013	2014	2015
Active	193	163	156	155	157
Inspected*	152 (121 Sanitary Surveys)	163 (104 Sanitary Surveys)	156 (109 Sanitary Surveys)	150 (75 Sanitary Surveys)	156 (75 Sanitary Surveys)
Notices of violations issued	160	140	187	185	168
Formal enforcement actions (Stipulation / Hearing)	12	15	4	13	11
Boil water orders and other emergencies	10	8	2 (17 precautionary advisories)	10 (18 precautionary advisories)	20 (including precautionary)
Samples collected	191 Coliform + 15 Chemical	172 Coliform + 25 Chemical	221 Coliform + 23 Chemical	199 Coliform + 13 Chemical	177 Coliform + 21 Chemical

*An inspection is a subset of a Sanitary Survey. A sanitary survey is a thorough inspection where specific criteria must be examined. Sanitary surveys may take several hours to an entire day to complete and are not required annually. Inspections generally involve checking chlorine levels, operating reports, or investigating a complaint.

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

	2011	2012	2013	2014	2015
Water system expansions/Improvements	13	9	7	4	8
Backflow prevention devices	4	2	9	7	17
Realty subdivisions	2	1	3	0	0
Individual wastewater disposal systems plans (non-conventional)	6	3	4	1	4
Pit privies	0	1	0	0	0
Swimming pool (new or improvements)	0	4	2	3	0
Campground (improvement or expansion)	0	1	2	1	2
Kitchen facility (new or expansion)	2	2	2	2	3
Temporary residences (hotel, motel, cabins)	0	0	2	1	0
Total plans	27	23	31	19	34

LEAD POISONING PREVENTION PROGRAMS

Two Lead Poisoning Prevention Programs are housed in the Environmental Division. The Primary Lead Poisoning Prevention 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, health care professionals, landlords, and renovation contractors on the risks, dangers, and causes of lead poisoning in children.

The Secondary Lead Poisoning Prevention Program is a NYS Department of Health mandated program that provide case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels (BLL); test results for the blood lead levels of all 1- and 2-year-olds who are tested in the County are reviewed on a daily basis and elevated levels are acted upon promptly. 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 ≥ 15 $\mu\text{g}/\text{dL}$. Parents/guardians of children with BLLs ≥ 5 $\mu\text{g}/\text{dL}$ are provided with BLL re-testing recommendations, educational materials and BLL monitoring. Mailings are sent to parents/guardians of one and two year old children lacking BLL testing. 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.

LEAD PRIMARY PREVENTION PROGRAM

Metric	Result 2011	Result 2012	Result 2013	Result 2014	Result 2015
# of Initial Lead Primary Prevention Home Inspections in pre-1978 Housing	239	259	199	252	250
# of Units Inspected with Children under age six	192	212	140	143	105
# of Children < Age 6 Living in Inspected Units	352	437	264	275	196
# of Children who lacked a lead test in a unit and were referred for testing	187	201	132	136	100
# of Housing Units inspected where lead dust hazards were found	266	241	150	226	233
# of Units Who Received a Notice & Information to Repair Hazards that includes visual chipping paint hazards but low lead dust levels.	257	241	153	134	227
# of Units that Required Additional Enforcement Action (Notice & Demand)	5	24	5	5	0
# of Units that Reduced Lead Hazards by Using a HEPA vacuum from the HEPA vacuum loaner program	253	157	185	120	60
# of Units Receiving Exterior Inspections through the LPP Codes Contract	353	300	300	256	110

SECONDARY PREVENTION LEAD POISONING PREVENTION PROGRAM

	2012	2013	2014	2015
Environmental				
Number of new assessments**	90	53	51	55
Number of closed dwellings**	105	59	77	52
Number of closed referrals**	133	63	84	56
Number of children referred**	48	37	39	35
Number of dwellings referred with at least one lead hazard found**	84	43	46	45
Number of Notice & Demands issued**	84	43	46	45
Case Coordination				
Number of Blood Lead Level tests *	5,807	5,684	5,524	5,574
BLL in µg/dL*				
BLL 0 - 4 *	4,441	4,520	4,386	4,575
BLL 5 - 9 *	904	808	801	716
BLL 10 – 14*	277	243	225	168
BLL 15 – 19*	105	59	53	66
BLL ≥ 20*	80	54	59	49
Number of BLL tests which were ≥10 µg/dL*	115	78	102	95
Number of new admissions (BLLs ≥15 µg/dL)**	48	24	38	39
Number of Outreach Worker initial home visits (BLLs ≥15 µg/dL)**	48	24	38	39
Number of Outreach Worker follow-up home visits**	307	223	172	147
Number of one-time Outreach Worker visits (BLLs 10 - 14 µg/dL)**	N/A	N/A	11	3
Blood Lead Level Testing Rates				
Percentage of one-year-old's BLL tested***	57%	60%	64%	69%
Percentage of two-year-olds BLL tested***	52%	57%	64%	71%
Community Education				
Presentations	9	10	6	6
Health Fairs	39	27	30	37

* NYSDOH LeadWeb data

** Local OCHD data

*** NYSDOH NYSIIS data

HEALTHY NEIGHBORHOODS PROGRAM:

In 2014, the Oneida County Health Department was the recipient of a competitive Healthy Neighborhoods Program grant from NYS Department of Health. The health department is in the second year of the 5-year Healthy Neighborhoods Program grant. 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

DEC. 2014 - DEC. 2015

	2014	2015
Initial visit	84	264
Re-visits	0	52
Refused visit	152	250

2015 HIGHLIGHTS

- One inspector achieved FSIO 1 status that allows for the inspection of high-risk food facilities. The division now has 7 inspectors certified out of 10 employees in a job title that can qualify for FSIO certification.
- Fire extinguishers provided by the Healthy Neighborhoods Program were used to extinguish two separate fires in multi-family dwellings.
- A total of 66 general complaints were received and investigated during 2015. This number is down from 83 complaints in 2014.

2016 GOALS

- Maintain and improve technical skills through continued participation in NYS Department of Health sponsored in-service training programs.
- 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



SANDRA PEJČIĆ
DIRECTOR OF CLINICAL SERVICES

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 prevention 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

The Communicable Disease (CD) staff is responsible to investigate over 70 reportable communicable diseases thoroughly and timely in order to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. The department received about 6,752 reports through the year of which 2,319 were confirmed and probable cases. All confirmed and probable cases were reported electronically to the New York State (NYS) Health Commerce System.

The CD Department led investigations for several outbreaks through the year including gastrointestinal, influenza, MRSA and scabies and conducted follow up surveillance for a suspect case of mumps at a correctional facility. The department was also involved in monitoring 2 returned travelers from Ebola affected countries for a 21-day incubation period and conducted Ebola drills with local hospitals and clinics along with performing monthly Ebola drills at OCHD Clinic.

CD Program is accountable to respond to the public's and provider's questions via phone or emails. A total of 236 phone calls were recorded. CD staff also provides ongoing education during individual or outbreak investigations and is responsible to provide updated information on emerging diseases such as Ebola. The staff also assists providers with testing recommendation for uncommon diseases reported by providers such as Chagas disease.

As of April 1, 2015, Oneida County has become a sentinel county for Lyme disease meaning that 20% of the Electronic Clinical Laboratory Reporting System (ECLRS) are required to be investigated by the NYS Department of Health. The department experienced a 39 % increase in Hepatitis C in 2015 compared to 2014. The number of chronic cases of Hepatitis C was 164 in 2014 and 218 in 2015.

COMMUNICABLE DISEASES			
	2013	2014	2015
Amebiasis	0	0	2
Anaplasmosis	0	0	0
Babesiosis	0	2	0
Campylobacter	37	26	15
Chlamydia	865	791	801
Chlamydia PID	3	2	0
Cryptosporidiosis	25	20	12
Dengue Fever	1	0	0
E. Coli 0157:H7	1	1	3
E Coli, Not Serogrouped	2	2	2
E. Coli, Serogrouped Non-0157	5	4	10
Ehrlichiosis	0	0	0
Encephalitis –viral	0	0	0
Encephalitis – West Nile	0	0	0
Giardiasis	56	42	34
Gonorrhea (simple)	145	108	102
Gonorrhea (PID)	0	1	0
Gonorrhea (PPNG)	0	0	0
Group A Streptococcal	14	15	7
Group B Streptococcal	33	26	18
Group B Streptococcal (Early Onset)	1	2	4
Hemolytic Uremic Syndrome (HUS)	0	0	0
Haemophilus Influenza, Inv.	0	0	1
Haemophilus Influenza, Inv. Not B	4	0	3
Hepatitis A	4	2	1
Hepatitis B (Acute)	0	1	1
Hepatitis B (Chronic)	22	18	44
Hepatitis B (Chronic) Probable	27	34	14
Hepatitis C (Acute)	7	5	6
Hepatitis C (Chronic)	117	104	218
Hepatitis C (Chronic) Probable	1	0	2
Hepatitis C (Chronic) Unknown	1	0	28
Herpes Infant, Inf. <60 days	0	1	0
Influenza A	225	868	1,385
Influenza B	117	617	397
Influenza, Unspecified	2	0	0
Legionellosis	8	6	5
Listeriosis	1	0	2
Lyme Disease	74	38	23
Lyme Disease Probable	13	10	4
Lyme Disease Suspect	70	46	13
Lyme Disease – not a case	260	123	24
Malaria	2	2	2
Measles	0	0	0
Meningitis –Aseptic	2	5	5
Meningitis – Other Bacterial	2	3	1
Meningococcal Infection	1	0	0
Mumps	0	0	1
Pertussis	5	28	7
Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	27	20	30
Shigellosis	1	1	2
Strep Pneumoniae (Invasive, Drug Resistant)	0	0	2
Strep Pneumoniae (Invasive, Intermediate)	4	0	0
Strep Pneumoniae (Invasive, Sensitive)	31	14	19
Strep Pneumoniae (Unknown)	1	2	2
Syphilis (Primary and Secondary)	4	1	2
Syphilis (Early Latent)	0	3	3
Syphilis (Late Latent)	3	5	14
Toxic Shock	0	0	0
Tuberculosis	8	2	5
Typhoid Fever	0	0	0
Yersiniosis	0	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. An additional influenza vaccine clinic was held during the month of October. Special evening Tdap clinics were held in September at the Utica and Rome sites.

IMMUNIZATION PROGRAM DATA

	2013	2014	2015
Total Visits	4,363	3,856	3,835
Total clients - Post exposure rabies	67	64	73
Total clients – Flu shots	477	646	1,178
Total clients – Green Card	334	430	392

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.

TB PROGRAM DATA

	2014	2015
Total Visits	1,081	1,174
Total LTBI clients	265	322
Total LTBI visits	857	911
Candidates for LTBI treatment	225	224
Total LTBI clients started treatment	139	121

TOTAL REPORTED TB CASES

2013	2014	2015
8	2	5

SEXUALLY TRANSMITTED DISEASE (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 DATA

Activity	2013	2014	2015
Clinics	160	155	140
Total Visits	833	722	598

STD CASES

	2013	2014	2015
Chlamydia	865	791	801
Gonorrhea	145	107	102
Syphilis (Primary & Secondary)	1- primary 3-secondary	1- second- ary	1- primary 1-secondary
Syphilis (Early)	0	3	3

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/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. OCHD staff is involved in efforts to reduce number of HIV/AIDS cases in New York State by supporting Governor Cuomo’s Ending the Epidemic by the end of 2020, NY Links initiative.

HIV COUNSELING & TESTING

Activity	2013	2014	2015
Clinics	166	151	131
Total Tested	484	427	368
Positive HIV Cases	0	1	1

COMMUNITY WELLNESS PROGRAMS:

Maternal Child Health

Breastfeeding Initiative:

The Maternal Child Health (MCH) program staff continues in efforts to increase the number of

MCH – CLIENTS SERVED		
	2014	2015
Women counseled at OB Clinics	272 (Jul - Dec)	562 (Jan - Dec)
Breastfeeding Café	88	104
Enrolled in SOEP	56	30

women who initiate breastfeeding and to provide support to those women. Staff is meeting with pregnant women at Obstetrical Clinics at Faxton-St Luke’s Hospital and St. Elizabeth Medical 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. The MCH program is working with the Breastfeeding Network to establish an inner city Breastfeeding Café to better reach the high risk population living in that area.

Public Health Detailing was completed providing members of the medical community with tools and resources to assist them and their patients to breastfeed successfully. Barriers to breastfeeding in the community were discussed. Nine obstetrical offices and 34 offices serving newborns (both pediatric and family practice) were visited. The two most common barriers to breastfeeding that were identified were women returning to work and a lack of education and support about breastfeeding.

The School Outreach and Education Program (SOEP) provides education and support to pregnant teens at three 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 2015 SOEP enrolled 30 young women.

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, Registered Dietician, Certified Dietary Nutritionist, Lactation Consultant, Childbirth 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.

As of December 31, 2015, the Oneida County Health Department will no longer administer the Health Supportive Services component of the MOMS Program since these services are made available by obstetrical providers in our community. OCHD will continue to be a liaison for community members and will continue to assist pregnant women to obtain Medicaid/Medicaid Managed Care through Presumptive Eligibility applications when necessary.

MOMS PROGRAM DATA

	2013	2014	2015
Total Visits	432	512	433
Total New Clients	127	154	111
Nutrition and Lactation Visits	53	86	80
First Trimester of Entry to Care Rate	70%	71%	75%
Medicaid Enrollment			
Active Medicaid /Medicaid Managed Care	11%	17%	12%
138% Federal Poverty Level	36%	48%	66%
223% Federal Poverty Level	52%	35%	22%
Referrals	297	317	209

Injury Prevention Program: The goal of the Injury Prevention Program is to decrease the number of injuries of children in bicycle and motor vehicles accidents in Oneida County by education and distribution of bicycle helmets and car seats.

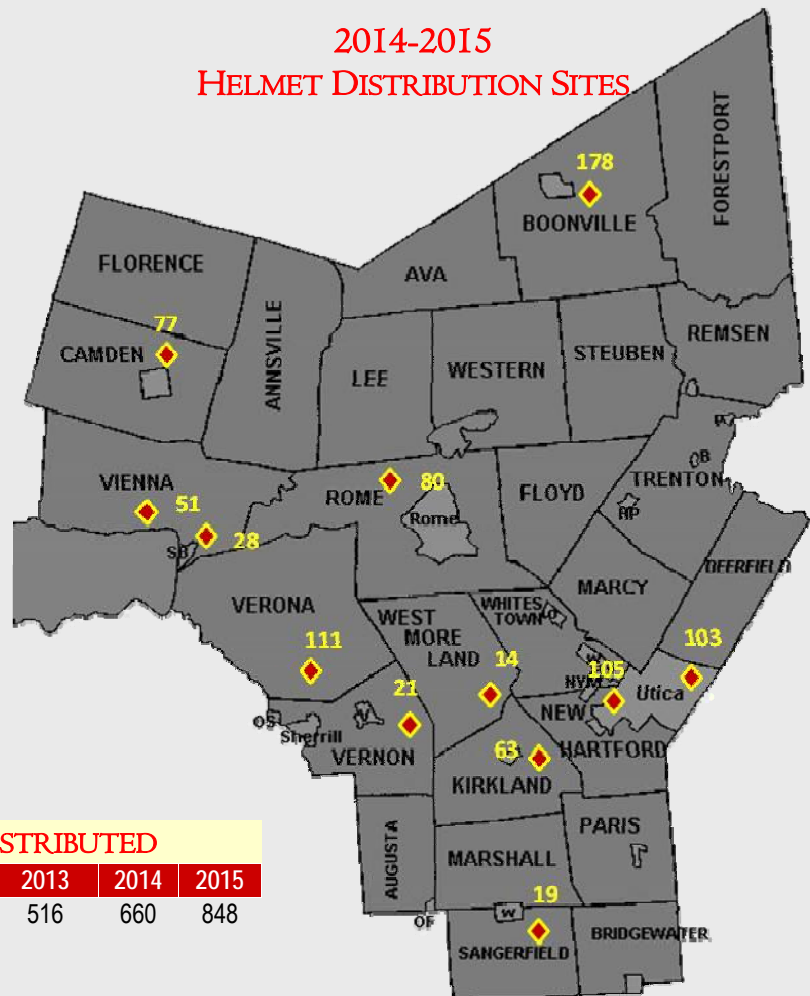
CAR SEATS DISTRIBUTED

	2013	2014	2015
Infant seats	75	64	68
Convertible seats	70	42	50
Booster seats	30	12	11
Total seats given away	175	118	129

- 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.

- Bicycle helmets:** This Program distributes free 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, bicycle safety, and periodic bicycle checks and repairs. OCHD distributed 848 helmets (which is a 22% increase from 2014).

2014-2015 HELMET DISTRIBUTION SITES



BICYCLE HELMETS DISTRIBUTED

	2013	2014	2015
Total number of helmets distributed	516	660	848

2015 HIGHLIGHTS

- Health Fair for refugees was held on October 18, 2015 to promote health among Karen, Burmese, and Nepali individuals. OCHD staff worked collaboratively with clergy at Westminster Moriah Olivet, Redeemer International and Tabernacle Baptist Churches to promote adult vaccination. Several community vendors participated and addressed many preventive issues. One hundred- seventy members of Karen, Burmese and Nepali communities attended. Eighty-two vaccines were given.
- The Immunization Program in conjunction with Office for the Aging provided education on adult immunizations through distribution of placemats to approximately 950 Meals on Wheels recipients. Placemats containing vaccine information (flu, Tdap, and shingles) were distributed on quarterly basis.
- Staff actively participated in following statewide Ebola regulations mandated by the NYSDOH Commissioner. Monthly drills and PPE trainings were completed. Education was provided to community agencies.
- Implemented Electronic Health Record to improve efficiency, productivity, and quality of care. This paperless medical record will allow electronic prescribing, patient access to their medical information, and will include patient reminders, among other features.
- Awarded \$20,900 from NYSDOH STD Program for attaining 96.65% proficiency in reporting of the following measures: adequacy of gonorrhea treatment, the completeness of syphilis serology records and the reporting of the timeliness and completeness of communicable disease reports and investigations over a six month period.

2016 GOALS

- Increase adult immunization awareness rates among refugee population by 1-2%.
- Increase the number of candidates for LTBI treatment to start treatment by 1-2%.
- 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%.
- Promote the Baby Weigh Station in order to increase the number of women who use this resource for breastfeeding education and support by 1-2%.
- Support the establishment of an inner city Breastfeeding Café.
- Increase education efforts to the public and health care providers to prevent and control communicable disease outbreaks.

“PROMOTING & PROTECTING
THE HEALTH OF ONEIDA COUNTY”