



Oneida County Health Department

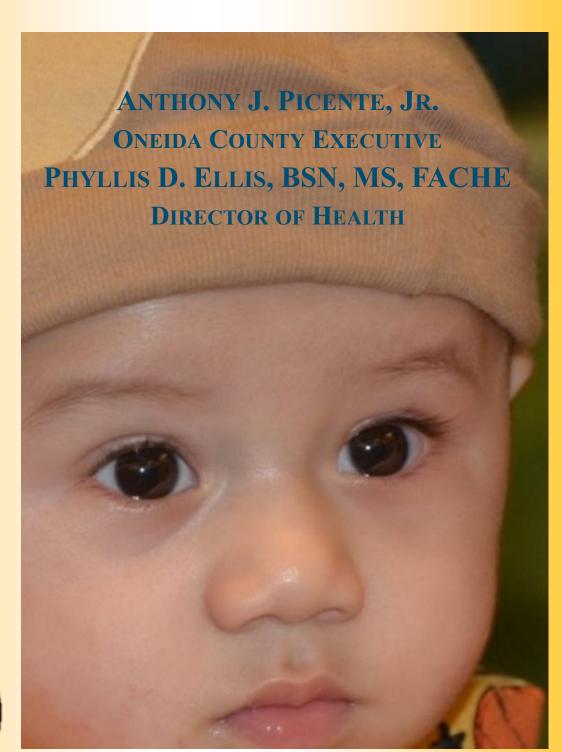


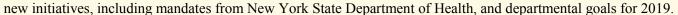


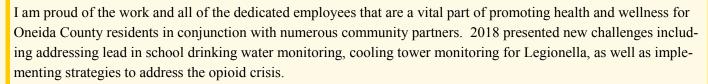
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Message from the Director

am pleased to present the 2018 Oneida County Health Department (OCHD) Annual Report. This report includes narrative descriptions and statistical information for each program in the Health Department. It also includes a summary of numerous





Below is a listing of some of the 2018 highlights:

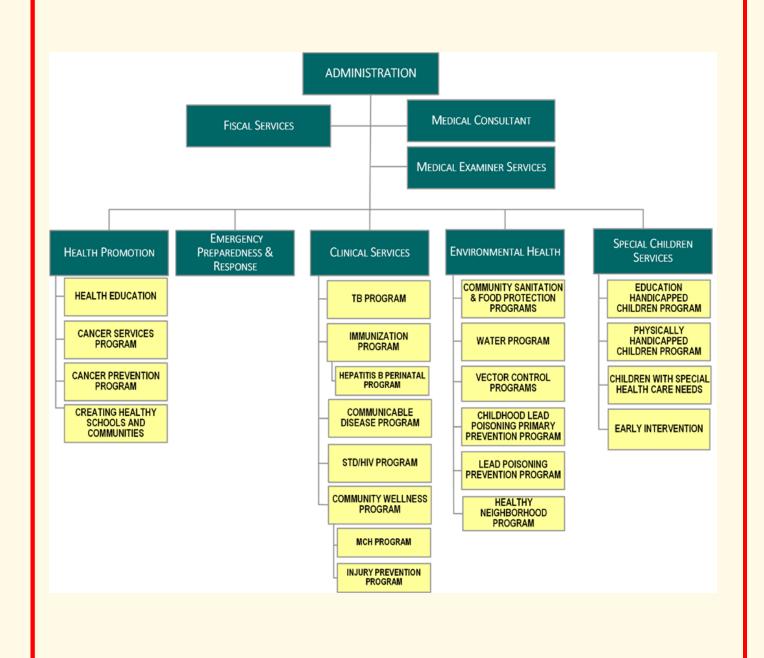
- In partnership with the Mohawk Valley Crime Analysis Center, we began implementing the use of the Overdose Detection Mapping Application Program (ODMAP) to capture real-time overdose reports from all law enforcement agencies in the county. To put the collected ODMAP data into action, a County Overdose Response Team was formed to monitor the surveillance data for overdose spikes, issue public health alerts, and dispatch peer recovery specialists to overdose victims to link them to treatment and recovery services.
- I, along with four other county directors of public health in CNY, had the privilege of being invited as panelists on one of WCNY's *Cycle of Health* television episodes to increase awareness of how we are tackling some of our community's most pressing health issues including the opioid crisis.
- We were selected as a recipient for a new cancer prevention grant from NYSDOH with a focus on promotion and awareness for HPV vaccination, indoor tanning risks, sun safety, and employee paid leave for cancer screening.
- Oneida County's Employee Wellness Program was featured in NYSAC (NYS Association of Counties) News
 magazine; the article highlighted individual employee success stories and program activities promoting a healthy
 county workforce through the Tobacco Cessation, Stress Management and Move More initiatives.
- OCHD was awarded \$15,000 from the New York State Department of Health's 2018 Performance Incentive Initiative for implementing practices that enhance coordination for Legionella Outbreak response.
- Through the Creating Healthy Schools and Communities Grant, a partnership with Oneida-Herkimer-Madison BOCES to reduce risks factors for chronic disease in school and community settings, OCHD helped 5 communities to develop Complete Street policies, 6 worksites to adopt healthy eating policies, and 14 businesses and organizations to adopt health and wellness initiatives.
- Continued collaboration with Healthy Babies Consortium on safe sleep initiatives for infants.

Along with these highlights, you will read about many of our other successes in programs that focus on prevention, communicable disease surveillance, children's services and environmental health issues. Each year brings new challenges and successes in public health; we look forward to building on the accomplishments and the lessons learned in 2018 to better promote and protect the health of our community in the upcoming year.

I would like to thank the County Executive, Mr. Anthony J. Picente, Jr. and the Board of Legislators for their support in helping Oneida County Public Health to better serve our community.

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

ONEIDA COUNTY HEALTH DEPARTMENT 2018 ORGANIZATIONAL CHART



Administration

he 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:

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.

Quality improvement training has been incorporated to all new employee orientation. In 2018 a Quality Council was established and reached beyond leadership staff for membership in order to embrace the ideas and enthusiasm at all levels of the department. The Council's role is to review quality initiatives within the Department, ensure ongoing training in QI for all staff, support all efforts to build and enhance the quality culture within OCHD. The department strives to identify opportunities for improvement and address those opportunities using proven QI methods, in order to provide the best service for all customers.

In 2019 the QI Council seeks to define criteria for all Divisions and programs to follow in order to assure that quality improvement becomes engrained in how we do business. A Performance Management Plan and Workforce Development Plan based on Public Health Accreditation Board Standards and Measures will also be developed in 2019 to further support this goal.

ADMINISTRATIVE SUPPORT

The Secretary to the Director of Health provides overall administrative support which also includes project management, team building and collaboration efforts, as well as lead for all wellness activity for Oneida County employees.

Administrative staff also support personnel, payroll, and fiscal management activities.

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 third party reimbursements; and prepares claims for State and Federal and other reimbursement. The 2018 Budget Summary is outlined below.

	OCH	D BUDG	ET SUM	IMARY 2	2018		
Program	Total Costs	% of Budget	% of Federal Funding	% of State Funding	% of County Funding	% of Other Funding	% of Medicare Medicaid
Administration	\$1,441,019	8.08%		34%	66%		
Pre-School (3-5)	\$10,890,780	61.08%		59%	36%		5%
Early Intervention	\$1,627,019	9.12%	15%	30%	50%		5%
Physically Handicapped Children	\$25,644	0.14%		67%	33%		
Public Health Clinic	\$1,389,621	7.79%	1%	45%	35%	18%	1%
Lead Poisoning Program	\$269,148	1.51%		76%	24%		
Childhood Lead Poison- ing Primary Prevention	\$399,159	2.24%		100%			
ТВ	\$27,909	0.16%		100%			
Environmental Health	\$1,146,622	6.43%		29%	30%	41%	
Healthy Neighborhood Program	\$188,487	1.06%		100%			
Immunization Consorti- um	\$130,987	0.73%		100%			
Cancer Services and Prevention Programs	\$171,121	0.96%	2%	98%			
Emergency Preparedness	\$123,746	0.69%	98%		2%		

EMPLOYEE WELLNESS



In 2016, the Director of Health led a leadership initiative to start an Employee Wellness Program. With support from the County Executive and a Wellness Steering Committee., all County employees were encouraged to

complete a survey on Employee Wellness. Department heads nominated a department Champion, to participate in quarterly meetings and bring back information to their coworkers. In 2017 we focused on Oneida County grounds being tobacco-free by 1-1-18, stress management, and moving more.

The Health Department secretary coordinates the program, writes the content for the Weekly Wellness Email (WWE) and since December 2017 has created the email in Constant Contact as well. Seventy-six issues later, readership continues to increase and feedback is very positive.

2018 Accomplishments

- OC Employee Wellness Program article was featured in the NYSAC *News* magazine, Spring 2018.
- Wellness nominee for AHA Lifestyle Change Award, IT employee Rod Wilson, won the award.
- Employee Wellness events expanded: more lunch hour walks and locations, volunteer opportunities, sold 93 tickets to a weeknight Utica Comets game on 12/12/18.
- **Goal 1:** Achieve > 800 participants in Wellness events. Achieved this goal with 931participants.
- Goal 2: 23 % Opens of the Weekly Wellness Email (WWE). Missed this goal by .06% achieved 22.4%.
- Goal 3: 325 employees to complete MVP Health's
 PHA (Personal Health Assessment). Postponed this
 goal to 2019 because Oneida County upgraded the 2019
 MVP Health Insurance Plan to include WellBeing Re wards—employees with MVP are eligible for points/
 money for taking the assessment in 2019!



2019 Goals

- **Goal 1:** PHA Campaign—January—April 2019 goal for > 325 participants to complete a Personal Health Assessment.
- Goal 2: 25% Opens of the WWE.
- Goal 3: > 1,000 participants in Wellness events.
- Employee Wellness Logo Contest for employees to create a logo.
- RFP gyms / fitness discounts for OC employees.
- Expand Health & Wellness Fairs from one to two.
- Cover topics of interest to employees in WWE—mental health, nutrition, physical activity.
- Encourage all staff who are eligible (on MVP health insurance) to receive their \$200 WellBeing Rewards and \$125 in reimbursements.

PUBLIC HEALTH PLANNING



Health planning includes a range of activities that support collaborative health planning with community partners, organizational strategic planning and performance improvement activities. A few ma-

jor partnership initiatives conducted in 2018 include the following:

Accreditation

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of public health departments by establishing standards and measurements of performance against a set of nationally recognized and evidenced-based standards. In 2015, OCHD senior management staff began an orientation and review of each of the PHAB domains. In 2016, an Accreditation Workplan and Timeline with specific milestones in three phases was developed with the goal of achieving accreditation by the end of 2018. This goal was not accomplished but remains a focus of the department. The timeline has been reset. Milestones in *Phase 1 – Accreditation Preparation* includes the assignment of an Accreditation Coordinator and planning teams with targeted dates to develop each of the accreditation prerequisites necessary prior to initiating the accreditation application process. The first of these were initiated in 2016 and included finalizing the OCHD Strategic Plan and linking each of the accreditation prerequisites to the strategic planning goals to streamline efforts and staff time and resources; these included updating the Community Health Assessment & Community Health Improvement Plan, and developing a Quality Improvement Plan. Completion or significant achievement was made in all of these areas (see highlights below). Phase 1 continues into 2018 with milestones that include developing the remaining prerequisites: Workforce Development Plan, Marketing and Branding Strategy, updating the Emergency Operations Plan and enhancing community health assessment community engagement activities. Phase 2 – Accreditation Application begins at the end of 2018 with the start of initial application and documentation selection and submission. The current goal is to reach *Phase 3 – Accreditation Achievement & Maintenance* from the end of 2018-2023. OCHD will continue to work towards accreditation achievement and will adapt as needs, circumstances and other demands arise.

Performance Incentive Initiative

In 2018, OCHD participated in the New York State Department of Health's (NYS DOH) ongoing Local Health Department (LHD) Performance Incentive Initiative to focus on improving performance in the coordination for Legionella Outbreak response and evaluating LHD maintenance of effort (MOE) for continued submittal of electronic inspection reports (eForms) for regulatory inspection programs. This work was measured by NYS DOH from December 1, 2017 to June 30, 2018.

While working on this initiative, the Environmental Health (EH) and Communicable Disease (CD) programs assessed the outbreak response process and identified opportunities for improvement; all Legionella cases are reviewed by EH for any environmental assessment that may be appropriate. Through the process analysis review, the assigned EH and CD staff have a better understanding of each units role in the outbreak response and the benefits of real time communication of any findings and action to be taken. For the MOE for submittal of eForms for regulatory inspection programs, EH achieved rates ranging from 86% to 98%.

As a result of OCHD efforts, the department was awarded a total of \$15,000. These monies can be used to support costs associated with Article 6 eligible services.

Strategic Planning

OCHD continued working on activities within the 2016-2018 Strategic Plan that guide actions toward improving the way we promote and protect the health of the community by putting into practice the quality standards of public health accreditation; these public health accreditation standards are designed to drive us to continuously improve the way we work to keep our communities healthy and to increase the value and visibility of public health through accountability. The department continued implementing the work plan goals, objectives and tasks supporting the strategic priorities listed below:

- Accountability and Improved Practice of Public Health
- Quality Improvement & Performance Management
- Health Education & Marketing
- Collaboration & Information Sharing
- Workforce Development
- All Hazards Emergency Operations Planning

In 2019 the department is completing a Community Health Assessment and Community Health Improvement Plan, therefore, we will extend the current Strategic Plan for the year, in order to incorporate the new target initiatives in the next Strategic Plan.

Community Health Assessment & Community Health Improvement Planning

An Oneida County Community Health Assessment/Community Service Plan & Community Health Improvement Plan (CHA/CSP/CHIP) Planning Team comprised of Oneida County Health Department, St. Elizabeth Medical Center (SEMC) and Faxton-St. Luke's Hospital (FSL) and Rome Memorial Hospital (RMH) staff met regularly starting in early 2016 to collaboratively develop the 2016-2018 Oneida County CHA/CSP/CHIP Update. This plan is an appendix and update to the comprehensive 2013-2017 Oneida County CHA/CSP and CHIP. The Planning Team met to review and discuss the update process, clarify expectations, and develop a detailed work plan with team responsibilities, assigned tasks, and deadlines to develop and finalize the plan update. The process included reviewing health data from various local, regional and state sources, soliciting feedback from the community and stakeholders, and reviewing, reaffirming, and adjusting goals and strategies for priorities selected in the previous assessment. The report summarizes the health status of the community and the selected public health and hospital Prevention Agenda health improvement goals from the NYS Prevention Agenda focus areas, specifically, Prevent Chronic Diseases with a focus on tobacco cessation and Promote Healthy Women, Infants and Children, with a focus on breastfeeding promotion. These plans are available for review in more detail on the OCHD website at ocgov.net.

Oneida County Health Coalition

The Oneida County Health Coalition (OCHC) is a partnership of community agencies and organizations that support population health improvement through the framework and goals of the NYS Prevention Agenda. The OCHC serves 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 supports OCHD's community health assessment and health improvement planning activities through facilitated quarterly presentations on various health topics from the NYS Prevention Agenda. Feedback from these quarterly discussions assist OCHD in preparation of a Quarterly Community Health Status Reports that include: issue-specific county data, feedback on factors and trends contributing to the issue, identification of existing community initiatives addressing the issue, and evidence-based recommendations for improvement. In 2018 the Community Health Reports Cards addressed the topics of *Opioidss, Healthy Women, Infants & Children, and Lyme and Tickborne Diseases*. OCHC meeting schedule, minutes and Report Cards can be viewed at the OCHC website, http://www.ocgov.net/health/coalition.

In 2019, in collaboration with local hospitals, OCHD will work with the OCHC and a variety of other community stakeholders to develop the next comprehensive Community Health Assessment.

Population Health Improvement Program (PHIP)

The Population Health Improvement Program (PHIP) is a statewide initiative that supports 11 regional contractors who promote population health and work to reduce health disparities in their regions. In Central New York, PHIP is led by HealtheConnections, working in collaboration with partners in Cayuga, Cortland, Madison, Oneida, Onondaga and Oswego Counties. In 2018, OCHD was invited to be the designated PHIP agent for Oneida County; OCHD will serve as the coordinating point for county-level stakeholders and organizations in Oneida County in 2019 and will be the liaison with HealtheConnections (HeC) to support HeC in its role as the New York State-designated Population Health Improvement Program (PHIP). In this role, OCHD will:

- Advance the New York State Prevention Agenda and State Health Improvement Plan (SHIP) priorities through participation in the planning and implementation of each county's Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and hospital Community Service Plans (CSP), in collaboration with the local health department and local hospitals.
- Participate and contribute to regional PHIP activities as a member of the PHIP Steering Committee and assist with the implementation of regional population health improvement initiatives in Oneida County.
- Develop the 2019 Oneida County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) through a collaborative process of stakeholder engagement, community input, resource assessment and priority-setting.
- Convene members of the Oneida County Health Coalition (OCHC) and OCHC Steering Committee to analyze data for select health topics, collect qualitative feedback, and identify community resources and evidence based resources to address the issue and develop, promote and disseminate topical health report cards.
- Support implementation of priority health initiative strategies identified in the 2019 CHIP.
- Support the ongoing facilitation of the Oneida County Overdose Response Team and implement initiatives to reduce overdose deaths using data and surveillance, peer recovery response, training, public education and other strategies identified by the team.
- Convene stakeholders in Oneida County to collaborate on county-specific efforts to improve population health, to elicit input on county-specific PHIP activities, and to share best practices and innovative strategies. Key stakeholders include, but are not limited to, healthcare and behavioral health providers, the local county health department, social services organizations, hospitals, businesses and other community-based organizations serving Oneida County.

MEDICAL EXAMINER SERVICES

As of 2013, the Onondaga County Medical Examiner's Office (OCME) 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.

OCME'S OFFICE STATISTICS FOR ONEIDA COUNTY 2013—2018*

*preliminary due to pending cases.

Oneida County Summary	2013	2014	2015	2016	2017	2018*
Total cases	658	696	724	736	767	842
Non-Medical Examiner cases	414	436	473	467	498	565
Expert Consultation cases	0	0	2	2	2	0
Medical Examiner cases	244	260	249	267	267	277
Autopsy examinations	199	216	199	220	219	213
External examinations	15	22	20	17	20	23
Death Certificate only – no examination	30	22	30	30	28	41
Manner of death						
Accident	90	88	94	129	122	114
Motor Vehicle Accidents	21	15	17	17	22	24
Drug Use/Toxin Related	25	36	40	65	60	37
Heroin Related	12	17	11	16	5	3
Fentanyl Related	1	2	7	16	21	7
Heroin & Fentanyl Related	0	2	4	18	20	15
Other Opioids	4	11	10	5	6	7
Other drugs	8	4	8	10	8	5
Falls	29	22	30	27	27	37
Environmental	2	3	1	3	1	1
Other Blunt Trauma	2	1	2	3	5	0
Drowning	2	2	2	2	1	2
Asphyxia	4	2	1	4	2	5
Fire	1	5	0	5	2	5
Medical Procedure	3	1	1	2	0	0
Sharp Force Injury	0	0	0	0	1	1
Other	1	1	0	1	1	2
Homicide	13	9	12	6	4	6
Natural	99	119	116	106	110	113
Suicide	36	32	24	21	28	32
Undetermined	4	10	2	4	3	7
Manner not applicable/fetal deaths	2	2	1	1	0	3
Pending	0	0	0	0	0	2

Health Promotion

HEALTH EDUCATION & INFORMATION

taff 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 health messaging.

AREAS WHERE HP STAFF PARTICIPATED IN COMMUNITY EVENTS IN 2018

Locations: Participated in events located in Boonville, Clinton, Marcy, New Hartford, Remsen, Rome, Sauquoit, Sherrill, Taberg / Annsville, Utica, Verona, Waterville, Whitesboro

Topics covered included:

Sun Safety

My Plate/Nutrition

Colorectal cancer prevention

Dental Health

Tobacco Prevention

STD Prevention

Walking

Physical Activity

Summer Safety

Ticks/Lyme Disease

Healthy Cafeterias

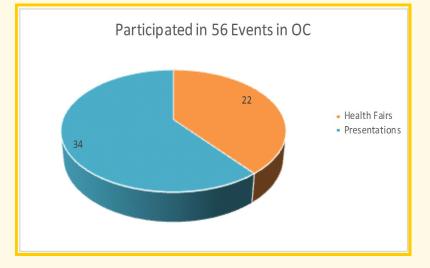
Handwashing

Heart Health

CSA shares/produce distribution

Preventive screening tests

Safe Sleep





COMMUNITY HEALTH IMPROVEMENT PROGRAM (CHIP) – 2018 SUMMARY OF ACCOMPLISHMENTS

Accomplished through the work of two multi-disciplinary workgroups comprised of health department, hospital, community agency representatives responsible for implementing activities and monitoring progress to meet objectives identified in the plan.

Tobacco

- Worked collaboratively with partners to Promote Tobacco Cessation among adults as well as to prevent initiation of tobacco use by youth and young adults.
- Successfully implemented policies, in all hospitals and several community based organizations, to refer patients to the NYS Quitline.
- In conjunction with DSRIP Cardiovascular Disease Project, successfully expanded the policy of automatic referrals using Opt to Quit to all Hospital associated Primary Care Practice sites (19).
- Increased Referrals to the NYS Quitline (2012: 249, 2018: 2,481)
- Successfully implemented the ongoing offering of Tobacco Cessation classes in the community.
- Oneida County Government Buildings & Grounds went smoke free effective 1/1/18.
- Community based organizations worked to gain support for adding e-cigarettes to CIAA, advocated for local funding to support tobacco cessation, made strides in protecting youth from tobacco marketing.
- Provided tobacco education to youth

Breastfeeding

- Worked collaboratively to increase the proportion of Oneida County babies who are breastfed.
- Hospitals successfully completed the Breastfeeding Quality Improvement initiative with NYSDOH.
- Hospital implemented couplet care and successfully completed breastfeeding education programs for all staff.
- Hospital successfully implemented breastfeeding performance improvement project, dropping supplementation rate.
- Four MVHS providers achieved the Breastfeeding Friendly Practice Designation.
- Received grant funding and implemented Centering Pregnancy Program.
- Increased the number of breastfeeding friendly daycares.
- Increased the number of community locations welcoming to breastfeeding mothers through the Breastfeed your Baby Here project.
- Community agencies worked toward increasing education for clients, breastfeeding initiation and duration rates.
- Breastfeeding Cafes utilization increased, increasing the number of people receiving peer and professional breastfeeding support.

CANCER SERVICES PROGRAM (CSP)

Goal 1: Assist at least one new employer in the area to initiate a paid leave policy for cancer screening.

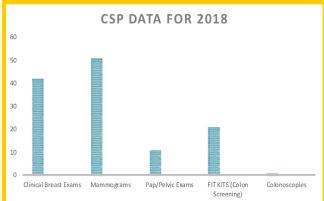
Employees worked with U.S. Materials Handling Company (Herkimer) and Herkimer County Health Net last winter.

Goal 2: Assist at least one new employer in the area to initiate a paid leave policy for cancer screening:

Employees worked with both Village of Vernon and City of Sherrill in 2018 to initiate process.

Goal 3: Provide education to employees at YMCA of the Greater Tri Valley on paid leave policy in an effort to increase the number of employees using this benefit..

Employees provided education to the Oneida and Rome YMCA employees to raise awareness of their paid leave policy.



2019 - CANCER PREVENTION IN ACTION GRANT - 5-YEAR GRANT FUNDED BY NYS DEPARTMENT OF HEALTH

- As part of Cancer Prevention in Action, collaborate with municipalities to raise awareness of civil service law 159B regarding paid leave for cancer screenings.
- Provide sun safety education to two daycare sites, two schools, and two worksites to promote sun safe behaviors.
- Educate at least three provider offices about HPV to increase HPV vaccination rates in the tricounty area.

CREATING HEALTHY SCHOOLS AND COMMUNITIES (CHSC)

Creating Healthy Schools and Communities (CHSC) is a five-year (2015-2020) grant-funded public health initiative by the NYS Department of Health awarded to Oneida-Herkimer Madison BOCES, in partnership with Oneida County Health Department.

CHSC aims at reducing major risk factors of obesity, diabetes, and other chronic diseases in 85 high -need school districts and associated communities statewide. Within Oneida County, CHSC participates with five school districts and their communities, which include **Adirondack Central School**, **Holland Patent Central School**, **Utica City Schools**, **Remsen Central School**, and **Whitesboro Central School**.

The Community deliverables, which are targeted by the Oneida County Health Department, include increasing access to healthy, affordable foods in communities, increasing adoption and use of food standards and procurement policies that increase healthy foods in community settings, and adopting/implementing Complete Streets policies, plans, and practices to increase access to opportunities to walk, bike, and roll.

HEALTH PROMOTION HIGHLIGHTS

2018 Accomplishments:

Story Walk 2018 – this was a successful project.

Location: Robertson Park, Sherrill NY **Book**: The Listening Walk by Paul Showers

Participants: 205 signed the sheet in the realtor box.

Worked with hospitals to have Smoking Cessation classes sustained through 2018, 15 total classes held.

Expanded Summer Recreation educational programs.

Coordinated the communities' work of the Community Health Improvement Plans for tobacco and breastfeeding.

Began work with the Planning Department and Community Partners on the TAP survey.

Worked with Planning and Youth Bureau on their relaunch of the Teen Pregnancy Prevention group.

2019 Initiatives/ Goals:

- Work with community Partners and hospitals on the CHA/ CHIP.
- Increase the amount of health education presentations provided to rural areas of Oneida County, by expanding the summer recreation program presentations in 2019.
- Maintain relationship with area hospitals and MVCC Respiratory Therapy Program, and sustain smoking cessation classes for the Oneida County community for 2019.
- Encourage community members to unplug and spend free time exploring, playing, and reading with "Screen- Free" Story Walks.
- Educate at least three provider offices about HPV to increase HPV vaccination rates in the tricounty area.
- As part of Cancer Prevention in Action, collaborate with municipalities to raise awareness of civil service law 159B regarding paid leave for cancer screenings.

Public Health Emergency Preparedness

he Public Health Emergency Preparedness (PHEP) Program supports the department's planning and response for all hazards in order to protect the health of the community. Such hazards can include disease outbreaks, environmental threats, and natural and man-made disasters. OCHD engages in preparedness activities with multi-agency partnerships 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 risk communications. OCHD has a cross-division Public Health Incident Response Team that convenes to manage the public health planning and response activities for any emergency event.

2018 PHEP HIGHLIGHTS

- OCHD conducted a Point of Dispensing exercise to test capabilities and plans to mass vaccinate in response to a public health threat; OCHD met the objective of processing a minimum of 40 people per hour with a throughput of 49 per hour.
- Due to the severity and significant risk of illness associated with the 2018 Influenza Virus, NYSDOH determined that an Imminent Threat to Public Health (ITPH) existed throughout NYS; in collaboration with Health Promotion staff, PHEP prepared and posted media and social media messaging, developed and distributed educational materials and alert and risk communication letters to school districts, day care providers, county departments and others. Posters were translated to 9 different languages and distributed to various organizations in the community.



In collaboration with Health
 Promotion and Environmental
 Health staff, PHEP staff developed a tick campaign to
 educate the public on protective measures against tick
 bites and the proper way to
 remove ticks. Activities in



Always Use Tweezers to SAFELY Remove a Tick

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cluding designing and posting a digital billboard, bus advertisements, Public Service Announcements (PSAs), Facebook posts, and a full page newspaper ad.

- Added two additional organizations to the Oneida County Closed Point of Dispensing (POD) Network for a total of 11 designated Closed POD member organizations. These organizations include, schools, colleges, businesses, and healthcare facilities that agree to plan for and receive medication to distribute to their employees in the event of a large scale biological threat such as anthrax.
- Updated the Health Department's Zika Action Plan and the Oneida County Health Care Facilities Mutual Aid Evacuation and Supply Plan.
- Approximately 1,300 copies of the Oneida County Disaster Preparedness Guides were distributed by OCHD staff to various community settings including community health events, health care facilities and program clients.

2019 PHEP GOALS

- Conduct an exercise to set up the County Staging Site (CSS), the designated site for receiving, storing and transport assets received in response to a public health emergency.
- Update the Oneida County Public Health Asset Distribution Plan (PHAD) and the Oneida County Health Department Public Health Emergency Preparedness & Response Plan (PHEPR).
- Continue to recruit and engage Closed POD partners in organizational and planning and training activities to support their capability to implement Closed POD operations; this includes developing a Closed POD Plan for county employees with DPW as the lead.

OPIOID CRISIS RESPONSE

In 2018, Oneida County Health Department was one of 24 NYS local health departments to receive opioid crisis funding to support crisis activities to address the high burden of opioid overdoses in the County. Allowable crisis response activities include improving availability and quality of overdose surveillance data, expanding access to naloxone (Narcan), increasing access to buprenorphine (suboxone) and linking overdose victims to treatment. To achieve these objectivies, OCHD worked with community partners to develop and plan the following activities:

2019 OPIOID CRISIS RESPONSE HIGHLIGHTS:

- In collaboration with the Mohawk Valley Crime Analysis Center, OCHD began implementation of the Overdose Detection Mapping Application Program (ODMAP), a surveillance tool being used nationwide to collect real-time overdose reports from first responders. ODMAP data is being used to proactively engage and link people that have experienced and overdose to treatment and supportive services. Activities to date include:
 - ♦ Secured commitments from 15 local law enforcement agencies to call in overdose reports to ODMAP.
 - ♦ Formation of an Oneida County ODMAP Overdose Response Team that is focuses on the crisis response to overdoses in the county. The team monitors ODMAP surveillance data, deploys peers to overdose victims to provide recovery support, identifies spikes in overdoses and issues alerts to the community and first responders regarding identified dangers.
 - ♦ Established a partnership with the Rescue Mission and other agencies to deploy Peer Recover Advocates to overdose victims reported to ODMAP.
- To improve access to timely and quality overdose data throughout the County, OCHD recruited five rural EMS agencies (Camden Fire and EMS, Florence, Osceola, and Boonville) to transition from paper reporting and adopt ePCR (Electronic Patient Care Reporting). OCHD Population Health Improvement Program grant funds will be used to cover initial startup costs for software.

2019 OPIOID CRISIS RESPONSE GOALS:

- Continued collaboration with the Mohawk Valley Crime Analysis Center to build law enforcement call in volume of overdoses to monitor and respond to overdose victims using peer responders.
- Continued collaboration and facilitation of the Oneida County ODMAP Overdose Response Team and its efforts to expand ODMAP, monitor peer response outcomes and define a process for identifying and developing a public messaging system in response to overdose spike alerts from ODMAP.
- Collaborate with peer specialist agencies to enhance peer specialist capacity by identifying and providing train the trainer opportunities for peer specialists and peer supervisors.
- Provide two buprenorphine waiver trainings for local medical providers (MDs, DOs, NPs, PAs) to improve local access of Medication for Addiction Treatment (MAT) for individuals with substance use disorders to private practices.

•	Collaborate with ACR Health, the County's designated Drug User Health Hub to recruit local hospi-
	tals to administer buprenorphine in their emergency departments and promote buprenorphine pre-
	scribing to private practices.

- Explore collaboration with HealtheConnections to develop a real-time opioid hospitalization tracking tool to improve the availability of surveillance data to enhance community response to the opioid epidemic.
- Partner with local providers to provide opioid overdose response trainings in corrections for at least 50% of Oneida County Correctional staff and 25% of inmates and Oneida County employees.
- Collaborate with 2-1-1 MidYork to develop and implement a marketing campaign promoting the implementation of the 2-1-1 opioid texting platform for community members seeking support and information for themselves, family or friends with opioid addiction.

Special Children Services

he Special Children Services Division provides Oneida County administration of the NYS Department of Health Children with Special Health Care Needs, Physically Handicapped Children, Early Intervention as well as Child Find Programs. Also within this division is the Education and Transportation of Handicapped Children's Program administered through the NYS Department of Education. This program is also known as the Preschool Special Education Program.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

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 to advocate for the best health care options to meet the needs of their children.

The program provides information and referrals for families of children and youth who have or are suspected of having serious or chronic health, behavioral or emotional conditions. The program as-

sists families in establishing a medical home, accessing private or public insurance, identifying gaps in community systems of care, establishing connections to community resources as well as support for youth transitioning to adult health care, work and independence.

CSHCN Program Data										
Eligible Children by Age	2016	2017	2018							
Birth<12	44	78	108							
13<17	40	28	29							
18<21	6	4	3							
Total Children	90	110	140							



As a component of CSHCN, the **Physically Handicapped Children's Program (PHCP)**, is offered to help Oneida County families pay for quality health care for their children with severe chronic ill-

ness 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.

PHCP Statistics									
Total Service Authorizations for Treat-	2016	2017	2018						
ment	426	306	225						
2018 Total Children Enrolled in Treatment Program									
34									

Early Intervention is part of the National Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP offers a variety of therapeutic and support services to eligible 0-2 year olds and their families.

The mission of the Early Intervention Program (EIP) is to identify and evaluate infants and toddlers as early as possible to determine if they are experiencing compromised development. The EIP is family-centered as it supports parents in nurturing and enhancing development through an array of coordinated services focused on the needs of the child.

The EIP is also community based so it creates opportunities for full participation of families with the delivery of services occurring in the child's natural environment. Private and Public insurances are utilized to help pay for the costs of EIP services in New York State.

Early Intervention Program Data									
*Accurate as of 01/30/2019									
	2016	2016	2018						
Multidisciplinary Evaluation (MDE) Performed	357	239	247						
Bilingual MDE's Performed	9	18	17						
Supplemental Evaluations Performed	105	126	144						
Special Instruction Visits	21,119	16,434	17,862						
Physical Therapy/Occupational Therapy Visits	14,013	14,746	15,205						
Speech/Language Therapy Visits	17,841	21,574	19,206						
Vision Therapy Visits	76	124	161						
Social Work Visits	33	396	104						
Total of Visits including Service Coordination	52,177	52,033	65,487 *						
*Addition of Community Providers of Service Cool	rdination for total	calendar ye	ar 2018						

Child Find identifies and tracks infants and toddlers that are at risk for developmental delays. The Child Find Program works with families, doctors, daycare providers and community agencies to determine when a referral needs to be made to the Early Intervention Program. Public awareness and professional training are critical for a successful Child Find Program.

Preschool Special Education Program (or Education/Transportation of Handicapped Children's Program ETHCP) is administered through New York State Department of Education. Federal and state laws govern the program and grant administrative authority to school districts located in Oneida County. NYS Education Law mandates each county provide funding for this program. Educational and therapeutic service provision occurs in least restrictive environments to maximize the preschool students with disabilities learning potential.

This program is for children ages 3 and 4 years old who have been evaluated and classified as Preschool Students with a Disability through their school district's

Preschool Special Education Program Data									
	2016	2017	2018						
Evaluations completed to determine eligibility	373	306	359						
Number of children evaluated									
Classified Preschool Students with a Disability	689	767	772						
Number of distinct children									

Committee on Preschool Special Education. Classified children receive an Individualized Education Plan which outlines a variety of special services intended to take full advantage of a child's learning capabilities.



2018 SPECIAL CHILDREN SERVICES PROGRAM HIGHLIGHTS

2018 Accomplishments

- All referral, intake, status of "medical home", insurance and encounter notes are recorded in the **CSHCN** database. Family and child information is maintained using this "paperless" system, which has increased the efficiency of collecting, and using the data. CSHCN Program staff can more easily track successes, identify gaps in service delivery and observe trends in care for children and youth Birth through 21.
- In the CSHCN Program, Oneida County experienced a 39% increase in children referred between the ages of Birth to 12 years old due to improved outreach activities for this target group. Program staff participated in 55 community events as well as collaborating with Mohawk Valley Perinatal Network to send 138 information packets to local pediatrician offices, daycare providers, community preschool programs, and school district nurses discussing Special Children Services in Oneida County. The Public Health Nurse coordinating CSHCN is a standing committee member for multiple community advisory agencies giving Oneida County the opportunity to inform our partners of services offered through the Health Department.
- **PHCP** identified a new orthodontist able to treat children through the Dental Rehabilitation Program in Oneida County after the retirement of the local provider.
- With the addition of community partners approved by NYS to provide initial and ongoing service coordination, home visitation for families receiving this service in the Early Intervention Program was increased by 25% in 2018
- The **Early Intervention Program** participated in the NYS sponsored "Improving Family Centeredness Together (IFaCT) project. Community partners providing service coordination also participated along with Oneida County staff to develop a Community Activities Listing as a resource for families of developmentally delayed or disabled children. This resource is given to all families as they are referred to the **Early Intervention Program** providing a quick reference of things the family can do as a unit.
- **Preschool Special Education** contracts were executed for four (4) Oneida County school districts midyear of 2018. Between 7/1/2018 and 12/31/2018, approximately 15% of the 504 authorized services in preschool special education were provided by school districts in which the children resided most notably speech and language therapy. This percentage represents 76 student services that may have been waitlisted if the school district did not accept the case for service delivery.

2019 Goals

- **CSHCN** will increase the number of referrals for children and youth between the ages of 13 to 21 by 20%.
- **Early Intervention** will collaborate with community partners of service coordination to improve the paper flow of documents between OCHD and approved agencies. Quality Improvement Science Tools will be used to reach a goal of 80% efficiency as measured by the Early Intervention Self-Assessment Tool provided by the NYS Department of Health.
- Preschool Special Education will increase the number of services provided by Oneida County school districts to 25%.

Environmental Health

he 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.

Services provided and programs in the Environmental Division are funded by Oneida County and through grants provided by the New York State Department of Health, permit fees, 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.

COMMUNITY SANITATION & FOOD PROTECTION PROGRAMS

Temporary Residences: Temporary residence inspections include hotels, motels, and cabin colonies emphasizing 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 the water quality of the beaches and pools.

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.

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.

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: Inspections focus on ensuring tanning equipment and records are maintained. The were 17 tanning facilities in operation in 2018.

Number of Regulated Facilities, Inspections and Field Visits for the Community **SANITATION PROGRAM 2014—2018**

Community Sanitation		Number	active fa	cilities*		Inspections, Re-inspections &				ı
Programs						1	Pre-opera	tional ins	pections	
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
Temporary Residences	49	47	48	51	51	60	61	53	51	53
Swimming Pools &										
Bathing Beaches	89	86	88	92	96	127	129	113	121	125
Campgrounds	27	29	31	30	31	31	34	32	33	32
Children's Camps	19	17	16	15	15	39	36	35	30	33
Mobile home parks	65	65	65	66	66	73	83	88	75	75
* 1 abuse ,	/ inciden	t investig	gation w	as cond	ucted a	t a Child	ren's Can	որ in 201	8.	

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.

NUMBER OF REGULATED FACILITIES, INSPECTIONS & FIELD VISITS 2014—2018

Food Protection Program	Number active facilities*				Inspections, Re-inspections Pre-operational inspection					
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
Low risk	85	102	90	80	87	98	88	116	47	101
Medium risk	596	870	560	521	520	730	834	861	608	707
High risk	437	696	396	394	401	510	696	883	602	884
Total	1118	1668	1046	995	1008	1338	1618	1860	1189	1692

Other Food Programs:

- 43 summer feeding sites, 38 inspections, 5 closed early due to low participation without informing OCHD.
- 90 mobile food vendors, 126 inspections.
- 145 inspections at 126 temporary events with a total of 285 vendors.
- 39 complaint investigations, 54 illness investigations, 4 outbreak investigations.
- 56 CIAA (Clean Indoor Air Act) complaints & investigations.

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. There were 231 ATUPA (Adolescent Tobacco Use Prevention Act) compliance checks at 215 retail tobacco vendors in 2018.

Adolescent Tobacco	2011	2012	2013	2014	2015	2016	2017	2018
# Retail Tobacco Vendors	227	197	228	231	219	220	217	215
# Compliance Checks	236	140	192	178	369	212	226	231

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.

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.

Rabies Prevention Program	2011	2012	2013	2014	2015	2016	2017	2018
Rabies exposure investigations	624	808	539	577	718	563	482	444
Post-exposure treatment for humans	72	96	73	69	70	56	51	51
Rabies vaccines administered to pets	1,129	1,197	1,008	960	890	659	533	456
Sponsored pet vaccination clinics	11	13	11	11	10	9	9	9

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 2018, 88 collections of mosquitoes were analyzed and no WNV or EEE was detected and no animals or humans were infected with WNV or EEE. In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE.

PUBLIC WATER SUPPLY PROGRAM

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.

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 well water and septic regulations.



REGULATED PUBLIC WATER SYSTEM INFORMATION FOR 2013—2018

	2013	2014	2015	2016	2017	2018
Active	156	155	157	152	155	155
	156	150	156	151	150	90
Inspected	(109 Sanitary Surveys)	(75 Sanitary Surveys)	(75 Sanitary Surveys)	(51 Sanitary Surveys)	(63 Sanitary Surveys)	(66 Sanitary Surveys)
Notices of viola- tions issued	187	185	168	131	96	99
Formal enforce- ment actions (Stipulation / Hearing)	4	13	11	13	10	0
Boil water orders and other emer- gencies	2 (17 precautionary advisories)	10 (18 precautionary advisories)	20 (including precau- tionary)	15 (including pre- cautionary)	12 (including precautionary) 1 Do Not Drink Order	12
Samples collected	221 Coliform 23 Chemical	199 Coliform 13 Chemical	177 Coliform 21 Chemical	157 Coliform 12 Chemical	151 Coliform 14 Chemical	97 Coliform 19 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	2011	2012	2013	2014	2015	2016	2017	2018
Water system expansions/	13	9	7	4	8	10	8	7
Improvements Backflow prevention devices	4	2	9	7	17	12	12	17
Realty subdivisions	2	1	3	0	0	0	3	0
Individual wastewater disposal systems plans (non-conventional)	6	3	4	1	4	3	1	4
Pit privies	0	1	0	0	0	0	0	0
Swimming pool (new or improvements)	0	4	2	3	0	3	4	3
Campground (improvement or expansion)	0	1	2	1	2	0	1	1
Mobile home park	0	0	0	0	0	1	1	1
Temporary residences (hotel, motel, cabins)	0	0	2	1	0	0	0	0
Total plans	27	23	31	19	34	31	30	33

LEAD POISONING PREVENTION PROGRAMS

Childhood Lead Poisoning Primary Prevention Program (CLPPPP)

The CLPPPP 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.

The CLPPPP is a non-mandated NYS Department of Health program with funding distributed to counties that have significant childhood lead poisoning cases in their borders. The County has had this program since 2007 and has realized a significant reduction in the number of children in the secondary lead poisoning prevention program as the result of the lead poisoning prevention initiatives of this program.

LEAD PRIMARY PREVENTION STATISTICS 2014—2018

Metric	2014	2015	2016	2017	2018
# of Initial Lead Primary Prevention Home Inspections in pre-1978 Housing	252	250	201	183	165
# of Units Inspected with Children under age six	143	105	155	139	133
# of Children < Age 6 Living in Inspected Units	275	196	279	NA**	249
# of Children who lacked a lead test in a unit and were referred for testing	136	100	145	97	127
# of Housing Units inspected where high lead dust hazards were found	226	233	160	121	129
# of Units That Received a Notice & Information to Repair Hazards; Includes Low Lead w Visuals (LLV) visual chipping paint hazards but low lead dust levels.	134	227	160	144	149

^{**}CLPPPP was unable to extract this info from the new CoInspect data collection platform in 2017.

Secondary Lead Poisoning Prevention Program

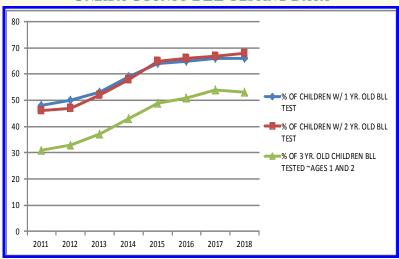
The Secondary Lead Poisoning Prevention Program is a NYS Department of Health mandated program that provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels (BLL). Services provided include home inspections, outreach worker home 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 mcg/dL. Parents/guardians of children with BLLs \geq 5 mcg/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. Pending approval of the NYS Budget, the action level for full service visits will be lowered from 15 mcg/dL to 5 mcg/dL. Specific regulations would then be re-written by the NYS Department of Health for implementation by County Health Departments. Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community members and agencies, and provide 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.

ONEIDA COUNTY BLL TESTING DATA (NYSIIS DATA)

	2011	2012	2013	2014	2015	2016	2017	2018
1 YR. OLD	48%	50%	53%	59%	64%	65%	66%	66%
2 YR. OLD	46%	47%	52%	58%	65%	66%	67%	68%
3 YR. OLDS W/ BLL	30%	33%	37%	43%	49%	51%	52%	53%
TESTS ~ AGES 1 & 2								

ONEIDA COUNTY BLL TESTING DATA

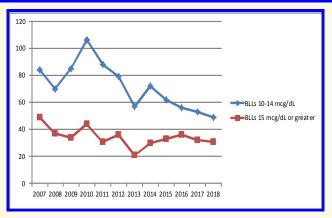


- One-year-old testing rates have increased by 18% from 2011 2018
- Two-year-old testing rates have increased by 22% from 2011 2018
- The number of three-year-old children that were tested at around age one and around age two increased by 23% from 2011 2018

INCIDENCE OF CHILDREN WITH BLL 10 MCG/DL OR GREATER (NYS LEADWEB DATA)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BLLs 10 – 14 mcg/ dL	84	70	85	106	88	79	57	72	62	56	53	49
BLLs 15 mcg/dL or greater	49	37	34	44	31	36	21	30	33	36	32	31

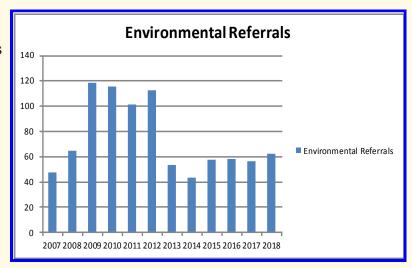
- The number of children with Blood Lead Levels 10 14 mcg/dL decreased by 35% from 2007 2018.
- The number of children with Blood Lead Levels 15 mcg/dL or higher decreased by 18% from 2007 –2018.



Number of Environmental Referrals Based on Children with Blood Lead Levels 15 MCG/DL or Greater (Local Data)

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Environmental Referrals	47	64	118	115	101	112	53	43	57	58	56	62

The number of Environmental Referrals received have increased by 15% between 2007 and 2018.



HEALTHY NEIGHBORHOODS PROGRAM

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.

Staff to provide program information on housing hygiene and safety to community residents and organizations through outreach, trainings and meetings. Select products are distributed to residents within the geographically defined area of the program to assist them in making their home safe. Numerous educational materials are also provided to residents as needed. This program focuses on a target area in south Rome and towns in western Oneida County and is well received within the community.

HNP VISITS MADE FROM JULY 1 THROUGH DECEMBER 31, 2014—DECEMBER 2018

	2014	2015	2016	2017	2018
INITIAL VISITS	84	264	377	397	409
RE-VISITS	0	52	109	87	81

EH DIVISION 2018 HIGHLIGHTS

- The Oneida County Sanitary Code Revision was accepted by the New York State Department of Health for enactment on August 17, 2018.
- The Fat Oils & Grease (FOG) Program in collaboration with Department of Water Pollution Control continues to be developed with 22 field inspections in 2018.
- An application for a five-year renewal of the Healthy Neighborhoods Program (HNP) was submitted in October.
- EH staff assisted the Community Foundation of Oneida & Herkimer Counties and the City of Utica with HUD Grant application for lead hazard control that was awarded to the City of Utica in December of 2018.
- Four separate outbreaks in food service facilities were investigated.
- Two new staff hired. One (Public Health Tech 1) in February for the FOG program and one (clerk) in June following a retirement.
- One FSIO 2 (Food Service Inspection Official) training nearly completed with NYS DOH.

2019 GOALS

- Continued collaboration with Department of Water Pollution Control FOG Program.
- Collaboration with the City of Utica and LeadFreeMV on the HUD lead hazard control grant.
- One FSIO 1 trained by OCHD FSIO 2 & NYS DOH.
- EH Director maintain building code certification.

Clinical Services

he Diagnostic and Treatment (D&T) Clinic targets the prevention and control of communicable disease through the Immunization, Tuberculosis, and Communicable Disease 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 for investigating over 70 reportable communicable diseases, in a thorough and timely manner, to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. The department received about 9,236 reports through the year, of which 4,093 were confirmed and probable cases. All confirmed and probable cases were reported to the New York State (NYS) Health Commerce System.

The CD Department led several outbreak investigations through the year including gastrointestinal, influenza, pertussis and scabies and conducted follow up surveillance.

Oneida County did not have any cases of Zika Virus Infection in 2018. As of February 28, 2018 NYSDOH no longer designated centers for the collection and transport of Zika Virus specimens. In addition, preauthorization from the health department prior to sending specimens to Wadsworth was no longer required. This allowed individuals interested in testing to go to the laboratory of their choice for testing as long as they had a script from their provider. Oneida County Health Department continues to help advise providers on what tests are available, how to order testing, and how to interpret lab results.

This program is also responsible for responding to both community and provider questions via phone or email. A total of 245 phone calls were recorded. CD staff also provides ongoing educa-

tion during individual and outbreak investigations. In addition, the staff assists providers with testing recommendation and infection control measures for uncommon diseases reported by providers such as varicella and mumps.

CD UPDATE

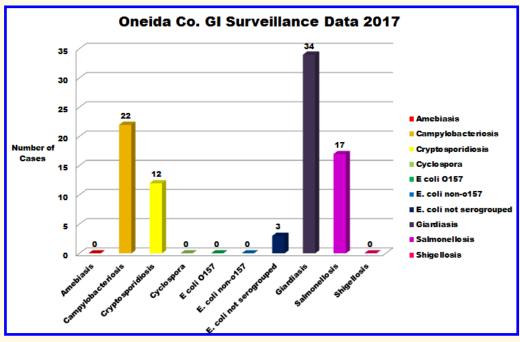
As of January 22, 2018, there were changes to the case definitions for Anthrax, Candida auris, Hepatitis C perinatal infection, Yersinia, and E. coli. There were also updates for supplemental investigation forms used for investigation of diseases in the community.

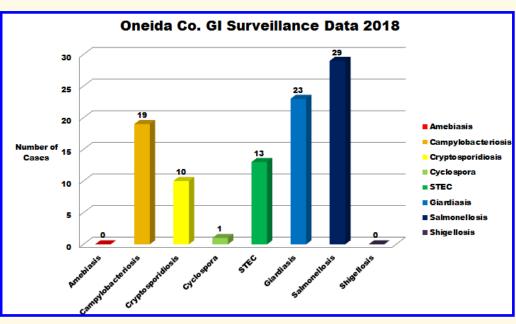
This year the department experienced an increase in some of our routine investigations. There was a 56% increase in salmonella (28 in 2018 compared to 18 in 2017). Pertussis continues to trend downwards. In 2018, we saw an addition 80% decrease in pertussis cases (1 in 2018 compared to 5 in 2017). The department also investigated 2 cases of yersiniosis. There were no reports of yersinosis infection from 2015-2017.

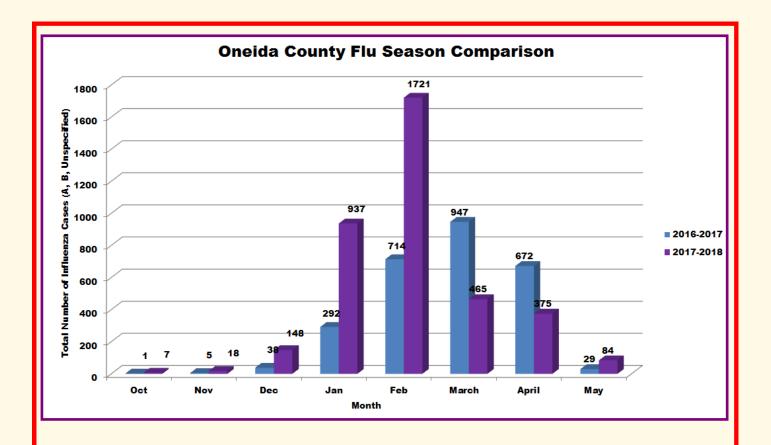
Sentinel vs. Non-sentinel: Ticks are incredibly prevalent in Oneida County. Therefore, we tend to see high numbers of Lyme Disease Cases. We see so many in fact that we are unable to investigate all positive Lyme Disease Lab reports. The State Health Department chooses 20% of our cases to be investigated. The chosen lab reports are the "sentinel" lab reports. The unchosen or "nonsentinel" lab reports are not investigated. The Lyme disease numbers at the end of the year are estimated based on the confirmed and probable sentinel cases.

Communicable Diseases	2016	2017	2018
Amebiasis	2	0	2
Anaplasmosis	1	1	0
Babesiosis	1	0	0
Campylobacter	32	22	19
Chlamydia	786	840	825
Chlamydia PID	0	1	1
Cryptosporidiosis	18	12	9
Dengue Fever	1	0	0
E. Coli 0157:H7	2	N/A	N/A
E Coli, Not Serogrouped	2	N/A	N/A
E. Coli, Serogrouped Non-0157	1	N/A	N/A
Shiga Toxin Producing E. Coli (STEC)	N/A	2	10
Ehrlichiosis	0	0	0
Encephalitis –viral	0	1	0
Encephalitis – West Nile	0	0	0
Giardiasis	36	34	23
Gonorrhea (simple)	111	162	108
Gonorrhea (PID)	0	1	1
Gonorrhea (PPNG)	0	0	0
Group A Streptococcal	13	12	9
Group B Streptococcal	47	35	29
Group B Streptococcal (Early Onset)	2	3	1
Hemolytic Uremic Syndrome (HUS)	0	0	1
Haemophilus Influenza, Inv.	0	1	0
Haemophilus Influenza, Inv. Not B	2	4	7
Hepatitis A	2	0	1
Hepatitis B (Acute)	2	0	1
Hepatitis B (Chronic)	18	21	22
Hepatitis B (Chronic) Probable	27	26	27
Hepatitis C (Acute)	5	6	11
Hepatitis C (Chronic)	114	154	155
Hepatitis C (Chronic) Probable	140	85	52
Hepatitis C (Chonic) Ab+ RNA-	N/A	51	45
Hepatitis C (Chronic) Unknown	32	N/A	N/A
Herpes Infant, Inf. <60 days	2	0	0
Influenza A	1,539	1,485	2,819
Influenza B	189	1,298	803
Influenza, Unspecified	1	9	25
Legionellosis	9	11	18
Listeriosis	0	1	1
Lyme Disease	12	14	22
Lyme Disease Probable	3	10	1
Lyme Disease Non Sentinel	241	525	425
Lyme Disease – Sentinel	53	137	117
Malaria	0	0	2
Measles	0	0	0
Meningitis –Aseptic	0	10	11
Meningitis – Other Bacterial	0	2	0
Meningococcal Infection	0	0	0
Mumps	0	0	0
Pertussis	13	5	1
Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	31	18	28

Communicable Diseases, cont'd	2016	2017	2018
Shigellosis	4	1	0
Strep Pneumoniae (Invasive, Drug Resistant)	1	1	0
Strep Pneumoniae (Invasive, Intermediate)	0	0	0
Strep Pneumoniae (Invasive, Sensitive)	16	22	16
Strep Pneumoniae (Unknown)	1	0	0
Syphilis (Primary and Secondary)	6	2	9
Syphilis (Early Latent)	3	3	7
Syphilis (Late Latent)	9	12	4
Toxic Shock	0	0	0
Tuberculosis	9	9	4
Typhoid Fever	0	0	0
Vibriosis	0	2	0
Yersinoisis	0	0	2
Zika	4	0	0

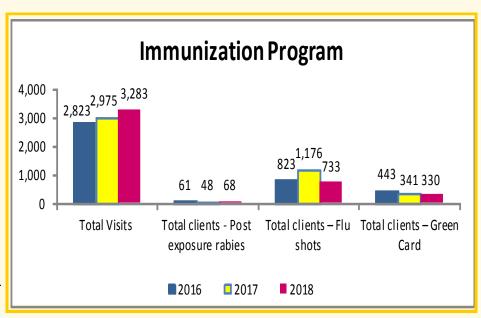






IMMUNIZATION PROGRAM

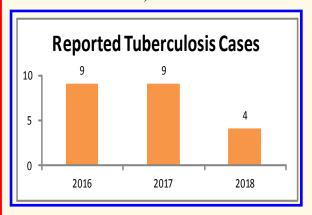
Immunizations are offered to people of all ages to protect themselves and others from vaccine preventable diseases at Utica and Rome clinic sites. Evening clinics are offered from May to October to accommodate the public's work schedule and meet the need for school and college age students' vaccine requirements. Thirty-six additional immunization clinics were held during

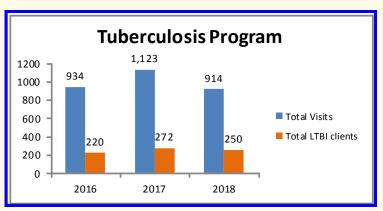


the months of September and October due to high public demand related to school vaccine requirements.

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 (Latent TB Infection—LTBI) are identified and receive treatment.

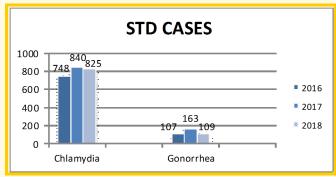


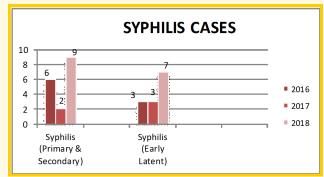


SEXUALLY TRANSMITTED DISEASES (STD) PROGRAM

This program ensures provision for evaluation, testing, diagnosis, and treatment of sexually transmitted diseases (chlamydia, gonorrhea, syphilis) to the public. Behavioral counseling occurs to promote a healthy sexual lifestyle and to prevent infection and future disease transmission.

In 2018, Planned Parenthood Mohawk Hudson and Sister Rose Vincent Family Medicine Center provided STD testing and treatment program in accordance to the NYSDOH regulations for Oneida County residents.





HIV COUNSELING, TESTING AND PREVENTION PROGRAM

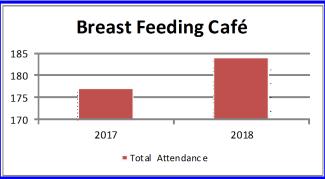
This program serves to help uninfected persons initiate and sustain behavioral changes that reduce their risk of becoming infected, which includes referrals to Pre-Exposure Prophylaxis (PrEP) providers. The program also assists/educates the infected person to avoid infecting others, and encourages and assists infected person to obtain early and appropriate medical care.

In 2018, the testing site for this program was Planned Parenthood Mohawk Hudson and Sister Rose Vincent Family Medicine Center.

MATERNAL CHILD HEALTH PROGRAM

Breastfeeding Initiative: MCH staff has been active in the Breastfeeding Network and the Breastfeeding Cafés.

There are 7 Breastfeeding cafes held each month in Oneida County. The Oneida County Health Department hosts one café and co-hosts two Breastfeeding Cafés each month. The Breastfeeding Cafés are promoted through the Hospital and Maternal Child Community based agency efforts. These continued and wide spread efforts have resulted in an overall



increase of attendance and interest in the clinics. Approximately 35 % of the clinic attendees are women participating for the first time.

PRESUMPTIVE ELIGIBILITY PROGRAM

OCHD continues to ensure women access to prenatal Medicaid for women with a family size and earnings up to the 233% Federal Poverty Level and identified with an immediate need to initiate and/or retain prenatal services for themselves or the newborn. OCHD continues to help women find the most appropriate way to access Medicaid/Medicaid Managed Care either through OCHD or by referral to other agencies.

During 2018 OCHD addressed 12 telephone inquiries. All were appropriate referrals to the other community based agencies that are designated to complete the prenatal Medicaid application. The OCHD will continue to have trained staff available to assist with this application process for those women that have no other options available. No presumptive Eligibility Screenings were performed this year.

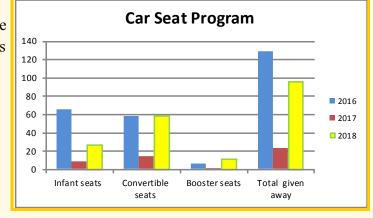
INJURY PREVENTION PROGRAM

The goal of the injury prevention program is to decrease the number of injuries of children in motor vehicles accidents in Oneida County by education and distribution of 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. In 2018, the funding has been reinstated. We will continue to educate the community on proper installation of car seats for Oneida County.

Bicycle Helmets: The Governor's Traffic Safety Committee ceased funding for bicycle helmets in 2016.



DIAGNOSTIC & TREATMENT (D&T) CLINIC 2018 ACCOMPLISHMENTS

- During 2018, the clinic used various QI techniques were used to improve surveillance of diseases.
- QI technique tools were used to analyze operations for improvement of quality of service. This began to positively transform the performance at the clinic.
- Staging QI components into the clinic to reform operations has led to steady improvement for effectiveness and efficiency.
- 100% of all information on newly reported TB cases were reported electronically through the NYSDOH Health Commerce System.
- Policies and procedures are compliant with the rules and regulations for a D&T clinic.

2019 GOALS

- D&T Clinic will continue to use QI techniques and tools to improve all areas of the clinic
- Workforce development plan will be in place for the clinic staff.
- Nursing competencies with weekly trainings and educational components for all nursing staff.
- Task force with clinic and Environmental Health to look at rabies and legionella policies and procedures.
- Team building: "Coming together is a beginning. Keeping together is progress. Working together is success." --Henry Ford



"PROMOTING & PROTECTING THE HEALTH OF ONEIDA COUNTY"

