

Oneida County Health Department



2010 ANNUAL REPORT

“Promoting & Protecting the Health of Oneida County”

Anthony J. Picente, Jr.
Oneida County Executive

Gayle D. Jones, PhD, MPH, CHES
Director of Health

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Message from the Director

"In our society we tend to focus more on treating the sick than we do on keeping people well," - Sarah Wakefield, Alternative Journal, August 2005



Dr. Gayle Jones
Director of Health

In fulfilling its mission of promoting and protecting the health of Oneida County, the Health Department has, in 2010, stressed the prevention of illness through its programs, services and collaborative activities.

Responding to the threat of the influenza pandemic, reducing lead hazards and increasing the lead-safe housing stock in our inner city neighborhoods, preventing the spread of arboviruses, promoting healthy lifestyles such as the 'Get Moving' initiative and the cessation of tobacco use, and providing education on the long-term health effects associated with adverse childhood experiences have all been elements of our emphasis on preventing negative health outcomes in our community.

The 2010 Annual Report provides a comprehensive detailing of our many programs and services diverse in their scope but coordinated in the purpose of maintaining the health of those we serve, while judiciously expending the finite resources that might otherwise be expended through long-term health and social service costs.

I wish to express my appreciation to the dedicated staff for their assistance in the preparation of this report as well as for their professionalism in the performance of their duties throughout the year.

In addition, I wish to thank Oneida County Executive Anthony J. Picente, Jr. for his leadership in the area of Public Health initiatives. I also wish to thank the Oneida County Board of Legislators for allowing me the opportunity to serve as Director of Public Health for Oneida County.

Respectfully,

Gayle D. Jones, PhD, MPH, CHES

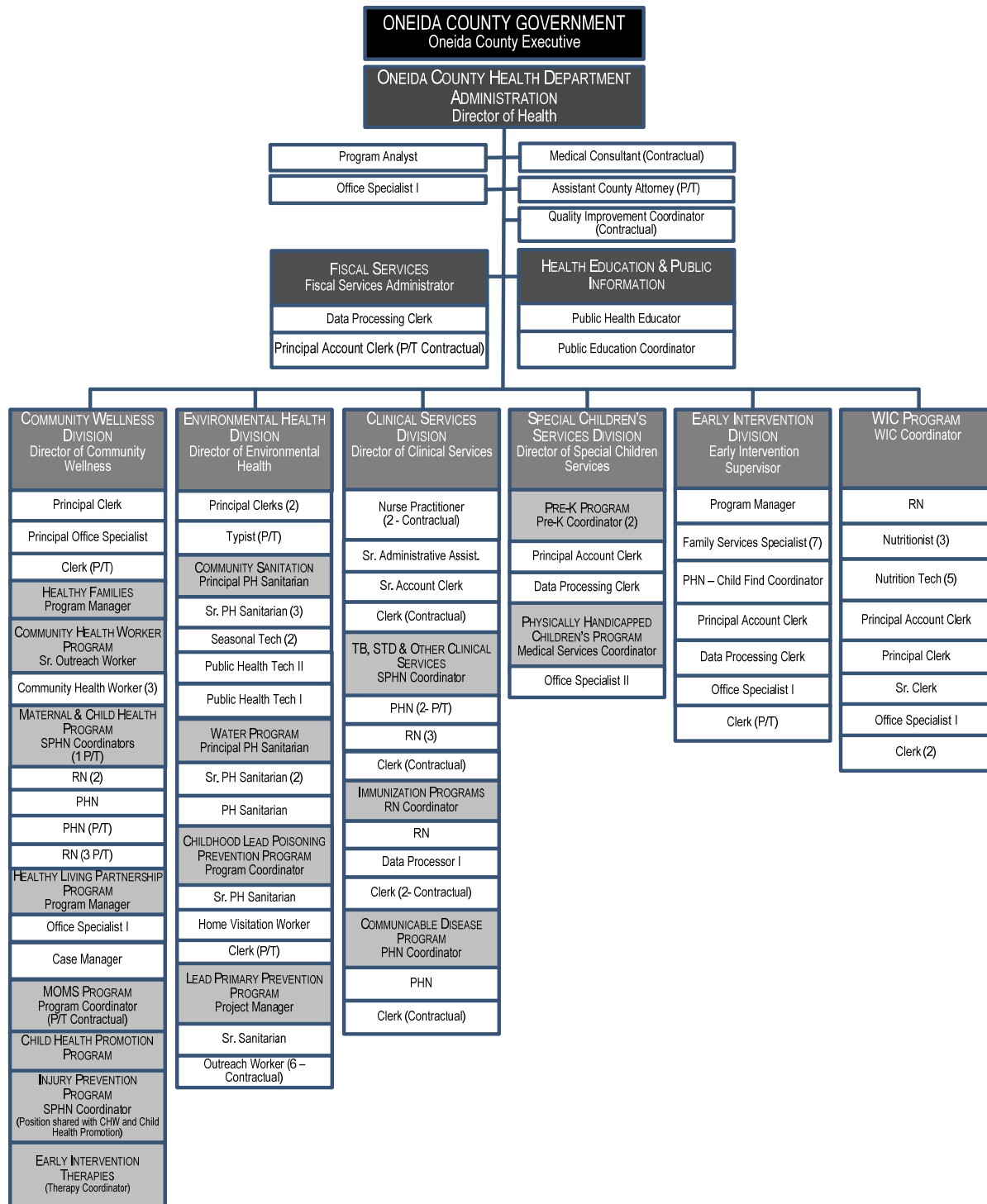
Director of Health



Public Health
Prevent. Promote. Protect.

2010 Organizational Chart

"At the heart of all successful public health initiatives are the workers who promote and protect the public's health and safety" - NYSDOH



Financial Services

"An Ounce of Public Health is Worth a Pound of Health Care"
- Unknown

Financial Services staff assists in preparation of the department's annual budget; prepares required financial statements and government reports; ensure that spending is within the budget allotments; ensures revenues from 3rd party reimbursements; and prepares claims for State and Federal and other reimbursement.

2010 FINANCIAL REPORT

	TOTAL COSTS	% OF BUDGET	% OF FEDERAL FUNDING	% OF STATE FUNDING	% OF COUNTY FUNDING	% OF OTHER FUNDING	% OF MEDICARE MEDICAID
ADMINISTRATION	\$840,944	3.5%		45%	54%	1%	
PRE-SCHOOL (3-5)	\$12,415,475	52.2%	7%	52%	41%		
EARLY INTERVENTION	\$3,541,892	14.9%	10%	15%	23%		52%
PHYSICALLY HANDICAPPED CHILDREN	\$174,826	.7%		58%	42%		
PUBLIC HEALTH CLINIC	\$1,393,287	5.8%	13%	25%	22%	23%	17%
LEAD PRIMARY PREVENTION	\$315,443	1.3%		100%			
LEAD SCREENING	\$255,751	1%		65%	35%		
TB	\$50,759	.2%		100%			
ENVIRONMENTAL HEALTH	\$1,161,135	5%		34%	39%	27%	
COMMUNITY HEALTH OUTREACH	\$213,007	.9%		95%	1%		4%
COMMUNITY WELLNESS	\$793,205	3.3%		24%	31%	23%	22%
WIC	\$1,070,628	4.6%	96%	4%			
IMMUNIZATION CONSORTIUM	\$178,419	.7%	5%	82%	13%		
HEALTHY FAMILIES	\$451,990	1.9%		100%			
HEALTHY LIVING PARTNERSHIP	\$406,923	1.7%	22%	78%			
EMERGENCY PREPAREDNESS	\$534,068	2.3%	100%				

Health Education & Health Planning

"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time." -
Former U.S. Surgeon General C. Everett Koop

What is community or public health? Public health is protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Overall, public health professionals are concerned with protecting the health of a *community* within a given area (such as Oneida County) through prevention; this is in contrast with health care professionals whose primary focus is on treating *individuals* after they become sick. Public health fulfills its responsibility to the community in three key areas known as the **Core Functions of Public Health: Assessment, Assurance and Policy Development**. These core functions can be understood by looking at the major activities that take place within each of these categories, or what is referred to as the 10 Essential Public Health Services. They are as follows:

HEALTH EDUCATION & HEALTH PLANNING QUIZ:

(Answers on Pg. 10)

1. What is the single most effective way to prevent the spread of disease?
2. The majority of car seats are installed correctly. True or False?
3. Community Health Assessment is a core function of all health departments. True or False?
4. The Health Department provides all of the essential public health services needed in a community. True or False?
5. Public health departments are first responders to a wide variety of health threats which may never make the evening news. True or False?

Assessment:

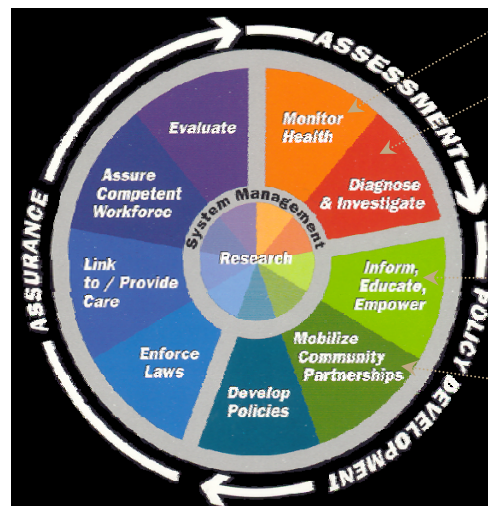
1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Policy Development:

4. Develop policies and plans that support individual and community health efforts
5. Enforce laws and regulations that protect health and ensure safety.
6. Research for new insights and innovative solutions to health problems

Assurance:

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Inform, educate, and empower people about health issues
10. Mobilize community partnerships to identify and solve health problems



Community Health Assessment

Public Health Emergency Preparedness

Health Education

Community Collaborations

Health education focuses on wellness, safety, and preventing disease

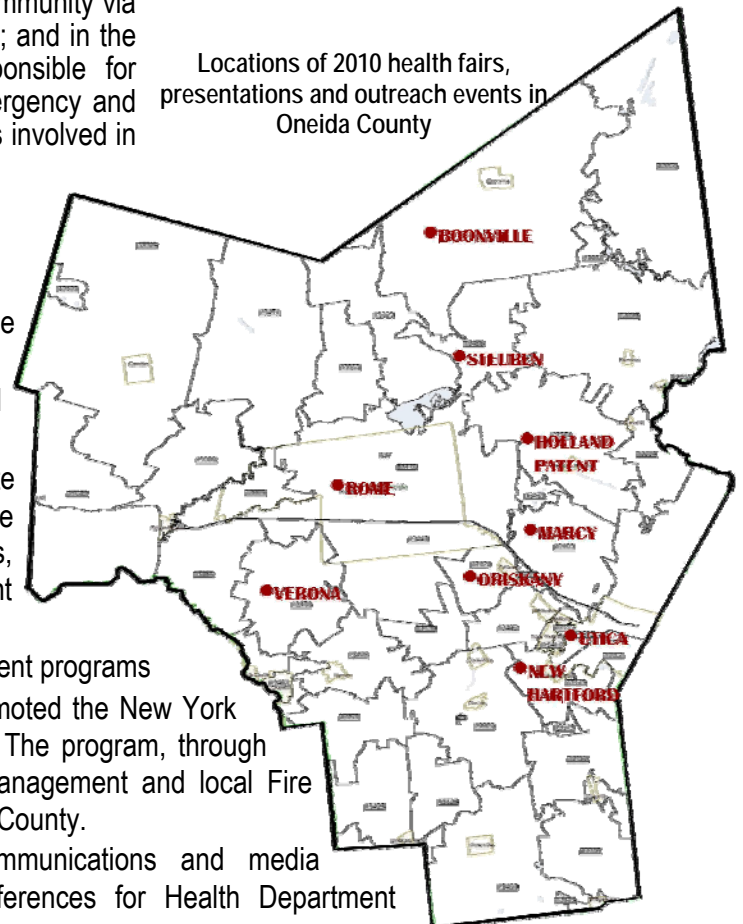
Most of the activities taking place in the Health Department fall into one or more of these Core Functions and its connecting Essential Public Health Services; however this section will focus on the OCHD activities specific to *Health Education and Health Planning* specific to Community Health Assessment, Community Collaborations, and Public Health Emergency Preparedness.

HEALTH EDUCATION

The goal of Health Education is to inform and educate people about health and safety issues. We aim to provide people with information to improve their personal health and strive to do so within the context of the society we live in. We work with the community on a variety of health topics, talk to community members and agencies about health department programs, and help make people aware of important health and safety issues. We focus on wellness, safety, and preventing disease. Our activities include educational presentations, community events, outreach, health fairs, distributing materials, and helping residents with their questions. We work with employers, schools, colleges, businesses, and community agencies. Public information involves the dissemination of information pertaining to the Health Department and its programs and services to all segments of the community via health fairs, media interviews and press releases; and in the event of a public health emergency, is responsible for informing the public as to the nature of the emergency and coordinates with the media and all other agencies involved in order to protect the health of the community.



Locations of 2010 health fairs, presentations and outreach events in Oneida County

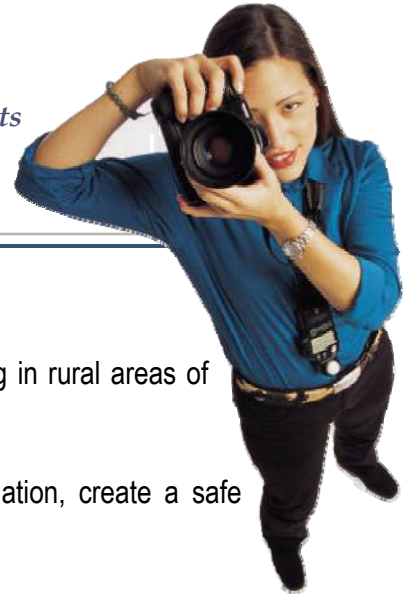


Looking Back at 2010...In Public

Health Education:

- Worked with over 4,300 residents across the county
- Participated in over 45 community events and presentations
- Continuously worked to redesign and update the health department website to provide current information on health alerts and issues, product recalls, and health department programs.
- Provided education support to health department programs
- With our Environmental Health Division, promoted the New York State Fire Prevention and Safety Program. The program, through the Oneida County Office of Emergency Management and local Fire Departments, installed alarms throughout the County.
- Coordinated all emergency response communications and media interviews, press releases and press conferences for Health Department programs.

Community health assessments are a "snapshot" of the health condition of the community.



Looking Forward to 2011...In Public Health Education:

- Formalize an education and outreach plan that reaches residents living in rural areas of the county.
- Build the emergency preparedness volunteer program.
- Continue to support residents in their efforts to access health information, create a safe environment for their children, and improve their overall health.
- Improve access to health information through our website
- Continue to work with local agencies to promote and protect the health of Oneida County.
- Improve readability of OCHD brochures used for the public
- Continue to develop and coordinate media communications and events for Department programs.

COMMUNITY HEALTH ASSESSMENT

Similar to the way a doctor examines us and diagnoses individual health issues, the OCHD uses community health assessments to diagnose the health of our County. This involves regularly collecting, analyzing, organizing, and distributing data and information on health status and community health needs and resources. *Why should community health assessment matter to you?* It tells us whether the health of our community is getting better or worse; it identifies significant health issues and alerts us to emerging ones; it is used to make decisions about policies, programs, services and funding needed in the community; and it a basis for advocating for needed changes and for mobilizing community partnerships.

Looking Back at 2010...In Community Health Assessment:

- Finalized and released the Oneida County 2010 – 2013 Community Health Assessment (CHA) developed with input from over 140 agency/organizational representatives and over 2,000 county residents.
- Partnered with Oneida and Herkimer County representatives to hold the 2010 Regional Health Summit to form workgroups to develop projects to address the 5 priority health issues in the CHA (*Physical Activity and Nutrition, Chronic Disease and Cancer, Mental Health and Substance Abuse, Access to Quality Care and Healthy Mothers, Babies & Children*).
- Collaborated with the County's 3 local hospitals in preparing their annual Community Service Reports describing how hospitals will address the priority health issues in the CHA.
- Provided guidance to community agencies and individuals seeking data for specific health issues.
- Assisted with the compilation and submission of the Oneida County Municipal Public Health Services Plan to New York State Department of Health which identifies ways in which the OCHD will address the priority health issues in the CHA.
- Assisted in preparing for and educating community on the release of the 2010 County Health Rankings.
- Participated in selecting indicators for the Community Indicators project for Herkimer and Oneida Counties, which is a web-based resource of local data and trends in 10 topic areas including health.

Collaborations bring together a variety of abilities, experiences, personalities, and problem-solving approaches.



Looking Forward to 2011 ...In

Community Health Assessment:

- Continue to work with community partners to improve collection and monitoring of local data for priority health issues.
- Develop an Oneida County Annual Report card on priority health issues
- Improve community access to data on local health issues.
- Assist in preparing for and educating the community and media on the 2011 County Health Rankings.
- Develop a GIS map of primary care physicians in the community to identify gaps in access to healthcare.

COMMUNITY COLLABORATIONS

There are many persons and organizations that directly contribute to or benefit from public health and these collectively make up what is known as the local public health system. They include a broad and diverse cross-section of representatives from health care, schools, government, business, community groups, law enforcement, and volunteers to name a few. OCHD Health Education and Health Planning staff are active participants in several community collaborations because we recognize that many individuals and agencies provide essential health services in our community and our potential for improving the health of the community is significantly increased when we work together to address problems.

Looking Back at 2010...In **Health Education & Planning Collaborations:**

- The Oneida County Health Coalition, its Steering Committee, and Workgroups. This group of volunteer agency representatives was instrumental in developing the 2010-2013 Community Health Assessment and is currently leading the workgroups formed to address the 4 of the 5 priority health issues identified for our community:
 - ◇ Chronic Disease and Cancer Workgroup activities include the development and distribution of a guide for local healthcare providers for review with their patients and developing a community resource guide.
 - ◇ Mental Health and Substance Abuse Workgroup collaborates with Oneida Department of Mental Health to address issues such as the lack of child psychiatrists, high rates of teenage suicide, and binge drinking.
 - ◇ Access to Quality Care Workgroup focused on inappropriate use of emergency rooms as a symptom of lack of accessible and/or affordable care and surveyed urgent care centers to determine hours of operation and methods of payment.
 - ◇ Healthy Mothers, Babies & Children Workgroup activities include promoting early prenatal care through mass distribution of posters and developing a Centering Pregnancy model where women

who are at the same stage in their pregnancy go to their appointments together, learn how to take their own vital health information, and experience a support network.

- The Regional Health Council is addressing the 5th priority health area for the community (Physical Activity & Nutrition) and initiated a *"Get Moving"* to a healthier lifestyle campaign by developing and distributing a community guidebook of feasible physical activity and nutrition projects that specifically address the challenges and needs of the region.
- OCHD is the project coordinator of the federal grant awarded to the Stop ACEs (Adverse Childhood Experiences) Committee. Activities included hosting a press conference, public conference, and dinner/workshop for physicians and related healthcare professionals with nationally recognized speaker, Dr. Vincent Felitti, Co-Principal Investigator of the ACE Study, on the Health Implications of Adverse Childhood Experiences. Over 200 individuals attended these events.
- Membership on the Mohawk Valley Resource Center for Refugees (MVRRCR) Board and its Executive, Strategic Planning and Program Committees.
- Participation in the Literacy Coalition and a subgroup on Health Literacy to plan initiatives related to improving communication materials across the health system and creating programs for parents and youth related to nutrition literacy.
- Collaborating with the CHERP (County Health Emergency Response & Preparedness) Team (See Emergency Public Health Preparedness Section).

Looking Forward to 2011...In Health Education & Planning Collaborations:

- Continue working with the Oneida-Herkimer Literacy Coalition to improve health literacy
- Collaborate with the Stop ACEs (Adverse Childhood Experiences) Committee to implement its public awareness campaign.
- Participate in the development of the newly formed Oneida County Family and Youth Services Council and its standing committees.
- Participate on the newly formed Food Policy Council and identify ways to coordinate activities with the Regional Health Council for Physical Activity & Nutrition.
- Continue to implement the *"Get Moving"* to healthier lifestyle campaign initiatives in schools, workplace, and the community.
- Collaborate with community partners to implement an employee wellness pilot project and the development of a county employee wellness program
- Partner with the Johnson Park Center to implement health education activities specific to their clients.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

The goal of Public Health Emergency Preparedness is to protect the health of county citizens from disease outbreaks and natural and man-made disasters. To effectively respond to an emergency or disaster, the OCHD engages in preparedness activities with key partners such as identifying resources, establishing mutual agreements, developing coordinated response plans, conducting drills and exercises, identifying and following up on areas for improvement, training staff, and coordinating public and media communications. The OCHD leads and meets regularly with the multi-agency CHERP



"... when it comes to public health, much of the work is done out of the spotlight and behind the scenes until an emergency such as H1N1 brings the importance of public health to light" - Emporia Gazette

(County Health Emergency Response & Preparedness) Team to develop emergency response plans and implement planning activities that are vital to protecting the health of the community during emergency events such as the H1N1 outbreak.

Looking Back at 2010...**In Public Health Emergency Preparedness:**

- Facilitated monthly meetings of the multi-agency Oneida County CHERP (County Health Emergency Response & Preparedness) Team.
- Collaborated with the CHERP Team in the community response to H1N1 and the development of after-action reports to identify areas for improvement.
- Began updating of the Oneida County Mutual Aid and Evacuation and Supply Plan.
- Clinical Services Division coordinated several H1N1 clinics and collaborated with the New York State Department of Health and the Oneida Indian Nation to conduct a mass vaccination season flu clinic.
- Coordinated the ServNY Volunteer Management System for Oneida County and posted on website for health and medical professionals to register.
- Communicable Disease Staff routinely investigated and monitored infectious diseases and reported on any trends, clusters, and outbreaks.
- Ensured that all OCHD staff received training in basic emergency management courses.
- Updated the Oneida County Strategic National Stockpile Plan to ensure local procedures are in place to accept, transport, manage and distribute health and medical supplies for emergency public health events.

Looking Forward to 2011...**In Public Health Emergency Preparedness:**

- Update the overall health and medical response plan for the County in collaboration with the CHERP Team.
- Ensure that key emergency preparedness staff receives higher level ICS (Incident Command System) trainings for managing public health emergencies.
- Establish a Health Department Emergency Response and Preparedness Team to collaborate with the Public Health Planner in the implementation and planning of emergency preparedness and response activities.
- Create a Public Health Emergency Preparedness page on the OCHD website that provides educational materials and other emergency readiness materials for the community.
- Conduct a community engagement activity to solicit public input on health emergency preparedness strategies.

HEALTH EDUCATION & HEALTH PLANNING QUIZ ANSWERS:

(Quiz on Pg. 5)

1. Handwashing
2. False
3. True
4. False—the public health department is a major player in the public health system, however, collectively the public health system, or all public, private, and voluntary entities contribute to the delivery of essential public health services in a community.
5. True

Environmental Health Services

"Health is not valued till sickness comes" – Thomas Fuller



Dan Gilmore
Director of
Environmental Health

FROM THE ENVIRONMENTAL HEALTH DIRECTOR

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

Fifteen County employees inspect and oversee hotels, motels and other temporary residences; swimming pools and bathing beaches; campgrounds; Children's camps; food establishments; mobile home parks; and public water supplies. Additional programs include the animal disease control program (primarily rabies), the mosquito monitoring program, and the Childhood Lead Poisoning Prevention Program (CLPPP). The Environmental Division works with the Oneida County Sheriff Department to assure that tobacco products are not sold to minors. The Environmental Division also oversees the review of real estate subdivisions, water main construction and expansion, and development of regulated facilities by engineers contracted to assure compliance with Public Health Laws and Regulations. Finally, 7.5 non-County staff are employed through a five year NYS Department of Health Grant that funds the Lead Primary Prevention Program (LPP) initiatives.

In 2010, staff permitted and inspected 44 temporary residences; 87 pools and beaches; 27 campgrounds; 20 children's camps; 1,055 food establishments; 74 mobile home parks; 125 water systems; conducted investigations on 650 rabies exposures; and coordinated the reviews of 25 engineer plans. There were 938 citations of violations at permitted facilities that have been corrected. Additionally, the EEE mosquito virus was also detected at levels that warranted the spraying of an insecticide over approximately 50 square miles of habitat favoring the species of mosquito that spreads EEE in the western part of the County.

A five question quiz on several details of public health pertaining to the Environmental Division is provided on the next page. Few people reading this report will know the answers. The answers to this quiz can be obtained by reading the Environmental Division report, and are provided in detail at the conclusion of the report.

Looking ahead, the year 2011 will be a challenge. Limited resources due to decreases in federal, state, and county funding will definitely have an impact on the services provided by the Environmental Division of the health department – primarily in regards to response time to complaints and the issuance of permits. Rest assured, however, that issues with an immediate affect on health such as rabies, lead poisoning, and food borne outbreaks will be investigated swiftly in order to protect the residents of Oneida County.

Sincerely,

Daniel Gilmore, PhD.
Director of Environmental Health



Environmental Health strives to protect county residents and visitors from health hazards that are beyond the control of ordinary citizens

ENVIRONMENTAL HEALTH QUIZ: (Answers on Pg. 17)

1. How many food service establishments are regulated by the Oneida County Health Department?
a) 100 b) 252 c) 1,055 d) 2,372
2. How many pets were vaccinated for rabies at health department sponsored clinics in 2010?
a) 100 b) 256 c) 1167 d) 2,372
3. What is a normal blood lead level?
a) 0 b) 5 c) 25 d) 75
4. How many water systems are regulated by the health department?
a) 50 b) 187 c) 1,023 d) 2,608
5. In 2010, how many children were diagnosed with lead poisoning in Oneida County?
a) 10 b) 47 c) 103 d) 152

The Division of Environmental Health endeavors to protect county residents and visitors from health hazards that are beyond the control of ordinary citizens. This is accomplished by environmental surveillance and project plan review. The Division enforces New York State Public Health Law, 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 in or 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. The LPP is entirely grant funded with no cost to County taxpayers. In 2010, 82% of the CLPPP program was funded through NYS DOH dollars with a *budgeted cost to County taxpayers of twenty cents* per County resident. In 2010, 75% of all of the other services and programs provided by the Environmental Division were funded through non-County dollars. This resulted in a *one dollar and twenty-five cent budgeted cost* per County resident. Not all employees of the health department work exclusively in one program. However, the number of hours spent by health department staff per program are recorded on a NYS Department of Health maintained database. The total number of person days utilized for each program (which may exceed 365 days) will be presented for each program.

Staff conduct routine inspections of children's camps, temporary residences (hotels, motels, cabins), campgrounds, swimming pools, bathing beaches, mobile home parks, food service establishments, and childhood lead poisoning control. In addition, staff provides advice, consultation and education to

county residents and visitors in areas such as individual household water systems, home sewage systems, animal disease control (rabies control), vector disease control (West Nile Virus), lead poisoning control, and citizen requested nuisance/housing complaint investigations.

COMMUNITY SANITATION PROGRAMS

Temporary Residences: The Temporary Residence inspection program at hotels, motels, and cabin colonies emphasizes fire safety for the protection of the traveling public lodging at facilities in Oneida County. In 2010, health department staff spent 29.8 person days on this program.

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, and the proper operation of filtration equipment and maintenance. In 2010, health department staff spent 80.3 person days on this program.

Campsites: 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. In 2010, health department staff spent 41.4 person days on this program.

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 State Sanitary Code standards. In 2010, health department staff spent 43.1 person days on this program.

Food Protection: Prevention of food borne illness is the primary focus of this program. This is accomplished by conducting quality inspections, educational seminars, on-site training and enforcement actions for all food service establishments in Oneida County. In 2010, the health department regulated 1,055 food establishments in the following risk categories: 364 high risk, 600 medium risk, and 91 low risk. In 2010, health department staff spent 635.8 person days on this program.

Mobile Home Parks: Mobile home parks are inspected to ensure that the parks continue to meet the standards contained the New York State Sanitary Code. In addition, the department responds to complaints from residents in the mobile home parks. The following table summarizes the number of mobile home parks in Oneida County, and the number of these parks which were inspected in 2010. In 2010, health department staff spent 138.3 person days on this program.

Adolescent Tobacco: The health department works with the Oneida County Sheriff's office to assure that tobacco products are not sold to minors. Sheriff Deputies conduct compliance checks, re-

inspections, and follow-up visits. These inspection reports are submitted to the health department for enforcement action as warranted. The health department submits a quarterly report of compliance checks, complaint investigation, non-registered vendors, enforcement actions, and names and addresses of violators penalized and/or fined to the Bureau of Community Sanitation and Food Protection. In 2010, there were 227 retail tobacco vendors in Oneida County and 236 compliance checks.

Housing and Nuisance Complaint Investigations: Staff investigate complaints pertaining to housing issues and public and private nuisances that may affect the health, safety, and welfare of county residents. In 2010, there were 38 nuisance complaints investigated throughout the County.

Animal Disease Control

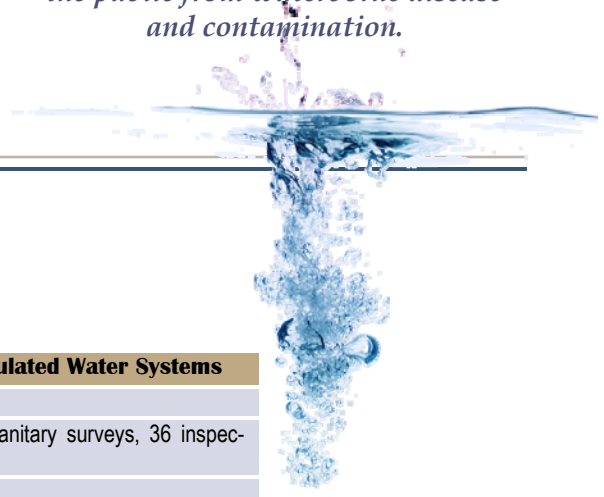
Program: The Environmental Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases. Emergency rooms and physicians are required to report all animal bites and scratches to the health department. Individuals can also report suspected rabies exposures to the health department. In 2010, there were 650 possible rabies

Summary of the number of regulated facilities, number of inspections and field visits, and enforcement actions by the community sanitation program in 2010.			
Program	Number active	Inspections & Field Visits	Enforcement Actions Or Violations
Temporary Residences	44	48	3 enforcement actions
Swimming Pools & Bathing Beaches	87	98	0
Campsites	27	29	2 enforcement actions
Children's Camps	20	20	0
Food protection	1,055	1,270	570 violations
Mobile home parks	74	110	18 enforcement actions

exposures reported with 142 specimens sent to the Wadsworth Laboratory for analyses. Eleven animals tested positive for rabies. The health department sponsored 11 clinics where 1,167 animals were vaccinated for rabies. In 2010, health department staff spent 379.1 person days on the animal disease control and the WNV and EEE Prevention Programs combined.

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Prevention Program: The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County. In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE. In 2010, 182 collections of mosquitoes (referred to as pools) revealed no WNV and 7 positive pools of EEE. The health department annually budgets \$5,000 to hire college students during the summer to conduct the fieldwork in regards to this program. In 2010, health department staff spent 379.1 person days on the animal disease control and the WNV and EEE Prevention Programs combined.

The water supply program protects the public from waterborne disease and contamination.



PUBLIC & NONPUBLIC WATER SUPPLY PROGRAM:

The Public Water Supply Program is responsible for the oversight of nearly 200 public and certain non-public water supplies in Oneida County. The goal of this program is to ensure that the public is protected from waterborne disease and contamination, both

2010 Public and Nonpublic Regulated Water Systems	
Active	187
Inspected	125 (109 sanitary surveys, 36 inspections)
Formal enforcement actions	19
Notices of violations issued	199 (24 unresolved at year end)
Boil water orders and other emergencies	10
Samples collected	215 coliform samples, 13 chemical samples

naturally occurring and human caused. Certain facilities regulated by NYS Agriculture and Markets are considered Non-Public water systems, but technical assistance is provided if problems arise or new systems are developed. In 2010, health department staff spent 337.0 person days on this program.

ENGINEERING PLAN REVIEW:

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

2010 Engineer Plan Review			
	sub-mitted	ap-proved	pend-ing
Water system expansions/Improvements	10	6	4
Realty subdivisions	3	2	1
Individual wastewater disposal systems plans	4	2	2
Swimming pool (new or improvements)	2	0	2
Campground (improvement or expansion)	2	0	2
Kitchen facility (new or expansion)	2	0	2
Temporary residences (hotel, motel, cabins)	2	0	2
Total plans	25	10	15

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP): **(SECONDARY PREVENTION)**

This program provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels. Services provided include home inspections, Outreach Worker home visits, written educational materials to families, environmental inspections including visual inspections, XRF and dust wipe analysis, referrals to healthcare providers, coordination with school staff and community agencies and monitoring of children with blood lead levels $\geq 9 \mu\text{g/dL}$. In 2010, 152

LPP strategies include providing contractor and property owner classes on the use of lead safe work practices.



children were diagnosed with lead poisoning (having blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$). Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community agencies, and written information to healthcare providers and community agencies. Lead testing is provided through the clinic for refugee children and children lacking medical providers and/or health insurance. In 2010, health department staff spent 613.9 person days on this program.

LEAD PRIMARY PREVENTION PROGRAM (LPP)

The Lead Primary Prevention Program (LPP) utilizes a multi-faceted approach to reduce children's exposure to lead poisoning hazards. The LPP Program develops cost effective strategies for eliminating lead hazards. These strategies include providing contractor and property owner classes on identifying high risk areas for lead-based paint in housing units and the use of lead safe work practices. Targeted home inspections are provided to families with newborns to teach parents how to protect their children from lead hazards. A partnership with Mohawk Valley Community College also provides training programs that teach owners how to make repairs on their units before children are lead poisoned, provides free window replacement classes that permit owners to learn to replace their windows and receive discounts on new Energy Star windows, and provides property owner seminars that offer training on property maintenance laws, owner and tenant's rights, and strategies for reducing their lead hazards and liability. In addition, a HEPA vacuum loaner program provides free loan of vacuums capable of reducing lead dust levels in the home. And, there are ongoing community and school presentations to educate the public on the hazards of lead poisoning. A new paint stabilization pilot project was initiated that provides rental owners who accept inspections with paint with primer and instructions to

Cost of *Not* Protecting Children From Lead Poisoning Hazards: Total Annual Cost to Screen and Treat Children *after* they are Lead Poisoned = \$2,142.58 per child^a.

Cost of Protecting Children *Before* They Become Lead Poisoned Using Primary Prevention Inspections in Oneida County: Average Total Cost of Educating Family, Inspecting, Clearing and Completing One Unit (*Includes inspection/education components, supplies, lab costs, mandated reporting, and cost for owner to receive lead safe work practice training, re-inspection and clearance.*) = \$555.46 per unit^{b, c}

^a"Estimates of Costs for Housing-Related Interventions to Prevent Specific Illnesses and Deaths", J. Mason et al, J PH Management Practice, 2010 579-89.

^bMost units inspected had more than one child residing in it.

^cBased on 2010 LPP Time Study

stabilize paint in high risk areas such as windows and doors. The LPP Program also partners with the City of Utica to conduct 'Street Sweep' inspections to cite for codes violations and bring rental units into compliance with the City's rental occupancy inspection program.

LPPP Statistics for Year Three of Grant

# of Initial New Home Inspections in pre-1978 housing	223
# of Units with Children Under Age 6	194
# Children < age 6 Living in These Units	368
# of Children who lacked lead testing referred for testing	196
# Housing Units where lead hazards were found	201
# of Units receiving legal notification to repair hazards	201
#of Units that required additional enforcement action	15
# Units that Reduced Lead Dust Hazards with the use of the HEPA vacuum loaner program	206
# Units that received exterior inspections through Codes contract with City of Utica	311

Looking Back at 2010 ...In Environmental Health

- The Community Sanitation and Public and Nonpublic Water Programs met all state mandates and received favorable annual reviews from the NYS Department of Health.
- After collection of the 6th positive pool for Eastern Equine Encephalitis (EEE) in August, the State Commissioner of Health, Dr. Richard F. Daines, MD, declared an imminent threat to public health for Oneida County on August 20, 2010 that allowed for the emergency aerial application of an insecticide in the affected area. EEE is a mosquito-borne viral disease that occurs in the eastern half of the United States where it causes disease in humans, horses, and some bird species. Staff from the health department, NYS DEC and NYS DOH determined it necessary to aerial spray approximately 27-thousand acres of mosquito habitat in western Oneida County. Duflo Airspray Chemical Company of Lowville applied Kontrol 30-30 over an area from the Barge Canal at Oneida Lake east to the outlying areas of the City of Rome, northwest following Route 69 to Taberg and then back to the Barge Canal at Oneida Lake during the evenings of August 27th and 28th.
- Due to a change in CLPPP regulations, Case Coordination services now begin when children's blood lead levels are equal to or greater than 15 micrograms per deciliter. Previously, these services did not begin until children's blood lead levels were equal to or greater than 20 micrograms per deciliter.

Looking Forward to 2011 ...In Environmental Health

The Environmental Division will continue to meet state mandates and provide services to Oneida County residents by:

- Continued participation in NYS DOH sponsored staff in-service training programs to keep maintain and improve technical skills
- Continued collaboration between the CLPPP and LPP Programs to educate the community and reduce Oneida County's incidence of lead poisoning.
- Continue to increase the number of children having blood lead levels taken by educating community agencies, the public and health care providers.
- The creation of a HEPA vacuum video that will be used to train owners on how to set up, use, and clean the HEPA loaner vacuum. This will be used with subtitles for residents of Oneida County having limited English proficiency. This video will increase LPP efficiency by reducing staff time spent on providing this training on a one on one basis. HEPA vacuum cleaners are superior, indeed the "gold standard" in terms of cleaning and reducing the presence of lead dust in a home.
- The development of an animated education video on lead poisoning in partnership with the MVCC Animation Professors and students to be used for educating families on how children are lead poisoned by lead in dust and soil that ends up in the house and ways hazards can be prevented or reduced.

EH SERVICES QUIZ ANSWERS: (Quiz on Pg. 12)

1. c) 1,055
2. c) 1,167
3. a) 0
4. b) 187
5. d) 152

Special Children Services

"Every child is gifted. They just unwrap their packages at different times." -- Unknown



Barb Pellegrino
Director of Special
Children Services

Every child has his or her own unique style of learning....a distinctive way in which they relate to the world. With so many wonderful sights, sounds and smells... children always find an extraordinary way of making each new experience their own.

PRESCHOOL SPECIAL EDUCATION PROGRAM

For some children, help may be needed to set them on this path to learning. Other children might require more specialized learning support throughout their lifetime. The Preschool Special Education Program emphasizes individualized relationships which focus on the unique talents and needs of each child. It is important that all children take pleasure in what life has to offer them. We hope to inspire a love of learning in preschoolers which will last them through their life span.

The Preschool Special Education program is for children 3 and 4 years of age with learning delays and disabilities. The program offers evaluations and a variety of special support services which will help take full advantage of a child's learning potential. Families are an important part of the team helping to make decisions about the services their child will receive.

Under New York State Public Education Law, the Preschool Special Education Program is mandated to provide educational and support services to three and four year old children with disabilities. The Board of Education in each Oneida County school district has a Committee on Preschool Special Education which ensures that:

- Children receive an evaluation
 - Types of required services are determined
 - The Board of Education approves Committee recommendations
- The child's Individualized Education Program is reviewed every year

Oneida County provides a municipal representative to sit on all Committees of Preschool Special Education in every school district. Oneida County is responsible for contracting with program service providers, processing all paperwork for the payment of services and arranging, when appropriate, transportation for these children.

Special Children Services Quiz: (Answers on Pg. 23)

1. If you thought your 3 or 4 year old child had a learning problem, who would you call to make a referral?
2. What is the responsibility of your school district?
3. What is the role of the Oneida County Health Department in the Preschool Special Education Program?
4. How can the Children with Special Health Care Needs Program assist families?
5. What services does the Physically Handicapped Children's program have to help children and their families?

The Preschool Special Education Program focuses on the unique talents and needs of each child.



New York State Department of Education is responsible for approving program providers along with ensuring they follow all regulations.

The services available to every eligible preschool child at no cost to the parent/guardian are: support services of speech language pathology, physical therapy, occupational therapy, and/or special education itinerant teacher. Also, other possible services such as special segregated classes or special classes integrated with typical preschool students.

In 2010, 737 children benefitted from services through the Preschool Special Education Program 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. Individualized learning needs were identified and intervention given to improve the child's success. Oneida County provided 99% representation at Committee on Preschool Special Education to ensure school districts and providers delivered cost effective services to enable this success.

Oneida County provides upfront payment for all services described in this report. The New York State Department of Education reimburses Oneida County 59.5% of the cost of this program with the other 40.5% of expenses the responsibility of the municipality.

- School Districts in Oneida County: 24 Districts
- 2010 CPSE Meetings with Oneida County Representation: 1,299 Meetings
- Approximate number of distinct children receiving evaluations: 538 Children

Evaluation Type	Number by Type Performed: 2010	Cost of Evaluation per Child 7/1/09 to 6/30/10
Psychological Evaluation	473	\$232.00 per evaluation
Family Social History	411	\$130.00 per report
Speech and Language (SL) Evaluation	400	\$155.00 per evaluation
Occupational Therapy (OT) Evaluation	213	\$155.00 per evaluation
Physical Therapy (PT) Evaluation	141	\$155.00 per evaluation

Distinct children receiving support services (SL, OT, PT) only: 244 Children

Certified Rate for Support Services (Speech, Occupational, and Physical Therapy)	Cost: \$45.00 per ½ hour individual session	Average Frequency prescribed on child's Individualized Education Program (IEP): 2 x a week
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Children receiving Special Education Itinerant Teacher service: 47 Children

Children served in Center Based Programs (With or Without Support Services): 446 Children

Prospective Certified Rate for Special Education Itinerant Teacher	Average Cost: \$28.00 per ½ individual session	Average Frequency prescribed on child's IEP: 2 hours per week
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Prospective Certified Tuition Rates for Oneida County Full Day (5 Hr.) Preschool Programs:

Class Type	10 Month Tuition 2010	Summer Tuition 2010
Special class including typical children	Average Cost: \$23,782.00 per Preschool child	Average Cost: \$3,912.00 per Preschool child
Special class without typical children included	Average Cost: \$17,727.00 per Preschool child	Average Cost: \$2955.00 per Preschool child
Special class in a small setting without typical children included	Cost: \$45,058.00 per Preschool child	Cost: \$7,510.00 per Preschool child

Half day classes are approved to provide 2.5 hours of instructional time. Tuition rates are prorated using a full-time equivalent calculation.

Oneida County is responsible for the transportation of Preschool children to and from their prescribed program placements.

Approximate # Children Transported primarily by Bus:	423 Children
Approximate cost of Bus Transport per Child for 2010:	\$5165.00 per Child
Approximate # of Children primarily Transported by Parent:	33 Children
Approximate Reimbursement to Parent for Transportation Expense per Child for 2010:	\$441.00 per Child

Looking Back at 2010... In Preschool

- In 2010, the Office of Medicaid Inspector General conducted an audit of Oneida County's paid Medicaid claims for services to eligible Preschool recipients during the period of January 1, 2009 to December 31, 2009. During this review, Administrative Information, Billing Process Information and Agreements for Affiliates/Related Party Transactions were shared with the Auditor in Charge under the following citations: Social Security Act Section 1902 (42 USC 1396a), 18 NYCRR, Public Health Law Section 32(9)
- As a result of this audit, no disallowances were found in paid claims to Oneida County. Oneida County was 100% compliant in Medicaid billing under the Preschool Supportive Health Services Program.
- In 2010, a municipal representative attended 99% of all CPSE meetings held in Oneida County.
- Oneida County Preschool staff participated in the newly developed Committee on Preschool Special Education Chairperson's meeting to work together in maintaining the quality of this program. Staff was also involved in initial discussions with the Central Early Childhood Direction Center to provide families with information on parenting along with the development of a community resource directory.
- Preschool staff participated in meetings with contracted transportation management and bus providers for documentation training, team resolution of issues and improved communication among these groups.
- All Preschool staff attended New York State sponsored training sessions regarding

"The CSHCN program has made it possible for my child to have services that would not have been possible without the support of the program."



documentation requirements in the Preschool Supportive Health Services Program for which Oneida County Health Department participates. Team meetings were held with contracted providers to ensure the dissemination of information to all relevant persons involved in the Preschool Program.

Looking Forward to 2011...In Preschool

- Looking ahead into 2011, program staff will continue attending Committee on Preschool Special Education meetings in all Oneida County school districts.
- Staff will meet with tuition based providers, related service and evaluation providers to continue to review documentation requirements including those mandated for Medicaid reimbursement under the Preschool Supportive Health Services Program.
- Staff will be active members of the Committee of Preschool Special Education Chairpersons meetings, Board of Cooperative Education Services Preschool Coalitions, Local Early Intervention Coordinating Council and Mohawk Valley Community Action Agency Advisory Committee. Staff will attend NYS Department of Health and NYS Department of Education trainings as available to bring the highest quality and most cost effective program to the residents of Oneida County.
- Preschool staff will continue to work closely with Central Early Childhood Direction Center and OCHD Early Intervention to provide an easy transition process for families moving from one program to the next.
- Staff will support efforts of OCHD Childhood Lead Poisoning Prevention Program.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

"The program has made it possible for my child to have services that would not have been possible without the support of the program."

The above statement is what the Children with Special Health Care Needs Program (CSHCN) is all about. Program staff take the time to get know the child so individualized information can be provided to help families access needed medical and non-medical services. The CSHCN Program is an information and referral program for children and youth from birth to 21 years of age who have or are suspected of having serious or chronic physical, developmental, behavioral and/or emotional conditions and require services of a type or amount beyond that typically required of children. This program can help families:

- Establish a medical home in which they receive comprehensive care for their child
- Access private and/or public insurance to pay for services they need
- Organize services in ways that make the use easy for families
- Advocate for participation in decision making
- Support youth as they transition to adult health care, work and independence

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

The purpose of the Physically Handicapped Children's Program (PHCP) is to help families receive quality health care for their children with severe chronic illnesses or physical disabilities. The program serves children and youth between the ages of birth to 21 years of age who live in Oneida County and meet medical and financial eligibility criteria to receive assistance.

PHCP has two parts: The first is the Diagnostic and Evaluation Program which financially assists families in obtaining an evaluation for a suspected medical concern. The second component is the Treatment Program. This is an active program which includes treatment for 150 categories of medical conditions requiring specialty care (e.g., musculo-skeletal, cardiac, convulsive disorders, hearing loss, dento-facial abnormalities and other long-term diseases). In 2010, staff met with 170 families who came to the OCHD seeking monetary assistance from the Physically Handicapped Children's Program.

Table A PHCP Authorized Services		Amount Paid	Cost per child
2009	171	\$95155.46	\$556.47
2010	109	\$61674.72	\$565.83

Looking Back at 2010... In CSHCN/PHCP:

- In 2010, the OCHD was able to eliminate a waitlist for orthodontic services in the PHCP program ensuring needy eligible children received their care. Program staff continued to collaborate with Specialty Medical Providers to encourage programmatic referrals for children with special needs. Program staff worked thoroughly to identify uninsured children or underinsured families and helped to facilitate their medical and/or dental insurance enrollment. Staff was able to assist hundreds of families seeking referrals and information about community resources through the CSHCN program.
- With assistance from the Oneida County Central Services Division, completion of the PHCP database has been an ongoing process. The completion of the data base will assist the program with the flow of data allowing the information to be queried and tabulated.

Looking Forward to 2011...In CSHCN/PHCP:

- For the coming year, program staff will continue to monitor the financial position of the program therefore minimizing the incident of any child waiting for services. Staff will continue to identify families in need of private or public insurance and help them through the process of enrollment for medical coverage. Collaboration with specialty medical providers is an ongoing activity. In this way, practitioners will be familiar with the services the CSHCN program has to offer their patients.
- There will be continued collaboration with Central Services to facilitate smooth production of reports and documents using the database.
- Staff will support efforts of OCHD Childhood Lead Poisoning Prevention Program and Lead Primary Prevention Program.

SPECIAL CHILDREN SERVICES QUIZ ANSWERS:

(Quiz on Pg. 18)

1. You would call the school district of your residence and ask for the Chairperson of Special Education to make a referral.
2. The school district is responsible for establishing a Committee on Preschool Special Education which ensures an evaluation, determines services, obtains Board of Education approval and meets at least one time a year to review your child's status.
3. The Oneida County Health Department contracts with and reimburses service providers. OCHD arranges transportation for children when appropriate. A representative of Oneida County is a member of CPSE to ensure your family receives quality, cost effective services.
4. The Children with Special Health Care Needs (CSHCN) program serves children in Oneida County with special needs from birth to age 21. The program helps families use medical and non-medical services so their child receives the comprehensive care they need.
5. The Physically Handicapped Children's Program provides diagnostic and treatment services for children believed to have physically disabling conditions or serious chronic illnesses.

Early Intervention Program

"A hundred years from now no one will remember how much money you had in the bank, what kind of car you drove or what kind of job you had... but you will always be remembered as someone special, because you made a difference in the life of a child." - Dr. Forest E. Witcraft



The early years of a child's life are very important. During the infant and toddler years, children grow quickly and have so much to learn. Some children and families face special challenges and need extra help.

Early Help Makes a Difference....Your local Early Intervention Program (EIP) takes great pride in helping the children and families of Oneida County. Over the past 18 years, our program has served more than 5800 families. Many children receive early intervention services for short periods of time in order to "boost" their development or help them "catch up". Other children remain in Early Intervention until age three and we help to transition them into the preschool special education program for continued services. Here, in Oneida County, we have 14 full and part time staff working together to provide home visiting services to any child under age three whose parent or guardian is concerned about their development.

First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993. Every county in NYS is mandated to appoint an Early Intervention Official to oversee and administer its local early intervention program and to act as the single point of entry for all children ages birth to three, who are suspected of having developmental delays or disabilities.

In Oneida County, we contract with multiple agencies to provide a wide variety of services to children with developmental delays or disabilities. Services range from multidisciplinary evaluations to home or center-based occupational, physical, and speech therapy; special instruction; vision and hearing services as well as nutrition and nursing. All families receive service coordination from admission through discharge and 95% of this overall service coordination is provided by Oneida County staff. We also offer respite reimbursement and transportation reimbursement to families in order to comply with regulations.

In 2010, Oneida County's Early Intervention Program authorized 373 multidisciplinary evaluations which include 14 bilingual core evaluations (this number is an increase from the 8 conducted in 2009 and continues to be on the rise). We also authorized 95 supplemental/non-physician evaluations, including 8 bilingual evaluations (2010 was the first year we have seen a need to authorize this service and this number also appears to be on the rise as the refugee population in Oneida County continues to grow.)

Our County's Early Intervention Program directly serviced 813 children in 2010 (up from 787 in 2009)

EI QUIZ:
(Answers on Pg.26)

1. Does Oneida County provide all the services to all the eligible children?
2. What types of services are offered?
3. What is meant by developmental delay?
4. How is eligibility decided?
5. What happens when a child turns three?

The early years of a child's life are very important. During the infant and toddler years, children grow quickly and have so much to learn.



and the Child Find division of the Early Intervention Program actively tracked the development of 1,228 babies and toddlers (an increase from 1,142 in 2009).

The following table illustrates the types and numbers of services provided to families throughout Oneida County in 2010. (*figures accurate as of 2/3/11)

Types and numbers of services provided to families	2009	2010
Special Instruction Visits	6,653	7,108
Physical Therapy Visits	6,736	7,335
Occupational Therapy Visits	6,048	6,501
Speech/Language Therapy Visits	14,959	15,378
Nutrition Therapy Visits	61	117
Vision Therapy Visits	39	9
Social work Visits	60	26
Total of all visits (including other miscellaneous services and service coordination)	44,347	46,310

All services are offered to families at no cost to them, in accordance with regulations. Due to the diligence of our billing department a greater percentage of our costs are being recouped through Medicaid and Third-Party Insurance, thereby reducing the percentage of the cost which is reimbursed by NYS Dept. of Health and the balance of our cost, which is paid by Oneida County.

Three years ago approximately 56.7% of our costs were paid by Medicaid/Third-Party Insurance and 21.7% by NYS Dept. of Health, leaving Oneida County to cover the remaining 21.6%. Our most recent figures indicate that 68.2% of our costs are covered by Medicaid/Third-Party Insurance, 14.7% are covered by NYS Dept. of Health, leaving 17% to be paid by Oneida County.

Our billing department has been more pro-active in collecting Medicaid and Third-Party insurance information, through the Service Coordinators, from the families we serve. Additionally, they have been actively following up on claims to ensure that the correct payment is received by us in a timely manner from both Medicaid and private insurance companies.

Looking Back at 2010... In Early Intervention

- We formed a subcommittee to address and improve the services we provide to our refugee population. We are having more documents translated with our American Recovery and Reinvestment Act (ARRA) funds and one of our providers is forming a parent/child group for the Karen population who have babies/toddlers with developmental delays or disabilities.
- We partnered with the Ferre Institute to offer genetic counseling services to families who have this need or desire. These services can be obtained at low or no cost and families no longer need to travel outside of central New York to receive this valuable service.
- We partnered with Lead program staff who helped to better educate Early Intervention staff about the dangers of lead and we updated our internal policy and procedures. Now, each child enrolled in Early Intervention will have follow up discussions/monitoring/tracking by their service coordinator along with referrals, if needed, to the lead prevention programs.

- We devised a NYS approved ARRA spending plan to effectively utilize the stimulus funding that was awarded to enhance the Early Intervention Program.

Looking Forward to 2011...In Early Intervention

- We plan to bring developmental training to parents and providers as well as EI staff (using ARRA dollars)
- We hope to offer cultural sensitivity training to all EI providers/staff that interact with our refugee populations so they can better understand the customs and practices of different cultures and offer the most effective EI services for that family.
- We plan to work with community partners (including the NYS school for the Deaf and the team from Sitrin Healthcare) to improve our knowledge base and practices for helping families whose children have hearing loss and/or fail their newborn hearing screens.
- We are looking to work with local providers to help sponsor another “Family Fun Day” in order to offer socializing and networking opportunities to families that have children receiving Early Intervention services.

EI SERVICES QUIZ ANSWERS:

(Quiz on Pg. 24)

1. The Oneida County Early Intervention Program contracts with multiple provider agencies in order to offer the wide variety of services that we have. Retention and recruitment of providers continues to be an ongoing challenge in the current economy and the first ever rate reduction came in 2010, with more reductions being proposed in the Governor’s budget for the coming year.
2. We offer a variety of services here in Oneida County, including physical therapy; speech/language therapy; occupational therapy; special instruction; service coordination; social work services; vision services; nutrition services as well as family training, counseling, home visits, and developmental groups.
3. Developmental delay means that a child has not attained developmental milestones expected for the child’s age-adjusted for prematurity in one or more of the following areas of development: cognitive, physical (including vision and hearing), communication, social-emotional, or adaptive development.
4. All children referred to the Early Intervention Official have the right to a free multidisciplinary evaluation to find out if they are eligible for services. A child who is referred because of a diagnosed condition that often leads to a developmental delay, like Down syndrome, will automatically be eligible for early intervention services. If a child has a delay in development, and no diagnosed condition, the multidisciplinary evaluation is needed to find out if the child is eligible for the Early Intervention Program.
5. The ongoing service coordinator will help the family plan for other services when a child approaches their third birthday. Some children will no longer need any services. Other children and families may go on to early childhood programs or to other appropriate services in the community. Many children in the Early Intervention Program will be eligible for preschool special education services from their school district and county.

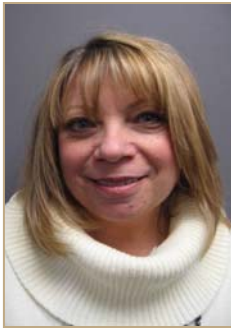


El - Family Fun Day



Community Wellness Division

"The greatest wealth is health" – Unknown



Irene Willett
Director of
Community Wellness

The goal of Community Wellness is to help protect the health of the community by focusing on health education and health promotion. Through organized efforts of programs in the Community Wellness division and our community it is possible to improve the outcomes for those in the community who are at most risk.

Our community has been a resettlement area for a number of years. Our newest residents have always had a higher level of need due to cultural and language barriers as well as a poor understanding of health care in general. This situation has been a challenge for us and for the community as a whole. The Community Wellness division has met that challenge by providing education to our staff on cultural differences and sensitivity. To that end we are able to provide optimal care and assistance to this population, while still respecting culture and the need to preserve it.

Our community has also suffered from an economical downturn for the last 10-15 years. We have experienced the closing of factories and businesses in this area that at one time provided a lucrative living. For those left behind, the financial devastation have been ongoing. There are few jobs that can provide a decent salary and affordable insurance.

Community Wellness division has addressed the needs of these families by providing services that will protect the health of their families. Despite challenges, Community Wellness Division is committed to improving the health of our community through education, resource information and advocacy.

CANCER SERVICES PROGRAM

The Cancer Services Program (CSP) is funded by a grant from NYSDOH and (Centers for Disease Control and Prevention) CDC. The collaborative efforts of this program now include involvement with healthcare providers, voluntary agencies and volunteers from our community. CSP provides no cost breast, cervical and colorectal cancer screenings for uninsured and underinsured individuals, ages 40-64 in the tri-county area of Oneida, Madison and Herkimer counties. Case management is provided through this program for individuals found to have a positive screen. If diagnosed with cancer they are offered enrollment into the Medicaid Cancer Treatment Program. While the program does not screen for prostate cancer uninsured men diagnosed may be eligible for the Medicaid Cancer Treatment Program through the Cancer Services Program. The Cancer Services Program also utilizes funds from the Susan G. Komen Foundation to close a gap in the provision of services to women in our community who are under 40 and over 64 years of age. A strong emphasis is placed on outreach and education to members of our tri-county community including the very rural areas reaching those who need our services.

CANCER SERVICES PROGRAM 2010 STATISTICS	
Clinical Breast Exams	464
Screening Mammograms	497
Ultrasounds/Diagnostic Mammograms	201
Breast Biopsies	35
Pap/Pelvic Exams	285
Cervical Biopsies	16
Fecal Immunochemical Test (FIT Kit)	165
Colonoscopies	30
Total clients screened	618

Looking Back at 2010... **In Cancer Services:**

- Screening week with 8 participating providers resulted in 42 new women to the program.
- TV ad running for an 8 week span resulted in 60 new referrals.
- Due to the success in meeting goals of importance, the CSP received an increase in patient service funds. This will allow us to meet the needs of more people in our community.

Looking Forward to 2011...**In Cancer Services:**

- Increase number of women screened by 25% for breast and cervical cancer
- Increase number of FIT kits utilized
- Increase outreach activities in tricounty area
- Increase numbers reached at rural fair at Steubenville Fair
- Planned event for Colorectal Cancer Awareness in March 2011.
- Steubenville Rural Health Fair with on-site breast exams, mammo, and pap screens.
- Visit with Assemblywoman Claudia Tenney to advocate for the Cancer Services Program in her district
- Work with local providers to set aside one day in October to see only CSP patients.

HEALTHY FAMILIES PROGRAM

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

reductions followed in June by cessation of program services, due to state budgets delays and contracting. For nearly a quarter, until staff could be brought back from layoffs in September, there were no home visiting services to families. There is no doubt that this negatively affected the program and outcomes which will carry over into 2011.

Looking Back at 2010... In Healthy Families:

- All performance targets exceeded for breastfeeding, immunizations at one year, medical provider home for both mother and child, developmental screening, reducing Parental-Child Dysfunctional Interaction stress in highly stressed families by the child's 1st birthday, families enrolled in employment, education or training at child's 1st birthday, reduction in number of families receiving TANF benefits by the child's 1st birthday, and participants with DV, Mental Health, or Substance Abuse issues identified at assessment referred for appropriate services within 6 months or enrollment.
- Improved and met prenatal targets in 2 areas: Assessment & Enrollment
- Brought families together for 2 major events—October for the *Baby Buck Boutique* shopping opportunity and December for Holiday Family Party
- Since inception in 2001, 86 families have been enrolled for at least 3 years; 49 have graduated &/or gone on to Head Start; 15 are still open and receiving services.
- Instituted enrollment agreement with new families through development of our *Family Handbook* which is now given prior to enrolling new families.

2010 HEALTHY FAMILIES PROGRAM STATISTICS	
Home visits completed	1,969
Attempted	669
Initial interviews with Referral Specialist	134
Families Enrolled	50
Families served	280
Families active at end of Year	95
Total Screens/Referrals to program	1,323
Referrals to other agency services	678
Graduated families	3

Looking Forward to 2011...In Healthy Families:

- Rebuild overall numbers of families enrolled in program to 140
- Regain success in performance targets lost through closure
- Increase outcome for bi-annual performance indicators (report card) to 9 out of 11
- Increase retention rate at one year to 50%
- Maintain full caseloads for current staff level
- Continue current successes with quarterly targets.
- Maintain full staff
- Continue to pursue additional funding sources
- Pursue growth in other areas of the county.
- Educate other areas of the county on the mission of HF parenting program.

The Healthy Families Program seeks to prevent child abuse and neglect, promote optimal child health and development, and enhanced parental self-sufficiency.



COMMUNITY HEALTH WORKERS PROGRAM

The Community Health Workers Program (CHWP) is a grant funded program through the NYSDOH Women's Bureau of Health. The CHWP is a free voluntary program designed to educate women who are pregnant and/or parenting on the importance of primary health care. Pregnant women are assisted if needed to access local OB clinics early on in their pregnancy, decreasing risks for poor birth outcomes. Outreach workers in this program educate women on importance of immunizations, lead hazards, safe sleep, and home safety. The goal of the CHWP is to help families reach their most optimal level of functioning. The focus of the CHWP is to assist underserved and hard to reach families access health care and resources that will help them increase self-sufficiency and optimal functioning.

COMMUNITY HEALTH PROGRAM STATS 2010	
Families Served	200
Home visits made	953
Referrals to supportive agencies made	1920

Looking Back at 2010... **In CHWP:**

- Introduced our teen support program to Alternative Education Program at Oneida/Herkimer BOCES
- Started a teen support program at Alternative Education at Oneida/Herkimer BOCES.
- Included in the Safe School initiative to provide an after school program that educates youth on abstinence, date rape, and drug abuse.
- Enhanced MCH program by providing ongoing relevant health education and advocacy as well as resource information and referrals.

Looking Forward to 2011...**In CHWP:**

- Hire new outreach worker to work with inner city and Rome families
- Develop coordination with MCH nurses to work with clients that need a higher level of psychosocial support.
- Increase Breastfeeding numbers
- Increase the number of dental referrals kept by our pregnant clients
- Increase awareness and improve receptivity for smoking cessation of pregnant and parenting women.
- Increase breastfeeding success rate by use of our lactation consultant, nutritionist, and supportive home visits within 2 days of returning home from the hospital.

MATERNAL CHILD HEALTH

The Maternal Child Health Program provides home visits by a registered nurse to pregnant and parenting families. There is a strong focus on health education and prevention intended to improve birth outcomes. Women who are experiencing high-risk pregnancies are given first priority. The expertise of the community health nurse includes assessment, education and referrals to supportive agencies that all work for a positive birth outcome or parenting goals. Breastfeeding is strongly supported and education on lactation is provided by a Certified Lactation Counselor (CLC). The community health nurse works closely with the healthcare provider to assist parents with understanding the health needs of their child. Home visits are focused on the appropriate educational needs that are specific to their child or children.

2010 Maternal/Child Health Program Statistics	
Skilled nursing admissions	828
Home visits	2173
Synergist referrals	31

Looking Back at 2010... **In Maternal Child Health:**

- 25% increase in referrals from community sources.
- 3% increase in home visits for MCH enrolled clients.
- Administration of Synergist to prevent RSV in high-risk infants decreased by 28%.

Looking Forward to 2011... **In Maternal Child Health:**

- Improve understanding of basic health education of our clients with regards to smoking cessation, drug use, and DV, its impact on their health.
- Improve understanding of mental health problems and resolution with medication prescribed by their physician.
- Improve success rate of breastfeeding.
- Stronger liaison with CHWP to help women improve their lives for themselves and their children.
- Improving our QI program with the use of the new Annual Performance Review program.
- Developing a tool that will increase accuracy of documentation.

LICENSED HOMECARE SERVICE AGENCY QI

Programmatic excellence is due to an ongoing desire to improve our program. MCH nurses in our program continue to utilize evidenced based practice. Nursing supervisors work together to ensure that programmatic function is not redundant, trainings are relevant and there is no duplication of services among programs. Scheduled review of all MCH patient charts are reviewed by qualified RNs to ensure that the services provided to clients meets our intended outcomes. Our QI is also involved in a client



Home visits by a registered MCH nurse to pregnant and parenting families have a focus on health education and prevention intended to improve birth outcomes

satisfaction survey. Supervising nurses and the director of community wellness are actively involved in community discussions keeping our nurses and other health department programs up to date with events happening in our community. The Professional Advisory Committee helps keep an ongoing conversation among our members that affect our programs and clients. Events or conditions that are occurring in our community shape the way MCH nurses deliver their care. It is through these combined efforts that keep our program at its best.

Looking Back at 2010... In MCH CQI:

- 100% Maternal Child charts audited on admission to the agency.
- A team of MCH supervisors met quarterly to audit active and closed charts.
- Findings are reviewed at monthly nursing meetings.
- Individual reviews scheduled periodically as indicated.
- MCH telephone satisfaction surveys are conducted biannually.
- Active and recently discharged clients are contacted for feedback.
- No client complaints were received or reported.
- No incident or accident reports were filed.
- All results are reported at the quarterly Professional Advisory Committee meetings.
- PAC Policies and Procedures were updated this year and reviewed with the committee.

Looking Forward to 2011...In MCH CQI:

- The Professional Advisory Committee will meet quarterly at the Oneida County Health Department.
- The Committee will continue consists of maternal and child care providers from many of the various service disciplines in the Utica and Rome areas.
- Representatives from the three hospitals, out patient clinics, perinatal health, medical community, and homecare networks will continue to attend and offer their input.
- Recruitment efforts continue as new agencies arise.
Annual review of PAC Policy and Procedures.

MATERNAL OBSTETRICAL MEDICAID SERVICES (MOMS):

MOMS offer a full range of health care services for income eligible pregnant women. Family size and earnings up to the 200% Federal Poverty Level determine income eligibility. Services include, but are not limited to, health and nutritional education, health and psychosocial risk assessment, certified HIV counseling, access to Medicaid for the pregnant woman and newborn, referrals for WIC, Registered Dietician, Certified Dietary Nutritionist, Lactation Consultant, Social Worker, Childbirth Education,

Community Health Worker, Healthy Families, Mental Health and Maternal Child nursing home visits, and others as indicated. Comprehensive care is achieved through the collaboration and coordination of care with many of these community based agencies.

2010 MATERNAL OBSTETRICAL MEDICAID SERVICES (MOMS) STATISTICS	
Total Visits	486
Total New Clients	122
Total Referrals Generated	301

Looking Back at 2010... In MOMS:

- December 2010, an OB-GYN Doctor practicing at Slocum Dickson Medical Group regained his Medicaid and MOMS provider status and is currently in the process of renewing a contract with the Oneida County Health Department.
- The percent of antepartum revisits and postpartum visits completed increased from last year. First trimester of entry to care rates have improved. Second and third trimester of entry to care rates continue to decline yearly.
- The percent of women enrolling in the program in the 200% of the Federal poverty level (FPL) was greater than those enrolling in the 100% FPL.
- Referrals to other service providers and community based agencies were slightly over 300. Referrals generated to other services include, PHN, CHW, Healthy Families, Mental Health, MSW WIC, R.D., CDN, L.C. Car Seat, Childbirth Education, and NYS Quit Smoking.
- Contracts remain in place with 6 medical OB-GYN providers in the Utica and Rome area. Consistent communication and site visits are completed yearly to enhance the working relationship, maximize continuity of care and address any issues.
- The MOMS program has added both a Certified Dietary Nutritionist and a Licensed Social Worker, (MSW) to the MOMS staff. Referrals are generated to each discipline as indicated.
- Medicaid and the Fidelis Medicaid Managed Care Plan continue to reimburse for all MOMS services.
- Reimbursement for 2010 visits was 99%.
- Revising and updating program policies, forms and documentation in accordance with Licensed Home Care Service Agency (LHCSA) regulations is visited yearly.
- MOMS chart audits are performed quarterly along with MCH charts. Audit findings are reported at the quarterly Professional Advisory meetings.

Looking Forward to 2011...In MOMS:

- Efforts continue to increase enrollment rates, improve first trimester of entry to MOMS care rates and postpartum visit rates.
- Expand patient and community awareness of the program benefits and services through outreach initiatives.
- Maintain collaboration with Department of Social Services Medicaid, and all perinatal medical and service providers.
- Recruitment of new Oneida County MOMS medical providers as well as any out of county medical providers recognized by the Medicaid Managed Care plans that serve Oneida county prenatal residents.

EARLY INTERVENTION THERAPY SERVICES:

The Division of Community Wellness has recently started a new program that provides Physical, Occupational, and Speech Therapies; Medical Social Worker, Nutrition and Special Instruction Services to the Early Intervention Program for children from birth through age three.

Looking Back at 2010... In EI Therapies:

- The implementation of providing supplemental evaluations for children in the Early Intervention Program. We have also added one speech/language pathologist, one physical therapist and a special instruction teacher to this program.

Looking Forward to 2011...In EI Therapies:

- We will provide multi-disciplinary evaluations for children in the Early Intervention Program. The quality assurance plan that is a new requirement from the New York State Department of Health will be implemented.

2010 EI THERAPY SERVICES STATISTICS		
Physical Therapy	Clients	19
	Visits	575
Occupational Therapy	Clients	30
	Visits	708
Speech Therapy	Clients	49
	Visits	1,254
Medical Social Work	Clients	2
	Visits	15
Special Instruction	Clients	3
	Visits	29
	Total E. I. Therapy Clients	140
	Total E.I. Therapy Visits	3,577
Nutrition	Clients	21
	Visits	118
	Total E. I. Therapy Clients	105
	Total E.I. Therapy Visit	2699
Supplemental Evaluations	Clients	5
	Visits	5

WIC Program

"Health requires healthy foods" – Roger Williams



Carol Watkins
WIC Coordinator

In 2010 the Oneida County WIC program was adjusting to several changes that occurred in the program food packages to the overall program structure and the way W.I.C. conducts business. Our program has emerged as a stronger, well organized system, which listens to our participants and community partners to provide better program services. In 2009 the WIC food packages were changed to better promote and support the establishment of successful, long-term breastfeeding and provide WIC participants with a wider variety of foods including fruits and vegetables and whole grains. In addition to the food package changes in late 2009 a unique partnership between the Oneida County Health Department W.I.C. Program and Cornell Cooperative Extension (CCE) of Oneida County was formed. This partnership has capitalized on the individual strengths and knowledge foundation of the two organizations to provide more effective services.

The unique partnership has been most effective in implementing group nutrition education at the main WIC office in Utica. These groups are called Chat Rooms. Chat rooms are designed to provide participants with an informal group setting in which innovative solutions to family health and nutrition can be shared among families. Utilizing the expertise of both WIC Nutrition staff and CCE Nutrition Educator allowed us to be one of the first sites in our region to successfully facilitate groups in a WIC clinic. We have become a premier program and a model of success to assist other counties to develop their programs. Participant's feedback has been positive and we plan to expand the use of Chat Rooms throughout 2011 to improve our program participation rates.

Despite all the changes that occurred in W.I.C. and working with reduced staff size in 2010 the W.I.C. program persevered. We were able to maintain program participation levels through teamwork and staff development including cross training to truly provide more with less. By securing additional funds through the USDA we will look forward to an increase staff in 2011 to continue program improvements. We have a new Utica WIC permanent site as of January 1, 2011 and have started the process of consolidating our numerous Rome locations into one centrally located office. The Oneida Health Department is committed to creating ease of access to the WIC program and more comprehensive services to those we serve.

WIC QUIZ:

(Answers on Pg. 38)

1. Oneida County has over 17,000 residence that qualify for the W.I.C. program. Of those that qualify for W.I.C. about how many participate each month?
2. True or False Overall diets of WIC children are more nutrient-rich than the overall diets of low income nonparticipating children.
3. A standard monthly WIC child's supplemental food package contains a variety of foods including whole grains, vegetables and fruit, dairy and protein. The approximate monthly value of this package is:
4. A family of four can have an annual gross household income of _____ and still qualify for the WIC program.
5. Income qualified children can stay on the W.I.C. program until they are how old?

“The most remarkable thing about my mother is that for thirty years she served the family nothing but leftovers. The original meal has never been found.” ~Calvin Trillin

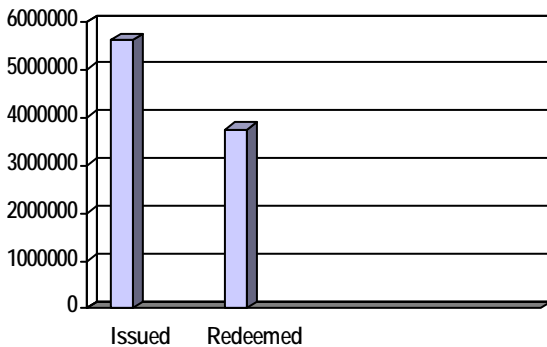


WIC promotes and supports Healthy Lifestyles Choices:

WIC provides supplemental food checks and nutrition education to support healthy eating and lifestyle choices. One way to support healthy eating habits is through family meal times. A study by Larson et al. found that preparing foods (at home) is related to lower intakes of carbonated beverages, fried foods, and fat and related to higher intakes of fruits and vegetables, fiber, folate and vitamin A.(1)

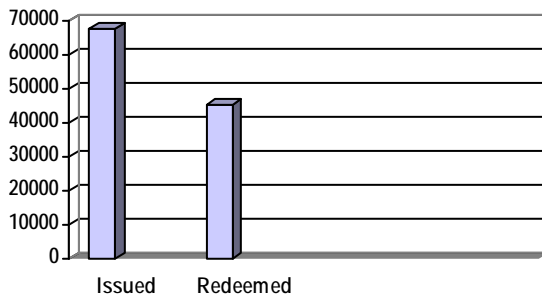
WIC contributes to the local economy:

The total value of WIC checks issued from October 2009 – September 2010 compared to the total value of checks redeemed.



A total of value of \$1,867,139 of issued food checks were not redeemed during the 2010 W.I.C. contract year. Community support that encourages the utilization of W.I.C. checks would result in more W.I.C. dollars begin redeemed supporting our local economy.

The total value of the 2010 Farmers Market Nutrition Program (FMNP) issued coupons compared to those redeemed.



Unredeemed FMNP food dollars totaled \$22,530.00.

Additional free WIC Services:

- Breastfeeding Peer Counselors
- Breast pump loan program
- Food Demonstration
- Eat Smart New York Nutrition Education
- Healthy Lifestyle Program Activities

Works Cited: 1. Larson NI, Story M, Eisenburg ME, Neumark-Sztainer D. Food Preparation and Purchasing Roles among Adolescents: Associations with Sociodemographic Characteristics and Diet Quality. J Am Diet Assoc. 2006 106:211-218

Looking Back at 2010... In WIC:

- W.I.C. staff visited over 50 health care providers in Oneida County to provide updated forms and information on the W.I.C. program.
- Designated a Breastfeeding Peer Counselor Coordinator to enhance and improve our breastfeeding peer counselor program and support.
- Purchased additional breast pumps for our free breast pump loan program

Looking Forward to 2011...In WIC:

- Move the main W.I.C. office in Utica to a more appropriate area of need to improve ease of access to services for those that qualify.
- Consolidate our Rome W.I.C. clinics into one centrally located office
- Provide outreach at local grocery stores and Farmers' Market to improve redemption rates of W.I.C. checks and FMNP coupons.
- Improve initial WIC participant orientation. Development of an interactive orientation to the W.I.C. program will provide new participants with a better understanding of the program and how to utilize their W.I.C. benefits.
- Increase our program participation rate to 6000 participants per month.

WIC QUIZ ANSWERS: (Quiz on Pg. 36)

1. 5,500
2. True
3. \$62
4. \$40,793
5. 5 years old

Clinical Services Division

"The part can never be well unless the whole is well" – Plato



Patrice Bogan
Director of Clinical
Services

The Diagnostic and Treatment Clinic programs target the prevention and control of communicable disease. The Clinic performs communicable disease surveillance, outbreak investigations, health screening and health promotion activities, along with diagnosis and treatment or referral for treatment. In addition, communicable disease education is provided to schools and colleges, healthcare providers, public safety workers and the general public. Bilingual staff are available for non-English speaking Bosnian, Burmese/Karen, German, Russian, and Spanish speaking clients.

COMMUNICABLE DISEASE:

Throughout the workday, departmental staff monitors the Electronic Clinical Laboratory Reporting System (ECLRS) to retrieve laboratories reporting communicable diseases identified for any County resident. Departmental staff investigates 73 reportable communicable diseases to either contain or prevent outbreaks. Program staff ascertain source of infection, seek out contacts and other steps to reduce morbidity and mortality. Individual case reports are evaluated for commonalities. Staff works closely with the New York State Department of Health (NYSDOH) and local health care providers and the community to keep them informed of disease clusters and for educational purposes. The Department also provides, either directly or indirectly, prophylaxis, when appropriate, to individuals exposed to various communicable diseases to prevent the onset of the disease. Staff members also monitor the hospital emergency rooms through the Syndromic Surveillance system to identify any illness clusters and any other unusual illnesses or occurrences. In 2010, staff investigated 2,511 electronic reports of communicable diseases in Oneida County residents. Each report requires, at minimum, disease confirmation according to criteria set by the NYSDOH. Often this confirmation requires further investigation of the laboratory, medical provider and patient. After further investigation, it was determined that 578 of these reports were confirmed and probable cases. Once confirmed and depending on the disease, the case then may require a thorough interview of the patient, identification of contacts and confirmation of treatment or prophylactic treatment for both. Education about the communicable disease provided for patients and contacts is another critical piece of disease control efforts. Communicable disease cases are identified in the home, school, daycare or workplace and each setting can present unique challenges to the efforts of disease control. Staff work with the agencies and sometimes the media to assist in awareness and education campaigns. In addition, staff received 234 phone calls of disease reporting or seeking information on communicable disease. Prompt and thorough investigations can prevent the spread of communicable disease CD staff met quarterly with other infection control practitioners as part of the Infection Control Association of the Mohawk Valley and monthly with the Department's Epidemiology Committee.

CLINICAL SERVICES QUIZ:

(Answers on Pg. 44)

1. What is the number one communicable disease in Oneida County?
2. How long does it take to get HIV test results at Oneida County Health Department HIV Clinic?
3. According to the Center for Disease Control (CDC), who is eligible to receive seasonal flu vaccine?
4. What is the name of the vaccine that protects against whooping cough?
5. How many cases of active TB were identified in 2010?

Communicable Diseases	2006	2007	2008	2009	2010
Amebiasis	1	10	11	1	4
Babesiosis		1	0	0	0
Campylobacter	16	22	30	32	29
Chlamydia	597	647	748	665	671
Cryptosporidiosis	9	18	20	26	21
E. Coli 0157:H7	4	0	6	3	1
E. Coli, Not Serogrouped	2	0	0	0	8
E. Coli, Serogrouped Non-0157	7	0	0	2	2
Encephalitis –viral	1	0	0	0	0
Encephalitis – West Nile	0	0	0	0	0
Giardiasis	49	88	65	64	53
Gonorrhea (simple)	78	74	102	132	182
Gonorrhea (PID)	0	0	0	1	0
Gonorrhea (PPNG)	0	0	0	0	0
Group A Streptococcal	4	7	4	5	15
Group B Streptococcal	17	18	11	20	24
Group B Streptococcal (Early Onset)	1	0	4	0	2
H1N1				25	0
Hemolytic Uremic Syndrome (HUS)	0	0	1	0	0
Haemophilus Influenza, Inv.		1	0	0	0
Haemophilus Influenza , Inv. Not B	1	4	0	5	5
Hepatitis A	7	0	2	1	0
Hepatitis B (Acute)	1	2	5	0	1
Hepatitis B (Chronic)	37	40	56	31	33
Hepatitis B (Chronic) Probable	9	31	26	24	22
Hepatitis C (Acute)	1	0	0	1	0
Hepatitis C (Chronic)	380	194	202	206	152
Hepatitis C (Chronic) Probable	9	31	10	12	7
Hepatitis C (Chronic) Unknown					4
Herpes Infant, Inf. <60 days			1	2	1
Influenza A	15	101	356	987	4
Influenza B	2	61	145	52	6
Influenza, Unspecified	3	16	21	74	0
Legionellosis	2	3	11	11	10
Listeriosis	2	3	2	1	1
Lyme Disease	3	7	25	12	14
Lyme Disease Probable					4
Lyme Disease Suspect					3
Lyme Disease – not a case					66
Malaria	2	1	0	3	1
Measles	0		0	0	6
Meningitis –Aseptic	1	2	4	6	0
Meningitis – Other Bacterial	2	1	1	0	0
Meningococcal Infection	1	1	0	0	0
Mumps	1	0	0	0	0
Pertussis	55	15	8	10	14
Rabies (Human)	0	0	0	0	0
Rubella	0	0	0	0	0
Salmonella	22	30	32	29	22
Shigellosis	3	2	0	2	9
Strep Pneumoniae (Invasive, Drug Resistant)	3	4	3	4	0
Strep Pneumoniae (Invasive, Intermediate)	6	9	2	6	1
Strep Pneumoniae (Invasive, Sensitive)	23	22	22	22	28
Strep Pneumoniae (Unknown)	1	0	0	2	1
Syphilis (Primary and Secondary)	1	2	2	0	2
Syphilis (Early Latent)	0	2	0	1	0
Syphilis (Other)	4	0	0	2	1
Toxic Shock	1	0	0	0	1
Tuberculosis	5	6	7	5	7
Typhoid Fever	0	0	0	0	0
Vibrio non 01 Cholera	0	0	0	0	0
Yersiniosis	0	0	0	0	0

IMMUNIZATION

Vaccines are provided to children and adults at various sites throughout the County. In addition, staff works closely with the NYSDOH Immunization Program in assessing the immunization rate of two-year olds in the private sector. Immunizations also include those needed for Green Card status. In 2010, 465 persons were assisted by immunization staff for Green Card requirements, a decrease of 33% from 2009 (694). Rabies post exposure vaccine is also provided by clinic staff with 67 persons receiving vaccine in 2010, a decrease of 16% from 2009 (80). OCHD also works collaboratively with local healthcare providers to ensure adequate influenza vaccine availability and to promote vaccination.

IMMUNIZATION PROGRAM STATISTICS			
	2008	2009	2010
Total Visits	9,059	10,118	7,872

TRAVEL

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

TRAVEL PROGRAM STATISTICS			
	2008	2009	2010
Total Services	267	261	284

SEXUALLY TRANSMITTED DISEASE (STD)

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

STD PROGRAM STATISTICS			
Activity	2008	2009	2010
Clinics	187	183	172
Total Visits	935	893	1049

STD CASES STATISTICS			
	2008	2009	2010
Chlamydia	748	665	671
Gonorrhea	102	132	182
Syphilis (Primary & Secondary)	2	0	2
Syphilis (Early Latent)	0	1	1 (late latent)

HIV COUNSELING, TESTING AND PREVENTION

This program serves to help uninfected persons initiate and sustain behavioral changes that reduce their risk of becoming infected, to assist infected persons to avoid infecting others, and to encourage and assist infected persons to obtain early and appropriate medical care. These counseling, testing,

and educational services are provided concurrently with the STD clinic. Oneida County Health Department now also uses the 10 minute Rapid Test which allows the patient to receive test results at the time of visit. In 2010, 524 persons were tested which shows no increase or decrease from 2009 (521), but there was a 10% decrease in the number clinics held in 2010 (165) compared to 2009 (183).

HIV COUNSELING & TESTING STATISTICS			
Activity	2008	2009	2010
Clinics	173	183	165
Total Tested	490	521	524
Positive HIV Cases	1	0	2

TUBERCULOSIS CLINIC

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

TUBERCULOSIS PROGRAM STATISTICS									
Total Reported Cases	2002	2003	2004	2005	2006	2007	2008	2009	2010
	10	5	8	6	5	6	7	5	7

NEW EMPLOYEE PHYSICAL EXAMINATIONS

The clinic performs the new employee physicals for Oneida County.

NEW EMPLOYEE PHYSICAL EXAMINATIONS STATISTICS	Exams in 2009	Exams in 2010
County Employees	81	73

REFUGEE HEALTH

Under contract with NYSDOH, a physical exam and screening for communicable diseases is provided to individuals referred by the Mohawk Valley Resource Center for Refugees. The health assessment also includes evaluation for TB, hepatitis, ova and parasite, hemoglobin, and Pap smear testing. During this year, 26 individuals were identified as hepatitis B carriers, and 57 individuals were positive for parasitic infections. All of these cases were referred to the Communicable Disease Program for further investigation. Lead testing was expanded to include all children through age 16 years and all pregnant women.

As part of this program refugees are administered immunizations as needed. Of the 482 completed assessments in the 2010, all were referred to a primary care provider. Also, 279 dental appointments, 128 ophthalmology referrals, 1 psychiatric appointment, and 16 OB/GYN appointments were made.

REFUGEE HEALTH PROGRAM STATISTICS			
Year	2008	2009	2010
Total Services	590	464	482

The STD program provides free and confidential evaluation, diagnosis, and treatment along with behavioral counseling to promote healthy behaviors and prevent future disease transmission.



Looking Back at 2010... In Clinical

Services Division:

- OCHD has continued HIV/STD/TB education throughout the community reaching additional numbers of child service organizations, shelters, hospitals, colleges, and professional organizations.

Communicable Disease Prevention & Control:

- OCHD staff conducted 2,511 investigations of which 578 were later confirmed/probable communicable disease cases.
- CD staff also conducted outbreak investigations regarding:
 - ◇ 4 different scabies outbreaks in clusters including 2 episodes at an Aquatic Exercise Class (27 interviewed); 1 cluster at an Aquatic Exercise class; 1 outbreak at an Elementary School. The staff was also involved in giving recommendations and heightening surveillance for six-week period for individual cases of scabies reported from the following organization types: Adult Daycare, Inpatient Alcohol and Drug Treatment Center, Childhood Developmental Delay Treatment, Adult Day Treatment Center.
 - ◇ CD staff was also involved in a multi-county outbreak of campylobacter (1 interview x 2).
 - ◇ Shigella outbreak in a daycare (6 interviewed);
 - ◇ Salmonella outbreak in a nursing home (3 interviewed x 2); multi-state outbreak of salmonella Johannesburg (1 interviewed x 2)
 - ◇ Clusters of Legionella at local Nursing Home
 - ◇ Increase of pertussis (whooping cough) cases (15) in 2010. Outbreaks in surrounding counties prompted OCHD to send out a provider alert to increase awareness which included information on testing protocols, preventive measures with contacts, and vaccination against pertussis with Tdap vaccine. Public service announcements on pertussis signs and symptoms and vaccinations were run on local radio stations.

Immunization Program:

- This year was the first year CDC recommended the seasonal flu shots for all people ages
- 6 months and older. OCHD provided 28 public flu clinics and 1313 seasonal flu shots were given. Staff also administered 140 flu shots to children and staff at eight Head Start locations. Overall the OCHD staff administered a total of 3,344 flu shots to adults and children which was a 24% decrease from 2009 (4,412). This year, seasonal flu shots were offered widespread at retail pharmacies providing increased access and convenience to county residents.
- There were 2,465 immunizations given to 1,602 consented adults entered into (New York State Immunization Information System) NYSIIS which is a 16% increase of immunizations administered from 2009 (2130) and a 120% increase of adults enrolled into NYSIIS from 736 (2009).
- OCHD received free vaccine through the New York State Department of Health through American Recovery and Reinvestment Act (ARRA) monies and gave 339 - Tdap, 91 - Zostavax (shingles), 21 - pneumonia, and 184 - HPV vaccine. One hundred and twenty doses of Tdap vaccine was distributed to Rome Memorial Hospital OB Clinic.
- School district offices in Oneida County received educational flu pamphlets to distribute to elementary school students.
- Educational materials on pertussis were sent to local pediatricians, family physicians, obstetricians,

and urgent care facilities due to the increased pertussis morbidity locally and nationally. Informational sheets targeting parents and caregivers with newborns were distributed to OB offices and prenatal clinics reinforcing the importance of pertussis (Tdap) vaccination.

Refugee Health:

- OCHD renewed a five year contract with NYSDOH Refugee Health Program.
- This contract provides additional funding to enable enhanced health screening for newly arrived refugees.
- OCHD evaluated 482 refugees for health screening, and of these refugee arrivals, 100% received completed health assessment within 90 days of arrival, meeting the NYSDOH contract goal.

Looking Forward to 2011...**In Clinical Services Division:**

- Support the efforts of the Oneida County Health Coalition in evaluating access to clinical care and modify public health clinic programs when indicated

Communicable Disease Prevention & Control:

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

Immunization Program:

- Increase the rate of immunized two-year-olds seen in public clinics to meet or exceed the Healthy People year 2020 goals.
- Provide education and technical support to private providers for implementation of the New York State Immunization Information System (NYSIIS).
- Increase awareness of the benefits of adult immunization (for people over 50 and other at risk adults) against influenza, pneumococcal, hepatitis B, Tetanus, pertussis and varicella disease.

Refugee Health

- At least 97% of refugees will receive a complete health assessment within 90 days of their initial clinic visit.
- OCHD anticipates the arrival of approximately 500 new refugees in 2011.

Tuberculosis Clinic:

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

CLINICAL SERVICES QUIZ ANSWERS: (Quiz on Pg. 39)

1. Chlamydia
2. At the time of visit
3. All people ages 6 months and older
4. Tdap
5. 7

