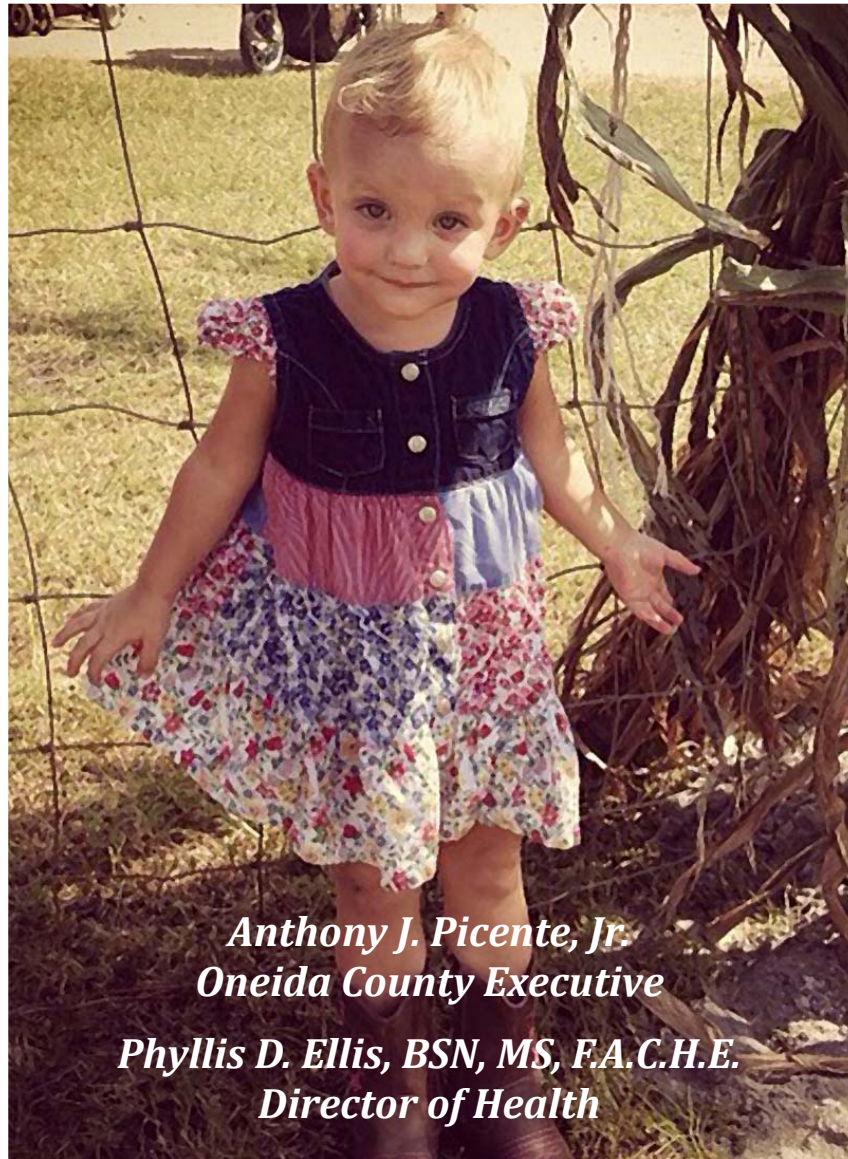


Oneida County Health Department



*Anthony J. Picente, Jr.
Oneida County Executive*

*Phyllis D. Ellis, BSN, MS, F.A.C.H.E.
Director of Health*

2013 ANNUAL REPORT

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MESSAGE FROM THE DIRECTOR



I am privileged to present the *Oneida County Health Department Annual Report* for 2013. In addition to providing a detailed narrative of the department's activities and a compilation of data for our many programs and services, this report serves to illuminate the path forward as we continue to fulfill our mission in 2014 and the years to come.



PHYLLIS ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH

Perhaps the best blueprint for the department's future activities is the *2014-2017 Community Health Assessment and Community Health Improvement Plan* which was conducted in 2013. The document identifies many of our community partners, assesses the health status of our community and serves to focus our efforts in order to improve health outcomes, often to underserved segments of the community. The work of our Immunization Program within the Amish community performing site visits, providing immunizations and collecting data mandated by the New York State Department of Health (NYSDOH) exemplifies OCHD's efforts to address these segments.

The morale and enthusiasm within the department remains high during the transition in leadership and program changes of the past year

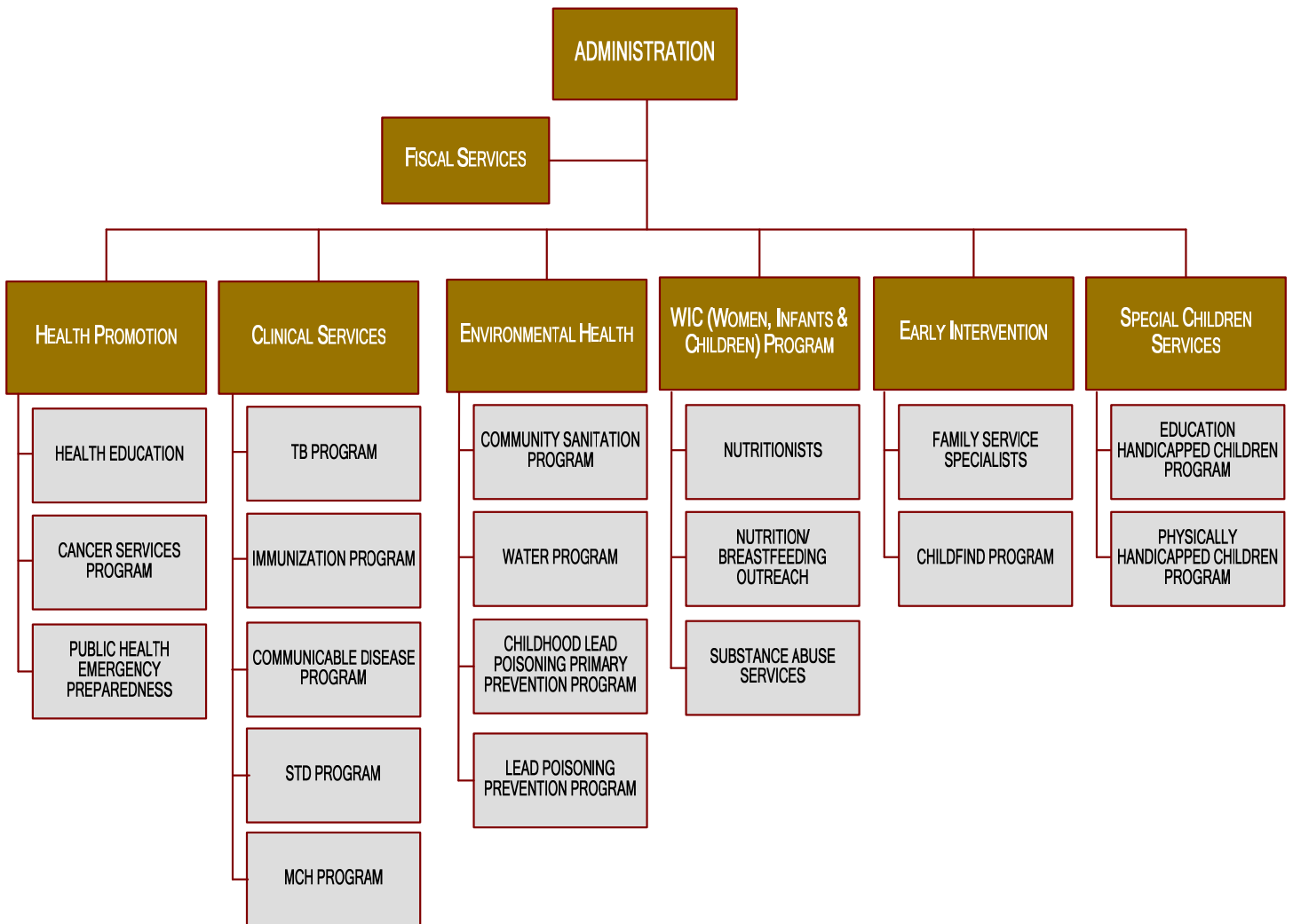
In the aftermath of last summer's flooding, the Oneida County Health Department was able to gain visibility in the community by providing free tetanus vaccine at various events and sites throughout the county for both flood victims and first responders involved in the clean-up. The Oneida County Disaster Relief web site which houses resource and recovery information was developed and the first Mold Information Seminar was conducted in response to the community's need for assistance in dealing with the large scale mold issues that resulted from extensive water damage in several communities.

UCHD's collaboration with HOOAD (Herkimer-Oneida-Organizations Active in Disaster), including our promotion and participation with Raymour & Flanigan's food drive and generous cash donation, resulted in long-term recovery efforts for flooding victims. The department's Public Health Emergency Response & Preparedness Program (PHERP), brought 29 organizations and more than 80 volunteers together in the City of Rome for its second Emergency Preparedness Point of Distribution (POD) Exercise. The program provided nearly 300 households educational sessions on personal preparedness and planning considerations for individuals with disabilities, seniors, pets and how to cope with the mental and emotional impact of an emergency or disaster.

These are but a few highlights of the Oneida County Health Department's performance in 2013. I wish to thank my staff for their efforts to maintain the highest level of services possible to the residents of Oneida County. The morale and enthusiasm within the department remains high during the transition in the leadership and program changes of the past year. I would also like to express my appreciation to County Executive Anthony J. Picente, Jr. and the Board of Legislators for allowing me the opportunity to lead the department as we continue to "promote and protect the health of Oneida County."

Phyllis D. Ellis, BSN, MS, F.A.C.H.E.
Director of Health

OCHD 2013 ORGANIZATIONAL CHART



ADMINISTRATIVE SERVICES



The Director of Public Health is responsible for directing the programmatic and budgetary management of all public health programs. The Deputy Director of Health provides oversight of program operations and administrative services including legal, personnel, fiscal, and quality improvement activities. These include the following services and activities and programs and services outlined in the subsequent sections of this report:

Financial services staff assists in preparation of the department's annual budget; prepares required financial statements and government reports; ensure that spending is within the budget allotments; ensures revenues from 3rd party reimbursements; and prepares claims for State and Federal and other reimbursement. The 2013 Budget Summary is outlined on page 4 of this report.

The Onondaga County Medical Examiner's Office provides professional, efficient and compassionate service to families, service providers and law enforcement

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

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

As of 2013, the Onondaga County Medical Examiner's (OCME) Office serves as Oneida County's Medical Examiner and provides medical examiner services as required by New York State's County Law and the Oneida County Charter and Administrative Code. The OCME's Office provides professional, efficient and compassionate service to families, service providers and law enforcement officials. The 2013 Oneida County Medical Examiner Case Summary is on page 5 of this report.



PATRICE BOGAN
DEPUTY DIRECTOR OF HEALTH



TOM ENGLE
FISCAL SERVICES ADMINISTRATOR



ROSEMARIE YACCO
SECRETARY TO THE
DIRECTOR OF HEALTH

2013 OCHD BUDGET SUMMARY

| Program | Total Costs | % of Budget | % of Federal Funding | % of State Funding | % of County Funding | % of Other Funding | % of Medicare Medicaid |
|--|--------------|-------------|----------------------|--------------------|---------------------|--------------------|------------------------|
| <i>ADMINISTRATION</i> | \$991,724 | 5% | | 29% | 71% | | |
| <i>PRE-SCHOOL (3-5)</i> | \$13,150,723 | 58.8% | | 57% | 40% | | 3% |
| <i>EARLY INTERVENTION</i> | \$2,074,442 | 9% | 23% | 24% | 27% | | 26% |
| <i>PHYSICALLY HANDICAPPED CHILDREN</i> | \$119,922 | 1% | | 50% | 50% | | |
| <i>PUBLIC HEALTH CLINIC</i> | \$1,016,468 | 5% | | 39% | 17% | 32% | 12% |
| <i>LEAD PRIMARY PREVENTION</i> | \$370,405 | 2% | | 100% | | | |
| <i>LEAD SCREEN</i> | \$274,442 | 1% | | 85% | 15% | | |
| <i>TB</i> | \$49,355 | .2% | | 100% | | | |
| <i>ENVIRONMENTAL HEALTH</i> | \$1,153,166 | 5% | | 32% | 29% | 39% | |
| <i>COMMUNITY HEALTH OUTREACH</i> | \$192,340 | 1% | | 88% | 12% | | |
| <i>COMMUNITY WELLNESS</i> | \$505,304 | 2% | | 39% | 42% | 4% | 15% |
| <i>WIC</i> | \$1,120,421 | 5% | 96% | 4% | | | |
| <i>IMMUNIZATION CONSORTIUM</i> | \$128,866 | 1% | | 100% | | | |
| <i>HEALTHY FAMILIES</i> | \$276,294 | 1% | | 100% | | | |
| <i>CANCER SERVICES PROGRAM</i> | \$440,000 | 2% | 22% | 72% | | 6% | |
| <i>EMERGENCY PREPAREDNESS</i> | \$170,100 | 1% | 100% | | | | |

2013 ONEIDA COUNTY MEDICAL EXAMINER CASE SUMMARY

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC | TOTAL |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| CASE TYPE | | | | | | | | | | | | | |
| Medical Examiner | 22 | 22 | 22 | 18 | 19 | 28 | 22 | 16 | 17 | 15 | 20 | 23 | 244 |
| Non-Medical Examiner | 49 | 31 | 29 | 34 | 35 | 32 | 27 | 37 | 28 | 27 | 42 | 43 | 414 |
| Total | 71 | 53 | 51 | 52 | 54 | 60 | 49 | 53 | 45 | 42 | 62 | 66 | 658 |
| EXAM/OTHER | | | | | | | | | | | | | |
| Inmate Autopsy | 1 | 1 | 1 | 4 | 3 | 1 | 2 | 1 | 3 | 0 | 0 | 0 | 17 |
| Autopsy | 18 | 17 | 19 | 7 | 13 | 23 | 13 | 13 | 12 | 10 | 16 | 21 | 182 |
| External Examination | 1 | 1 | 0 | 2 | 1 | 2 | 3 | 0 | 0 | 3 | 1 | 1 | 15 |
| Body Inspections | 2 | 2 | 1 | 5 | 2 | 2 | 4 | 2 | 2 | 2 | 3 | 1 | 28 |
| Death Certificate Amendment | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Total | 22 | 22 | 22 | 18 | 19 | 28 | 22 | 16 | 17 | 15 | 20 | 23 | 244 |
| MANNER OF DEATH | | | | | | | | | | | | | |
| Accident | 9 | 5 | 6 | 8 | 4 | 11 | 9 | 8 | 5 | 5 | 10 | 8 | 88 |
| Homicide | 0 | 1 | 4 | 0 | 0 | 3 | 1 | 0 | 1 | 0 | 2 | 1 | 13 |
| Natural | 13 | 12 | 7 | 7 | 12 | 7 | 6 | 5 | 7 | 5 | 5 | 6 | 92 |
| Pending and n/a* | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 3 | 1 | 1 | 5 | 14 |
| Suicide | 0 | 4 | 5 | 3 | 3 | 5 | 4 | 2 | 0 | 3 | 2 | 3 | 34 |
| Undetermined | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 3 |
| Total | 22 | 22 | 22 | 18 | 19 | 28 | 22 | 16 | 17 | 15 | 20 | 23 | 244 |
| RESPONSE STATUS - MEDICAL EXAMINER CASES | | | | | | | | | | | | | |
| Scene Response | 9 | 13 | 14 | 4 | 11 | 17 | 11 | 8 | 9 | 7 | 17 | 11 | 131 |
| Body Inspection Only | 2 | 2 | 1 | 5 | 2 | 2 | 4 | 2 | 6 | 2 | 3 | 1 | 32 |
| No Scene Response | 11 | 7 | 7 | 9 | 6 | 9 | 7 | 6 | 2 | 6 | 0 | 11 | 81 |
| Total | 22 | 22 | 22 | 18 | 19 | 28 | 22 | 16 | 17 | 15 | 20 | 23 | 244 |
| GENDER | | | | | | | | | | | | | |
| Female | 7 | 9 | 5 | 6 | 6 | 6 | 6 | 2 | 3 | 5 | 7 | 9 | 71 |
| Male | 15 | 13 | 17 | 12 | 13 | 21 | 15 | 14 | 14 | 10 | 13 | 14 | 171 |
| Total | 22 | 22 | 22 | 18 | 19 | 27 | 21 | 16 | 17 | 15 | 20 | 23 | 242 |
| AGE | | | | | | | | | | | | | |
| <15 | 0 | 1 | 0 | 0 | 1 | 3 | 0 | 0 | 1 | 2 | 1 | 0 | 9 |
| 15-19 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 6 |
| 20-24 | 3 | 0 | 2 | 1 | 2 | 4 | 1 | 0 | 0 | 0 | 2 | 2 | 17 |
| 25-34 | 2 | 3 | 4 | 1 | 2 | 4 | 3 | 2 | 1 | 0 | 2 | 3 | 27 |
| 35-44 | 1 | 3 | 0 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 19 |
| 45-54 | 3 | 4 | 7 | 2 | 4 | 5 | 2 | 0 | 4 | 3 | 5 | 3 | 42 |
| 55-64 | 7 | 4 | 2 | 5 | 3 | 4 | 2 | 6 | 4 | 3 | 5 | 7 | 52 |
| 65-74 | 1 | 2 | 3 | 4 | 1 | 1 | 5 | 4 | 3 | 2 | 1 | 3 | 30 |
| 75-84 | 0 | 2 | 3 | 2 | 2 | 3 | 0 | 0 | 1 | 2 | 0 | 2 | 17 |
| 85+ | 4 | 3 | 1 | 1 | 3 | 1 | 3 | 1 | 1 | 2 | 2 | 1 | 23 |
| Total | 22 | 22 | 22 | 18 | 19 | 27 | 21 | 16 | 17 | 15 | 20 | 23 | 242 |

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

HEALTH PROMOTION



H **Health Education and Information:** Staff work with the community on a variety of health topics, talk to community members and agencies about health department programs, make people aware of important health and safety issues, and work with employers, schools, colleges, businesses, and community agencies to focus on wellness, safety, and preventing disease. Activities include educational presentations, community events, outreach, health fairs,

distributing materials, and helping residents with their questions (See page 7 for a *Summary of Health Education Activities* by topic, population and geographic area conducted by all OCHD divisions and programs). The Department works with media outlets to publicize important public health messaging. Health Promotion Staff also participate in or conduct the following programs and activities:



LEFT TO RIGHT:
LISA WORDEN, EMERGENCY PREP. COORD.
KRISTA DRAKE, HEALTH EDUCATOR
KEN FANELLI, PUBLIC EDUCATION COORD.
JESSE ORTON, HEALTH EDUCATOR

The potential for improving community health is significantly increased when we work together to address

ONEIDA COUNTY LIVING HEALTHY WORKSHOP:

an evidence based program which teaches participants basic skills needed to better self-manage a chronic health condition.

COMMUNITY HEALTH ASSESSMENTS (CHA): diagnosing the health status of the County by collecting, analyzing, organizing, and distributing data and information on health issues, needs and resources. CHAs tells us if our community's health is getting better or worse; identifies significant and emerging health issues; is used to make decisions about policies, programs, services and funding; and is a basis for advocating for needed changes and mobilizing community partnerships.

COMMUNITY COLLABORATIONS: collaborative partnerships with individuals and organizations that provide essential public health services; these collectively make up the local public health system which consists of a broad and diverse cross-section of representatives from many sectors such as health care, schools, government, business, community groups, law enforcement, and volunteers to name a few. HP staff are active participants in several collaborations as the potential for improving the health of the community is significantly increased when agencies and organizations work together to address problems.

C **ancer Services Program (CSP):** The CSP is a grant from the NYS Department of Health, Bureau of Chronic Disease and Prevention. The CSP offers no-cost breast, cervical and colorectal cancer screenings and/or diagnostic services to uninsured and under-insured people. Breast and cervical screenings are for women ages 40 to 64, and colorectal screenings are for men and women ages 50 to 64. The Health Department contracts with local health providers who perform the screenings and/or diagnostic services and are reimbursed by the CSP for their services. Case Management is provided to all clients who have an abnormal screening. If cancer is diagnosed, the clients are assessed for eligibility for the Medicaid Cancer Treatment Program (MCTP). This specialized Medicaid program is strictly for people diagnosed with breast, cervical, colorectal and prostate cancer and has higher financial eligibility than regular Medicaid (250% of Federal Poverty Guideline). MCTP will pay for treatment and all other medical needs for the client while on the program.



WENDY HUNT
CANCER SERVICES PROGRAM
MANAGER

The local CSP covers Oneida, Herkimer and Madison counties. In addition to paying for the screenings, the CSP provides outreach and education to the community about the program itself as well as the cancers for which the program provides screenings.

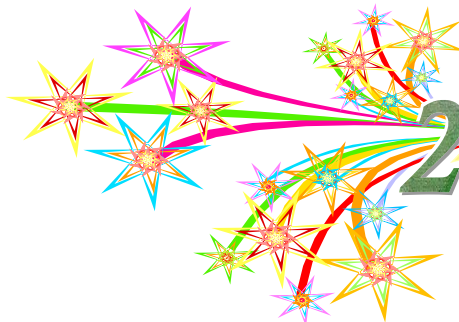
| CANCER SERVICES PROGRAM DATA | | | | |
|---------------------------------|------|------|------|--|
| Screenings | 2011 | 2012 | 2013 | |
| Clinical Breast Exams | 530 | 530 | 505 | |
| Mammograms | 767 | 639 | 608 | |
| Pap/Pelvic Exams | 242 | 171 | 117 | |
| Fecal Immunochemical Test (FIT) | 162 | 145 | 154 | |
| Colonoscopies | 50 | 28 | 13 | |
| Total Clients Served | 676 | 672 | 628 | |

The Health Department also holds a grant from the Central NY Affiliate of Susan G. Komen for the Cure. This grant provides supplemental funds to the breast screening services offered through the CSP, as well as helping to cover costs for outreach, education, side effect management, and other program costs.

Public Health Emergency Response & Preparedness Program: this program seeks to protect the health of the community from disease outbreaks and natural and man-made disasters. OCHD engages in preparedness activities with the multi-agency partnerships such as Regional Health Emergency Preparedness Coalition and Herkimer Oneida Organizations Active in Disasters to identify resources, establish mutual agreements, develop coordinated response plans, conduct drills and exercises, identify and follow up on areas for improvement, train staff, and coordinate public and media communications. The Health Department also has an internal planning team with representation from all departments that assist in and building and improving capacity to respond to all hazards.

SUMMARY OF OCHD HEALTH EDUCATION ACTIVITIES

| Topic Area | Population | Location | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------|--------|---------|----------------|-------------|-----|-------|--------------|-----------|---------------|----------|--------|--------|------|----------|----------|---------|-------|--------|--------|--------|------------|--------------|------------|
| | | Boonville | Camden | Clinton | Holland Patent | Lairdsville | Lee | Marcy | New Hartford | North Bay | Oneida County | Oriskany | Poland | Remsen | Rome | Sauquoit | Sherrill | Steuben | Utica | Vernon | Verona | Vienna | Waterville | Westmoreland | Whitesboro |
| Bed Bugs | Adult professionals | | | | | | | | | | | | | | | | | | | | | | | | |
| Bike Helmet Distribution and Education | Children | ■ | | | | | | | | | | | | | | | | | | | | | | | |
| Breast Cancer | Adult women—One-on-One support to women with breast cancer and their families | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Breast Health Sessions | Adult women | | | | | ■ | | | | ■ | | | | | | | | | | | | | | | |
| C. Difficile | Community Service Provider | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer Services Program information, support and referral information | Uninsured/Underinsured ages 40 to 64 | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Cancer Services Program Outreach and Promotion | Adult professionals, elected officials, program providers, businesses | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer Screening events: Mammograms, Breast exams, Pap/pelvic exams w/ Bassett's Mobile Screening Unit | Uninsured/Underinsured women ages 40-64 | | | | | | | | | | | | | | | | | | | | | | | | |
| Communicable Disease | Providers, College Students | | | | | | | | | | | | | | | | | | | | | | | | |
| Dental Education | School age children | | | | | | | | | | | | | | | | | | | | | | | | |
| Disaster Preparedness | Families | | | | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention and Child Find Program Information | Providers offices, Rotary | | | | | | | | | | | | | | | | | | | | | | | | |
| Fall Prevention | Senior Group | | | | | | | | | | | | | | | | | | | | | | | | |
| Head Lice | Adult professionals | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Fairs and Events | Adults, children, businesses, community members | ■ | | ■ | | | | ■ | ■ | | | ■ | ■ | | | | | ■ | ■ | ■ | ■ | ■ | ■ | | ■ |
| Immunizations | Refugee population, Providers, School Nurses, College Students | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza | Healthcare personnel, women who are pregnant, adult professionals, seniors | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza & Pneumonia | Senior Group | | | | | | | | | | | | | | | | | | | | | | | | |
| Influenza shot/mask regulation | Healthcare providers | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Poisoning Prevention | Adult professionals, expecting parents, college students, school age children, teachers, parents | | | | | | | | | | | | | | | | | | | | | | | | |
| Lead Primary Prevention Education, Inspection and Outreach | Adults, children, property owners, tenant, healthcare providers, medical residents, nursing students, contractors, judges, codes officials, government officials | ■ | ■ | ■ | | | | | | | | | | | | | | | | | | | | | |
| Maternal Child Health | Providers | | | | | | | | | | | | | | | | | | | | | | | | |
| Mold | Adults | | | | | | | | | | | | | | | | | | | | | | | | |
| MRSA | Adult professionals | | | | | | | | | | | | | | | | | | | | | | | | |
| Preschool Special Education (Referrals to Committee) | Early childhood teachers | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Rabies | School age children, Providers, College Students | | | | | | | | | | | | | | | | | | | | | | | | |
| Scabies | Adult professionals | | | | | | | | | | | | | | | | | | | | | | | | |
| STD | Providers, College Students | | | | | | | | | | | | | | | | | | | | | | | | |
| Summer Safety | School age children | | | | | | | | | | | | | | | | | | | | | | | | |
| TDAP Vaccination | Women who are pregnant, 2013 flood victims | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Tobacco | Adults | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuberculosis | Providers, College Students | | | | | | | | | | | | | | | | | | | | | | | | |



2013 Highlights

- ⇐ Conducted the 2014-2017 Community Health Assessment and Community Health Improvement Plan. Worked in collaboration with area hospitals and agencies to assess the health status of the community and determine focus areas for improvement.
- ⇐ Promoted screen-free week with annual event in Vernon.
- ⇐ Participated in over 50 community events promoting health and safety to the community.
- ⇐ CSP applied for and received another 5 year grant for the administration of the Cancer Services Program of Oneida, Herkimer and Madison Counties.
- ⇐ CSP applied for and received another grant from the CNY Affiliate of Susan G. Komen for the Cure, totaling \$40,425, the highest amount we have received to date.
- ⇐ CSP held our 4th annual Love Yourself Screening Week in October, working with local healthcare professionals.
- ⇐ Development of the Oneida Disaster Relief website to house resource and recovery information for flood victims.
- ⇐ In the aftermath of the flooding, PHERP Program responded to an increase in calls from the community on mold issues by hosting a mold information seminar in collaboration with NYSDOH and Whitesboro Fire Department. Over 50 residents attended this educational seminar and received clean up materials donated by Jay-K Lumber and Northern Safety.
- ⇐ PHERP conducted its 2nd Emergency Preparedness Point of Distribution (POD) Exercise in Rome. The event included educational sessions on disaster preparedness with considerations for disabilities, pets, seniors and the mental health impact of disasters. Over 260 households received a free disaster preparedness kit. Over 80 volunteers from 29 organizations participated in the event and 96% of attendees indicated that they learned new information.
- ⇐ Developed the Oneida County Family Disaster Preparedness Planner in collaboration with Salvation Army. The Planner is stored on a USB drive and allows individuals and families to organize and store key preparedness information and share with emergency contacts.
- ⇐ Expanded disaster preparedness promotion by developing a Disaster Preparedness Social Marketing Plan to identify more effective methods to engage and educate individuals with functional needs about disaster preparedness. Research and interviews were conducted with agencies representing individuals with disabilities, seniors and cultural and language barriers and a second round of B'Ready Family TV and Radio Commercials were produced and aired.
- ⇐ Collaborated with HOOAD (Herkimer-Oneida Organizations Active in Disasters) in 2013 flooding long term recovery efforts for flood victims including the support and promotion of Raymour and Flanigan's food drive and donation of \$20,000 for flood victims.
- ⇐ OCHD was invited by the New York New Jersey Preparedness and Emergency Response Learning Center (NYNJ•PERLC) to present with them at the 2013 Public Health Preparedness Summit in Atlanta, GA. OCHD was asked to present on model practices in cultural and language competency in disaster planning.

2014 Goals

- ⇒ Continue to work with area hospitals and agencies to carry out goals and objectives related to breastfeeding and smoking cessation identified in the community health improvement plan.
- ⇒ Continue to explore the development of a volunteer program.
- ⇒ Integrate program activities in department wide marketing plan.
- ⇒ Finalize the development of the Stop ACEs website and host a guest speaker event on childhood trauma, child temperament and parenting styles in collaboration with the Stop ACEs Committee.
- ⇒ Continuing to receive the grant from the Central New York Affiliate of Susan G. Komen for the Cure to help fund breast cancer screenings for women under 40 years old, provide support services for breast cancer survivors, and to fund our outreach worker and some outreach events in Oneida County.
- ⇒ Developing, through our Komen grant, a support group for women who have breast cancer that will address the aspects of nutrition, physical activity, emotional and mental health, and holistic support.
- ⇒ Continuing to work with our community partners to offer information, services and opportunities to the residents of Oneida, Herkimer and Madison Counties to get screened for breast, cervical and colorectal cancers.
- ⇒ Updating of the Public Health Emergency Response & Preparedness Plan and the Oneida County Mass Fatality Plan
- ⇒ Developing emergency preparedness educational videos in various languages and planning and implementing disaster preparedness outreach sessions with high-risk groups including the hearing impaired and individuals with disabilities.
- ⇒ Conducting a mass dispensing exercise in collaboration with community partners.
- ⇒ Developing staff trainings and departmental policies to address active shooter events
- ⇒ Create and post a downloadable version of the Family Disaster Preparedness Planner on the OCHD website.

EARLY INTERVENTION



On September 6, 2011, the U.S. Department of Education announced the release of final regulations for the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). These final regulations will help improve services and outcomes for America’s infants and toddlers with disabilities and their families.



PATRICIA MEYER
DIRECTOR OF EI

Part C is a \$436 million program administered by States that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. The regulations focus on measuring and improving outcomes for the approximately 350,000 children served by the Part C program with the goal of ensuring that such children are ready for preschool and kindergarten.

The term ‘Early Intervention’ has a literal meaning – intervening in a child’s development to provide support at an early time in his or her life¹

“As everyone who works in education understands, one of the most important things we can offer children is a high-quality early learning experience that prepares them for kindergarten,” said U.S. Secretary of Education, Arne Duncan. “This is true for all children-but it’s especially important for infants and toddlers with disabilities to have access to high-quality early intervention services that prepare them to successfully transition to preschool and kindergarten. The Part C regulations will support the Education Department’s commitment to the goal of preparing more children with high needs with a strong foundation for success in school and beyond.”²

In 2013, we in Oneida County authorized 447 multidisciplinary evaluations as well as 17 bilingual core evaluations and 58 supplemental evaluations. We provided services to 1,074 children and the Child Find division of the Early Intervention Program actively tracked the development of 1,280 babies and toddlers, 559 were newly referred.

¹Family Connect.org – parent site

²Idea.ed.gov/part-c

| TYPES & NUMBER OF SERVICES PROVIDED (AS OF 1/30/14) | | | | |
|---|--------|--------|--------|--------|
| SERVICES | 2010 | 2011 | 2012 | 2013 |
| Special Instruction Visits | 7,108 | 5,691 | 3,733 | 3,986 |
| Physical Therapy Visits | 7,335 | 7,473 | 7,078 | 6,963 |
| Occupational Therapy Visits | 6,501 | 7,346 | 6,257 | 5,771 |
| Speech/Language Therapy Visits | 15,378 | 14,522 | 13,649 | 12,081 |
| Vision Therapy Visits | 9 | 10 | 2 | 146 |
| Total of All Visits * | 46,310 | 42,533 | 37,186 | 36,332 |
| (*Including other miscellaneous services and service coordination visits) | | | | |



2013 Highlights

- ⇐ NYSDOH regulatory changes presented some new challenges in 2013. Counties are no longer maintaining contracts with EI providers but rather, agencies and individual providers have entered into agreements with the NYSDOH for service provision. NYSDOH is also now using a “fiscal agent” to process and pay provider claims. These are two major changes within our division that were designed by the state with the intent of reducing our administrative burden. We will continue to adjust policies/procedures and personnel responsibilities accordingly to comply with these regulatory mandates.
- ⇐ Provided education on growth and development and health related issues during our home visitation sessions.
- ⇐ Established a referral process to assist families with accessing the new OPWDD program and other important supportive services.
- ⇐ Attended health fairs to further educate the public on available programs and services that can improve their children’s health and development.



2014 Goals

- ⇒ Increase preventive education in hopes of decreasing need for treatment later on.
- ⇒ Improve support to families of children who have high levels of needs – to include additional education and support groups as well as better general health through nutrition and mental health counseling.
- ⇒ Improve our knowledge base of new populations and how to access these individuals who may be in need of our services.
- ⇒ Continue to work closely with NYSDOH to transition onto the new NYEIS computer system and close out the previous DOS-based KIDS system. Changes are being made on a frequent basis and staff continues to adjust their daily work habits as needed.
- ⇒ Collaborate with existing providers in order to expand and increase the variety and capacity of the Early Intervention services we are able to offer.
- ⇒ Continue to network with Community partners to spread the word that there is an ongoing need for service providers in outlying geographical areas of the county as well as in specialty fields of expertise.

SPECIAL CHILDREN SERVICES



Within the Special Children Services division, the Children with Special Health Care Needs Program (CSHCN) seeks to improve the system of care for children birth to 21 years of age and their families. Oneida County's program helps to empower families of children and youth to advocate for the best health care to meet their needs.



BARBARA PELLEGRINO
DIRECTOR OF SCS

Also within this division is New York State's Preschool Special Education Program (or Education/

Transportation of Handicapped Children's Program ETHCP). Federal and state laws govern the program and grant administrative authority to the state and school districts located in the county. Oneida County is mandated by law to fund the program in its entirety. Educational and therapeutic services are provided in least restrictive environments to maximize the preschool child's learning potential.

Children are provided with a variety of special services that take full advantage of their learning potential

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

This program provides information and referrals for children and youth birth to 21 years of age who have or are suspected of having serious or chronic health, behavioral or emotional conditions. The program assists families in establishing a medical home, accessing private and/or public insurance, and supporting youth as they transition to adult health care, work and independence.

| CSHCN | | | | |
|------------------------------|------|------|------|--|
| ELIGIBLE CHILDREN BY AGE | 2011 | 2012 | 2013 | |
| 3<5 | 1 | N/A | N/A | |
| 5<13 | 7 | 8 | 12 | |
| 13<19 | 46 | 58 | 76 | |
| >19 | 9 | 8 | 5 | |
| Total Children | 63 | 74 | 93 | |
| Total Service Authorizations | 565 | 619 | 905 | |

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM (PHCP)

The purpose of PHCP (as a component of CSHCN) is to help families pay for quality health care for their children with severe chronic illness or physical disabilities. The program has a Diagnosis and Evaluation component as well as a Dental Rehabilitation Program. Families must meet medical and financial eligibility to receive assistance.

PRESCHOOL SPECIAL EDUCATION (EDUCATION/TRANSPORTATION OF HANDICAPPED CHILDREN'S PROGRAM ETHCP)

This is a state mandated program for children ages 3 and 4 years old who have been classified as a Preschool Student with a Disability through their school district's Committee on Preschool Special Education. Classified children are provided with a variety of special services that will take full advantage of their learning potential.

| ETHCP | | | | |
|---|------|------|------|--|
| SERVICES | 2011 | 2012 | 2013 | |
| Evaluations Completed to Determine Eligibility - Children Evaluated | 469 | 386 | 282 | |
| Classified Preschool Students with a Disability - Distinct Children | 768 | 758 | 647 | |



2013 Highlights

- ⇐ 647 children benefitted from services through the Education/Transportation of Handicapped Children's Program (ETHCP) in Oneida County. Through their participation in this program, children with learning differences were better prepared to meet the challenge of entering a school classroom. School Districts in Oneida County: 24 districts; 2013 Committee on Preschool Education (CPSE) meetings with Oneida County Representation: 1,058
- ⇐ Children with Special Health Care Needs Program (CSHCN) program is now coordinated by a Registered Professional Nurse with the work scope expanded to advocate for the behavioral and emotional needs of Oneida County children and youth.
- ⇐ ETHCP staff collaborated with administrators of Universal Pre-Kindergarten and Head Start programs to maximize Preschoolers with a Disability (PSWD) participation in typical educational settings.
- ⇐ Special Children Services (SCS) staff participated in community Health Advisory Committees, Early Childhood conferences, Affordable Care Act forums and symposiums through the Mohawk Valley Center for Refugees to discuss issues special children and their families face in Oneida County.
- ⇐ CSHCN brochure was updated to place the focus of the program on the resource and referral component.

2014 Goals



- ⇒ Children with Special Health Care Needs Program (CSHCN) will embark on a marketing plan to increase the awareness of program services and supports for Oneida County residents.
- ⇒ SCS staff will participate in the New York State Department of Education re-approval process for contracted service providers to ensure the highest quality of therapy and education for classified preschoolers.
- ⇒ Education/Transportation of Handicapped Children's Program (ETHCP) will continue to participate in legislative discussions regarding changes in law and regulation of the Preschool Special Education Program.
- ⇒ ETHCP staff will continue to explore cost effective measures to provide transportation for classified children.
- ⇒ SCS staff will continue to work with Early Childhood Programs with the goal that every Oneida County preschooler should have access to quality programs before starting Kindergarten.

CLINICAL SERVICES



The Diagnostic and Treatment (D&T) Clinic programs target the prevention and control of communicable disease. The New York State Department of Health (DOH) mandates provision of service for immunizations, STD, HIV, tuberculosis, and communicable disease.

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, and the general public. Bilingual staff is available for non-English speaking Bosnian, Burmese, Karen, German, Russian, Ukrainian, and Spanish speaking clients.



SANDRA PEJIC
DIRECTOR OF CLINICAL SERVICES

IMMUNIZATION PROGRAM

Behavioral counseling occurs to promote health behaviors and to prevent infection and future disease transmission

Immunizations are offered to people of all ages to protect themselves and others from vaccine preventable diseases at Utica and Rome clinic sites. Immunizations also include those needed for Green Card status. Clinic staff provides relevant immunization education to the public and various organizations.

| IMMUNIZATION PROGRAM | | | |
|--------------------------------------|-------|-------|-------|
| | 2011 | 2012 | 2013 |
| Total Visits | 6,718 | 4,871 | 4,363 |
| Total clients - Post exposure rabies | 72 | 86 | 67 |
| Total clients - Flu shots | 2,413 | 1,269 | 477 |
| Total clients - Green Card | 666 | 374 | 334 |

TUBERCULOSIS PROGRAM

The program goal is to prevent the spread of tuberculosis (TB) and to educate health care workers, community agencies, and the public about TB. This is accomplished through efforts to ensure that patients with TB disease and those at high risk for progression to TB disease are identified and receive treatment. Treatment is also offered to patients with latent TB infection (LTBI) to reduce the risk of developing TB (292 patients, 903 visits in 2013).

| TB PROGRAM | | | |
|----------------------|------|------|------|
| Total Reported Cases | 2011 | 2012 | 2013 |
| | 8 | 5 | 8 |

SEXUALLY TRANSMITTED DISEASES (STD) PROGRAMS

This program ensures provision for evaluation, diagnosis, and treatment of sexually transmitted diseases (chlamydia, gonorrhea, syphilis) to the public. Patient may also be seen for treatment of infection due to referral from other facilities/agencies. Behavioral counseling occurs to promote health behaviors and to prevent infection and future disease transmission.

| STD PROGRAM | | | |
|--------------|------|------|------|
| Activity | 2011 | 2012 | 2013 |
| Clinics | 192 | 178 | 160 |
| Total Visits | 1073 | 902 | 833 |

| STD CASES | | | |
|--------------------------------|-----|------------------------------|------------------------------|
| Chlamydia | 757 | 726 | 865 |
| Gonorrhea | 142 | 136 | 145 |
| Syphilis (Primary & Secondary) | 1 | 1 - secondary 1 - primary | 1 - primary 3 - secondary |
| Syphilis (Early Latent) | 0 | 1 - late latent | 3 - 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 person to avoid infecting others, and to encourage and assist infected person to obtain early and appropriate medical care. These counseling, testing and educational services are provided concurrently with the STD clinic.

| HIV COUNSELING & TESTING | | | |
|--------------------------|-----|-----|-----|
| Clinics | 183 | 183 | 166 |
| Total Tested | 626 | 512 | 484 |
| Positive HIV Cases | 2 | 0 | 0 |

COMMUNICABLE DISEASE PROGRAM (See Program Data on Page 16)

The communicable disease staff is responsible to investigate 73 reportable diseases thoroughly and timely in order to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. Staff members lead outbreak investigations in the community to prevent further spread of disease. Staff works closely with NYSDOH and local health care providers in the community to keep them informed of disease clusters and educational purposes, and they also monitor the Syndromic Surveillance on a weekly basis or as needed to identify any clusters in the community.

MATERNAL CHILD HEALTH SERVICES

- Maternal Child Health Program:** Nurses in the Licensed Home Care Services Agency (LHCSA) Maternal Child Health (MCH) Program provided home visits to women with high medical and social risk in order to help them have the healthiest pregnancy possible and to improve their birth outcomes. Nurses continued to visit after the baby was born to encourage sound parenting practices, immunizations, and well child care. It was recognized that these preventative nursing home services are provided by other agencies in the community; therefore, these services have been transitioned to another nursing agency. The last patient was seen by OCHD nursing staff in mid-November.

| MCH PROGRAM | |
|--------------------------------|-------|
| 2013 | |
| Total number of patients seen: | 304 |
| Total number of home visits: | 1,063 |

- Community Health Worker Program:** The Community Health Worker Program (CHWP) provided outreach, education, referrals and follow-ups, case management, advocacy, and home visiting services to pregnant women who were at high risk for poor birth outcomes. The focus of the program was to assist underserved and hard to reach families get the best level of healthcare, self sufficiency and family functioning available in our County. The School Outreach & Education program (SOEP), was housed under the Community Health Worker Program until its closure and was then placed under the MCH program. This program provided: Education and support to pregnant teens at local high schools in order to assist them to have healthier pregnancies, better birth outcomes, and reduce the number of subsequent pregnancies and assistance to graduate high school

- Medicaid Obstetrical Maternal Services Program:** MOMS continues to ensure women access to a full range of health and related services, such as obstetrical care, education, nutrition and breastfeeding counseling and psychosocial support. It serves a population of low income (family size and earnings up to the 200% Federal Poverty Level determine income eligibility) at risk women that may otherwise not be eligible for Medicaid benefits. It provides assistance to eligible pregnant women with the Medicaid application and determination process.

| MOMS PROGRAM | 2012 | 2013 |
|---------------------------------------|------|------|
| Total Visits | 485 | 432 |
| Total New Clients | 147 | 127 |
| Nutrition and Lactation Visits | 70 | 53 |
| First Trimester of Entry to Care Rate | 74% | 71% |
| Medicaid Enrollment | | |
| 100% FPL | 67% | 36% |
| 200%FPL | 62% | 52% |
| Referrals | 321 | 297 |

- Injury Prevention Program:** The Injury Prevention Program goal is to educate the community through prevention. This program distributes free car seats and bicycle helmets to families in need.
- Car Seats:** OCHD offers car seats to underserved, low income families in Oneida County through Federal funding (The Governor's Traffic Safety Committee). The goal of this program is to increase the proper use and installation of child safety seats in New York State. Education on the proper installation of car seats is given at the time the car seat is given. In 2013 we gave away 175 car seats to underserved, low income families in Oneida County: 75 were infant, 70 convertible and 30 booster seats.
- Bicycle Helmets:** This program distributes bicycle helmets through Federal funding (The Governor's Traffic Safety Committee). Children and parents are educated on the importance of bicycle helmets and periodic bicycle checks and repairs. In 2013 OCHD instructed 516 children, residing in Oneida County, in bike riding safety and gave each child a new bike helmet.

| COMMUNICABLE DISEASES | 2011 | 2012 | 2013 |
|---|------|------|------|
| Amebiasis | 1 | 6 | 0 |
| Anaplasmosis | 0 | 2 | 0 |
| Babesiosis | 0 | 2 | 0 |
| Campylobacter | 38 | 27 | 37 |
| Chlamydia | 757 | 726 | 865 |
| Cryptosporidiosis | 13 | 33 | 25 |
| Dengue Fever | 0 | 0 | 1 |
| E. Coli 0157:H7 | 3 | 2 | 1 |
| E Coli, Not Serogrouped | 5 | 3 | 2 |
| E. Coli, Serogrouped Non-0157 | 0 | 3 | 5 |
| Ehrlichiosis | 0 | 1 | 0 |
| Encephalitis –viral | 1 | 0 | 0 |
| Encephalitis – West Nile | 0 | 0 | 0 |
| Giardiasis | 54 | 69 | 56 |
| Gonorrhea (simple) | 142 | 136 | 145 |
| Gonorrhea (PID) | 0 | 0 | 0 |
| Gonorrhea (PPNG) | 0 | 0 | 0 |
| Group A Streptococcal | 10 | 5 | 14 |
| Group B Streptococcal | 21 | 18 | 33 |
| Group B Streptococcal (Early Onset) | 1 | 1 | 1 |
| Hemolytic Uremic Syndrome (HUS) | 1 | 2 | 0 |
| Haemophilus Influenza, Inv. | 0 | 2 | 0 |
| Haemophilus Influenza , Inv. Not B | 5 | 1 | 4 |
| Hepatitis A | 1 | 2 | 4 |
| Hepatitis B (Acute) | 1 | 1 | 0 |
| Hepatitis B (Chronic) | 40 | 28 | 22 |
| Hepatitis B (Chronic) Probable | 11 | 10 | 27 |
| Hepatitis C (Acute) | 2 | 3 | 7 |
| Hepatitis C (Chronic) | 99 | 122 | 115 |
| Hepatitis C (Chronic) Probable | 16 | 6 | 1 |
| Hepatitis C (Chronic) Unknown | 6 | 0 | 1 |
| Herpes Infant, Inf. <60 days | 0 | 0 | 0 |
| Influenza A | 127 | 16 | 225 |
| Influenza B | 201 | 14 | 117 |
| Influenza, Unspecified | 0 | 0 | 2 |
| Legionellosis | 10 | 2 | 8 |
| Listeriosis | 0 | 0 | 1 |
| Lyme Disease | 43 | 35 | 74 |
| Lyme Disease Probable | 8 | 8 | 13 |
| Lyme Disease Suspect | 43 | 12 | 70 |
| Lyme Disease – not a case | 15 | 19 | 216 |
| Malaria | 0 | 2 | 2 |
| Measles | 0 | 0 | 0 |
| Meningitis –Aseptic | 8 | 10 | 2 |
| Meningitis – Other Bacterial | 0 | 0 | 2 |
| Meningococcal Infection | 1 | 0 | 1 |
| Mumps | 0 | 0 | 0 |
| Pertussis | 3 | 42 | 5 |
| Rabies (Human) | 0 | 0 | 0 |
| Rubella | 0 | 0 | 0 |
| Salmonella | 23 | 32 | 27 |
| Shigellosis | 0 | 9 | 1 |
| Strep Pneumoniae (Invasive, Drug Resistant) | 1 | 1 | 0 |
| Strep Pneumoniae (Invasive, Intermediate) | 10 | 5 | 4 |
| Strep Pneumoniae (Invasive, Sensitive) | 9 | 20 | 31 |
| Strep Pneumoniae (Unknown) | 0 | 2 | 1 |
| Syphilis (Primary and Secondary) | 1 | 2 | 4 |
| Syphilis (Early Latent) | 0 | 0 | 0 |
| Syphilis (Other) | 0 | 1 | 3 |
| Toxic Shock | 0 | 1 | 0 |
| Tuberculosis | 8 | 5 | 8 |
| Typhoid Fever | 0 | 0 | 0 |
| Yersiniosis | 0 | 1 | 0 |



2013 Highlights

- ← Immunization program continues to educate and provide immunizations to the Amish Community. In 2013 seven Amish schools were identified with a total of 162 students. Site visits were made to schools to collect immunization data for the mandated NYSDOH annual school immunization survey. Staff has entered the immunization student data from six schools into the state electronic survey.
- ← The Communicable Disease (CD) Program has conducted 3,392 investigations of which 1,378 were determined to be confirmed and probable communicable disease cases (excluding chlamydia and gonorrhea, syphilis and TB). The department has seen a significant increase in Lyme Disease (102%) and in Acute Hepatitis C (133%). Chlamydia cases (865) increase each year with 2013 numbers the highest in recent history.
- ← Although the range of the number of cases of active TB has remained statistically constant (5-8 cases over the past 5 years), we are seeing an increase in complexity of the cases (more non-pulmonary) and some cases with co-morbidities such as Systemic lupus erythematosus, diabetes, alcoholism, and cancer. All cases receive Direct Observed Therapy and Case Management by our TB Department.
- ← One hundred sixty area flood victims and responders received free Tdap vaccine at various locations throughout Oneida County (Oneida Castle, Whitesboro, Clinton).
- ← NYSDOH regulations for STD billing have changed and counties are expected to bill for STD services. Clinic has started billing for these services as of October, 2013.
- ← The Medicaid Obstetrical Maternal Services Program (MOMS) developed a community outreach campaign utilizing materials distribution along with site visitation. Outreach presentations were conducted at both the Oneida County and Herkimer County WIC offices.
- ← MOMS Teen enrollment increased positively from 14 % to 17% this year, signifying the providers have been more vigilant about referring teens as emphasized during site visits.
- ← MOMS Program began utilizing text messaging to reduce no-show visit rates.
- ← MCH (Maternal Child Health) Program took part in the Healthy Babies Initiative to help identify needs in the perinatal population.
- ← MCH staff members completed a training program in preparation to becoming Certified Lactation Counselors -
- ← In the Community Health Worker Program (CHWP) three Outreach Workers case managed 198 clients, 109 of which were pregnant women.
- ← Only two newborns in the CHWP (fewer than 5%) of infants, delivered in the past year by case managed mothers, were in the low birth weight category. This was fewer than ever reported in Oneida County. 100% of eligible newborns were enrolled in WIC; 100% newborns completed first doctor visits within 4 weeks; and 100% children not eligible for Medicaid were enrolled in Child Health Plus.
- ← One CHWP SOEP Outreach Worker managed 45 pregnant teenagers, and 412 school and home visits were made.

2014 Goals



- ⇒ To decrease transmission of communicable diseases in the county by responding timely to reports of diseases and outbreaks, conducting thorough investigations in an attempt to capture sources of exposure, identifying contacts eligible for post exposure prophylaxis, and educating the public.
- ⇒ To offer a three month treatment option (INH and Rifampentine) for treating latent TB infection patients in addition to current treatments available. This treatment must be directly observed.
- ⇒ To assess adolescent coverage levels and to increase the HPV vaccine three dose series completion rates in 13-year-olds in the county by 1-2%.

(Continued on next page)

- ⇒ To increase the awareness of the benefits of influenza and pneumonia vaccinations among adults over age 65 and older.
- ⇒ To meet the 2020 Healthy People objective of increasing coverage of the recommended vaccines for children ages 19-35 months.
- ⇒ Increase overall Medicaid Obstetrical Maternal Services Program (MOMS) Program enrollment rates, improve first trimester of entry to MOMS care rates, and elevate teen enrollment. Diligent efforts will persist to educate and update new provider staff members, and community referral sources through outreach initiatives, such as presentations, materials distribution, etc.
- ⇒ The MOMS Program will enhance nutrition, breastfeeding rates, and Certified Dietary Nutrition/Lactation Consultant referrals and visit rates by increasing visit frequency and offering breastfeeding support.
- ⇒ The MOMS Program will maintain collaboration with Department of Social Services Medicaid, and all perinatal medical and service providers through scheduled meetings and contacts.
- ⇒ The MOMS Program will manage a tracking and a reporting system and logs to measure outreach initiatives success. Develop new methods as indicated to accomplish desired goals.
- ⇒ The MOMS Program will recruit any new qualified providers, as well as, any new out of county medical providers recognized by the Medicaid Managed Care plan that serves Oneida County residents.
- ⇒ With the shift of our LHCSA (Licensed Home Care Agency) the MCH (Maternal Child Health) Program from a primarily direct service model to one of outreach and education, we will be working in several areas:
 - The Breastfeeding Initiative seeks to increase the number of women who breastfeed.
 - Three staff members have completed Certified Lactation Counselor training. They seek to be involved in educational and support services at area prenatal clinics, WIC offices and the Breastfeeding Café.
- ⇒ In 2014 we will be doing public health detailing with members of the medical community to identify barriers to women who would like to breastfeed and to provide education and support to medical community to overcome those barrier.
- ⇒ The Community Health Worker Program closed September 30th, 2013. This grant was awarded to another agency in the community. The benefits of the program will go on through the lives of the children that have a healthy start because of the hard work and dedication of the Community Health Workers.

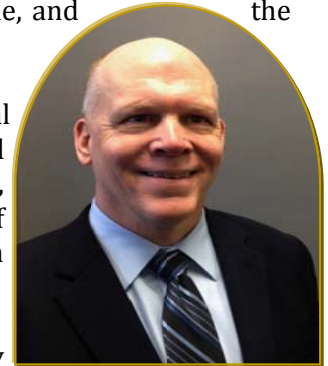
ENVIRONMENTAL HEALTH



The Division of Environmental Health endeavors to protect county residents and visitors from health hazards that are beyond the control of ordinary citizens. This is accomplished by environmental surveillance, periodic inspections of regulated facilities, and project plan review. The Division 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 either partially or entirely through grants and dollars provided through the NYS Department of Health, permit fees, or fees for services, and the collection of fines associated with violations of Public Health Law, the NYS & Oneida County Sanitary Codes, and the Clean Indoor Air Act.

Staff conduct routine inspections of Children's camps, temporary residences (hotels, motels, cabins), campgrounds, swimming pools, bathing beaches, mobile home parks, and food service establishments.



DANIEL GILMORE
DIRECTOR OF EH

Test results for the blood lead levels of all 1- and 2-year-old who are tested in the County are reviewed on a daily basis. In addition, staff provide advice, consultation and education to County residents and visitors in areas such as individual household water systems, home sewage systems, animal disease control (rabies control), vector disease control (insect borne diseases), lead poisoning control, and citizen requested nuisance/housing complaint investigations.

The public water supply program seeks to protect the public from illness and injury resulting from waterborne disease and contamination

COMMUNITY SANITATION PROGRAMS

- **Temporary Residences:** Temporary residence inspections include hotels, motels, and cabin colonies emphasizes fire safety, facility cleanliness, and sanitation for the protection of the traveling public lodging at facilities in Oneida County. The number of hotels, motels, and cabin colonies has increased slightly during the past 3 years.
- **Swimming Pool/Bathing Beaches:** The major focus of swimming pool inspections is on pool supervision, lifeguard requirements, life-saving equipment, general pool safety, chemical treatment, the proper operation of filtration equipment, and bather water quality of the beaches and pools. There are a large number inspections and field visits due to poor bathing water quality issues associated with flooding at beaches in late-June and early-July.
- **Campgrounds:** Inspections of campsites include reviewing proper site spacing, shower and sanitary facilities, food service protection, the quality and operation of on-site drinking water supplies, and adequate sewage disposal systems. Where bathing facilities are provided, emphasis is placed on waterfront supervision, designated swimming areas, and safety equipment. Campground activity has been stable .
- **Children's Camps:** Major emphasis is placed on ensuring that each camp provides an adequate number of trained, qualified staff, and waterfront safety and supervision. Attention is also focused on food service protection, adequate safe housing, proper sewage disposal, adequate garbage storage facilities, and safe, sanitary water supplies which meet NYS Sanitary Code standards. Children's camp activity has been stable.

- **Food Protection:** Prevention of food borne illness is the primary focus of food protection. This is accomplished by conducting quality inspections, educational seminars, on-site training, and enforcement actions for all food service establishments, with the exception of hospitals and nursing homes, in Oneida County. Food protection inspections have become more efficient due to the usage of iPads in June of 2013. In addition, NYS DOH requested that the lunch programs at all schools be inspected twice.
- **Mobile Home Parks:** Mobile home parks are inspected to ensure that the parks continue to meet the standards contained the NYS Sanitary Code. In addition, the Department responds to complaints from residents in the mobile home parks. Mobile home park activity has been stable. One mobile home park was forced to close in 2013 as a result of the flooding that occurred in late-June and early-July.
- **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 2013, there were 228 retail tobacco vendors in Oneida County and 192 compliance checks conducted by the Oneida County Sheriff's office.
- **Complaint Investigations:** Staff investigate complaints pertaining to housing issues, public and private nuisances, and regulated facilities that may affect the health, safety, and welfare of county residents. In 2013, there were 90 complaints that could affect public health investigated throughout the County.
- **Animal Disease Control:** The Environmental Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases. Emergency rooms and physicians are required to report all animal bites to the health department. Individuals can also report suspected rabies exposures to the health department. There were 539 possible rabies exposures reported with 73 patients receiving Rabies Post Exposure Prophylaxis (PEP) in 2013. In 2013, 103 animals were submitted for rabies testing to Wadsworth Lab, 56 of them were bats. Of those, 4 were positive for rabies. The health department sponsored 11 clinics where 1,008 animals were vaccinated for rabies.
- **West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Prevention:** The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County. In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE. In 2013, 215 collections of mosquitoes (referred to as pools) revealed no WNV and no pools of eastern equine encephalitis (EEE). The health department budgets \$5,000 to hire college students during the summer to conduct the fieldwork in regards to this program.

| | RABIES | 2011 | 2012 | 2013 |
|--------------------------------------|--------|-------|-------|-------|
| Rabies exposure investigations | | 624 | 808 | 539 |
| Post-exposure treatment for humans | | 72 | 96 | 73 |
| Rabies vaccines administered to pets | | 1,129 | 1,197 | 1,008 |

| COMMUNITY SANITATION PROGRAMS DATA | | | | | | | | | |
|------------------------------------|---------------|------|------|----------------------------|------|------|------------------------------------|----------|----------|
| Program | NUMBER ACTIVE | | | INSPECTIONS & FIELD VISITS | | | VIOLATIONS / ENFORCEMENT ACTIONS** | | |
| | 2011 | 2012 | 2013 | 2011 | 2012 | 2013 | 2011 | 2012 | 2013 |
| Temporary Residences | 46 | 51 | 52 | * | 48 | 57 | 24 / 7 | 10 / 3 | 11 / 5 |
| Swimming Pools & Bathing Beaches | 85 | 83 | 89 | * | 85 | 142 | 209 / 0 | 130 / 0 | 156 / 2 |
| Campgrounds | 27 | 27 | 27 | * | 27 | 31 | 18 / 2 | 4 / 1 | 3 / 1 |
| Children's Camps | 20 | 17 | 18 | 40 | 34 | 38 | 24 / 1 | 0 / 0 | 10 / 0 |
| Food protection | | | | | | | | | |
| Low risk | | | | 102 | 92 | 108 | | | |
| Medium risk | 783 | 841 | 873 | 839 | 770 | 934 | | | |
| High risk | 524 | 515 | 497 | 522 | 511 | 622 | | | |
| Total*** | 1402 | 1458 | 1461 | 1463 | 1373 | 1664 | 503 / 60 | 501 / 43 | 606 / 58 |
| Mobile home parks | 69 | 67 | 67 | * | 69 | 106 | 35 / 18 | 27 / 8 | 25 / 7 |

* No compiled data available

** Data on the number of enforcement actions not compiled for all programs prior to 2013

*** Total food protection data for low, medium, and high risk facilities only. Total enforcement action / violation data for all food service facilities (e.g., temporary permits, mobile permits).

PUBLIC WATER SUPPLY PROGRAM

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

During the past 3 years, there has been a decrease in number of public water systems due to consolidation and deregulation (systems no longer met definition of regulated water system). Division staff assist water systems with their development of an Annual Water Quality Report. There has been an increase in the number of water

systems developing cross-connection control programs and staff work with water systems in their efforts. Staff reviewed and provided assistance to 13 applicants for their water operator certifications, 12 of whom received their certifications in 2013. Staff have also responded to a number of requests from home owners / prospective buyers, lenders and realtors related to water well and septic regulations.

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

ENGINEERING PLAN REVIEW

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

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

CHILDHOOD LEAD POISONING PRIMARY PREVENTION PROGRAM (CLPPPP)

CLPPPP uses analytics and micro-targeting to analyze childhood lead poisoning patterns and design effective interventions to reduce lead poisoning incidence in the City of Utica. This program, which started out as a pilot program in 2007, is now one of 15 NYS Department of Health grant-funded county programs. Strategies include free home inspections and dust wipe sampling in high risk housing with children, working with owners to make required repairs and providing dust wipe clearance exams to insure dust levels are safe for human habitation, educating high risk populations on lead hazard avoidance, educating property owners on low cost solutions to reduce lead hazards in their properties, offering lead safe work practice classes to contractors and owners through our partnership with Mohawk Valley Community College, providing window replacement classes and discounts on replacements windows to reduce lead hazards, and providing a HEPA vacuum loaner program to permit tenants and landlords to make immediate reductions in ‘lead in dust’ levels in the home. Additionally, the program provides landlord and tenant seminars including efforts to reach refugee and other limited English proficiency populations on lead and housing safety issues, and legal seminars to educate officials and attorneys on lead poisoning issues.

LEAD POISONING PREVENTION PROGRAM (LPPP)

The LPPP is a NYS Department of Health mandated program that provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels (BLL). Services provided include home inspections, outreach worker home visits, written educational materials to families, environmental inspections including visual inspections, lead detection via XRF and dust wipe analyses, referrals to healthcare providers, coordination with school staff, and community agencies for children with BLLs ≥ 15 $\mu\text{g}/\text{dL}$. Parents/guardians of children with BLLs ≥ 5 $\mu\text{g}/\text{dL}$ are provided with BLL re-testing recommendations, educational materials and BLL monitoring. Mailings are sent to parents/guardians of one and two year old children lacking BLL testing. Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community members and agencies, and provides written information to healthcare providers and community agencies. Lead testing is provided through the OCHD D&T Clinic for children lacking medical providers and/or health insurance.

The number of new assessments, referrals, and enforcements in relation to lead poisoned children continues to decline. This is believed to be the result of an aggressive lead poisoning prevention educational campaign that has been underway in Oneida County since 2007.

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

*As landlords have become more familiar with the lead primary prevention program, they are voluntarily requesting proactive inspections of their units, making the required repairs and having them pass clearance dust tests, prior to renting to new tenants.

**As inspection penetration rates in the targeted area have risen, owners have completed required work and passed clearance examinations, the number of housing units with high lead dust hazards is decreasing. Use of the HEPA vacuum by landlords at unit turnover, helps to reduce the number of new units with high lead dust levels during the initial inspection, even other visual hazards are found.

| LEAD POISONING PREVENTION PROGRAM STATISTICS | | | |
|--|-----------------------|-------|--------|
| | 2011 | 2012 | 2013 |
| Number of new assessments | 119 | 90 | 53 |
| Number of closed dwellings | | 105 | 59 |
| Number of closed referrals | 102 | 133 | 63 |
| Number of children referred | 101 | 48 | 37 |
| Number of dwellings referred with at least one lead hazard found | Unable to obtain data | 84 | 43 |
| Number of Notice & Demands issued | 87 | 84 | 43 |
| Case Coordination | | | |
| Number of Blood Lead Level tests | 6,102 | 5,807 | 5,481* |
| BLL in $\mu\text{g}/\text{dL}$ | | | |
| BLL 0 - 4 | 4,665 | 4,441 | 4,346* |
| BLL 5 - 9 | 909 | 904 | 798* |
| BLL 10 - 14 | 309 | 277 | 225* |
| BLL 15 - 19 | 115 | 105 | 53* |
| BLL ≥ 20 | 104 | 80 | 59* |
| Number of new admissions | 53 | 48 | 24 |
| Number of Outreach Worker initial home visits | 53 | 48 | 24 |
| Number of Outreach Worker follow-up home visits | 319 | 307 | 223 |
| Community Education | | | |
| Presentations | 7 | 9 | 10 |
| Health Fairs | 37 | 39 | 27 |

* Year-end data for 2013 subject to revision.



2013 Highlights

- ⇐ Staff are now equipped with iPads to conduct field inspections that are directly transmitted to the NYS Department of Health database and/or to the Oneida County Health Department office.
- ⇐ Environmental staff worked with the Office of Emergency Management, Department of Social Services, and NYS DOH to alleviate an unsafe situation for residents who were permanently displaced from their mobile homes in the Town of Vernon due to flooding in late-June to early-July of 2013 .
- ⇐ Environmental health staff provided materials to Cornell Cooperative Extension of Oneida County in a multi-agency outreach effort to the Amish Community.
- ⇐ The Primary Lead Poisoning Prevention Program partnered with New York University and the National Center for Healthy Housing in a National Institute Environmental Health Sciences Two Year Window Repair and Replacement Study. This study examined lead dust rates from window repairs and window replacements in three cities including Utica, Queens, and Brooklyn.
- ⇐ The Secondary Lead Poisoning Prevention Program has begun sending out mailings to the families of one year old children and has begun providing lead education materials to families who have children with blood levels down to 5 µg/dL.

2014 Goals



- ⇒ Continued participation in NYS Department of Health sponsored in-service training programs to maintain and improve technical skills.
- ⇒ Continued collaboration between the primary and secondary lead prevention programs to educate the community and reduce the incidences of lead poisoning in Oneida County.
- ⇒ Inspect all regulated facilities in the County as per criteria set forth in the NYS Sanitary Code.

WOMEN, INFANTS & CHILDREN



The Oneida County WIC program is a USDA funded supplemental nutrition program that provides services to prenatal and postpartum women, infants, and children up to the age of five that are income eligible. Our WIC staff conducts a thorough nutrition assessment including parent/caregiver participant centered nutrition counseling along with anthropometry and hematology services to formulate a food package that meets individual nutritional preferences

and needs.

A WIC participant is issued a food package in the form of checks that can be used at participating WIC approved grocery stores to purchase foods that support optimal growth and development. Program participation by prenatal woman reduces the risk of pre-term birth and supports healthy birth outcomes. The Oneida County WIC Program has supportive programs to assist in reaching program goals.



CAROL WATKINS
WIC PROGRAM COORDINATOR

Program participation by prenatal woman reduces the risk of pre-term birth

BREASTFEEDING SUPPORT AND PEER COUNSELOR PROGRAM

Our Breastfeeding Support and Peer Counselor Program provide qualified staff and peer support to Breastfeeding mothers. Currently we have five staff and one peer counselor that are Certified Lactation Consultants. In addition we have a free breast pump loan program and increased value food packages for our breastfeeding families.

HEALTHY LIFESTYLE PROGRAM

Our Healthy Lifestyle Program is led by WIC staff and includes an annual Family Fun day. In addition the committee provides up to date community events and information to families on staying active and eating healthy.

| DEPARTMENT WORKLOAD MEASURES | 2011 | 2012 | 2013 |
|--|-----------|-----------|-----------|
| Average Monthly Participants | 5,336 | 5,994 | 6,013 |
| Percentage of total checks redeemed each year | 82% | 81% | 82% |
| Average Monthly Value of Redeemed Oneida County WIC Checks | \$314,211 | \$368,433 | \$373,503 |
| Number of Farmer Market Nutrition Program Checks allocated to our county. Valued at \$4/each | 18,600 | 13,950 | 15,300 |
| Value of Farmers' Market Checks Redeemed | \$48,583 | \$38,016 | pending |
| Average monthly participants utilizing the Breastfeeding Peer Counselor Program | 114 | 193 | 220 |



2013 Highlights

- ⇐ Oneida County WIC was selected as one of the 80 WIC sites across the country to participate in a landmark study on WIC's influence on current infant and toddler feeding practices. The "Feeding My Baby – A National WIC Study" is part the U.S. Department of Agriculture, Food and Nutrition Services program. Data collection occurred in our Utica WIC office in the summer of 2013.
- ⇐ WIC supports exclusive breastfeeding to support optimal health for infant and mothers. We go beyond providing specialized support in our clinic. Our staff, with Oneida County Health Department, provided the first ever Breastfeeding overview with information on WIC Breastfeeding support services to 3rd year residents at St. Elizabeth's Medical Center.
- ⇐ "Prenatal Participation in a Public Health Nutrition Program is Associated with Healthy Infant Weight Gain," published in the December 19,2013 issue of the *American Journal of Public Health*, shows that earlier prenatal enrollment in WIC was associated with 25 percent reduced odds of rapid infant weight gain from birth to one year of age.

2014 Goals



- ⇒ To provide an educational garden site for nutrition education use at our Utica office.
- ⇒ Train community partners in our Breastfeeding Peer Education curriculum to support increase Breastfeeding rates in Oneida County.



"Promoting & Protecting the Health of Oneida County"

