



2011 ANNUAL REPORT

*Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.
- World Health Organization*

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE

GAYLE D. JONES, PHD, MPH, CHES
DIRECTOR OF HEALTH

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*It is no measure of health to be well adjusted to a profoundly sick society.
— Jiddu Krishnamurti*

MESSAGE FROM THE DIRECTOR

This 2011 Annual Report provides a snapshot of the many different ways the Oneida County Health Department (OCHD) through its programs and community partnerships, affects the lives of the residents of Oneida County and answers the often asked, “What does Public Health do?” Although many of our activities are not readily identified, public health staff can often be found working behind the scenes throughout the year to fulfill our mission “to protect and promote the health of Oneida County.”



Dr. Gayle Jones
Director of Health

National attention to the obesity crisis among children and adults created a call to action for local health departments to engage our populace in fitness and healthy eating programs. The *Community Walk* initiative held during ‘Screen Free Week’ encouraged families to turn off their televisions and video games and participate in an hour-long walk each day. A contract with the Regional Office of Women’s Health funded an exercise and nutrition program designed to reduce the health disparities among minority and underserved women and girls and invited the participation of teams comprised from twelve community-based organizations which competed to record the most steps over a 12-week period. A number of private and public sector organizations joined with the OCHD to sponsor its *Get Moving* wellness initiative which promoted physical exercise and proper nutrition for the seventy employees from Oneida and Herkimer County government who took part. This initiative served as an incentive to make permanent healthy lifestyle changes.

Chronic disease prevention and management saves healthcare dollars, improves quality of life and fosters independence in our aging population. A series of evidence based Chronic Disease Workshops conducted by Health Educators provided residents and their caregivers the opportunity to learn skills necessary to reduce the disabilities associated with chronic disease, achieve better pain management and other strategies to manage their illness and prevent complications.

OCHD Clinic Services has increased its capacity to manage, track and report diseases electronically and through its Immunization Program administered nearly 2,000 flu vaccines at the 27 public clinics held throughout the county during the 2011-2012 flu season. As part of its current 5-year contract with the NYSDOH Refugee Health Program, the clinic evaluated 365 refugees for health screening and complete health assessment within 90 days of their arrival to Oneida County.

While childhood lead poisoning continues to be a significant problem in our county, we saw our first significant decline in newly diagnosed cases in decades. This was due to our aggressive prevention campaign to eradicate lead hazards and educate landlords and tenants on reducing lead hazards through a series of Lead Hazard Reduction Property Owner Seminars conducted in English, Spanish, Burmese and Karen. These seminars offered low-cost solutions for reducing liability and improving their rental housing. OCHD continues to leverage its limited staff and financial resources through its public and private partnerships like the one with Mohawk Valley Community College which allows us to offer an array of lead, window replacement and asbestos training classes, encouraging safe work practices and supporting employment by providing EPA required training to local contractors and workforce.

OCHD facilitated the move of the Women, Infants and Children’s (WIC) Program to a newly constructed central location in Utica to better serve its clients and facilitate enrollment in the supplemental nutrition program. Additionally, expanded hours and a farmers’ market held on site provided the opportunity for eligible families to make healthy food choices at a lower cost. Initiatives that are part of the Community Wellness Program such as the *Back to Sleep Campaign*, *Car Safety Seat* and *Bike Helmet* programs protected our children from SIDS, vehicular fatalities and head trauma. The Cancer Services Program increased the number of women receiving valuable health screens by 20%.

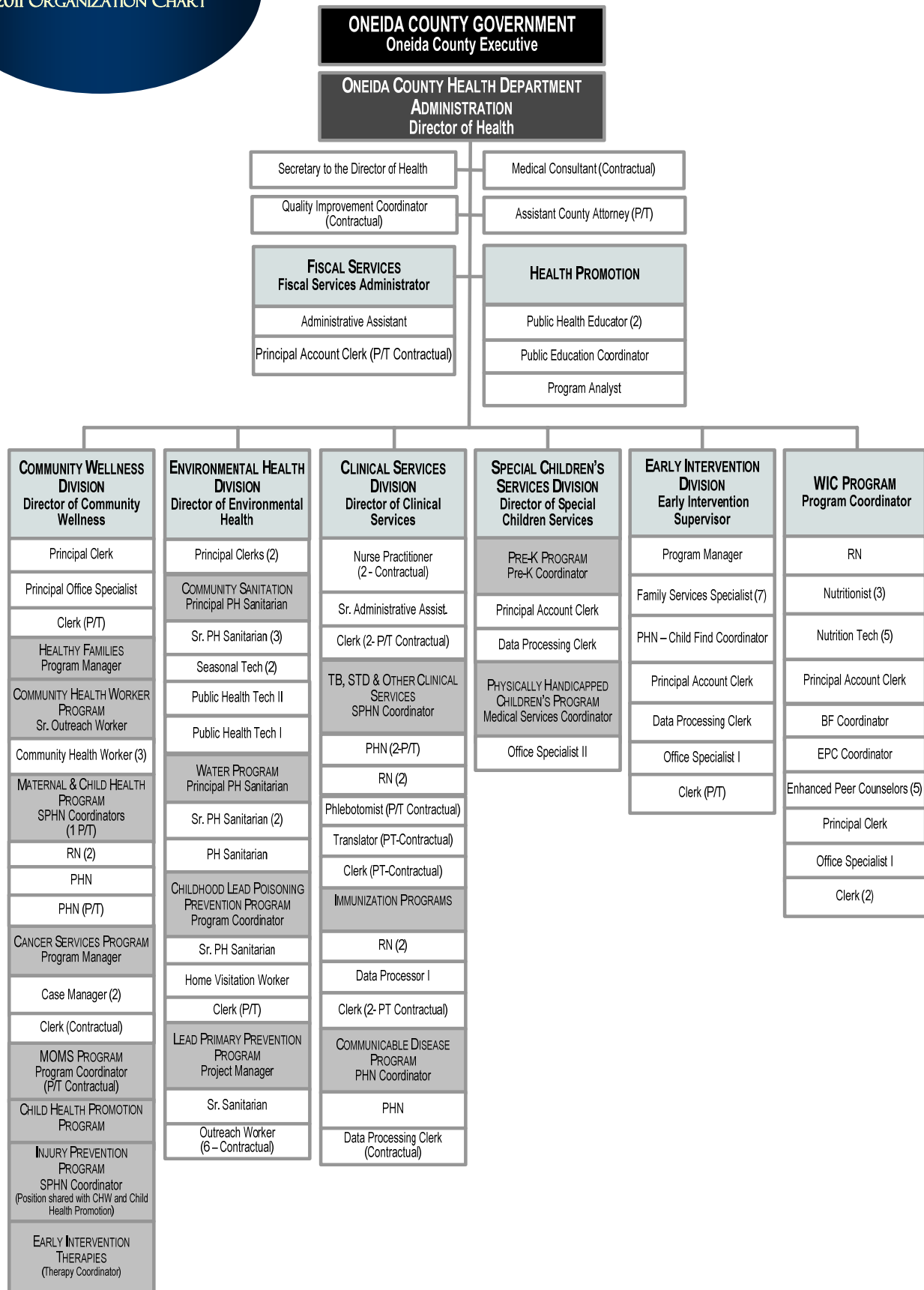
The services provided through the Education & Transportation of Handicapped Children Program as part of Special Children Services benefited 761 children with learning differences so as to better prepare them to meet the challenges of entering a school classroom. The Early Intervention Program converted its computer system to a new windows-based program that insures the services are delivered in a cost effective manner.

In summary, OCHD continues to effectively provide our residents with the essential services of Public Health by engaging many community partners who share our goal of making Oneida County a safe and healthy place to live and work.

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

ONEIDA COUNTY
HEALTH DEPARTMENT
2011 ORGANIZATION CHART

2011 ORGANIZATION CHART

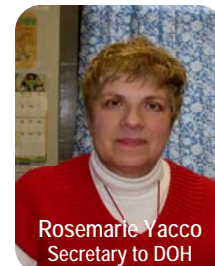
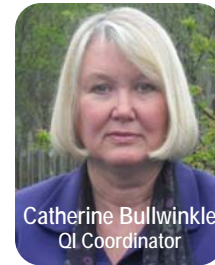
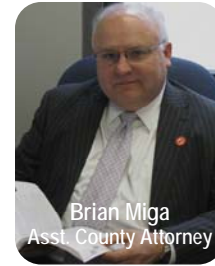




The Director of Public Health is responsible for directing the programmatic and budgetary management of all public health programs.

The Administration Division provides administrative, legal, fiscal, quality improvement, and health promotion (See Health Promotion section) support for the Department. These include the following services and activities:

- ◇ 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.
- ◇ Legal services include advising on Public Health and Environmental Law; representing the Department in administrative hearings and in court; drafting orders on behalf of the Director of Health for public health violations, hazards, and nuisances; serving as County’s HIPAA Compliance and Privacy Officer; drafting and reviewing departmental contracts; supervising Freedom of Information requests; and advising on subpoenas and subpoenas duces tecum.
- ◇ 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.



ADMINISTRATION

Gold that buys health can never be ill spent.

-Thomas Dekker

FINANCE REPORT							
Program	Total Costs	% of Budget	% of Federal Funding	% of State Funding	% of County Funding	% of Other Funding	% of Medicare Medicaid
ADMINISTRATION	\$894,294	3.7%	1%	24%	75%		
PRE-SCHOOL (3-5)	\$12,787,944	53.4%		58%	40%		2%
EARLY INTERVENTION	\$3,399,061	14.2%	13%	19%	21%		47%
PHYSICALLY HANDICAPPED CHILDREN	\$169,497	.7%		58%	42%		
PUBLIC HEALTH CLINIC	\$1,386,405	5.8%	11%	40%	8%	30%	11%
LEAD PRIMARY PREVENTION	\$385,826	1.6%		98%		2%	
LEAD SCREENING	\$273,479	1.1%		84%	16%		
TB	\$43,512	.2%		100%			
ENVIRONMENTAL HEALTH	\$1,083,997	4.5%		44%	21%	35%	
COMMUNITY HEALTH OUTREACH	\$154,854	.6%		95%		5%	
COMMUNITY WELLNESS	\$813,189	3.4%		22%	38%	23%	17%
WIC	\$1,148,983	4.8%	96%	4%			
IMMUNIZATION CONSORTIUM	\$148,455	.6%	12%	77%		11%	
HEALTHY FAMILIES	\$506,824	2.1%		100%			
CANCER SERVICES PROGRAM	\$476,512	2%	17%	83%			
EMERGENCY PREPAREDNESS	\$258,009	1.1%	100%				



The OCHD Health Promotion (HP) Division consists of the following activities:

- ◇ Health Education 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.
- ◇ Public Information staff disseminate 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. In the event of a health emergency, public information is responsible for informing the public as to the nature of the emergency and coordinates with the media and other agencies involved to protect the health of the community.
- ◇ Community Health Assessments diagnose the health status of the County. This involves regularly collecting, analyzing, organizing, and distributing data and information on health status and community health needs and resources. It 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 involves 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 we work together to address problems.
- ◇ The goal of the Public Health Emergency Preparedness Program is 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 CHERP (County Health Emergency Response & Preparedness) Team 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.



(Left to Right) Lisa Worden - Program Analyst, Krista Drake - Health Educator, Ken Fanelli - Public Education Coordinator, Jesse Orton - Health Educator

HEALTH PROMOTION

2011 HIGHLIGHTS

- Became Master Trainer in the Chronic Disease Self-Management Program (CDSMP) and conducted successful CDSMP classes available throughout the County.
- Developed a Flu 101 educational presentation and assisted Oneida County DSS in trainings for MRSA, Head Lice, and Scabies.
- Educated 300 middle school students on flu prevention and hand washing.
- Established a pool of County Wellness Coordinators to distribute health information to employees and successfully implemented the "Get Moving!" Oneida and Herkimer County Employee 90-Day Wellness Pilot Project.
- Implemented a community awareness campaign for emergency preparedness and flu vaccination that included public service announcements, billboards, brochures and television and radio commercials.
- Coordinated a community walking program that encouraged families to turn off their televisions and video games and participate in an hour-long walk each day.
- Conducted plain language and health literacy training for select health department programs to improve communications with the community.
- Moved health department trainings online saving staff resources.
- Launched new environmental health webpage.

2012 GOALS

- ❑ Assist in the reorganization of the Oneida County Health Coalition.
- ❑ Conduct condom education at STD/HIV clinics.
- ❑ Initiate a collaborative initiative to address Asthma.
- ❑ Continued success of the CDSMP in Oneida County.
- ❑ Participate in launching the Stop ACEs website and public awareness campaign.
- ❑ Collaborate with OCHD Planning Department in utilization of GIS (Geographical Information Systems) to enhance emergency preparedness and community health assessment activities.
- ❑ Implement employee nutrition education workshops.
- ❑ Finalize updates to OCHD website.
- ❑ Continue to improve readability of Health Department materials for the public and finish plain language training for all OCHD programs.
- ❑ Expand injury prevention messaging to rural areas of the county.
- ❑ Reach more employers through promotion of onsite health fairs.



Life is not merely to be alive, but to be well.
-Marcus Valerius Martial

5 THINGS YOU DIDN'T KNOW ABOUT HEALTH PROMOTION

1. Children riding in a rear-facing child safety seat are more than 5 times safer. In a crash, when the car seat is rear facing, there is more support for the head, neck, and spine. All children, especially those under 2, should ride rear facing if they are within the rear-facing height and weight limits of their car seat.
2. The majority of poisonings involve children under the age of 5. Poisonings don't happen just to infants and toddlers. Children are naturally curious. Ingestions are the number one cause of poison.
3. Adverse childhood experiences (abuse, neglect and household dysfunction) are linked to the major causes of disease, death and disability in the U.S.
4. After a flood, food may not be safe to eat. Some food you must throw out. This is true even if the food was in your refrigerator or freezer.
5. A virus outbreak is declared a pandemic based on how quickly it can spread, not how deadly it is.



The term 'Early Intervention' (EI) has a literal meaning – intervening in a child's development to provide support at an early time in his or her life—*FamilyConnect.org*. The Early

Intervention Program 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 with the goal of ensuring that such children are ready for preschool and kindergarten. "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. In 2011, Oneida County authorized 352 multidisciplinary evaluations which included 19 bilingual core evaluations and 86 supplemental evaluations. We provided services to 778 children and the Child Find division of the Early Intervention Program actively tracked the development of 1,258 babies and toddlers.



Patricia Meyer
EI Program Supervisor

EARLY INTERVENTION

2011 HIGHLIGHTS

- Hosted developmental training for both parents and providers through our "Tools for Tots" training in the fall of 2011 and in partnership with Utica College, held a successful day of learning about sensory strategies at no cost to over 30 participants.
- Provided cultural sensitivity training to EI providers and staff who interact with our diverse population. Topics discussed included specific concerns of providers and a wealth of valuable background information on cultural norms and customs to promote better understanding when interacting with different cultures.
- Another "Family Fun Day" was well attended by 124 EI program participants and their families. This annual event is made possible by our providers and staff who donate their time and money to help make this day a success. Families come together for a relaxing day of fun, socialization and networking.
- Converted the New York State computer system to a new windows-based program called NYEIS (New York State Early Intervention System). All new children entering the EI or Child Find system will be enrolled on this program. The system is utilized for all aspects of data entry from referral and intake to the evaluation, service planning and monitoring, and provider billing.

2012 GOALS

- Partnering with our Lead program to develop a cost methodology to determine the actual total cost of Child Find and EI Services for children who have been diagnosed with lead poisoning. We are looking to determine the net cost to counties after all third party reimbursement is obtained and also to determine if there is a relationship between specific blood lead levels and the types and amounts of EI services these children require. This is the first time an EI/Lead poisoning model has been created and analyzed nationally. The National Center for Healthy Housing will assist in publishing the results.
- Advance our early hearing detection and intervention within Oneida County by reviewing, revising and improving our current policies and procedures for children who fail their newborn hearing screenings with follow-up hearing tests and working with children with hearing loss. A task force is being formed with local experts to review hearing loss procedures and NYS training is being attended by EI staff .
- Developed a parent/caregiver/provider resource library on parenting, coping, teaching and understanding children with developmental disabilities and delays using ARRA (American Recovery & Reinvestment Act) funding. Policies and procedures will be developed to distribute, circulate and promote these resources.
- Increase utilization review activities and continue to develop and understand the NYEIS system in order to review patterns of services and demographics to better understand strengths and weaknesses in timelines, eligibility and capacity.

EARLY INTERVENTION

EARLY INTERVENTION MEASURES			
SERVICES PROVIDED:	2009	2010	2011
Special Instruction Visits	6,653	7,108	5,691
Physical Therapy Visits	6,736	7,335	7,473
Occupational Therapy Visits	6,048	6,501	7,346
Speech/Language Therapy Visits	14,959	15,378	14,522
Nutrition Therapy Visits	61	117	48
Vision Therapy Visits	39	9	10
Social Work Visits	60	26	24
Total of All Visits (including other miscellaneous services and service coordination visits)	44,347	46,310	42,533

The central struggle of parenthood is to let our hopes for our children outweigh our fears.
 - Ellen Goodman



5 THINGS YOU DIDN'T KNOW ABOUT EI

1. Parents can refer their own children to the Early Intervention Program.
2. In NYS public health law requires certain professionals to refer infants and toddlers to the EI Program if a problem with development is suspected. However, no professional can refer a child if the parent says "no" to the referral.
3. A child who is referred because of a diagnosed condition that often leads to a developmental delay such as Down syndrome, is always eligible for EI services.
4. EI services must be provided at no out-of-pocket cost to families. Private insurance and Medicaid are utilized to help pay for the costs of EI services.
5. Every child referred to the EI program has the right to a free multidisciplinary evaluation. Multidisciplinary simply means that more than one professional will be part of the child's evaluation team and together the team will look at five aspects of development: Cognition; Communication; Physical (including vision and hearing); Adaptive and Social-Emotional.



Every child has his or her own unique style of growing and learning...a distinctive way in which they relate to the world. Children and youth always find an extraordinary way of making each new experience their own.



Barbara Pellegrino
Director of SCS

- ◇ The **Children with Special Healthcare Needs (CSHCN) Program** is an information and referral program for children and youth birth to 21 years of age who have or are suspected of having serious or chronic health conditions which require services beyond what is typical. This program assists families in establishing a medical home, accessing private and/or public insurance to pay for services and also supporting youth as they transition to adult health care, work and independence.
- ◇ 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 from birth to 21 years of age who meet medical and financial eligibility criteria to receive assistance.
- ◇ The **Education/Transportation of Handicapped Children Program (ETHCP)** emphasizes individualized relationships which focus on the unique talents and needs of each child. For some children, help may be needed to set them on a path to learning. Other children might require more specialized learning support throughout their lifetime. The 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.

2011 HIGHLIGHTS

- Seven hundred sixty-one (761) children benefitted from services through the ETHCP in Oneida County. Through their participation in this program, children with learning differences were better prepared to meet the challenge of entering a school classroom. There are 24 School Districts in Oneida County; in 2011, there were 1,312 CPSE Meetings with Oneida County Representation.
- SCS staff participated in the state wide CSHCN Program Family Satisfaction Work Group. The result was the development of the Family Satisfaction Survey distributed through Survey Monkey.
- The ETHCP Preschool Coordinator earned a Certificate in Advanced Study /Educational Leadership and is certified as a school administrator.
- SCS staff participated in community Health Advisory Committees, forums and trainings to discuss issues special children and families face in Oneida County.
- The elimination of the PHCP waiting list was accomplished which has allowed quick assistance to families requesting services.

2012 GOALS

- Explore division emphasis on Children with Special Health Care Needs to include ETHCP and PHCP.
- ETHCP staff will continue to attend Committee on Preschool Special Education meetings in all Oneida County school districts.
- ETHCP staff will continue to attend trainings on Least Restrictive Environments and Response to Interventions to identify most appropriate and cost effective placements for handicapped children.
- ETHCP staff will continue to explore cost effective measures to provide transportation for handicapped children.
- SCS staff will expand community knowledge of CSHCN services and supports.

SCS DIVISION MEASURES			
PHCP	2009	2010	2011
PHCP Authorized Services	171	109	93
PHCP Amount Paid	\$95155.46	\$61674.72	\$89552.93
PHCP Cost per child	\$556.47	\$565.83	\$962.93
ETHCP (2010)			
Distinct children receiving support services (SL, OT, PT):			264
Certified Rate for Support Services (Speech, Occupational, and Physical Therapy)			\$45.00 per ½ hour individual session
Average Frequency prescribed on child's Individualized Education Program (IEP):			2 x a week
Children served in Center Based Programs:(With or Without Support Services)			497
Prospective Certified Tuition Rates for 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	

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



"We are all inventors, each sailing out on a voyage of discovery, guided each by a private chart of which there is no duplicate. The world is all gates, all opportunities." -Ralph Waldo Emerson

5 THINGS YOU DIDN'T KNOW ABOUT SCS

1. For a referral to the ETHCP, the parent/guardian would call the school district of residence and ask for the Chairperson of Special Education.
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 a child's status.
3. The Oneida County Health Department contracts with and reimburses service providers in the ETHCP. OCHD arranges transportation for children when appropriate. A representative of Oneida County is a member of CPSE to ensure families receive quality, cost effective services.
4. The 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 PHCP provides diagnostic and treatment services for children believed to have physically disabling conditions or serious chronic illnesses.



The Oneida County Women, Infants and Children's (WIC) Program is a USDA funded supplemental nutrition program that provides services to prenatal and postpartum women, infants, and children up to the age of five that are income eligible. Our WIC staff conducts a thorough nutrition assessment including parent/caregiver participant centered nutrition counseling along with anthropometry (height and weight) and hematology (blood-iron) services to formulate a food package that meets individual nutritional preferences and needs. A WIC participant is issued a food package through checks that can be used at participating WIC 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.



Carol Watkins
WIC Coordinator

Oneida County WIC offers several free enhanced service options for participants. This includes the Farmers' Market Nutrition Program, Cornell Cooperative Extension (CCE) Nutrition Education and Child Care referrals, Breastfeeding Peer Counselor program, breast pump loans, and Healthy Lifestyle Program Activities. The WIC staff are trained referral specialists that provide information and referrals about community programs per participant needs. CCE Nutrition Educators provide monthly grocery store tours. Participants that are new to the program or that speak limited English utilize this program component to learn how to use their checks to purchase foods. A participant that had trouble identifying foods she could purchase with her WIC checks said "I am so glad that I came to the store to get help using my WIC checks!" This enhanced service provides the additional support some participants need to continue participation in the W.I.C. program.

2011 HIGHLIGHTS

- Relocated main Utica site to 617 South St. Utica, a central location for ease of access by all participants.
- Opened a permanent site in Rome at 301 W. Dominick St., Rome.
- First annual Family Fun Day at Quinn Park, Utica.
- WIC, Cornell Cooperative Extension of Oneida County and Hannaford's Utica Grocery Store implemented a program to allow a CCE Nutrition Educator to provide in store WIC check utilization assistance.

2012 GOALS

- Expand Nutrition Educator services in grocery store services to the Rome area.
- Engage staff and participants in physical activity during clinic hours.
- Increase fruit and vegetable consumption through healthy lifestyle program activities.

WIC PROGRAM MEASURES			
	2009	2010	2011
Average Monthly Participants	5730	5,554	5,336
Percentage of total checks redeemed each year	82%	67%	82%
Average Monthly Value of Redeemed Oneida County WIC Checks	\$298,967	\$312,075	\$314,211
Value of Farmers' Market Checks Redeemed	\$44,848	\$45,060	\$48,583
Number of Participants utilizing the Breastfeeding Peer Counselor Program	397	632	1,365

*"We are indeed much more than what we eat, but what we eat can nevertheless help us to be much more than what we are."
— Adelle Davis*



5 THINGS YOU DIDN'T KNOW ABOUT WIC

1. Even if you are not income eligible for other programs you may qualify for WIC. A family of four can earn up to \$41,348 and still qualify for WIC.
2. As of August 2011, children only need to re-certify once a year.
3. An average food package value for a child is over \$100 a month.
4. WIC offers a variety of foods lower in fat, higher in fiber and culturally diverse.
5. Breastfeeding women receive food benefits up to 12 months postpartum, have access to free breastfeeding peer counseling and the free breast pump loan program.



The mission of the Community Wellness Division (CWD) is to help families that reside in Oneida County access the valuable resources available in our community. The goal of the CWD is to help protect the health of our community by focusing on health education and wellness promotion. Through the organized efforts of programs in the CWD and throughout our community it is possible to improve the outcomes for residents who are at most risk. The division is comprised of 5 programs and Medical Records. These programs are integrated to provide health care services across the life span. The Community Health Workers Program (CHWP) helps families access services than encourage empowerment. The Maternal Child Health (MCH) Program nurses provide in home education helping to ensure healthy pregnancy outcomes and family-centered parenting. The Early Intervention Therapy Coordination Program provides therapy to meet the needs of the OCHD Early Intervention Program. The Medicaid Obstetrical and Maternal Services (MOMS) Program helps young pregnant women access and pay for prenatal care when they have lost their insurance without having to leave their doctor. The Cancer Services Program provides cancer screening free of charge to eligible men and women so that families losing their insurance do not lose the right to prevention or cure. Our medical records staff keep all our documents up to date and ensures HIPPA compliance. All the programs located in the CWD are committed to prevention, education and wellness.



Irene Willett
Director of CW

COMMUNITY WELLNESS

2011 HIGHLIGHTS

- ❑ MCH Program made over 2000 home visits and established a new database that will provide up-to-date information on clients.
- ❑ MOMS Program enrollment increased 26%; prenatal first trimester visits increased from 11% to 16%.
- ❑ CHWP met 98% of all goals set forth in this program and all babies in our program received their first set of immunizations.
- ❑ EI Therapy Coordination state audit was positive with two minor deficiencies that were corrected.
- ❑ Cancer Services Program increased the number of women screened by 20%; a new outreach person in Herkimer County helped boost numbers.
- ❑ MCH Quality improvement audited 100% of MCH admission charts and no client complaints were found.
- ❑ Healthy Families Program consistently met and exceeded target goals in family employment, breastfeeding and education.
- ❑ Injury Prevention Program distributed all car seats and bike helmets ordered for low income families.

2012 GOALS

- ❑ MCH Program to increase home visits by 10% and improve preventable low birth weights through education.
- ❑ MOMS Plan recruitment of new Oneida County medical providers including out of county to help women within the tri-county area.
- ❑ EI Therapy Coordination will continue implementation of quality assurance plan required by NYSDOH.
- ❑ Cancer Services Program will expand the partnership to include faith-based organizations.
- ❑ MCH Quality Improvement will recruit new representatives from area hospitals and clinics for the Professional Advisory Committee.
- ❑ Healthy Families Program will increase number of prenatal referrals from WIC and other community resources.
- ❑ Injury Prevention Program will renew both car seat and helmet grants for the upcoming year.

COMMUNITY WELLNESS MEASURES			
E.I. Therapy Statistics	2009	2010	2011
Total number of clients	140	105	90
Total number of visits	3,577	2,699	3,258
Cancer Services Program Screenings	2009	2010	2011
Clinical Breast Exams	404	467	530
Mammograms	534	649	767
Pap/Pelvic exams	177	287	242
Fecal Immunochemical Test (FIT)	73	164	162
Colonoscopies	16	15	50
Total Clients Served	518	617	676
MCH	2009	2010	2011
Total number of families/patients seen	624	828	630
Total number of home visits	2,109	2,173	2,077
CHWP	2009	2010	2011
Total number of families/patients seen	173	200	249
Total number of home visits	799	953	916
MOMS	2009	2010	2011
Total number of families/patients seen	127	122	148
Total number of home visits	359	486	383
Healthy Families	2009	2010	2011
Total families served	323	280	257
Total home visits	2,707	1,969	2,154
Injury Prevention	2009	2010	2011
Helmets distributed	570	433	280
Car seats distributed	259	235	336

*It is easier to build strong children
than to repair broken men.
- Frederick Douglass*



5 THINGS YOU DIDN'T KNOW ABOUT CW

1. Car seats and bike helmets are given to county residents free of charge through a grant from the Governor's traffic safety committee.
2. Maternal/Child nursing is a specialty area of public health that promotes healthy lifestyles for new mothers and positive parenting skills.
3. Community Health outreach workers visit families in their home for education on parenting, pregnancy and resources in the area that can help them.
4. EI Therapy Coordination program provides therapists in hard to serve areas for children living in those areas.
5. MOMS program helps women continue to see their private OB physicians when they lose their insurance.



The Diagnostic & Treatment Clinic programs target the prevention and control of communicable disease. The New York State

Department of Health mandates provision of service for immunizations, STD, HIV, tuberculosis, and communicable disease. In addition to these mandated services the clinic also provides new refugee health assessments and a travel clinic. 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.



Patrice Bogan
Director of Clinical Serv.

DIAGNOSTIC & TREATMENT CLINIC

2011 HIGHLIGHTS

- The Communicable Disease Program has increased its capacity to manage, track, and report diseases electronically.
- Immunization Program— this was the second year CDC recommended the seasonal flu shots for all people ages 6 months and older. OCHD provided 27 public flu clinics and 1881 seasonal flu shots were given.
- OCHD holds 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 356 refugees for health screening, and of these refugee arrivals, 100% received completed health assessment within 90 days of arrival, meeting the NYSDOH contract goal.

2012 GOALS

Communicable Disease Prevention and 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.

Tuberculosis Clinic:

- At least 95% of the active TB cases will be placed on Directly Observed Therapy (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.

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 400 new refugees in 2012.

D & T CLINIC MEASURES (CONT. ON NEXT PAGE)

COMMUNICABLE DISEASES	2009	2010	2011
Amebiasis	1	4	1
Babesiosis	0	0	0
Campylobacter	32	29	38
Chlamydia	665	671	757
Cryptosporidiosis	26	21	13
E. Coli O157:H7	3	1	3
E Coli, Not Serogrouped	0	8	5
E. Coli, Serogrouped Non-O157	2	2	0
Encephalitis -viral	0	0	1
Encephalitis - West Nile	0	0	0
Giardiasis	64	53	54
Gonorrhea (simple)	132	182	142
Gonorrhea (PID)	1	0	0
Gonorrhea (PPNG)	0	0	0
Group A Streptococcal	5	15	10
Group B Streptococcal	20	24	21
Group B Streptococcal (Early Onset)	0	2	1
H1N1	25	0	0
Hemolytic Uremic Syndrome (HUS)	0	0	1
Haemophilus Influenza, Inv.	0	0	0
Haemophilus Influenza , Inv. Not B	5	5	5
Hepatitis A	1	0	1
Hepatitis B (Acute)	0	1	1
Hepatitis B (Chronic)	31	33	40
Hepatitis B (Chronic) Probable	24	22	11
Hepatitis C (Acute)	1	0	2
Hepatitis C (Chronic)	206	152	99
Hepatitis C (Chronic) Probable	12	7	16
Hepatitis C (Chronic) Unknown		4	6
Herpes Infant. Inf. <60 days	2	1	0
Influenza A	987	4	127
Influenza B	52	6	201
Influenza, Unspecified	74	0	0
Legionellosis	11	10	10
Listeriosis	1	1	0
Lyme Disease	12	14	43
Lyme Disease Probable		4	8
Lyme Disease Suspect		3	43
Lyme Disease - not a case		66	110
Malaria	3	1	0
Measles	0	6	0
Meningitis -Aseptic	6	0	8
Meningitis - Other Bacterial	0	0	0
Meningococcal Infection	0	0	1
Mumps	0	0	0
Pertussis	10	14	3
Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	29	22	23
Shigellosis	2	9	0
Strep Pneumoniae (Invasive, Drug Resistant)	4	0	1
Strep Pneumoniae (Invasive, Intermediate)	6	1	10
Strep Pneumoniae (Invasive, Sensitive)	22	28	9
Strep Pneumoniae (Unknown)	2	1	0
Syphilis (Primary and Secondary)	0	2	1
Syphilis (Early Latent)	1	0	0
Syphilis (Other)	2	1	0
Toxic Shock	0	1	0
Tuberculosis	5	7	8
Typhoid Fever	0	0	0
Vibrio non O1 Cholera	0	0	0
Yersiniosis	0	0	0

DIAGNOSTIC & TREATMENT CLINIC

D&T CLINIC MEASURES (CONT.)			
IMMUNIZATION PROGRAM	2009	2010	2011
Total Visits	10,118	7,872	6,718
Total clients - Post exposure rabies	80	67	72
Total clients - Flu shots	4,412	3,344	2,413
TRAVEL PROGRAM	2009	2010	2011
Total Services	261	284	207*
<i>(*Another 184 clients seen in immunization clinics for travel vaccine)</i>			
STD PROGRAM	2009	2010	2011
Clinics	183	172	192
Total Visits	893	1049	1073
Chlamydia	665	669	757
Gonorrhea	132	182	142
Syphilis (Primary & Secondary)	0	2	1
Syphilis (Early Latent) <i>*late latent</i>	1	1*	0
HIV COUNSELING & TESTING	2009	2010	2011
Clinics	183	165	183
Total Tested	521	524	626
Positive HIV Cases	0	2	2
TUBERCULOSIS PROGRAM	2009	2010	2011
Total Reported Cases	5	7	8
NEW EMPLOYEE PHYSICAL EXAMINATIONS	2009	2010	2011
County Employees	81	73	76
REFUGEE HEALTH PROGRAM	2009	2010	2011
Total Services (completed assessments)	464	482	356
Identified hepatitis B carriers	-	26	23
Identified parasitic infections	-	57	32
Referred to primary care provider	464	482	356
Dental appointments	183	279	137

There are only two things a child will share willingly; communicable diseases and its mother's age.
—Benjamin Spock



5 THINGS YOU DIDN'T KNOW ABOUT CLINICAL SERVICES

1. In 2008 it became mandatory for all pediatric immunizations to be entered into the New York State Immunization Information System (NYSIIS). Use of this electronic registry can help prevent duplicate vaccination and provides immunization history if shot records are lost. Since 2010 OCHD has also obtained consent from adults to utilize this system. Other health departments have access to these adult records. In 2011 there were 5,557 immunizations given to 2,433 consented adults which is a 56% increase in immunizations administered from 2010 (2,465) and a 35% increase of adults enrolled into NYSIIS from 2010 (1,602).
2. 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. In 2011, a gastrointestinal (GI) outbreak occurred in a school involving 111 cases. OCHD staff conducted 2,705 investigations of which 789 were later confirmed/probable communicable disease cases.
3. Tuberculosis (TB) disease is spread through prolonged, repeated exposure to someone with pulmonary TB. In 2011 there were 8 confirmed cases of tuberculosis, 6 were pulmonary, and 306 people were evaluated for exposure to tuberculosis.
4. Refugees are eligible for Green Card status after one year of residence and must show proof of required immunizations. In this case, only local county health departments are qualified to serve as a civil surgeon. In 2011, 666 persons were assisted by immunization staff for Green Card requirements, an increase of 30% from 2010 (465).
5. A person with Chlamydia, the most common Sexually Transmitted Disease, is often unaware of any symptoms. If untreated Chlamydia can result in other complications including infertility in females. In 2011, 757 cases were diagnosed in Oneida County, an increase of 12%.



The Division of Environmental Health employs 17 full-time people who 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 enforces the Clean Indoor Air Act (CIAA) and works with the Oneida County Sheriff's 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 the development of regulated facilities by engineers contracted to assure compliance with Public Health Laws and Regulations. Finally, 6.5 non-County staff are employed through a five-year NYS Department of Health Grant that funds the Lead Primary Prevention Program (LPP) initiatives.



Daniel Gilmore
Director of EH

ENVIRONMENTAL HEALTH

2011 HIGHLIGHTS

- Staff permitted and inspected 46 temporary residences; 85 pools and beaches; 27 campgrounds; 20 Children's camps; 1,577 food establishments; 69 mobile home parks; and 202 water systems.
- Staff conducted investigations on 624 rabies exposures.
- Staff coordinated the reviews of 29 engineer plans.
- Environmental Services assisted the Village of Sylvan Beach in protecting public health in connection with a blue-green algae out break on the eastern shore of Oneida Lake.
- There were 845 citations of violations of public health law at permitted facilities that have been corrected.

2012 GOALS

- Continued participation in NYSDOH sponsored in-service training programs for staff to maintain and improve technical skills.
- Continued work with medical providers to ensure the timely testing of children for lead poisoning.
- Continued work with permitted facilities to protect public health.
- Purchase and implement the field use of computer notebooks to improve productivity and increase efficiency and effectiveness of lead inspections.
- Provide the option of making online credit card payments for permit fees.

ENVIRONMENTAL HEALTH MEASURES (CONT. ON NEXT PAGE)

Community Sanitation and Water Programs	2009	2010	2011
Number of Facilities Regulated	1811	1889	1898
Number of Violations (not including lead programs)	698	945	845
Number of Enforcement Proceedings (not including lead programs)	65	73	101
Clean Indoor Air Act Violations (included in above data)	13	5	4
Rabies Program	2009	2010	2011
Rabies Exposure Investigations	690	650	624
Post-exposure Treatment for Humans	88	69	72
Rabies Vaccines Administered to Pets	1153	1167	1129

ENVIRONMENTAL HEALTH MEASURES (CONT.)			
	2009	2010	2011
Lead Prevention Programs			
Children Receiving Blood Lead Tests	4,943	5,359	6,079
New Children Diagnosed with Lead Poisoning	121	154	141
Housing Units Inspected where Lead Poisoned Children Lived that Completed Required Work	*117	*386	*380
Housing Units Inspected where Lead Poisoned Children Lived that Did Not Completed Required Work & Required Additional Enforcement	22	40	43
Housing Units Inspected for Lead Hazards Jointly with the City of Utica. (Lead poisoned children did not live in all units)	147	300	304
Number of Outreach and Education Efforts	159	**115	227

*Housing units of children who are lead poisoned must be inspected to determine where they are contacting lead hazards. Housing units are also inspected in the 'high risk designated areas' of Cornhill and West Utica as part of primary prevention efforts to protect newborns and young children.

**Contractor training classes were transferred to MVCC in 2010.

*All of us face a variety of risks to our health as we go about our day to day lives....Indoor air pollution is one risk that you can do something about.
—US Environmental Protection Agency*



5 THINGS YOU DIDN'T KNOW ABOUT ENVIRONMENTAL HEALTH

1. Rabies is a disease affecting mammals that has nearly a 100% fatality rate.
2. There are over 1500 permitted food serving facilities in Oneida County.
3. The Health Department oversees the operations of 202 public waters systems in the County.
4. The use of lead paint in residences and public facilities has been illegal in the United States since 1978.
5. The number of violations of public health law has increased due to an increase in complaints from the general public. This has resulted in a greater number of enforcement proceedings.



County Executive Anthony J. Picente, Jr. with Lead Poisoning Prevention Team issues a proclamation promoting Lead Poisoning Prevention during National Lead Poisoning Prevention Week, October 23 - 29, 2011.



Promoting & Protecting the health of Oneida County.”