

Oneida County Health Department

2016 ANNUAL REPORT

ANTHONY J. PICENTE, JR.
ONEIDA COUNTY EXECUTIVE
PHYLLIS D. ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH



TABLE OF CONTENTS

- 3 MESSAGE FROM THE DIRECTOR
- 4 OCHD ORGANIZATIONAL CHART
- 5 ADMINISTRATION
- 6 2016 FISCAL REPORT
- 7 HEALTH PLANNING
- 8 COMMUNITY COLLABORATION
- 10 MEDICAL EXAMINER SERVICES
- 12 HEALTH PROMOTION
- 15 PUBLIC HEALTH EMERGENCY RESPONSE &
PREPAREDNESS
- 17 SPECIAL CHILDREN SERVICES / EARLY
INTERVENTION PROGRAM
- 22 ENVIRONMENTAL HEALTH
- 29 CLINICAL SERVICES

Message from the Director

It is a privilege to present the 2016 Oneida County Health Department Annual Report. This report includes narrative descriptions and statistical information for each program in the Health Department compiled throughout the year, including goals for 2017. In its entirety, this report provides an action plan for the department to continue its mission of "...promoting and protecting the health of Oneida County" in 2017 and the years to come. I am proud of the work we have achieved in public health this year in the crucial and lifesaving work of disease prevention and health promotion.



PHYLLIS ELLIS, BSN, MS, FACHE
DIRECTOR OF HEALTH

In 2016, the infectious disease Zika emerged in Brazil. Mainly spread by the bite of mosquitos, it caused microcephaly in infants of some pregnant women, and the disease quickly spread with travelers to the United States. A multi-disciplinary team from the Health Department developed and implemented a Zika Action Plan to prepare for the threat of this disease in Oneida County. Activities included implementing timely disease monitoring and reporting of Zika virus, as well as education of the public and healthcare providers, including TV and radio PSAs, billboards, bus transit and internet marketing on travel precautions and the risks of transmission. With the County Executive's support, we introduced a YouTube video featuring public health staff demonstrating how to recognize mosquito breeding habitats outside of the home and how to get rid of them.

Additional highlights for this year include:

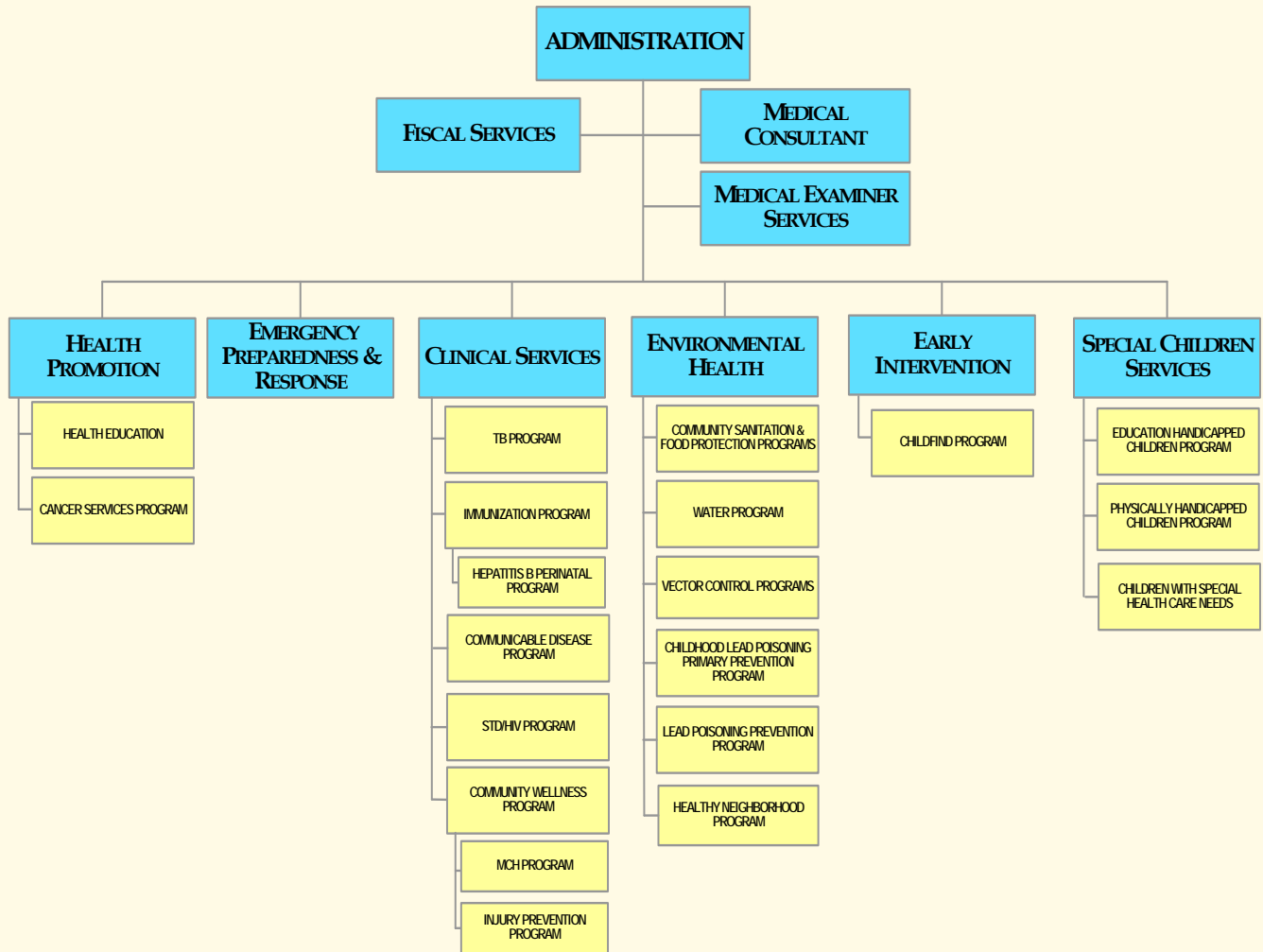
- In an effort to improve Preschool provider capacity for supportive health services, Oneida County implemented group service for classified children attending community based regular education programs. In speech therapy services alone, a potential 35-40% decrease of wait listed students has been recognized.
- Oneida County referrals to the NYS Smokers Quitline have increased dramatically, from 458 referrals in 2015 to 1103 referrals in 2016.
- Our Environmental Health Division accepted the new challenges in NYS of monitoring cooling towers to avoid Legionella as well as water testing in schools to avoid lead in water.
- Both lead programs (Primary & Secondary Prevention) have been involved with the Community Foundation Mohawk Valley Lead Coalition to further promote lead poisoning prevention.
- Public Education: Translated the Oneida County "Always Be Prepared" brochure in Burmese, Nepali and Karen and distributed ~200 additional copies of the Oneida County Disaster Preparedness Guide.
- D & T Clinic implemented Electronic Medical Record (EMR) which allows quality improvement through use of checklists, alerts, electronic prescribing and test ordering that will prevent redundancy, reduce errors and streamline processes to allow accurate communication and improve patient flow. This EMR is being utilized in all direct patient service programs.
- Utica Empire State Poverty Reduction Initiative participation.
- Assisted the County Executive to initiate and develop an Employee Wellness Program.

I would like to thank our dedicated staff, community partners, the County Executive, and Board of Legislators for their support in helping us achieve these and many other successes in 2016. We all look forward to 2017 and pursuing the division goals outlined in this report, including building on the significant progress we have made toward a culture of quality in the agency, with the ultimate goal of public health accreditation in 2018.

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

ONEIDA COUNTY HEALTH DEPARTMENT

2016 ORGANIZATIONAL CHART



Administration



PATRICE BOGAN
DEPUTY DIRECTOR OF HEALTH

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

QUALITY IMPROVEMENT AND QUALITY MANAGEMENT

Includes planning, coordinating and ensuring the quality of services provided through the development of indicators and audit tools to measure performance, use of cost vs. benefit analysis, the development and implementation of quality management tools to ensure effective program management, and supporting public health accreditation efforts.

In 2016, senior management staff participated in a series of six virtual training webinars sponsored by the New York State Association of County Health Officials (NYSACHO) that provides counties with tools and guidance to write Quality Improvement (QI) plans for their organizations. The training guided the county in creating plans that are unique to an agency quality improvement plan that is based on Public Health Accreditation Board Standards and Measures. Participating staff learned about foundational quality improvement and tools and resources. At the end of the training, OCHD had an initial draft of its first department-wide QI plan with targets and goals for 2017 that included the establishment of a cross-divisional QI team, an assessment of current QI state, and targeted goals and objectives for achieving a culture of quality throughout the department.



ADMINISTRATIVE SUPPORT

The Secretary to the Director of Health provides overall administrative support which also includes project management, team building and collaboration efforts.

DIANE TINELLI MILLER
SECRETARY TO THE DIRECTOR



FINANCIAL SERVICES

Coordinates the preparation of the department's annual budget, prepares required financial statements and government reports; ensures that spending is within the budget allotments; ensures revenues from third party reimbursements; and prepares claims for State and Federal and other reimbursement. The *2016 Budget Summary* is outlined below.

NICOLE SPRAGUE
ADMINISTRATIVE OFFICER

| 2016 BUDGET SUMMARY | | | | | | | |
|---|--------------|--------|---------|---------|---------|---------|----------|
| Program | Total | % of | % of | % of | % of | % of | % of |
| | Costs | Budget | Federal | State | County | Other | Medicare |
| | | | Funding | Funding | Funding | Funding | Medicaid |
| Administration | \$1,446,618 | 8.10% | | 37% | 63% | | |
| Pre-School (3-5) | \$10,030,296 | 56.17% | | 58% | 38% | | 4% |
| Early Intervention | \$1,934,478 | 10.83% | 26% | 24% | 39% | | 11% |
| Physically Handicapped Children | \$50,109 | 0.28% | | 46% | 54% | | |
| Public Health Clinic | \$1,331,950 | 7.46% | 3% | 27% | 44% | 24% | 2% |
| Lead Poisoning Prevention Program | \$303,487 | 1.70% | | 81% | 19% | | |
| Childhood Lead Poisoning Primary Prevention | \$424,774 | 2.38% | | 100% | | | |
| TB | \$48,617 | 0.27% | | 100% | | | |
| Environmental Health | \$1,096,086 | 6.14% | | 30% | 29% | 41% | |
| Healthy Neighborhood Program | \$285,176 | 1.60% | | 100% | | | |
| Community Wellness | \$272,335 | 1.53% | | 51% | 49% | | |
| Immunization Consortium | \$104,056 | 0.58% | | 100% | | | |
| Cancer Services Program | \$332,575 | 1.86% | 11% | 89% | | | |
| Emergency Preparedness | \$136,949 | 0.77% | 98% | | 2% | | |
| HERP Ebola | \$60,445 | 0.34% | 100% | | | | |

HEALTH PLANNING

Health planning includes a range of activities that support collaborative health planning with community partners, organizational strategic planning and performance improvement activities. A few major partnership initiatives conducted in 2016 include the following:

Accreditation

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of public health departments by establishing standards and measurements of performance against a set of nationally recognized and evidenced-based standards. In 2015, OCHD senior management staff began an orientation and review of each of the PHAB domains. In 2016, an Accreditation Workplan and Timeline with specific milestones in three phases was developed with the goal of achieving accreditation by the end of 2018. Milestones in *Phase 1 – Accreditation Preparation* includes the assignment of an Accreditation Coordinator and planning teams with targeted dates to develop each of the accreditation prerequisites necessary prior to initiating the accreditation application process. The first of these were initiated in 2016 and included finalizing the OCHD Strategic Plan and linking each of the accreditation prerequisites to the strategic planning goals to streamline efforts and staff time and resources; these included updating the Community Health Assessment & Community Health Improvement Plan, and developing a Quality Improvement Plan. Completion or significant achievement was made in all of these areas (see highlights below). Phase 1 continues into 2017 with milestones that include developing the remaining prerequisites: Workforce Development Plan, Marketing and Branding Strategy, updating the Emergency Operations Plan and enhancing community health assessment community engagement activities. *Phase 2 – Accreditation Application* begins at the end of 2017 with the start of initial application and documentation selection and submission. The current goal is to reach *Phase 3 – Accreditation Achievement & Maintenance* from the end of 2018-2023. OCHD will continue to work towards accreditation achievement and will adapt as needs, circumstances and other demands arise.

Strategic Planning

OCHD finalized its 2016-2018 Strategic Plan to guide resources in alignment with the OCHD Mission and Vision and the Oneida County Community Health Assessment and Community Health Improvement Plan. It provides a clearer understanding of where the Department should be in three years and integrates the quality standards of public health accreditation that are designed to drive us to continuously improve the way we work to keep our communities healthy and to increase the value and visibility of public health through accountability. A workplan with specific goals, objectives and tasks was developed for the selected strategic priorities that are also linked to the Department's accreditation goals. These selected strategic priorities are:

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

COMMUNITY COLLABORATION

Community Health Assessment & Community Health Improvement Planning

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

Oneida County Health Coalition

The Oneida County Health Coalition (OCHC) is a partnership of community agencies and organizations that support population health improvement through the framework and goals of the NYS Prevention Agenda. The OCHC serves as a platform for community partners to increase awareness of local public health issues, leverage additional support or resources, network, and to recruit new partners for existing or newly identified initiatives. The OCHC supports OCHD's community health assessment and health improvement planning activities through facilitated quarterly presentations on various health topics from the NYS Prevention Agenda. Feedback from these quarterly discussions assist OCHD in preparation of a Quarterly Community Health Status Reports that include: issue-specific county data, feedback on factors and trends contributing to the issue, identification of existing community initiatives addressing the issue, and evidence-based recommendations for improvement. In 2016 the Community Health Reports Cards addressed the topics of Substance Abuse, Physical Activity & Nutrition and Mental Health. The second half of each quarterly meeting is used for guest speaker presentations on any relevant topic of interest or concern impacting public health; in 2016, guest speakers addressed the topics of Delivery System Reform Incentive Payment (DSRIP), Rural Health and Human Trafficking. OCHC meeting schedule, minutes and Report Cards can be viewed at the OCHC website, <http://www.ocgov.net/health/coalition>.

Population Health Improvement Program (PHIP)

In 2015, the New York State Department of Health launched the Population Health Improvement Program (PHIP) to promote better care, better population health and lower health care costs. Each county works with regional contractors (HealtheConnections for Central NY) to support the NYS Prevention Agenda by serving as a resource in implementing evidence-based interventions to address identified priorities, support evaluation of strategies identified, and serve as a resource to Delivery System Reform Incentive Payment (DSRIP). Each region has a designated county agent to support county stakeholder engagement and advance local community activities addressing health priorities. Central New York Health Homes Network, Inc. serves as the agent for Oneida County and, along with HealtheConnections, supports the Oneida County Health Coalition through technical assistance and some PHIP funding to support CHA/CHIP NYS Prevention Agenda priorities.

MEDICAL EXAMINER SERVICES

As of 2013, the Onondaga County Medical Examiner's Office (OCME) serves as Oneida County's Medical Examiner and provides medical examiner services as required by NYS County Law and the Oneida County Charter and Administrative Code. The OCME's Office provides professional, efficient and compassionate service to families, service providers and law enforcement officials and collaborates in OCHD's emergency preparedness planning.

MEDICAL EXAMINER DATA OVERVIEW

Medical Examiner autopsy cases were up in 2016, as well as scene responses by the Assistant Forensic Investigators (AFIs). The highest manner of deaths were accidental, increased from 2015. Deaths by natural causes decreased from 2015. Suicides have steadily decreased from 2013-2015.

| ONEIDA COUNTY UNINTENTIONAL OPIOID-RELATED DEATHS | | | | | |
|--|-------------|-------------|--------------|--------------|--------------|
| HEROIN AND FENTANYL RELATED DEATHS | | | | | |
| AND OTHER OPIOID-RELATED DEATHS | | | | | |
| Date range: 1/1/2013 – 12/31/2016* | | | | | |
| Age groups by year | 2013 | 2014 | 2015 | 2016* | Total |
| 10 – 19 yrs. | 2 | 0 | 0 | 0 | 2 |
| 20 – 29 yrs. | 4 | 9 | 6 | 14 | 33 |
| 30 – 39 yrs. | 5 | 7 | 8 | 13 | 33 |
| 40 – 49 yrs. | 3 | 9 | 9 | 12 | 33 |
| 50 – 59 yrs. | 3 | 5 | 9 | 10 | 27 |
| 60 – 69 yrs. | 0 | 2 | 0 | 2 | 4 |
| Total | 17 | 32 | 32 | 51 | 132 |
| Cause of death by year | | | | | |
| 2013 | 2014 | 2015 | 2016* | Total | |
| Heroin only | 3 | 4 | 6 | 9 | 22 |
| Other Heroin-related | 9 | 13 | 5 | 5 | 32 |
| Heroin and Fentanyl | 0 | 2 | 4 | 17 | 23 |
| Fentanyl only | 0 | 0 | 3 | 2 | 5 |
| Other Fentanyl-related | 1 | 2 | 4 | 13 | 20 |
| Other Opioid-related | 4 | 11 | 10 | 5 | 30 |
| Total | 17 | 32 | 32 | 51 | 132 |

*2016 data is preliminary

Heroin only: Heroin solely caused or contributed to death.

Other heroin-related: Heroin caused or contributed to death in combination with other drugs and/or medications, which could include prescription opioids. Fentanyl was not present.

Fentanyl mixed with heroin: Both fentanyl and heroin caused or contributed to death either solely or in combination with other drugs and/or medications, including prescription opioids.

Fentanyl only: Fentanyl solely caused or contributed to death.

Other fentanyl-related: Fentanyl caused or contributed to death in combination with other drugs and/or medications, which could include prescription opioids. Heroin was not present.

Other opioid-related: Opioid caused or contributed to death in combination with other drugs and/or medications, which could include prescription opioids. Heroin and/or fentanyl were not present.

ONEIDA COUNTY CASE SUMMARY

Date range: 1/1/2013 - 12/31/2016*

| CASE DISPOSITION BY YEAR | 2013 | 2014 | 2015 | 2016* |
|------------------------------------|-------------|-------------|-------------|--------------|
| Consult - Living | 0 | 0 | 1 | 0 |
| Consult - Non-Living | 0 | 0 | 1 | 2 |
| Medical Examiner | 244 | 260 | 249 | 267 |
| Non-Medical Examiner | 414 | 436 | 473 | 467 |
| Total | 658 | 696 | 724 | 736 |
| EXAM TYPE BY YEAR | 2013 | 2014 | 2015 | 2016* |
| Autopsy | 181 | 190 | 160 | 180 |
| Autopsy - Bariatric | 0 | 3 | 9 | 19 |
| Autopsy - Biohazard | 1 | 0 | 0 | 0 |
| Autopsy - Inmate | 16 | 23 | 30 | 21 |
| External | 12 | 16 | 19 | 13 |
| External - Inmate | 1 | 4 | 0 | 3 |
| Skeletal | 1 | 0 | 0 | 0 |
| Skeletal - Non-Human | 2 | 2 | 1 | 1 |
| Total | 214 | 238 | 219 | 237 |
| SCENE RESPONSE TYPE BY YEAR | 2013 | 2014 | 2015 | 2016* |
| Body Inspection Only | 26 | 22 | 6 | 5 |
| DC Only | 0 | 0 | 24 | 25 |
| Hospital | 5 | 10 | 9 | 7 |
| No Response | 82 | 103 | 83 | 90 |
| Scene | 124 | 121 | 123 | 137 |
| Scene and Hospital | 7 | 4 | 4 | 3 |
| Total | 244 | 260 | 249 | 267 |
| MANNER OF DEATH BY YEAR | 2013 | 2014 | 2015 | 2016* |
| Accident | 90 | 85 | 94 | 125 |
| Homicide | 13 | 9 | 12 | 6 |
| Natural | 99 | 116 | 116 | 103 |
| Pending and n/a* | 2 | 12 | 1 | 9 |
| Suicide | 36 | 31 | 24 | 21 |
| Undetermined | 4 | 7 | 2 | 3 |
| Total | 244 | 260 | 249 | 267 |
| SEX BY YEAR | 2013 | 2014 | 2015 | 2016* |
| Female | 71 | 75 | 57 | 76 |
| Male | 171 | 183 | 191 | 190 |
| Total | 242 | 258 | 248 | 266 |
| RACE BY YEAR | 2013 | 2014 | 2015 | 2016* |
| Asian | 4 | 0 | 1 | 5 |
| Black | 24 | 30 | 25 | 29 |
| Caucasian | 211 | 223 | 221 | 230 |
| Hispanic | 0 | 1 | 0 | 1 |
| Indian | 0 | 1 | 0 | 0 |
| Native American | 1 | 2 | 0 | 1 |
| Other | 2 | 1 | 1 | 0 |
| Not applicable | 2 | 2 | 0 | 0 |
| Total | 244 | 260 | 248 | 266 |
| AGE GROUPS BY YEAR | 2013 | 2014 | 2015 | 2016* |
| < 1 yr. | 7 | 7 | 5 | 5 |
| 1 - 4 yrs. | 4 | 2 | 1 | 0 |
| 5 - 9 yrs. | 0 | 1 | 0 | 3 |
| 10 - 19 yrs. | 6 | 2 | 5 | 7 |
| 20 - 29 yrs. | 31 | 27 | 18 | 27 |
| 30 - 39 yrs. | 20 | 24 | 21 | 25 |
| 40 - 49 yrs. | 31 | 36 | 37 | 39 |
| 50 - 59 yrs. | 50 | 57 | 54 | 54 |
| 60 - 69 yrs. | 40 | 45 | 54 | 44 |
| 70 - 79 yrs. | 24 | 27 | 23 | 25 |
| 80 - 89 yrs. | 18 | 23 | 22 | 18 |
| > 89 yrs. | 13 | 9 | 8 | 19 |
| Total | 244 | 260 | 248 | 266 |

*2016 data is preliminary.

Health Promotion



Health Promotion works to improve the health of individuals and the community by providing education and targeted interventions throughout the county. Staff participates in a wide range of community education and outreach activities and works to improve access to cancer screenings.

MELANIE ADAMS
PROGRAM COORDINATOR

HEALTH EDUCATION & INFORMATION

Staff work with the community on a variety of health related topics, provide community members and agencies with information related to health department programs, work to increase awareness of important health and safety issues, and collaborate with employers, schools, colleges, businesses, and community agencies. Activities include educational presentations, community events, outreach, health fairs, distributing materials, participating in community coalitions, and helping residents with their questions. We also work with media outlets to publicize important health messaging.

CANCER SERVICES PROGRAM (CSP)

The Cancer Services Program (CSP) is a grant from the NYS Department of Health, Bureau of Chronic Disease and Prevention. The CSP offers no-cost breast, cervical and colorectal cancer screenings and/or diagnostic services to uninsured and under-insured people. Breast and cervical screenings are for women ages 40 to 64, and colorectal screenings are for men and women ages 50 to 64. The Health Department contracts with local health providers who perform the screenings and/or diagnostic services and are reimbursed by the CSP for their services. Case Management is provided to all clients who have an abnormal screening. If cancer is diagnosed, the clients are assessed for eligibility for the Medicaid Cancer Treatment Program (MCTP).

As the need for screenings decreased with the Affordable Care Act, we provided education regarding cancer and the importance of screening in 21 settings to residents of Oneida, Herkimer and Madison counties; as well as education about 80% by 2018 colorectal cancer screening to medical providers in the three counties. Visits included 52 medical offices that we currently work with and 21 medical offices that do not provide services through the program. Targeted outreach was done in nine zip codes in Herkimer and Oneida counties. A quarterly newsletter is sent to our medical and community partners promoting cancer screening and the importance of paid leave for cancer screening.

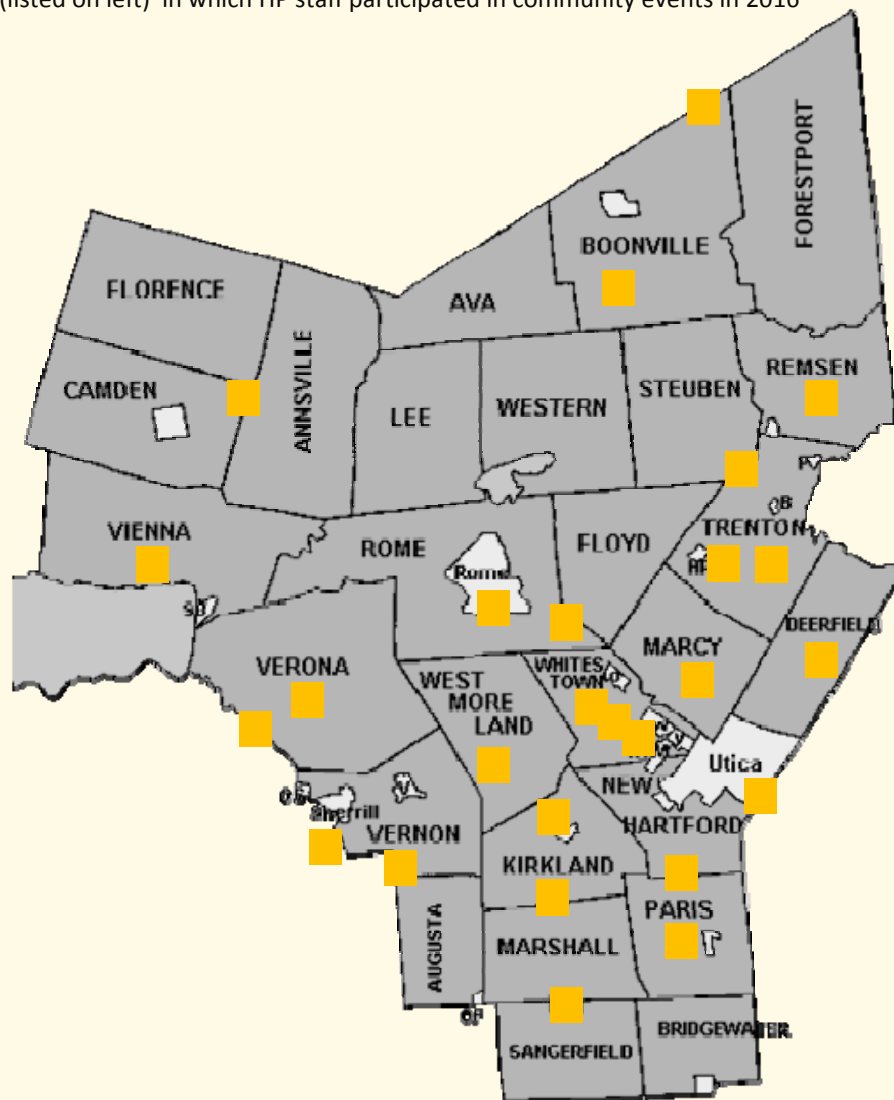
| CANCER SERVICES PROGRAM DATA | | | |
|------------------------------|------|------|------|
| | 2014 | 2015 | 2016 |
| Clinical breast exams | 335 | 198 | 121 |
| Mammograms | 388 | 239 | 132 |
| Pap/pelvic exams | 101 | 60 | 21 |
| FIT kit (colon screening) | 132 | 65 | 56 |
| Colonoscopies | 15 | 0 | 5 |
| Total <u>Clients</u> Served | 416 | 271 | 167 |

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

2016 PARTICIPATION IN VARIOUS COMMUNITY HEALTH EVENTS

Areas (listed on left) in which HP staff participated in community events in 2016

- Adirondack
- Barneveld
- Boonville
- Clinton
- Deerfield
- Durhamville
- Holland Patent
- Kirkland
- Marcy
- New Hartford
- New York Mills
- Oriskany
- Remsen
- Rome
- Sauquoit
- Sherrill
- Taberg / Annsville
- Trenton
- Utica
- Vernon
- Vernon Center
- Verona
- Vienna
- Waterville
- Westmoreland
- Whitesboro
- Whitestown
- Yorkville



2016 HIGHLIGHTS

- Oneida County Health Department re-launched the Oneida County Health Coalition in 2016. This has helped Health Promotion with achieving data sharing sources with our community partners. Health Promotion has been able to promote and educate partners on resources within our community.
- The Health Promotions team gave 242 presentations throughout Oneida County.
- Public health educators have all been trained in Plain Language techniques and currently apply them to all education and presentations.
- We have been able to increase the number of evidence-based best practice educational programs during 2016.
- We have improved our methods of evaluating Health Promotion activities. Public health educators use evaluation process after a class or presentation.
- Educated 313 Oneida County students on the importance of dental health.
- Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) was completed and submitted to New York State Department of Health (NYSDOH) with collaboration with local hospitals and the health department.
- YMCA of the Greater Tri Valley adopted a paid leave policy in July of 2016, offering their full time employees 8 hours per year of time to get screened for cancer.
- In October, the Cancer Services Program worked with the Mohawk Valley Health System, the American Cancer Society, the City of Utica and Daughter for Hire to hold our 2nd annual Human Pink Ribbon at Murnane Field.
- The expanded paid leave policy in Madison County, assisted by the Oneida County Cancer Services Program, has seen an increase in the number of people getting screened as well as a cost savings to their insurance company.

2017 GOALS

- Continue to utilize evidence-based best practice educational programs.
- Continue to utilize evaluation methods with our presentations in the community.
- Maintain 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 (CHIP).
- Continue to support residents in their efforts to access health information, create a safe environment for their children, and improve their overall health.
- Assist at least one new employer in the area to initiate a paid leave policy.
- Provide education to Oneida and Madison County employees reminding them of the Cancer Screening policy to identify an increase in the number of employees using this benefit.
- Work collaboratively with Oneida County Employee Wellness program and Smoke-Free process throughout 2017.

Public Health Emergency Response & Preparedness



LISA WORDEN
IPHERP COORDINATOR

The Public Health Emergency Response & Preparedness (PHERP) Program seeks to support the department's planning and response for all hazards in order to protect the health of the community. Such hazards can include disease outbreaks, environmental threats, and natural and man-made disasters. OCHD engages in preparedness activities with multi-agency partnerships such as the NYSDOH's Regional Health Emergency Preparedness Coalition and Herkimer Oneida Organizations Active in Disasters (HOOAD) to identify resources, establish mutual agreements, develop coordinated response plans, conduct drills and exercises, identify and follow up on areas for improvement, train staff, and coordinate public and media communications. The Health Department has a cross-division Public Health Incident Response Team that regularly convenes to manage the public health planning and response activities for any emergency event.

2016 PHERP PLANNING ACTIVITIES

Plans Reviewed or Updated

Oneida County Mass Fatality Plan and Appendix - Family Assistance Center Standard Operating Guide
Oneida County Isolation and Quarantine Plan
Oneida County Chempack Plan (with Office of Emergency Management)
Oneida County Zika Action Plan
Oneida County Mutual Aid Evacuation & Supply Plan

2016 HIGHLIGHTS

- **Closed PODs:** Public health departments around the nation are required to create plans to dispense life-saving medications to all residents within 48 hours of exposure to a bioterrorism agent. In 2016, OCHD recruited its first (11) group of large employers to serve as Closed Points of Dispensing (POD) sites which would ensure that ~ 96,000 individuals (employees and family members) would receive life-saving medication in a timely manner through their employer. Remaining populations would be served through a network of

Open PODs sites (i.e., public clinics). Since many counties do not have enough staff and volunteers available to dispense to their entire population, Closed PODs relieve the burden for counties with limited staffing, support a more timely delivery of life-saving medication to the entire population, and help Closed POD businesses and organizations to protect their most important asset, their workforce.

- **Zika Action Plan:** OCHD developed and implemented a Zika Action Plan to prepare for the threat of Zika. Activities included implementing timely disease monitoring and reporting of Zika virus, as well as education of the public and healthcare providers. Public education activities included:
 - ◆ TV and Radio PSAs, Billboards, Bus Transit and Internet Marketing on travel precautions and risks of transmission and the development of a YouTube Video featuring an introductory message from the County Executive and Director of Health, with public health staff demonstrating how to recognize mosquito breeding habitats outside of the home and how to get rid of them.
 - ◆ As a part of National Public Health Week and in partnership with WKTV, Gilroy, Kernan, Gilroy and Northland Communication, OCHD conducted a live one-hour phone bank with WKTV in which public health staff fielded calls from the community on Zika virus and travel, pregnancy precautions, mosquito surveillance and protection and other related issues.
- **Public Education:** Translated the Oneida County “*Always Be Prepared*” brochure in Burmese, Nepali and Karen and distributed ~200 additional copies of the Oneida County Disaster Preparedness Guide.
- **Emergency Plans:** Updated the County Chempack Plan, Mass Fatality Plan, Public Health Isolation and Quarantine Plan, Zika Action Plan, and the Mutual Aid Evacuation and Supply Plan for county health care facilities - an agreement between 26 health and medical care facilities to provide mutual aid support in staffing and supplies in the event of a facility evacuation.

2017 GOALS

- **Infectious Disease Exercise:** In collaboration with NYSDOH participate in and conduct a regional infectious disease exercise that tests OCHD’s capabilities and plans for isolation and quarantine and other public health measures for pandemic flu and assess for areas of improvement.
- **Closed PODs:** Engage Closed POD partners in organizational and planning and training activities to support their capability to implement Closed POD operations.
- **Public Education:** Translate the Oneida County Disaster Preparedness Guide into Spanish and continue to expand promotion of already-developed preparedness resources including the *Walk the World Prepared* disaster preparedness YouTube videos.

Special Children Services



BARBARA PELLEGRINO
DIRECTOR OF SC SERVICES

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

Also within this division is New York State's Preschool Special Education Program (or Education/Transportation of Handicapped Children's Program (ETHCP). Federal and state laws govern the program and grant administrative authority to school districts located in Oneida County.

The County is mandated by NYS Education Law to provide funding for this program. Educational and therapeutic services are provided in least restrictive environments to maximize the preschool child's learning potential.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

This program provides information and referrals for families of children and youth 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, identifying gaps in systems of care, establishing connections to community resources as well as support for youth transitioning to adult health care, work and independence.

| CSHCN PROGRAM | | | |
|---------------------------------|------|------|------|
| | 2014 | 2015 | 2016 |
| Birth < 12 | * | * | 44 |
| 13 < 17 | * | * | 40 |
| 18 < 21 | * | * | 6 |
| Total Children | 76 | 70 | 90 |
| *Change in measurement criteria | | | |

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM (PHCP)

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

| PHCP PROGRAM | | | |
|---|-------------|-------------|-------------|
| | 2014 | 2015 | 2016 |
| Total service authorizations for treatment: | 369 | 303 | 426 |

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 Pre-school Students with a Disability through their school district's Committee on Preschool Special Education. Classified children are provided with a variety of special services that will take full advantage of their learning potential.

| ETHCP PROGRAM | |
|--|------------------------|
| 2014 | |
| Evaluations completed to determine eligibility: | 416 children evaluated |
| Classified Preschool Students with a Disability: | 651 distinct children |
| 2015 | |
| Evaluations completed to determine eligibility: | 419 children evaluated |
| Classified Preschool Students with a Disability: | 638 distinct children |
| 2016 | |
| Evaluations completed to determine eligibility: | 373 children evaluated |
| Classified Preschool Students with a Disability: | 689 distinct children |

2016 ACCOMPLISHMENTS

- 689 children benefitted from services through the Preschool Special Education Program in Oneida County. Through their participation in this program, children with learning differences were better prepared to meet the challenge of entering a school classroom. Active School Districts in 2016: 24 districts; Individual student CPSE meetings with Oneida County Representation: 1,311
- A 25% increase in referrals to the CSHCN program has been accomplished. Improved outreach to the birth through age 21 target contributed to family's participation in the program.
- CSHCN staff participated in a Syracuse University Parent Assistance Center sponsored Transition Conference at MVCC. Program information was disseminated to youth and families facing transition to adult healthcare. Five (5) additional CSHCN presentations took place in multiple community locations.

2016 ACCOMPLISHMENTS, continued

- CSHCN staff participated in eight (8) NYS Department of Health trainings regarding children and youth's transition to the Health Home model.
- In an effort to improve Preschool provider capacity for supportive health services, Oneida County implemented group service for classified children attending community based regular education programs. In speech therapy services alone, a potential 35-40% decrease of wait listed students has been recognized.
- Three (3) school districts initiated Oneida County contracts to become providers of preschool supportive health related services thereby creating the ability to treat resident students in Universal Pre-kindergarten classrooms.
- The Director of Special Children Services was designated 2017 incoming chairperson for the NYS Association of Counties CSHCN Standing Committee. Current committee resolutions target improvement of payment systems and services in the Early Intervention and Preschool Programs.

2017 GOALS

- To carry out the NYS DOH initiative to expand supports for children with special healthcare needs, Oneida County will increase CSHCN documented referrals of children transitioning from Early Intervention to Preschool Special Education by 50%.
- Increase the number of Oneida County School Districts as NYS approved providers of Special Education Itinerant Services by 25%.
- Increase the number of Oneida County school districts as contracted providers of supportive health related services by 25%.
- Coordinate implementation of a smooth transition from the NYS contracted Preschool Medicaid claiming center to an Oneida County selected Medicaid Service Bureau.
- Transition the Early Intervention Program into the Special Children Services Division.

Early Intervention Program

The mission of the Early Intervention Program (EIP) is to identify and evaluate infants and toddlers as early as possible, to determine when their development is compromised. This allows us to provide the appropriate intervention to improve a child's overall development. The Early Intervention Program is family-centered; it supports parents in nurturing and enhancing their child's development. EIP is community-based; it creates opportunities for full participation of children with disabilities and their families in their communities, allowing the delivery of services in the child's natural environment.

Every child and their family are unique in the services they will need. The EIP coordinates services depending on the needs of each child with an array of physical, social, emotional, speech, cognitive and other community-based services that may be needed by and provided to children and their families. The Early Intervention Program is available to all eligible children, age 0—3 years, and their families. Private insurance and Medicaid are utilized to help pay for the costs of the EIP services in New York State.

CHILD FIND PROGRAM

There are a few methods for identifying and referring a child to the EIP. The first is a referral, usually from a doctor or parent. The second is the Child Find program, which receives referrals from a variety of sources. Public awareness and professional training are critical for a successful Child Find program.

Child Find identifies and tracks infants and children that are at risk for developmental delays. The program works with families, doctors, daycare providers, and community agencies. If a child is in need of an evaluation, a referral is made to the Early Intervention Program to address the developmental concerns.

EI PROGRAM DATA

*Data accurate as of 01/27/17

| | 2014 | 2015 | 2016 |
|---|--------|--------|--------|
| Multidisciplinary Evaluations (MDE) performed | 357 | 374 | 357 |
| Bilingual MDE's performed | 9 | 17 | 9 |
| Supplemental evaluations performed | 105 | 117 | 105 |
| Special Instruction visits | 4,623 | 10,268 | 21,119 |
| Physical Therapy/Occupational Therapy visits | 16,421 | 14,811 | 14,013 |
| Speech/Language Therapy visits | 14,029 | 14,086 | 17,841 |
| Vision Therapy Visits authorized | 367 | 247 | 76 |
| Social work visits | 50 | 40 | 33 |
| Total of All visits (including other miscellaneous services as well as service coordination visits) | 43,743 | 45,239 | 52,177 |
| Total # of children who received service through Early Intervention | 1,084 | 929 | 1,060 |

2016 ACCOMPLISHMENTS

- Training was provided to refugee families to increase knowledge and understanding of ways to enhance their child's developmental skills.
- Met with new doctors in our area to give them an overview of the Early Intervention Program and services we offer.
- Participated at the Oneida County Boonville Fair with a developmental activity for children and information for parents which attracted many families.
- Provided opportunities for students from local colleges to shadow Service Coordinators to learn and experience how the Early Intervention Program provides services to those children in need.
- In 2015, it was determined that based on a set of criteria from Individuals with Disabilities Education Act (IDEA), Oneida County achieved the level of "meets requirements" which is the highest category of achievement.

2017 GOALS

- Support parents/guardians and families with meeting their responsibilities to enhance their children's development.
- Create opportunities for full participation of children with disabilities and their families in the communities by having services delivered in natural environments in a timely manner.
- Provide community partners, agencies, doctors and medical facilities with information regarding EI services and other community resources.

Environmental Health



DANIEL GILMORE
DIRECTOR OF 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 seeks compliance and when necessary initiates enforcement action for conformity with New York State Public Health Laws, the New York State Sanitary Code, and the Oneida County Sanitary Code.

Services provided and programs in the Environmental Division are funded by Oneida County and through grants provided by the New York State Department of Health, permit fees, fees for services, and the collection of fines associated with violations of Public Health Law, the NYS & Oneida County Sanitary Codes, and the Clean Indoor Air Act.

COMMUNITY SANITATION & FOOD PROTECTION PROGRAMS

Temporary Residences: Temporary residence inspections include hotels, motels, and cabin colonies emphasizing fire safety, facility cleanliness, and sanitation for the protection of the traveling public lodging at facilities in Oneida County.

Swimming Pool/Bathing Beaches: The major focus of swimming pool inspections is on pool supervision, lifeguard requirements, life-saving equipment, general pool safety, chemical treatment, the proper operation of filtration equipment, and bather water quality of the beaches and pools.

Campgrounds: Inspections of campsites include reviewing proper site spacing, shower and sanitary facilities, food service protection, the quality and operation of on-site drinking water supplies, and adequate sewage disposal systems.

Children's Camps: Major emphasis is placed on ensuring that each camp provides an adequate number of trained, qualified staff, and waterfront safety and supervision. Attention is also focused on food service protection, adequate safe housing, proper sewage disposal, adequate garbage storage facilities, and safe, sanitary water supplies which meet NYS Sanitary Code standards.

Food Protection: Prevention of food borne illness is the primary focus of food protection. This is accomplished by conducting unannounced inspections during the food preparation process, educational seminars, on-site training, and enforcement actions for all food service establishments, with the exception of hospitals and nursing homes, in Oneida County.

Mobile Home Parks: Mobile home parks are inspected to ensure that the parks continue to meet the standards contained in the NYS Sanitary Code. In addition, the Department responds to complaints from residents in the mobile home parks.

Tanning Facilities Inspections: In 2013, the department assumed the role from NYS DOH of permitting and inspecting all tanning facilities in Oneida County. Inspections focus on ensuring tanning equipment and records are maintained. There were 17 tanning facilities in operation in 2016.

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.

| ADOLESCENT TOBACCO | | | |
|--------------------------|------|------|------|
| | 2014 | 2015 | 2016 |
| # retail tobacco vendors | 231 | 219 | 220 |
| # compliance checks | 178 | 369 | 212 |

Complaint Investigations: Staff investigate complaints pertaining to housing issues, public and private nuisances, and regulated facilities that may affect the health, safety, and welfare of county residents.

| COMMUNITY SANITATION & FOOD PROTECTION PROGRAMS | | | | | | |
|---|--------------------------|-------------|-------------|----------------------------|-------------|-------------|
| Program | Number Active Facilities | | | Inspections & Field Visits | | |
| | 2014 | 2015 | 2016 | 2014 | 2015 | 2016 |
| Temporary Residences | 49 | 47 | 48 | 60 | 61 | 53 |
| Swimming Pools & Bathing Beaches | 89 | 86 | 88 | 127 | 129 | 113 |
| Campgrounds | 27 | 29 | 31 | 31 | 34 | 32 |
| Children's Camps | 19 | 17 | 16 | 39 | 36 | 35 |
| Mobile home parks | 65 | 65 | 65 | 73 | 83 | 88 |
| Food protection | | | | | | |
| Low risk | 85 | 81 | 90 | 98 | 88 | 116 |
| Medium risk | 596 | 551 | 560 | 730 | 834 | 861 |
| High risk | 437 | 380 | 396 | 510 | 696 | 883 |
| Total | 1118 | 1012 | 1046 | 1338 | 1618 | 1860 |

| | |
|---|--|
| 2016 OTHER FOOD PROGRAMS: | 101 mobile food vendors, 127 inspections |
| 42 summer feeding sites, 49 inspections | 253 temporary event vendors, 118 inspections |

VECTOR CONTROL PROGRAMS

Animal Disease Control: The Environmental Division is responsible for monitoring diseases that animals may transmit to humans. Rabies, which is fatal, is the most significant of these diseases. Emergency rooms and physicians are required by NYS Public Health Law to report all animal bites to the health department. Individuals can also report suspected rabies exposures to the health department.

| RABIES PREVENTION PROGRAM | | | |
|--------------------------------------|------|------|------|
| | 2014 | 2015 | 2016 |
| Rabies exposure investigations | 577 | 718 | 563 |
| Post-exposure treatment for humans | 69 | 70 | 56 |
| Rabies vaccines administered to pets | 960 | 890 | 659 |
| Sponsored pet vaccination clinics | 11 | 10 | 9 |

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Prevention: The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County. In 2016, 120 collections of mosquitoes were analyzed and no WNV or EEE was detected and no animals or humans were infected with WNV or EEE. In addition, educational information is provided to people to reduce the risk of contracting WNV or EEE.

PUBLIC WATER SUPPLY PROGRAM

The goal of this program is to ensure that the public is protected from illness and injury resulting from waterborne disease and contamination that may be naturally occurring or human caused. Staff provide technical assistance to water system operators on compliance with NYS Sanitary Codes and Federal Clean Drinking Water Act Guidelines, review and assist in the certification of new community system water operators, and technical assistance is provided to homeowners and other non-public water system operators if problems arise or new systems are developed.

Division staff assist water systems with their development of an Annual Water Quality Report. There has been an increase in the number of water systems developing cross-connection control programs and staff work with water systems in their efforts. Staff also respond to a number of requests from home owners / prospective buyers, lenders and realtors related to well water and septic regulations.

| REGULATED PUBLIC WATER SYSTEM INFORMATION | | | |
|--|----------------------------------|------------------------------|------------------------------|
| | 2014 | 2015 | 2016 |
| Active | 155 | 157 | 152 |
| Inspected | 150 (75 Sanitary Surveys) | 156 (75 Sanitary Surveys) | 151 (51 Sanitary Surveys) |
| Notices of violations issued | 185 | 168 | 131 |
| Formal enforcement actions (Stipulation / Hearing) | 13 | 11 | 13 |
| Boil water advisories and other emergencies | 10 (18 precautionary advisories) | 20 (including precautionary) | 15 (including precautionary) |
| Samples collected | 199 Coliform + 13 Chemical | 177 Coliform + 21 Chemical | 157 Coliform + 12 Chemical |

ENGINEERING PLAN REVIEW

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

| ENGINEER PLANS REVIEWED & APPROVED | | | |
|---|------|------|------|
| | 2014 | 2015 | 2016 |
| Water system expansions/Improvements | 4 | 8 | 10 |
| Backflow prevention devices | 7 | 17 | 12 |
| Realty subdivisions | 0 | 0 | 0 |
| Individual wastewater disposal systems plans (non-conventional) | 1 | 4 | 3 |
| Pit privies | 0 | 0 | 0 |
| Swimming pool (new or improvements) | 3 | 0 | 3 |
| Campground (improvement or expansion) | 1 | 2 | 0 |
| Kitchen facility (new or expansion) | 2 | 3 | 2 |
| Mobile home park | 0 | 0 | 1 |
| Temporary residences (hotel, motel, cabins) | 1 | 0 | 0 |
| Total plans | 19 | 34 | 31 |

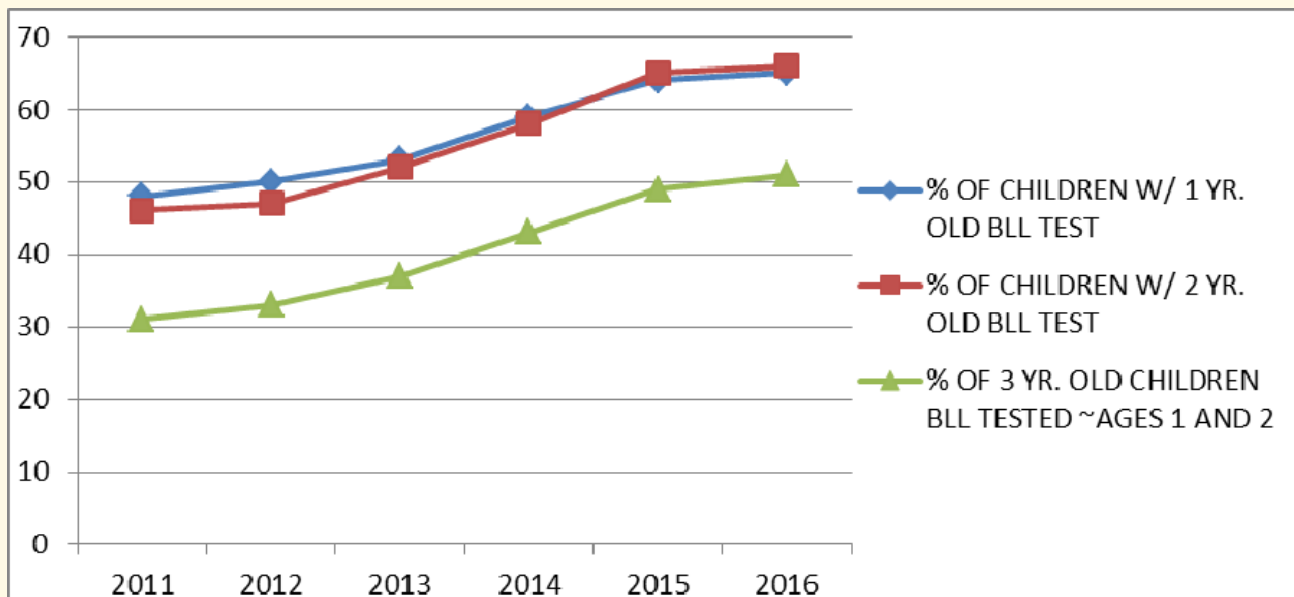
LEAD POISONING PREVENTION PROGRAMS

The Secondary Lead Poisoning Prevention Program is a NYS Department of Health mandated program that provides case coordination and environmental investigations for children under the age of eighteen with elevated blood lead levels (BLL). Services provided include home inspections, outreach worker home visits, written educational materials to families, environmental inspections including visual inspections, lead detection via XRF and dust wipe analyses, referrals to healthcare providers, coordination with school staff, and community agencies for children with BLLs ≥ 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 provide written information to healthcare providers and community agencies. Lead testing is provided through the OCHD D&T Clinic for children lacking medical providers and/or health insurance.

The Primary Lead Poisoning Prevention Program is a non-mandated NYS Department of Health program with funding distributed to counties that have significant childhood lead poisoning cases in their borders. The County has had this program since 2007 and has realized a significant reduction in the number of children in the secondary lead poisoning prevention program as the result of the lead poisoning prevention initiatives of this program. It is focused on educating young families, the health care profession, landlords, and renovation contractors on the risks, dangers, and causes of lead poisoning in children.

| LEAD PRIMARY PREVENTION STATISTICS | | | |
|--|------|------|------|
| | 2014 | 2015 | 2016 |
| # of Initial Lead Primary Prevention Home | 252 | 250 | 201 |
| # of Units Inspected with Children under | 143 | 105 | 155 |
| # of Children < Age 6 Living in Inspected | 275 | 196 | 279 |
| # of Children who lacked a lead test in a | 136 | 100 | 145 |
| # of Housing Units inspected where lead | 226 | 233 | 160 |
| # of Units Who Received a Notice & Information to Repair Hazards that includes visual chipping paint hazards but low lead dust levels. | 134 | 227 | 160 |

ONEIDA COUNTY BLL TESTING DATA (NYSIIS DATA)

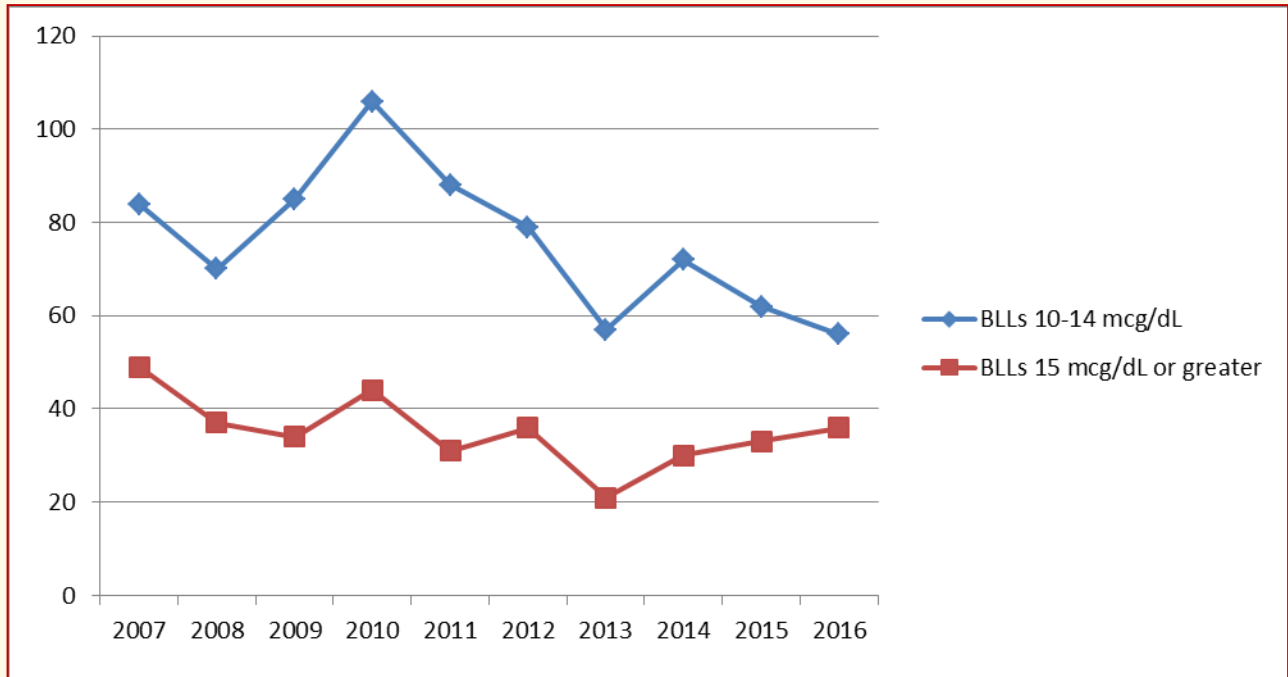


One-year-old testing rates have increased by 35% from 2011—2016

Two-year-old testing rates have increased by 44% from 2011—2016

The number of three-year-old children that were tested at around age one and around age two increased by 51% from 2011-2016

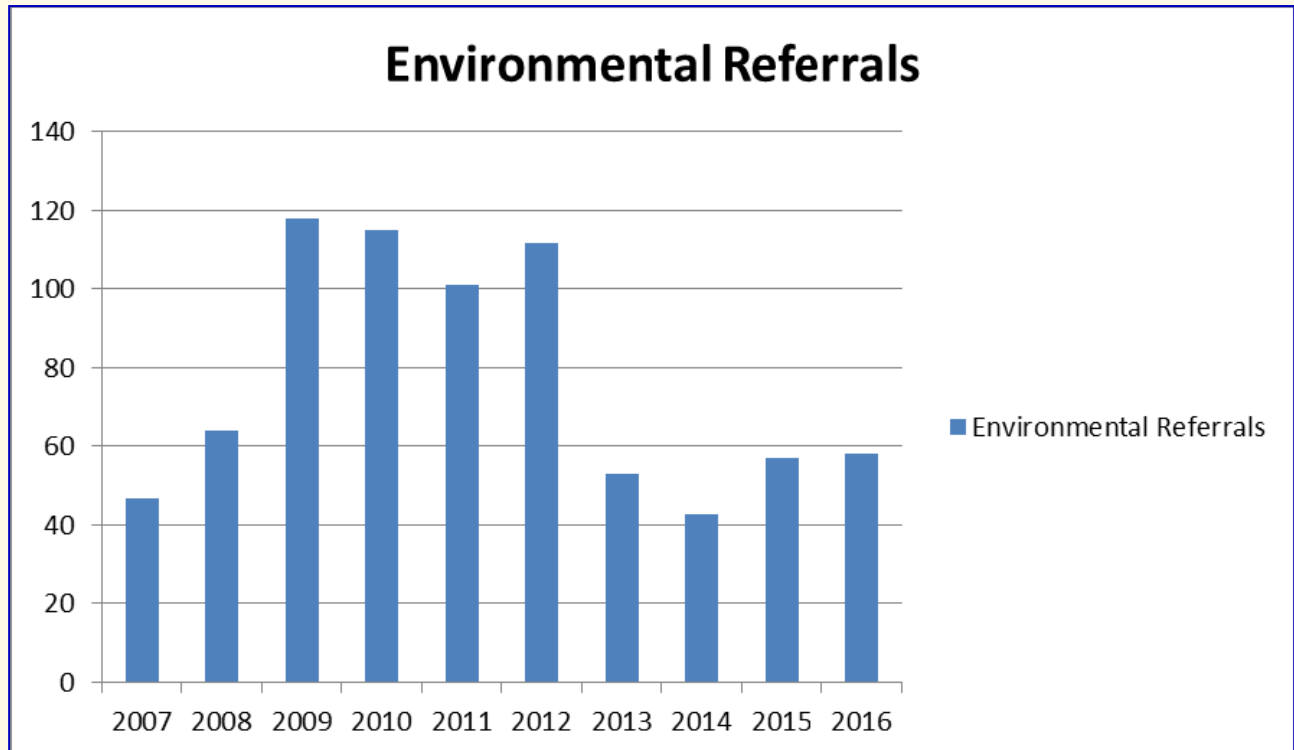
INCIDENCE OF CHILDREN WITH BLL 10 MCG/DL OR GREATER (NYS LEADWEB DATA)



The number of children with Blood Lead Levels 10-14 mcg/dL decreased by 33% from 2007—2015

The number of children with Blood Lead Levels 15 mcg/dL or higher decreased by 27% from 2007—2015

NUMBER OF ENVIRONMENTAL REFERRALS BASED ON CHILDREN WITH BLL 15 MCG/DL OR GREATER



HEALTHY NEIGHBORHOODS PROGRAM

This New York State Department of Health grant-funded program allows staff to provide program information on housing hygiene and safety to community residents and organizations through outreach, trainings and meetings. Select products are distributed to residents within the geographically defined area of the program to assist them in making their home safe. Numerous educational materials are also provided to residents as needed. This program focuses on a target area in south Rome and towns in western Oneida County and is well received within the community. The state health department approved the purchase of a van for the program which will increase efficiencies and reduce travel time.

| HEALTHY NEIGHBORHOOD PROGRAM VISITS | | | |
|--|------|------|------|
| JULY 1, 2014 – DECEMBER 31, 2016 | | | |
| | 2014 | 2015 | 2016 |
| Initial visit | 84 | 264 | 377 |
| Re-visits | 0 | 52 | 109 |

2016 HIGHLIGHTS

- Additional mandates from NYS DOH: Increased monitoring regulations for Children's Camps (summer programs), monitoring lead in school drinking water, and continued monitoring of water cooling towers have been initiated with no additional funding.
- City of Rome Boil Water Order & Bi-Lateral Compliance Agreement Renewal.
- Successful in obtaining incentive dollars from NYS DOH by using iPads for field inspections.
- Both lead programs (Primary & Secondary Prevention) have been involved with the Community Foundation Mohawk Valley Lead Coalition to further promote lead poisoning prevention.

2017 GOALS

- Return to full staffing for EH.
- Have new employees from 2016 complete NYS DOH Bureau of Environmental Health Program training in the first quarter of 2017.
- Continue to improve Children's Camp and food service inspection programs through use of quality improvement processes.

Clinical Services



SANDRA PEJCIC
DIRECTOR OF CLINICAL SERVICES

The Diagnostic and Treatment (D&T) Clinic targets the prevention and control of communicable disease through the Immunization, STD, HIV, Tuberculosis, and Communicable Disease programs. The D&T Clinic also provides services through Maternal Child Health and Injury Prevention Programs.

Clinic performs communicable disease surveillance, outbreak investigations, health screening prevention and health promotion activities, along with diagnosis and treatment. In addition health education is provided to schools and colleges, healthcare providers, and the general public through various media avenues and presentations.

COMMUNICABLE DISEASE PROGRAM

The Communicable Disease (CD) staff is responsible to investigate over 70 reportable communicable diseases thoroughly and timely in order to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. The department received about 5,920 reports through the year of which 2,318 were confirmed and probable cases. All confirmed and probable cases were reported electronically through the New York State (NYS) Health Commerce System.

The CD Department led several outbreak investigations through the year including gastrointestinal, influenza, pertussis and scabies and conducted follow up surveillance. The department was also involved in determining Zika testing eligibility according to the New York State Department of Health Zika testing criteria and in registering eligible clients. The department monitored registered clients' results, determined if convalescent testing was necessary based on date of exposure and informed providers to contact these clients to call the department to register for convalescent testing. There were 43 requests for Zika testing and 32 registrations of which 4 were confirmed positive.

The CD Program is accountable to respond to questions from the public and providers via phone or emails. A total of 318 phone calls were recorded. CD staff also provides ongoing education during individual or outbreak investigations and is responsible to provide updated information on emerg-

ing diseases such as Zika. The staff also assists providers with testing recommendation and infection control measures for uncommon diseases reported by providers such as cysticercosis.

CD UPDATE

As of January 1, 2016, there has been a change in the case definition for Hepatitis C primarily due to the changes and screening of diagnostic tests. As a result, the department has seen a decrease in Hepatitis C chronic confirmed (114 chronic confirmed cases in 2016 compared to 218 chronic confirmed cases in 2015) and an increase in Hepatitis Chronic probable in 2016 (138 in 2016 compared to 1 in 2015).

The department experienced a 176% increase in Group B Strep (47 in 2016 compared to 17 cases in 2015); a 100% increase in campylobacter (32 cases in 2016 compared to 16 cases in 2015) and a 60% decrease in Chronic Hepatitis B (18 cases in 2016 compared to 45 cases in 2015).

All statistics are reported as of 2-1-2017.

| COMMUNICABLE DISEASES | | | |
|---|-------------|-------------|-------------|
| | 2014 | 2015 | 2016 |
| Amebiasis | 0 | 2 | 2 |
| Anaplasmosis | 0 | 0 | 0 |
| Babesiosis | 2 | 0 | 1 |
| Campylobacter | 26 | 15 | 32 |
| Chlamydia | 789 | 801 | 748 |
| Chlamydia PID | 2 | 3 | 0 |
| Cryptosporidiosis | 20 | 12 | 18 |
| Dengue Fever | 0 | 0 | 1 |
| E. Coli 0157:H7 | 1 | 3 | 2 |
| E Coli, Not Serogrouped | 2 | 2 | 2 |
| E. Coli, Serogrouped Non-0157 | 4 | 10 | 1 |
| Ehrlichiosis | 0 | 0 | 0 |
| Encephalitis –viral | 0 | 0 | 0 |
| Encephalitis – West Nile | 0 | 0 | 0 |
| Giardiasis | 42 | 34 | 36 |
| Gonorrhea (simple) | 114 | 102 | 107 |
| Gonorrhea (PID) | 1 | 0 | 0 |
| Gonorrhea (PPNG) | 1 | 0 | 0 |
| Group A Streptococcal | 15 | 7 | 13 |
| Group B Streptococcal | 28 | 17 | 47 |
| Group B Streptococcal (Early Onset) | 2 | 4 | 2 |
| Hemolytic Uremic Syndrome (HUS) | 0 | 0 | 0 |
| Haemophilus Influenza, Inv. | 0 | 1 | 0 |
| Haemophilus Influenza, Inv. Not B | 0 | 3 | 0 |
| Hepatitis A | 2 | 1 | 2 |
| Hepatitis B (Acute) | 1 | 1 | 2 |
| Hepatitis B (Chronic) | 35 | 47 | 19 |
| Hepatitis B (Chronic) Probable | 34 | 14 | 27 |
| Hepatitis C (Acute) | 5 | 5 | 5 |
| Hepatitis C (Chronic) | 146 | 218 | 125 |
| Hepatitis C (Chronic) Probable | 0 | 2 | 140 |
| Hepatitis C (Chronic) Unknown | 0 | 28 | 32 |
| Herpes Infant, Inf. <60 days | 1 | 0 | 2 |
| Influenza A | 983 | 1,386 | 1,544 |
| Influenza B | 620 | 397 | 189 |
| Influenza, Unspecified | 0 | 0 | 1 |
| Legionellosis | 6 | 5 | 9 |
| Listeriosis | 0 | 2 | 0 |
| Lyme Disease | 38 | 23 | 12 |
| Lyme Disease Probable | 10 | 4 | 3 |
| Lyme Disease Suspect | 46 | 13 | 241 |
| Lyme Disease – not a case | 123 | 24 | 53 |
| Malaria | 2 | 2 | 0 |
| Measles | 0 | 0 | 0 |
| Meningitis –Aseptic | 5 | 5 | 0 |
| Meningitis – Other Bacterial | 3 | 1 | 0 |
| Meningococcal Infection | 0 | 0 | 0 |
| Mumps | 0 | 1 | 0 |
| Pertussis | 28 | 7 | 13 |
| Rabies (Human) | 0 | 0 | 0 |
| Rubella | 0 | 0 | 0 |
| Salmonella | 20 | 30 | 31 |
| Shigellosis | 1 | 2 | 4 |
| Strep Pneumoniae (Invasive, Drug Resistant) | 0 | 2 | 1 |
| Strep Pneumoniae (Invasive, Intermediate) | 0 | 0 | 0 |
| Strep Pneumoniae (Invasive, Sensitive) | 14 | 19 | 16 |
| Strep Pneumoniae (Unknown) | 2 | 2 | 1 |
| Syphilis (Primary and Secondary) | 1 | 2 | 6 |
| Syphilis (Early Latent) | 4 | 3 | 3 |
| Syphilis (Late Latent) | 5 | 14 | 8 |
| Toxic Shock | 0 | 0 | 0 |
| Tuberculosis | 2 | 5 | 9 |
| Typhoid Fever | 0 | 0 | 0 |
| Yersiniosis | 0 | 0 | 0 |
| Zika | | | 4 |

IMMUNIZATION PROGRAM

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

| IMMUNIZATION PROGRAM | | | |
|--------------------------------------|-------|-------|------|
| | 2014 | 2015 | 2016 |
| Total Visits | 3,856 | 3,835 | 2823 |
| Total clients - Post exposure rabies | 64 | 73 | 61 |
| Total clients - Flu shots | 646 | 1,178 | 823 |
| Total clients - Green Card | 430 | 392 | 443 |

TUBERCULOSIS PROGRAM

The program goal is to prevent the spread of tuberculosis (TB) disease and to educate health care workers, community agencies, and the public about TB. This is accomplished through efforts to ensure that patients with TB disease and those at high risk for progression to TB disease are identified and receive treatment.

| TUBERCULOSIS PROGRAM DATA | | | |
|--------------------------------|-------|-------|------|
| | 2014 | 2015 | 2016 |
| Total Visits | 1,081 | 1,174 | 934 |
| Total LTBI clients | 265 | 322 | 220 |
| Total LTBI visits | 857 | 911 | 539 |
| TOTAL REPORTED TB CASES | 2 | 5 | 8 |

SEXUALLY TRANSMITTED DISEASES (STD) PROGRAM

This program ensures provision for evaluation, testing, diagnosis, and treatment of sexually transmitted diseases (chlamydia, gonorrhea, syphilis) to the public. Patients are also seen for treatment of infection due to referral from other facilities/agencies. Behavioral counseling occurs to promote a healthy sexual lifestyle and to prevent infection and future disease transmission.

Case investigation and contact follow-up, which was formerly performed by NYS DOH, is now required to be performed by Oneida County Health Department, with no additional funding.

| STD PROGRAM DATA | | | |
|------------------|------|------|------|
| Activity | 2014 | 2015 | 2016 |
| Clinics | 155 | 140 | 92 |
| Total Visits | 722 | 598 | 465 |

| STD CASES | | | |
|--------------------------------|-------------|--------------------------|--------------------------|
| | 2014 | 2015 | 2016 |
| Chlamydia | 751 | 752 | 748 |
| Gonorrhea | 107 | 102 | 107 |
| Syphilis (Primary & Secondary) | 1-secondary | 1-primary 1-secondary | 2-primary 4-secondary |
| Syphilis (Early) | 3 | 3 | 3 |

HIV COUNSELING, TESTING AND PREVENTION PROGRAM

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

| HIV COUNSELING & TESTING | | | |
|--------------------------|------|------|------|
| Activity | 2014 | 2015 | 2016 |
| Clinics | 151 | 131 | 127 |
| Total Tested | 427 | 368 | 235 |
| Positive HIV Cases | 1 | 1 | 0 |

and educational services are provided concurrently with the STD clinic. OCHD staff is involved in efforts to reduce the number of HIV/AIDS cases in New York State by supporting Governor Cuomo's Ending the Epidemic by the end of 2020, NY Links initiative.

MATERNAL CHILD HEALTH PROGRAM

Breastfeeding Initiative: MCH staff has been active in the Breastfeeding Network and their Breastfeeding Cafés and now leads

| MCH – CLIENTS SERVED | | | |
|-------------------------------|--------------------|--------------------|-------------------------|
| | 2014 | 2015 | 2016 |
| Women counseled at OB Clinics | 272 (Jul - Dec) | 562 (Jan - Dec) | 226 (Jan - Mid-July) |
| Breastfeeding Café | 88 | 86 | 86 |
| Enrolled in SOEP | 56 | 30 | 61 |

one Breastfeeding Café each month. The MCH program, in conjunction with the Breastfeeding Network, has established an inner city Breastfeeding Café to better reach the high risk population living in that area. During the first half of 2016 MCH Staff met with pregnant women at the Obstetrical Clinics at St Luke's Hospital and Women's Health Center to discuss feeding choices and encourage breastfeeding. That program has been discontinued. The MCH Coordinator continues to meet with all Family Practice Residents to increase their knowledge of and ability to support breastfeeding.

The School Outreach and Education Program (SOEP) provides education and support to pregnant teens at three local high schools in order to assist them to have healthier pregnancies, better birth outcomes, reduce the number of subsequent pregnancies and assist them to graduate high school.

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS) PROGRAM

As of December 31, 2015, the Oneida County Health Department no longer administered the Health Supportive Services component of the MOMS Program since these services are made available by obstetrical providers in our community. Fifty-four enrolled women were directed to continue their prenatal education with their healthcare provider. Eleven women continued to be followed for Health Supportive Services through OCHD until June of 2016.

MEDICAID PRESUMPTIVE ELIGIBILITY PROGRAM

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

During 2016 OCHD addressed 59 telephone inquiries. Twenty-six women qualified and were assisted through OCHD with the Presumptive Eligibility application process. The remaining 33 were referred to other agencies for completion of the Presumptive Eligibility application.

INJURY PREVENTION PROGRAM

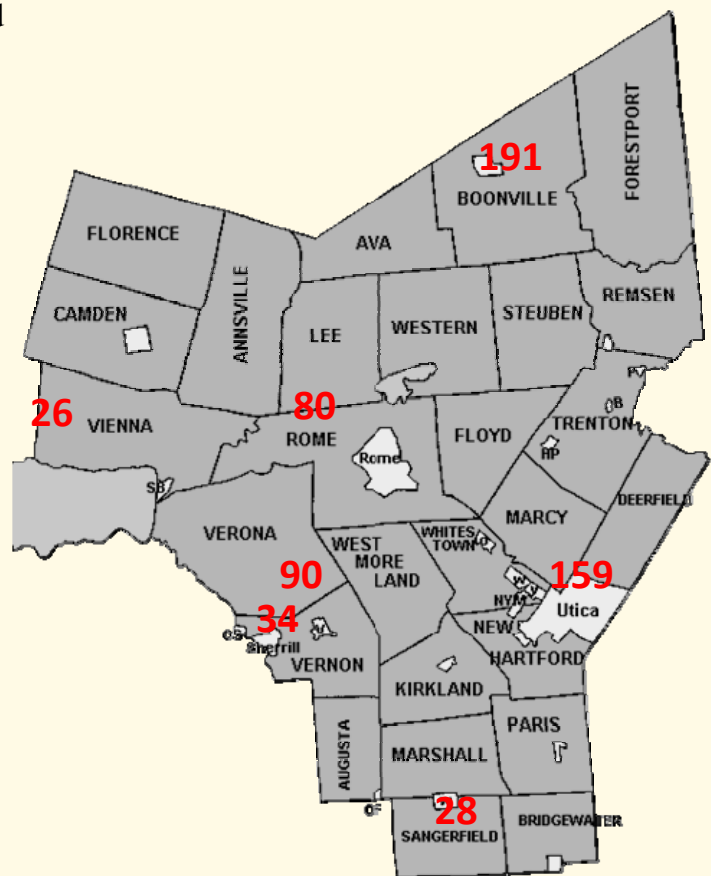
The goal of the injury prevention program is to decrease the number of injuries of children in bicycle and motor vehicles accidents in Oneida County by education and distribution of bicycle helmets and car seats.

Car Seats: OCHD offers car seats to underserved, low income families in Oneida County through Federal Funding (The Governor’s Traffic Safety Committee). The goal is to increase the proper use and installation of child safety seats in New York State. This funding has decreased significantly, and OCHD will distribute a very limited amount of car seats in 2017.

| CAR SEATS DISTRIBUTED | | | |
|------------------------|------|------|------|
| | 2014 | 2015 | 2016 |
| Infant seats | 64 | 68 | 65 |
| Convertible seats | 42 | 50 | 58 |
| Booster seats | 12 | 11 | 6 |
| Total seats given away | 118 | 129 | 129 |

Bicycle helmets: This Program distributes free bicycle helmets through Federal funding (Governor’s Traffic Safety Committee). The goal is to educate children and parents on the importance of the need for helmets, bicycle safety, and periodic bicycle checks and repairs.

The Governor’s Traffic Safety Committee has discontinued this funding in October, 2016. OCHD recognizes the importance of this program in the community, and has allocated funds to continue to provide this service.



BICYCLE HELMETS DISTRIBUTED

| Total number of helmets distributed | 2014 | 2015 | 2016 |
|-------------------------------------|------|------|------|
| | 660 | 848 | 608 |

2016 HIGHLIGHTS

- Due to the NYS DOH new school meningitis vaccine requirement, the D&T immunization clinic experienced a large number of requests for vaccination from the public during the months of September and October. Sixteen extra immunization clinics were added in September. Twenty-seven percent of all immunization patients vaccinated in 2016 were seen during the high demand months of September and October.
- Health Fair for refugees was held on October 23, 2016 to promote health among Karen, Burmese, and Nepali individuals. OCHD staff worked collaboratively with clergy at Westminster Moriah Olivet, Redeemer International and Tabernacle Baptist Churches to promote adult vaccination. Several community vendors participated and addressed many preventive issues. Over 100 members of Karen, Burmese and Nepali communities attended. Fifty-nine vaccines were given.
- D & T Clinic implemented Electronic Medical Record (EMR) which allows quality improvement through use of checklists, alerts, electronic prescribing and test ordering that will prevent redundancy, reduce errors and streamline processes to allow accurate communication and improve patient flow. This EMR is being utilized in all direct patient service programs.
- D & T staff assessed and registered 32 patients electronically for Zika testing through New York State Department of Health Clinic Data Management System. Staff monitored the timeline and notified healthcare providers if convalescent testing was necessary. Staff also provided education and updates about testing guidelines and the most current travel recommendations through phone calls, MVHS Grand Rounds, newsletters, and in addition, assisted with press releases.
- TB Program: The number of cases has increased over the last year by 80% when compared to 2015, but 30% when compared to the average of cases from 2013-2015. In addition to the increase in the number of cases, the cases were very medically complex. In addition to pulmonary TB, which is the most common form of TB, we treated TB cases of the brain, spine, lymph, and eye (complexity of these cases lengthens the treatment from six to twelve months of treatment). The 2016 TB guidelines that are being integrated into our practice have intensified the course of treatment by increasing the frequency of directly observed therapy (i.e., intensive phase of treatment has changed from two weeks to two months of daily treatment).
- D & T Clinic along with Environmental Health received an award of \$50,000 from NYS DOH. The D & T Clinic was awarded for the adequacy of gonorrhea treatment and the completeness of syphilis serology, over a six-month period.
- D&T Clinic worked diligently to establish a contract with a health insurance company to allow county employees to receive influenza vaccination using their insurance at their place of employment. The D&T Clinic offered influenza vaccine clinics at various county office sites.

2017 GOALS

- To increase adult immunization rates for influenza and Tdap vaccines by 2% among adults aged 19+ years.
- To increase the number of candidates agreeing to optional Latent TB Infection treatment to start treatment by 1-2%.
- To assess adolescent immunization coverage levels and to increase the HPV vaccine three dose series completion rates in 13-year-olds in the county by 1-2%.
- To promote the Baby Weigh Station in order to increase the number of women who use this resource

**“PROMOTING & PROTECTING
THE HEALTH OF ONEIDA COUNTY”**