



2017 ANNUAL REPORT



ONEIDA COUNTY HEALTH DEPARTMENT



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ONEIDA COUNTY EXECUTIVE

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DIRECTOR OF HEALTH

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MESSAGE FROM THE DIRECTOR OF HEALTH

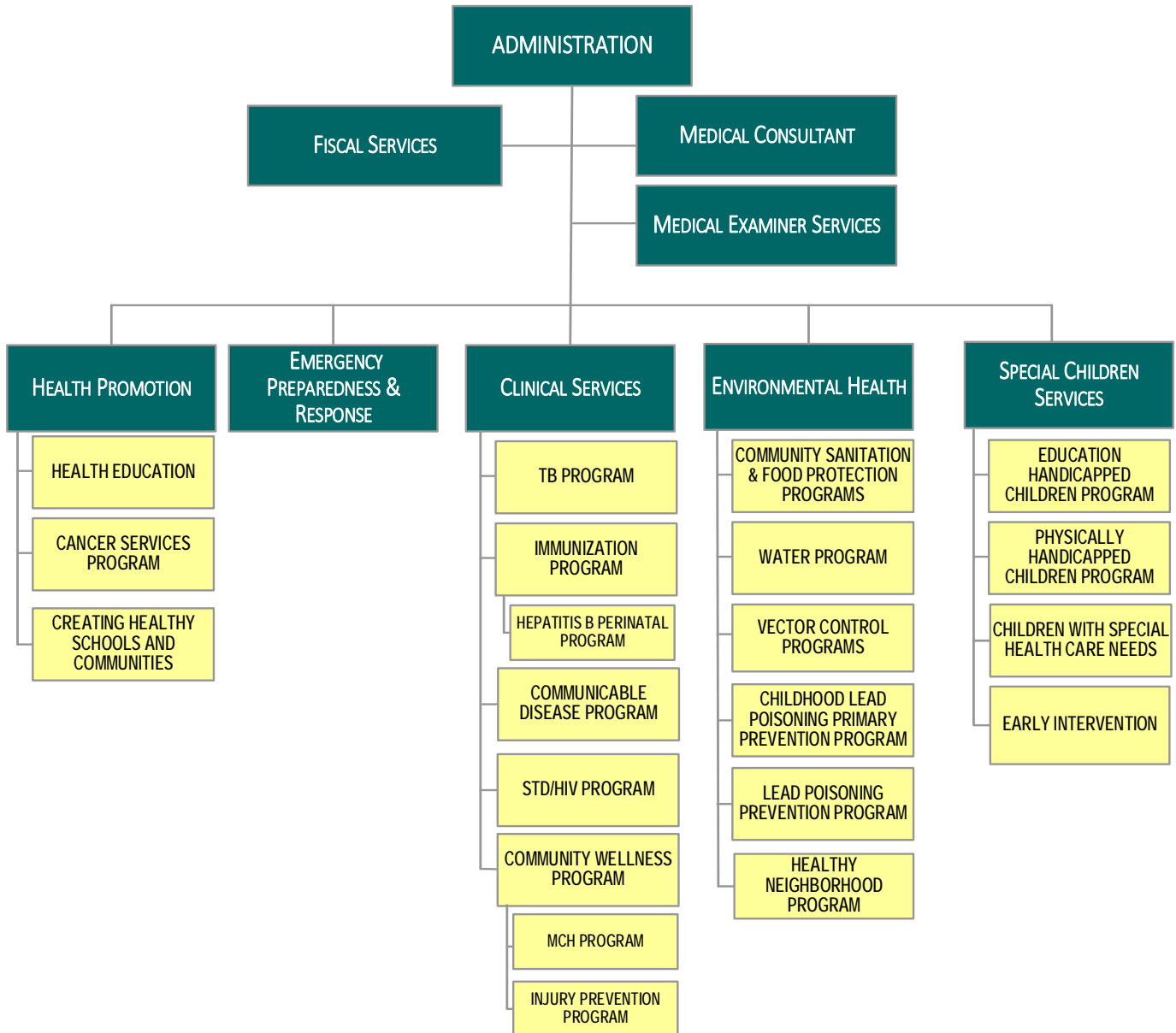
I am pleased to present the 2017 Oneida County Health Department Annual Report. This report includes narrative descriptions and statistical information for each program in the Health Department compiled throughout the year. I am proud of the work that we have achieved in 2017 in the often behind the scenes vital work of public health. Like so many communities across the nation, 2017 presented new public health challenges including the opioid epidemic, communicable disease investigations, blue green algae blooms, and lead poisoning prevention activities to mention a few. In addition to addressing these issues OCHD undertook preventive initiatives to promote tobacco cessation, safer streets, employee wellness, immunizations and quality improvement and public health accreditation efforts to improve the way we promote and protect the health of our community. Below is listing of some of these highlights from 2017:

- Participated in the Oneida County Executive's Opioid Task Force to combat opioid and heroin use in the community by implementing prevention and educational strategies.
- Assisted the County Executive in developing an Employee Wellness Program by developing and disseminating weekly wellness educational messages and activities to promote physical activity among county employees.
- Collaborated with county officials to implement a tobacco-free policy for all County grounds effective January 2018.
- Assisted with passing Complete Streets policies (City of Utica and Town of Whitestown) and resolutions (Village of Holland Patent and Towns of Trenton and Boonville) to promote safety and walkability in 5 municipalities.
- In collaboration with local hospitals and other community partners, updated the Community Health Assessment and Community Health Improvement Plan to carry out objectives related to breastfeeding promotion and tobacco cessation.
- Developed and began implementing a Quality Improvement Plan that provided basic QI training to all employees and outlined a plan of action for engaging staff in ongoing quality improvement projects.
- Collaborated with the Oneida County Health Coalition to develop three Health Reports Cards on the topics of Domestic Violence, Vaccine Preventable Diseases, and Injury Prevention.
- Conducted an infectious disease exercise in response to a pandemic flu scenario to test capabilities and plans for social distancing measures including isolation and quarantine.
- Recruited additional organizations and business as Closed POD (Points of Dispensing) host sites to assist in dispensing medications to their employees and family members in the event of a bioterrorism event; in collaboration with Office of Emergency Management, Department of Public Works and Sheriff's Department we also began planning for operating a Closed POD for Oneida County employees.
- Participation in the Community Foundation Lead Free Mohawk Valley Coalition to further promote lead poisoning prevention and increase testing rates.
- Began implementing new state regulations to monitor cooling towers for Legionella.
- Assisted in providing technical assistance to school water testing program to test samples of drinking water for lead contamination.
- Monitored and conducted risk assessment for blue green algae blooms.

These are just a few of the activities implemented to promote and protect the health of our community. The following report will highlight additional successes achieved through our dedicated staff and strong partnerships. I would like to thank the County Executive and Board of Legislators for their support in helping us to better serve our community.


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

OCHD 2017 ORGANIZATIONAL CHART





ADMINISTRATION



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

FINANCIAL SERVICES

Coordinates the preparation of the department's annual budget, prepares required financial statements and government reports; ensures that spending is within the budget allotments; ensures revenues from third party reimbursements; and prepares claims for State and Federal and other reimbursement. The *2017 Budget Summary* is outlined below.

OCHD 2017 BUDGET SUMMARY

Program	Total Costs	% of Budget	% of Federal Funding	% of State Funding	% of County Funding	% of Other Funding	% of Medicare Medicaid
Administration	\$ 1,221,015	7.67%		38%	62%		
Pre-School (3-5)	\$ 9,548,777	60%		57%	35%		8%
Early Intervention	\$ 1,531,682	9.63%	17%	19%	64%		
Physically Handicapped Children	\$ 32,374	0.20%		66%	34%		
Public Health Clinic	\$ 1,262,370	7.93%		47%	40%	11%	2%
Lead Poisoning Program	\$ 236,364	1.48%		84%	16%		
Childhood Lead Poisoning Primary Prevention	\$ 358,566	2.25%		100%			
TB	\$ 28,435	0.18%		100%			
Environmental Health	\$ 912,193	5.73%		25%	33%	42%	
Healthy Neighborhood Program	\$ 285,301	1.79%		100%			
Immunization Consortium	\$ 95,764	0.60%		100%			
Cancer Services Program	\$ 260,804	1.64%	4%	96%			
Emergency Preparedness	\$ 143,369	0.90%		87%	13%		

PUBLIC HEALTH PLANNING

Health planning includes a range of activities that support collaborative health planning with community partners, organizational strategic planning and performance improvement activities. A few major partnership initiatives conducted in 2017 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 continued into 2017 with milestones that include developing a Quality Improvement Plan and initiating a framework for a departmental Marketing and Branding strategy. The remaining prerequisites: Workforce Development Plan, updating the Emergency Operations Plan, enhancing Community Health Assessment community engagement activities, and finalizing the Marketing and Branding strategy will continue in 2018.

Performance Incentive Initiative: In 2017, OCHD participated in the New York State Department of Health’s ongoing Local Health Department (LHD) Performance Incentive Initiative to focus on improving performance in chronic disease prevention. The Performance Incentive initiative encouraged LHDs to strengthen those efforts and meet related standards established by the Public Health Accreditation Board (PHAB). In addition to improving chronic disease prevention activities, this year’s Incentive Program exposed LHDs to the process of submitting documentation for full PHAB accreditation. Forty-one (41) LHDs completed the initiative by submitting all the required documentation during the performance period. NYSDOH elected to award every participating county a \$5,000 base award and a total of 20 LHDs received an additional incentive award based on the scoring of their submission; OCHD was awarded a total of \$48,000.

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

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

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 convened again in 2017 to update the CHA and CHIP. The process included reviewing health data from various local, regional and state sources, soliciting feedback from the community and stakeholders, and reviewing, reaffirming, and adjusting goals and strategies for priorities selected in the previous assessment. The report summarizes the health status of the community and the selected public health and hospital Prevention Agenda health improvement goals from the NYS Prevention Agenda focus areas, specifically, Prevent Chronic Diseases with a focus on tobacco cessation and Promote Healthy Women, Infants and Children, with a focus on breastfeeding promotion. These plans are available for review in more detail on the OCHD website at ocgov.net.

Oneida County Health Coalition: The Oneida County Health Coalition (OCHC) is a partnership of community agencies and organizations that support population health improvement through the framework and goals of the NYS Prevention Agenda. The OCHC serves as a platform for community partners to increase awareness of local public health issues, leverage additional support or resources, network, and to recruit new partners for existing or newly identified initiatives. The OCHC supports OCHD's community health assessment and health improvement planning activities through facilitated quarterly presentations on various health topics from the NYS Prevention Agenda. Feedback from these quarterly discussions assist OCHD in preparation of a Quarterly Community Health Status Reports that include: issue-specific county data, feedback on factors and trends contributing to the issue, identification of existing community initiatives addressing the issue, and evidence-based recommendations for improvement. In 2017 the Community Health Reports Cards addressed the topics of *Domestic Violence and Child and Elder Abuse, Vaccine Preventable Diseases, and Injury Prevention*. 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 2017,

guest speakers addressed the topics of *Transformation of Healthcare; the New Downtown Hospital, Opioids and Flu on Call and Poison Center Services, and Oneida County Sheriff's Department Drug Evaluation and Classification Program*. OCHC meeting schedule, minutes and Report Cards can be viewed at the OCHC website, <http://www.ocgov.net/health/coalition>

MEDICAL EXAMINER SERVICES

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

OCME'S OFFICE STATISTICS FOR ONEIDA COUNTY 2013 – 2017*

*preliminary due to pending cases.

Oneida County Summary	2013	2014	2015	2016	2017*
Total Cases	658	696	724	736	767
Non-Medical Examiner cases	414	436	473	467	498
Expert Consultation cases	0	0	2	2	2
Medical Examiner cases	244	260	249	267	267
Autopsy examinations	199	216	199	220	219
External examinations	15	22	20	17	20
Death Certificate only – no examination	30	22	30	30	28
Manner of death					
• Accident	90	88	94	129	116
▪ Motor Vehicle Accidents	21	15	17	17	22
▪ Drug Use/Toxin Related	25	36	40	65	56
• Heroin Related	12	17	11	16	3
• Fentanyl Related	1	2	7	16	16
• Heroin & Fentanyl Related	0	2	4	18	19
• Other Opioids	4	11	10	5	5
• Other drugs	8	4	8	10	13
▪ Falls	29	22	30	27	27
▪ Environmental	2	3	1	3	0
▪ Other Blunt Trauma	2	1	2	3	4
▪ Drowning	2	2	2	2	1
▪ Asphyxia	4	2	1	4	2
▪ Fire	1	5	0	5	2
▪ Medical Procedure	3	1	1	2	0
▪ Sharp Force Injury	0	0	0	0	1
▪ Other	1	1	0	1	1
• Homicide	13	9	12	6	4
• Natural	99	119	116	106	104
• Suicide	36	32	24	21	26
• Undetermined	4	10	2	4	3
• Manner not applicable/fetal deaths	2	2	1	1	0
• Pending	0	0	0	0	14



Health Promotion



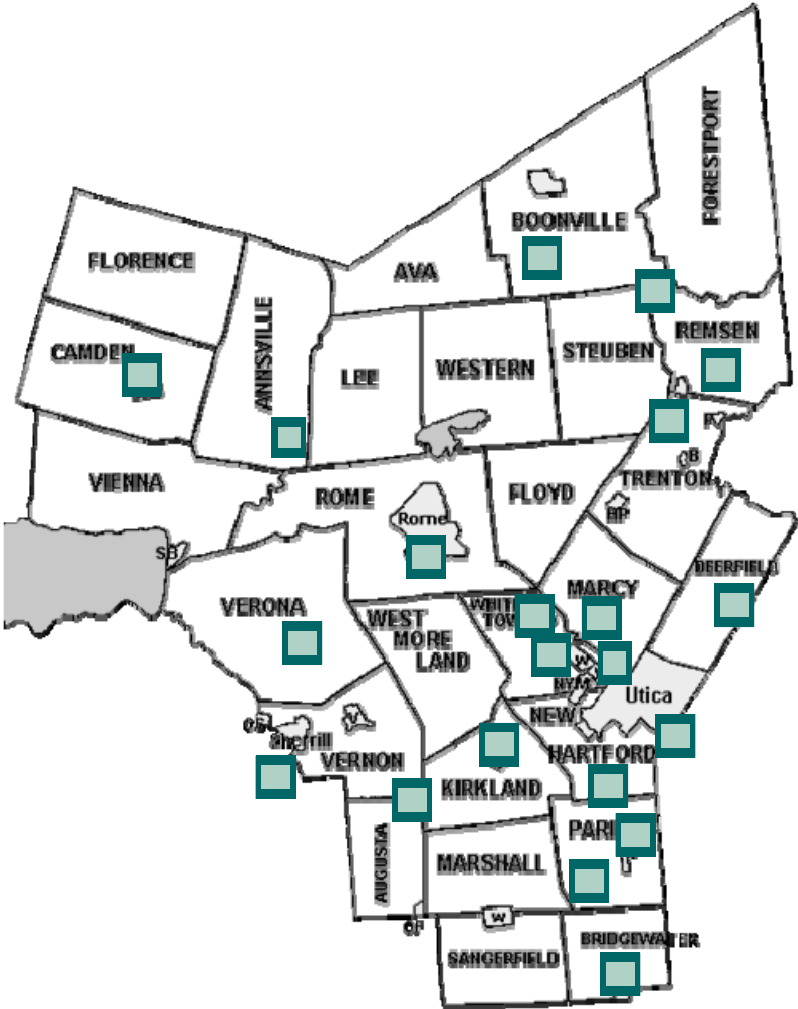
Health Promotion works to improve the health of individuals and the community by providing education and targeted interventions throughout the county. Staff participates in a wide range of community education and outreach activities and works to improve access to cancer screenings.

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 community coalitions, and helping residents with their questions. We also work with media outlets to publicize important health messaging.

AREAS WHERE HEALTH PROMOTION STAFF PARTICIPATED IN COMMUNITY EVENTS IN 2017

- Adirondack
- Boonville
- Bridgewater
- Camden
- Chadwicks
- Clinton
- Deerfield
- Holland Patent
- Marcy
- New Hartford
- New York Mills
- Oriskany
- Remsen
- Rome
- Sauquoit
- Sherrill
- Taberg/Annsville
- Utica
- Vernon Center
- Verona
- Whitesboro



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).

Since more residents have health insurance through the Affordable Care Act, the shift towards increased outreach and education on cancer prevention continued in 2017.

Outreach, education, and detailing were provided to 93 health care providers, 46

agencies, churches, and businesses, to 6 elected officials, and for 9 on-air media interviews in Oneida, Herkimer, and Madison counties. A focus on 80 percent of the population ages 50 and older to be screened for colorectal cancer by 2018 continues. The Cancer Services Program provided for over three times the amount of colonoscopies compared to the prior year.

CANCER SERVICES PROGRAM DATA			
	2015	2016	2017
Clinical Breast Exams	198	121	90
Mammograms	239	132	119
Pap/Pelvic Exams	60	21	16
FIT Kits (Colon Screening)	65	56	58
Colonoscopies	0	5	17

CREATING HEALTHY SCHOOLS AND COMMUNITIES (CHSC)

Creating Healthy Schools and Communities (CHSC) is a five-year (2015-2020) grant-funded public health initiative by the NYS Department of Health awarded to Oneida-Herkimer-Madison BOCES, in partnership with Oneida County Health Department. CHSC aims at reducing major risk factors of obesity, diabetes, and other chronic diseases in 85 high-need school districts and associated communities statewide. Within Oneida County, CHSC participates with five school districts and their communities which include Adirondack Central School, Holland Patent Central School, Utica City Schools, Remsen Central School, and Whitesboro Central School. The Community deliverables, which are targeted by the Oneida County Health Department, include increasing access to healthy, affordable foods in communities, increasing adoption and use of food standards and procurement policies that increase healthy foods in community settings, and adopting/implementing Complete Streets policies, plans, and practices to increase access to opportunities to walk, bike, and roll.

HEALTH PROMOTION HIGHLIGHTS

2017 ACCOMPLISHMENTS

- The Health Promotion team provided education at 170 health events and presentations throughout Oneida County.
- Community presentation evaluations showed that the majority of people learned something new.
- Health Promotion staff educated 328 Oneida County students on the importance of dental health.
- As part of a combined wellness effort, Oneida County prepared for a 100% Smoke Free local law (effective January 1, 2018).
- Twelve Smoking Cessation classes were provided in collaboration between Mohawk Valley Health System, Rome Memorial Hospital, Mohawk Valley Community College Respiratory Therapy Program, and Oneida County Health Department.
- The CHSC grant assisted Fort Rickey Children's Discovery Zoo in Rome with offering healthy options for zoo visitors at the Snack Shack.
- CHSC grant efforts contributed to the passage of Complete Streets Policies in the City of Utica and the Town of Whitestown.
- Paid leave policies at the YMCA, and Madison County allowed for just under 40 cancer screenings for employees during the last quarter of 2017.
- As part of continued efforts of the 80 by 2018 initiative, the CSP organized a variety of activities to highlight colon cancer awareness. Over \$1200 was raised in March from an Oneida County dress down day. Proceeds raised went to colon cancer research.
- In October, the Cancer Services Program worked with Mohawk Valley Health System, American Cancer Society, and Daughter for Hire to hold the 3rd Annual Human Pink Ribbon at Murnane Field.

2018 GOALS

- Increase the amount of health education presentations provided to rural areas of Oneida County.
- Maintain relationship with area hospitals and MVCC Respiratory Therapy Program, and sustain smoking cessation classes for community.
- Connect at least four worksites with a local farmer to bring CSA Program to worksite employees as part of the Creating Healthy Schools and Communities Grant (CHSC).
- Collaborate with the Oneida County Wellness Committee to meet at least one CHSC grant deliverable and share resources with Oneida County employees.
- Provide education to employees at YMCA of the Greater Tri Valley on paid leave policy in an effort to increase the number of employees using this benefit.
- Assist at least one new employer in the area to initiate a paid leave policy for cancer screening.
- As part of the Cancer Screening Program, collaborate with at least one new organization in Herkimer County in an effort to increase screenings from rural areas.



EMERGENCY PREPAREDNESS



The Public Health Emergency Preparedness (PHEP) Program supports the department's planning and response for all hazards in order to protect the health of the community. Such hazards can include disease outbreaks, environmental threats, and natural and man-made disasters. OCHD engages in preparedness activities with multi-agency partnerships to identify resources, establish mutual agreements, develop coordinated response plans, conduct drills and exercises, identify and follow up on areas for improvement, train staff, and coordinate public risk communications. OCHD has a cross-division Public Health Incident Response Team that convenes to manage the public health planning and response activities for any emergency event.

2016 PHERP PLANNING ACTIVITIES
Plans Reviewed or Updated
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

PUBLIC HEALTH EMERGENCY PREPAREDNESS HIGHLIGHTS

2017 ACCOMPLISHMENTS

- Conducted an infectious disease exercise in response to a pandemic flu scenario to test capabilities and plans for isolation and quarantine, social distancing, public education and information sharing.
- Supported the response to the flooding of 2017 by collaborating with community partners to provide resources to flood victims and disseminate health and safety information via TV, radio, social media and billboard advertising.
- Developed a Closed POD (Point of Dispensing) planning template for Oneida County’s Closed POD network of businesses and organizations and conducted a training to assist them in developing their operational plans to disseminate medication to their employers in a bioterrorism event.
- Formed a Closed POD Planning Team for Oneida County employees in collaboration with Oneida County Office of Emergency Management, DPW, and Sheriff’s Department; this team will develop a plan ensure that county employees receive medications in the event of a bioterrorism emergency.
- Updated the Health Department’s Isolation and Quarantine Plan, Zika Action Plan, and the Oneida County Health Care Facilities Mutual Aid Evacuation and Supply Plan.

2018 GOALS

- In collaboration with NYSDOH participate in and conduct a regional Point of Dispensing exercise that tests OCHD’s capabilities and plans to mass vaccinate in response to a public health threat.
- Continue to recruit and engage Closed POD partners in organizational and planning and training activities to support their capability to implement Closed POD operations; this includes developing a Closed POD Plan for county employees with DPW as the lead.
- Continue to expand promotion of already-developed preparedness resources including the Walk the World Prepared disaster preparedness YouTube videos



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

Also within the Special Children Services 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 regarding potential referrals for families of children and youth ages 0-21 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.

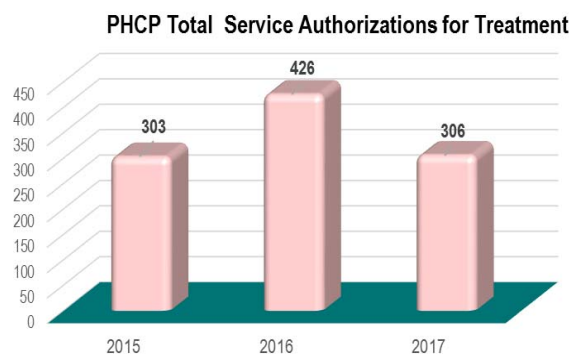
CSHCN PROGRAM DATA			
	2015	2016	2017
Eligible Children by Age:			
Birth<12	*	44	78
13<17	*	40	28
18<21	*	6	4
Total Children:	70	90	110
* change in measurement criteria			

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.

Total Children Enrolled in PHCP Treatment Program: **38**



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 if their development is compromised. The EIP is family-centered as it supports parents in nurturing and enhancing development through an array of coordinated services focused on the needs of their child. The EIP is also community based so it

creates opportunities for full participation of families with the delivery of services occurring in the child’s natural environment. Private and Public insurances are utilized to help pay for the costs of EIP services in New York State.

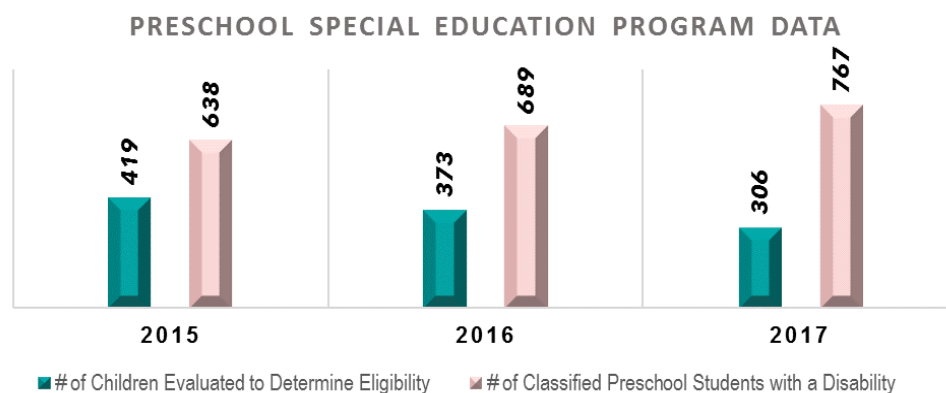
EI PROGRAM DATA (Accurate as of 01/26/2018)			
	2015	2016	2017
Multidisciplinary Evaluation (MDE) Performed	374	357	239
Bilingual MDE’s Performed	17	9	18
Supplemental Evaluations Performed	117	105	126
Special Instruction Visits	10,268	21,119	16,434
Physical Therapy/Occupational Therapy Visits	14,811	14,013	14,746
Speech/Language Therapy Visits	14,086	17,841	21,574
Vision Therapy Visits	247	76	124
Social Work Visits	40	33	396
Total of Visits including Service Coordination	45,239	52,177	57,033
Total # of Children	929	1060	1085

CHILD FIND PROGRAM

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

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 Preschool 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.



SPECIAL CHILDREN SERVICES PROGRAM HIGHLIGHTS

2017 ACCOMPLISHMENTS

- 767 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. 1,084 children and their families benefitted from services in the Early Intervention Program. 110 children and their families received resource and/or treatment assistance through the CSHCN Program.
- A 43% increase in referrals to the CSHCN program for children Birth to age 12 has been accomplished. Improved outreach to this target group contributed to family's participation in the program.
- The Early Intervention Program was restructured using Quality Improvement Science tools. Community providers of ongoing service coordination were engaged to better serve children and families participating in the program and to reduce county government's administration expense.
- The Early Intervention Program revised procedures to more efficiently collect Public and Private Insurance information. As a result, there was an increase in the percentage of children identified with Public Insurance benefits from 48.9% to 62.6%. The number of children in the NYS database without insurance has also decreased thereby increasing the reimbursement rates for Medicaid and Third-Party Insurance. This will assist in ensuring the continued sustainability of the EIP in NYS.
- Preschool staff coordinated a smooth transition from the NYS contracted Preschool Medicaid claiming center to a NYS approved Medicaid Service Bureau for service delivery claiming therefore increasing reimbursement 15%.

2018 GOALS

- Through the use of Quality Improvement Science tools, the CSHCN and Child Find Programs will plan and implement a structure to ensure special needs children continue to be identified and provided with services needed to enhance their lives and those of their families.
- Staff will participate in NYS Systemic Improvement Plan (SSIP) which will focus on Family Centered outcomes for children participating in Early Intervention.
- Staff will work to facilitate an increase in the number of Oneida County School Districts as NYS approved providers of Special Education Itinerant Services and related services by 20%.

A photograph of a child sitting on a brown armchair. The child is wearing a grey long-sleeved shirt and pink pants. A small brown dog is sitting next to the child, and a pink stuffed rabbit is on the chair. The background is blurred, showing a wooden chair and a window.

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 NYS 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 PROGRAMS

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

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

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

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

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

Tanning Facilities Inspections: OCHD is responsible for permitting and inspecting all tanning facilities in Oneida County. Inspections are required every other year and focus on ensuring tanning equipment and records are maintained. There were 17 tanning facilities in operation in 2017.

NUMBER OF REGULATED FACILITIES, INSPECTIONS & FIELD VISITS FOR THE COMMUNITY SANITATION PROGRAM 2014- 2017								
Program	Number active facilities*				Inspections, Re-inspections & Pre-operational inspections			
	2014	2015	2016	2017	2014	2015	2016	2017
Temporary Residences	49	47	48	51	60	61	53	51
Swimming Pools & Bathing Beaches	89	86	88	92	127	129	113	121
Campgrounds	27	29	31	30	31	34	32	33
Children's Camps	19	17	16	15	39	36	35	30
Mobile home parks	65	65	65	66	73	83	88	75
* 2 outbreak investigations were conducted at 2 separate Children's Camps during summer of 2017								

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

NUMBER OF REGULATED FACILITIES, INSPECTIONS, & FIELD VISITS 2014 – 2017								
Food Protection Program	Number active facilities*				Inspections, Re-inspections & Pre-operational inspections			
	2014	2015	2016	2017	2014	2015	2016	2017
Low risk	85	102	90	80	98	88	116	47
Medium risk	596	870	560	521	730	834	861	608
High risk	437	696	396	394	510	696	883	602
Total	1118	1668	1046	995	1338	1618	1860	1189
Other Food Programs:								
<ul style="list-style-type: none"> • 46 summer feeding sites • 94 mobile food vendors • 193 temporary event vendors • 66 complaint investigations • 107 CIAA (Clean Indoor Air Act) complaints & investigations 								

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

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

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

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

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

West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE) Prevention: The health department conducts a monitoring program during the spring and summer months to determine the presence of WNV and EEE viruses in Oneida County. In 2017, 229 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 water well and septic regulations.

REGULATED PUBLIC WATER SYSTEM INFORMATION FOR 2011-2017

	2011	2012	2013	2014	2015	2016	2017
Active	193	163	156	155	157	152	155
Inspected	152 (121 Sanitary Surveys)	163 (104 Sanitary Surveys)	156 (109 Sanitary Surveys)	150 (75 Sanitary Surveys)	156 (75 Sanitary Surveys)	151 (51 Sanitary Surveys)	150 (63 Sanitary Surveys)
Notices of violations issued	160	140	187	185	168	131	96
Formal enforcement actions (Stipulation / Hearing)	12	15	4	13	11	13	10
Boil water orders and other emergencies	10	8	2 (17 precautionary advisories)	10 (18 precautionary advisories)	20 (including precautionary)	15 (including precautionary)	12 (including precautionary) 1- Do Not Drink Order
Samples collected	191 Coliform 15 Chemical	172 Coliform 25 Chemical	221 Coliform 23 Chemical	199 Coliform 13 Chemical	177 Coliform 21 Chemical	157 Coliform 12 Chemical	151 Coliform 14 Chemical

ENGINEERING PLAN REVIEW

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

ENGINEER PLANS REVIEWED & APPROVED	2011	2012	2013	2014	2015	2016	2017
Water system expansions/Improvements	13	9	7	4	8	10	8
Backflow prevention devices	4	2	9	7	17	12	12
Realty subdivisions	2	1	3	0	0	0	3
Individual wastewater disposal systems plans (non-conventional)	6	3	4	1	4	3	1
Pit privies	0	1	0	0	0	0	0
Swimming pool (new or improvements)	0	4	2	3	0	3	4
Campground (improvement or expansion)	0	1	2	1	2	0	1
Mobile home park	0	0	0	0	0	1	1
Temporary residences (hotel, motel, cabins)	0	0	2	1	0	0	0
Total plans	27	23	31	19	34	31	30

LEAD POISONING PREVENTION PROGRAMS

Childhood Lead Poisoning Primary Prevention Program (CLPPPP): The CLPPPP seeks to eliminate lead poisoning hazards in a geographically-defined area within East and West Utica. This program is funded in its entirety through the NYS Department of Health and focuses on educating young families, the health care profession, landlords, and renovation contractors on the risks, dangers, and causes of lead poisoning in children.

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

LEAD PRIMARY PREVENTION STATISTICS 2014-2017				
Metric	2014	2015	2016	2017
# of Initial Lead Primary Prevention Home Inspections in pre-1978 Housing	252	250	201	183
# of Units Inspected with Children under age six	143	105	155	139
# of Children < Age 6 Living in Inspected Units	275	196	279	NA*
# of Children who lacked a lead test in a unit and were referred for testing	136	100	145	97
# of Housing Units inspected where high lead dust hazards were found	226	233	160	121
# of Units Who Received a Notice & Information to Repair Hazards, that includes visual chipping paint hazards but low lead dust levels. (does NOT include low lead w/ no visuals present)	134	227	160	144

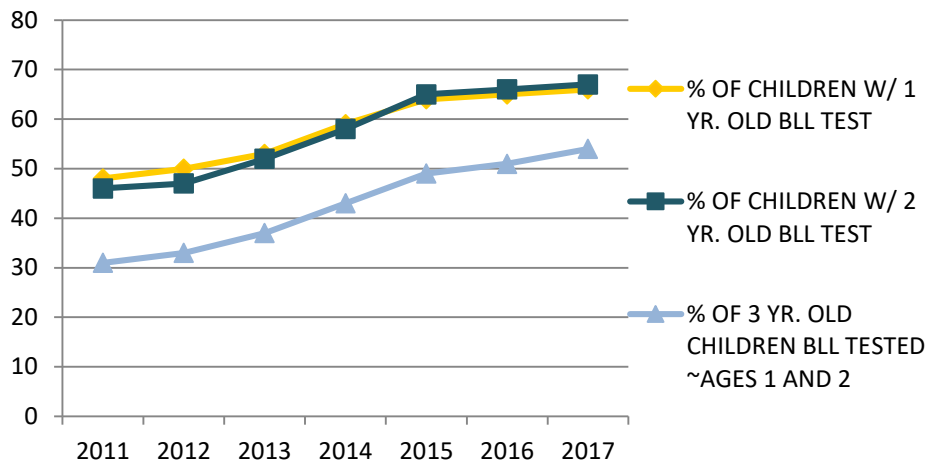
*CLPPPP is no longer able to extract this information from the new Coinspect data collection platform.

Secondary Lead Poisoning Prevention Program: The Secondary LPPP is a NYS Department of Health mandated program that provide 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 µg/dL. Parents/guardians of children with BLLs > 5 µg/dL are provided with BLL re-testing recommendations, educational materials and

BLL monitoring. Mailings are sent to parents/guardians of one and two year old children lacking BLL testing. Staff from this program attend community health fairs, provide lead poisoning prevention presentations to community members and agencies, and provides written information to healthcare providers and community agencies. Lead testing is provided through the OCHD D&T Clinic for children lacking medical providers and/or health insurance.

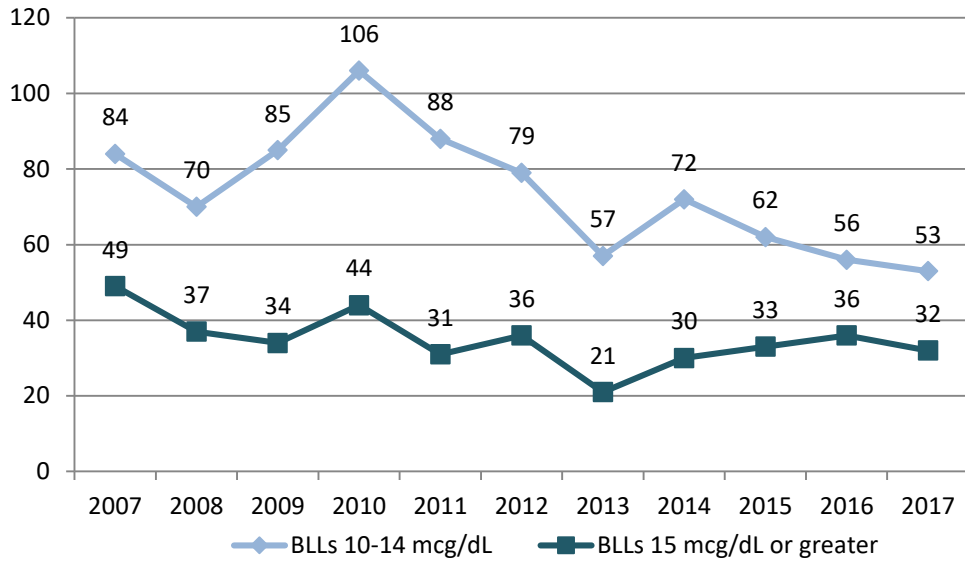
ONEIDA COUNTY BLL TESTING DATA (NYSIIS DATA)							
	2011	2012	2013	2014	2015	2016 updated	2017
1 YR. OLD	48%	50%	53%	59%	64%	65%	66%
2 YR. OLD	46%	47%	52%	58%	65%	66%	67%
3 YR. OLDS W/ BLL TESTS ~ AGES 1 & 2	30%	33%	37%	43%	49%	51%	52%

ONEIDA COUNTY BLL TESTING DATA



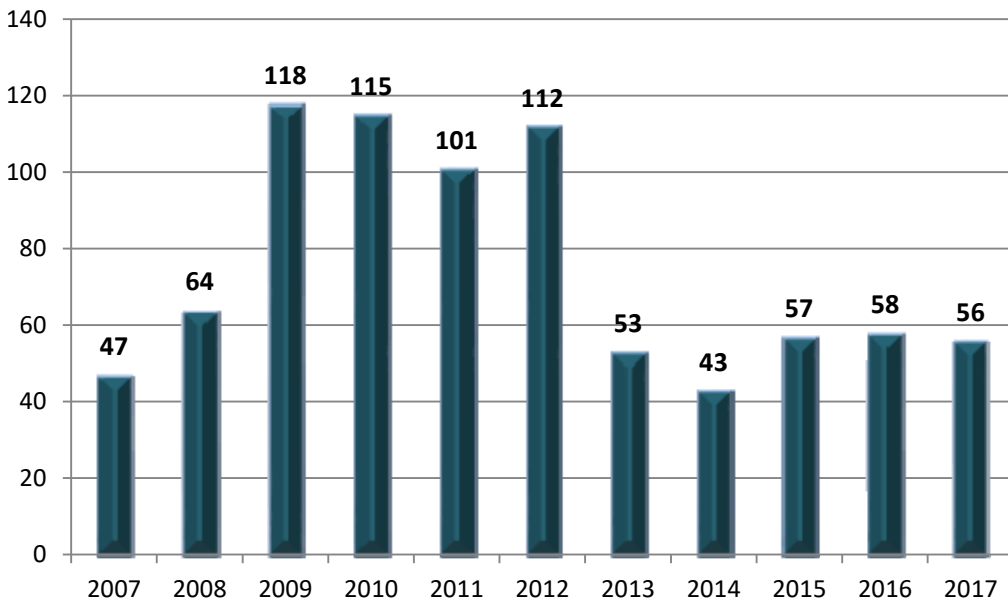
- One-year-old testing rates have increased by 18% from 2011 – 2017
- Two-year-old testing rates have increased by 21% from 2011 – 2016
- The number of three-year-old children that were tested at around age one and around age two increased by 22% from 2011 - 2016

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



- The number of children with Blood Lead Levels 10 – 14 mcg/dL decreased by 31% from 2007 – 2017.
- The number of children with Blood Lead Levels 15 mcg/dL or higher decreased by 17% from 2007 – 2017.

NUMBER OF ENVIRONMENTAL REFERRALS BASED ON CHILDREN WITH BLOOD LEAD LEVELS 15 MCG/DL OR GREATER (LOCAL DATA)



The Healthy Neighborhoods Program (HNP) is entirely grant funded by the NYS Department of Health to service a geographically-defined area in south Rome and mobile home parks in the western portion of the County. The purpose of the HNP is to improve environmental health surveillance in neighborhoods of Rome and adjoining towns having aged housing stock that creates conditions that raise health concerns among the occupants. The target area for the HNP is southern Rome, and mobile home parks in Rome, and the Towns of Annsville, Ava, Boonville, Florence, Lee, Vernon, Verona, Vienna, Western, and Westmoreland.

HNP VISITS MADE FROM JULY 1 THROUGH DEC. 2014 - DEC. 2017				
	2014	2015	2016	2017
Initial visit	84	264	377	397
Re-visits	0	52	109	87

ENVIRONMENTAL HEALTH HIGHLIGHTS

2017 ACCOMPLISHMENTS

- EH Staff Training Record developed to support new employee orientation plan.
- Two separate outbreaks fully investigated at Children’s Camps and control measures implemented to decrease disease/infection spread; one GI, one bacterial pneumonia.
- Improvements in BLL testing rates for 1 & 2 year-old, reduction in incidence of lead poisoning.

2018 GOALS

- Collaboration with Department of Water Pollution Control in development of FOG (Fats, Oils and Grease) Program.
- Monthly benchmarking of inspections.
- Assessment of non-mandatory 5-year HNP Grant to consider application for next grant cycle.
- Two staff will complete BEHP (Basic Environmental Health Program) in first quarter of 2018.
- One FSIO (Food Safety Inspection Official) 2 trained by NYS DOH. One staff FSIO 1 trained by NYS DOH.
- Environmental Health Director maintain building code certification.
- Continue to further develop Children’s Camp & Food Service Inspection Programs.



Clinical Services



The NYS Article 28 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 for investigating over 70 reportable communicable diseases, in a thorough and timely manner, to prevent secondary transmissions and to identify close contacts eligible for post exposure prophylaxis. The program received about (8,544) reports through the year of which (3,308) were confirmed and probable cases. All confirmed and probable cases were reported to the New York State (NYS) Health Commerce System.

The CD Program led several outbreak investigations this year including gastrointestinal, influenza, and pertussis outbreaks and conducted follow up surveillance. The program 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 program monitored registered clients' results, determined if convalescent testing was necessary based on date of exposure, and informed providers to contact these clients so they could call the department to register for convalescent testing. There were 25 requests for Zika testing and 18 registrations of which 0 were confirmed positive.

This program is also responsible for responding to both community and provider questions via phone or email. A total of 290 phone calls were recorded. CD staff also provides ongoing education during individual and outbreak investigations. They also provide updated information on emerging diseases such as Zika. In addition, the staff assists providers with testing recommendation and infection control measures for uncommon diseases reported by providers.

Case definitions for communicable diseases defined by the NYSDOH are reviewed and periodically changed with impacts the work of the CD Program.

COMMUNICABLE DISEASES	2015	2016	2017
Amebiasis	2	2	0
Anaplasmosis	0	0	1
Babesiosis	0	1	0
Campylobacter	15	32	22
Chlamydia	798	748	839
Chlamydia PID	0	0	1
Cryptosporidiosis	12	18	12
Dengue Fever	0	1	0
E. Coli 0157:H7	3	2	N/A
E Coli, Not Serogrouped	2	2	N/A
E. Coli, Serogrouped Non-0157	10	1	N/A
Shiga Toxin Producing E. Coli (STEC)	N/A	N/A	2
Ehrlichiosis	0	0	0
Encephalitis –viral	0	0	1
Encephalitis – West Nile	0	0	0
Giardiasis	34	36	34
Gonorrhoea (simple)	102	107	162
Gonorrhoea (PID)	0	0	1
Gonorrhoea (PPNG)	0	0	0
Group A Streptococcal	7	13	12
Group B Streptococcal	18	47	35
Group B Streptococcal (Early Onset)	4	2	3
Hemolytic Uremic Syndrome (HUS)	0	0	0
Haemophilus Influenza, Inv.	1	0	1
Haemophilus Influenza, Inv. Not B	3	2	4
Hepatitis A	1	2	0
Hepatitis B (Acute)	1	2	0
Hepatitis B (Chronic)	44	18	21
Hepatitis B (Chronic) Probable	14	27	26
Hepatitis C (Acute)	6	5	6
Hepatitis C (Chronic)	218	114	154
Hepatitis C (Chronic) Probable	2	140	85
Hepatitis C (Chronic) Ab+ RNA-	N/A	N/A	51
Hepatitis C (Chronic) Unknown	28	32	N/A
Herpes Infant, Inf. <60 days	0	2	0
Influenza A	1,385	1,539	1,485
Influenza B	397	189	1,298
Influenza, Unspecified	0	1	9
Legionellosis	5	9	11
Listeriosis	2	0	1
Lyme Disease	23	12	14
Lyme Disease Probable	4	3	10
Lyme Disease Non Sentinel	133	241	525
Lyme Disease – Sentinel	22	53	137
Malaria	2	0	0
Measles	0	0	0
Meningitis –Aseptic	5	0	10
Meningitis – Other Bacterial	1	0	2
Meningococcal Infection	0	0	0
Mumps	1	0	0
Pertussis	7	13	5

Rabies (Human)	0	0	0
Rubella	0	0	0
Salmonella	30	31	18
Shigellosis	2	4	1
Strep Pneumoniae (Invasive, Drug Resistant)	2	1	1
Strep Pneumoniae (Invasive, Intermediate)	0	0	0
Strep Pneumoniae (Invasive, Sensitive)	19	16	22
Strep Pneumoniae (Unknown)	2	1	0
Syphilis (Primary and Secondary)	2	6	2
Syphilis (Early Latent)	3	3	3
Syphilis (Late Latent)	14	8	13
Toxic Shock	0	0	0
Tuberculosis	5	9	9
Typhoid Fever	0	0	0
Vibriosis	0	0	2
Yersinoisis	0	0	0
Zika	N/A	4	0

IMMUNIZATION PROGRAM

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

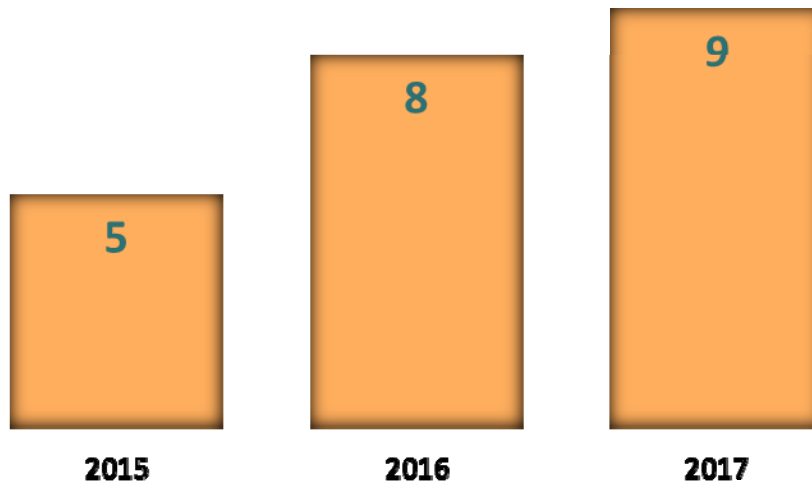
IMMUNIZATION PROGRAM DATA			
	2015	2016	2017
Total Visits	3,835	2,823	2,975
Total clients - Post exposure rabies	73	61	48
Total clients – Flu shots	1,178	823	1,176
Total clients – Green Card	392	443	341

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			
	2015	2016	2017
Total Visits	1,174	934	1,123
Total LTBI clients	322	220	272

TOTAL REPORTED TB CASES



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.

Starting in 2018, Planned Parenthood Mohawk Hudson and Sister Rose Vincent Family Medicine Center will provide STD testing and treatment program in accordance to the NYSDOH regulations, for Oneida County residents. OCHD is responsible for oversight and surveillance of STD Program.

STD PROGRAM DATA			
Activity	2015	2016	2017
Clinics	140	92	58
Total Visits	598	465	206

STD CASES			
	2015	2016	2017
Chlamydia	752	748	840
Gonorrhea	102	107	163
Syphilis (Primary & Secondary)	1- primary 1-secondary	2 - primary 4 - secondary	0 - primary 2 - secondary
Syphilis (Early)	3	3	3

HIV COUNSELING, TESTING & 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 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 and educational services are provided concurrently with the STD clinic.

OCHD staff is involved in efforts to reduce 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.

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

HIV COUNSELING & TESTING			
Activity	2015	2016	2017
Clinics	131	127	58
Total Tested	368	235	100
Positive HIV Cases	1	0	1

MATERNAL CHILD HEALTH PROGRAM

Breastfeeding Initiative: MCH staff has been active in the Breastfeeding Network and their Breastfeeding Cafés and now leads four 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. 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) was discontinued in the fall of 2017; this program has been transitioned to community agencies.

MCH – CLIENTS SERVED	2015	2016	2017
Breastfeeding Café	86	86	98
Enrolled in SOEP	30	61	27

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 2017, OCHD addressed 35 telephone inquiries. When screened, thirty-three women were eligible to receive financial assistance for the cost of their pregnancy, two were not financially eligible. Thirty-two were given information on how to pursue the application process through an appropriate community agency that provides assistance with the application process. One woman met the OCHD criteria and was seen for an Emergency Presumptive Eligibility application.

INJURY PREVENTION PROGRAM

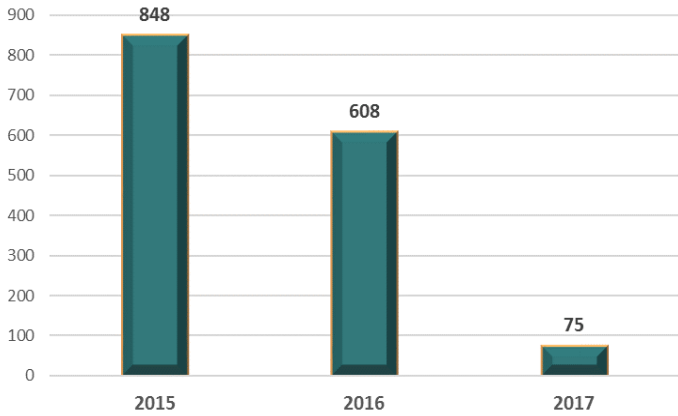
The goal of the injury prevention program is to decrease the number of injuries of children in bicycle and motor vehicles accidents in Oneida County by education and distribution of bicycle helmets and car seats.

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 decreased significantly, and OCHD distributed a very limited amount of car seats in 2017. In 2018, the funding has been reinstated. We will continue to educate the community on proper installation of car seats for Oneida County.

CAR SEAT PROGRAM (SEATS DISTRIBUTED)	2015	2016	2017
Infant seats	68	65	8
Convertible seats	50	58	14
Booster seats	11	6	1
Total seats given away	129	129	23

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. During 2017, we were able to distribute the remaining helmets that we had from the prior year. We were able to educate 60 first graders on the importance of bike helmets and the correct way to wear the helmet.

TOTAL NUMBER OF BICYCLE HELMETS DISTRIBUTED



D & T CLINIC HIGHLIGHTS

2017 ACCOMPLISHMENTS

- D & T Clinic staff received 2017 New York State Public Health Works! Honor Roll. Staff was selected for the award based on the commitment and dedication to the field of public health.
- Health Fair for refugees was held on October 1, 2017 to promote health and adult vaccination among Karen and Burmese individuals. Ten community vendors participated and addressed many preventive issues. Over eighty members of Karen and Burmese communities attended. Fifty-seven flu vaccines were given.
- D & T Clinic transitioned to a new billing company to improve billing processes and maximize revenue. Staff worked with a new billing clearinghouse to process Electronic Data Interchange and Electronic Remittance Applications, re-credentialed providers with insurance carriers, set up new billing procedures including establishing Sliding Fee Scale and charges in EMR, all while closing out Accounts Receivable and credit balances with the previous vendor.
- D & T Clinic continues to support Breastfeeding Cafes by providing Certified Lactation Consultant and by serving on the board of a Mohawk Valley Breastfeeding Network. During 2017 counseling was provided to over 50 women with more than 200 encounters.
- The number of TB cases has remained high over the last year with 20% increase when compared to 2016. Staff continues to treat medically complex cases.
- Staff continues to assist qualified pregnant women to determine the best way for them to access Prenatal Medicaid through phone consultation and guidance.

2018 GOALS

- Maintain and Improve surveillance of diseases and public health threats.
- Analysis of operations to improve service quality and positively transform the performance at the clinic.
- Reformat operations so each part of the clinic works towards the same goal of increasing effectiveness and efficiency.
- Conduct public health detailing visits to healthcare providers serving adult patients.
- 100% of all information on newly reported TB cases will be reported electronically through the NYS DOH Health Commerce System (HCS)
- Revising policies and procedures, along with compliance with all the rules and regulations for the diagnostic and treatment center.