The Oneida County Health Coalition (OCHC) is a partnership of community agencies and organizations that impact the health of our community. A primary objective of the OCHC is to meet quarterly to prepare a Quarterly Health Report Card on various community health issues. Participants analyze county data, collect stakeholder feedback on perceptions and underlying causes, identify collaborative opportunities and evidence-based resources to address the issue, and compile the information into a Health Report Card. The topic of this Quarterly Health Report Card is:
**SECTION 1: THE ISSUE**

“The US ranks behind 40 nations in maternal deaths, and New York’s maternal mortality rate is unacceptably high, ranking the State 47 out of 50.”

NYSDOH Prevention Agenda Website

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The topic of Healthy Women, Infants & Children address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families (Healthy People 2020).

**SECTION 2: DATA SUMMARY**

**HEALTHY WOMEN**

ONEIDA COUNTY - MATERNAL MORTALITY RATE PER 100,000 LIVE BIRTHS

*Fewer than 10 events in the numerator, therefore the rate/percentage is unstable

# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods

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MOTHERS WHO RECEIVED LATE OR NO PREGNATAL CARE 2013-2015

This indicator shows the percentage of births to mothers who received prenatal care during their third trimester or did not receive prenatal care at all. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e. care in the first trimester of a pregnancy) allows women and their health care providers to identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Source: www.healthycny.org

ONEIDA COUNTY - PERCENTAGE OF WOMEN (AGED 18-64) WITH HEALTH INSURANCE

Notes
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

Data Source: U.S. Census Bureau data as of March 2018
### Oneida County - Ratio of Medicaid Births to Non-Medicaid Births for Percentage of Unintended Pregnancy Among Live Births

#### Data Source: Vital Records data as of May 2018

**Notes**

a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.

# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

### Percentage of Unintended Pregnancy Among Live Births, 2016

**Data Source: Vital Records data as of May 2018**

Notes a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. s: Data do not meet reporting criteria.
ONEIDA COUNTY - RATIO OF BLACK non-HISPANICS to WHITE non-HISPANICS FOR PERCENTAGE OF UNINTENDED PREGNANCY AMONG LIVE BIRTHS

Data Source: Vital Records data as of May 2018

Notes a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.

# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

ONEIDA COUNTY - RATIO OF HISPANICS to WHITE non-HISPANICS FOR PERCENTAGE OF UNINTENDED PREGNANCY AMONG LIVE BIRTHS

Data Source: Vital Records data as of May 2018

Notes a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.

# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.
PERCENTAGE OF LIVE BIRTHS THAT OCCUR WITHIN 24 MONTHS OF A PREVIOUS PREGNANCY

Data Source: Vital Records data as of May 2018

Notes:
- The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. * Fewer than 10 events in the numerator, therefore the rate is unstable.

HEALTHY INFANTS

PRETERM BIRTHS – COMPARISON TO NY COUNTIES 2013-2015

PRETERM BIRTHS: This indicator shows the percentage of births with less than 37 weeks of completed gestation. Why is this important? Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and get prenatal care. The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4%. Source: www.healthy.ny.org
RATIO OF MEDICAID BIRTHS TO NON-MEDICAID BIRTHS FOR PERCENTAGE OF PRETERM BIRTH, 2014-2016
Prevention Agenda 2018 Objective: 1

Data Source: Vital Records data as of May 2018
Notes: a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. s: Data do not meet reporting criteria.

PERCENTAGE OF PRETERM BIRTH, FOUR YEAR AVERAGE, 2013-2016

Data Source: Vital Records data as of May 2018
Notes: a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. * Fewer than 10 events in the numerator, therefore the rate is unstable.
RATIO OF BLACK NON-HISPANICS TO WHITE NON-HISPANICS FOR PERCENTAGE OF PRETERM BIRTH

Data Source: Vital Records data as of May 2018

Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

ONEIDA COUNTY - RATIO OF HISPANICS TO WHITE non-HISPANICS FOR PERCENTAGE OF PRETERM BIRTH

Data Source: Vital Records data as of May 2018

Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.
LOW BIRTH WEIGHT: This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces). Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother’s health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs. The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%. Source: www.healthycny.org
INFANTS EXCLUSIVELY BREASTFED IN THE HOSPITAL – TREND OVER TIME

WHY IS THIS IMPORTANT?

INFANTS EXCLUSIVELY FED IN HOSPITAL: Breastfeeding is widely recognized as the single best way to feed infants. Breast milk has health benefits for both infants and mothers. Breastfeeding improves the relationship between babies and mothers, and also improves the infant’s immune system, resulting in fewer episodes of infectious illness. Breast milk provides complete nutrition for infants and is easier to digest than breast milk alternatives. In addition, breastfeeding lowers the risk of breast cancer and may lower the risk of ovarian cancer in mothers. It has also been shown to be cost-effective for families. Currently, the U.S. Surgeon General recommends that babies be fed exclusively with breast milk for the first 6 months of life. Source: www.healthycny.org

INFANTS FED ANY BREASTMILK IN THE HOSPITAL – TREND OVER TIME
WIC MOTHERS BREASTFEEDING AT LEAST 6 MONTHS

WIC Mothers Breastfeeding At Least 6 Months
County: Oneida

Data Source: Vital Records data as of May 2018

Notes - a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.
RATIO OF HISPANICS TO WHITE NON-HISPANICS FOR PERCENTAGE OF INFANTS EXCLUSIVELY BREASTFED IN THE HOSPITAL, 2014-2016

![Graph showing the ratio of Hispanics to White non-Hispanics for percentage of infants exclusively breastfed in the hospital, 2014-2016.]

Notes:
- a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
- # Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

Data Source: Vital Records data as of May 2018

# Oneida County - Ratio of Medicaid births to non-Medicaid births for percentage of infants exclusively breastfed in the hospital

![Graph showing the ratio of Medicaid births to non-Medicaid births for percentage of infants exclusively breastfed in the hospital.]

Notes:
- a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
- # Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.

Data Source: Vital Records data as of May 2018
**INFANT MORTALITY RATE – TREND OVER TIME**

**INFANT MORTALITY RATE:**
This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life. Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births. 
*Source: www.healthyct.org*

**HEALTHY CHILDREN**

**ONEIDA COUNTY - PERCENTAGE OF CHILDREN WHO HAVE HAD THE RECOMMENDED NUMBER OF WELL CHILD VISITS IN GOVERNMENT SPONSORED INSURANCE PROGRAMS**

**Notes**
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. Government sponsored insurance programs include Medicaid and Child Health Plus.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.
ONEIDA COUNTY - PERCENTAGE OF CHILDREN (AGED UNDER 19 YEARS) WITH
HEALTH INSURANCE

Data Source: U.S. Census Bureau data as of March 2018

Notes
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care
reform initiatives.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods

PERCENTAGE OF THIRD-GRADE CHILDREN WITH EVIDENCE OF UNTREATED TOOTH
DECAY, 2009-2011

Prevention Agenda 2018 Objective: 21.6
Data Source: Bureau of Dental Health data as of August 2012

Notes
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care
reform initiatives.* Margin of error is greater than 10%, therefore the percentage is unstable. s: Data do not meet reporting criteria.
Note: Data not available for NYC counties

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**Oneida County - Ratio of Low-income Children to Non-low-income Children for Percentage of Untreated Tooth Decay**

Data Source: Bureau of Dental Health data as of August 2012

Notes:
- The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. * Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. + Fewer than 10 events in at least one of the numerators of the rates/percentages, therefore the ratio is unstable.
- Note: Data not available for NYC counties.

**Oneida County - Adolescent Pregnancy Rate per 1,000 Females - Aged 15-17 Years**

Data Source: Vital Records data as of May 2018

Notes:
- No significant change.
Notes
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives. * Fewer than 10 events in the numerator, therefore the rate/percentage is unstable. Data for Essex and Hamilton counties were combined for confidentiality purposes.

Notes
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods.
Notes
a. The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
# Statistical tests not used. The Indicator Performance is based on a simple comparison between the two most recent time periods
Percentage of Teens by Grade that Have Ever Been Sexually Active (More than Kissing) and Those that Have Had Intercourse

OC TAP: Percentage of Teens by Grade that Have Ever Had Intercourse
**OC TAP AND US: PERCENTAGE 9TH & 11TH GRADERS THAT HAVE EVER HAD INTERCOURSE**

![Graph showing percentage of 9th and 11th graders who have ever had intercourse.](chart.png)

**OC TAP: PERCENTAGE OF SEXUALLY ACTIVE TEENS WHO THE LAST TIME THEY HAD SEXUAL INTERCOURSE USED...**

<table>
<thead>
<tr>
<th>Method</th>
<th>2007</th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Condom</td>
<td>28%</td>
<td>30%</td>
<td>62%</td>
</tr>
<tr>
<td>An Effective Method to Prevent Pregnancy*</td>
<td>31%</td>
<td>33%</td>
<td>71%</td>
</tr>
<tr>
<td>The Withdrawal Method</td>
<td>11%</td>
<td>7%</td>
<td>11%</td>
</tr>
</tbody>
</table>

* Condoms, Birth Control Pills, Depo-Provera (or any injectable birth control), Nuvo Ring (or any birth control ring), Implanon (or any implant), or any IUD
a: The Prevention Agenda 2013-2017 has been extended to 2018 to align and coordinate timelines with other state and federal health care reform initiatives.
b: A new target has been set for 2018.
c: Indicator baseline data, trend data, and 2018 objective were revised and updated.
d: Data do not meet reporting criteria.
* Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.
+ Fewer than 10 events in the numerators of the rates/percentages, therefore the ratio is unstable.
PERCEPTIONS, ISSUES, & CHALLENGES

The following represents a summary of feedback received on the topic from participants at the June 28, 2018 OCHC brainstorming session (See Attachment A for listing of attendees) and follow up survey; participants reviewed quantitative data and discussed issues, trends (i.e., social, economic, and political), challenges and opportunities for improvement:

HEALTHY WOMEN

- Transportation barriers.
- Fewer providers that accept Managed Care.
- Younger women getting pregnant and not fully understanding how to take care of themselves in pregnancy.
- In certain cultures it’s accepted and/or promoted to have children at a young age.
- Need for promotion of preconception care; providers need to ask young girls 13-14 yrs. of age, what are they doing to be healthy? Do you want to be pregnant? What’s going on at home? Maybe difficult if the parent is in the room.
- More sexual, parenting, and preconception education for boys as well as girls.
- Parental training/educating their children about these topics at an early age.
- Limited access to child care.
- Lifestyle, stress, education, accessibility to resources.
- Some do not have a primary care provider; sometimes the OB/GYN is the only provider they’re seeing.
- Hypertension, diabetes, when well-managed can reduce risks during labor.
- Causes of maternal mortality unknown; may be influenced by mental health issues or older women getting pregnant and more risk.
- Some women are not aware of the health risks associated with getting pregnant within 24 months of having a baby for both mother and baby.
- A recent change in medication allows for birth control to be given during the hospital stay after giving birth.
- Long acting reversal contraception would be helpful in preventing pregnancy within 24 months after having a baby.
- Social determinants of health such as education, poverty and transportation impact health.
- Society does not value women’s health and how it impacts a family’s health. In general public is not aware of the relationship between women’s health, positive birth outcomes as it relates to health in
general and how that impacts our local economy through higher medical tertiary cost than primary care cost that would be much less and result in better health.

- Health issues/needs may take second place to basic needs such as food and housing.

**Healthy Infants**

- Women on Medicaid statistics show more negative outcomes.
- Need for more breastfeeding promotion, education
- Providers need to talk to women about breastfeeding beforehand; need to consider how they are asking the question.
- Mixed messages about breastfeeding appropriateness for women taking medication for mental health issues.
- There are some success in getting women to breastfeed exclusively while in the hospital but percentage that continues afterward declines significantly.
- It’s a challenge for hospitals to promote breastfeeding to women who have decided beforehand that they do not want to breastfeed.
- Women are in the hospital for shorter periods of time and some become overwhelmed with challenges when they return home from and give up on breastfeeding.
- It is too easy to get formula at hospitals.
- The perception of WIC as a place to obtain formula is hard to change.
- WIC practices such as increasing the mother’s check if she is breastfeeding is beneficial.
- More providers need to talk about the benefits of breastfeeding during prenatal care.
- Need more support after delivery home support for breastfeeding. More peer counselors to follow up after delivery, assist in getting pumps, overcoming challenges. Some hospitals are setting up appointments to provide breastfeeding support.
- Women need connections; promoting breastfeeding cafés and weigh stations that provide an opportunity to address any issues with breastfeeding. Some cafés are not receiving referrals from hospitals.
- Reliance on friends, family, social media for prenatal care and breastfeeding guidance.
- Possible cultural barriers.
- Babies born early are not given the opportunity to breastfeed.
- Socio-economic barriers; people don’t have money to go to a lactation counselor, lack of transportation and the difficulty of having to walk places with a child, food insecurity, other serious and pressing issues can make it difficult to breastfeed, etc.
- Breastfeeding is not accepted by the public in general.
- Need to increase prenatal care facilities.
- Even women seeing provider regularly are not getting benefits because of limited capacity of provider.

**Healthy Children**

- Lack of understanding regarding need for well child care even if child is healthy. Need to better understand well care vs. sick care.
- Prenatal care and well child visits can be less of priority when dealing with life issues.
- Lack of awareness of schedule for well-child check ups
- Mental health of parent
- Education
- Transportation
- Change in providers (waiting for new appointments)
- Lack of communication with providers
- Process and lack of support from providers
- “No shows” or “doctor hopping” (frequently changing providers) takes time to transition and makes it difficult to track patients which throws off schedule.
- Medication reform such as DSRIP – NYS is reinvesting dollars to reduce overall ER usage and support preventable hospitalizations; one of the issues our region is working on is pre-term births. Value-based payments provide an incentive to providers; providers make more for healthy patients. People that don’t show up to appointments are flagged as needing additional support.
- As part of a DSRIP initiative, hospitals have transitional care coordinators to help people stay home successfully, connect to appropriate care, and prevent readmissions.
- Consider giving patients a pass that will allow them to show up anytime to appointments.

**ADOLESCENT HEALTH**

- Providers need to talk to adolescents about sexual health.
- Television, social media and other entertainment that glamorizes teen pregnancy
- Societal norms about morality are changing.
- It is taboo in schools to talk about sex education.
- Lack of family structure or understanding of what a healthy family environment looks like.
- Trauma from adverse childhood experiences.
- Mental health issues can contribute to an adolescent engaging in risky sexual behavior
- Perceptions that having a baby will help gain back a partner.
- Prevention and education is a “middle class luxury”.
- Single parent challenges, incarcerated parent.

“**There is a lack of understanding of the need for well child care even if a child is healthy**”

**VULNERABLE POPULATIONS**

- Younger women without the support of a spouse/partner; we need to do focus more on education the male partner about importance of prenatal care.
- Culture differences of what it means to be “healthy”.
- Rural communities, have limited access to services.
- Children.
- Low-income and minority populations.
- Women/families in poverty.
Section 4: Community Partnerships

Below is a listing of multi-agency partnerships or collaborative groups that are addressing the selected topic and related issues. It is not a listing of the host of individual agencies and provider resources in the community that provide services related to this topic**; it does, rather, identify some local coalitions or groups for which individual agencies and providers may want to collaborate with or support:

- **Healthy Babies Consortium**: The consortium is a venue for sharing data/trends, and community programming surrounding maternal and infant health in Oneida and Herkimer counties. Attendees include representatives of the Oneida County Health Department, local home visiting programs, Care Net, RPCN, United Way, Mohawk Valley Breastfeeding Network, and more. The group assesses Mohawk Valley Perinatal Network activities for the previous quarter, and members share program updates, changes to services/eligibility, and emerging trends. The consortium is also an opportunity for capacity building. Each quarter, we host a guest speaker who presents on a topic responsive to the annual needs assessment or member requests.

- **Mohawk Valley Breastfeeding Network**: A non-profit organization whose mission is supporting the breastfeeding family, promoting breastfeeding in the region and serving as an educational resource for healthcare professionals. Members include local breastfeeding professionals and those who promote breastfeeding in the community.

- **Teen Pregnancy Prevention Network**: A professional work group that focuses on teen pregnancy prevention.

- **Infant Sleep Coalition**: The Coalition aims to prevent infant sleep related deaths within Oneida and Herkimer counties. Attendees include representatives of the Oneida County Health Department, Nascentia Health, Healthy Families, The Community Health Worker program, and more. The safe sleep initiatives include public awareness, promoting AAP recommended safe sleep practices, a portable crib distribution program, and provider training upon request.

- **The Child Fatality Review Team**: A team of professionals from different fields who review cases involving the unexpected death of a child.

- **Oneida County Youth Services Council** (facilitated by United Way of the Valley and Greater Utica Area and Utica Safe Schools Healthy Students): A variety of community providers that convene to discuss issues facing youth and families, trends, concerns, resources, facilitate effective interagency communication and coordination of services, respond to professional development needs and advocate for needs.

- **Utica Empire State Poverty Reduction Initiative (ESPRI)** (lead by the United Way of the Valley and Greater Utica Area): Utica ESPRI brings together human service agencies, community leaders and people living in poverty to combat poverty and create economic mobility for residents in the City of Utica.

- **Oneida County Health Coalition** (facilitated by Oneida County Health Department): Public health partners meet quarterly to analyze county data on multiple health topics, provide feedback on perceptions and underlying causes, identify collaborative opportunities and evidence-based resources to address the issue, and compile the information into a Health Report Card.
SECTION 5: EVIDENCE-BASED RESOURCES

- Coalition for Evidence-Based Policy


- County Health Rankings: What Works for Health

- HealtheCNY Promising Practices

- SAMHSA National Registry of Evidence-based Programs and Practices

NOTES

*Data: This Report Card is only a summary of data related to the topic of focus in this report card; however, additional relevant data are available at the following sources:
NYSDOH Data Sources
HealtheCNY.org

**Community Programs and Services: Comprehensive information regarding individual health and human services and programs in the community to support issues related to this and other report card issues can be found at the 2-1-1 Mid-York website at http://www.211midyork.org/ or by dialing 2-1-1.

All OCHC Report Cards and other materials are available at:
HealtheCNY.org/OneidaCountyHealthCoalition
Attended of OCHC Quarterly Report Card Discussion:
Health Women, Infants & Children

Adams, Caitlin  Regional Primary Care Network
Andela, Patricia  CNY Health Home Network
Calandra, Robin  Oneida County Health Department
Ashley, Carolyn  HealtheConnections
Behr, Lindsey Anne  Cornell Cooperative Extension
Carney, Mary  HealtheConnections
Drake, Krista  Oneida County Health Department
Ellis, Phyllis  Oneida County Health Department
Evans, Rachel  Oneida County Health Department
Fentiman, Sandra  Mohawk Valley Health System
Firlit, Michelle  The Neighborhood Center
Geiler, Cheryl  New York State Department of Health
Ghert, Maurine  Resource Center for Independent Living
Hodzic, Jasmina  Oneida County Health Department
Jones, Michelle  Oneida County Health Department
Lampasona, Sandra  Community Action – Madison County
Legnetto, Deanna  St. Joseph’s Healthcare
Madden, Helen  Cornell Cooperative Extension
Migliaccio, Donna  Kids Oneida
Myers, Amy  CareNet
Nouvong, Monica  Herkimer/ Oneida Comprehensive Planning Program
O’Brien, Robin  Oneida County Mental Health Department
Pryputniewicz, Melissa  Community Action Partnership of Madison County
Przelomiec, Selden  Oneida County Mental Health Department
Reynolds, Ed  Regional Primary Care Network
Romano, Mike  Oneida County Office for the Aging & Continuing Care
Sadallah, Danielle  Central New York Health Home Network
Schnier, Diane  Mohawk Valley Perinatal Network
Tanner, Lisa  Kids Oneida
Watkins, Carol  WIC/Cornell Cooperative Extension
Worden, Lisa  Oneida County Health Department

Total Surveys: 3