

The Broadway Bulletin

A monthly publication of Opportunities for Otsego

August 2017
Volume 9, Issue 8

The leader in developing innovative solutions that promote healthy lives, thriving families, & caring communities

From the CEO

Just what is CSBG anyway? We throw those letters around a lot. CSBG stands for the **Community Services Block Grant**. This is a federal grant that is exclusively awarded to federally designated Community Action Agencies.

Back in 1964, the Office of Economic Opportunity was a cabinet level position run by the beloved Sargent Shriver. Over the years, it had become buried in the US Department of Health and Human Services until the Reagan Administration block granted the funds in 1981.

The national allocation is about \$700,000,000 and funds the over 1,100 Community Action Agencies in the United States and its territories. As a Community Action Agency, OFO receives roughly \$234,000 each year or 2% of the agency's entire budget. What is ingenious about CSBG, is that there is no overall mandate for the services it provides. Each agency allocates its CSBG resources to meet the needs of the poor in their low income communities.

One of its main tenants is the concept of Maximum Feasible Participation. This means that the poor must play a role in the Community Action Agency's development of programs and policies and their effect on neighborhoods and communities. So one third of the Opportunities for Otsego's Board of Directors is comprised of people we serve or representatives from organizations that serve the poor.

CSBG does a lot more than provide funding. It supports comprehensive national and state networks for training, public policy and accountability standards for its memberships. It's a small amount of money but it builds the core principles for the important work we do every day.



Peer Counselors

Although World Breastfeeding Week is celebrated every August, the **WIC Enhanced Peer Counselor Program** highlights breastfeeding all year long.

Peer Counselor program services are offered to each prenatal WIC participant. Throughout her pregnancy, a prenatal mom will receive periodic contacts with her peer counselor in person, by phone, text, or email. The Peer Counselor will provide factual information on the benefits of breastfeeding for baby and mom as well as information on the WIC breast pump Program, and the WIC food packages available to breastfeeding moms. These food packages offer a wider variety of foods than other WIC food packages and the foods all support the nutritional needs of the nursing mom. Peer Counselors are trained paraprofessionals in the field of breastfeeding following the Loving Support Curriculum developed by USDA and supplemented by NYS WIC. Ideally they have had experience, good or not so good, in breastfeeding an infant.

Peer Counselors can offer assistance in formulating breastfeeding goals, identify support systems, make referrals to other needed services, and offer assurances to mom during breastfeeding events, like those well-known 'grow spurts' when infants seem to nurse non-stop, or the opposite situation, a nursing strike. Peer Counselors help moms plan for their return to work or school advising them of their options and legal rights. Peer Counselors refer moms to the WIC Breastfeeding Coordinator, who is also a Certified Lactation Counselor for evaluation if a concern falls outside of their scope of practice.

Although some WIC Programs have peer counselors that work regular office hours, our program is structured so that the Peer Counselors are available 24 hours a day, 7 days a week as well as having the flexibility to work in the office or visit our other sites in Richfield Springs, Cherry Valley, and Cooperstown.

In addition to the Breastfeeding Coordinator, **Heather Brown**, our OFO WIC Program is fortunate to have a very well qualified Peer Counselor Coordinator, **Ginny Nelson**, and 2 experienced peer counselors, **Alice Blu** and **Emily Riesenfeld**, on staff at this time. They have created a lovely space for breastfeeding moms within the office suite they share with the Facilitated Enroller. Any time the room is free, any breastfeeding mom at Opportunities for Otsego can use the room with its rocking chair, soft lighting, and toys for older siblings. The key is kept in the WIC office.

You might be wondering how effective this approach is in supporting moms in reaching the recommended goal of exclusive breastfeeding for 6 months. **According to statistics provided by the NYS WIC Program, 18.4% OFO WIC infants were exclusively breastfed at 6 months of age, compared to 11.1% statewide this past year. This placed us at 11th out of 120 WIC Programs in the state.**

Many thanks to our Peer Counselors for their kindness dedication to the health and well-being of the young families we serve.



Submitted by **Mary Gilkinson**, WIC Manager

Why Rural Areas Could Be a Health Risk

Excerpt from Vital Record, Texas A&M University.

People living in rural areas face greater health challenges than their urban counterparts. It seems that simply living some distance from health care providers can create disparities in care that are difficult to overcome. "Access is the number one issue that has the most negative impact or effect," said Jane Bolin, PhD, JD, BSN, professor at the Texas A&M School of Public Health, senior editor of Rural Healthy People 2020 and director of the Southwest Rural Health Research Center. These issues of access include lack of health insurance, as often there may be a lack of competition among insurance carriers, leading to unaffordable rates, and a lack of nearby health care providers - from doctors, nurses and emergency care to dentists and pharmacists - which leads to increased risk of illness or even death.

One major problem is the trend of rural hospitals closing, leaving nearby residents further to go to receive emergency care. Such

closures lead to other problems as well. "Every time a rural hospital closes it is a crisis and tragedy for that town," Bolin said. "In addition to losing the services, the small town also loses the workers, specialists, families and revenue that accompanies higher-paid workers and professionals." Vulnerable hospitals tend to be especially common in Southern states and all states that did not expand Medicaid with the Affordable Care Act, according to Becker's Hospital Review.

One of the groups hurt the most by hospital closures might be new mothers living in rural areas. Researchers found that rural women are more likely to be rehospitalized after giving birth - and that's if they make it to the hospital to have their babies in the first place. "More and more rural hospitals are closing their obstetrical units because low volume, fewer doctors and nurses and performance standards make offering these services very difficult," Bolin said. "The problem comes down to having sufficient

demand to make offering the service both economically and clinically viable." In other words, because there aren't enough women giving birth at small rural hospitals, the staff doesn't get the necessary practice delivering babies, which makes it more dangerous for everyone. However, this leaves some women hours from the nearest health care facility where they can have their babies safely.

The health disparities don't end after the child is born. In fact, rural children have a higher prevalence of mental, behavioral and developmental disorders than those living in cities and suburbs, according to the Centers for Disease Control and Prevention (CDC). "Rural children have many challenges with few resources - such as psychiatrists, psychologists, social workers, and counselors - to help them or their parents find needed support," Bolin said. "Rural school districts are not well funded, and so they likely do not have the school nurses, school counselors and...."

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Save The Date

Needs Assessment Survey: OFO is gathering community input as to the needs/gaps in Otsego County throughout the month of August. A link to the survey is on OFO website and facebook page. We invite you to take 5 minutes of your time to share your comments and encourage clients and friends to do the same.

08.01-08.06 - Otsego County Fair: OFO Energy Services Department and Early/Head Start will be in the Grandstand area throughout the week promoting services and recruiting families. If you go to the Fair, make sure to stop in as say "Hi". Thank you to program staff and Head Start Policy Council members for attending this event.

09.04 - Labor Day: The agency will be closed in recognition of the holiday. The EHAP & VIP hotlines will still be available to those in need.

9.05-09.06 - Head Start Pre-Service Training: No EHS, HS, or UPK programming on these days.

09.11 - First Day of Head Start & UPK: All Centers are up and running for the 2017-18 school year.

09.19 - Dad's Bring Your Child to School Day: Head Start will be participating in the statewide event which promotes father involvement by encouraging fathers and significant male caregivers to take their children to school or Head Start. Special activities will be planned at each site.

09.25 - New Employee Orientation: New Staff Orientation is scheduled from 1:00PM - 4:30PM. Attendees will meet in the conference room at 3 West Broadway.

Have something going on? Send the details to Megan Martin for inclusion in the staff and community newsletter.

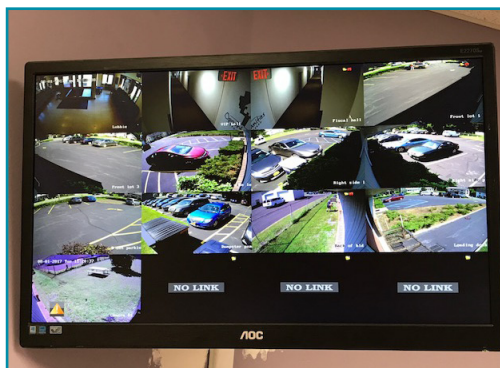
Safety First

Over the past several years, OFO has been making steps to improve the safety and well-being of its staff and clients. Through submission of several grant applications, both the emergency housing and VIP shelters have been able to upgrade their security cameras, video recording systems, and install panic buttons. Through the latest round of funding, **a security camera and recording system has been installed at 3 West Broadway.** Additionally, 3WB has a panic button. Security cameras, both exterior and interior, in these facilities and at Roundhouse Road run continuously and are able to "see" even in the dark.

As an additional layer of protection, **all staff will have follow-up "Active Shooter" training** to reinforce the practices outlined in the agency Emergency Response policies distributed in February. Training will be conducted online, much like the harassment and diversity trainings. Staff should expect to receive a training assignment by email between mid-September and October.

Should you have any additional ideas on how to improve staff and client safety, send suggestions through interoffice mail or to suggestions@ofoinc.org.

Submitted by Lydia Bell HR Director & Megan Martin, Planning & Research Director



Live camera feed is transmitted to a television in Reception at 3WB.

Staff Spotlights

New Hires: Please welcome OFO's newest employees **Charles Jalbert, Danielle Oliver, Michaela Watts, Stephanie Marcus** and **John Williams.**



Charles Jalbert
Building Operations
Maintenance Mechanic



Danielle Oliver
The Children's Center
Center Associate



Michaela Watts
Violence Intervention Prog.
Crime Victim Advocate



John Williams
Early Head Start
Home-Based Family Partner

Milestones: Please join us in congratulating and saying thank you to **Melissa Fetterman** on her years of dedication and service to OFO!



Melissa Fetterman
Head Start Home-Based
Specialist
15 Years

Promotion: Congratulations to **Crystal Hamm** on her promotion to Head Start Education/Disabilities Supervisor.



Crystal Hamm
Head Start Education/
Disabilities Supervisor

Happy Birthday

Employee	Birthday
Teri-Ann Baker	8-Aug
Autumn Torres	14-Aug
Alison Kane	18-Aug
Kimberly Ahearn	26-Aug
William Rivera	26-Aug
Kelly Darragh	27-Aug
Lydia Bell	30-Aug
Nancy Carroll	31-Aug

Submitted by *Dan Maskin, CEO*

Health Risk (continued)

psychologists to pick up on childhood mental, behavioral or developmental problems.”

In a recent study, Bolin and her colleagues listened to the concerns of rural community members themselves, who pointed out a number of problems relating to their children and adolescents, including a lack of Women, Infants and Children (WIC) services or grocery stores selling WIC-approved items. “Rural residents wish there were a greater number of formal programs for their children, from Head Start to community after school

and summer programs like youth sports or Boys & Girls Clubs,” Bolin said. “They also mentioned that there seems to be a demonstrated lack of respect by adolescents towards adults, bordering on violence, and a general feeling of hopelessness.”

Just as the problems are complicated, so are the solutions, but Bolin said it all begins with focus on the issue and advocacy. “Rurality is considered to be one of the 14 biggest health disparities,” she said. “So, if someone is a minority, unemployed, poor and rural they face almost

insurmountable challenge, and this is especially critical in forgotten parts of the United States like coal-mining country, rural Appalachia, Indian reservations, the Lower Rio Grande and the U.S.-Mexico border. I would point to all of these health care access issues and add hopelessness, so if we can shed light on the issue and advocate for people in these areas, we can start to make a difference.”

Submitted by *Megan Martin, Planning & Research Director*

ESPRI

Do you keep hearing people talk about “ESPRI” and still aren't sure what it is? Check out our new webpage dedicated to ESPRI and get “in the know”.

www.ofoinc.org/espri

Find us on **Facebook**

www.facebook.com/ofoinc