A Message from
Ginger B. Hall,
Jefferson County
Director of Public Health

Dear Friends and Neighbors:

2016 was a very challenging year for the department. From Home Health Care to our clinic services, significant work has been accomplished to make our services more effective and efficient.

Our Community Health Assessment was completed, and the 2016-2018 Community Health Improvement Plan was written to focus on increasing policies that promote and foster wellness. The opioid epidemic is a growing problem for our communities. Efforts to increase local treatment and prevention infrastructure are being planned and implemented to ensure addicted individuals and their families have access to local resources when they need assistance.

Communicable diseases such as foodborne illness, influenza, Hepatitis C, and STDs all increased in 2016. Educational outreach continues for influenza and STDs, and greater awareness about Hepatitis C has increased testing. The warm winter facilitated a very challenging bout of skunk rabies in the eastern side of the City of Watertown, necessitating door to door education and a special animal vaccination clinic in that neighborhood.

This report touches upon the above issues, and describes the many ways our department has promoted and fostered excellence in public health and for our community. I invite you to call upon us with any public health questions or concerns you may have. We appreciate your support and are proud to serve this community!

OUR WORK:
The Jefferson County Public Health Service (JCPHS) provides a comprehensive array of community health care and related services in accordance with NYS Public Health Law and Codes, Rules, and Regulations. The department is overseen by the Director of Public Health who is appointed by the Jefferson County Board of Legislators. Programs include:

- Health Planning · Health Promotion Programs
- Communicable Disease Reporting and Control
- Home Health Care · Preventive Nursing Programs
- Rabies Control · Public Health Emergency Preparedness
- Physically Handicapped Children’s Program
- Children with Special Health Care Needs
- Diagnostic & Treatment Center
  - Immunization Clinic
  - STD/HIV Clinic
  - Travel Health Services
- Emergency Medical Services
- Medical Examiner

OUR VISION:
All Jefferson County communities will actively prevent illness, promote health, protect themselves from health threats, and have access to high quality, evidence-based, cost-effective health services.

OUR VALUES:
Teamwork that promotes Caring, Safety, Excellence, Efficiency, Innovation, and Integrity.

OUR MISSION:
Dedicated to investing resources, responding to needs, and empowering people to attain best health through strategic actions that prevent illness, and promote and protect the well-being and productivity of all Jefferson County citizens and visitors.

The department embraces this Mission Statement through the Three (3) Core Public Health functions and Ten (10) Essential Public Health Services.

The Three Core Public Health Functions & Ten Essential Public Health Services

Assessment
- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Policy Development
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems.

Assurance
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.

The Robert Wood Johnson Foundation and the University of Wisconsin ranked counties across the nation using health data to determine the health of residents. Jefferson County ranked as the 40th (of 62) healthiest county for outcomes in New York State in 2016, and remained at a score of 52nd in health factors. These rankings demonstrate that much work needs to continue to positively influence and impact the population’s health with the goal of reducing morbidities and mortalities. The health status of the community is being effectively impacted since the implementation of the Community Health Improvement Plan (CHIP) in late 2016.

Through comprehensive public health services, spanning from birth to death and incorporating the Ten Essential Public Health Services, the Department provides health protection, disease prevention, and health promotion to create a healthier Jefferson County in which to live, work, and play. Department highlights are listed according to the Ten Essential Public Health Services.
THE YEAR IN REVIEW

Monitor health status to identify community health problems

- The department updated and implemented the County’s Community Health Improvement Plan (CHIP) through collaboration with the Fort Drum Regional Health Planning Organization (FDRHPO) and the tri-county North Country Health Compass Partnership. The new CHIP runs from 2016-2018.
- CHIP priorities include: prevent chronic diseases; and promote mental health & prevent substance abuse. Chronic disease action items include establishing Complete Streets policies in at least 3 municipalities, and increasing wellness policies at 3 of 5 school districts with the highest obesity rates. Mental health and substance abuse priorities are to improve the infrastructure so that people seeking help with addictions can be served or referred, and to ensure mental, emotional, and behavioral (MEB) health protocols are implemented in primary care settings.
- There were 2,031 total live births. Premature births (infants born at <37 weeks) were 7.8% of all births, and 6.5% were low birthweight (<2,500 grams). Both of these indices increased slightly from 2015, but are in line with the Healthy People Year 2020 Goals. 77.3% of infants were exclusively breastfed in the hospital.
- Jefferson scored 40th healthiest New York State county in 2016 as infants were exclusively breastfed in the hospital. But are in line with the Healthy People Year 2020 Goals.
- Jefferson scored 40th healthiest New York State county in 2016 as part of the national Robert Wood Johnson Foundation County Health Rankings. For mortality, Jefferson scored 47th; morbidity 28th. A breakdown of Health Factor scores are as follows: Health behaviors—60th · Clinical care—22nd · Social & economic factors—47th · Physical environment—36th. The County Health Rankings

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<tbody>
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<td>Campylobacteriosis*</td>
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<td>20.2</td>
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<tr>
<td>Hepatitis B, Chronic</td>
<td>4</td>
<td>3.4</td>
<td>7</td>
<td>5.9</td>
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<tr>
<td>Hepatitis C, Acute</td>
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<td>1.7</td>
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<tr>
<td>Hepatitis C, Chronic</td>
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<td>230.1</td>
<td>168</td>
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<tr>
<td>Influenza B, Lab Confirmed</td>
<td>47</td>
<td>39.5</td>
<td>49</td>
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<td>Legionellosis</td>
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<td>1.7</td>
<td>4</td>
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<tr>
<td>Lyme Disease* ***</td>
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<td>Salmonellosis</td>
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<td>14.3</td>
<td>17</td>
<td>14.3</td>
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<tr>
<td>Tuberculosis **</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>1.7</td>
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* Confirmed and probable cases; Campylobacter—confirmed and suspect. ** Not an official number. ***Jefferson is now a sentinel county per the NYSDOH and only investigates a sample (20%) of all positives.

- Jefferson County Sexually Transmitted Disease indices:

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<tr>
<td>Syphilis</td>
<td>3</td>
<td>2.5</td>
<td>10</td>
<td>84</td>
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<tr>
<td>Gonorrhea</td>
<td>85</td>
<td>71.4</td>
<td>56</td>
<td>47.0</td>
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<tr>
<td>Chlamydia</td>
<td>711</td>
<td>597.0</td>
<td>618</td>
<td>518.9</td>
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- STD indices rose in 2016 and are trending upward in Jefferson County, New York State, and nationally at significant rates. Nationally, since 2015, chlamydia cases rose 4.7%, gonorrhea cases rose 18.5%, and primary and secondary syphilis rose 17.6%. Educational efforts to address and control STDs are focused on prevention and increasing screening, with particular focus on highest risk populations. The STI Coalition, formed in 2015, continued to meet and address increasing numbers of STI cases by coordinating targeted prevention messages utilizing paid social media ads, as well as educating providers on appropriate follow-up with STI patients.
- Public Health Nurses made 540 visits to 68 maternal/child health clients.
- Lead exposure in children remained stable. Of 2,676 provider screens, 165 children had lead levels of Pb 5-9 mcg/dl; 50 children had levels at Pb-10+ mcg/dl. Followed-up with all children who were lead poisoned. Completed a QA project with the NYSDOH on all screenings from 2013-2016. Began participation in Find It, Fund It, Fix It, a national lead poisoning prevention work group.
- Surveillance for potential Zika virus infection in the population continued. A Zika virus infection action plan was written and approved by the NYSDOH. Jefferson County’s plan was shared as a model for other New York State counties.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- e-Health scheduling, begun in 2015, supported appointment-only immunization clinic encounters for all patients, making staff and client time more efficient and effective.
- Started e-Health scheduling for STD clinic patient appointments 10/2016, which allowed for better coordination of staff resources to make clinic time more efficient and effective.
- There was 1 active Physically Handicapped Children’s Program case. Total active Children with Special Health Care Needs clients were 682, an increase of 7.1%. Partnered with the Northern Regional Center for Independent Living (NRCIL) to provide educational sessions for families.
- The Home Health Care Programs continued successful focus on reducing re-hospitalization of patients. Key areas focused on included patients having either congestive heart failure (CHF), myocardial infarction (MI), chronic obstructive pulmonary disease (COPD), pneumonia, or diabetes as their primary diagnosis. The agency’s re-hospitalization rate for 2016 was 9.54%, a progressive annual improvement since 2013.
- The department continued operating its Quality Assurance/Performance Improvement (QAPI) structure, with Quality Management meeting bi-weekly to discuss department priorities and emergent issues; Continuous Quality Improvement (CQI) meeting bi-weekly to discuss patient care priorities; QAPI Public Health meeting quarterly to discuss communicable disease, clinic, health promotion, and public health emergency preparedness priorities; QAPI Finance meeting quarterly to discuss department financial priorities and issues; QAPI Home Care meeting quarterly to discuss home health care priorities and issues.
- 2016 National Patient Satisfaction Benchmark System findings for JCPHS home health care patients showed of 510 patients surveyed, 200 responded (39%) with 84% rating their care 9 or 10 on a scale of 0-10; 79% would definitely recommend; 93% having no problems with care received; and 83% satisfied with specific care issues.

Policy Development

Develop policies and plans that support individual and community health efforts

- Up-to-date goals, objectives, and action strategies are delineated in the CHIP and measurably improving priority chronic disease and mental health/substance abuse indices.
- A proposal to advance a Complete Streets policy was introduced to Watertown City Council. The city planning department researched Complete Streets laws and policies throughout the country to determine what might work best for the City of Watertown. Findings were presented to City Council, and city staff were directed to develop a policy draft for consideration.
- School districts with the highest obesity rates in the County are being advised by the department and other partners on how to develop policies that foster environments and behaviors which support wellness.
- Met with Fort Drum MEDDAC Command to develop a mutual (army/civilian) response plan for medical countermeasures (MCM)
The department patients through the year. The Home Health Care Programs provided 30,503 visits to 1,566 gator programs facilitated through NCPPC. The department accessed final year of NYSDOH Vital Access Program funding to address home health QI, patient outcomes, and hospitalization. Bosch discontinued its telehealth service and Vivify telehealth units were utilized through 2016 with home care patients having chronic cardiac and respiratory conditions and at risk for re-hospitalization. The department submitted 84 cases required autopsy. There were 23 overdose deaths. 16 of the overdose deaths were attributed to opiate overdose.

**Enhance laws and regulations that protect health and ensure safety**

- The Medical Examiner investigated deaths that fell into categories outlined in County Law Article 17A where the public interest is served by explaining cause and manner of death. There were 117 cases for the year. There were 23 overdose deaths. 16 of the overdose deaths were attributed to opiate overdose.
- Laws and regulations governing the department were continuously reviewed to ensure corporate compliance. All policies and procedures were reviewed, updated, and approved by the department’s Professional Advisory Committee. The senior Public Health Planner serves as the department’s corporate compliance officer (CCO), and administered annual training for all staff and committees of the department. The CCO is an active member of the regional DSRIP Corporate Compliance Committee.
- The department submitted 92 animals for rabies testing with 10 positive. 1,710 domestic animals were vaccinated at Public Health, Dog Control, Ag & Markets, and Spay/Neuter/Now clinics. Accessed $8,678 in funding from Senator Patricia Ritchie for the department to sponsor extra animal rabies vaccination clinics. A clinic in the City of Watertown was held at the Salvation Army 2/2016 in response to elevated skunk rabies activity in the area; 265 animals were vaccinated.

**Research for new insights and innovative solutions to health problems**

- Advised and/or co-wrote grant applications to support community response to the drug epidemic. Application requests submitted for funding included establishment of an outpatient opioid treatment center in Jefferson County, and establishment of a recovery and outreach center in downtown Watertown.
- 2 telehealth units were utilized through 2016 with home care patients having chronic cardiac and respiratory conditions and at-risk for re-hospitalization. Bosch discontinued its telehealth service and Vivify was selected as the new vendor.
- The department accessed final year of NYSDOH Vital Access Provider grant funding to address home health QI, patient outcomes, reduced hospital readmissions, and agency reinvestments that support financial viability and sustainability. $336,262 in funding was accessed over the year.

**Assurance**

**Link people to needed personal health services and assure the provision of health care when otherwise unavailable**

- Clients in need of health insurance were referred to the patient navigator programs facilitated through NCPC.
- The Home Health Care Programs provided 30,503 visits to 1,566 patients through the year.
- The department’s Diagnostic & Treatment Center (D&T) provided 1,261 STD, HIV, & HCV tests, 491 TB PPDs, and 1,973 immunizations. The D&T provided 67 Hepatitis B, 664 influenza, 50 pneumococcal, 110 travel; and 52 rabies post exposure vaccinations.
- EMS providers in the County had an annual scratch rate (squad non-response, initiating alternative squad call-out) of 5.3%. There were 12,119 EMS calls.

**Assure a competent public health and personal health care workforce**

- 73 employees participated in 147 in-service and training programs offered throughout the year. Program topics encompassed clinical care, communicable diseases including Zika virus trainings, immunizations, social services trainings such as child abuse and life skills, and county employment trainings such as workplace violence, corporate compliance, HIPAA, and McBee ambulation and transferring.
- Jefferson County EMS facilitated 25 certification training courses to 410 students. Additionally, JCEMS assisted with drill planning sessions and participated in 1 full scale exercise with Fort Drum 8/2016 and 1 tabletop exercise with the Watertown International Airport 9/2016.

**Inform, educate, and empower people about health issues**

- The Health Promotion staff facilitated 82 community health educational programs to organizations, schools, worksites, and community settings. 65,353 individuals were reached through program and media outreach. The department actively utilizes Facebook to reach the public, and had 6,120 followers at year-end.
- The department received radon grant funding to provide home test kits and public education through 2017. 69 kits were distributed in 2016.
- Governor’s Traffic Safety Committee programming reached 51,337 adults through regular social media outreach, 13 events and 11 presentations in the community.

**Mobilize community partnerships to identify and solve health problems**

- Department staff continued membership and participation in the NYSDOH regional Health Emergency Planning Coalition (HEPC). The department continues to be an excellent convener and colleague of partners to identify and collaboratively solve health problems. The department convenes the Jefferson County STI and Diabetes Coalition, and is a member of and chairs the North Country Health Compass Partnership; is a member of Cornell Cooperative Extension program advisory committees; is a board member of NCPC to address maternal, infant, child and family health initiatives; is a member of and chairs the Alliance for Better Communities drug prevention task force to address prescription drug and heroin abuse, and overdoses; is a member of the Jefferson Emergency Medical Services Cooperative; and is a member of and chairs the Keep the North Country Smiling children’s oral health initiative.

**Opioid and heroin use in Jefferson County continued to rise in 2016. Overdoses and overdose deaths were higher in 2016 than in any prior year.** The department is extremely active with the Alliance for Better Communities and has joined other community sectors to address this problem from multiple angles. In addition to public education campaigns, advocacy continued with members of the U.S. Senate and House of Representatives, and NYS Senate and Assembly highlighting the problem happening in Jefferson County, what the needs are, and how local response is being implemented. Data indices continued to track and chart the growth of this problem locally. Grant applications were worked on and submitted to establish greater local treatment resources and a community recovery and outreach center. An advertising scan was completed by youth to understand how alcohol marketing particularly targets youth. The youth plan to present their findings to the community and local governing authorities.
2015 EXPENDITURES
Medical Examiner $378,604
Administration $507,610
Home Health Care Programs $4,776,953
Prevent (Grants/Clinic) $772,878
Health Promotion $164,987
Emergency Medical Services $558,108
Public Health Emergency Preparedness $119,449
TOTAL $7,278,498

2015 REVENUES
Home Health Care Programs
Medicare $1,486,341
Medicaid $2,053,953
Third Party Health Insurance/Private Pay $472,214
SUB-TOTAL $4,012,508
Emergency Medical Services $162,489
State and Federal Grants $797,350
Public Health State Aid $620,503
Clinic Fees $86,482
Gifts/Donations $12,643
Other $26,311
SUB-TOTAL $1,705,778
TOTAL $5,718,286

2016 EXPENDITURES
Medical Examiner $357,048
Administration $518,894
Home Health Care Programs $4,303,101
Prevent (Grants/Clinic) $767,887
Health Promotion $193,706
Emergency Medical Services $457,704
Public Health Emergency Preparedness $112,718
TOTAL $6,711,319

2016 REVENUES
Home Health Care Programs
Medicare $1,848,830
Medicaid $790,103
Third Party Health Insurance/Private Pay $960,483
SUB-TOTAL $3,599,416
Emergency Medical Services $183,713
State and Federal Grants $782,443
Public Health State Aid $659,589
Clinic Fees $102,067
Gifts/Donations $10,826
Other -
SUB-TOTAL $1,738,638
TOTAL $5,338,054

Jefferson County Public Health Service Staff

Management
Ginger Hall, Director of Public Health
Sarah Baldwin, Public Health Fiscal Director
Bert Burnham, Public Health Fiscal Director
Heather Campbell, SPHN
Patricia Esford, SPHN
Margaret Hewitt, SPHN
Elizabeth Mason, SPHN
Troy Mitteer, SPHN
Gayle Seymour, SPHN

Nursing (con’t)
Katherine Schuessler, RN
Gladys Serem, RN
Tina Siembida, PHN
Shawn Smiley, RN
Heidi Smith, RN
Tyler Sorrell, RN
Kelly Stevens, RN
Tina Sulier, LPN
Amanda Whitson, RN
Laurie Woodward, RN

Home Health Aide
Beverly Branch
Michelle Farrell
Nancy Lowry
Peta O’Conner
Robin Philips
Candace Smith

Physical Therapy
Jessica Lyndaker, PTA
Sarah Smith
Ann Vincent
Julie Ward

Occupational Therapy
Amanda Mower

Medical Social Work
Jeri Gray, PH Social Worker

Nutritionist
MaryBeth Knowledge, RD

Health Planning
Stephen Jennings, MS
Health Promotion
Lisa Lagos
Faith Lustik, MA

Public Health Emergency Preparedness
Jeffrey Leitendecker, MS
Secretarial/Accounting/Office
Sandra Benway
Laurel Carnegie
Lisa Culbertson
Katie Dandrow
Pamela Daniels
Patti Drake
Kristen Gagnon
Kimberly Goodale
Neole Hulbert
Janet Laribee
Trudy Marselis
Penny O’Brien
Jessica O’Hara
Mark Olig
Bridget Priest
Debra Siver
Michelle Snyder
Lorraine Sorrell
Penny Thomas

Emergency Medical Services
Charles Brenon, Director
Judith Brenon
Debra Fults

Medical Examiner
Samuel Livingstone, MD
Vonnice Joels, Medical Investigator
Robert Kasulke, MD—Per Diem

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