

# Jefferson County Public Health Service

2015 ANNUAL REPORT · *Celebrating 62 years of service to our community!*



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

*Dear Friends and Neighbors:*

*This Annual Report summarizes the breadth of work your local health department completed in 2015. Those activities that are routine in nature comprise many components of this report, however, Public Health is never predictable, and events of 2015 certainly illustrated that.*

*Ebola and Zika disease outbreaks in far-away places necessitated local plans and actions, demonstrating how small the world has become and how quick these diseases can travel.*

*Opioid use, and an explosion of heroin use in our communities has necessitated greater planning and program efforts, and broader partnerships to combat this problem.*

*This report describes the many ways our department has promoted and fostered excellence in public health 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 2015, 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 2013.

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

## Assessment

### Monitor health status to identify community health problems

- The department continued implementation of 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.
- CHIP priorities include: prevent chronic diseases; promote healthy women, infants, and children; and promote mental health & prevent substance abuse.
- There were 2,213 total live births. Premature births (infants born at <37 weeks) were 7.9% of all births, and 6.4% were low birthweight (<2,500 grams). Both of these indices decreased slightly from 2014, but are in line with the Healthy People Year 2020 Goals. 65.7% of infants were exclusively breastfed in the hospital, below the 2010-2012 Jefferson County average of 76.0%.
- Jefferson scored 40th healthiest New York State county in 2015 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 can be viewed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

### Diagnose and investigate health problems and health hazards in the community

- Surveillance for communicable diseases and identification of any biological or chemical threats continued.
- Leading Jefferson County Communicable Disease indices:

Disease	2015		2012-2014	
	Freq.	Rate	Freq.	Rate
Campylobacteriosis*	21	17.6	17	14.3
Hepatitis B, Chronic	14	11.8	4	3.4
Hepatitis C, Acute	1	0.8	1	0.8
Hepatitis C, Chronic	74	62.1	48	40.3
Influenza A, Lab Confirmed	221	185.6	94	78.9
Influenza B, Lab Confirmed	64	53.7	28	23.5
Legionellosis	3	2.5	3	2.5
Lyme Disease* ***	18	15.1	43	36.1
Salmonellosis	12	10.1	13	10.9
Tuberculosis **	2	1.7	1	0.8

\* 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:

Disease	2015		2012-2014	
	Freq.	Rate	Freq.	Rate
Syphilis	4	3.4	2	1.7
Gonorrhea	55	46.2	38	31.9
Chlamydia	591	496.2	420	352.6

- Public Health Nurses made 503 visits to 21 maternal/child health clients.

- Lead exposure in children remained stable. Of 2,602 provider screens, 140 children had lead levels of Pb 5-9 mcg/dl; 43 children had levels at Pb>10+ mcg/dl.
- In late 2014, a traveler from West Africa arrived in Dallas, TX with Ebola. The individual ultimately died from the virus, but during his hospitalization infected two hospital workers. These events pinpointed travel screening problems in Ebola-affected areas, as well as treatment protocol problems in U.S. health facilities. All local health departments went on heightened alert and were required to coordinate screening and monitoring plans. For Jefferson, 2 individuals that traveled to the County from Ebola-affected areas were monitored by department staff for 21 days without incident. Additionally, 11 individuals that had recently been in Ebola-affected areas and that crossed the border from Canada into Jefferson County were screened for Ebola without incident.
- In 5/2015, a Zika virus infection was confirmed in Brazil. Zika is primarily spread to people through the bite of an infected *Aedes* species mosquito. Growing concern about the spread of Zika in the U.S. ensued, as many Americans routinely travel to southern areas of the U.S., the Caribbean, and South America. By late 2015, the public was being alerted about travel to high-risk areas for Zika, with particular warning to pregnant women or women planning to become pregnant as a Zika virus infection during pregnancy can cause microcephaly, a serious birth defect, as well as other fetal brain defects. The events surrounding Zika were closely monitored by the department with pending planning and actions slated for 2016.

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

- Physically Handicapped Children's Program activity continued to decline, with 66.7% less active cases. Total active Children with Special Health Care Needs clients were 637, an increase of 7.1%.
- 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 2015 was 11.19%, a progressive annual improvement since 2013.
- QI initiatives continued in the department. In the Home Health Care Program, a QI team was created to work on insurance authorization and reauthorization processes. The authorization form (Green Sheet) was refined, staff were educated and a 12/14/15-1/8/2016 testing period was implemented to review 100 records. Findings will initiate additional refinements to processes as needed. Efforts to improve plan of care (485) documentation continued with initiation of weekly department corporate compliance officer counseling for clinicians out of compliance with policy. The Prevent and Accounting Units implemented immunization billing processes utilizing the eHealth and NYSIIS systems to maximize efficiency.
- National Patient Satisfaction Benchmark System findings for JCPHS home health care patients showed of 241 patients surveyed, 119 responded (49%) with 80% rating their care 9 or 10 on a scale of 0-10; 83% would definitely recommend; 98% having no problems with care received; and 88% satisfied with specific care issues.

### Policy Development

#### Develop policies and plans that support individual and community health efforts

- Up-to-date evidence-based goals, objectives, and action strategies are delineated in the CHIP and measurably improving priority chronic disease, maternal/child health, and mental health/substance abuse indices.
- Maintained grant funding to continue the Rural Minority Health Program to implement access-to-care strategies and evaluate the interventions completed with disparate populations. 875 individuals were reached.

- Implemented the “Keep the North Country Smiling” workplan to measurably improve children’s oral health in Jefferson, Lewis and St. Lawrence Counties. 6 primary care practices received fluoride varnish treatment training by Albany Medical Center pediatrician Melinda Clark, MD to apply varnishes at every well-child visit. 87 universal Pre-K and daycare program teachers/staff received the evidence-based Cavity-Free Kids tooth-brushing curriculum training 9/2015. The curriculum was implemented over the 2015-2016 school year reaching 1,690 children, with program evaluation provided by the NYSDOH Center of Oral Health Excellence. Work to support community water fluoridation resulted in passage of the NYS Health Teeth Amendment 4/1/2015, ensuring local residents and health professionals have ample time to share their views/concerns before a decision is made to end community water fluoridation. The Amendment also creates an Oral Health Fund from which communities can apply for grants to purchase or upgrade fluoridation equipment. Children’s oral health is a leading CHIP priority.
- Department staff actively participated in the CNY Epidemiology Alliance, led by Onondaga County Health Department.
- Department staff actively participated on the North Country Prenatal/Perinatal Council (NCPPC) Board and committees.
- Jefferson County EMS continued to work closely with the Jefferson Emergency Medical Services Cooperative.
- Achieved influenza vaccination in 100% of all public health staff.

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

- Per NYS Public Health Law §2202, Article 22, Title 1, the department administered direct-observed-therapy (DOT) for 2 client diagnosed with Tuberculosis (TB). DOT is evidence-based and is the standard of care for all TB patients in NYS.
- 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 111 cases for the year. There were 17 overdose deaths.
- 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 joined the regional DSRIP Corporate Compliance Committee.
- The department submitted 73 animals for rabies testing with 6 positive. 1,379 domestic animals were vaccinated at Public Health, Dog Control, Ag & Markets, and Spay/Neuter/Now clinics. Senator Patricia Ritchie secured \$9,612 in funding for the department to sponsor extra animal rabies vaccination clinics. The clinics were free to the public and took place in Champion and Sackets Harbor.
- The Jefferson County Emergency Medical Services (EMS) Mutual Aid Plan was revised and signed by all ambulance agencies.

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

- All CHIP priorities are supported by evidence-based programming. These programs include: The Chronic Disease Self-Management Program, the National and YMCA Diabetes Prevention Programs (DPPs), the Client Reminder and Recall System (to increase well-child visits and childhood vaccinations) and the Preventing Dental Caries: School-based Dental Sealant Delivery Program through the Guide to Community Preventive Services, and Educating the Medical Community to Recognize and Treat Depression Program (to decrease suicides) through the American Foundation for Suicide Prevention.
- 23 Bosch Health Buddy telehealth units were utilized through 8/2015 with home care patients having chronic cardiac and respiratory con-

ditions and at-risk for re-hospitalization. Bosch discontinued its telehealth service and a new vendor will be selected.

- The department continued to access its NYSDOH Vital Access Provider grant award to address home health QI, patient outcomes, reduce hospital readmissions, and support agency reinvestments that achieve financial viability and sustainability. \$340,149 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 NCPCC.
- The Home Health Care Programs provided 35,823 visits to 1,527 patients through the year.
- The department’s Diagnostic & Treatment Center (D&TC) provided 1,424 STD, HIV, & HCV tests, 509 TB PPDs, and 1,970 immunizations. The D&TC provided 141 Hepatitis B, 690 influenza; 55 pneumococcal; 199 travel; and 42 rabies post exposure vaccinations. Additionally, 13 rabies titers were provided.
- EMS providers in the County had an annual scratch rate (squad non-response, initiating alternative squad call-out) of 1.78%. There were 17,502 EMS calls.

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

- 88 employees participated in 99 in-service and training programs offered throughout the year. Program topics encompassed clinical care, communicable diseases, immunizations, social services trainings such as child abuse and life skills, and county employment trainings such as workplace violence and MUNIS time and effort entry.
- Jefferson County EMS facilitated 24 certification training courses to 423 students. Additionally, JCEMS assisted with drill planning sessions and participated in 1 full scale exercise with Fort Drum Force Protection 8/2015.

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

- The Health Promotion staff facilitated 59 community health educational programs to organizations, schools, worksites, and community settings. 65,441 individuals were reached through program and media outreach. The department actively utilizes Facebook to reach the public, and had 4,751 “Likes” at year-end.

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

- The department is an excellent convener and colleague of partners to identify and collaboratively solve health problems. Examples include the Diabetes Coalition; the North Country Health Compass Partnership; Cornell Cooperative Extension program advisory committees; NCPCC to address maternal, infant, child and family health initiatives; the Alliance for Better Communities drug task force to address prescription drug and heroin abuse, and overdoses; and the Jefferson Emergency Medical Services Cooperative.
- Opioid and heroin use in Jefferson County dramatically increased in 2015. Overdoses and deaths also increased from prior years. 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, testimony was provided to the NYS Senate and Assembly with data indices that charted 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; and a street survey was completed to assess alcohol and drug use, access to health care and mental health services, personal safety, and other issues impacting drug users.

**2014 EXPENDITURES**

Medical Examiner  
Administration  
Home Health Care Programs  
Prevent (Grants/Clinic)  
Health Promotion  
Emergency Medical Services  
Public Health Emergency Preparedness

\$342,463  
\$493,729  
\$5,440,500  
\$677,847  
\$197,341  
\$610,655  
\$117,307  
**\$7,879,842**

**2015 EXPENDITURES**

Medical Examiner  
Administration  
Home Health Care Programs  
Prevent (Grants/Clinic)  
Health Promotion  
Emergency Medical Services  
Public Health Emergency Preparedness

\$378,604  
\$507,610  
\$4,776,953  
\$772,787  
\$164,987  
\$558,108  
\$119,449  
**\$7,278,498**

**2014 REVENUES**

Home Health Care Programs  
Medicare  
Medicaid  
Third Party Health Insurance/Private Pay

\$1,860,495  
\$2,798,234  
\$609,064  
**\$5,267,793**

**2015 REVENUES**

Home Health Care Programs  
Medicare  
Medicaid  
Third Party Health Insurance/Private Pay

\$1,486,341  
\$2,053,953  
\$472,214  
**\$4,012,508**

**SUB-TOTAL**

Emergency Medical Services  
State and Federal Grants  
Public Health State Aid  
Clinic Fees  
Gifts/Donations  
Other

\$189,800  
\$715,807  
\$579,127  
\$85,615  
\$9,993  
\$12,795

**SUB-TOTAL**

Emergency Medical Services  
State and Federal Grants  
Public Health State Aid  
Clinic Fees  
Gifts/Donations  
Other

\$162,489  
\$797,350  
\$620,503  
\$86,482  
\$12,643  
\$26,311

**SUB-TOTAL****TOTAL****DIFFERENCE**

**\$1,593,137**  
**\$6,860,930**  
**-\$1,018,912**

**SUB-TOTAL****TOTAL****DIFFERENCE**

**\$1,705,778**  
**\$5,718,286**  
**-\$1,560,212**

**JEFFERSON COUNTY PUBLIC HEALTH SERVICE Staff****Management**

Ginger Hall, Director of Public Health  
Carol Paluck, Director of Patient Services  
Sarah Baldwin, Public Health Fiscal Director  
Jean Bilow, SPHN  
Heather Campbell, SPHN  
Patricia Esford, SPHN  
Margaret Hewitt, SPHN  
Elizabeth Mason, SPHN  
Gayle Seymour, SPHN

**Medical Director**

Robert Kasulke, MD

**Nursing**

Christopher Angello, RN  
Teresa Barnes, RN  
Patricia Barton, PHN  
Cathleen Biggs, RN  
Mark Brew, RN  
Kiley Burnham, RN  
Faith Campanaro, RN  
Deborah Foisy, PHN  
Tina Gerstenschlager, RN  
Angelika Koreen-Gordon, RN  
Susan Harris, RN  
Kathleen Hunter, RN  
Ann Jenner, RN  
Mandy Kray, RN  
Theresa Leeson, PHN  
Sara Lehman, PHN  
Kala Maguire, RN  
Julie McCrum, RN  
Cynthia Mills, RN  
Troy Mitteer, PHN  
Stephanie Nadelen, LPN  
Sarah Oliveira, PHN

**Nursing (con't.)**

Jayne Perry, RN  
Nichole Quinones, RN  
Lesley Roberts, RN  
Katherine Schuessler, RN  
Jenny Scudder, RN  
Jeanne Sexton, RN  
Tina Siembida, PHN  
Shawn Smiley, RN  
Heidi Smith, RN  
Jessica Steele, RN  
Bevin Stevens, RN  
Kelly Stevens, RN  
Tina Sulier, LPN  
Amanda Whitson, RN  
Betty Wilder, RN  
Laurie Woodward, RN

**Home Health Aide**

Beverly Branch  
Michelle Farrell  
Nancy Lowry  
Petra O'Conner  
Robin Philips  
Candace Smith  
**Physical Therapy**  
Jessica Lyndaker, PTA  
Sarah Smith  
Ann Vincent  
Julie Ward

**Occupational Therapy**

Amanda Mower  
**Medical Social Work**  
Mechia Williams, MSW  
**Nutritionist**  
MaryBeth Knowlton, RD

**Health Planning**

Stephen Jennings, MS

**Health Promotion**

Kari Aubertine, MS  
Faith Lustik, MA

**Public Health Emergency Preparedness**

Jeffrey Leiendecker, MS

**Secretarial/Accounting/Office**

Sandra Benway  
Laurel Carnegie  
Lisa Culbertson  
Katie Dandrow  
Pamela Daniels  
Patti Drake  
Kristen Gagnon  
Necole Hulbert  
Janet Larabee  
Trudy Marselis  
Penny O'Brien  
Jessica O'Hara  
Mark Olig  
Terri Pickett  
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

**Contact Us!**

**Jefferson County Public Health Service**  
531 Meade Street . Watertown, NY 13601  
Administration: (315) 786-3710  
Home Health Care Programs: (315) 786-3770  
Fax: (315) 786-3761

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