

**Jefferson County  
Public Health Service**

**Annual Report  
2022**



*Jefferson County  
Public Health Service*  
[www.jcphs.org](http://www.jcphs.org) – [www.facebook.com/JCPHS](https://www.facebook.com/JCPHS)

# Jefferson County Public Health Service

## Mission

*Empowering people to prevent illness, promote resiliency, and protect the well-being of Jefferson County residents and visitors.*

## Vision

*People living in a safe and healthy environment.*

## Values

*Access for all · Caring · Excellence · Integrity · Teamwork  
**ACE IT!***



## Jefferson County Legislature

### 2022 Health and Human Services Committee

Anthony Doldo, Chairman  
Frances Calarco  
Alan Drake  
Corey Grant

William Johnson  
Jeremiah Maxon  
John Peck  
Philip Reed

### 2022 Health Services Advisory Board

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Donna Grant  
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Ex-Officio:  
Timothy Ruetten  
Ginger Hall  
Stephen Jennings  
Robert Kasulke, MD  
Sheri Palmer

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# Message From the Director



Dear Friends and Neighbors,

The Jefferson County Public Health Service strives to protect and promote the health of individuals, families, and communities. With the strong support of County Administration and the Jefferson County Board of Legislators, we work with many community partners to offer and ensure a variety of programs and services to the residents of Jefferson County.

It is my pleasure to present to you the Jefferson County Public Health Service 2022 Annual Report.

This report provides an account of our department’s efforts and accomplishments during 2022. A major highlight is that our response to the COVID-19 pandemic public health emergency essentially concluded. Additionally, a significant rise in influenza cases occurred as people returned to normal gathering. To address increased fentanyl mortalities, harm reduction measures were supported in partnership with the Alliance for Better Communities. The Jefferson County Mobile Integrated Health (MIH) Program pilot was launched, which introduced community paramedicine programming for the first time in New York State.

Working with the Fort Drum Regional Health Planning Organization and our hospital and community-based organization partners, together we completed the 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) where we delineated community priorities, focused upon chronic disease management and prevention, as well as preventing mental health and substance use with particular emphasis on youth mental health and substance use. I encourage you to visit [www.jcphs.org](http://www.jcphs.org) to review the information provided in our 2022-2024 CHA and CHIP. We welcome suggestions and feedback to our programs and services as we continue our commitment to improve the health of residents in Jefferson County.

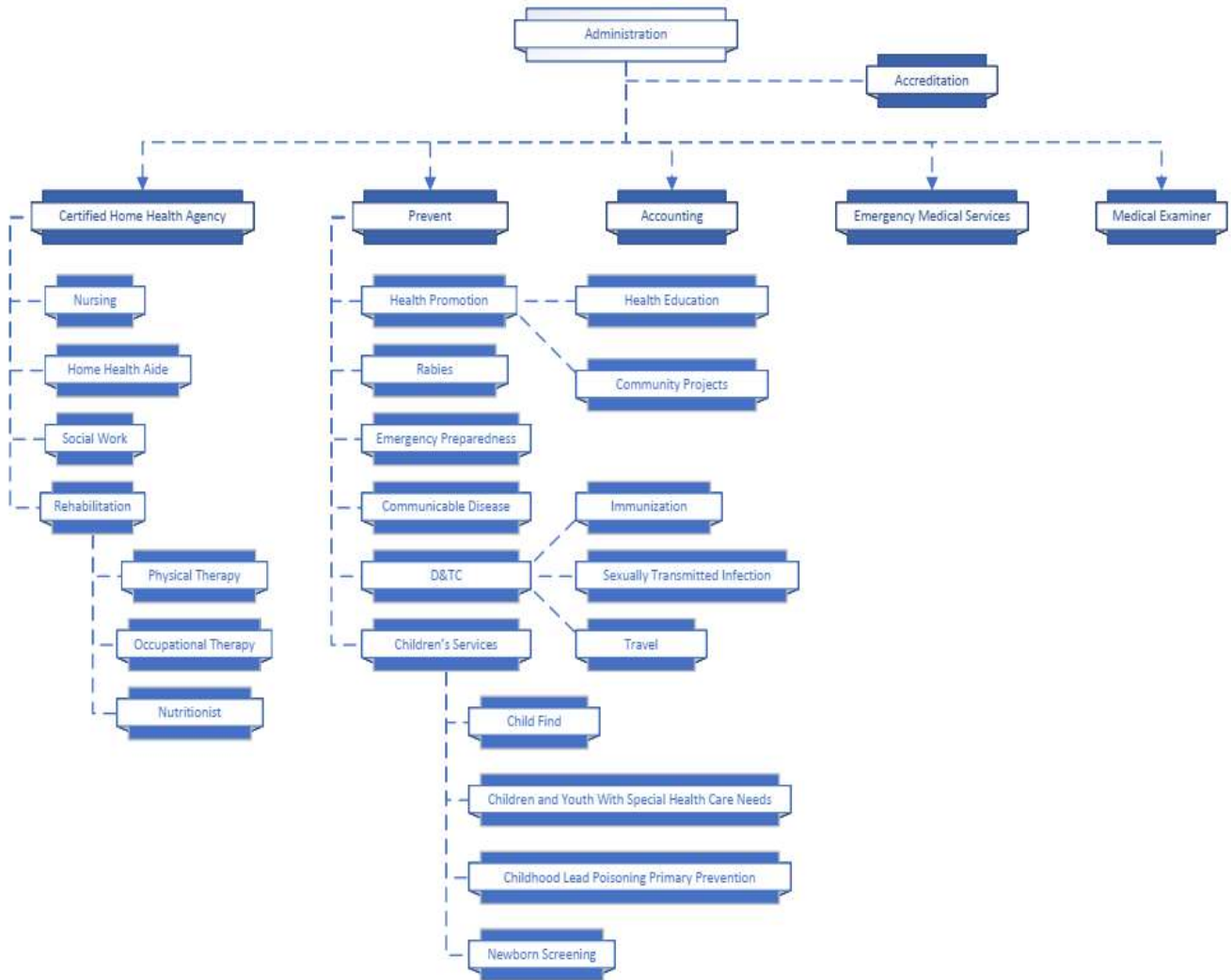
Our team of dedicated staff is committed to working with the communities we serve to ensure all receive the highest quality public health services. We are equally committed to ensuring health disparities are limited, and that healthcare equity, quality and accessibility are promoted and achieved for all residents of Jefferson County. Thank you for taking the time to familiarize yourself with our programs and quality services.

Sincerely,

*Ginger B. Hall*

Ginger B. Hall, BSN, M.S.Ed, MPH  
Director of Public Health

## Jefferson County Public Health Service 2022 Program Chart



# Administration

## COVID-19 Pandemic Response

Cases and vaccinations began to wind down in 2022. Through the year, there were 15,858 confirmed and probable cases. The department operated 78 clinics, mostly at the Jefferson County Public Health Service clinic facility, with 779 individuals receiving primary, booster, and/or bivalent vaccinations. A total of 1,450 COVID-19 vaccines were administered by department staff and volunteers. There were 807 hospital discharges for the year, and 28 deaths.

The department continued to submit wastewater specimens to Quadrant Biosciences in Syracuse to test weekly and determine COVID-19 quantifiable prevalence in the City of Watertown and surrounding communities that utilize the city’s wastewater treatment facility. The Villages of Carthage, West Carthage, and the Thousand Islands Central School District also continued wastewater testing. Readings fluctuated but in general resulted in quantifiable levels of COVID-10 throughout 2022. Reports with quantifiable readings were in line with case spikes in Jefferson County through the year and continued to be an accurate predictor of increased cases and hospitalizations at various points in time; the readings helped inform hospitals and nursing homes regarding facility visit limits, as well as the need for staff planning.

## Public Health Accreditation

Efforts to pursue Public Health Accreditation Board (PHAB) accreditation were temporarily paused due to the significant resources required to respond to the COVID-19 pandemic. The department plans to pursue accreditation in 2023, beginning with development of a multi-year strategic plan.

## Quality Assurance/Performance Improvement (QAPI)

The department operates a Quality Assurance/Performance Improvement (QAPI) structure, with Quality Management (QM) meeting bi-weekly to discuss department priorities and emergent issues. The Continuous Quality Improvement (CQI) meeting continued bi-weekly to discuss patient care priorities. QAPI Public Health committee meets at least quarterly to discuss communicable disease, clinic, health promotion, and public health emergency preparedness priorities. The QAPI Finance committee meets quarterly to discuss department financial priorities, corporate compliance, and other pertinent issues. The QAPI Home Care committee overlaid with QM/CQI meetings to stay current and discuss home healthcare priorities and issues.

## Corporate Compliance

Laws and regulations governing the department were continuously reviewed to ensure corporate compliance. Led by the DSRIP Corporate Compliance Committee, vendor services secured through The Compliancy Group—The Guard to provide federally compliant privacy and security policy templates, as well as guidance to ensure the department’s policies and security systems were appropriate were continued through 2022. The privacy and security

policies were reviewed with no changes made. Annual audits required completion ahead of annual staff training. The Corporate Compliance, Privacy and Security Officers: IT Risk Analysis audit; HIPAA Physical Site audit; HIPAA Privacy audit; HIPAA Hi-Tech audit; HIPAA Security audit; and HIPAA Device audit were all completed by 12/2022. Annual corporate compliance staff training commenced in the fall and was also completed by 12/2022.

The Compliancy Group worked with the department to ensure annual Security Audits were completed appropriately. The senior Public Health Planner serves as the department's CCO. The Director of Public Health serves as the department's privacy officer. The Jefferson County Director of Information Technology serves as the security officer. The CCO ensures policies are updated and accessible for all staff, ensures staff adhere to compliance requirements in daily work, administers annual training for all staff of the department, and tracks all staff trainings to ensure completion and adherence to regulatory requirements. The CCO is also an active member of the regional North Country Initiative (NCI) Corporate Compliance Committee.

## **Health Planning**

### **Community Health Assessment/Community Health Improvement Plan 2022-2024**

A 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) was developed and submitted to the New York State Department of Health 12/2022. Findings in the CHA culminated in two CHIP priorities, including prevent chronic diseases, and promote well-being and prevent mental and substance use disorders.

Specific CHIP prevent chronic diseases objectives include:

#### Focus Area: Tobacco Prevention

##### o Interventions:

- Promote tobacco use cessation: Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.

#### Focus Area: Preventive Care and Management

##### o Interventions:

- Increase cancer screening rates: Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).
- Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Promote referral of patients with prediabetes to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 5% to 7% loss of initial body weight and increase moderate intensity physical activity (such as brisk walking) to at least 150 min/week.

- In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.
- In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.

Specific CHIP promote well-being and prevent mental and substance use disorders objectives include:

#### Focus Area: Prevent Mental and Substance Use Disorders

##### o Interventions:

- Prevent underage drinking and excessive alcohol consumption by adults: Implement School-based prevention: Implement/Expand School-Based Prevention Services. Engage school districts by expanding the Alliance for Better Communities - Youth Alliance of Jefferson County (ABC-YAoJC) into all public-school districts county-wide as measured by an increase in participating school districts with signed MOUs. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-30-day alcohol, marijuana, and e-cigarette use by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program <https://www.cadca.org/nyli>.
- Prevent underage drinking and excessive alcohol consumption by adults: Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women.
- Prevent opioid overdose deaths: Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.
- Prevent suicides: Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use.
- Prevent suicides: Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent reattempts, postvention, safe reporting and messaging about suicides.
- Prevent suicides: Promote connectedness, teach coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-12 months suicidal ideation, suicide plans, and suicide attempts by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program <https://www.cadca.org/nyli>.

Jefferson scored 42<sup>nd</sup> healthiest New York State County in 2022 as part of the national Robert Wood Johnson Foundation County Health Rankings. Jefferson scored 42<sup>nd</sup> for Health



Outcomes and 49<sup>th</sup> for Health Factors. The County Health Rankings can be viewed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

# Community Health & Health Promotion Programs

## General Prevention

The Health Promotion staff facilitated community health educational programs regarding numerous topics to organizations, schools, worksites, and community settings. Thousands of individuals were reached through program and media outreach. The department actively utilizes Facebook to reach the public and almost doubled the number of followers due to the COVID-19 pandemic.

## Child Find Program

The Child Find Program continued as a state-funded program that is connected to, and part of Early Intervention. The goal is to improve the identification, location, referral to care and follow-up of infants and toddlers aged 0-3 who may be at risk for physical and developmental disabilities and/or delays.

## Childhood Lead Poisoning Prevention Program (CLPPP) +

The CLPPP continued to review and follow-up on all lead level results for children 6 months to 6 years of age. Primary care providers are responsible for lead screening of children at 1 and 2 years of age. Public Health offers lead screening by appointment. Children found to have elevated lead levels receive case management including completion of risk assessment; education regarding source of lead exposure and risk measures; appropriate referrals to Child Find, Early Intervention, and when appropriate, New York State Department of Health for environmental follow-up; home visits; and notification of need for follow-up lead testing. The blood lead levels identified at or above 5 mcg/dl were regulated to have interventions performed by the department and the Watertown District Office of the NYSDOH. The increase in cases who are receiving care coordination continues to expand.

In April 2022, through expanded funding from the NYSDOH, the department initiated a prevention component initiative that works to ensure children never become exposed to lead poisoning. The prevention component, in combination with the traditional treatment and monitoring component historically provided, expanded the name of the program to CLPPP+. With a focus on the 13601-zip code, which has a predominance of rental housing aged >45 years, lead hazards are of high concern. With an objective of primary prevention, to identify and control lead hazards before children become lead poisoned, the program works to identify criteria for serving populations residing in high-risk housing; develop partnerships and community engagement; promote public awareness to enhance support; specify inspection activities, protocols/procedures and enforcement; assess and build workforce capacity; identify and expand resources for lead hazard control; and performance management and

quality assurance/quality control. Housing assessments are a new component of the program. These assessments will identify lead paint dangers in homes owned or rented in the City of Watertown and surrounding areas that are within the zip code 13601.

### **Children and Youth with Special Health Care Needs (CSHCN)**

The CSHCN program continued as a resource and referral to assist families in connecting them to resources in the community for children from birth to age 21. Coordinate diagnostic and treatment for medical to all children who are believed to have physically disabling conditions or serious chronic illnesses.

### **Keep the North Country Smiling**

Much of the Keep the North Country Smiling (KNCS) coalition's work remain paused following the pandemic. There were no reported anti-fluoridation activities in 2022, and the department continued to promote access to community water fluoridation by making municipalities aware of funding through the NYSDOH to repair and replace outdated fluoridation equipment, as well as to purchase equipment to establish community water fluoridation. Pediatric dental practices continued to be encouraged to educate children and families about the importance of HPV vaccine to prevent oral cancers as a standard of care.

A Master of Public Health (MPH) intern with the department completed public health detailing with the four pediatric practices in Jefferson County to promote fluoride varnish treatment (FVT). Resources from the New York State Department of Health, including tooth brush/toothpaste kits for children, as well as FVT kits for providers to administer, were provided to each practice to either support existing FVT efforts, or to encourage the start or restart of FVT with each of their patients from the time of erupted teeth to age 7.

### **Alliance for Better Communities**

The department remains extremely active with the Alliance for Better Communities, Jefferson County's Drug-Free Communities coalition, and has engaged all community sectors to address substance use problems on multiple fronts. 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 substance use problems happening in Jefferson County, what the needs and priorities are, and how local response is being implemented. Data indices continued to track and chart the growth of this problem locally. Overdose deaths decreased 28% from 2021, and deaths caused specifically by fentanyl decreased 45%. The City of Watertown continues to be the County's epicenter for drug use, with 72% of all overdose/poisoning deaths occurring in the city. To support the Alliance's mission to help substance using individuals and their families protect themselves and seek treatment, fentanyl test strips were purchased and provided to the Alliance for inclusion in their harm reduction kits. The kits were distributed throughout the community to ensure protection from fentanyl, and to educate substance using individuals about the resources available to seek treatment and to sustain sobriety following treatment.

The Prevention Needs Assessment (PNA) Youth Survey was resumed in school districts

following a multi-year break due to the COVID-19 pandemic. The Alliance administered the PNA to 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders throughout Jefferson County, and measured the need for prevention services among youth in the areas of substance use, delinquency, antisocial behavior, and violence. Mental health questions were also added to the survey in 2022 to assess impact from the pandemic. The questions on the survey ask youth about the factors that place them at risk for substance use and other problem behaviors. The survey also inquires about the use of alcohol, tobacco and other drugs, as well as participation in various antisocial behaviors. The findings were so alarming, particularly in the realm of mental health, that youth substance use and mental health became the principal mental health/substance use focus in the 2022-2024 Community Health Improvement Plan.

## **Disease Control**

### **Communicable Disease Reporting and Control**

Surveillance for communicable diseases continued. Communicable Disease Control nurses continued their lead roles in responding to the COVID-19 pandemic. Influenza cases rose dramatically as people began to gather normally in public and without masks. In addition to influenza and COVID-19 cases, leading Jefferson County communicable disease indices continued to be Sexually Transmitted Infections (STI), respiratory, and food-borne generated disease. Communicable disease nurses continued to respond to various disease exposures, including Hepatitis A and B and rabies prophylaxis. STI indices remained stable in 2022, but an overall trend upward in Jefferson County, New York State, and nationally at significant rates continues to occur. Educational efforts to address and control STIs are focused on prevention and increasing screening with particular attention on high-risk populations. The STI Coalition continues to address the 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. Weekly immunization and STI clinics continued.

### **Immunization Services**

Immunization Clinic was offered every Wednesday from 12:30 p.m. until 3:30 p.m. The clinic is by appointment only. Infant, adolescent, and adult vaccines that are required and recommended were offered. Additionally, the department provides Travel Health Service immunizations for individuals going to foreign countries. Vaccine categories for Travel Health include routine, recommended, and required. Nurses discuss which vaccines are appropriate using CDC guidance with each patient. COVID-19 clinics run by the department diminished as more and more providers and pharmacies began to offer vaccines. The department held 78 clinics, mostly at the department facility, and vaccinated 779 individuals with primary, booster and bivalent vaccines.

### **Rabies Control**

Rabies control activities continued, encompassing exposure follow-ups for humans and domestic animals through contact investigations, pre and post-exposure treatments, animal

confinements and quarantines, laboratory specimen submissions, vaccination clinics for domestic animals, and community education.

### **Vector Control**

The department continued to provide public education regarding avoidance of Lyme and other tickborne diseases. Additionally, the department provided public education regarding mosquitoes and how to minimize risk for mosquito-borne diseases.

## **Home Health Care**

The Certified Home Health Agency (CHHA) provides multiple in-home care services such as nursing, home health aides, physical therapy, occupational therapy, medical social worker, registered dietician, and case management to patients throughout Jefferson County.

The CHHA received 1,126 referrals and provided 12,232 visits to 758 patients over 9 disciplines of care in their homes throughout the year. MCH client visits are included in the Home Health Care program statistics.

The CHHA continued its 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 2021 was 17.86%.

2022 National Patient Satisfaction Benchmark System findings for JCPHS home health care patients showed of 480 patients surveyed, 170 responded (35%) with 90% rating their care 9 or 10 on a scale of 0-10; 88% would definitely recommend; 89% satisfied with care received; 85% satisfied with communications about care provided; and 84% satisfied with specific care issues. Satisfaction was essentially stable if not a bit improved in all categories over 2021.

The CHHA partnered with Emergency Medical Services (EMS) to launch and implement the Mobile Integrated Health (MIH) program at the end of 2022. The MIH project is delineated in the EMS section of this report.

## **Emergency Medical Services**

The EMS unit coordinates education programs, systems response planning, support services, quality improvement, and public health preparedness with other emergency and public safety providers, hospitals, agencies and committees. Lewis, St. Lawrence, Oswego, and Onondaga County interactions are maintained. The unit sponsored 14 courses in 2022.

### **Overdoses/Poisonings**

The department continued to work with first responders to report real-time substance use overdose/poisoning information into the ODMAP reporting system. The data goes first to the EMS unit, which evaluates the information to use for public notification. The Director of Public

Health and District Attorney together approve issuing public ALERTs. No ALERTs were issued in 2021, but a year-end release was issued regarding the numbers of confirmed overdose deaths to date, as well as an updated listing of resources individuals and families could access for assistance, resources for harm reduction, naloxone training with free kits, and agencies that could assist with safe disposal of prescription medications.

### **Mobile Integrated Health**

With funding through the Home Care Association of New York State from the Mother Cabrini Health Foundation, and in partnership with the Iroquois Healthcare Association and IPRO (the state-federal regional quality improvement organization), a *Collaborative Models of Community Medicine and Paramedicine* pilot initiative was created with 3 sites selected: the Jefferson County Public Health Service in the North Country, and 1 site each in the Hudson Valley and the Southern Tier. The goal of this pilot project is for these regions to optimize resources and work with all key players toward goals to support care transitions, continuity of patient service, and coordinated intervention with vulnerable populations in order to avoid Emergency Department episodes and visits, reduce hospital readmissions, and avoid unnecessary hospitalizations and unnecessary ambulance transports. The pilots share similar goals but are each tailored to the resources and specific needs of the residents of each respective community. By coordinating the roles and protocols among core hospital, home health, physician and EMS partners, patients in the community will have increased access to care and continuity of service and support, which is particularly vital in resource challenged areas. Each of these three pilot programs will utilize and coordinate all partners to deliver primary and preventative care services to populations such as frail or elderly patients, patients without transportation, etc. Administering preventative care lowers the likelihood that emergency teams will be called to non-urgent situations and preserves emergency care resources.

For its project, the department created the Jefferson County Mobile Integrated Health (MIH) program. The program specifically expands the roles of paramedics and EMTs to increase access to care in rural areas of the county where it can be difficult to get to a healthcare facility and receive primary care. Through the program, paramedics and EMTs can visit a patient at home to provide education; check blood pressure; check blood sugar level; help with medication; do weight checks; and share information with the patient's primary care doctor. These steps and services lower the chance that the patient will need to seek emergency services and measurably reduce 911 calls and emergency department visits.

The Jefferson County MIH program aims to address the top four reasons persons seek emergency care: congestive heart failure (CHF); chronic obstructive pulmonary disease (COPD); diabetes; and risk for falling. The program is a collaboration between the Jefferson County Public Health Service Certified Home Health Agency (CHHA) and Emergency Medical Services program, who liaisons with 5 participating ambulance agencies. The first home visit includes an assessment by a nurse from the CHHA. Follow-up visits are done by a paramedic or EMT from one of the following agencies: Thousand Islands Emergency Rescue Squad (TIERS); Indian River Ambulance Service (IRAS); Carthage Area Ambulance (CARS); South Jefferson Rescue Squad (SJRS); and Guilfoyle Ambulance Service.

The MIH program commenced in late October 2022 and began primarily with training sessions for paramedics and EMTs from the 5 agencies. Minimal visits were completed by year-end, with efforts planned to intensify and expand in 2023.

## Public Health Emergency Preparedness

Public Health Emergency Preparedness and Response (PHPR) continued to be a major priority for the department. Efforts included educating the public to be prepared in the event of an emergency and providing health professionals and citizens to serve as volunteers in Jefferson County communities during health-related emergencies. The department also continued to work with regional, State and Federal levels to assure the most effective response possible to health emergency threats in Jefferson County and the North Country. The department is an active member of the Central New York Alliance, which meets periodically to address preparedness plans and deliverables and discusses coordination of potential response activities regionally. The department is also an active participant with the Central New York Medical Reserve Corps, which provides opportunities for health professionals and citizens to serve as volunteers during health-related emergencies.

## Medical Examiner

The Jefferson County Medical Examiner's (ME) Office is authorized to investigate deaths that fall under [New York State County Law, Article 17A, Section 670](#). The ME Office goal is to provide answers for those affected by sudden and traumatic loss, and help improve the public health, safety, and well-being of all Jefferson County residents. The ME continued to investigate deaths that fell into categories outlined in County Law where the public interest is served by explaining cause and manner of death.

Once Medical Examiner jurisdiction is established, it is the Office's responsibility to determine the cause and manner of death, produce an autopsy report, and issue a death certificate. The cause of death is the disease process or injury that results in the person's death. The manner of death indicates how the death occurred and includes designations of accident, homicide, natural, suicide, or undetermined.

There were 200 cases for the year, of which 102 (51%) required autopsy. Of 35 confirmed overdose deaths in 2022, 21 were attributed to opioids.

The ME Office continued to monitor the drug overdose/poisoning situation and statistics, and collaborated with community-based agency partners, including law enforcement, to educate the public regarding dangerous illegal substances and prescription medications. Additionally, the ME Mass Fatality Plan was completed and is an annex of the Jefferson County Health Emergency Operations Plan under Public Health Preparedness.

ME policies and procedures were developed for intake of new cases; intake of mass fatality cases; autopsy coverage, release of autopsy reports and photos, and invoices.

## 2021-2022 Annual Data

<b>Community Health</b>	<b>2021</b>	<b>2022</b>
<b>Child Find</b>		
Referrals	140	101
Cases	110	81
<b>Childhood Lead Poisoning Prevention Program</b>		
Provider Screens	2,332	2,624
Pb>10+ mcg/dl	27	29
Pb 5-9 mcg/dl	106	96
<b>Children with Special Health Care Needs</b>		
Total children served (<21 years of age)	8	0

<b>Health Promotion</b>	<b>2021</b>	<b>2022</b>
<b>CHIP Health Education Indicators</b>		
Educational Events	18	32
Individuals Reached	116,721	65,136
School Classroom Presentations	0	0
Number of Facebook "Likes"	15,496	15,642
Number of Twitter Followers	286	287
Number of Instagram Followers	955	993
Provider Educational Events	8	6
Providers Reached	285	364
Press Releases Completed	238	89
Number of Social Media Campaigns Conducted	2	4

<b>Disease Control</b>	<b>2021</b>	<b>2022</b>
<b>Confirmed &amp; Probable Cases</b>		
<b>COVID-19</b>	<b>13,123</b>	<b>15,858</b>
<b>Hepatitis*</b>	<b>105</b>	<b>92</b>
Hepatitis A	1	1
Hepatitis B, Chronic	10	11
Hepatitis B, Infant Perinatal	3	1
Hepatitis C, Chronic	85	74
Hepatitis C, Acute	6	5
<b>Influenza</b>	<b>327</b>	<b>3,662</b>
Influenza A	230	3,274
Influenza B	78	121
Influenza Unspecified	19	267



<b>Disease Control (cont'd.) Confirmed &amp; Probable Cases</b>	<b>2021</b>	<b>2022</b>
<b>Lyme Disease</b>	<b>25</b>	<b>202</b>
<b>Pertussis</b>	<b>4</b>	<b>0</b>
<b>Sexually Transmitted Infections</b>	<b>894</b>	<b>849</b>
Chlamydia	714	685
Gonococcal	0	0
Gonorrhea	166	150
Lymphogranuloma Venereum	0	0
Syphilis	14	14
<b>Tuberculosis</b>	<b>1</b>	<b>0</b>
<b>All Other Confirmed &amp; Probable Reportable Diseases</b>	<b>192</b>	<b>254</b>

\*Hepatitis A = spread through stool; Hepatitis B = spread through bodily fluids; Hepatitis C = spread through blood.

<b>Jefferson County Public Health Service - Diagnostic &amp; Treatment Center Services</b>	<b>2021</b>	<b>2022</b>
<b>COVID-19</b>		
Number of Clinics	300	78
Number of Clients	21,583	779
Total Vaccines Administered/Client Visits	33,299	1,450
<b>STD/HIV</b>		
Number of Clinics	36	55
Number of STD Visits	65	106
Number of HIV Visits	32	95
Number of HCV Tests (Hepatitis C)	17	42
Total Number of Clients	59	64
<b>Tuberculosis</b>		
Number of Skin Tests – PPDs	120	159
Number of Active Cases Monitored	1	0
Number of PPD Converters	1	0
Number of Client Visits	84	123
<b>Immunization</b>		
Number of Clinics	50	54
Number of Clients	482	642
Total Vaccines Administered	830	1,108
Number of Client Visits	506	619
<b>Hepatitis B</b>		
Number of Adults	22	64
Total Hepatitis B Administered	35	100
<b>Influenza</b>		
Total Influenza Administered	234	249

<b>Jefferson County Public Health Service - Diagnostic &amp; Treatment Center Services (cont'd.)</b>	<b>2021</b>	<b>2022</b>
<b>Pneumococcal</b>		
Total Pneumococcal Administered	29	24
Pevnar 13	25	17
Pneumovax 23	4	7
<b>Travel Health Services</b>		
Number of Clients	14	39
Number of Visits	14	39
Total Vaccines Administered	16	39
<b>Rabies Exposures</b>		
PRE-Number of Veterinary Practice Personnel	6	2
Number of Doses	17	5
Number of Titers	49	0
POST-Total Exposures	31	62
JCPHS Clients Served	2	45
JCPHS HRIG Doses Administered	0	13
JCPHS HDCV Doses Administered	5	129
Hospital Clients Served	30	17
Hospital HRIG Doses Administered	28	49
Hospital HDCV Doses Administered	116	68
Total Doses HRIG	28	62
Total Doses HDCV	119	197
Total JCPHS Doses HDCV (Nos. 2-4)+	3	0
<b>Total JCPHS D&amp;TC Patient Visits</b>	<b>34,601</b>	<b>3,321</b>

<b>Jefferson County Public Health Service - STD Program Submissions for Testing</b>	<b>2021</b>	<b>2022</b>
Syphilis	61	103
Chlamydia	62	171
Gonorrhea	62	171
HCV (Hepatitis C)	17	42
HIV	32	95
<b>TOTAL</b>	<b>234</b>	<b>582</b>

<b>Rabies Testing</b>	<b>2021</b>	<b>2022</b>
Jefferson County Public Health Service – Animals Submitted	73	70
Partner Agency (Fort Drum, NYSDEC, USDA) – Animals Submitted	150	141

<b>Rabies Vaccinations</b>	<b>2021</b>	<b>2022</b>
<b>Village Clinics</b>		
Dogs	344	184
Cats	174	53
Ferrets	3	2
<b>TOTAL Village Clinics</b>	<b>521</b>	<b>239</b>
<b>Dog Control Clinics</b>		
Dogs	341	453
Cats	164	147
Ferrets	3	0
<b>TOTAL Dog Control Clinics</b>	<b>508</b>	<b>600</b>
<b>TOTAL VACCINATIONS</b>	<b>1,029</b>	<b>839</b>

<b>Home Health Care</b>	<b>2021</b>	<b>2022</b>
<b>Referrals</b>	<b>1,360</b>	<b>1,126</b>
<b>Cases</b>	<b>884</b>	<b>758</b>
<b>Average Daily Census</b>	<b>130</b>	<b>98</b>
<b>Visits By Discipline</b>		
Nursing	7,979	6,131
Home Health Aide	1,387	745
Physical Therapy	4,480	3,943
Occupational Therapy	921	830
Nutrition	109	117
Medical Social Worker	553	466
<b>TOTAL Visits</b>	<b>15,429</b>	<b>12,232</b>

<b>Emergency Medical Services</b>	<b>2021</b>	<b>2022</b>
<b>EMS Courses</b>		
Number of Courses	16	14
Number of Students	195	149
<b>EMS Calls</b>	<b>24,607</b>	<b>26,029</b>

<b>Medical Examiner</b>	<b>2021</b>	<b>2022</b>
<b>Causes of Death</b>		
Natural Death	103	136
Accidental Death	43	46
Suicide	17	12
Homicide	3	2
Pending Investigation	1	0
Consultation	0	3
Undetermined	6	1
<b>Cases</b>		
<b>TOTAL</b>	<b>173</b>	<b>200</b>
Total with Autopsy	87	102
Total without Autopsy	86	98
Autopsy to Case Ratio	50	51
Total Scene Investigations	3	29

# Jefferson County, NY 2022 COVID-19 Index

## Vaccinations in Jefferson County, NY

People Vaccinated through <u>12/31/2022</u> -	At Least One Dose	Fully Vaccinated
Total	99,116	84,382
% of Total Population	90.2%	76.8%
Population $\geq$ 5 Years of Age	98,609	84,125
% of Population $\geq$ 5 Years of Age	95.0%	83.1%

Source: U.S. Centers for Disease Control.

\*Children age 6 months – 5 years became approved to receive vaccine 6/18/2022. Data is pending from the CDC.

## Testing Data:

Total Positive through 12/31/2022: 31,919

Source: Jefferson County Public Health Service.

Positive Case Rate per 100,000 population as of 12/31/2022 – 94.69

Source: U.S. Centers for Disease Control.

## Jefferson County, NY Community Transmission Level: **MEDIUM**

Source: U.S. Centers for Disease Control.

## Wastewater Results:

SARS-CoV-2 City of Watertown, Wastewater Testing Result, as of 12/28/2022: **HIGH**

SARS-CoV-2 Village of Carthage/West Carthage, Wastewater Testing Result, as of 12/22/2022: **LOW**

SARS-CoV-2 Thousand Islands Central School District, Wastewater Testing Result, as of 12/22/2022: **LOW**

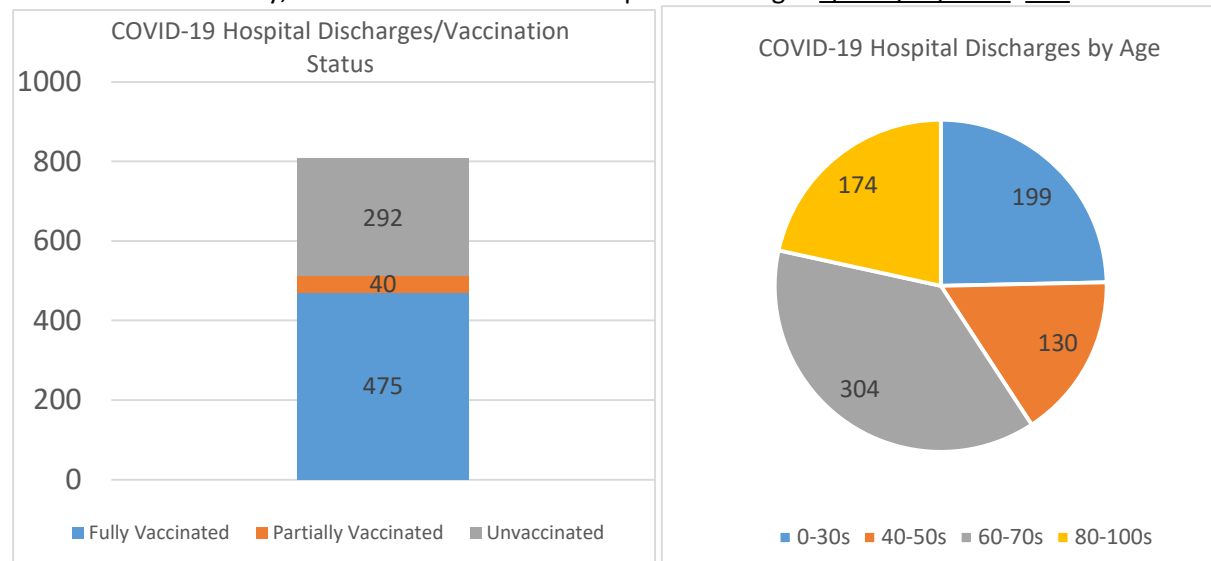
**HIGH** = COVID-19 quantifiable indicating active transmission with remediation needed immediately.

**LOW** = COVID-19 detected but not quantifiable indicating early/latent infection or a potential outbreak depending on the size of the sewer shed.

Source: **Quadrant Viral Testing, LLC.**

## Hospital Discharges, 2022:

Total Jefferson County, NY Residents COVID-19 Hospital Discharges 1/1-12/31/2022: **807**

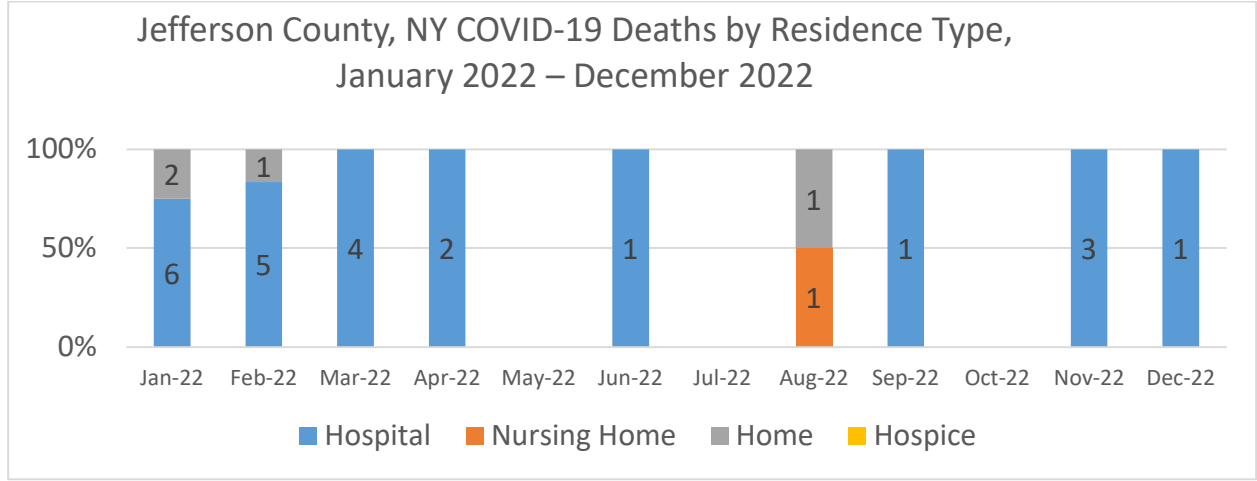


Source: Jefferson County Public Health Service; hospital and long-term care facilities.

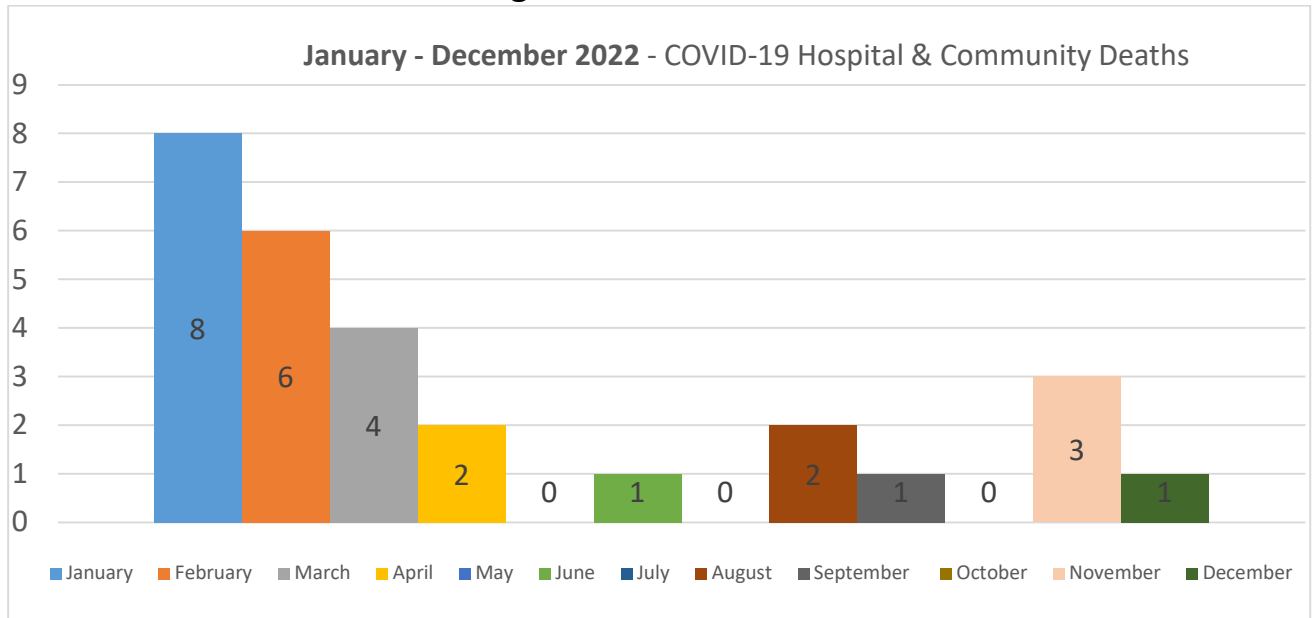
**COVID-19 Deaths:**

Total Jefferson County, NY Residents COVID-19 Deaths 1-12/31/2022: **28**

January 2022 – 8; February 2022 – 6; March 2022 – 4; April 2022 – 2; May 2022 – 0; June 2022 – 1; July 2022 – 0; August 2022 – 2; September 2022 – 1; October 2022 – 0; November 2022 – 3; December 2022 – 1.

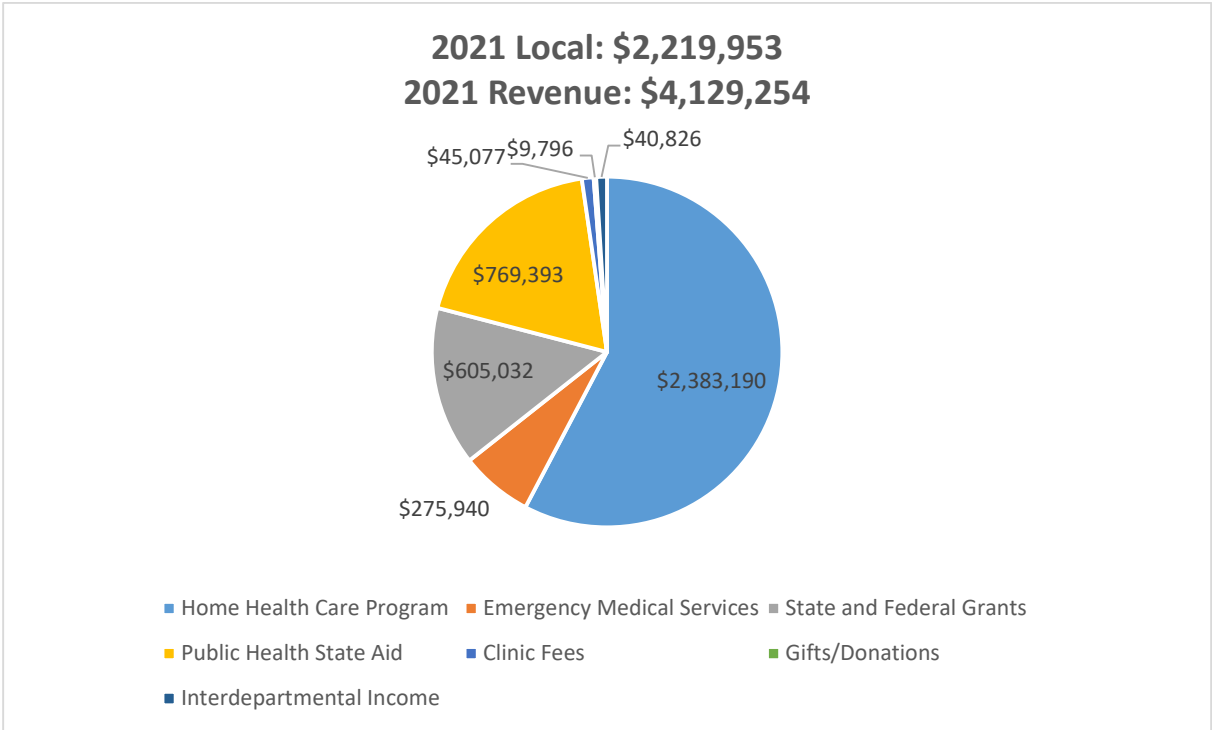
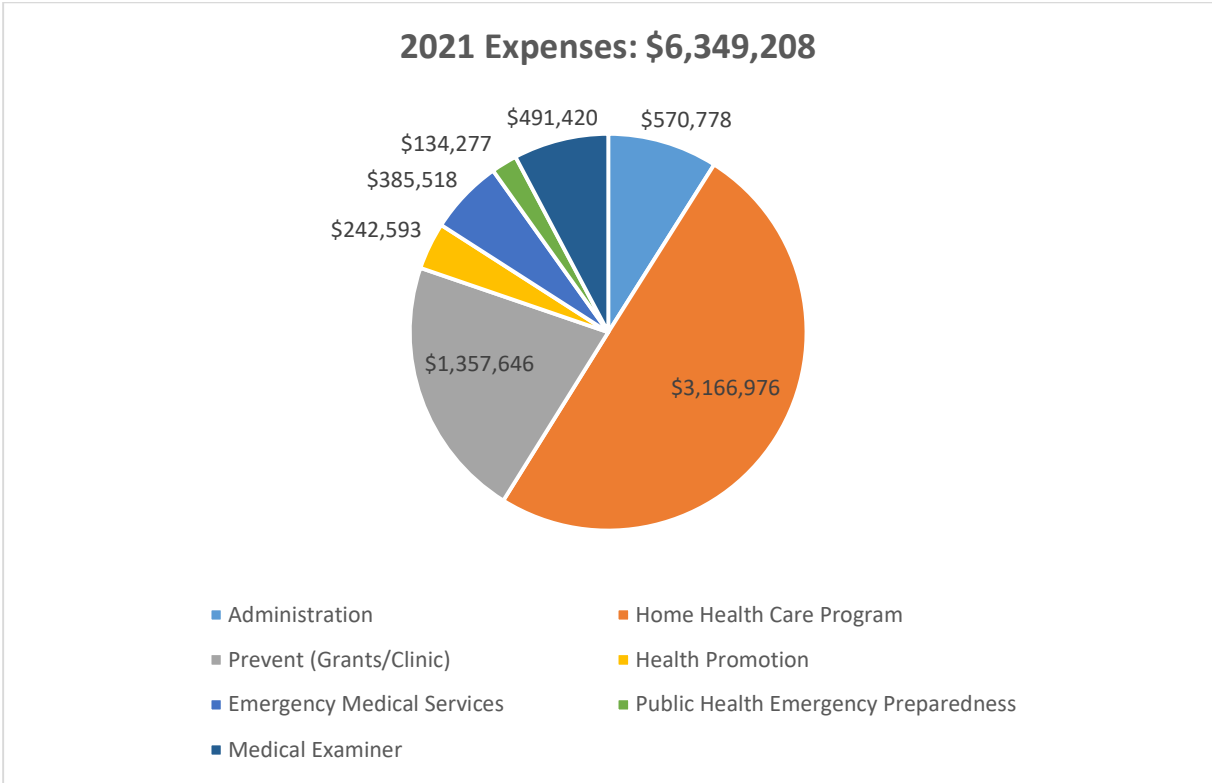


<b>Total Male:</b>	<b>15</b>	<b>Age 30s:</b>	<b>2</b>	<b>Youngest:</b>	<b>30</b>
<b>Total Female:</b>	<b><u>13</u></b>	<b>Age 40s:</b>	<b>1</b>	<b>Oldest:</b>	<b><u>104</u></b>
<b>TOTAL:</b>	<b>28</b>	<b>Age 50s:</b>	<b>2</b>	<b>Average Age:</b>	<b>74</b>
		<b>Age 60s:</b>	<b>6</b>		
		<b>Age 70s:</b>	<b>4</b>		
		<b>Age 80s:</b>	<b>6</b>		
		<b>Age 90s:</b>	<b>6</b>		
		<b>Age 100s:</b>	<b>1</b>		

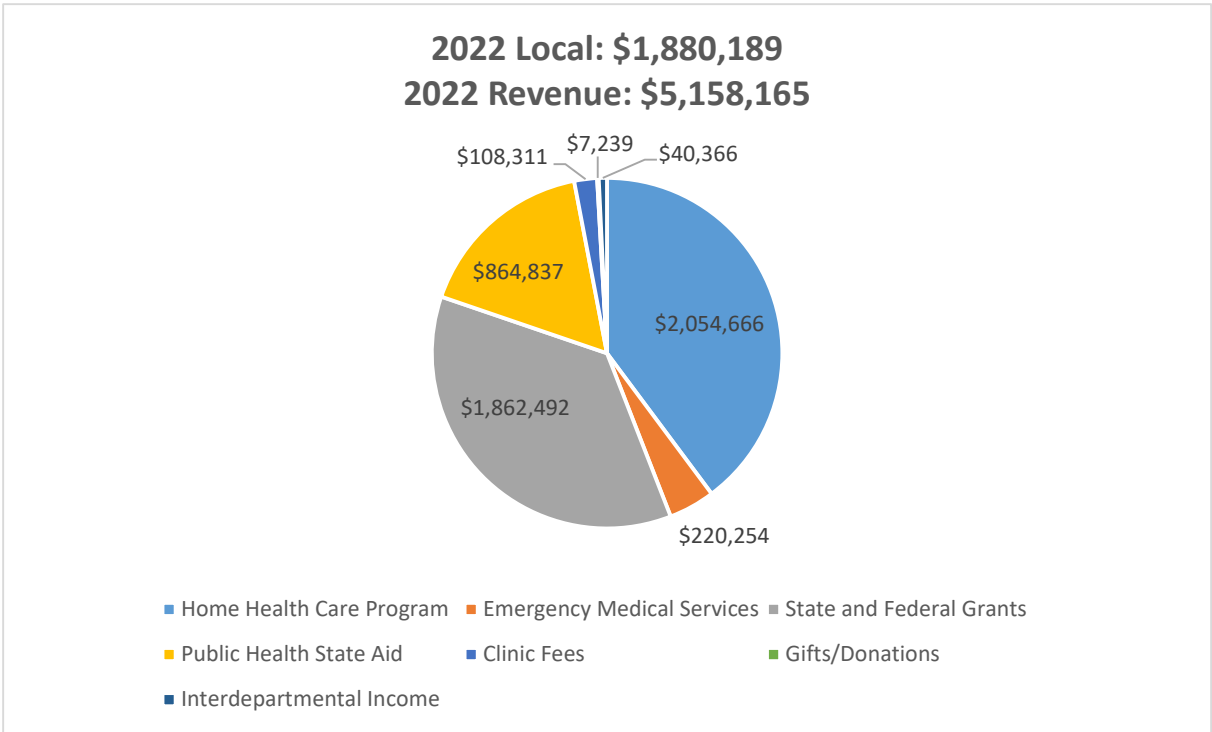
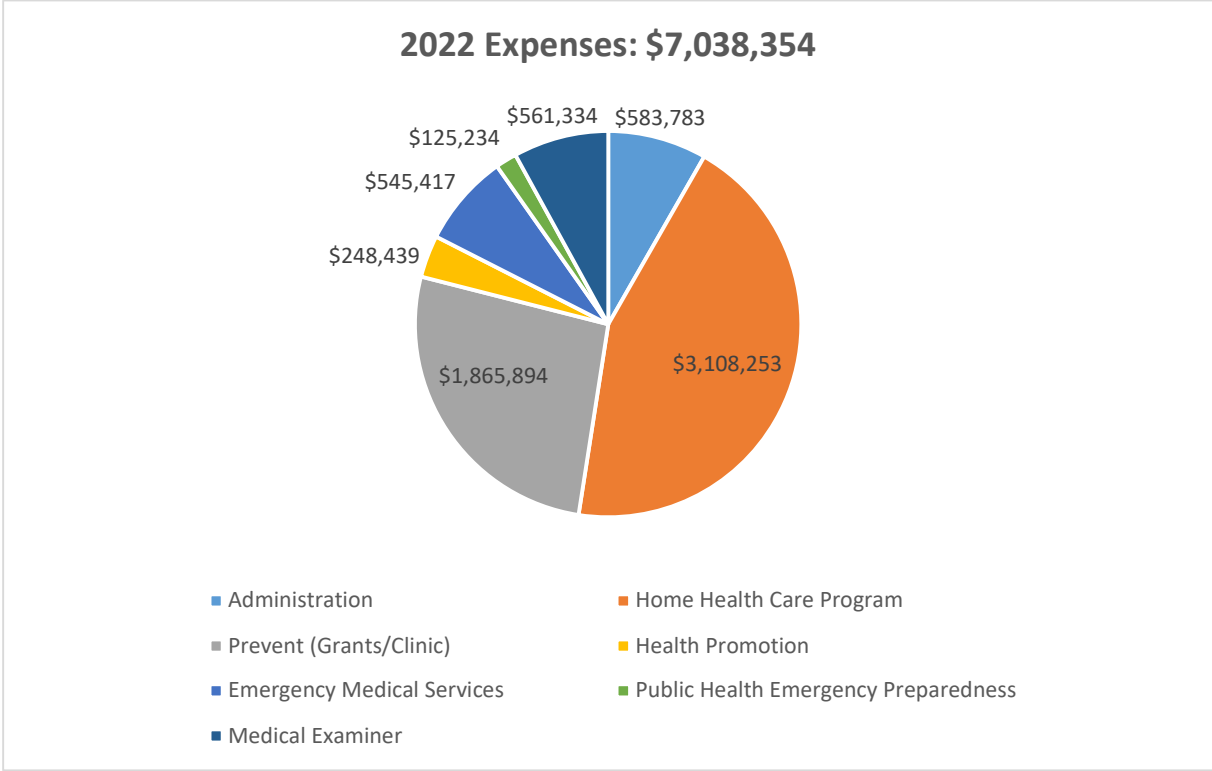


Source: Jefferson County Public Health Service; Jefferson County Medical Examiner.

# 2021 FINAL Schedule of Expenditures and Revenue



# 2022 Projected Schedule of Expenditures and Revenue





# 2022 Staff

## **Management**

Ginger Hall, Director of Public Health  
Lisa Cooley, Director of Patient Services  
Bert Burnham, Public Health Fiscal Director  
Heather Campbell, SPHN  
Troy Mitteer, SPHN  
Gayle Seymour, SPHN  
Tina Siembida, SPHN

## **Medical Director**

Robert Kasulke, MD

## **Nursing**

Cathleen Biggs, RN  
Scott Comstock, RN  
Amy Countryman, RN  
Erna Davidson, RN  
Justine Dowe, RN  
Candice Gozalkowski, RN  
Susan Harris, RN  
Sandra Horning, LPN  
Kaylee Nortz, RN  
Mandy Parker, LPN  
Shannon Priest, RN  
Tamie Reynolds, RN  
Sharon Riley, RN  
Katherine Schuessler, PHN  
Sherry Smith, PHN  
Keyawanna Stroud, RN  
Laurie Woodward, PHN

## **Home Health Aide**

Beverly Branch  
Petra O'Conner  
Robin Phillips

## **Physical Therapy**

Lisa Boulter, PTA  
Brian Boutilier  
Alyssa Gibbs  
Jessica Lyndaker, PTA  
Julie Ward

## **Occupational Therapy**

Amanda Mower

## **Medical Social Work**

Jeri Fuller, PH Social Worker

## **Nutritionist**

MaryBeth Knowlton, RD

## **Health Planning**

Stephen Jennings, MS

## **Health Promotion**

Lisa Lagos  
Faith Lustik, MA

## **Public Health Specialist**

Jayme McNeely\*  
Cecilia Wirth, MPH\*

## **Public Health Emergency Preparedness**

Jeffrey Leiendecker, MS

## **Secretarial/Accounting/Office**

Jieun Ahn  
Ingrid Bartlett\*  
Kristen Boshane  
Katie Dandrow  
Maria Davis\*  
Barbara DeLosh  
Patti Drake  
Necole Hulbert  
Gabriella Marra  
Penny O'Brien  
Bridget Priest  
Jenna Roberts  
Michelle Snyder  
Lorna Zvingilas

## **Emergency Medical Services**

Paul Barter, Director  
Christopher Singleton

## **Medical Examiner**

Samuel Livingstone, MD  
Vonnice Joels, Medical Investigator  
Jazmyne Cortes Ornelas, Medical Investigator  
Victoria Romine, Medical Investigator  
Robert Kasulke, MD – per diem

## **COVID-19 Temporary**

Diana Chaffee  
Deborah Foisy, PHN  
Claire Jennings  
Elizabeth Mason, SPHN  
Yvonne Pike  
Paul Warneck

\*New York State Public Health Corps Fellows.

# Contact Us

**Jefferson County Public Health Service**  
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**Find us on the Internet:**

[www.jcphs.org](http://www.jcphs.org)

**OR**

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