

Jefferson County Public Health Service

2017 ANNUAL REPORT



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

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 Programs:

- 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

The department executes its mission through the Three Core Public Health Functions, and 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.

Dear Friends and Neighbors,

2017 was another busy year for your local health department, with many advancements made in our work to serve you. We established a 2017-2019 Strategic Plan for the department. We improved our privacy and security policies and practices and achieved the HIPAA Seal of Compliance. We advanced Complete Streets policies in the County. We joined forces with Lewis, St. Lawrence, and Oswego Counties to collaboratively address children’s oral health across our region. And we partnered with all community sectors to fight the opioid epidemic happening in all of our communities. Our work in 2017 has greatly focused on partnerships and collaboration to improve public health for our residents.

I invite you to take a moment and read about the accomplishments of the Jefferson County Public Health Service, and I welcome your suggestions and input to improve and enhance our work. We are proud to serve this community and appreciate your support.



Sincerely,

Ginger B. Hall, BSN, M.S.Ed, MPH

**Jefferson County
Director of Public Health**

ASSESSMENT
Monitor health status to identify community health problems

- The department implemented the County’s 2016-2018 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; 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 2,157 total live births. Premature births (infants born at <37 weeks) were 7.5% of all births, and 6.4% were low birth-weight (<2,500 grams). Both of these indices decreased slightly from 2016, and are in line with the Healthy People Year 2020 Goals. 78.5% of infants were breast feeding in early postpartum.
- Jefferson scored 41st healthiest New York State county in 2017 as part of the national Robert Wood Johnson Foundation County Health Rankings. For length of life, Jefferson scored 39th; quality of life—33rd. A breakdown of Health Factor scores are as follows: Health behaviors— 61st · Clinical care— 17th · Social & economic factors— 39th · Physical environment— 19th. The County Health Rankings can be viewed at 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 continued to be Sexually Transmitted Diseases, respiratory, and food-borne generated.
- Specific leading disease numbers and rates for 2017 include:

| Jefferson County CD Indices | 2017 | | 2014-2016 | |
|-----------------------------|-------|-------|-----------|-------|
| Disease | Freq. | Rate | Freq. | Rate |
| Campylobacteriosis** | 60 | 51.0 | 29 | 24.7 |
| Cryptosporidiosis** | 32 | 27.2 | 19 | 16.2 |
| Giardiasis | 17 | 14.5 | 11 | 9.4 |
| Hepatitis B, Chronic | 4 | 3.4 | 6 | 5.1 |
| Hepatitis C, Acute | 1 | 0.9 | 1 | 0.9 |
| Hepatitis C, Chronic | 68 | 57.8 | 78 | 66.3 |
| Influenza A, Lab Confirmed | 374 | 317.9 | 225 | 191.3 |
| Influenza B, Lab Confirmed | 230 | 195.5 | 51 | 43.4 |
| Legionellosis | 3 | 2.6 | 4 | 3.4 |
| Lyme Disease** | 19 | 16.2 | 21 | 17.9 |
| Meningitis, Aseptic | 6 | 5.1 | 6 | 5.1 |
| Pertussis** | 7 | 6.0 | 6 | 5.1 |
| Salmonellosis | 26 | 22.1 | 17 | 14.5 |
| Tuberculosis *** | 1 | 0.9 | 1 | 0.9 |

** Confirmed and probable cases counted; Campylobacter—confirmed and suspect. *** Not an official number.

| Jefferson County STD Indices | 2017 | | 2014-2016 | |
|------------------------------|-------|-------|-----------|-------|
| Disease | Freq. | Rate | Freq. | Rate |
| Syphilis | 3 | 2.6 | 2 | 1.7 |
| Gonorrhea | 119 | 101.2 | 63 | 53.6 |
| Chlamydia | 752 | 639.3 | 624 | 530.5 |

- STD indices rose in 2017 and continue to trend upward in Jefferson County, New York State, and nationally at significant rates. Educational efforts to address and control STDs are focused on prevention and increasing screening with particular attention on high-risk populations. The Sexually Transmitted Infections (STI) Coalition is addressing the increasing numbers of STI/D cases by coordinating targeted prevention messages utilizing paid social media ads, as well as educating providers on appropriate follow-up with STI/D patients.
- Lead exposure in children decreased slightly overall. Of 2,865 provider screens, 141 children had lead levels of Pb 5-9 mcg/dl; 96 children had levels at Pb>10+ mcg/dl, which was a 92% increase over 2016. All 237 children who were lead poisoned were followed-up with.

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

- There was 1 active Physically Handicapped Children's Program case. Total active Children with Special Health Care Needs clients were 28, a decrease of 95.9%. However, the program's data monitoring changed in 2017 to only count new referrals. The program has a focus on outreach and assisting special health care needs families with transitioning to adulthood. The department continued to partner with the Northern Regional Center for Independent Living (NRCIL) to provide educational sessions for families.
- The Home Health Care Programs 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 2017 was 10.31, a slight increase over 2016.
- 2017 National Patient Satisfaction Benchmark System findings for JCPHS home health care patients showed of 563 patients surveyed, 238 responded (42%) with 83% rating their care 9 or 10 on a scale of 0-10; 78% would definitely recommend; 93% having no problems with care received; and 74% satisfied with specific care issues.
- 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 quarterly meeting to discuss

home health care priorities and issues.

POLICY DEVELOPMENT

Develop policies and plans that support individual and community health efforts

- The department adopted its 2017-2019 Strategic Plan in 2017. The QAPI Public Health Committee comprised the strategic planning team. Beginning in May 2015, the committee began meeting to work through the strategic planning process, with the ultimate goal of developing a workplan that would serve as the basis for program sustainment, and then development and implementation for any gap areas identified. Goals and strategic initiatives include:

| GOALS | STRATEGIC INITIATIVES |
|--|---|
| 1. Leading Public Health in Jefferson County Linked to PHAB Domain 4: Community Engagement | <ul style="list-style-type: none"> • Promote awareness of public health services in Jefferson County. |
| 2. Improving Health Linked to PHAB Domains 3 & 10: 3 - Inform & Educate 10 - Evidence-Based Practices | <ul style="list-style-type: none"> • Strengthen our STD/HIV Clinic: a) add an NP Provider; b) increase social media presence to educate the public. • Strengthen maternal/infant care in Jefferson County by contacting every new (first-time) mother of a newborn, and every mother of a high-risk newborn, and offer a home visit. • Collaborate and integrate all services with Fort Drum (e.g. Dog Control, Communicable Disease Control, NYSIS, STDs, Preparedness). • Measurably impact chronic disease incidence in the population by enhancing diabetes education and impact strategies. • Measurably impact mental health and substance abuse in the population by enhancing partnerships to increase community dialogue and develop comprehensive systems strategies that increase prevention programming, as well as access to care and treatment. • Advance public health preparedness. |
| 3. Achieving Accreditation and Assuring Quality Linked to PHAB Domain 9: Quality Improvement | <ul style="list-style-type: none"> • Evaluate and continuously improve health department processes, programs and interventions. • Develop a Quality Assurance (QA) Plan/Program. • Apply for PHAB Accreditation. |
| 4. Strengthening Organizational Capacity Linked to PHAB Domain 8: Workforce | <ul style="list-style-type: none"> • Increase department operational efficiencies by maximizing use of all technology utilities. <p><i>*PHAB = Public Health Accreditation Board.</i></p> |

A work plan for each strategic initiative was created and is currently being implemented. In line with the development of the department's 2017-2019 Strategic Plan, the regional 2016-2018 Community Health Assessment (CHA) and CHIP was developed. The Strategic Plan aligns with the CHA and CHIP.

- On 3/23/17, the Keep the North Country Smiling coalition convened with fourth county, Oswego County. Covering Jefferson, Lewis, St. Lawrence and Oswego Counties, the coalition began work on development of a new 2017-2020 work plan. The work plan was adopted by year-end, with goals to integrate oral health into systems, policies and programs which improve oral health; prevent oral diseases and address risk factors through evidence-based interventions; all children will be well and have access to oral health care and cleaning resources for proper oral health hygiene; and increase capacity, diversity, and flexibility of the workforce to meet the needs of the four counties. In addition to these goals, 13 strategies were developed for the coalition to work on to advance oral health care accessibility and improved outcomes.
- A key strategy the department is pursuing as part of its CHIP is to establish Complete Streets policies in at least 3 municipalities in Jefferson County. On 1/17/17, after approximately a year and half of study and planning drafts, the Watertown City Council adopted a Complete Streets policy for the City. Complete Streets policies are a public health evidence-based strategy key to promoting and advancing environments that foster healthy living and reducing chronic disease. The purpose of the City's policy is to ensure that planning and engineering decisions affecting surface transportation in the City are made with consideration for the safety and convenience of all users, regardless of their mode of transportation, age or ability level. Establishment of Western Boulevard on the western side of the City, and the redesign of Washington Street in front of the middle, junior and high school campus were highly publicized Complete Streets projects for the City in 2017. The Washington Street project reduced highway lanes from 4 to 2, added bike lanes, and redesigning crosswalk points, enhancing the area for all users, and greatly increased safety for school children and motor vehicle operators. The department is working with its North Country Health Compass

Partnership colleagues, including the Tug Hill Commission, to recruit additional municipalities to adopt Complete Streets policies.

- Up-to-date goals, objectives, action strategies, and progress are delineated in the CHIP and measurably improving priority chronic disease and mental health/substance abuse indices.
- School districts with the highest rates of obesity in the County are being advised by the department and other partners regarding developing policies that foster environments and behaviors which support wellness.
- Department staff continued to actively participate in the CNY Public Health Alliance (formerly Epidemiology Alliance), led by the Onondaga County Health Department.
- Department staff actively participated on the North Country Prenatal/Perinatal Council (NCPPC) Board of Directors and committees.
- Jefferson County EMS continued active membership with the Jefferson County Emergency Medical Services Cooperative.
- Department Administration, EMS, Medical Investigator, and the Public Health Emergency Coordinator are all members of the Jefferson County Local Emergency Planning Council. These department members also serve on the regional hospital External Preparedness Steering Group, led by Samaritan Medical Center.
- Department staff continued membership and participation in the NYSDOH regional Health Emergency Planning Coalition (HEPC).
- Achieved influenza vaccination in 100% of all public health staff.

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 131 cases for the year; 89 cases required autopsy. There were 18 overdose deaths; 12 of the overdoses were attributed to opiates.
- Laws and regulations governing the department were continuously reviewed to ensure corporate compliance. In 2017, led by the DSRIP Corporate Compliance Committee, vendor services were 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. The JCPHS agreed to participate, and utilized the templates to improve, and/or replace and establish stronger privacy and security policies. The policies were adopted by the Professional Advisory Committee 3/2017, and all staff and committee members were trained by 9/2017. 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 89 animals for rabies testing with 4 positive. 1,152 domestic animals were vaccinated at Public Health, Dog Control, and Ag & Markets clinics. Accessed \$12,500 in funding from Senator Patricia Ritchie for the department to purchase supplies and sponsor extra animal rabies vaccination clinics.

Research for new insights and innovative solutions to health problems

- In April 2017, the Anchor Recovery and Outreach Center opened on Public Square in the City of Watertown. The department, as part of its CHIP priorities, advises and assists community partners with writing grant applications like this to ensure needed services are established. The Anchor immediately engaged addicted individuals and their family members to obtain treatment and counseling services. The Anchor is also a recovery center, where individuals can go for peer support and assistance. The departments senior Public Health Planner serves on its advisory board.
- 17 telehealth units were utilized through 2017 with home care patients having chronic cardiac and respiratory conditions and at-risk for re-hospitalization. Vivify telehealth units are used.

ASSURANCE

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

- Public Health Nurses made 34 visits to 7 maternal/child health (MCH) clients who are without a pay source. MCH clients with a pay source are included in the Home Health Care Program statistics.
- The Home Health Care Programs provided 26,139 visits to 1,187 patients in their homes through the year.
- The department's Diagnostic & Treatment Center (D&TC) provided 1,056 STD, HIV, & HCV tests, 512 TB PPDs, and 1,871 immunizations. The D&TC provided 71 Hepatitis B, 668 influenza; 51 pneumococcal; 236 travel; and 1 rabies post exposure vaccinations. Of 956 STD specimens that the department submitted for testing, 63 were positive.
- There were 12,062 EMS calls.

Assure a competent public health and personal health care workforce

- 61 employees participated in 127 in-service and training programs

offered throughout the year. Program topics encompassed clinical care, communicable diseases, immunizations, social services training such as child abuse and life skills, McBee home health care, HIPAA, privacy and security, and county employment trainings such as workplace violence and cyber-security.

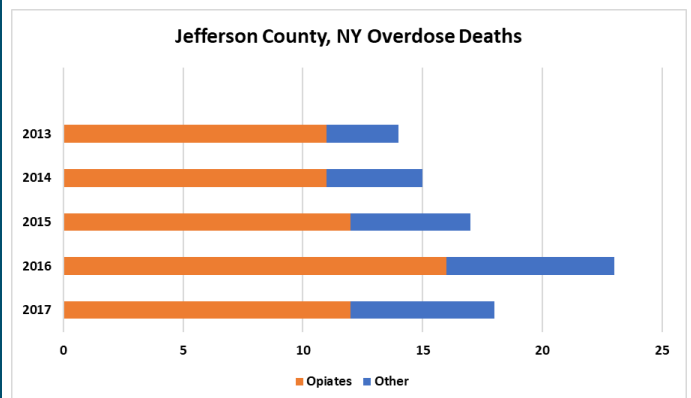
- Jefferson County EMS facilitated 24 certification training courses to 399 students. Additionally, JCEMS assisted with drill planning sessions and participated in 1 full scale exercise with Fort Drum 8/2017 and 1 tabletop exercise with the Watertown International Airport 9/2017.

Inform, educate, and empower people about health issues

- The Health Promotion staff facilitated 105 community health educational programs to organizations, schools, worksites, and community settings. 80,891 individuals were reached through program and media outreach. The department actively utilizes Facebook to reach the public, and had 7,173 followers at year-end.
- The department received radon grant funding to provide home test kits and public education through 2017. 132 kits were distributed in 2017. Of 2016 and 2017 submissions, 17 kits tested above the EPA actionable level of 4 pCi/L.
- Governor's Traffic Safety Committee programming reached 68,002 adults through regular social media outreach, 1 school district event, 2 community events, and 11 presentations to particular audiences.

Mobilize community partnerships to identify and solve health problems

- 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 Coalitions, and is a member of and chairs the North Country Health Compass Partnership; is a member of several Cornell Cooperative Extension program advisory committees; is a board member of NCPPC 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.
- The opioid epidemic continues to adversely impact Jefferson County residents. However, infrastructure improvements put in place in late 2016 and throughout 2017 are making a measurable difference. Widespread availability of Naloxone to reverse opioid overdoses, as well as the opening of the Anchor Recovery and Outreach Center, served to slow overdoses and overdose deaths. Overdose death data illustrate year-to-year impact, and it is hoped that with these and other infrastructure supports put in place, 2017 will be a turning point.



The data demonstrate that opioid and non-opioid overdose deaths fell in 2017. The department remains extremely active with the Alliance for Better Communities, and has engaged all community sectors to address this problem 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 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.

- Poverty is Jefferson County's leading health disparity. The City of Watertown received state funding through the Empire State Poverty Reduction Initiative (ESPRI), and a department representative served as a member of the Steering Committee and Task Force to develop strategies to reduce poverty in the City of Watertown. Priority focuses were education, transportation, work force development, and housing. Proposal requests were created and issued in late 2017 for agencies to take the lead to address these 4 areas.

| | |
|--------------------------------------|--------------------|
| 2016 EXPENDITURES | |
| Medical Examiner | \$357,048 |
| Administration | \$518,894 |
| Home Health Care Programs | \$4,303,101 |
| Prevent (Grants/Clinic) | \$767,887 |
| Health Promotion | \$193,968 |
| Emergency Medical Services | \$457,704 |
| Public Health Emergency Preparedness | \$112,718 |
| TOTAL | \$6,711,319 |

| | |
|--------------------------------------|--------------------|
| 2017 EXPENDITURES | |
| Medical Examiner | \$383,810 |
| Administration | \$520,330 |
| Home Health Care Programs | \$4,098,275 |
| Prevent (Grants/Clinic) | \$775,067 |
| Health Promotion | \$218,091 |
| Emergency Medical Services | \$374,849 |
| Public Health Emergency Preparedness | \$109,135 |
| TOTAL | \$6,479,557 |

| | |
|--|--------------------|
| 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 |

| | |
|--|--------------------|
| 2017 REVENUES | |
| Home Health Care Programs | |
| Medicare | \$1,794,990 |
| Medicaid | \$653,441 |
| Third Party Health Insurance/Private Pay | \$848,892 |
| SUB-TOTAL | \$3,297,323 |
| Emergency Medical Services | \$166,339 |
| State and Federal Grants | \$417,010 |
| Public Health State Aid | \$640,134 |
| Clinic Fees | \$116,045 |
| Gifts/Donations | \$7,601 |
| Other | - |
| SUB-TOTAL | \$1,347,129 |
| TOTAL | \$4,644,452 |

JEFFERSON COUNTY PUBLIC HEALTH SERVICE *Staff*

Management

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Occupational Therapy

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 Michelle Snyder
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Contact Us!

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Jefferson County
Public Health Service



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