



PANDEMIC RESPONSE REPORT

2020 – 2022*

*This report was published in 2024 and includes review of 2019 (pre-pandemic) Department activities.



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DIRECTOR'S MESSAGE

In late December 2019, a previously unidentified coronavirus, soon named the 2019 novel coronavirus - or COVID-19, emerged from Wuhan, China. We all watched the news reports and press briefings with bated breath, wondering if this new virus would be contained, like the 2009 SARS outbreak more than a decade beforehand. We didn't have to wait long to find out.

Following spread reported in other countries, the U.S. announced its first confirmed case of COVID-19 in February 2020. Events quickly escalated after that, with the World Health Organization (WHO) declaring a global pandemic on March 11, 2020. More than four years - and several viral variants later – the pandemic effects still linger. A country already severely divided on many fronts, the U.S. struggled to effectively coalesce around the common goal of protecting public health and safety. The pandemic only served to stoke further divisions, mostly along political party lines. Misinformation and disinformation hampered response efforts.

Perhaps most concerning of all, a perpetually underfunded and resource-strapped public health system would become even more fractured as the pandemic wore on and conflicting guidance from national, state, and local levels eroded people's trust. A significant contributing factor in this sentiment is actually a result of public health being the victim of its own success. It is often said that when the public health system is working well, it is invisible. Before this COVID-19 pandemic, most citizens would probably have had a hard time distinguishing between the *health care* system and the *public health* system. Things like clean air, clean water, effective sanitation, food safety, chronic disease, injury prevention, and immunizations are just not at the forefront of public consideration – unless something goes wrong.

The pandemic directed a glaring spotlight at the underinvestment in the public health system; the public outcry at health orders and mandates further destabilized our precarious framework. For every health care dollar spent in the United States, 97 cents is directed toward medical care and three cents goes to public health. This, despite the fact that the public health system actually accounted for much of the increases in life expectancy over the last 200 years. Staff who had traded historically lower pay (common to public sector jobs) for good benefits and predictable work schedules found the long hours, stress, and public hostility too much to bear.

The Essex County Health Department was not immune to these realities. As this report will demonstrate, our Public Health Unit endured significant staff turnover, burnout, and the consequential loss of historical knowledge through the retirement and resignation of seasoned staff. More than half of our current Public Health workforce began their career in pandemic response mode. Over the next few years, as we continue to navigate through unchartered territory, we will work on rebuilding and restoring our core public health programs and services, while recovering our residents trust through the embodiment of our mission, vision, and values.

Lastly, and in speaking of our residents, I would be remiss if I didn't thank the Essex County Board of Supervisors that serve as our Board of Health and the wonderful citizens of Essex County. It is hard to make everybody happy all the time, but you all endured a lot during the pandemic and we understand the frustration of ever-changing guidance and the unique struggles that came with living in a rural area during a global pandemic. You have all weathered this storm and we are grateful for the amazing support from our residents, even during the hardest parts. We will emerge a stronger and more resilient Essex County because of all of you.

Sincerely,

Linda L. Beers

Linda Beers, MPH

Director of Public Health



Pictured above: Essex County Health Department staff, MRC volunteers, and Hometown Healthcare Heroes at the Ticonderoga Elementary School for a COVID-19 vaccine clinic.

VISION

Healthy people in healthy communities.

MISSION

It is the mission of Essex County Health Department to *prevent* disease, *promote* health, and *protect* life by contributing to conditions within our communities such that people can be healthy.

This mission is achieved by:

Assessing and responding to public health needs;

Education and empowering people about health issues;

Mobilizing community partnerships;

Assuring effective programming and practices; and

Linking people to health services.

VALUES

Collaboration- we interact *respectfully* with internal and external partners. We leverage the abilities of all team members to meet common goals.

Integrity- we act with *trust* and *accountability*. We treat people with dignity, demonstrating *humility*, *reliability*, and *respect*.

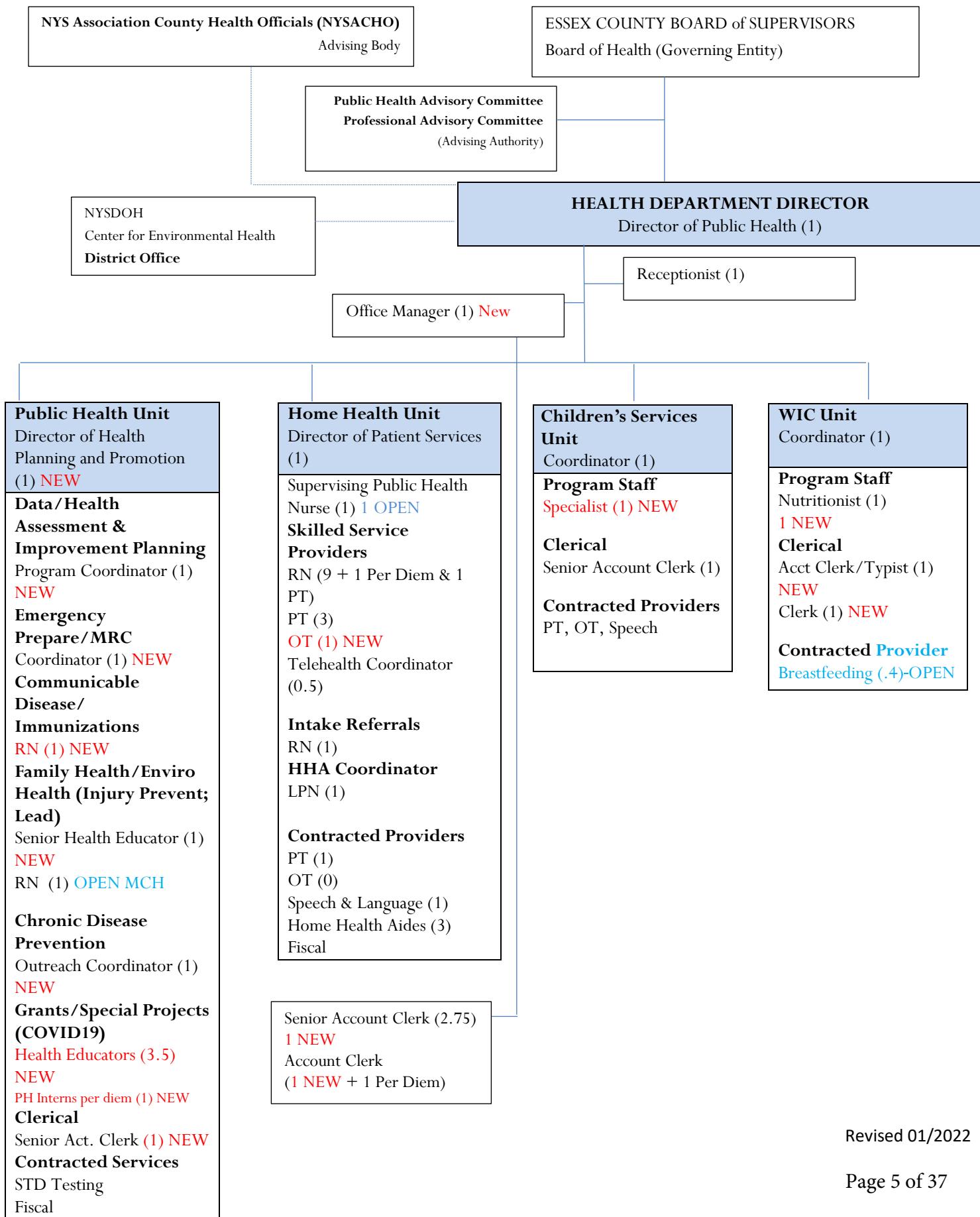
Excellence- we continually pursue learning and development opportunities. We strive for continuous improvement through the honest evaluation of our programs and services and the application of innovative strategies to achieve goals.

Professionalism- we maintain *flexibility* to adapt to the changing public health climate, taking *responsibility* for *efficiency* in processes/practices and arising needs.



**HEALTH
DEPARTMENT**

Essex County Health Department Organizational Chart 2022



Revised 01/2022

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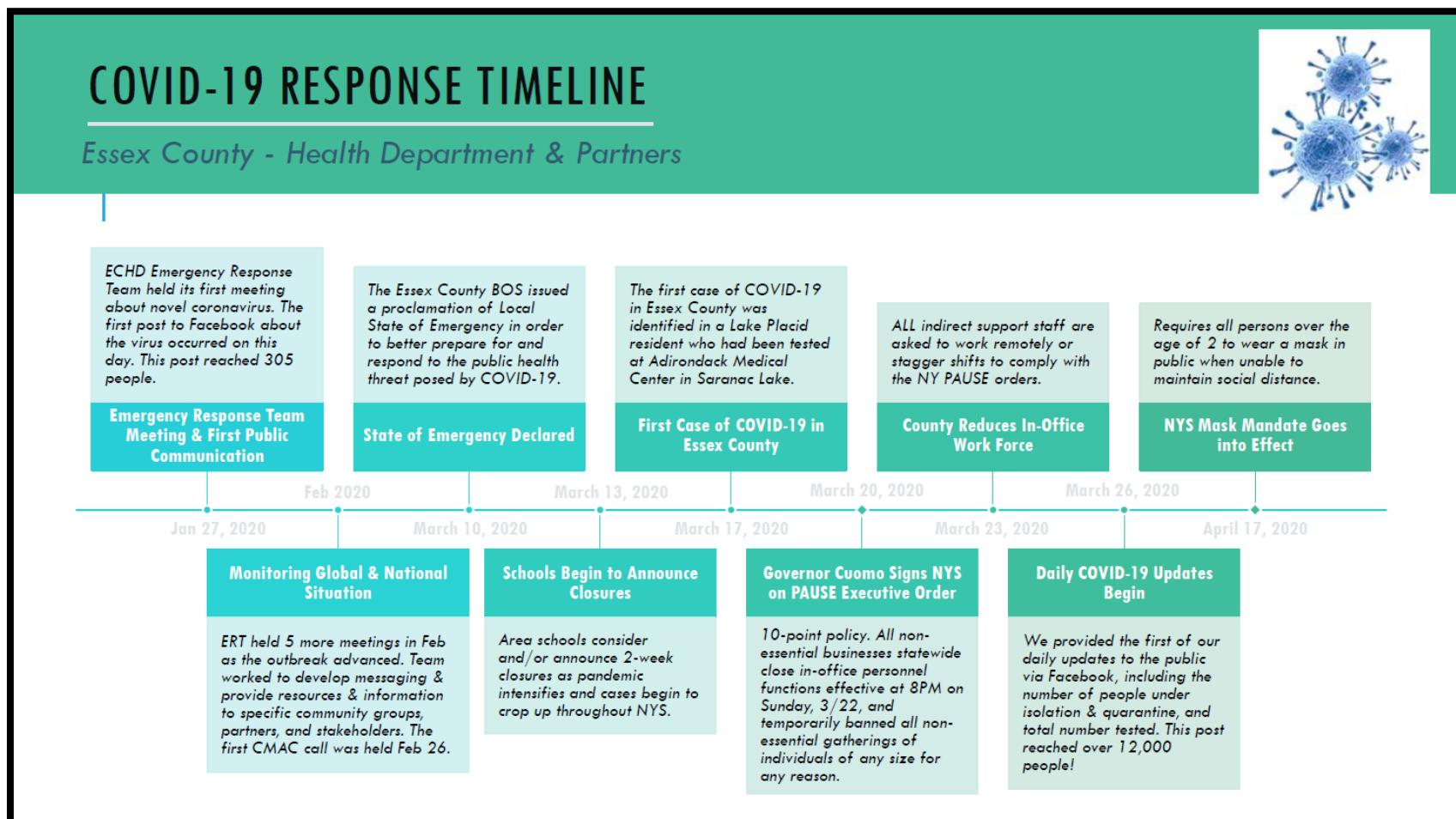
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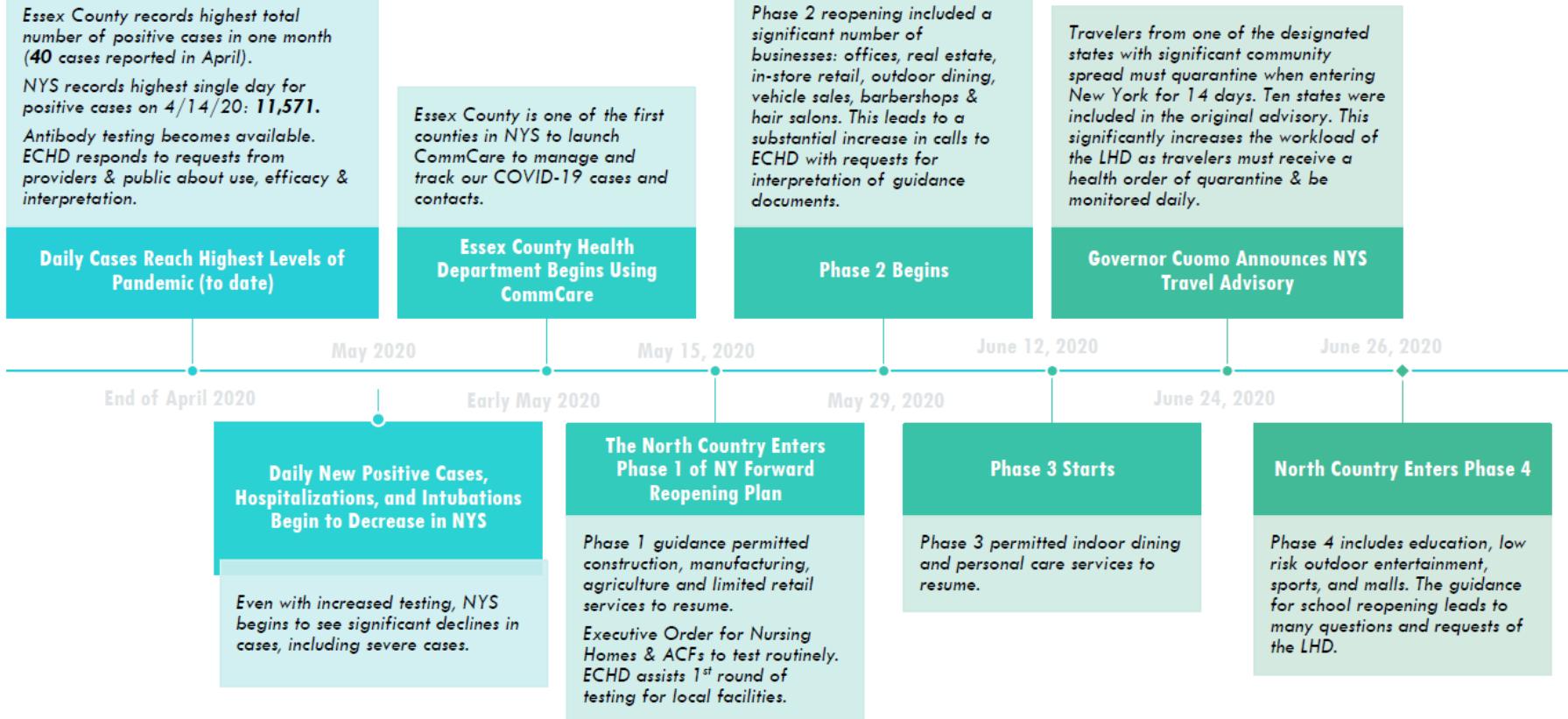
This report was authored by Andrea Whitmarsh, MPH with oversight by Department Leadership and input from the dedicated team members of the Essex County Health Department.

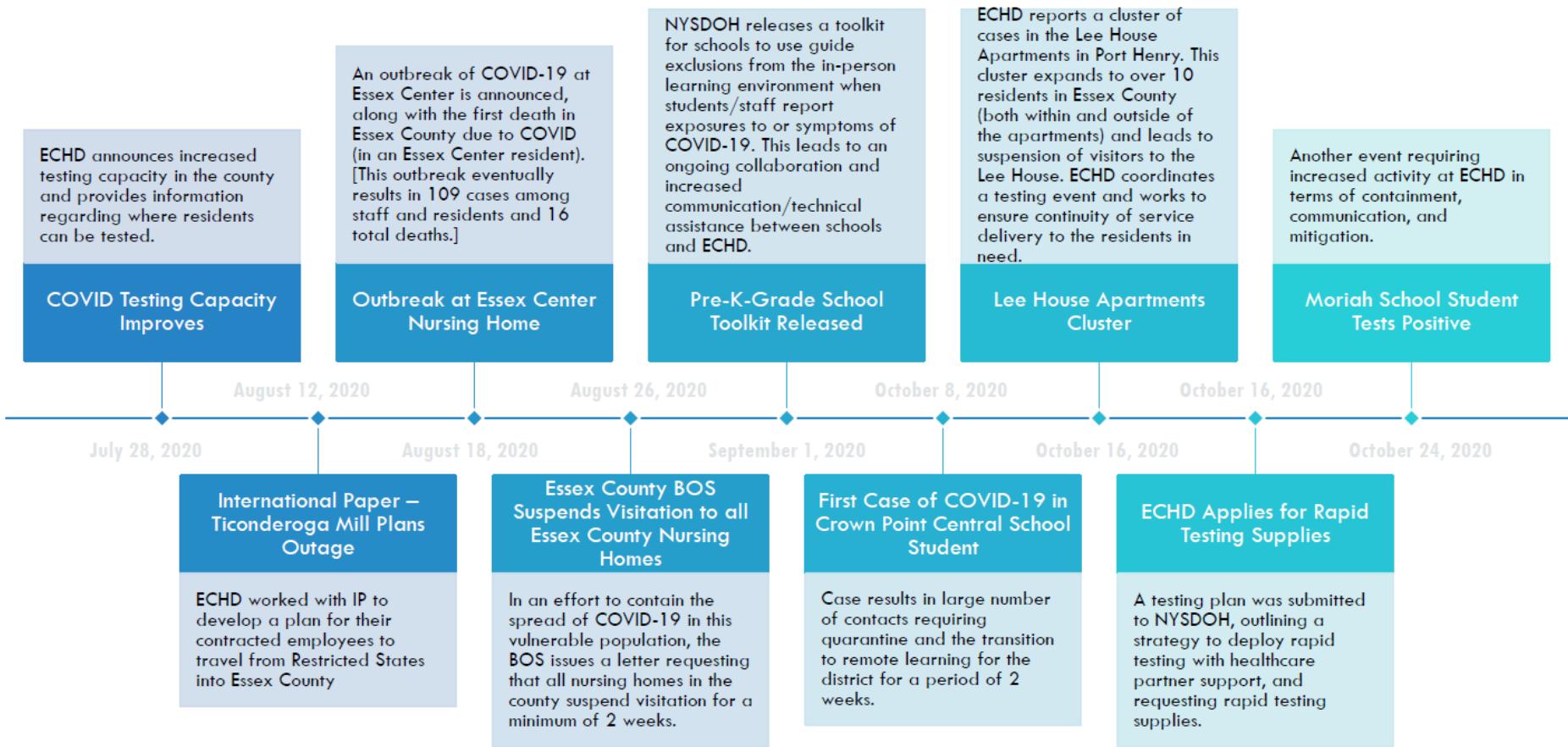
COVID-19 MILESTONES

The COVID-19 Response Timeline, featured below, was first developed in the Fall of 2020 to document major events of the pandemic and describe the Essex County Health Department's mitigation efforts. The timeline has been updated periodically over the last two years and provides a snapshot that can be revisited for future planning purposes.

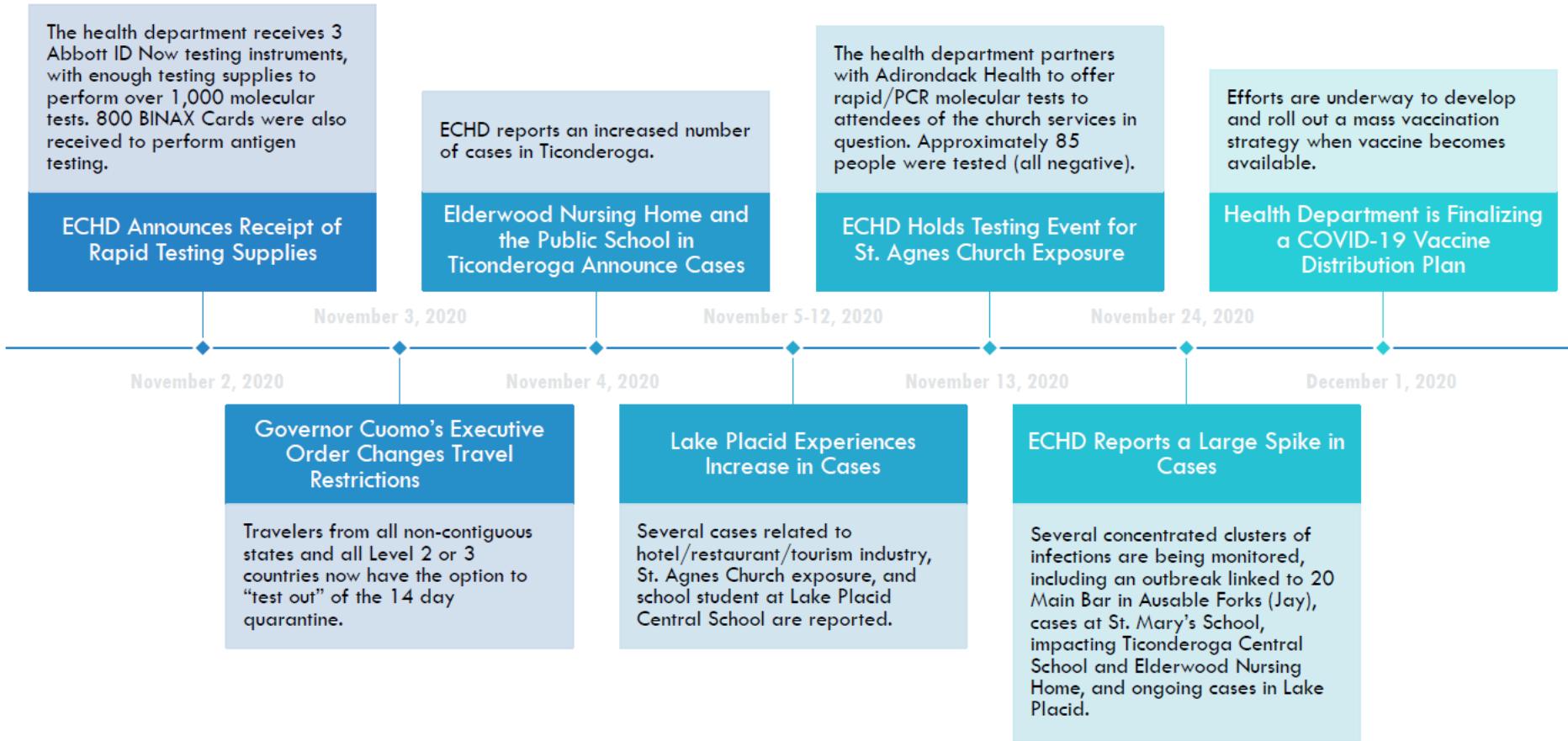


COVID-19 RESPONSE TIMELINE (CONT'D)

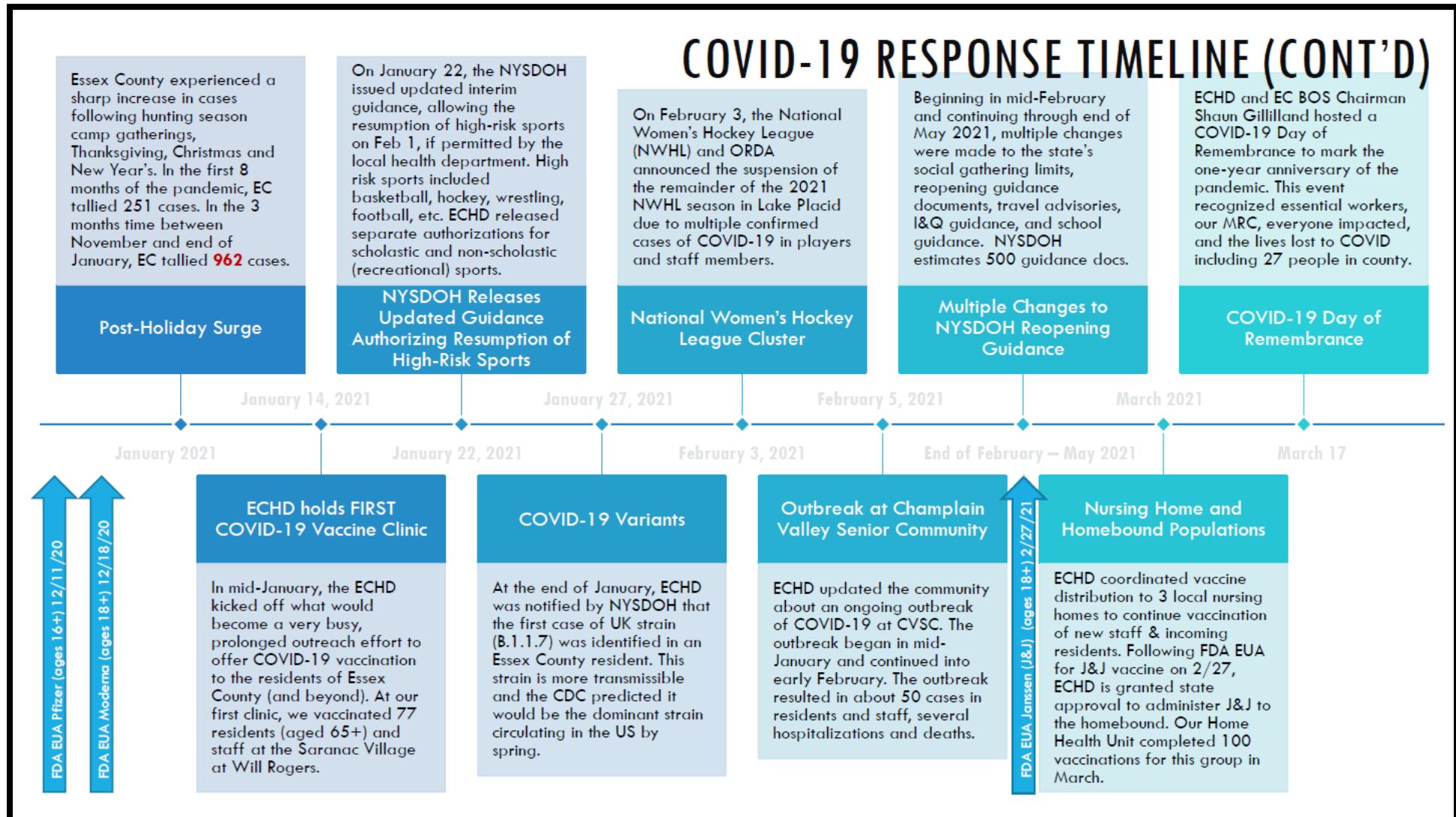




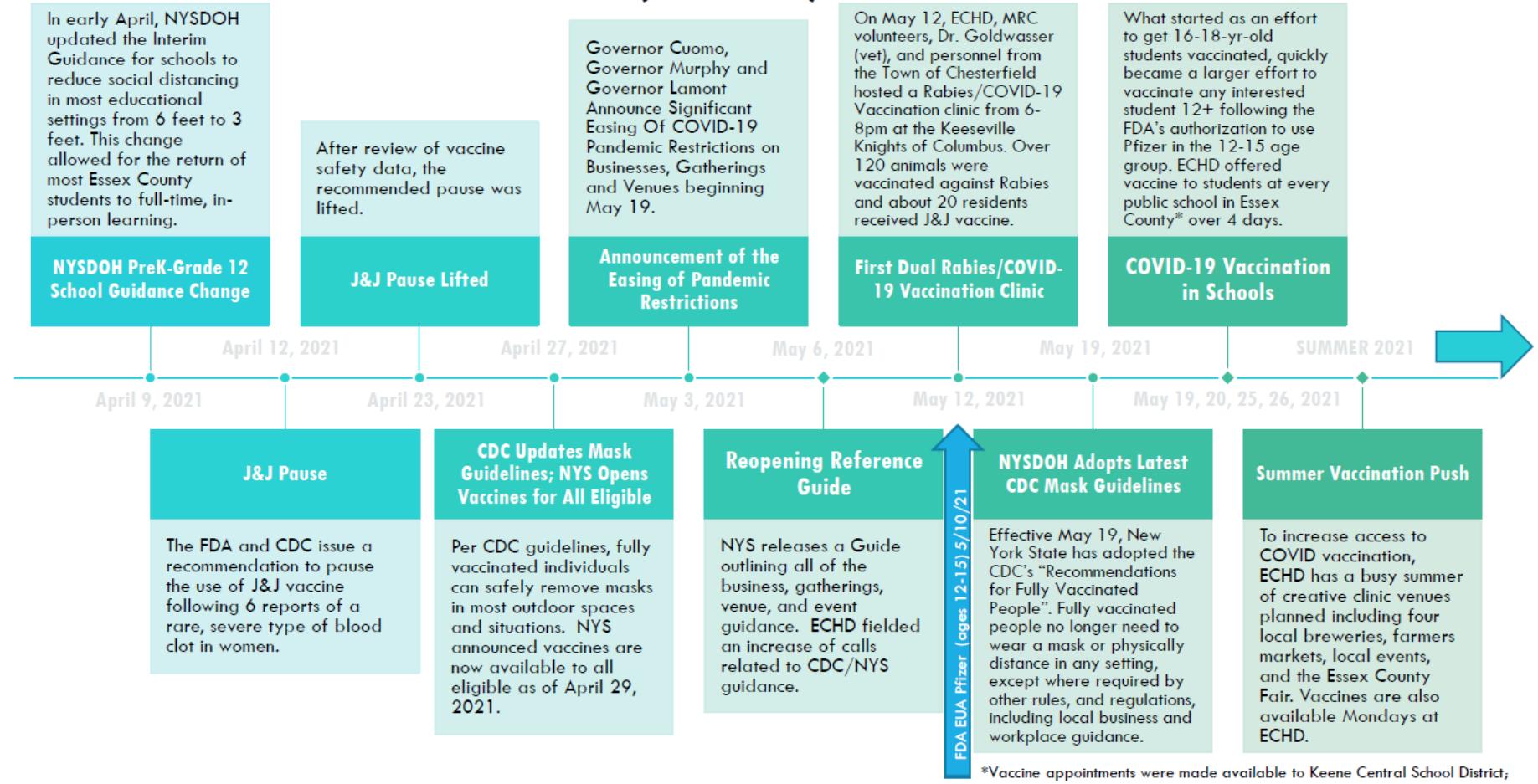
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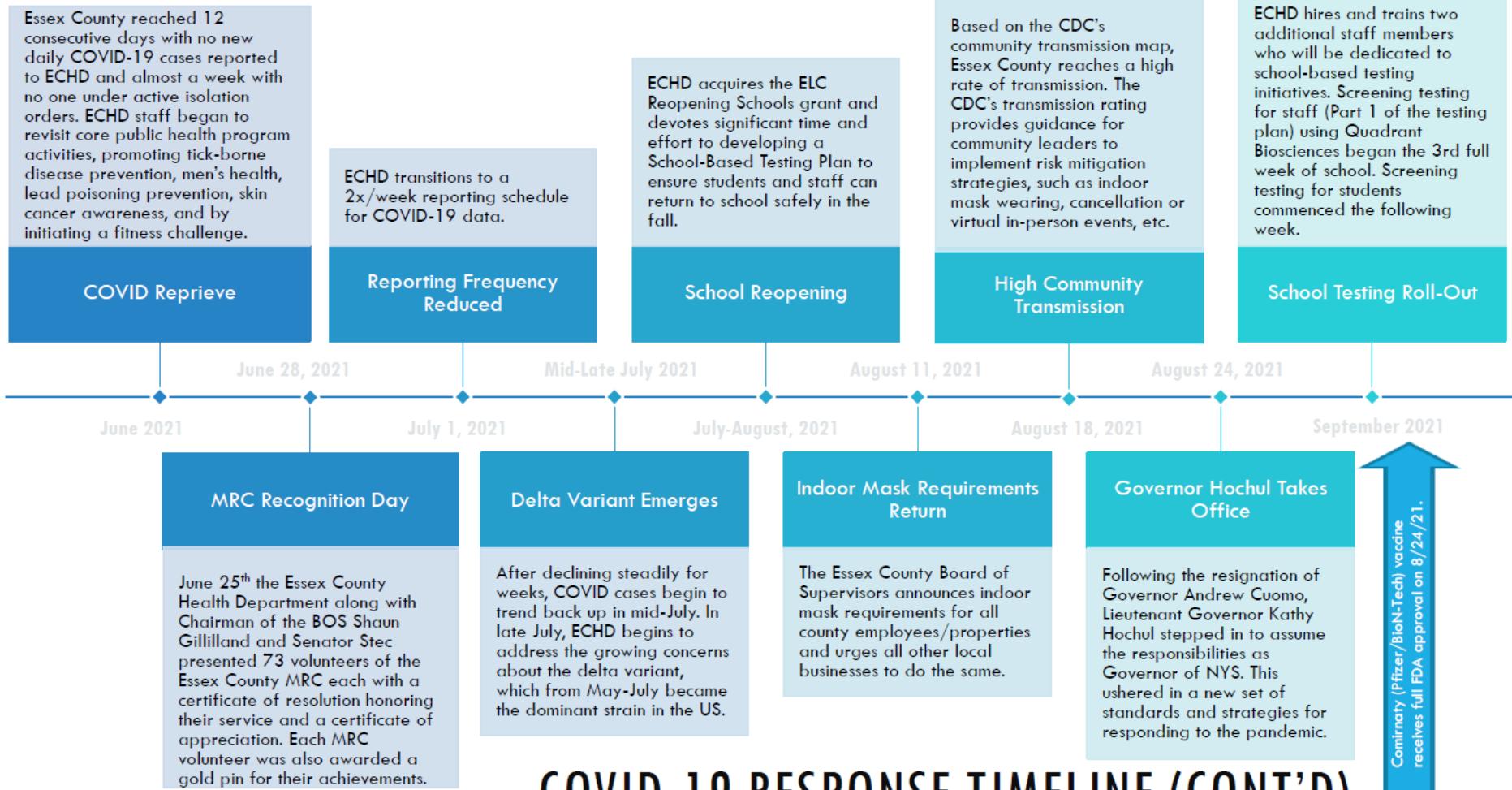


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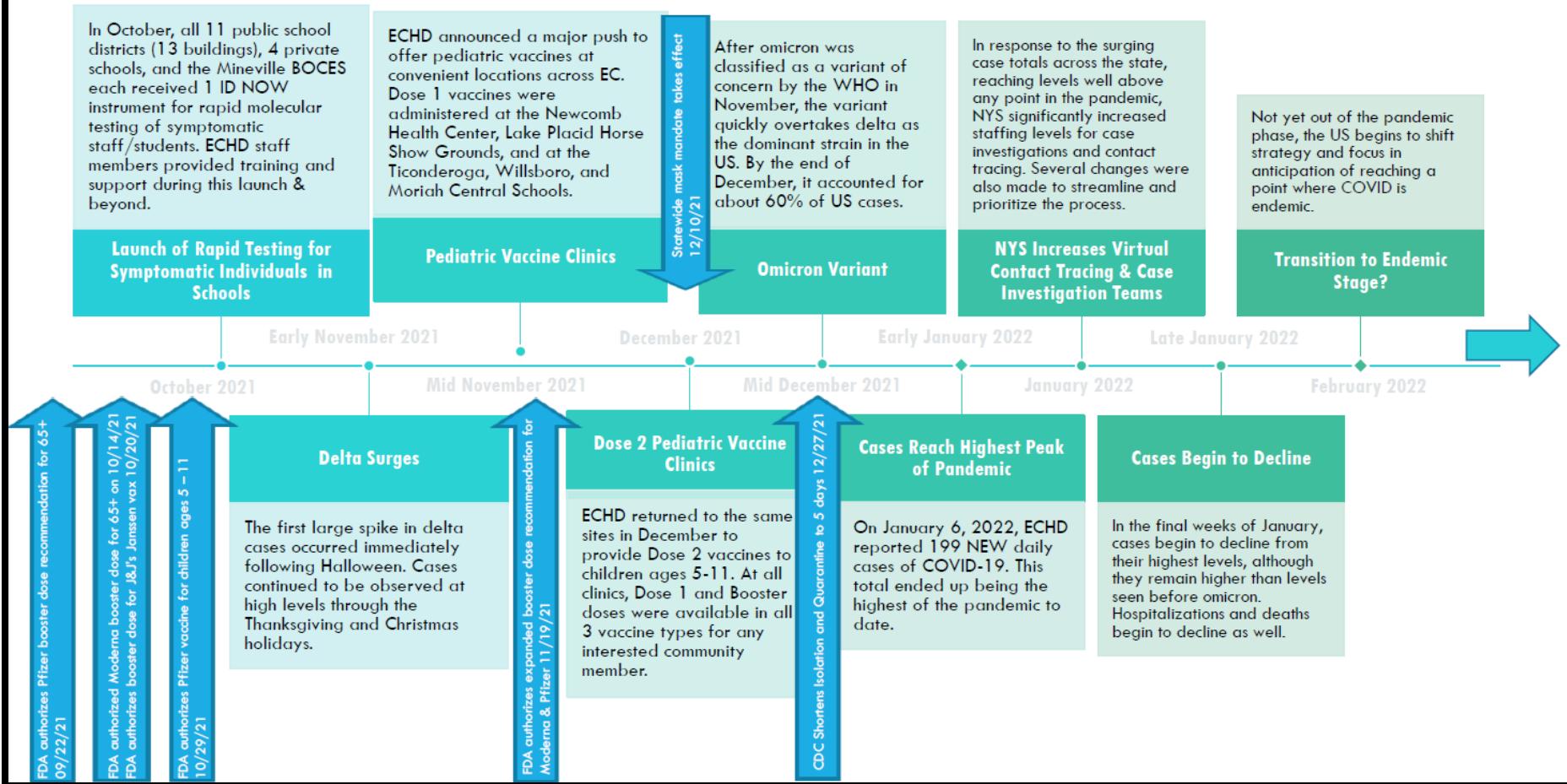
COVID-19 RESPONSE TIMELINE (CONT'D)





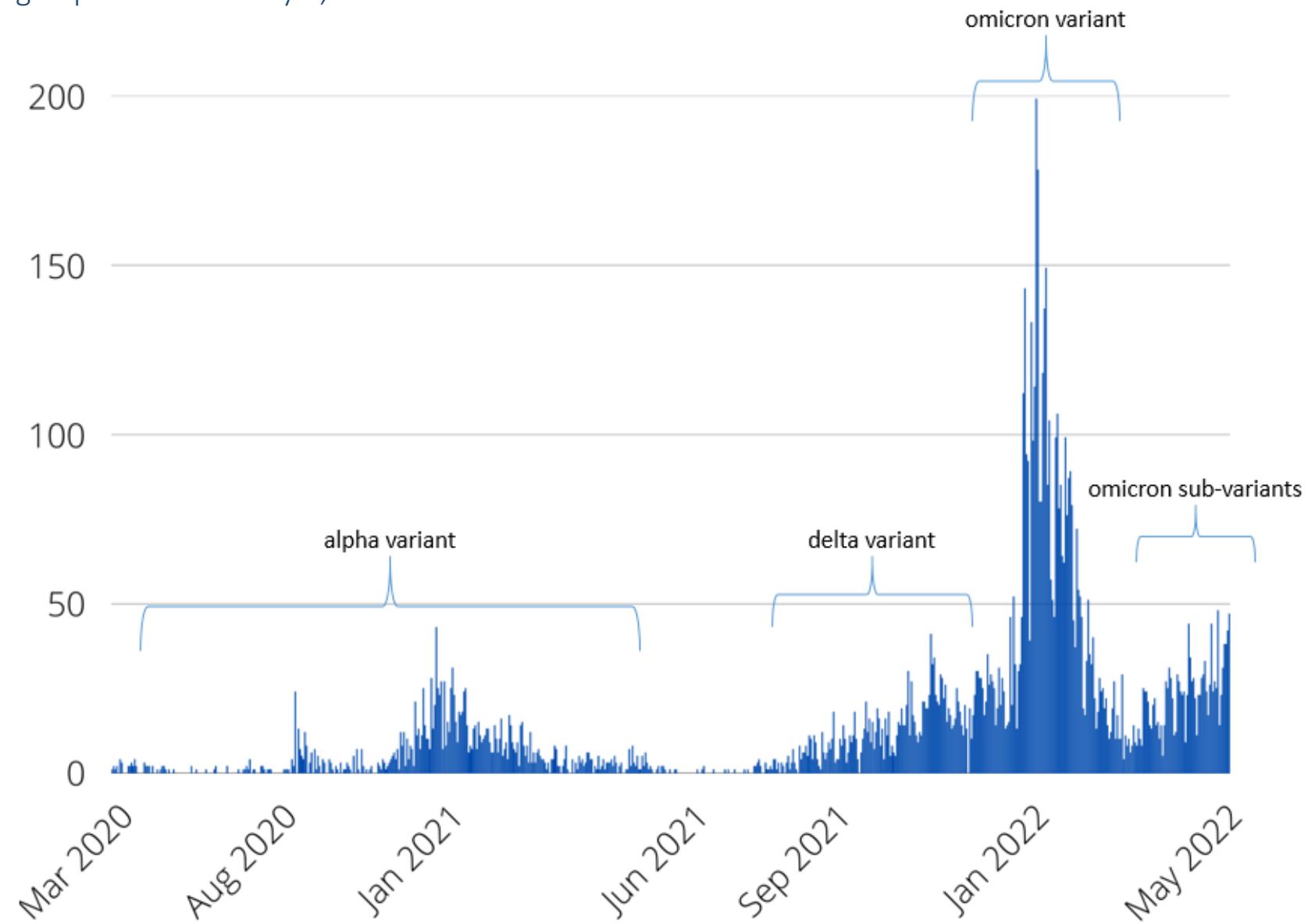
COVID-19 RESPONSE TIMELINE (CONT'D)

COVID-19 RESPONSE TIMELINE (CONT'D)



ESSEX COUNTY COVID-19 - DAILY CASES REPORTED TO ECHD

Beginning of pandemic – May 6, 2022



PANDEMIC MESSAGING

Perhaps one of the biggest challenges managing a pandemic caused by a novel virus was the task of filtering through the avalanche of information that was coming from all directions on a daily basis. From a very early point of this global crisis, local health departments were asked to be intimately aware of guidance being issued from the World Health Organization, Centers for Disease Control & Prevention, US Department of Health & Human Services, White House Coronavirus Task Force (under President Trump), White House COVID-19 Response Team (under President Biden), NYS Department of Health, the 24-hour news cycle, and social media information and dis/mis-information campaigns. Beyond being aware of the information coming from these sources, LHDs were expected to digest and synthesize this often conflicting and confusing information to answer directly to stakeholders, partners, business owners, schools, and residents within their jurisdictions. To add to the frustration, the path for issuing guidance in many cases circumvented the well-established routes of information flow, bypassing the public health framework entirely, creating an even more challenging environment for LHD leadership and staff.

Despite these challenges and the resource-intensive nature of the work, ECHD provided community level information and assistance to various entities in interpreting state-issued guidance. Of note, Essex County never imposed restrictions that exceeded or were more strict than those of New York State (NYS). To this end, the local health department supported individual freedom and life as usual to the greatest extent possible in keeping with NYS Executive Orders and Guidance. Here in the ever-present balance of protecting individual liberties while not inflicting harm to the public at large. To do this, ECHD utilized traditional and existing communications channels for disseminating information; however, necessity dictated that new methods be developed for engaging the entities looking to us for regular, ongoing updates. The following formats were used at some point during the 2020 – 2021-time period:

Communication Format	Description and/or Examples	Frequency
Press Conferences – in person and Zoom.	In-person/verbal communications used as a tool to efficiently disseminate critical information and offer the opportunity for various media partners to ask questions and get clarifications.	As needed
Press/Media Releases	Written communications provided to media organizations; at their discretion to print/publish.	Approximately 1x/week
Earned Media	Media partners requesting interviews and footage as coverage for major events – vaccination clinics, testing, outbreaks, guidance changes, etc.	As needed – ECHD strived to accept the majority of media requests

Social Media Posts & Campaigns	Daily COVID-19 update including, new cases by town, total cases, deaths, and outbreak information as mandated by the Essex County Board of Supervisors.	Daily until late-winter 2022
Communication Format	Description and/or Examples	Frequency
County Multi-Agency Coordination Group	Broad array of county leadership personnel, emergency services representatives, and healthcare provider organizations. Meetings focused on early coordinated response to pandemic – including increasing COVID-19 testing and access to PPE.	Bi-monthly through July 2020
School Leadership Call	Zoom call with all Essex County school superintendents / administrators to review and discuss school guidance updates, answer questions, provide support.	Weekly through winter 2022; bi-monthly currently
Essex County Board of Supervisors/BOH Updates	COVID-19 case update for Essex County; guidance changes; town/resident concerns; outbreaks & clusters being monitored by ECHD.	Daily until late-winter 2022; weekly currently
Local Media Notification Group	COVID-19 case update for Essex County. Used this group to submit all press/media releases	Daily until late-winter 2022; weekly currently
COVID-19 Remembrance Day	In-person (outside) memorial event for agencies, organizations, residents, to highlight the struggles and successes of the first year of the pandemic.	One-time event – March 2021
MRC Recognition Day	In-person (outside) ceremony to recognize and thank the many MRC volunteers who supported ECHD's response efforts (testing & vaccination)	One-time event – June 2021
Pandemic Infographics	Brief data snapshots were created to communicate information to various audiences. A Pandemic By the Numbers and School-Based Testing Infographic are examples of these efforts.	As needed/appropriate 2022 (see attachments at the end of this report).

To provide some context regarding the sheer volume of communications and messaging that was occurring throughout the pandemic looking at our resident engagement with the department is helpful. Beyond website traffic and phone calls, which had both increased dramatically, the department maintains a Facebook page for information sharing and resident engagement purposes. At the end of 2019 and prior to the start of the pandemic, the ECHD Facebook page had 853 followers. This was after 5 years of developing and managing the page and content. At the end of 2022, the ECHD Facebook page had 7,300 followers and many instances where posts reached into the hundreds of thousands.

As it has already been noted, the pandemic illuminated the separate role of public health as a critical component of the nation's healthcare infrastructure and was in many cases, our residents' first interaction

with our department. While a global pandemic is not how local health departments want to raise awareness of their programs and services, the pandemic provided a unique opportunity to capture a rapt audience and interact with previously hard-to-reach populations. The task for the future – post pandemic – is to hold this attention, maintain newly developed relationships, and keep the lines of communication open for target audiences and a vast array of community stakeholders.

COVID-19 FUNDING & STAFFING

The level of supplemental funding awarded to local health departments (LHDs) through state and federal grants for COVID-19 activities was directly tied to the success of ECHD's COVID-19 response efforts. Prior to 2020, the Public Health Unit's total revenue budget (from state aid, grants, billable services, etc.), was about \$600,000. During the pandemic, this budget ballooned to over \$1.5 million (per year when divided equally across 2020 and 2021). While the additional funding was critical to address staffing, material, and equipment needs, the administrative oversight and coordination of these grants created further challenges for an already resource-limited department.

As an example of the staff and resource management struggle during the pandemic we want to highlight specific challenges:

- The single Senior Account Clerk position was vacated and filled three times.
- The single Public Health Emergency Preparedness and Response position turned over five times.
- No nurses that worked in Public Health at the start of the pandemic stayed on during the pandemic. At the publication of this report, there are currently two vacant nursing (RN) positions.

ARTICLE 6 STATE AID BASE GRANT - \$500,000

LHDs are required to complete a state aid application each year, demonstrating how the department achieves the mandated programmatic requirements.

COVID FUNDING

These are one-time grants, each with unique time frames, deliverables, and reporting requirements. In all cases, ECHD prioritized the most judicious application of funding, focusing on programs, initiatives, and services that best met our community's needs while keeping with the requirements. The effort to carefully administer these funding streams ultimately resulted in fewer impacts to Essex County residents and families

– students remained in school full-time here to a much greater extent than in other counties and locations across the state and country; residents were able to access testing more readily than at the start of the pandemic; COVID-19 vaccine was offered in virtually every town throughout the county, eliminating transportation and access barriers.

● COVID-19 Response Award	\$95,373	Increase staff capacity, streamline Public Health Unit space to maximize communication, fund Drive-thru Clinic Station, Supplies - DONE
● Flu & COVID Response	\$31,050	Offset time & effort – regular staff - DONE
● Epi & Lab Capacity (ELC) COVID-19	\$462,950	(Previously \$151,248) 1.5 Employees (salary/Fringe); response supplies
● Epi & Lab Capacity (ELC) School Testing	\$1,028,947	Establish screening & testing to support in-person learning; addressed testing access barriers for communities most in need
● NACCHO Operational Readiness Award Volunteers	\$10,000	Recruitment & retention of Medical Reserve Corps
● CVD Vax underserved	\$176,662	Support COVID immunization, public messaging & targeting
● Public Health Fellows	\$548,752	Hire 3 “Fellows” to support and stabilize the LHD infrastructure and provide a pipeline for future success; COVID response & recovery

REGULAR/STANDARD GRANTS FROM NYSDOH

These grants are awarded each year and are provided as supplemental funding to support local health department’s efforts at addressing Article 6 mandated activities. Each grant has different time frames, deliverables, and reporting requirements.

● PH Emergency Prep & Response	\$52,099	Work-plan that complements Article 6 Requirements
● Immunization Action Plan Providers/Schools	\$31,050	Gap provider for un/under-insured; QI support for
● Rabies	\$14,095	Rabies Post Exposure Prophylaxis
● Lead Poisoning Prevention	\$19,082	

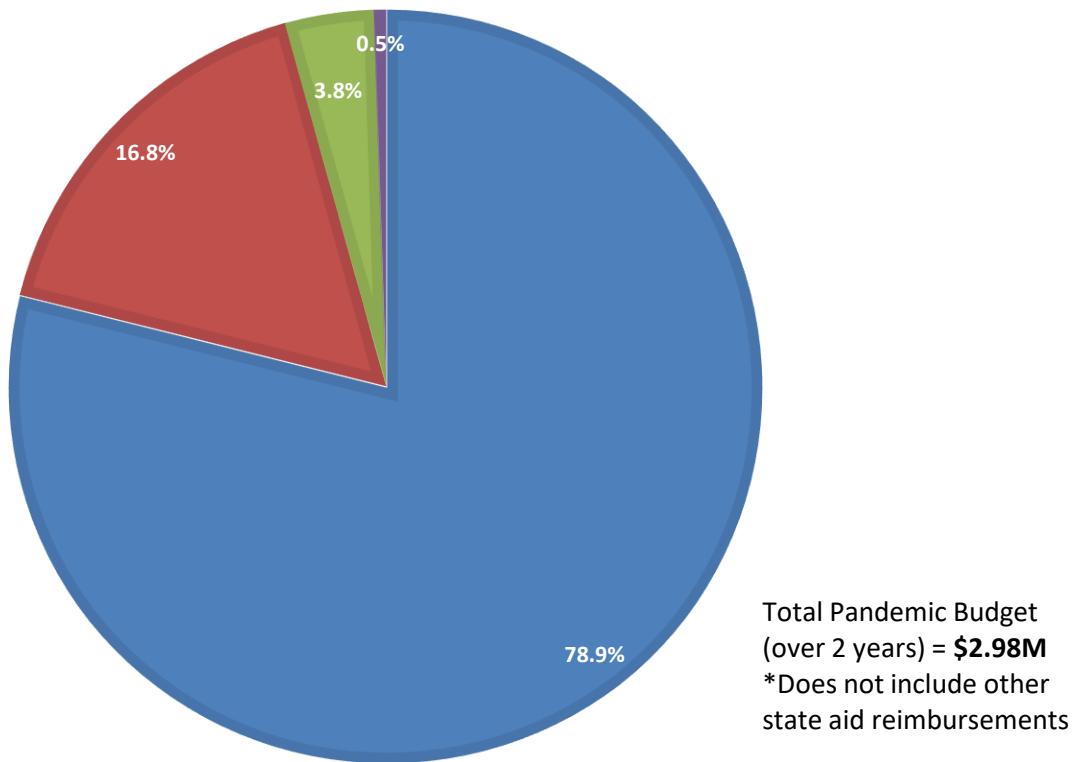
GRANT APPLICATIONS- AWARDED/NOT AWARDED

Immediately prior to and during the pandemic, ECHD managed to apply for the following grants:

● NYS Highway Safety Grant	\$14,000	AWARDED - Road-related Injury Prevention
● Child Passenger Safety Initiative	\$1,800	AWARDED - Car Seats for distribution to eligible families
● Creating Healthy Schools & Communities	\$305,000	NOT AWARDED TO ESSEX COUNTY

PUBLIC HEALTH UNIT - PANDEMIC BUDGET

■ COVID-19 Funding (grants, supplemental funds, awards) ■ Article 6 State Aid - Base Grant ■ NYSDOH Grants ■ Other Grants



STAFFING

As noted in the Director's Message, the pandemic created a staffing crisis for many LHDs – in New York State and across the nation. ECHD was no exception. The stress, uncertainty, long hours, public ire, and unrelenting nature of a 2+ year pandemic led to significant staff attrition, as outlined below. Of the retained staff members, all but one transitioned to new positions during the course of the pandemic. As ECHD has emerged from full response mode, none of the “new” core program hires have had the opportunity to work within their respective programs, as nearly 100% of the Public Health focus has been on COVID-19/Communicable Disease control.

The department faces further flux when COVID-19 grant funds are depleted, resulting in the loss of positions staffed with those funds. That said, there are 5 vacant positions in the Public Health Unit currently. Significant effort and resources are being devoted to developing a staffing plan that will benefit the department through the filling of these positions, support the transition from pandemic response to core public health activities, and set ECHD on a path for future success.

Retired/resigned during the pandemic years 2020-2022:

- 6 Nurses
- 2 Account Clerks
- 1 Core Program Staff
- 2 Grant Funded Staff

Retained:

- 1 Public Health Director
- 3 core program staff

New Core Program Hires:

- 1 Account Clerk
- 2 Outreach Coordinators
- 1 Coordinator
- 1 Nurse

Grant Funded Staff:

- 2.5 Health Educators

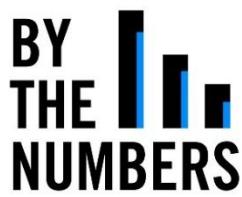
Public Health Interns

- 2 Part-time; 1 released/1 retained

Vacant

- 1 Core Program Staff – Disease Specialist
- 3 Grant Funded Positions (Public Health Fellows grant funded)
- 1 Grant Funded Nurse or other position (CDV Vax grant funded)

NYSACHO Enumeration Study



New York State Association of County Health Officials (NYSACHO) lead a public health workforce enumeration study for the 2021 year to document the impact of the pandemic as experienced across local health departments.

The following highlights of the full report that reveals concerning indicators consistent with and well representing the experience of this Department.

Vacancies

- 10,673 Full time employees (FTEs) are currently employed in LHDs statewide, and there are
- 2,566 Full Time Employee (FTE) are currently vacant

- 19% of all budgeted FTE positions in LHDs were vacant, compared to 12% in 2019
- 44% was the highest individual LHD FTE vacancy rate

Barriers to Retention & Recruitment

- 50%-100% responses identified “Salaries are too low” as the most common barrier to hiring
- 17% of the current LHD workforce have plans to retire; 9% plan retirement in the next 3 years

Survey data also indicates:

- 90.4% of respondents have felt overwhelmed by workload
- 75.6% felt disconnected from family and friends because of workload
- 65% felt unappreciated at work, and 75% felt inadequately compensated
- Over half of respondents reported experiencing stigma or discrimination during the crisis
- 35% received job-related threats because of work by members of the public
- 55% felt bullied or harassed because of work by the members of the public
- 30% have received any sort of hate mail/email/messages from the public

CORE PUBLIC HEALTH PROGRAMMING

The Essex County Health Department is classified as a County Health District under New York State (NYS) Public Health Law. The department is considered a Partial Service county, with much of the Environmental and Sanitary Code programs being executed by a NYSDOH District Office.

CORE FUNCTIONS OF THIS LOCAL HEALTH DEPARTMENT:

- Community Health Assessment & Planning
- Chronic Disease Prevention & Control
- Communicable Disease Prevention & Control
- Emergency Preparedness & Response
- Family Health Programs & Services
- Environmental Health (Lead Poisoning & Injury Prevention)

COMMUNICABLE DISEASE CONTROL & PREVENTION

Communicable diseases, also known as infectious or contagious diseases, can be spread person to person by contact (touching), animal to person, or through air, food, water, or blood.

The local health department is responsible for maintaining a communicable disease program designed to minimize the incidence and impact of communicable diseases.

The Communicable Disease Monitoring & Control program activities include all disease-specific protocols established by NYSDOH for:



- Surveillance of communicable diseases;
- Investigation of suspected or confirmed communicable diseases as reported by mandated reporters (providers, labs, schools, and others);
- Reporting public health communicable disease threats to NYSDOH;
- Minimizing the spread of disease through early identification and prophylaxis as necessary; and
- Communication annually at a minimum to health care providers, clinics and laboratories about local data, diagnostic and treatment modalities and reporting requirements.

In terms of continuity of business operations and restoration and maintenance of critical functions during and after an emergency, aspects of the Communicable Disease program are the only core functions requiring continuous coverage and resumption within 24 hours, if operations are suspended for any reason.

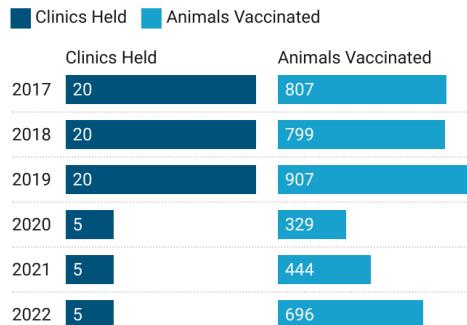
Consequently, and even though the majority of the Public Health Unit's focus was directed toward pandemic response, there are Communicable Disease activities to report during the 2020-2021 time-period that this report covers.

Images above: Example of drive-thru structure at Rabies Vaccination Clinic in Moriah, NY.

RABIES

NYS Public Health Law and NY Codes, Rules, and Regulations require that local health departments conduct rabies surveillance, prevention, and control activities, including offering pet vaccination clinics at least once every four months. The pandemic significantly limited ECHD's ability to plan, organize, staff, and manage the number of vaccination events that were held prior to 2020; however, the department developed a revised clinic schedule to maximize efficiency, while still ensuring sufficient access for residents. The new schedule targeted population hubs within the county, lengthening each clinic to two hours, using a drive-thru format to safeguard the health of people, pets, and staff. The new clinic format was so successful that it has been adopted for all rabies vaccination clinics going forward. While pet vaccination numbers dipped in 2020, likely due to pandemic-related concerns, the proportion of pets vaccinated per clinic was significantly higher in 2020 and 2021. From 2017 – 2019, ECHD-held clinics vaccinated on average, about 40-45 pets per clinic. In 2020, that number was 66 pets; in 2021, about 89 pets; and in 2022 139 pets were vaccinated per clinic.

ECHD Rabies Clinic Trends

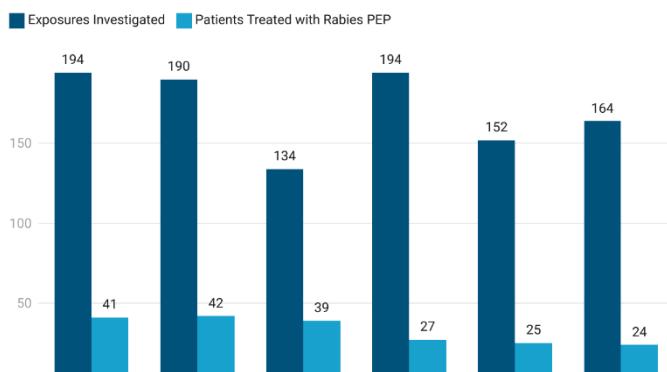


Created with Datawrapper

EXPOSURES INVESTIGATED

Local health departments of NYS are also required to follow up on all potential exposures of people and domestic animals to rabies. This includes 24-hour-a-day call coverage for case investigations to determine the nature of exposure incidents. Although reported exposures decreased in 2020, incidents requiring rabies post-exposure prophylaxis (PEP) increased. Exposures requiring investigations rebounded to typical levels in 2021.

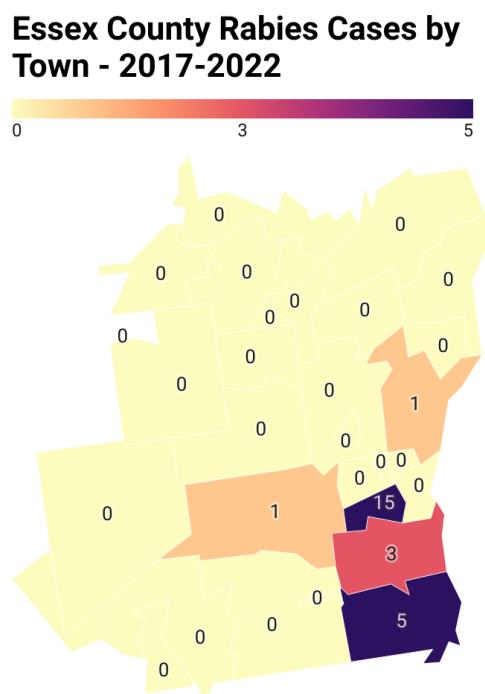
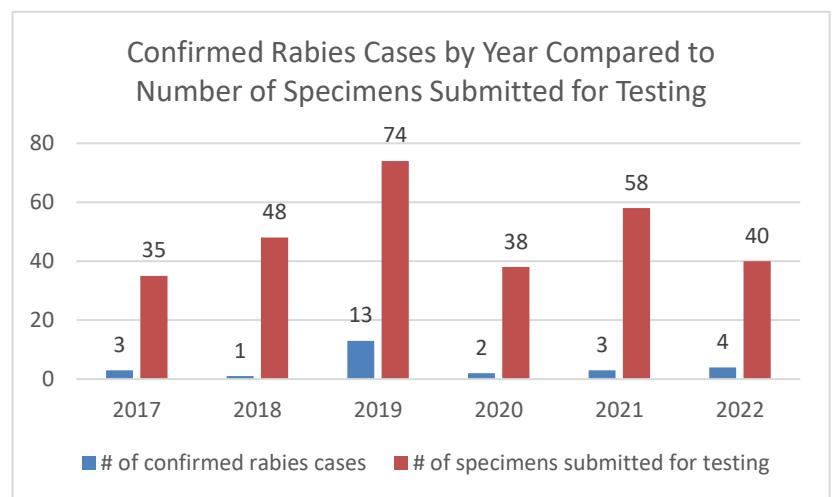
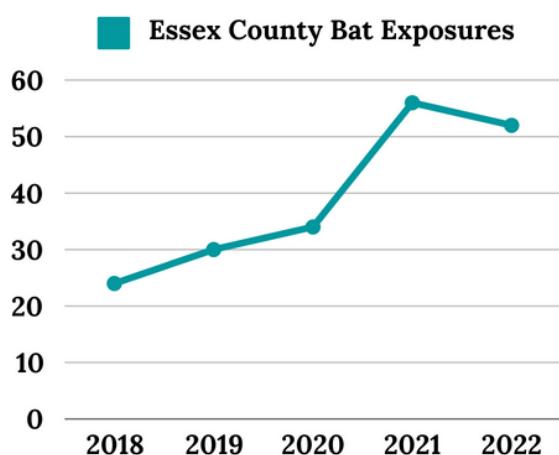
Rabies Investigation Trends



Created with Datawrapper

One potential source of rabies exposure occurs when humans or pets interact (unintentionally or otherwise) with bats. This type of exposure has been steadily increasing in Essex County over the last few years. Bat exposure investigations are oftentimes more resource-intensive than other types of rabies exposures, such as those occurring in domesticated pets. This is because bat bites, unlike other animal bites, can go undetected; bats more often escape before being captured for testing, or they are released or killed in a manner that precludes testing. A suspected or confirmed exposure to a bat without a viable specimen to test for rabies rule-out always results in PEP being authorized by ECHD. If authorized, ECHD is responsible for covering all

charges associated with Rabies PEP administration that are not covered by the recipient's health insurance. Rabies PEP is expensive and often-times avoidable with continued prevention education and outreach.



Data is for animal specimens submitted to Wadsworth Laboratory for rabies testing.

Source: NYSDOH Clinical Laboratory Information Management System • Map data: © Esri, TomTom North America, Inc., United States Postal Service • Created with Datawrapper

Town	Species	Year
Crown Point	1 RACCOON	2017
	1 RACCOON	2018
	1 BAT, small brown	2019
	1 RACCOON	2020
Moriah	11 RACCOONS	2019
	1 FOX, Gray	2021
	1 RACCOON	
	2 RACCOONS	2022
North Hudson	1 FOX, Gray	2022
Ticonderoga	2 SKUNKS	2017
	1 RACCOON	2019
	1 FOX, Gray	2021
	1 FOX, Gray	2022
Westport	1 HORSE	2020

GENERAL COMMUNICABLE DISEASE – CASES & INVESTIGATIONS

Communicable Disease Data					
	Year:	2019	2020	2021	2022
General Count (not including STIs)	All Communicable Disease Investigations	196	1261	4482	5789
	All Confirmed Cases	140	1080	4143	5428
Confirmed/Suspect/ Probable Case Counts for Select Communicable Diseases	Anaplasmosis	44	19	60	38
	Campylobacteriosis	10	4	9	8
	Giardiasis	5	2	4	4
	COVID-19	0	996	3975	4371
	Influenza (A, B and unspecified)	62	119	243	1015
	Lyme disease	45	11	9	114
	Salmonellosis	2	5	6	18
	All Sexually Transmitted Infections (STIs)	75	54	57	41

CHRONIC DISEASE

Local health departments are required to maintain a chronic disease prevention program to reduce the prevalence or incidence of chronic diseases and conditions such as cancer, cardiovascular disease, diabetes, asthma, arthritis and obesity. The department must:

- use public health data to shape strategies;
- lead or participate in efforts to improve social & physical environments of communities to support healthy behaviors;
- use or promote public health marketing, communication, and campaigns to reduce risk factors; and
- promote early detection and guidelines-concordant health care delivery of providers.

Pre-pandemic (2019) Program Activities & Highlights:

Well Fed Essex County

In 2019, a significant proportion of effort for the Chronic Disease Outreach Coordinator was dedicated to the Well Fed Essex County Collaborative. This collaborative was launched in January 2019, after a \$250,000 innovation grant was received from the Adirondack Health Institute to improve health outcomes and reduce healthcare utilization. To achieve these objectives, the Well Fed initiative centered on improving access to healthy foods and increasing food security through 5 distinct projects within the framework of three overarching goals. Partners from University of Vermont Health Network - Elizabethtown Community Hospital (UVMHN-ECH), AdkAction, Cornell Cooperative Extension of Essex County, Essex County Health Department Women, Infants, and Children (WIC) Unit, Essex County Office for the Aging, and Hub on the Hill participated in project actualization and implementation.

Creating Healthy Schools & Communities (CHSC)

From 2015-2020, the Essex and Clinton County Health Departments collaborated on the NYSDOH-funded CHSC grant. This iteration of the CHSC program was aimed at decreasing obesity in high-need communities and school districts. The grant implemented a comprehensive, equitable, community-based participatory approach to increasing opportunities for physical activity and access to healthy food for people across the age span. A summary of the CHSC successes is included below.

2020 – 2022 Activities & Highlights

Although COVID-19 response activities dominated much staff time during 2020-2021, the Chronic Disease Outreach Coordinator and other staff (as time allowed) were able to promote various health observances and campaigns, as well as devote time to two specific projects:

Cancer Prevention – Sunscreen Dispenser & Skin Cancer Education

Sunscreen dispensers and educational information about skin cancer prevention were distributed to town parks and beaches during the summer of 2020.



Increasing Opportunities for Physical Activity – Snowshoe Program

In 2021, ECHD applied for and received a sponsorship from Excellus Blue Cross Blue Shield to implement a snowshoe “borrowing” program at area libraries, focusing on towns with the highest health disparities. Snowshoes have been purchased and four libraries initially committed to participating in this program. Plans for distribution and evaluation are in place for fall/winter 2022.

Senior Survey – In 2022, ECHD launched a survey for older adults in Essex County to try to understand more about the assets and resources that help them age in place and the things that might be lacking that make it more difficult to remain here into retirement and beyond. The survey was rolled out to local senior meal sites and veteran’s institutions.

FAMILY HEALTH

Family Health encompasses a broad scope of health conditions, behaviors and service systems in three key areas or “life course” periods: **maternal and infant health; child health; and reproductive, preconception, inter-conception health.**

As a local health department ECHD must maintain a family health program designed to:

1. improve the health of children under the age of 21 including those with special health care needs;
2. increase the proportion of children receiving primary and preventive care including oral health care;
3. improve birth outcomes, decrease maternal and infant morbidity and mortality and increase the number of pregnancy and postpartum women who receive early and continuous comprehensive prenatal and postpartum care [including oral health and other supportive services]; and

4. decrease the number of unintentional pregnancies, decrease prevalence of STDs and improve access to comprehensive reproductive care and family planning services [for men and women of reproductive ages].

The Family Health program is responsible for:

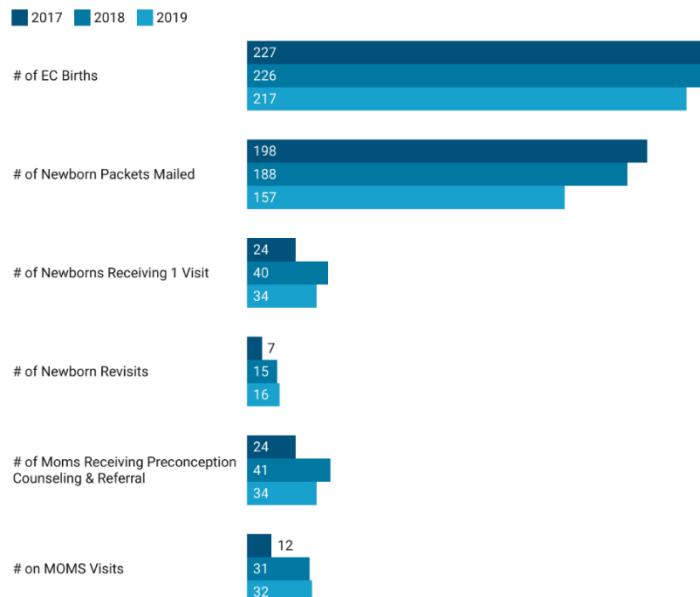
- Using public health data to shape strategies;
- Conducting public health marketing and communication to promote healthy behaviors, risk factor reduction & use of comprehensive health care services;
- Providing information, referral and assistance to women & families;
- Providing education, training & technical assistance for health & human service providers including at least one annual communication to providers about data and interventions related to family health;
- Promoting policy, environmental and systems changes with multiple sectors in the community to impact population and community level factors that influence family health; and
- Identifying, referring or assisting with health insurance enrollment for women and families.

Additional Activities

- Primary care services for persons under 21 until insurance enrollment is effective;
- Preconception, prenatal, postpartum and inter-conception services for women;
- Home visits associated with eligible services to promote positive birth outcomes and child health, with case management and referral to additional services as needed;
- Certified Lactation Consultant (CLC) available for all stages of breastfeeding; and
- Reproductive health care and family planning for men & women of reproductive age.

Pre-pandemic (2019) Program Activities & Highlights:

Maternal & Infant Health Program Data



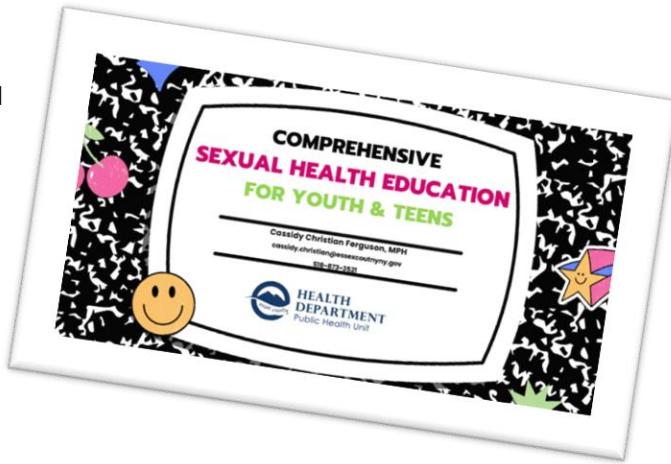
*MOMS - MEDICAID OBSTETRICAL AND MATERNAL SERVICES The MOMP program provides prenatal health support to pregnant women eligible for Medicaid benefits. Medicaid enrollment is facilitated as well as ongoing education, case management and referral.

Source: ECHD Program Data • Created with Datawrapper

In 2022, ECHD began exploring a universal home visiting model for families bringing home newborns as a way to reinvigorate the Maternal and Infant Health program following the pandemic. As many families were unable to connect with healthcare and other programs and services, a focus of the program is rebuilding relationships, trust, and community connections.

Reproductive Health

As part of ECHD's reproductive health services, sexual health packets (including condoms, dental dams, information about contraception, etc.) are distributed to local pharmacies and at ECHD offices. This service was rebranded the Condom Access Program (CAP) and given a fresh look in 2022. Staff also returned to the field, offering comprehensive sexual health education classes to area schools.



Child Health



Two new car seat technicians were trained and certified in 2022 to fill vacancies left by the COVID-19 pandemic. Regular car seat safety checks and car seat allocations for qualifying families resumed in earnest. Now with technicians in our Family Health and WIC Programs, we are even better equipped to check seats for families and install new seats as needed to keep children safe.

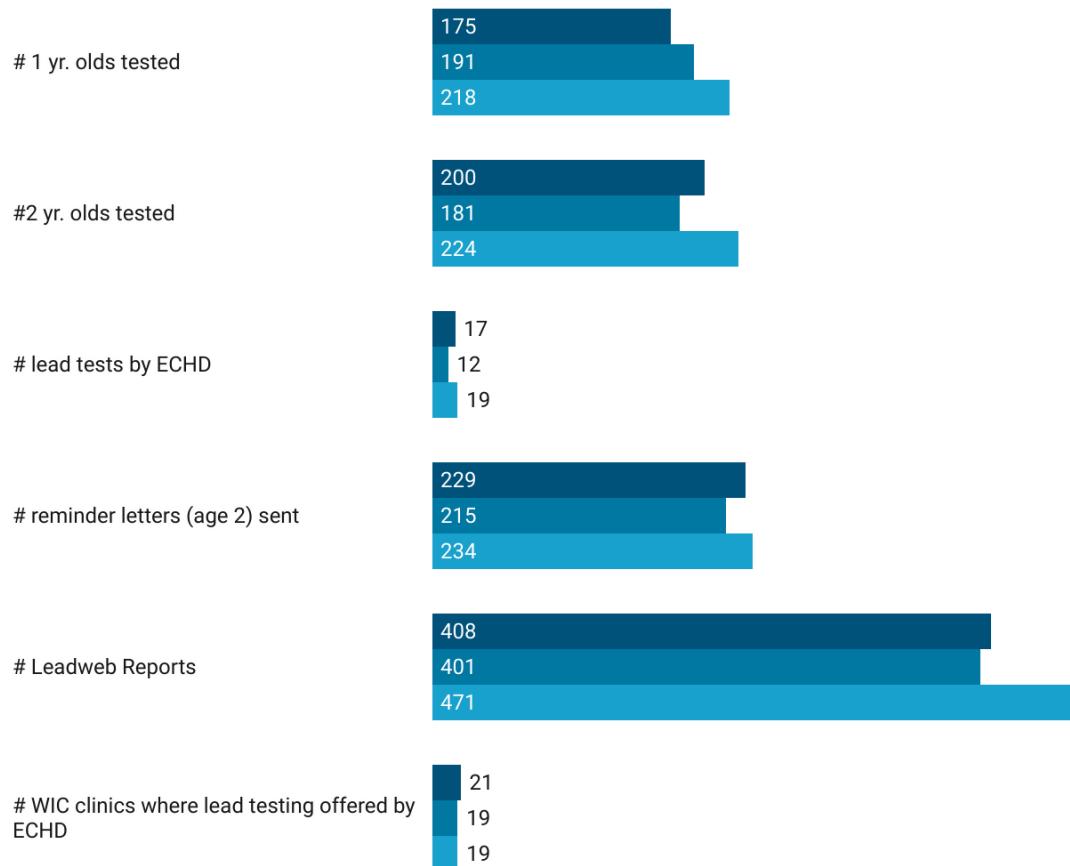
ENVIRONMENTAL HEALTH

As a local health department, ECHD must maintain an Injury Prevention and Control Program to reduce morbidity and mortality associated with injuries and to reduce childhood lead poisoning. At a minimum, the program must educate community members and providers about injury avoidance measures. Unintentional injury is regularly found to be a leading cause of disability and death for individuals ages 1 to 34.

Pre-pandemic (2019) Program Activities & Highlights:

Lead Poisoning Prevention Program Data

■ 2019 ■ 2018 ■ 2017



Source: ECHD Program Data • Created with Datawrapper

Other Environmental Health programs include Bike Helmet fitting and education events, Falls Prevention education and awareness for older adults, and car seat distribution and fitting appointments for qualifying families.

EMERGENCY PREPAREDNESS

The public health preparedness and response program is responsible for ensuring local ability to respond to ever-evolving public health threats. These may be communicable disease outbreaks; natural disasters; bioterrorism; hazardous substance releases or accidents; or events requiring mass care.

This program was added as a Core Public Health Service required of NYS local health departments in 2014 and follows CDC Public Health Preparedness Capabilities encompassing 6 domains and 15 capabilities.

Pre-pandemic (2019) Program Activities & Highlights:



Essex County Animal Response Team Certificate Training

March 8 and 9, 2019 -

The Health Department and members of the Essex County CART Planning Committee offered a CART Certificate Training.

Planning & Exercise Development -

The Department developed **Annex: Public Health Asset Distribution Plan**.

This Plan was the basis of the Annual Preparedness Exercise held on April 11, 2019.

The exercise includes multiple objectives [related to an Anthrax scenario & response] including:

1. County Staging Site (Public Safety Building) Activation,
2. Staff Notification & Assembly,
3. Medical Emergency Response Inventory Tracking System Use for medical countermeasures,
4. Facility Set-up and
5. Internal & External Interoperable Communications.

2020 – 2022

COVID-19 response activities, as described in detail throughout this report made up the bulk of Public Health Emergency Preparedness and Response activities.

COMMUNITY HEALTH ASSESSMENT

Community Health Assessment (CHA) is one of the core public health services required of local health departments and is informed by NYS Public Health Law.

CHA is an ongoing and systematic process of using data to examine the health of a population to:

- *determine* the overall health and disease-specific health of the community,
- *assess* underlying causes or conditions detracting from health or contributing to disease,
- *plan* for resource utilization to address health needs, and
- *implement and evaluate* targeted initiatives to improve population health.

Pre-pandemic (2019) Program Activities & Highlights:

The year 2019 kicked off another 3-year Community Health Assessment cycle, an endeavor that requires significant department staff time and resources. In December 2019, ECHD, along with its Essex County Health Partners, issued the 2019 – 2021 Community Health Assessment and Community Health Improvement and Service Plan (CHA/CHISP). These plans include a wealth of data and information about Essex County through the lens of the social determinants of health that lead to health disparities in our communities. These plans are reviewable at <https://www.co.essex.ny.us/Health/community-health-assessment/>

The two Prevention Agenda Priority Areas that were selected as the focus for 2019 – 2021 were:

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders

Within each of these priority areas, ECHD and the Essex County Health Partners identified several evidence-based/promising interventions to advance through collaborative efforts and targeted at the populations in Essex County that are most in need.

2020 – 2021 Activities & Highlights

Prevention Agenda updates were submitted to NYSDOH in 2020 and 2021, noting the progress made toward the objectives noted in the plans.

2022 Activities & Highlights

The 2022 Community Health Assessment and 2022-2024 Community Health Improvement Plan was completed with the Essex County Health Partners and submitted to the New York State Department of

Health. Access to the complete plan, along with select highlights can be found here:
<https://essexcountyny.gov/Health/community-health-assessment/>

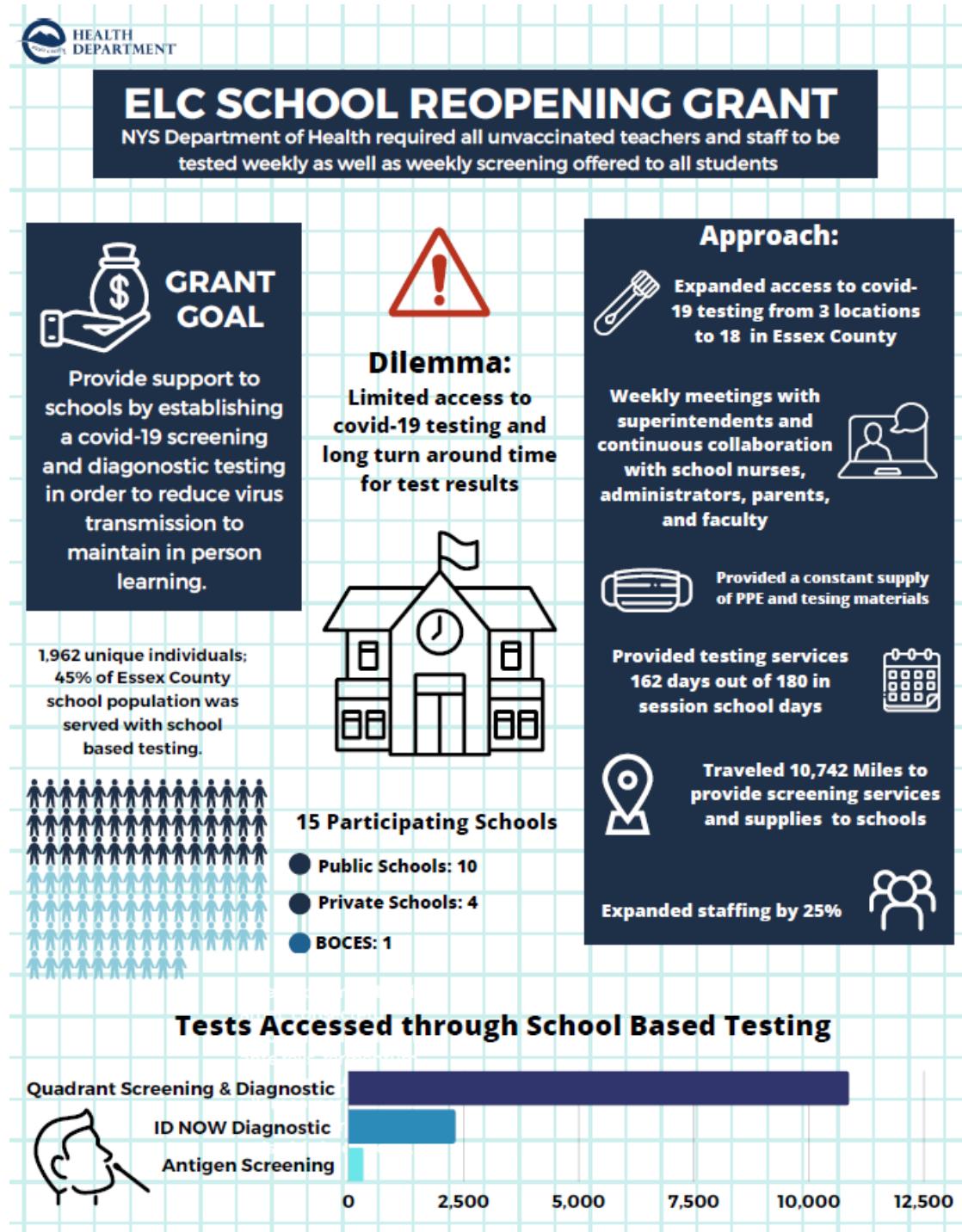
The Community Health Improvement Plan Priority areas through 2024 include:

- Chronic Disease
- Well Being & Substance Use & Mental Health Disorders
- Healthy Women, Infants & Children



ATTACHMENTS

Pandemic Messaging – Infographic Examples



COVID-19 Pandemic By the Numbers Essex County, NY

COVID-19 Cases Reported to ECHD

Essex County COVID-19 Cases - All Time

■ Lab-Confirmed ■ (+) Home-Tests

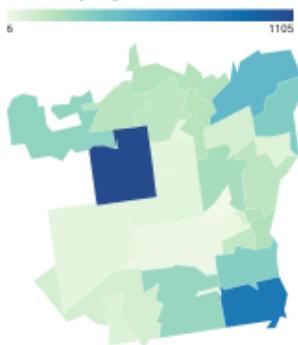


Lab-confirmed data are for cases reported to the Essex County Health Department from 03/2020 - 05/06/2022. (+) Home Test data are for cases reported to ECHD from 01/01/2022 - 05/06/2022.

Source: NYSDOH • Created with Datawrapper

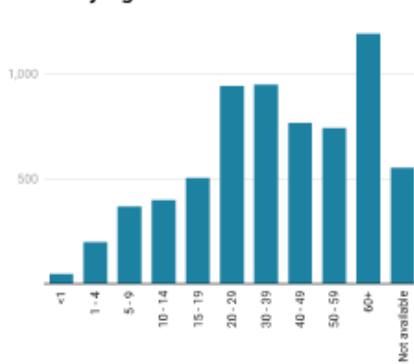
Case Demographics

Cases by Zip Code



Lab-confirmed data are for cases reported to the Essex County Health Department from 03/2020 - 05/06/2022.
Source: NYSDOH • Map data: © Esri, TomTom North America, Inc., United States Postal Service • Created with Datawrapper

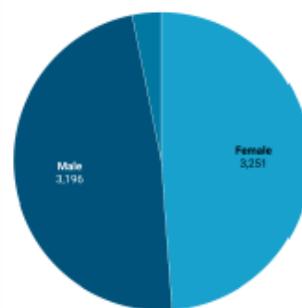
Cases by Age



Data are for lab-confirmed cases reported to the Essex County Health Department from 3/2020 - 05/06/2022.
Source: NYSDOH • Created with Datawrapper

Cases by Sex

■ Female ■ Male ■ Not available



Data are for lab-confirmed cases reported to the Essex County Health Department from 03/2020 - 05/06/2022.
Source: NYSDOH • Created with Datawrapper

COVID-19 Testing

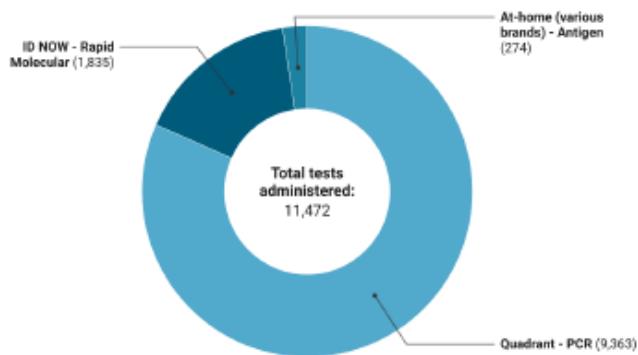
Essex County Schools Participating in School-Based Testing Program

Public School District	Private School
Boquet Valley	Lakeside
Crown Point	North Country
Keene	St. Agnes
Lake Placid	St. Mary's
Minerva	
Mineville - BOCES	
Moriah	
Newcomb	
Schroon Lake	
Ticonderoga	
Willsboro	

Created with Datawrapper

COVID-19 School-Based Testing Facilitated by ECHD

Number of tests administered by test type



Data are testing facilitated by Essex County Health Department during the Essex County School-Based Testing Program: 09/01/2021 - 05/09/2022.

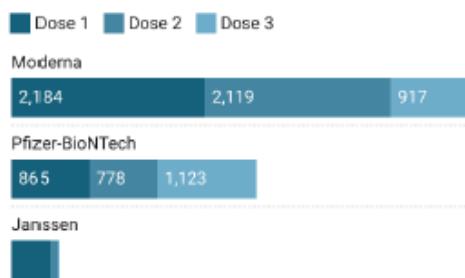
Source: NYSDOH & app.clarifit-covid-19.com • Created with Datawrapper



COVID-19 Pandemic By the Numbers Essex County, NY

COVID-19 Vaccination

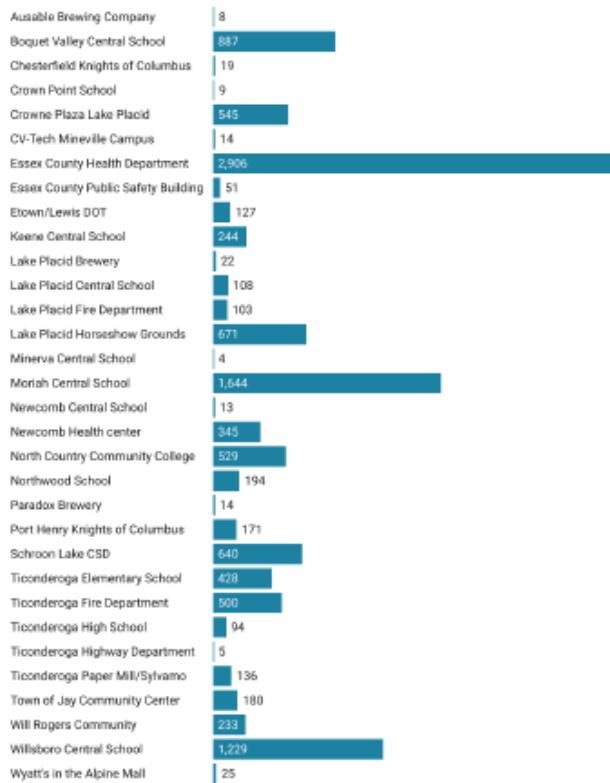
Vaccine Doses Provided by ECHD



Lab-confirmed data are for cases reported to the Essex County Health Department from 03/2020 - 05/06/2022.

Source: NYSDOH • Created with Datawrapper

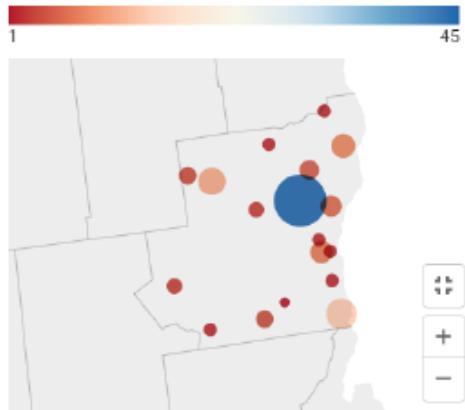
COVID-19 Vaccine Doses Administered By Location



Source: NYSDOH • Created with Datawrapper

COVID-19 Vaccination Clinics offered by ECHD in Essex County

Number of Clinics



Data are for COVID-19 Vaccination Clinics conducted in Essex County from 01/2021 - 05/09/2022

Source: NYSDOH • [Get the data](#) • Created with Datawrapper



Updated COVID-19 Pandemic By the Numbers (includes data from all 2022)

COVID-19 Pandemic By the Numbers Essex County, NY



COVID-19 Cases Reported to ECHD

Essex County COVID-19 Cases - All Time

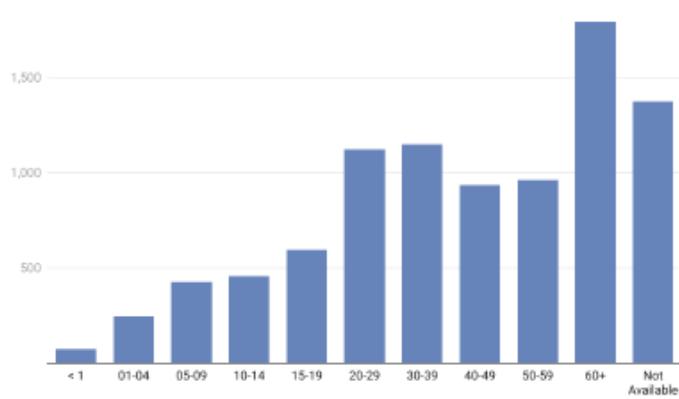
■ Lab-Confirmed ■ (+) Home Tests



Lab-confirmed data is for cases reported to Essex County Health Department from 01/01/2020 - 12/31/2022. (+) Home Test data is for cases reported to ECHD from 01/01/2022 - 12/31/2022

Source: ECHD • Created with Datawrapper

Cases by Age (01/01/2020 - 12/31/2022)

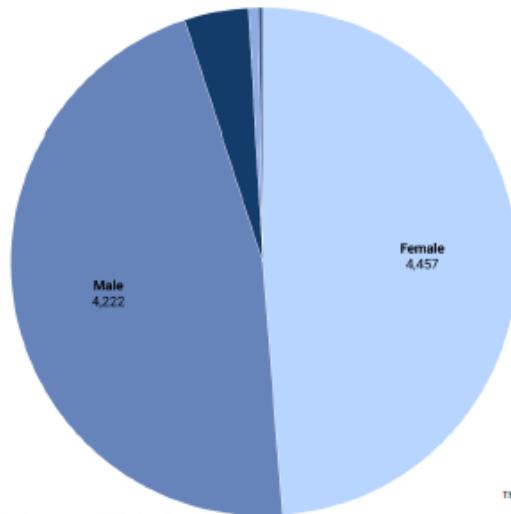


Data is for lab-confirmed cases reported to the Essex County Health Department from 01/01/2020 - 12/31/2022

Chart: ECHD • Source: NYSDOH • Created with Datawrapper

Cases by Sex (01/01/2020 - 12/31/2022)

■ Female ■ Male ■ Not Available ■ Other ■ Unknown

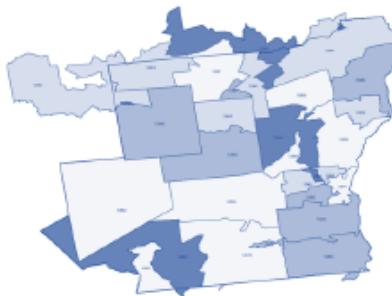


Data is for lab-confirmed cases reported to the Essex County Health Department from 01/01/2020 - 12/31/2022

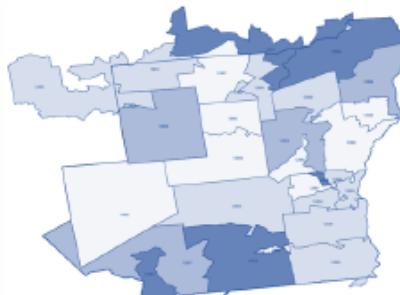
Chart: ECHD • Source: NYSDOH • Created with Datawrapper

Case Demographics

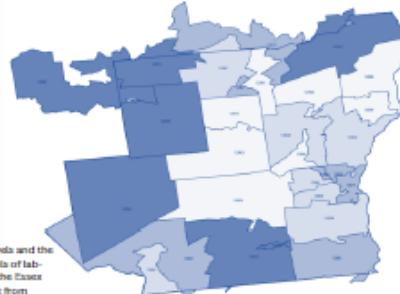
Cases by Zip Code 2020



Cases by Zip Code 2021



Cases by Zip Code 2022



The light shades indicate low levels and the dark shades indicate high levels of lab-confirmed cases reported to the Essex County Health Department from 01/01/2020 - 12/31/2022.