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Executive Summary

1. **What are the Prevention Agenda priorities and the disparity you are working on with your community partners including the LHD and hospital(s) for the 2019-2021 period?**
    - **Priority Area:** Prevent Chronic Diseases
        - **Focus Area:** Tobacco Prevention
        - **Focus Area:** Preventative Care and Management
    - **Priority Area:** Promote Well-Being and Prevent Mental and Substance Use Disorders
        - **Focus Area:** Prevent Mental and Substance User Disorders
    - **Priority Area:** Promote Healthy Women, Infants and Children
        - **Focus Area:** Child and Adolescent Health, including children with special health care needs (CSHCN)
    - **Priority Area:** Prevent Communicable Diseases
        - **Focus Area:** Vaccine Preventable Diseases

    The primary disparity to be addressed is poverty within the promote healthy women, infants, and children priority area. However, a variety of disparities exist throughout the areas as described above and will likely be impacted by the activities and interventions detailed within the plan.

2. **What data did you review to identify and confirm existing priorities or select new ones?**
    The 2019 findings of the Community Health Survey are incorporated into the Jefferson County Community Health Assessment along with additional New York State and national data sources. The Annual Community Health Survey of Adult Residents in the Tug Hill Seaway Region has been completed each year since 2016. It is a survey of approximately 1,500 of the region's residents, including 550 participants from Jefferson County. This survey is completed in collaboration with the North Country Health Compass Partners Coalition, a collaborative consisting of hospitals, public health agencies and community-based organizations, and the Fort Drum Regional Health Planning organization (FDRHPO), the region's Population Health Improvement Program (PHIP).

    The statewide and national resources reviewed include the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator Reports, the Expanded Behavioral Risk Factor Surveillance System, and Prevention Agenda Dashboards; the Centers for Disease Control Wide-ranging Online Data for Epidemiologic Research database (WONDER); the Bureau of Labor Statistics; and HRSA's Area Health Resource File.

3. **Which partners are you working with and what are their roles in the assessment and implementation processes? How are you engaging the broad community in these efforts?**
    Jefferson County Public Health Service (JCPHS), Carthage Area Hospital (CAH), River Hospital (RH), Samaritan Medical Center (SMC), FDRHPO, the YMCA, Jefferson County Community Services (JCCS), Keep the North Country Smiling Coalition (KNCSC). These partners have been included in the assessment and planning process. While the majority of interventions will be

implemented by JCPHS, CAH, RH, and SMC, plans were made for interventions to align with the work being completed by other entities within the community. In some cases, partner organizations are the entities enacting the direct intervention, with some level of collaboration with the local hospitals. In this case, partner organizations will be providing measure data. The community is engaged in these efforts through participation in the annual survey, reviewing and commenting on the plan as it is made public on the JCPHS, SMC, CAH, RH, and FDRHPO websites, and as partners or clients directly impacted by the planned interventions.

4. **What specific evidence-based interventions/strategies/activities are being implemented to address the specific priorities and the health disparity and how were they selected?**
    - **Focus Area:** Tobacco Prevention
        - **Interventions:**
            - Educate organizational decision makers, conduct community education, and use paid and earned media to increase community knowledge of the dangers of secondhand smoke exposure and secondhand aerosol/emission exposure from electronic vapor products.
            - Assist health care organizations and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines.
    - **Focus Area:** Preventative Care and Management
        - **Interventions:**
            - Expand access to evidence-based self-management programs (EBSMP) for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose conditions are not well-controlled with guidelines-based medical management alone.
            - Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.
    - **Focus Area:** Prevent Mental and Substance User Disorders
        - **Interventions:**
            - Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol and drug use for adults 18 years or older.
            - Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.
            - Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits.
            - Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides.
    - **Focus Area:** Child and Adolescent Health, including children with special health care needs (CSHCN)
        - **Interventions:**

        - Increase delivery of evidence-based preventive dental services across key settings, including school-based and community-based primary care clinics.
- **Focus Area:** Vaccine Preventable Diseases
    - **Interventions:**
        - Vaccination Programs: Health Care System-Based Interventions Implemented in Combination (clinic-based client education and provider education and reminders)

5. **How are progress and improvement being tracked to evaluate impact? What process measures are being used?**
   Measures related directly to interventions will be tracked, i.e. number of recipients of preventative dental services such as fluoride varnish treatment or dental sealants. Improvement measures will be collected through the annual community survey, hospital data, and metrics provided by NYS. Details on all measures are outlined by the plan.

Community Health Improvement Plan/Community Service Plan

Jefferson County

The following language and data are primarily drawn from the 2019 Community Health Assessment for Jefferson County as prepared by the Fort Drum Regional Health Planning Organization. Additional information and data sources can be found in the full assessment, Appendix 1, of this report.

Jefferson County is located in northern New York State, approximately 60 miles north of Syracuse. The county borders Lake Ontario to the West, the St. Lawrence River to the north, St. Lawrence County to the northeast, Lewis County to the east, and Oswego County to the south. As of 2018, the county had a population of 111,755.

The largest populated places in Jefferson County are Watertown, the Fort Drum army post, and Carthage. Watertown is the seat of county government and the county's sole city. It is the largest city in New York State north of Syracuse. These three places account for over half of the county's population.

Other populated places in the county include the villages of Dexter, and Black River, along the Black River; Cape Vincent, Clayton, and Alexandria Bay, along the St. Lawrence River; Chaumont and Sackets Harbor, along Lake Ontario; Adams, on Route 11 to the south of Watertown; Calcium, Evans Mills, and Philadelphia, along Route 11 to the north; and La Fargeville, Redwood, and Theresa in the county's northern interior.

Interstate Route 81 bisects the county, running northward through Adams and Watertown and skirting the main gate of Fort Drum before crossing Wellesley Island and the St. Lawrence River into Canada between Clayton and Alexandria Bay, providing an important link to Canada to the north and the rest of United States to the south. The county is also served by Watertown International Airport, five miles west of Watertown, and a military airport located on the Fort Drum army post.

Jefferson County is served by three hospitals:

- Carthage Area Hospital, a 25-bed not-for-profit critical access hospital in Carthage
- River Hospital, a 15-bed not-for-profit critical access hospital in Alexandria Bay
- Samaritan Medical Center, a 290-bed not-for-profit hospital in Watertown

Identification of Priorities and Relevant Data

For the 2019-2021 cycle, the Jefferson County Hospitals and Health Department will focus on the following Prevention Agenda Priorities: (1) Prevent Chronic Diseases, (2) Promote Well-Being and Prevent Mental and Substance Use Disorders, (3) Promote Healthy Women, Infants and Children, and (4) Prevent Communicable Diseases. Relevant data and disparities to be addressed within each priority area are as follows:

1. **Prevent Chronic Diseases**

   One in six Jefferson County residents currently use cigarettes, one in ten use smokeless tobacco, and one in ten currently use electronic nicotine delivery systems. Disparities within these measures exist by gender, education level, and annual household income. (Data Source: 2019 Community Health Survey)

   One in five students between grades 8 and 12 report having ever used e-cigarettes, with one in ten reporting recent e-cigarette use within the past 30 days. The rates of e-cigarette use exceed the current rates of cigarette use within this same age group. (Data Source: 2017 Prevention Needs Assessment)

   Jefferson County's lung and bronchus cancer incidence rate is higher than state and national rates. For 2012-2016, the county's rate was 92.1 cases per 100,000 population compared to 59.9 and 59.2, respectively, for New York State and the United States. The age-adjusted death rate due to lung cancer for the same time period was 54 deaths per 100,000 population, compared to 37.1 for New York State and 41.9 for the United States. (Data Source: National Cancer Institute)

   As of 2016, 32% of Jefferson County adults are obese. This is above the statewide rate of 26%. When overweight adults are included, the rate increases to 69%, also above the statewide rate of obese or overweight adults of 61%. (Data Source: New York State Expanded BRFSS)

   Jefferson County's age-adjusted ER rate due to diabetes, particularly the rate for uncontrolled diabetes, is higher than the state rates. For 2014-2016, Jefferson County recorded 33.2 emergency room visits due to diabetes per 10,000 population (ages 18 and older), compared to a New York value of 24.7. For uncontrolled diabetes, the county recorded 10.7 versus the state's 3.3 emergency room visits for this same population for this same time period. (Data Source: SPARCS)

2. **Promote Well-Being and Prevent Mental and Substance Use Disorders**

   One in ten adults in the county report having been diagnosed with a mental health condition by a medical professional. (Data Source: 2019 Community Health Survey) Additionally, Jefferson County is designated as a Health Professional Shortage Area (HPSA) for Mental Health. While this is not dissimilar from the other counties in the region, it demonstrates a need for increased mental health services.

   Over half rate their mental health as "excellent" or "very good." This rises to over four in five when including the respondents reporting their mental health as "good." Disparities exist among those with low socioeconomic status. (Data Source: 2019 Community Health Survey)

   Opioid misuse is a growing issue in Jefferson County. Not only has the age-adjusted rate of overdose deaths due to any opioid significantly worsened from previous years data (up to 16.3

deaths per 100,000 population in 2016 from 7.7 per 100,000 population in 2015), but specifically the rate of overdose deaths due to synthetic opioids other than methadone has also significantly worsened (up to 10.8 deaths per 100,000 population in 2016 from 1.7 deaths per 100,000 in 2015). (Data Source: Vital Statistics Data)

Jefferson County's suicide rate has decreased over the past several years, and the three-year rolling age-adjusted average as of 2016 (11.6 deaths per 100k) was only slightly higher compared to the state excluding NYC average (9.6 per 100k as of 2016). (Data Source: Vital Statistics) The county's rate of suicide deaths has declined from its peak in 2012 of 25 suicide deaths in Jefferson County; falling to 17 by 2017. (Data Source: CDC National Center for Health Statistics)

Three in four Jefferson County residents agree that they are aware of at least one suicide prevention resource. One in seven have accessed suicide prevention resources for either themselves or others. This is significantly higher than either of the other two counties in the region. (Data Source: 2019 Community Health Survey)

3. **Promote Healthy Women, Infants and Children**
   As of the most recently available data, Jefferson County ranks within the worst quartile of NYS counties for both the percentage of third grade students with a caries experience and the percentage of third grade students with at least one dental visit in the past year. (Data Source: Bureau of Dental Health Data) Figures such as these influenced county partners to address pediatric oral health in recent years and they intend to continue to build on the work that has already been accomplished within the county.

   The 2019 Community Health Survey findings show that those with lower annual household income or no college education are the least likely to have had a routine dental cleaning within the past two years and are more likely to rate their dental health as "less than good."

4. **Prevent Communicable Diseases**
   One fifth of females age 13 to 17 have received three or more doses of the HPV vaccine. While this value is not drastically different within the tri-county region, it is the lowest percentage of all the counties in NYS. (Data Source: NYS Immunization Information System)

In order to select these priorities, representatives from each of the three hospitals and the public health department met regularly. When appropriate, individuals from various stakeholder groups were invited to attend to share their experience and expertise on the meeting topic. This ultimately allowed for insight on the work being done by community organizations and strengthening collaboration while minimizing the duplication of efforts. These meetings were also the setting for discussion of community engagement. The community at large was involved through the implementation of a community health survey which was completed in June of 2019, and will continue to be engaged through future annual surveying. The findings of this study, as well as additional data gathered from state and national sources, were presented to the workgroup tasked with developing the Community Health Improvement Plan. This presentation of data aided in outlining the extent of burden, community importance, and associated disparities among a variety of needs in the Jefferson County area. These notable gaps were analyzed for feasibility of possible interventions.

Ongoing Efforts

A workgroup consisting of representatives of the local health department and hospitals within the county will meet as needed each year to discuss progress, annual reporting, and CHIP updating. Stakeholders from additional community organizations will be invited to participate as relevant.

The Jefferson County Community Health Assessment and Community Health Improvement Plan, with the Executive Summary, will be posted on the North Country Health Compass website as well as the websites of the hospitals and health department contributing to this plan.

Implementation: Goals, Objectives, Interventions, and Process Measures

See below tables for details on the goals and objectives, the intervention strategies and activities and process measures included in the 2019-2021 cycle. Interventions are intended to address all of Jefferson County. Interventions were chosen using the New York State Prevention Agenda, the Community Guide (Community Preventive Services Task Force), as well as databases of evidence-based programs and practices created by the CDC, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Priority Area: Prevent Chronic Diseases

Focus Area: Tobacco Prevention

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	Will Action Address Disparity?
Goal 3.2 Promote tobacco use cessation	By December 31, 2021 increase the percent of those identified as being nicotine dependent receiving tobacco abuse counseling to 10% from baseline.	Assist health care organizations and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines.	Percent of those identified as being nicotine dependent offered tobacco abuse counseling.	**CAH:** Begin tobacco cessation programs as a result of the hospital's clinical pharmacist recently obtaining certification as a tobacco treatment specialist. Continue to screen patients and refer to cessation resources as needed. **RH:** Continue to screen patients and refer to cessation resources as needed. **SMC:** Continue to screen patients and refer to cessation resources as needed. **PIVOT and SVPC:** Provide cessation services.	Provider to patient education and resources Smoking cessation classes; data	Yes - Disparities in tobacco use continue to exist across groups defined by race, ethnicity, educational level, and socioeconomic status.
Goal 3.2 Promote tobacco use cessation	By December 31, 2021 increase the number of practices	Assist health care organizations and provider groups in	Number of practices with vaping query implemented in	**JCPH:** Educate the community on the dangers of vaping	Staff time to complete public and provider education	No.

	implementing a vaping screening tool at the point of primary and ED care from baseline. Note: Contingent on establishing a screening tool for vaping. Additional interventions and measures to be implemented and tracked as a result of establishment of this tool.	establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines. Educate organizational decision makers, conduct community education, and use paid and earned media to increase community knowledge of the dangers of secondhand smoke exposure and secondhand aerosol/emission exposure from electronic vapor products.	EMR. Percentage of adults currently using e-cigarettes or vaping products. (As reported in the Tug Hill Seaway Community Health Survey) Percentage of students between grades 8 and 12 reporting having used e-cigarettes in their lifetime. (As reported in the Prevention Needs Assessment) Percentage of students between grades 8 and 12 reporting having used e-cigarettes in the past 30 days. (As reported in the Prevention Needs Assessment)	utilizing paid and earned media. Work with providers to assess vaping screening at the point-of-care; assist with identifying resources to enable routine vaping screening in primary care and Emergency Department settings. **CAH:** Add vaping Query to Emergency Department, Primary Care, and all School Based Health Clinics' EMR's. Identify resources to enable routine vaping screening in primary care and Emergency Department settings. **RH:** Provide patient education on tobacco and vaping use. Identify resources to enable routine vaping screening in primary care and Emergency Department settings.	Staff time to complete data analysis Educational Resources Space for meetings Provider to patient education	

				SMC: Implement vaping status into EMR. Identify resources to enable routine vaping screening in primary care settings.	Data	

Priority Area: Prevent Chronic Diseases

Focus Area: Preventative Care and Management

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	Will Action Address Disparity?
Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.	By December 31, 2021 increase the number of participants completing evidence-based self-management programs (EBSMP) 5% from baseline. Note: EBSMP defined as DSME/T, DSMP, and CDSMP.	Expand access to evidence-based self-management programs (EBSMP) 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.	Number of referrals to EBSMP programs. Number of participants who complete EBSMP program. Number of EBSMP trainers/ educators.	**CAH:** Continue to hold Community Event Series quarterly, educating participants on prevention and treatment of chronic diseases such as diabetes, pre-diabetes, breast cancer, stroke, and heart disease. **SMC:** Complete AADE certification of DSME program. Implement DSME class. Continue to provide one-on-one DSME. **FDRHPO:** Track and	Certified Diabetes Educator (CDE); class space; data	No.

				report on process measures by communicating with the organizations providing EBSMP within the community. **Anchor Recovery, Jefferson County OFA, NRCIL, Watertown YMCA:** Provide EBSMP.		
	By December 31, 2021 increase the number of participants completing National Diabetes Prevention Program (NDPP) 5% from baseline.	Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.	Number of referrals to NDPP programs. Number of NDPP classes held. Number of participants who complete NDPP program. Number of NDPP trainers/ educators.	**CAH:** Certify nutritionists as DPP leaders. Begin accepting referrals from primary care providers for DPP. **FDRHPO:** Track and report on process measures by communicating with the organizations providing DPP within the community. **Watertown YMCA:** Provide DPP.		No.

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Prevent Mental and Substance User Disorders

Goal	Outcome Objectives	Interventions, Strategies,	Process Measures	Partner Role	Partner Resources	Will Action Address Disparity?

		Activities				
Goal 2.1: Strengthen opportunities to build well-being and resilience across the lifespan	By December 31, 2021 increase the number of unique patients receiving SBI screening 5% from baseline. Note: SBI screening tools include AUDIT, DAST, and CAGE-AID.	Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol and drug use for adults 18 years or older.	Number of SBIRT trainings held. Number of SBIRT trainers. Number of unique patients receiving SBI screening. Number of patients screened for SBIRT who were referred for additional behavioral health services.	**CAH:** Implement CAGE-AID screening tool in primary care clinics. **RH:** Continue implementation of AUDIT screening tools. **SMC:** Continue implementation of SBIRT. **FDRHPO:** Track and report on process measures.	In office patient visits	No.
Goal 2.2 Prevent opioid overdose deaths	By December 31, 2021 increase the percentage of those diagnosed with an opioid use disorder receiving MAT from baseline.	Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.	Number diagnosed with an OUD. Percent diagnosed with an OUD receiving MAT. Number of individual MAT providers. Age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD). (As reported in the NYS PMP Registry)	**CAH:** Continue to refer patients to Substance Abuse Counseling agencies, e.g. Credo, in the absence of trained MAT providers. **RH:** Provide MAT following **SMC:** Implement MAT for OUD. **Credo:** Provide MAT for OUD.	Staff time to complete provider education Staff time to complete data analysis Educational Resources Space for meetings Addictions Clinic, trained MAT provider	No.
Goal 2.2 Prevent	By December 31,	Increase availability	SMC: Total number	**SMC:** Provide	Behavioral Health &	

opioid overdose deaths	2021 increase the percentage of those diagnosed with an opioid use disorder receiving treatment from baseline.	of/access and linkages to treatment for OUD.	of those diagnosed with OUD receiving treatment, including MAT.	treatment for OUD	Addictions Clinic; providers; counselors; social workers	
Goal 2.2 Prevent opioid overdose deaths	By December 31, 2021 decrease the opioid analgesics prescription for pain, age-adjusted rate by 5% to 578.0 per 1,000 population from 608.4 per 1,000 population.	Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits.	Number of organizations implementing new procedures or educational programs to prevent over-prescription of opioids. Age-adjusted rate of opioid analgesics prescription. (As reported in the NYS PMP Registry)	**CAH:** Launch an ALTO (Alternative to Opioid) training program for Emergency Department and Clinic Providers. **RH:** Providers are very vigilant on the opioids being prescribed. **SMC:** Implement changes in Emergency Department (ALTO program) and inpatient procedures (stewardship program) to reduce over prescription of opioids and educate providers and patients about opioid use.	In office patient visits Time & staff for provider & patient education. Data.	No.
Goal 2.5 Prevent suicides	By December 31, 2021 increase the percentage of adults who are aware of a suicide	Identify and support people at risk: Gatekeeper Training, crisis intervention,	Number of QPR trainings. Number of QPR Trainers.	**CAH:** Track number of trainings for employees, possibly offer training to community	Staff time to complete public education Staff time to	No.

	prevention resource by 3% annually from 74% to 80%.	treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides.	Percentage of adults aware of a suicide prevention resource. (As reported in the Tug Hill Seaway Community Health Survey) Percentage who have accessed suicide prevention resource in past year. (As reported in the Tug Hill Seaway Community Health Survey)	members if there is a certified trainer at CAH. **FDRHPO:** Track and report on process measures.	complete data analysis Educational Resources Space for meetings	

Priority Area: Promote Healthy Women, Infants and Children

Focus Area: Child and Adolescent Health, including children with special health care needs (CSHCN)

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	Will Action Address Disparity?
Goal 3.3: Reduce dental caries among children	By December 31, 2021 at least 75% of children 0-6 will receive fluoride varnish treatment at every well-child encounter from their primary care provider. Note: These are of pediatric providers	Increase delivery of evidence-based preventive dental services across key settings, including school-based and community-based primary care clinics.	Percentage of pediatric primary care providers offering fluoride varnish treatment at well-child visits for children age 0-6 years. Number of schools or community centers engaged in providing preventative dental care in the community. Number of recipients of fluoride varnish treatments or sealants. Percentage of third-grade children with evidence of untreated tooth decay. (As reported by the Bureau of Dental Health)	**JCPH:** Engage all pediatric primary care providers to provide fluoride varnish treatment. Assistance will be provided for those providers that need help starting a program. Outreach to congressional representatives will take place to establish coverage for fluoride varnish treatment for military dependents through Martin's Point. **CAH:** Work to increase number of patients who receive fluoride varnish treatment at primary care clinics. Continue to grow the Dental Sealant Program. **RH:** Continue to provide fluoride	Staff time to complete public and provider education, and to make public health detailing visits to providers Staff time to complete data analysis Educational Resources Space for meetings In office patient visits	Yes – The Tug Hill Seaway Community Health Survey findings show that those with lower annual household income or no college education are the least likely to have had a routine dental cleaning within the past two years and are more likely to rate their dental health as “less than good.”

				varnish treatment in the primary care setting. **SMC:** Continue to provide fluoride varnish treatment in the primary care setting. **North Country Family Health Center:** Provide fluoride varnish treatment in the primary care setting.	Fluoride varnish; applications by providers. Data	

Priority Area: Prevent Communicable Diseases

Focus Area: Vaccine Preventable Diseases

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	Will Action Address Disparity?
Goal 1.1: Improve vaccination rates	By December 31, 2021 increase vaccination rates 6% annually from the baseline rate of 13-year olds that complete age-appropriate HPV Vaccine series as reported in NYSIIS 13.60% (2018) to 16.20%.	Vaccination Programs: Health Care System-Based Interventions Implemented in Combination. (Clinic based client education and provider reminders)	Number of practices participating in either clinic-based client education of the HPV vaccine, provider reminders for HPV vaccinations, or both. Number of HPV vaccinations given by clinics.	**JCPH:** Work with dental practices and pediatric primary care practices to educate parents on the importance of the HPV vaccines. Assist providers in establishing systems to ensure clinicians know that a specific patient is due or overdue for HPV	Staff time to complete public and provider education, and to complete provider public health detailing visits Staff time to complete data analysis Educational	No.

			Rate of completed HPV vaccination series among 13-year olds (as reported by NYSIIS)	vaccination. **CAH:** Increase education on HPV vaccines for healthcare providers including a training seminar with evidence-based data to present to all pediatric providers and nurses. **RH:** Vaccinations are reported to the State system for pts. 19 years and under. Adult vaccines are entered in to NYSIIS **SMC:** Implement training programs to assist providers and nurses with conversations educating parents on importance of the HPV vaccine. **FDRHPO:** Track and report on process measures.	Resources Space for meetings In office patient visits Staff time for training.	

Appendix

Jefferson County Community Health Assessment

December 2019

Prepared by the Fort Drum Regional Health Planning Organization

In cooperation with the North Country Health Compass Partners

Contents

Introduction

The purpose of a community health assessment is to review the health status of a population for the purpose of (1) understanding the general health of the community, (2) assessing the causes and risk factors underlying the community's health status, (3) evaluating the effectiveness of programs and policies intended to improve or maintain health, and (4) planning the allocation of resources and efforts to address health needs.

The community health assessment process is required by New York State to develop data-driven local strategies that enable communities to improve health outcomes and advance statewide goals articulated in the NYSDOH Prevention Agenda. As of 2016, this process occurs concurrently with the three-year community service plan cycle that the Internal Revenue Service mandates for non-profit hospitals.

This community health assessment (1) describes Jefferson County's population, including demographics, health status, and health determinants; (2) identifies the main health challenges facing Jefferson County, and discusses their causes; and (3) summarizes assets and resources that exist in Jefferson County that can be mobilized and employed to address identified health challenges.

The Prevention Agenda is the state department of health's plan for improving the health of New Yorkers and reducing racial, ethnic, disability, and wealth or income-based disparities in health. The five Prevention Agenda priorities for the 2019-2024 cycle are (1) prevent chronic disease; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and children; (4) promote mental health and prevent substance abuse; and (5) prevent sexually transmitted infections, vaccine-preventable diseases, and healthcare-associated infections. An additional set of objectives included in the Prevention Agenda is to reduce health disparities across all priority areas and improve the overall health status of communities.[1]

This assessment draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator Reports, the Expanded Behavioral Risk Factor Surveillance System, Prevention Agenda Dashboard, and Opioid Data Dashboard; and from the 2019 Tug Hill Seaway Regional Community Health Survey, which was prepared by the Fort Drum Regional Health Planning Organization on behalf of the North Country Health Compass Partners to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

[1] For more information on the New York State Prevention Agenda, refer to the program's website at https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/index.htm

Jefferson County Demographics Summary

Source: American Community Survey Five-Year Estimates (2013-2017)

Sex and Age	Jefferson County, NY Count (#)	Percent (%)	Margin of Error
Total population	116,567	100.0%	(X)
Male	61,385	52.7%	+/-0.1%
Female	55,182	47.3%	+/-0.1%
Under 5 years	9,432	8.1%	+/-0.1%
5 to 9 years	7,963	6.8%	+/-0.3%
10 to 14 years	7,068	6.1%	+/-0.3%
15 to 19 years	7,030	6.0%	+/-0.2%
20 to 24 years	12,066	10.4%	+/-0.2%
25 to 34 years	19,680	16.9%	+/-0.1%
35 to 44 years	13,432	11.5%	+/-0.2%
45 to 54 years	13,495	11.6%	+/-0.2%
55 to 59 years	6,641	5.7%	+/-0.3%
60 to 64 years	5,515	4.7%	+/-0.3%
65 to 74 years	8,233	7.1%	+/-0.1%
75 to 84 years	4,195	3.6%	+/-0.2%
85 years and over	1,817	1.6%	+/-0.2%

Race and Ethnicity	Count (#)	Percent (%)	Margin of Error
Total population	116,567	100.0%	(X)
White alone, not Hispanic	95,658	82.1%	+/-0.1%
Hispanic or Latino (of any race)	8,465	7.3%	*****
Black or African American alone, not Hispanic	6,389	5.5%	+/-0.3%
Two or more races, not Hispanic	3,481	3.0%	+/-0.4%
Asian alone, not Hispanic	1,723	1.5%	+/-0.2%
American Indian and Alaska Native alone, not Hispanic	432	0.4%	+/-0.1%
Native Hawaiian and Other Pacific Islander alone, not Hispanic	284	0.2%	+/-0.1%
Some other race alone, not Hispanic	135	0.1%	+/-0.1%

Educational Attainment	Count (#)	Percent (%)	Margin of Error
Population 25 years and over	73,008	100%	(X)
Less than 9th grade	1,888	2.6%	+/-0.3%
9th to 12th grade, no diploma	5,222	7.2%	+/-0.6%
High school graduate (includes equivalency)	24,512	33.6%	+/-1.1%
Some college, no degree	16,783	23.0%	+/-1.0%
Associate's degree	8,950	12.3%	+/-0.7%
Bachelor's degree	9,044	12.4%	+/-0.6%
Graduate or professional degree	6,609	9.1%	+/-0.7%
High school graduate or higher	65,898	90.3%	+/-0.7%
Bachelor's degree or higher	15,653	21.4%	+/-0.9%

Population

Jefferson County is located in northern New York State, approximately 60 miles north of Syracuse. The county borders Lake Ontario to the West, the St. Lawrence River to the north, St. Lawrence County to the northeast, Lewis County to the east, and Oswego County to the south. As of 2018, the county's population was 111,755 people.[2] The county's population has grown 0.7% since 1990, following the rapid addition of approximately 23,000 residents during the 1980s, when the 10th Mountain Division was assigned to Fort Drum.[3]

Population, 1970-2018

Sources: Decennial US Census (1970-2010); US Census Annual Population Estimates (2018)

	Jefferson County		Regional Total		New York State	
Year	Pop. (#)	% Chg.	Pop. (#)	% Chg.	Pop. (#)	% Chg.
1970	88,508		224,143		18,236,967	
1980	88,151	-0.4%	227,440	1.5%	17,558,072	-3.7%
1990	110,943	25.9%	249,713	9.8%	17,990,455	2.5%
2000	111,738	0.7%	250,613	0.4%	18,976,457	5.5%
2010	116,229	4.0%	255,260	1.9%	19,378,102	2.1%
(est.) 2018	111,755	-3.8%	246,249	-3.5%	19,542,209	0.8%

The largest populated places in Jefferson County are Watertown, the Fort Drum army post, and Carthage. Watertown is the seat of county government and the county's sole city. It is the largest city in New York State north of Syracuse, with a population of 38,117. The two on-post zip codes for Fort Drum (13602 and 13603) contain over 14,000 residents. The Carthage zip code (13619) – including the villages of Carthage, West Carthage, and their vicinities - contains another 10,829 people.[4]

Other populated places in the county include the villages of Dexter, and Black River, along the Black River; Cape Vincent, Clayton, and Alexandria Bay, along the St. Lawrence River; Chaumont and Sackets Harbor, along Lake Ontario; Adams, on Route 11 to the south of Watertown; Calcium, Evans Mills, and Philadelphia, along Route 11 to the north; and La Fargeville, Redwood, and Theresa in the county's northern interior.

Interstate Route 81 bisects the county, running northward through Adams and Watertown and skirting the main gate of Fort Drum before crossing Wellesley Island and the St. Lawrence River into Canada between Clayton and Alexandria Bay, providing an important link to Canada to the north and the rest of United States to the south. The county is also served by Watertown International Airport, five miles west of Watertown, and a military airport located on the Fort Drum army post.

Jefferson County is served by three hospitals:[5]

- Carthage Area Hospital, a 25-bed not-for-profit critical access hospital in Carthage
- River Hospital, a 15-bed not-for-profit critical access hospital in Alexandria Bay
- Samaritan Medical Center, a 290-bed not-for-profit hospital in Watertown

[2] U.S. Census Bureau Annual Population Estimates, 2018
[3] U.S. Census Bureau, Decennial Census, 1970-2010, and Annual Population Estimates, 2018
[4] American Community Survey Five-Year Estimates, 2013-2017
[5] New York State Department of Health: New York State Hospital Profiles at profiles.health.ny.gov/hospital/

Age

The median age in Jefferson County is 31.9 years. The county has a larger population share of young adults and children compared to other counties in Upstate New York, primarily because a large number of soldiers with families are stationed at Fort Drum. Only 12% of residents are over 65, although this proportion is higher for all zip codes excepting the two within the military reservation (13602 and 13603) and the areas of Calcium and Evans Mills which generally have a higher percentage of those affiliated with the military.[6]

Population by Age Group

Source: American Community Survey Five-Year Estimates (2013-2017)

	Jefferson County		Regional Total		New York State	
Age Group	Pop. (#)	% of total	Pop. (#)	% of total	Pop. (#)	% of total
0-17	28,508	24%	57,467	23%	4,203,304	21%
18-34	34,731	30%	69,239	27%	4,817,282	24%
35-49	19,895	17%	43,414	17%	3,818,275	19%
50-64	19,188	16%	47,912	19%	3,951,016	20%
65+	14,245	12%	36,197	14%	3,008,351	15%
Total	*116,567*		*254,229*		*19,798,228*	
Median age (years)	31.9				38.4	

Sex

Jefferson County's population is 47% male and 53% female. This disparity is widest among residents from age 18 through age 34: Among 34,731 residents in this category, 59% are male, and 41% are female.[7]

Population by Age and Sex

Source: American Community Survey Five-Year Estimates (2013-2017)

	Jefferson County			Regional Total			New York State		
Age Group	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male
0-17	28,508	49%	51%	57,467	49%	51%	4,203,304	49%	51%
18-34	34,731	41%	59%	69,239	44%	56%	4,817,282	50%	50%
35-49	19,895	48%	52%	43,414	48%	52%	3,818,275	51%	49%
50-64	19,188	50%	50%	47,912	50%	50%	3,951,016	52%	48%
65+	14,245	55%	45%	36,197	55%	45%	3,008,351	57%	43%
Total	*116,567*	*47%*	*53%*	*254,229*	*48%*	*52%*	*19,798,228*	*51%*	*49%*
Median age (years)	31.9	34.2	30.4				38.0	40.0	36.8

[6] American Community Survey 5-Year Estimates, 2013-2017
[7] American Community Survey 5-Year Estimates, 2013-2017

Race, Ethnicity, and Language

Jefferson County is more racially and ethnically diverse compared to other counties in the region. This is primarily on account of larger minority population shares in the City of Watertown and in and around Fort Drum. Most of the county's rural areas and small villages are over 90% non-Hispanic white, and the typical non-Hispanic white resident lives in a census tract in which only 7% of his or her neighbors are members of other groups. The county's population is 82% non-Hispanic white alone, 7% Hispanic of any race, 5% non-Hispanic black alone, 3% two or more races, and 1% non-Hispanic Asian alone, with less than 1% from all remaining groups.[8]

Population by Race and Ethnicity

Source: American Community Survey Five-Year Estimates (2013-2017)

	Jefferson County		Regional Total	
Race & Ethnicity	Pop. (#)	% of total	Pop. (#)	% of total
White NH	95,658	82%	223,437	88%
Hispanic (any race)	8,465	7%	11,448	5%
Black NH	6,389	5%	9,057	4%
Asian NH	1,723	1%	3,031	1%
Native Hawaiian or PI NH	284	0%	367	0%
American Indian NH	432	0%	1,250	0%
Some other race NH	135	0%	259	0%
Two or more races NH	3,481	3%	5,380	2%
Total	*116,567*	*100%*	*254,229*	*100%*

NH = Non-Hispanic; PI = Pacific Islander

7% of residents speak a language other than English at home, and about half of them speak Spanish, with the remainder scattered across other languages and language families. Nearly three of four (75%) of those who speak another language at home speak English "very well." [9]

Employment, Income, and Poverty

Among residents 16 and over, 65% are in the labor force, which is higher than the regional rate (59%), the statewide rate (63%), and the national rate (63%). 54% of these residents are employed in the civilian labor force and 11% are in the armed forces. Among those in the civilian labor force, the unemployment rate was 8.0%.[10] More recent data from the Bureau of Labor Statistics shows that the average unemployment rate in 2018 is 5.6%, which is higher compared to the statewide average of 4.1% but no higher than neighboring counties. This is 1.0% lower than the previous year.[11]

9% of households in Jefferson County have no vehicle, 36% have one vehicle, and 55% have two or more vehicles. 76% of workers commute alone in a car, truck, or van; 10% carpool; 7% use active transportation methods like walking or biking; 5% work from home; and about 2% utilize public

[8] American Community Survey 5-Year Estimates, 2013-2017
[9] American Community Survey Five-Year Estimates, 2013-2017
[10] American Community Survey 5-Year Estimates, 2013-2017
[11] Bureau of Labor Statistics Local Area Unemployment Statistics Annual Averages 2017, 2018

transportation, taxis, or other means.[12] 18% of workers who drive alone to work have a long commute of more than 30 minutes.[13]

Median household income is $47.4k. This is lower than the national average, but not different than neighboring counties.[14]

Income by Household

Source: American Community Survey Five-Year Estimates (2013-2017)

	Jefferson County	Regional Total		New York State	United States
	% of Households	% of Households	# of Households	% of Households	% of Households
Income Groups					
Less than $15k	12.3%	13.1%	12,467	12.4%	11.5%
$15k to $34.9k	20.2%	21.9%	20,825	17.6%	19.3%
$35k to $74.9k	37.2%	35.0%	33,286	27.2%	30.6%
$75k to $149.9k	25.4%	25.0%	23,799	26.8%	26.4%
$150k+	4.8%	4.9%	4,703	16.1%	12.1%
			95,080		
Income Types					
With earnings	78.1%	74.8%	71,088	77.4%	77.7%
Mean earnings ($)	$62,733			$98,210	$83,186
With Social Security	28.9%	33.3%	31,623	30.5%	30.6%
Mean Social Security ($)	$18,069			$18,939	$18,778
With retirement income	20.9%	23.8%	22,670	18.2%	18.4%
Mean retirement income ($)	$23,176			$27,510	$25,798
With SSI	6.0%	6.6%	6,260	6.3%	5.4%
With public assistance	3.1%	3.7%	3,481	3.4%	2.6%
With food stamp/SNAP benefit	16.3%	16.4%	15,573	15.2%	12.6%
Households (#)	43,206	95,080	95,080	7,302,710	118,825,921
Mean household income ($)	$63,176			$93,443	$81,283
Median household income ($)	$50,322			$62,765	$57,652
Per capita income ($)	$24,717			$35,752	$31,177

In 2017, the poverty rate in Jefferson County was 15%, and the poverty rate for children was 21%. These rates are higher than the statewide and national rates.[15] The 2013-2017 American Community Survey estimate for the county's poverty rate was 14.8%, compared to 16. 6% for the region, 15.1% for New York State, and 14.6% for the United States.[16] 7% of residents live under 50% of the poverty level

[12] American Community Survey 5-Year Estimates, 2013-2017
[13] 2019 County Health Rankings indicator: Long commute – driving alone
[14] U.S. Census Bureau Small Area Income and Poverty Estimates
[15] U.S. Census Bureau Small Area Income and Poverty Estimates
[16] American Community Survey 5-Year Estimates, 2013-2017

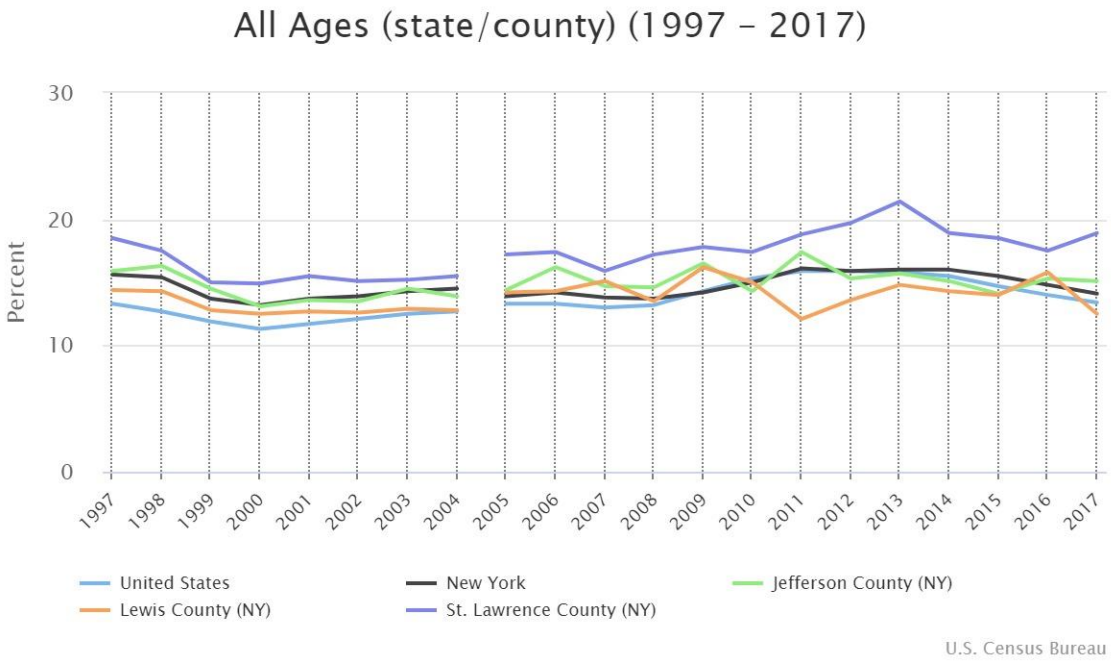
(compared to 7% statewide), and 25% of residents live beneath 150% of the poverty level (compared to 24% statewide). Other than the unemployed (34% below the poverty level), the highest poverty rates during these five years were among children (21%) and adults with less than a high school degree (28%). The poverty rate among adults employed full-time, year-round was 2.5%, and the poverty rate for adults with a bachelor's degree or higher was only 4%.[17]

Household Income to Poverty Ratio

Source: American Community Survey Five-Year Estimates (2013-2017)

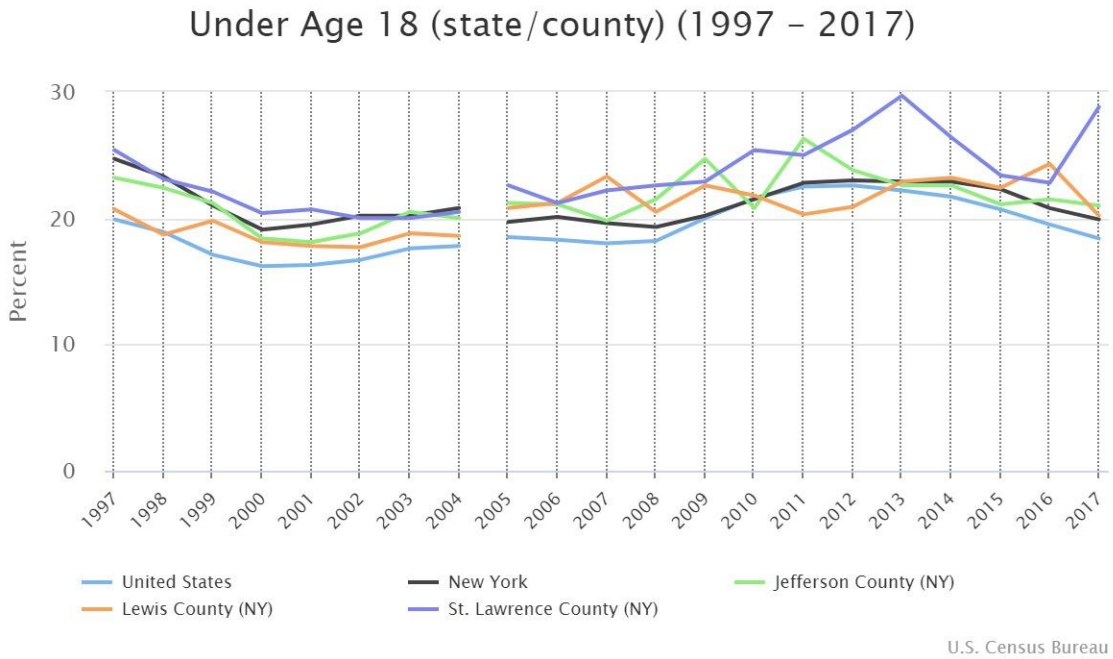
Income : Poverty Ratio	Jefferson County % of Pop.	Regional Total % of Pop.	New York State % of Pop.	United States % of Pop.
Under 0.5	6.6%	7.5%	6.7%	6.5%
0.5 to 0.99	8.2%	9.2%	8.4%	8.1%
Total in poverty	14.8%	16.6%	15.1%	14.6%
1.0 to 1.49	10.5%	10.1%	8.5%	9.1%
1.5 to 1.99	11.4%	10.2%	7.9%	9.0%
>2.0	63.3%	63.0%	68.6%	67.2%
	109,663	234,964	19,285,448	313,048,563

Percent in Poverty Among All Ages



[17] American Community Survey 5-Year Estimates, 2013-2017

Percent in Poverty Under Age 18



Educational Attainment

90% of Jefferson County residents age 25 and over have at least a high school diploma or equivalent. 21% have a bachelor's degree or higher, and 9% have a graduate or professional degree. Women (37%) are markedly more likely than men (29%) to have at least an associate degree. There is a strong inverse correlation between educational attainment and poverty: 27% of those without a high school diploma or higher in Jefferson County live in poverty, compared to 15% of high school graduates and only 4% of those with a four-year degree. [18]

Jefferson County Educational Attainment

Source: American Community Survey Five-Year Estimates (2013-2017)

	Jefferson County, NY		
	Count (#)	Percent (%)	Margin of Error
Educational Attainment			
Population 25 years and over	73,008	100%	(X)
Less than 9th grade	1,888	2.6%	+/-0.3%
9th to 12th grade, no diploma	5,222	7.2%	+/-0.6%
High school graduate (includes equivalency)	24,512	33.6%	+/-1.1%
Some college, no degree	16,783	23.0%	+/-1.0%
Associate's degree	8,950	12.3%	+/-0.7%
Bachelor's degree	9,044	12.4%	+/-0.6%
Graduate or professional degree	6,609	9.1%	+/-0.7%
High school graduate or higher	65,898	90.3%	+/-0.7%
Bachelor's degree or higher	15,653	21.4%	+/-0.9%

[18] American Community Survey Five-Year Estimates, 2013-2017

Housing and Marital Status

73% of housing units in Jefferson County are occupied, including 40% that are owner occupied and 32% that are rented. The remaining 27% of housing is vacant, including 19% for seasonal or occasional use and 4% for rent or for sale. The remaining 5% of housing units are other vacancies. [19]

94% of Jefferson County residents live in households (54% owner occupied, 40% renter occupied), with the remaining 6% living in group quarters. The group quarters population share in Jefferson County is higher than statewide and national rates, and amounts to about 6,700 people, including soldiers in the 10th Mountain Division living in barracks on Fort Drum, students living in dormitories at SUNY Jefferson, prisoners incarcerated at the state prison located between Clayton and Cape Vincent, and people in assisted living facilities. There are nearly 59,500 households in Jefferson County, 73% of which are occupied. As of 2017, 71% of Jefferson County residents are served by community water systems with optimally fluoridated water.[20]

57% are detached single units, 18% are three or more units, 13% are mobile homes, 6% are duplexes, and 6% are attached singles. A majority of housing units are more than fifty years old (51%). The median value of a house in in Jefferson County is $149,300, higher compared to, $88,000 in St. Lawrence County, and $121,700 in Lewis County. This is half of the value of the median residence in New York State ($293,000), but approximately only a quarter less than of the median value of a residence in the United States ($193,500). 9% of housing units in Jefferson County are valued at less than $50,000, compared to 17% in St. Lawrence County, 9% in Lewis County, 5% in New York State, and 8% in the United States.[21]

53% of occupied households in Jefferson County consist of married couples, while 15% are families lacking either a wife or husband, 26% are a single person living alone, and 6% are other non-family households. On average, households have 2.5 members, slightly lower than the statewide and national average of 2.6 members. On average, owner occupied households have 2.6 members, and renter occupied units have 2.4 members. Among residents 15 years and over, 53% are married, 12% are divorced or separated, 5% are widowed, and 30% have never married.[22]

Military Affiliation

Approximately 44% of residents are affiliated with the military (Veteran or active military in the household). This is over twice the rate of military affiliation as compared to either Lewis or St. Lawrence counties.[23]

Disability Status

14% of non-institutionalized civilian residents meet the Census definition for having a disability, which exceeds the statewide rate of 11%. This includes 7% of children 5 or older, 13% of working-age adults (age 18-65), and 36% of adults over the age of 65.[24]

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[19] American Community Survey 5-Year Estimates, 2013-2017
[20] New York State Safe Drinking Water Information System via NYSDOH Prevention Agenda Dashboard
[21] American Community Survey 5-Year Estimates, 2013-2017
[22] American Community Survey Five-Year Estimates, 2013-2017
[23] 2019 Tug Hill Seaway Region Community Health Survey, Table 58
[24] American Community Survey 5-Year Estimates, 2013-2017

Health Summary

Natality and Fertility

The fertility rate for women of childbearing age in Jefferson County is 150% the rate for New York State at 89.4 per 1,000 females aged 15 to 44.[25] 7.8% of women between the ages of 15 and 50 have given birth within the past year, compared to 4.7% statewide. By age, younger women are more likely have given birth within the past year and older women are somewhat less likely to have given birth within the past year compared to women statewide. Among the women with births in the past year, 4.0% were women from age 15 to 19 (compared to 2.7% statewide), 81.4% from age 20 to 34 (compared to 68.9% statewide), and 14.6% age 35 to 50 (compared to 28.4% statewide).[26]

17.6% of births in Jefferson County are to unmarried women, which is much lower than the other rates in the region which are upwards of 30%, and the statewide average of 32.3%. Among women most likely to be unmarried with births were those who have only a high school degree or less (64%) or who live in households below the poverty level (46%). Least likely to be unmarried were women with births are those who are 35 or older (3%), women with a bachelor's degree or higher (2%), and women in households that are above the poverty level (15%). The rate of unmarried births in Jefferson County declined slightly from 2011. [27]

7.8% of births in Jefferson in 2016 were premature. This was lower than the statewide-excluding-NYC rate of 9.1%.[28] 6.5% of births in Jefferson County in 2016 were low birthweight (<2.5 kg) births. This was lower than the statewide-excluding-NYC rate of 7.7%. The three-year rolling average of low birthweight births has remained below the statewide-excluding-NYC average since at least 2007. [29]

Jefferson County's rate of adolescent pregnancy was 11.1 pregnancies per 1,000 females aged 15-17 as of 2016. This is higher than the regional rate of 10.5 pregnancies per 1,000 and the statewide excluding NYC rate of 9.9 pregnancies per 1,000 females.[30]

As of 2016, 32% of births were the result of an unintended pregnancy. This was a slight decline from the percentage of unintended pregnancy births in 2011 (35%) but higher than the statewide-excluding-NYC rate of 25%.[31]

From 2014-2016, 5.7% of births were to women aged 25 years or older without a high school degree or equivalent. This was the lowest rate among the three counties in the region and lower compared to the statewide average of 12.8%. The rate has been stable between 5% and 7% since at least 2005.[32]

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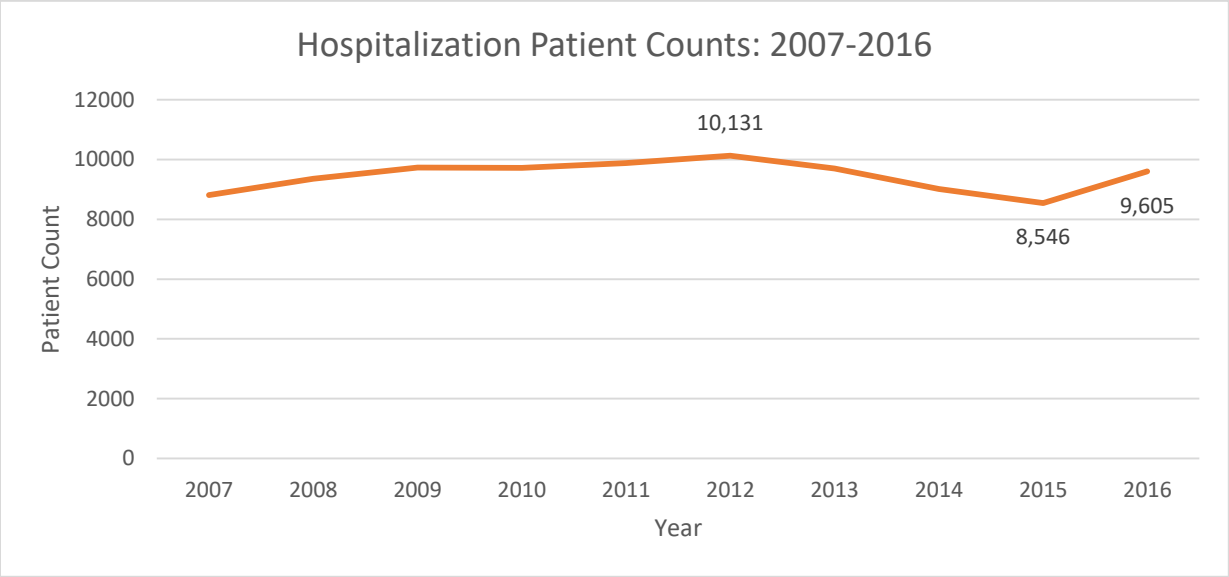
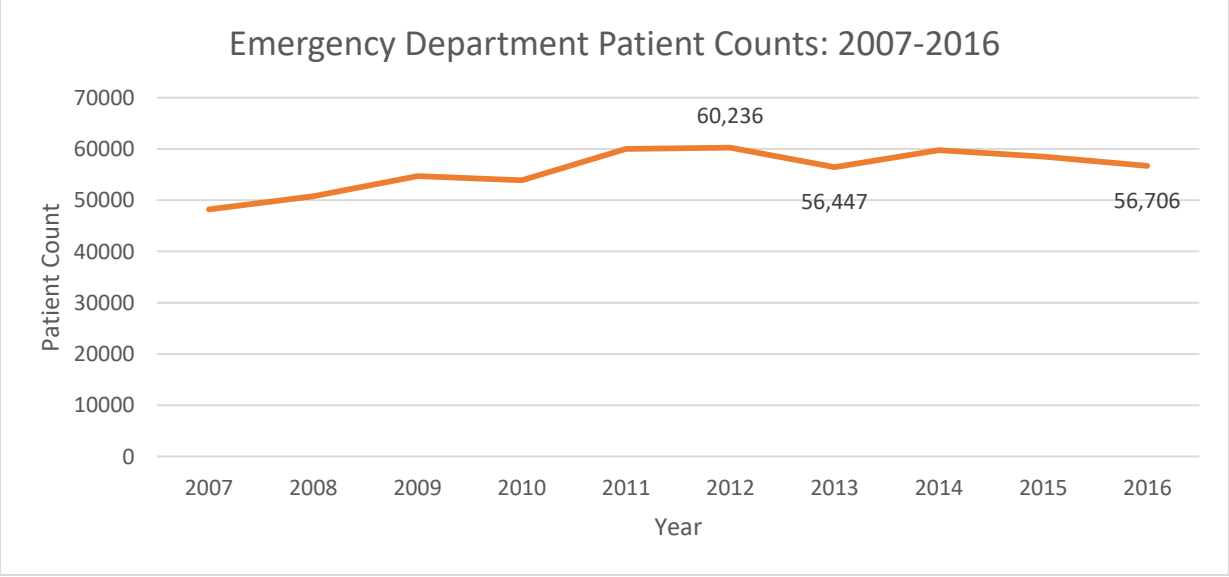
[25] 2014-2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports
[26] American Community Survey Five-Year Estimates, 2013-2017
[27] American Community Survey Five-Year Estimates, 2013-2017
[28] 2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports
[29] 2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports
[30] 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard
[31] 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard
[32] 2014-2016 Vital Statistics data via NYSDOH County Community Health Indicator Reports

Hospitalizations and Emergency Department Visits

Hospitalizations and emergency department visits for Jefferson County residents have been holding relatively steady. Hospitalizations excluding newborns and pregnancies declined from 10,131 in 2012 to 9,605 in 2016, a decrease of 5.2%, but a 12.4% increase from the prior year's count of 8,546 patients. Emergency department patient counts have been declining slightly over this same period. There were 60,236 emergency department visits among residents of Jefferson County in 2012. In 2016, this had fallen to 56,706, a decrease of 5.9%.[33]





[33] 2007-2016 SPARCS data (NYSDOH)

Mortality

Over the most recent five years of available data, Jefferson County's age-adjusted mortality rate has risen by 5.0%, from 748 per 100,000 standard population in 2013 to 819 in 2017. This rise occurred primarily because of increases in age-adjusted mortality across an assortment of categories including cardiovascular disease, infectious and parasitic disease, mental and behavioral disorders, diseases of the nervous system, and external causes.[34]

Jefferson County has a higher age-adjusted all-cause mortality rate than New York State. This is true across age-adjusted death rates for most major disease categories: Jefferson County rates are 32.1 deaths per 100,000 higher than the statewide rate for cancer, 30.9 deaths per 100,000 higher for cardiovascular disease, 22.4 deaths per 100,000 higher for nervous system diseases, 17.7 deaths per 100,000 higher for external causes, 14.0 deaths per 100,000 higher for respiratory disease, 12.1 deaths per 100,000 higher for digestive system diseases, and 11.6 deaths per 100,000 higher across all other disease categories. Mental and behavioral disorders are 6.2 deaths per 100,000 lower compared to the state, the sole exception among disease categories in Jefferson County between 2013 and 2017.

In total, the age-adjusted death rate for Jefferson County is 134.7 deaths per 100,000 higher compared to the state, a difference of 21%. Between 2013 and 2017, this amounts to about 787 excess deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the statewide average, or 157 excess deaths per year.[35]

Generally, Jefferson County has similar age-adjusted mortality rates when compared to the region. Jefferson County rates are 12.8 deaths per 100,000 higher than the regional rate for diseases of the nervous system, 10.8 deaths per 100,000 higher for cancer, 6.6 deaths per 100,000 higher for cardiovascular diseases, 4.7 deaths per 100,000 higher for genitourinary diseases, and 4.4 deaths per 100,000 higher compared to the region for external causes. Diseases of the respiratory system are 2.6 deaths per 100,000 lower compared to the region. The remaining categories are lower than the regional rate by fewer than 2.0 deaths per 100,000 population. [36]

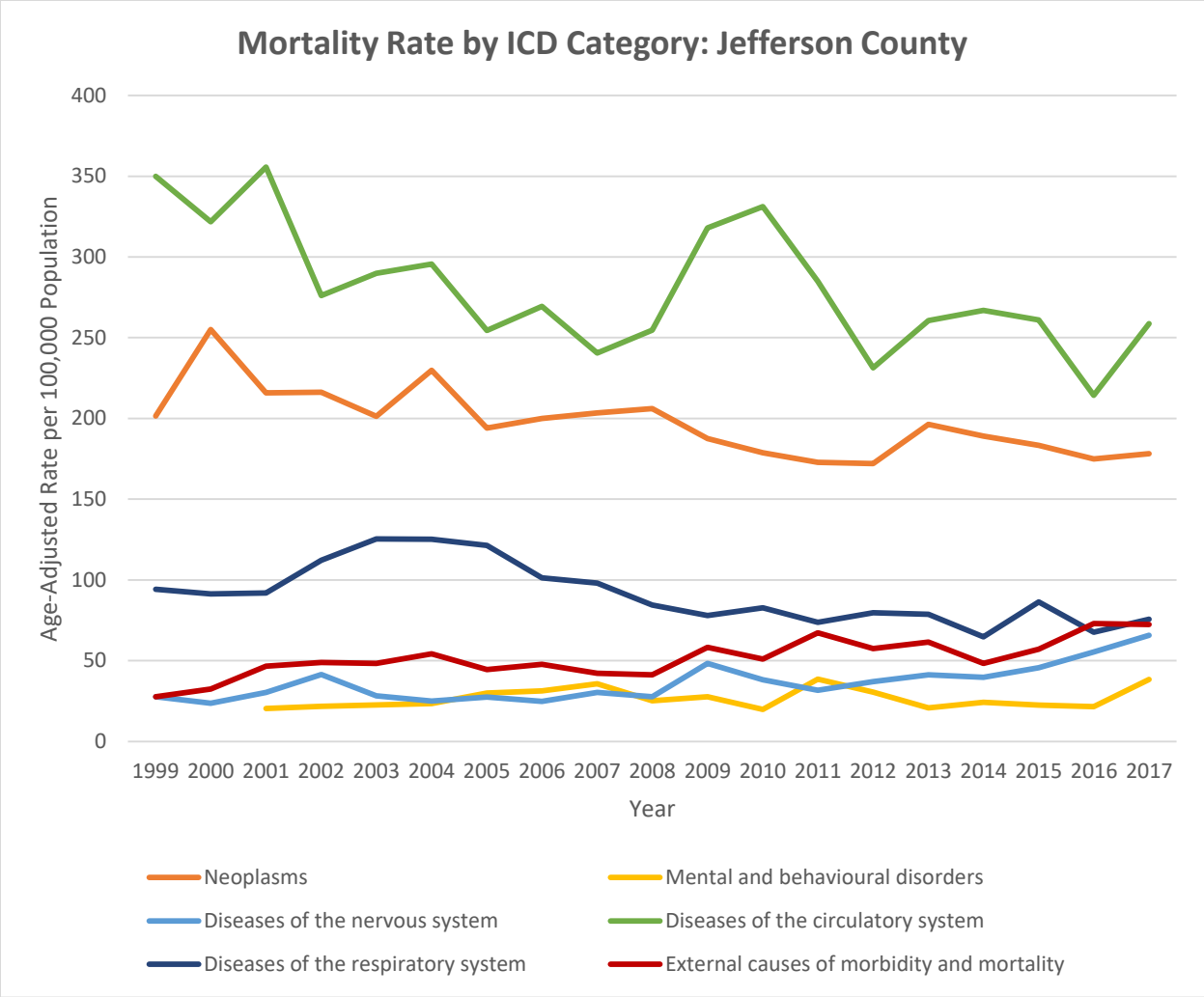
In total, the age-adjusted death rate for Jefferson County is 31.7 deaths per 100,000 higher compared to the region, a difference of 4.3%. Between 2013 and 2017, this amounts to about 185 excess deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the regional average, or nearly 37 excess deaths per year.[37]

[34] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.
[35] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.
[36] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.
[37] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.

Leading Causes of Death, 2013-2017 Average

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Files

	Jefferson County		Tug Hill Seaway Region		New York State	
Cause of Death (ICD-10 Categories)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)
Diseases of the circulatory system	252.1	292	245.5	707	221.2	54,310
Neoplasms	184.5	212	173.7	502	152.4	36,167
Diseases of the respiratory system	74.6	85	77.2	221	60.6	14,616
External causes of morbidity and mortality	62.4	72	58.0	151	44.7	9,496
Diseases of the nervous system	49.5	57	36.7	104	27.1	6,604
Diseases of the digestive system	33.8	37	34.2	95	21.7	5,155
Endocrine, nutritional and metabolic diseases	30.9	36	31.3	90	25.3	6,015
Mental and behavioral disorders	25.5	30	26.5	76	31.7	8,032
Certain infectious and parasitic diseases	20.9	24	16.2	46	19.2	4,564
Diseases of the genitourinary system	17.8	20	19.1	54	14.3	3,480
All other categories	21.2	27	23.0	63	20.3	4,401
Total mortality	773.2	893	741.5	2,110	638.5	152,841



The categories of mortality with the highest age-adjusted rates are diseases of the circulatory system, neoplasms, respiratory diseases, and external causes of mortality and morbidity. All have generally been on the decline with the exception of external causes.

Relative to the previous five years, the cardiovascular disease age-adjusted death rate from 2017 increased by 20.1% from 2016 but is no higher than it has been within the past five years. The primary driver of the cardiovascular disease related death rate is heart disease, particularly coronary heart disease (ischemic heart disease). Heart disease accounted for 70% of the cardiovascular disease deaths in Jefferson County in 2017, nearly two thirds of these deaths were due to coronary heart disease.

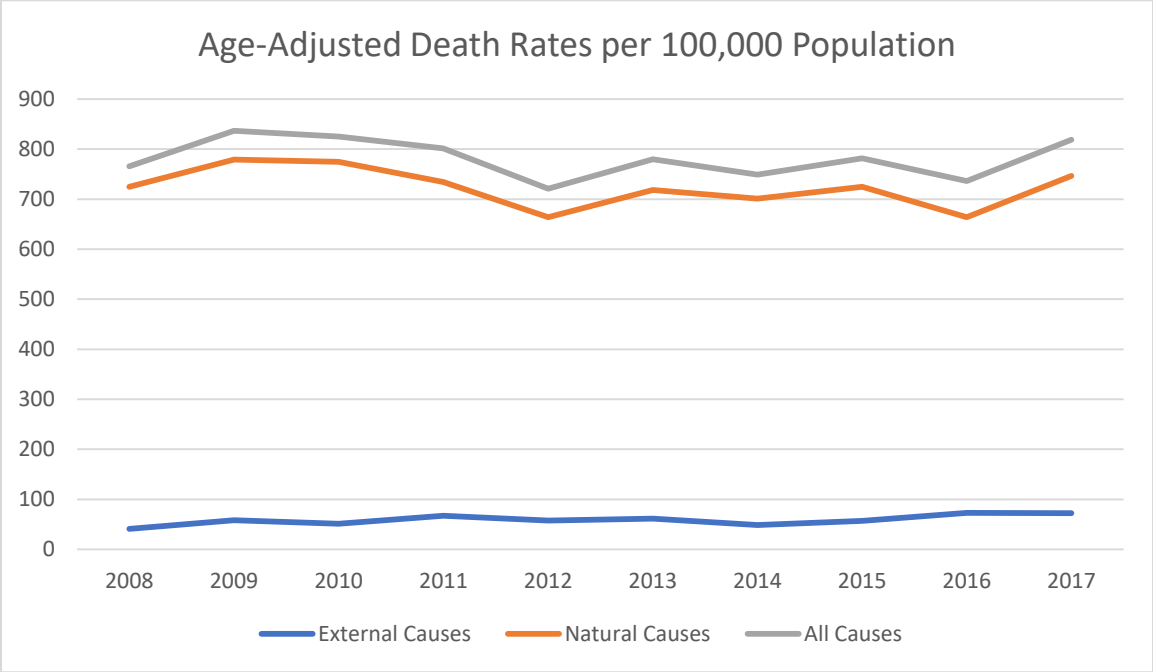
The death rate due to neoplasms was 6.1% lower in 2017 than it was in 2013. This cause of death is almost exclusively driven by cancer, with a majority being cancer of the trachea, bronchus, and lungs. Both have been trending downwards over the past ten years and are at current lows. The age-adjusted death rate due to cancer in 2017 is 171.7 deaths per 100,000 compared highs of 194.8 and 190.9 deaths per 100,000 population in 2008 and 2013 respectively.

The death rate due to diseases of the respiratory system has been generally stable over the past decade. While the mortality rate for respiratory diseases has increased from last year, it has decreased by 3.8%

from 2013 to 2017. The largest driver of respiratory disease related deaths are chronic lower respiratory diseases accounting for two thirds of the deaths due to respiratory disease. Deaths due to influenza and pneumonia account for another 16% of deaths within this category.

The age-adjusted death rate due to external causes of morbidity and mortality remains at a high with 72.4 deaths per 100,000 population in 2017. Prior to recent years, the highest rate was in 2011 at 67.3 deaths per 100,000 population. In the past five years, the rate has increased by 17.7%. Deaths in this category related to transport accidents or suicide have remained stable in the past five years, each accounting for under one fifth of the deaths in this category in a given year. Meanwhile, the category of deaths due to "other causes of accidental injury" account for at least half of the deaths within the external causes of mortality and morbidity chapter for any given year. In the past five years, accidental poisonings account for the majority of deaths in this category.

The age-adjusted mortality rate due to nervous system diseases has generally been trending upwards within the past decade rising from 27.6 deaths per 100,000 in 2008 to 65.7 deaths per 100,000 in 2017. This is primarily driven by the sub category of "other degenerative diseases of the nervous system" which includes deaths due to Alzheimer disease (age-adjusted rate of 32.0 deaths per 100,000 population in 2017). Alzheimer disease is the most significant cause of death within this sub category.



For all deaths due to natural causes, the age adjusted death rate for 2017 (747 deaths per 100k per year) was 3% higher compared to 2008. The age adjusted death rate for other causes (72 deaths per 100k) increased by 76% over the same period.

By age, 48% of deaths in Jefferson County were people 80 or older, 21% were people in their seventies, 13% were people in their sixties, 7% were people in their fifties, 4% were people in their forties, 4% were people between ages of 20 and 39, and 2% were under the age of 19.

Leading categories for cause of death varied by age group in Jefferson County. External causes were the leading cause of death for people under the age of 19, age 20-29, and age 30-39. In total, deaths among people younger than forty accounted for 6.3% of deaths in the county in 2017.

For people in their forties, who account for 4.0% of all deaths in the county, cardiovascular disease and external causes are the leading causes of death each accounting for approximately one third of the deaths in this age group. For people in their fifties, who account for 7.4% of all deaths in the county, cardiovascular disease (39%) is the dominant cause of death, followed by cancer (24%). For people in their sixties, who account for 13.3% of all deaths in the county, cancer remains most prominent (41%), followed by cardiovascular disease (21%) and respiratory disease (12%).

People in their seventies or older are responsible for over two-thirds of all deaths in Jefferson County. People in their seventies account for 21% of deaths in the county, with cancer (33%), cardiovascular disease (27%), and respiratory disease (14%) combining to account for nearly three-quarters of deaths in this age group. No other disease category on its own is responsible for more than 5% of these deaths. For people age 80 or older, who account for 48% of all deaths in the county, cardiovascular disease is responsible for a near-majority of deaths (39%), followed by cancer (16%), diseases of the nervous system (12%), and respiratory disease (9%).[38]

Jefferson County's suicide rate has decreased over the past several years, and the three-year rolling age-adjusted average as of 2016 (11.6 deaths per 100k) was only slightly higher compared to the state excluding NYC average (9.6 per 100k as of 2016).[39] The county's rate of suicide deaths has declined from its peak in 2012 of 25 suicide deaths in Jefferson County; falling to 17 by 2017.[40]

Insurance

As of 2017, 4.7% of Jefferson County's residents under age 65 were uninsured, a decline of more than half since 2013, when 10.4% of people under age 65 lacked health insurance. This decline compares favorably to the statewide decline from 12.4% uninsured to 6.6% uninsured among people under 65 years. Both the county's population share and population size of uninsured under-65s has declined in every year since 2010, and now numbers 4,300, down from 13,100 seven years prior.[41] Young adults (19-34), adults without a high school degree or equivalent, unemployed people, and non-citizens were the groups most likely to lack insurance in Jefferson County according the most recent American Community Survey results.[42]

[38] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.
[39] 2014-2016 Vital Statistics data via NYSDOH County Community Health Indicator Reports
[40] CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.
[41] U.S. Census Bureau Small Area Health Insurance Estimates, 2010-2017
[42] American Community Survey 5-Year Estimates, 2013-2017.

Clinicians by County

Sources: American Community Survey Five-Year Estimates (2013-2017); Area Health Resource File (2016)

	Jefferson County		Regional Total		New York State	
Group	Count(#)	Per 100k	Count(#)	Per 100k	Count(#)	Per 100k
All Physicians (MD and DO)	197	173	375	149	72,630	368
Primary Care Physicians	59	52	128	51	16,460	83
Nurse Practitioners	97	85	166	66	14,459	73
Dentists	77	68	120	48	14,830	75
Population	*114,006*		*250,909*		*19,745,289*	

Jefferson County has fewer clinicians per population compared to the state. As of 2016, the most recent year for which data were available, there were 197 physicians practicing in Jefferson County, or one per 579 residents. There were 59 primary care physicians practicing in Jefferson County, or one per 1,932 residents. The statewide rate was 1,200 residents per practicing primary care physician, or 61% fewer people per primary care physician. Jefferson County also contained 97 nurse practitioners (one per 1,175 residents) which is better when compared to the respective statewide ratio. There were also 77 dentists in Jefferson County, or one per 1,481 residents, compared to one dentist per 1,331 residents for New York State.[43] These numbers may understate the level of need in Jefferson County throughout much of the year, because nearly one in five residences (19%) that are for seasonal or occasional use.[44] Seasonal residents are not counted as permanent residents, but rely on health services in the region throughout the summer months when they are present.[45]

Health Behaviors

As of 2016, 32% of Jefferson County adults are obese. This is above the statewide rate of 26%. When overweight adults are included, the rate increases to 69%, also above the statewide rate of obese or overweight adults of 61%.[46] The rate of obesity among children and adolescents is 19%, exceeding the statewide-excluding-NYC average of 17%. When including overweight children and adolescents, this rate increases to 36% which is also above the statewide-excluding-NYC average of 34%.[47]

There have not been significant changes in the vaccination rates in Jefferson County. As of 2016, 62% of children aged 19-35 months in Jefferson County had the Prevention Agenda-recommended 4:3:1:3:3:1:4 immunization series. 19% of females age 13 to 17 have received three or more doses of the HPV vaccine.[48] As of 2016, 58% of adults over the age of 65 have had a flu immunization.[49]

According to the 2017 Prevention Needs Assessment Survey Report Profile for Jefferson County, 20% of students between Grade 8 to Grade 12 have used e-cigarettes during their lifetime, with 12% reporting use within the 30 days prior to receiving the survey. This lifetime use percentage is higher than the

[43] 2016 Area Health Resource File
[44] 2013-2017 American Community Survey Estimates
[45] US Census Bureau: "Residence Rule And Residence Situations For The 2010 Census"
[46] New York State Expanded BRFSS via NYSDOH Community Health Indicator Reports Dashboard
[47] Student Weight Status Category Reporting System (SWSCRS), 2014-2016
[48] NYS Immunization Information System via NYSDOH's Prevention Agenda Dashboard
[49] NYS Behavioral Risk Factor Surveillance System via NYSDOH's Prevention Agenda Dashboard

percentages for cigarette or marijuana use (16% and 18% respectively), coming in second only to alcohol use (36% reporting use during their lifetime). For most grade levels, the use of cigarettes either during the lifetime or in the past 30 days is not only lower in 2017 than the comparable percentages of previous years but also lower than the comparable percentages for e-cigarette use.[50]

Opioid misuse is a growing issue in Jefferson County. Not only has the age-adjusted rate of overdose deaths due to any opioid significantly worsened from previous years data (up to 16.3 deaths per 100,000 population in 2016 from 7.7 per 100,000 population in 2015), but specifically the rate of overdose deaths due to synthetic opioids other than methadone has also significantly worsened (up to 10.8 deaths per 100,000 population in 2016 from 1.7 deaths per 100,000 in 2015). [51] There have also been significant increases in the rate of unique clients admitted to OASAS-certified chemical dependence treatment programs. In 2016 the crude rate for heroin treatment programs was 405.9 per 100,000 population, up from 345.1 per 100,000 population in 2015. The crude rate of admittance to such treatment programs for any opioid including heroin rose from 485.6 per 100,000 population in 2015 to 560.2 per 100,000 population in 2016. [52]

[50] 2017 New York Prevention Needs Assessment Survey: Jefferson County
[51] Vital Statistics Data via NYSDOH's Opioid Data Dashboard
[52] OASAS Data via NYSDOH's Opioid Data Dashboard

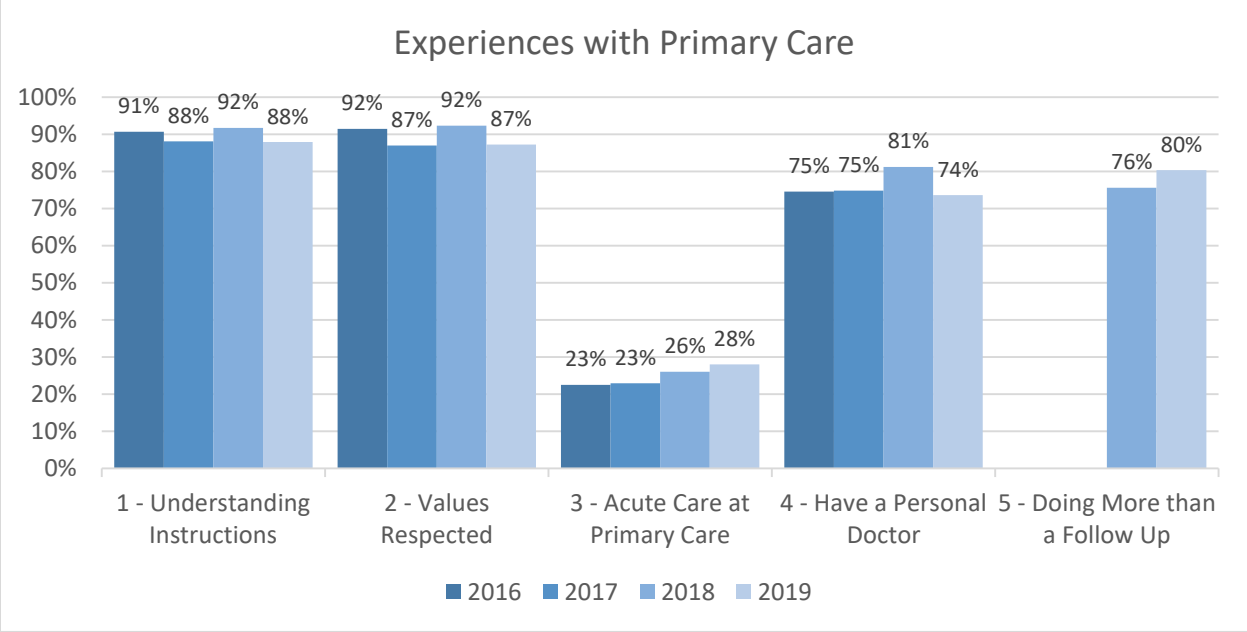
Community Health Survey Summary

Introduction

The following summary describes the findings from the 2019 Community Health Survey of Adult Residents in Jefferson County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. The survey consists of three key sections, namely, the participant's experiences with healthcare, the participant's personal health, and the participant's lifestyle, followed by a series of standard demographic indicators. Participants must be at least 18 years of age and live within Jefferson, Lewis, or St. Lawrence counties. Responses are weighted towards population demographic parameters within each of the three counties, as well as regionally combined. The average approximate margins of error associated with estimates are ±3.0% for the three-county region, ±5.0% for Jefferson or St. Lawrence County, and ±5.9% for Lewis County. More details on the methodology of this study, as well as more detailed results can be found in the full report.

Results are split into three sections: experiences with care, personal health, and lifestyle. Bars within each chart are numbered and correlate to the numbered written question summaries found beneath the chart.

Experiences with Healthcare



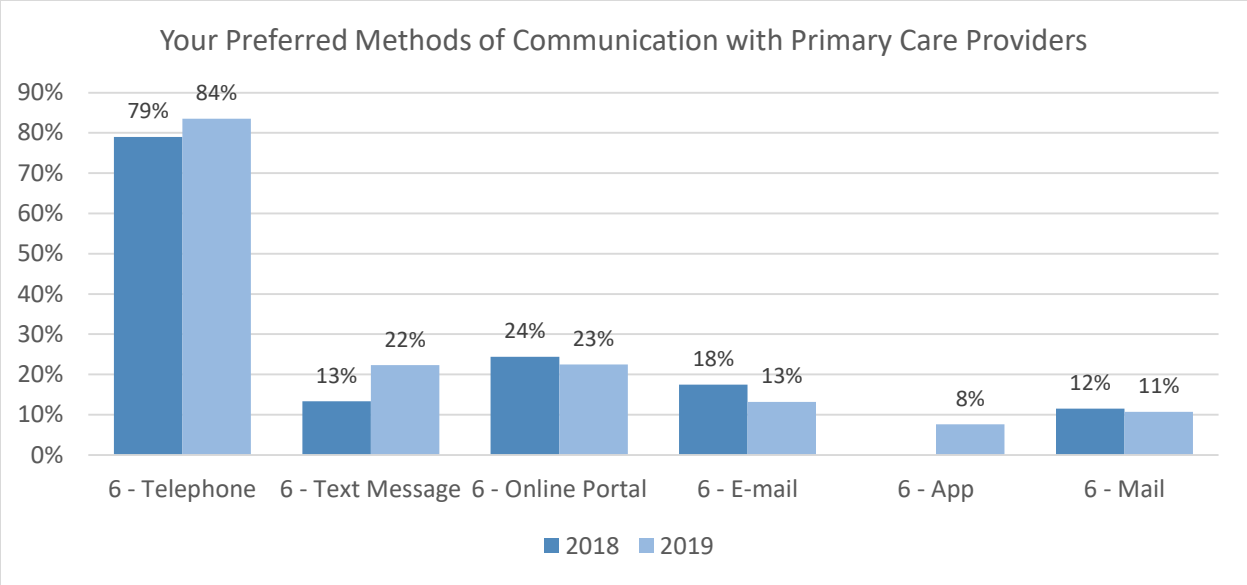
1. **When you go to the doctor, how often would you say you understand the instructions that you receive? (% "Always, Most")**
   A large majority of Jefferson County residents understand the instructions that they receive from their doctor at least most of the time (88% which is not significantly different from previous years). Over half report that they always understand the instructions that they receive from their doctor (54%). Women are more likely than men to respond with at least most of the time, as are those with a 4-year degree or higher than those with no college education, and those who are white compared to those who are non-white.

2. **When you go to the doctor, how often do you feel that you and your values are respected? (% "Always, Most")**
   A large majority of Jefferson County residents feel that they and their values are respected by their doctor at least most of the time (87% which is significantly different from the 2018 value but not from preceding years). Over half report that they always feel that they and their values are respected by their doctor (56%).

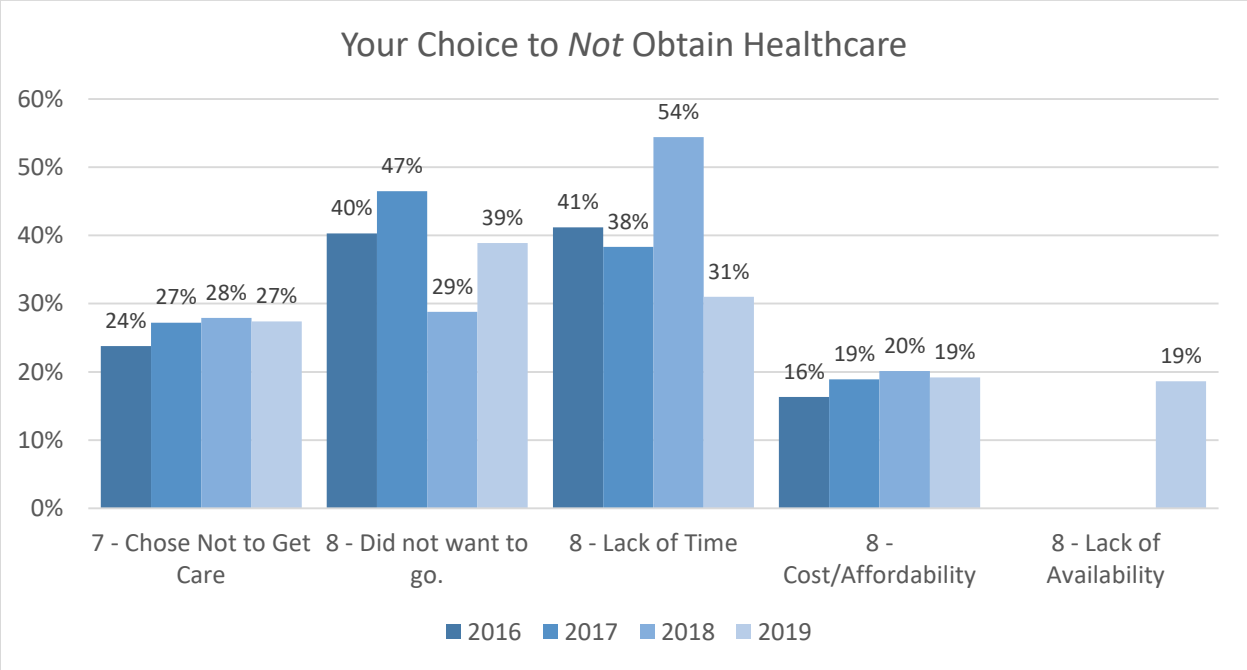
3. **When you or a family member has a fever of 101, where do you generally go for medical attention? (% "Primary Care Provider")**
   28% of Jefferson County participants respond that they would go to their primary care physician, 16% would seek care from an emergency room, 30% would go to an urgent care, and 22% would not seek care for this type of concern. Most variation among demographic subgroups surrounded seeking care in an emergency room. Among those most likely to go to the emergency room for care are men, those ages 18 to 34, those with either some or no college, those with an annual household income under $25,000, those who have active military in the household, non-white participants, and those who report not having a personal doctor or health care provider. Additionally, participants with children in the home are more likely to seek care from an urgent care than those without children at home.

4. **Do you have one person or medical office that you think of as your personal doctor or health care provider? (% "Yes")**
   Nearly three in four report that they do have a personal doctor or health care provider (74%). This is statistically significantly lower than the 2018 value of 81%, but not different than previous years. The groups most likely to report having a personal doctor are women, those age 35 and up, those with a four-year degree or higher, participants with children in the home, those without active military in the household, and those who are white.

5. **"My doctor or medical office helps me improve my health by doing more than scheduling a follow up appointment." (% "Agree") Note: Only asked among those reporting "Yes" to having a personal doctor or health care provider.**
   Among those with a personal doctor, four in five agree that they are being offered more than just a follow up appointment. Those with some college education are less likely to agree than those with no college education. White participants are less likely to agree than non-white participants.

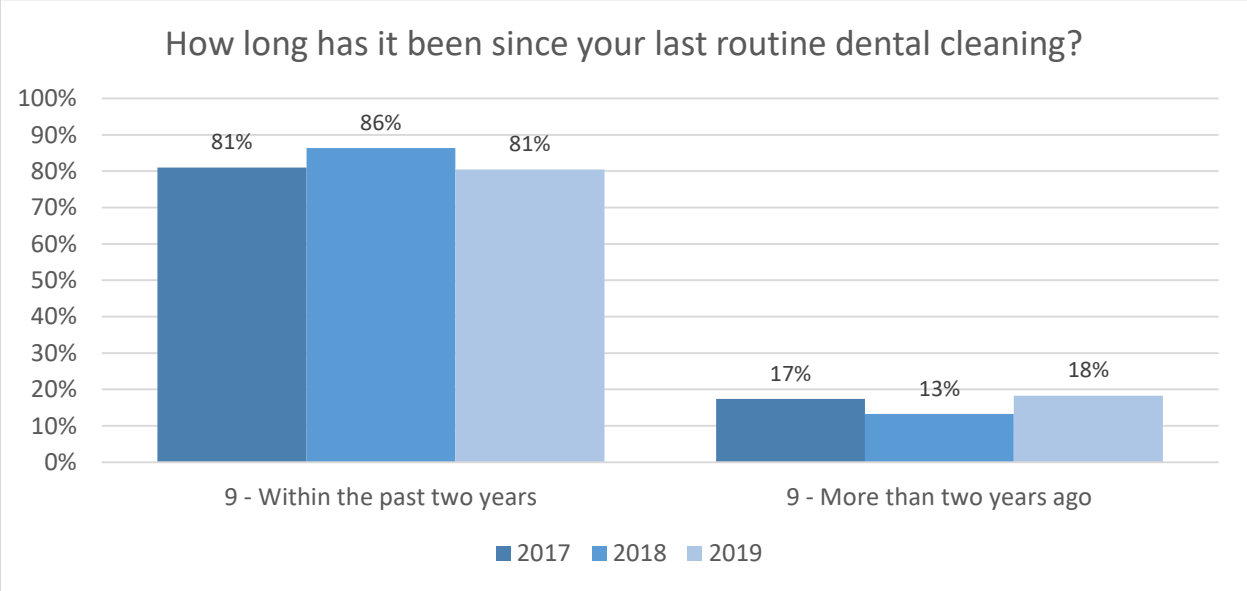


6. **Which of the following would you like to use to communicate with your doctor or medical office? Note: Only asked among those reporting "Yes" to having a personal doctor or health care provider and respondents could choose more than one method.**
   In Jefferson County, communication using the telephone is the overwhelmingly most popular method of communication chosen (84%). This is followed by use of an online portal and texting (23% and 22% respectively). The percentage reporting preference of using texting to communicate with primary care providers is significantly higher than the 2018 value of 13%. The groups that seem more open to using texting as a way to communicate are the younger age groups, those with at least some college education, those with higher annual household incomes, and those with children in the home.

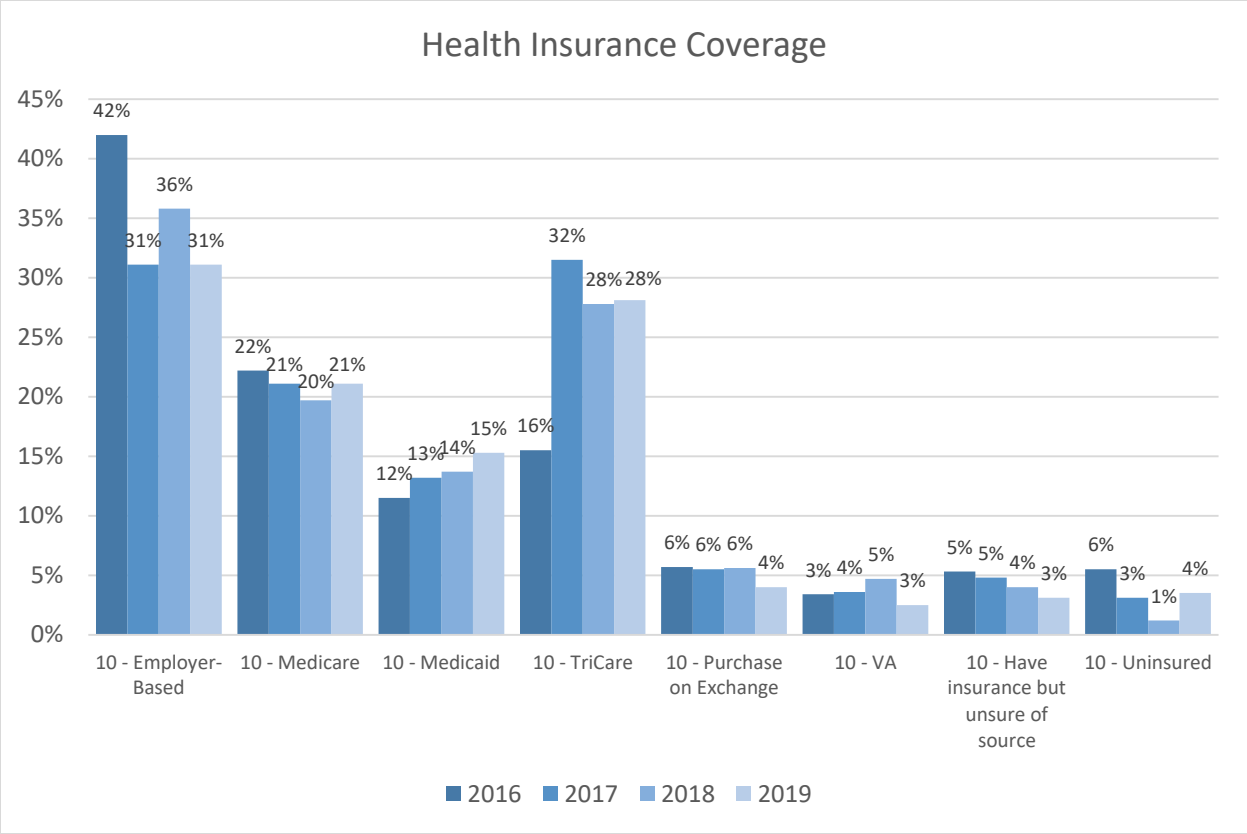


7. **Was there a time in the past 12 months when you needed to see a doctor but did not? (% "Yes")**
   Over one quarter report there being a time in the past year where they needed see a doctor but did not get care (27%). This rate is significantly higher than either of the other counties in the region (18% in Lewis County, 19% in St. Lawrence County). Those over the age of 55 are more likely to have not been in this situation in the past year than those between the ages of 18 and 34. Those with children in the household are more likely to have not received care when it was needed than those without children.

8. **If yes, why did you not visit the doctor? Note: Question only asked to those not seeing a doctor when needed. Respondents could choose more than one response.**
   The most cited reasons that respondents did not see a doctor when it was needed were that they didn't want to go (39%), a lack of time (31%), the cost/affordability (19%), and a lack of availability (19%).

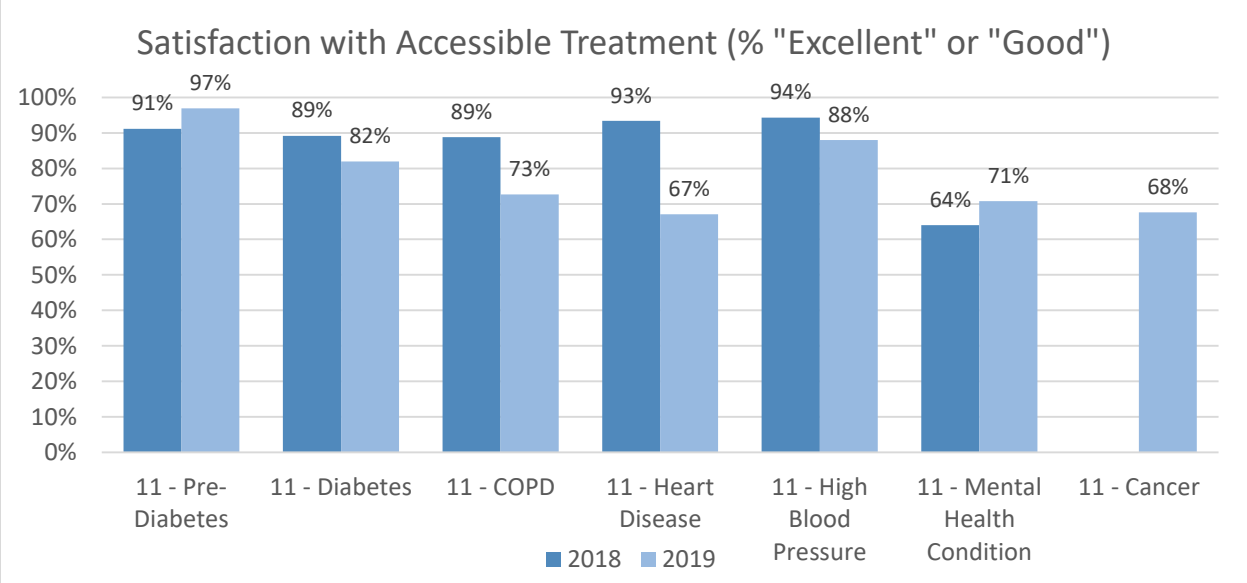


9. **How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?**
   Four in five have been to the dentist for a routine cleaning within the past two years (81%), further, over two thirds have been within the past year (69%). Least likely to have been within the past two years are those with no college education, those with an annual household income under $25,000, those with no military affiliation, and those without a personal care provider.



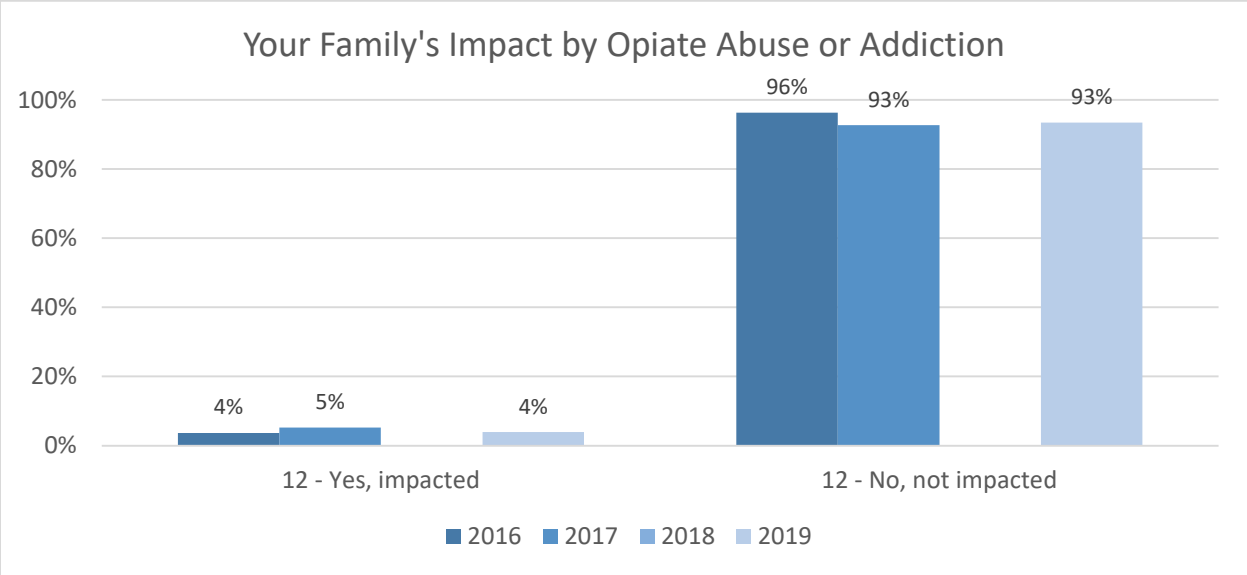
10. Which of the following describes your health insurance? Note: Participants could identify more than one source of coverage.

The most common sources of insurance in Jefferson County are employer-based coverage (31%), Tri-Care (28%), Medicare (21%), and Medicaid (15%). Compared to 2016, there are fewer with employer-based coverage (42% in 2016, 31% in 2019) and more covered by Tri-Care (16% in 2016, 28% in 2019). The most likely to be uninsured are men, and those with children in the home.



11. **How would you rate the _____ treatment that is accessible to you in your community? (% at least "Good"). Note: This question only asked to those reporting having been diagnosed with the particular Chronic Disease.**

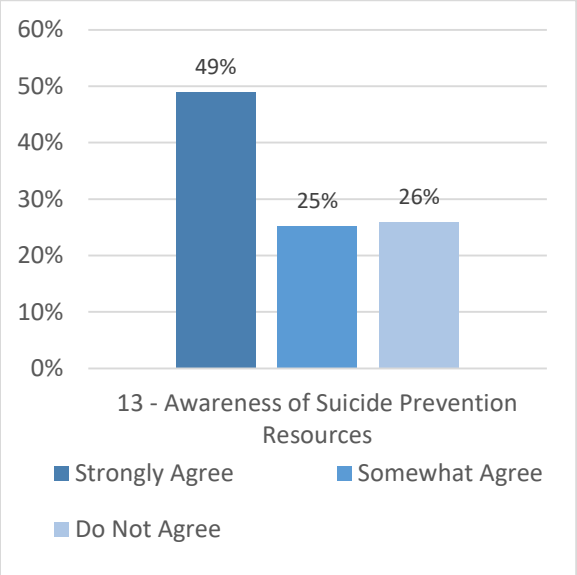
    For those who report having been professionally diagnosed with one of the following seven conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, or cancer, they were asked to further rate the treatment accessible in the community. There continues to be high levels of satisfaction with 67%-97% rating the accessible treatment as either "excellent" or "good." There have been no significant changes in treatment satisfaction level for Jefferson County with the exception of treatment of a mental health condition where the percentage reporting "excellent" rose from 17% in 2018 to 45% in 2019.

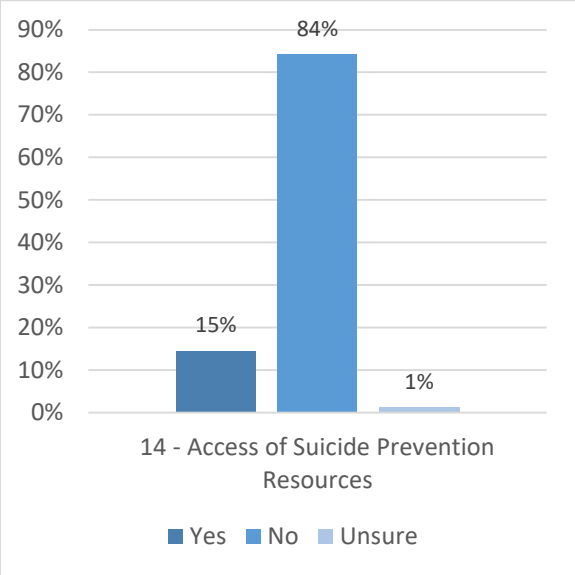


12. **Within past year has anyone in your household been personally affected by opiate abuse or addiction?**

    4% report that somebody in their household has been affected by opiate abuse or addiction within the past year. This is not significantly different from previous years. Groups that are more likely to report their household being affected by opiate abuse or addiction are those with children in the home, those with a diagnosed mental health condition, and the uninsured.

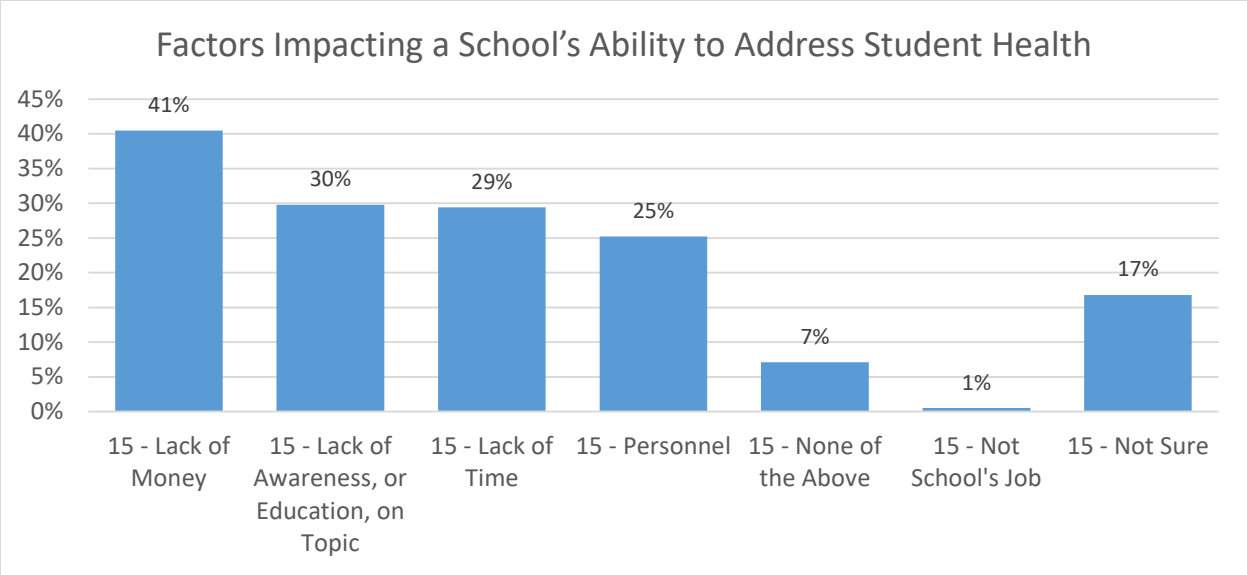
Awareness and Access of Suicide Prevention Resources





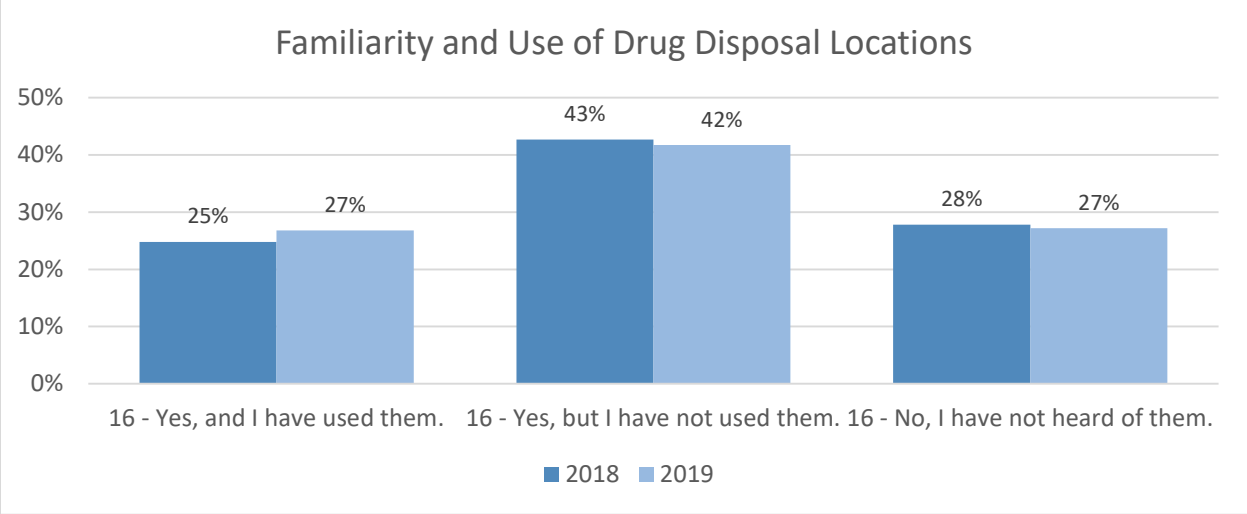
13. **"I am aware of at least one resource to which I could refer somebody who seemed at risk for suicide."**
    Three in four agree that they are aware of at least one suicide prevention resource (74%). Those who are more likely to disagree with this are those over the age of 75, those with no college education, and those with active military in the household.

14. **In the past year have you referred somebody to suicide prevention resources, or accessed them yourself?**
    One in seven have accessed suicide prevention resources for either themselves or others (15%). This is significantly higher than either of the other two counties in the region (9% in Lewis County, 8% in St. Lawrence County). Most likely to have accessed these resources are those with active military in the household, and those with a diagnosed mental health condition.



15. What factors do you believe impact a school's ability to address the overall health of students? Note: Respondents could choose multiple factors.

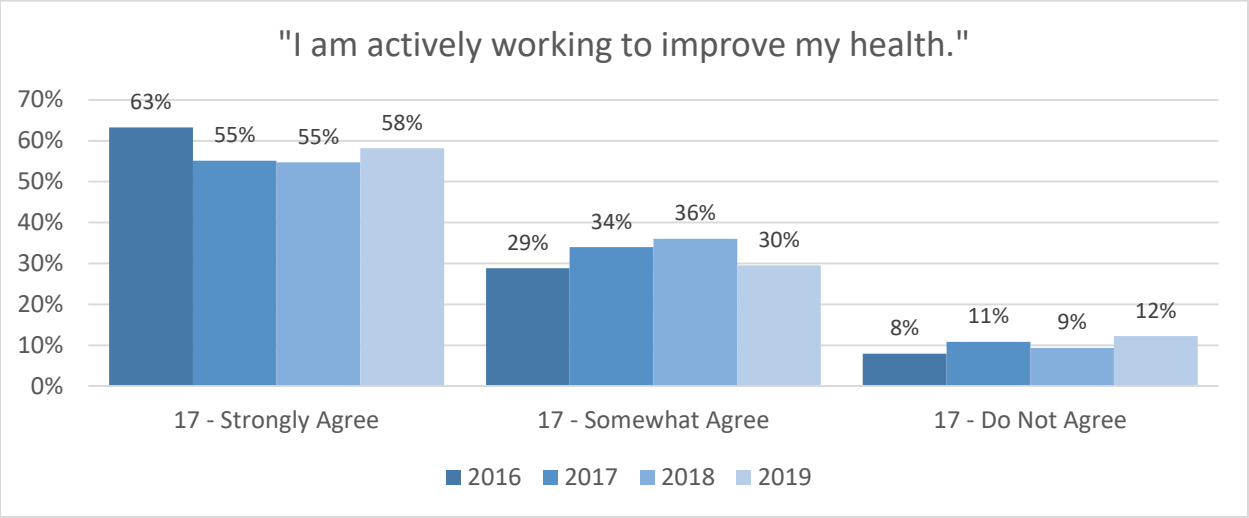
The most commonly cited factors are a lack of money (41%), a lack of awareness, or education, on the topic (30%), a lack of time (29%), and personnel (25%). The percentage citing a lack of money in Jefferson County is significantly lower than the other counties in the region (41% compared to 52% in Lewis County, and 50% in St. Lawrence County).



16. Are you aware of drug disposal locations where you can safely dispose of unused medicine?

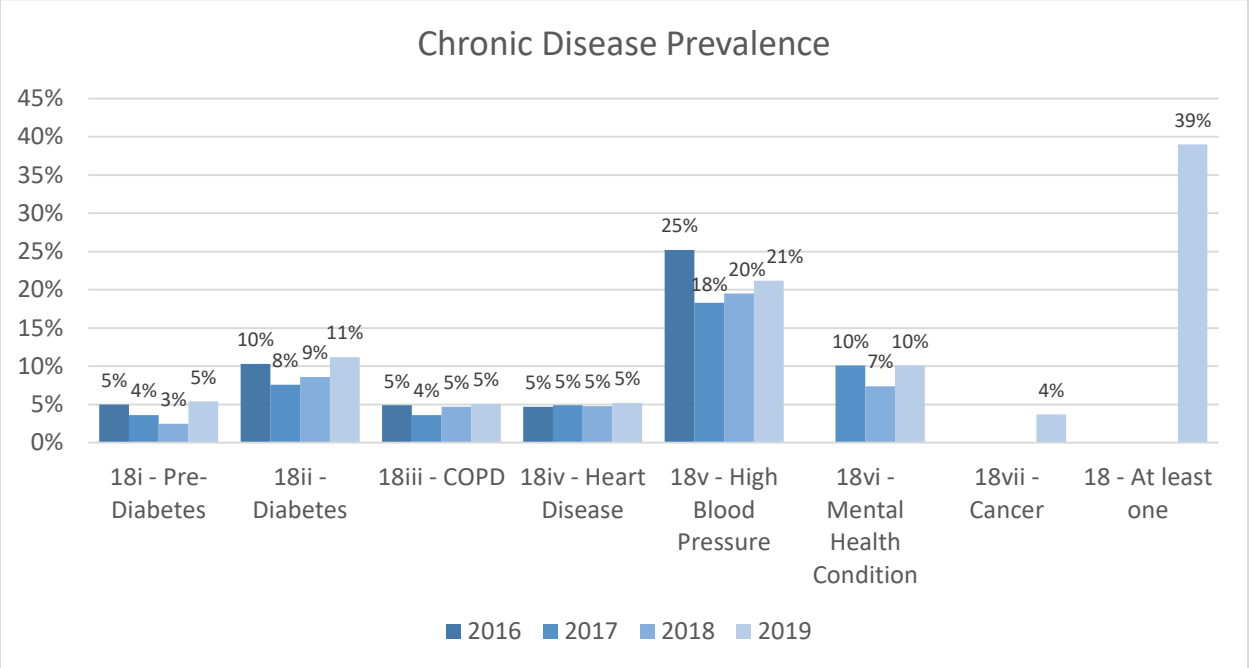
Over two thirds report being aware of drug disposal locations (69%). There is a significantly higher percentage in Jefferson County who have not heard of these locations when compared to the other counties in the region (27% in Jefferson County, 18% in Lewis County, and 19% in St. Lawrence County). Those over the age of 45 are more likely to have used drug disposal locations than the younger age groups, as well as those with at least a four-year degree than those with less education.

Personal Health



17. "I am actively working to improve my health."

Approximately eight in nine agree that they are working to improve their health (88%). Among those more likely not to agree are those with no college, those with an annual income under $25,000 compared to those with an income excess of $75,000 annually, those without children in the home, and the uninsured and Medicaid populations.

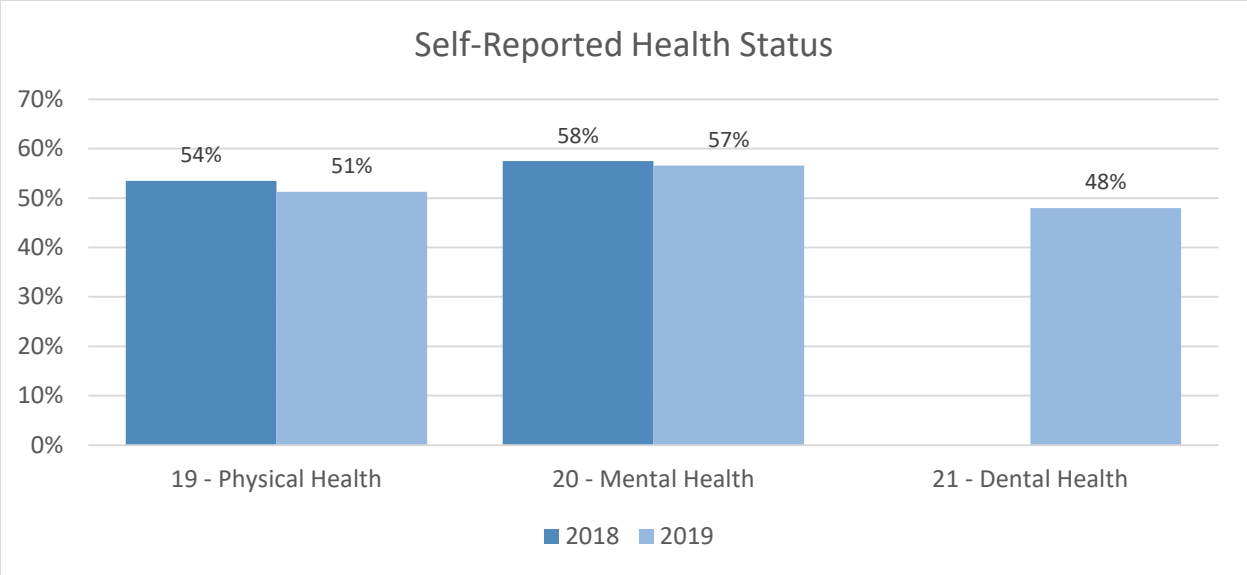


18. Have you been diagnosed by a medical professional with ___?

Two in five report being diagnosed with at least one of the following seven chronic conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, and cancer (39%). Most likely to be diagnosed with at least one condition are women, and those over the age of 45. Details on each condition are as follows:

i. Pre-Diabetes: 5% have been diagnosed. Not significantly different from previous years.

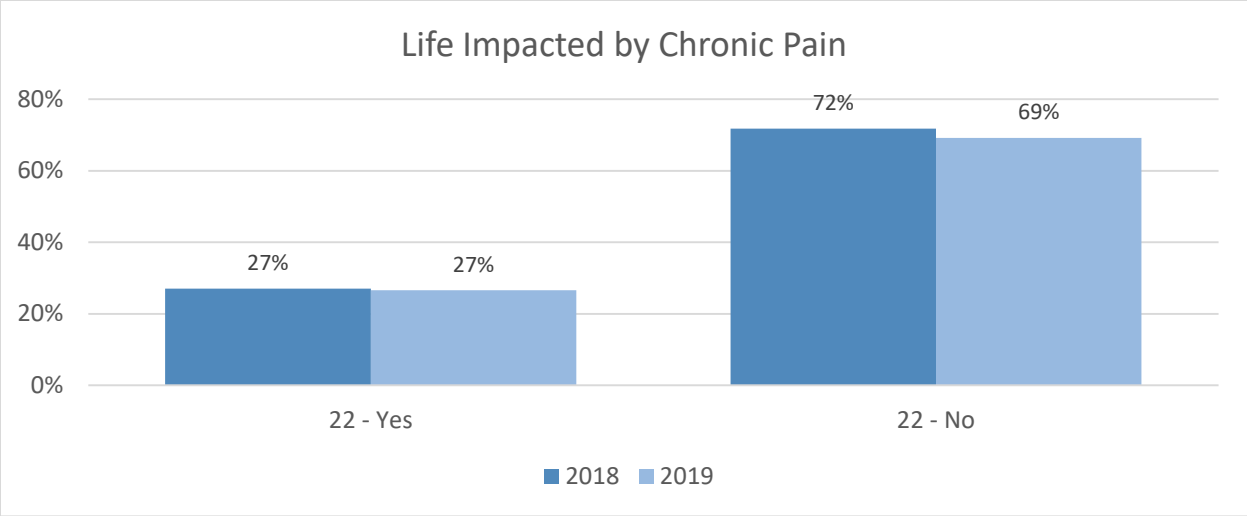
ii. Diabetes: 11% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among women, and those over the age of 35.
iii. COPD: 5% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among women, those over the age of 45, and those without children in the household.
iv. Heart Disease: 5% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among older age groups.
v. High Blood Pressure: 21% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among women, and those over the age of 35.
vi. Mental Health Condition: 10% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among women.
vii. Cancer: 4% have been diagnosed. No trend data available.



19. How would you rate your physical health? (% "Excellent" or "Very Good" shown)
51% rate their physical health as “excellent” or “very good.” This rises to 84% when including the respondents reporting their physical health as “good.” Those with either some or no college, those with a lower annual household income, and those without children at home are more likely to say their physical health is “less than good.”

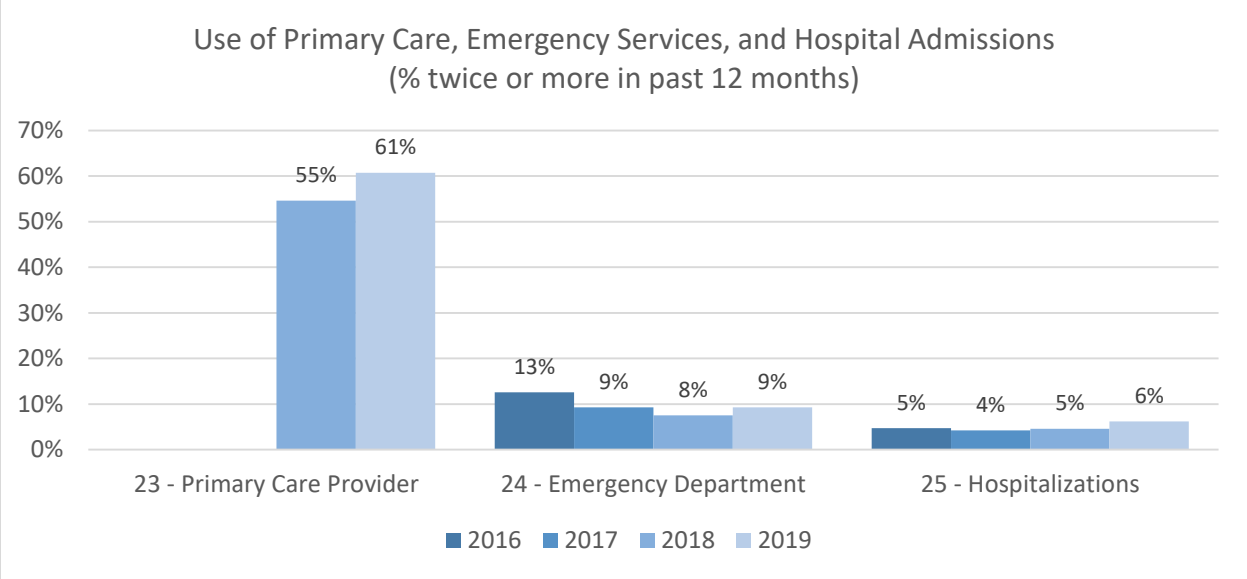
20. How would you rate your mental health? (% "Excellent" or "Very Good" shown)
57% rate their mental health as “excellent” or “very good.” This rises to 86% when including the respondents reporting their mental health as “good.” Those with either some or no college, those with a lower annual household income, and those who are non-white are more likely to say their mental health is “less than good.”

21. How would you rate your dental health? (% "Excellent" or "Very Good" shown)
48% rate their dental health as “excellent” or “very good.” This rises to 82% when including the respondents reporting their dental health as “good.” Those with no college education, those with a lower annual household income, those without children at home, and those who are non-white are more likely to say their dental health is “less than good.”



22. Within the past year, has chronic pain limited your ability to follow your usual routines?

Over one fourth of Jefferson County residents report that their life has been limited by chronic pain (27%). While this rate is not significantly different from previous values, it is significantly higher than the Lewis County rate of 18%. Among those more likely to have been impacted by chronic pain are those over the age of 35.

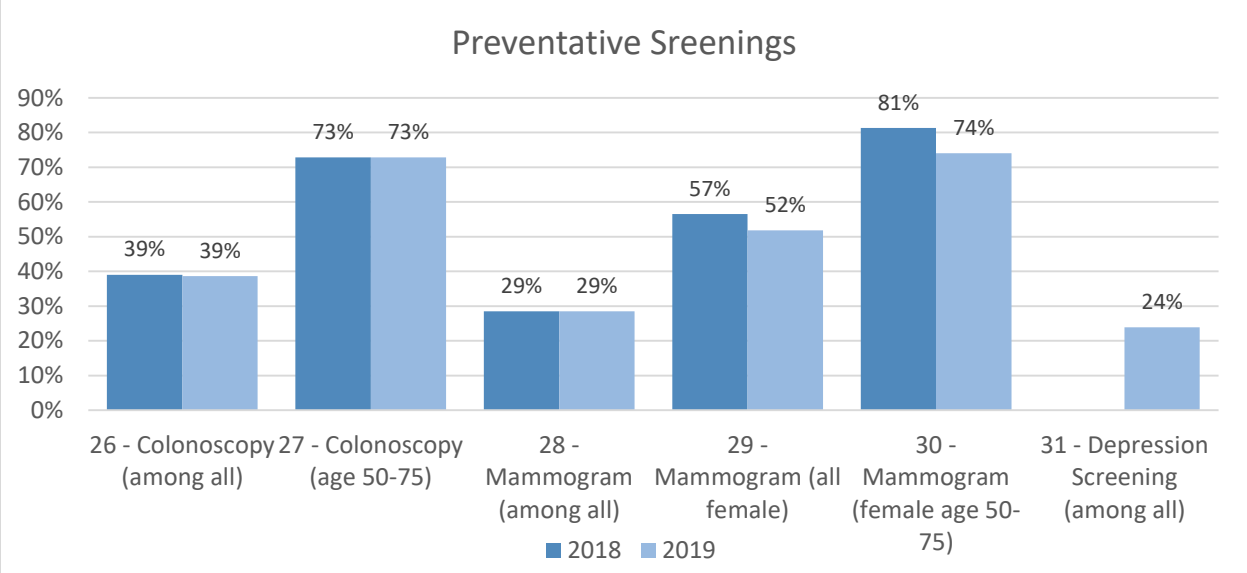


23. How many times in the past 12 months have you been to your primary care doctor's office, including both routine check-ups and occasions when you were ill? (% "Twice or more" shown)

Four in five have been to their primary care provider's office at least once in the past year (79%), and three of the five have been twice or more (61%). The percentage reporting having been two or more times in the past year is significantly higher than the 2018 value of 55%. Among those most likely to have not visited their primary care provider within the past year are men, and those with no college education.

24. **How many times in the past 12 months have you received care in an emergency room? (% "Twice or more" shown)**
    Three in four have not received care in the emergency room within the past year (74%). Of those who have been to the emergency room for care, one third have had two or more visits (9%). Among those most likely to have visited the emergency room for care multiple times within the past year are women, those with either some or no college education, and those with an annual household income under $50,000.

25. **How many times in the past 12 months have you been admitted to a hospital? (% "Twice or more" shown)**
    Five in six Jefferson County residents have not been admitted to a hospital within the past year (84%). 16% have been admitted to the hospital at least once, and 6% have been admitted to the hospital twice or more in the past year. Among those most likely to have been admitted to a hospital multiple times in the past year are women, those with no college education, and those with lower annual household incomes.



26. **Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% "Yes" among all participants)**
    Two in five report having had a colonoscopy or colorectal cancer screening within the past 10 years (39%). Among all participants, those most likely to have had this preventative screening are women, and those over the age of 45, but especially those between the ages of 55 and 74.

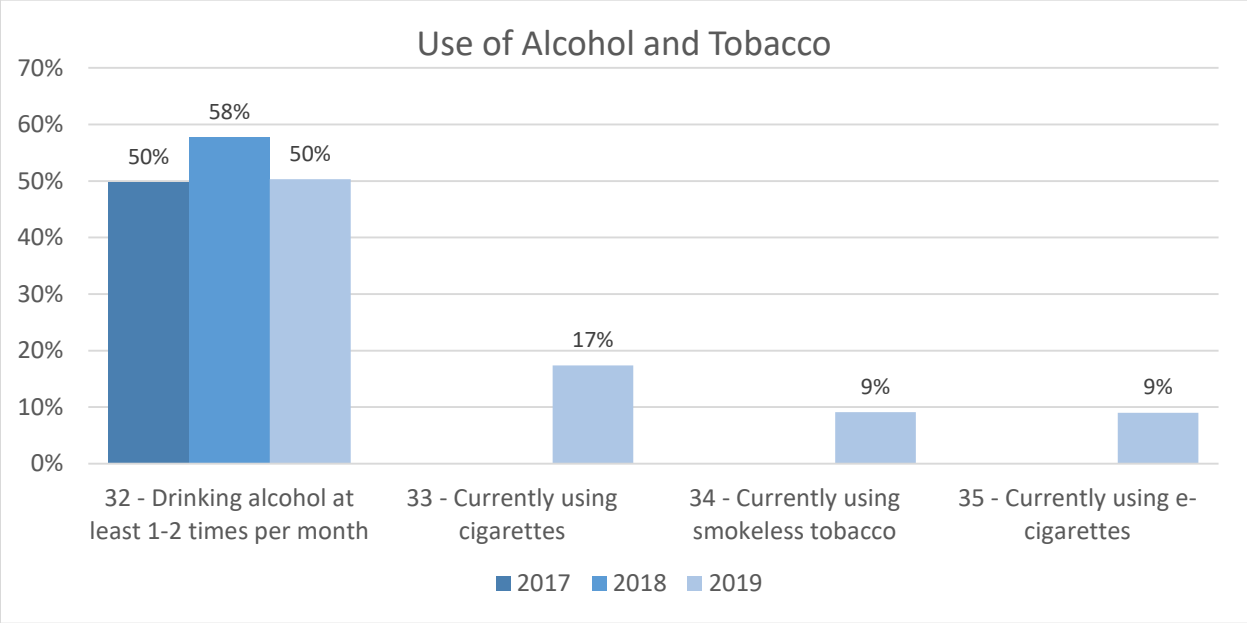
27. **Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% "Yes" among all participants age 50-75)**
    Once narrowing the focus to participants between the ages of 55 and 75, nearly three in four have had a colonoscopy or colorectal cancer screening within the past 10 years (73%).

28. **Have you had a mammogram within the past 2 years? (% "Yes" among all participants)**
    Three in ten report having had a mammogram within the past 2 years (29%). Among all participants, those most likely to have had this preventative screening are women, those over the age of 35, and those with at least a four-year degree.

29. **Have you had a mammogram within the past 2 years? (% "Yes" among all female participants)**
Once narrowing the focus to female participants, just over half report having had a mammogram within the past 2 years (52%). Among all female participants, those most likely to have had this preventative screening are over the age of 35, but especially between the ages of 55 and 74.

30. **Have you had a mammogram within the past 2 years? (% "Yes" among all female participants age 50-75)**
Further narrowing the focus to female participants between the ages of 55 and 75, three in four report having had a mammogram within the past 2 years (74%).

31. **Have you had a depression screening within the past year? (% "Yes" among all participants)**
Nearly one fourth of Jefferson County residents report having had a depression screening within the past year (24%). Among those most likely to report having had this screening are women, those with at least some college education, and those with children in the household.



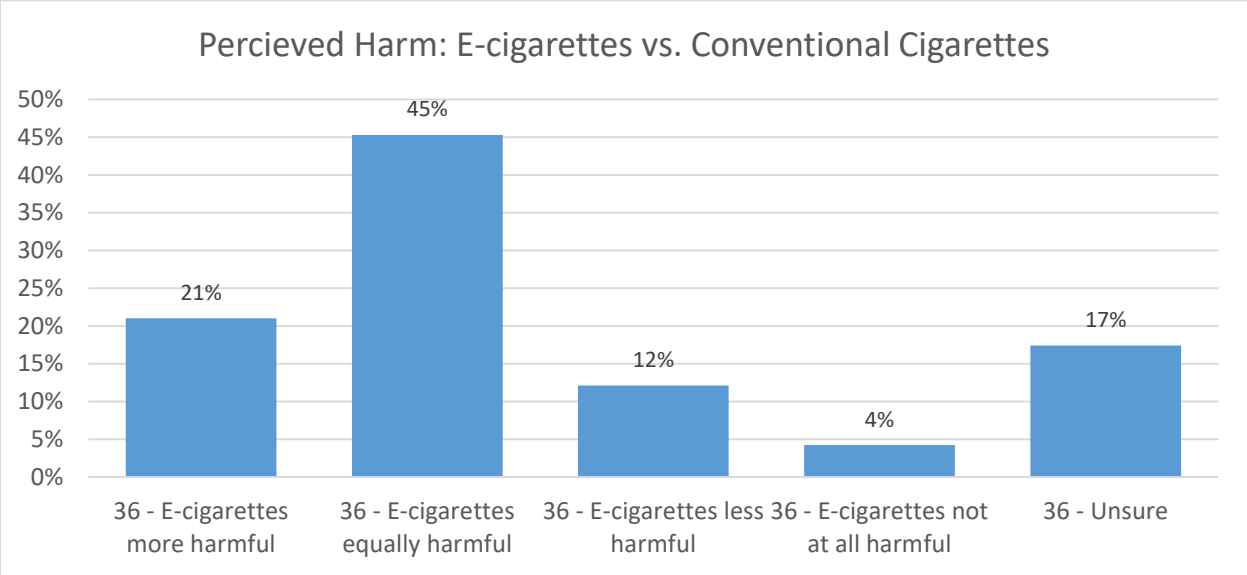
32. **How frequently do you have any kind of drink containing alcohol? (% at least 1-2 times per month shown)**
Nearly half of Jefferson County residents have a drink containing alcohol no more than once or twice a year (47%, 31% saying they never drink, 16% saying their drinking is no more frequent than once or twice a year). The other half report having a drink containing alcohol at least once or twice a month (50%, 12% saying they drink more than twice per week, 38% saying at least once or twice per month but no more than twice per week). Men are more likely to report drinking more than twice a week than women.

33. **Which of the following best describes your use of cigarettes? (% Currently using either "Everyday" or "Some Days")**
17% report that they currently use cigarettes (6% use cigarettes only some days, 11% use cigarettes every day). Nearly three in five have never used cigarettes (59%), and nearly a quarter formerly used cigarettes (23%). Among those most likely to currently use cigarettes are those with no college

education, those with an annual household income under $25,000, and the uninsured and Medicaid populations.

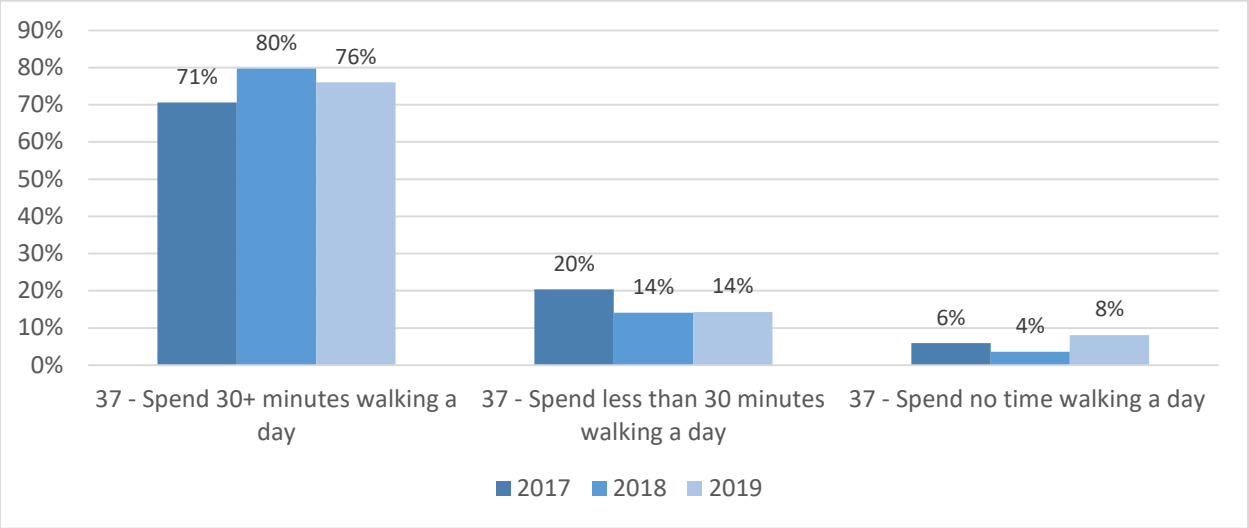
34. **Which of the following best describes your use of smokeless tobacco, including chew, snuff, or dip? (% Currently using either "Everyday" or "Some Days")**
    9% report that they currently use smokeless tobacco (3% use smokeless tobacco only some days, 6% use smokeless tobacco every day). Just over five in six have never used smokeless tobacco (84%), and 7% formerly used smokeless tobacco. Among those most likely to currently use smokeless tobacco are men, those with no college education, those with an annual household income under $50,000, and the uninsured population.

35. **Which of the following best describes your use of e-cigarettes or other electronic vaping products? (% Currently using either "Everyday" or "Some Days")**
    9% report that they currently use e-cigarettes (4% use e-cigarettes only some days, 5% use e-cigarettes every day). Approximately six in seven have never used e-cigarettes (85%), and 6% formerly used e-cigarettes. Among those most likely to currently use e-cigarettes are men, and those with active military in the household. The age group of 18 to 34 were the least likely to report having never used e-cigarettes.



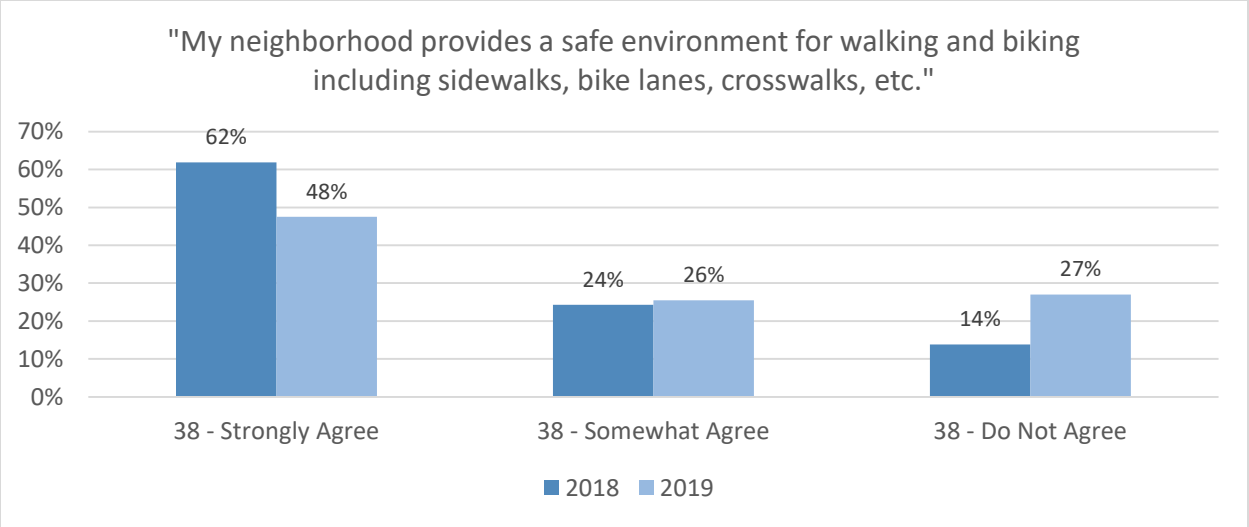
36. **Which of the following most closely reflects your opinion on the harm of e-cigarettes including other electronic vaping products when compared to cigarettes?**
    Jefferson County residents overwhelmingly believe that e-cigarettes are harmful to one's health with only 4% believing they are not at all harmful. When comparing them to traditional cigarettes, the most commonly reported belief is that e-cigarettes and cigarettes are equally as harmful (45%). Over one in five feels that e-cigarettes are more harmful than cigarettes (21%), and one in eight feels that e-cigarettes are less harmful than cigarettes (12%). The remaining 17% were unsure. Notable differences among subgroups are that men are more likely to say that e-cigarettes are not at all harmful, and that those with active military in the household are more likely to believe that e-cigarettes are less harmful than traditional cigarettes.

Lifestyle



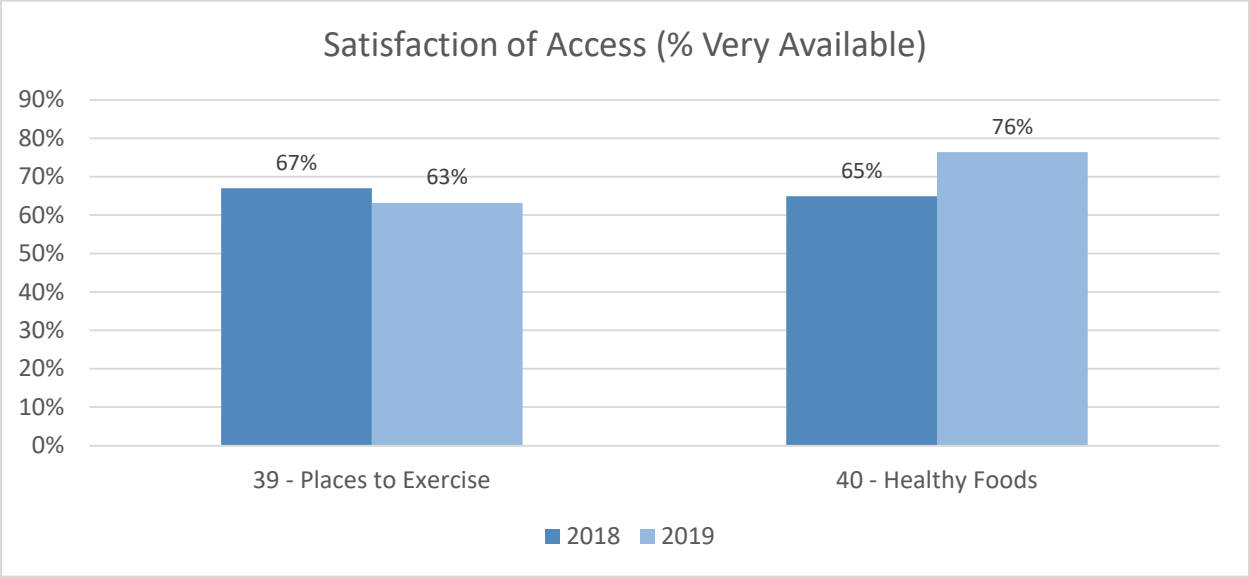
37. How much time do you spend walking as a part of your normal routine on a typical day?

Jefferson County residents continue to walk as a normal routine with three in four reporting that they spend 30 minutes or more walking on a typical day (76%). A small percentage report regularly spending no time walking as a part of their day (8%). The demographics more likely to walk for at least 30 minutes a day are those under the age of 55 (in comparison to those over the age of 75), those with at least some college education, and those with children in the home.



38. "My neighborhood provides a safe environment for walking and biking including sidewalks, bike lanes, crosswalks, etc." Note: Question modified in 2019 by adding the phrasing "biking including sidewalks, bike lanes, crosswalks, etc." Use caution when observing trends.

Three in four Jefferson County residents agree that their neighborhood provides the infrastructure for safe active transportation (73%). Among those more likely to disagree are those with no college education (compared to those with at least a four-year degree), and those with an annual household income under $25,000 (when compared to the households making between $25,000 and $75,000 annually).



39. How would you rate your family's access to places you can walk and exercise, either indoors or outdoors? (% "Very Available" shown)

Over three in five rate the access to exercise locations as “very available” (63%) and this increases to over four in five when including the number rating access as “at least somewhat available” (87%). However, since 2018, the percentage reporting access as “less than somewhat available” has significantly increased from 8% to 13%. More likely to say “less than somewhat available” are those with no college education, those with an annual household income under $25,000 (when compared to the households making over $75,000 annually), and those who have no military affiliation (when compared to those with active military in the household).

40. How would you rate your family's access to healthy foods, including fruits and vegetables? (% "Very Available")

Over three in four rate the access to healthy foods, such as fruits and vegetables, as “very available” (76%) and this increases to nineteen in twenty when including the number rating access as “at least somewhat available” (95%). Since 2018, the percentage reporting access as “very available” has significantly increased from 65% to 76%. Most likely to say “less than somewhat available” are men, those with an annual household income under $25,000 (when compared to the households making over $75,000 annually), and those with a veteran in the household (when compared to those with active military in the household), and the uninsured and Medicaid populations.

Hospital Service Areas

Safe harbor for your health.

Carthage Area Hospital

History

Carthage Area Hospital (CAH) was established as a not-for-profit rural community hospital in 1965. The facility is a 25-bed Critical Access Hospital that serves approximately 83,000 residents living in Jefferson, northern Lewis and southern St. Lawrence Counties.

The Hospital is proud to serve both civilian and military personnel and their families at Fort Drum. Carthage Area Hospital continues efforts to expand and improve needed healthcare services and technologies for our dedicated warriors in the 10th Mountain Division and the Carthage & surrounding communities.

Our motto "The Place for Personal Care," is our commitment to the community that we will provide compassionate, personalized, high quality healthcare in partnership with local communities.[53]

Mission

Carthage Area Hospital commits to healthcare excellence and value-based personal care to all who seek comfort and healing.

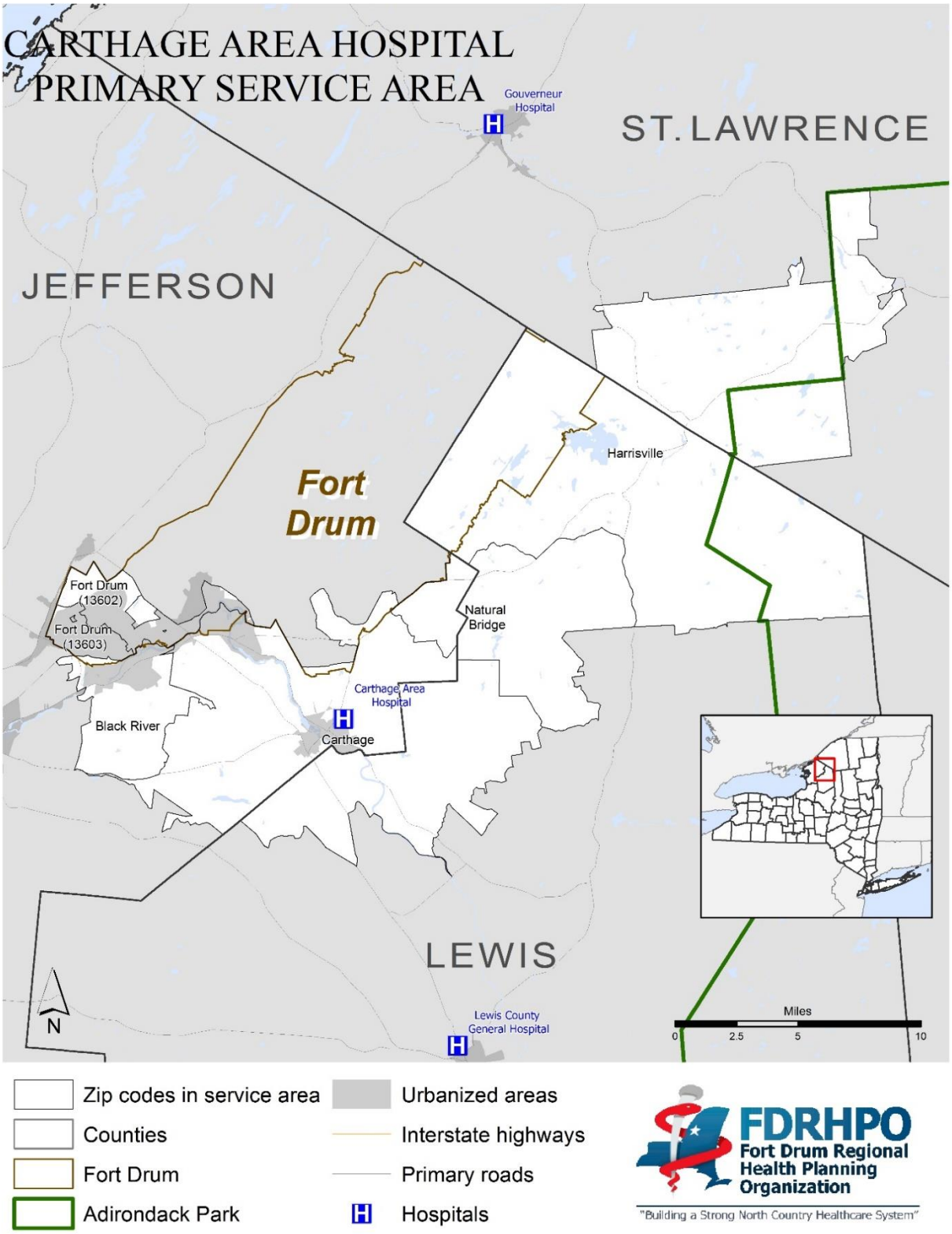
Vision

Carthage Area Hospital improves the quality of life, achieving the highest level of wellness in the communities we serve. The goal is to increase awareness of our quality, patient-centered services focusing on providing care to the local population.

Service Area

Carthage Area Hospital is located in Carthage, NY. Defined by zip code area, its service area includes Fort Drum, Black River, and Carthage in Jefferson County; Natural Bridge, split between Jefferson and Lewis counties; and Harrisville, split between Lewis and St. Lawrence counties.

[53] For more information, visit Carthage Area Hospital's "About" page at http://www.carthagehospital.com/about/


CARTHAGE AREA HOSPITAL
PRIMARY SERVICE AREA
Gouverneur Hospital
ST. LAWRENCE
JEFFERSON
Fort Drum
Harrisville
Fort Drum (13602)
Fort Drum (13603)
Natural Bridge
Carthage Area Hospital
Carthage
Black River
LEWIS
Lewis County General Hospital
N
Miles
0
2.5
5
10
Zip codes in service area
Counties
Fort Drum
Adirondack Park
Urbanized areas
Interstate highways
Primary roads
Hospitals
FDRHPO
Fort Drum Regional Health Planning Organization
"Building a Strong North Country Healthcare System"

River Hospital

HISTORY

River Hospital is a private not-for-profit Critical Access Hospital located in a rural area of Northern New York, with 24 licensed beds. Under the Hospital licensure, in addition to ancillary services, River Hospital operates a primary family health center, inpatient and outpatient care, outpatient behavioral health and ambulatory surgical services. The primary family care, behavioral health, physical therapy and ambulatory surgical outpatient services operate during week day hours on an appointment-based schedule. Other outpatient ancillary services, including radiology and laboratory services are available after hours for emergency services.

The target population in the hospital's existing service area reaches a radius of approximately 25 miles and includes a large population tourists and summer residents as a popular destination for the tourism industry. River Hospital's outpatient primary care is a Patient Centered Medical Home model, and PCMH Level 3. River Hospital strives to maintain population health to engage patients in their own care.

In addition to the full-time residents of these communities, River Hospital serves a large population of seasonal residents and visitors from the United States and other countries of the world, due in part to the tourism industry. The seasonal residents are typically in this area for up to six months of the calendar year, and rely on the primary care and ancillary services for their routine healthcare needs. River Hospital is the one of the two largest year-round employers in the Town of Alexandria, contributing resources to the surrounding communities beyond health care.

Scope of Services include acute care admissions with the 96 hour rule as governed by the Critical Access Hospital designation; Swing Bed services for individuals requiring 'short term' inpatient rehabilitation and providing medical services for patients needing longer recuperation period following an acute illness or surgical procedure; Ambulatory Surgery; Emergency Services with an Observation Unit for patients requiring longer term monitoring and assessment; Laboratory Services; Radiology Services; Cardiopulmonary Services; Physical Therapy Services; Primary Care Family Health Services; Convenient Care Services for patients needing non-emergent acute services who are unable to get an appointment with their primary care provider or who do not have a primary care provider; Behavioral Health Services for adult, children and adolescent community members; Behavioral Health Services for specialized intense outpatient (IOP) treatment program for active duty soldiers and Veterans suffering from Post-Traumatic Stress; and Patient Financial Services.

This facility provides health care services to several surrounding communities, which primarily include but not limited to Alexandria Bay, Clayton, Redwood, Hammond, Plessis, Wellesley Island, La Fargeville, Theresa, Fort Drum and Cape Vincent.[54]

[54] For more information, visit River Hospital's "Our Story and Mission" page at https://www.riverhospital.org/about/story

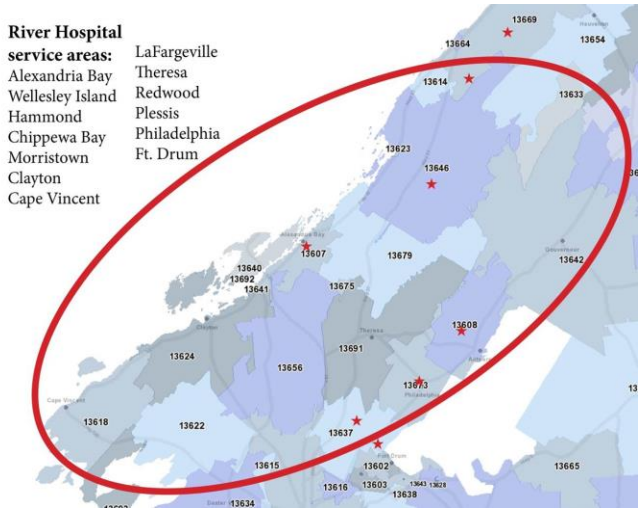
Mission

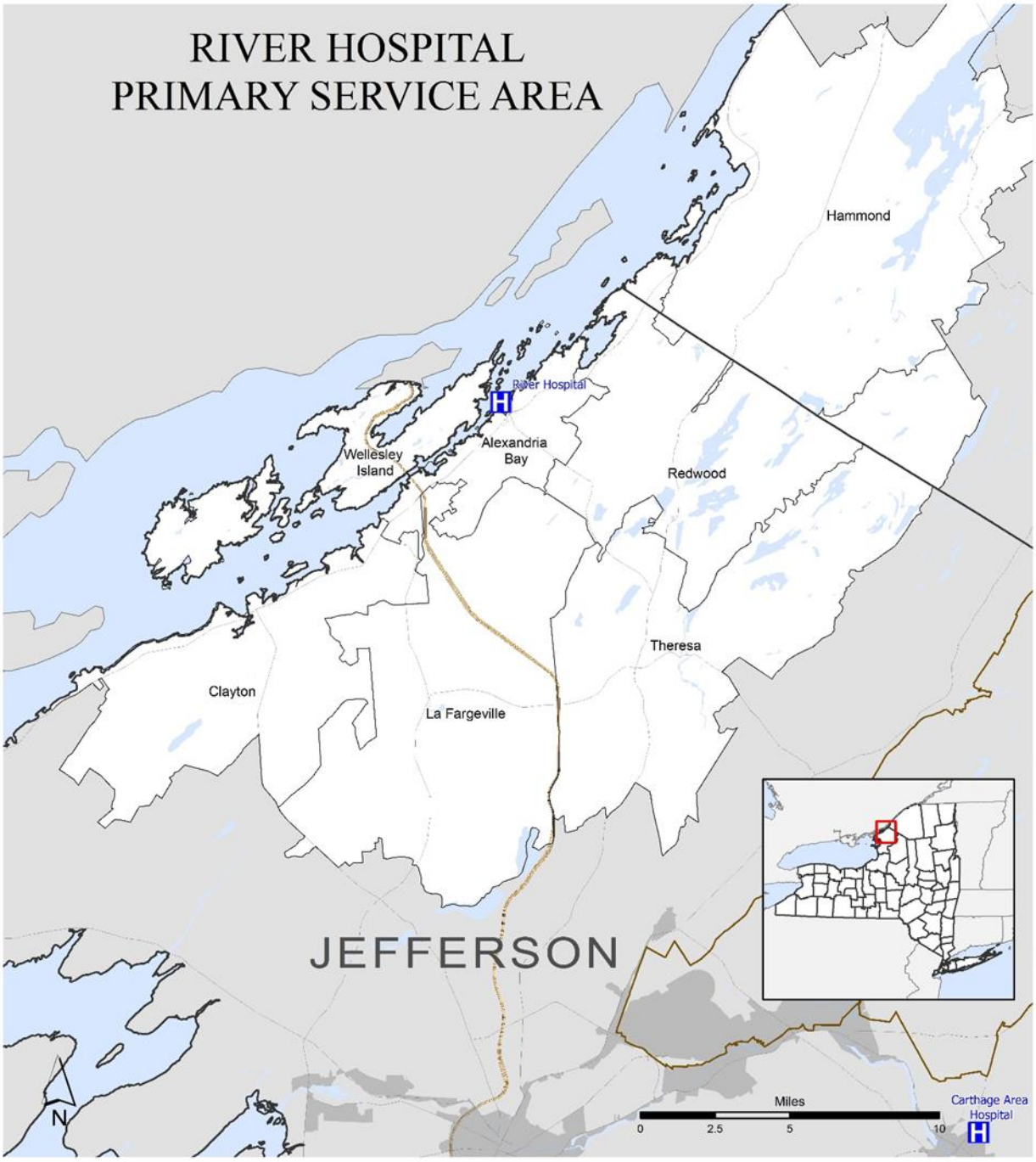
It is the mission of River Hospital to provide compassionate, cost effective and accessible primary health care to the year round and seasonal residents, and visitors of the River Communities. The hospital prides itself on high quality outpatient, inpatient and specialty services to meet individual and community needs through partnerships with our patients and communities we serve.

Service Area

River Hospital is located in Alexandria Bay, New York. Defined by zip code area, its primary service area includes Alexandria Bay, Clayton, La Fargeville, Theresa, and Redwood in Jefferson County and Hammond in St. Lawrence County.

Given the void of any public transportation systems in this area and the frequently difficult winter travel conditions, some situations would result in unfavorable and even fatal consequences if River Hospital was not able to provide needed services in this area. Without the delivery of health care services at River Hospital, there would be a 60 mile stretch between healthcare facilities, making such services available to the surrounding communities, residents and visitors without the required traveling.





Zip codes in service area
Counties
Fort Drum
Adirondack Park
Urbanized areas
Interstate highways
Primary roads
Hospitals

FDRHPO
Fort Drum Regional Health Planning Organization
"Building a Strong North Country Healthcare System"

Samaritan Medical Center

History

Samaritan Medical Center, founded in 1881 as House of the Good Samaritan, is a 290-bed not-for-profit community hospital. Located in Watertown, Samaritan offers a full spectrum of inpatient and outpatient services. From primary and emergency care to highly specialized medical and surgical services, including cancer treatment, neonatal intensive care, behavioral health and addiction services, and imaging, the Samaritan Health System serves the medical needs of the region's civilian and military community.

Samaritan's medical staff includes more than 180 physicians representing 45 specialties. The Samaritan Health System employs 2,200 full-time equivalent employees. It is both the largest provider of healthcare services and the largest private employer in Jefferson County.

In addition to the inpatient and outpatient services available at the main hospital and at more than 25 community-based clinics, specialty offices, and satellite testing centers, Samaritan serves the community's post-acute care needs with Samaritan Keep Home, a 272-bed nursing home; Samaritan Summit Village, a 288-bed long-term care facility with skilled nursing and assisted living programs, and Samaritan Home Health, which provides short-term, in-home nursing and therapeutic services. Samaritan also operates a Graduate Medical Education program, training residents, interns and medical students.[55]

Mission

Samaritan shall provide high quality, comprehensive, safe, and compassionate healthcare services to meet the needs of our civilian and military community.

Vision

Samaritan will be recognized, foremost, as the preferred provider of inpatient, outpatient, emergency, and long-term care services in Jefferson County. Additionally, our health system will enhance selected specialty services to meet the needs of the North Country.

Our Values

In order to succeed as a team, in meeting the healthcare needs of those we serve, Samaritan is committed to: honesty, empathy, accountability, respect, and trust.

Service Area

Samaritan Medical Center is located in Watertown, NY. Defined by zip codes, its primary service area includes all of Jefferson County – including Watertown, Fort Drum, Carthage, and nearly three dozen smaller villages and hamlets, in addition to adjacent rural areas. The primary service area extends beyond Jefferson County's borders to include Sandy Creek and Lacona in Oswego County, Copenhagen in Lewis County, and Harrisville, split between Lewis and St. Lawrence counties.

The largest populated places in Samaritan Medical Center's primary service area are Watertown, which the only city in the county, and Fort Drum, home of the U.S. Army's 10th Mountain Division.

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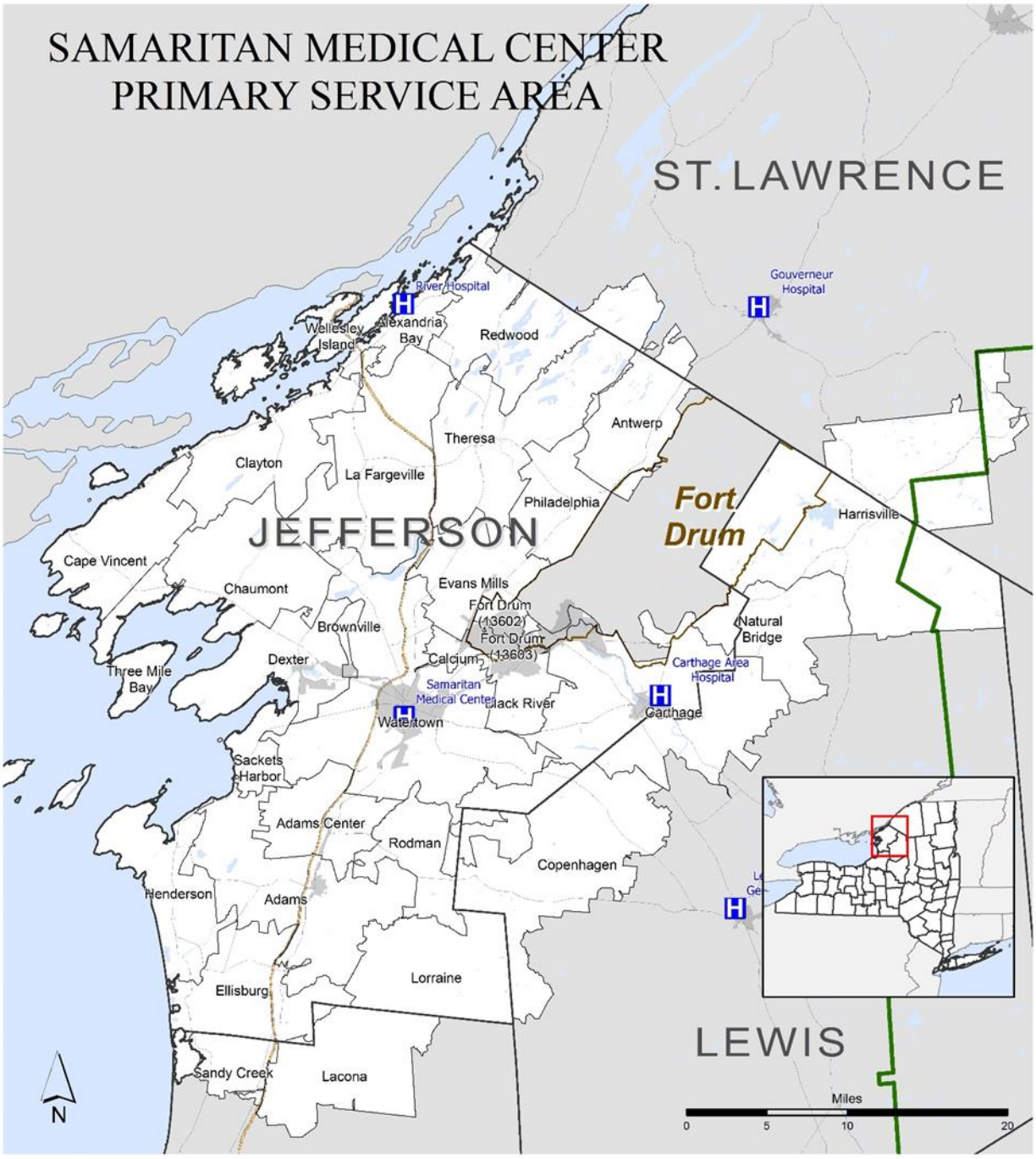
[55] For more information, visit Samaritan Medical Center's "About Samaritan" page at https://samaritanhealth.com/about-samaritan-health/



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