2022 – 2024 | Jefferson County, NY

Community Health Assessment and Community Health Improvement Plan

Community Health Improvement Plan

Jefferson County, NY

Contents

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Jefferson County, NY

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Executive Summary

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 2022-2024 period?

- Priority Area: Prevent Chronic Diseases
  - Focus Area: Tobacco Prevention
  - Focus Area: Preventive Care and Management
- Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders
  - Focus Area: Prevent Mental and Substance User Disorders

Prevent Chronic Diseases encompasses disparities based on age and socioeconomic status. Within the Promote Well-Being and Prevent Mental and Substance Use Disorders priority area, the primary disparity to be addressed is based on age, focusing on youth. 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.

What data did you review to identify and confirm existing priorities or select new ones?

The 2022 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. In 2022, there were a total of 1,976 participants across the region, 954 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 statewide and national resources reviewed are comprised of datasets 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 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.

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), and Samaritan Medical Center (SMC). 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, CAH, RH, and SMC websites, and as partners or clients directly impacted by the planned interventions.

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:
    - Promote tobacco use cessation: Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.
- Focus Area: Preventive Care and Management
  - Interventions:
    - Increase cancer screening rates: Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).
    - Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Promote referral of patients with prediabetes to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 5% to 7% loss of initial body weight and increase moderate-intensity physical activity (such as brisk walking) to at least 150 min/week.
    - In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.
    - In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity: Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.
- Focus Area: Prevent Mental and Substance Use Disorders
  - Interventions:
    - Prevent underage drinking and excessive alcohol consumption by adults: Implement School based prevention: Implement/Expand School-Based Prevention Services. Engage school districts by expanding the Alliance for Better Communities - Youth Alliance of Jefferson County (ABC-YAoJC) into all public-school districts, county-wide as measured by an increase in participating school districts with signed MOUs. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-30 day alcohol, marijuana, and e-cigarette use by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program https://www.cadca.org/nyli
    - Prevent underage drinking and excessive alcohol consumption by adults: Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women

- Prevent opioid overdose deaths: Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- Prevent suicides: Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use
- Prevent suicides: Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides
- Prevent suicides: Promote connectedness, each coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-12 months suicidal ideation, suicide plans, and suicide attempts by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program https://www.cadca.org/nyli

How are progress and improvement being tracked to evaluate impact? What process measures are being used?

Measures related directly to interventions will be tracked. This includes 1) clinical data: quality metrics, referrals, and EHR data, 2) population health estimates from local and state resources, and 3) process measures relating to implementation activities, such as trainings, classes, and program evaluation. 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 2022 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 2020, Jefferson County had a total population of 111,454 people.

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 24,685 as of the 2020 Census. The two on-post zip codes for Fort Drum (13602 and 13603) contain 16,749 residents. The Carthage zip code (13619) – including the villages of Carthage, West Carthage, and their vicinities - contains another 10,560 people.

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 LaFargeville, Redwood, and Theresa in the county's northern interior.

Interstate 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 24-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 2022-2024 cycle, the Jefferson County Hospitals and Health Department will focus on the following Prevention Agenda Priorities: Prevent Chronic Diseases, and Promote Well-Being and Prevent Mental and Substance Use Disorders.

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 2022 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.

While in the process of selecting priorities and focuses for the 2022-2024 workplan, the results of the 2022 Prevention Needs Assessment data were released by the Alliance for Better Communities and shared with community partners. This anonymous survey consisted of 4,666 students across ten Jefferson County school districts. The nature of this study allows for following cohorts of students as they progress through grade levels. The data indicated alarmingly high rates of suicidal ideation, suicide planning, and suicide attempts among youth, grades 7-12. The data report additionally outlined increasing rates of substance use among youth as they advance through grade levels. The primary substances that are reported with common frequency are alcohol, marijuana, and e-cigarettes. In response to these findings, it was decided to develop a Youth Substance Use and Mental Health Work Plan, components of which are included in the CHIP. This workplan focuses on youth empowerment, community-wide prevention (focused on youth ages 12-17 and 18-25), and youth access to care. By taking a multi-faceted approach in addressing youth substance use and mental health needs, county stakeholders are ensuring that the community’s needs are met without leaving any gaps.

Data from a wide variety of local, state, and national sources were reviewed in order to identify the chosen priorities and focus areas. While not all data is presented in this executive summary, some relevant data and disparities to be addressed within each priority area are listed below. More data can be found in the Community Health Assessment of Jefferson County beginning on page 8 of this document.

Prevent Chronic Diseases

One in five Jefferson County residents currently use cigarettes and one in ten currently use electronic nicotine delivery systems (ENDS) at least some days. One out of six use ENDS at least rarely. (Data Source: 2021 Community Tobacco Survey of Adult Residents of Jefferson County)

The percentages of youth from grades 7-12 reporting recent e-cigarette use within the past 30 days ranges from 6.6% to 17.9%. (Data Source: 2022 Jefferson County PNA)

Jefferson County's all cancer incidence rate is higher than state rate and is generally rising. For 2018, the county's age-adjusted cancer incidence rate was 572.7 cases per 100,000 population compared to 499.5 for New York State. The age-adjusted mortality rate due to cancer for the same time period was 174.7 deaths per 100,000 population, compared to 144.8 for New York State. (Data Source: Cancer Registry Data as of 2020)

As of 2018, 38% of Jefferson County adults are obese. This is above the statewide rate of 28%. When overweight adults are included, the rate increases to 73%, also above the statewide rate of obese or overweight adults of 63%. (Data Source: New York State Expanded BRFSS)

Based on the findings from the 2022 Community Health Survey of Adult Residents, there have been significant increases in prevalence of chronic conditions. When asked if diagnosed with any of the studied chronic conditions, 28% report high blood pressure, 22% report obesity, 11% report pre-diabetes, 9% report diabetes, 8% report heart disease, and 5% report COPD. These rates are higher than the rates found in prior studies, with the exception of obesity, which was only studied in 2022, and the diabetes and COPD rates which are not statistically different from prior years. Disparities exist relating to age, socioeconomic status, ad disability status.

Promote Well-Being and Prevent Mental and Substance Use Disorders

One in six adults in the county report having been diagnosed with a mental health condition by a medical professional. (Data Source: 2022 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.

One half of adult residents 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." In the years following 2019, residents are significantly more likely to rate their mental health as "less than good" (21% in Jefferson County). Disparities exist based on age, gender, education, socioeconomic status, disability status, and among the LGBTQIA+ community. (Data Source: 2022 Community Health Survey)

Binge drinking in Jefferson County exceeds the state rate and Prevention Agenda goal (19.7% in Jefferson County, compared to 17.5% in the state and a goal of 16.4%). (Data Source: New York State Expanded BRFSS). The percentages of youth from grades 7-12 reporting recent alcohol use within the past 30 days ranges from 6.4% to 31.6%. (Data Source: 2022 Jefferson County PNA)

One in ten Jefferson County residents report using marijuana recreationally, at least some days (9%). This rises to 16% when reporting recreational marijuana use at least rarely. (Source 2021 Community Health Survey). The percentages of youth from grades 7-12 reporting recent marijuana use within the past 30 days ranges from 2.0% to 19.7%. (Data Source: 2022 Jefferson County PNA)

While the NYSDOH Prevention Agenda indicators relating to opioid overdose are improving in Jefferson County, recent data from the NYS County Opioid Quarterly Reports show opioid overdoses to be a growing issue. The rate of overdose deaths due to any opioid significantly worsened from previous years data (up to 22.8 per 100,000 population in 2021 from 13.2 deaths per 100,000 population in 2019). Outpatient emergency department visits and hospitalizations related to opioid overdoses have also risen in the same time period (25.4 ED visits and 11.4 hospitalizations per 100,000 population in 2019 to 30.7 ED visits and 15.8 hospitalizations per 100,000 population in 2021). (Data Source: Vital Statistics Data)

Jefferson County's suicide rate has risen over the past several years, and the three-year rolling age-adjusted average as of 2018 (14.9 deaths per 100,000 population) is higher than it has been since 2013 and exceeds the state excluding NYC average (10.0 per 100k as of 2018). (Data Source: Vital Statistics) In recent years, the county's number of suicide deaths has risen close to its 2012 peak (25 deaths); up to 24 deaths in 2019, before falling to 13 in 2020. (Data Source: CDC WONDER)

When looking at youth, one in six 7th-12th graders report seriously considering attempting suicide within the past 12 months. Nearly one in seven 7th-12th graders reported making a plan about how they would attempt suicide within the past 12 months, and approximately one in twelve answered that they attempted suicide at least once in the past 12 months.

Approximately 71% Jefferson County residents agree that they know where they can find suicide prevention services if they were to need them. (Data Source: 2022 Community Health Survey)

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 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 2022-2024 cycle. Interventions are intended to address all of Jefferson County. Interventions were chosen using the New York State Prevention Agenda, the Community Guide, 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 Focus Area	Objectives through 2024	Disparities	Interventions	Family of Measures	By December 2023, we will have completed . . .
Goal 3.2 Promote tobacco use cessation	By December 2024, increase the percentage of those with positive tobacco screening provided with cessation counseling from baseline. By December 2024, reduce the percentage of adults who smoke cigarettes at least "some days" from baseline.		3.2.2 Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.	Tobacco screening and cessation metrics Tobacco use prevalence estimates	CAH: Our clinical pharmacist continues to offer smoking cessation classes virtually. RH: River Hospital will transition to a new EHR with the ability to track smoking history and cessation referrals. SMC: Samaritan Medical Centers offers smoking cessation programs to the Jefferson, Lewis, and St. Lawrence County service areas through community education activities and group sessions offered monthly. Any discharge from Inpatient Mental health who endorses using tobacco is given the information about smoking cessation upon discharge.

Priority Area: Prevent Chronic Diseases

Focus Area: Preventative Care and Management

Goal Focus Area	Objectives through 2024	Disparities	Interventions	Family of Measures	By December 2023, we will have completed . . .
Goal 4.1 Increase cancer screening rates	By December 2024, increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines from baseline. By December 2024, increase the percentage of women who receive a breast cancer screening based on most recent guidelines from baseline	Socioeconomic status	4.1.4 Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).	Colorectal cancer screening rates Breast cancer screening rates	CAH: CAH will continue to provide preventative cancer screenings. RH: River Hospital will transition to a new EHR and have the ability to pull reports with patients who are due for colonoscopy and/or mammogram. The reports will be maintained by Chronic Care Management. SMC: Samaritan Medical Center will continue to offer cancer screening services to insured patients, and actively pursue partnerships with other Cancer Screening Service agencies, to include community education and outreach with the North Country Cancer Services Program. Samaritan is hoping to secure additional grant funding to allow for a mobile screening service vehicle that can bring screening services directly to underserved, underinsured, and noninsured populations. Community partnerships will continue to be explored throughout 2023 in assessing how to connect with populations most at need.

Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	By December 2024, increase the number of referrals to Diabetes Prevention Programs (DPP) from baseline.	Age: Over 35, especially over 55 Disability status	4.3.5 Promote referral of patients with prediabetes to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 5% to 7% loss of initial body weight and increase moderate-intensity physical activity (such as brisk walking) to at least 150 min/week.	Diabetes primary care quality metrics Chronic condition prevalence estimates	CAH: To be determined. RH: River Hospital will transition to the new EHR and have the ability to pull reports with patients who are eligible for referral to prediabetes for an intensive behavioral lifestyle intervention program. SMC: Samaritan will continue to promote the referral of patients with prediabetes to the diabetes self-management education program.
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 2024, increase the number of participants completing evidence-based self-management programs (EBSMP) from baseline.	Age: Over 35, especially over 55 Disability status	4.4.2 Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.	Diabetes and hypertension primary care quality metrics EBSMP classes and engagement Chronic condition prevalence estimates	CAH: Offering individual and virtual EBSMP sessions. RH: To be determined. SMC: Samaritan will continue to hold a diabetes self-management education (DSME) classroom program led by our SME educator, a registered dietitian and certified diabetes educator who also runs Samaritan's Healthy Lifestyles programs. 2023 will explore the potential and safety of multi-person classroom programs pending COVID-19 numbers. The DSME coordinator will continue to provide DSME to patients living with diabetes as part of their medical nutrition therapy treatment.

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 2024, increase the number of participants completing a National Diabetes Prevention Program (NDPP) from baseline.	Age: Over 35, especially over 55 Disability status	4.4.3 Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.	Diabetes primary care quality metrics NDPP classes and engagement Chronic condition prevalence estimates	CAH: We are not currently offering the NDPP program. RH: River Hospital will transition to a new EHR and have the ability to track patients with pre-diabetes to focus on prevention. SMC: Samaritan will expand access to its diabetes self-management education program through marketing and community outreach efforts across the network of healthcare provider partners in the Jefferson, Lewis, and St. Lawrence County areas.

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

Focus Area: Prevent Mental and Substance Use Disorders

Goal	Objectives through 2024	Disparities	Interventions	Family of Measures	By December 2023, we will have completed . . .
Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults	By December 31, 2023, and December 31, 2024, decrease youth self-reported past 30-day alcohol, marijuana, and e-cigarette use, as measured by the Prevention Needs Assessment (PNA) surveys administered in May 2023 and May 2024.	Age: Under 18, 18-25	2.1.2 Implement School based prevention: Implement/Expand School-Based Prevention Services. Engage school districts by expanding the Alliance for Better Communities - Youth Alliance of Jefferson County (ABC-YAoJC) into all public-school districts, county-wide as measured by an increase in participating school districts with signed MOUs. Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-30-day alcohol, marijuana, and e-cigarette use by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program https://www.cadca.org/nyli	PNA Youth Metrics: Past 30-day alcohol use Past 30-day marijuana use Past 30-day e-cigarette use Age 18-25 metrics: Baselines to be established in early 2023.	JCPHS: By March 31, 2023, expand the Alliance for Better Communities - Youth Alliance of Jefferson County (ABC-YAoJC) into all public-school districts, county-wide as measured by an increase in participating school districts with signed MOUs. Offer youth and school district representatives CADCA based training to inform the activities at the school-district level. ABC-YAoJC school-based coalitions will create individual workplan activities under the following objectives: media outreach, advocacy, community service, environmental scans, and law enforcement engagement. Ongoing presentations to community forums such as parent nights, civic organizations, community cased organizations regarding progress. Ongoing earned and paid media for community education i.e., social norming campaigns, parent awareness, etc. regarding progress

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults	By December 2024, increase SBI screening rates from baseline.	Age: 18-25	2.1.4 Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women	Hospital primary care clinic SBI screening rates and referrals. Review of metrics for demographic subgroups with baselines to be established in early 2023.	CAH: CAH's primary care clinics are completing the CAGE-AID questionnaire on all patients ages 18 yrs. and older, at least once per year. Patients are identified for needing services and referred as necessary. RH: River Hospital will do DAST/AUDIT/CAGE-AID screenings for 75% or more of eligible patients in primary care. SMC: Samaritan will continue to provide SBIRT through AUDIT and DAST screenings to adults 18 years or older, including pregnant women, throughout 2023 without any projected changes from 2022.
Goal 2.2 Prevent opioid overdose deaths	By December 2024, reduce opioid overdose mortality from baseline.		2.2.1 Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine Propose a policy for public housing that institutes evidence-based Harm Reduction methods and strategies	MAT initiation and retention Opioid Overdose metrics from Quarterly Opioid County Reports by NYSDOH Number of executed MOUs with public housing.	CAH: OUD patients are referred to CREDO or other substance use counseling agencies. RH: River Hospital will have two MAT providers on behavioral health staff; certified as an Opiate Overdose Prevention Program. SMC: MAT will continue to be provided to any patient deemed appropriate and interested in this form of treatment. This will continue to be done in conjunction with outpatient addictions treatment. By December 2023, Samaritan projects to reduce MAT appointment wait times from two weeks to one week.
Goal 2.5 Prevent suicides	By December 2024, reduce suicide mortality from baseline. By December 2024, increase lethal means counselling rates from baseline.		2.5.3 Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use	Measures will be adopted during the development of the Jefferson County Suicide Prevention Coalition workplan in 2023. Metrics will include training data.	CAH: Continue to participate and support the efforts of the Jefferson County Suicide Prevention Coalition. RH: River Hospital will have behavioral health staff enrolled in CALM training with the goal of 100% staff trained. SMC: Samaritan is involved in the Jefferson County Suicide prevention coalition. This group helps educate to prevent suicide in the community. Education and trainings are offered throughout the community through this organization.

Goal 2.5 Prevent suicides	By December 2024, reduce suicide mortality from baseline. By December 2024, increase community-based suicide prevention knowledge from baseline.		2.5.4 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 Propose a policy to local hospitals to educate a minimum of one hospital staff member in Gatekeepr training.	Measures will be adopted during the development of the Jefferson County Suicide Prevention Coalition workplan in 2023. Metrics will include training data. Number of Gatekeeper trained staff at each local hospital.	CAH: Continue to participate and support the efforts of the Jefferson County Suicide Prevention Coalition. RH: River Hospital behavioral health staff will be trained in Gatekeeper ASSIST and Talk Saves Lives Training, with a goal of 100% of behavioral health staff trained. SMC: Samaritan will actively pursue adopting more metrics that will contribute to the Suicide Prevention Coalition Strategic Plan and use 2023 as a planning year.

Goal 2.5 Prevent suicides	By December 31, 2023, and December 31, 2024, decrease youth self-reported past 12-months suicide attempts, suicide plans, and suicide attempts, as measured by the Prevention Needs Assessment (PNA) survey	Age: Under 18, 18-25	2.5.5 Promote connectedness, each coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program Youth empowerment, community-wide prevention, and youth access to care will decrease percentage of past-12 months suicidal ideation, suicide plans, and suicide attempts by students in grades 7-12 from 2022 PNA baseline data. Evidence Base: CADCA Youth Leadership Program https://www.cadca.org/nyli	PNA Youth Metrics: Past-12 months suicidal ideation Past-12 months suicide plans Past-12 months suicide attempts Age 18-25 metrics: Baselines to be established in early 2023. PHQ screenings and referrals: Baselines with demographic subgroups to be established in early 2023.	JCPHS: By December 31, 2023, develop a comprehensive strategic workplan to effectively guide collaborations dedicated to the 18-25 age cohort population. By March 31, 2023, administer the Young Adult Survey at Jefferson Community College (JCC) and in the community, as measured by the completion of this activity. By December 31, 2024, establish baselines for youth cohorts ages 13-17 and 18-25 receiving urgent and primary care Patient Health Questionnaire (PHQ) screenings and the numbers positive that receive referrals to mental health and/or substance use disorder care. By May 31, 2023, and May 31, 2024 align the school-based ABC- YAoJC coalition workplans with the workplans of Alliance for Better Communities (ABC) and Healthy Jefferson (HJ) utilizing the SAMHSA Strategic Prevention Framework (SPF), as well as align with the Jefferson County Community Services Board (JCCSB) workplan. CAH: Will continue to screen patients ages 12 and up with PHQ tool in the pediatric clinic and all 4 of our SBHC's. Patients are identified for needing services and referred as necessary. RH: River Hospital will have child and adolescent patients undergo a Comprehensive Assessment during the pre-admission process, which identifies potential substance use/abuse issues and is addressed throughout the course of treatment. SMC: Samaritan will actively pursue adopting Youth PNA - Youth Substance Use and Mental Health Work Plan, and hope to implement this intervention by December 2023.

Community Health Assessment

Jefferson County, NY

Contents

County Demographics

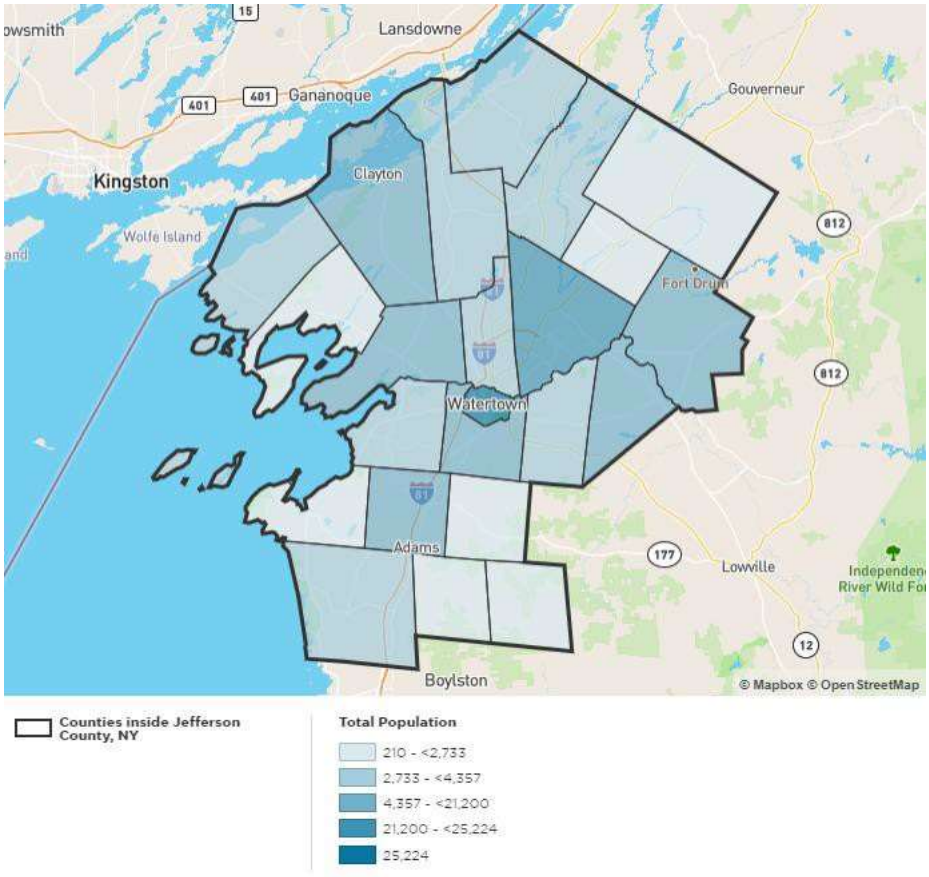
Jefferson County is located in northern New York State, approximately 60 miles north of Syracuse. The county borders Lake Ontario to the West, the St. Lawrence River to the north, St. Lawrence County to the northeast, Lewis County to the east, and Oswego County to the south.

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 24,685 as of the 2020 Census. The two on-post zip codes for Fort Drum (13602 and 13603) contain 16,749 residents. The Carthage zip code (13619) – including the villages of Carthage, West Carthage, and their vicinities - contains another 10,560 people.[1]

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 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.

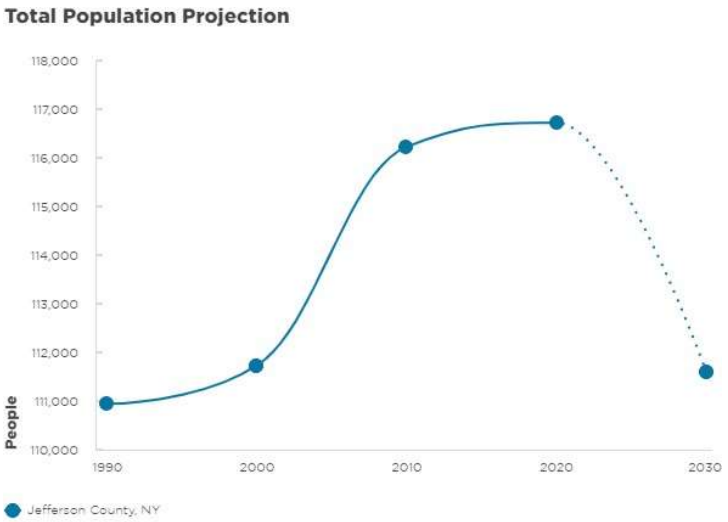
The following demographic visuals for Jefferson County were created using mySidewalk.
For an interactive review of these figures, see this report.



Sources: US Census Bureau ACS 5-year 2016-2020

[1] U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171)

Jefferson County has a total population of 111,454 people. The majority of the population is clustered in center of the county, around Watertown. The county's population has grown significantly throughout the past 30 years, primarily driven by the addition of residents affiliated with the military, assigned to Fort Drum.[2] However, the population is projected to decline through 2030.

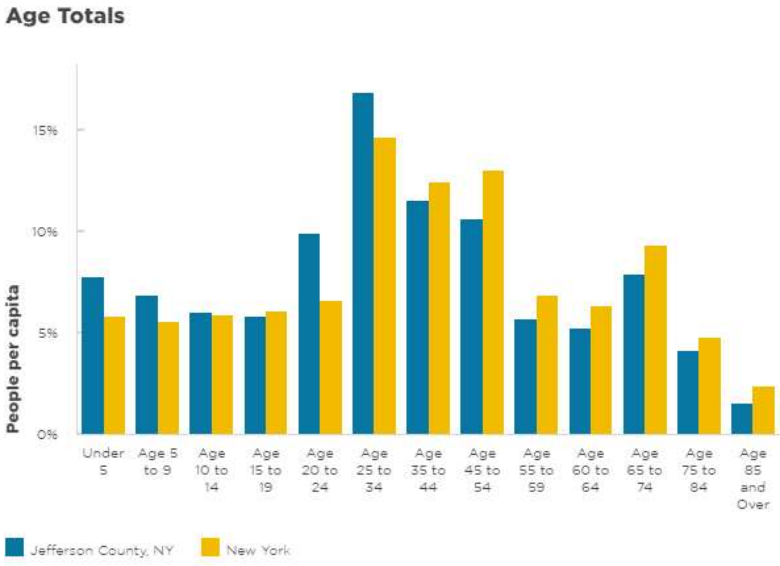


Sources: US Census Bureau; US Census Bureau ACS 5-year

The county's population is slightly more male than female (52.4% male, 47.6% female). The disparity between gender is widest among residents aged 20 to 34 (59.3% male, 40.7% female). The median age in Jefferson County is 32.8 years but is younger for males (31.1 years) and older for females (35.0 years). This median age is low as compared to the counties across the state.

The age breakdown in Jefferson County is generally similar to that of the state, though the county has a higher proportion of children (people under the age of 18) and young adults than the state. Those under the age of 18 make up 24% of the county's population, those 18 to 64 years make up 62% of the population, and those over the age of 65 make up the remaining 14%.

Jefferson County is the most racially and ethnically diverse county in the region but about average across NYS, with 81% of the population identifying as White, non-Hispanic. Of the minority populations in the county, the majority are Hispanic or Latino (8%), followed by people that identify as Black (6%), multiracial (3%), or any other single race (2%).

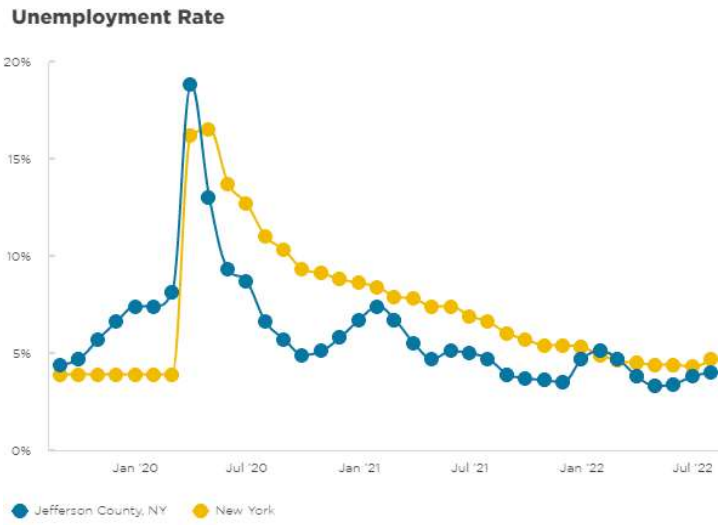


Sources: US Census Bureau ACS 5-year 2016-2020

Most Jefferson County residents speak only English (91%), while 4.3% of residents speak Spanish, and 3% of residents speak another Indo-European language.

The vast majority of Jefferson County residents have at least a high school education (91%). However, Jefferson County lags behind the region and especially the state when it comes to higher education. Approximately 22% of Jefferson County residents have a bachelor's degree or higher which is approximately two-thirds the rate for the state (37%) and the nation (33%).

[2] U.S. Census Bureau, Decennial Census, 1970-2010, and Annual Population Estimates, 2018



Sources: BLS LAUS

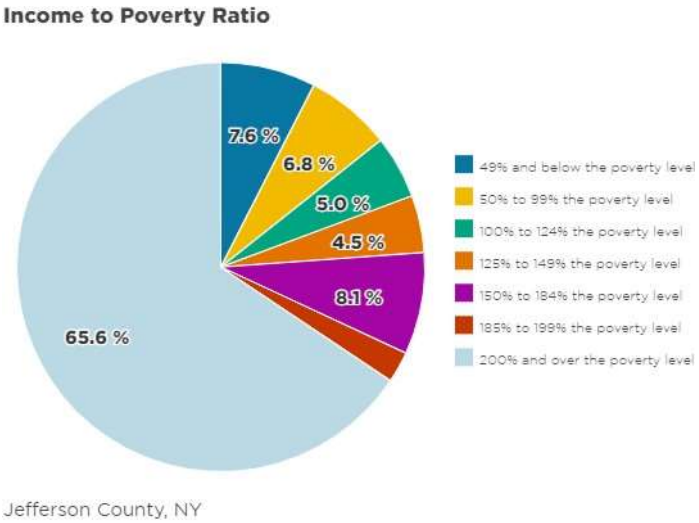
As education level and income are directly correlated, it is perhaps unsurprising that the median household income in Jefferson County is lower than that of the state or the nation ($54,726 in Jefferson County, $71,117 in NYS, and $64,994 in the U.S.).

The unemployment rate in Jefferson County is equal to the state's and has recovered better since the peak of unemployment in the Spring of 2020 due to the COVID-19 pandemic.

Still, over one tenth of the county's population lives below the poverty level (14%) which equates to 2,670 families. Further, among county residents under the age of 18, one in five live below the poverty level (20%). These poverty rates are not particularly different than those in the region or the state. Over one third of Jefferson County's population lives below 200% of the poverty level (34%). While this rate is typical within the region, it is higher than the NYS rate of 29%.

There are a total of 60,119 housing units in the county with 43,046 units that are occupied. This leaves 28% of the available housing units in the county vacant. It is important to note that many units in the county are considered seasonal and are not meant to be lived in year-round.

Over half of the Jefferson County population that is over the age of 15 is married (54%), nearly a third has never married (30%), more than one tenth are divorced (10%), and about one-in-twenty are widowed (5%).



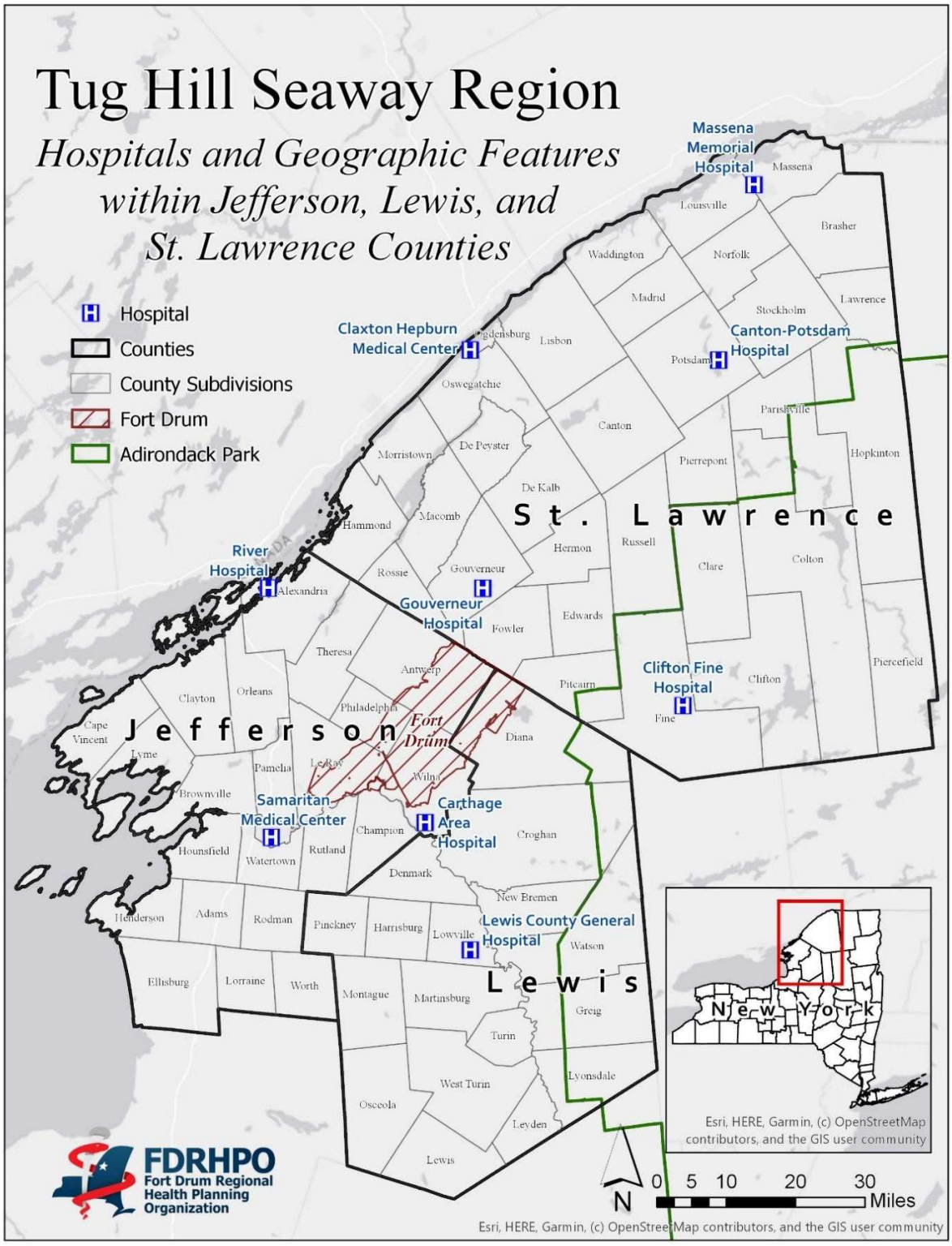
Jefferson County, NY

Sources: US Census Bureau ACS 5-year 2016-2020

Jefferson County has a higher proportion of persons living with a disability when compared to the state (15% in the county, 12% in NYS).

Nearly one in twenty residents are uninsured (4.8%). Of those who are insured, two-fifths have public insurance coverage (39%) while the remaining three-fifths have private insurance coverage (61%).

Community Landscape



Healthcare Resources

Jefferson County is served by three hospitals:

- Carthage Area Hospital, a 25-bed not-for-profit critical access hospital in Carthage
- River Hospital, a 24-bed not-for-profit critical access hospital in Alexandria Bay
- Samaritan Medical Center, a 290-bed not-for-profit hospital in Watertown

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 our North Country neighbors, our military personnel, and their families from Fort Drum. Fort Drum and the 10th Mountain Division (Light) are one of a few military installations within the United States that does not have its own on-post military hospital. Meeting our Hospital's mission in healthcare support and well-being, we continually assess our efforts to improve as well as expand needed services and technologies for our community. This includes the healthcare support to our dedicated Soldiers from Fort Drum and the 10th Mountain Division (Light). As patriots, we value and appreciate our military and their families and do our most to assist them in becoming an integrated part of our community; while using the services of our facility.

The Carthage Area Hospital Community Partners Primary Healthcare Network continues to improve healthcare access to residents within its primary and secondary service areas. This is accomplished through collaborating partnerships with local governments, schools, churches, civic organizations, and neighboring healthcare providers. Because of these partnerships, we are now operating thirteen clinics, four School Based Health Centers (SBHC), one Sleep Center, and one (1) Assisted Living Facility (Meadowbrook Terrace). Through these partnerships, we are established to work in unity with various communities and improve basic healthcare access for the communities we serve. Carthage Area Hospital has been instrumental in developing partnerships with various local schools to open SBHC within the respective school buildings.

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.

Our Values

Carthage Area Hospital values professionalism, accountability, compassion, customer service, and teamwork.

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.

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. This area is a federally designated Health Provider Shortage Area (HPSA). Under the Hospital licensure, River Hospital operates inpatient, outpatient and emergency services.

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; Non-emergent 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. 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.

Mission

It is the mission of River Hospital to deliver vital patient centered healthcare, which ensures access to compassionate, comprehensive health and wellness for our Northern New York Community.

Vision

It is the vision of River Hospital to lead the advancement of rural healthcare, creating a healthier future for our community.

Service Area

River Hospital is located in Alexandria Bay, New York. Defined by zip code area, this facility provides health care services to several surrounding communities, which primarily include but not limited to Alexandria Bay, Clayton, LaFargeville, Wellesley Island, Theresa, Fort Drum, Cape Vincent, Plessis and Redwood in Jefferson County, as well as Hammond and Morristown 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 unavailable to the surrounding communities, residents, and visitors without the required traveling.

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.

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 is the only city in the county, and Fort Drum, home of the U.S. Army's 10th Mountain Division.

Provider Rates and Shortage Areas

Clinicians by County
Source: HRSA Area Health Resource Files 2020-2021

	Jefferson County		Regional Total		New York State	
Group	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.
All Physicians (MD and DO)	275	254	529	219	101,798	526
All Physicians (MD)	241	223	469	194	97,075	502
All Physicians (DO)	34	31	60	25	4,723	24
Primary Care Physicians	71	66	153	63	22,124	114
Nurse Practitioners	114	105	217	90	20,241	105
Dentists	69	64	114	47	14,375	74
Population	*108,095*		*241,467*		*19,336,776*	

Across every category of healthcare provider, Jefferson County has more providers per capita than the region, but generally fewer providers when compared to the state. While the rate of primary care providers is not much different than the rate for the tri-county region, this rate is nearly half the statewide rate. With these low rates, Jefferson County is designated as a Health Professional Shortage Area (HPSA) for the Medicaid Eligible population in primary care, mental health, and dental health.

Community Resources

Resources in Jefferson County that can be leveraged to help support the needs of the community are listed below. Community organizations are listed under each category where they can provide assistance and may appear in several sections.

Food and Nutrition

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440 [food]
- Community Action Planning Council; 518 Davidson St., Watertown NY 315-782-4900 [food]
- Cornell Cooperative Extension of Jeff Co.; 203 Hamilton St., Watertown NY 315-788-8450 [nutrition]
- Jefferson County Office for the Aging; 175 Arsenal St., Watertown, NY 315-785-3191 [food]
- Jefferson County Public Health; 531 Meade St, Watertown, NY 315-786-3720 [nutrition]
- Northern Regional Center for Independent Living (NRCIL); 210 Court St. #30, Watertown, NY 315-785-8703
- PIVOT; 167 Polk St. #320, Watertown, NY 315-788-4660
- Watertown Family YMCA; 119 Washington St., Watertown, NY 315-782-3100
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Vem-Food Pantry; 495 S. Washington St., Carthage, NY 13619 315-493-1341
- Food Bank of Central New York; search for food pantries

Housing

- Jefferson County DSS; 250 Arsenal St., Watertown, NY 315-782-9030
- Neighbors of Watertown; 112 Franklin St., Watertown, NY 315-782-8497
- North Country Affordable Housing; 120 Washington St., Watertown, NY 315-785-8684
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- Victims Assistance Center of Jeff Co.; 418 Washington St, Watertown, NY 315-782-1823

- The Mental Health Association in Jefferson County, Inc.; 425 Washington, St., Watertown, NY 315-788-0970
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- Community Action Planning Council; 518 Davidson St., Watertown NY 315-782-4900 [food]

Transportation

- Central Association for the Blind & Visually Impaired; 507 Kent St., Utica NY 315-797-2233
- Catholic Charities; 44 Public Sq., Watertown NY 315-788-4330
- Jefferson County DSS; 250 Arsenal St., Watertown NY 315-782-9030
- Jefferson County Office for the Aging; 175 Arsenal St., Watertown NY 315-785-3191
- North Country Family Health Center; 238 Arsenal St., Watertown NY 315-782-9450
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- The ARC (formerly JRC) - Jefferson site; 380 Gaffney Dr., Watertown NY 315-788-2730
- Volunteer Transportation Center of Jeff Co.; 203 N. Hamilton St., Watertown NY 315-788-0422
- Watertown Vet Center; 210 Court St., Watertown NY 315-782-5479

Clothing

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 135 Franklin St., Watertown, NY 315-785-8222
- American Red Cross; 203 N. Hamilton St., Watertown NY 315-782-4410
- Catholic Charities; 44 Public Sq., Watertown NY 315-788-4330
- Salvation Army; 723 State St., Watertown NY 315-782-4470

Utilities and Emergency Needs (Water, Gas, Electricity, Oil)

- Army Community Services; P4330 Conway Rd., Fort Drum, NY 315-772-6557
- Community Action Planning Council; 518 Davidson St., Watertown NY 315-782-4900
- Jefferson County DSS; 250 Arsenal St., Watertown, NY 315-782-9030
- Watertown Urban Mission; 247 Factory St., Watertown NY 315-782-8440
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Catholic Charities; 44 Public Sq., Watertown NY 315-788-4330

Child Care

- Army Community Services; P4330 Conway Rd., Fort Drum 315-772-6557
- Benchmark Family Services; 1635 Ohio Street, Watertown, NY 315-786-7285
- Community Action Planning Council; 518 Davidson Street, Watertown, NY 315-782-4900
- Cornell Cooperative Extension of Jeff. Co; 203 Hamilton St., Watertown, NY 315-788-8450
- Disabled Persons Action Organization; 617 Davidson St., Watertown, NY 315-782-3577
- Exceptional Kidz Rehabilitation; 25600 NYS Rt. 342, Evans Mills, 315-221-5101
- Jefferson County Department of Social Services; 250 Arsenal St., Watertown, NY 315-782-9030
- The Arc of Jeff Co.; 420 Gaffney Dr., Watertown, NY 315-788-2730
- YMCA; 119 Washington St., Watertown, NY 315-782-3100

Personal Safety

- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- Credo Community Center; 595 W. Main St., Watertown NY 315-788-1530
- DPAO; 617 Davidson St., Watertown, NY 315-782-3577
- Family Counseling Service of NNY, Inc.; 531 Washington St., Suite 4124, Watertown NY 315-782-4483

- Mountain View Prevention Services; 7714 Number Three Rd., Lowville, NY 315-376-2321
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- Victims Assistance Center of Jeff Co.; 418 Washington St, Watertown, NY 315-782-1823
- North Country Family Health Center: 238 Arsenal St., Watertown NY 315-782-9450 (may be able to provide transp. assistance to its patients)
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- CHJC Community Clinic of Jefferson County, 211 JB Wise, Watertown, NY; 315-782-7445

Finances

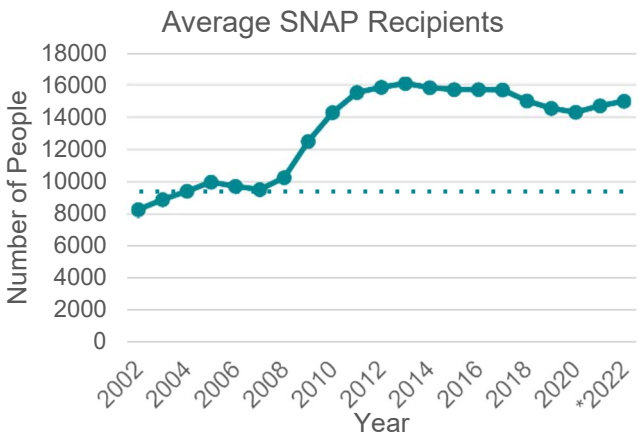
- Army Community Services; P4330 Conway Rd., Fort Drum NY 315-772-6557
- Community Action Planning Council; 518 Davidson St., Watertown NY 315-782-4900
- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Jefferson County DSS; 250 Arsenal St., Watertown, NY 315-782-9030
- Catholic Charities; 44 Public Sq., Watertown NY 315-788-4330
- For members: Fidelis Care, 101 East Main Street, Gouverneur, NY 315-350-0696

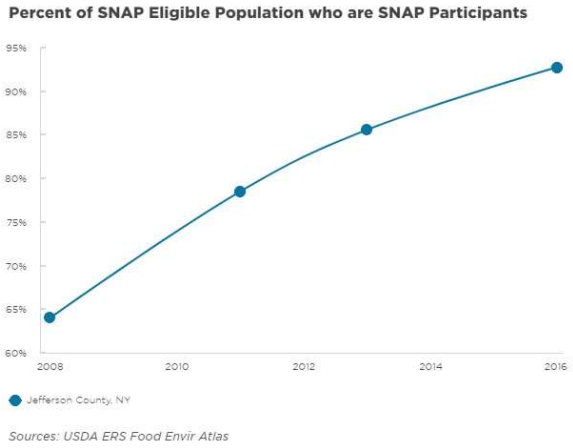
Other (Literacy, Self-Care, Family Services)

- Central New York Health Home Network (HEALTH HOMES); call 1-855-784-1262 to enroll
- Central New York Health Home Network (HEALTH HOMES); call 1-855-784-1262 to enroll
- Family Counseling Service of NNY, Inc.; 531 Washington St., Ste. 4124, Watertown NY 315-782-4483
- HCR Home Care; 6007 Fair Lakes Rd., E. Syracuse, NY 315-280-0681
- Hospice of Jefferson County; 1398 Gotham St., Watertown NY 315-788-7323
- Lewis County Public Health; 7785 N. State St., Lowville, NY 315-376-5433
- Mountain View Prevention Services; 7714 Number Three Rd., Lowville, NY 315-376-2321
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- PIVOT; 167 Polk St. #320, Watertown, NY 315-788-4660
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Literacy of Northern New York – Jefferson Co.; 200 Washington St., Ste. 303, Watertown, NY 315-782-4270
- For members: Fidelis Care, 101 East Main Street, Gouverneur, NY 315-350-0696
- North Country Family Health Center: 238 Arsenal St., Watertown NY 315-782-9450 (may be able to provide transp. assistance to its patients)
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- CHJC Community Clinic of Jefferson County, 211 JB Wise, Watertown, NY; 315-782-7445
- Mental Health Associates, 425 Washington Street, Watertown, NY 315-788-8092
- Benchmark Family Services, 1635 Ohio Street, Watertown, NY ; 315-786-7285
- Northern NY Cerebral Palsy Association, 714 Washington Street, Watertown, NY; 315-788-9186

Food Security – SNAP

According to the U.S. Census Bureau, 17% of households in Jefferson County receive SNAP benefits (2016-2020 5-Year estimate). Data from the Office of Temporary and Disability Assistance (OTDA) show that an increasing number of people in Jefferson County are beneficiaries of the Supplemental Nutrition Assistance Program (SNAP). Estimates from the USDA ERS Food Environment Atlas indicate that higher proportions of SNAP eligible persons are participating with the program.





Health Indicators

Prevention Agenda Indicators Table

Indicator #	Prevention Agenda (PA) Indicator	Data years	PA 2024 Objective	Jefferson Count Rate Percentage	Jefferson Rate Ratio Percentage
Improve Health Status and Reduce Health Disparities					
1	Percentage of premature deaths (before age 65 years)	2019	22.8	255	26.5
1.1	Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics	2019	17.3	60.0*	34.5+
1.2	Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	2019	16.2	55.6*	30.1+
2	Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2019	115	1,270	147.6
2.1	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	2019	94	139	-6.4
2.2	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	2019	23.9	104.5	-40.9
4	Adults who have a regular health care provider, age-adjusted percentage	2018	86.7		70.7
Prevent Chronic Diseases					
5	Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	13	176	12.3
6	Percentage of children and adolescents with obesity	2017-2019	16.4		19.4
7	Percentage of adults with obesity	2018	24.2		37.9
7.1	Percentage of adults with an annual household income less than $25,000 with obesity	2018	29		29.9*
8	Percentage of adults with an annual household income less than $25,000 who consume one or more sugary drinks per day	2018	28.5		41.4*
9	Percentage of adults with an annual household income less than $25,000 with perceived food security	2016	61.4		52.1*
10	Percentage of adults who participate in leisure-time physical activity	2018	77.4		74.1

10.1	Percentage of adults with disabilities who participate in leisure-time physical activity	2018	61.8		58.9*
10.2	Percentage of adults who participate in leisure-time physical activity, aged 65+ years	2018	75.9		64
11	Prevalence of cigarette smoking among adults	2018	11		17.1
11.1	Percentage of cigarette smoking among adults with income less than $25,000	2018	15.3		27.2*
12	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years	2018	66.3		70
13	Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	71.7		63
13.1	Percentage of adults with an annual household income less than $25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	67.4		s
14	Asthma emergency department visits, rate per 10,000, aged 0-17 years	2019	131.1	126	46.5
15	Percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years	2019	59	137	71
16	Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2016	80.7		66.1*
17	Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	2018	10.6		8.4*
Promote a Healthy and Safe Environment					
18	Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years	2019	173.7	233	149.3
19	Assault-related hospitalizations, rate per 10,000 population	2019	3	17	1.5
19.1	Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	5.54	s	s
19.2	Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	2019	2.5	0.0*	0.00+

19.3	Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	2019	2.66	s	s
20	Firearm assault-related hospitalizations, rate per 10,000 population	2019	0.38	0	0.00*
21	Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	1.3	360.4	1.31
22	Crash-related pedestrian fatalities, rate per 100,000 population	2019	1.43	2	1.82*
23	Percentage of population living in a certified Climate Smart Community	2021	8.6	0	0.0*
24	Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute	2015-2019	47.9		19.9
25	Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1	2020	93	291	90.4
Promote Healthy Women, Infants, and Children					
26	Percentage of women with a preventive medical visit in the past year, aged 18-44 years	2018	80.6		86.7
27	Percentage of women with a preventive medical visit in the past year, aged 45+ years	2018	85		92
28	Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years	2016	38.1		s
29	Maternal mortality, rate per 100,000 live births	2017-2019	16	1	17.6*
30	Infant mortality, rate per 1,000 live births	2019	4	14	7.8
31	Percentage of births that are preterm	2019	8.3	170	9.5
32	Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis), crude rate per 1,000 newborn discharges	2019	9.1	15	8.5
33	Percentage of infants who are exclusively breastfed in the hospital among all infants	2019	51.7	938	59.3
33.1	Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants	2019	37.4	116	57.4
33.2	Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants	2019	38.4	63	52.5
34	Percentage of infants supplemented with formula in the hospital among breastfed infants	2019	41.9	293	23.8

36	Suicide mortality among youth, rate per 100,000, aged 15-19 years	2017-2019	4.7	6	30.8*
37	Percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale	July 2019-June 2020	73.9	50	94.3
38	Percentage of residents served by community water systems that have optimally fluoridated water	2019	77.5	80,440	71.4
Promote Well-Being and Prevent Mental and Substance Use Disorders					
40	Frequent mental distress during the past month among adults, age-adjusted percentage	2018	10.7		13.1
43	Binge drinking during the past month among adults, age-adjusted percentage	2018	16.4		19.7
44	Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2019	14.3	15	13.9
45	Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population	2020	415.6	660	629.9
46	Opioid analgesic prescription, age-adjusted rate per 1,000 population	2020	350	52,015	466.4
47	Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	2019	53.3	41	36.8
48	Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2016	33.8		38.4*
50	Suicide mortality, age-adjusted rate per 100,000 population	2017-2019	7	51	14.9
Prevent Communicable Diseases					
51	Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series	2020	70.5	999	63.7
52	Percentage of 13-year-old adolescents with a complete HPV vaccine series	2020	37.4	249	19.1
53	Newly diagnosed HIV cases, rate per 100,000 population	2017-2019	5.2	9	2.7*
54	Gonorrhea diagnoses, age-adjusted rate per 100,000 population	2019	242.6	95	79.5
55	Chlamydia diagnoses, age-adjusted rate per 100,000 population	2019	676.9	776	587.1
56	Early syphilis diagnoses, age-adjusted rate per 100,000 population	2019	79.6	8	6.4*

Notes:

s: Data do not meet reporting criteria.
*** Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.**
† Fewer than 10 events in the numerators of the rates/percentages, therefore the ratio is unstable.

According to the NYS Prevention Agenda, Jefferson County's greatest strengths lie in the categories of Promoting Healthy Women, Infants, and Children, as well as Preventing Communicable Diseases. The majority of indicators in these categories have met the Prevention Agenda 2024 objective. There is more room for improvement in the areas of Promoting a Healthy and Safe Environment, and especially in Preventing Chronic Disease, and Preventing Mental and Substance Use Disorders.

Jefferson County falls in the highest quartile in the state for obesity among adults. This may be correlated to the higher rates of drinking sugary beverages, less physical activity, and generally less engagement in preventative care for chronic conditions. The county's residents also report higher rates of cigarette smoking and binge drinking.

Jefferson County's age-adjusted suicide mortality rate is in the highest quartile in the state at 14.9 per 100,000 population and has the third highest rate in the state for suicide mortality among youth aged 15-19 at 30.8 per 100,000 population. While prescribing rates of opioid analgesics have significantly improved in the county, it still falls in the highest quartile of prescribing rates in the state.

Community Health Survey of Adult Residents

Introduction

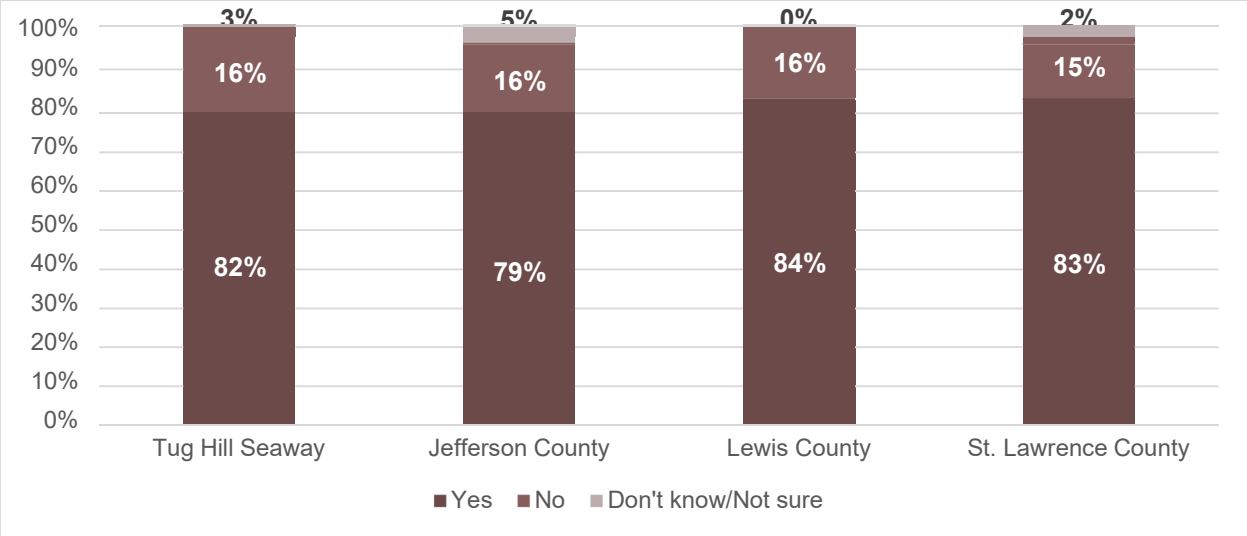
The following summary describes the findings from the 2022 Community Health Survey of Adult Residents in Jefferson County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. 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 ±2.3% for the three-county region, ±3.3% for Jefferson County, ±4.6% for Lewis County, and ±4.4% St. Lawrence County. This report contains regional and county level findings from the 2022 Community Health Survey, with demographic disparity summary for Jefferson County. For more information on the study methodology and detailed analysis of findings, including trends, please refer to the full report.

Contents

Table: Demographic Subgroup Sample Sizes and Approximate Margin of Error

County-specific Demographic Subgroups	Jefferson		Lewis		St. Lawrence	
	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error
Genders:						
Male	312	±5.8%	168	±7.9%	191	±7.4%
Female	589	±4.2%	308	±5.8%	322	±5.7%
Age Groups:						
18-34	137	±8.7%	50	±14.4%	40	±16.1%
35-54	269	±6.2%	138	±8.7%	129	±9.0%
55-74	400	±5.1%	230	±6.7%	262	±6.3%
75+	76	±11.7%	55	±13.8%	76	±11.7%
Education Levels:						
No College	195	±7.3%	149	±8.4%	133	±8.9%
Some College	371	±5.3%	177	±7.7%	204	±7.1%
4+ Year Degree	340	±5.5%	150	±8.3%	176	±7.7%
Military Affiliation:						
Active Military in HH	102	±10.1%	5	NA	6	NA
Veteran in HH	222	±6.9%	102	±10.1%	107	±9.9%
No Active Military or Vet.	552	±4.3%	355	±5.4%	385	±5.2%
Children in the Home:						
Yes, at least one.	241	±6.6%	113	±9.6%	97	±10.4%
None.	659	±4.0%	361	±5.4%	413	±5.0%
Health Insurance:						
Uninsured	21	NA	17	NA	16	NA
Have health insurance	933	±3.3%	470	±4.7%	519	±4.5%
Medicaid insured	108	±9.8%	55	±13.8%	66	±12.6%
Medicare insured	300	±5.9%	171	±7.8%	204	±7.1%
Employer insured	430	±4.9%	238	±6.6%	267	±6.2%
Race/Ethnicity:						
White	822	±3.6%	459	±4.8%	498	±4.6%
BIPOC	80	±11.4%	17	NA	14	NA
Member of LGBTQIA+ Community:						
Yes	35	NA	6	NA	16	NA
No	848	±3.5%	460	±4.8%	483	±4.6%
Disability Status:						
Disabled	132	±8.9%	69	±12.3%	103	±10.1%
Non-disabled	756	±3.7%	398	±5.1%	402	±5.1%
Provide Assistance to Others:						
Yes, assist those with needs	250	±6.5%	154	±8.2%	153	±8.3%
No, do not	671	±3.9%	324	±5.7%	357	±5.4%

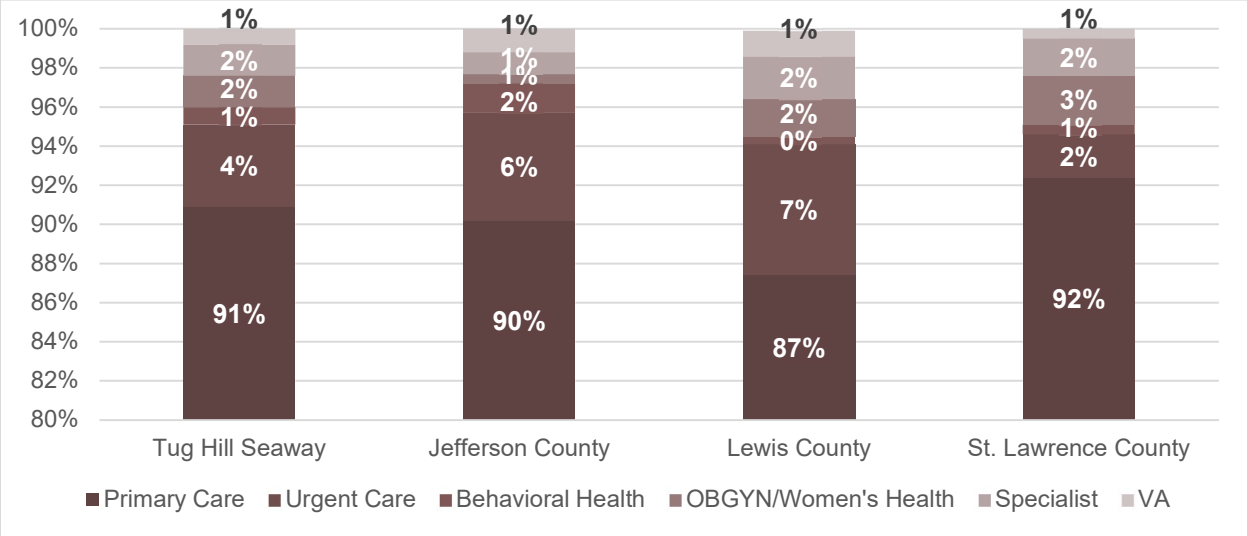
Figure 1: Do you have one person or medical office that you think of as your personal doctor or health care provider?



A large majority of Jefferson County residents in 2022 have one person or medical office that they think of as their personal doctor or health care provider (79% in the county).

Demographic groups less likely to say they have a healthcare provider include males, persons under the age of 35, those without college education, racial minorities, households affiliated with active military, those identifying as LGBTQIA+, persons without a disability, households with under $25,000 annual income, uninsured, non-Medicare beneficiaries, and Tricare beneficiaries.

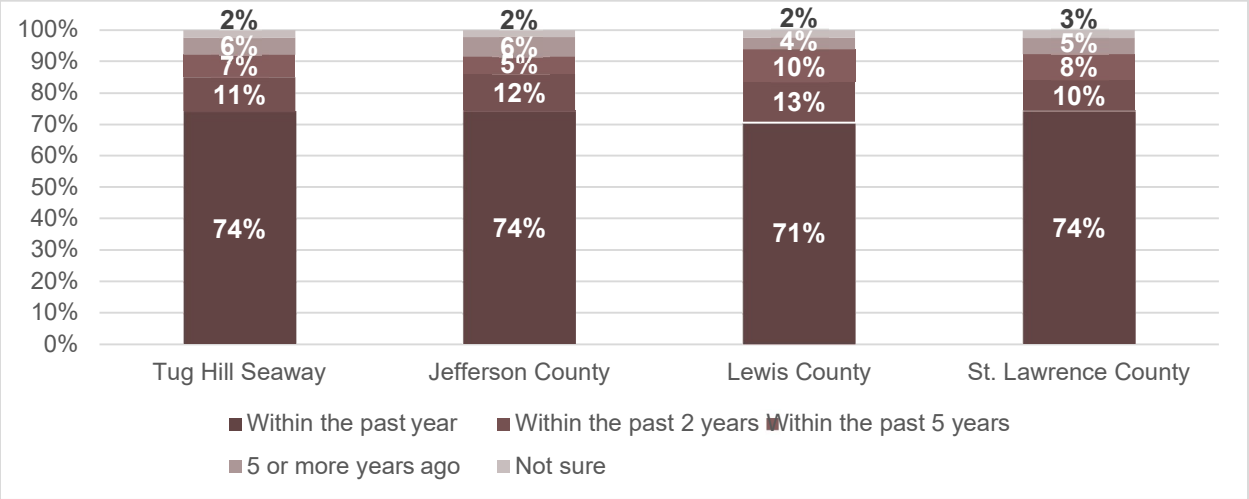
Figure 2: What type of provider is this doctor or medical office?



Among those in Jefferson County who do have person or medical office that they think of as their personal doctor or health care provider, a large majority (90%) in 2022 use or consider a primary care provider as their “personal doctor”, while 6% consider urgent care as their “personal doctor”.

Demographic groups less likely to say they have primary care as their main healthcare provider include males, those under the age of 35, racial minorities, those identifying as LGBTQIA+, households with under $50,000 annual income, uninsured, and VA beneficiaries.

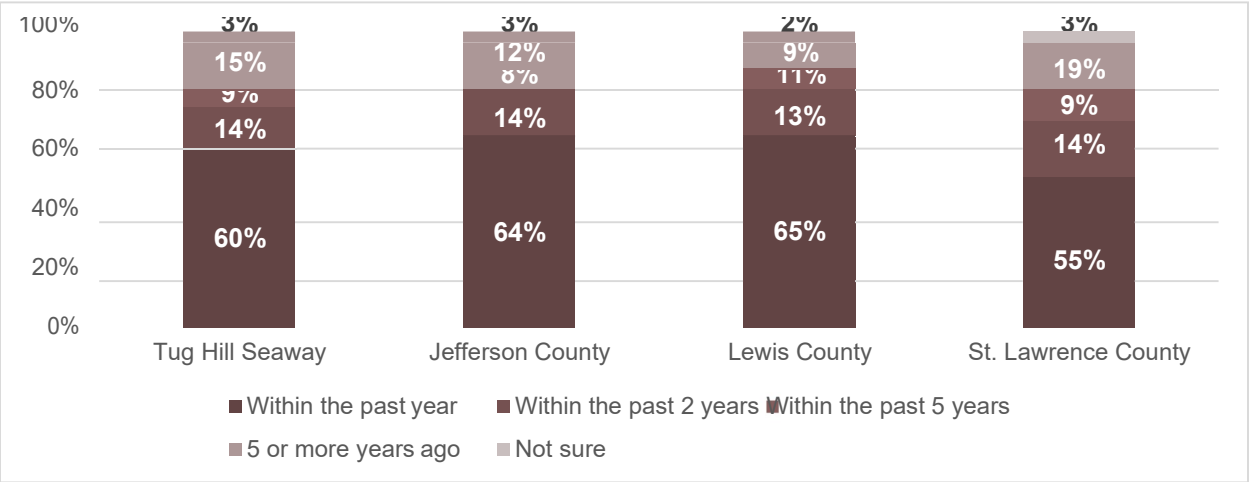
Figure 3: How long has it been since you last had a primary care visit?



A large majority of Jefferson County residents in 2022 have had a primary care visit “within the pastyear” (74% in Jefferson County), while approximately six-in-seven local residents have had a primary care visit “within the past two years” (86% in the county).

Demographic groups less likely to have seen their primary healthcare provider in the last two years include those without college education, non-rural residents, households with under $25,000 annual income, uninsured, Medicaid beneficiaries, non-Medicare beneficiaries, and non-Tricare beneficiaries.

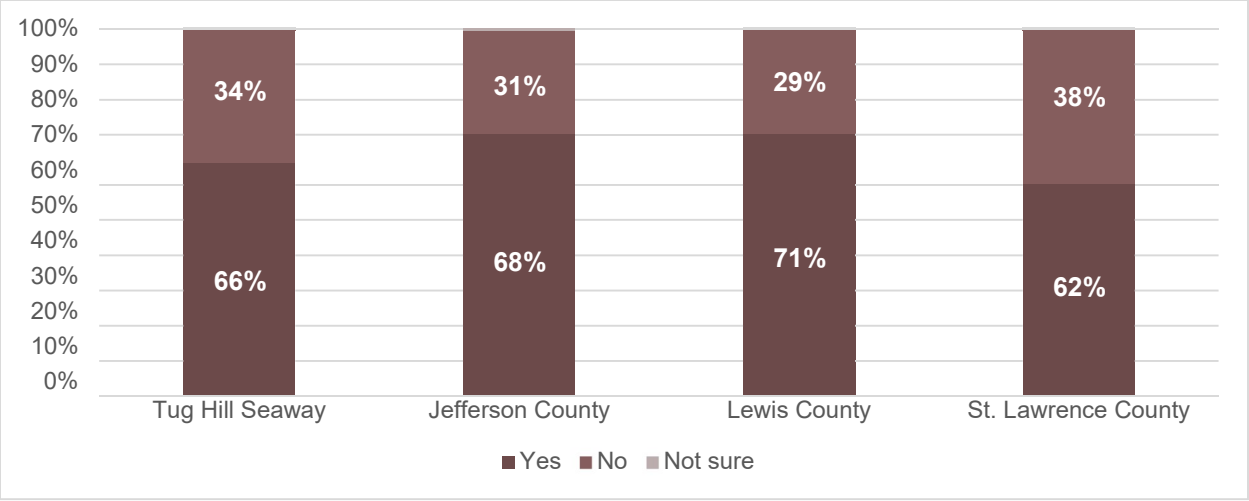
Figure 4: How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?



A majority of Jefferson County residents in 2022 have visited a dentist or a dental clinic for a routine cleaning “within the past year” (64% in the county), while over three-fourths of local residents visited a dentist or a dental clinic for a routine cleaning “within the past two years” (78% in the county). Alarmingly, approximately 12% of residents report that it has been “more than five years” since they have visited a dentist for a routine cleaning.

Demographic groups less likely to have seen a dentist in the last two years include those between the ages of 35-74, those without college education, white persons, households with either a Veteran or no military affiliation, those with no children in the household, non-rural residents, persons with a disability, households with under $50,000 annual income, uninsured, Medicaid beneficiaries, Medicare beneficiaries, and non-Tricare beneficiaries.

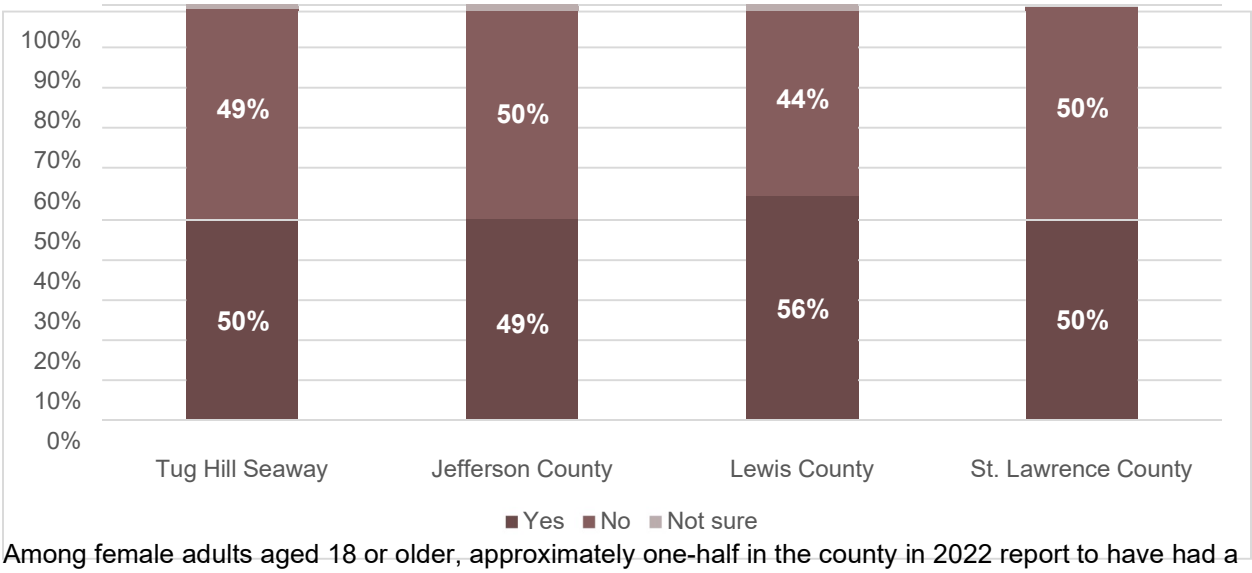
Figure 5: Have you had a colonoscopy within the past 10 years? (among all participants age 45 - 75)



Among adults aged 45-75, approximately two-thirds in the county in 2022 report to have had a colonoscopy or other colorectal cancer screening in the past 10 years (68% in the county).

Demographic groups within the ages of 45-75 that are less likely to have had a colorectal cancer screening in the last ten years include those under the age of 55, those identifying as LGBTQIA+, and the uninsured.

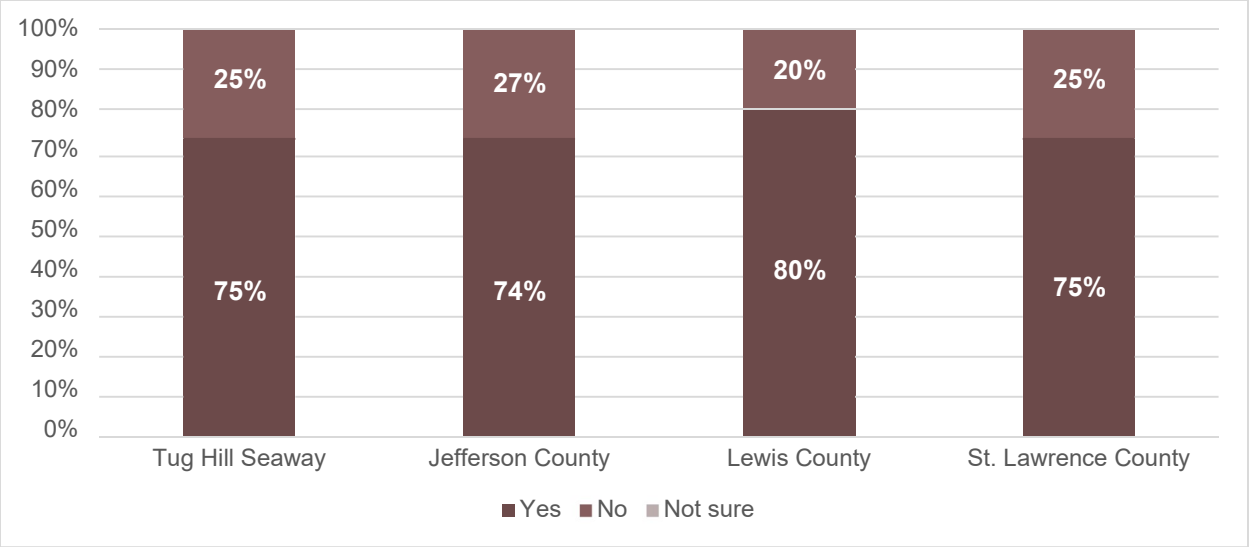
Figure 6: Have you had a mammogram within the past 2 years? (among all female participants)



Among female adults aged 18 or older, approximately one-half in the county in 2022 report to have had a mammogram in the past 2 years (49% in the county).

Demographic groups among female respondents that are less likely to have had a mammogram in the last two years include those under the age of 55 (especially those under 35), those without college education, racial minorities, households affiliated with active military, those who have children at home, those identifying as LGBTQIA+, uninsured, Medicaid beneficiaries, non-Medicare beneficiaries, and Tricare beneficiaries.

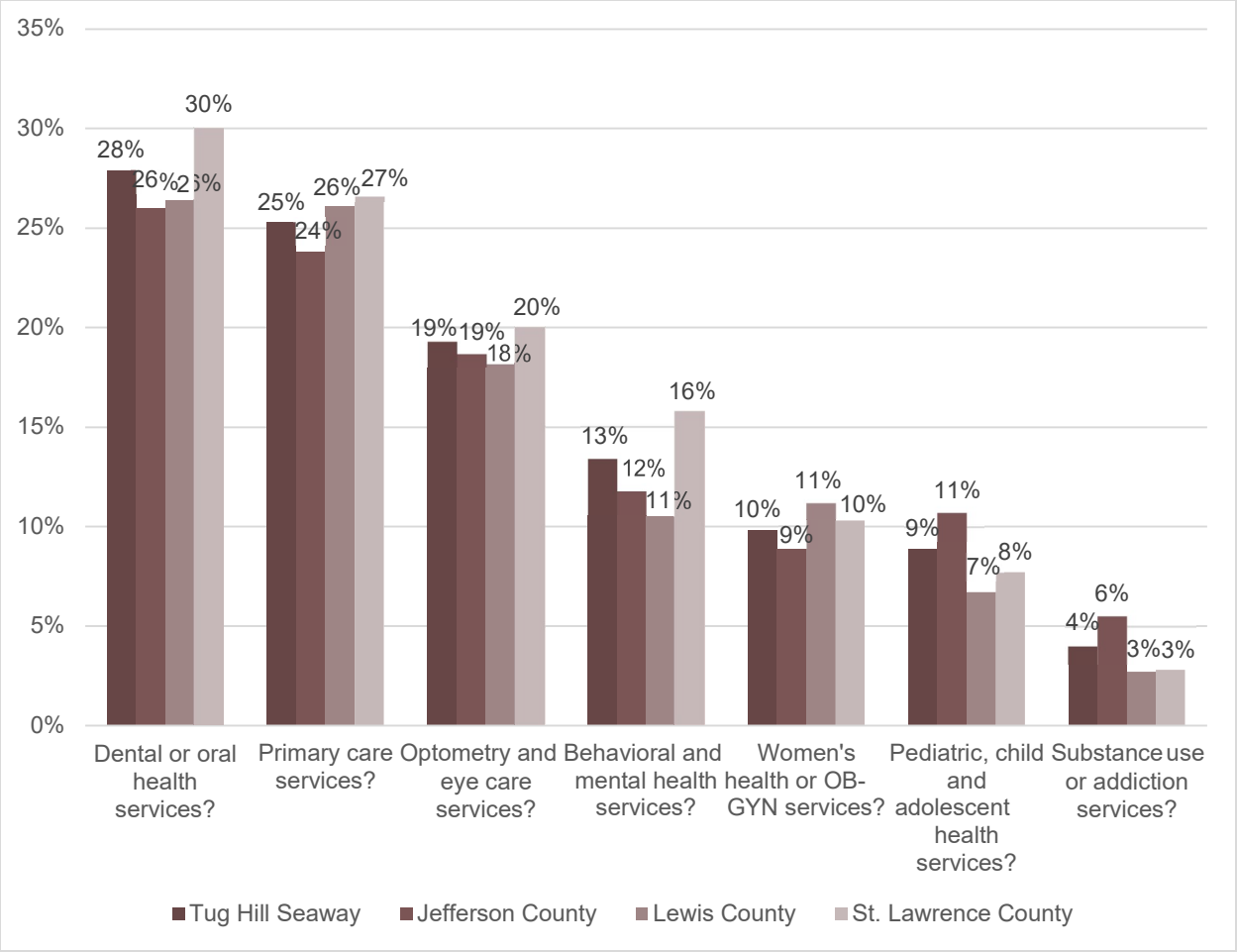
Figure 7: Have you had a mammogram within the past 2 years? (among all female participants age 50 - 75)



Among female adults age 50-75, a large majority in the county in 2022 report to have had a mammogram in the past 2 years (74% in the county).

Demographic groups among female respondents age 50-75 that are less likely to have had a mammogram in the last two years include those who are uninsured.

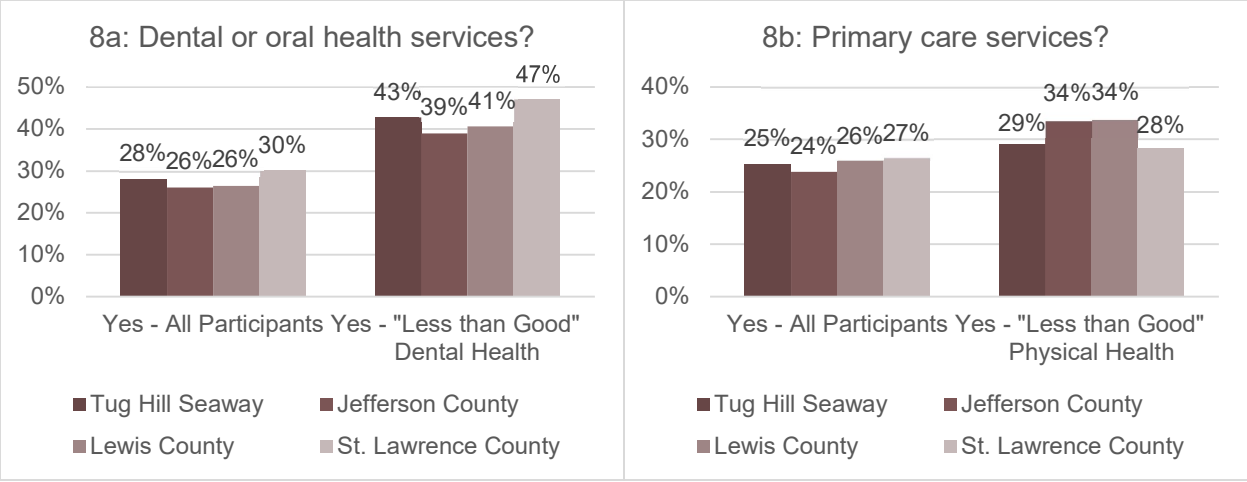
Figure 8: In the past year have you experienced challenges or difficulties in receiving…
Challenges with:

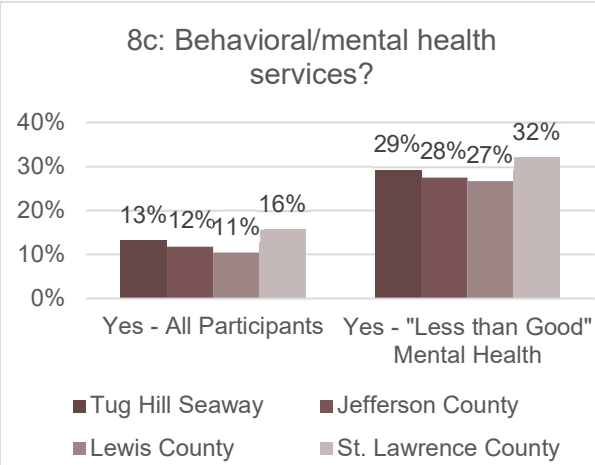


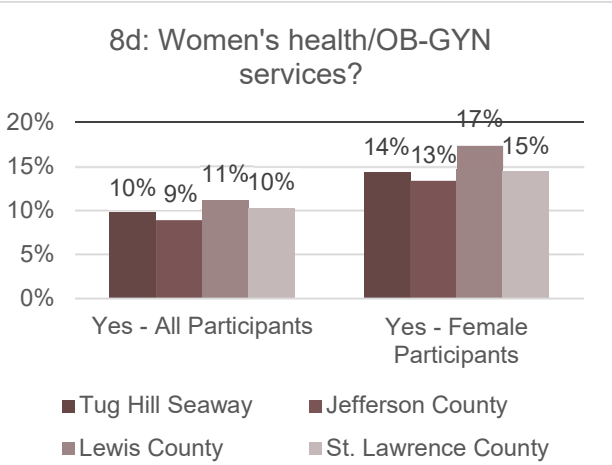
- Dental or oral health services:
  More than one-fourth of residents in Jefferson County have experienced challenges or difficulties in receiving dental or oral health services locally in the past 12 months (26% in the county). Demographic groups more likely to have experienced difficulty include those under the age of 35, racial minorities, households affiliated with active military, those with children in the household, rural residents, non-Medicare beneficiaries, and Tricare beneficiaries.
- Primary care services:
  Approximately one-fourth of residents in Jefferson County have experienced challenges or difficulties in receiving primary care services locally in the past 12 months (24% in the county). Demographic groups more likely to have experienced difficulty include those under the age of 55, households affiliated with active military, those with children in the household, caregivers, Medicaid beneficiaries, non-Medicare beneficiaries, and Tricare beneficiaries.

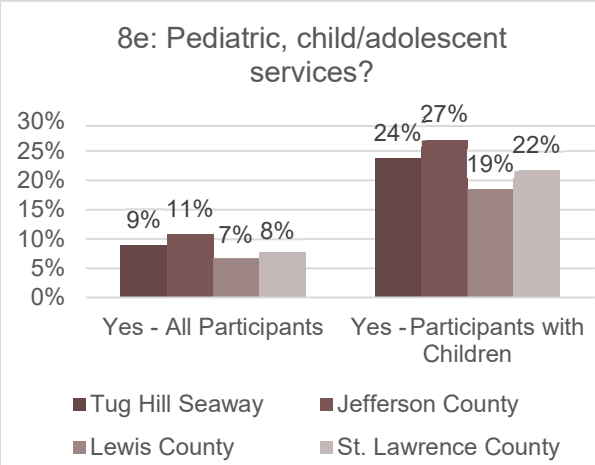
- Optometry and eye care services:
  Approximately one-in-five residents in Jefferson County have experienced challenges or difficulties in receiving optometry and eye care services locally in the past 12 months (19% in the county).
  Demographic groups more likely to have experienced difficulty include households affiliated with active military, rural residents, caregivers, and Tricare beneficiaries.
- Behavioral and mental health services:
  Approximately one-in-eight residents in Jefferson County have experienced challenges or difficulties in receiving behavioral and mental health locally in the past 12 months (12% in the county).
  Demographic groups more likely to have experienced difficulty include females, those under the age of 55, households affiliated with active military, those with children in the household, those identifying as LGBTQIA+, caregivers, non-Medicare beneficiaries, and Tricare beneficiaries.
- Women's health or OB-GYN services:
  Almost one-tenth of residents in Jefferson County have experienced challenges or difficulties in receiving women's health or OB-GYN services locally in the past 12 months (9% in the county).
  Demographic groups more likely to have experienced difficulty include females, those with at least some college, households affiliated with active military, caregivers, non-Medicare beneficiaries, and Tricare beneficiaries.
- Pediatric, child and adolescent health services:
  One-in-nine residents in Jefferson County have experienced challenges or difficulties in receiving pediatric, child, and adolescent health locally in the past 12 months (11% in the county).
  Demographic groups more likely to have experienced difficulty include those under the age of 55, households affiliated with active military, those with children in the household, rural residents, caregivers, non-Medicare beneficiaries, and Tricare beneficiaries.
- Substance use and addiction services:
  Approximately one-in-sixteen residents in Jefferson County have experienced challenges or difficulties in receiving substance abuse or addiction services locally in the past 12 months (6% in the county).
  Demographic groups more likely to have experienced difficulty include males, those under the age of 55, racial minorities, households affiliated with active military, rural residents, households with under $50,000 annual income (especially households with under $25,000), caregivers, non-Medicare beneficiaries, and Tricare beneficiaries.

Figures 8a- 8f: Challenges among those that may have increased need of specific services.









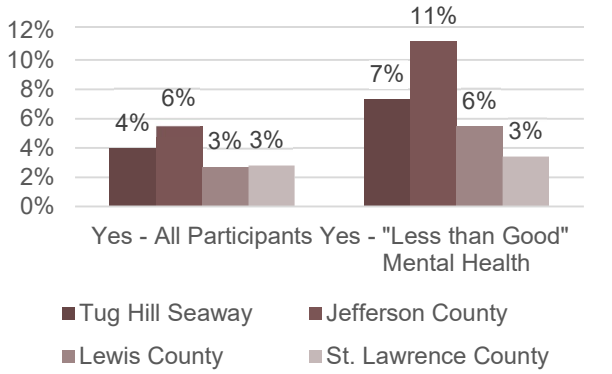
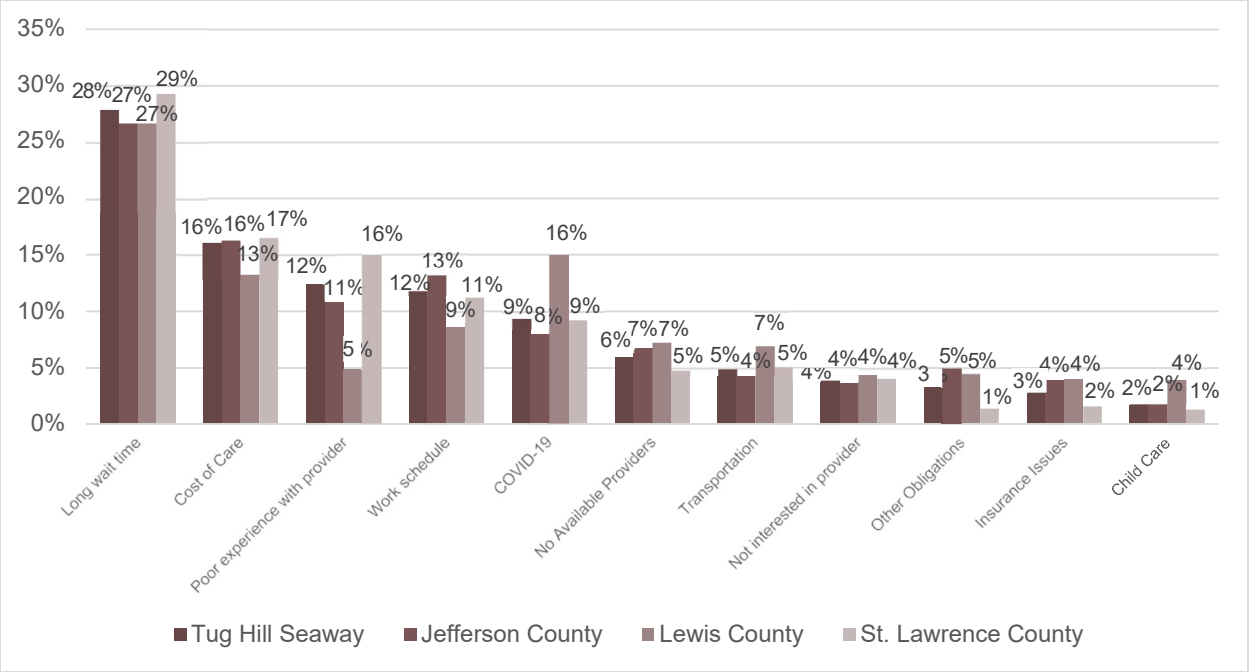


Figure 9: If yes, what was the one largest challenge you experienced in receiving health care services locally?

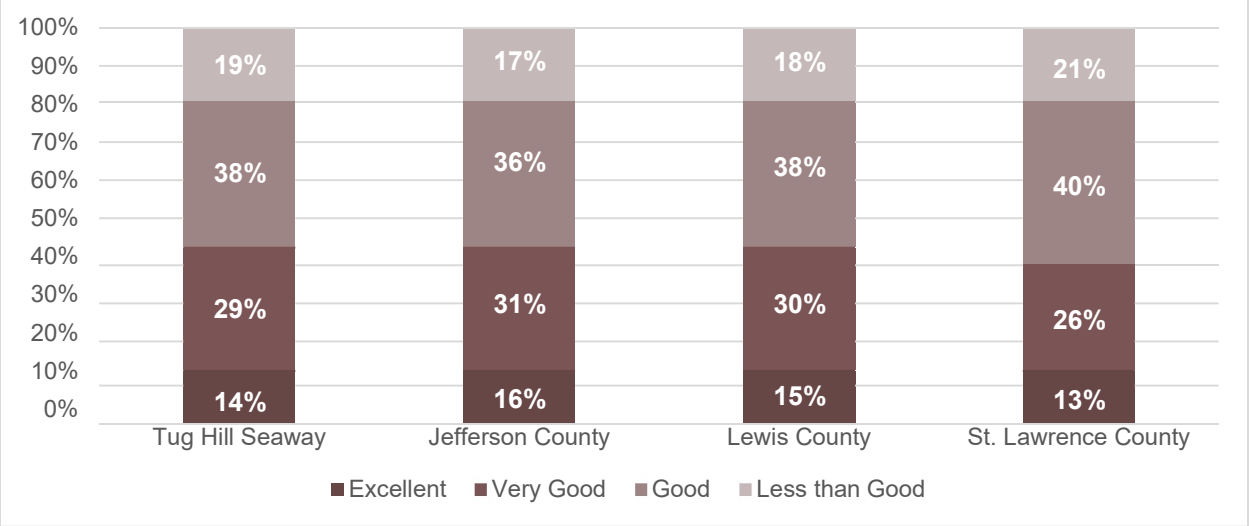


Participants who reported experiencing challenges or difficulties in receiving at least one type of health care locally in the past 12 months were further asked what is the largest challenge to receiving this health care locally. The five most common responses are: “long wait time” (27%), “cost of care” (16%), “work schedule” (13%), “prior provider poor experience” (11%), and “COVID-19” (8%).

Demographic subgroups most likely to cite each challenge are as follows:

- Cost of Care: those between the ages of 55-74, those without college education, white persons, households with either a Veteran or no military affiliation, those without children in the household, uninsured, and non-Tricare beneficiaries
- Transportation: those over the age of 75, racial minorities, not rural residents, persons with a disability, caregivers, households with under $25,000 annual income, and Medicaid beneficiaries
- Work schedule: those under the age of 35, racial minorities, households affiliated with active military, rural residents, non-Medicaid beneficiaries, non-Medicare beneficiaries, and Tricare beneficiaries
- Child Care: caregivers and Tricare beneficiaries
- Other Obligations: males and those without college education
- Not interested in provider: rural residents
- Poor experience with provider: no significant demographic differences
- Long wait time: females, those with a 4+ year degree, households with over $50,000 annual income, and non-Medicaid beneficiaries
- COVID-19: those between the ages of 55-74, and households with no military affiliation
- No Available Providers: those between the ages of 35-54, households with a Veteran, and persons with a disability
- Insurance Issues: those identifying as LGBTQIA+, caregivers, and Medicaid beneficiaries

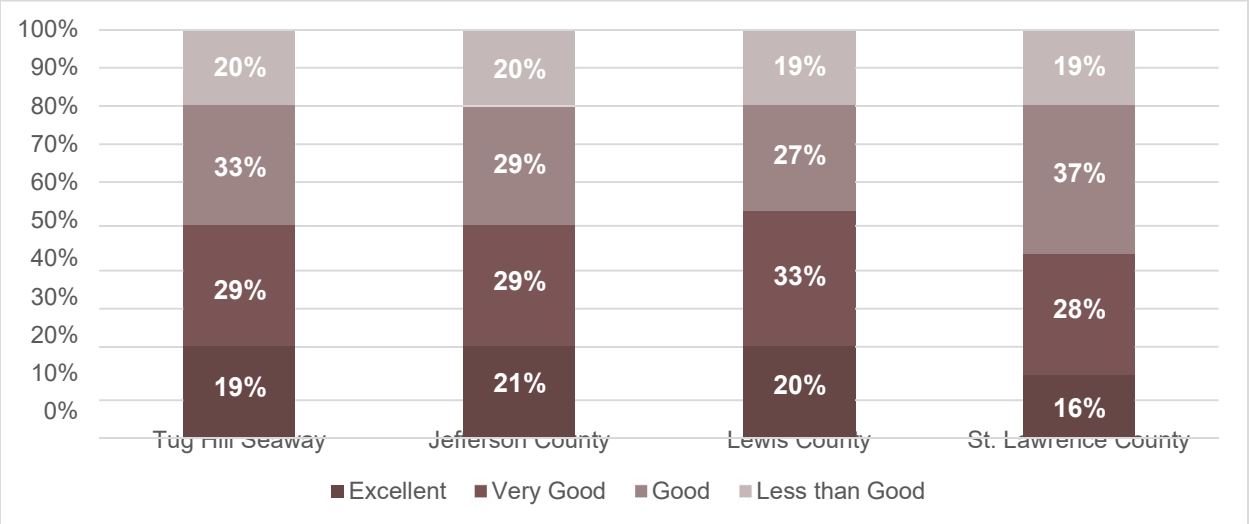
Figure 10: How would you rate your physical health?



Jefferson County residents in 2022 continue to be somewhat optimistic about their personal physical health with almost one-half rating their physical health as “Excellent or Very Good” (47% in the county). Only 3% of adults in the county in 2022 rate their physical health as “Poor”.

Demographic subgroups more likely to report health as “Less than Good” include those over the age of 35, households with no military affiliation, persons with a disability, households with under $50,000 annual income (especially households with under $25,000), Medicaid beneficiaries, Medicare beneficiaries, and non-Tricare beneficiaries.

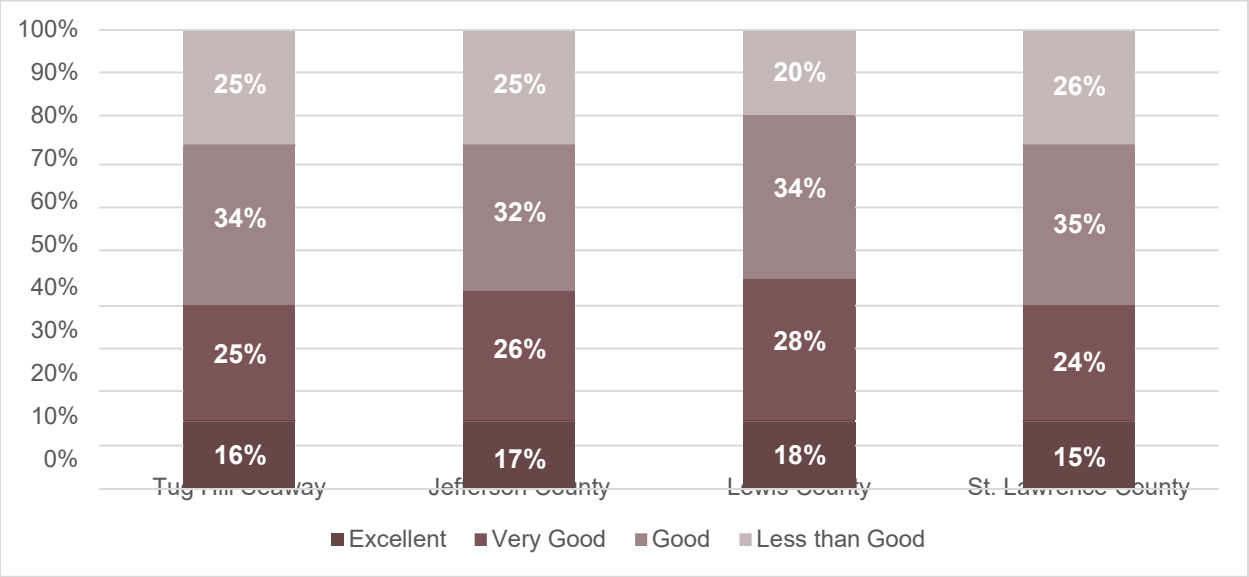
Figure 11: How would you rate your mental health?



Jefferson County residents continue to be somewhat optimistic in 2022 about their personal mental health with one-half rating their mental health as “Excellent or Very Good” (50% in the county).

Demographic subgroups more likely to report mental health as “Less than Good” include females, those under the age of 35, those with some college education, those with children in the household, those identifying as LGBTQIA+, non-rural residents, persons with a disability, households with under $50,000 annual income (especially households with under $25,000), Medicaid beneficiaries, and non-Tricare beneficiaries.

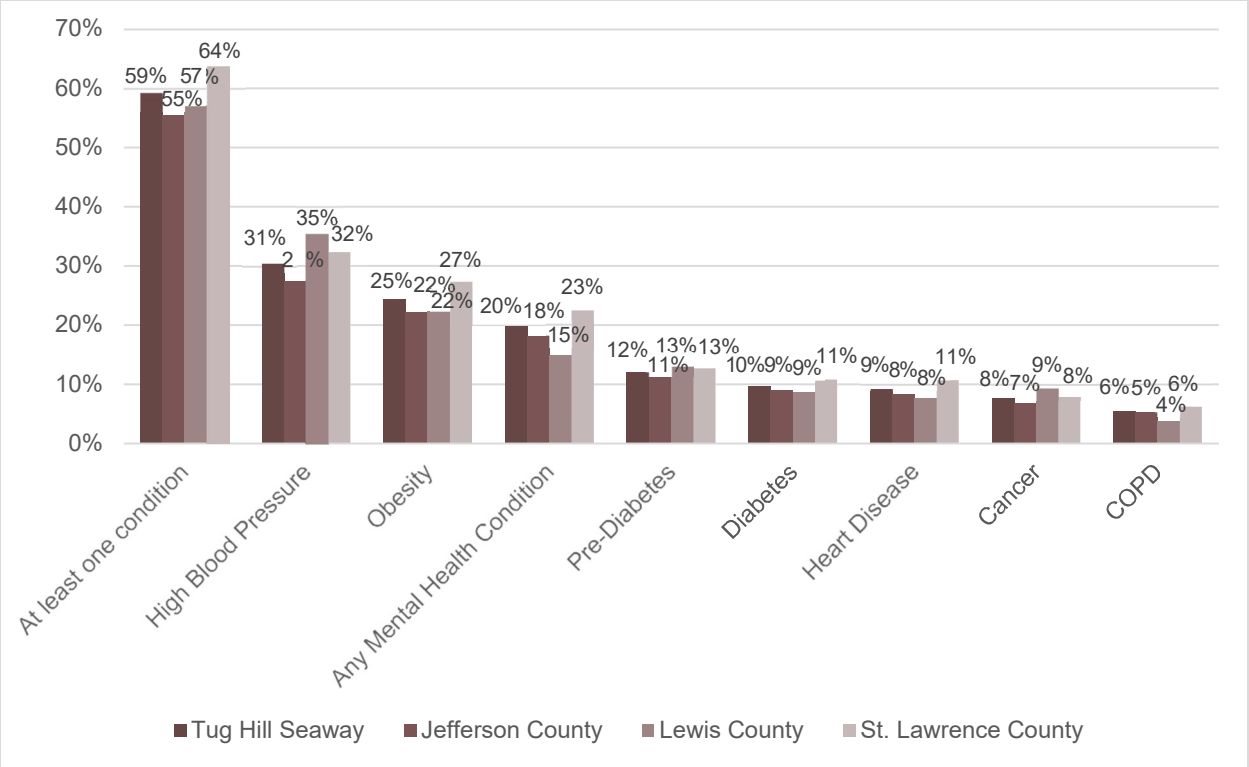
Figure 12: How would you rate your dental health?



Jefferson County residents are somewhat optimistic in 2022 about their personal dental health with over 40% rating their dental health as “Excellent or Very Good” (43% in the county).

Demographic subgroups more likely to report health as “Less than Good” include those over the age of 35, those with less than a 4+ year degree, white persons, households with either a Veteran or no military affiliation, persons with a disability, households with under $50,000 annual income (especially households with under $25,000 annual income), Medicaid beneficiaries, Medicare beneficiaries, and non-Tricare beneficiaries.

Figure 13: Have you ever been diagnosed with any of the eight studied chronic health conditions or illnesses?



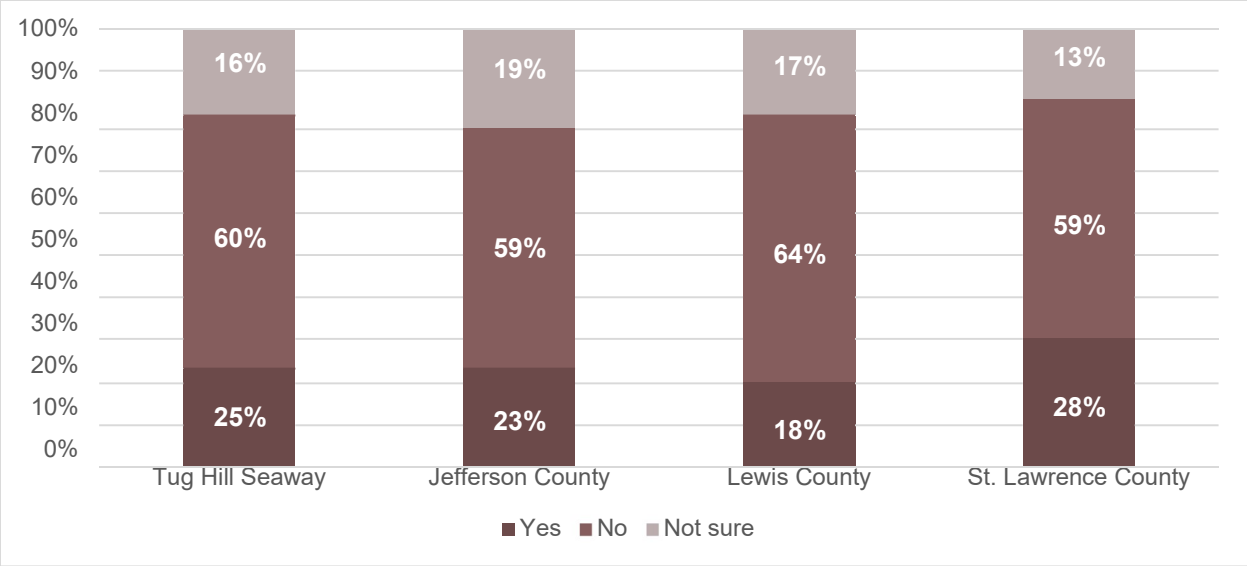
Summaries for each of the studied chronic conditions are as follows:

- At least one condition: Currently approximately five-in-nine Jefferson County residents (55%) in 2022 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited above).
  Demographic subgroups more likely to report diagnosis include females, those over the age of 35 (especially those over the age of 55), white persons, households with either a Veteran or no military affiliation (especially veterans), non-rural residents, persons with a disability, caregivers, insured, Medicaid beneficiaries, Medicare beneficiaries, and non-Tricare beneficiaries.
- High Blood Pressure: Approximately two-in-seven of residents in the county have been diagnosed with high blood pressure (28% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 35 (especially those over the age of 55), white persons, households with either a Veteran or no military affiliation (especially veterans), those without children in the household, non-rural residents, persons with a disability, caregivers, Medicare beneficiaries, and non-Tricare beneficiaries.
- Obesity: Over one-fifth of residents in Jefferson County have been diagnosed with obesity (22% in the county).
  Demographic subgroups more likely to report diagnosis include females, those between the ages of 35-74, white persons, households with either a Veteran or no military affiliation (especially Veterans), non-rural residents, persons with a disability, caregivers, households with over $25,000 annual income, Medicare beneficiaries, and non-Tricare beneficiaries.
- Any Mental Health Condition: Approximately one-in-five residents in the county have been diagnosed with any mental health condition (18% in the county).
  Demographic subgroups more likely to report diagnosis include females, those between the ages of 35-54, those with some college education, those with children in the household, those

identifying as LGBTQIA+, persons with a disability, caregivers, insured, Medicaid beneficiaries, and non-Medicare beneficiaries.

- Pre-Diabetes: Approximately one-in-nine residents in Jefferson County have been diagnosed with pre-diabetes (11% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 35, white persons, households with either a Veteran or no military affiliation, those without children in the household, persons with a disability, caregivers, households with an annual income between $25,000-$75,000, Medicare beneficiaries, and non-Tricare beneficiaries.
- Diabetes: Approximately one-in-eleven residents in the county have been diagnosed with diabetes (9% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 35, white persons, households with either a Veteran or no military affiliation, those without children in the household, persons with a disability, Medicaid beneficiaries, Medicare beneficiaries, and non-Tricare beneficiaries.
- Heart Disease: Approximately one-in-twelve residents in Jefferson County have been diagnosed with heart disease (8% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 35 (especially those over the age of 55), white persons, households with either a Veteran or no military affiliation, those without children in the household, non-rural residents, persons with a disability, Medicare beneficiaries, and non-Tricare beneficiaries.
- Cancer: Approximately one-in-fourteen residents in the county have been diagnosed with cancer (7% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, white persons, households with either a Veteran or no military affiliation, non-rural residents, persons with a disability, and Medicare beneficiaries.
- COPD: A small portion of residents in Jefferson County have been diagnosed with COPD (5% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, those without college education, white persons, persons with a disability, caregivers, households with under $50,000 annual income, and Medicare beneficiaries.

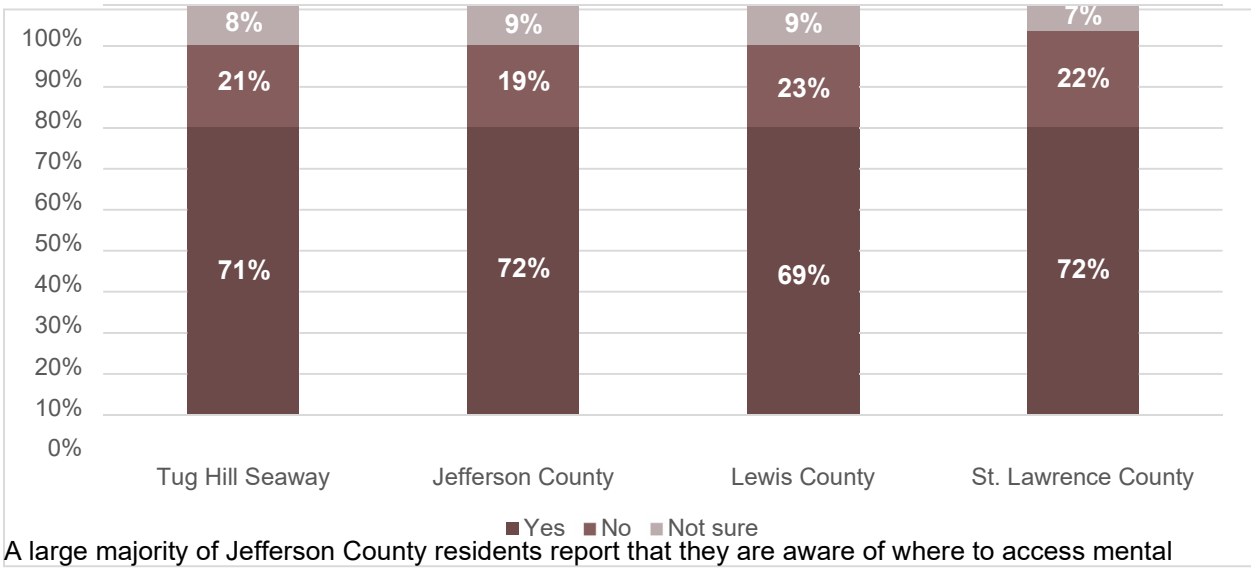
Figure 14: If at least one condition, are you willing to take a class to teach you how to manage or prevent problems related to the illness(es)?



Participants who reported having been diagnosed with at least one of eight chronic health conditions that were investigated in this study were further asked: “would you be willing to take a course or class to teach them how to manage or prevent problems”? Only approximately one-in-four of these participants (23%) report that they are interested in this type of coursework or class.

Demographic subgroups more willing to take a class include racial minorities, caregivers, and non-Medicare beneficiaries.

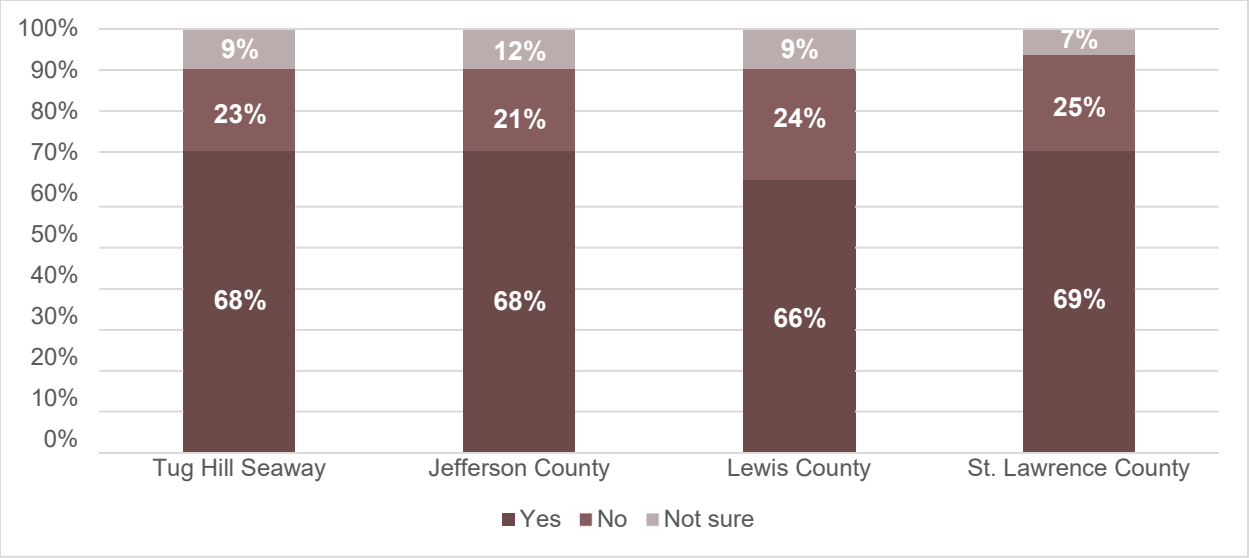
Figure 15: If you were to need them, do you know where you can find mental health services?



A large majority of Jefferson County residents report that they are aware of where to access mental health services if needed (72% in the county).

Demographic subgroups less likely to say they know where to find resources include those under the age of 35 and those over the age of 55, households with no military affiliation, those without children in the household, non-rural residents, non-caregivers, uninsured, and non-Tricare beneficiaries.

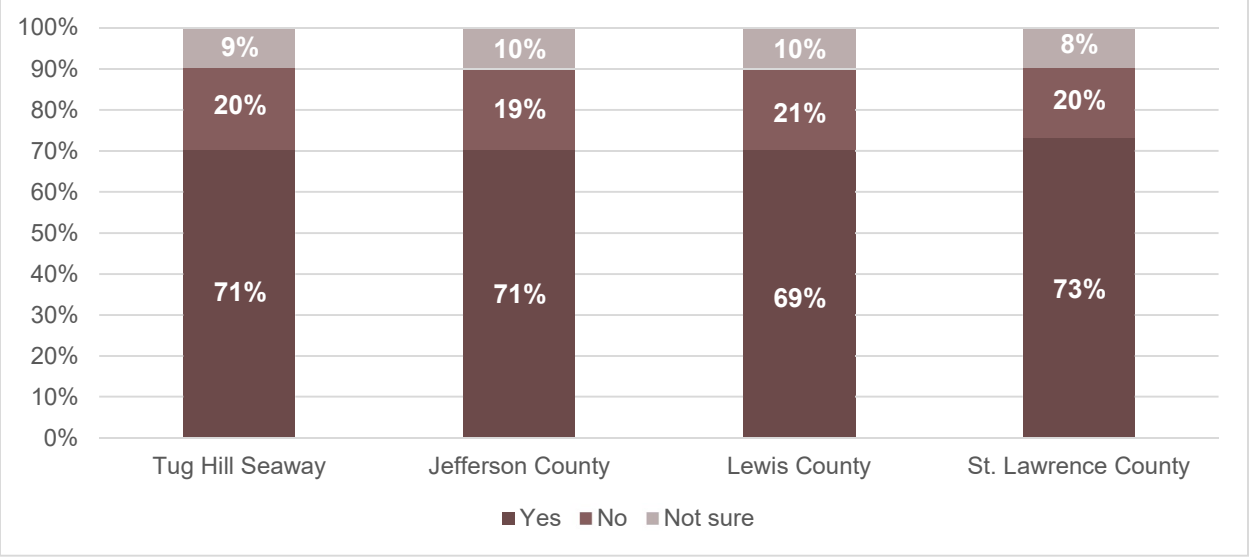
Figure 16: If you were to need them, do you know where you can find substance use services?



A large majority of Jefferson County residents report that they are aware of where to access substance services if needed (68% in the county).

Demographic subgroups less likely to say they know where to find resources include those under the age of 35, those without college education, racial minorities, those with children in the household, non-caregivers, households with an annual income between $25,000-$50,000, and the uninsured.

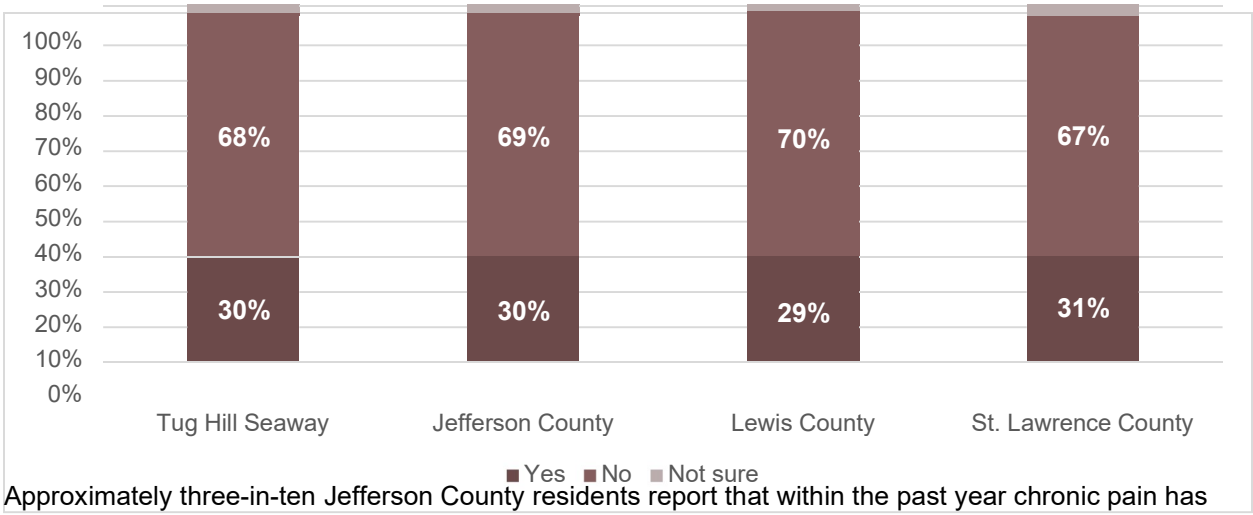
Figure 17: If you were to need them, do you know where you can find suicide prevention services?



A large majority of Jefferson County residents continue to report that they are aware of where to access suicide prevention services if needed (71% in the county).

Demographic subgroups less likely to say they know where to find resources include those under the age of 35 and those over the age of 75, those without college education, those without children in the household, non-caregivers, households with an annual income between $25,000-$50,000, and the uninsured.

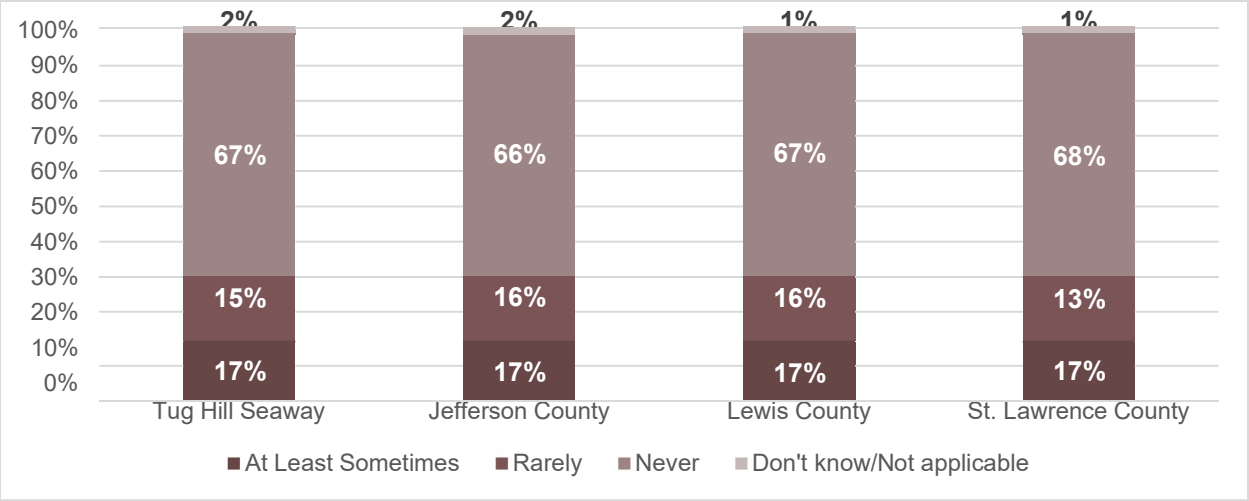
Figure 18: Within the past year, has chronic pain limited your ability to follow your usual routines?



Approximately three-in-ten Jefferson County residents report that within the past year chronic pain has limited their ability to follow their usual routines (30% in the county).

Demographic subgroups more likely to say they have been limited by chronic pain include those between the ages of 35-74, white persons, those with children in the household, those not identifying as LGBTQIA+, persons with a disability, caregivers, households with under $75,000 annual income, Medicaid beneficiaries, Medicare beneficiaries, and VA beneficiaries.

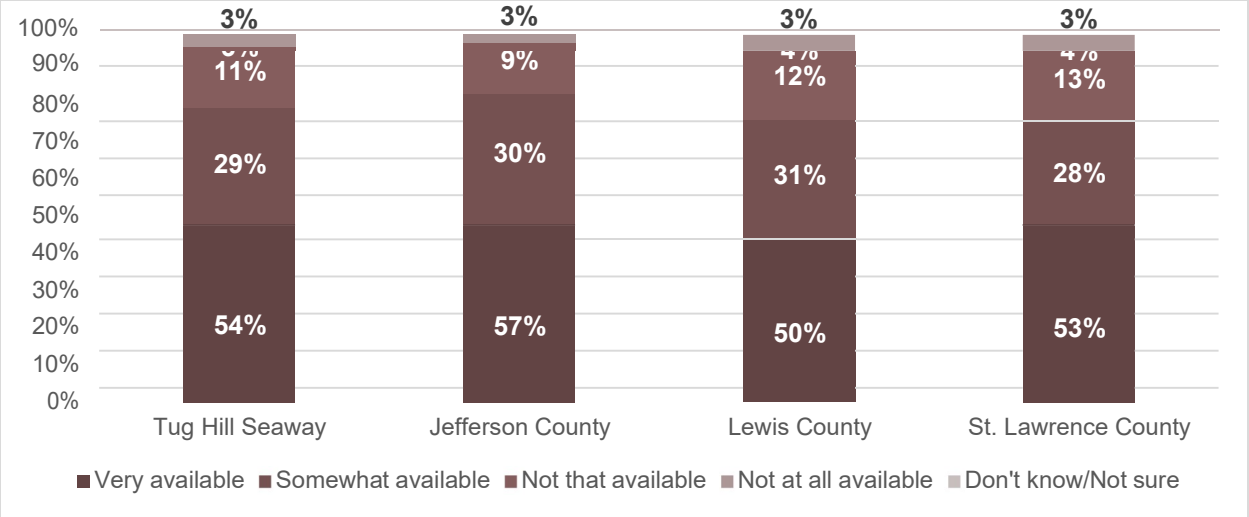
Figure 19: When you need to go somewhere that you can only reach by automobile, how often do you have difficulty arranging transportation?



A large majority of Jefferson County residents report that when they need to go somewhere that can only be reached by automobile, they “never” have difficulty arranging transportation (67% in the county).

Demographic subgroups less likely to say that they never have difficulty arranging transportation include males, those under the age of 35, those without college education, racial minorities, households affiliated with active military, those identifying as LGBTQIA+, rural residents, households with under $50,000 annual income (especially households with under $25,000), insured, Medicaid beneficiaries, and Tricare beneficiaries.

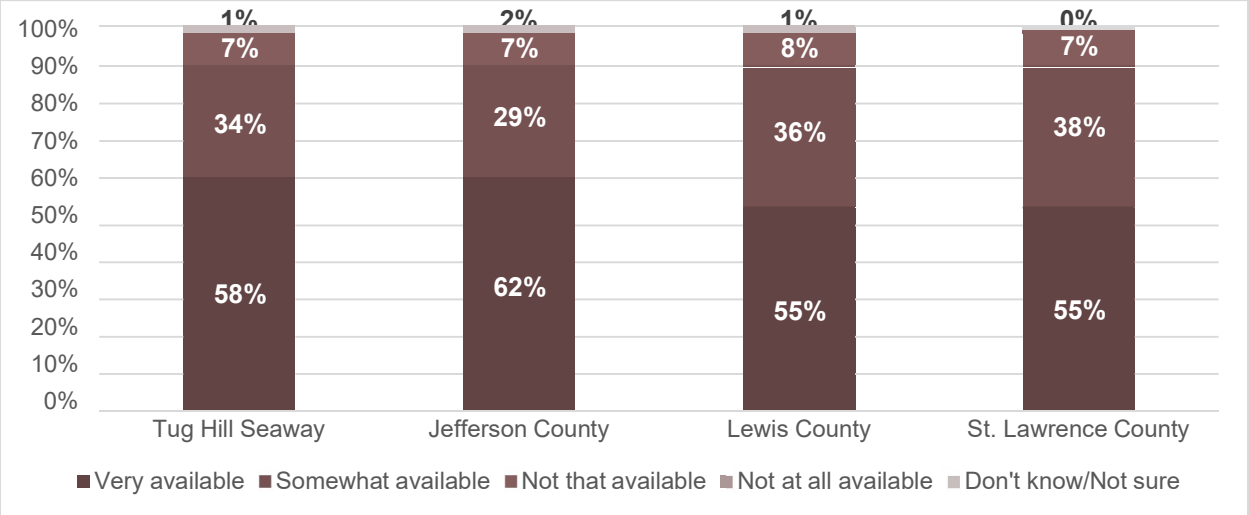
Figure 20: How would you rate your family' s access to places where you can walk and exercise, either indoors or outdoors?



Jefferson County residents in 2022 continue to be more satisfied than not with the availability of their family's access to places where they can walk and exercise, either indoors or outdoors (“Very Available” rate of 57% in the county). Only approximately 3% of participants in 2022 indicate that they believe that this availability is “Not at All Available”.

Demographic subgroups more likely to say access is “not at all available” include persons with a disability and caregivers.

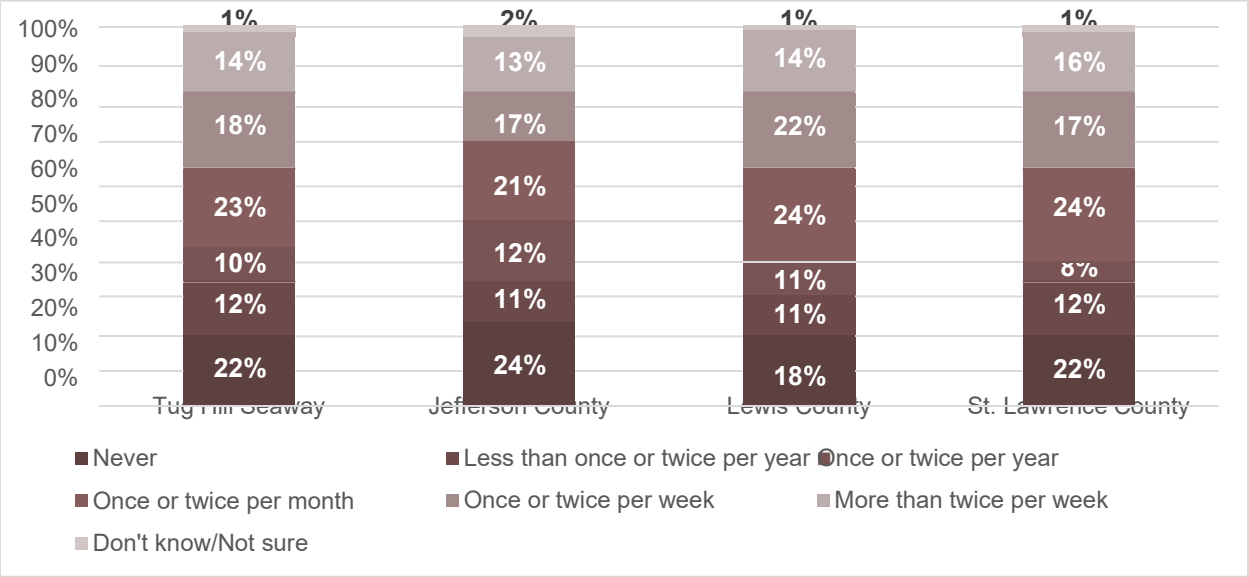
Figure 21: How would you rate your family' s access to healthy foods, including fruits and vegetables?



Jefferson County residents in 2022 continue to indicate satisfaction with the availability of their family's access to healthy foods, including fruits and vegetables (“Very Available” rate of 62% in the county). Approximately 2% of participants in 2022 indicate that they believe that this type of healthy food access is “Not at All Available”.

Demographic subgroups more likely to say access is “not at all available” include males, those between the ages of 35-54, persons with a disability, households with under $50,000 annual income, Medicaid beneficiaries, non-Medicare beneficiaries, and non-Tricare beneficiaries.

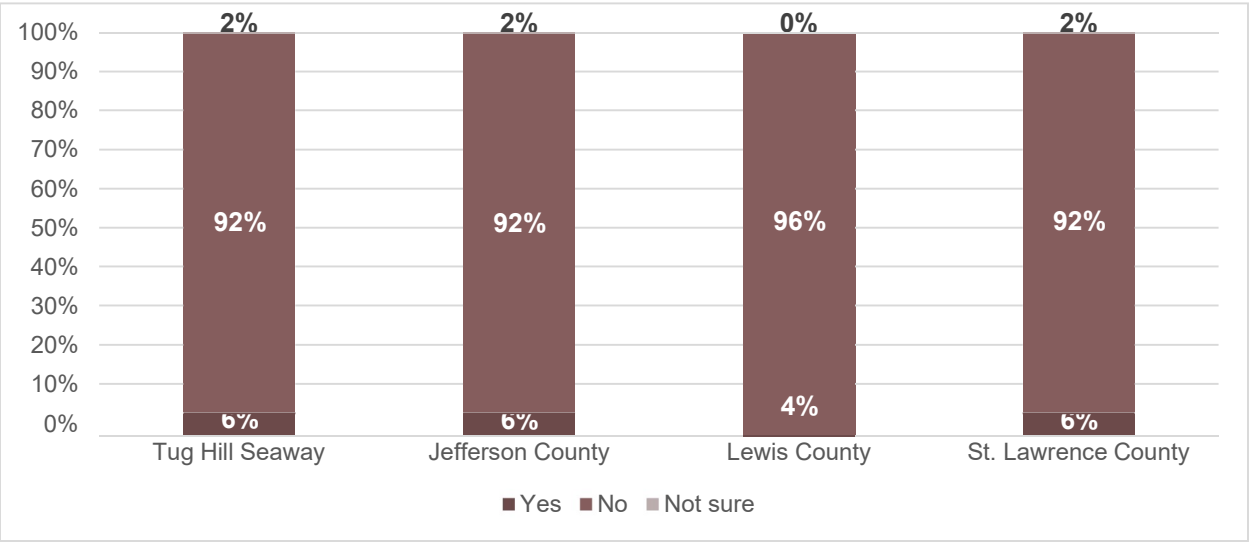
Figure 22: How frequently do you have any kind o f drink containing alcohol?



Approximately three-quarters of adults in 2022 indicate that they drink alcohol ("Never drink alcohol" rate is 24% in the county). Approximately three-tenths of adults currently indicate that they drink alcohol at least 1-2 times per week or more (30% in the county).

Demographic subgroups more likely to report drinking alcohol "more than twice a week" include males, those with a 4+ year degree, white persons, households with either a Veteran or no military affiliation, non-rural residents, households with over $75,000 annual income, uninsured, and non-Tricare beneficiaries.

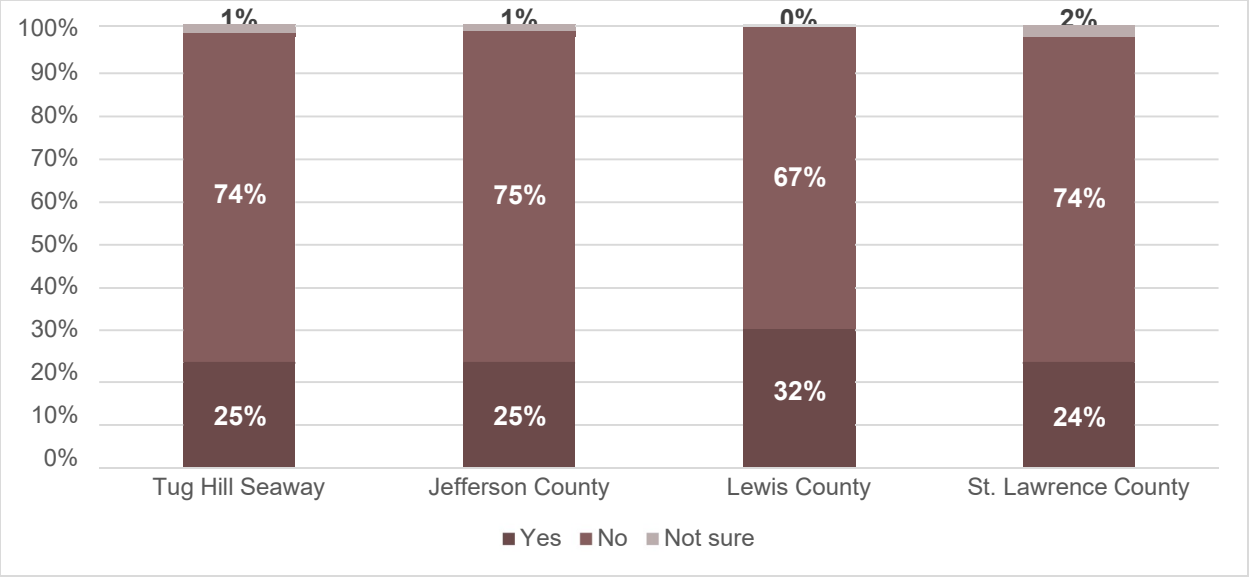
Figure 23: Within the past year, has anyone in your household been personally affected by opiate abuse or addiction?



About one-in-fifteen Jefferson County residents report that within the past year, someone in their household been personally affected by opiate abuse or addiction. (6% in the county).

Demographic subgroups more likely to say that somebody in the household has been impacted by opiate use include Medicaid beneficiaries, non-Medicare beneficiaries, and non-Tricare beneficiaries.

Figure 24: Did you regularly provide care or assistance to a friend or family who has a health problem or disability in past year?



Approximately one out of every four Jefferson County residents (25%) within the past year regularly provided care or assistance to a friend or family member who has a health problem or disability.

Demographic subgroups more likely to have provided care include those between the ages of 35-74, white persons, households with either a Veteran or no military affiliation, non-rural residents, persons with a disability, and non-Tricare beneficiaries.

Rural Northern Border Regional Assessment

Introduction

Made possible through HRSA grant funding, the Tug Hill-Seaway Valley Northern Border Consortium was formed to identify rural healthcare gaps and challenges in the rural designated areas of Jefferson, Lewis, and St. Lawrence counties. Consortium members represent stakeholders working in healthcare, including community-based organizations, public health agencies, and health planning organizations. The consortium conducted a series of focus group sessions and key informant interviews throughout rural designated areas of the region to gain insight into current healthcare challenges and identify unmet needs.

Qualitative data was obtained through a series of key informant interviews and focus groups sessions. The data obtained was used to create a report of findings highlighting current challenges as well as unmet and under-met healthcare needs. The information in this report will help to inform future strategies to mitigate barriers and challenges.

Background

Jefferson County is a HRSA-designated Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services, with portions of the county designated as Medically Underserved Areas (MUAs) for primary care. These shortages and other healthcare-related issues have been further exacerbated by the COVID-19 pandemic, an aging population, and a continued increase in the number of young adults leaving the county seeking work in larger urban areas. A unique aspect of the county is its proximity to the Fort Drum 10th Mountain Division, the only division-level U.S. Army installation without its own inpatient hospital. Soldiers and families of the Fort Drum Army base rely on local healthcare entities for their healthcare needs, which places additional demand on the existing healthcare workforce.

Purpose

The purpose of this study is to Identify key issues and challenges in our rural healthcare system to enable stakeholders to make informed decisions and implement effective strategies towards mitigating healthcare-related barriers and challenges. The purpose of the study was achieved in that research provided detailed discussions and subsequent insights into the nature and extent of healthcare related issues experienced in the county.

Methodology

The Fort Drum Regional Health Planning Organization conducted key informant interviews and focus group sessions seeking perceptions, opinions, ideas, and beliefs about the current state of healthcare services and related issues. This report presents a summary of these findings.

A total of 6 key informants were interviewed including community members and stakeholders within the existing system of services. Informants included individuals with expertise or first-hand knowledge in the following areas: pharmacies, hospitals, primary care locations, community-based organizations, public health agencies, school districts, social services, peer support groups, mental health clinics. Informants were made aware that participation was voluntary and that a summary of findings would be shared with the consortium and eventually made public. Interviews were conducted by FDRHPO staff using a standard interview script.

Three 90-minute focus groups were conducted with community members in the county. Participants were recruited through onsite and online promotions. Participants were vetted to ensure they lived or worked in a rural setting. Due to COVID-19 complications, most focus group sessions, and all key informant

interviews were conducted virtually via Zoom teleconference. Two of the eight focus group sessions were conducted in person: one in Alexandria Bay, NY, and the other in Lowville, NY. All three counties were represented in the focus group sessions and key informant interviews.

Key Informant Interview Schedule (13 interviews, 13 participants):

KII	County	Date	Venue	KII TYPE
Key Informant 1	Lewis	3/2/2022	Zoom Virtual	Education
Key Informant 2	Lewis	3/11/2022	Zoom Virtual	Social Services
Key Informant 3	St. Lawrence	3/11/2022	Zoom Virtual	Family Practice
Key Informant 4	St. Lawrence	3/11/2022	Zoom Virtual	Social Services
Key Informant 5	Lewis	3/16/2022	Zoom Virtual	Education
Key Informant 6	Lewis	3/18/2022	Zoom Virtual	Social Services
Key Informant 7	St. Lawrence	3/18/2022	Phone	Community Services
Key Informant 8	St. Lawrence	3/18/2022	Zoom Virtual	Family Practice
Key Informant 9	Jefferson	3/21/2022	Zoom Virtual	Mental Health
Key Informant 10	Lewis	3/21/2022	Zoom Virtual	Case Coordinator
Key Informant 11	Lewis	3/24/2022	Zoom Virtual	Family Practice
Key Informant 12	Jefferson	3/28/2022	Zoom Virtual	Case Coordinator
Key Informant 13	Jefferson	3/28/2022	Zoom Virtual	Education

Focus Group Schedule (8 groups, 27 participants):

#	County	Date	Time	Location
1	St. Lawrence	4/13/2022	5:30 PM	Zoom Virtual Session
2	Lewis	4/18/2022	9:30 AM	Zoom Virtual Session
3	Jefferson	4/19/2022	1:30 PM	Zoom Virtual Session
4	Jefferson	4/20/2022	5:30 PM	Zoom Virtual Session
5	Lewis	4/21/2022	5:30 PM	Zoom Virtual Session
6	St. Lawrence	4/22/2022	1:30 PM	Zoom Virtual Session
7	Lewis	6/9/2022	11:00 AM	NRCIL in Lowville, NY
8	Jefferson	6/30/2022	1:00 PM	River Hospital in Alexandria Bay, NY

Statement of Limitations

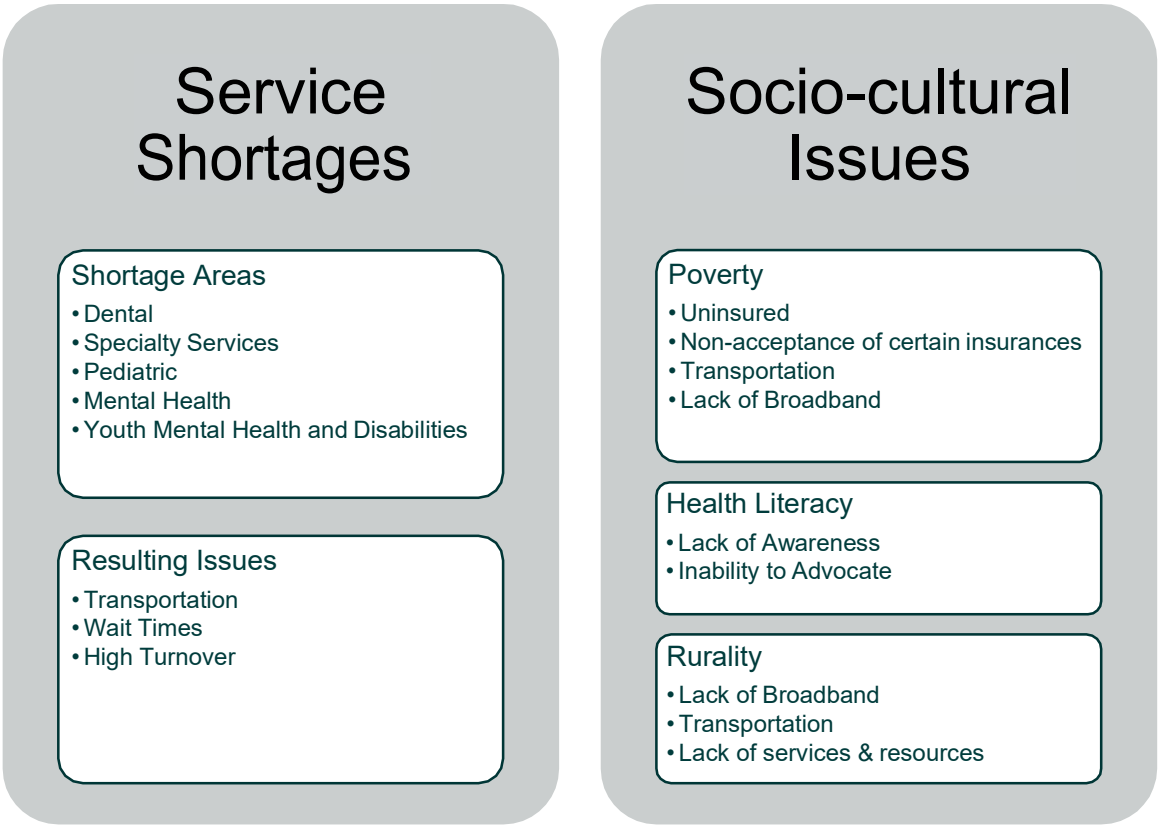
Qualitative research findings were limited to the perspectives and opinions provided. It is likely that all perspectives were not identified in this report. Some research questions were designed to elicit personal experiences while others were tailored to professional perspectives. Despite limitations inherent in qualitative research methods, this report provides an in-depth insight into the perspectives and experiences of those affecting and affected by the current healthcare system in the rural areas of Jefferson, Lewis, and St. Lawrence counties.

Focus groups and key informant interviews seek to develop insight and direction, rather than quantitatively precise measures. Due to the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference. The reader is reminded that this report is intended to clarify complex issues and point out the direction for future research. The data presented here cannot be projected to a universe of similar respondents. The value of focus groups and key informant interviews lies in their ability to provide observers with unfiltered comments from a segment of the target population and for the decision-makers to gain insight into the beliefs, attitudes, and perceptions of their consumer base.

Summary

This section of the report summarizes the findings from key informant interviews and focus group sessions. An in-depth analysis, complete with respondent verbatim, can be found in an upcoming full report of findings. A number of key themes and insights emerged from this study. For the key informant interviews, issues and challenges are categorized into two main categories: service shortages, and socio-cultural issues.

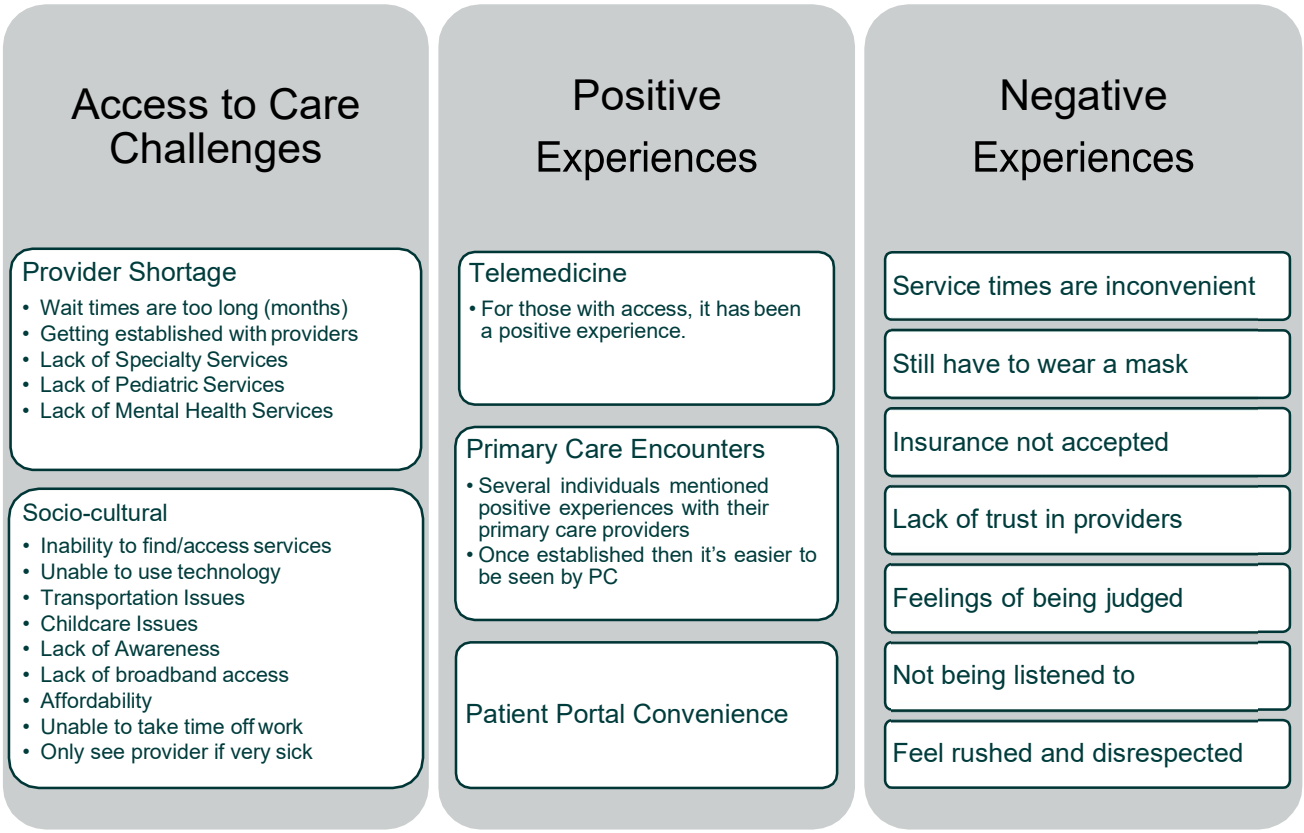
Key Informants



Most informants noted that service shortages existed in numerous healthcare sectors, the most prominent being specialty services, dental care, pediatric care, and mental health services. Resulting issues included transportation, and high provider turnover. The biggest issue resulting from the service shortages was wait times.

A number of socio-cultural issues were mentioned, most related to socio-economic status. Other issues included a lack of health literacy and awareness or services. Several issues and challenges related to the rurality of the county were mentioned, such as the proximity of services and resulting transportation issues, as well as the absence of internet or cellular coverage for telemedicine.

Focus Group Participants



Responses from focus group participants were similar to the key informant responses. Provider shortages in multiple sectors are causing excessive wait times. In some cases, patients have to wait 6 or 7 months to be seen by a provider. Several participants felt overwhelmed while using the internet to locate available providers. Others noted that they have no access, or limited access, to online or cellular services.

Some expressed positive experiences with recent healthcare experiences, such as the convenience of telemedicine, and the usage of patient portals to communicate with providers. Participants had mixed experiences with their primary care providers. Several participants mentioned positive experiences with their primary care provider while others described their general experiences as negative. Those who had negative experiences felt like they were being rushed, dismissed, or judged by their providers.

Similar to responses from key informants, focus group participants described a number of socio-economic issues including lack of affordability, insurance denials, transportation, childcare barriers, and job-related conflicts.

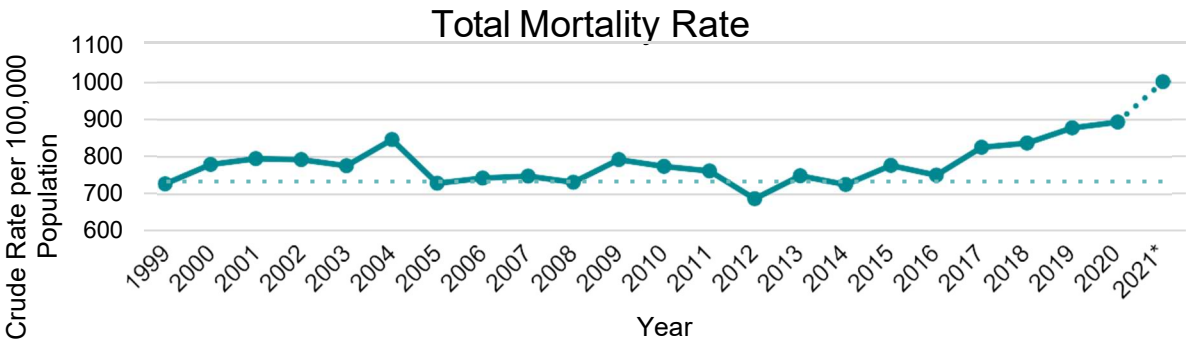
Overview of Access Barriers

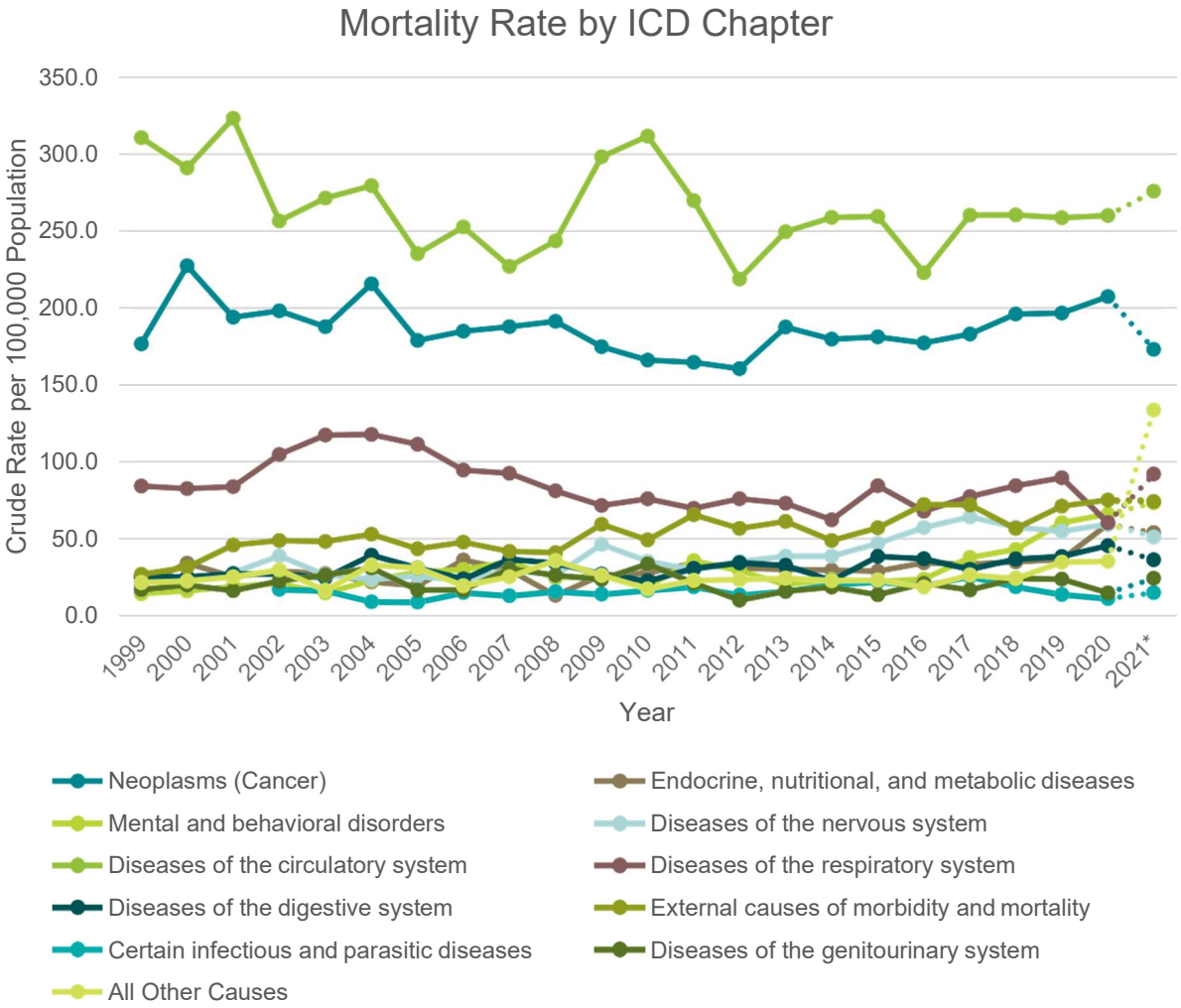
Access-to-Care Barriers in the county:

- Transportation
    - Primarily among lower income individuals and families in deep rural areas of the county.
- Inability to Pay (no Insurance Coverage)
- Poor Access to Dental Mental Health, and Specialty Care, especially for youth.
    - Patients often have to travel hours out of the county for care
        - Forces them to take unpaid days off to see a provider
- Mental Health Services (and SUD services)
    - Wait times are extraordinarily long (sometimes months)
    - Sometimes have to travel out of the county for services
- Digital Connectivity Challenges
    - Some cannot afford smart phones or computers
    - Cellular reception or internet access in rural areas is inadequate
    - Some patients lack the knowledge to use technology for telemedicine visits
- Health Literacy (advocate, finding information, coverage knowledge)
    - Some residents lack basic health and wellness knowledge
    - Some residents are not aware of available services in their counties
- Stigma of SUD and Mental Health

Mortality

The mortality rate in Jefferson County has been rising over time, especially in recent years. The sudden rise in mortality in the 2021 provisional data is most closely related to deaths caused by COVID-19. Generally, the primary drivers of the county's mortality rate are diseases of the circulatory system, cancer, and respiratory diseases.





Leading Causes of Death

There are a few key differences to note when reviewing the leading causes of death in Jefferson County compared to the tri-county region and the entire state. The clearest difference is that mortality rates in Jefferson County are generally higher than, if not equivalent to, the mortality rates of the region and the state. This is true in total and across the majority of causes.

Leading Causes of Death, 2016 -2020 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	239.1	281	235.6	699	216.5	55,820
Neoplasms (Cancer)	182.3	214	169.3	505	141.1	35,169
Diseases of the respiratory system	71.7	84	74.6	223	58.1	14,785
External causes of morbidity and mortality	69.7	77	62.2	155	50.4	10,676
Diseases of the nervous system	56.5	65	39.8	116	31.7	8,166
Mental and behavioral disorders	43.5	51	37.3	110	32.2	8,505
Endocrine, nutritional and metabolic diseases	37.8	44	42.6	126	28.1	6,985
Diseases of the digestive system	36.9	42	36.4	105	22.1	5,447
Diseases of the genitourinary system	19.6	22	19.8	58	14.4	3,698
Certain infectious and parasitic diseases	17.3	20	14.6	43	16.2	4,005
All other categories	24.5	31	30.9	85	50.6	12,067
Total mortality	774.3	901	732.1	2,140	610.8	153,256

When considering mortality by age, leading causes of mortality vary. Among the youngest age groups, those under the age of 45, external causes lead the death rates. Deaths in this category include unintentional injuries like car accidents and falls, as well as overdoses, and suicides. For those age 45-54, the leading causes of death include cancer, accidents , and heart diseases. The majority of deaths among those age 55-64 are related to cancer and cardiovascular disease, but also include chronic liver disease and diabetes. Deaths among those age 65-74 are primarily attributed to cancer as well as heart disease, but also include chronic lower respiratory diseases, cerebrovascular diseases, and diabetes. Leading causes of death among those 75-84 are essentially the same, with the addition of Alzheimer disease rounding out the list after diabetes. The list expands for those over the age of 85, with most deaths being caused by heart disease followed by cancer, cerebrovascular diseases, Alzheimer disease, chronic lower respiratory diseases, influenza and pneumonia, and complications of hypertension.

Conclusions

The data in this assessment points to a significant need to address issues concerning mental health across the entire population of Jefferson County, and especially among youth. Community members identify both increasing need and a lack of mental health resources in the county. The county faces high rates of mental distress, as well as high suicide rates.

The community could also benefit from continued efforts relating to chronic disease prevention, including improved physical activity and nutrition, tobacco cessation, and chronic disease management. With current access to care and healthcare workforce shortages, it is critical to leverage existing resources and continue collaboration across agencies.