

***2016 COMMUNITY SERVICE PLAN AND COMMUNITY HEALTH
ASSESSMENT***

JEFFERSON COUNTY, NEW YORK



***CYNTHIA NELSON
DIR. OF ADMINISTRATIVE SERVICES
315-482-1135
CNELSON@RIVERHOSPITAL.ORG
RIVER HOSPITAL, INC.
4 FULLER STREET
ALEXANDRIA BAY, NY 13607***

***STEPHEN JENNINGS, MS
PUBLIC HEALTH PLANNER
315-786-3710
STEVEJ@CO.JEFFERSON.NY.US
JEFFERSON COUNTY PUBLIC HEALTH
531 MEADE STREET
WATERTOWN, NY 13601***

***THROUGH COLLABORATIONS WITH
NORTH COUNTRY HEALTH COMPASS
PARTNERSHIP
FORT DRUM REGIONAL HEALTH
PLANNING ORGANIZATION
IAN GRANT, MPH
POPULATION HEALTH PROGRAM
MANAGER
315-755-2020
IGRANT@FDRHPO.ORG
120 WASHINGTON STREET, SUITE 230
WATERTOWN, NY 13601***

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Executive Summary

Prevention Agenda Priorities

The River Hospital 2016 Community Service Plan addresses two focus areas:

1. Prevent Chronic Disease: Reduce Obesity
2. Promote Mental Health and Prevent Substance Abuse: Strengthen Infrastructure Across Systems.

The disparity addressed within both of these focus areas will be low socioeconomic status.

Changes to Priorities

River Hospital's 2013 Community Service Plan included chronic disease initiatives as well as mental health and substance abuse goals and objectives, with low socioeconomic status identified as a disparity. River Hospital's 2016-2018 Community Service Plan will continue to focus on these two Prevention Agenda priorities and the low socioeconomic status disparity.

Data

The 2016 Tug Hill Seaway Region Community Health Assessment was used to review existing priorities and determine any new priorities to be identified. The 2016 Tug Hill Seaway Region Community Health Assessment for Jefferson, Lewis, and St. Lawrence Counties draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as 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; and from the 2016 Tug Hill Seaway Regional Community Health Survey, which was conducted by the Center for Community Studies at Jefferson Community College to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

Participation & Community Engagement

River Hospital engaged the community through its participation in the North Country Health Compass Partners regional coalition for population health, led by the Fort Drum Regional Health Planning Organization (FDRHPO). In addition to ongoing collaboration and consultation with community stakeholders through the North Country Health Compass Partners, FDRHPO consulted with members of the public directly to identify health needs and priorities through the 2016 Community Health Assessment Survey of Adult Residents. As priorities and strategies were formed, River Hospital staff engaged potential community partners in developing strategies to address needs within its selected focus areas.

Evidence-Based Interventions

Stakeholders reviewed strategies and activities outlined in the New York State Prevention Agenda 2013-2018 Action Plan to determine interventions appropriate for Jefferson County. Several factors were taken into account, including demographics, economics, geography and socioeconomic factors of

the county. Research was conducted to identify evidence-based strategies to reach performance indicators. Briefly, the following are selected strategies for each of the priorities:

1. Prevent Chronic Disease: Reduce Obesity
 - a. Promote screening, education and tracking in the primary care setting
 - b. Outreach Activities: Initiate health education series to community (i.e. diabetes, cardiovascular, women's health, etc.) and include children where appropriate
 - c. Promote referrals to Diabetes Prevention Program to reduce obesity
 - d. Discharge Planning: Patients who received follow up apt, med rec and patient education

2. Promote Mental Health and Prevent Substance Abuse: Strengthen Infrastructure Across Systems
 - a. Improve access to care for adult psychiatry regardless of payer
 - b. Promote access to child psychiatry through telemedicine
 - c. Create access to care for Intensive Outpatient Program for Veterans, while continuing to work with VA to improve the referral process
 - d. Plan for access to care for substance abuse patients
 - e. Promote integrated primary care and behavioral visits

Progress and Improvement Tracking

Process measures have been identified for each strategy and major activity. Due to the selection of evidence-based activities, evaluation and outcome measures will reflect the programs chosen. These include:

- Screening, education and tracking in the primary care setting (# of patients)
- Outreach Activities: Initiate health education series to community (i.e. diabetes, cardiovascular, women's health, etc.) and include children where appropriate (# of attendees)
- Referrals to Diabetes Prevention Program to reduce obesity (# of referrals)
- Discharged Planning - patients who received follow up apt, med rec and patient education (# of patients)
- Improved access to care for adult psychiatry regardless of payer (# of patients compared to previous period)
- Access to child psychiatry through telemedicine (# of patients compared to previous period)
- Create access to care for Intensive Outpatient Program for Veterans, while continuing to work with VA to improve the referral process (# of patients compared to previous period)
- Planning for access to care for substance abuse (# of patients compared to previous period)
- Promote integrated primary care and behavioral visits (# of patients compared to previous period)

Service Area

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 2015, the county's population was 117,635 people according to U.S. Census Bureau Annual Population Estimates, 2015. 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.

River Hospital is located 100 miles north of Syracuse and the service area is the northern region of Jefferson County and south western area of St. Lawrence County. A distinctive feature of the region's healthcare system is that it is interconnected with care for soldiers and civilians stationed at Fort Drum, which is the only division-sized or larger U.S. Army installation that relies exclusively on off-post hospitals. Most specialty care and all inpatient care for tens of thousands of Tricare beneficiaries in the region, primarily in Jefferson County, are provided by civilian hospitals and healthcare clinicians.

Results of the 2016 Tug Hill Seaway Region Community Health Assessment show most of Jefferson County residents agree that they are working to improve their health and are confident that they can improve their health. The 2013-2014 EBRFSS survey found that almost one-third of Jefferson County adults were obese, several percentage points higher than the statewide average. Another third of adult residents were overweight. The percentage of obese children is nearly one-fifth, with nearly one-fifth more overweight, both also exceeding statewide averages. Obesity is a risk factor for heart disease, stroke, many forms of cancer, diabetes, and kidney disease, and could overtake smoking as the leading cause of preventable death within the next decade. The combined share of overweight or obese adults in Jefferson County is growing, and this trend threatens to reverse progress that the county has made over the past decade toward reducing its rate of deaths before age 65 to less than the statewide average.

Over the most recent five years of available data, the region's age-adjusted mortality rate has declined primarily because of reductions in age-adjusted mortality within the region's three leading causes of death: Circulatory disease, cancer, and respiratory disease. This mirrors declines that have taken place across the tri-county Tug Hill Seaway Region, New York State, and the United States over the past three decades. Compared to statewide benchmarks, residents of the region have higher rates of age-adjusted mortality for most disease categories. According to the NY State Vital Statistics Data, the widest disparities are in the categories responsible for the most deaths: Cardiovascular disease, cancer, and respiratory disease. External cause mortality is also higher, which is typical for a rural area. Some of the main drivers of higher deaths due to external causes in rural areas compared to urban and suburban areas are motor vehicle deaths, because residents drive long distances; and occupational injuries, because a larger share of residents work in manual occupations with higher risks of physical injury. Rural areas also tend to have higher rates of suicides and longer emergency response and transport times.

Data

December 2016

NYSDOH

The NY State 2013-2018 Prevention Agenda has been used as a basis to develop this health improvement Community Service Plan. River Hospital and Jefferson County Public Health Department selected disparities in collaboration with partnering health care facilities of the North Country. The 2016 Tug Hill Seaway Region Community Health Assessment was used to review existing priorities and determine any new priorities to be identified. The 2016 Tug Hill Seaway Region Community Health Assessment for Jefferson, Lewis, and St. Lawrence Counties draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as 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; and from the 2016 Tug Hill Seaway Regional Community Health Survey, which was conducted by the Center for Community Studies at Jefferson Community College to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

Priorities and Community Engagement

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Interventions

| <u>Goal</u> | <u>Outcome Objectives</u> | <u>Interventions/ Strategies/ Activities (Evidence Based)</u> | <u>Process Measures</u> | <u>Partner Role</u> | <u>By When/ Time Period</u> |
|---|--|--|---|--|---|
| Prevent Chronic Disease | Focus to Reduce Obesity | 1. Screening, education and tracking in the primary care setting | # Patients | | Ongoing |
| | | 2. Outreach Activities: Initiate health education series to community (i.e. diabetes, cardiovascular, women’s health, etc.) and include children where appropriate | # Attendees | | Ongoing |
| | | 3. Referrals to Diabetes Prevention Program to reduce obesity | # Patients | Explore potential for coordinating DPP classes to leverage nutrition education with CHMC | Initiated 9/2016 |
| | | 4. Discharged Planning - patients who received follow up apt, med rec and patient education. | # Patients | | Ongoing |
| Promote Mental Health & Substance Abuse | Focus on Strengthening Infrastructure Across Systems | 1. Improved access to care for adult psychiatry regardless of payer | Patient Volumes Compared to Previous Period | | Ongoing |
| | | 2. Access to child psychiatry through telemedicine | Patient Volumes Compared to Previous Period | Upstate Medical Hospital for tele-psychiatry | Ongoing |
| | | 3. Create access to care for Intensive Outpatient Program for Veterans, while continuing to work with VA to improve the referral process | Patient Volumes Compared to Previous Period | Veteran’s Administration for contract and referrals for care | Initiate group sessions in IOP setting by June 2017 |
| | | 4. Planning for access to care for substance abuse | Patient Volumes Compared to Previous Period | DOH for Limited Review Application/Waiver | Initiate services by June 2017 |
| | | 5. Promote integrated primary care and behavioral visits | Patient Volumes Compared to Previous Period | | Ongoing DSRIP Initiative |

Maintaining Engagement

In addition to taking an active part in the North Country Health Compass Partnership and continued participation in the North Country Initiative of six regional hospitals, River Hospital administration is pro-active and recognizes the importance of collaboration to improve health outcomes. River Hospital will continue to work in unison with the health care system throughout the North Country to improve health outcomes and reduce the reliance upon emergency and inpatient services. River Hospital participates in risk assessment for re-admission and performs discharge planning on each patient. Monitoring will continue for DSRIP measures and progress will be tracked to identify areas of corrections when necessary.

Dissemination to the Public

River Hospital will disseminate its Community Service Plan the public on its website, www.riverhospital.org. A press release will be submitted to the local newspaper to advise the community served by the hospital that an updated Community Health Assessment has been conducted.

Jefferson County Community Health Assessment

December 2016

Prepared by the Fort Drum Regional Health Planning Organization

In cooperation with:

Jefferson County Public Health Service
North Country Health Compass Partners



"Building a Strong North Country Healthcare System"

Background

FDRHPO serves as the Population Health Improvement Plan lead organization for the Tug Hill Seaway region, which comprises Jefferson, Lewis, and St. Lawrence Counties. The New York State Department of Health established the Population Health Improvement Program in 2015 to promote the Triple Aim of better care, improved population health, and lower health care cost through regional contractors that convene stakeholders and establish neutral forums for identifying, sharing, spreading, and implementing best practices and strategies for promoting population health and reducing disparities in health care in their regions.¹

These regional contractors are tasked with meeting these goals by encouraging collaboration among their partners – which include hospitals, public health departments, community organizations, and other stakeholders – and by providing these partners with data, analysis, and potential strategies for addressing health problems and disparities within their regions. In the Tug Hill Seaway region, collaboration continues under the auspices of the North Country Health Compass Partners, a collaborative group working for regional health improvement established by FDRHPO in 2013 with support from the New York State Office of Rural Health’s Rural Health Network Development Grant.²

One of FDRHPO’s objectives as PHIP lead for the Tug Hill Seaway region is to align population health improvement priorities based on the New York State Prevention Agenda by coordinating with local health departments to develop community health assessments and community health improvement plans, and with hospitals to develop community service plans throughout the 2016-2018 community health assessment cycle.

¹ For more information on the Population Health Improvement Program, refer to the New York State Department of Health’s website for the program at https://www.health.ny.gov/community/programs/population_health_improvement/

² For more information on the North Country Health Compass Partners, additional data describing the state of population health in the Tug Hill Seaway Region, and resources for organizations concerned with improving population health, visit the North Country Health Compass at <http://www.ncnyhealthcompass.org/>

Introduction

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

The New York State Department of Health (NYSDOH), through Article 6 of the Public Health Law, provides state aid to county health departments for the provision of general public health services within their jurisdictions. Community health assessments are one of five core activities funded under the Article 6 program. Furthermore, the community health assessment process is required by New York State to develop data-driven local strategies that enable communities to improve health outcomes and advance statewide goals for 2018 articulated in the NYSDOH Prevention Agenda. As of 2016, this process occurs concurrently with the three-year community service plan cycle that the Internal Revenue Service mandates for non-profit hospitals based on requirements included in the Patient Protection and Affordable Care Act.

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

The Prevention Agenda is the state department of health's plan for improving the health of New Yorkers and reducing racial, ethnic, disability, and wealth or income-based disparities in health. The five Prevention Agenda priorities for 2018 are (1) prevent chronic disease; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and children; (4) promote mental health and prevent substance abuse; and (5) prevent sexually transmitted infections, vaccine-preventable diseases, and healthcare-associated infections. An additional set of objectives included in the Prevention Agenda is to reduce health disparities across all priority areas and improve the overall health status of communities.³

This assessment draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator Reports, the Expanded Behavioral Risk Factor Surveillance System, and Prevention Agenda Dashboards; and from the 2016 Tug Hill Seaway Regional Community Health Survey, which was conducted by the Center for Community Studies at Jefferson Community College to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

³ For more information on the New York State Prevention Agenda, refer to the program's website at https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm

Jefferson County

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 2015, the county's population was 117,635 people.⁴ The county's population has grown an average of 0.2% since 1990, following the rapid addition of over 23,000 residents during the 1980s, when the 10th Mountain Division was assigned to Fort Drum.⁵

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 27,590. The two on-post zip codes for Fort Drum (13602 and 13603) contain over 14,000 residents. The Carthage zip code (13619) – including the villages of Carthage, West Carthage, and their vicinities - contains another 10,706 people. Most of the county's population lives within five miles of either Watertown or a gate to Fort Drum.⁶

Other populated places in the county include the villages of Dexter, Brownville, 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; Evans Mills and Philadelphia, along Route 11 to the north; and Depauville, La Fargeville, and Theresa in the county's northern interior.

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

Jefferson County is served by three hospitals:⁷

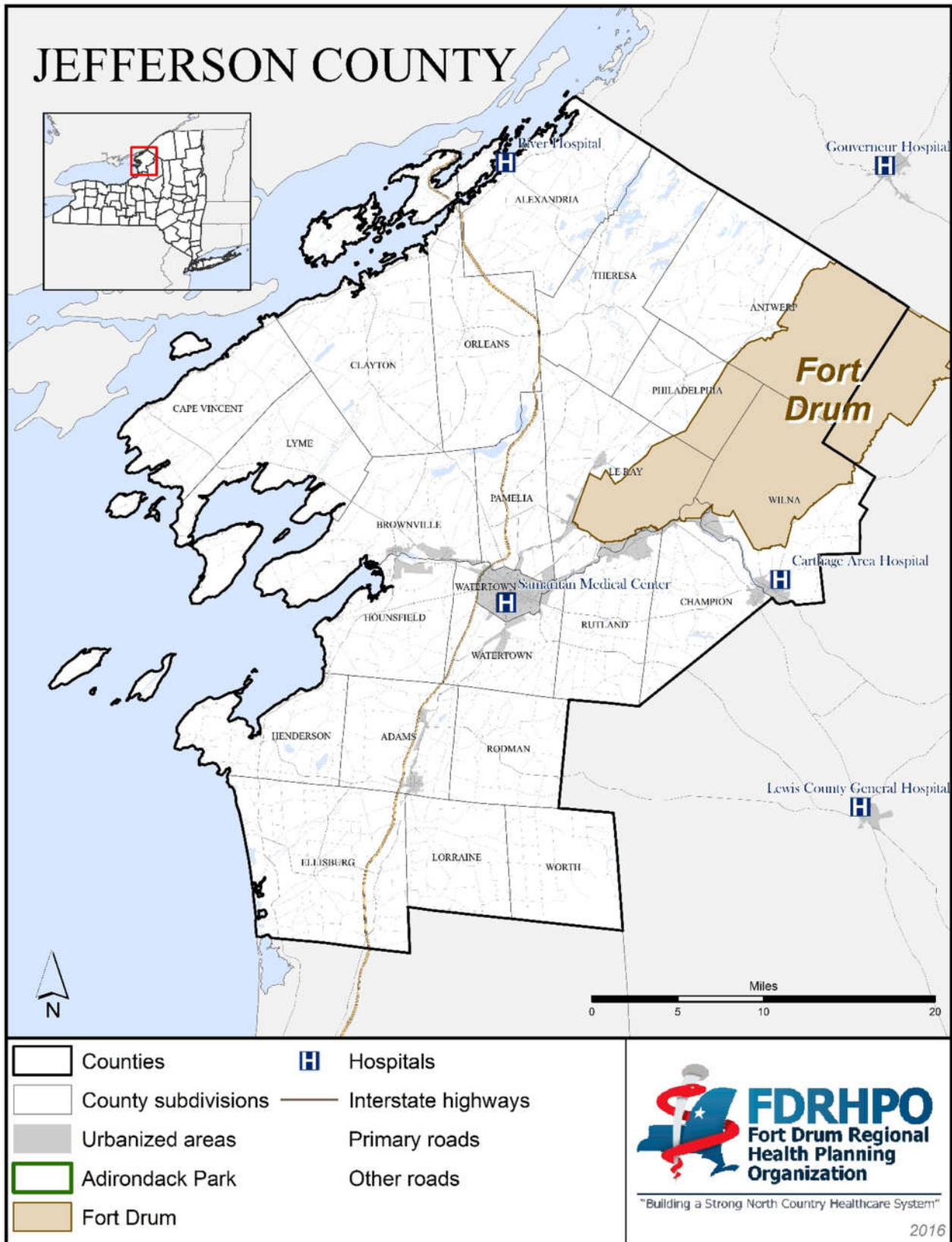
- Carthage Area Hospital, a 35-bed critical access hospital in Carthage
- River Hospital, a 15-bed not-for-profit critical access hospital in Alexandria Bay
- Samaritan Medical Center, a 290-bed not-for-profit hospital in Watertown

⁴ U.S. Census Bureau Annual Population Estimates, 2015

⁵ U.S. Census Bureau, Decennial Census, 1980-2010, and Annual Population Estimates, 2015

⁶ American Community Survey Five-Year Estimates, 2010-2014

⁷ New York State Department of Health: New York State Hospital Profiles at profiles.health.ny.gov/hospital/



Demographics

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

Jefferson County's population is 48% male and 52% female. This disparity is widest among residents from age 20 through age 34: Among 31,621 residents in this category, 57% are male, and 43% are female.

Jefferson County is more racially and ethnically diverse compared to other counties in the region. This is primarily on account of larger minority population shares in the City of Watertown and in and around Fort Drum. Most of the county's rural areas and small villages are over 90% non-Hispanic white, and the median non-Hispanic white resident lives in a census tract in which only 7% of his or her neighbors are members of other groups. The county's population is 84% non-Hispanic white alone, 7% Hispanic of any race, 5% non-Hispanic black alone, 3% two or more races, and 1% non-Hispanic Asian alone, with less than 1% from all remaining groups.

8% of residents speak a language other than English at home, and about half of them speak Spanish, with the remainder scattered across other languages and language families. Nearly four in five (79%) of those who speak another language at home speak English "very well."⁸

Religious attendance in Jefferson County is lower than most national estimates. Catholic adherents are the largest religious group, with 21,000 reported as of 2010 (18%). Mainline Protestants were the second largest group, with 10,000 adherents (9%, or about half of them, are Methodist). Evangelical Protestants were the third largest group, with 5,000 adherents (4%). Over 3,000 residents (3%) are members of other religious groups, and 77,000 (67%) are unclaimed by any religious body. By number of congregations, Methodists (34) are most common, followed by Catholic (23), Presbyterian (10), Baptist (9), and Episcopalian (9). Rates of adherence are falling, primarily because the number of Catholics and Methodists declined by nearly one-third between 2000 and 2010, although smaller church groups increased in membership or had no meaningful decline over the same period.⁹ 27% of county residents report regular attendance at religious or spiritual activities, and rates of attendance are much higher among older age groups.¹⁰

89% of Jefferson County residents over age 24 have a high school diploma or equivalent. 21% have a bachelor's degree or higher, and 9% have a graduate or professional degree. Women (37%) are markedly more likely than men (29%) to have at least an associate's degree. There is a strong inverse correlation between educational attainment and poverty: 30% of those without a high school diploma or higher in Jefferson County live in poverty, compared to 13% of high school graduates and only 4% of those with a four-year degree.¹¹

⁸ American Community Survey Five-Year Estimates, 2010-2014

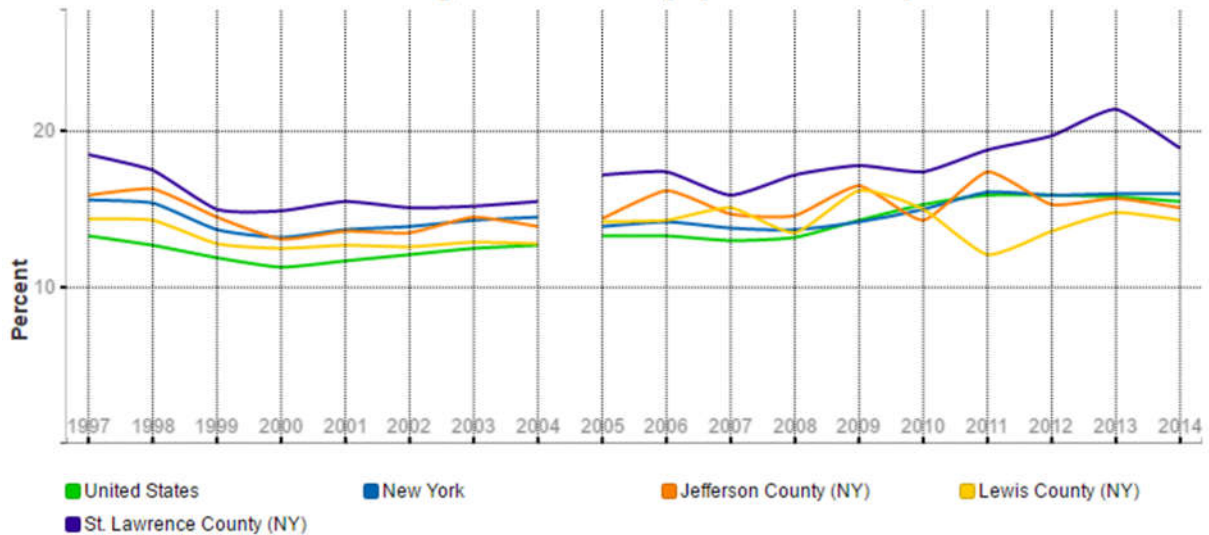
⁹ Association of Religion Data Archives, 2010

¹⁰ 2016 Tug Hill Seaway Region Community Health Survey – See Appendix

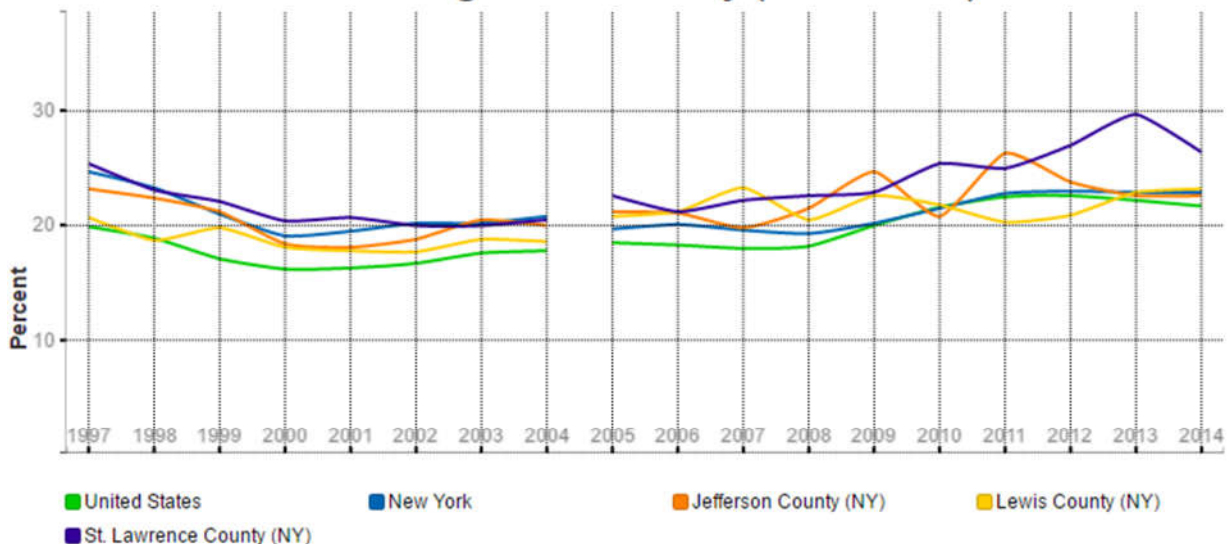
¹¹ American Community Survey Five-Year Estimates, 2010-2014

In 2014, the poverty rate in Jefferson County was 15%, and the poverty rate for children was 23%. These levels are high compared to most of the past twenty-five years, but slightly lower than those recorded in the years immediately following the 2008 recession. Median household income is \$49.7k. This is lower than the national average, but higher compared to neighboring counties.¹² The most recent available unemployment rate for Jefferson County is 5.4%, which is slightly higher compared to the statewide average of 5.1% but no higher than neighboring counties. This is almost unchanged (-0.1%) compared to the previous year.¹³

All Ages in Poverty (1997 - 2014)



Under Age 18 in Poverty (1997 - 2014)



Visualizations from the U.S. Census Bureau Small Area Income & Poverty Estimates Tool

¹² U.S. Census Bureau Small Area Income and Poverty Estimates

¹³ Bureau of Labor Statistics Local Area Unemployment Statistics

Jefferson County Demographics Summary

Source: American Community Survey Five-Year Estimates (2010-2014)

| Jefferson County, New York | | | |
|--|-----------|--------------|-------------------|
| | Count (#) | Percent (%) | % Margin of Error |
| Sex and Age | | | |
| Total population | 118,885 | 100.0% (X) | |
| Male | 61,515 | 51.7% +/-0.1 | |
| Female | 57,370 | 48.3% +/-0.1 | |
| Under 5 years | 10,219 | 8.6% +/-0.1 | |
| 5 to 9 years | 8,463 | 7.1% +/-0.3 | |
| 10 to 14 years | 7,092 | 6.0% +/-0.3 | |
| 15 to 19 years | 7,268 | 6.1% +/-0.2 | |
| 20 to 24 years | 12,094 | 10.2% +/-0.2 | |
| 25 to 34 years | 19,520 | 16.4% +/-0.1 | |
| 35 to 44 years | 14,204 | 11.9% +/-0.1 | |
| 45 to 54 years | 14,381 | 12.1% +/-0.1 | |
| 55 to 59 years | 6,209 | 5.2% +/-0.3 | |
| 60 to 64 years | 5,760 | 4.8% +/-0.3 | |
| 65 to 74 years | 7,527 | 6.3% +/-0.1 | |
| 75 to 84 years | 4,284 | 3.6% +/-0.2 | |
| 85 years and over | 1,864 | 1.6% +/-0.2 | |
| Median age (years) | 31.9 (X) | (X) | |
| 18 years and over | 88,862 | 74.7% +/-0.1 | |
| 21 years and over | 83,853 | 70.5% +/-0.3 | |
| 62 years and over | 16,844 | 14.2% +/-0.2 | |
| 65 years and over | 13,675 | 11.5% +/-0.1 | |
| 18 years and over | 88,862 | 100.0% (X) | |
| Male | 46,297 | 52.1% +/-0.1 | |
| Female | 42,565 | 47.9% +/-0.1 | |
| 65 years and over | 13,675 | 100.0% (X) | |
| Male | 6,020 | 44.0% +/-0.3 | |
| Female | 7,655 | 56.0% +/-0.3 | |
| Race and Ethnicity | | | |
| Total population | 118,885 | 100.0% (X) | |
| White alone, not Hispanic | 99,243 | 83.5% +/-0.1 | |
| Hispanic or Latino (of any race) | 7,809 | 6.6% +/-0.3 | |
| Black alone, not Hispanic | 5,825 | 4.9% +/-0.3 | |
| Two or more races, not Hispanic | 3,440 | 2.9% +/-0.4 | |
| Asian alone | 1,681 | 1.4% +/-0.2 | |
| American Indian alone, not Hispanic | 369 | 0.3% +/-0.1 | |
| Pacific Islander alone, not Hispanic | 294 | 0.2% +/-0.1 | |
| Some other race alone, not Hispanic | 224 | 0.2% +/-0.2 | |
| Education | | | |
| Population 25 years and over | 73,749 | 100.0% (X) | |
| Less than 9th grade | 1,991 | 2.7% +/-0.3 | |
| 9th to 12th grade, no diploma | 6,342 | 8.6% +/-0.7 | |
| High school graduate (includes equivalen | 25,148 | 34.1% +/-1.1 | |
| Some college, no degree | 16,151 | 21.9% +/-1.0 | |
| Associate's degree | 8,997 | 12.2% +/-0.7 | |
| Bachelor's degree | 8,702 | 11.8% +/-0.7 | |
| Graduate or professional degree | 6,416 | 8.7% +/-0.6 | |
| Percent high school graduate or higher | 65,489 | 88.8% +/-0.8 | |
| Percent bachelor's degree or higher | 15,119 | 20.5% +/-0.9 | |

Health Summary

Over the most recent four years of available data, Jefferson County's age-adjusted mortality rate has declined by 6.6%, falling from 805 per 100,000 standard population in 2011 to 755 in 2014. This decline occurred primarily because of reductions in age-adjusted mortality due to cardiovascular disease, respiratory disease, and external causes. This decline is consistent with reductions in mortality that have been taking place within the tri-county Tug Hill Seaway Region, New York State, and the United States over the past three decades.¹⁴

Hospitalizations and emergency department visits for Jefferson County residents have declined slightly. In 2011, there were 60,022 emergency department visits among residents of Jefferson County. In 2014, this had fallen to 59,774, a decrease of 0.4%. Non-emergency outpatient visits also declined, from 44,255 in 2011 to 43,286 in 2014, a decrease of 2.2%. Hospitalizations excluding newborns and pregnancies declined from 9,851 in 2011 to 9,008 in 2014, a decrease of 8.6%.¹⁵

Natality and Fertility

The fertility rate for women of childbearing age in Jefferson County is almost twice the average for New York State and almost 50% higher compared to the national rate. 7.6% of women between the ages of 15 and 50 have given birth within the past year, compared to 4.9% statewide. By age, younger women are more likely to have given birth within the past year and older women are somewhat less likely to have given birth within the past year compared to women statewide: 3.5% of women from age 15 to 19 have given birth within the past year (compared to 1.5% statewide), 12.9% of women from age 20 to 34 (compared to 7.9% statewide), and 2.2% of women age 35 to 50 (compared to 3.0% statewide).¹⁶

21% of births in Jefferson County are to unmarried women, which is much lower than the regional rate of 30%, the statewide average of 34%, and the national average of 35%. Most likely to be unmarried were women with births who have only a high school degree or less (70%), who are younger than 20 (60%), or who live in households below the poverty level (51%). Least likely to be unmarried were women with births who are 35 or older (14%), women with a bachelor's degree or higher (8%), and women in households that are above the poverty level (9%). The rate of unmarried births in Jefferson County declined slightly from 2011.¹⁷

8.0% of births in Jefferson County between 2011 and 2014 were premature. This was lower than the statewide rate of 9.1%, and lower than most counties in Upstate New York. The rate of premature births was lower than the statewide rate in every year from 2005 through 2014.¹⁸ 6.9% of births in Jefferson County from 2011 to 2014 were low birthweight (<2.5 kg) births. This was lower than the statewide-excluding NYC rate of 7.9% and consistent with rates across other Upstate counties. The share of low birthweight births has remained at or below the statewide-excluding-NYC average in every year since at least 2005.¹⁹

¹⁴ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC's WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.

¹⁵ 2011-2014 SPARCS data (NYSDOH)

¹⁶ American Community Survey Five-Year Estimates, 2011-2014

¹⁷ New York State Vital Statistics Data

¹⁸ 2012-2014 Vital Statistics Data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b39.htm>

¹⁹ 2012-2014 Vital Statistics Data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b36.htm>

As of 2014, 33% of births were the result of an unintended pregnancy. This was a slight decline from the percentage of unintended pregnancy births in 2011 (35%) but higher than the statewide-excluding-NYC rate of 27%. 62% of unintended pregnancy births were to women enrolled in Medicaid.²⁰

From 2012-2014, 5.3% of births were to women aged 25 years or older without a high school degree or equivalent. This was the lowest rate among the three counties in the region, one of the lowest among counties in Upstate New York, and lower compared to the statewide-excluding-NYC average of 10.3%. The rate has been stable between 5% and 7% since at least 2005.²¹

Mortality

Leading causes of death, 2010-2014 average

New York State Vital Statistics & CDC WONDER Compressed Mortality Database

| Cause of Death (ICD-10 Categories) | Jefferson County | | Tug Hill Seaway Region | | New York State | | United States | |
|--|---|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|
| | 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) | Rate (per 100,000 population, age adjusted) | Deaths (per year, average) |
| Cardiovascular disease | 277.2 | 304 | 263.0 | 2,028 | 232.2 | 54,167 | 226.1 | 792,814 |
| Neoplasms | 184.0 | 200 | 181.4 | 1,387 | 161.7 | 36,401 | 170.8 | 597,376 |
| Respiratory disease | 74.4 | 82 | 80.4 | 675 | 62.3 | 14,270 | 72.3 | 250,378 |
| External causes | 54.9 | 63 | 50.6 | 325 | 40.6 | 8,489 | 59.4 | 192,869 |
| Digestive disease | 30.5 | 33 | 31.0 | 241 | 21.9 | 4,968 | 27.4 | 96,006 |
| Mental, behavioral, & neurodevelopmental disorders | 27.5 | 30 | 29.7 | 235 | 30.3 | 7,308 | 40.4 | 142,430 |
| Endocrine, nutritional, & metabolic diseases | 31.6 | 34 | 31.4 | 234 | 25 | 5,660 | 30.5 | 106,371 |
| Nervous system diseases | 38.3 | 41 | 33.1 | 217 | 23.7 | 5,482 | 43.2 | 149,886 |
| Genitourinary diseases | 19.9 | 22 | 20.3 | 157 | 14.7 | 3,399 | 18.4 | 63,910 |
| Infectious and parasitic diseases | 17.9 | 20 | 15.8 | 108 | 21.5 | 4,868 | 19.9 | 69,165 |
| Other disease categories | 23.6 | 30 | 26.8 | 182 | 19.4 | 4,074 | 26.9 | 88,911 |
| Total mortality | 779.8 | 859 | 763.6 | 5,789 | 653.5 | 149,087 | 812.5 | 2,550,117 |

Jefferson County has a higher age-adjusted all-cause mortality rate than New York State. (See Table 7. Leading causes of death, 2010-2014 average.) This is true across age-adjusted death rates for most major disease categories: Jefferson County rates are 45.0 deaths per 100,000 higher than the statewide rate for cardiovascular disease, 22.3 deaths per 100,000 higher for cancer, 14.6 deaths per 100,000 higher for nervous system diseases, 14.3 deaths per 100,000 higher for external causes, 12.1 deaths per 100,000 higher for respiratory disease, and 18.2 deaths per 100,000 higher across all other disease categories. Infectious and parasitic diseases are 3.6 deaths per 100,000 lower compared to the state, and mental/emotional/neurodevelopmental disorders are 2.8 deaths per 100,000 lower compared to the state, the sole exceptions among disease categories containing more than 10 deaths in Jefferson County between 2010 and 2014.

In total, the age-adjusted death rate for Jefferson County is 126.3 deaths per 100,000 higher compared to the state, a difference of 19%. Between 2010 and 2014, this amounts to about 726 excess deaths compared to what would have occurred if the county’s age-adjusted death rate had been equal to the statewide average, or 126 excess deaths per year.²²

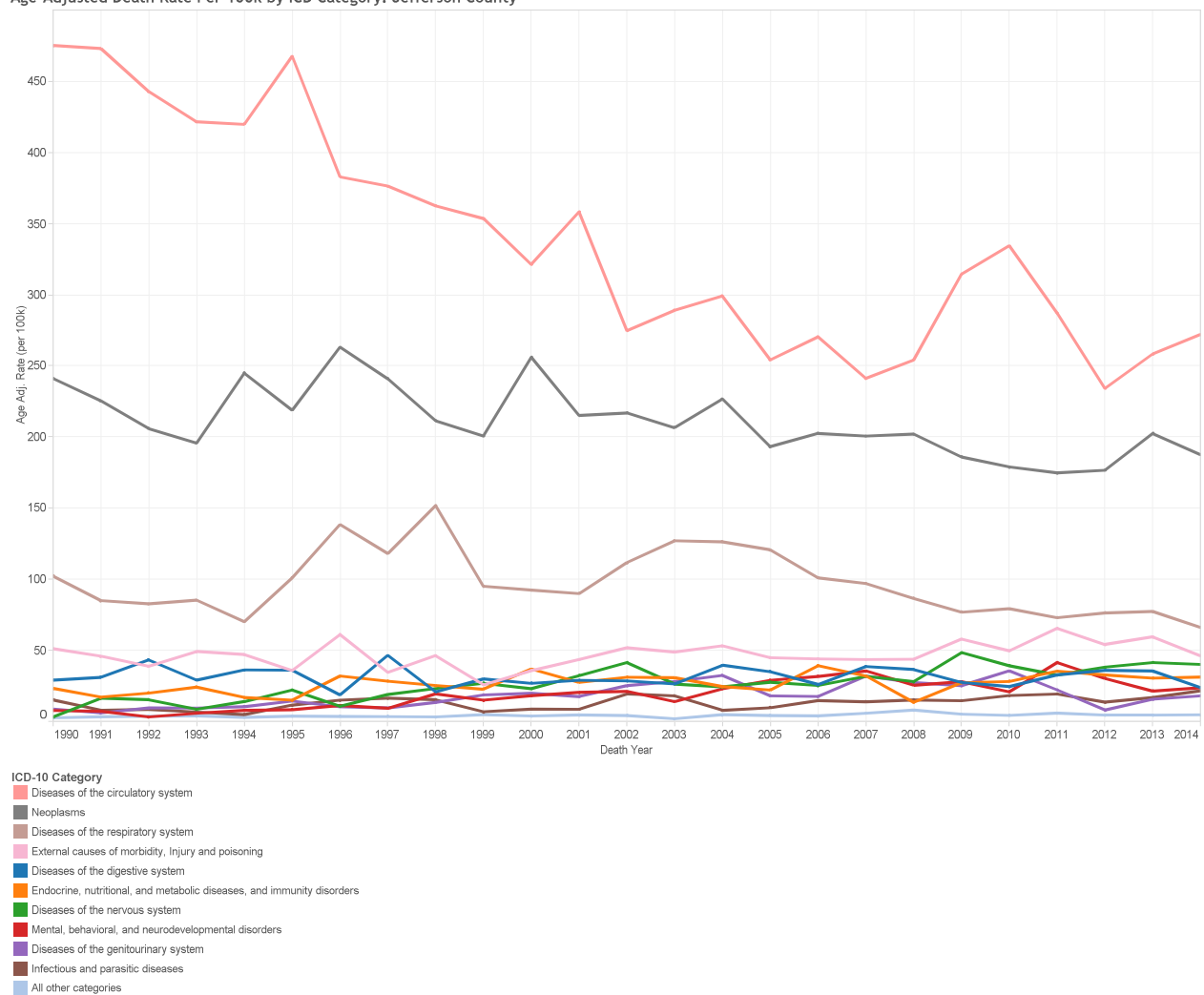
²⁰ 2014 Vital Statistics Data via NYSDOH’s Prevention Agenda Dashboard

²¹ 2012-2014 Vital Statistics data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b17.htm>

²² NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC’s WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.

Relative to the previous three-year period (2005-2009), the cardiovascular disease age-adjusted death rate from 2010 through 2014 increased by 7%, although this was entirely due to an increase between 2009 and 2012 which subsided in 2013 and 2014. The cancer death rate was 2% lower. The death rate for respiratory disease fell by 20%. Most other disease categories – which, even collectively, are responsible for fewer deaths than the leading three – showed increases in age adjusted death rates across the same period: +22% for external causes, +38% for diseases of the nervous system, +22% for endocrine/nutritional/metabolic disorders, +38% for infectious and parasitic diseases, with slight decreases for mental, behavioral, and neurodevelopmental disorders, digestive diseases, diseases of the genitourinary system, and all other categories.

Age-Adjusted Death Rate Per 100k by ICD Category: Jefferson County



For all deaths due to natural causes, the age adjusted death rate for 2010-2014 was essentially unchanged compared to 2005-2009 (-0.1%), and stood at 716.7 per 100k standard population. The age-adjusted death rate for other causes decreased by 5.8%, falling from 16.4 per 100k to 16.1 per 100k.

By age, 46% of deaths in Jefferson County were people 80 or older, 20% were people in their

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seventies, 15% were people in their sixties, 9% were people in their fifties, 4% were people in their forties, 4% were people between ages 10 and 39, and 2% were children 9 or younger.

Jefferson County: Leading causes of death by age
New York State Vital Statistics

| Percentage of deaths by disease category (% by age) | 0 - 9 years | 10 - 19 years | 20 - 29 years | 30 - 39 years | 40 - 49 years | 50 - 59 years | 60 - 69 years | 70 - 79 years | 80+ years | All age groups |
|---|-------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|----------------|
| Cardiovascular disease | * | * | * | 18.3% | 23.0% | 27.3% | 28.1% | 32.2% | 45.9% | 35.5% |
| Cancer | 0.0% | * | * | 13.4% | 29.2% | 33.8% | 36.1% | 30.1% | 15.9% | 23.4% |
| Respiratory disease | 0.0% | 0.0% | * | * | * | 4.8% | 12.5% | 11.8% | 10.2% | 9.6% |
| External causes | 20.2% | 67.9% | 76.6% | 51.2% | 24.2% | 11.3% | 4.3% | 2.9% | 2.2% | 7.4% |
| Digestive disease | 0.0% | 0.0% | * | * | * | 7.0% | 5.7% | 3.8% | 2.8% | 3.9% |
| Mental, behavioral, & neurodevelopmental disorders | 0.0% | 0.0% | * | * | 0.0% | * | * | 2.4% | 6.1% | 3.6% |
| Endocrine, nutritional, & metabolic diseases | 0.0% | * | 0.0% | * | * | 5.0% | 3.9% | 4.4% | 4.0% | 4.0% |
| Nervous system diseases | * | * | 0.0% | * | * | 3.0% | 2.8% | 6.5% | 5.8% | 4.8% |
| Genitourinary diseases | 0.0% | 0.0% | 0.0% | 0.0% | * | * | 2.1% | 2.7% | 3.4% | 2.5% |
| Infectious and parasitic diseases | 0.0% | 0.0% | * | * | * | 3.8% | 3.0% | 1.9% | 2.1% | 2.3% |
| Conditions originating in the perinatal period | 59.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.2% |
| Other disease categories | 16.7% | * | * | * | * | * | * | 1.4% | 1.5% | 2.0% |
| Total deaths, 2010-2014 (#) | 84 | 28 | 77 | 82 | 161 | 400 | 634 | 866 | 1,951 | 4,283 |
| Total deaths (% of all deaths) | 2.0% | 0.7% | 1.8% | 1.9% | 3.8% | 9.3% | 14.8% | 20.2% | 45.6% | 100% |

*Values based on 10 or fewer deaths are suppressed

Leading categories for cause of death varied by age group in Jefferson County. Among people younger than 10, conditions originating in the perinatal period accounted for 60% of deaths and external causes accounted for 20%. External causes were the leading cause of death for people age 10-19, age 20-29, and age 30-39, accounting for 68%, 77%, and 51% of deaths with each of those groups, respectively. In total, deaths among people younger than forty accounted for 6.3% of deaths in the county, or 271 deaths in total during the 2010-2014 five year period.

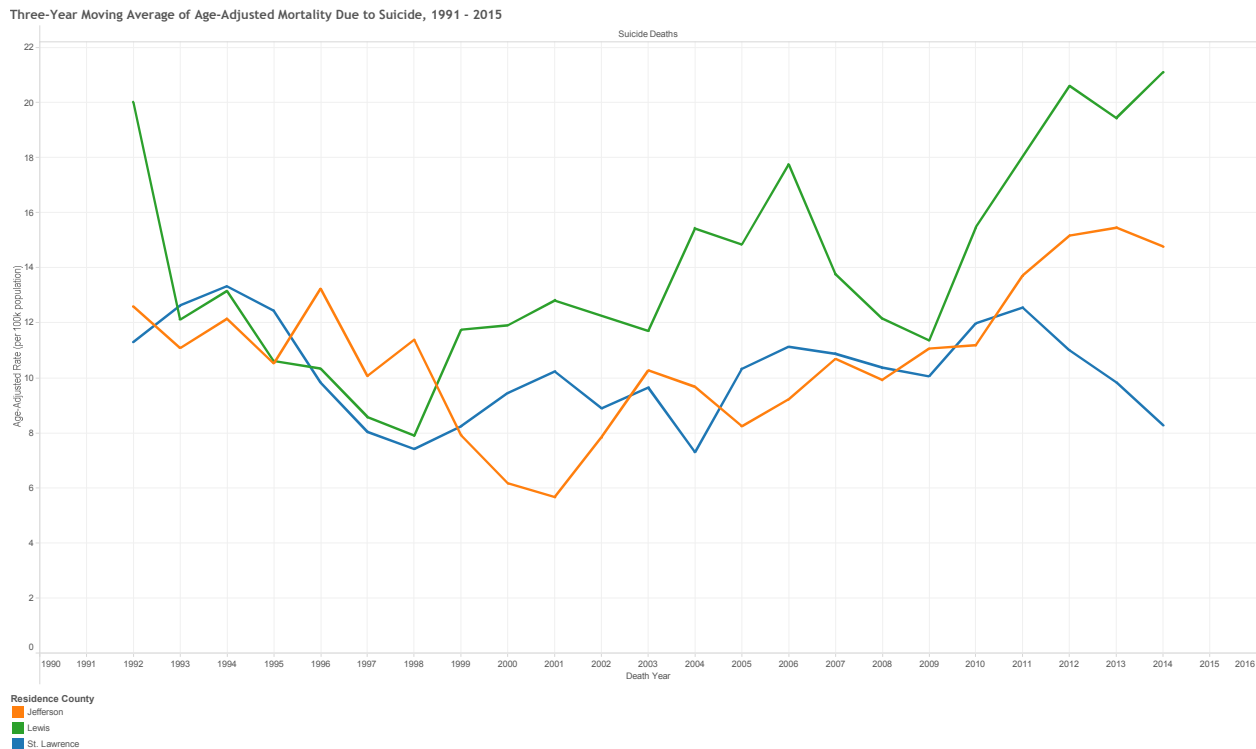
For people in their forties, who account for 3.8% of all deaths in the county, cancer (29%), external causes (24%), and cardiovascular disease (23%) are the leading causes of death. For people in their fifties, who account for 9.3% of all deaths in the county, cancer (34%) is the dominant cause of death, followed by cardiovascular disease (27%), with external causes remaining the third most common cause of death category (11%) but fading in relative importance compared to younger age groups. For people in their sixties, who account for 14.8% of all deaths in the county, cancer remains most prominent (36%), followed by cardiovascular disease (28%) and respiratory disease (13%).

People in their seventies or older are responsible for two-thirds of all deaths in Jefferson County. People in their seventies account for 20% of deaths in the county, with cardiovascular disease (32%), cancer (30%), and respiratory disease (12%) combining to account for nearly three-quarters of deaths in this age group. No other disease category on its own is responsible for more than 5% of these deaths. For people age 80 or older, who account for 45% of all deaths in the county, cardiovascular disease is responsible for a near-majority of deaths (46%), followed by cancer (16%), respiratory disease (10%), and mental, behavioral, and neurodevelopmental disorders (6%).²³

Jefferson County's suicide rate has decreased over the past several years, and the three-year rolling age-adjusted average as of 2014 (14.8 deaths per 100k) was only slightly higher compared to the national average (12.6 per 100k as of 2013). While the county's rate of suicide deaths remains close to twice the age-adjusted statewide rate (8.2 deaths per 100k as of 2014), and it remains in the highest

²³ NYSDOH Vital Statistics Mortality Files, 2010-2014

quartile of New York State counties for suicide deaths, it has declined from its peak in 2012. In 2012, there were 24 suicide deaths in Jefferson County; this fell to 14 in 2013 and increased only slightly to 15 in 2014.²⁴



Hospitalizations and Emergency Department Visits

30% of Jefferson County residents report at least one emergency department visit within the past year, 13% report two or more visits, and 5% report three or more visits. People with no college or less than a four-year degree were more likely to report at least one visit (32%) than those with a four-year degree or more (20%). There was also a large difference based on income: For people with annual household incomes of less than \$25k, 40% reported an emergency department visit within the past year compared to only 17% of those with an annual household income in excess of \$75k. Differences by age and gender were smaller, with all groups falling between 25% and 35% with a visit during the past year. (People younger than 34 or older than 65 were closer to 35%, with age groups in between closer to 25-30%.)²⁵

16% of Jefferson County residents report at least one hospitalization within the past year, 5% report two or more hospitalizations, and 2% report three or more hospitalizations. Rates were similar for men and women. Rates increased with age, from 11% with at least one admission in the 18-34 age group to 19% in the 45-54 age group to 25% for those 65 or older. There was a wide difference based on income: 21% with an admission among those in households with annual incomes below \$25k, compared to 10% with an admission among those households with annual incomes over \$50k. The

²⁴ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC’s WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.

²⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q20.1

disparity based on education (four-year degree vs. no college) was almost identical.²⁶

Jefferson County Hospitalizations, 2010-2014

| Group | Count | | | | | Age-Adjusted Rate (per 100k) | | | | |
|-------------------------|--------|--------|--------|--------|--------|------------------------------|--------|--------|--------|--------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 |
| All hospitalizations | 13,744 | 14,055 | 14,635 | 14,218 | 13,167 | 11,433 | 11,898 | 12,364 | 11,927 | 11,417 |
| Mental disorders (p&c) | 4,432 | 4,637 | 4,951 | 4,994 | 4,688 | 3,752 | 4,188 | 4,323 | 4,306 | 4,111 |
| Hypertension (p&c) | 4,366 | 4,751 | 4,738 | 4,821 | 4,451 | 3,716 | 4,253 | 4,356 | 4,263 | 4,082 |
| Diabetes (p&c) | 2,327 | 2,542 | 2,572 | 2,520 | 2,279 | 2,002 | 2,299 | 2,277 | 2,169 | 2,024 |
| Substance abuse (p&c) | 2,003 | 2,207 | 2,585 | 2,548 | 2,404 | 1,722 | 2,006 | 2,246 | 2,249 | 1,959 |
| Kidney disease (p&c) | 1,828 | 1,934 | 1,926 | 1,980 | 1,973 | 1,541 | 1,653 | 1,681 | 1,788 | 1,716 |
| Depression (p&c) | 2,018 | 1,909 | 1,978 | 2,113 | 2,014 | 1,691 | 1,722 | 1,718 | 1,794 | 1,706 |
| Unintentional injuries | 1,098 | 1,164 | 1,212 | 1,209 | 1,022 | 952 | 986 | 1,052 | 1,021 | 877 |
| Mental disorders (p) | 1,278 | 1,169 | 1,238 | 1,096 | 1,094 | 984 | 921 | 969 | 865 | 872 |
| Heart disease | 1,082 | 1,178 | 1,136 | 1,108 | 897 | 939 | 1,015 | 1,035 | 1,016 | 721 |
| Alcohol | 615 | 659 | 830 | 730 | 774 | 515 | 575 | 667 | 677 | 610 |
| Flu & pneumonia | 324 | 349 | 379 | 352 | 296 | 271 | 326 | 336 | 312 | 459 |
| Depression (p) | 731 | 487 | 513 | 425 | 445 | 563 | 385 | 387 | 353 | 338 |
| Cancer | 277 | 329 | 306 | 328 | 348 | 260 | 329 | 271 | 285 | 288 |
| Sepsis | 368 | 327 | 306 | 331 | 313 | 323 | 304 | 257 | 285 | 284 |
| Falls | 333 | 358 | 323 | 332 | 303 | 267 | 287 | 283 | 272 | 249 |
| COPD | 362 | 393 | 365 | 332 | 285 | 342 | 349 | 319 | 306 | 247 |
| Stroke | 282 | 245 | 240 | 253 | 243 | 234 | 221 | 214 | 203 | 217 |
| Ischemic heart disease | 1,992 | 1,765 | 2,034 | 1,953 | 1,195 | 411 | 420 | 427 | 368 | 215 |
| Substance abuse (p) | 245 | 237 | 310 | 257 | 248 | 200 | 228 | 281 | 252 | 213 |
| Opiate poisoning (p&c) | 166 | 181 | 244 | 267 | 257 | 138 | 170 | 202 | 238 | 201 |
| CHF | 208 | 253 | 253 | 261 | 225 | 176 | 220 | 240 | 267 | 184 |
| Drug abuse | 230 | 245 | 274 | 257 | 210 | 185 | 213 | 233 | 248 | 177 |
| Kidney disease (p) | 164 | 164 | 163 | 146 | 160 | 131 | 148 | 151 | 134 | 131 |
| Self-inflicted injuries | 101 | 95 | 102 | 78 | 81 | 86 | 75 | 81 | 71 | 68 |
| Colorectal cancer | 41 | 57 | 39 | 39 | 66 | 31 | 83 | 34 | 30 | 58 |
| Liver disease | 43 | 49 | 62 | 60 | 51 | 40 | 38 | 54 | 50 | 48 |
| MVA | 58 | 77 | 74 | 41 | 46 | 50 | 69 | 58 | 31 | 43 |
| Lung cancer | 38 | 37 | 49 | 50 | 37 | 31 | 34 | 56 | 42 | 29 |
| Breast cancer | 15 | 28 | 18 | 16 | 25 | 14 | 28 | 16 | 14 | 27 |
| Prostate cancer | 21 | 22 | 21 | 21 | 30 | 14 | 17 | 14 | 25 | 20 |
| STDs | 18 | 18 | 15 | | 13 | 18 | 13 | 15 | | 13 |
| Assault injuries | 19 | 19 | 29 | 21 | | 19 | 20 | 24 | 19 | |

²⁶ 2016 Tug Hill Seaway Region Community Health Survey, Q20.2

Jefferson County Emergency Department Visits, 2010-2014

| Group | Count | | | | | Age-Adjusted Rate (per 100k) | | | | |
|---------------------------|--------|--------|--------|--------|--------|------------------------------|--------|--------|--------|--------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 |
| All emergency room visits | 54,196 | 60,296 | 60,945 | 57,442 | 60,135 | 46,627 | 52,032 | 52,072 | 50,745 | 54,650 |
| Mental disorders (p&c) | 6,168 | 8,279 | 16,655 | 13,253 | 16,963 | 5,366 | 7,337 | 13,963 | 11,730 | 15,161 |
| Unintentional injuries | 13,584 | 15,004 | 14,430 | 13,411 | 14,339 | 11,720 | 12,982 | 12,433 | 11,777 | 13,051 |
| Substance abuse (p&c) | 1,676 | 2,293 | 11,613 | 9,442 | 13,109 | 1,404 | 1,931 | 9,492 | 8,169 | 11,507 |
| Hypertension (p&c) | 4,635 | 5,829 | 7,054 | 6,661 | 8,556 | 4,328 | 5,348 | 6,498 | 5,990 | 8,042 |
| Falls | 3,870 | 4,237 | 4,173 | 4,207 | 4,034 | 3,284 | 3,681 | 3,587 | 3,673 | 3,671 |
| Diabetes (p&c) | 2,326 | 2,830 | 3,301 | 3,171 | 3,714 | 2,174 | 2,594 | 2,998 | 2,884 | 3,518 |
| Depression (p&c) | 2,287 | 3,152 | 4,013 | 2,751 | 2,828 | 1,985 | 2,766 | 3,464 | 2,465 | 2,669 |
| Mental disorders (p) | 1,788 | 2,016 | 1,979 | 1,660 | 1,865 | 1,532 | 1,711 | 1,681 | 1,491 | 1,737 |
| COPD | 960 | 947 | 910 | 899 | 925 | 829 | 941 | 811 | 818 | 864 |
| MVA | 873 | 1,035 | 921 | 832 | 888 | 763 | 887 | 799 | 703 | 804 |
| Flu & pneumonia | 426 | 498 | 1,076 | 556 | 594 | 392 | 433 | 953 | 449 | 649 |
| Alcohol | 490 | 546 | 720 | 634 | 707 | 400 | 426 | 600 | 528 | 593 |
| Heart disease | 441 | 490 | 501 | 595 | 631 | 362 | 438 | 443 | 525 | 544 |
| Kidney disease (p&c) | 275 | 350 | 416 | 495 | 610 | 236 | 295 | 368 | 462 | 521 |
| Drug abuse | 389 | 497 | 608 | 539 | 591 | 316 | 413 | 511 | 437 | 507 |
| Depression (p) | 513 | 521 | 511 | 394 | 449 | 426 | 429 | 419 | 352 | 447 |
| Asthma | 570 | 511 | 483 | 456 | 466 | 496 | 439 | 421 | 416 | 431 |
| Substance abuse (p) | 333 | 410 | 477 | 392 | 473 | 267 | 332 | 408 | 327 | 411 |
| Assault injuries | 421 | 540 | 509 | 428 | 395 | 333 | 421 | 412 | 334 | 301 |
| Medical injuries | 241 | 277 | 258 | 309 | 313 | 200 | 221 | 198 | 305 | 287 |
| Opiate poisoning (p&c) | 73 | 89 | 167 | 181 | 268 | 60 | 78 | 130 | 162 | 248 |
| STDs | 311 | 336 | 314 | 351 | 279 | 271 | 283 | 249 | 288 | 247 |
| Ischemic heart disease | 139 | 185 | 203 | 260 | 222 | 120 | 168 | 186 | 239 | 195 |
| Self-inflicted injuries | 84 | 76 | 75 | 76 | 97 | 69 | 71 | 60 | 72 | 98 |
| Stroke | 89 | 110 | 122 | 120 | 99 | 72 | 101 | 105 | 96 | 82 |
| CHF | 76 | 66 | 74 | 73 | 95 | 58 | 67 | 71 | 57 | 77 |
| Heroin poisoning (p&c) | 19 | 22 | 31 | 40 | 61 | 15 | 18 | 23 | 37 | 57 |
| Kidney disease (p) | 17 | 20 | 25 | 27 | 39 | 14 | 16 | 19 | 27 | 39 |
| Cancer | 25 | 22 | 28 | 31 | 29 | 26 | 18 | 24 | 25 | 33 |
| Liver disease | 17 | 18 | 26 | 24 | 30 | 16 | 17 | 18 | 21 | 20 |

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses; (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses

Health Status

78% of Jefferson County residents report that their physical health is excellent or good compared to 22% who say that their physical health is poor or fair, and 88% report that their mental health is excellent or good compared to 12% who say that it is poor or fair.²⁷ 13% of non-institutionalized civilian residents meet the Census definition for having a disability, which exceeds the statewide rate of 11%. This includes 7% of children 5 or older, 13% of working-age adults, and 37% of elderly adults.²⁸

15% of Jefferson County residents report that they have been diagnosed with either diabetes (10%) or prediabetes (5%). This includes 29% of residents age 65-74 and 40% of residents over age 75. 5% report that they have been diagnosed with COPD, 5% report that they have been diagnosed with heart disease, and 25% report that they have been diagnosed with high blood pressure.²⁹

²⁷ 2016 Tug Hill Seaway Region Community Health Survey, Q19.1 & Q19.2

²⁸ American Community Survey 5-Year Estimates, 2010-2014

²⁹ 2016 Tug Hill Seaway Region Community Health Survey, Q17

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Most Jefferson County residents agree that they are working to improve their health: 63% strongly agree and another 29% somewhat agree. Only 4% either somewhat or strongly disagree. An even larger percentage report that they are confident that they can improve their health: 72% strongly agree, 22% somewhat agree, and only 2% either somewhat or strongly disagree.³⁰

As of 2013-2014, 32% of Jefferson County adults are obese. This is higher than most other counties in Upstate New York, and above the statewide rate of 25%. This is unchanged relative the previous survey, in 2008-2009. When overweight adults are included, the rate increases to 65%, also above the statewide rate of obese or overweight adults of 61%.³¹ The rate of obesity among children and adolescents is 20%, exceeding the statewide-excluding-NYC average of 17%, and this is true within seven of the county's eleven school districts.³²

Obese Students by School District, 2012-2014: Jefferson County

Source: Student Weight Status Category Reporting System (SWSCRS)

| School District Name | Obese students (#) | Obese students (%) |
|------------------------------|--------------------|--------------------|
| Alexandria Central | 43 | 21% |
| Belleville Henderson Central | 31 | 17% |
| Carthage Central | 197 | 23% |
| General Brown Central | 124 | 20% |
| Indian River Central | 258 | 16% |
| LaFargeville Central | 69 | 29% |
| Lyme Central | 33 | 24% |
| Sackets Harbor Central | 21 | 15% |
| South Jefferson Central | 139 | 21% |
| Thousand Islands Central | 56 | 16% |
| Watertown City | 276 | 22% |
| <i>Total</i> | <i>1,247</i> | <i>20%</i> |

Clinical Care

Insurance

As of 2014, 8.2% of Jefferson County's residents under age 65 were uninsured, a decline of more than half since 2007, when 20.6% of people under age 65 lacked health insurance. This decline compares favorably to the statewide decline from 15.7% uninsured to 10.1% uninsured among people under 65 years. Both the county's population share and population size of uninsured under-65s has declined in every year since 2006, and now numbers 8,100, down from 20,100 eight years previous.³³ Young adults (18-25), adults without a high school degree or equivalent, unemployed people, and non-citizens were the groups most likely to lack insurance in Jefferson County according the most recent American Community Survey results.³⁴

The 2016 Tug Hill Seaway Region Community Health Survey found that 5.5% of Jefferson County

³⁰ 2016 Tug Hill Seaway Region Community Health Survey, Q16.1 & Q16.2

³¹ New York State Expanded Behavior Risk Factor Surveillance System

³² Student Weight Status Category Reporting System (SWSCRS), 2012-2014

³³ U.S. Census Bureau Small Area Health Insurance Estimates, 2006-2014

³⁴ American Community Survey 5-Year Estimates, 2010-2014.

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residents lacked insurance, which could indicate a further decline in the uninsured population share since the most recent Census estimates. According to the survey, the most common forms of health insurance in Jefferson County are employer based (42%), Medicare (22%), Tricare (16%), Medicaid (12%), direct purchase (6%), Tricare (3%), and Veterans (3%). 5% of respondents knew that they had health insurance, but were unable to identify its source.³⁵ The most recent American Community Survey estimates (2011-2014) are somewhat different: 56% employer based, 15% Medicare, 21% Medicaid, 9% direct purchase, 20% Tricare, and 3% Veterans. It is unclear whether this difference reflects any genuine change in the mix of insurance coverage or a propensity to underreport secondary sources of coverage on the telephone survey.

Access to Care

Jefferson County has fewer clinicians per population compared to the state. As of 2013, the most recent year for which data were available, there were 183 physicians practicing in Jefferson County, or one per 650 residents. There were 52 primary care physicians practicing in Jefferson County, or one per 2,286 residents. The statewide rate was 1,183 residents per practicing primary care physician, or 93% fewer people per primary care physician. Jefferson County also contained 120 physician assistants (one per 991 residents) and 89 nurse practitioners (one per 1,336 residents). Both categories were present in larger numbers compared to their respective statewide ratios. There were also 78 dentists in Jefferson County, or one per 1,524 residents, compared to one dentist per 1,309 residents for New York State.³⁶ These numbers may understate the level of need in Jefferson County throughout much of the year, because nearly one in five residences (19%) that are for seasonal or occasional use.³⁷ Seasonal residents are not counted as permanent residents, but rely on health services in the region throughout the summer months when they are present.³⁸

Clinicians

Source: Area Health Resource File (2013)

| | Jefferson County | | Tug Hill Seaway Region | | New York State | |
|-------------------------|------------------|----------------|------------------------|----------------|-------------------|----------------|
| | Count (#) | Population Per | Population (#) | Population per | Population (#) | Population per |
| All physicians | 183 | 650 | 376 | 679 | 79,023 | 245 |
| Primary care physicians | 52 | 2,286 | 129 | 1,979 | 16,379 | 1,183 |
| Physician assistants | 120 | 991 | 183 | 1,395 | 10,891 | 1,779 |
| Nurse practitioners | 89 | 1,336 | 149 | 1,713 | 12,405 | 1,562 |
| Dentists | 78 | 1,524 | 119 | 2,145 | 14,802 | 1,309 |
| Total population | 118,885 | 1 | 255,260 | 1 | 19,378,102 | 1 |

The 2016 Tug Hill Seaway Region Community Health Survey asked respondents where they would seek medical attention if they or a family member had a fever of 101 degrees to gauge where residents are most likely to seek primary care for acute symptoms. In Jefferson County, 23% reported that they would seek care from their primary care physician, 21% reported that they would go to urgent care, and 31% reported that they would seek care at an emergency room. Another 23% would not seek care, and 3% were not sure where they would seek medical attention. Compared to Lewis and St. Lawrence Counties, residents were more likely to go to an urgent care and less likely to avoid care or see a primary care physician.³⁹

³⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q26

³⁶ 2013 Area Health Resource File

³⁷ 2010-2014 American Community Survey Estimates

³⁸ US Census Bureau: "[Residence Rule And Residence Situations For The 2010 Census](#)"

³⁹ 2016 Tug Hill Seaway Region Community Health Survey, Q5

75% of Jefferson County residents report having a doctor or other clinician whom they think of as their primary health care provider and 76% were able to see a doctor on every occasion when they needed to within the past year. 25% report not having someone whom they think of as their primary health care provider, and 24% say that there was a time within the past year when they needed to see a doctor but did not. Among those who were unable to see a doctor when they needed to, 41% said they did not have time to see one, 30% said that they either could not afford to see one or could not find one, 27% did not realize that they needed to go, and 18% preferred to deal with the problem themselves (n.b. respondents could select multiple responses to this question).⁴⁰

Most Jefferson County residents believe that it is important that they see a doctor annually even if they are not sick or injured: 57% say that it is very important and 23% believe that it is somewhat important (80% combined), compared to 13% who say that it is not that important and 7% who say that it is not at all important (20% combined). In addition, 54% say that it is important that a person's physical health and mental health be taken care of in a single location, along with 23% who believe that it is somewhat important (77% combined), compared with 13% who say that it is not that important and 9% who say that it is not at all important (22% combined). An even larger portion believe that it is important to see a dentist annually, even in the absence of bothersome teeth or gum symptoms: 73% say that it is very important and 13% say that it is somewhat important (86% combined), compared to only 7% who say that it is not that important and 6% who say that it is not at all important (13% combined).⁴¹

63% of Jefferson County residents say that they always understand instructions that they receive when they go to the doctor. Another 28% say that they understand instructions most of the time. 6% report understanding instructions only sometimes or less, and 3% report that they do not go to the doctor. Among those who do not always understand instructions, 45% (or 15% of all respondents) believe that this has harmed their health.⁴²

77% of Jefferson County residents say that they always feel respected when they go to the doctor. Another 15% say that they feel respected most of the time. 5% report that they feel respected only sometimes or less, and another 3% report that they do not go to the doctor. Among those who do not always feel respected, 57% (or 11% of all respondents) believe that this has harmed their health.⁴³

Physicians are both the preferred source of health information and the most trusted source of health guidance for an overwhelming majority of Jefferson County residents. 59% of county residents say that physicians are their preferred source of health information, compared to 27% who prefer the internet or books, 7% who prefer family members or close friends, and 6% who prefer other sources of information. 67% trust physicians most for guidance; compared to 19% who most trust family or close friends; 12% who most trust their own experience, instinct, or intuition; and 2% who most trust anyone or anything else, including less than 1% who most trust the internet or books.⁴⁴

⁴⁰ 2016 Tug Hill Seaway Region Community Health Survey, Q6 - Q8

⁴¹ 2016 Tug Hill Seaway Region Community Health Survey, Q9.1, Q9.2, & Q9.3

⁴² 2016 Tug Hill Seaway Region Community Health Survey, Q1 & Q2

⁴³ 2016 Tug Hill Seaway Region Community Health Survey, Q3 & Q4

⁴⁴ 2016 Tug Hill Seaway Region Community Health Survey, Q11 & Q12

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Most (55%) Jefferson County residents say that they are willing to communicate with their physician by either text or e-mail. 45% are willing to communicate using both, 6% only by e-mail, and 4% only by text. 43% say that are unwilling to use either, and 2% are unsure.⁴⁵

Social and Economic Health

98% of Jefferson County residents report having at least one close relationship, 76% report having three or more close relationships, and 38% report having more than five close relationships. 82% have a group of people with whom they regularly spend time either formally or informally. Among those who regularly spend time with a group, 78% believe that this group benefits their health while only 1% report that this groups is a net harm to their health. 27% report regularly attending religious or spiritual activities.⁴⁶

95% of Jefferson County residents live in households, with the remaining 5% living in group quarters such as college dormitories, nursing homes, or state prisons. The group quarters population share in Jefferson County (11%) is higher than statewide and national rates, and amounts to about 6,000 people, including soldiers in the 10th Mountain Division living in barracks on Fort Drum, students living in dormitories at SUNY Jefferson, prisoners incarcerated at the state prison located between Clayton and Cape Vincent, and people in assisted living facilities, primarily in Watertown. There are nearly 45,000 households in Jefferson County. 52% of households in Jefferson County consist of married couples, while 15% are families lacking either a wife or husband, 26% are a single person living alone, and 6% are other non-family households. On average, households have 2.5 members, slightly lower than the statewide and national average of 2.6 members. Among residents 15 years and over, 54% are married, 13% are divorced or separated, 5% are widowed, and 29% have never married. This is a larger share of married people and smaller share of never married people compared to state and national rates.

Among residents 25 years or older, 89% have at least a high school degree, 55% have at least some college, 21% have at least a bachelor's degree, and 9% have a graduate or professional degree. The high school graduation rate is slightly higher compared to the statewide rate (85%) and the national rate (86%), but post-secondary attainment is lower at every level. The widest difference is at the bachelor's degree or higher level, where the statewide rate is 34% and the national rate is 29%.⁴⁷

Jefferson County's rate of poverty is similar to national and statewide rates. The 2010-2014 American Community Survey estimate for the county's poverty rate was 15.0%, compared to 16.8% for the region, 15.6% for New York State, and 15.6% for the United States.⁴⁸ This is lower compared to rates of poverty in the years immediately following the 2008 recession, but higher compared to most of the county's history since the 1960s.⁴⁹

The rate of poverty among children in Jefferson County is higher than that for all residents, at 21.4%. 6% of all residents live under 50% of the poverty level (compared to 7% statewide), and 26% of

⁴⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q10

⁴⁶ 2016 Tug Hill Seaway Region Community Health Survey, Q27 – Q30

⁴⁷ American Community Survey 5-Year Estimates, 2010-2014

⁴⁸ American Community Survey 5-Year Estimates, 2010-2014

⁴⁹ Decennial Census of Population and Housing, Survey of Income and Program Participation, American Community Survey Estimates

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residents live beneath 150% of the poverty level (compared to 25% statewide). Other than children, the highest poverty rates were among adults with less than a high school degree (30%) and the unemployed (34%). The poverty rate among adults employed full-time was only 3%, and the poverty rate for adults with a bachelor's degree was only 4%.⁵⁰

Among residents 16 and over, 66% are in the labor force, exceeding the regional rate (61%), the statewide rate (64%), and the national rate (64%). 55% are in the civilian labor force and 11% are in the armed forces. Among those in the civilian labor force, the unemployment rate was 10%.⁵¹ More recent data from the Bureau of Labor Statistics shows that the unemployment rate declined to an annual average of 5.4% in September 2015, mirroring statewide and national declines in unemployment.⁵²

Health Behaviors

Supermarkets and grocery stores are the usual source of food for an overwhelming majority of Jefferson County residents, with 97% saying that they usually buy food from supermarkets or grocery stores. The second most popular source of food is gardening, hunting, and fishing, with 5% of respondents reporting that this is usually a source of food for them. Only 1% reported that convenience stores were a usual source of food, and less than 1% reported that dollar stores were usual source of food. 1% reported that these usually buy their food in restaurants.⁵³

78% of county residents say that they usually eat at least one serving of fruits per day and 86% say that they usually eat at least one serving of vegetables per day. 24% of residents report that they always stop eating before they feel full, compared to 54% who sometimes stop and 18% who never do.⁵⁴

Adults in Jefferson County report binge drinking on an average of 1.4 occasions over the past month, with 35% of adult residents reporting binge drinking at least once within the past month, 24% of adult residents binge drinking twice or more, and 17% of adult residents binge drinking three times or more. Binge drinking was most common among men (39% at least once within the past month), adults younger than 55 (44%), and people with four-year degrees (40%). Binge drinking was least common among women (31%), people over 65 (10%), and people with less than a four year degree (33%).⁵⁵ Binge drinking is defined as more than five drinks for men or as more than four drinks for women.⁵⁶

17% of Jefferson County adults are current smokers, 58% have never been smokers, and 25% are former smokers. The widest disparities in rates of current smokers are by income and education: Among those with four-year degrees, 5% are current smokers, compared to 26% of those with no college and 12% of those with some college. 23% of adults in households with less than \$50k in

⁵⁰ American Community Survey 5-Year Estimates, 2010-2014

⁵¹ American Community Survey 5-Year Estimates, 2010-2014

⁵² Bureau of Labor Statistics Local Area Unemployment Statistics Map, 2015 Annual Average.

⁵³ 2016 Tug Hill Seaway Region Community Health Survey, Q32

⁵⁴ 2016 Tug Hill Seaway Region Community Health Survey, Q33

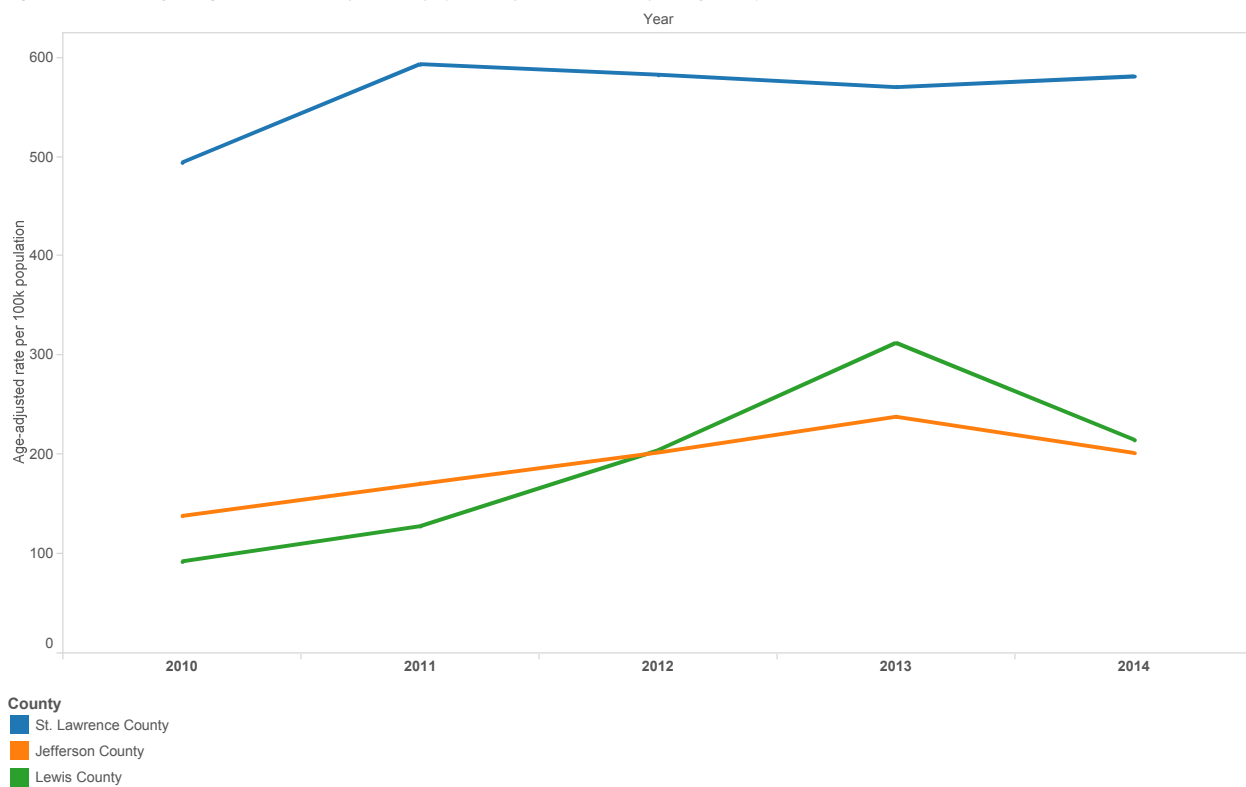
⁵⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q21

⁵⁶ The CDC's [definition](#): "Excessive alcohol use, either in the form of binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women) or heavy drinking (drinking 15 or more drinks per week for men, or 8 or more drinks per week for women), is associated with an increased risk of many health problems, such as liver disease and unintentional injuries."

income per year are smokers compared to 9% in households with incomes in excess of \$50k. People with multiple emergency department visits or multiple hospital admissions are about twice as likely to be current smokers compared to people with either no visits or admissions or only one visit or admission. 12% of Jefferson County adults report that someone smokes inside their home at least weekly, and an additional 2% report that someone smokes inside their home at least monthly.⁵⁷

3.7% of Jefferson County residents report that a person in their household has been personally affected by opiate abuse or addiction within the past year.⁵⁸ Opiate overdose hospitalizations have increased across the region, especially in St. Lawrence County. In Jefferson County, the rate is highest in Watertown, which had an age-adjusted hospitalization rate of 382 per 100k standard population in 2014, compared to 112 for the rest of the county. Moreover, the rate in Watertown had increased by more than 50%, from 186 per 100k in 2010, while the rest of the county had seen no change. Among residents of Jefferson County, hospitalizations with a primary or secondary diagnosis of opiate poisoning rose from 166 in 2010 to 257 in 2014, an increase of 55%.⁵⁹ Emergency department visits tripled, increasing from an average of 81 per year in 2010-2011 to an average of 225 in 2012-2014. The age-adjusted rate of emergency department visits for opiate poisonings in Jefferson County was actually slightly higher than that for St. Lawrence County for the first time in 2015, although the inpatient hospitalization rate remained much lower.⁶⁰

Opiate Poisoning Hospitalizations by County (Primary or Secondary Diagnosis): 2010-2014



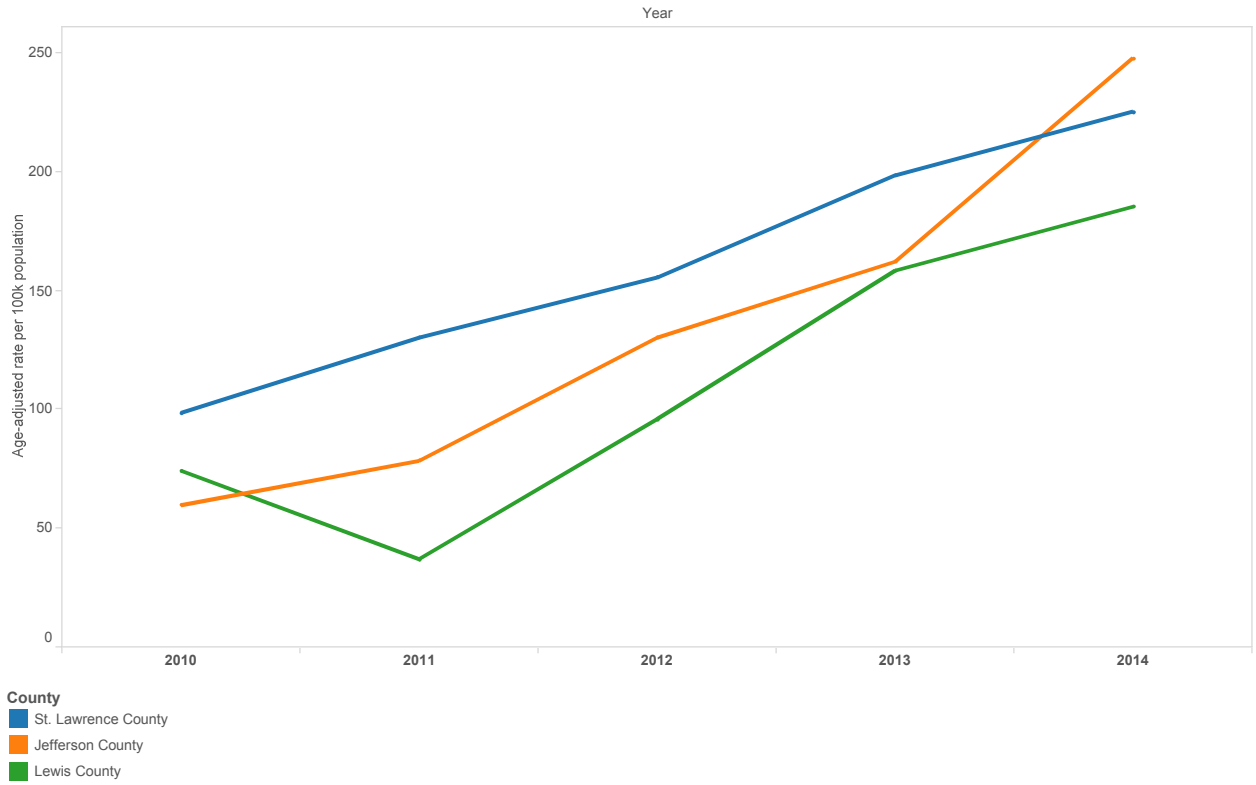
⁵⁷ 2016 Tug Hill Seaway Region Community Health Survey, Q22 & Q23

⁵⁸ 2016 Tug Hill Seaway Region Community Health Survey, Q24

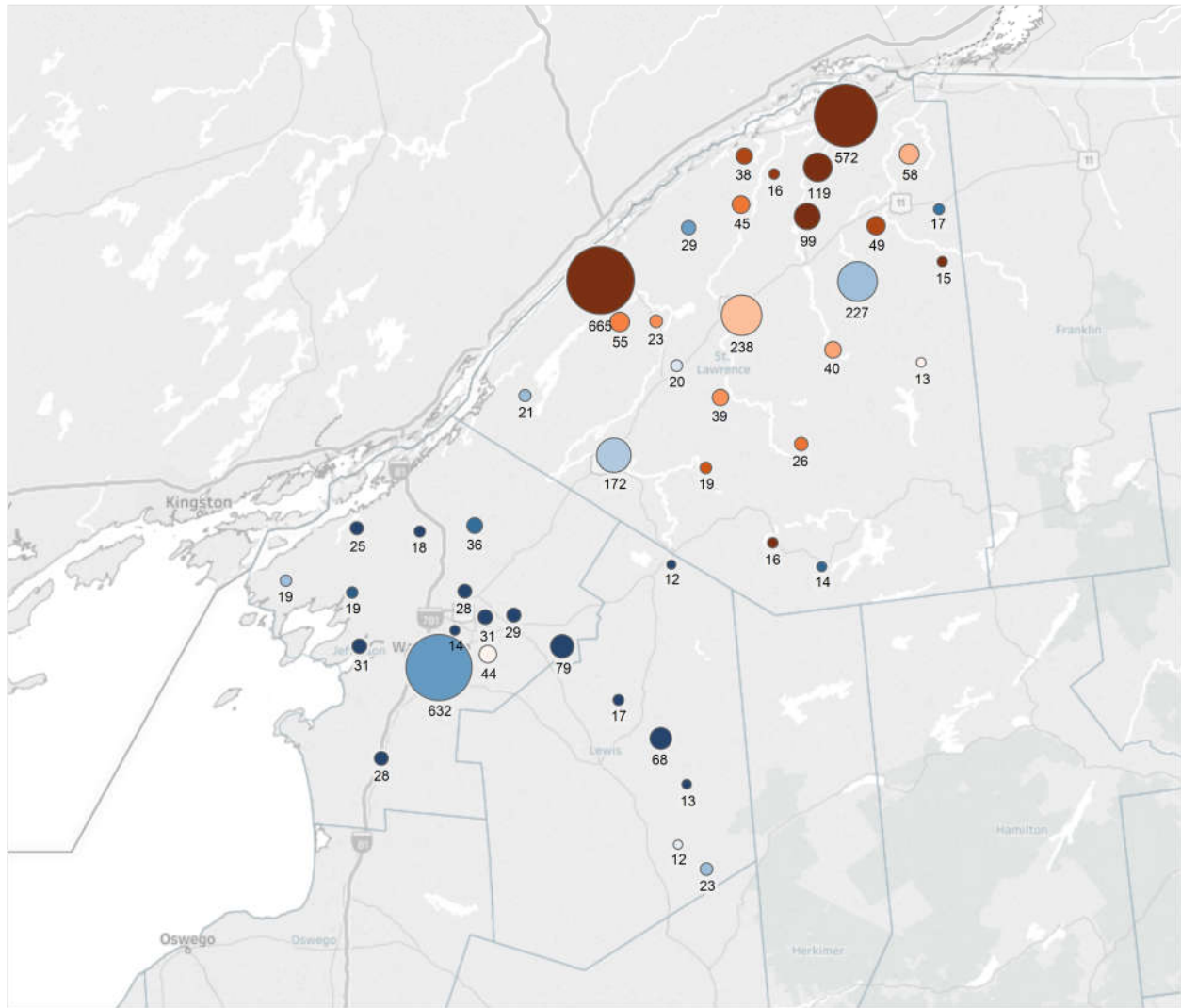
⁵⁹ SPARCS Inpatient file, 2010-2014

⁶⁰ SPARCS Outpatient file, 2010-2014

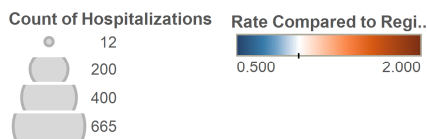
Opiate Poisoning Emergency Department Visits by County (Primary or Secondary Diagnosis): 2010-2014



Opiate Hospitalizations by Zip Code (Primary or Secondary Diagnosis): 2010-2014



Color shows rate of hospitalizations compared to regional average. Size shows number of hospitalizations. Zip codes with 10 or fewer opiate poisoning hospitalizations between 2010 and 2014 are suppressed.



Among Jefferson County residents 55 or older, 75% have had a colorectal cancer screening. Among adult women in Jefferson County, 62% have had a mammogram, including 93% of women age 45 or older.⁶¹

As of 2014, 59% of children aged 19-35 months in Jefferson County had the Prevention Agenda-recommended 4:3:1:3:3:1:4 immunization series. This is relatively low compared to the rates for other Upstate counties, most of which are above 65%, but it is a substantial increase over 2011, when only 46% of children in this age group had this immunization series.⁶² Jefferson County ranks higher than most other New York State counties for flu vaccinations among elderly adults, with 70% of elderly

⁶¹ 2016 Tug Hill Seaway Region Community Health Survey, Q25

⁶² NYS Immunization Information System

adults having been vaccinated in 2014.⁶³

Environmental Health

9% of households in Jefferson County have no vehicle, 37% have one vehicle, and 54% have two or more vehicles. 76% of workers commute alone in a car, truck, or van; 12% carpool; 6% walk; and 5% work from home. The mean travel time to work is 18 minutes.

77% of housing units in Jefferson County are occupied, including 53% that are owner occupied and 34% that are rented. The remaining 23% of housing is vacant, including 16% for seasonal or occasional use, and 3% for rent or sale. The remaining 3% of housing units are other vacancies. 57% are detached single units, 13% are mobile homes, 20% are three or more units, 7% are duplexes, and 4% are attached singles. Over 45% of housing units are more than fifty years old. Housing values are higher compared to regional averages but lower compared to statewide and national averages. The median value of a house in Jefferson County is \$135,200, compared to \$283,700 in New York State, and \$175,700 in the United States. 11% of housing units in Jefferson County are valued at less than \$50,000, compared to 11% in Lewis County, 19% in St. Lawrence County, 12% in New York State, and 16% in the United States.⁶⁴

As of 2015, 71% of Jefferson County residents are served by community water systems with optimally fluoridated water. This number has declined from 79% as of 2012.⁶⁵

⁶³ 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System

⁶⁴ American Community Survey 5-Year Estimates, 2010-2014.

⁶⁵ New York State Safe Drinking Water Information System

Prevention Agenda Highlights

Across the five Prevention Agenda priority areas, the following health outcome data highlights stand out as areas of concern and candidates for potential improvement within the next five years:

Prevent chronic disease

The 2013-2014 EBRFSS survey found that almost one-third of Jefferson County adults were obese, several percentage points higher than the statewide average. Another third of adult residents were overweight. The percentage of obese children is nearly one-fifth, with nearly one-fifth more overweight, both also exceeding statewide averages. Obesity is a risk factor for heart disease, stroke, many forms of cancer, diabetes, and kidney disease, and could overtake smoking as the leading cause of preventable death within the next decade. The combined share of overweight or obese adults in Jefferson County is growing, and this trend threatens to reverse progress that the county has made over the past decade toward reducing its rate of deaths before age 65 to less than the statewide average.

The rate of cigarette smoking among adults showed a non-significant decrease to 22.1% according to the 2013-2014 EBRFSS, but remained higher compared the statewide excluding New York City average of 17.3%.

The rate of colorectal cancer screening among adults 50-75 remained well below the Prevention Agenda objective of 80% or more, at 62.4% as of 2014. This was slightly below the regional average of 66.2% and lower than the statewide excluding New York City average of 70.0%.

Hospitalizations for short-term diabetes complications almost doubled between 2011 and 2014, from 3.7 per 10,000 adults to 6.9 per 10,000 adults.

Promote mental health and prevent substance abuse

The share of adults reporting poor mental health remained lower than the statewide average and consistent with the Prevention Agenda 2018 objective, at 7.5%. However, the suicide rate remained higher than statewide and regional benchmarks, at 15.3 deaths per 100,000 adults in 2014, an increase from 11.0 deaths per 100,000 adults in 2011.

Promote a healthy and safe environment:

The percentage of residents served by optimally fluoridated community water systems fell from 79% to 71% between 2012 and 2015, according to the Water Fluoridation Reporting System. The percentage of residents who were both low-income and had limited access to supermarkets or large grocery stores was 5.2%, exceeding the statewide excluding New York City rate by 1.0%.

Promote healthy women, infants, and children

The percentage of children in public insurance programs with recommended well-child visits remained lower compared to the statewide excluding New York City average and the well below the Prevention Agenda 2018 objective. However, the rate for all age groups increased from 53.2% to 59.4%, and the rate for children age 0-15 months was less than two percentage points lower than the Prevention Agenda 2018 objective and five percentage points higher than the statewide excluding New York City average.

The percentage of unintended pregnancies is higher than the statewide average despite a small decrease, from 35.1% in 2011 to 33.0% in 2014.

Prevent HIV, STDs, and vaccine-preventable chronic diseases

The percentage of children with recommended immunizations increased from 45.5% to 58.6%, and is now almost equal to the statewide excluding New York City average.

The percentage of women aged 13-17 with HPV immunizations remained very low relative to the Prevention Agenda objective of more than 50%, with only 15.9% immunized compared to 30.3% for the state excluding New York City.

STD case rates showed declines (gonorrhea), or very small increases (HIV, chlamydia, syphilis) between 2011 and 2014. Rates are generally lower than the statewide excluding New York City average but much higher compared to more rural counties in New York State. The chlamydia case rate for women aged 15 to 44 (1,580 per 100,000) was the only STD indicator that was not consistent with the 2018 Prevention Agenda Objective (less than 1,458 cases per 100,000).

General: Improve health status and reduce health disparities

According to the most recent Small Area Health Insurance Estimates from the Census Bureau, the share of working-age adults without health insurance declined from 20.9% in 2006 to 10.2% in 2014. The share of children without health insurance declined from 11.9% to 3.4% during the same period.

Preventable hospitalizations were below the Prevention Agenda 2018 objective of fewer than 122 preventable hospitalizations per 10,000 age-standardized population for the first time in 2014, falling to 112 per 10,000.

Both the Tug Hill Seaway 2016 Community Health Survey and the 2013-2014 NYS EBRFSS survey show that about one-fifth of Jefferson County residents do not have a regular health care provider. This is somewhat higher than the statewide rate of 16%, and well short of the Prevention Agenda 2018 objective of less than 10%. Like the other two Tug Hill Seaway Counties, Jefferson County has fewer primary care clinicians per population compared to the statewide rate.

December 2016 Comparison of Health Indicators

| Prevention Agenda Priority Area | Indicator | Prevention Agenda Objective | Jefferson County (2014) | Jefferson County (2011) | Tug Hill Seaway Region | New York State (ex. NYC) |
|--|--|--|-------------------------|-------------------------|------------------------|--------------------------|
| Chronic disease | Adult obesity (% of adults) | ≤23.2% | 31.4 | 31.6 | 32.3 | 27.0 |
| | Child and adolescent obesity (% of children & adolescents) | ≤16.7% | 19.7 | 19.2 | 21.2 | 17.3 |
| | Cigarette smoking (% of adults) | ≤12.3% | 22.1 | 25.0 | 20.2 | 17.3 |
| | Colorectal cancer screening (% of adults 50-75) | ≥80% | 62.4 | 61.1 | 66.2 | 70.0 |
| | Asthma ED visits (rate per 10k residents) | ≤75.1 | 43.5 | 47.0 | 49.0 | 48.8 |
| | Asthma ED visits, early childhood (rate per 10k residents 0-4) | ≤196.5 | 52.1 | 91.3 | 79.7 | 117.0 |
| | Heart attack hospitalizations (age-adjusted per 10k residents) | ≤14 | 14.7 | 16.7 | 16.9 | 14.7 |
| | Hospitalizations for short-term diabetes complications (per 10k children 6-17) | ≤3.06 | 2.8 | 2.7 | 2.5 | 2.9 |
| | Hospitalizations for short-term diabetes complications (per 10k adults) | ≤4.86 | 6.9 | 3.7 | 7.1 | 6.0 |
| Mental health & substance abuse | Adults with poor mental health in previous month (age-adjusted % of adults) | ≤10.1% | 7.5 | 7.1 | 11.2 | 11.8 |
| | Adults with binge drinking in previous month (age-adjusted % of adults) | ≤18.4% | 24.8 | 18.9 | 24.7 | 17.4 |
| | Suicide deaths (rate per 100k residents) | ≤5.9 | 15.3 | 11.0 | 12.6 | 9.5 |
| Environment | Fall hospitalizations (per 10k adults 65+) | ≤204.6 | 152.8 | 185.1 | 159.6 | 188.7 |
| | Fall ED visits (per 10k children 1-4) | ≤429.1 | 532.7 | 665.6 | 566.0 | 442.7 |
| | Assault hospitalizations (per 10k residents) | ≤4.3 | 1.3 | 1.5 | 1.2 | 2.4 |
| | Occupational injuries (ED visits per 10k adolescents 15-19) | ≤33 | 57.0 | 70.3 | 39.7 | 28.2 |
| | Climate Smart Communities pledge (% of residents living in) | ≥32% | 1.7 | 1.7 | 6.5 | 56.8 |
| | Using alternate modes of transportation (% of civilian workers 16+) | ≥49.2% | 22.5 | 22.4 | 21.7 | 22.6 |
| | Low-income with limited access to supermarkets (% of population) | ≤2.24% | NA | 5.2 | 5.7 | 4.2 |
| | Optimally fluoridated water (% of residents served by) | ≥78.5% | 71.3 | 78.5 | 65.4 | 52.6 |
| | Preterm births (% of births) | ≤10.2% | 10.2 | 10.3 | 9.9 | 10.8 |
| Women, infants, & children | Ratio of Medicaid to non-Medicaid | 1.0 | 1.1 | 1.1 | 1.1 | 1.1 |
| | Infants exclusively breastfed in hospital (% of infants) | ≥48.1% | 66.8 | 63.8 | 65.9 | 51.1 |
| | Maternal mortality (maternal deaths per 100k births) | ≤21.0 | 15.2* | 15.5* | 17.9 | 18.0 |
| | Children with recommended well-child visits (% of children w/public insurance) | ≥76.9% | 59.4 | 53.2 | 55.5 | 70.2 |
| | 0-15 months | ≥91.3% | 89.7 | NA | 83.0 | 84.3 |
| | 3-6 years | ≥91.3% | 71.1 | 74.2 | 68.8 | 81.4 |
| | 12-21 years | ≥67.1% | 49.8 | 45.7 | 45.4 | 62.0 |
| | Women with health insurance (% of women 18-64) | 100% | 91.1 | 88.0 | 90.9 | NA |
| | Children with health insurance (% of children ≤19) | 100% | 96.6 | 95.5 | 96.4 | NA |
| | Adolescent pregnancy (rate per 1k women 15-17) | ≤25.6 | 13.4 | 18.4 | 10.0 | 11.7 |
| | Children with untreated tooth decay (% of third graders) | ≤21.6% | NA | 29.5 | NA | 24.0 |
| | Unintended pregnancies (% of live births) | ≤23.8% | 33.0 | 35.1 | 32.5 | 26.5 |
| | Medicaid to non-Medicaid ratio | ≤1.54 | 1.6 | 1.5 | 1.6 | 2.0 |
| | Black non-Hispanic to White non-Hispanic ratio | ≤1.90 | 1.4 | 1.3 | 1.4 | 2.1 |
| | Hispanic to White non-Hispanic ratio | ≤1.43 | 1.1 | 1.0 | 1.1 | 1.5 |
| | Births within 24 months of previous pregnancy (% of births) | ≤17% | 23.0 | 23.0 | 24.5 | 21.1 |
| Infectious disease | Adults with flu immunizations (% of adults) | ≥70% | 70.1 | 70.5 | 71.9 | 77.1 |
| | Children with recommended immunization series (% children 19-35 months) | ≥80% | 58.6 | 45.5 | 62.6 | 59.4 |
| | HPV immunizations (% women 13-17) | ≥50% | 15.9 | 16.8 | 16.2 | 30.3 |
| | HIV case rate (new diagnoses per 100k) | ≤16.1 | 4.2 | 4.0 | 4.3 | 7.1 |
| | Gonorrhea (case rate per 100k women 15-44) | ≤183.4 | 90.0 | 162.9 | 62.9 | 140.1 |
| | Gonorrhea (case rate per 100k men 15-44) | ≤199.5 | 92.8 | 141.2 | 60.7 | 145.3 |
| | Chlamydia (case rate per 100k women 15-44) | ≤1458 | 1559.7 | 1495.6 | 1262.0 | 1249.6 |
| | Syphilis (case rate per 100k men) | ≤10.1 | 4.8* | 0.0* | 5.3 | 7.0 |
| | Syphilis (case rate per 100k women) | ≤0.4 | 0.0* | 0.0* | 0.0 | 0.3 |
| | Overall health & disparities | Premature deaths (% of deaths before age 65) | ≤21.8% | 24.8 | 27.2 | 23.0 |
| Ratio: Black non-Hispanics (to White non-Hispanics) | | ≤1.87 | 3.6 | 3.1 | 2.9 | 2.1 |
| Ratio: Hispanics (to White non-Hispanics) | | ≤1.86 | 2.7 | 2.8 | 2.4 | 2.2 |
| Preventable hospitalizations (age-adjusted per 10k adults) | | ≤122 | 111.9 | 133.5 | 127.4 | 106.1 |
| Black non-Hispanic to White non-Hispanic ratio | | ≤1.85 | 0.7 | 0.6 | 0.5 | 1.9 |
| Hispanic to White non-Hispanics ratio | | ≤1.38 | 0.7 | 0.7 | 0.8 | 1.5 |
| Adults with health insurance (% of adults 18-64) | | 100% | 89.8 | 86.1 | 89.4 | NA |
| Adults with a primary care provider (age-adjusted %) | | 91.8% | 82.4 | 81.6 | 82.7 | NA |
| Mortality rate (age adjusted per 100k residents) | | NA | 755.3 | 805.1 | 712.4 | NA |

Notes

- Indicators shown in orange do not meet Prevention Agenda 2018 objectives. Darker orange indicates a wider gap between the most recent measurement and the objective, or a lack of recent improvement.
- Indicators shown in blue meet Prevention Agenda 2018 objectives. Darker blue indicates those measurements that their objectives by wider margins.
- Asterisks indicate rates that are unstable because of small numerators (i.e. fewer than 10 events).
- Some measurements are based on different years than those noted in the table. Please refer to the NYSDOH Prevention Agenda home page for details.
- NA = Not available or not reported

Summary of Prevention Agenda Indicators for Jefferson County

Indicators most relevant to priorities selected in 2013 are underlined.

Summary of Prevention Agenda Indicators for Jefferson County (as of 2016 Community Health Assessment)
 Indicators most relevant to priorities that were selected in 2013 are underlined

| | Better | Fair | Worse |
|--|--|---|--|
| Chronic disease | Asthma ED visits Asthma ED visits (ages 0-4) Diabetes hospitalizations (ages 6-17) | <u>Child and adolescent obesity</u> Heart attack hospitalizations | <u>Adult obesity</u> <u>Cigarette smoking</u> Colorectal cancer screenings Diabetes hospitalizations (adults) |
| Mental health & substance abuse | <u>Adults reporting poor mental health</u> | | Adult binge-drinking <u>Suicide rate</u> |
| Environment | <u>Falls hospitalizations (elderly)</u> Assault hospitalizations | Optimally fluoridated water | Falls ED visits (ages 1-4) Occupational injury ED visits (ages 15-19) Climate Smart Communities pledge Alternate modes of transportation Low-income access to supermarkets |
| Women, infants, & children | <u>Preterm births ratio (Hispanic)</u> <u>Infants breastfed in the hospital</u> Maternal mortality Adolescent pregnancies <u>Unintended pregnancies</u> Unintended pregnancy ratios (Black, Hispanic) | <u>Preterm births</u> Preterm births ratios (Black, Medicaid) <u>Children with recommended well-child visits</u> <u>Children 0-15 months with recommended well-child visits</u> Unintended pregnancy ratio (Medicaid) Live births within 24 months of a previous pregnancy | <u>Children 3-6 years with recommended well-child visits</u> <u>Children 12-21 years with recommended well-child visits</u> <u>Children with untreated tooth decay</u> |
| Infectious disease | Adult flu immunizations HIV case rate <u>Gonorrhea case rate</u> Syphilis case rate | <u>Chlamydia case rate</u> | <u>Childhood immunizations</u> HPV immunizations |
| Overall health & disparities | Preventable hospitalizations (adults) Preventable hospitalization ratios (Black, Hispanic) | Premature deaths (before age 65) Adults with health insurance | Premature deaths ratios (Black, Hispanic) Adults with a primary care provider |

Notes

- 2014 is the most recent measurement period for most measures.
- Indicators in the "better" column on the left meet Prevention Agenda 2018 objectives as of the most recent measurement period. In most cases, this reflects either that Jefferson County is doing better compared to the state or that statewide improvement has occurred within the past several years.
- Indicators in the "fair" column in the middle do not meet the Prevention Agenda 2018 objective as of the most recent measurement period, but are close to the objective threshold and not far off from statewide and regional comparisons.
- Indicators in the "worse" column on the right do not meet Prevention Agenda 2018 objectives, are not close to meeting Prevention Agenda 2018 objectives, and are worse than statewide comparisons.

Jefferson County Hospital Service Areas



Carthage Area Hospital

The Hospital

Carthage Area Hospital was established as a not-for-profit rural community hospital in 1965. The facility is a 35-bed critical access hospital that serves approximately 83,000 residents living in Jefferson, northern Lewis and southern St. Lawrence Counties.

The Hospital serves both civilian and military personnel and their families at Fort Drum. Carthage Area Hospital continues efforts to expand and improve needed healthcare services and technologies for both soldiers in the 10th Mountain Division, and civilians living Carthage and surrounding communities.⁶⁶

Mission: Carthage Area Hospital provides quality comprehensive healthcare services in a community setting.

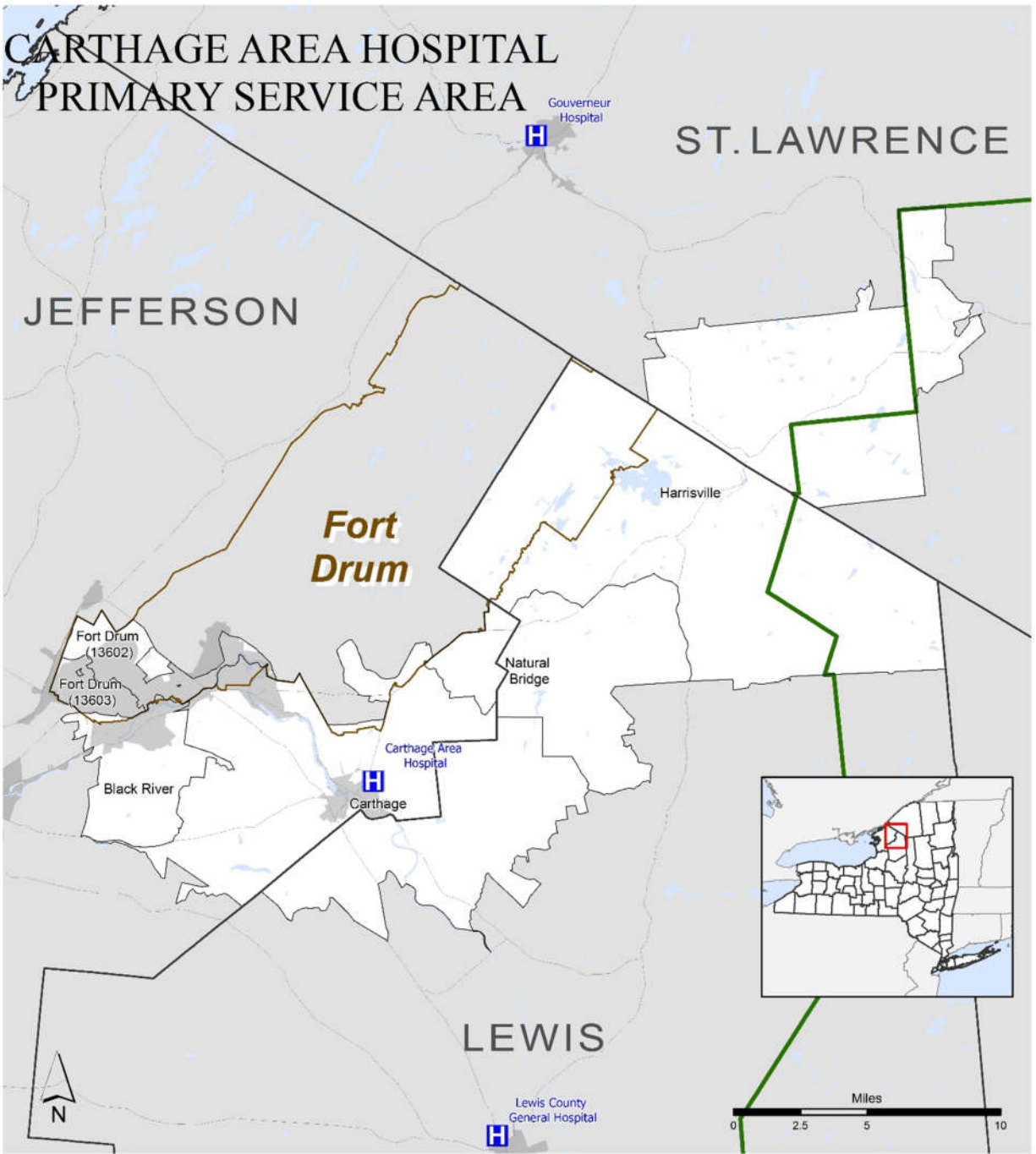
Service Area

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.

The primary service area is defined as comprising zip code areas in which Carthage Area Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁶⁷

⁶⁶ For more information, visit Carthage Area Hospital's "About" page at <http://www.carthagehospital.com/about/>

⁶⁷ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



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



Hospitalizations and Emergency Department Visits

Carthage Area Hospital Primary Service Area Hospitalizations, 2010-2014

| Group | Count | | | | | Year | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|-------|-------|-------|-------|-------|------------------------------|--------|--------|--------|--------|---------------------------------------|---------|---------|--------|---------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | Age-Adjusted Rate (per 100k) | | | | | 2010 | 2011 | 2012 | 2013 | 2014 |
| | | | | | | 2010 | 2011 | 2012 | 2013 | 2014 | | | | | |
| All hospitalizations | 3,890 | 4,232 | 4,364 | 4,076 | 3,696 | 11,407 | 12,807 | 12,491 | 11,553 | 11,171 | 12.3% | -2.5% | -7.5% | -3.3% | |
| Hypertension (p&c) | 1,043 | 1,217 | 1,111 | 1,047 | 931 | 3,394 | 4,389 | 4,149 | 3,540 | 3,626 | 29.3% | -5.5% | -14.7% | 8.1% | |
| Mental disorders (p&c) | 1,116 | 1,246 | 1,193 | 1,181 | 1,093 | 3,433 | 4,545 | 3,587 | 3,510 | 3,634 | 32.4% | -21.1% | -2.2% | 3.5% | |
| Diabetes (p&c) | 510 | 657 | 632 | 547 | 452 | 1,669 | 2,404 | 2,060 | 1,649 | 1,489 | 44.1% | -14.3% | -19.9% | -9.7% | |
| Substance abuse (p&c) | 499 | 572 | 590 | 587 | 568 | 1,593 | 2,223 | 1,787 | 1,899 | 1,487 | 39.6% | -19.6% | 6.2% | -21.7% | |
| Depression (p&c) | 541 | 544 | 492 | 523 | 496 | 1,548 | 1,945 | 1,354 | 1,563 | 1,453 | 25.7% | -30.4% | 15.5% | -7.1% | |
| Kidney disease (p&c) | 284 | 351 | 346 | 339 | 297 | 903 | 1,117 | 1,076 | 1,268 | 1,104 | 23.7% | -3.7% | 17.8% | -12.9% | |
| Mental disorders (p) | 404 | 382 | 390 | 377 | 396 | 843 | 918 | 886 | 946 | 965 | 8.9% | -3.5% | 6.8% | 1.9% | |
| Flu & pneumonia | 73 | 103 | 106 | 77 | 67 | 195 | 390 | 279 | 230 | 936 | 100.4% | -28.4% | -17.7% | 306.9% | |
| Unintentional injuries | 265 | 306 | 319 | 280 | 242 | 946 | 909 | 931 | 775 | 745 | -4.0% | 2.5% | -16.7% | -3.9% | |
| Heart disease | 272 | 353 | 330 | 288 | 191 | 849 | 1,212 | 1,187 | 1,123 | 541 | 42.7% | -2.1% | -5.3% | -51.9% | |
| Alcohol | 162 | 155 | 194 | 161 | 190 | 462 | 505 | 505 | 665 | 470 | 9.4% | -0.1% | 31.7% | -29.4% | |
| Depression (p) | 252 | 182 | 187 | 165 | 175 | 532 | 434 | 404 | 510 | 374 | -18.4% | -8.8% | 26.1% | -26.7% | |
| Stroke | 71 | 53 | 52 | 43 | 56 | 200 | 158 | 164 | 125 | 237 | -20.8% | 3.8% | -23.8% | 89.4% | |
| Cancer | 42 | 79 | 60 | 76 | 73 | 228 | 363 | 215 | 250 | 236 | 59.3% | -40.9% | -16.7% | -5.8% | |
| Sepsis | 47 | 38 | 48 | 50 | 54 | 150 | 185 | 146 | 153 | 225 | 22.9% | -21.2% | 5.2% | 47.2% | |
| Falls | 67 | 84 | 84 | 57 | 73 | 204 | 233 | 237 | 144 | 224 | 14.0% | 2.0% | -39.4% | 55.4% | |
| COPD | 94 | 107 | 103 | 59 | 52 | 433 | 381 | 331 | 201 | 168 | -12.0% | -13.0% | -39.4% | -16.6% | |
| Ischemic heart disease | 496 | 488 | 563 | 603 | 228 | 350 | 564 | 500 | 326 | 157 | 60.9% | -11.2% | -34.9% | -51.6% | |
| CHF | 61 | 79 | 81 | 78 | 48 | 196 | 236 | 268 | 398 | 137 | 20.5% | 13.5% | 48.5% | -65.6% | |
| Substance abuse (p) | 54 | 52 | 57 | 30 | 33 | 137 | 205 | 235 | 150 | 99 | 49.6% | 14.3% | -35.9% | -34.1% | |
| Opiate poisoning (p&c) | 44 | 44 | 47 | 43 | 39 | 126 | 151 | 142 | 126 | 99 | 19.9% | -5.8% | -11.5% | -21.4% | |
| Kidney disease (p) | 36 | 44 | 49 | 32 | 27 | 108 | 169 | 174 | 111 | 79 | 57.1% | 2.7% | -36.0% | -28.4% | |
| Self-inflicted injuries | 34 | 33 | 29 | 22 | 23 | 77 | 74 | 70 | 61 | 59 | -4.6% | -4.3% | -13.8% | -3.0% | |
| Liver disease | 18 | | | | 11 | 63 | | | | 30 | -100.0% | | | | |
| Colorectal cancer | | 15 | | | | | 174 | | | | | -100.0% | | | |
| Lung cancer | | 11 | | 16 | | | 32 | | 46 | | | -100.0% | | | -100.0% |
| MVA | 12 | 20 | 25 | | | 42 | 56 | 50 | | | 35.2% | -11.7% | -100.0% | | |
| Prostate cancer | | | | 11 | | | | | 53 | | | | | | -100.0% |

Carthage Area Hospital Primary Service Area Emergency Department Visits, 2010-2014

| Group | Count | | | | | Year | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|--------|--------|--------|--------|--------|------------------------------|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | Age-Adjusted Rate (per 100k) | | | | | 2010 | 2011 | 2012 | 2013 | 2014 |
| | | | | | | 2010 | 2011 | 2012 | 2013 | 2014 | | | | | |
| All visits | 16,512 | 19,109 | 19,722 | 18,753 | 19,199 | 50,494 | 57,237 | 57,262 | 56,235 | 58,767 | 13.4% | 0.0% | -1.8% | 4.5% | |
| Unintentional injuries | 4,115 | 4,673 | 4,564 | 4,575 | 4,625 | 12,996 | 13,741 | 13,350 | 13,408 | 13,582 | 10.9% | -2.8% | 0.4% | 1.3% | |
| Mental disorders (p&c) | 1,303 | 1,734 | 3,286 | 2,880 | 3,283 | 3,908 | 5,649 | 9,006 | 8,028 | 9,382 | 44.6% | 59.4% | -10.9% | 16.9% | |
| Substance abuse (p&c) | 426 | 522 | 2,294 | 1,905 | 2,494 | 1,173 | 1,413 | 5,964 | 5,489 | 6,719 | 20.5% | 322.0% | -8.0% | 22.4% | |
| Hypertension (p&c) | 632 | 878 | 1,013 | 957 | 1,028 | 3,321 | 3,789 | 4,224 | 3,563 | 4,576 | 14.1% | 11.5% | -15.6% | 28.4% | |
| Falls | 1,124 | 1,207 | 1,246 | 1,366 | 1,249 | 3,392 | 3,582 | 3,720 | 4,050 | 3,763 | 5.6% | 3.8% | 8.9% | -7.1% | |
| Diabetes (p&c) | 280 | 390 | 439 | 456 | 496 | 1,527 | 1,694 | 1,636 | 1,735 | 2,151 | 10.9% | -3.4% | 6.0% | 24.0% | |
| Depression (p&c) | 433 | 596 | 681 | 493 | 519 | 1,281 | 1,861 | 1,950 | 1,494 | 1,713 | 45.3% | 4.8% | -23.4% | 14.7% | |
| Mental disorders (p) | 483 | 609 | 585 | 445 | 530 | 1,307 | 1,641 | 1,637 | 1,242 | 1,626 | 25.6% | -0.3% | -24.1% | 30.8% | |
| Flu & pneumonia | 130 | 204 | 377 | 192 | 208 | 448 | 599 | 1,186 | 550 | 975 | 33.7% | 97.6% | -53.7% | 77.5% | |
| COPD | 270 | 297 | 296 | 324 | 250 | 843 | 1,267 | 938 | 1,037 | 779 | 50.3% | -26.0% | 10.6% | -24.9% | |
| MVA | 249 | 354 | 311 | 292 | 278 | 758 | 1,037 | 950 | 754 | 728 | 36.8% | -8.4% | -20.6% | -3.4% | |
| Depression (p) | 168 | 184 | 180 | 121 | 144 | 423 | 506 | 445 | 359 | 496 | 19.7% | -11.9% | -19.3% | 38.1% | |
| Heart disease | 83 | 107 | 129 | 151 | 141 | 282 | 406 | 452 | 564 | 439 | 44.3% | 11.2% | 24.9% | -22.2% | |
| Alcohol | 146 | 171 | 171 | 169 | 185 | 366 | 371 | 507 | 428 | 418 | -4.0% | 36.7% | -15.6% | -2.2% | |
| Asthma | 179 | 175 | 177 | 188 | 118 | 557 | 474 | 546 | 509 | 371 | -14.9% | 15.1% | -6.8% | -27.0% | |
| Kidney disease (p&c) | 27 | 42 | 64 | 78 | 85 | 79 | 113 | 209 | 317 | 310 | 42.5% | 84.9% | 51.8% | -2.0% | |
| Substance abuse (p) | 100 | 134 | 130 | 99 | 127 | 261 | 307 | 390 | 223 | 308 | 17.6% | 27.3% | -42.8% | 37.7% | |
| Assault injuries | 127 | 142 | 139 | 125 | 96 | 288 | 354 | 350 | 234 | 205 | 23.2% | -1.1% | -33.2% | -12.7% | |
| STDs | 74 | 110 | 98 | 118 | 91 | 229 | 309 | 275 | 294 | 204 | 34.9% | -10.9% | 6.7% | -30.6% | |
| Medical injuries | 57 | 74 | 100 | 102 | 81 | 177 | 197 | 262 | 408 | 192 | 11.5% | 33.0% | 55.0% | -52.6% | |
| Opiate poisoning (p&c) | 16 | 14 | 29 | 45 | 52 | 44 | 43 | 75 | 129 | 153 | -4.0% | 77.2% | 70.7% | 18.9% | |
| Ischemic heart disease | 21 | 52 | 52 | 69 | 40 | 89 | 224 | 200 | 286 | 133 | 151.4% | -10.5% | 42.7% | -53.3% | |
| Self-inflicted injuries | 25 | 33 | 17 | 30 | 34 | 66 | 113 | 45 | 87 | 130 | 72.1% | -59.9% | 92.0% | 49.9% | |
| Stroke | 18 | 21 | 37 | 32 | 37 | 48 | 69 | 102 | 84 | 83 | 42.8% | 48.9% | -17.5% | -1.9% | |
| CHF | 15 | 11 | 18 | 16 | 25 | 36 | 31 | 93 | 39 | 67 | -15.7% | 203.1% | -58.3% | 72.9% | |
| Heroin poisoning (p&c) | | | | 12 | 12 | | | | 35 | 38 | | | | | 7.1% |

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses; (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses

River Hospital

The Hospital

River Hospital is a not-for-profit critical access hospital in Alexandria Bay, New York. It has 15 acute care beds and 9 swing beds.

When Alexandria Bay's hospital was threatened with closure in 2000, a group of concerned citizens formed a task force to appeal to the New York State Department of Health to become an independent institution. Through their efforts, River Hospital was 'reborn' as an independent facility on April 15, 2003.

In September of 2007, River Hospital opened its Ambulatory Surgery Unit, The Anthony C. "Tony" Malara Operating Suite. With this addition to services, River Hospital now offers minor surgical procedures and colonoscopies performed on an outpatient basis.

In 2008, River Hospital expanded its on-site River Family Health Center, a primary care clinic, and opened the Jefferson Eye Surgeons Ophthalmology Clinic. In 2012, several services were added, including convenient care, an observation unit, and the River Community Wellness Program.⁶⁸

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

Service Area

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

The primary service area is defined as comprising zip code areas in which River Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁶⁹

The primary service area covers an area of about 35 miles in length and 15 miles in width. It is bordered by the St. Lawrence River to the north – an international border and waterway.

All of these zip codes are general Health Professional Shortage Areas (HPSA) for primary care, low-income HPSAs for dental care, and Medicaid-eligible HPSAs for mental, emotional, and behavioral

⁶⁸ For more information, visit River Hospital's "About Us" page at <https://www.riverhospital.org/pages/our-story-and-mission>

⁶⁹ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.

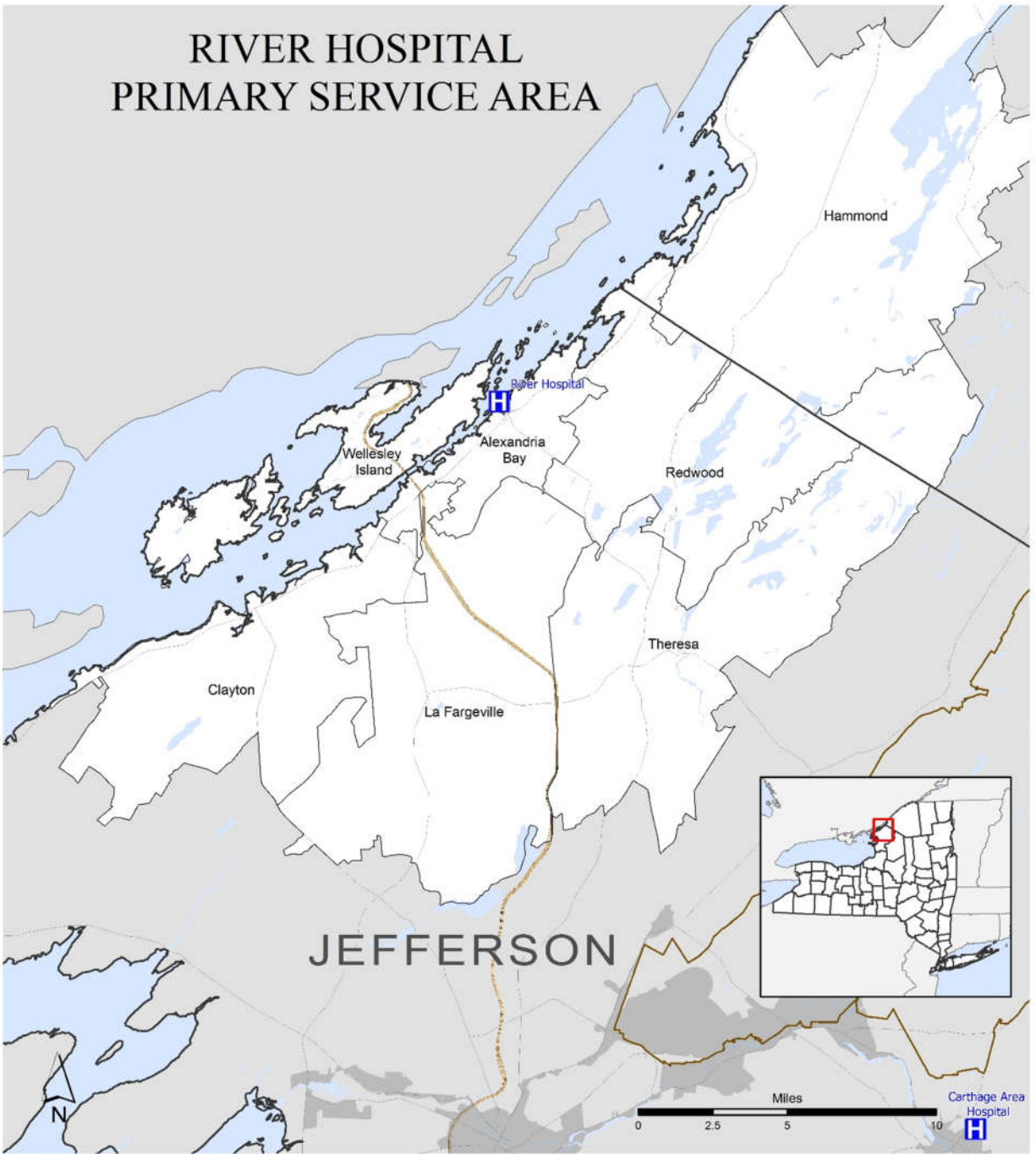
care. The entire primary service area also falls within one of two Medically Underserved Areas (MUAs): The Alexandria Town Service Area MUA in northern Jefferson County, and the De Kalb Town Service Area MUA in western St. Lawrence County.⁷⁰



As of 2015, there were ten primary care physicians registered with the National Plan & Provider Enumeration System in these zip codes: Five each in Clayton and Alexandria Bay.⁷¹

⁷⁰ HPSAs are designated by the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Services. They may be urban areas, rural areas, population groups, or medical facilities with a shortage of either primary care, dental, or mental health clinicians. For more information refer to HRSA's definitions at <http://www.hrsa.gov/shortage/>

⁷¹ National Plan and Provider Enumeration System (NPPES), 2015. Accessible at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

RIVER HOSPITAL PRIMARY SERVICE AREA



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



"Building a Strong North Country Healthcare System"

Hospitalizations and Emergency Department Visits

River Hospital Primary Service Area Hospitalizations, 2010-2014

| Group | Count | | | | | Year | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|-------|-------|-------|-------|-------|------------------------------|--------|--------|--------|--------|---------------------------------------|---------|---------|---------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | Age-Adjusted Rate (per 100k) | | | | | 2010 | 2011 | 2012 | 2013 | 2014 |
| | | | | | | 2010 | 2011 | 2012 | 2013 | 2014 | | | | | |
| All hospitalizations | 1,811 | 1,773 | 1,906 | 1,780 | 1,563 | 10,411 | 10,732 | 12,198 | 11,141 | 10,229 | 3.1% | 13.7% | -8.7% | -8.2% | |
| Hypertension (p&c) | 722 | 709 | 791 | 818 | 696 | 3,732 | 3,906 | 4,774 | 4,619 | 4,059 | 4.7% | 22.2% | -3.2% | -12.1% | |
| Mental disorders (p&c) | 591 | 582 | 676 | 641 | 562 | 3,313 | 3,423 | 4,158 | 3,956 | 3,533 | 3.3% | 21.5% | -4.8% | -10.7% | |
| Diabetes (p&c) | 364 | 391 | 424 | 379 | 330 | 1,839 | 2,186 | 2,556 | 2,103 | 2,033 | 18.9% | 16.9% | -17.7% | -3.3% | |
| Substance abuse (p&c) | 267 | 282 | 380 | 347 | 290 | 1,480 | 1,497 | 2,295 | 2,145 | 1,725 | 1.1% | 53.3% | -6.6% | -19.6% | |
| Kidney disease (p&c) | 262 | 318 | 286 | 318 | 288 | 1,369 | 1,831 | 1,884 | 1,965 | 1,682 | 33.8% | 2.9% | 4.3% | -14.4% | |
| Depression (p&c) | 239 | 237 | 236 | 252 | 234 | 1,369 | 1,377 | 1,495 | 1,486 | 1,590 | 0.6% | 8.5% | -0.6% | 7.0% | |
| Unintentional injuries | 188 | 208 | 199 | 194 | 158 | 976 | 1,084 | 1,165 | 1,156 | 919 | 11.1% | 7.5% | -0.8% | -20.5% | |
| Mental disorders (p) | 125 | 98 | 130 | 90 | 95 | 718 | 610 | 828 | 649 | 714 | -15.1% | 35.9% | -21.7% | 10.1% | |
| Heart disease | 160 | 166 | 182 | 196 | 140 | 837 | 879 | 976 | 1,034 | 696 | 5.1% | 11.0% | 6.0% | -32.7% | |
| Alcohol | 81 | 98 | 102 | 90 | 89 | 439 | 481 | 590 | 619 | 553 | 9.6% | 22.5% | 5.0% | -10.7% | |
| Sepsis | 42 | 55 | 46 | 49 | 70 | 227 | 321 | 252 | 278 | 378 | 41.6% | -21.4% | 10.1% | 36.1% | |
| Depression (p) | 57 | 42 | 41 | 35 | 39 | 332 | 261 | 271 | 230 | 341 | -21.3% | 3.8% | -15.0% | 48.1% | |
| Cancer | 54 | 48 | 64 | 54 | 54 | 282 | 289 | 334 | 262 | 271 | 2.4% | 15.4% | -21.6% | 3.7% | |
| Substance abuse (p) | 23 | 29 | 40 | 35 | 36 | 125 | 175 | 329 | 289 | 255 | 39.8% | 88.6% | -12.2% | -11.6% | |
| Ischemic heart disease | 247 | 277 | 281 | 418 | 287 | 373 | 300 | 372 | 405 | 255 | -19.4% | 23.8% | 8.8% | -37.0% | |
| Flu & pneumonia | 71 | 53 | 78 | 64 | 43 | 416 | 328 | 565 | 448 | 242 | -21.3% | 72.4% | -20.7% | -45.9% | |
| Stroke | 45 | 42 | 51 | 54 | 36 | 244 | 252 | 369 | 289 | 215 | 3.6% | 46.3% | -21.7% | -25.5% | |
| Opiate poisoning (p&c) | | 20 | 23 | 28 | 32 | | 135 | 210 | 183 | 203 | | 55.8% | -13.1% | 11.0% | |
| Falls | 56 | 57 | 59 | 41 | 33 | 310 | 271 | 376 | 282 | 189 | -12.5% | 38.6% | -25.0% | -32.2% | |
| COPD | 62 | 46 | 38 | 33 | 27 | 365 | 239 | 211 | 206 | 162 | -34.6% | -11.8% | -2.4% | -21.1% | |
| Kidney disease (p) | 23 | 23 | 24 | 25 | 23 | 133 | 137 | 159 | 150 | 152 | 3.0% | 16.4% | -6.2% | 1.9% | |
| CHF | 33 | 36 | 43 | 34 | 27 | 185 | 212 | 255 | 173 | 149 | 14.6% | 20.0% | -32.2% | -13.5% | |
| Liver disease | | | 13 | | | | | 63 | | | | | -100.0% | | |
| Lung cancer | | | 12 | 12 | | | | 65 | 61 | | | | -5.2% | -100.0% | |
| MVA | 14 | 16 | | | | 67 | 94 | | | | 39.9% | -100.0% | | | |
| Self-inflicted injuries | 14 | | 13 | | | 88 | | 98 | | | -100.0% | | -100.0% | | |

River Hospital Primary Service Area Emergency Department Visits, 2010-2014

| Group | Count | | | | | Year | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|-------|-------|-------|-------|-------|------------------------------|--------|--------|--------|--------|---------------------------------------|--------|--------|---------|------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | Age-Adjusted Rate (per 100k) | | | | | 2010 | 2011 | 2012 | 2013 | 2014 |
| | | | | | | 2010 | 2011 | 2012 | 2013 | 2014 | | | | | |
| All visits | 7,923 | 8,527 | 8,813 | 7,856 | 8,094 | 48,644 | 54,621 | 58,040 | 53,684 | 58,547 | 12.3% | 6.3% | -7.5% | 9.1% | |
| Mental disorders (p&c) | 563 | 625 | 997 | 1,292 | 1,948 | 3,572 | 3,808 | 6,650 | 9,015 | 13,960 | 6.6% | 74.6% | 35.6% | 54.9% | |
| Unintentional injuries | 2,236 | 2,442 | 2,373 | 1,580 | 1,826 | 13,544 | 15,136 | 15,570 | 10,991 | 13,132 | 11.8% | 2.9% | -32.0% | 24.0% | |
| Substance abuse (p&c) | 153 | 195 | 612 | 859 | 1,525 | 972 | 1,209 | 4,084 | 6,109 | 10,971 | 24.3% | 238.0% | 49.6% | 79.6% | |
| Hypertension (p&c) | 502 | 535 | 1,007 | 1,111 | 1,501 | 2,708 | 3,016 | 5,667 | 6,430 | 9,522 | 11.4% | 87.9% | 13.5% | 48.1% | |
| Diabetes (p&c) | 236 | 328 | 467 | 495 | 620 | 1,269 | 1,936 | 2,794 | 2,868 | 3,973 | 52.5% | 44.3% | 2.6% | 38.6% | |
| Falls | 588 | 710 | 623 | 410 | 460 | 3,352 | 4,301 | 4,219 | 2,615 | 3,435 | 28.3% | -1.9% | -38.0% | 31.4% | |
| Depression (p&c) | 160 | 172 | 235 | 253 | 272 | 1,002 | 1,042 | 1,659 | 1,533 | 1,901 | 4.1% | 59.1% | -7.6% | 24.0% | |
| Mental disorders (p) | 212 | 223 | 205 | 168 | 208 | 1,348 | 1,385 | 1,439 | 1,119 | 1,515 | 2.7% | 3.9% | -22.3% | 35.5% | |
| Flu & pneumonia | 93 | 97 | 249 | 119 | 168 | 598 | 603 | 1,642 | 718 | 1,172 | 0.8% | 172.5% | -56.3% | 63.2% | |
| Heart disease | 127 | 116 | 114 | 152 | 166 | 581 | 636 | 539 | 753 | 1,028 | 9.4% | -15.2% | 39.8% | 36.6% | |
| MVA | 107 | 125 | 87 | 104 | 112 | 663 | 740 | 616 | 640 | 893 | 11.6% | -16.7% | 3.8% | 39.5% | |
| COPD | 181 | 141 | 177 | 120 | 132 | 1,127 | 909 | 1,171 | 811 | 842 | -19.3% | 28.8% | -30.7% | 3.8% | |
| Kidney disease (p&c) | 49 | 63 | 71 | 116 | 135 | 302 | 431 | 456 | 782 | 728 | 43.0% | 5.8% | 71.4% | -6.9% | |
| Alcohol | 46 | 53 | 67 | 73 | 72 | 279 | 346 | 396 | 430 | 505 | 23.8% | 14.5% | 8.7% | 17.3% | |
| Ischemic heart disease | 45 | 30 | 40 | 66 | 66 | 196 | 119 | 178 | 299 | 391 | -39.2% | 49.5% | 67.7% | 30.9% | |
| Substance abuse (p) | 18 | 39 | 47 | 35 | 47 | 100 | 277 | 283 | 236 | 340 | 175.5% | 2.4% | -16.5% | 43.9% | |
| Depression (p) | 48 | 46 | 56 | 50 | 46 | 301 | 287 | 409 | 311 | 324 | -4.9% | 42.5% | -23.8% | 3.9% | |
| Asthma | 76 | 57 | 64 | 49 | 49 | 510 | 394 | 403 | 377 | 323 | -22.7% | 2.1% | -6.3% | -14.3% | |
| Opiate poisoning (p&c) | | | 22 | 22 | 43 | | | 117 | 146 | 304 | | | 25.0% | 108.6% | |
| STDs | 28 | 36 | 29 | 34 | 30 | 214 | 280 | 221 | 266 | 244 | 30.6% | -20.9% | 20.2% | -8.3% | |
| Medical injuries | 62 | 41 | 43 | 50 | 38 | 355 | 220 | 233 | 260 | 228 | -38.0% | 5.6% | 11.8% | -12.3% | |
| CHF | 29 | 30 | 27 | 29 | 39 | 143 | 218 | 109 | 181 | 221 | 52.0% | -50.0% | 48.0% | 37.1% | |
| Assault injuries | 39 | 66 | 31 | 21 | 27 | 302 | 423 | 214 | 134 | 203 | 40.4% | -49.4% | -37.4% | 51.3% | |
| Heroin poisoning (p&c) | | | | 13 | 18 | | | | 96 | 134 | | | | 39.0% | |
| Stroke | 21 | 23 | 20 | 29 | 18 | 110 | 178 | 94 | 173 | 124 | 60.9% | -47.2% | 84.6% | -28.6% | |
| Kidney disease (p) | | | | | 14 | | | | | 88 | | | | | |
| Sepsis | | | | | 13 | | | | | 71 | | | | | |
| Self-inflicted injuries | | | 14 | | | | | 147 | | | | | | -100.0% | |

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses; (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses

Samaritan Medical Center

The Hospital

Samaritan Medical Center, located in Watertown, NY, is a 294-bed not-for-profit community medical center, offering a full spectrum of inpatient and outpatient healthcare 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 services, Samaritan Medical Center and its team of healthcare professionals serves the medical needs of the region's civilian and military community.

In addition to the inpatient and outpatient services available at the main hospital and numerous community clinics and satellite testing centers, Samaritan serves the community's long-term care needs with Samaritan Keep Home, a 272-bed long-term care facility and Samaritan Summit Village, a 288-bed long-term care facility with skilled nursing and assisted living services.⁷²

Over 180 physicians in 40 different specialties work together with more than 2,000 employees at Samaritan Medical Center to offer a full spectrum of diagnostic and treatment services for people of all ages.

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 code area, 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 – as well Sandy Creek and Lacona in Oswego County, Copenhagen in Lewis County, and Harrisville, split between Lewis and St. Lawrence counties.

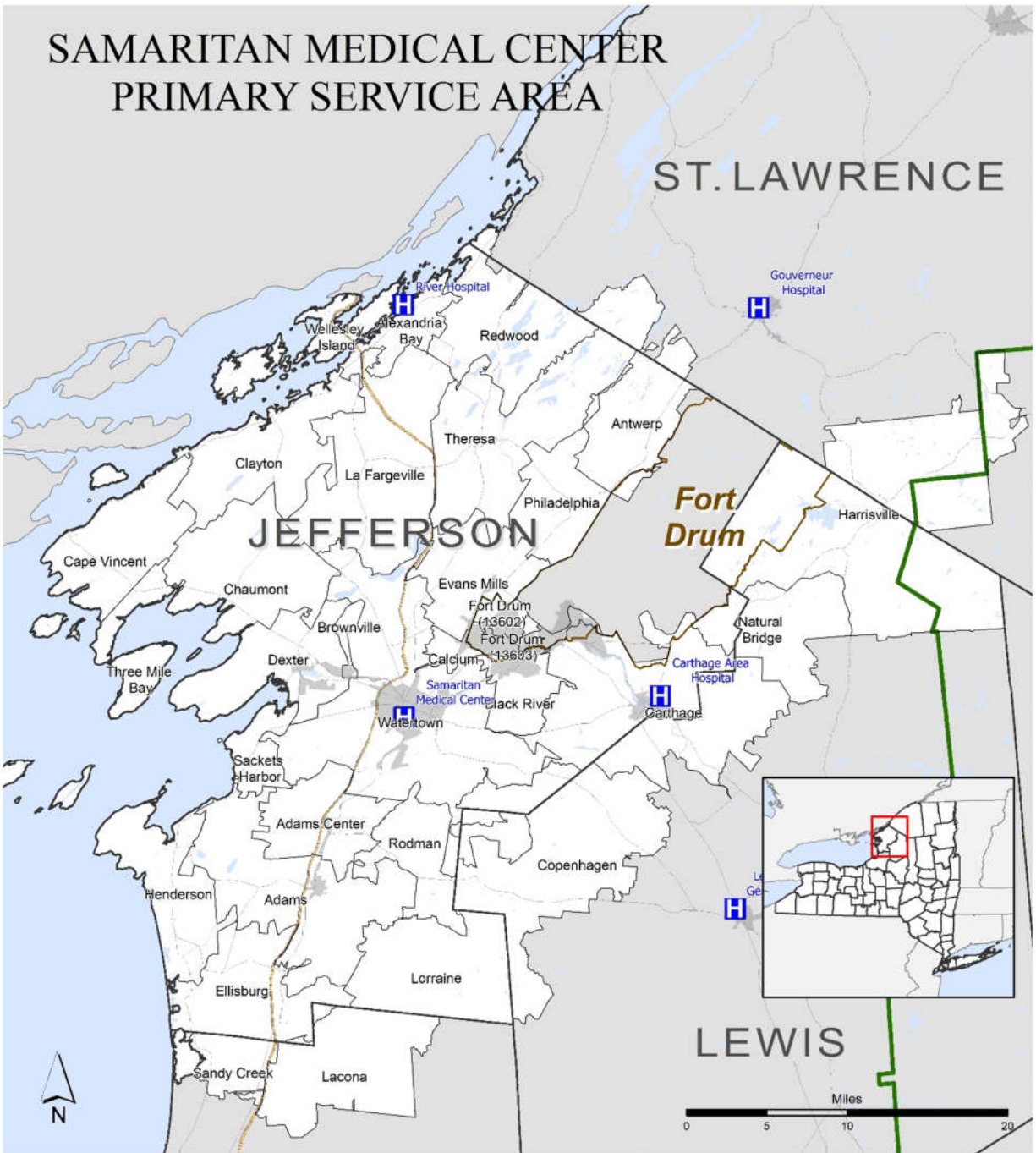
The primary service area is defined as comprising zip code areas in which Samaritan Medical Center accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁷³

⁷² For more information, visit Samaritan Medical Center's "About" page at <https://samaritanhealth.com/medical-center/about/our-story-mission>

⁷³ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.

The largest populated places in Samaritan Medical Center's primary service area are Watertown, which is the county seat for Jefferson County, the only city in the county, and the largest city in the region, and Fort Drum.

SAMARITAN MEDICAL CENTER PRIMARY SERVICE AREA



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



Hospitalizations and Emergency Department Visits

Samaritan Medical Center Primary Service Area Hospitalizations, 2010-2014

| Group | Count | | | | | Year Age-Adjusted Rate (per 100k) | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|----------------------|--------|--------|--------|--------|--------------------------------------|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|---------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 |
| | All hospitalizations | 14,225 | 14,611 | 15,197 | 14,646 | 13,671 | 11,406 | 11,924 | 12,391 | 11,839 | 11,484 | | 4.5% | 3.9% | -4.5% |
| Hypertension (p&c) | 4,604 | 4,992 | 4,988 | 5,024 | 4,686 | 3,763 | 4,274 | 4,399 | 4,247 | 4,156 | | 13.6% | 2.9% | -3.5% | -2.1% |
| Mental disorders (p&c) | 4,583 | 4,838 | 5,136 | 5,128 | 4,863 | 3,740 | 4,202 | 4,328 | 4,257 | 4,136 | | 12.4% | 3.0% | -1.6% | -2.8% |
| Diabetes (p&c) | 2,448 | 2,673 | 2,694 | 2,609 | 2,391 | 2,010 | 2,306 | 2,280 | 2,150 | 2,034 | | 14.8% | -1.1% | -5.7% | -5.4% |
| Substance abuse (p&c) | 2,083 | 2,298 | 2,679 | 2,608 | 2,487 | 1,721 | 2,005 | 2,247 | 2,217 | 1,960 | | 16.5% | 12.1% | -1.4% | -11.6% |
| Kidney disease (p&c) | 1,894 | 2,012 | 1,991 | 2,019 | 2,042 | 1,538 | 1,645 | 1,664 | 1,749 | 1,715 | | 6.9% | 1.2% | 5.1% | -2.0% |
| Depression (p&c) | 2,077 | 1,978 | 2,063 | 2,171 | 2,086 | 1,683 | 1,715 | 1,729 | 1,775 | 1,714 | | 1.9% | 0.8% | 2.6% | -3.5% |
| Unintentional injuries | 1,151 | 1,233 | 1,266 | 1,255 | 1,077 | 960 | 1,000 | 1,055 | 1,017 | 899 | | 4.2% | 5.5% | -3.6% | -11.5% |
| Mental disorders (p) | 1,298 | 1,195 | 1,267 | 1,120 | 1,122 | 965 | 910 | 965 | 855 | 871 | | -5.7% | 6.1% | -11.4% | 1.8% |
| Heart disease | 1,146 | 1,237 | 1,212 | 1,165 | 957 | 954 | 1,022 | 1,051 | 1,019 | 754 | | 7.2% | 2.9% | -3.0% | -26.1% |
| Alcohol | 634 | 675 | 858 | 750 | 792 | 512 | 566 | 669 | 670 | 599 | | 10.7% | 18.1% | 0.2% | -10.6% |
| Flu & pneumonia | 339 | 370 | 397 | 362 | 309 | 270 | 333 | 338 | 309 | 454 | | 23.5% | 1.3% | -8.4% | 46.7% |
| Depression (p) | 742 | 498 | 524 | 434 | 457 | 551 | 380 | 382 | 351 | 341 | | -31.0% | 0.5% | -8.2% | -2.8% |
| Sepsis | 376 | 337 | 311 | 338 | 331 | 319 | 299 | 252 | 281 | 299 | | -6.1% | -15.7% | 11.6% | 6.2% |
| Cancer | 288 | 344 | 321 | 345 | 359 | 260 | 327 | 273 | 286 | 284 | | 25.5% | -16.3% | 4.4% | -6.6% |
| Falls | 352 | 373 | 339 | 340 | 324 | 275 | 286 | 285 | 268 | 263 | | 3.9% | -0.3% | -6.3% | -1.6% |
| COPD | 378 | 410 | 384 | 343 | 298 | 342 | 347 | 323 | 304 | 250 | | 1.4% | -6.9% | -6.0% | -17.7% |
| Stroke | 296 | 260 | 252 | 261 | 259 | 233 | 223 | 220 | 202 | 225 | | -4.2% | -1.3% | -8.2% | 11.1% |
| Ischemic heart disease | 2,085 | 1,938 | 2,207 | 2,005 | 1,253 | 414 | 426 | 436 | 368 | 224 | | 2.9% | 2.3% | -15.5% | -39.2% |
| Substance abuse (p) | 246 | 241 | 320 | 261 | 251 | 193 | 224 | 281 | 245 | 208 | | 15.9% | 25.4% | -12.8% | -16.3% |
| Opiate poisoning (p&c) | 167 | 186 | 253 | 270 | 261 | 134 | 168 | 206 | 231 | 197 | | 25.9% | 22.6% | 12.0% | -14.7% |
| CHF | 220 | 268 | 268 | 274 | 238 | 178 | 220 | 240 | 267 | 187 | | 23.7% | 9.1% | 11.3% | -30.1% |
| Kidney disease (p) | 169 | 173 | 167 | 150 | 169 | 131 | 149 | 147 | 131 | 135 | | 14.0% | -1.1% | -10.7% | 2.5% |
| Self-inflicted injuries | 102 | 103 | 107 | 82 | 82 | 84 | 78 | 83 | 74 | 66 | | -7.0% | 7.0% | -11.3% | -10.5% |
| Colorectal cancer | 41 | 61 | 41 | 41 | 67 | 30 | 83 | 35 | 30 | 57 | | 177.2% | -58.0% | -12.2% | 88.2% |
| Liver disease | 46 | 49 | 62 | 63 | 52 | 41 | 36 | 52 | 51 | 47 | | -10.0% | 43.5% | -2.6% | -8.3% |
| MVA | 59 | 85 | 76 | 42 | 46 | 50 | 72 | 58 | 31 | 41 | | 45.6% | -20.3% | -46.4% | 32.4% |
| Lung cancer | 39 | 39 | 52 | 55 | 37 | 31 | 33 | 56 | 43 | 28 | | 6.7% | 67.0% | -23.0% | -34.6% |
| Breast cancer | 18 | 28 | 19 | 16 | 25 | 15 | 27 | 17 | 13 | 26 | | 75.1% | -38.4% | -18.8% | 94.4% |
| Prostate cancer | 22 | 23 | 21 | 25 | 32 | 15 | 16 | 14 | 27 | 21 | | 12.5% | -15.5% | 91.2% | -22.0% |
| STDs | 21 | 19 | 15 | 11 | 13 | 20 | 14 | 14 | 10 | 13 | | -32.9% | 6.4% | -32.1% | 31.1% |
| Assault injuries | 20 | 19 | 29 | 22 | | 19 | 19 | 24 | 19 | | | 0.7% | 21.1% | -18.1% | -100.0% |

Samaritan Medical Center Primary Service Area Emergency Department Visits, 2010-2014

| Group | Count | | | | | Year Age-Adjusted Rate (per 100k) | | | | | % Change in Rate (from previous year) | | | | |
|-------------------------|------------|--------|--------|--------|--------|--------------------------------------|--------|--------|--------|--------|---------------------------------------|--------|--------|--------|--------|
| | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 | 2010 | 2011 | 2012 | 2013 | 2014 |
| | All visits | 56,012 | 62,241 | 62,910 | 59,070 | 61,904 | 46,580 | 51,917 | 52,015 | 50,528 | 54,530 | | 11.5% | 0.2% | -2.9% |
| Mental disorders (p&c) | 6,307 | 8,457 | 16,873 | 13,422 | 17,213 | 5,315 | 7,233 | 13,648 | 11,440 | 14,883 | | 36.1% | 88.7% | -16.2% | 30.1% |
| Unintentional injuries | 14,119 | 15,585 | 14,944 | 13,876 | 14,826 | 11,779 | 13,039 | 12,451 | 11,814 | 13,088 | | 10.7% | -4.5% | -5.1% | 10.8% |
| Substance abuse (p&c) | 1,730 | 2,361 | 11,731 | 9,539 | 13,287 | 1,404 | 1,920 | 9,244 | 7,958 | 11,290 | | 36.7% | 381.5% | -13.9% | 41.9% |
| Hypertension (p&c) | 4,768 | 5,977 | 7,265 | 6,838 | 6,731 | 4,267 | 5,277 | 6,426 | 5,922 | 7,922 | | 23.7% | 21.8% | -7.8% | 33.8% |
| Falls | 3,991 | 4,381 | 4,309 | 4,360 | 4,158 | 3,274 | 3,675 | 3,584 | 3,685 | 3,680 | | 12.3% | -2.5% | 2.8% | -0.1% |
| Diabetes (p&c) | 2,409 | 2,915 | 3,402 | 3,234 | 3,782 | 2,151 | 2,569 | 2,957 | 2,827 | 3,442 | | 19.5% | 15.1% | -4.4% | 21.7% |
| Depression (p&c) | 2,318 | 3,198 | 4,064 | 2,787 | 2,858 | 1,941 | 2,713 | 3,386 | 2,400 | 2,599 | | 39.7% | 24.8% | -29.1% | 8.3% |
| Mental disorders (p) | 1,824 | 2,066 | 2,038 | 1,693 | 1,823 | 1,510 | 1,695 | 1,682 | 1,460 | 1,732 | | 12.3% | -0.8% | -13.2% | 18.6% |
| COPD | 1,003 | 988 | 948 | 928 | 952 | 838 | 940 | 813 | 814 | 860 | | 12.2% | -13.5% | 0.2% | 5.7% |
| MVA | 914 | 1,068 | 965 | 851 | 905 | 769 | 883 | 811 | 696 | 788 | | 14.8% | -8.2% | -14.1% | 13.2% |
| Flu & pneumonia | 437 | 525 | 1,104 | 576 | 616 | 367 | 441 | 945 | 454 | 658 | | 14.0% | 114.4% | -52.0% | 46.0% |
| Alcohol | 498 | 556 | 733 | 649 | 726 | 393 | 418 | 589 | 525 | 585 | | 6.5% | 40.8% | -10.8% | 11.4% |
| Heart disease | 457 | 515 | 529 | 617 | 658 | 362 | 441 | 448 | 524 | 544 | | 21.9% | 1.6% | 17.1% | 3.8% |
| Kidney disease (p&c) | 279 | 353 | 427 | 507 | 623 | 230 | 289 | 362 | 453 | 516 | | 25.5% | 25.4% | 25.2% | 13.9% |
| Depression (p) | 526 | 529 | 523 | 401 | 461 | 421 | 424 | 419 | 342 | 440 | | 0.6% | -1.1% | -18.4% | 28.7% |
| Asthma | 588 | 526 | 498 | 469 | 476 | 494 | 437 | 420 | 413 | 429 | | -11.5% | -3.8% | -1.8% | 3.8% |
| Substance abuse (p) | 338 | 422 | 485 | 398 | 484 | 262 | 328 | 403 | 322 | 406 | | 25.2% | 22.6% | -20.0% | 26.0% |
| Assault injuries | 432 | 549 | 514 | 436 | 403 | 329 | 412 | 405 | 328 | 301 | | 25.3% | -1.8% | -18.9% | -8.4% |
| Medical injuries | 250 | 289 | 268 | 319 | 318 | 201 | 222 | 199 | 301 | 279 | | 10.5% | -10.5% | 51.4% | -7.1% |
| Opiate poisoning (p&c) | 75 | 92 | 170 | 187 | 278 | 59 | 77 | 128 | 160 | 253 | | 30.0% | 66.0% | 25.4% | 57.7% |
| STDs | 315 | 339 | 320 | 354 | 283 | 263 | 276 | 248 | 279 | 241 | | 5.0% | -10.1% | 12.6% | -13.7% |
| Ischemic heart disease | 143 | 198 | 216 | 271 | 228 | 118 | 171 | 187 | 238 | 193 | | 44.6% | 9.5% | 27.2% | -19.2% |
| Self-inflicted injuries | 87 | 80 | 79 | 77 | 99 | 70 | 73 | 62 | 71 | 95 | | 4.5% | -14.9% | 13.4% | 34.9% |
| Stroke | 92 | 115 | 129 | 126 | 108 | 72 | 102 | 106 | 101 | 84 | | 42.2% | 3.3% | -4.8% | -16.3% |
| CHF | 79 | 69 | 76 | 73 | 104 | 58 | 67 | 69 | 55 | 81 | | 14.8% | 3.8% | -20.6% | 47.7% |
| Heroin poisoning (p&c) | 21 | 22 | 33 | 42 | 64 | 16 | 18 | 23 | 37 | 59 | | 8.9% | 29.5% | 59.5% | 61.7% |
| Kidney disease (p) | 19 | 20 | 27 | 29 | 42 | 15 | 16 | 20 | 27 | 42 | | 5.1% | 24.6% | 35.4% | 56.6% |
| Cancer | 26 | 26 | 31 | 31 | 30 | 27 | 20 | 27 | 24 | 33 | | -26.4% | 36.6% | -10.0% | 37.6% |
| Liver disease | 17 | 18 | 26 | 24 | 31 | 16 | 16 | 17 | 20 | 20 | | 2.0% | 5.9% | 16.9% | 0.7% |
| Sepsis | | | | | 21 | | | | | 18 | | | | | |

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses; (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses

Data Resources

U.S. Census Bureau

- [American Community Survey Estimates](#) (2005 – 2015)
- [Decennial Census of Population and Housing](#) (1790 – 2010)
- [Small Area Health Insurance Estimates](#) (2006 – 2014)
- [Population Estimates](#) (1970 – 2015)

Centers for Disease Control and Prevention (CDC)

- [Behavioral Risk Factor Surveillance System](#) (1984 – 2015)
- [National Vital Statistics System](#)
- [WONDER Mortality Database](#) (1968 – 2014)

New York State Department of Health (NYSDOH)

- [Community Health Indicator Reports](#) (2004 - 2013 for most indicators)
- [Expanded Behavioral Risk Factor Surveillance System](#) (2002 - 2003, 2008 – 2009, 2013 – 2014)
- [Prevention Agenda Dashboards](#) (2008 – 2014 for most indicators)
- [Statewide Planning and Research Cooperative System \(SPARCS\)](#) Inpatient & Outpatient Files (2011 2014)
- [Vital Statistics](#) (1997 – 2014)

Health Resources and Services Administration (HRSA)

- [Area Health Resource File](#) (2015 - 2016)

Center for Community Studies at Jefferson Community College

- [Annual Survey of the Community](#) (2000 - 2016)
- Tug Hill Seaway Community Health Survey (2016)

Center for Medicare and Medicaid Services (CMS)

- [National Plan and Provider Enumeration System](#)

Acronyms

ACS – American Community Survey

BLS – Bureau of Labor Statistics

BRFSS – Behavioral Risk Factor Surveillance System

CDC – Centers for Disease Control and Prevention

eBRFSS – Expanded Behavioral Risk Factor Surveillance System

FDRHPO – Fort Drum Regional Health Planning Organization

HRSA – Health Resources and Services Administration

NYSDOH – New York State Department of Health

PHIP – Population Health Improvement Program

PPACA – Patient Protection and Affordable Care Act

SPARCS – Statewide Planning and Research Cooperative System

WONDER – Wide-ranging Online Data for Epidemiologic Research