

2022 | Lewis County, NY



2022-2024 Community Health Assessment Community Health Improvement Plan

By: Lewis County Public Health

Cover Page

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Community Health Assessment

Completed by Fort Drum Regional Health Planning Organization



Public Health
Prevent. Promote. Protect.
LEWIS COUNTY

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Executive Summary

Prevention Agenda Priorities

Lewis County has selected three priority areas:

1. Prevent Chronic Disease
2. Promote a Healthy and Safe Environment
3. Promote Well-Being and Prevent Mental and Substance Use Disorders

Health Disparity

Poverty has been identified as the prevailing health disparity in the data reviewed. The specific interventions that will address the chosen health disparity include:

- Fruit & Vegetable Prescription Program
- Increasing utilization of congregate, home-delivered and evening meals programs
- Eat Well, Play Hard
- Complete Streets
- Comprehensive School Physical Activity Program (CSPAP)
- Getting Ahead in a Just-Gettin'-By World (Bridges Out of Poverty)

Another disparity identified during the Community Health Assessment/Improvement Plan process is people with disabilities. The specific interventions that will address this health disparity include:

- Increasing park-based physical activity through community engagement
- National Center on Health, Physical Activity and Disability's (NCHPAD) 14-Week Program to a Healthier You!

Data

Data from the 2022 Community Health Survey of Adult Residents, New York State Prevention Agenda, 2022 Lewis County Health Improvement Survey, and 2022 Lewis County Prevention Needs Assessment (PNA) were reviewed and used to identify and confirm existing priorities, as well as select new ones.

The Community Health Survey of Adult Residents is completed annually by the North Country Health Compass Partners, Fort Drum Regional Health Planning Organization and Jefferson Community College's Center for Community Studies. The goal of this survey is to better understand the current situation and monitor any changes in health care and health habits among North Country residents in Jefferson, Lewis, and St. Lawrence Counties.

The New York State Prevention Agenda consists of several state and county tracking indicator data. The most current data are compared to data from previous time periods to assess the performance of each indicator.

The Lewis County Health Improvement Survey was developed and administered by Lewis County Public Health in 2022. It was open to every Lewis County resident aged 18 and older and accessible both online and in-person (paper copies). The results of the Lewis County Health Improvement

Survey complemented the Adult Community Health Survey and provided additional insight into Lewis County’s unmet health needs.

The Prevention Needs Assessment is designed to measure the need for prevention services among youth in the areas of substance use, delinquency, antisocial behavior, and violence. The questions on the survey ask youth about the factors that place them at risk for substance use and other problem behaviors along with the factors that offer them protection from problem behaviors. The survey also inquires about the use of alcohol, tobacco, and other drugs and participation in various antisocial behaviors. The 2022 Lewis County Prevention Needs Assessment was administered to grades 6, 8, 10, and 12 students at Beaver River, Copenhagen, Lowville and South Lewis Central Schools. Harrisville Central School did not participate in the 2022 Lewis County PNA.

Childhood and adult obesity, as well as suicide mortality, continue to be areas of concern for Lewis County. Due to increasing rates of adult binge-drinking, cigarette smoking and hospitalizations due to falls, Lewis County Public Health and relevant stakeholders agreed that specific interventions should also be chosen to address these health indicators.

Partnerships

Lewis County Public Health engaged several community partners to complete the Lewis County Community Health Assessment and Improvement Plan, including the Lewis County Priorities Council, North Country Health Compass Partners, Lewis County Health Services Advisory Committee, Lewis County Health & Human Service Committee and Lewis County Board of Legislators. Priorities were identified based on health outcomes that did not meet their respective Prevention Agenda Objective, a comparison of current Lewis County data to historical Lewis County data, Lewis County data compared to the rest of the Tug Hill regional, and Lewis County data compared to the rest of New York State (both including and excluding New York City).

The Priorities Council is comprised of health and human service providers – both government and community-based organizations – serving the residents of Lewis County. The Priorities Council dedicated three months of meetings to plan development. This process included a review of data, identification of priority areas and discussion of appropriate (and realistic) evidence-based interventions. The following organizations are represented on the Lewis County Priorities Council:

- ACR Health
- ARC Oneida Lewis NYSARC
- CNY Development Disabilities Services Organization
- CNY Health Home
- Credo Community Center
- First Presbyterian Church, Lowville
- Fort Drum Regional Health Planning Organization
- Jefferson County Rehabilitation Center
- Lewis County Community Services
- Lewis County Cornell Cooperative Extension
- Lewis County Department of Social Services
- Lewis County Head Start
- Lewis County Health System
- Lewis County Office for the Aging

- Lewis County Opportunities
- Lewis County Planning & Community Development
- Lewis County Probation
- Lewis County Public Health
- Lewis County Youth Bureau
- Life Plan
- Mountain View Prevention Services
- New York Connects
- North Country Family Health Center
- North Country Prenatal Perinatal Council
- Northern Regional Center for Independent Living
- Planned Parenthood of the North Country
- Resolution Center of Jefferson/Lewis Counties
- Snowbelt Housing Company
- St. Peters Church, Lowville
- Transitional Living Services of Northern NY
- Volunteer Transportation Center

Concurrent to the Lewis County health assessment and improvement planning process, Lewis County Public Health and many other health and human service agencies participated in a regional planning process conducted by Fort Drum Regional Health Planning Organization (FDRHPO). The regional planning process included local health departments from Jefferson, Lewis and St. Lawrence Counties, as well as participating hospitals. The 2022 Community Health Survey referenced in the “data” section, is a regional survey conducted by FDRHPO in collaboration with Jefferson Community College’s Center for Community Studies. The following organizations are represented on the North County Health Compass Partners Committee:

- Aetna
- Alliance for Better Communities
- American Heart Association
- Americu
- Army Public Health
- Canton-Potsdam Hospital
- Carthage Area Hospital
- Claxton-Hepburn Medical Center
- Community Action Planning Council
- Community Health Center of the North Country
- Cornell Cooperative Extension of Jefferson County
- Credo Community Center
- Elizabeth Wende Breast Care
- Excellus Blue Cross Blue Shield
- FDRHPO
- Fidelis Care
- Greater Watertown Mobility Management
- Jefferson County Public Health
- Lewis County Office for the Aging
- Lewis County Public Health

- Mountain View Prevention Services
- North County Family Health Center
- North Country Prenatal Perinatal Council
- Northern Regional Center for Independent Living
- PIVOT
- River Hospital
- Samaritan Medical Center
- Seaway Valley Prevention Council
- St. Lawrence County Public Health
- St. Lawrence Health Initiative
- United Way of Northern New York
- Volunteer Transportation System
- Watertown Family YMCA
- Youth Alliance of Jefferson County

In addition to the New York State Department of Health, Lewis County Public Health is also governed by various committees/boards. Members of these committees/boards are appointed or elected to their positions. The following groups were also engaged in the priority area and intervention selection process:

- Lewis County Health Services Advisory Committee
- Lewis County Health & Human Service Committee
- Lewis County Board of Legislators

Evidence-Based Interventions

Upon identification of priorities, Lewis County Public Health and relevant stakeholders reviewed focus areas, goals and interventions outlined in the 2019-2024 New York State Prevention Agenda Action Plan. Several factors were considered, including existing resources, gaps in infrastructure, feasibility, demographics, geography and need. Lewis County Public Health's Population Health Team researched potential evidence-based interventions that would specifically address each health indicator. Briefly, the following interventions were selected for each priority area:

1. Prevent Chronic Disease
 - a. Implement a Fruit & Vegetable Prescription Program
 - b. Increase utilization of congregate, home-delivered and evening meals programs
 - c. Implement Eat Well, Play Hard
 - d. Adopt Complete Streets policies
 - e. Implement Comprehensive School Physical Activity Programs in the local schools
 - f. Increase park-based physical activity through community engagement
 - g. Increase awareness of available smoking cessation benefits through social media campaigns and pop-up events
 - h. Increase awareness of health plan coverage benefits for tobacco dependence counseling and medications through social media campaigns and pop-up events
 - i. Promote testing for prediabetes and risk for future diabetes

- j. Promote referral of patients with prediabetes to the National Diabetes Prevention Program (NDPP)
- k. Expand access to Diabetes Self-Management Program (DSMP), Chronic Disease Self-Management Program (CDSMP), Walk with Ease and Tai Chi for Arthritis
- l. Implement Healthy Together for families who children are overweight or obese
- m. Implement National Center of Health, Physical Activity and Disability's (NCHPAD) 14-Week Program to a Healthier You!
- 2. Promote a Healthy & Safe Environment
 - a. Implement Home Hazard Removal Program (HARP)
- 3. Promote Well-Being and Prevent Mental and Substance Use Disorders
 - a. Fully implement Sources of Strength in Lewis County Schools
 - b. Promote routine provider screening and referrals to Credo Community Center's alcohol dependence treatment program(s)
 - c. Implement Getting Ahead in a Just-Getting'-By World
 - d. Implement Zero Suicide & Overdose
 - e. Participate in the Lock & Talk program
 - f. Engage in Suicide Hotspot Interventions
 - g. Increase availability of Gatekeeper Trainings (Question, Persuade, Refer (QPR), safeTALK, Adult, Youth and Teen Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST)
 - h. Implement an active postvention team

Tracking Progress and Improvement

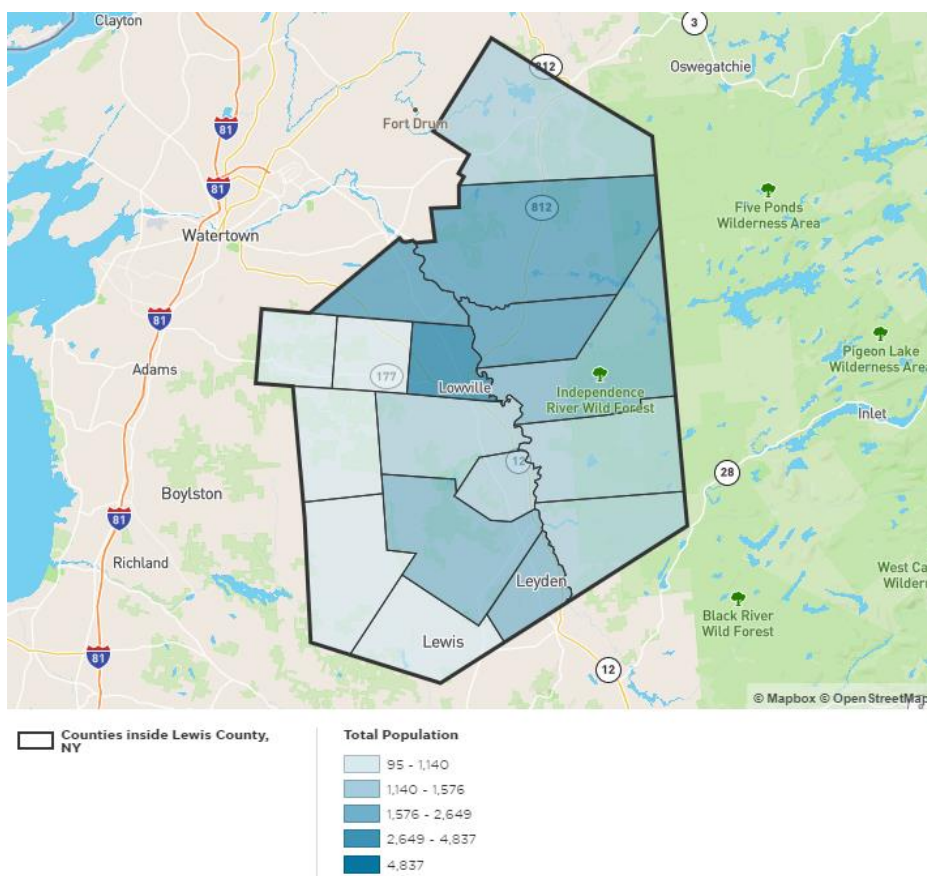
Progress of plan implementation will be monitored on an ongoing and annual basis. 1-2 families of measures have identified for each intervention. The Population Health Team submits monthly progress reports, which will also be shared with the North Country Health Compass Partners, Lewis County Priorities Council, and the Lewis County Health & Human Service Committee. Population Health Team reports will also include any relevant partner updates. See the attached workplan for the full list of measures to be tracked.

Community Health Assessment

County Demographics

Lewis County is located in northern New York State, approximately 30 miles north of Utica. It comprises a portion of the Black River Valley of about 35 miles in length, with the rugged and sparsely Tug Hill Plateau making up much the county's western portion, agricultural land and villages along the Black River forming its central part, and heavily forested foothills of the western Adirondacks making up its eastern and northernmost areas. The county borders Jefferson and Oswego Counties to its west, St. Lawrence County to its north, Herkimer County to its east, and Oneida County to the south.

The largest populated place in Lewis County is Lowville, which is the seat of county government and the largest village in the county, with a population of 3,272 as of the 2020 U.S. Census.¹ Other centers of settlement include Harrisville, in the county's far north; Copenhagen, Castorland, and Croghan, which span the width of the Black River Valley immediately north of Lowville; and Port Leyden and Lyons Falls, which are situated along the Black River in the southern portion of the county. Most of the county's population lives within three miles of the Black River. The county's most important transportation routes are state highways that bisect the county from north to south. There are very few roads crossing the Tug Hill Plateau in the west, or into the Adirondack Park in the east. The county does not contain any interstate highways. The nearest interstate exits are for I-81 in Watertown (12.5 miles from the nearest portion of Lewis County) and I-90 in the Utica-Rome area, more than twenty miles south of the nearest portion of Lewis County. On average, residents of Lewis County live at least 25 miles away from the nearest interstate exit.



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

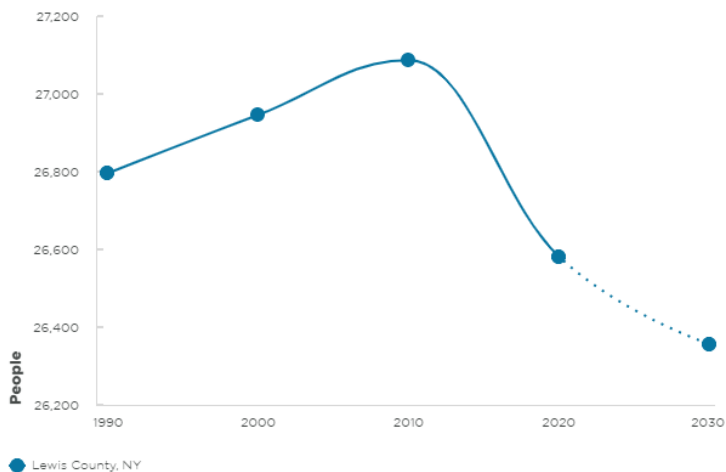
The following demographic visuals for Lewis County were created using mySidewalk.

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

For an interactive review of these figures, see [this report](#).

Lewis County has a total population of 26,456 people. It is one of the smallest counties in the state by population, with only three counties in the state having smaller populations.² The majority of the population is clustered in the northern portion of the county, around Lowville. The total population of the county has held relatively steady throughout the past 30 years, though the population has been declining since 2010 and is projected to continue through 2030.

Total Population Projection



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

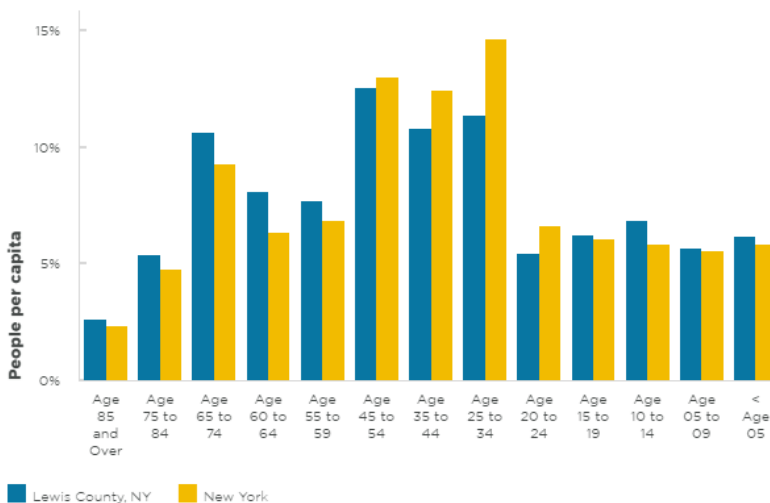
The county’s population is evenly split between males and females (49.9% male, 50.1% female). The median age in Lewis County is 42.2 years and is equal for both males and females. This median age is average for the counties across the state.

The age breakdown in Lewis County is generally similar to that of the state, though the county has a slightly higher proportion of children (people under the age of 18), and fewer young adults than the state. Those under the age of 18 make up 23% of the county’s population, those 18 to 64 years make up 58% of the population, and those over the age of 65 make up the remaining 19%.

Lewis County is the least racially and ethnically diverse county in the state, with over 95% of the population identifying as White, non-Hispanic. Of the minority populations in the county, the majority are Hispanic or Latino (2%), followed by people that identify as multiracial (1%), Black (1%), or any other single race (1%).

The vast majority of Lewis County residents have at least a high school education (91%). However, Lewis County lags behind the region and especially the state when it comes to higher education. Approximately 18% of Lewis

Age Totals

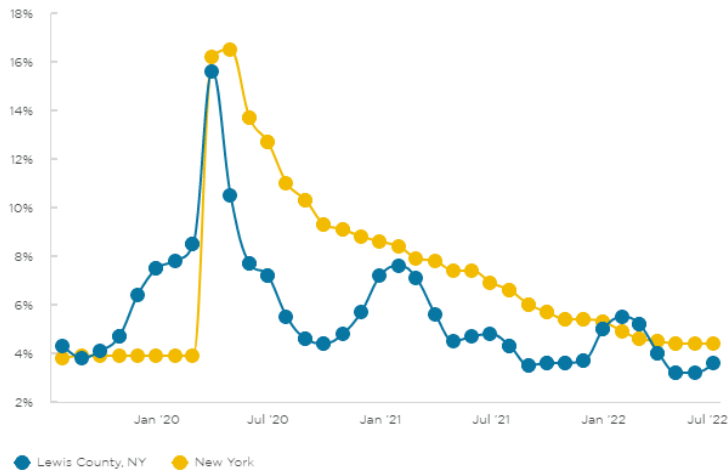


Sources: US Census Bureau ACS 5-year 2016-2020

² mySidewalk Seek, www.mysidewalk.com

County residents have a bachelor's degree or higher which is nearly half the rate for the state (37%) and the nation (33%).

Unemployment Rate



Sources: BLS LAUS

As education level and income are directly correlated, it is perhaps unsurprising that the median household income in Lewis County is lower than that of the state or the nation (\$56,192 in Lewis County, \$71,117 in NYS, and \$64,994 in the U.S.).

However, the unemployment rate in Lewis County is lower than the state and has recovered better since the peak of unemployment in the Spring of 2020 due to the COVID-19 pandemic.

Still, over one tenth of the county's population lives below the poverty

level (13%) which equates to 681 families. Further, among county residents under the age of 18, one in five live below the poverty level (21%). These poverty rates are not particularly different than those in the region or the state. Over one third of Lewis County's population lives below 200% of the poverty level (36%). While this rate is typical within the region, it is higher than the NYS rate of 29%.

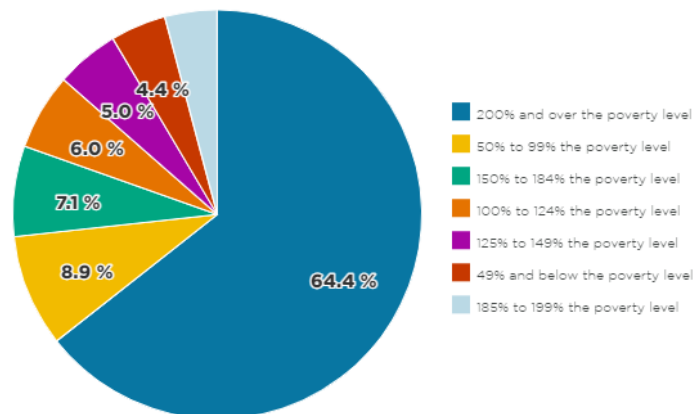
There are a total of 15,766 housing units in the county with 10,398 units that are occupied. This leaves 34% of the available housing units in the county vacant. It is important to note that many units in the county are considered seasonal and are not meant to be lived in year-round.

Over half of the Lewis County population that is over the age of 15 is married (57%), over a fourth has never married (26%), more than one tenth are divorced (11%), and about one-in-fifteen are widowed (6%).

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

Nearly one in twenty residents are uninsured (4.6%). Of those who are insured, two-fifths have public insurance coverage (38%) while the remaining three-fifths have private insurance coverage (62%).

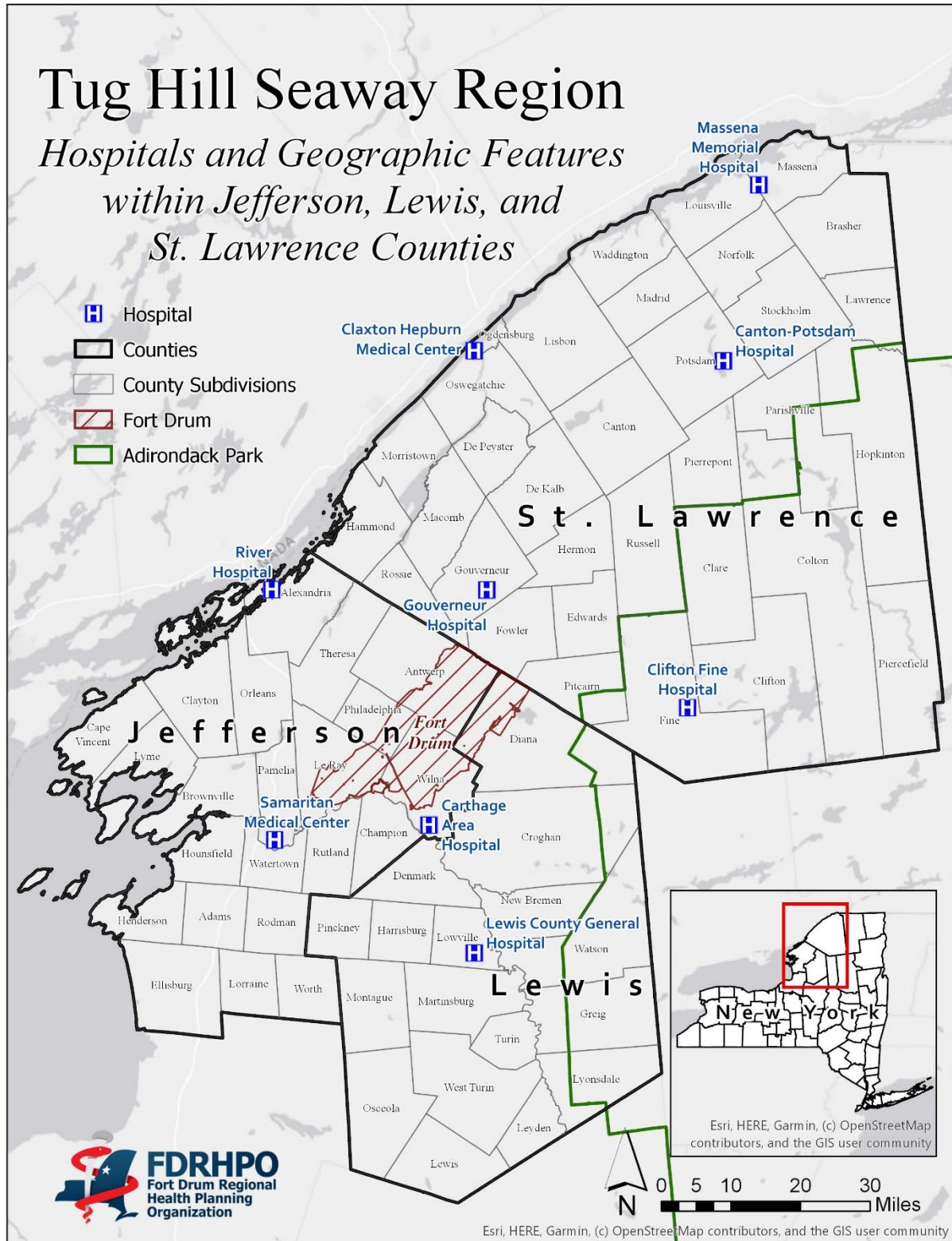
Income to Poverty Ratio



Lewis County, NY

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

Community Landscape



Healthcare Resources

Lewis County is served by Lewis County General Hospital, a 31-bed county-owned critical access hospital in Lowville, opened in 1931. As a component of the Lewis County Health System, the hospital is affiliated with several community clinics. Lewis County Family Practice, Lewis County Internal Medicine, and Women’s Health Services are located on the hospital campus. The health system has Family Health Centers located in Beaver River, Copenhagen, and South Lewis, as well as a school-based Health Center in South Lewis. Carthage Area Hospital operates a school-based Health Center at Beaver River Central School. In addition to the Lewis County Health System, Lewis County is served by Lowville Medical Associates, a primary care practice with pediatric and adult internal medicine providers.

Clinicians by County

Source: HRSA Area Health Resource Files 2020-2021

Group	Lewis County		Regional Total		New York State	
	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.
All Physicians (MD and DO)	31	118	529	219	101,798	526
All Physicians (MD)	27	103	469	194	97,075	502
All Physicians (DO)	4	15	60	25	4,723	24
Primary Care Physicians	17	65	153	63	22,124	114
Nurse Practitioners	12	46	217	90	20,241	105
Dentists	6	23	114	47	14,375	74
<i>Population</i>	<i>26,187</i>		<i>241,467</i>		<i>19,336,776</i>	

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

Community Resources

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

Housing

- Lewis County DSS; 5274 Outer Stowe St, Lowville, NY 315-376-5400
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- Snow Belt Housing Company; 7500 South State Street, Lowville NY 315-376-2639
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202

Transportation

- Central Association for the Blind & Visually Impaired; 507 Kent St., Utica NY 315-797-2233
- Catholic Charities; 6102 Blue Street, Glenfield, NY 315-921-1123
- NRCIL (Northern Regional Ctr. for Independent Living); 210 Court St. #30, Watertown, NY 315-785-8703

- Volunteer Transportation Center of Jeff Co.; 203 N. Hamilton St., Watertown NY 315-788-0422
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Lewis County Public Transportation; 6591 NY-12, Lowville, NY 315-377-2024

Food and Nutrition

- Cornell Cooperative Extension of Lewis Co.; 7395 East Road, Lowville NY 315-376-5270
- Lewis County Office for the Aging; 5274 Outer Stowe St, Lowville, NY 315-376-5313
- Lewis County Public Health; 7785 N. State St., Lowville, NY 315-376-5453
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- Food Bank of Central New York; [search for food pantries](#)
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Salvation Army; 723 State St., Watertown NY 315-782-4470

Clothing

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 135 Franklin St., Watertown, NY 315-785-8222
- Catholic Charities; 6102 Blue Street, Glenfield, NY 315-921-1123
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Salvation Army; 723 State St., Watertown NY 315-782-4470

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

- Lewis County DSS; 5274 Outer Stowe St, Lowville, NY 315-376-5400
- Watertown Urban Mission; 247 Factory St., Watertown NY 315-782-8440
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Catholic Charities; 6102 Blue Street, Glenfield, NY 315-921-1123
- Snow Belt Housing Company; 7500 South State Street, Lowville NY 315-376-2639

Child Care

- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Cornell Cooperative Extension of Lewis Co.; 7395 East Road, Lowville NY 315-376-5270

Personal Safety

- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- Credo Community Center; 595 W. Main St., Watertown NY 315-788-1530
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Mountain View Prevention Services; 7714 Number Three Rd., Lowville, NY 315-376-2321
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- North Country Family Health Center; 238 Arsenal St., Watertown NY 315-782-9450
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- CHJC Community Clinic of Jefferson County, 211 JB Wise, Watertown, NY 315-782-7445

Finances

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202

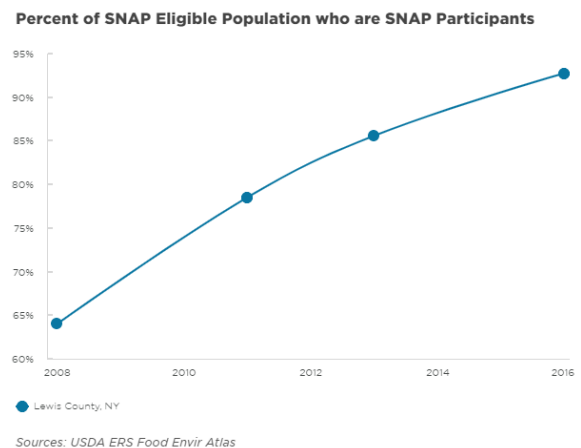
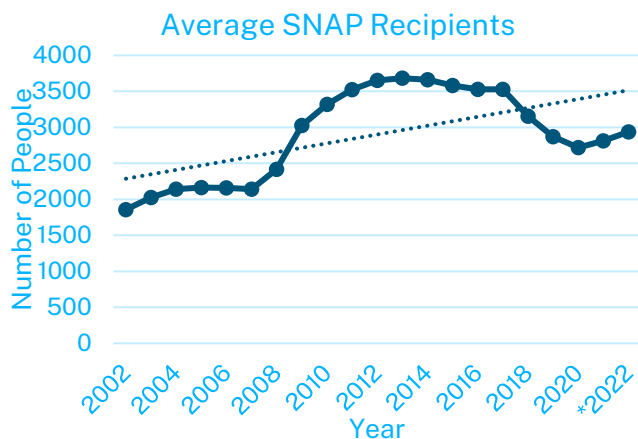
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Lewis County DSS; 5274 Outer Stowe St, Lowville, NY 315-376-5400
- Catholic Charities; 6102 Blue Street, Glenfield, NY 315-921-1123
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- FOR FIDELIS CARE MEMBERS: Fidelis Care, 101 East Main Street, Gouverneur, NY 315-350-0696

Other (Literacy, Self-Care, Family Services)

- Central New York Health Home Network (HEALTH HOMES); call 1-855-784-1262 to enroll
- Lewis County Public Health; 7785 N. State St., Suite 2, Lowville, NY 315-376-5433
- Mountain View Prevention Services; 7714 Number Three Rd., Lowville, NY 315-376-2321
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Salvation Army; 723 State St., Watertown NY 315-782-4470
- Literacy of Northern New York – Lewis Co.; 7640 North State St., Lowville, NY 315-376-8188
- FOR FIDELIS CARE MEMBERS: Fidelis Care, 101 East Main Street, Gouverneur, NY 315-350-0696
- North Country Family Health Center; 238 Arsenal St., Watertown NY 315-782-9450
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- CHJC Community Clinic of Jefferson County, 211 JB Wise, Watertown, NY 315-782-7445

Food Security – SNAP

According to the U.S. Census Bureau, 13% of households in Lewis County receive SNAP benefits (2016-2020 5-Year estimate). Data from the Office of Temporary and Disability Assistance (OTDA) show that more people in Lewis County are beneficiaries of the Supplemental Nutrition Assistance Program. Estimates from the USDA ERS Food Environment Atlas indicate that higher proportions of SNAP eligible persons are participating with the program.



Health Indicators

Prevention Agenda Indicators Table

Indicator #	Prevention Agenda (PA) Indicator	Data years	PA 2024 Objective	Lewis	
				Count Rate Percentage	Rate Ratio Percentage
Improve Health Status and Reduce Health Disparities					
1	Percentage of premature deaths (before age 65 years)	2019	22.8	71	24.1
1.1	Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics	2019	17.3	0.0*	-23.7†
1.2	Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	2019	16.2	0.0*	-23.7†
2	Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2019	115	389	145.4
2.1	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	2019	94	s	s
2.2	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	2019	23.9	s	s
4	Adults who have a regular health care provider, age-adjusted percentage	2018	86.7		83.3
Prevent Chronic Diseases					
5	Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	13	39	12.9
6	Percentage of children and adolescents with obesity	2017-2019	16.4		23.3
7	Percentage of adults with obesity	2018	24.2		38.2
7.1	Percentage of adults with an annual household income less than \$25,000 with obesity	2018	29		55.3*
8	Percentage of adults with an annual household income less than \$25,000 who consume one or more sugary drinks per day	2018	28.5		28.1*
9	Percentage of adults with an annual household income less than \$25,000 with perceived food security	2016	61.4		65.6*
10	Percentage of adults who participate in leisure-time physical activity	2018	77.4		75.9

10.1	Percentage of adults with disabilities who participate in leisure-time physical activity	2018	61.8		59.8*
10.2	Percentage of adults who participate in leisure-time physical activity, aged 65+ years	2018	75.9		65.8*
11	Prevalence of cigarette smoking among adults	2018	11		18.3
11.1	Percentage of cigarette smoking among adults with income less than \$25,000	2018	15.3		22.1*
12	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years	2018	66.3		64.0*
13	Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	71.7		54.3*
13.1	Percentage of adults with an annual household income less than \$25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	67.4		s
14	Asthma emergency department visits, rate per 10,000, aged 0-17 years	2019	131.1	18	29.7
15	Percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years	2019	59	29	78
16	Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2016	80.7		74.3*
17	Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	2018	10.6		s
Promote a Healthy and Safe Environment					
18	Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years	2019	173.7	97	194
19	Assault-related hospitalizations, rate per 10,000 population	2019	3	s	s
19.1	Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	5.54	0.0*	s
19.2	Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	2019	2.5	0.0*	s

19.3	Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	2019	2.66	s	s
20	Firearm assault-related hospitalizations, rate per 10,000 population	2019	0.38	0	0.00*
21	Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	1.3	s	s
22	Crash-related pedestrian fatalities, rate per 100,000 population	2019	1.43	0	0.00*
23	Percentage of population living in a certified Climate Smart Community	2021	8.6	0	0.0*
24	Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute	2015-2019	47.9		20.7
25	Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1	2020	93	160	85.1
Promote Healthy Women, Infants, and Children					
26	Percentage of women with a preventive medical visit in the past year, aged 18-44 years	2018	80.6		s
27	Percentage of women with a preventive medical visit in the past year, aged 45+ years	2018	85		92.2
28	Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years	2016	38.1		s
29	Maternal mortality, rate per 100,000 live births	2017-2019	16	0	0.0*
30	Infant mortality, rate per 1,000 live births	2019	4	1	3.3*
31	Percentage of births that are preterm	2019	8.3	15	5.1
32	Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis), crude rate per 1,000 newborn discharges	2019	9.1	s	s
33	Percentage of infants who are exclusively breastfed in the hospital among all infants	2019	51.7	185	66.5
33.1	Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants	2019	37.4	s	s
33.2	Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants	2019	38.4	0	0.0*
34	Percentage of infants supplemented with formula in the hospital among breastfed infants	2019	41.9	28	13.1

36	Suicide mortality among youth, rate per 100,000, aged 15-19 years	2017-2019	4.7	0	0.0*
37	Percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale	July 2019- June 2020	73.9	22	100
38	Percentage of residents served by community water systems that have optimally fluoridated water	2019	77.5	320	3
Promote Well-Being and Prevent Mental and Substance Use Disorders					
40	Frequent mental distress during the past month among adults, age-adjusted percentage	2018	10.7		9
43	Binge drinking during the past month among adults, age-adjusted percentage	2018	16.4		31.6
44	Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2019	14.3	5	20.5*
45	Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population	2020	415.6	115	544.9
46	Opioid analgesic prescription, age-adjusted rate per 1,000 population	2020	350	11,518	360.6
47	Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	2019	53.3	8	35.4*
48	Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2016	33.8		36.2*
50	Suicide mortality, age-adjusted rate per 100,000 population	2017-2019	7	15	22
Prevent Communicable Diseases					
51	Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series	2020	70.5	246	80.1
52	Percentage of 13-year-old adolescents with a complete HPV vaccine series	2020	37.4	45	14.1
53	Newly diagnosed HIV cases, rate per 100,000 population	2017-2019	5.2	9	2.2*
54	Gonorrhea diagnoses, age-adjusted rate per 100,000 population	2019	242.6	3	14.7*
55	Chlamydia diagnoses, age-adjusted rate per 100,000 population	2019	676.9	50	228.1
56	Early syphilis diagnoses, age-adjusted rate per 100,000 population	2019	79.6	2	9.3*

Notes:

s: Data do not meet reporting criteria.

*** Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.**

† Fewer than 10 events in the numerators of the rates/percentages, therefore the ratio is unstable.

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

Lewis County falls in the highest quartile in the state for obesity among children and adolescents and among adults. The county also falls into the higher half of NYS counties for cigarette smoking rates among adults. Preventative screening rates such as those for colorectal cancer, diabetes, and high blood sugar also lag behind half of the counties in the state.

Lewis County has the highest rate in the state for binge drinking among adults and for suicide mortality. The county also falls in the highest quartile in the state for opioid overdose deaths. It is important to note that Lewis County experiences more volatility of mortality rates due to the county's small population size.

Community Health Survey of Adult Residents

Introduction

The following summary describes the findings from the 2022 Community Health Survey of Adult Residents in Lewis County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. The survey consists of three key sections, namely, the participant’s experiences with healthcare, the participant’s personal health, and the participant’s lifestyle, followed by a series of standard demographic indicators. Participants must be at least 18 years of age and live within Jefferson, Lewis, or St. Lawrence counties. Responses are weighted towards population demographic parameters within each of the three counties, as well as regionally combined. The average approximate margins of error associated with estimates are $\pm 2.3\%$ for the three-county region, $\pm 3.3\%$ for Jefferson County, $\pm 4.6\%$ for Lewis County, and $\pm 4.4\%$ St. Lawrence County. This report contains regional and county level findings from the 2022 Community Health Survey, with demographic disparity summary for Lewis County. For more information on the study methodology and detailed analysis of findings, including trends, please refer to the [full report](#).

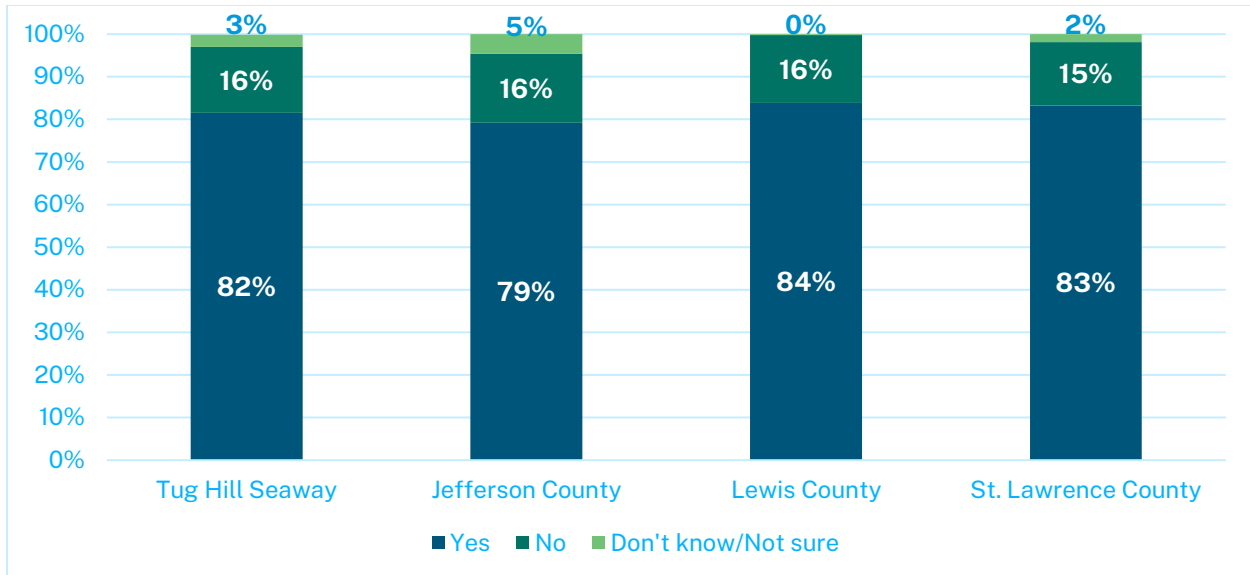
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Table: Demographic Subgroup Sample Sizes and Approximate Margin of Error

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

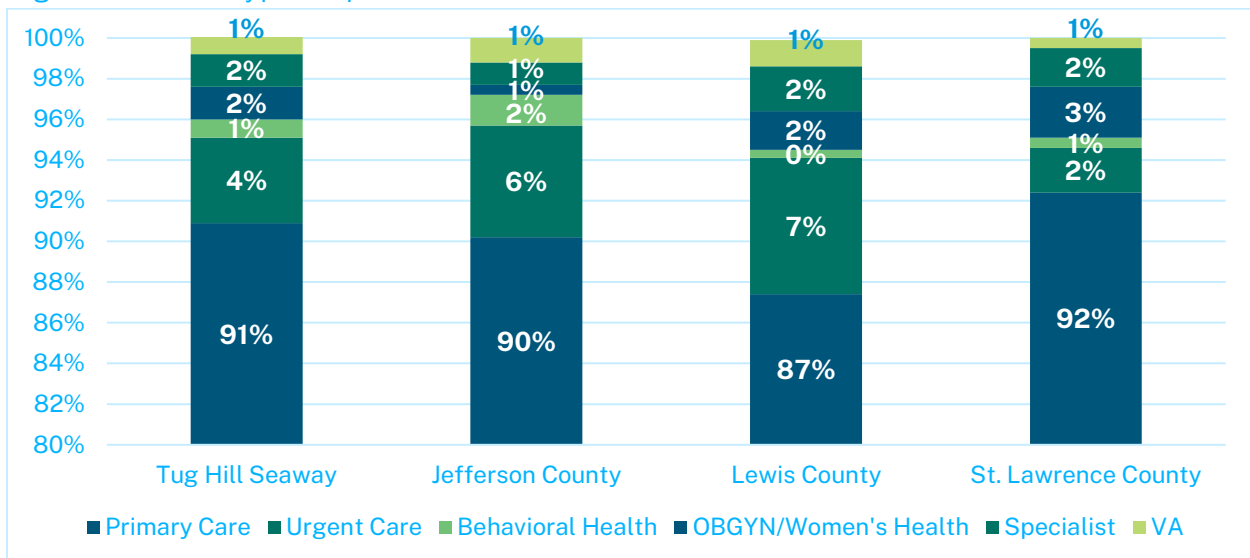
Figure 1: Do you have one person or medical office that you think of as your personal doctor or health care provider?



A large majority of Lewis County residents in 2022 have one person or medical office that they think of as their personal doctor or health care provider (84% in the county).

Demographic groups less likely to say they have a healthcare provider include those under the age of 55, households with no military affiliation, persons without a disability, households with an annual income between \$25,000-\$50,000, uninsured, Medicaid beneficiaries, and non-Medicare beneficiaries.

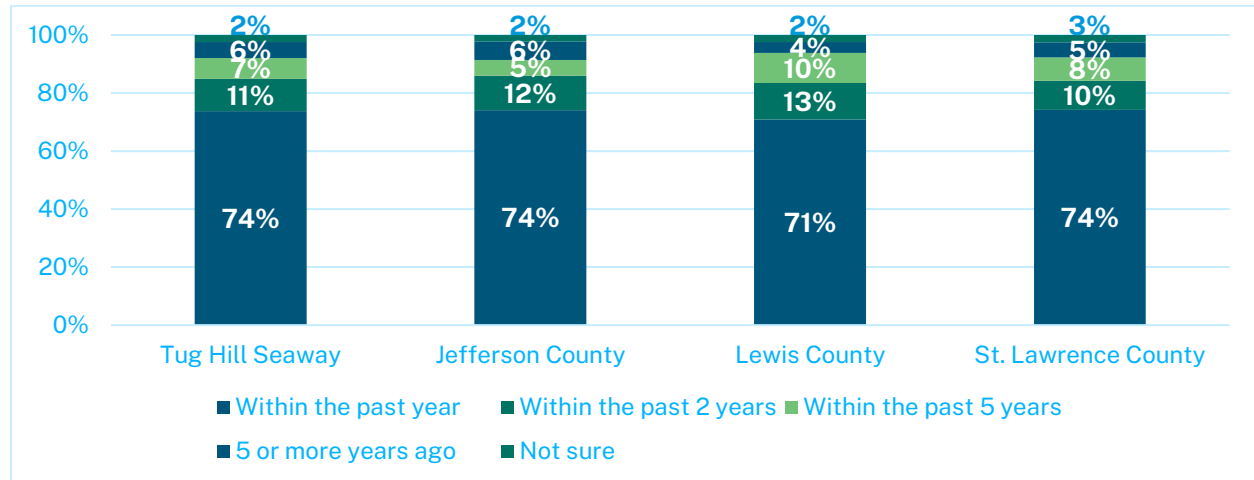
Figure 2: What type of provider is this doctor or medical office?



Among those in Lewis County who do have person or medical office that they think of as their personal doctor or health care provider, a large majority (87%) in 2022 use or consider a primary care provider as their “personal doctor”, while 7% consider urgent care as their “personal doctor”.

include those under the age of 35, those without college education, households with a Veteran, those with children in the household, households with under \$25,000 annual income, and VA beneficiaries.

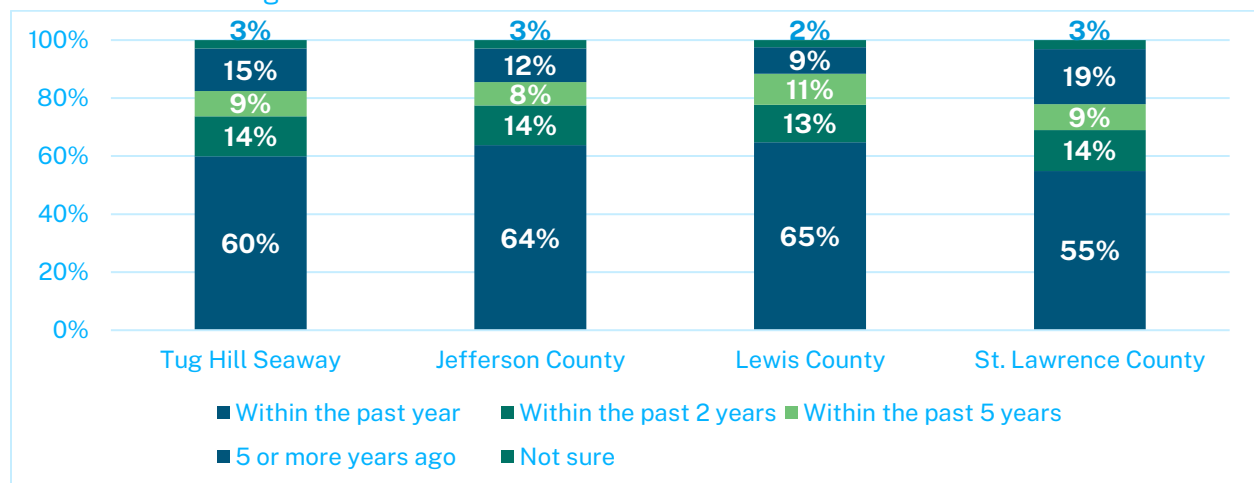
Figure 3: How long has it been since you last had a primary care visit?



A large majority of Lewis County residents in 2022 have had a primary care visit “within the past year” (71% in Lewis County), while approximately five-in-six local residents have had a primary care visit “within the past two years” (84% in the county).

Demographic groups less likely to have seen their primary healthcare provider in the last two years include males, those under the age of 35, those without college education, households with no military affiliation, those with children in the household, persons without a disability, households with under \$50,000 annual income, Medicaid beneficiaries, and non-Medicare beneficiaries.

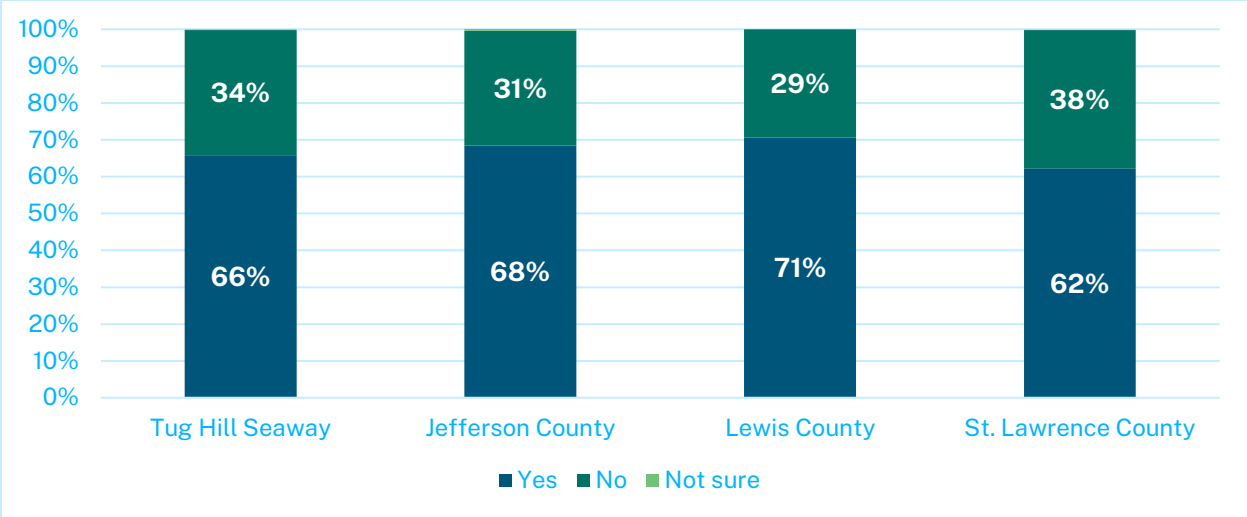
Figure 4: How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?



A majority of Lewis County residents in 2022 have visited a dentist or a dental clinic for a routine cleaning “within the past year” (65% in the county), while approximately three-fourths of local residents visited a dentist or a dental clinic for a routine cleaning “within the past two years” (78% in the county). Approximately 9% of residents report that it has been “more than five years” since they have visited a dentist for a routine cleaning.

Demographic groups less likely to have seen a dentist in the last two years include those over the age of 75, those without college education, persons with a disability, households with under \$50,000 annual income (especially households with under \$25,000), uninsured, Medicaid beneficiaries, and Medicare beneficiaries.

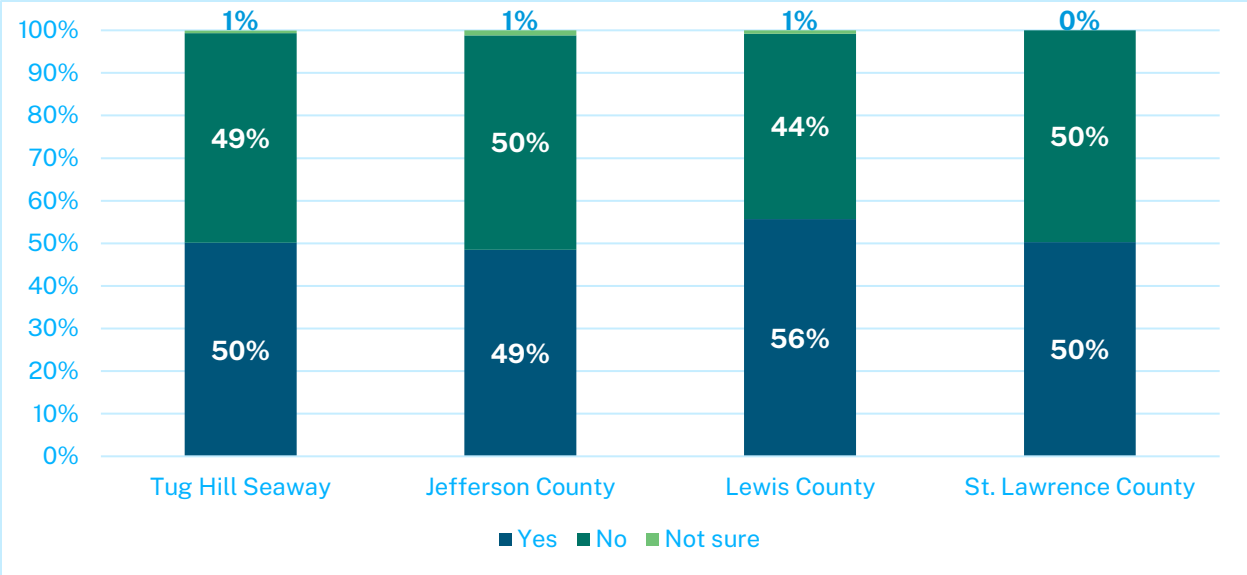
Figure 5: Have you had a colonoscopy within the past 10 years? (among all participants age 45-75)



Among adults aged 45-75, approximately five-in-seven in the county in 2022 report to have had a colonoscopy or other colorectal cancer screening in the past 10 years (71% in the county).

Demographic groups within the ages of 45-75 that are less likely to have had a colorectal cancer screening in the last ten years include those identifying as LGBTQIA+, persons with a disability, households with under \$25,000 annual income, uninsured, and Medicaid beneficiaries.

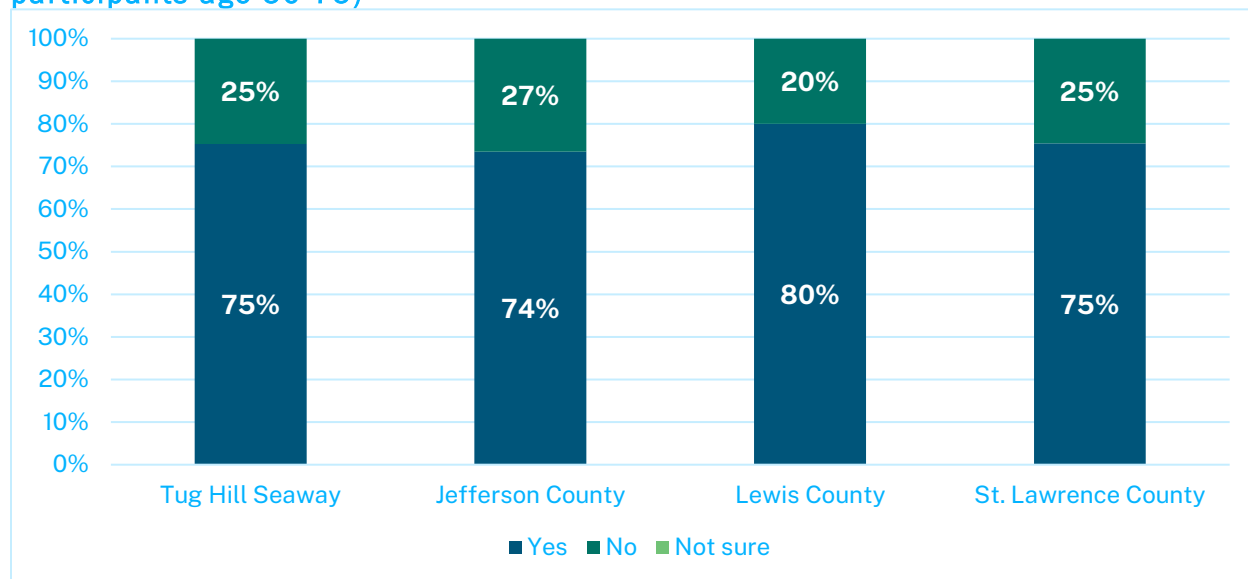
Figure 6: Have you had a mammogram within the past 2 years? (among all female participants)



Among female adults aged 18 or older, over half in the county in 2022 report to have had a mammogram in the past 2 years (56% in the county).

Demographic groups among female respondents that are less likely to have had a mammogram in the last two years include those under the age of 55 (especially those under 35), children at home, Medicaid beneficiaries, and non-Medicare beneficiaries.

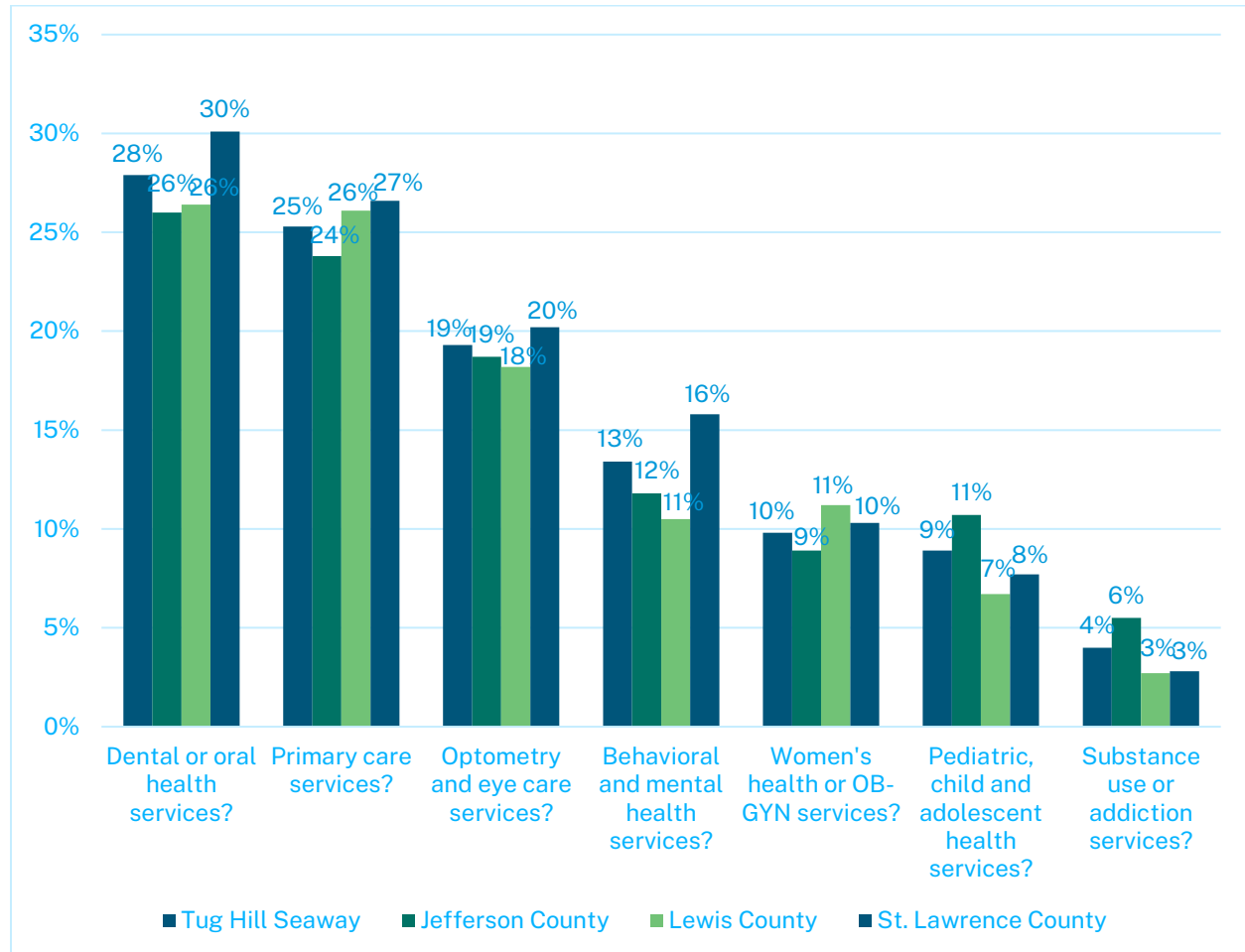
Figure 7: Have you had a mammogram within the past 2 years? (among all female participants age 50-75)



Among female adults age 50-75, a large majority in the county in 2022 report to have had a mammogram in the past 2 years (80% in the county).

There were no significant demographic differences among female respondents (age 50-75) that are less likely to have had a mammogram in the last two years.

Figure 8: In the past year have you experienced challenges or difficulties in receiving...



Challenges with:

- Dental or oral health services:**
 More than one-fourth of residents in Lewis County have experienced challenges or difficulties in receiving dental or oral health services locally in the past 12 months (26% in the county).
 Demographic groups more likely to have experienced difficulty include those under the age of 55, white persons, Medicaid beneficiaries, non-Medicare beneficiaries, and Tricare beneficiaries.
- Primary care services:**
 Approximately one-fourth of residents in Lewis County have experienced challenges or difficulties in receiving primary care services locally in the past 12 months (26% in the county).
 Demographic groups more likely to have experienced difficulty include males, households with a Veteran, those with no children in the household, households with under \$50,000 annual income, Medicaid beneficiaries, and non-Medicare beneficiaries.
- Optometry and eye care services:**
 Approximately one-in-five residents in Lewis County have experienced challenges or difficulties in receiving optometry and eye care services locally in the past 12 months (18% in the county).

Demographic groups more likely to have experienced difficulty include households with under \$25,000 annual income, uninsured, Medicaid beneficiaries, and non-Medicare beneficiaries.

- Behavioral and mental health services:

Approximately one-in-ten residents in Lewis County have experienced challenges or difficulties in receiving behavioral and mental health locally in the past 12 months (11% in the county).

Demographic groups more likely to have experienced difficulty include those between the ages of 35-54, those identifying as LGBTQIA+, households with under \$25,000 annual income, and non-Medicare beneficiaries.

- Women's health or OB-GYN services:

Almost one-tenth of residents in Lewis County have experienced challenges or difficulties in receiving women's health or OB-GYN services locally in the past 12 months (11% in the county).

Demographic groups more likely to have experienced difficulty include females and households with over \$75,000 annual income.

- Pediatric, child and adolescent health services:

Almost one in thirteen of residents in Lewis County have experienced challenges or difficulties in receiving pediatric, child, and adolescent health locally in the past 12 months (7% in the county).

Demographic groups more likely to have experienced difficulty include those under the age of 55, those with a 4+ year degree, those with children in the household, caregivers, and non-Medicare beneficiaries.

- Substance use and addiction services:

Approximately one-in-thirty residents in Lewis County have experienced challenges or difficulties in receiving substance abuse or addiction services locally in the past 12 months (3% in the county).

Demographic groups more likely to have experienced difficulty include males, persons with a disability, and VA beneficiaries.

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

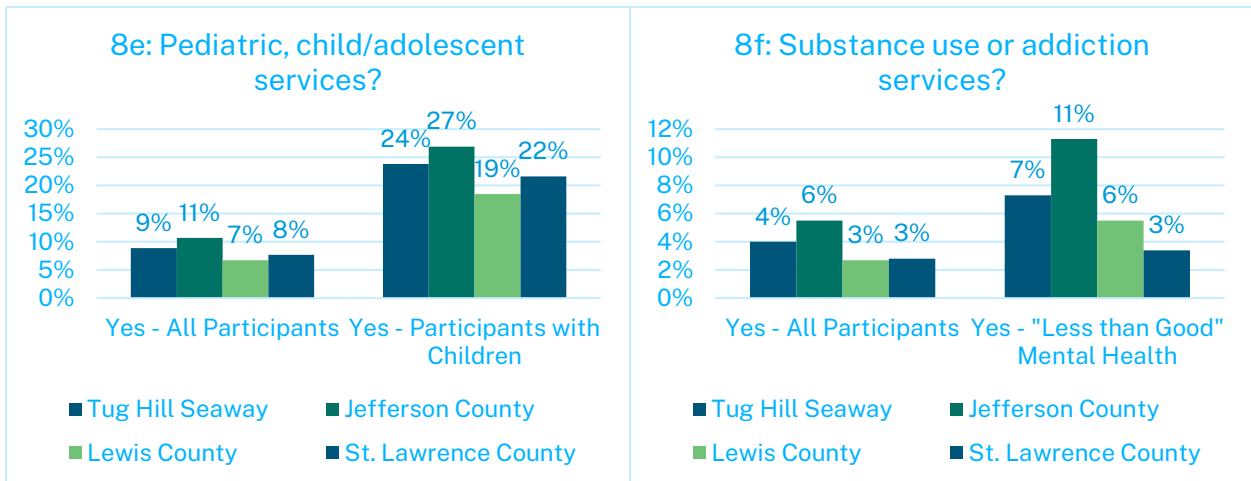
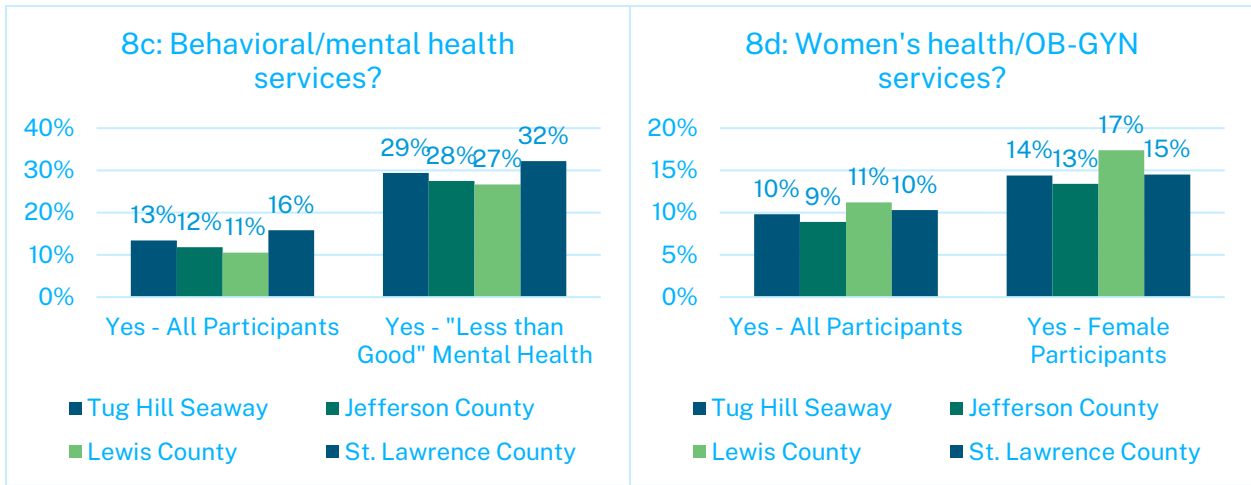
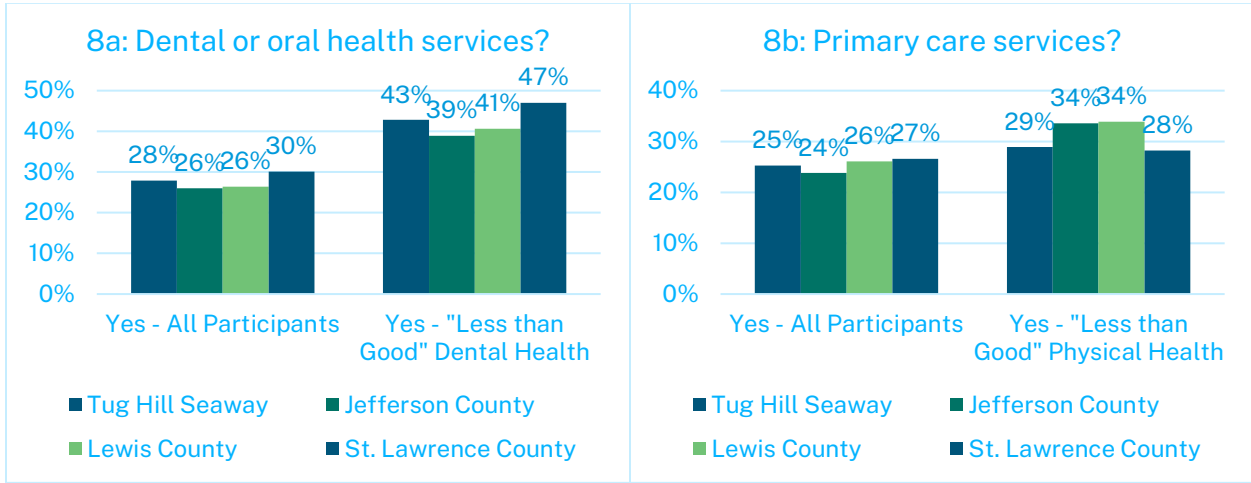
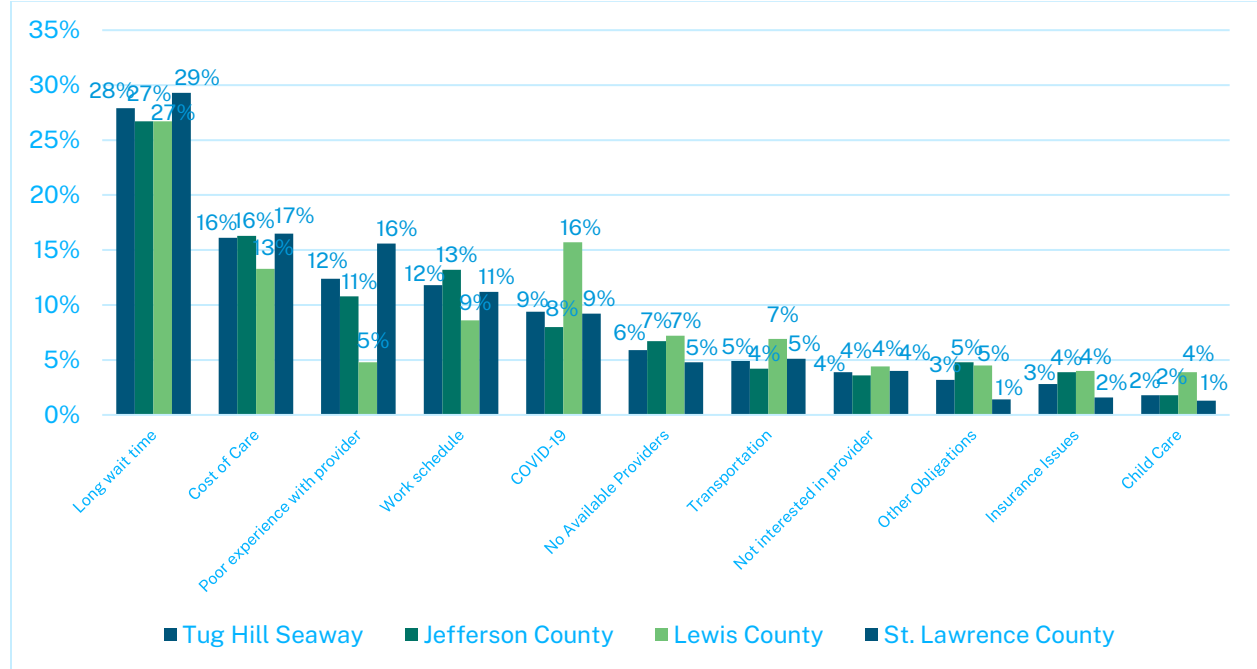


Figure 9: If yes, what was the one largest challenge you experienced in receiving health care services locally?

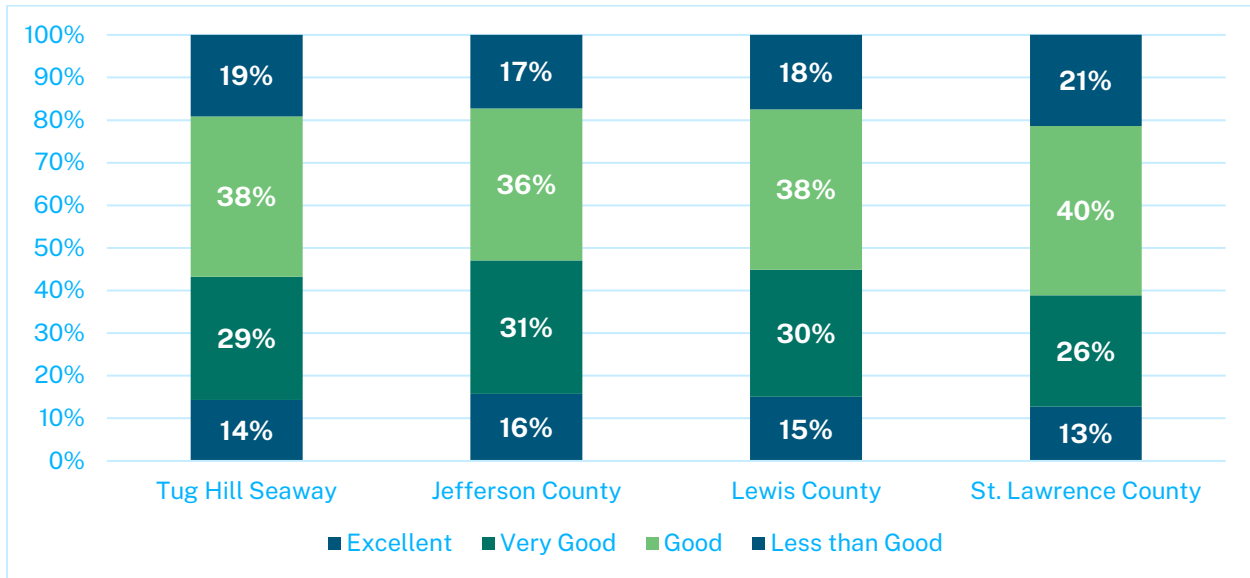


Participants who reported experiencing challenges or difficulties in receiving at least one type of health care locally in the past 12 months were further asked what is the largest challenge to receiving this health care locally. The five most common responses are: “long wait time” (27%), “COVID-19” (16%), “cost of care” (13%), “work schedule” (9%).

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

- Cost of Care: male, those without children in the household, and the uninsured
- Transportation: those identifying as LGBTQIA+
- Work schedule: those with a 4+ year degree
- Child Care: those with children in the household
- Other Obligations: those with some college education
- Not interested in provider: households with a Veteran
- Poor experience with provider: Medicaid beneficiaries
- Long wait time: caregivers, insured, non-Medicaid beneficiaries, and VA beneficiaries
- COVID-19: racial minorities and non-caregivers
- No Available Providers: those with children in the household
- Insurance Issues: no significant demographic disparities

Figure 10: How would you rate your physical health?



Lewis County residents in 2022 continue to be somewhat optimistic about their personal physical health with almost one-half rating their physical health as “Excellent or Very Good” (45% in the county). Only 3% of adults in the county in 2022 rate their physical health as “Poor”.

Demographic subgroups more likely to report health as “Less than Good” include those over the age of 35 (especially those over 75), persons with a disability, caregivers, uninsured, and Medicare beneficiaries.

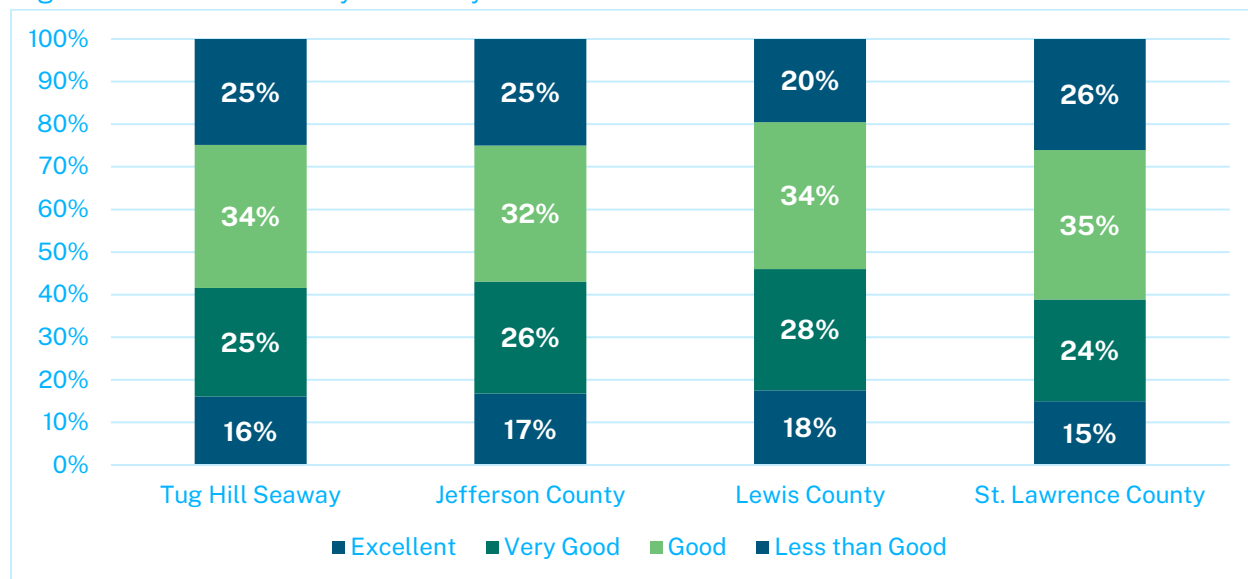
Figure 11: How would you rate your mental health?



Lewis County residents continue to be somewhat optimistic in 2022 about their personal mental health with just over one-half rating their mental health as “Excellent or Very Good” (53% in the county).

Demographic subgroups more likely to report health as “Less than Good” include those under the age of 35, households affiliated with active military, Medicaid beneficiaries, and Tricare beneficiaries.

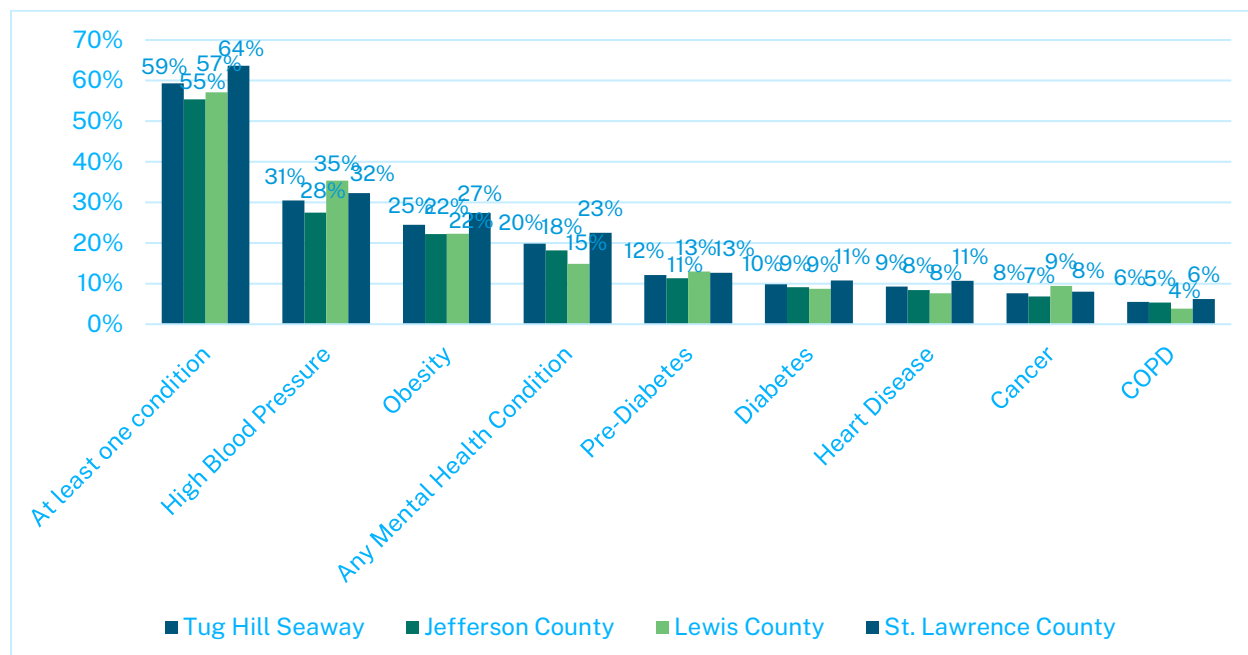
Figure 12: How would you rate your dental health?



Lewis County residents are somewhat optimistic in 2022 about their personal dental health with nearly half rating their dental health as “Excellent or Very Good” (46% in the county).

Demographic subgroups more likely to report health as “Less than Good” include those without college education, racial minorities, households with under \$75,000 annual income, and VA beneficiaries.

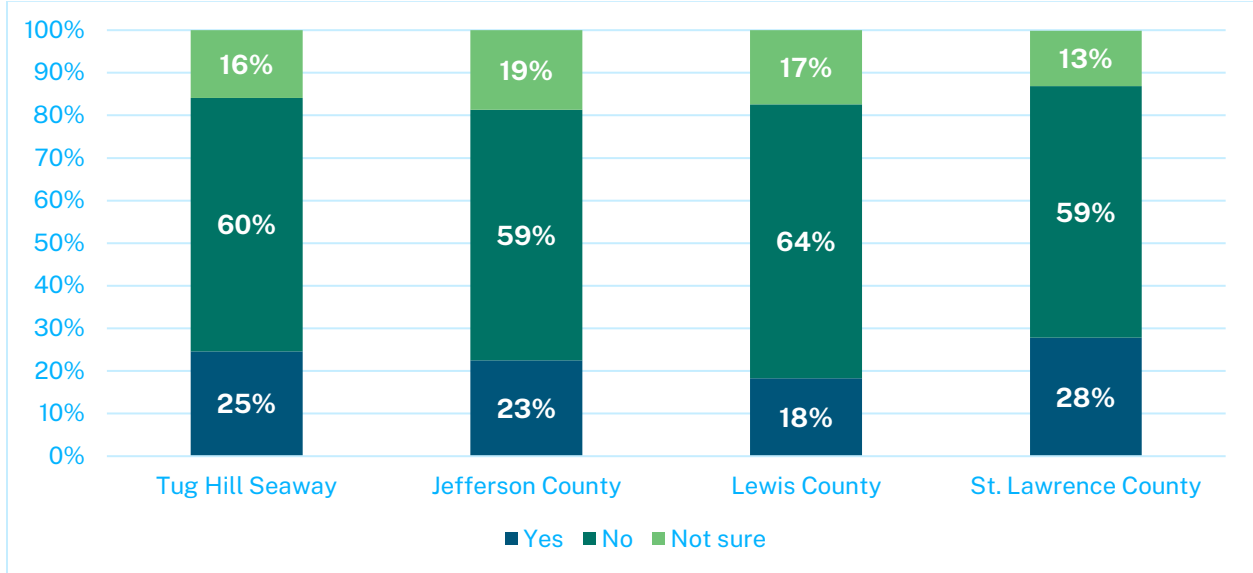
Figure 13: Have you ever been diagnosed with any of the eight studied chronic health conditions or illnesses?



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

- **At least one condition:** Currently approximately three-in-five Lewis County residents (57%) in 2022 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited above).
Demographic subgroups more likely to report diagnosis include females, those over the age of 55, households with a Veteran, those without children in the household, persons with a disability, households with over \$75,000 annual income, insured, Medicare beneficiaries, and Tricare beneficiaries.
- **High Blood Pressure:** Over one-third of residents in the county have been diagnosed with high blood pressure (35% in the county).
Demographic subgroups more likely to report diagnosis include those over the age of 55, those without children in the household, persons with a disability, non-Medicaid beneficiaries, and Medicare beneficiaries.
- **Obesity:** Over one-fifth of residents in Lewis County have been diagnosed with obesity (22% in the county).
Demographic subgroups more likely to report diagnosis include females, those over the age of 35, households with a Veteran, persons with a disability, households with over \$75,000 annual income, and the insured.
- **Any Mental Health Condition:** Approximately one-in-seven residents in the county have been diagnosed with any mental health condition (15% in the county).
Demographic subgroups more likely to report diagnosis include those under the age of 35, racial minorities, households affiliated with active military or with a Veteran, those with children in the household, persons with a disability, non-Medicare beneficiaries, Tricare beneficiaries, and VA beneficiaries.
- **Pre-Diabetes:** Approximately one-in-eight residents in Lewis County have been diagnosed with pre-diabetes (13% in the county).
Demographic subgroups more likely to report diagnosis include those over the age of 35, households with a Veteran, and persons with a disability.
- **Diabetes:** Approximately one-in-eleven residents in the county have been diagnosed with diabetes (9% in the county).
Demographic subgroups more likely to report diagnosis include those over the age of 75, households with a Veteran, persons with a disability, and Medicare beneficiaries.
- **Heart Disease:** Approximately one-in-twelve residents in Lewis County have been diagnosed with heart disease (8% in the county).
Demographic subgroups more likely to report diagnosis include those over the age of 55, those without children in the household, persons with a disability, and Medicare beneficiaries.
- **Cancer:** Approximately one-in-eleven residents in the county have been diagnosed with cancer (9% in the county).
Demographic subgroups more likely to report diagnosis include those over the age of 55, persons with a disability, and Medicare beneficiaries.
- **COPD:** A small portion of residents in Lewis County have been diagnosed with COPD (4% in the county).
Demographic subgroups more likely to report diagnosis include persons with a disability and Medicare beneficiaries.

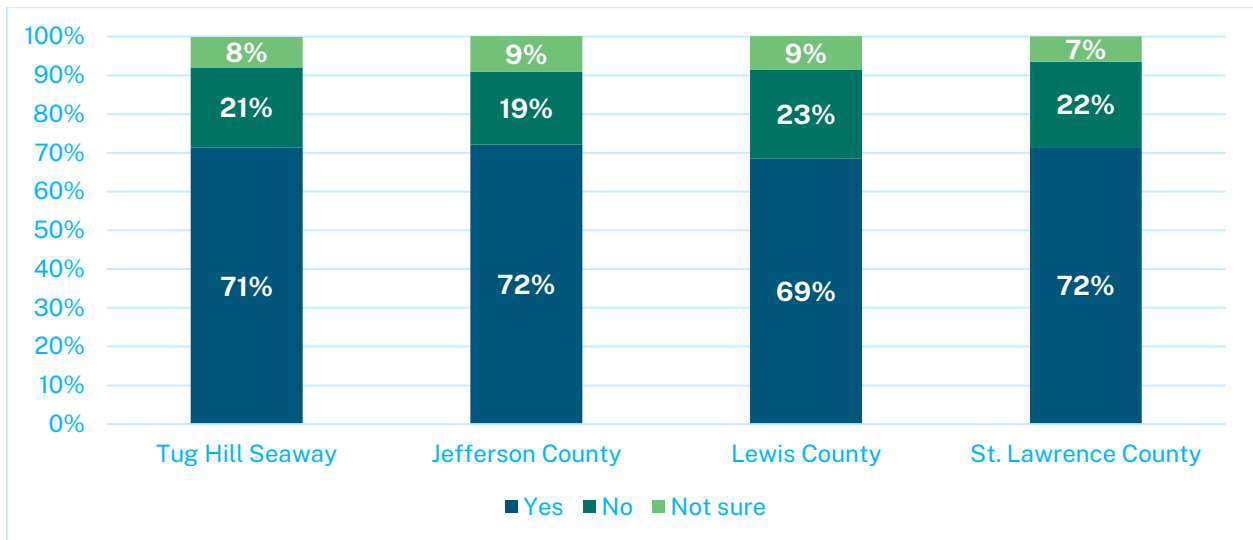
Figure 14: If at least one condition, are you willing to take a class to teach you how to manage or prevent problems related to the illness(es)?



Participants who reported having been diagnosed with at least one of eight chronic health conditions that were investigated in this study were further asked: “would you be willing to take a course or class to teach them how to manage or prevent problems”? Only approximately one-in-five of these participants (18%) report that they are interested in this type of coursework or class.

Demographic subgroups more willing to take a class include those with a 4+ year degree.

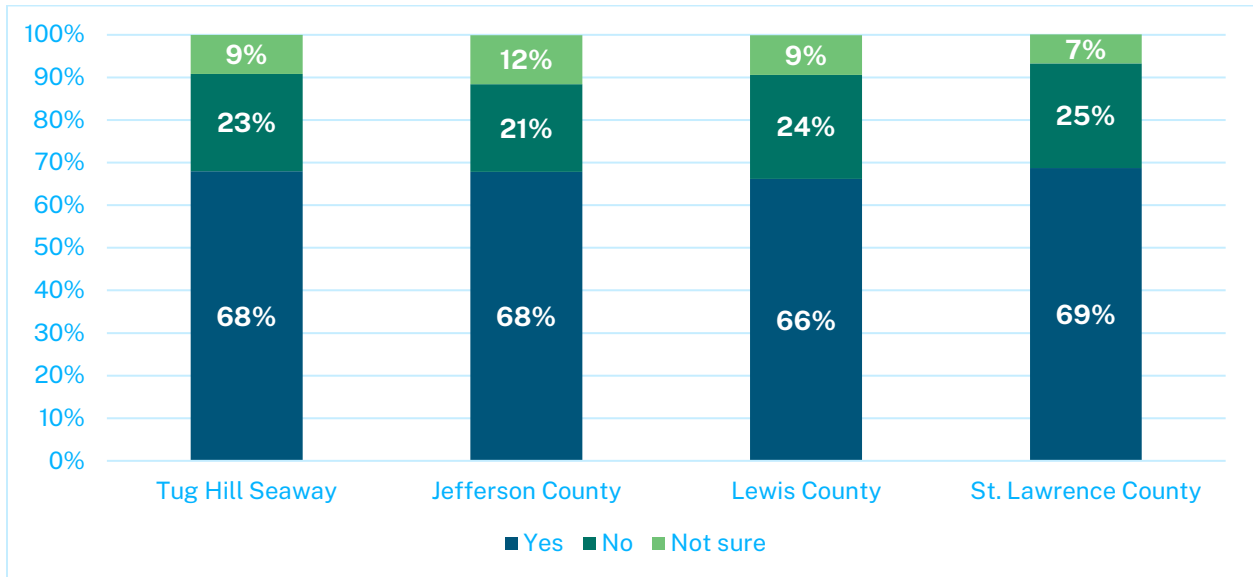
Figure 15: If you were to need them, do you know where you can find mental health services?



A large majority of Lewis County residents report that they are aware of where to access mental health services if needed (69% in the county).

Demographic subgroups less likely to say they know where to find resources include males, those between the ages of 35-54, households with no military affiliation, households with under \$25,000 annual income, uninsured, and non-Tricare beneficiaries.

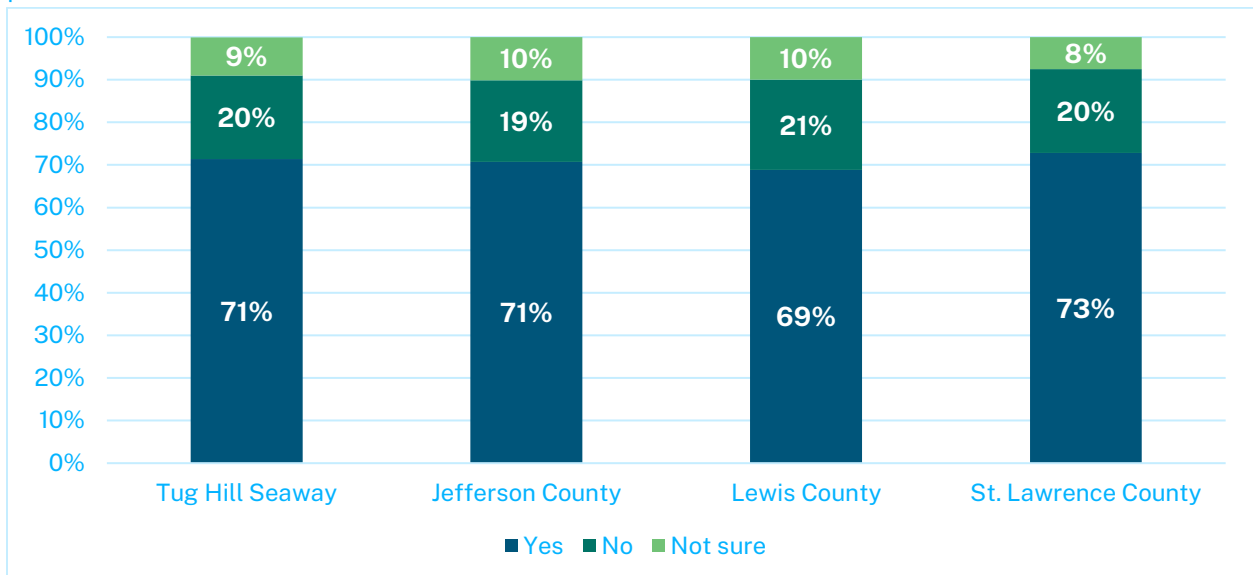
Figure 16: If you were to need them, do you know where you can find substance use services?



A large majority of Lewis County residents report that they are aware of where to access substance services if needed (66% in the county).

Demographic subgroups less likely to say they know where to find resources include those between the ages of 35-54 and those over the age of 75, white persons, households with no military affiliation, and those with children in the household.

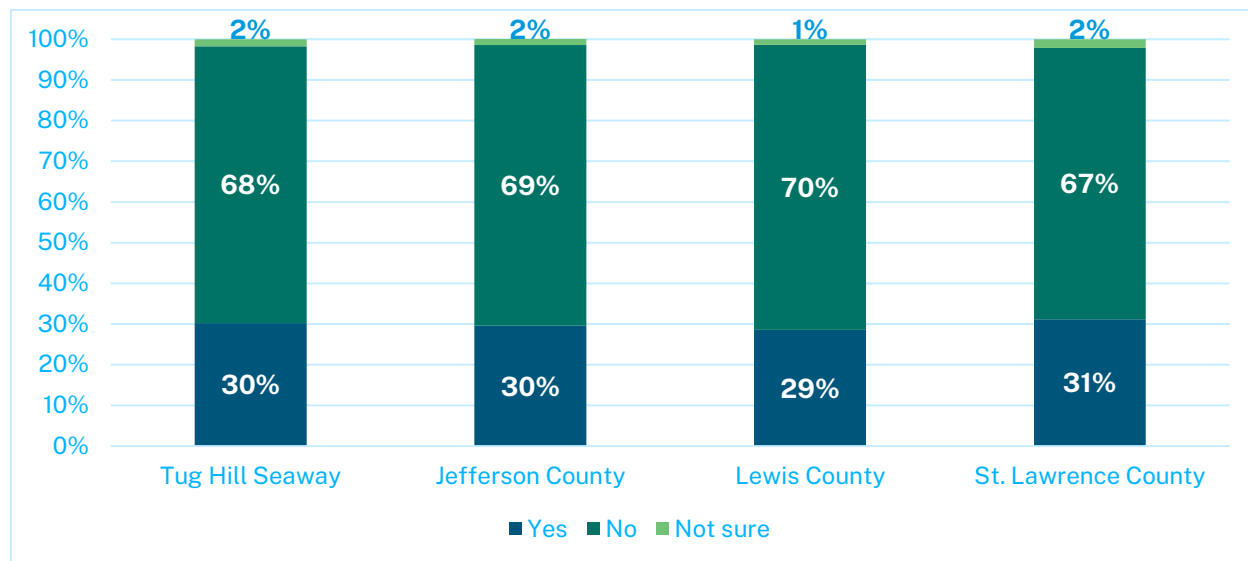
Figure 17: If you were to need them, do you know where you can find suicide prevention services?



A large majority of Lewis County residents continue to report that they are aware of where to access suicide prevention services if needed (69% in the county).

Demographic subgroups less likely to say they know where to find resources include those between the ages of 35-54 and those over the age of 75, households with no military affiliation, and the uninsured.

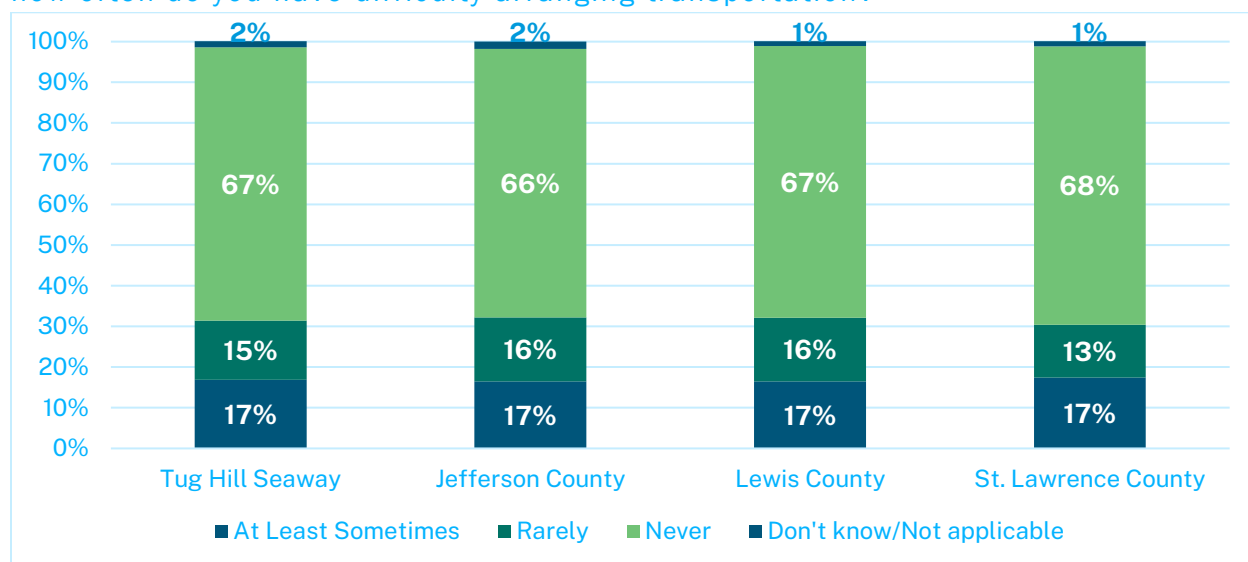
Figure 18: Within the past year, has chronic pain limited your ability to follow your usual routines?



Approximately three-in-ten Lewis County residents report that within the past year chronic pain has limited their ability to follow their usual routines (29% in the county).

Demographic subgroups more likely to say they have been limited by chronic pain include females, those over the age of 55, those without college education, persons with a disability, caregivers, and Medicare beneficiaries.

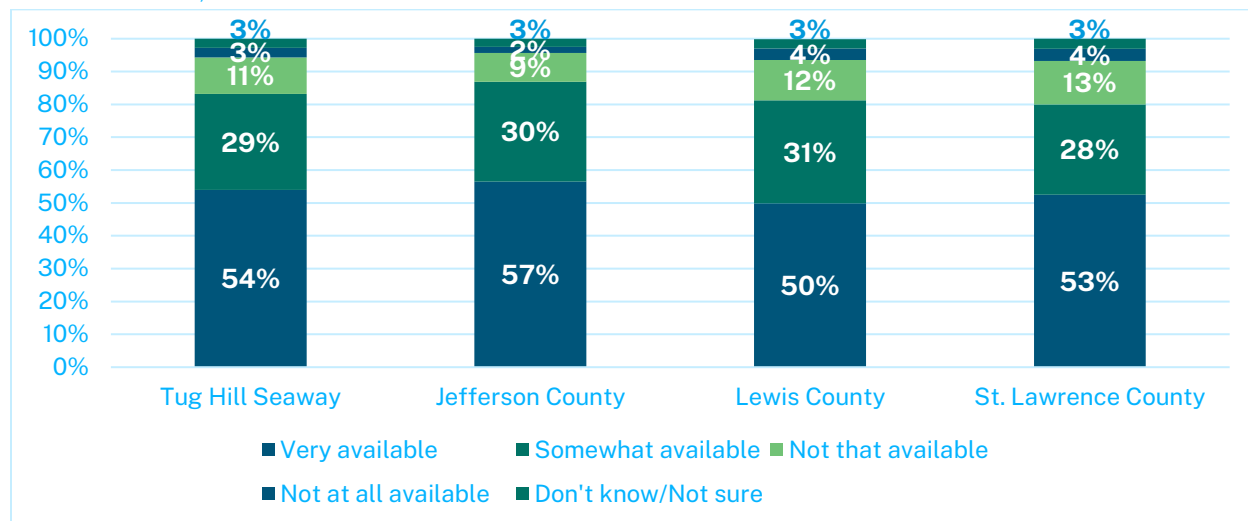
Figure 19: When you need to go somewhere that you can only reach by automobile, how often do you have difficulty arranging transportation?



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

Demographic subgroups less likely to say that they never have difficulty arranging transportation include those over the age of 75, those without college education, persons with a disability, households with under \$50,000 annual income, insured, and Medicaid beneficiaries.

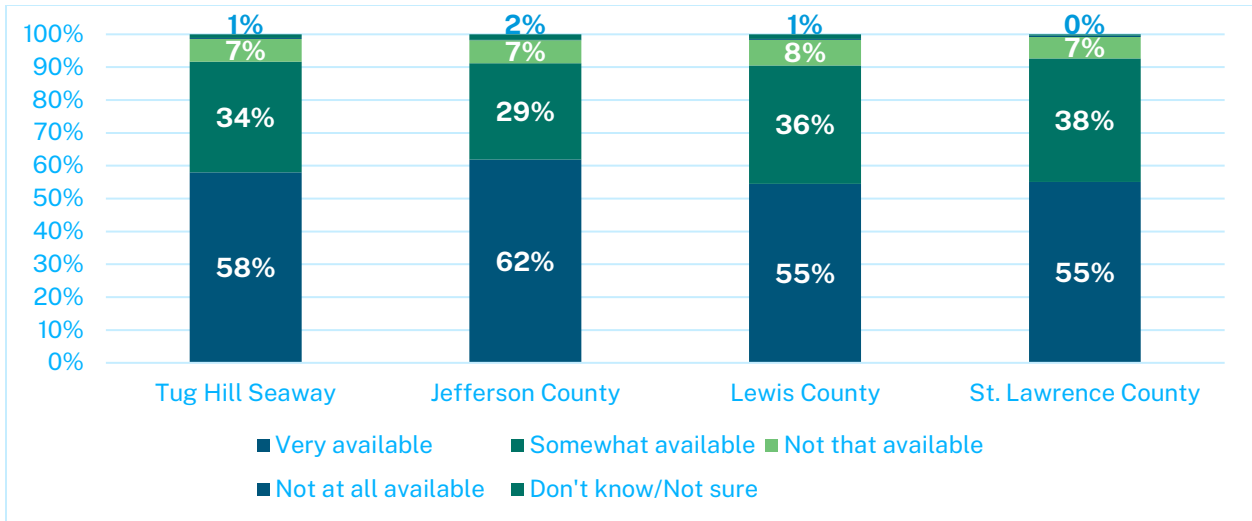
Figure 20: How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?



Lewis County residents in 2022 continue to be more satisfied than not with the availability of their family's access to places where they can walk and exercise, either indoors or outdoors (“Very Available” rate of 50% in the county). Only approximately 3% of participants in 2022 indicate that they believe that this availability is “Not at All Available”.

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

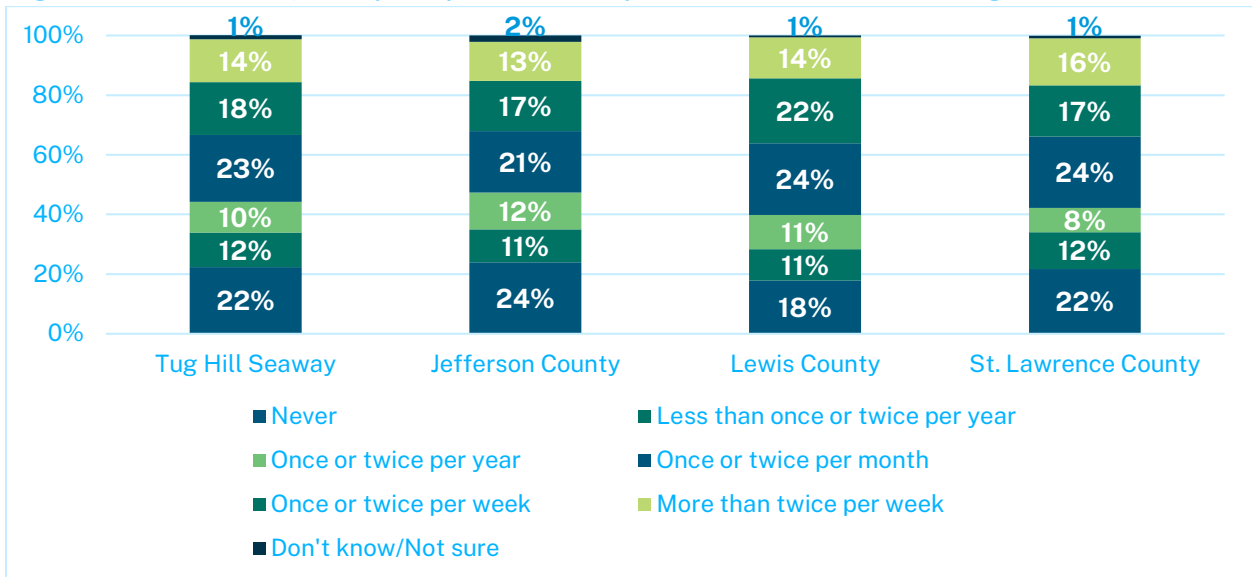
Figure 21: How would you rate your family's access to healthy foods, including fruits and vegetables?



Lewis County residents in 2022 continue to indicate satisfaction with the availability of their family's access to healthy foods, including fruits and vegetables (“Very Available” rate of 55% in the county). Approximately 1% of participants in 2022 indicate that they believe that this type of healthy food access is “Not At All Available”.

Demographic subgroups more likely to say access is “not at all available” include households affiliated with active military, Medicaid beneficiaries, non-Medicare beneficiaries, and non-VA beneficiaries.

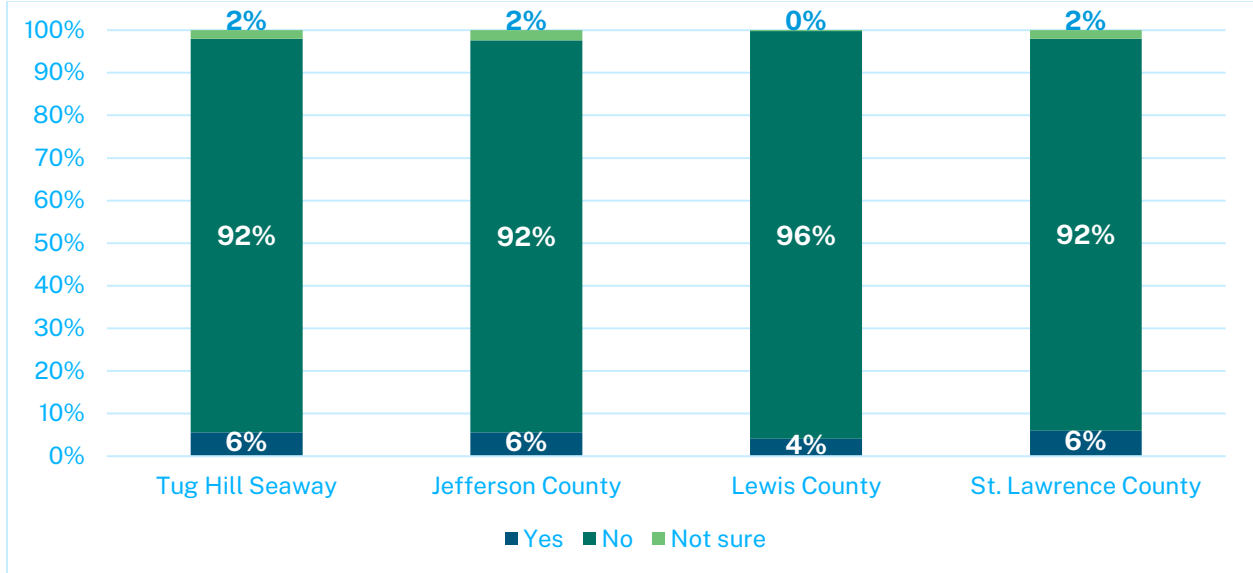
Figure 22: How frequently do you have any kind of drink containing alcohol?



Approximately four-fifths of adults in 2022 indicate that they drink alcohol (“Never drink alcohol” rate is 18% in the county). Approximately one-third of adults currently indicate that they drink alcohol at least 1-2 times per week or more (36% in the county).

Demographic subgroups more likely to report drinking alcohol “more than twice a week” include males, uninsured, and non-Medicare beneficiaries.

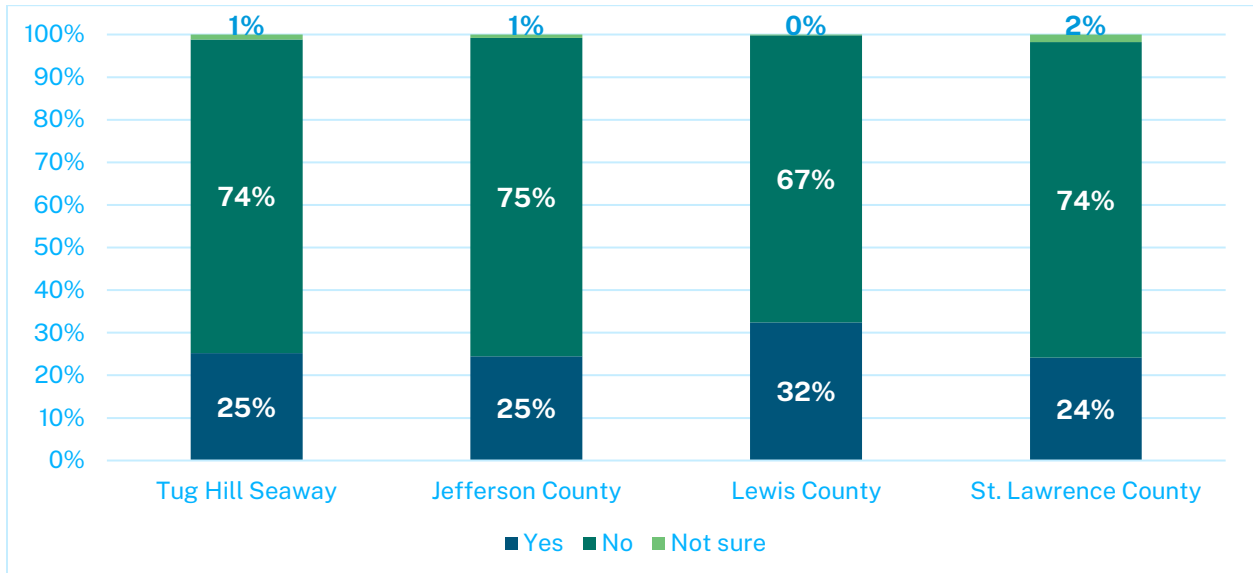
Figure 23: Within the past year, has anyone in your household been personally affected by opiate abuse or addiction?



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

Demographic subgroups more likely to say that somebody in the household has been impacted by opiate use include households with a Veteran, households with under \$25,000 annual income, and VA beneficiaries.

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



Approximately one out of every three Lewis County residents (32%) within the past year regularly provided care or assistance to a friend or family member who has a health problem or disability.

Demographic subgroups more likely to have provided care include those between the ages of 35-54 and those with children in the household.

Rural Northern Border Regional Assessment

Introduction

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

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

Background

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

Purpose

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

Methodology

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

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

Three 90-minute focus groups were conducted with community members in the county. Participants were recruited through onsite and online promotions. Participants were vetted to ensure they lived or worked in a rural setting. Due to COVID-19 complications, most focus group sessions, and all key informant interviews were conducted virtually via Zoom teleconference. Two of the eight focus group sessions were conducted in person: one in Alexandria Bay, NY, and the other in Lowville, NY. All three counties were represented in the focus group sessions and key informant interviews.

Key Informant Interview Schedule (Lewis County - 6 interviews, 6 participants):

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

Focus Group Schedule (Lewis County - 3 interviews, 13 participants):

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

Statement of Limitations

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

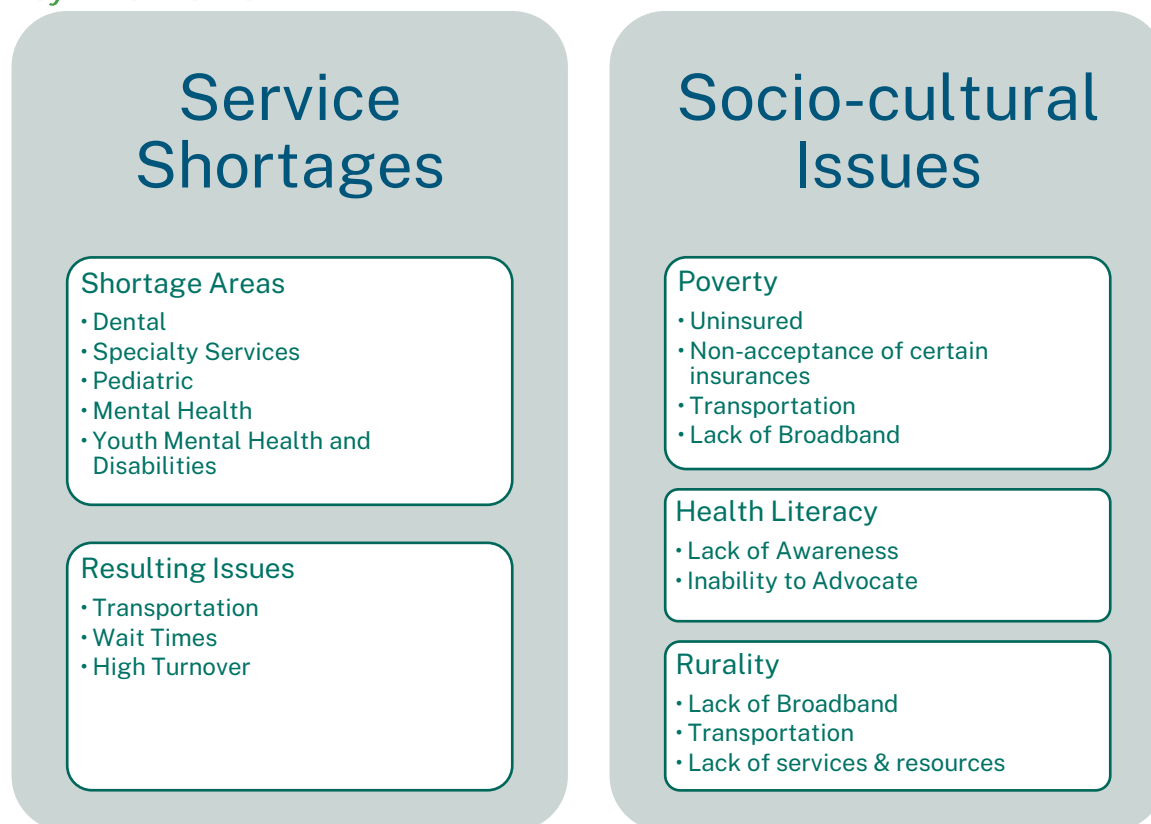
Focus groups and key informant interviews seek to develop insight and direction, rather than quantitatively precise measures. Due to the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference. The reader is reminded that this report is intended to clarify complex issues and point out the direction for future research. The data presented here cannot be projected to a universe of similar respondents. The

value of focus groups and key informant interviews lies in their ability to provide observers with unfiltered comments from a segment of the target population and for the decision-makers to gain insight into the beliefs, attitudes, and perceptions of their consumer base.

Summary

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

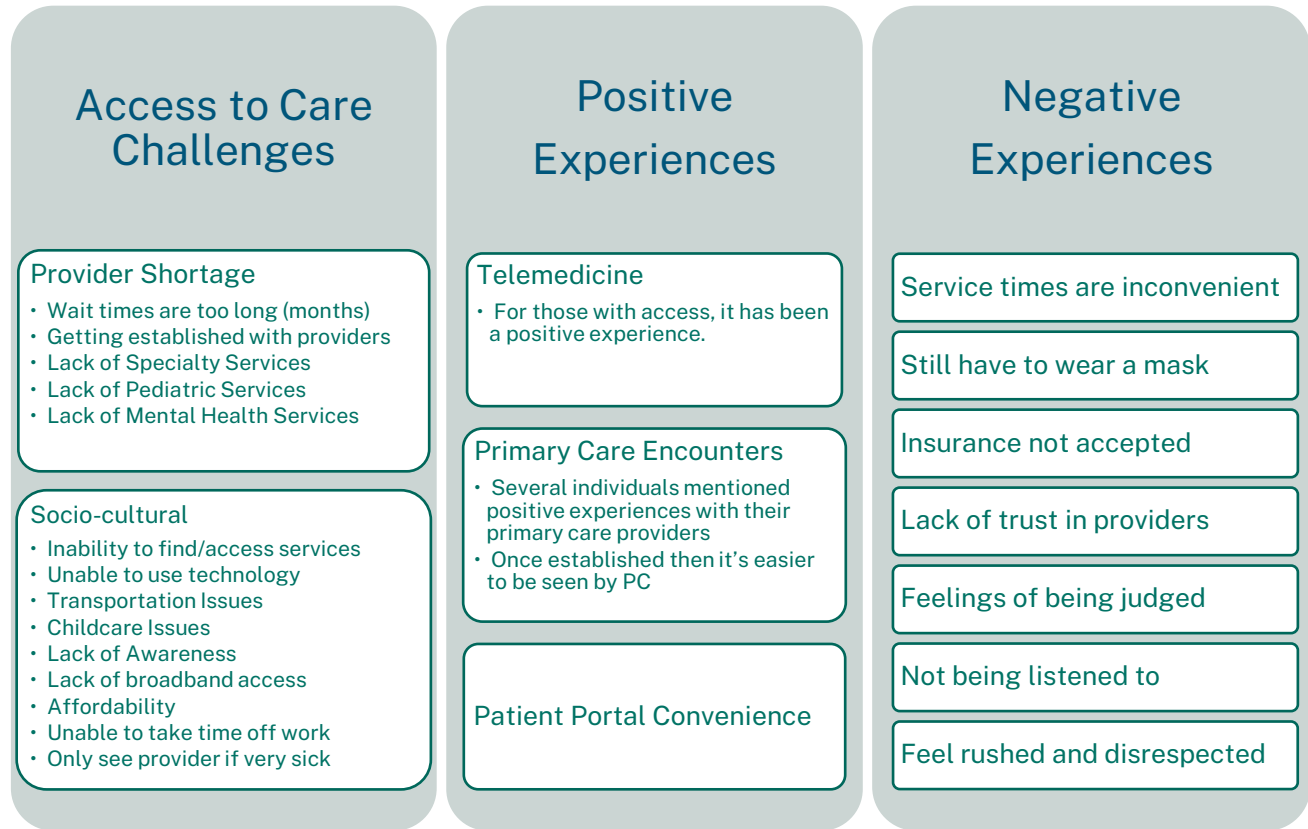
Key Informants



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

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

Focus Group Participants



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

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

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

Overview of Access Barriers

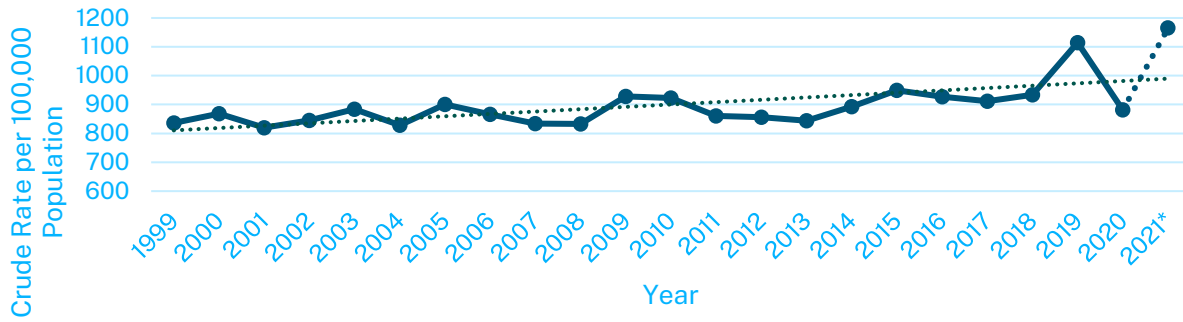
Access-to-Care Barriers in the county:

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

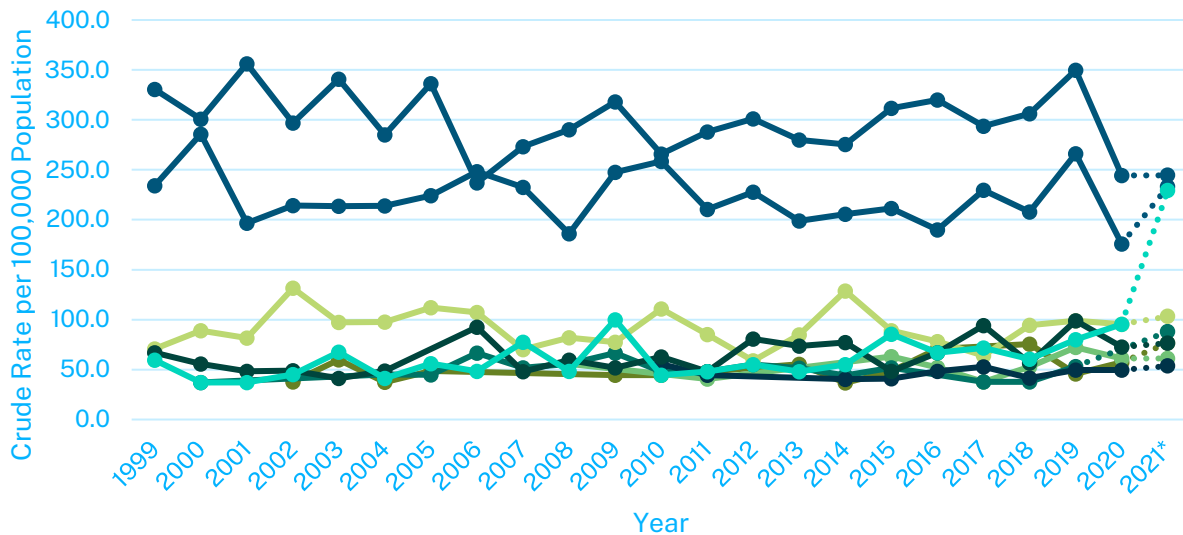
Mortality

The mortality rate in Lewis County has been rising over time, especially in recent years. The decline in 2020 may be a result of the COVID19 pandemic. The sudden rise in mortality in the 2021 provisional data is most closely related to deaths caused by COVID-19.

Total Mortality Rate



Mortality Rate by ICD Chapter



- Neoplasms (Cancer)
- Endocrine, nutritional and metabolic diseases
- Mental and behavioural disorders
- Diseases of the nervous system
- Diseases of the circulatory system
- Diseases of the respiratory system
- Diseases of the digestive system
- External causes of morbidity and mortality
- All Other Causes

Leading Causes of Death

There are a few key differences to note when reviewing the leading causes of death in Lewis County compared to the tri-county region and the entire state. The clearest difference is that mortality rates in Lewis County are generally equivalent, if not lower, than the mortality rates of the region. This is true in total and across the majority of causes. The most apparent exception lies within external causes of morbidity and mortality. The Lewis County rate within this category exceeds the regional and state rates. Deaths in this category include unintentional injuries like car accidents and falls, as well as overdoses, and suicides.

Leading Causes of Death, 2016-2020 Average

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

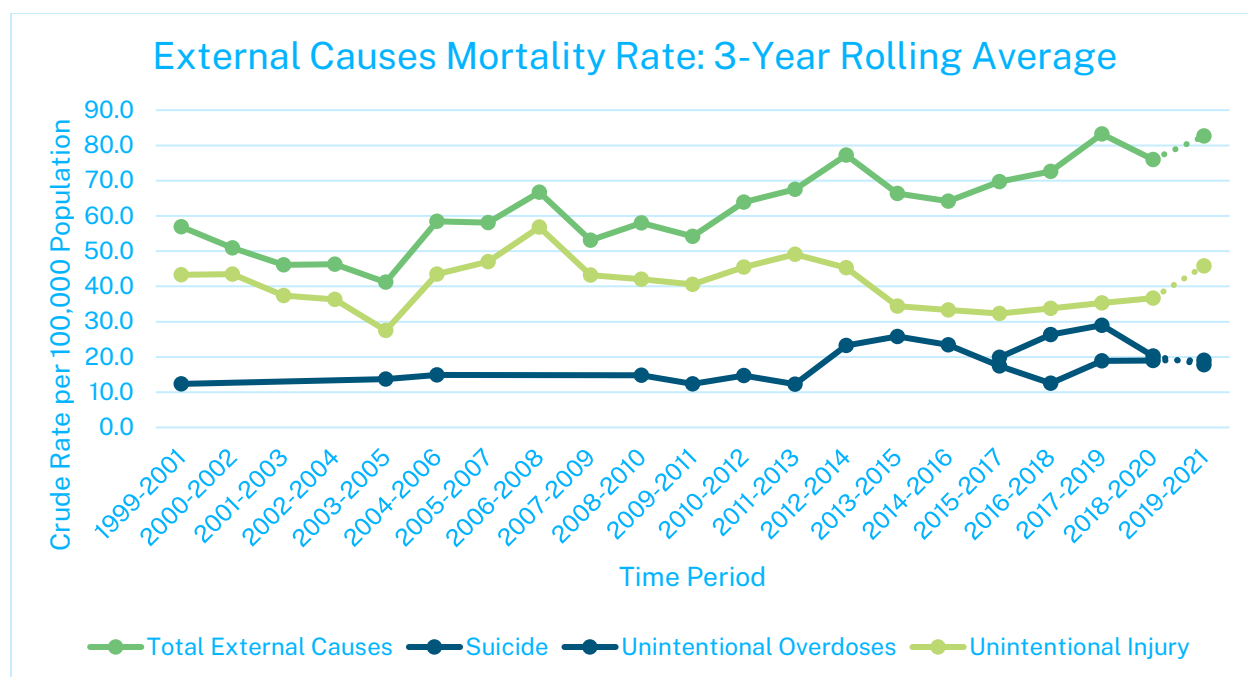
Cause of Death (ICD-10 Categories)	Lewis County		Tug Hill Seaway Region		New York State	
	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)
Diseases of the circulatory system	213.5	80	235.6	699	216.5	55,820
Neoplasms (Cancer)	152.0	57	169.3	505	141.1	35,169
External causes of morbidity and mortality	80.2	21	62.2	155	50.4	10,676
Diseases of the respiratory system	61.5	23	74.6	223	58.1	14,785
Endocrine, nutritional and metabolic diseases	39.4	15	42.6	126	28.1	6,985
Mental and behavioral disorders	37.3	15	37.3	110	32.2	8,505
Diseases of the digestive system	35.5	13	36.4	105	22.1	5,447
All other categories	33.9	11	30.9	85	50.6	12,067
Diseases of the nervous system	27.2	10	39.8	116	31.7	8,166
Diseases of the genitourinary system	13.3	5	19.8	58	14.4	3,698
Certain infectious and parasitic diseases	11.3	4	14.6	43	16.2	4,005
Total mortality	705.1	252	732.1	2,140	610.8	153,256

When considering mortality by age, leading causes of mortality vary. Among the youngest age groups, those under the age of 45, external causes lead the death rates. These deaths include unintentional injuries and suicide. For those age 45-54, the leading causes of death include external causes, cancer, and cardiovascular diseases. The majority of deaths among those age 55-64 are related to cancer and cardiovascular disease, but also include respiratory diseases and external causes. Deaths among those age 65-74 are primarily attributed to cancer as well as heart disease, but also include chronic lower respiratory diseases, cerebrovascular diseases, and accidents. Leading causes of death among those 75-84 are essentially the same, with the exception of diabetes rounding out the list instead of accidents. The list expands for those over the age of 85,

with most deaths being caused by heart disease followed by cancer, cerebrovascular diseases, Alzheimer disease, complications of hypertension, chronic lower respiratory diseases, and diabetes.

External Causes of Morbidity and Mortality

Taking a closer look at the external causes of morbidity and mortality provides deeper insight into the increasing trend. Historically, unintentional injuries drive the majority of deaths in this category. However, since the 2013-2015 time period unintentional injuries have remained at a steadily lower value than prior years. Around this same time, in 2012-2014, suicide began to rise as a cause of death, increasing the overall mortality rate of external causes of death. As suicides started to fall to more typical rates in 2015-2017, deaths due to overdoses rose and further increased the total mortality rate for external causes.



Conclusions

The data in this assessment points to a significant need to address issues concerning mental health in Lewis County. Community members identify both increasing need and a lack of mental health resources in the county. The county faces high rates of alcohol and opioid use, as well as high suicide rates.

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