



# COMMUNITY HEALTH NEEDS ASSESSMENT

ST. JOSEPH'S HEALTH

FY23 - FY25

# MISSION

We, St. Joseph's Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

# VALUES

## Reverence

We honor the sacredness and dignity of every person.

## Commitment to Those Who Are Poor

We stand with and serve those who are poor, especially the most vulnerable.

## Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

## Justice

We foster right relationships to promote the common good, including the sustainability of Earth.

## Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

## Integrity

We are faithful to who we say we are.

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# EXECUTIVE SUMMARY



A Member of Trinity Health

## FAST FACTS

Fiscal Year 2022

(July 1, 2021 – June 30, 2022)



### REVENUE

Total Revenue: **675,000,000**



### PATIENT VOLUMES

Inpatient Discharges: **19,850**

Outpatient

Encounters: **787,576**

ED Visits: **53,378**

Medical Group Visits: **561,238**

Total Surgeries: **14,699**

Babies Delivered: **1,855**

Wound Care Visits: **11,640**



### STAFF

Total Employees: **4,169**

### St. Joseph's Hospital

301 Prospect Ave.  
Syracuse, NY 13203  
315-448-5111

### Resource Line:

315-703-2138 or  
1-888-STJOES1  
sjhsyr.org

### Who We Are

St. Joseph's Health is a regional non-profit health care system based in Syracuse, NY, and has been an innovative leader in health care since our founding in 1869 as the first hospital open to the public in the city of Syracuse.

- St. Joseph's Health Hospital is a Magnet®-recognized hospital.
- St. Joseph's Physicians is comprised of more than 630 physicians and advanced practitioners offering primary, specialty, and home care services throughout 16 counties in central New York and northern Pennsylvania.
- Our ability to collaborate with community partners advances the well-being of the communities we serve through an expanding range of services to ensure our patients achieve optimum long-term health.
- St. Joseph's Health is a member of Trinity Health, one of the nation's largest Catholic health systems operating in 26 states.



All members of Trinity Health share the same Mission and Core Values.

### OUR MISSION

We, St. Joseph's Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### OUR CORE VALUES

**Safety**

**Commitment to Those Who are Poor**

**Reverence**

**Justice**

**Stewardship**

**Integrity**

### Recognitions

- *U.S. News & World Report* Best Regional Hospital (eight consecutive years), No. 1 in Syracuse Metro, No. 17 in NYS with 12 high-performing designations
- St. Joseph's Hospital is a Magnet®-designated organization (for the fourth consecutive time)
- Named America's 50 Best for Cardiac Surgery and America's 100 Best for Spine Surgery by Healthgrades
- Three Stars from the Society of Thoracic Surgeons for Coronary Artery Bypass, Aortic Valve Replacement, and Mitral Valve Replacement
- Baby-Friendly designation from Baby-Friendly USA



◀ Scan this QR code to view all our recognitions and accreditations.

# HEALTH FACILITIES OWNED/OPERATED BY ST. JOSEPH'S HEALTH

The System of Care map below outlines each of the health facilities and services operated fully or in part by the entities within the St. Joseph's Health system, with Onondaga County highlighted in white. While the hospital, one entity within St. Joseph's Health, operates several outpatient services reflected on the map, the diagram is inclusive of all St. Joseph's Health system services. From this list, Syracuse, Baldwinsville, Camillus, Cicero, East Syracuse, Fayetteville, and Liverpool are all located within Onondaga County.

## ST. JOSEPH'S HEALTH SYSTEM OF CARE

### • SYRACUSE

**St. Joseph's Health Hospital**  
 Behavioral Health Services  
 CNY Infusion Services **JV**  
 Comprehensive Psychiatric Emergency Program  
 Dental Residency Clinic  
 Dialysis Center – Regional **JV**  
 Family Medicine Residency Program  
 Iroquois Nursing Home **JV**  
 Laboratory Alliance of Central New York, LLC **JV**  
 Maternal Fetal Medicine (URMC) ▲  
 Primary Care Center, Main Campus **P**  
 Primary Care Center, West **P**  
 St. Joseph's Care Coordination Network (Health Home)  
 St. Joseph's College of Nursing  
 St. Joseph's Health Cardiac Surgery  
 St. Joseph's Health Cardiovascular Institute  
 St. Joseph's Health Endocrinology  
 St. Joseph's Health Foundation  
 St. Joseph's Health Internal Medicine  
 St. Joseph's Imaging Associates **JV**  
 Vascular Surgeons of CNY, PLLC ▲

### • AUBURN

Internal Medicine Associates ▲  
 St. Joseph's Health Women's Health  
 St. Joseph's Imaging Associates **JV**

### • BALDWINSVILLE

St. Joseph's Imaging Associates **JV**

### • CAMILLUS

Dialysis Center **JV**  
 St. Joseph's Health Cardiovascular Institute  
 St. Joseph's Health Medical Center Camillus **P**  
 St. Joseph's Health Neurology  
 St. Joseph's Health Orthopedics  
 St. Joseph's Imaging Associates **JV**  
 St. Joseph's Physicians Primary Care

### • CAZENOVIA

St. Joseph's Physicians Primary Care **P**

### • CICERO

St. Joseph's Physicians Primary Care **P** ▲

### • CORTLAND

Dialysis Center **JV**  
 St. Joseph's Imaging Associates **JV**

### • EAST SYRACUSE (BRITTONFIELD)

CNY Family Care **P** ▲  
 St. Joseph's Health Cardiovascular Institute  
 Heart Failure Clinic

### • FAYETTEVILLE (NORTHEAST MEDICAL CENTER)

Behavioral Health Services  
 Center for Wound Care and Hyperbaric Medicine  
 Dialysis Center – Northeast **JV**  
 St. Joseph's Imaging Associates **JV**  
 St. Joseph's Health Breast Care and Surgery  
 St. Joseph's Health Cardiovascular Institute  
 St. Joseph's Health ENT  
 St. Joseph's Health Surgery Center Northeast  
 St. Joseph's Health Surgical Services  
 St. Joseph's Physicians Primary Care **P**  
 St. Joseph's Physical Medicine and Rehabilitation

### • FULTON

St. Joseph's Imaging Associates **JV**

### • GOUVENEUR

St. Joseph's Health Cardiovascular Institute

### • LIVERPOOL (NORTH MEDICAL CENTER)

Behavioral Health Services  
 Certified Home Health Care Agency  
 CNY Regional Center for Tobacco  
 Health Systems at St. Joseph's Health  
 PET/CT **JV**  
 PROS Recovery Community  
 SJH Cardiology Associates ▲  
 St. Joseph's Health Cardiac/Pulmonary Rehab  
 St. Joseph's Health Neurosurgery  
 St. Joseph's Health Sleep Lab  
 St. Joseph's Health Surgical Services  
 St. Joseph's Imaging Associates **JV**  
 St. Joseph's LINK  
 St. Joseph's Physicians Primary Care **P**

### • LOWVILLE

Lewis County Primary Care Network ▲

### • OSWEGO

SJH Cardiology Associates ▲  
 St. Joseph's Imaging Associates **JV**

### • PULASKI

St. Joseph's Health Cardiovascular Institute

### • ROME

Rome Memorial Hospital ★  
 St. Joseph's Health Cardiovascular Institute

### • WATERTOWN

St. Joseph's Health Cardiovascular Institute



**KEY** ▲ - St. Joseph's Affiliate | **P** - Primary Care | **JV** - Joint Venture | ▲ - Participant in ACQA/Clinically Integrated Network | ● - Locations

MARCH 2022

## SERVICES PROVIDED

St. Joseph's Health Hospital serves as the backbone of this integrated system. Hospital services include, but are not limited to: medical/surgical inpatient care; OB/GYN services; medical imaging; lab, and other ancillary services; primary care (primary care clinics); inpatient and extensive outpatient behavioral health services; a Certified Home Health Care Agency; a College of Nursing; a Pharmacy Residency Program and a Family Medicine Residency Program.

St. Joseph's hospital-based primary care clinics (2 hospital-based clinic sites) and physician private practice locations are evolving as models of excellence in primary care, with all 9 sites having achieved Patient Centered Medical Home

Certification. The hospital-based clinics are all located within designated Health Professional Shortage Areas (HPSA) in the City of Syracuse.

St. Joseph's continuum of care also includes: Concordia Healthcare Network, a super-clinically integrated network (CIN) in partnership with Ascension Lourdes Hospital in Binghamton, Family Health Network in Cortland, and St. Peter's CIN in Albany (Innovative Health Alliance of New York); participation in a Track 3 MSSP ACO; participation in a New York State Medicaid Value-Based Payment program; and designation as a lead Health Home serving Onondaga, Oswego, Madison, Cayuga, and Cortland Counties.

# Trinity Health's Promise: What We Must Deliver

Trinity Health is a Catholic, **mission-driven health organization** that provides comprehensive and coordinated **health and well-being services** through a **network of organizations and partnerships** for our members - colleagues, physicians and people in communities - across the United States.

Trinity Health provides care for *all* in body, mind and spirit, demonstrating that:

**We Listen**

**We Partner in Achieving Health Goals**

**We Make It Easy**



## Our Culture



### Our Mission

We, Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.



### Our Core Values

- Reverence
- Commitment to Those Who are Poor
- Safety
- Justice
- Stewardship
- Integrity



### Our Vision

We will be the most trusted health partner for life.



### Our Actions

As a Trinity Health colleague, I will:

- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.



### Our Promise

We Listen.  
We Partner.  
We Make it Easy.

As a member of Trinity Health, St. Joseph's Health Community Health & Well-Being (CHWB) strategy promotes optimal health for those who are poor and vulnerable and the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We do this by:

- Investing in our communities.
- Delivering outstanding care for those who are poor and vulnerable.
- Impacting social influencers of health.

St. Joseph's Health Hospital reinvests in communities through financial support, screenings, education, and research.

# COMMUNITY SERVED

## GEOGRAPHIC AREA SERVED

St. Joseph's primary service area covers Onondaga and Oswego counties, accounting for approximately 76% of inpatient admissions to St. Joseph's Health Hospital combined.



Source: TRUVEN Health [Analytics](#) 01/01/2019 – 12/31/2019

## CHNA GEOGRAPHY

This CHNA will focus specifically on Onondaga County, NY. St. Joseph's Health is located in the City of Syracuse, NY, which is located within Onondaga County. Since approximately 64% of SJHHC's inpatient market share is attributable to Onondaga County alone, accounting for the majority of inpatients treated at the hospital, this CHNA focuses only on Onondaga County. Onondaga County is also the most significant county among the full service area because the majority of SJHHC outpatient services are located within Onondaga County.

Last, focusing on Onondaga County specifically aligns the collaborative process of the state-mandated Community Health Assessment with this federally-mandated CHNA and subsequent implementation strategy. St. Joseph's is required by New York State to complete a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in collaboration with the Onondaga County Health Department and the other hospitals within Onondaga County, Crouse Hospital and Upstate Medical University Hospital. Similar to the CHNA, the CHA/CHIP is a community health assessment and planning process, focused on primary/secondary disease prevention, promoting access to quality health care services, and eliminating health care disparities. Focusing on Onondaga County specifically aligns the collaborative process of the CHA/CHIP with this CHNA process and implementation strategy.



Source: OCHD Division of Community Health

## POPULATION DEMOGRAPHICS

Onondaga County is home to one city, the City of Syracuse, which is centrally located within Onondaga County. Syracuse accounts for approximately 30% of Onondaga County's total population of 473,236, and is an urban hub for numerous Onondaga County businesses, including St. Joseph's Health Hospital.

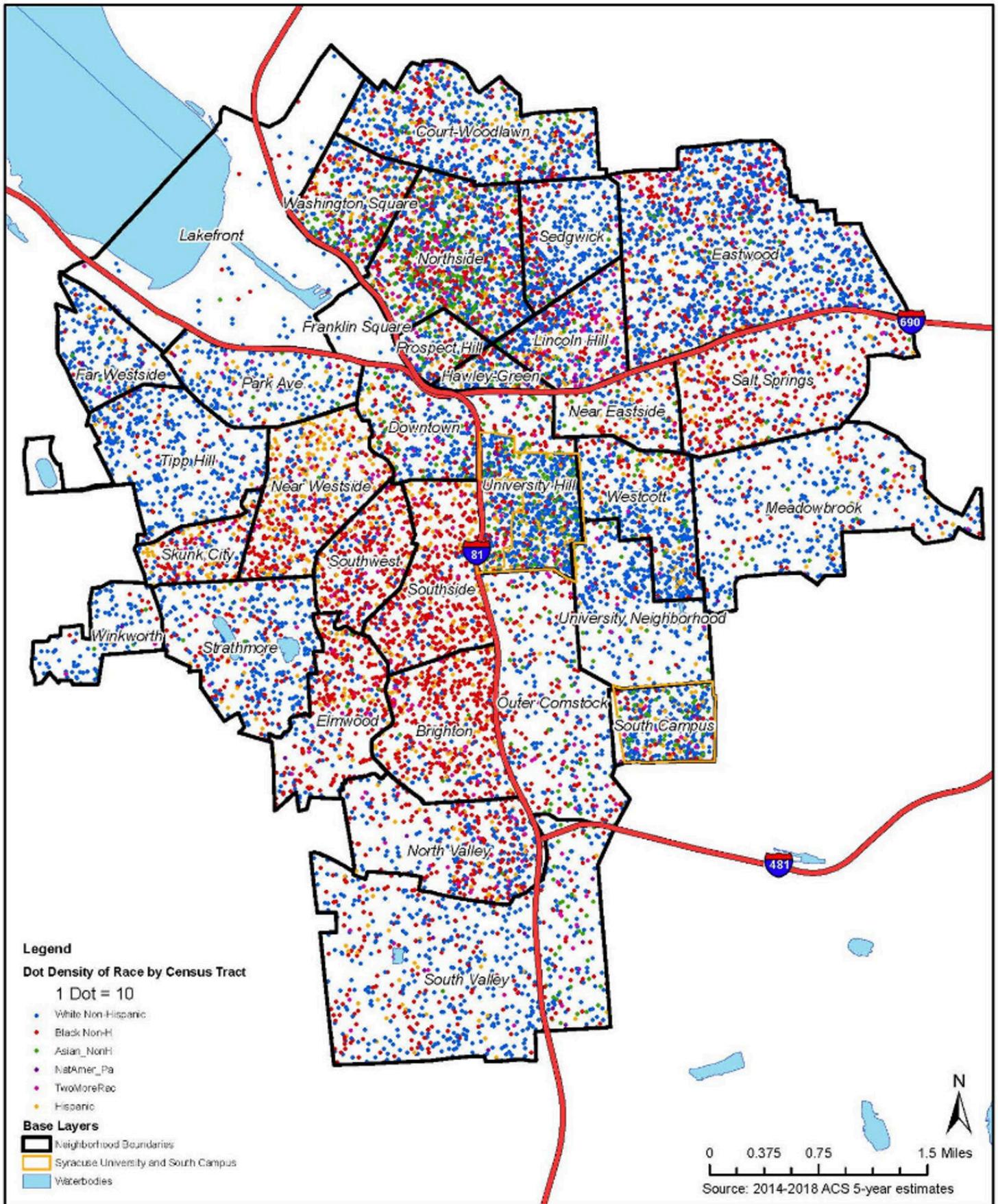
	<b>Syracuse</b>	<b>Onondaga County</b>	<b>NY State</b>
<b>Total Population Size</b>	146,103	473,236	19,857,492
<b>Gender</b>			
Male	48%	49%	49%
Female	52%	51%	51%
<b>Race</b>			
White	53%	80%	69%
Black/african American	29%	12%	18%
American Indian/Alaska Native	1%	1%	1%
Asian	7%	4%	9%
Native Hawaiian/Pacific Islander		<1%	<1%
Two or more Races	7%	3%	3%
<b>Education</b>			
High School Graduate or Higher	84%	91%	87%
Bachelor's Degree or Higher	29%	37%	38%
<b>Employment and Income</b>			
In Civilian Labor Force	63%	56%	62%
Median Household Income	\$40,490	\$66,012	\$75,157
Persons in Poverty	30%	14%	14%
<b>Health</b>			
With a Disability	13%	10%	8%
Persons without Health Insurance	5%	6%	5%
<b>Housing</b>			
Housing Units		211,699	8,531,063
Owner Occupied Housing Unit Rate	40%	65%	54%
Living in Same House as 1 Year Ago	77%	86%	90%

Demographics: Syracuse, Onondaga County & New York State

Source: U.S. Census Bureau, American Community Survey

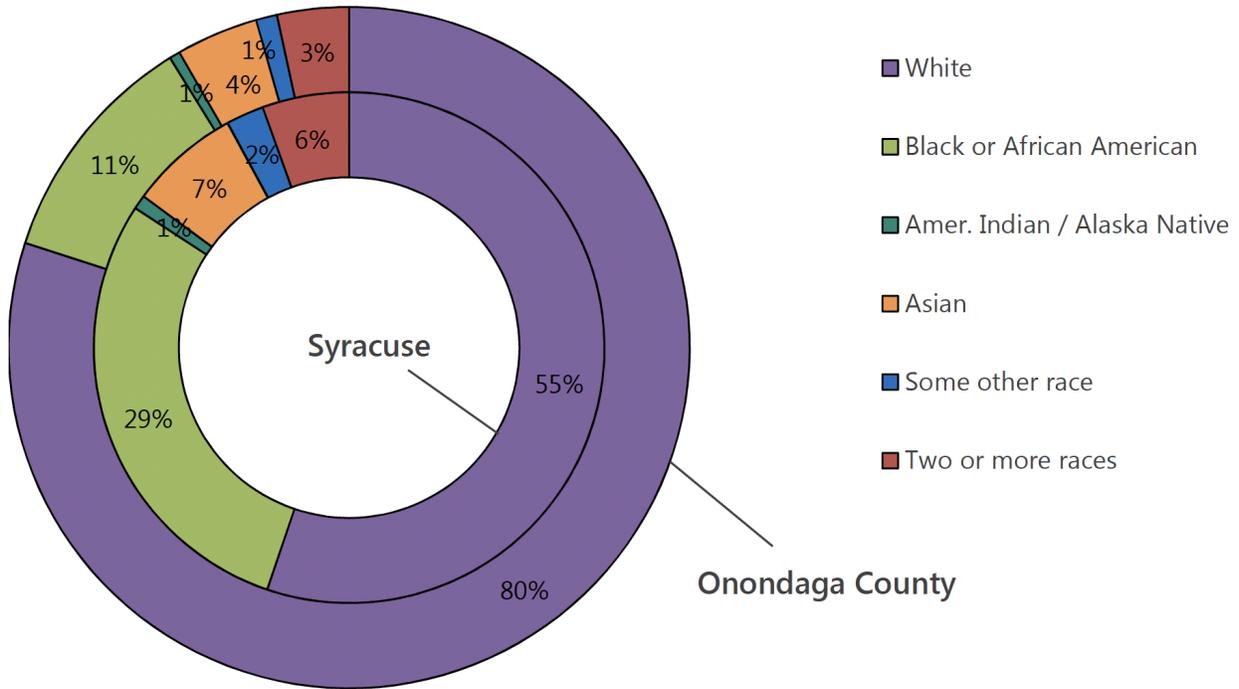
<https://www.census.gov/quickfacts/fact/table/ny.us/PST045218>

## 2018 Population by Race in Syracuse, NY

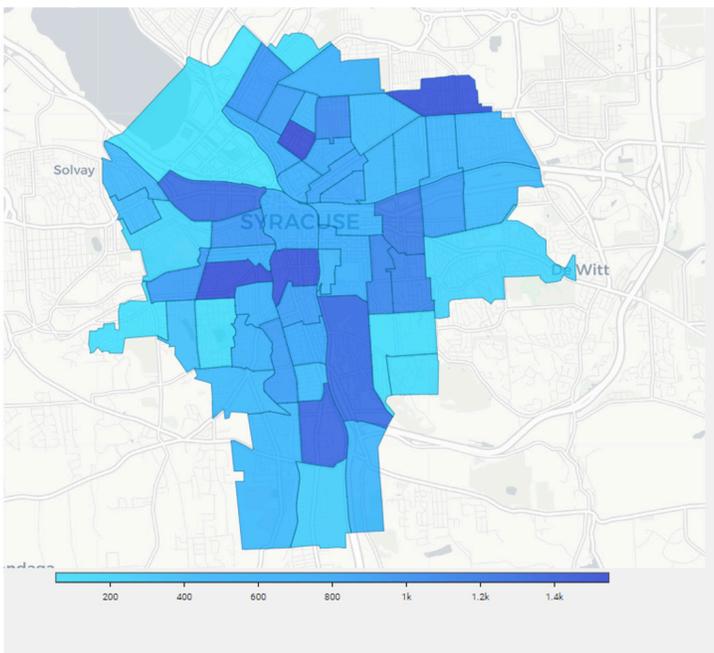


The racial composition of Onondaga County's population is predominantly white, though there is a higher proportion of black/African Americans, Asians, and individuals reported as two or more races living in the City of Syracuse compared to the rest of Onondaga County. The graphic below reflects the differences in racial diversity between the city of Syracuse and Onondaga County as a whole.

*Population by race, Onondaga County and Syracuse*



Source: U.S. Census Bureau, American Community Survey, 2013-2017



There are higher rates of concentrated poverty in the City of Syracuse vs. Onondaga County, with 30% of Syracuse residents living in poverty compared to 14% of those in Onondaga County overall. Syracuse has one of the highest poverty ratings among cities of the United States according to ACS 5 Year Estimates, 2019. Two out of every five students in Syracuse city schools live in poverty.

**Population Below the Poverty Line**

Source: <https://pro.cnyvitals.org/profile/syracuse#poverty-map>

# SUMMARY OF PREVIOUS CHNA

## NEEDS ASSESSMENT SUMMARY

The FY21 – F22 Community Health Needs Assessment was approved by St. Joseph’s Health Board of Trustees on May 21, 2021, with Onondaga County as the community in focus.

The complete CHNA report is available electronically at [sjhsyr.org/about-us/for-our-community/easset\\_upload\\_file48632\\_252404\\_e.pdf](https://sjhsyr.org/about-us/for-our-community/easset_upload_file48632_252404_e.pdf).

The CHNA, finalized on 5/21/2021, identified the significant health needs within the community served by St. Joseph’s Health.

Several key community health needs surfaced from the extensive data analysis and community engagement processes. Throughout the assessment timeframe, the Steering Committee, which St. Joseph’s Health Hospital was a member of, met and reviewed the results from the quantitative data analysis and community engagement initiatives. Along with input from the County’s separate Health Equity Coalition, the steering committee prioritized the following health needs, in alignment with the NYS Prevention Agenda framework:

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

The data to support prioritization of these needs can be found in Appendix 1 of the attached 2019-2021 Community Health Assessment document. The community engagement efforts are explained in detail in Appendix 2 of the attached 2019-2021 Community Health Assessment document.

## IMPACT OF NEED IDENTIFIED IN PRIOR CHNA

Below, initiatives included in the FY21 – FY22 CHNA Implementation Plan are outlined in accordance with each initiative’s respective priority area, along with a description of the initiative’s impact to-date.

### Prevention of Chronic Diseases

#### 1. Support and grow the American Heart Association’s Growing Health Hearts program within Syracuse City Schools.

A collaboration between the American Heart Association, the Syracuse City School District and sponsored by St. Joseph’s Health, the Growing Health Hearts (GHH) program gives students and their families access to healthy activities and messages with different themes each month. In 2021, 7 Syracuse City School District Schools were engaged in the Growing Healthy Hearts (GHH) program. The program reached approximately 4,400 students and approximately 6,000 additional family members through: classroom presentations on monthly topics; an incentive program for participating in healthy behaviors (new topic each month); Monthly Parent University virtual presentations, and monthly newsletters, provided in both English and Spanish. GHH is also working with the Onondaga County Health Department, Onondaga County Public Libraries, and the Syracuse City Parks Department to extend the healthy lessons to local corner stores, libraries, and other community locations.

#### 2. Support a vending machine company in the adoption of healthy vending standards, using New York City’s “Good Choice” program standards as a guide.

St. Joseph’s fully implemented stocking all snack and nearly all beverage machines to target of 50%, a Trinity health standard, in 2017 and continues to maintain. In 2021, our newest edition, Fresh Express, was added to our lobby area, meeting 100% target nutritional standards. St. Joseph’s Health worked effectively with its current vending provider to implement a custom system for nutritional standards; this willingness to collaborate made the transition possible.

#### 3. Further develop food assistance capacity by increasing access to available community supports at health care service delivery sites.

In 2021 and 2022, St. Joseph’s provided food assistance to patients experiencing food insecurity out of one health care delivery site of service. This food pantry, stocked in collaboration with the Food Bank of CNY, served 291 families in 2021. Additionally, St. Joseph’s Health received a grant to implement a Food Pharmacy for individuals with Diabetes who also have food insecurities, targeting patients from one primary care clinic, starting 2021, with

an approved 1 year extension through 2022 (grant period January 2021– December 2022). In 2021, Food Farmacy participants received over 2,050 meals.

#### **4. Develop a new wellness space on the City of Syracuse's Northside in collaboration with community-based organizations.**

St. Joseph's acquired an innovation fund grant on behalf of the wellness center project in 2019 to build infrastructure and capacity. The YMCA acquired additional funding from other grant sources to support this work. The Wellness Center ultimately opened during the Public Health Emergency. The pandemic delayed construction initially and then delayed the opening. In 2021, 481 community members visited and used this space.

#### **5. Increase accessibility to tobacco cessation program capacity within the community.**

'The Butt Stops Here' online virtual cessation classes were developed in collaboration between St. Joseph's Health and St. Peter's Health Partners (Albany, NY- Trinity Health of New York). The COVID pandemic underscored the importance of tobacco cessation and catalyzed offering this class online. 25 groups were offered in 2021 with 691 total participants, 109 participants from Central New York, accessing this new virtual program.

#### **6. Verify screening status of eligible patients in primary care and other outpatient services for breast and colorectal cancer, and ensure needed screenings are ordered/conducted accordingly.**

Partnering with the St. Joseph's Health Physicians Practices, we continue to set targets for screening compliance and work to achieve those goals within our primary care and specialty care practices. In 2021, 4,212 patients were screened for colorectal cancer and 9,635 patients were screened for breast cancer.

#### **7. Participate in the American Heart Association's blood pressure monitoring programs, such as the "Check It! Challenge," and Target BP, which both help to engage the community in self-management of hypertension in alignment with best practices.**

In collaboration with the American Heart Association, St. Joseph's Health participated organization wide in 2022 in The Check-It! Challenge. The Check It! Challenge is rooted in Check. Change. Control., an evidence-based wellness and blood pressure management program. It focuses on improving health by making simple changes to prevent and manage high blood pressure. All colleagues are encouraged to sign up for the four-month program that empowers individuals to self-monitor their blood pressure and encourages healthy lifestyle choices.

Trinity Health is an active participant in the American Medical Association's MAP BP™ and utilizes this framework as the system's national strategy for blood pressure control in the ambulatory setting. St. Joseph's Health has been recognized since 2020 and achieved the Gold+ recognition in 2021 and 2022 for achieving blood pressure control rates above 70% while attesting to evidence-based blood pressure activities.

In 2022, St. Joseph's Health Physician Practices were selected to join the American Heart Association's Lower the Pressure initiative. This program provides education for colleagues, resources and materials to provide to patients, blood pressure monitors to distribute to patients for home management and ongoing support for our practices.

#### **8. Offer the Mobile Integrated Service Team (MIST) program to provide a team-based approach for complex patients.**

The St. Joseph's Health Mobile Integrated Services Team (MIST) consists of a Nurse Practitioner, a Registered Nurse, a LMSW, a Care Coordination Assistant, and a part time Chaplain. Due to provider vacancies, MIST had limited ability to enroll new patients during much of 2021. MIST provides enrolled patients with home-based primary care visits in collaboration with the patient's existing Primary Care Provider. Patients not only receive home visits from the MIST provider, but also have access to comprehensive case management from the team and spiritual care. In 2021, MIST had a total of 169 patients who received home visits and care management. MIST continues to improve their partnership with St. Joseph's Physicians (SJP) practices and have engaged in several initiatives with SJP to improve coordination and effectiveness of care.

#### **9. Integrate national guidelines within protocols for medical management of chronic diseases in primary care and specialist outpatient practices.**

14 preferred Ambulatory Quality Measure guidelines are integrated within SJH value-based care patient care management measures. The preferred Ambulatory Quality Measures promote evidence-based care to prevent and manage chronic diseases including asthma, cardiovascular disease, diabetes and prediabetes, and obesity . Measures updated annually. In addition, our primary care practices are recognized under PCMH. Partnering with the St. Joseph's Health Practices as well as the practices that are a part of the Clinically Integrated Network and Accountable Care Organization, we work to implement targets for quality measure achievement and work to achieve those goals within our primary care and specialty care practices.

**10. Develop and maintain disease registries within the Electronic Health Record, including but not limited to diabetes, prediabetes, hypertension, congestive heart failure and COPD.**

St. Joseph's Health continues to develop and maintain disease registries which align with at-risk populations. These registries are used for identifying patients for our Diabetes Prevention Program, targeted Care Management, and comparing peer groups – for example, patients with controlled BP for the Target BP program.

5 Disease registries maintained in 2021, with number of patients in each:

- Hypertension 118,549
- Prediabetes 6,436
- Congestive Heart Failure 13,165
- Diabetes 39,743
- Coronary Artery Disease 41,024

**11. Offer a diabetes self-management education (DSME) program to help patients with diabetes manage their own care.**

Our DSME program has closed. We are currently partnering with First Mile Care, a Diabetes Prevention Program (DPP) provider, to bring their program, including lifestyle coaching, to St. Joseph's Health outpatient primary care - bringing an evidence based intervention to reduce obesity and prevent type 2 diabetes to our patients. We currently have 2 active groups meeting in person in Syracuse through First Mile Care and plan to go live with at least 3 new additional cohort groups offered by our own St. Joseph's Health Diabetes Prevention Program in 2023.

**Prevention of Mental and Substance Use Disorders**

**1. Implement the Zero Suicide program at St. Joseph's Health, including but not limited to: standardized suicide assessments; standardized safety plans; and post-discharge follow-up calls.**

In 2021, all targeted protocols were implemented, and approximately 6,691 suicide screenings were conducted, and 1,803 safety plans were created.

**2. Provision of adult and children's outpatient mental health services for underserved populations.**

St. Joseph's Health continues to support a host of outpatient behavioral health programs, including but not limited to adult and children's outpatient services; a health home program; and Personalized Recovery Oriented Services. Adult and Children's Outpatient Services reported 32,337 encounters in 2021 and 33,181 encounters in 2022.

**3. Provision of the regional Comprehensive Psychiatric Emergency Program (CPEP)**

St. Joseph's Health maintains operation of the community's only Comprehensive Psychiatric Emergency Program, which is critical in addressing emergent, acute psychiatric needs. CPEP responds to the acute needs of some of our most vulnerable community members, reporting 6,855 visits in 2021 and in 6,730 visits in 2022.

**FEEDBACK ON PRIOR CHNA AN IMPLEMENTATION STRATEGY**

In order to round out stakeholder feedback, the St. Joseph's FY21-FY22 CHNA provided an email address in which written feedback regarding the document could be solicited. No comments were received for consideration. Written comments are again solicited within this CHNA. See the back cover of this report for further information and directions for providing feedback on this CHNA.

# PROCESS AND METHODS USED FOR THE 2023 CHNA:

Onondaga County's 2022-2024 Collaborative Community Health Needs Assessment was undertaken as a comprehensive public health planning effort by the Onondaga County Health Department (OCHD) in collaboration with the CHNA Steering Committee. The Steering Committee was made up of representation from OCHD, Crouse Health, St. Joseph's Health, and State University of New York Upstate University Hospital. Additional support was also provided by the Central New York Healthcare Equity Task Force to ensure that equity was at the forefront of planning efforts.

## COMMUNITY ENGAGEMENT

The CHNA is undertaken to better understand the current health needs of community residents. The CHNA Steering Committee conducted an extensive community engagement process in 2022 to gather feedback directly from county residents. Engagement strategies included a county-wide survey and key-informant interviews with partners representing populations at risk for poor health outcomes. This process engaged more than 3,600 county residents.

## COMMUNITY HEALTH SURVEY

In order to reach a large number of county residents, a Community Health Survey was developed in early 2022 to be distributed widely across the community. The OCHD, the CHNA Steering Committee and the CNY Healthcare Equity Task Force provided feedback on survey questions to ensure meaningful collection of data. The survey consisted of several sections: Healthy Community, Health Problems, Health Behaviors and Social Factors, Healthcare System, Access to Care, Impact of COVID-19, and Demographics. Each of these sections was designed to collect important information on a variety of health topics potentially impacting county residents.

The survey was distributed over 6 weeks in April and May 2022, online and on paper in both English and Spanish. Although the survey was anonymous, participants had the option to include their name and contact information for a chance to win one of five gift cards to Target. All identifying information was removed prior to analysis.

The survey was distributed through a variety of outlets, including agency websites and social media pages. Steering Committee members, CNY Healthcare Equity Task Force members, and other partners assisted by distributing the survey to community members through a variety of digital and in person approaches. St. Joseph's Health encouraged all patients and colleagues who reside in Onondaga County to participate, survey link, QR code, and hard copies were made available in our Primary Care Practices and the survey link and QR code link was disseminated to colleagues through email and daily huddle notes. More than 3,600 completed survey responses were received from Onondaga County residents.

## KEY INFORMANT INTERVIEWS

In addition to the community-wide survey, key informant interviews were conducted with local agency staff to gather supplemental information about community health needs. Sessions were held in June and July 2022 with Refugee and Immigrant Self - Empowerment (RISE), a local agency working with new Americans located in and largely serving the population of the zip code 13202, and the OCHD's Healthy Families Advisory Board, which is made up of multiple partner agencies focused on improving maternal-child health outcomes. These sessions included a summary and presentation on Community Health Survey findings, not limited to specific focus areas, and a discussion to seek additional information from those community members. Additionally, in late July, CNY Health Equity Taskforce members were asked to complete a brief survey to inform the selection of CHIP priorities. Along with the survey, the group was provided a presentation summarizing the preliminary findings from the CHA Survey and recent health indicator data.

## **COMMUNITY FEEDBACK**

The most pressing concerns identified through the community health survey process included: substance use disorders, mental health conditions, trauma and violence, and access to health care. Other topics including a clean environment (i.e. no pollution or trash in public spaces including parks, playgrounds, and lakes), good and safe schools, and ongoing stress were also frequent concerns. Nearly half of respondents identified experiencing a long wait to get medical appointments, and nearly one third identified difficulty receiving care because of office hours. When asked about the impact of the COVID-19 pandemic, the negative impact on education and mental health were the most frequent concerns. As we move forward, residents were most concerned about the potential for learning gaps among school-age children due to the COVID-19 pandemic.

Key informant interviews identified challenges relating to poverty, safe and affordable housing, access to health care, and access to affordable childcare as notable concerns.

A comprehensive report of the findings from the CHA/CHIP community engagement efforts can be found on the OCHD website (<http://www.ongov.net/health/>) in the publications section.

## **HEALTH ISSUE RANKING AND SELECTION OF PRIORITIES**

Community input and data collected through the Community Health Assessment (CHA) process informed the development of the key priorities to be addressed. The priorities were selected for this three-year cycle from among the 5 New York State Prevention Agenda 2019-2024 Priorities: Prevent Chronic Disease; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders; and Prevent Communicable Diseases. Referencing the NYS CHA/CHIP/CSP guidance, the CHNA Steering Committee noted that the State asked for the identification of 2 priorities. This can be achieved by selecting two focus areas in either one Prevention Agenda Priority Area, or two different Prevention Agenda Priority Areas; New York State requires each organization or organizations completing a CHA to select two focus areas from the list of Prevention Agenda Priority Areas and to develop interventions to address the identified needs. Please see the full list of New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals on the following two pages.

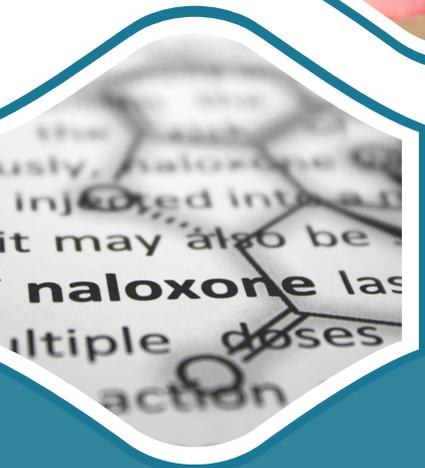
Figure 6 Continued: New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals

<b>Priority Area: Promote Healthy Women, Infants and Children</b>	<b>Focus Area 1: Maternal &amp; Women’s Health</b>
	Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
	Goal 1.2: Reduce maternal mortality and morbidity
	<b>Focus Area 2: Perinatal &amp; Infant Health</b>
	Goal 2.1: Reduce infant mortality and morbidity
	Goal 2.2: Increase breastfeeding
	<b>Focus Area 3: Child &amp; Adolescent Health</b>
	Goal 3.1: Support and enhance children and adolescents’ social-emotional development and relationships
	Goal 3.2: Increase supports for children and youth with special health care needs
	Goal 3.3: Reduce dental caries among children
	<b>Focus Area 4: Cross Cutting Healthy Women, Infants, &amp; Children</b>
	Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
	<b>Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders</b>
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan	
Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages	
<b>Focus Area 2: Prevent Mental and Substance Use Disorders</b>	
Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults	
Goal 2.2: Prevent opioid and other substance misuse and deaths	
Goal 2.3: Prevent and address adverse childhood experiences (ACEs)	
Goal 2.4: Reduce the prevalence of major depressive disorders	
Goal 2.5: Prevent suicides	
Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population	
<b>Priority Area: Prevent Communicable Diseases</b>	<b>Focus Area 1: Vaccine-Preventable Diseases</b>
	Goal 1.1: Improve vaccination rates
	Goal 1.2: Reduce vaccination coverage disparities
	<b>Focus Area 2: Human Immunodeficiency Virus (HIV)</b>
	Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
	Goal 2.2: Increase viral suppression
	<b>Focus Area 3: Sexually Transmitted Infections (STIs)</b>
	Goal 3.1: Reduce the annual rate of growth for STIs
	<b>Focus Area 4: Hepatitis C Virus (HCV)</b>
	Goal 4.1: Increase the number of persons treated for HCV
	Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
	<b>Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections</b>
	Goal 5.1: Improve infection control in healthcare facilities
	Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
	Goal 5.3: Reduce inappropriate antibiotic use

Figure 6: New York State Prevention Agenda 2019-2024 – Priority Areas, Focus Areas, and Goals

<b>Priority Area: Prevent Chronic Diseases</b>	<b>Focus Area 1: Healthy Eating and Food Security</b>
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 1.1: Increase access to healthy and affordable foods and beverages
	Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
	Goal 1.3: Increase food security
	<b>Focus Area 2: Physical Activity</b>
	Overarching Goal: Reduce obesity and the risk of chronic diseases
	Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
	Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
	Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
	<b>Focus Area 3: Tobacco Prevention</b>
	Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults
	Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability
	Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
	<b>Focus Area 4: Preventive Care and Management</b>
	Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity	
Goal 4.3: Promote the use of evidence-based care to manage chronic diseases	
Goal 4.4: Improve self-management skills for individuals with chronic conditions	
<b>Priority Area: Promote a Healthy and Safe Environment</b>	<b>Focus Area 1: Injuries, Violence and Occupational Health</b>
	Goal 1.1: Reduce falls among vulnerable populations
	Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
	Goal 1.3: Reduce occupational injuries and illness
	Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
	<b>Focus Area 2: Outdoor Air Quality</b>
	Goal 2.1: Reduce exposure to outdoor air pollutants
	<b>Focus Area 3: Built and Indoor Environments</b>
	Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
	Goal 3.2: Promote healthy home and school environments
	<b>Focus Area 4: Water Quality</b>
	Goal 4.1: Protect water sources and ensure quality drinking water
	Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
	<b>Focus Area 5: Food and Consumer Products</b>
	Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
Goal 5.2: Improve food safety management	

# ONONDAGA COUNTY **COMMUNITY** HEALTH ASSESSMENT AND IMPROVEMENT PLAN **2022-2024**



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## Acknowledgements

The Steering Committee wishes to thank all agencies and individuals who supported the development of the 2022-2024 Onondaga County Community Health Assessment and Improvement Plan.

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## Message from the Commissioner of Health

To our community members and partners,

On behalf of all who contributed, we present the 2022-2024 Onondaga County Community Health Assessment and Improvement Plan. This document is intended to provide our community with a foundation for understanding Onondaga County's current health needs and serves as a guide for multisectoral collaboration to improve our community's health.

We know that our health is shaped by a multitude of social, economic, behavioral, and environmental factors present in the places we live, learn, work, and play. We also recognize that the COVID-19 pandemic has significantly impacted our health systems as well as the mental health, physical health, and overall well-being of our residents. The effects of the pandemic are still being felt today and it is important that we reflect on how the pandemic has impacted our community. As we transition into a new era of public health practice, it is essential that we work together as partners in public health to develop shared goals focused on social determinants of health and health equity.

The Community Health Assessment (CHA) explores several factors which influence health risk and outcomes among our County's residents. Substance use, mental health, and neighborhood violence were identified as dominant factors impacting the health and well-being of our community. Fortunately, Onondaga County has numerous assets and resources, including many community-based organizations and strong health systems dedicated to addressing the health needs of residents. In alignment with the 2019-2024 New York State Prevention Agenda, the Community Health Improvement Plan (CHIP) identifies priority areas for our community and outlines several initiatives and activities that will be carried out by the Health Department in collaboration with local hospitals and other partners to improve the health of County residents.

The Community Health Assessment and Improvement Plan was developed by the Onondaga County Health Department in partnership with Crouse Health, St. Joseph's Health, and Upstate University Hospital. Also central to the development of the document was feedback from the Central New York Healthcare Equity Task Force and more than 3,600 County residents, whose voices provided the foundation for these documents. Thank you to all who were involved in this important collaborative effort.

Sincerely,



Kathryn Anderson, MD PhD MSPH  
Commissioner  
Onondaga County Health Department

# Executive Summary

## Overview

Onondaga County's **2022-2024 Community Health Assessment and Improvement Plan (CHA/CHIP)** was undertaken as a comprehensive public health planning effort by the Onondaga County Health Department (OCHD) in collaboration with the CHA/CHIP Steering Committee. The Steering Committee was made up of representation from OCHD, Crouse Health, St. Joseph's Health, and State University of New York Upstate University Hospital. Additional support was also provided by the Central New York Healthcare Equity Task Force to ensure that equity was at the forefront of planning efforts.

The CHA/CHIP planning process was undertaken in alignment with the 2019-2024 New York State Prevention Agenda, which identifies five priorities for health improvement:<sup>i</sup>

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Prevent Communicable Diseases

The CHA/CHIP serves as a guiding document for local public health initiatives and provides a framework for understanding the health needs in our community. Included in the Community Health Assessment (CHA) is a comprehensive overview of the current health status of residents of Onondaga County. Whenever possible, the CHA takes into account the impact of the COVID-19 pandemic on resident's health and well-being, however the full impact of the COVID-19 pandemic may not be fully understood for several years. Using the comprehensive CHA planning process as a framework, the Steering Committee thoughtfully developed the Community Health Improvement Plan (CHIP) to address local public health challenges within two identified priority areas.

## Community Health Assessment (CHA)

The CHA is undertaken to better understand the current health needs of Onondaga County residents. As part of the CHA process, the OCHD reviewed local, state, and national data sources to assess resident's health status. Sources reviewed for the CHA included the following:

- [CDC PLACES data](#)
- [County Health Rankings](#)
- Data collected and maintained by the OCHD (including lead testing data)
- [New York State Community Health Indicator Reports \(CHIRS\)](#)
- [New York State County Health Indicators by Race/Ethnicity \(CHIRE\)](#)
- [New York State Expanded Behavioral Risk Factor Surveillance System](#)
- [New York State Maternal and Child Health Dashboard](#)
- [New York State Opioid Dashboard](#)
- [New York State Prevention Agenda Dashboard](#)
- [U.S. Census Bureau](#)

Whenever available, the CHA provides comparisons by demographic characteristics including age and race and ethnicity. Comparisons to Central New York and statewide data are also included as appropriate. In addition, the Steering Committee conducted an extensive community engagement process in 2022 to gather feedback directly from county residents. Engagement strategies included a county-wide survey and key-informant interviews with partners representing populations at risk for poor health outcomes. This process engaged more than 3,600 county residents.

## Health Status of Onondaga County Residents: Key Findings

The section below provides key findings from the Community Health Assessment. Topics covered include:

- Determinants of health
- Impact of the COVID-19 Pandemic
- Overall health status and health disparities
- Chronic diseases
- Well-being, mental health, and substance use disorders
- Healthy and safe environments
- Healthy women infants and children
- Communicable diseases
- Community feedback

### Determinants of Health

The World Health Organization defines **health** as a “state of complete physical, mental, and social well-being and does not merely indicate the absence of disease.”<sup>ii</sup> Health is shaped by several factors ranging from the biological traits we were born with to the complex social and economic environments in which we live, learn, work, and play. The term **determinants of health** is often used to describe factors which affect our ability to

achieve health. More specifically, **social determinants of health** refer to several factors in the environments in which we live, learn, work, and play that influence health outcomes. There are five main categories of social determinants of health. These are outlined below along with notable findings from the CHA.

Social Determinant of Health Category	Notable Findings
Education Access and Quality	<ul style="list-style-type: none"> <li>91.2% of Onondaga County adults (age 25 years and older) have a high school degree or higher compared to 83.5% in the City of Syracuse.<sup>iii</sup></li> <li>Hispanic and non-Hispanic American Indian and Alaska Native residents have the lowest four year high school graduation rates in Onondaga County.<sup>iv</sup></li> </ul>
Economic Stability	<ul style="list-style-type: none"> <li>The median household income in Onondaga County is \$62,668 compared to \$38,893 in Syracuse.<sup>v</sup></li> <li>30.3% of Syracuse residents live below the federal poverty level, compared to 13.9% of County residents as a whole.<sup>vi</sup></li> </ul>
Social and Community Context	<ul style="list-style-type: none"> <li>The average family size in Onondaga County (2.99 people per family) and Syracuse (3.08 per family) are similar.<sup>vii</sup></li> <li>38.1% of Onondaga County adults report experiencing two or more adverse childhood experiences.<sup>viii</sup></li> </ul>
Neighborhood and Built Environment	<ul style="list-style-type: none"> <li>77.8% of workers (age 16 years and older) commute alone by car each day.<sup>ix</sup></li> <li>In Syracuse, 89.4% of homes were built in 1979 or earlier.<sup>x</sup></li> </ul>
Health Care Access and Quality	<ul style="list-style-type: none"> <li>84.7% of adults in Onondaga County report having a regular healthcare provider.<sup>xi</sup></li> <li>98.1% of children in Onondaga County have health insurance.<sup>xii</sup></li> </ul>

In addition to social determinants of health, commercial determinants of health are increasingly being recognized for the impact they have on health and equity within communities. Research into this topic is ongoing and will inform future public health actions.

### Impact of the COVID-19 Pandemic

The COVID-19 pandemic has affected all aspects of health including mental health, physical health, and overall well-being. There were various changes to everyday life and some groups have felt the impact more than others including older adults, low-income families, and those with pre-existing health conditions. Due to the pandemic, many people delayed seeking medical care including emergency care, routine services, and preventive services. Access to other necessary services, basic needs, and childcare were additional challenges for a large number of families especially for those experiencing financial instability.

Important mitigation tools for reducing and slowing the transmission of COVID-19 included policies such as mask mandates, social distancing, mandatory testing, quarantining, and isolation. Once vaccines were developed, vaccination became a critical tool to reduce the risk of severe infection, hospitalization, and death. Preventive measures were in place to not only protect the individual but those around them. Protective practices have shown to be important and effective tools to help flatten the curve or slow the rate of COVID-19 infection which was necessary in order to have a sufficient amount of hospital beds, supplies, and healthcare workers available for those in need. The pandemic has had a large and lasting impact on our way of life and the effects are still being felt today.

## Overall Health and Health Disparities

Poor self-reported mental health continues to be a challenge in Onondaga County. High rates of premature mortality also continue to impact county residents. Additionally, health disparities continue for several indicators on the basis of age, living with a disability, race and ethnicity, and income. Notable findings for this topic area include:

- 22.5% of County residents die before reaching the age of 65 years.<sup>xiii</sup> However, premature deaths rates among non-Hispanic Black residents (47.5%) and Hispanic residents (41.1%) are considerably higher.
- Onondaga County's rate of potentially preventable hospitalizations (144.2 per 10,000) is higher than the rate in NYS excluding NYC (120.4 per 10,000).<sup>xiv</sup>

## Chronic Diseases

Obesity continues to be a challenge in Onondaga County. Overall, 34.4% of public school students in the county are overweight or obese.<sup>xv</sup> Among adults, 59.5% are either overweight or obese, putting them at increased risk for various chronic health conditions. Several chronic diseases continue to impact County residents including diabetes, cancer, stroke and heart disease. Notable findings for chronic diseases include:

- 12.6% of adults are current smokers; however smoking rates among adults with low incomes (31.2%) and adults with a disability (29.2%) are much higher.<sup>xi</sup>
- The prevalence of physician diagnosed diabetes in Onondaga County is 8.4% compared to 12.5% in Syracuse.<sup>xvi</sup>

## Well-Being, Mental Health, and Substance Use Disorders

Onondaga County continues to face challenges related to mental health and substance use, including high rates of emergency department visits, hospitalizations, and mortality due to opioid overdoses. Suicide and self-inflicted injury also continue to be challenges in our community. Notable findings for this topic area include:

- The rate of emergency department visits for opioid overdoses in Onondaga County is 59.4 per 100,000 compared to 55.3 per 100,000 in NYS excluding NYC.<sup>xvii</sup>
- Onondaga County's suicide mortality rate (10.7 per 100,000) exceeds that of NYS (8.2 per 100,000).<sup>xv</sup>

## Healthy and Safe Environments

Onondaga County continues to face challenges related to asthma and childhood lead exposure, however, trend data indicate declines over time in elevated blood lead levels in both Onondaga County and Syracuse. While air quality measures have improved, food and water safety remain challenges with the increased presence of harmful algal blooms and outbreaks of foodborne illness in recent years. Notable findings for healthy and safe environments include:

- The prevalence of asthma in Onondaga County (12.6%) is higher than in NYS (10.1%).<sup>xv</sup>
- 5.0% of children tested for lead in Onondaga County had a blood lead level of  $\geq 5$  mcg/dL. In Syracuse, this increased to 10.5%.<sup>xviii</sup>
- Onondaga County's work-related hospitalizations (185.5 per 100,000) exceed the rate for NYS (145.9 per 100,000).<sup>xv</sup>

## Healthy Women, Infants, and Children

Onondaga County continues to be challenged with racial and ethnic disparities in maternal and infant health outcomes including unintended pregnancy, preterm birth, low birth weight, infant mortality, and breastfeeding. Rising trends in substance use in pregnancy continue to be a concern, along with disparities by race in infant mortality rates. Notable findings for women, infants, and children include:

- The preterm birth rate among non-Hispanic White mothers is 7.7% compared to 11.0% among non-Hispanic Black mothers and 11.8% among Hispanic mothers.<sup>xv</sup>
- 12.6% of mothers in Onondaga County and 21.2% of mothers in Syracuse report using illegal drugs during pregnancy.<sup>xix</sup>

## Communicable Diseases

Onondaga County has faced significant challenges over the last several years due to the COVID-19 pandemic. Since the spring of 2020, there have been over 150,000 cases of COVID-19 reported among Onondaga County residents.<sup>xx</sup> Various phases of the pandemic have highlighted the importance of vaccinations and other mitigation efforts in minimizing the number and severity of COVID-19 infections. However, as COVID-19 mitigation measures have eased, other respiratory diseases such as influenza and respiratory syncytial virus (RSV) have surged. Fortunately, Onondaga County fares better than NYS for vaccination rates for several preventable illnesses including Human Papilloma Virus (HPV) and pneumococcal disease. Regarding sexually transmitted infections (STIs), Onondaga County continues to see an increase in chlamydia, gonorrhea, and syphilis. Notable findings for communicable diseases include:

- In Onondaga County, 76.9% of adults age 65 years and older have received a pneumococcal immunization compared to 64.0% in NYS.<sup>xv</sup>
- The newly diagnosed HIV case rate is much higher among non-Hispanic Black residents (16.4 per 100,000) and Hispanic residents (11.5 per 100,000) compared to non-Hispanic White residents (2.0 per 100,000).<sup>xxi</sup>

## Community Feedback

Community members who completed the 2022 Onondaga County Community Health Assessment Survey were asked to identify community health concerns across a variety of topic areas. The most pressing concerns identified through the survey process included: **substance use disorders, mental health conditions, trauma and violence**, and **access to health care**. Key informant interviews also identified challenges relating to poverty, safe and affordable housing, access to health care, and access to affordable childcare.

## Public Health Priorities

Following a comprehensive review of health indicator data and feedback from both community members and partners, the Steering Committee selected the following priorities for the 2022-2024 CHA/CHIP cycle:

- Promote Healthy Women Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders

The Steering Committee has outlined a collaborative work plan in the 2022-2024 CHIP identifying interventions and activities that will be undertaken in partnership with local agencies to improve health outcomes within these priority areas.

## Community Health Improvement Plan (CHIP)

Outlined in the CHIP are several interventions selected by the Steering Committee to address health issues within the priority areas of **Promote Healthy Women Infants and Children** and **Promote Well-Being and Prevent Mental and Substance Use Disorders**. Development of the CHIP was informed by the 2019-2024 New York State Prevention Agenda Action Plan.<sup>1</sup> Interventions selected for inclusion in the CHIP focused on equity and addressing disparities in health access and outcomes. Additionally, interventions were chosen based on potential for broad impact and considerations for strengths, capacity, and resources of the Steering Committee and partners. Steering Committee members are each responsible for components of the CHIP, whether as a lead agency or supporting partner. Many community agencies are also actively involved in CHIP activities, including but not limited to the Central New York Healthcare Equity Task Force, Contact Community Services, early childcare centers, Help Me Grow, the New York State Department of Health, and Sankofa.

Within the priority area of **Promote Healthy Women Infants and Children**, activities include:

- Improving access to blood lead testing among census tracts with low testing rates
- Piloting a program to prevent developmental delays in children with elevated blood lead levels
- Supporting the adoption of healthy nutrition policies and standards at early childcare centers
- Supporting breastfeeding policies at local worksites, community sites, and provider offices
- Enhancing equity of healthcare service delivery, with a particular focus on improving maternal health outcomes

Within the priority area of **Promote Well-Being and Prevent Mental and Substance Use Disorders**, activities include:

- Implementing clinical screenings and interventions to support patients with alcohol use disorders
- Linking substance use disorder patients to care
- Increasing the availability of medication assisted treatment and harm reduction strategies
- Identifying community level protective factors to inform suicide prevention efforts

Progress towards CHIP activities will be documented on a bi-annual basis and shared with the Steering Committee. The Steering Committee will re-convene regularly to review progress and make modifications to the CHIP as appropriate based upon changing community needs and resources available. Process measures used to evaluate performance are incorporated directly in the CHIP to ensure an outcome focused approach.

Throughout the CHA/CHIP planning process, it was evident that there is a strong, diverse network of committed community partners in Onondaga County. While the health issues identified in this document are substantial, the collaboration and engagement present during the development of the CHA/CHIP reinforced the collective will to work together as partners for the physical, social, and emotional well-being of all residents.

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<sup>i</sup> Prevention Agenda 2019-2024: New York State’s Health Improvement Plan. Retrieved 10/11/2022, from [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

<sup>ii</sup> World Health Organization’s definition of health, adopted by the International Health Conference, New York. Signed July 22, 1946 and adopted April 7, 1948.

<sup>iii</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table S1501.

<sup>iv</sup> New York State (NYS) Department of Education. Retrieved 11/8/2022, from <https://data.nysed.gov/gradrate.php?year=2021&county=42> and <https://data.nysed.gov/gradrate.php?year=2021&state=yes>. Note: Graduation rate data are reported for a 9th grade cohort, as of the 4th year of high school – August.

<sup>v</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table S1903.

<sup>vi</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table S1701.

<sup>vii</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table S1101.

<sup>viii</sup> NYS Expanded Behavioral Risk Factor Surveillance System (BRFSS). Retrieved 11/16/2022, from [NYS Prevention Agenda Dashboard](#).

<sup>ix</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table B08301.

<sup>x</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table DP04.

<sup>xi</sup> NYS Expanded BRFSS, 2018. Retrieved 10/13/2022, from <https://www.health.ny.gov/statistics/brfss/expanded>.

<sup>xii</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5 Year Estimates, Table S2701.

<sup>xiii</sup> NYS Department of Health (NYSDOH), Vital Records, 2019, Retrieved 9/19/2022, from [NYS Prevention Agenda Dashboard](#).

<sup>xiv</sup> SPARCS, 2019. Retrieved 10/10/2022, from [NYS Prevention Agenda Dashboard](#).

<sup>xv</sup> NYS Community Health Indicator Reports (CHIRS). Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>xvi</sup> CDC PLACES: Local Data for Better Health. Retrieved 9/23/2022, from <https://www.cdc.gov/places/index.html>.

<sup>xvii</sup> NYSDOH – County Opioid Quarterly Report, Published October 2022, [https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_oct22.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf).

<sup>xviii</sup> OCHD Division of Community Health, Lead Poisoning Prevention Program, Retrieved 12/22/2022, from <http://www.ongov.net/health/lead/data.html>. Note: data are preliminary.

<sup>xix</sup> Statewide Perinatal Data System, 2021, accessed by OCHD Division of Community Health. Note: date are provisional.

<sup>xx</sup> OCHD, 2022. Retrieved 12/19/2022, from <https://covid19.ongov.net/data/>.

<sup>xxi</sup> NYS HIV Surveillance System:

[https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018\\_annual\\_surveillance\\_report.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018_annual_surveillance_report.pdf).

# Onondaga County Community Health Assessment and Improvement Plan

## INTRODUCTION

Onondaga County's 2022-2024 **Community Health Assessment and Improvement Plan (CHA/CHIP)** was developed by the Onondaga County Health Department (OCHD) in collaboration with the CHA/CHIP Steering Committee. The Steering Committee was made up of representation from OCHD, Crouse Health, St. Joseph's Health, and State University of New York Upstate University Hospital. Additional support was also provided by the Central New York Healthcare Equity Task Force to ensure that equity was at the forefront of planning efforts. A description of the collaborative planning process can be found in Appendix 1.

The CHA/CHIP serves as a guiding document for local public health initiatives and provides a framework for understanding the health needs in our community. Development of the CHA/CHIP was undertaken in alignment with the 2019-2024 New York State (NYS) Prevention Agenda, which identifies five priorities for health improvement:<sup>1</sup>

- Prevent Chronic Diseases
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants, and Children
- Prevent Communicable Diseases

The **Community Health Assessment (CHA)** provides a comprehensive overview of data from local, state, and national sources demonstrating the current health status of Onondaga County residents. Whenever possible, the CHA takes into account the impact of the COVID-19 pandemic on resident's health and well-being, however the full effect

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<sup>1</sup> Prevention Agenda 2019-2024: New York State's Health Improvement Plan. Retrieved 10/11/2022, from [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

of the COVID-19 pandemic may not be fully understood for several years. The CHA also provides comparisons by demographic characteristics including sex, age, and race and ethnicity. Comparisons to Central New York (CNY) and statewide data are also included as appropriate. A full description of the data review methodology is available in Appendix 1.

In addition, the Steering Committee conducted an extensive community engagement process in 2022 to gather feedback directly from county residents. Engagement strategies included a county-wide survey and key-informant interviews with partners representing populations at risk for poor health outcomes. This process engaged more than 3,600 county residents. A more detailed description of the engagement process can be found in the *Community Engagement* section on page 109.

Following a comprehensive review of health indicator data and feedback from both community members and stakeholders, the Steering Committee selected the following priorities for the 2022-2024 CHA/CHIP cycle:

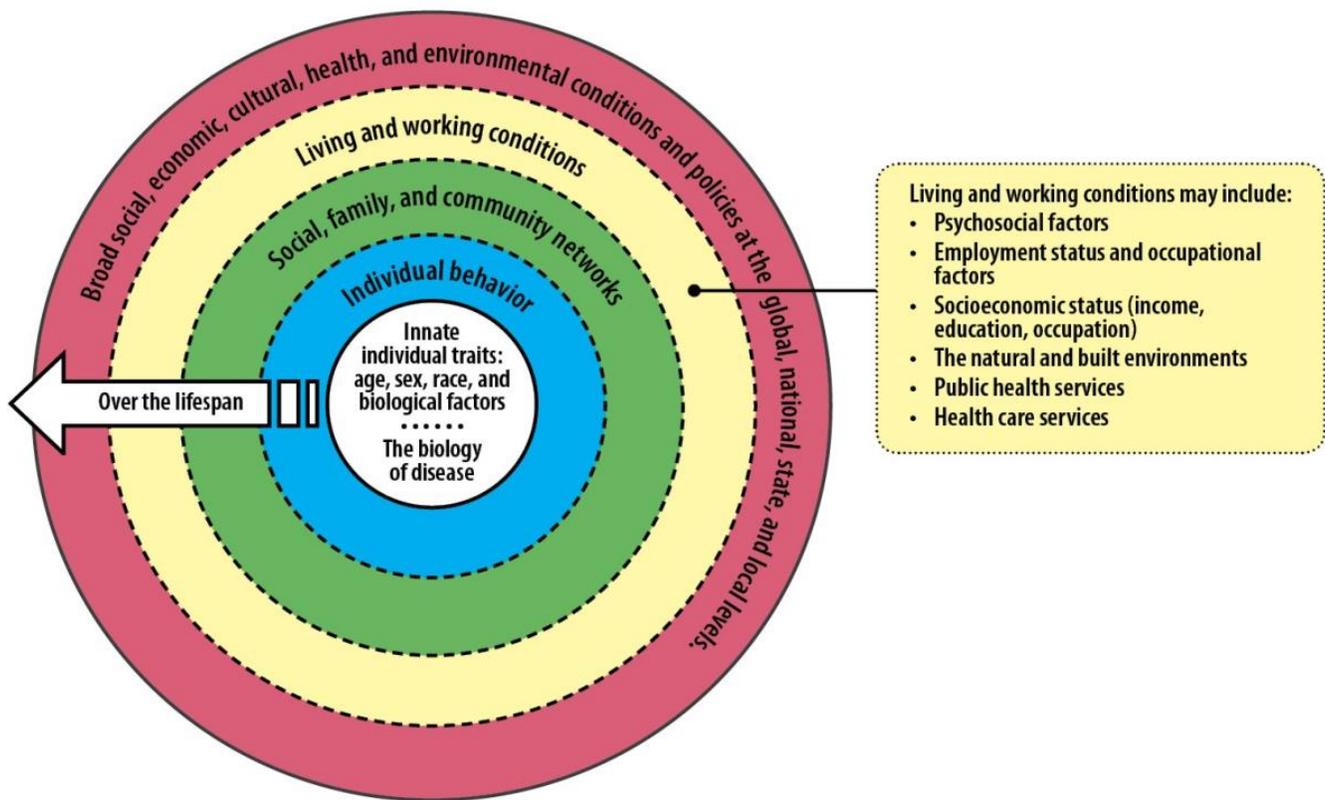
- **Promote Healthy Women Infants and Children**
- **Promote Well-Being and Prevent Mental and Substance Use Disorders**

The Steering Committee has outlined a collaborative work plan in the 2022-2024 **Community Health Improvement Plan (CHIP)** identifying interventions and activities that will be undertaken in partnership with local agencies to improve health outcomes within these priority areas.

# ONONDAGA COUNTY COMMUNITY HEALTH ASSESSMENT

The World Health Organization defines health as a “state of complete physical, mental, and social well-being and does not merely indicate the absence of disease.”<sup>2</sup> Health is shaped by several factors ranging from the biological traits we were born with to the complex social and economic environments in which we live, learn, work and play (Figure 1). Throughout our lifespan, each of these factors has the potential to significantly influence our health risks and outcomes. As we strive to ensure the health and well-being of county residents, it is important to understand the multitude of factors that influence health. Each of these factors are explored in depth throughout the CHA.

**Figure 1. Factors influencing health**



Source: Institute of Medicine. 2002. *The Future of the Public's Health in the 21<sup>st</sup> Century*. Washington, DC: National Academy Press.

<sup>2</sup> World Health Organization’s definition of health, adopted by the International Health Conference, New York, Signed July 22, 1946 and adopted April 7, 1948.

## Key Concepts in Public Health Practice

The scope of public health practice has changed in recent years, and continues to evolve in the aftermath of the COVID-19 pandemic. Approaches focus on building and sustaining collaborative relationships, relying on actionable and timely data, thinking strategically, providing strong and clear communications, and seeking out innovative funding sources. Effective public health practice strategies consider health across the lifespan, promote health equity, recognize the interconnectedness of people, plants, animals, and the environment, and apply policy development as a lever for promoting change. Below is a description of key concepts and frameworks in public health practice.

### Public Health 3.0

Public Health 3.0<sup>3</sup> is a vision for the future that launches public health forward by building on the achievements of over 150 years of practice.

Public Health 3.0 emphasizes focusing on equity and social determinants of health through strong strategic and collaborative partnerships. Engaging partners outside of the traditional health sectors, such as law enforcement, schools, for-profit businesses, and real estate developers provide unique opportunities for addressing health challenges through the Public Health 3.0 framework. The adoption of shared goals, measurement, and action (known as collective impact) is also a key component of Public Health 3.0.

In this framework, the local health department acts as the lead health strategist, as a facilitator and backbone entity for supporting a vision for protecting and improving the health of the community.

#### Core Concepts of Public Health 3.0

1. Strong leadership and workforce
2. Strategic partnerships
3. Flexible and sustainable funding
4. Timely and locally relevant data, metrics, and analytics
5. Foundational infrastructure

### Health Equity

According to the Centers for Disease Control and Prevention (CDC):

*“Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving that potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”<sup>4</sup>*

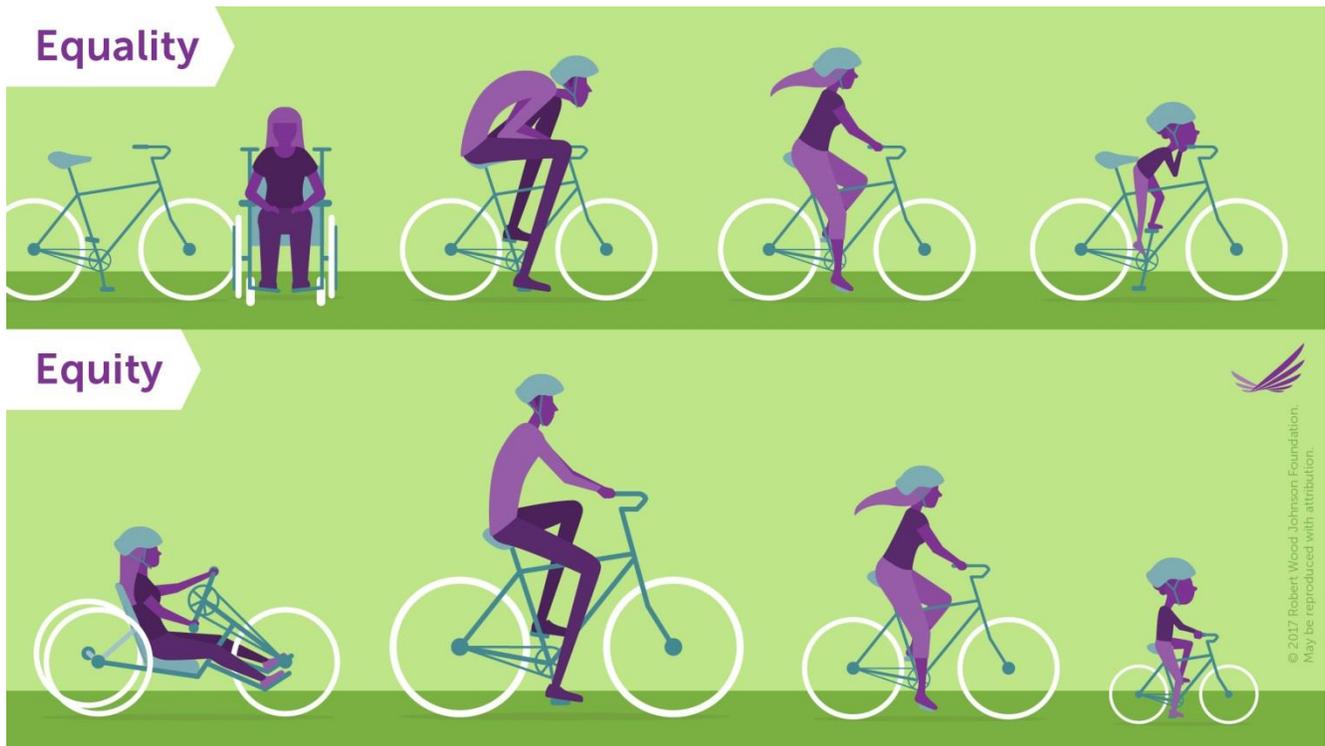
<sup>3</sup> DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O’Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.170017>.

<sup>4</sup> Definition from the Centers of Disease Control and Prevention (CDC). Retrieved 11/7/2022, from: <https://www.cdc.gov/chronicdisease/healthequity/index.htm>.

Historic injustices including those perpetuated by federal, state, and local policies and practices are often at the root of current health inequities. Additionally, current experiences of discrimination, bias, or stigma further perpetuate inequities in our community.

When considering solutions based in equity, it is important to note that equity is different from equality. While equality means giving the same resources to everyone, the concept of **equity** ensures that individuals are given the resources they need to achieve the desired outcome. Some individuals may need additional resources beyond those needed by others. This concept is illustrated in the visual below.

**Figure 2. Equality versus equity**



Source: Used with permission from the Robert Wood Johnson Foundation

In Onondaga County, a local CNY Healthcare Equity Task Force meets monthly to assess gaps and identify solutions for health equity challenges in the community. Comprised of stakeholders from agencies across multiple sectors, the group was originally convened to ensure equitable access to COVID-19 vaccines among vulnerable communities. Over time, the Task Force has evolved to address other important health topics, including gun violence, substance use disorders, and access to mental health services. Additionally, the CNY Healthcare Equity Task Force provided input into the development of this document to ensure an ongoing focus on health equity in Onondaga County.

## Health across the Lifespan

An individual's health needs may vary significantly throughout their lifespan. A health across the lifespan approach to public health ensures that the needs of populations from birth to death are considered to ensure that all members of the community have an opportunity for physical, mental, and social well-being. In particular, as Onondaga County's population ages, age-friendly strategies such as the American Association of Retired Persons (AARP)'s 8 Domains of Livability, will be critical tools for ensuring that communities are responsive to the needs of older adults.

### American Association of Retired Persons (AARP) 8 Domains of Livability:<sup>5</sup>

- |                                 |                                  |
|---------------------------------|----------------------------------|
| 1. Outdoor Spaces and Buildings | 5. Respect and Social Inclusion  |
| 2. Transportation               | 6. Work and Civic Engagement     |
| 3. Housing                      | 7. Communication and Information |
| 4. Social Participation         | 8. Community and Health Services |

## Health across All Policies

**Health across All Policies (HAAP)** is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across all sectors and policy areas.<sup>6</sup> The approach recognizes that many of the social and environmental conditions that impact health are impacted by decisions and policies made outside of the health and public-health sectors. The Health across All Policies approach provides a framework for advocating that whenever policy decisions are made that have the potential to influence health, a full consideration of the health impact is made and incorporated into the policy as appropriate.<sup>7</sup> Multi-sector collaboration is a key component to the success of a health across all policies approach.

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<sup>5</sup> The 8 Domains of Livability: An Introduction. Retrieved 11/7/2022, from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2016/8-domains-of-livability-introduction.html>.

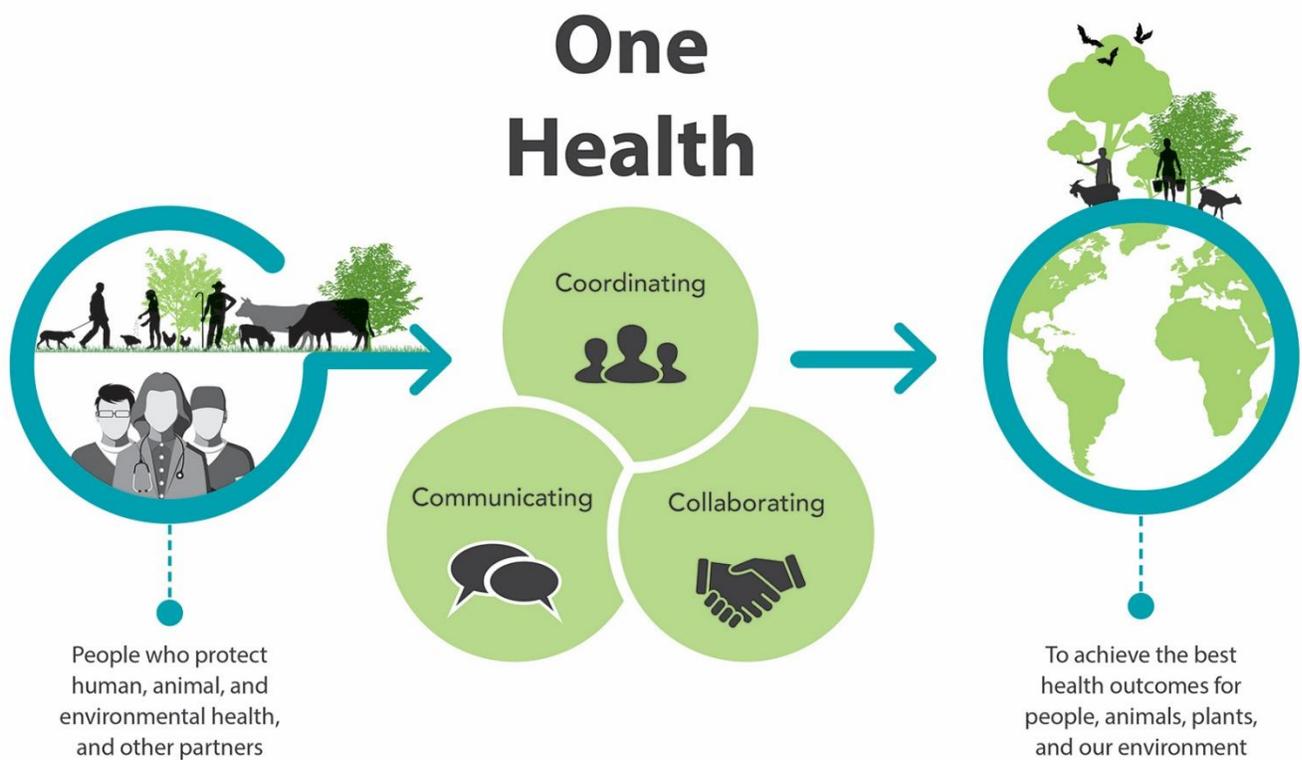
<sup>6</sup> *An Introduction to Health in All Policies: A Guide for State and Local Governments*, [http://www.phi.org/uploads/files/Four\\_Pager\\_Health\\_in\\_All\\_Policies-A\\_Guide\\_for\\_State\\_and\\_Local\\_Governments.pdf](http://www.phi.org/uploads/files/Four_Pager_Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf).

<sup>7</sup> Adapted from: Health in all Policies Strategies to Promote Innovative Leadership, Association of State and Territorial Health Officials, <http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/>.

## One Health Framework

The environment is changing, as is the way humans interact with their ecosystems. The **One Health** approach seeks to sustainably balance and optimize the health of people, animals, plants, and the environments in which they coexist.<sup>8</sup> Recent infectious disease outbreaks, such as those caused by SARS CoV-2, mpox, and Ebola virus, underscore the importance of understanding the changing interactions between humans and animals. Current One Health issues include zoonotic diseases, vector borne diseases, antibiotic resistance, and food safety, among others. As with other public health approaches, applying a One Health framework is most successful when multiple sectors develop strong collaborations to address common health issues.

Figure 3. One health framework



CS302365-A



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases

Source: Centers for Disease Control and Prevention, One Health Graphics. Retrieved 11/7/2022, from <https://www.cdc.gov/onehealth/resource-library/one-health-graphics.html#social>

<sup>8</sup> Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infections Disease. Retrieved 11/7/2022, from <https://www.cdc.gov/onehealth/index.html>.

## Geographic Profile

A county's geography and location can significantly impact the lives of its residents and affect many factors including climate and access to resources such as jobs and transportation. This section explores Onondaga County's location within NYS, population density, and land composition. Unless otherwise noted, data in this section are from the U.S. Census Bureau, American Community Survey, 5- year estimates, 2016-2020.

Onondaga County is centrally located within NYS and covers a geographic area of nearly 780 square miles.<sup>9</sup> It is the most populous county in the CNY region and has a total of 461,591 residents. The county is comprised primarily of woodlands and agricultural lands, and has a population density of approximately 592 persons per square mile.

The City of Syracuse is the county's hub and where about one-third of County residents reside. With a population of 142,553 residents, Syracuse is the largest city in the CNY region. In addition to Syracuse, 19 towns, and 15 villages fall within Onondaga County including the heavily populated towns of Clay, Salina, and Cicero in the northeast, Dewitt and Manlius in the east, and Camillus in the west. The Onondaga Nation, located south of Syracuse, also falls geographically within Onondaga County.

Onondaga County contains several bodies of water including Onondaga Lake, located northwest of Syracuse, as well as Otisco Lake and a portion of Skaneateles Lake to the southwest. The County is also rich in green spaces with more than 70 State, County, and City parks.

Interstate highways 90 and 81 are major thoroughfares that intersect just north of Syracuse and travel east-west and north-south, respectively (Figure 4).

**Figure 4. Map of Onondaga County**



Source: OCHD Division of Community Health

<sup>9</sup> U.S. Census Bureau, Quick Facts. Onondaga County, NY. 2020. Retrieved 11/10/2022, from <https://www.census.gov/quickfacts/fact/table/onondagacountynewyork/PST045221>.

## Community Demographics

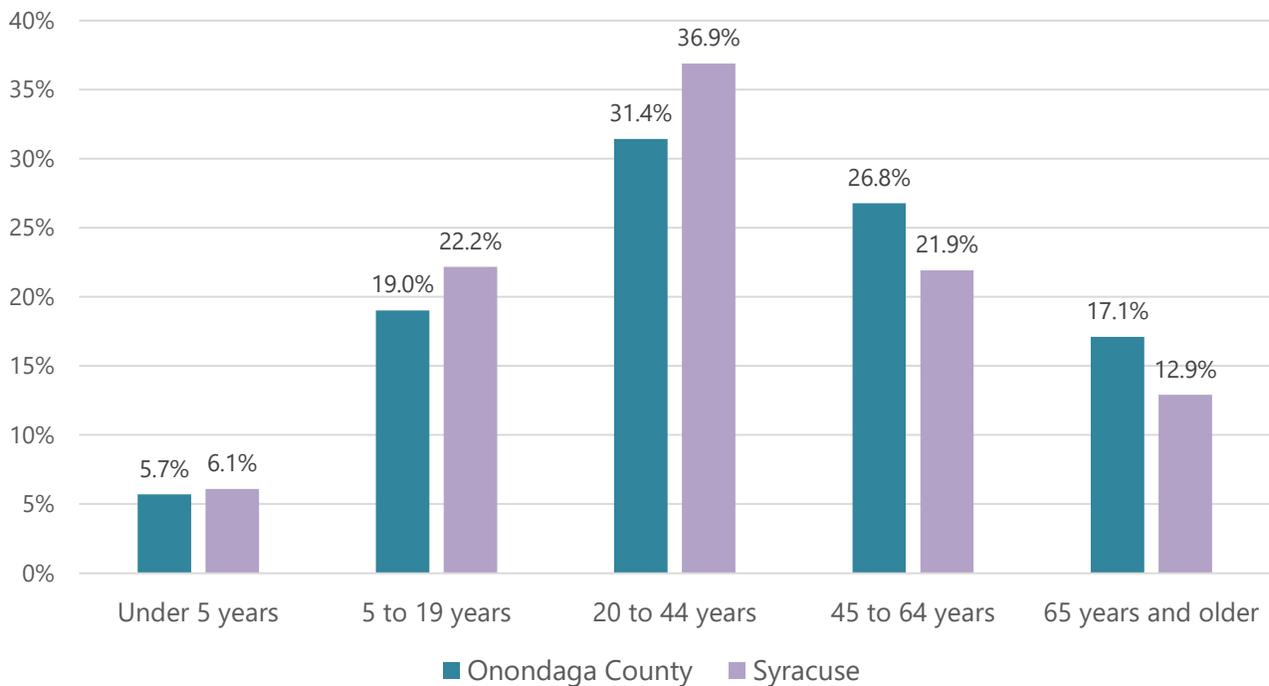
A comprehensive understanding of the demographics of a community is essential for ensuring that programs and services meet the needs of all community members. Additionally, health status, access to healthcare, and utilization of healthcare services may be greatly impacted by demographic factors. Differences in access and health status in turn influence health outcomes on a population level.

Demographic characteristics of Onondaga County residents covered in this section include: age, sex, gender, sexual orientation, race and ethnicity, country of origin, language, and disability. Data in this section are from the U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2016-2020, unless noted otherwise.

### Age

A community's age distribution can significantly impact the health requirements of its residents. To ensure all individuals have the opportunity to be healthy throughout their lifetime, it is important to understand the community's age-specific health needs. A critical component of this is understanding the community's age distribution. Figure 5 displays the current distribution of residents by age for both Onondaga County and Syracuse.

**Figure 5. Population distribution by age group, Onondaga County and Syracuse, 2016-2020**

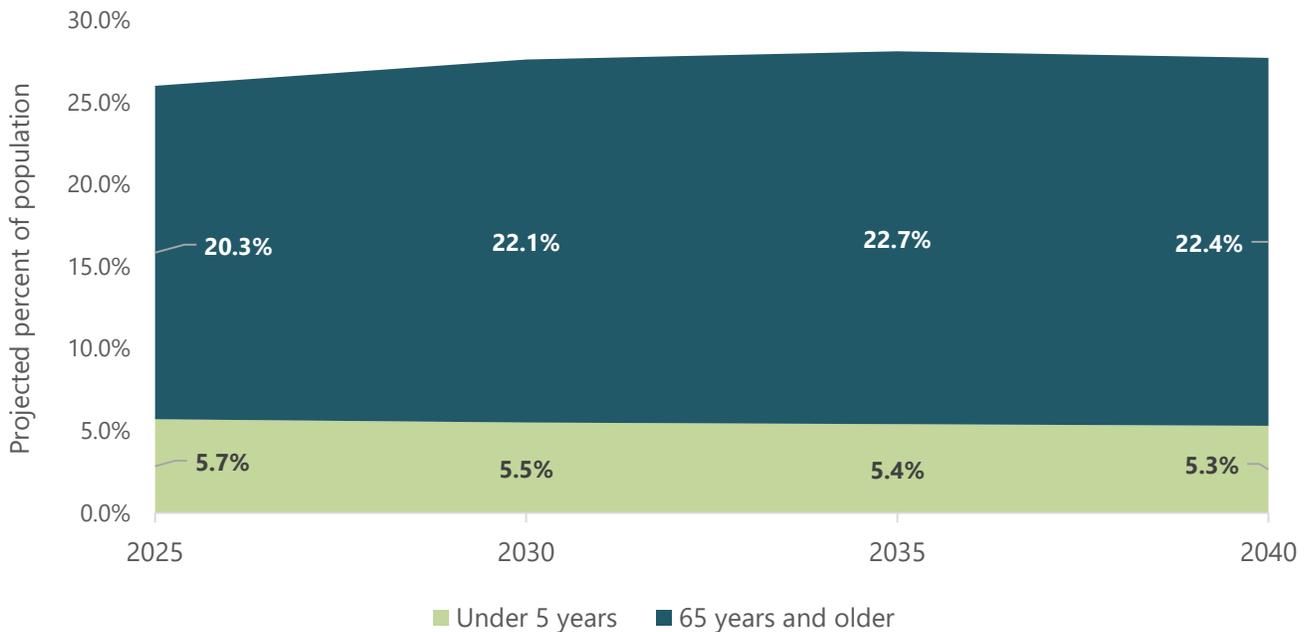


Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S0101. Onondaga County is inclusive of Syracuse.

Syracuse has a lower median age (31.7 years) than Onondaga County (39.2 years). Additionally, Syracuse has a higher proportion of residents less than 5 years of age, and a lower proportion of residents over age 65 compared to Onondaga County. Of note, Syracuse also has a substantially higher percentage of residents between the ages of 20 to 24 years, which may be due to the four major universities and colleges (Syracuse University, SUNY Environmental Science and Forestry, SUNY Upstate Medical University, and Le Moyne College) located within the city.

In order to plan for future health needs, it is important to understand how the County’s age distribution may change over time. Based on projections from the Cornell Program on Applied Demographics, it is anticipated that the percentage of Onondaga County’s population that is under 5 years of age will decrease slightly over the next 15 years (Figure 6). The figure also shows that by 2040, nearly a quarter of Onondaga County’s population will be 65 years of age or older. This age group makes up 17.1% of the current population, so this would represent a significant change. Older adults may face unique health challenges that our community must be prepared to address over the next several years.

**Figure 6. Projected population, under 5 years and 65 years or older, Onondaga County, 2025 – 2040**

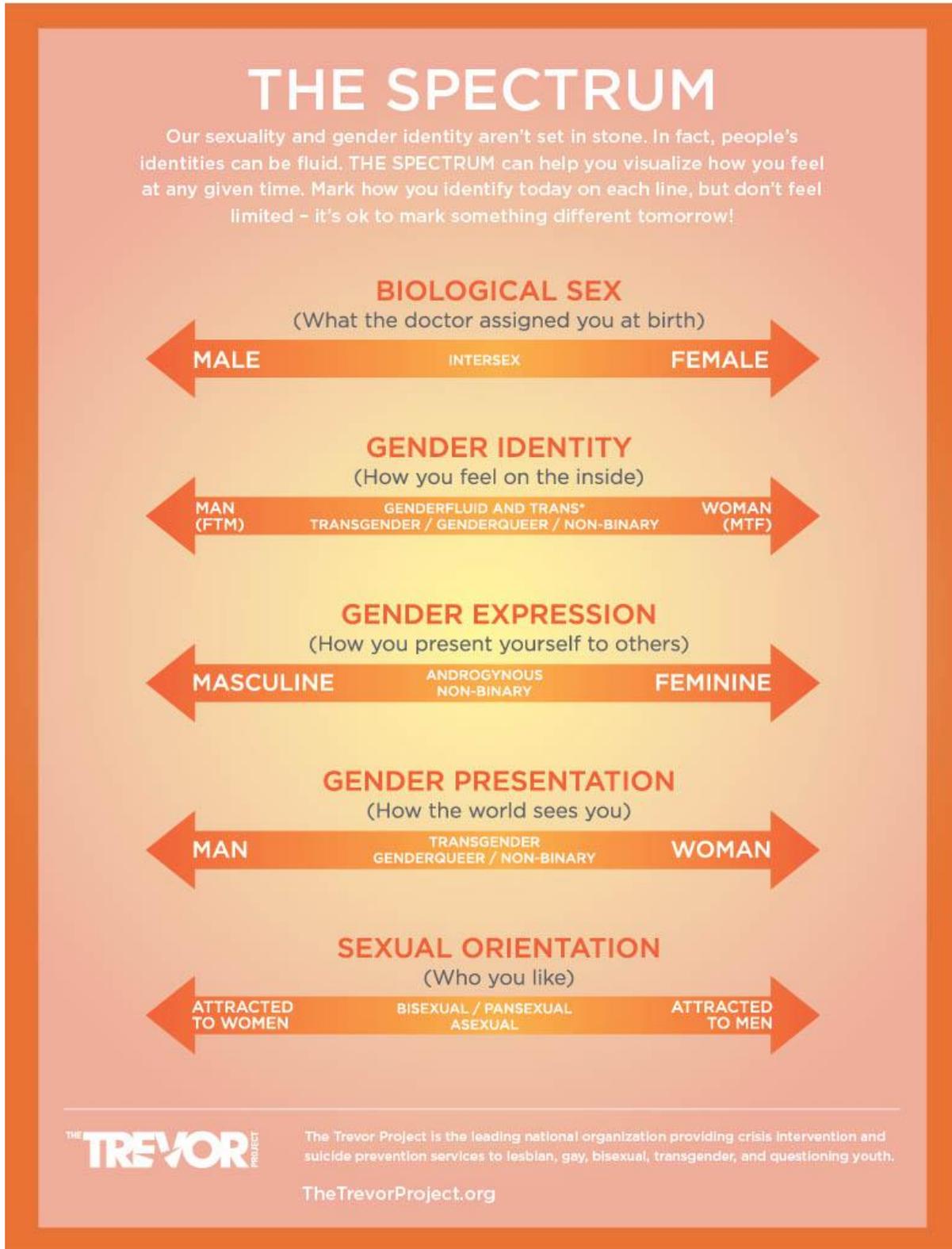


Source: Cornell Program on Applied Demographics, <https://pad.human.cornell.edu/counties/projections.cfm>

### Sex, Gender, and Sexual Orientation

An individual’s health risks, access to care, and social supports may be impacted by their biological sex, gender identity, gender expression, gender presentation, and sexual orientation. Figure 7 below provides current definitions relating to the spectrum of sexuality and gender identity. Please note, these definitions are subject to change as the dialogue continues to evolve.

Figure 7. Spectrum of sexuality and gender identity



Source: The Trevor Project. Retrieved 11/8/2022, from <https://www.thetrevorproject.org/wp-content/uploads/2017/09/Spectrum-B.pdf>.

In regards to biological sex, slightly more than half of the population of Onondaga County (51.8%) and Syracuse (52.3%) are female. Females of childbearing age (generally 15-44 years), may have specific health needs, particularly relating to preventing or planning pregnancy. In Onondaga County, there are over 90,000 females of childbearing age, with nearly 40% residing in Syracuse. On a national level, females tend to live longer than males, with a recent CDC report finding, a 5.9 year disparity between the life expectancies at birth.<sup>10</sup> On a local level, the median age for males in Onondaga County, is 37.9 years compared to 40.5 years for females. Additionally, females represent a larger proportion of adults 65 years and older in Onondaga County, compared to males (27.3% compared to 21.4% respectively).

Gender may play a role in whether an individual seeks healthcare. A national survey in 2019 found that men were less inclined to seek healthcare for symptoms or injury than women. In particular, younger men, ages 35-54 were more likely than men 55 and older to wait as long as possible before seeking care.<sup>11</sup>

Data on sexual orientation are limited in local and statewide data sources. However, some information is available from the NYS Department of Health Vital Statistics regarding marriages among same-sex couples. Among marriages that occurred in Onondaga County in 2019, 4.2% were between same-sex couples.<sup>12</sup> This is slightly higher than the proportion of marriages that were between same-sex couples statewide (excluding NYC) for the same timeframe (3.0%). Additionally, the U.S. Census Bureau has data for non-married same-sex couples who are living together. As of the last time data were collected (2018), 4.3% of unmarried-partner households in Onondaga County were couples of the same-sex. In Syracuse the rate is slightly higher (6.0%).<sup>13</sup>

## Race and Ethnicity

Both race and ethnicity are often closely intertwined with disparities in health outcomes, however it can be difficult to fully account for how socioeconomic, structural, and institutional factors influence health outcomes on a population level. Acknowledging the critical role historic and contemporary inequities play in health disparities by race and ethnicity is important as we examine health outcomes within Onondaga County and Syracuse.

Figure 8 provides a current breakdown of the populations of Onondaga County and Syracuse by race and ethnicity. Overall, the population of Syracuse is more diverse than Onondaga County. Within the County, 76.4% of the population identifies as non-Hispanic White, 10.6% as non-Hispanic Black or African American, 5.1% as Hispanic (of any race), 3.8% as non-Hispanic Asian, 3.6% as non-Hispanic of two or more races, 0.4% as non-Hispanic American Indian or Alaska Native, and 0.2% as non-Hispanic of another race. In Syracuse, 49.4% of residents identify as non-Hispanic White, 27.9% as non-Hispanic Black or African American, 9.5% as Hispanic (of any race), 6.9% as non-Hispanic Asian, 5.2% as non-Hispanic of two or more races, 0.8% as non-Hispanic American Indian or Alaska Native, and 0.4% as non-Hispanic of another race.

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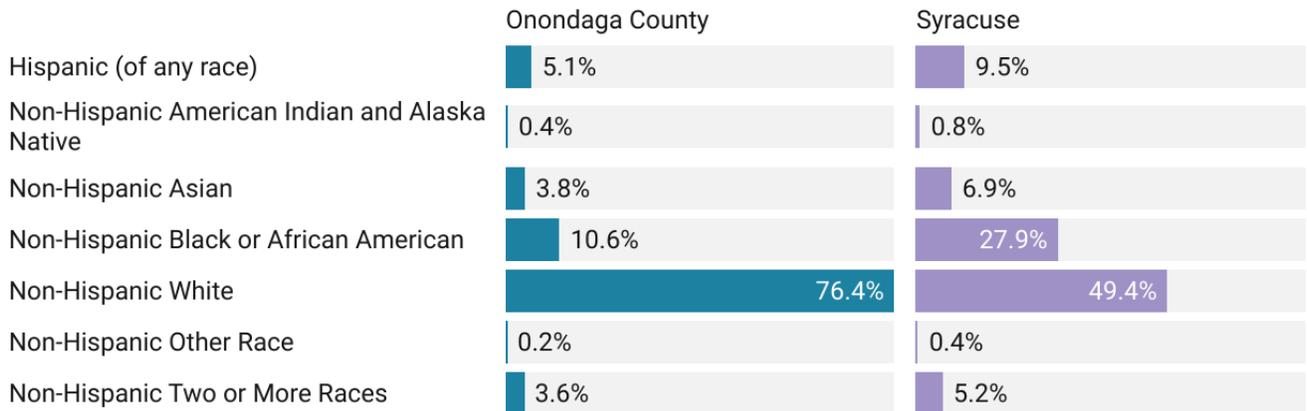
<sup>10</sup> CDC, National Center for Health Statistics: Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. Retrieved 11/8/2022.

<sup>11</sup> 2019 Cleveland Clinic MENTION IT Survey Results Overview. Retrieved 11/7/2022.

<sup>12</sup> NYS Department of Health, Vital Statistics, Marriages by County of Occurrence and Gender, 2019. Retrieved 11/7/2022, from: [https://www.health.ny.gov/statistics/vital\\_statistics/2019/table47a.htm](https://www.health.ny.gov/statistics/vital_statistics/2019/table47a.htm). Note: gender is an optional field on the New York State marriage license.

<sup>13</sup> U.S. Census Bureau, 2014-2018 American Community Survey, 5 Year Estimates, Table B11009.

**Figure 8. Population by race and ethnicity, Onondaga County and Syracuse**

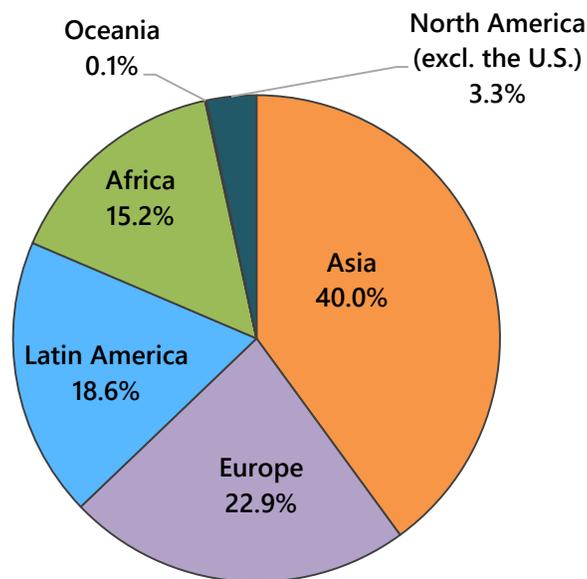


Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP05. Onondaga County is inclusive of Syracuse.

### Country of Origin

Onondaga County residents who were born outside of the United States bring tremendous diversity to the community. Overall, 7.8% of Onondaga County’s population and 13.4% of Syracuse’s population was born outside of the United States. Among Onondaga County’s foreign born population, the greatest proportion of residents were born in Asia, followed by Europe and Latin America (Figure 9).

**Figure 9. Region of birth for Onondaga County’s foreign-born populations**



Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP02. Note: Latin American includes Central America, South America, and the Caribbean.

## English Proficiency and Language Spoken at Home

English language proficiency may impact educational attainment, employment opportunities, and the ability to effectively communicate with healthcare providers in Onondaga County. The percentage of households with limited English proficiency is lower in Onondaga County than it is in New York State as a whole (Onondaga County: 2.3%, New York State: 7.7%). Syracuse’s rate (4.9%) is higher than the County rate but still remains lower than the statewide rate. In Onondaga County, 10.9% of households speak a language other than English at home, compared to 18.8% of households in Syracuse. After English, the second most commonly spoken language at home in the County is other Indo-European languages (3.6%). Additionally, Spanish is spoken by 3.2% of County residents at home, and Asian and Pacific Island languages are spoken by 2.4% of County residents at home.

## Disability

In Onondaga County, 25.7% of adults have a disability.<sup>14</sup> Disability includes any impairment to an individual’s body or mental functioning which may limit certain activities. This may include difficulty hearing, moving, or problem solving as well as restrictions participating in daily activities, working, engaging in social or recreational activities, or obtaining health care.<sup>15</sup> Individuals with a disability are at an increased risk for a number of health conditions. Syracuse has higher rates for several disabilities compared to Onondaga County including cognitive disability, self-care difficulty, vision difficulty, and ambulatory difficulty (Figure 10).

**Figure 10. Persons with a disability, Syracuse, Onondaga County, and NYS, 2016-2020**

	City of Syracuse	Onondaga County	New York State
Persons with a cognitive difficulty	8.0%	5.7%	4.5%
Persons with a hearing difficulty	3.4%	3.6%	2.8%
Persons with a self-care difficulty	3.2%	2.6%	2.7%
Persons with a vision difficulty	2.4%	2.1%	2.1%
Persons with an ambulatory difficulty	8.6%	6.8%	6.6%
Persons with an independent living difficulty	7.2%	5.9%	5.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1810. Onondaga County is inclusive of Syracuse.

## Community Demographics Summary

<sup>14</sup> NYS Expanded BRFSS, 2018. Retrieved 10/18/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>.

<sup>15</sup> Disability Status, New York State Adults, 2020. BRFSS Brief. Number 2022-10. Retrieved 10/18/2022, from [https://www.health.ny.gov/statistics/brfss/reports/docs/2022-10\\_brfss\\_disability\\_status.pdf](https://www.health.ny.gov/statistics/brfss/reports/docs/2022-10_brfss_disability_status.pdf).

A critical step in protecting and improving the health of all of the County's residents, is understanding the specific health needs of our community. Having a comprehensive understanding of the demographic makeup of County residents is key to that process. This section speaks to the diversity of Onondaga County and Syracuse residents and the impact that demographic factors may play in health outcomes. In order to further explore the impact of demographics on health outcomes, subsequent sections will include a breakdown of health indicators by demographic factors whenever data are available.

## Social Determinants of Health

Our health is shaped by several factors in the places in which we live, learn, work, and play. Each of these factors has the potential to significantly influence our health risks and outcomes. These factors are known as the **social determinants of health** and can be grouped into five categories as shown in Figure 11. This section provides an overview of each category and how it can influence the health and well-being of Onondaga County residents.

Figure 11. Social determinants of health



**Social Determinants of Health**  
Copyright-free

 **Healthy People 2030**

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 9/14/2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

## Education Access and Quality

Educational attainment can influence several factors in an individual's life from economic opportunity to the ability to understand health information. Additionally, individuals with higher levels of education are more likely to be healthy and live longer lives.<sup>16</sup> This section explores the current educational environment in Onondaga County and Syracuse.

### Education Institutions

With a total of eighteen districts, the public school system in Onondaga County enrolls approximately 65,000 students annually from kindergarten through grade 12.<sup>17</sup> The Syracuse City School District (SCSD) enrolls approximately 19,000 students each academic year, accounting for nearly 30% of the County's public school enrollment.<sup>18</sup> Additionally, there are four charter schools and more than thirty private or parochial schools in the County.

A large number and variety of post-secondary education institutions are also located in Onondaga County. Over 36,000 students currently attend colleges within Onondaga County, including Syracuse University, Le Moyne College, SUNY Upstate Medical University, SUNY College of Environmental Science and Forestry, and Onondaga Community College.<sup>19</sup> A number of other professional and licensing programs are also offered.

### High School Graduation Rates

A majority of Onondaga County school districts have a 4-year high school graduation rate of over 90% which is higher than the rate for both the County total and NYS. Additionally, Onondaga County overall has a slightly higher graduation rate than NYS (Onondaga County: 87%; NYS: 86%). Within Onondaga County, Baldwinsville Central School District has the highest graduation rate with 96% of students graduating in 4 years, while the Syracuse City School District has the lowest rate at 77%.

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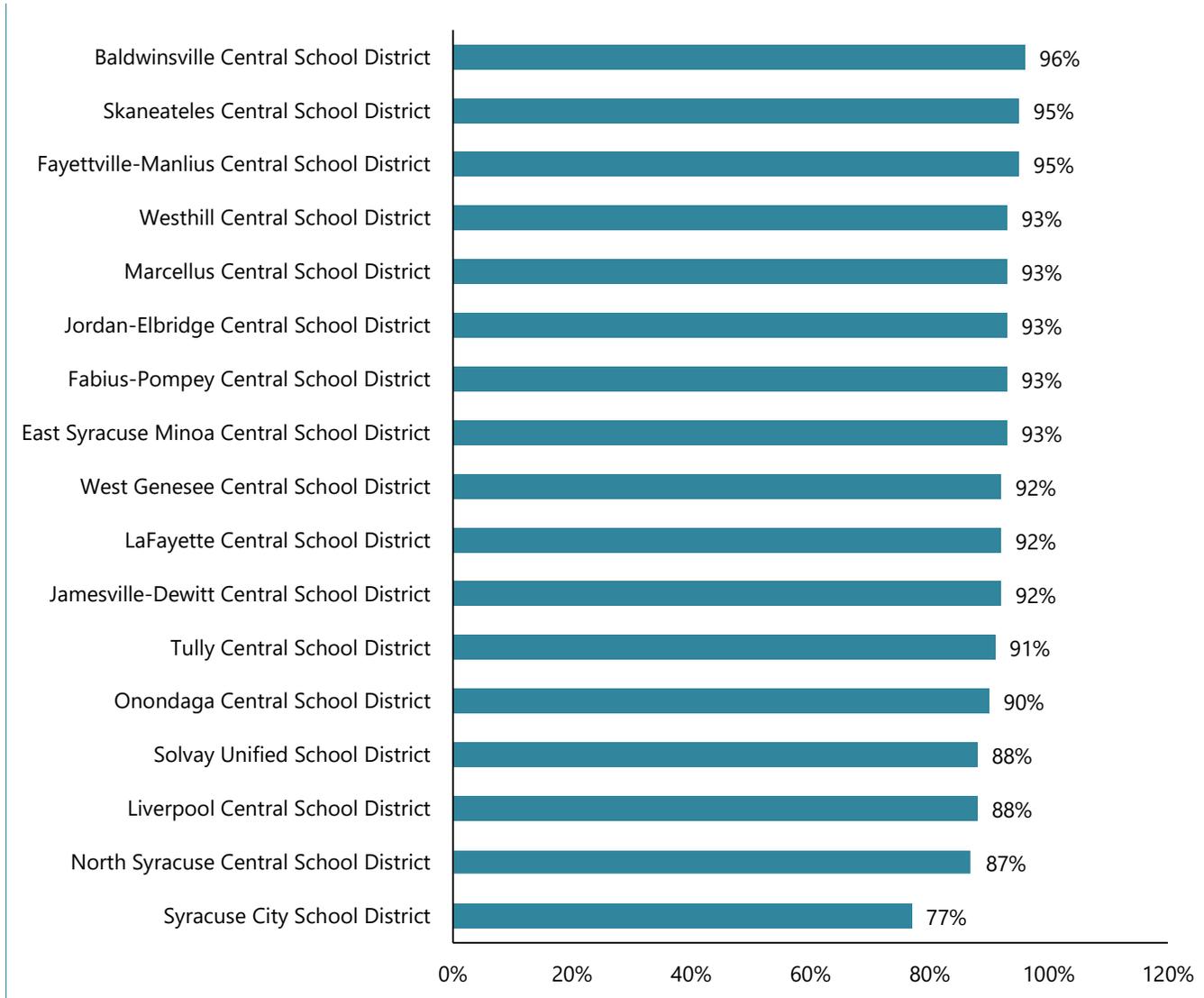
<sup>16</sup> Healthy People 2030, Education Access and Quality. Retrieved 10/28/2022, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>.

<sup>17</sup> New York State Department of Education, Onondaga County, 2020-2021. Retrieved 11/8/2022, from <https://data.nysed.gov/enrollment.php?year=2021&county=42>.

<sup>18</sup> New York State Department of Education, Syracuse City School District, 2020-2021. Retrieved 11/8/2022, <https://data.nysed.gov/enrollment.php?year=2021&instid=800000040902>.

<sup>19</sup> Syracuse University. Retrieved 10/28/2022, from <https://www.syracuse.edu/about/facts-figures-rankings/>.  
Le Moyne College. Retrieved 10/28/2022, from <https://www.lemoyne.edu/Values/About-Us>.  
SUNY Upstate Medical University. Retrieved 10/28/2022, from <https://www.upstate.edu/about/glance.php>.  
SUNY College of Environmental Science and Forestry. Retrieved 10/28/2022, from <https://www.esf.edu/assessment/documents/ESFCDS-2018-19.pdf>.  
Onondaga Community College. Retrieved 10/28/2022, from <https://www.suny.edu/campuses/onondaga/>.

**Figure 12: Four-year high school graduation rate by school district, Onondaga County, 2021**

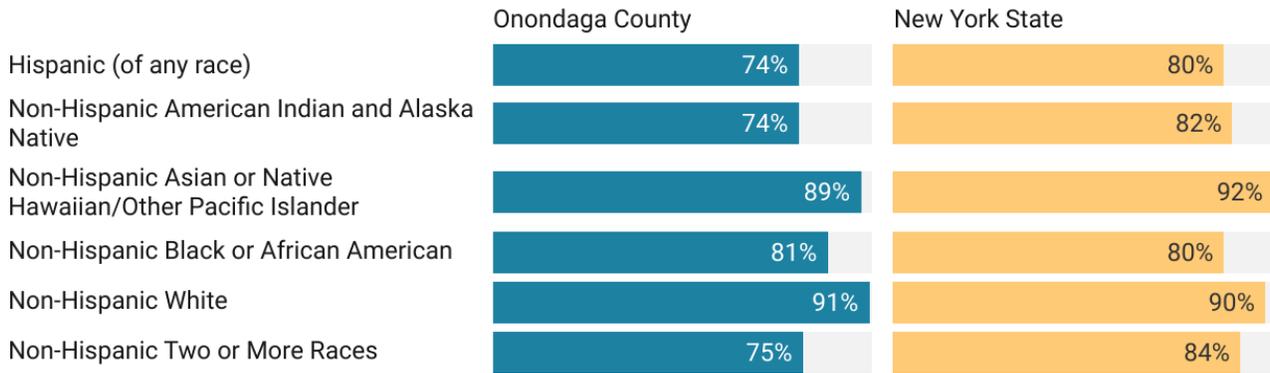


Source: NYS Department of Education. Retrieved 11/8/2022, from <https://data.nysed.gov/gradrate.php?year=2021&county=42>. Graduation data not available for Lyncourt Unified School District. Graduation rate data are reported for a 9th grade cohort, as of the 4th year of high school – August.

Additionally, the graduation rate varies based on demographic and socioeconomic factors such as income, gender, race and ethnicity, language, and disability status. When looking at income, the graduation rate among students who are not economically disadvantaged is 95%, compared to 77% among economically disadvantaged students.<sup>20</sup> English language learners also have a lower graduation rate (69%) compared to students who are not English language learners (88%). Students living with a disability have a 70% graduation rate, which is lower than the rate for the County as a whole (87%). Figure 13 depicts the four-year graduation rate by race and ethnicity for Onondaga County and NYS.

<sup>20</sup> New York State Department of Education, Onondaga County, 2020-2021. Retrieved 11/8/2022, from <https://data.nysed.gov/gradrate.php?year=2021&county=42>.

**Figure 13: Four-year high school graduation rate by race and ethnicity, Onondaga County and NYS, 2021**



Source: NYS Department of Education. Retrieved 11/8/2022, from <https://data.nysed.gov/gradrate.php?year=2021&county=42> and <https://data.nysed.gov/gradrate.php?year=2021&state=yes>. Graduation rate data are reported for a 9th grade cohort, as of the 4th year of high school – August.

### Educational Attainment

Educational outcomes for adults age 25 years and older are illustrated in Figure 14. In Onondaga County, 91.2% of adults 25 years and older have a high school education or higher, and 36.1% have a bachelor’s degree or higher. Educational attainment in Syracuse is overall lower than in Onondaga County, with 83.5% having a high school education or higher, and a 29.0% achieving a Bachelor’s degree or higher.

**Figure 14. Educational attainment among adults aged 25 years and older, Syracuse, Onondaga County, and NYS**

	City of Syracuse	Onondaga County	New York State
High school graduate or higher	83.5%	91.2%	87.2%
Bachelor’s degree or higher	29.0%	36.1%	37.5%

Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1501 Onondaga County is inclusive of Syracuse.

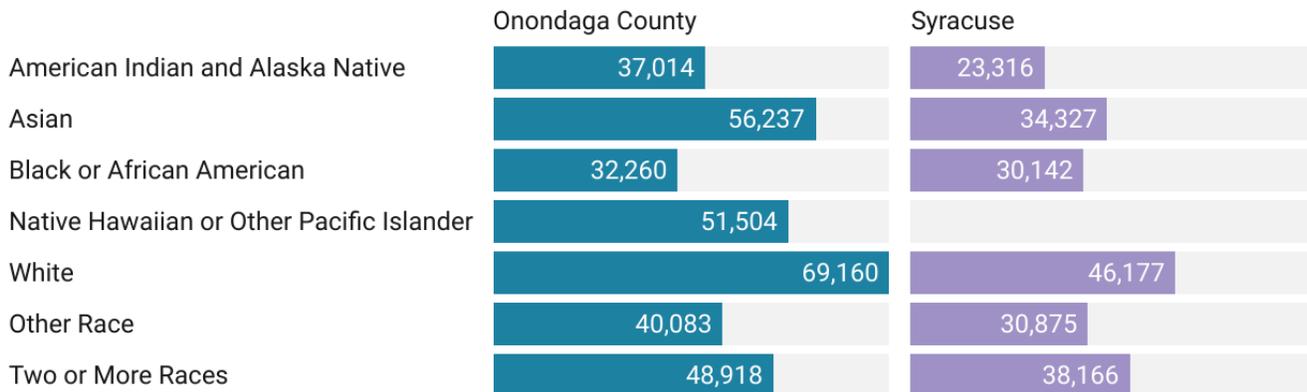
## Economic Stability

Economic factors play a significant role in influencing the health and well-being of a community. A significant number of health determinants, including access to safe and healthy housing, availability of fresh healthy foods, opportunities for physical activity, access to educational and employment opportunities, and exposure to crime or violence are impacted by economic opportunity and poverty. This section explores economic factors for residents of Onondaga County.

### Economic Opportunity and Poverty

Onondaga County has a median household income of \$62,668 annually.<sup>21</sup> This is considerably higher than Syracuse’s median household income of \$38,893. However, both are lower than the statewide median household income of \$71,117. The figure below provides a breakdown of median household income by race for both Onondaga County and Syracuse. As shown, there are significant disparities by race for both geographies.

**Figure 15. Median household income in U.S. dollars by race, Onondaga County and Syracuse**



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S1903. Notes: Data were not available for Native Hawaiian and Other Pacific Islander households in Syracuse due to small numbers. Onondaga County is inclusive of Syracuse.

Overall, 13.9% of Onondaga County’s residents live below the federal poverty level compared to 30.3% of Syracuse residents.<sup>22</sup> Poverty indicators for Syracuse, Onondaga County, and New York State are provided below in Figure 16. Across all three geographies, there are substantial differences in poverty rates by race. Additionally, the poverty rate among children in Syracuse is particularly notable, where 48.4% of those under age

<sup>21</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1903.

<sup>22</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1701.

18 live in poverty, compared to 21.2% of children countywide. Older adults (65 years and older) are more likely to experience poverty in Syracuse (14.1%) than in Onondaga County (8.2%).

**Figure 16. Poverty indicators, Syracuse, Onondaga County, and NYS**

	City of Syracuse	Onondaga County	New York State
Percent below the federal poverty level	30.3%	13.9%	13.6%
<i>American Indian or Alaska Native</i>	33.3%	26.3%	22.6%
<i>Asian</i>	27.1%	18.0%	14.4%
<i>Black or African American</i>	40.0%	37.6%	20.4%
<i>Native Hawaiian or Other Pacific Islander*</i>	100.0%	16.4%	23.8%
<i>White</i>	23.3%	9.5%	10.1%
<i>Other race</i>	38.2%	27.4%	23.4%
<i>Two or more races</i>	39.0%	25.0%	17.3%
Children (under 18 years of age) living in poverty	48.4%	21.2%	18.7%
Adults age 65+ years living in poverty	14.1%	8.2%	11.5%
Persons with a disability living in poverty	35.7%	21.3%	23.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S1701 and Table S1811. Notes: \*Due to small numbers (n=24), interpret the data for Native Hawaiian or Other Pacific Islander residents of Syracuse with caution. Onondaga County is inclusive of Syracuse.

In Onondaga County, many residents earn just above the federal poverty line but still less than what it costs for basic necessities to live and continue to struggle to afford the basics. This is referred to as ALICE (Asset Limited, Income Constrained, Employed), and within the county, 27% of households fall into this category.<sup>23</sup>

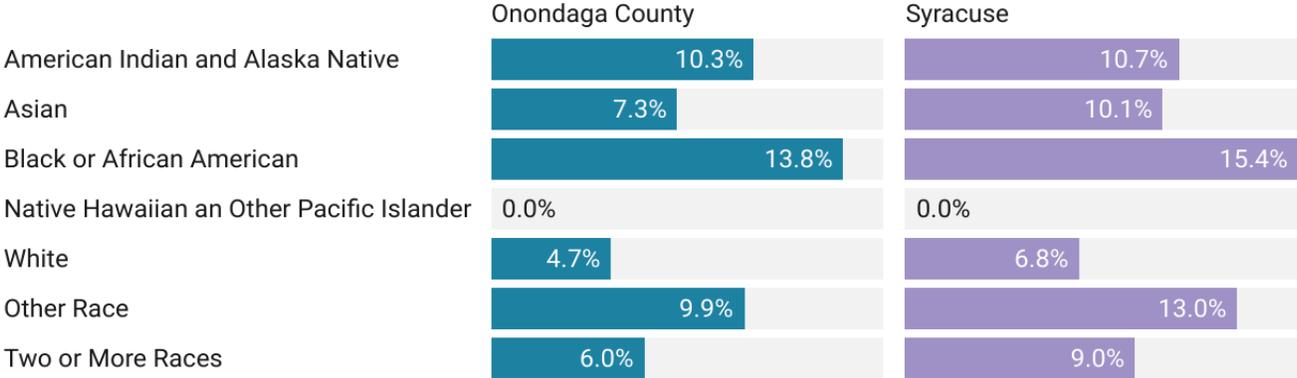
## Employment

Access to employment is an important factor that influences individuals’ economic opportunity and poverty. Unemployment may also lead to a decrease in access to employer-sponsored health insurance programs. The unemployment rate in both Onondaga County and NYS is 5.7%, compared to 9.6% in Syracuse.<sup>24</sup> Figure 17 displays disparities in unemployment rates by race within both Onondaga County and Syracuse. In both geographies, the highest unemployment rate is among Black or African American residents (Onondaga County: 13.8%, Syracuse: 15.4%).

<sup>23</sup> United Way. ALICE: A Study of Financial Hardship in New York, 2018. Retrieved 10/19/2022, from <https://www.unitedforalice.org/county-profiles/new-york>.

<sup>24</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S2301.

**Figure 17. Unemployment rate, by race, Onondaga County and Syracuse**



Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S2301. Note: Onondaga County is inclusive of Syracuse.

## Social and Community Context

Connections between individuals and within communities can have a significant impact on health and well-being. Positive relationships with others and strong community ties can help protect the mental, emotional, and physical health of individuals who are negatively impacted by life events. From mitigating the impacts of bullying, trauma, or discrimination, to increasing civic engagement, interventions to enhance social and community supports are essential to improving health.

Additionally, in today's world, staying connected often involves the use of technology, including broadband internet. Infrastructure improvements to increase access to broadband, as well as efforts to enhance computer skills and health literacy are critical to driving improvements in health and well-being.

This section explores the social and community context of Onondaga County residents including social support and connectivity, families and marital status, civic participation, the digital divide, discrimination, and trauma.

### Social Support and Connectedness

Relationships play an important role in supporting health and well-being. One benefit of strong community relationships is social capital. Social capital refers to shared community resources, such as learning about a job opportunity through the friend of a friend.<sup>25</sup> Sources of social capital can include faith-based communities, neighborhoods, and families. Another benefit of strong social relationships is social support. Having a family member or friend to rely on can provide numerous benefits including helping individuals cope with stress, serving as positive role models for healthy behaviors, and reducing barriers to accessing health care or economic opportunities (for example, by providing transportation).

Social isolation and loneliness are factors that can negatively influence health outcomes. These challenges can often disproportionately impact older adult populations. In Onondaga County, 32.6% of adults age 65 and older live alone.<sup>26</sup> This increases to 41.7% in Syracuse. During the COVID-19 pandemic, studies found that loneliness increased among the general adult population and that feelings of loneliness had a negative impact on mental health.<sup>27</sup> The impact of pandemic-related social isolation on language, development, and mental health in children is also being studied.

### Families and Marital Status

An individual's social support may be impacted by familial relationships and marital status, which may in turn influence their health and well-being. Onondaga County is comprised of 113,106 families, with 27,836 families in

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<sup>25</sup> Healthy People 2030: Social Cohesion. Retrieved 11/15/2022, [Social Cohesion - Healthy People 2030 | health.gov](#).

<sup>26</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table B09021.

<sup>27</sup> Pai N, Vella SL. COVID-19 and Loneliness: A rapid systematic review. *Aust N Z J Psychiatry*. 2021 Dec;55(12):1144-1156. doi: 10.1177/00048674211031489. Epub 2021 Jul 13. PMID: 34256632.

Syracuse.<sup>28</sup> The average family size in Onondaga County and Syracuse is similar, with an average of 2.99 and 3.08 people per family, respectively. Within the County, 18.5% of families have a male householder with no spouse or partner present compared to 30.1% which have female householders with no spouse or partner present.<sup>29</sup> In Syracuse, 27.2% of residents age 15 years old and older are married and 54.0% of residents have never been married. Conversely, there are more County residents who are married (45.1%) than who have never been married (36.3%). In both geographies, approximately 12% of the population is divorced or separated. In the County, 6.0% of residents have been widowed, compared to 5.3% of Syracuse residents.<sup>30</sup> Unmarried partner households make up 3.5% of households in the County and 4.1% in Syracuse. Among Onondaga County households with children, 28.5% are single-parent households with no spouse or partner present. In the City, 50.9% of households with children are single-parent households.<sup>31</sup>

## Civic Participation

Civic participation represents a wide variety of activities that benefit the community including voting in elections, volunteering, and participation in group activities.<sup>32</sup> In addition to supporting community development, civic participation can have many positive health benefits for those who engage in these activities. These include increased opportunities to meet new people or groups, an increased sense of purpose tied to meaningful civic activities, and opportunities for increased physical activity (such as community gardening). The NYS Prevention Agenda provides a *Community Score* for Onondaga County. Combining data from several sources, the community score index assesses volunteering, voter registration, youth disconnection, violent crime, accessing to primary health care, access to healthy food, and incarceration. In 2019, the *Community Score* for Onondaga County was 54.9; slightly lower than the score for NYS as a whole (58.4). Though the *Community Score* has improved over time, Onondaga still falls short of the Prevention Agenda goal of 61.3.<sup>33</sup>

## Digital Divide

Communities are increasingly relying on electronic methods for staying connected and sharing important information. Despite infrastructure improvements, not all populations have equal access to the required technology, including broadband internet. The map below displays the percent of households with connections to high speed broadband internet (cable, fiber optic, DSL) by census tract in Syracuse. As shown in the map, areas closer to the center of the city have lower percentages of households with broadband access compared to census tracts among the edge of the city.

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<sup>28</sup>U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1101.

<sup>29</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP02.

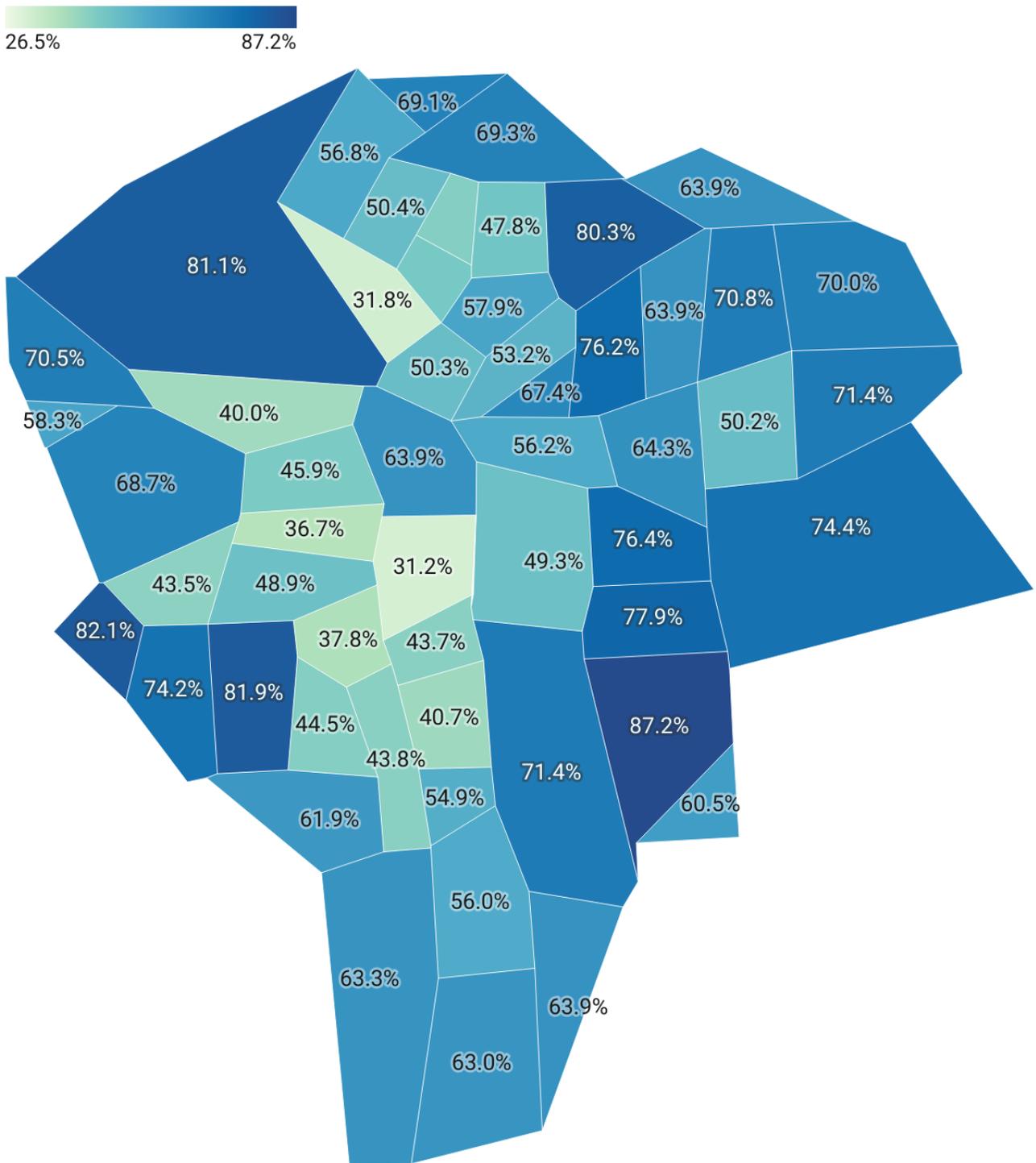
<sup>30</sup>U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S1201.

<sup>31</sup>U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table B09005.

<sup>32</sup> Healthy People 2030: Civic Participation. Retrieved 11/15/2022, from: [Civic Participation - Healthy People 2030 | health.gov](#).

<sup>33</sup>Various sources. Retrieved 11/16/2022 from [NYS Prevention Agenda Dashboard](#).

Figure 18. Households with high speed broadband internet connection by census tract, Syracuse, 2020



Source: City Health Dashboard, 2020. Retrieved 12/20/2022, from <https://www.cityhealthdashboard.com/ny/syracuse/metric-detail?metric=1511&dataRange=city&metricYearRange=2020%2C+5+Year+Estimate>. Note: Displays percentage of households with connection to high speed broadband internet (cable, fiber optic, DSL). Census tracts use 2020 boundaries.

During the COVID-19 pandemic, the use of telehealth appointments allowed for the continuation of some healthcare services while maintaining social distancing guidelines. Telehealth visits can also help eliminate barriers to accessing healthcare, such as transportation or childcare. However, differential access to broadband may further perpetuate health inequities for those who are unable to access broadband or do not have adequate technology at home.<sup>34</sup> In addition to improving access to healthcare, broadband internet can help individuals connect with others, learn about events happening in their area, obtain information about topics of interest, and access needed community-based services. Currently, efforts are underway at the state and local levels to decrease the digital divide in Onondaga County, including the Broadband-Digital Divide project, aiming to provide affordable and high quality broadband to all county residents.<sup>35</sup> To maximize impact, these infrastructure enhancements must be accompanied by education and training on computer literacy, to ensure all residents can take advantage of these tools to improve health and well-being.

## Discrimination and Racism

Discrimination is a “socially structured action that is unfair or unjustified and harms individuals and groups.”<sup>36</sup> Discrimination often occurs when powerful or privileged groups act to protect themselves at the detriment of other groups. Discrimination can be experienced as both structural discrimination and individual level discrimination. Structural discrimination, which may also be referred to as systemic or institutionalized discrimination occurs when institutional practices or policies limit “opportunities, resources, and the well-being of less privileged groups.”<sup>36</sup> Discrimination at an individual level includes negative interactions between individuals on the basis of individual characteristics.

Discrimination can impact many different population groups, including but not limited to, “racial and ethnic groups, women, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals, people with disabilities, and older adults.” In the United States, 63% of adults report experiencing discrimination on a daily basis.<sup>36</sup>

Experiencing discrimination can negatively impact an individual’s physical and mental health. Discrimination has been associated with increases in unhealthy behaviors and decreases in health promoting behaviors, including chronic disease management, cancer screening, and condom use. Additionally, discrimination has been directly linked with poor health outcomes including infant mortality, low birth weight and high blood pressure.<sup>36</sup> Individuals experiencing discrimination may develop both acute and chronic stress.<sup>37</sup> Chronic stress occurs not only because of the specific instance of discrimination experienced but also by being on constant alert to guard oneself for possible future encounters with discrimination.<sup>38</sup>

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<sup>34</sup>Saeed SA, Masters RM. Disparities in Health Care and the Digital Divide. *Curr Psychiatry Rep*. 2021 Jul 23;23(9):61. doi: 10.1007/s11920-021-01274-4. PMID: 34297202; PMCID: PMC8300069. Retrieved 11/8/2022.

<sup>35</sup>Onondaga County Recovery Plan, 2021. Retrieved 11/9/2022, from [Recovery Plan Projects](#).

<sup>36</sup> Healthy People 2030: Discrimination. Retrieved 11/15/2022, from [Discrimination - Healthy People 2030 | health.gov](#).

<sup>37</sup> Williams DR. Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *J Health Soc Behav*. 2018 Dec;59(4):466-485. doi: 10.1177/0022146518814251. Retrieved 11/7/2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532404/>.

<sup>38</sup> Dreyer BP. The Toll of Racism on African American Mothers and Their Infants. *JAMA Netw Open*. 2021;4(12):e2138828. doi:10.1001/jamanetworkopen.2021.38828. Retrieved 11/7/2022, from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2786943>.

Discrimination can also impact the quality of patient care or a patient's healthcare experience. The 2022 Onondaga County Community Health Survey (described in the Community Engagement section pages 109-110), which reached more than 3,600 Onondaga County residents, found that 10.5% of survey respondents experienced stigma, discrimination, or feeling judged by their medical provider in the last 3 years.<sup>39</sup> When broken down by race and ethnicity of respondents, 19.3% of non-Hispanic Black or African American respondents and 14.4% of Hispanic respondents (of any race) indicated experiencing stigma, discrimination, or feeling judged by their medical provider.

**Racism** (discrimination on the basis of race), **has been recognized as a public health crisis.**<sup>40</sup> Like other types of discrimination, racism encompasses both structural and individual aspects, and occurs when individuals are assigned value and access to opportunity on the basis of the color of their skin. Centuries of racism in the United States have negatively impacted communities of color, affecting all aspects of life including where one lives, learns, works, worships, and plays.<sup>41</sup> Social, economic, and health inequities resulting from racism include, but are not limited to, opportunities for housing, education, wealth, employment, and access to healthcare services. Racism, along with other types of discrimination, ultimately prevents those impacted from achieving their highest level of health and in turn negatively impacts the health of our entire community.<sup>42</sup>

## Trauma

Trauma and adverse childhood experiences (ACEs) can have a significant impact on health and mental health outcomes. ACEs are defined as "potentially traumatic events that occur in childhood [and] can include violence, abuse, and growing up in a family with mental health or substance use problems."<sup>43</sup> The stress resulting from these experiences can change brain development and affect how the body responds to future stress. The health issues in adults that are associated with ACEs include alcohol and substance use disorders, depression, suicide attempts, teen pregnancy, smoking, heart disease, liver disease, and early death.<sup>44</sup> Baseline data from the NYSDOH show that 38.1% of Onondaga County adults report experiencing two or more ACEs, which is higher than the statewide average of 35.6%.<sup>45</sup> According to an article from the CDC, females and people of color are at greater risk for experiencing 4 or more ACEs.<sup>43</sup> The same report found that eliminating ACEs could result in a 44% reduction in depressive disorders, a 33% reduction in current smoking behavior, and a 15% reduction in unemployment.

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<sup>39</sup> Onondaga County Health Department, Onondaga County Community Health Survey, 2022.

<sup>40</sup> County Health Rankings and Roadmaps: Declaring Racism as a Public Health Crisis. Retrieved 12/19/2022, from <https://www.countyhealthrankings.org/online-and-on-air/webinars/declaring-racism-as-a-public-health-crisis>.

<sup>41</sup> CDC, Racism and Health, 2021. Retrieved 11/7/2022, from <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>.

<sup>42</sup> County Health Rankings and Roadmaps: Declaring Racism as a Public Health Crisis, Part 1 of Advancing Racial Equity Webinar Series, 5/18/2021. Retrieved 12/19/2022, from [https://www.countyhealthrankings.org/sites/default/files/media/document/Declaring%20Racism%20as%20a%20Public%20Health%20Crisis\\_Final.pdf](https://www.countyhealthrankings.org/sites/default/files/media/document/Declaring%20Racism%20as%20a%20Public%20Health%20Crisis_Final.pdf).

<sup>43</sup> CDC Vital Signs, November 2019. Retrieved 11/18/2022, from <https://www.cdc.gov/vitalsigns/aces/>.

<sup>44</sup> Compton, M. T., Adverse Childhood Experiences in the Context of the Social Determinants of Health. New York State Office of Mental Health. Presentation, 5/16/2018.

<sup>45</sup> NYS Expanded BRFSS, 2016. Retrieved 11/16/2022, from [NYS Prevention Agenda Dashboard](#).

Evidence has shown that the effects of trauma can be lessened with strong social, economic, and community supports. The CDC lists a number of strategies that can mitigate the impact of ACEs, or prevent ACEs altogether. These include: strengthening economic support to families, supporting parents with positive parenting, providing quality child care and early education, and treating to prevent problem behavior and violence.

## Neighborhood and Built Environment

Our health is impacted by the environments in which we live, learn, work, and play. Access to safe spaces to be active, our ability to get to and from medical appointments, access to food, and housing conditions are all impacted by our surroundings such as the built environment (sidewalks, roads, bike lanes, etc.) and natural environment (parks, green space, water, etc.). Many neighborhood level and built environment factors that impact the health of Onondaga County residents are covered in this section.

### Built Environment

When health is considered in the development and design of community spaces, the built environment has an incredible potential to positively impact the health of residents. A few examples include safe spaces for physical activity and recreation, neighborhoods that are both pedestrian and bicycle friendly, and safe routes for children to get to and from school. Consideration of the needs of diverse and aging populations is also critical for the development of safe and healthy communities.

**Smart growth** is an approach to community planning and design that considers the impact the built environment has on a community's health, well-being, and prosperity.<sup>46</sup> Smart growth principles provide guidelines for the development of safe, accessible, and diverse communities designed to support healthy living.

A list of the 10 smart growth principals is provided to the right. Additional resources related to smart growth can be found at: <http://www.smartgrowthamerica.org>.

### Smart Growth Principles

1. Mix land uses
2. Take advantage of compact design
3. Create a range of housing opportunities and choices
4. Create walkable neighborhoods
5. Foster distinctive, attractive communities with a strong sense of place
6. Preserve open space, farmland, natural beauty, and critical environmental areas
7. Direct development towards existing communities
8. Provide a variety of transportation choices
9. Make development decisions predictable, fair, and cost effective
10. Encourage community and stakeholder collaboration in development decisions

*Source: Smart Growth Online. Retrieved 12/29/2022, from <https://smartgrowth.org/smart-growth-principles/>*

<sup>46</sup> Smart Growth America: What is Smart Growth. Retrieved 11/18/2022, from <https://smartgrowthamerica.org/what-is-smart-growth/>

## Housing

Access to stable, affordable, and safe housing can play an important role in facilitating good health. Among Onondaga County residents, 14.1% report residing in a different residence one year ago, compared to 10.5% of NYS residents.<sup>47</sup> There are many reasons that individuals may change residences, including relocating for job opportunities, changes in relationships or social networks, or changes in financial circumstance. While not all of these changes reflect housing instability, it is important to recognize that changing residence locations may impact social support and access to services. Additionally, homelessness remains a persistent challenge in our region. In 2021, 469 individuals were documented as experiencing homelessness within the counties of Onondaga, Oswego, and Cayuga.<sup>48</sup>

In 2021, the estimated median home value in Onondaga County was \$169,800.<sup>49</sup> Comparatively, the median value in Syracuse for the same timeframe was \$123,000. Home values in Onondaga County and Syracuse have increased in recent years in alignment with national trends making purchasing a home more difficult or unattainable for many County residents. Although, homes in Onondaga County are relatively affordable compared to other regions in the United States, only 65.1% of county properties are owner-occupied.<sup>50</sup> This rate is much lower in Syracuse where 39.2% are owner-occupied. Additionally, nearly half of county residents who live in rental units spend more than 30% of their income on rent.

**Figure 19. Housing indicators, Syracuse, Onondaga County, and NYS**

	City of Syracuse	Onondaga County	New York State
% of properties that are owner occupied	39.2	65.1	54.1
% of properties that are renter occupied	60.8	34.9	45.9
% of renters spending 30% or more of household income on rent	54.0	48.4	51.5
% of occupied housing units built in 1939 or earlier	43.2	23.2	31.7
% of occupied housing units built in 1979 or earlier	89.4	73.4	76.7

Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP04. Onondaga County data are inclusive of Syracuse.

Across the county, the age and condition of housing stock varies. In Syracuse, 89.4% of the housing stock was built in 1979 or earlier.<sup>51</sup> Older homes are more likely to contain environmental hazards, such as lead paint. Additionally, in areas of high concentrations of rental properties, older homes may not be maintained to healthy standards. Inadequately maintained homes may be at increased risk for mold, pest infestations, and fire hazards. Although, most of the recent new home construction has occurred in the suburban areas, there has

<sup>47</sup> New York State Department of Health, Community Health Indicator Reports, Onondaga County. Retrieved 12/7/2022.

<sup>48</sup> Housing and Homeless Coalition of Central New York, Point in Time Count Reports, 2021. Retrieved 10/24/2022, from <https://www.hhccny.org/stats-resources/point-in-time-report-pit/>

<sup>49</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table CP04.

<sup>50</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP04.

<sup>51</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table DP04.

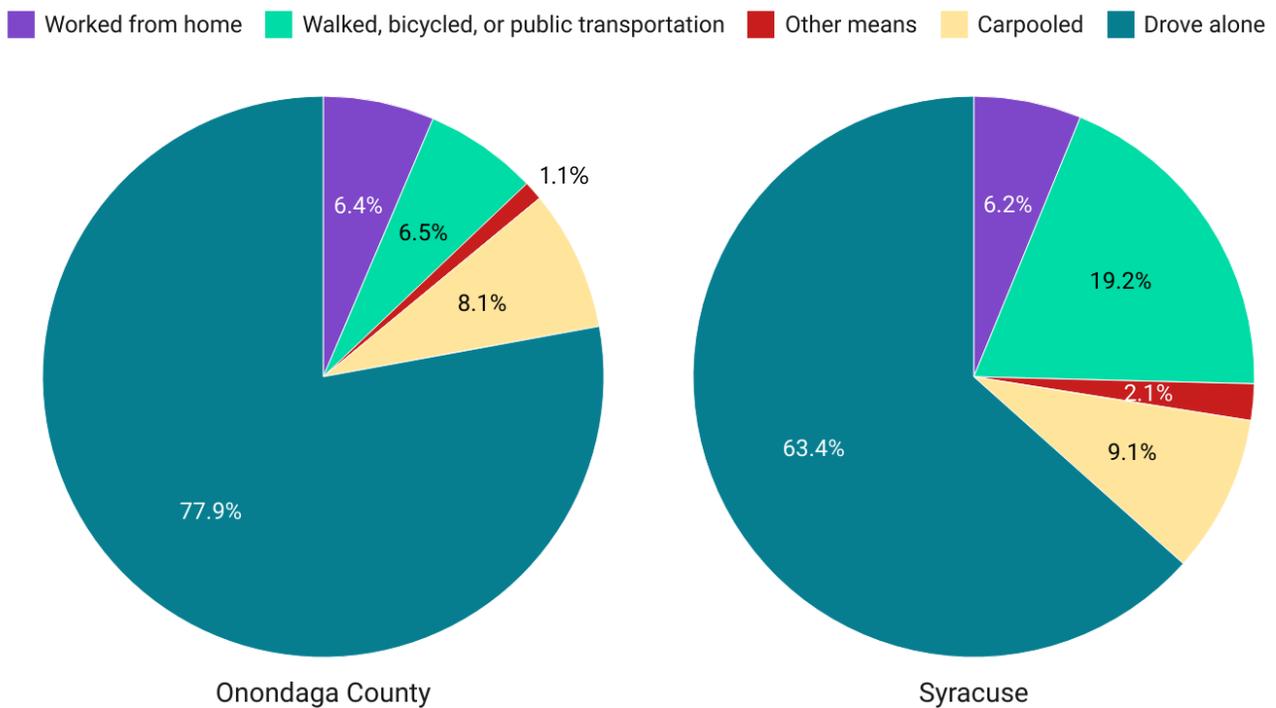
been a recent revitalization effort which has led to an increase in apartments and condominiums in downtown neighborhoods.

### Transportation

There are many ways in which health is impacted by transportation. Inadequate transportation resources may result in poor access to healthcare and basic needs, while also limiting opportunities employment, social connection, and physical activity. While transportation access is beneficial for health and well-being, an overreliance on personal vehicles can have an impact our natural environment through carbon emissions. Active transportation (such as biking and walking) provides opportunities for physical activity however, there must be adequate infrastructure to keep bicyclists and pedestrians safe.

Onondaga County is highly vehicle dependent with 77.9% of workers (age 16 years and older) commuting alone to work each day (Figure 20).<sup>52</sup> Public transportation, walking, and biking are only utilized by 6.5% of county residents for commuting to work. However, this rate is higher (19.2%) among city residents.

**Figure 20. Means of transportation to work, Onondaga County and Syracuse**



Source: U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table B08301. Note, Onondaga County is inclusive of Syracuse.

<sup>52</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table B08301.

While many people rely on cars as their main mode of transportation, not having access to a car in Onondaga County can make transportation challenging. In Syracuse, 27.3% of households do not have a vehicle available at home.<sup>53</sup> Among County residents, this rate is 12.1%. Unfortunately, there are many areas of the city and county that make navigating without a car difficult. However, in recent years, the NYS, the City of Syracuse, and several local municipalities have worked to increase the availability of safe and accessible bike lanes and streets, making active transportation safer.

Interstate 81 is one of Onondaga County's major highways and currently runs through the center of Syracuse dividing the University area from the rest of the city. The highway has been associated with structural separation of highly concentrated poverty in Syracuse, and in particular, predominantly African American neighborhoods.<sup>54</sup> In early 2022, NYS officials announced a \$2.25 billion project to replace the current highway with an integrated community grid to promote equity, connectivity, and transportation opportunities. The project will also reconstruct portions of Interstates 481 and 690 to address traffic going around and through Syracuse.<sup>55</sup>

## Food Access

Access to healthy, fresh, and affordable food is important for maintaining healthy lifestyles. Additionally, food production, processing, distribution, and waste management have significant impacts on a community's environment, economy, and health.<sup>56</sup> Income, transportation, and geographic location are several factors that currently affect food access in Onondaga County.

Overall, 11.1% of Onondaga County residents experience food insecurity compared to 10.7% of NYS residents.<sup>57</sup> The Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides food access to income eligible program participants. Within Onondaga County, 13.7% of households participate in SNAP.<sup>58</sup> In Syracuse, 28.7% of households receive SNAP benefits. The Onondaga County WIC program has an average monthly caseload of approximately 8,300 clients and has continued to enroll and serve participants throughout the COVID-19 pandemic. Additionally, free and reduced price lunches are offered in all of Onondaga County's school districts to eligible students.

## Crime and Violence

The health of a community can be significantly impacted by crime and violence. Not only does violent crime cause injury and death, but exposure to violence can cause toxic stress which has been linked to many adverse

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<sup>53</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S2504.

<sup>54</sup> Semuels, A. "How to Decimate a City". The Atlantic. Nov 2015. Retrieved 10/24/2022, from <https://www.theatlantic.com/business/archive/2015/11/syracuse-slums/416892/>.

<sup>55</sup> New York State, ny.gov, 2022. Retrieved 10/24/2022, from, <https://www.governor.ny.gov/news/governor-hochul-and-senator-schumer-announce-major-milestone-225-billion-i-81-viaduct-project>.

<sup>56</sup> [Community Food Systems Planning](#). Retrieved 12/7/2022.

<sup>57</sup> NYS Community Health Indicator Reports, 2019. Retrieved 10/21/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

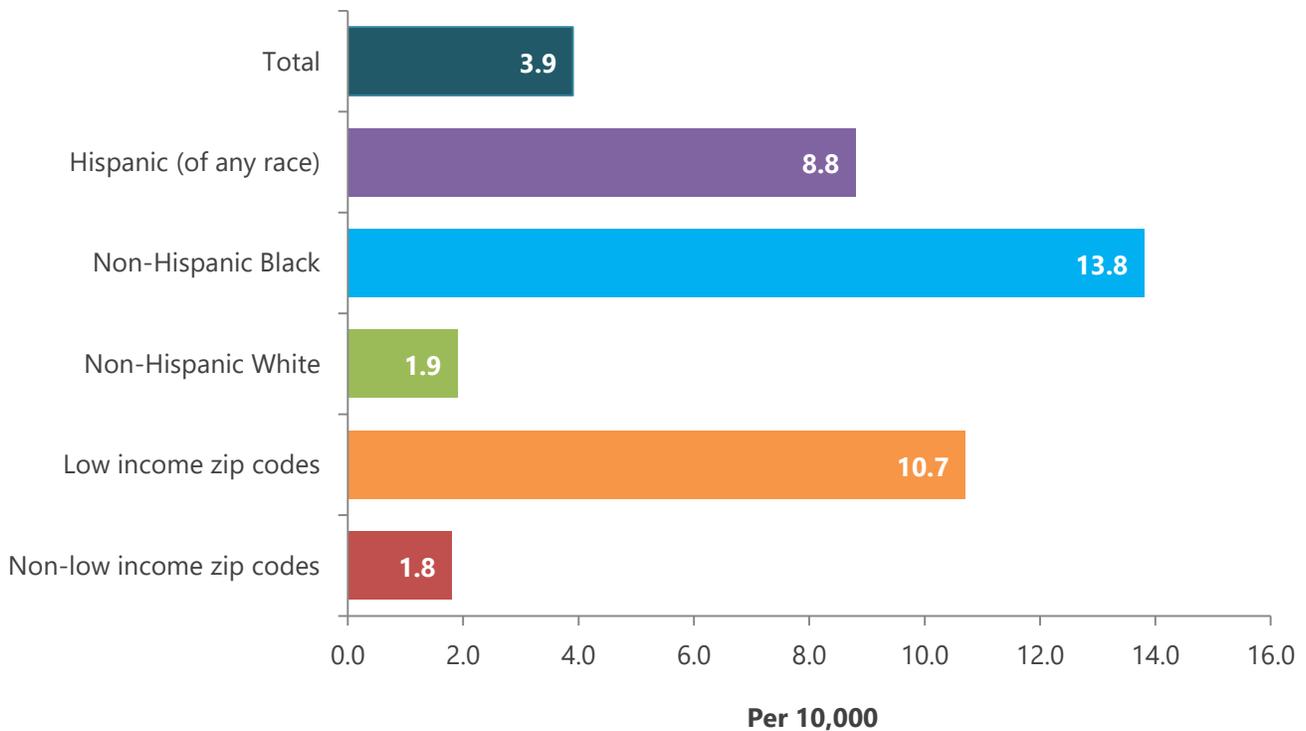
<sup>58</sup> U.S. Census Bureau, 2016-2020 American Community Survey, 5-Year Estimates, Table S2201.

health outcomes.<sup>59</sup> Furthermore, residents may also be less likely to engage in outdoor physical activity in areas with high levels of crime and violence. Crime and violence can also lead to financial divestment from communities, which may contribute to decreased property values and increases in poverty.

Understanding the root causes of violence is important for prevention efforts. The CDC has identified “systemic racism, bias, and discrimination; economic instability; concentrated poverty; and limited housing, education, and healthcare access” as factors that may contribute to the incidence of violence.<sup>60</sup> Some communities are more likely to experience violence; including “communities of color [who] often disproportionately experience these negative conditions, placing residents at greater risk for poor health outcomes.”<sup>59</sup>

Figure 21 displays disparities in the county’s assault-related hospitalization rates by race and ethnicity, as well as income. The overall county rate (3.9 per 10,000) is higher than the rate for NYS excluding NYC (2.2 per 10,000).<sup>61</sup> The rates among Hispanic residents and non-Hispanic Black residents are also considerably higher than the rate for non-Hispanic White residents. Furthermore, residents of low-income zip codes are nearly ten times more likely to experience an assault related hospitalization than residents of non-low-income zip codes.

**Figure 21. Assault-related hospitalization rate, by race and ethnicity and income, Onondaga County, 2019**



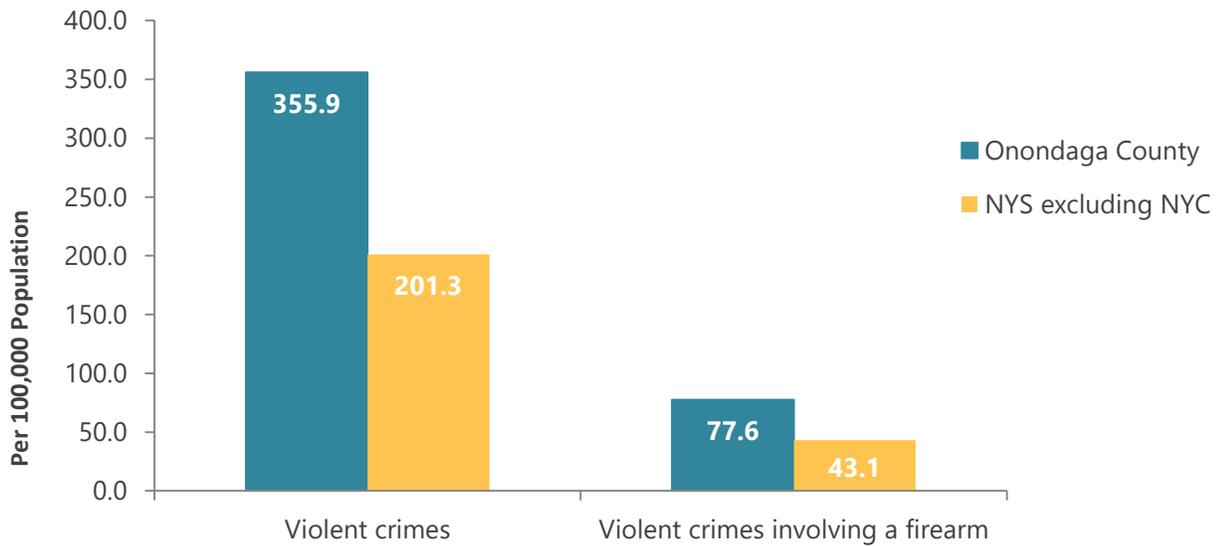
Source: NYS Prevention Agenda Dashboard. Retrieved 12/20/2022.

<sup>59</sup>Felitti, Vincent J et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am. Journal of Prev. Med.* 14:4, 245-58.

<sup>60</sup> CDC, Community Violence Prevention. Retrieved 12/7/2022, from <https://www.cdc.gov/violenceprevention/communityviolence/index.html>.

<sup>61</sup> NYS Prevention Agenda Dashboard. Retrieved 10/21/2022.

**Figure 22. Violent crimes and firearm related violent crimes per 100,000 population, Onondaga County and NYS excluding New York City (NYC), 2021**



Source: NYS Division of Criminal Justice Services; Uniform Crime Reporting System, 2021. Retrieved 10/21/2022 from <https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm>

Overall Onondaga County fares worse than NYS excluding NYC for several indicators of violent crimes. Violent crimes include murder, rape, robbery, and aggravated assault.<sup>62</sup> The violent crime rate in Onondaga County (355.9 per 100,000) is substantially higher than the rate for NYS excluding NYC (201.3 per 100,000).<sup>63</sup> In Onondaga County, the rate of violent crimes involving a firearm is also higher than in NYS excluding NYC (Figure 22). Onondaga County ranks fourth for violent crimes and fifth for firearm related violent crimes among New York State counties excluding those in NYC.

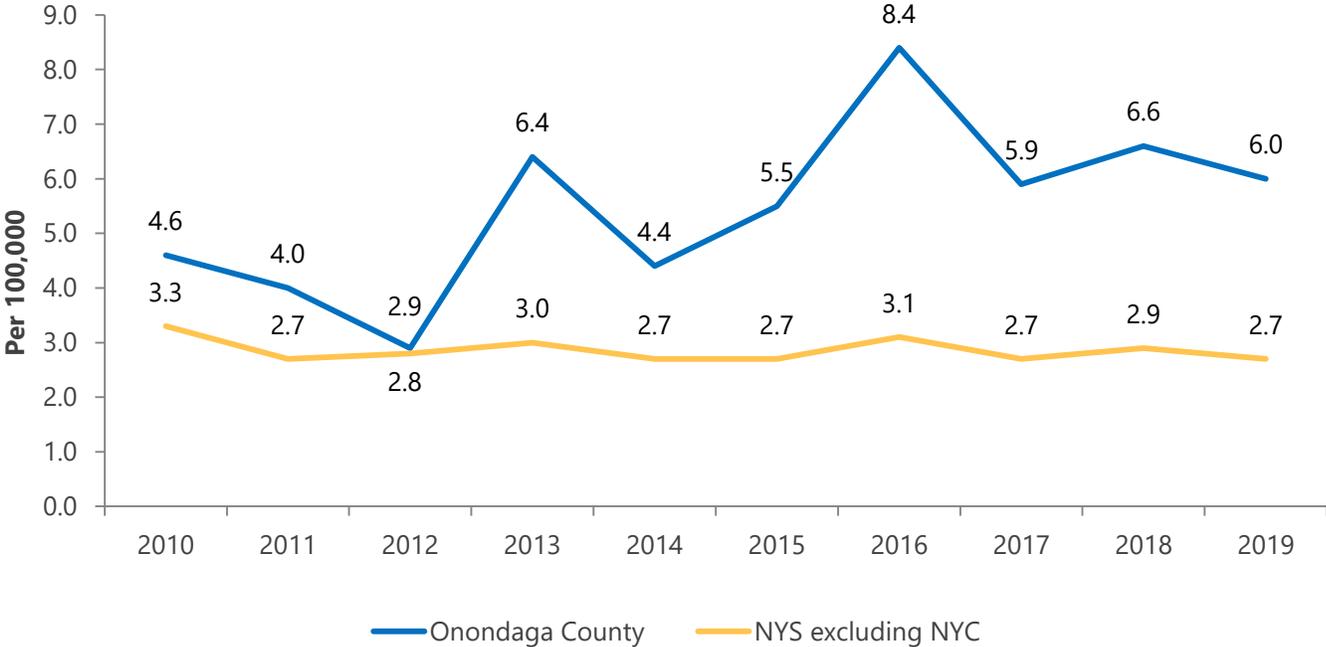
Additionally, homicide rates in Onondaga County have consistently exceeded the rates for NYS excluding NYC. The age-adjusted homicide mortality rates per 100,000 population for Onondaga County and NYS excluding NYC from 2010 to 2019 are displayed in Figure 23. While the rate for NY excluding NYC has remained fairly constant over the last decade, Onondaga County’s rate has increased with certain years (i.e. 2013 and 2016) experiencing particularly high rates. Onondaga County currently has the second highest homicide mortality rate in NYS with Erie County having the highest rate.<sup>64</sup>

<sup>62</sup> NYS Division of Criminal Justice Services; Uniform Crime Reporting System. Retrieved 10/21/2022, from <https://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm>.

<sup>63</sup> NYS Division of Criminal Justice Services; Uniform Crime Reporting System, 2021. Retrieved 10/21/2022, from <https://www.criminaljustice.ny.gov/crimnet/ojsa/countycrimestats.htm>.

<sup>64</sup> NYS Community Health Indicator Reports, 2019. Retrieved 12/20/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

Figure 23. Age-adjusted homicide mortality rate per 100,000 population, Onondaga County and NYS excluding NYC, 2010-2019



Source: NYS Community Health Indicator Reports, 2019. Retrieved 12/20/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

## Healthcare Access and Quality

Access to healthcare services is essential for promoting and maintaining good health as well as preventing or managing disease. Various factors may impact access to care including **health insurance status, having a primary care provider or medical home, cost of health care services, transportation, and language barriers.** Prior experiences with the healthcare system can also impact whether individuals are likely to seek care.

In Onondaga County, 84.7% of adults report having a regular health care provider; this is higher than the rate for NYS excluding NYC (82.0%). Additionally, within the last year, 82.6% of Onondaga County adults between 18 and 64 years old saw a doctor for a routine checkup, and 76.0% of adults reported having a dentist visit within the past year.<sup>65</sup>

### Health Insurance

Within Onondaga County, 98.1% of children have health insurance coverage. As shown in Figure 24, 95.0% of individuals age 19 to 64 years and 99.8% of individuals age 65 and older have health insurance. In Syracuse, 98.4% of children have health insurance, and 93.3% of adults age 19 to 64 years have insurance. Overall, health insurance coverage rates have improved from the rates reported in the 2013-2017 American Community Survey.

More than 20% of county residents and more than a third of city residents have Medicaid or other means tested public insurance coverage. This may impact access to care as the number of providers who accept Medicaid is limited. As shown in Figure 25, it is evident that racial disparities in insurance coverage persist in Onondaga County and Syracuse.

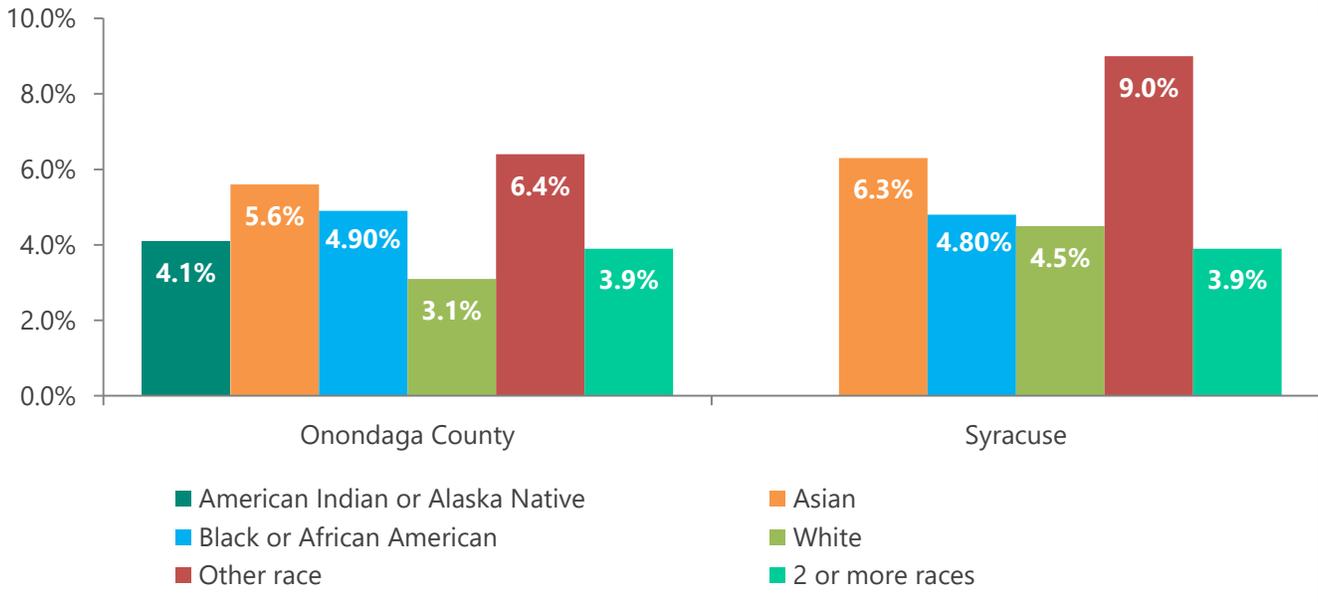
**Figure 24. Health insurance status, Syracuse, Onondaga County, and NYS**

	City of Syracuse	Onondaga County	New York State
% of children with health insurance (under 19 years)	98.4	98.1	97.5
% of adults with health insurance – Aged 19-64 years	93.3	95.0	92.4
% of adults with health insurance – Aged 65+ years	99.2	99.8	99.2
% of population with Medicaid/means tested public insurance coverage	38.0	22.3	25.7

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Tables S2701 and S2704. Note: Onondaga County data are inclusive of Syracuse.

<sup>65</sup> NYS Expanded BRFSS, 2018. Retrieved 10/13/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>

**Figure 25. Percent of population without health insurance, by race, Onondaga County and Syracuse**



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S2701. Data for American Indian or Alaska Native are not available for Syracuse due to small numbers. Onondaga County is inclusive of Syracuse.

### Experiences Seeking Medical Care

The Onondaga County Community Health Survey (described in the Community Engagement section (pages 109 and 110) collected feedback from Onondaga County residents about experiences seeking medical care during the last 3 years. The five most commonly cited experiences seeking medical care are provided in Figure 26.

**Figure 26. Five most common experiences seeking medical care, Onondaga County, 2022**

	Onondaga County
Long wait to get an appointment	49.4%
Difficulty getting to a medical appointment due to office hours	30.0%
Wait time in the healthcare provider's office impacted your ability to meet your obligations	26.7%
Feeling like your healthcare provider is not listening	24.2%
Feeling like your healthcare provider is not spending enough time with you	23.4%

Source: Onondaga County Health Department, Onondaga County Community Health Survey, 2022.

## Commercial Determinants of Health

Commercial determinants of health (CDoH) are increasingly recognized for the impact they have on health and equity within communities. These corporate activities, which can involve labor conditions, product design and packaging, targeted marketing, research funding and lobbying, can contribute to poor health outcomes such as obesity, diabetes, cancer, injuries, and poor mental health.<sup>66</sup> Additional study is needed to fully understand how these factors work together to influence health, and how to identify and implement appropriate public health interventions.

The social determinants of health discussed above are shaped by external forces including politics, economics, and social policies. In addition, commercial factors associated with for-profit entities are increasingly recognized for their potential impact on behaviors and health. Commercial determinants of health (CDoH) are “the conditions, actions and omissions by corporate actors that affect health”.<sup>66</sup> CDoH can also be thought of as the “practices or conduct of commercial (...) and allied actors (...) that seek to generate profits and other financial benefits that have relevance to health risks.”<sup>67</sup> While some commercial determinants can benefit health, the greater concern is around commercial determinants that harm health, and disproportionately impact vulnerable populations. CDoH have often been thought of through the “unhealthy commodity industries”<sup>67</sup> of tobacco, alcohol, and highly processed foods and beverages. The way these products are produced, packaged, and marketed to consumers has a well-documented negative impact on health. However, more recent work has broadened the scope to consider the impact of other industries such as motor vehicles, pharmaceuticals, and gambling. Study of this topic has expanded to include the more indirect ways that corporate entities exert influence within communities.

Full understanding of how CDoH impact health outcomes requires a complex systems approach. Creating an accepted framework within which CDoH are identified and measured in public health practice is a necessary step toward mitigating the negative effects on a community’s health. Research into this topic continues to evolve, and will inform future public health actions.

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<sup>66</sup>World Health Organization. Retrieved 11/17/2022, from [Commercial determinants of health \(who.int\)](https://www.who.int).

<sup>67</sup> Lee K, Freudenberg N, Zenone M, Smith J, Mialon M, Marten R, Lima JM, Friel S, Klein DE, Crosbie E, Buse K. [Measuring the Commercial Determinants of Health and Disease: A Proposed Framework](#). *Int J Health Serv*. 2022 Jan;52(1):115-128. doi: 10.1177/00207314211044992. Epub 2021 Nov 1. PMID: 34723675; PMCID: PMC8592108.

## Policy Factors

Policies can have a significant impact on health and well-being by shaping the ways individuals interact with their environment and each other. Additionally, policy development and implementation are important tools for supporting **sustainable change**. As policies are developed, it is important to consider their potential impact on health as well as social justice and equity. A **Health Across All Policies** approach (described on page 7) to policy development ensures that potential health impacts are considered when policies are adopted or modified. This can be achieved by incorporating the public health sector into policy decision making. The sections below illustrate some current challenges and successes related to the local policy environment while also highlighting the need to continue striving to implement policies that support health and promote social justice for all residents.

### Land Use, Zoning, and Transportation

Land use planning and zoning laws directly impact how the environments in which we live, learn, work, and play are developed and modified. Considerations for green space, community centered design, and accessibility directly impact how residents use spaces in their community. Well-designed spaces can be created to promote active living, ensure safety, and cultivate social interaction and diversity.

The City of Syracuse Planning Division, along with input from many local stakeholders, recently completed a comprehensive update to the City's zoning ordinance and map, which will allow for full implementation of the Syracuse Land Use and Development Plan 2040. These efforts, referred to as ReZone Syracuse, seek to improve walkability, promote environmentally sustainable land use patterns, and develop a sense of place in Syracuse's neighborhoods.<sup>68</sup> These proposed changes have the potential to positively impact the community's health.

Interstate 81 currently runs through the center of Syracuse and has often been cited as a contributing factor to highly concentrated poverty, particularly in predominantly African American neighborhoods in the city. A portion of the highway that runs through Syracuse is reaching the end of its usable life and does not meet current highway standards. After years of public discussion and debate, in early 2022 New York State officials announced that the elevated highway will be replaced with a Community Grid Alternative. The grid will reconnect previously divided city neighborhoods, while reducing traffic flow and enhancing opportunities for bike and pedestrian infrastructure. The approved project has a requirement to hire a percentage of the needed workforce directly from the community, which can lead to improved economic security for Syracuse families. The impacted area is adjacent to the Syracuse Housing Authority public housing campus, which is also in the planning and design phase of an ambitious neighborhood transformation plan that includes improvements to housing unit and investments in child care, parks, transportation, and food access. Together, these two large-scale infrastructure projects have the potential to transform a historically underserved area in the City of Syracuse.

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<sup>68</sup> ReZone Syracuse. Retrieved 11/12/2022, from <http://www.syr.gov.net/rezonesyracuse.aspx>.

Complete Streets is a transportation approach that ensures that streets are designed and maintained to enable safe transportation for individuals of all ages and abilities regardless of mode of transportation.<sup>69</sup> This approach incorporates the adoption of sidewalks, bicycle lanes, bus lanes, crosswalks, improved signage, and other design elements that reduce motor vehicle collisions and risks to pedestrians and bicyclists. By enhancing the safety of all individuals using the roadways, this approach supports active transportation and increased physical activity. Many local municipalities across the United States, including several in Onondaga County have adopted complete streets policies to ensure these approaches are incorporated in to transportation planning. This includes the City of Syracuse which has incorporated Complete Streets into the City's Comprehensive Plan.<sup>70</sup> The New York State Department of Transportation also requires that state, county, and local agencies adopt a Complete Streets approach when receiving state and federal funding for transportation projects.<sup>71</sup>

## Food Policy

Access to food is an important determinant of health, and food related policies can have a large impact on the ability of a population to achieve proper nutrition. Established in 2019, the Syracuse-Onondaga Food Systems Alliance (SOFSA) is a food policy council comprised of various agencies and individuals. SOFSA works to connect stakeholders to ensure access to a healthy, just, resilient, and sustainable local food system, with a focus on reducing economic disparities and addressing racial and social inequities. A foundational component in developing SOFSA was FoodPlanCNY, a joint project from Syracuse University and the State University of New York (SUNY) College of Environmental Science and Forestry (ESF) that took the first steps to examine the existing food system and identify opportunities for improvement.

## Tobacco Control Policy

Policies to control tobacco use have proven to be effective in reducing smoking, encouraging some smokers to quit, and discouraging initiation of smoking by children.<sup>72</sup>

A number of recent policy changes have strengthened tobacco control in New York State and Onondaga County, including:

- Tobacco 21- Increased the legal age to purchase tobacco products to 21 years (2019)
- End sales of tobacco and vaping products in pharmacies (2020)
- Ban on sales of flavored vapor products (2020)
- Prohibit smoking in all state-owned parks and beaches (2022)

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<sup>69</sup> U.S. Department of Transportation. Retrieved 11/12/2022, from <https://www.transportation.gov/mission/health/complete-streets>.

<sup>70</sup> City of Syracuse Comprehensive Plan 2040. Retrieved 11/12/2022, from <http://www.syr.gov.net/uploadedFiles/Comp%20Plan%20amended%202013-08-14.pdf>.

<sup>71</sup> NYS Department of Transportation, Complete Streets. Retrieved 11/12/2022, from <https://www.dot.ny.gov/programs/completestreets>.

<sup>72</sup> Warner, KE. Tobacco control policies and their impacts. Past, present, and future. *Ann Am Thorac Soc*. 2014 Feb;11(2):227-30. doi: 10.1513/AnnalsATS.201307-244PS.

To further advance tobacco control policies in Onondaga County and Central New York, the Tobacco-Free CNY program works to engage youth and community members in Cayuga, Onondaga, and Oswego counties. These efforts include developing and supporting policies relating to smoke-free multi-unit housing, tobacco-free workplaces and outdoor spaces, and tobacco imagery in youth-rated movies. The Tobacco-Free CNY program is also working with local school districts and youth to ensure that e-cigarettes are included in policies that prohibit tobacco use on school grounds.

As the policy landscape around tobacco control continues to evolve, especially around the use of e-cigarettes, and menthol flavoring, Onondaga County seeks to continue being an early supporter and adopter of policies that reduce the health impacts of tobacco use for residents, particularly populations at increased risk for smoking initiation and high smoking rates including youth, individuals living in poverty, individuals with a disability, and individuals with poor mental health, and individuals identifying as LGBTQ+.

### **Cannabis Legalization**

In 2021, adult-use cannabis was legalized in New York State. Central to the Cannabis Law is a focus on creating equity in communities that were disproportionately impacted by the policies of cannabis prohibition. The law promises to invest 40% of the tax revenue collected through cannabis sales back into rebuilding communities that were harmed by previous laws. Local governments and community-based organizations will be able to apply for funding to support revitalization efforts, including those that would address social determinants of health. While the commitment to social and economic equity is welcome, state and local health departments will need to closely monitor and identify ways to mitigate, any negative impacts to the public's health associated with the legalization of cannabis.

## Impact of the COVID-19 Pandemic

This section explores the broad impact of the COVID-19 pandemic on several aspects of life for Onondaga County residents. Understanding how the pandemic impacted our community is critical for moving forward to address gaps and support ongoing prevention efforts.

While this section covers general impacts of the pandemic, more information about how COVID-19 directly impacted specific health topics is available within in the *Health Status: Distribution of Disease and Illness* section located on page 44.

The COVID-19 pandemic has affected all aspects of health including mental health, physical health, and overall well-being. Some groups have felt the impact more than others including low-income families, older adults, and those with pre-existing health conditions. Many people experienced grief and loss during the pandemic due to losing a family member or friend as well as experiencing drastic changes in their lifestyles. Isolation or loneliness, depression, and anxiety were often experienced by people and exacerbated symptoms for those with previous mental health challenges.<sup>73</sup> Additionally, increased use of alcohol, illegal drugs, and other substance misuse was reported throughout the pandemic. Long COVID or ongoing health problems have also been experienced by several individuals after their acute phase of COVID-19 infection has ended. Long COVID is still a new condition that is being researched, therefore resources and healthcare services for those impacted by Long COVID are limited.<sup>74</sup>

As of the end of 2022, nearly three years into the COVID-19 pandemic, Onondaga County has seen more than 150,000 COVID-19 cases among residents.<sup>75</sup> This accounts for approximately one third of County residents. While COVID-19 infections have been widespread across the community, some groups have been particularly vulnerable to severe outcomes including hospitalizations and deaths. Although non-Hispanic Black or African American residents account for 10.6% of the county's total population, 13.4% of COVID-19 deaths in Onondaga County have been among non-Hispanic Black or African American residents. Older adults have also been particularly impacted by COVID-19 infections. The age group with the highest rate of COVID-19 hospitalizations and deaths is 70-79 years olds closely followed by both 60-69 years olds and 80-89 year olds.<sup>76</sup> Additionally individuals residing in nursing homes, adult care facilities, and group homes were particularly impacted by the spread of COVID-19, especially during early phases of the pandemic when vaccinations were not yet available.

Due to the pandemic, many people delayed seeking medical care including emergency care, routine services, and preventive services. Delays in medical care were sometimes due to cancelled appointments, transportation

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<sup>73</sup> CDC, Taking Care of Your Mental Health, 2022. Retrieved 12/19/2022, from [Taking Care of Your Mental Health | CDC](#).

<sup>74</sup> CDC, Long COVID or Post-COVID Conditions, 2022. Retrieved 12/19/2022, from [Long COVID or Post-COVID Conditions | CDC](#).

<sup>75</sup> Onondaga County Health Department, 2022. Retrieved 12/19/2022, from <https://covid19.ongov.net/data/>.

<sup>76</sup> Onondaga County Health Department, 2022. Retrieved 12/19/2022, from <https://covid19.ongov.net/data/>. Note: Demographic data are only available for deaths occurring in hospital and community settings, deaths occurring in nursing homes and adult care facilities are not included because these data are not maintained by the Onondaga County Health Department.

barriers, financial barriers, fear of going to the emergency room or doctor's office, and not wanting to be a burden on the healthcare system.<sup>77</sup> Access to other necessary services and basic needs was another challenge for residents. Many residents were food insecure while others faced challenges with access to childcare, employment stability, reliable transportation, and availability of affordable housing.<sup>78</sup>

Policies such as mask mandates, social distancing, mandatory testing, quarantining, and isolation were crucial tools for reducing and slowing the transmission of COVID-19. Preventive measures were in place to not only protect the individual but those around them.<sup>79</sup> School mask policies and mandatory testing have shown to be important and effective tools in aiding school districts to resume in-person learning in a safe environment.<sup>80</sup> Protective practices also helped flatten the curve or slow the rate of COVID-19 infection which was necessary in order to have a sufficient amount of hospital beds, supplies, and healthcare workers available for those in need.<sup>81</sup>

The introduction of vaccines to protect against COVID-19 infection, was a critical turning point in the pandemic and remains the most important public health measure for preventing infection and spread of COVID-19. However, vaccine hesitancy remains a challenge in both Onondaga County and throughout NYS with 74.1% of County residents and 76.2% of NYS residents completing the initial vaccination series. Additionally, only 17.8% of Onondaga County residents and 12.2% of NYS residents are fully up to date on their vaccinations.<sup>82</sup>

Overall, the COVID-19 pandemic has had a substantial impact on our everyday lives and the way we prepare for communicable disease outbreaks. There is much to learn from our experiences during the pandemic including the success and challenges with implementing several public health measures. Additionally, the ongoing contributions and commitment of the public health workforce, healthcare providers, community service providers, and volunteers throughout the pandemic must be recognized.

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<sup>77</sup> CDC, Reduced Access to Care, 2021. Retrieved from 12/19/2022, from [Reduced Access to Care - Research and Development Survey - COVID-19 \(cdc.gov\)](#).

<sup>78</sup> Sharma SV, et al. Social Determinants of Health-Related Needs During COVID-19 Among Low-Income Households With Children. *Prev Chronic Dis* 2020;17:200322. DOI: <http://dx.doi.org/10.5888/pcd17.200322>external icon.

<sup>79</sup> CDC, 2021. Retrieved 12/19/2022, from [Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 | CDC](#).

<sup>80</sup> CDC, 2021. Retrieved 12/19/2022, from <https://www.cdc.gov/media/releases/2021/p0924-school-masking.html>.

<sup>81</sup> John Hopkins, Coronavirus, Social and Physical Distancing and Self-Quarantine, 2020. Retrieved 12/19/2022, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine>

<sup>82</sup> NYS COVID-19 Vaccine Tracker: Vaccination Status to Date. Retrieved 12/19/2022, from <https://coronavirus.health.ny.gov/vaccination-progress-date>.

## Health Status: Distribution of Disease and Illness

A comprehensive overview of the current health status of Onondaga County residents is provided in the following section. This section is broken down into the following topic areas, using the NYS Prevention Agenda as a framework:

- Overall Health and Health Disparities
- Chronic Diseases
- Well-Being, Mental Health, and Substance Use Disorders
- Healthy and Safe Environments
- Healthy Women, Infants, and Children
- Communicable Diseases

In order to examine the health status of Onondaga County's diverse population, where feasible, data are presented by geography, race and ethnicity, income, and for individuals with disabilities. Where applicable, county level data are compared with statewide data.

Please note, due to delays in data collection and analysis at the state and local level, many indicators presented below utilize data collected before the COVID-19 pandemic. These reflect the most recently available indicators at the time of publication. However, due to limited access to real-time data, the full impact of the COVID-19 pandemic on health outcomes in Onondaga County may not be realized for several years.

### Overall Health and Health Disparities

This topic area explores the overall health status of county residents while also emphasizing disparities in mortality and morbidity. The Centers for Disease Control and Prevention (CDC) defines health disparities as, "**preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.**"<sup>83</sup> These disparities can be the outcome of numerous factors, including socioeconomic status, access to health care, environmental conditions, or educational access. Measures of overall health and health disparities are covered below including, self-reported health, preventable hospitalizations, and premature mortality.

#### Self- Reported Health

An individual's health influences both their quality of life and their ability to carry out daily activities and contribute to our community. Within Onondaga County, 8.9% of adults report fourteen or more days of poor physical health in the last month.<sup>84</sup> This has improved from 11.0% in 2016.<sup>85</sup> Mental health is equally as

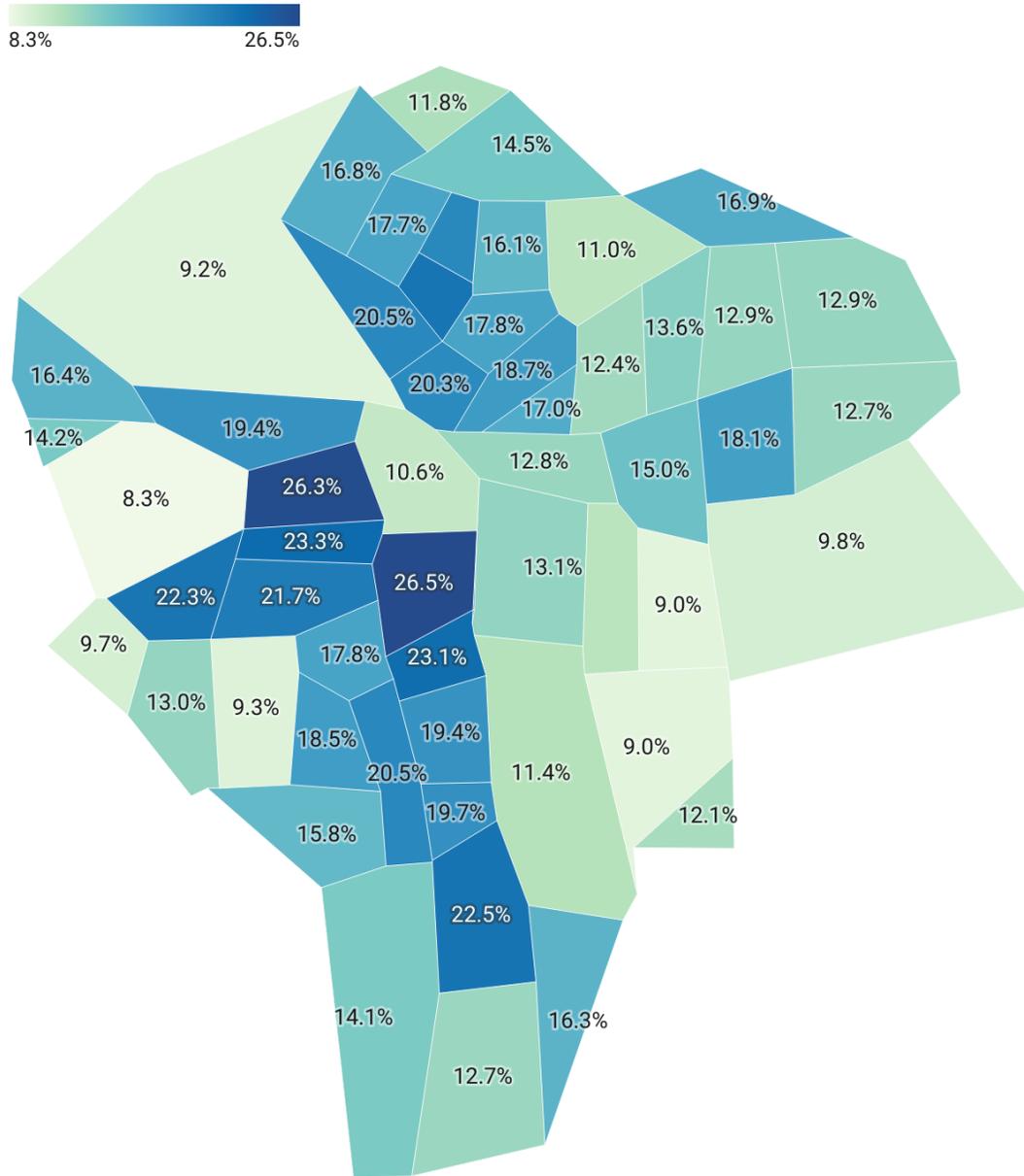
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<sup>83</sup> CDC, Health Disparities. Retrieved 9/15/2022, from <https://www.cdc.gov/healthyyouth/disparities/index.htm>.

<sup>84</sup> NYS Expanded BRFSS, 2018. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>. Note: Rates reflect age-adjusted values.

important as physical health. Within Onondaga County, 13.6% of adults report fourteen or more days of poor mental health in the last month, compared to 13.8% in CNY and 11.8% in NYS excluding NYC. Variations in poor physical and mental health for Syracuse census tracts are shown in the maps below.

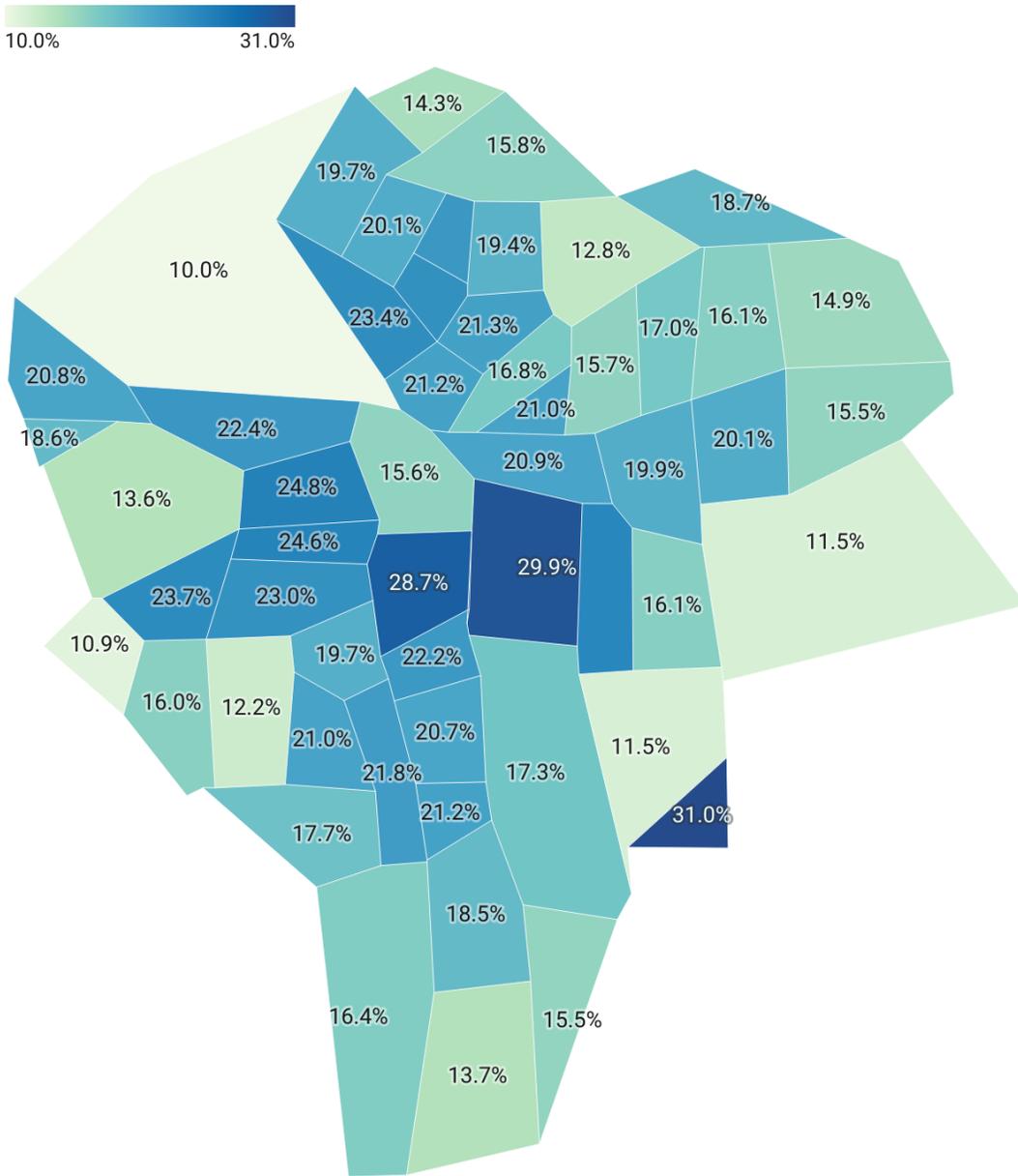
**Figure 27. Percentage of adults reporting poor physical health ≥ 14 days in the last month, by census tract, Syracuse, 2019**



Source: CDC PLACES: Local Data for Better Health, 2019. Retrieved 3/1/2022, from: <https://www.cdc.gov/places>.

<sup>85</sup> NYS Expanded BRFSS, 2016. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>. Note: Rates reflect age-adjusted values.

**Figure 28. Percentage of adults reporting poor mental health  $\geq 14$  days in the last month, by census tract, Syracuse, 2019**



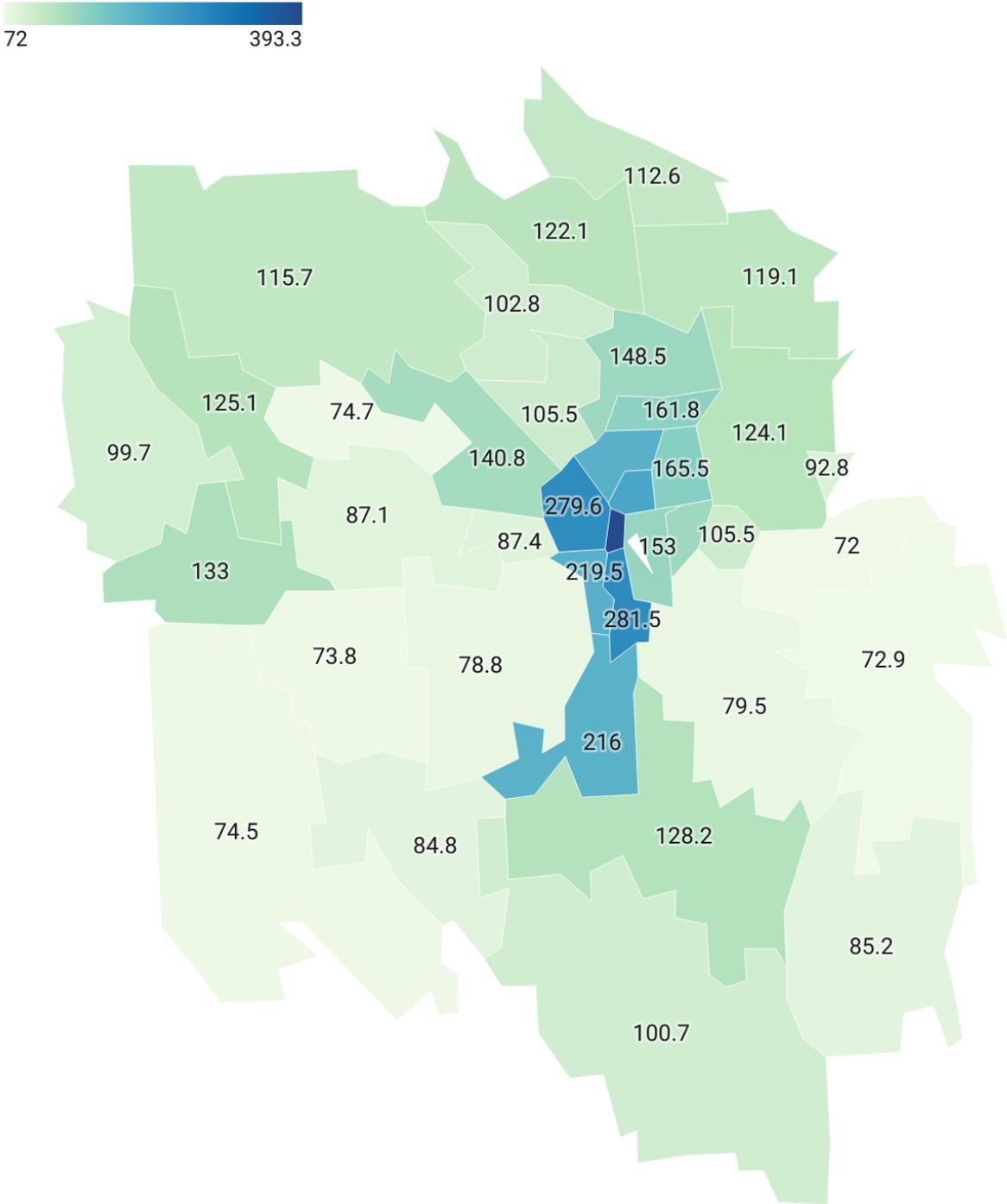
Source: CDC PLACES: Local Data for Better Health, 2019. Retrieved 3/1/2022, from: <https://www.cdc.gov/places>.

### Preventable Hospitalizations

The age-adjusted potentially preventable hospitalization rate in Onondaga County (144.2 per 10,000) is higher than the rate in NYS excluding NYC (120.4 per 10,000).<sup>86</sup> As shown in Figures 29 and 30, there are significant variations in the preventable hospitalization rate based upon both zip code of residence and race and ethnicity, with urban zip codes and non-Hispanic Black residents experiencing the highest rates.

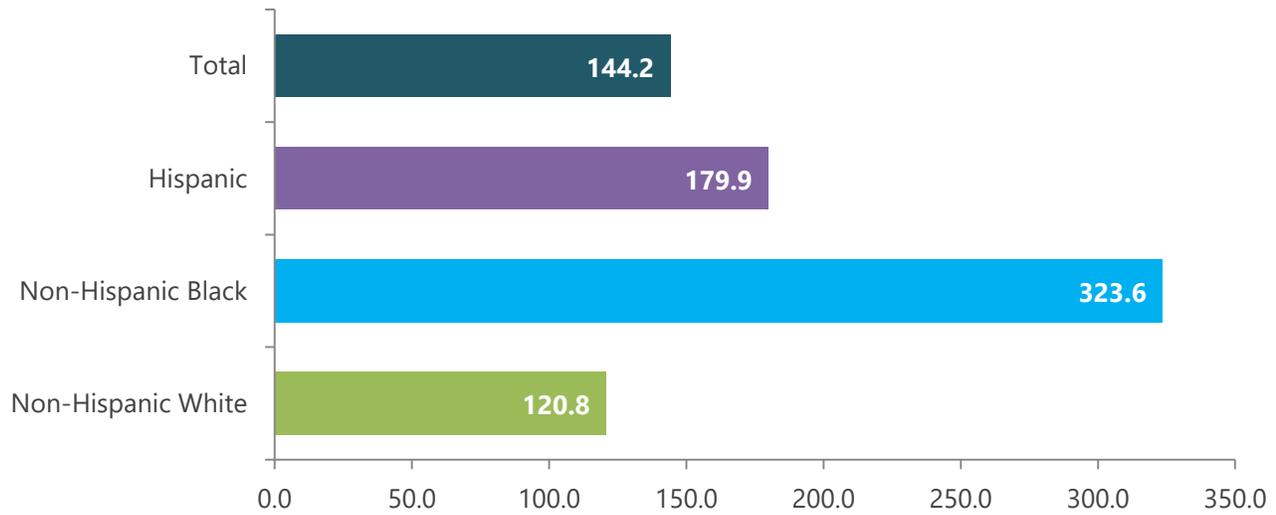
<sup>86</sup> SPARCS, 2019. Retrieved 10/10/2022, from [NYS Prevention Agenda Dashboard](#).

Figure 29. Age-adjusted potentially preventable hospitalization rate per 10,000 adults, Onondaga County, 2016-2019



Source: SPARCS, 2016-2019. Retrieved 10/10/2022, from NYS Prevention Agenda Dashboard.

**Figure 30. Age-adjusted potentially preventable hospitalization rate per 10,000 adults, by race and ethnicity, Onondaga County, 2019**



Source: SPARCS, 2016-2019. Retrieved 10/10/2022, from [NYS Prevention Agenda Dashboard](#).

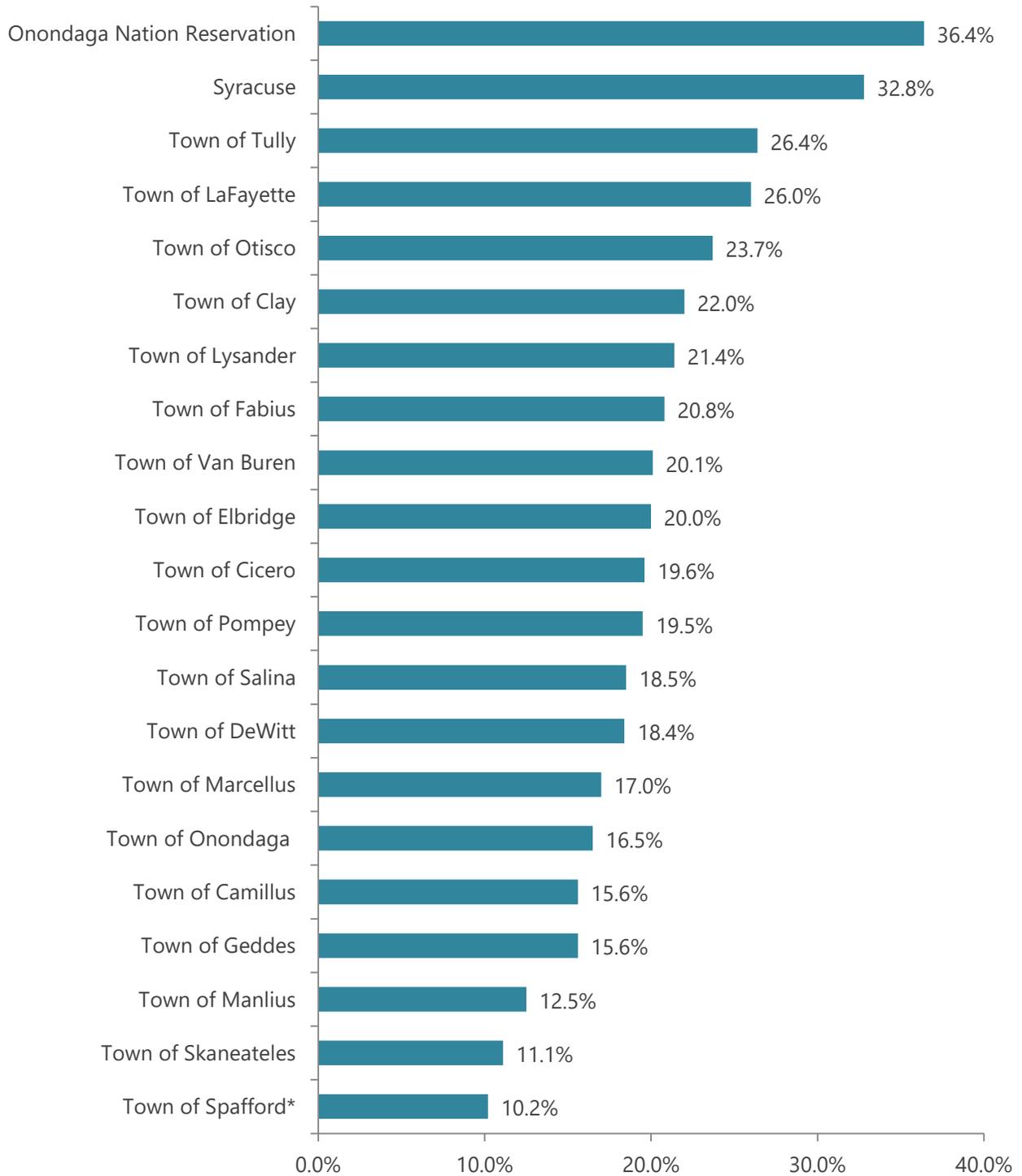
### Premature Mortality

Premature death includes any death that occurs prior to the individual reaching the age of 65 years. Premature death reflects lost time with family and friends, and as a contributing member of Onondaga County’s community. Furthermore, premature death may be indicative of factors that contribute to early decline in health status in our community including social, environmental, or behavioral factors. In Onondaga County, 22.5% of deaths occur before age 65 years which is comparable to the rate for Central NY (22.6%). The rate in NYS excluding NYC (21.0%) is slightly lower.<sup>87</sup>

Within Onondaga County, premature mortality rates vary significantly by municipality (Figure 31). The Onondaga Nation Reservation and Syracuse have the highest rates while Skaneateles and Spafford have the lowest. In addition, there are considerable disparities in premature death rates by race and ethnicity. The premature death rate among non-Hispanic Black residents (47.5%) is more than double the rate for non-Hispanic White residents (19.3%). The premature death rate among Hispanic residents is 41.1%. Figure 32 shows a comparison of premature death rates by race and ethnicity for Onondaga County, Central NY, and for NYS excluding NYC. Across all geographies shown, non-Hispanic White residents have the lowest rate of premature death.

<sup>87</sup> NYSDOH Vital Records, 2019. Retrieved 9/19/2022, from [NYS Prevention Agenda Dashboard](#).

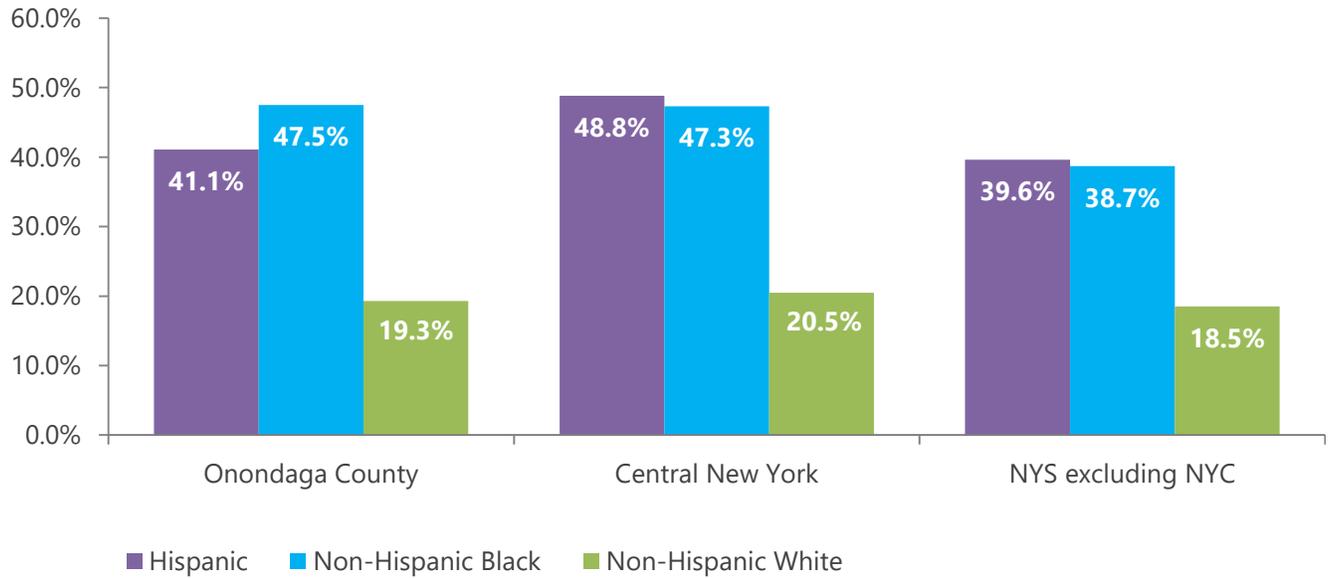
Figure 31. Percentage of premature death (before 65 years), by municipality, Onondaga County, 2016-2019



Source: NYSDOH Vital Records, 2016-2019. Retrieved 9/19/2022, from [NYS Prevention Agenda Dashboard](#).

\*Fewer than 10 events in numerator therefore rate is unstable.

**Figure 32. Percentage of premature death (before 65 years), by race and ethnicity, Onondaga County, Central New York (CNY), and NYS excluding NYC, 2019**



Source: NYSDOH Vital Records, 2019. Retrieved 9/22/2022, from [NYS Prevention Agenda Dashboard](#).

### Overall Health and Health Disparities Summary

Onondaga County fares worse than NYS excluding NYC in several indicators of overall health including poor mental health, preventable hospitalizations, and premature deaths. Within Onondaga County, there are notable disparities by race and ethnicity for both preventable hospitalization and premature death. Additionally, the city of Syracuse, as well as other urban areas in the county, tend to fare worse than rural areas of the county for preventable hospitalizations.

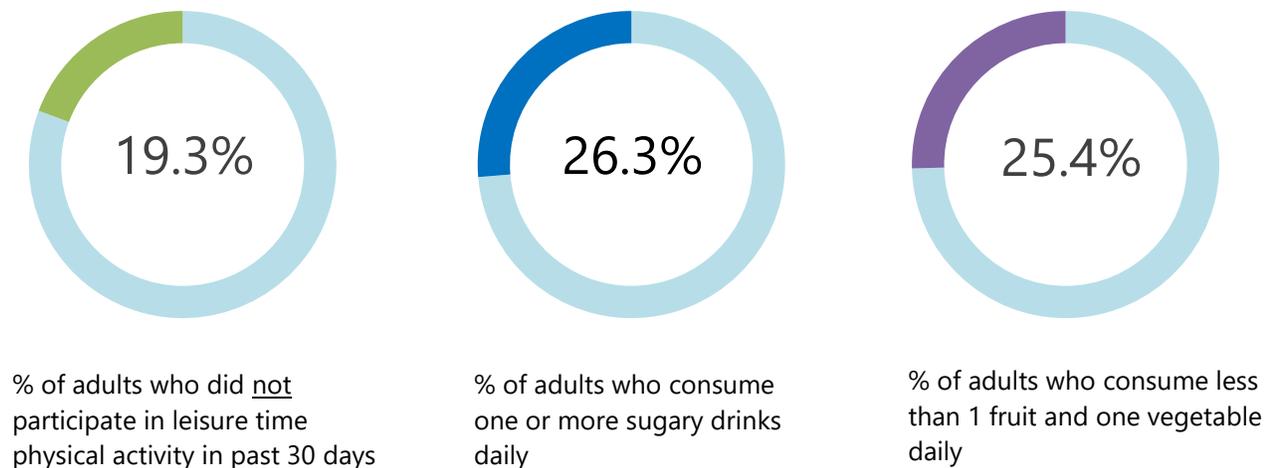
## Chronic Diseases

The quality and length of an individual’s life can be considerably impacted by the occurrence of chronic diseases. Several factors can influence the development of chronic conditions and **many of them occur outside of the doctor’s office**. These include the physical and social environments in which we live, learn, work and play as well as how we experience stress, our biological and inherited traits, and lifestyle factors. This section covers several chronic conditions including obesity, stroke, diabetes, and cancer as well as lifestyle factors that can directly impact chronic disease outcomes such as physical activity, smoking, and healthy eating.

### Physical Activity and Healthy Eating

An individual’s risk for developing a chronic condition can be influenced by physical activity and diet. Additionally, managing an existing chronic disease can be successful if both physical activity and healthy eating are incorporated into an individual’s lifestyle. In Onondaga County, nearly one-fifth of adults report that they did not participate in leisure time physical activity within the last 30 days.<sup>88</sup> In Syracuse this increases to 36.8% of adults.<sup>89</sup> Furthermore, 26.3% of adults report consuming one or more sugary drinks daily while 25.4% report consuming less than one fruit and one vegetable each day.<sup>90</sup>

**Figure 33. Physical activity and healthy eating indicators, Onondaga County, 2018**



Source: NYS Expanded BRFSS, 2018. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded>. Note: rates reflect age-adjusted values.

<sup>88</sup> NYS Expanded BRFSS, 2018. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded>. Note: rate reflects age-adjusted value.

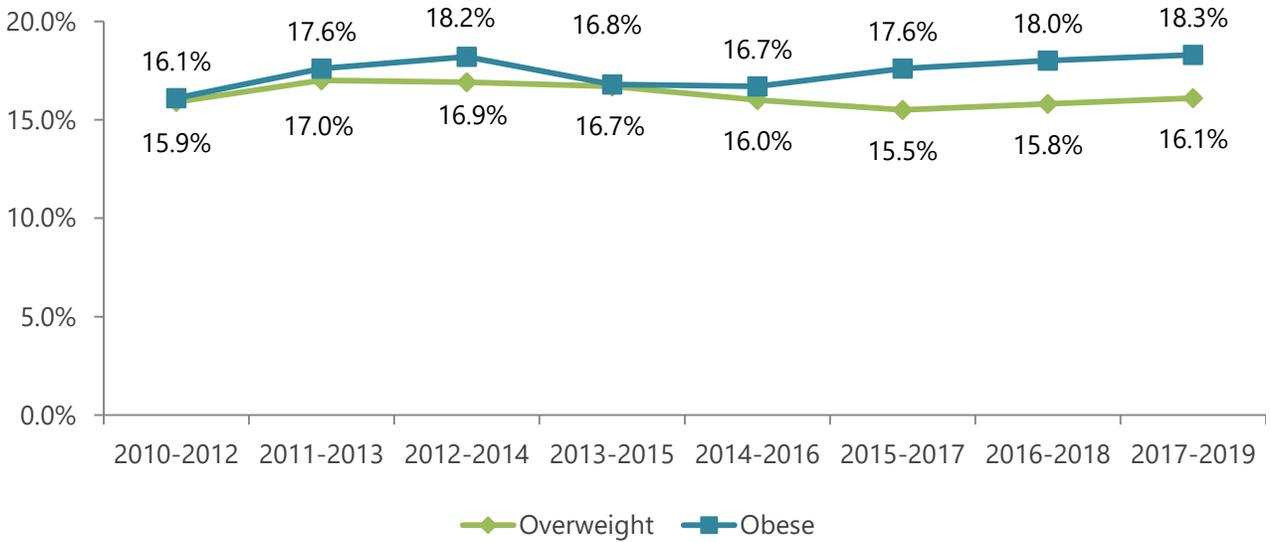
<sup>89</sup> CDC PLACES: Local Data for Better Health, 2019 (released in 2021). Retrieved 3/1/2022, from: <https://www.cdc.gov/places>. Rate reflects age-adjusted value.

<sup>90</sup> NYS Expanded BRFSS, 2018. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded>. Note: rate reflects age-adjusted value.

### Overweight and Obesity

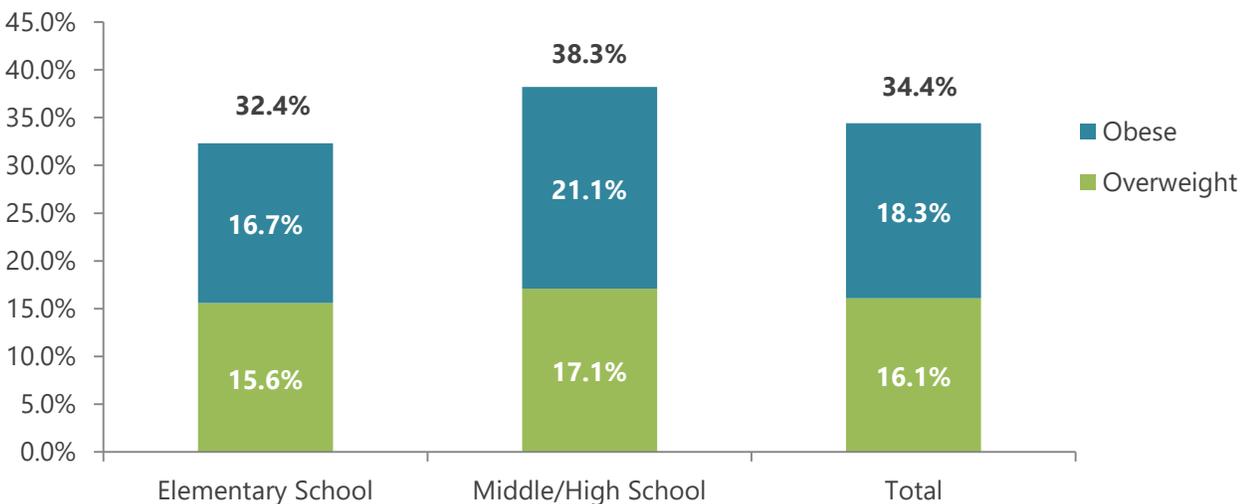
Overweight and obesity rates especially among children remain a concern in Onondaga County. Figure 34 depicts the overweight and obesity rates among students enrolled in public schools in Onondaga County from 2010 to 2019. The figure displays these rates as a three year rolling average to account for year to year variability.

**Figure 34. Overweight and obesity rates among public school students, Onondaga County, 2010-2019, 3- year rolling average**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

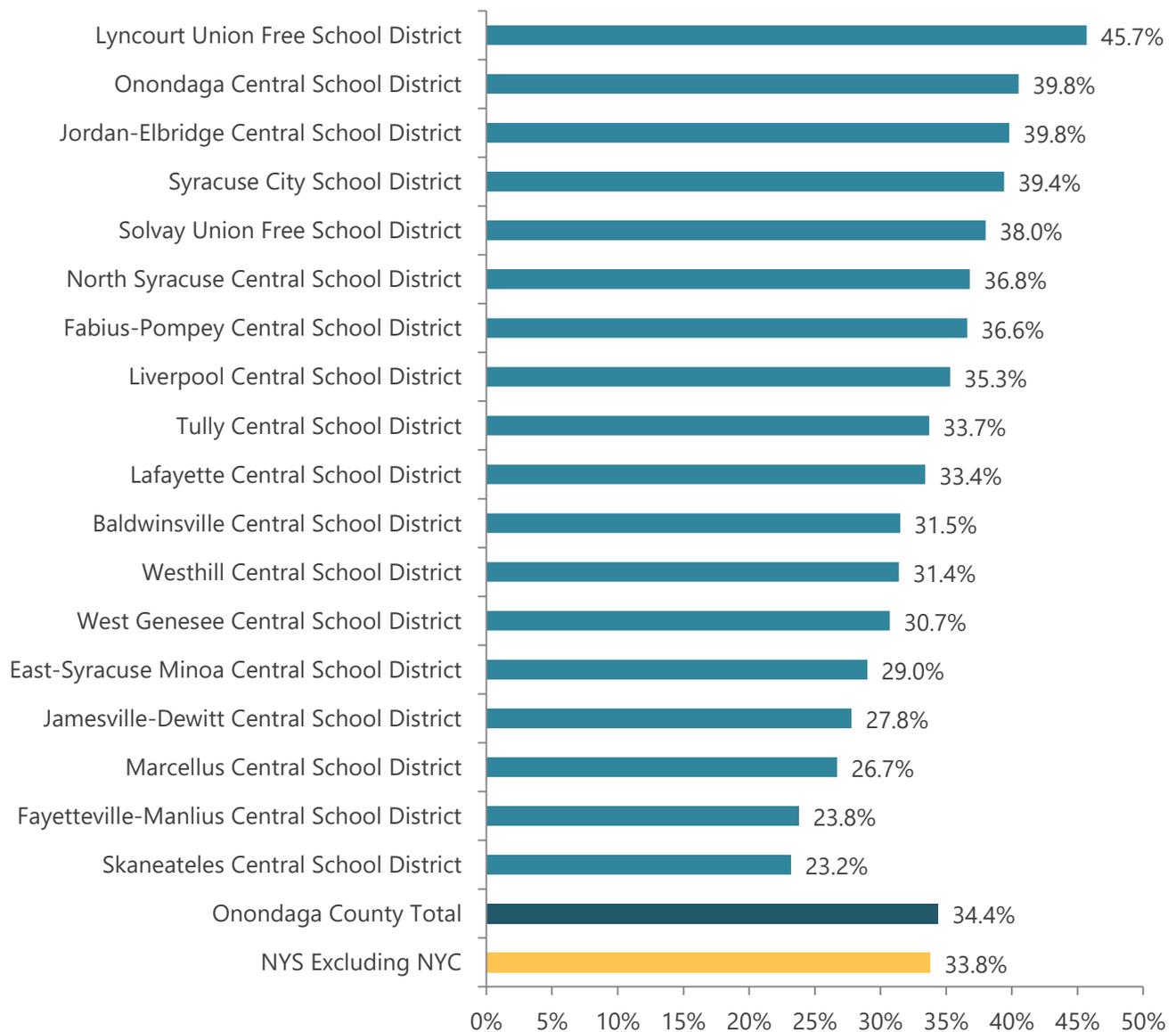
**Figure 35. Overweight and obesity rates among public school students, by grade level, Onondaga County, 2017-2019**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

Figure 35 displays the current obesity rates for all public school students in Onondaga County. In Onondaga County, 34.4% of public school students are overweight or obese. This rate is higher among middle/high school students (38.3%) compared to elementary school students (32.4%).<sup>91</sup> The percentage of students who are overweight or obese varies by school district in Onondaga County (Figure 36). The Lyncourt Union Free School District (45.7%) has the highest rate while Skaneateles Central School District (23.2%) has the lowest rate. Furthermore, eight of the eighteen school districts have a rate higher than the Onondaga County total.

**Figure 36. Percentage of children and adolescents who are overweight or obese, by school district, Onondaga County, and NYS excluding NYC, 2017-2019**

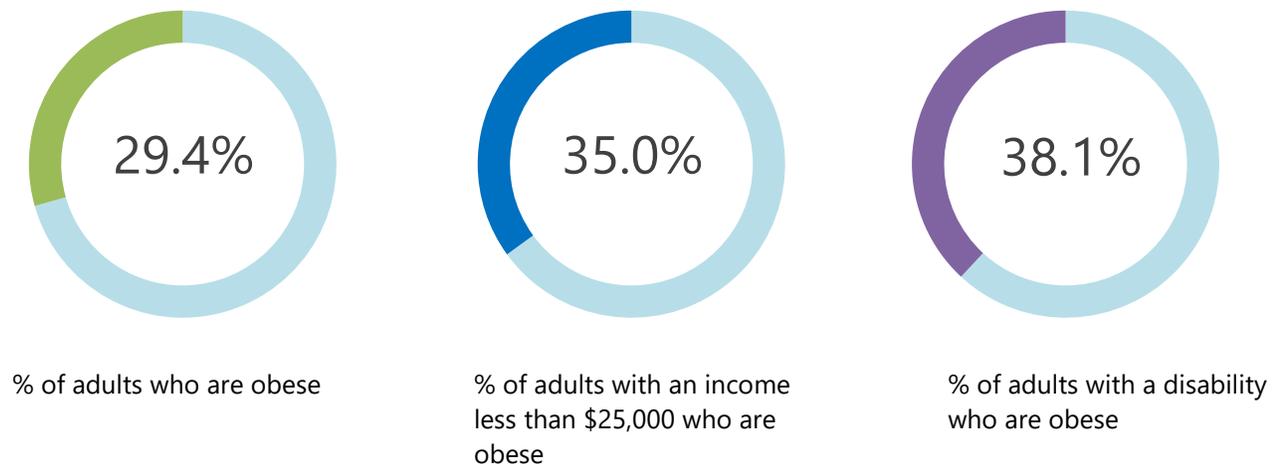


Source: NYS Student Weight Status Category Reporting System (SWSCRS), 2017-2019

<sup>91</sup> NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>

The obesity rate among adults in Onondaga County is 29.4%, which is slightly higher than the rate for NYS (27.9%) but lower than the rate in Central New York (34.7%).<sup>92</sup> In Onondaga County 59.5% of adults are either overweight or obese, putting them at increased risk for various chronic health conditions. Within Onondaga County’s population, obesity rates vary significantly. Compared to the County overall, higher obesity rates are found among individuals who have an annual income less than \$25,000 per year and among individuals with a disability. These differences are shown in Figure 37. Geographically, there are also variations which is evident in the map below depicting obesity prevalence by census tract in Syracuse in Figure 38.

**Figure 37. Disparities in adult obesity, Onondaga County, 2018**

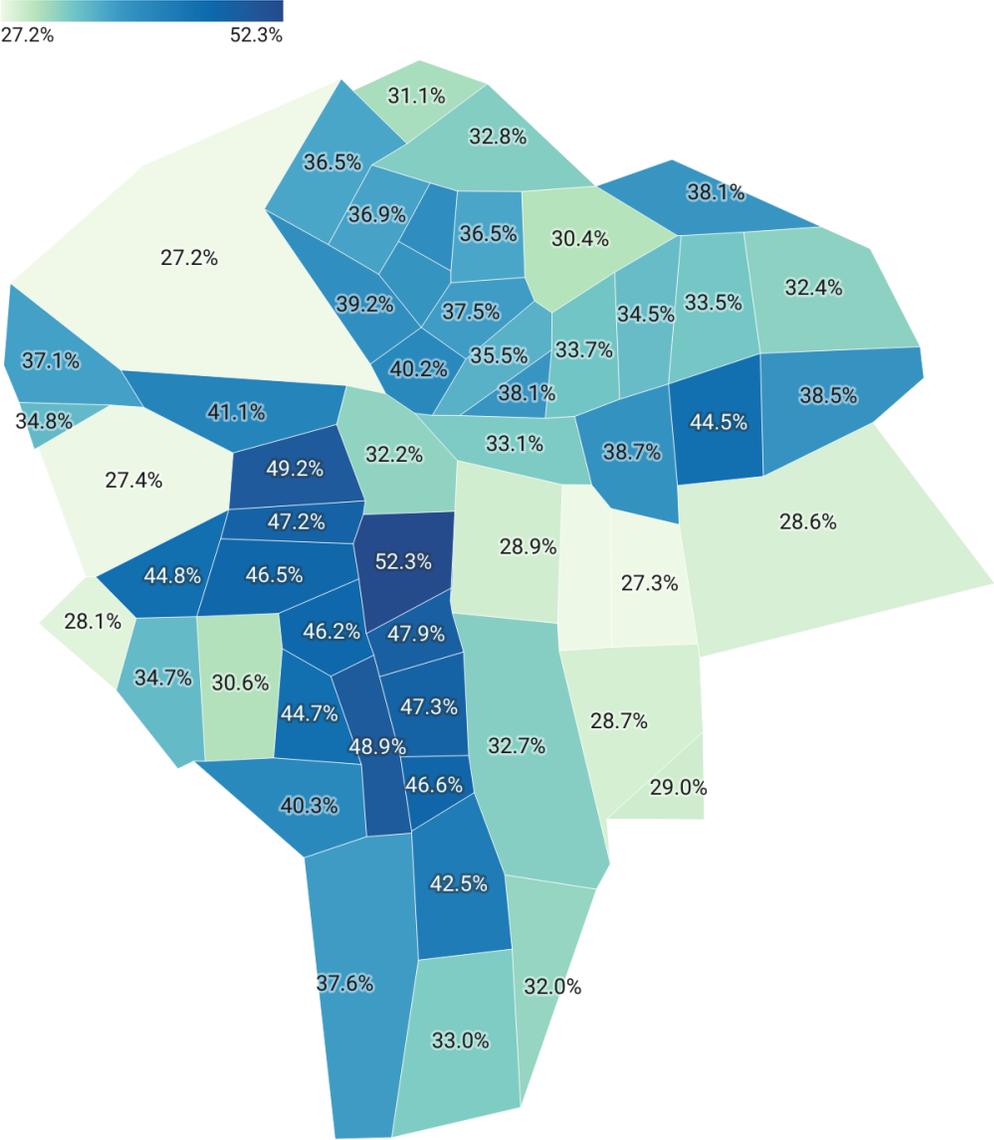


Source: NYS Expanded BRFSS, 2018. Retrieved 3/1/2022, from <https://www.health.ny.gov/statistics/brfss/expanded>.

Note: Percentages are age-adjusted.

<sup>92</sup> NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

Figure 38. Percentage of adults with obesity by census tract, Syracuse, 2019

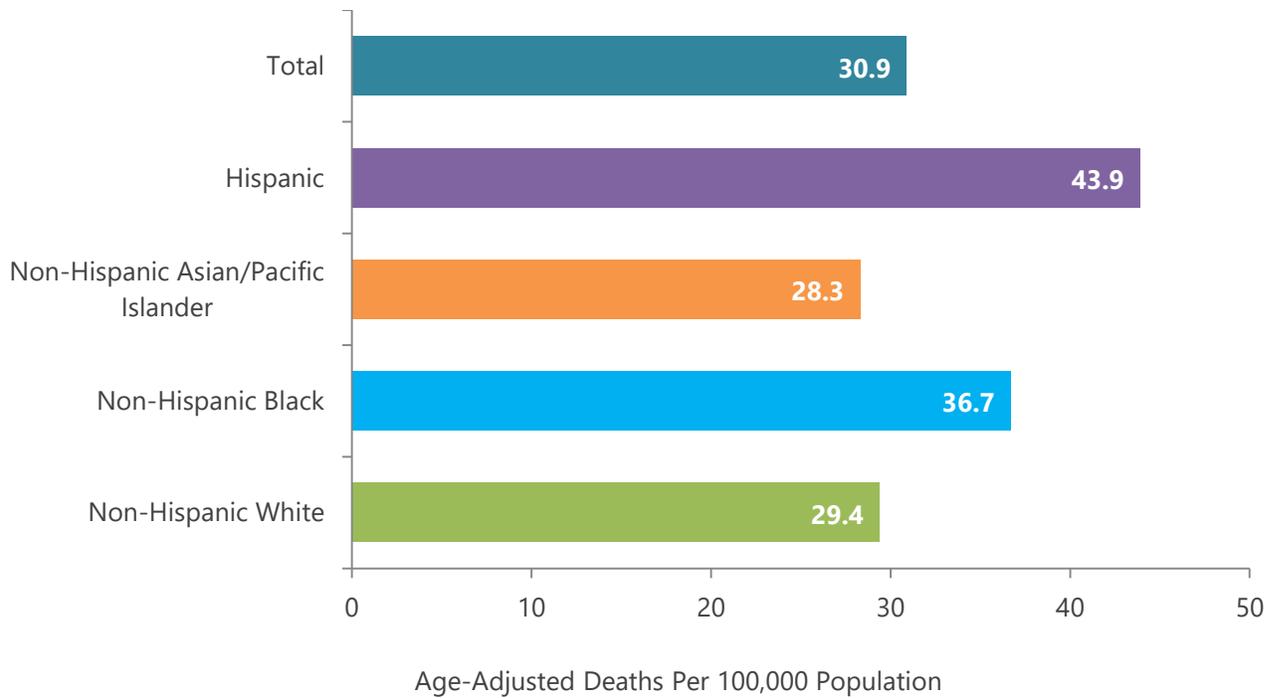


Source: CDC PLACES: Local Data for Better Health, 2019. Retrieved 3/1/2022, from: <https://www.cdc.gov/places>.

### Cerebrovascular Disease (Stroke)

The age-adjusted hospitalization rate for stroke in Onondaga County (22.7 per 10,000) is similar to the statewide rate (21.3 per 10,000); however the county’s mortality rate for stroke (30.9 per 100,000) is higher than the statewide rate (24.1 per 100,000).<sup>93</sup> Figure 39 presents disparities in stroke mortality by race and ethnicity. Hispanic residents have the highest rate in Onondaga County.

**Figure 39. Age-adjusted mortality rate due to stroke, per 100,000 population, by race and ethnicity, Onondaga County, 2017-2019**



Source: NYSDOH County Health Indicators by Race/Ethnicity, 2017-2019. Retrieved 12/30/2022 from, <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>.

### Diabetes

In Onondaga County, the prevalence of physician diagnosed diabetes is 8.4% compared to 12.5% in Syracuse and 9.2% in NYS excluding NYC. Within the last three years, nearly 55% of adult county residents have not had a test for diabetes, so the prevalence may be notably higher.<sup>94</sup>

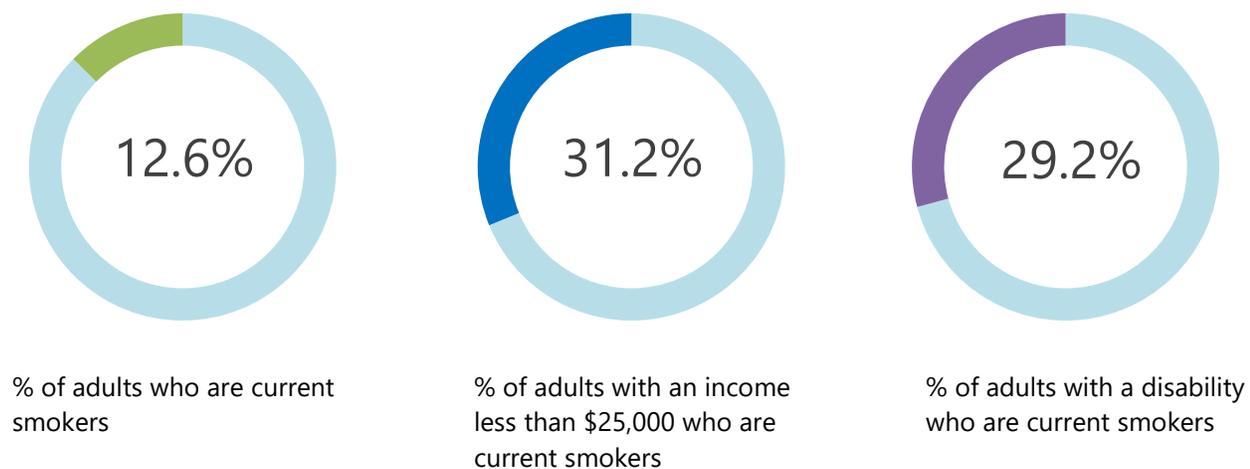
<sup>93</sup> NYS Community Health Indicator Reports. Retrieved 12/22/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>94</sup> NYS Expanded BRFSS, 2018. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>; CDC PLACES: Local Data for Better Health. Retrieved 9/23/2022, from <https://www.cdc.gov/places/index.html>.

## Smoking

Nearly a quarter (23.3%) of adults in Syracuse are current smokers compared to 12.6% of adults in Onondaga County.<sup>95</sup> Onondaga County’s smoking prevalence remains lower than NYS excluding NYC (14.7%) and has decreased from 18.0% at last measurement in 2016. Disparities in Onondaga County’s smoking rates on the basis of income and disability is depicted in Figure 40. There are substantially higher smoking rates among adults with an income less than \$25,000 per year and among adults with a disability than the population as a whole. Additionally, adults reporting poor mental health have a higher smoking rate (27.5%).<sup>96</sup>

**Figure 40. Disparities in smoking, Onondaga County, 2018**



Source: Expanded BRFSS at: <https://www.health.ny.gov/statistics/brfss/expanded/>  
 Note: Percentages are age-adjusted

There are significant health risks from electronic cigarettes (e-cigarettes) use including exposure to harmful substances and high levels of nicotine. Furthermore, the aerosol element of e-cigarettes has been found to contain carcinogens (cancer causing chemicals), volatile organic compounds, heavy metals (including nickel, tin, and lead), and chemicals (i.e. diacetyl) linked to lung disease.<sup>97</sup> The ultrafine particles present in e-cigarette aerosol can be inhaled deep into the lungs increasing the risk for e-cigarette or vaping use-associated lung injury (EVALI). As of February 18, 2020, there have been 68 deaths in the United States connected to EVALI. Additionally, there have been 2,734 reported hospitalizations for EVALI in the United States between March 31, 2019 and February 15, 2020.<sup>98</sup> In Onondaga County, 7.8% of adults report e-cigarette use which is similar to the rates for Central New York (7.6%) but higher than the rates for NYS excluding NYC (6.4%).<sup>96</sup> Among youth, e-cigarette use can be particularly concerning as youth who use e-cigarettes may be at an increased risk of smoking cigarettes in the future. Moreover, e-cigarettes have been marketed to attract youth through youth-

<sup>95</sup> NYS Expanded BRFSS, 2018. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>; CDC PLACES: Local Data for Better Health: <https://www.cdc.gov/places/index.html>.

<sup>96</sup> NYS Expanded BRFSS, 2018. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>.

<sup>97</sup> CDC, Quick Facts on E-Cigarettes, 2022. Retrieved 9/23/2022, from [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#e-cigarette-aerosol](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#e-cigarette-aerosol).

<sup>98</sup> CDC, Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products, 2021. Retrieved 9/23/2022, from [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html#what-is-new](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#what-is-new).

friendly flavors (i.e., candy or fruit) and extensive advertising. The lower cost of e-cigarettes compared to cigarettes makes them more readily available to youth. The belief that e-cigarettes are less harmful than traditional cigarettes have been reported as a reason for youth using e-cigarettes.<sup>99</sup>

## Cancer

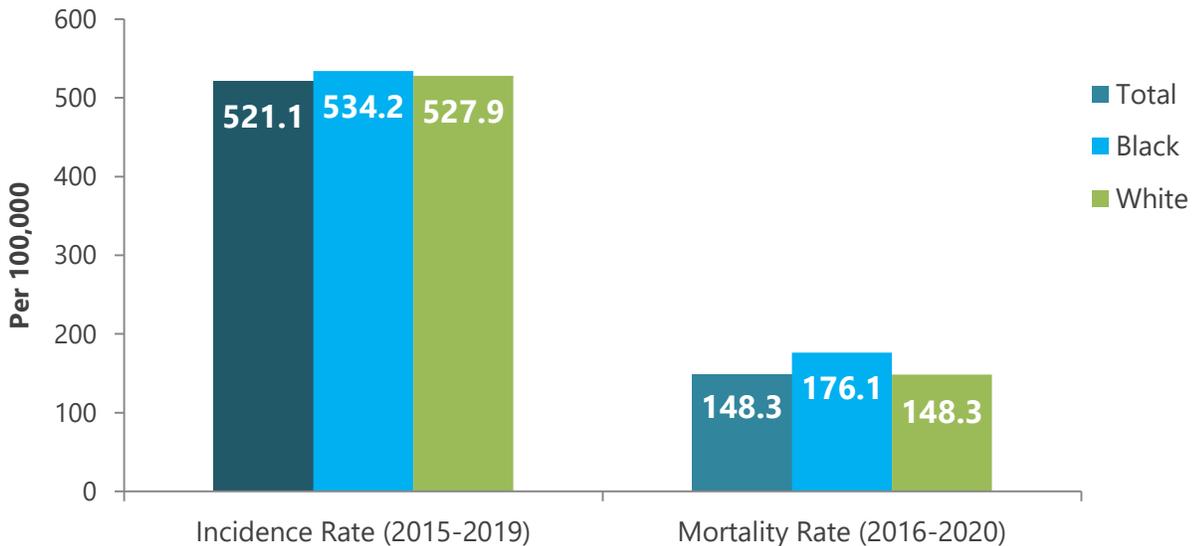
The incidence and mortality rate for cancer is higher in Onondaga County than New York State. The incidence and mortality rates for cancer for Onondaga County and NYS is displayed in Figure 41. Disparities in cancer incidence and mortality rate vary by race within Onondaga County. Figure 42 provides a breakdown by race for cancer overall. Disparities in incidence and mortality rates for breast (female), colon and rectum, lung and bronchus, and prostate cancers is displayed in Figure 43.

**Figure 41. Cancer (all types) incidence and mortality rates, per 100,000, Onondaga County and NYS**

	Onondaga County	New York State
Incidence rate for all cancer types (per 100,000) (2015-2019)	521.1	484.8
Mortality rate for all cancer types (per 100,000) (2016-2020)	148.3	137.1

Source: State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov/index.html>.

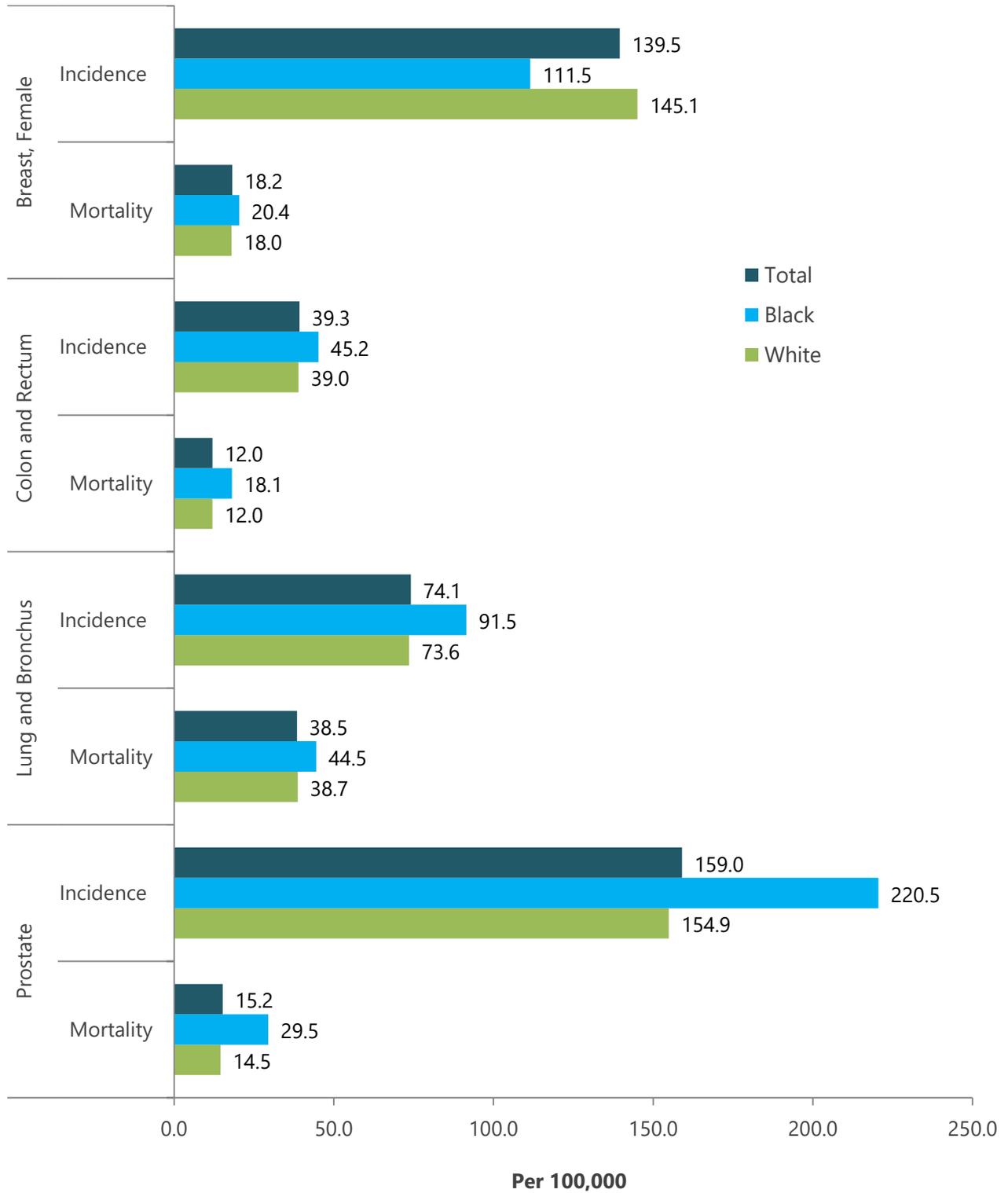
**Figure 42. Cancer (all types) incidence and mortality rates, per 100,000, by race, Onondaga County**



Source: State Cancer Profiles. Retrieved from <https://statecancerprofiles.cancer.gov/index.html>.

<sup>99</sup> CDC, Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products, 2021. Retrieved 9/23/2022, from [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html#what-is-new](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#what-is-new).

Figure 43. Incidence and mortality rates for several cancer types, per 100,000, by race, Onondaga County



Source: State Cancer Profiles. Incidence rate from 2015-2019; Mortality rate from 2016-2020. Retrieved from <https://statecancerprofiles.cancer.gov/index.html>.

## Impact of the COVID-19 Pandemic on Chronic Diseases

Recent evidence suggests COVID-19 infection may increase the risk for developing new chronic conditions as well as worsen existing chronic conditions including diabetes, neurological disorders, mental health disorders, and cardiovascular disease. Additionally, some people experience “Long COVID” which occurs when individuals continue to have COVID-related health problems after recovery from their acute infection. Long COVID is a new condition and is not fully understood at this time.<sup>100</sup>

The pandemic has resulted in decreased health care utilization. As of June 2020, 4 in 10 adults in the U.S. reported delaying or avoiding medical care due to the pandemic, and 12% of adults also reported avoiding urgent or emergency care. These findings support recent reports that hospital admissions, overall emergency department (ED) visits, and the number of ED visits for heart attack, stroke, and hyperglycemic crises have declined since the beginning of the pandemic. Early research has shown that states with the largest proportion of deaths related to COVID-19 also experienced large increases in deaths from other underlying causes such as diabetes and cardiovascular disease. In 2020, there was a 43.4% decrease in hospitalization rates for cardiovascular conditions in the U.S., which coincided with a significant increase in out-of-hospital cardiac arrests. Delaying or avoiding routine care, including cancer screenings have led to fewer cancer and pre-cancer diagnoses.<sup>101</sup> In the United States, reductions in screenings were seen for breast (-87%), cervical (-83%), colon (-90%), lung (-39%), and prostate (-60%) cancers, as well as a 90% decrease in the weekly incidence of newly diagnosed cancers and referral cases.<sup>102</sup>

Avoidance of medical care could be due to several reasons including concerns about exposure to the COVID-19 virus, limited options for in-person services, and accessibility of telehealth or in-home care. Delaying needed care may result in negative health outcomes and contribute to missed opportunities for management of chronic conditions and early detection of new conditions.<sup>103</sup> While these data present national trends, it is reasonable to expect a similar behavioral pattern in Onondaga County.

## Chronic Diseases Summary

Unhealthy behaviors related to smoking, nutrition, and physical activity continue to be a challenge in Onondaga County. High obesity rates persist among children and adults, and health disparities in chronic disease outcomes are evident. Long COVID is a new chronic condition that can develop after an acute COVID-19 infection. Further research is needed to determine the long-term health impacts. The pandemic also provided an important insight into the importance of access to preventive care such as screenings, routine doctor visits, and chronic disease management.

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<sup>100</sup>Mennis J, Matthews KA, Huston SL. Geospatial Perspectives on the Intersection of Chronic Disease and COVID-19. *Prev Chronic Dis* 2022;19:220145.

<sup>101</sup> Hacker KA, Briss PA, Richardson L, Wright J, Petersen R. COVID-19 and Chronic Disease: The Impact Now and in the Future. *Prev Chronic Dis* 2021;18:210086.

<sup>102</sup> Mak IL, Wan EYF, Wong TKT, Lee WWJ, Chan EWY, Choi EPH, Chui CSL, Ip MSM, Lau WCS, Lau KK, Lee SF, Wong ICK, Yu EYT and Lam CLK (2022) The Spill-Over Impact of the Novel Coronavirus-19 Pandemic on Medical Care and Disease Outcomes in Non-communicable Diseases: A Narrative Review. *Public Health Rev* 43:1604121.

<sup>103</sup>Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257.

## Well-Being, Mental Health, and Substance Use Disorders

Mental health impacts the way we feel, think, and act and includes **emotional, psychological, and social-wellbeing**. Our mental health also impacts the way we handle stress, relate to others, and decisions to make healthy choices.<sup>104</sup> Personal well-being, family, and interpersonal relationships can be negatively affected due to poor mental health as well as the ability to be a productive member to the community or society. Additionally, it is important to understand that poor mental health and mental illness are different from one another; an individual can experience poor mental health and not have a mental illness (and vice versa). In addition to poor mental health, substance use disorders (SUD) has negative impacts on an individual, family, and community level. The effects of SUD significantly contribute to costly social, physical, mental, and public health challenges.

This section includes the topics **self-reported mental health, suicide, self-inflicted injury, alcohol and substance use, and neonatal abstinence syndrome**.

### Poor Mental Health

Within Onondaga County, 13.6% of adults report experiencing poor mental health for fourteen or more days in the last month.<sup>105</sup> This is higher than the rate for NYS excluding NYC (11.8%) but similar to the rate for Central New York (13.8%). Syracuse has higher rates with 18.0% of adults experiencing poor mental health for fourteen or more days in the last month.<sup>106</sup> Page 46 in the *Overall Health and Health Disparities* section includes a map depicting self-reported poor mental health by census tract in Syracuse.

### Self-Inflicted Injury and Suicide

When an individual harms themselves intentionally, this is known as self-inflicted injury. There are various forms of self-inflicted injuries which may include suicide attempts, but not all self-inflicted injuries have suicidal intent.<sup>107</sup> Onondaga County has higher rates of self-inflicted injury hospitalizations (7.5 per 10,000) than NYS (3.8 per 10,000) (Figure 44). The County's suicide rate (10.7 per 100,000) is also higher than the rate for NYS (8.2 per 100,000) (Figure 45).<sup>108</sup> Individuals aged 15-19 years are more likely to experience self-inflicted injury than the overall population in Onondaga County, however, this same age group is less likely to experience suicide mortality than the total population.

<sup>104</sup> CDC, Learn about Mental Health, 2021. Retrieved 10/3/2022, from <https://www.cdc.gov/mentalhealth/learn/index.htm>.

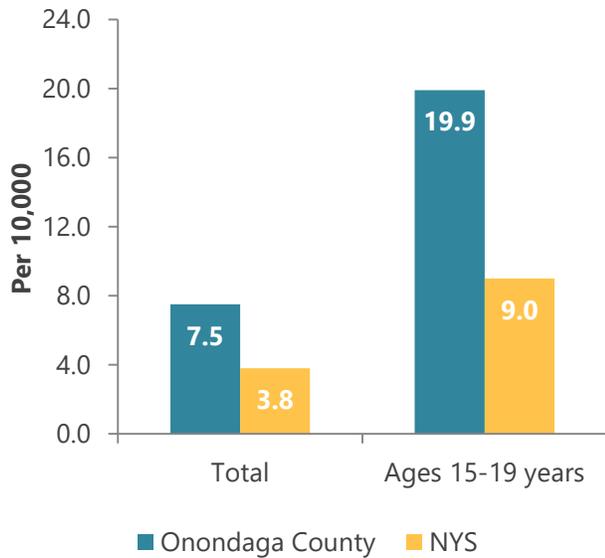
<sup>105</sup> NYS Expanded BRFSS, 2018. Retrieved 10/3/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>.

<sup>106</sup> CDC PLACES: Local Data for Better Health, 2019. Retrieved 10/3/2022 from <https://www.cdc.gov/places/index.html>.

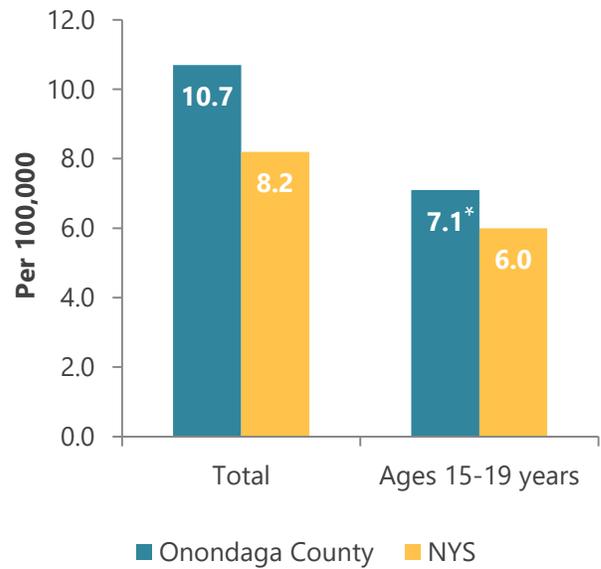
<sup>107</sup> CDC, Self-Directed Violence and Other Forms of Self-Injury, 2019. Retrieved 10/3/2022, from <https://www.cdc.gov/ncbddd/disabilityandsafety/self-injury.html>.

<sup>108</sup> NYS Community Health Indicator Reports. Retrieved 10/3/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

**Figure 44. Self-inflicted injury hospitalization rate per 10,000, by age, Onondaga County and NYS, 2017-2019**



**Figure 45. Suicide mortality rate per 100,000, by age, Onondaga County and NYS, 2017-2019**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>. \*Rate is unstable

### Alcohol Misuse

An individual is at an increased risk for a several poor health outcomes, including injury, violence, liver failure, cancer, and heart disease due to drinking excessive amounts of alcohol. Alcohol consumption that can jeopardize one’s health or relationships can be regarded as alcohol misuse, and alcohol dependence is acknowledged as a chronic disease that can cause withdrawal symptoms and loss of control.<sup>109</sup> In Onondaga County, 23.3% of adults report binge drinking which is higher than the rate for Central New York (20.3%).<sup>110</sup> Additionally, the county rate is higher than at last measurement (19.8% in 2016). Onondaga County has a slightly higher rate of alcohol-related motor vehicle injuries and deaths (29.7%) compared to NYS (28.9%).

**Figure 46. Alcohol misuse indicators, Onondaga County, Central New York, and NYS**

	Onondaga County	Central New York	New York State
% of adults binge drinking in the past month (2018)	23.3	20.3	18.4*
Alcohol related motor vehicle injuries and deaths (per 100,000) (2017-2019)	29.7	33.7	28.9

<sup>109</sup> Alcohol & Substance Misuse, 2018. Retrieved 10/3/2022, from <https://www.cdc.gov/workplacehealthpromotion/health-strategies/substance-misuse/index.html>.

<sup>110</sup> NYS Expanded BRFSS, 2018. Retrieved 10/3/2022, from <https://www.health.ny.gov/statistics/brfss/expanded/>.

% of all motor vehicle deaths involving alcohol (2016-2020)	29	-	20
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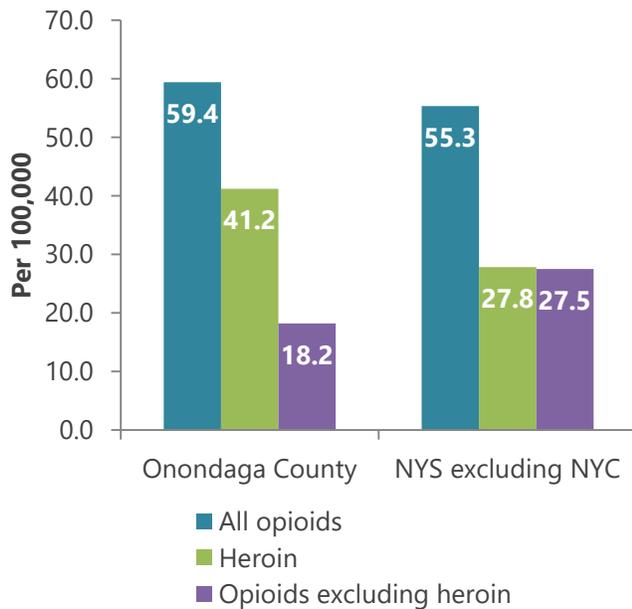
Sources: NYS Expanded BRFSS: <https://www.health.ny.gov/statistics/brfss/expanded/>; NYS Community Health Indicator Reports: <https://www.health.ny.gov/statistics/chac/indicators/>; County Health Rankings: <https://www.countyhealthrankings.org/app/new-york/2022/rankings/onondaga/county/outcomes/overall/snapshot>.

\*Rate is for NYS excluding NYC

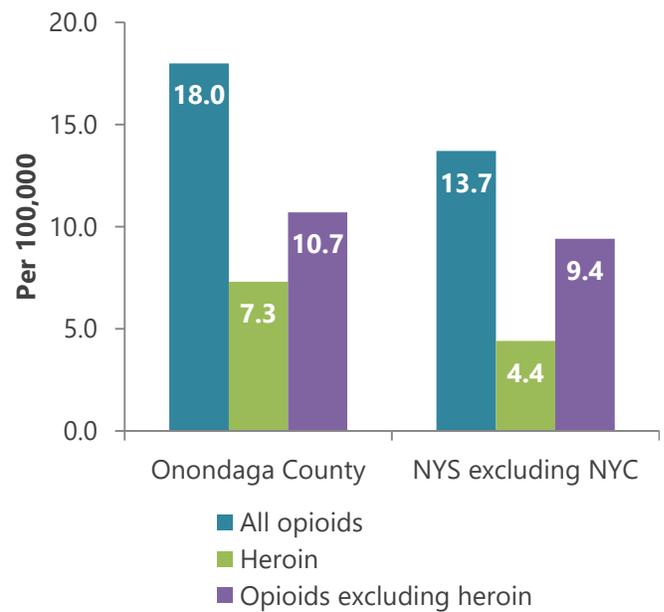
### Substance Use

Substance use disorders remain a challenge in Onondaga County. Opioid use disorders in particular continue to impact Onondaga County residents, as is also seen at the State and national level. Onondaga County fares worse than NYS excluding NYC for many opioid related indicators. Emergency department visit and hospitalization rates for opioid overdoses in Onondaga County and NYS excluding NYC is displayed in figures 47 and 48. The county has higher rates for emergency department visits and hospitalizations for all opioids and heroin overdoses than the rates for NYS excluding NYC. However, for opioids excluding heroin, NYS excluding NYC has a higher emergency department visit rate than Onondaga County, but the county’s hospitalization rate is slightly higher.

**Figure 47. Emergency department visit rate due to opioid overdoses per 100,000 population, Onondaga County and NYS excluding NYC, 2021**



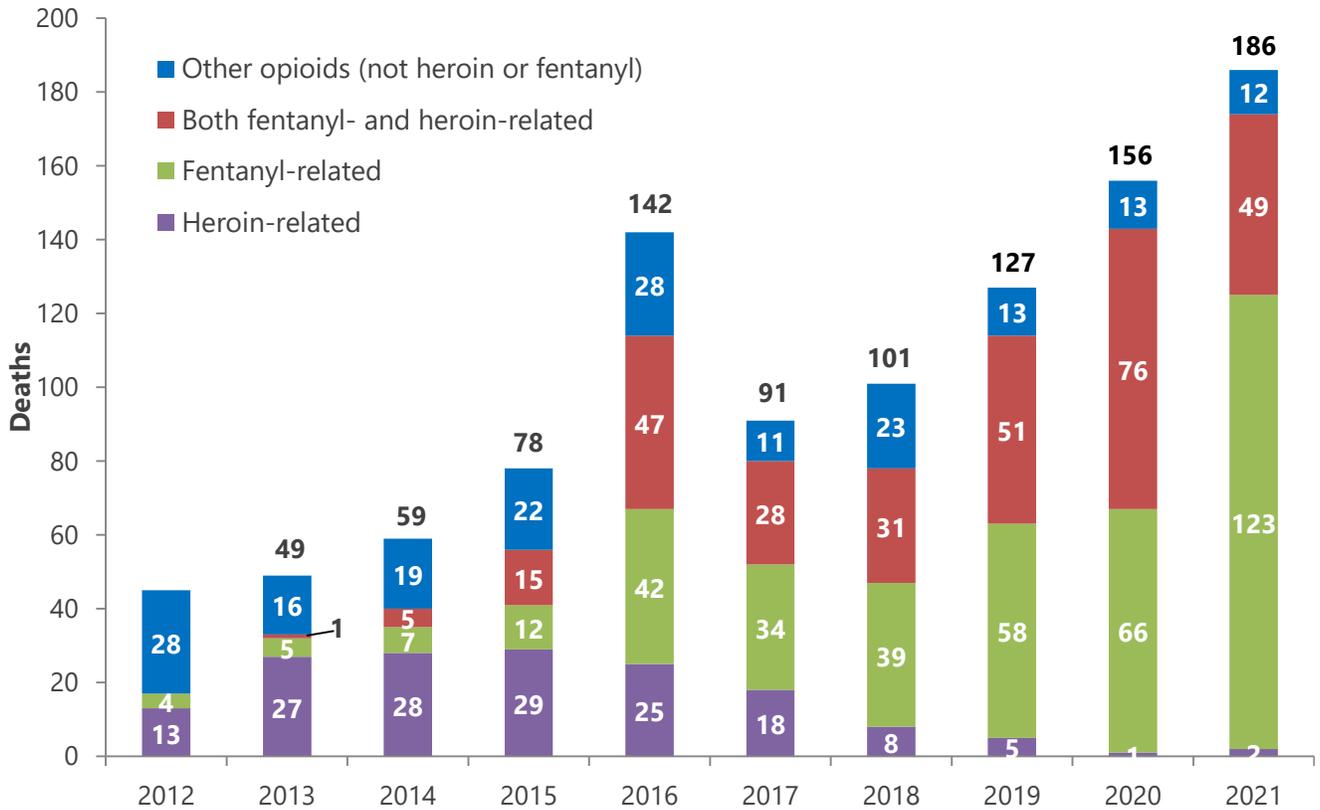
**Figure 48. Hospitalization rate due to opioid overdoses per 100,000 population, Onondaga County and NYS excluding NYC, 2021**



Source: New York State Department of Health - County Opioid Quarterly Report, Published October 2022 [https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_oct22.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_oct22.pdf).

There was a decrease in unintended opioid related deaths in Onondaga County after 2016 up until 2019, however, since then, there has been an increase in unintended opioid-related deaths in the following years (2020 and 2021) (Figure 49). The 2020 rate of deaths due to all types of opioid overdoses, heroin overdoses, and overdoses involving pain relievers are all higher in Onondaga County than in NYS excluding NYC (Figure 50).

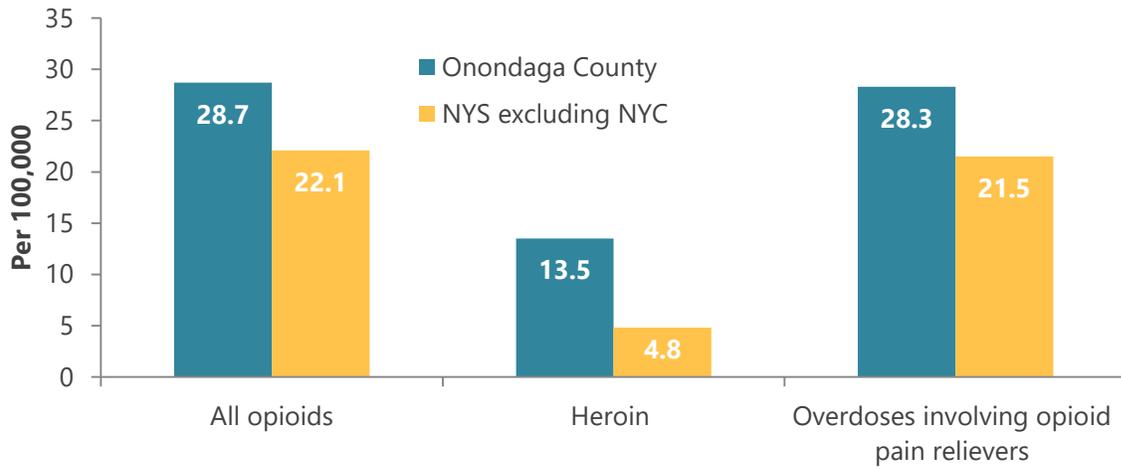
**Figure 49. Unintended opioid-related deaths, Onondaga County, 2012-2021**



Source: Onondaga County Medical Examiner's Office. Retrieved, 12/30/2022, from <https://healthystories.ongov.net/onondaga-county-opioid-epidemic-data-report/>.

Note: Data are provisional.

**Figure 50. Mortality rate due to opioid overdoses, per 100,000, Onondaga County and NYS excluding NYC, 2020**



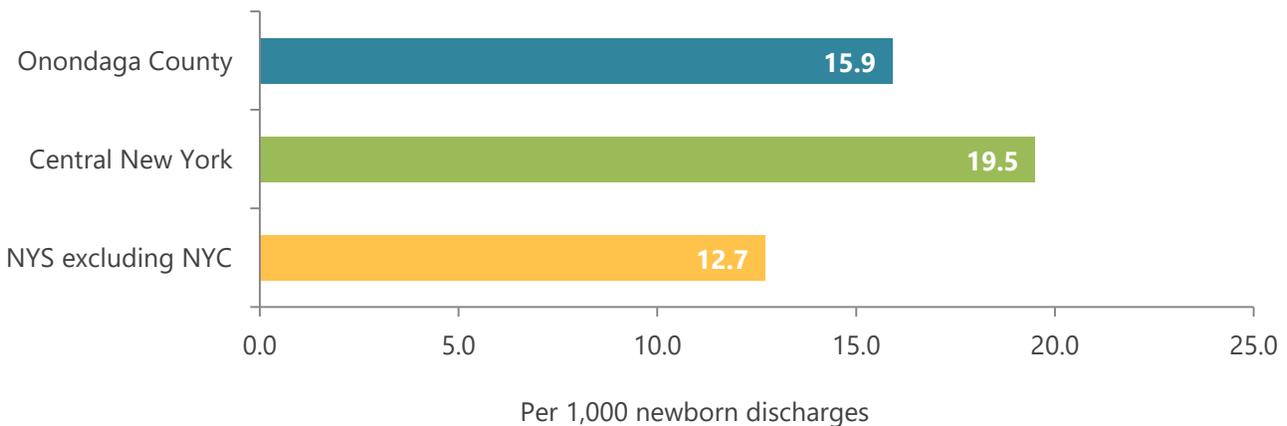
Source: NYSDOH Vital Statistics: [https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_apr22.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_apr22.pdf).

Note: Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving opioid pain relievers will not add up to the overdoses involving all opioids

### Neonatal Abstinence Syndrome

Exposure to opioids and other substances during pregnancy can lead to the development of Neonatal Abstinence Syndrome (NAS).<sup>111</sup> NAS is a “withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.” Within Onondaga County, the rate of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction is 15.9 per 1,000 newborn discharges. This is higher than the rate for NYS excluding NYC but lower than the rate for Central New York.

**Figure 51. Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (per 1,000 newborn discharges), Onondaga County, Central New York, and NYS, 2019**



Source: NYS Prevention Agenda Dashboard: [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/)

<sup>111</sup> CDC, Key Findings: Public Health Reporting of NAS Offers Opportunities for Treatment and Prevention, 2021. Retrieved 10/4/2022, from <https://www.cdc.gov/pregnancy/features/public-health-reporting-of-NAS.html>.

## Impact of the COVID-19 Pandemic on Wellbeing, Mental Health, and Substance Use Disorders

The mental wellbeing of U.S. residents was already suffering a prolonged decline even before the first COVID-19 case. The *General Social Survey* provided a report showing respondents who reported being 'very happy' decreased from 30% in 2018 to 19.5% in 2021. Mental Health America found in 2020 that 35% of people had depression and 20% had anxiety. Additionally, those with moderate to severe anxiety increased from 71% in early 2020 to 80% later that same year. Overall, the number of people seeking help with anxiety and depression has soared from 2019 to 2020; a 93% increase since 2019 for people taking an 'anxiety screen,' and a 62% increase for people taking a 'depression screen.'<sup>112</sup>

Vulnerable populations including people with psychiatric disorders and people with substance use disorders have been disproportionately affected by the COVID-19 pandemic, including the associated restrictions and mandates. Lower mental health quality such as elevated anxiety, depression, and posttraumatic stress disorder (PTSD) has been linked to individuals who have recovered from COVID-19 infection. Nearly one in five (18.1%) COVID-19 survivors in the U.S. were diagnosed with a psychiatric diagnosis within 3 months of being diagnosed with COVID-19 and of those, 5.8% were identified as new-onset conditions. For those with existing mental health issues, the significant social disruption has further increased the risk for poor mental health and isolation. Among people with substance use disorders, psychiatric disorders including depression, anxiety, self-harm, and suicidal ideation is especially prevalent and may be exacerbated by loneliness, self-isolation, and financial or economic stress associated with COVID-19. Additionally, risk factors related to the virus and the social disruption may present situations in which someone either experiences a relapse or increases current substance use to self-medicate their psychiatric symptoms.<sup>113</sup> The number of U.S. residents with poor mental health status is concerning, and the pandemic has led to increases in both the volume and severity of poor mental health and substance use outcomes.

### Well-Being, Mental Health, and Substance Use Disorders Summary

In relation to mental health and substance use disorders, both remain persistent challenges in Onondaga County. County residents report higher rates of poor mental health compared to NYS excluding NYC, with rates among Syracuse residents higher than both. Additionally, the number of unintended opioid related deaths has continued to increase in Onondaga County. As evidenced by high rates of emergency department visits and hospitalizations for opioid overdoses, opioid misuse remains a challenge in the county. National data on mental health and substance use show a significant negative impact of the COVID-19 pandemic on the overall wellbeing of residents across the country.

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<sup>112</sup> Blanchflower DG, Bryson A. Covid and mental health in America. PLoS One. 2022 Jul 22;17(7):e0269855. doi: 10.1371/journal.pone.0269855. PMID: 35867704; PMCID: PMC9307159.

<sup>113</sup>National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Forum on Mental Health and Substance Use Disorders. Mental Health and Substance Use Disorders in the Era of COVID-19: The Impact of the Pandemic on Communities of Color: Proceedings of a Workshop—in Brief. Graig L, Friedman K, editors. Washington (DC): National Academies Press (US); 2021 Mar 31. PMID: 33793167.

## Healthy and Safe Environments

Having a healthy and safe environment in which to live, work, and play is critical for ensuring lifelong health. Many aspects of the environment can impact health outcomes including exposure to toxins and chemicals, access to safe indoor and outdoor spaces for physical activity, and occupational hazards.

The Social Determinants of Health section (pages 16 to 37) addressed several environmental conditions including crime, housing, food access, and transportation that are impacted by social factors. Environmental topics that were not addressed in earlier sections will be covered in this section. These include **the natural environment, climate change, air pollution, asthma, water quality, food safety, lead exposure, unintentional injury, and occupational health.**

### The Natural Environment

The health and safety of residents is largely influenced by the natural environment. Onondaga County experiences large amounts of snowfall each year. Syracuse has on average, 127 inches of snowfall annually, which generally occurs between October and May.<sup>114</sup> Although, many residents are accustomed to the weather patterns, physical activity and transportation to food sources and medical appointments may be challenging due to significant snowfall. Additionally, some individuals may be at an increased risk for temporarily losing heat and electricity as well as being involved in weather related vehicle collisions due to severe winter weather events. Social isolation due to weather is a concern as well, especially among older adults.

### Climate Change

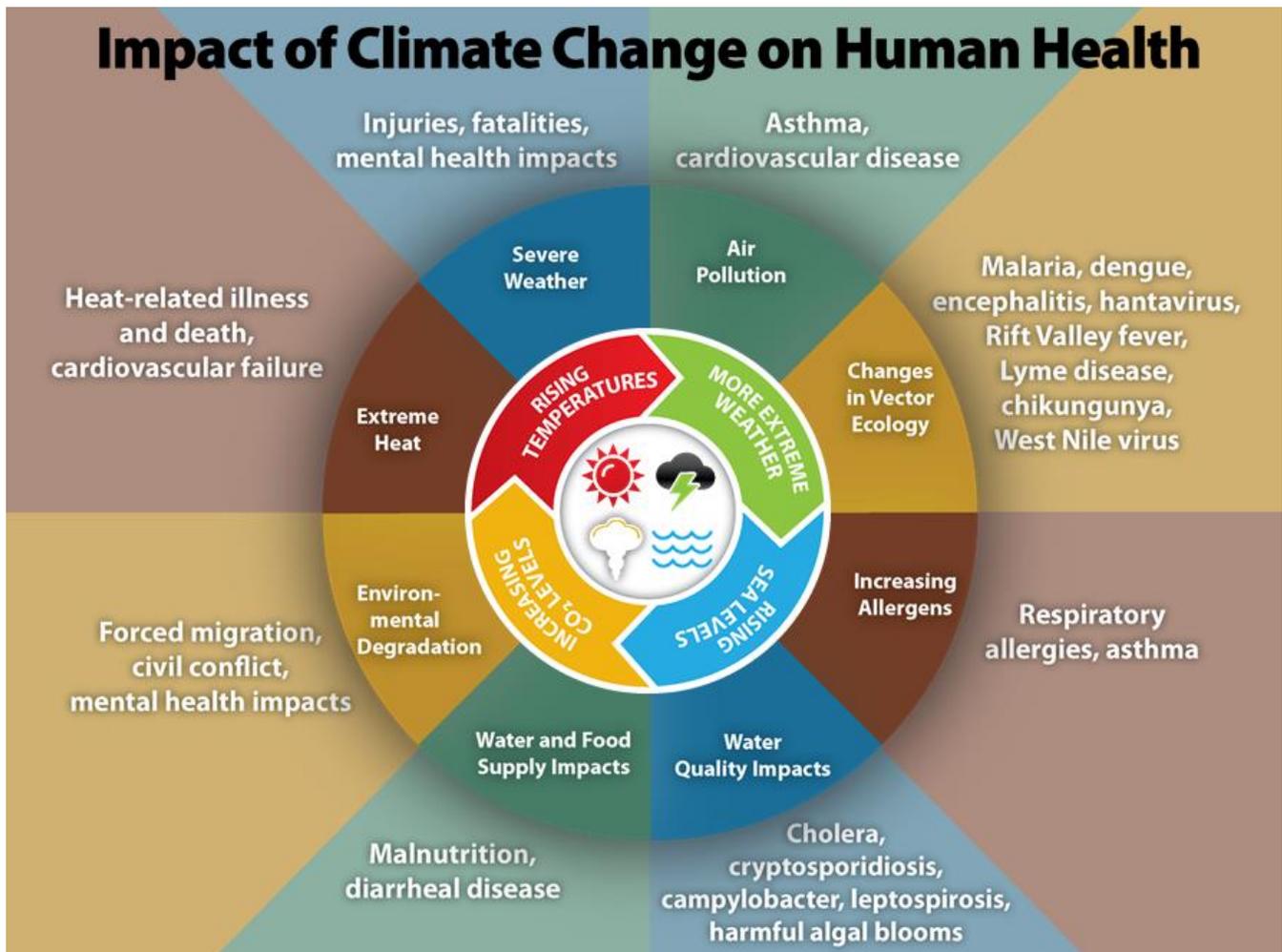
Changes to the climate have the potential to significantly impact health.<sup>115</sup> Figure 52 illustrates several of the impacts of climate change on human health. These include illness resulting from extreme heat; respiratory illness caused by air pollution and increased allergens; changes in ecology impacting the transmission of vector borne diseases (such as Lyme disease, West Nile virus, and Eastern Equine Encephalitis virus); as well as waterborne illness and the presence of harmful algal blooms. Understanding the impact of climate change on health is an important first step in working towards mitigating its impact.

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<sup>114</sup> Syracuse.com, [Golden Snowball: Where does Syracuse stand among the Upstate cities for the most snow?](#) Retrieved 12/20/2022.

<sup>115</sup> CDC, Climate Effects on Health. Retrieved 12/20/2022, from <https://www.cdc.gov/climateandhealth/effects/default.htm>

Figure 52. Impact of climate change on health



Source: CDC, *Climate Effects on Health*. Retrieved 12/20/2022, from <https://www.cdc.gov/climateandhealth/effects/default.htm>.

### Air Quality

Air pollution can have a considerable impact on human health, especially for individuals with chronic respiratory conditions such as asthma. Additionally, heart disease and low birth weight have been linked to air pollution.<sup>116</sup> Often air pollution is the result of human activities including exhaust from operating vehicles and burning of fossil fuels, however, pollutants can also occur in nature such as pollution from wildfires.

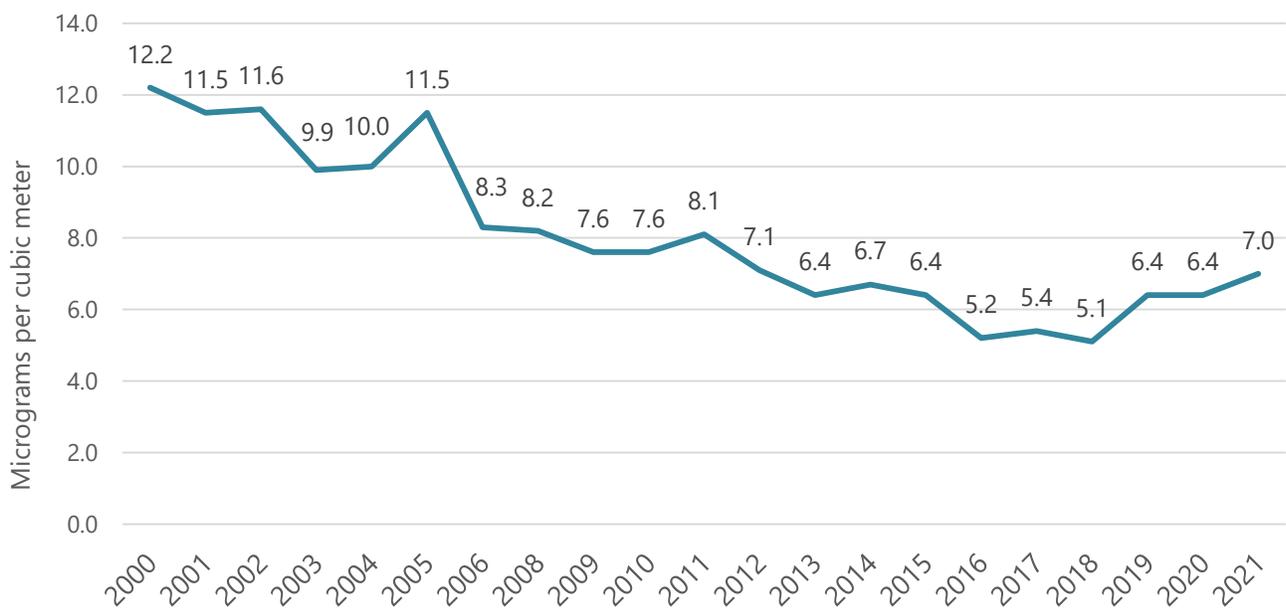
The concentration of particulate matter in the air is one measure for air pollution. Particulate matter (PM) contains a mixture of solid particles and liquid droplets in the air; particles may be large enough to see with the

<sup>116</sup> NYSDOH Environmental Public Health Tracker, 2022. Retrieved 10/6/2022, from [https://apps.health.ny.gov/statistics/environmental/public\\_health\\_tracking/tracker/index.html#/airpollutionCountyTrend](https://apps.health.ny.gov/statistics/environmental/public_health_tracking/tracker/index.html#/airpollutionCountyTrend).

naked eye such as dust, dirt, soot, or smoke, while other particles may only be seen using a microscope.<sup>117</sup> Particulate matter is categorized by its size in micrometers. Particulate matter with a diameter of 10 micrometers and smaller is referred to as PM<sub>10</sub> and can get into the bloodstream by entering deep into the lungs. Particulate matter with a diameter of 2.5 micrometers or smaller is referred to as PM<sub>2.5</sub> or fine particulate matter, and causes the greatest health risk due to its small size.

Exposure to particulate matter can negatively impact health including premature death, especially among individuals with heart or lung disease, nonfatal heart attacks, irregular heartbeat, aggravated asthma, decreased lung function, irritation of the airways, coughing, or difficulty breathing.<sup>118</sup> Older adults, children, and individuals with heart or lung diseases are at increased risk for experiencing the negative health effects of particulate matter pollution. Furthermore, there are environmental impacts of particulate matter including decreased water quality, depletion of nutrients in soil, damage to forests and farm crops, impacts on ecosystem diversity, and acid rain which in turn have the potential to impact human health and well-being. In Onondaga County, the current annual average concentration of fine particulate matter (PM<sub>2.5</sub>) is 7.0 µg/m<sup>3</sup>, which meets the National Ambient Air Quality Standard of 12µg/m<sup>3</sup>.<sup>119</sup> Additionally, Onondaga County’s average annual density of fine particulate matter has improved over the last two decades, as shown in the figure below.

**Figure 53. Annual average concentration of fine particulate matter (PM<sub>2.5</sub>), Onondaga County, 2000-2021**



<sup>117</sup> U.S. Environmental Protection Agency, Particulate Matter Pollution, Particulate Matter Basics, 2022. Retrieved 10/6/2022, from <https://www.epa.gov/pm-pollution/particulate-matter-pm-basics#PM>.

<sup>118</sup> U.S. Environmental Protection Agency, Particulate Matter Pollution, Health and Environmental Effects of Particulate Matter, 2022. Retrieved 10/6/2022, from <https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm>.

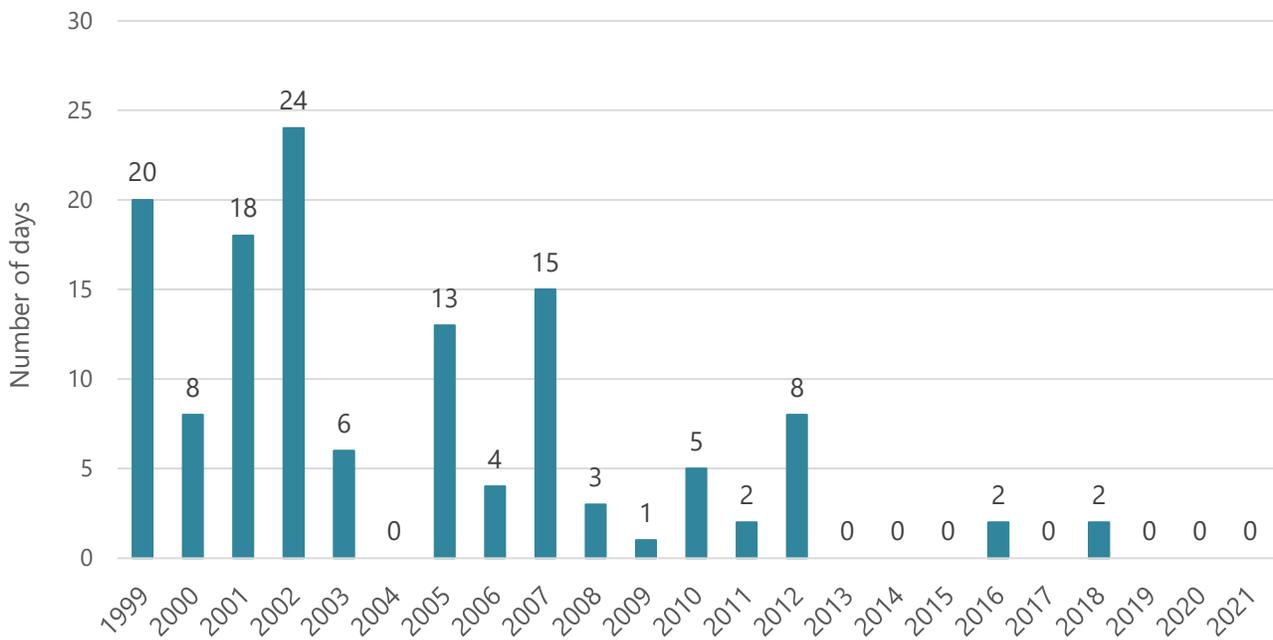
<sup>119</sup> CDC National Environmental Public Health Tracking Network, Retrieved 12/21/2022, from <https://ephtracking.cdc.gov/DataExplorer>.

Source: CDC National Environmental Public Health Tracking Network, Retrieved 12/21/2022 from <https://ephtracking.cdc.gov/DataExplorer>

Ground level ozone is a gas composed of oxygen that is created when two types of air pollutants (volatile organic compounds and nitrogen oxides) are combined.<sup>120</sup> Ozone causes what is frequently referred to as smog and is more likely to form during summer months. Exposure to ozone can result in eye irritation, chest pain, cough, shortness of breath, acute attacks of asthma, increased susceptibility to respiratory infections and inflammation.<sup>121</sup> Individuals with bronchitis, emphysema, and asthma may have their condition exacerbated by ozone. Individuals most at risk for the harmful effects of ozone include individuals with asthma, children, older adults, and individuals who spend a significant amount of time outdoors.

The trend for the number of days in Onondaga County where ozone concentration was above National Ambient Air Quality Standards is depicted in the figure below. Between 2017 and 2021, Onondaga County experienced two days in which the National Ambient Air Quality Standard for ozone was exceeded.<sup>122</sup>

**Figure 54. Number of days with ozone concentration above National Ambient Air Quality Standard, Onondaga County, 1999-2021**



Source: CDC National Environmental Public Health Tracking Network, Retrieved 12/21/2022, from <https://ephtracking.cdc.gov/DataExplorer>.

<sup>120</sup> U.S. Environmental Protection Agency, Ozone Pollution and Your Patient’s Health, 2022. Retrieved 10/6/2022, from <https://www.epa.gov/ozone-pollution-and-your-patients-health/what-ozone>.

<sup>121</sup> U.S. Environmental Protection Agency, Ground Level Ozone Pollution, 2022. Retrieved 10/6/2022, from <https://www.epa.gov/ground-level-ozone-pollution/health-effects-ozone-pollution>.

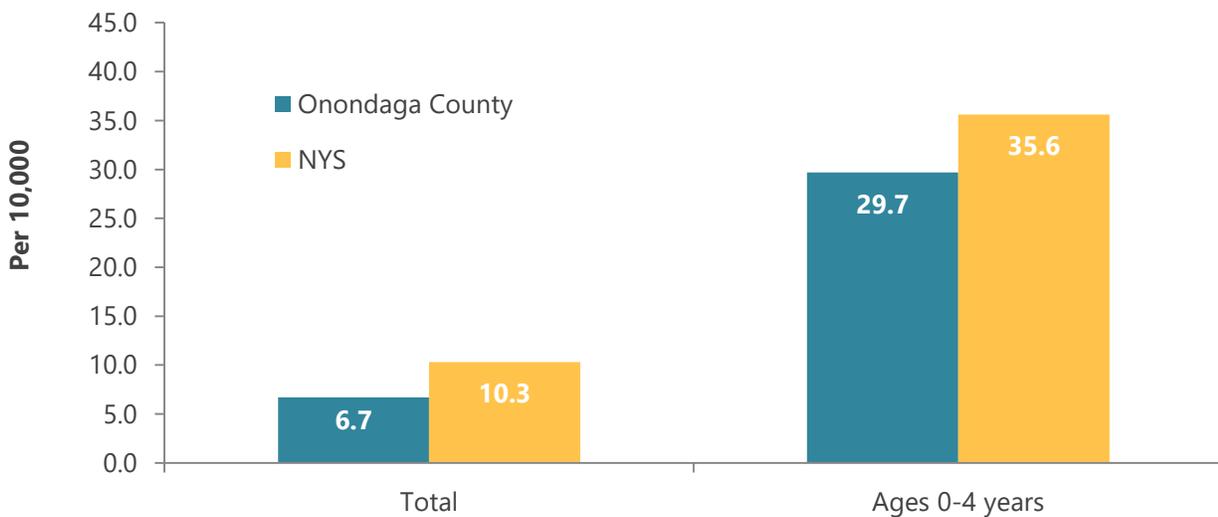
<sup>122</sup> CDC National Environmental Public Health Tracking Network, Retrieved 12/21/2022, from <https://ephtracking.cdc.gov/DataExplorer>.

## Asthma

Adults and children of all ages can be impacted by asthma. In addition to impacting quality of life and putting individuals at risk for asthma related complications, asthma can make pursuing regular physical activity more challenging. Asthma triggers include but are not limited to allergens, pets, tobacco smoke, wood smoke, dust, air pollution, infections, weather, strong emotions, nitrogen dioxide gas, pests (including cockroaches and mice), and mold.<sup>123</sup> The home or workplace are often places for exposure to these triggers. Additionally, there is an increased risk for developing asthma among individuals with toxic stress.

The prevalence of asthma among adults in Onondaga County is 12.6% compared to 12.3% in Central New York, and 10.1% in NYS.<sup>124</sup> In Onondaga County, children ages 0 to 4 years have higher rates of hospitalizations than the overall population (Figure 55).

**Figure 55. Hospitalization rate for asthma, per 10,000, by age, Onondaga County and NYS, 2017-2019**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>123</sup> U.S. Environmental Protection Agency, Asthma, 2022. Retrieved 10/6/2022, from <https://www.epa.gov/asthma/asthma-triggers-gain-control#chemical>; CDC, Common Asthma Triggers, 2020. Retrieved 10/6/2022, from <https://www.cdc.gov/asthma/triggers.html>.

<sup>124</sup> NYS Community Health Indicator Reports. Retrieved 10/7/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

## Water Quality

Water is an essential community resource for both drinking and recreation. Clean and safe drinking water is necessary to sustain human life. Water is also used for recreational activities, such as swimming, which promotes healthy living. The OCHD is responsible for the regulatory oversight of public water systems in the County. The major public water suppliers include the Onondaga County Water Authority, City of Syracuse Water Department, and several Town and Village systems. Skaneateles Lake, Lake Ontario, and Otisco Lake are the major sources of water for this county. Suppliers are required to regularly sample the water for a variety of contaminants and results are available to the public. A Boil Water Order may be issued if disease-causing pathogens are identified in the water. This notifies the public that they must boil their water prior to consumption until levels have decreased.

Both drinking water and recreational uses of Skaneateles Lake can be affected by harmful algae blooms (HABs). Throughout the summer and fall season, the lake is monitored for HABs and sampling results are posted on the OCHD website. There is a plan in place to alert the public if there is a potential for toxins to reach residential taps even though there have only been low levels of toxins found in untreated water.

There are frequent inspections for safety and water quality issues of public beaches throughout the summer season. Water at public beaches can become contaminated with bacteria such as E-coli, which is identified through regular testing. When bacteria levels are elevated or HAB's are present, beaches will be closed to protect public health and safety.

## Food Safety

A common but preventable public health problem is foodborne illness. As estimated by the CDC, 1 in 6 Americans get sick each year from contaminated food or beverages.<sup>125</sup> Vomiting, diarrhea, and fever are some symptoms of foodborne illness, however, in rare cases, death can occur. Improper handling of food at home or in restaurants can result in contaminated food with bacteria, viruses, or parasites. There are various ways to reduce foodborne outbreaks, both at home and in restaurants including cleaning hands and surfaces, eliminating cross-contamination of foods, cooking to correct temperatures, and chilling perishable foods promptly.

## Lead Exposure

Exposure to lead during childhood can be detrimental to children's physical and cognitive development. Lead exposure is preventable. Children are commonly exposed to lead in their environment such as through chipping or peeling lead-based paint which is common in homes built before 1978 (when lead-based paints were banned in the U.S.). Older homes that are not well maintained are at particular risk for chipping, cracking, or peeling paint. Other sources of lead exposure include water pipes that contain lead, through products (including

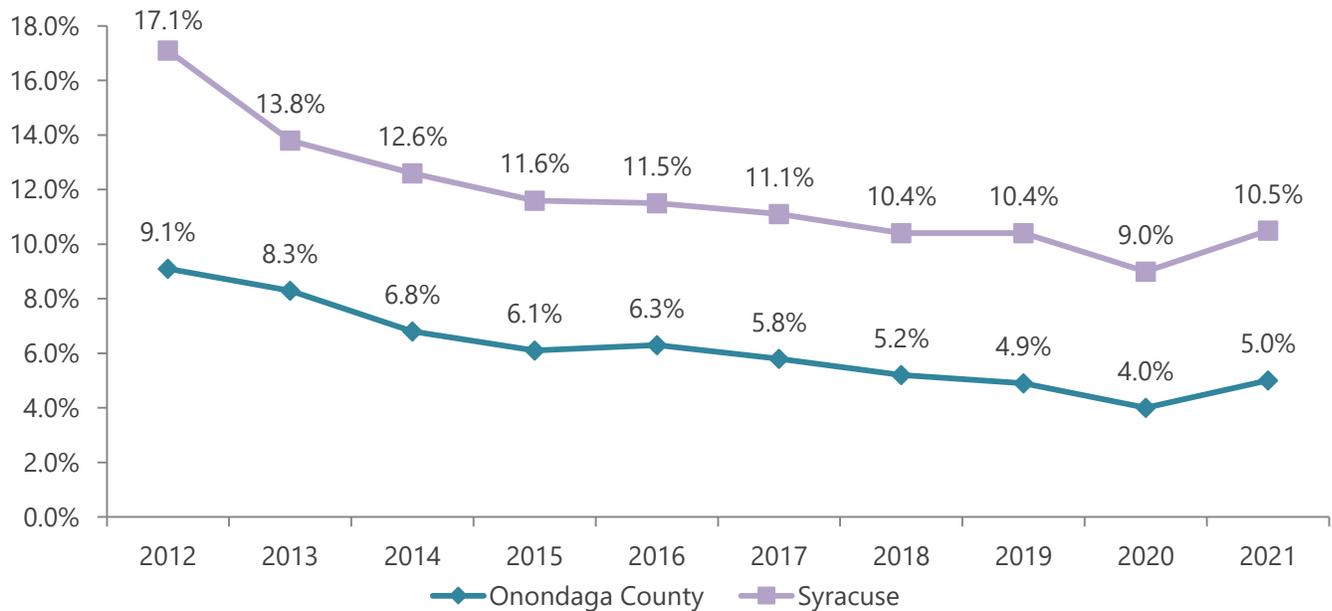
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<sup>125</sup> CDC, Food Safety, 2022. Retrieved 10/6/2022, from <https://www.cdc.gov/foodsafety/cdc-and-food-safety.html>.

certain dishware, toys, and jewelry), and through jobs and hobbies involving lead-based products (such as stain glass work).<sup>126</sup>

A good way to measure whether a child has been exposed to lead is to test children’s blood lead levels. New York State mandates that doctors test all children for lead poisoning at ages 1 and 2 years. Further testing and monitoring is required when blood levels are 5 micrograms per deciliter (5µg/dL) or greater. Figure 56 displays the percentage of tested children with blood lead levels of 5µg/dL or greater in Onondaga County and Syracuse from 2012- 2021. The percentage of children with blood lead levels of 5µg/dL or greater has decreased for both Onondaga County and Syracuse over the timeframe, however Syracuse continues to have rates that are approximately double the county rate. Within Syracuse, there are geographic variations by census tract with tracts south of downtown and the north portion of the city having the highest percentages of children with blood lead levels of 5µg/dL or greater.<sup>127</sup>

**Figure 56. Percentage of tested children with elevated blood lead levels, Onondaga County and Syracuse, 2012-2021**



Source: OCHD Division of Community Health, Lead Poisoning Prevention Program: <http://www.ongov.net/health/lead/data.html>. Note: Onondaga County is inclusive of Syracuse. Data are preliminary.

<sup>126</sup> CDC, Sources of Lead, 2022. Retrieved 10/6/2022, from <https://www.cdc.gov/nceh/lead/prevention/sources.htm>.

<sup>127</sup> OCHD Lead Poisoning Prevention Program. Note, data are provisional.

## Injury

Indicators for injuries occurring in Onondaga County, Central New York, and NYS are displayed in Figure 57. Onondaga County fares worse than Central New York and NYS for unintentional injury hospitalizations, unintentional injury mortality, and poisoning hospitalizations. For hospitalizations due to falls (among adults aged 65+ years) Onondaga County fares worse than Central New York, but better than NYS, and for motor vehicle mortality, Onondaga County fares better than Central New York but worse than NYS.

**Figure 57. Injury indicators, Onondaga County, Central New York, and NYS**

	Onondaga County	Central New York	New York State
Hospitalizations due to falls (per 10,000) – Aged 65+ years (2019)	203.5	197.1	210.4*
Unintentional injury hospitalization rate (per 10,000) (2017-2019)	67.6	65.8	61.5
Unintentional injury mortality rate (per 100,000) (2017-2019)	49.4	48.2	34.4
Motor vehicle mortality rate (per 100,000) (2017-2019)	8.1	8.5	5.1
Poisoning hospitalization rate (per 10,000) (2017-2019)	10.8	9.7	7.6

Sources: *NYS Prevention Agenda Dashboard - County Level*; *NYS Community Health Indicator Reports*. Retrieved from <https://www.health.ny.gov/statistics/chac/indicators/>. \*Data are for NYS excluding NYC.

## Occupational Health

Both health and safety can be impacted by the environments in which individuals work. Individuals in certain occupations are at an increased risk for job related injuries or exposure to harmful chemicals, toxins, or fibers. For example, individuals exposed to asbestos in their occupation may develop lung conditions such as Asbestosis and Mesothelioma. Several occupational health related indicators for Onondaga County, Central New York, and NYS are provided the figure below. Onondaga County fares better than Central New York and NYS for the exposure related indicators including elevated blood lead levels, mesothelioma, and asbestosis. However, Onondaga County fares worse than NYS for work-related hospitalizations and fatal work injuries but better than Central New York.

**Figure 58. Occupational health indicators, Onondaga County, Central New York, and NYS**

	Onondaga County	Central New York	New York State
Blood lead levels $\geq 10 \mu\text{g/dL}$ (per 100,000) employed and aged 16 +years (2017-2019)	7.1	13.3	16.8
Incidence of malignant mesothelioma (per 100,000)- aged 15 +years (2016-2018)	0.9*	0.9	1.1
Asbestosis hospitalization rate (per 100,000 )- aged 15 + years (2017-2019)	2.5	3.3	5.7
Work-related hospitalizations (per 100,000)- employed and aged 16+years (2017-2019)	185.5	186.6	145.9
Fatal work-related injuries (per 100,000)- employed and aged 16+years (2017-2019)	3.3	4.0	3.1

Source: NYS Community Health Indicator Reports. Retrieved from <https://www.health.ny.gov/statistics/chac/indicators/>. \*Rate is unstable.

### Impact of the COVID-19 Pandemic on Healthy and Safe Environments

Due to the pandemic, guidance was created for the Occupational Safety and Health Administration’s (OSHA’s) mandatory safety and health standards to help employers identify COVID-19 exposure risks to workers who are not vaccinated, partially vaccinated, or at-risk regardless of vaccination status, including those who are immunocompromised. There is also specific guidance for work environments at a higher risk for exposure to the virus such as workplaces that require workers to be in close contact with one another or the public, or in closed spaces without sufficient ventilation. Additionally, the guidance is updated over time to reflect developments in science to ensure there are best practices and standards being recommended for workers and their work environments.<sup>128</sup>

In March 2020, restrictions were put in place to control the spread of COVID-19 which resulted in major changes to human mobility. The restrictions and guidelines, which included lockdowns, social distancing rules, travel bans, and business operation limitations, was imposed in many states in the U.S., including New York.<sup>129</sup> As a result, air quality in major cities was temporarily improved, although long-term issues related to air pollution have yet to be resolved. In the U.S., both PM2.5 and Nitrogen dioxide (NO2) were significantly reduced. The 2020 findings reported a decrease of 51% of NO2 and 36% of PM2.5 in New York State after the lockdown.<sup>130</sup> Nitrogen dioxide is present in small amounts in the atmosphere but is a harmful air pollutant and populations with respiratory illnesses such as asthma are more likely to be vulnerable to adverse impacts from exposure to NO2. Although air quality generally improved during the pandemic, NO2 levels for communities of color still remained close to pre-pandemic levels compared to communities with a larger proportion of White residents.<sup>131</sup>

<sup>128</sup> <https://www.osha.gov/coronavirus/safework>.

<sup>129</sup> <https://www.mdpi.com/1660-4601/19/6/3168>.

<sup>130</sup> <https://link.springer.com/article/10.1007/s11356-022-19484-5>.

<sup>131</sup> <https://www.nasa.gov/feature/esnt/2021/qa-scientists-analyze-how-the-pandemic-affected-air-quality>.

The pandemic has changed guidelines for occupational safety associated with COVID-19 as well as the air quality across the country and NYS, but with the continuing emergence of new variants, workplace guidelines will have to be modified and new strategies identified to continue keeping the air quality and overall environment healthy.

### **Healthy and Safe Environment Summary**

As indicated by trend data, Onondaga County air quality measures have improved in recent years. However, asthma continues to be a challenge, with the county experiencing higher asthma prevalence than both Central New York and NYS. Although trend data shows declines over time in elevated blood lead levels in both Onondaga County and Syracuse, there has been an increase in elevated blood lead levels in the most recent measure revealing a continuous struggle with lead exposure. Safety continues to be a challenge for Onondaga County due to faring worse than NYS for some injury indicators. Additionally, food and water safety continue to be important to reduce foodborne illnesses and address water quality concerns especially related to harmful algae bloom. The COVID-19 pandemic has created opportunities for improvement on air quality and occupational safety standards. Climate change and factors related to the built environment highlight a need for increased focus on climate resilience and the built environment (such as walkability, food access, and access to safe places to play) which will be critical for the future of public health.

## Healthy Women, Infants, and Children

Protecting the health of women, infants and children is essential in supporting the current and future health of the community. Topics covered in this section include: **family planning and natality, prenatal care, substance use in pregnancy, preterm birth, low birth weight, infant mortality, and breastfeeding.**

### Family Planning and Natality

In Onondaga County in 2021, there were approximately 4,900 live births, with nearly 1,900 of those to Syracuse residents.<sup>132</sup> As seen in Figure 59 below, the percentage of births to women aged 25 and older without a high school education is similar for Onondaga County (10.9%) and Central New York (10.8%). NYS experiences the highest rates with 11.6%.

**Figure 59. Percentage of births to women aged 25 years and older without a high school education, Onondaga County, Central New York, and NYS, 2017-2019**



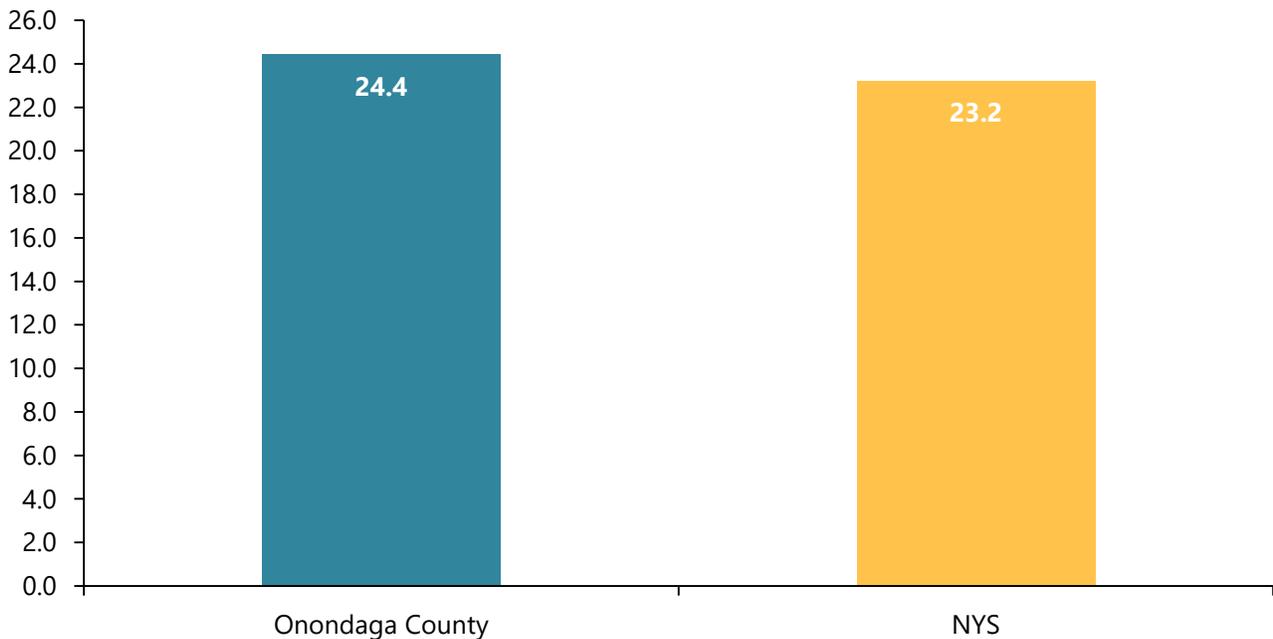
Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>132</sup> OCHD Division of Community Health, birth data accessed through NYS Statewide Perinatal Data System. Note, data are provisional.

Onondaga County's teen pregnancy rate (aged less than 18 years) is 5.7 per 1,000 females which is higher than the rate for NYS excluding NYC (3.7 per 1,000).<sup>133</sup> This measure includes all pregnancy outcomes, including live births, induced terminations, and all fetal deaths. The teen pregnancy rate has shown a steady decrease in recent years, though a racial disparity remains. In Onondaga County, non-Hispanic Black populations experience the highest rate of teen pregnancy (14.1 per 1,000) compared to non-Hispanic White populations (2.3 per 1,000) and Hispanic populations (9.3 per 1,000).<sup>134</sup>

When looking only at teens age 15-19 years, Onondaga County's teen pregnancy rate per 1,000 is slightly higher than the rate for NYS (Onondaga County, 24.4 per 1,000; NYS 23.2 per 1,000).

**Figure 60: Teenage pregnancies (aged 15-19 year) per 1,000 female population, Onondaga County and NYS, 2019**



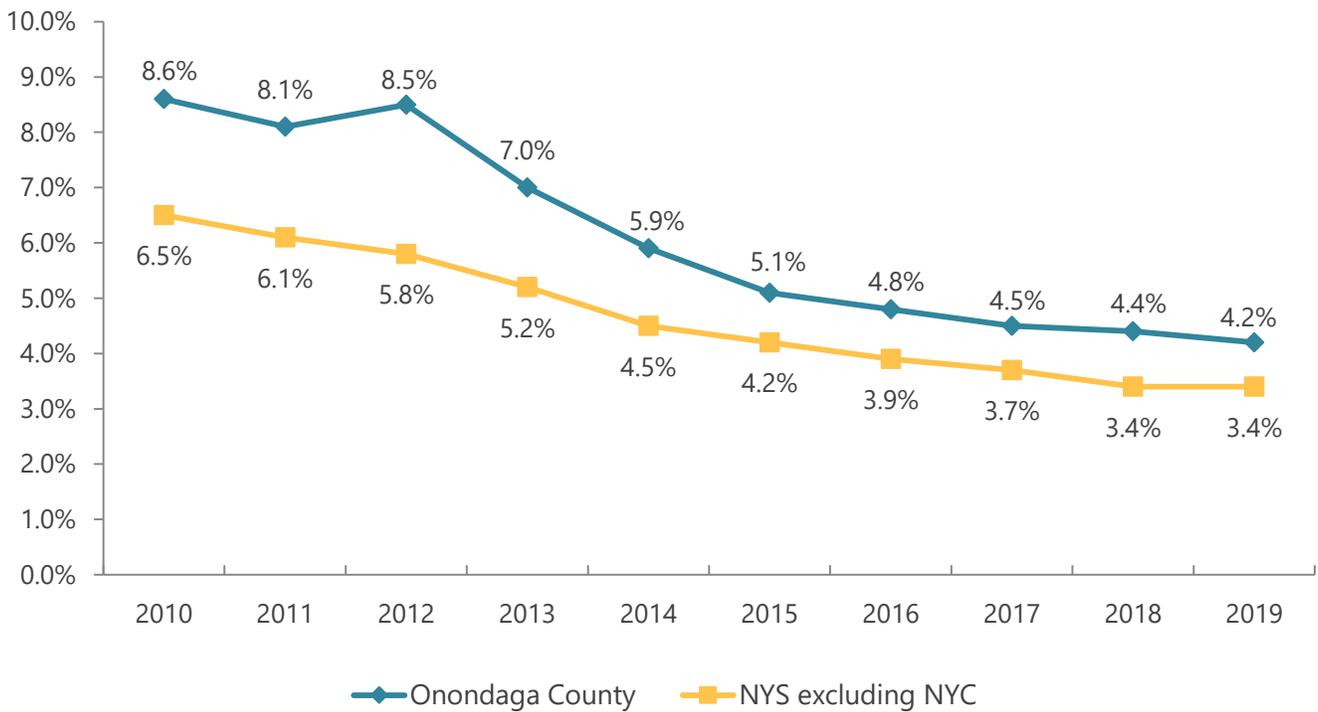
Source: NYSDOH Vital Statistics of New York: [https://www.health.ny.gov/statistics/vital\\_statistics/2019/](https://www.health.ny.gov/statistics/vital_statistics/2019/)

With respect to births, teens aged 15-19 years accounted for 4.2% of all births in the county in 2019. This rate has decreased substantially in the last decade; however Onondaga County's rate continues to exceed that of NYS excluding NYC (Figure 61).

<sup>133</sup> NYS County Health Indicators by Race/Ethnicity, 2017-2019. Retrieved 10/11/2022 from <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

<sup>134</sup> NYS County Health Indicators by Race/Ethnicity, 2017-2019. Retrieved 10/11/2022 from <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

**Figure 61. The percentage of total births that were to females aged 15-19 years, Single-year, Onondaga County and NYS excluding NYC, 2010-2019**



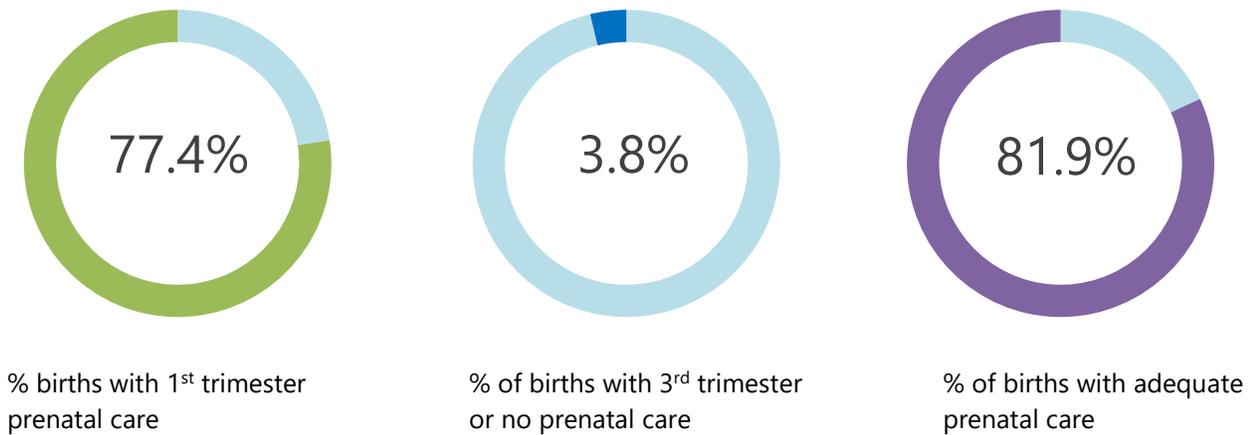
Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

### Prenatal Care

To support a healthy pregnancy, access to early and adequate prenatal care is essential. In Onondaga County, 77.4% of mothers entered prenatal care in their first trimester compared to 76.3% in NYS. The percentage of mothers with late (3rd trimester) or no prenatal care in Onondaga County (3.8%) is also lower than NYS (5.4%). Additionally, mothers in Onondaga County (81.9%) had higher rates of adequate prenatal care compared to NYS (75.5%). Despite having more favorable outcomes compared to NYS, Onondaga County indicators for prenatal care have worsened in recent years.<sup>135</sup>

<sup>135</sup> NYS Prevention Agenda Dashboard- County Level, 2017-2019. Retrieved 10/11/2022.

**Figure 62. Prenatal care indicators, Onondaga County, 2017-2019**

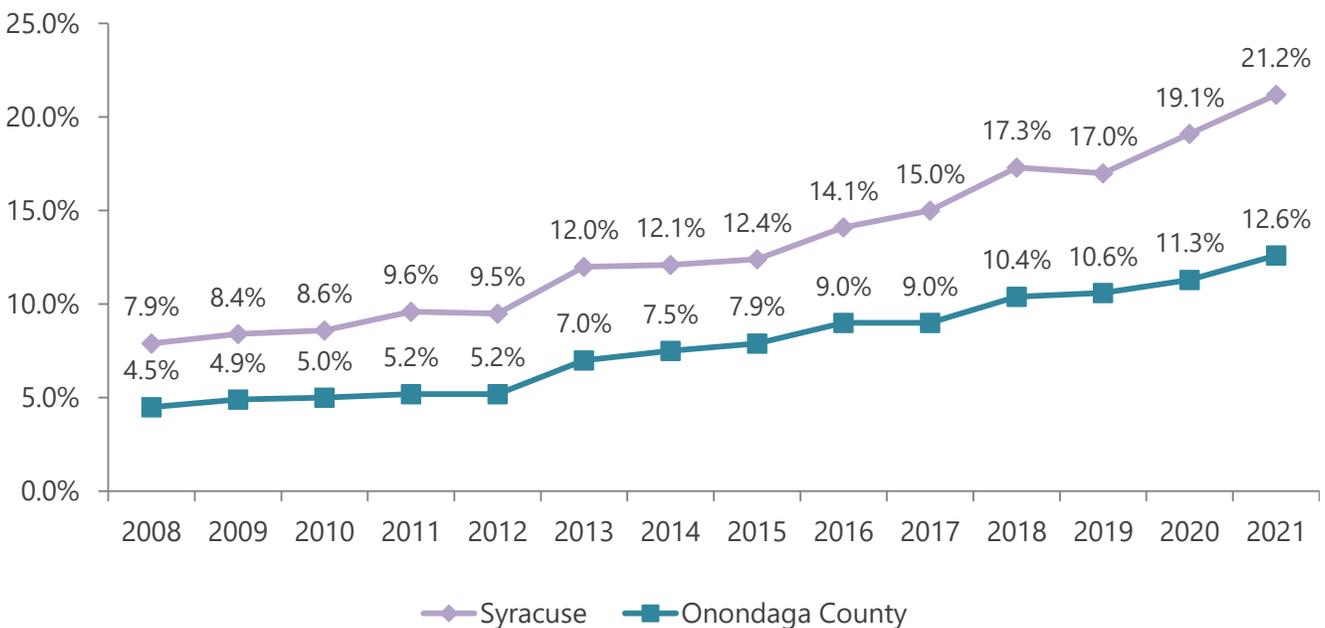


Source: [NYS Prevention Agenda Dashboard- County Level](#), 2017-2019. Retrieved 10/11/2022.

### Substance Use in Pregnancy

Smoking and consuming alcohol or drugs during pregnancy can significantly impact fetal development and health. Within Onondaga County in 2021, 7.1% of individuals reported smoking during their first trimester of pregnancy, compared to 10.5% in Syracuse. Less than one percent of individuals in both Syracuse and Onondaga County report alcohol use during pregnancy.

**Figure 63. Self-reported illegal drug use in pregnancy, Syracuse and Onondaga County, 2008-2021**



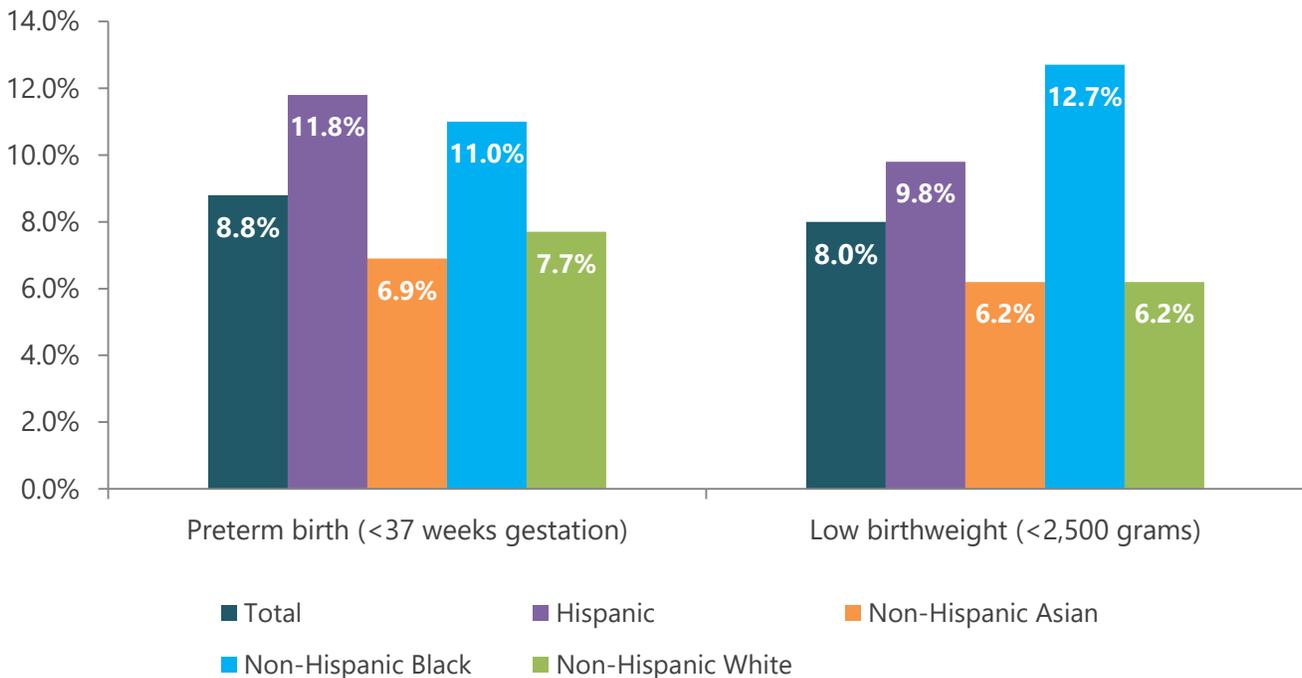
Source: Statewide Perinatal Data System, accessed by OCHD Division of Community Health. Notes: Onondaga County is inclusive of Syracuse. Data are provisional.

Illegal drug use in pregnancy has become more frequent in recent years and may reflect the impact of higher rates of opioid misuse. Figure 63 depicts the percentage of women reporting illegal drug use during pregnancy from 2008 to 2021 in Onondaga County and Syracuse. In 2021, 12.6% of women reported illegal drug use in pregnancy countywide, compared to 21.2% in Syracuse.<sup>136</sup>

### Birth Outcomes

Onondaga County continues to experience racial disparities in birth outcomes, including preterm births and low birth weight. Preterm births and low birth weight births by race and ethnicity in Onondaga County are depicted in Figure 64. Non-Hispanic Black residents have the highest rate of low birth weight, and nearly twice the rate of non-Hispanic White residents. Additionally, Hispanic populations and non-Hispanic Black populations experience higher rates of preterm birth than non-Hispanic White populations. Overall, Onondaga County fares better than NYS excluding NYC for preterm births (Onondaga: 8.8%, NYS excluding NYC: 9.1%) but worse for low birth weight (Onondaga: 8.0%, NYS excluding NYC: 7.7%)<sup>137</sup>

**Figure 64. Preterm births and low birth weight births by race and ethnicity, Onondaga County, 2017-2019**



Source: NYSDOH County Health Indicators by Race/Ethnicity (CHIRE): <https://www.health.ny.gov/statistics/community/minority/county/index.htm>

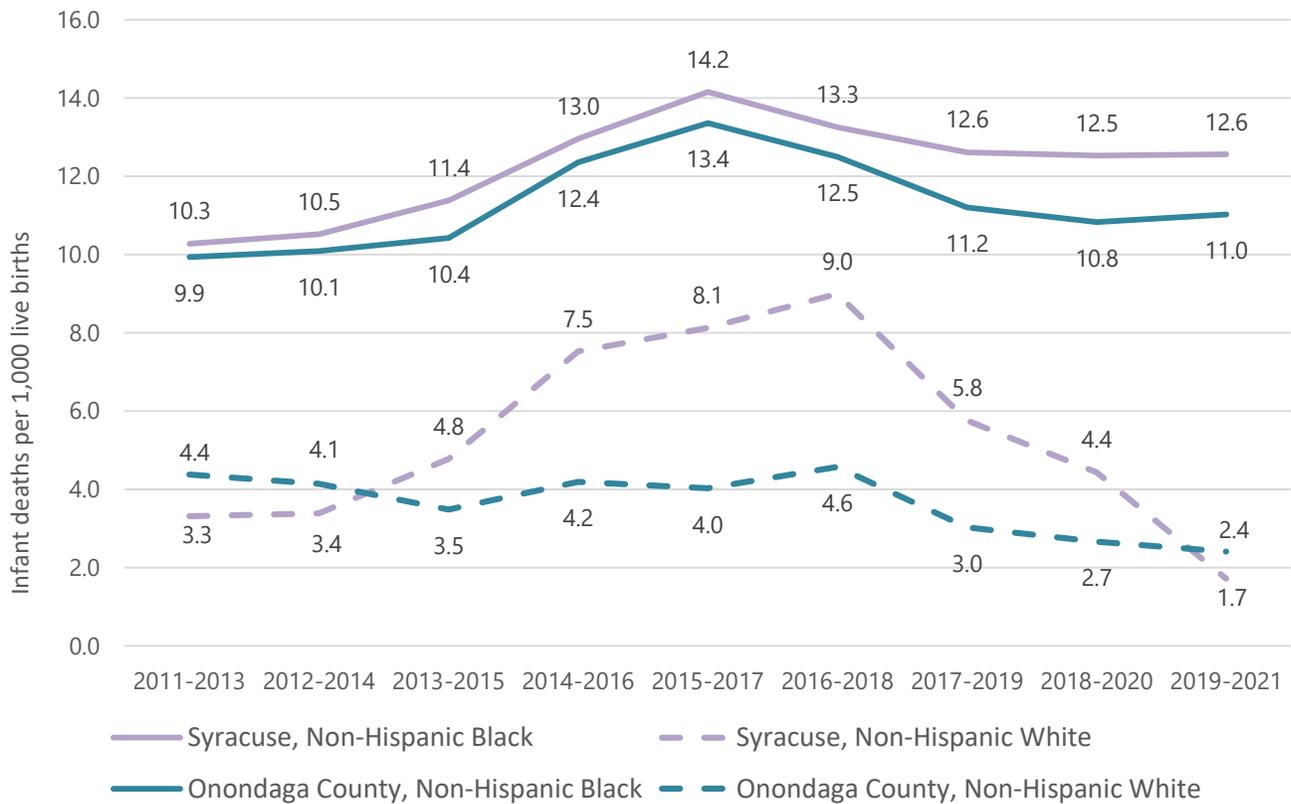
<sup>136</sup> OCHD Division of Community Health, 2021. Data were accessed from the NYS Statewide Perinatal Data System. Note: data are provisional

<sup>137</sup> NYS County Health Indicators by Race/Ethnicity, 2017-2019. Retrieved 10/11/2022, from <https://www.health.ny.gov/statistics/community/minority/county/index.htm>.

### Infant Mortality

Onondaga County continues to struggle with infant mortality. The overall infant mortality rate for Onondaga County was 4.8 per 1,000 live births in 2019-2021.<sup>138</sup> This is better than the national average of 5.4 per 1,000 live births<sup>139</sup> however, significant racial disparities in infant mortality continue to persist. The figure below depicts trends in infant mortality for non-Hispanic Black and Non-Hispanic White infants in Onondaga County and Syracuse. Infant mortality rates for non-Hispanic Black infants continue to exceed rates for non-Hispanic White infants demonstrating a continued need for targeted infant mortality prevention efforts.

**Figure 65. Infant Mortality Rate, 3-Year Rolling Average, By Race and Ethnicity, Onondaga County and Syracuse, 2011-2021**



Sources: NYS Statewide Perinatal Data System (accessed by OCHD) and OCHD, Office of Vital Statistics. Notes: Onondaga County data are inclusive of Syracuse. A 3-year rolling average is used to adjust for fluctuations in individual years. Data are provisional.

<sup>138</sup> NYS Statewide Perinatal Data System (accessed by OCHD) and OCHD, Office of Vital Statistics. Notes: A 3-year average is used to adjust for fluctuations in individual years. Data are provisional.

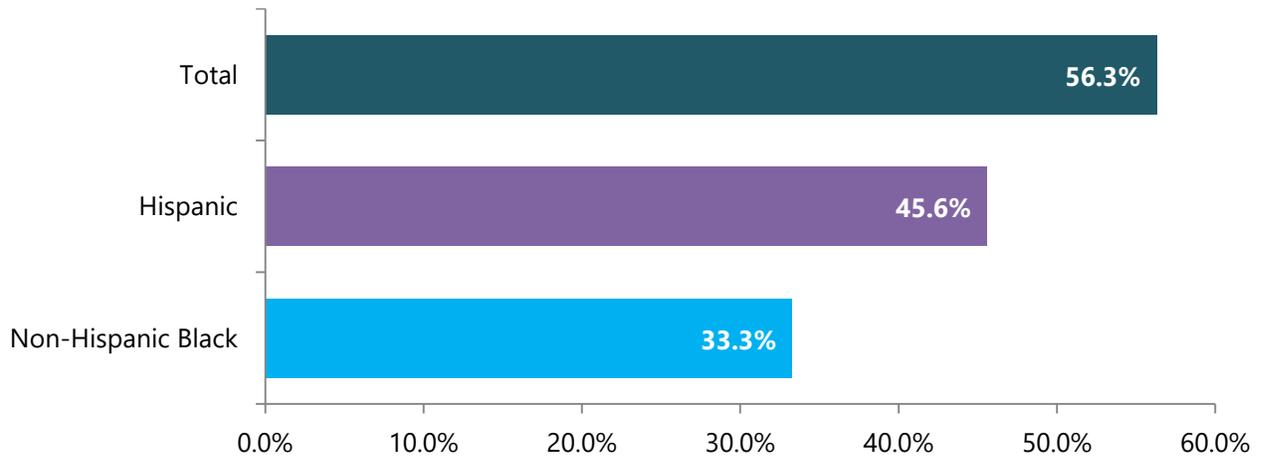
<sup>139</sup> CDC, Infant Mortality, 2020. Retrieved 10/11/2022, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.

## Breastfeeding

Breastfeeding is the best source of nutrition for a majority of infants.<sup>140</sup> Additionally, there have been benefits associated with breastfeeding such as reducing the risk for both short and long-term health conditions for both infants and mothers. In Onondaga County, 77.8% of infants are fed any breast milk while in the delivery hospital.<sup>141</sup> Infants who are breast feeding and using formula as well as those exclusively breastfeeding are included.

The rate for infants exclusively breastfed while in the delivery hospital are similar in Onondaga County (56.3%) and Central New York (56.7%) with NYS faring worse with 47.1%.<sup>142</sup> Within Onondaga County, exclusive breastfeeding in the delivery hospital varies by race and ethnicity (Figure 66). The rate for Non-Hispanic Black infants who are fed exclusively breast milk in the delivery hospital is lower than the rates for both Hispanic infants and the total among all infants.

**Figure 66. Percentage of infants fed exclusively breast milk in delivery hospital by race and ethnicity, Onondaga County, 2019**



Source: [NYS Prevention Agenda Dashboard - County Level](#)

<sup>140</sup> CDC, About Breastfeeding, 2021. Retrieved 10/12/2022, from <https://www.cdc.gov/breastfeeding/about-breastfeeding/index.html>.

<sup>141</sup> NYS Community Health Indicator Reports. Retrieved 10/11/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>142</sup> NYS Prevention Agenda Dashboard, 2019. Retrieved 12/5/2022 from [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/)

## Impact of COVID-19 on Women, Infants, and Children

A recent 2022 study by the United States Government Accountability Office (GAO) analyzed CDC data, including data from the National Vital Statistics System, to identify how the COVID-19 pandemic has worsened and increased racial and ethnic disparities in maternal deaths and other maternal health outcomes in the nation. Main outcomes that were analyzed included preterm births and low birth weights, mental health conditions, infection of COVID-19, and maternal death rate. The analysis found that the pandemic worsened key factors that already contributed to disparities in maternal health outcomes such as access to care, transportation, and other essential resources, the living environment, and employment. Racial and ethnic minorities and other socially disadvantaged groups (those in underserved areas) experienced further disparities in maternal health outcomes during the pandemic due to barriers to accessing maternal health care, decreased ability to social distance or take other preventive measures to reduce transmission, and decreased ability to work from home which increased exposure to the virus. Another key factor that contributed to disparities in maternal health outcomes is racism which includes both structural racism (historical and contemporary social factors that negatively impact disadvantaged people systematically through social and health inequities), and bias or discrimination on the part of providers (assumptions that may be conscious or unconscious resulting in different actions toward people based on their race). In particular, Black women had increased distrust in healthcare during the pandemic due to racial discrimination, mistrust, and frequent changing of guidance and misinformation about COVID-19.

Preterm and low birth weights increased in the first and second year of the pandemic while also disproportionately impacting Black women at higher rates compared with other races and ethnicities. Over 14% of Black women nationally had preterm births during the pandemic compared to the national average of around 10% and rates of less than 10% among both Hispanic and White women. Additionally, pregnant women infected with COVID-19 during pregnancy were at increased risk of having preterm and low birth weights in general; 9% of women with COVID-19 during pregnancy had preterm and low birth weight babies compared to 7.9% of women without the virus. Pregnant women who had the virus at the time of delivery had a higher risk of being admitted to the intensive care unit than those without the virus. Mental health conditions (anxiety, depression and stress) were negatively impacted by the pandemic and worsened among both pregnant postpartum women, especially due to social isolation and fear of becoming infected with the virus. The rate of maternal deaths per 100,000 live births per year increased across all races and ethnicities, however, rates were significantly higher in 2021 for Black or African-American women (68.9 per 100,000) compared to non-Hispanic White women (27.5 per 100,000) and Hispanic or Latina women (27.5 per 100,000). Although the data and main findings are not local, we expect a similar impact to be reflected in our community.<sup>143</sup>

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<sup>143</sup>U.S. Government Accountability Office. Outcomes Worsened and Disparities Persisted During the Pandemic. GAO-23-105971. Oct 19, 2022.

## Healthy Women, Infants, and Children Summary

Racial and ethnic disparities in maternal and infant health remain to be a challenge in Onondaga County especially for preterm birth, low birth weight, breastfeeding, and infant mortality. The rates for Black mothers and infants are far worse for these indicators than among White mothers and infants. Additionally, Hispanic mothers and infants experience worse outcomes for many of the same indicators. For prenatal care indicators including entry to care in the first trimester, adequacy of care, and lower percentage of mothers with late (3rd trimester) or no prenatal care, Onondaga County continues to fare better than NYS. The COVID-19 pandemic has worsened maternal health outcomes in the country as well as increased racial and ethnic maternal health disparities. The virus is still a challenge and many of the issues recognized in the GAO article may be issues our county will also have to tackle. Rising trends in substance use in pregnancy continue to be a concern, along with disheartening rates of infant mortality, particularly among Black infants.

## Communicable Diseases

Communicable diseases can be transmitted in numerous ways, however many public health strategies exist to mitigate their spread and impact. These include vaccination, immunization, masking, disease investigation, partner notification, screening, treatment, and pre-exposure prophylaxis.

An overview of current rates of several communicable diseases covered in this topic area include: [vaccine preventable diseases, HIV, and sexually transmitted infections](#).

### Vaccine Preventable Diseases

Onondaga County fares better than or equal to Central New York and NYS for vaccine preventable disease indicators. A list of immunization indicators for Onondaga County, Central New York, and New York State is provided in Figure 67. Onondaga County’s vaccination rates for childhood immunizations, HPV, influenza (among adults aged 18+ years), and influenza and pneumococcal vaccinations among adults aged 65+ years either exceed or are equal to the rates for both Central New York and NYS.

**Figure 67. Immunization indicators, Onondaga County, Central New York, and NYS, 2017-2019**

	Onondaga County	Central New York	New York State
% of children with 4:3:1:3:3:1:4 immunization series– Aged 24-35 months	81.6	76.1	66.3 <sup>†</sup>
% of adolescents with 3-dose HPV immunization – Aged 13 years	39.9	37.1	32.8 <sup>†</sup>
% of adults with an influenza immunization in the past year –Aged 18+years	33.0	27.8	26.9
% of adults with an influenza immunization in the past year –Aged 65+ years	51.5	46.2	44.8
% of adults with pneumococcal immunization– Aged 65+years	76.9	76.9	64.0

Sources: NYSDOH Vital Records at: [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/); NYS Expanded BRFSS at: <https://www.health.ny.gov/statistics/brfss/expanded/>.

<sup>†</sup>Data are for NYS Excluding NYC

Figure 68 presents incidence rates for several vaccine preventable diseases. For pneumonia/influenza hospitalizations among adults age 65+ years, Onondaga County fares worse than Central New York but better than NYS. The rates of meningococcal disease is less than one per 100,000 population for Onondaga County, Central New York and NYS. Onondaga County has a higher incidence of mumps with 11.5 per 100,000 compared to Central New York (5.4 per 100,000) and New York State (1.7 per 100,000). The incidence rate for pertussis in Onondaga County (6.0 per 100,000) exceeds both the rate for Central New York (4.7 per 100,000) and NYS (3.8 per 100,000). Onondaga County has a slightly higher hepatitis A incidence rate (2.2 per 100,000)

than NYS (1.3 per 100,000), and the incidence rate of acute hepatitis B is largely the same for Onondaga County (0.3\* per 100,000) and NYS (0.4 per 100,000).<sup>144</sup>

**Figure 68. Vaccine preventable disease indicators, Onondaga County, Central New York, and NYS, 2017-2019**

	Onondaga County	Central New York	New York State
Pneumonia/influenza hospitalization rate (per 10,000) – Aged 65+years	112.4	116.1	85.5
Hepatitis A incidence (per 100,000)	2.2	3.7	1.3
Acute hepatitis B incidence (per 100,000)	0.3*	0.3*	0.4
Meningococcal incidence rate (per 100,000)	0.1*	0.1*	0.1
Mumps incidence rate (per 100,000)	11.5	5.4	1.7
Pertussis incidence rate (per 100,000)	6.0	4.7	3.8

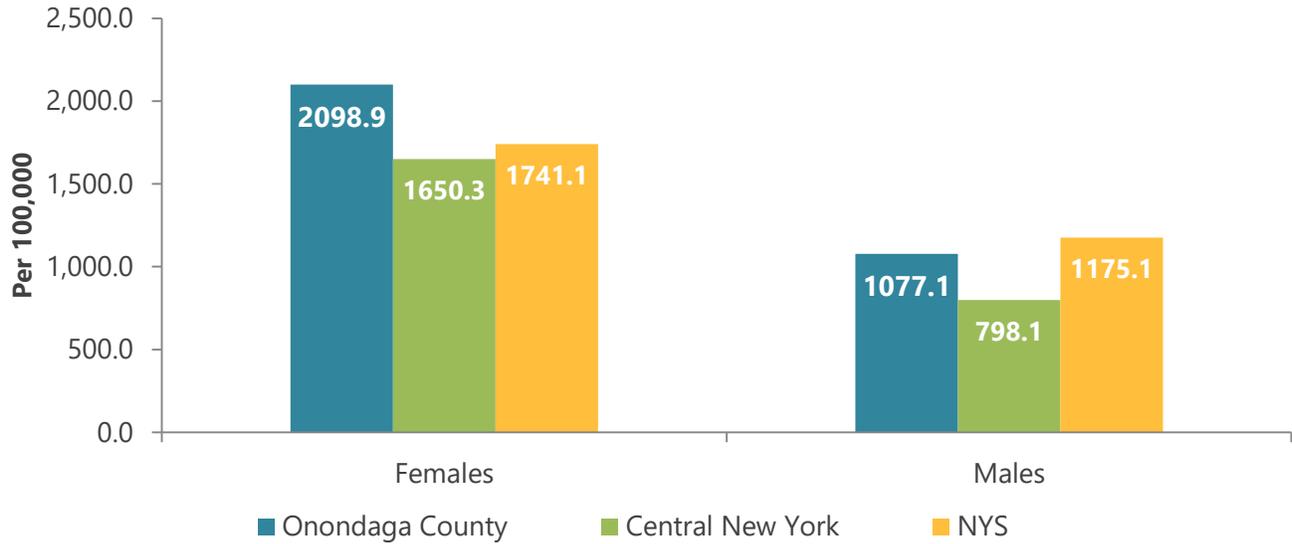
Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>. \*Rate is unstable due to fewer than 10 events in the numerator

### Sexually Transmitted Infections

High rates of sexually transmitted infections (STIs) continue to be a challenge for Onondaga County. There are 2,098.9 cases of chlamydia per 100,000 population of females ages 15-44 years in the county which exceeds the rates for both Central New York and NYS (Figure 69). The Onondaga County rate for males between the ages 15-44 years (1,077.1 per 100,000) exceeds the rate for Central New York but is lower than the rate for NYS. The chlamydia case rates over time for female and male populations ages 15-44 years are depicted in Figure 70. For both females and males, the case rate has increased over the last decade. Additionally, the highest rates of chlamydia are seen in the 20-24 year old age group, with 4,434.6 cases per 100,000 females and 2,165.8 cases per 100,000 males aged 20-24 years.

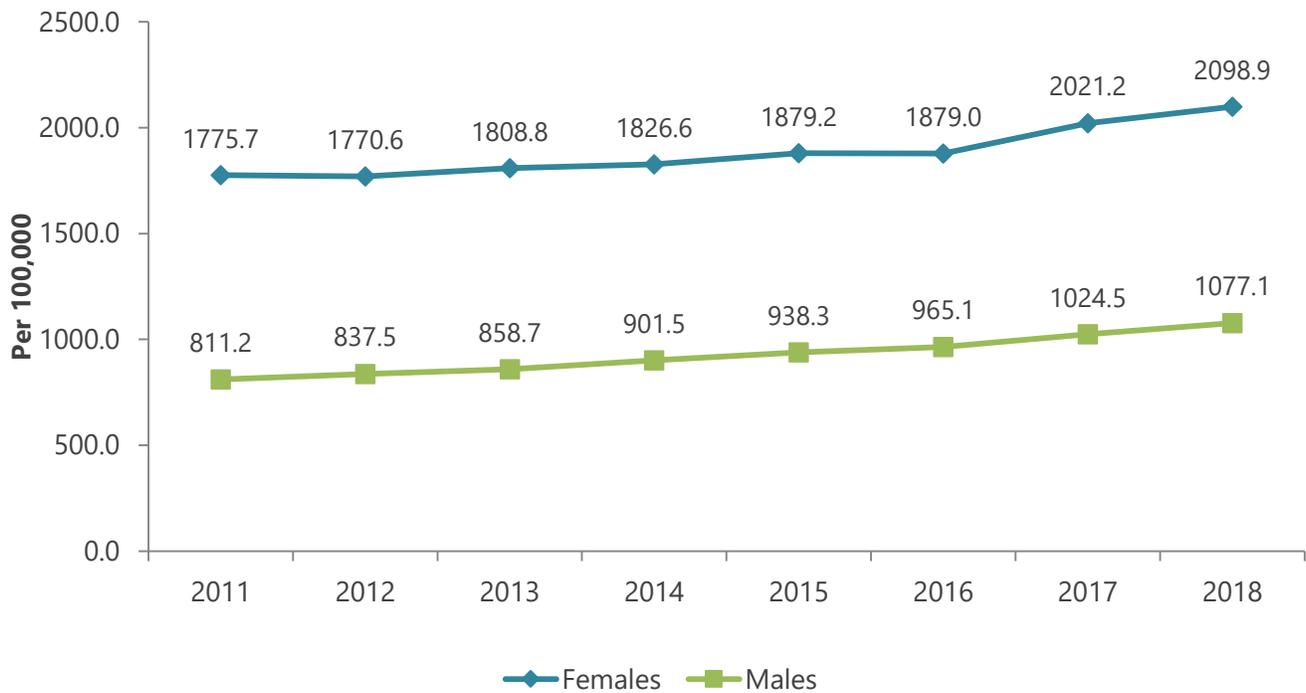
<sup>144</sup> NYS Community Health Indicator Reports. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

**Figure 69. Chlamydia case rate per 100,000 population, ages 15-44 years, by gender, Onondaga County, Central New York, and NYS, 2017-2019**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>

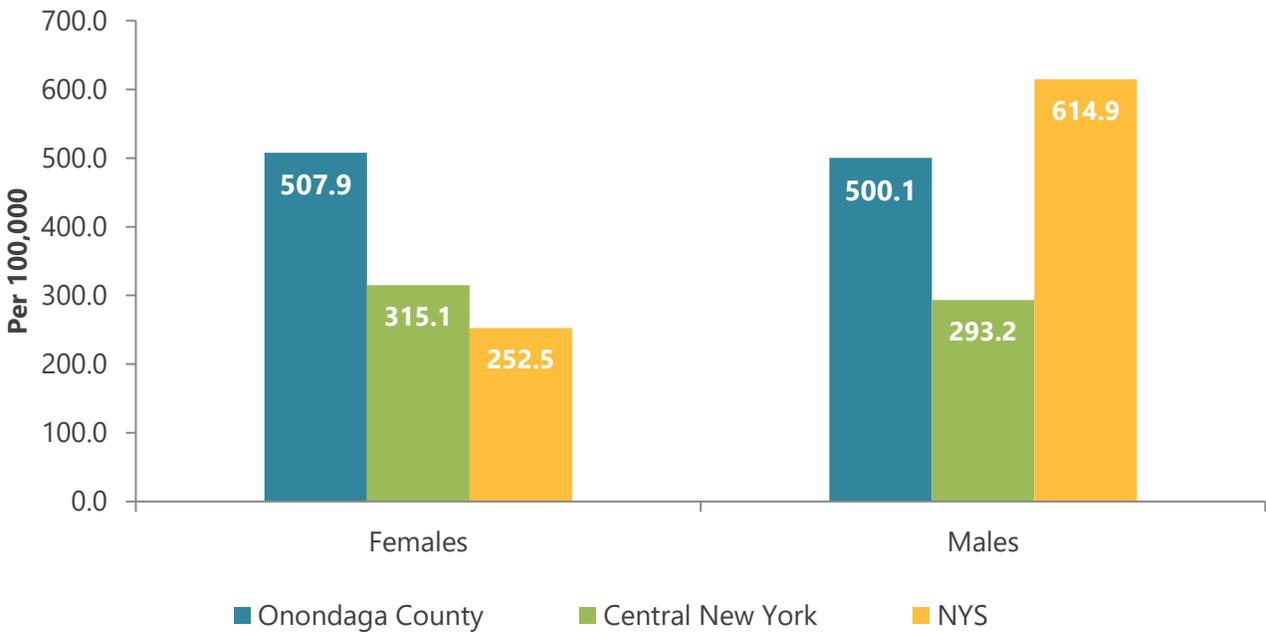
**Figure 70. Chlamydia case rate per 100,000 population, ages 15-44 years, by gender, 3-year rolling average, Onondaga County, 2011-2018**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>

A comparison of gonorrhea case rates for Onondaga County, Central New York, and NYS for 2017-2019 is provided in Figure 71. Onondaga County’s case rate for gonorrhea among females aged 15-44 years exceeds the rates for Central New York and NYS.<sup>145</sup> Additionally, Onondaga County’s case rate for gonorrhea among males aged 15-44 years exceeds the rates for Central New York, however, NYS rates are higher. Figure 72 displays the gonorrhea case rates from 2011 to 2018 among females and males in Onondaga County and shows an increase over time. It is unclear whether the increase in case rates for gonorrhea is due to higher incidences of gonorrhea or because of higher testing rates among at risk populations.

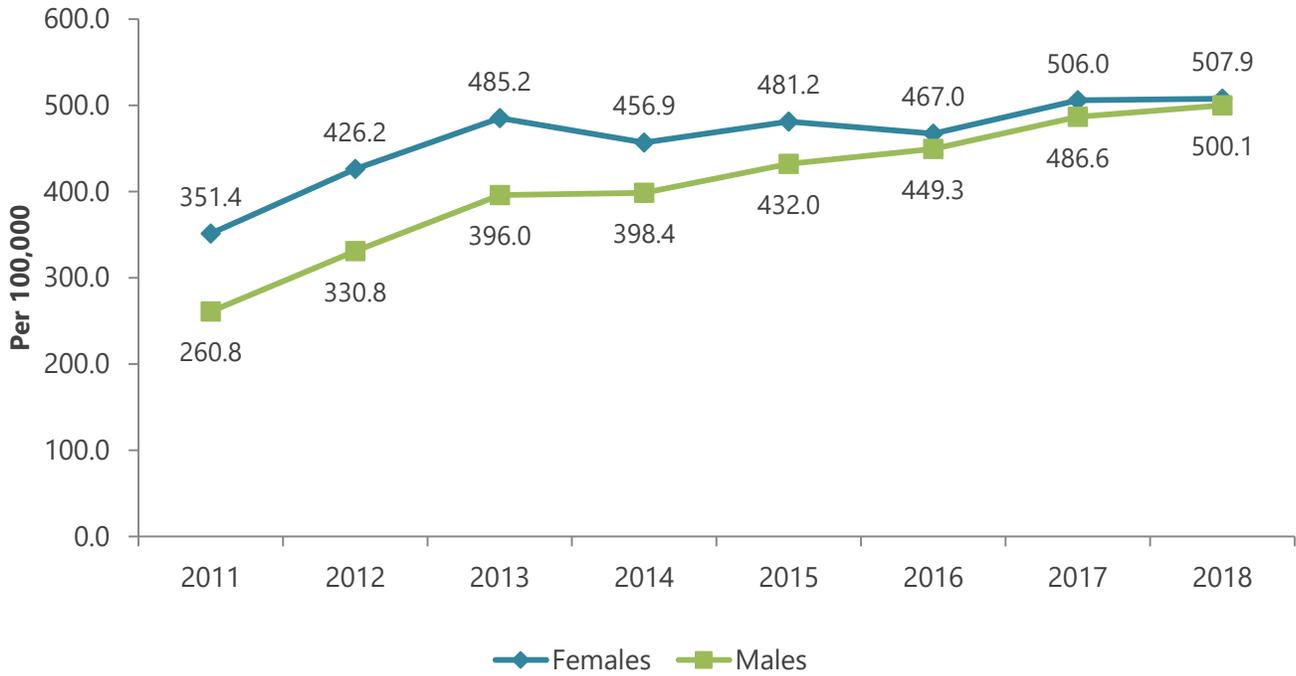
**Figure 71. Gonorrhea case rate per 100,000 population, ages 15-44 years, by gender, Onondaga County, Central New York, and NYS, 2017-2019**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>

<sup>145</sup> NYS Community Health Indicator Reports. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

**Figure 72. Gonorrhea case rate per 100,000 population, ages 15-44 years, by gender, 3 year rolling average, Onondaga County, 2011-2018**



Source: NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>

Figure 73 displays the syphilis case rates for Onondaga County and NYS excluding NYC. Syphilis case rates for males continue to be a challenge within Onondaga County. The primary and secondary syphilis case rate for males in Onondaga County is 8.6 per 100,000, which is lower than the rate for NYS excluding NYC (14.4 per 100,000).<sup>146</sup> Additionally, Onondaga County has a lower rate of late or late latent syphilis than NYS excluding NYC. Figure 74 shows the syphilis case rate in Onondaga County from 2016 to 2021 which has increased significantly from 2020.

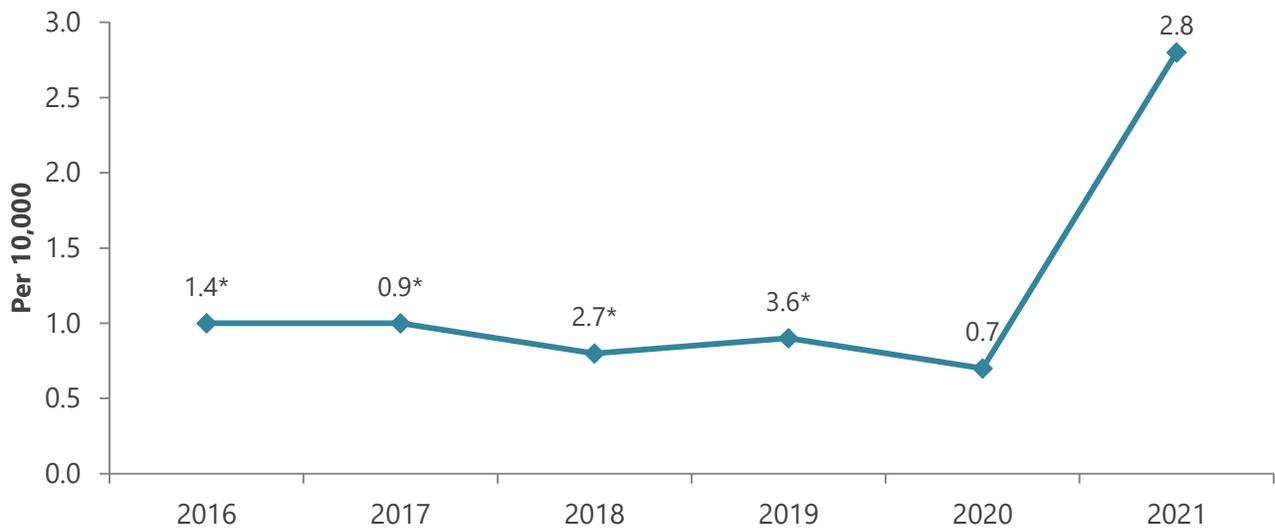
<sup>146</sup> NYSDOH Sexually Transmitted Infections Surveillance Report, 2019. Retrieved 9/23/2022, from [https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti\\_surveillance\\_report\\_2019.pdf](https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2019.pdf).

**Figure 73. Syphilis case rate per 100,000 population, Onondaga County and NYS excluding NYC, 2019**

	Onondaga County	NYS excluding NYC
Primary and secondary syphilis case rate (per 100,000)	4.7	8.5
Primary and secondary syphilis case rate (per 100,000) – Females	1.1	2.4
Primary and secondary syphilis case rate (per 100,000) – Males	8.6	14.4
Late and late latent syphilis case rate (per 100,000)	1.3	5.0

Source: NYSDOH Sexually Transmitted Infections Surveillance Report 2019:  
[https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti\\_surveillance\\_report\\_2019.pdf](https://www.health.ny.gov/statistics/diseases/communicable/std/docs/sti_surveillance_report_2019.pdf)

**Figure 74. Syphilis case rate per 10,000, Onondaga County, 2016-2021**



Prevention and management of STDs is essential for reducing the burden of disease in our community. In particular, women and infants are especially vulnerable to the consequences of undiagnosed and untreated STDs. Infection with STDs during pregnancy can cause poor health outcomes for both the mother and infant including preterm birth, premature rupture of membranes, low birth weight and still birth. Some STDs, like chlamydia and gonorrhea can be asymptomatic and can result in pelvic inflammatory disease which increases risk for infertility and ectopic pregnancy if left untreated.<sup>147</sup> There is an increased risk for congenital syphilis if the

<sup>147</sup> CDC, STDs During Pregnancy, 2022. Retrieved 9/23/2022, from <https://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm>.

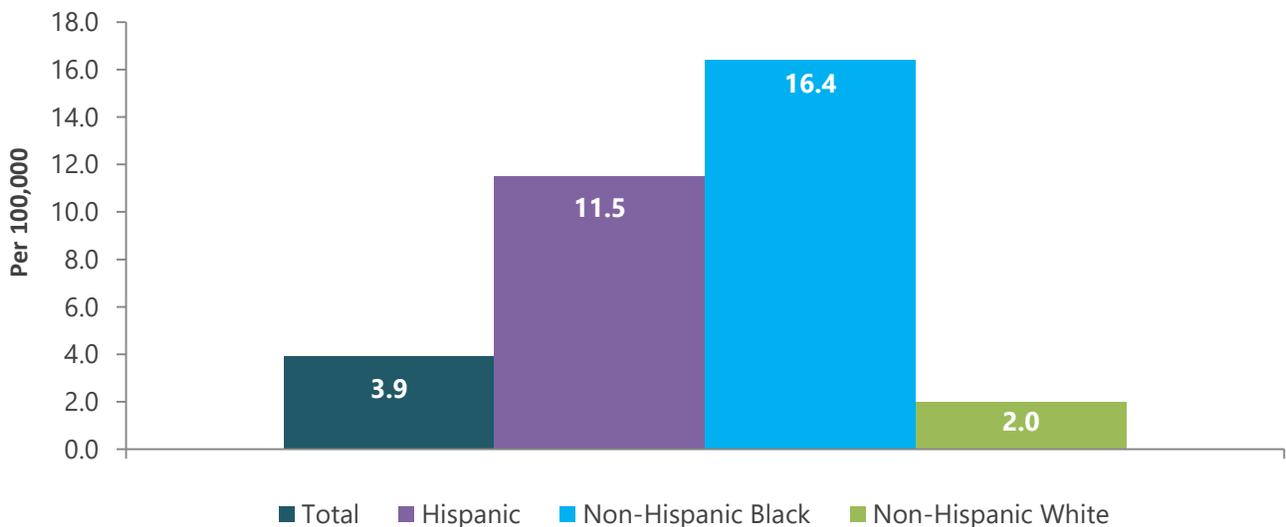
mother is infected with syphilis during pregnancy which can result in fetal death and preterm birth. Screening and early treatment are prevention methods for congenital syphilis. From 2018-2021, there were no reported cases of congenital syphilis in Onondaga County. To-date there have been 4 cases reported in 2022.

Testing for STDs is an important tool for increasing treatment and reducing transmission. In Onondaga County, among sexually active females aged 16- 24 years enrolled in Medicaid Managed Care, 71.2% have had at least one chlamydia test.<sup>148</sup> This rate is higher than Central New York (64.2%) but lower than NYS (75.8%). Several other tools are also currently employed in Onondaga County to reduce STD transmission and increase treatment. These include sexual health education and expedited partner therapy. Expedited partner therapy is the practice of treating the sexual partners of patients with chlamydia or gonorrhea by giving prescriptions, or medication, to the patient to take to their partner without the partner being examined by a healthcare provider.<sup>149</sup>

## HIV and AIDS

The newly diagnosed case rate for HIV in Onondaga County (5.4 per 100,000) exceeds the rate for Central New York (3.7 per 100,000) but is lower than the rate for NYS excluding NYC (5.7 per 100,000).<sup>150</sup> Additionally, new HIV diagnoses vary significantly by race and ethnicity. As displayed in Figure 75, Non-Hispanic Black residents and Hispanic residents have the highest rates in the city of Syracuse.

**Figure 75. Newly diagnosed HIV case rates by race and ethnicity, Syracuse, 2018**



Source: NYS HIV Surveillance System:

[https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018\\_annual\\_surveillance\\_report.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018_annual_surveillance_report.pdf)

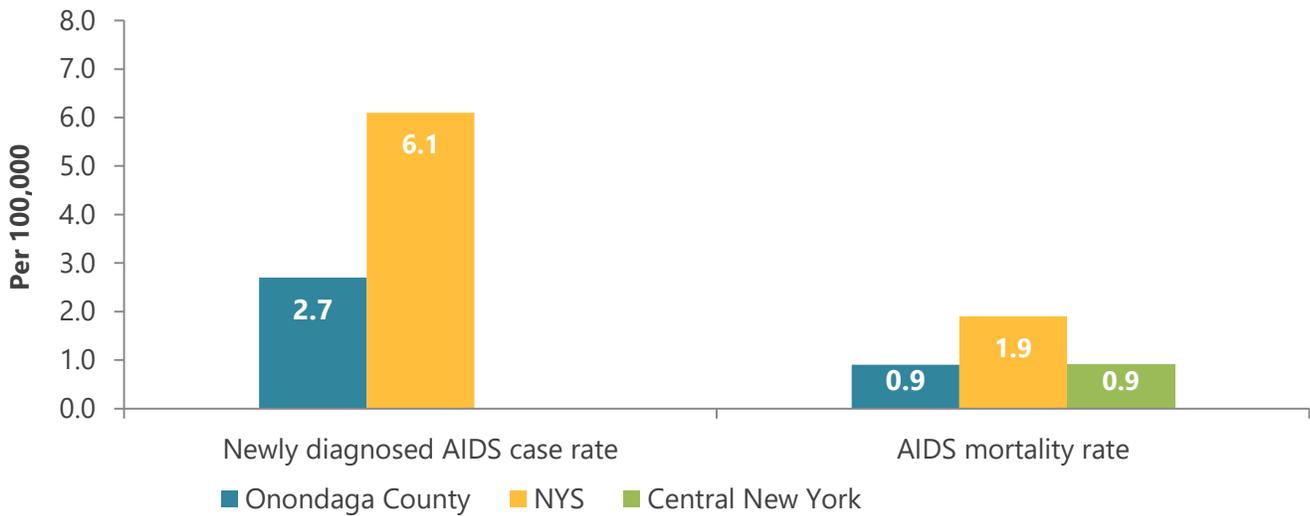
<sup>148</sup> NYS Community Health Indicator Reports. Retrieved 12/12/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>149</sup> CDC, Expedited Partner Therapy, 2021. Retrieved 9/23/2022 from <https://www.cdc.gov/std/ept/default.htm>.

<sup>150</sup> NYS Prevention Agenda Dashboard, 2017-2019. Retrieved 12/7/2022, from [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

According to the 2018 NYS HIV/AIDS Annual Surveillance Report, the newly diagnosed AIDS case rate is the lower in Onondaga County (2.7 per 100,000) than for NYS (6.1 per 100,000) as shown in Figure 76. The AIDS mortality rate for Onondaga County and Central New York is the same (0.9 per 100,000) but lower than the rate for NYS (1.9 per 100,000).<sup>151</sup>

**Figure 76. Newly diagnosed AIDS case rate and AIDS mortality rate per 100,000 population, Onondaga County, Central New York, and NYS, 2018**



Sources: New York State Community Health Indicator Reports (CHIRS) at: <https://www.health.ny.gov/statistics/chac/indicators/>; NYS HIV Surveillance System: [https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018\\_annual\\_surveillance\\_report.pdf](https://www.health.ny.gov/diseases/aids/general/statistics/annual/2018/2018_annual_surveillance_report.pdf)

\*Newly diagnosed AIDS case rate data is not available for Central New York

### Infections among Persons who Inject Drugs

There is an increased risk for certain infections including hepatitis A, B, and C, and HIV/AIDS associated with injection drug use. Onondaga County fortunately has a relatively small annual number of hepatitis A, and acute hepatitis B and C infections. In Onondaga County, the incidence rate for acute hepatitis C is 1.3 per 100,000 compared to 2.1 per 100,000 in NYS excluding NYC.<sup>152</sup> Although rates remain low, Onondaga County residents are at an increased risk for exposure to these pathogens due to behaviors associated with injection drug use crisis. Programs that emphasize increased vaccination and education among those who inject drugs are crucial for preventing disease transmission.

<sup>151</sup> New York State Community Health Indicator Reports (CHIRS), 2019. Retrieved 9/23/2022, from <https://www.health.ny.gov/statistics/chac/indicators/>.

<sup>152</sup> NYSDOH 2018 Communicable Disease Annual Reports. Retrieved 11/3/2022, from <https://www.health.ny.gov/statistics/diseases/communicable/2018/docs/rates.pdf>.

## COVID-19 and other infectious diseases

COVID-19 infections continue to impact residents of Onondaga County. To-date, over 150,000 cases have been reported locally. Pages 42 to 43 describe in more detail the impact of the COVID-19 pandemic on our community. Various phases of the pandemic have highlighted the importance of vaccinations and other mitigation efforts in minimizing the number and severity of COVID-19 infections.

As many COVID-19 mitigation measures have eased, other respiratory diseases have surged. In Onondaga County, reports of respiratory syncytial virus (RSV) and influenza have significantly increased over previous years. Combined with ongoing COVID-19 infections, this triple threat has strained hospital capacity and will remain a challenge until new cases wane.

Another recent threat was the emergence of mpox disease outbreaks across the United States. Quick response and readily available vaccine appear to have mitigated this outbreak for the time being. Public health officials have also been working to address an increase in polio virus cases in some communities. All of these examples show that the public health system must remain ready to quickly identify and mitigate new infectious disease threats.

## Impact of the COVID-19 Pandemic on Communicable Diseases

COVID-19 continues to affect STI surveillance activities and trends. Pandemic-related delays in diagnosis and treatment of STIs may result in negative outcomes including pelvic inflammatory disease and infertility.

According to the CDC, at the end of 2020, both rates of gonorrhea (10%) and primary & secondary (P&S) syphilis (7%) increased from 2019. Additionally, congenital syphilis increased close to 15% from 2019.<sup>153</sup> HIV testing across the nation declined in 2020 among all racial and ethnic groups and populations that are most affected by HIV including Black and Hispanic populations, Men Who Have Sex With Men (MSM), and transgender persons.<sup>154</sup>

During the pandemic, routine vaccination for children and adolescents declined considerably in the United States. The lag in vaccinations may pose a serious risk of vaccine-preventable disease outbreaks, especially as schools have fully reopened for in-person learning.<sup>155</sup> In the U.S., there was an overall reduction in measles immunizations with about 80% of fewer doses given to people younger than age 24 years in 2020. Resurgence of vaccine preventable diseases (VPD) is a significant concern, and disruption of routine immunization programs due to the pandemic only increases the risk.

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<sup>153</sup> CDC, New data suggest STDs continued to increase during first year of the COVID-19 pandemic, 2022. Retrieved 11/3/2022, from <https://www.cdc.gov/media/releases/2022/p0412-STD-Increase.html>.

<sup>154</sup> CDC, HIV Testing Before and During the COVID-19 Pandemic — United States, 2019–2020. Retrieved 11/3/2022, from <https://www.cdc.gov/mmwr/volumes/71/wr/mm7125a2.htm>.

<sup>155</sup> CDC, Impact of the COVID-19 Pandemic on Administration of Selected Routine Childhood and Adolescent Vaccinations — 10 U.S. Jurisdictions, March–September 2020. Retrieved 11/3/2022, <https://www.cdc.gov/mmwr/volumes/70/wr/mm7023a2.htm>.

## Communicable Diseases Summary

With respect to immunization rates and case rates for vaccine-preventable diseases, Onondaga County generally fares better compared to NYS as a whole. Unfortunately, the rates of sexually transmitted infections including chlamydia and gonorrhea in both females and males in Onondaga County are much higher than NYS and NYS excluding NYC. Additionally, in Syracuse, racial and ethnic disparities in newly diagnosed HIV cases are apparent. The COVID-19 pandemic has brought to light the consequences of delaying immunizations, treatment, and testing for infectious diseases. Lastly, although incidences of hepatitis A, B, and C, and HIV/AIDS continue to remain low in Onondaga County, individuals who inject drugs may be at higher risk for exposure to these infectious diseases.

## Community Assets and Resources

Onondaga County is fortunate to have a variety of assets and resources available to address local public health challenges. This section provides an overview of assets and resources in our community. Topics covered in this section include: [health department](#), [health care services](#), [academic institutions](#), [community based organizations](#), [transportation](#), [libraries](#), and [community arts](#). This section also provides an overview of resources and current barriers specific to each of the NYS Prevention Agenda Priority areas.

### Health Department

Since its creation in 1965, the Onondaga County Health Department (OCHD) has provided a wide range of public health services to Onondaga County. In 2018, the OCHD was awarded accreditation from the national Public Health Accreditation Board and continues to ensure the highest level of public health service to the community. With a mission to *protect and improve the health of all Onondaga County residents*, the OCHD has a proud history of quality improvement and performance management. The 2022 adopted County budget approved 261 employees and a budget of approximately \$86 million for the OCHD, including about \$10.6 million in grant funding. For a description of all the programs and services offered by the OCHD, please see the [OCHD Annual Report](#).

### Health Care Services

There are four health systems located within Onondaga County:

- [Crouse Health](#) has 506 acute-care beds and is recognized for their comprehensive maternity, surgical, cardiac, oncology and stroke care services. Crouse Health delivers nearly 4,000 babies each year and has 57 neonatal intensive care bassinets. Additionally, Crouse Health has one of the longest-running ambulatory surgery programs in the U.S. and offers the region's only pediatric cardiac catheterization program and chemical dependency treatment program.
- [St. Joseph's Health Hospital](#) has 451 beds, including 58 beds for intensive care. St. Joseph's is known for a variety of services and is nationally recognized as a leader in cardiovascular and orthopedic surgical care. Additionally, St. Joseph's is acknowledged for their behavioral health services for adults and children, including the region's only Comprehensive Psychiatric Emergency Program (CPEP) with a licensed Psychiatric Emergency room.
- [Syracuse VA Medical Center](#) has 106 beds for general medical and surgical services with an additional 30 beds in the Regional Spinal Cord Injury and Disorder Center and 48 beds in the Community Care Center. The Community Care Center provides a community day program, a homeless Veterans program, mental health intensive case management, and vocational services.

- Upstate University Hospital Downtown Campus has 420 beds, more than 80 specialty clinics and the region's only Level-I Trauma and Burn Center. In addition to these services, Upstate University Hospital is also home to the Upstate Poison Center, Joslin Diabetes Center, Upstate Cancer Center, Upstate Neurological Institute, Upstate Heart Institute, and Golisano Children's Hospital. Golisano Children's Hospital serves individuals from birth to 19 years of age and operates 44 medical/surgical, 15 intensive care, and 12 hematology or oncology beds. Upstate Community Hospital Campus has 306 beds with 460 physicians. Upstate Community Hospital also houses the Physical Medicine and Rehabilitation Center, Upstate Family Birth Center, Wellspring Breast Center, Sleep Center, Center for Orthopedics, and Emergency Services for seniors, children and adults.

In addition to local hospitals, Onondaga County is home to numerous other health care services:

- Urgent care facilities and primary care practices are located county-wide.
- Affordable health care and family planning services are made available by Planned Parenthood located in Syracuse.
- The OCHD offers testing and treatment for STDs and tuberculosis, and testing for HIV in downtown Syracuse.
- Syracuse Community Health (SCH), a Federally Qualified Health Center (FQHC) provides comprehensive care for children and adults in the greater Syracuse area. SCH operates 11 clinical locations including eight school-based health centers in the Syracuse City School District and three community-based clinics that provide health care services to uninsured or under-insured individuals.
- There are several mental health providers and chemical dependency treatment resources located throughout Onondaga County. A list of these resources is available in the Mental Health Local Resource Directory.
- Amaus Dental Services, located in downtown Syracuse, offers free dental services to Central New York residents who are unemployed, homeless or do not have dental insurance.
- A number of Article 28 and 36 healthcare facilities provide surgical, orthopedic, and dialysis services.

## Academic Institutions

There are a number of academic institutions located in Onondaga County, several of which have health-related programs with students and faculty willing to partake in community health initiatives.

- Upstate Medical University, the region's only academic medical center, enrolled 1,592 total students in 2018. The University offers several health related profession programs within its four colleges, the College of Graduate Studies, College of Health Professions, College of Medicine, and College of Nursing. Public health specific degree programs include a Master of Public Health (MPH), a combined MD/MPH, and a Certificate of Advanced Study in Public Health.
- Pomeroy College of Nursing at Crouse Hospital offers a two-year associate's degree in applied science with a major in nursing and enrolled 245 students in 2020-2021.

- St. Joseph’s College of Nursing also offers a two-year associate’s degree in applied science with a major in nursing and enrolls approximately 300 students annually.
- Le Moyne College offers undergraduate nursing program options in partnership with St. Joseph’s College of Nursing and Pomeroy College of Nursing at Crouse Hospital, graduate nursing program options, a Physician Assistant Studies program, and an Occupational Therapy program.
- Onondaga Community College School of Health offers several health related degree programs and certificates.
- Bryant & Stratton College also offers select associate and bachelor health related degree programs.
- Syracuse University is home to the Lerner Center for Public Health Promotion and Falk College of Sport and Human Dynamics, which offers a Bachelor’s degree in public health, a Master of Science in Public Health, and a MPH.

### **Community-based Health and Human Service Agencies**

Onondaga County also has a rich network of community-based health and human service agencies:

- The Human Services Leadership Council is a membership organization of chief executive officers from these agencies. It was established as a collaborative to facilitate information sharing and increase cooperation among the agencies. In Central New York, including Onondaga County, there are nearly seventy participating agency members with three additional strategic partners. Detailed information about the participating community based service agencies is available on their website ([www.hslccny.org](http://www.hslccny.org).)
- 211 CNY is a local three-digit dialing system that links residents to community, social, or government resources like food, shelter, employment or health care. In addition to the dialing system, residents may also complete a guided search for resources at the 211 CNY website ([www.211cny.com](http://www.211cny.com).)

### **Transportation**

- The Central New York Regional Transportation Authority (CENTRO) provides public transportation via bus within and between the counties of Onondaga, Oswego, Cayuga and Oneida. An accessible fleet of buses is available for persons with disabilities.
- The ride-sharing companies Uber and Lyft currently operate in Onondaga County, providing more transportation options for residents.

### **Libraries**

There are a number of libraries within Onondaga County. The Onondaga County Public Library system (OCPL) operates 32 total libraries. The Central Library and ten city branch libraries are located in the City of Syracuse and 21 suburban libraries are located in towns and villages across the County. OCPL offers a wide-variety of printed, digital, and technological resources to the public. Resources related to employment, career, community and social services are available at select branches. Additionally, programming such as book clubs, computer classes, adult literacy classes, English for speakers of other languages (ESOL) classes, and high school equivalency classes

and study groups are offered. The Central Library provides special technologies and an adaptive resources lab designed to be accessible for people with disabilities. For young and school age children, play spaces, engaging activities, summer learning programs, and homework assistance resources are also available. In addition to OCPL, there are several libraries operated by either local academic or healthcare institutions that offer a rich variety of resources to students, staff, patients, families, and the public. For example, the Health Sciences Library at Upstate Medical University, the Family Resource Center at Upstate Golisano Children’s Hospital, the Coulter Library at Onondaga Community College, the Noreen Reale Falcone Library at Lemoyne College, and six major libraries on the Syracuse University and the State University of New York College of Environmental Science and Forestry campuses.

## Arts and Culture

Arts and culture are an important contributor to the well-being of the community. A dynamic network of museums, art galleries, theaters, indoor and outdoor performance venues, event spaces, community centers, and places of worship are present in Onondaga County. There are several arts organizations dedicated to celebrating, supporting, and promoting local artists, the arts, and the creative industry. Area higher education institutions offer visual and performing arts programs committed to developing and enriching the arts on their campuses and broader community. Additionally, the Onondaga County Public Library system offers many resources that promote participation in the arts including guest speaker series, art classes, art exhibits, and audio and video studios. Throughout the year, festivals and other public events are hosted across the County that celebrate the diverse communities with food, music, and cultural experiences. Public art works including murals, sculptures, and memorials can be viewed throughout the County, especially in the City of Syracuse Downtown District. Additionally, using American Rescue Plan Act funds, the City of Syracuse recently funded a community driven city-wide public art mural program, City as Canvas.<sup>156</sup>

## Health Status Related Assets and Resources

Assets and resources specific to the NYS Prevention Agenda Priority Areas are outlined below. Also included are current barriers experienced within each topic area.

### Chronic Diseases

Chronic diseases such as diabetes, cancer, heart disease and stroke are leading causes of morbidity and mortality in Onondaga County. Fortunately, chronic disease risk can be reduced through healthy lifestyle choices including good nutrition, physical activity, and regular preventive healthcare. Onondaga County has numerous assets and resources that help prevent chronic diseases, including:

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<sup>156</sup> Tomorrow’s Neighborhoods Today (TNT), 2022, Retrieved 10/13/2022 from <http://www.tomorrowsneighborhoodstoday.org/about-2>.

- Twelve farmers markets, including a large Central New York Regional Market that is open year-round. This market accepts Electronic Benefits Transfer (EBT), WIC Farmers Market coupons, and cash, and is located on a bus route to promote access and affordability for all residents. A Farm Fresh Mobile Market (FFMM) that serves the City of Syracuse paused during the COVID-19 pandemic, and plans to resume soon. FFMM provides healthy and affordable produce to increase access for vulnerable populations. A Double Up Food Bucks initiative was recently launched in several Syracuse market locations to support the purchase of more local produce by families who receive Supplemental Nutrition assistance (SNAP). Syracuse is also home to numerous community gardens on individual or shared plots that produce fruit, vegetables, and/or other plants. These resources increase the accessibility of healthy, safe, and affordable foods for many County residents.
- Opportunities to address healthy living have brought together a strong network of partners, including the Onondaga County Health Department (OCHD), the New York State Department of Health (NYSDOH), the Syracuse City School District (SCSD), academic institutions, early childhood centers, and community-based organizations to develop sustainable policy, practice, and environmental changes. Projects include partnering with local food pantries to facilitate stocking healthful foods, including fresh produce, and assisting patrons in identifying healthful options. Other efforts include establishment of nutrition standards and policies in childcare centers, worksites, and community based agencies, and facilitating environmental changes to support physical activity.
- The OCHD has partnered with several local school districts, including the SCSD and the Onondaga Nation School to enhance the physical activity and nutrition environment for the districts' students and staff. Initiatives include professional development for staff, creation of building-level wellness committees, environmental changes to support the Food Services department, and a variety of projects designed to increase physical activity in classroom settings.
- The OCHD's Cancer Services Program (CSP) partners with the NYSDOH, local healthcare providers, and numerous community agencies/organizations to offer free screening services for breast, cervical, and colorectal cancer to uninsured and underinsured residents of both the City of Syracuse and Onondaga County.
- Several community clinics are committed to providing free or affordable health care to those who are un- or under-insured, including Syracuse Community Health, Christian Health Service of Syracuse, Rahma Health Clinic, and Poverello Health Center.
- Tobacco-Free Central New York is a program that works in Onondaga, Cayuga, and Oswego counties to reduce tobacco use through policy change and youth empowerment to reduce the power and everyday presence of the tobacco industry, prevent exposure to secondhand smoke, and support CNY residents who want to live healthy, tobacco-free lives. The Tobacco-Free Network of CNY also participates in the Tobacco Action Coalition of Onondaga County (TACO), which includes members from the American Cancer Society Cancer Action Network (ACS CAN), American Heart Association, St. Joseph's Hospital Health Center, Upstate Medical University, NYSDOH, and community advocates. The coalition is working to encourage elected

officials, community organizations, corporate decision makers and community members to decrease the social acceptability and reduce the burden of tobacco use in our community.

- Several recent infrastructure projects have created increased opportunities for physical activity and connectivity. For example, improvements to portions of the Erie Canalway/Empire State Trail, extension of the Onondaga Creekwalk from Armory Square to Kirk Park on the Southside of Syracuse, and completion of a pavilion, overlook, and kayak/canoe access point to the Onondaga Creek at Syracuse's Meachem Field. Additionally, recent progress toward completion of the Onondaga Lake Loop the Lake trail includes a pedestrian bridge that connects the West Shore Trail to Hiawatha Boulevard and an extension through Murphy's Island which connects to the Onondaga Creekwalk.

**Barriers** to preventing chronic diseases continue to persist in parts of Onondaga County. For example:

- Nearly 30% of households in the City of Syracuse do not have a vehicle available, which can limit access to healthcare, healthy food options and opportunities for physical activity.
- Some areas of the County have a high density of unhealthy food options including fast food venues and corner stores.
- Changing social media landscapes impact how some health education messages around chronic diseases are delivered and received.
- Easily accessing the healthcare system remains challenging for some county residents. Noted barriers include long wait times for appointments, the high cost of health care, and inadequate insurance coverage.

## **Wellbeing, Mental Health, and Substance Use Disorders**

Mental and emotional well-being is a key aspect of overall health. It is important to identify and treat mental, emotional and behavioral (MEB) disorders to minimize the impact on individuals, families and communities. Onondaga County is a relatively rich service hub, providing mental and behavioral healthcare to the Central New York region. Assets and resources include:

- An active and engaged Drug Task Force (DTF). Initially formed to address synthetic cannabinoids and high rates of newborn drug-related discharges, membership and initiatives have expanded in response to the ongoing opioid epidemic. Over 45 agencies are represented on the DTF, from sectors including local and state government, public safety, academics, clinical care, business, and community-based organizations. Initiatives of the DTF include the development of a community-wide overdose response initiative, agency collaboration around resource sharing, ongoing planning and evaluation for coordinated local efforts around the opioid epidemic, and providing community education around emergent topics related to local drug trends.
- Several active naloxone training and distribution programs (Opioid Overdose Prevention Programs) that provide trainings and promote the use of naloxone throughout the community.

- Two active Syringe Services Programs offer both primary and secondary syringe services.
- Enhanced local and regional capacity to treat addiction through several opioid treatment programs including a Regional Crisis Center for Addiction. This has resulted in reduced reliance on inpatient services for substance use conditions.
- Medical practitioners able to prescribe buprenorphine. Over the past 5 years over 100 medical practitioners have received the training to become waived to prescribe buprenorphine. These practitioners come from a variety of medical backgrounds and work in many diverse settings.
- Initiatives serving persons who are incarcerated with substance use disorders in the county jail while incarcerated and upon release. A Medication Assisted Treatment program allows persons who are incarcerated to begin treatment prior to release and a forensic substance use transition service works with persons who are incarcerated to identify and connect with needed community services to support the transition back to the community.
- The Upstate Emergency Opioid Bridge Clinic, an innovative Emergency Medicine approach to aiding the fight against opioid use disorder. Patients arriving to the Emergency Department are evaluated, treated for withdrawal and referred, within three to five days, to the Bridge Clinic for further treatment. Community referrals are accepted as well.
- Peer services available within the community to assist and support people with substance use disorders in navigating the service system. This includes a County-led Peer Program that can link people to the Bridge Clinic.
- Upstate University Hospital's Inclusive Health Services offers outpatient medical care, primary care, and onsite behavioral health services including individual therapy, medication management, mental health case management, substance use assessment, education, and referrals to the LGBTQ+ community.
- A Suicide Prevention Coalition with representation from a variety of local agencies. The goal of the coalition is to educate and link the community around suicide prevention to reduce stigma, promote help-seeking, and save lives. Four active subcommittees work in the areas of education, data, communication, and outreach.
- Several initiatives to address suicide in Onondaga County over the past several years:
  - Zero Suicide, a model that integrates questions about suicide for patients at all health care visits. This was piloted in behavioral health settings, but will become standard operating procedure across all specialties and within primary care settings.
  - Suicide Fatality Review, which uses a formal in-depth suicide review process to ensure accurate and complete data collection by medical examiner office investigations of suicide deaths; and to conduct in-depth community reviews of suicide deaths to identify systemic patterns. This allows interventions to be put in place where they will be most effective. One cycle of this process was

completed and the process has been adapted to review each case for common risk factors and use those to make recommendations to the Suicide Prevention Coalition.

- Contact Community Services Crisis Center Follow-up Expansion, in partnership with Liberty Resources, Inc. and St Joseph's Hospital Health Center Comprehensive Psychiatric Emergency Program. This program has implemented the Air Traffic Control Model (ATCM) to promote continuity of care and safeguard the well-being of individuals at risk of suicide in the Syracuse metropolitan area.
- An increased interest in and commitment to addressing the impacts of trauma within our community, including educating on the impacts trauma at both the community and individual levels, and implementing strategies throughout provider communities and service systems to build resilience in clients, students, and practitioners. This effort is ongoing and includes the expansion of an evidence based program within schools called, "PAX Good Behavior Game," that teaches self-regulation and builds resiliency within children.

**Barriers** to promoting mental health and preventing substance abuse include:

- A demand for detox and other substance use services that exceeds current capacity.
- Increased demand for mental health services that exceeds current capacity. This is seen across all levels of service provision, with particular access challenges around psychiatry services.
- Limited children's inpatient mental health services.
- Limited access to services due to lack of transportation, in both urban and rural settings.
- A lack of awareness of available community resources.

## Healthy and Safe Environments

The environment in which individuals live, work, and play has a significant impact on health. Ensuring safety and promoting a healthy lifestyle are essential to the development of a healthy community. Onondaga County has many resources in the environment that promote safe and healthy living, including:

- Onondaga County is home to 3 state parks, 13 county parks, and over 100 city, town, and village parks, offering indoor and outdoor spaces for residents to be physically active and to relax with family and friends. The Onondaga County Parks system in particular offers an extensive network of nearly 6,500 acres utilized by nearly 3 million people each year. Included in the park system are nature centers, beaches, forested areas, recreational facilities, and athletic fields, many of which can be used year-round. The Syracuse Department of Parks, Recreation & Youth Programs maintains an additional 1,000 acres of parks, playgrounds, and open spaces for recreational activities. Many towns in the county have Parks and Recreation Programs which provide diverse activities for residents of all ages. All Onondaga County parks have committed to a tobacco-free environment. The County also offers numerous hiking, walking, and biking trails including the Erie Canalway/Empire State Trail, the Onondaga Creekwalk, Onondaga Lake Park, and Lakeview Park. Additionally, there are a number of fitness facilities, athletic clubs, and recreational sporting groups in the County.

- Over ten lakes and reservoirs are located within or partially within Onondaga County, which provide a variety of opportunities for recreation and physical activity. Otisco Lake and Skaneateles Lake are also important sources of drinking water for many Onondaga County residents.
- The majority of residents in Onondaga County are served by Public Water Systems which provide safe drinking water. The Onondaga County Water Authority and the City of Syracuse Water Department add fluoride to their systems which helps prevent tooth decay for both children and adults.
- The Save the Rain Program is an award-winning initiative to improve the water quality of Onondaga Lake and its tributaries through implementation of comprehensive storm water management projects including tree planting, distribution of rain barrels to residents, and improvements to the sewer systems.
- Numerous collaborations between governmental, healthcare, academic, and community-based organizations to promote sustainable environmental and policy changes that will positively impact the health of County residents. One such effort is work to encourage local municipalities to adopt Complete Streets policies which will improve access to safe routes for bicyclists and pedestrians. Another effort is a multi-agency collaboration around the Green & Healthy Homes Initiative to reduce the burden of housing related illness and injury through identification and remediation of hazards present in the home.
- A bike share program in the City of Syracuse provides alternate modes of transportation for City residents and visitors. Pedal bikes, electric bikes, and electric scooters are offered for temporary use by adults 18+. Discounted fare is available for those that qualify for certain local, state, or federal assistance programs.
- ReZone Syracuse, a citywide project to comprehensively revise and update the City's Zoning Ordinance. These updates will promote high-quality and attractive design, sustainable land use and transportation options, and protect and enhance the character of Syracuse's neighborhoods.
- Updates to the Onondaga County Sanitary Code in 2021 were accepted by the Health Advisory Board and the Onondaga County Legislature. The Sanitary Code provides essential guidance and enforcement powers for many programs carried out by the OCHD Division of Environmental Health.

**Barriers** to promoting a healthy and safe environment continue to persist in parts of Onondaga County. For example:

- Lack of transportation can limit easy access to environmental resources, in both urban and rural settings.
- Some areas of the County have a high density of establishments that offer unhealthy food options and tobacco products.
- The abundance of older housing stock contributes to exposure to environmental hazards that can lead to lead poisoning, asthma, and a higher risk of fire in the home.
- Some neighborhoods experience higher levels of violence, which limits safe outdoor physical activity.

## Healthy Women, Infants and Children

The health and well-being of women, infants and children is fundamental to the overall health of a community. Onondaga County is rich in support services for women, infants and children, including:

- Several clinics that offer prenatal, post-partum and pediatric and well woman care to uninsured and Medicaid-eligible families, including Syracuse Community Health, Upstate Health Care Center's Women's Health Services and the Regional Perinatal Center; the Upstate Midwifery Program at Community Campus; St. Joseph's Primary Care Center – Main, St. Joseph's Primary Care Center – West, and St. Joseph's Primary Care Family Medicine Center.
- Three delivery hospitals (Crouse Health, St. Joseph's Hospital Health Center, and Upstate University Hospital Community Campus), including a level three (St. Joseph's Hospital Health Center) and a level four (Crouse Health) neonatal intensive care unit. St. Joseph's Hospital Health Center and Upstate University Hospital Community Campus are designated Baby-Friendly by Baby Friendly, USA. The Upstate University Hospital Breastfeeding Medicine Clinic offers evaluation and support for families experiencing breastfeeding, chestfeeding, and lactation difficulties.
- A home visiting system supported by multiple programs and agencies, including the OCHD, REACH CNY, Syracuse Community Connections and Catholic Charities of Onondaga County. Home visitors provide education, outreach and referrals on topics such as smoking cessation, healthy home environments, reproductive health care, family planning, human milk feeding support, child development and parenting.
- A Supplemental Nutrition Program for Women, Infants and Children (WIC) that enrolled over 8,700 participants in 2021 and offered nutritious foods, nutrition education, referrals, and human milk feeding support through Peer Counselors.
- The Early Childhood Alliance (ECA), which consists of an interconnected system of medical, public health, and human service providers dedicated to ensuring all children begin kindergarten prepared to succeed. The ECA leads several evidence-based initiatives grounded in community voice.
- Strong collaborations between community-based organizations, such as the Healthy Families Advisory Board, that come together to share resources and information to reduce barriers to community members in accessing services.
- The Community Action Network (CAN), an integral part to the Syracuse Healthy Start program. The CAN is a group comprised of residents, community-based organizations, healthcare and government workers and others. The mission of the CAN is to eliminate health inequities and empower the community through outreach, education, and advocacy.
- The Perinatal and Infant Community Health Collaborative (PICHC) of Onondaga County, a New York State initiative to improve maternal and infant health outcomes, particularly for families with lower incomes.

- LeadSafeCNY, an initiative of the Central New York Community Foundation, to collectively prevent childhood lead poisoning. A recently formed LeadSafeCNY Coalition consists of government and community partners as well as community members.
- Central New York Breastfeeding Connection is a regional multidisciplinary community coalition dedicated to promoting and supporting breastfeeding, chestfeeding, and lactation. The coalition consists of Lactation Consultants, Lactation Counselors, Physicians, Nurses, Dietitians, La Leche League members, Doulas, Educators, and other healthcare and public health workers.
- Onondaga County operates a Child Fatality Review Team to investigate unexpected deaths of children and adolescents. The team is a multisectoral coalition with representation from several county entities, law enforcement, emergency medical services, and child advocates.

**Barriers** to promoting healthy women, infants and children continue to persist in parts of Onondaga County. For example:

- High levels of poverty affect children and female headed households, especially in the City of Syracuse. There is a shortage of safe, healthy, and affordable housing for low income families in Onondaga County.
- It can be difficult for families with young children to navigate the public transportation system. Lack of transportation can lead to missed medical appointments and WIC clinic visits.
- Some residents have limited access to high quality, affordable childcare that is exacerbated by staff shortages in the childcare industry.
- A lack of awareness about available resources in the community, combined with the difficulty in navigating the complex system of services can impede access to programs that address social determinants of health.
- Program participants have expressed the need for respectful, individualized, patient-centered, accessible, quality health care.
- A growing number of women are struggling with substance use both during their pregnancy and as parents.
- Despite strong partnerships built for referrals, much of the population experiences barriers to accessing home visiting services.

## **Communicable Diseases**

Decreasing the transmission of preventable communicable diseases is a core function of public health. Onondaga County has many resources in place to help ensure protection of residents from Sexually Transmitted Infections (STIs), HIV, Tuberculosis (TB) and vaccine-preventable diseases, including:

- Testing and treatment for HIV is provided through a number of agencies in Onondaga County, including the OCHD STD Center (in collaboration with the NYSDOH Regional Office), Upstate Medical University's Inclusive Health Services, and ACR Health. Testing and referral for treatment is offered by Planned Parenthood, Syracuse Community Health, and many primary care providers.

- Several area clinics, including the OCHD STD Center, ACR Health, Planned Parenthood, Upstate Medical University's Inclusive Health Services, and offer pre-exposure prophylaxis (PrEP) to individuals who are at high risk of contracting HIV. A strong network of government, hospital and non-profit agencies partner to promote awareness of PrEP in the community, including assisting patients in locating PrEP prescriptions and clinical care. Additional activities to promote community awareness include organization of community events and implementation of mixed media campaigns.
- Upstate University Hospital's Inclusive Health Services offers comprehensive health services to the LGBTQ+ community, including transgender care, regardless of HIV status. Services offered include PrEP, post exposure prophylaxis (PEP, nPEP), hepatitis C treatment, and linkage, retention, and treatment adherence services.
- The OCHD STD Center operates a walk-in STD clinic that offers STD testing, treatment, counseling and education, and certain immunizations to patients.
- A partnership exists between the OCHD, the NYSDOH, local laboratories, medical providers and hospitals to identify and fully investigate any cases of reportable communicable disease, including healthcare-associated infections.
- A centrally-located OCHD Immunization Clinic operates each Wednesday for children between the ages of 2 months and 18 years, who do not have private health insurance. In addition to the vaccinations required for school entry/attendance, the immunization clinic offers HPV vaccine. Vaccinations are available for adults 18 years and older without public or private health insurance and MMR vaccination is offered for adults (when required for school or college) regardless of insurance status. Flu vaccine is offered during flu season for those who are uninsured or underinsured. COVID-19 vaccine and boosters are also offered routinely to the community.
- Established infection control programs exist at all area hospitals, which partner with the OCHD to receive regular updates on current infectious disease issues.
- The OCHD Tuberculosis (TB) Control Program provides testing, diagnosis and treatment of latent and active tuberculosis cases in Onondaga County.
- New partnerships formed between OCHD and businesses that primarily serve men who have sex with men, to provide education and vaccine for communicable diseases such as mpox.

**Barriers** to preventing HIV, STIs, TB, vaccine-preventable diseases and healthcare-associated infections continue to persist in Onondaga County. For example:

- Lack of easy access to healthcare and other social and economic supports is a barrier to the treatment and/or prevention of STIs and HIV.

- Use of certain social media apps has facilitated a rise in anonymous sexual activity, which has made partner notification more challenging.
- The stigma associated with HIV and STIs remains a barrier to prevention initiatives.
- Numerous studies have documented an association between substance abuse and HIV/ STIs. An increase in illicit drug use in the community can lead individuals to engage in risk behaviors that may result in increased transmission of STIs, HIV, hepatitis C virus, and hepatitis A virus.

## Community Engagement

In 2022, the Steering Committee conducted a comprehensive community engagement effort to gather community member feedback about health risks and needs within Onondaga County. Engagement efforts were undertaken to inform the CHA as well as to inform the selection of priority areas for the CHIP. This section provides a summary of the engagement process and key findings from these efforts.

### Community Health Survey

In order to reach a large number of county residents, OCHD developed a Community Health Survey to be distributed widely across the community. The Steering Committee and the CNY Healthcare Equity Task Force provided feedback on survey questions to ensure meaningful collection of data. The survey consisted of several sections: **Healthy Community, Health Problems, Health Behaviors and Social Factors, Healthcare System, Access to Care, Impact of COVID-19, and Demographics**. Each of these sections was designed to collect important information on a variety of health topics potentially impacting county residents.

The survey was distributed online and on paper in both English and Spanish. Although the survey was anonymous, participants had the option to include their name and contact information for a chance to win one of five gift cards to Target. All identifying information was removed prior to analysis. The survey was distributed through a variety of outlets, including agency websites and social media pages. Steering Committee members, CNY Healthcare Equity Task Force members, and other partners assisted by distributing the survey to community members through a variety of digital and in person approaches. More than **3,600** survey responses were received from Onondaga County residents.

### Key Informant Interviews

In addition to the community-wide survey, OCHD conducted key informant interviews with local agency staff to gather supplemental information about community health needs. Sessions were held with Refugee and Immigrant Self – Empowerment (RISE), a local agency working with new Americans, and the OCHD’s Healthy Families Advisory Board which is made up of multiple partner agencies focused on improving maternal-child health outcomes.

### Community Feedback

The most pressing concerns identified through the community health survey process included: **substance use disorders, mental health conditions, trauma and violence, and access to health care**. Other topics including a **clean environment** (i.e. no pollution or trash in public spaces including parks, playgrounds, and lakes), **good and safe schools**, and **ongoing stress** were also frequent concerns. Nearly half of respondents identified

experiencing a **long wait to get medical appointments**, and nearly one third identified **difficulty receiving care because of office hours**. When asked about the impact of the COVID-19 pandemic, **the negative impact on education** and **mental health** were the most frequent concerns. As we move forward, residents were most concerned about the potential for **learning gaps among school-age children** due to the COVID-19 pandemic. Key informant interviews identified challenges relating to **poverty, safe and affordable housing, access to health care**, and **access to affordable childcare** as notable concerns.

# ONONDAGA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2022-2024

## Overview

Community input and data collected through the Community Health Assessment (CHA) process informed the development of the 2022 – 2024 Community Health Improvement Plan (CHIP). Key priorities to be addressed in Onondaga County for 2022 - 2024 are **Promote Healthy Women Infants and Children** and **Promote Well-Being and Prevent Mental and Substance Use Disorders**. These priorities were affirmed by the community, as well as by health and public health professionals following a thorough data review and community engagement process over the course of 2022. While these topics were selected as priorities for the CHIP, they do not reflect the full scope of work of the Onondaga County Health Department (OCHD), St. Joseph’s Hospital Health Center, Crouse Health, and other partners; the CHIP is meant to reflect the new or enhanced activities that each agency has committed to for the duration of the CHIP cycle.

The interventions and activities included in the Onondaga County CHIP reflect evidence based initiatives and best practices selected to have significant impact on improving the health and wellbeing of County residents within the selected priority areas. Interventions were identified by the Steering Committee on the basis of potential for broad impact and considerations for strengths, capacity, and resources of the OCHD and participating hospitals. The selection of interventions and activities were informed by the NYSDOH’s 2019-2024 Prevention Agenda Action Plan.<sup>157</sup> Many of the included interventions aim to address health disparities. Disparities addressed by CHIP activities include, but are not limited to, disparities on the basis of race and ethnicity, income, a focus on older adults, individuals with disabilities, and individuals with substance use disorders and/or mental health disorders.

The OCHD and participating hospitals are each responsible for components of the CHIP, whether as a lead agency or supporting partner. The OCHD and participating hospitals have committed significant resources to support the implementation of interventions included in the CHIP. These resources include, but are not limited to, staff time and financial resources to acquire needed equipment. Several of the initiatives outlined in the CHIP are funded through federal, state, and local grants which have been awarded to support improved community health. In addition to the activities undertaken by the OCHD and participating hospitals, many activities included in the CHIP would not be possible without the support of local and statewide agencies. Some of the many agencies that are actively involved in CHIP activities include the Central New York Healthcare Equity Taskforce,

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<sup>157</sup> Prevention Agenda 2019-2024: New York State’s Health Improvement Plan. Retrieved 10/11/2022, from [https://www.health.ny.gov/prevention/prevention\\_agenda/2019-2024/](https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/).

Contact Community Services, early childcare centers, Help Me Grow, the New York State Department of Health, and Sankofa.

The Onondaga County CHIP is presented in the following work plan. The work plan outlines interventions, activities, responsible agencies and staff, performance measures, and timelines for each goal being addressed in the Onondaga County CHIP. For each of the activities that directly address a disparity, details on the population(s) impacted are included in the work plan. Progress towards work plan objectives will be reported using the process outlined in Appendix 2.

## PRIORITY AREA 1. PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN

### Focus Area 1: Cross Cutting Healthy Women, Infants, and Children

Objectives: By December 31, 2024:

- Increase the number of children in the City of Syracuse with a blood lead test by 10.0% to 4,153 children tested during the calendar year.<sup>1</sup>
- Connect at least 200 families of children with documented elevated blood lead levels to a pilot program that provides services designed to prevent developmental delays.
- Decrease the percentage of children with obesity (among children ages 2-4 participating in the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]) from 14.5% to 14.0%.<sup>2</sup>
- Increase the percentage of infants enrolled in WIC who are breastfed at 6 months from 24.0% to 26.0%.<sup>2</sup>
- Decrease the racial disparity in maternal mortality rates (ratio of Non-Hispanic Black maternal mortality rate to Non-Hispanic White maternal mortality rate) from 4.2 to 3.1.<sup>3</sup>
- Increase the percentage of women who report that a health care provider asked them about depression symptoms at a postpartum visit from 82.4% to 85.0%.<sup>4</sup>
- Increase the percentage of children ages 9-35 months who received a developmental screening using a parent-completed screening tool in the past year from 24.4% to 26.0%.<sup>5</sup>

Goal 1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations					
Intervention 1.1: Enhance collaboration with other programs, providers, agencies, and community members to address key social determinants of health that impact the health of women, infants, children, and families across the life course					
Activity	Lead Agency & Partners	Responsible staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Implement mobile blood lead testing program targeting census tracts with low testing rates	<b>OCHD</b> Partner agencies will be engaged as referral sources	<u>OCHD</u> : Lead Poisoning Prevention Program	# children tested by mobile unit	December 2023	Access to care, Economic, Health equity, Racial and ethnic

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<p>2. Develop pilot program to prevent developmental delays in children with elevated blood lead levels (EBL). Activities include:</p> <ul style="list-style-type: none"> <li>• Subcontracting with appropriate service providers;</li> <li>• Identifying and referring children with EBL who do not qualify for Early Intervention</li> <li>• Evaluating program impact</li> </ul>	<p><b>OCHD</b> Help Me Grow Contracted service providers</p>	<p><u>OCHD</u>: Lead Poisoning Prevention Program</p>	<p># children served through new program</p>	<p>December 2023</p>	<p>Access to care, Health equity, Racial and ethnic</p>
<p>3. Support the adoption of healthy nutrition policies and standards at early childcare centers</p>	<p><b>OCHD</b> Early childcare centers</p>	<p><u>OCHD</u>: Healthy Communities Initiatives Team</p>	<p># early childcare centers engaged # policies/standards adopted</p>	<p>December 2024</p>	<p>Healthy food access</p>
<p>4. Support the adoption of breastfeeding friendly policies at local worksites, community sites, and provider offices (funding contingent)</p>	<p><b>OCHD</b> Upstate University Hospital</p>	<p><u>OCHD</u>: Healthy Communities Initiatives Team  <u>Upstate</u>: Family Birth Center</p>	<p># sites engaged # policies/standards adopted</p>	<p>December 2024</p>	
<p>5. Continue to work with the New York State Birth Equity Improvement Collaborative (NYS BEIC) and the Healthcare Association of New York State (HANYS) Health Equity Task Force</p>	<p><b>Crouse Health</b> <b>St. Joseph's Health</b> <b>Upstate University Hospital</b> NYS BEIC HANYS</p>	<p><u>Crouse</u>: Multidisciplinary hospital and community leadership  <u>St. Joseph's</u>: Women and Children's Services Service Line Leadership  <u>Upstate</u>: Family Birth Center</p>	<p>Increase % of records that include complete demographic data (including self-identified race and ethnicity)</p>	<p>December 2023</p>	<p>Health equity, Racial and ethnic</p>
<p>6. Incorporate culturally appropriate care givers into Crouse care team</p>	<p><b>Crouse Health</b> Sankofa</p>	<p><u>Crouse</u>: Women's Health and Diversity</p>	<p>Doulas added to Grand Rounds</p>	<p>December 2023</p>	<p>Health equity, Racial and ethnic</p>

		Staff	Doulas included in unit based council meetings		
7. Provide education on Perinatal Mood and Anxiety Disorder to public health workers	<b>Crouse Health</b>	<u>Crouse</u> : Crouse Health Education Project	# public health workers trained	December 2024	Access to care
8. Implement HealthySteps program at St. Joseph's Primary Care Center-Main to help children achieve developmental milestones and foster a healthy living environment	<b>St. Joseph's Health</b> NYS Office of Mental Health Zero to Three/HealthySteps Reach Out and Read	<u>St. Joseph's</u> : Primary Care Center Main	# children enrolled  Utilization of well-child visits  Scheduled immunizations  Detection and screening of developmental delays	December 2024	Economic, Racial and ethnic
9. Offer childbirth education class scholarships	<b>Crouse Health</b> <b>St. Joseph's Health</b>	<u>Crouse</u> : Community Engagement staff  <u>St. Joseph's</u> : Women and Children's Services Service Line Leadership	# scholarships awarded	December 2024	Economic
10. Actively engage with the Central New York Healthcare Equity Task Force to address the social determinants of health that impact maternal and child health outcomes	<b>Crouse Health</b> <b>St. Joseph's Health</b> <b>Upstate University Hospital</b> CNY Healthcare Equity Task Force	<u>Crouse</u> : Community Engagement staff  <u>St. Joseph's</u> : Community Health and Well-being  <u>Upstate</u> : Hospital Administration	Continued participation in Healthcare Equity Task Force Meetings  Additional performance measures may be identified in alignment with Task Force interventions	December 2024	Health equity

## Priority Area 2. Promote Well-Being and Prevent Mental and Substance Use Disorders

### Focus Area 1: Mental and Substance Use Disorders Prevention

Objectives: By December 31, 2024:

- Reduce the age-adjusted percentage of adult (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month from 23.3% to 20.0%.<sup>6</sup>
- Reduce the overdose deaths involving any opioid from 23.6 per 100,000 population to 20.0 per 100,000 population.<sup>7</sup>
- Increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20.0% to 415.6 per 100,000 population.<sup>8</sup>
- Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate from 93.3 per 100,000 population to 85.0 per 100,000 population.<sup>9</sup>
- Reduce the rate of new HIV diagnoses from 5.4 per 100,000 population to 5.2 per 100,000 population.<sup>10</sup>
- Increase communities reached by opportunities to build resilience by at least 10 percent.
- Reduce the age-adjusted suicide mortality rate from 10.7 per 100,000 population to 7.0 per 100,000 population.<sup>11</sup>

Goal 1: Prevent underage drinking and excessive alcohol consumption by adults					
<b>Intervention 1.1:</b> Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Provide intervention in hospital for any patient with suspected addiction to alcohol	<b>Crouse Health</b>	<u>Crouse</u> : Addiction Consult Service	Meet with 75% of individuals referred for consult	December 2024	Access to care
<b>Intervention 1.2:</b> Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) Electronic screening and brief interventions (e-SBI) using electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Upstate will deploy and consistently utilize the SBIRT screening for ED and for inpatient admissions for appropriate patients	<b>Upstate University Hospital</b>	<u>Upstate</u> : Social Work	# SBIRT screenings completed in Upstate EDs and in inpatient setting	December 2024	Access to care

			# resulting referrals		
<b>Goal 2: Prevent opioid and other substance misuse and deaths</b>					
<b>Intervention 2.1: Increase availability of/access and linkages to medication assisted treatment (MAT) including Buprenorphine</b>					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Offer MAT program within Crouse Emergency Department providing available first dose of Buprenorphine and referral to treatment	<b>Crouse Health</b>	<u>Crouse</u> : Emergency Department	Increase # of patients given Buprenorphine by 5%	December 2024	Access to care
2. Support trainings for providers so that they have a waiver to prescribe Buprenorphine	<b>St. Joseph's Health</b>	<u>St. Joseph's</u> : Medical Education and Family Practice Residency Clinic	# providers trained to receive waivers to prescribe Buprenorphine	December 2024	Access to care
<b>Intervention 2.2: Increase availability of/access to harm reduction strategies including fentanyl testing strips and overdose reversal (Naloxone) trainings</b>					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Purchase and install naloxone distribution boxes at select community sites	<b>OCHD</b> Community sites	<u>OCHD</u> : Mental Health and Substance Use Initiatives Team	# naloxboxes installed  # agency staff trained to administer naloxone	December 2022	Access to care, Stigma
2. Engage the faith-based community to promote education and training on naloxone administration	<b>OCHD</b> Faith-based community leaders	<u>OCHD</u> : Mental Health and Substance Use Initiatives Team	# of faith-based events attended  # individuals trained as a result of this outreach	December 2023	Access to care, Racial and ethnic
3. Distribute fentanyl testing strips to at risk individuals	<b>OCHD</b>	<u>OCHD</u> : Mental Health and Substance Use Initiatives Team	# fentanyl testing strips distributed	December 2024	Access to care, Stigma
4. Remain in the NYS Opioid Overdose Prevention Program – provide Narcan kits and training on usage	<b>Crouse Health</b> <b>Upstate University Hospital</b> NYS Department of Health Participating providers	<u>Crouse</u> : Addiction Treatment Services staff  <u>Upstate</u> : Outpatient	Increase # of kits provided	Crouse: December 2023  Upstate:	

		Pharmacy		December 2024	
5. Provide training and education to prescribers and consumers around overdose reversal interventions (funding contingent)	<b>Upstate University Hospital</b> Cornell Cooperative Extension	<u>Upstate:</u> Outpatient Pharmacy	Upstate will provide training/education to 50 prescribers and 50 consumers per year	December 2024	
<b>Intervention 2.3: Build support systems to care for opioid users or at risk of an overdose.</b>					
<b>Activity</b>	<b>Lead Agency &amp; Partners</b>	<b>Responsible Staff</b>	<b>Performance Measure(s)</b>	<b>Timeline</b>	<b>Disparities Addressed</b>
1. Provide case management for individuals in recovery	<b>OCHD</b> Upstate University Hospital	<u>OCHD:</u> Mental Health and Substance Use Initiatives Team  <u>Upstate:</u> Bridge Clinic	# individuals served	June 2023	Access to care
2. Implement Second Tier Syringe Exchange program (SEP)	<b>OCHD</b>	<u>OCHD:</u> Mental Health and Substance Use Initiatives Team	# individuals served by OCHD SEP	June 2023	Access to care
3. Provide certified recovery peer advocate support to patients with opioid use disorders	<b>Crouse Health</b> Participating providers	<u>Crouse:</u> Addiction Treatment Services leadership and staff	Increase # of peer hours	December 2023	Access to care
4. Implement standard protocols to care for patients experiencing opiate withdrawal, including administration of the Clinical Opiate Withdrawal Scale (COWS) tool to monitor and respond to symptoms	<b>St. Joseph's Health</b>	<u>St. Joseph's:</u> Emergency Department and Comprehensive Psychiatric Emergency Program (CPEP)	# COWS assessments conducted	December 2024	Access to care
5. Improve collaboration and coordination between primary care and behavioral health. Behavioral health will be embedded within 3 St. Joseph's Health Primary Care location sites.	<b>St. Joseph's Health</b>	<u>St. Joseph's:</u> Leadership Of Primary Care, Primary Care Safety Net Clinics and Behavioral Health	# patients seen	December 2024	Access to care

Intervention 2.4: Establish additional permanent safe disposal sites for prescription drugs and organized take-back days					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Promote ongoing use of drug take back station located in St. Joseph's main lobby and integrate a drug take-back program within the hospital	<b>St. Joseph's Health</b>	<u>St. Joseph's</u> : Emergency Department and Comprehensive Psychiatric Emergency Program (CPEP).	Use of take back station as evidenced by number of times it is required to be emptied.	December 2024	
Goal 3: Prevent and address adverse childhood experiences (ACEs)					
Intervention 3.1: Integrate principles of trauma-informed approaches in governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Provide group therapy, screening and assessment for women at risk of Perinatal Mood and Anxiety Disorder	<b>Crouse Health</b>	<u>Crouse</u> : Family Support Program staff	Number of women in group therapy, number of screenings, assessments	December 2023	Access to care
Intervention 3.2: Address Adverse Childhood Experiences and other types of trauma in the primary care setting					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Provide trauma-informed training to staff in outpatient behavioral health services	<b>St. Joseph's Health</b>	<u>St. Joseph's</u> : Outpatient Behavioral Health Leadership	Staff trained in trauma-informed care	December 2024	
Intervention 3.3: Grow resilient communities through education, engagement, activation/mobilization and celebration					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Increase the number of schools in Syracuse that operate the PAX Good Behavior Game	<b>OCHD</b> Contact Community Services	<u>OCHD</u> : Mental Health and Substance Use Initiatives Team	# new students engaged in PAX Good Behavior Game curriculum	June 2023	Economic

Goal 4: Prevent suicides					
Intervention 4.1: Strengthen economic supports: strengthen household financial security; policies that stabilize housing					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Upstate’s outpatient pharmacy will be a dispensary location for Medications for Hope and provide access to mental health medication to those at or below 300% of the Federal Poverty guidelines who do not have prescription insurance	<b>Upstate University Hospital</b> Dispensary of Hope	<u>Upstate</u> : Outpatient Pharmacy	# local nonprofit organizations partnering with Upstate	December 2024	Economic
Intervention 4.2: Strengthen access and delivery of suicide care - Zero Suicide: Zero Suicide is a commitment to comprehensive suicide safer care in health & behavioral health care systems.					
Activity	Lead Agency & Partners	Responsible Staff	Performance Measure(s)	Timeline	Disparities Addressed
1. Screen for Suicide throughout Crouse Health	<b>Crouse Health</b> Participating providers	<u>Crouse</u> : Addiction Treatment Services, Crouse providers	Increase # of screenings	December 2024	Access to care
2. Provide Stanley Brown Safety Plan to individuals with moderate to high risk after Addiction Treatment Services or Psychology consultation	<b>Crouse Health</b> Participating providers	<u>Crouse</u> : Addiction Treatment staff, Crouse providers	Increase # of people who scored moderate or high risk who have a Stanley Brown Safety Plan	December 2024	Access to care
3. Continue to implement Zero Suicide program	<b>St. Joseph’s Health</b>	<u>St. Joseph’s</u> : Leadership of Comprehensive Psychiatric Emergency Program (CPEP)	# standardized screenings conducted and safety plans created.	December 2024	Access to care

## Data Sources and Notes

1. Lead poisoning prevention data, Onondaga County Health Department. Retrieved 9/29/2022, from <http://www.ongov.net/health/lead/data.html>.
2. The Pediatric Nutrition Surveillance System (PedNSS), 2017. Retrieved 10/28/2022 from the [2017 New York State Pediatric Nutrition Surveillance System Report](#).
3. National Vital Statistics System, Maternal mortality rate per 100,000 live births, 2015-2019 by race and ethnicity. Retrieved 9/30/2022, from [NYS Maternal and Child Health Dashboard – State Level](#). Note: data reflect statewide rate, county level data not available by race and ethnicity.
4. Pregnancy Risk Assessment Monitoring System, 2020. Retrieved 9/30/2022, from [https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/prams/reports/#annual](https://apps.health.ny.gov/public/tabvis/PHIG_Public/prams/reports/#annual). Note: data reflect statewide rate, county level data not available.
5. National Survey of Children's Health, 2018-2019. Retrieved 9/30/2022, from [NYS Maternal and Child Health Dashboard – State Level](#). Note: data reflect statewide rate, county level data not available.
6. NYS Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2018. Retrieved 3/1/2022 from <https://www.health.ny.gov/statistics/brfss/expanded/>.
7. NYS Vital Statistics, 2019. Retrieved 9/30/2022, from [NYS Opioid Data Dashboard – County Level](#). Notes: data reflect the crude rate.
8. Prescription Monitoring Program (PMP) Registry, 2017. Retrieved 9/30/2022 from [NYS Prevention Agenda 2019-2024: Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan](#). Note: data reflect statewide rate, county level data not available.
9. Statewide Planning and Research Cooperative System (SPARCS), 2019. Retrieved 9/30/2022, from [NYS Opioid Data Dashboard – County Level](#).
10. HIV Surveillance, 2017-2019. Retrieved 10/28/22 from [NYS Prevention Agenda Dashboard - County Level](#).
11. NYS Vital Records, 2017-2019. Retrieved 9/30/2022, from [NYS Prevention Agenda Dashboard - County Level](#).

# Appendices

## Appendix 1: Community Health Assessment and Improvement Plan Methodology

### Overview

In 2021, the New York State Department of Health (NYSDOH) provided guidance to Local Health Departments (LHDs) and hospitals on the development of a Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) for 2022-2024. Similar to the prior cycle, LHDs and hospitals were encouraged to work together to develop and submit a single document per county. In addition, LHDs and hospitals needed to identify a shared priority and focus work to address that priority.

### Collaborative Process

In March 2022, the Onondaga County Health Department (OCHD) convened the CHA/CHIP Steering Committee with designees from each hospital (Crouse Health, St. Joseph's Health, and Upstate University Hospital) to guide CHA/CHIP development. The Steering Committee convened four times throughout 2022, and remained in close contact via email.

The Steering Committee members for the development of the 2022-2024 Onondaga County Community Health Assessment and Improvement Plan are:

#### Onondaga County Health Department

Bridget K. Volz, MPH, CAS-HSMP, CPH  
Rebecca Shultz, MPH  
Cali Armstrong, MPH  
Brittany Welch, MPH, CHES  
Madeline Mackowski, MSPH (formerly of OCHD)

#### Crouse Health

Bob Allen  
Kathleen Miller Murphy  
Kris Waelder

#### St. Joseph's Health

Kristen B. Richardson, RN, BA

#### Upstate University Hospital

Cynthia A. Jaconski, MPH, CPH, MCHES  
Stacey Keefe, MPA, CAS-HSMP, PMP  
Diane S. Nanno, MSN, CNS, NE-BC, CCCTM

To further shape the CHA/CHIP development process, the OCHD sought advisory support from the CNY Regional Healthcare Equity Task Force. The Task Force has over 150 members representing health care, local

government, housing, transportation, community based organizations, churches, and community development sectors, among others.

## Methodology

The most obvious difference from the previous cycle was the emergence of the COVID-19 pandemic. The Steering Committee agreed to modify the document to incorporate how the pandemic impacted each of the priority areas, as well as the community as a whole.

The Steering Committee agreed that conducting a Community Survey would continue to be an appropriate method to gain community feedback, especially given the potential for changing perceptions related to the pandemic. The survey was developed by OCHD, with input from the Steering Committee and the CNY Regional Healthcare Equity Task Force, and implemented from April to May 2022. Over 3,600 respondents provided feedback on: **Healthy Community, Health Problems, Health Behaviors, Health Systems, and Access to Care**. The survey also included a new section devoted to assessing the impact of COVID-19 on the community. To further enhance community feedback, key stakeholder interviews were conducted with community groups serving populations that may have been under-represented in survey respondents, including refugees, housing authority residents, clients of maternal and child health services. The full report of community engagement findings is available at [www.ongov.net/health](http://www.ongov.net/health).

The OCHD also undertook a comprehensive update of the health indicator data for the five Prevention Agenda priority areas. Data from primary and secondary sources were incorporated in the CHA to provide a full description of the current health status of County residents. Sources of quantitative primary data included the Onondaga County Medical Examiner’s Office, the OCHD Division of Community Health, and the Division of Healthy Families. Secondary data sources include but are not limited to:

- [CDC PLACES data](#)
- [County Health Rankings](#)
- [New York State Community Health Indicator Reports \(CHIRS\)](#)
- [New York State County Health Indicators by Race/Ethnicity \(CHIRE\)](#)
- [New York State Expanded Behavioral Risk Factor Surveillance System](#)
- [New York State Maternal and Child Health Dashboard](#)
- [New York State Opioid Dashboard](#)
- [New York State Prevention Agenda Dashboard](#)
- [U.S. Census Bureau](#)

Where possible, disparities data, and comparisons to Central New York, New York State, and New York State excluding New York City were included in the CHA. Prevention Agenda objectives were incorporated into the data tables as benchmarks, when available. Once updated, data were shared with the Steering Committee and the CNY Regional Healthcare Equity Task Force.

Throughout the year, the Steering Committee reviewed results from the quantitative data analysis and community engagement initiatives that comprised the Community Health Assessment. In August 2022, the Steering Committee met to identify the priorities for intervention. Members of the CNY Regional Healthcare Equity Task Force were also surveyed to identify priority areas, and this feedback was incorporated into the

decision making process. After a thoughtful discussion, the group voted to confirm **Promote Healthy Women, Infants and Children**, and **Promote Well-Being and Prevent Mental and Substance Use Disorders** as the two priority areas to address during the 2022-2024 cycle in Onondaga County. This decision was based on the following factors:

- The severity of the issue as demonstrated through quantitative data collection
- Feedback from the community as assessed through quantitative and qualitative methods
- The ability to implement interventions with current resources
- The ability to identify shared projects within the priority areas
- Whether or not interventions could address health disparities

Once the priorities were confirmed, the Steering Committee began developing interventions using the NYSDOH's Prevention Agenda 2019-2024 Action Plan as a framework. Interventions were selected to be attainable within the specified timeframe, measureable, and impactful. Each agency represented on the Steering Committee has a role in the implementation of interventions, whether as the lead on an activity or as a supporting partner. Many activities included in the CHIP would not be possible without the support of other local agencies. Some of the many community agencies that are involved in CHIP activities include the Onondaga County Drug Task Force, NYS Office of Mental Health, Contact Community Services, 211, Cornell Cooperative Extension, faith-based organizations, and early childcare centers.

Upon finalizing the interventions, the Steering Committee members agreed that progress would be measured regularly (as outlined in Appendix 2) with the opportunity to revisit and assess the interventions for potential modifications as needed.

### **Dissemination to the Public**

The 2022-2024 Onondaga County CHA/CHIP will be made publicly available through a number of venues. This will include publication on the Onondaga County Health Department website ([www.ongov.net/health](http://www.ongov.net/health)) and websites of each of the partner hospitals. The document will also be disseminated to key stakeholder groups including the CNY Regional Healthcare Equity Task Force among others. Local media outlets will also be notified of the publication of the document through a press release. In addition, to solicit feedback on the final document from members of the public and stakeholders, a survey will be made available on the OCHD website ([www.ongov.net/health](http://www.ongov.net/health)) and will run for the month of February 2023.

## Appendix 2: Onondaga County Community Health Improvement Plan (CHIP) 2022-2024 Progress Reporting and Revision Plan

In order to continually evaluate the relevance and effectiveness of the CHIP throughout the cycle, the following progress reporting and revision plan will be followed by the Onondaga County Health Department (OCHD) and the CHA/CHIP Steering Committee. Doing so will ensure that interventions outlined in the CHIP will continue to meet the evolving needs of the Onondaga County community.

Timeframe	Activities	Responsible Agencies
July 2023	Complete the <b>6 Month Progress Update</b> chart reflecting activities from 1/1/2023 to 6/30/2023	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
December 2023	Update <b>New York State Department of Health (NYSDOH) CHIP Workplan</b> using template provided. Update will reflect activities undertaken in 2023.	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
January 2024	Complete <b>Annual Review</b> form reflecting on 2023 activities.	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
Quarter 1 2024	Attend <b>Steering Committee Meeting</b> and discuss the following: <ul style="list-style-type: none"> <li>• Progress towards interventions</li> <li>• Successes and barriers in 2023</li> <li>• Review of recently available data</li> <li>• Changes in resources</li> <li>• Identify any necessary revisions to CHA/CHIP</li> </ul>	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
July 2024	Complete the <b>6 Month Progress Update</b> chart reflecting activities from 1/1/2024 to 6/30/2024	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
December 2024	Update <b>NYSDOH CHIP Workplan</b> using template provided. Update will reflect activities undertaken in 2024.	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital
January 2025	Complete <b>Annual Review</b> form reflecting on 2024 activities.	OCHD Crouse Health St. Joseph’s Hospital Upstate University Hospital

Ongoing	Comply with all CHA/CHIP reporting requirements as outlined by the NYSDOH	OCHD Crouse Health St. Joseph's Hospital Upstate University Hospital
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In addition to the timelines laid out above, the Steering Committee will schedule ad hoc meetings as appropriate whenever there is a need to discuss challenges, successes, and/or possible revisions to the CHIP.

The following factors will be considered in regards to CHIP revisions:

Revisions to the CHIP will be made if one or more of the following conditions are met:

- Significant barriers to feasibility of proposed activities
- Changes in agency resources (i.e. funding, staffing)
- Changes in legislation (i.e. making a new policy obsolete)
- Capitalizing on an emerging opportunity
- Response to emerging health issues

Proposed revisions to the CHIP will consider the following:

- Newly available data sources
- Availability of data for performance measures
- Existence of evidence based or promising practices to support desired outcomes
- Agency readiness to pursue proposed projects
- Current assets and resources in the community

## Onondaga County Community Health Improvement Plan 2022-2024 6 Month Progress Update

**Priority Area:** \_\_\_\_\_

Agency name: \_\_\_\_\_

Reporting period: \_\_\_\_\_

Completion date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Goal:						
Intervention:						
Activity	Performance Measures	Partner Agencies	Timeline	Current Status ( <i>Not started, In progress, Completed</i> )	Performance Measure Data	Updates, Changes, Comments

## Onondaga County 2022-2024 Community Health Improvement Plan Annual Review Form

Please complete the following questions in regards to activities completed by your agency in the last 12 months as part of the Onondaga County Community Health Improvement Plan.

Completion date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Reporting agency: \_\_\_\_\_

1. Please provide any relevant updates related to activities and strategies included in your agency's CHIP that were not already reported in the *NYSDOH CHIP Workplan*.
2. Have there been any changes in your agency's resources that will affect the completion of activities outlined in your agency's CHIP? If yes, please explain.
3. Please identify any new community partnership opportunities relevant to the priority areas of *Promote Healthy Women, Infants and Children* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*.
4. Are you aware of any newly available data sources or updated indicators within the priority areas of *Promote Healthy Women, Infants and Children* and *Promote Well-Being and Prevent Mental and Substance Use Disorders*? If yes, please explain.
5. Please describe the emerging health issues that your agency believes should be given priority in the current or future CHIP cycle(s).
6. Please use the space below to provide any recommendations for changes to the work outlined in your agency's CHIP. Recommendations may include changes to planned activities, actions, target dates, responsible parties, or process measures.
7. Please provide any additional feedback below.

*Thank you!*



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**Health Department**

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Published December 2022

## GOVERNING BOARD REVIEW

The development of a Community Health Needs Assessment (CHNA) became a requirement of nonprofit hospitals with the enactment of the Patient Protection and Affordable Care Act (ACA). Under the ACA, nonprofit hospitals must conduct a CHNA every three years to submit to the Internal Revenue Service, as well as an implementation strategy that outlines the hospital's plan to address the priority needs identified in the CHNA. The community defined in the CHNA must include medically underserved, low-income, or minority populations, and the hospital must solicit community input.

The St. Joseph's Health's (SJH) CHNA is designed to ensure that the priorities of SJH reflect the needs of the community, and that the implementation strategy ensures accountability in addressing the outlined needs. While SJH serves several counties in Central New York, the selected community focus for the Community Health Needs Assessment is Onondaga County, NY.

In order to inform the CHNA, a number of sources were utilized, including priorities identified in the New York State (NYS) Prevention Agenda 2019-2024.

Data used to inform the CHNA includes community feedback collected by: the Onondaga County Health Department; Onondaga County and City of Syracuse data located on the CNY Vitals website and the Trinity Health Data Hub; and key informant interviews with local agency staff to gather supplemental information about community health needs.

Through discussions with the CHNA Steering Committee and the leadership of the health department and hospitals, and after careful consideration of all data and prioritization criteria, the needs identified for Onondaga County include:

- **Promote Healthy Women, Infants, and Children**
- **Prevent Mental and Substance Use Disorders**

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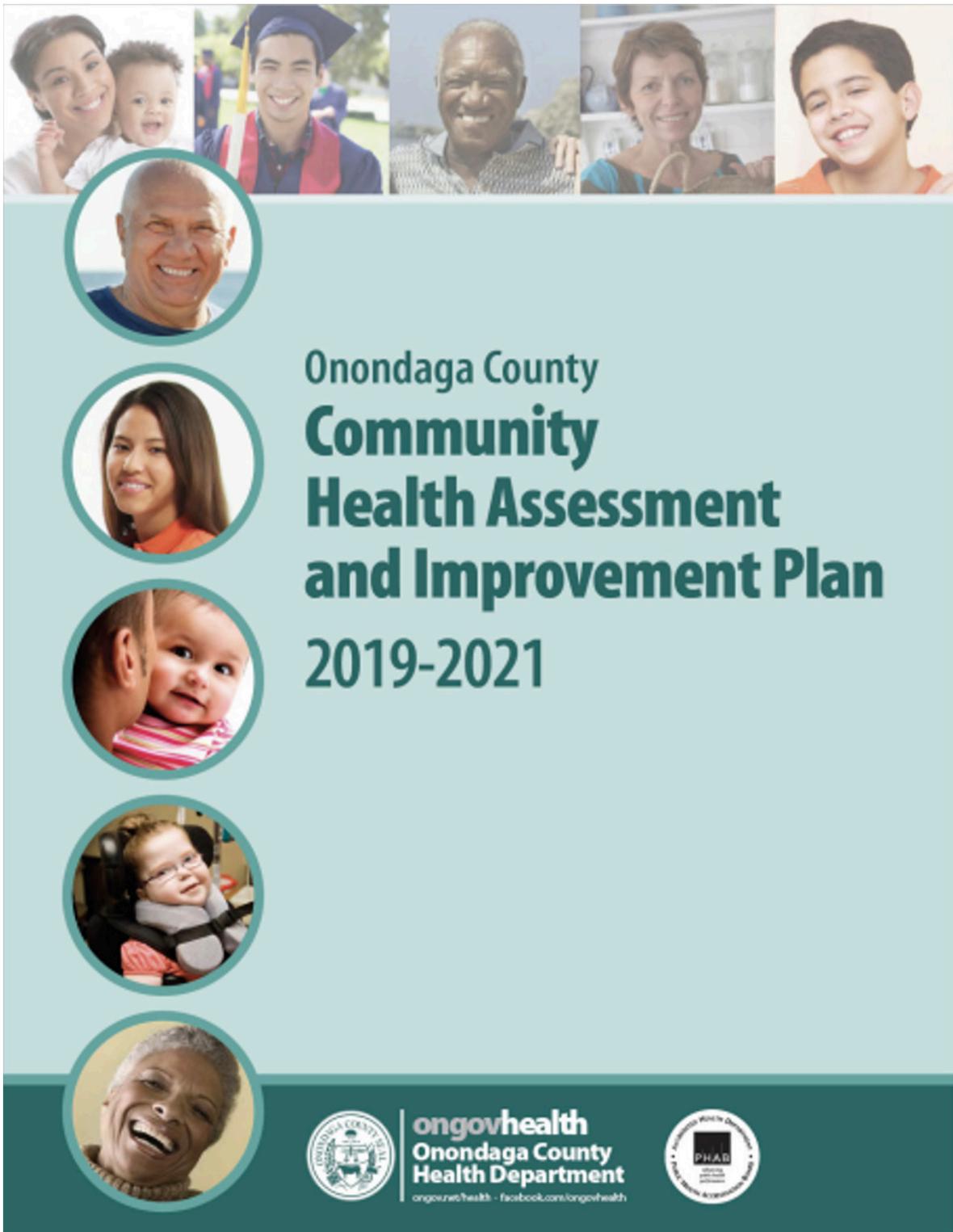
**The St. Joseph's Health FY23 - F25 community health needs assessment was approved by the Trinity Health of New York Board of Trustees on April 28, 2023.**

To provide comments on this assessment, please contact St. Joseph's Community Health and Well-Being Office  
Email: [CommunityHealth@sjhsyr.org](mailto:CommunityHealth@sjhsyr.org)

This document can be accessed at:  
[https://www.sjhsyr.org/assets/documents/chna/SJNY-E04424-2303-SJH Community Health Needs Assessment-JB\\_FINAL\\_combined](https://www.sjhsyr.org/assets/documents/chna/SJNY-E04424-2303-SJH%20Community%20Health%20Needs%20Assessment-JB_FINAL_combined)

Attn: Community Health and Well-Being  
c/o Administration Office  
St. Joseph's Hospital Health Center  
301 Prospect Ave.  
Syracuse, NY 13203

# APPENDIX 1



Onondaga County  
**Community  
Health Assessment  
and Improvement Plan**  
2019-2021

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Health Department**  
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The Appendix is composed of the full 2019 – 2021 Onondaga County Community Health Assessment and Improvement Plan. Due to the document’s extensive length, the full document can be accessed at the following address: [ongov.net/health/documents/OnondagaCountyCHA-CHIP.pdf](http://ongov.net/health/documents/OnondagaCountyCHA-CHIP.pdf)

For a full hard copy of the Appendix, please contact our office using the information on p.15 of the CHNA.

# **APPENDIX 2**

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

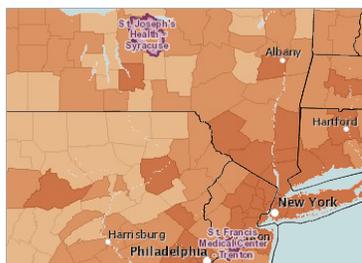
## Demographics

### Citizenship Status

The table below shows the numbers and percent of population by citizenship status for the report area. According to the latest American Community Survey (ACS), the report area has a total of 15,654 non-Citizens, or 3.40% of the total population of 460,102 persons, in contrast to the state average of 9.77% of the population and the national average of 6.58% non-Citizens living in the United States.

Report Area	Native	Born in a US Territory	Born Abroad to US Citizens	Naturalized	Non-Citizen	Non-Citizen, Percent
Burlington County, NJ	401,430	4,985	6,245	31,788	15,654	3.40%
Mercer County, NJ	282,039	7,480	4,465	44,623	46,344	12.04%
Monmouth County, NJ	548,774	4,137	4,835	55,834	28,580	4.45%
Cayuga County, NY	74,490	303	241	830	780	1.02%
Cortland County, NY	45,457	45	248	801	433	0.92%
Madison County, NY	66,227	70	433	921	815	1.19%
Onondaga County, NY	430,765	2,939	3,934	20,582	16,401	3.46%
New Jersey	6,885,230	135,942	97,791	1,212,841	902,220	9.77%
New York	15,079,782	273,118	237,949	2,661,793	1,862,103	9.26%
United States	279,427,702	2,074,899	3,378,072	23,141,369	21,703,439	6.58%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: County



[View larger map](#)

Non US Citizen Population, Percent by County, ACS 2017-21

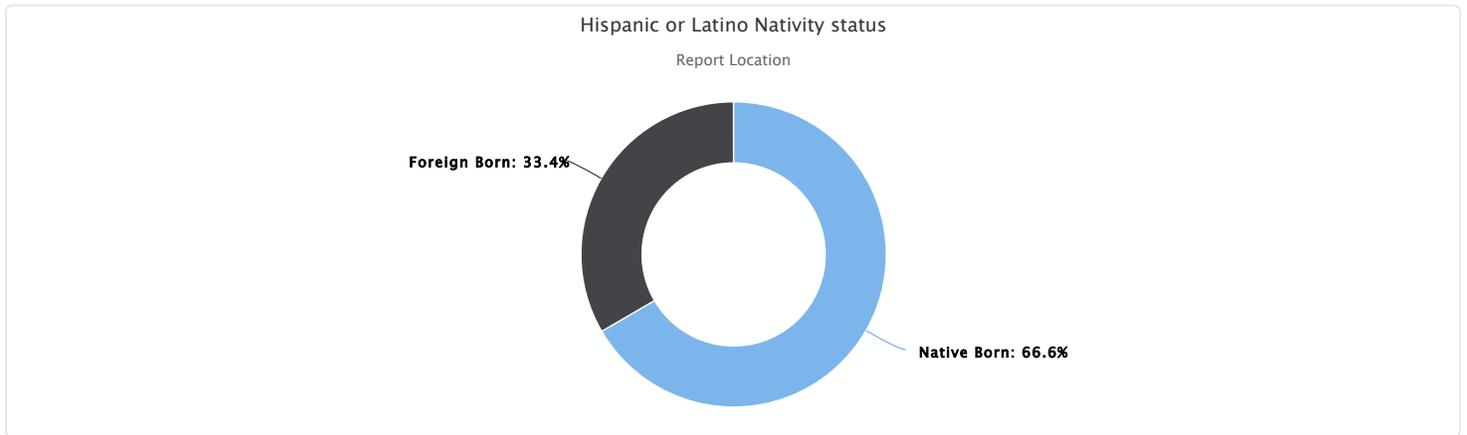
- Over 4.0%
- 1.1 - 4.0%
- Under 1.1%
- No Non-Citizens
- No Data or Data Suppressed
- Report Location

### Hispanic or Latino Nativity status

This indicator reports the nativity status of the Hispanic or Latino population within the report area.

Report Area	Native Born	Native Born, Percent	Foreign Born	Foreign Born, Percent
Report Location	60,368	66.60%	30,269	33.40%
St. Francis Medical Center - Trenton	40,871	61.26%	25,845	38.74%
St. Joseph's Health - Syracuse	19,497	81.51%	4,424	18.49%
Burlington County, NJ	32,219	81.11%	7,506	18.89%
Mercer County, NJ	43,388	61.07%	27,656	38.93%
Monmouth County, NJ	49,669	70.12%	21,165	29.88%
Cayuga County, NY	1,980	83.54%	390	16.46%
Cortland County, NY	1,200	88.95%	149	11.05%
Madison County, NY	1,518	94.11%	95	5.89%
Onondaga County, NY	20,249	82.02%	4,440	17.98%
New Jersey	1,127,826	58.60%	796,677	41.40%
New York	2,441,684	63.06%	1,430,069	36.94%
United States	41,130,718	67.64%	19,676,251	32.36%

Data Source: US Census Bureau, *American Community Survey*, 2017-21.

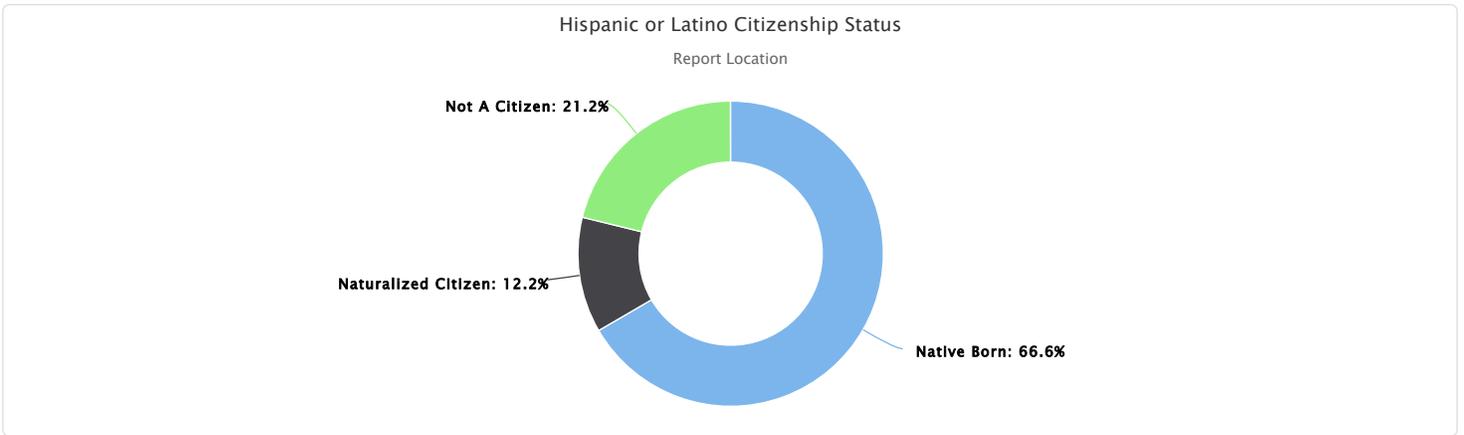


## Hispanic or Latino Citizenship Status

This indicator reports the citizenship status of the Hispanic or Latino population within the report area.

Report Area	Native Born	Native Born, Percent	Naturalized Citizen	Naturalized Citizen, Percent	Not A Citizen	Not A Citizen, Percent
Report Location	60,368	66.60%	11,089	12.23%	19,180	21.16%
St. Francis Medical Center - Trenton	40,871	61.26%	8,790	13.18%	17,055	25.56%
St. Joseph's Health - Syracuse	19,497	81.51%	2,299	9.61%	2,125	8.88%
Burlington County, NJ	32,219	81.11%	4,501	11.33%	3,005	7.56%
Mercer County, NJ	43,388	61.07%	9,592	13.50%	18,064	25.43%
Monmouth County, NJ	49,669	70.12%	9,689	13.68%	11,476	16.20%
Cayuga County, NY	1,980	83.54%	179	7.55%	211	8.90%
Cortland County, NY	1,200	88.95%	106	7.86%	43	3.19%
Madison County, NY	1,518	94.11%	62	3.84%	33	2.05%
Onondaga County, NY	20,249	82.02%	2,299	9.31%	2,141	8.67%
New Jersey	1,127,826	58.60%	385,018	20.01%	411,659	21.39%
New York	2,441,684	63.06%	681,150	17.59%	748,919	19.34%
United States	41,130,718	67.64%	7,868,061	12.94%	11,808,190	19.42%

Data Source: US Census Bureau, American Community Survey, 2017-21.

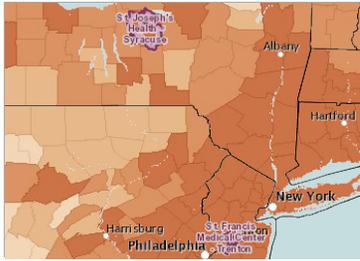


## Foreign-Born Population

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 101,143 persons in the report area are of foreign birth, which represents 13.11% of the report area population. This percentage is less than the national average of 13.60%.

Report Area	Total Population	Naturalized U.S. Citizens	Population w/o U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Report Location	771,359	52,570	48,573	101,143	13.11%
St. Francis Medical Center - Trenton	306,608	32,136	33,141	65,277	21.29%
St. Joseph's Health - Syracuse	464,751	20,434	15,432	35,866	7.72%
Burlington County, NJ	460,102	31,788	15,654	47,442	10.31%
Mercer County, NJ	384,951	44,623	46,344	90,967	23.63%
Monmouth County, NJ	642,160	55,834	28,580	84,414	13.15%
Cayuga County, NY	76,644	830	780	1,610	2.10%
Cortland County, NY	46,984	801	433	1,234	2.63%
Madison County, NY	68,466	921	815	1,736	2.54%
Onondaga County, NY	474,621	20,582	16,401	36,983	7.79%
New Jersey	9,234,024	1,212,841	902,220	2,115,061	22.91%
New York	20,114,745	2,661,793	1,862,103	4,523,896	22.49%
United States	329,725,481	23,141,369	21,703,439	44,844,808	13.60%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

**Foreign-Born Population (Non-Citizen or Naturalized), Percent by County, ACS 2017-21**

- Over 5.0%
- 2.1 - 5.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Report Location

## Population Age 0-4

Of the estimated 771,359.00 total population in the report area, an estimated 43,835.00 are children under the age of 5, representing 5.68% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of children under age 5 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Report Location	771,359.00	43,835.00	5.68%
St. Francis Medical Center - Trenton	306,608.00	17,468.00	5.70%
St. Joseph's Health - Syracuse	464,751.00	26,367.00	5.67%
Burlington County, NJ	460,102	23,350	5.07%
Mercer County, NJ	384,951	21,331	5.54%
Monmouth County, NJ	642,160	31,540	4.91%
Cayuga County, NY	76,644	3,743	4.88%
Cortland County, NY	46,984	2,399	5.11%
Madison County, NY	68,466	3,252	4.75%
Onondaga County, NY	474,621	26,593	5.60%
New Jersey	9,234,024	530,376	5.74%
New York	20,114,745	1,154,376	5.74%
United States	329,725,481	19,423,121	5.89%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population Age 0-4, Percent by County, ACS 2017-21

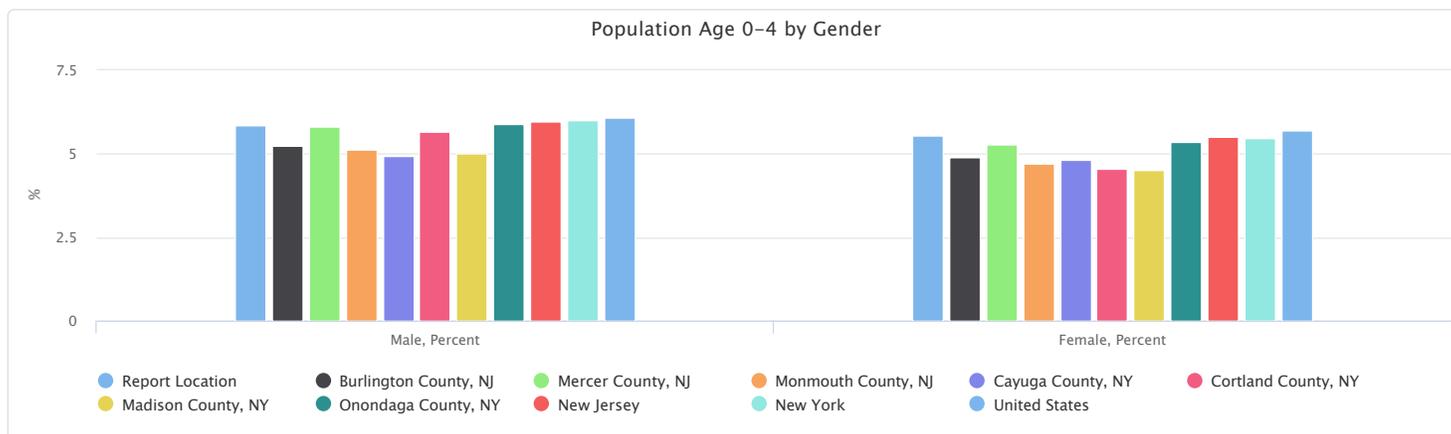


## Population Age 0-4 by Gender

The table below reports the percentage of the population that is under age 5 by gender. Among the male population in the report area, 5.84% are aged 0-4 years. Among the female population, 5.53% are aged 0-4 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	22,011.00	21,824.00	5.84%	5.53%
St. Francis Medical Center - Trenton	8,606.00	8,862.00	5.69%	5.70%
St. Joseph's Health - Syracuse	13,405.00	12,962.00	5.93%	5.43%
Burlington County, NJ	11,940	11,410	5.24%	4.91%
Mercer County, NJ	10,992	10,339	5.81%	5.29%
Monmouth County, NJ	16,079	15,461	5.11%	4.72%
Cayuga County, NY	1,958	1,785	4.95%	4.81%
Cortland County, NY	1,311	1,088	5.66%	4.57%
Madison County, NY	1,700	1,552	5.01%	4.50%
Onondaga County, NY	13,532	13,061	5.88%	5.35%
New Jersey	271,646	258,730	5.98%	5.51%
New York	590,167	564,209	6.01%	5.48%
United States	9,940,776	9,482,345	6.09%	5.69%

Data Source: US Census Bureau, American Community Survey, 2017-21.

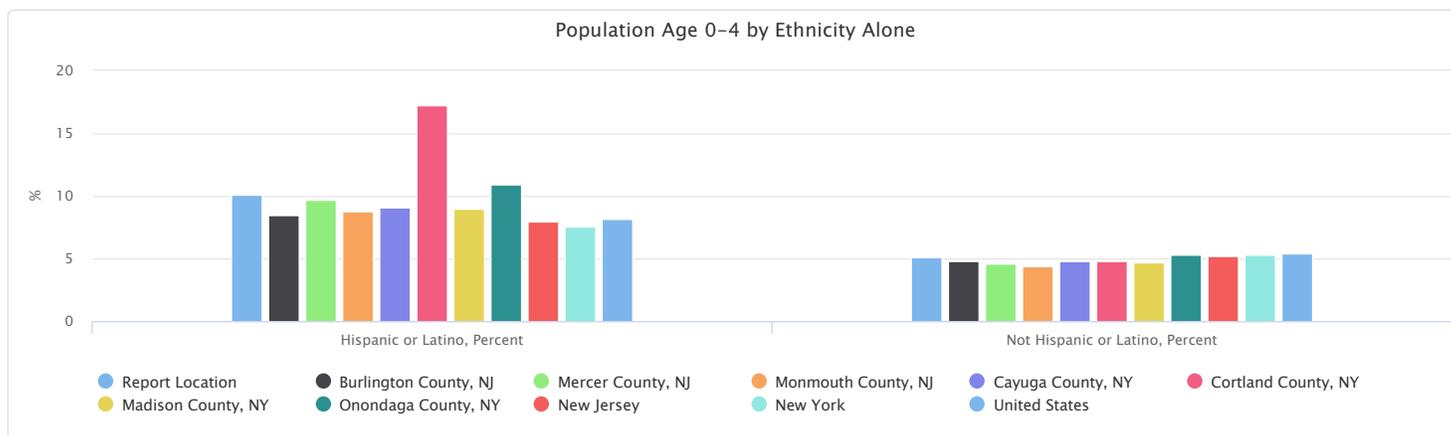


## Population Age 0-4 by Ethnicity Alone

This indicator reports the percentage of population age under 5 by ethnicity alone. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population age under 5 is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	9,137.00	34,698.00	10.08%	5.10%
St. Francis Medical Center - Trenton	6,440.00	11,028.00	9.65%	4.60%
St. Joseph's Health - Syracuse	2,697.00	23,670.00	11.27%	5.37%
Burlington County, NJ	3,386	19,964	8.52%	4.75%
Mercer County, NJ	6,882	14,449	9.69%	4.60%
Monmouth County, NJ	6,242	25,298	8.81%	4.43%
Cayuga County, NY	216	3,527	9.11%	4.75%
Cortland County, NY	232	2,167	17.20%	4.75%
Madison County, NY	144	3,108	8.93%	4.65%
Onondaga County, NY	2,697	23,896	10.92%	5.31%
New Jersey	153,167	377,209	7.96%	5.16%
New York	290,882	863,494	7.51%	5.32%
United States	4,993,673	14,429,448	8.21%	5.37%

Data Source: US Census Bureau, American Community Survey, 2017-21.

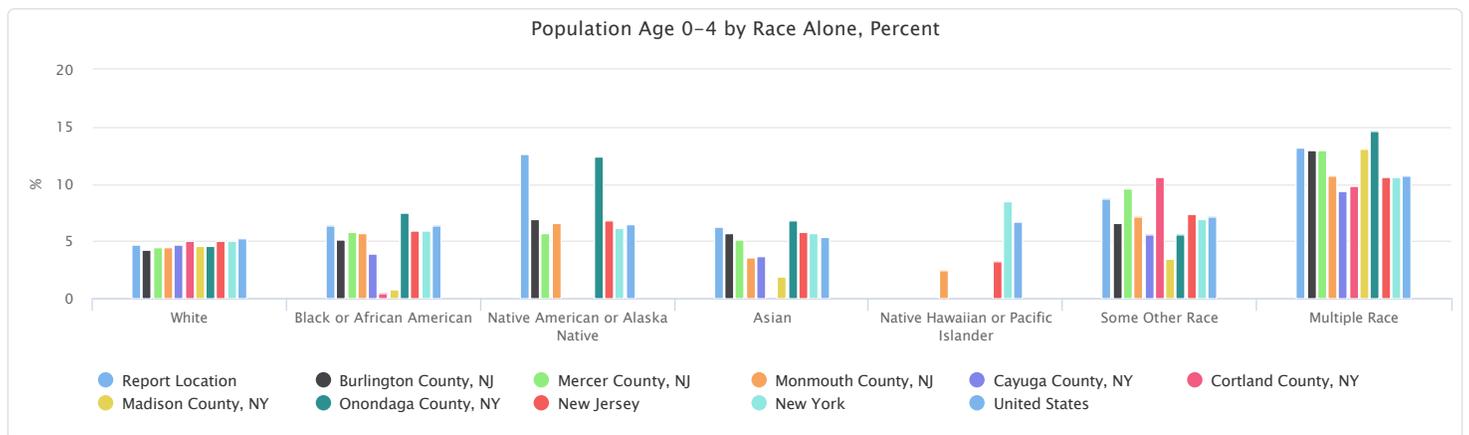


## Population Age 0-4 by Race Alone, Percent

This indicator reports the percentage of population that are under age 5 by race alone. The percentage values could be interpreted as, for example, "Among the white population in the report area, the percentage of the population age under 5 is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	4.72%	6.36%	12.66%	6.31%	0.00%	8.76%	13.23%
St. Francis Medical Center - Trenton	4.88%	5.46%	15.19%	5.41%	0.00%	9.68%	10.86%
St. Joseph's Health - Syracuse	4.65%	7.65%	12.27%	7.55%	0.00%	5.86%	14.78%
Burlington County, NJ	4.29%	5.14%	6.90%	5.75%	0.00%	6.57%	12.94%
Mercer County, NJ	4.48%	5.82%	5.65%	5.10%	0.00%	9.60%	12.91%
Monmouth County, NJ	4.50%	5.69%	6.62%	3.60%	2.42%	7.19%	10.77%
Cayuga County, NY	4.74%	3.91%	0.00%	3.72%	0.00%	5.58%	9.38%
Cortland County, NY	5.06%	0.44%	0.00%	0.00%	No data	10.66%	9.80%
Madison County, NY	4.58%	0.78%	0.00%	1.94%	No data	3.51%	13.02%
Onondaga County, NY	4.62%	7.54%	12.44%	6.81%	0.00%	5.59%	14.62%
New Jersey	4.99%	5.89%	6.80%	5.78%	3.27%	7.36%	10.66%
New York	5.05%	5.88%	6.20%	5.71%	8.53%	6.90%	10.64%
United States	5.23%	6.42%	6.47%	5.39%	6.73%	7.10%	10.77%

Data Source: US Census Bureau, American Community Survey, 2017-21.

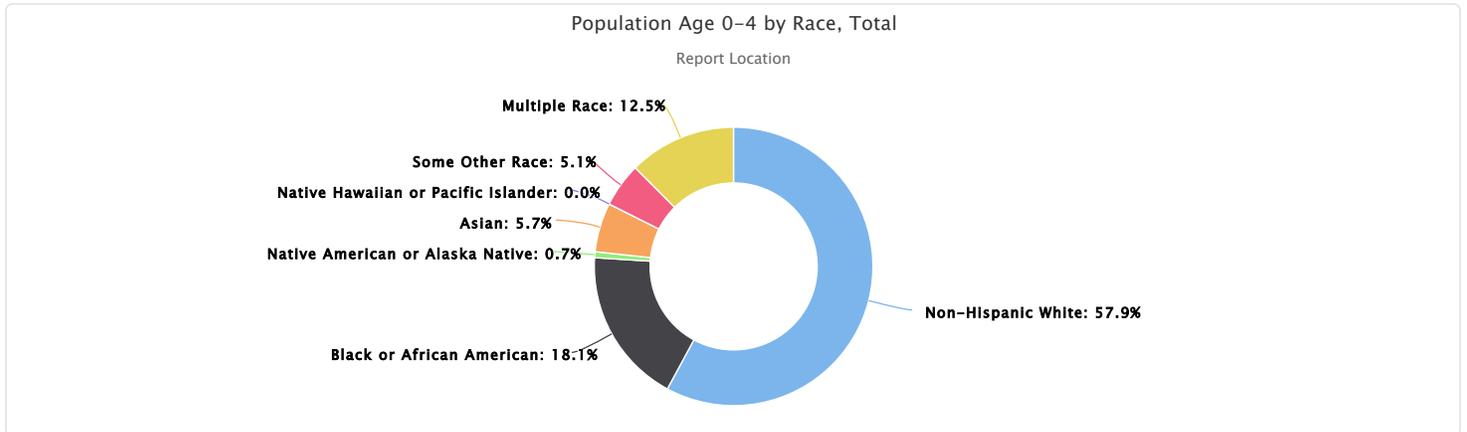


### Population Age 0-4 by Race, Total

This indicator reports the proportion of each race (alone) making up the population aged under 5.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	25,379.00	7,940.00	298.00	2,507.00	0.00	2,246.00	5,465.00
St. Francis Medical Center - Trenton	8,474.00	4,028.00	48.00	1,250.00	0.00	1,886.00	1,782.00
St. Joseph's Health - Syracuse	16,905.00	3,912.00	250.00	1,257.00	0.00	360.00	3,683.00
Burlington County, NJ	13,686	3,967	50	1,390	0	799	3,458
Mercer County, NJ	9,893	4,491	48	2,315	0	1,875	2,709
Monmouth County, NJ	23,098	2,407	70	1,247	11	1,348	3,359
Cayuga County, NY	3,270	119	0	21	0	44	289
Cortland County, NY	2,210	4	0	0	0	65	120
Madison County, NY	2,913	8	0	14	0	19	298
Onondaga County, NY	17,120	3,912	250	1,257	0	360	3,694
New Jersey	288,873	72,158	1,680	52,081	108	49,664	65,812
New York	616,719	179,824	5,190	99,310	779	124,811	127,743
United States	11,751,883	2,656,473	176,042	1,011,688	41,428	1,304,593	2,481,014

Data Source: US Census Bureau, American Community Survey, 2017-21.

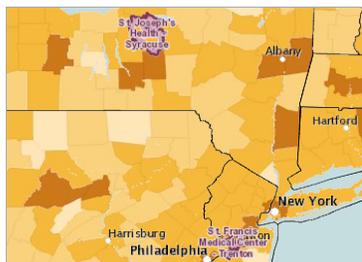


## Population Age 18-64

Of the estimated 771,359.00 total population in the report area, an estimated 477,361.00 persons are between the ages of 18 and 64, representing 61.89% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

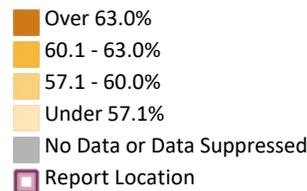
Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Report Location	771,359.00	477,361.00	61.89%
St. Francis Medical Center - Trenton	306,608.00	195,154.00	63.65%
St. Joseph's Health - Syracuse	464,751.00	282,207.00	60.72%
Burlington County, NJ	460,102	285,739	62.10%
Mercer County, NJ	384,951	243,368	63.22%
Monmouth County, NJ	642,160	391,950	61.04%
Cayuga County, NY	76,644	46,823	61.09%
Cortland County, NY	46,984	30,335	64.56%
Madison County, NY	68,466	42,676	62.33%
Onondaga County, NY	474,621	291,747	61.47%
New Jersey	9,234,024	5,699,066	61.72%
New York	20,114,745	12,567,190	62.48%
United States	329,725,481	202,602,785	61.45%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population Age 18-64, Percent by County, ACS 2017-21

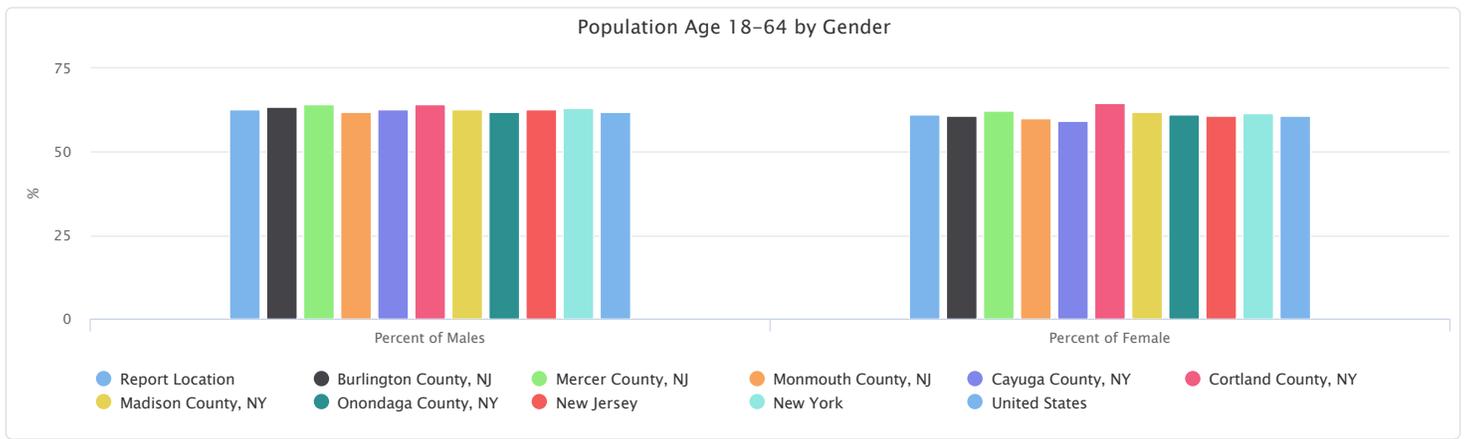


## Population Age 18-64 by Gender

The table below reports the percentage of the population that is age 18 to 64 by gender. Among the male population in the report area, 62.64% are aged 18-64 years. Among the female population, 61.16% are aged 18-64 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	236,186	241,175	62.64%	61.16%
St. Francis Medical Center - Trenton	97,946	97,208	64.81%	62.52%
St. Joseph's Health - Syracuse	138,240	143,967	61.19%	60.28%
Burlington County, NJ	144,590	141,149	63.50%	60.74%
Mercer County, NJ	121,359	122,009	64.10%	62.37%
Monmouth County, NJ	194,482	197,468	61.85%	60.25%
Cayuga County, NY	24,763	22,060	62.61%	59.47%
Cortland County, NY	14,910	15,425	64.38%	64.74%
Madison County, NY	21,341	21,335	62.84%	61.83%
Onondaga County, NY	142,529	149,218	61.89%	61.08%
New Jersey	2,842,598	2,856,468	62.62%	60.84%
New York	6,210,634	6,356,556	63.23%	61.76%
United States	101,452,751	101,150,034	62.16%	60.74%

Data Source: US Census Bureau, American Community Survey, 2017-21.

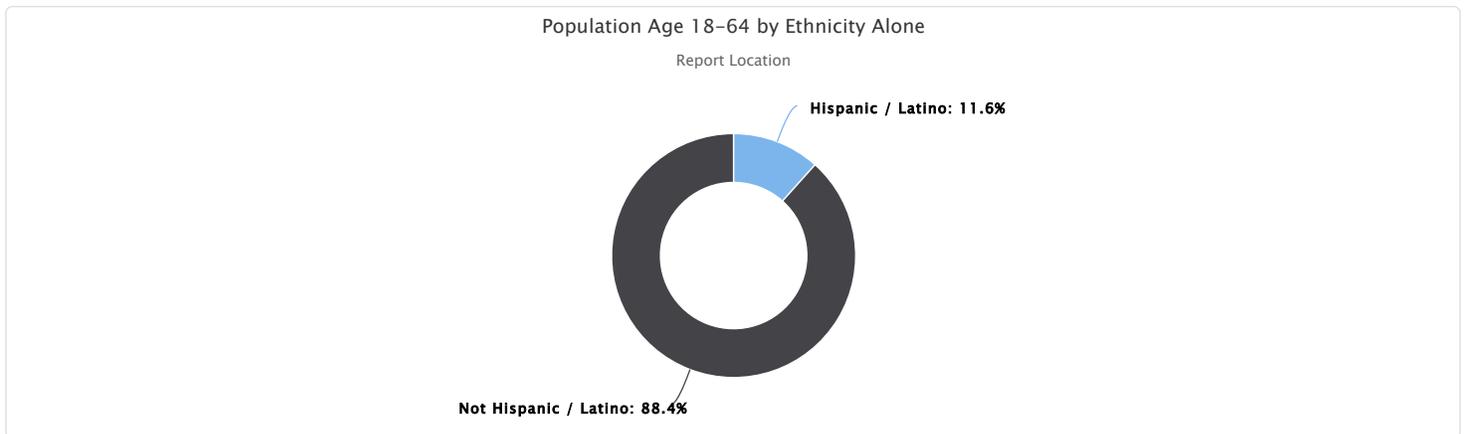


### Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population by ethnicity alone that are between the ages of 18 to 64. In the report area, among the population age 18-64, 11.62% are Hispanic or Latino and 88.38% are not Hispanic or Latino.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	55,487.00	421,874.00	11.62%	88.38%
St. Francis Medical Center - Trenton	41,706.00	153,448.00	21.37%	78.63%
St. Joseph's Health - Syracuse	13,781.00	268,426.00	4.88%	95.12%
Burlington County, NJ	25,230	260,509	8.83%	91.17%
Mercer County, NJ	44,434	198,934	18.26%	81.74%
Monmouth County, NJ	42,390	349,560	10.82%	89.18%
Cayuga County, NY	1,563	45,260	3.34%	96.66%
Cortland County, NY	929	29,406	3.06%	96.94%
Madison County, NY	1,113	41,563	2.61%	97.39%
Onondaga County, NY	14,557	277,190	4.99%	95.01%
New Jersey	1,211,095	4,487,971	21.25%	78.75%
New York	2,451,320	10,115,870	19.51%	80.49%
United States	37,421,476	165,181,309	18.47%	81.53%

Data Source: US Census Bureau, American Community Survey, 2017-21.



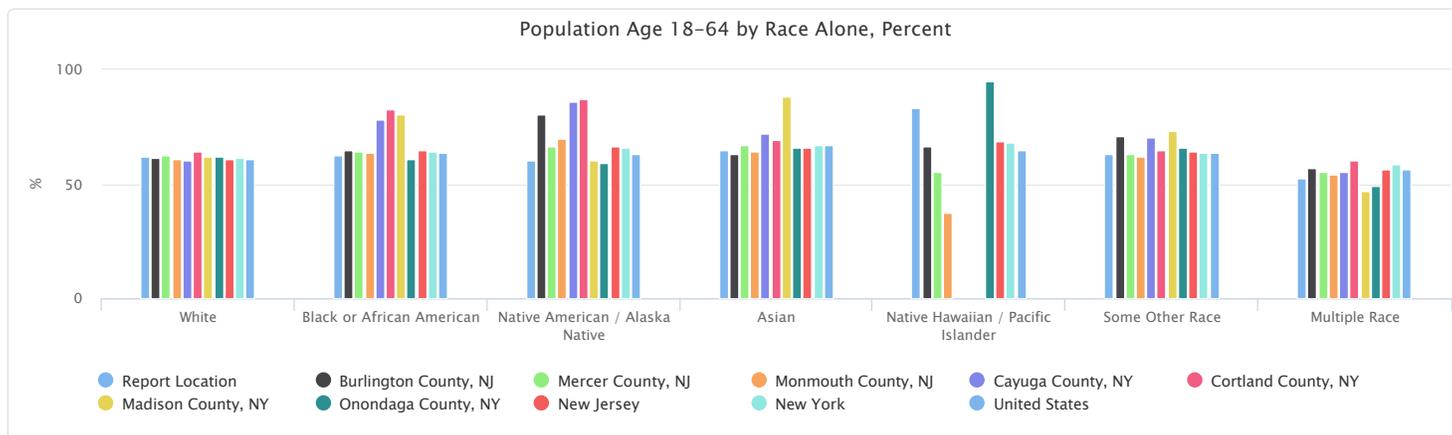
### Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population age 18-64 by race alone. The percentage values could be interpreted as,

for example, "Among the white population in the report area, the percentage of the population age 18-64 is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	62.12%	62.67%	60.31%	65.07%	83.07%	63.32%	52.46%
St. Francis Medical Center - Trenton	63.54%	64.26%	66.46%	66.59%	52.78%	62.97%	58.70%
St. Joseph's Health - Syracuse	61.44%	60.39%	59.35%	62.95%	95.05%	64.43%	48.35%
Burlington County, NJ	61.46%	64.65%	80.69%	63.03%	66.46%	71.20%	56.87%
Mercer County, NJ	62.78%	64.43%	66.67%	67.13%	55.08%	62.94%	55.09%
Monmouth County, NJ	60.99%	63.62%	69.75%	64.30%	37.44%	61.83%	54.23%
Cayuga County, NY	60.36%	78.32%	86.21%	72.04%	0.00%	70.34%	55.29%
Cortland County, NY	64.22%	82.88%	87.04%	69.32%	No data	64.59%	60.16%
Madison County, NY	62.22%	80.66%	60.61%	88.07%	No data	73.25%	46.70%
Onondaga County, NY	62.07%	60.94%	59.33%	66.14%	95.05%	66.07%	49.06%
New Jersey	60.64%	64.61%	66.63%	66.16%	68.63%	64.24%	56.59%
New York	61.48%	64.30%	65.65%	67.21%	68.24%	63.93%	58.65%
United States	60.92%	63.54%	62.88%	66.98%	65.05%	63.79%	56.18%

Data Source: US Census Bureau, American Community Survey, 2017-21.

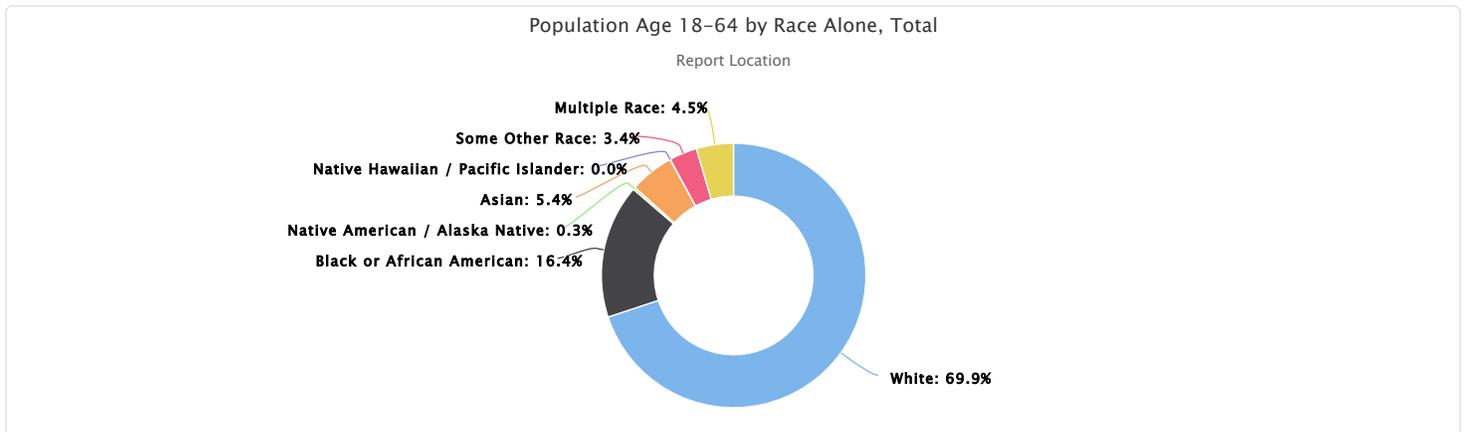


## Population Age 18-64 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 18 to 64.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	333,710	78,255	1,419	25,865	211	16,226	21,675
St. Francis Medical Center - Trenton	110,250	47,374	210	15,386	38	12,268	9,628
St. Joseph's Health - Syracuse	223,460	30,881	1,209	10,479	173	3,958	12,047
Burlington County, NJ	195,915	49,928	585	15,230	214	8,664	15,203
Mercer County, NJ	138,644	49,759	566	30,487	65	12,287	11,560
Monmouth County, NJ	313,341	26,934	738	22,261	170	11,598	16,908
Cayuga County, NY	41,676	2,381	100	407	0	555	1,704
Cortland County, NY	28,049	760	47	348	0	394	737
Madison County, NY	39,565	830	180	635	0	397	1,069
Onondaga County, NY	229,919	31,597	1,192	12,215	173	4,255	12,396
New Jersey	3,510,001	791,625	16,470	595,801	2,267	433,604	349,298
New York	7,510,008	1,966,945	54,970	1,168,981	6,231	1,155,862	704,193
United States	136,939,158	26,300,254	1,712,054	12,581,446	400,442	11,726,267	12,943,164

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population Age 5-17

Of the estimated 771,359.00 total population in the report area, an estimated 122,511.00 persons are youth between the ages of 5 and 17, representing 15.88% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of young persons in the report area is relevant because this population has needs which should be considered separately from other age groups.

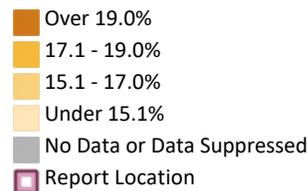
Report Area	Total Population	Population Age 5-17	Population Age 5-17, Percent
Report Location	771,359.00	122,511.00	15.88%
St. Francis Medical Center - Trenton	306,608.00	47,927.00	15.63%
St. Joseph's Health - Syracuse	464,751.00	74,584.00	16.05%
Burlington County, NJ	460,102	72,920	15.85%
Mercer County, NJ	384,951	61,330	15.93%
Monmouth County, NJ	642,160	104,696	16.30%
Cayuga County, NY	76,644	11,382	14.85%
Cortland County, NY	46,984	6,645	14.14%
Madison County, NY	68,466	9,787	14.29%
Onondaga County, NY	474,621	74,886	15.78%
New Jersey	9,234,024	1,510,066	16.35%
New York	20,114,745	3,063,020	15.23%
United States	329,725,481	54,810,954	16.62%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population Age 5-17, Percent by County, ACS 2017-21

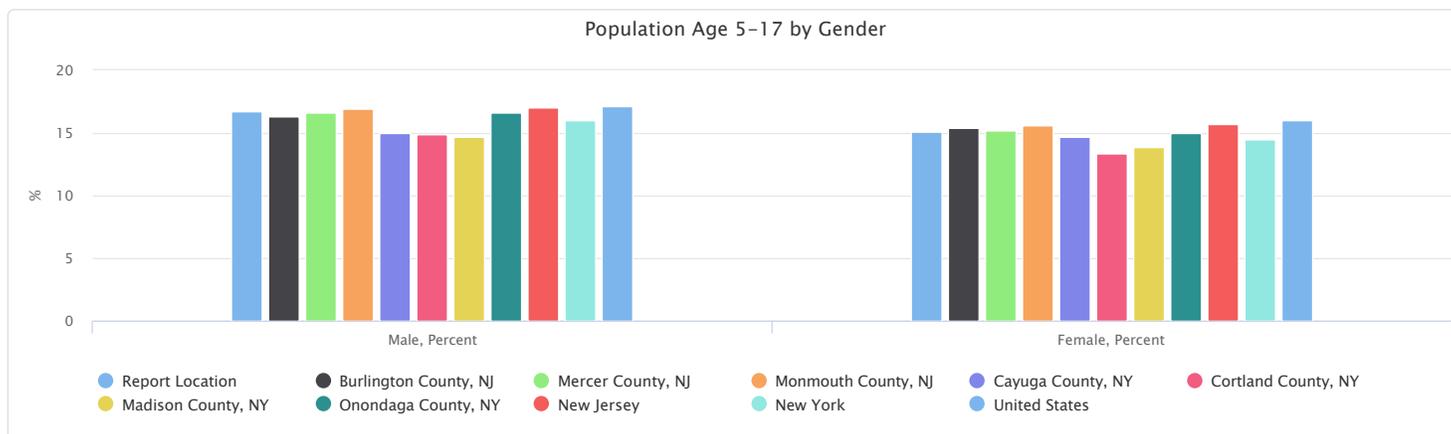


## Population Age 5-17 by Gender

The table below reports the percentage of the population that is age 5 to 17 by gender. Among the male population in the report area, 16.71% are aged 5-17 years. Among the female population, 15.10% are aged 5-17 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	62,986.00	59,525.00	16.71%	15.10%
St. Francis Medical Center - Trenton	24,646.00	23,281.00	16.31%	14.97%
St. Joseph's Health - Syracuse	38,340.00	36,244.00	16.97%	15.17%
Burlington County, NJ	37,065	35,855	16.28%	15.43%
Mercer County, NJ	31,532	29,798	16.65%	15.23%
Monmouth County, NJ	53,371	51,325	16.97%	15.66%
Cayuga County, NY	5,929	5,453	14.99%	14.70%
Cortland County, NY	3,450	3,195	14.90%	13.41%
Madison County, NY	4,986	4,801	14.68%	13.91%
Onondaga County, NY	38,336	36,550	16.65%	14.96%
New Jersey	771,966	738,100	17.01%	15.72%
New York	1,569,123	1,493,897	15.98%	14.51%
United States	28,050,668	26,760,286	17.19%	16.07%

Data Source: US Census Bureau, American Community Survey, 2017-21.

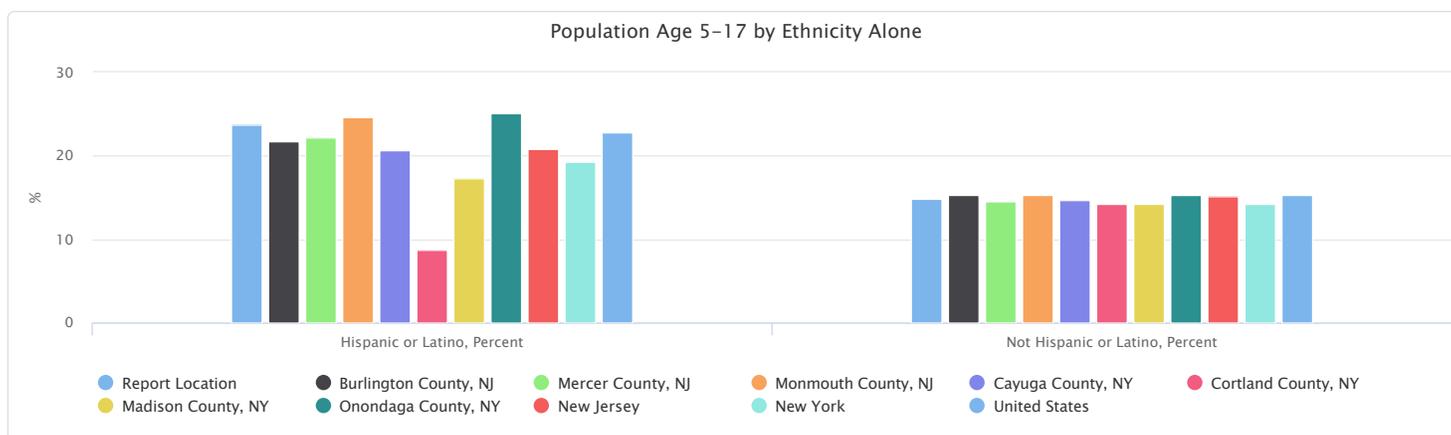


## Population Age 5-17 by Ethnicity Alone

This indicator reports the percentage of population that are at age 5-17 by ethnicity alone. In the report area, 23.67% of the Hispanic or Latino population and 14.85% of the non-Hispanic or Latino population are between the ages of 5-17.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	21,455.00	101,056.00	23.67%	14.85%
St. Francis Medical Center - Trenton	15,254.00	32,673.00	22.86%	13.62%
St. Joseph's Health - Syracuse	6,201.00	68,383.00	25.92%	15.51%
Burlington County, NJ	8,645	64,275	21.76%	15.29%
Mercer County, NJ	15,812	45,518	22.26%	14.50%
Monmouth County, NJ	17,404	87,292	24.57%	15.28%
Cayuga County, NY	488	10,894	20.59%	14.67%
Cortland County, NY	118	6,527	8.75%	14.30%
Madison County, NY	278	9,509	17.23%	14.22%
Onondaga County, NY	6,192	68,694	25.08%	15.27%
New Jersey	400,852	1,109,214	20.83%	15.17%
New York	745,183	2,317,837	19.25%	14.27%
United States	13,847,142	40,963,812	22.77%	15.23%

Data Source: US Census Bureau, American Community Survey, 2017-21.



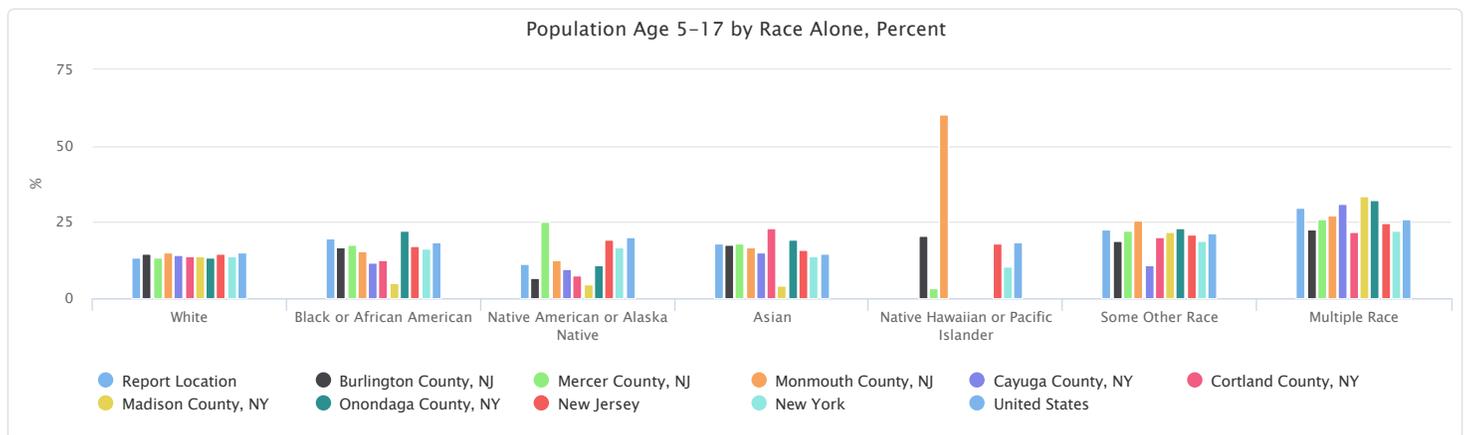
## Population Age 5-17 by Race Alone, Percent

This indicator reports the percentage of population age 5-17 by race alone. The percentage values could be interpreted as, for

example, "Among the white population in the report area, the percentage of the population age 5-17 is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	13.47%	19.64%	11.43%	18.09%	0.00%	22.77%	29.89%
St. Francis Medical Center - Trenton	13.02%	17.71%	12.03%	16.11%	0.00%	22.30%	25.47%
St. Joseph's Health - Syracuse	13.68%	22.42%	11.34%	20.85%	0.00%	24.24%	32.80%
Burlington County, NJ	14.86%	16.65%	6.76%	17.61%	20.50%	18.70%	22.67%
Mercer County, NJ	13.41%	17.55%	25.32%	17.95%	3.39%	22.29%	25.91%
Monmouth County, NJ	15.28%	15.71%	12.57%	16.85%	60.13%	25.48%	27.35%
Cayuga County, NY	14.31%	11.94%	9.48%	15.22%	0.00%	10.77%	31.12%
Cortland County, NY	13.79%	12.65%	7.41%	23.11%	No data	20.00%	21.63%
Madison County, NY	13.85%	5.05%	4.71%	4.02%	No data	21.59%	33.55%
Onondaga County, NY	13.50%	22.12%	10.95%	19.19%	0.00%	23.12%	32.26%
New Jersey	14.81%	17.10%	19.35%	16.04%	18.10%	21.07%	24.53%
New York	13.86%	16.43%	16.79%	13.93%	10.35%	18.87%	22.41%
United States	15.07%	18.28%	20.08%	14.70%	18.26%	21.38%	26.14%

Data Source: US Census Bureau, American Community Survey, 2017-21.

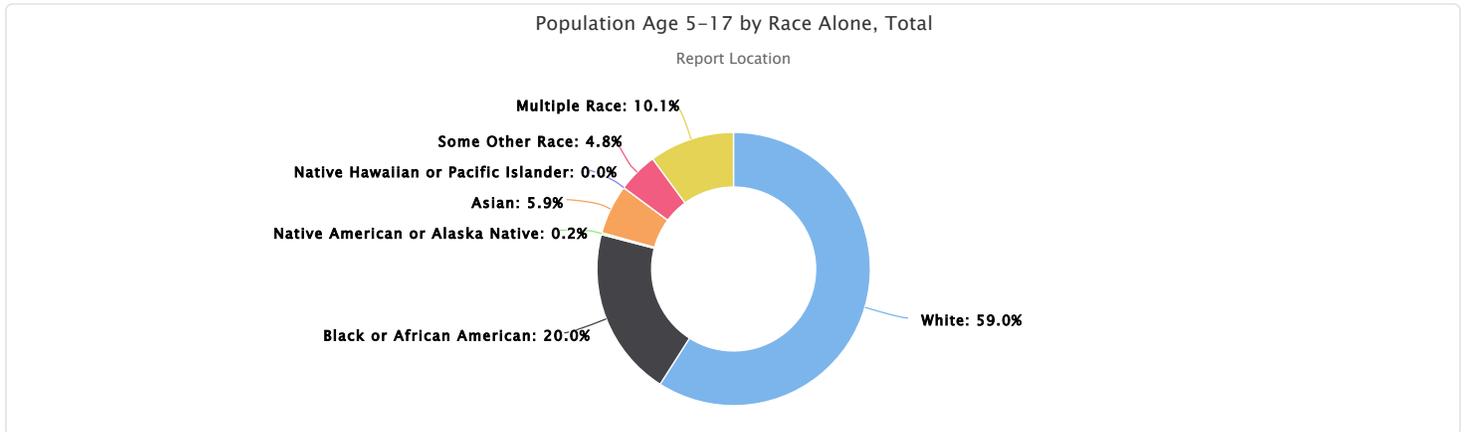


## Population Age 5-17 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 5 - 17.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	72,341.00	24,524.00	269.00	7,193.00	0.00	5,834.00	12,350.00
St. Francis Medical Center - Trenton	22,585.00	13,059.00	38.00	3,722.00	0.00	4,345.00	4,178.00
St. Joseph's Health - Syracuse	49,756.00	11,465.00	231.00	3,471.00	0.00	1,489.00	8,172.00
Burlington County, NJ	47,356	12,858	49	4,256	66	2,276	6,059
Mercer County, NJ	29,618	13,550	215	8,154	4	4,352	5,437
Monmouth County, NJ	78,497	6,651	133	5,834	273	4,780	8,528
Cayuga County, NY	9,878	363	11	86	0	85	959
Cortland County, NY	6,022	116	4	116	0	122	265
Madison County, NY	8,807	52	14	29	0	117	768
Onondaga County, NY	50,013	11,469	220	3,545	0	1,489	8,150
New Jersey	857,104	209,506	4,784	144,409	598	142,222	151,443
New York	1,692,935	502,468	14,061	242,331	945	341,162	269,118
United States	33,872,961	7,564,795	546,845	2,761,076	112,402	3,929,573	6,023,302

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population Age 65+

Of the estimated 771,359 total population in the report area, an estimated 127,652 persons are adults aged 65 and older, representing 16.55% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

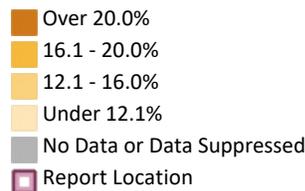
Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Report Location	771,359	127,652	16.55%
St. Francis Medical Center - Trenton	306,608	46,059	15.02%
St. Joseph's Health - Syracuse	464,751	81,593	17.56%
Burlington County, NJ	460,102	78,093	16.97%
Mercer County, NJ	384,951	58,922	15.31%
Monmouth County, NJ	642,160	113,974	17.75%
Cayuga County, NY	76,644	14,696	19.17%
Cortland County, NY	46,984	7,605	16.19%
Madison County, NY	68,466	12,751	18.62%
Onondaga County, NY	474,621	81,395	17.15%
New Jersey	9,234,024	1,494,516	16.18%
New York	20,114,745	3,330,159	16.56%
United States	329,725,481	52,888,621	16.04%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population Age 65+, Percent by County, ACS 2017-21

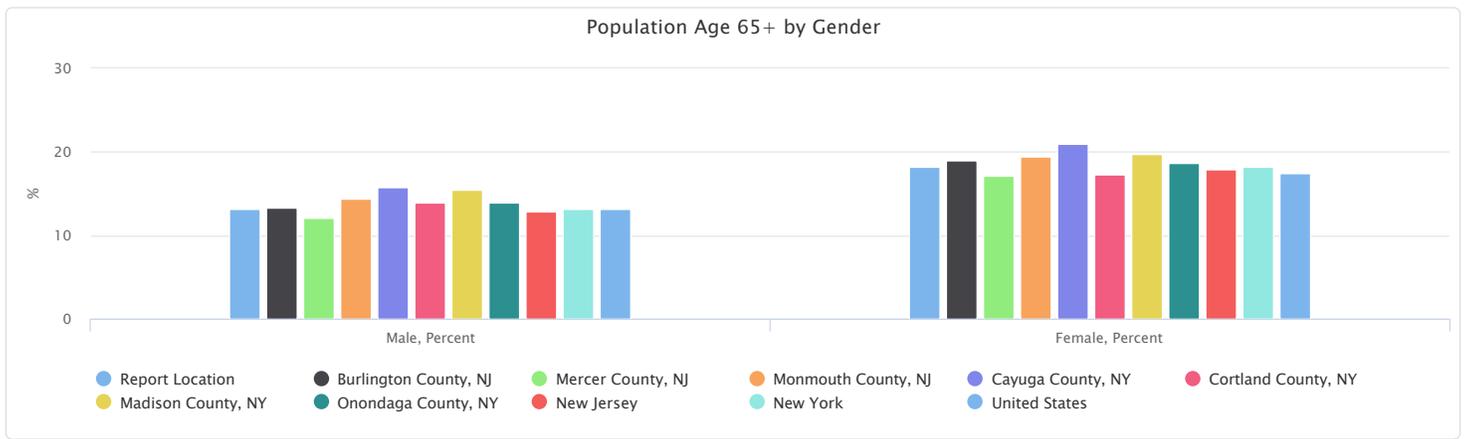


## Population Age 65+ by Gender

The table below reports the percentage of the population that is age 65 or older by gender. Among the male population in the report area, 13.19% are aged 65 years or older. Among the female population, 18.21% are aged 65 years or older.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	49,742	71,803	13.19%	18.21%
St. Francis Medical Center - Trenton	17,842	26,133	11.81%	16.81%
St. Joseph's Health - Syracuse	31,900	45,670	14.12%	19.12%
Burlington County, NJ	30,496	43,974	13.39%	18.92%
Mercer County, NJ	22,818	33,464	12.05%	17.11%
Monmouth County, NJ	45,326	63,487	14.42%	19.37%
Cayuga County, NY	6,204	7,794	15.69%	21.01%
Cortland County, NY	3,230	4,117	13.95%	17.28%
Madison County, NY	5,254	6,816	15.47%	19.75%
Onondaga County, NY	31,909	45,490	13.86%	18.62%
New Jersey	585,187	841,415	12.89%	17.92%
New York	1,295,973	1,878,372	13.19%	18.25%
United States	21,484,809	29,126,201	13.16%	17.49%

Data Source: US Census Bureau, American Community Survey, 2017-21.

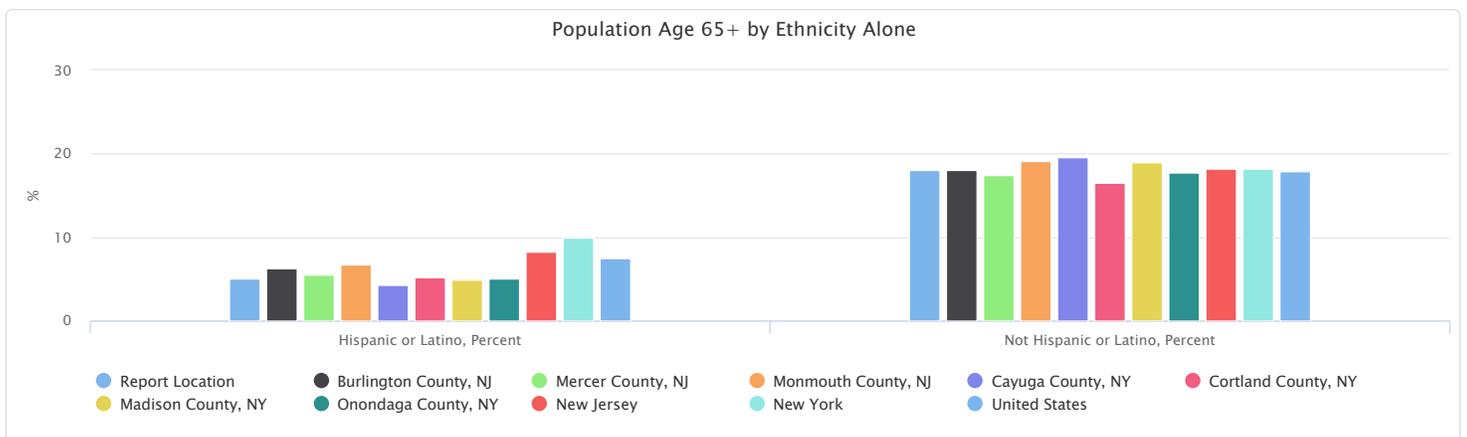


### Population Age 65+ by Ethnicity Alone

This indicator reports the percentage of population that are at age 65+ by ethnicity alone. In the report area, 5.03% of Hispanic / Latino population are at age 65+, and 18.08% of non Hispanic / Latino population are at age 65+.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	4,558	123,094	5.03%	18.08%
St. Francis Medical Center - Trenton	3,316	42,743	4.97%	17.82%
St. Joseph's Health - Syracuse	1,242	80,351	5.19%	18.23%
Burlington County, NJ	2,464	75,629	6.20%	17.99%
Mercer County, NJ	3,916	55,006	5.51%	17.52%
Monmouth County, NJ	4,798	109,176	6.77%	19.11%
Cayuga County, NY	103	14,593	4.35%	19.65%
Cortland County, NY	70	7,535	5.19%	16.51%
Madison County, NY	78	12,673	4.84%	18.96%
Onondaga County, NY	1,243	80,152	5.03%	17.81%
New Jersey	159,389	1,335,127	8.28%	18.27%
New York	384,368	2,945,791	9.93%	18.14%
United States	4,544,678	48,343,943	7.47%	17.98%

Data Source: US Census Bureau, American Community Survey, 2017-21.



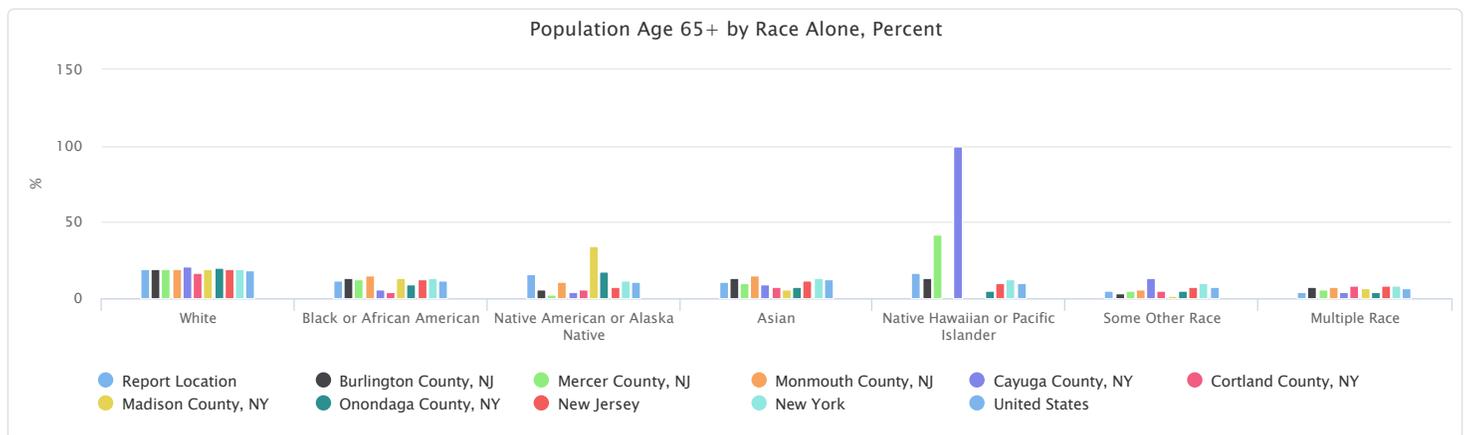
### Population Age 65+ by Race Alone, Percent

This indicator reports the percentage of population age 65+ by race alone. The percentage values could be interpreted as, for

example, "Among the white population in the report area, the percentage of the population age 65+ is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	19.69%	11.33%	15.60%	10.53%	16.93%	5.15%	4.43%
St. Francis Medical Center - Trenton	18.56%	12.57%	6.33%	11.89%	47.22%	5.05%	4.96%
St. Joseph's Health - Syracuse	20.23%	9.54%	17.03%	8.65%	4.95%	5.47%	4.08%
Burlington County, NJ	19.39%	13.57%	5.66%	13.60%	13.04%	3.53%	7.53%
Mercer County, NJ	19.33%	12.21%	2.36%	9.82%	41.53%	5.16%	6.09%
Monmouth County, NJ	19.23%	14.98%	11.06%	15.25%	0.00%	5.51%	7.65%
Cayuga County, NY	20.60%	5.82%	4.31%	9.03%	100.00%	13.31%	4.22%
Cortland County, NY	16.93%	4.03%	5.56%	7.57%	No data	4.75%	8.41%
Madison County, NY	19.35%	13.51%	34.68%	5.96%	No data	1.66%	6.73%
Onondaga County, NY	19.80%	9.40%	17.27%	7.86%	4.95%	5.22%	4.06%
New Jersey	19.56%	12.41%	7.22%	12.02%	9.99%	7.34%	8.22%
New York	19.61%	13.39%	11.36%	13.14%	12.88%	10.30%	8.30%
United States	18.78%	11.77%	10.57%	12.93%	9.96%	7.74%	6.91%

Data Source: US Census Bureau, American Community Survey, 2017-21.

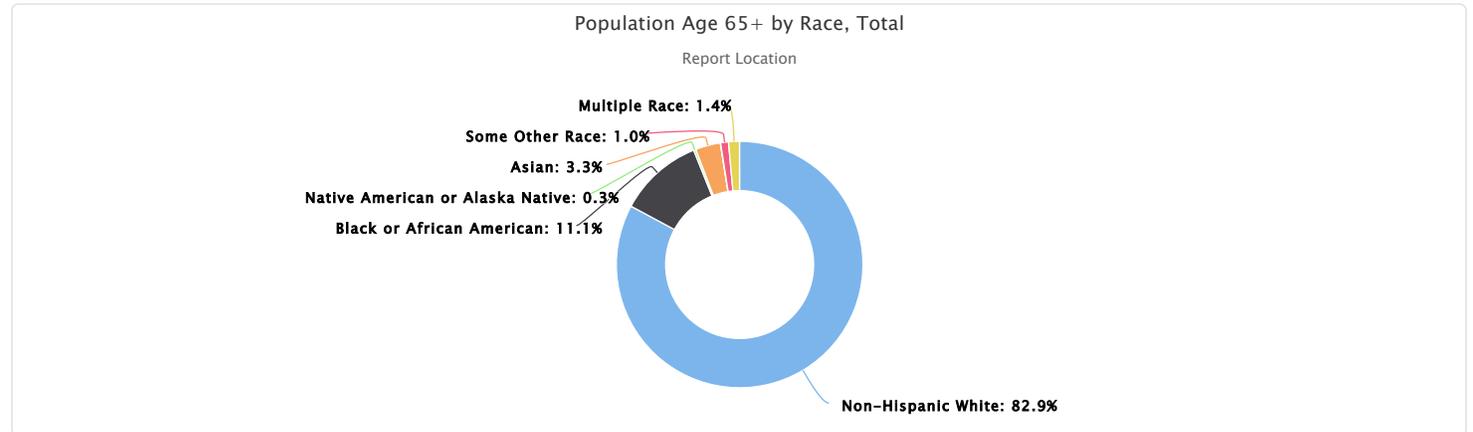


## Population Age 65+ by Race, Total

This indicator reports the proportion of each race (alone) making up the population aged 65 or older.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	105,762	14,143	367	4,187	43	1,320	1,830
St. Francis Medical Center - Trenton	32,195	9,265	20	2,747	34	984	814
St. Joseph's Health - Syracuse	73,567	4,878	347	1,440	9	336	1,016
Burlington County, NJ	61,803	10,479	41	3,286	42	430	2,012
Mercer County, NJ	42,678	9,428	20	4,462	49	1,008	1,277
Monmouth County, NJ	98,820	6,342	117	5,278	0	1,033	2,384
Cayuga County, NY	14,222	177	5	51	6	105	130
Cortland County, NY	7,395	37	3	38	0	29	103
Madison County, NY	12,303	139	103	43	0	9	154
Onondaga County, NY	73,353	4,873	347	1,452	9	336	1,025
New Jersey	1,131,895	152,032	1,785	108,225	330	49,532	50,717
New York	2,395,456	409,609	9,513	228,574	1,176	186,172	99,659
United States	42,225,107	4,871,490	287,720	2,428,714	61,285	1,422,363	1,591,942

Data Source: US Census Bureau, American Community Survey, 2017-21.



### Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one year period. Of the 763,126 persons residing in the report area, an estimated 5.06% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

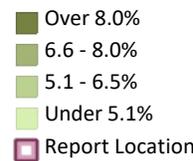
Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Report Location	763,126	38,581	5.06%
St. Francis Medical Center - Trenton	303,539	18,660	6.15%
St. Joseph's Health - Syracuse	459,587	19,921	4.33%
Burlington County, NJ	455,955	30,382	6.66%
Mercer County, NJ	381,157	27,334	7.17%
Monmouth County, NJ	636,789	27,892	4.38%
Cayuga County, NY	75,919	3,781	4.98%
Cortland County, NY	46,482	3,107	6.68%
Madison County, NY	67,841	4,284	6.31%
Onondaga County, NY	469,388	23,871	5.09%
New Jersey	9,139,062	473,627	5.18%
New York	19,896,340	912,656	4.59%
United States	326,169,561	19,810,161	6.07%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

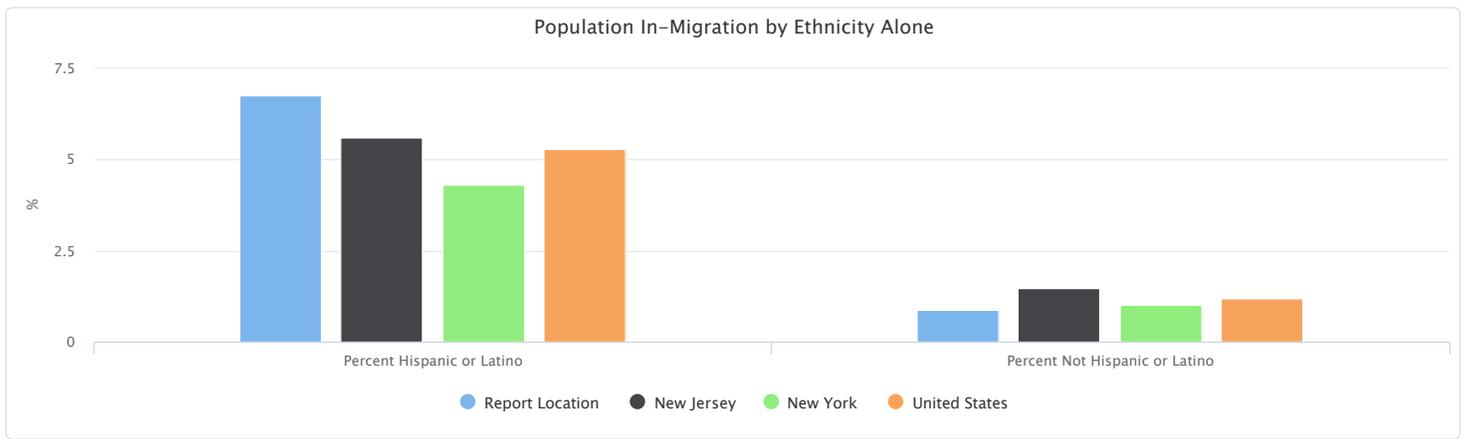
Population Migrated from Outside of the County, State, or Country, Percent of Total Population by County, ACS 2017-21



## Population In-Migration by Ethnicity Alone

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Report Location	5,996.00	32,585.00	6.76%	0.89%
St. Francis Medical Center - Trenton	4,231.00	14,429.00	6.47%	1.78%
St. Joseph's Health - Syracuse	1,765.00	18,156.00	7.59%	0.40%
Burlington County, NJ	5,026	25,356	12.84%	1.21%
Mercer County, NJ	4,444	22,890	6.38%	1.43%
Monmouth County, NJ	4,656	23,236	6.65%	0.82%
Cayuga County, NY	278	3,503	11.84%	0.38%
Cortland County, NY	133	2,974	10.06%	0.29%
Madison County, NY	278	4,006	17.32%	0.42%
Onondaga County, NY	2,166	21,705	9.01%	0.49%
New Jersey	106,700	366,927	5.62%	1.47%
New York	164,008	748,648	4.30%	1.02%
United States	3,165,510	16,644,651	5.28%	1.19%

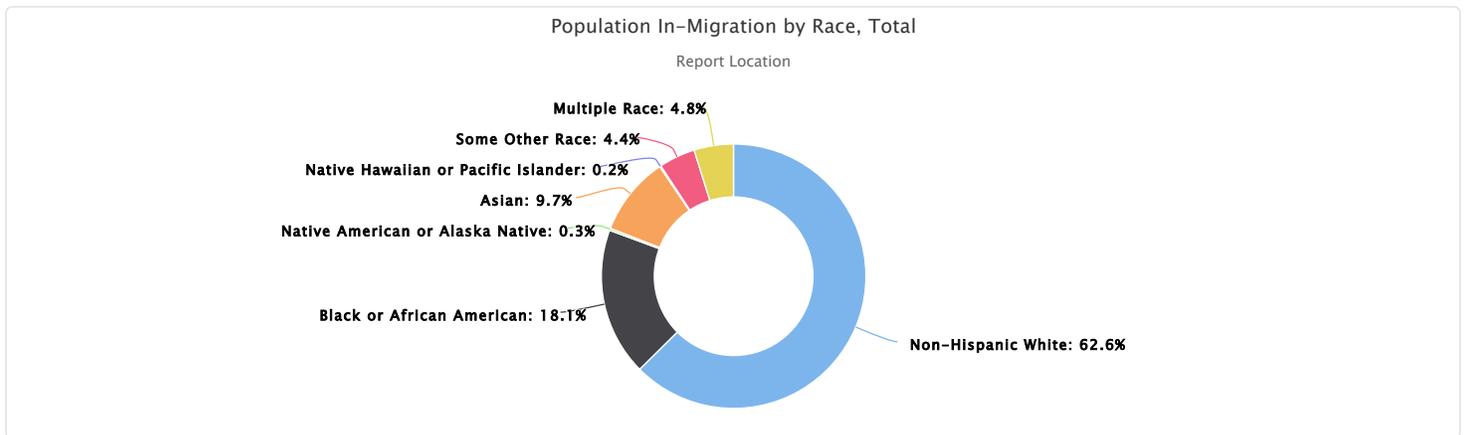
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population In-Migration by Race, Total

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	24,140.00	6,978.00	99.00	3,728.00	61.00	1,714.00	1,861.00
St. Francis Medical Center - Trenton	10,930.00	4,174.00	18.00	1,675.00	0.00	994.00	869.00
St. Joseph's Health - Syracuse	13,210.00	2,804.00	81.00	2,053.00	61.00	720.00	992.00
Burlington County, NJ	17,414	7,053	103	2,248	0	1,790	1,774
Mercer County, NJ	16,008	4,406	20	4,731	0	995	1,174
Monmouth County, NJ	21,297	1,577	37	1,739	0	1,250	1,992
Cayuga County, NY	2,750	811	11	12	0	116	81
Cortland County, NY	2,623	175	0	76	0	33	200
Madison County, NY	3,456	184	21	216	0	127	280
Onondaga County, NY	15,555	3,177	70	3,095	61	868	1,045
New Jersey	260,998	69,550	1,085	69,647	124	38,822	33,401
New York	535,740	129,082	4,526	116,932	647	67,446	58,283
United States	13,173,470	2,567,932	166,400	1,495,485	44,801	919,059	1,443,014

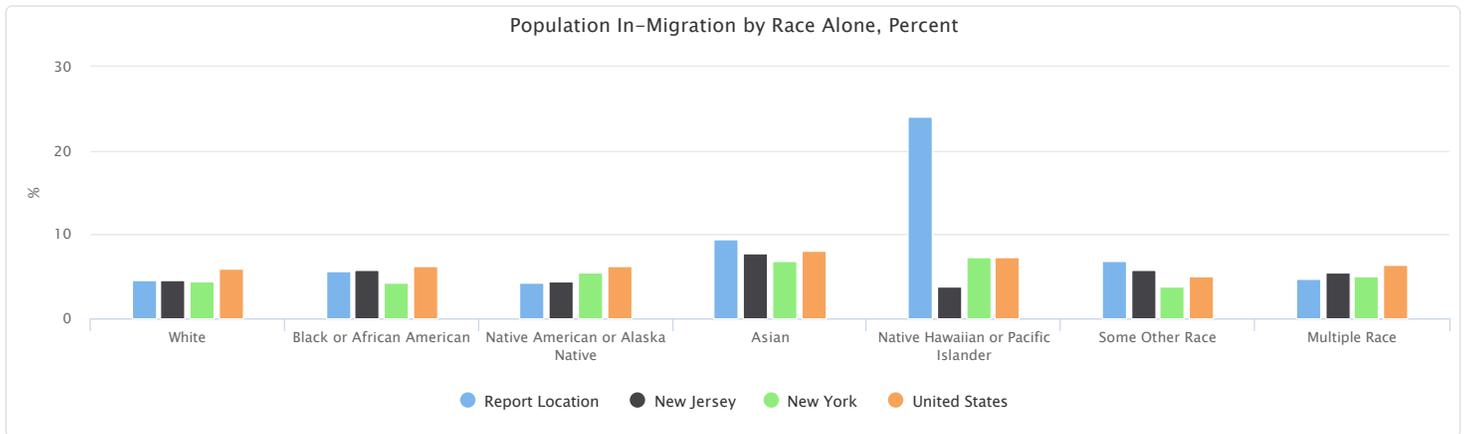
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population In-Migration by Race Alone, Percent

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	4.53%	5.66%	4.24%	9.47%	24.02%	6.80%	4.66%
St. Francis Medical Center - Trenton	6.36%	5.72%	5.70%	7.29%	0.00%	5.19%	5.41%
St. Joseph's Health - Syracuse	3.66%	5.58%	4.01%	12.51%	33.52%	11.89%	4.16%
Burlington County, NJ	5.50%	9.24%	15.06%	9.42%	0.00%	14.73%	6.78%
Mercer County, NJ	7.31%	5.77%	2.36%	10.51%	0.00%	5.18%	5.71%
Monmouth County, NJ	4.18%	3.76%	3.65%	5.07%	0.00%	6.71%	6.48%
Cayuga County, NY	4.02%	27.17%	9.48%	2.12%	0.00%	14.87%	2.65%
Cortland County, NY	6.07%	19.08%	0.00%	15.14%	No data	6.01%	16.50%
Madison County, NY	5.49%	18.02%	7.07%	30.25%	No data	23.43%	12.31%
Onondaga County, NY	4.23%	6.23%	3.51%	16.98%	33.52%	13.66%	4.32%
New Jersey	4.55%	5.73%	4.44%	7.81%	3.78%	5.82%	5.52%
New York	4.43%	4.26%	5.45%	6.79%	7.33%	3.78%	4.96%
United States	5.92%	6.28%	6.18%	8.04%	7.37%	5.06%	6.39%

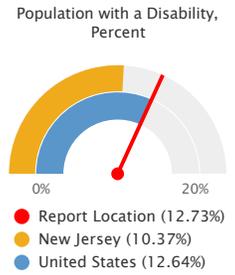
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 760,854 for whom disability status has been determined, of which 96,842 or 12.73% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Report Location	760,854	96,842	<b>12.73%</b>
St. Francis Medical Center - Trenton	301,086	34,052	11.31%
St. Joseph's Health - Syracuse	459,768	62,790	13.66%
Burlington County, NJ	444,378	51,899	11.68%
Mercer County, NJ	379,775	38,853	10.23%
Monmouth County, NJ	638,260	64,832	10.16%
Cayuga County, NY	72,904	10,616	14.56%
Cortland County, NY	46,499	6,112	13.14%
Madison County, NY	67,912	8,465	12.46%
Onondaga County, NY	469,638	63,409	13.50%
New Jersey	9,129,337	946,687	10.37%
New York	19,878,007	2,296,516	11.55%
United States	324,818,565	41,055,492	12.64%



Note: This indicator is compared to the lowest state average.  
Data Source: US Census Bureau, *American Community Survey, 2017-21*. Source geography: Tract



[View larger map](#)

#### Disabled Population, Percent by County, ACS 2017-21

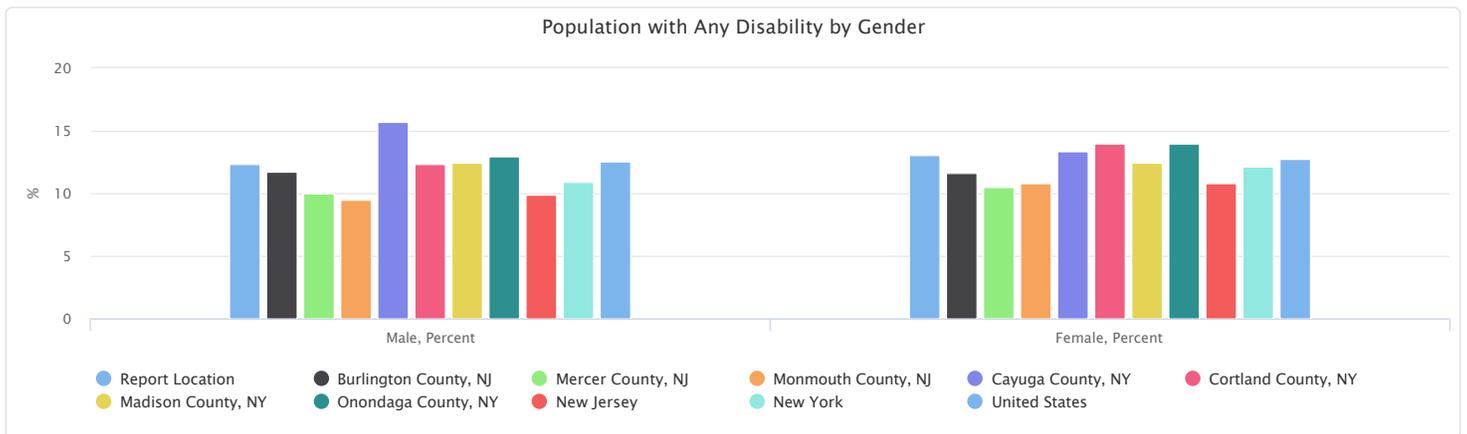


## Population with Any Disability by Gender

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by gender. The percentage values could be interpreted as, within the report area, the population with disability is 12.36% of all the male population; the population with disability is 13.08% of all the female population.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	45,724	51,118	12.36%	13.08%
St. Francis Medical Center - Trenton	16,469	17,583	11.21%	11.40%
St. Joseph's Health - Syracuse	29,255	33,535	13.11%	14.17%
Burlington County, NJ	25,198	26,701	11.73%	11.63%
Mercer County, NJ	18,516	20,337	9.96%	10.49%
Monmouth County, NJ	29,750	35,082	9.52%	10.77%
Cayuga County, NY	5,703	4,913	15.72%	13.41%
Cortland County, NY	2,819	3,293	12.32%	13.94%
Madison County, NY	4,189	4,276	12.45%	12.48%
Onondaga County, NY	29,534	33,875	12.98%	13.99%
New Jersey	440,796	505,891	9.87%	10.85%
New York	1,054,641	1,241,875	10.91%	12.16%
United States	19,984,640	21,070,852	12.52%	12.75%

Data Source: US Census Bureau, American Community Survey, 2017-21.

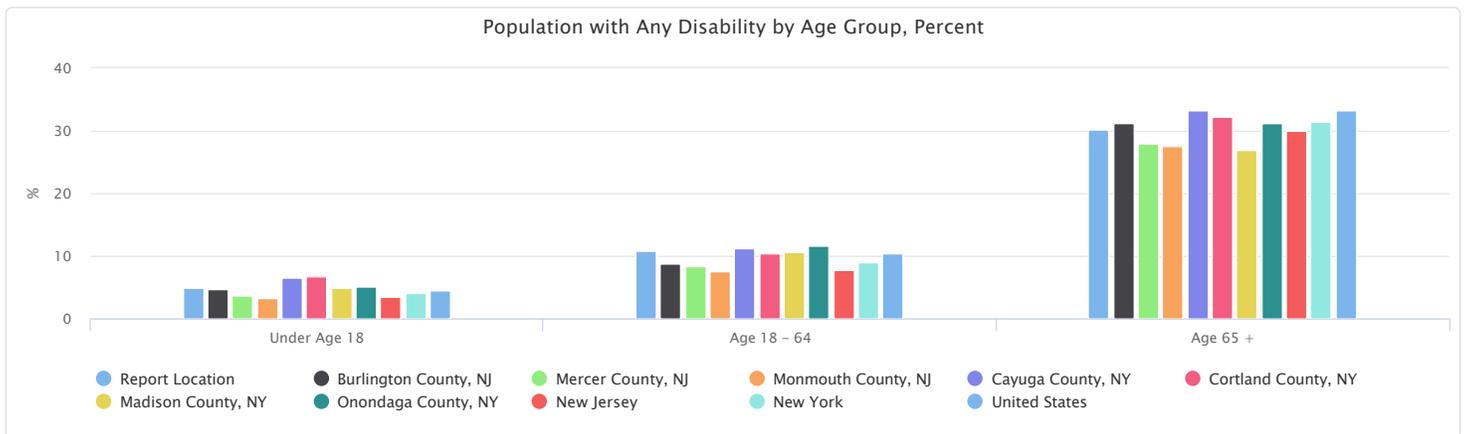


## Population with Any Disability by Age Group, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by age group. The percentage values could be interpreted as, for example, "Among the population age 65+ in the report area, the percentage of population with disability is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Report Location	4.82%	10.91%	30.22%
St. Francis Medical Center - Trenton	4.30%	9.67%	28.58%
St. Joseph's Health - Syracuse	5.16%	11.77%	31.15%
Burlington County, NJ	4.64%	8.70%	31.16%
Mercer County, NJ	3.59%	8.28%	27.99%
Monmouth County, NJ	3.21%	7.63%	27.48%
Cayuga County, NY	6.55%	11.31%	33.19%
Cortland County, NY	6.83%	10.40%	32.19%
Madison County, NY	4.92%	10.52%	26.93%
Onondaga County, NY	5.18%	11.60%	31.15%
New Jersey	3.51%	7.78%	29.97%
New York	4.05%	8.91%	31.44%
United States	4.41%	10.32%	33.36%

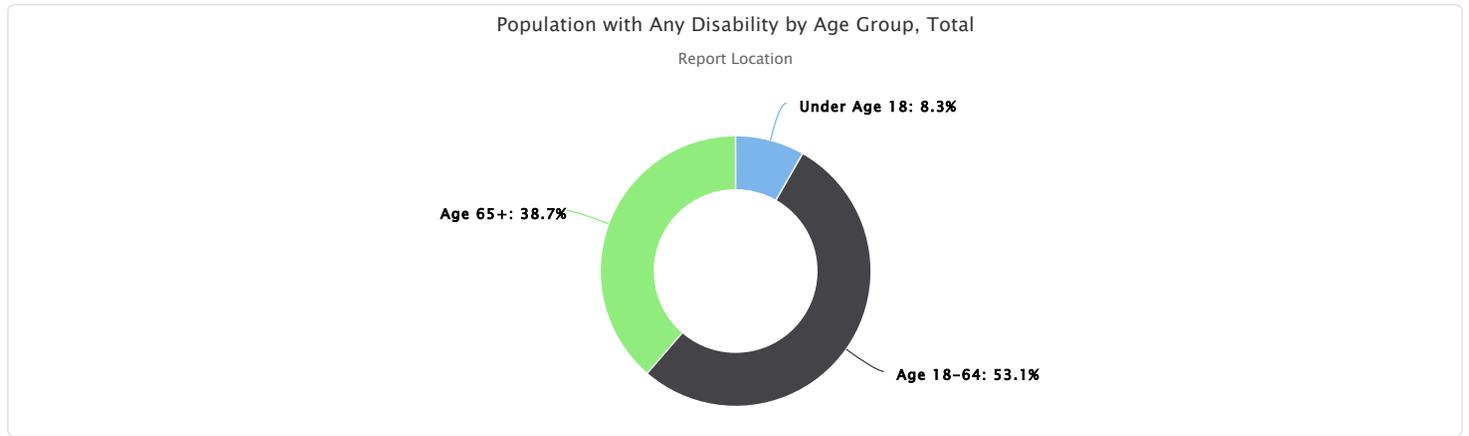
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population with Any Disability by Age Group, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Report Location	7,998	51,412	37,432
St. Francis Medical Center - Trenton	2,795	18,497	12,760
St. Joseph's Health - Syracuse	5,203	32,915	24,672
Burlington County, NJ	4,432	23,730	23,737
Mercer County, NJ	2,962	19,879	16,012
Monmouth County, NJ	4,373	29,786	30,673
Cayuga County, NY	983	4,951	4,682
Cortland County, NY	617	3,133	2,362
Madison County, NY	641	4,458	3,366
Onondaga County, NY	5,254	33,544	24,611
New Jersey	71,383	438,435	436,869
New York	170,480	1,108,163	1,017,873
United States	3,270,678	20,537,729	17,247,085

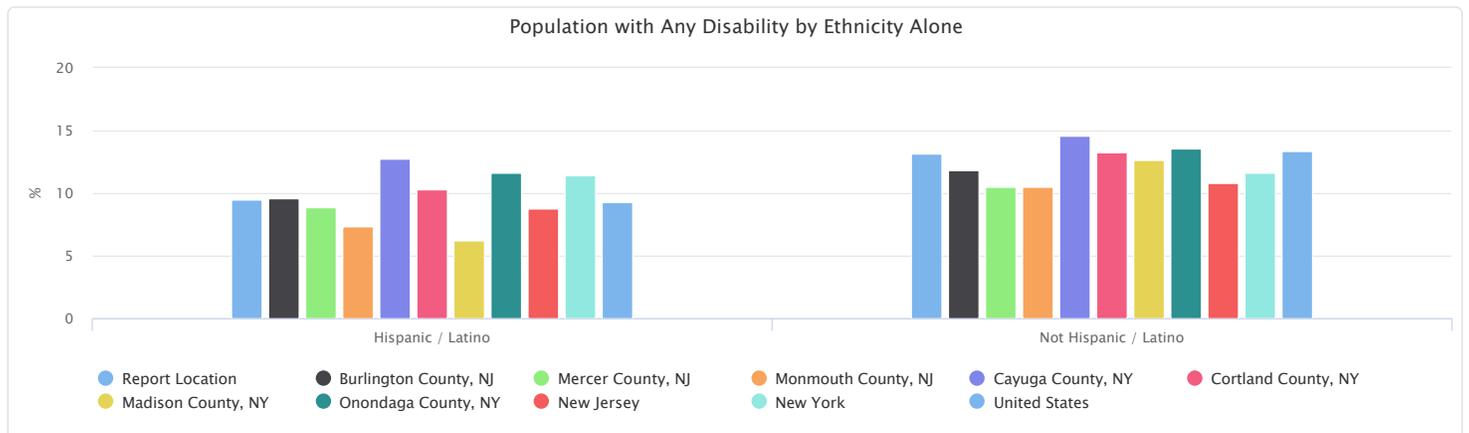


## Population with Any Disability by Ethnicity Alone

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by ethnicity alone. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population with disability is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	8,540	88,302	9.52%	13.16%
St. Francis Medical Center - Trenton	5,839	28,213	8.83%	12.01%
St. Joseph's Health - Syracuse	2,701	60,089	11.42%	13.78%
Burlington County, NJ	3,562	48,337	9.64%	11.86%
Mercer County, NJ	6,282	32,571	8.91%	10.53%
Monmouth County, NJ	5,210	59,622	7.39%	10.50%
Cayuga County, NY	250	10,366	12.71%	14.61%
Cortland County, NY	137	5,975	10.30%	13.23%
Madison County, NY	96	8,369	6.20%	12.61%
Onondaga County, NY	2,843	60,566	11.64%	13.60%
New Jersey	168,417	778,270	8.82%	10.78%
New York	437,196	1,859,320	11.40%	11.59%
United States	5,587,005	35,468,487	9.30%	13.40%

Data Source: US Census Bureau, American Community Survey, 2017-21.

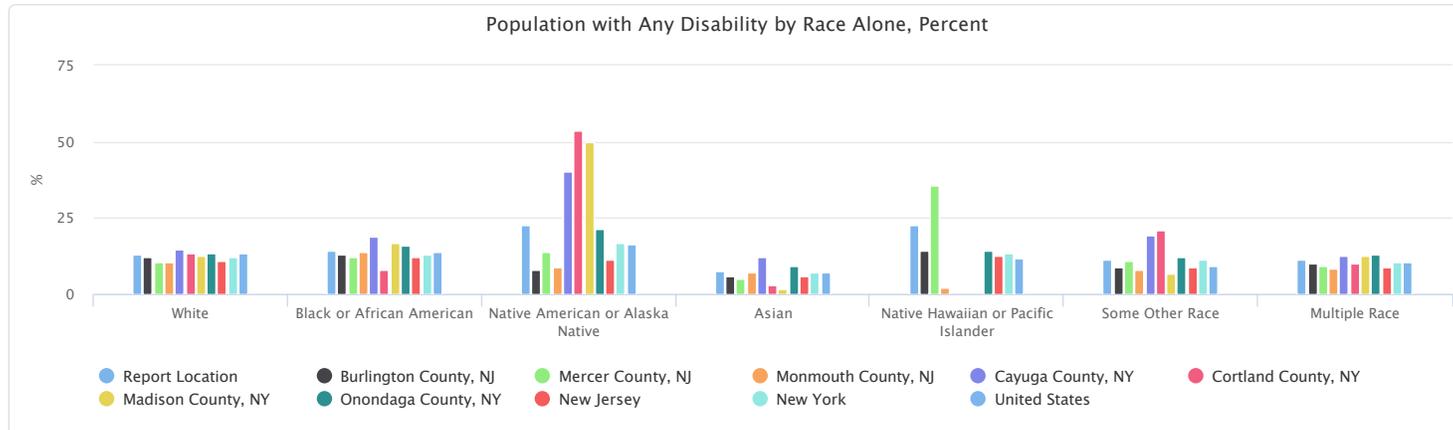


## Population with Any Disability by Race Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by race alone. The percentage values could be interpreted as, for example, "Of all the white population in the report area, the percentage of population with disability is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	12.94%	14.04%	22.48%	7.48%	22.80%	11.21%	11.49%
St. Francis Medical Center - Trenton	11.75%	12.47%	32.34%	5.74%	37.50%	11.26%	9.07%
St. Joseph's Health - Syracuse	13.51%	16.25%	20.98%	9.90%	14.05%	11.06%	13.09%
Burlington County, NJ	12.13%	12.80%	8.03%	5.76%	14.43%	8.77%	10.06%
Mercer County, NJ	10.61%	12.33%	13.88%	4.96%	35.59%	11.02%	9.17%
Monmouth County, NJ	10.28%	13.72%	8.70%	7.08%	1.98%	7.90%	8.34%
Cayuga County, NY	14.52%	18.74%	40.38%	12.34%	0.00%	19.27%	12.40%
Cortland County, NY	13.29%	7.96%	53.70%	2.79%	No data	21.10%	10.11%
Madison County, NY	12.39%	16.63%	49.83%	1.54%	No data	6.74%	12.72%
Onondaga County, NY	13.39%	16.03%	21.28%	9.10%	14.05%	12.10%	12.95%
New Jersey	11.07%	12.10%	11.19%	5.74%	12.57%	8.83%	8.93%
New York	12.01%	12.82%	16.68%	6.92%	13.23%	11.17%	10.64%
United States	13.31%	13.99%	16.32%	7.28%	11.61%	9.26%	10.46%

Data Source: US Census Bureau, American Community Survey, 2017-21.

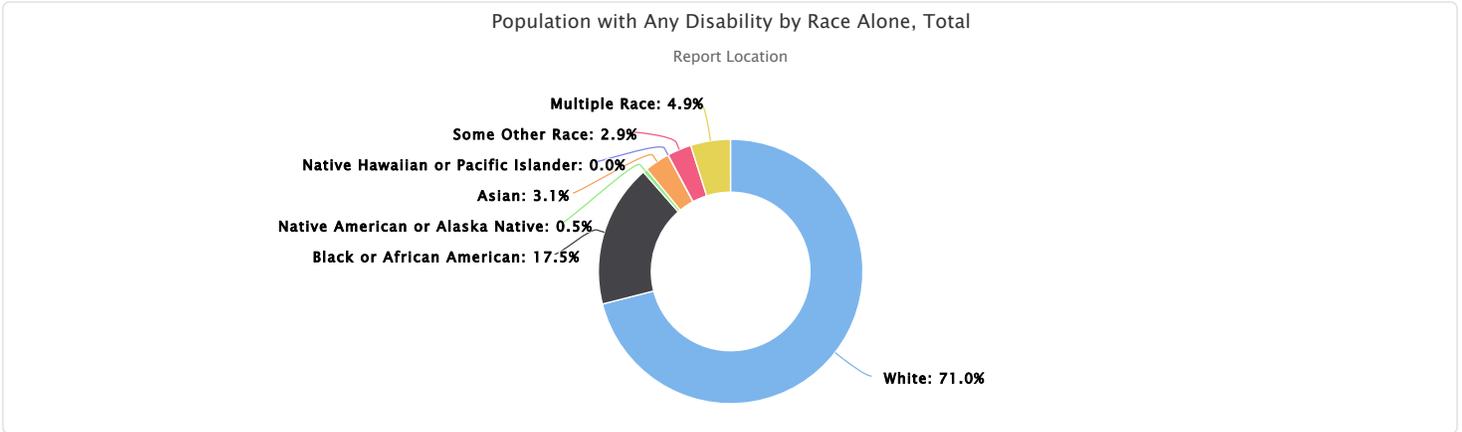


## Population with Any Disability by Race Alone, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by race alone.

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	68,796	16,953	516	2,966	44	2,847	4,720
St. Francis Medical Center - Trenton	20,131	8,818	98	1,321	27	2,175	1,482
St. Joseph's Health - Syracuse	48,665	8,135	418	1,645	17	672	3,238
Burlington County, NJ	37,616	9,157	51	1,377	42	1,024	2,632
Mercer County, NJ	23,183	9,214	116	2,246	42	2,139	1,913
Monmouth County, NJ	52,511	5,700	92	2,444	9	1,479	2,597
Cayuga County, NY	9,786	227	42	67	0	121	373
Cortland County, NY	5,754	68	29	14	0	127	120
Madison County, NY	7,813	166	148	11	0	36	291
Onondaga County, NY	49,136	8,140	418	1,678	17	771	3,249
New Jersey	634,230	143,748	2,733	51,548	404	59,254	54,770
New York	1,452,054	382,609	13,758	119,936	1,160	200,179	126,820
United States	29,510,969	5,618,600	433,539	1,360,757	69,832	1,682,578	2,379,217

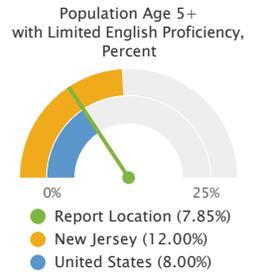
Data Source: US Census Bureau, American Community Survey, 2017-21.



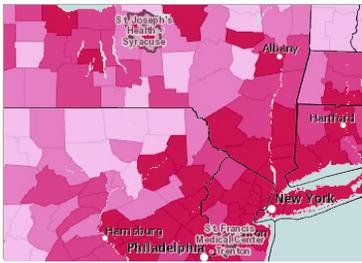
### Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 727,524 total population aged 5 and older in the report area, 57,097 or 7.85% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Report Location	727,524	57,097	7.85%
St. Francis Medical Center - Trenton	289,140	39,031	13.50%
St. Joseph's Health - Syracuse	438,384	18,066	4.12%
Burlington County, NJ	436,752	20,776	5.00%
Mercer County, NJ	363,620	46,115	13.00%
Monmouth County, NJ	610,620	35,521	6.00%
Cayuga County, NY	72,901	984	1.00%
Cortland County, NY	44,585	635	1.00%
Madison County, NY	65,214	968	1.00%
Onondaga County, NY	448,028	18,769	4.00%
New Jersey	8,703,648	1,059,690	12.00%
New York	18,960,369	2,485,699	13.00%
United States	310,302,360	25,535,259	8.00%



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population with Limited English Proficiency, Percent by County, ACS 2017-21

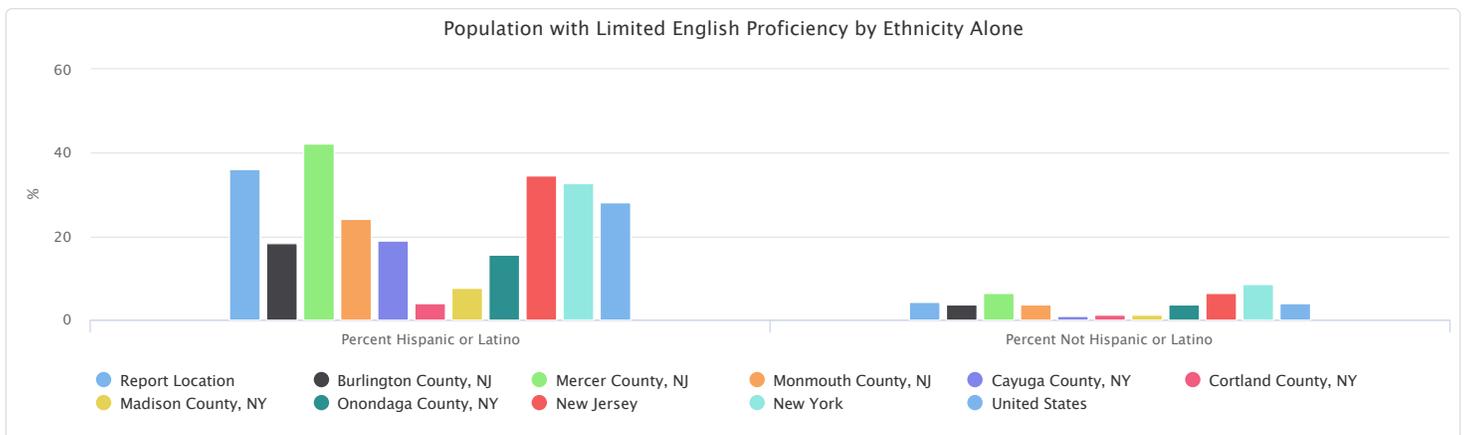
- Over 4.0%
- 2.1 - 4.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Report Location

### Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total and percentage of population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area. The percentage values could be interpreted as, for example, "Among the Hispanic population in the report area, the percentage of the population with limited English proficiency is (value)."

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Report Location	29,319	27,778	35.97%	4.30%
St. Francis Medical Center - Trenton	25,869	13,162	42.92%	5.75%
St. Joseph's Health - Syracuse	3,450	14,616	16.26%	3.50%
Burlington County, NJ	6,621	14,155	18.22%	3.54%
Mercer County, NJ	27,174	18,941	42.35%	6.33%
Monmouth County, NJ	15,615	19,906	24.17%	3.65%
Cayuga County, NY	408	576	18.94%	0.81%
Cortland County, NY	43	592	3.85%	1.36%
Madison County, NY	114	854	7.76%	1.34%
Onondaga County, NY	3,466	15,303	15.76%	3.59%
New Jersey	612,305	447,385	34.57%	6.45%
New York	1,178,125	1,307,574	32.90%	8.50%
United States	15,698,264	9,836,995	28.13%	3.87%

Data Source: US Census Bureau, American Community Survey, 2017-21.

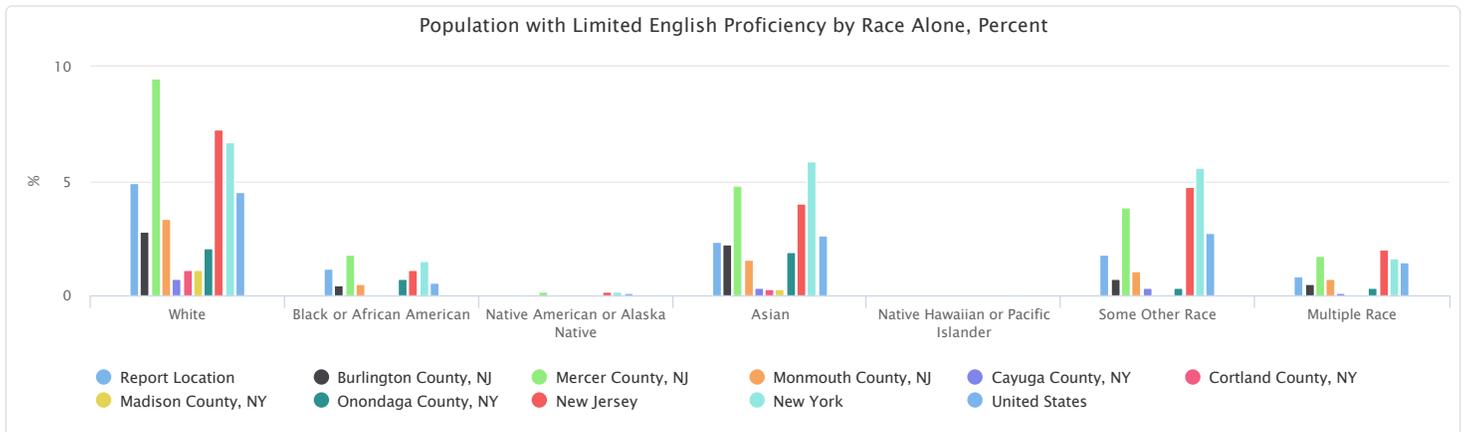


## Population with Limited English Proficiency by Race Alone, Percent

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area. The percentage values could be interpreted as, for example, "Of all the white population in the report area, the percentage of population with limited English proficiency is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	4.93%	1.20%	0.05%	2.32%	0.00%	1.80%	0.86%
St. Francis Medical Center - Trenton	11.00%	2.21%	0.09%	3.45%	0.01%	4.92%	1.97%
St. Joseph's Health - Syracuse	2.04%	0.72%	0.03%	1.78%	0.00%	0.31%	0.33%
Burlington County, NJ	2.80%	0.47%	0.02%	2.26%	0.01%	0.75%	0.51%
Mercer County, NJ	9.50%	1.77%	0.16%	4.81%	0.01%	3.88%	1.73%
Monmouth County, NJ	3.34%	0.49%	0.08%	1.54%	0.00%	1.07%	0.72%
Cayuga County, NY	0.70%	0.05%	0.00%	0.32%	0.00%	0.33%	0.10%
Cortland County, NY	1.09%	0.07%	0.00%	0.30%	0.00%	0.03%	0.04%
Madison County, NY	1.12%	0.08%	0.00%	0.28%	0.00%	0.02%	0.08%
Onondaga County, NY	2.04%	0.71%	0.03%	1.90%	0.00%	0.31%	0.33%
New Jersey	7.25%	1.14%	0.14%	4.00%	0.01%	4.74%	2.00%
New York	6.71%	1.53%	0.14%	5.85%	0.01%	5.57%	1.63%
United States	4.50%	0.56%	0.12%	2.60%	0.03%	2.73%	1.43%

Data Source: US Census Bureau, American Community Survey, 2017-21.

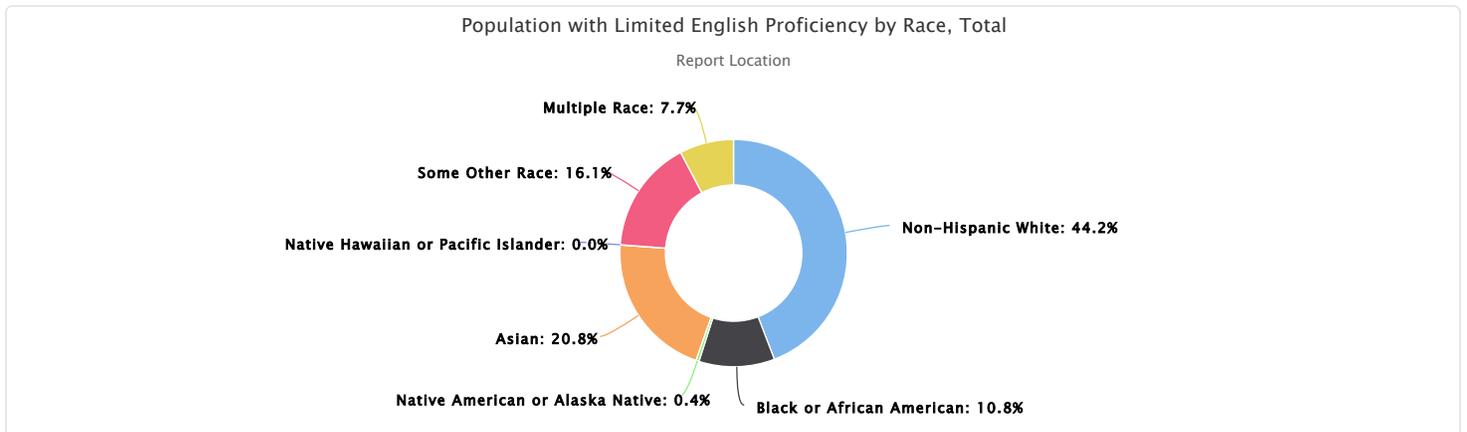


## Population with Limited English Proficiency by Race, Total

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	25,227	6,143	255	11,852	23	9,198	4,399
St. Francis Medical Center - Trenton	18,152	3,647	152	5,694	16	8,116	3,254
St. Joseph's Health - Syracuse	7,075	2,496	103	6,158	7	1,082	1,145
Burlington County, NJ	8,531	1,438	54	6,888	25	2,294	1,546
Mercer County, NJ	20,033	3,739	348	10,147	16	8,179	3,653
Monmouth County, NJ	16,392	2,388	394	7,563	0	5,264	3,520
Cayuga County, NY	461	31	0	213	0	216	63
Cortland County, NY	452	30	0	124	0	13	16
Madison County, NY	680	51	3	172	0	15	47
Onondaga County, NY	7,192	2,512	103	6,713	7	1,082	1,160
New Jersey	398,787	62,605	7,553	220,082	372	260,487	109,804
New York	778,496	177,505	16,195	677,951	1,304	645,490	188,758
United States	9,591,872	1,201,065	259,920	5,548,234	71,952	5,817,975	3,044,241

Data Source: US Census Bureau, American Community Survey, 2017-21.

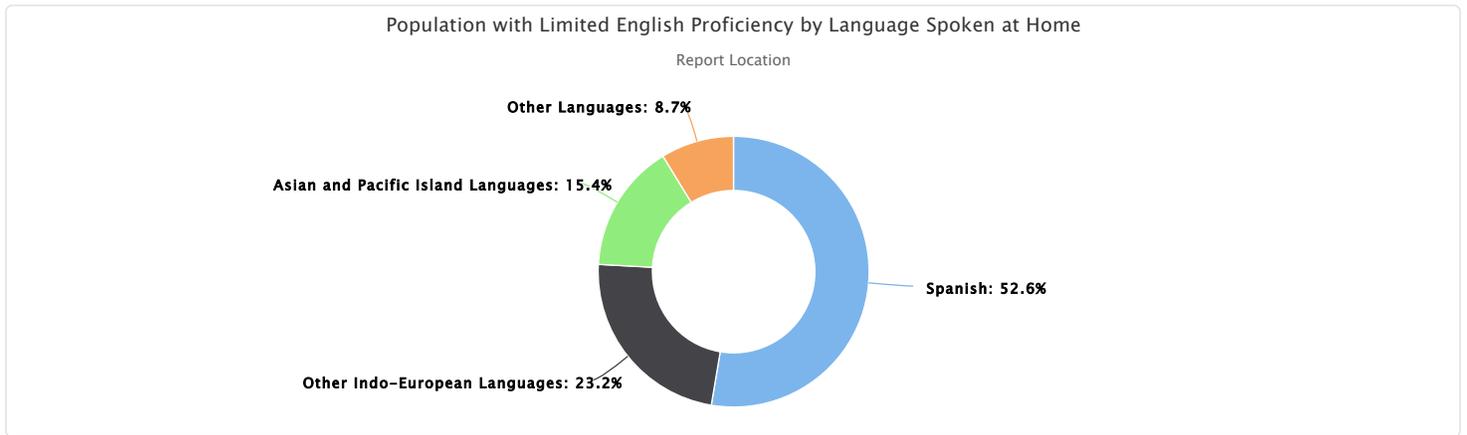


### Population with Limited English Proficiency by Language Spoken at Home

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by language spoken at home in the report area.

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
Report Location	30,059	13,261	8,798	4,979
St. Francis Medical Center - Trenton	26,161	8,059	3,553	1,258
St. Joseph's Health - Syracuse	3,898	5,202	5,245	3,721
Burlington County, NJ	7,122	6,602	5,698	1,354
Mercer County, NJ	27,756	9,860	7,018	1,481
Monmouth County, NJ	16,459	11,594	5,977	1,491
Cayuga County, NY	417	398	161	8
Cortland County, NY	52	432	103	48
Madison County, NY	137	521	141	169
Onondaga County, NY	3,914	5,224	5,779	3,852
New Jersey	624,994	235,611	156,003	43,082
New York	1,200,800	644,503	537,633	102,763
United States	16,079,944	3,497,837	4,875,197	1,082,281

Data Source: US Census Bureau, American Community Survey, 2017-21.

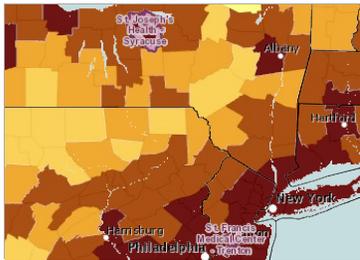


## Total Population

A total of 771,359 people live in the 915.81 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2017-21 5-year estimates. The population density for this area, estimated at 842 persons per square mile, is greater than the national average population density of 93 persons per square mile.

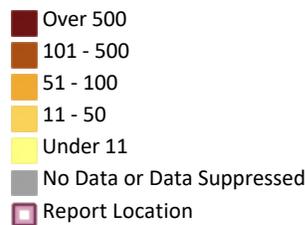
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Location	771,359	915.81	842
St. Francis Medical Center - Trenton	306,608	131.92	2,324
St. Joseph's Health - Syracuse	464,751	783.90	593
Burlington County, NJ	460,102	799.28	576
Mercer County, NJ	384,951	224.48	1,715
Monmouth County, NJ	642,160	468.18	1,372
Cayuga County, NY	76,644	691.59	111
Cortland County, NY	46,984	498.77	94
Madison County, NY	68,466	654.85	105
Onondaga County, NY	474,621	778.39	610
New Jersey	9,234,024	7,354.83	1,256
New York	20,114,745	47,123.44	427
United States	329,725,481	3,533,041.03	93

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population, Density (Persons per Sq Mile) by County, ACS 2017-21



## Total Population by Gender

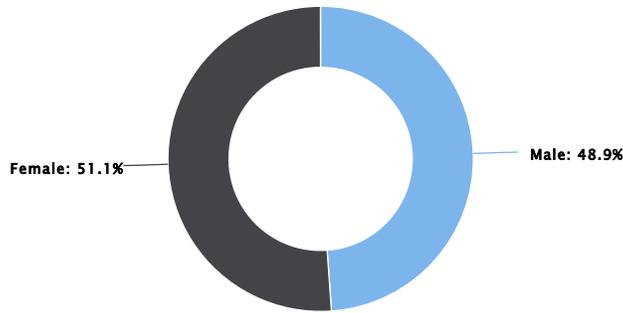
This indicator reports the total population of the report area by gender. The percentage values could be interpreted as, of all the population within the report area, the male population is 48.88%; the female population is 51.12%.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	377,032	394,327	48.88%	51.12%
St. Francis Medical Center - Trenton	151,124	155,484	49.29%	50.71%
St. Joseph's Health - Syracuse	225,908	238,843	48.61%	51.39%
Burlington County, NJ	227,714	232,388	49.49%	50.51%
Mercer County, NJ	189,341	195,610	49.19%	50.81%
Monmouth County, NJ	314,419	327,741	48.96%	51.04%
Cayuga County, NY	39,552	37,092	51.60%	48.40%
Cortland County, NY	23,159	23,825	49.29%	50.71%
Madison County, NY	33,962	34,504	49.60%	50.40%
Onondaga County, NY	230,302	244,319	48.52%	51.48%
New Jersey	4,539,311	4,694,713	49.16%	50.84%
New York	9,821,711	10,293,034	48.83%	51.17%
United States	163,206,615	166,518,866	49.50%	50.50%

Data Source: US Census Bureau, American Community Survey, 2017-21.

### Total Population by Gender

Report Location



### Total Population by Age Groups, Total

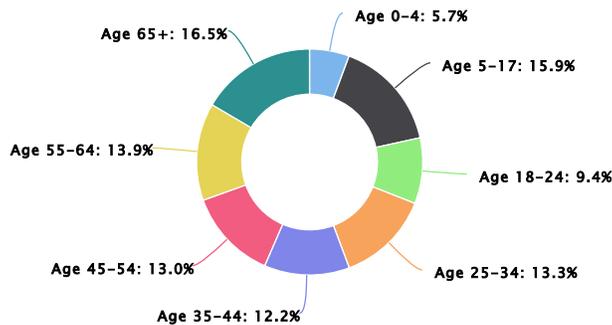
This indicator reports the total population of the report area by age groups.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Location	43,835	122,511	72,535	102,866	94,178	100,309	107,473	127,652
St. Francis Medical Center - Trenton	17,468	47,927	32,604	40,762	39,524	41,845	40,419	46,059
St. Joseph's Health - Syracuse	26,367	74,584	39,931	62,104	54,654	58,464	67,054	81,593
Burlington County, NJ	23,350	72,920	37,759	57,262	58,059	64,370	68,289	78,093
Mercer County, NJ	21,331	61,330	42,844	47,238	49,161	53,065	51,060	58,922
Monmouth County, NJ	31,540	104,696	53,160	68,888	74,394	93,238	102,270	113,974
Cayuga County, NY	3,743	11,382	5,875	9,738	9,096	10,026	12,088	14,696
Cortland County, NY	2,399	6,645	8,462	5,239	4,873	5,435	6,326	7,605
Madison County, NY	3,252	9,787	8,886	7,003	7,301	8,687	10,799	12,751
Onondaga County, NY	26,593	74,886	47,869	62,407	55,067	58,975	67,429	81,395
New Jersey	530,376	1,510,066	781,976	1,179,836	1,197,006	1,265,171	1,275,077	1,494,516
New York	1,154,376	3,063,020	1,816,269	2,904,643	2,545,476	2,597,124	2,703,678	3,330,159
United States	19,423,121	54,810,954	30,339,089	45,360,942	42,441,883	41,631,458	42,829,413	52,888,621

Data Source: US Census Bureau, American Community Survey, 2017-21.

### Total Population by Age Groups, Total

Report Location



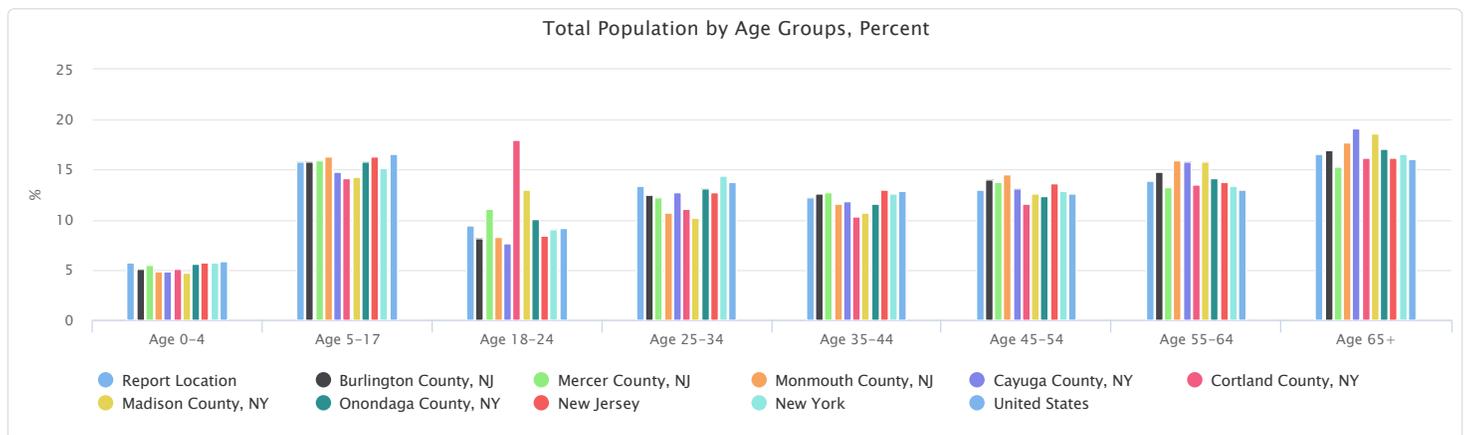
### Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

The percentage values could be interpreted as, for example, "Of the total population in the report area, the percentage of population age 0-4 is (value)."

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Report Location	5.68%	15.88%	9.40%	13.34%	12.21%	13.00%	13.93%	16.55%
St. Francis Medical Center - Trenton	5.70%	15.63%	10.63%	13.29%	12.89%	13.65%	13.18%	15.02%
St. Joseph's Health - Syracuse	5.67%	16.05%	8.59%	13.36%	11.76%	12.58%	14.43%	17.56%
Burlington County, NJ	5.07%	15.85%	8.21%	12.45%	12.62%	13.99%	14.84%	16.97%
Mercer County, NJ	5.54%	15.93%	11.13%	12.27%	12.77%	13.78%	13.26%	15.31%
Monmouth County, NJ	4.91%	16.30%	8.28%	10.73%	11.58%	14.52%	15.93%	17.75%
Cayuga County, NY	4.88%	14.85%	7.67%	12.71%	11.87%	13.08%	15.77%	19.17%
Cortland County, NY	5.11%	14.14%	18.01%	11.15%	10.37%	11.57%	13.46%	16.19%
Madison County, NY	4.75%	14.29%	12.98%	10.23%	10.66%	12.69%	15.77%	18.62%
Onondaga County, NY	5.60%	15.78%	10.09%	13.15%	11.60%	12.43%	14.21%	17.15%
New Jersey	5.74%	16.35%	8.47%	12.78%	12.96%	13.70%	13.81%	16.18%
New York	5.74%	15.23%	9.03%	14.44%	12.65%	12.91%	13.44%	16.56%
United States	5.89%	16.62%	9.20%	13.76%	12.87%	12.63%	12.99%	16.04%

Data Source: US Census Bureau, American Community Survey, 2017-21.

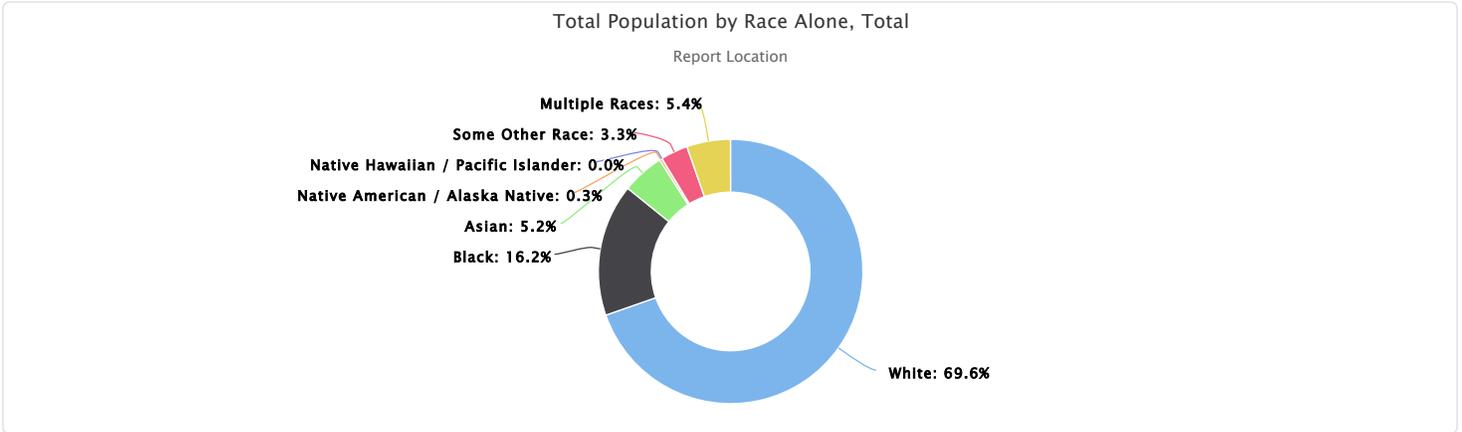


## Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Report Location	537,192	124,862	39,752	2,353	254	25,626	41,320
St. Francis Medical Center - Trenton	173,504	73,726	23,105	316	72	19,483	16,402
St. Joseph's Health - Syracuse	363,688	51,136	16,647	2,037	182	6,143	24,918
Burlington County, NJ	318,760	77,232	24,162	725	322	12,169	26,732
Mercer County, NJ	220,833	77,228	45,418	849	118	19,522	20,983
Monmouth County, NJ	513,756	42,334	34,620	1,058	454	18,759	31,179
Cayuga County, NY	69,046	3,040	565	116	6	789	3,082
Cortland County, NY	43,676	917	502	54	0	610	1,225
Madison County, NY	63,588	1,029	721	297	0	542	2,289
Onondaga County, NY	370,405	51,851	18,469	2,009	182	6,440	25,265
New Jersey	5,787,873	1,225,321	900,516	24,719	3,303	675,022	617,270
New York	12,215,118	3,058,846	1,739,196	83,734	9,131	1,808,007	1,200,713
United States	224,789,109	41,393,012	18,782,924	2,722,661	615,557	18,382,796	23,039,422

Data Source: US Census Bureau, American Community Survey, 2017-21.



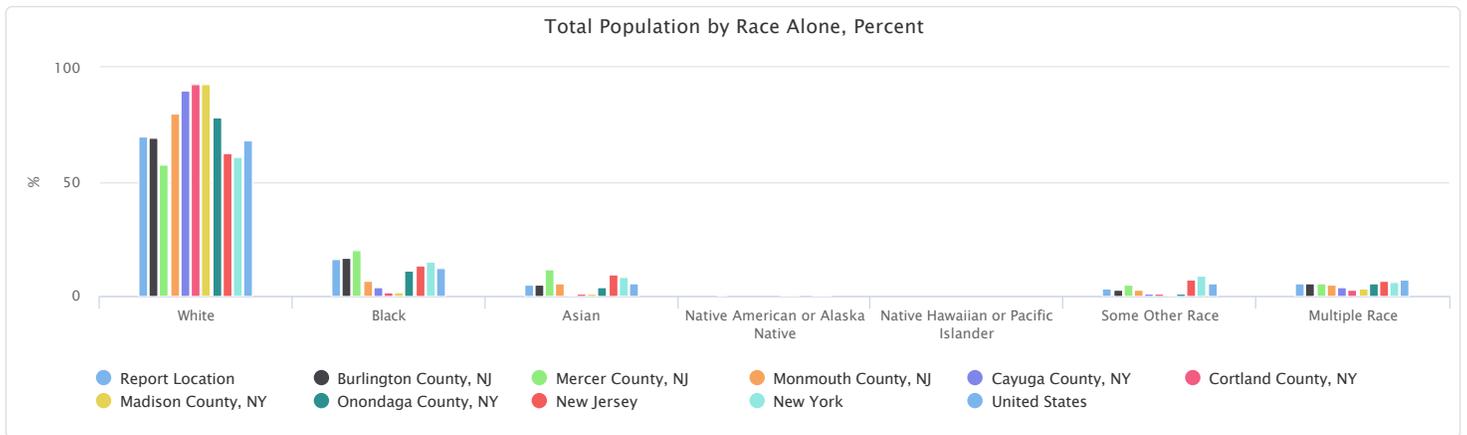
### Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.

The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are white is (value)."

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	69.64%	16.19%	5.15%	0.31%	0.03%	3.32%	5.36%
St. Francis Medical Center - Trenton	56.59%	24.05%	7.54%	0.10%	0.02%	6.35%	5.35%
St. Joseph's Health - Syracuse	78.25%	11.00%	3.58%	0.44%	0.04%	1.32%	5.36%
Burlington County, NJ	69.28%	16.79%	5.25%	0.16%	0.07%	2.64%	5.81%
Mercer County, NJ	57.37%	20.06%	11.80%	0.22%	0.03%	5.07%	5.45%
Monmouth County, NJ	80.00%	6.59%	5.39%	0.16%	0.07%	2.92%	4.86%
Cayuga County, NY	90.09%	3.97%	0.74%	0.15%	0.01%	1.03%	4.02%
Cortland County, NY	92.96%	1.95%	1.07%	0.11%	0.00%	1.30%	2.61%
Madison County, NY	92.88%	1.50%	1.05%	0.43%	0.00%	0.79%	3.34%
Onondaga County, NY	78.04%	10.92%	3.89%	0.42%	0.04%	1.36%	5.32%
New Jersey	62.68%	13.27%	9.75%	0.27%	0.04%	7.31%	6.68%
New York	60.73%	15.21%	8.65%	0.42%	0.05%	8.99%	5.97%
United States	68.17%	12.55%	5.70%	0.83%	0.19%	5.58%	6.99%

Data Source: US Census Bureau, American Community Survey, 2017-21.

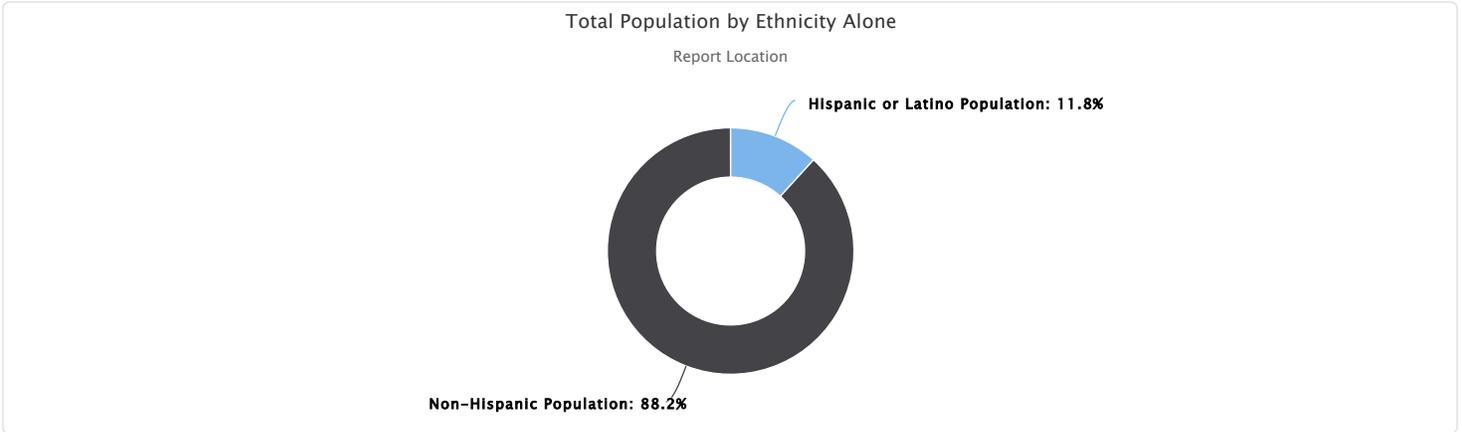


## Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Report Location	771,359	90,637	11.75%	680,722	88.25%
St. Francis Medical Center - Trenton	306,608	66,716	21.76%	239,892	78.24%
St. Joseph's Health - Syracuse	464,751	23,921	5.15%	440,830	94.85%
Burlington County, NJ	460,102	39,725	8.63%	420,377	91.37%
Mercer County, NJ	384,951	71,044	18.46%	313,907	81.54%
Monmouth County, NJ	642,160	70,834	11.03%	571,326	88.97%
Cayuga County, NY	76,644	2,370	3.09%	74,274	96.91%
Cortland County, NY	46,984	1,349	2.87%	45,635	97.13%
Madison County, NY	68,466	1,613	2.36%	66,853	97.64%
Onondaga County, NY	474,621	24,689	5.20%	449,932	94.80%
New Jersey	9,234,024	1,924,503	20.84%	7,309,521	79.16%
New York	20,114,745	3,871,753	19.25%	16,242,992	80.75%
United States	329,725,481	60,806,969	18.44%	268,918,512	81.56%

Data Source: US Census Bureau, American Community Survey, 2017-21.

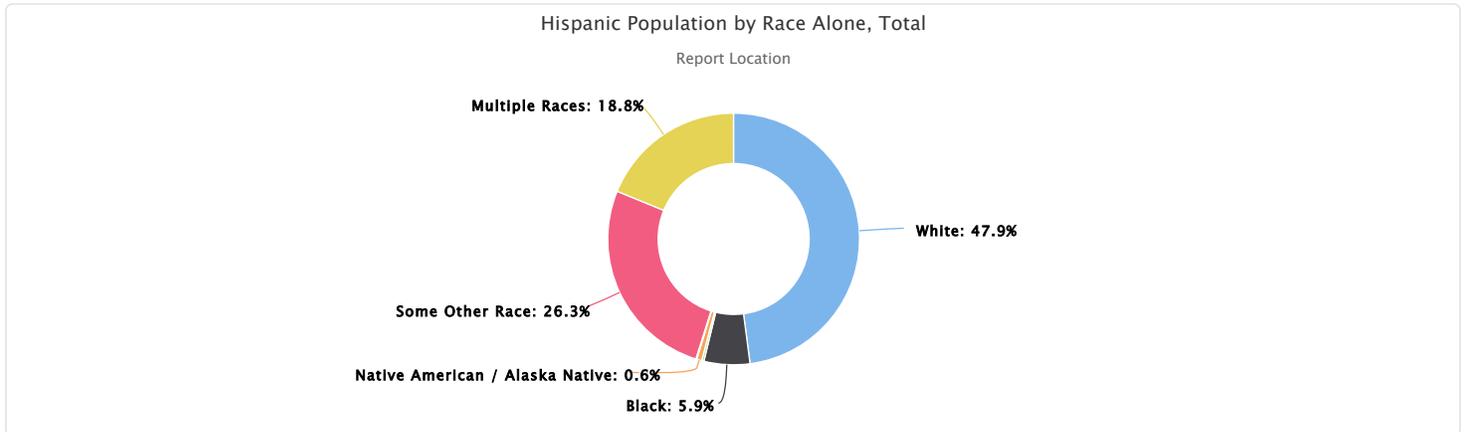


### Hispanic Population by Race Alone, Total

This indicator reports the total of Hispanic or Latino population in the report area by race alone.

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	43,426	5,343	262	586	100	23,877	17,043
St. Francis Medical Center - Trenton	34,183	2,596	180	269	0	19,094	10,394
St. Joseph's Health - Syracuse	9,243	2,747	82	317	100	4,783	6,649
Burlington County, NJ	16,697	3,562	341	549	155	9,740	8,681
Mercer County, NJ	36,122	2,772	161	554	27	19,088	12,320
Monmouth County, NJ	36,397	2,072	74	820	32	16,343	15,096
Cayuga County, NY	987	79	0	27	0	611	666
Cortland County, NY	752	16	0	15	0	388	178
Madison County, NY	771	18	0	3	0	402	419
Onondaga County, NY	9,583	2,790	82	317	100	5,061	6,756
New Jersey	821,031	66,501	5,870	15,846	1,107	622,498	391,650
New York	1,221,942	261,621	16,086	43,355	4,107	1,667,672	656,970
United States	28,778,739	1,196,710	228,227	785,819	59,845	17,174,529	12,583,100

Data Source: US Census Bureau, American Community Survey, 2017-21.

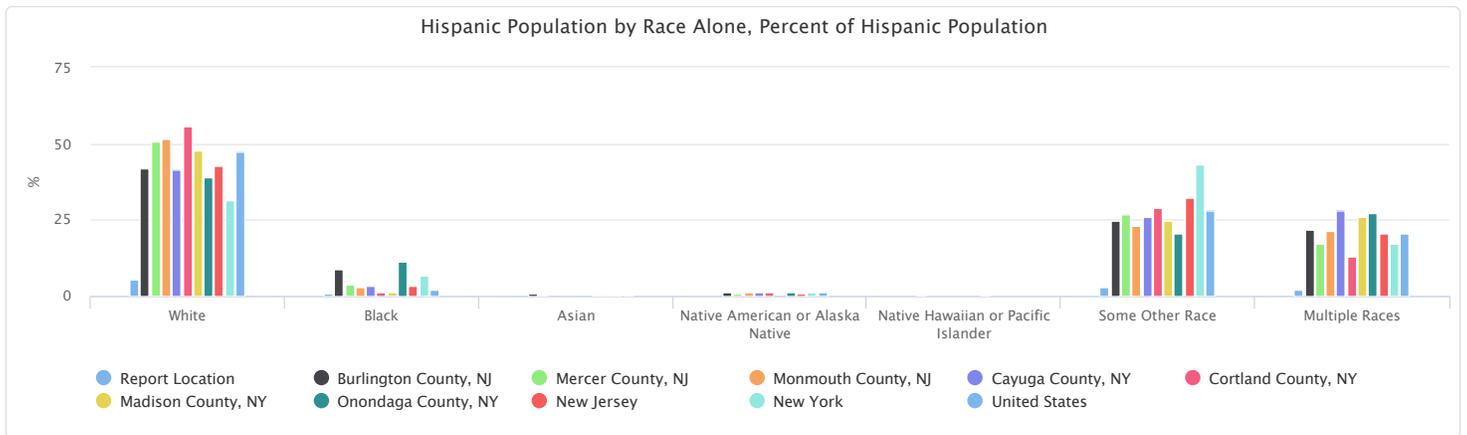


### Hispanic Population by Race Alone, Percent of Hispanic Population

This indicator reports the percentage of Hispanic or Latino population in the report area by race alone. The percentage values could be interpreted as, for example, "Of all the Hispanic population in the report area, the percentage of population who are white is (value)."

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	5.63%	0.69%	0.03%	0.08%	0.01%	3.10%	2.21%
St. Francis Medical Center - Trenton	11.15%	0.85%	0.06%	0.09%	0.00%	6.23%	3.39%
St. Joseph's Health - Syracuse	1.99%	0.59%	0.02%	0.07%	0.02%	1.03%	1.43%
Burlington County, NJ	42.03%	8.97%	0.86%	1.38%	0.39%	24.52%	21.85%
Mercer County, NJ	50.84%	3.90%	0.23%	0.78%	0.04%	26.87%	17.34%
Monmouth County, NJ	51.38%	2.93%	0.10%	1.16%	0.05%	23.07%	21.31%
Cayuga County, NY	41.65%	3.33%	0.00%	1.14%	0.00%	25.78%	28.10%
Cortland County, NY	55.74%	1.19%	0.00%	1.11%	0.00%	28.76%	13.19%
Madison County, NY	47.80%	1.12%	0.00%	0.19%	0.00%	24.92%	25.98%
Onondaga County, NY	38.81%	11.30%	0.33%	1.28%	0.41%	20.50%	27.36%
New Jersey	42.66%	3.46%	0.31%	0.82%	0.06%	32.35%	20.35%
New York	31.56%	6.76%	0.42%	1.12%	0.11%	43.07%	16.97%
United States	47.33%	1.97%	0.38%	1.29%	0.10%	28.24%	20.69%

Data Source: US Census Bureau, American Community Survey, 2017-21.

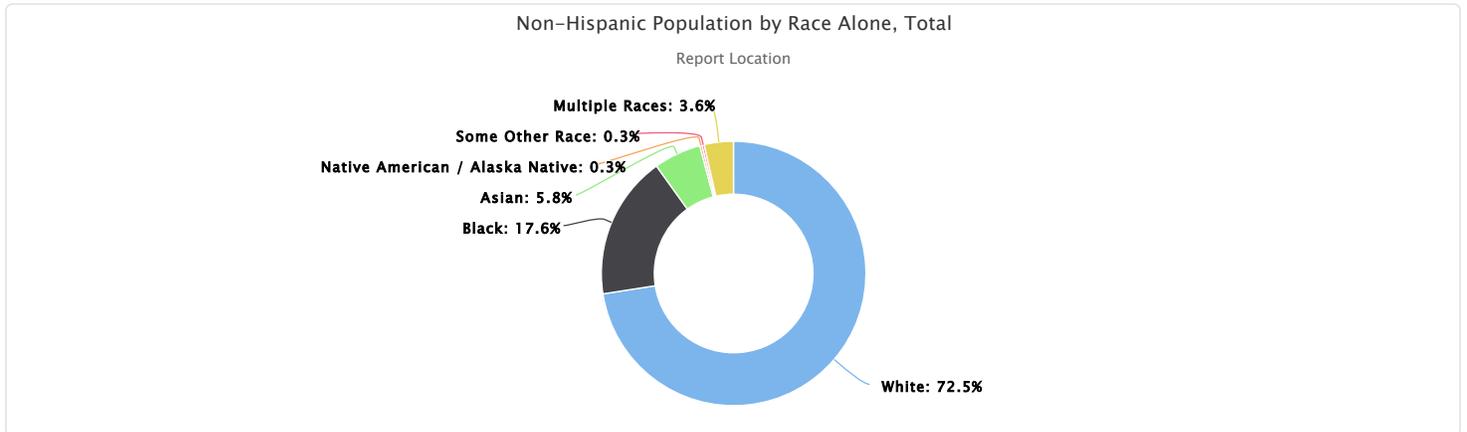


## Non-Hispanic Population by Race Alone, Total

This indicator reports the total non-Hispanic population in the report area by race alone.

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	493,766	119,519	39,490	1,767	154	1,749	24,277
St. Francis Medical Center - Trenton	139,321	71,130	22,925	47	72	389	6,008
St. Joseph's Health - Syracuse	354,445	48,389	16,565	1,720	82	1,360	18,269
Burlington County, NJ	302,063	73,670	23,821	176	167	2,429	18,051
Mercer County, NJ	184,711	74,456	45,257	295	91	434	8,663
Monmouth County, NJ	477,359	40,262	34,546	238	422	2,416	16,083
Cayuga County, NY	68,059	2,961	565	89	6	178	2,416
Cortland County, NY	42,924	901	502	39	0	222	1,047
Madison County, NY	62,817	1,011	721	294	0	140	1,870
Onondaga County, NY	360,822	49,061	18,387	1,692	82	1,379	18,509
New Jersey	4,966,842	1,158,820	894,646	8,873	2,196	52,524	225,620
New York	10,993,176	2,797,225	1,723,110	40,379	5,024	140,335	543,743
United States	196,010,370	40,196,302	18,554,697	1,936,842	555,712	1,208,267	10,456,322

Data Source: US Census Bureau, American Community Survey, 2017-21.

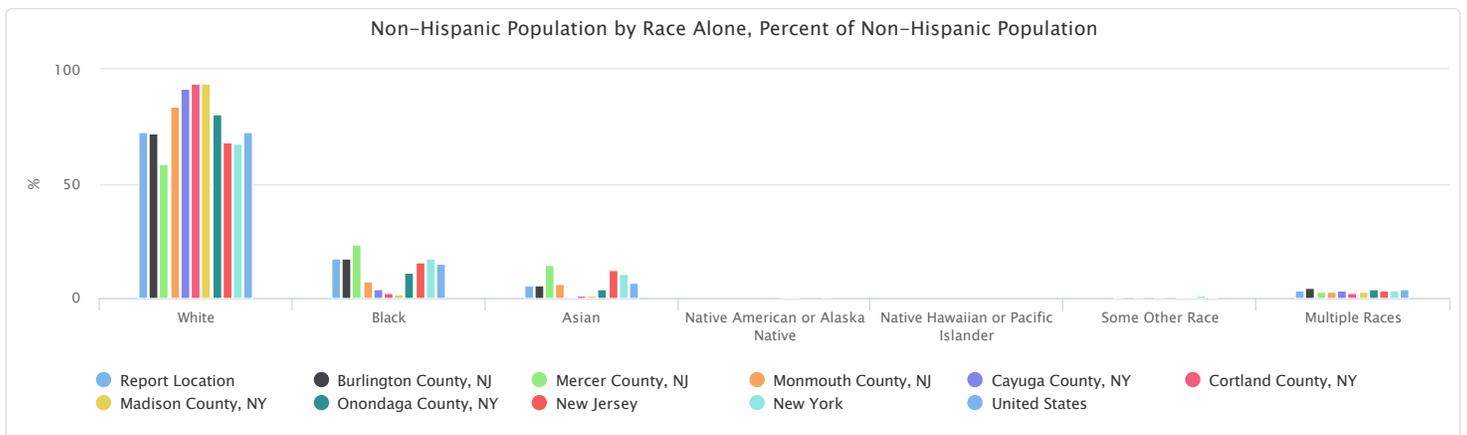


### Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population

This indicator reports the percentage of the non-Hispanic population in the report area by race alone. The percentage values could be interpreted as, for example, "Of all the non-Hispanic population in the report area, the percentage of population who are white is (value)."

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	72.54%	17.56%	5.80%	0.26%	0.02%	0.26%	3.57%
St. Francis Medical Center - Trenton	58.08%	29.65%	9.56%	0.02%	0.03%	0.16%	2.50%
St. Joseph's Health - Syracuse	80.40%	10.98%	3.76%	0.39%	0.02%	0.31%	4.14%
Burlington County, NJ	71.86%	17.52%	5.67%	0.04%	0.04%	0.58%	4.29%
Mercer County, NJ	58.84%	23.72%	14.42%	0.09%	0.03%	0.14%	2.76%
Monmouth County, NJ	83.55%	7.05%	6.05%	0.04%	0.07%	0.42%	2.82%
Cayuga County, NY	91.63%	3.99%	0.76%	0.12%	0.01%	0.24%	3.25%
Cortland County, NY	94.06%	1.97%	1.10%	0.09%	0.00%	0.49%	2.29%
Madison County, NY	93.96%	1.51%	1.08%	0.44%	0.00%	0.21%	2.80%
Onondaga County, NY	80.19%	10.90%	4.09%	0.38%	0.02%	0.31%	4.11%
New Jersey	67.95%	15.85%	12.24%	0.12%	0.03%	0.72%	3.09%
New York	67.68%	17.22%	10.61%	0.25%	0.03%	0.86%	3.35%
United States	72.89%	14.95%	6.90%	0.72%	0.21%	0.45%	3.89%

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population by Combined Race and Ethnicity

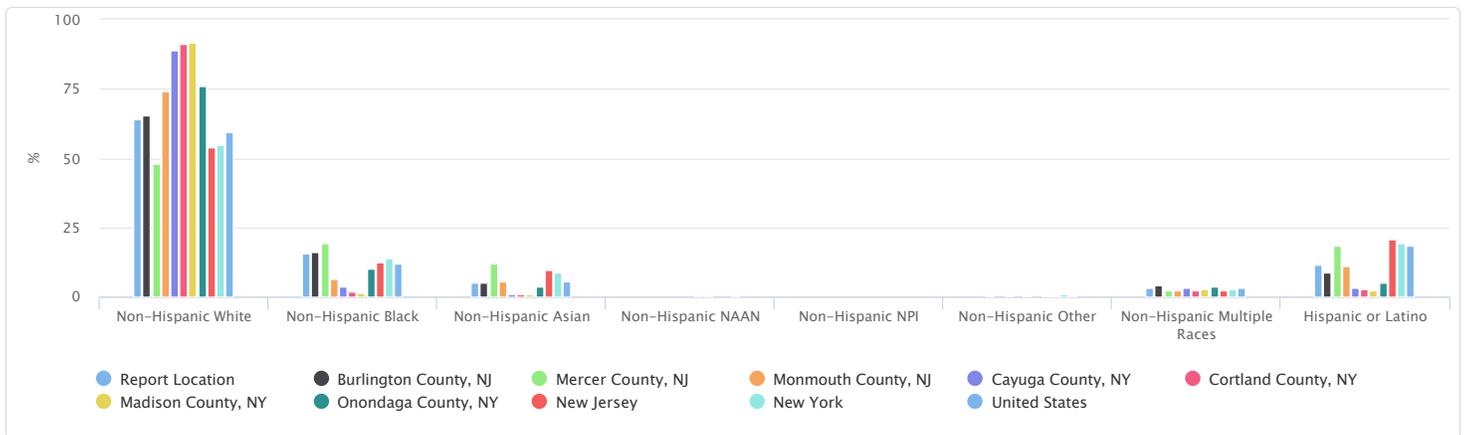
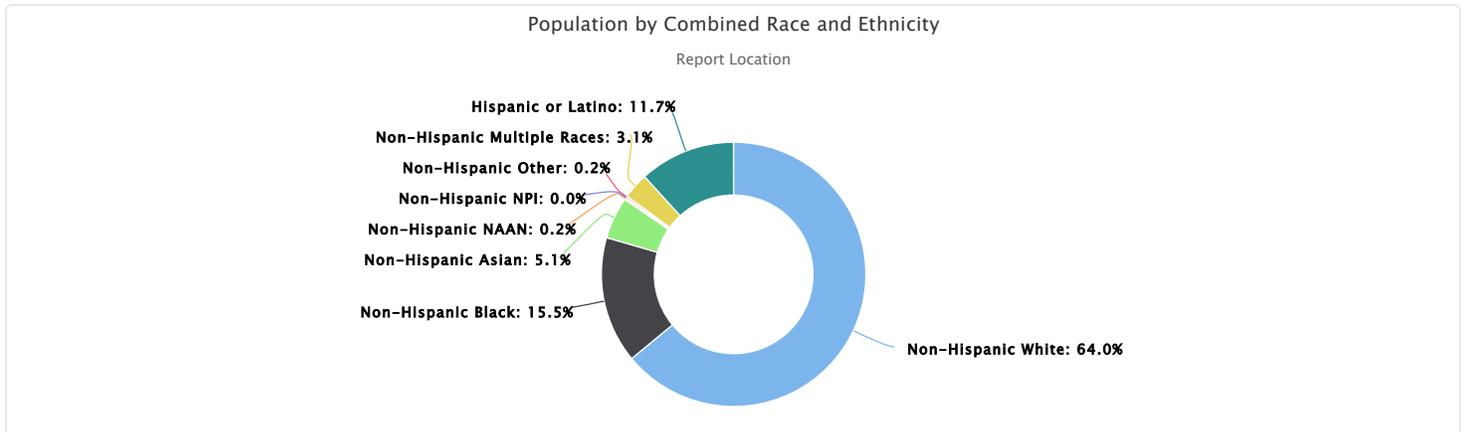
This indicator reports the percentage of the total population in the report area by combined race and ethnicity. The percentage values could be interpreted as, for example, "Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native
- Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander
- Non-Hispanic Other = Non-Hispanic Some Other Race

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Report Location	64.01%	15.49%	5.12%	0.23%	0.02%	0.23%	3.15%	11.75%
St. Francis Medical Center - Trenton	45.44%	23.20%	7.48%	0.02%	0.02%	0.13%	1.96%	21.76%
St. Joseph's Health - Syracuse	76.27%	10.41%	3.56%	0.37%	0.02%	0.29%	3.93%	5.15%
Burlington County, NJ	65.65%	16.01%	5.18%	0.04%	0.04%	0.53%	3.92%	8.63%
Mercer County, NJ	47.98%	19.34%	11.76%	0.08%	0.02%	0.11%	2.25%	18.46%
Monmouth County, NJ	74.34%	6.27%	5.38%	0.04%	0.07%	0.38%	2.50%	11.03%
Cayuga County, NY	88.80%	3.86%	0.74%	0.12%	0.01%	0.23%	3.15%	3.09%
Cortland County, NY	91.36%	1.92%	1.07%	0.08%	0.00%	0.47%	2.23%	2.87%
Madison County, NY	91.75%	1.48%	1.05%	0.43%	0.00%	0.20%	2.73%	2.36%
Onondaga County, NY	76.02%	10.34%	3.87%	0.36%	0.02%	0.29%	3.90%	5.20%
New Jersey	53.79%	12.55%	9.69%	0.10%	0.02%	0.57%	2.44%	20.84%
New York	54.65%	13.91%	8.57%	0.20%	0.02%	0.70%	2.70%	19.25%
United States	59.45%	12.19%	5.63%	0.59%	0.17%	0.37%	3.17%	18.44%

Data Source: US Census Bureau, American Community Survey, 2017-21.



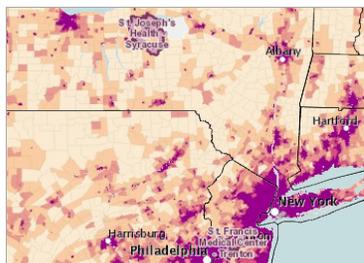
## Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using

population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 753,945 population, 691,647 or 91.74% of the population is classified urban while 62,298 or 8.26% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Report Location	753,945	691,647	62,298	91.74%	8.26%
St. Francis Medical Center - Trenton	291,206	286,142	5,064	98.26%	1.74%
St. Joseph's Health - Syracuse	462,739	405,505	57,234	87.63%	12.37%
Burlington County, NJ	448,734	418,834	29,900	93.34%	6.66%
Mercer County, NJ	366,513	353,749	12,764	96.52%	3.48%
Monmouth County, NJ	630,380	606,870	23,510	96.27%	3.73%
Cayuga County, NY	80,026	35,386	44,640	44.22%	55.78%
Cortland County, NY	49,336	27,493	21,843	55.73%	44.27%
Madison County, NY	73,442	30,151	43,291	41.05%	58.95%
Onondaga County, NY	467,026	408,239	58,787	87.41%	12.59%
New Jersey	8,791,894	8,324,126	467,768	94.68%	5.32%
New York	19,378,102	17,028,105	2,349,997	87.87%	12.13%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census, 2010. Source geography: Tract



[View larger map](#)

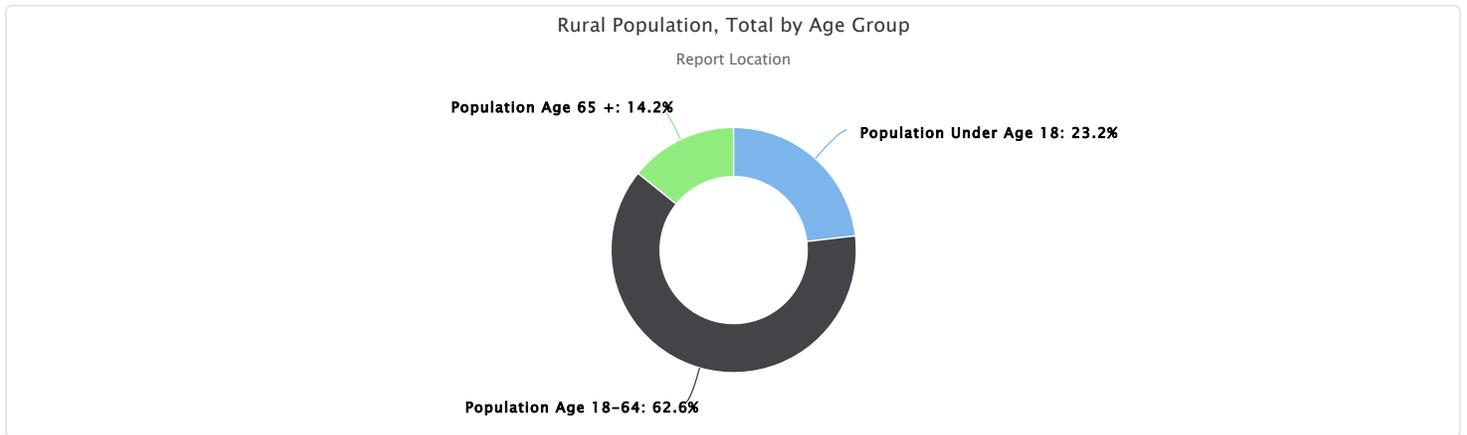
Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed
- Report Location

## Rural Population, Total by Age Group

This indicator reports the total rural population of the report area by age group.

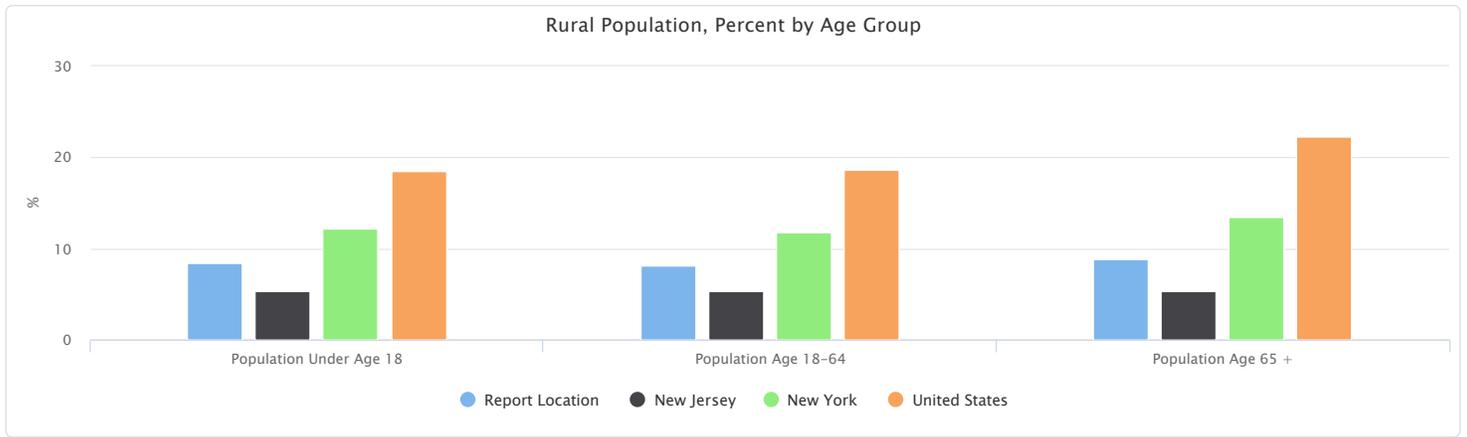
Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Report Location	14,428	39,014	8,860
St. Francis Medical Center - Trenton	1,226	3,204	633
St. Joseph's Health - Syracuse	13,201	35,811	8,227
Burlington County, NJ	6,734	18,984	4,182
Mercer County, NJ	3,166	7,767	1,831
Monmouth County, NJ	6,152	14,766	2,592
Cayuga County, NY	9,849	28,455	6,336
Cortland County, NY	5,291	13,557	2,995
Madison County, NY	9,691	27,398	6,202
Onondaga County, NY	13,588	36,719	8,480
New Jersey	109,969	295,200	62,599
New York	528,470	1,468,953	352,574
United States	13,907,394	36,734,957	9,082,449



### Rural Population, Percent by Age Group

This indicator reports the total rural population of the report area by age group. The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion of rural population is (value)."

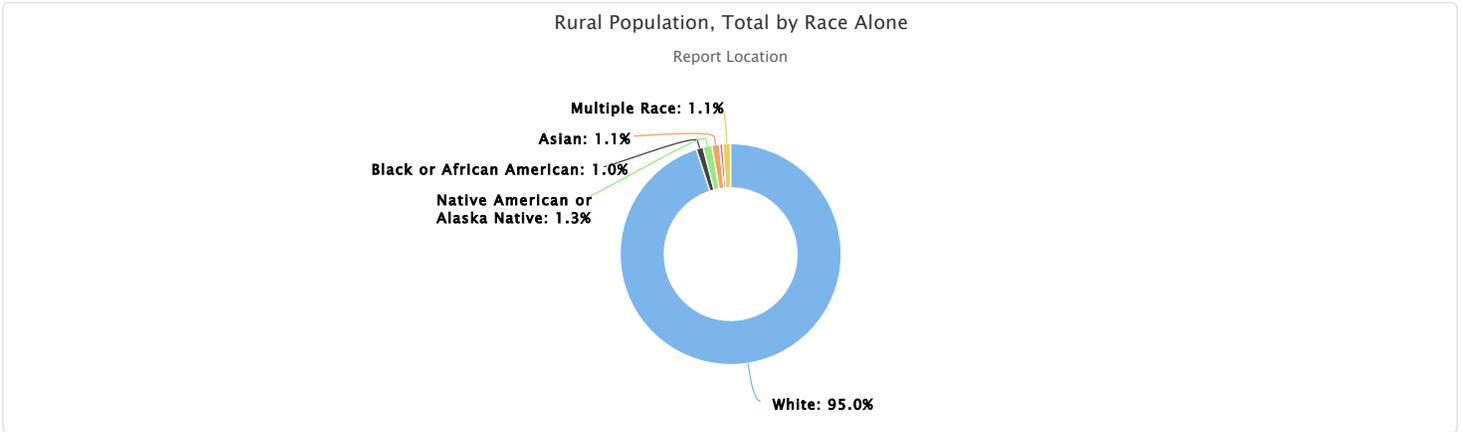
Report Area	Population Under Age 18	Population Age 18-64	Population Age 65 +
Report Location	8.36%	8.12%	8.80%
St. Francis Medical Center - Trenton	1.85%	1.69%	1.76%
St. Joseph's Health - Syracuse	12.40%	12.28%	12.73%
Burlington County, NJ	6.46%	6.72%	6.72%
Mercer County, NJ	3.82%	3.27%	3.95%
Monmouth County, NJ	4.09%	3.75%	2.99%
Cayuga County, NY	56.94%	56.35%	51.79%
Cortland County, NY	50.82%	41.76%	46.38%
Madison County, NY	60.55%	58.05%	60.57%
Onondaga County, NY	12.67%	12.48%	12.93%
New Jersey	5.32%	5.33%	5.28%
New York	12.22%	11.81%	13.47%
United States	18.52%	18.69%	22.26%



### Rural Population, Total by Race Alone

This indicator reports the total rural population of the report area by race alone.

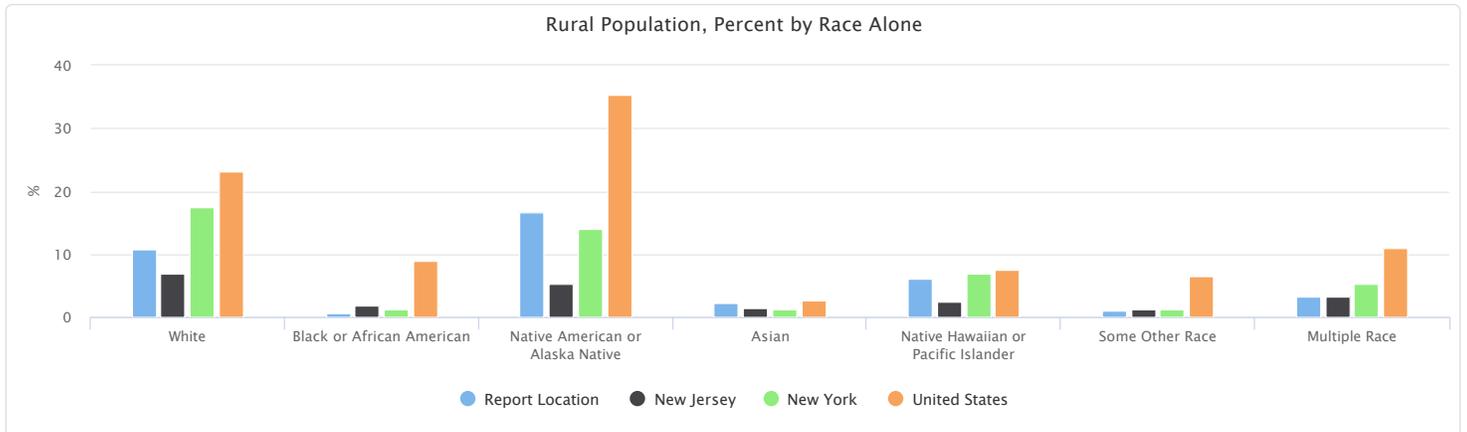
Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	59,174	621	808	690	25	278	706
St. Francis Medical Center - Trenton	4,465	205	8	253	0	66	66
St. Joseph's Health - Syracuse	54,708	417	800	436	25	212	640
Burlington County, NJ	26,989	1,485	48	547	12	287	532
Mercer County, NJ	11,487	333	15	662	1	93	173
Monmouth County, NJ	21,247	720	37	911	1	256	338
Cayuga County, NY	42,635	816	163	191	21	325	489
Cortland County, NY	21,255	106	63	94	1	83	241
Madison County, NY	41,416	834	254	191	15	151	430
Onondaga County, NY	56,260	363	812	459	28	206	659
New Jersey	419,282	22,233	1,528	10,416	74	6,532	7,703
New York	2,228,751	39,611	15,034	17,480	614	17,001	31,506
United States	52,457,879	3,533,008	1,043,048	399,200	40,683	1,242,870	1,008,112



### Rural Population, Percent by Race Alone

This indicator reports the percentage of rural population in the report area by race alone. The percentage values could be interpreted as, for example, "Of all the white population within the report area, the proportion of rural population is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	10.77%	0.51%	16.57%	2.25%	6.19%	1.03%	3.34%
St. Francis Medical Center - Trenton	2.57%	0.29%	0.72%	1.53%	0.00%	0.31%	0.80%
St. Joseph's Health - Syracuse	14.57%	0.82%	21.14%	3.12%	17.39%	3.88%	4.95%
Burlington County, NJ	8.15%	1.99%	4.87%	2.82%	5.48%	3.12%	4.06%
Mercer County, NJ	5.11%	0.45%	1.26%	2.02%	0.34%	0.41%	1.72%
Monmouth County, NJ	4.08%	1.55%	3.06%	2.91%	0.47%	1.41%	2.74%
Cayuga County, NY	57.58%	25.54%	57.60%	48.97%	67.74%	49.69%	34.17%
Cortland County, NY	45.32%	13.95%	45.99%	22.60%	20.00%	30.63%	28.49%
Madison County, NY	59.39%	61.78%	48.47%	32.76%	88.24%	55.93%	44.89%
Onondaga County, NY	14.85%	0.71%	21.27%	3.18%	18.92%	3.76%	5.06%
New Jersey	6.95%	1.85%	5.26%	1.44%	2.43%	1.17%	3.21%
New York	17.49%	1.29%	14.06%	1.23%	7.00%	1.18%	5.38%
United States	23.17%	8.97%	35.33%	2.72%	7.53%	6.41%	11.04%

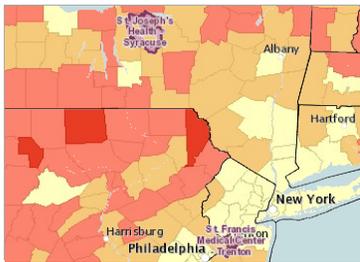


## Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 604,228 population of the report area, 35,156 or 5.82% are veterans.

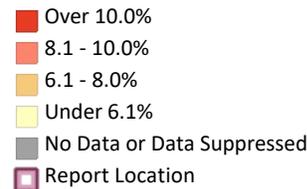
Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Report Location	604,228	35,156	5.82%
St. Francis Medical Center - Trenton	241,034	11,098	4.60%
St. Joseph's Health - Syracuse	363,194	24,058	6.62%
Burlington County, NJ	357,980	26,338	7.36%
Mercer County, NJ	302,142	12,160	4.02%
Monmouth County, NJ	505,352	23,518	4.65%
Cayuga County, NY	61,488	4,907	7.98%
Cortland County, NY	37,905	2,597	6.85%
Madison County, NY	55,278	4,232	7.66%
Onondaga County, NY	372,536	24,013	6.45%
New Jersey	7,182,429	309,642	4.31%
New York	15,872,052	665,257	4.19%
United States	254,296,179	17,431,290	6.85%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Veterans, Percent of Total Population by County, ACS 2017-21



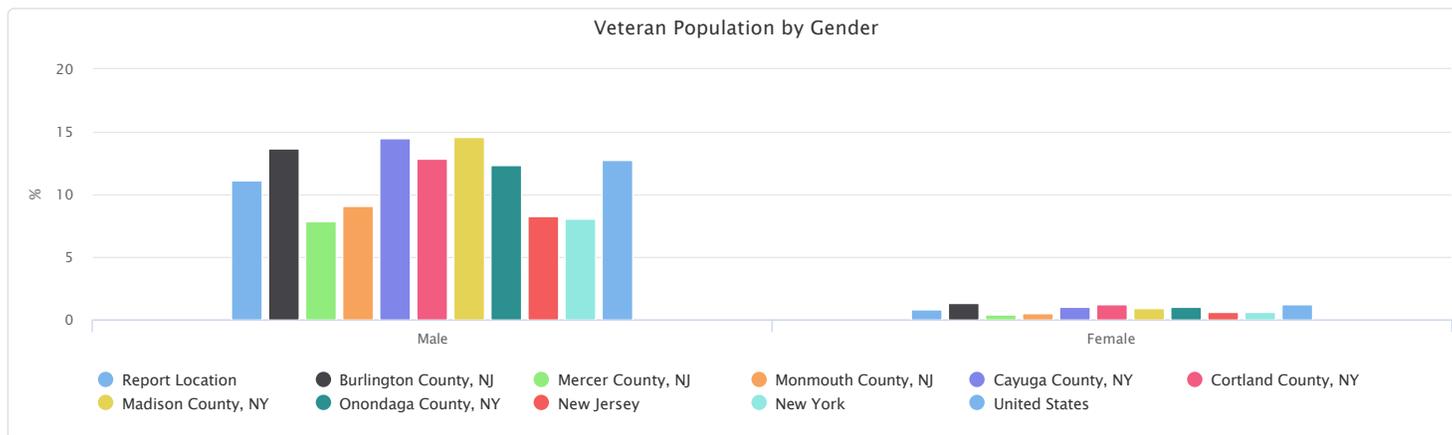
## Veteran Population by Gender

This indicator reports the veteran population in the report area by gender.

The percentage values could be interpreted as, of all the males within the report area, the veteran population is 11.17%; of all the females within the report area, the veteran population is 0.83%.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	32,545	2,611	11.17%	0.83%
St. Francis Medical Center - Trenton	10,539	559	8.95%	0.45%
St. Joseph's Health - Syracuse	22,006	2,052	12.67%	1.08%
Burlington County, NJ	23,868	2,470	13.72%	1.34%
Mercer County, NJ	11,576	584	7.89%	0.38%
Monmouth County, NJ	22,190	1,328	9.07%	0.51%
Cayuga County, NY	4,596	311	14.53%	1.04%
Cortland County, NY	2,361	236	12.86%	1.21%
Madison County, NY	3,969	263	14.62%	0.93%
Onondaga County, NY	21,960	2,053	12.34%	1.05%
New Jersey	288,647	20,995	8.28%	0.57%
New York	616,194	49,063	8.07%	0.60%
United States	15,794,025	1,637,265	12.72%	1.26%

Data Source: US Census Bureau, American Community Survey, 2017-21.

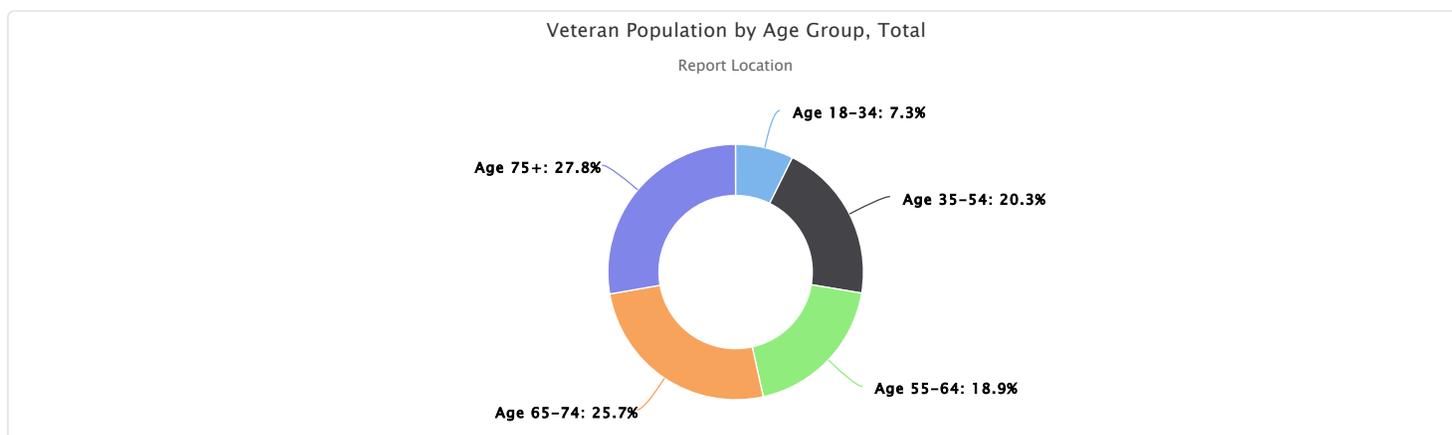


## Veteran Population by Age Group, Total

This indicator reports the total veteran population in the report area by age group.

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Report Location	2,578	7,139	6,640	9,043	9,756
St. Francis Medical Center - Trenton	578	2,198	2,436	2,751	3,135
St. Joseph's Health - Syracuse	2,000	4,941	4,204	6,292	6,621
Burlington County, NJ	2,317	6,032	5,048	6,273	6,668
Mercer County, NJ	497	2,353	2,416	3,068	3,826
Monmouth County, NJ	1,280	3,487	3,775	7,082	7,894
Cayuga County, NY	434	977	1,059	1,342	1,095
Cortland County, NY	106	685	517	731	558
Madison County, NY	172	1,106	858	1,017	1,079
Onondaga County, NY	2,030	4,874	4,194	6,289	6,626
New Jersey	20,798	56,840	48,619	84,407	98,978
New York	49,283	131,390	113,051	175,247	196,286
United States	1,508,193	4,151,603	3,189,141	4,513,992	4,068,361

Data Source: US Census Bureau, American Community Survey, 2017-21.



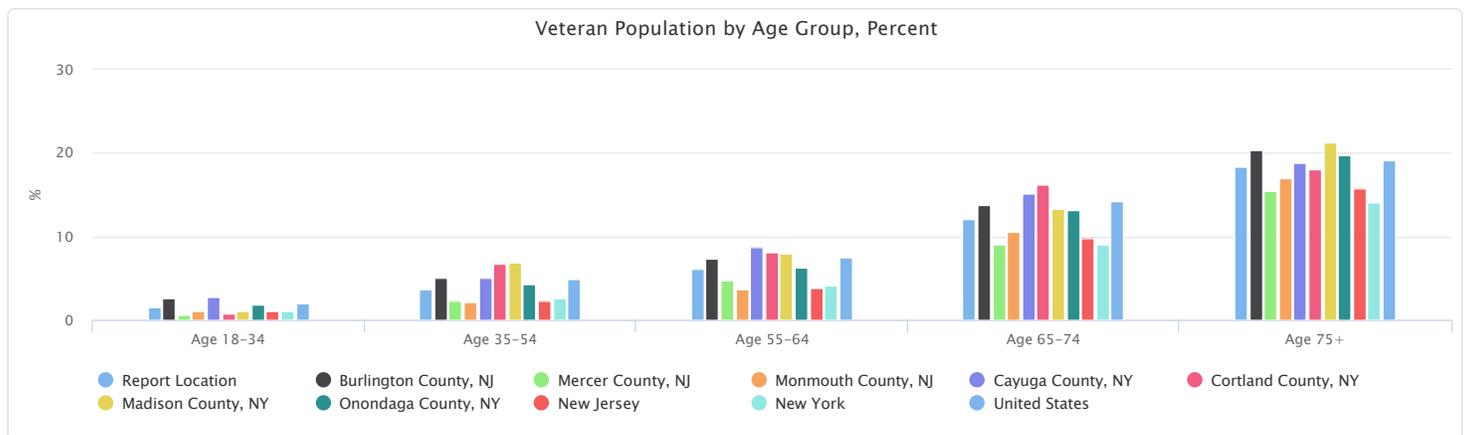
## Veteran Population by Age Group, Percent

This indicator reports the percentage of veterans in the report area by age group.

The percentage values could be interpreted as, for example, "Of all the population age 18-34 in the report area, the percentage of veterans is (value)."

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Report Location	1.47%	3.68%	6.18%	12.10%	18.43%
St. Francis Medical Center - Trenton	0.79%	2.70%	6.03%	10.19%	16.45%
St. Joseph's Health - Syracuse	1.97%	4.38%	6.27%	13.19%	19.54%
Burlington County, NJ	2.54%	5.00%	7.39%	13.83%	20.37%
Mercer County, NJ	0.55%	2.30%	4.73%	9.01%	15.39%
Monmouth County, NJ	1.05%	2.08%	3.69%	10.51%	16.95%
Cayuga County, NY	2.78%	5.11%	8.76%	15.14%	18.77%
Cortland County, NY	0.77%	6.67%	8.17%	16.18%	18.07%
Madison County, NY	1.09%	6.94%	7.95%	13.27%	21.22%
Onondaga County, NY	1.85%	4.28%	6.22%	13.18%	19.67%
New Jersey	1.06%	2.31%	3.81%	9.74%	15.77%
New York	1.05%	2.56%	4.18%	9.08%	14.02%
United States	2.02%	4.96%	7.45%	14.29%	19.10%

Data Source: US Census Bureau, American Community Survey, 2017-21.



<https://trinityhealthdatahub.org>, 2/17/2023

# **APPENDIX 3**

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

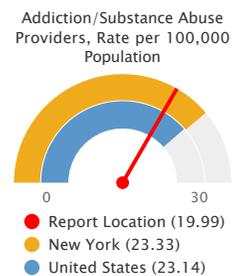
## Healthcare Access

### Access to Care - Addiction/Substance Abuse Providers

This indicator reports the number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance abuse treatment are also listed (but are not included in the calculated rate). Data are from latest Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File.

Within the report area there are 157 providers who specialize in addiction or substance abuse. This represents 19.99 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	784,066	26	157	19.99
St. Francis Medical Center - Trenton	308,828	16	54	17.41
St. Joseph's Health - Syracuse	475,238	10	103	21.67
Burlington County, NJ	461,860	13	37	8.01
Mercer County, NJ	387,340	19	62	16.01
Monmouth County, NJ	643,615	33	73	11.34
Cayuga County, NY	76,248	2	2	2.62
Cortland County, NY	46,809	0	18	38.45
Madison County, NY	68,016	19	143	210.24
Onondaga County, NY	476,516	10	103	21.62
New Jersey	9,288,994	463	929	10.00
New York	20,201,249	498	4,712	23.33
United States	334,735,155	16,388	77,453	23.14



Note: This indicator is compared to the highest state average.  
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). January 2023. Source geography: Address



[View larger map](#)

### Addiction/Substance Abuse Providers, CMS NPPES January 2023

- Addiction/Substance Abuse Providers, CMS NPPES January 2023
- Report Location

## Addiction/Substance Abuse Providers

The table below lists providers in the report area that specialize in addiction/substance use treatment.  
*Please note that the number of records returned is limited to 25. To view all records, please enter the map.*

Provider	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
ADAM SHAVER, BA, CASAC	7266 BUCKLEY RD STE 1	NORTH SYRACUSE	NY	13212-2649	(315)4580919	Addiction (Substance Use Disorder)	None Listed
SANDRA FRITZ, LCADC	211 HWY 35	RED BANK	NJ	07701-5907	(732)7470094	Addiction (Substance Use Disorder)	None Listed
BRYANA LACHANCE	458 E MAIN ST	MALONE	NY	12953-2149	(518)4836566	No data	None Listed
CORY JONES	132 PERRY ST	TRENTON	NJ	08618-3968	(609)3948988	No data	None Listed
SUSAN HOILUND	50 MONTCALM ST	TICONDEROGA	NY	12883-1393	(518)5857934	No data	None Listed
LESLIE WOODWARD	526 OLD LIVERPOOL RD	LIVERPOOL	NY	13088-6238	(315)4533911	No data	None Listed
PATRICK LUDEKE	1623 KINGS HWY	BROOKLYN	NY	11229-1209	(929)2737601	No data	None Listed
ABIGAIL WITHERS, MSW	10 N MAIN ST	CORTLAND	NY	13045-2130	(607)7530234	Addiction (Substance Use Disorder)	None Listed
JOANNE HIRSCH, MA,NCC,LPC	11 CHARLTON ST	PRINCETON	NJ	08540-5231	(609)6830400	Addiction (Substance Use Disorder)	None Listed
ROBERT BENNINGTON, LCADC	PREFERRED BEHAVIORAL HEALTH	HOWELL	NJ	07719-7719	(732)9383175	Addiction (Substance Use Disorder)	None Listed
MEGAN KENNEY	25 E 15TH ST	NEW YORK	NY	10003-3153	(212)6279600	No data	None Listed
GINA DAVIS-LANE, MSW, LCADC, CCS	238 NEPTUNE BLVD	NEPTUNE	NJ	07753-8600	(732)8977701	Addiction (Substance Use Disorder)	None Listed
MATTHEW BEHRENS	1 CORBETT WAY	EATONTOWN	NJ	07724-4247	(732)3807061	No data	None Listed
JOHN MINCARELLI	321 N WARREN ST	TRENTON	NJ	08618-4794	(609)2785917	No data	None Listed
BRITTANY COX	610 BROWNS MILLS RD	PEMBERTON	NJ	08068-8068	(609)3216263	No data	None Listed
DELIA DOWNES	132 PERRY ST	TRENTON	NJ	08618-3968	(609)3948988	Addiction (Substance Use Disorder)	None Listed
BRANDY SAUER CLARK	14 SCHOOL ST	BLOOMINGDALE	NY	12913-7715	(518)3120066	No data	None Listed
KIMBERLY WARNE, M.ED., CCDPD	3535 QUAKERBRIDGE RD STE 300	TRENTON	NJ	08619-1200	(609)2494648	Counselor	None Listed
FADY MICHAIL, MA, LAC	2109 PENNINGTON RD	EWING	NJ	08638-1400	(610)6446464	Addiction (Substance Use Disorder)	None Listed
KATHRYN PARSONS	25 ELM PL FL 6	BROOKLYN	NY	11201-5826	(718)8525212	No data	None Listed
REGINA CUCCI	19 STRAUSS ST	STATEN ISLAND	NY	10305-2986	(718)6836161	No data	None Listed
KECIA TAYLOR, MS	132 PERRY ST	TRENTON	NJ	08618-3968	(609)3948988	Addiction (Substance Use Disorder)	None Listed
ZACHARY JOHNSON	300 HAMILTON AVE STE 413	WHITE PLAINS	NY	10601-1817	(845)4522728	No data	None Listed
RAMONA LECLAIRE	111 RTE 35	CLIFFWOOD	NJ	07721-1512	(732)7272555	No data	None Listed
ADAM SIEGEL	526 OLD LIVERPOOL RD	LIVERPOOL	NY	13088-6238	(315)4533911	Addiction (Substance Use Disorder)	Addiction (Substance Use Disorder)

## Addiction/Substance Abuse Facilities

The table below lists providers in the report area that specialize in addiction/substance use treatment.

Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
COUNSELING CENTER AT FREEHOLD LLC	4345 ROUTE 9 N	FREEHOLD	NJ	07728-4215	(732)4315300	Rehabilitation, Substance Use Disorder	None Listed
NEW DAY TREATMENT LLC	1050 BEACH 21ST ST	FAR ROCKAWAY	NY	11691-3305	(347)6986400	No data	None Listed
GUIDING LIGHT BEHAVIORAL HEALTH, INC.	1930 HECK AVE	NEPTUNE	NJ	07753-4476	(732)7740911	Rehabilitation, Substance Use Disorder	None Listed
FELLOWSHIP RESOURCES CENTER LLC	249 AVENUE P	BROOKLYN	NY	11204-4946	(929)3212290	No data	None Listed
RECOVERY COUNSELING SERVICES	109 S WARREN ST STE 508	SYRACUSE	NY	13202-4734	(315)4751771	Addiction (Substance Use Disorder)	None Listed
JSAS HEALTHCARE, INC.	685 NEPTUNE BLVD	NEPTUNE	NJ	07753-4118	(732)9888877	Methadone	None Listed
NEW HOPE FOUNDATION	1110 GRAND AVE	ASBURY PARK	NJ	07712-6012	(732)9463030	Substance Abuse Rehabilitation Facility	None Listed
RESCUE MISSION OF TRENTON	98 CARROLL ST	TRENTON	NJ	08609-1008	(609)3962183	Substance Abuse Rehabilitation Facility	Substance Abuse Rehabilitation Facility
DELPHI DRUG & ALCOHOL COUNCIL, INC	72 HINCHEY RD	ROCHESTER	NY	14624-2930	(585)4672230	Rehabilitation, Substance Use Disorder	None Listed
ST. JOSEPH'S ADDICTION TREATMENT & RECOVERY CENTERS	917 CONGRESS ST	SCHENECTADY	NY	12303-1727	(518)3578387	No data	None Listed
AMBROSIA OF MEDFORD LLC	285 OLD MARLTON PIKE	MEDFORD	NJ	08055-8761	(609)6780370	No data	None Listed
THOMAS W. LUDLOW. LCSW, LCADC, LLC	300 CRAIG RD	MANALAPAN	NJ	07726-8742	(732)7802448	No data	None Listed
SEABROOK HOUSE, INC.	21 WHITE ST	SHREWSBURY	NJ	07702-4440	(856)3641794	No data	None Listed
PROLIFIC HOME HEALTH ASSESSORS LLC	796 SARATOGA AVE STE A	BROOKLYN	NY	11212-4475	(347)3659779	No data	None Listed
AMBROSIA OF NEW JERSEY LLC	287 OLD MARLTON PIKE	MEDFORD	NJ	08055-8761	(561)5788600	Substance Abuse Rehabilitation Facility	None Listed
CATHOLIC CHARITIES, DIOCESE OF TRENTON	238 NEPTUNE BLVD	NEPTUNE	NJ	07753-8600	(609)3943202	Addiction (Substance Use Disorder)	None Listed
CONIFER PARK, INC.	526 OLD LIVERPOOL RD	LIVERPOOL	NY	13088-6238	(315)4533911	Rehabilitation, Substance Use Disorder	None Listed
RECOVERY COUNSELING, LLC	188 GENESEE ST	AUBURN	NY	13021-3324	(315)2553559	Substance Abuse Rehabilitation Facility	None Listed
CENTER FOR COGNITIVE REHABILITATION	403 RIVER RD	FAIR HAVEN	NJ	07704-7704	(732)8426729	Addiction Medicine	None Listed

Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
RESCUE MISSION OF TRENTON	72 EWING ST	TRENTON	NJ	08609-1027	(609)3962183	Rehabilitation, Substance Use Disorder	None Listed
POST HOUSE-COUNTY OF BURLINGTON	610 PEMBERTON BROWNS MILLS ROAD	NEW LISBON	NJ	08064-8064	(609)7267155	Substance Abuse Rehabilitation Facility	None Listed
M. JOSEPH MONTI, INC.	5700 W GENESEE ST	CAMILLUS	NY	13031-3200	(315)4881641	Addiction (Substance Use Disorder)	Clinical
ROYAL RECOVERY DETOX, LLC	446 BELLEVUE AVE	TRENTON	NJ	08618-4502	(561)8660012	Substance Abuse Rehabilitation Facility	None Listed
SPRING HILL WELLNESS NEW YORK, LLC	4105 AVENUE V	BROOKLYN	NY	11234-5157	(518)4246845	No data	None Listed
DELAWARE COUNTY COMMUNITY SERVICES	243 DELAWARE STREET	WALTON	NY	13856-3856	(607)8325888	Rehabilitation, Substance Use Disorder	None Listed

## Access to Care - Dentists

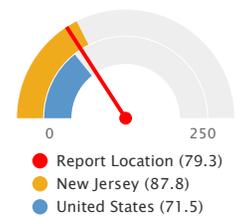
This indicator reports the number of dentists in the report area as a rate per 100,000 total population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Data from the 2020 Area Health Resources File (AHRF) are used in the 2022 County Health Rankings.

Within the report area there are 596 dentists. This represents 79.3 providers per 100,000 total population.

*Note: Data are suppressed for counties with population greater than 4,000 and 0 dentists.*

Report Area	Estimated Population	Number of Dentists	Ratio of Dental Providers to Population (1 Provider per x Persons)	Dentists, Rate (Per 100,000 Population)
Report Location	751,451	596	1,260.4	<b>79.3</b>
St. Francis Medical Center - Trenton	293,238	246	1,194.1	83.7
St. Joseph's Health - Syracuse	458,214	351	1,306.9	76.5
Burlington County, NJ	446,596	337	1,325.2	75.5
Mercer County, NJ	367,239	310	1,184.6	84.4
Monmouth County, NJ	618,381	658	939.8	106.4
Cayuga County, NY	76,029	35	2,172.3	46
Cortland County, NY	47,173	16	2,948.3	33.9
Madison County, NY	70,478	26	2,710.7	36.9
Onondaga County, NY	459,214	353	1,300.9	76.9
New Jersey	8,882,371	7,795	1,139.5	87.8
New York	19,336,777	16,226	1,191.7	83.9
United States	329,484,121	235,535	1,398.9	71.5

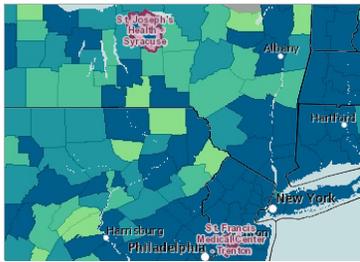
Dentists, Rate (Per 100,000 Population)



*Note: This indicator is compared to the highest state average.*

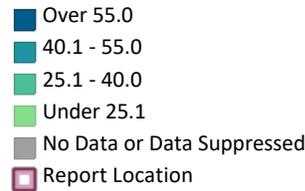
*Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2020.*

*Source geography: County*



[View larger map](#)

### Access to Dentists, Rate Per 100,000 Pop. by County, HRSA Area Health Resource File 2020



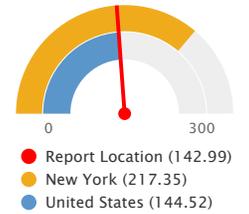
## Access to Care - Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within the report area there are 1,121 mental health providers with a CMS National Provider Identifier (NPI). This represents 142.99 providers per 100,000 total population.

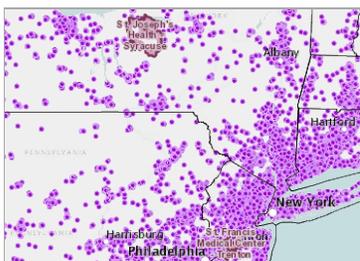
Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	784,066	118	1,121	<b>142.99</b>
St. Francis Medical Center - Trenton	270,584	52	268	98.93
St. Joseph's Health - Syracuse	459,383	65	831	180.81
Burlington County, NJ	461,860	94	662	143.33
Mercer County, NJ	387,340	96	556	143.54
Monmouth County, NJ	643,615	177	820	127.41
Cayuga County, NY	76,248	3	81	106.23
Cortland County, NY	46,809	2	84	179.45
Madison County, NY	68,016	259	2,082	3,061.04
Onondaga County, NY	476,516	66	845	177.33
New Jersey	9,288,994	2,126	11,316	121.82
New York	20,201,249	3,020	43,907	217.35
United States	334,735,155	61,796	483,765	144.52

Mental Health Care Providers, Rate per 100,000 Population



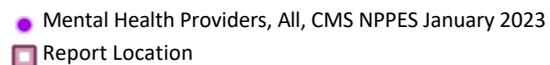
Note: This indicator is compared to the highest state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), January 2023. Source geography: Address



[View larger map](#)

### Mental Health Providers, All, CMS NPPES January 2023



## Mental Health Care Providers

The table below lists providers in the report area that specialize in mental health care.

Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Provider	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
SARAH PETERS	101 ROUTE 130 S STE 408	CINNAMINSON	NJ	08077-2842	(609)4131708	No data	None Listed
ELSA CANDELARIO	212 W ROUTE 38	MOORESTOWN	NJ	08057-3238	(856)4090400	Social Worker	None Listed
THOMAS HOUSEKNEKCHT, M.D.	1441 GEORGIAN DR	MOORESTOWN	NJ	08057-1306	(856)2351770	Psychiatry	None Listed
JOHN WILSON, M.D.	212 W ROUTE 38 STE 105	MOORESTOWN	NJ	08057-4100	(856)6004011	Student in an Organized Health Care Education/Training Program	None Listed
ANTOINETTE CAPORALE	300 HARPER DR	MOORESTOWN	NJ	08057-3208	(856)5521300	Mental Health	None Listed
LISA STACKHOUSE, DO	509 S. LENOLA RD	MOORESTOWN	NJ	08057-8057	(856)4399300	Psychiatry	None Listed
AMBRIAL SMITH	2 ADAMS DR APT C	MAPLE SHADE	NJ	08052-1493	(856)8895596	No data	None Listed
MICHELLE ROBBINS	123 THOMAS AVE	MAPLE SHADE	NJ	08052-3236	(732)7700369	No data	None Listed
STEPHEN VANNA, MD	504 ROUTE 38 EAST	MAPLE SHADE	NJ	08052-8052	(856)8660466	Neurology	None Listed
LARISSA BOIANELLI, LCSW	509 WILSON AVE	LINWOOD	NJ	08221-1224	(609)2262164	Clinical	None Listed
MAURICE GAINES	4176 HARBOUR DR	PALMYRA	NJ	08065-2103	(609)9971474	No data	None Listed
ALEXIS FARRELL	68 MAPLE AVE	WEST DEPTFORD	NJ	08086-2179	(856)4196286	No data	None Listed
MONICA HOTTENSTEIN, PHD	13 ORIOLE WAY	MOORESTOWN	NJ	08057-1335	(856)2229362	Psychologist	None Listed
DAVID SCHNEIDER, LCSW	351 NEW ALBANY RD	MOORESTOWN	NJ	08057-8057	(856)9057176	Clinical	None Listed
LOREN FIRSTENBERG, PSY.D	1205 N CHURCH ST	MOORESTOWN	NJ	08057-1198	(856)7780600	Psychologist	None Listed
DAINA HAINES	351 NEW ALBANY RD	MOORESTOWN	NJ	08057-1117	(856)7792328	No data	None Listed
DAVID SNYDER, M.D.	108 RAMBLEWOOD RD	MOORESTOWN	NJ	08057-2628	(856)2969407	Psychiatry	Psychiatry
VALERIE DORN	1221 N CHURCH ST UNIT 106	MOORESTOWN	NJ	08057-1245	(609)2083053	No data	None Listed
JOEL CARR, D.O., M.P.H.	704 E MAIN ST STE A	MOORESTOWN	NJ	08057-3070	(609)7444590	Psychiatry	Child & Adolescent Psychiatry
EDWARD ZEHLER, M.D.	210 W MAIN ST	MOORESTOWN	NJ	08057-2349	(856)2359190	Psychiatry	None Listed
KERI SMOTRICH, M.S.	300 HARPER DR	MOORESTOWN	NJ	08057-3208	(856)3801070	Mental Health	None Listed
LINDA PIOTROWSKI, MD	509 S. LENOLA RD	MOORESTOWN	NJ	08057-8057	(856)4399300	Psychiatry	None Listed

Provider	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
ALEXANDRA ROWAN, D.O.	1181 NIXON DR # 1019	MOORESTOWN	NJ	08057-3201	(856)7727578	Child & Adolescent Psychiatry	None Listed
IVAN LEDERMAN, M.D.	849 GOLF VIEW RD	MOORESTOWN	NJ	08057-2026	(856)8020555	Psychiatry	None Listed
ELIZABETH MOGTADER	570 BARTRAM RD	MOORESTOWN	NJ	08057-1871	(609)9233285	Psychiatric/Mental Health, Child & Adolescent	None Listed

## Mental Health Care Facilities

The table below lists facilities in the report area that specialize in mental health care.

Please note that the number of records returned is limited to 25. To view all records, please enter the map.

Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
WHIDBEY ISLAND PUBLIC HOSPITAL DISTRICT	205 E CENTRAL AVE	MOORESTOWN	NJ	08057-3621	(360)6785151	Psychiatry	None Listed
ALEXANDRA ROWAN FAMILY PSYCHIATRY, LLC	1181 NIXON DR # 1019	MOORESTOWN	NJ	08057-3201	(856)7727578	No data	None Listed
DIAMOND VALLEY BEHAVIORAL HEALTH LLC	563 HIGH ST	BURLINGTON	NJ	08016-8016	(609)4960285	No data	None Listed
POST HOUSE-COUNTY OF BURLINGTON	610 PEMBERTON BROWNS MILLS ROAD	NEW LISBON	NJ	08064-8064	(609)7267155	Substance Abuse Rehabilitation Facility	None Listed
SOLSTICE COUNSELING SERVICES CORP.	300 BIRMINGHAM RD	PEMBERTON	NJ	08068-1326	(609)2888844	Rehabilitation, Substance Use Disorder	None Listed
OAKS INTEGRATED CARE, INC	770 WOODLANE RD	WESTAMPTON	NJ	08060-3804	(609)2675928	No data	None Listed
HEATHER BENSE COUNSELING, LLC	505 HAMILTON AVE STE 203	LINWOOD	NJ	08221-1059	(609)8004133	No data	None Listed
PHILIPPE TAPON, MD, SC	5113 S HARPER AVE STE 2C	CHICAGO	IL	60615-4119	(312)8204663	No data	None Listed
CONNECT FAMILY CENTER INC	4202 ROUTE 130	WILLINGBORO	NJ	08046-2509	(609)8714442	Clinical	None Listed
BILLTRICEX HEALTHCARE	39 MARINER LN	WILLINGBORO	NJ	08046-2814	(267)9451161	No data	None Listed
BRANCHES OF HOPE	1200 S CHURCH ST STE 20	MOUNT LAUREL	NJ	08054-2936	(609)4913007	No data	None Listed
DR. TCL COUNSELING SERVICES, LLC	77 HOLSTONE LN	WILLINGBORO	NJ	08046-1817	(609)7890163	No data	None Listed
HOPE FAMILY THERAPY AND CONSULTATION SERVICES, LLC	1 LIGHTHOUSE CT	EASTAMPTON	NJ	08060-4431	(609)5762221	No data	None Listed
FICTRE COUNSELING SERVICE	111 HIGH STREET	MT. HOLLY	NJ	08060-8060	(856)5737742	Counselor	None Listed
STRESS FREE RECOVERY LLC	3000 ATRIUM WAY STE 200	MOUNT LAUREL	NJ	08054-3910	(888)5173268	No data	None Listed
EXPLORE THE CHALLENGE	30 TECUMSEH TRL	BROWNS MILLS	NJ	08015-6108	(609)8935600	Mental Health	None Listed

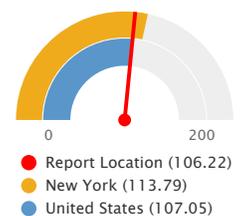
Organization	Address	City	State	ZIP Code	Phone Number	Provider Type (Primary)	Provider Type (Secondary)
UNION ASSOCIATION OF THE CHILDREN'S HOME OF BURLINGTON COUNTY, INC.	610 PEMBERTON BROWNS MILLS RD	PEMBERTON	NJ	08068-1537	(609)7267155	Adolescent and Children Mental Health	None Listed
COUNSELING FOR WELL-BEING, LLC	410 FARNSWORTH AVE	BORDENTOWN	NJ	08505-2005	(609)2989144	Mental Health	None Listed
LYNCLARE GROUP INC	348 FARNSWORTH AVE REAR	BORDENTOWN	NJ	08505-1759	(609)3248084	Clinical	None Listed
SHARING TEMPLE COUNSELING LLC	3 3RD ST STE 20	BORDENTOWN	NJ	08505-1370	(609)6510494	No data	None Listed
DIAMOND VALLEY BEHAVIROAL LLC	427 HIGH ST	BURLINGTON	NJ	08016-4587	(609)5870113	No data	None Listed
DIAMOND VALLEY BEHAVIROAL LLC	563 HIGH ST	BURLINGTON	NJ	08016-4592	(609)4960285	No data	None Listed
ADVOCARE , LLC	5045 ROUTE 130 STE F-1	DELRAN	NJ	08075-9707	(856)4611717	No data	None Listed
STRIVING FOR HARMONY	774 EAYRESTOWN RD	LUMBERTON	NJ	08048-3100	(609)7848217	Clinical	None Listed
AKTEP BEHAVIORAL LLC	701 WORTHINGTON DR.	MOORESTOWN	NJ	08085-8085	(609)9157929	Mental Health	None Listed

## Access to Care - Primary Care

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Report Location	784,066	209	833	106.22
St. Francis Medical Center - Trenton	308,828	102	267	86.36
St. Joseph's Health - Syracuse	475,238	107	566	119.13
Cortland County, NY	46,809	16	41	87.59
Madison County, NY	68,016	144	321	471.95
Mercer County, NJ	387,340	152	427	110.24
Monmouth County, NJ	643,615	277	801	124.45
Onondaga County, NY	476,516	107	567	118.99
Burlington County, NJ	461,860	143	461	99.81
Cayuga County, NY	76,248	11	44	57.71
New Jersey	9,288,994	3,723	10,069	108.40
New York	20,201,249	6,788	22,987	113.79
United States	334,735,155	119,755	358,329	107.05

Primary Care Providers, Rate per 100,000 Population



Note: This indicator is compared to the highest state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). January 2023. Source geography: Address



[View larger map](#)

### Primary Care Physicians, All, CMS NPPES January 2023

- Primary Care Physicians, All, CMS NPPES January 2023
- Report Location

## Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Within the report area, there are 19 Federally Qualified Health Centers. This means there is a rate of 51.75 Federally Qualified Health Centers per 100,000 total population.

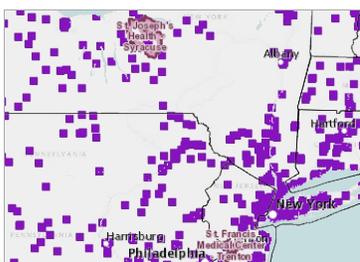
Report Area	Total Population (2020)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Report Location	36,712	19	51.75
St. Francis Medical Center - Trenton	15,557	7	45.00
St. Joseph's Health - Syracuse	21,155	12	56.72
Burlington County, NJ	461,860	2	0.43
Mercer County, NJ	387,340	7	1.81
Monmouth County, NJ	643,615	7	1.09
Cayuga County, NY	76,248	3	3.93
Cortland County, NY	46,809	5	10.68
Madison County, NY	68,016	2	2.94
Onondaga County, NY	476,516	10	2.10
New Jersey	9,288,994	122	1.31
New York	20,201,333	519	2.57
United States	334,735,149	10,363	3.10

Federally Qualified Health Centers, Rate per 100,000 Population



Note: This indicator is compared to the highest state average.

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, [Provider of Services File](#). September 2020. Source geography: Address



[View larger map](#)

### Federally Qualified Health Centers, POS September 2020

- Federally Qualified Health Centers, POS September 2020
- Report Location

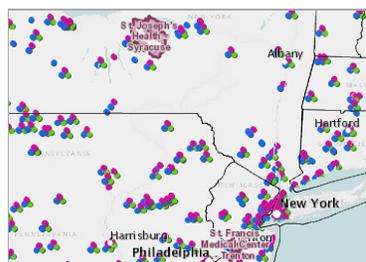
## Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Within the report area, there are a total of 17 Health Professional Shortage Areas (HPSAs).

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Report Location	6	6	5	17
St. Francis Medical Center - Trenton	4	3	3	10
St. Joseph's Health - Syracuse	2	3	2	7
Burlington County, NJ	3	3	3	9
Mercer County, NJ	3	2	2	7
Monmouth County, NJ	3	3	3	9
Cayuga County, NY	1	3	1	5
Cortland County, NY	1	1	1	3
Madison County, NY	2	2	2	6
Onondaga County, NY	2	2	2	6
New Jersey	37	36	36	109
New York	100	120	87	307
United States	4,159	4,218	4,066	12,443

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [HRSA - Health Professional Shortage Areas Database](#). May 2021. Source geography: Address



[View larger map](#)

### Facilities Designated as HPSAs, HRSA HPSA Database May 2021

- Primary Care
- Mental Health
- Dental Health
- Report Location

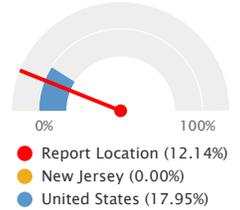
## Health Professional Shortage Areas - Dental Care

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Within the report area, there are 94,470 people living in a Health Professional Shortage Area of dental health professionals. This means 12.14% of people don't have access to a dentist.

Report Area	Total Population (ACS 2021 5-Year Estimates)	Population Living in an Area Affected by a HPSA	Percentage of Population Living in an Area Affected by a HPSA	Percentage of HPSA Population Underserved
Report Location	777,932	94,470	12.14%	83.76%
St. Francis Medical Center - Trenton	306,540	0	0.00%	No data
St. Joseph's Health - Syracuse	471,392	94,470	20.04%	83.76%
Burlington County, NJ	460,102	0	0.00%	0.00%
Mercer County, NJ	384,951	0	0.00%	0.00%
Monmouth County, NJ	642,160	0	0.00%	0.00%
Cayuga County, NY	76,644	0	0.00%	0.00%
Cortland County, NY	46,984	0	0.00%	0.00%
Madison County, NY	68,466	16,911	24.70%	85.08%
Onondaga County, NY	474,621	95,357	20.09%	83.76%
New Jersey	9,234,024	0	0.00%	No data
New York	20,114,745	3,088,723	15.36%	82.53%
United States	329,725,481	59,177,846	17.95%	70.27%

Percentage of Population Living in an Area Affected by a HPSA



Note: This indicator is compared to the lowest state average.  
Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: HPSA



[View larger map](#)

Dental Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database May 2021

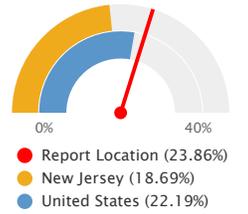
- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Report Location

## Insurance - Population Receiving Medicaid

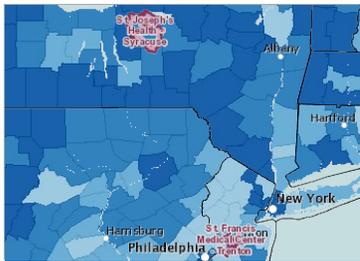
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Location	760,854	720,725	171,962	<b>23.86%</b>
St. Francis Medical Center - Trenton	301,086	276,533	64,216	23.22%
St. Joseph's Health - Syracuse	459,768	444,192	107,746	24.26%
Burlington County, NJ	444,378	425,704	57,373	13.48%
Mercer County, NJ	379,775	353,482	68,715	19.44%
Monmouth County, NJ	638,260	605,178	69,215	11.44%
Cayuga County, NY	72,904	69,852	17,550	25.12%
Cortland County, NY	46,499	44,870	10,286	22.92%
Madison County, NY	67,912	65,328	14,260	21.83%
Onondaga County, NY	469,638	453,792	108,268	23.86%
New Jersey	9,129,337	8,439,671	1,577,393	18.69%
New York	19,878,007	18,818,637	5,215,263	27.71%
United States	324,818,565	296,329,423	65,752,822	22.19%

Percent of Insured Population Receiving Medicaid

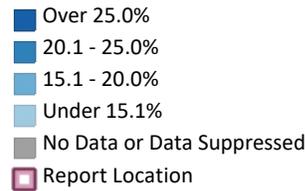


Note: This indicator is compared to the lowest state average.  
Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Insured, Medicaid / Means-Tested Coverage, Percent by County, ACS 2017-21

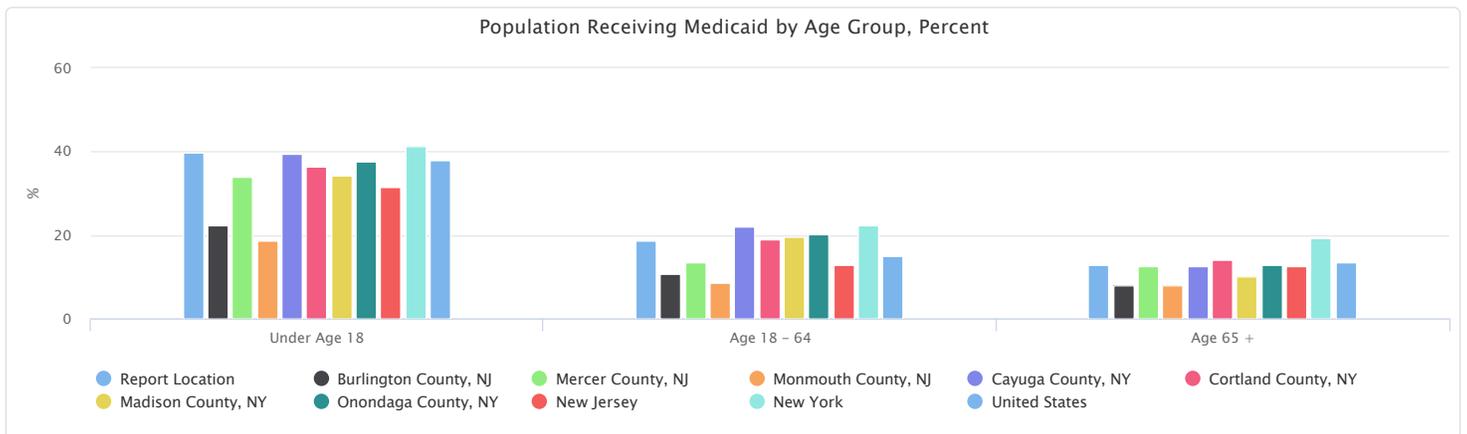


## Population Receiving Medicaid by Age Group, Percent

This indicator reports percent of population receiving Medicaid by age group. The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion receiving Medicaid is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Report Location	39.75%	18.68%	12.80%
St. Francis Medical Center - Trenton	41.15%	15.85%	12.96%
St. Joseph's Health - Syracuse	38.82%	20.60%	12.70%
Burlington County, NJ	22.27%	10.82%	7.85%
Mercer County, NJ	33.83%	13.39%	12.50%
Monmouth County, NJ	18.76%	8.66%	8.09%
Cayuga County, NY	39.46%	22.17%	12.55%
Cortland County, NY	36.35%	19.04%	14.16%
Madison County, NY	34.15%	19.52%	10.24%
Onondaga County, NY	37.75%	20.27%	12.71%
New Jersey	31.67%	12.95%	12.41%
New York	41.39%	22.49%	19.39%
United States	37.94%	14.87%	13.53%

Data Source: US Census Bureau, American Community Survey, 2017-21.

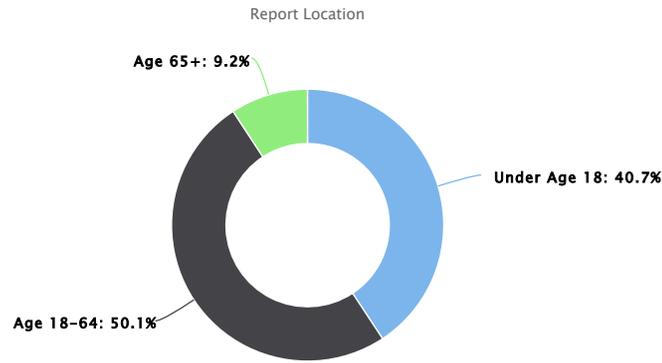


## Population Receiving Medicaid by Age Group, Total

Report Area	Under Age 18	Age 18-64	Age 65+
Report Location	70,020	86,093	15,849
St. Francis Medical Center - Trenton	28,914	29,514	5,788
St. Joseph's Health - Syracuse	41,106	56,579	10,061
Burlington County, NJ	22,459	28,937	5,977
Mercer County, NJ	30,392	31,171	7,152
Monmouth County, NJ	27,041	33,139	9,035
Cayuga County, NY	6,265	9,514	1,771
Cortland County, NY	3,763	5,484	1,039
Madison County, NY	5,051	7,929	1,280
Onondaga County, NY	41,161	57,066	10,041
New Jersey	681,482	715,024	180,887
New York	1,849,653	2,738,092	627,518
United States	29,827,097	28,929,908	6,995,817

Data Source: US Census Bureau, American Community Survey, 2017-21.

Population Receiving Medicaid by Age Group, Total



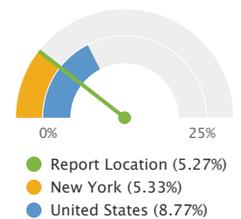
## Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

In the report area 5.27% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 7.55%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Report Location	760,854	40,129	5.27%
St. Francis Medical Center - Trenton	301,086	24,553	8.15%
St. Joseph's Health - Syracuse	459,768	15,576	3.39%
Burlington County, NJ	444,378	18,674	4.20%
Mercer County, NJ	379,775	26,293	6.92%
Monmouth County, NJ	638,260	33,082	5.18%
Cayuga County, NY	72,904	3,052	4.19%
Cortland County, NY	46,499	1,629	3.50%
Madison County, NY	67,912	2,584	3.80%
Onondaga County, NY	469,638	15,846	3.37%
New Jersey	9,129,337	689,666	7.55%
New York	19,878,007	1,059,370	5.33%
United States	324,818,565	28,489,142	8.77%

Uninsured Population, Percent



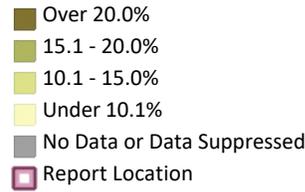
Note: This indicator is compared to the lowest state average.

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

### Uninsured Population, Percent by County, ACS 2017-21



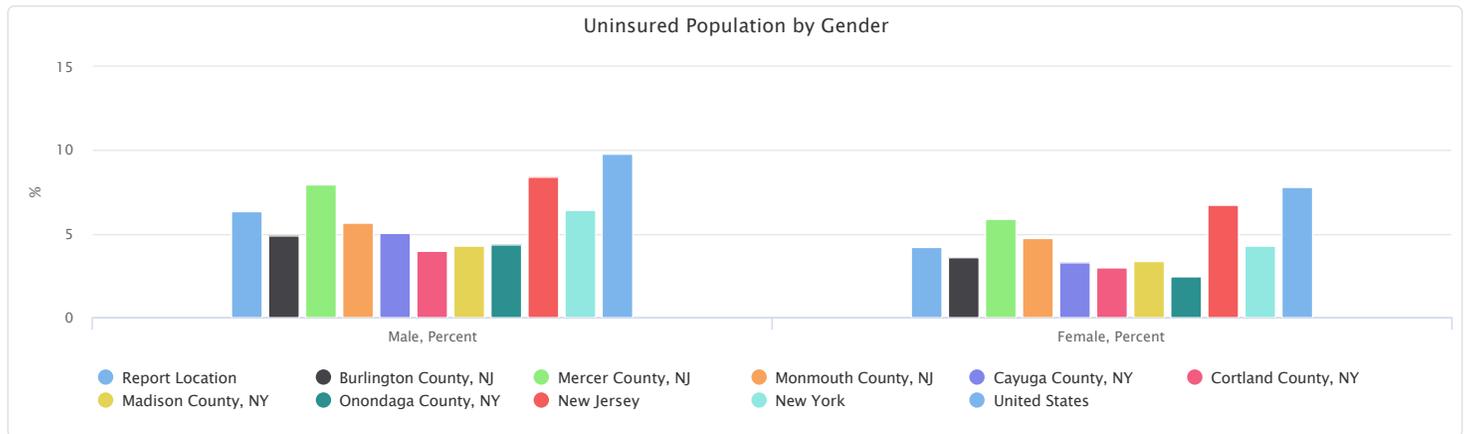
## Uninsured Population by Gender

This indicator reports the uninsured population by gender.

The percentage values could be interpreted as, for example, "Of all the male population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	23,633	16,496	6.39%	4.22%
St. Francis Medical Center - Trenton	13,813	10,740	9.40%	6.96%
St. Joseph's Health - Syracuse	9,820	5,756	4.40%	2.43%
Burlington County, NJ	10,432	8,242	4.86%	3.59%
Mercer County, NJ	14,846	11,447	7.99%	5.90%
Monmouth County, NJ	17,650	15,432	5.65%	4.74%
Cayuga County, NY	1,835	1,217	5.06%	3.32%
Cortland County, NY	915	714	4.00%	3.02%
Madison County, NY	1,442	1,142	4.29%	3.33%
Onondaga County, NY	9,992	5,854	4.39%	2.42%
New Jersey	377,221	312,445	8.44%	6.70%
New York	620,458	438,912	6.42%	4.30%
United States	15,608,815	12,880,327	9.78%	7.80%

Data Source: US Census Bureau, American Community Survey, 2017-21.



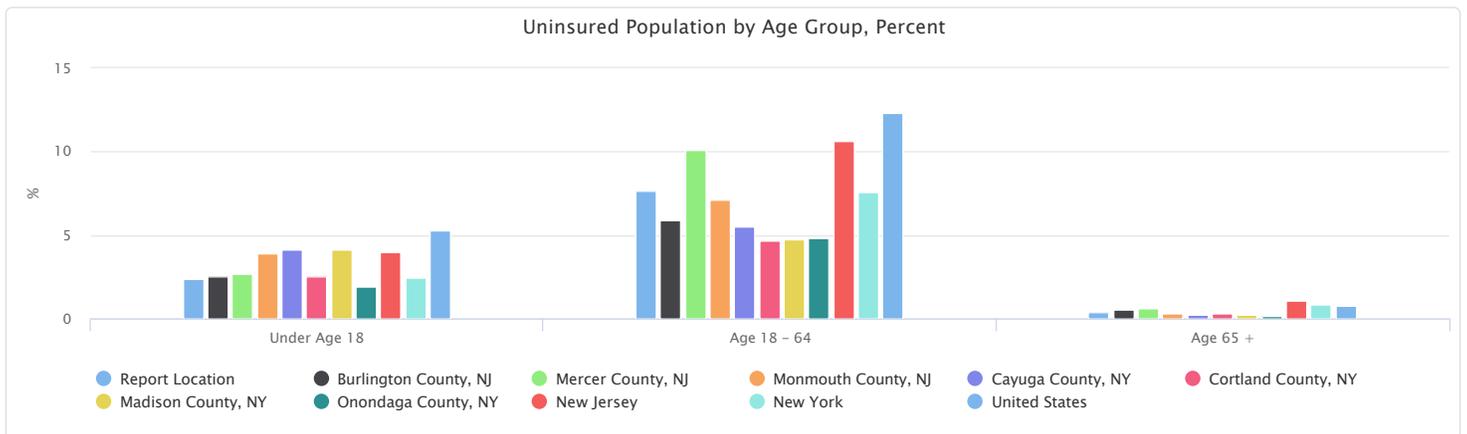
## Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

The percentage values could be interpreted as, for example, "Of all the population under age 18 within the report area, the proportion without health insurance coverage is (value)."

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Report Location	2.41%	7.68%	0.41%
St. Francis Medical Center - Trenton	3.12%	11.83%	0.77%
St. Joseph's Health - Syracuse	1.94%	4.86%	0.20%
Burlington County, NJ	2.55%	5.88%	0.50%
Mercer County, NJ	2.65%	10.13%	0.58%
Monmouth County, NJ	3.91%	7.08%	0.33%
Cayuga County, NY	4.16%	5.50%	0.22%
Cortland County, NY	2.53%	4.67%	0.30%
Madison County, NY	4.12%	4.78%	0.26%
Onondaga County, NY	1.93%	4.83%	0.19%
New Jersey	3.96%	10.67%	1.06%
New York	2.47%	7.57%	0.86%
United States	5.30%	12.29%	0.80%

Data Source: US Census Bureau, American Community Survey, 2017-21.



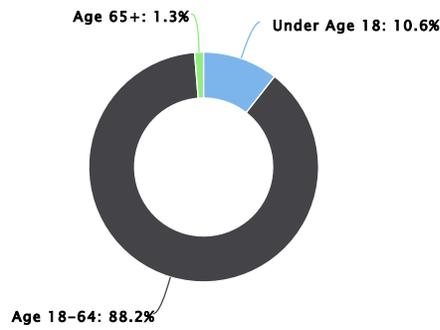
## Uninsured Population by Age Group, Total

This indicator reports the total uninsured population by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Report Location	4,243	35,383	503
St. Francis Medical Center - Trenton	2,190	22,021	342
St. Joseph's Health - Syracuse	2,053	13,362	161
Burlington County, NJ	2,570	15,726	378
Mercer County, NJ	2,380	23,584	329
Monmouth County, NJ	5,637	27,082	363
Cayuga County, NY	661	2,360	31
Cortland County, NY	262	1,345	22
Madison County, NY	609	1,943	32
Onondaga County, NY	2,105	13,587	154
New Jersey	85,134	589,038	15,494
New York	110,456	920,914	28,000
United States	4,168,731	23,905,904	414,507

Uninsured Population by Age Group, Total

Report Location



### Uninsured Population by Ethnicity Alone

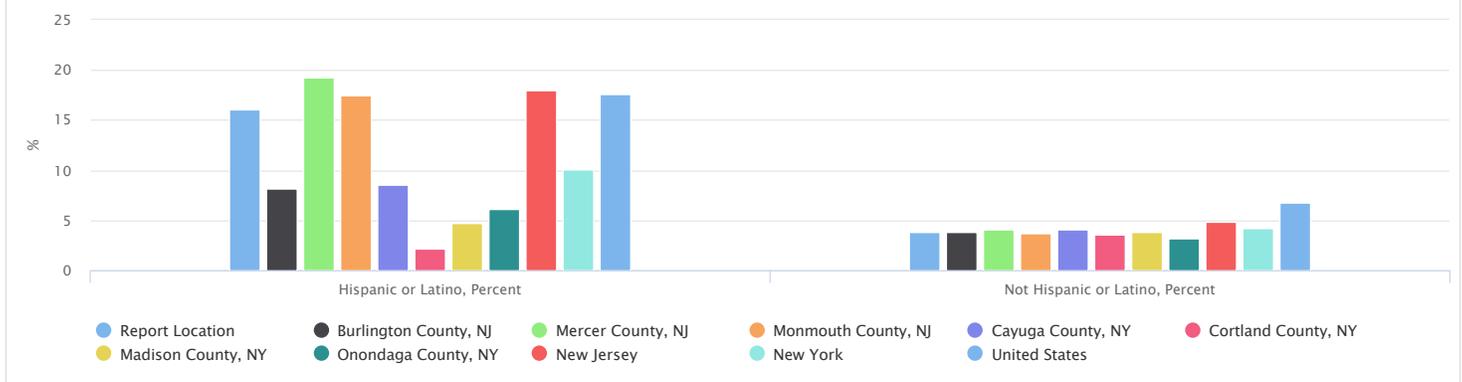
This indicator reports the uninsured population by ethnicity alone.

The percentage values could be interpreted as, for example, "Of all the Hispanic population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	14,437	25,692	16.09%	3.83%
St. Francis Medical Center - Trenton	12,945	11,608	19.58%	4.94%
St. Joseph's Health - Syracuse	1,492	14,084	6.31%	3.23%
Burlington County, NJ	3,026	15,648	8.19%	3.84%
Mercer County, NJ	13,595	12,698	19.28%	4.11%
Monmouth County, NJ	12,294	20,788	17.44%	3.66%
Cayuga County, NY	168	2,884	8.54%	4.07%
Cortland County, NY	29	1,600	2.18%	3.54%
Madison County, NY	74	2,510	4.78%	3.78%
Onondaga County, NY	1,492	14,354	6.11%	3.22%
New Jersey	342,149	347,517	17.93%	4.81%
New York	386,840	672,530	10.09%	4.19%
United States	10,601,031	17,888,111	17.65%	6.76%

Data Source: US Census Bureau, American Community Survey, 2017-21.

Uninsured Population by Ethnicity Alone



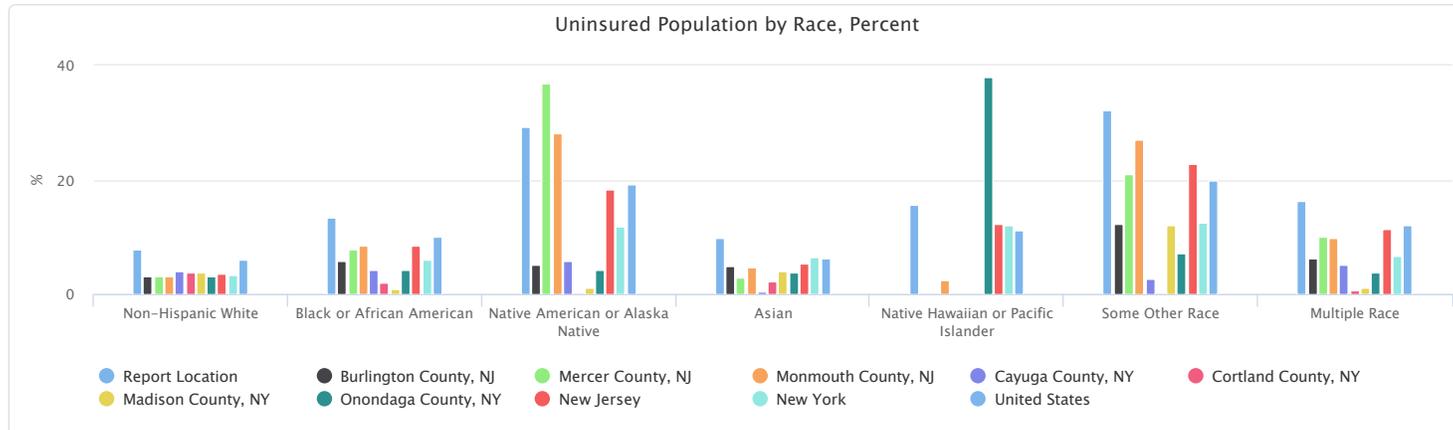
## Uninsured Population by Race, Percent

This indicator reports the percentage of uninsured population by race alone.

The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the proportion without health insurance coverage is (value)."

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	7.82%	13.32%	29.30%	9.93%	15.67%	32.07%	16.27%
St. Francis Medical Center - Trenton	3.86%	7.80%	63.04%	4.40%	0.00%	21.07%	12.04%
St. Joseph's Health - Syracuse	8.08%	13.62%	28.53%	10.64%	16.08%	33.59%	16.59%
Burlington County, NJ	3.06%	5.91%	5.20%	4.96%	0.00%	12.20%	6.30%
Mercer County, NJ	3.10%	7.78%	36.84%	3.00%	0.00%	20.95%	10.16%
Monmouth County, NJ	3.11%	8.49%	28.07%	4.71%	2.42%	27.13%	9.79%
Cayuga County, NY	4.11%	4.29%	5.77%	0.37%	0.00%	2.71%	5.22%
Cortland County, NY	3.69%	1.99%	0.00%	2.19%	No data	0.00%	0.67%
Madison County, NY	3.89%	1.00%	1.01%	4.05%	No data	11.99%	1.01%
Onondaga County, NY	3.06%	4.23%	4.33%	3.74%	38.02%	7.25%	3.78%
New Jersey	3.68%	8.54%	18.41%	5.40%	12.26%	22.86%	11.29%
New York	3.27%	5.99%	11.89%	6.50%	12.13%	12.48%	6.74%
United States	5.97%	9.95%	19.32%	6.28%	11.15%	19.86%	11.99%

Data Source: US Census Bureau, American Community Survey, 2017-21.

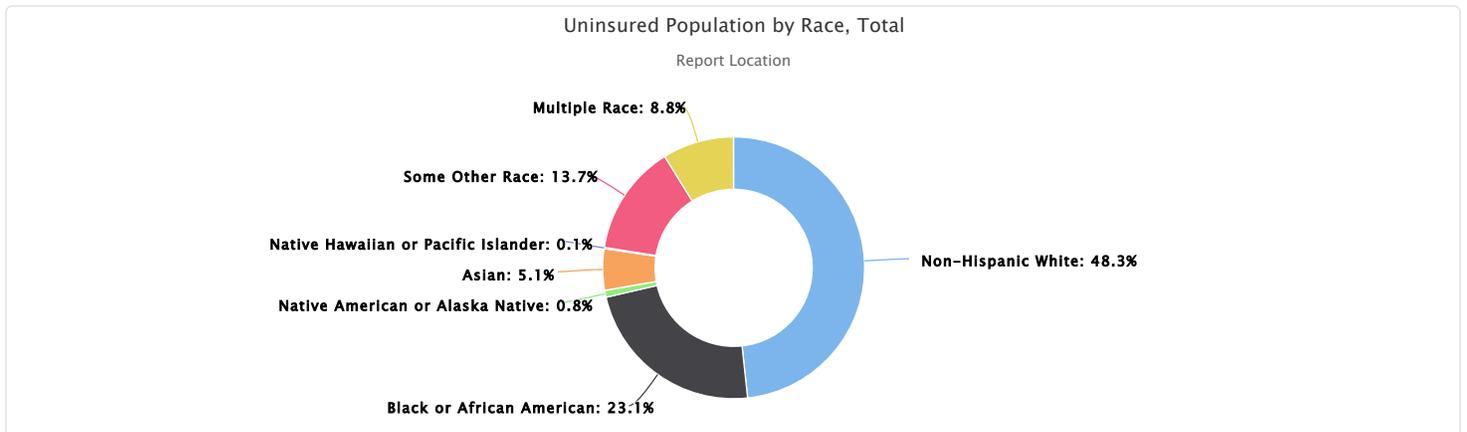


## Uninsured Population by Race, Total

This indicator reports the total uninsured population by race alone.

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	15,989	7,649	276	1,699	46	4,532	2,917
St. Francis Medical Center - Trenton	5,304	5,511	191	1,012	0	4,070	1,966
St. Joseph's Health - Syracuse	10,685	2,138	85	687	46	462	951
Burlington County, NJ	9,032	4,225	33	1,184	0	1,424	1,648
Mercer County, NJ	5,668	5,815	308	1,359	0	4,067	2,120
Monmouth County, NJ	14,777	3,529	297	1,627	11	5,078	3,048
Cayuga County, NY	2,736	52	6	2	0	17	157
Cortland County, NY	1,572	17	0	11	0	0	8
Madison County, NY	2,427	10	3	29	0	64	23
Onondaga County, NY	10,943	2,149	85	690	46	462	949
New Jersey	180,909	101,459	4,497	48,558	394	153,336	69,256
New York	355,571	178,898	9,806	112,773	1,064	223,489	80,314
United States	11,551,841	3,994,355	513,337	1,173,774	67,107	3,608,346	2,728,966

Data Source: US Census Bureau, American Community Survey, 2017-21.



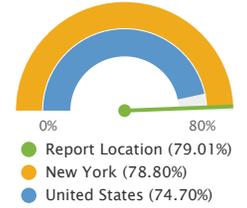
## Recent Primary Care Visit

This indicator reports the percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

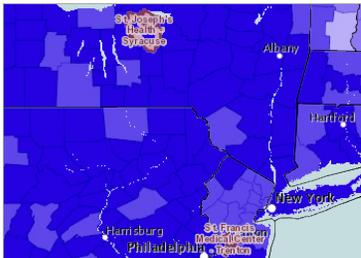
Within the report area, of the total population age 18+ there are 79.01% adults age 18+ who had a routine checkup in the past year.

Report Area	Total Population (2020)	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)
Report Location	465,811	79.01%	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	79.01%	No data
Burlington County, NJ	446,596	79.30%	77.50%
Mercer County, NJ	367,239	76.30%	75.00%
Monmouth County, NJ	618,381	75.50%	72.70%
Cayuga County, NY	76,029	79.10%	76.70%
Cortland County, NY	47,173	76.90%	75.80%
Madison County, NY	70,478	79.50%	77.20%
Onondaga County, NY	459,214	79.70%	78.10%
New Jersey	8,882,371	76.16%	74.46%
New York	19,336,776	78.80%	77.49%
United States	331,449,281	74.70%	73.00%

Percentage of Adults Age 18+ with Routine Checkup in Past 1 Year



Note: This indicator is compared to the highest state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract



[View larger map](#)

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by County, CDC BRFSS PLACES Project 2020

- Over 75%
- 70.1 - 75.0%
- 65.1 - 70.0%
- Under 65%
- No Data or Data Suppressed
- Report Location

<https://trinityhealthdatahub.org>, 2/17/2023



# **APPENDIX 4**

# Trinity Health System - Full Assessment Report

## Location

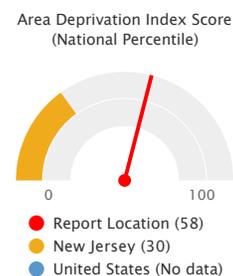
- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

## Economic Stability

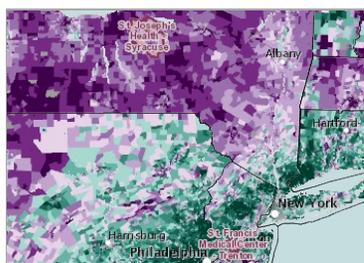
### Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Report Location	748,741	80	<b>58</b>
St. Francis Medical Center - Trenton	308,826	7	48
St. Joseph's Health - Syracuse	475,240	7	61
Burlington County, NJ	461,860	64	37
Mercer County, NJ	387,340	60	40
Monmouth County, NJ	643,615	38	20
Cayuga County, NY	76,248	83	66
Cortland County, NY	46,809	80	63
Madison County, NY	68,016	78	61
Onondaga County, NY	476,516	79	61
New Jersey	9,288,994	No data	30
New York	20,201,249	No data	30
United States	334,735,155	No data	No data



Note: This indicator is compared to the lowest state average.  
 Data Source: University of Wisconsin-Madison School of Medicine and Public Health, *Neighborhood Atlas*, 2020. Source geography: Block Group



[View larger map](#)

### Area Deprivation Index (2020), State Decile by Block Group, Neighborhood Atlas 2022



## Employment - Jobs and Earnings by Sector

The number of jobs and total wage and salary earnings from employment in the report area are broken down by economic sector in this indicator output. These figures include both private and government employment. The sectors listed represent

private employment except for the last table which includes all the earnings from jobs with local, state and federal government. A negative number means that overall business in that sector lost money for the year in the report area.

Notes:  
 (D) - Not shown to avoid disclosure of confidential information, but the estimates for this item are included in the totals  
 (L) - Less than \$50,000, but the estimates for this item are included in the totals  
 (no data) - Data not available for this year.

Farm; Nonfarm; Private Nonfarm

Report Area	Farm Jobs	Farm Earnings (\$1,000)	Farm Average	Nonfarm Jobs	Nonfarm Earnings (\$1,000)	Nonfarm Average	Private Nonfarm Jobs	Private Nonfarm Earnings (\$1,000)	Private Nonfarm Average
Burlington County, NJ	1,256	\$40,201	\$32,007	264,055	\$19,548,850	\$74,033	229,489	\$16,255,293	\$70,833
Mercer County, NJ	414	\$9,800	\$23,671	280,099	\$25,228,411	\$90,070	240,199	\$21,110,267	\$87,887
Monmouth County, NJ	1,302	\$41,198	\$31,642	370,695	\$25,396,166	\$68,510	335,491	\$22,104,822	\$65,888
Cayuga County, NY	1,403	\$108,523	\$77,351	30,243	\$1,762,036	\$58,263	24,652	\$1,248,441	\$50,643
Cortland County, NY	647	\$31,862	\$49,246	20,989	\$1,173,088	\$55,891	16,745	\$810,026	\$48,374
Madison County, NY	1,190	\$49,944	\$41,970	27,260	\$1,444,655	\$52,995	23,031	\$1,095,784	\$47,579
Onondaga County, NY	1,111	\$75,497	\$67,954	287,743	\$20,166,671	\$70,086	246,827	\$16,094,320	\$65,205
New Jersey	15,676	\$580,312	\$37,019	5,150,530	\$412,984,370	\$80,183	4,562,093	\$355,574,173	\$77,941
New York	51,330	\$2,245,342	\$43,743	11,530,600	\$1,027,037,999	\$89,071	10,066,927	\$862,063,053	\$85,633
United States	2,591,000	\$108,380,000	\$41,829	188,185,800	\$13,094,095,000	\$69,581	164,056,800	\$11,004,267,000	\$67,076

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020. Source geography: County

Forestry, Fishing, and Related Activities; Mining; Utilities

Report Area	Forestry, Fishing, and Related Activities Jobs	Forestry, Fishing, and Related Activities Earnings (\$1,000)	Forestry, Fishing, and Related Activities Average	Mining Jobs	Mining Earnings (\$1,000)	Mining Average	Utilities Jobs	Utilities Earnings (\$1,000)	Utilities Average
Burlington County, NJ	No data	No data	No data	No data	No data	No data	696	\$119,158	\$171,204
Mercer County, NJ	No data	No data	No data	No data	No data	No data	753	\$134,616	\$178,773
Monmouth County, NJ	No data	No data	No data	No data	No data	No data	1,743	\$286,252	\$164,229
Cayuga County, NY	No data	No data	No data	No data	No data	No data	No data	No data	No data
Cortland County, NY	89	\$1,562	\$17,551	35	\$2,554	\$72,971	No data	No data	No data
Madison County, NY	No data	No data	No data	No data	No data	No data	23	\$4,017	\$174,652
Onondaga County, NY	255	\$3,999	\$15,682	211	\$10,071	\$47,730	2,417	\$871,861	\$360,720
New Jersey	6,457	\$328,472	\$50,871	2,667	\$1,793,351	\$672,423	15,281	\$3,168,280	\$207,335
New York	14,093	\$400,403	\$28,411	9,647	\$1,178,932	\$122,207	39,323	\$10,581,789	\$269,099
United States	924,500	\$38,646,000	\$41,802	942,100	\$142,324,000	\$151,071	586,100	\$117,184,000	\$199,939

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Construction; Manufacturing

Report Area	Construction Jobs	Construction Earnings (\$1,000)	Construction Average	Manufacturing Jobs	Manufacturing Earnings (\$1,000)	Manufacturing Average
Burlington County, NJ	11,746	\$1,061,871	\$90,403	16,772	\$1,725,939	\$102,906
Mercer County, NJ	9,016	\$702,165	\$77,880	10,784	\$1,788,436	\$165,842
Monmouth County, NJ	23,111	\$2,341,482	\$101,315	10,078	\$846,653	\$84,010
Cayuga County, NY	1,764	\$121,806	\$69,051	3,513	\$267,532	\$76,155
Cortland County, NY	954	\$64,870	\$67,998	2,228	\$167,665	\$75,254
Madison County, NY	1,598	\$99,038	\$61,976	2,755	\$195,620	\$71,005
Onondaga County, NY	13,184	\$992,661	\$75,293	19,591	\$1,843,676	\$94,108
New Jersey	244,792	\$22,695,900	\$92,715	252,323	\$31,425,231	\$124,544
New York	517,027	\$45,357,854	\$87,728	432,464	\$39,019,301	\$90,226
United States	10,850,300	\$824,752,000	\$76,012	12,807,500	\$1,174,479,000	\$91,702

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Wholesale Trade; Retail Trade; Transportation and Warehousing

Report Area	Wholesale Trade Jobs	Wholesale Trade Earnings (\$1,000)	Wholesale Trade Average	Retail Trade Jobs	Retail Trade Earnings (\$1,000)	Retail Trade Average	Transportation and Warehousing Jobs	Transportation and Warehousing Earnings (\$1,000)	Transportation and Warehousing Average
Burlington County, NJ	12,429	\$1,175,549	\$94,581	26,939	\$1,419,883	\$52,707	16,706	\$861,586	\$51,573
Mercer County, NJ	7,373	\$898,498	\$121,863	19,980	\$811,864	\$40,634	15,815	\$721,651	\$45,631
Monmouth County, NJ	10,019	\$1,037,996	\$103,603	40,929	\$1,950,721	\$47,661	10,202	\$442,097	\$43,334
Cayuga County, NY	921	\$81,926	\$88,953	3,812	\$136,414	\$35,785	No data	No data	No data
Cortland County, NY	331	\$23,666	\$71,498	2,514	\$87,575	\$34,835	No data	No data	No data
Madison County, NY	548	\$44,490	\$81,186	3,461	\$131,042	\$37,862	401	\$15,969	\$39,823
Onondaga County, NY	11,702	\$1,037,163	\$88,631	28,017	\$1,101,020	\$39,298	13,092	\$646,821	\$49,406
New Jersey	222,505	\$25,573,242	\$114,933	486,720	\$24,217,420	\$49,756	315,391	\$17,840,421	\$56,566
New York	330,387	\$36,636,888	\$110,891	947,844	\$45,585,280	\$48,094	486,881	\$24,477,936	\$50,275
United States	6,189,300	\$609,682,000	\$98,506	17,949,200	\$751,875,000	\$41,889	9,065,900	\$519,308,000	\$57,281

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Information; Finance and Insurance; Real Estate and Rental and Leasing

Report Area	Information Jobs	Information Earnings (\$1,000)	Information Average	Finance and Insurance Jobs	Finance and Insurance Earnings (\$1,000)	Finance and Insurance Average	Real Estate and Rental and Leasing Jobs	Real Estate and Rental and Leasing Earnings (\$1,000)	Real Estate and Rental and Leasing Average
Burlington County, NJ	3,629	\$433,351	\$119,413	21,482	\$2,061,601	\$95,969	13,605	\$391,043	\$28,743
Mercer County, NJ	4,865	\$698,264	\$143,528	23,883	\$2,896,934	\$121,297	10,408	\$429,203	\$41,238
Monmouth County, NJ	7,869	\$1,095,459	\$139,212	27,650	\$1,619,447	\$58,570	28,053	\$806,479	\$28,748
Cayuga County, NY	214	\$11,917	\$55,687	878	\$31,523	\$35,903	918	\$15,980	\$17,407
Cortland County, NY	130	\$7,039	\$54,146	688	\$36,553	\$53,129	659	\$11,314	\$17,168
Madison County, NY	171	\$5,114	\$29,906	1,082	\$31,512	\$29,124	894	\$11,563	\$12,934
Onondaga County, NY	3,910	\$324,748	\$83,056	16,541	\$1,171,386	\$70,817	11,234	\$376,395	\$33,505
New Jersey	84,848	\$12,610,389	\$148,623	340,740	\$34,276,455	\$100,594	318,053	\$11,970,627	\$37,637
New York	306,836	\$66,873,230	\$217,945	910,239	\$162,845,713	\$178,904	663,387	\$18,041,931	\$27,197
United States	3,244,600	\$497,883,000	\$153,450	10,524,000	\$965,720,000	\$91,764	8,922,600	\$348,283,000	\$39,034

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Professional, Scientific, and Technical Services; Management of Companies and Enterprises

Report Area	Professional, Scientific, and Technical Services <i>Jobs</i>	Professional, Scientific, and Technical Services <i>Earnings</i> (\$1,000)	Professional, Scientific, and Technical Services <i>Average</i>	Management of Companies and Enterprises <i>Jobs</i>	Management of Companies and Enterprises <i>Earnings</i> (\$1,000)	Management of Companies and Enterprises <i>Average</i>
Burlington County, NJ	19,973	\$1,813,862	\$90,816	3,039	\$406,639	\$133,807
Mercer County, NJ	32,644	\$4,294,966	\$131,570	5,362	\$1,103,814	\$205,859
Monmouth County, NJ	33,721	\$3,244,877	\$96,227	4,951	\$521,856	\$105,404
Cayuga County, NY	1,256	\$73,174	\$58,260	205	\$15,569	\$75,946
Cortland County, NY	1,009	\$54,742	\$54,254	92	\$7,248	\$78,783
Madison County, NY	1,372	\$70,771	\$51,582	63	\$4,017	\$63,762
Onondaga County, NY	20,609	\$1,878,367	\$91,143	4,815	\$531,076	\$110,296
New Jersey	457,800	\$52,751,384	\$115,228	94,356	\$17,743,447	\$188,048
New York	988,444	\$130,337,815	\$131,862	157,258	\$24,350,735	\$154,846
United States	14,326,300	\$1,444,313,000	\$100,815	2,664,000	\$359,777,000	\$135,051

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Administrative and Waste Management Services; Educational Services

Report Area	Administrative and Waste Management Services <i>Jobs</i>	Administrative and Waste Management Services <i>Earnings</i> (\$1,000)	Administrative and Waste Management Services <i>Average</i>	Educational Services <i>Jobs</i>	Educational Services <i>Earnings</i> (\$1,000)	Educational Services <i>Average</i>
Burlington County, NJ	16,179	\$1,059,151	\$65,465	4,133	\$140,581	\$34,014
Mercer County, NJ	20,744	\$1,093,452	\$52,712	22,123	\$1,939,365	\$87,663
Monmouth County, NJ	18,308	\$1,191,038	\$65,056	9,408	\$420,823	\$44,730
Cayuga County, NY	857	\$23,782	\$27,750	456	\$13,898	\$30,478
Cortland County, NY	850	\$37,456	\$44,066	193	\$2,725	\$14,119
Madison County, NY	811	\$29,336	\$36,173	No data	No data	No data
Onondaga County, NY	15,205	\$729,291	\$47,964	13,623	\$728,220	\$53,455
New Jersey	327,807	\$20,472,977	\$62,454	130,472	\$6,548,179	\$50,188
New York	576,382	\$39,150,905	\$67,925	458,259	\$30,184,095	\$65,867
United States	11,736,900	\$562,830,000	\$47,954	4,605,700	\$225,118,000	\$48,878

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Health Care and Social Assistance; Arts, Entertainment, and Recreation

Report Area	Health Care and Social Assistance <i>Jobs</i>	Health Care and Social Assistance <i>Earnings</i> (\$1,000)	Health Care and Social Assistance <i>Average</i>	Arts, Entertainment, and Recreation <i>Jobs</i>	Arts, Entertainment, and Recreation <i>Earnings</i> (\$1,000)	Arts, Entertainment, and Recreation <i>Average</i>
Burlington County, NJ	33,240	\$2,627,365	\$79,042	4,497	\$91,460	\$20,338
Mercer County, NJ	29,179	\$2,264,010	\$77,590	3,986	\$88,785	\$22,274
Monmouth County, NJ	53,817	\$4,310,747	\$80,100	10,216	\$283,139	\$27,715
Cayuga County, NY	4,276	\$241,225	\$56,414	470	\$10,195	\$21,691
Cortland County, NY	2,733	\$157,758	\$57,723	484	\$9,437	\$19,498
Madison County, NY	No data	No data	No data	600	\$6,880	\$11,467
Onondaga County, NY	39,112	\$2,712,934	\$69,363	4,822	\$86,728	\$17,986
New Jersey	634,851	\$47,601,518	\$74,981	93,520	\$3,247,207	\$34,722
New York	1,755,902	\$120,960,509	\$68,888	270,878	\$13,106,288	\$48,384
United States	22,455,500	\$1,484,555,000	\$66,111	3,582,400	\$120,920,000	\$33,754

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Accommodation and Food Services; Other Services, Except Public Administration

Report Area	Accommodation and Food Services Jobs	Accommodation and Food Services Earnings (\$1,000)	Accommodation and Food Services Average	Other Services, Except Public Administration Jobs	Other Services, Except Public Administration Earnings (\$1,000)	Other Services, Except Public Administration Average
Burlington County, NJ	12,526	\$337,918	\$26,977	11,454	\$514,734	\$44,939
Mercer County, NJ	10,601	\$301,857	\$28,474	12,528	\$615,367	\$49,119
Monmouth County, NJ	24,276	\$732,401	\$30,170	20,386	\$956,164	\$46,903
Cayuga County, NY	1,822	\$45,824	\$25,150	1,873	\$68,843	\$36,755
Cortland County, NY	1,857	\$53,292	\$28,698	1,546	\$68,611	\$44,380
Madison County, NY	1,764	\$44,732	\$25,358	1,369	\$61,909	\$45,222
Onondaga County, NY	15,461	\$455,823	\$29,482	13,026	\$592,080	\$45,454
New Jersey	269,020	\$8,890,579	\$33,048	264,490	\$12,419,094	\$46,955
New York	585,675	\$22,247,357	\$37,986	616,001	\$30,726,092	\$49,880
United States	12,169,000	\$366,310,000	\$30,102	10,510,900	\$450,308,000	\$42,842

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

## Government and Government Enterprises

Report Area	Government and Government Enterprises Jobs	Government and Government Enterprises Earnings (\$1,000)	Government and Government Enterprises Average
Burlington County, NJ	34,566	\$3,293,557	\$95,283
Mercer County, NJ	39,900	\$4,118,144	\$103,212
Monmouth County, NJ	35,204	\$3,291,344	\$93,493
Cayuga County, NY	5,591	\$513,595	\$91,861
Cortland County, NY	4,244	\$363,062	\$85,547
Madison County, NY	4,229	\$348,871	\$82,495
Onondaga County, NY	40,916	\$4,072,351	\$99,530
New Jersey	588,437	\$57,410,197	\$97,564
New York	1,463,673	\$164,974,946	\$112,713
United States	24,129,000	\$2,089,828,000	\$86,611

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2020.

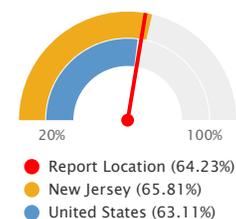
## Employment - Labor Force Participation Rate

The table below displays the labor force participation rate for the report area. According to the 2016 – 2021 American

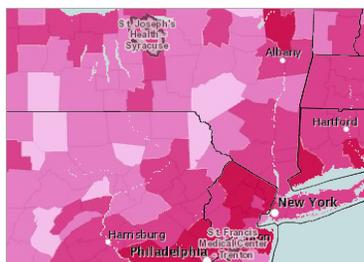
Community Survey, of the 3,592,284 working age population, 2,307,184 are included in the labor force. The labor force participation rate is 64.23%.

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Report Location	3,592,284	2,307,184	<b>64.23%</b>
St. Francis Medical Center - Trenton	249,135	158,823	63.75%
St. Joseph's Health - Syracuse	3,343,149	2,148,361	64.26%
Burlington County, NJ	376,021	243,658	64.80%
Mercer County, NJ	312,266	198,889	63.69%
Monmouth County, NJ	524,449	349,017	66.55%
Cayuga County, NY	63,381	36,439	57.49%
Cortland County, NY	39,188	24,830	63.36%
Madison County, NY	56,956	32,756	57.51%
Onondaga County, NY	384,967	238,806	62.03%
New Jersey	7,436,293	4,893,875	65.81%
New York	16,383,427	10,306,430	62.91%
United States	264,087,642	166,672,597	63.11%

Labor Force Participation Rate



Note: This indicator is compared to the highest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: County



[View larger map](#)

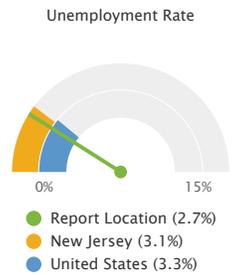
Labor Force, Participation Rate by County, ACS 2017-21

- Over 66.0%
- 60.1% - 66.0%
- 54.1% - 60.0%
- Under 54.1%
- No Data or Data Suppressed
- Report Location

## Employment - Unemployment Rate

Total unemployment in the report area for the current month equals 10,490, or 2.7% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Location	392,373	381,883	10,490	2.7%
St. Francis Medical Center - Trenton	170,733	166,392	4,340	2.5%
St. Joseph's Health - Syracuse	221,639	215,490	6,149	2.8%
Burlington County, NJ	250,105	243,486	6,619	2.6%
Mercer County, NJ	214,497	209,061	5,436	2.5%
Monmouth County, NJ	346,681	337,682	8,999	2.6%
Cayuga County, NY	34,639	33,610	1,029	3.0%
Cortland County, NY	22,452	21,627	825	3.7%
Madison County, NY	32,641	31,629	1,012	3.1%
Onondaga County, NY	222,211	216,054	6,157	2.8%
New Jersey	4,731,550	4,584,473	147,077	3.1%
New York	9,436,995	9,074,018	362,977	3.8%
United States	165,456,929	160,031,490	5,425,440	3.3%

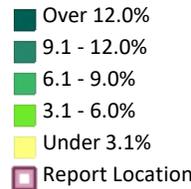


Note: This indicator is compared to the lowest state average.  
 Data Source: US Department of Labor, Bureau of Labor Statistics, 2022 - December. Source geography: County



[View larger map](#)

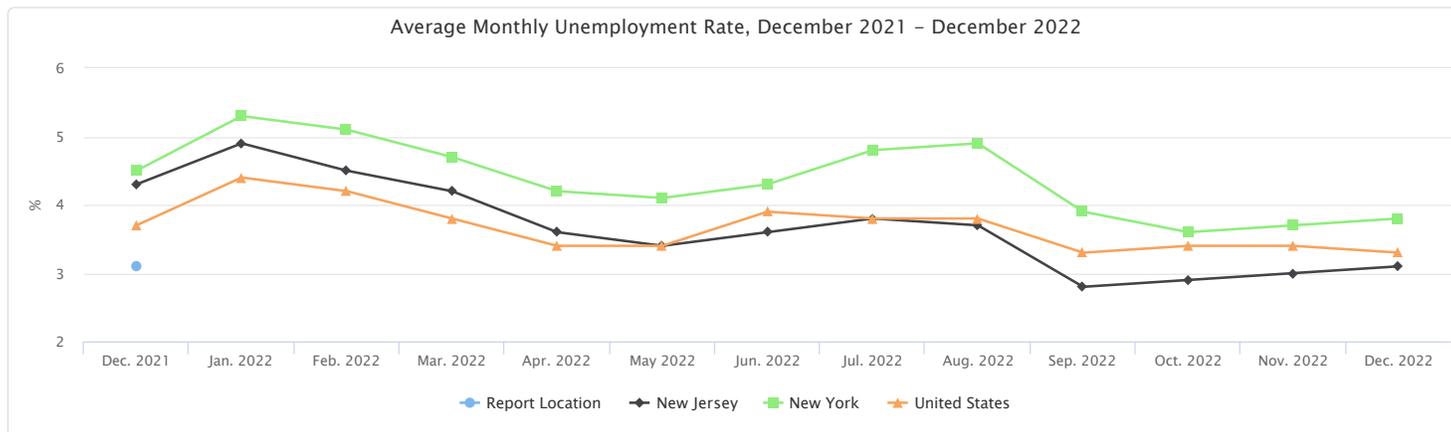
Unemployment, Rate by County, BLS 2022 - December



### Average Monthly Unemployment Rate, December 2021 - December 2022

Report Area	Dec. 2021	Jan. 2022	Feb. 2022	Mar. 2022	Apr. 2022	May 2022	Jun. 2022	Jul. 2022	Aug. 2022	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022
Report Location	3.1%	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
St. Francis Medical Center - Trenton	3.4%	3.9%	3.5%	3.3%	2.9%	2.8%	3.1%	3.2%	3.2%	2.3%	2.5%	2.5%	2.5%
St. Joseph's Health - Syracuse	2.9%	3.8%	4.0%	3.7%	3.1%	3.1%	3.3%	3.6%	3.6%	3.0%	2.4%	2.7%	2.8%
Burlington County, NJ	3.5%	4.0%	3.7%	3.4%	2.9%	2.8%	3.1%	3.2%	3.3%	2.4%	2.5%	2.6%	2.6%
Mercer County, NJ	3.4%	3.8%	3.5%	3.3%	2.9%	2.8%	3.1%	3.2%	3.1%	2.3%	2.5%	2.5%	2.5%
Monmouth County, NJ	3.6%	4.3%	3.9%	3.7%	3.1%	2.9%	3.1%	3.2%	3.2%	2.3%	2.5%	2.6%	2.6%
Cayuga County, NY	3.0%	4.0%	4.3%	4.1%	3.2%	3.0%	3.2%	3.6%	3.7%	2.9%	2.3%	2.7%	3.0%
Cortland County, NY	3.4%	4.7%	4.7%	4.4%	3.5%	3.1%	3.6%	4.0%	3.9%	3.0%	2.5%	3.2%	3.7%
Madison County, NY	2.9%	4.0%	4.2%	3.9%	3.0%	2.8%	3.1%	3.4%	3.3%	2.8%	2.3%	2.6%	3.1%
Onondaga County, NY	2.9%	3.8%	4.0%	3.7%	3.1%	3.1%	3.3%	3.6%	3.6%	3.0%	2.4%	2.7%	2.8%
New Jersey	4.3%	4.9%	4.5%	4.2%	3.6%	3.4%	3.6%	3.8%	3.7%	2.8%	2.9%	3.0%	3.1%
New York	4.5%	5.3%	5.1%	4.7%	4.2%	4.1%	4.3%	4.8%	4.9%	3.9%	3.6%	3.7%	3.8%
United States	3.7%	4.4%	4.2%	3.8%	3.4%	3.4%	3.9%	3.8%	3.8%	3.3%	3.4%	3.4%	3.3%

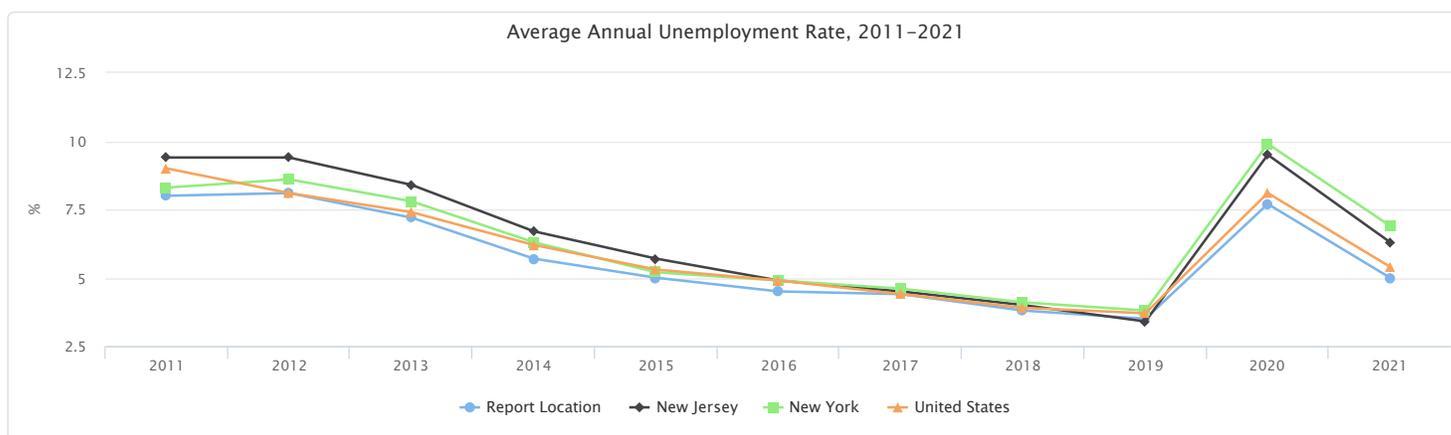
Average Monthly Unemployment Rate, December 2021 – December 2022



### Average Annual Unemployment Rate, 2011-2021

Report Area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Report Location	8.0%	8.1%	7.2%	5.7%	5.0%	4.5%	4.4%	3.8%	3.5%	7.7%	5.0%
St. Francis Medical Center - Trenton	8.3%	8.3%	7.4%	5.9%	4.9%	4.3%	4.0%	3.5%	3.0%	7.3%	5.2%
St. Joseph's Health - Syracuse	7.8%	8.0%	7.0%	5.6%	5.0%	4.6%	4.7%	4.0%	3.8%	8.0%	4.9%
Burlington County, NJ	8.7%	8.7%	7.9%	6.4%	5.3%	4.4%	4.0%	3.6%	3.1%	7.9%	5.3%
Mercer County, NJ	8.3%	8.3%	7.4%	5.8%	4.9%	4.3%	4.0%	3.5%	3.0%	7.2%	5.2%
Monmouth County, NJ	8.6%	8.8%	7.7%	6.1%	5.1%	4.4%	4.0%	3.5%	3.0%	8.6%	5.5%
Cayuga County, NY	8.2%	8.4%	7.6%	6.0%	5.4%	5.1%	5.0%	4.4%	4.1%	7.6%	4.7%
Cortland County, NY	8.5%	8.8%	7.9%	6.6%	5.9%	5.8%	5.8%	5.1%	4.7%	7.7%	5.1%
Madison County, NY	8.2%	8.6%	7.8%	6.5%	5.7%	5.4%	5.5%	4.8%	4.3%	7.5%	4.5%
Onondaga County, NY	7.8%	8.0%	7.0%	5.6%	5.0%	4.6%	4.6%	4.0%	3.8%	8.0%	4.9%
New Jersey	9.4%	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.5%	6.3%
New York	8.3%	8.6%	7.8%	6.3%	5.2%	4.9%	4.6%	4.1%	3.8%	9.9%	6.9%
United States	9.0%	8.1%	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%

Average Annual Unemployment Rate, 2011–2021

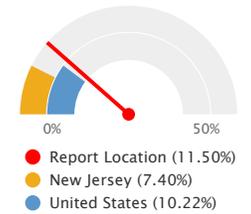


### Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Report Location	765,335.00	88,243.00	<b>11.50%</b>
St. Francis Medical Center - Trenton	293,390.00	24,082.00	8.20%
St. Joseph's Health - Syracuse	462,388.00	53,126.00	11.50%
Burlington County, NJ	448,028	31,810	7.10%
Mercer County, NJ	367,349	30,490	8.30%
Monmouth County, NJ	616,923	48,120	7.80%
Cayuga County, NY	76,930	8,770	11.40%
Cortland County, NY	47,478	5,460	11.50%
Madison County, NY	71,290	6,630	9.30%
Onondaga County, NY	463,391	53,290	11.50%
New Jersey	8,882,703	657,320	7.40%
New York	19,610,208	1,882,580	9.60%
United States	326,616,501	33,365,240	10.22%

Percentage of Total Population with Food Insecurity

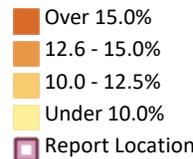


Note: This indicator is compared to the lowest state average.  
Data Source: Feeding America, 2020. Source geography: County



[View larger map](#)

Food Insecure Population, Percent by County, Feeding America 2020



## Food Insecurity - Food Insecure Children

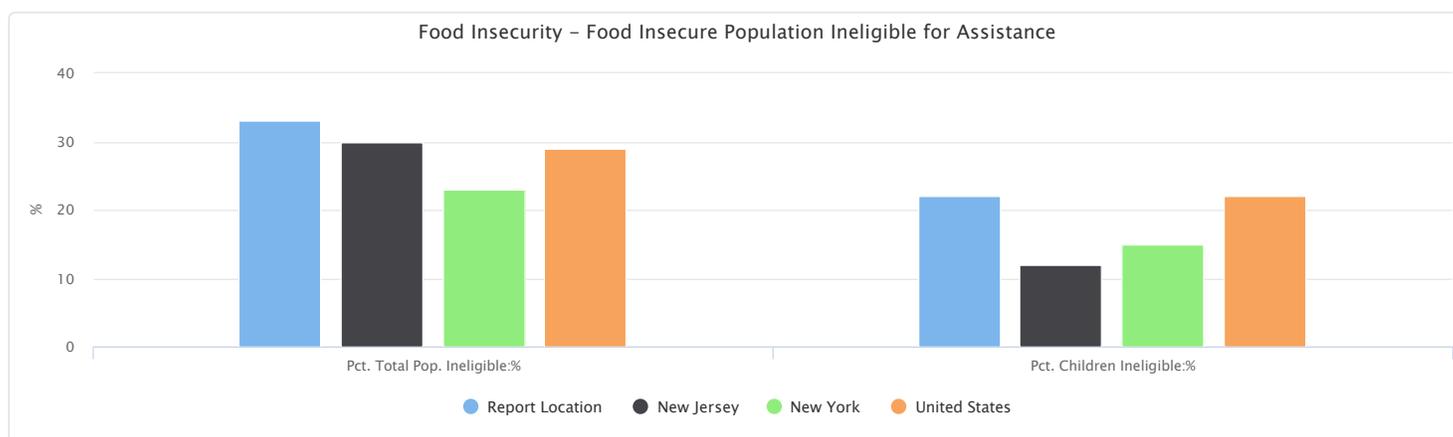
This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Report Location	160,870	24,593	15.30%
St. Francis Medical Center - Trenton	62,817	7,371	11.70%
St. Joseph's Health - Syracuse	98,053	17,222	17.60%
Burlington County, NJ	93,402	9,060	9.70%
Mercer County, NJ	78,824	9,380	11.90%
Monmouth County, NJ	131,000	9,170	7.00%
Cayuga County, NY	15,099	2,280	15.10%
Cortland County, NY	9,007	1,360	15.10%
Madison County, NY	13,621	1,580	11.60%
Onondaga County, NY	98,352	17,310	17.60%
New Jersey	1,953,667	175,830	9.00%
New York	4,082,603	596,060	14.60%
United States	73,342,236	10,590,280	14.44%

## Food Insecurity - Food Insecure Population Ineligible for Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for State or Federal nutrition assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP).

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Report Location	77,209	33.00%	24,593	22.00%
St. Francis Medical Center - Trenton	24,082	34.00%	7,371	17.00%
St. Joseph's Health - Syracuse	53,126	32.00%	17,222	24.00%
Burlington County, NJ	31,810	48.00%	9,060	36.00%
Mercer County, NJ	30,490	33.00%	9,380	16.00%
Monmouth County, NJ	48,120	50.00%	9,170	22.00%
Cayuga County, NY	8,770	27.00%	2,280	11.00%
Cortland County, NY	5,460	25.00%	1,360	14.00%
Madison County, NY	6,630	28.00%	1,580	19.00%
Onondaga County, NY	53,290	32.00%	17,310	24.00%
New Jersey	657,320	30.00%	175,830	12.00%
New York	1,882,580	23.00%	596,060	15.00%
United States	33,365,240	29.00%	10,590,280	22.00%



## Homeless Children and Youth

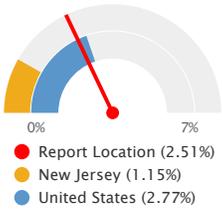
This indicator reports the number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.

In the report area, of all the 109,174 students enrolled in reported districts during the school year 2019-2020, there were 2,737 or 2.51% homeless students, which is higher than the statewide rate of 1.15%.

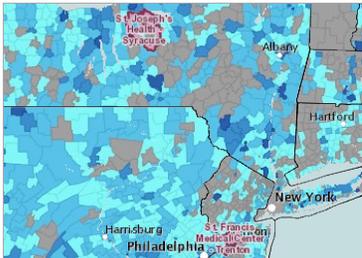
*Note: Data are available for 86.11% school districts in the report area, representing 97.92% of the public school student population.*

Report Area	Students in Reported Districts	Homeless Students	Homeless Students, Percent	Districts Reporting	Students in Reported Districts
Report Location	109,174	2,737	2.51%	86.11%	97.92%
St. Francis Medical Center - Trenton	43,991	501	1.14%	75.00%	99.10%
St. Joseph's Health - Syracuse	65,184	2,236	3.43%	91.67%	97.13%
Burlington County, NJ	52,112	672	1.30%	78.60%	93.60%
Mercer County, NJ	46,859	503	1.10%	100.00%	100.00%
Monmouth County, NJ	64,475	715	1.10%	78.60%	90.10%
Cayuga County, NY	9,116	170	1.90%	91.70%	93.10%
Cortland County, NY	5,980	69	1.20%	63.60%	79.60%
Madison County, NY	8,063	106	1.30%	85.70%	96.40%
Onondaga County, NY	67,179	2,240	3.30%	87.50%	96.80%
New Jersey	1,096,780	12,638	1.15%	81.77%	92.32%
New York	2,514,495	156,381	6.22%	91.99%	97.12%
United States	47,386,316	1,311,089	2.77%	86.95%	97.47%

Rate of Homelessness Among Public School Students (in Reported Districts)



Note: This indicator is compared to the lowest state average.  
 Data Source: US Department of Education, [EDFacts](#). Additional data analysis by [CARES](#). 2019-2020. Source geography: School District



[View larger map](#)

Homeless Students, Percent by School District (Elementary), [EDFacts](#) 2019-20

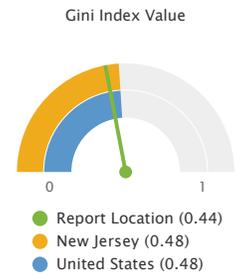
- Over 6.05
- 3.1 - 6.0%
- 1.1 - 3.0%
- 0.1 - 1.0%
- No Data or Data Suppressed
- Report Location

### Income - Income Inequality (GINI Index)

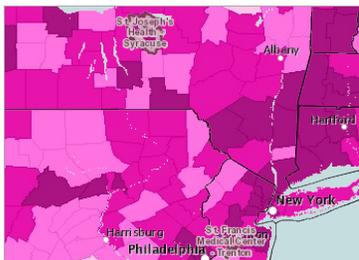
This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income.

Note: Index values are acquired from the 2017-21 American Community Survey and are not available for custom report areas or multi-county areas.

Report Area	Total Households	Gini Index Value
Report Location	1,682,300	<b>0.44</b>
St. Francis Medical Center - Trenton	109,855	0.44
St. Joseph's Health - Syracuse	1,572,445	0.44
Burlington County, NJ	172,400	0.43
Mercer County, NJ	137,114	0.50
Monmouth County, NJ	245,569	0.47
Cayuga County, NY	30,604	0.46
Cortland County, NY	18,260	0.42
Madison County, NY	24,779	0.45
Onondaga County, NY	190,353	0.46
New Jersey	3,397,156	0.48
New York	7,530,150	0.51
United States	124,010,992	0.48



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Income Inequality (GINI), Index Value by County, ACS 2017-21

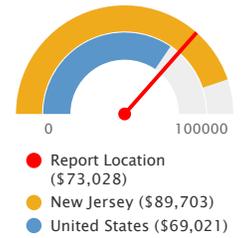
- Over 0.460
- 0.431 - 0.460
- 0.401 - 0.430
- Under 0.401
- No Data or Data Suppressed
- Report Location

## Income - Median Household Income

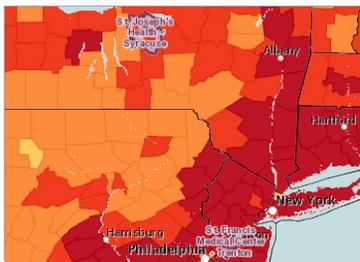
This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 299,619 households in the report area, with an average income of \$92,799 and a median income of \$73,028.

Report Area	Total Households	Average Household Income	Median Household Income
Report Location	299,619	\$92,799	<b>\$73,028</b>
St. Francis Medical Center - Trenton	109,855	\$101,239	\$80,238
St. Joseph's Health - Syracuse	189,764	\$87,912	\$68,343
Burlington County, NJ	172,400	\$122,850	\$95,935
Mercer County, NJ	137,114	\$124,665	\$85,687
Monmouth County, NJ	245,569	\$150,011	\$110,356
Cayuga County, NY	30,604	\$80,297	\$59,602
Cortland County, NY	18,260	\$78,190	\$62,163
Madison County, NY	24,779	\$83,710	\$63,312
Onondaga County, NY	190,353	\$88,117	\$66,012
New Jersey	3,397,156	\$124,626	\$89,703
New York	7,530,150	\$111,583	\$75,157
United States	124,010,992	\$97,196	\$69,021

Median Household Income

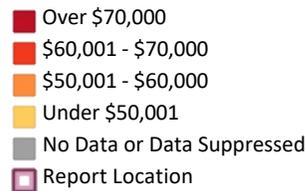


Note: This indicator is compared to the highest state average.  
 Data Source: US Census Bureau, [American Community Survey, 2017-21](#). Source geography: Tract



[View larger map](#)

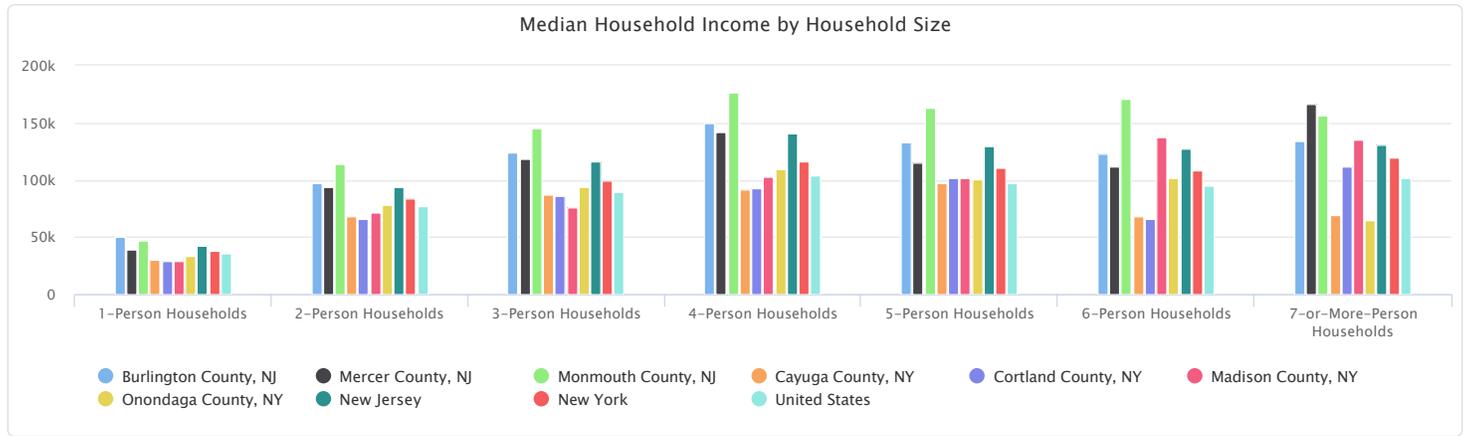
Median Household Income by County, ACS 2017-21



## Median Household Income by Household Size

This indicator reports the median household income of the report area by household size.

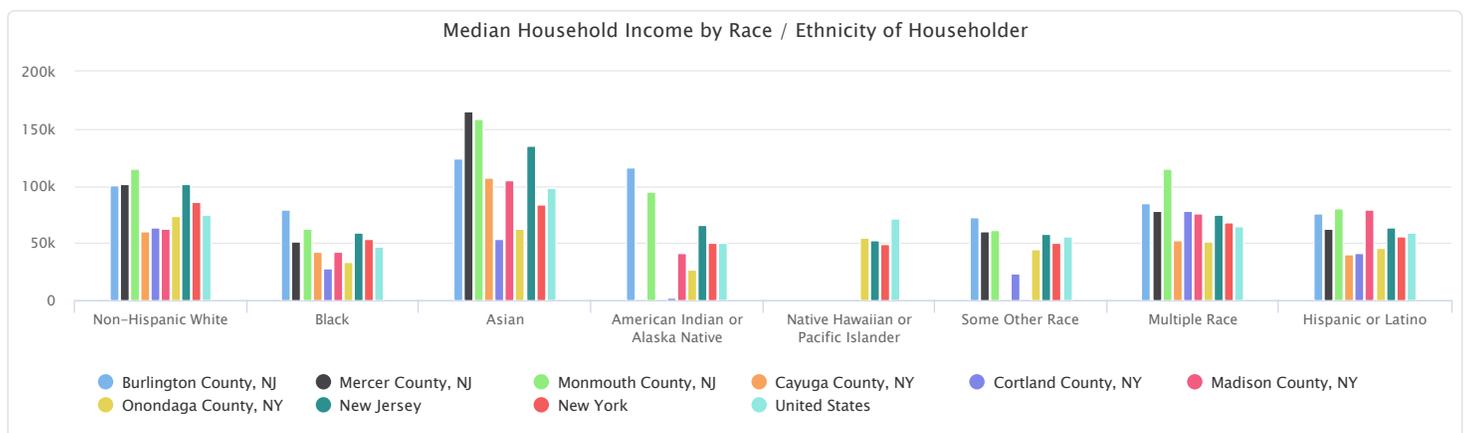
Report Area	1-Person Households	2-Person Households	3-Person Households	4-Person Households	5-Person Households	6-Person Households	7-or-More-Person Households
Report Location	No data						
St. Francis Medical Center - Trenton	No data						
St. Joseph's Health - Syracuse	No data						
Burlington County, NJ	\$50,179	\$97,196	\$124,507	\$149,597	\$133,515	\$123,097	\$133,818
Mercer County, NJ	\$39,074	\$93,971	\$118,828	\$141,943	\$115,158	\$112,069	\$166,786
Monmouth County, NJ	\$47,145	\$113,486	\$145,781	\$176,676	\$162,854	\$170,875	\$156,250
Cayuga County, NY	\$30,236	\$67,974	\$86,941	\$92,072	\$97,500	\$68,125	\$68,750
Cortland County, NY	\$28,762	\$66,318	\$85,945	\$92,685	\$101,406	\$65,391	\$112,212
Madison County, NY	\$29,470	\$71,141	\$75,625	\$102,757	\$102,188	\$137,500	\$135,670
Onondaga County, NY	\$33,874	\$78,371	\$93,509	\$109,003	\$100,855	\$101,922	\$65,063
New Jersey	\$42,739	\$94,408	\$116,120	\$140,322	\$129,249	\$126,877	\$130,254
New York	\$38,102	\$83,529	\$99,022	\$116,364	\$110,363	\$108,324	\$119,800
United States	\$35,334	\$76,650	\$89,386	\$104,149	\$97,274	\$94,889	\$102,234



### Median Household Income by Race / Ethnicity of Householder

This indicator reports the median household income of the report area by race / ethnicity of householder.

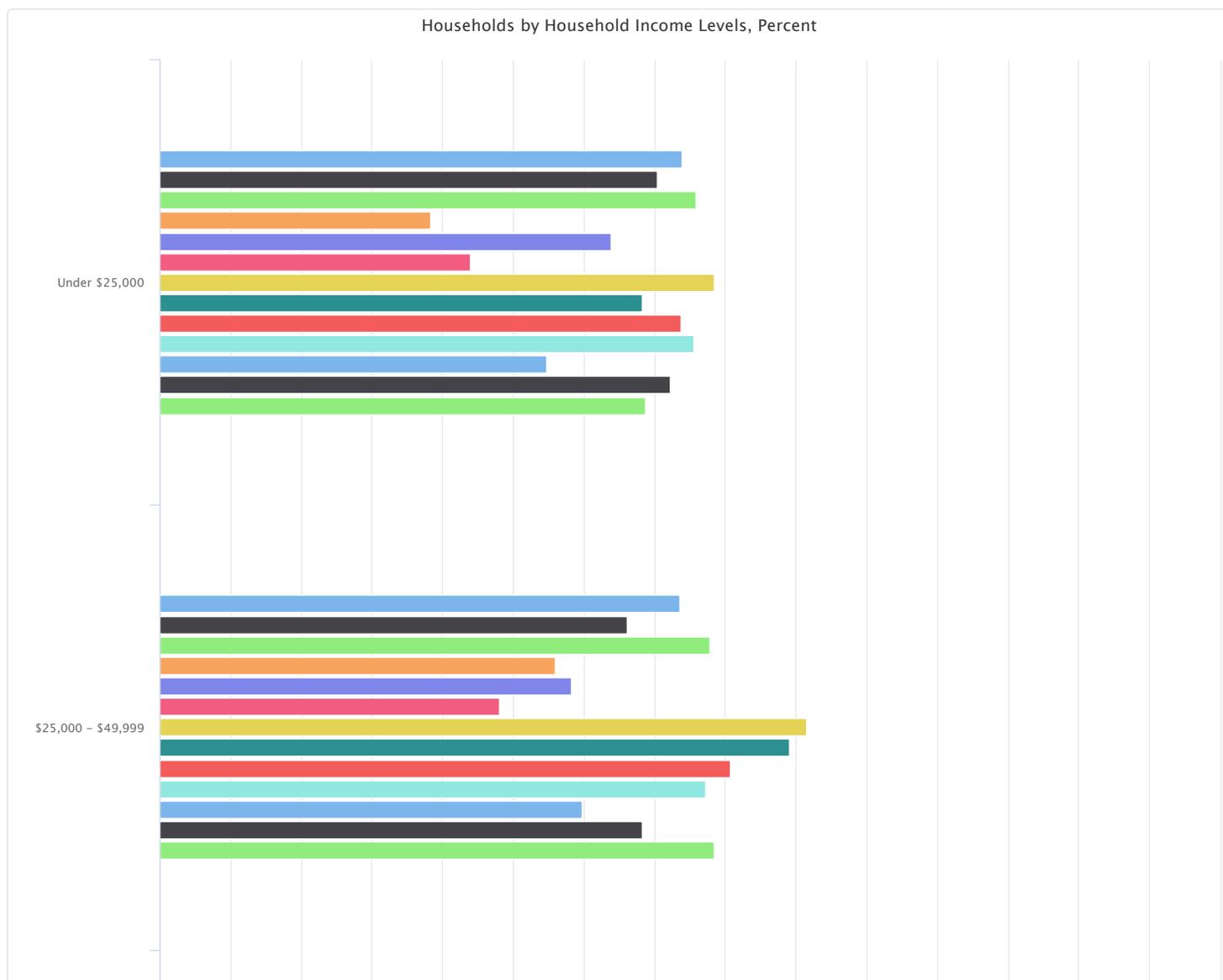
Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Report Location	No data	No data	No data	No data	No data	No data	No data	No data
St. Francis Medical Center - Trenton	No data	No data	No data	No data	No data	No data	No data	No data
St. Joseph's Health - Syracuse	No data	No data	No data	No data	No data	No data	No data	No data
Burlington County, NJ	\$100,695	\$79,797	\$124,122	\$116,389	No data	\$72,188	\$84,807	\$75,719
Mercer County, NJ	\$101,168	\$51,405	\$165,783	No data	No data	\$59,985	\$78,056	\$62,244
Monmouth County, NJ	\$115,486	\$62,669	\$158,685	\$95,083	No data	\$61,940	\$114,830	\$80,906
Cayuga County, NY	\$60,720	\$42,959	\$107,669	No data	No data	No data	\$52,500	\$39,815
Cortland County, NY	\$63,339	\$27,442	\$53,555	\$2,499	No data	\$23,953	\$78,602	\$40,795
Madison County, NY	\$63,047	\$42,951	\$104,625	\$40,972	No data	No data	\$76,518	\$79,643
Onondaga County, NY	\$73,238	\$33,996	\$62,376	\$27,150	\$54,836	\$45,137	\$50,842	\$46,080
New Jersey	\$101,650	\$59,207	\$135,043	\$65,767	\$52,241	\$58,405	\$74,736	\$63,744
New York	\$85,520	\$53,697	\$83,399	\$50,731	\$49,528	\$49,838	\$68,158	\$55,621
United States	\$75,208	\$46,401	\$98,367	\$50,183	\$71,029	\$55,769	\$65,220	\$58,791

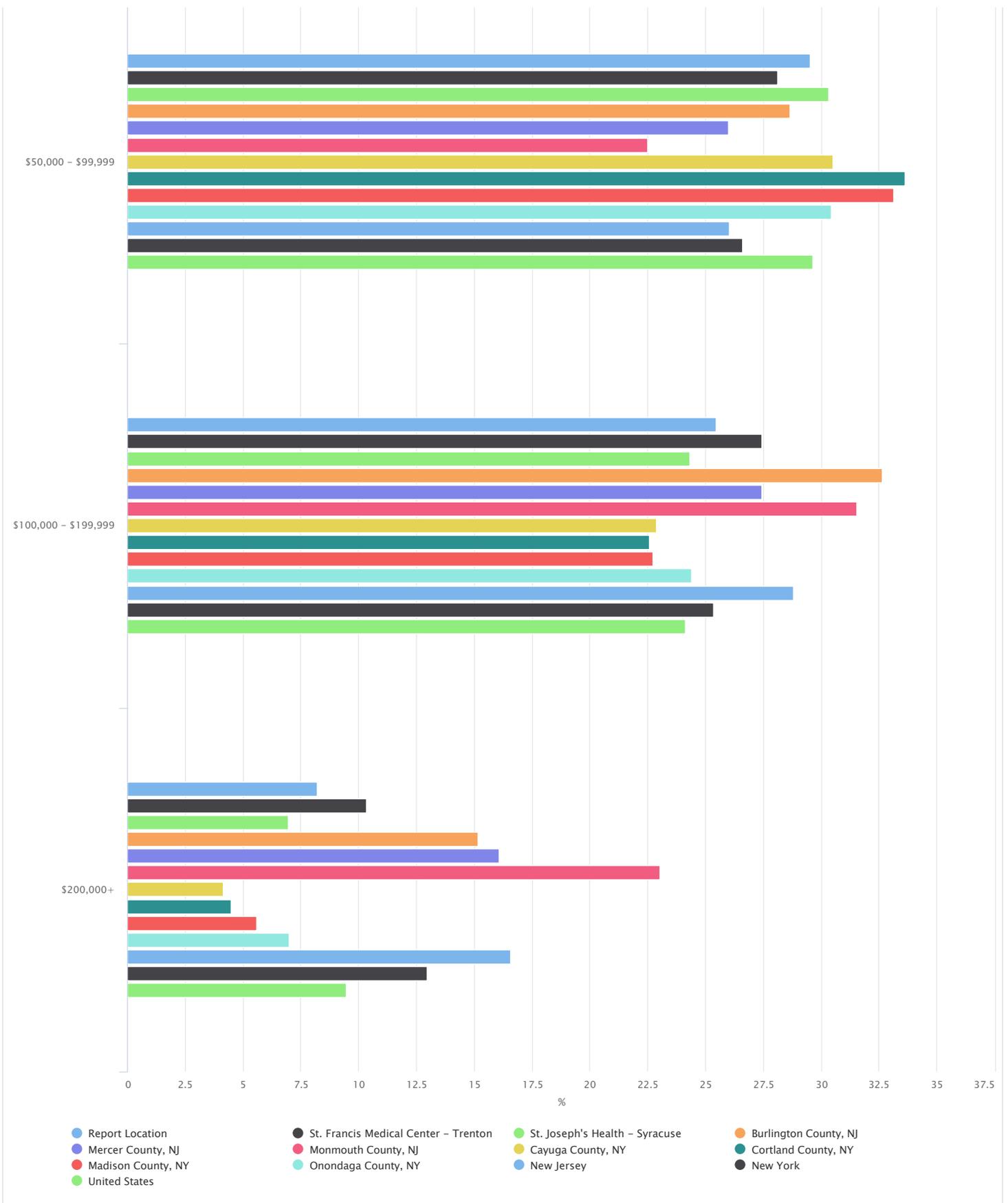


## Households by Household Income Levels, Percent

Report Area	Under \$25,000	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$199,999	\$200,000+
Report Location	18.45%	18.38%	29.51%	25.47%	8.19%
St. Francis Medical Center - Trenton	17.59%	16.51%	28.12%	27.45%	10.34%
St. Joseph's Health - Syracuse	18.94%	19.46%	30.32%	24.33%	6.95%
Burlington County, NJ	9.59%	13.98%	28.66%	32.62%	15.17%
Mercer County, NJ	15.95%	14.57%	25.97%	27.42%	16.08%
Monmouth County, NJ	10.99%	11.99%	22.48%	31.53%	23.02%
Cayuga County, NY	19.59%	22.89%	30.51%	22.86%	4.15%
Cortland County, NY	17.07%	22.25%	33.61%	22.56%	4.50%
Madison County, NY	18.41%	20.17%	33.13%	22.71%	5.58%
Onondaga County, NY	18.90%	19.30%	30.42%	24.39%	6.99%
New Jersey	13.67%	14.94%	26.02%	28.81%	16.55%
New York	18.04%	17.06%	26.60%	25.36%	12.94%
United States	17.18%	19.60%	29.63%	24.14%	9.46%

Data Source: US Census Bureau, American Community Survey, 2017-21.





### Poverty - Children Below 200% FPL

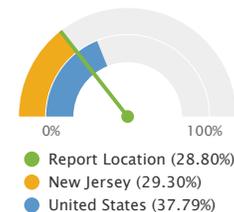
In the report area 28.80% or 215,520.00 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other

necessities that contribute to poor health status.

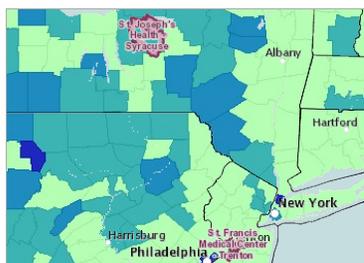
*Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.*

Report Area	Total Population Under Age 18	Population Under Age 18 Below 200% FPL	Population Under Age 18 Below 200% FPL, Percent
Report Location	748,375.00	215,520.00	<b>28.80%</b>
St. Francis Medical Center - Trenton	295,232.00	82,756.00	28.03%
St. Joseph's Health - Syracuse	453,143.00	132,764.00	29.30%
Burlington County, NJ	94,488	20,240	21.42%
Mercer County, NJ	82,088	26,540	32.33%
Monmouth County, NJ	134,462	23,866	17.75%
Cayuga County, NY	14,611	5,851	40.05%
Cortland County, NY	8,688	3,282	37.78%
Madison County, NY	12,931	4,121	31.87%
Onondaga County, NY	99,347	39,800	40.06%
New Jersey	2,014,455	590,325	29.30%
New York	4,138,136	1,535,898	37.12%
United States	72,996,065	27,587,656	37.79%

Population Under Age 18 Below 200% FPL, Percent



*Note: This indicator is compared to the lowest state average.  
Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract*



[View larger map](#)

Population Below 200% Poverty Level, Children (Age 0-17), Percent by County, ACS 2017-21

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Location

## Poverty - Children Eligible for Free/Reduced Price Lunch

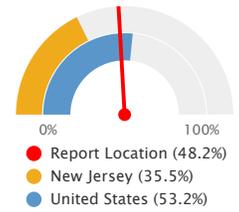
Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 108,453 total public school students in the report area, 48,265 were eligible for the free or reduced price lunch program in the latest report year. This represents 48.2% of public school students, which is higher than the state average of 35.5%.

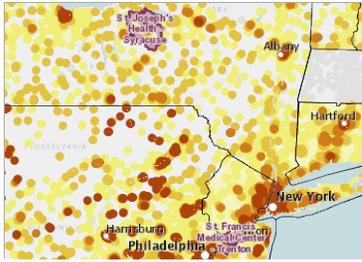
*Note: States with more than 80% records "not reported" are suppressed for all geographic areas, including hospital service area, census tract, zip code, school district, county, state, etc.*

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Report Location	108,453	48,265	<b>48.2%</b>
St. Francis Medical Center - Trenton	41,000	18,181	44.3%
St. Joseph's Health - Syracuse	67,453	30,085	50.8%
Burlington County, NJ	66,766	16,513	24.7%
Mercer County, NJ	55,752	19,753	35.4%
Monmouth County, NJ	92,324	21,002	22.9%
Cayuga County, NY	8,965	4,094	47.4%
Cortland County, NY	5,612	2,823	50.3%
Madison County, NY	8,596	3,524	41.0%
Onondaga County, NY	67,620	30,121	50.7%
New Jersey	1,342,174	470,381	35.5%
New York	2,579,124	1,393,961	56.3%
United States	42,378,208	22,336,198	53.2%

Percentage of Students Eligible for Free or Reduced Price School Lunch



Note: This indicator is compared to the lowest state average.  
 Data Source: National Center for Education Statistics, *NCES - Common Core of Data, 2020-2021*. Source geography: Address



[View larger map](#)

Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2020-21

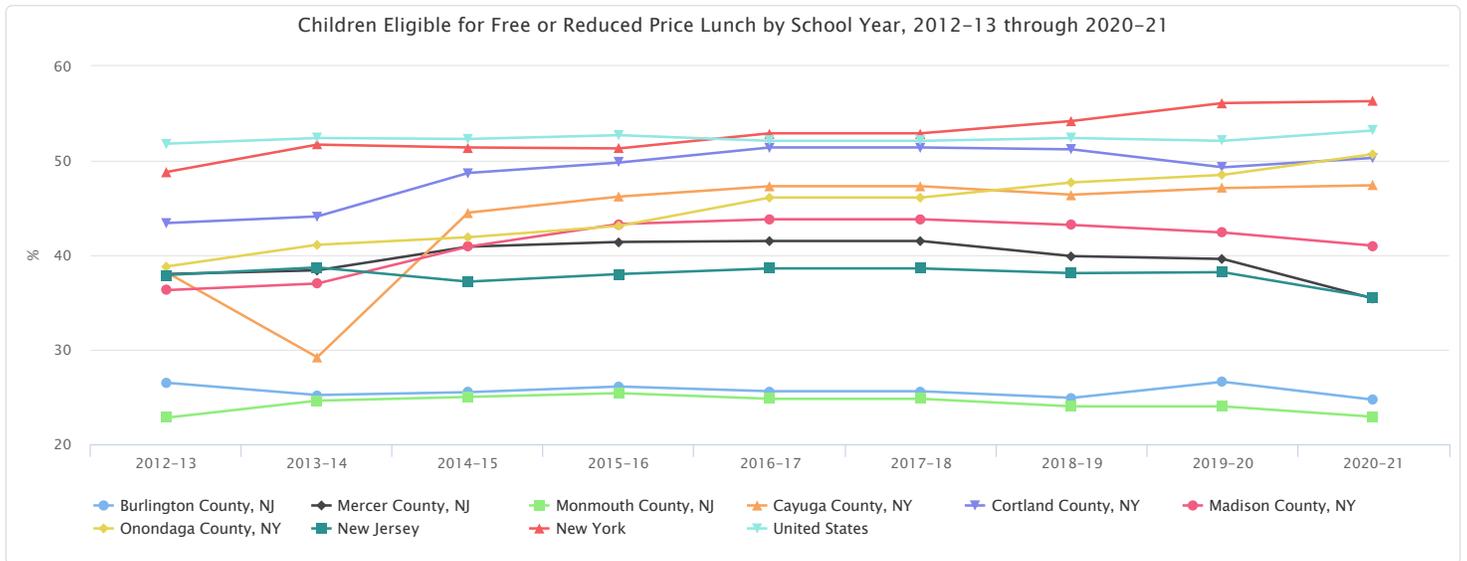
- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Report Location

### Children Eligible for Free or Reduced Price Lunch by School Year, 2012-13 through 2020-21

The table below shows local, state, and national trends in student free and reduced lunch eligibility by percent.

*Note: The states below have more than 80% public schools labeled as "not reported" in 2020-2021. For consistency, these states still have their values calculated with the limited records on all geographic levels (unless there is not a single record reported in the selected area). Use with caution when comparing to other years. This issue might occur in other states/years as well. For 2020-2021, watch out for Alaska, Arizona, Delaware, District of Columbia, Illinois, Massachusetts, Montana, Ohio, Oregon, Tennessee, Virginia, American Samoa, and Northern Mariana Islands.*

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Report Location	41.8%	43.9%	44.6%	45.7%	47.8%	47.8%	47.9%	47.9%	48.2%
St. Francis Medical Center - Trenton	46.6%	47.0%	49.0%	49.9%	50.5%	50.5%	48.2%	46.9%	44.3%
St. Joseph's Health - Syracuse	38.9%	41.2%	41.9%	43.2%	46.2%	46.2%	47.8%	48.5%	50.8%
Burlington County, NJ	26.5%	25.2%	25.5%	26.1%	25.6%	25.6%	24.9%	26.6%	24.7%
Mercer County, NJ	38.0%	38.4%	40.9%	41.4%	41.5%	41.5%	39.9%	39.6%	35.4%
Monmouth County, NJ	22.8%	24.6%	25.0%	25.4%	24.8%	24.8%	24.0%	24.0%	22.9%
Cayuga County, NY	38.2%	29.2%	44.5%	46.2%	47.3%	47.3%	46.4%	47.1%	47.4%
Cortland County, NY	43.4%	44.1%	48.7%	49.8%	51.4%	51.4%	51.2%	49.3%	50.3%
Madison County, NY	36.3%	37.0%	40.9%	43.3%	43.8%	43.8%	43.2%	42.4%	41.0%
Onondaga County, NY	38.8%	41.1%	41.9%	43.1%	46.1%	46.1%	47.7%	48.5%	50.7%
New Jersey	37.9%	38.7%	37.2%	38.0%	38.6%	38.6%	38.1%	38.2%	35.5%
New York	48.8%	51.7%	51.4%	51.3%	52.9%	52.9%	54.2%	56.1%	56.3%
United States	51.8%	52.4%	52.3%	52.7%	52.1%	52.1%	52.4%	52.1%	53.2%



### Children Eligible for Free or Reduced Price Lunch by Eligibility

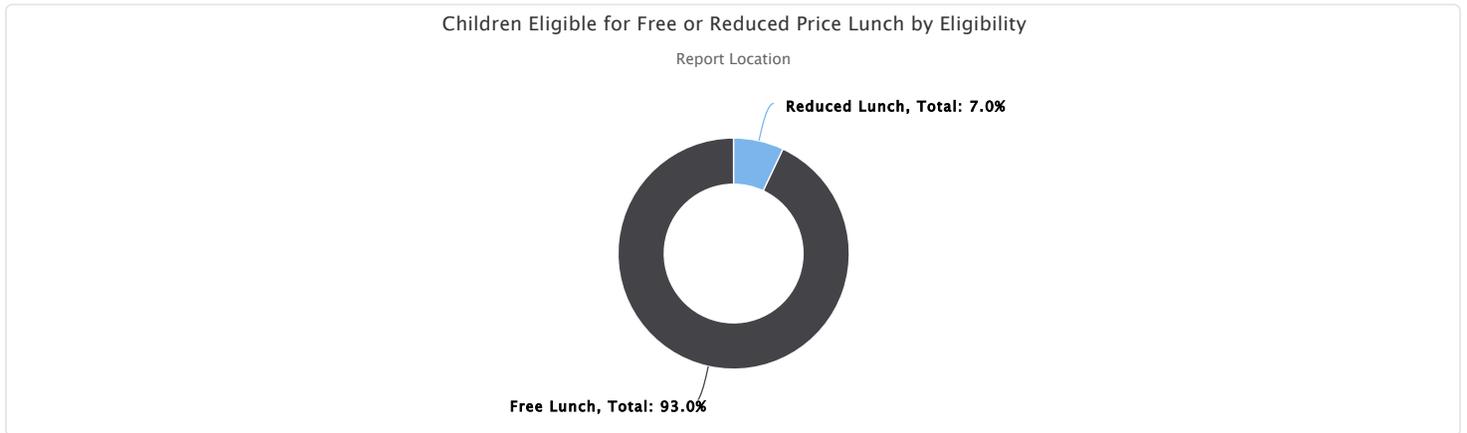
The table below displays the number and percentage of students eligible for free or reduced price lunch by income eligibility category. Percentages in the table below are out of the total student population.

*Note: States with more than 80% records labeled as "not reported" are suppressed for all geographic areas.*

Report Area	Free Lunch, Total	Free Lunch, Percent	Reduced Lunch, Total	Reduced Lunch, Percent
Report Location	44,872	41.4%	3,391	3.1%
St. Francis Medical Center - Trenton	15,929	38.9%	2,249	5.5%
St. Joseph's Health - Syracuse	28,943	42.9%	1,142	1.7%
Burlington County, NJ	13,306	19.9%	3,201	4.8%
Mercer County, NJ	17,182	30.8%	2,571	4.6%
Monmouth County, NJ	18,038	19.5%	2,940	3.2%
Cayuga County, NY	3,936	43.9%	158	1.8%
Cortland County, NY	2,701	48.1%	122	2.2%
Madison County, NY	3,112	36.2%	412	4.8%
Onondaga County, NY	28,967	42.8%	1,154	1.7%
New Jersey	411,791	30.7%	58,311	4.3%
New York	1,316,865	51.1%	77,090	3.0%
United States	19,950,407	37.5%	1,952,641	3.7%

### Children Eligible for Free or Reduced Price Lunch by Eligibility

The chart below displays the percentage of the students in each eligibility category out of the total number of students eligible for free or reduced price lunch. Of all the 48,263 students eligible for free or reduced price lunch, 93% are eligible for free lunch and 7% are eligible for reduced lunch.



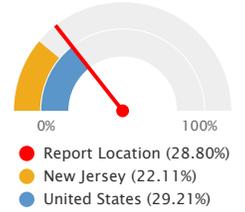
### Poverty - Population Below 200% FPL

In the report area 28.80% or 215,520.00 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

*Note: The total population measurements for poverty reports are lower, as poverty data collection does not include people in group quarters. See Methodology for more details.*

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent
Report Location	748,375.00	215,520.00	<b>28.80%</b>
St. Francis Medical Center - Trenton	295,232.00	82,756.00	28.03%
St. Joseph's Health - Syracuse	453,143.00	132,764.00	29.30%
Burlington County, NJ	448,202	70,957	15.83%
Mercer County, NJ	368,123	89,323	24.26%
Monmouth County, NJ	635,691	94,568	14.88%
Cayuga County, NY	71,990	22,502	31.26%
Cortland County, NY	43,213	13,213	30.58%
Madison County, NY	63,047	16,776	26.61%
Onondaga County, NY	454,912	132,321	29.09%
New Jersey	9,058,493	2,002,766	22.11%
New York	19,604,130	5,570,893	28.42%
United States	321,897,703	94,041,155	29.21%

Percent Population with Income at or Below 200% FPL



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Population Below 200% Poverty Level, Percent by County, ACS 2017-21

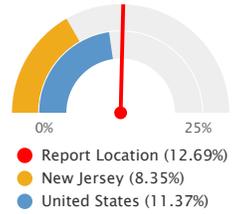
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Report Location

### SNAP Benefits - Households Receiving SNAP

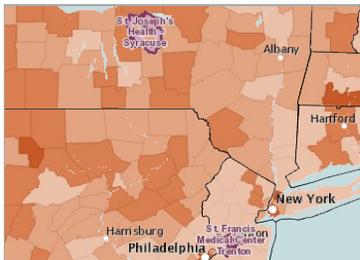
In the report area, an estimate of 38,011 or 12.69% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is greater than the national average of 11.37%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Location	299,619	38,011	<b>12.69%</b>
St. Francis Medical Center - Trenton	109,855	11,574	10.54%
St. Joseph's Health - Syracuse	189,764	26,437	13.93%
Burlington County, NJ	172,400	8,570	4.97%
Mercer County, NJ	137,114	12,476	9.10%
Monmouth County, NJ	245,569	11,958	4.87%
Cayuga County, NY	30,604	4,700	15.36%
Cortland County, NY	18,260	2,267	12.42%
Madison County, NY	24,779	3,033	12.24%
Onondaga County, NY	190,353	26,446	13.89%
New Jersey	3,397,156	283,817	8.35%
New York	7,530,150	1,075,247	14.28%
United States	124,010,992	14,105,231	11.37%

Percent Households Receiving SNAP Benefits

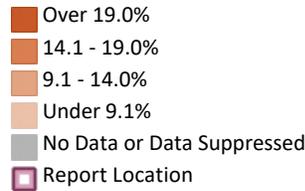


Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Households Receiving SNAP Benefits, Percent by County, ACS 2017-21

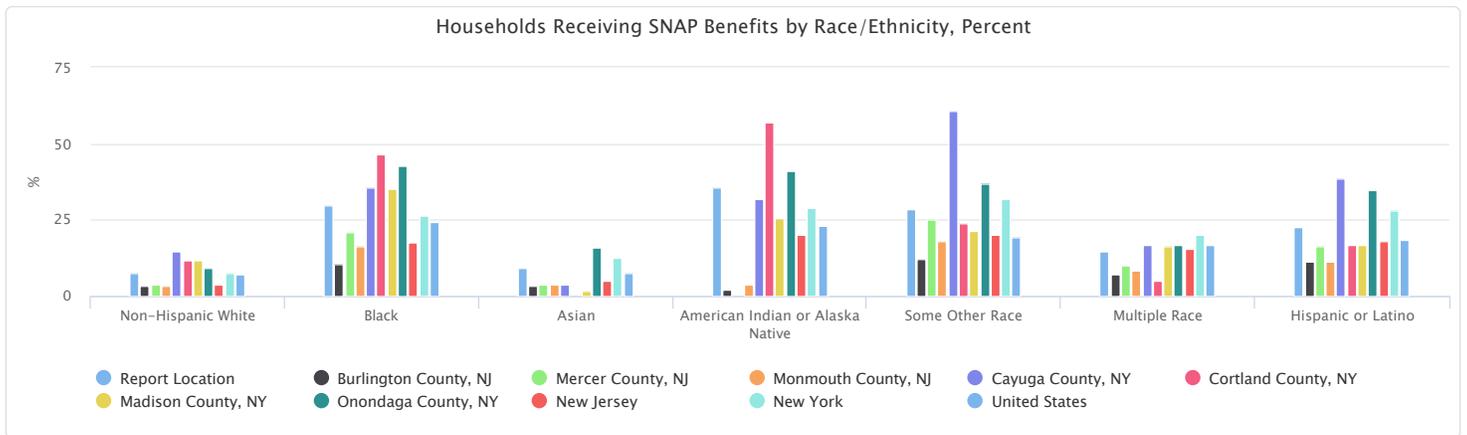


## Households Receiving SNAP Benefits by Race/Ethnicity, Percent

This indicator reports the percent of households receiving SNAP benefits by race/ethnicity. The percentage values could be interpreted as, for example, "Of all the non-Hispanic white households within the report area, the proportion receiving SNAP benefits is (value)."

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Report Location	7.63%	29.95%	9.19%	35.65%	28.37%	14.72%	22.44%
St. Francis Medical Center - Trenton	3.95%	20.92%	4.99%	0.00%	24.74%	11.48%	17.31%
St. Joseph's Health - Syracuse	9.20%	42.62%	15.52%	40.55%	36.96%	16.98%	35.22%
Burlington County, NJ	3.18%	10.62%	3.28%	2.23%	12.22%	7.28%	11.20%
Mercer County, NJ	3.60%	20.79%	3.97%	0.00%	25.09%	9.92%	16.26%
Monmouth County, NJ	3.21%	16.15%	3.63%	3.90%	17.95%	8.26%	11.46%
Cayuga County, NY	14.51%	35.42%	3.88%	32.00%	60.63%	16.61%	38.60%
Cortland County, NY	11.77%	46.57%	0.00%	57.14%	23.85%	4.88%	16.77%
Madison County, NY	11.89%	35.16%	1.59%	25.51%	21.49%	16.42%	16.96%
Onondaga County, NY	9.17%	42.62%	15.78%	40.88%	36.96%	16.75%	34.95%
New Jersey	3.62%	17.55%	5.12%	20.19%	20.31%	15.57%	18.07%
New York	7.72%	26.33%	12.68%	29.03%	31.79%	20.11%	27.91%
United States	6.92%	24.36%	7.39%	23.01%	19.35%	16.69%	18.31%

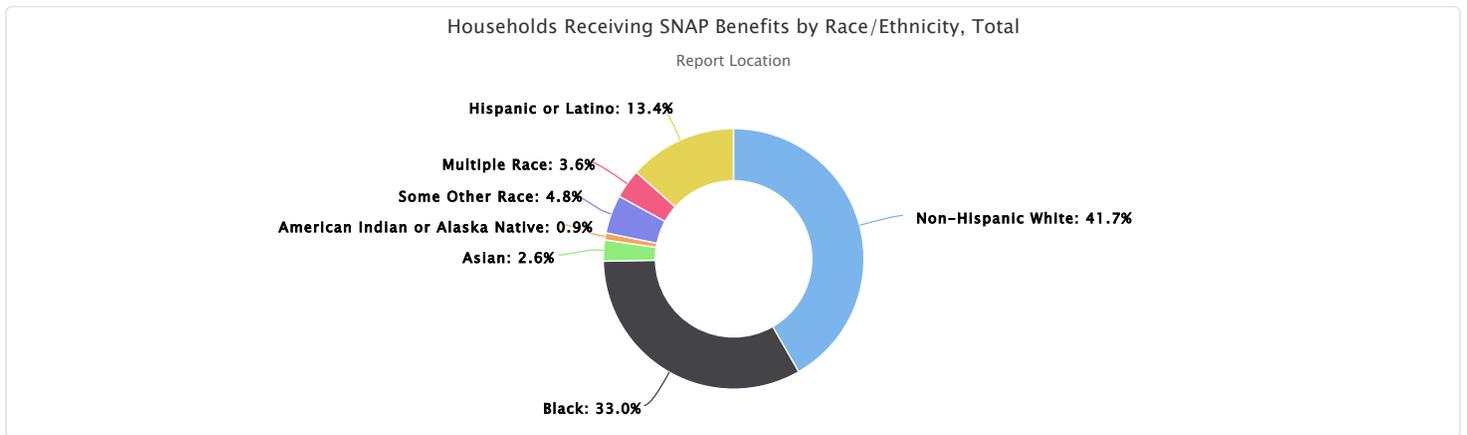
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Households Receiving SNAP Benefits by Race/Ethnicity, Total

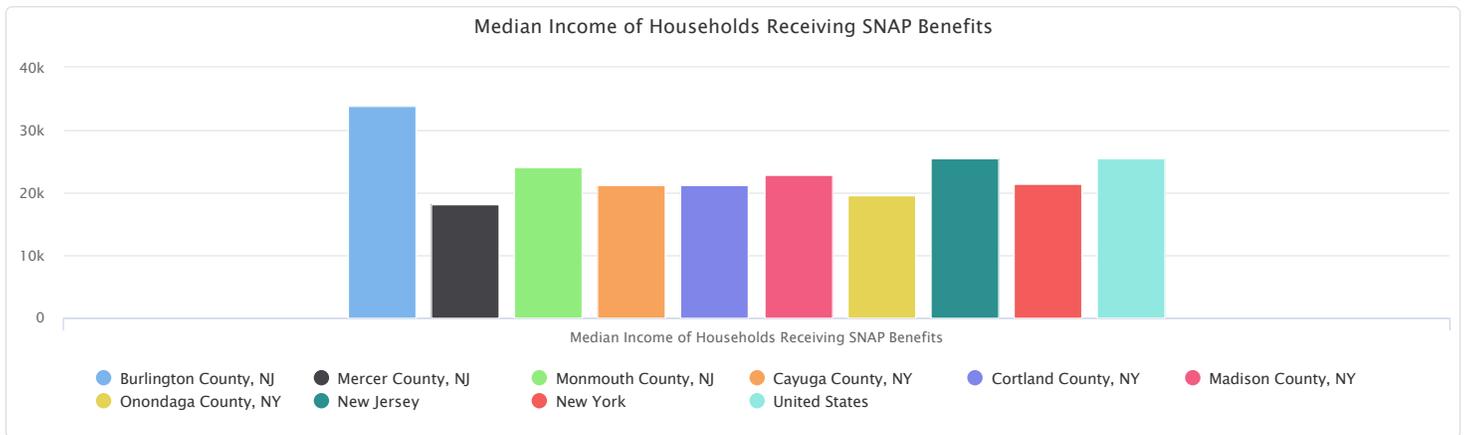
Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Report Location	17,130	13,571	1,074	354	1,966	1,482	5,508
St. Francis Medical Center - Trenton	2,659	5,532	350	0	1,206	476	3,032
St. Joseph's Health - Syracuse	14,471	8,039	724	354	760	1,006	2,476
Burlington County, NJ	4,023	2,834	242	7	464	553	1,285
Mercer County, NJ	3,062	5,754	575	0	1,222	484	3,082
Monmouth County, NJ	6,597	2,538	398	15	892	635	2,169
Cayuga County, NY	4,247	119	4	8	154	104	210
Cortland County, NY	2,033	95	0	16	52	21	80
Madison County, NY	2,836	64	1	25	26	77	57
Onondaga County, NY	14,471	8,039	742	354	760	997	2,467
New Jersey	82,630	77,737	15,087	1,564	40,309	26,680	105,273
New York	384,119	283,613	70,196	7,918	171,947	70,481	331,323
United States	6,246,110	3,706,842	454,321	199,597	985,595	1,044,865	3,140,664

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Median Income of Households Receiving SNAP Benefits

Report Area	Median Income of Households Receiving SNAP Benefits
Report Location	No data
St. Francis Medical Center - Trenton	No data
St. Joseph's Health - Syracuse	No data
Burlington County, NJ	\$33,975
Mercer County, NJ	\$18,170
Monmouth County, NJ	\$23,984
Cayuga County, NY	\$21,256
Cortland County, NY	\$21,151
Madison County, NY	\$22,766
Onondaga County, NY	\$19,617
New Jersey	\$25,603
New York	\$21,417
United States	\$25,445



<https://trinityhealthdatahub.org>, 2/17/2023

# **APPENDIX 5**

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

## Education

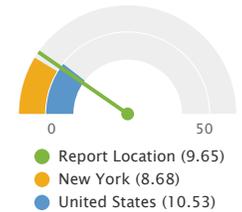
### Access - Head Start

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2022 Head Start locator. Population data is from the 2010 US Decennial Census. The report area has a total of 44 Head Start programs with a rate of 9.65 per 10,000 children under 5 years old.

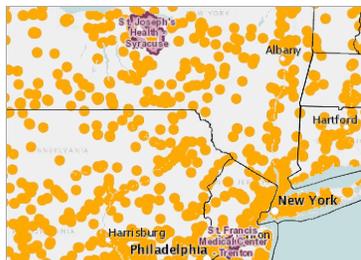
Report Area	Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children Under Age 5)
Report Location	45,479	44	9.65
St. Francis Medical Center - Trenton	18,280	13	6.89
St. Joseph's Health - Syracuse	27,198	31	11.51
Burlington County, NJ	25,964	5	1.93
Mercer County, NJ	21,553	14	6.5
Monmouth County, NJ	34,755	6	1.73
Cayuga County, NY	4,262	9	21.12
Cortland County, NY	2,711	13	47.95
Madison County, NY	3,903	2	5.12
Onondaga County, NY	27,378	31	11.32
New Jersey	541,020	277	5.12
New York	1,155,822	1,003	8.68
United States	20,426,118	21,511	10.53

Head Start Programs Rate (Per 10,000 Children Under Age 5)



Note: This indicator is compared to the highest state average.

Data Source: US Department of Health & Human Services, HRSA - Administration for Children and Families. 2022. Source geography: Address



[View larger map](#)

### Head Start Facilities, All Facilities, ACF 2022

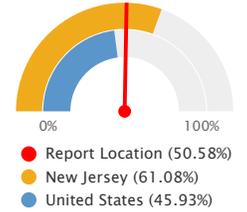
- Head Start Facilities, All Facilities, ACF 2022
- Report Location

### Access - Preschool Enrollment (Children Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

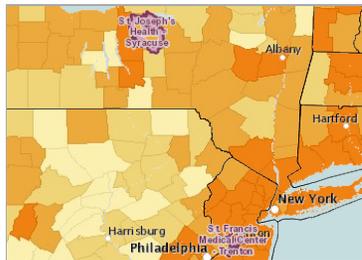
Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Report Location	18,330	9,272	<b>50.58%</b>
St. Francis Medical Center - Trenton	7,562	4,103	54.26%
St. Joseph's Health - Syracuse	10,768	5,169	48.00%
Burlington County, NJ	10,114	5,692	56.28%
Mercer County, NJ	9,508	5,546	58.33%
Monmouth County, NJ	13,272	8,817	66.43%
Cayuga County, NY	1,469	824	56.09%
Cortland County, NY	945	369	39.05%
Madison County, NY	1,370	628	45.84%
Onondaga County, NY	10,837	5,216	48.13%
New Jersey	219,374	133,988	61.08%
New York	475,859	274,364	57.66%
United States	8,100,136	3,719,992	45.93%

Percentage of Population Age 3-4 Enrolled in School



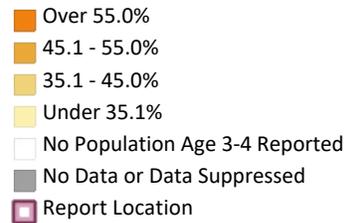
Note: This indicator is compared to the highest state average.

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

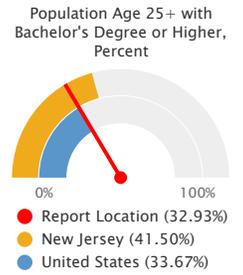
Enrollment in School, Children (Age 3-4), Percent by County, ACS 2017-21



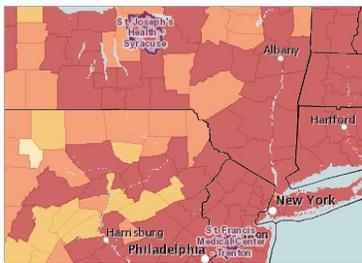
## Attainment - Bachelor's Degree or Higher

32.93% of the population aged 25 and older, or 999,890 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Report Location	3,035,972	999,890	<b>32.93%</b>
St. Francis Medical Center - Trenton	208,609	70,987	34.03%
St. Joseph's Health - Syracuse	2,827,363	928,903	32.85%
Burlington County, NJ	326,073	130,269	39.95%
Mercer County, NJ	259,446	113,117	43.60%
Monmouth County, NJ	452,764	219,649	48.51%
Cayuga County, NY	55,644	12,338	22.17%
Cortland County, NY	29,478	8,274	28.07%
Madison County, NY	46,541	12,216	26.25%
Onondaga County, NY	325,273	118,738	36.50%
New Jersey	6,411,606	2,660,853	41.50%
New York	14,081,080	5,366,712	38.11%
United States	225,152,317	75,808,834	33.67%



Note: This indicator is compared to the highest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

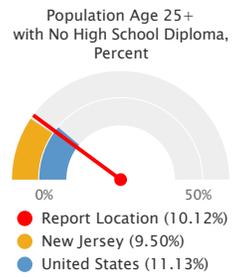
Population with a Bachelor's Degree or Higher, Percent by County, ACS 2017-21

- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Report Location

## Attainment - No High School Diploma

Within the report area there are 53,897 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.12% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Report Location	532,478	53,897	<b>10.12%</b>
St. Francis Medical Center - Trenton	208,609	25,694	12.32%
St. Joseph's Health - Syracuse	323,869	28,203	8.71%
Burlington County, NJ	326,073	19,683	6.04%
Mercer County, NJ	259,446	27,089	10.44%
Monmouth County, NJ	452,764	26,629	5.88%
Cayuga County, NY	55,644	6,635	11.92%
Cortland County, NY	29,478	2,927	9.93%
Madison County, NY	46,541	3,371	7.24%
Onondaga County, NY	325,273	28,245	8.68%
New Jersey	6,411,606	608,877	9.50%
New York	14,081,080	1,769,657	12.57%
United States	225,152,317	25,050,356	11.13%



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

#### Population with No High School Diploma (Age 25+), Percent by County, ACS 2017-21

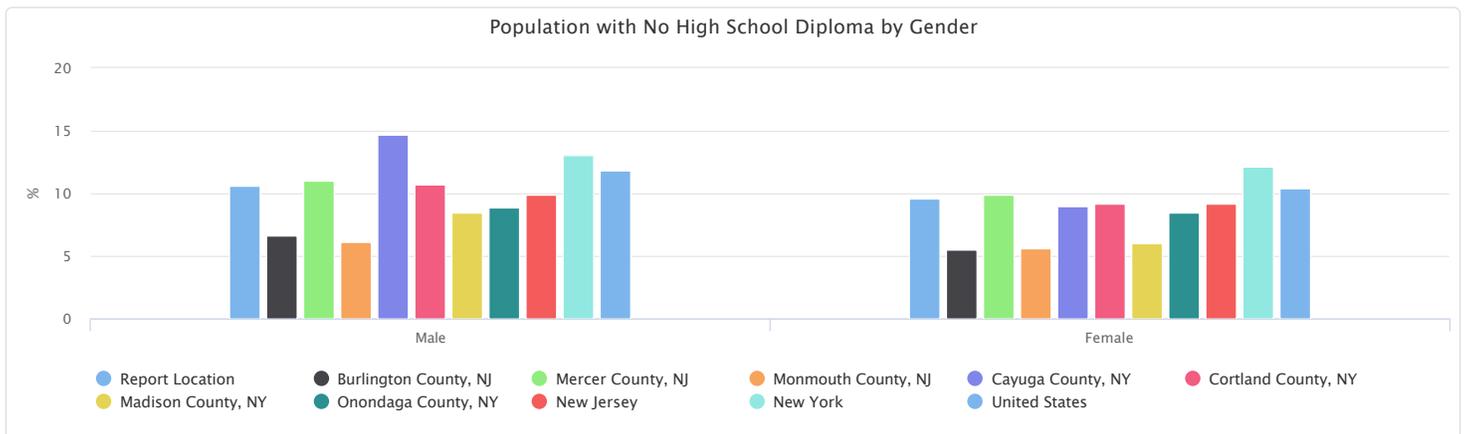
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Location

### Population with No High School Diploma by Gender

This indicator reports the population with no high school diploma by gender. The percentage values could be interpreted as, of all the males within the report area, the population without a high school diploma is 10.65%; of all the females within the report area, the population without a high school diploma is 9.63%.

Report Area	Male	Female	Male, Percent	Female, Percent
Report Location	27,259	26,638	10.65%	9.63%
St. Francis Medical Center - Trenton	13,496	12,198	13.30%	11.39%
St. Joseph's Health - Syracuse	13,763	14,440	8.91%	8.52%
Burlington County, NJ	10,430	9,253	6.59%	5.51%
Mercer County, NJ	13,878	13,211	11.03%	9.88%
Monmouth County, NJ	13,382	13,247	6.14%	5.64%
Cayuga County, NY	4,215	2,420	14.71%	8.96%
Cortland County, NY	1,560	1,367	10.75%	9.14%
Madison County, NY	1,941	1,430	8.47%	6.05%
Onondaga County, NY	13,789	14,456	8.88%	8.50%
New Jersey	305,597	303,280	9.87%	9.15%
New York	879,139	890,518	13.02%	12.15%
United States	13,014,399	12,035,957	11.86%	10.43%

Data Source: US Census Bureau, American Community Survey, 2017-21.



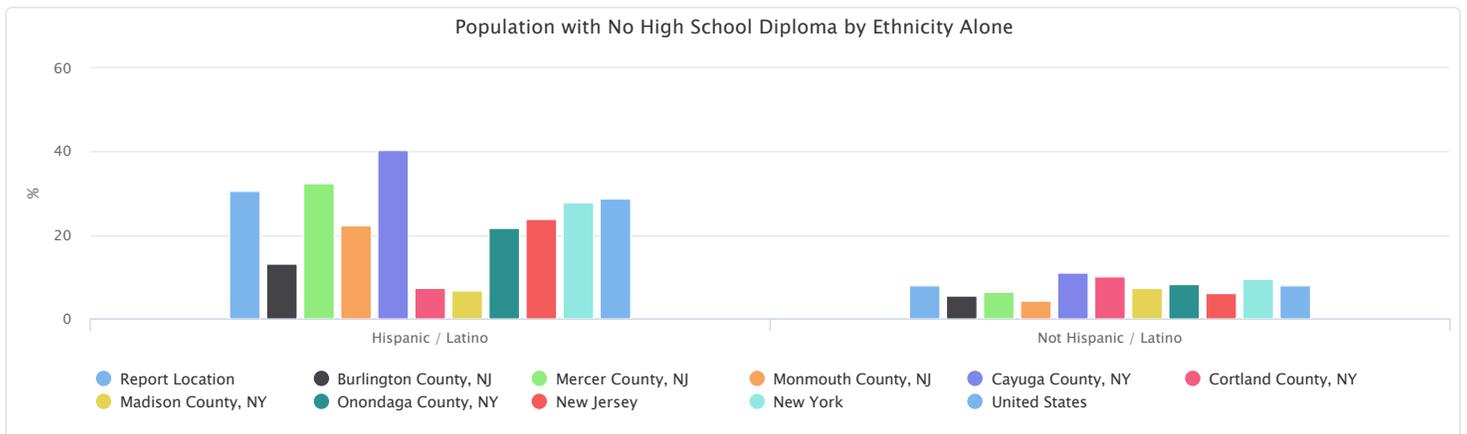
## Population with No High School Diploma by Ethnicity Alone

This indicator reports the population with no high school diploma by ethnicity alone.

The percentage values could be interpreted as, of all the Hispanic population within the report area, the population without a high school diploma is 30.50%; of all the non-Hispanic population within the report area, the population without a high school diploma is 8.02%.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	15,178	38,719	30.50%	8.02%
St. Francis Medical Center - Trenton	12,534	13,160	33.29%	7.70%
St. Joseph's Health - Syracuse	2,644	25,559	21.82%	8.20%
Burlington County, NJ	3,042	16,641	13.04%	5.50%
Mercer County, NJ	13,089	14,000	32.41%	6.39%
Monmouth County, NJ	8,944	17,685	22.32%	4.29%
Cayuga County, NY	583	6,052	40.51%	11.17%
Cortland County, NY	43	2,884	7.23%	9.99%
Madison County, NY	48	3,323	6.77%	7.25%
Onondaga County, NY	2,635	25,610	21.69%	8.18%
New Jersey	282,050	326,827	23.93%	6.25%
New York	679,505	1,090,152	27.88%	9.36%
United States	10,117,944	14,932,412	28.85%	7.86%

Data Source: US Census Bureau, American Community Survey, 2017-21.

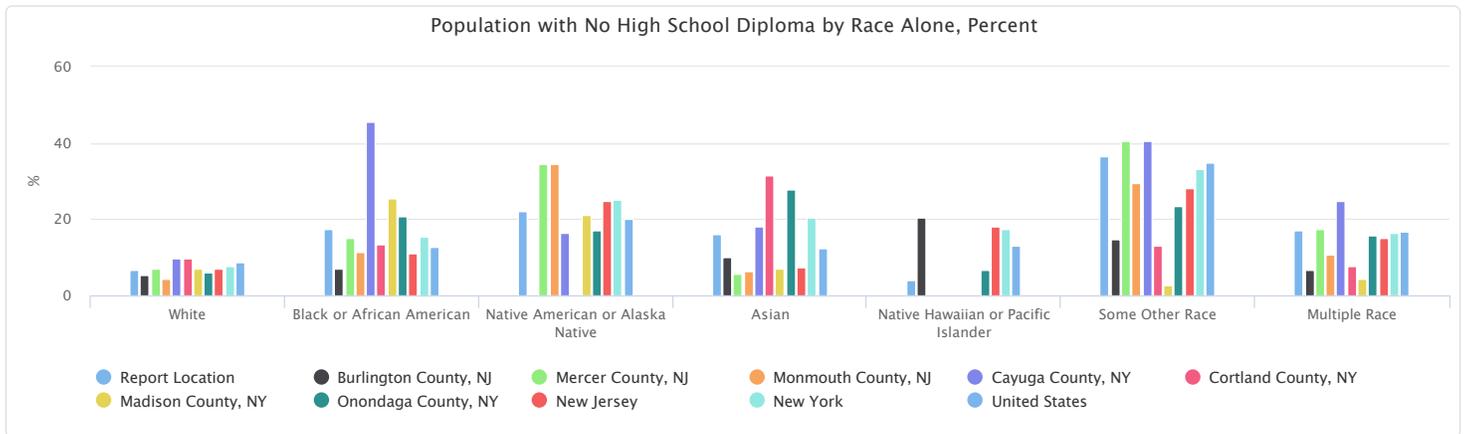


## Population with No High School Diploma by Race Alone, Percent

This indicator reports the percentage of population with no high school diploma by race alone in the report area. The percentage values could be interpreted as, for example, "Of all the white population in the report area, the percentage of population with no high school diploma is (value)."

Report Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Report Location	6.86%	17.34%	22.28%	16.02%	4.00%	36.51%	17.10%
St. Francis Medical Center - Trenton	8.55%	15.17%	59.22%	8.18%	0.00%	40.38%	18.56%
St. Joseph's Health - Syracuse	6.08%	20.91%	16.91%	28.06%	6.80%	23.38%	15.92%
Burlington County, NJ	5.20%	6.92%	0.00%	10.20%	20.29%	14.90%	6.71%
Mercer County, NJ	7.06%	14.94%	34.56%	5.84%	0.00%	40.60%	17.42%
Monmouth County, NJ	4.45%	11.54%	34.55%	6.45%	0.00%	29.42%	10.76%
Cayuga County, NY	9.63%	45.68%	16.35%	18.23%	0.00%	40.59%	24.93%
Cortland County, NY	9.70%	13.45%	0.00%	31.66%	No data	12.94%	7.80%
Madison County, NY	7.12%	25.35%	20.95%	6.97%	No data	2.61%	4.47%
Onondaga County, NY	6.07%	20.90%	17.17%	27.97%	6.80%	23.38%	15.82%
New Jersey	7.16%	11.10%	24.71%	7.31%	18.14%	28.14%	14.92%
New York	7.79%	15.27%	25.23%	20.37%	17.40%	33.05%	16.33%
United States	8.55%	12.79%	20.27%	12.44%	13.02%	35.00%	16.86%

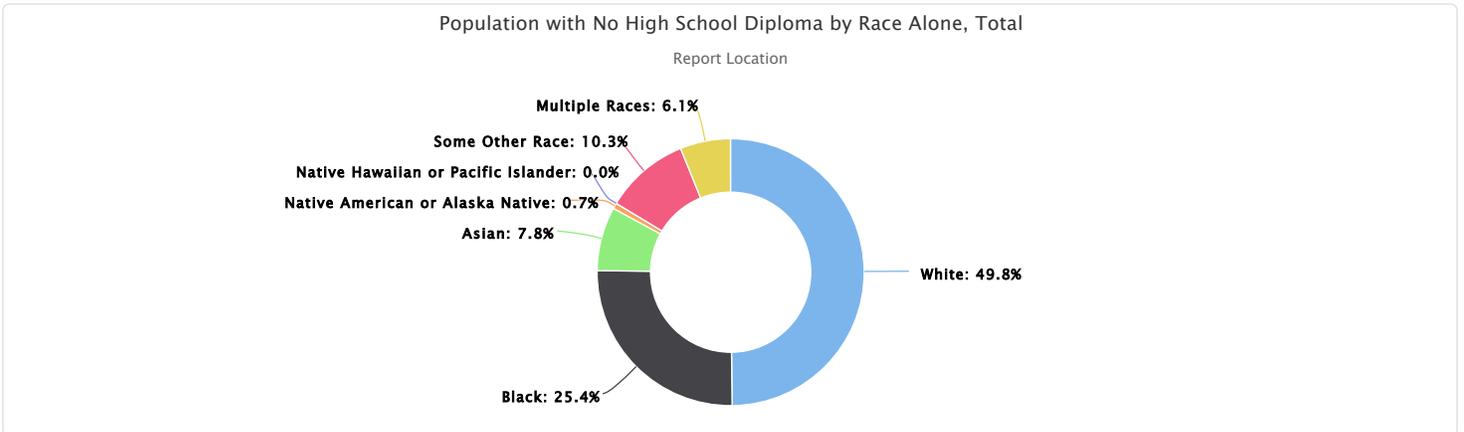
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Report Location	26,853	13,672	4,184	362	7	5,527	3,292
St. Francis Medical Center - Trenton	10,544	7,418	1,295	122	0	4,721	1,594
St. Joseph's Health - Syracuse	16,309	6,254	2,889	240	7	806	1,698
Burlington County, NJ	12,176	3,628	1,724	0	42	1,150	963
Mercer County, NJ	11,014	7,588	1,758	160	0	4,788	1,781
Monmouth County, NJ	16,524	3,358	1,602	265	0	3,186	1,694
Cayuga County, NY	4,891	1,058	72	17	0	233	364
Cortland County, NY	2,694	64	82	0	0	37	50
Madison County, NY	3,169	91	17	44	0	6	44
Onondaga County, NY	16,357	6,254	2,889	240	7	806	1,692
New Jersey	299,314	91,067	46,553	3,950	403	116,889	50,701
New York	690,640	317,046	252,677	13,913	1,069	382,662	111,650
United States	13,677,033	3,431,537	1,657,920	344,781	51,271	3,870,502	2,017,312

Data Source: US Census Bureau, American Community Survey, 2017-21.

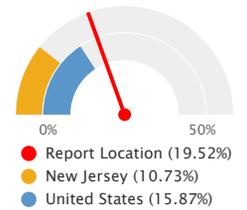


### Chronic Absenteeism

In the report area 19.52% or 21,258 children were chronically absent (missing 15 or more school days) during the 2017-18 school year. This indicator is important because chronic absence can jeopardizes students' academic proficiency, social engagement, and opportunities for long-term success (NEA, 2018).

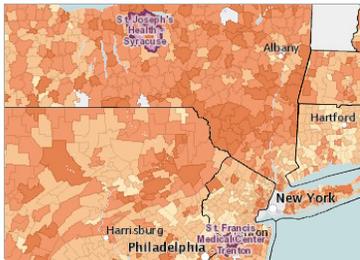
Report Area	Student Cohort	Number Chronically Absent	Chronic Absence Rate
Report Location	108,878	21,258	19.52%
St. Francis Medical Center - Trenton	40,193	5,575	13.87%
St. Joseph's Health - Syracuse	68,684	15,683	22.83%
Burlington County, NJ	68,006	6,073	8.93%
Mercer County, NJ	54,493	7,038	12.92%
Monmouth County, NJ	96,538	9,274	9.61%
Cayuga County, NY	9,303	1,778	19.11%
Cortland County, NY	6,034	993	16.46%
Madison County, NY	9,104	1,481	16.27%
Onondaga County, NY	70,415	15,875	22.54%
New Jersey	1,345,135	144,329	10.73%
New York	1,649,387	286,040	17.34%
United States	48,381,525	7,677,828	15.87%

Chronic Absence Rate (Percentage of Students Absent 15 or More School Days per Year).



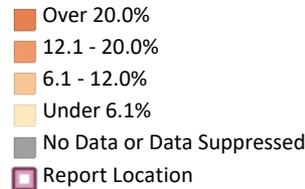
Note: This indicator is compared to the lowest state average.

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2017-18. Source geography: School District



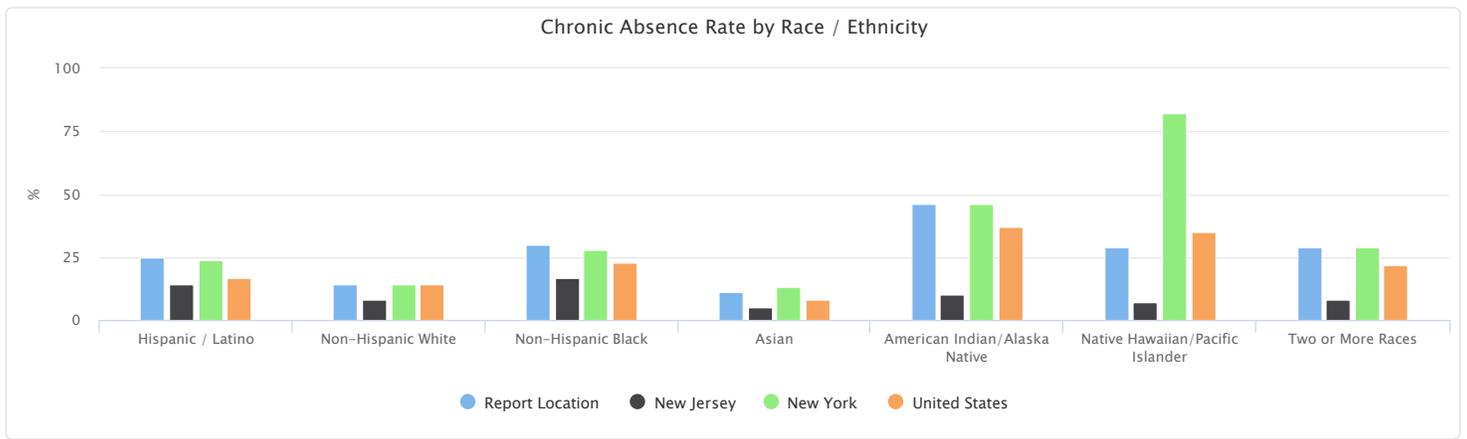
[View larger map](#)

### Chronic Absenteeism, Children Enrolled in Public Schools, Rate by School District, CRDC 2017-18



### Chronic Absence Rate by Race / Ethnicity

Report Area	Hispanic / Latino	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian/Alaska Native	Native Hawaiian/Pacific Islander	Two or More Races
Report Location	25%	14%	30%	11%	46%	29%	29%
St. Francis Medical Center - Trenton	17%	8%	20%	5%	12%	2%	15%
St. Joseph's Health - Syracuse	45%	16%	38%	19%	48%	105%	33%
Burlington County, NJ	12%	8%	12%	5%	13%	9%	9%
Mercer County, NJ	16%	9%	19%	5%	12%	10%	10%
Monmouth County, NJ	11%	9%	18%	4%	9%	7%	9%
Cayuga County, NY	31%	17%	38%	27%	88%	75%	31%
Cortland County, NY	37%	16%	35%	25%	No data	No data	23%
Madison County, NY	37%	16%	37%	100%	44%	75%	29%
Onondaga County, NY	44%	16%	36%	19%	48%	No data	33%
New Jersey	14%	8%	17%	5%	10%	7%	8%
New York	24%	14%	28%	13%	46%	82%	29%
United States	17%	14%	23%	8%	37%	35%	22%

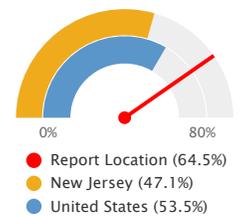


## Proficiency - Student Reading Proficiency (4th Grade)

Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 30,030 students tested, 35.5% of 4th graders performed at or above the "proficient" level, and 64.5% tested below the "proficient" level, according to the latest data. Students in the report area tested worse than the statewide rate of 52.9%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Report Location	30,030	35.5%	<b>64.5%</b>
St. Francis Medical Center - Trenton	11,974	38.4%	61.6%
St. Joseph's Health - Syracuse	18,056	33.6%	66.5%
Burlington County, NJ	17,285	52.7%	47.3%
Mercer County, NJ	14,644	44.9%	55.1%
Monmouth County, NJ	23,011	58.0%	42.0%
Cayuga County, NY	2,609	31.6%	68.4%
Cortland County, NY	1,547	28.1%	71.9%
Madison County, NY	2,160	40.0%	60.0%
Onondaga County, NY	18,073	33.5%	66.5%
New Jersey	345,324	52.9%	47.1%
New York	347,974	41.6%	58.4%
United States	13,385,663	46.5%	53.5%

Students Scoring 'Not Proficient' or Worse, Percent



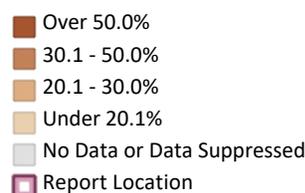
Note: This indicator is compared to the lowest state average.

Data Source: US Department of Education, [EDFacts](#). Additional data analysis by [CARES](#). 2018-19. Source geography: School District



[View larger map](#)

### Language Arts Test Scores, Grade 4, Percent Not Proficient by School District (Elementary), EDFacts 2018-19





# **APPENDIX 6**

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

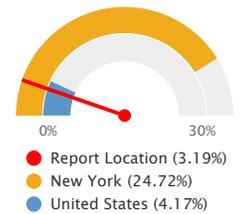
## Social Support & Community Context

### Commuter Travel Patterns - Public Transportation

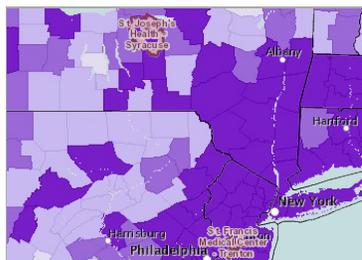
This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Report Location	362,814.00	11,580.00	<b>3.19%</b>
St. Francis Medical Center - Trenton	144,507.00	6,562.00	4.54%
St. Joseph's Health - Syracuse	218,307.00	5,018.00	2.30%
Burlington County, NJ	231,782	6,309	2.72%
Mercer County, NJ	181,448	10,796	5.95%
Monmouth County, NJ	323,136	21,556	6.67%
Cayuga County, NY	34,036	264	0.78%
Cortland County, NY	22,528	261	1.16%
Madison County, NY	30,828	185	0.60%
Onondaga County, NY	221,341	5,350	2.42%
New Jersey	4,489,790	438,123	9.76%
New York	9,440,371	2,333,713	24.72%
United States	155,284,955	6,472,373	4.17%

Percent Population Using Public Transit for Commute to Work



Note: This indicator is compared to the highest state average.  
Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Workers Traveling to Work Using Public Transit, Percent by County, ACS 2017-21

- Over 1.0%
- 0.6 - 1.0%
- 0.1 - 0.5%
- 0.0%
- Report Location

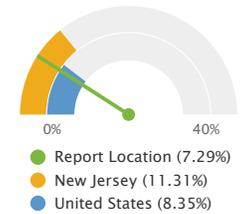
### Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 1,682,300 total households in the report area, 122,712 or 7.29% are without a motor

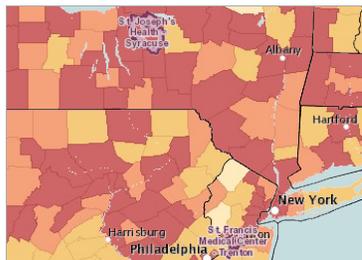
vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Report Location	1,682,300	122,712	7.29%
St. Francis Medical Center - Trenton	109,855	13,228	12.04%
St. Joseph's Health - Syracuse	1,572,445	109,484	6.96%
Burlington County, NJ	172,400	7,823	4.54%
Mercer County, NJ	137,114	15,341	11.19%
Monmouth County, NJ	245,569	16,046	6.53%
Cayuga County, NY	30,604	2,995	9.79%
Cortland County, NY	18,260	1,472	8.06%
Madison County, NY	24,779	1,478	5.96%
Onondaga County, NY	190,353	23,192	12.18%
New Jersey	3,397,156	384,372	11.31%
New York	7,530,150	2,175,983	28.90%
United States	124,010,992	10,349,174	8.35%

Percentage of Households with No Motor Vehicle

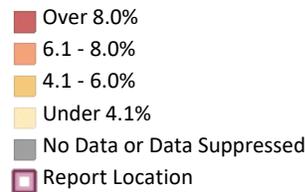


Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Households with No Vehicle, Percent by County, ACS 2017-21



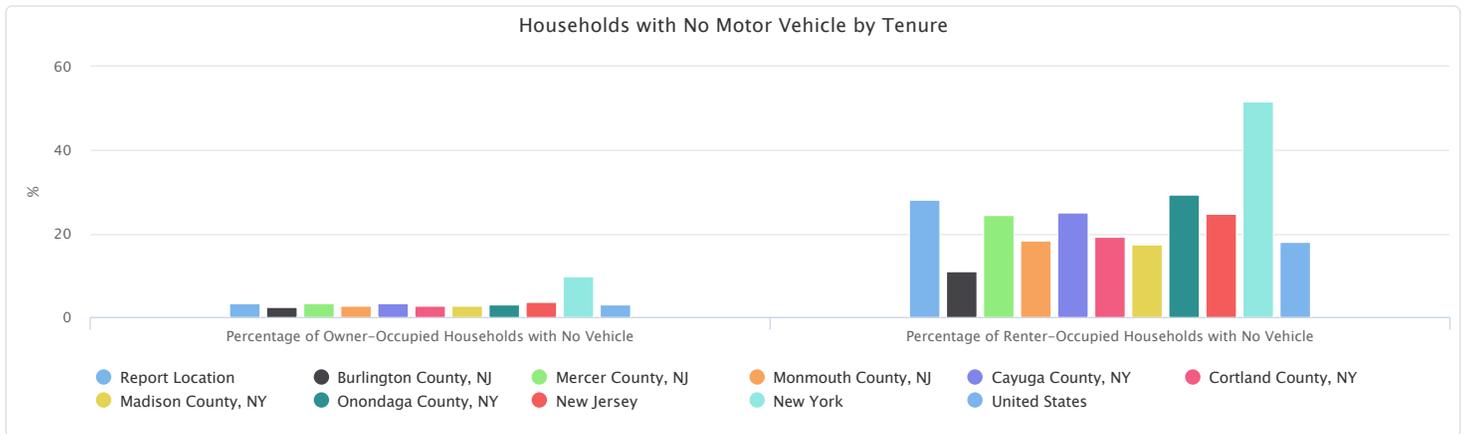
## Households with No Motor Vehicle by Tenure

This indicator reports the total and percentage of households with no vehicle by tenure.

These numbers in the following table could be interpreted as (take the first two columns as an example), "Within the report area, there are a total of (value) owner-occupied households with no vehicle. This accounts for (value) of all the owner-occupied households."

Report Area	Owner-Occupied Households	Owner-Occupied Households, Percent	Renter-Occupied Households	Renter-Occupied Households, Percent
Report Location	6,237	3.24%	30,121	28.06%
St. Francis Medical Center - Trenton	2,514	3.67%	10,714	25.96%
St. Joseph's Health - Syracuse	3,723	3.01%	19,407	29.38%
Burlington County, NJ	3,146	2.41%	4,677	11.12%
Mercer County, NJ	2,906	3.36%	12,435	24.52%
Monmouth County, NJ	4,852	2.63%	11,194	18.35%
Cayuga County, NY	715	3.31%	2,280	25.24%
Cortland County, NY	325	2.64%	1,147	19.23%
Madison County, NY	513	2.66%	965	17.59%
Onondaga County, NY	3,783	3.05%	19,409	29.33%
New Jersey	78,675	3.63%	305,697	24.87%
New York	399,747	9.76%	1,776,236	51.72%
United States	2,482,367	3.10%	7,866,807	17.94%

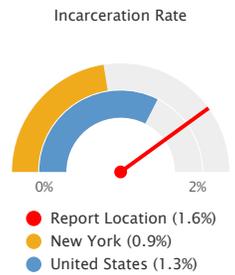
Data Source: US Census Bureau, American Community Survey, 2017-21.



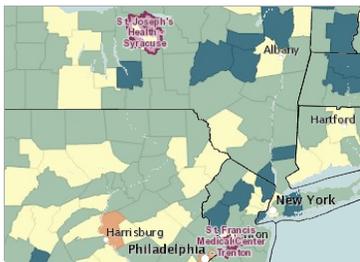
## Incarceration Rate

The Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census. According to the Atlas data, 1.6% of the report area population were incarcerated. The incarceration rate in the report area is higher than the state average of 1.0%.

Report Area	Total Population (2010)	Incarceration Rate
Report Location	753,945	<b>1.6%</b>
St. Francis Medical Center - Trenton	291,206	2.0%
St. Joseph's Health - Syracuse	462,739	1.4%
Burlington County, NJ	448,734	0.9%
Mercer County, NJ	366,513	1.6%
Monmouth County, NJ	630,380	0.6%
Cayuga County, NY	80,026	0.8%
Cortland County, NY	49,336	0.9%
Madison County, NY	73,442	0.6%
Onondaga County, NY	467,026	1.1%
New Jersey	8,791,894	1.0%
New York	19,378,102	0.9%
United States	312,444,060	1.3%

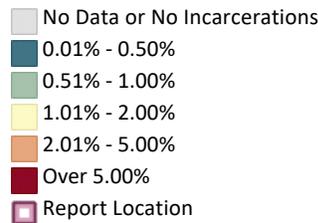


Note: This indicator is compared to the lowest state average.  
 Data Source: Opportunity Insights, 2018. Source geography: Tract



[View larger map](#)

Incarceration Rate (2010), Total by County, Opportunity Insights 2018

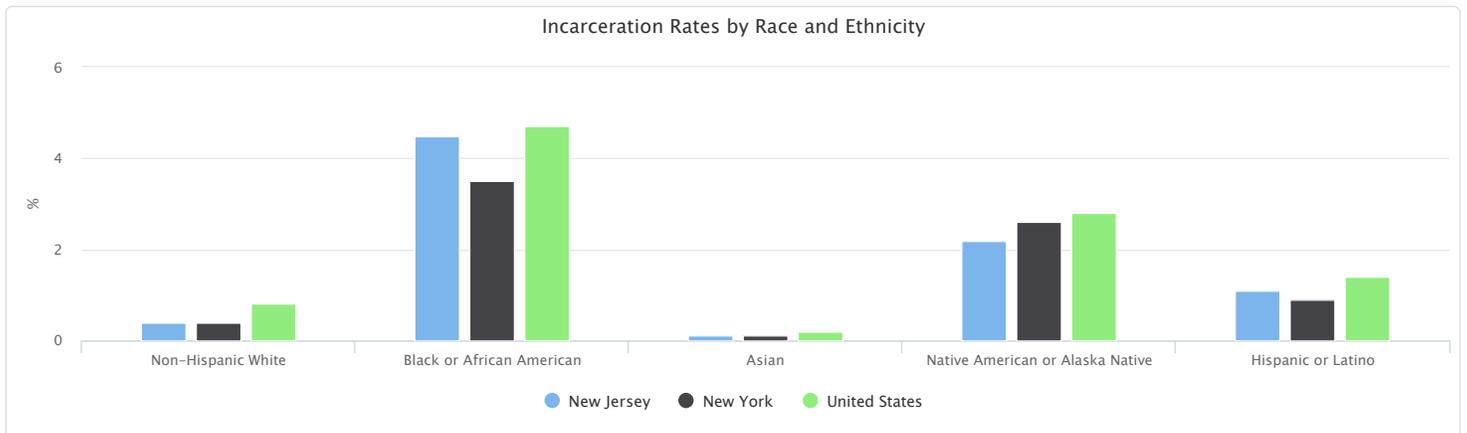


## Incarceration Rates by Race and Ethnicity

The table and chart below display estimated incarceration rates (2010) by race and ethnicity from the 2018 Opportunity Insights Atlas.

The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the incarceration rate is (value)."

Report Area	Non-Hispanic White	Black or African American	Asian	Native American or Alaska Native	Hispanic or Latino
Report Location	No data	No data	No data	No data	No data
St. Francis Medical Center - Trenton	No data	No data	No data	No data	No data
St. Joseph's Health - Syracuse	No data	No data	No data	No data	No data
Burlington County, NJ	0.5%	3.2%	0.0%	0.5%	1.0%
Mercer County, NJ	0.4%	6.1%	0.1%	3.4%	1.6%
Monmouth County, NJ	0.3%	4.1%	0.0%	3.4%	1.2%
Cayuga County, NY	0.7%	7.2%	0.4%	No data	0.6%
Cortland County, NY	0.8%	2.3%	0.2%	No data	0.0%
Madison County, NY	0.6%	5.0%	0.0%	4.8%	0.0%
Onondaga County, NY	0.4%	8.1%	0.2%	1.1%	2.4%
New Jersey	0.4%	4.5%	0.1%	2.2%	1.1%
New York	0.4%	3.5%	0.1%	2.6%	0.9%
United States	0.8%	4.7%	0.2%	2.8%	1.4%

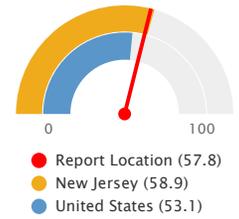


## Opportunity Index

This indicator reports the Opportunity Index score for the report area. The Opportunity Index includes indicators within four dimensions of community well-being: Economy; Education; Health; and Community. The overall score combines sixteen underlying indicators for states, and fourteen for counties. The Opportunity Index score has a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

Report Area	Total Population	Opportunity Index Score
Report Location	763,681	<b>57.8</b>
St. Francis Medical Center - Trenton	298,062	59.5
St. Joseph's Health - Syracuse	465,620	56.7
Burlington County, NJ	448,342	60.0
Mercer County, NJ	373,660	59.5
Monmouth County, NJ	626,782	64.1
Cayuga County, NY	77,757	52.2
Cortland County, NY	47,934	56.1
Madison County, NY	71,389	54.0
Onondaga County, NY	466,635	56.7
New Jersey	8,874,516	58.9
New York	19,641,589	56.9
United States	323,071,342	53.1

Opportunity Index Score

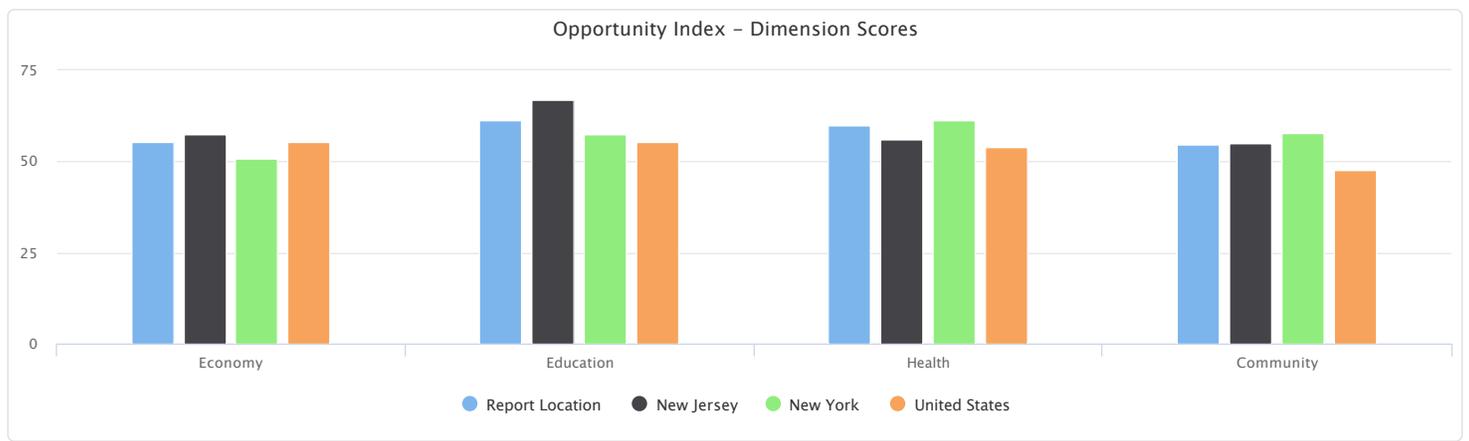


Note: This indicator is compared to the highest state average.  
Data Source: Opportunity Nation. 2018. Source geography: County

## Opportunity Index - Dimension Scores

This indicator reports the index scores for each of the four dimensions that make up the Opportunity Index. Each dimension is in turn composed of three to seven indicators that measure opportunity. Index scores have a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

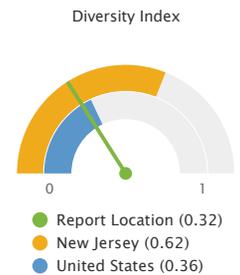
Report Area	Economy	Education	Health	Community
Report Location	55.4	61.4	59.8	54.7
St. Francis Medical Center - Trenton	57.5	68.2	57.2	55.3
St. Joseph's Health - Syracuse	54.0	57.0	61.4	54.3
Burlington County, NJ	65.4	68.2	58.1	48.5
Mercer County, NJ	56.9	68.2	57.1	55.8
Monmouth County, NJ	62.6	74.2	60.8	58.8
Cayuga County, NY	57.5	52.5	60.5	38.2
Cortland County, NY	55.8	57.3	63.4	48.0
Madison County, NY	57.3	51.5	61.6	45.8
Onondaga County, NY	54.0	57.0	61.4	54.4
New Jersey	57.5	66.8	56.2	55.1
New York	50.8	57.5	61.4	57.9
United States	55.4	55.2	54.0	47.6



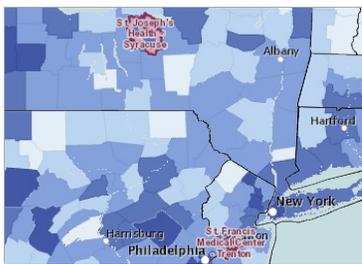
## Racial Diversity (Theil Index)

This indicator measures the spatial distribution or evenness of population demographic groups in neighborhoods throughout the county. This indicator is presented as an index with values ranging between 0 and 1, with higher values indicating higher levels of segregation between neighborhoods.

Report Area	Non-Hispanic White, Percent	Non-Hispanic Black, Percent	Non-Hispanic Asian, Percent	Non-Hispanic AI/AN, Percent	Non-Hispanic NH/PI, Percent	Hispanic/Latino, Percent	Diversity Index
Report Location	63.27%	16.56%	5.74%	0.44%	0.02%	13.97%	<b>0.32</b>
St. Francis Medical Center - Trenton	42.74%	23.32%	7.68%	0.12%	0.02%	26.12%	1.08
St. Joseph's Health - Syracuse	76.89%	12.08%	4.46%	0.65%	0.02%	5.89%	0.17
Burlington County, NJ	67.46%	17.14%	5.95%	0.14%	0.06%	9.25%	0.19
Mercer County, NJ	45.08%	19.35%	12.92%	0.11%	0.03%	22.51%	0.30
Monmouth County, NJ	74.65%	6.35%	5.83%	0.08%	0.02%	13.08%	0.19
Cayuga County, NY	91.68%	3.77%	0.52%	0.31%	0.07%	3.64%	0.16
Cortland County, NY	91.84%	1.87%	2.29%	0.25%	0.01%	3.73%	0.13
Madison County, NY	94.05%	1.65%	1.02%	0.67%	0.02%	2.58%	0.12
Onondaga County, NY	76.93%	12.05%	4.46%	0.65%	0.02%	5.89%	0.24
New Jersey	53.94%	12.93%	10.56%	0.13%	0.02%	22.43%	0.62
New York	54.96%	14.31%	9.94%	0.28%	0.03%	20.47%	0.73
United States	60.01%	12.50%	6.14%	0.70%	0.19%	20.42%	0.36



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, Decennial Census. University of Missouri, Center for Applied Research and Engagement Systems. 2020. Source geography: Block Group



[View larger map](#)

Racial Segregation (Theil Index) by County, US Census 2020



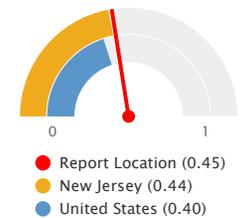
## Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community’s ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community’s social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.45, which is which is greater than the state average of 0.44.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Report Location	750,874	0.45	0.46	0.49	0.45	<b>0.45</b>
St. Francis Medical Center - Trenton	291,841	0.50	0.39	0.69	0.47	0.51
St. Joseph's Health - Syracuse	459,033	0.42	0.51	0.37	0.43	0.40
Burlington County, NJ	446,367	0.14	0.07	0.78	0.32	0.21
Mercer County, NJ	368,762	0.35	0.07	0.95	0.87	0.56
Monmouth County, NJ	623,387	0.09	0.04	0.79	0.31	0.16
Cayuga County, NY	77,868	0.38	0.47	0.33	0.83	0.50
Cortland County, NY	48,123	0.39	0.11	0.26	0.80	0.35
Madison County, NY	71,359	0.24	0.06	0.21	0.53	0.17
Onondaga County, NY	464,242	0.35	0.27	0.71	0.77	0.52
New Jersey	8,881,845	0.28	0.18	0.87	0.62	0.44
New York	19,618,453	0.42	0.20	0.82	0.78	0.55
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Social Vulnerability Index Score



Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract



[View larger map](#)

Social Vulnerability Index by County, CDC 2018

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Report Location

## Teen Births

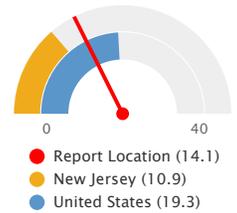
This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2022 County Health Rankings.

In the report area, of the 192,640 total female population age 15-19, the teen birth rate is 14.1 per 1,000, which is greater than the state's teen birth rate of 10.9.

*Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.*

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Report Location	192,640	<b>14.1</b>
St. Francis Medical Center - Trenton	75,396	13.3
St. Joseph's Health - Syracuse	117,244	14.6
Burlington County, NJ	91,737	8.4
Mercer County, NJ	95,993	13.6
Monmouth County, NJ	141,263	5.5
Cayuga County, NY	16,064	16.1
Cortland County, NY	16,760	10.6
Madison County, NY	22,217	9.4
Onondaga County, NY	117,342	14.7
New Jersey	1,919,703	10.9
New York	4,169,788	12.8
United States	72,151,590	19.3

Teen birth rate per 1,000 female population, ages 15-19



*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2014-2020. Source geography: County*



[View larger map](#)

Teen Births, Rate Per 1,000 Females Age 15-19 by County, CDC NVSS 2014-2020

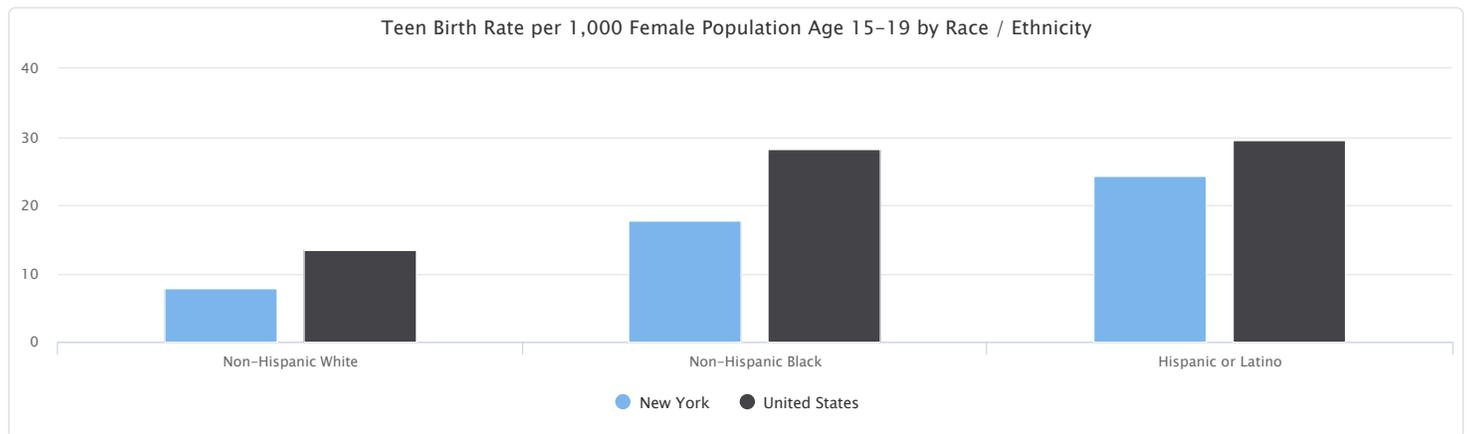
- Over 54.0
- 40.1 - 54.0
- 26.1 - 40.0
- Under 26.1
- No Data or Data Suppressed
- Report Location

## Teen Birth Rate per 1,000 Female Population Age 15-19 by Race / Ethnicity

This indicator reports the 2014-2020 seven-year average teen birth rate per 1,000 female population age 15-19 by race /

ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Burlington County, NJ	4.5	16.6	16.9
Mercer County, NJ	2.5	24.9	37.3
Monmouth County, NJ	2.1	17.9	18.3
Cayuga County, NY	14.0	44.4	30.6
Cortland County, NY	10.6	No data	12.0
Madison County, NY	No data	No data	No data
Onondaga County, NY	8.4	37.1	32.0
New York	7.9	17.8	24.3
United States	13.5	28.2	29.6

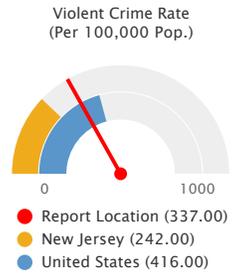


## Violent Crime

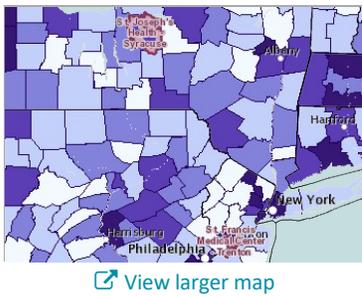
Violent crime includes homicide, rape, robbery, and aggravated assault.

Within the report area, the 2015-2017 three-year total of reported violent crimes was 8,373.00, which equates to an annual rate of 337.00 crimes per 100,000 people, higher than the statewide rate of 242.00.

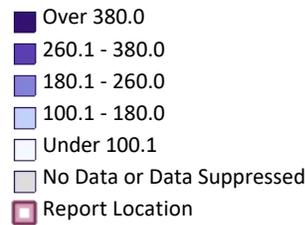
Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Report Location	828,118.00	8,373.00	<b>337.00</b>
St. Francis Medical Center - Trenton	297,177.00	3,244.00	363.80
St. Joseph's Health - Syracuse	530,942.00	5,129.00	322.00
Burlington County, NJ	459,570	2,102	152.40
Mercer County, NJ	371,699	4,256	381.60
Monmouth County, NJ	628,189	2,859	151.70
Cayuga County, NY	79,115	632	266.20
Cortland County, NY	51,207	157	102.10
Madison County, NY	72,216	366	168.90
Onondaga County, NY	532,605	5,164	323.10
New Jersey	9,028,756	65,569	242.00
New York	60,110,802	968,353	536.90
United States	366,886,849	4,579,031	416.00



Note: This indicator is compared to the lowest state average.  
 Data Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*. Additional analysis by the *National Archive of Criminal Justice Data*. Accessed via the *Inter-university Consortium for Political and Social Research*. 2015-2017. Source geography: County



Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2015-2017

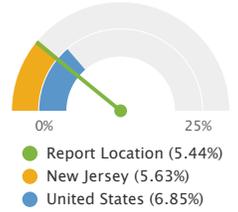


## Young People Not in School and Not Working

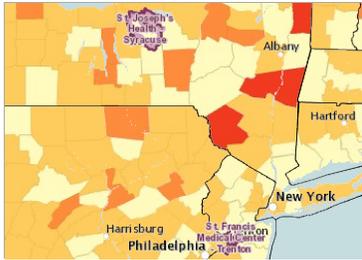
This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 39,987 between the ages, of which 2,176 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Report Location	39,987	2,176	5.44%
St. Francis Medical Center - Trenton	17,800	890	5.00%
St. Joseph's Health - Syracuse	22,187	1,286	5.80%
Burlington County, NJ	22,064	1,252	5.67%
Mercer County, NJ	23,725	1,182	4.98%
Monmouth County, NJ	34,006	1,171	3.44%
Cayuga County, NY	3,565	258	7.24%
Cortland County, NY	4,156	106	2.55%
Madison County, NY	5,171	181	3.50%
Onondaga County, NY	28,029	1,294	4.62%
New Jersey	465,530	26,209	5.63%
New York	1,004,658	63,875	6.36%
United States	17,360,900	1,189,520	6.85%

Population Age 16-19 Not in School and Not Employed, Percent



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

**Youths Not Enrolled in School and Not Employed, Percent by County, ACS 2017-21**

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- 5.1 - 10.0%
- Under 5.1%
- No Data or Data Suppressed
- Report Location

<https://trinityhealthdatahub.org>, 2/17/2023

# **APPENDIX 7**

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

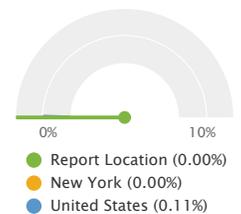
## Nighborhood & Physical Environment

### Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population (2020)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Report Location	753,941	6.37	0	0.00	0.00%
St. Francis Medical Center - Trenton	291,198	7.96	0	0.00	0.00%
St. Joseph's Health - Syracuse	462,742	5.64	0	0.00	0.00%
Burlington County, NJ	461,860	8.96	0	0.00	0.00%
Mercer County, NJ	387,340	8.64	0	0.00	0.00%
Monmouth County, NJ	643,615	7.78	0	0.00	0.00%
Cayuga County, NY	76,248	6.08	0	0.00	0.00%
Cortland County, NY	46,809	5.99	0	0.00	0.00%
Madison County, NY	27,556	5.72	0	0.00	0.00%
Onondaga County, NY	476,516	5.97	0	0.00	0.00%
New York	20,146,581	7.59	0	0.00	0.00%
New Jersey	9,288,994	8.49	0	0.00	0.00%
United States	329,148,493	8.26	0	0.00	0.11%

Days Exceeding Standards, Percent (Weighted)



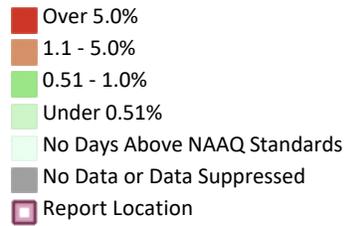
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography: Tract



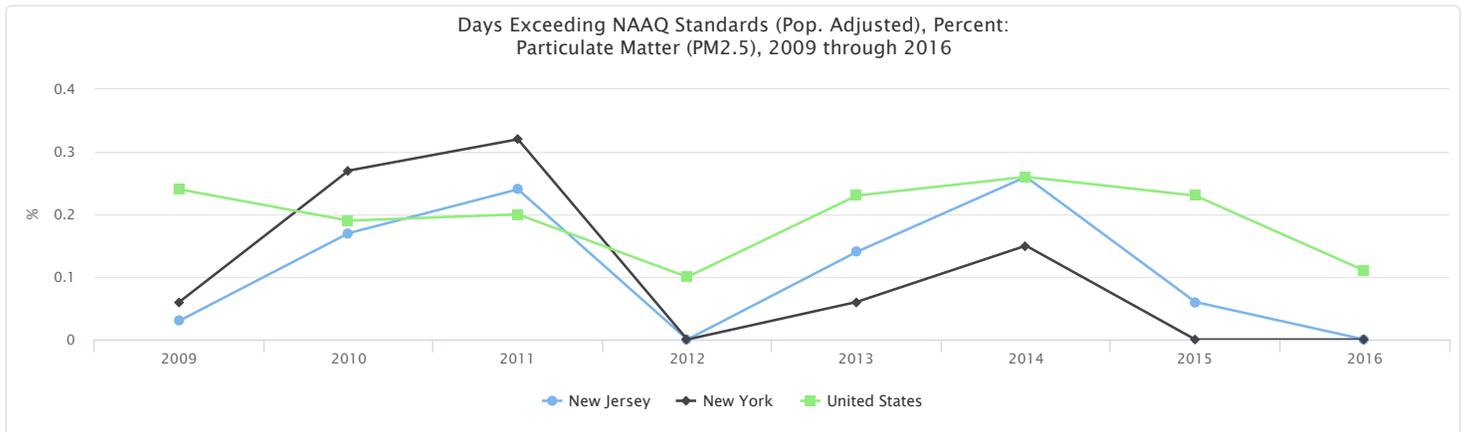
[View larger map](#)

**Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2016**



**Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2009 through 2016**

Report Area	2009	2010	2011	2012	2013	2014	2015	2016
St. Francis Medical Center - Trenton	0.00%	0.21%	0.38%	0.00%	0.66%	0.27%	0.19%	0.00%
St. Joseph's Health - Syracuse	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
St. Francis Medical Center - Trenton	0.00%	0.21%	0.38%	0.00%	0.66%	0.27%	0.19%	0.00%
St. Joseph's Health - Syracuse	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
New Jersey	0.03%	0.17%	0.24%	0.00%	0.14%	0.26%	0.06%	0.00%
New York	0.06%	0.27%	0.32%	0.00%	0.06%	0.15%	0.00%	0.00%
United States	0.24%	0.19%	0.20%	0.10%	0.23%	0.26%	0.23%	0.11%

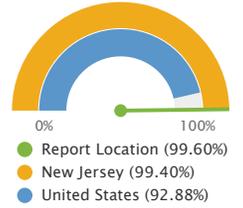


**Built Environment - Broadband Access**

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. This data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Report Area	Total Number of Broadband Servicable Locations	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS
Report Location	246,050	99.60%	99.34%
246,050	99.60%	99.34%	
Burlington County, NJ	147,480	99.35%	99.17%
Mercer County, NJ	106,239	99.76%	99.65%
Monmouth County, NJ	200,974	99.66%	99.53%
Cayuga County, NY	33,147	96.30%	95.23%
Cortland County, NY	17,665	97.37%	96.65%
Madison County, NY	29,039	94.64%	92.80%
Onondaga County, NY	160,244	99.50%	99.15%
New York	4,670,328	97.73%	97.11%
New Jersey	2,534,714	99.40%	99.14%
United States	113,499,990	92.88%	87.63%

Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)



Note: This indicator is compared to the highest state average.  
Data Source: FCC FABRIC Data. Additional data analysis by CARES, 2022. Source geography: Tract



[View larger map](#)

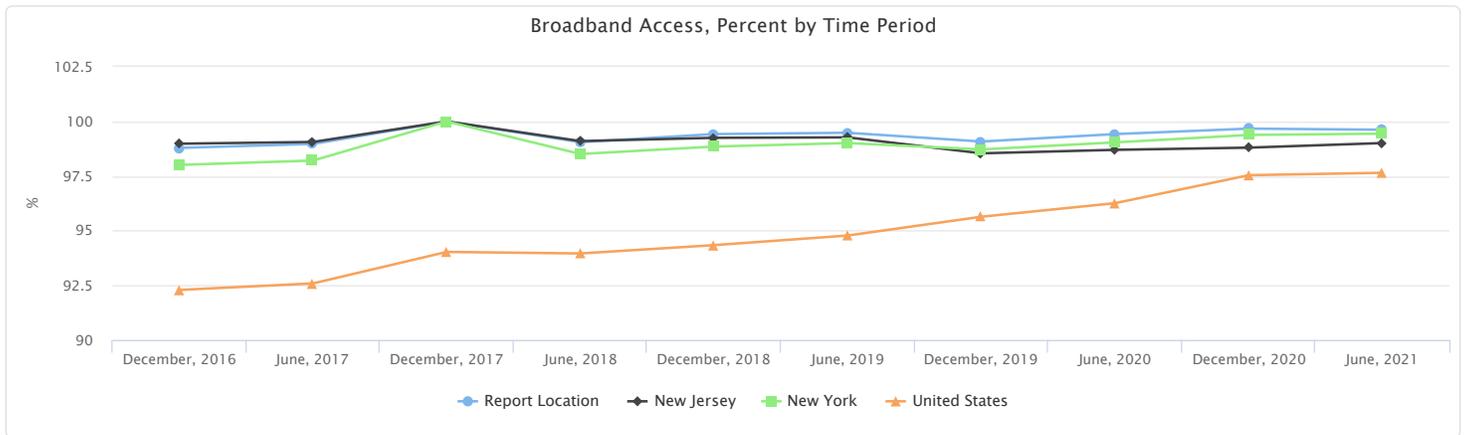
FCC Fabric Locations , 25/3+ MBPS, Percent by Tract, FCC 2022

- Over 98.0%
- 95.0 - 98.0%
- 90.0 - 94.9%
- 50.0 - 89.9%
- Under 50.0%
- No Locations
- Report Location

## Broadband Access, Percent by Time Period

The table below displays temporal trends in high-speed internet availability as the percent of the population with access to broadband in the indicated area.

Report Area	December, 2016	June, 2017	December, 2017	June, 2018	December, 2018	June, 2019	December, 2019	June, 2020	December, 2020	June, 2021
Report Location	98.79%	98.97%	100.00%	99.05%	99.42%	99.48%	99.08%	99.42%	99.67%	99.62%
St. Francis Medical Center - Trenton	98.08%	98.27%	100.00%	98.30%	98.72%	98.86%	97.81%	98.68%	99.26%	99.14%
St. Joseph's Health - Syracuse	99.24%	99.41%	100.00%	99.53%	99.86%	99.87%	99.89%	99.89%	99.93%	99.93%
Burlington County, NJ	97.64%	97.77%	100.00%	97.83%	98.40%	98.45%	98.49%	98.36%	98.77%	98.84%
Mercer County, NJ	97.87%	98.02%	100.00%	98.03%	98.36%	98.47%	97.70%	98.41%	99.23%	99.12%
Monmouth County, NJ	99.73%	99.73%	100.00%	99.77%	99.74%	99.75%	99.04%	99.10%	99.25%	99.25%
Cayuga County, NY	78.26%	78.71%	100.00%	81.29%	85.34%	88.00%	96.92%	98.21%	99.14%	99.55%
Cortland County, NY	87.30%	87.36%	100.00%	88.17%	91.92%	94.12%	95.75%	96.29%	97.87%	97.47%
Madison County, NY	89.59%	89.61%	100.00%	90.94%	93.02%	93.24%	94.18%	95.11%	98.46%	99.04%
Onondaga County, NY	99.28%	99.44%	100.00%	99.57%	99.90%	99.90%	99.90%	99.90%	99.93%	99.92%
New Jersey	98.98%	99.06%	100.00%	99.10%	99.25%	99.27%	98.54%	98.70%	98.80%	99.01%
New York	98.01%	98.21%	100.00%	98.51%	98.85%	99.01%	98.72%	99.04%	99.38%	99.44%
United States	92.29%	92.59%	94.03%	93.96%	94.34%	94.78%	95.64%	96.26%	97.54%	97.65%

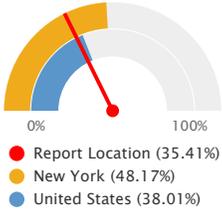


## Built Environment - Park Access

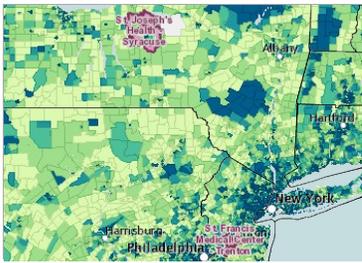
This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2010 Census	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Report Location	819,959	290,388.00	<b>35.41%</b>
St. Francis Medical Center - Trenton	321,089	127,988.00	39.86%
St. Joseph's Health - Syracuse	498,870	162,400.00	32.55%
Burlington County, NJ	448,734	75,048.00	16.72%
Mercer County, NJ	366,513	154,071.00	42.04%
Monmouth County, NJ	630,380	149,408.00	23.70%
Cayuga County, NY	80,026	2,764.00	3.45%
Cortland County, NY	49,336	13,957.00	28.29%
Madison County, NY	73,442	15,001.00	20.43%
Onondaga County, NY	467,026	159,692.00	34.19%
New Jersey	8,791,894	3,325,012.00	37.82%
New York	19,378,102	9,333,889.00	48.17%
United States	308,745,538	117,361,303.00	38.01%

Percent Population Within 1/2 Mile of a Park



Note: This indicator is compared to the highest state average.  
 Data Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2013. Source geography: Tract



[View larger map](#)

Population With Park Access (Within 1/2 Mile), Percent by Tract, ESRI/OSM 2013

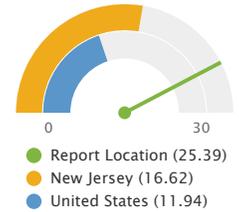
- Over 40.0%
- 20.1 - 40.0%
- 10.1 - 20.0%
- Under 10.1%
- No Parks or No Data
- Report Location

### Built Environment - Recreation and Fitness Facility Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The report area includes 87 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.

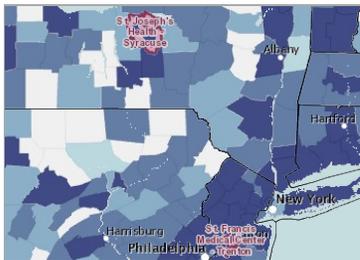
Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	342,711	87	25.39
St. Francis Medical Center - Trenton	158,384	35	22.10
St. Joseph's Health - Syracuse	184,327	52	28.21
Burlington County, NJ	461,860	77	16.67
Mercer County, NJ	387,340	72	18.59
Monmouth County, NJ	643,615	163	25.33
Cayuga County, NY	76,248	4	5.25
Cortland County, NY	46,809	6	12.82
Madison County, NY	68,016	5	7.35
Onondaga County, NY	476,516	72	15.11
New Jersey	9,288,994	1,544	16.62
New York	20,201,333	2,641	13.07
United States	331,449,275	39,562	11.94

Recreation and Fitness Facilities, Rate per 100,000 Population



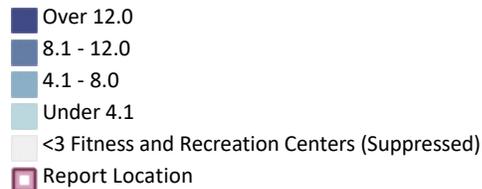
Note: This indicator is compared to the highest state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County



[View larger map](#)

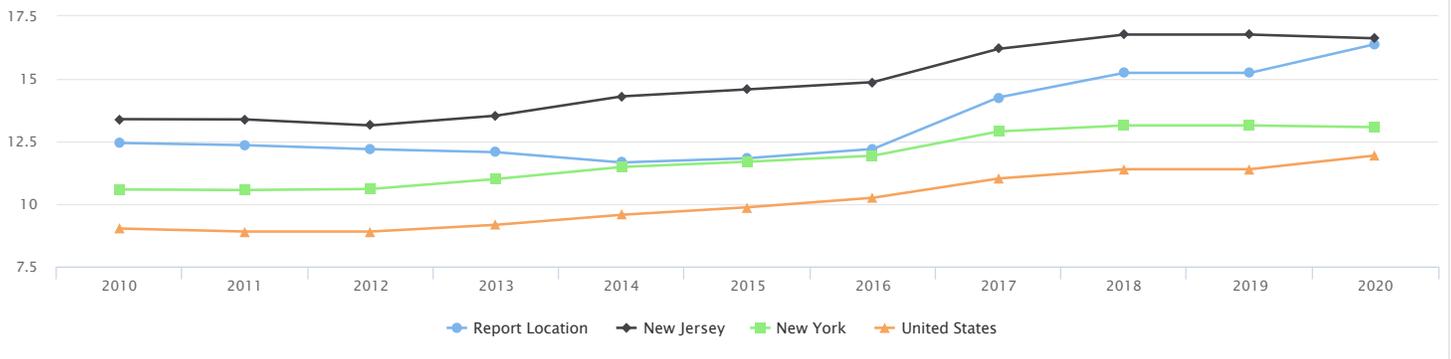
Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2020



### Recreation and Fitness Facilities, Rate per 100,000 Population by Year, 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	12.44	12.35	12.19	12.07	11.66	11.83	12.2	14.26	15.24	15.24	16.39
St. Francis Medical Center - Trenton	13.86	13.63	11.96	12.63	10.94	12	13.27	16.25	18.11	18.11	18.45
St. Joseph's Health - Syracuse	11.51	11.51	12.34	11.71	12.13	11.72	11.51	12.96	13.38	13.38	15.05
Burlington County, NJ	12.77	12.99	12.99	12.34	12.12	13.42	14.51	16.02	15.37	15.37	16.67
Mercer County, NJ	13.94	13.68	11.88	12.65	10.84	11.88	13.17	16.26	18.33	18.33	18.59
Monmouth County, NJ	18.33	18.18	16.62	18.33	20.35	21.29	22.68	25.48	27.35	27.35	25.33
Cayuga County, NY	3.93	5.25	5.25	5.25	5.25	5.25	6.56	7.87	6.56	6.56	5.25
Cortland County, NY	10.68	8.55	10.68	10.68	10.68	10.68	10.68	10.68	12.82	12.82	12.82
Madison County, NY	10.29	8.82	7.35	7.35	7.35	8.82	7.35	5.88	5.88	5.88	7.35
Onondaga County, NY	11.54	11.54	12.38	11.75	12.17	11.75	11.54	13.01	13.43	13.43	15.11
New Jersey	13.39	13.38	13.14	13.53	14.3	14.58	14.87	16.2	16.77	16.77	16.62
New York	10.58	10.56	10.6	11	11.48	11.69	11.93	12.9	13.14	13.14	13.07
United States	9.02	8.9	8.9	9.17	9.57	9.87	10.25	11.02	11.39	11.39	11.94

Recreation and Fitness Facilities,  
Rate per 100,000 Population by Year, 2010 through 2020



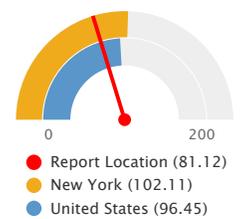
## Built Environment - Social Associations

This indicator reports the number of social associations per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.

*Note: Counts of establishments < 3 are suppressed.*

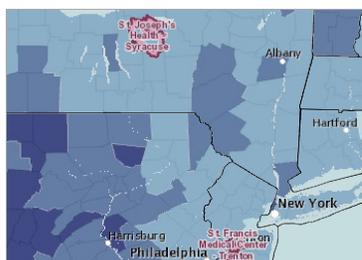
Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	784,067	636	<b>81.12</b>
St. Francis Medical Center - Trenton	308,827	264	85.48
St. Joseph's Health - Syracuse	475,240	372	78.28
Burlington County, NJ	461,860	401	86.82
Mercer County, NJ	387,340	444	114.63
Monmouth County, NJ	643,615	608	94.47
Cayuga County, NY	76,248	78	102.30
Cortland County, NY	46,809	51	108.95
Madison County, NY	68,016	63	92.63
Onondaga County, NY	476,516	489	102.62
New York	20,201,333	20,627	102.11
New Jersey	9,288,994	8,309	89.45
United States	331,449,275	319,672	96.45

Membership Associations, Rate per 100,000 Population



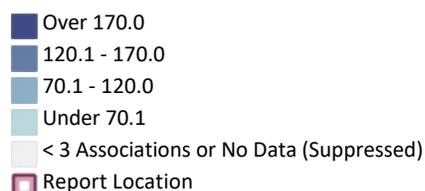
*Note: This indicator is compared to the highest state average.*

*Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County*



[View larger map](#)

Social Associations, Rate (Per 100,000 Pop.) by County, CBP 2020

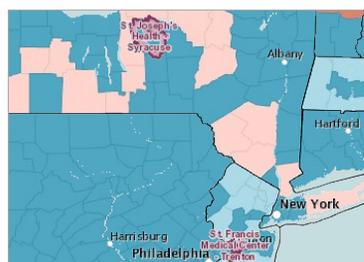


## Drinking Water Safety

This indicator reports presence or absence of one or more health-based violations in drinking water within community water systems that serve the community. The data for this indicator are obtained from the 2022 County Health Rankings, which utilizes figures from the 2020 Safe Drinking Water Information System (SDWIS).

Report Area	Estimated Total Population	Presence of Health-Based Drinking Water Violation
Report Location	594,845.00	Yes
St. Francis Medical Center - Trenton	231,720.00	Yes
St. Joseph's Health - Syracuse	363,125.00	Yes
Burlington County, NJ	351,826	Yes
Mercer County, NJ	290,270	Yes
Monmouth County, NJ	488,848	No
Cayuga County, NY	62,027	Yes
Cortland County, NY	38,541	No
Madison County, NY	57,462	No
Onondaga County, NY	363,817	No
New Jersey	6,928,108	Yes
New York	15,368,313	Yes
United States	255,778,123	Yes

Data Source: University of Wisconsin Population Health Institute, *County Health Rankings*. 2020. Source geography: County



[View larger map](#)

### Drinking Water Safety, Rank by County, CHR 2022

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed
- Report Location

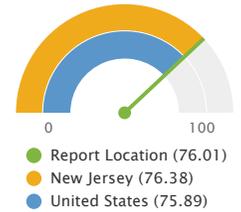
## Food Environment - Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

*Note: Counts of establishments < 3 are suppressed.*

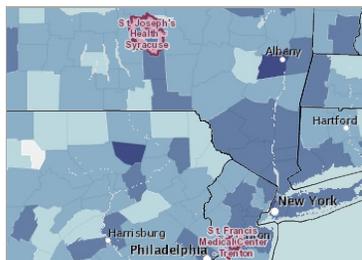
Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	784,067	596	76.01
St. Francis Medical Center - Trenton	308,827	219	70.91
St. Joseph's Health - Syracuse	475,240	377	79.33
Burlington County, NJ	461,860	333	72.10
Mercer County, NJ	387,340	285	73.58
Monmouth County, NJ	643,615	580	90.12
Cayuga County, NY	76,248	47	61.64
Cortland County, NY	46,809	38	81.18
Madison County, NY	68,016	44	64.69
Onondaga County, NY	476,516	394	82.68
New York	20,201,333	17,253	85.41
New Jersey	9,288,994	7,095	76.38
United States	331,449,275	251,533	75.89

Fast Food Restaurants, Rate per 100,000 Population



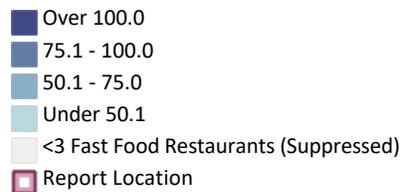
Note: This indicator is compared to the lowest state average.

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County



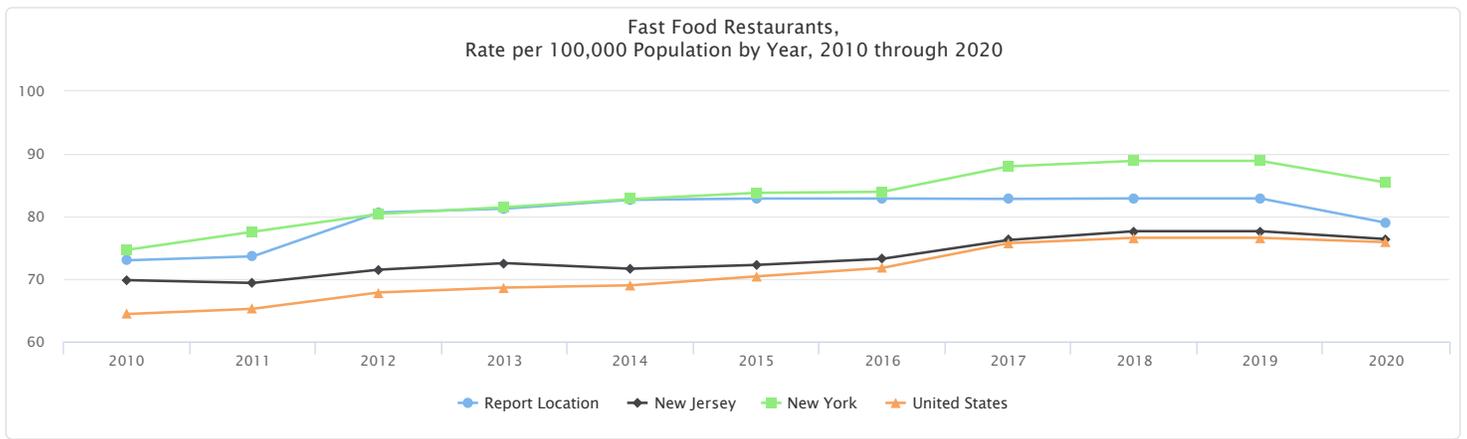
[View larger map](#)

Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, CBP 2020



### Fast Food Restaurants, Rate per 100,000 Population by Year, 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	72.99	73.62	80.63	81.25	82.66	82.86	82.86	82.8	82.88	82.88	78.98
St. Francis Medical Center - Trenton	68.6	68.92	71.94	72.84	71.91	72.97	76.57	76.39	74.34	74.34	73.48
St. Joseph's Health - Syracuse	75.84	76.68	86.28	86.72	89.64	89.28	86.94	86.96	88.42	88.42	82.55
Burlington County, NJ	67.55	71.88	70.8	69.93	67.12	68.64	68.85	72.75	74.05	74.05	72.1
Mercer County, NJ	68.67	68.67	72.03	73.06	72.29	73.32	77.19	76.68	74.35	74.35	73.58
Monmouth County, NJ	78	76.29	81.42	84.06	82.35	79.4	81.42	82.97	86.85	86.85	90.12
Cayuga County, NY	64.26	64.26	68.2	64.26	69.51	74.76	65.58	62.95	64.26	64.26	61.64
Cortland County, NY	66.23	66.23	87.59	96.14	89.73	83.32	89.73	104.68	91.86	91.86	81.18
Madison County, NY	57.34	60.28	55.87	58.81	61.75	73.51	64.69	64.69	70.57	70.57	64.69
Onondaga County, NY	75.97	76.81	86.46	86.88	89.82	89.4	87.09	87.09	88.56	88.56	82.68
New Jersey	69.82	69.37	71.49	72.54	71.64	72.25	73.23	76.23	77.64	77.64	76.38
New York	74.66	77.55	80.39	81.48	82.77	83.77	83.93	88	88.88	88.88	85.41
United States	64.4	65.24	67.85	68.63	68.99	70.42	71.78	75.73	76.59	76.59	75.89

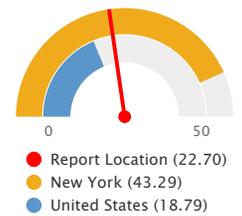


## Food Environment - Grocery Stores and Supermarkets

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 178 grocery establishments in the report area, a rate of 22.70 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

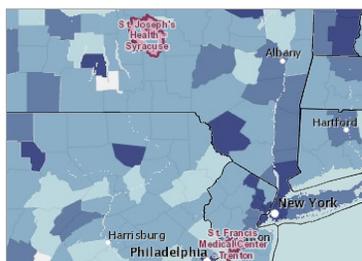
Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Report Location	784,067	178	<b>22.70</b>
St. Francis Medical Center - Trenton	308,827	89	28.82
St. Joseph's Health - Syracuse	475,240	89	18.73
Burlington County, NJ	461,860	69	14.94
Mercer County, NJ	387,340	115	29.69
Monmouth County, NJ	643,615	150	23.31
Cayuga County, NY	76,248	12	15.74
Cortland County, NY	46,809	9	19.23
Madison County, NY	68,016	11	16.17
Onondaga County, NY	476,516	105	22.03
New Jersey	9,288,994	2,466	26.55
New York	20,201,333	8,745	43.29
United States	331,449,275	62,268	18.79

Grocery Stores, Rate per 100,000 Population



Note: This indicator is compared to the highest state average.

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES. 2020. Source geography: County



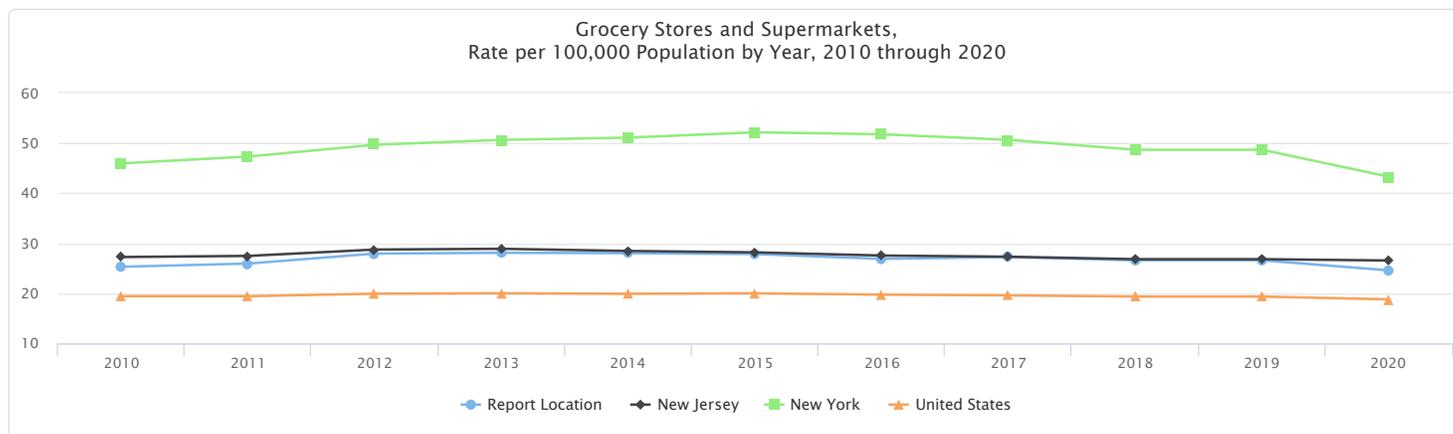
[View larger map](#)

### Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2020



## Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	25.3	25.94	27.94	28.09	28.02	27.85	26.88	27.24	26.59	26.59	24.59
St. Francis Medical Center - Trenton	26.52	25.58	30.35	31.69	32.2	30.78	29.3	28.9	29.83	29.83	28.58
St. Joseph's Health - Syracuse	24.51	26.17	26.38	25.75	25.31	25.95	25.3	26.15	24.49	24.49	21.99
Burlington County, NJ	16.02	16.24	16.24	14.94	15.37	15.59	14.94	16.02	15.59	15.59	14.94
Mercer County, NJ	27.37	26.33	31.5	33.05	33.56	32.01	30.46	29.95	30.98	30.98	29.69
Monmouth County, NJ	25.64	23.46	26.1	25.95	25.17	26.88	26.1	23.93	23.31	23.31	23.31
Cayuga County, NY	17.05	18.36	17.05	17.05	14.43	14.43	14.43	14.43	15.74	15.74	15.74
Cortland County, NY	21.36	17.09	19.23	14.95	14.95	14.95	14.95	19.23	19.23	19.23	19.23
Madison County, NY	20.58	20.58	20.58	20.58	17.64	20.58	16.17	17.64	17.64	17.64	16.17
Onondaga County, NY	24.55	26.23	26.44	25.81	25.39	26.02	25.39	26.23	24.55	24.55	22.03
New Jersey	27.25	27.47	28.74	28.89	28.46	28.18	27.54	27.31	26.82	26.82	26.55
New York	45.96	47.32	49.68	50.65	51.1	52.17	51.77	50.66	48.68	48.68	43.29
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79



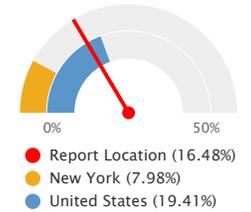
## Food Environment - Low Income & Low Food Access

This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 [Food Access Research Atlas](#) dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

16.48% of the low-income population in the report area have low food access. The total low-income population in the report area with low food access is 37,183.

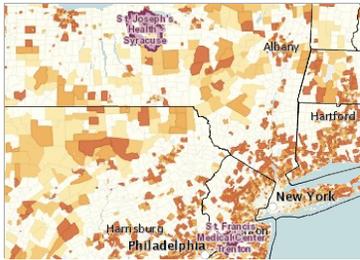
Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Location	753,096	225,693	37,183	<b>16.48%</b>
St. Francis Medical Center - Trenton	291,198	84,349	10,048	11.91%
St. Joseph's Health - Syracuse	461,897	141,344	27,134	19.20%
Burlington County, NJ	448,734	73,462	22,586	30.75%
Mercer County, NJ	366,513	90,768	13,447	14.81%
Monmouth County, NJ	630,380	103,327	29,629	28.67%
Cayuga County, NY	80,026	25,381	795	3.13%
Cortland County, NY	49,336	16,873	2,127	12.61%
Madison County, NY	73,442	19,498	4,249	21.79%
Onondaga County, NY	467,026	142,751	28,390	19.89%
New Jersey	8,791,894	2,013,651	321,067	15.94%
New York	19,378,102	5,788,309	462,046	7.98%
United States	308,745,538	97,055,825	18,834,033	19.41%

Percent Low Income Population with Low Food Access



Note: This indicator is compared to the lowest state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract



[View larger map](#)

Population with Limited Food Access, Low Income, Percent by Tract, USDA - FARA 2019

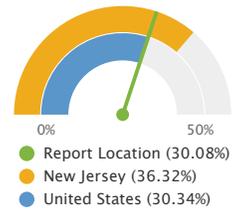


## Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 1,682,300 total households in the report area, 505,974 or 30.08% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Report Location	1,682,300	505,974	30.08%
St. Francis Medical Center - Trenton	109,855	39,839	36.27%
St. Joseph's Health - Syracuse	1,572,445	466,135	29.64%
Burlington County, NJ	172,400	53,072	30.78%
Mercer County, NJ	137,114	46,696	34.06%
Monmouth County, NJ	245,569	82,036	33.41%
Cayuga County, NY	30,604	8,048	26.30%
Cortland County, NY	18,260	4,503	24.66%
Madison County, NY	24,779	6,221	25.11%
Onondaga County, NY	190,353	50,774	26.67%
New York	7,530,150	2,775,003	36.85%
New Jersey	3,397,156	1,234,013	36.32%
United States	124,010,992	37,625,113	30.34%

Percentage of Households where Housing Costs Exceed 30% of Income



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by County, ACS 2017-21

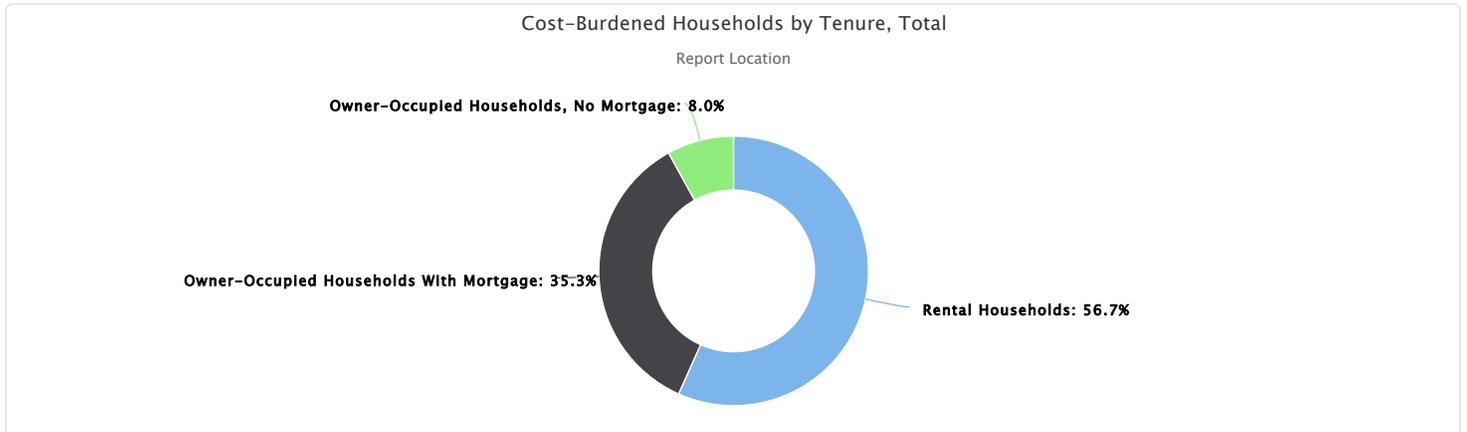


### Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 505,974 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2017-21 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Report Location	505,974	286,902	178,570	40,502
St. Francis Medical Center - Trenton	39,839	21,247	13,707	4,885
St. Joseph's Health - Syracuse	466,135	265,655	164,863	35,617
Burlington County, NJ	53,072	19,729	25,719	7,624
Mercer County, NJ	46,696	24,246	15,991	6,459
Monmouth County, NJ	82,036	30,150	37,799	14,087
Cayuga County, NY	8,048	3,766	2,854	1,428
Cortland County, NY	4,503	2,392	1,394	717
Madison County, NY	6,221	2,001	2,994	1,226
Onondaga County, NY	50,774	30,426	14,778	5,570
New Jersey	1,234,013	591,140	473,908	168,965
New York	2,775,003	1,675,997	790,587	308,419
United States	37,625,113	20,169,402	13,476,120	3,979,591

Data Source: US Census Bureau, American Community Survey, 2017-21.

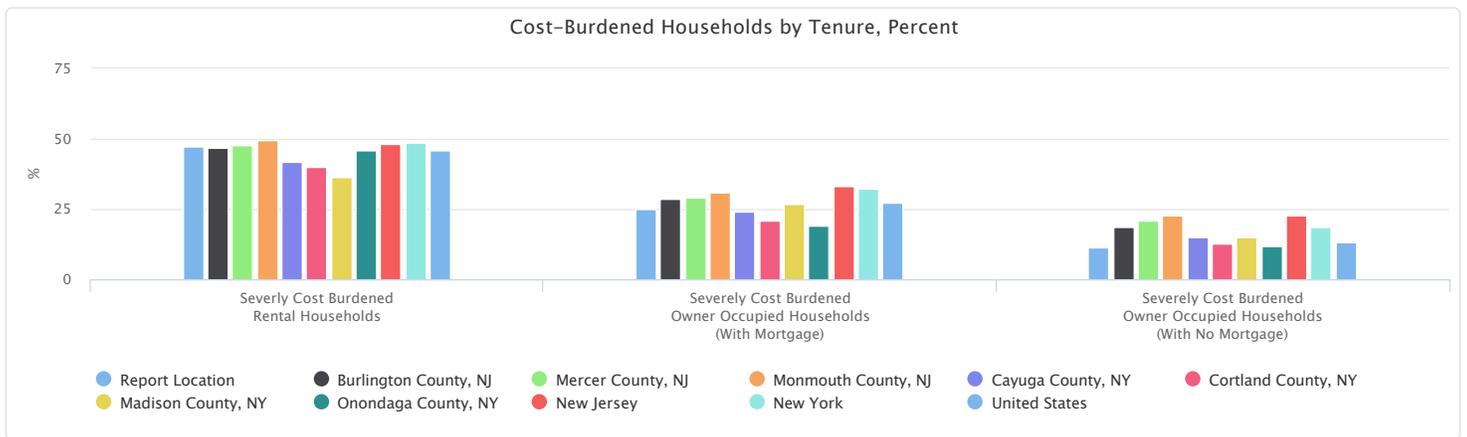


### Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 47.36% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2017-21 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Rental Households Cost-Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent
Report Location	605,728	47.36%	720,060	24.80%	356,512	11.36%
St. Francis Medical Center - Trenton	41,278	51.47%	45,124	30.38%	23,453	20.83%
St. Joseph's Health - Syracuse	564,450	47.06%	674,936	24.43%	333,059	10.69%
Burlington County, NJ	42,078	46.89%	89,207	28.83%	41,115	18.54%
Mercer County, NJ	50,710	47.81%	55,277	28.93%	31,127	20.75%
Monmouth County, NJ	61,003	49.42%	122,948	30.74%	61,618	22.86%
Cayuga County, NY	9,033	41.69%	11,920	23.94%	9,651	14.80%
Cortland County, NY	5,964	40.11%	6,679	20.87%	5,617	12.76%
Madison County, NY	5,485	36.48%	11,143	26.87%	8,151	15.04%
Onondaga County, NY	66,174	45.98%	77,481	19.07%	46,698	11.93%
New Jersey	1,229,008	48.10%	1,422,068	33.33%	746,080	22.65%
New York	3,434,514	48.80%	2,439,126	32.41%	1,656,510	18.62%
United States	43,858,831	45.99%	49,759,315	27.08%	30,392,846	13.09%

Data Source: US Census Bureau, American Community Survey, 2017-21.

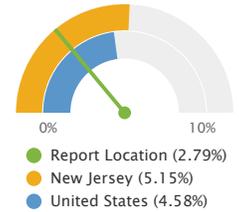


## Housing Quality - Overcrowding

This indicator reports data on overcrowded housing from the latest 5-year American Community Survey. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded.

Report Area	Total Occupied Housing Units	Overcrowded Housing Units	Percentage of Housing Units Overcrowded
Report Location	224,500	6,255	2.79%
St. Francis Medical Center - Trenton	67,236	2,967	4.41%
St. Joseph's Health - Syracuse	157,264	3,288	2.09%
Burlington County, NJ	126,579	2,619	2.07%
Mercer County, NJ	84,967	3,508	4.13%
Monmouth County, NJ	205,827	3,735	1.81%
Cayuga County, NY	29,260	405	1.38%
Cortland County, NY	17,267	358	2.07%
Madison County, NY	23,846	137	0.57%
Onondaga County, NY	157,794	3,302	2.09%
New Jersey	2,280,850	117,445	5.15%
New York	4,977,721	381,355	7.66%
United States	90,254,560	4,134,928	4.58%

Percentage of Housing Units Overcrowded

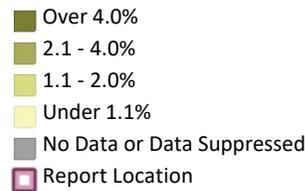


Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Overcrowded Housing (Over 1 Person/Room), Percent by County, ACS 2017-21

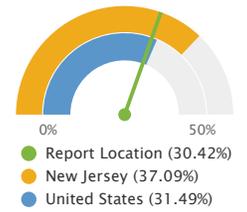


## Housing Quality - Substandard Housing

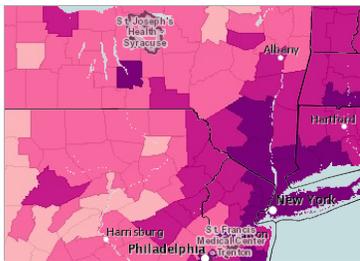
This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 1,682,300 total occupied housing units in the report area, 511,763 or 30.42% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Report Location	1,682,300	511,763	30.42%
St. Francis Medical Center - Trenton	109,855	40,089	36.49%
St. Joseph's Health - Syracuse	1,572,445	471,674	30.00%
Burlington County, NJ	172,400	52,254	30.31%
Mercer County, NJ	137,114	47,406	34.57%
Monmouth County, NJ	245,569	81,751	33.29%
Cayuga County, NY	30,604	8,100	26.47%
Cortland County, NY	18,260	4,611	25.25%
Madison County, NY	24,779	6,087	24.57%
Onondaga County, NY	190,353	51,345	26.97%
New Jersey	3,397,156	1,260,015	37.09%
New York	7,530,150	2,903,285	38.56%
United States	124,010,992	39,049,569	31.49%

Occupied Housing Units with One or More Substandard Conditions, Percent



Note: This indicator is compared to the lowest state average.  
 Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

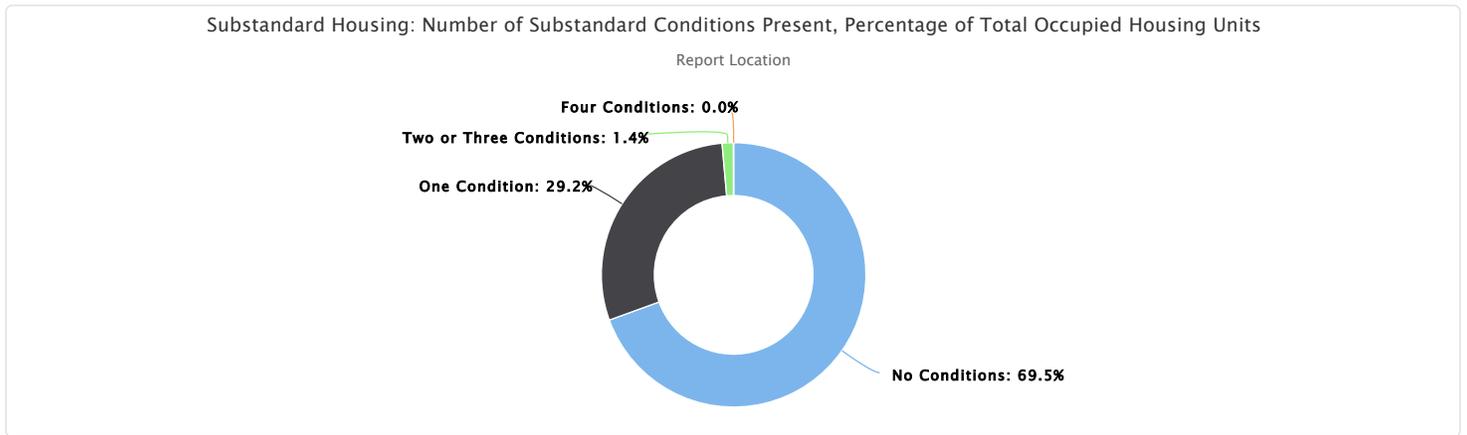
Substandard Housing Units, Percent of Total by County, ACS 2017-21

- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%
- No Data or Data Suppressed
- Report Location

## Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Report Location	69.45%	29.16%	1.39%	0.00%
St. Francis Medical Center - Trenton	63.51%	34.75%	1.74%	0.00%
St. Joseph's Health - Syracuse	72.89%	25.92%	1.19%	0.00%
Burlington County, NJ	69.69%	29.48%	0.83%	0.00%
Mercer County, NJ	65.43%	33.11%	1.47%	0.00%
Monmouth County, NJ	66.71%	32.13%	1.17%	0.00%
Cayuga County, NY	73.53%	24.90%	1.24%	0.33%
Cortland County, NY	74.75%	24.33%	0.93%	0.00%
Madison County, NY	75.43%	24.23%	0.33%	0.00%
Onondaga County, NY	73.03%	25.80%	1.18%	0.00%
New Jersey	62.91%	35.10%	1.99%	0.00%
New York	61.44%	35.84%	2.71%	0.01%
United States	68.51%	29.70%	1.78%	0.01%

Data Source: US Census Bureau, American Community Survey, 2017-21.

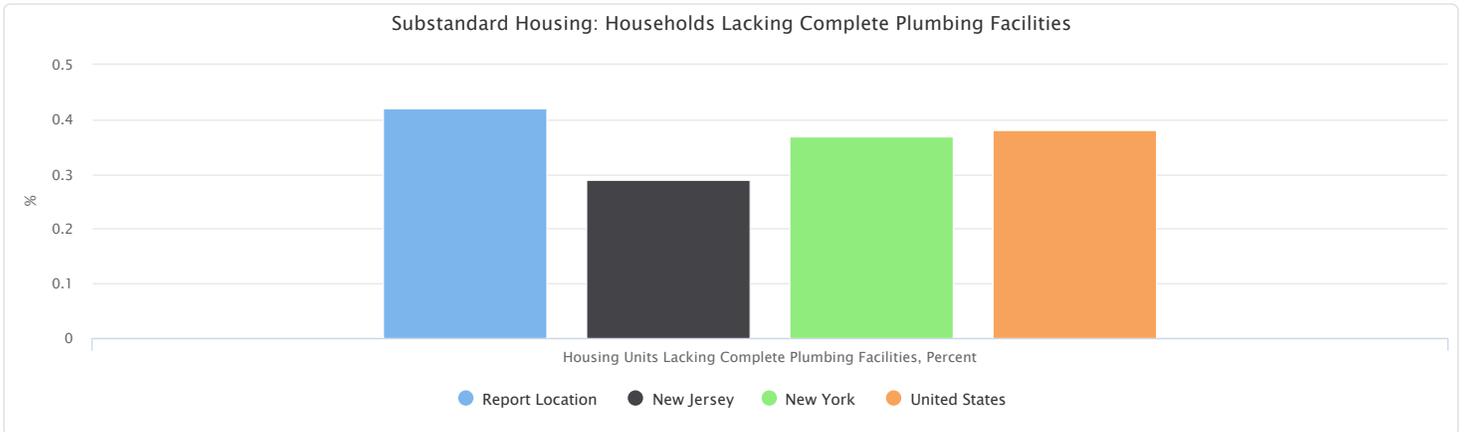


## Substandard Housing: Households Lacking Complete Plumbing Facilities

Complete plumbing facilities include: (a) hot and cold running water, (b) a flush toilet, and (c) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

Report Area	Occupied Housing Units	Housing Units Lacking Complete Plumbing Facilities	Housing Units Lacking Complete Plumbing Facilities, Percent
Report Location	299,619	1,271	0.42%
St. Francis Medical Center - Trenton	109,855	601	0.55%
St. Joseph's Health - Syracuse	189,764	670	0.35%
Burlington County, NJ	172,400	234	0.14%
Mercer County, NJ	137,114	695	0.51%
Monmouth County, NJ	245,569	439	0.18%
Cayuga County, NY	30,604	402	1.31%
Cortland County, NY	18,260	48	0.26%
Madison County, NY	24,779	75	0.30%
Onondaga County, NY	190,353	658	0.35%
New Jersey	3,397,156	10,012	0.29%
New York	7,530,150	28,193	0.37%
United States	124,010,992	474,563	0.38%

Data Source: US Census Bureau, American Community Survey, 2017-21.

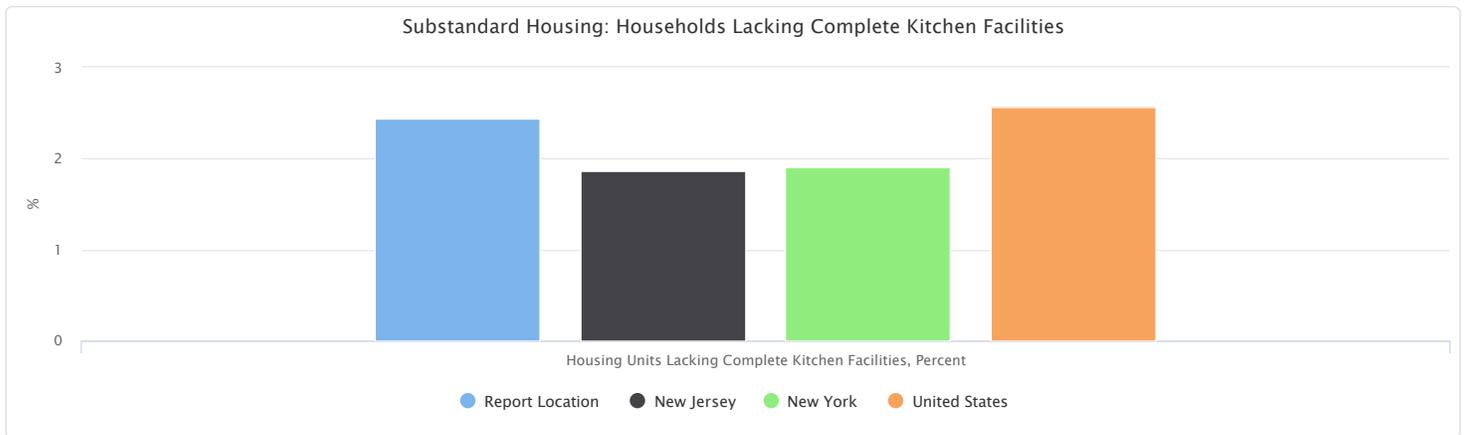


### Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

Report Area	Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Report Location	330,485	8,055	2.44%
St. Francis Medical Center - Trenton	119,924	2,202	1.84%
St. Joseph's Health - Syracuse	210,561	5,853	2.78%
Burlington County, NJ	184,042	2,069	1.12%
Mercer County, NJ	149,573	2,664	1.78%
Monmouth County, NJ	267,799	4,537	1.69%
Cayuga County, NY	36,652	1,649	4.50%
Cortland County, NY	20,798	378	1.82%
Madison County, NY	30,726	267	0.87%
Onondaga County, NY	210,851	5,894	2.80%
New Jersey	3,738,342	69,650	1.86%
New York	8,449,178	160,321	1.90%
United States	139,647,020	3,577,682	2.56%

Data Source: US Census Bureau, American Community Survey, 2017-21.

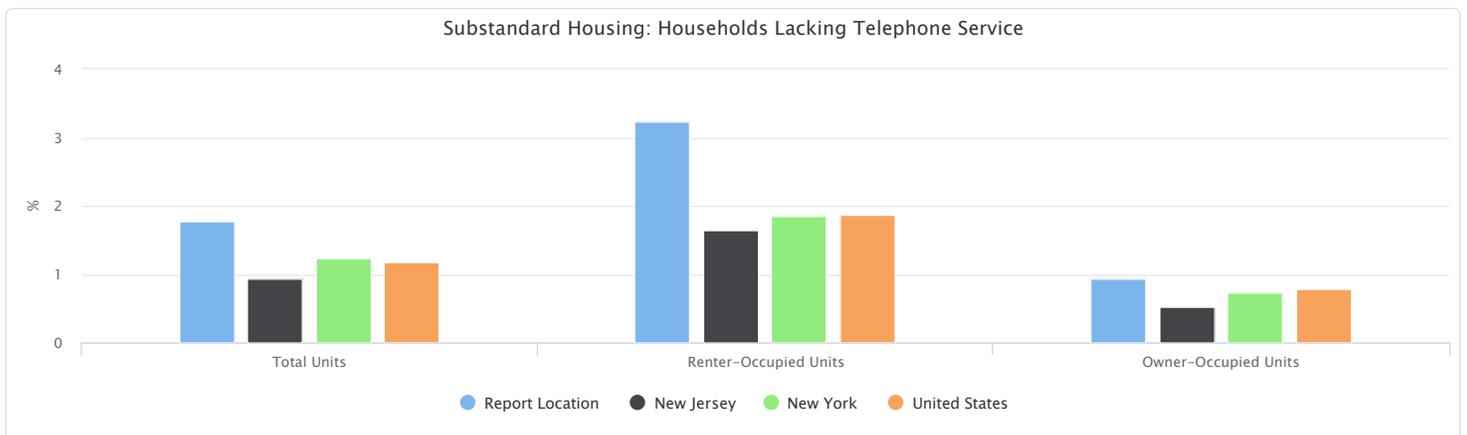


## Substandard Housing: Households Lacking Telephone Service

A telephone must be in working order and service available in the house, apartment, or mobile home that allows the respondent to both make and receive calls. Households that have cell-phones (no land-line) are counted as having telephone service available. Households whose service has been discontinued for nonpayment or other reasons are not counted as having telephone service available.

Report Area	Housing Units Lacking Telephone Service	Housing Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service
Report Location	5,295	1.77%	1,817	0.94%	3,478	3.24%
St. Francis Medical Center - Trenton	1,731	1.58%	530	0.77%	1,201	2.91%
St. Joseph's Health - Syracuse	3,564	1.88%	1,287	1.04%	2,277	3.45%
Burlington County, NJ	910	0.53%	499	0.38%	411	0.98%
Mercer County, NJ	2,203	1.61%	832	0.96%	1,371	2.70%
Monmouth County, NJ	1,593	0.65%	750	0.41%	843	1.38%
Cayuga County, NY	364	1.19%	138	0.64%	226	2.50%
Cortland County, NY	253	1.39%	150	1.22%	103	1.73%
Madison County, NY	371	1.50%	247	1.28%	124	2.26%
Onondaga County, NY	3,602	1.89%	1,325	1.07%	2,277	3.44%
New Jersey	31,636	0.93%	11,490	0.53%	20,146	1.64%
New York	93,336	1.24%	29,735	0.73%	63,601	1.85%
United States	1,451,132	1.17%	631,203	0.79%	819,929	1.87%

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Tenure - Owner-Occupied Housing

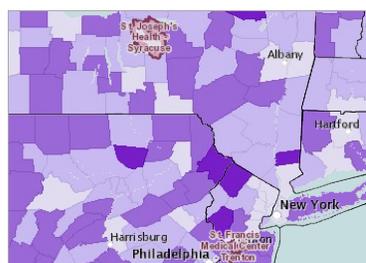
Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

## Owner-Occupied Housing

A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. The unit also is considered owned with a mortgage if it is built on leased land and there is a mortgage on the unit. Mobile homes occupied by owners with installment loan balances also are included in this category.

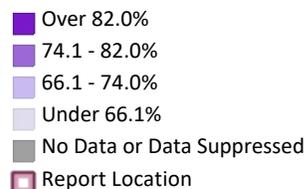
Report Area	Total Occupied Housing Units	Owner-Occupied Housing Units	Percent Owner-Occupied Housing Units
Report Location	299,619	192,282	64.18%
St. Francis Medical Center - Trenton	109,855	68,577	62.43%
St. Joseph's Health - Syracuse	189,764	123,705	65.19%
Burlington County, NJ	172,400	130,322	75.59%
Mercer County, NJ	137,114	86,404	63.02%
Monmouth County, NJ	245,569	184,566	75.16%
Cayuga County, NY	30,604	21,571	70.48%
Cortland County, NY	18,260	12,296	67.34%
Madison County, NY	24,779	19,294	77.86%
Onondaga County, NY	190,353	124,179	65.24%
New Jersey	3,397,156	2,168,148	63.82%
New York	7,530,150	4,095,636	54.39%
United States	124,010,992	80,152,161	64.63%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

Owner-Occupied Housing Units, Percent by County, ACS 2017-21



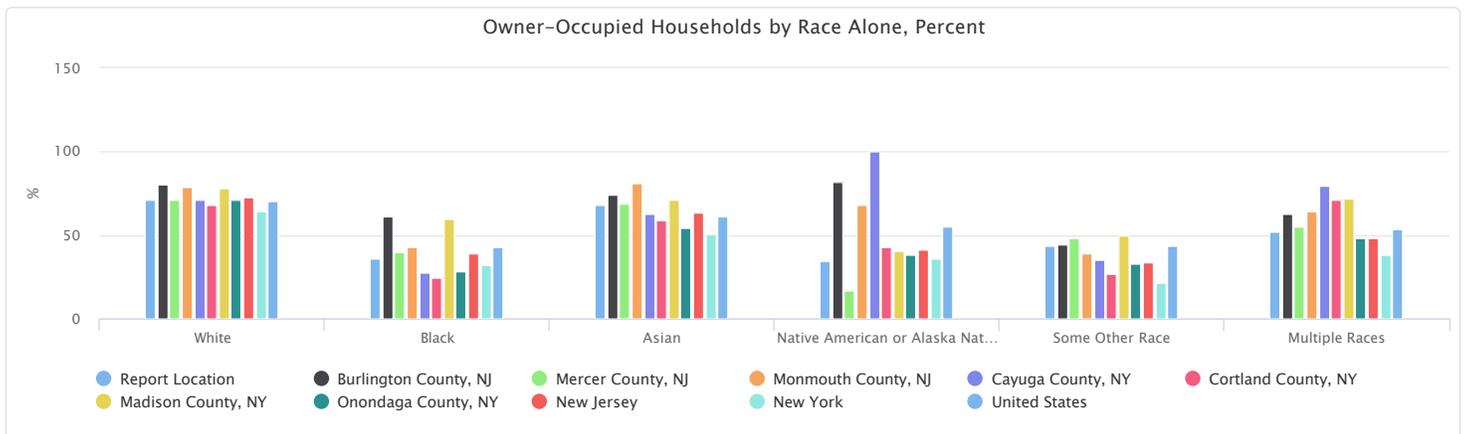
## Owner-Occupied Households by Race Alone, Percent

This indicator reports the percentage of owner-occupied households by race alone.

The percentage values could be interpreted as, for example, "Of all the households with white residents within the report area, the percentage of owner-occupied households is (value)."

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Report Location	71.05%	35.78%	68.22%	34.14%	43.24%	51.99%
St. Francis Medical Center - Trenton	70.80%	40.91%	77.60%	0.00%	47.57%	57.56%
St. Joseph's Health - Syracuse	71.16%	28.60%	54.10%	38.83%	32.98%	48.08%
Burlington County, NJ	80.38%	61.44%	74.28%	81.53%	44.39%	62.68%
Mercer County, NJ	71.09%	39.76%	68.61%	17.21%	48.40%	54.72%
Monmouth County, NJ	78.55%	43.21%	81.44%	67.79%	39.05%	64.42%
Cayuga County, NY	71.09%	27.68%	63.11%	100.00%	35.04%	79.71%
Cortland County, NY	68.35%	24.51%	59.29%	42.86%	26.61%	71.40%
Madison County, NY	78.43%	59.89%	71.43%	40.82%	49.59%	72.07%
Onondaga County, NY	71.18%	28.60%	54.46%	38.34%	32.98%	48.49%
New Jersey	72.49%	39.16%	63.59%	40.97%	33.90%	48.39%
New York	64.46%	32.19%	50.73%	36.05%	21.37%	37.89%
United States	70.64%	42.72%	60.95%	55.11%	43.78%	53.76%

Data Source: US Census Bureau, American Community Survey, 2017-21.

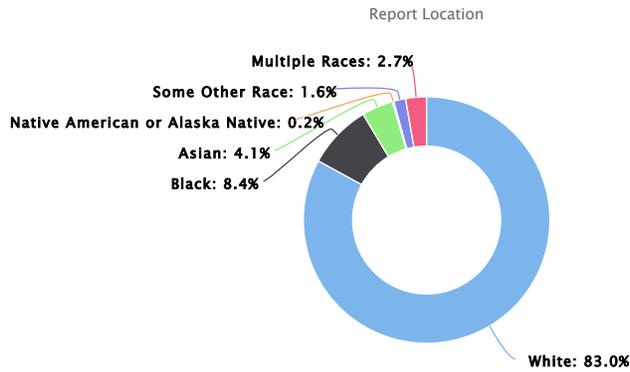


## Owner-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Report Location	159,514	16,215	7,969	339	2,997	5,235
St. Francis Medical Center - Trenton	47,606	10,820	5,446	0	2,319	2,386
St. Joseph's Health - Syracuse	111,908	5,395	2,523	339	678	2,849
Burlington County, NJ	101,738	16,401	5,479	256	1,686	4,762
Mercer County, NJ	60,402	11,002	9,937	37	2,357	2,669
Monmouth County, NJ	161,671	6,791	8,928	261	1,940	4,951
Cayuga County, NY	20,800	93	65	25	89	499
Cortland County, NY	11,802	50	67	12	58	307
Madison County, NY	18,702	109	45	40	60	338
Onondaga County, NY	112,314	5,395	2,560	332	678	2,887
New Jersey	1,653,381	173,496	187,449	3,173	67,300	82,930
New York	3,208,624	346,708	280,930	9,834	115,582	132,823
United States	63,758,719	6,501,711	3,747,122	478,104	2,229,711	3,365,367

Data Source: US Census Bureau, American Community Survey, 2017-21.

### Owner-Occupied Households by Race Alone, Total



### Owner-Occupied Households by Age Group, Percent

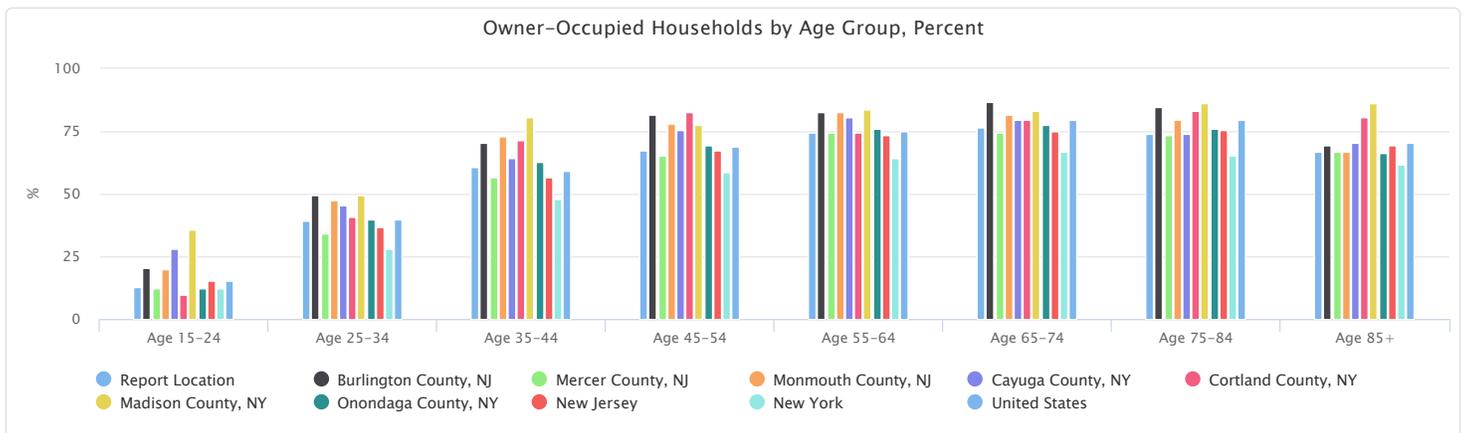
This indicator reports the percentage of owner-occupied households by age group.

The percentage values could be interpreted as, for example, "Of all the households with residents age 25-34 within the report area, the percentage of owner-occupied households is (value)."

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Report Location	12.59%	39.09%	60.68%	67.42%	74.35%	76.47%	74.06%	66.89%
St. Francis Medical Center - Trenton	13.86%	37.57%	57.57%	64.61%	71.58%	74.41%	69.95%	67.36%
St. Joseph's Health - Syracuse	12.08%	39.82%	62.62%	69.33%	75.99%	77.63%	76.43%	66.67%
Burlington County, NJ	20.60%	49.41%	70.38%	81.52%	82.58%	86.51%	84.79%	69.61%
Mercer County, NJ	12.10%	34.01%	56.76%	65.14%	74.58%	74.74%	73.28%	66.82%
Monmouth County, NJ	19.92%	47.70%	72.92%	78.29%	82.66%	81.86%	79.64%	66.88%
Cayuga County, NY	28.13%	45.40%	64.25%	75.36%	80.58%	79.39%	74.10%	70.57%
Cortland County, NY	9.90%	41.05%	71.52%	82.54%	74.67%	79.56%	83.41%	80.80%
Madison County, NY	35.71%	49.68%	80.52%	77.45%	83.59%	83.21%	86.18%	86.09%
Onondaga County, NY	11.99%	39.92%	62.75%	69.56%	75.96%	77.65%	76.20%	66.53%
New Jersey	15.19%	36.55%	56.53%	67.31%	73.27%	75.18%	75.74%	69.59%
New York	12.01%	28.05%	47.98%	58.62%	64.34%	66.98%	65.20%	61.78%
United States	15.31%	39.67%	59.38%	69.11%	75.06%	79.51%	79.59%	70.22%

Data Source: US Census Bureau, American Community Survey, 2017-21.

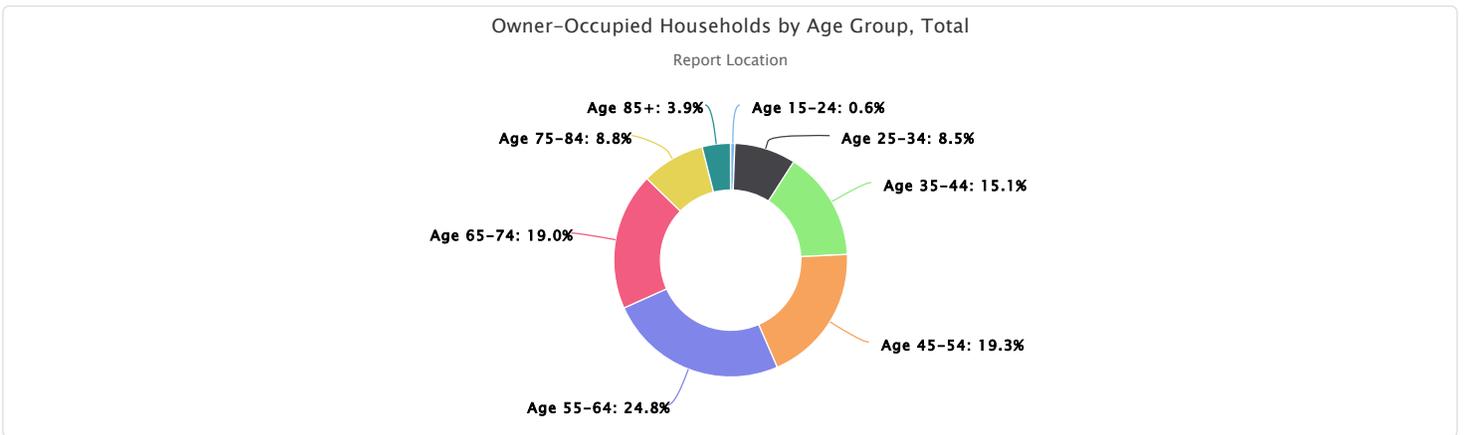
### Owner-Occupied Households by Age Group, Percent



### Owner-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Report Location	1,117	16,351	29,115	37,015	47,699	36,574	16,865	7,546
St. Francis Medical Center - Trenton	354	5,142	10,593	14,334	17,063	12,812	5,809	2,470
St. Joseph's Health - Syracuse	763	11,209	18,522	22,681	30,636	23,762	11,056	5,076
Burlington County, NJ	641	10,171	20,302	27,782	31,569	24,015	11,543	4,299
Mercer County, NJ	384	5,530	13,234	18,306	22,039	15,835	7,953	3,123
Monmouth County, NJ	502	11,540	27,303	39,793	48,117	34,473	16,199	6,639
Cayuga County, NY	198	1,758	2,847	3,890	5,506	4,508	1,991	873
Cortland County, NY	144	1,044	1,886	2,472	2,739	2,375	1,232	404
Madison County, NY	105	1,405	2,530	3,634	4,748	4,054	1,945	873
Onondaga County, NY	758	11,268	18,673	22,913	30,814	23,746	10,963	5,044
New Jersey	8,627	157,652	339,319	461,658	526,693	389,017	198,511	86,671
New York	22,799	302,993	604,588	825,447	994,678	785,412	386,310	173,409
United States	679,525	7,462,274	12,752,451	15,522,939	18,274,735	15,199,465	7,466,574	2,794,198

Data Source: US Census Bureau, American Community Survey, 2017-21.



## Tenure - Renter-Occupied Housing

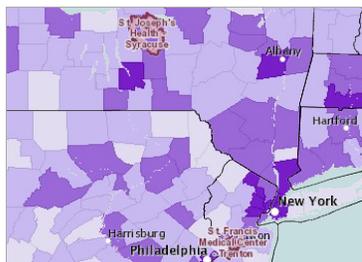
Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

### Renter-Occupied Housing

All occupied housing units that are not owner occupied, whether they are rented or occupied without payment of rent, are classified as renter occupied.

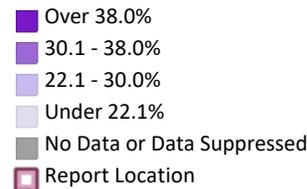
Report Area	Total Occupied Housing Units	Renter-Occupied Housing Units	Percent Renter-Occupied Housing Units
Report Location	299,619	107,337	35.82%
St. Francis Medical Center - Trenton	109,855	41,278	37.57%
St. Joseph's Health - Syracuse	189,764	66,059	34.81%
Burlington County, NJ	172,400	42,078	24.41%
Mercer County, NJ	137,114	50,710	36.98%
Monmouth County, NJ	245,569	61,003	24.84%
Cayuga County, NY	30,604	9,033	29.52%
Cortland County, NY	18,260	5,964	32.66%
Madison County, NY	24,779	5,485	22.14%
Onondaga County, NY	190,353	66,174	34.76%
New Jersey	3,397,156	1,229,008	36.18%
New York	7,530,150	3,434,514	45.61%
United States	124,010,992	43,858,831	35.37%

Data Source: US Census Bureau, American Community Survey, 2017-21. Source geography: Tract



[View larger map](#)

#### Renter-Occupied Housing Units, Percent by County, ACS 2017-21



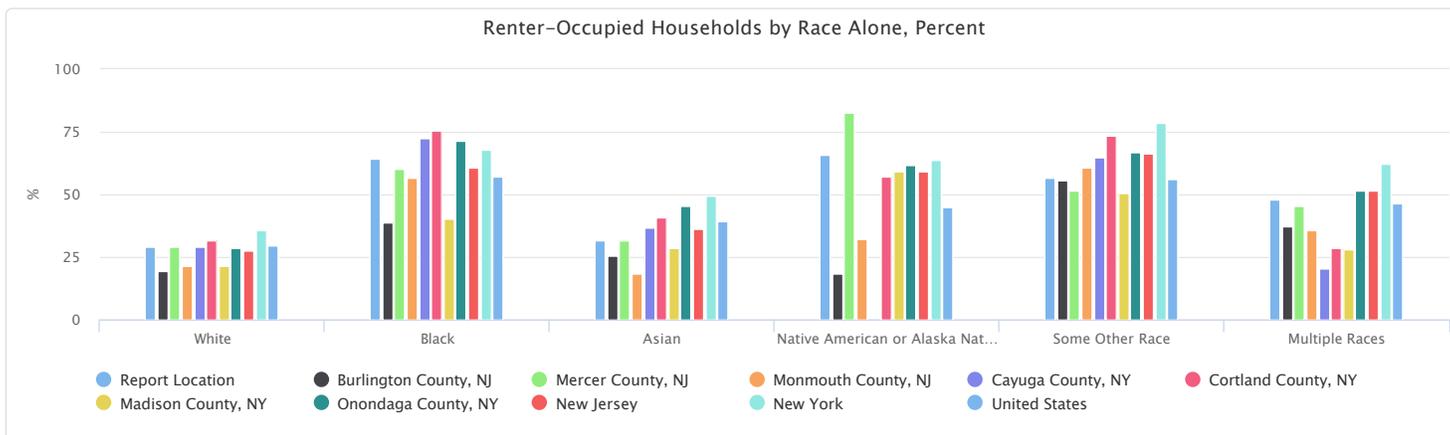
## Renter-Occupied Households by Race Alone, Percent

This indicator reports the percentage of renter-occupied households by race alone.

The percentage values could be interpreted as, for example, "Of all the households with white residents within the report area, the percentage of renter-occupied households is (value)."

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Report Location	28.95%	64.22%	31.78%	65.86%	56.76%	48.01%
St. Francis Medical Center - Trenton	29.20%	59.09%	22.40%	100.00%	52.43%	42.44%
St. Joseph's Health - Syracuse	28.84%	71.40%	45.90%	61.17%	67.02%	51.92%
Burlington County, NJ	19.62%	38.56%	25.72%	18.47%	55.61%	37.32%
Mercer County, NJ	28.91%	60.24%	31.39%	82.79%	51.60%	45.28%
Monmouth County, NJ	21.45%	56.79%	18.56%	32.21%	60.95%	35.58%
Cayuga County, NY	28.91%	72.32%	36.89%	0.00%	64.96%	20.29%
Cortland County, NY	31.65%	75.49%	40.71%	57.14%	73.39%	28.60%
Madison County, NY	21.57%	40.11%	28.57%	59.18%	50.41%	27.93%
Onondaga County, NY	28.82%	71.40%	45.54%	61.66%	67.02%	51.51%
New Jersey	27.51%	60.84%	36.41%	59.03%	66.10%	51.61%
New York	35.54%	67.81%	49.27%	63.95%	78.63%	62.11%
United States	29.36%	57.28%	39.05%	44.89%	56.22%	46.24%

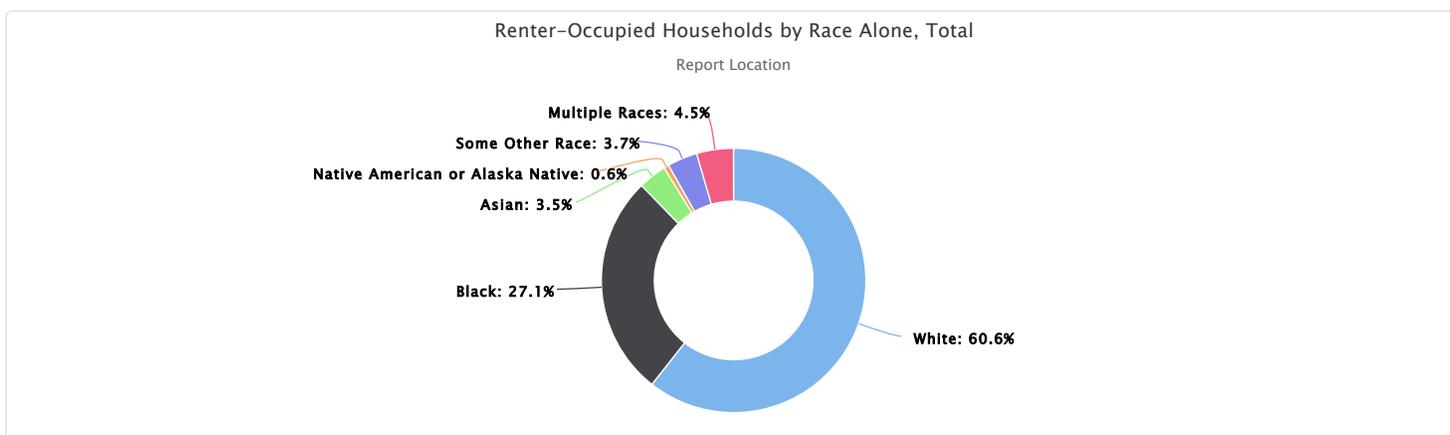
Data Source: US Census Bureau, American Community Survey, 2017-21.



## Renter-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	Native American or Alaska Native	Some Other Race	Multiple Races
Report Location	64,986	29,098	3,713	654	3,934	4,835
St. Francis Medical Center - Trenton	19,630	15,629	1,572	120	2,556	1,759
St. Joseph's Health - Syracuse	45,356	13,469	2,141	534	1,378	3,076
Burlington County, NJ	24,841	10,292	1,897	58	2,112	2,835
Mercer County, NJ	24,565	16,672	4,546	178	2,513	2,209
Monmouth County, NJ	44,156	8,925	2,035	124	3,028	2,735
Cayuga County, NY	8,460	243	38	0	165	127
Cortland County, NY	5,465	154	46	16	160	123
Madison County, NY	5,144	73	18	58	61	131
Onondaga County, NY	45,480	13,469	2,141	534	1,378	3,067
New Jersey	627,469	269,556	107,332	4,572	131,216	88,465
New York	1,769,097	730,420	272,803	17,445	425,218	217,736
United States	26,495,841	8,718,096	2,400,343	389,435	2,863,010	2,894,653

Data Source: US Census Bureau, American Community Survey, 2017-21.



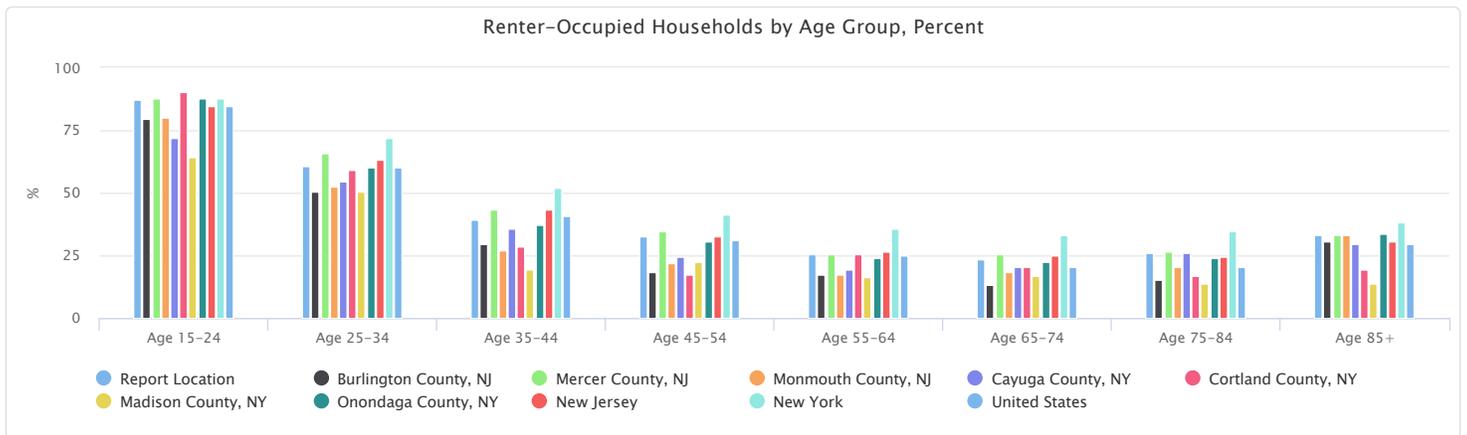
## Renter-Occupied Households by Age Group, Percent

This indicator reports the percentage of renter-occupied households by age group.

The percentage values could be interpreted as, for example, "Of all the households with residents age 25-34 within the report area, the percentage of renter-occupied households is (value)."

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Report Location	87.41%	60.91%	39.32%	32.58%	25.65%	23.53%	25.94%	33.11%
St. Francis Medical Center - Trenton	86.14%	62.43%	42.43%	35.39%	28.42%	25.59%	30.05%	32.64%
St. Joseph's Health - Syracuse	87.92%	60.18%	37.38%	30.67%	24.01%	22.37%	23.57%	33.33%
Burlington County, NJ	79.40%	50.59%	29.62%	18.48%	17.42%	13.49%	15.21%	30.39%
Mercer County, NJ	87.90%	65.99%	43.24%	34.86%	25.42%	25.26%	26.72%	33.18%
Monmouth County, NJ	80.08%	52.30%	27.08%	21.71%	17.34%	18.14%	20.36%	33.12%
Cayuga County, NY	71.88%	54.60%	35.75%	24.64%	19.42%	20.61%	25.90%	29.43%
Cortland County, NY	90.10%	58.95%	28.48%	17.46%	25.33%	20.44%	16.59%	19.20%
Madison County, NY	64.29%	50.32%	19.48%	22.55%	16.41%	16.79%	13.82%	13.91%
Onondaga County, NY	88.01%	60.08%	37.25%	30.44%	24.04%	22.35%	23.80%	33.47%
New Jersey	84.81%	63.45%	43.47%	32.69%	26.73%	24.82%	24.26%	30.41%
New York	87.99%	71.95%	52.02%	41.38%	35.66%	33.02%	34.80%	38.22%
United States	84.69%	60.33%	40.62%	30.89%	24.94%	20.49%	20.41%	29.78%

Data Source: US Census Bureau, American Community Survey, 2017-21.



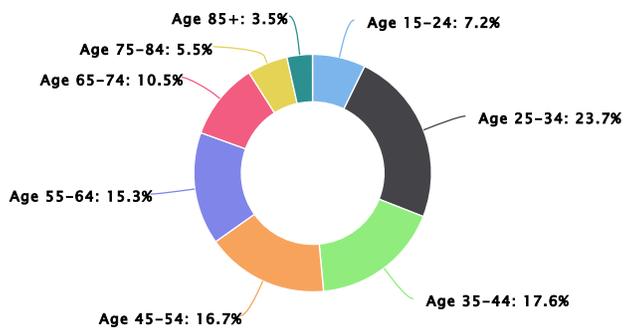
## Renter-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Report Location	7,754	25,483	18,864	17,884	16,456	11,255	5,906	3,735
St. Francis Medical Center - Trenton	2,200	8,543	7,808	7,852	6,775	4,407	2,496	1,197
St. Joseph's Health - Syracuse	5,554	16,940	11,056	10,032	9,681	6,848	3,410	2,538
Burlington County, NJ	2,470	10,414	8,546	6,298	6,658	3,744	2,071	1,877
Mercer County, NJ	2,790	10,729	10,081	9,796	7,511	5,352	2,900	1,551
Monmouth County, NJ	2,018	12,651	10,138	11,032	10,093	7,641	4,142	3,288
Cayuga County, NY	506	2,114	1,584	1,272	1,327	1,170	696	364
Cortland County, NY	1,311	1,499	751	523	929	610	245	96
Madison County, NY	189	1,423	612	1,058	932	818	312	141
Onondaga County, NY	5,564	16,955	11,083	10,027	9,750	6,833	3,424	2,538
New Jersey	48,180	273,731	260,979	224,167	192,097	128,409	63,569	37,876
New York	167,048	777,377	655,409	582,732	551,213	387,274	206,168	107,293
United States	3,758,298	11,348,967	8,722,226	6,939,218	6,072,653	3,917,500	1,915,202	1,184,767

Data Source: US Census Bureau, American Community Survey, 2017-21.

### Renter-Occupied Households by Age Group, Total

Report Location



<https://trinityhealthdatahub.org>, 2/17/2023

# APPENDIX 8

# Trinity Health System - Full Assessment Report

## Location

- St. Joseph's Health - Syracuse
- St. Joseph's Health - Syracuse

## Health Outcomes & Behaviors

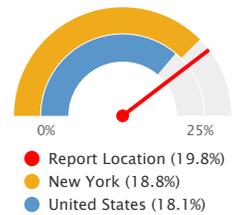
### 30-Day Hospital Readmissions

This indicator reports the number and rate of 30-day hospital readmissions among Medicare beneficiaries age 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalizations. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge<sup>1</sup>.

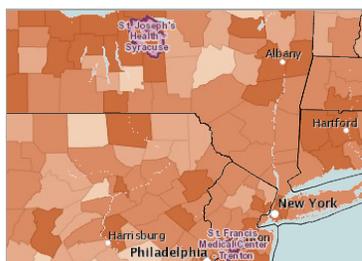
In the latest reporting period there were 139,187 Medicare beneficiaries in the report area. 2,887, or 19.8% of hospitalizations resulted in a 30-day hospital readmission. The rate of readmissions in the report area was higher than the state rate of 19.3% during the same time period.

Report Area	Medicare Part A and B Beneficiaries	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate
Report Location	139,187	2,887	19.8%
St. Francis Medical Center - Trenton	48,664	1,183	19.4%
St. Joseph's Health - Syracuse	90,522	1,703	20.1%
Burlington County, NJ	83,432	2,411	20.0%
Mercer County, NJ	60,309	1,441	19.4%
Monmouth County, NJ	117,838	3,357	18.4%
Cayuga County, NY	16,470	440	21.0%
Cortland County, NY	8,872	230	19.4%
Madison County, NY	14,158	215	16.4%
Onondaga County, NY	90,697	1,705	20.1%
New Jersey	1,497,150	38,967	19.3%
New York	3,402,602	69,114	18.8%
United States	58,738,711	1,212,308	18.1%

Medicare Beneficiaries, 30-Day Readmission Rate



Note: This indicator is compared to the lowest state average.  
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020. Source geography: County



[View larger map](#)

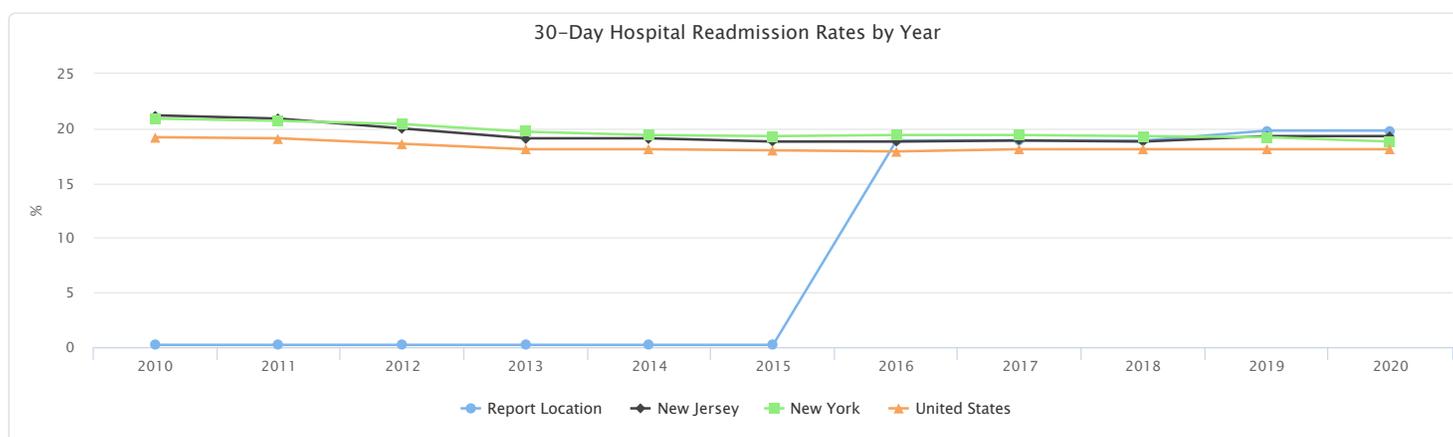
### 30-Day Hospital Readmissions, Rate (%) by County, CMS 2020

- Over 19.0%
- 17.1% - 19.0%
- 15.1% - 17.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Location

## 30-Day Hospital Readmission Rates by Year

The table below displays local, state, and national trends in 30-day hospital readmission rates among Medicare beneficiaries.

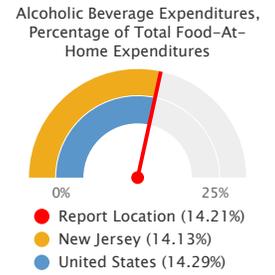
Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	18.9%	18.9%	18.9%	19.8%	19.8%
St. Francis Medical Center - Trenton	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	18.9%	19.5%	18.7%	19.9%	19.4%
St. Joseph's Health - Syracuse	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	18.9%	18.5%	19.1%	19.7%	20.1%
Burlington County, NJ	20.7%	20.8%	20.0%	19.9%	18.9%	18.9%	19.0%	17.9%	19.4%	20.2%	20.0%
Mercer County, NJ	21.0%	21.1%	20.2%	18.8%	19.0%	19.3%	18.9%	19.6%	18.7%	19.9%	19.4%
Monmouth County, NJ	20.9%	20.6%	18.6%	17.0%	17.4%	18.0%	17.9%	18.3%	18.1%	18.4%	18.4%
Cayuga County, NY	18.8%	19.1%	19.1%	18.6%	17.4%	18.7%	20.5%	20.9%	21.2%	18.1%	21.0%
Cortland County, NY	21.5%	22.1%	24.1%	19.9%	20.1%	19.3%	19.2%	20.3%	19.1%	19.3%	19.4%
Madison County, NY	19.6%	18.1%	15.0%	16.6%	17.8%	17.1%	17.8%	18.4%	17.9%	17.2%	16.4%
Onondaga County, NY	20.8%	19.7%	20.0%	19.2%	19.5%	19.4%	18.9%	18.5%	19.1%	19.7%	20.1%
New Jersey	21.2%	20.9%	20.0%	19.1%	19.1%	18.8%	18.8%	18.9%	18.8%	19.3%	19.3%
New York	20.9%	20.7%	20.4%	19.7%	19.4%	19.3%	19.4%	19.4%	19.3%	19.2%	18.8%
United States	19.2%	19.1%	18.6%	18.1%	18.1%	18.0%	17.9%	18.1%	18.1%	18.1%	18.1%



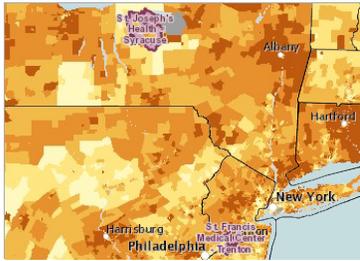
## Alcohol Expenditures

This indicator reports estimated annual expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Location	No data	No data	No data	\$780.89	14.21%
St. Francis Medical Center - Trenton	No data	No data	No data	\$830.78	14.48%
St. Joseph's Health - Syracuse	No data	No data	No data	\$751.00	14.03%
Burlington County, NJ	12.00	-0.06	0.08	Suppressed	Suppressed
Mercer County, NJ	21.00	0.67	1.37	Suppressed	Suppressed
Monmouth County, NJ	15.00	0.16	0.46	Suppressed	Suppressed
Cayuga County, NY	5.00	-0.87	-1.21	Suppressed	Suppressed
Cortland County, NY	20.00	0.22	0.10	Suppressed	Suppressed
Madison County, NY	16.00	0.07	-0.09	Suppressed	Suppressed
Onondaga County, NY	11.00	-0.16	-0.35	Suppressed	Suppressed
New Jersey	No data	0.05	No data	\$912.28	14.13%
New York	No data	0.19	No data	\$884.14	14.52%
United States	No data	No data	No data	\$839.54	14.29%



Note: This indicator is compared to the lowest state average.  
 Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

**Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014**

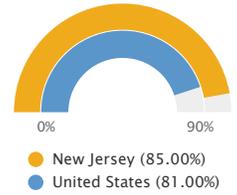
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Location

**Breastfeeding - Any**

This indicator reports the percentage of mothers who are breastfeeding their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.

Report Area	Total Population (Age 0 - 5)	Number Ever Breastfed	Percent Ever Breastfed
Report Location	No data	No data	No data
Burlington County, NJ	No data	No data	No data
Mercer County, NJ	No data	No data	No data
Monmouth County, NJ	No data	No data	No data
Cayuga County, NY	No data	No data	No data
Cortland County, NY	No data	No data	No data
Madison County, NY	No data	No data	No data
Onondaga County, NY	No data	No data	No data
New Jersey	604,358	513,240	85.00%
New York	1,339,498	1,056,598	79.00%
United States	23,299,619	18,856,576	81.00%

Percentage of Children Ever Breastfed



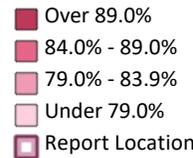
Note: This indicator is compared to the highest state average.

Data Source: the U.S. Census Bureau, *National Survey of Children's Health*. 2018. Source geography: State



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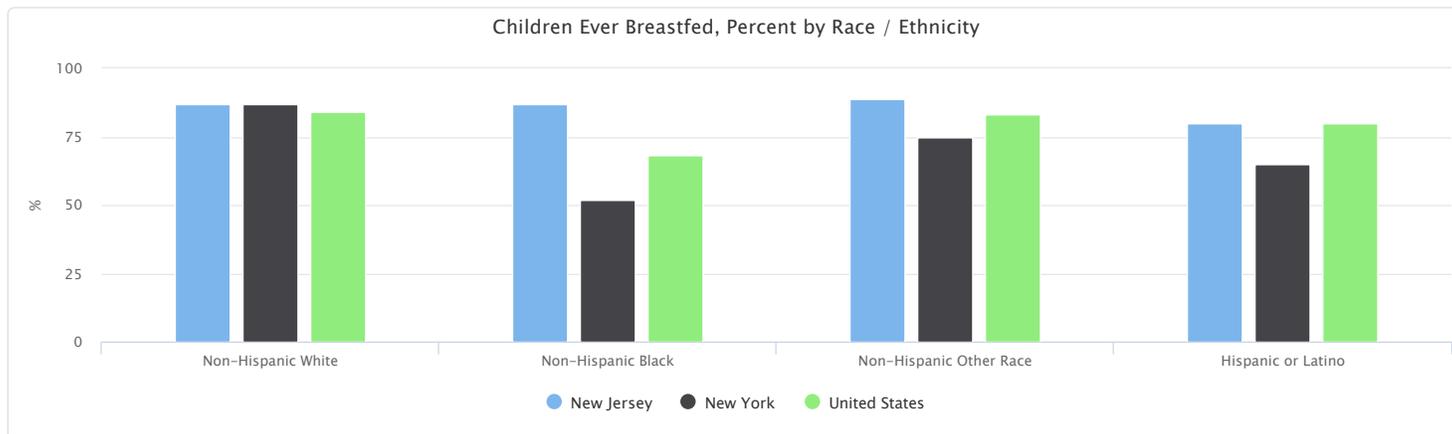
Children Age 0-5 Ever Breastfed, Percent by State, NSCH 2018



### Children Ever Breastfed, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Report Location	No data	No data	No data	No data
St. Francis Medical Center - Trenton	No data	No data	No data	No data
St. Joseph's Health - Syracuse	No data	No data	No data	No data
New Jersey	87%	87%	89%	80%
New York	87%	52%	75%	65%
United States	84%	68%	83%	80%

Note: No county data available. See data source and methodology for more details.

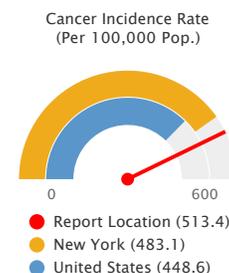


## Cancer Incidence - All Sites

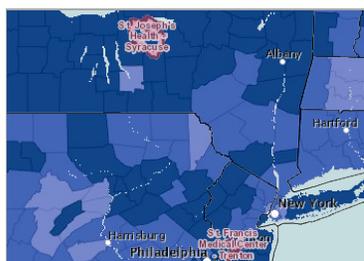
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 4,737 new cases of cancer reported. This means there is a rate of 513.4 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Report Location	922,875	4,737	<b>513.4</b>
St. Francis Medical Center - Trenton	345,141	1,738	503.8
St. Joseph's Health - Syracuse	577,734	2,999	519.1
Burlington County, NJ	567,169	3,006	530.0
Mercer County, NJ	429,397	2,153	501.4
Monmouth County, NJ	808,352	4,239	524.4
Cayuga County, NY	105,051	549	522.6
Cortland County, NY	56,948	302	530.3
Madison County, NY	92,592	455	491.4
Onondaga County, NY	578,775	3,005	519.2
New Jersey	10,789,808	52,514	486.7
New York	23,632,167	114,167	483.1
United States	379,681,007	1,703,249	448.6

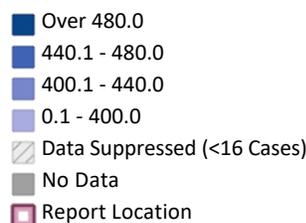


Note: This indicator is compared to the lowest state average.  
Data Source: State Cancer Profiles. 2014-18. Source geography: County



[View larger map](#)

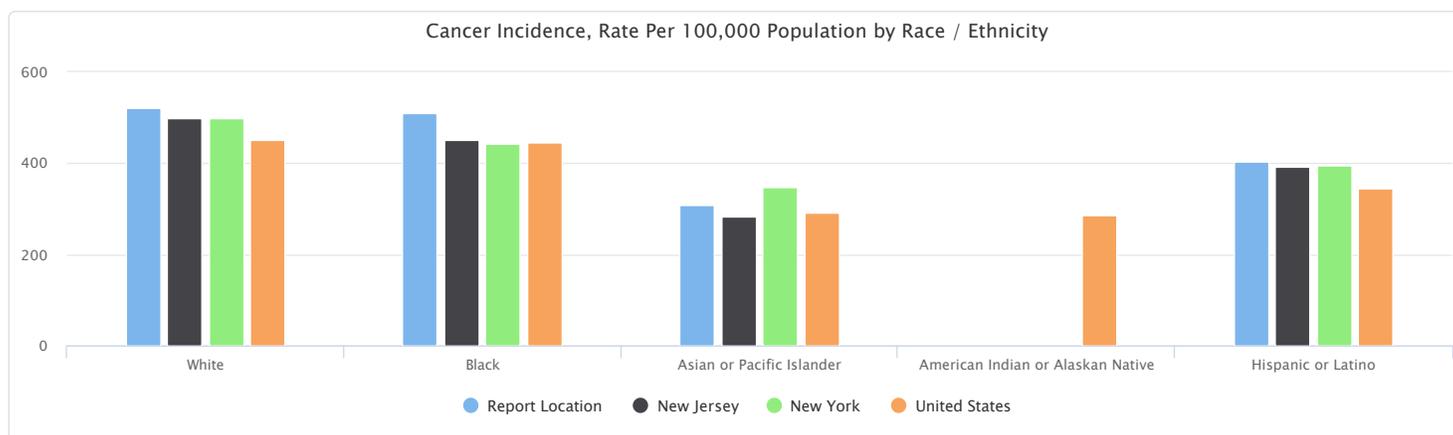
### Cancer (All Sites), Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18



## Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity

This indicator reports the age-adjusted cancer incidence rate per 100,000 people for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	521.2	509.5	308.5	No data	403.7
St. Francis Medical Center - Trenton	509.5	520.7	314.3	No data	396.3
St. Joseph's Health - Syracuse	526.9	493.9	295.1	No data	422.8
Burlington County, NJ	540.9	490	303.2	No data	469.8
Mercer County, NJ	506.4	523	314.8	No data	393.4
Monmouth County, NJ	530.5	454	309.3	No data	454.4
Cayuga County, NY	523	586.3	Suppressed	No data	366.1
Cortland County, NY	535.6	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	491.9	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	527.1	493.8	295.1	No data	422.9
New Jersey	498.9	450.4	282.4	No data	392.7
New York	498.2	442.6	346.4	No data	395.8
United States	451	444.9	291.1	285.8	345



## Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of cancer for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	3,999	545	123	No data	No data
St. Francis Medical Center - Trenton	1,288	326	87	No data	No data
St. Joseph's Health - Syracuse	2,710	219	35	No data	No data
Burlington County, NJ	2,447	431	72	No data	105
Mercer County, NJ	1,581	413	114	No data	153
Monmouth County, NJ	3,778	246	122	No data	195
Cayuga County, NY	532	13	Suppressed	No data	4
Cortland County, NY	298	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	447	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	2,714	222	36	No data	49
New Jersey	42,614	6,092	2,402	No data	5,306
New York	89,533	16,467	6,287	No data	12,318
United States	1,419,027	187,408	56,991	10,326	137,386

## Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Burlington County, New Jersey	1 - Breast (All Stages), 2014-2018	438	148.2
Burlington County, New Jersey	2 - Prostate (All Stages), 2014-2018	431	154.2
Burlington County, New Jersey	3 - Lung & Bronchus (All Stages), 2014-2018	355	61.2
Burlington County, New Jersey	4 - Colon & Rectum (All Stages), 2014-2018	241	42.9
Burlington County, New Jersey	5 - Bladder (All Stages), 2014-2018	153	26.3
Mercer County, New Jersey	1 - Prostate (All Stages), 2014-2018	314	152.8
Mercer County, New Jersey	2 - Breast (All Stages), 2014-2018	308	137
Mercer County, New Jersey	3 - Lung & Bronchus (All Stages), 2014-2018	237	54.8
Mercer County, New Jersey	4 - Colon & Rectum (All Stages), 2014-2018	156	36.4
Mercer County, New Jersey	5 - Non-Hodgkin Lymphoma (All Stages), 2014-2018	94	22.4
Monmouth County, New Jersey	1 - Breast (All Stages), 2014-2018	627	147.1
Monmouth County, New Jersey	2 - Prostate (All Stages), 2014-2018	571	141.6
Monmouth County, New Jersey	3 - Lung & Bronchus (All Stages), 2014-2018	484	58.5
Monmouth County, New Jersey	4 - Colon & Rectum (All Stages), 2014-2018	326	40.2
Monmouth County, New Jersey	5 - Melanoma of the Skin (All Stages), 2014-2018	249	31.5
Cayuga County, New York	1 - Lung & Bronchus (All Stages), 2014-2018	90	82.6
Cayuga County, New York	2 - Prostate (All Stages), 2014-2018	79	143.9
Cayuga County, New York	3 - Breast (All Stages), 2014-2018	67	129.3
Cayuga County, New York	4 - Colon & Rectum (All Stages), 2014-2018	39	36.3
Cayuga County, New York	5 - Bladder (All Stages), 2014-2018	31	28.8
Cortland County, New York	1 - Lung & Bronchus (All Stages), 2014-2018	50	84.8
Cortland County, New York	2 - Prostate (All Stages), 2014-2018	40	135.4
Cortland County, New York	3 - Breast (All Stages), 2014-2018	39	133.7
Cortland County, New York	4 - Colon & Rectum (All Stages), 2014-2018	23	39.9

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Cortland County, New York	5 - Bladder (All Stages), 2014-2018	18	30.1
Madison County, New York	1 - Lung & Bronchus (All Stages), 2014-2018	73	74.9
Madison County, New York	2 - Prostate (All Stages), 2014-2018	65	131.3
Madison County, New York	3 - Breast (All Stages), 2014-2018	63	135.2
Madison County, New York	4 - Colon & Rectum (All Stages), 2014-2018	34	37
Madison County, New York	5 - Bladder (All Stages), 2014-2018	27	28.6
Onondaga County, New York	1 - Lung & Bronchus (All Stages), 2014-2018	450	75.6
Onondaga County, New York	2 - Prostate (All Stages), 2014-2018	444	152.8
Onondaga County, New York	3 - Breast (All Stages), 2014-2018	413	136.7
Onondaga County, New York	4 - Colon & Rectum (All Stages), 2014-2018	224	39.1
Onondaga County, New York	5 - Bladder (All Stages), 2014-2018	153	26.1
New Jersey	1 - Breast (All Stages), 2014-2018	7,761	137.2
New Jersey	2 - Prostate (All Stages), 2014-2018	7,025	134.4
New Jersey	3 - Lung & Bronchus (All Stages), 2014-2018	5,979	54.5
New Jersey	4 - Colon & Rectum (All Stages), 2014-2018	4,325	40.1
New Jersey	5 - Bladder (All Stages), 2014-2018	2,500	22.8
New York	1 - Breast (All Stages), 2014-2018	16,483	133.9
New York	2 - Prostate (All Stages), 2014-2018	14,479	126.5
New York	3 - Lung & Bronchus (All Stages), 2014-2018	14,069	58
New York	4 - Colon & Rectum (All Stages), 2014-2018	8,979	38.1
New York	5 - Bladder (All Stages), 2014-2018	5,405	22.4

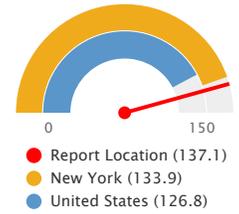
## Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older).

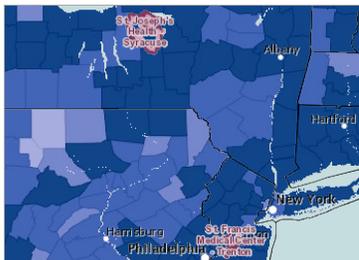
Within the report area, there were 661 new cases of breast cancer. This means there is a rate of 137.1 for every 100,000 females.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Females)
Report Location	482,099	661	<b>137.1</b>
St. Francis Medical Center - Trenton	180,634	249	137.9
St. Joseph's Health - Syracuse	301,465	412	136.7
Burlington County, NJ	295,546	438	148.2
Mercer County, NJ	224,817	308	137.0
Monmouth County, NJ	426,240	627	147.1
Cayuga County, NY	51,817	67	129.3
Cortland County, NY	29,169	39	133.7
Madison County, NY	46,597	63	135.2
Onondaga County, NY	302,121	413	136.7
New Jersey	5,656,705	7,761	137.2
New York	12,309,932	16,483	133.9
United States	196,578,075	249,261	126.8

Breast Cancer Incidence Rate (Per 100,000 Females)

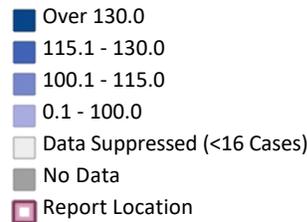


Note: This indicator is compared to the lowest state average.  
 Data Source: State Cancer Profiles. 2014-18. Source geography: County



[View larger map](#)

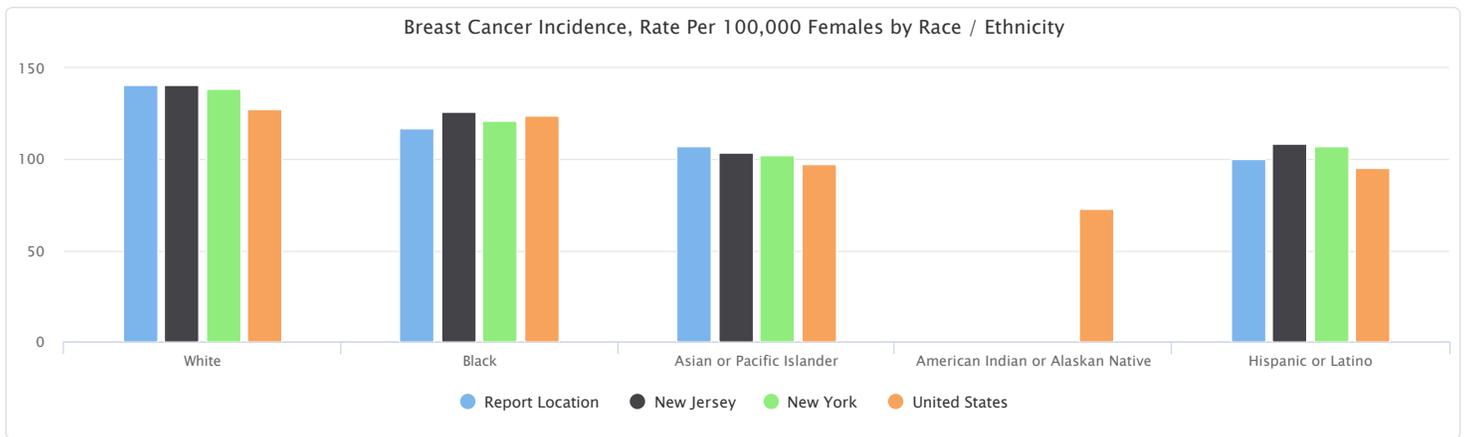
Breast Cancer, Incidence Rate (Per 100,000 Females) by County, State Cancer Profiles 2014-18



## Breast Cancer Incidence, Rate Per 100,000 Females by Race / Ethnicity

This indicator reports the age-adjusted breast cancer incidence rate per 100,000 females for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	141.1	117.1	107.2	No data	100.1
St. Francis Medical Center - Trenton	141.5	126.5	130.9	No data	101.1
St. Joseph's Health - Syracuse	140.9	104.0	55.2	No data	97.8
Burlington County, NJ	152.7	140.2	93.7	No data	108.8
Mercer County, NJ	140.4	125.5	132.6	No data	100.8
Monmouth County, NJ	151.4	114.1	103	No data	118.1
Cayuga County, NY	128.8	Suppressed	Suppressed	No data	Suppressed
Cortland County, NY	136.8	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	134.8	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	141	104	55.2	No data	97.8
New Jersey	140.7	126.3	104	No data	108.3
New York	138.8	121	102.4	No data	107.4
United States	127.7	124.3	97.6	72.9	95.4



### Breast Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of breast cancer for the 5-year period 2014-2018 by race and by Hispanic origin.

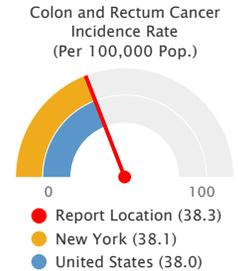
Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	558	72	24	No data	No data
St. Francis Medical Center - Trenton	181	45	20	No data	No data
St. Joseph's Health - Syracuse	377	26	3	No data	No data
Burlington County, NJ	354	68	13	No data	14
Mercer County, NJ	222	57	27	No data	21
Monmouth County, NJ	562	35	23	No data	30
Cayuga County, NY	66	Suppressed	Suppressed	No data	Suppressed
Cortland County, NY	39	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	61	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	378	27	4	No data	7
New Jersey	6,171	978	502	No data	828
New York	12,680	2,562	1,022	No data	1,889
United States	204,849	29,269	10,847	1,445	21,174

## Cancer Incidence - Colon and Rectum

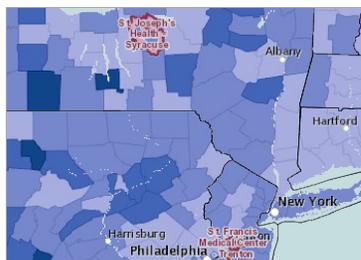
This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 350 new cases of colon and rectum cancer. This means there is a rate of 38.3 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Report Location	916,212	350	<b>38.3</b>
St. Francis Medical Center - Trenton	344,263	127	36.9
St. Joseph's Health - Syracuse	571,949	223	39.1
Burlington County, NJ	561,771	241	42.9
Mercer County, NJ	428,571	156	36.4
Monmouth County, NJ	810,945	326	40.2
Cayuga County, NY	107,438	39	36.3
Cortland County, NY	57,644	23	39.9
Madison County, NY	91,891	34	37.0
Onondaga County, NY	572,890	224	39.1
New Jersey	10,785,536	4,325	40.1
New York	23,566,929	8,979	38.1
United States	376,842,105	143,200	38.0

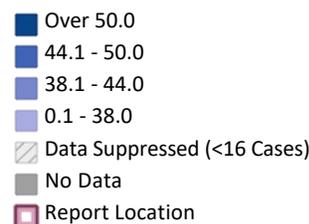


Note: This indicator is compared to the lowest state average.  
Data Source: State Cancer Profiles. 2014-18. Source geography: County



[View larger map](#)

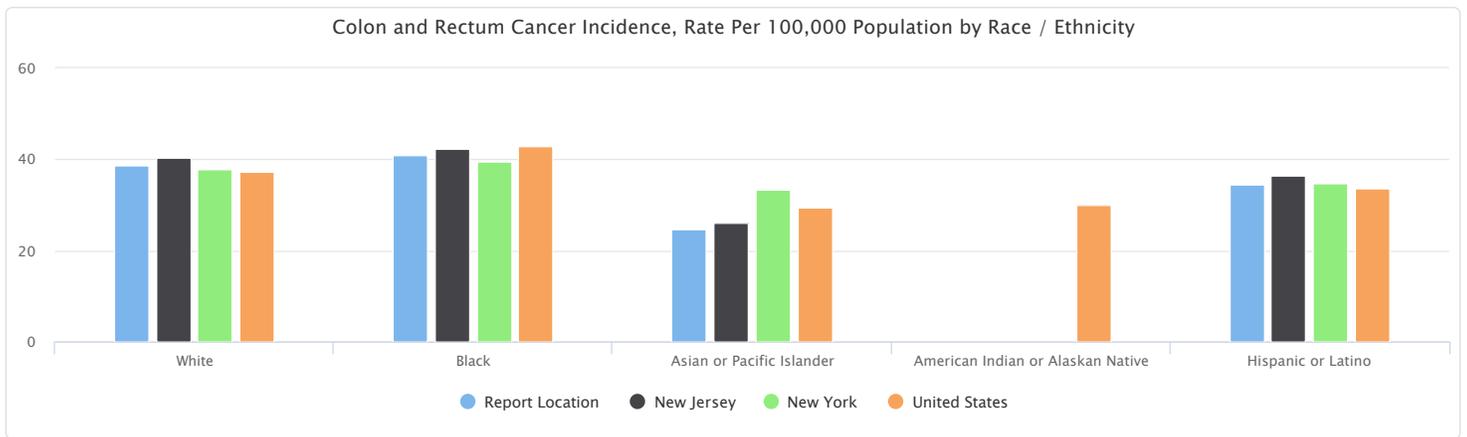
### Colon-Rectal Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2014-18



## Colon and Rectum Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity

This indicator reports the age-adjusted colon and rectum cancer incidence rate per 100,000 people for the 5-year period 2014-2018 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	38.6	40.8	24.8	No data	34.5
St. Francis Medical Center - Trenton	37.2	39.3	24.8	No data	33.8
St. Joseph's Health - Syracuse	39.3	43.0	No data	No data	36.0
Burlington County, NJ	43.2	41.2	36	No data	37.9
Mercer County, NJ	36.6	39.2	24.3	No data	33.6
Monmouth County, NJ	40.1	46.4	24.2	No data	46.9
Cayuga County, NY	36.8	Suppressed	Suppressed	No data	Suppressed
Cortland County, NY	40	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	37.7	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	39.3	43	Suppressed	No data	36
New Jersey	40.4	42.4	26.1	No data	36.5
New York	37.8	39.4	33.3	No data	34.9
United States	37.4	42.9	29.5	30.1	33.6



### Colon and Rectum Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of colon and rectum cancer for the 5-year period 2014-2018 by race and by Hispanic origin.

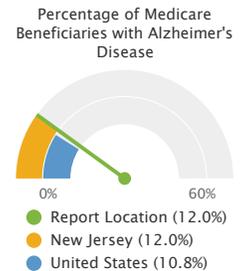
Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	294	42	7	No data	No data
St. Francis Medical Center - Trenton	93	24	7	No data	No data
St. Joseph's Health - Syracuse	200	17	No data	No data	No data
Burlington County, NJ	195	36	8	No data	8
Mercer County, NJ	114	31	9	No data	13
Monmouth County, NJ	287	25	10	No data	19
Cayuga County, NY	39	Suppressed	Suppressed	No data	Suppressed
Cortland County, NY	22	Suppressed	Suppressed	No data	Suppressed
Madison County, NY	34	Suppressed	Suppressed	No data	Suppressed
Onondaga County, NY	201	18	Suppressed	No data	5
New Jersey	3,466	562	218	No data	477
New York	6,812	1,438	600	No data	1,062
United States	116,721	17,701	5,735	1,072	13,082

## Chronic Conditions - Alzheimer's Disease (Medicare Population)

This indicator reports the number and percentage of Medicare Fee-for-Service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

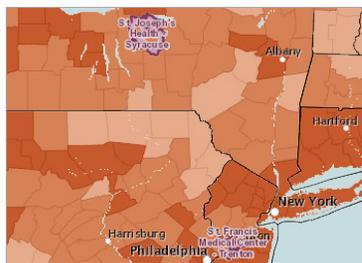
Within the report area, there were 8,716 beneficiaries with Alzheimer's Disease based on administrative claims data in the latest report year. This represents 12.0% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Alzheimer's Disease	Beneficiaries with Alzheimer's Disease, Percent
Report Location	72,726	8,716	12.0%
St. Francis Medical Center - Trenton	31,053	4,448	14.3%
St. Joseph's Health - Syracuse	41,672	4,267	10.2%
Burlington County, NJ	57,908	6,471	11.2%
Mercer County, NJ	38,162	5,591	14.7%
Monmouth County, NJ	89,106	10,296	11.6%
Cayuga County, NY	9,438	862	9.1%
Cortland County, NY	5,725	596	10.4%
Madison County, NY	7,244	660	9.1%
Onondaga County, NY	41,668	4,271	10.3%
New York	1,755,635	214,783	12.2%
New Jersey	1,047,845	125,721	12.0%
United States	33,499,472	3,610,640	10.8%



Note: This indicator is compared to the lowest state average.

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County



[View larger map](#)

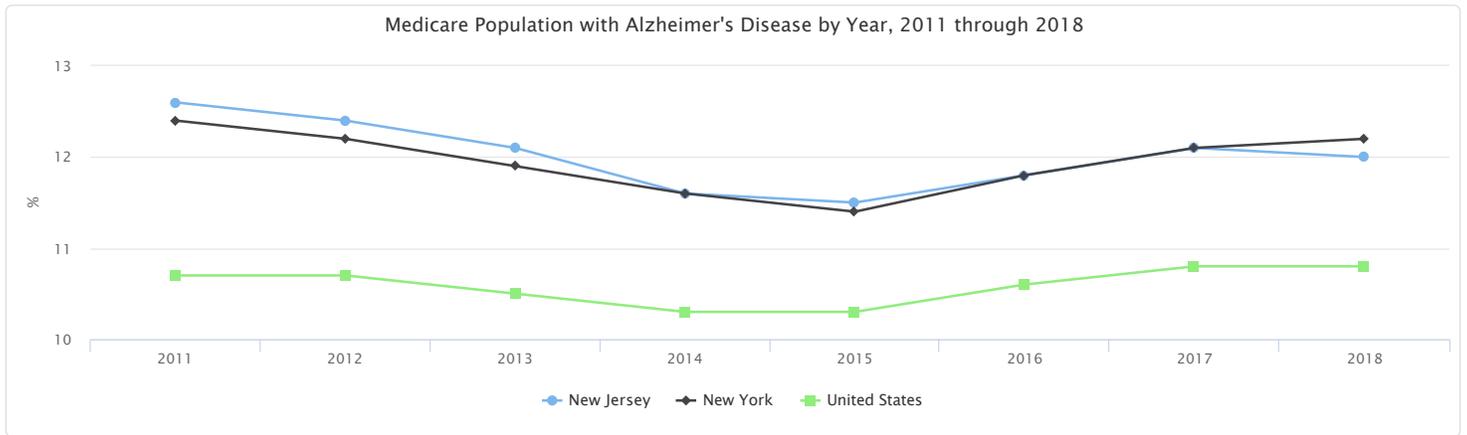
Beneficiaries with Alzheimer's Disease, Percent by County, CMS 2018

- Over 11.0%
- 9.1 - 11.0%
- 7.1 - 9.0%
- Under 7.1%
- No Data or Data Suppressed
- Report Location

## Medicare Population with Alzheimer's Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with Alzheimer's Disease over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Burlington County, NJ	11.8%	11.4%	11.2%	10.9%	10.9%	11.3%	11.4%	11.2%
Mercer County, NJ	15.0%	14.7%	14.0%	13.4%	13.4%	13.8%	14.9%	14.7%
Monmouth County, NJ	12.5%	12.3%	11.9%	11.2%	11.1%	11.2%	11.5%	11.6%
Cayuga County, NY	9.2%	9.0%	8.8%	8.6%	8.3%	8.7%	8.8%	9.1%
Cortland County, NY	10.2%	10.1%	9.6%	9.1%	9.9%	9.9%	10.3%	10.4%
Madison County, NY	8.8%	9.0%	8.7%	8.5%	8.5%	8.5%	8.8%	9.1%
Onondaga County, NY	11.0%	10.7%	10.5%	10.3%	10.4%	10.7%	10.7%	10.3%
New Jersey	12.6%	12.4%	12.1%	11.6%	11.5%	11.8%	12.1%	12.0%
New York	12.4%	12.2%	11.9%	11.6%	11.4%	11.8%	12.1%	12.2%
United States	10.7%	10.7%	10.5%	10.3%	10.3%	10.6%	10.8%	10.8%

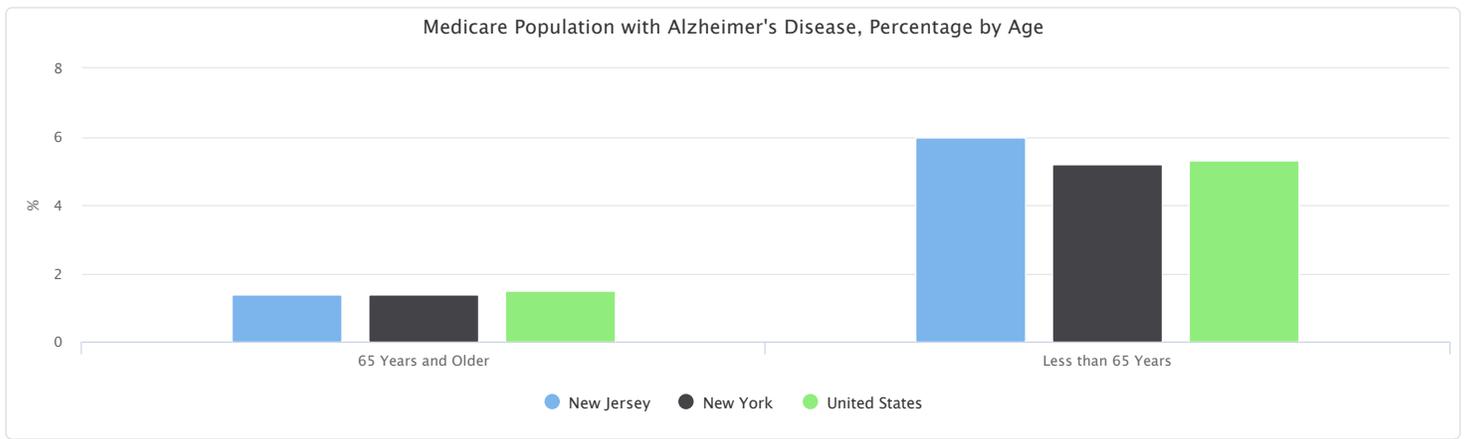


## Medicare Population with Alzheimer's Disease, Percentage by Age

This indicator reports the prevalence of Alzheimer Disease among Medicare beneficiaries by age.

The percentage values could be interpreted as, for example, "Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with Alzheimer's Disease is (value)."

Report Area	65 Years and Older	Less than 65 Years
Burlington County, NJ	1.2%	5.5%
Mercer County, NJ	1.6%	7.0%
Monmouth County, NJ	1.8%	7.2%
Cayuga County, NY	1.5%	5.7%
Cortland County, NY	1.6%	5.2%
Madison County, NY	1.2%	4.1%
Onondaga County, NY	1.4%	5.3%
New Jersey	1.4%	6.0%
New York	1.4%	5.2%
United States	1.5%	5.3%



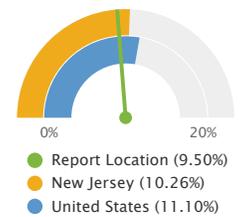
### Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.

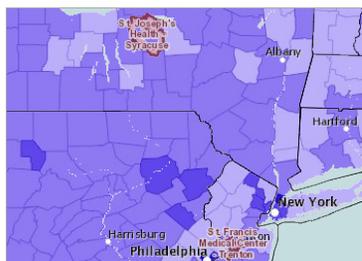
Within the report area there are 9.50% adults age 18 and older with diabetes of the total population age 18 and older.

Report Area	Total Population (2020)	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)
Report Location	465,811	9.50%	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	9.50%	No data
Burlington County, NJ	446,596	10.60%	9.00%
Mercer County, NJ	367,239	9.90%	9.00%
Monmouth County, NJ	618,381	9.40%	7.50%
Cayuga County, NY	76,029	10.50%	8.50%
Cortland County, NY	47,173	8.90%	8.30%
Madison County, NY	70,478	9.40%	7.80%
Onondaga County, NY	459,214	10.10%	8.80%
New York	19,336,776	10.45%	9.28%
New Jersey	8,882,371	10.26%	8.95%
United States	331,449,281	11.10%	9.70%

Percentage of Adults Age 18+ Ever Diagnosed with Diabetes



Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2020. Source geography: Tract



[View larger map](#)

### Diabetes, Prevalence Among Adults Age 18+ by County, CDC BRFSS PLACES Project 2020

- Over 12.0%
- 10.1 - 12.0%
- 8.1 - 10.0%
- Under 8.1%
- No Data or Data Suppressed
- Report Location

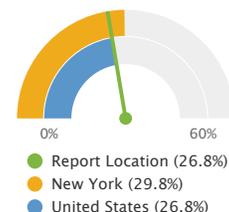
## Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with ischemic heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 19,461 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 26.8% of the total Medicare Fee-for-Service beneficiaries.

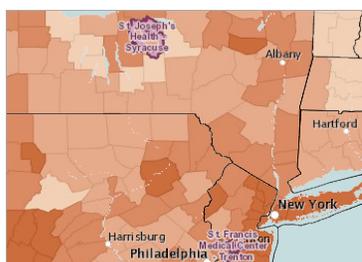
Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Report Location	72,726	19,461	26.8%
St. Francis Medical Center - Trenton	31,053	9,690	31.2%
St. Joseph's Health - Syracuse	41,672	9,771	23.4%
Burlington County, NJ	57,908	15,884	27.4%
Mercer County, NJ	38,162	12,056	31.6%
Monmouth County, NJ	89,106	28,517	32.0%
Cayuga County, NY	9,438	2,552	27.0%
Cortland County, NY	5,725	1,286	22.5%
Madison County, NY	7,244	1,619	22.3%
Onondaga County, NY	41,668	9,768	23.4%
New Jersey	1,047,845	333,106	31.8%
New York	1,755,635	522,881	29.8%
United States	33,499,472	8,979,902	26.8%

Percentage of Medicare Beneficiaries with Heart Disease



Note: This indicator is compared to the lowest state average.

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County



[View larger map](#)

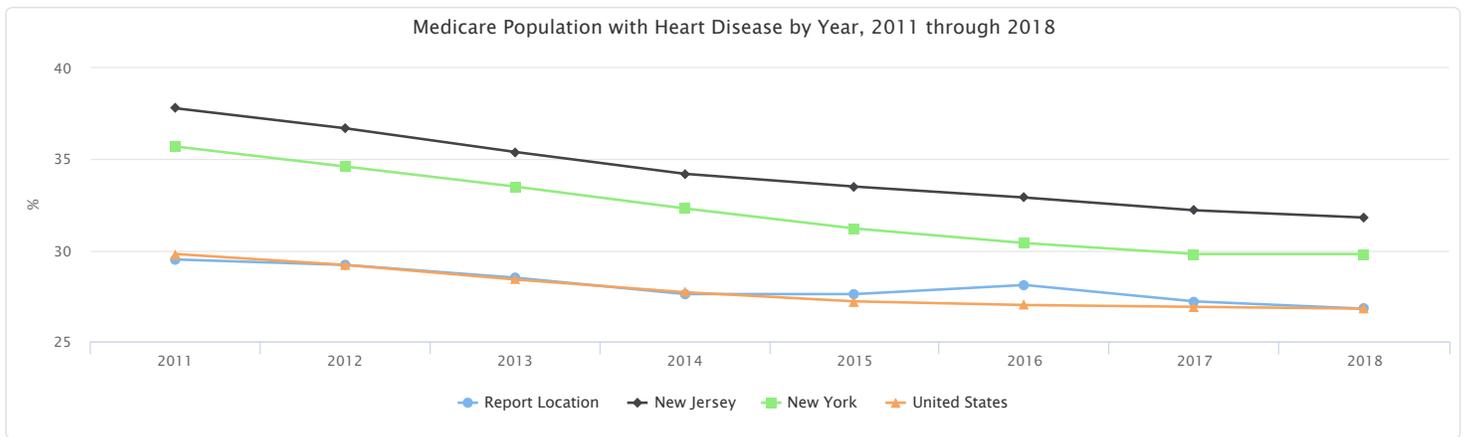
Beneficiaries with Ischemic Heart Disease, Percent by County, CMS 2018

- Over 31.0%
- 27.1 - 31.0%
- 23.1 - 27.0%
- Under 23.1%
- No Data or Data Suppressed
- Report Location

## Medicare Population with Heart Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with heart disease over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Report Location	29.5%	29.2%	28.5%	27.6%	27.6%	28.1%	27.2%	26.8%
St. Francis Medical Center - Trenton	34.7%	34.0%	33.1%	32.4%	33.0%	33.9%	32.3%	31.2%
St. Joseph's Health - Syracuse	26.2%	26.0%	25.3%	24.1%	23.5%	23.4%	23.7%	23.4%
Burlington County, NJ	32.6%	32.0%	31.0%	29.9%	29.3%	28.8%	27.8%	27.4%
Mercer County, NJ	34.8%	34.1%	33.3%	32.6%	33.3%	34.4%	32.7%	31.6%
Monmouth County, NJ	37.9%	36.5%	35.1%	33.7%	33.2%	32.6%	32.0%	32.0%
Cayuga County, NY	30.2%	30.2%	28.6%	27.5%	26.6%	26.8%	26.4%	27.0%
Cortland County, NY	27.0%	26.9%	25.9%	24.9%	23.7%	22.7%	22.7%	22.5%
Madison County, NY	27.5%	26.5%	25.3%	24.2%	23.6%	23.0%	22.5%	22.3%
Onondaga County, NY	26.2%	26.0%	25.3%	24.1%	23.4%	23.4%	23.7%	23.4%
New Jersey	37.8%	36.7%	35.4%	34.2%	33.5%	32.9%	32.2%	31.8%
New York	35.7%	34.6%	33.5%	32.3%	31.2%	30.4%	29.8%	29.8%
United States	29.8%	29.2%	28.4%	27.7%	27.2%	27.0%	26.9%	26.8%

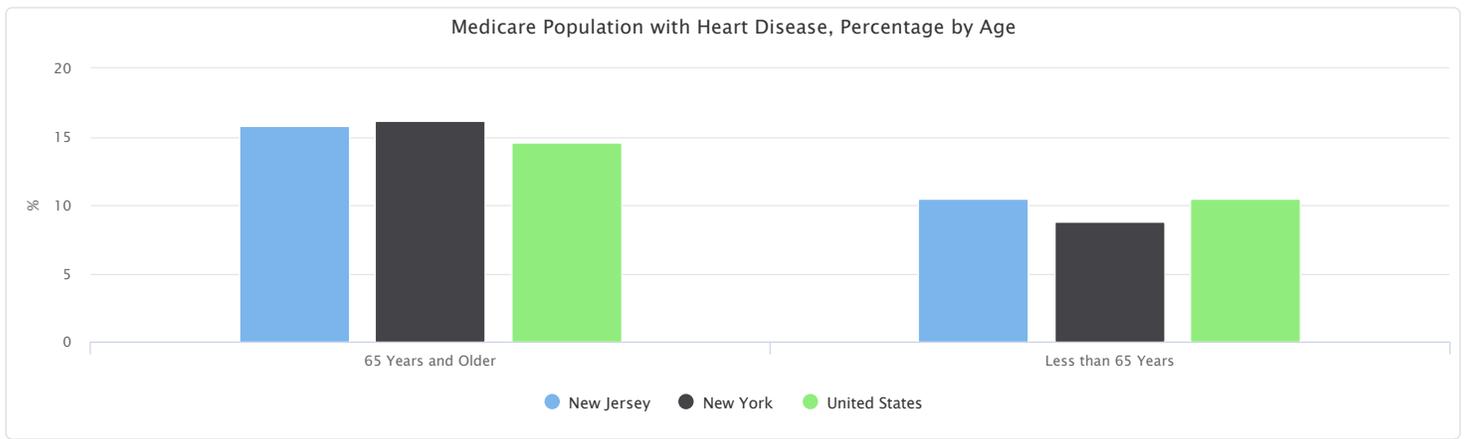


## Medicare Population with Heart Disease, Percentage by Age

This indicator reports the prevalence of heart disease among Medicare beneficiaries by age.

The percentage values could be interpreted as, for example, "Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with heart disease is (value)."

Report Area	65 Years and Older	Less than 65 Years
Burlington County, NJ	13.2%	8.6%
Mercer County, NJ	15.9%	13.4%
Monmouth County, NJ	15.2%	9.3%
Cayuga County, NY	19.1%	8.5%
Cortland County, NY	15.9%	7.9%
Madison County, NY	11.7%	6.9%
Onondaga County, NY	12.9%	7.1%
New Jersey	15.8%	10.5%
New York	16.2%	8.8%
United States	14.6%	10.5%

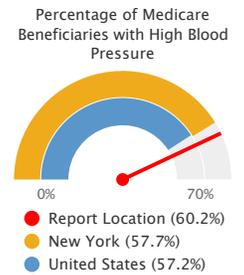


### Chronic Conditions - High Blood Pressure (Medicare Population)

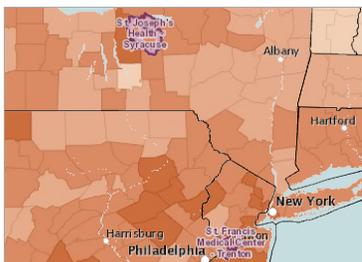
This indicator reports the number and percentage of the Medicare Fee-for-Service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 43,769 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 60.2% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Report Location	72,726	43,769	<b>60.2%</b>
St. Francis Medical Center - Trenton	31,053	19,487	62.8%
St. Joseph's Health - Syracuse	41,672	24,281	58.3%
Burlington County, NJ	57,908	36,242	62.6%
Mercer County, NJ	38,162	23,955	62.8%
Monmouth County, NJ	89,106	55,028	61.8%
Cayuga County, NY	9,438	5,879	62.3%
Cortland County, NY	5,725	3,283	57.3%
Madison County, NY	7,244	4,070	56.2%
Onondaga County, NY	41,668	24,278	58.3%
New Jersey	1,047,845	655,640	62.6%
New York	1,755,635	1,012,557	57.7%
United States	33,499,472	19,162,770	57.2%

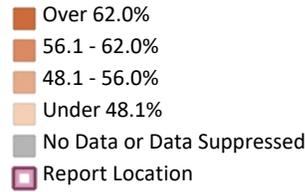


Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County



[View larger map](#)

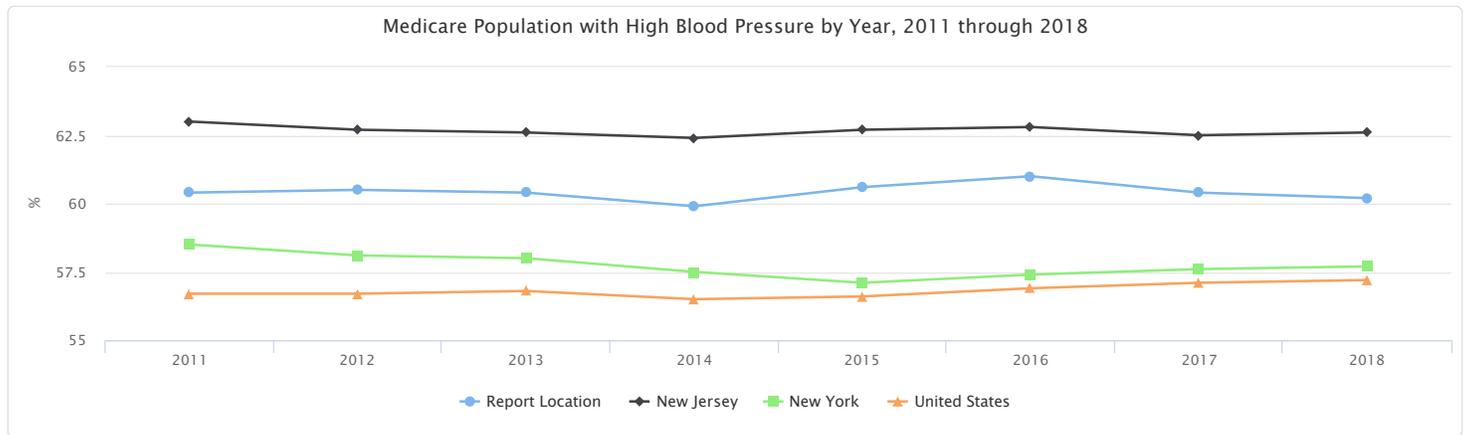
**Beneficiaries with High Blood Pressure, Percent by County, CMS 2018**



## Medicare Population with High Blood Pressure by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with high blood pressure over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Report Location	60.4%	60.5%	60.4%	59.9%	60.6%	61.0%	60.4%	60.2%
St. Francis Medical Center - Trenton	63.5%	63.4%	63.1%	62.8%	63.6%	64.0%	62.7%	62.8%
St. Joseph's Health - Syracuse	58.4%	58.5%	58.6%	57.8%	58.3%	58.6%	58.8%	58.3%
Burlington County, NJ	62.7%	62.5%	62.3%	62.0%	62.6%	63.1%	62.2%	62.6%
Mercer County, NJ	63.6%	63.5%	63.2%	62.8%	63.7%	64.1%	62.7%	62.8%
Monmouth County, NJ	62.5%	61.7%	61.6%	61.2%	61.7%	61.7%	61.7%	61.8%
Cayuga County, NY	63.4%	63.7%	62.5%	61.8%	62.0%	62.3%	62.5%	62.3%
Cortland County, NY	58.1%	57.5%	57.3%	57.7%	57.3%	57.4%	57.2%	57.3%
Madison County, NY	58.1%	57.7%	56.9%	56.0%	56.0%	56.0%	56.1%	56.2%
Onondaga County, NY	58.4%	58.5%	58.6%	57.8%	58.3%	58.6%	58.8%	58.3%
New Jersey	63.0%	62.7%	62.6%	62.4%	62.7%	62.8%	62.5%	62.6%
New York	58.5%	58.1%	58.0%	57.5%	57.1%	57.4%	57.6%	57.7%
United States	56.7%	56.7%	56.8%	56.5%	56.6%	56.9%	57.1%	57.2%

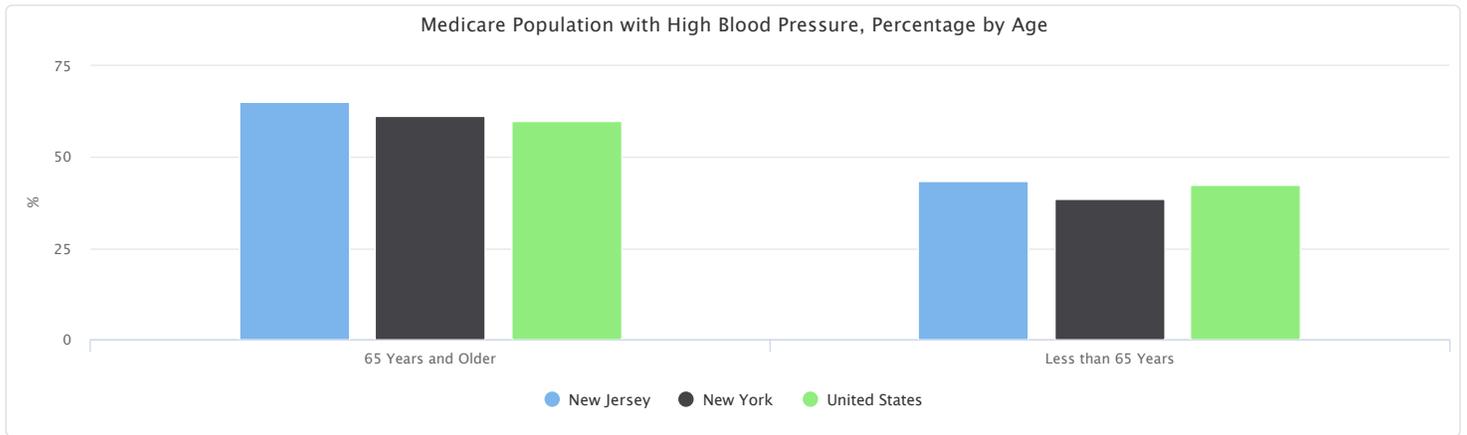


## Medicare Population with High Blood Pressure, Percentage by Age

This indicator reports the prevalence of high blood pressure among Medicare beneficiaries by age.

The percentage values could be interpreted as, for example, "Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with high blood pressure is (value)."

Report Area	65 Years and Older	Less than 65 Years
Burlington County, NJ	66.0%	41.7%
Mercer County, NJ	65.9%	45.5%
Monmouth County, NJ	64.0%	42.2%
Cayuga County, NY	66.6%	41.5%
Cortland County, NY	61.4%	37.3%
Madison County, NY	61.1%	34.5%
Onondaga County, NY	62.9%	35.8%
New Jersey	65.2%	43.4%
New York	61.3%	38.4%
United States	59.8%	42.4%

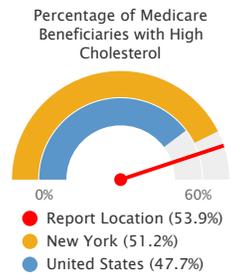


### Chronic Conditions - High Cholesterol (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with hyperlipidemia, which is typically associated with high cholesterol. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

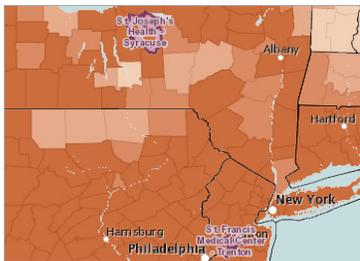
Within the report area, there were 39,201 beneficiaries with hyperlipidemia based on administrative claims data in the latest report year. This represents 53.9% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Report Location	72,726	39,201	<b>53.9%</b>
St. Francis Medical Center - Trenton	31,053	17,480	56.3%
St. Joseph's Health - Syracuse	41,672	21,721	52.1%
Burlington County, NJ	57,908	32,415	56.0%
Mercer County, NJ	38,162	21,494	56.3%
Monmouth County, NJ	89,106	50,250	56.4%
Cayuga County, NY	9,438	5,317	56.3%
Cortland County, NY	5,725	3,016	52.7%
Madison County, NY	7,244	3,351	46.3%
Onondaga County, NY	41,668	21,724	52.1%
New Jersey	1,047,845	593,732	56.7%
New York	1,755,635	898,137	51.2%
United States	33,499,472	15,965,312	47.7%



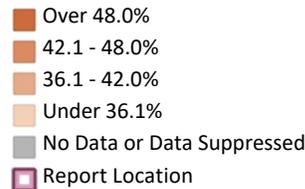
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions, 2018. Source geography: County



[View larger map](#)

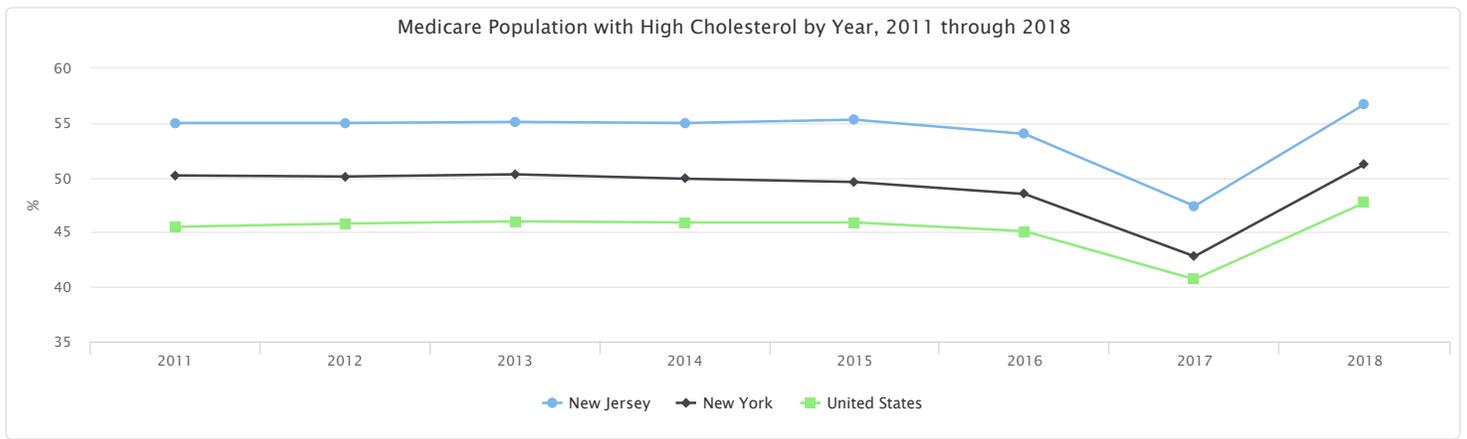
#### Beneficiaries with High Cholesterol, Percent by County, CMS 2018



## Medicare Population with High Cholesterol by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with high cholesterol over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Burlington County, NJ	54.8%	54.3%	54.5%	54.3%	54.5%	53.4%	48.0%	56.0%
Mercer County, NJ	54.3%	54.9%	54.4%	55.1%	55.6%	55.9%	50.3%	56.3%
Monmouth County, NJ	54.2%	54.0%	54.3%	54.1%	54.7%	53.4%	47.2%	56.4%
Cayuga County, NY	54.1%	53.9%	53.5%	53.5%	53.8%	53.2%	49.7%	56.3%
Cortland County, NY	48.2%	49.3%	49.3%	50.4%	51.1%	51.6%	48.2%	52.7%
Madison County, NY	47.7%	46.9%	46.9%	45.9%	45.4%	43.7%	37.6%	46.3%
Onondaga County, NY	51.0%	51.3%	51.3%	50.7%	50.0%	49.2%	42.5%	52.1%
New Jersey	55.0%	55.0%	55.1%	55.0%	55.3%	54.0%	47.4%	56.7%
New York	50.2%	50.1%	50.3%	49.9%	49.6%	48.5%	42.8%	51.2%
United States	45.5%	45.8%	46.0%	45.9%	45.9%	45.1%	40.7%	47.7%

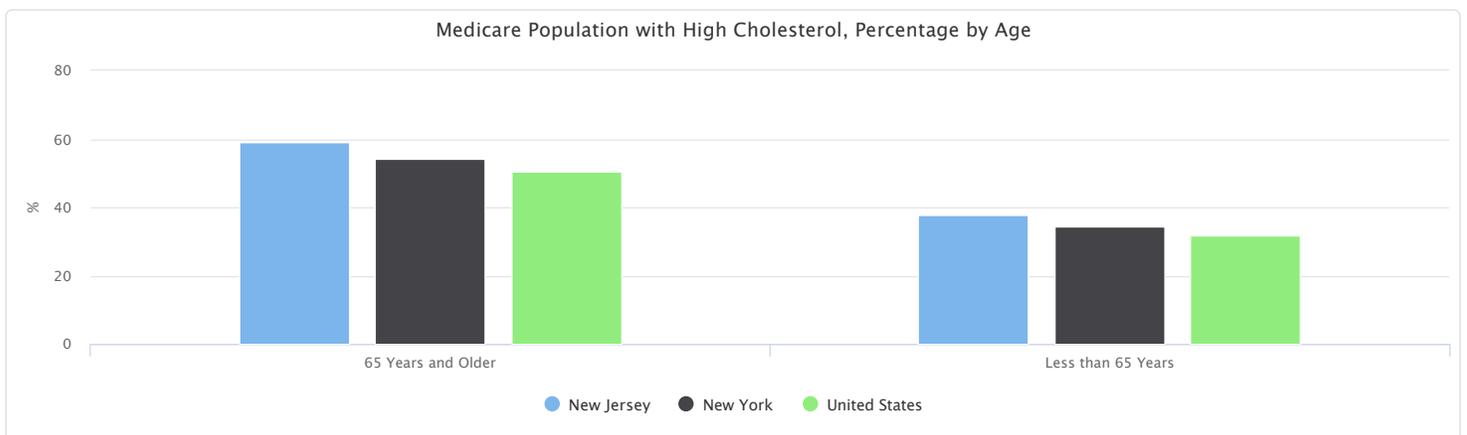


### Medicare Population with High Cholesterol, Percentage by Age

This indicator reports the prevalence of high cholesterol among Medicare beneficiaries by age.

The percentage values could be interpreted as, for example, "Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with high cholesterol is (value)."

Report Area	65 Years and Older	Less than 65 Years
Burlington County, NJ	59.3%	35.6%
Mercer County, NJ	59.7%	37.2%
Monmouth County, NJ	58.5%	38.1%
Cayuga County, NY	60.7%	35.0%
Cortland County, NY	56.7%	32.6%
Madison County, NY	49.5%	32.0%
Onondaga County, NY	56.5%	31.1%
New Jersey	59.2%	37.8%
New York	54.3%	34.5%
United States	50.5%	31.9%



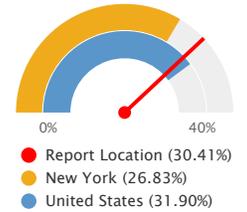
### Chronic Conditions - Obesity (Adult)

This indicator reports the number and percentage of adults age 18 and older who are obese, defined as having a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup>, calculated from self-reported weight and height.

Within the report area there are 30.41% adults age 18 and older with obesity of the total population age 18 and older.

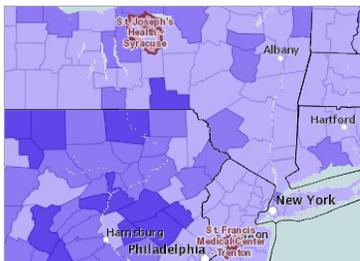
Report Area	Total Population (2020)	Adults Age 18+ with Obesity (BMI $\geq 30.0$ kg/m <sup>2</sup> ) (Crude)	Adults Age 18+ with Obesity (BMI $\geq 30.0$ kg/m <sup>2</sup> ) (Age-Adjusted)
Report Location	465,811	<b>30.41%</b>	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	30.41%	No data
Burlington County, NJ	446,596	30.20%	30.00%
Mercer County, NJ	367,239	28.10%	28.40%
Monmouth County, NJ	618,381	22.20%	22.10%
Cayuga County, NY	76,029	32.90%	33.00%
Cortland County, NY	47,173	27.40%	29.10%
Madison County, NY	70,478	28.10%	28.80%
Onondaga County, NY	459,214	29.60%	30.00%
New York	19,336,776	26.83%	27.00%
New Jersey	8,882,371	27.13%	27.07%
United States	331,449,281	31.90%	32.00%

Percentage of Adults Age 18+ with Obese (BMI  $\geq 30.0$  kg/m<sup>2</sup>)



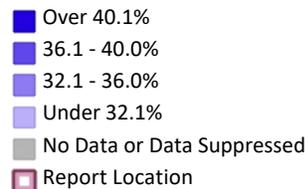
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract



[View larger map](#)

Obese (BMI  $\geq 30$ ), Prevalence Among Adults Age 18+ by County, CDC BRFSS PLACES Project 2020



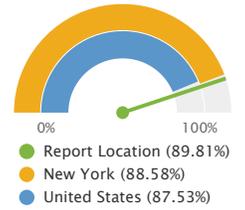
## Diabetes Management (Hemoglobin A1c Test)

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

As of year 2019, 5,218 or 89.81% Medicare enrollees with diabetes have had an annual exam out of 5,809 Medicare enrollees with diabetes in the report area.

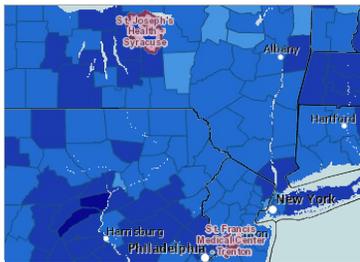
Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Report Location	5,809	5,218	89.81%
St. Francis Medical Center - Trenton	2,618	2,253	86.04%
St. Joseph's Health - Syracuse	3,191	2,964	92.91%
Burlington County, NJ	5,103	4,463	87.46%
Mercer County, NJ	3,203	2,751	85.89%
Monmouth County, NJ	7,934	7,027	88.57%
Cayuga County, NY	825	781	94.67%
Cortland County, NY	556	515	92.63%
Madison County, NY	650	570	87.69%
Onondaga County, NY	3,184	2,959	92.93%
New York	162,543	143,983	88.58%
New Jersey	95,487	83,694	87.65%
United States	6,792,740	5,945,988	87.53%

Percentage of Medicare Enrollees with Diabetes with Annual A1C Test



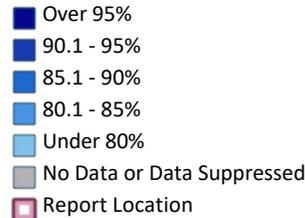
Note: This indicator is compared to the highest state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2019. Source geography: County



[View larger map](#)

Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, Dartmouth Atlas 2019

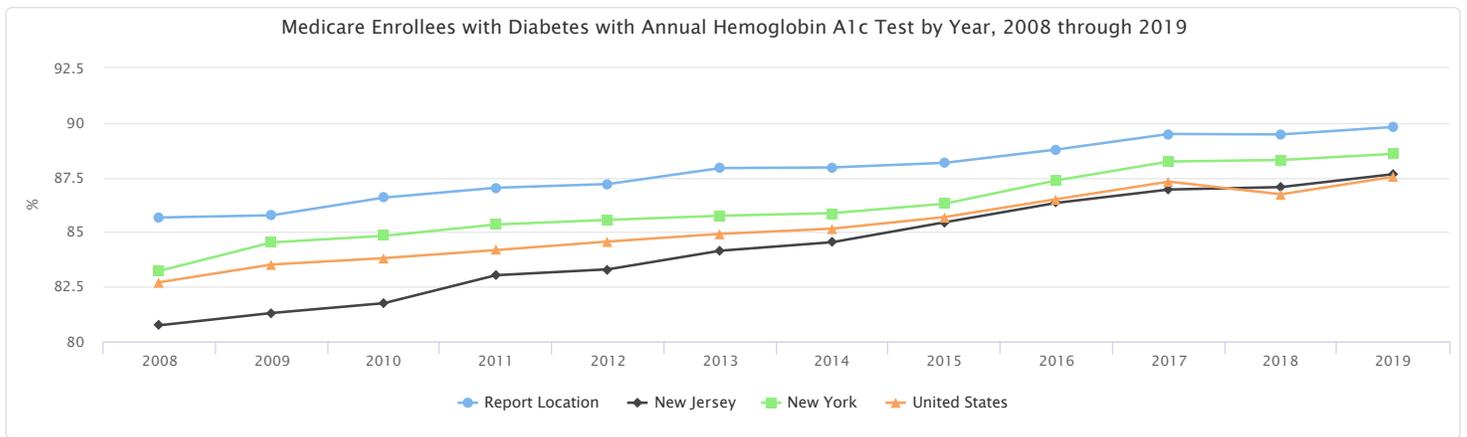


## Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019

This indicator reports the percentage of Medicare enrollees with diabetes who have annual Hemoglobin A1c Test from 2008 to 2019.

Note: The Dartmouth Atlas Data team has noted substantial decreases in hemoglobin A1c testing in several HRRs in Montana and North Dakota between 2017 and 2018. A conclusive explanation cannot be established thus far for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for the measure.

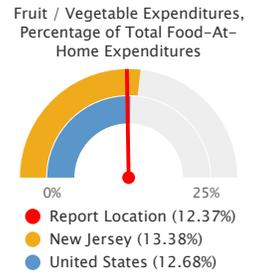
Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Report Location	85.67%	85.77%	86.58%	87.03%	87.20%	87.93%	87.96%	88.17%	88.78%	89.49%	89.47%	89.81%
St. Francis Medical Center - Trenton	81.34%	80.69%	82.52%	83.76%	83.22%	84.56%	84.35%	84.34%	85.48%	85.33%	84.73%	86.04%
St. Joseph's Health - Syracuse	88.73%	89.38%	89.74%	89.67%	90.44%	90.78%	91.23%	91.85%	92.20%	93.03%	93.77%	92.91%
Burlington County, NJ	83.29%	80.88%	83.01%	83.25%	83.34%	84.38%	84.45%	84.92%	85.74%	86.77%	87.61%	87.46%
Mercer County, NJ	81.19%	80.67%	82.48%	83.80%	83.21%	84.58%	84.34%	84.28%	85.46%	85.17%	84.41%	85.89%
Monmouth County, NJ	81.06%	82.37%	82.87%	83.74%	84.60%	84.27%	84.94%	87.16%	87.73%	88.46%	88.29%	88.57%
Cayuga County, NY	86.64%	87.84%	87.14%	86.78%	88.54%	90.42%	88.34%	91.44%	90.20%	92.45%	92.35%	94.67%
Cortland County, NY	87.32%	87.17%	85.19%	88.13%	88.54%	89.08%	90.91%	90.59%	91.67%	92.98%	93.37%	92.63%
Madison County, NY	85.91%	85.52%	84.72%	85.23%	84.73%	88.89%	88.22%	89.37%	89.63%	88.04%	90.91%	87.69%
Onondaga County, NY	88.76%	89.41%	89.79%	89.71%	90.48%	90.80%	91.26%	91.86%	92.22%	93.06%	93.80%	92.93%
New Jersey	80.74%	81.30%	81.75%	83.03%	83.30%	84.15%	84.54%	85.45%	86.34%	86.95%	87.06%	87.65%
New York	83.23%	84.53%	84.83%	85.35%	85.56%	85.75%	85.87%	86.30%	87.37%	88.23%	88.30%	88.58%
United States	82.71%	83.52%	83.81%	84.18%	84.57%	84.92%	85.16%	85.69%	86.51%	87.31%	86.73%	87.53%



## Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Location	No data	No data	No data	\$680.11	12.37%
St. Francis Medical Center - Trenton	No data	No data	No data	\$755.84	13.17%
St. Joseph's Health - Syracuse	No data	No data	No data	\$634.74	11.86%
Burlington County, NJ	14	0.74	-0.91	Suppressed	Suppressed
Mercer County, NJ	9	0.93	-0.35	Suppressed	Suppressed
Monmouth County, NJ	7	0.95	-0.30	Suppressed	Suppressed
Cayuga County, NY	58	-1.27	-2.38	Suppressed	Suppressed
Cortland County, NY	61	-1.52	-2.71	Suppressed	Suppressed
Madison County, NY	60	-1.42	-2.58	Suppressed	Suppressed
Onondaga County, NY	57	-1.22	-2.33	Suppressed	Suppressed
New Jersey	No data	0.68	No data	\$863.77	13.38%
New York	No data	0.44	No data	\$796.78	13.09%
United States	No data	No data	No data	\$744.71	12.68%



Note: This indicator is compared to the highest state average.  
 Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

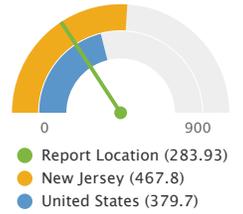
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Location

## HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest reporting year.

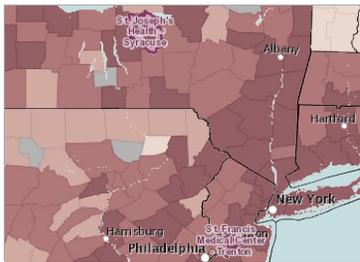
Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
Report Location	448,432.00	1,273.00	<b>283.93</b>
448,432.00	1,273.00	283.93	
Burlington County, NJ	383,026	927	242.0
Mercer County, NJ	311,863	1,439	461.4
Monmouth County, NJ	530,822	1,672	315.0
Cayuga County, NY	65,817	146	221.8
Cortland County, NY	40,900	50	122.2
Madison County, NY	61,202	66	107.8
Onondaga County, NY	390,007	1,148	294.4
New Jersey	7,510,360	35,136	467.8
New York	16,463,162	125,383	761.6
United States	277,596,976	1,054,159	379.7

Population with HIV / AIDS, Rate per 100,000 Pop.



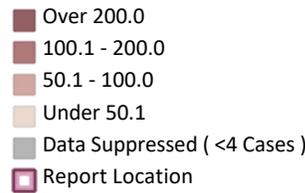
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020. Source geography: County



[View larger map](#)

HIV Prevalence, Rate (Per 100,000 Pop.) by County, CDC NCHHSTP 2020

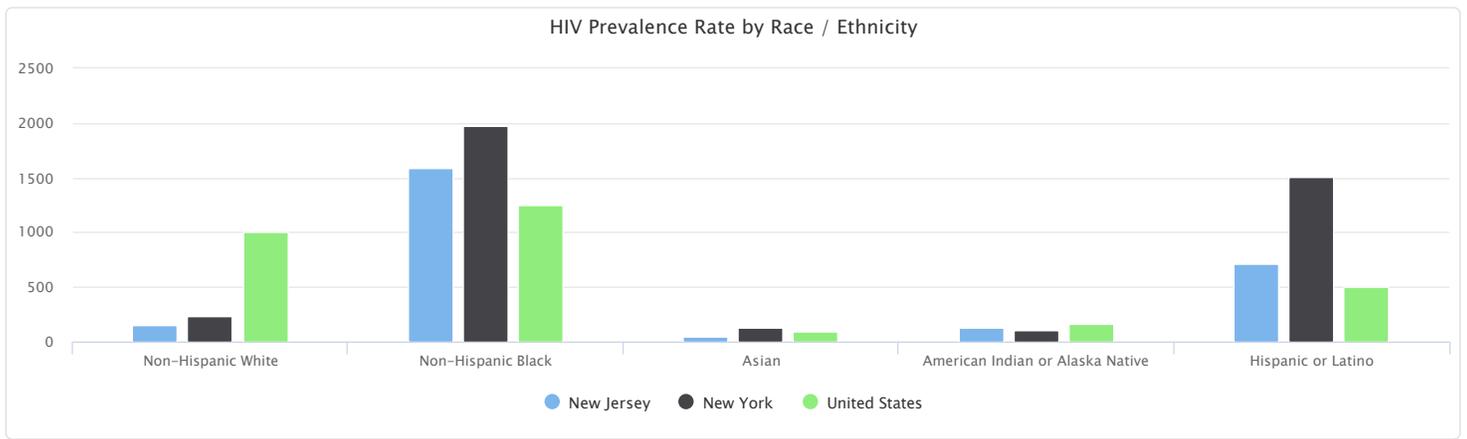


## HIV Prevalence Rate by Race / Ethnicity

The table below displays trends in the prevalence rate for HIV/AIDS for the latest report year by population race and ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian or Alaska Native	Hispanic or Latino
St. Francis Medical Center - Trenton	98.9	1,351.0	26.0	0.0	561.0
St. Joseph's Health - Syracuse	132.6	992.8	110.0	0.0	1,092.8
St. Francis Medical Center - Trenton	98.9	1,351.0	26.0	0.0	561.0
St. Joseph's Health - Syracuse	132.6	992.8	110.0	0.0	1,092.8
New Jersey	154.2	1,591.0	49.9	128.9	711.3
New York	239.0	1,974.2	133.7	102.7	1,511.2
United States	1,004.4	1,252.9	93.6	158.2	499.9

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020.

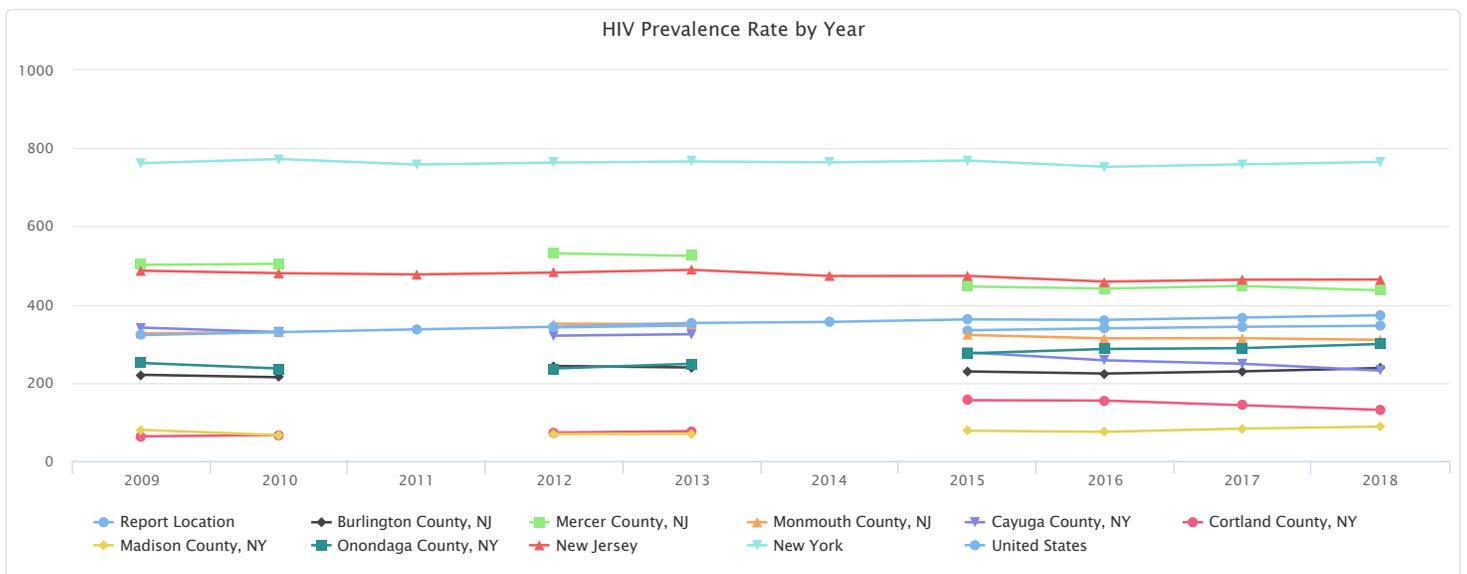


## HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2018. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Report Location	No data	330.8	No data	341.8	346.6	No data	334.5	339.4	343.4	346.0
St. Francis Medical Center - Trenton	No data	482.2	No data	509.2	502.8	No data	429.8	424.7	431.2	421.3
St. Joseph's Health - Syracuse	No data	235.6	No data	236.1	247.8	No data	274.1	285.3	287.4	297.7
Burlington County, NJ	220.5	214.2	No data	243.0	239.3	No data	229.1	223.7	229.3	237.7
Mercer County, NJ	502.0	504.4	No data	531.5	524.7	No data	446.4	441.4	447.9	436.5
Monmouth County, NJ	326.6	330.3	No data	351.3	350.3	No data	322.6	313.7	314.2	309.9
Cayuga County, NY	341.3	329.5	No data	320.7	324.4	No data	277.8	257.5	248.7	231.3
Cortland County, NY	63.0	66.4	No data	72.7	76.3	No data	155.4	154.5	142.6	130.7
Madison County, NY	79.5	66.2	No data	68.7	69.3	No data	77.4	74.5	82.9	87.8
Onondaga County, NY	250.7	236.6	No data	236.8	248.7	No data	275.3	286.6	288.8	299.3
New Jersey	486.9	480.6	477.4	482.2	489.1	473.4	473.7	459.1	463.8	464.4
New York	762.1	772.7	758.6	763.6	766.4	764.2	768.8	752.7	759.1	765.3
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020.

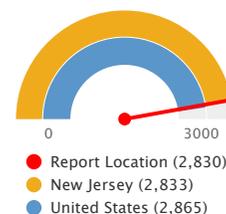


## Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 136,478 Medicare beneficiaries in the report area. The preventable hospitalization rate was 2,830. The rate in the report area was lower than the state rate of 2,833 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Report Location	136,478	<b>2,830</b>
St. Francis Medical Center - Trenton	47,800	2,992
St. Joseph's Health - Syracuse	88,677	2,743
Burlington County, NJ	81,750	3,582
Mercer County, NJ	59,252	2,937
Monmouth County, NJ	114,931	2,804
Cayuga County, NY	16,101	3,333
Cortland County, NY	8,715	3,605
Madison County, NY	13,750	2,303
Onondaga County, NY	88,852	2,742
New Jersey	1,468,008	2,833
New York	3,332,147	2,704
United States	57,235,207	2,865

Preventable Hospital Events, Rate per 100,000 Beneficiaries



Note: This indicator is compared to the lowest state average.  
Data Source: Centers for Medicare and Medicaid Services, [Mapping Medicare Disparities Tool](#). 2020. Source geography: County



[View larger map](#)

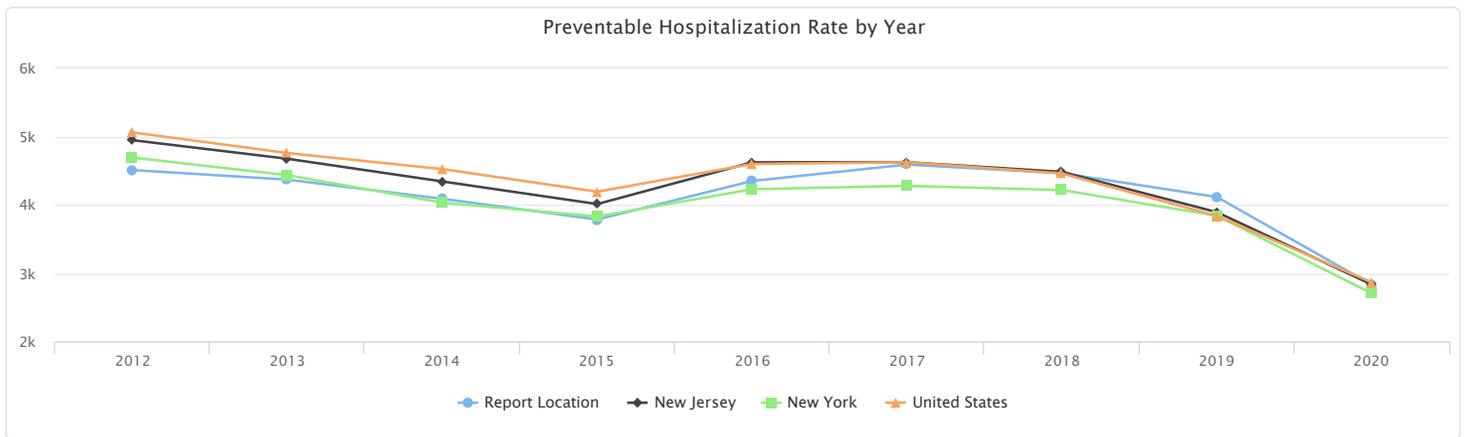
### Preventable Hospitalization, Medicare Beneficiaries, Rate by County, CMS 2020

- Over 3600
- 3101 - 3600
- 2500 - 3100
- Under 2500
- No data or Data Suppressed
- Report Location

## Preventable Hospitalization Rate by Year

The table and chart below display local, state, and national trends in preventable hospitalization rates per 100,000 Medicare beneficiaries.

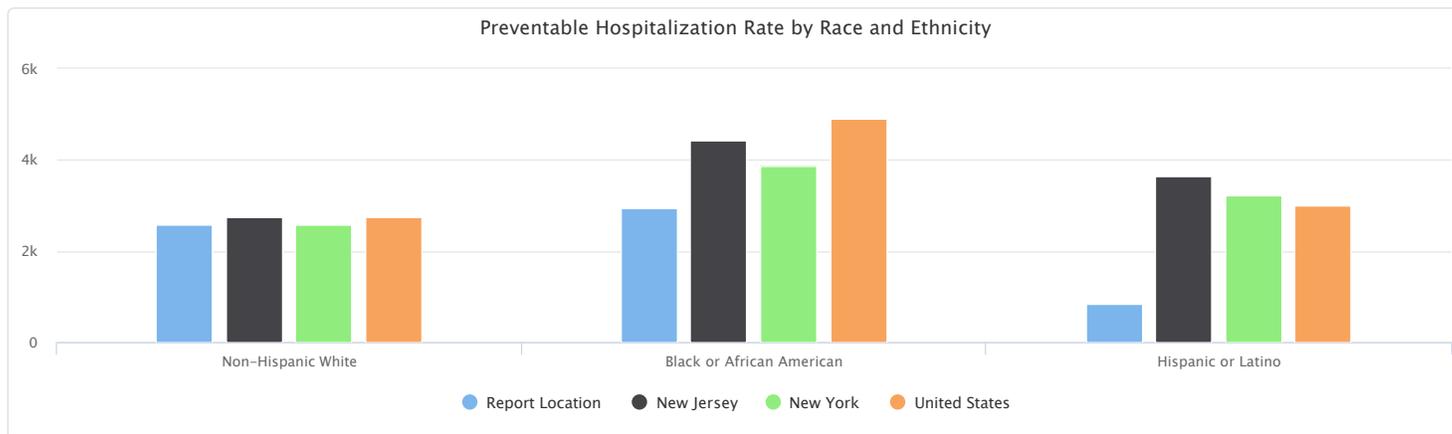
Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020
Report Location	4,509	4,369	4,088	3,785	4,349	4,589	4,463	4,114	2,830
St. Francis Medical Center - Trenton	4,556	4,782	4,477	4,133	4,503	4,709	4,519	4,226	2,992
St. Joseph's Health - Syracuse	4,478	4,082	3,804	3,517	4,224	4,504	4,421	4,054	2,743
Burlington County, NJ	5,306	5,403	4,862	4,413	5,132	5,016	5,415	4,800	3,582
Mercer County, NJ	4,495	4,730	4,444	4,109	4,447	4,678	4,560	4,181	2,937
Monmouth County, NJ	4,509	4,169	3,827	3,703	4,212	4,306	4,342	3,860	2,804
Cayuga County, NY	5,596	5,203	5,052	4,899	5,639	5,602	5,887	4,168	3,333
Cortland County, NY	6,727	5,954	4,969	4,258	4,249	4,459	5,067	4,902	3,605
Madison County, NY	4,349	4,198	3,826	4,106	4,484	4,619	4,364	3,859	2,303
Onondaga County, NY	4,470	4,074	3,797	3,508	4,218	4,499	4,479	4,090	2,742
New Jersey	4,946	4,674	4,342	4,011	4,622	4,624	4,482	3,892	2,833
New York	4,691	4,434	4,032	3,829	4,228	4,277	4,216	3,840	2,704
United States	5,060	4,758	4,523	4,192	4,598	4,624	4,459	3,836	2,865



## Preventable Hospitalization Rate by Race and Ethnicity

The table and chart below display local, state, and national trends in preventable hospitalization rates per 100,000 Medicare beneficiaries for the latest report year by patient race and ethnicity.

Report Area	Non-Hispanic White	Black or African American	Hispanic or Latino
Report Location	2,581	2,952	845
St. Francis Medical Center - Trenton	2,634	3,303	981
St. Joseph's Health - Syracuse	2,558	2,512	550
Burlington County, NJ	3,391	743	2,517
Mercer County, NJ	2,555	3,515	913
Monmouth County, NJ	2,667	4,854	1,082
Cayuga County, NY	3,214	4,027	0
Cortland County, NY	3,676	795	No data
Madison County, NY	2,305	No data	No data
Onondaga County, NY	2,555	2,511	551
New Jersey	2,736	4,433	3,633
New York	2,578	3,883	3,226
United States	2,754	4,914	3,014



## Lack of Prenatal Care

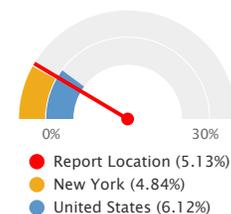
This indicator reports the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Within the report area, of the total births of 24,810 during 2017 and 2019, births with late or no prenatal care was 1,273 or 5.13%. This is lower than the national average rate of 6.12%.

*Note: Data are suppressed for counties with population less than 100,000 or when the birth counts represent fewer than ten persons.*

Report Area	Total Births	Births with Late/No Care	% of Births with Late/No Care
Report Location	24,810	1,273	5.13%
St. Francis Medical Center - Trenton	9,647	783	8.11%
St. Joseph's Health - Syracuse	15,163	490	3.23%
Burlington County, NJ	13,208	788	5.97%
Mercer County, NJ	12,183	1,008	8.27%
Monmouth County, NJ	17,289	653	3.78%
Cayuga County, NY	Suppressed	Suppressed	Suppressed
Cortland County, NY	Suppressed	Suppressed	Suppressed
Madison County, NY	Suppressed	Suppressed	Suppressed
Onondaga County, NY	15,339	496	3.23%
New Jersey	302,058	18,148	6.01%
New York	677,514	32,799	4.84%
United States	11,394,752	697,581	6.12%

Percentage of Pregnant Women with Late or No Prenatal Care



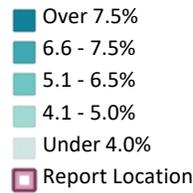
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2019. Source geography: County*



[View larger map](#)

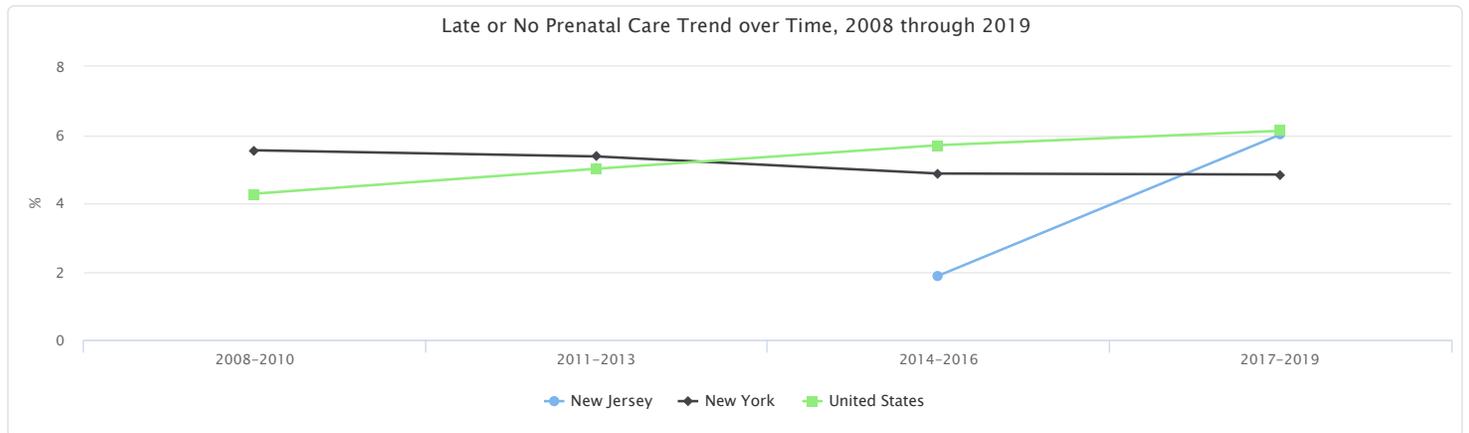
Mothers with Late or No Prenatal Care, Percent by State, CDC NVSS 2017-19



### Late or No Prenatal Care Trend over Time, 2008 through 2019

This indicator reports the 2008 to 2019 three-year period trend of the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the relevant time period.

Report Area	2008-2010	2011-2013	2014-2016	2017-2019
Burlington County, NJ	Suppressed	Suppressed	1.53%	5.97%
Mercer County, NJ	Suppressed	Suppressed	2.71%	8.27%
Monmouth County, NJ	Suppressed	Suppressed	1.23%	3.78%
Cayuga County, NY	Suppressed	Suppressed	Suppressed	Suppressed
Cortland County, NY	Suppressed	Suppressed	Suppressed	Suppressed
Madison County, NY	Suppressed	Suppressed	Suppressed	Suppressed
Onondaga County, NY	3.58%	3.29%	2.99%	3.23%
New Jersey	Suppressed	Suppressed	1.88%	6.01%
New York	5.55%	5.37%	4.87%	4.84%
United States	4.28%	5.01%	5.70%	6.12%



### Life Expectancy (County)

This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings.

Of the total 698,574 population in the report area, the average life expectancy during the 2018-20 three-year period is 79.1, which is lower than the statewide rate of 79.5.

*Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.*

Report Area	Total Population	Life Expectancy at Birth (2018-20)
Report Location	698,574	<b>79.1</b>
St. Francis Medical Center - Trenton	273,754	79.3
St. Joseph's Health - Syracuse	424,820	79.0
Burlington County, NJ	412,120	79.1
Mercer County, NJ	343,166	79.3
Monmouth County, NJ	571,896	79.8
Cayuga County, NY	70,226	79.1
Cortland County, NY	44,137	78.1
Madison County, NY	65,168	80.8
Onondaga County, NY	425,749	79.0
New Jersey	8,250,454	79.5
New York	18,011,687	80.3
United States	305,755,802	78.6

Life Expectancy at Birth, 2018-2020



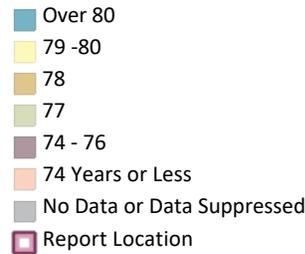
Note: This indicator is compared to the highest state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2018-2020. Source geography: County



[View larger map](#)

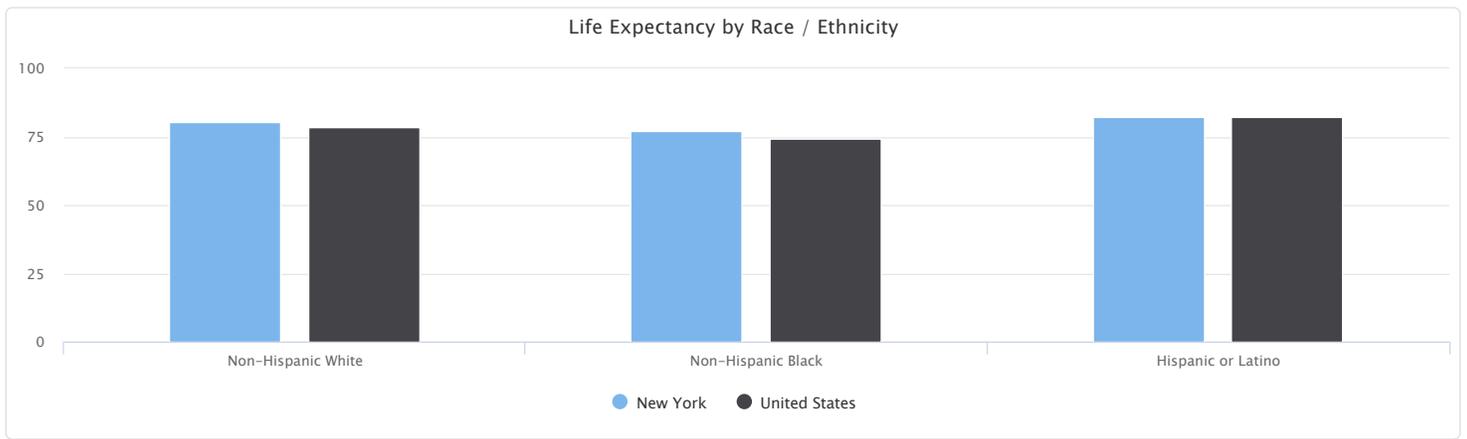
Life Expectancy, Years by County, CDC NVSS 2018-2020



## Life Expectancy by Race / Ethnicity

This indicator reports the 2018-2020 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Burlington County, NJ	79.0	76.8	84.3
Mercer County, NJ	80.2	73.2	81.6
Monmouth County, NJ	79.8	74.3	82.0
Cayuga County, NY	78.9	76.8	94.6
Cortland County, NY	No data	No data	No data
Madison County, NY	80.7	No data	94.7
Onondaga County, NY	79.7	73.0	81.1
New York	80.4	77.1	82.2
United States	78.5	74.4	82.4



## Low Birth Weight

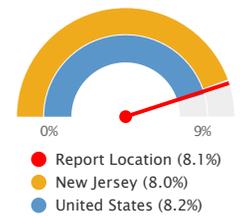
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2014-2020) and are used for the 2022 County Health Rankings.

Within the report area, there were 4,763 infants born with low birth weight. This represents 8.1% of the total live births.

*Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.*

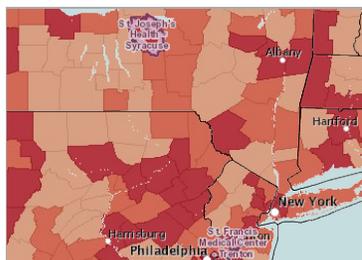
Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Report Location	58,642	4,763	<b>8.1%</b>
St. Francis Medical Center - Trenton	22,794	1,893	8.3%
St. Joseph's Health - Syracuse	35,848	2,870	8.0%
Burlington County, NJ	30,889	2,498	8.1%
Mercer County, NJ	28,809	2,398	8.3%
Monmouth County, NJ	40,886	3,029	7.4%
Cayuga County, NY	5,182	347	6.7%
Cortland County, NY	3,218	257	8.0%
Madison County, NY	4,375	316	7.2%
Onondaga County, NY	35,983	2,883	8.0%
New Jersey	708,497	56,348	8.0%
New York	1,594,652	127,453	8.0%
United States	26,896,859	2,203,029	8.2%

Percentage of Infants with Low Birthweight: %



*Note: This indicator is compared to the lowest state average.*

*Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County*



[View larger map](#)

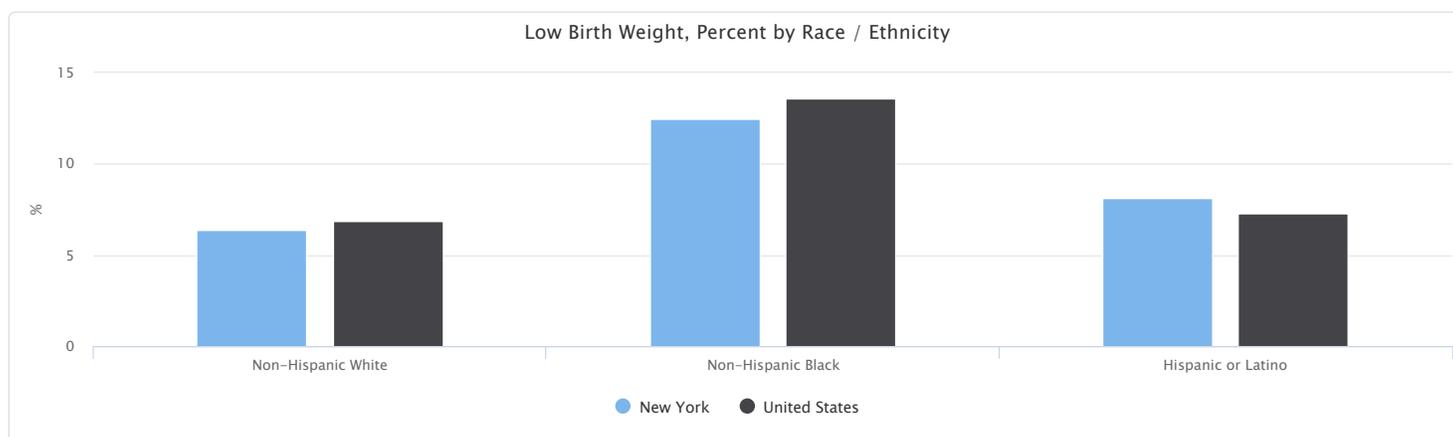
### Low Birthweight, Percentage of Live Births by County, CDC NVSS 2014-2020

- Over 10.0%
- 8.1 - 10.0%
- 7.1 - 8.0%
- Under 7.1%
- No Data or Data Suppressed
- Report Location

## Low Birth Weight, Percent by Race / Ethnicity

This indicator reports the 2014-2020 seven-year average percentage of live births with low birthweight (< 2,500 grams) by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Burlington County, NJ	6.9%	11.6	7.6%
Mercer County, NJ	6.3%	12.9	6.8%
Monmouth County, NJ	6.5%	12.8	7.4%
Cayuga County, NY	6.5%	11.2	6.5%
Cortland County, NY	No data	No data	No data
Madison County, NY	No data	No data	No data
Onondaga County, NY	6.5%	13.1	8.8%
New York	6.4%	12.5	8.1%
United States	6.9%	13.6	7.3%



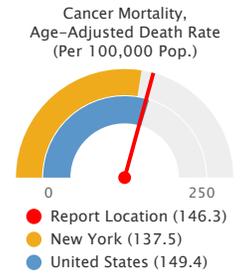
## Mortality - Cancer

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

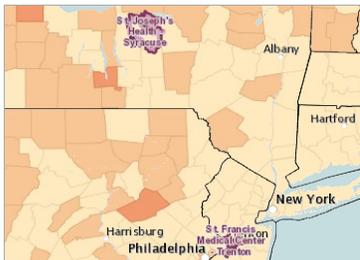
Within the report area, there are a total of 7,085 deaths due to cancer. This represents an age-adjusted death rate of 146.3 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	7,085	187.2	<b>146.3</b>
St. Francis Medical Center - Trenton	295,332	2,589	175.3	143.0
St. Joseph's Health - Syracuse	461,628	4,496	194.8	148.4
Burlington County, NJ	447,042	4,564	204.2	152.5
Mercer County, NJ	370,047	3,200	172.9	142.3
Monmouth County, NJ	622,145	6,000	192.9	140.0
Cayuga County, NY	77,043	860	223.3	151.1
Cortland County, NY	47,687	469	196.7	156.5
Madison County, NY	70,902	714	201.4	145.8
Onondaga County, NY	462,629	4,503	194.7	148.4
New Jersey	8,924,639	79,926	179.1	141.0
New York	19,585,447	171,425	175.1	137.5
United States	326,747,554	2,998,371	183.5	149.4

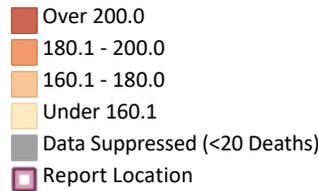


Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20. Source geography: County



[View larger map](#)

Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20



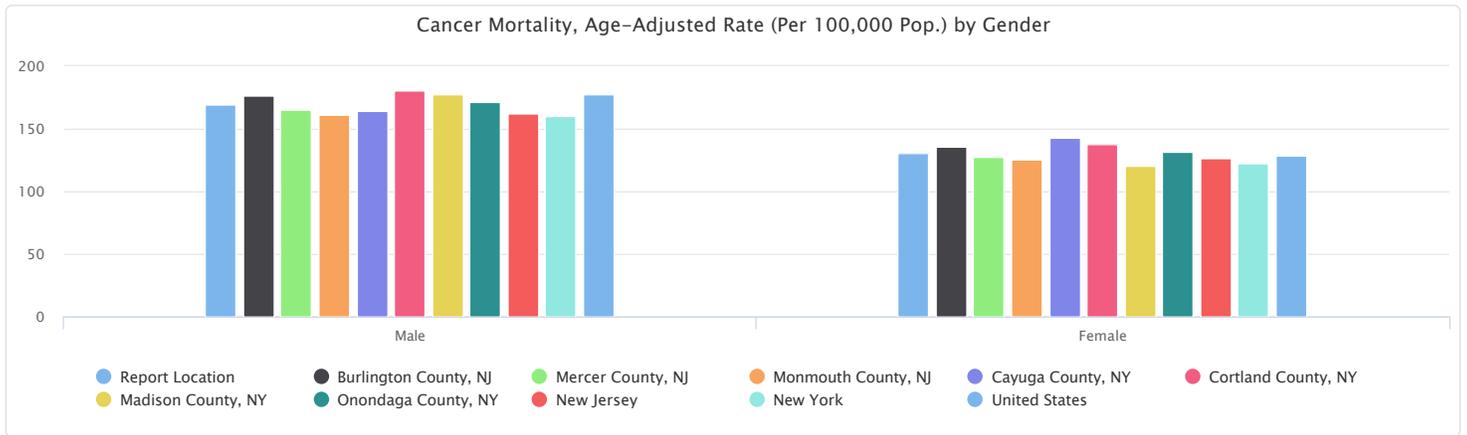
## Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to cancer per 100,000 people for the 5-year period 2016-2020 by gender.

The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to cancer is (value) per 100,000 males."

Report Area	Male	Female
Report Location	169.7	130.5
St. Francis Medical Center - Trenton	166.2	128.3
St. Joseph's Health - Syracuse	171.9	131.9
Burlington County, NJ	176.9	135.5
Mercer County, NJ	165.4	127.7
Monmouth County, NJ	161.5	125.8
Cayuga County, NY	163.9	142.9
Cortland County, NY	180.2	137.8
Madison County, NY	177.4	120.3
Onondaga County, NY	171.9	131.9
New Jersey	162.4	126.6
New York	160.0	122.2
United States	177.1	128.9

Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2016-20.



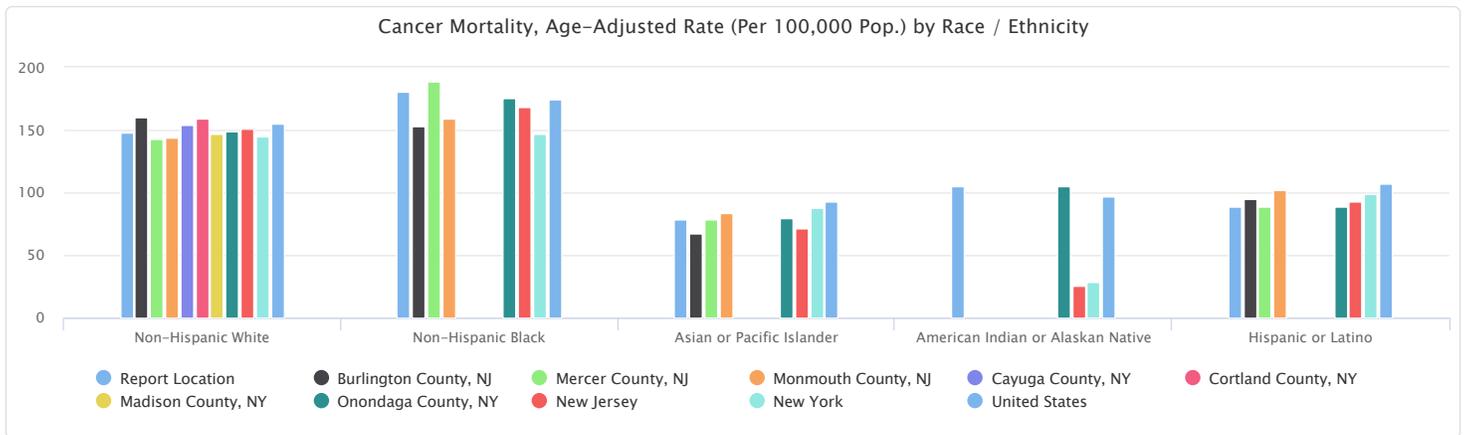
### Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate death due to cancer per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the age-adjusted rate of death due to cancer is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	147.6	181.1	78.6	105.1	88.9
St. Francis Medical Center - Trenton	145.0	186.4	78.0	No data	88.9
St. Joseph's Health - Syracuse	148.7	175.4	79.5	105.1	89.0
Burlington County, NJ	160.7	152.9	67.5	No data	95.3
Mercer County, NJ	143.2	188.8	78.4	No data	88.7
Monmouth County, NJ	144.2	159.3	84.0	No data	101.7
Cayuga County, NY	153.9	No data	No data	No data	No data
Cortland County, NY	159.0	No data	No data	No data	No data
Madison County, NY	146.5	No data	No data	No data	No data
Onondaga County, NY	148.7	175.4	79.6	105.1	89.0
New Jersey	151.4	168.3	71.9	25.2	92.8
New York	145.4	146.9	88.0	29.0	98.7
United States	154.8	174.3	93.0	97.1	106.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.



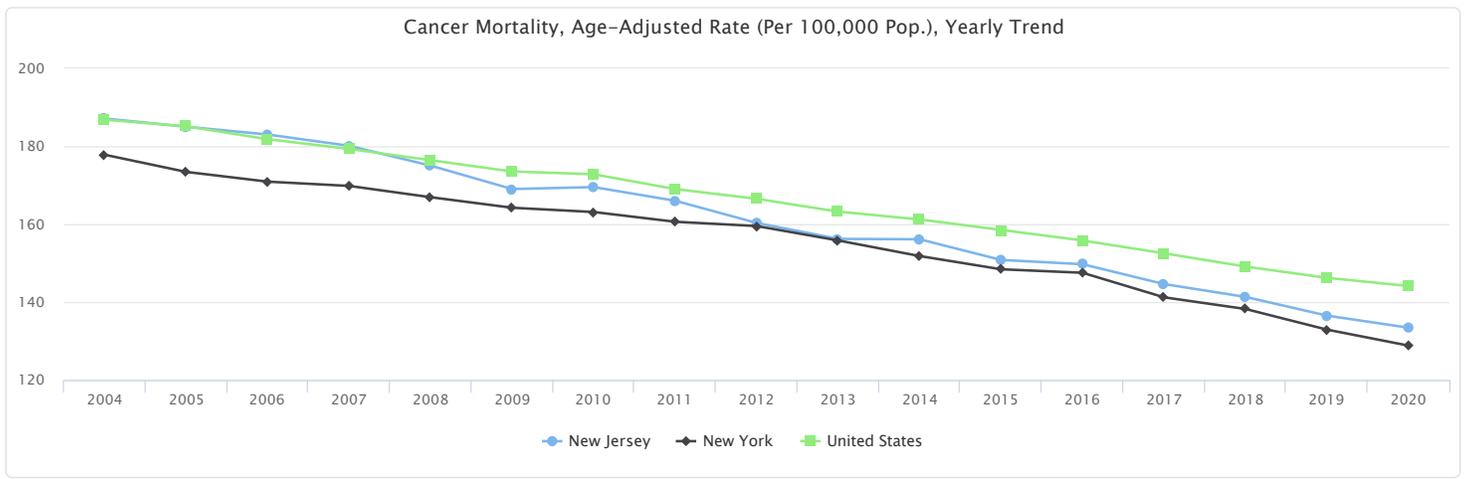
## Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to cancer per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	187.1	185.0	183.0	180.1	175.0	169.0	169.5	166.0	160.3	156.2	156.1	150.8	149.7	144.6	141.3	136.5	133.4
New York	177.8	173.4	170.9	169.8	166.9	164.2	163.1	160.6	159.5	155.8	151.8	148.4	147.5	141.2	138.2	132.9	128.8
United States	186.8	185.1	181.8	179.3	176.4	173.5	172.8	169.0	166.5	163.2	161.2	158.5	155.8	152.5	149.1	146.2	144.1

Note: No county data available. See data source and methodology for more details.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.



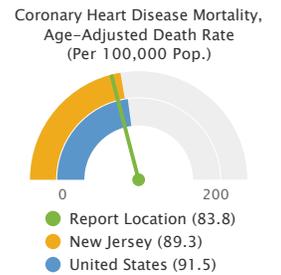
## Mortality - Coronary Heart Disease

This indicator reports the 2016-2020 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 4,225 deaths due to coronary heart disease. This represents an age-adjusted death rate of 83.8 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	4,225	111.6	<b>83.8</b>
St. Francis Medical Center - Trenton	295,332	1,428	96.7	77.0
St. Joseph's Health - Syracuse	461,628	2,797	121.2	88.1
Burlington County, NJ	447,042	2,287	102.3	74.8
Mercer County, NJ	370,047	1,781	96.3	77.2
Monmouth County, NJ	622,145	3,647	117.2	82.6
Cayuga County, NY	77,043	651	169.0	112.9
Cortland County, NY	47,687	268	112.4	91.1
Madison County, NY	70,902	333	93.9	68.2
Onondaga County, NY	462,629	2,803	121.2	88.1
New Jersey	8,924,639	52,115	116.8	89.3
New York	19,585,447	153,436	156.7	118.5
United States	326,747,554	1,838,830	112.5	91.5



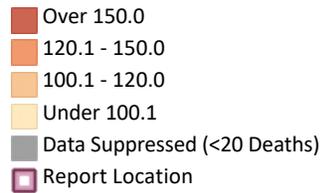
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*



[View larger map](#)

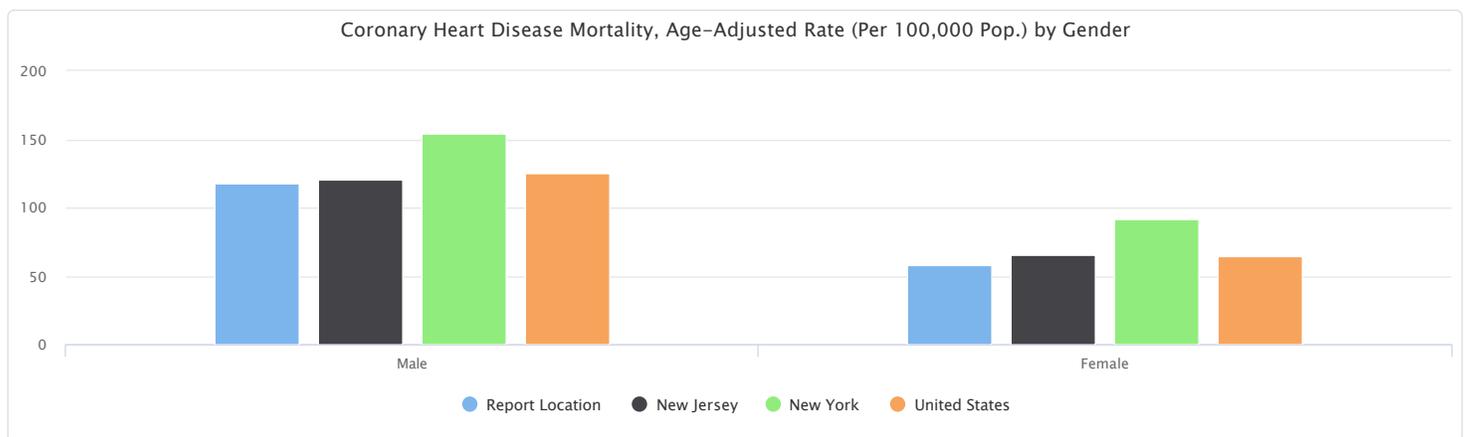
**Coronary Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20**



### Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by gender. The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to coronary heart disease is (value) per 100,000 males."

Report Area	Male	Female
Report Location	117.5	58.4
St. Francis Medical Center - Trenton	107.4	54.3
St. Joseph's Health - Syracuse	124.1	61.0
Burlington County, NJ	103.0	54.0
Mercer County, NJ	107.7	54.3
Monmouth County, NJ	112.4	60.5
Cayuga County, NY	140.0	89.3
Cortland County, NY	141.0	51.2
Madison County, NY	92.0	49.3
Onondaga County, NY	124.2	61.0
New Jersey	121.0	65.4
New York	153.9	91.3
United States	125.3	64.6

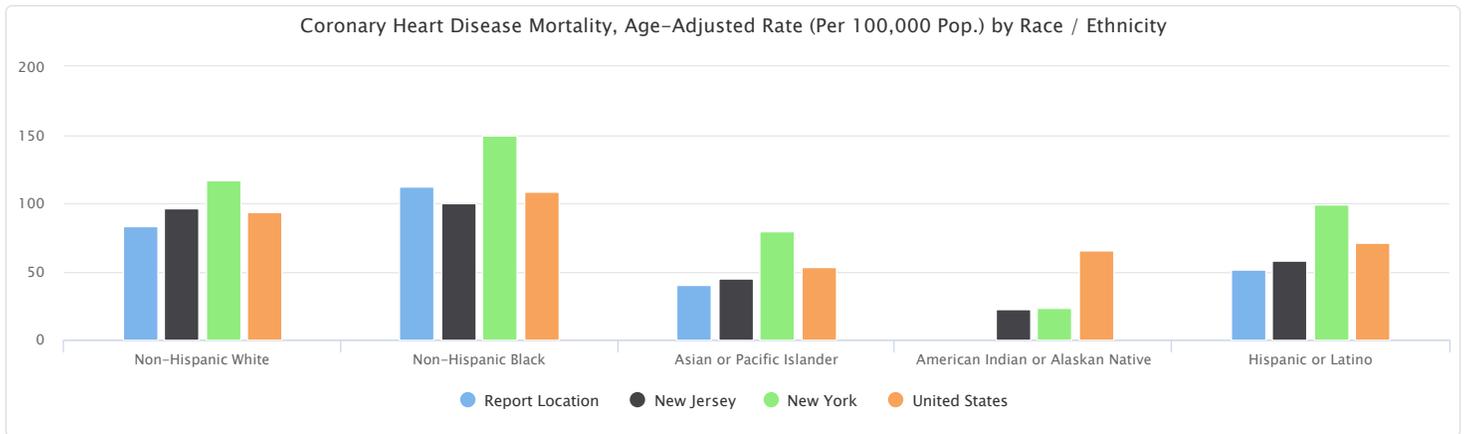


### Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to coronary heart disease per 100,000 people by race and Hispanic origin.

The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the age-adjusted rate of death due to coronary heart disease is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	83.5	112.5	40.6	No data	51.4
St. Francis Medical Center - Trenton	76.2	104.1	36.3	No data	56.5
St. Joseph's Health - Syracuse	86.6	121.5	48.3	No data	40.2
Burlington County, NJ	79.7	64.4	34.2	No data	34.4
Mercer County, NJ	75.7	107.0	36.4	No data	57.3
Monmouth County, NJ	85.3	89.3	50.3	No data	59.2
Cayuga County, NY	113.7	No data	No data	No data	No data
Cortland County, NY	92.6	No data	No data	No data	No data
Madison County, NY	68.2	No data	No data	No data	No data
Onondaga County, NY	86.6	121.5	48.4	No data	40.2
New Jersey	95.8	100.3	44.6	22.3	58.0
New York	116.7	149.7	79.9	23.3	98.6
United States	93.8	108.1	53.3	65.0	71.2



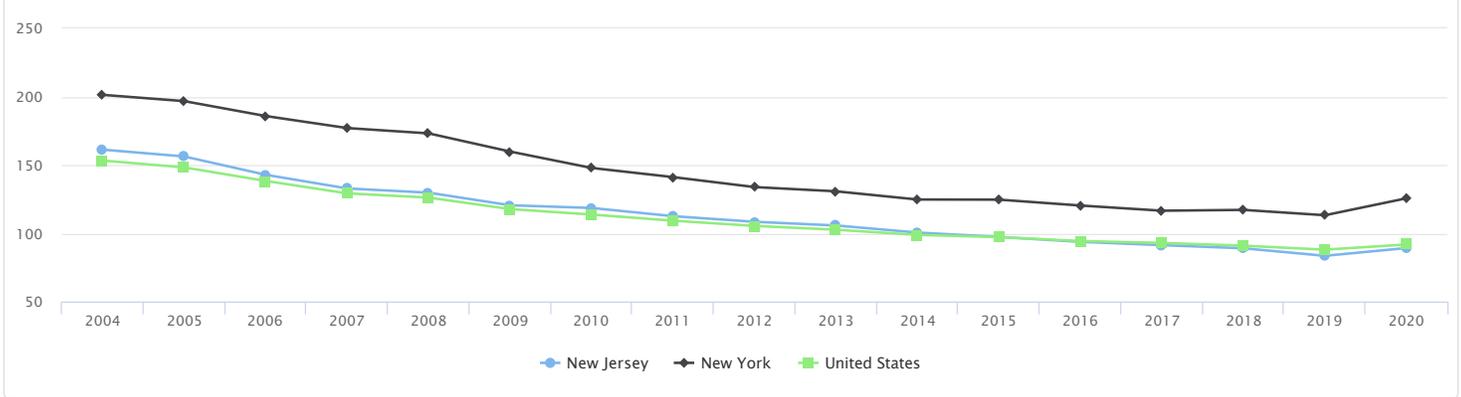
## Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports age-adjusted rate of death due to coronary heart disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	161.2	156.2	142.8	132.8	129.7	120.5	118.5	112.5	108.4	105.7	100.5	97.3	93.7	91.3	89.0	83.5	89.2
New York	201.3	196.7	185.8	177.0	173.1	159.8	147.8	141.1	133.8	130.7	124.7	124.6	120.3	116.5	117.1	113.2	125.6
United States	153.2	148.2	138.3	129.2	126.1	117.7	113.7	109.2	105.4	102.6	98.8	97.2	94.3	92.9	90.9	88.0	91.8

Note: No county data available. See data source and methodology for more details.

Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



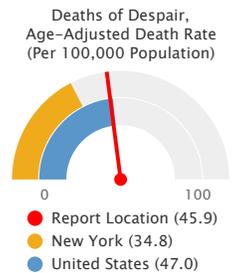
## Mortality - Deaths of Despair

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 1,774 deaths of despair. This represents an age-adjusted death rate of 45.9 per every 100,000 total population.

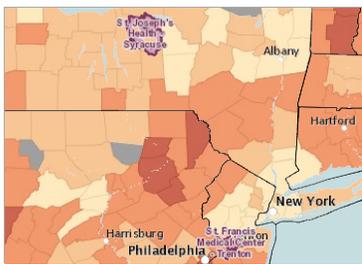
*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	1,774	46.9	<b>45.9</b>
St. Francis Medical Center - Trenton	295,332	661	44.8	43.8
St. Joseph's Health - Syracuse	461,628	1,113	48.2	47.2
Burlington County, NJ	447,042	1,205	53.9	52.4
Mercer County, NJ	370,047	815	44.0	43.1
Monmouth County, NJ	622,145	1,486	47.8	47.4
Cayuga County, NY	77,043	174	45.2	44.4
Cortland County, NY	47,687	94	39.4	43.1
Madison County, NY	70,902	133	37.5	37.1
Onondaga County, NY	462,629	1,117	48.3	47.3
New Jersey	8,924,639	21,201	47.5	45.6
New York	19,585,447	36,314	37.1	34.8
United States	326,747,554	806,246	49.4	47.0



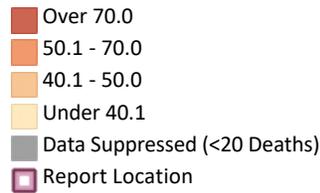
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*



[View larger map](#)

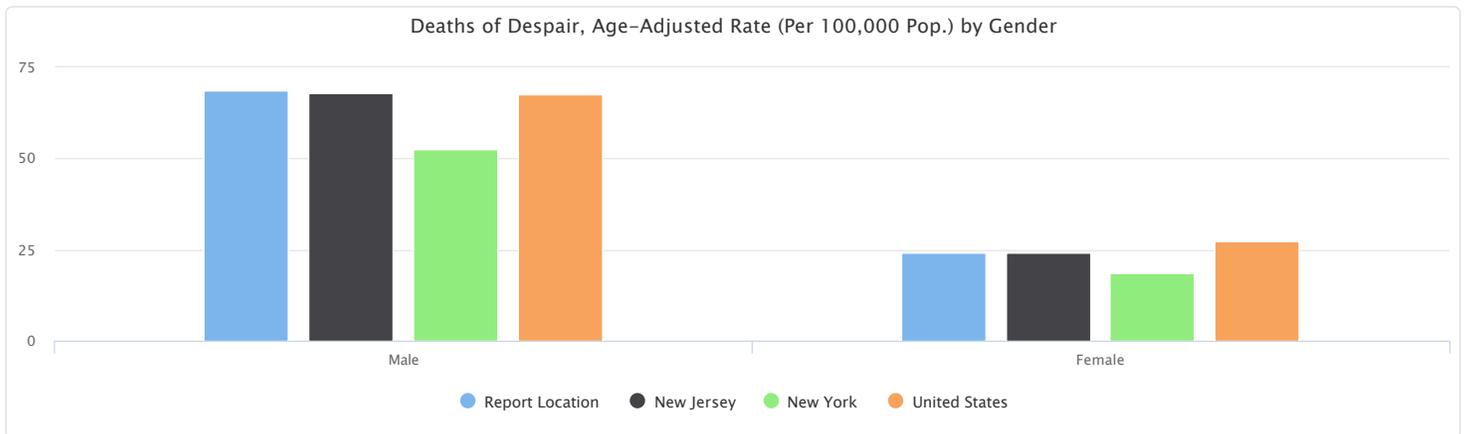
**Deaths of Despair, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20**



### Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by gender.

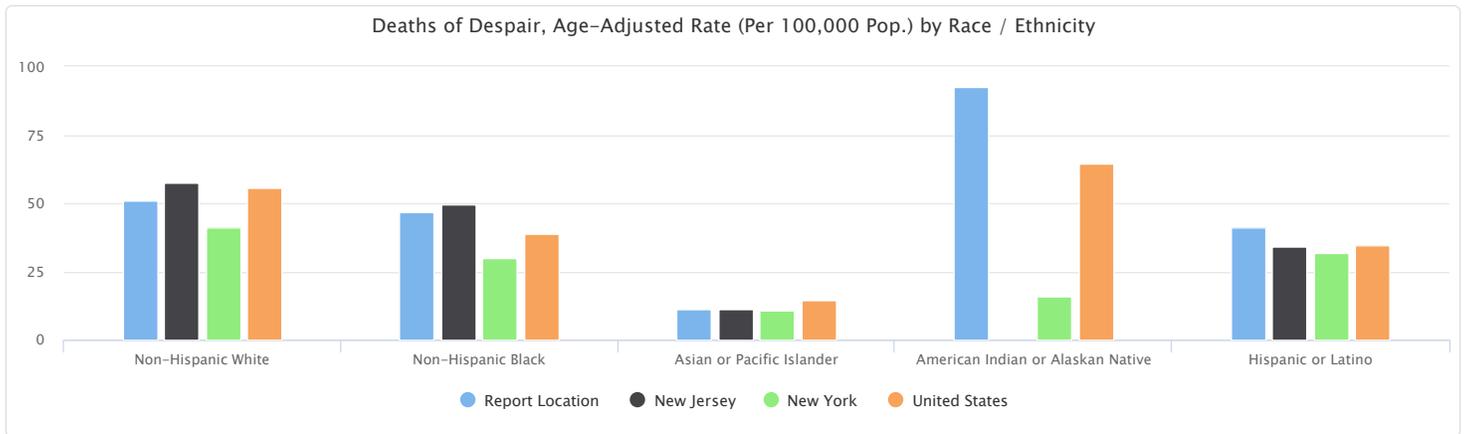
Report Area	Male	Female
Report Location	68.8	24.2
St. Francis Medical Center - Trenton	64.9	23.4
St. Joseph's Health - Syracuse	71.3	24.8
Burlington County, NJ	73.4	31.9
Mercer County, NJ	64.2	22.7
Monmouth County, NJ	71.0	24.8
Cayuga County, NY	59.5	28.0
Cortland County, NY	57.3	28.9
Madison County, NY	47.9	26.5
Onondaga County, NY	71.5	24.8
New Jersey	67.9	24.1
New York	52.4	18.5
United States	67.7	27.3



### Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	50.8	46.7	11.0	92.7	40.9
St. Francis Medical Center - Trenton	58.3	40.8	11.0	No data	38.3
St. Joseph's Health - Syracuse	47.7	53.0	No data	92.7	46.8
Burlington County, NJ	64.0	37.0	No data	No data	26.1
Mercer County, NJ	57.7	41.1	11.0	No data	38.7
Monmouth County, NJ	52.3	54.1	11.4	No data	34.4
Cayuga County, NY	45.4	No data	No data	No data	No data
Cortland County, NY	44.3	No data	No data	No data	No data
Madison County, NY	36.7	No data	No data	No data	No data
Onondaga County, NY	47.8	53.0	No data	92.7	46.8
New Jersey	57.7	49.6	11.2	No data	34.0
New York	41.1	29.8	10.9	16.0	31.9
United States	55.6	38.6	14.3	64.3	34.6

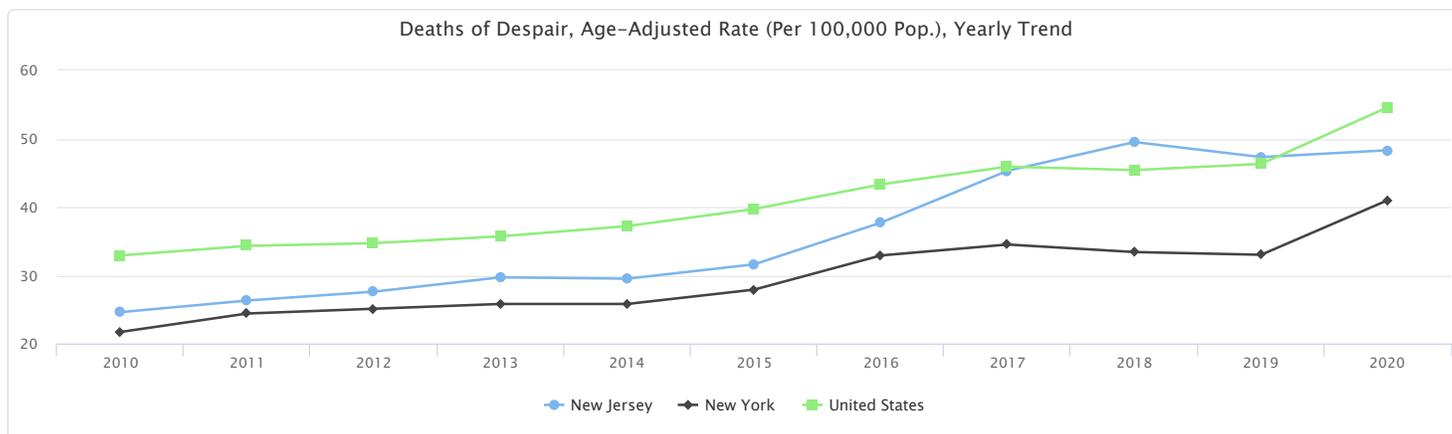


## Deaths of Despair, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

The table below shows age-adjusted death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	24.6	26.3	27.6	29.7	29.5	31.6	37.7	45.3	49.5	47.3	48.3
New York	21.7	24.4	25.1	25.8	25.8	27.9	32.9	34.5	33.4	33.0	41.0
United States	32.9	34.3	34.7	35.7	37.2	39.7	43.3	45.9	45.4	46.3	54.6

Note: No county data available. See data source and methodology for more details.



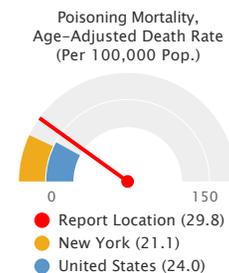
## Mortality - Drug Poisoning

This indicator reports the 2016-2020 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.

Within the report area, there are a total of 1,093 deaths due to poisoning. This represents an age-adjusted death rate of 29.8 per every 100,000 total population.

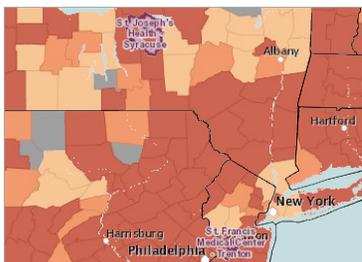
*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	1,093	28.9	<b>29.8</b>
St. Francis Medical Center - Trenton	295,332	430	29.1	29.4
St. Joseph's Health - Syracuse	461,628	663	28.7	30.0
Burlington County, NJ	447,042	810	36.2	37.6
Mercer County, NJ	370,047	528	28.5	28.8
Monmouth County, NJ	622,145	970	31.2	33.6
Cayuga County, NY	77,043	105	27.3	29.3
Cortland County, NY	47,687	58	24.3	29.9
Madison County, NY	70,902	62	17.5	19.3
Onondaga County, NY	462,629	666	28.8	30.1
New Jersey	8,924,639	13,890	31.1	31.3
New York	19,585,447	21,049	21.5	21.1
United States	326,747,554	389,651	23.9	24.0



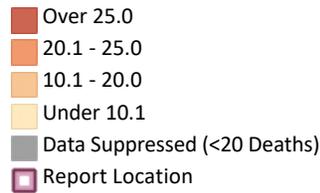
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County*



[View larger map](#)

**Poisoning Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20**

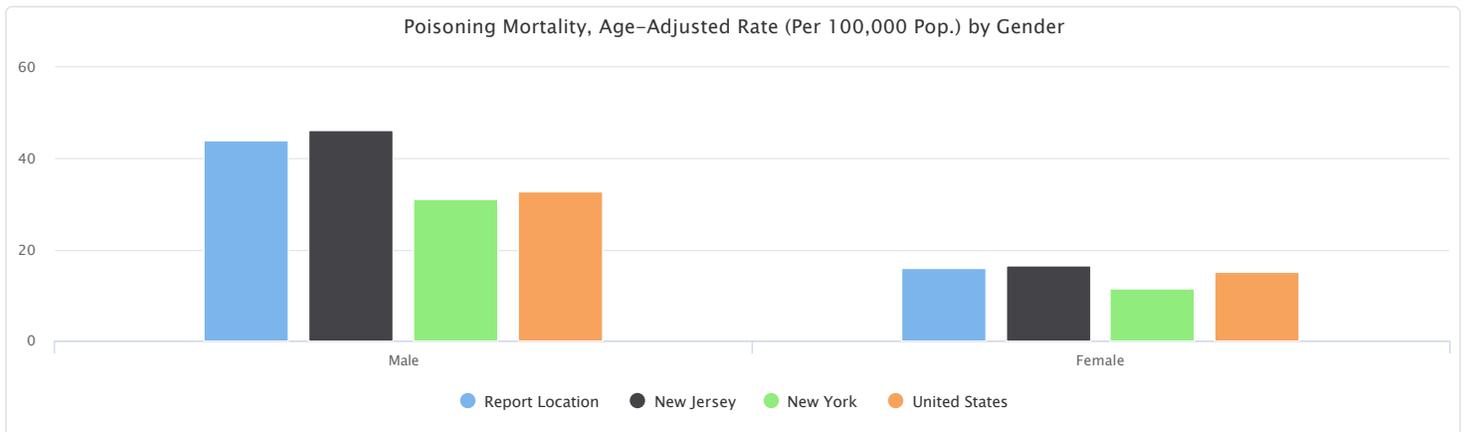


### Poisoning Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to poisoning (including drug poisoning) per 100,000 people by gender.

The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to poisoning (including drug poisoning) is (value) per 100,000 males."

Report Area	Male	Female
Report Location	44.0	16.0
St. Francis Medical Center - Trenton	43.4	15.5
St. Joseph's Health - Syracuse	44.4	16.4
Burlington County, NJ	51.5	23.6
Mercer County, NJ	42.7	14.8
Monmouth County, NJ	50.4	17.1
Cayuga County, NY	37.0	20.3
Cortland County, NY	37.9	21.6
Madison County, NY	22.9	15.7
Onondaga County, NY	44.6	16.4
New Jersey	46.3	16.6
New York	31.0	11.5
United States	32.8	15.2



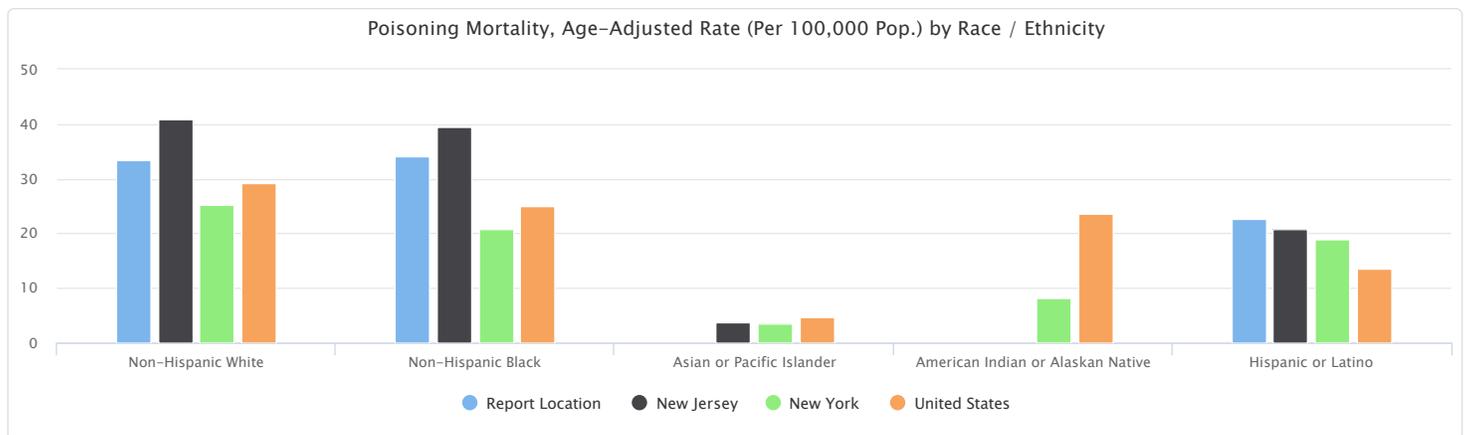
### Poisoning Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to poisoning (including drug poisoning) per 100,000 people by race and Hispanic origin.

The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area,

the age-adjusted rate of death due to poisoning (including drug poisoning) is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	33.4	34.1	No data	No data	22.7
St. Francis Medical Center - Trenton	40.6	30.5	No data	No data	20.3
St. Joseph's Health - Syracuse	30.4	38.0	No data	No data	28.0
Burlington County, NJ	46.2	29.6	No data	No data	16.3
Mercer County, NJ	40.0	30.5	No data	No data	20.5
Monmouth County, NJ	37.6	45.8	No data	No data	19.5
Cayuga County, NY	30.6	No data	No data	No data	No data
Cortland County, NY	29.8	No data	No data	No data	No data
Madison County, NY	18.9	No data	No data	No data	No data
Onondaga County, NY	30.4	38.0	No data	No data	28.0
New Jersey	40.9	39.4	3.8	No data	20.8
New York	25.2	20.7	3.5	8.2	19.0
United States	29.2	24.9	4.7	23.6	13.5



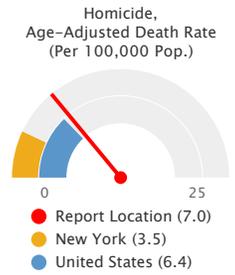
## Mortality - Homicide

This indicator reports the 2016-2020 five-year average rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

Within the report area, there are a total of 249 deaths due to homicide. This represents an age-adjusted death rate of 7.0 per every 100,000 total population.

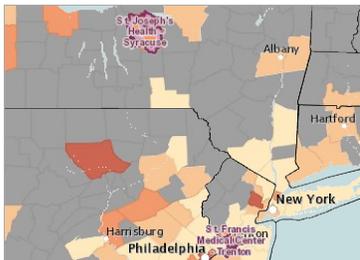
*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	249	6.6	<b>7.0</b>
St. Francis Medical Center - Trenton	295,332	106	7.2	7.4
St. Joseph's Health - Syracuse	461,628	142	6.2	6.8
Burlington County, NJ	447,042	75	3.4	3.6
Mercer County, NJ	370,047	139	7.5	7.7
Monmouth County, NJ	622,145	46	1.5	1.6
Cayuga County, NY	77,043	No data	No data	No data
Cortland County, NY	47,687	No data	No data	No data
Madison County, NY	70,902	No data	No data	No data
Onondaga County, NY	462,629	144	6.2	6.8
New Jersey	8,924,639	1,707	3.8	4.0
New York	19,585,447	3,360	3.4	3.5
United States	326,747,554	101,419	6.2	6.4



Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



[View larger map](#)

Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

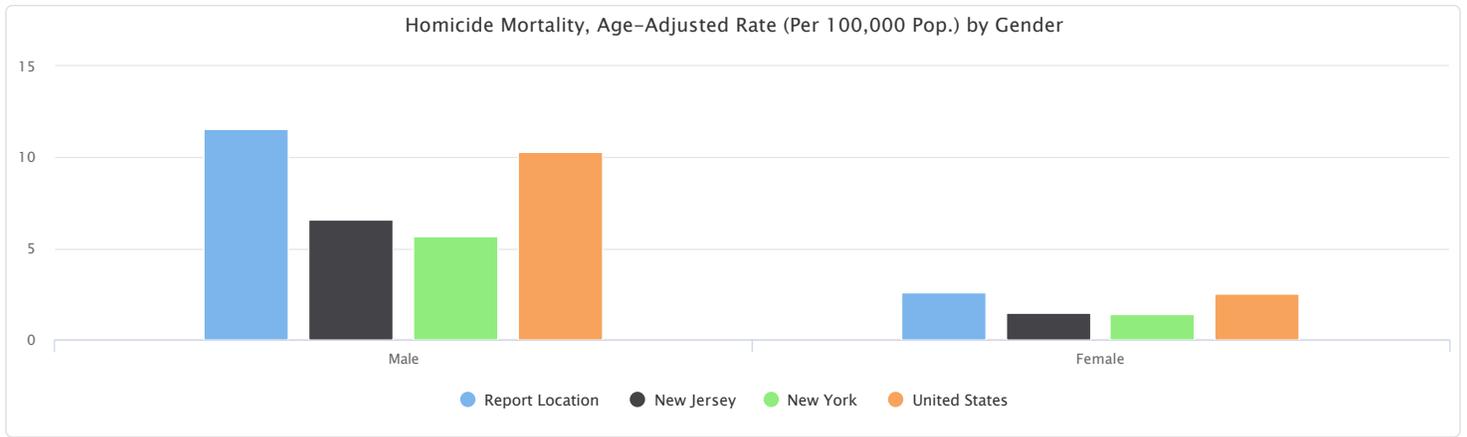
- Over 9.0
- 6.1 - 9.0
- 3.1 - 6.0
- Under 3.1
- Data Suppressed (<20 Deaths)
- Report Location

## Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to homicide per 100,000 people by gender.

The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to homicide is (value) per 100,000 males."

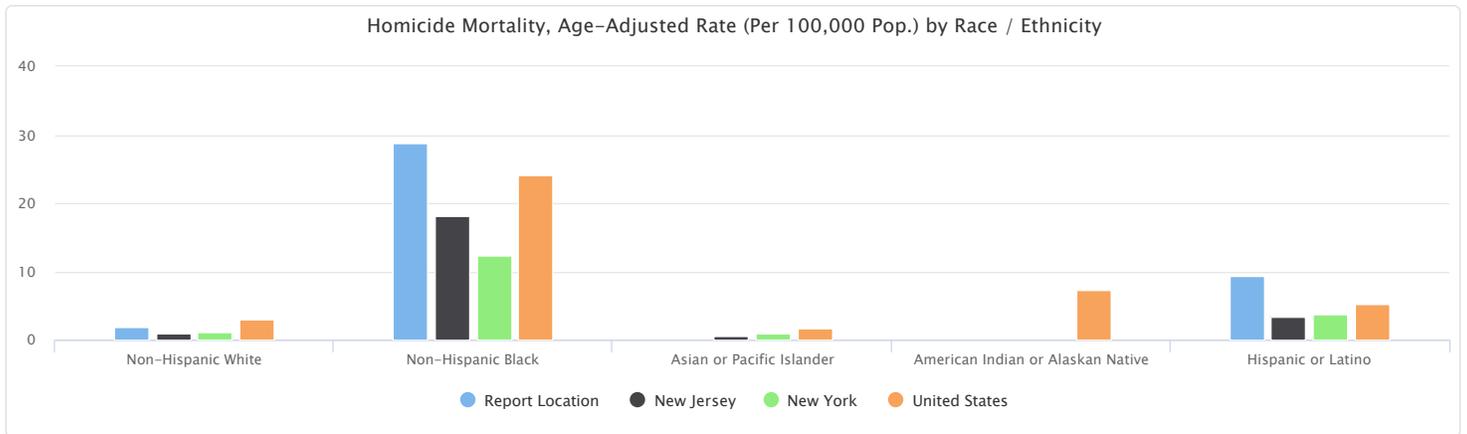
Report Area	Male	Female
Report Location	11.6	2.6
St. Francis Medical Center - Trenton	11.6	3.3
St. Joseph's Health - Syracuse	11.5	2.2
Burlington County, NJ	5.4	No data
Mercer County, NJ	12.1	3.3
Monmouth County, NJ	2.5	No data
Cayuga County, NY	No data	No data
Cortland County, NY	No data	No data
Madison County, NY	No data	No data
Onondaga County, NY	11.5	2.2
New Jersey	6.6	1.5
New York	5.7	1.4
United States	10.3	2.5



### Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to homicide per 100,000 people by race and Hispanic origin. The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the age-adjusted rate of death due to homicide is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	1.9	28.8	No data	No data	9.3
St. Francis Medical Center - Trenton	1.6	26.3	No data	No data	6.2
St. Joseph's Health - Syracuse	1.9	31.5	No data	No data	15.9
Burlington County, NJ	1.7	11.9	No data	No data	No data
Mercer County, NJ	No data	27.4	No data	No data	6.2
Monmouth County, NJ	No data	9.2	No data	No data	No data
Cayuga County, NY	No data	No data	No data	No data	No data
Cortland County, NY	No data	No data	No data	No data	No data
Madison County, NY	No data	No data	No data	No data	No data
Onondaga County, NY	1.9	31.5	No data	No data	15.9
New Jersey	1.0	18.2	0.6	No data	3.4
New York	1.2	12.3	0.9	No data	3.8
United States	2.9	24.1	1.7	7.3	5.3



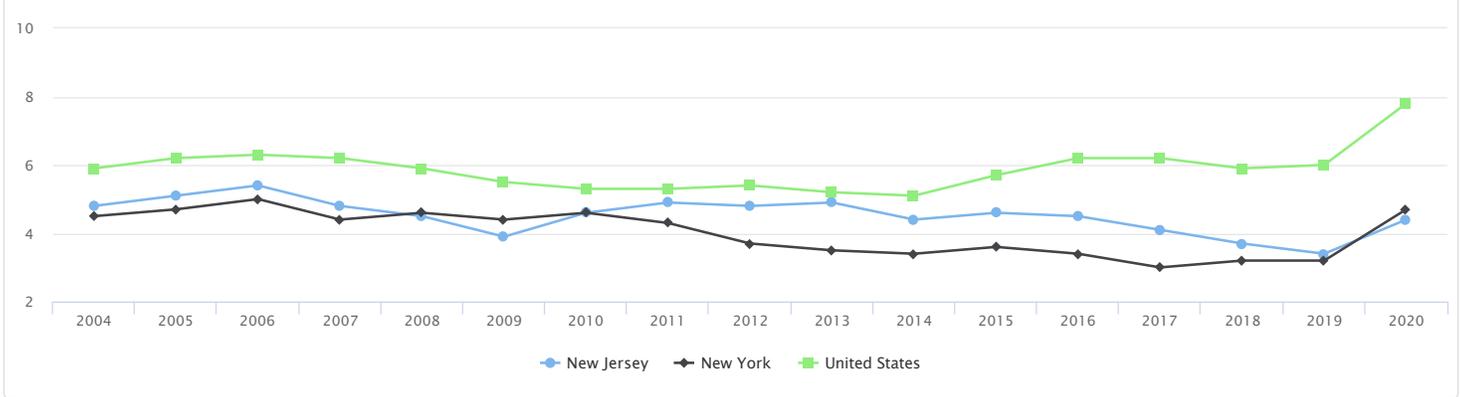
## Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the age-adjusted rate of death due to homicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	4.8	5.1	5.4	4.8	4.5	3.9	4.6	4.9	4.8	4.9	4.4	4.6	4.5	4.1	3.7	3.4	4.4
New York	4.5	4.7	5.0	4.4	4.6	4.4	4.6	4.3	3.7	3.5	3.4	3.6	3.4	3.0	3.2	3.2	4.7
United States	5.9	6.2	6.3	6.2	5.9	5.5	5.3	5.3	5.4	5.2	5.1	5.7	6.2	6.2	5.9	6.0	7.8

Note: No county data available. See data source and methodology for more details.

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



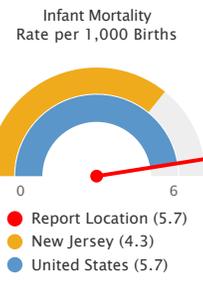
## Mortality - Infant Mortality

This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2014-2020) and are used for the 2022 County Health Rankings.

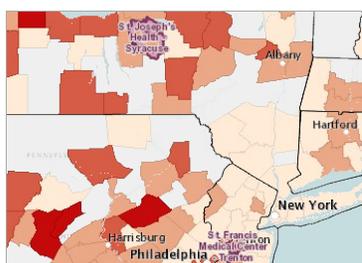
Within the report area, 330.63 infant deaths occurred during the 2014-20 seven year period. This represents 5.7 deaths per 1,000 live births.

*Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.*

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Report Location	330.63	<b>5.7</b>
St. Francis Medical Center - Trenton	122.90	5.4
St. Joseph's Health - Syracuse	207.73	5.8
Burlington County, NJ	157	5.1
Mercer County, NJ	156	5.4
Monmouth County, NJ	141	3.4
Cayuga County, NY	30	5.8
Cortland County, NY	No data	No data
Madison County, NY	21	4.6
Onondaga County, NY	209	5.8
New Jersey	3,026	4.3
New York	7,073	4.4
United States	154,136	5.7

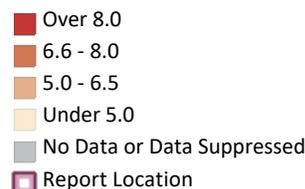


*Note: This indicator is compared to the lowest state average.  
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2020. Source geography: County*



[View larger map](#)

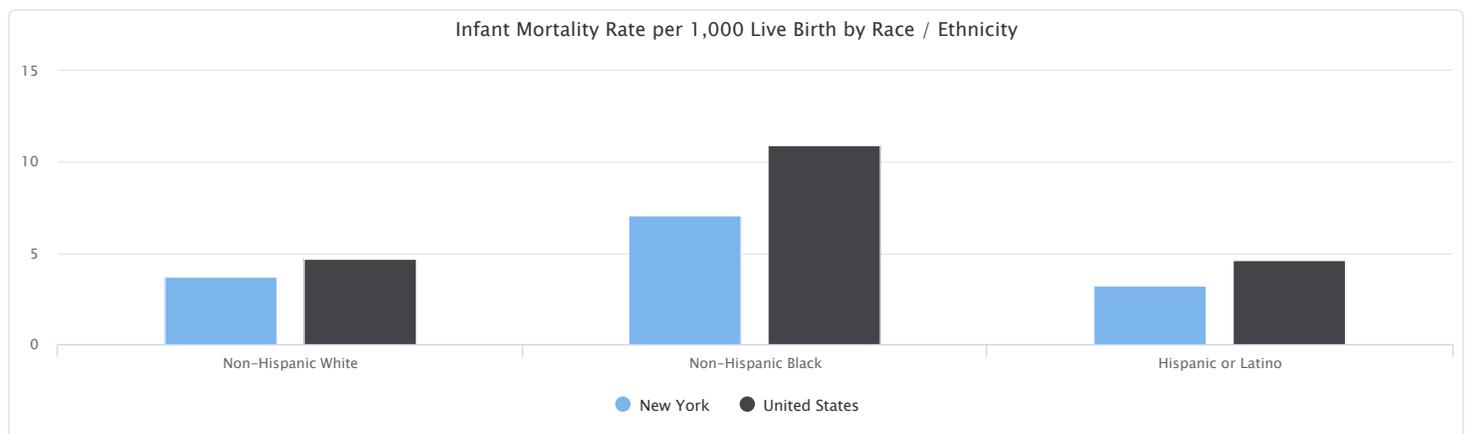
Infant Mortality, Rate per 1,000 Births by County, CDC NVSS 2014-2020



## Infant Mortality Rate per 1,000 Live Birth by Race / Ethnicity

The table reports the 2014-2020 seven-year average infant mortality rates per 1,000 births by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Burlington County, NJ	4.2	7.8	5.6
Mercer County, NJ	2.0	14.0	4.8
Monmouth County, NJ	3.1	7.2	3.1
Cayuga County, NY	No data	No data	No data
Cortland County, NY	No data	No data	No data
Madison County, NY	No data	No data	No data
Onondaga County, NY	3.9	13.7	6.9
New York	3.7	7.1	3.2
United States	4.7	10.9	4.6



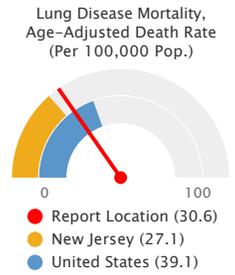
## Mortality - Lung Disease

This indicator reports the 2016-2020 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

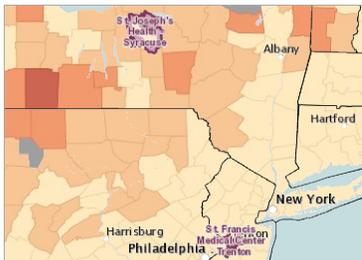
Within the report area, there are a total of 1,538 deaths due to lung disease. This represents an age-adjusted death rate of 30.6 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	1,538	40.6	<b>30.6</b>
St. Francis Medical Center - Trenton	295,332	433	29.3	23.8
St. Joseph's Health - Syracuse	461,628	1,105	47.9	35.0
Burlington County, NJ	447,042	826	37.0	27.6
Mercer County, NJ	370,047	531	28.7	23.5
Monmouth County, NJ	622,145	1,293	41.6	30.1
Cayuga County, NY	77,043	241	62.6	42.0
Cortland County, NY	47,687	138	57.9	45.0
Madison County, NY	70,902	225	63.5	46.7
Onondaga County, NY	462,629	1,104	47.7	34.9
New Jersey	8,924,639	15,499	34.7	27.1
New York	19,585,447	35,151	35.9	27.7
United States	326,747,554	783,919	48.0	39.1



Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County



[View larger map](#)

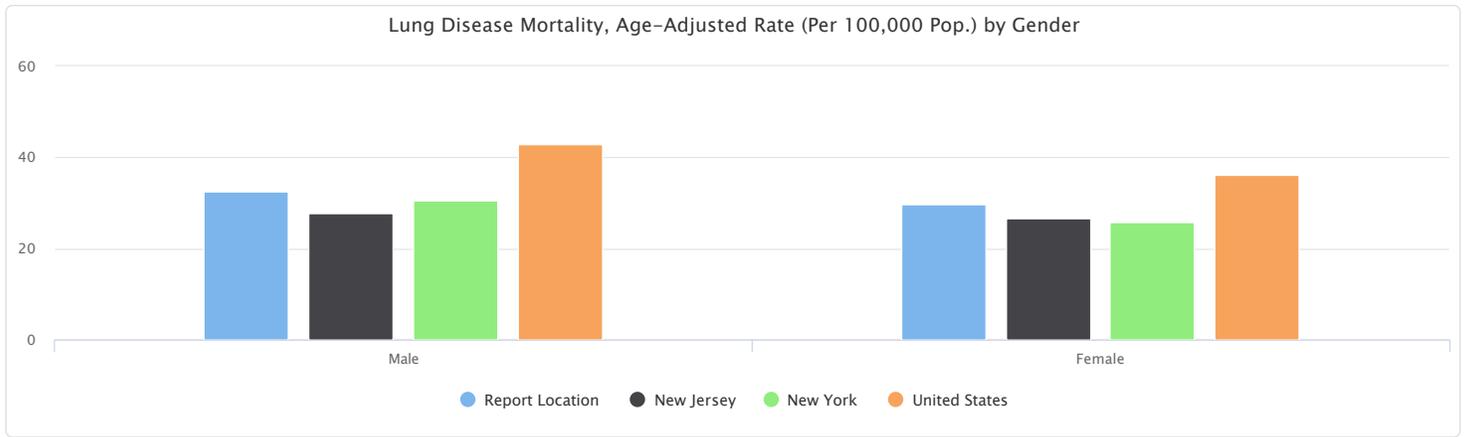
Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

- Over 60.0
- 50.1 - 60.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Report Location

### Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to lung disease per 100,000 people by gender. The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to lung disease is (value) per 100,000 males."

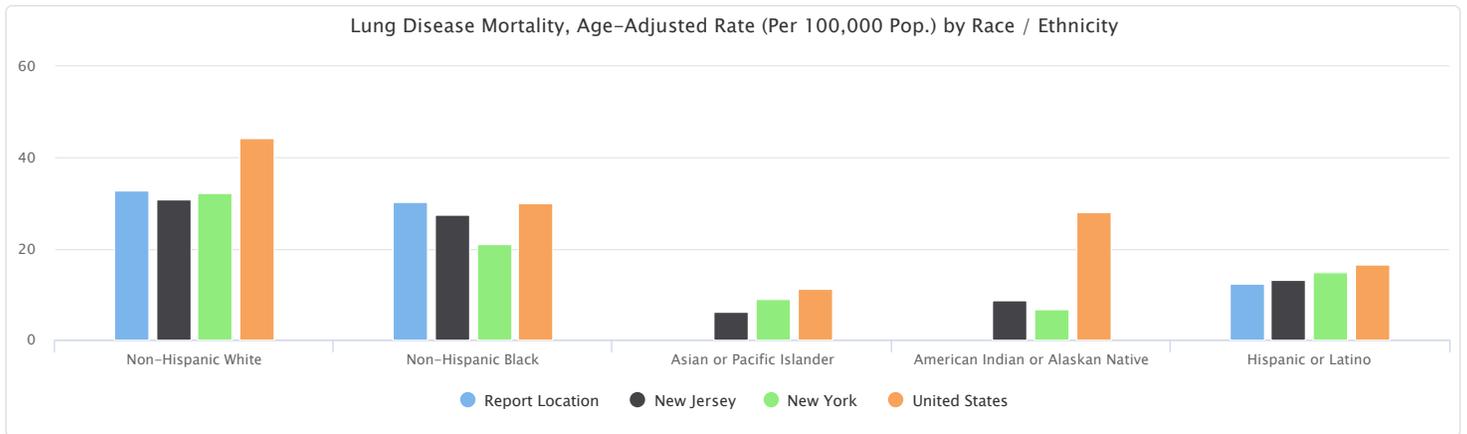
Report Area	Male	Female
Report Location	32.4	29.6
St. Francis Medical Center - Trenton	25.4	22.9
St. Joseph's Health - Syracuse	37.0	33.8
Burlington County, NJ	28.5	26.8
Mercer County, NJ	25.1	22.6
Monmouth County, NJ	26.5	32.6
Cayuga County, NY	42.1	42.8
Cortland County, NY	51.1	40.0
Madison County, NY	50.4	44.3
Onondaga County, NY	36.9	33.7
New Jersey	27.8	26.7
New York	30.5	25.8
United States	43.0	36.3



### Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to lung disease per 100,000 people by race and Hispanic origin. The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the age-adjusted rate of death due to lung disease is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	32.7	30.3	No data	No data	12.2
St. Francis Medical Center - Trenton	26.0	26.9	No data	No data	12.2
St. Joseph's Health - Syracuse	35.5	33.9	No data	No data	No data
Burlington County, NJ	30.4	20.5	No data	No data	No data
Mercer County, NJ	25.5	27.4	No data	No data	No data
Monmouth County, NJ	32.5	26.6	No data	No data	12.2
Cayuga County, NY	42.3	No data	No data	No data	No data
Cortland County, NY	45.6	No data	No data	No data	No data
Madison County, NY	46.9	No data	No data	No data	No data
Onondaga County, NY	35.4	33.9	No data	No data	No data
New Jersey	30.9	27.5	6.2	8.6	13.2
New York	32.2	21.0	9.0	6.6	15.0
United States	44.4	29.9	11.3	27.9	16.6



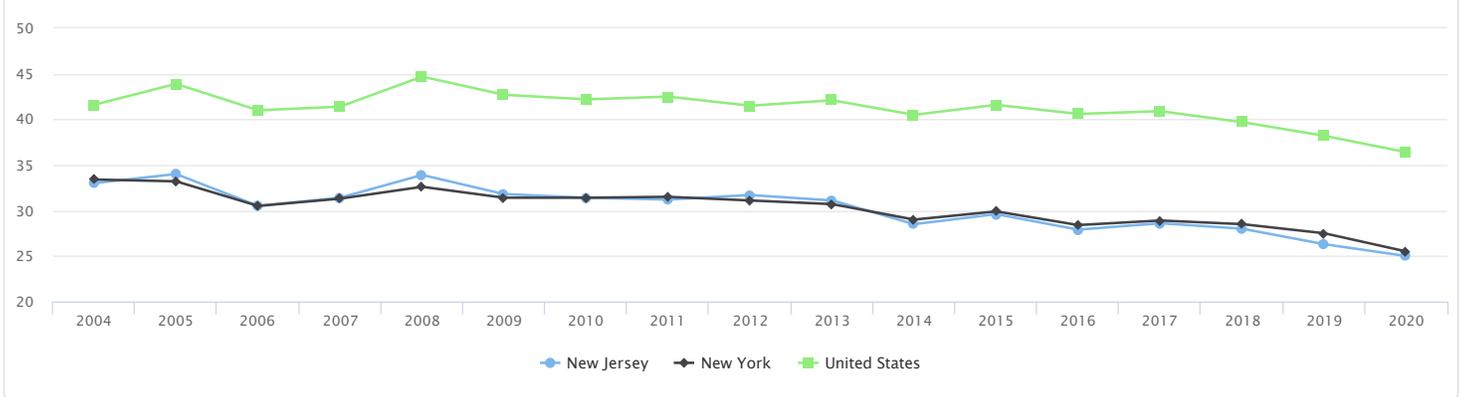
## Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the age-adjusted rate of death due to lung disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	33.0	34.0	30.5	31.4	33.9	31.8	31.4	31.2	31.7	31.1	28.5	29.6	27.9	28.6	28.0	26.3	25.0
New York	33.4	33.2	30.5	31.3	32.6	31.4	31.4	31.5	31.1	30.7	29.0	29.9	28.4	28.9	28.5	27.5	25.5
United States	41.6	43.9	41.0	41.4	44.7	42.7	42.2	42.5	41.5	42.1	40.5	41.6	40.6	40.9	39.7	38.2	36.4

Note: No county data available. See data source and methodology for more details.

Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



## Mortality - Motor Vehicle Crash

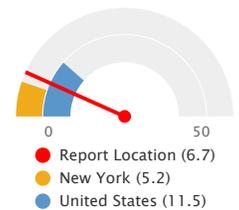
This indicator reports the 2016-2020 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 273 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 6.7 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

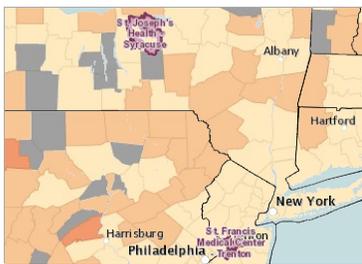
Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	273	7.2	<b>6.7</b>
St. Francis Medical Center - Trenton	295,332	95	6.4	6.0
St. Joseph's Health - Syracuse	461,628	178	7.7	7.2
Burlington County, NJ	447,042	198	8.9	8.4
Mercer County, NJ	370,047	115	6.2	5.8
Monmouth County, NJ	622,145	186	6.0	5.6
Cayuga County, NY	77,043	36	9.3	8.7
Cortland County, NY	47,687	17	No data	No data
Madison County, NY	70,902	31	8.7	8.5
Onondaga County, NY	462,629	178	7.7	7.2
New Jersey	8,924,639	3,012	6.7	6.4
New York	19,585,447	5,456	5.6	5.2
United States	326,747,554	193,691	11.9	11.5

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



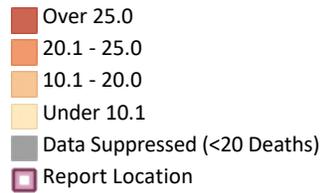
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20. Source geography: County*



[View larger map](#)

### Motor Vehicle Crash Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

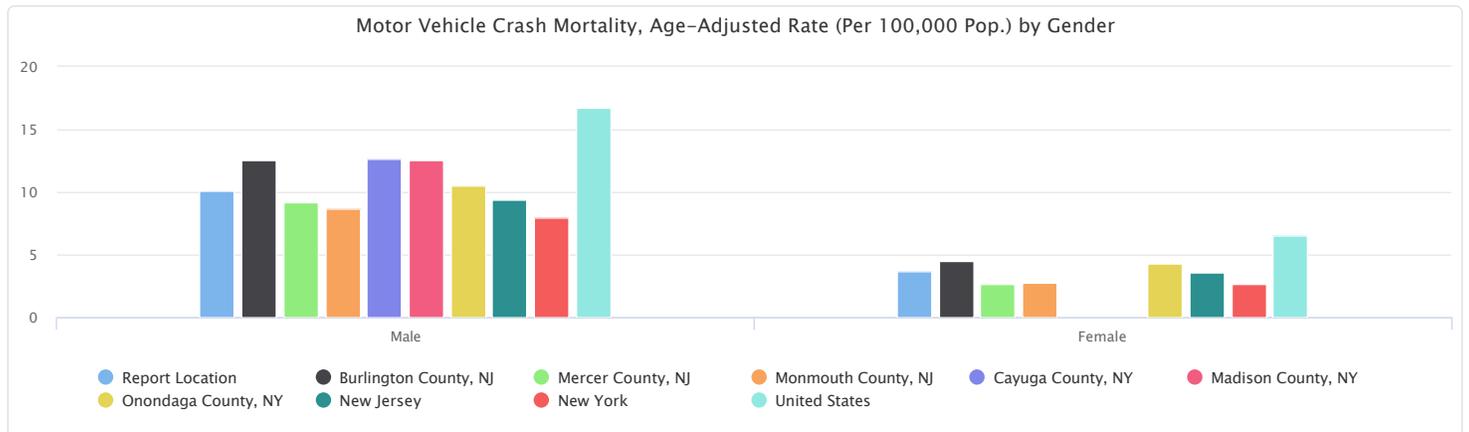


### Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to motor vehicle crash per 100,000 people by gender. The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to motor vehicle crash is (value) per 100,000 males."

Report Area	Male	Female
Report Location	10.1	3.7
St. Francis Medical Center - Trenton	9.4	2.8
St. Joseph's Health - Syracuse	10.5	4.3
Burlington County, NJ	12.5	4.5
Mercer County, NJ	9.2	2.7
Monmouth County, NJ	8.7	2.8
Cayuga County, NY	12.7	No data
Cortland County, NY	No data	No data
Madison County, NY	12.5	No data
Onondaga County, NY	10.5	4.3
New Jersey	9.4	3.6
New York	8.0	2.7
United States	16.7	6.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.



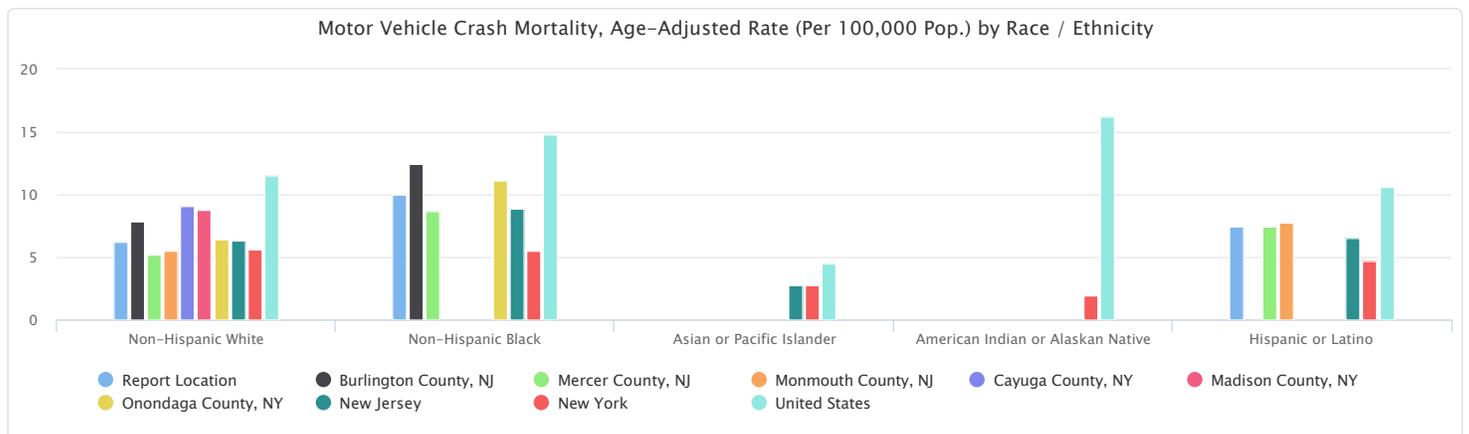
### Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to motor vehicle crash per 100,000 people by race and Hispanic origin. The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area,

the age-adjusted rate of death due to motor vehicle crash is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	6.2	10.0	No data	No data	7.5
St. Francis Medical Center - Trenton	5.5	8.9	No data	No data	7.5
St. Joseph's Health - Syracuse	6.4	11.1	No data	No data	No data
Burlington County, NJ	7.9	12.4	No data	No data	No data
Mercer County, NJ	5.2	8.7	No data	No data	7.5
Monmouth County, NJ	5.5	No data	No data	No data	7.8
Cayuga County, NY	9.1	No data	No data	No data	No data
Cortland County, NY	No data	No data	No data	No data	No data
Madison County, NY	8.8	No data	No data	No data	No data
Onondaga County, NY	6.4	11.1	No data	No data	No data
New Jersey	6.3	8.9	2.8	No data	6.5
New York	5.6	5.5	2.8	1.9	4.7
United States	11.5	14.8	4.5	16.2	10.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.

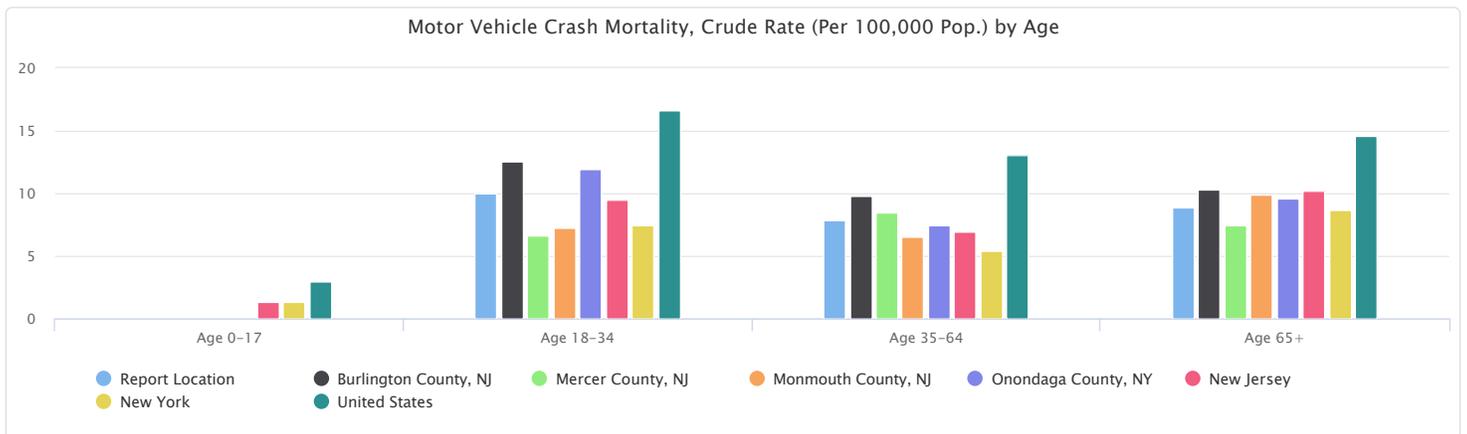


### Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Age

This indicator reports the crude rate of death due to motor vehicle crash per 100,000 people by age. The percentage values could be interpreted as, for example, "Of all the population age under 18 within the report area, the crude rate of death due to motor vehicle crash is (value) per 100,000."

Report Area	Age 0-17	Age 18-34	Age 35-64	Age 65+
Report Location	No data	10.0	7.9	8.9
St. Francis Medical Center - Trenton	No data	7.0	8.6	7.7
St. Joseph's Health - Syracuse	No data	11.9	7.4	9.6
Burlington County, NJ	No data	12.6	9.8	10.3
Mercer County, NJ	No data	6.6	8.5	7.5
Monmouth County, NJ	No data	7.2	6.5	9.9
Cayuga County, NY	No data	No data	No data	No data
Cortland County, NY	No data	No data	No data	No data
Madison County, NY	No data	No data	No data	No data
Onondaga County, NY	No data	11.9	7.4	9.6
New Jersey	1.3	9.5	6.9	10.2
New York	1.3	7.4	5.4	8.7
United States	3.0	16.6	13.1	14.6

Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2016-20.



## Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

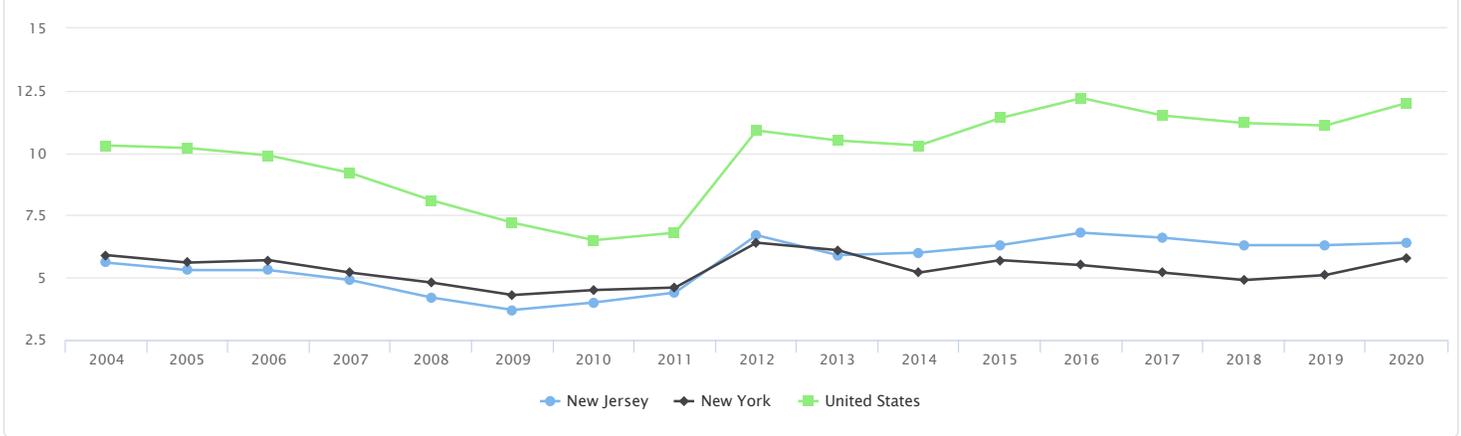
The table below shows age-adjusted death rates due to motor vehicle crash per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	5.6	5.3	5.3	4.9	4.2	3.7	4.0	4.4	6.7	5.9	6.0	6.3	6.8	6.6	6.3	6.3	6.4
New York	5.9	5.6	5.7	5.2	4.8	4.3	4.5	4.6	6.4	6.1	5.2	5.7	5.5	5.2	4.9	5.1	5.8
United States	10.3	10.2	9.9	9.2	8.1	7.2	6.5	6.8	10.9	10.5	10.3	11.4	12.2	11.5	11.2	11.1	12.0

Note: No county data available. See data source and methodology for more details.

Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2016-20.

Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



## Mortality - Premature Death

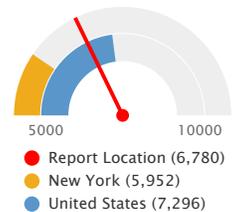
This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2018-2020) and are used for the 2022 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there are a total of 8,894 premature deaths from 2018 to 2020. This represents an age-adjusted rate of 6,780 years potential life lost before age 75 per every 100,000 total population.

*Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.*

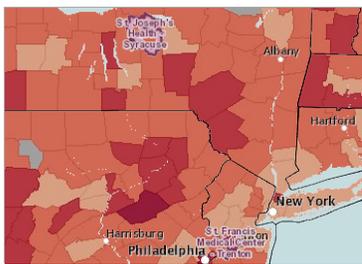
Report Area	Premature Deaths, 2018-2020	Years of Potential Life Lost, 2018-2020	Years of Potential Life Lost, Rate per 100,000 Population
Report Location	8,894	142,099	<b>6,780</b>
St. Francis Medical Center - Trenton	3,447	56,115	6,833
St. Joseph's Health - Syracuse	5,448	85,984	6,747
Burlington County, NJ	5,362	81,890	6,623
Mercer County, NJ	4,309	70,526	6,850
Monmouth County, NJ	6,856	99,396	5,793
Cayuga County, NY	1,063	14,697	6,976
Cortland County, NY	620	9,279	7,008
Madison County, NY	764	10,266	5,251
Onondaga County, NY	5,458	86,246	6,752
New Jersey	100,993	1,565,514	6,325
New York	213,529	3,216,297	5,952
United States	4,125,218	66,924,984	7,296

Years of Potential Life Lost, Rate per 100,000 Population



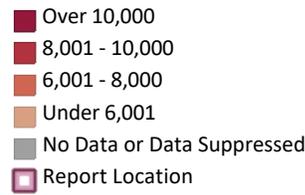
*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020. Source geography: County*



[View larger map](#)

Premature Death (YPLL), Years Lost Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-2020

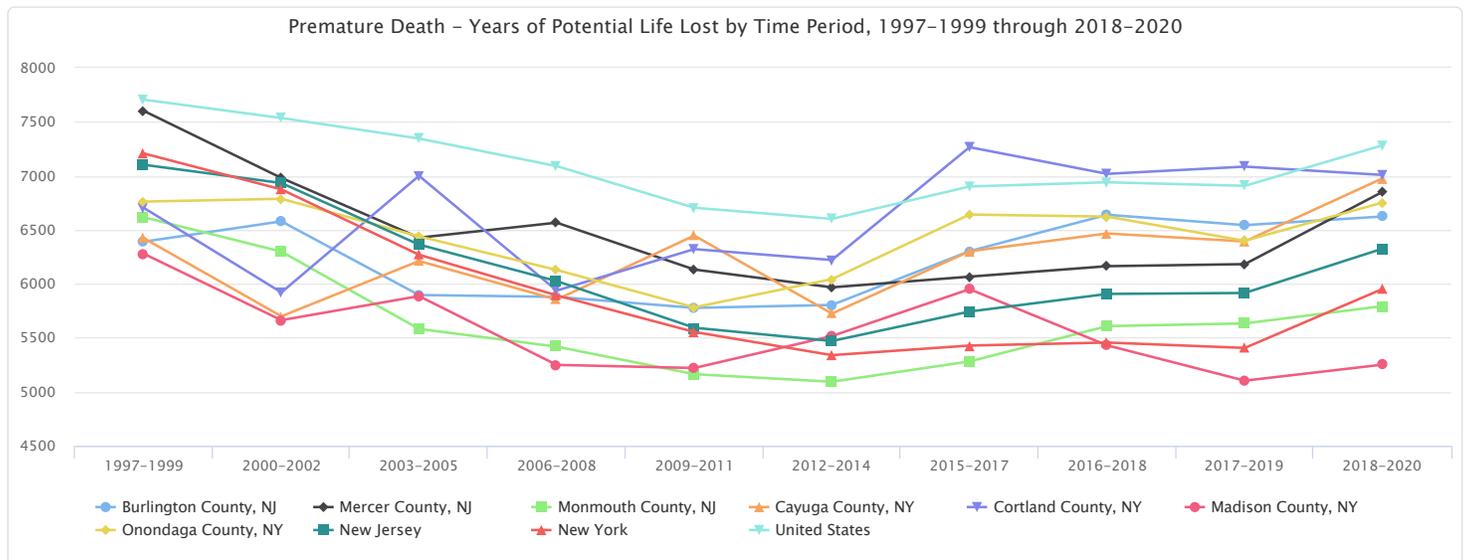


## Premature Death - Years of Potential Life Lost by Time Period, 1997-1999 through 2018-2020

The table below shows the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017	2016-2018	2017-2019	2018-2020
Burlington County, NJ	6,390	6,578	5,896	5,879	5,777	5,804	6,302	6,639	6,543	6,623
Mercer County, NJ	7,601	6,980	6,427	6,566	6,132	5,967	6,066	6,163	6,182	6,851
Monmouth County, NJ	6,616	6,298	5,582	5,418	5,163	5,093	5,281	5,608	5,633	5,793
Cayuga County, NY	6,422	5,699	6,211	5,854	6,446	5,724	6,301	6,466	6,392	6,976
Cortland County, NY	6,703	5,920	7,000	5,937	6,321	6,220	7,265	7,018	7,085	7,008
Madison County, NY	6,278	5,663	5,886	5,249	5,220	5,516	5,950	5,430	5,103	5,251
Onondaga County, NY	6,761	6,787	6,439	6,128	5,782	6,043	6,641	6,622	6,398	6,752
New Jersey	7,102	6,933	6,363	6,025	5,593	5,470	5,743	5,906	5,915	6,325
New York	7,207	6,874	6,269	5,893	5,554	5,339	5,428	5,456	5,406	5,952
United States	7,705	7,535	7,345	7,090	6,704	6,601	6,901	6,940	6,907	7,282

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020.

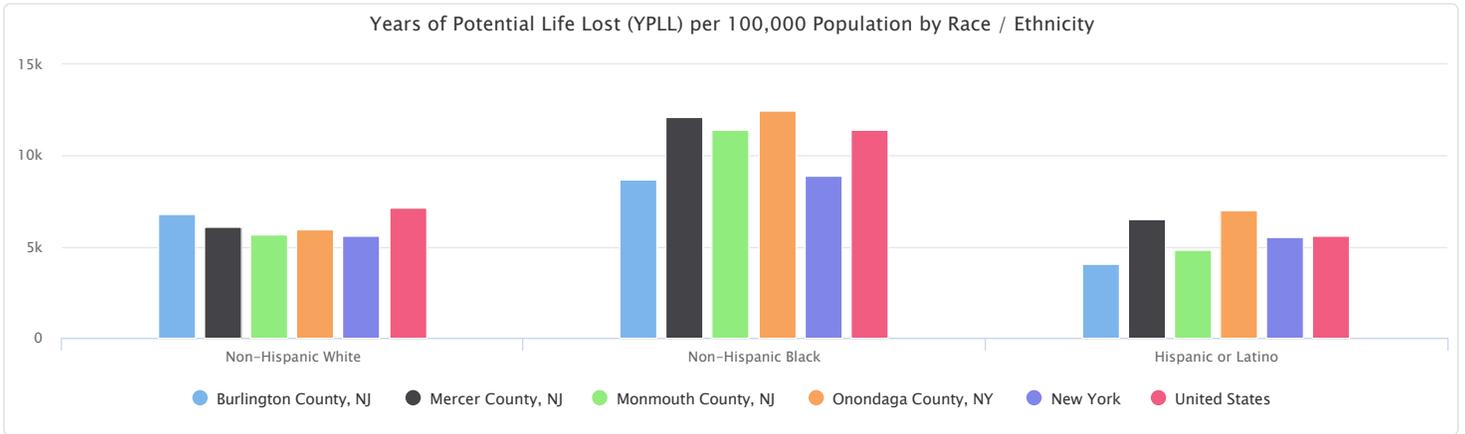


## Years of Potential Life Lost (YPLL) per 100,000 Population by Race / Ethnicity

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by race and Hispanic origin during 2018-2020.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Burlington County, NJ	6,786	8,699	4,040
Mercer County, NJ	6,098	12,124	6,486
Monmouth County, NJ	5,664	11,413	4,865
Cayuga County, NY	No data	No data	No data
Cortland County, NY	No data	No data	No data
Madison County, NY	No data	No data	No data
Onondaga County, NY	5,986	12,466	7,003
New York	5,599	8,936	5,546
United States	7,171	11,451	5,628

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2018-2020.

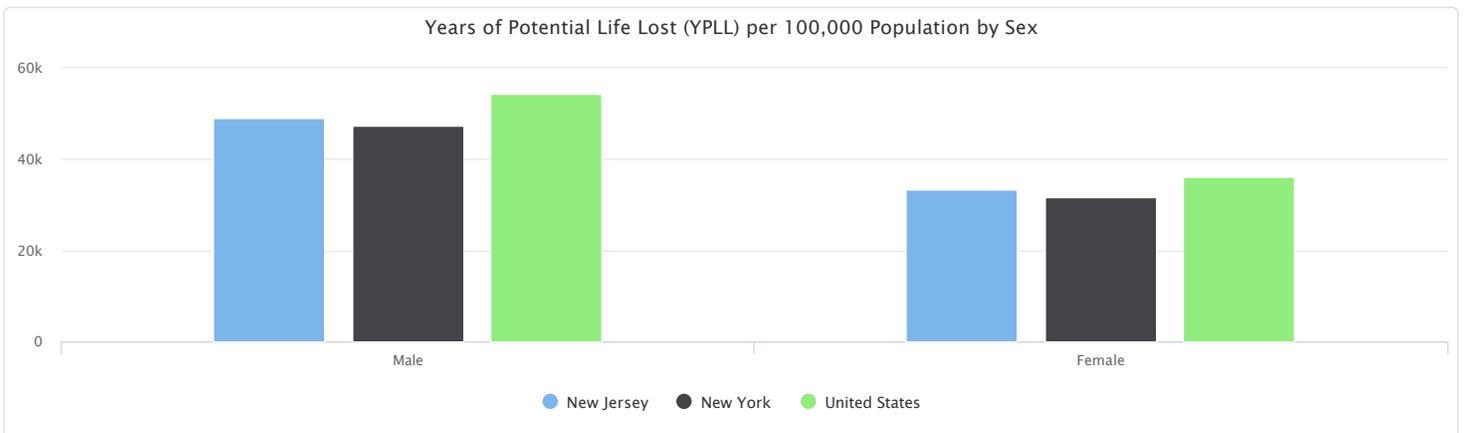


### Years of Potential Life Lost (YPLL) per 100,000 Population by Sex

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by sex in 2019. The <75 data are calculated by CARES based on IHME YLLs data for <70 and 70-74 age groups. Data are only available in state and national level.

Report Area	Male	Female
New Jersey	48,933	33,469
New York	47,434	31,611
United States	54,350	36,248

Note: No county data available. See data source and methodology for more details.  
Data Source: Institute for Health Metrics and Evaluation. 2018-2020.



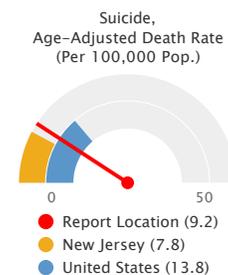
## Mortality - Suicide

This indicator reports the 2016-2020 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Within the report area, there are a total of 353 deaths due to suicide. This represents an age-adjusted death rate of 9.2 per every 100,000 total population.

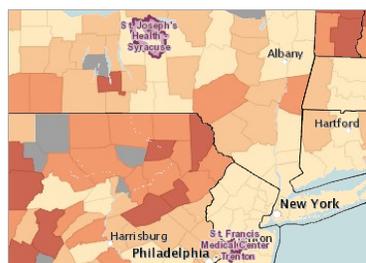
*Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Report Location	756,960	353	9.3	<b>9.2</b>
St. Francis Medical Center - Trenton	295,332	114	7.7	7.5
St. Joseph's Health - Syracuse	461,628	239	10.3	10.3
Burlington County, NJ	447,042	228	10.2	9.2
Mercer County, NJ	370,047	139	7.5	7.4
Monmouth County, NJ	622,145	280	9.0	8.4
Cayuga County, NY	77,043	47	12.2	11.9
Cortland County, NY	47,687	24	10.1	9.7
Madison County, NY	70,902	37	10.4	10.3
Onondaga County, NY	462,629	239	10.3	10.3
New Jersey	8,924,639	3,701	8.3	7.8
New York	19,585,447	8,445	8.6	8.2
United States	326,747,554	233,972	14.3	13.8



*Note: This indicator is compared to the lowest state average.*

*Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20. Source geography: County*



[View larger map](#)

### Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2016-20

- Over 20.0
- 16.1 - 20.0
- 12.1 - 16.0
- Under 12.1
- Data Suppressed (<20 Deaths)
- Report Location

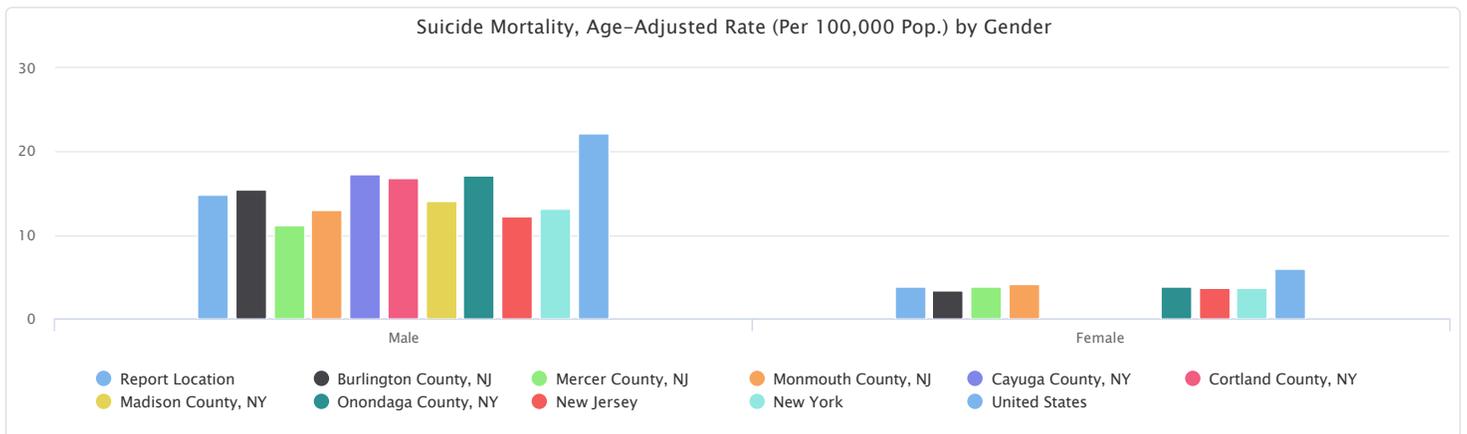
## Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This indicator reports the age-adjusted rate of death due to suicide per 100,000 people by gender.

The percentage values could be interpreted as, for example, "Of all the males within the report area, the age-adjusted rate of death due to suicide is (value) per 100,000 males."

Report Area	Male	Female
Report Location	14.9	3.8
St. Francis Medical Center - Trenton	11.4	3.8
St. Joseph's Health - Syracuse	17.2	3.8
Burlington County, NJ	15.4	3.4
Mercer County, NJ	11.1	3.9
Monmouth County, NJ	13.0	4.2
Cayuga County, NY	17.3	No data
Cortland County, NY	16.9	No data
Madison County, NY	14.1	No data
Onondaga County, NY	17.2	3.8
New Jersey	12.3	3.7
New York	13.1	3.7
United States	22.2	6.0

Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2016-20.

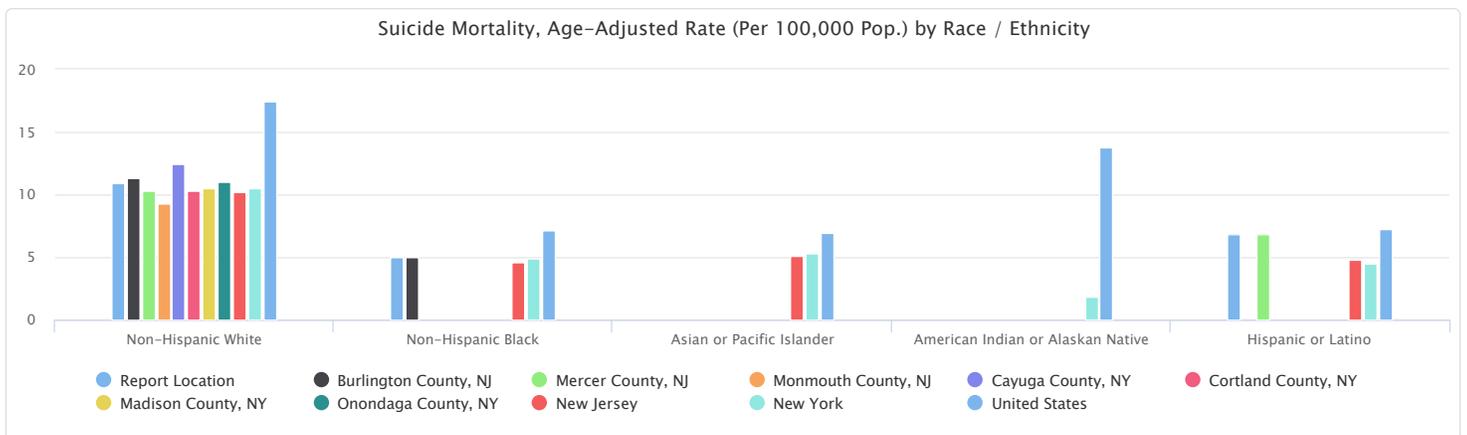


### Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the age-adjusted rate of death due to suicide per 100,000 people by race and Hispanic origin. The percentage values could be interpreted as, for example, "Of all the non-Hispanic white population within the report area, the age-adjusted rate of death due to suicide is (value) per 100,000."

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Report Location	10.9	5.0	No data	No data	6.8
St. Francis Medical Center - Trenton	10.4	5.0	No data	No data	6.8
St. Joseph's Health - Syracuse	11.0	No data	No data	No data	No data
Burlington County, NJ	11.3	5.0	No data	No data	No data
Mercer County, NJ	10.3	No data	No data	No data	6.8
Monmouth County, NJ	9.3	No data	No data	No data	No data
Cayuga County, NY	12.4	No data	No data	No data	No data
Cortland County, NY	10.3	No data	No data	No data	No data
Madison County, NY	10.5	No data	No data	No data	No data
Onondaga County, NY	11.0	No data	No data	No data	No data
New Jersey	10.2	4.6	5.1	No data	4.8
New York	10.5	4.9	5.3	1.8	4.5
United States	17.4	7.1	6.9	13.8	7.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.



## Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend

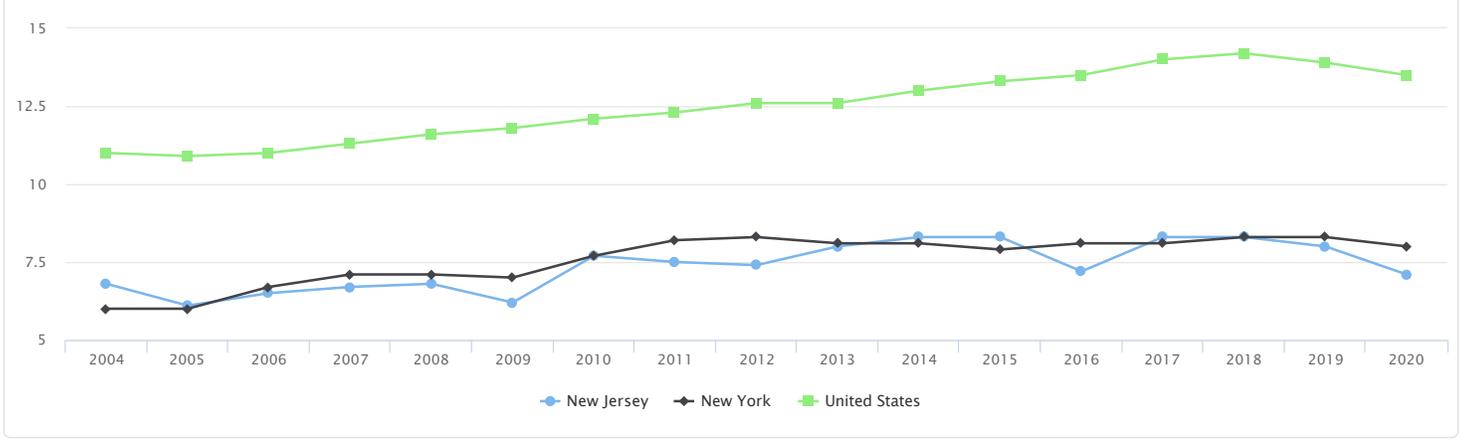
This indicator reports the age-adjusted rate of death due to suicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
New Jersey	6.8	6.1	6.5	6.7	6.8	6.2	7.7	7.5	7.4	8.0	8.3	8.3	7.2	8.3	8.3	8.0	7.1
New York	6.0	6.0	6.7	7.1	7.1	7.0	7.7	8.2	8.3	8.1	8.1	7.9	8.1	8.1	8.3	8.3	8.0
United States	11.0	10.9	11.0	11.3	11.6	11.8	12.1	12.3	12.6	12.6	13.0	13.3	13.5	14.0	14.2	13.9	13.5

Note: No county data available. See data source and methodology for more details.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Yearly Trend



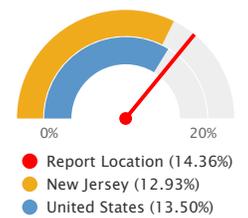
## Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Within the report area, there were 14.36% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

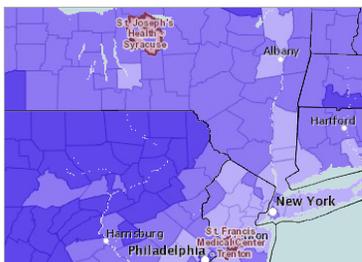
Report Area	Total Population (2020)	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Report Location	465,811	<b>14.36%</b>	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	14.36%	No data
Burlington County, NJ	446,596	12.80%	13.50%
Mercer County, NJ	367,239	13.20%	13.50%
Monmouth County, NJ	618,381	12.90%	13.90%
Cayuga County, NY	76,029	14.00%	15.10%
Cortland County, NY	47,173	15.00%	15.20%
Madison County, NY	70,478	14.00%	14.90%
Onondaga County, NY	459,214	13.70%	14.30%
New York	19,336,776	13.40%	13.93%
New Jersey	8,882,371	12.93%	13.54%
United States	331,449,281	13.50%	13.90%

Percentage of Adults Age 18+ with Poor Mental Health



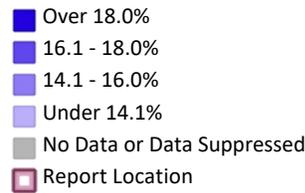
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract



[View larger map](#)

### Poor Mental Health, Prevalence Among Adults Age 18+ by County, CDC BRFSS PLACES Project 2020



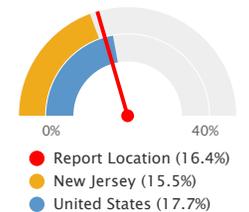
## Poor or Fair Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health (age-adjusted to the 2000 standard). Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2022 County Health Rankings. This indicator is relevant because it is a measure of general poor health status.

Within the report area there are 97,442 persons aged 18 and older who self-report having poor or fair health. This represents 16.4% of the total population aged 18 and older, which is greater than the state rate of 15.5%.

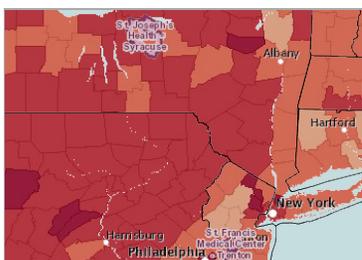
Report Area	Population Age 18+	Adults with Poor or Fair Health	Percentage of Adults with Poor or Fair Health
Report Location	594,845	97,442	<b>16.4%</b>
St. Francis Medical Center - Trenton	231,720	38,596	16.7%
St. Joseph's Health - Syracuse	363,125	58,846	16.2%
Burlington County, NJ	351,826	53,122	15.1%
Mercer County, NJ	290,270	48,726	16.8%
Monmouth County, NJ	488,848	66,183	13.5%
Cayuga County, NY	62,027	11,227	18.1%
Cortland County, NY	38,541	6,591	17.1%
Madison County, NY	57,462	9,079	15.8%
Onondaga County, NY	363,817	58,938	16.2%
New Jersey	6,928,108	1,076,163	15.5%
New York	15,368,313	2,514,674	16.4%
United States	255,778,123	45,353,150	17.7%

Percentage of Adults with Fair or Poor Health



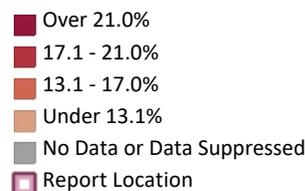
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings, 2019. Source geography: County



[View larger map](#)

### Poor or Fair Health by County, CHR 2022



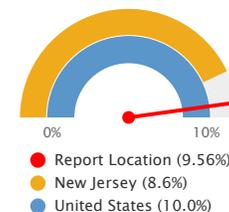
## Poor Physical Health Days

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Within the report area, there were 9.56% of adults 18 and older who reported poor physical health in the past month of the total population age 18 and older.

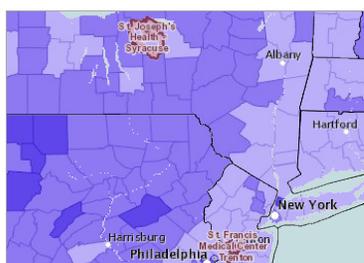
Report Area	Total Population (2020)	Adults Age 18+ with Poor Physical Health (Crude)	Adults Age 18+ with Poor Physical Health (Age-Adjusted)
Report Location	465,811	9.56%	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	9.56%	No data
Burlington County, NJ	446,596	8.30%	7.60%
Mercer County, NJ	367,239	8.20%	7.70%
Monmouth County, NJ	618,381	8.40%	7.40%
Cayuga County, NY	76,029	10.90%	9.80%
Cortland County, NY	47,173	9.70%	9.60%
Madison County, NY	70,478	9.60%	8.80%
Onondaga County, NY	459,214	9.40%	8.80%
New Jersey	8,882,371	8.6%	8.0%
New York	19,336,776	9.4%	8.8%
United States	331,449,281	10.0%	9.4%

Percentage of Adults Age 18+ with Poor Physical Health



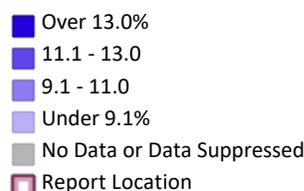
Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2020. Source geography: Tract



[View larger map](#)

Poor Physical Health, Percent of Adults Age 18+ by County, CDC BRFSS PLACES Project 2020

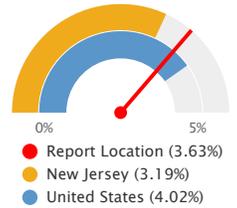


## Soda Expenditures

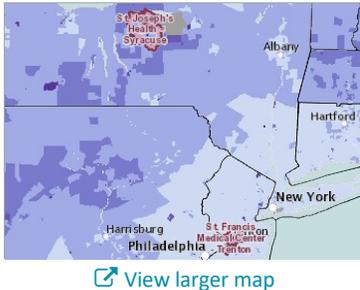
This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Location	No data	No data	No data	\$199.35	3.63%
St. Francis Medical Center - Trenton	No data	No data	No data	\$184.32	3.21%
St. Joseph's Health - Syracuse	No data	No data	No data	\$208.35	3.89%
Burlington County, NJ	6.00	-2.40	-0.21	Suppressed	Suppressed
Mercer County, NJ	6.00	-2.40	-0.21	Suppressed	Suppressed
Monmouth County, NJ	10.00	-2.35	0.00	Suppressed	Suppressed
Cayuga County, NY	55.00	-0.20	2.17	Suppressed	Suppressed
Cortland County, NY	61.00	0.31	2.83	Suppressed	Suppressed
Madison County, NY	60.00	0.14	2.61	Suppressed	Suppressed
Onondaga County, NY	52.00	-0.37	1.95	Suppressed	Suppressed
New Jersey	No data	-1.44	No data	\$205.74	3.19%
New York	No data	-1.15	No data	\$204.64	3.36%
United States	No data	No data	No data	\$236.04	4.02%

Soda Expenditures, Percentage of Total Food-At-Home Expenditures



Note: This indicator is compared to the lowest state average.  
 Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Location

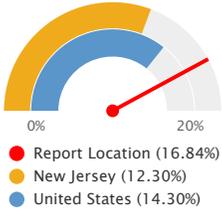
## Tobacco - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

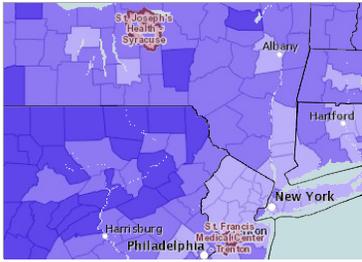
Within the report area there are 16.84% adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population (2020)	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Report Location	465,811	<b>16.84%</b>	No data
St. Francis Medical Center - Trenton	No data	No data	No data
St. Joseph's Health - Syracuse	465,811	16.84%	No data
Burlington County, NJ	446,596	12.40%	12.80%
Mercer County, NJ	367,239	11.80%	12.30%
Monmouth County, NJ	618,381	10.80%	11.30%
Cayuga County, NY	76,029	18.10%	19.00%
Cortland County, NY	47,173	15.90%	17.80%
Madison County, NY	70,478	15.70%	17.20%
Onondaga County, NY	459,214	15.50%	16.30%
New York	19,336,776	13.96%	14.46%
New Jersey	8,882,371	12.30%	12.65%
United States	331,449,281	14.30%	14.60%

Percentage of Adults Age 18+ who are Current Smokers



Note: This indicator is compared to the lowest state average.  
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract



[View larger map](#)

Current Smokers, Adult, Percent of Adults Age 18+ by County, CDC BRFSS PLACES Project 2020

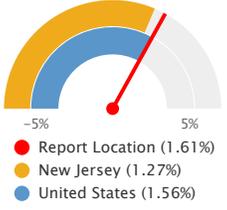
- Over 75%
- 70.1 - 75.0%
- 65.1 - 70.0%
- Under 65%
- No Data or Data Suppressed
- Report Location

### Tobacco - Expenditures

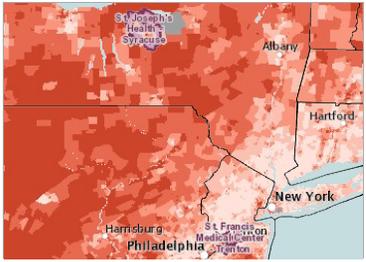
This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Total Expenditures
Report Location	No data	No data	No data	\$824.50	<b>1.61%</b>
St. Francis Medical Center - Trenton	No data	No data	No data	\$740.39	1.35%
St. Joseph's Health - Syracuse	No data	No data	No data	\$874.89	1.78%
Burlington County, NJ	11.00	-0.63	0.15	Suppressed	Suppressed
Mercer County, NJ	6.00	-0.98	-0.38	Suppressed	Suppressed
Monmouth County, NJ	8.00	-0.91	-0.27	Suppressed	Suppressed
Cayuga County, NY	44.00	1.59	1.89	Suppressed	Suppressed
Cortland County, NY	40.00	1.39	1.68	Suppressed	Suppressed
Madison County, NY	34.00	1.24	1.53	Suppressed	Suppressed
Onondaga County, NY	20.00	0.56	0.84	Suppressed	Suppressed
New Jersey	No data	-0.75	No data	\$782.99	1.27%
New York	No data	-0.43	No data	\$799.63	1.45%
United States	No data	No data	No data	\$822.70	1.56%

Cigarette Expenditures, Percentage of Total Household Expenditures



Note: This indicator is compared to the lowest state average.  
 Data Source: Nielsen, *Nielsen SiteReports*. 2014. Source geography: Tract



[View larger map](#)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Report Location

<https://trinityhealthdatahub.org>, 2/17/2023





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