2019 Community Health Improvement Plan and Community Health Assessment

St. Lawrence County

a BRIDGE to WELLNESS
St. Lawrence County Community Health Improvement Plan

Contents

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Executive Summary

The St. Lawrence County Community Health Improvement Coalition, Bridge to Wellness, is an active committee with fifty-four participating organizations including public health, higher education, hospitals, health centers, and community based organizations. Meetings are facilitated by the St. Lawrence County Health Initiative, Inc, and the Local Public Health Department. Partners work collaboratively to plan, implement and oversee the St. Lawrence County Community Health Improvement Plan and hospital Community Service Plans.

This year, Bridge to Wellness again partnered with the Fort Drum Regional Health Planning Organization (FDRHPO) to develop an appropriate regional needs assessment that would guide a strong data driven health improvement plan for St. Lawrence County. This 'community health survey' is incorporated into a Community Health Assessment using New York State and national data sources.

Considering the assessment results and the capacity of region, Bridge to Wellness identified 'Prevent Chronic Disease' and 'Promote Well-Being and Prevent Mental Substance Use Disorders' as priorities for the 2019-2021 plan. These are similar to the priorities the coalition identified in 2016, as the coalition hopes to build upon successes achieved throughout the last round. The 2019 plan is streamlined and identifies additional opportunities to improve the health of targeted residents. The coalition researched interventions grounded in evidence and selected activities to include environmental, systems and policy change. Several of interventions selected will address multiple goals, which allows for more focus and effort in one intervention while reaching more than one deliverable.

In each priority area, education and involvement from the community at large is integral to the success of each intervention. The partners will oversee and govern the evaluation of this plan on a monthly basis. Concurrently, partners will be evaluating the coalition itself, with the ultimate goal of increasing partner engagement and streamlining plan implementation. Bridge to Wellness Partners will disseminate regular reports on the progress of the work to the community through online media, print publications, and radio and in person education.

Report

The following language and data is from the 2019 St. Lawrence County Community Health Assessment[1] prepared by Fort Drum Regional Health Planning Organization. All data sources and additional charts can be found in Appendix 1.

St. Lawrence County

St. Lawrence County is a large and predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in northern New York. The county's population has decreased over the last few years. As of 2018, the county had a population of 108,047.

St. Lawrence County is the largest county in New York State by size and the most populous county in New York State that lacks direct access to an interstate highway within its borders. Its main transportation links are with Jefferson and Lewis counties to its southwest, Franklin County to its east, and Canada to its north. To the north and northwest, St. Lawrence County is bounded by the St. Lawrence River, which is also a major shipping route and an international border. Two bridges span the St. Lawrence River between St. Lawrence County and Canada: Ogdensburg-Prescott International Bridge by Ogdensburg, and Seaway International Bridge near Massena. The southern third of the county, which is largely forestland, is located within the Adirondack Park.

The county comprises 32 towns and a single city. No county subdivision accounts for more than 15% of the total county population, and none of the county's largest populated places are closer than 10 miles from each other when measured from center to center. The largest county subdivisions are the city of Ogdensburg and the towns of Potsdam, Massena, Canton, and Gouverneur. About half of the county's population (52%) live within these five subdivisions, with the remaining half spread across 28 other towns, with populations ranging from over four thousand (Lisbon, Norfolk, and Oswegatchie) to fewer than five hundred residents (Clare and Piercefield).

St. Lawrence County is served by five hospitals:

- Canton-Potsdam Hospital, a 94-bed not-for-profit hospital in Potsdam
- Claxton-Hepburn Medical Center, a 115-bed not-for-profit hospital in Ogdensburg
- Clifton-Fine Hospital, a 20-bed not-for-profit critical access hospital in Star Lake
- Gouverneur Hospital, a 25-bed not-for-profit critical access hospital in Gouverneur
- Massena Memorial Hospital, a 25-bed municipal hospital in Massena

[1] Appendix 1 – 2019 St. Lawrence County Community Health Assessment

As of 2014, Canton-Potsdam and Claxton-Hepburn were responsible for the largest number of inpatient and outpatient visits for residents of St. Lawrence County.

The median age in St. Lawrence County is 38.0 years. Sixteen percent of residents—about one in seven—are over 65. The county has a large number of young adults, especially in the vicinity of its four-year colleges and state prisons: 15% of its residents are 18 to 24 years old.

St. Lawrence County's population is 51% male and 49% female. Men outnumber women within all five-year age categories up to age 49. The difference is widest from age 18 to 34, with men outnumbering women by 8% within this category. The disparity is smaller for older working-age adults (35-64 years). Among the elderly, there are more women (55%) than men (45%).

St. Lawrence County is 92% non-Hispanic white. The largest minority groups are Hispanics of any race (2%), black non-Hispanics (2%), two or more races and non-Hispanic (2%), Asian non-Hispanics (1%), and American Indian non-Hispanics (1%) with other groups amounting to less than 1% of the county's population. The racial and ethnic geography of the county is uneven, with the City of Ogdensburg and most of the county's larger villages (Canton, Potsdam, Gouverneur) having more diverse populations, while the smaller villages and rural areas have less diverse populations. Massena is the least diverse of the county's larger villages, although owing to the adjacent St. Regis Mohawk Reservation in Franklin County, most of the county's American Indian residents live in its vicinity.

Eight percent of residents speak a language other than English at home, of which the most common language group (4%) is Indo-European languages other than Spanish. This is likely driven by Germanic languages which are primarily spoken by Old Order Amish. The second most common is Spanish (2%). Sixty-seven percent of those who speak another language at home speak English "very well".

Eighty-eight percent of St. Lawrence County residents over age 24 have a high school diploma or equivalent. Twenty-three percent have a bachelor's degree or higher, and 12% have a graduate degree. Women (38%) are markedly more likely than men (30%) to have at least an associate's degree, and have higher educational attainment, on average. There is a strong correlation between educational attainment and poverty within the county: 35% of those without a high school diploma live in poverty, compared to 16% of those with only a high school diploma, and 6% of those with a four-year degree.

In 2017, the poverty rate in St. Lawrence County was 19%, and the poverty rate for children was 29%. These rates are higher than the statewide and national rates. The 2013-2017 American Community Survey estimate for the county's poverty rate was 19.4%, compared to 16. 6% for the region, 15.1% for New York State, and 14.6% for the United States. Nine percent of residents live under 50% of the poverty level (compared to 7% statewide), and 29% of residents live beneath 150% of the poverty level (compared to 24% statewide). Other than the unemployed (41% below the poverty level), the highest poverty rates during these five years were among children (29%) and adults with less than a high school degree (35%). The poverty rate among adults employed full-time, year-round was 4%, and the poverty rate for adults with a bachelor's degree or higher was only 6%.

Median household income for 2017 in St. Lawrence County is estimated at $49,600; lower than the national value of $60,300 and the statewide value of $64,800. This pattern persists over the five-year period from 2013 to 2017. Among residents 16 years and older, 53% are in the labor force, which is lower than the regional rate (59%), the statewide rate (63%), and the national rate (63%). Forty-nine percent of these residents are employed in the civilian labor force and less than 1% are in the armed forces. Among those in the civilian labor force, the unemployment rate was 8.8%. More recent data from the Bureau of Labor Statistics shows that the average unemployment rate in 2018 is 5.6%, which is higher compared to the statewide average of 4.1% but no higher than neighboring counties. This is 1.1% lower than the previous year.

Ten percent of households in St. Lawrence County have no vehicle, 36% have one vehicle, and 55% have two or more vehicles. Seventy-seven percent of workers commute alone in a car, truck, or van; 10% carpool; 6% walk; 5% work from home; and about 2% utilize public transportation, taxis, or other means. One-quarter of workers who drive alone to work have a long commute of more than 30 minutes.

Identifying Prevention Agenda Priorities and Interventions
Overview of 2019-2024 Prevention Agenda
The 2019-2024 New York State Prevention Agenda[2] offers the blueprint for New York State and its local counties to develop objectives appropriate for their communities to improve health and reduce disparities. The vision of the Prevention Agenda for 2019-2024 is "that New York is the Healthiest State in the Nation for People of All Ages".

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[2] New York State Prevention Agenda https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

The guiding strategy of the Prevention Agenda is to *implement public health approaches that improve the health and well-being of entire populations and achieve health equity*[3], including an emphasis on social determinants of health. Conditions in the environments where people live, work, and play have an influence on health status and quality of life. Therefore changing these outcomes requires a team based approach to address the social, economic, and physical conditions that contribute to poor health and well-being.

In partnership with over 100 stakeholders from across the State, the following priorities were identified by the New York State Department of Health:

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

Each priority area includes a priority specific action plan, which in turn includes focus areas, goals, objectives and measures for evidence-based interventions. The plan emphasizes both its vision and overarching strategy with interventions that address social determinants of health, promote health equity across communities, and support healthy and active aging.

St. Lawrence County Priority and Intervention Selection

Guidance from the New York State Department of Health requests that each county identify at least two of the above priorities in a health improvement plan. The two priorities and associated focus areas were selected and narrowed down by the Bridge to Wellness coalition considering relevant data and the capacity of its partners.

St. Lawrence County has submitted joint plans in the past, but this is the first iteration that *all* hospitals jointly have contributed and agreed upon the plan. A leadership team consisting of the St. Lawrence County Public Health Department, St. Lawrence County Health Initiative, and the region's five hospitals used the New York State Prevention Agenda[4] to begin the discussion on priorities, focus areas, goals, and objectives. This committee met several times over a 12 month period to discuss the work that had been completed during the 2016-2018 cycle, whether

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[3] The New York State Prevention Agenda 2019-2024: An Overview
https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/ship/overview.pdf
[4] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

priorities had changed, and the current work being carried out to see what the coalition would focus on for the new cycle.

In September of 2018, the leadership from each area hospital, the local Public Health Department, and the St. Lawrence County Health Initiative met to begin discussing the 2019 submission. The agendas for this and many of the following meetings included:

- Review of previous Community Health Improvement Plan successes and barriers
- 2019 Community Health Survey and Assessment Development
    o Contracting with Fort Drum Regional Health Planning Organization
    o Results of recent Community Health Surveys
    o How the 2019 Community Health Survey would be administered
   o Community Heath Survey questions pertaining to St. Lawrence County specific goals

One result of these meetings concluded that while 2019 data would not be released until August, partners could begin discussing potential interventions in the areas of chronic disease and substance use as trends showed these would still be areas of concern in the community.

Bridge to Wellness Coalition partners were asked in April of 2019 to submit current interventions being implemented by their organization that align with best practices as listed in the Prevention Agenda. Partners were also encouraged to submit interventions not yet being implemented, but that the organizations had a strong interest in. A consolidated list was generated for deeper review and consideration.

The team of leaders across each Hospital, the Public Health Department and the Health Initiative reviewed the current and potential interventions to invest energy into for the Community Health Improvement Plan. These leaders were then asked to rank each intervention for priority for inclusion[5], recognizing that it is not feasible to include all proposed activities in the new work plan.

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[5] Appendix 2 - Priority Ranking Chart

Potential Interventions

Interventions selected
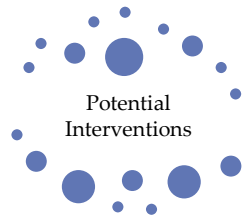
Bridge to Wellness Coalition Partners provided current and potential interventions
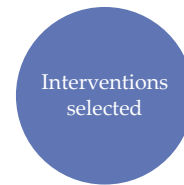
Thorough review of interventions against needs in the county and Prevention Agenda recommendations

The following priorities focus areas, and interventions were identified:

Priority area	Focus Area	Interventions
Prevent Chronic Diseases	Healthy Eating and Food Security	Worksite nutrition programs designed to improve health behaviors and results.
	Physical Activity	Implement a combination of one or more new or improved pedestrian, bicycle, or transit transportation system components with new or improved land use or environmental design components through comprehensive master/transportation plans or Complete Streets resolutions, policies, or ordinances. Implement a combination of worksite-based physical activity policies, programs, or best practices through multi-component worksite physical activity and/or nutrition programs.
	Preventative Care and Management	Expand access to evidence-based self-management interventions for individuals with chronic disease whose condition is not well controlled with guidelines-based medical management alone. Expand access to the National Diabetes Prevention Program.
Promote Well-being and Prevent Mental and Substance Use Disorders	Prevent Mental and Substance User Disorders	Increase availability of and linkages to medication-assisted treatment (MAT) including Buprenorphine. Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by New York State (NYS) Statutes and regulations.

Relevant Data

Chronic Disease

The results of the 2019 Community Health Survey of Adult Residents (Jefferson, Lewis, and St. Lawrence Counties) and the 2016 NYS Extended Behavioral Risk Factor Surveillance System (EBRFSS) survey both show that approximately one in five St. Lawrence County residents do not have a regular health care provider. Like many other more rural counties in New York State, St. Lawrence County has fewer primary care clinicians per population compared to the statewide rate.

The 2016 EBRFSS survey found that 34.1% of St. Lawrence County adults were obese, several percentage points higher than the statewide average (25.5%). Another third of adult residents (34.8%) were overweight increasing the rate to 68.9%, also above the statewide rate of obese or overweight adults (60.5%).[6] The percentage of overweight and obese elementary school students (34.8%) also exceeds the statewide average (32.2%).[7] Obesity is a risk factor for heart disease, stroke, many forms of cancer, diabetes, and kidney disease. The share of obese adults in St. Lawrence County continues to grow; this trend threatens to reverse progress that the county has made over the past decade toward reducing its rate of deaths before age 65 to less than the statewide average.

The hospitalization rate for heart attack and heart failure in St. Lawrence County has remained above the statewide average over the last several years. While the rate of hospitalization due to heart attack has shown a decrease from 2013 to 2010, rate of hospitalization due to heart failure is not comparable between assessment periods due to a change in methodology. Additionally, 10.3% of St. Lawrence County residents report a diagnosis of diabetes.[8] While hospitalization rates due to diabetes too have decreased over time, the St. Lawrence County rate remains higher than that of New York State.

Promote wellbeing and prevent mental and substance use disorders

St. Lawrence County's suicide rate has increased over the past several years, and the three-year rolling age-adjusted average as of 2016 (10.1 deaths per 100,000) was higher than the past three rates. This value is not significantly higher than the NYS average excluding the New York City (NYC) average of 9.3 deaths per 100,000.[9] Approximately 50% of St. Lawrence County residents

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[6] Student Weight Status Category Reporting System (SWSCRS), 2014-2016

[7] http://www.ncnyhealthcompass.org/indicators/index/view?indicatorId=1899&localeId=1924&comparisonId=6801

[8] 2016 EBRFSS survey

[9] Reference: 2016 Vital Statistics Data via NYSDOH's Community Health Indicator Reports Dashboard

strongly agree that they are aware of at least one resource to which they could refer somebody who seemed at risk for suicide.[10]

The 2016 EBRFSS mental health indicators, rate of binge drinking and adults reporting poor mental health during at least half of the past month, do not show statistically significantly different results as compared to the 2013-2014 survey. However, binge drinking decreased from 27.8% to 20.0% between the surveys. And, while self-reported mental health status cannot be compared to previous years due to changes in the weighting methodology, St. Lawrence County had a lower value (10.0%) compared to NYS excluding NYC (10.7%) as reported in the 2016 EBRFSS survey. Fifty-nine percent of 2019 Community Health Survey respondents rated their personal mental health as excellent or very good; 7.7% of St. Lawrence County adults had a mental health diagnosis.

Emergency department visits and hospitalization rates for mental diseases and disorders in St. Lawrence County greatly exceed the statewide average. Furthermore, emergency department visits due to opioid overdose and hospital discharges due to opioid use are significantly higher in St. Lawrence County as compared to NYS excluding NYC. Five percent of 2019 Community Health Survey respondents report their family has been affected by opioid misuse, an increase from 2.8% in 2016. The overall opioid burden (opioid deaths, emergency department visits, and hospitalizations) is 171% higher than the NYS average excluding NYC rate.[11] Overdose death rates related to any drug continued to rise from 8.9 per 100,000 in 2013 to 16.4 per 100,000 in 2016.[12] St. Lawrence County has initiated several activities to address these significant statistics. Through Bridge to Wellness 2016-2018 efforts, familiarity of drug disposal locations has increased over the last year. Use of these locations has increased as well.[13] Additionally, in 2018 St. Lawrence County was awarded $75,000 from NYSDOH to confront the opioid epidemic. Funding has been extended through 2022 at $72,000 for 3 additional years. A county-wide taskforce was formed and several strategies to increase Narcan education and access to medication assisted treatment are currently underway.

Capacity
The Bridge to Wellness Coalition currently has representation from the local Federally Qualified Health Center, area hospitals, the local Public Health Department, law enforcement, area

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[10] 2019 community health survey, Appendix 1
[11] NYS opioid dashboard
[12] NYS opioid dashboard
[13] 2019 community health survey, Appendix 1

pharmacies and multiple community based organizations. Facilitated by the St. Lawrence County Health Initiative, the group meets ten times per year. Subcommittees, both standing and ad-hoc, work to address the needs of the coalition.

Partner services in the community vary widely and include but are not limited to chronic disease prevention, treatment and recovery; built environment support through policy, systems and environmental change consulting; higher education; crisis intervention; health and health care; social and spiritual services; maternal and child health; mental health care; food security and food systems; and transportation.

When comparing services provided by partners against the Healthy People 2020 definition of the social determinants of health, coalition weaknesses are in Economic Stability and Social and Community Context. This reflects some of the demographics of our county as shown in the community health assessment, and are service areas the coalition will work to cultivate membership in.
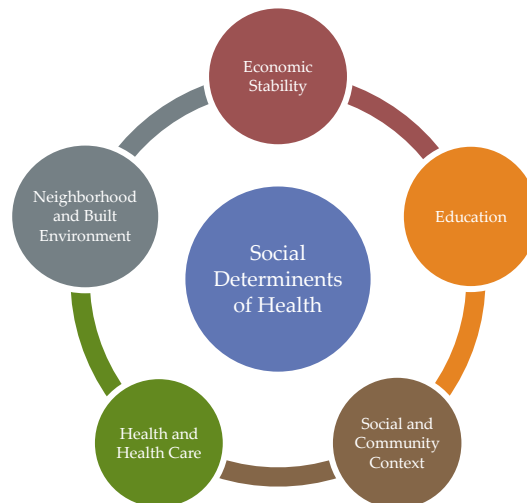
The coalition recognized the need to identify interventions that *current* partners have the ability to assist with. The ability to assist depends greatly on staff expertise, programming already in place, and security of funding.

Current funding sources for partners include, but are not limited to:

- Federal Grants
- Foundations/Contributions
- Insurance Companies (billable services)

- New York State Grants
- Federal, State and Local Government Appropriations

All partner organizations are well established and are many are highly regarded as subject matter experts in their fields. As a whole, the coalition is well placed to implement or enhance the interventions chosen in this plan.

Partners and Partner Engagement

The following charts list partners by engagement level.

Highly engaged partners, serving on subcommittees and attending most meetings:

Adirondack Health Institute	St. Lawrence Health System (Canton Potsdam Hospital and Gouverneur Hospital)
Claxton Hepburn Medical Center	State University of New York at Canton
Community Health Center of the North Country	State University of New York at Potsdam
Fort Drum Regional Health Planning Organization	St. Lawrence County Health Initiative
Kinney Drugs	SLC Community Services Department
Massena Central School District	SLC People Project
St. Lawrence County Public Health Department	WIC

Engaged partners, attending many meetings:

Clifton Fine Hospital	North Country Prenatal Perinatal Council
Cornell Cooperative Extension of St. Lawrence County	Potsdam Snack Pack Program
GardenShare	Seaway Valley Prevention Council
Massena Memorial Hospital	SLC Office for the Aging
Maximizing Independent Living Choices	Town of Potsdam
Northern Area Health Education Center	Volunteer Transportation Center

The following least engaged partners receive regular updates and act on items of importance as needed:

ACR Health	Ogdensburg Police Department
Canton Police Department	Planned Parenthood of the North Country NY
Central NY Regional Center of Tobacco Health	Potsdam Police Department
Church and Community Program	Potsdam Recreation
Community Development Program (CdP)	Reachout
Delphi Healthcare	Renewal House
Gouverneur Village Police Department	SLC Drug Court

Greater Massena Ministerial Association	St. Lawrence County Legislative
Hospice and Palliative Care of St. Lawrence Valley	St. Lawrence County Sheriff's Department
Massena Family Practice	St. Regis Mohawk Tribal Health Services
NYS Troopers	St. Lawrence Lewis BOCES
North Country Housing Council	Serenity Place
NNYJHIDTA	Transitional Living Services
Ogdensburg City School District	WISER Center at SUNY Potsdam

New this year, the coalition has added a Coalition Growth subcommittee to work on partner engagement. Tasks for the upcoming year include, but are not limited to:

- Formalizing the coalition framework
- Determining values of the coalition
- Studying what keeps partners engaged
- Striving to maintain current partner engagement, while achieving deeper engagement from other partners

With this subcommittee guidance, the full coalition recently approved the following mission *"we collaborate with community partners for the deployment of resources and opportunities that positively impact whole person health"* and vision *"A community where everyone has knowledge of and access to the tools and for a healthier life."*

Work plan

The work plan identifies the goals, objectives, activities and process measures for the 2019-2022 period. Find rationale and appropriate resources listed in each chart.

Priority Area	Prevent Chronic Diseases				
Focus Area 1	Healthy Eating and Food Security				
Goal	Increase Skills and knowledge to support healthy food and beverage choices				
Objective : Increase the percentage of adults who buy fresh fruits and vegetables in their neighborhood					
Intervention	**Partner**	**Partner Resources**	**By When**	**Process Measures**	
Worksite Nutrition and physical activity programs designed to improve health behaviors and results. • Educating and informing through classes, distributing written	Lead: SLC Health Initiative Partners: All Hospitals and LHD	Time Funding	December 2020	Number of worksites that improve nutrition policies and practices	

information or utilizing educational software. • Conducting activities that target thoughts and social factors to influence behavior change. • Changing physical or organization structures that reach the entire workforce and make the healthy choice the easy choice.				Number of employees reached

Rationale:

Considering rural geographic isolation and high obesity rates in St. Lawrence county, one common location to reach a wide number of adults is through the places they live, work and play. Worksites are a prime target for healthy eating and food insecurity according to the Community Guide: Obesity Worksite Programs and County Health Rankings & Roadmaps: Worksite Obesity Prevention Interventions. The coalition also considered the ability to provide the same intervention across two focus areas with worksite programming. Coalition partners have experience with policy and system changes to support healthy eating in the workplace and several partners have active programs already, while others do not.

Resources:

- CDC: Workplace Health Model
- CDC: Creating Healthier Hospital Food, Beverage and Physical Activity Environments
- CDC: Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities
- CSPI: Healthy Meetings

Priority Area	Prevent Chronic Diseases
Focus Area 2	Physical Activity
Goal	Improve Community Environments that support active transportation and recreational physical activity for people of all ages and abilities

Objective : Increase the percentage of adults who participate in leisure time physical activity

Intervention	Partner	Partner Resources	By When	Process Measures
Implement a combination of one or more new or improved pedestrian, bicycle, or transit transportation system components with new or improved land use or environmental design components through comprehensive master/transportation plans or Complete Streets resolutions, policies, or ordinances	Volunteer Transportation St. Lawrence County Health Initiative, Inc.	Time Funding Advocacy Education	December 2021	Number of new bus routes*** Number of places that implement new, or improve existing,

to connect sidewalks, multiuse paths and trails, bicycle routes and public transit with homes, early care and education sites, schools, worksites, parks, recreation facilities, and natural or green spaces.	Clarkson University

Hospitals

Public Health Department | | | community planning and transportation interventions that support safe and accessible physical activity |

Rationale:

Considering high poverty and rural geographic isolation, accessing physical activity year round is either inconvenient or impossible for many SLC residents. St. Lawrence County has seen a dramatic increase in the creation of Complete Streets policies, and building upon that will ensure that future design of streets considers all modes of transportation, including pedestrian use. In addition, an active Public Transit Task force has increased opportunities for transportation across the county. Support from the Bridge to Wellness Coalition as part of this plan will enhance the work they are doing, while insuring more adults will have access to safe physical activity within those communities.

Resources:
- Community Guide: Combined Built Environment Approaches
- The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- Community Health Inclusion Sustainability Planning Guide
- Inclusive Community Health Implementation Package (iCHIP)

Priority Area	Prevent Chronic Diseases
Focus Area 2	Physical Activity
Goal	Promote school, childcare and worksite environments that increase physical activity.

Objective : Decrease the percentage of adults ages 18 years and older with obesity (among all adults)

Intervention	Partner	Partner Resources	By When	Process Measures
Implement a combination of worksite-based physical activity policies, programs, or best practices through multi-component worksite physical activity and/or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking-based programs focusing on overall physical activity that include goal setting,	Lead: SLC Health Initiative

Partners: All Hospitals and LHD | Time Funding | December 2020 | Number of worksites that improve physical activity policies and practices |

activity monitoring, social support, counseling, and health promotion and information messaging.				Number of employees reached

Rationale:
The rationale here is similar to that of Focus Area 1 -- Healthy Eating and Food Security. Considering rural geographic isolation and high obesity rates in St. Lawrence county, one common location to reach a wide number of adults is through the places they live, work and play. Worksites are a prime target for physical activity. The coalition also considered the ability to provide the same intervention across two focus areas with worksite programming. Coalition partners have experience with policy and system changes to support physical activity in the workplace and several partners have active programs already, while others do not.

Resources:
- CDC Workplace Physical Activity Interventions
- CDC Worksite Physical Activity Resources
- CDC Worksite Health Scorecard-Physical Activity Module

Priority Area	Prevent Chronic Diseases
Focus Area 2	Preventative Care and Management
Goal	In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

Objective: Increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition.

Intervention	Partner	Partner Resources	By When	Process Measures
Expand access to evidence-based self-management interventions for individuals with chronic disease whose condition is not well controlled with guidelines based medical management alone.	St. Lawrence County Health Initiative, Inc. Hospitals Community Based Partners	Training Time Funding Space Maintaining License	December 2021	Number and type of programs in community settings Number of patients who participate Percentage of patients who complete

Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.	St. Lawrence County Health Initiative, Inc. Hospitals Community Based Partners	Training Time Space Funding Maintaining Recognition	December 2021	Number of National DPP programs in community Number of patients who participate

Rationale:
Four in nine respondents to the Community Health Survey indicate being diagnosed with at least one chronic disease. Self-Management programs are designed to enhance regular treatment and disease-specific education. St. Lawrence County is proud to currently offer Chronic Disease Self-Management Education Programs and Diabetes Prevention Programming, and partners will work to increase program offerings through a collaborative approach.
Resources:
- https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management/
- https://www.cdc.gov/sixeighteen/diabetes/index.htm

Priority Area	Promote Well-Being and Prevent Mental and Substance Use Disorders
Focus Area 2	Prevent Mental and Substance User Disorders
Goal	Prevent opioid and other substance misuse and deaths

Objective: Increase the age adjusted buprenorphine prescribing rate for substance use disorder by 20%

Intervention	Partner	Partner Resources	By When	Process Measures
Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine	Local Health Department Opioid Task Force Hospitals	Time Funding Space Data	December 2021	High Dose Prescribing rates Median day supply per prescription

Rationale:
Medication assisted treatment has been shown to be associated with reduced all-cause and opioid-related mortality. Due to high rates of overdose, the St. Lawrence County Public Health Department has received funding to increase the number of providers in the county registered to provide MAT. An opioid task force is charged with assisting on this activity.

Resources:
- SAMHSA TIP 63: Medications for Opioid Use Disorder
- Facing Addiction in America: The Surgeon General's Spotlight on Opioids
- Increasing Access to Medication-Assisted Treatment of Opioid Abuse in Rural Primary Care Practices. Content last reviewed July 2018. Agency for Healthcare Research and Quality, Rockville, MD.
- New York State. You Don't Have to be Alone in Addiction
- NYSDOH. Buprenorphine
- OASAS. Addiction Medications

Objective: Reduce the opioid analgesics prescription for pain, age-adjusted rate by 5%

Intervention	Partner	Partner Resources	By When	Process Measures
Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS Statutes and regulations	Local Health Department Opioid Task Force Hospitals		December 2021	High Dose Prescribing rates Median day supply per prescription

Rationale:
Public health detailing campaigns have been shown to improve knowledge and likely prescribing practices. Due to high rates of overdose, the St. Lawrence County Public Health Department has received funding to facilitate an Opioid Task force to work on this activity.

Resources:
- CDC Guideline for Prescribing Opioids for Chronic Pain, MMWR Recommendations and Reports / March 18, 2016 / 65(1): 1-49 ; Erratum, March 25, 2016 / 65(11)
- NYSDOH. Opioids Regulation and Legislation
- NYSDOH. Opioids: Healthcare Provider Information

Tracking progress

The Bridge to Wellness Coalition meets ten times per year, monthly. The coalition will form sub-committees and ad-hoc workgroups to work on activities on an as needed basis. Each full coalition meeting will devote time for these work groups to report out on the progress specific to each objective and intervention. The leadership team will continue to meet quarterly to

address any barriers to success and to monitor dissemination opportunities. An update to the plan will be completed yearly to report on any success or changes required to achieve success.

Dissemination
The Bridge to Wellness Coalition will disseminate the plan widely to stakeholders in the community using a multi-faceted approach.

A press release announcing the completion of the Assessment and Plan will be provided by Bridge to Wellness partners through local print and radio media.   The Assessment and Plan will be uploaded to the Public Health website and collaborating hospital websites. In addition, all partners will put a link to the Plan on their web pages.   Printed hard copies and electronic versions of the Assessment and Plan will be provided to each partner, and elected officials representing the county constituents.

Presentations regarding the plan will be offered to area higher education communities, all 18 school districts, the local Board of Health, and interested partner organizations or community citizens upon request.

Bridge to Wellness Partners will provide links to the Assessment and Plan in their newsletters and within social media outlets.

In each priority area, education and involvement from the community at large is integral to the success of each intervention.   Bridge to Wellness Partners will disseminate regular reports to the community through online media, print publication, and radio and in person education. Elected Officials representing St. Lawrence County will receive both hard and electronic copies of updates to the plan.

Appendix 1

St. Lawrence County Community Health Assessment
December 2019

Prepared by the Fort Drum Regional Health Planning Organization

In cooperation with:

St. Lawrence County Public Health Department

St. Lawrence County Bridge to Wellness Partners

Contents

Introduction

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

The community health assessment process is required by New York State to develop data-driven local strategies that enable communities to improve health outcomes and advance statewide goals for the NYSDOH Prevention Agenda. This community health assessment (1) describes St. Lawrence County's population, including demographics, health status, and health determinants; (2) identifies the main health challenges facing St. Lawrence County, and discusses their causes; and (3) summarizes assets and resources that exist in St. Lawrence County that can be mobilized and employed to address identified health challenges.

The Prevention Agenda is the state department of health's plan , the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The five Prevention Agenda priorities for the 2019-2024 plan are (1) prevent chronic diseases; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and children; (4) promote well-being and prevent mental and substance use disorders; and (5) prevent communicable diseases. In addressing these priorities, New York State aims to improve health outcomes and reduce health disparities. New to this cycle is the adoption of a Health Across All Policies approach which promotes community health and wellness through the consideration of health in policymaking within all sectors. As the first age-friendly state, New York State also places emphasis on healthy aging and the creation of age-friendly communities and policies.[14]

This assessment draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator

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

Reports, the Expanded Behavioral Risk Factor Surveillance System, and Prevention Agenda Dashboards; and from the 2019 Tug Hill Seaway Regional Community Health Survey to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

St. Lawrence County is served by five hospitals: [15]
- Canton-Potsdam Hospital, a 94-bed not-for-profit hospital in Potsdam
- Claxton-Hepburn Medical Center, a 115-bed not-for-profit hospital in Ogdensburg
- Clifton-Fine Hospital, a 20-bed not-for-profit critical access hospital in Star Lake
- Gouverneur Hospital, a 25-bed not-for-profit critical access hospital in Gouverneur
- Massena Memorial Hospital, a 25-bed acute care hospital in Massena

Description of Community

St. Lawrence County Demographics Summary

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

St. Lawrence County, NY

Sex and Age	Count (#)	Percent (%)	Margin of Error
Total population	110,817	100.0%	(X)
Male	56,381	50.9%	+/-0.2%
Female	54,436	49.1%	+/-0.2%
Under 5 years	5,946	5.4%	+/-0.1%
5 to 9 years	6,258	5.6%	+/-0.3%
10 to 14 years	6,695	6.0%	+/-0.3%
15 to 19 years	9,935	9.0%	+/-0.2%
20 to 24 years	9,852	8.9%	+/-0.1%
25 to 34 years	13,221	11.9%	+/-0.2%
35 to 44 years	12,038	10.9%	+/-0.1%
45 to 54 years	14,607	13.2%	+/-0.1%
55 to 59 years	7,833	7.1%	+/-0.3%
60 to 64 years	6,955	6.3%	+/-0.3%
65 to 74 years	9,965	9.0%	+/-0.1%
75 to 84 years	5,142	4.6%	+/-0.2%
85 years and over	2,370	2.1%	+/-0.2%
Race and Ethnicity	Count (#)	Percent (%)	Margin of Error
Total population	110,817	100.0%	(X)
White alone, not Hispanic	102,050	92.1%	+/-0.1%
Hispanic or Latino (of any race)	2,529	2.3%	*****

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

	Count	Percent	Margin of Error
Black or African American alone, not Hispanic	2,471	2.2%	+/-0.1%
Two or more races, not Hispanic	1,652	1.5%	+/-0.2%
Asian alone, not Hispanic	1,189	1.1%	+/-0.1%
American Indian and Alaska Native alone, not Hispanic	762	0.7%	+/-0.1%
Some other race alone, not Hispanic	104	0.1%	+/-0.1%
Native Hawaiian and Other Pacific Islander alone, not Hispanic	60	0.1%	+/-0.1%

Educational Attainment	Count (#)	Percent (%)	Margin of Error
Population 25 years and over	72,131	(X)	(X)
Less than 9th grade	2,869	4.0%	+/-0.5%
9th to 12th grade, no diploma	5,734	7.9%	+/-0.6%
High school graduate (includes equivalency)	26,084	36.2%	+/-1.0%
Some college, no degree	12,935	17.9%	+/-0.9%
Associate's degree	7,836	10.9%	+/-0.6%
Bachelor's degree	8,335	11.6%	+/-0.7%
Graduate or professional degree	8,338	11.6%	+/-0.7%
High school graduate or higher	63,528	88.1%	+/-0.6%
Bachelor's degree or higher	16,673	23.1%	+/-0.9%

Population

St. Lawrence County is the largest county in New York State by size and the most populous county in New York State that lacks direct access to an interstate highway within its borders. Its main transportation links are with Jefferson and Lewis counties to its southwest, Franklin County to its east, and Canada to its north. To the north and northwest, St. Lawrence County is bounded by the St. Lawrence River, which is also a major shipping route and an international border. Two bridges span the St. Lawrence River between St. Lawrence County and Canada: Ogdensburg-Prescott International Bridge by Ogdensburg, and Massena-Cornwall International Bridge near Massena. The southern third of the county, which is largely forestland, is located within the Adirondack Park.

Population by County, 1970-2018

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

Year	St. Lawrence County Pop. (#)	% Chg.	Regional Total Pop. (#)	% Chg.	New York State Pop. (#)	% Chg.
1970	111,991		224,143		18,236,967	
1980	114,254	2.0%	227,440	1.5%	17,558,072	-3.7%
1990	111,974	-2.0%	249,713	9.8%	17,990,455	2.5%
2000	111,931	0.0%	250,613	0.4%	18,976,457	5.5%

2010	111,944	0.0%	255,260	1.9%	19,378,102	2.1%
(est.) 2018	108,047	-3.5%	246,249	-3.5%	19,542,209	0.8%

St. Lawrence County is a large and predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in northern New York. As of 2018, it had an estimated population of 108,047. The county's population has changed very little since 1970, and current estimates are reflective of regional trends. [16, 17]

The county comprises 32 towns and a single city. No county subdivision accounts for more than 15% of the total county population, and none of the county's largest populated places are closer than 10 miles from each other when measured from center to center. The largest county subdivisions are the city of Ogdensburg and the towns of Potsdam, Massena, Canton, and Gouverneur. About half of the county's` population (52%) live within these five subdivisions, with the remaining half spread across 28 other towns, with populations ranging from over four thousand (Lisbon, Norfolk, and Oswegatchie) to fewer than five hundred residents (Clare and Piercefield). [18]

Age

The median age in St. Lawrence County is 38.0 years old. Sixteen percent of residents – or about one in seven - are over 65. The county has an especially large number of young adults, especially in the vicinity of its four-year colleges and state prisons: 14% of the county's residents are 18 to 24 years old. [19]

Population by Age Group
Source: American Community Survey Five-Year Estimates (2013-2017)

Age Group	St. Lawrence County		Regional Total		New York State	
	Pop. (#)	% of total	Pop. (#)	% of total	Pop. (#)	% of total
0-17	22,710	20%	57,467	23%	4,203,304	21%
18-34	29,197	26%	69,239	27%	4,817,282	24%
35-49	18,800	17%	43,414	17%	3,818,275	19%
50-64	22,633	20%	47,912	19%	3,951,016	20%

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[16] U.S. Census Bureau Annual Population Estimates, 2018

[17] U.S. Census Bureau Decennial Census and Annual Population Estimates

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

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

65+	17,477	16%	36,197	14%	3,008,351		15%
Total	*110,817*		*254,229*		*19,798,228*		
Median age (years)	38.0					38.4	

Sex

St. Lawrence County's population is 51% male and 49% female. Men outnumber women within all five-year age categories up to age 49. The difference is widest from age 18 to 34, with men outnumbering women by 8% within this category. The disparity is smaller for older working-age adults (35 to 64). Among the elderly, there are more women (55%) than men (45%).[20]

Population by Age and Sex

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

	St. Lawrence County			Regional Total			New York State		
Age Group	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male
0-17	22,710	48%	52%	57,467	49%	51%	4,203,304	49%	51%
18-34	29,197	46%	54%	69,239	44%	56%	4,817,282	50%	50%
35-49	18,800	48%	52%	43,414	48%	52%	3,818,275	51%	49%
50-64	22,633	50%	50%	47,912	50%	50%	3,951,016	52%	48%
65+	17,477	55%	45%	36,197	55%	45%	3,008,351	57%	43%
Total	*110,817*	*49%*	*51%*	*254,229*	*48%*	*52%*	*19,798,228*	*51%*	*49%*
Median age (years)	38.0	40.0	36.3				38.0	40.0	36.8

Race, Ethnicity, and Language

St. Lawrence County is 92% non-Hispanic white. The largest minority groups are Hispanics of any race (2%), black non-Hispanics (2%), two or more races and non-Hispanic (1%), Asian non-Hispanics (1%), and American Indian non-Hispanics (1%), with other groups amounting to less than 1% of the county's population. The racial and ethnic geography of the county is uneven, with the City of Ogdensburg and most of the county's larger villages (Canton, Potsdam, Gouverneur) having more diverse populations, and the smaller villages and rural areas have less diverse populations. Massena is the least diverse of the county's larger villages however, most of the county's American Indian residents live in its vicinity. [21]

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

Population by Race and Ethnicity

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

Race & Ethnicity	St. Lawrence County		Regional Total	
	Pop. (#)	% of total	Pop. (#)	% of total
White NH	102,050	92%	223,437	88%
Hispanic (any race)	2,529	2%	11,448	5%
Black NH	2,471	2%	9,057	4%
Asian NH	1,189	1%	3,031	1%
Native Hawaiian or PI NH	60	0%	367	0%
American Indian NH	762	1%	1,250	0%
Some other race NH	104	0%	259	0%
Two or more races NH	1,652	1%	5,380	2%
Total	*110,817*	*100%*	*254,229*	*100%*
NH = Non-Hispanic; PI = Pacific Islander				

Eight percent of residents speak a language other than English at home, of which the most common language group (4%) is Indo-European languages other than Spanish. This is likely driven by Germanic languages which are primarily spoken by Old Order Amish. The second most common is Spanish (2%). Sixty-seven percent of those who speak another language at home speak English "very well." [22]

Employment, Income, and Poverty

Among residents 16 and over, 53% are in the labor force, which is lower than the regional rate (59%), the statewide rate (63%), and the national rate (63%). Forty-nine percent of these residents are employed in the civilian labor force and less than 1% are in the armed forces. Among those in the civilian labor force, the unemployment rate was 8.8%.[23] More recent data from the Bureau of Labor Statistics shows that the average unemployment rate in 2018 is 5.6%, which is higher compared to the statewide average of 4.1% but no higher than neighboring counties. This is 1.1% lower than the previous year.[24]

Ten percent of households in St. Lawrence County have no vehicle, 36% have one vehicle, and 55% have two or more vehicles. Seventy-seven percent of workers commute alone in a car, truck, or van; 10% carpool; 6% walk; 5% work from home; and about 2% utilize public

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[22] American Community Survey 5-Year Estimates, 2013-2017
[23] American Community Survey 5-Year Estimates, 2013-2017
[24] Bureau of Labor Statistics Local Area Unemployment Statistics Annual Averages 2017, 2018

transportation, taxis, or other means. [25] One-quarter of workers who drive alone to work have a long commute of more than 30 minutes.[26]

Median household income for 2017 in St. Lawrence County is estimated at $49.6k – lower than the national value of $60.3k and the statewide value of $64.8k.[27] Over the five-year period from 2013 to 2017 this pattern persists.

Income by Household

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

	St. Lawrence County	Regional Total	New York State	United States
	% of Households	% of Households	% of Households	% of Households
Income Groups				
Less than $15k	14.4%	13.1%	12.4%	11.5%
$15k to $34.9k	23.7%	21.9%	17.6%	19.3%
$35k to $74.9k	32.8%	35.0%	27.2%	30.6%
$75k to $149.9k	24.4%	25.0%	26.8%	26.4%
$150k+	4.8%	4.9%	16.1%	12.1%
Income Types				
With earnings	71.4%	74.8%	77.4%	77.7%
Mean earnings ($)	$61,809		$98,210	$83,186
With Social Security	37.2%	33.3%	30.5%	30.6%
Mean Social Security ($)	$18,311		$18,939	$18,778
With retirement income	26.8%	23.8%	18.2%	18.4%
Mean retirement income ($)	$22,085		$27,510	$25,798
With SSI	7.7%	6.6%	6.3%	5.4%
With public assistance	4.7%	3.7%	3.4%	2.6%
With food stamp/SNAP benefit	16.7%	16.4%	15.2%	12.6%
Households (#)	41,638	95,080	7,302,710	118,825,921
Mean household income ($)	$61,209		$93,443	$81,283
Median household income ($)	$48,330		$62,765	$57,652

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[25] American Community Survey 5-Year Estimates, 2013-2017
[26] 2019 County Health Rankings indicator: Long commute – driving alone
[27] U.S. Census Bureau Small Area Income and Poverty Estimates

Per capita income ($)	$23,554	$35,752	$31,177

In 2017, the poverty rate in St. Lawrence County was 19%, and the poverty rate for children was 29%. These rates are higher than the statewide and national rates.[28] The 2013-2017 American Community Survey estimate for the county's poverty rate was 19.4%, compared to 16. 6% for the region, 15.1% for New York State, and 14.6% for the United States.[29] Nine percent of residents live under 50% of the poverty level (compared to 7% statewide), and 29% of residents live beneath 150% of the poverty level (compared to 24% statewide). Other than the unemployed (41% below the poverty level), the highest poverty rates during these five years were among children (29%) and adults with less than a high school degree (35%). The poverty rate among adults employed full-time, year-round was 4%, and the poverty rate for adults with a bachelor's degree or higher was only 6%.[30]

Household Income to Poverty Ratio
Source: American Community Survey Five-Year Estimates (2013-2017)

Income : Poverty Ratio	St. Lawrence County % of Pop.	Regional Total % of Pop.	New York State % of Pop.	United States % of Pop.
Under 50% PL	9.1%	7.5%	6.7%	6.5%
50% to 99% PL	10.3%	9.2%	8.4%	8.1%
Total in poverty	19.4%	16.6%	15.1%	14.6%
100% to 149% PL	9.9%	10.1%	8.5%	9.1%
150% to 199% PL	9.1%	10.2%	7.9%	9.0%
> 200% PL	61.6%	63.0%	68.6%	67.2%

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[28] U.S. Census Bureau Small Area Income and Poverty Estimates
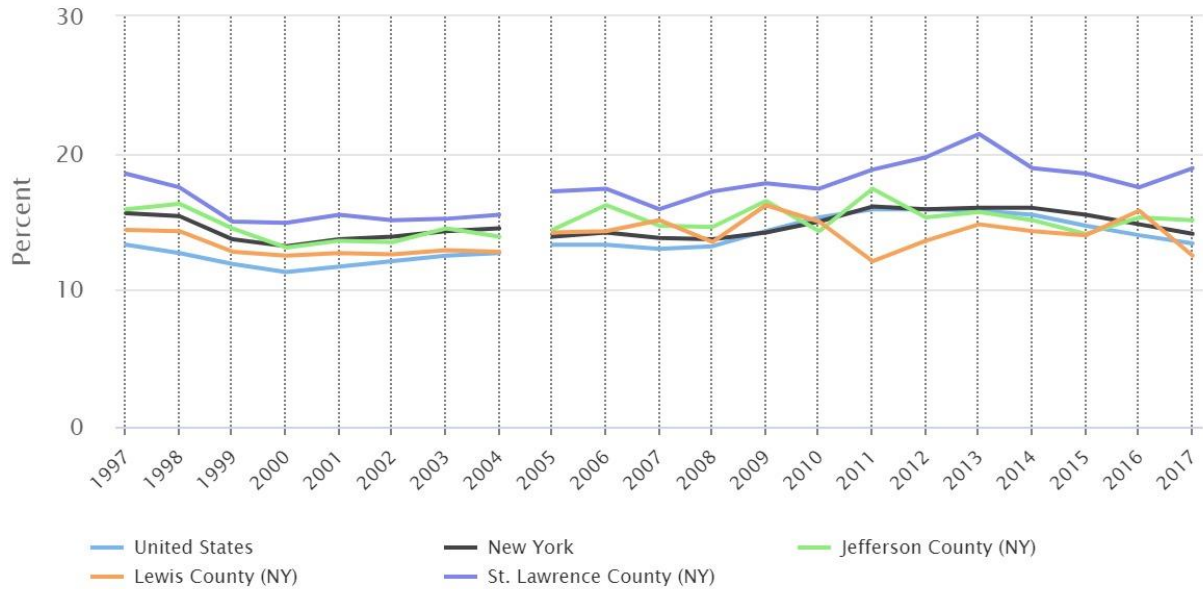[29] American Community Survey 5-Year Estimates, 2013-2017
[30] American Community Survey 5-Year Estimates, 2013-2017

Percent in Poverty Among All Ages

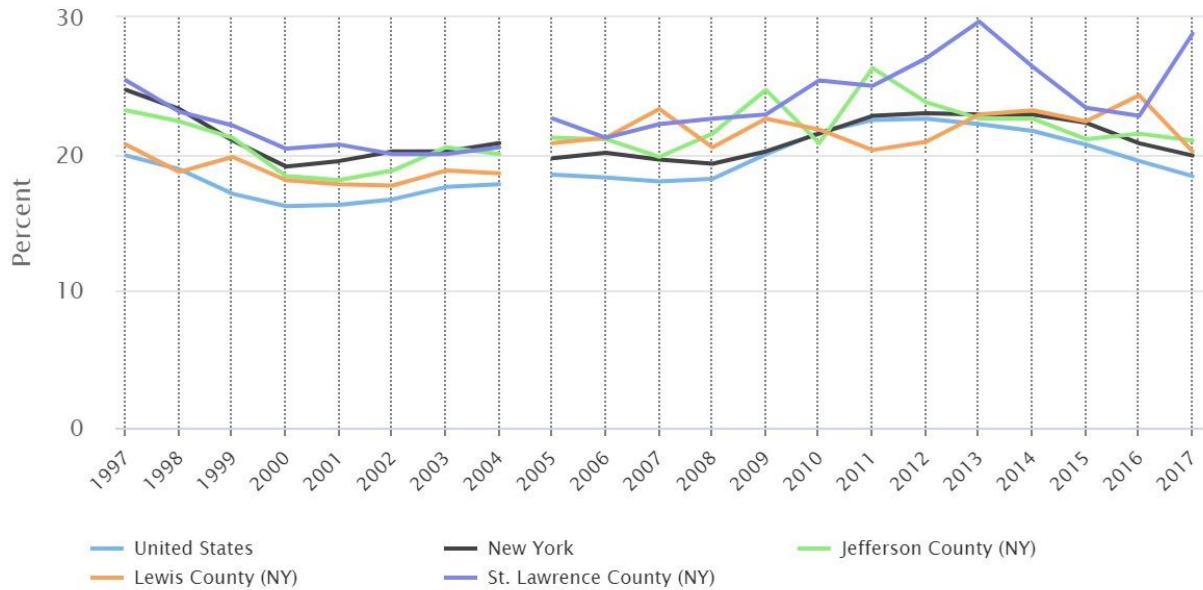## All Ages (state/county) (1997 – 2017)
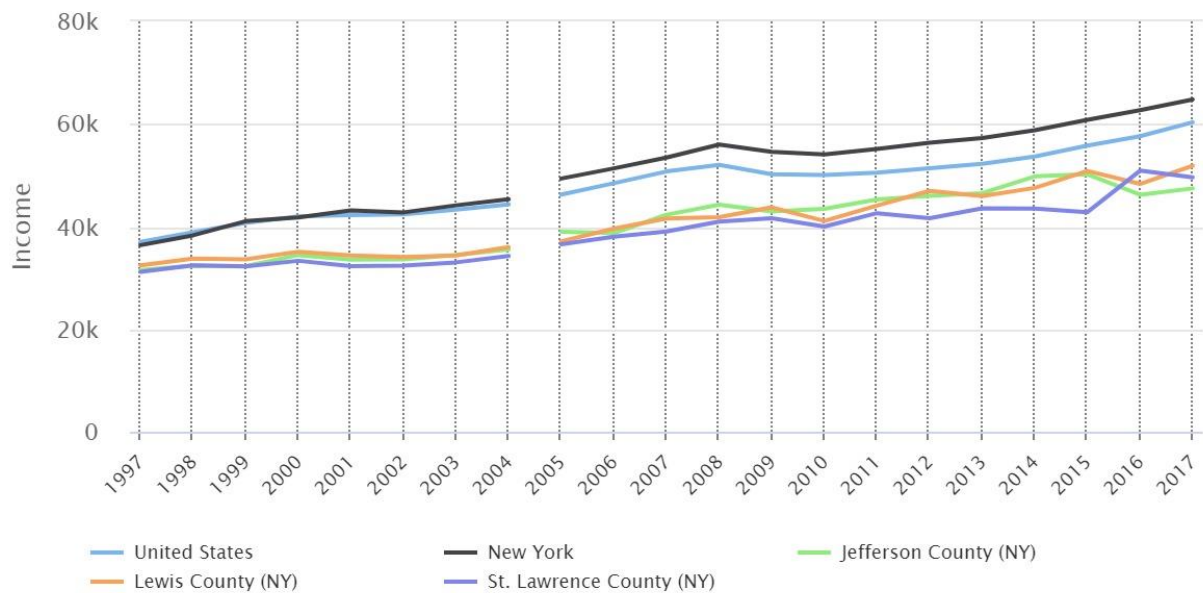

U.S. Census Bureau

Percent in Poverty Under Age 18

Under Age 18 (state/county) (1997 – 2017)

U.S. Census Bureau

Median Household Income (state/county) (1997 – 2017)

U.S. Census Bureau

Educational Attainment

Eighty-eight percent of St. Lawrence County residents twenty-five years of age and over have a high school diploma or equivalent. Twenty-three percent have a bachelor's degree or higher, and 12% have a graduate degree. Women (38%) are markedly more likely than men (30%) to have at least an associate's degree, and have higher educational attainment, on average. There is a strong correlation between educational attainment and poverty within the county: 35% of those without a high school diploma live in poverty, compared to 16% of those with only a high school diploma, and 6% of those with a four-year degree.

St. Lawrence County Educational Attainment

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

Educational Attainment	St. Lawrence County, NY		
	Count (#)	Percent (%)	Margin of Error
Population 25 years and over	72,131	(X)	(X)
Less than 9th grade	2,869	4.0%	+/-0.5
9th to 12th grade, no diploma	5,734	7.9%	+/-0.6
High school graduate (includes equivalency)	26,084	36.2%	+/-1.0
Some college, no degree	12,935	17.9%	+/-0.9
Associate's degree	7,836	10.9%	+/-0.6
Bachelor's degree	8,335	11.6%	+/-0.7
Graduate or professional degree	8,338	11.6%	+/-0.7
High school graduate or higher	63,528	88.1%	+/-0.6
Bachelor's degree or higher	16,673	23.1%	+/-0.9

Housing and Marital Status

Eighty-nine percent of St. Lawrence County residents live in households, with 11% living in group quarters (which include college dormitories, nursing homes, and state prisons). There are just over 52,900 households in St. Lawrence County, 79% of which are occupied. 46% of occupied households in St. Lawrence County consist of married couples, while 17% are families lacking a spouse, 29% are a single person living alone, and 8% are other non-family households. On average, owner occupied households have 2.5 members, and renter occupied units have 2.1 members.[31]

Seventy-nine percent of housing units in St. Lawrence County are occupied, including 57% that are owner occupied and 21% that are rented. The remaining 21% of housing is vacant, including

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

14% for seasonal or occasional use and 3% for rent or for sale. The remaining 5% of housing units are other vacancies. [32]

Seventy-one percent are detached single units, 11% are mobile homes, 12% are three or more units, 4% are duplexes, and 1% are attached singles. A majority of housing units are more than fifty years old (59%). The median value of a house in St. Lawrence County is $88,000, lower compared to $149,300 in Jefferson County, and $121,700 in Lewis County. This is less than one third of the value of the median residence in New York State ($293,000), and less than half of the median value of a residence in the United States ($193,500). Seventeen percent of housing units in St. Lawrence County are valued at less than $50,000, compared to 9% in Jefferson County, 9% in Lewis County, 5% in New York State, and 8% in the United States.[33]

As of 2017, 66% of St. Lawrence County residents are served by community water systems with optimally fluoridated water.[34]

Among residents 15 years and over, 45% are married, 13% are divorced or separated, 7% are widowed, and 36% have never married.[35]

Disability Status
Fourteen percent of non-institutionalized civilian residents meet the Census definition for having a disability, which exceeds the statewide rate of 11%. This includes 7% of children 5 or older, 10% of working-age adults (age 18-65), and 38% of adults over the age of 65.[36]

Health Summary
Natality and Fertility
The fertility rate for women of childbearing age (15-44 years old) in St. Lawrence County is lower than the rate for New York State, excluding New York City, at 54.1 per 1,000 females compared to 57.2 per 1,000 females.[37] Among women between the ages of fifteen and fifty, 5% have given birth within the past year, compared to 5% statewide. By age, younger women are more likely to have given birth within the past year than older women. This is similar to the statewide birth rates by age, which are as follows: Three percent of women from age 15 to 19

[32] American Community Survey 5-Year Estimates, 2013-2017
[33] American Community Survey 5-Year Estimates, 2013-2017
[34] New York State Safe Drinking Water Information System via NYSDOH Prevention Agenda Dashboard
[35] American Community Survey Five-Year Estimates, 2013-2017
[36] American Community Survey 5-Year Estimates, 2013-2017
[37] 2014-2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports

have given birth within the past year (compared to 1% statewide), 9% of women from age 20 to 34 have given birth within the past year (compared to 7% statewide), and 2% of women age 35 to 50 have given birth within the past year (compared to 3% statewide). The majority of births in the past year are to women between the ages of 20 and 34, for both St. Lawrence County (76% of all births) and New York State (69% of all births).[38]

Thirty-eight percent of births in St. Lawrence County are to unmarried women, which is not statistically different from the statewide average of 32%, nor the national average of 35%.[39] The out-of-wedlock birth rate has not changed much over the past decade, decreasing from a three-year rolling average of 45% in 2008 to 44% by 2012 and remaining at 44% in 2015.[40]

In St. Lawrence County, 9.5% of births in 2016 were premature. This was lower than the statewide-excluding-NYC rate of 10.5%.[41] 5.7% of births in St. Lawrence County from 2014 through 2016 were low birthweight. This was lower than the statewide-excluding-NYC rate of 7.7%. The three-year rolling average of low birthweight births has remained below the statewide-excluding-NYC average since 2010.[42]

As of 2016, 31% of births were the result of an unintended pregnancy. This was comparable to the Tug Hill Seaway Regional value (31%), but higher than the statewide-excluding-NYC rate of 25%.[43] St. Lawrence County' rate of adolescent pregnancy was 12.5 pregnancies per 1,000 females aged 15-17 as of 2016. This is higher than the regional rate of 10.5 pregnancies per 1,000 but below the statewide rate of 13.3 pregnancies per 1,000 females. [44]

From 2014-2016, 12.3% of births were to women aged 25 years or older without a high school degree or equivalent. This was higher than the statewide excluding NYC percentage of 10.3%.[45]

Hospitalizations and Emergency Department Visits

Hospitalizations and emergency department visits remained fairly consistent among St. Lawrence County residents during the period of 2012 to 2016. In 2012, there were 11,121

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[38] American Community Survey Five-Year Estimates, 2013-2017
[39] American Community Survey Five-Year Estimates, 2013-2017
[40] New York State Vital Statistics Data via NYSDOH County Community Health Indicator Reports
[41] 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard
[42] 2014-2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports
[43] 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard
[44] 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard
[45] 2014-2016 Vital Statistics data via NYSDOH County Community Health Indicator Reports
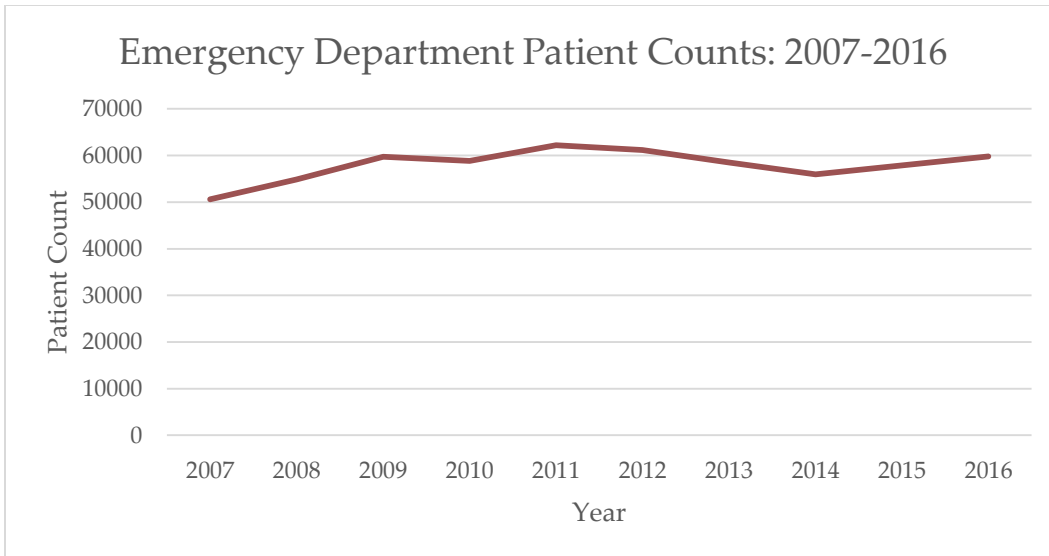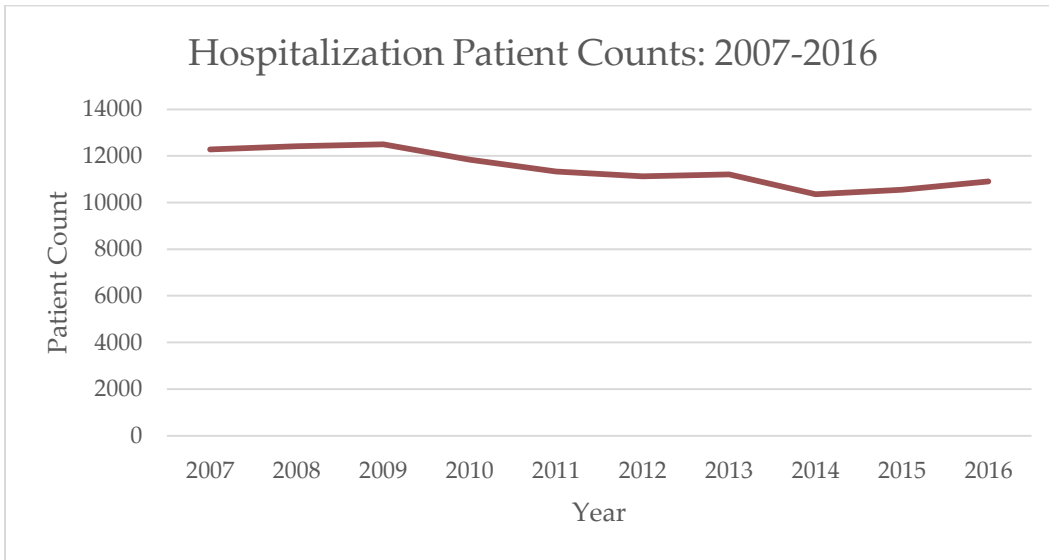
admissions of St. Lawrence County residents at hospitals in New York State, excluding
newborns and pregnancies. This fell to 10,904 admissions excluding newborns and pregnancies
in 2016, a decrease of 2.0%. However, this has risen since the low of 10,352 admissions in 2014.
Emergency department visits among St. Lawrence County residents at hospitals in New York
State decreased from 61,194 in 2012 to 59,813 in 2016, a decrease of 2.2%. However, this has
risen since the relative low of 55,948 admissions in 2014.[46]

Hospitalization Patient Counts: 2007-2016

Emergency Department Patient Counts: 2007-2016

[46] 2007-2016 SPARCS data (NYSDOH)

Eleven percent of St. Lawrence County residents report at least one hospitalization within the past year, and 2% report two or more hospitalizations. Rates were similar for men and women. Those ages 45 to 54, 55 to 64, and over the age of 75 were less likely to report no admissions than the younger age demographics.[47]

Thirty percent of St. Lawrence County residents report at least one emergency department visit within the past year, and 6% report two or more visits. Men were more likely than women to report one visit within the past year (30% and 18% respectively), but women were more likely than men to report two or more visits within the past year (8% and 4% respectively). There was not a large difference based on age or level of education. Respondents with an income of less than $25k a year were much more likely to have visited the emergency room two or more times in the past year (15%) than those with an income of more than $75k a year (3%).[48]

Mortality

Over the most recent five years of available data, St. Lawrence County's age-adjusted mortality rate has decreased by 8.4%, falling from 788 per 100,000 standard population in 2013 to 721 in 2017.[49]

By disease category, compared to statewide benchmarks, St. Lawrence County has lower rates of age-adjusted mortality due to diseases of the nervous system, mental and behavioral disorders, and infectious disease, but higher rates due to cardiovascular disease, cancer, respiratory disease, and digestive diseases, and a slightly higher rate for all other disease categories. Among all diseases categories, mortality due to cardiovascular diseases, respiratory disease, digestive diseases, and genitourinary diseases are higher compared to the regional rates.[50]

St. Lawrence County has a higher age-adjusted mortality rate than New York State. This is true across age-adjusted death rates for most major disease categories: St. Lawrence County rates are 27.3 deaths per 100,000 higher than the statewide rate for diseases of the circulatory system, 21.2 deaths per 100,000 higher for respiratory diseases, 17.7 deaths per 100,000 higher for neoplasms (cancer), and 13.4 deaths per 100,000 higher for digestive diseases. There are three exceptions:

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[47] 2019 Community Health Survey of Adult Residents, Table 42

[48] 2019 Community Health Survey of Adult Residents, Table 41

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

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

infectious and parasitic diseases are 6.6 deaths per 100,000 lower compared to the state, mental and behavioral deaths are 5.4 deaths lower compared to the state, and nervous system diseases are 0.2 deaths per 100,000 population lower compared to the state.[51]

In total, the age-adjusted death rate for St. Lawrence County among the leading causes of death is 92.1 deaths per 100,000 higher compared to the state, a difference of 14%. Between 2013 and 2017, this amounts to about 510 excess deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the statewide average, or 102 excess deaths per year.[52]

Generally, St. Lawrence County has similar age-adjusted mortality rates when compared to the region. St. Lawrence County rates are 4.6 deaths per 100,000 higher than the regional rate for respiratory disease, 3.0 deaths per 100,000 higher for cardiovascular diseases, and 2.7 deaths per 100,000 higher for genitourinary diseases. Diseases of the nervous system are 9.8 deaths per 100,000 lower compared to the region, 6.2 deaths per 100,000 lower compared to the region for external causes, and 3.6 deaths per 100,000 lower for both infectious and parasitic diseases and cancer. The remaining categories are within 2.0 deaths per 100,000 population of the regional rate.[53]

In total, the age-adjusted death rate for St. Lawrence County is 10.9 deaths per 100,000 lower compared to the region, a difference of 1.5%. Between 2013 and 2017, this amounts to about 60 fewer deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the regional average, or nearly 12 fewer deaths per year.[54]

Leading Causes of Death, 2013-2017 Average
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Files

	St. Lawrence County	Tug Hill Seaway Region	New York State

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

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

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

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

Cause of Death (ICD-10 Categories)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)
Diseases of the circulatory system	248.5	335	245.5	707	221.2	54,310
Neoplasms	170.1	234	173.7	502	152.4	36,167
Diseases of the respiratory system	81.8	112	58.0	151	44.7	9,496
External causes of morbidity and mortality	51.8	59	77.2	221	60.6	14,616
Diseases of the digestive system	35.1	46	31.3	90	25.3	6,015
Endocrine, nutritional and metabolic diseases	30.6	41	36.7	104	27.1	6,604
Diseases of the nervous system	26.9	35	34.2	95	21.7	5,155
Mental and behavioral disorders	26.3	35	26.5	76	31.7	8,032
All other categories	25.0	30	23.0	63	20.3	4,401
Diseases of the genitourinary system	21.8	29	16.2	46	19.2	4,564
Certain infectious and parasitic diseases	12.6	16	19.1	54	14.3	3,480
Total mortality	730.6	973	741.5	2,110	638.5	152,841

Mortality Rate by ICD Category: St. Lawrence County
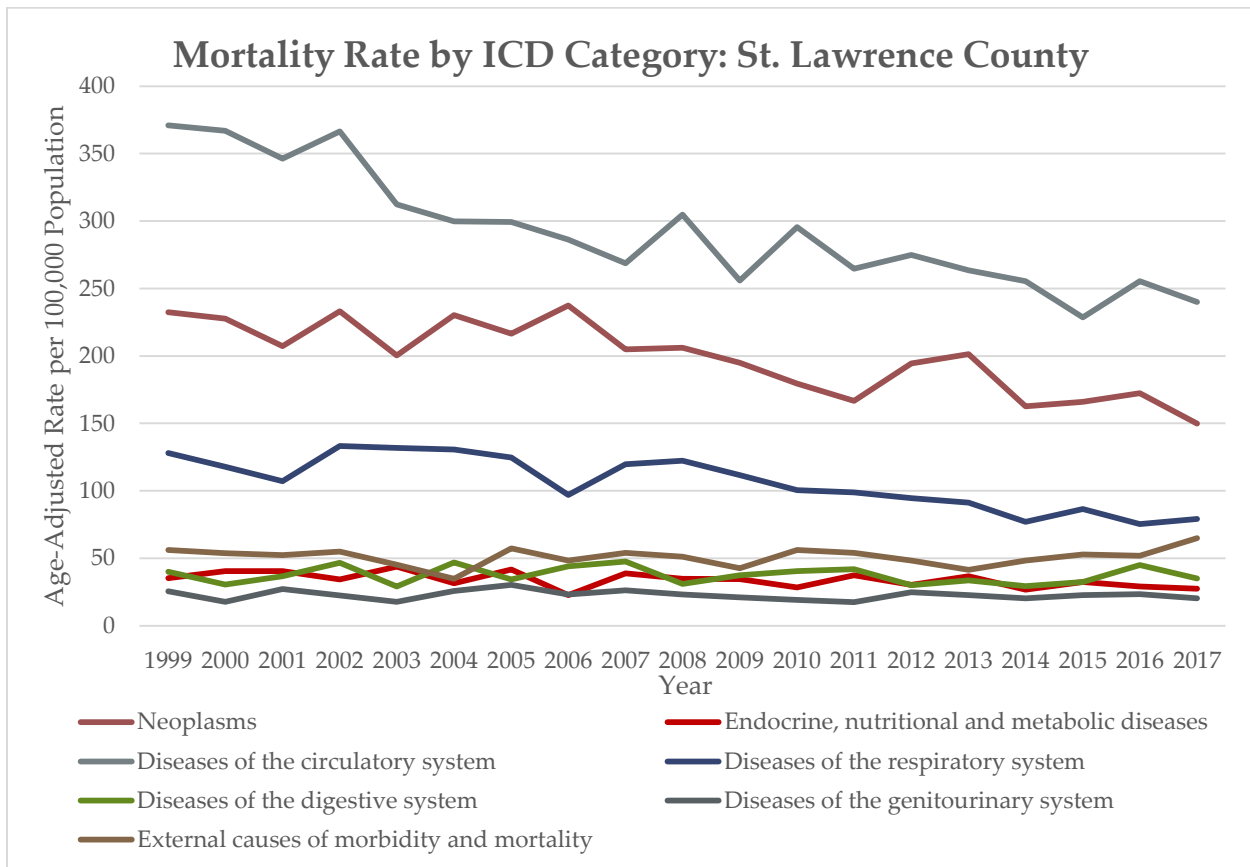
The categories of mortality with the highest age-adjusted rates are diseases of the circulatory system, neoplasms, respiratory diseases, and external causes of mortality and morbidity. All have been on the decline with the exception of external causes.

Relative to the previous five years, the cardiovascular disease age-adjusted death rate from 2017 decreased by 8.9% from 2013. The primary driver of the cardiovascular disease related death rate is heart disease, particularly coronary heart disease (ischemic heart disease). Heart disease accounted for three quarters of the cardiovascular disease deaths in St. Lawrence County in 2017, over half of these deaths were due to coronary heart disease.

The death rate due to neoplasms was 25.5% lower in 2017 than it was in 2013. This cause of death is primarily driven by cancer, specifically cancer of the trachea, bronchus, and lungs. Both have been trending downwards over the past ten years and are at current lows. The age-adjusted death rate due to cancer in 2017 is 147.1 deaths per 100,000 compared highs of 201.2 and 199.0 deaths per 100,000 population in 2008 and 2013 respectively.

The death rate due to diseases of the respiratory system has generally been declining. The death rate for respiratory disease decreased by 13.4% from 2013 to 2017. The largest driver of respiratory disease related deaths are chronic lower respiratory diseases accounting for more than half of the deaths due to respiratory disease. The age-adjusted death rate for chronic lower respiratory disease has been generally declining over the past decade. Other individual respiratory disease categories had too few deaths annually to show meaningful change.

The age-adjusted death rate due to external causes of morbidity and mortality is at a high with 64.9 deaths per 100,000 population in 2017. Prior to this, the highest rate was in 2005 at 57.3 deaths per 100,000 population. In the past five years, the rate has increased by 56.8%.

Age-Adjusted Death Rates per 100,000 Population
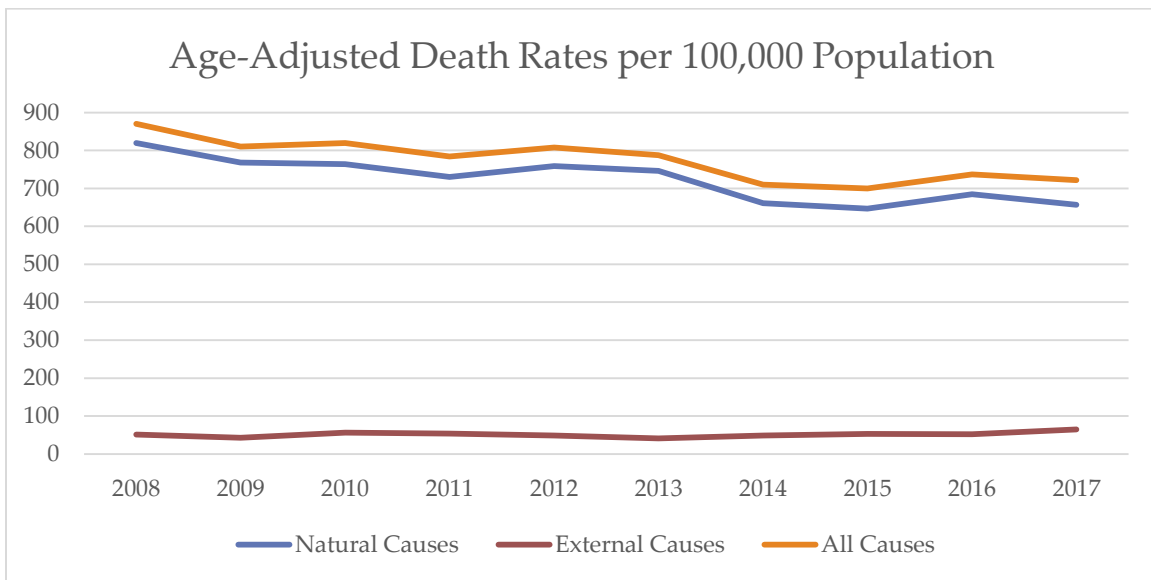
For all deaths due to natural causes, the age adjusted death rate for 2017 (656 deaths per 100k per year) was 20% lower compared to 2008. The age adjusted death rate for other causes (65 deaths per 100k) increased by 27% over the same period.

By age, 45% of deaths in St. Lawrence County in 2017 were to people 80 or older, 30% were people age 65 to 79, 18% were people age 50 to 64, 3% were people age 35 to 49, and less than 5% were people younger than 35.

Leading categories for cause of death varied by age group in St. Lawrence County. External causes were the leading cause of death for people younger than 50, accounting for over half of the deaths in these age groups. For people in their fifties and sixties, cancer (33%), and cardiovascular disease (26%) are the leading causes of death.

People in their seventies or older are responsible for two-thirds of all deaths in St. Lawrence County. For people in their seventies, cardiovascular disease (35%), and cancer (28%) are the leading causes of death. For people age 80 or older, who account for nearly half of all deaths in the county, cardiovascular disease is responsible for a large plurality of deaths (42%), followed by cancer (14%), and respiratory disease (13%).[55]

St. Lawrence County's suicide rate has increased over the past several years, and the three-year rolling age-adjusted average as of 2016 (10.1 deaths per 100k) was higher than the past three rates. This value is not significantly higher than the NYS excluding NYC average of 9.3 deaths per 100k.[56]

Insurance

As of 2017, 6.3% of St. Lawrence County's residents under age 65 were uninsured, a decline of over half since 2008, when 12.7% of people under age 65 lacked health insurance. This decline is similar to the statewide decline from 13.1% uninsured to 6.6% uninsured among people under 65 years. Both the county's population share and population size of uninsured under-65s has declined in every year since 2010, and is now estimated at 5,093, down from 13,454 seven years prior.[57] Those with less than a high school education, are unemployed, or have a lower household income were the groups most likely to lack insurance according the most recent American Community Survey results.[58]

The 2019 Tug Hill Seaway Region Community Health Survey found that 6.5% of St. Lawrence County residents lacked insurance, not dissimilar from previous findings. According to the survey, the most common forms of health insurance in St. Lawrence County are employer based (46%), Medicare (23%), and Medicaid (20%). Four percent of respondents knew that they had health insurance but were unable to identify its source.[59] The most recent American Community Survey estimates (2013-2017) are somewhat different: 56% employer based, 19% Medicare, 25% Medicaid, and 14% direct purchase, with 8% being uninsured. It is unclear whether any differences reflect genuine change in the mix of insurance coverage or a propensity to underreport secondary sources of coverage on the telephone survey.

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

[56] 2016 Vital Statistics Data via NYSDOH's Community Health Indicator Reports Dashboard.

[57] U.S. Census Bureau Small Area Health Insurance Estimates, 2006-2017

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

[59] 2019 Community Health Survey of Adult Residents, Table 12

Access to Care

Clinicians by County

Sources: American Community Survey Five-Year Estimates (2013-2017); Area Health Resource File (2016); CMS National Provider Identification Registry (2018) via 2019 County Health Rankings & Roadmaps program

Group	St. Lawrence County		Regional Total		New York State	
	Count(#)	Per 100k	Count(#)	Per 100k	Count(#)	Per 100k
All Physicians (MD and DO)	155	141	375	149	72,630	368
Primary Care Physicians	54	49	128	51	16,460	83
Nurse Practitioners	65	59	166	66	14,459	73
Dentists	38	35	120	48	14,830	75
Mental Health Providers	200	182	462	184	52,895	268
Population	*110,038*		*250,909*		*19,745,289*	

St. Lawrence County has fewer clinicians per population compared to the state. As of 2016, the most recent year for which data were available, there were 155 physicians practicing in St. Lawrence County, or one per 710 residents. There were 54 primary care physicians practicing in St. Lawrence County, or one per 2,038 residents. The statewide rate was 1,200 residents per practicing primary care physician, or 41% fewer people per primary care physician. St. Lawrence County also had 65 nurse practitioners (one per 1,693 residents). This was fewer nurse practitioners compared to the respective statewide ratio. There were also 38 dentists in St. Lawrence County, or one per 2,896 residents, compared to one dentist per 1,331 residents for New York State.[60]

St. Lawrence County has fewer mental health providers per population compared to the state. As of 2018 , there were 200 mental health providers in the county, or one per 550 residents. The statewide rate was 373 residents per mental health provider, or 32% fewer people per provider.[61]

Health Behaviors

As of 2016, 34% of St. Lawrence County adults are obese which is not significantly different from previous measures. This is above the statewide rate of 26%. When overweight adults are included, the rate increases to 69%, also above the statewide rate of obese or overweight adults of 61%.[62] The rate of obesity among children and adolescents is 22%, exceeding the statewide-

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[60] 2016 Area Health Resource File

[61] 2018 CMS National Provider Identification Registry via 2019 County Health Rankings & Roadmaps program

[62] New York State Expanded BRFSS via NYSDOH Community Health Indicator Reports Dashboard

excluding-NYC average of 17%. When including overweight children and adolescents, this rate increases to 38% which is also above the statewide-excluding-NYC average of 34%.[63]

As of 2016, 70% of children aged 19-35 months in St. Lawrence County had the Prevention Agenda-recommended 4:3:1:3:3:1:4 immunization series.[64] St. Lawrence County ranks within the top half of New York State counties for flu vaccinations among elderly adults, with 67% of elderly adults having been vaccinated in 2016.[65]

Opioid misuse continues to be a burden in St. Lawrence County. The crude rate for the opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths) is staggeringly high at 507.1 per 100,000 population, as compared to the regional rate of 321.2 per 100,000 population, and the statewide excluding NYC rate of 300.3 per 100,000 population.[66]

Not only has the age-adjusted rate of overdose deaths due to any opioid more than doubled in the past few years (up to 15.2 deaths per 100,000 population in 2016 from 7.1 per 100,000 population in 2013), but the rate of overdose deaths due to synthetic opioids other than methadone has more than quadrupled in the same time period (up to 9.2 deaths per 100,000 population in 2016 from 1.9 deaths per 100,000 in 2013). [67]

The St. Lawrence County age-adjusted rate of emergency department visits involving any opioid overdose is the highest in the region at 63.2 visits per 100,000 population. The age-adjusted rates of emergency department visits involving heroin overdose and emergency department visits involving opioid overdose *excluding* heroin (and other illicitly produced opioids) are comparable at 31.6 visits and 31.5 visits per 100,000 population, respectively. St. Lawrence County age-adjusted hospital discharge rates involving any opioid overdose are also the highest in the region at 16.7 discharges per 100,000 population.[68]

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[63] Student Weight Status Category Reporting System (SWSCRS), 2014-2016
[64] NYS Immunization Information System via NYSDOH's Prevention Agenda Dashboard
[65] 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System
[66] 2016 Vital Statistics and SPARCS Data via NYSDOH's Opioid Data Dashboard
[67] 2016 Vital Statistics Data via NYSDOH's Opioid Data Dashboard
[68] 2016 SPARCS Data via NYSDOH's Opioid Data Dashboard

Community Health Survey Summary
Introduction

The following summary describes the findings from the 2019 Community Health Survey of Adult Residents in St. Lawrence County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. The survey consists of three key sections, namely, the participant's experiences with healthcare, the participant's personal health, and the participant's lifestyle, followed by a series of standard demographic indicators. Participants must be at least 18 years of age and live within Jefferson, Lewis, or St. Lawrence counties. Responses are weighted towards population demographic parameters within each of the three counties, as well as regionally combined. The average approximate margins of error associated with estimates are ±3.0% for the three-county region, ±5.0% for Jefferson or St. Lawrence County, and ±5.9% for Lewis County. More details on the methodology of this study, as well as more detailed results can be found in the full report.[69]

Results are divided into three sections: experiences with care, personal health, and lifestyle. Bars within each chart are labeled using the number that correlates to the written question summaries found beneath the chart.
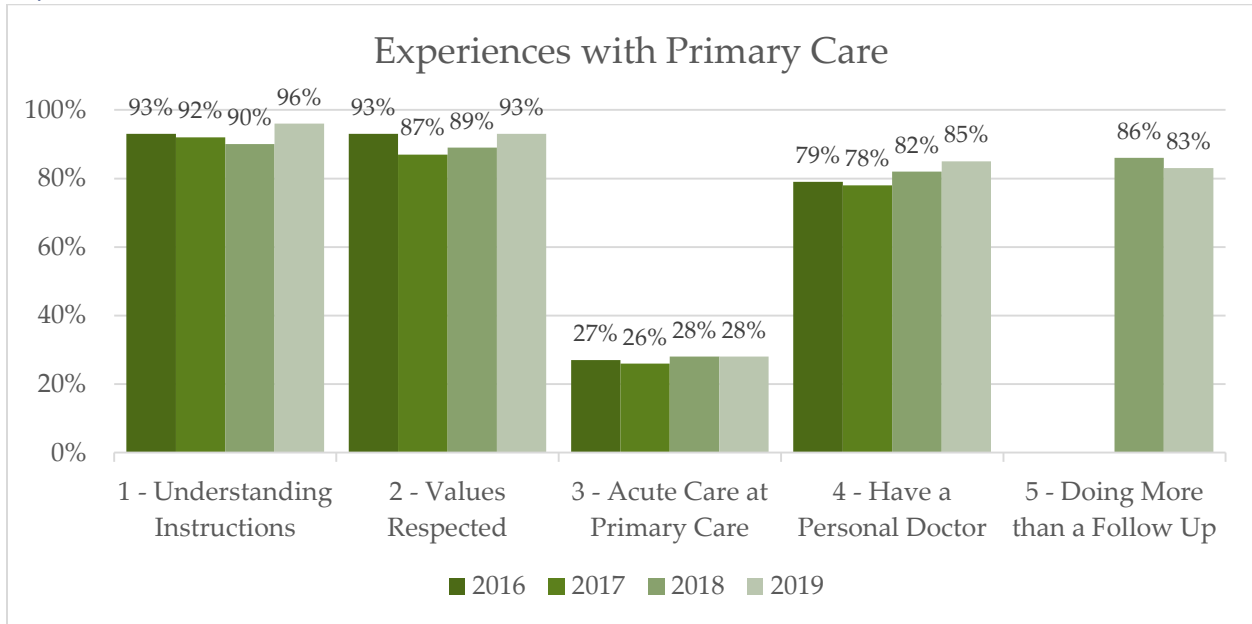
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[69] 2019 Community Health Survey of Adult Residents: Jefferson, Lewis, and St. Lawrence Counties. Full report can be found on ncnyhealthcompass.org

Experiences with Healthcare

Experiences with Primary Care

1. **When you go to the doctor, how often would you say you understand the instructions that you receive? (% "Always, Most")**
   A large majority of St. Lawrence County residents understand the instructions that they receive from their doctor at least "most of the time" (96% which is significantly higher from the previous value of 9% in 2018). Just under two thirds report that they "always" understand the instructions that they receive from their doctor (64%). Those who are not affiliated with the military are more likely than those with a veteran in the household to respond with at least "most of the time", as are those who are white compared to racial/ethnic minorities.

2. **When you go to the doctor, how often do you feel that you and your values are respected? (% "Always, Most")**
   Over nine in ten St. Lawrence County residents feel that they and their values are respected by their doctor at least "most of the time" (93% which is significantly different from the 2017 value of 87% but not from other years). This is significantly higher than both of the other counties in the region (87% in both Jefferson and Lewis Counties). Over two thirds report that they "always" feel that they and their values are respected by their doctor (67%). Those who are not affiliated with the military are more likely to respond with at least "most of the time" than those with military affiliation.

3. **When you or a family member has a fever of 101, where do you generally go for medical attention? (% "Primary Care Provider" shown)**
   Twenty-eight percent of St. Lawrence County participants respond that they would go to their

primary care physician, 22% would seek care from an emergency room, 17% would go to an urgent care, and 29% would not seek care for this type of concern. While the percentage saying that they would seek care in the emergency room is higher than either Jefferson or Lewis County (16% and 10% respectively), it is not significantly different than previous years values. Men are more likely than women to say they would seek care in the emergency room or to not seek care, and women are more likely than men to say they would go to an urgent care. Those ages 18 to 34 are more likely to report seeking care in the emergency room than those aged 45 to 54. Those with no college education are more likely to seek care in the emergency room, but less likely to not seek care at all when compared to groups with higher levels of education. Those with children in the home are more likely to go to their primary care provider for care and less likely to go to the emergency room for care than those without children.

4. **Do you have one person or medical office that you think of as your personal doctor or health care provider? (% "Yes")**
   Nearly six in seven report that they do have a personal doctor or health care provider (85%). This is statistically significantly higher than the 2017 value of 78%, and is higher than both of the other counties in the region (74% in Jefferson County and 75% in Lewis County). The groups most likely to report having a personal doctor are women, those with an annual household income between $50,000 and $75,000, and those who are white.

5. **"My doctor or medical office helps me improve my health by doing more than scheduling a follow up appointment." (% "Agree") Note: Only asked among those reporting "Yes" to having a personal doctor or health care provider.**
   Among those with a personal doctor, five in six agree that they are being offered more than just a follow up appointment (83%). Those with children in the home are more likely to agree than those without children at home.

Your Preferred Methods of Communication with Primary Care Providers
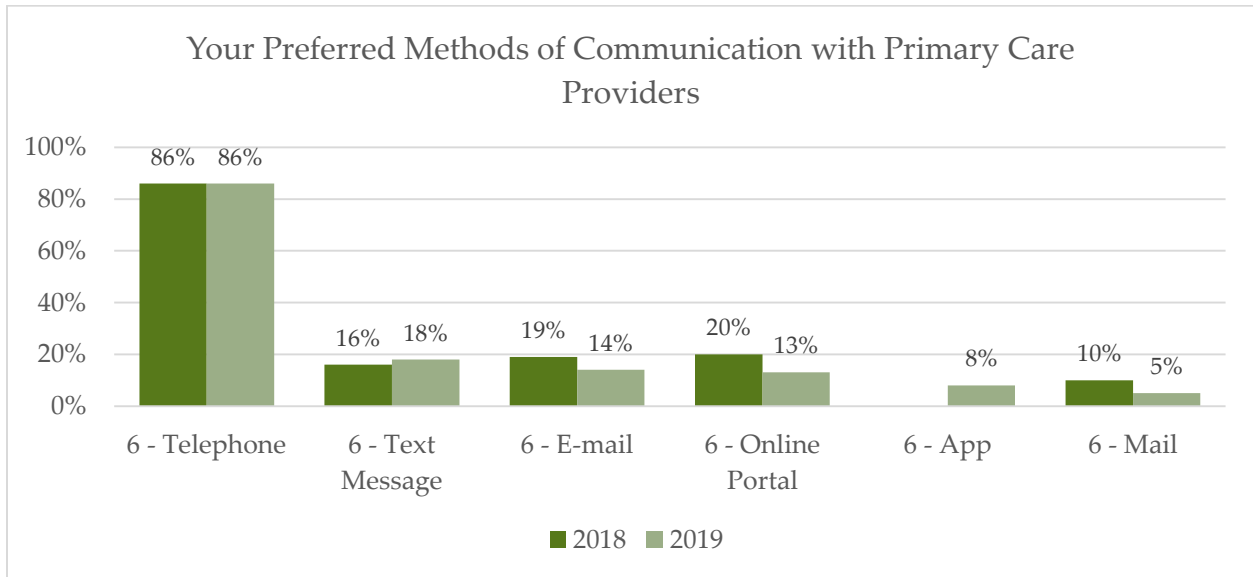
6. **Which of the following would you like to use to communicate with your doctor or medical office? Note: Only asked among those reporting "Yes" to having a personal doctor or health care provider and respondents could choose more than one method.**
In St. Lawrence County, communication using the telephone is the overwhelmingly most popular method of communication chosen (86%). This is followed by texting, e-mail, and use of an online portal (18%, 14%, and 13% respectively). The groups that seem more open to using texting as a way to communicate with a primary care provider are those age 18 to 34, and those with at least some college education.
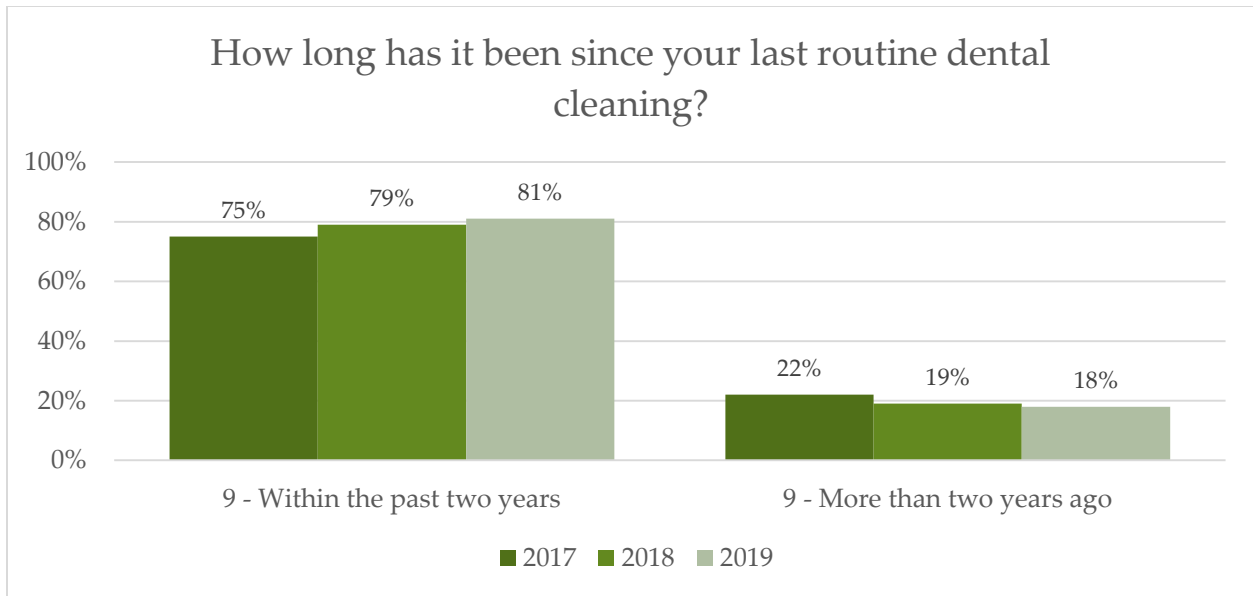

Your Choice to *Not* Obtain Healthcare
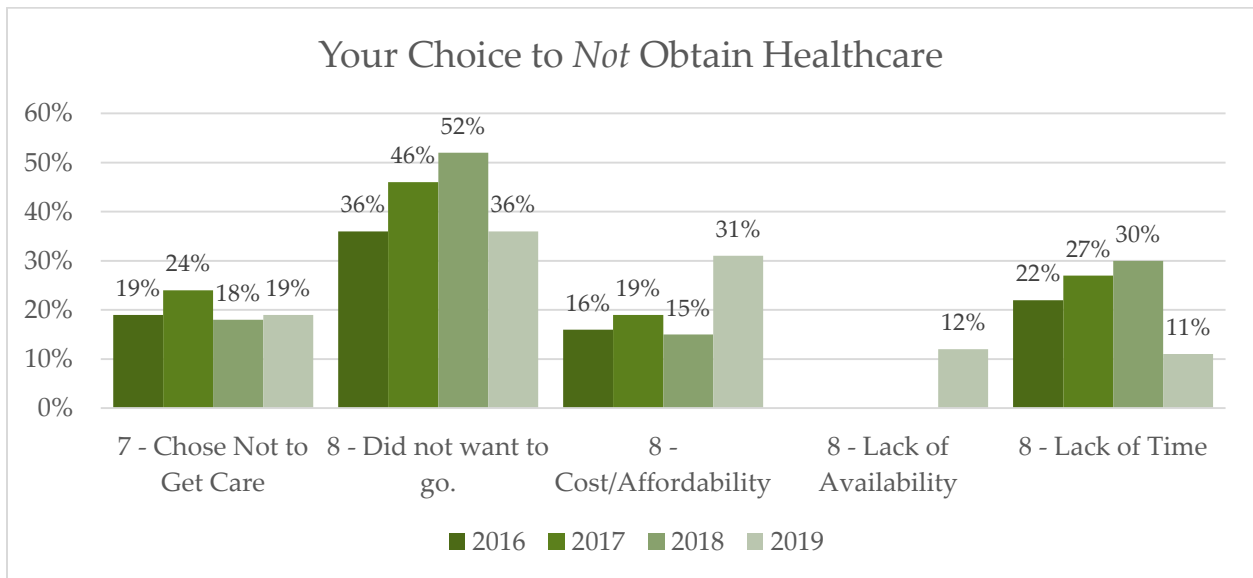
7. **Was there a time in the past 12 months when you needed to see a doctor but did not? (% "Yes")**
One in five report there being a time in the past year where they needed see a doctor but did not get care (19%). Women, those with a household income over $50,000 annually, and those who are white are more likely to have <u>not</u> been in this situation in the past year.

8. **If yes, why did you not visit the doctor? Note: Question only asked to those not seeing a doctor when needed. Respondents could choose more than one response.**
The most cited reasons that respondents did not see a doctor when it was needed were that they didn't want to go (36%), the cost/affordability (31%), a lack of availability (12%) , and a lack of time (11%).

How long has it been since your last routine dental cleaning?

	9 - Within the past two years	9 - More than two years ago
2017	75%	22%
2018	79%	19%
2019	81%	18%

9. **How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?**
Four in five have been to the dentist for a routine cleaning within the past two years (81%), further, over two thirds have been within the past year (70%). Least likely to have been within the past two years are those with no college education, and those with an annual household income under $75,000.

Health Insurance Coverage

Legend: 2016, 2017, 2018, 2019
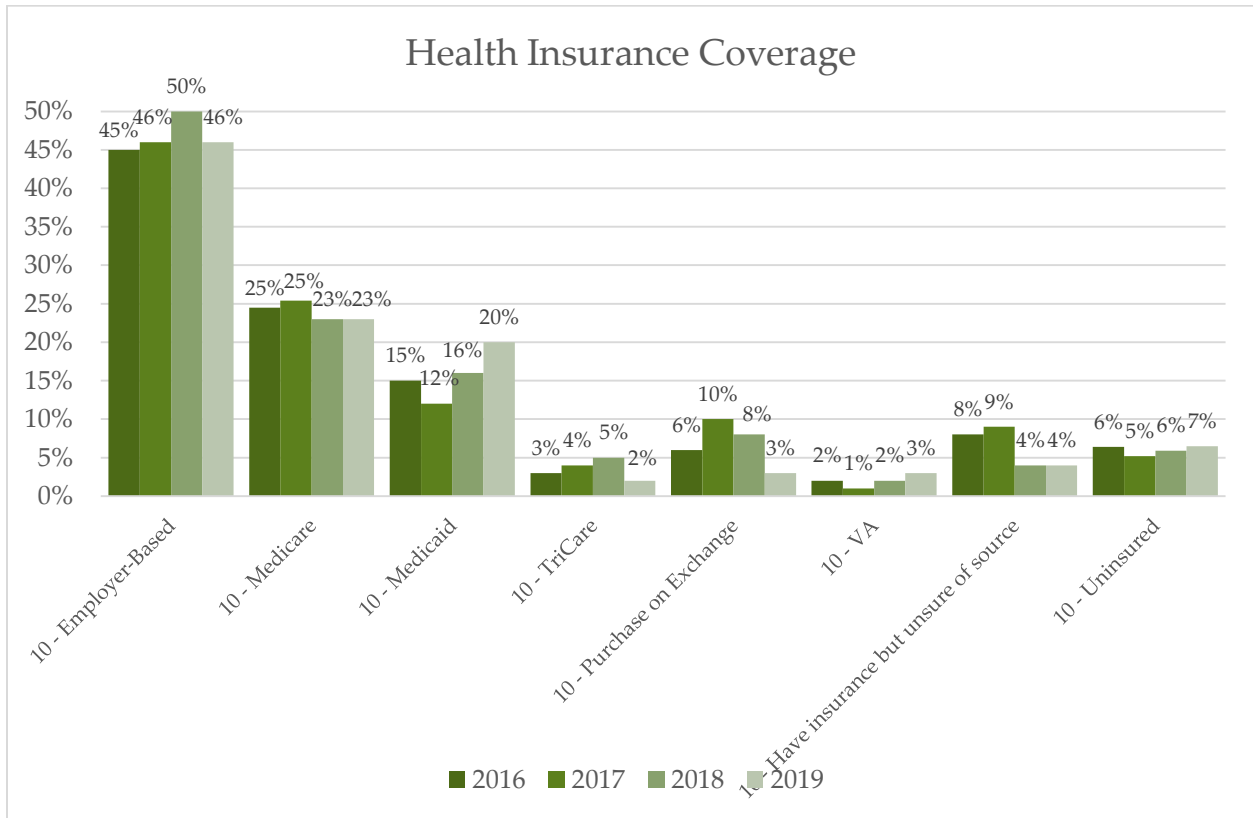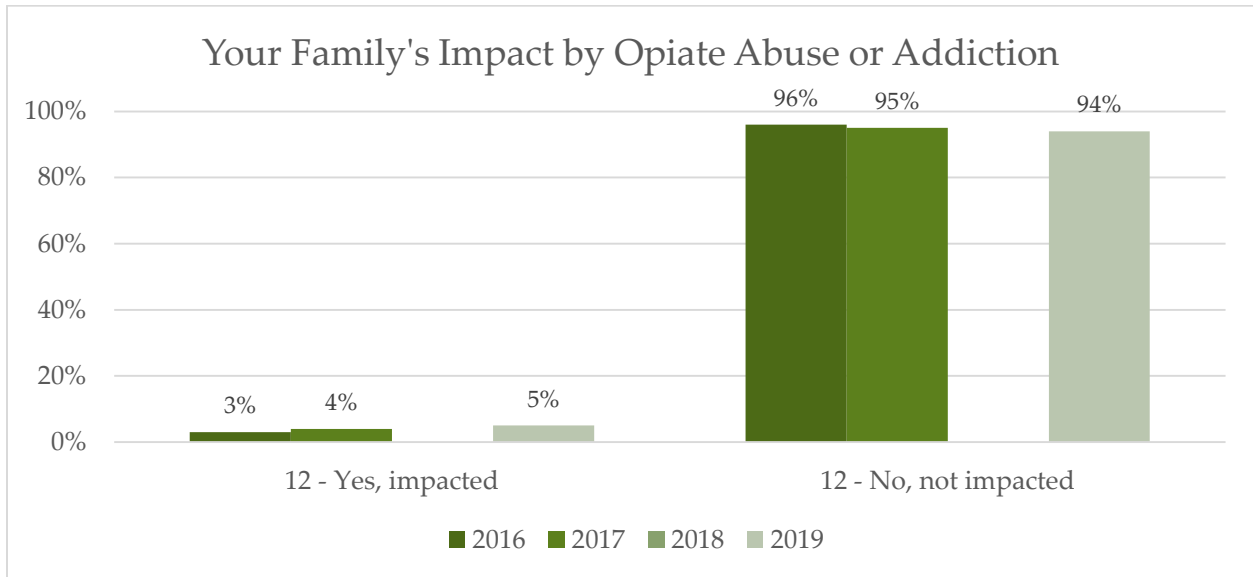
10. Which of the following describes your health insurance? Note: Participants could identify more than one source of coverage.

The most common sources of insurance in St. Lawrence County are employer-based coverage (46%), Medicare (23%), and Medicaid (20%). The most likely to be uninsured are the younger age groups, those with children in the home, and racial/ethnic minorities.

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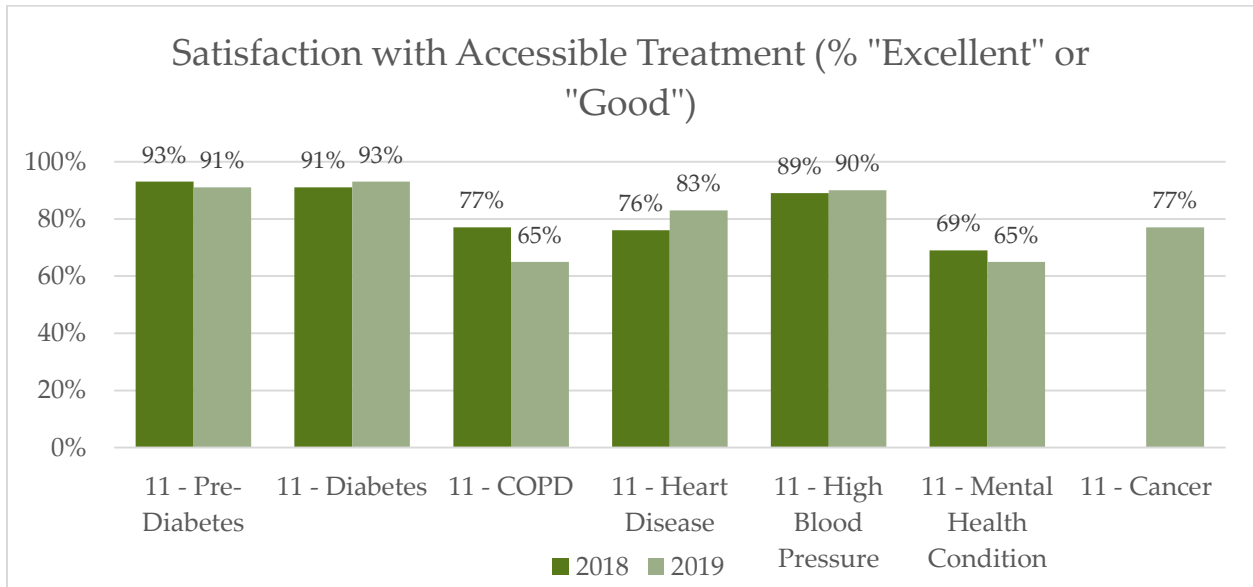
11. How would you rate the _____ treatment that is accessible to you in your community? (% at least "Good"). Note: This question only asked to those reporting having been diagnosed with the particular Chronic Disease.

For those who report having been professionally diagnosed with one of the following seven conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, or cancer, they were asked to further rate the treatment accessible in the community. There continues to be high levels of satisfaction with 65%-93% rating the accessible treatment as either "excellent" or "good." There have been no significant changes in treatment satisfaction level for St. Lawrence County with the exception of treatment of pre-diabetes where the percentage reporting "excellent" rose from 40% in 2018 to 73% in 2019.

Your Family's Impact by Opiate Abuse or Addiction

Bar chart showing "12 - Yes, impacted": 3% (2016), 4% (2017), 5% (2019); "12 - No, not impacted": 96% (2016), 95% (2017), 94% (2019). Legend: 2016, 2017, 2018, 2019.

12. **Within past year has anyone in your household been personally affected by opiate abuse or addiction?**
One in twenty report that somebody in their household has been affected by opiate abuse or addiction within the past year (5%). This is not significantly different from previous years. Groups that are more likely to report their household being affected by opiate abuse or addiction are those with children in the home, those with a veteran in the home, racial/ethnic minorities, and the uninsured population.

Awareness and Access of Suicide Prevention Resources
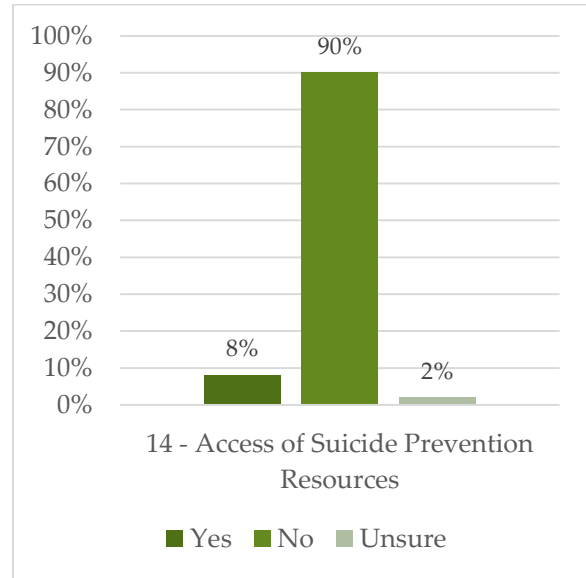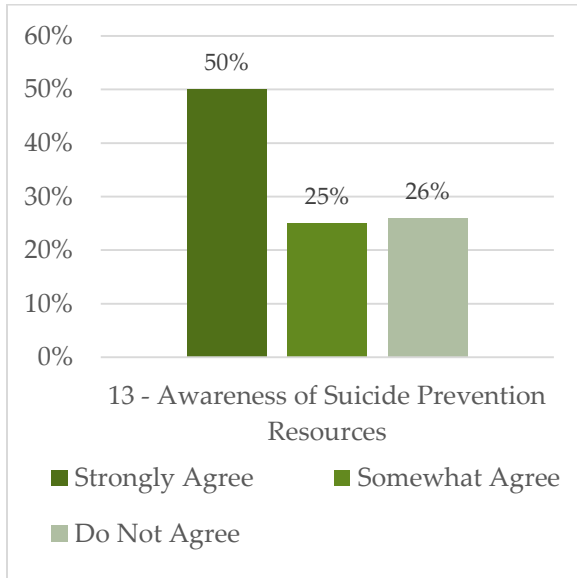
13. "I am aware of at least one resource to which I could refer somebody who seemed at risk for suicide."

Three in four agree that they are aware of at least one suicide prevention resource (75%). Those who are more likely to disagree with this are those with no college education (compared to those with some college education), those with an annual household income under $25,000 (compared to those making over $50,00 annually), and those without children household.

14. In the past year have you referred somebody to suicide prevention resources, or accessed them yourself?

One in twelve have accessed suicide prevention resources for either themselves or others (8%). Most likely to have accessed these resources are those between the ages of 35 and 54 (compared to those under the age of 35), those with at least a four-year degree, and those with children in the home.

Factors Impacting a School's Ability to Address Student Health

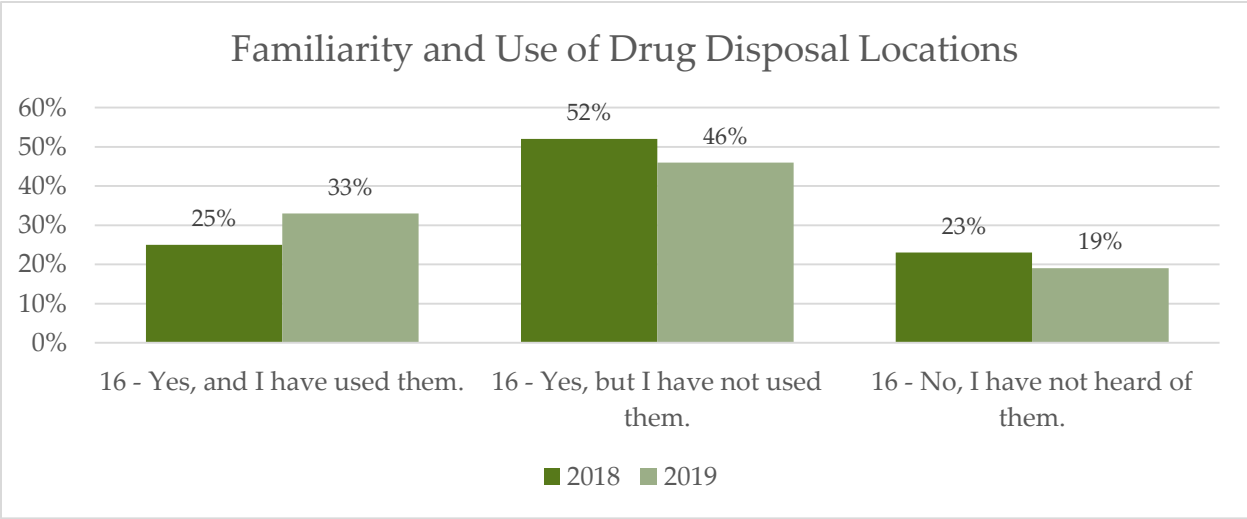|	15 - Lack of Money	15 - Personnel	15 - Lack of Time	15 - Lack of Awareness, or Education, on Topic	15 - None of the Above	15 - Not School's Job	15 - Not Sure
%	50%	29%	25%	23%	5%	0%	20%
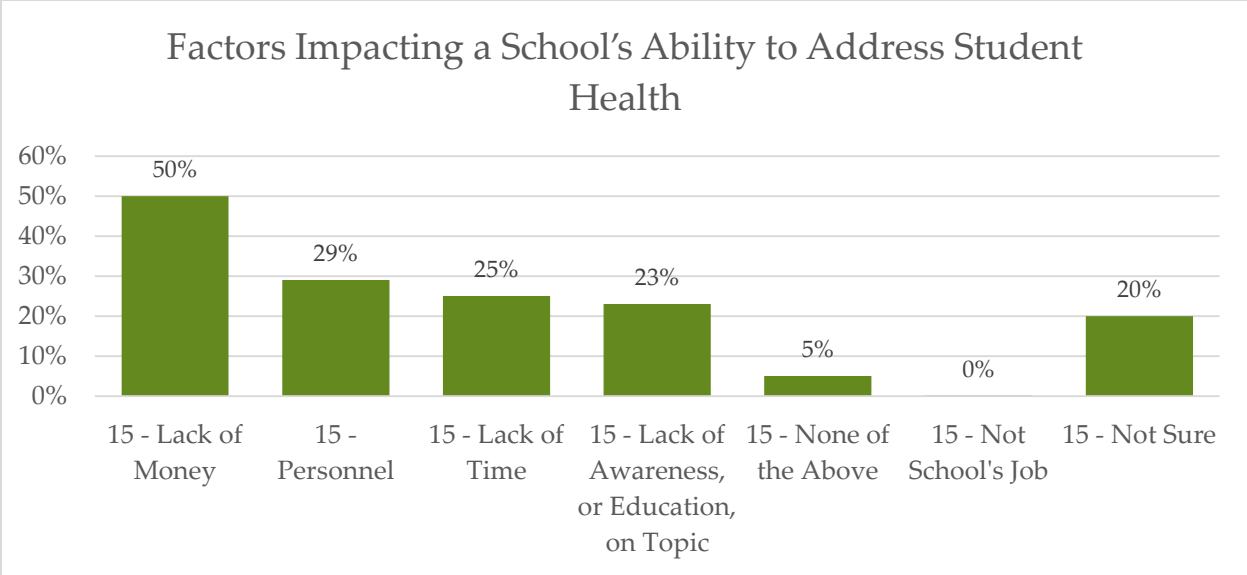
15. What factors do you believe impact a school's ability to address the overall health of students? Note: Respondents could choose multiple factors.
The most commonly cited factors are a lack of money (50%), personnel (29%), a lack of time (25%), and a lack of awareness, or education, on the topic (23%).

Familiarity and Use of Drug Disposal Locations

	16 - Yes, and I have used them.	16 - Yes, but I have not used them.	16 - No, I have not heard of them.
2018	25%	52%	23%
2019	33%	46%	19%

16. Are you aware of drug disposal locations where you can safely dispose of unused medicine?
Four in five report being aware of drug disposal locations (79%). The percentage of St. Lawrence County residents who are aware of and have used drug disposal locations has significantly increased since 2018 from one in four to one in three in 2019 (25% and 33% respectively). Those over the age of 45 are more likely to have used drug disposal locations than the younger age groups, as well as those with at least a four-year degree than those with less education.

Personal Health

"I am actively working to improve my health."

Chart: "I am actively working to improve my health."

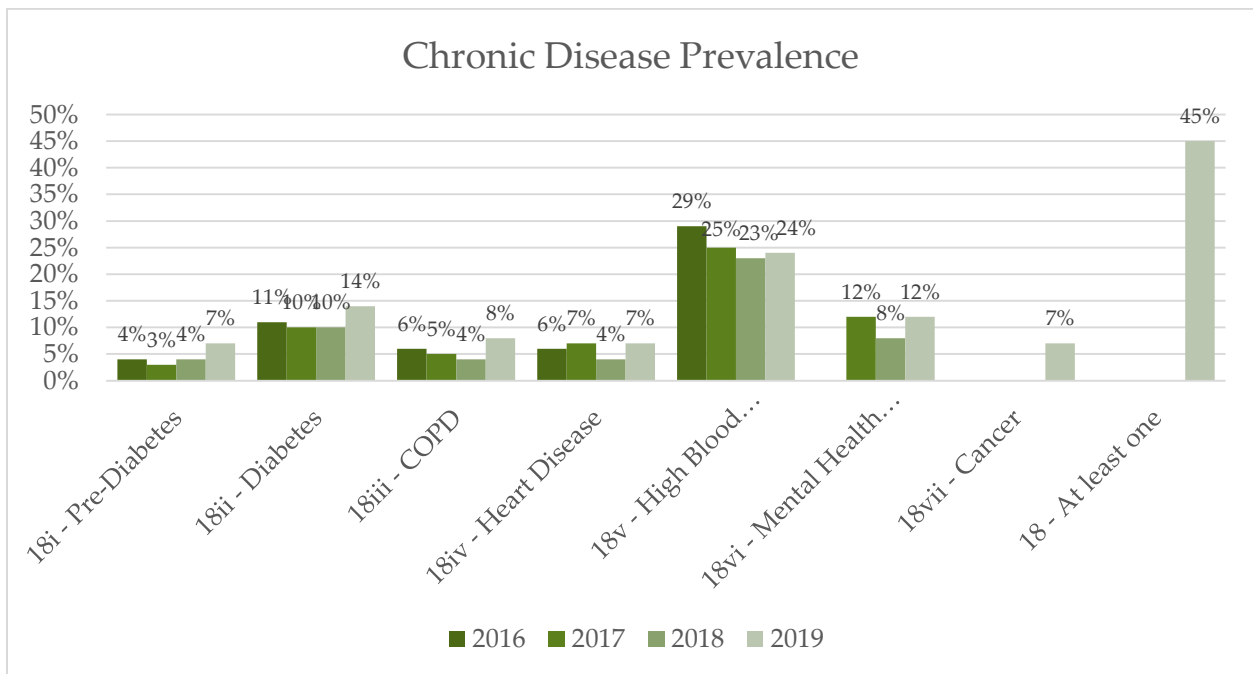|	2016	2017	2018	2019
17 - Strongly Agree	60%	60%	55%	57%
17 - Somewhat Agree	29%	33%	32%	35%
17 - Do Not Agree	11%	7%	13%	9%
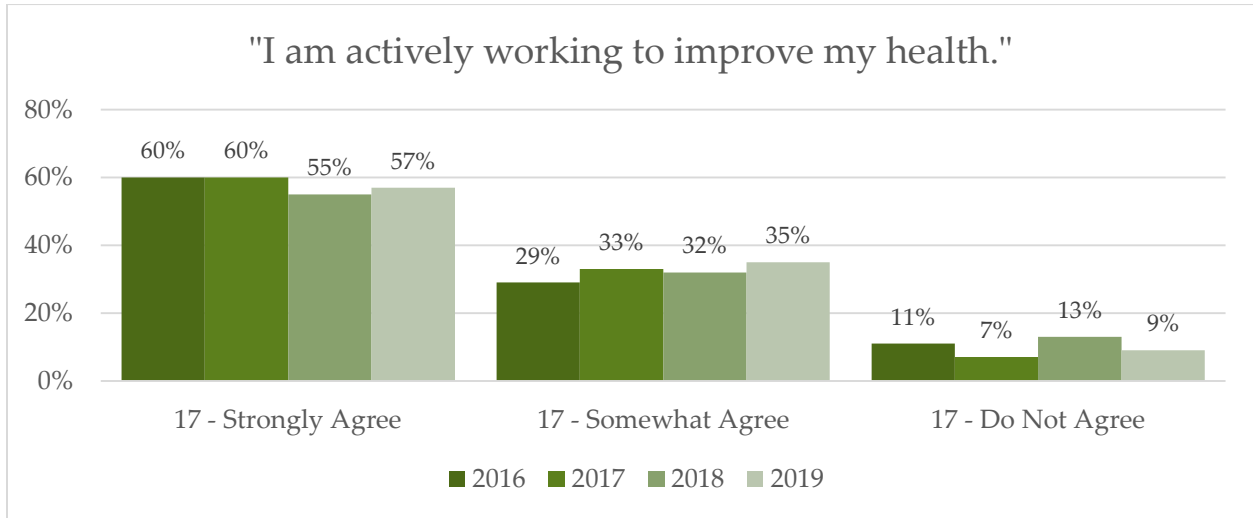
17. "I am actively working to improve my health."
Approximately nine in ten agree that they are working to improve their health (91%). Among those more likely not to agree are those with no college education, those with an annual income under $50,000 compared to those with an income between $50,000 and $75,000 annually, and the uninsured population.

Chart: Chronic Disease Prevalence

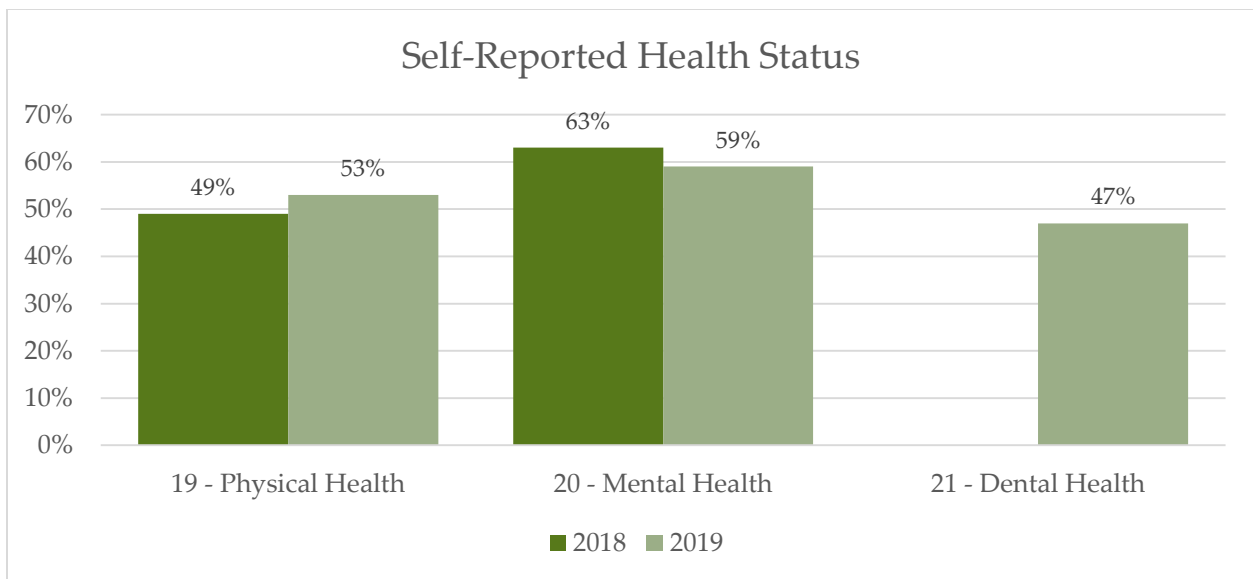|	2016	2017	2018	2019
18i - Pre-Diabetes	4%	3%	4%	7%
18ii - Diabetes	11%	10%	10%	14%
18iii - COPD	6%	5%	4%	8%
18iv - Heart Disease	6%	7%	4%	7%
18v - High Blood…	29%	25%	23%	24%
18vi - Mental Health…	12%	8%	12%	
18vii - Cancer			7%	
18 - At least one			45%	

18. Have you been diagnosed by a medical professional with ___?
Four in nine report being diagnosed with at least one of the following seven chronic conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, and

cancer (45%). Most likely to be diagnosed with at least one condition are those over the age of 45, and those with an annual household income under $50,000 (compared to those who have an income in excess of $75,000). Details on each condition are as follows:

i. Pre-Diabetes: 7% have been diagnosed; significantly higher than 2017 (3%).
ii. Diabetes: 14% have been diagnosed. This is not significantly different from previous years. Higher rates of diagnosis occurred among those over the age of 55 than under the age of 35, and those with children in the home.
iii. COPD: 8% have been diagnosed. This is not significantly different from previous years. Higher rates of diagnosis occurred among those with an annual household income under $25,000 than with an income over $50,000 annually, and those with a veteran in the household.
iv. Heart Disease: 7% have been diagnosed. This is not significantly different from previous years. Higher rates of diagnosis occurred among those over the age of 75 than under the age of 45, and those with an annual household income under $25,000.
v. High Blood Pressure: 24% have been diagnosed. This is not significantly different from previous years. Higher rates of diagnosis occurred among those over the age of 55 than those under the age of 45, those with an annual household income under $25,000 than with an income over $75,000 annually, and those without children in the household.
vi. Mental Health Condition: 12% have been diagnosed. This is not significantly different from previous years. Higher rates of diagnosis occurred among those without children in the household.
vii. Cancer: 7% have been diagnosed. There is no trend data available. Higher rates of diagnosis occurred among women, those with an annual household income under $25,000 than with an income over $75,000 annually, and those with a veteran in the household.

Self-Reported Health Status

Category	2018	2019
19 - Physical Health	49%	53%
20 - Mental Health	63%	59%
21 - Dental Health		47%

19. **How would you rate your physical health? (% "Excellent" or "Very Good" shown)**
   Over half of respondents rate their physical health as "excellent" or "very good" (53%). This rises to 86% when including the respondents reporting their physical health as "good." Those age between the ages of 45 and 64 and over the age of 75 are more likely to rate their physical health as "less than good" than those under the age of 45. Similarly, those with no college, and those with an annual household income under $50,000 are more likely to say their physical health is "less than good" than those with at least a four-year degree or an annual income over $75,000.

20. **How would you rate your mental health? (% "Excellent" or "Very Good" shown)**
   Approximately three in five respondents rate their mental health as "excellent" or "very good" (59%). This rises to 90% when including the respondents reporting their mental health as "good." Those with either some or no college are more likely to say their mental health is "less than good" than those with at least a four-year degree.
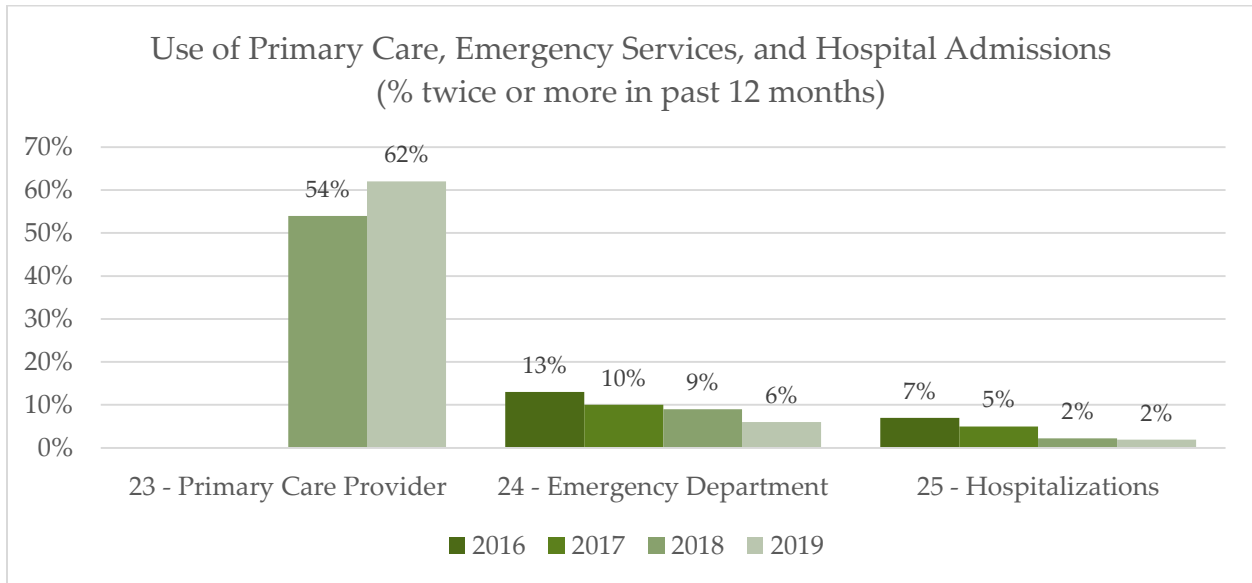
21. **How would you rate your dental health? (% "Excellent" or "Very Good" shown)**
   Nearly half of respondents rate their dental health as "excellent" or "very good" (47%). This rises to 83% when including the respondents reporting their dental health as "good." Those with an annual household income between $25,000 and $50,000 are more likely to say their dental health is "less than good" than those with an annual income over $50,000.

Life Impacted by Chronic Pain
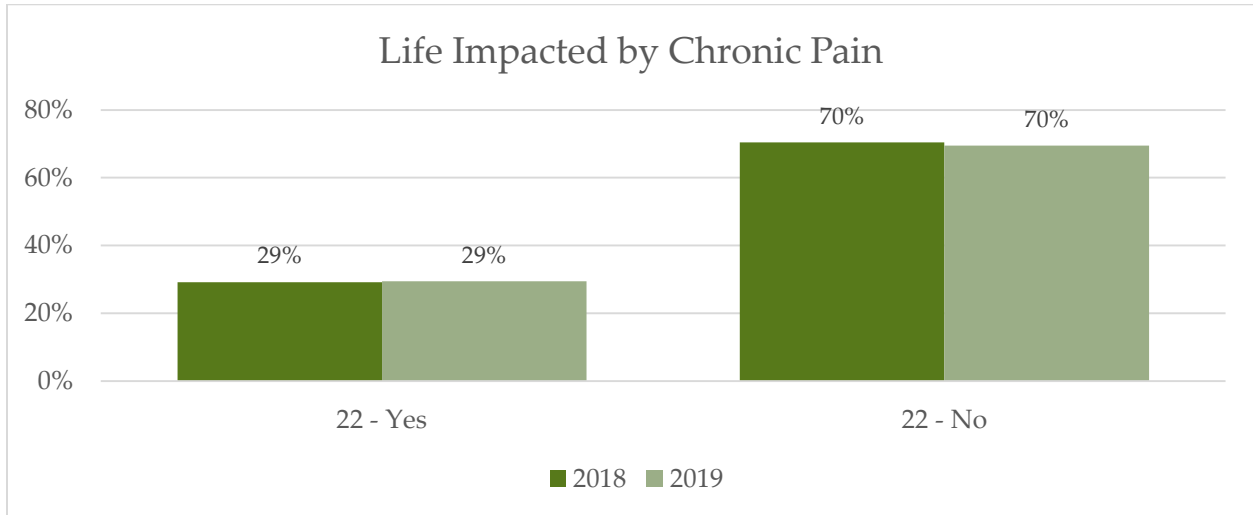
22. **Within the past year, has chronic pain limited your ability to follow your usual routines?**
   Nearly three in ten St. Lawrence County residents report that their life has been limited by chronic pain (29%). While this rate is not significantly different from previous values, it is significantly higher than the Lewis County rate of 18%. Among those more likely to have been impacted by chronic pain are those with an annual household income under $50,000 compared to those making over $75,000 annually, those without children in the home, and those with veterans in the household.

Use of Primary Care, Emergency Services, and Hospital Admissions
(% twice or more in past 12 months)

Primary Care Provider: 2018 — 54%, 2019 — 62%
Emergency Department: 2016 — 13%, 2017 — 10%, 2018 — 9%, 2019 — 6%
Hospitalizations: 2016 — 7%, 2017 — 5%, 2018 — 2%, 2019 — 2%

Legend: 2016, 2017, 2018, 2019

23. **How many times in the past 12 months have you been to your primary care doctor's office, including both routine check-ups and occasions when you were ill? (% "Twice or more" shown)**
Over four in five have been to their primary care provider's office at least once in the past year (82%), and three of the five have been twice or more (62%). The percentage reporting having been two or more times in the past year is significantly higher than the 2018 value of 54%. Men are more likely to have <u>not</u> visited their primary care provider within the past year than women.

24. **How many times in the past 12 months have you received care in an emergency room? (% "Twice or more" shown)**
Seven in ten have not received care in the emergency room within the past year (70%). 24% have been to the emergency room once in the past for care, and 6% have been multiple times. The percentage reporting visiting the emergency twice or more in the past year has significantly dropped over the years, falling from 13% in 2016, to 10% in 2017, and finally to 6% in 2019 (the 2018 value is not significantly different from any other values). Among those most likely to have visited the emergency room for care multiple times within the past year are women, and those with an annual household income under $25,000 compared to those making over $75,000 annually.

25. **How many times in the past 12 months have you been admitted to a hospital? (% "Twice or more" shown)**
Eight in nine St. Lawrence County residents have not been admitted to a hospital within the past year (89%). Approximately one in ten have been admitted to the hospital at least once (11%), and 2% have been admitted to the hospital at least twice in the past year. The percentage reporting two or more hospitalizations in the past year has significantly dropped over the years,

falling from 7% in 2016, to 5% in 2017, and finally to 2% in 2019 (the 2018 value is not significantly different from any other values).

Preventative Sreenings
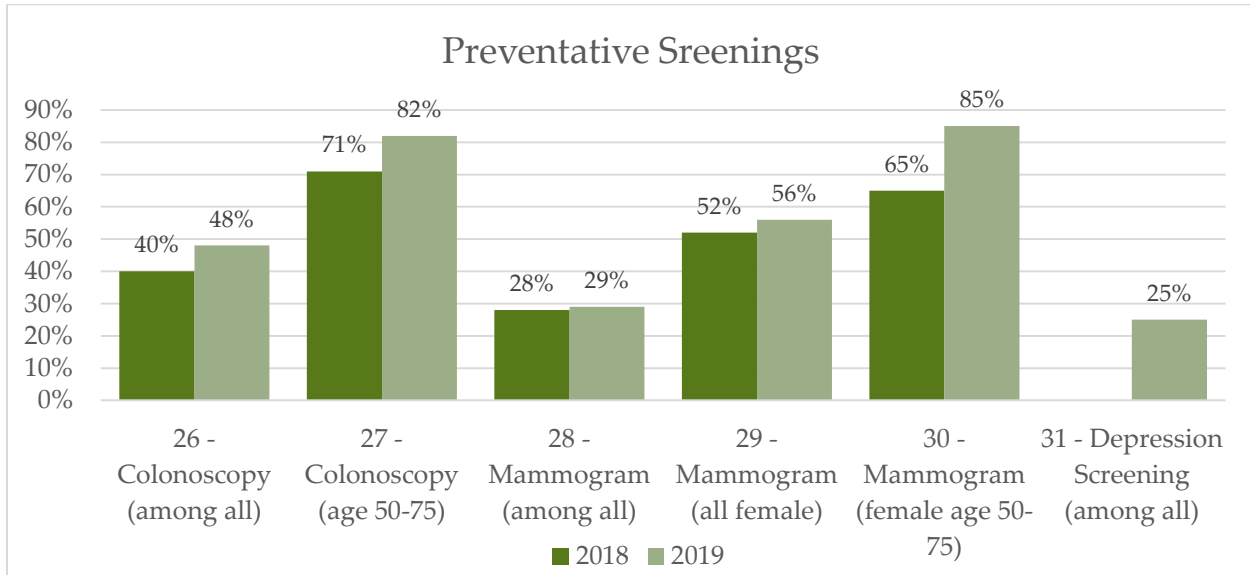
26. Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% "Yes" among all participants)
Almost half of St. Lawrence County residents report having had a colonoscopy or colorectal cancer screening within the past 10 years (48%) which is significantly higher than the previous year's value (40% in 2018). Among all participants, those most likely to have had this preventative screening are those over the age of 45, those with at least a four-year degree (compared to those with some college), those without children in the home, those with a veteran in the household, and racial/ethnic minorities.

27. Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% "Yes" among all participants age 50-75)
Once narrowing the focus to participants between the ages of 55 and 75, over four in five have had a colonoscopy or colorectal cancer screening within the past 10 years (82%) which is significantly higher than the previous year's value (71%).

28. Have you had a mammogram within the past 2 years? (% "Yes" among all participants)
Three in ten report having had a mammogram within the past two years (29%). Among all participants, those most likely to have had this preventative screening are women, those over the age of 35 (especially between the ages of 45 and 74), and those with at least a four-year degree.

29. Have you had a mammogram within the past 2 years? (% "Yes" among all female participants)
Once narrowing the focus to female participants, over half report having had a mammogram within the past two years (56%). Among all female participants, those most likely to have had this preventative screening are over the age of 45, but especially between the ages of 45 and 64.
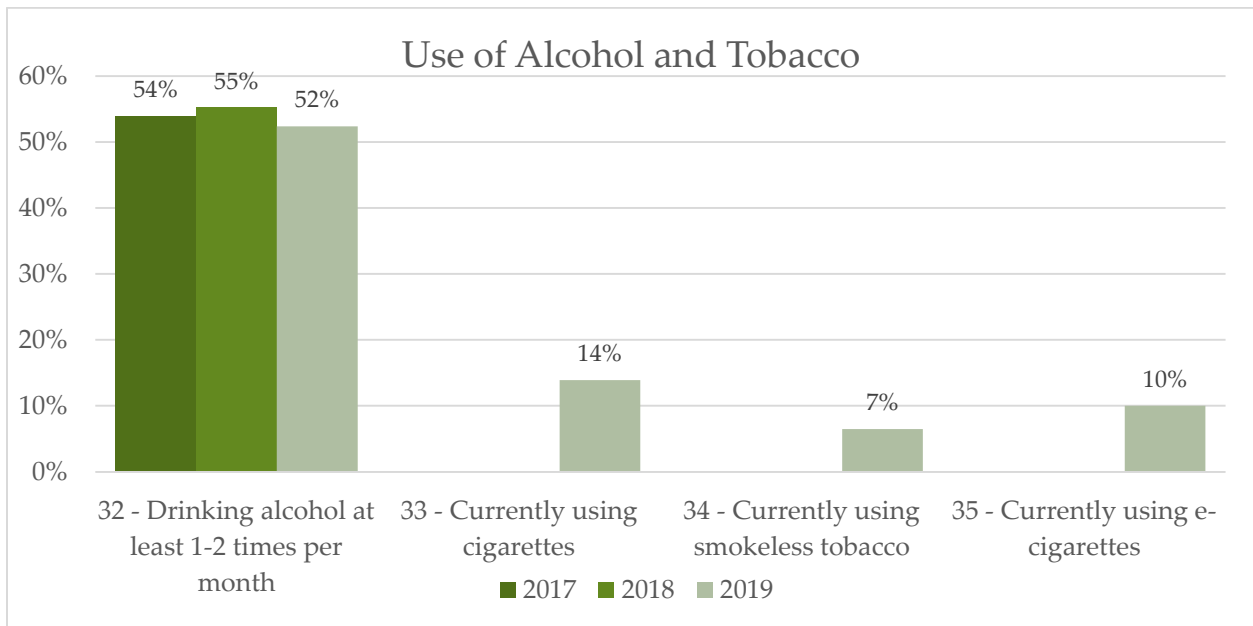
30. **Have you had a mammogram within the past 2 years? (% "Yes" among all female participants age 50-75)**
Further narrowing the focus to female participants between the ages of 55 and 75, nearly six in seven report having had a mammogram within the past two years (85%). This is significantly higher than the previous year's value where two in three reported having had a mammogram within the past two years (65%).

31. **Have you had a depression screening within the past year? (% "Yes" among all participants)**
Nearly one fourth of St. Lawrence County residents report having had a depression screening within the past year (25%). Among those most likely to report having had this screening are women, and those with some college education (compared to those with no college education).

Use of Alcohol and Tobacco

- 32 - Drinking alcohol at least 1-2 times per month: 54% (2017), 55% (2018), 52% (2019)
- 33 - Currently using cigarettes: 14% (2019)
- 34 - Currently using smokeless tobacco: 7% (2019)
- 35 - Currently using e-cigarettes: 10% (2019)

32. **How frequently do you have any kind of drink containing alcohol? (% at least 1-2 times per month shown)**
Just under half of St. Lawrence County residents have a drink containing alcohol no more than once or twice a year (46%, 32% saying they never drink, 14% saying their drinking is no more frequent than once or twice a year). The other half report having a drink containing alcohol at least once or twice a month (52%, 19% saying they drink more than twice per week, 33% saying at least once or twice per month but no more than twice per week). Men are more likely to report drinking more than twice a week than women, as are those between the ages of 18 and 34 compared to any other age group. Those who tend to drink more frequently are those with at least at least some college education, and those with annual household incomes higher than $25,000.

33. **Which of the following best describes your use of cigarettes? (% Currently using either "Everyday" or "Some Days")**
Fourteen percent report that they currently use cigarettes (6% use cigarettes only some days, 8% use cigarettes every day). Over three in five have never used cigarettes (61%), and a fourth formerly used cigarettes (25%). Among those most likely to currently use cigarettes are those with no college education, those with an annual household income under $75,000, those with children in the home, and racial/ethnic minorities.

34. **Which of the following best describes your use of smokeless tobacco, including chew, snuff, or dip? (% Currently using either "Everyday" or "Some Days")**
Seven percent report that they currently use smokeless tobacco (4% use smokeless tobacco only some days, 3% use smokeless tobacco every day). Over five in six have never used smokeless tobacco (86%), and 7% formerly used smokeless tobacco. Among those most likely to currently use smokeless tobacco are men, either those with no college education or those with at least a four-year degree, those with an annual household income under $50,000, those with children in the home, and racial/ethnic minorities.

35. **Which of the following best describes your use of e-cigarettes or other electronic vaping products? (% Currently using either "Everyday" or "Some Days")**
Ten percent report that they currently use e-cigarettes (4% use e-cigarettes only some days, 6% use e-cigarettes every day). Approximately seven in eight have never used e-cigarettes (87%), and 3% formerly used e-cigarettes. Among those most likely to currently use e-cigarettes are men, those under the age of 35, those with at least some college, and those without children in the household, and racial/ethnic minorities. Among the 18 to 34 age group, one in four currently use e-cigarettes.
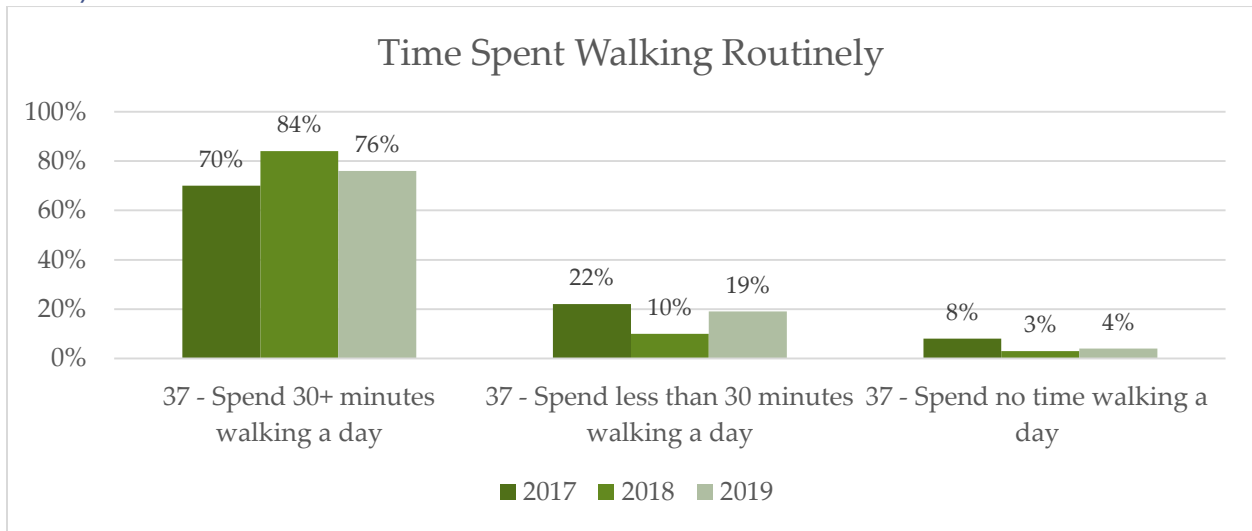

Percieved Harm: E-cigarettes vs. Conventional Cigarettes
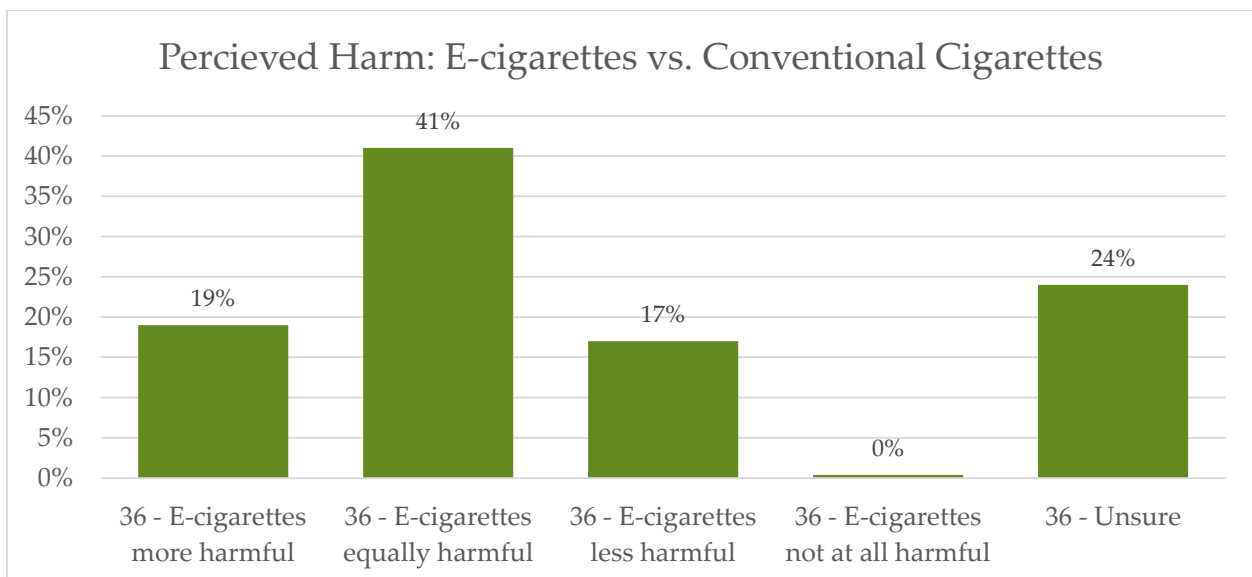
36. **Which of the following most closely reflects your opinion on the harm of e-cigarettes including other electronic vaping products when compared to cigarettes?**
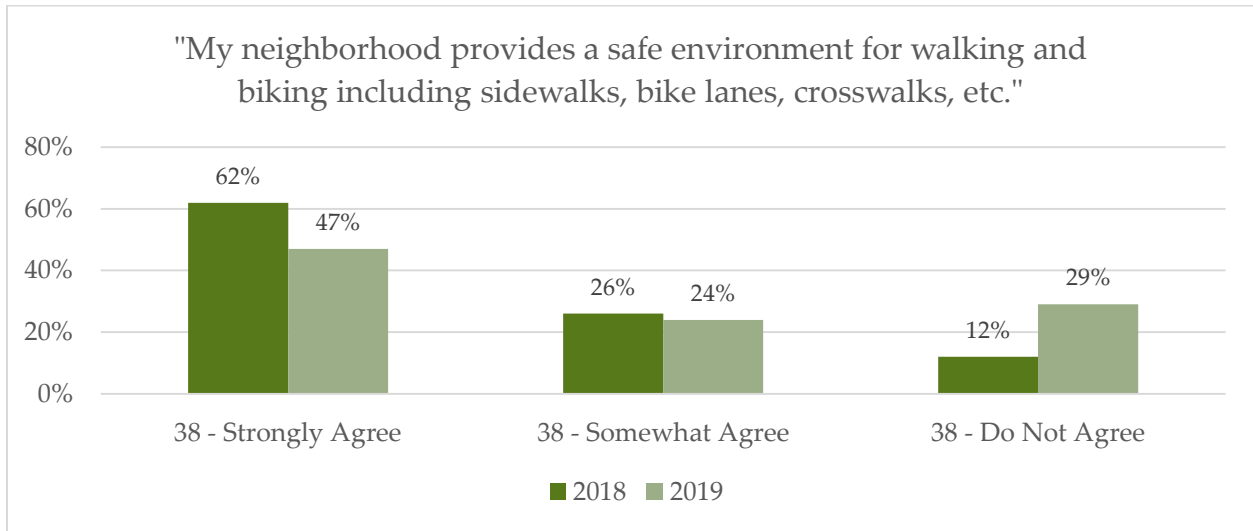St. Lawrence County residents overwhelmingly believe that e-cigarettes are harmful to one's health with less than 1% believing they are not at all harmful. When comparing them to traditional cigarettes, the most commonly reported belief is that e-cigarettes and cigarettes are equally as harmful (41%). About one in five feels that e-cigarettes are more harmful than cigarettes (19%), and one in six feels that e-cigarettes are less harmful than cigarettes (17%). The remaining 24% were unsure. Notable differences among subgroups are that men and those under the age of 35 are more likely to say that e-cigarettes are less harmful than traditional cigarettes.
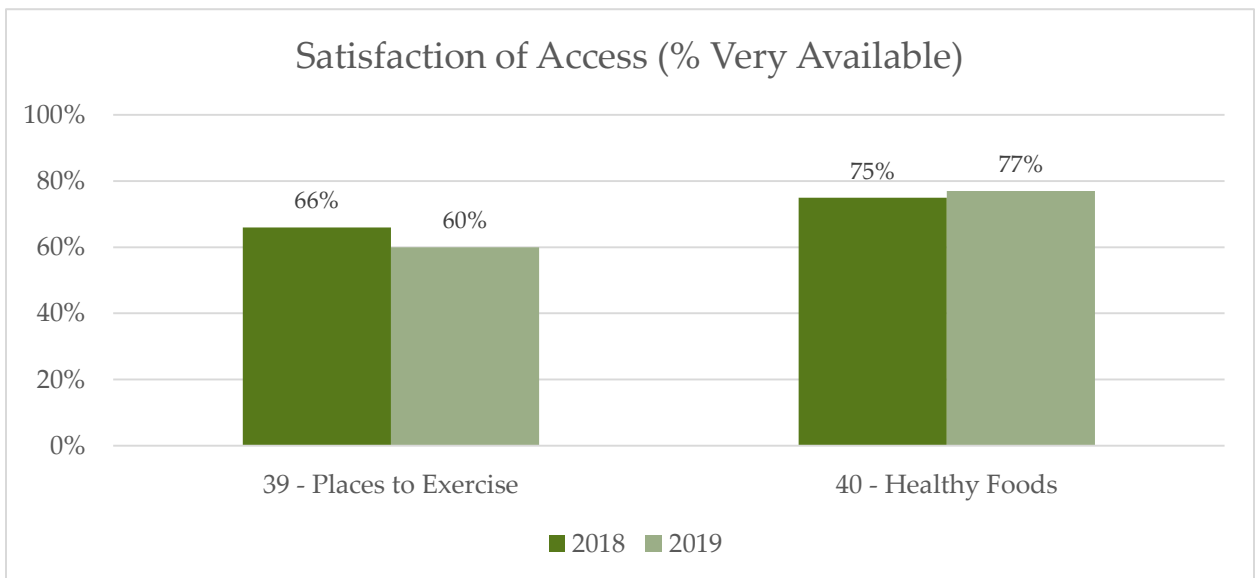
Lifestyle

Time Spent Walking Routinely

	2017	2018	2019
37 - Spend 30+ minutes walking a day	70%	84%	76%
37 - Spend less than 30 minutes walking a day	22%	10%	19%
37 - Spend no time walking a day	8%	3%	4%

37. **How much time do you spend walking as a part of your normal routine on a typical day?**
St. Lawrence County residents continue to walk as a normal routine with three in four reporting that they spend 30 minutes or more walking on a typical day (76%). A small percentage report regularly spending no time walking as a part of their day (4%). The demographic subgroups more likely to walk for at least 30 minutes a day are those under the age of 55 (in comparison to those over the age of 75), those with at least some college education, and those with an annual household income over $50,000.

"My neighborhood provides a safe environment for walking and biking including sidewalks, bike lanes, crosswalks, etc."

Chart showing percentages for 2018 and 2019:

- 38 - Strongly Agree: 2018 = 62%, 2019 = 47%
- 38 - Somewhat Agree: 2018 = 26%, 2019 = 24%
- 38 - Do Not Agree: 2018 = 12%, 2019 = 29%

Legend: ■ 2018 ■ 2019

38. **"My neighborhood provides a safe environment for walking and biking including sidewalks, bike lanes, crosswalks, etc." Note: Question modified in 2019 by adding the phrasing "biking including sidewalks, bike lanes, crosswalks, etc." Use caution when observing trends.**
Over seven in ten St. Lawrence County residents agree that their neighborhood provides the infrastructure needed for safe active transportation (71%). Among those more likely to disagree are women, those with no college education (compared to those with some college), and racial/ethnic minorities.

Satisfaction of Access (% Very Available)

Chart showing percentages for 2018 and 2019:

- 39 - Places to Exercise: 2018 = 66%, 2019 = 60%
- 40 - Healthy Foods: 2018 = 75%, 2019 = 77%

Legend: ■ 2018 ■ 2019

39. **How would you rate your family's access to places you can walk and exercise, either indoors or outdoors? (% "Very Available" shown)**
Three in five rate the access to exercise locations as "very available" (60%) and this increases to over four in five when including the number rating access as "at least somewhat available"

(84%). However, since 2018, the percentage reporting access as "less than somewhat available" has significantly increased from 8% to 17%. More likely to say "less than somewhat available" are those with some college, and those without children in the household.

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

Over three in four rate the access to healthy foods, such as fruits and vegetables, as "very available" (77%) and this increases to ten in eleven when including the number rating access as "at least somewhat available" (93%). Most likely to say "less than somewhat available" are those with some college (compared to those with at least a four-year degree).
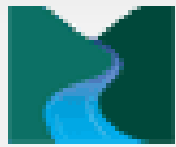
Hospital Service Areas

Canton-Potsdam Hospital

THE HOSPITAL

Canton-Potsdam Hospital is a 94-bed not-for-profit hospital located in Potsdam, St. Lawrence County, NY. It has core programs in emergency medicine, acute care, hospitalist medicine, critical care, and a Level III trauma center, supplemented by outpatient health services in Brasher Falls, Canton, Colton, Massena, Norfolk, Norwood, and Potsdam, and specialist care in over 25 different specialties.

As an affiliate with Gouverneur Hospital in Gouverneur, NY, Canton-Potsdam Hospital operates within the St. Lawrence Health System, a parent corporation formed to give structure and coherence to the coordination of care in Northern New York and to catalyze change in alignment with New York State's Triple Aim: improving health, enhancing quality, and reducing costs.[70]

MISSION

To provide skilled, compassionate, cost-effective care that promotes wellness and meets community needs.

VISION

We are committed to continuous improvements that: Meet the needs and expectations of our customers; provide or coordinate access to care; develop our skills and talents; provide the human resources, facilities, and equipment we need to serve our customers. We work effectively with others to improve the region's health care systems.
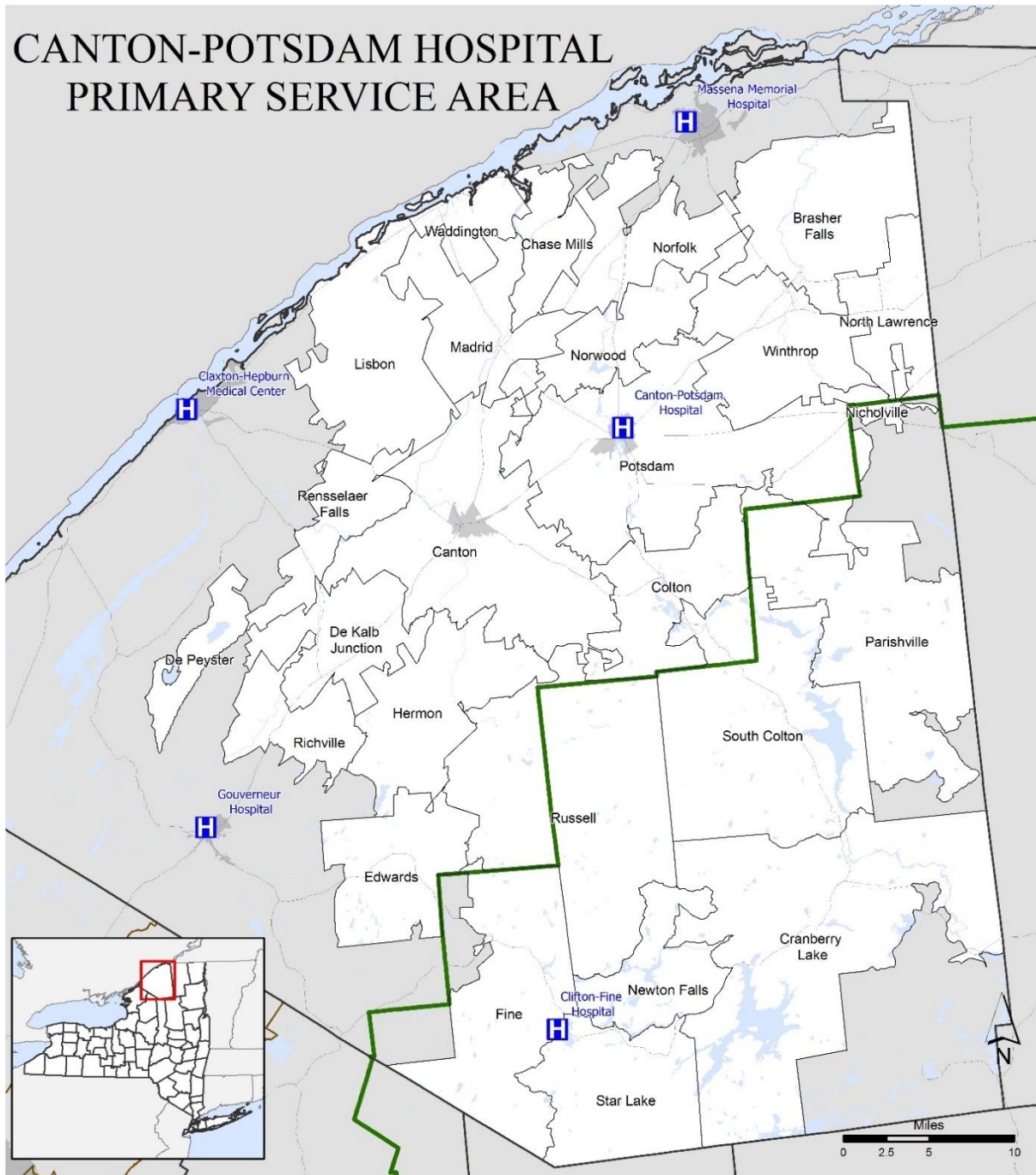
SERVICE AREA

Canton-Potsdam Hospital is located in Potsdam, NY. Defined by zip code, its primary service area includes most of St. Lawrence County, and spans from the Adirondacks to the St. Lawrence River across 26 zip code areas.

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[70] For more information, visit Canton-Potsdam Hospital's "About Us" page at https://www.stlawrencehealthsystem.org/canton-potsdam-hospital

CANTON-POTSDAM HOSPITAL
PRIMARY SERVICE AREA

Massena Memorial
Hospital

Brasher
Falls

Waddington

Chase Mills

Norfolk

North Lawrence

Lisbon

Madrid

Norwood

Winthrop

Claxton-Hepburn
Medical Center

Canton-Potsdam
Hospital

Nicholville

Potsdam

Rensselaer
Falls

Canton

Colton

De Kalb
Junction

Parishville

De Peyster

Hermon

South Colton

Richville

Gouverneur
Hospital

Russell

Edwards

Cranberry
Lake

Clifton-Fine
Hospital

Newton Falls

Fine

Star Lake

Miles
0   2.5   5   10

N

Zip codes in service area
Counties
Fort Drum
Adirondack Park

Urbanized areas
Interstate highways
Primary roads
Hospitals

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

Claxton-Hepburn Medical Center

THE HOSPITAL

Claxton-Hepburn Medical Center is a 115-bed not-for-profit hospital in Ogdensburg, St. Lawrence County, NY. Claxton-Hepburn includes 67 acute-care beds, a 10-bed intensive care unit, a 10-bed birthing center and a 28-bed mental health center. The Medical Center provides primary care to nearly 40,000 residents of Ogdensburg and surrounding communities and regional services to the 108,000 people of St. Lawrence County. Claxton-Hepburn Medical Center has an active medical staff of more than 50 physicians representing most specialties.

The hospital's regional and countywide services include radiation and medical oncology, dialysis treatment, wound care, and diagnostic imaging.[71]

MISSION

To enhance health and life with compassion and excellence.

VISION

Claxton-Hepburn Medical Center and its partners will be the leaders in providing and coordinating the highest quality care for all of the North Country through collaboration, excellence, and innovation.

SERVICE AREA

Claxton-Hepburn Medical Center is located in Ogdensburg, NY. Defined by zip code, its primary service area includes Ogdensburg, Morristown, Waddington, Madrid, Lisbon, Heuvelton, Rensselaer Falls, De Kalb Junction, Hermon, De Peyster, Hammond, and Brier Hill.

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[71] For more information, visit Claxton-Hepburn Medical Center's "About Us" page at
https://www.claxtonhepburn.org/about-us/
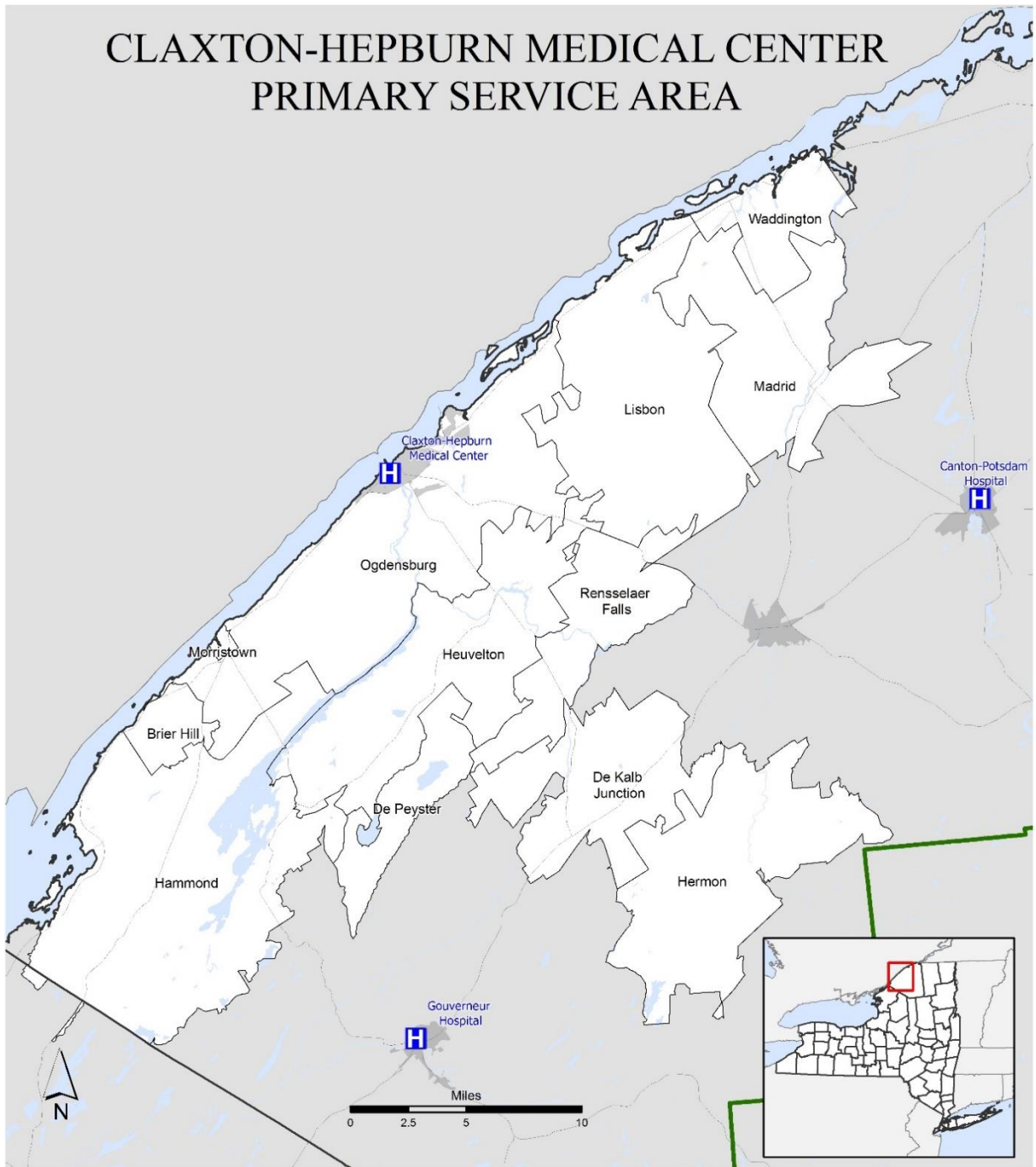
CLAXTON-HEPBURN MEDICAL CENTER
PRIMARY SERVICE AREA

Clifton-Fine Hospital

THE HOSPITAL

Clifton-Fine Hospital is a 20-bed critical access hospital located in Star Lake, St. Lawrence County, NY, within the Adirondack Park. It was established in 1951, and serves approximately 5,000 year-round residents and close to 5,000 more seasonal residents and visitors in southern St. Lawrence County.

In 2014, Clifton-Fine Hospital formed an affiliation with Samaritan Medical Center in nearby Watertown, New York, to provide patients with access to expanded services and a greater range of care. Clifton-Fine hospital has a caring and compassionate staff of nearly 100 professionals.[72]

MISSION

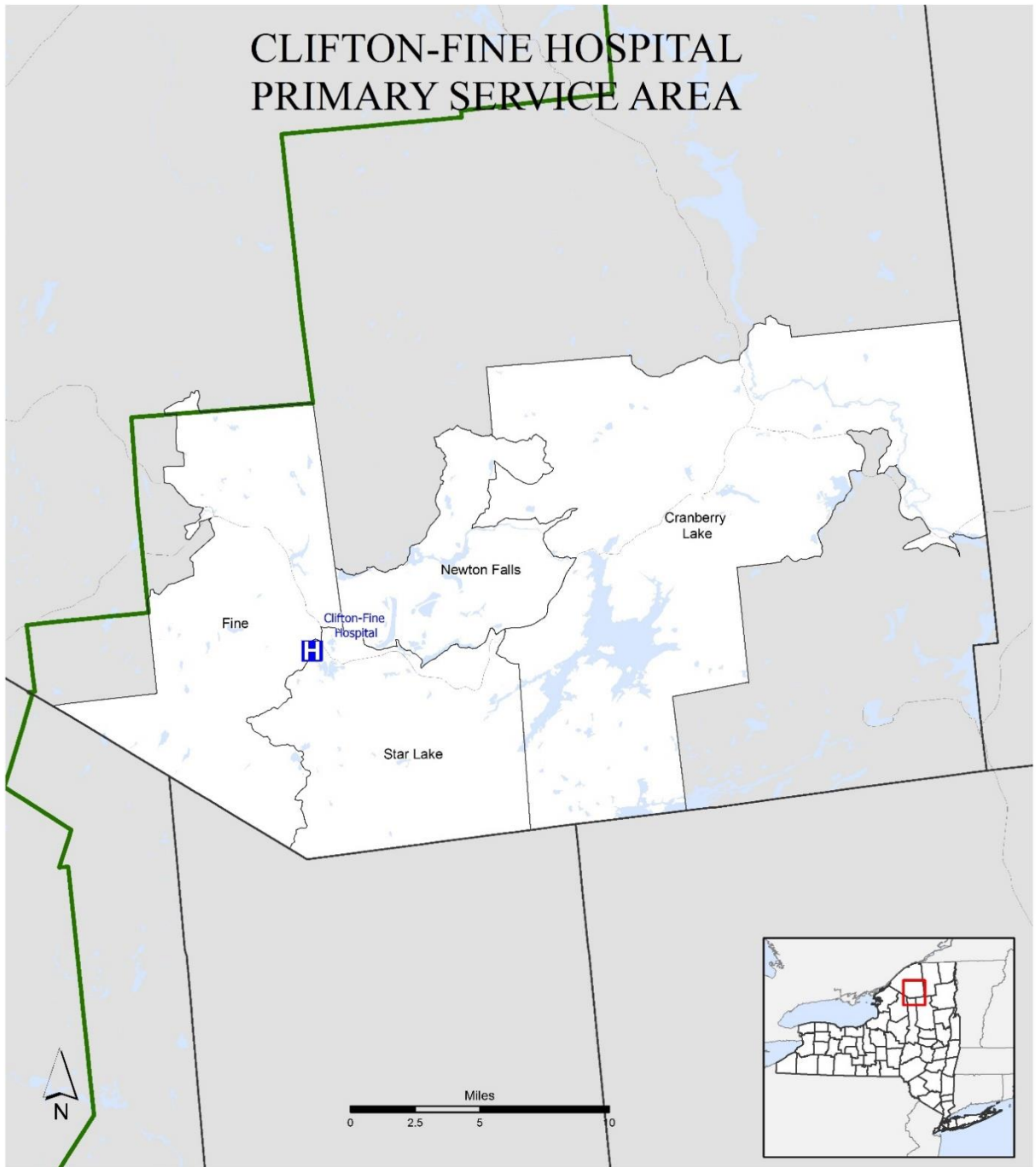Clifton-Fine Hospital provides high quality personalized healthcare to the community.

VISION

Clifton-Fine Hospital will be the preferred medical provider in Southern St. Lawrence County.

SERVICE AREA

Clifton-Fine Hospital is located in Star Lake, NY. Defined by zip code area, its primary service area includes Star Lake, Cranberry Lake, Newton Falls, and Fine.

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[72] For more information, visit Clifton-Fine Hospital's "Our Story & Mission" page at
https://samaritanhealth.com/location/clifton-fine-hospital/who-we-are/our-story-mission/

CLIFTON-FINE HOSPITAL
PRIMARY SERVICE AREA

Legend:

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

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

Gouverneur Hospital

THE HOSPITAL

Founded in 2013, Gouverneur Hospital is a 25-bed not-for-profit critical access hospital located in Gouverneur, St. Lawrence County, New York. Gouverneur Hospital operates in affiliation with Canton-Potsdam Hospital in Potsdam, NY, under the umbrella of the St. Lawrence Health System.

Gouverneur Hospital serves a regional community of approximately 18,000 people in southern St. Lawrence, western Lewis, and northern Jefferson counties. Care is provided on the main hospital campus and at three regional primary care centers in Antwerp, DeKalb Junction, and Edwards, NY.[73]
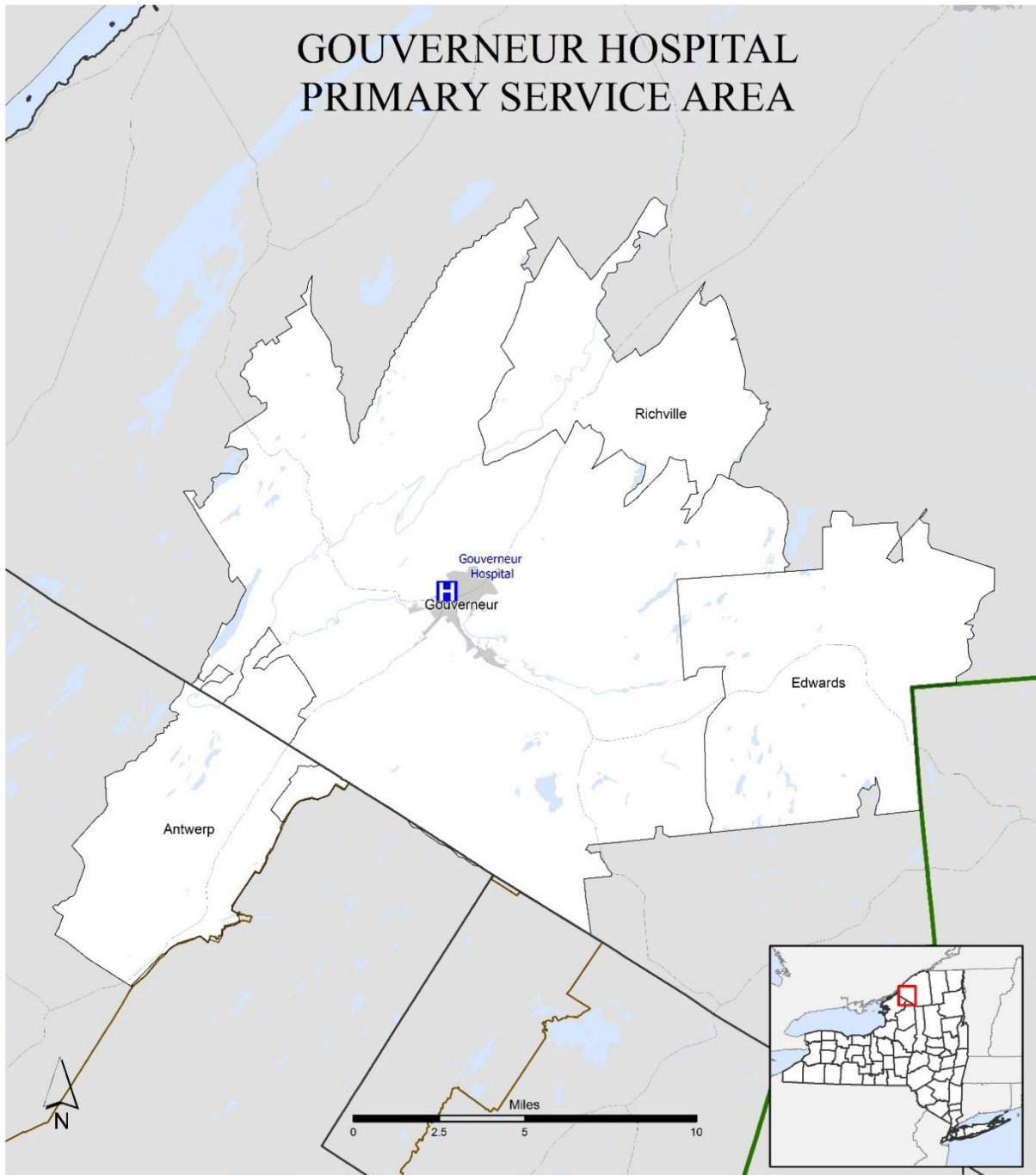
MISSION

Our mission is to provide skilled, compassionate, cost-effective care that promotes wellness and meets the community's healthcare needs.

SERVICE AREA

Gouverneur Hospital is located in Gouverneur, NY. Defined by zip code area, its primary service area includes Gouverneur, Richville, and Edwards in St. Lawrence County and Antwerp in Jefferson County.

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[73] For more information, visit Gouverneur Hospital's "About Us" page at
https://www.stlawrencehealthsystem.org/gouverneur-hospital

GOUVERNEUR HOSPITAL
PRIMARY SERVICE AREA

Massena Memorial Hospital

THE HOSPITAL

Massena Memorial Hospital is a municipal 25-bed acute care hospital located in Massena, NY in St. Lawrence County. It is currently in the process of converting from a municipal hospital to a not-for-profit hospital.[74]

MISSION

The Mission of Massena Memorial Hospital is to provide quality healthcare and the best patient experience.

SERVICE AREA

Massena Memorial Hospital is located in Massena, NY. Defined by zip code area, its primary service area includes Massena, Chase Mills, Norfolk, Brasher Falls, Winthrop, and North Lawrence in St. Lawrence County and Hogansburg in Franklin County.

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[74] For more information, visit Massena Memorial Hospital's "About Us" page at
https://www.massenahospital.org/about-us/welcome-to-our-website

MASSENA MEMORIAL HOSPITAL PRIMARY SERVICE AREA

Hogansburg

Massena Memorial
Hospital

H

Massena

Chase Mills

Norfolk

Brasher
Falls

North Lawrence

Winthrop

Canton-Potsdam
Hospital

H

Miles

0   2.5   5   10

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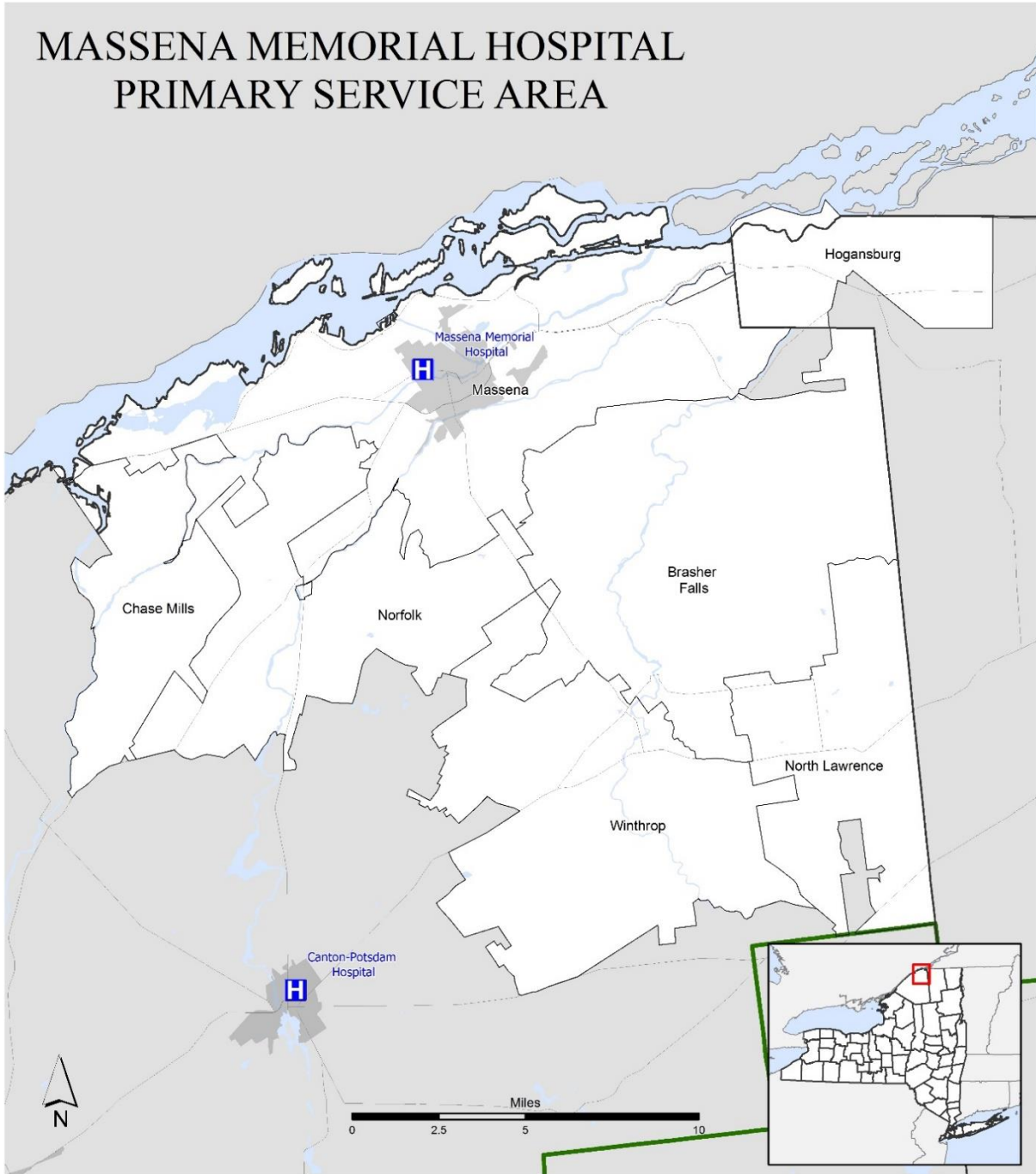
	Zip codes in service area		Urbanized areas
	Counties		Interstate highways
	Fort Drum		Primary roads
	Adirondack Park	**H**	Hospitals

FDRHPO
Fort Drum Regional
Health Planning
Organization

"Building a Strong North Country Healthcare System"

Appendix 2

2019 Community Health Improvement Plan Submission – Intervention Ranking Document

Directions: Please review each intervention and rank (1 being the top choice to include) according to priority for your organization to include in the plan.

Priority: Prevent Chronic Disease

Goal	Prevention Agenda Intervention Language	1	2	3	4	5
Focus Area 1: Healthy Eating and Food Security						

	Intervention 1.0.4 Multi Component School Based obesity prevention interventions Programs: - Provide Healthy Eating Learning Activities (Evidence Based Curriculum in schools and worksites) - Participating in Farm to School Programs		Xx	xx		
1.2 – Increase skills and knowledge to support healthy food and beverage choices	Intervention 1.0.3: Worksite nutrition and physical activity programs designed to improve health behaviors and results. - Educating and informing through classes, distributing written information or utilizing educational software. - Conducting activities that target thoughts and social factors to influence behavior change. - Changing physical or organizational structures that reach the entire workforce and make the healthy choice the easy choice. Evidence Based Employee Wellness Programs	xx	xx			
	Intervention 1.0.5 Increase the availability fruit and vegetable incentive programs Systematic evidence reviews find that financial incentive programs can increase affordability, access, purchases, and consumption of fruits and vegetables. Incentive programs for the purchase of fruits and vegetables have also been shown to increase sales and use of food assistance benefits (e.g., SNAP or WIC) at farmers' markets.				xx	
Focus Area 2: Physical Activity						
Goal 2.1 Improve community environments that support active transportation and recreational physical	Intervention 2.1.1 - Increase use of Public Transportation: Volunteer Transportation/Public Transit Task Force	xx	xx			

activity for people of all ages and abilities.							
Goal 2.2 Promote school, child care and worksite environments that increase physical activity	Intervention 2.2.1 Implement the Centers for Disease Control and Prevention (CDC) Comprehensive School Physical Activity Program in school districts through Local School Wellness Policy Committees aligned with school district educational outcomes; Local School Wellness Policy requirements; School Health Improvement Plans; CDC's Whole School, Whole Community, Whole Child Model; New York State Education Department's Every Student Succeeds Act Plan; School Health Index and Wellness School Assessment Tool (WellSAT) assessments; school staff and teacher professional development and training standards, and with resource or materials support.		xx	xx			
	Intervention 2.2.3 Implement a combination of worksite-based physical activity policies, programs, or best practices through multi-component worksite physical activity and/or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking-based programs focusing on overall physical activity that include goal-setting, activity monitoring, social support, counseling, and health promotion and information messaging.	Xx					
Goal 2.3 Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity.	Intervention 2.3.1 Implement and/or promote a combination of community walking, wheeling, or biking programs, Open Streets programs, joint use agreements with schools and community facilities, Safe Routes to School programs, increased park and recreation facility safety and decreased incivilities (i.e., litter, graffiti, dogs off leash, unmaintained equipment), new or upgraded park or facility amenities or universal design features (i.e. playgrounds and structures; walking loops, recreation fields; gymnasiums; pools; outdoor physical activity equipment, fitness stations or zones; skate zones; picnic areas; concessions or food vendors; and pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education.			xx			
Focus Area 4: Preventative Care and Management							
Goal 4.4 In the community setting, improve self-management skills	Intervention 4.4.2 Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is	xx					

| for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity | not well-controlled with guidelines-based medical management alone. | | | | | |
| | Intervention 4.4.3 Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes. | xx | | | | |

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

Goal	Prevention Agenda Intervention Language	1	2	3	4	5
Focus Area: Promote Well-Being						
Goal 1.1: Strengthen Opportunities to build well-being across the lifespan	1.1.3 Create and sustain inclusive, healthy public spaces: Ensure space for physical activity, food access, sleep; civic and community engagement across the lifespan					X x
	1.1.4 Integrate social and emotional approaches across the lifespan. Support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.					X x
	1.1.5 Enable resilience for people living with chronic illness: Strengthening protective factors include independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.					x x
Focus Area 2: Prevent Mental and Substance User Disorders						

Goal		1	2	3	4	5
Goal 2.2: Prevent opioid and other substance misuse and deaths	2.2.1 Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine	Xx				
	2.2.3 Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations	Xx				

Priority: Promote Healthy Women, Infants and Children

Goal	Prevention Agenda Intervention Language	1	2	3	4	5
Focus Area 3: Child and Adolescent Health, including children with special health care needs (CSHCN)						
Goal 3.3: Reduce dental caries among children	Intervention 3.3.2: Increase delivery of evidence-based preventive dental services across key settings, including school-based and community-based primary care clinics.			xx		