



COMMUNITY HEALTH ASSESSMENT 2013

Tri-County Region

(Jefferson, Lewis and St. Lawrence Counties, New York)

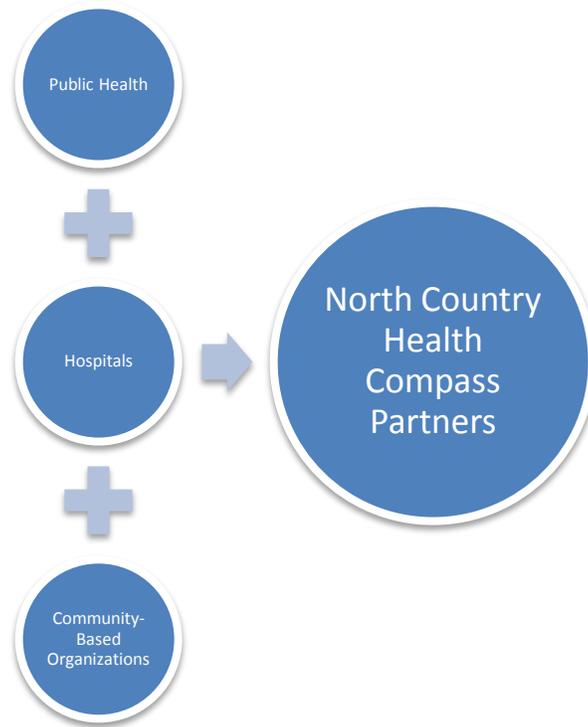


Conducted by the North Country Health Compass Partners through a collaborative project funded by the New York State Department of Health, Office of Rural Health

North Country Health Compass Partners
www.ncnyhealthcompass.org

North Country Health Compass Partners

In April 2013, the Fort Drum Regional Health Planning Organization (FDRHPO) was awarded a New York State Rural Health Network Development Grant. One of the grant’s key objectives is to facilitate a regional Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The region was defined to include Jefferson, Lewis and St. Lawrence Counties, New York. To facilitate collaborative efforts, FDRHPO established a steering committee (North Country Health Compass Partners) with representation from the region’s public health agencies, hospitals and community-based organizations.



Participating Organizations

Public Health

- Jefferson County Public Health Service
- Lewis County Public Health Agency
- St. Lawrence County Public Health

Hospitals

- Canton-Potsdam Hospital
- Carthage Area Hospital
- Claxton-Hepburn Medical Center
- Clifton-Fine Hospital
- E.J. Noble Hospital
- Lewis County General Hospital
- Massena Memorial Hospital
- River Hospital
- Samaritan Medical Center

- Fort Drum MEDDAC (CLINIC)

Community-Based Organizations

- Excellus BlueCross BlueShield
- Fort Drum Regional Health Planning Organization
- Jefferson County Community Services
- Lewis County Community Recovery Center
- Lewis County Community Services
- North Country Family Health Center
- North Country Prenatal/Perinatal Council
- St. Lawrence County Community Services
- St. Lawrence County Health Initiative

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Notice

This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years. The community health needs assessment process undertaken by Canton-Potsdam Hospital, Carthage Area Hospital, Claxton-Hepburn Medical Center, Clifton-Fine Hospital, E.J. Noble Hospital, Lewis County General Hospital¹, Massena Memorial Hospital, River Hospital and Samaritan Medical Center, with project management and consultation by Fort Drum Regional Health Planning Organization, included extensive input from senior leadership at each of the facilities to accomplish and complete the assessment. The hospitals worked in collaboration with public health agencies from each county, along with several community-based organizations.

¹ As a municipal hospital, Lewis County General Hospital is not required to meet the PPACA regulation. Nonetheless, the facility has been incredibly engaged throughout the entire assessment process.

Guidance

The New York State Department of Health (NYSDOH) released information² in 2012 to guide local health departments and hospitals during the development of their Community Health Assessments. The document outlined that “local health departments should partner with hospitals located in their counties or that serve their county residents and a broad range of other community partners to conduct the Community Health Assessment.” It was further recommended that Community Health Assessments include:

1. **Description of the community being assessed**
 - a. demographics of the population served
 - b. health status of the population
2. **Identification of the main health challenges facing the community**
 - a. behavioral risk factors
 - b. environmental risk factors (the natural and built environment)
 - c. socioeconomic factors
 - d. policy environment
 - e. other unique characteristics of the community that contribute to health status
3. **Summary of the assets and resources that can be mobilized to address identified health issues**
4. **Documentation of the process and methods**
 - a. conducting the assessment
 - b. public reporting

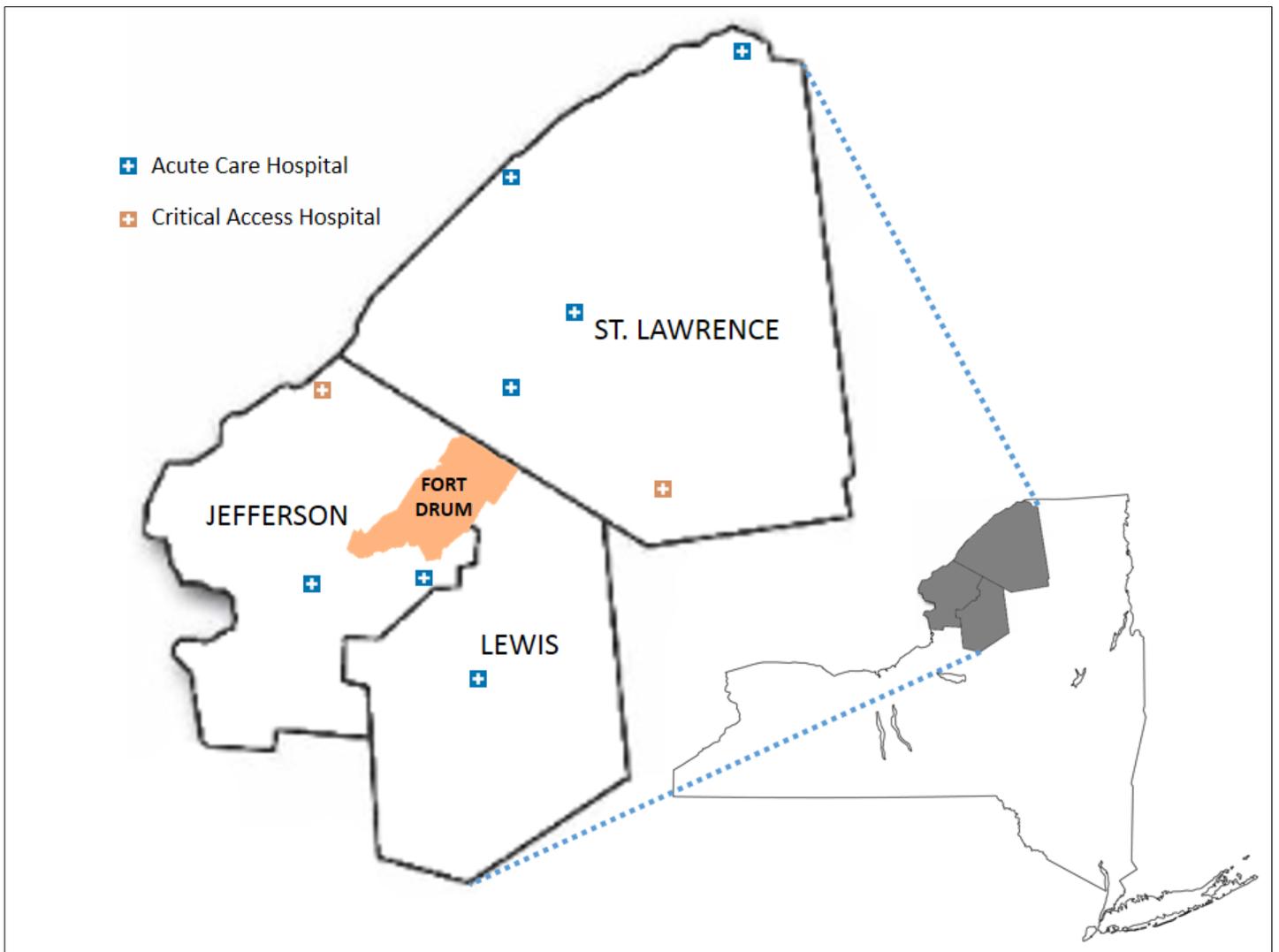
The state’s guidance informed the assessment process and the outline of this report.

² Local Health Department Community Health Assessment and Improvement Plan and Hospital Community Service Plan Guidance, 2013: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/planning_guidance.pdf

Our Community

The community is broadly defined as all residents of Jefferson, Lewis and St. Lawrence Counties in New York. This three-county region is sparsely populated with over 255,000 people spread over 5,000 square miles of land mass. Population density of the region is approximately 49.7 persons per square mile, while the estimate for the entire state is 411.2 persons per square mile. The entire region has been designated a Health Professional Shortage Area (HPSA). In each county, the number of primary care physicians, obstetricians/gynecologists, general surgeons, psychiatrists and dentists are significantly below state averages.

The area is extremely unique because the region's community healthcare system supports Fort Drum, the only US Army installation with a division of Soldiers and families without its own hospital. Most specialty care and all inpatient care for the 40,000 TRICARE beneficiaries in the region are provided by the community hospitals and healthcare providers.



County Snapshots³

Jefferson County includes the eastern shore of Lake Ontario as well as its barrier dune beaches located at Lakeview and Black Pond marshes, the northern portion of the Tug Hill Plateau, and the entranceway to the Thousand Islands Region of the St. Lawrence River.

Lewis County includes the western-most portion of the Adirondack Forest Preserve along its eastern border, the Tug Hill plateau in its western half, with the Black River Valley located in between. The Tug Hill Region receives the greatest annual snowfall of any location east of the Rocky Mountains. This abundant snow resource helps sustain an important tourism-based economy based on snowmobiling and winter recreation.

St. Lawrence County is the largest county in New York based on area. The southeastern portion of the county is within the Adirondack region. The northern portion borders counties in Ontario, Canada and riverside towns form the northern gateway to the Thousand Islands area.

Regional Profile

	Jefferson	Lewis	St. Lawrence
Land area⁴ (in square miles, 2010)	1,268.59	1,274.68	2,680.38
Total Population³ (2012 estimate)	120,262	27,224	112,232
Population percent change³ (April 2010 - July 2012)	3.5%	0.5%	0.3%
Persons per square mile³ (2010)	91.6	21.3	41.8
Local Health Department	Jefferson County Public Health Service	Lewis County Public Health Agency	St. Lawrence County Public Health
Hospitals	<ul style="list-style-type: none"> • Carthage Area Hospital • River Hospital* • Samaritan Medical Center 	<ul style="list-style-type: none"> • Lewis County General Hospital 	<ul style="list-style-type: none"> • Canton-Potsdam Hospital • Claxton-Hepburn Medical Center • Clifton-Fine Hospital* • E. J. Noble Hospital • Massena Memorial Hospital

* Critical Access Hospital

³ North Country ESD Region, Regional Economic Development Councils: http://regionalcouncils.ny.gov/themes/nyopenrc/rc-files/northcountry/1A_NorthCountryBullets.pdf

⁴ State and County QuickFacts, US Census Bureau: <http://quickfacts.census.gov/qfd/index.html>

Health Professionals⁵

	Jefferson	Lewis	St. Lawrence	NY State
Primary Care Physicians <i>(per 100,000 population)</i>	39.0	59.1	54.6	82.2
General/Family Practice <i>(per 100,000 population)</i>	17.8	44.3	23.3	18.5
Internal Medicine <i>(per 100,000 population)</i>	11.9	7.4	22.4	41.7
Pediatricians <i>(per 100,000 population)</i>	33.5	27.8	34.5	88.7
Obstetricians/Gynecologists <i>(per 100,000 population)</i>	15.6	22.4	21.8	25.6
General Surgeons <i>(per 100,000 population)</i>	6.8	7.4	9.8	9.9
Psychiatrists <i>(per 100,000 population)</i>	4.2	0.0	13.4	17.8
Dentists <i>(per 100,000 population)</i>	60.2	18.5	34.8	72.4

⁵ Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Area Health Resource File (AHRF), 2013, Health Resources Comparison Tool: <http://arf.hrsa.gov/arfdashboard/hrctIntro.aspx>

Demographics⁶

The statewide distribution of gender reveals a higher proportion of females. However, within the tri-county region, the proportion of males marginally exceeds the female population. Of the three counties, Jefferson County has the highest percentage of children under 18 years, while Lewis County has the highest percentage of adults over 65 years. Noticeably, the age distribution in St. Lawrence County closely matches that of the state average. The region is less racially diverse than the state, in general. Due, in part, to the presence of the Fort Drum installation, Jefferson County is the most racially diverse of the three counties. Lewis County, with just over 27,000 residents, is the least racially diverse.

Total population, by gender (2012)

	Jefferson	Lewis	St. Lawrence	NY State
Total	120,262	27,224	112,232	19,570,261
Male	51.7%	50.6%	50.9%	48.5%
Female	48.3%	49.4%	49.1%	51.5%

Total population, by age (2012)

	Jefferson	Lewis	St. Lawrence	NY State
Total	120,262	27,224	112,232	19,570,261
Under 5 years	8.4%	6.3%	5.5%	6.0%
Under 18 years	24.9%	23.8%	20.7%	21.8%
65 years and over	11.5%	15.8%	14.5%	14.1%

Total population, by race (2012)

	Jefferson	Lewis	St. Lawrence	NY State
Total	120,262	27,224	112,232	19,570,261
White	88.8%	97.6%	94.0%	71.2%
Black, African American	6.1%	0.8%	2.5%	17.5%
Am. Indian, Alaska Native	0.6%	0.2%	1.1%	1.0%
Asian	1.6%	0.3%	1.0%	8.0%
Hawaiian, Pacific Islander	0.3%	0.1%	0.1%	0.1%
Two or more races	2.7%	1.0%	1.4%	2.2%
<i>Hispanic or Latino</i>	6.7%	1.5%	2.1%	18.2%

⁶ State and County QuickFacts, US Census Bureau: <http://quickfacts.census.gov/qfd/index.html>

The heterogeneous distribution of demographic statistics transcends gender, age and race as illustrated in the following table. In all three counties, the median household income is significantly below the state average, the unemployment rate exceeds the state average, the attainment of Bachelor's degrees is below the state average, and the proportion of the population with disabilities exceeds the state average. While Jefferson and St. Lawrence Counties both have poverty rates that exceed the state average, Lewis County has the lowest poverty rates for the region, with poverty indicators marginally below state averages.

Noticeably, the region has better high school graduation rates and lower high school drop-out rates compared to the state. Homeownership rates within the region also exceed the rates for NY State. Health insurance coverage rates for adults and children in the region are not significantly different from rates for NY State. Also, the region is not statistically different from the state when comparing proportions of adults who received no medical care on the basis of cost. The data reveals that, of all the counties, St. Lawrence County has the highest proportion of adults with no medical care due to cost, and the lowest proportion of adults with a regular healthcare provider. Nevertheless, access to care is a state-wide concern in recognition of growing health disparities for specific sub-populations⁷. Given the previously reported data on health professional shortages, access to care remains a major concern in the tri-county region.

Extended Demographic Profile

	Jefferson	Lewis	St. Lawrence	NY State
Income and Employment				
Median household income⁸ (2007-2011)	\$45,559	\$44,281	\$43,390	\$56,951
Persons below poverty level⁶ (2007-2011)	15.1%	13.6%	17.6%	14.5%
Children (under 18 years) below poverty level⁹ (2011)	26.3%	20.3%	25.0%	22.8%
Unemployed labor force⁷ (2012)	10.1%	10.1%	10.5%	8.5%
Education				
High school graduate or higher⁶ (2007-2011)	88.1%	86.9%	86.4%	84.6%
Bachelor's degree or higher⁶ (2007-2011)	20.6%	13.7%	18.9%	32.5%
High school drop-out rate⁷ (2009-2011)	1.8%	1.4%	2.4%	2.7%
Disabilities				
Persons with a disability¹⁰ (2009-2011)	13.3%	12.9%	14.3%	10.8%
Home Ownership				
Homeownership rate⁶ (2007-2011)	57.8%	77.4%	71.5%	54.8%
Health Insurance Status and Access to Care				
Children (under 19 years) with health insurance⁷ (2011)	95.5%	94.9%	95.1%	95.5%
Adults (18-64 years) with health insurance⁷ (2011)	86.1%	84.1%	84.7%	83.7%
Adults with no medical care due to cost⁷ (2008-2009)	11.2%	12.0%	14.5%	13.8%
Adults with a regular health care provider⁷ (2008-2009)	81.6%	83.1%	80.0%	83.0%

⁷ The Burden of Insufficient Access to Quality Health Care, New York State Department of Health: http://www.health.ny.gov/prevention/prevention_agenda/access_to_health_care/index.htm

⁸ State and County QuickFacts, US Census Bureau: <http://quickfacts.census.gov/qfd/index.html>

⁹ Socio-Economic and General Health Indicators, NYS Community Health Indicator Reports: <http://www.health.ny.gov/statistics/chac/indicators/ses.htm>

¹⁰ Disability Characteristics, 2009-2011 American Community Survey (3-Year Estimates): factfinder2.census.gov/

Health Status

The demographic data confirms national observations that rural residents are typically older and have lower incomes than residents of metropolitan areas¹¹. Similar observations highlight that rural residents are more likely to suffer from chronic illnesses than their urban and suburban counterparts. The leading causes of death within the region are heart disease, cancer, chronic lower respiratory disease (CLRD)¹², stroke and unintentional injury. Within Lewis County, diabetes also emerges as a leading cause of death. Chronic diseases therefore present a significant burden to well-being within the region.

For deaths occurring before age 75, chronic diseases and unintentional injury take a major toll on life in the three counties. However, stroke no longer appears among the leading causes. In all three counties, suicides appear as the fifth leading cause of premature death.

Leading Causes of Death, by County (2011)¹³

	Jefferson	Lewis	St. Lawrence	NY State
#1	Heart Disease	Cancer	Heart Disease	Heart Disease
#2	Cancer		Cancer	Cancer
#3	Stroke	Stroke		CLRD
#4	CLRD	CLRD		Stroke
#5	Unintentional Injury	Diabetes	Unintentional Injury	Unintentional Injury

Leading Causes of Premature Death (Death before age 75), by County (2009-2011)¹⁴

	Jefferson	Lewis	St. Lawrence	NY State
#1	Cancer	Cancer	Cancer	Cancer
#2	Heart Disease	Heart Disease	Heart Disease	Heart Disease
#3	Unintentional Injury	CLRD	CLRD	Unintentional Injury
#4	CLRD	Unintentional Injury	Unintentional Injury	CLRD
#5	Suicide	Suicide	Diabetes	Diabetes

The health status of any specific population is best defined by a comprehensive assessment of expressed health needs in conjunction with an analysis of population health data. For this report, health needs were determined using an online survey tool (The North Country Community Health Survey) which solicited input from residents of the tri-county region. Subsequently, a review of secondary data sources with county-specific indicators was conducted to determine the health outcomes of major concern.

¹¹ American Hospital Association. The opportunities and challenges for rural hospitals in an era of health reform. Trendwatch, April 2011: <http://www.aha.org/research/reports/tw/11apr-tw-rural.pdf>

¹² Chronic lower respiratory disease (CLRD) comprises three major diseases: chronic bronchitis, emphysema, and asthma, that are all characterized by shortness of breath caused by airway obstruction.

¹³ Leading Causes of Death by County, New York State, 2011. NYS Department of Health – Bureau of Biometrics and Health Statistics: http://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

¹⁴ Leading Causes of Premature Death (Death before age 75), New York State, 2009-2011. NYS Department of Health – Bureau of Biometrics and Health Statistics: http://www.health.ny.gov/statistics/leadingcauses_death/pm_deaths_by_county.htm

Community Health Needs Assessment

The North Country Community Health Survey (NCCHS) was open to residents of Jefferson, Lewis, and St. Lawrence Counties from June 1st through July 1st. The survey instrument (see Appendix 1) was distributed using an online survey tool, facilitating collection of 1,379 completed surveys. A comprehensive report of the regional survey responses is available in Appendix 2.

Analysis of respondent demographics indicated that survey results were heavily skewed to female residents of Jefferson County. Of the total number of completed surveys, 995 respondents lived in Jefferson County, 290 respondents were from Lewis County, and 94 respondents were from St. Lawrence County. Response rates in Lewis County were potentially impacted by a delayed press release regarding the survey. The NCCHS was modeled after a health survey which was distributed by the St. Lawrence County Healthy Options Committee (SLCHOC) earlier in the year. Therefore, the response rates for the NCCHS in St. Lawrence County were possibly impacted by the previous distribution of the SLCHOC survey. Additional information about the SLCHOC survey can be found in the St. Lawrence County Community Health Assessment.

The majority of the respondents classified themselves as female (75.1%), within the 50-64 age group (41.4%), White/Caucasian (97.7%), employed full-time (68.4%), civilian (75.4%), and married (68.5%). Only 12.4% of the respondents earned less than \$25,000 per year.

The survey covered health topics related to specific diseases and conditions, risk factors, prevention, access to care, and perceived community needs. The data is presented for the tri-county region and for each of the three individual counties, to assess county-specific health needs.

Diseases and Health Conditions

The five most commonly cited health problems observed within the household were high blood pressure, overweight/obesity, arthritis, lack of exercise, and diabetes, in that order. The only exception was in Lewis County, where respondents listed mental illness as the fifth most common health problem in the household. In the other two counties, mental illness was ranked the sixth most common household problem.

The list for each county is completed by problems related to oral health, lung disease, heart disease and poor nutrition. Of note, within Lewis County, tobacco use emerges as the ninth most common health problem observed within the household.

Leading Health Problems in the Household

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
High blood pressure	42.0	High blood pressure	38.3	High blood pressure	47.8	High blood pressure	41.6
Overweight/Obesity	37.3	Overweight/Obesity	37.3	Overweight/Obesity	43.0	Overweight/Obesity	37.2
Arthritis	33.4	Arthritis	30.9	Arthritis	40.2	Arthritis	33.3
Lack of exercise	27.7	Lack of exercise	27.6	Lack of exercise	30.9	Lack of exercise	27.4
Diabetes	22.8	Mental illness	20.8	Diabetes	29.8	Diabetes	22.4
Mental illness	19.8	Diabetes	20.2	Oral health	22.8	Mental illness	20.1
Poor nutrition	18.9	Oral health	15.8	Lung disease	19.8	Poor nutrition	18.0
Lung disease	17.5	Heart disease	15.1	Mental illness	19.4	Lung disease	17.2
Heart disease	15.3	Tobacco use	15.0	Poor nutrition	17.4	Oral health	16.1
Oral health	15.0	Poor nutrition	14.6	Heart disease	14.3	Heart disease	15.0

When considering the broader community, respondents identified substance abuse as the leading health problem observed across the region. The list of leading community health problems is completed by chronic diseases/conditions (cancer, obesity, poor nutrition, lack of exercise), mental illness, behavioral issues in children, underage drinking, alcohol abuse, and tobacco use. In St. Lawrence County, 71.4% of the respondents identified transportation issues as the tenth leading problem related to health. In the absence of reliable transportation, keeping scheduled medical appointments is challenging. Notable omissions are problems related to heart disease, oral health, and arthritis which were observed as problems affecting the household.

Leading Health Problems in the Community

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Substance abuse	77.5	Substance abuse	84.7	Substance abuse	82.8	Substance abuse	78.5
Overweight/Obesity	74.2	Cancer	80.0	Cancer	80.4	Cancer	74.1
Cancer	73.2	Behavioral issues*	77.1	Poor nutrition	78.3	Overweight/Obesity	73.8
Mental illness	70.4	Overweight/Obesity	76.7	Underage drinking	75.6	Behavioral issues*	70.4
Lack of exercise	69.3	Underage drinking	76.0	Behavioral issues*	75.3	Mental illness	70.0
Behavioral issues*	69.2	Alcohol abuse	74.3	Tobacco Use	75.0	Poor nutrition	69.9
Underage drinking	69.1	Mental illness	73.2	Alcohol abuse	73.1	Underage drinking	69.8
Alcohol abuse	66.1	Poor nutrition	72.5	Overweight/Obesity	73.1	Lack of exercise	68.9
Tobacco use	63.4	Lack of exercise	70.3	Mental illness	72.0	Alcohol abuse	67.2
Diabetes	60.3	Tobacco use	68.6	Transportation**	71.4	Tobacco use	64.6

* Specifically related to children

** To medical appointments and other health care visits

Risk Factors

Questions related to alcohol abuse and tobacco use revealed that binge-drinking and tobacco use rates were highest in Jefferson County. In Jefferson County, 73.4% of the respondents who consumed alcohol, had a binge-drinking episode within the 30-day period prior to completing the survey. More than a quarter of the tobacco users in Jefferson County had made an attempt to quit within the past 30 days (Jefferson = 26.9%; Lewis = 23.8%; St. Lawrence = 12.5%, Region = 25.9%).

Binge-Drinking Within the Past 30-Days

	Jefferson	Lewis	St. Lawrence	Region
None	31.1%	80.0%	80.9%	74.8%
Once	5.4%	7.6%	9.6%	10.7%
Twice	32.4%	4.8%	3.2%	5.6%
Three to Four Times	31.9%	5.5%	4.3%	5.6%
Five or More Times	3.7%	2.4%	2.1%	3.4%

Tobacco-Related Product Use

	Jefferson	Lewis	St. Lawrence	Region
Cigarettes	14.3%	11.0%	5.3%	12.9%
E-Cigarettes	2.7%	1.0%	0.0%	2.3%
Chewing Tobacco/Snuff	1.8%	1.7%	3.2%	2.0%
Pipe/Cigar	1.7%	2.4%	2.1%	1.8%
None of the Above	82.9%	85.9%	91.5%	84.2%

Prevention

The Patient Protection and Affordable Care Act (PPACA) amended the Fair Labor Standards Act (FLSA) when it was signed into law on March 23, 2010¹⁵. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. Approximately 32% of survey respondents cited their workplaces as supportive of breast-feeding. The support was highest in Lewis County where 38.6% of the respondents deemed their workplace breast-feeding friendly. It should be noted, however, that across the region approximately 30% of respondents were unaware of their workplace's support of breast-feeding.

Workplace Supportive of Breast-Feeding

	Jefferson	Lewis	St. Lawrence	Region
Yes	31.1%	38.6%	31.9%	32.4%
No	5.4%	4.8%	9.6%	5.6%
Don't Know	32.4%	22.8%	29.8%	30.0%
Not Applicable	31.9%	34.5%	31.9%	33.0%

Only approximately 75% of the survey respondents had a routine doctor visit within the past 12 months. Notably, across the region, approximately 2% of the respondents had never been to a routine doctor visit.

Time since Last Routine Doctor Visit

	Jefferson	Lewis	St. Lawrence	Region
Within the Past Year	77.5%	78.3%	75.5%	77.6%
Within the Past 2 Years	8.7%	7.9%	11.7%	8.6%
Within the Past 5 Years	5.5%	6.2%	2.1%	5.4%
6 or More Year	5.3%	3.4%	6.4%	4.9%
Never Been	1.9%	2.8%	3.2%	2.2%

¹⁵ Workplace Support in Federal Law, United States Breastfeeding Committee:
<http://www.usbreastfeeding.org/Employment/WorkplaceSupport/WorkplaceSupportinFederalLaw/tabid/175/Default.aspx>

Adult immunization rates were reportedly best in Lewis County for the flu shot, Tdap*, and HepA/HepB. Jefferson County had the highest immunization rates for pneumonia, shingles, HPV and meningitis. Across the region, immunization rates were reportedly low. Delivery of the flu shot appeared to be the most successful.

Adult Immunizations (Age 19 and older)

	Jefferson	Lewis	St. Lawrence	Region
Flu Shot	31.1%	71.4%	57.4%	69.3%
Tdap*	5.4%	44.8%	43.6%	45.2%
Pneumonia	32.4%	27.2%	21.3%	23.3%
Shingles (Zostavax)	31.9%	9.0%	2.1%	7.5%
HepA/HepB	3.7%	27.9%	25.5%	30.8%
HPV (Human Papilloma Virus)	3.5%	3.4%	2.1%	3.5%
Meningitis	9.2%	6.2%	6.4%	8.4%

*Tdap = Tetanus, Diphtheria, Pertussis (Whooping cough)

On average, 35% of the respondents across the region did not visit the dentist within the past year. Over 10% of the respondents hadn't been to the dentist in over 6 years. Within Lewis County, 71.4% of the respondents had a dental visit within the past year, the highest proportion for the region. When respondents were asked to provide a reason for not receiving required dental care within the past 12 months, responses mainly related to the cost of care (Jefferson = 30.3%; Lewis = 23.4%, St. Lawrence = 33.0%, Region = 28.9%), fear of dental care (Jefferson = 10.1%, Lewis = 6.2%, St. Lawrence = 9.6%, Region = 9.4%), lack of time (Jefferson = 5.6%, Lewis = 5.5%, St. Lawrence = 8.5%, Region = 5.8%), and inability to find a dentist (Jefferson = 2.7%, Lewis = 4.1%, St. Lawrence = 5.3%, Region = 3.1%).

Time since Last Dental Visit

	Jefferson	Lewis	St. Lawrence	Region
Within the Past Year	64.1%	71.4%	62.8%	65.4%
Within the Past 2 Years	14.1%	11.4%	12.8%	13.5%
Within the Past 5 Years	10.1%	7.6%	13.8%	9.8%
6 or More Year	11.3%	9.7%	11.7%	11.0%
Never Been	0.6%	0.7%	0.0%	0.7%

Screening rates were low across the region. The Pap test was the most commonly reported screening in each county. Screening rates for the Pap test and mammogram averaged at, or around, 50%. Colorectal cancer screening, prostate exam and lung cancer screening rates were low.

Screenings within the Past 3 Years (2011-2013)

	Jefferson	Lewis	St. Lawrence	Region
Pap Test	58.5%	62.9%	57.6%	59.3%
Mammogram	48.3%	57.0%	45.2%	49.8%
Colorectal Screening	29.0%	34.2%	32.6%	30.2%
Prostate Exam	15.9%	19.7%	17.8%	16.7%
Lung Cancer Screening	4.0%	4.6%	6.8%	4.4%

Access to Care

Respondents indicated that during nights and on weekends, care was primarily sought through the local emergency room (Lewis and St. Lawrence Counties) and at Urgent Care centers (Jefferson County).

Source of Medical Care at Night and on Weekends

	Jefferson	Lewis	St. Lawrence	Region
Local Emergency Room	28.3%	54.5%	50.0%	35.4%
Urgent Care	69.2%	35.5%	25.5%	58.9%
Primary Care Physician	3.8%	3.4%	3.2%	3.8%
Out-of-town Emergency Room	2.6%	2.1%	9.6%	3.1%

Access to mental health care for children (61.4%) and adults (60.8%) was a leading regional problem. Respondents also indicated facing barriers to receiving specialty care (69.8%), elder care (50.6%), home care (48.5%) and nutrition care (43.3%). Conversely, individuals faced little to no barriers when accessing pharmacies, hospice care, prenatal care, family planning services, and therapy (physical, speech, and occupational).

Most of the survey respondents had health, dental and vision insurance, sharing the cost with their employer. For the individuals without health insurance, the primary barrier was cost (82.1%). Half of the individuals who completed the survey spent between \$1,001 and \$5,000 on medical services in 2012.

Health Needs

Open-ended responses (total = 202) to a question eliciting feedback on community concerns were classified into 32 different categories. The top ten categories of concerns were cost of insurance, mental health access, primary care access, absence of specialists, quality of care, cost of medical care, socio-economic conditions, elder care, transportation to medical appointments, and availability of public physical activity options.

County-Specific Health Indicators

To assess the population health outcomes for the region, a review of available regional health statistics was conducted. The review involved over 180 of the most current health indicators. The indicators were benchmarked against similar values for the state, where available.

County Health Rankings

Each county's health ranking was reviewed using the County Health Rankings and Roadmaps Program¹⁶. Each reported rank is based on an assessment of the 62 counties within the state¹⁷.

	NYS	Jefferson	Lewis	St. Lawrence	Data Year
Health Outcomes (rank in NY)	-	30	17	57	-
Mortality (rank in NY)	-	39	22	53	-
Premature death ¹⁸	5,650	6,167	5,709	6,678	2010
Morbidity (rank in NY)	-	18	8	57	-
Poor or fair health ¹⁹	15%	14%	15%	17%	2011
Poor physical health days ²⁰	3.5	3.9	3.5	4.8	2011
Poor mental health days ²¹	3.4	3.2	2.5	4.5	2011
Low birthweight ²²	8.2%	6.9%	6.3%	7.6%	2010

The health outcomes rank is a cumulative ranking of mortality and morbidity data. Lewis County is ranked highest for health outcomes, having the highest ranked mortality and morbidity indicators. St. Lawrence County is ranked lowest for health outcomes based on low rankings for mortality and morbidity.

Population Health Indicators

The reviewed indicators are categorized under: Chronic Diseases; Maternal and Child Health; Mental, Emotional and Behavioral Health; Sexually Transmitted Diseases, Infectious Diseases; Natural and Built Environment. Indicators that do not meet the NY State benchmark have been highlighted with bold text in a shaded box (e.g.). When available, data related to trends are also reported. Values that increased since the previous reporting period are highlighted with an up arrow (i.e. ↑), while decreasing rates are highlighted with a down arrow (i.e. ↓). The data was sourced from the NYS Department of Health, unless otherwise indicated.

¹⁶ County Health Rankings & Roadmaps Program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute: <http://www.countyhealthrankings.org/>

¹⁷ NYS State Rankings, Office of Public Health Practice, NYS Department of Health.

¹⁸ Years of potential life lost before age 75, per 100,000 population (age-adjusted)

¹⁹ Percent of adults reporting fair or poor health (age-adjusted)

²⁰ Average number of physically unhealthy days reported in past 30 days (age-adjusted)

²¹ Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

²² Percent of live births with low birthweight (<2500 grams)

Chronic Diseases

The burden of chronic disease within the region is highlighted by the observation that rates of obesity (adults and children), diabetes, colorectal cancer, heart attack hospitalizations, smoking, and chronic lower respiratory disease all exceed the state proportions. For the population enrolled in the Supplemental Nutrition Program for Women, Infants, and Children (WIC), obesity rates are trending upward across the region. The proportion of pregnant women in WIC with gestational diabetes also exceeds the rates for NY State. Diabetes mortality rates and hospitalization rates (for adults) are trending upward in each county.

The colorectal cancer mortality rates are trending upward in Lewis County, unlike the other two counties. Interestingly, colorectal cancer screening rates in each county are lower than the state average.

Obesity

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Adult obesity (BMI = 30 or higher)	31.9%	29.0%	32.0%	23.1%	2008-09
<i>Pregnant women in WIC with pre-pregnancy obesity (BMI = 30 or higher)</i>	28.5% ↑	34.8% ↑	27.8% ↑	24.2%	2009-11
Child and adolescent obesity					
<i>All students (elementary, middle and high school) (95th percentile or higher)</i>	19.2%	18.7%	24.4%	17.6%*	2010-12
<i>Elementary students (PreK, K, 2nd & 4th grades) (95th percentile or higher)</i>	16.7%	15.9%	22.0%	17.2%*	2010-12
<i>Middle and high school students (95th percentile or higher)</i>	24.9%	22.6%	27.8%	18.2%*	2010-12
<i>Children (ages 2-4 years) in WIC (95th percentile or higher)</i>	11.5% ↑	12.0% ↑	14.5% ↑	14.4%	2010-12
Fast food restaurants (% of all restaurants)	42%	32%	36%	45%	2010
Physical inactivity (self-report, aged 20 and over)	27%	27%	31%	25%	2009

* NYS Rate excludes NYC

Diabetes

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Adults with physician-diagnosed diabetes	10.7%	10.4%	10.8%	9.0%	2008-09
<i>Pregnant women in WIC with gestational diabetes</i>	6.5%	6.6%	6.7%	5.5%	2008-10
Diabetic hospitalizations for short-term complications (ages 6-17 years, per 10,000)	2.3 ↓	6.1 ↓	1.7 ↓	3.1	2009-11
Diabetic hospitalizations for short-term complications (ages 18+ years, per 10,000)	3.7 ↑	6.7 ↑	7.5 ↑	5.8	2009-11
Diabetes mortality rate (per 100,000)	17.5 ↑	30.9 ↑	20.2 ↑	17.0	2009-11

Cancer

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Oral cavity and pharynx cancer mortality (age-adjusted, per 100,000)	1.8 ↑	5.2	3.8 ↓	2.1	2008-10
Colon and rectum cancer mortality (age-adjusted, per 100,000)	18.6 ↓	20.1 ↑	15.7 ↓	15.4	2008-10
Lung and bronchus cancer mortality (age-adjusted, per 100,000)	47.9 ↓	41.0 ↓	64.1 ↓	42.3	2008-10
Female breast cancer mortality (age-adjusted, per 100,000)	16.4 ↑	16.0 ↑	17.4 ↑	21.6	2008-10
Ovarian cancer mortality (age-adjusted, per 100,000)	8.5 ↑	7.3 ↑	4.3 ↓	7.8	2008-10
Prostate cancer mortality (age-adjusted, per 100,000)	18.9 ↓	12.7 ↓	17.2 ↓	21.1	2008-10
Colorectal cancer screening (ages 50-75)	61.1%	55.6%	64.1%	66.3%	2008-09

Heart Disease

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Adults with diagnosed angina, heart attack or stroke (age-adjusted)	7.0%	8.8%	8.3%	7.6%	2008-09
Cardiovascular disease mortality (age-adjusted, per 100,000)	303.8 ↑	245.6 ↓	276.4 ↓	242.3	2009-11
Cerebrovascular disease (stroke) mortality (age-adjusted, per 100,000)	54.8 ↑	48.4 ↑	35.6 ↓	26.9	2009-11
Heart attack hospitalizations (age-adjusted, per 10,000)	21.5	17.4	18.7	15.5	2010
Hypertension hospitalization rate (adults 18+ years, per 10,000)	4.0 ↑	4.4 ↓	5.7 ↓	7.9	2009-11

Tobacco Use

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Adult smoking (report smoking >= 100 cigarettes and currently smoking)	28%	20%	27%	18%	2011
Adults living in homes where smoking is prohibited	74.6%	75.6%	75.2%	80.9%	2008-09
Chronic lower respiratory disease mortality rate (age-adjusted, per 100,000)	51.3 ↓	53.1	69.4 ↓	31.0	2009-11

Maternal and Child Health

While the proportions of preterm births and low birthweight are below the state averages, the proportion of infants exclusively breastfed in the hospital far exceeds the averages for the entire state. Of note, the infant mortality rate in Jefferson and St. Lawrence Counties are trending upward and currently exceed the state average.

Child health within the region is a significant concern given the observation that children are not receiving the recommended level of care. Health insurance coverage rates for children (ages 0-19 years) are marginally lower than the state benchmark. In all three counties, the percentage of third-graders with untreated tooth decay far exceeds the proportion for the state. Aligned with that observation is the increasing trend of emergency department visits for dental caries. The incidence of high blood lead levels exceeds the state benchmark in St. Lawrence County and Lewis County, where it is trending upward.

Maternal and Infant Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Preterm births (infants born at <37 weeks)	10.7% ↓	10.0% ↑	10.9 ↓	11.6%	2009-11
Ratio of Medicaid births to non-Medicaid births	1.41	1.24	0.94	1.10	2008-10
Low birthweight (< 2500 grams)	6.6% ↓	5.7% ↓	7.5% ↓	8.2%	2009-11
Infants exclusively breastfed in the hospital	61.8%	63.3%	58.9%	40.5%	2009-11
Ratio of Medicaid births to non-Medicaid births	0.68	0.72	0.78	0.57	2008-10
Infant mortality rate (infant under 1 year, per 1,000 live births)	6.2 ↑	3.0 ↑	6.3 ↑	5.1	2009-11

Child Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Children in federal insurance programs with recommended well-child visits	53.4%	45.8%	48.4%	69.9%	2011
Children ages 0-15 months	-	-	-	-	2011
Children ages 3-6 years	74.2%	68.5%	71.2%	82.8%	2011
Children ages 12-21 years	45.9%	35.8%	41.6%	61.0%	2011
Children with health insurance (ages 0-19 years)	93.6%	93.3%	92.6%	94.9%	2010
Third-grade children with untreated tooth decay	29.5%	51.4%	39.5%	24.0%*	2009-11
Dental caries emergency department visit rate (ages 3-5, per 10,000)	80.7 ↑	155.9 ↑	92.5 ↑	68.6	2009-11
Blood lead level incidence (aged <6 years with BLL ≥ 10µg/dL, per 1,000)	4.7 ↓	10.7 ↑	7.1 ↓	4.9	2009-11

* NYS Rate excludes NYC

Reproductive, Preconception and Inter-conception Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Birth with adequate prenatal care (Kotelchuck)	68.2% ↑	72.3% ↓	72.5% ↓	65.9%	2009-11
Pregnant women in WIC with early prenatal care	85.0% ↓	83.5% ↑	88.6% ↓	85.6%	2008-10
Unintended pregnancy among live births	35.1	33.4	35.3	26.7	2011
Teen birth rate (per 1,000 population ages 15-19 years)	44	28	23	25	2010

Mental, Emotional and Behavioral Health

Across the region, more than 15% of the adult population live without social or emotional support. Rates of adult binge drinking, self-inflicted injury and suicide all significantly exceed the state benchmark. Adult binge drinking rates are highest in Lewis County (22.7%). Jefferson County has the highest rates of suicides (13.6 per 100,000), while St. Lawrence County has the highest hospitalization rates of self-inflicted injury (11.1 per 10,000). Self-inflicted injury and suicide rates are trending upward in St. Lawrence County and Jefferson County, respectively.

Community Well-Being

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Poor mental health days (age-adjusted, average for the past 30 days)	3.2	2.5	4.5	3.4	2011
Adults without social or emotional support	16%	22%	23%	24%	2010

Substance Abuse, Behavioral Disorders

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Adult binge drinking (age-adjusted, 5+ drinks [men], 4+ drinks [women] at once)	18.9%	22.7%	21.8%	18.1%	2008-10
Self-inflicted injury hospitalization rate (per 10,000)	7.9 ↓	5.2 ↓	11.1 ↑	5.3	2009-11
Self-inflicted injury hospitalization rate (ages 15-19 years, per 10,000)	15.0 ↓	5.4 ↓	17.0 ↑	10.1	2009-11
Suicide death rate (per 100,000)	13.6 ↑	13.5 ↓	11.9 ↓	7.2	2009-11
Suicide death rate (ages 15-19 years, per 100,000)	8.3 ↓	0.0	6.6 ↑	5.0	2009-11

Sexually-Transmitted Diseases, Infectious Diseases

Though the region does not bear a disproportionate burden of sexually transmitted diseases, infectious disease rates are a cause for concern. Adult flu immunization rates do not meet the state benchmark, while flu hospitalizations exceed the average for the state. There is insufficient childhood immunization coverage in Jefferson County, and HPV immunization coverage across all three counties.

HIV and STDs

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
HIV incidence (new diagnoses per 100,000)	3.7	0.0	1.8	21.6	2008-10
Gonorrhea infections (women) (ages 15-44, per 100,000 women)	235.4	42.1	22.9	203.4	2010
Gonorrhea infections (men) (ages 15-44, per 100,000 men)	98.2	-	20.1	221.7	2010
Chlamydia infections (per 100,000)	512	133	209	516	2010

Vaccine-Preventable Diseases

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Childhood immunizations (ages 19-35 months with 4:3:1:3:3:1:4 series) ²³	45.5%	70.7%	61.7%	47.6%	2011
Adolescent female HPV immunization (ages 13-17 years)	16.8%	16.4%	16.2%	26.0%	2011
Adult flu immunization (ages 65 and older)	71.5%	75.3%	74.1%	75.0%	2008-09
Pneumonia/flu hospitalization rate (ages 65 and older, per 10,000)	137.6 ↓	166.1 ↓	212.9 ↓	122.3	2009-11

²³ This universally recommended series includes four doses of diphtheria, tetanus, and pertussis vaccine; three doses of poliovirus vaccine; one dose of measles, mumps, and rubella vaccine; three doses of *Haemophilus influenzae* type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the pneumococcal conjugate vaccine.

Natural and Built Environment

In NY State, approximately 4% of the population is exposed to water exceeding a violation limit within the past year. Within Jefferson and Lewis Counties, that proportion exceeds 30% of the population. Over 10% of the population in St. Lawrence County is exposed to unsafe drinking water. In each county, over 5% of the low income population has limited access to fresh produce, based on distance from a grocery store. Not surprisingly, given the rural setting, less than a quarter of the commuting population uses alternate modes of transportation. County rates for emergency department visits due to falls, motor vehicle mortality, alcohol-related motor vehicle injury, and adolescent occupational injuries all exceed the state benchmark.

Water Quality

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Drinking water safety (population exposed to unsafe drinking water)	33%	43%	11%	4%	2012
Optimal fluoridation (population served by fluoridated water systems)	78.7%	4.7%	73.2%	71.4%	2012

Built Environment

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Access to recreational facilities (facilities per 100,000 population)	4	4	3	11	2010
Low-income population living 10+ miles from a grocery store	5.2%	5.7%	6.1%	2.5%	2012
Commuters using alternate modes of transportation	22.4%	19.7%	25.0%	44.6%	2007-11

Injuries, Violence and Occupational Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Emergency department visits due to falls (ages 1-4 years, per 10,000)	670.7	566.5	783.2	476.8	2008-10
Poisoning hospitalization (age-adjusted, per 10,000)	10.5 ↓	7.7 ↓	15.5 ↑	10.4	2009-11
Motor vehicle mortality rate (per 100,000)	13.6 ↑	8.2 ↓	10.4 ↓	6.0	2009-11
Alcohol-related motor vehicle injuries and deaths (per 100,000)	53.0 ↓	48.6 ↓	55.8 ↓	34.8	2009-11
Violent crime rate (per 100,000)	187	103	172	391	2010
Adolescent occupational injuries (ages 15-19 years, per 10,000)	82.6	86.1	340.5	36.7	2008-10
Elevated blood lead levels for employed persons (ages 16+, per 100,000)	18.6 ↑	233.9 ↑	15.4 ↑	23.6	2009-11

Summary

Vital statistics, community perception and population health data all highlight the burden of chronic diseases within the three county region. The chronic diseases of major concern are obesity, diabetes, cardiovascular disease, chronic lower respiratory disease, and colorectal cancer. Community members also emphasized the burden of mental illness, and poor access to behavioral health treatment, within the region. The population data for binge drinking and suicides in the region, underscore the critical importance of improving mental, emotional and behavioral health outcomes in each county.

Population health data confirm the survey findings regarding prevention. Across the region, there are relatively low immunization and screening rates, and a relatively high incidence of preventable outcomes (specifically flu hospitalization and colorectal cancer). Children within the region receive insufficient well-child care and have poor oral health outcomes.

Residents in each county expressed concern regarding access to care, especially in relation to mental health treatment. The rural environment also presented transportation challenges for individuals attempting to make medical appointments. Access to grocery stores was also difficult for low income residents within each county.

While the violent crime rate within the region is low, the mortality rate due to motor vehicle accidents far exceeds the state benchmark.

Main Community Health Challenges

Several factors work together to impact the health of individuals and communities. Health is determined by individual circumstances and environment. Factors such as our living environment, genetics, income, education level, and our social environment all have substantial impact on health²⁴. Critical determinants of health can be classified as behavioral risk factors, environmental risk factors, socioeconomic factors, and the policy environment.

Behavioral Risk Factors

The high incidence of chronic disease within the region is linked to unhealthy behaviors. Respondents to our community health needs survey indicated that they ought to increase their level of physical activity (76%), properly manage their weight (69%), improve their diet (67%), and safely manage stress (58%). For the individuals that smoked, just under 12% expressed a desire to reduce tobacco use.

Health-Related Behaviors, Areas for Improvement

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Increase exercise	75.7	Increase exercise	77.7	Increase exercise	78.2	Increase exercise	75.9
Manage weight	67.8	Manage weight	72.9	Manage weight	69.2	Manage weight	68.6
Improve diet	67.1	Improve diet	71.7	Manage stress	64.1	Improve diet	67.2
Manage stress	57.8	Manage stress	56.3	Improve diet	59.0	Manage stress	57.9
Reduce tobacco use	11.8	Reduce tobacco use	11.7	Reduce tobacco use	7.7	Reduce tobacco use	11.9

On average, over one-third of the respondents did not engage in regular physical activity (Jefferson = 37.3%; Lewis = 36.2%, St. Lawrence = 42.6%, Region = 37.1%). Frequently cited barriers to engaging in physical activity included insufficient time, weather, physical inability and financial barriers. Across the region 20% of the respondents indicated that they chose not to exercise.

Barriers to Physical Activity

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Insufficient time	62.7	Insufficient time	64.4	Insufficient time	59.8	Insufficient time	62.9
Weather	37.5	Weather	39.1	Weather	36.8	Weather	37.2
Choose to abstain	19.4	Choose to abstain	21.1	Choose to abstain	28.7	Choose to abstain	20.0
Physically unable	17.5	Physically unable	16.5	Financial barriers	14.9	Physically unable	16.9
Financial barriers	15.2	Financial barriers	12.3	Physically unable	13.8	Financial barriers	14.4

Regional binge drinking rates and smoking rates significantly exceed state averages and predict poor chronic disease outcomes. Chronic binge drinking behavior is linked to cardiovascular disease and fatal motor vehicle accidents. Tobacco abuse is associated with chronic lower respiratory disease, cancer and cardiovascular disease.

Conversely, age-appropriate screenings and recommended immunizations predict positive health outcomes related to chronic disease and communicable diseases, respectively. Low screening rates (particularly colorectal cancer and lung cancer screenings) reduce the opportunity for early detection and treatment of cancer. Within our region, low flu

²⁴ The Determinants of Health, World Health Organization: <http://www.who.int/hia/evidence/doh/en/>

immunization rates are associated with high flu hospitalization rates and highlight a need for improved immunization rates.

Environmental Risk Factors

Community members listed agricultural chemicals as the leading environmental factor impacting health. The remaining factors included insect-borne diseases, water pollution, air pollution, polluted well water and lead poisoning.

Leading Environmental Risk Factors

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Agricultural chemicals	33.5	Agricultural chemicals	34.4	Agricultural chemicals	46.2	Agricultural chemicals	34.9
Insect-borne diseases	33.2	Insect-borne diseases	26.5	Insect-borne diseases	40.2	Insect-borne diseases	32.0
Water pollution	32.2	Air pollution	22.3	Water pollution	38.7	Water pollution	29.5
Air pollution	31.0	Lead poisoning	18.9	Air pollution	30.9	Air pollution	29.3
Polluted well water	24.7	Water pollution	18.1	Septic systems	29.3	Polluted well water	23.3

In addition to the community responses, the US Environmental Protection Agency indicates²⁵ that within Jefferson County there are two sites contaminated with hazardous substances (Superfund sites). There are no Superfund sites in Lewis and St. Lawrence Counties. While the Jefferson County sites are being remediated, their presence potentially increases the health risk of residents within the county.

Another environmental factor impacting health is the predominantly rural geography. As highlighted by St. Lawrence County residents, unreliable transportation to medical appointments and preventive care challenges individual health. The evidence indicates that adequate transportation is associated with increased health care visits for chronic disease management and routine checkups²⁶.

Socioeconomic Factors

In each county, the median household income is at least \$10,000 less than the state average. Within the region, 14-18% of the population live below the Federal poverty level. Poverty also affects the region's children, with more than 20% of the population below 18 years living in poverty.

On average, 10% of the region's population is unemployed, exceeding the state benchmark (8.5%). The region's agriculture is a major component of the economy, however within the past decade there has been a steady decline in the number of farms (Jefferson = -14%, Lewis = -15%, St. Lawrence = -8%)²⁷.

As referenced earlier (see Extended Demographic Profile, page 9), the region has more high school graduates and fewer high school drop-outs than the state average. Nevertheless, the population with a Bachelor's degree is, on average,

²⁵ Cleanups in My Community, US Environmental Protection Agency: <http://ofmpub.epa.gov/apex/cimc/f?p=cimc:63>

²⁶ Arcury, *et al.* Access to Transportation and Health Care Utilization in a Rural Region. (2005) *Journal of Rural Health*. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15667007>

²⁷ North Country Economic Environment, North Country Regional Economic Development Council: <http://regionalcouncils.ny.gov/content/nc-economic-environment/>

smaller than the similar population for the state. According to the Empire State Development Education Migration report²⁸, approximately 4% of the region’s population migrates to Western New York for educational purposes.

Policy Environment

With regard to health promoting policies, all regional State parks, public playgrounds and public pools abide by smoke-free policies. As a result of the passage of the Clean Indoor Air Act across the state in 2003, most bars, restaurants and hospitals operate as smoke-free places. Within the region, a few establishments have active Clean Indoor Air Act waivers²⁹.

County	Facility Name	Location
Jefferson	American Legion Post #583	Dexter
	American Legion Post #61	Watertown
	Aunt Dona & Uncle Dan’s Tavern	Adams
	Colesante’s Tavern	Watertown
	Fort Pearl	Watertown
Lewis	Baker’s Grill	Lowville
St. Lawrence	Jeremiah’s	Norwood
	Palms Restaurant	Gouverneur

There are no menu labeling policies or widespread zoning policies for walkable communities.

Additional Community Characteristics

Within the region, more than 14% of the population are Medicare Beneficiaries and more than 18% are Medicaid Beneficiaries. The Medicare populations in Lewis and St. Lawrence Counties exceed the state average and aligns with the higher population ages in those two counties. The Medicaid rates closely match the distribution of poverty within the region.

Public Funded Insurance (2012)³⁰

	Jefferson	Lewis	St. Lawrence	NY State
Medicare Beneficiaries (% of Total Population)	14.8%	16.4%	18.7%	15.8
Medicaid Beneficiaries (% of Total Population)	18.4%	20.0%	22.1%	26.2

In some instances, Medicaid patients face problems finding medical care for treatment in a timely manner. Low Medicaid reimbursement rates are typically cited and the main barrier. Administrative burdens, patients’ nonmedical needs (i.e. social needs), challenges with keeping appointments and adhering to treatment plans, also play a significant

²⁸ Western New York Migration Education, North Country Regional Economic Development Council: http://regionalcouncils.ny.gov/themes/nyopenrc/rc-files/northcountry/2B_NorthCountryMigrationEducation.pdf

²⁹ Active Clean Indoor Air Act Waivers in New York State (May 2012): http://www.health.ny.gov/prevention/tobacco_control/clean_indoor_air_act/decisions.htm

³⁰ Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Area Health Resource File (AHRF), 2013, Health Resources Comparison Tool: <http://arf.hrsa.gov/arfdashboard/hrctIntro.aspx>

role in reducing access to care³¹. The proportion of Medicaid Beneficiaries coupled with the existing health care provider shortages increase access to care disparities within the region.

³¹ Felland, *et al.* Improving Access to Specialty Care for Medicaid Patients: Policy Issues and Options. (2013) The Commonwealth Fund: <http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Jun/Improving-Access-to-Specialty-Care.aspx>

Assets and Resources

The North Country Health Compass Partners established three ad hoc work groups to inventory regional assets, regional barriers, protective factors and contributing factors related to: Chronic Disease; Maternal and Child Health; Mental, Emotional and Behavioral Health (see Appendix 3).

The leading regional assets identified were:

Chronic Disease

- Interagency Collaboration
- School-based health initiatives
- State and Federal funding for screenings
- Rural (health-supporting) environment with ample opportunities for outdoor activity
- Widespread adoption of electronic health records

Maternal and Child Health

- Case management and home visiting services
- The North Country Prenatal Perinatal Council
- School-based health initiatives
- Interagency collaboration

Mental, Emotional and Behavioral Health

- Interagency collaboration
- Engaged service providers
- Improved tri-county housing (servicing very-low to moderate income families)
- Treatment and prevention services
- St. Lawrence Psychiatric Center
- Peer-to-peer groups

Consistently, interagency collaboration was identified as a key regional asset. There are several agencies in the region working to address the needs of the community. The list is extremely extensive, but can be found at The Northern New York Directory of Community Resources (<http://directory.ncppc.org/>), prepared and maintained by the North Country Prenatal Perinatal Council. The directory is also available in printed format and presents information related to:

- Addiction Services
- Adolescent Services
- Aging Services
- Cancer Screening Services
- Children's Services
- Chronic Disease
- Clinics
- Crisis Intervention and Emergency Assistance
- Disability Services
- Employment Counseling
- Family Planning/Reproductive Health
- Financial Assistance/Counseling
- Food and Housing Assistance
- Health Insurance Assistance
- Hospice and Bereavement Services
- Hospitals
- Legal Advocacy/Assistance
- Mental Health Services
- Military Services
- Nutrition and Fitness Services
- Parenting Assistance
- Partner Violence/Sexual Assault

- Pregnancy Health Information
- Sexually Transmitted Infection and HIV Services
- Support and Self-Help Groups
- Tobacco Cessation
- Transportation
- Urgent Care Services

Process and Methods

Needs Assessment

- **Purpose:** The goal of the North Country Community Health Survey was to engage residents of the three-county region (Jefferson, Lewis, St. Lawrence Counties) and gauge their perceptions of health needs in the community. Ultimately, the survey was designed to inform the regional CHA/CHIP process undertaken through a collaboration between public health agencies, hospitals and community-based organizations.
- **Design:** The instrument was modeled after a survey distributed within St. Lawrence County for the purpose of assessing health needs within that region. A vast range of health related topics were covered, including specific diseases and conditions, health risks, access to care, prevention, and community health needs.
- **Duration of collection:** The survey was open to community residents from June 1st through July 1st, 2013.
- **Frequency:** This was the inaugural administration of the survey. Future distributions and/or revisions have not yet been determined.
- **Distribution:** The instrument was distributed using an online survey tool (Survey Monkey). Respondents accessed the survey by following a web link.
- **Promotion:** Information about the survey was sent to regional health organizations/agencies and their affiliates, various news outlets, social media outlets, and private medical practices (along with respective patient portals). Flyers were also created and posted at various community sites (e.g. clinics and hospitals).

Reporting of Preliminary Findings

The preliminary findings of this report were shared with the North Country Health Compass Partners during monthly meetings held since April 2013. Preliminary data was also shared as follows:

- In an online survey tool to engage stakeholders in the selection of Prevention Agenda priorities and goals, which was open from July 29, 2013 to August 15, 2013.
- At the “Promote Mental Health and Prevent Substance Abuse” ad hoc work group session which was held on September 9, 2013.
- At the “Prevent Chronic Diseases” ad hoc work group session which was held on September 9, 2013.
- In a meeting with the sole regional pediatric dentist (Dr. Andrew Beuttenmuller) to brainstorm strategies to address oral health issues affecting children on September 13, 2013.
- At the “Promote Healthy Women, Infants and Children” ad hoc work group session which was held on September 16, 2013.
- In a meeting with the FDRHPO Provider Executive Committee (PEC), comprised of physicians within the region, on September 25, 2013.

Feedback solicited during these sessions was used to guide the development of this final report. The final report will also be posted on the North Country Health Compass website (www.ncnyhealthcompass.org) and on the websites of the affiliated agencies and organizations.

Appendix 1 - North Country Community Health Survey

North Country Community Health Survey

North Country Community Health Survey

Local health departments, hospitals and community based organizations are working together to complete a Community Health Assessment that includes a Community Health Improvement Plan for 2014-2017.

We are conducting a brief, 15 minute survey about the health needs of North Country residents in Jefferson, Lewis and St. Lawrence. Your answers are important to us. Your participation is voluntary and your responses will remain anonymous.

Please complete the survey no later than July 1st.

1. Do you reside in Jefferson, Lewis or St. Lawrence County?

Yes

No

North Country Community Health Survey

2. Do you think the following are problems in your household or community? Please check all that apply.

	Problem in your household	Problem in your community	Not a problem	Don't Know or Unsure
Ability to Access Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimers, dementia or memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Problems in Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/other mental illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse/abuse of prescription drugs or illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease (Congestive heart failure, Angina, "A-Fib")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease (COPD, Emphysema, Asthma, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor nutrition (eating unhealthy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with teeth or gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of well water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases (Chlamydia, Herpes, Gonorrhea, HIV/AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second hand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking/tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to medical appointments and health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underweight or premature babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unintended pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

North Country Community Health Survey

Underage drinking

Other (please specify)

3. Do you think that access to treatment for the following are a problem in your household or community? Please check all that apply.

	Problem in your household	Problem in your community	Not a problem	Don't Know or Unsure
Treatment for Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Mental health (children 18 years and younger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Mental health (adults 19 years and older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Gambling addictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Suicide prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are any of the following a problem in your household or community? Please check all that apply.

	Problem in your household	Problem in your community	Not a problem	Don't Know or Unsure
Child abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault/Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence among youth/bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you think that any of these environmental factors are a problem in your household or community? Please check all that apply.

	Problem in your household	Problem in your community	Not a problem	Don't Know or Unsure
Agricultural chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated well water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diseases transmitted by insects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

North Country Community Health Survey

6. Do you think there are barriers to receiving care in any of the following?

	Yes	No	Don't know
Specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice and supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/behavioral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/Dietary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapy (physical, speech, occupational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

7. Would you like to improve any of the following health-related behaviors for yourself?

Please check all that apply.

- Eat better
- Increase physical activity
- Manage stress
- Decrease alcohol consumption
- Managing weight
- Decrease tobacco use

Other (please specify)

8. Do you engage in regular physical activity?

- Yes
- No

9. How many days per week do you engage in physically activity?

- 1-2 days per week
- 3-5 days per week
- 6-7 days per week

10. What is the typical length of time you are physically active?

- 15 minutes or less
- 16-30 minutes
- 31-45 minutes
- 46-59 minutes
- 1 hour or more

11. What prevents you from being physically active? Please check all that apply.

- Physically unable
- Weather
- Financial barriers
- Lack of time
- Safety (no street lights or sidewalks)
- Choose not to
- Other

If "Other" please specify:

12. In your community do you have any of the following (please check all that apply)?

- Sidewalks
- Street lights
- Bike paths
- Walking trails
- Access to public gym
- Access to public pool
- None of the above

North Country Community Health Survey

13. Does your workplace support breast-feeding?

- Yes
 No
 Don't know
 Not applicable

14. Do you spend daily time caring for (please check all that apply):

- An elderly or disabled parent
 An elderly or disabled spouse
 A disabled child
 A grandchild
 None of the above
 Other

15. Alcohol use: How often do you and others in your household drink at least one drink of alcohol? (One drink is a beer, glass of wine, etc.)

	None	1-2 times a month	1-2 times a week	1-2 times a day	More than 2 times a day
How often do you drink?	<input type="radio"/>				
Others in your household?	<input type="radio"/>				

16. How many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a woman) on one occasion?

- None
 Once
 Twice
 Three to Four
 Five or more

17. Do you think it is ok for people to drink alcohol under the age of 21?

- Yes
 No
 Yes, as long as they are not driving
 Yes, under parental supervision

North Country Community Health Survey

18. Do you use any of the following tobacco related products? Check all that apply.

- Cigarettes
- E-Cigarettes
- Chewing tobacco or snuff
- Pipe/cigar
- None of the above

Other (please specify)

North Country Community Health Survey

19. Have you tried to quit smoking within the past 30 days?

- Yes
 No

20. Do you have a current prescription for pain medication?

- Yes
 No

21. Do you have any unused (leftover) prescription pain medication?

- Yes
 No

22. Have you received any of the following immunizations (shots) as an adult (age 19 and older)? Please check all that apply.

- Flu shot
 Tdap- Tetanus, Diphtheria, Pertussis (whooping cough)
 Pneumonia
 Shingles (Zostavax)
 Hep A/Hep B
 HPV (Human Papilloma Virus)
 Meningitis
 None of the above
 Don't know

23. About how long has it been since you last visited a dental office for any reason?

- Within the past year
 Within the past 2 years
 Within the past 5 years
 6 years or more
 I have never been to a dentist

North Country Community Health Survey

24. During the past 12 months, did you need dental care but did not receive it due to any of the following reasons? Please check all that apply.

- Couldn't find a dentist
- Couldn't afford the cost
- Fear of dental care
- Travel barrier
- Lack of time
- Not applicable

Other (please specify)

25. Do you have a home emergency plan (i.e. escape routes, medication management, food supplies, etc.) for the following types of disasters? Please check all that apply.

- Natural and weather related disasters
- Man made disasters
- Fire
- No plan in place

If "Other" please specify:

North Country Community Health Survey

26. Have you or any member of your household used the following services in the last 12 months? Please check all that apply.

	Yes	No	Don't know
Adult Day Care/Respite Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol/Drug treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiology (hearing care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling/Mental Health for adults (18 years or older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling/Mental Health for children (18 years or younger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor's Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Response System (i.e. Lifeline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intervention Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation Services (breastfeeding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivered Meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Nutrition Sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthodontists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

North Country Community Health Survey

Chiropractic Care

Testing, Counseling &
Treatment for STDs and/or
HIV/AIDS

Other (please specify)

27. If you or a family member needed to be hospitalized, which hospital would you prefer?

- Canton-Potsdam (Potsdam)
- Carthage Area Hospital (Carthage)
- Claxton-Hepburn (Ogdensburg)
- Clifton-Fine (Star Lake)
- EJ Noble (Gouverneur)
- Massena Memorial Hospital (Massena)
- Adirondack Medical Center (Saranac Lake)
- Samaritan Medical Center (Watertown)
- River Hospital (Alexandria Bay)
- Lewis County General Hospital (Lowville)
- Other

If "Other" please specify:

North Country Community Health Survey

28. If you chose "other", please specify why.

29. In the past 3 years, have you received any of the following screenings? Please check all that apply.

	Yes	No	Not applicable
Pap Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung Cancer Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

30. About how long has it been since you last visited a doctor for a routine checkup? Do not include times you visited the doctor because you were sick.

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 6 years or more
- Never
- Don't know/unsure

31. At night and on weekends, where do you receive medical care?

- My local Emergency Room
- Urgent Care
- My doctor
- Out of town Emergency Room
- Does not apply

Other (please specify)

North Country Community Health Survey

32. Do you have any of the following insurances? Check all that apply.

- Health
- Dental
- Vision
- Long-term Care
- None of the above

33. If you have health insurance, who pays for it?

- I do
- Employer
- I share the cost with my employer
- Public Funded (Medicaid, etc.)
- Parents
- Spouse's/Partner's Employer
- Other

If "Other" please specify:

34. If you do not have health insurance, what barriers prevent you from having it?.

- Not offered where I work
- Can't afford
- Prefer to pay my own medical bills out of pocket
- Choose not to have it

If "Other" please specify:

35. How much do you estimate your household paid for all medical services in the last calendar year ("out of pocket expenses"; prescriptions, dental care, vision, health insurance premiums, medical care, hospitalization, co-payments, deductibles)?

- \$0-\$1,000
- \$1,001- \$5,000
- \$5,001-\$7,500
- \$7,501 or more
- Don't know

North Country Community Health Survey

Please check the appropriate boxes-all responses are anonymous

36. Do you have children in the home who are under 18?

Yes

No

37. Do your children wear helmets when bicycling, skateboarding, rollerblading, skiing, snowboarding, etc...

- Never
- Sometimes
- Always

38. Are there affordable, organized opportunities for your children to be involved in physical activity?

- Yes
- No
- Don't know

North Country Community Health Survey

Demographics

Finally, to better understand the many factors that may be related to adult health status and beliefs about health conditions, we have a few demographic questions for you. All responses are voluntary.

39. What is your age?

- Under 18
- 18-20
- 21-34
- 35-49
- 50-64
- Over 65

40. Which of the following best describe your race/ethnicity?

- White/Caucasian
- Black/African American
- American Indian or Alaskan Native
- Asian Indian
- Hispanic/Latino
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan or Other Pacific Islander
- Other

If "Other" please specify:

North Country Community Health Survey

41. What is the highest level of education you've completed or the highest degree you've received?

- Less than high school graduate
- GED
- High School Graduate
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional Degree

42. Which of the following best describes your employment status?

- Full time
- Part-time
- Retired
- Student
- Homemaker
- Out of work (more than 1 year)
- Out of work (less than 1 year)
- Disabled or unable to work
- Volunteer

43. Which of the following best describes your occupation?

- Education
- Human Services
- Healthcare
- Government
- Retail
- Hospitality/Tourism
- Manufacturing
- Farming
- Construction/Engineering

If "Other" please specify:

North Country Community Health Survey

44. Which of the following represents your status. Check all that apply.

- Active Duty Soldier
- Veteran
- Retiree
- Military family member
- Other civilian

Other (please specify)

45. In what county do you reside?

- Jefferson
- Lewis
- St. Lawrence

Other (please specify)

46. What is your zip code?

47. In what town do you reside?

48. How long have you lived in your community?

- 1-4 years
- 5-9 years
- 10-19 years
- 20 years or more
- Work here only
- Other

If "Other" please specify:

North Country Community Health Survey

49. Please estimate your annual household income (from all sources).

- Less than \$15,000
- \$15,001-\$25,000
- \$25,001-\$50,000
- \$50,001-\$75,000
- \$75,001-\$100,000
- Over \$100,000

50. Which of the following best describes your marital status?

- Single
- Married
- Divorced
- Separated
- Widowed
- Unmarried couple
- Other

If "Other" please specify:

51. Gender

- Male
- Female

52. Please provide any additional comments or other health related needs for your community that you feel are important but have not been addressed in this survey.

North Country Community Health Survey

Thank You!

Thank you for taking time to complete this survey. Your opinions will be helpful in making our region a healthier place. The results of the survey will be posted on the Fort Drum Regional Health Planning Organization website: www.fdrhpo.org. Should you have any questions, please contact tleonard@fdrhpo.org.

Appendix 2 - North Country Community Health Survey Report

Executive Summary

The North Country Community Health Survey (NCCHS) was open to residents of Jefferson, Lewis, and St. Lawrence counties from June 1st through July 1st. The instrument was distributed using an online survey tool, facilitating collection of 1,379 completed surveys. A vast range of health related topics were covered, including specific diseases and conditions, health risks, access to care, prevention, and community health needs.

Demographics

The majority of survey respondents were female (75.1%) within the 50-64 age group (41.4%) classifying themselves as White/Caucasian (97.7%). Most worked full-time (68.4%) in healthcare (33.8%) and had attained a Bachelor's degree (22.1%). Estimated annual household income was spread over \$25,001-\$75,000 (53.4%), with 12.4% of respondents earning less than \$25,000 per year. In addition, respondents were typically civilian (75.4%), married (68.5%), and from Jefferson County (71.5%). There were 290 respondents from Lewis County (21.5%) and 94 respondents from St. Lawrence County (7.0%).

Diseases and Health Conditions

Within the household, the top five identified health conditions were high blood pressure (41.6%), overweight/obesity (37.2%), arthritis (33.3%), lack of physical activity (27.4%), and diabetes (22.4%). These conditions were in contrast to the conditions identified as problems within the community: drug abuse (prescription and illegal; 78.5%), cancer (74.1%), overweight/obesity (73.8%), behavioral problems in children (70.4%), and depression/other mental illnesses (70.0%).

Health Risks

Violence among youth/bullying and domestic abuse were leading abuse-related concerns in the household and the community. In relation to environmental health hazards, agricultural chemicals (34.9%), diseases transmitted by insects (32.0%), water pollution (29.5%), and air pollution (29.3%) were dominant community problems.

Respondents indicated a need to increase their physical activity (75.9%), manage their weight (68.6%), eat better (67.2%), and manage stress (57.9%). A total of 37.1% respondents indicated that they did not engage in regular physical activity, listing lack of time (62.9%), weather (37.2%) and personal choice (20.0%) as the major barriers. Residents also mentioned that affordable, organized opportunities for physical activity were unavailable for 25.6% of the households with children.

More than a third of the respondents abstained from alcohol (36.1%). However, of those who consumed alcohol, 25.3% indicated that they engaged in binge drinking behavior at least once within 30 days prior to taking the survey. Of note, support for underage drinking was at 44.9%.

Just under 20% of respondents reported tobacco use, with cigarettes (12.9%), e-cigarettes (2.3%) and chewing tobacco (2.0%) being the preferred products. Almost a quarter of the responding smokers noted that they had attempted to quit smoking during the 30 days before taking the survey.

There were fewer Individuals with current prescriptions for pain medications (19.6%) than those who were in possession of unused pain medications (23.5%).

Access to Care

Access to mental health care for children (61.4%) and adults (60.8%) was a leading community problem. Respondents also indicated facing barriers to receiving specialty care (69.8%), elder care (50.6%), home care (48.5%) and nutrition care (43.3%). Conversely, individuals faced little to no barriers when accessing pharmacies, hospice care, prenatal care, family planning services, and therapy (physical, speech, occupational).

Most of the survey respondents had health, dental and vision insurance, sharing the cost with their employer. For the individuals without health insurance, the primary barrier was cost (82.1%). Half of the individuals who completed the survey spent between \$1,001 and \$5,000 on medical services in 2012.

Prevention

Apart from flu shots (69.3%), immunization coverage among the respondents was under 50% for Tdap, pneumonia, shingles, HepA/HepB, HPV, and meningitis. The percentage of individuals receiving health screenings was less than 60% for pap tests, mammograms, colorectal exams, prostate exams, and lung cancer screening.

In relation to disaster preparedness, 54.1% of respondents had no form of home emergency plan.

Health Needs

Respondents indicated a preference for care at Samaritan Medical Center (45.3%), facilities outside the region (25.5%), and Lewis County General Hospital (21.5%). Of the facilities outside the region, SUNY Upstate, St. Joseph's and Crouse were the preferred locations. The reasons provided for preferring care outside the region included improved care, specialists, specific services, care quality, and trust.

Open-ended responses (total = 202) to a question eliciting feedback on community concerns were classified into 32 different categories. The top ten categories of concerns were cost of insurance, mental health access, primary care access, absence of specialists, quality of care, cost of medical care, socio-economic conditions, elder care, medical transport, and public physical activity options.

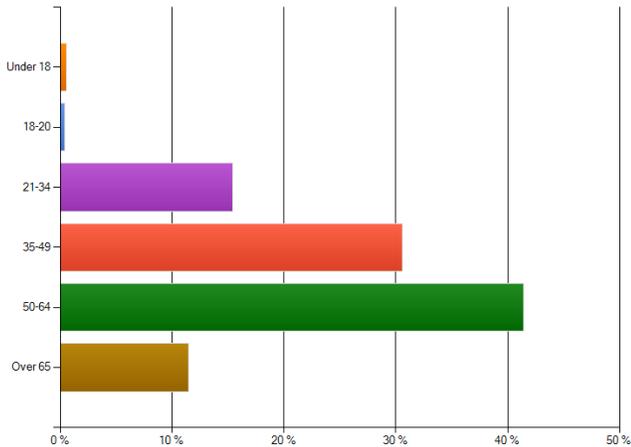
The open-ended responses also included accolades, highlighting the work of Lewis County Cancer Screening Services, North Country Children's Clinic, and health care in Lewis and Jefferson County.

Overview

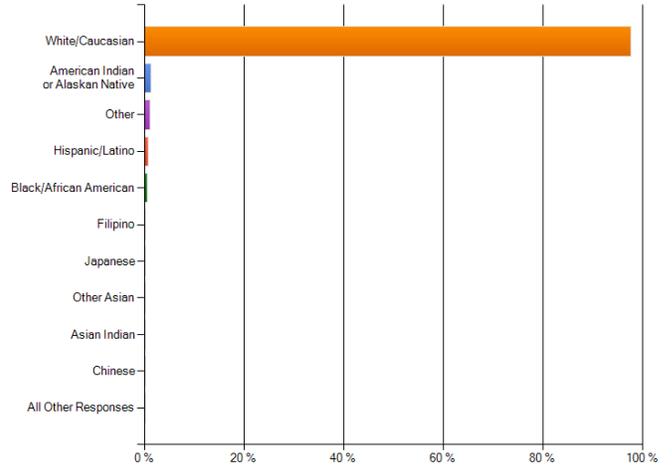
The North Country Community Health Survey (NCCHS) was distributed using a web-based survey tool, collecting responses from residents of Jefferson, Lewis, and St. Lawrence counties. A total of 2,208 surveys were initiated leading to 1,379 finished surveys, a 62.5% completion rate. The survey covered a vast range of health topics including prevention, access to care, specific diseases, health conditions, and community health needs. The data presented in this report reflects the combined response of residents of the three-county region.

1.0 Demographics of Respondents

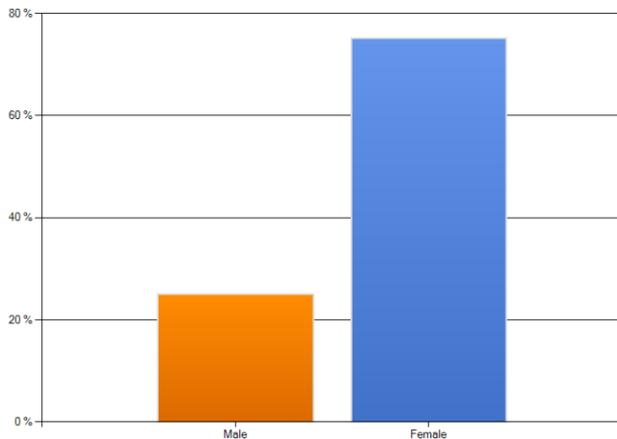
Age



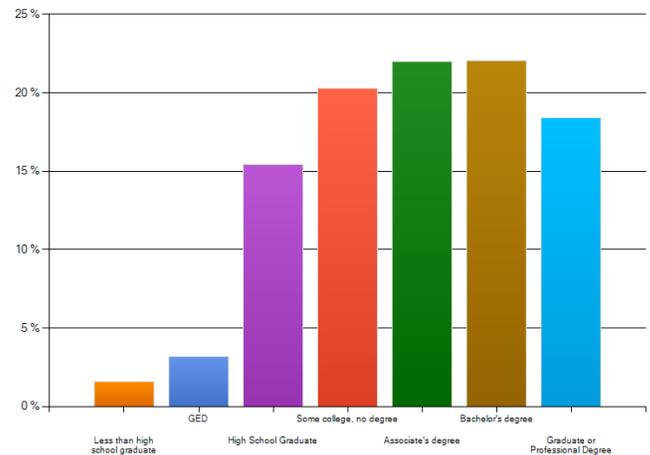
Race/Ethnicity



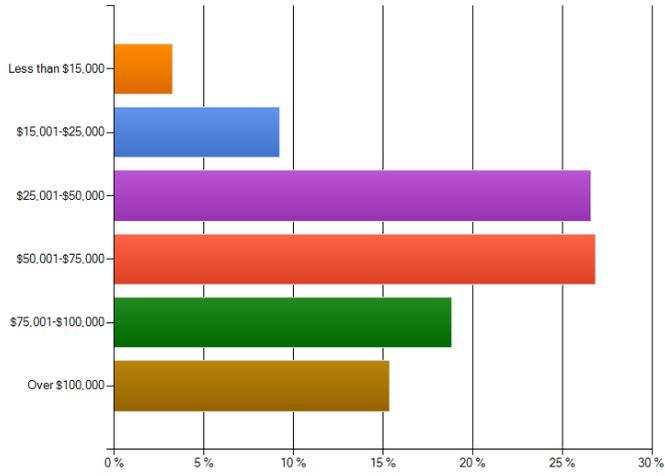
Gender



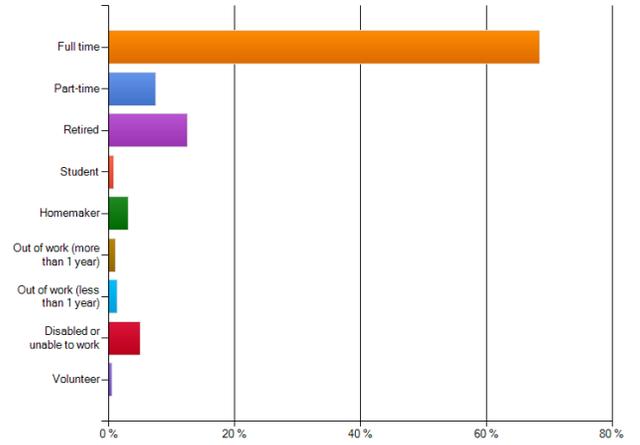
Highest Level of Education/Degree Completed



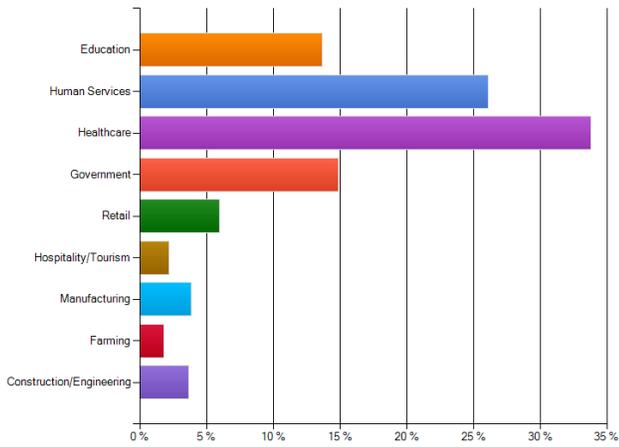
Estimated Annual Household Income (from all sources)



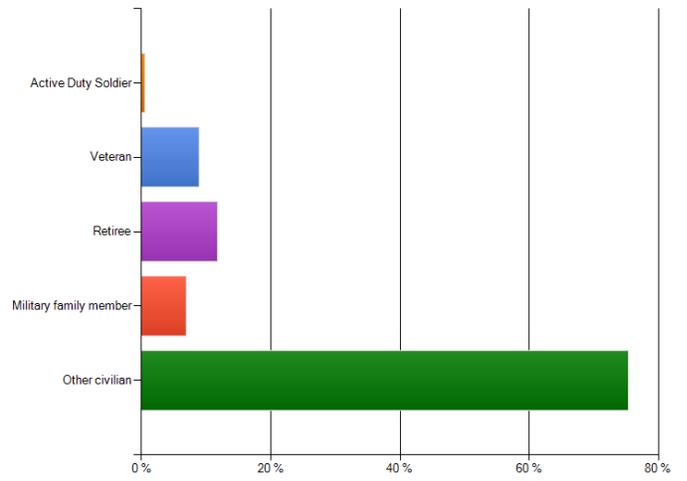
Employment Status



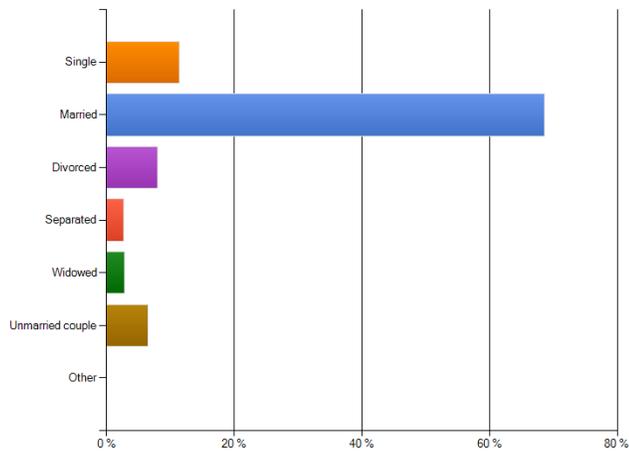
Occupation Type



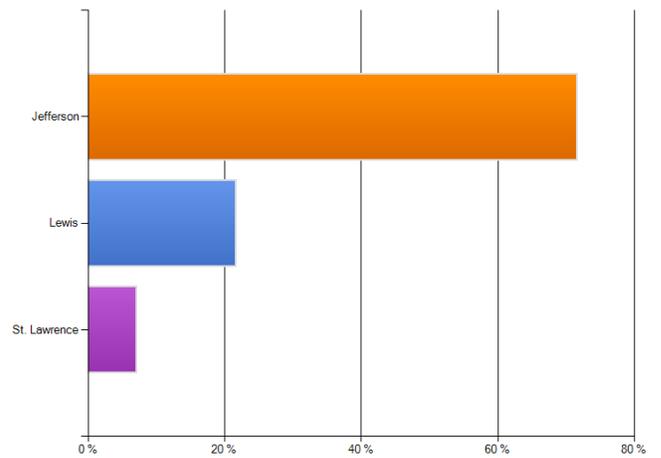
Military Status

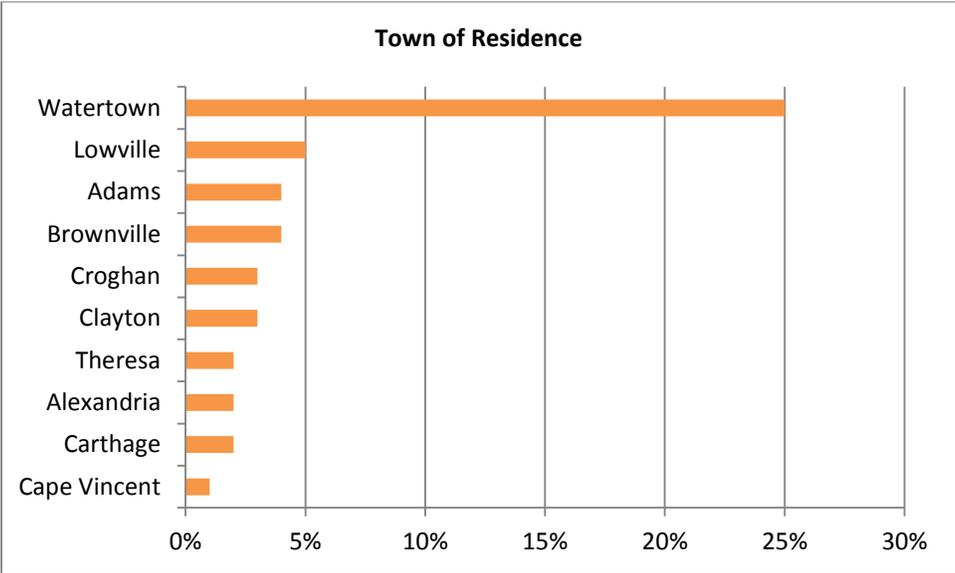


Marital Status

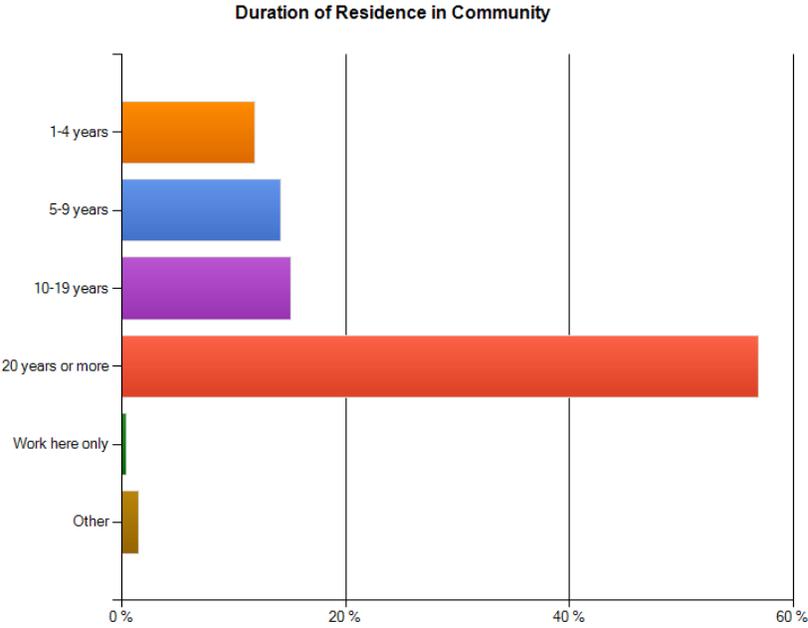


County of Residence





Black River, Champion, Dexter, Hounsfield, LeRay, Lyme, Martinsburg, New Bremen, Pamela, Rodman, Rutland, Sackets Harbor and Wilna each accumulated 1% of the responses.



2.0 Diseases and Health Conditions

	Problem in the Household	%
1	High blood pressure	41.6
2	Overweight/Obesity	37.2
3	Arthritis	33.3
4	Lack of physical activity	27.4
5	Diabetes	22.4
6	Depression/other mental illnesses	20.1
7	Poor nutrition (unhealthy eating)	18.0
8	Lung disease (COPD, emphysema, asthma)	17.2
9	Problems with teeth or gums	16.1
10	Heart disease (congestive heart failure, angina)	15.0

	Problem in the Community	%
	Abuse of prescription drugs or illegal drugs	78.5
	Cancer	74.1
	Overweight/Obesity	73.8
	Behavioral problems in children	70.4
	Depression/other mental illnesses	70.0
	Poor nutrition (unhealthy eating)	69.9
	Underage drinking	69.8
	Lack of physical activity	68.9
	Alcohol abuse	67.2
	Smoking/tobacco abuse	64.6

3.0 Health Problems

3.1 Abuse

	Problem in the Household	%
1	Violence among youth/bullying	1.9
2	Domestic abuse	0.6
3	Sexual assault/abuse	0.4
4	Elder abuse/neglect	0.3
5	Child abuse/neglect	0.3

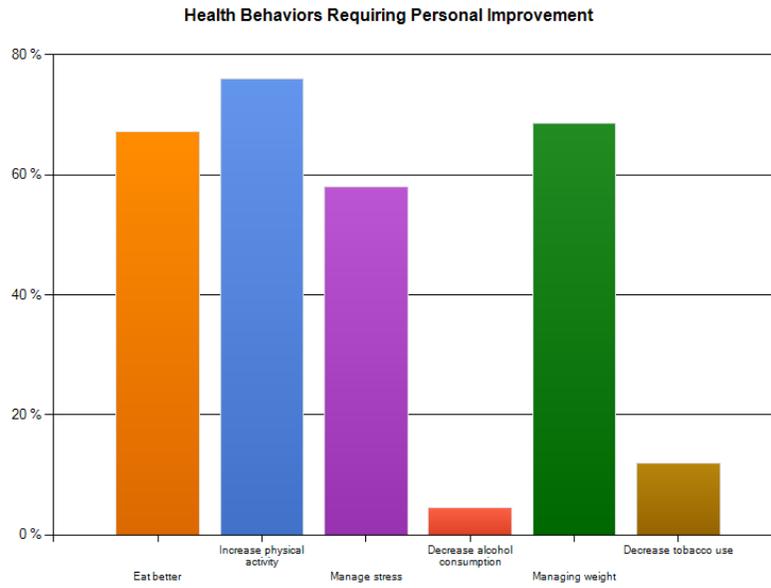
	Problem in the Community	%
	Violence among youth/bullying	68.5
	Domestic abuse	64.1
	Child abuse/neglect	62.7
	Sexual assault/abuse	49.4
	Elder abuse/neglect	43.1

3.2 Environmental Hazards

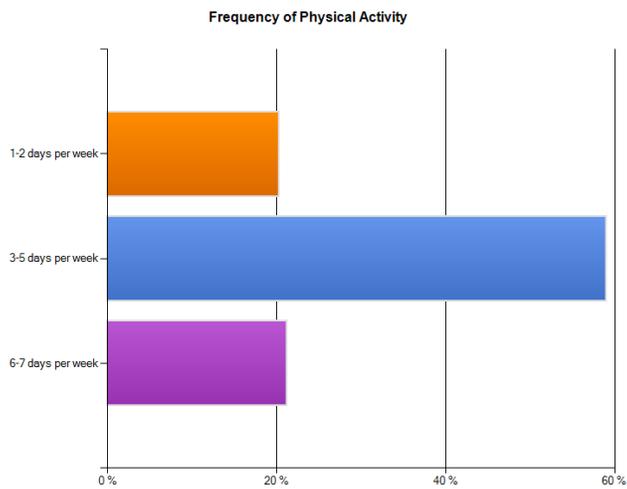
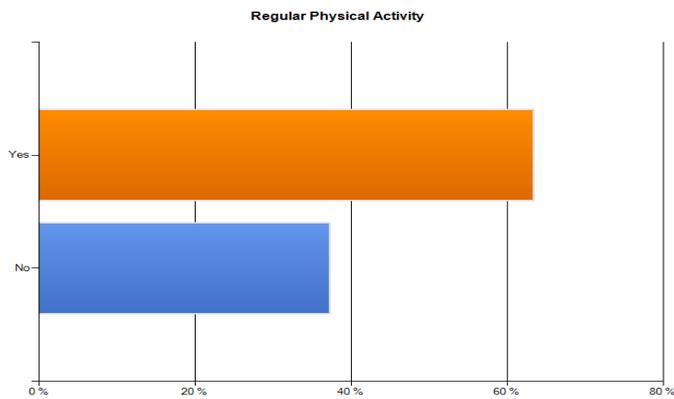
	Problem in the Household	%
1	Agricultural chemicals	2.9
2	Contaminated well water	2.9
3	Air pollution	2.8
4	Septic systems	2.6
5	Water pollution	2.3
6	Diseases transmitted by insects	1.9
7	Lead poisoning	0.6

	Problem in the Community	%
	Agricultural chemicals	34.9
	Diseases transmitted by insects	32.0
	Water pollution	29.5
	Air pollution	29.3
	Contaminated well water	23.3
	Septic systems	21.1
	Lead poisoning	18.5

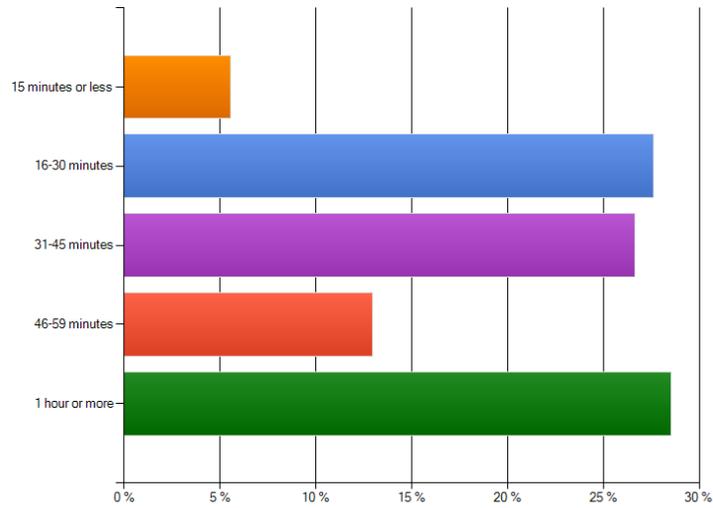
3.3 Health Behaviors



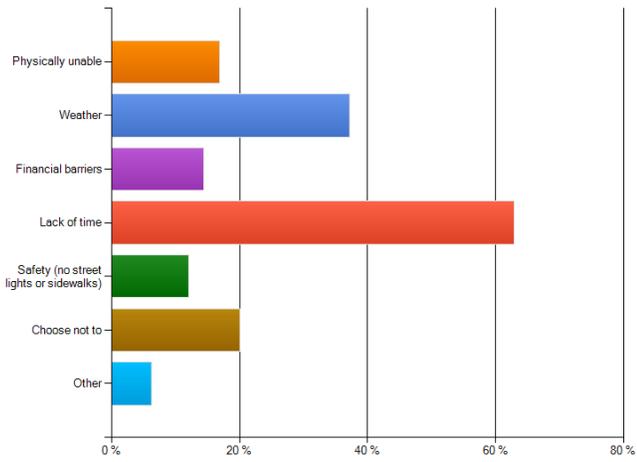
3.3.1 Physical Activity



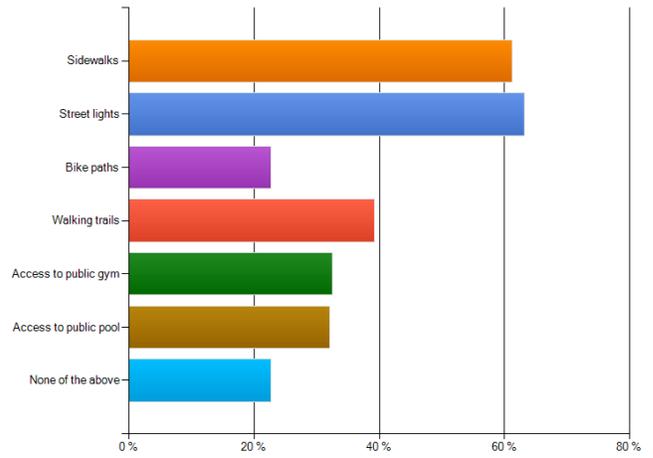
Length of Time Engaged in Physical Activity



Physical Activity Barriers

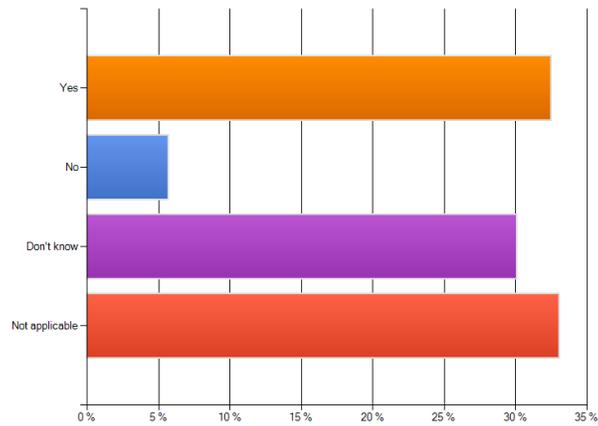


Community Features

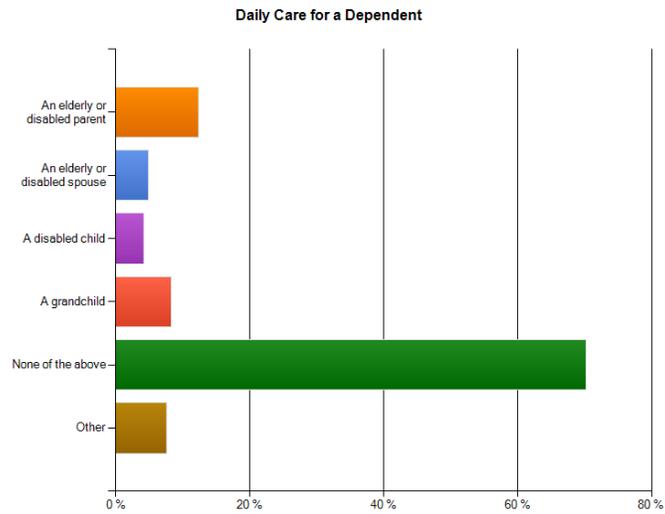


3.3.2 Breastfeeding

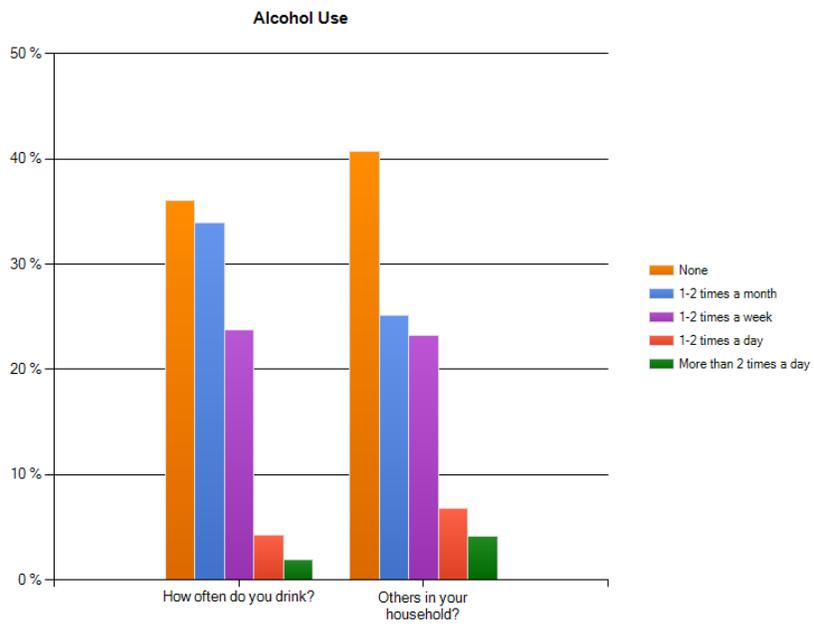
Workplace Supportive of Breast-Feeding



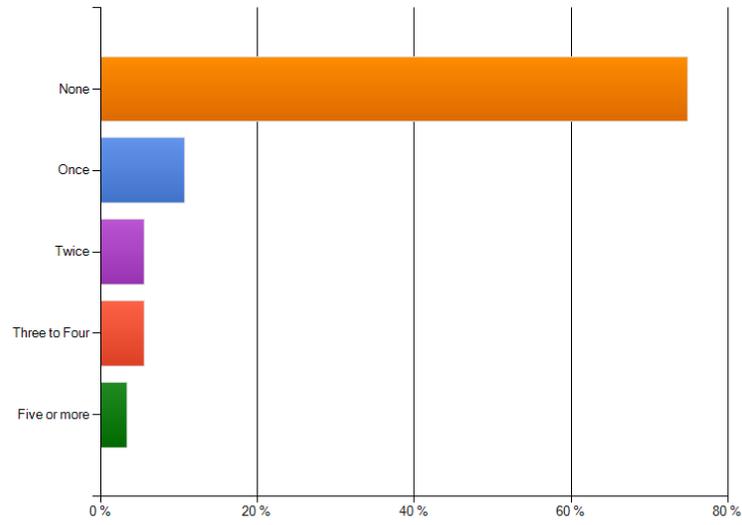
3.3.3 Dependent Care



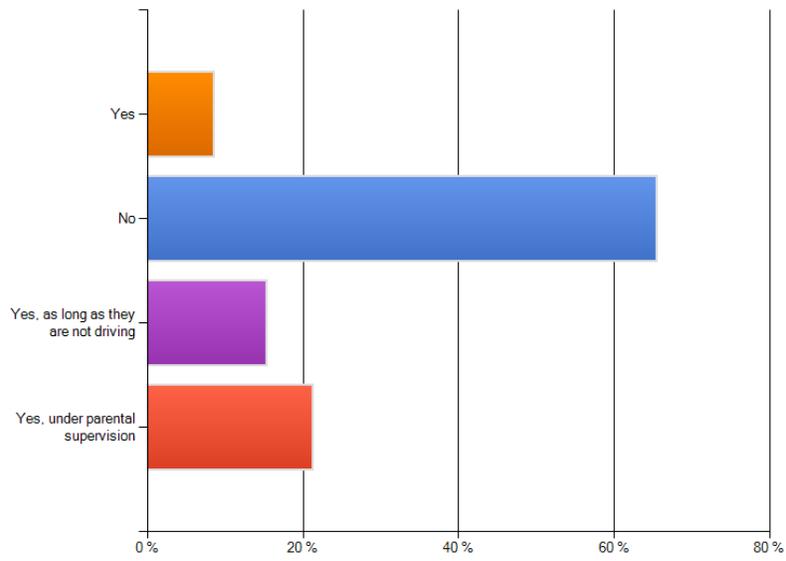
3.3.4 Alcohol Use



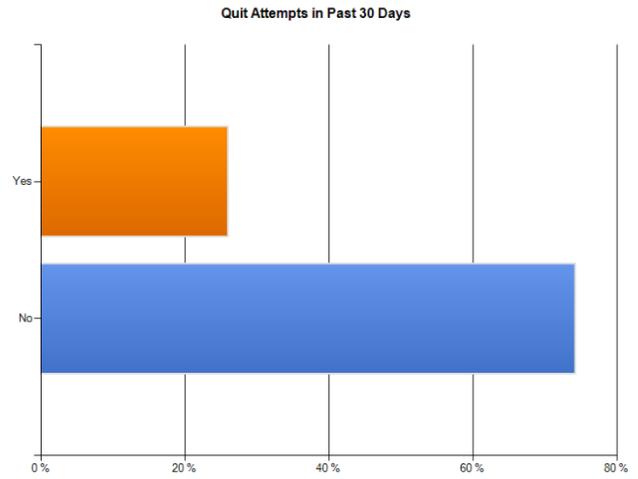
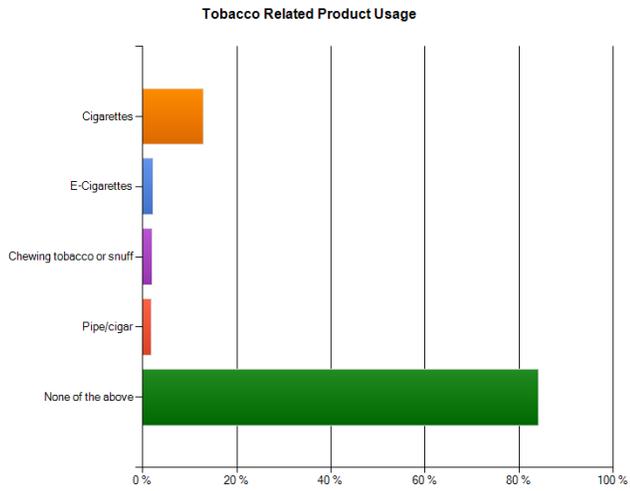
Binge Drinking in the Past 30 Days



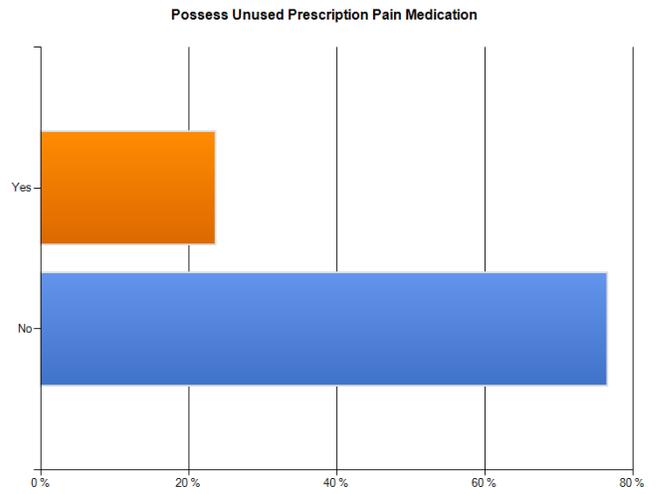
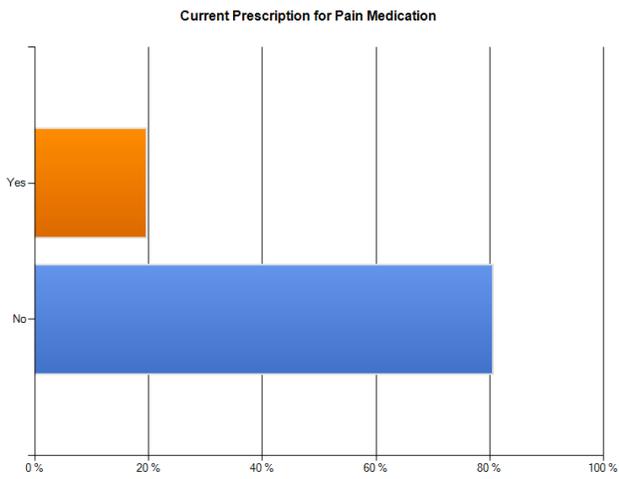
Support of Alcohol Use Under the Age of 21



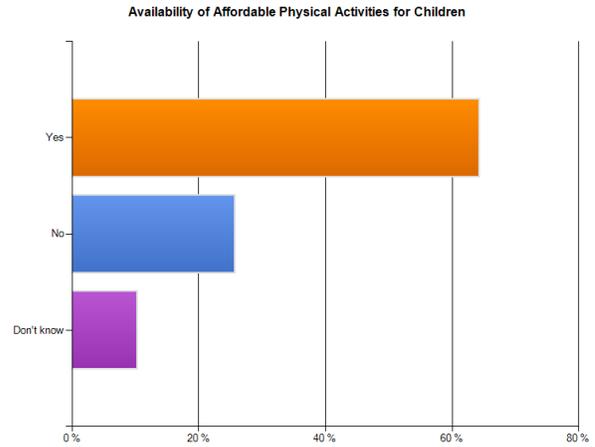
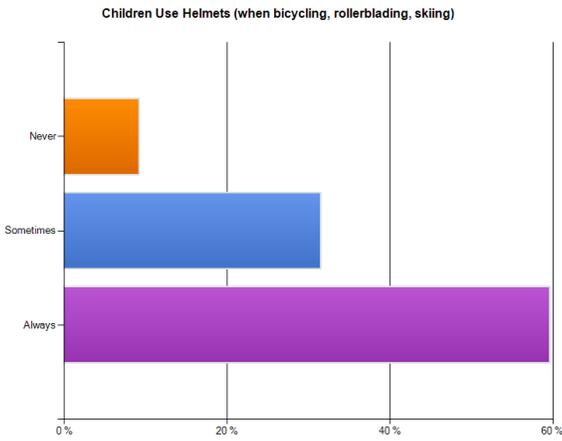
3.3.5 Tobacco Use



3.3.6 Prescription Pain Medication



3.3.7 Child Safety



4.0 Access to Care

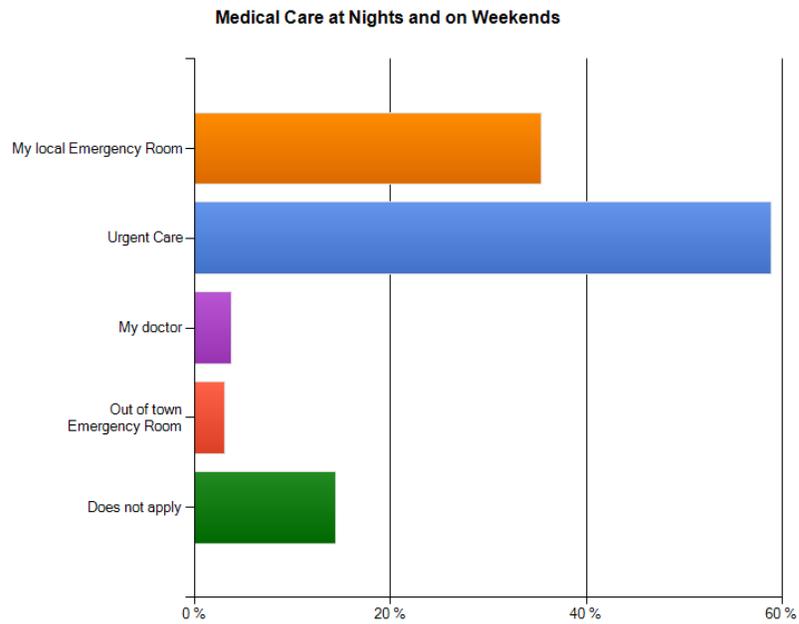
	Problem in the Household	%
1	Treatment for mental health (adults 19+ years)	4.9
2	Treatment for mental health (children <=18 years)	3.0
3	Treatment for alcoholism	1.6
4	Treatment for drug abuse	1.4
5	Treatment for suicide prevention	0.9
6	Treatment for gambling addictions	0.8

	Problem in the Community	%
	Treatment for mental health (children <=18 years)	61.4
	Treatment for mental health (adults 19+ years)	60.8
	Treatment for drug abuse	53.1
	Treatment for suicide prevention	46.0
	Treatment for alcoholism	43.8
	Treatment for gambling addictions	34.4

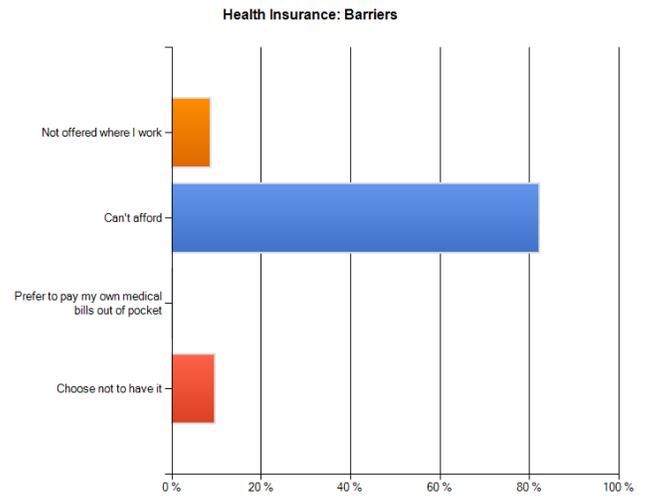
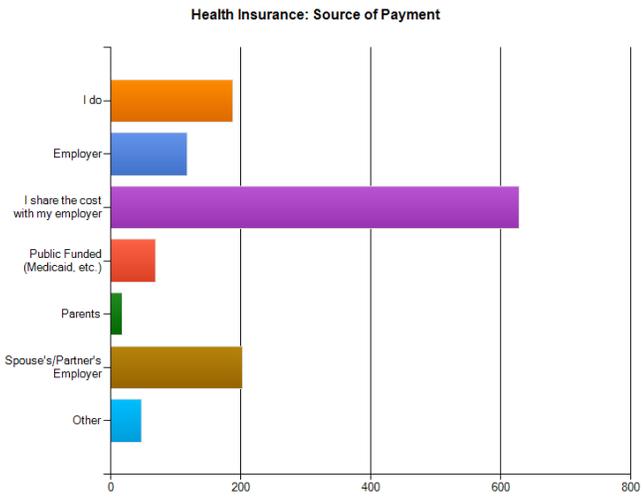
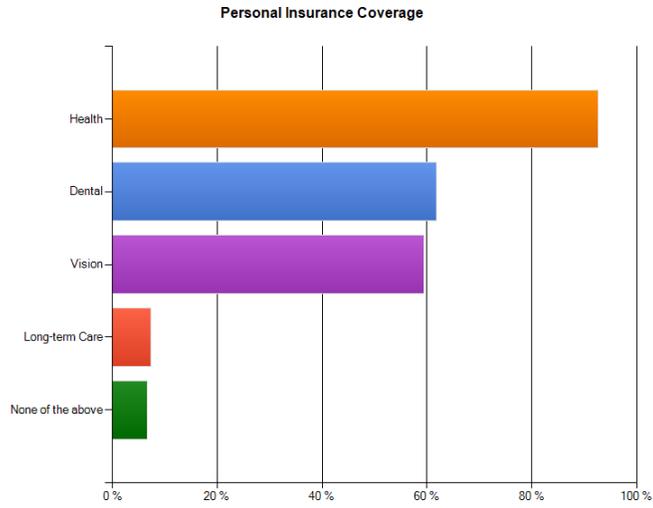
	Barriers to Receiving Care YES	%
1	Specialty care	69.8
2	Mental/behavioral health	64.6
3	Elder care	50.6
4	Home care	48.5
5	Nutrition/dietary	43.3

	Barriers to Receiving Care NO	%
	Pharmacy	66.1
	Hospice and supports	62.2
	Prenatal care	53.7
	Family planning services	51.1
	Therapy (physical, speech, occupational)	45.8

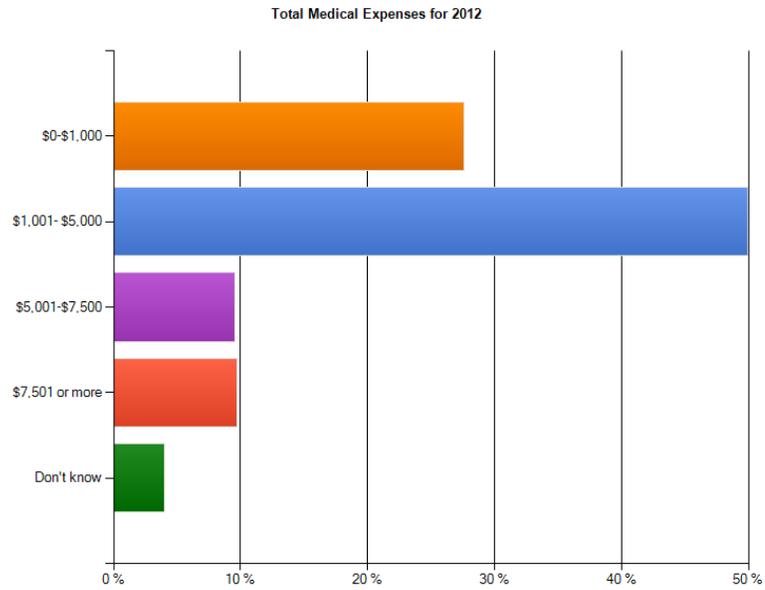
	Service Utilization in the past 12 Months	%
1	Doctor's office	95.0
2	Dentist	77.7
3	Eye care	69.7
4	Chiropractic care	22.5
5	Physical therapy	21.9
6	Orthopedics	16.7
7	Massage therapy	14.6
8	Counseling/Mental health (18+ years)	12.2
9	Ambulance service	10.8
10	Audiology (hearing care)	10.4



4.1 Insurance

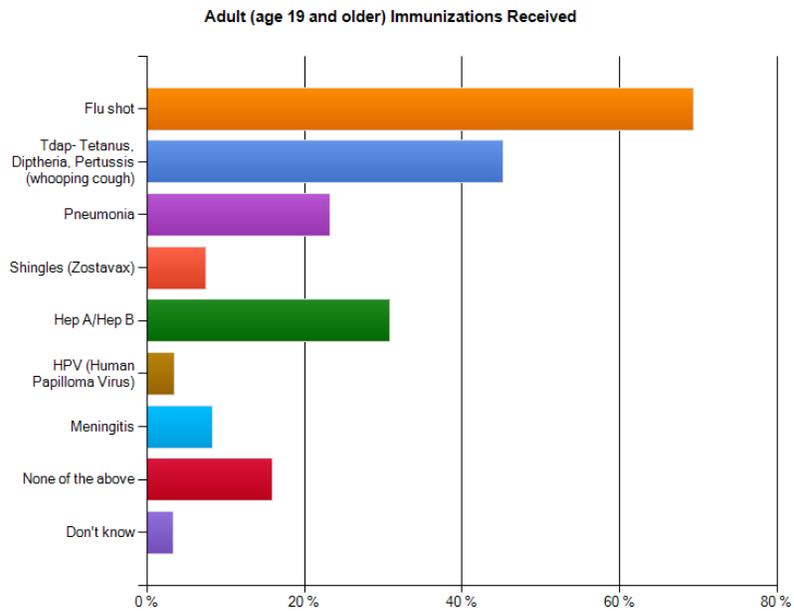


4.2 Cost of Care

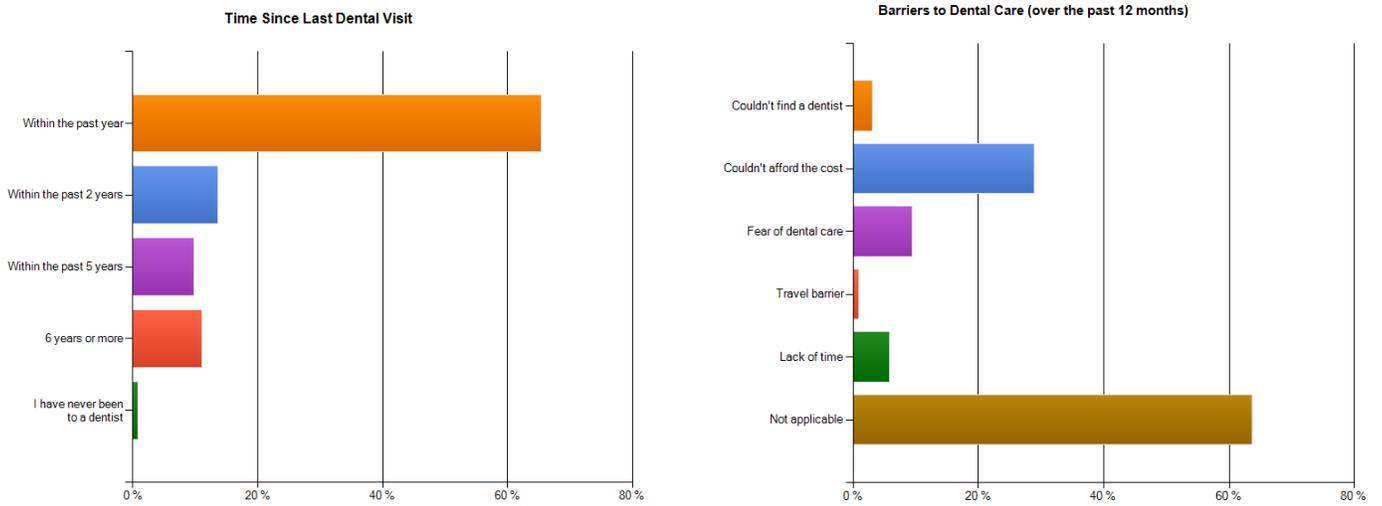


5.0 Prevention

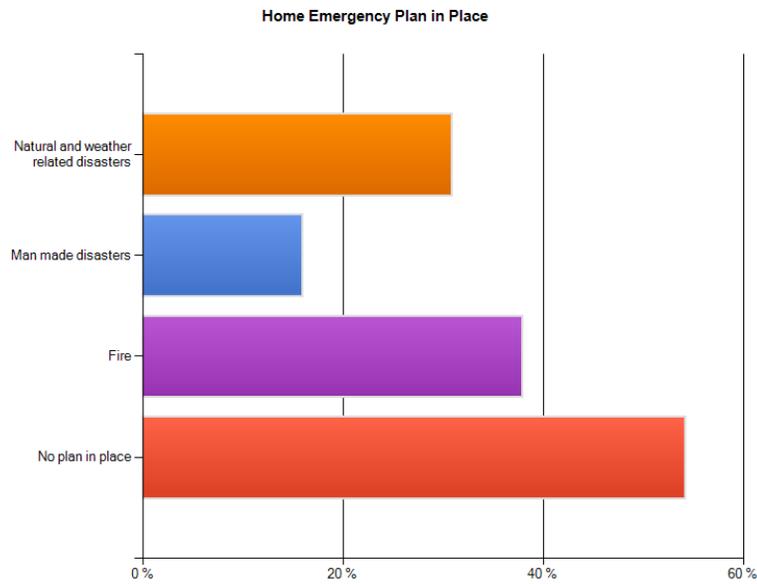
5.1 Immunizations



5.2 Dental Care



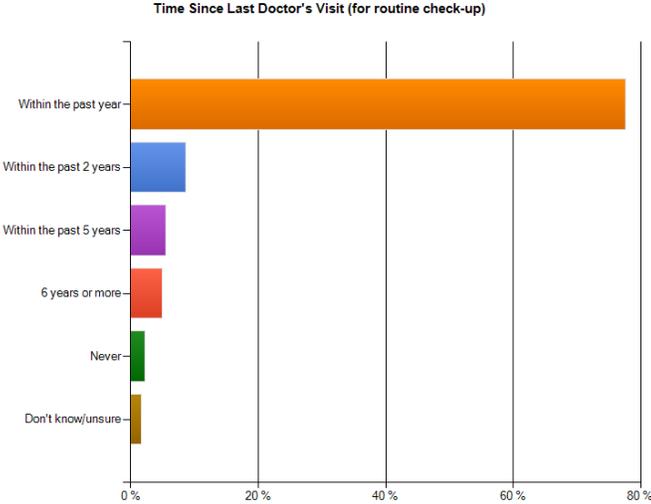
5.3 Disaster Planning



5.4 Screenings

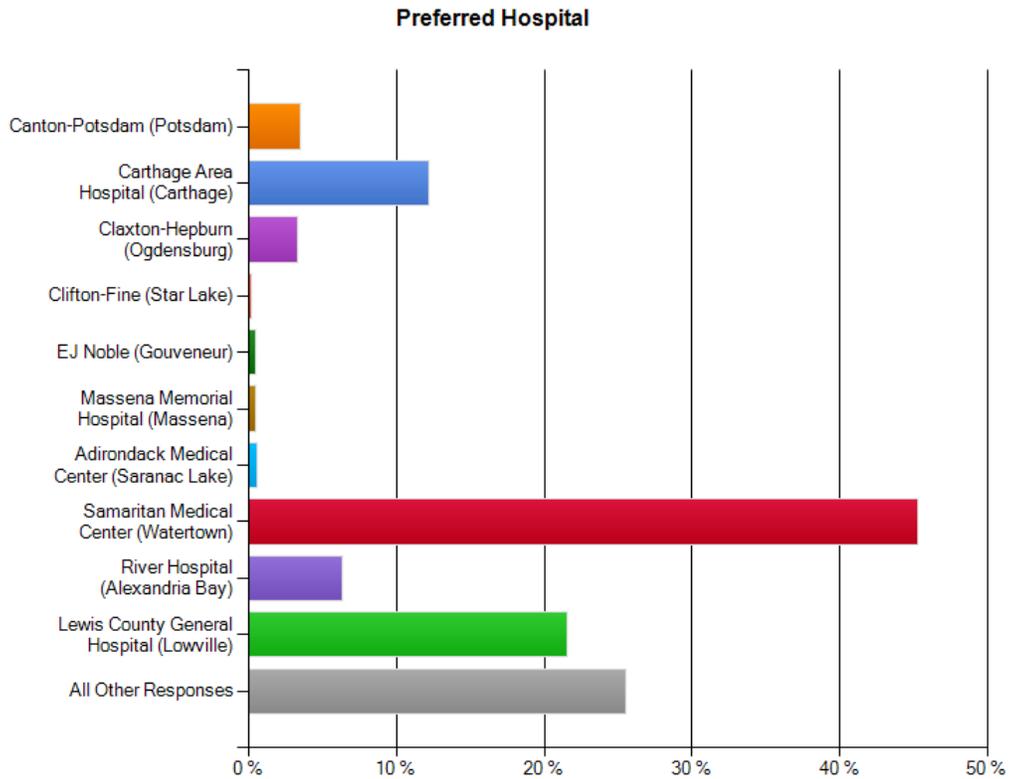
	Screenings Received in the Past 3 Years	%
1	Pap test	59.3
2	Mammogram	49.8
3	Colorectal screening	30.2
4	Prostate exam	16.7
5	Lung cancer screening	4.4

5.5 Routine Check-Ups



6.0 Health Needs

6.1 Preferred Hospital



“All Other Responses”: SUNY Upstate (6%), St. Joseph’s (3%), Crouse (1%), followed by Utica, Rochester, Burlington.

	Reasons that Preferred Care is Outside Region	%
1	Better care	15.0
2	Specialists	10.0
3	Services	9.0
4	Quality of care	8.0
5	Trust	3.0
6	Staff	3.0
7	Level of care	3.0
8	Facilities	3.0
9	Professionalism	2.0
10	Knowledge	1.0

6.2 Expressed Health Needs (202 unique responses)

6.2.1 Community Concerns (184 responses)

1	Cost of insurance	11.4%
2	Mental health access	10.9%
3	Primary care access	10.9%
4	Absence of specialists	7.9%
5	Quality of care	5.9%
6	Cost of medical care	4.5%
7	Socio-economic conditions	4.5%
8	Elder care	4.0%
9	Medical transport	3.5%
10	Public physical activity options	3.5%
11	Quality of ER	3.5%
12	Medicaid acceptance	3.0%
13	Environmental hazards	3.0%
14	Dental care access	1.5%
15	Access to urgent care	1.5%
16	Prescription drug abuse	1.5%
17	EMS staffing	1.5%
18	Absence of trauma center	1.0%
19	Public transportation	1.0%
20	Military taxing local system	1.0%
21	Health equity	0.5%
22	Naturopathic medicine reimbursement	0.5%
23	Need for worksite wellness	0.5%
24	Underage drinking	0.5%
25	Rehabilitation programs	0.5%
26	Home health care access	0.5%
27	Absence of community center	0.5%
28	Chronic diseases	0.5%
29	Uninsured	0.5%
30	GMO foods	0.5%
31	Midwifery access	0.5%
32	Breastfeeding awareness	0.5%

6.2.2 Criticisms (2 responses)

- I noticed that there are very few opportunities to identify POSITIVE facts, and plenty of opportunities to whine about NEGATIVE situations. I wonder if you have gerrymandered this survey enough, to rig the results and allow yourselves the justification for more tax-funded health programming.
- This survey was long... almost quit at 36%

6.2.3 Accolades (4 responses)

- Lewis County Cancer Screening Services has paid for mammogram and biopsy for me and may have saved my life.
- NCCC (North Country Children's Clinic) does a great job!
- We are very pleased with the health care provided in Lewis County and Jefferson County.
- Thank you for taking the time to do this survey. It makes a difference in the lives of many.

6.2.4 Unclassified (11 responses)

Respondents misunderstood the question or used the space to record responses that were unrelated to the survey.

Appendix 3 - Summary of the Main Issues highlighted during Ad Hoc Work Group Brainstorming Sessions

Chronic Diseases			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Interagency collaboration	Poverty	Evidence-based medicine	Genetics
School-based health initiatives	Low health literacy	Social environment supporting health	Poverty
State & Federal funding for screenings	Rural area (food deserts, long commutes)	Environmental laws [CAA, CWA, CIAA]	Unhealthy environment (policy, structure)
Rural (health-supporting) environment	Absence of family/social support	School-based health promotion	Marketing and market forces
Electronic health records	Absence of preventive care		Absence of early intervention
			Culture (unhealthy behaviors)
Maternal and Child Health			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Case management and home visit services	Culture (autonomy; unhealthy norms)	Community-based organizations	Poverty, "working poor"
North Country Prenatal/Perinatal Council	Health professional shortage (Dental, MH, SA)	Health education	Low awareness of services
School-based health initiatives	Insurance information deficit, coverage gaps	Facilitated enrollment in insurance plans	Lack of prenatal care
Interagency collaboration	Geographic isolation	Home visiting programs	Unplanned pregnancy
	Poor support for wellness, breastfeeding	Religious and service organizations	Geographic isolation
		Medicaid and supplemental programs	Family and social environment
			Nutritional status
Mental, Emotional and Behavioral Health			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Interagency collaboration	Unfunded mandates	Early identification and intervention	Absence of early intervention
Engaged service providers	Low Medicaid reimbursements	Family and social support	Genetics and family history
Improved tri-county housing	Scant resources, high resource turnover	Community collaboration	Any form of trauma or abuse
Treatment and prevention resources	Limited access (long wait lists)	Healthy leisure activities [MH]	Substance abuse [MH]
St. Lawrence Psychiatric Center	Lack of collaborating services [MH]	Continuum of Care (CoC) housing [MH]	Social isolation [MH]
Peer-to-peer groups	Culture (unsupportive community)	Rapid response task force [SA]	Situational stressors [MH]
	Poverty	Evidence-based education in schools [SA]	Lack of self-management [MH]
		Legislation limiting access to substances [SA]	Co-occurring disease, mental illness [SA]
		Society and workforce re-integration [SA]	Ease of access and availability [SA]
		School policies and interventions [SA]	Unemployment [SA]

(Key: CAA - Clean Air Act; CBO - Community-Based Organization; CIAA - Clean Indoor Air Act; CWA - Clean Water Act; MH - Mental health; SA - Substance abuse)