

Clifton-Fine Hospital Community Service Plan 2014-2017

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Clifton-Fine (CF) Hospital is a not-for-profit, rural, 20-bed Critical Access Hospital. CF Hospital is located in Star Lake, New York in St. Lawrence County within the six million acre Adirondack Park.

I. Mission Statement:

CF Hospital constantly strives to be a center of excellence and is committed to fulfilling its mission. CF Hospital is dedicated to providing high quality health care, close to the patients it serves.

Mission:

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

Vision:

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

Values:

Focused on our patient/customer's needs Accountability Patient Safety Dignity Integrity

II. Service Area and Populations:

A. Hospital Service Area

The Clifton-Fine Community, located in the pristine Northwest portion of the Adirondack Park, consists of deep forests, pristine lakes and rivers, and majestic mountains. The Hospital's commitment to its community has been steadfast and must remain so in order to serve all who seek its services. From its humble beginnings, CF Hospital has grown to become recognized as a highly regarded hospital, providing a host of quality services to approximately 5,000 year-round southern St. Lawrence County residents and up to twice that number when seasonal visitors come to southern St. Lawrence County. The Hospital's federal designation as a rural, 20-bed Critical Access Hospital ensures financial stability and guarantees that Clifton-Fine Hospital will continue to provide the healthcare services our patients need most to remain healthy, while allowing them to stay close to home.

B. Population Description

Overall, the percent change in population in St. Lawrence County has been significant as compared to percent population change in New York State as a whole. In 2010, the percent population change in St. Lawrence County was more than double that of New York State.

	St. Lawrence County		NY Sta	ate
YEAR	POPULATION	% CHANGE	POPULATION	% CHANGE
1910	89,000		9,113,600	
1920	88,100	-1.0	10,385,200	13.9
1930	91,000	3.3	12,588,100	21.2
1940	91,100	0.1	13,479,100	7.1
1950	98,900	8.6	14,830,200	10.0
1960	111,200	12.4	16,782,300	13.2
1970	112,300	1.0	18,241,400	8.7
1980	114,300	1.8	17,558,200	-0.8
1990	111,974	-2.0	17,990,778	2.5
2000	111,931	-2.5	18,489,997	2.8
2005*	118,646	6.0	18,865,318	-0.6
2010*	121,099	2.1	18,984,166	0.6

Cities/Villages (Population Decrease)			
City / Village	1990 Population	2000 Population	
Ogdensburg, City of	13,521	12,364	
Canton (V)	6,379	5,882	
Edwards (V)	487	465	
Gouverneur (V)	4,604	4,263	
Hermon (V)	407	402	
Massena (V)	11,719	11,209	
Morristown (V)	490	456	
Norwood (V)	1,841	1,685	
Potsdam (V)	10,251	9,425	
Richville (V)	311	274	
Waddington (V)	944	923	
Towns	(Population Decrease)	
Canton	11,120	10,334	
Clifton	917	791	
Fine	1,813	1,622	
Massena	13,561	13,121	
Potsdam	16,822	15,957	

Cities/Villages (Population Increase)			
City / Village	1990 Population	2000 Population	
Hammond (V)	270	302	
Heuvelton (V)	771	804	
Rensselaer Falls (V)	316	337	
Towns	(Population Increase)		
Brasher	2,124	2,337	
Canton	11,120	10,334	
Clare	78	112	
Clifton	917	791	
Colton	1,274	1,453	
DeKalb	2,153	2,213	
DePeyster	913	936	
Edwards	1,083	1,148	
Fine	1,813	1,622	
Fowler	1,885	2,180	
Gouverneur	6,985	7,418	
Hammond	1,168	1,207	
Hermon	1,041	1,069	
Hopkinton	957	1,020	
Lawrence	1,516	1,545	
Lisbon	3,746	4,047	
Louisville	3,040	3,195	
Macomb	790	846	
Madrid	1,568	1,828	
Massena	13,561	13,121	
Morristown	2,019	2,050	
Norfolk	4,523	4,565	
Oswegatchie	4,036	4,370	
Parishville	1,901	2,049	
Piercefield	285	305	
Pierrepont	2,375	2,674	
Pitcairn	751	783	
Potsdam	16,822	15,957	
Rossie	770	787	
Russell	1,716	1,801	
Stockholm	3,533	3,592	
Waddington	1,990	2,212	

Populations in most of the Villages and Cities decreased between 1990 and 2000, with only the Villages of Hammond, Heuvelton, and Rensselaer Falls increasing in population. The Towns, with their more rural areas however, have mostly grown since the time of the last census. Only the towns of Canton, Clifton, Fine, Massena, and Potsdam have decreased in size.

TOWN	SQUARE MILES	1990 Population	2000 POPULATION	Percentage change	POPULATION PER SQUARE MILE
Brasher	92	2,124	2,337	10.03%	25.4
Canton	105	11,120	10,334	-7.07%	98.4
Clare	97	78	112	43.59%	1.2
Clifton	136	917	791	-13.74%	5.8
Colton	242	1,274	1,453	14.05%	6
DeKalb	83	2,153	2,213	2.79%	26.7
Depeyster	43	913	936	2.52%	21.8
Edwards	51	1,083	1,148	6.00%	22.5
Fine	167	1,813	1,622	-10.54%	9.7
Fowler	60	1,885	2,180	15.65%	36.3
Gouverneur	72	6,985	7,418	6.20%	103
Hammond	62	1,168	1,207	3.34%	19.5
Hermon	53	1,041	1,069	2.69%	20.2
Hopkinton	185	957	1,020	6.58%	5.5
Lawrence	48	1,516	1,545	1.91%	32.2
Lisbon	108	3,746	4,047	8.04%	37.5
Louisville	48	3,040	3,195	5.10%	66.6
Macomb	61	790	846	7.09%	13.9
Madrid	53	1,568	1,828	16.58%	34.5
Massena	47	13,561	13,121	-3.24%	279.2

TOWN	SQUARE MILES	1990 Population	2000 POPULATION	Percentage change	POPULATION PER SQUARE MILE
Morristown	46	2,019	2,050	1.54%	44.6
Norfolk	55	4,523	4,565	0.93%	83
Oswegatchie	66	4,036	4,370	8.28%	66.2
Parishville	98	1,901	2,049	7.79%	20.9
Piercefield	104	285	305	7.02%	2.9
Pierrepont	60	2,375	2,674	12.59%	44.6
Pitcairn	60	751	783	4.26%	13.1
Potsdam	102	16,822	15,957	-5.14%	156.4
Rossie	38	770	787	2.21%	20.7
Russell	97	1,716	1,801	4.95%	18.6
Stockholm	94	3,533	3,592	1.67%	38.2
Waddington	52	1,990	2,212	11.16%	42.5
Ogdensburg	5	13,521	12,364	-8.56%	2472.8
St. Lawrence County (excludes water)	2,690	111,974	111,931	-0.04%	41.6
NY State	47,224	17,990,455	18,976,457	5.48%	401.8
US	3,794,101	248,709,873	282,172,000	13.45%	74.4

Demographics of the Population Being Served - Gender

Like most of the Country, genders are fairly evenly distributed, the county had slightly more females than males for the 2000 census however for the 2010 census the percentage of males was slightly higher. Not surprisingly the younger male population was the main reason for the change.

2000 Census			
2000	St.	NY	US
Census	Lawrence	State	US
Male	48.4	48.2	49.1
Female	51.6	51.8	50.9
2010 Census			
2010	St.	NY	US
Census	Lawrence	State	US
Male	50.8	48.5	49.2
Female	49.2	51.5	50.8

Demographics of the Population Being Served - Race and Special Populations

The percentage of racial minorities in St. Lawrence County remains low at 6.1%, the percentage of blacks/African Americans is only 2.2%, well below the state and national average. Native Americans and Asians each make up 1% of the population.

RACE		
Total population	111,944	100.0 (%)
One Race	110,410	98.6
White	105,064	93.9
Black or African American	2,420	2.2
American Indian and Alaska Native	1,135	1.0
Asian	1,085	1.0
Some Other Race	1,827	1.5
Two or More Races	1,534	1.4
White; American Indian and Alaska Native [3]	638	0.6
White; Asian [3]	213	0.2
White; Black or African American [3]	344	0.3
White; Some Other Race [3]	114	0.1
Race alone or in combination with one or more other races: [4]		
White	106,470	95.1

RACE		
Total population	111,944	100.0 (%)
Black or African American	2,895	2.6
American Indian and Alaska Native	1,901	1.7
Asian	1,366	1.2
Native Hawaiian and Other Pacific Islander	95	0.1
Some Other Race	845	0.8
HISPANIC OR LATINO		
Total population	111,944	100.0
Hispanic or Latino (of any race)	2,146	1.9
Mexican	437	0.4
Puerto Rican	845	0.8
Cuban	67	0.1
Other Hispanic or Latino [5]	797	0.7
Not Hispanic or Latino	109,798	98.1
HISPANIC OR LATINO AND RACE		
Total population	111,944	100.0
Hispanic or Latino	2,146	1.9
White alone	1,121	1.0
Black or African American alone	161	0.1
American Indian and Alaska Native alone	84	0.1
Asian alone	11	0.0
Native Hawaiian and Other Pacific Islander alone	10	0.0
Some Other Race alone	559	0.5
Two or More Races	200	0.2
Not Hispanic or Latino	109,798	98.1
White alone	103,943	92.9

RACE		
Total population	111,944	100.0 (%)
Black or African American alone	2,259	2.0
American Indian and Alaska Native alone	1,051	0.9
Asian alone	1,074	1.0
Native Hawaiian and Other Pacific Islander alone	26	0.0
Some Other Race alone	111	0.1
Two or More Races	1,334	1.2

As seen in the table below, special populations such as foreign born residents compromised a very small percentage of the total population in St. Lawrence County. In 2000, 96.6% of St. Lawrence County residents were native to the region, 95.5% of residents were born in the United States with only 3.4% of residents being foreign born. Of the total population, 1.7% were not citizens of the United States.

NATIVITY AND PLACE OF BIRTH				
Total population	111,931	100.0		
Native	108,131	96.6		
Born in United States	106,942	95.5		
State of residence	93,443	83.5		
Different state	13,499	12.1		
Born outside United States	1,189	1.1		
Foreign born	3,800	3.4		
Entered 1990 to March 2000	1,186	1.1		
Naturalized citizen	1,908	1.7		
Not a citizen	1,892	1.7		
REGION OF BIRTH OF FOREIG	N BORN			
Total (excluding born at sea)	3,800	100.0		
Europe	1,004	26.4		
Asia	612	16.1		
Africa	48	1.3		
Oceania	32	0.8		
Latin America	678	17.8		
Northern America	1,426	37.5		

As seen in the table below, the population of St. Lawrence County residents with their primary language other than English is also low. Only 5.4% of residents reported speaking a language other than English, and a total of 3.5% speak English less than very well.

LANGUAGE SPOKEN AT HOME			
Population 5 years and over	105,957	100.0	
English only	100,287	94.6	
Language other than English	5,670	5.4	
Speak English less than "very well"	1,891	1.8	
Spanish	1,631	1.5	
Speak English less than "very well"	564	0.5	
Other Indo-European languages	3,241	3.1	
Speak English less than "very well"	1,070	1.0	
Asian and Pacific Island languages	400	0.4	
Speak English less than "very well"	211	0.2	

Demographics of the Population Being Served - Age

In 2010, the largest age population in the county was the 20-24 year old group, making up 9.7% of the total population. The 65+ population at 13.89% and the percentage of those under age 5, at 5.9% of the population, is slightly below the State and Federal rate and about average for the region.

AGE	St. Lawrence County	Percent
Total population	111,944	100.0
Under 5 years	6,574	5.9
5 to 9 years	6,569	5.9
10 to 14 years	6,483	5.8
15 to 19 years	10,041	9.0
20 to 24 years	10,905	9.7
25 to 29 years	6,601	5.9
30 to 34 years	5,923	5.3
35 to 39 years	6,237	5.6
40 to 44 years	7,043	6.3
45 to 49 years	8,077	7.2
50 to 54 years	8,055	7.2
55 to 59 years	7,529	6.7
60 to 64 years	6,354	5.7
65 to 69 years	4,720	4.2

AGE	St. Lawrence County	Percent
70 to 74 years	3,664	3.3
75 to 79 years	2,933	2.6
80 to 84 years	2,271	2.0
85 years and over	1,965	1.8

The 45 to 49 and 50 to 54 age bracket also surfaced as one of the larger age ranges represented in the county, both brackets compromising 7.2% of the population and 14.2% of the total population together.

Percentage of Population age 65+				
Census Year St. Lawrence NY USA				
2010	13.89%	13.7%	13.3%	

As seen in the table above, according to 2010 census data, St. Lawrence County has a higher percentage of adults age 65 or older as compared to New York State as a whole and the country as a whole. Since the elderly consume a high proportion of health care services, this of course creates a higher need for health care services.

Demographics of the Population Being Served - Income and Employment

EMPLOYMENT STATUS	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Population over 16 years of age	90,985	+/-184	90,985	(X)
In labor force	51,873	+/-923	57.0%	+/-1.0
Civilian labor force	51,701	+/-928	56.8%	+/-1.0
Employed	46,611	+/-939	51.2%	+/-1.0
Unemployed	5,090	+/-502	5.6%	+/-0.5
Armed Forces	172	+/-73	0.2%	+/-0.1
Not in labor force	39,112	+/-935	43.0%	+/-1.0
		•		
Civilian labor force	51,701	+/-928	51,701	(X)
Percent Unemployed	(X)	(X)	9.8%	+/-0.9

The table above portrays the overall employment status of the working population within St. Lawrence County. Over fifty percent of the working population in 2010 were in the labor force (57%), with 56.8% being in the civilian workforce. The armed forces only represented 0.2% of the working population in St. Lawrence County in 2010.

EMPLOYMENT STATUS	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Females 16 years and over	44,922	+/-187	44,922	(X)
In labor force	24,652	+/-575	54.9%	+/-1.3
Civilian labor force	24,652	+/-575	54.9%	+/-1.3
Employed	22,804	+/-590	50.8%	+/-1.4
Own children under 6 years	7,448	+/-241	7,448	(X)
All parents in family in labor force	5,034	+/-423	67.6%	+/-5.1
Own children 6 to 17 years	15,098	+/-297	15,098	(X)
All parents in family in labor force	11,325	+/-433	75.0%	+/-2.6

As shown above, more than fifty percent of working age females were in the labor force in 2010 (54.9%). In 2010, all females in the labor force were working in a civilian status. Many families in St. Lawrence County also have all parents in the household working.

The percentage of the population aged 16 and older participating in the labor force is significantly higher than the State average, although somewhat lower than the national average. This percentage is especially important, given the high number of elderly and young children in the county who rely on these adults for their support. The number of people participating in the labor force is a good indicator of the need for outside assistance to the County from the State and Federal governments, since it indicates a relatively higher dependency ratio (ratio of those working to those not working). St. Lawrence County's unemployment rates from 2008-2010 are highest in region and significantly higher than the state and national unemployment rate.

Labor Force Participation (NYS) - Data in Thousands		
Year	Annual Average	
2011	9,504.2	
2010	9,586.9	
2009	9,640.6	
2008	9,631.7	
2007	9,532.1	
2006	9,499.9	
2005	9,421.4	

Labor Force Participation (Northern Region) - Data in Thousands			
Year	Annual Average		
2011	191.1		
2010	194.5		
2009	195.5		
2008	196.2		
2007	194.4		
2006	195.3		
2005	193.7		

Labor Force Participation (St. Lawrence County) - Data in Thousands			
Year	Annual Average		
2011	48.5		
2010	49.3		
2009	49.6		
2008	50.1		
2007	49.4		
2006	49.5		
2005	49.2		

The percentage of the population aged 16 and older participating in the labor force is significantly higher than the State average, although somewhat lower than the national average. This percentage is especially important, given the high number of elderly and young children in the county who rely on these adults for their support. The number of people participating in the labor force is a good indicator of the need for outside assistance to the County from the State and Federal governments, since it indicates a relatively higher dependency ratio (ratio of those working to those not working). St. Lawrence County's unemployment rates from 2008-2010 are highest in region and significantly higher than the state and national unemployment rate.

Historically, St. Lawrence County's unemployment rates are generally higher than the State, the region and the rest of upstate NY, a fact that is still in evidence at the present time. The July 2013 rate is 9.3%, the best rate in July since 2008, but still significantly higher than the Northern (8.4%) and State (7.6%) rates: (source: NYSDOL website)

Unemployment Rates (NY State)			
Year	Annual Average		
2012	8.5%		
2011	8.2%		
2010	8.6%		
2009	8.3%		
2008	5.4%		
2007	4.6%		
2006	4.6%		
2005	5.0%		

Unemploymen	Unemployment Rates (Northern Region)			
Year	Annual Average			
2012	10.1%			
2011	9.8%			
2010	9.8%			
2009	9.2%			
2008	6.8%			
2007	5.7%			
2006	5.6%			
2005	5.9%			

Unemployment Rates (St. Lawrence County)			
Year	Annual Average		
2012	10.5%		
2011	10.5%		
2010	10.6%		
2009	9.9%		
2008	7.1%		
2007	5.9%		
2006	5.9%		
2005	6.1%		

St. Lawrence County has a population of 90,698 (or approximately 81%) who are 16 years or older. According to the 2010 census the county has a population of 8,721 (or 13.5%) who are 65 or over, giving St. Lawrence County a population of 81,977 (or approximately 67.5%) who are between the ages of 16-65. Of those residents who are 16 years or older 50,858 (or approximately 56.1%) are in the workforce with 50,682 in the civilian workforce and 176 in the armed services. Of those 50,858 residents in the labor force 4,429 individuals (or approximately 8.7%) were unemployed at the time of the census with an average of 9.2% between the years 2008-2010. St. Lawrence County has a female population aged 16 years or older of 44,669 or about 39.9% of the total population. Of those, 23,956 are in the labor force with 22,377 (or approximately 93.4%) employed at the time of the census.

COMMUTING TO WORK	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Workers 16 years and over	45,242	+/-949	45,242	(X)
Car, truck, or van drove alone	33,387	+/-922	73.8%	+/-1.7
Car, truck, or van carpooled	4,840	+/-513	10.7%	+/-1.1
Public transportation (excluding taxicab)	106	+/-51	0.2%	+/-0.1
Walked	3,797	+/-591	8.4%	+/-1.3
Other means	759	+/-190	1.7%	+/-0.4
Worked at home	2,353	+/-319	5.2%	+/-0.7
Mean travel time to work (minutes)	20.6	+/-0.6	(X)	(X)

According to the 2010 census, nearly all workers 16 years of age or older reported having to commute to work (94.8%). A small percentage of workers reported carpooling (10.7%) and a fraction of workers said they used public transportation to commute to work (0.2%). With St. Lawrence County being such a large, rural county, commuting can be troublesome for workers. Approximately 8.4% of workers actually reported walking to work which is surprising considering the rural nature of the county and the harsh winters experienced in the North Country.

OCCUPATION	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Civilian employed population 16 years and over	46,611	+/-939	46,611	(X)
Management, business, science, and arts occupations	14,802	+/-737	31.8%	+/-1.4
Service occupations	10,569	+/-542	22.7%	+/-1.1
Sales and office occupations	10,779	+/-536	23.1%	+/-1.1
Natural resources, construction, and maintenance occupations	5,324	+/-435	11.4%	+/-0.9
Production, transportation, and material moving occupations	5,137	+/-469	11.0%	+/-0.9

Management, business, science and art occupations made up the largest percentage of workers within St. Lawrence County in 2010. Service occupations and sales/office occupations weren't far behind with 22.7% and 23.1% respectively. Surprisingly, natural resources, construction, and maintenance and production, transportation and material moving occupations made up only 22.4% of the working population. Being such a rural county, many would think natural resources/agriculture occupations would rise to the top.

INDUSTRY	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Civilian employed population 16 years and over	46,611	+/-939	46,611	(X)
Agriculture, forestry, fishing and hunting, and mining	1,794	+/-287	3.8%	+/-0.6
Construction	2,866	+/-321	6.1%	+/-0.7
Manufacturing	3,263	+/-272	7.0%	+/-0.6
Wholesale trade	594	+/-124	1.3%	+/-0.3

INDUSTRY	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Retail trade	5,901	+/-464	12.7%	+/-1.0
Transportation and warehousing, and utilities	1,880	+/-292	4.0%	+/-0.6
Information	847	+/-205	1.8%	+/-0.4
Finance and insurance, and real estate and rental and leasing	1,817	+/-280	+/-280 3.9%	
Professional, scientific, and management, and administrative and waste management services	2,179	+/-261	4.7%	+/-0.5
Educational services, and health care and social assistance	15,620	+/-767 33.5%		+/-1.6
Arts, entertainment, and recreation, and accommodation and food services	3,988	+/-425	8.6%	+/-0.9
Other services, except public administration	2,405	+/-332	5.2%	+/-0.7
Public administration	3,457	+/-282	7.4%	+/-0.6

When observing the breakdown of civilian employees age 16 and over in St. Lawrence County, the largest industry represented in the county in 2010 was education services, healthcare, and social services (33.5%). St. Lawrence County houses many educational institutions that account for the larger number of workers in this industry, along with five (5) hospitals. Retail trades is the second largest industry represented in St. Lawrence County with 12.7% of the workforce over 16 years of age.

CLASS OF WORKER	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Civilian employed population 16 years and over	46,611	+/-939	46,611	(X)
Private wage and salary workers	31,915	+/-898	68.5%	+/-1.5
Government workers	11,213	+/-674	24.1%	+/-1.4
Self-employed in own not incorporated business workers	3,405	+/-433	7.3%	+/-0.9
Unpaid family workers	78	+/-47	0.2%	+/-0.1

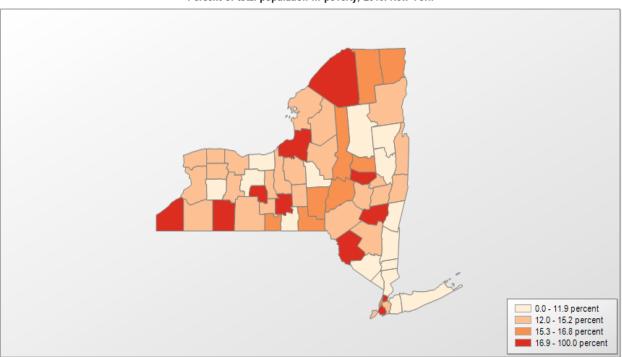
INCOME AND BENEFITS (IN 2011 INFLATION-ADJUSTED DOLLARS)	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Total households	41,825	+/-694	41,825	(X)
Less than \$10,000	3,559	+/-368	8.5%	+/-0.8
\$10,000 to \$14,999	3,141	+/-364	7.5%	+/-0.9
\$15,000 to \$24,999	5,481	+/-410	13.1%	+/-1.0
\$25,000 to \$34,999	4,828	+/-367	11.5%	+/-0.9
\$35,000 to \$49,999	6,498	+/-436	15.5%	+/-1.0
\$50,000 to \$74,999	8,338	+/-534	19.9%	+/-1.2
\$75,000 to \$99,999	4,859	+/-344	11.6%	+/-0.8
\$100,000 to \$149,999	3,684	+/-305	8.8%	+/-0.7
\$150,000 to \$199,999	979	+/-155	2.3%	+/-0.4
\$200,000 or more	458	+/-123	1.1%	+/-0.3
Median household income (dollars)	43,390	+/-1,202	(X)	(X)
Mean household income (dollars)	54,104	+/-1,115	(X)	(X)
With earnings	30,606	+/-786	73.2%	+/-1.2
Mean earnings (dollars)	54,535	+/-1,457	(X)	(X)
With Social Security	13,897	+/-440	33.2%	+/-1.1
Mean Social Security income (dollars)	15,696	+/-381	(X)	(X)
With retirement income	10,764	+/-479	25.7%	+/-1.1
Mean retirement income (dollars)	19,105	+/-972	(X)	(X)
With Supplemental Security Income	2,550	+/-270	6.1%	+/-0.6
Mean Supplemental Security Income (dollars)	9,088	+/-625	(X)	(X)
With cash public assistance income	1,470	+/-221	3.5%	+/-0.5
Mean cash public assistance income (dollars)	3,671	+/-771	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	5,412	+/-410	12.9%	+/-1.0

In 2010, almost twenty percent of households in St. Lawrence County reported an income of \$50,000 to \$74,999. 8.5% of households reported earning less than \$10,000 and nearly thirty percent of households (29.1%) reported earning less than \$25,000.

Family Incomes	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Families	27,558	+/-692	27,558	(X)
Less than \$10,000	1,478	+/-273	5.4%	+/-0.9
\$10,000 to \$14,999	1,159	+/-186	4.2%	+/-0.7
\$15,000 to \$24,999	2,996	+/-295	10.9%	+/-1.1
\$25,000 to \$34,999	2,908	+/-286	10.6%	+/-1.0
\$35,000 to \$49,999	4,497	+/-394	16.3%	+/-1.4
\$50,000 to \$74,999	6,215	+/-506	22.6%	+/-1.7
\$75,000 to \$99,999	4,010	+/-287	14.6%	+/-1.0
\$100,000 to \$149,999	3,156	+/-278	11.5%	+/-0.9
\$150,000 to \$199,999	810	+/-148	2.9%	+/-0.5
\$200,000 or more	329	+/-93	1.2%	+/-0.3
Median family income (dollars)	52,251	+/-1,318	(X)	(X)
Mean family income (dollars)	61,713	+/-1,197	(X)	(X)
Per capita income (dollars)	21,013	+/-436	(X)	(X)
Nonfamily households	14,267	+/-642	14,267	(X)
Median nonfamily income (dollars)	24,665	+/-1,515	(X)	(X)
Mean nonfamily income (dollars)	35,602	+/-2,518	(X)	(X)
Median earnings for workers (dollars)	21,242	+/-618	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	43,715	+/-1,112	(X)	(X)
Median earnings for female full- time, year-round workers (dollars)	33,006	+/-1,351	(X)	(X)

Family earnings yielded similar results with 20.5% of families earning less than \$25,000. The largest bracket represented was \$50,000 to \$74,999 with 22.6% of families reporting that level of income.

Overall, living in poverty is associated with lower health status, an increased risk of having inadequate health insurance, and lower use of health services. According to the 2010 census information the median income for a household in the county was \$43,390, and the median income for a family was \$52,251. Males had a median income of \$43,715 versus \$33,006 for females. The per capita income for the county was \$21,013. As the map below indicates, St. Lawrence County is in the highest tier for poverty rates in NY State.



Percent of total population in poverty, 2010: New York

POVERTY STATUS IN 1999					
Families	3,332	12.3			
With related children under 18 years	2,597	18.9			
With related children under 5 years	1,129	23.4			
Families with female householder, no husband present	1,422	35.7			
With related children under 18 years	1,314	44.8			
With related children under 5 years	541	56.3			
Individuals	16,976	16.9			
18 years and over	11,396	15.2			
65 years and over	1,404	10.3			
Related children under 18 years	5,440	21.3			
Related children 5 to 17 years	3,932	20.0			
Unrelated individuals 15 years and over	6,110	31.2			

Percent of Population in Poverty					
	All In	dividuals	Children Under		
	(2	2010)	(2	2010)	
County	Percent	Number	Percent	Number	
US	15.3	46,215,956	21.6	15,749,129	
New York	14.2	2,708,119	20.2	878,114	
Cayuga	13.5	10,138	19.9	3,271	
Cortland	17.8	7,914	20.4	1,995	
Herkimer	14.1	14.1 8,640		2,765	
Jefferson	16.5	16.5 18,305		7,012	
Lewis	16.2	4,199	22.6	1,335	
Madison	11.3	7,307	15.5	2,294	
Oneida	14.4	31,240	22.1	10,781	
Onondaga	13.7	13.7 60,792		19,541	
Oswego	14.7	17,034	20.3	5,490	
St. Lawrence	17.8	17,504	22.9	5,097	
Tompkins	18.8	16,715	15.9	2,560	

By the statistics poverty is clearly a problem in St. Lawrence County. The poverty rate for all individuals as well as for children under the age of 18 is higher than the federal, state, and regional rates. St. Lawrence County's poverty rate is 17.8% making it 3.6% higher than the New York State rate and 2.5% higher than the federal rate. Perhaps even more disturbing is the fact that the poverty rate for children is 22.9% which is 2.7% above the New York state rate and 1.3% above the federal rate. Only one county in the region has a higher poverty rate than St. Lawrence County (Tompkins County). The same is true for the poverty rate of children under 18 as only Jefferson County has a higher poverty for children. As stated in the Child and Adolescent Health Profile: New York 1988, "poverty is the single most powerful predictor of poor health among children (DHHS, 1981). Poverty is associated with poor nutrition, substandard housing, disruptive social environment, and lack of health information (Randolph and Rivers, 1985)...poor children are more apt to become ill, suffer adverse consequences from illness and die than children with greater economic resources (Starfield, 1982)."

As of March 2013 25,133 St. Lawrence County residents were eligible for Medicaid, or 22.4% of the County's population, a slight increase from 2012 (21.9%)

Demographics of the Population Being Served - Education

Seemingly, a high value would be placed on education in St. Lawrence County, home to five institutions of higher learning (SUNY Potsdam, SUNY Canton, SUNY College of Environmental Sciences and Forestry at Wanakena, Clarkson University and St. Lawrence University) with an annual enrollment of approximately 15,400 students, but that doesn't seem to be the case for the permanent residents of the County.

EDUCATIONAL ATTAINMENT	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Population 25 years and over	70,576	+/-306	70,576	(X)
Less than 9th grade	3,419	+/-358	4.8%	+/-0.5
9th to 12th grade, no diploma	6,186	+/-454	8.8%	+/-0.6
High school graduate (includes equivalency)	26,671	+/-787	37.8%	+/-1.1
Some college, no degree	12,439	+/-669	17.6%	+/-0.9
Associate's degree	8,495	+/-590	12.0%	+/-0.8
Bachelor's degree	6,847	+/-463	9.7%	+/-0.7
Graduate or professional degree	6,519	+/-460	9.2%	+/-0.7
Percent high school graduate or higher	(X)	(X)	86.4%	+/-0.8
Percent bachelor's degree or higher	(X)	(X)	18.9%	+/-0.9

Lack of education is often associated with a lower health status and a greater likelihood of not seeking health care, especially preventive services. According to the 2010 Census, 13.6% of St. Lawrence County residents were not high school graduates. While this rate is better than both the NY State and national average, the percent having a Bachelors' degree or higher is only 18.9%, compared with a State rate of the approximately 32.5% of the population (41.8% lower than the State. This lower level of educational attainment contributes to lower earning ability, which adversely affects health, but probably also to a lower level of knowledge regarding how to practice healthy behaviors, how to access appropriate preventive health care services and having a basic level of health literacy.

Demographics of the Population Being Served - Housing

The housing stock in St. Lawrence County is older than that in most surrounding areas, with33.7% built prior to 1940 per the 2010 census. St. Lawrence County had of 20.2% of its housing units vacant, %, compared with 11.4% for the State as a whole. There are also nearly five times more people in St. Lawrence County living in mobile homes (10.7%) than in the rest of the state. : In the 2010 census, of occupied housing units 1% lacked complete plumbing facilities (441 households), 1.3% lacked complete kitchen facilities, and 2.7% lacked phone service (1145 households). Housing costs are well below the state and national average the median home price was only \$79,600 at the time of the 2000 census and \$85,300

for the 2010 census. The statewide median home was much higher at \$296,500. Approximately 30.7% of the St. Lawrence County's population has lived in the same house since 1989 or earlier. About 8.1% of households (3,427) have no vehicle available for use, creating significant transportation problems in this huge rural county.

For the 2000 and 2010 census, data on the source of the household water supply was not available at the county level.. In the 1990 census, 21,426 households were on the public water supply or private systems (almost 50%) while the remaining 21,593 households had drilled or dug wells, or some other source of water.

	St. Lawrence County			
HOUSING OCCUPANCY	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	52,006	+/-507	52,006	(X)
Occupied housing units	41,825	+/-694	80.4%	+/-1.0
Vacant housing units	10,181	+/-516	19.6%	+/-1.0
Homeowner vacancy rate	1.5	+/-0.4	(X)	(X)
Rental vacancy rate	3.8	+/-1.3	(X)	(X)

UNITS IN STRUCTURE	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	52,006	+/-507	52,006	(X)
1-unit, detached	36,395	+/-563	70.0%	+/-1.2
1-unit, attached	482	+/-126	0.9%	+/-0.2
2 units	2,570	+/-374	4.9%	+/-0.7
3 or 4 units	2,264	+/-294	4.4%	+/-0.6
5 to 9 units	1,298	+/-279	2.5%	+/-0.5
10 to 19 units	847	+/-219	1.6%	+/-0.4
20 or more units	1,596	+/-229	3.1%	+/-0.4
Mobile home	6,546	+/-440	12.6%	+/-0.8
Boat, RV, van, etc.	8	+/-11	0.0%	+/-0.1

YEAR STRUCTURE BUILT	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	52,006	+/-507	52,006	(X)
Built 2005 or later	860	+/-178	1.7%	+/-0.3
Built 2000 to 2004	2,199	+/-227	4.2%	+/-0.4
Built 1990 to 1999	5,933	+/-414	11.4%	+/-0.8
Built 1980 to 1989	5,400	+/-362	10.4%	+/-0.7
Built 1970 to 1979	6,759	+/-430	13.0%	+/-0.8
Built 1960 to 1969	4,417	+/-435	8.5%	+/-0.8
Built 1950 to 1959	5,354	+/-371	10.3%	+/-0.7
Built 1940 to 1949	3,237	+/-334	6.2%	+/-0.6
Built 1939 or earlier	17,847	+/-572	34.3%	+/-1.1

VEHICLES AVAILABLE	Estimate	Margin of Error	Percent	Percent Margin of Error
Occupied housing units	41,825	+/-694	41,825	(X)
No vehicles available	3,364	+/-359	8.0%	+/-0.8
1 vehicle available	15,103	+/-606	36.1%	+/-1.3
2 vehicles available	17,087	+/-641	40.9%	+/-1.5
3 or more vehicles available	6,271	+/-431	15.0%	+/-0.9

HOUSE HEATING FUEL	Estimate	Margin of Error	Percent	Percent Margin of Error
Occupied housing units	41,825	+/-694	41,825	(X)
Utility gas	13,553	+/-600	32.4%	+/-1.2
Bottled, tank, or LP gas	2,978	+/-292	7.1%	+/-0.7
Electricity	4,373	+/-411	10.5%	+/-1.0
Fuel oil, kerosene, etc.	14,464	+/-526	34.6%	+/-1.2

Coal or coke	71	+/-39	0.2%	+/-0.1
Wood	5,876	+/-324	14.0%	+/-0.8
HOUSE HEATING FUEL	Estimate	Margin of Error	Percent	Percent Margin of Error
Solar energy	50	+/-67	0.1%	+/-0.2
Other fuel	331	+/-101	0.8%	+/-0.2
No fuel used	129	+/-70	0.3%	+/-0.2

SELECTED CHARACTERISTICS	Estimate	Margin of Error	Percent	Percent Margin of Error
Occupied housing units	41,825	+/-694	41,825	(X)
Lacking complete plumbing facilities	447	+/-98	1.1%	+/-0.2
Lacking complete kitchen facilities	501	+/-115	1.2%	+/-0.3
No telephone service available	1,219	+/-174	2.9%	+/-0.4

VALUE	Estimate	Margin of Error	Percent	Percent Margin of Error
Owner-occupied units	29,917	+/-583	29,917	(X)
Less than \$50,000	6,420	+/-384	21.5%	+/-1.2
\$50,000 to \$99,999	12,092	+/-528	40.4%	+/-1.5
\$100,000 to \$149,999	5,006	+/-376	16.7%	+/-1.2
\$150,000 to \$199,999	2,697	+/-279	9.0%	+/-0.9
\$200,000 to \$299,999	1,834	+/-210	6.1%	+/-0.7
\$300,000 to \$499,999	991	+/-181	3.3%	+/-0.6
\$500,000 to \$999,999	708	+/-135	2.4%	+/-0.5
\$1,000,000 or more	169	+/-64	0.6%	+/-0.2
Median (dollars)	80,900	+/-1,932	(X)	(X)
MORTGAGE STATUS	Estimate	Margin of Error	Percent	Percent Margin of Error
Owner-occupied units	29,917	+/-583	29,917	(X)

Housing units with a mortgage	16,576	+/-576	55.4%	+/-1.5
Housing units without a mortgage	13,341	+/-514	44.6%	+/-1.5

GROSS RENT	Estimate	Margin of Error	Percent	Percent Margin of Error
Occupied units paying rent	10,665	+/-675	10,665	(X)
Less than \$200	197	+/-88	1.8%	+/-0.8
\$200 to \$299	714	+/-193	6.7%	+/-1.8
\$300 to \$499	2,351	+/-305	22.0%	+/-2.8
\$500 to \$749	3,830	+/-375	35.9%	+/-3.1
\$750 to \$999	2,059	+/-371	19.3%	+/-2.8
\$1,000 to \$1,499	1,221	+/-233	11.4%	+/-2.0
\$1,500 or more	293	+/-119	2.7%	+/-1.1
Median (dollars)	634	+/-22	(X)	(X)
No rent paid	1,243	+/-217	(X)	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)	Estimate	Margin of Error	Percent	Percent Margin of Error
Occupied units paying rent (excluding units where GRAPI cannot be computed)	10,480	+/-671	10,480	(X)
Less than 15.0 percent	1,653	+/-310	15.8%	+/-2.6
15.0 to 19.9 percent	1,086	+/-182	10.4%	+/-1.8
20.0 to 24.9 percent	1,277	+/-246	12.2%	+/-2.4
25.0 to 29.9 percent	981	+/-198	9.4%	+/-1.9
30.0 to 34.9 percent	952	+/-188	9.1%	+/-1.6
35.0 percent or more	4,531	+/-506	43.2%	+/-3.7
Not computed	1,428	+/-245	(X)	(X)

Demographics of the Population Being Served - Natality

Overall, both the birth rates and pregnancy rates are lower in St. Lawrence County than the State as a whole and upstate NY. Between 2007-2009 St. Lawrence County's birthrate for

females aged 15-44 years old was 54.3/1000 compared to 61.5/1000 statewide. Upstate NY's birthrate has been between 58 and 59/1000 every year since 2006. Every year since 2005 St. Lawrence County has had about 1,200 births per year. St. Lawrence County's pregnancy rate is significantly lower than both the state (92.0) and upstate average (75.8).

Vital Statistics - Northern New York Region											
		Bir	ths		Populat	ion					
Region/County	2007	2008	2009	Total	2007-2009	Rate					
Cayuga	798	836	812	2,446	44,880	54.5					
Cortland	528	574	556	1,658	33,968	48.8					
Herkimer	711	646	671	2,028	35,702	56.8					
Jefferson	1,784	2,127	1,995	5,906	74,787	79.0					
Lewis	294	335	351	980	15,226	64.4					
Madison	780	699	680	2,159	44,141	48.9					
Oneida	2,606	2,617	2,633	7,856	130,626	60.1					
Onondaga	5,526	5,553	5,479	16,558	282,184	58.7					
Oswego	1,376	1,377	1,409	4,162	77,913	53.4					
St Lawrence	1,240	1,253	1,191	3,684	67,900	54.3					
Tompkins	944	886	918	2,748	83,595	32.9					
Region Total	16,587	16,903	16,695	50,185	890,922	56.3					
New York State Total	252,662	249,655	246,592	748,909	12,177,916	61.5					

	Vital Statistics - Northern New York Region											
	Pregnancie	s - rate pe	r 1,000 fem	nales (15-44)	Population							
Region/County	2007	2008	2009	Total	2007-2009	Rate						
Cayuga	1,011	1,023	1,015	3,049	44,880	67.9						
Cortland	682	719	688	2,089	33,968	61.5						
Herkimer	860	843	867	2,570	35,702	72.0						
Jefferson	2,169	2,468	2,321	6,958	74,787	93.0						
Lewis	348	393	395	1,136	15,226	74.6						
Madison	883	808	808	2,499	44,141	56.6						
Oneida	3,734	3,610	3,580	10,924	130,626	83.6						
Onondaga	7,377	7,602	7,468	22,447	282,184	79.5						
Oswego	1,657	1,703	1,712	5,072	77,913	65.1						
St Lawrence	1,510	1,481	1,423	4,414	67,900	65.0						
Tompkins	1,309	1,166	1,212	3,687	83,595	44.1						
Region Total	21,540	21,816	21,489	64,845	890,922	72.8						
New York State Total	391,034	385,885	378,814	1,155,733	12,177,916	94.9						

Teen Pregnancies and Births: For the most part, teen pregnancies and births are below the State and upstate averages. The exception is births to 15-17 year olds, which is consistently higher than the upstate average, although currently lower than the State average.

Births by financial coverage statistics show that from 2008-2010 St. Lawrence County has a slightly higher percentage of births paid by Medicaid/Family Health Plus than all of NY and a much higher percentage than upstate NY. The percentage of births paid by Medicaid/Family Health Plus in St. Lawrence County has been approximately 46% from 2008-2010. These statistics are indicative of the relative poverty of women of child-bearing age.

Percentage of Live Births Paid by Medicaid/Family Health Plus

	2008	2009	2010
NY State	44.57%	45.75%	45.75%
NY Excluding	31.66%	32.69%	31.98%
NYC			
St. Lawrence	46.21%	46.26%	46.15%
County			

For the most part though, the maternal and child health indicators are better than the State and upstate NY. All birth weight and mortality indicators are better than the State and upstate, as are premature births. Indicators where St. Lawrence County fares worse include the percentage of pregnant women in WIC with gestational weight gain greater than ideal, percentage of pregnant women in WIC who were both underweight (numerator equals 20) and overweight (though neither calculate as statistically different), the percentage of pregnant women in WIC with hypertension during pregnancy, the percentage of WIC mothers breastfeeding at least 6 months, and the percentage of infants fed any breast milk in the delivery hospital. Interestingly, the percentage of infants fed exclusively breast milk in the delivery hospital is much better than the State and upstate averages, which would seemingly indicate good support for new mothers in the hospital and baby-friendly policies.

Demographics of the Population Being Served: Morbidity and Mortality

For the most part, morbidity data for rural counties such as St. Lawrence County is unreliable since it is statistically insignificant even over a three or five year period due to the very small numbers involved. The numbers of cases of Chlamydia, which has recently been added to the reportable disease list, are high enough to yield statistically reliable trend rate data in future years. The data is more useful as a method to track the presence of the disease in the County.

Several items worth noting:

The percentage of adults overweight or obese is about 12% higher than the state and about 10% higher than upstate rates. Low income pregnant women in WIC also show a significantly higher obesity rate.

Sugar-sweetened beverages (SSBs), including regular (non-diet) soda, sports drinks, fruit drinks, lemonade, energy drinks, and caloric sweetened water, are the single largest source of added sugars in the diet of children in the United States (US). SSBs are a source of excess calories with no or minimal nutritional value. In children and adolescents, consumption of SSBs is associated with dental caries, diabetes, weight gain, and decreased bone density. Reducing consumption of SSBs is a key strategy in the prevention of childhood obesity and Type 2 diabetes.

This BRFSS (Behavioral Risk Factor Surveillance System) brief presents 2009-2010 data on the daily consumption rates of soda and other SSBs among children and adolescents in New York State. It shows that nearly one in three children between the ages of 2 and 17 years of age consume SSBs daily. Three times as many children between 2 and 17 years of age in New York consume fruit drinks, punches, iced teas and sports drinks daily than soda (27% and 9%, respectively). Children are more likely to consume SSBs daily if they have a TV in their bedroom, their parent or guardian has low educational attainment, their parent is non-White or Hispanic, their parent consumes SSBs at least weekly, their parent is obese or their family has a low household income.

Tobacco use is also significantly higher than NY State (about 45% higher) and upstate rates (about 31%). This is reflected in the high rates of lung and bronchus cancer seen below.

	2009		200	8	200	2007		2006		5
	#	Rate								
SOCIO-DEMOGRAPHICS										
Population	109,715		109,701		109,809		111,284		111,380	
Unemployment	4,975	10.0	3,519	7.0	2,910	5.9	2,881	5.8	3,003	6.1
Percent in Poverty	17,504	17.8	16,865	17.2	15,693	15.9	17,408	17.4	17,151	17.2
Median Household Income (in dollars)	41,627		40,970		39,035		38,024		36,553	
PERINATAL HEALTH										
Infant Deaths	4	3.4	0	0.0	13	10.5	11	8.6	12	9.7
Neonatal Deaths	4	3.4	0	0.0	11	8.9	8	6.2	9	7.3
Postneonatal Deaths	0	0.0	0	0.0	2	1.6	3	2.3	3	2.4
Spontaneous Fetal Deaths (20+ wks)	5	4.2	6	4.8	10	8.0	8	6.2	3	2.4

	2009		200	28	2007		2006		2005	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
MORTALITY (Rates per 100,00	00 Popula	ation)								
Lung Cancer (Total)	73	66.5	92	83.9	75	68.3	89	80.0	73	65.5
Lung Cancer (Male)	43	77.1	43	77.4	43	77.3	42	74.6	44	77.9
Lung Cancer (Female)	30	55.6	49	90.5	32	59.1	47	85.5	29	52.9
Cerebrovascular Disease	43	39.2	49	44.7	43	39.2	42	37.7	61	54.8
Diseases of the Heart	240	218.7	305	278.0	264	240.4	281	252.5	267	239.7
Homicides	2	1.8	2	1.8	2	1.8	3	2.7	5	4.5
Suicides	12	10.9	15	13.7	7	6.4	16	14.4	16	14.4
Unintentional Injury	30	27.3	36	32.8	44	40.1	29	26.1	44	39.5
Motor Vehicle	14	12.8	12	10.9	18	16.4	11	9.9	17	15.3
Non-Motor Vehicle	16	14.6	24	21.9	26	23.7	18	16.2	27	24.2
AIDS	0	0.0	0	0.0	2	1.8	1	0.9	3	2.7
Cirrhosis (Liver)	17	15.5	9	8.2	16	14.6	14	12.6	12	10.8
HOSPITALIZATIONS (Rates Pe	HOSPITALIZATIONS (Rates Per 10,000 Population)									
Pediatric (0-4)										

	2009		200	08	20	07	20	06	2005		
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	
- Asthma	18	28.9	15	24.8	29	49.2	20	33.8	27	46.0	
- Gastroenteritis	20	32.1	8	13.2	31	52.6	24	40.5	28	47.7	
- Otitis Media	2	3.2	2	3.3	3	5.1	1	1.7	1	1.7	
Drug Related	371	33.8	309	28.2	252	22.9	266	23.9	287	25.8	
Head Injury (5)	46	4.2	42	3.8	53	4.8	67	6.0	57	5.1	
DISEASE MORBIDITY	DISEASE MORBIDITY										
AIDS Cases (4)	3	2.7	1	0.9	5	4.6	5	4.5	5	4.5	
Early Syphilis	0	0.0	0	0.0	3	2.7	0	0.0	1	0.9	
Chlamydia Incidence	215	196.0	216	196.9	179	163.0	174	156.4	147	132.0	
TB Incidence	0	0.0	2	1.8	0	0.0	1	0.9	7	6.3	
Ecoli O157 Incidence	1	0.9	4	3.6	1	0.9	3	2.7	1	0.9	
Meningococcal Incidence	2	1.8	0	0.0	0	0.0	1	0.9	1	0.9	
Pertussis Incidence	1	0.9	11	10.0	16	14.6	7	6.3	1	0.9	
Lyme Disease Incidence	47	42.8	25	22.8	10	9.1	1	0.9	2	1.8	

Health Risks and Behaviors - St. Lawrence County, 2007-2009

Indicator	3 Year Total	County Rate	NYS Rate	_	NYS Rate exc NYC	Sig Dif	County Ranking Group
% Pregnant Women in WIC with Anemia in 3rd Trimester, Low SES (2009)	N/A	N/A	33.9	N/A	28.4	N/A	
% Pregnant Women in WIC Who Were Prepregnancy Underweight (BMI Under 18.5), Low SES	21	5.2	4.7	No	4.2	No	3rd
% Pregnant Women in WIC Who Were Prepregnancy Overweight but not Obese (BMI 25-<30), Low SES	95	23.3	26.5	No	26.3	No	2nd
% Pregnant Women in WIC Who Were Prepregnancy Obese (BMI 30+), Low SES	117	28.7	22.8	Yes	26.2	No	2nd
% of Infants in WIC Who Were Breastfeeding at 6 Months, Low SES	155	18.8	40.6	Yes	N/A	No	3rd
% Underweight Children in WIC, 0-4 years, Low SES	106	2.3	4.5	Yes	3.7	Yes	2nd
% Obese Children in WIC (>= 95th Pctl), 2-4 years, Low SES	297	14.0	14.5	No	15.2	No	2nd
% Anemic Children in WIC, 6mo-4 years, Low SES	490	11.8	12.0	No	12.2	No	2nd
% of Children in WIC Viewing TV <=2 Hours per Day 0-4 years, Low SES	1,656	73.1	78.5	Yes	80.5	Yes	4th

Behavior/Risk Indicator (2008-09)	County Rate		NYS Rate		Upstate		County Ranking Group
% adults overweight or obese (BMI 25+)	66.5	± 5.3	59.3	± 2.6	60.6	± 1.4	4th
% adults that participated in leisure time physical activity in last 30 days	78.9	± 3.8	76.3	± 2.2	78.9	± 1.1	2nd
% adults smoking cigarettes	24.7	± 4.7	17.0	± 1.8	18.9	± 1.1	4th
% adults living in homes where smoking is prohibited	75.2	± 4.4	80.9	± 1.8	79.3	± 1.1	3rd
% adults that binge drink	21.8	± 5.1	18.1	± 2.0	19.8	± 1.2	4th
% adults eating 5 or more servings of fruit or vegetables daily	30.9	± 5.2	27.1	± 2.2	27.7	± 1.3	1st

Heart Disease and Stroke St. Lawrence County, 2007-2009

								2 Year County NIVE NIVE Pote County LID2010 HP2010												
		County	NYS	Sig.Dif.	NYS Rate	Sig.Dif.	Ranking	HP2010	Goal											
Indicator	Total	Rate	Rate		exc NYC	,	Group	Goal	Met?											
CARDIOVASCULAR DISEASE	CARDIOVASCULAR DISEASE																			
Mortality rates per 100,000 (ICI	D-10 I00-	199)																		
Crude	1,013	307.8	296.2	No	306.6	No	3rd	N/A												
Age-adjusted	1,013	276.6	256.7	Yes	251.9	Yes	3rd	N/A	N/A											
Premature death (ages 35-64)	151	123.9	103.0	Yes	96.7	Yes	3rd	N/A	N/A											
Pretransport mortality	488	148.3	143.7	No	155.4	No	3rd	N/A	N/A											
Hospitalization rates per 10,000 (ICD-9 390-459)																				
Crude	6,296	191.3	186.0	Yes	188.6	No	3rd	N/A	N/A											
Age-adjusted	6,296	174.7	168.7	Yes	163.2	Yes	3rd	N/A	N/A											
DISEASE OF THE HEART																				
Mortality rates per 100,000 (ICI	D-10 I00-	109, 111	, I13, I	20-151)																
Crude	809	245.8	247.6	No	248.1	No	2nd	N/A	N/A											
Age-adjusted	809	221.1	214.2	No	203.6	Yes	3rd	N/A	N/A											
Premature death (ages 35-64)	128	105.0	84.7	Yes	79.5	Yes	3rd	N/A	N/A											
Pretransport mortality	396	120.3	125.5	No	129.8	No	2nd	N/A	N/A											
CORONARY HEART DISEASE																				
Mortality rates per 100,000 (ICI	D-10 I11,	120-125)																	
Crude	518	157.4	203.2	Yes	183.8	Yes	2nd	N/A	N/A											
Age-adjusted	518	141.7	175.8	Yes	150.8	No	2nd	166.0	Yes											
Premature death (ages 35-64)	97	79.6	70.4	No	61.2	Yes	3rd	N/A	N/A											
Pretransport mortality	262	79.6	105.5	Yes	99.2	Yes	1st	N/A	N/A											
CONGESTIVE HEART FAILURE																				
Mortality rates per 100,000 (ICI	D-10 I50)																			
Crude	72	21.9	13.5	Yes	19.7	No	3rd	N/A	N/A											
Age-adjusted	72	19.4	11.4	Yes	15.7	No	4th	N/A	N/A											
Premature death (ages 35-64)	S	1.6*	1.7	No	2.1	No	2nd	N/A	N/A											
Pretransport mortality	38	11.5	7.1	Yes	10.7	No	3rd	N/A	N/A											

CEREBROVASCULAR DI SEASE (STROKE)											
Mortality rates per 100,000 (ICD-10 I60-I69)											
Crude	135	41.0	30.1	Yes	38.7	No	3rd	N/A	N/A		
Age-adjusted	135	36.8	26.3	Yes	31.9	No	3rd	48.0	Yes		
Premature death (ages 35-64)	17	13.9*	10.5	No	10.7	No	3rd	N/A	N/A		
Pretransport mortality	61	18.5	10.7	Yes	16.1	No	3rd	N/A	N/A		
Behavior/Risk Indicator (2008-09)	County Rate	CI#	NYS Rate	CI#	Upstate	CI#	County Ranking Group	HP2010 Goal	HP2010 Goal Met?		
% of adults with diagnosis of heart attack, stroke, or angina	8.3	± 2.2	7.6	± 1.1	7.2	± 0.6	3rd	N/A	N/A		
% of adults with cholesterol checked in the last 5 years	74.1	± 5.0	77.3	± 2.6	79.3	± 1.3	3rd	80.0	No		
% of adults ever told they have high blood pressure	28.8	± 4.4	25.7	± 1.9	27.1	± 1.1	3rd	16.0	No		

As seen above, mortality rates for both Cerebrovascular disease and congestive heart failure are significantly above state rates.

HIV/AIDS and STDs St. Lawrence County, 2007-2009

TII V/AIDS allu	DIDSE	rt. Davie	nee coun	19, 2007	2007						
Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group				
HIV/AIDS											
AIDS case rate per 100,000	7	2.1 *	19.8	Yes	6.3	Yes	1st				
HIV case rate per 100,000	4	1.2 *	22.8	Yes	7.7	Yes	1st				
AIDS mortality rate per 100,000	S	0.6 *	6.3	Yes	1.9	No	2nd				
AIDS mortality rate age-adjusted	S	0.7*	5.9	No	1.8	No	2nd				
SEXUALLY TRANSMITTED DISEASE	S										
Early Syphillis rate per 100,000	3	0.9 *	12.4	Yes	2.6	No	2nd				
Gonorrhea rate per 100,000											
All Ages	34	10.3	88.5	Yes	60.3	Yes	2nd				
15-19 years	12	39.6 *	310.8	Yes	224.9	Yes	2nd				
Chlamydia rate per 100,000											
Males											
All Ages	176	105.6	279.4	Yes	163.4	Yes	2nd				
15-19 years	51	324.9	901.7	Yes	531.0	Yes	3rd				
20-24 years	80	409.1	1280.3	Yes	799.1	Yes	2nd				
Females											
All Ages	434	267.2	604.4	Yes	405.9	Yes	2nd				
15-19 years	217	1484.1	3280.7	Yes	2207.4	Yes	2nd				
20-24 years	159	1041.9	2930.8	Yes	2123.4	Yes	1st				
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 women ages 15-44 years	25	3.6	4.8	No	3.4	No	3rd				

Immunization and Infectious Diseases St. Lawrence County, 2007-2009

Immunization and Infectious Diseases St. Lawrence County, 2007-2009													
Indicator	3 Year Total	County Rate		Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group	HP2010 Goal	HP2010 Goal Met?				
Pneumonia/flu hospitalizations in adults 65+ years per 10,000 (ICD9 480-487)	1,182	262.5	136.0	Yes	150.5	Yes	4th	N/A	N/A				
Pertussis incidence per 100,000	28	8.5	2.8	Yes	3.8	Yes	4th	N/A	N/A				
H. Influenza incidence per 100,000	3	0.9*	1.3	No	1.5	No	1st	N/A	N/A				
Hepatitis A incidence per 100,000	0	0.0*	0.9	Yes	0.6	Yes	1st	4.5	Yes				
Hepatitis B incidence per 100,000	S	0.3*	0.9	No	0.7	No	2nd	N/A	N/A				
Tuberculosis incidence per 100,000	S	0.6*	5.8	Yes	2.4	Yes	2nd	1.0	Yes				
E. Coli incidence per 100,000	6	1.8*	0.7	No	0.9	No	4th	N/A	N/A				
Salmonella incidence per 100,000	53	16.1	13.9	No	13.0	No	4th	N/A	N/A				
Shigella incidence per 100,000	S	0.3*	4.3	Yes	3.1	Yes	2nd	N/A	N/A				
Lyme disease incidence per 100,000	82	24.9	39.4	Yes	62.2	Yes	3rd	9.7	No				
Behavior/Risk Indicator (2008- 09)	County Rate	CI#	NYS Rate	CI#	Upstate	CI#	County Ranking Group	HP2010 Goal	HP2010 Goal Met?				
% of adults 65+ years with flu shot in last year	74.1	± 6.3	75.0	± 3.5	76.0	± 1.5	2nd	90.0	No				
% of adults 65+ years that ever received pneumonia shot	70.2	± 7.3	64.7	± 4.3	71.2	± 1.8	3rd	N/A	N/A				

There are several substance abuse/mental health indicators that are alarming. These include suicides, alcohol related injuries and deaths and cirrhosis (not solely alcohol-related, but extremely high). In our survey (attached) a total of 26.3% of respondents self-reported that they had indulged in binge drinking at least once in the last 30 days. Since our survey respondents tended to be older, higher income, better educated women, this percentage is most likely understated. Survey respondents reflect that substance abuse and mental health are serious issues.

Injury Mortality and Morbidity St. Lawrence County, 2007-2009

	iijui y	wioi taiit	y anu iv	tor braity	St. Lawi	circe Co	unty, 2007	-2007				
		County	NYS	C: ~ D:s	NYS Rate exc	C: ~ D: s	County Ranking Group	HP2010	HP2010 Goal			
Indicator	Total			Sig.Dif.	NYC	Sig.Dif.	•	Goal	Met?			
Suicide Morta		•	-	<u> </u>		Γ		ı				
Crude	34	10.3	6.9		8.0	No	3rd	N/A	N/A			
Age-adjusted	34	10.8	6.6	Yes	7.7	Yes	3rd		N/A			
15-19 years	0	0.0*	3.8		4.3	Yes	1st	N/A	N/A			
Self-Inflicted Injury Hospitalization Rate per 10,000												
Crude	341	10.4	5.0	Yes	5.8	Yes	4th	N/A	N/A			
Age-adjusted	341	10.4	4.9	Yes	5.9	Yes	4th	N/A	N/A			
15-19 years	47	15.5	9.2	Yes	10.4	Yes	3rd	N/A	N/A			
Homicide Mor	Homicide Mortality Rate per 100,000											
Crude	6	1.8*	4.3	Yes	2.9	No	2nd	N/A	N/A			
Age-adjusted	6	1.7*	4.3	Yes	3.0	No	2nd	3.0	Yes			
Assault Hospit	talizati	on Rate p	oer 10,0	000								
Crude	44	1.3	4.7	Yes	2.7	Yes	2nd	N/A	N/A			
Age-adjusted	44	1.3	4.7	Yes	2.8	Yes	1st	N/A	N/A			
Unintentional	Injury	Mortality	y Rate p	er 100,0	00							
Crude	110	33.4	24.2	Yes	28.6	No	3rd	N/A	N/A			
Age-adjusted	110	31.1	22.8	Yes	26.4	No	3rd	N/A	N/A			
Unintentional	Injury	Hospital	ization	Rate per	10,000							
Crude	2,456	74.6	69.2	Yes	73.3	No	3rd	N/A	N/A			
Age-adjusted	2,456	70.9	64.6	Yes	66.2	Yes	3rd	N/A	N/A			
<10 years	73	20.8	26.9	Yes	22.9	No	3rd	N/A	N/A			
10-14 years	26	14.5	22.8	Yes	21.1	No	1st	N/A	N/A			
15-24 years	182	27.9	32.9	Yes	33.8	Yes	2nd	N/A	N/A			
25-64 years	891	53.7	46.5	Yes	46.4	Yes	4th	N/A	N/A			
65+ years	1,284	285.1	259.5	Yes	281.1	No	3rd	N/A	N/A			
Falls Hospitali	zation	Rate per	10,000)								
Crude	1,330	40.4	39.7	No	43.3	Yes	2nd	N/A	N/A			
Age-adjusted	1,330	37.3	36.1	No	37.6	No	3rd	N/A	N/A			
<10 years	22	6.3	10.0	Yes	8.9	No	2nd	N/A	N/A			
10-14 years	6	3.4*	7.8	Yes	6.7	No	1st	N/A	N/A			
15-24 years	24	3.7	7.0	Yes	6.4	Yes	1st	N/A	N/A			
25-64 years	299	18.0	18.6	No	18.6	No	2nd	N/A	N/A			

Indicator	3 Year Total	County Rate	NYS Rate	Sig.Dif.	NYS Rate exc NYC	Sig.Dif.	County Ranking Group	HP2010 Goal	HP2010 Goal Met?			
65-74 years	209	88.9	77.8	No	80.4	No	4th	N/A	N/A			
75-84 years	413	265.3	234.3	Yes	251.6	No	4th	N/A	N/A			
85+ years	357	599.5	544.9	No	617.7	No	3rd	N/A	N/A			
Poisoning Hospitalization Rate per 10,000												
Crude	488	14.8	10.1	Yes	9.8	Yes	4th	N/A	N/A			
Age-adjusted	488	14.6	9.9	Yes	9.7	Yes	4th	N/A	N/A			
Motor Vehicle	Motor Vehicle Mortality Rate per 100,000											
Crude	44	13.4	6.5	Yes	8.6	Yes	4th	N/A	N/A			
Age-adjusted	44	12.5	6.3	Yes	8.3	Yes	3rd	9.2	No			
Non-Motor Ve	hicle N	ortality F	Rate pe	r 100,000)							
Crude	66	20.1	17.7	No	20.0	No	2nd	N/A	N/A			
Age-adjusted	66	18.6	16.5	No	18.1	No	3rd	20.8	Yes			
Traumatic Bra	in Inju	ıry Hospi	talizatio	n Rate p	er 10,000)						
Crude	186	5.7	9.7	Yes	10.0	Yes	1st	N/A	N/A			
Age-adjusted	186	5.4	9.3	Yes	9.4	Yes	1st	N/A	N/A			
Alcohol Related Motor Vehicle Injuries and Deaths per 100,000	204	62.0	37.6	Yes	52.7	Yes	3rd	N/A	N/A			

III. Public Participation:

A. Participants Involved

Hospital leadership works diligently to search out potential collaborative partners throughout its service area in efforts to enhance needed healthcare services to those most vulnerable residents. Due to the size (fifth largest county east of the Mississippi River) and rural nature of St. Lawrence County, the Hospital understands the need to create meaningful partnerships to best serve the community at large. Currently, the Hospital has formed collaborative relationships with the following organizations and community agencies: Local school districts, local government and other governmental agencies, health care providers, the St. Lawrence Health Initiative, St. Lawrence County Public Health, St. Lawrence County rural health networks, other county hospitals, St. Lawrence County Suicide Coalition, local media, St. Lawrence County colleges and universities and community-based organizations.

B. Public Participation

St. Lawrence Health Initiative, St. Lawrence County Public Health in collaboration with St. Lawrence County hospitals and community based agencies conducted a survey of St.

Lawrence County residents through the community health assessment process. Surveys were disseminated through many different methods including e-mail, web pages (link to survey provided), mailing of paper copies, paper copies in local stores, health care facilities, public health and community facilities, and direct assistance within county buildings/agencies. Overall, more than 800 people participated in the survey. Representation of participants that completed the survey as compared to New York State census data is attached.

Further input from the public was collected through a number of focus group sessions that were held throughout the county. Overall, the St. Lawrence County Health Initiative strived to organize focus groups that reached out to populations that were under represented by the paper/online survey as described below.

St. Lawrence County is rural, remote, medically underserved, sparsely populated, endures long, harsh winters, has little public transportation, and is challenged by low incomes, a high percentage of uninsured/underinsured, and a high unemployment rate. The combination creates significant barriers to providing comprehensive approaches to improving patient care, effectively reaching, educating and following up with patients and their families and assuring such services are available on a year round basis.

C. Public Notification of Sessions

St. Lawrence County Health Initiative informed the pubic of community focus group/input sessions and the community health assessment survey through various means. Public Health and the St. Lawrence County Health Initiative spoke with various leaders of community agencies and local government to set up focus group sessions. Community and organization members were then informed through e-mail, flyers, the internet and within county buildings. Tear off flyers with the community survey link as well as paper copies of the survey were provided at local business and community agencies, county buildings, and health care providers and at public health.

IV. Assessment and Selection of Public Health Priorities

The MAPP (Mobilizing for Action through Planning and Partnership) process was used to conduct a Community Health Assessment for St. Lawrence County. The MAPP process was developed by Rollins School of Public Health, at Emory University and the Association of Schools of Public Health, and was adapted for use in "Building on Community Health Assessments" workshops offered in June 2002 by Cornell University. This methodology has proven to be an excellent method of combining community input with health behavior and health status data in a systematized prioritization process that provides equitable input for all decision makers.

MAPP includes four component assessments:

The first assessment looked at Community Health Status Indicators, which consisted of two parts. The first part included the collection and analysis of most available secondary health-

related statistics including morbidity and mortality, health behaviors, utilization patterns and other health status. Primary data was also obtained by conducting a comprehensive survey among a sample of community residents to determine their opinions, health behaviors and health needs. Just over 800 completed surveys were returned in St. Lawrence County. While the survey was not random, a conscious attempt was made to reach out to all sectors of the community. Surveys were distributed through placement throughout county establishments as well as through employers, health, educational and human services agencies and through other community groups. The survey was designed to obtain data on public perception of health problems, in the community and in their own household, as well as obtain data on their health status and health behaviors.

The second assessment evaluated the effectiveness of the Public Health System and the role of the Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. A diverse group of community members, community agencies and key community leaders who are familiar in some way with the local public health system completed this ranking. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services were ranked by the group by using the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through Focus Group meetings throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. In St. Lawrence County three focus groups were held. The first was a group of key informants, the St. Lawrence County Community Health Improvement Collaborative, who have overseen the entire process. Facilitators reviewed data obtained through the Community Health Status Assessment and then discussed the specific strengths and assets the community has to address these issues, and themes and trends within the community that affect these issues. (These included: Office for the Aging/NY Connects, Head Start, Seaway Valley Prevention Council, North Country Prenatal Perinatal Network, Saint Lawrence County Community Development, Potsdam Neighborhood Center, Cerebral Palsy of the North Country, Hospice and Palliative Care of St. Lawrence Valley, Claxton-Hepburn Medical Center, St. Lawrence Health Initiative, St. Lawrence County Community Services, Canton-Potsdam Hospital, St. Lawrence County Public Health, Massena Memorial Hospital). At each of these focus groups, the results of the survey and secondary data analysis was provided, and residents and key informants offered their input.

All five hospitals (Claxton-Hepburn Medical Center, Canton-Potsdam Hospital, E J Nobel, Clifton Fine and Massena Memorial, along with St. Lawrence Health Initiative, and St. Lawrence Public health participated in meetings (and email chains) at the beginning of the process, and several meetings at the end of the process to develop the CHIP (7/9/12, 4/11/13, 5/30/13, 7/9/13, 8/13/13.

The second and third focus groups were specifically targeted to include groups who weren't as well represented on the survey, to ensure that we had adequate input from all sectors of the community. Thus the second group was comprised of a group approximately 10 low-income residents from Canton, while the third group was a group of twelve male firefighters from Morristown.

The fourth assessment was also conducted through the same Focus Group meetings listed above, and looked at the "Forces of Change" that are at work locally, statewide and nationally, and the types of threats and/or opportunities that are created by these changes. When all four of these assessments were completed, the data was analyzed and combined to create the Community Health Assessment.

When the assessment process was completed, the CHA facilitator combined and analyzed the results of the assessments, and prepared a list of the issues that had either been identified through more than one assessment as a top issue OR that were identified in one of the assessments as a major issue. These issues included:

- 1. Cancer
- 2. Heart Disease
- 3. Cerebrovascular disease stroke
- 4. Lead screening
- 5. Cirrhosis
- 6. Diabetes
- 7. **Breastfeeding**
- 8. Obesity physical activity/nutrition
- 9. Oral health
- 10. Substance Abuse
- 11. Mental Health
- 12. **Tobacco Use**
- 13. CLRD chronic lower respiratory disease

Once these results were tallied, a Focus Group made up of service providers (please see above for a list of agency representatives that completed the rankings) was again brought together to the rank the issues identified. It was decided to use a ranking system that focused most heavily on how effective any interventions might be, and chose the Hanlon Method for ranking priorities, which uses the following formula to rank priorities:

(A & 2B) X C

Where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution. As a multiplier, the effectiveness of the solution obviously is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective.

In the Hanlon Method, numbers are assigned through which to measure size, severity and effectiveness, and the numbers are then plugged into the formula as the focus group ranked each relative factor. It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, the method is still largely subjective, with much room for error and interpretation. Measures of effectiveness in the public health area are not absolute, and questions arise as to the application of the measurement, which make measurement more than a little "fuzzy," and include assumptions about human behavior. For example, when addressing the issue of unintended pregnancy, the rating group might note that birth control methods would mostly have a ranking of "highly effective" as an intervention based on the relative effectiveness of each method of birth control at achieving the desired goal of preventing pregnancy. However, birth control methods are not necessarily applied, or are applied inconsistently, resulting in a much lower measure of effectiveness than the intervention actually achieves. So the measures of effectiveness often included consideration of a variety of factors that influence effectiveness and may reduce the effectiveness measure since, for whatever reason, the intervention may not be uniformly applied. Based upon the ranking through the Hanlon Method, St. Lawrence County determined the following priorities, listed in priority order:

	Hanlon	PEARL
1. Cancer	162.53	5.69
2. Heart Disease	151.31	5.25
11. Mental Health	136.88	4.56
6. Diabetes	135.94	4.36
8. Obesity	135.56	4.21
3. Cerebrovascular disease – stroke	125.66	5.44
9. Oral health	122.00	4.50
10. Substance Abuse	114.38	5.38
12. Tobacco use - two areas were reviewed.	112.13	4.00
4. Lead screening	111.68	5.25
13. CLRD	110.16	5.19
5. Cirrhosis	87.75	5.56
7. Breastfeeding	86.75	4.44

At a subsequent meeting, considerable discussion was devoted to how the top issues could be addressed. Ultimately, two priorities and one disparity were chosen:

Priority One: Obesity

Priority Two: Mental Health

Disparity: Cancer screening for the low-income population

Within the chronic disease category, obesity was chosen as a primary focus, specifically to reduce obesity in children and adults. The committee also chose to focus on increasing access to high quality chronic disease preventive care and management in clinical and community settings with a specific focus on improving colorectal screening rates among low

income adults. Within the mental health/substance abuse category, the committee chose to focus on supporting collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.

Some interesting conclusions can be made:

- 1. The **definition and scope of issues** that should be addressed by public health agencies has **broadened considerably** in recent years. While communicable diseases, chronic disease, injury prevention, dental health and maternal and child health are still important areas to address, other issues so strongly affect health outcomes that they must increasingly be included in the public health agenda. This requires intensifying efforts that focus on creating behavioral change within both the general and targeted populations. These include health issues such as physical activity, substance/alcohol abuse and support services for the elderly.
- 2. These "newer" public health issues **require more intense efforts** since changing human behavior is very difficult. Substance abuse, smoking cessation, obesity and similar problems require **long term, comprehensive interventions, with an emphasis on policy and environmental changes.** Additionally, many of the ultimate positive results of these preventive efforts may not be seen for decades.
- 3. Additionally, these problems can only be successfully addressed in conjunction with other community partners. **Collaborative efforts** are required to deal with more complex public health issues and collectively used. This includes partnerships with other types of health care providers as well as community partners with expertise in other disciplines.
- 4. These problems require several levels of intervention including education, prevention and treatment. Alternative approaches that require changes in environment, policies and regulations, and access to care must all be considered, and are often proving to be the most successful methods of accomplishing needed behavioral changes.
- 5. The **media** is increasingly a **much-needed partner** in all efforts.
- 6. To accomplish the Triple Aim in our communities, Public Health needs to be more fully recognized as a partner with the medical (treatment) community. Studies have shown that the most effective way to reduce costs and improve population health is to focus on prevention. Public Health is best equipped to play this role, but needs to be recognized as the prevention leader, and provided with the resources needed to help enact the required policy and environmental changes that will lead to reduced per capita costs and improved health outcomes.

Next steps centered upon the development of a Community Health Improvement Plan that outlines steps and actions to accomplish objectives related to identified priorities.

It is the intention of the Collaborative to involve the residents of St. Lawrence County in the Community Health Improvement Plan. Community buy-in and engagement is key to having an impact on community health status. As the CHA and CHIP are finalized, they will be posted on the websites of the Collaborative members, including Public Health, the five hospitals and the St. Lawrence County Health Initiative. In addition, the group is contributing to a dedicated St. Lawrence County Community Health Improvement Plan website (slcchip.org) that will inform and engage residents in related health improvement initiatives, host a moderated forum that will promote community discussion of health and health solutions and provide helpful links and information. The site will be hosted by the St. Lawrence County Health Initiative, with content and updating completed during regular meetings of the St. Lawrence County Prevention Collaborative Work Group.

V. Three Year Plan of Action Goal 1: Prevent Chronic Disease

Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity	Conduct an assessment of what is currently being done in the community to promote and support healthy food and beverage choice and physical activity	SLHI – county- wide, SLPH – link to all participating websites, Hospitals – defined service area	By 12/31/13	Assessment completed
		Based on above assessment, promote healthy choices in community using existing agencies, organizations and government entities (GET HEALTHY ST. LAWRENCE) Examples: • Map out walking/cross country ski routes • Promote community gardens and local Farmers Markets	SLHI – county- wide, SLPH – link to all participating websites, Hospitals – defined service area	Begin 1/1/14 and assess at least quarterly	Increase number of hits on the GET HEALTHY ST. LAWRENCE links
		Educate partners and residents on Complete Streets vision. Work together to increase breastfeeding in St. Lawrence County. Investigate Baby-Friendly Hospital status and promote where indicated Utilize data from Electronic Health Records as they are implemented Collaborate with providers Research what is being done	SLHI North Country Prenatal/Perinatal Council Hospitals	1/1/14 thru 12/31/15 Annually upon release of State data	2 municipalities per year % increase of WIC mothers breastfeeding at 6 months, increase % of mothers who exclusively breastfeed in hospital

Goal 1: Prevent Chronic Disease

Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in	Expand the role of	Improve hospital meals served	Hospitals with	Massena in	X# of healthy
Children and Adults	public and private employers in obesity prevention	to: patients, visitors, employees and (where appropriate) LTC residents by: making them transfat free; labeling healthy choices in cafeteria meals; using local produce; making healthier choices less expensive than less-healthy items; ensuring that there are healthier vending machine choices for food products and that there are fewer sugar sweetened beverage (SSB) choices and that SSBs are placed at the bottom of vending machines and healthier options at eye level.	assistance from SLHI	2014	meals served
		Ensuring that there are healthier vending machine choices for food products and that there are fewer sugar sweetened beverage (SSB) choices and that SSBs are placed at the bottom of vending machines and healthier options at eye level.	Public Health for St. Lawrence County Government	By 12/31/15	# of healthy vending machine options and changes in vending machine sales

Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	Expand the role of public and private employers in obesity prevention	Promote and continue to expand enhanced physical fitness opportunities for hospital employees including: aerobics, yoga, zumba, bicycle racks, free gym use, wellness policy, quarterly biometrics & counseling, kayaking, 5k's, health coaching, smoke free environment and use the stairs program	Hospitals		X# of hospital employees using options/X# of hospital employees
		Adopt healthy meeting guidelines	SLHI SLPH Hospitals	2 partner organizations each year for 3 years beginning 1/1/14	6 partner organizations adopting Healthy Meeting Guidelines, effecting over 5000 people

Goal 1: Prevent Chronic Disease

Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Reduce Obesity in Children and Adults	Prevent childhood obesity through early-care and schools	Promote available resources developed in 1.b. above (GET HEALTHY ST. LAWRENCE) with local schools and early childhood providers to promote healthy living, including physical activity and healthy eating	SLHI Hospitals	Begin 1/1/14 and quarterly thereafter.	
Increase access to high quality chronic disease preventive care and management in clinical and community settings	Expand the role of health care and health service providers and insurers in obesity prevention	Ensure that PCPs can easily link their patients with available community resources Assess number of providers who provide the new reimbursable preventive services. Through educational programming, increase the	Hospitals SLHI Hospitals	Begin 1/1/16 Survey all health care providers by end of 2014 and annually thereafter At least 1 educational	EMR/EHR documentation of education, document # of all referrals made to community resources for diet and exercise and to breast feeding specialist.
		number of providers who provide reimbursable preventive services		program per hospital/ year	5% increase in providers who provide reimbursable preventive services

Strategy Area	Objective	Activities	Partners	Timeframe	Measurement/ Evaluation
Disparity: Improve rates of colorectal screening among low-income adults	Utilize colo-rectal screening program to increase number and percentage of low-income adults who receive colorectal cancer screenings	Promote the CSP Program, provide employee reminders of all wellness screenings which are now free under the Affordable Care Act., develop and promote common messaging and PSA's regarding free preventive care and screenings. Work on marketing strategies.	SLHI, SLPH, Hospitals	1/1/14 and on-going	Increase the number and percentage of colorectal cancers completed. Decrease the rate of colorectal cancers that result in death through early screening.

Goal 2: Promote Mental Health and Prevent Substance Abuse

Strategy Area	Objective	Activities	Partners	Time frame	Measurement / Evaluation
Support	Educate	Use web portal of SLHI (Inter	SLHI	Feb.	# of trainings
collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.	referral agents regarding MEB-related programs and resources	Agency Help Net) that lists, updates and catalogues resources. Train this committee.	Hospitals Public Health	2014	held
		Partners take back to their agencies, train staff.	Hospitals Public Health	April 2014	# of staff trained and accounts created
		Input information and keep information current.	Hospitals Public Health	July 2014	Increase # of agencies with information listed by 100%. Increased # of posts. Increased hits – usage.

Strategy Area	Objective	Activities	Partners	Time frame	Measurement / Evaluation
		Determine possibility of adding resource link to EMR's	Hospitals Providers	July 2014	# of agencies providing link
		Verify and update annually (possibly use college intern). Reminder sent annually by SLHI.	SLHI Hospitals Public Health	July 2015 then annually	IAHN updated
		Promote the use of Reach Out Information and Referral for MEB resources.	SLHI Hospitals Public Health Reach Out	December 2014	Posting of Reach Out number on all partner websites
		Increase the number of partners that support Suicide Coalition efforts	Suicide Coalition	By 12/31/16	Add 3 hospital memberships on coalition (1 each year)

VI. <u>Dissemination to the Public</u>

CF Hospital disseminates information to the public regarding its community health programs and availability of financial assistance programs in a number of ways: The mission, vision and values are posted on the CF Hospital website. The Community Service Plan is mailed out to board members, community leaders, and political representatives. Plans to publish a brochure summarizing CF Hospital's community service activities are under discussion. The previous community service plans have included the pertinent information demonstrating CF Hospital's current and future commitment to community health. Going forward, we will continue to disseminate this information to the public, using the existing approaches and will investigate other forms of dissemination including mailings and local media.

VII. Maintenance of Engagement with Local Partners

To continue engagement with local partners to successfully implement the Community Service Plan and improve health within St. Lawrence County CF Hospital actively participates in a variety of coalitions/committees. Standing committees include: St. Lawrence County Health Initiative - A founding member of this multi-agency organization CF Hospital continues to participate actively and send representatives to serve on the SLCHI Board of Directors. Community Health Needs Assessment - CF Hospital, along with all other St. Lawrence County hospitals, St. Lawrence County Public Health Department and the St. Lawrence County Health Initiative, formed the St. Lawrence County Healthy Options Committee to conduct the community health assessment as a sub-group of the existing Prevention Collaborative Work Group (PCWG) — CF Hospital continues to participate in this group, led by the St. Lawrence County Health Initiative and St. Lawrence County Public Health, which includes representatives from local health organizations (including Canton-Potsdam Hospital and other local hospitals, rescue teams, hospice, health initiative, etc.). Each of these committees will meet regularly to share progress and relay any barriers that they are experiencing throughout the course of the Community Service Plan implementation. Progress will be tracked through the work plan that was developing using input from each participating organization. Each entity will be responsible for tracking their objectives and communicating to the committee any problems that may interfere with completion of objectives (changes to timeframe, evaluation methods, data tracking, etc.). Committees will work together to break down barriers that arise and collaborate to meet the objectives outlined within the work plan.

St. Lawrence County Community Health Assessment-survey summary

County	St. Lawrence	Census		
# surveys	809	111,778		
Under 35 yo	15.7%	48.0%		
35 to 65 yo	68.7%	38.5%		
White	98.3%	93.8%		
AAS or more	62.1%	30.5%		
Bach or more	44.1%	18.7%		
\$25k or more	81.8%	70.2%		
\$50k or more	56.3%	28.3%		
Married	66.0%	48.1%		
Insured	89.7%	88.1%		
Female	67.2%	49.1%		
Average BMI	3	30.75		
Female BMI	3	30.64		
Male BMI	3	30.96		
Full time	5	6.8%		
Town	Canton - 13	3.5% Massena -		
20+ yrs in	75.0%			
Comp survey	670	(82.8%)		

#1 Priority				
Ability to Access Health Care	6. Cancer	9. Drug Abuse	7. Depression/Mental Illness	14. Poor Nutrition
29.1% - 225	13.3% - 103	13.0% - 100	6.6% - 51	5.1% - 39
#2 Priority				
9. Drug Abuse	6. Cancer	14. Poor Nutrition	2. Alcohol Abuse	Ability to Access Health Care
14.1% - 106	10.3% - 78	9.0% - 68	8.1% - 61	6.1% - 46
#3 Priority				
9. Drug Abuse	14. Poor Nutrition	13. Lack of Physical Activity	6. Cancer	7. Depression/Mental Illness
11.2% - 78	8.0% - 56	7.5% - 52	7.0% - 49	6.6% - 46
Total Respondents		773	}	

Which of the following health-related behaviors would you like to improve?						
Answer Options	Response Percent	Response Count				
Better eating habits	55.9%	379				
Managing stress	46.9%	318				
Managing weight	65.3%	443				
Increase physical activity	60.6%	411				
Decrease alcohol consumption	11.5%	78				
Decrease tobacco use	18.6%	126				
Total Respondents	678					

Do you think this is a health problem for you or your commun	Problem	Problem for Your	Don't Know	Not a	Response	EBRFSS/DO H	EBRFS S/DOH
Answer Options	for YOU	Communit y	or Unsure	Problem	Count	St. Lawrence County	NYS
Ability to Access Health Care	16.9%	55.3%	9.8%	28.5%	797		
Alcohol abuse	1.1%	72.9%	14.4%	12.6%	792	21.8%	18.1%
Arthritis, Alzheimer's, Dementia, Memory Loss	8.6%	55.2%	28.6%	11.4%	788		
Arthritis	28.4%	42.7%	25.8%	10.4%	790		
Behavioral Problems in Children	3.3%	71.5%	17.7%	9.8%	792		
Cancer	8.9%	78.1%	9.9%	8.3%	800		
Depression / other mental illnesses	17.1%	69.8%	16.1%	7.3%	794		
Diabetes	13.1%	66.0%	18.2%	8.2%	793	10.8%	9.0%
Drug abuse/abuse of prescription drugs or illegal drugs	0.9%	84.1%	9.5%	6.6%	792		
Eating disorders	4.7%	38.8%	47.0%	12.5%	793		
Heart disease (Congestive heart failure, Angina, "A-fib")	7.7%	60.3%	26.6%	8.4%	794	78%	6.3%
High blood pressure, stroke	23.8%	61.2%	16.0%	6.7%	801	28.8%	25.7%
Lack of physical activity	24.2%	73.0%	8.4%	9.3%	797	21.1%	23.7%
Poor nutrition (unhealthy eating)	13.9%	73.2%	11.7%	9.3%	794	69.1%	72.9%
Problems with teeth or gums	13.9%	51.6%	30.5%	10.2%	791		
Lung diseases (COPD, emphysema, asthma)	9.7%	60.1%	25.1%	9.5%	796		
Quality of well water	8.1%	26.5%	46.0%	24.1%	791		
Sexually transmitted diseases (Chlamydia, Herpes, Gonorrhea, HIV/AIDS)	1.0%	32.9%	54.3%	12.7%	787		
Second hand smoke	8.8%	57.5%	23.3%	17.2%	795		
Smoking / tobacco use	8.4%	71.5%	12.7%	10.3%	793	24.7%	17.0%
Suicide	2.0%	44.5%	42.2%	13.1%	784		
Teen pregnancy	0.6%	58.2%	34.1%	8.1%	791	21%	2.1%
Transportation to medical appointments and health care	5.3%	56.0%	25.6%	15.8%	797		
Tuberculosis	0.5%	6.4%	66.5%	27.4%	785		
Underweight or premature babies	1.8%	16.2%	68.0%	14.8%	784	7.4%	8.2%
Unintended pregnancy	0.9%	47.0%	42.1%	10.7%	791		
Underage drinking	0.6%	78.7%	13.8%	7.3%	790		
Total Respondents				806			

If you are currently employed, what is your current occupation?							
Answer Options	Response Percent	Response Count	Census St. Lawrence County	Census NYS			
Management, business, science and arts (includes education, computers, engineering, social services)	42.6%	205	30.7%	37.9%			
Services (includes health, law enforcement, firefighting)	46.2%	222	22.1	19.1%			
Natural resources/Construction and Maintenance (includes farming/forestry)	2.7%	13	12.4%	7.8%			
Production/transportation (includes manufacturing)	3.1%	15	11.0%	9.9%			
Sales	8.1%	39	23.8%	25.2%			
Total Respondents	481						

Do you have health insurance?									
Answer Options	Yes	No	N/A	Can't afford	Prefer to pay my own	Choose not to have it	Response Count	EBRFSS St. Lawrenc e County	EBRF SS NYS
Medical insurance for yourself	89.7%	8.4%	0.3%	4.6%	0.1%	0.4%	760	88.1% (yes)	86.7% (yes)
Medical insurance for your children	43.8%	9.8%	45.9%	1.9%	0.2%	0.3%	630		
Dental insurance for yourself	56.8%	35.1%	1.0%	9.3%	1.6%	1.9%	733		
Dental insurance for your children	34.5%	17.2%	46.2%	2.7%	0.6%	1.1%	623		
Total Respondents	761								

Do you have health insurance?	Medical insurance for yourself (Yes)	Medical insurance for your children (Yes)	Dental insurance for yourself (Yes)	Dental insurance for your children (Yes)
Less than \$15,000	5.6%	3.4%	4.5%	3.4%
\$15,001 to \$25,000	8.8%	6.1%	5.5%	6.3%
\$25,001 to \$50,000	25.3%	20.8%	21.6%	20.3%
\$50,001 to \$75,000	27.5%	26.5%	30.2%	28.0%
\$75,001 to \$100,000	19.9%	25.0%	21.9%	25.6%
Over \$100,000	13.0%	18.2%	16.3%	16.4%

Do you have health insurance?	Medical insurance for yourself (Yes)	Medical insurance for your children (Yes)	Dental insurance for yourself (Yes)	Dental insurance for your children (Yes)
< 9th grade	0.4%	0.4%	0.5%	0.5%
9th to 12 grade	0.9%	0.0%	0.7%	0.0%
High School Grad	14.5%	10.2%	10.4%	11.3%
Some college no degree	19.4%	18.6%	17.6%	17.8%
Associates	18.2%	22.3%	21.5%	25.4%
Bachelors	20.5%	19.3%	20.5%	18.3%
Graduate+	26.1%	29.2%	28.7%	26.8%

If you have insurance who pays for it?						
Answer Options	Response Percent	Response Count				
I do	21.9%	141				
My employer does	19.0%	122				
I share the cost with my employer	48.1%	309				
Public Funded (Medicaid, etc.)	11.0%	71				
Total Respondents	64	43				

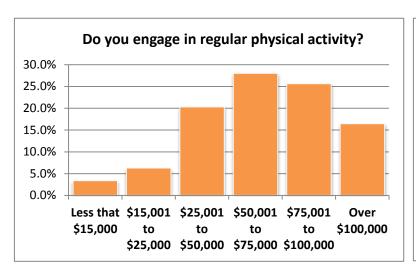
Do you think that access to behavioral health care is a problem in your community?						
Answer Options	Problem for YOU	Problem for your community	Don't Know or Unsure	Response Count		
Treatment for alcoholism	1.0%	62.1%	37.6%	699		
Mental Health treatment for children 18 years and younger	2.6%	58.2%	40.9%	705		
Treatment for drug abuse	0.1%	70.4%	29.9%	702		
Treatment for gambling addictions	0.1%	40.5%	59.8%	701		
Treatment for depression / or other Mental Health issues	8.1%	64.0%	31.9%	708		
Suicide prevention	1.7%	49.7%	49.9%	696		
Total Respondents		716				

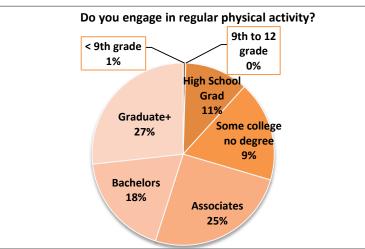
Do you think the following issues are a problem in your community?						
Answer Options	Problem for YOU	Problem for your community	Don't Know or Unsure	Response Count		
Child abuse / neglect	0.6%	70.8%	28.8%	713		
Elder abuse / neglect	0.4%	46.1%	53.6%	703		
Sexual assault / sexual abuse	0.4%	55.9%	44.0%	705		
Domestic Abuse	0.7%	71.0%	28.8%	711		
Violence among youth - bullying	2.1%	77.4%	22.6%	712		
Total Respondents	719					

Do you think that any of these environmental issues are a problem in your community?						
Answer Options	Problem for YOU	Problem for your community	Don't Know or Unsure	Response Count		
Agricultural chemicals	6.0%	39.8%	59.0%	688		
Air pollution	5.5%	34.2%	64.8%	676		
Carbon Monoxide Poisoning	0.7%	15.8%	83.6%	676		
Contaminated well water	3.8%	29.7%	68.5%	680		
Diseases transmitted by insects	4.5%	37.0%	62.2%	687		
Lead	1.6%	27.0%	72.5%	681		
Septic systems	3.8%	28.3%	69.9%	681		
Water pollution	4.4%	38.8%	60.9%	680		
Total Respondents		707				

Do you think there is a problem being seen by or receiving services from any of the following in your community?						
Answer Options	Problem for YOU	Problem for your community	Don't Know or Unsure	Response Count		
Care for persons with disabilities	5.6%	46.0%	50.5%	661		
Specialty health care	11.5%	61.6%	34.2%	679		
Home care / hospice and supports	1.3%	35.4%	64.0%	627		
Mental / behavioral health	5.7%	58.0%	39.3%	679		
Prenatal care	0.3%	34.0%	65.9%	645		
Family Planning Services	0.6%	38.1%	61.6%	648		
Nursing homes	0.9%	51.9%	48.5%	647		
Nutritionists / Dieticians	3.9%	42.9%	56.6%	643		
Pharmacies	2.0%	18.4%	80.8%	588		
Therapists (physical, speech, occupational)	2.3%	34.3%	64.9%	616		
Total Respondents		704				

Do you engage in regular physical activity?					
Answer Options	Response Percent	Response Count	No Leisure Time Activity EBRFSS St. Lawrence County	No Leisure Time Activity EBRFSS NYS	
Yes	65.4%	464	21.1%	23.7%	
No	34.6%	246	21.1%	23.1%	
Total Respondents		•	710		





If you engage in regular physical activity, how many times per week are you physically active?					
Answer Options Response Percent Count					
One	4.6%	28			
Two	10.2%	63			
Three	18.4%	113			
Four	13.0%	80			
More than Four	34.1%	210			
Does not Apply	19.7%	121			
Total Respondents	615				

If you engage in regular physical activity, how long are you physically active each time?						
Answer Options Response Percent Response Count						
15 minutes or less	4.5%	28				
16-30 minutes	19.7%	122				
31-45 minutes	24.1%	149				
46-60 minutes	12.6%	78				
1 hour or more	18.4%	114				
Does not apply	20.6%	127				
Total Respondents	618					

If no, what stops you from being physically active?				
Answer Options	Response Percent	Response Count		
Physically unable	23.6%	87		
Weather	26.4%	97		
Lack of time	54.6%	201		
Safety (no street lights or sidewalks)	15.2%	56		
Choose not to	20.1%	74		
Total Respondents	368			

In your community do you have adequate: Check all that are adequate. Response Response **Answer Options** Percent Count Sidewalks 327 62.4% Street lights 69.3% 363 Bike paths 26.9% 141 Walking trails 246 46.9% Access to public gym 30.5% 160 Access to public pool 23.3% 122 Total Respondents 524

Is your community breast-feeding friendly?				
Answer Options	Response Percent	Response Count		
Yes	17.6%	125		
No	8.0%	57		
Don't know / Unsure	74.4%	529		
Total Respondents	711			
Is your workplace breast-fee	ding friendl	y ?		
Yes	28.0%	184		
No	11.7%	77		
Don't know / Unsure	60.3%	396		
Total Respondents	65	57		

How many fruits and vegetables do you eat in a day?							
Answer Options	5 or more	3-4	1-2	0 (Rarely)	Response Count	5+ EBRFSS St. Lawrence County	5+ EBRFSS NYS
Yourself	18.5%	34.3%	41.0%	6.3%	715	30.9%	27.1%
Your children	16.6%	37.8%	38.9%	6.7%	283		
Total Respondents		720					

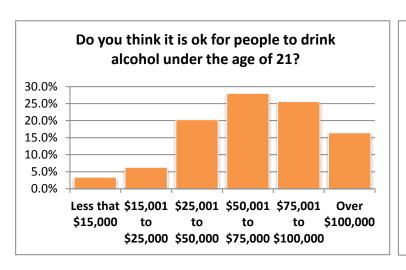
If fewer than five, why? Check all that apply.				
Answer Options	Response Percent	Response Count		
Cost	50.6%	238		
Don't like them	13.4%	63		
Time needed to prepare	27.7%	130		
Spoil too fast	51.1%	240		
Total Respondents 470				

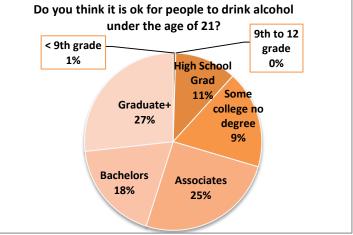
Are you currently taking care of?					
Answer Options	Response Percent	Response Count			
An elderly or disabled parent	49.6%	57			
An elderly OR disabled spouse	28.7%	33			
A disabled child	19.1%	22			
A grandchild	17.4%	20			
Total Respondents	11	15			

Please answer these questions regarding your alcohol use: (One drink is a beer, a glass of wine or a mixed drink)								
Answer Options	None	1 or 2 a month	1 or 2 a week	1 or 2 a day	More than 2 a day	Response Count	Heavy Drinking EBRFSS St. Lawrence County	Heavy Drinking EBRFSS NYS
How much alcohol do you drink?	38.1%	24.8%	23.0%	10.7%	3.4%	701	7.9%	5.0%
How much do others in your household drink?	38.3%	21.8%	20.1%	13.5%	6.4%	593		
Total Respondents		706						

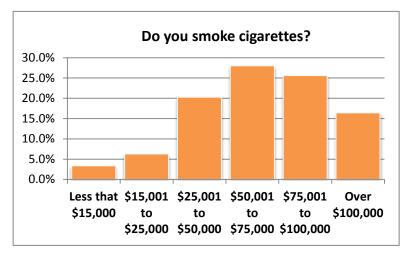
How many times in the last 30 days did you have more than 5 drinks (if a man) or 4 drinks (if a women) on one occasion?					
Answer Options	Response Percent	Response Count	Binge Drinking EBRFSS St. Lawrence County	Binge Drinking EBRFSS NYS	
None	73.8%	505			
Once	13.2%	90			
Twice	5.6%	38	21.8%	18.1%	
3 or 4	4.4%	30			
4 or more	3.1%	21			
Total Respondents			684		

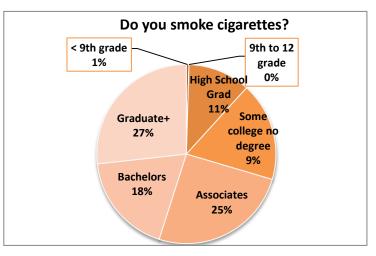
Do you think it is ok for people to drink alcohol under the age of 21?				
Answer Options	Response Percent	Response Count		
Yes	6.1%	43		
Yes, as long as they are not driving	11.5%	81		
No	63.5%	448		
Yes, under parental supervision	18.9%	133		
Total Respondents	705			





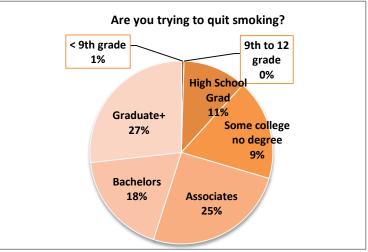
Do you smoke cigarettes?					
Answer Options	Response Percent	Response Count	EBRFSS St. Lawrence County	EBRF SS NYS	
No	84.7%	597	75.3%	83.0%	
Yes	15.3%	108			
Yes, less than a pack per day	8.9%	63			
Yes, one pack (20) per day	4.3%	30	24.7%	17.0%	
Yes, more than a pack per day	2.0%	14			
Yes, more than two packs per day	0.1%	1			
Total Respondents		7	05		





Are you trying to quit smoking?				
Answer Options Response Percent Count				
Yes	12.7%	54		
No	87.3%	372		
Total Respondents	42	26		



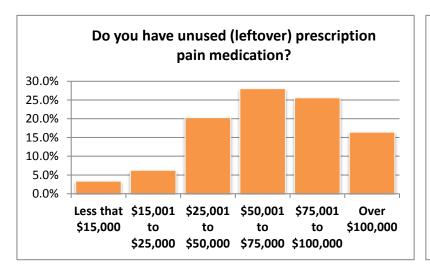


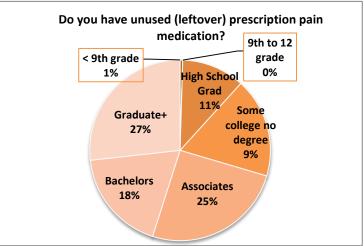
Do you use e-cigarettes?				
Answer Options	Response Percent	Response Count		
Yes	3.1%	17		
No	96.9%	537		
Total Respondents	55	54		

Do you use chewing tobacco or snuff?				
Answer Options	Response Percent	Response Count		
Yes, chewing tobacco	1.5%	10		
Yes, both	0.6%	4		
Yes, snuff	1.8%	12		
No, neither	96.1%	634		
Total Respondents	60	50		

Do you have a prescription for pain medication?				
Answer Options	Response Response Percent Count			
Yes	21.5%	150		
No	78.5%	548		
Total Respondents	698			

Do you have unused (leftover) prescription pain medication?				
Answer Options Response Percent Count				
Yes	20.5%	142		
No	79.5%	551		
Total Respondents 693				



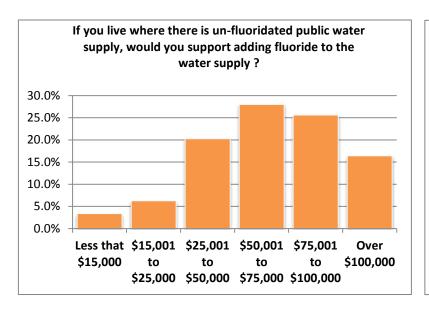


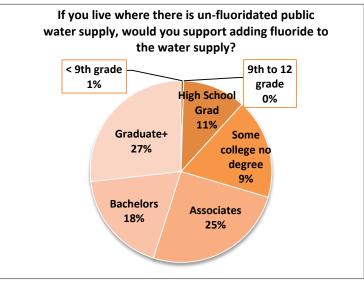
Have you received any of the following immunizations (shots) as an adult (over 19)?						
Answer Options	Response Percent	Response Count	EBRFSS Last 12 Months St. Lawrence County	EBRFSS Last 12 Months NYS		
Flu shot	80.7%	489	39.8%	41.7%		
Shingles (Zostavax)	8.9%	54				
Tetanus shot	75.1%	455				
Hep A/Hep B	36.3%	220				
Pneumonia	32.2%	195	30.6%	25.4%		
Whooping Cough	12.2%	74				
Meningitis	7.1%	43				
Total Respondents	606					

About how long has it been since you last visited a dental office / dentist for any reason?						
Answer Options	Response Response St. EB Percent Count Lawrence County					
Within the past year	67.0%	469	66.4%	71.1%		
Within the past 2 years	9.4%	66				
Within the past 5 years	8.1%	57				
5 or more years	15.1%	106				
I have never been to a dentist	0.3%	2				
Total Respondents	700					

Was there a time during the past 12 months when you needed to get dental care, but could not find a dentist or could not afford the cost?				
Answer Options Response Percent Response Count				
Yes	10.9%	76		
Couldn't find a dentist	2.1%	15		
Couldn't afford the cost	t 18.6% 130			
No 68.3% 477				
Total Respondents	698			

If you live where there is un-fluoridated public water supply, would you support adding fluoride to the water supply to improve dental health in the community?					
Answer Options Response Percent Count					
Yes	61.8%	371			
No 38.2% 229					
Total Respondents 600					





Please answer the following questions for yourself or any member of your household who has used any of the listed services in the last 12 months.						
Answer Options	Yes	No	N/A	Response Count		
In the last 12 months, when you wanted to be seen as soon as possible, did you have to wait more than 3 days for an appointment to see a doctor for primary (not specialty) health care?	35.9%	55.6%	8.5%	696		
In the last 12 months, did you have to wait more than 30 minutes in the doctor's waiting room for primary (not specialty) health care?	56.8%	39.4%	3.9%	701		
If disabled did you receive necessary accommodations (i.e. wheelchair accessibility, interpreters, etc.) to fully benefit from services? 9.1% 4.2% 86.8% 574						
Total Respondents		7	702			

Do you have a plan for? Check all that you have a plan for.					
Answer Options	Response	Response			
This wer options	Percent	Count			
Weather related (flood, ice storm)	82.0%	377			
Disease	18.9%	87			
Man Made	20.7%	95			
Natural disasters (earthquake)	27.4%	126			
Fire	75.7%	348			
Total Respondents	460				

Do you have the following emergency supplies? Check all that you have on hand.					
Answer Options	Response Percent	Response Count			
Batteries	82.4%	571			
Candles/Matches	93.5%	648			
Canned food	85.7%	594			
Battery operated radio	58.4%	405			
First aid kit	77.6%	538			
Manual can opener	90.2%	625			
Bottled water	64.6%	448			
Blankets	95.5%	662			
Flashlight	93.7%	649			
Total Respondents	693				

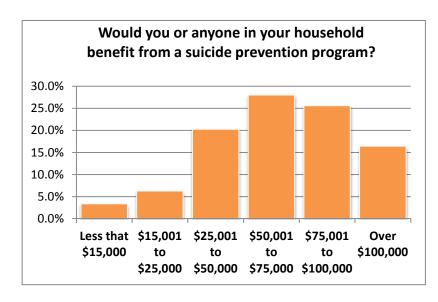
Answer Options	Used in my communit y	Used in County	Used out of County	Quality OK?	Service needed, but missing in County	Response Count
Adult Day Care / Respite Care	27.1%	7.1%	3.5%	11.8%	57.6%	85
Alcohol / Drug Treatment	33.3%	26.7%	10.0%	13.3%	28.3%	60
Ambulance service	69.2%	21.1%	11.3%	29.3%	3.8%	133
Audiology (hearing care)	33.7%	28.8%	19.2%	16.3%	17.3%	104
Counseling / Mental Health for adults	43.7%	35.6%	8.9%	18.5%	15.6%	135
Counseling / Mental Health for children	37.7%	26.0%	6.5%	20.8%	31.2%	77
Dentists	58.8%	28.4%	12.4%	31.2%	3.9%	493
Dialysis	45.6%	22.8%	8.8%	15.8%	22.8%	57
Doctor's Office	70.1%	30.6%	13.1%	28.8%	1.2%	579
Domestic Violence	29.2%	27.1%	6.3%	14.6%	33.3%	48
Emergency Response System	65.7%	15.7%	7.8%	18.6%	9.8%	102
Eye Care / Ophthalmology	57.1%	32.2%	13.3%	28.0%	2.6%	422
Early Intervention Services	34.9%	20.9%	2.3%	9.3%	32.6%	43
Family Planning Services	47.8%	20.9%	4.5%	17.9%	23.9%	67
Gerontology	27.1%	16.7%	8.3%	8.3%	43.8%	48
Prenatal Care	45.3%	32.8%	7.8%	14.1%	15.6%	64
Home Health Services	45.1%	25.4%	7.0%	11.3%	21.1%	71
Hospice	43.4%	28.3%	5.7%	17.0%	15.1%	53
Help with Breastfeeding	35.2%	25.9%	5.6%	13.0%	31.5%	54
Long Term Care Facility	37.0%	20.4%	5.6%	14.8%	29.6%	54
Home Delivered Meals	46.3%	20.4%	3.7%	18.5%	20.4%	54
Senior Nutrition Sites	37.7%	20.8%	3.8%	11.3%	26.4%	53
Occupational Therapy	50.0%	25.0%	3.6%	17.9%	17.9%	56
Orthodontists	34.7%	22.7%	18.7%	25.3%	17.3%	75
Orthopedics	49.5%	23.8%	18.1%	23.8%	9.5%	105
Physical therapy services	68.8%	24.8%	3.8%	22.9%	4.5%	157
Public transportation	22.5%	20.2%	4.5%	6.7%	50.6%	89
Speech Therapy	32.7%	22.4%	14.3%	8.2%	34.7%	49
Testing, counseling & treatment for STD's, including HIV/AIDS	50.0%	22.4%	1.7%	17.2%	19.0%	58
Total Respondents	642					

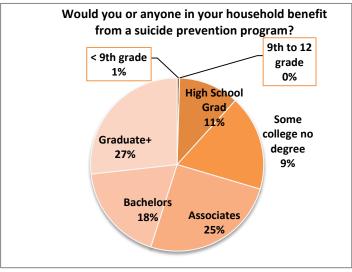
Please answer Yes or No					
Answer Options	Yes	No	Response Count		
Would you or anyone in your household benefit from a suicide prevention program?	9.2%	90.8%	660		
Do you know who to report animal bites to?	58.3%	41.7%	667		
Have you removed a tick from your body in the last year?	22.9%	77.1%	668		
Have you removed a tick from your pet in the last year?	39.5%	60.5%	651		
If you heat with wood, coal or natural gas do you have working carbon monoxide detectors in your home?	74.4%	25.6%	590		

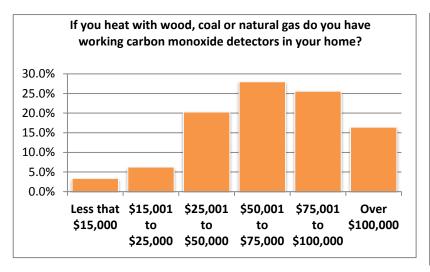
If you or a family member needed to be hospitalized, which hospital would you prefer?				
Answer Options Response Percent Count				
Canton-Potsdam	51.0%	315		
Claxton-Hepburn	24.4%	151		
Clifton-Fine	6.8%	42		
EJ Noble	7.1%	44		
Massena Memorial	11.2%	69		
Adirondack Medical Center (Saranac Lake)	9.9%	61		
Total Respondents	618			

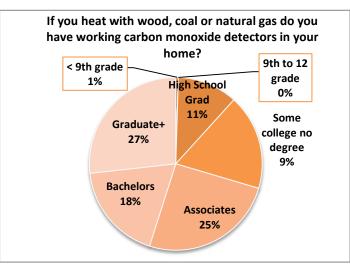
hospitalized for treatment that is not available in St. Lawrence County, which hospital would you prefer?					
Answer Options Response Percent Count					
Burlington Area Hospital	58.5%	373			
Plattsburgh Hospital 7.1% 45					
Adirondack Medical Center (Saranac Lake)	8.6%	55			
Albany Area Hospital 3.1% 20					
Syracuse Area Hospital 44.0% 281					
Total Respondents 638					

If you are family member needed to be









Please Answer Yes or No Have you had the following screening tests?						
Answer Options	Yes	No	Doesn't Apply	Response Count	Ever Screened EBRFSS St. Lawrence County	Ever Screened EBRFSS NYS
Pap test - If you are a woman and are 21 or over	69.0%	11.3%	19.7%	610	97.1%	91.8%
Mammogram - If you are a woman and are 40 or over	58.9%	13.5%	27.6%	601	88.3%	91.1%
Colorectal exam - If you are 50 or older	49.2%	23.9%	26.8%	593	65.8%	66.6%
Prostate exam - If you are a man and are 40 or over	29.3%	16.7%	54.0%	491	Not Available	73.7%
Total Respondents	661					

Please Answer Yes or No Have you had the following screening tests?	Pap test - If you are a woman and are 21 or over (yes)	Mammogram - If you are a woman and are 40 or over (Yes)	Colorectal exam - If you are 50 or older (Yes)	Prostate exam - If you are a man and are 40 or over (Yes)
Less than \$15,000	6.0%	6.3%	4.7%	3.6%
\$15,001 to \$25,000	10.2%	9.9%	9.7%	9.3%
\$25,001 to \$50,000	24.8%	25.7%	24.1%	25.7%
\$50,001 to \$75,000	26.1%	27.2%	28.4%	28.6%
\$75,001 to \$100,000	21.8%	20.1%	22.7%	19.3%
Over \$100,000	11.2%	10.8%	10.4%	13.6%

Please Answer Yes or No Have you had the following screening tests?	Pap test - If you are a woman and are 21 or over	Mammogram - If you are a woman and are 40 or over	Colorectal exam - If you are 50 or older	Prostate exam - If you are a man and are 40 or over
< 9th grade	0.0%	0.0%	0.0%	0.0%
9th to 12 grade	0.5%	1.1%	1.0%	1.4%
High School Grad	13.9%	16.9%	16.1%	17.3%
Some college no degree	16.5%	19.4%	18.5%	24.5%
Associates	21.8%	22.0%	20.6%	19.4%
Bachelors	21.3%	16.3%	17.5%	16.5%
Graduate+	25.9%	24.3%	26.2%	20.9%

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.				
			EBRFSS	
	Response	Response	St.	EBRFSS
Answer Options	Percent	Count	Lawrence	NYS
			County	
Within the past year	78.0%	520	66.0%	72.7%
Within the last 2 years	7.5%	50	78.7%	85.7%
Within the last 5 years	3.9%	26		
Five or more years ago	5.8%	39		
Don't know / unsure	2.2%	15		
Never	2.5%	17		
Total Respondents	667			

At night and weekends, where do you receive medical care?			
Answer Options	Response Percent	Response Count	
My local ER/ED	55.4%	346	
Urgent Care	23.2%	145	
My doctor	4.5%	28	
Out of town ER/ED	6.2%	39	
Does not apply	18.9% 118		
Total Respondents	625		

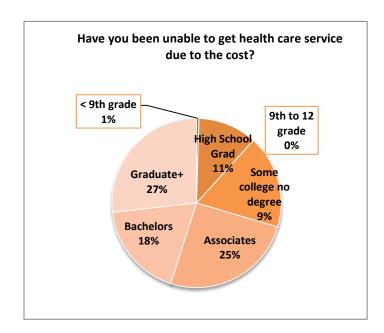
If you do have health insurance what kind is it? Check all that apply:			
Answer Options	Response Percent	Response Count	
Blue Cross/Blue Shield	54.3%	276	
Blue Choice	0.4%	2	
Medicaid	8.5%	43	
Medicaid (Blue Choice Option)	1.2%	6	
Dental insurance	39.0%	198	
Vision coverage	31.1%	158	
Medicare (Social Security)	26.6%	135	
Preferred Care	0.8%	4	
Tri-Care	3.5%	18	
Child Health Plus	2.2%	11	
V.A.	4.3%	22	
Family Health Plus	1.8%	9	
Total Respondents 508			

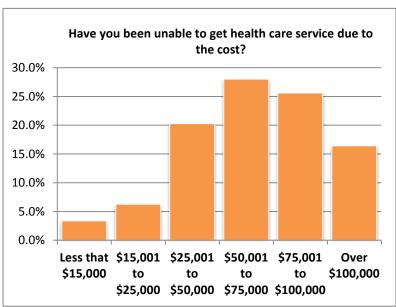
How much do you estimate your household
paid for all medical expenses in the last
calendar year ("out of pocket expenses",
prescriptions, dental care, vision, health
insurance premiums, medical care,
hospitalization, co-payments, deductibles)?

Answer Options	Response Percent	Response Count	
\$0 - \$500	17.4%	113	
\$501 - \$1,000	16.7%	109	
\$1,001 - \$2,000	17.8%	116	
\$2,001 - \$3,000	15.7%	102	
\$3,001 - \$4,000	10.1%	66	
\$4,001 - \$5,000	7.7%	50	
\$5,001 - \$7,500	6.6%	43	
\$7,501 +	8.0%	52	
Total Respondents	651		

If you don't have health insurance, why not? (choose one)			
Answer Options	Response Percent	Response Count	
Not offered where I work	4.2%	8	
Can't afford	30.9%	59	
Prefer to pay my own medical expenses	1.0%	2	
Does not apply, I have insurance	63.4%	121	
Choose not to have it	0.5%	1	
Total Respondents	191		

Have you been unable to get health care service due to the cost?				
Answer Options	Response Percent	Response Count	EBRFSS St. Lawrence County	EBRFSS NYS
Yes	29.2%	146	14.5%	13.8%
No	70.8%	354		
Total Respondents	500			





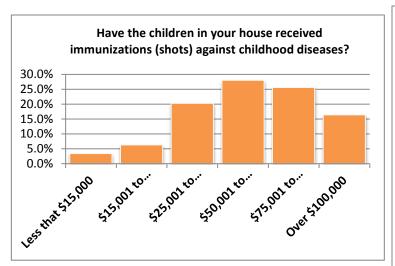
Which services have you been unable to get? Check all that apply:				
Answer Options	Response Percent	Response Count		
Doctor	16.3%	73		
Dentist	32.7%	147		
Mental Health	7.3%	33		
Prescriptions	19.2%	86		
Does not Apply	57.5%	258		
Total Respondents	44	449		

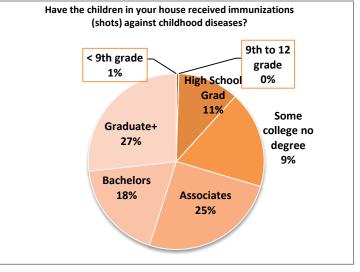
If you can't afford a prescription, what do you do? Check all that apply:			
Answer Options	Response Percent	Response Count	
Tell my doctor / request samples	21.8%	119	
Tell my pharmacist	3.5%	19	
Take medicine less often	9.5%	52	
Do not fill my prescription	28.1%	153	
Use discount prescription card	7.7%	42	
Prescription assistance program	2.2%	12	
Does not apply	51.7%	282	
Total Respondents	54	15	

On about how many days during the past 6 months was your mental health not good? (includes depression, excessive stress, emotional problems)				
Answer Options	Response Percent	Response Count	EBRFSS 14+ days/month St. Lawrence County	EBRFSS 14+ days/month NYS
0 Days	38.1%	123		
1 to 7 Days	18.0%	58		
8 to 14 Days	10.2%	33		
Greater than 14 Days	33.7%	109	11.3%	10.2%
Greater than 30 Days	28.5%	92		
Greater than 90 Days	12.4%	40		
180 Days (every day)	9.0%	29		
Total Respondents	323			

During the past 6 months, when your mental health was not good				
Answer Options	Yes	No	Does not Apply	Response Count
Did you seek professional help?	13.0%	38.2%	48.8%	537
Was the help you got in your community (yes or no)?	9.3%	14.0%	76.7%	485
Was the help you got in St. Lawrence County (yes or no)?	13.9%	9.5%	76.6%	482
Did you consider suicide as an option at any time?	6.2%	41.9%	51.8%	515
Did poor mental health keep you from doing your usual activities?	24.7%	23.9%	51.3%	522
Total Respondents	539			

If poor mental health kept you from doing your usual activities, how many days?			
Answer Options Response Percent Response Count			
N/A (0 Days)	27.7%	33	
1 to 7 Days	26.9%	32	
8 to 14 Days	5.9%	7	
Greater than 14 Days	39.5%	47	
Greater than 30 Days	29.4%	35	
Greater than 90 Days	13.4%	16	
180 Days (every day)	11.8%	14	
Total Respondents	1.	19	

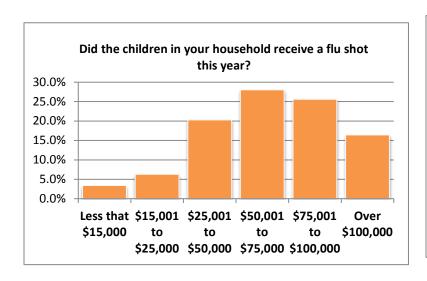


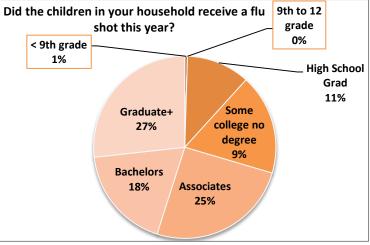


Did the children in your household receive a flu shot this year?				
Answer Options	Response Percent	Response Count		
Yes	50.3%	87		
No, I didn't have time	2.3%	4		
No, I didn't feel it was needed	36.4%	63		
No, I couldn't afford it	1.7%	3		
No, my insurance doesn't cover it	1.7%	3		
No, I didn't know they should get it	3.5%	6		
Not sure	4.0%	7		
Total Respondents 173				

Do you have children in the home who are under 18?			
Answer Options Response Percent Count			
Yes		27.4%	183
No		72.6%	484
Total Respondents 667			
Plan 2014-2017	66		

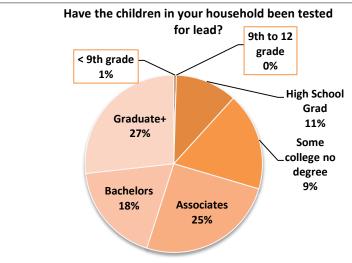
Have the children in your house received immunizations (shots) against childhood diseases?			
Answer Options Response Percent Count			
No	1.1%	2	
Yes	93.4%	169	
Some, not all	4.4%	8	
Not sure 1.1% 2			
Total Respondents 181			





Have the children in your household been tested for lead?				
Answer Options	Response Percent	Response Count	Incidence DOH St. Lawrence County	Incidence DOH NYS
Yes, at age one	14.4%	26		
Yes, at age two	8.8%	16	9.1 per 1,000 among children <72 months of age	11.1 per 1,000 among children < 72 months of
Yes, at age one & two	13.3%	24		
Yes, but I don't remember their age	27.6%	50		
No	21.0%	38		
Does not apply	3.3%	6		age
Not sure	11.6%	21		
Total Respondents	ondents 181			





Do your children wear helmets when bicycling, skateboarding or rollerblading etc.?				
Answer Options Response Percent Count				
Never	9.0%	15		
Sometimes	33.7%	56		
Always 57.2% 95				
Total Respondents 166				

Are there affordable, organized opportunities for your children to be involved in physical activity?			
Answer Options Response Percent Count			
Yes	68.4%	119	
No	31.6%	55	
Total Respondents 174			