

2016 Community Health Improvement Plan and Community Health Assessment

St. Lawrence County

Partners:

St. Lawrence County Public Health Department

James Rich, MPH 80 State Highway 310, Suite #2, Canton, NY 13617, (315) 386-2325

Claxton Hepburn Medical Center

Michele Catlin, 214 King Street, Ogdensburg, NY 13669, (315) 713-5251

Clifton Fine Hospital

Robert Seamon, 1014 Oswegatchie Trail, Star Lake, NY 13690, (315) 848-3351

Massena Memorial Hospital

Tina Corcoran, 1 Hospital Drive, Massena, NY 13662, (315) 769-4305

St. Lawrence County Health Initiative, Inc.

Anne Marie Snell, PO Box 5069, Potsdam, NY 13676 (315) 261-4760

A Bridge to Wellness Coalition





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St. Lawrence County

Executive Summary

The St. Lawrence County Community Health Improvement Coalition, Bridge to Wellness, is an active committee with twenty-six participating organizations including Public Health, higher education, hospitals, Federally Qualified Health Centers and community based organizations. Meetings are facilitated by the Local Public Health Department, and the St. Lawrence County Health Initiative, Inc. The partners work collaboratively to plan, implement and oversee the St. Lawrence County Community Health Improvement Plan and Community Service Plan(s).

This year, the Bridge to Wellness Coalition partnered with the Fort Drum Regional Health Planning Organization (FDRHPO) to develop an appropriate regional needs assessment that would guide a strong data driven Health Improvement Plan in St. Lawrence County, and be incorporated into a Health Assessment using State and National Data Sources. Considering the Assessment results, and the capacity of region, Bridge to Wellness Coalition identified priorities for the 2016-2018 plan as ‘Prevent Chronic Disease’ and ‘Promote Mental Health and Prevent Substance Abuse’. While these are the same priorities the coalition identified in 2013, the 2016 plan is streamlined and identifies additional opportunities to improve the health of targeted residents. The coalition-researched interventions grounded in evidence and activities include environmental, systems and policy change.

In each priority area, education and involvement from the community at large is integral to the success of each intervention. Bridge to Wellness Partners will disseminate regular reports to the community through online media, print publications, and radio and in person education. The Partners will oversee and govern the evaluation of this plan on a monthly basis.



Report

The following language and data is from the St. Lawrence Community Health Assessment¹ prepared by Fort Drum Regional Health Planning Organization. All data sources and additional charts can be found on the report itself.

St. Lawrence County

St. Lawrence County is a large and predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in northern New York. As of 2015, it had a population of 110,007. The county's population has changed very little since 1960, remaining between 110,000 and 115,000 for the past 55 years.

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

The county comprises 32 towns and a single city. No county subdivision accounts for more than 14% of the total county population, and none of the county's largest populated places are closer than 10 miles from each other when measured from center to center. The largest county subdivisions are the city of Ogdensburg and the towns of Potsdam, Massena, Canton, and Gouverneur. About half of the county's population (52%) live within these five subdivisions, with the remaining half spread across 28 other towns, with populations ranging from over four thousand (Norfolk, Oswegatchie, and Lisbon) to fewer than five hundred residents (Piercefield and Clare).

St. Lawrence County is served by five hospitals:

¹ Tug Hill Seaway Region Community Health Assessment, December 2016
http://www.ncnyhealthcompass.org/content/sites/fortdrum/2016_Tug_Hill_Seaway_Community_Health_Assessment_FDRHPO.pdf



- Canton-Potsdam Hospital, a 94-bed not-for-profit hospital in Potsdam
- Claxton-Hepburn Medical Center, a 130-bed not-for-profit hospital in Ogdensburg
- Clifton-Fine Hospital, a 20-bed not-for-profit critical access hospital in Star Lake
- Gouverneur Hospital, a 25-bed not-for-profit critical access hospital in Gouverneur
- Massena Memorial Hospital, a 50-bed not-for-profit hospital in Massena

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

The median age in St. Lawrence County is 37.8. 15% of residents – or about one in seven - are over 65. The county has an especially large number of young adults, especially in the vicinity of its four-year colleges and state prisons: 15% of its residents are 18 to 24 years old.

St. Lawrence County's population is 50.8% male and 49.2% female. Men outnumber women within all five-year age categories up to age 59. The difference is widest from age 20 to 29, with men outnumbering women by 10% within this category. The disparity is smaller for older working-age adults. Among the elderly, there are more women (55%) than men (45%).

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

8% of residents speak a language other than English at home, of which the most common language group (5%) is Germanic, which is primarily spoken by Old Order Amish. The second most common is Spanish (2%). 71% of those who speak another language at home speak English "very well."

As of 2010, 36% of St. Lawrence County's residents were reported to be members of religious congregations. Catholic adherents are the largest religious group in St. Lawrence County, with 24,500 adherents reported (22%). Mainline Protestants were the second largest group, with 8,100 adherents (7%), and Evangelical Protestants were the third largest group, with 5,400 adherents (5%). About 2,300 residents (2%) are members of other religious groups, and 71,800 (64%) are unclaimed by any religious body. By number of congregations, Catholic (32) are most



common, followed by Methodist (32), Presbyterian (18), Amish groups (13), Episcopalian (10), and Baptist (9). Rates of adherence are falling, primarily because the number of Catholics (-30%) and Methodists (-30%) declined by nearly one-third between 2000 and 2010. Presbyterians experienced an even larger decline (-36%). Most smaller church groups lost members during the same period, with only Mormons and Unitarian Universalists gaining more than a handful of members.²¹⁴ 26% of county residents report regular attendance at religious or spiritual activities, which is about the same as Jefferson County. Within St. Lawrence County, attendance is much higher among older age groups, increasing from a low of 19% for people under 65 to 53% for people over age 65.

87% of St. Lawrence County residents over age 24 have a high school diploma or equivalent. 22% have a bachelor's degree or higher, and 11% have a graduate degree. Women (37%) are markedly more likely than men (29%) to have at least an associate's degree, and have higher educational attainment, on average, at every level. There is a strong correlation between educational attainment and poverty within the county: 33% of those without a high school diploma live in poverty, compared to 16% of those with only a high school diploma, and 7% of those with a four-year degree.

In 2014, the poverty rate in St. Lawrence County was 19%, and the poverty rate for children was 26%. These were slight declines from the years immediately subsequent to the 2008 recession, but elevated compared to most of the past 25 years, neighboring counties, and statewide and national rates. Median household income is \$43.5k, and has not shown a sustained increase in real terms since before the 2008 recession. It remains lower than the national median of \$53.7k, the statewide median of \$58.7k, and the median household income in most neighboring counties. The most recent available unemployment rate for St. Lawrence County is 5.4%, which is higher compared to the statewide average of 5.1%, but somewhat lower (-0.5%) compared to the previous year.

Identifying Prevention Agenda Priorities and Interventions

The 2013-2018 New York State Prevention Agenda² offers the blueprint for New York State and local counties to develop objectives appropriate within their communities for improving health and reducing disparities. For the 2013-2018 period New York State identified the following five priority areas for action:

Prevent Chronic Diseases

² New York State Prevention Agenda https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/



Promote a Healthy and Safe Environment
Promote Healthy Women, Infants and Children
Promote Mental Health and Prevent Substance Abuse
Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infection

Guidance from the New York State Department of Health requests that each county identify at least two of the above priorities in a health improvement plan. The priorities were selected and narrowed down by the Bridge to Wellness coalition considering relevant data, the capacity of the region, and a snapshot of the partners in the community with appropriate professional experience.



The Fort Drum Regional Health Planning Organization (FDRHPO) completed a regional health assessment in December 2016. While preparing the assessment, FDRHPO provided regular updates on results to the Bridge to Wellness Coalition to guide planning.³

Relevant Data

Referring to the 2016 Community Health Assessment, A Comparison of Health Indicators (Appendix 1) identified areas for improvement within each priority area. In addition, across

³ Tug Hill Seaway Region Community Health Assessment, December 2016
http://www.ncnyhealthcompass.org/content/sites/fortdrum/2016_Tug_Hill_Seaway_Community_Health_Assessment_FDRHPO.pdf



the identified Prevention Agenda priority areas, the following health outcome data highlights stood out as areas of concern and candidates for potential improvement and intervention:

Prevent chronic disease

Both the Tug Hill Seaway 2016 Community Health Survey and the 2013-2014 NYS EBRFSS survey show that about one-fifth of St. Lawrence County residents do not have a regular health care provider. This is somewhat higher than the statewide rate of 16%, and well short of the Prevention Agenda 2018 objective of less than 10%. Like many other more rural counties in New York State, St. Lawrence County has fewer primary care clinicians per population compared to the statewide rate.

The 2013-2014 EBRFSS survey found that one third of St. Lawrence County adults were obese, several percentage points higher than the statewide average. Another third of adult residents were overweight. The percentage of overweight and obese children also exceeds the statewide average. Obesity is a risk factor for heart disease, stroke, many forms of cancer, diabetes, and kidney disease, and could overtake smoking as the leading cause of preventable death within the next decade. The share of obese adults in St. Lawrence County is growing, and this trend threatens to reverse progress that the county has made over the past decade toward reducing its rate of deaths before age 65 to less than the statewide average.

The hospitalization rate for heart attacks in St. Lawrence County has remained above the statewide average over the past decade, and is now over one-third higher compared to the statewide rate. Unlike the statewide rate, which has shown a steady decline for at least the past six years, there is no consistent year-to-year trend in the rate for St. Lawrence County and no indication of decline over the past decade. Heart attack hospitalizations were most common in Ogdensburg, Massena, and Gouverneur.

Promote mental health and prevent substance abuse

The age-adjusted suicide rate in St. Lawrence County declined with each successive three-year rolling average between 2008 and 2014, the most recent year for which a complete county rate is available, and is now below the statewide excluding New York City rate.

The 2012-2014 EBRFSS mental health indicators – including the share of adults reporting poor mental health during at least half of the past month and the rate of binge drinking - show large but not statistically significant worsening for St. Lawrence County compared to the 2008-2009 survey.



Hospitalization rates for mental diseases and disorders in Ogdensburg, Massena, and Norfolk greatly exceed the statewide average and rates for other areas within the region.

Hospitalizations for mental diseases and disorders have more than doubled throughout the county.

Hospitalization rates for substance abuse, alcohol-related diagnoses, and opiate poisoning in Ogdensburg and in and around Massena greatly exceed the statewide rate and have increased dramatically over the past ten years.

Capacity

The coalition used the New York State Prevention Agenda Refresh charts⁴ to rank appropriate interventions (Appendix 2) within the communities and created a chart of current and potential partners capable of leveraging appropriate resources to achieve success in the chosen priority areas (Appendix 3).

The following priorities focus areas, and interventions were identified:

Priority area	Focus Area	Interventions
Prevent Chronic Diseases	Reduce Obesity in Children and Adults	<ul style="list-style-type: none"> • Adopt and/or enhance joint use agreements in schools • Complete Streets Policy planning and implementation • Re-invigorate School Wellness Committees and assist in adoption of and adherence to strong wellness policies
Promote Mental Health and Prevent Substance Abuse	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	<ul style="list-style-type: none"> • Creation of a County Wide Coalition devoted to Opioid Prevention • Provider Education • Expansion of Drug Take Back Opportunities within the Community

The Bridge to Wellness Coalition identified *Rural Geographic Isolation and Transportation* as Health Disparities to consider while working on the interventions. Considering the mean

⁴ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/nysdoh_prevention_agenda_updated_evidence_based_interventions_2015.pdf



travel time to work for working adults is 21 minutes⁵, accessing physical activity year round is extremely difficult for adults.

Partners

The Bridge to Wellness Coalition currently has representation from the Federally Qualified Health Center, area hospitals, the local public health department, area businesses and several community based organizations:

St. Lawrence County Public Health Department	St. Lawrence County Health Initiative
Claxton Hepburn Medical Center	Clifton Fine Hospital
Massena Memorial Hospital	St. Lawrence Health System (Canton Potsdam Hospital, Gouverneur Hospital)
Alliance for the Mentally Ill of St. Lawrence Valley	CdP (Community Development Program)
Central NY Regional Center of Tobacco Health	Community Health Center of the North Country
Cornell Cooperative Extension of St. Lawrence County	Fort Drum Regional Health Planning Organization
Hospice and Palliative Care of St. Lawrence Valley	Kinney Drugs
North Country Parent Assistance Center	North Country Prenatal Perinatal Council
St. Lawrence County Office for the Aging	Renewal House
Seaway Valley Prevention Council	St. Lawrence Gas
St. Lawrence University	State University of New York at Canton
State University of New York at Potsdam (Community Health Department)	North Country Now and North Country This Week
St. Lawrence NYSARC	

Efforts continue to involve additional partners serving the region, in particular within the selected health priorities. It is extremely important to the success of this plan that all partners have an opportunity to be as involved as they are able. For each intervention selected, all partners will oversee project activities and evaluation of success, while partners with appropriate knowledge, skills and/or resources will be more deeply involved in program implementation.

Work plan

The work plan identifies the goals, objectives, activities and process measures for the 2016-2018 period. Find rationale and appropriate resources listed.

⁵ Tug Hill Seaway



Priority Area	Prevent Chronic Diseases
Focus Area 1	Reduce Obesity in Children and Adults
Goal	Create community environments that promote and support healthy food and beverage choices and physical activity.

Objective 1: By December 31, 2018, Increase by 15% the number of adults with access to schools for physical activity with joint use agreements that are inclusive to and publicized throughout their community.				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Establish baseline number of adults within each school district	Health Initiative, BOCES	Time	February 2017 August 2018	Data on number of adults with access to schools for physical activity
Gather all current joint use agreements, post on Bridge to Wellness Website	Health Initiative, BOCES	Time	March 2017 update as needed	Number of Joint Use Agreements Posted to website
Educate School Wellness Committees and School Board	Bridge to Wellness Coalition	Time, travel, printing	Quarterly, beginning September 2017	Number of school districts receiving, and form of education provided
Educate Communities and Promote Joint Use Agreements within communities and at schools through paid and earned media, social networks and in person education	Bridge to Wellness Coalition	Time, travel, materials	Quarterly, beginning September 2017	Number and form of education provided.
<p>Rationale: Considering high poverty and rural geographic isolation, accessing physical activity year round is either inconvenient or impossible for many SLC residents. Providing increased access to or awareness of facilities available within the communities that individuals live is more cost effective than building new resources or facilities, creates stronger communities ties and reduces health inequities by creating more spaces for play and exercise.</p> <p>Resources: Change Lab Solution http://www.changelabsolutions.org/publications/model-JUAs-national http://www.changelabsolutions.org/sites/default/files/Benefits of Shared Use Infographic FINAL 0.pdf</p>				



Objective 2: By December 31, 2018, Increase by 10% the number of residents that reside in a jurisdiction with complete streets policies, plans and practices.				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Establish baseline number of residents who reside in a jurisdiction with Complete Streets policies, plans and practices	Health Initiative, SLC Planning Office	Time	February 2017 August 2018	Number of residents within a jurisdiction with complete streets policies
Provide education and support to municipalities regarding Complete Streets Policies	Health Initiative, SLC Planning Office, Bridge to Wellness	Time, travel, materials, space	2017 and 2018 – once annually	Number and form of education and support provided (and recipients)
Educate Community through Press Releases, PSAs, Paid and Earned Media, Social Media.	Bridge to Wellness	Time, materials	Quarterly, beginning July 2017	Number and form of education
<p>Rationale: Considering high poverty and rural geographic isolation, accessing physical activity year round is either inconvenient or impossible for many SLC residents. Creation of Complete Streets policies will ensure that future design of streets considers all modes of transportation, including pedestrian use. If SLC communities implement this, more adults will have access to safe physical activity within those communities.</p> <p>Resources: Smart Growth America https://smartgrowthamerica.org/</p>				



Objective 4: By December 31, 2018, increase by 50% the number of schools with comprehensive and strong Local School Wellness Policies and active wellness committees.				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Create a summary of the eighteen school districts within St. Lawrence County – identify school wellness committee contacts and find link to most recent adopted policy on websites.	Health Initiative, BOCES	Time	June 2017	Summary listed on Bridge to Wellness website. Date of most recent Wellness Policy by district – number of updated within the year.
Establish partnerships with the Bridge to Wellness Coalition and school wellness committees.	Bridge to Wellness Coalition	Time, travel	December 2017	Number of Wellness Committee Meetings attended by Bridge Builders Number of Bridge to Wellness Meetings attended by school personnel
Offer educational opportunities for wellness committee members	Health Initiative, Bridge to Wellness Coalition	Time, materials, travel,	December 2018	Education provided, number of schools receiving
<p>Rationale: School Districts are required by law to have wellness policies adopted, however many St. Lawrence County schools have not revised the policies in many years, and will be out of compliance if they do not update by June 30, 2017. Support from community professionals will enhance the capacity of the school wellness committees to meet desired outcomes.</p> <p>Resources: USDA Food and Nutrition Service Team Nutrition Local School Wellness Policies http://www.fns.usda.gov/tn/local-school-wellness-policy http://www.fns.usda.gov/tn/local-process-how-develop-implement-and-evaluate-wellness-policy</p>				

Priority Area	Promote Mental Health and Prevent Substance Abuse
Focus Area 2	Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders
Goal	Prevent underage drinking, non- medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.



Objective 1: By December 31, 2018, The county will have one coalition representing a wide variety of stakeholders devoted to Drug Use and Abuse in St. Lawrence County.				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Convene all stakeholders for a workshop devoted to determining best representatives and format for task force	Seaway Valley Prevention Council, Bridge to Wellness Partners	Time, Travel, Space, Professional Skills, Materials	April 2017	Agenda, minutes and list of attendees on file
Identify mission, vision and goals for coalition	Drug Free Coalition	Time, Travel,	December 2017	Mission, Vision and Goals will be on file
<p>Rationale: St. Lawrence County does not have one comprehensive coalition focusing on Opiate Abuse. There is a Massena Drug Free Coalition, and a Community Services sub-committee that focuses on substance use and abuse. However, no efforts are being coordinated to focus county wide on this issue, which is rapidly increasing in need.</p> <p>Resources: CADCA http://www.cadca.org/start-coalition http://www.integration.samhsa.gov/clinical-practice/Coalitions_and_Community_Health_-_Final_-_042313.pdf http://drugfreemc.org/ https://www.whitehouse.gov/ondcp/drug-free-communities-support-program</p>				



Objective 2: By December 31, 2018, Increase by 50% the number of opportunities county wide for controlled drug take-back in St. Lawrence County.				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Compile a list of all 2016 Take Back opportunities, including events and the two DOH established drop boxes and one DEA disposal location. This should include hours and regulations.	Seaway Valley Prevention Council, Kinney Drugs	Time	April 2017	List of all opportunities available
Provide education to partners regarding DEA Drug Disposal Registration and Laws	Kinney Drugs, NYS State Troopers	Time, Travel	August, 2017,	Education date and sign in sheet
Provide education to community regarding take back events and public disposal locations	Bridge to Wellness Partners	Time	Quarterly	Education dates on file
<p>Rationale: It is increasingly difficult for individuals to dispose of prescription medications safely. A Search for DEA Controlled Substance Public Disposal Locations shows one location in Harrisville NY. NYSDOH lists the Massena Police Department and St. Lawrence County Sheriffs office ass approved medication drop boxes. This leaves much of the county with little opportunity to dispose of medications properly.</p> <p>Resources: Drug Enforcement Administration, NYS Department of Health https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/index.htm https://www.health.ny.gov/professionals/narcotic/medication_drop_boxes/</p>				



Objective 3: Increase the number of providers registered to participate in New York State’s Opioid Overdose Prevention Program. (Baseline – 1 ⁶)				
Activity/Strategy	Partner	Partner Resources	By When	Process Measures
Provide education to providers	Bridge to Wellness Partners	Time, Materials	Fall 2017 and Summer 2018	Education provided, and sign-in sheet for providers attending
Provide education to community	Seaway Valley Prevention Council/Bridge to Wellness Coalition	Time, Materials	Quarterly	Education and dates provided
Rationale: NYSDOH currently lists one registered provider in St. Lawrence County. Most of the pharmacies in St. Lawrence County do dispense naloxone with standing orders, however the community is under informed regarding the opportunity.				
Resources: NYDOH http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/				

Partner Engagement and tracking progress

The Bridge to Wellness Coalition has been in existence for years, but has recently seen an increase in participation from area community based organizations. When asked about engagement, partners requested the following:

- All agendas be action – oriented
- An in depth analysis of the coalitions/task groups within St. Lawrence County be considered for the first part of the year
- Continue to meet monthly
- Continue further strategic planning surrounding development and implementation of the Community Health Improvement Plan.

Dissemination

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

A press release announcing the publication of the Assessment and Plan will be provided by Bridge to Wellness partners to local print and radio media. The Assessment and Plan will be

⁶ NYSDOH Directory of registered programs
http://www.health.ny.gov/diseases/aids/general/resources/oop_directory/docs/centralny.pdf



uploaded to the Public Health website, the Bridge to Wellness website, and collaborating hospital websites. In addition, all partners will put a link to the Bridge to Wellness website on their web pages. Printed hard copies and electronic versions of the Assessment and Plan will be provided to each partner, and elected officials representing the county constituents.

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

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

The Bridge to Wellness Coalition has a website⁷ that will publicize efforts to community members. In addition, in partnership with North Country Now, the Bridge to Wellness Coalition hosts an online calendar devoted to health and wellness activities in the community.⁸

In each priority area, education and involvement from the community at large is integral to the success of each intervention. Bridge to Wellness Partners will disseminate regular reports to the community through online media, print publication, and radio and in person education. A press release will be provided and will include a link to the Bridge to Wellness website and the 2016 Community Health Improvement Plan. Elected Officials representing St. Lawrence County will receive both hard and electronic copies of the plan.

The Bridge to Wellness Coalition will continue to collaborate with FDRHPO in assessing the health of St. Lawrence County residents. The Coalition will meet at a minimum ten times per year to review progress toward stated interventions. This includes collecting and reviewing current joint use agreements, complete streets policies and school wellness policies; tracking education provided; tracking meetings attended; evaluation of all current take back opportunities in the county; and a review of current providers participating in prescription availability programs.

⁷ <http://abridgetowellness.org/index.php/>

⁸ <http://northcountrynow.com/health-calendar>



Appendix 1 - Comparison of Health Indicators

Prevention Agenda Priority Area	Indicator	Prevention Agenda Objective	St. Lawrence County (2014)	St. Lawrence County (2011)	Tug Hill Seaway Region	New York State (ex. NYC)
Chronic disease	Adult obesity (% of adults)	≤23.2%	32.9	29.1	32.3	27.0
	Child and adolescent obesity (% of children & adolescents)	≤16.7%	22.5	24.4	21.2	17.3
	Cigarette smoking (% of adults)	≤12.3%	19.5	24.9	20.2	17.3
	Colorectal cancer screening (% of adults 50-75)	≥80%	70.7	64.1	66.2	70.0
	Asthma ED visits (rate per 10k residents)	≤75.1	59.8	77.3	49.0	48.8
	Asthma ED visits, early childhood (rate per 10k residents 0-4)	≤196.5	130.8	117.1	79.7	117.0
	Heart attack hospitalizations (age-adjusted per 10k residents)	≤14	19.1	15.9	16.9	14.7
	Hospitalizations for short-term diabetes complications (per 10k children 6-17)	≤3.06	2.5	1.5*	2.5	2.9
	Hospitalizations for short-term diabetes complications (per 10k adults)	≤4.86	8.1	7.7	7.1	6.0
Mental health & substance abuse	Adults with poor mental health in previous month (age-adjusted % of adults)	≤10.1%	17.1	11.3	11.2	11.8
	Adults with binge drinking in previous month (age-adjusted % of adults)	≤18.4%	28.0	21.8	24.7	17.4
	Suicide deaths (rate per 100k residents)	≤5.9	8.0	11.9	12.6	9.5
Environment	Fall hospitalizations (per 10k adults 65+)	≤204.6	163.9	134.0	159.6	188.7
	Fall ED visits (per 10k children 1-4)	≤429.1	637.3	600.2	566.0	442.7
	Assault hospitalizations (per 10k residents)	≤4.3	1.2	1.1	1.2	2.4
	Occupational injuries (ED visits per 10k adolescents 15-19)	≤33	23.1	249.1	39.7	28.2
	Climate Smart Communities pledge (% of residents living in)	≥32%	11.4	11.4	6.5	56.8
	Using alternate modes of transportation (% of civilian workers 16+)	≥49.2%	22.0	25.0	21.7	22.6
	Low-income with limited access to supermarkets (% of population)	≤2.24%	6.1	NA	5.7	4.2
	Optimally fluoridated water (% of residents served by)	≥78.5%	66.0	73.2	65.4	52.6
	Women, infants, & children	Preterm births (% of births)	≤10.2%	10.4	10.9	9.9
Ratio of Medicaid to non-Medicaid		1.0	1.0	1.0	1.1	1.1
Infants exclusively breastfed in hospital (% of infants)		≥48.1%	62.9	59.5	65.9	51.1
Maternal mortality (maternal deaths per 100k births)		≤21.0	0.0*	0.0*	17.9	18.0
Children with recommended well-child visits (% of children w/public insurance)		≥76.9%	51.4	48.6	55.5	70.2
0-15 months		≥91.3%	75.0	NA	83.0	84.3
3-6 years		≥91.3%	66.1	71.2	68.8	81.4
12-21 years		≥67.1%	41.0	41.8	45.4	62.0
Women with health insurance (% of women 18-64)		100%	90.8	86.9	90.9	NA
Children with health insurance (% of children ≤19)		100%	96.4	95.1	96.4	NA
Adolescent pregnancy (rate per 1k women 15-17)		≤25.6	9.0	14.1	10.0	11.7
Children with untreated tooth decay (% of third graders)		≤21.6%	18.1	NA	NA	24.0
Unintended pregnancies (% of live births)		≤23.8%	33.1	35.3	32.5	26.5
Medicaid to non-Medicaid ratio		≤1.54	1.5	2.0	1.6	2.0
Births within 24 months of previous pregnancy (% of births)		≤17%	26.5	24.5	24.5	21.1
Infectious disease	Adults with flu immunizations (% of adults)	≥70%	73.8	70.0	71.9	77.1
	Children with recommended immunization series (% children 19-35 months)	≥80%	65.4	61.7	62.6	59.4
	HPV immunizations (% women 13-17)	≥50%	16.5	16.2	16.2	30.3
	HIV case rate (new diagnoses per 100k)	≤16.1	4.8*	3.3*	4.3	7.1
	Gonorrhea (case rate per 100k women 15-44)	≤183.4	23.5*	46.2	62.9	140.1
	Gonorrhea (case rate per 100k men 15-44)	≤199.5	28.9*	40.6	60.7	145.3
	Chlamydia (case rate per 100k women 15-44)	≤1458	1052.1	762.6	1262.0	1249.6
	Syphilis (case rate per 100k men)	≤10.1	3.5*	0.0*	5.3	7.0
	Syphilis (case rate per 100k women)	≤0.4	0.0*	0.0*	0.0	0.3
Overall health & disparities	Premature deaths (% of deaths before age 65)	≤21.8%	21.7	22.9	23.0	22.0
	Preventable hospitalizations (age-adjusted per 10k adults)	≤122	148.3	181.1	127.4	106.1
	Adults with health insurance (% of adults 18-64)	100%	89.1	84.7	89.4	NA
	Adults with a primary care provider (age-adjusted %)	91.8%	81.9	80.0	82.7	NA
	Mortality rate (age adjusted per 100k residents)	NA	680.0	745.0	712.4	NA

Notes

- Indicators shown in orange do not meet Prevention Agenda 2018 objectives. Darker orange indicates a wider gap between the most recent measurement and the objective, or a lack of recent improvement.
- Indicators shown in blue meet Prevention Agenda 2018 objectives. Darker blue indicates those measurements that most exceed the objective.
- Asterisks indicate rates that are unstable because of small numerators (i.e. fewer than 10 events).
- Some measurements are based on different years than those noted in the table. Please refer to the NYSDOH Prevention Agenda home page for details.
- NA = Not available or not reported



Appendix 2 – Potential Intervention Ranking Form

Goal	Potential Intervention	1	2	3	4	5	Notes
Create community environments that promote and support healthy food and beverage choices and physical activity.	Increase the number of institutions with nutrition standards for healthy food and beverage procurement.						
	Increase the number of municipalities that have Complete Streets policies.						
	Promote physical activity in community avenues through signage, worksite policies, social support and joint use agreements.						
Prevent childhood obesity through early child care and schools.	Encourage early childcare programs to enroll in the Child and Adult Care Food Program (CACFP) and in the Eat Well Play Hard program (EWPH).						
	Encourage districts to prohibit advertising and promotion of less nutritious foods and beverages, to adopt and implement standards for competitive foods, and to implement Comprehensive School Physical Activity Programs (CSPAP).						
	Increase the number of schools with comprehensive and strong Local School Wellness Policies (LWPs).						
	Promote mandatory active recess in schools.						
Expand the role of health care, health services providers and insurers in obesity prevention.	Recruit hospitals to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge.						
	Encourage and recruit pediatricians, obstetricians and gynecologists, and other primary care provider practices and clinical offices to become New York State Breastfeeding Friendly Practices.						
Expand the role of public and private employers in obesity prevention.	Use the Business Case for Breastfeeding to encourage employers to implement breastfeeding-friendly policies.						
	Implement nutrition and beverage standards in public institutions, worksites, and other key locations such as hospitals.						
	Increase coverage for the National Diabetes Prevention Program (NDPP) by working with self-insured employers.						



Goal	Potential Intervention	1	2	3	4	5	Notes
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	School Based Programs						
	Screening						
	Environmental Approaches						
	Overdose Prevention						
Prevent, reduce and address adverse childhood experiences (ACES)	Governance and Leadership						
	Policy						
	Physical Environment						
	Engagement and Involvement						
	Cross-sector Collaboration						
	Screening, Assessment and Treatment Services						
	Training and Workforce Development						
	Progress, Monitoring and Quality Assurance						
	Financing						
	Evaluation						
Prevent suicides among youth and adults	Identify Individuals at Risk						
	Increase help-seeking behavior						
Reduce tobacco use among adults who report poor mental health	Adopt tobacco-free regulations in all mental health facilities						
	Assess the feasibility of expanding the Medicaid benefit for smoking cessation services						
	Identify and support interventions to address disparities in smoking rates for those with poor mental health.						
	Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers.						



Appendix 3- Potential Local Resources

BOCES and 18 School Districts	4 local Universities and their students, programs, AND professional staff, including counselors	Health Initiative professionals and programs including Creating Healthy Schools and Communities	Possible scholarship application opportunities with local professors – including some members of B2W
Hospitals	CPH Health Coach and Health Buddy Programs	Recreation Departments and Centers	Faith Based Organizations
Parent Teacher Associations and School Boards	Service Organizations (Rotary/Kiwanis)	Accountable Care Organizations and Delivery System Redesign Incentive Program leaders (AHI and NCI)	Elected Officials
Federally Qualified Health Centers	Cornell Cooperative Extension and their Local Foods Advisory Committee, Master Gardener and Junior Master Gardener, After School Programs, Eat Smart NY, Nutrition Education, EFNEP, Value Added Commercial Kitchen	GardenShare	CdP – and their programs including Head Start, Neighborhood Centers, Food Pantries
Kinney Drugs – Pharmacies, educational opportunities and Kinney Foundation	WIC	Local Food Producers/ Farmers Markets	NY Connects
North Country Prenatal Perinatal Council	Convenience Store Association	Senior Housing	County and City Planning Departments
FFA	Law Enforcement	St. Lawrence County Drug Task Force	Liquor Stores
Seaway Valley Prevention Council (including Reality Check, Family Support Navigators and Peer Counselors)	Massena Drug Free Coalition	Community Services Board	iStop
Comrades of Hope	Hospice	Poison Control Center	Local Rehabilitation Facilities and Detox Centers



Reachout	School Based Clubs	Local Fraternities and Sororities	Local Media Companies (Print, Radio AND Television)
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Create community environments that promote and support healthy food and beverage choices and physical activity.
Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.
Resources are appropriate for both goals

St. Lawrence County Community Health Assessment

December 2016

Prepared by the Fort Drum Regional Health Planning Organization

In cooperation with:

St. Lawrence County Public Health Department

St. Lawrence County Bridge to Wellness Partners



 a **BRIDGE to WELLNESS**



"Building a Strong North Country Healthcare System"



St. Lawrence County Community Health Assessment

Background

The Fort Drum Regional Health Planning Organization (FDRHPO) serves as the Population Health Improvement Plan (PHIP) lead organization for the Tug Hill Seaway region, which comprises Jefferson, Lewis, and St. Lawrence Counties. The New York State Department of Health established the Population Health Improvement Program in 2015 to promote the Triple Aim of better care, improved population health, and lower health care cost through regional contractors that convene stakeholders and establish neutral forums for identifying, sharing, spreading, and implementing best practices and strategies for promoting population health and reducing disparities in health care in their regions.⁹

These regional contractors are tasked with meeting these goals by encouraging collaboration among their partners – which include hospitals, public health departments, community organizations, and other stakeholders – and by providing these partners with data, analysis, and potential strategies for addressing health problems and disparities within their regions. In the Tug Hill Seaway region, collaboration continues under the auspices of the North Country Health Compass Partners, a collaborative group working for regional health improvement established by FDRHPO in 2013 with support from the New York State Office of Rural Health’s Rural Health Network Development Grant.¹⁰

One of FDRHPO’s objectives as PHIP lead for the Tug Hill Seaway region is to align population health improvement priorities based on the New York State Prevention Agenda by coordinating with local health departments to develop community health assessments and community health improvement plans, and with hospitals to develop community service plans throughout the 2016-2018 community health assessment cycle.

⁹ For more information on the Population Health Improvement Program, refer to the New York State Department of Health’s website for the program at https://www.health.ny.gov/community/programs/population_health_improvement/

¹⁰ For more information on the North Country Health Compass Partners, additional data describing the state of population health in the Tug Hill Seaway Region, and resources for organizations concerned with improving population health, visit the North Country Health Compass at <http://www.ncnyhealthcompass.org/>



Narrative

Introduction

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

The New York State Department of Health (NYSDOH), through Article 6 of the Public Health Law, provides state aid to county health departments for the provision of general public health services within their jurisdictions. Community health assessments are one of five core activities funded under the Article 6 program. Furthermore, the community health assessment process is required by New York State to develop data-driven local strategies that enable communities to improve health outcomes and advance statewide goals for 2018 articulated in the NYSDOH Prevention Agenda. As of 2016, this process occurs concurrently with the three-year community service plan cycle that the Internal Revenue Service mandates for non-profit hospitals based on requirements included in the Patient Protection and Affordable Care Act.

This community health assessment (1) describes St. Lawrence County's population, including demographics, health status, and health determinants; (2) identifies the main health challenges facing St. Lawrence County, and discusses their causes; and (3) summarizes assets and resources that exist in St. Lawrence County that can be mobilized and employed to address identified health challenges.

The Prevention Agenda is the state department of health's plan for improving the health of New Yorkers and reducing racial, ethnic, disability, and wealth or income-based disparities in health. The five Prevention Agenda priorities for 2018 are (1) prevent chronic disease; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and children; (4) promote mental health and prevent substance abuse; and (5) prevent sexually transmitted infections, vaccine-preventable diseases, and healthcare-associated infections. An additional set of objectives included in the Prevention Agenda is to reduce health disparities across all priority areas and improve the overall health status of communities.¹¹

¹¹ For more information on the New York State Prevention Agenda, refer to the program's website at https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm



This assessment draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator Reports, the Expanded Behavioral Risk Factor Surveillance System, and Prevention Agenda Dashboards; and from the 2016 Tug Hill Seaway Regional Community Health Survey, which was conducted by the Center for Community Studies at Jefferson Community College to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.



St. Lawrence County

St. Lawrence County is a large and predominantly rural county located between the Adirondack Mountains and the St. Lawrence River in northern New York. As of 2015, it had a population of 110,007.¹² The county's population has changed very little since 1960, remaining between 110,000 and 115,000 for the past 55 years.¹³

County population history

Source: United States Census decennial estimates (1970-2010) and Annual Population Estimates (2015)

Year	St. Lawrence County		Tug Hill Seaway Region		New York State	
	Pop.	Chg.	Pop.	Chg.	Pop.	Chg.
1960	111,239	NA	222,323	NA	16,782,304	NA
1970	111,991	+0.7%	224,143	+0.8%	18,236,967	+8.7%
1980	114,254	+2.0%	227,440	+1.5%	17,558,072	-3.7%
1990	111,974	-2.0%	249,713	+9.8%	17,990,455	+2.5%
2000	111,931	-0.0%	250,613	+0.4%	18,976,457	+5.5%
2010	111,944	+0.0%	255,260	+1.9%	19,378,102	+2.1%
2015 (est.)	110,007	-1.7%	255,599	+0.1%	19,795,791	+2.2%

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

¹² U.S. Census Bureau Annual Population Estimates, 2015

¹³ U.S. Census Bureau Decennial Census and Annual Population Estimates



Travel times from St. Lawrence County

Source: Google Maps

Destination	Route	Distance (miles)	Time (minutes)
Fort Drum Main Gate	US-11 (South)	21.5	24
I-81 (Exit 49 - Theresa)	US-11 (South)	22.0	26
Syracuse	US-11 to I-81 (South)	99.4	95
Watertown	US-11 (South)	28.6	37
Carthage	NY-3 (West)	20.3	23
Lowville	NY-3 (West)	30.0	37
Tupper Lake	NY-3 (West)	4.7	8
Lake Placid	NY-3 (East)	34.4	49
Malone	US-11 (North)	16.3	23
Plattsburgh	US-11 (North) to NY-190 (East)	66.4	85
Burlington, VT	US-11 (North) to I-89 (South)	121.0	155
Cornwall, ON	Seaway International Bridge (north)	2.1	8
Ottawa, ON	Ogdensburg-Prescott International Bridge	61.4	69
Montreal, QC	Seaway International Bridge	74.7	92

The county comprises 32 towns and a single city. No county subdivision accounts for more than 14% of the total county population, and none of the county's largest populated places are closer than 10 miles from each other when measured from center to center. The largest county subdivisions are the city of Ogdensburg and the towns of Potsdam, Massena, Canton, and Gouverneur. About half of the county's population (52%) live within these five subdivisions, with the remaining half spread across 28 other towns, with populations ranging from over four thousand (Norfolk, Oswegatchie, and Lisbon) to fewer than five hundred residents (Piercefield and Clare).



St. Lawrence County subdivisions by population, 2010-2014 estimates

Source: 2010-2014 American Community Survey 5-Year Estimates

County subdivision name	Population estimate (2010-2014)	Population estimate margin of error	Percentage of county population
Potsdam	16,172	39	14%
Massena	12,794	22	11%
Canton	11,233	22	10%
Ogdensburg (city)	11,029	36	10%
Gouverneur	7,021	23	6%
Norfolk	4,651	51	4%
Oswegatchie	4,421	30	4%
Lisbon	4,095	16	4%
Stockholm	3,678	19	3%
Louisville	3,141	22	3%
Pierrepont	2,580	35	2%
Waddington	2,330	316	2%
Morristown	2,242	231	2%
De Kalb	2,182	252	2%
Fowler	2,162	195	2%
Brasher	2,129	305	2%
Parishville	2,068	267	2%
Lawrence	2,028	255	2%
Russell	1,869	203	2%
Madrid	1,708	219	2%
Colton	1,618	207	1%
Hammond	1,551	179	1%
Fine	1,506	178	1%
De Peyster	1,215	242	1%
Hermon	1,082	184	1%
Hopkinton	1,007	192	1%
Clifton	865	147	1%
Macomb	843	142	1%
Edwards	827	128	1%
Rossie	787	137	1%
Pitcairn	730	116	1%
Piercefield	330	74	0.3%
Clare	121	56	0.1%



St. Lawrence County is served by five hospitals:¹⁴

- Canton-Potsdam Hospital, a 94-bed not-for-profit hospital in Potsdam
- Claxton-Hepburn Medical Center, a 130-bed not-for-profit hospital in Ogdensburg
- Clifton-Fine Hospital, a 20-bed not-for-profit critical access hospital in Star Lake
- Gouverneur Hospital, a 25-bed not-for-profit critical access hospital in Gouverneur
- Massena Memorial Hospital, a 50-bed not-for-profit hospital in Massena

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

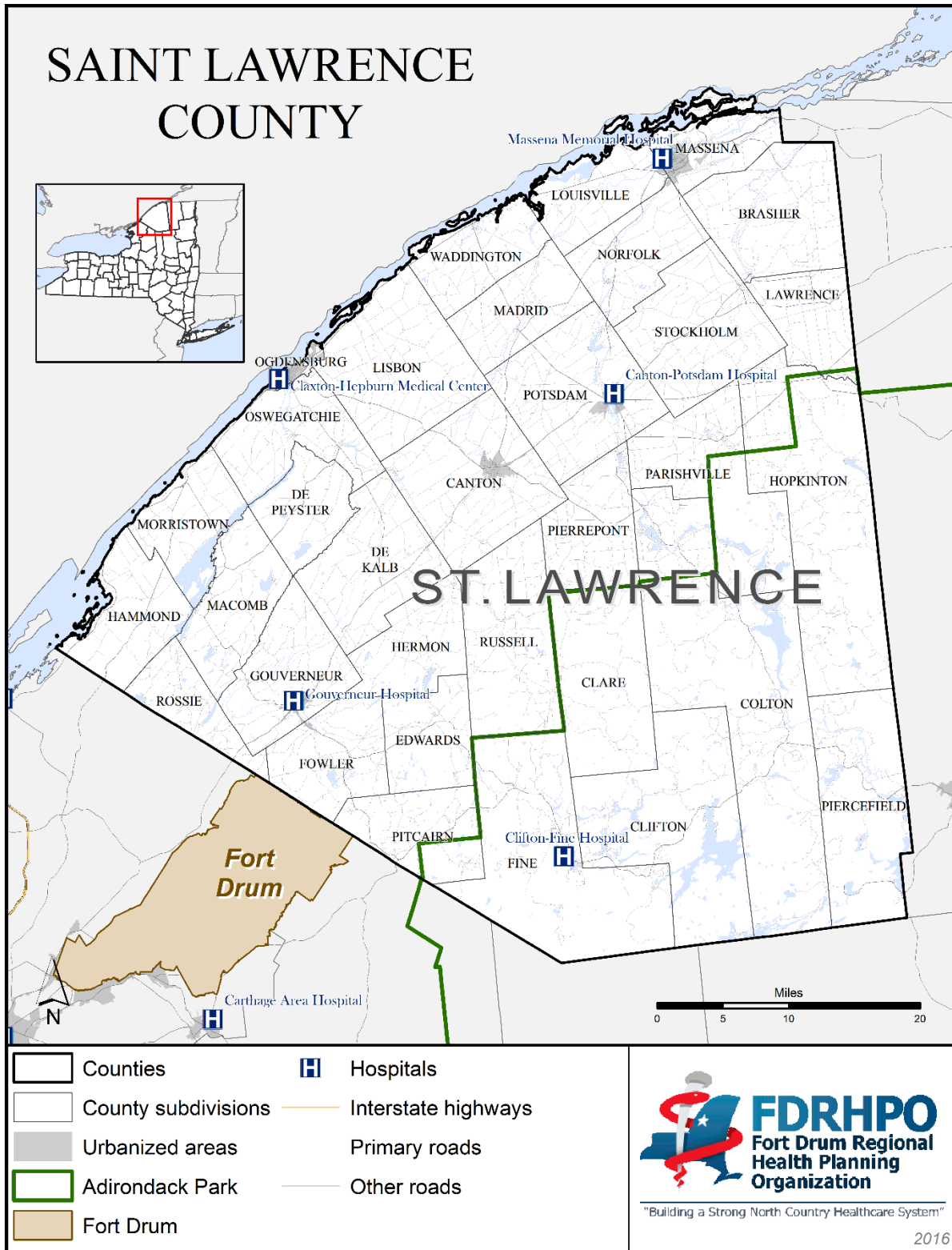
Inpatient and outpatient discharges by hospital in 2014

Source: SPARCS Inpatient & Outpatient Files, 2014

Hospital	Inpatient Discharges			Outpatient Discharges		
	Residents	Non-Residents	Total	Residents	Non-Residents	Total
In county						
Canton-Potsdam Hospital	4,816	159	4,975	47,309	511	47,820
Claxton-Hepburn Medical Center	2,744	199	2,943	31,668	3,154	34,822
Massena Memorial Hospital	1,974	344	2,318	18,354	2,701	21,055
Gouverneur Hospital	369	28	397	7,570	738	8,308
Clifton-Fine Hospital	66	≤10	71	1,904	191	2,095
Not in county						
Adirondack Medical Center (Saranac Lake)		250		2,407		
Samaritan Medical Center (Watertown)		340		1,759		
Other Hospitals		1,864		6,151		
For county residents						
Total, in county	9,969			106,805		
Total, not in county	2,454			10,317		
Total, all discharges	12,423			117,122		

*Note: Out of state discharges are not included in this dataset.

¹⁴ New York State Department of Health: New York State Hospital Profiles at profiles.health.ny.gov/hospital/





Demographics

The median age in St. Lawrence County is 37.8. 15% of residents – or about one in seven - are over 65. The county has an especially large number of young adults, especially in the vicinity of its four-year colleges and state prisons: 15% of its residents are 18 to 24 years old.

St. Lawrence County's population is 50.8% male and 49.2% female. Men outnumber women within all five-year age categories up to age 59. The difference is widest from age 20 to 29, with men outnumbering women by 10% within this category. The disparity is smaller for older working-age adults. Among the elderly, there are more women (55%) than men (45%).

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

8% of residents speak a language other than English at home, of which the most common language group (5%) is Germanic, which is primarily spoken by Old Order Amish. The second most common is Spanish (2%). 71% of those who speak another language at home speak English "very well."¹⁵

As of 2010, 36% of St. Lawrence County's residents were reported to be members of religious congregations. Catholic adherents are the largest religious group in St. Lawrence County, with 24,500 adherents reported (22%). Mainline Protestants were the second largest group, with 8,100 adherents (7%), and Evangelical Protestants were the third largest group, with 5,400 adherents (5%). About 2,300 residents (2%) are members of other religious groups, and 71,800 (64%) are unclaimed by any religious body. By number of congregations, Catholic (32) are most common, followed by Methodist (32), Presbyterian (18), Amish groups (13), Episcopalian (10), and Baptist (9). Rates of adherence are falling, primarily because the number of Catholics (-30%) and Methodists (-30%) declined by nearly one-third between 2000 and 2010. Presbyterians experienced an even larger decline (-36%). Most smaller church groups lost members during the same period, with only Mormons and Unitarian Universalists gaining more than a handful of

¹⁵ American Community Survey Five-Year Estimates, 2010-2014



members.¹⁶ 26% of county residents report regular attendance at religious or spiritual activities, which is about the same as Jefferson County. Within St. Lawrence County, attendance is much higher among older age groups, increasing from a low of 19% for people under 65 to 53% for people over age 65.¹⁷

87% of St. Lawrence County residents over age 24 have a high school diploma or equivalent. 22% have a bachelor's degree or higher, and 11% have a graduate degree. Women (37%) are markedly more likely than men (29%) to have at least an associate's degree, and have higher educational attainment, on average, at every level. There is a strong correlation between educational attainment and poverty within the county: 33% of those without a high school diploma live in poverty, compared to 16% of those with only a high school diploma, and 7% of those with a four-year degree.¹⁸

In 2014, the poverty rate in St. Lawrence County was 19%, and the poverty rate for children was 26%. These were slight declines from the years immediately subsequent to the 2008 recession, but elevated compared to most of the past 25 years, neighboring counties, and statewide and national rates. Median household income is \$43.5k, and has not shown a sustained increase in real terms since before the 2008 recession. It remains lower than the national median of \$53.7k, the statewide median of \$58.7k, and the median household income in most neighboring counties.¹⁹ The most recent available unemployment rate for St. Lawrence County is 5.4%, which is higher compared to the statewide average of 5.1%, but somewhat lower (-0.5%) compared to the previous year.²⁰

¹⁶ Association of Religion Data Archives, 2010

¹⁷ 2016 Tug Hill Seaway Region Community Health Survey – See Appendix

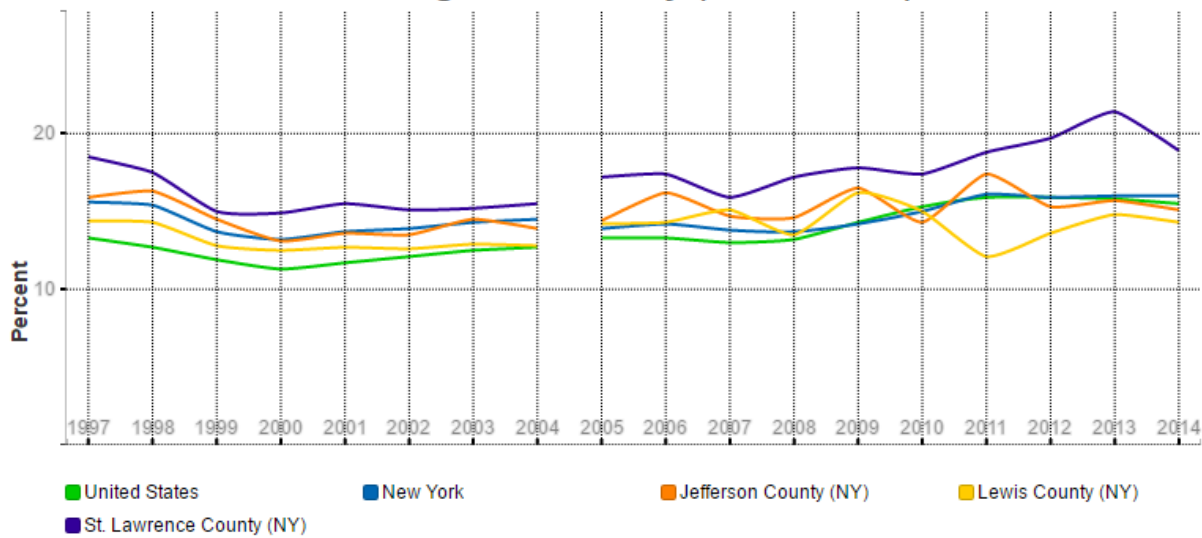
¹⁸ American Community Survey Five-Year Estimates, 2010-2014

¹⁹ U.S. Census Bureau Small Area Income and Poverty Estimates

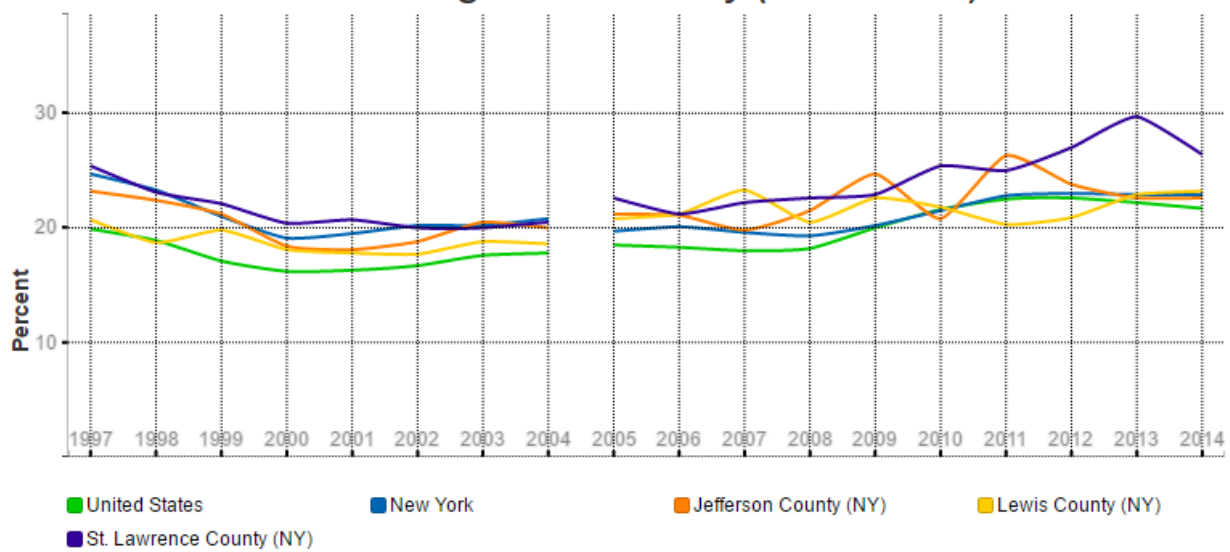
²⁰ Bureau of Labor Statistics Local Area Unemployment Statistics



All Ages in Poverty (1997 - 2014)



Under Age 18 in Poverty (1997 - 2014)



Visualizations from the U.S. Census Bureau Small Area Income & Poverty Estimates Tool

2016 Community Health Improvement Plan and Community Health Assessment



St. Lawrence County Demographics Summary

Source: American Community Survey Five-Year Estimates (2010-2014)

	Lewis County, New York		
	Count (#)	Percent (%)	% Margin of Error
Sex and Age			
Total population	112,015	100.0%	(X)
Male	56,867	50.8%	+/-0.2
Female	55,148	49.2%	+/-0.2
Under 5 years	6,317	5.6%	+/-0.1
5 to 9 years	6,519	5.8%	+/-0.5
10 to 14 years	6,562	5.9%	+/-0.5
15 to 19 years	9,776	8.7%	+/-0.1
20 to 24 years	10,944	9.8%	+/-0.2
25 to 34 years	12,770	11.4%	+/-0.2
35 to 44 years	12,842	11.5%	+/-0.2
45 to 54 years	15,735	14.0%	+/-0.2
55 to 59 years	7,454	6.7%	+/-0.6
60 to 64 years	6,828	6.1%	+/-0.6
65 to 74 years	9,032	8.1%	+/-0.1
75 to 84 years	5,161	4.6%	+/-0.3
85 years and over	2,075	1.9%	+/-0.3
Median age (years)	37.8		
18 years and over	88,597	79.1%	+/-0.1
21 years and over	80,049	71.5%	+/-0.3
62 years and over	20,585	18.4%	+/-0.5
65 years and over	16,268	14.5%	+/-0.1
18 years and over	88,597	100.0%	(X)
Male	44,840	50.6%	+/-0.2
Female	43,757	49.4%	+/-0.2
65 years and over	16,268	100.0%	(X)
Male	7,251	44.6%	+/-0.4
Female	9,017	55.4%	+/-0.4
Race and Ethnicity			
Total population	112,015	100.0%	(X)
White alone, not Hispanic	103,494	92.4%	+/-0.1
Hispanic or Latino (of any race)	2,309	2.1%	+/-0.2
Black alone, not Hispanic	2,299	2.1%	+/-0.2
Two or more races, not Hispanic	1,634	1.5%	+/-0.3
Asian alone	1,199	1.1%	+/-0.1
American Indian alone, not Hispanic	889	0.8%	+/-0.1
Pacific Islander alone, not Hispanic	64	0.1%	+/-0.1
Some other race alone, not Hispanic	127	0.1%	+/-0.1
Education			
Population 25 years and over	71,897	100.0%	(X)
Less than 9th grade	3,379	4.7%	+/-0.5
9th to 12th grade, no diploma	5,896	8.2%	+/-0.7
High school graduate (includes equivalent)	25,811	35.9%	+/-1.0
Some college, no degree	13,157	18.3%	+/-0.8
Associate's degree	8,124	11.3%	+/-0.7
Bachelor's degree	7,765	10.8%	+/-0.6
Graduate or professional degree	7,765	10.8%	+/-0.7
Percent high school graduate or higher	62,622	87.1%	+/-0.8
Percent bachelor's degree or higher	15,530	21.6%	+/-0.9



Health Summary

Over the most recent five years of available data, St. Lawrence County's age-adjusted mortality rate has declined by 12.6%, falling from 778 per 100k standard population in 2010 to 680 in 2014. This decline occurred primarily because of reductions in age-adjusted mortality within the region's three leading causes of death, cardiovascular disease, cancer, and respiratory disease. These changes mirror declines in mortality for these disease categories that have taken place throughout the tri-county Tug Hill Seaway Region, New York State, and the United States for the past three decades.²¹

Hospitalizations and emergency department visits of St. Lawrence County residents have declined. In 2011, there were 62,190 emergency department visits among residents of St. Lawrence County. In 2014, this had fallen to 55,949, a decrease of 10.9%. Non-emergency outpatient visits also declined, from 65,205 in 2011 to 61,166 in 2014, a decrease of 6.2%. Hospitalizations excluding newborns and pregnancies declined from 11,332 in 2011 to 10,348 in 2014, a decrease of 8.7%.²²

However, the poverty rate has remained at or near 20% since 2008, its highest level since the 1960s, and it exceeds 25% among children. St. Lawrence County has the fifth highest poverty rate among New York State's 62 counties, and the thirteenth highest rate of poverty among 221 counties in the northeastern United States.²³ Hospitalizations for substance abuse have increased to several times the statewide average over the past decade.²⁴ Furthermore, age-adjusted mortality rates within almost all disease categories remain higher than statewide benchmarks, including mortality for heart disease, cancers, respiratory disease, and digestive disease.²⁵

Natality and Fertility

The fertility rate for women of childbearing age in St. Lawrence County is about the same as the average for New York State and somewhat lower compared to the national rate. 4.8% of women between the ages of 15 and 50 have given birth within the past year, compared to 4.9%

²¹ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC's WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.

²² 2011-2014 SPARCS data (NYSDOH)

²³ U.S. Census Bureau Small Area Income and Poverty Estimates

²⁴ Prevention Agenda Dashboards (NYSDOH)

²⁵ WONDER Mortality Database (CDC)



statewide. By age, younger women are somewhat more likely have given birth within the past year and older women somewhat less likely to have given birth within the past year compared to the women statewide: 2.5% of women from age 15 to 19 have given birth within the past year (compared to 1.5% statewide), 11.2% of women from age 20 to 34 have given birth within the past year (compared to 7.9% statewide), and 1.8% of women age 35 to 50 have given birth within the past year (compared to 3.0% statewide).

44% of births in St. Lawrence County are to unmarried women, which exceeds the regional rate of 30%, the statewide average of 34%, and the national average of 35%. Most likely to be unmarried were women with births who have a only high school degree or less (68%), or who live in households below the poverty level (56%). The out-of-wedlock birth rate has been stable at between 44% and 45% since 2007.²⁶

8.8% of births in St. Lawrence County from 2012 through 2014 were premature. This was slightly lower than the statewide rate of 9.1%, but higher than the regional average of 8.0%. The rate of premature births has been within 1% of the statewide-excluding-NYC rate in every year for the past decade.²⁷ 7.1% of births in St. Lawrence County from 2011 to 2014 were low birthweight (<2.5 kg) births. This was lower than the statewide-excluding NYC rate of 7.9% and consistent with rates across other Upstate counties. The three-year rolling average of low birthweight births has remained at or below the statewide-excluding-NYC average since 2005.²⁸

As of 2014, 33% of births were the result of an unintended pregnancy. This was a slight decline from the percentage of unintended pregnancy births in 2011 (35%) but higher than the statewide-excluding-NYC rate of 27%. 59% of unintended pregnancy births were to women enrolled in Medicaid.²⁹

From 2012-2014, 11.3% of births were to women aged 25 years or older without a high school degree or equivalent. This was slightly higher compared to the statewide-excluding-NYC average of 10.3% and an increase over the 2011 rate of 8.7%.³⁰

²⁶ American Community Survey Five-Year Estimates, 2010-2014

²⁷ 2012-2014 Vital Statistics Data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b39.htm>

²⁸ 2012-2014 Vital Statistics Data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b36.htm>

²⁹ 2014 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard

³⁰ 2012-2014 Vital Statistics data via NYSDOH at <https://www.health.ny.gov/statistics/chac/birth/b17.htm>



Mortality

Leading causes of death, 2010-2014 average

New York State Vital Statistics & CDC WONDER Compressed Mortality Database

Cause of Death (ICD-10 Categories)	St. Lawrence County		Tug Hill Seaway Region		New York State		United States	
	Rate (per 100,000 population, age adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age adjusted)	Deaths (per year, average)
Cardiovascular disease	260.8	330	263.0	2,028	232.2	54,167	226.1	792,814
Neoplasms	180.1	226	181.4	1,387	161.7	36,401	170.8	597,376
Respiratory disease	88.4	114	80.4	675	62.3	14,270	72.3	250,378
External causes	42.8	49	50.6	325	40.6	8,489	59.4	192,869
Digestive disease	32.3	39	31.0	241	21.9	4,968	27.4	96,006
Mental, behavioral, & neurodevelopmental disorders	32.0	39	29.7	235	30.3	7,308	40.4	142,430
Endocrine, nutritional, & metabolic diseases	30.7	38	31.4	234	25	5,660	30.5	106,371
Nervous system diseases	26.0	32	33.1	217	23.7	5,482	43.2	149,886
Genitourinary diseases	21.0	26	20.3	157	14.7	3,399	18.4	63,910
Infectious and parasitic diseases	13.8	17	15.8	108	21.5	4,868	19.9	69,165
Other disease categories	27.9	31	26.8	182	19.4	4,074	26.9	88,911
Total mortality	755.7	941	763.6	5,789	653.5	149,087	812.5	2,550,117

St. Lawrence County has a higher age-adjusted mortality rate than New York State. This is true across age-adjusted death rates for most major disease categories: St. Lawrence County rates are 28.6 deaths per 100k higher than the statewide rate for cardiovascular disease, 26.1 deaths per 100k higher for respiratory disease, 18.4 deaths per 100k higher for cancer, 10.4 deaths per 100k higher for digestive disease, and 18.9 deaths per 100k higher across all other disease categories. Infectious and parasitic diseases are 7.7 deaths per 100k lower compared to the state, the sole exception among disease categories containing more than 10 deaths in St. Lawrence County between 2010 and 2014.

In total, the age-adjusted death rate for St. Lawrence County is 102.2 deaths per 100k higher compared to the state, a difference of 16%. Between 2010 and 2014, this amounts to about 572 excess deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the statewide average, or 114 excess deaths per year.³¹

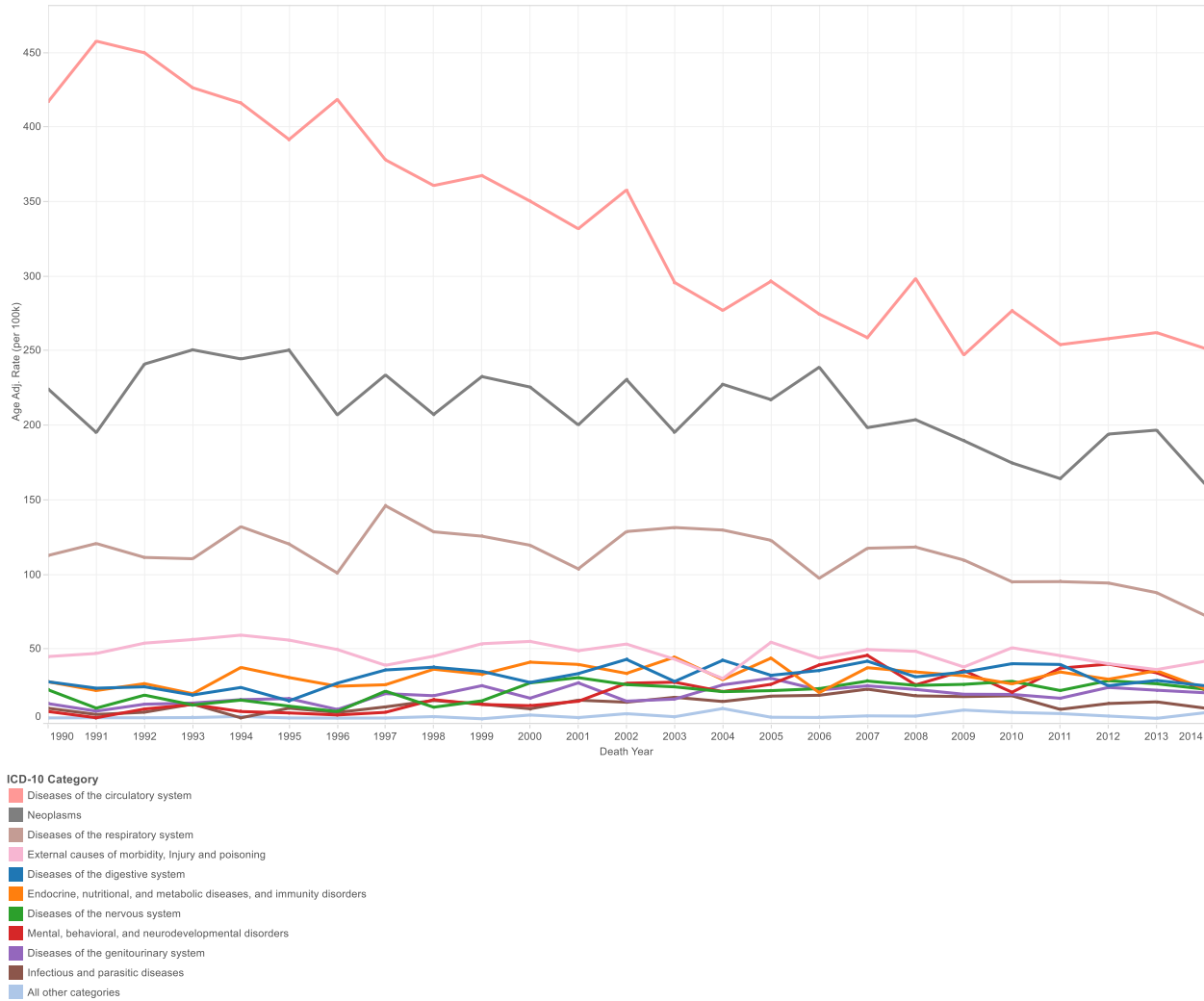
Relative to the previous three-year period (2005-2009), the cardiovascular disease age-adjusted death rate from 2010 through 2014 decreased by 2%. The cancer death rate declined by 19%. The death rate for respiratory disease increased by 38%, and the rate for external causes decreased by 38%. Most other disease categories – which, even collectively, are responsible for fewer deaths than the leading three – showed increases in age adjusted death rates across the same period: +3% for digestive diseases, +2% for endocrine/nutritional/metabolic disorders and +11% for diseases of the nervous system, and +20% for all other categories. The age-adjusted death

³¹ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC's WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.



rate for genitourinary diseases declined by 17%, and infectious and parasitic diseases fell by 50%.

Age-Adjusted Death Rate Per 100k by ICD Category: St. Lawrence County



For all deaths due to natural causes, the age adjusted death rate for 2010-2014 (697 deaths per 100k per year) was 9.4% lower compared to 2005-2009. The age adjusted death rate for other causes (13 deaths per 100k) decreased by 31.4% over the same period. The most important drivers of this decrease were declines in motor vehicle deaths and firearm-related suicide deaths.



By age, 44% of deaths in St. Lawrence County were people 80 or older, 21% were people in their seventies, 15% were people in their sixties, 9% were people in their fifties, and 3% were people in their forties. Younger 10-year age groups accounted for 1% or less each.³²

Table 8. Leading causes of death by age

New York State Vital Statistics

Percentage of deaths by disease category (% by age)	0 - 9 years	10 - 19 years	20 - 29 years	30 - 39 years	40 - 49 years	50 - 59 years	60 - 69 years	70 - 79 years	80+ years	All age groups
Cardiovascular disease	*	*	*	*	23.7%	25.2%	26.0%	29.3%	46.0%	35.1%
Cancer	*	*	*	*	25.6%	36.5%	37.0%	32.3%	14.1%	24.0%
Respiratory disease	0.0%	0.0%	*	0.0%	*	8.8%	13.3%	15.9%	12.1%	12.1%
External causes	*	72.7%	56.8%	39.6%	23.7%	10.2%	3.3%	2.1%	2.2%	5.2%
Digestive disease	*	0.0%	*	*	8.3%	7.6%	5.3%	4.2%	2.9%	4.2%
Mental, behavioral, & neurodevelopmental disorders	0.0%	0.0%	*	0.0%	*	*	*	2.5%	7.3%	4.2%
Endocrine, nutritional, & metabolic diseases	*	0.0%	*	*	*	3.5%	6.0%	3.9%	3.2%	4.0%
Nervous system diseases	*	*	*	*	*	*	2.4%	3.3%	4.2%	3.5%
Genitourinary diseases	0.0%	0.0%	0.0%	*	0.0%	*	2.0%	3.8%	3.2%	2.8%
Infectious and parasitic diseases	*	0.0%	0.0%	*	*	*	2.3%	1.5%	1.8%	1.8%
Conditions originating in the perinatal period	32.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
Other disease categories	30.9%	0.0%	*	*	*	2.3%	1.7%	1.2%	3.0%	2.8%
Total deaths, 2010-2014 (#)	55	22	44	48	156	433	755	1,018	2,167	4,968
Total deaths (% of all deaths)	1.1%	0.4%	0.9%	1.0%	3.1%	8.7%	15.2%	20.5%	43.6%	100%

*Values based on 10 or fewer deaths are suppressed

Leading categories for cause of death varied by age group in St. Lawrence County. Among people younger than 10, conditions originating in the perinatal period and other disease categories accounted for about one-third of deaths each, with the remaining third split among the remaining ten categories. External causes were the leading cause of death for people age 10-19, age 20-29, and age 30-39, accounting for 73%, 57%, and 37% of deaths among these groups, respectively. No other disease category was responsible for more than 10 deaths in any of these age groups between 2010 and 2014. In total, deaths among people younger than forty accounted for 3.4% of deaths in the county, or 169 deaths in total during the five year period.

For people in their forties, who account for 3.1% of all deaths in the county, cardiovascular disease (25%) and cancer (26%) are the leading causes of death, followed by external causes (24%). For people in their fifties, who account for 15.2% of all deaths in the county, cancer (37%) is the dominant cause of death, followed by cardiovascular disease (25%), with external causes remaining the third most common cause of death category (10%) but fading in relative importance compared to younger age groups. For people in their sixties, who account for 15.2% of all deaths in the county, cancer remains most important (37%), followed by cardiovascular disease (26%) and respiratory disease (13%).

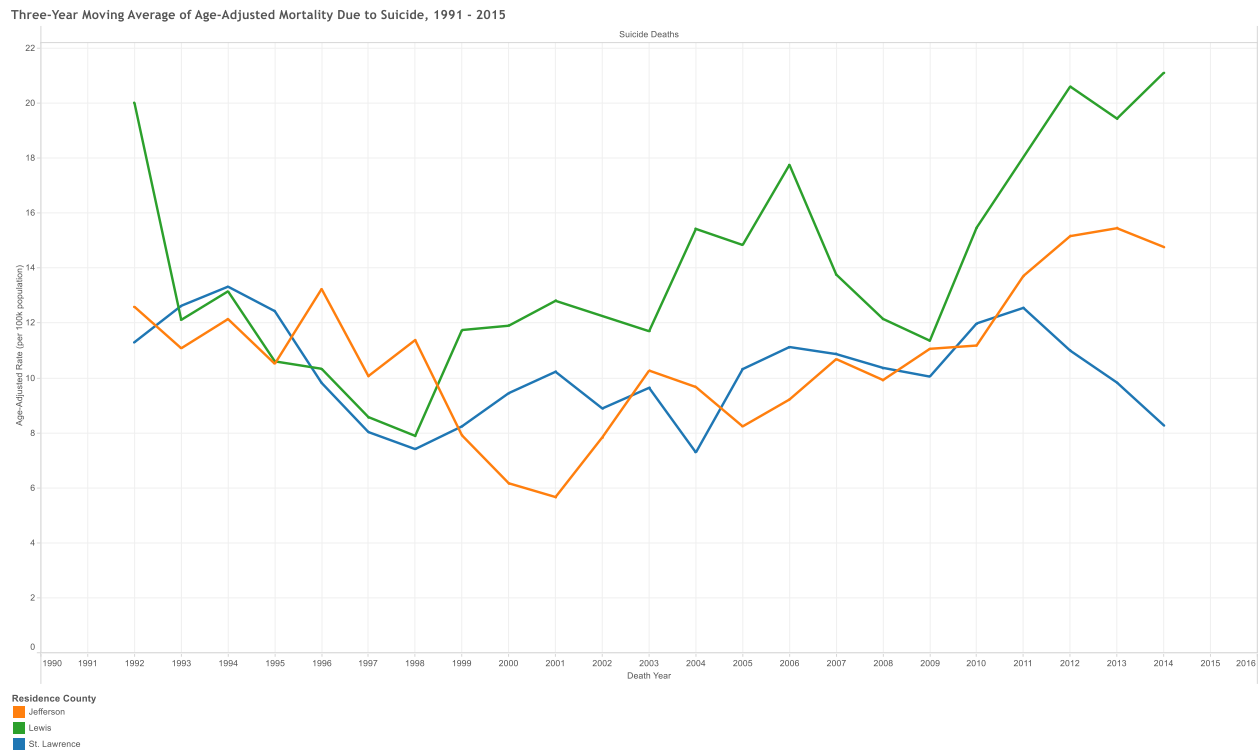
³² NYSDOH Vital Statistics Mortality File, 2010-2014



People in their seventies or older are responsible for nearly two-thirds of all deaths in St. Lawrence County. People in seventies account for 20.5% of deaths in the county, with cancer (32%), cardiovascular disease (29%), and respiratory disease (16%) combining to account for over three-quarters of deaths in this age group. No other disease category on its own is responsible for more than 4% of these deaths. For people age 80 or older, who account for 43.6% of all deaths in the county, cardiovascular disease is responsible for a near-majority of deaths (46%), followed by cancer (14%), respiratory disease (12%), and mental, behavioral, and neurodevelopmental disorders (7%).

St. Lawrence County's suicide rate has dropped over the past several years, and the three-year rolling age-adjusted average as of 2014 (8.3 deaths per 100k) was lower compared to national average (12.6 per 100k as of 2013) and equivalent to the statewide average (8.2 deaths per 100k as of 2014). The suicide rate in St. Lawrence County is now much lower compared to adjacent counties and most of Upstate New York – no other non-metropolitan county with enough deaths to compute a reliable rate has a suicide rate lower than 8.3 over the same period - and the decrease recorded there, while consistent with national and statewide trends, is not shown elsewhere in Upstate New York or the Tug Hill Seaway region in specific.³³

³³ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC's WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau.



Hospitalizations and Emergency Department Visits

31% of St. Lawrence County residents report at least one emergency department visit within the past year, 13% report two or more visits, and 4% report three or more visits within the past year. There was not a large difference based on age or gender. People with four-year degrees were less likely to have visited an emergency department within the past year (24%) compared to those with no college (37%). There was also a large disparity by household income: 33% of those with annual incomes of less than \$25k had visited an emergency department within the past year compared to only 17% of those with annual income in excess of \$75k.³⁴

15% of St. Lawrence County residents report at least hospitalization within the past year, 7% report two or more hospitalizations, and 2% report three or more hospitalizations. Rates were similar for men and women. Rates increased with age, from 10% with at least one admission in the 18-34 age group to 15% in the 45-54 age group to 27% for those 65 or older. People with no college were much more likely to have an admission (20%) compared to those with some college (13%) or those with a four-year degree (7%). The income disparity was even larger, with 22% of those with household incomes below \$25k having an admission within the past year

³⁴ 2016 Tug Hill Seaway Region Community Health Survey, Q20.1



compared to only 8% of those with incomes between \$50k and \$75k and only 4% of those with household incomes in excess of \$75k.³⁵

St. Lawrence County Hospitalizations, 2010-2014

Group	Count					Age-Adjusted Rate (per 100k)				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
All hospitalizations	14,341	13,941	13,683	13,170	12,192	13,214	13,025	12,963	12,538	11,905
Mental disorders (p&c)	5,826	5,885	5,859	5,658	5,345	5,165	5,328	5,241	5,119	4,963
Hypertension (p&c)	6,082	5,917	6,032	5,656	5,352	4,976	4,902	5,007	4,713	4,505
Substance abuse (p&c)	3,062	3,144	3,130	3,035	2,952	2,815	2,965	2,887	2,886	2,889
Diabetes (p&c)	3,174	3,076	3,059	2,921	2,722	2,607	2,550	2,558	2,426	2,271
Depression (p&c)	2,316	2,275	2,441	2,202	2,028	2,058	2,068	2,190	1,990	1,862
Kidney disease (p&c)	1,884	1,893	1,906	1,829	1,836	1,546	1,567	1,596	1,539	1,526
Unintentional injuries	1,544	1,375	1,386	1,416	1,381	1,322	1,171	1,168	1,260	1,208
Alcohol	913	975	980	1,011	1,064	886	932	943	976	1,066
Mental disorders (p)	1,040	1,036	1,120	1,065	1,005	1,004	1,002	1,070	1,023	1,008
Heart disease	1,384	1,288	1,330	1,183	1,148	1,098	1,021	1,117	951	969
Substance abuse (p)	535	610	554	530	531	557	621	577	551	608
Opiate poisoning (p&c)	483	558	558	565	518	494	593	582	570	581
Sepsis	278	368	386	546	568	231	299	314	465	467
COPD	569	579	531	462	460	470	475	435	417	425
Depression (p)	368	376	439	442	358	355	363	433	418	357
Flu & pneumonia	526	516	498	517	407	446	429	416	440	356
Falls	436	348	444	385	402	358	279	384	316	350
Ischemic heart disease	2,325	1,650	1,863	1,257	1,190	425	370	425	297	295
CHF	383	397	363	340	333	306	302	314	283	279
Stroke	270	265	284	245	255	212	224	224	198	208
Cancer	253	273	259	288	245	196	236	211	231	201
Kidney disease (p)	139	169	171	154	127	116	137	140	130	106
Self-inflicted injuries	107	110	97	89	76	110	124	87	91	75
Liver disease	77	70	54	54	83	62	60	46	45	62
Lung cancer	43	49	37	47	43	28	35	31	38	36
Colorectal cancer	42	43	36	34	30	39	35	26	28	27
MVA	58	51	37	40	30	47	44	32	45	24
Assault injuries	13		15		18	13		14		18
Prostate cancer	15	14	18	25	21	10	9	12	17	13
Breast cancer	24	11	13	12	12	19	14	11	11	12
STDs	20	21		12		22	23		13	

³⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q20.2



St. Lawrence County Emergency Department Visits, 2010-2014

Group	Count					Age-Adjusted Rate (per 100k)				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
All emergency room visits	59,043	62,312	61,518	57,977	55,849	58,515	63,633	63,509	60,872	59,265
Unintentional injuries	15,889	12,732	16,267	15,254	15,033	15,600	12,698	16,645	15,881	15,676
Mental disorders (p&c)	4,870	8,173	9,690	10,771	11,006	4,677	8,120	9,723	11,279	11,714
Substance abuse (p&c)	2,082	4,299	5,566	6,892	7,053	1,971	4,314	5,706	7,475	7,686
Hypertension (p&c)	3,404	5,836	7,557	8,026	7,873	2,763	4,993	6,556	7,240	7,382
Falls	4,552	3,699	4,739	4,351	4,363	4,360	3,567	4,684	4,392	4,377
Diabetes (p&c)	1,770	2,918	3,489	3,570	3,547	1,474	2,507	3,089	3,213	3,381
Depression (p&c)	1,166	1,926	2,312	2,270	2,150	1,119	1,870	2,316	2,352	2,209
Mental disorders (p)	1,630	1,817	1,897	1,797	1,949	1,589	1,801	1,876	1,792	2,048
COPD	1,716	1,789	1,483	1,246	1,232	1,686	1,749	1,437	1,266	1,221
Flu & pneumonia	511	622	795	707	734	538	657	863	790	784
Heart disease	594	595	681	729	796	483	491	570	594	753
Asthma	622	769	780	615	627	616	795	835	678	673
MVA	813	649	796	690	608	808	681	851	743	654
Alcohol	408	584	709	660	666	326	504	601	579	551
Depression (p)	425	438	428	437	499	428	457	444	464	549
Kidney disease (p&c)	348	414	437	497	569	272	342	359	406	511
Assault injuries	434	391	424	404	347	437	404	438	429	362
Substance abuse (p)	307	399	424	357	387	240	324	338	317	325
Medical injuries	322	291	294	272	289	317	273	271	253	287
Ischemic heart disease	229	237	284	290	292	176	187	241	231	273
Opiate poisoning (p&c)	109	121	150	201	218	98	130	155	198	225
STDs	175	232	311	224	192	173	234	332	247	222
Stroke	113	124	149	177	171	90	104	128	148	143
CHF	93	86	78	98	121	76	73	61	82	96
Self-inflicted injuries	66	80	63	55	81	66	79	69	52	82
Heroin poisoning (p&c)	32	27	42	63	73	24	25	33	51	66
Kidney disease (p)	32	27	40	57	59	24	25	31	47	53
Sepsis		17		21	32		13		17	30
Liver disease	19	16	27	38	31	13	13	23	31	25
Cancer	32	36	36	25	26	22	27	37	20	22

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses; (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses

Health Status

78% of St. Lawrence County residents report that their physical health is excellent or good compared to 23% who say that their physical health is poor or fair, and 89% report that their mental health is excellent or good compared to 11% who say that it is poor or fair.³⁶ 15% of non-institutionalized civilian residents meet the Census definition for having a disability, which

³⁶ 2016 Tug Hill Seaway Region Community Health Survey, Q19.1 & Q19.2



exceeds the statewide rate of 11%. This includes 6% of children 5 or older, 12% of working-age adults, and 42% of elderly adults.³⁷

15% of St. Lawrence County residents report that they have been diagnosed with either diabetes (11%) or prediabetes (4%). 6% report that they have been diagnosed with COPD, 6% report that they have been diagnosed with heart disease, and 29% report that they have been diagnosed with high blood pressure.³⁸

Most St. Lawrence County residents agree that they are working to improve their health: 60% strongly agree and another 29% somewhat agree. Only 4% either somewhat or strongly disagree. An even larger percentage report that they are confident that they can improve their health: 72% strongly agree, 22% somewhat agree, and only 2% either somewhat or strongly disagree.³⁹

As of 2013-2014, 33% of St. Lawrence County adults are obese. This is higher than most other counties in Upstate New York, and above the statewide rate of 25%. This is an increase relative to the previous survey, in 2008-2009, which found an adult obesity rate of 29% for St. Lawrence County. When overweight adults are included, the rate increases to 71%, also above the statewide rate of obese or overweight adults of 61%.⁴⁰ The rate of obesity among children and adolescents is 20%, exceeding the statewide-excluding-NYC average of 17%. This was true in 14 of the county's 17 school districts. St. Lawrence County ranks within the uppermost quartile of New York State counties for child obesity.⁴¹

³⁷ American Community Survey 5-Year Estimates, 2010-2014

³⁸ 2016 Tug Hill Seaway Region Community Health Survey, Q17

³⁹ 2016 Tug Hill Seaway Region Community Health Survey, Q16.1 & Q16.2

⁴⁰ New York State Expanded Behavior Risk Factor Surveillance System

⁴¹ Student Weight Status Category Reporting System (SWSCRS), 2012-2014



Obese Students by School District, 2012-2014: St. Lawrence County

Source: Student Weight Status Category Reporting System (SWSCRS)

School District Name	Obese students (#)	Obese students (%)
Brasher Falls Central	106	31%
Canton Central	81	20%
Clifton-Fine Central	33	26%
Colton-Pierrepont Central	35	27%
Edwards-Knox Central	36	16%
Gouverneur Central	123	24%
Hammond Central	20	25%
Hermon-DeKalb Central	30	24%
Heuvelton Central	43	26%
Lisbon Central	42	20%
Madrid-Waddington Central	50	17%
Massena Central	263	25%
Morristown Central	22	20%
Norwood-Norfolk Central	78	24%
Ogdensburg City	49	13%
Parishville-Hopkinton Central	44	25%
Potsdam Central	85	22%
<i>Total</i>	<i>1,140</i>	<i>23%</i>

Clinical Care

Insurance

As of 2014, 8.9% of St. Lawrence County’s residents under age 65 were uninsured, a decline of nearly half since 2006, when 16.5% of people under age 65 lacked health insurance. This decline compares favorably to the statewide decline from 15.7% uninsured to 10.1% uninsured among people under 65 years. Both the county’s population share and population size of uninsured under-65s has declined in every year since 2006, and now numbers 7,469, down from 14,144 eight years ago.⁴² It is likely that a large portion of the remaining uninsured are members of Old Order Amish communities. At least eight distinct Old Order Amish groups have approved religious exemptions from PPACA’s individual health insurance coverage mandate.⁴³ Young adults (18-25), men, Asians, adults without a high school degree, unemployed, people living in poverty, and non-citizens were the groups most likely to lack insurance according the most recent American Community Survey results.⁴⁴

⁴² U.S. Census Bureau Small Area Health Insurance Estimates, 2006-2014

⁴³ Six of these groups are located in Heuvelton, one is located in Rensselaer Falls, and one is located in Norfolk. See Healthcare.gov: “[Exemptions from the requirement to have health insurance.](#)”

⁴⁴ American Community Survey 5-Year Estimates, 2010-2014.



The 2016 Tug Hill Seaway Region Community Health Survey found that 6.4% of St. Lawrence County residents lacked insurance, which could indicate further decreases in the uninsured population share since the most recent Census estimates. According to the survey, the most common forms of health insurance in St. Lawrence County are employer based (45%), Medicare (25%), Medicaid (15%), direct purchase (6%), Tricare (3%), and Veterans (2%). 8% of respondents knew that they had health insurance, but were unable to identify its source.⁴⁵ The most recent American Community Survey estimates (2011-2014) are somewhat different: 59% employer based, 18% Medicare, 22% Medicaid, and 11% direct purchase, 2% Tricare, and 3% Veterans. It is unclear whether this difference reflects any genuine change in the mix of insurance coverage or a propensity to underreport secondary sources of coverage.

Access to Care

St. Lawrence County has fewer clinicians per population compared to the state. As of 2013, the most recent year for which data were available, there were 167 physicians practicing in St. Lawrence County, or one per 670 residents. There were 61 primary care physicians practicing in St. Lawrence County, or one per 1,835 residents. The statewide rate was 1,183 residents per practicing primary care physician, or 55% fewer people per primary care physician. St. Lawrence County also contained 53 practicing physicians' assistants (one per 2,112 residents), 58 practicing nurse practitioners (one per 1,930 residents). Both were about 20% worse compared to their respective statewide ratios. There were also 36 dentists in St. Lawrence County, or one per 3,110 residents, compared to one dentist per 1,309 residents for New York State, or fewer than half as many residents per dentist.⁴⁶ These numbers may understate the level of need in St. Lawrence County throughout much of the year, because the county has a large number of residences - nearly one in seven housing units throughout the county - that are vacant for seasonal or occasional use.⁴⁷ Furthermore, while the Census Bureau requires that college students report their permanent residence wherever they spend most of the year, a large share of students are not actually counted where they attend college.⁴⁸

⁴⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q26

⁴⁶ 2013 Area Health Resource File

⁴⁷ 2010-2014 American Community Survey Estimates

⁴⁸ US Census Bureau: "[Residence Rule And Residence Situations For The 2010 Census](#)"



Clinicians

Source: Area Health Resource File (2013)

	St. Lawrence County		Tug Hill Seaway Region		New York State	
	Count (#)	Population Per	Population (#)	Population Per	Population (#)	Population Per
All physicians	167	670	376	679	79,023	245
Primary care physicians	61	1,835	129	1,979	16,379	1,183
Physician assistants	53	2,112	183	1,395	10,891	1,779
Nurse practitioners	58	1,930	149	1,713	12,405	1,562
Dentists	36	3,110	119	2,145	14,802	1,309
Total population	111,944	1	255,260	1	19,378,102	1

The 2016 Tug Hill Seaway Region Community Health Survey asked respondents where they would seek medical attention if they or a family member had a fever of 101 degrees to gauge where residents are most likely to seek primary care for acute symptoms. In St. Lawrence County, 27% reported that they would seek care from their primary care physician, 15% reported that they would go to urgent care, and 24% reported that they would seek care at an emergency room. Another 29% would not seek care, and 4% were not sure where they would seek medical attention.⁴⁹

79% of St. Lawrence County residents report having a doctor or other clinician whom they think of as their primary health care provider and 81% were able to see a doctor on every occasion when they needed to within the past year. 20% report not having someone whom they think of as their primary health care provider, and 19% say that there was a time within the past year when they needed to see a doctor but did not. Among those who were unable to see a doctor when they needed to, 48% said that they either could not afford to see one or could not find one, 22% said they did not have time to see one, 17% did not realize that they needed to go, and 19% preferred to deal with the problem themselves. (Note that respondents could select multiple responses to this question.)⁵⁰

Most St. Lawrence County residents believe that it is important that they see a doctor annually even if they are not sick or injured: 59% say that it is very important and 17% believe that it is somewhat important (76% combined), compared to 14% who say that it is not that important and 10% who say that it is not at all important (23% combined). In addition, 54% say that it is important that a person’s physical health and mental health be taken care of in a single location, along with 24% who believe that it is somewhat important (78% combined), compared with 11% who say that it is not that important and 6% who say that it is not at all important (16% combined). An even larger portion believe that it is important to see a dentist annually, even in the absence of bothersome teeth or gum symptoms: 66% say that it is very important and 14%

⁴⁹ 2016 Tug Hill Seaway Region Community Health Survey, Q5

⁵⁰ 2016 Tug Hill Seaway Region Community Health Survey, Q6 - Q8



say that it is somewhat important (80% combined) compared to 10% who say that it is not that important and 9% who say that it is not at all important (19% combined).⁵¹

69% of St. Lawrence County residents say that they always understand their instructions that they receive when they go to the doctor. Another 24% say that they understand instructions most of the time. 4% report understanding instructions only sometimes or less, and 3% report that they do not go to the doctor. Among those who do not always understand instructions, 39% (or 10% of all respondents) believe that this has harmed their health.⁵²

74% of St. Lawrence County residents say that they always feel respected when they go to the doctor. Another 19% say that they feel respected most of the time. 4% report that they feel respected only sometimes or less, and another 3% report that they do not go to the doctor. Among those who do not always feel respected, 46% (or 12% of all respondents) believe that this has harmed their health.⁵³

Physicians are both the preferred source of health information and the most trusted source of health guidance for an overwhelming majority of St. Lawrence County residents. 62% of county residents say that physicians are their preferred source of health information, compared to 23% who prefer the internet or books, 9% who prefer family members or close friends, and 5% who prefer other sources of information. 70% trust physicians most for guidance; compared to 16% who most trust family or close friends; 11% who most trust their own experience, instinct, or intuition; and 1% who most trust anyone or anything else, including less than 1% who most trust the internet or books.⁵⁴

Most (55%) St. Lawrence County residents say that they do not prefer to communicate with their physician by text or e-mail, but 45% are interested in either both (35%), e-mail alone (7%), or texting alone (3%).⁵⁵

Social and Economic Health

97% of St. Lawrence County residents report having at least one close relationship, 75% report having three or more close relationships, and 39% report having more than five close relationships. 79% have a group of people with whom they regularly spend time either formally or informally. Among those who regularly spend time with a group, 73% believe that this group

⁵¹ 2016 Tug Hill Seaway Region Community Health Survey, Q9.1, Q9.2, & Q9.3

⁵² 2016 Tug Hill Seaway Region Community Health Survey, Q1 & Q2

⁵³ 2016 Tug Hill Seaway Region Community Health Survey, Q3 & Q4

⁵⁴ 2016 Tug Hill Seaway Region Community Health Survey, Q11 & Q12

⁵⁵ 2016 Tug Hill Seaway Region Community Health Survey, Q10



benefits their health while only 3% report that this groups is a net harm to their health. 26% report regularly attending religious or spiritual activities.⁵⁶

89% of St. Lawrence County residents live in households, with the remainder living in group quarters such as college dormitories, nursing homes, or state prisons. The group quarters population share in St. Lawrence County (11%) is over three times higher than the statewide rate and national rates, and amounts to about 12,000 people. There are 41,579 households in St. Lawrence County. 47% of households in St. Lawrence County consist of married couples, while 17% are families lacking either a wife or husband, 29% are a single person living alone, and 8% are other non-family households. On average, households have 2.4 members, slightly lower than the statewide and national average of 2.6 members. Among residents 15 years and over, 45% are married, 12% are divorced or separated, 7% are widowed, and 36% have never married. These are consistent with statewide and national rates.

On average, residents of St. Lawrence County have high levels of educational attainment compared to other counties in the region. Among residents 25 years or older, 87% have at least a high school degree, 51% have at least some college, 22% have at least a bachelor's degree, and 11% have a graduate or professional degree. The high school graduation rate is slightly higher compared to the statewide rate (85%) and the national rate (86%), but college attainment is lower. The widest difference is at the bachelor's degree or higher level, where the statewide rate is 34% and the national rate is 29%.

St. Lawrence County has a notably high rate of poverty, both in terms of geographic comparisons and its own history. The 2010-2014 American Community Survey estimate for the county's poverty rate was 19.7%, compared to 16.8% for the region, 15.6% for New York State, and 15.6% for the United States. This was the third highest among 51 counties in Upstate NY, the fifth highest among 62 counties in New York State, and, and the thirteenth highest among 221 counties in the Northeastern United States.⁵⁷ Prior to 2012, the county's poverty rate had not exceeded 19% in any measurement period since 1960.⁵⁸

The rate of poverty among children in St. Lawrence County over this five year period was slightly higher than that for all residents, at 30%. 10% of residents live under 50% of the poverty

⁵⁶ 2016 Tug Hill Seaway Region Community Health Survey, Q27 – Q30

⁵⁷ NYSDOH Vital Statistics Mortality File, 2010-2014. Statewide numbers were retrieved using the CDC's WONDER Mortality Database. Rates were calculated based on Annual Population Estimates from the US Census Bureau

⁵⁸ Decennial Census of Population and Housing, Survey of Income and Program Participation, American Community Survey Estimates



level (compared to 7% statewide), and 30% of residents live beneath 150% of the poverty level (compared to 25% statewide). Other than children, the highest poverty rates were among adults with less than a high school degree (33%), people employed part-time (23%), and the unemployed (39%). The poverty rate among adults employed full-time was only 4%, and the poverty rate for adults with a bachelor's degree was only 6%.⁵⁹

Among residents 16 and over, 55% are in the labor force, less than the regional rate (61%), the statewide rate (64%), and the national rate (64%). 55% are in the civilian labor force and less than 1% are in the armed forces. The share of the population over age 65 does not account for this difference in labor force participation: 18% of residents 16 and over are 65 or older, compared to 17% for the entire Tug Hill Seaway Region, 17% for New York State, and 17% for the United States. Among those in the civilian labor force, the unemployment rate was 11%.⁶⁰ More recent data from the Bureau of Labor Statistics shows that the unemployment rate declined to an annual average of 6.9% in 2015, mirroring statewide and national declines in unemployment. However, the unemployment rate for St. Lawrence County remained the third highest in the state, only slightly behind only adjacent Lewis County and nearby Oswego County.⁶¹ As of now, data are not available to show more recent changes in the workforce participation rate.

Health Behaviors

Supermarkets and grocery stores are the usual source of food for an overwhelming majority of St. Lawrence County residents, with 95% saying that they usually buy food from supermarkets or grocery stores. The second most popular source of food is gardening, hunting, and fishing, with 6% of respondents reporting that this is usually a source of food for them. Only 3% reported that convenience stores were a usual source of food, and only 1% reported that dollar stores were usual source of food. Less than 1% reported that these usually buy their food in restaurants.⁶²

78% of county residents say that they usually eat at least one serving of fruits per day and 85% say that they usually eat at least one serving of vegetables per day. 25% of residents report that they always stop eating before they feel full, compared to 46% who sometimes stop and 22% who never do.⁶³

⁵⁹ American Community Survey 5-Year Estimates, 2010-2014

⁶⁰ American Community Survey 5-Year Estimates, 2010-2014

⁶¹ Bureau of Labor Statistics Local Area Unemployment Statistics Map, 2015 Annual Average.

⁶² 2016 Tug Hill Seaway Region Community Health Survey, Q32

⁶³ 2016 Tug Hill Seaway Region Community Health Survey, Q33



Adults in St. Lawrence County report binge drinking on an average of 1.1 occasions over the past month, with 29% of adult residents reporting binge drinking at least once within the past month, 22% binge drinking twice or more, and 15% binge drinking three times or more. Binge drinking was most common among men (33% at least once within the past month), adults younger than 35 (34%), people with four-year degrees (37%), and people with household incomes in excess of \$75k per year (38%). Binge drinking was least common among women (24%), people over 65 (10%), people with no college (24%), and people with household incomes of less than \$25k per year (19%).⁶⁴ Binge drinking is defined as more than five drinks for men or as more than four drinks for women.⁶⁵

14% of St. Lawrence County adults are current smokers, 59% have never been smokers, and 27% are former smokers. The widest disparities in rates of current smokers are by income and education: Among those with four-year degrees, 3% are current smokers, compared to 17% of those with no college or some college. 22% of adults in households with less than \$25 in income per year are smokers compared to 6% in households with incomes in excess of \$50k. People with multiple emergency department visits are about twice as likely to be current smokers compared to people with no visits or only one visit. 14% of St. Lawrence County adults report that someone smokes inside of their home at least weekly and an additional 2% report that someone smokes inside their homes at least monthly.⁶⁶

2.8% of St. Lawrence County residents report that a person in their household has been personally affected by opiate abuse or addiction within the past year.⁶⁷ Opiate overdose hospitalizations have increased across the Tug Hill Seaway region, especially in St. Lawrence County. Hospitalizations with a primary or secondary diagnosis of opiate poisoning among residents of St. Lawrence County increased from 483 in 2010 to 518 in 2014. This is a relatively small percent increase compared to Jefferson and Lewis counties, but the 2010 age-adjusted base opiate hospitalization rate for St. Lawrence County residents was three times higher than that for Jefferson County and more than five times higher compared to the rate for Lewis County. Even in 2014, St. Lawrence County's rate remained about three times than rates for the other

⁶⁴ 2016 Tug Hill Seaway Region Community Health Survey, Q21

⁶⁵ The CDC's [definition](#): "Excessive alcohol use, either in the form of binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women) or heavy drinking (drinking 15 or more drinks per week for men, or 8 or more drinks per week for women), is associated with an increased risk of many health problems, such as liver disease and unintentional injuries."

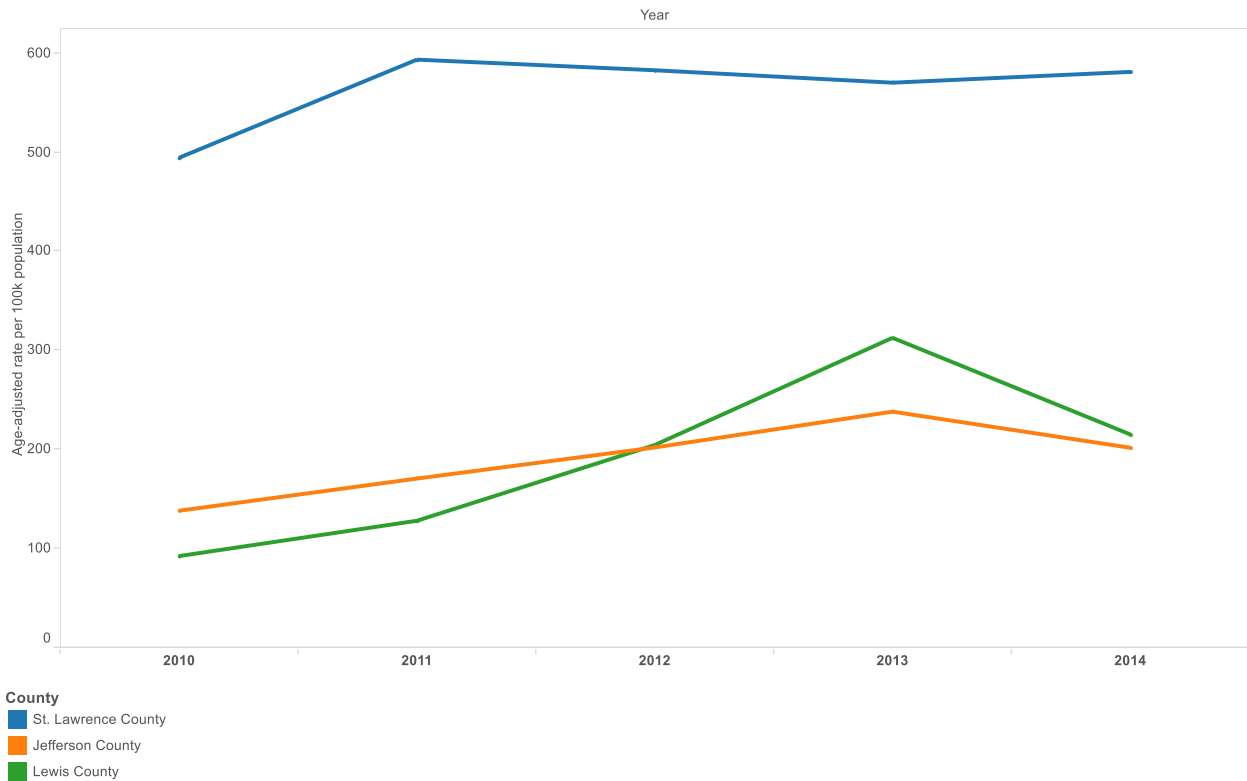
⁶⁶ 2016 Tug Hill Seaway Region Community Health Survey, Q22 & Q23

⁶⁷ 2016 Tug Hill Seaway Region Community Health Survey, Q24



two counties. The highest hospitalization rates occurred in and around Massena, including Norwood, Norfolk, and Chase Mills, with an additional hot spot for opioid poisoning hospitalizations in the Ogdensburg zip code. However, almost every zip code in the county had a higher age-adjusted rate of opioid hospitalizations compared to other parts of the region. (This is particularly striking in comparison to Jefferson County, where there is a wide disparity between Watertown and the remainder of the county.)⁶⁸ Emergency department visits doubled during the same period, from an average of 115 per year in 2010-2011 to an average of 209 per year in 2013-2014.⁶⁹

Opiate Poisoning Hospitalizations by County (Primary or Secondary Diagnosis): 2010-2014

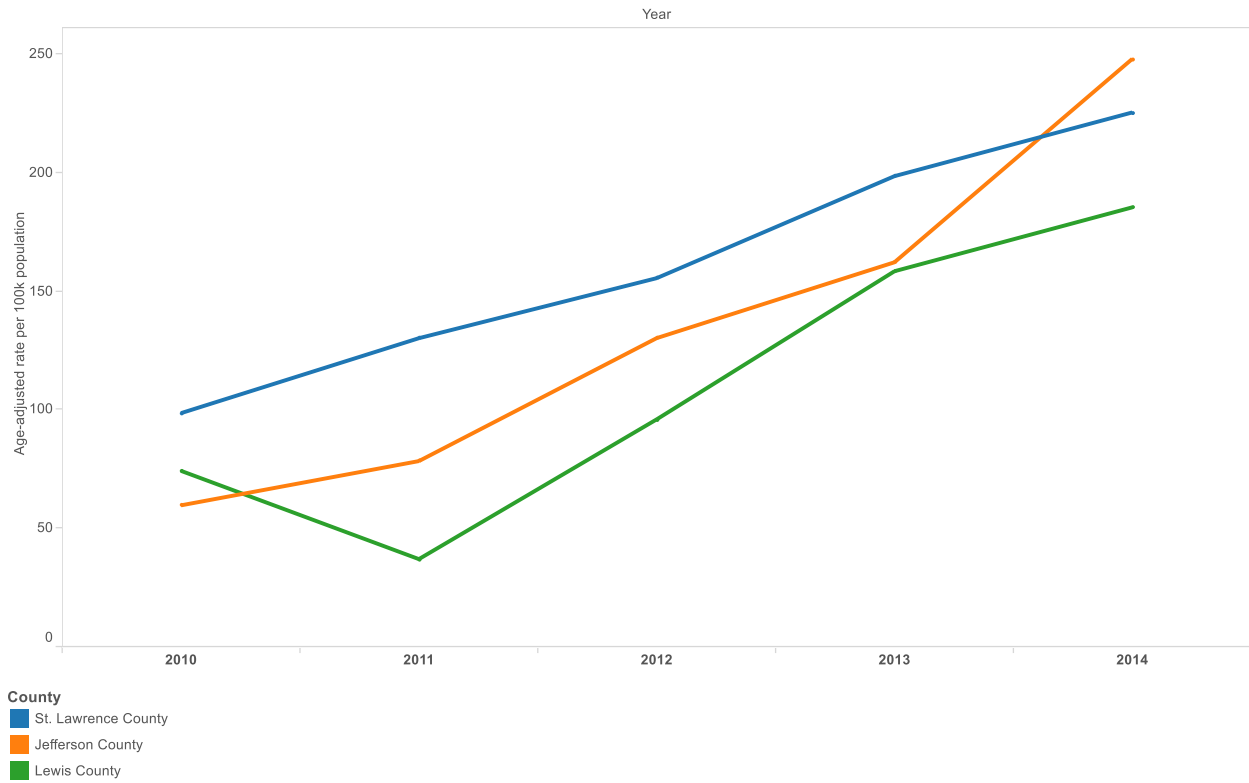


⁶⁸ SPARCS Inpatient file, 2010-2014

⁶⁹ SPARCS Outpatient file, 2010-2014

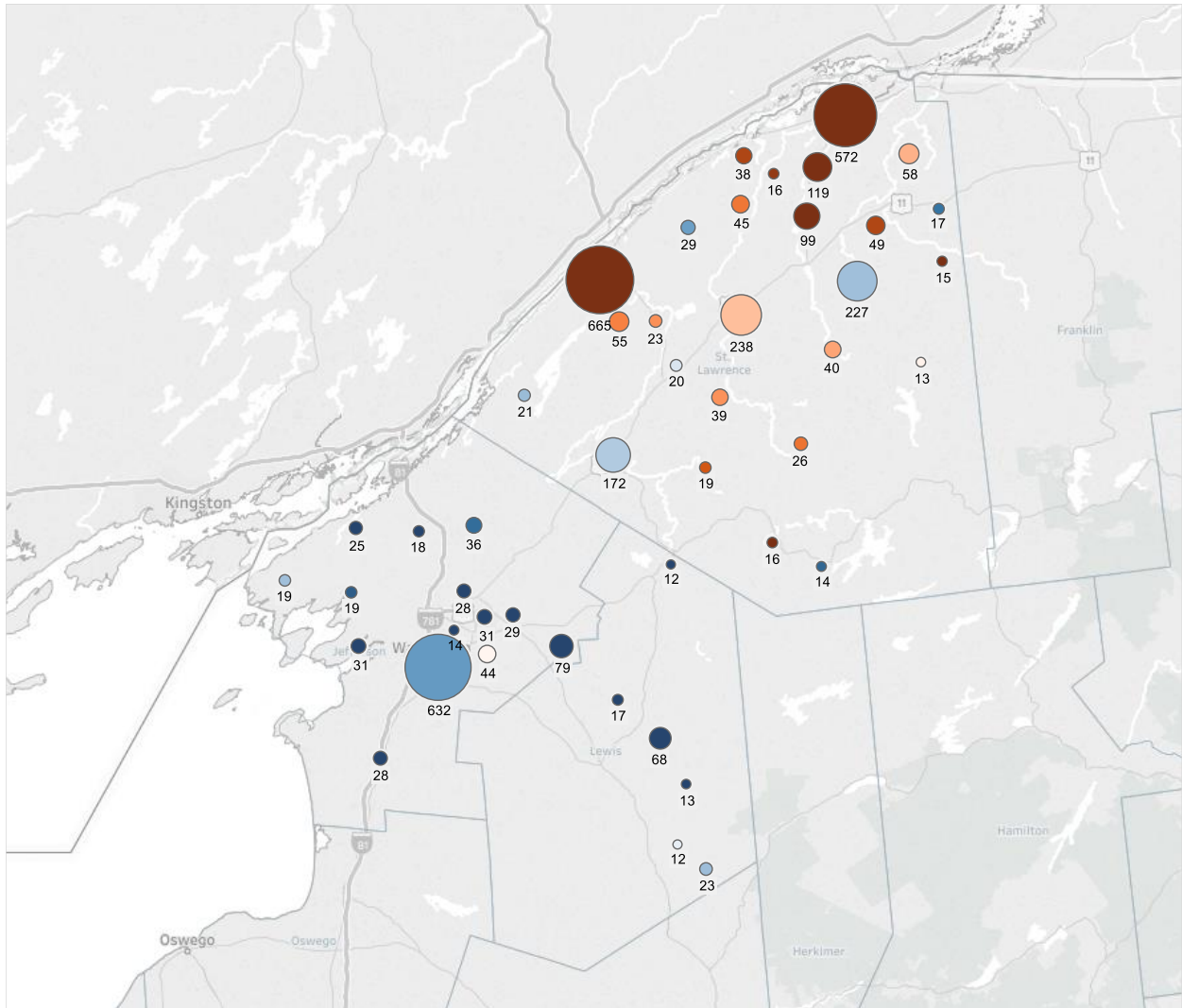


Opiate Poisoning Emergency Department Visits by County (Primary or Secondary Diagnosis): 2010-2014

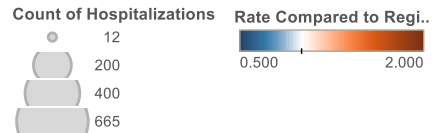




Opiate Hospitalizations by Zip Code (Primary or Secondary Diagnosis): 2010-2014



Color shows rate of hospitalizations compared to regional average. Size shows number of hospitalizations. Zip codes with 10 or fewer opiate poisoning hospitalizations between 2010 and 2014 are suppressed.



Among St. Lawrence County residents 55 or older, 76% have had a colorectal cancer screening. Among adult women in St. Lawrence County, 66% have had a mammogram, including 91% of women age 45 or older.⁷⁰

⁷⁰ 2016 Tug Hill Seaway Region Community Health Survey, Q25



As of 2014, 65% of children aged 19-35 months in St. Lawrence County had the Prevention Agenda-recommended 4:3:1:3:3:1:4 immunization series. This is consistent with rates for most other Upstate counties, and a slight improvement over the 2011 rate of 62%.⁷¹ St. Lawrence County ranks higher than most other New York State counties for flu vaccinations among elderly adults, with 74% of elderly adults having been vaccinated in 2014.⁷²

Environmental Health

10% of households in St. Lawrence County have no vehicle, 38% have one vehicle, and 52% have two or more vehicles. 77% of workers commute alone in a car, truck, or van; 9% carpool; 7% walk; and 5% work from home. The mean travel time to work is 21 minutes.

80% of housing units in St. Lawrence County are occupied, including 56% that are owner occupied and 23% that are rented. The remaining 20% of housing is vacant, including 13% for seasonal or occasional use, 2% for rent or for sale. The remaining 5% of housing units are other vacancies. 70% are detached single units, 11% are mobile homes, 12% are three or more units, 5% are duplexes, and 1% are attached singles. A majority of housing units are more than fifty years old. Housing values are lower compared to regional averages and much lower compared to statewide and national averages. The median value of a house in St. Lawrence County is \$86,200, compared to \$135,200 in Jefferson County, \$111,900 in Lewis County, \$283,700 in New York State, and \$175,700 in the United States. 19% of housing units in St. Lawrence County are valued at less than \$50,000, compared to 11% in Jefferson and Lewis counties, 12% in New York State, and 16% in the United States.⁷³

As of 2015, 66% of St. Lawrence County residents are served by community water systems with optimally fluoridated water. This number has declined from 73% as of 2012.⁷⁴

⁷¹ NYS Immunization Information System

⁷² 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System

⁷³ American Community Survey 5-Year Estimates, 2010-2014.

⁷⁴ New York State Safe Drinking Water Information System



Prevention Agenda Highlights

Across the five Prevention Agenda priority areas, the following health outcome data highlights stand out as areas of concern and candidates for potential improvement within the next five years:

Prevent chronic disease

Both the Tug Hill Seaway 2016 Community Health Survey and the 2013-2014 NYS EBRFSS survey show that about one-fifth of St. Lawrence County residents do not have a regular health care provider. This is somewhat higher than the statewide rate of 16%, and well short of the Prevention Agenda 2018 objective of less than 10%. Like many other more rural counties in New York State, St. Lawrence County has fewer primary care clinicians per population compared to the statewide rate.

The 2013-2014 EBRFSS survey found that one third of St. Lawrence County adults were obese, several percentage points higher than the statewide average. Another third of adult residents were overweight. The percentage of overweight and obese children also exceeds the statewide average. Obesity is a risk factor for heart disease, stroke, many forms of cancer, diabetes, and kidney disease, and could overtake smoking as the leading cause of preventable death within the next decade. The share of obese adults in St. Lawrence County is growing, and this trend threatens to reverse progress that the county has made over the past decade toward reducing its rate of deaths before age 65 to less than the statewide average.

The hospitalization rate for heart attacks in St. Lawrence County has remained above the statewide average over the past decade, and is now over one-third higher compared to the statewide rate. Unlike the statewide rate, which has shown a steady decline for at least the past six years, there is no consistent year-to-year trend in the rate for St. Lawrence County and no indication of decline over the past decade. Heart attack hospitalizations were most common in Ogdensburg, Massena, and Gouverneur.

Promote mental health and prevent substance abuse

The age-adjusted suicide rate in St. Lawrence County declined with each successive three-year rolling average between 2008 and 2014, the most recent year for which a complete county rate is available, and is now below the statewide excluding New York City rate.

The 2012-2014 EBRFSS mental health indicators – including the share of adults reporting poor mental health during at least half of the past month and the rate of binge drinking - show large but not statistically significant worsening for St. Lawrence County compared to the 2008-2009 survey.



Hospitalization rates for mental diseases and disorders in Ogdensburg, Massena, and Norfolk greatly exceed the statewide average and rates for other areas within the region.

Hospitalizations for mental diseases and disorders have more than doubled throughout the county.

Hospitalization rates for substance abuse, alcohol-related diagnoses, and opiate poisoning in Ogdensburg and in and around Massena greatly exceed the statewide rate and have increased dramatically over the past ten years.

Promote a healthy and safe environment

The percentage of residents served by optimally fluoridated community water systems fell from 73% to 66% between 2012 and 2015, according to the Water Fluoridation Reporting System.

Promote healthy women, infants, and children

The percentage of children with the recommended number of well-child visits in government-sponsored insurance programs has remained steady at close to 50%, one-third below the Prevention Agenda 2018 objective of 76.9% or more and below the statewide excluding New York City average. Both the percentage of children without recommended visits and the gap-to-goal increase with age.

The share of unintended pregnancies has remained about one-third in every year despite a statewide decline to 24.5% as of 2014. Additionally, vital statistics data show that the percentage of births to women older than 25 without high school degrees had gradually increased to more than 10% as of 2013. Unintended pregnancies are highest in Ogdensburg, Gouverneur, Massena, and rural areas along the Oswegatchie River spanning from Ogdensburg to Gouverneur to Star Lake.

However, the adolescent pregnancy rate fell from 16.8 per thousand women aged 15-17 in 2008 to 9.0 per thousand women aged 15-17 in 2014. This corresponds with a statewide decline, but remains less than half the statewide rate and well within the objective range specified by the Prevention Agenda. Furthermore, the proportion of unintended pregnancies to women enrolled in Medicaid has decreased and now meets the Prevention Agenda 2018 objective.

Prevent HIV, STDs, and vaccine-preventable chronic diseases

The share of children with recommended immunizations rose from 62% to 65% between 2011 and 2014. This is higher than regional and statewide benchmarks, but remains considerably short of the Prevention Agenda 2018 goal of 80% or more children with recommended immunizations.



The chlamydia case rate per 100,000 women aged 15-44 years remains well below the statewide average, but increased by 50% between 2013 and 2014 despite showing a stable rate in previous years. Other STD rates remain even lower compared to statewide benchmarks and remain consistent with their respective Prevention Agenda 2018 objectives, but show sudden increases in either 2013 or 2014 despite previous year-to-year stability at much lower rates.

General: Improve health status and reduce health disparities:

According to the most recent Small Area Health Insurance Estimates from the Census Bureau, the share of working-age adults without health insurance declined from 18.6% in 2006 to 10.9% in 2014. The share of children without health insurance declined from 9.3% to 3.6% during the same period. It is likely that a large portion of the remaining uninsured in St. Lawrence County are Old Order Amish.

Deaths before age 65 (premature deaths) have fallen to 21.7% of all deaths, which is an improvement from a recent of 25.2% in 2012. It is also the lowest rate since at least 2008, and the only year between 2010 and 2014 when the percentage of premature deaths met the Prevention Agenda 2018 objective of 21.8% or less. Premature deaths are highest in Ogdensburg and neighboring Lisbon.

Preventable hospitalizations remain higher than the statewide average but show significant improvement over the most recent five years of data, falling from a high of 242.4 per 10,000 adults in 2009 to 148.3 per 10,000 adults in 2014. Only slightly more improvement is needed to reach the Prevention Agenda 2018 objective of 122 per 10,000 adults. Preventable hospitalizations remain highest in and around Gouverneur and Massena.



Comparison of Health Indicators

Prevention Agenda Priority Area	Indicator	Prevention Agenda Objective	St. Lawrence County (2014)	St. Lawrence County (2011)	Tug Hill Seaway Region	New York State (ex. NYC)
Chronic disease	Adult obesity (% of adults)	≤23.2%	32.9	29.1	32.3	27.0
	Child and adolescent obesity (% of children & adolescents)	≤16.7%	22.5	24.4	21.2	17.3
	Cigarette smoking (% of adults)	≤12.3%	19.5	24.9	20.2	17.3
	Colorectal cancer screening (% of adults 50-75)	≥80%	70.7	64.1	66.2	70.0
	Asthma ED visits (rate per 10k residents)	≤75.1	59.8	77.3	49.0	48.8
	Asthma ED visits, early childhood (rate per 10k residents 0-4)	≤196.5	130.8	117.1	79.7	117.0
	Heart attack hospitalizations (age-adjusted per 10k residents)	≤14	19.1	15.9	16.9	14.7
	Hospitalizations for short-term diabetes complications (per 10k children 6-17)	≤3.06	2.5	1.5*	2.5	2.9
	Hospitalizations for short-term diabetes complications (per 10k adults)	≤4.86	8.1	7.7	7.1	6.0
Mental health & substance abuse	Adults with poor mental health in previous month (age-adjusted % of adults)	≤10.1%	17.1	11.3	11.2	11.8
	Adults with binge drinking in previous month (age-adjusted % of adults)	≤18.4%	28.0	21.8	24.7	17.4
	Suicide deaths (rate per 100k residents)	≤5.9	8.0	11.9	12.6	9.5
Environment	Fall hospitalizations (per 10k adults 65+)	≤204.6	163.9	134.0	159.6	188.7
	Fall ED visits (per 10k children 1-4)	≤429.1	637.3	600.2	566.0	442.7
	Assault hospitalizations (per 10k residents)	≤4.3	1.2	1.1	1.2	2.4
	Occupational injuries (ED visits per 10k adolescents 15-19)	≤33	23.1	249.1	39.7	28.2
	Climate Smart Communities pledge (% of residents living in)	≥32%	11.4	11.4	6.5	56.8
	Using alternate modes of transportation (% of civilian workers 16+)	≥49.2%	22.0	25.0	21.7	22.6
	Low-income with limited access to supermarkets (% of population)	≤2.24%	6.1	NA	5.7	4.2
	Optimally fluoridated water (% of residents served by)	≥78.5%	66.0	73.2	65.4	52.6
	Women, infants, & children	Preterm births (% of births)	≤10.2%	10.4	10.9	9.9
Ratio of Medicaid to non-Medicaid		1.0	1.0	1.0	1.1	1.1
Infants exclusively breastfed in hospital (% of infants)		≥48.1%	62.9	59.5	65.9	51.1
Maternal mortality (maternal deaths per 100k births)		≤21.0	0.0*	0.0*	17.9	18.0
Children with recommended well-child visits (% of children w/public insurance)		≥76.9%	51.4	48.6	55.5	70.2
0-15 months		≥91.3%	75.0	NA	83.0	84.3
3-6 years		≥91.3%	66.1	71.2	68.8	81.4
12-21 years		≥67.1%	41.0	41.8	45.4	62.0
Women with health insurance (% of women 18-64)		100%	90.8	86.9	90.9	NA
Children with health insurance (% of children ≤19)		100%	96.4	95.1	96.4	NA
Adolescent pregnancy (rate per 1k women 15-17)		≤25.6	9.0	14.1	10.0	11.7
Children with untreated tooth decay (% of third graders)		≤21.6%	18.1	NA	NA	24.0
Unintended pregnancies (% of live births)		≤23.8%	33.1	35.3	32.5	26.5
Medicaid to non-Medicaid ratio		≤1.54	1.5	2.0	1.6	2.0
Births within 24 months of previous pregnancy (% of births)		≤17%	26.5	24.5	24.5	21.1
Infectious disease	Adults with flu immunizations (% of adults)	≥70%	73.8	70.0	71.9	77.1
	Children with recommended immunization series (% children 19-35 months)	≥80%	65.4	61.7	62.6	59.4
	HPV immunizations (% women 13-17)	≥50%	16.5	16.2	16.2	30.3
	HIV case rate (new diagnoses per 100k)	≤16.1	4.8*	3.3*	4.3	7.1
	Gonorrhea (case rate per 100k women 15-44)	≤183.4	23.5*	46.2	62.9	140.1
	Gonorrhea (case rate per 100k men 15-44)	≤199.5	28.9*	40.6	60.7	145.3
	Chlamydia (case rate per 100k women 15-44)	≤1458	1052.1	762.6	1262.0	1249.6
	Syphilis (case rate per 100k men)	≤10.1	3.5*	0.0*	5.3	7.0
	Syphilis (case rate per 100k women)	≤0.4	0.0*	0.0*	0.0	0.3
	Overall health & disparities	Premature deaths (% of deaths before age 65)	≤21.8%	21.7	22.9	23.0
Preventable hospitalizations (age-adjusted per 10k adults)		≤122	148.3	181.1	127.4	106.1
Adults with health insurance (% of adults 18-64)		100%	89.1	84.7	89.4	NA
Adults with a primary care provider (age-adjusted %)		91.8%	81.9	80.0	82.7	NA
Mortality rate (age adjusted per 100k residents)		NA	680.0	745.0	712.4	NA

Notes

- Indicators shown in orange do not meet Prevention Agenda 2018 objectives. Darker orange indicates a wider gap between the most recent measurement and the objective, or a lack of recent improvement.
- Indicators shown in blue meet Prevention Agenda 2018 objectives. Darker blue indicates those measurements that most exceed the objective.
- Asterisks indicate rates that are unstable because of small numerators (i.e. fewer than 10 events).
- Some measurements are based on different years than those noted in the table. Please refer to the NYSDOH Prevention Agenda home page for details.
- NA = Not available or not reported



Summary of Prevention Agenda Indicators for St. Lawrence County (as of 2016 Community Health Assessment)

Indicators most relevant to priorities selected in 2013 are underlined.

	Better	Fair	Worse
Chronic disease	Asthma ED visits Asthma ED visits (early childhood) Diabetes hospitalizations (child & adolescent)	<u>Cigarette smoking</u> <u>Colorectal cancer screening</u>	<u>Adult obesity</u> <u>Child & adolescent obesity</u> Heart attack hospitalizations Diabetes hospitalizations (adults)
Mental health & substance abuse		<u>Suicide deaths</u>	<u>Adults with poor mental health</u> Binge drinking
Environment	Fall hospitalizations (65+) Assault hospitalizations Occupational injuries (adolescents)	Low-income access to supermarkets	Fall ED visits (children 1-4) Climate Smart Communities pledge <u>Alternate modes of transportation</u> Optimally fluoridated water
Women, infants, & children	<u>Preterm births (Medicaid disparity)</u> <u>Breastfeeding in hospital</u> Maternal mortality Adolescent pregnancies Children with untreated tooth decay Unintended pregnancies (Medicaid disparity)	Preterm births Women with health insurance Children with health insurance Births within 24 months of previous pregnancy	Well-child visits Well-child visits (0-15 months) Well-child visits (3-6 years) Well child visits (12-21 years) Unintended pregnancies
Infectious disease	Flu immunizations HIV case rate Gonorrhea case rate (women) Gonorrhea case rate (men) Chlamydia case rate (women) Syphilis case rate (men) Syphilis case rate (women)		HPV immunizations (female adolescents) Early childhood immunizations
Overall health & disparities	Premature deaths	Preventable hospitalizations Adults with health insurance	Adults with a primary care provider

Notes

- 2014 is the most recent measurement period for most measures.
- Indicators in the "better" column on the left meet Prevention Agenda 2018 objectives as of the most recent measurement period. In most cases, this reflects either that St. Lawrence County is doing better compared to the state or that statewide improvement has occurred within the past several years.
- Indicators in the "fair" column in the middle do not meet the Prevention Agenda 2018 objective as of the most recent measurement period, but are close to the objective threshold and not far off from statewide and regional comparisons.
- Indicators in the "worse" column on the right do not meet Prevention Agenda 2018 objectives, are not close to meeting Prevention Agenda 2018 objectives, and are worse than statewide comparisons.



Hospital Service Areas





Canton-Potsdam Hospital

The Hospital

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

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

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

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

Service Area

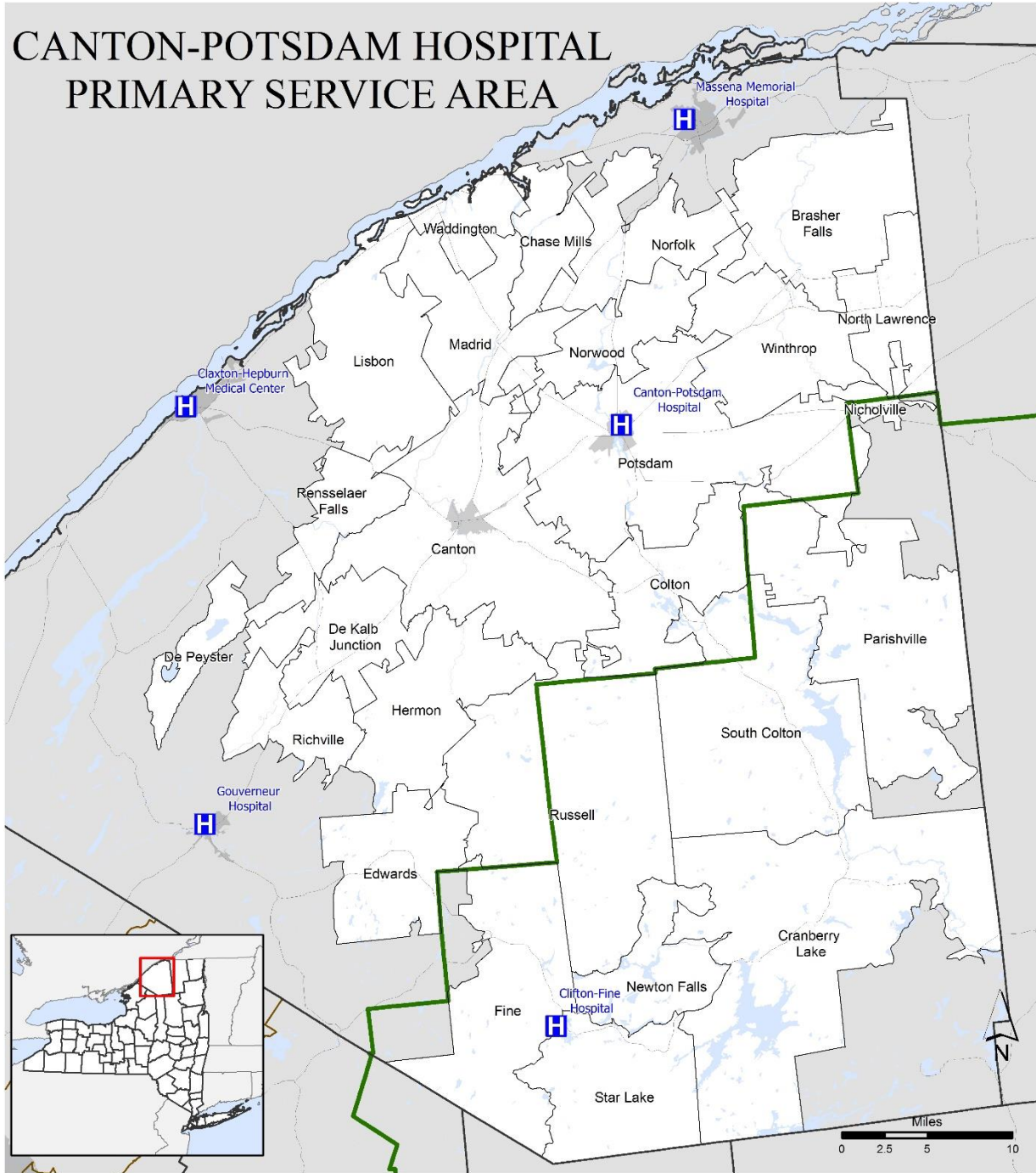
Canton-Potsdam Hospital is located in Potsdam, NY. Defined by zip code, its primary service area includes most of St. Lawrence County, and spans from the Adirondacks to the St. Lawrence River across 26 zip code areas.

The primary service area is defined as comprising zip code areas in which Canton-Potsdam Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁷⁵

⁷⁵ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



CANTON-POTSDAM HOSPITAL PRIMARY SERVICE AREA



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



"Building a Strong North Country Healthcare System"



Claxton-Hepburn Medical Center

The Hospital

Claxton-Hepburn Medical Center is 130-bed not-for-profit hospital in Ogdensburg, St. Lawrence County, NY. Claxton-Hepburn includes 67 acute-care beds, a 10-bed intensive care unit, a 10-bed birthing center and a 28-bed mental health center. The Medical Center provides primary care to nearly 40,000 residents of Ogdensburg and surrounding communities and regional services to the 110,000 people of St. Lawrence County. Claxton-Hepburn Medical Center has an active medical staff of more than 50 physicians representing most specialties.

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

Mission: To enhance health and life with compassion and excellence.

Vision: To be the trusted partner in your health.

Service Area

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

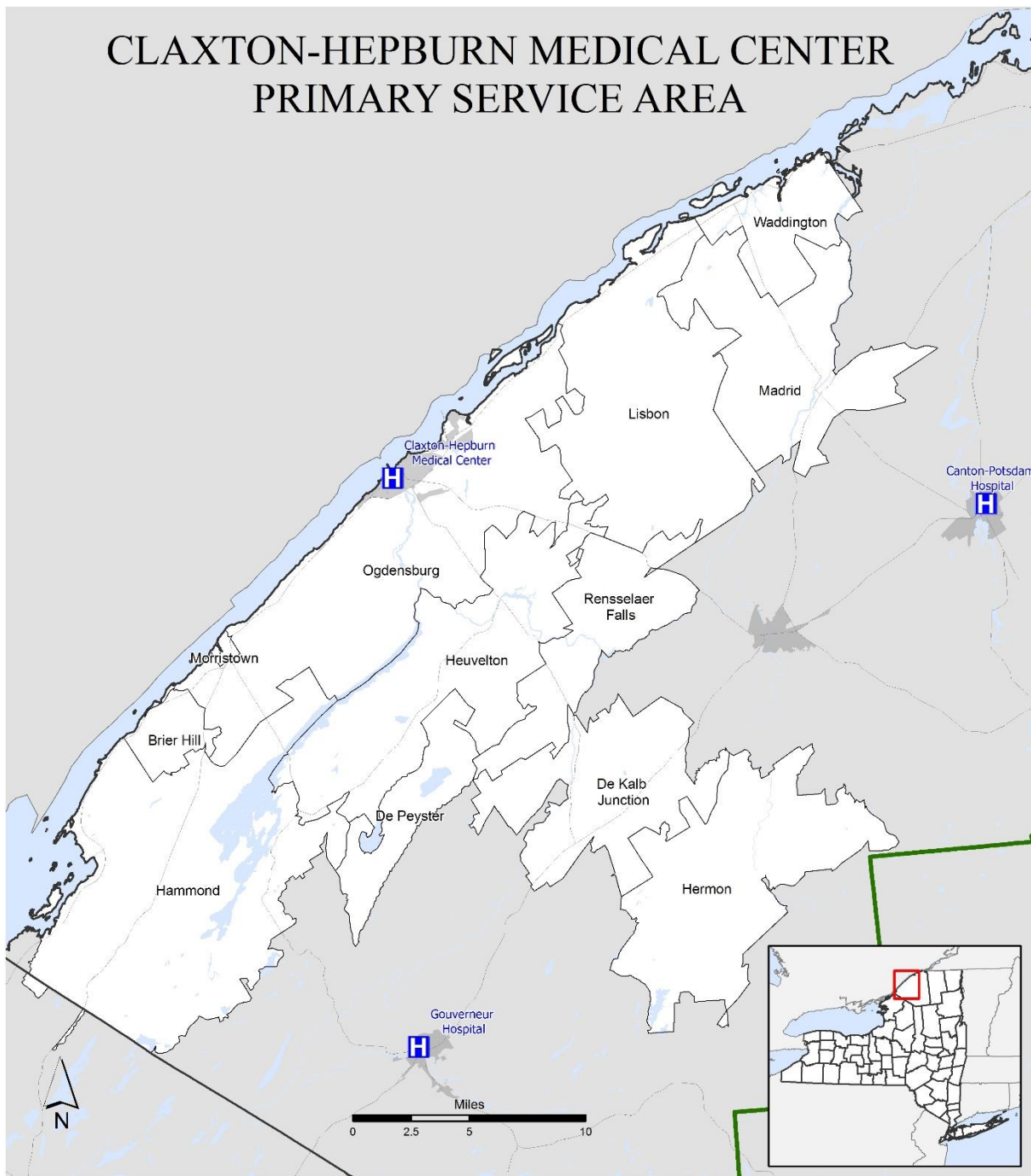
The primary service area is defined as comprising zip code areas in which Claxton-Hepburn Medical Center accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁷⁶

The Ogdensburg zip code, 13669, is responsible for almost half of Claxton-Hepburn Medical Center's hospitalizations and outpatient visits.

⁷⁶ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



CLAXTON-HEPBURN MEDICAL CENTER PRIMARY SERVICE AREA



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



"Building a Strong North Country Healthcare System"

2016 Community Health Improvement Plan and Community Health Assessment



Hospitalizations and Emergency Department Visits

Claxton-Hepburn Medical Center Primary Service Area Hospitalizations, 2010-2014

Group	Count					Year				% Change in Rate (from previous year)					
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)				2010	2011	2012	2013	2014	
						2010	2011	2012	2013	2014					
All hospitalizations	4,536	4,384	4,201	4,213	3,763	13,717	13,737	13,121	13,296	12,348		0.1%	-4.5%	1.3%	-7.1%
Mental disorders (p&c)	1,991	1,917	1,878	1,979	1,758	5,720	5,838	5,543	5,984	5,571		2.1%	-5.1%	8.0%	-6.9%
Hypertension (p&c)	1,884	1,752	1,794	1,812	1,672	5,140	4,885	4,893	4,973	4,686		-5.0%	0.2%	1.6%	-5.8%
Substance abuse (p&c)	1,025	1,059	1,040	1,078	998	3,018	3,283	3,134	3,420	3,213		8.8%	-4.5%	9.1%	-6.0%
Diabetes (p&c)	986	888	953	956	940	2,635	2,423	2,567	2,520	2,575		-8.0%	5.9%	-1.8%	2.2%
Depression (p&c)	738	694	770	783	645	2,161	2,171	2,283	2,337	2,039		0.4%	5.2%	2.4%	-12.7%
Kidney disease (p&c)	750	691	622	660	607	2,016	1,933	1,697	1,771	1,628		-4.1%	-12.2%	4.4%	-8.1%
Mental disorders (p)	437	413	418	434	396	1,349	1,322	1,329	1,446	1,392		-1.9%	0.5%	8.8%	-3.7%
Unintentional injuries	495	457	421	450	419	1,421	1,273	1,241	1,332	1,246		-10.4%	-2.5%	7.4%	-6.5%
Alcohol	314	335	312	352	350	949	1,005	989	1,146	1,149		5.9%	-1.6%	15.9%	0.3%
Heart disease	423	354	362	341	347	1,106	949	1,008	939	970		-14.1%	6.2%	-6.8%	3.3%
Opiate poisoning (p&c)	190	213	179	190	174	623	735	637	653	641		18.0%	-13.3%	2.6%	-2.0%
Sepsis	129	162	139	195	229	352	465	365	531	590		32.1%	-21.6%	45.5%	11.3%
Substance abuse (p)	180	210	162	152	147	598	681	577	520	568		14.0%	-15.3%	-9.9%	9.2%
Depression (p)	147	134	151	160	117	458	435	507	537	430		-5.2%	16.7%	5.9%	-19.9%
Falls	121	124	156	136	117	322	308	450	366	349		-4.4%	46.0%	-18.7%	-4.7%
Flu & pneumonia	150	162	125	127	107	447	442	362	373	306		-1.0%	-18.2%	3.1%	-18.0%
Ischemic heart disease	1,237	688	813	372	426	475	356	505	293	303		-25.1%	41.9%	-42.0%	3.7%
COPD	131	109	119	96	110	372	286	298	280	293		-23.1%	4.2%	-6.2%	4.7%
Cancer	86	88	88	89	83	213	263	232	224	226		23.5%	-12.1%	-3.3%	0.8%
CHF	97	70	60	70	77	257	181	165	194	214		-29.4%	-8.8%	17.5%	10.1%
Stroke	98	86	85	88	75	252	266	225	251	207		5.5%	-14.4%	11.7%	-17.4%
Kidney disease (p)	43	57	56	62	38	120	160	162	181	100		33.6%	1.2%	11.5%	-44.8%
Self-inflicted injuries	25	29	29	28	20	76	109	94	90	83		42.7%	-13.6%	-3.8%	-8.8%
Liver disease	30	17	20	21	28	84	60	46	57	64		-29.4%	-22.2%	23.6%	11.9%
Colorectal cancer	12		12		11	37		30		37		-100.0%			-100.0%
MVA	26	19		14	12	77	54		55	35		-29.8%	-100.0%		-35.9%
Lung cancer	15	17	16	13		32	39	45	34			19.3%	16.0%	-24.3%	-100.0%

Claxton-Hepburn Medical Center Primary Service Area Emergency Department Visits, 2010-2014

Group	Count					Year				% Change in Rate (from previous year)					
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)				2010	2011	2012	2013	2014	
						2010	2011	2012	2013	2014					
All visits	17,122	18,022	18,553	17,021	16,682	56,628	63,136	65,649	61,974	62,390		11.5%	4.0%	-5.6%	0.7%
Unintentional injuries	4,608	4,257	4,917	4,317	4,363	15,189	14,692	17,195	15,749	16,110		-3.3%	17.0%	-8.4%	2.3%
Mental disorders (p&c)	1,114	1,365	1,542	1,739	1,955	3,558	4,743	5,284	6,412	7,615		33.3%	11.4%	21.3%	18.8%
Falls	1,415	1,292	1,508	1,332	1,329	4,552	4,302	5,100	4,510	4,622		-5.5%	18.6%	-11.6%	2.5%
Hypertension (p&c)	793	1,071	1,179	1,316	1,362	2,097	3,133	3,496	3,913	4,554		49.4%	11.6%	11.9%	16.4%
Substance abuse (p&c)	379	524	697	911	1,050	1,200	1,926	2,414	3,594	4,275		60.5%	25.4%	48.8%	19.0%
Mental disorders (p)	454	522	610	506	587	1,548	1,822	2,110	1,792	2,284		17.7%	15.8%	-15.1%	27.5%
Diabetes (p&c)	390	543	512	619	659	1,034	1,490	1,473	1,846	2,129		44.1%	-1.2%	25.3%	15.3%
Depression (p&c)	288	378	391	367	389	926	1,199	1,332	1,233	1,378		29.5%	11.1%	-7.4%	11.8%
COPD	309	328	377	368	374	956	1,053	1,173	1,260	1,178		10.1%	11.4%	7.5%	-6.5%
Heart disease	206	163	206	207	266	510	415	582	557	871		-18.8%	40.4%	-4.3%	56.4%
Flu & pneumonia	90	97	212	161	225	270	328	719	628	822		21.3%	119.3%	-13.0%	31.3%
MVA	247	224	257	209	168	877	812	970	908	618		-7.5%	19.5%	-6.4%	-32.0%
Asthma	133	133	175	177	171	443	475	616	686	615		7.1%	29.8%	11.4%	-10.3%
Depression (p)	124	139	157	135	152	427	469	544	511	562		9.9%	16.0%	-6.2%	10.0%
Alcohol	94	147	164	147	152	310	484	461	454	489		56.1%	-4.8%	-1.5%	7.8%
Assault injuries	157	159	153	140	123	546	590	523	494	443		8.0%	-11.2%	-5.7%	-10.2%
Kidney disease (p&c)	113	151	126	152	140	298	422	358	411	402		41.8%	-15.3%	14.9%	-2.2%
Ischemic heart disease	93	62	107	89	112	223	160	306	219	336		-28.3%	91.0%	-28.5%	53.4%
Substance abuse (p)	69	101	127	75	84	236	324	364	247	312		37.5%	12.2%	-32.0%	26.1%
Medical injuries	100	94	71	85	81	320	311	225	247	260		-2.9%	-27.5%	9.5%	5.5%
STDs	66	74	90	45	50	244	271	358	169	249		11.4%	32.0%	-53.0%	47.8%
Opiate poisoning (p&c)	32	35	52	60	47	92	114	168	186	176		23.7%	48.1%	10.4%	-5.3%
Stroke	32	20	42	58	47	89	71	101	178	132		-19.6%	41.4%	76.9%	-26.3%
CHF	20	17	18	21	34	59	45	48	64	98		-24.3%	7.1%	33.2%	53.4%
Self-inflicted injuries	26	31	23	19	21	91	105	107	60	80		15.7%	1.6%	-43.9%	33.8%
Heroin poisoning (p&c)			13	19	13			37	51	44				36.8%	-14.8%
Sepsis					11					38					
Liver disease			16	12	11			46	35	29				-23.8%	-17.2%
Kidney disease (p)			11	19				30	51					72.3%	-100.0%

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses;
- (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses



Clifton-Fine Hospital

The Hospital

Clifton-Fine Hospital is a 20-bed not-for-profit critical access hospital located in Star Lake, St. Lawrence County, NY, within the Adirondack Park. It was established in 1951, and serves approximately 5,000 year-round residents and up to twice that number of seasonal visitors in southern St. Lawrence County.

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

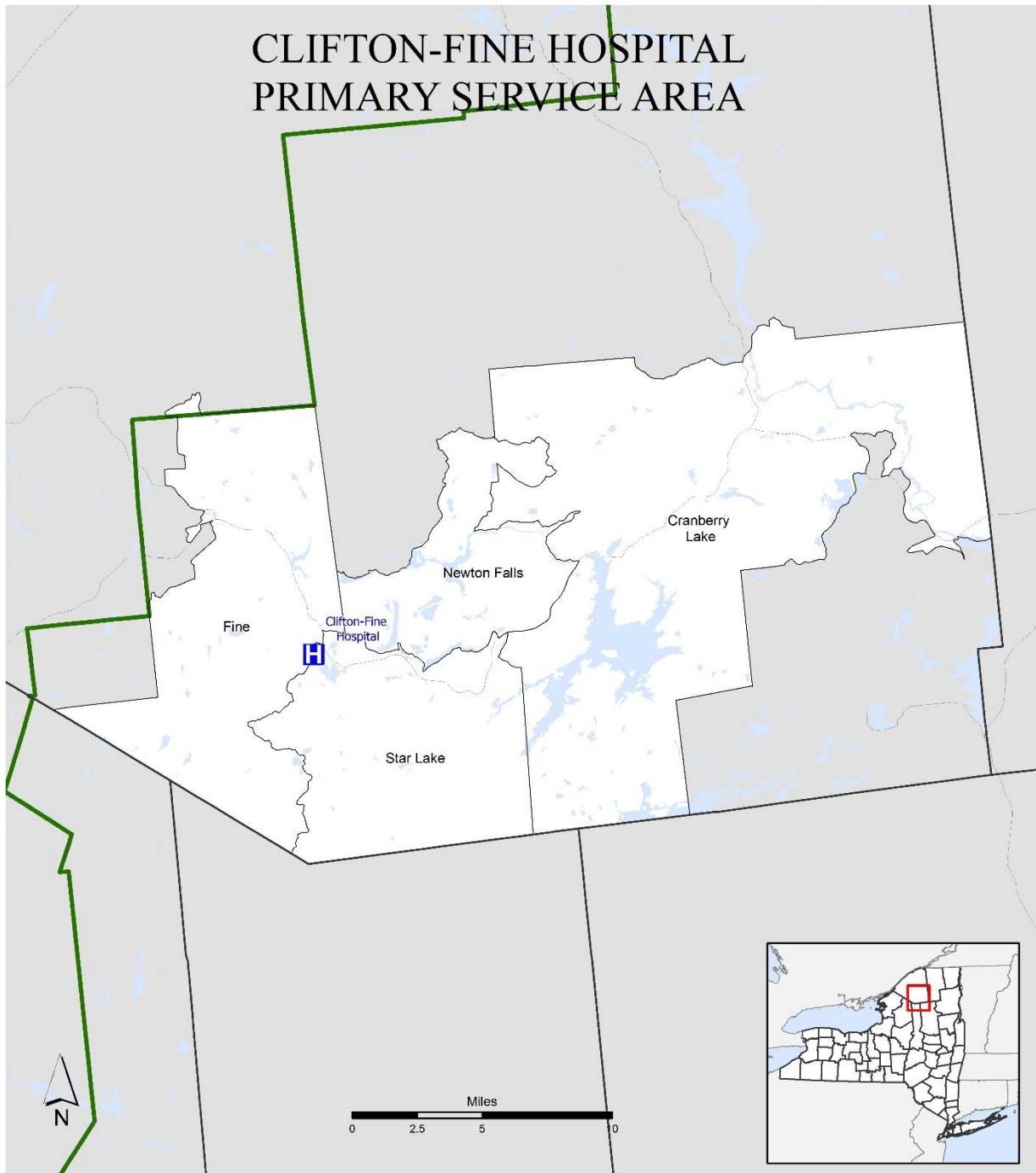
Vision: Clifton-Fine Hospital will be the preferred medical provider in Southern St. Lawrence County.

Service Area

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

The primary service area is defined as comprising zip code areas in which Clifton-Fine Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of *both* inpatient discharges and outpatient visits from 2010 to 2014.⁷⁷

⁷⁷ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



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



"Building a Strong North Country Healthcare System"



Hospitalizations and Emergency Department Visits

Clifton-Fine Hospital Primary Service Area Hospitalizations, 2010-2014

Group	Count					Year					% Change in Rate (from previous year)				
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)					2010	2011	2012	2013	2014
						2010	2011	2012	2013	2014					
All hospitalizations	297	275	246	228	222	14,120	14,595	12,790	12,023	11,078		3.4%	-12.4%	-6.0%	-7.9%
Mental disorders (p&c)	117	132	103	91	99	6,111	6,598	5,562	4,897	4,644		8.0%	-15.7%	-12.0%	-5.2%
Hypertension (p&c)	143	148	124	96	111	4,850	6,610	4,482	4,071	4,236		36.3%	-32.2%	-9.2%	-4.1%
Substance abuse (p&c)	51	47	49	49	41	3,275	2,867	2,790	2,668	2,537		-18.6%	4.6%	-4.4%	-4.9%
Kidney disease (p&c)	33	35	53	34	47	876	1,468	1,838	1,397	2,011		67.6%	25.3%	-24.0%	44.0%
Diabetes (p&c)	56	51	64	43	48	2,063	2,349	2,365	1,867	1,872		13.9%	0.7%	-21.1%	0.3%
Depression (p&c)	46	70	47	39	46	2,018	3,517	2,765	2,102	1,820		74.2%	-21.4%	-24.0%	-13.4%
Unintentional injuries	31	29	33	30	32	843	1,236	1,516	1,921	1,206		46.6%	22.6%	26.7%	-37.2%
Alcohol	13	21	15	17	11	1,024	1,456	812	731	819		42.2%	-44.2%	-10.0%	12.1%
Heart disease	25	24	14	19	19	754	899	417	735	750		19.1%	-53.5%	76.0%	2.1%
Falls					14					727					
Flu & pneumonia	13	13			11	533	590			282		10.8%	-100.0%		
Ischemic heart disease	38	15		16	21	474	494		234	167		4.2%	-100.0%		-28.8%
Depression (p)			14					878							-100.0%
Mental disorders (p)	14	16	23			1,042	999	1,444				-4.1%	44.5%	-100.0%	
Opiate poisoning (p&c)				12					393						-100.0%
Substance abuse (p)				11					345						-100.0%

Clifton-Fine Hospital Primary Service Area Emergency Department Visits, 2010-2014

Group	Count					Year					% Change in Rate (from previous year)				
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)					2010	2011	2012	2013	2014
						2010	2011	2012	2013	2014					
All visits	914	1,078	944	1,061	1,407	51,459	61,269	54,182	62,272	79,882		19.1%	-11.6%	14.9%	28.3%
Unintentional injuries	283	293	224	273	370	15,930	17,890	12,928	17,145	20,487		12.3%	-27.7%	32.6%	19.5%
Mental disorders (p&c)	134	233	167	207	174	7,455	12,369	11,630	12,591	10,266		65.9%	-6.0%	8.3%	-18.5%
Hypertension (p&c)	175	269	186	213	185	6,241	10,738	7,214	9,166	8,530		72.0%	-32.8%	27.1%	-6.9%
Falls	75	88	68	78	113	3,773	5,264	3,122	4,948	6,045		39.5%	-40.7%	58.5%	22.2%
Substance abuse (p&c)	15	36	42	74	69	1,098	2,239	2,903	4,353	4,533		103.9%	29.7%	49.9%	4.1%
Diabetes (p&c)	59	115	83	94	64	2,123	4,828	3,303	3,940	2,948		127.4%	-31.6%	19.3%	-25.2%
Mental disorders (p)	22	52	23	29	38	1,464	3,628	2,141	2,026	2,864		147.8%	-41.0%	-5.4%	41.4%
Depression (p&c)	57	106	75	70	41	2,568	4,776	5,517	5,175	2,379		86.0%	15.5%	-6.2%	-54.0%
Heart disease	18	22	16	32	35	691	1,090	422	1,067	1,805		57.9%	-61.3%	157.4%	66.0%
Kidney disease (p&c)	17	22	22	16	33	589	917	567	407	1,761		55.8%	-38.2%	-28.2%	332.5%
COPD	21	16	13	28	38	1,455	533	571	1,476	1,725		-63.4%	7.2%	158.3%	16.9%
Opiate poisoning (p&c)					12					1,030					
MVA	18	15			17	1,087	1,191			954		9.6%	-100.0%		
Medical injuries				15	14				968	800					-17.4%
Asthma	12			16	13	881			1,046	775		-100.0%			-26.1%
CHF					12					752					
Flu & pneumonia	13	15	13		18	1,015	817	484		718		-19.5%	-40.7%	-100.0%	
Assault injuries		16					1,190								-100.0%
Depression (p)		11					649								-100.0%
Ischemic heart disease	11	14				323	680					110.1%	-100.0%		

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses;
- (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses



Gouverneur Hospital

The Hospital

Gouverneur Hospital is a 25-bed not-for-profit critical access hospital located in Gouverneur, St. Lawrence County, New York. On January 1, 2014, Gouverneur Hospital opened as a newly established entity on the site of the former E. J. Noble Hospital, which had operated through the previous day. Gouverneur Hospital operates in affiliation with Canton-Potsdam Hospital in Potsdam, NY, under the umbrella of the St. Lawrence Health System. Gouverneur Hospital serves a regional community of approximately 18,000 people in southern St. Lawrence, western Lewis, and northern Jefferson counties. Care is provided on the main hospital campus and at three regional primary care centers in Antwerp, DeKalb Junction, and Edwards, NY.

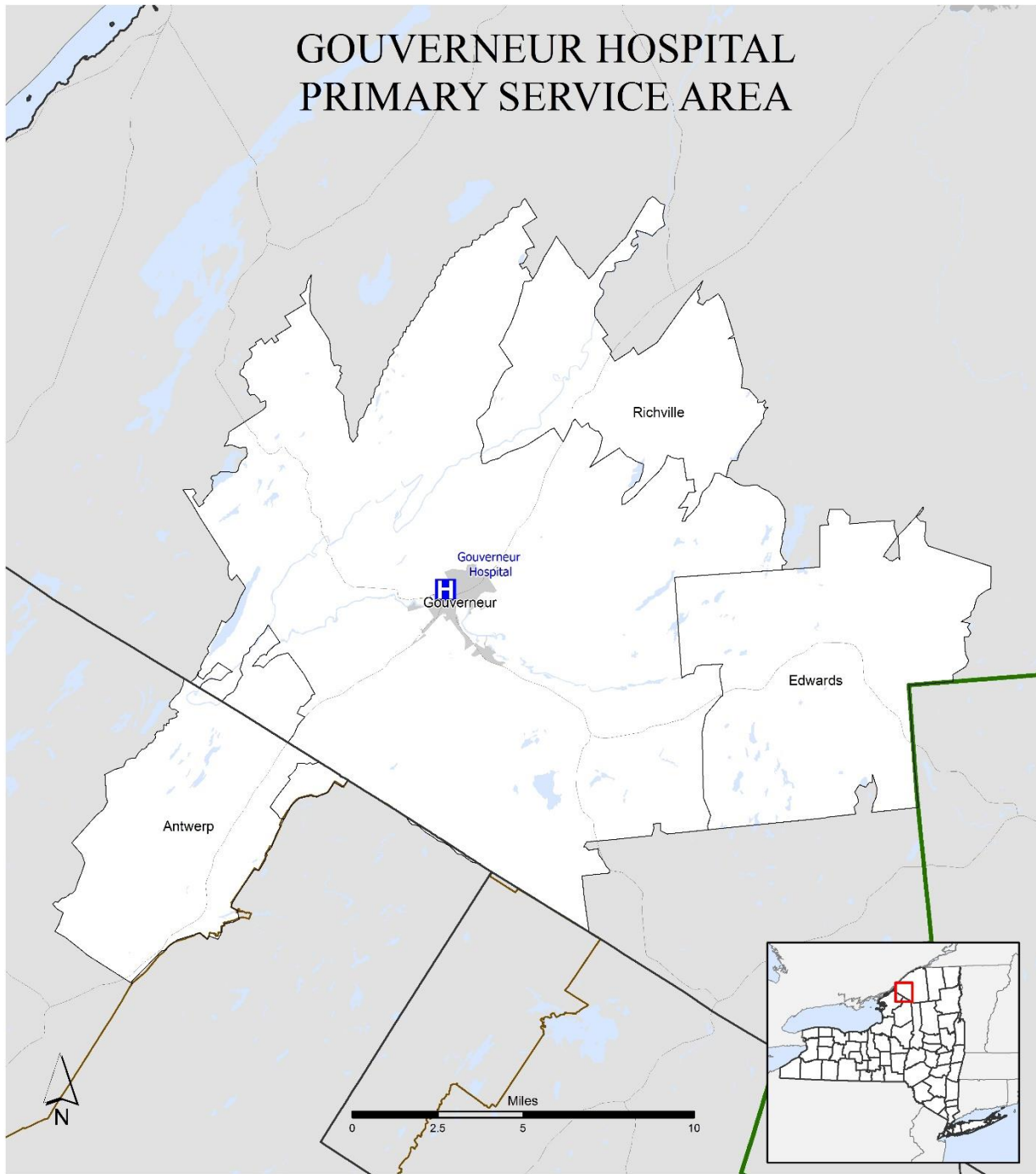
Mission: Our mission is to provide skilled, compassionate, cost-effective care that promotes wellness and meets the community's healthcare needs.

Service Area

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

The primary service area is defined as comprising zip code areas in which Gouverneur Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁷⁸

⁷⁸ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



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



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Hospitalizations and Emergency Department Visits

Gouverneur Hospital Primary Service Area Hospitalizations, 2010-2014

Group	Count					Year					% Change in Rate (from previous year)			
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)				2010	2011	2012	2013	2014
						2010	2011	2012	2013					
All hospitalizations	2,062	2,029	1,983	1,665	1,526	15,254	15,074	15,545	12,637	11,429	-1.2%	3.1%	-18.7%	-9.6%
Hypertension (p&c)	963	944	898	736	701	6,805	6,774	6,656	5,242	4,710	-0.5%	-1.7%	-21.2%	-10.2%
Mental disorders (p&c)	794	717	731	622	577	5,691	5,165	5,559	4,477	4,112	-9.2%	7.6%	-19.5%	-8.2%
Diabetes (p&c)	470	468	415	343	369	3,295	3,366	3,232	2,410	2,493	2.2%	-4.0%	-25.4%	3.4%
Substance abuse (p&c)	425	379	406	314	312	3,025	2,674	2,997	2,246	2,218	-11.6%	12.1%	-25.1%	-1.2%
Depression (p&c)	326	291	272	257	246	2,312	2,177	2,217	1,839	1,758	-5.8%	1.8%	-17.1%	-4.4%
Kidney disease (p&c)	252	257	253	231	237	1,825	1,837	2,027	1,653	1,669	0.7%	10.3%	-18.5%	1.0%
Unintentional injuries	186	187	218	189	173	1,289	1,408	1,621	1,423	1,263	9.2%	15.1%	-12.2%	-11.3%
Heart disease	249	251	191	149	142	1,650	1,667	1,536	964	969	1.0%	-7.8%	-37.2%	0.5%
Mental disorders (p)	105	100	120	106	85	815	693	871	781	647	-14.9%	25.6%	-10.4%	-17.1%
Alcohol	73	65	70	69	64	529	470	550	478	424	-11.1%	17.0%	-13.0%	-11.5%
COPD	80	101	58	57	54	552	725	469	375	400	31.3%	-35.3%	-19.9%	6.6%
Flu & pneumonia	71	51	80	69	60	552	351	593	473	394	-36.4%	69.0%	-20.2%	-16.7%
Falls	69	48	73	60	50	466	400	558	495	372	-14.1%	39.4%	-11.3%	-24.9%
Sepsis	25	32	26	41	48	188	224	240	316	368	19.2%	7.2%	31.9%	16.2%
Substance abuse (p)	38	39	41	32	46	273	270	335	255	366	-1.2%	24.0%	-23.9%	43.7%
CHF	66	89	53	39	49	444	639	501	245	365	44.0%	-21.5%	-51.1%	49.0%
Ischemic heart disease	363	374	279	320	190	750	732	587	444	343	-2.3%	-19.9%	-24.2%	-22.7%
Depression (p)	52	58	40	42	36	396	403	294	317	317	1.6%	-27.0%	8.0%	-0.2%
Opiate poisoning (p&c)	35	35	53	45	38	256	252	441	357	314	-1.8%	75.2%	-19.1%	-12.0%
Cancer	36	47	40	42	42	247	323	283	299	253	30.9%	-12.4%	5.7%	-15.3%
Stroke	43	45	50	27	36	299	333	355	195	241	11.4%	6.8%	-45.1%	23.6%
Kidney disease (p)	16	16	18	15	13	115	107	105	99	88	-7.0%	-1.7%	-5.8%	-11.4%
MVA	13		11			106		82			-100.0%			-100.0%
Self-inflicted injuries	13	14	13			99	97	96			-1.8%	-1.0%	-100.0%	

Gouverneur Hospital Primary Service Area Emergency Department Visits, 2010-2014

Group	Count					Year					% Change in Rate (from previous year)			
	2010	2011	2012	2013	2014	Age-Adjusted Rate (per 100k)				2010	2011	2012	2013	2014
						2010	2011	2012	2013					
All visits	8,153	8,025	8,214	8,709	8,616	62,345	63,126	65,578	70,468	69,798	1.3%	3.9%	7.5%	-1.0%
Unintentional injuries	1,989	1,853	1,997	2,080	2,093	14,954	14,411	15,480	16,231	16,688	-3.6%	7.4%	4.9%	2.8%
Mental disorders (p&c)	444	482	629	605	659	3,358	3,753	4,868	5,095	5,501	11.8%	30.2%	4.2%	8.0%
Falls	501	509	519	569	520	3,760	4,016	4,060	4,454	4,176	6.8%	1.1%	9.7%	-6.2%
Substance abuse (p&c)	162	146	322	293	355	1,168	1,071	2,362	2,592	2,936	-8.3%	120.6%	9.7%	13.3%
Hypertension (p&c)	235	306	339	405	375	1,623	2,234	2,449	3,012	2,636	37.7%	9.6%	23.0%	-12.5%
Mental disorders (p)	200	222	197	203	219	1,550	1,733	1,572	1,698	1,847	11.8%	-9.3%	8.0%	8.8%
Diabetes (p&c)	144	167	154	187	212	1,021	1,190	1,188	1,280	1,590	16.6%	-0.2%	7.8%	24.2%
COPD	248	264	276	209	174	1,861	2,058	2,193	1,712	1,338	10.6%	6.5%	-22.0%	-21.9%
Depression (p&c)	115	128	128	109	111	836	1,032	1,083	856	1,010	23.5%	4.9%	-21.0%	18.0%
MVA	122	101	83	87	88	942	793	629	711	755	-15.8%	-20.8%	13.0%	6.3%
Flu & pneumonia	91	60	67	72	83	701	438	542	618	632	-37.5%	23.8%	14.0%	2.3%
Asthma	64	102	96	77	76	506	875	876	710	589	73.0%	0.0%	-18.9%	-17.0%
Heart disease	59	62	66	61	74	400	398	501	420	564	-0.5%	25.8%	-16.0%	34.1%
Depression (p)	48	36	34	45	58	348	294	278	374	511	-15.6%	-5.3%	34.4%	36.7%
Assault injuries	75	65	53	46	58	580	495	344	349	458	-14.6%	-30.5%	1.5%	31.0%
Kidney disease (p&c)	32	36	28	44	50	232	265	196	283	326	14.3%	-26.0%	44.2%	15.1%
STDs	37	35	40	42	35	295	271	314	381	307	-8.3%	15.9%	21.4%	-19.5%
Alcohol	43	42	36	39	35	285	291	240	324	283	2.2%	-17.6%	35.0%	-12.6%
Ischemic heart disease	18	20	20	14	27	108	118	142	84	208	8.6%	20.3%	-40.7%	147.6%
Medical injuries	32	31	41	44	25	233	232	323	341	172	-0.4%	39.5%	5.5%	-49.4%
Substance abuse (p)	34	39	37	28	21	221	275	258	238	167	24.0%	-6.2%	-7.5%	-30.1%
Opiate poisoning (p&c)		18	17	24	18		137	109	194	128		-20.3%	77.8%	-33.7%
Stroke	14	19	14	32	17	98	134	119	228	120	37.0%	-11.3%	91.0%	-47.2%
Self-inflicted injuries						11				92				
CHF	16	13		14	13	118	95		102	88	-19.6%	-100.0%		-14.0%
Cancer	17		17			91		121			-100.0%		-100.0%	
Heroin poisoning (p&c)				12					87					-100.0%
Kidney disease (p)				11					82					-100.0%

- Source: 2011-2014 SPARCS data (NYSDOH)
- Blank cells indicate values suppressed due to small counts (less than 11 instances).
- (p&c) indicates a group that includes both primary and secondary (comorbidity) diagnoses;
- (p) distinguishes corresponding groups that include only primary diagnoses
- Groups not marked with a (p) or (p&c) include only primary diagnoses



Massena Memorial Hospital

The Hospital

Massena Memorial Hospital (MMH) is a municipal not-for-profit 50-bed acute care hospital located in Massena, NY in St. Lawrence County. The hospital is owned by the Town of Massena and governed by a 13 member Board of Managers. It has an affiliated medical staff of 45 physicians and more than 400 health care employees, and operates six outreach clinics.

Mission: The Mission of Massena Memorial Hospital is to provide quality and equitable care within a primary/acute health care environment by a professional staff in a safe, compassionate, and efficient manner.

Service Area

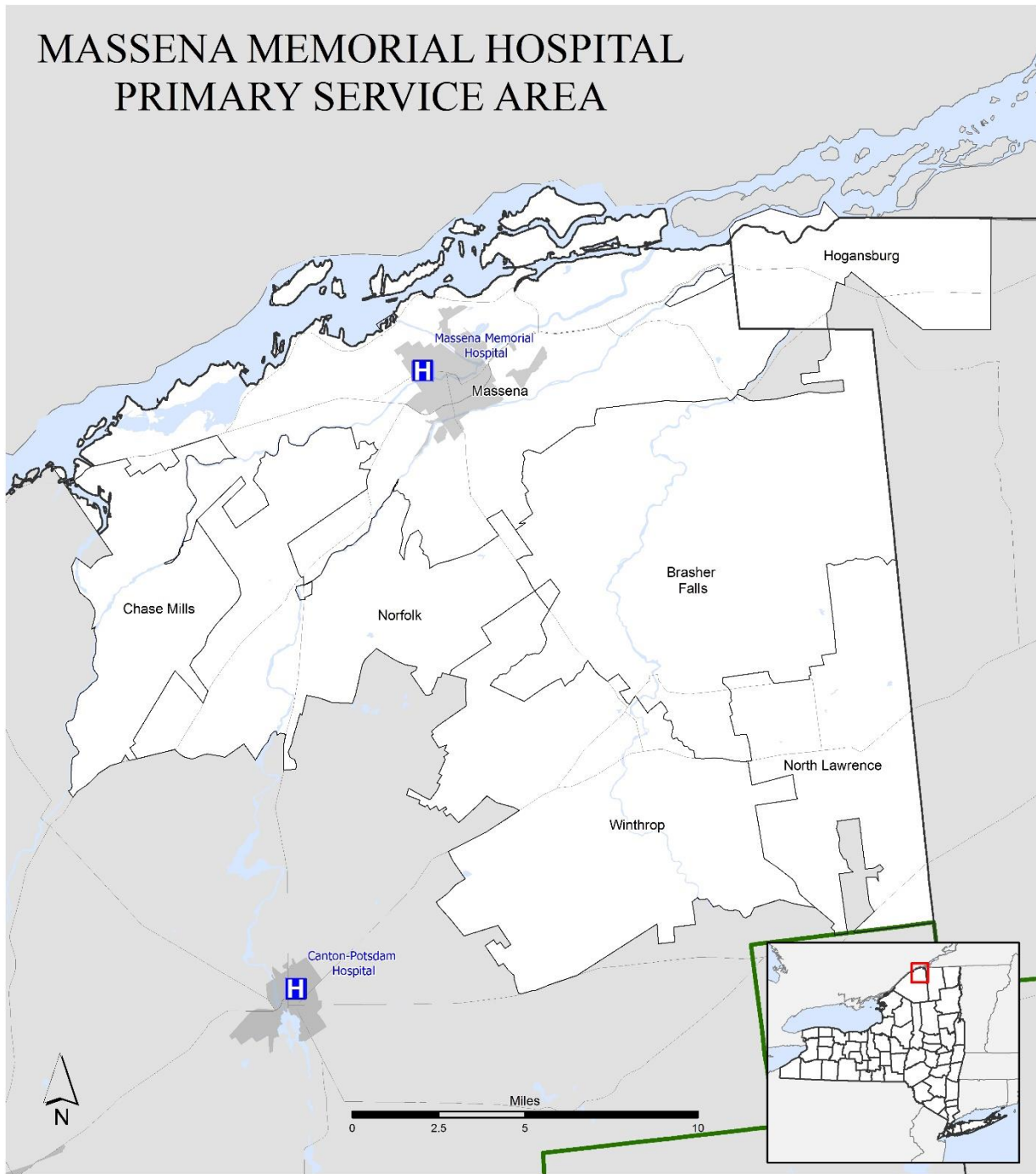
Massena Memorial Hospital is located in Massena, NY. Defined by zip code area, its primary service area includes Massena, Chase Mills, Norfolk, Brasher Falls, Winthrop, and North Lawrence in St. Lawrence County and Hogansburg in Franklin County.

The primary service area is defined as comprising zip code areas in which Massena Memorial Hospital accounted for either (A) at least 20% of inpatient discharges from 2010 to 2014, (B) at least 20% of outpatient visits from 2010 to 2014, or (C) between 15% and 20% of both inpatient discharges and outpatient visits from 2010 to 2014.⁷⁹

⁷⁹ Primary service areas were calculated based on NYSDOH's Statewide Planning and Research Cooperative System (SPARCS) data on hospitalizations and emergency department visits in New York State from 2011 through 2014.



MASSENA MEMORIAL HOSPITAL PRIMARY SERVICE AREA



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



"Building a Strong North Country Healthcare System"



Data Resources

U.S. Census Bureau

[American Community Survey Estimates](#) (2005 – 2015)

[Decennial Census of Population and Housing](#) (1790 – 2010)

[Small Area Health Insurance Estimates](#) (2006 – 2014)

[Population Estimates](#) (1970 – 2015)

Centers for Disease Control and Prevention (CDC)

[Behavioral Risk Factor Surveillance System](#) (1984 – 2015)

[National Vital Statistics System](#)

[WONDER Mortality Database](#) (1968 – 2014)

New York State Department of Health (NYSDOH)

[Community Health Indicator Reports](#) (2004 - 2013 for most indicators)

[Expanded Behavioral Risk Factor Surveillance System](#) (2002-2003, 2008–2009, 2013–2014)

[Prevention Agenda Dashboards](#) (2008 – 2014 for most indicators)

[Statewide Planning and Research Cooperative System \(SPARCS\)](#) Inpatient & Outpatient Files (2011 2014)

[Vital Statistics](#) (1997 – 2014)

Health Resources and Services Administration (HRSA)

[Area Health Resource File](#) (2015 - 2016)

Center for Community Studies at Jefferson Community College

[Annual Survey of the Community](#) (2000 - 2016)

Tug Hill Seaway Community Health Survey (2016)

Center for Medicare and Medicaid Services (CMS)

[National Plan and Provider Enumeration System](#)

Acronyms

ACS – American Community Survey

BLS – Bureau of Labor Statistics

BRFSS – Behavioral Risk Factor Surveillance System

CDC – Centers for Disease Control and Prevention

eBRFSS – Expanded Behavioral Risk Factor Surveillance System

FDRHPO – Fort Drum Regional Health Planning Organization

HRSA – Health Resources and Services Administration

NYSDOH – New York State Department of Health

PHIP – Population Health Improvement Program

PPACA – Patient Protection and Affordable Care Act

SPARCS – Statewide Planning and Research Cooperative System

WONDER – Wide-ranging Online Data for Epidemiologic Research