ST. LAWRENCE COUNTY

Community Health Assessment and Community Health Improvement Plan

2022

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And the Bridge to Wellness Coalition

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

Executive Summary

The St. Lawrence County Community Health Improvement Coalition, Bridge to Wellness, is an active coalition with participating organizations including public health, higher education, hospitals, health centers, and community-based organizations. The mission of the coalition is *"we collaborate with community partners for the deployment of resources and opportunities that positively impact whole person health"* and vision *"A community where everyone has knowledge of and access to the tools and for a healthier life."* Meetings are facilitated by the St. Lawrence County Health Initiative, Inc, and the Local Public Health Department. Partners work collaboratively to plan, implement and oversee the St. Lawrence County Community Health Improvement Plan and hospital Community Service Plans in conjunction with the New York State Department of Health's (NYSDOH) 2019-2024 Prevention Agenda.

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

The Bridge to Wellness Coalition followed guidance from the NYSDOH by working together to gauge the community's health priorities, assets and needs through numerous meetings reviewing programmatic data, community surveys, and partner capacity discussions. Considering results and the capacity of region, Bridge to Wellness identified 'Prevent Chronic Disease' and 'Promote Well-Being and Prevent Mental Substance Use Disorders' as priorities for the 2022-2024 plan.

The coalition worked together and with community partners from a variety of sectors to determine which interventions were already being implemented in St. Lawrence County. These are similar to the priorities the coalition identified in 2019, as the coalition hopes to build upon successes achieved throughout the last round. The 2022 plan is streamlined and identifies additional opportunities to improve the health of targeted residents. Several of interventions selected will address multiple goals, which allows for more focus and effort in one intervention while reaching more than one deliverable.

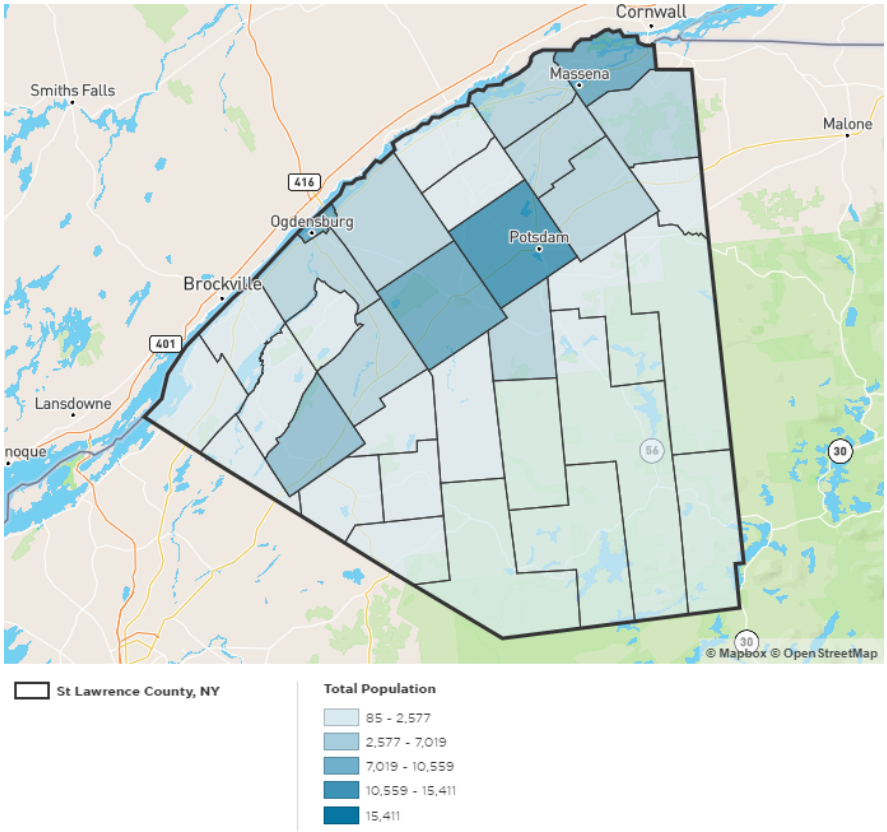
In each priority area, education and involvement from the community at large is integral to the success of each intervention. The partners will oversee and govern the evaluation of this plan on a quarterly basis. Bridge to Wellness Partners will disseminate regular reports on the progress of the work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

Contents

County Demographics

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

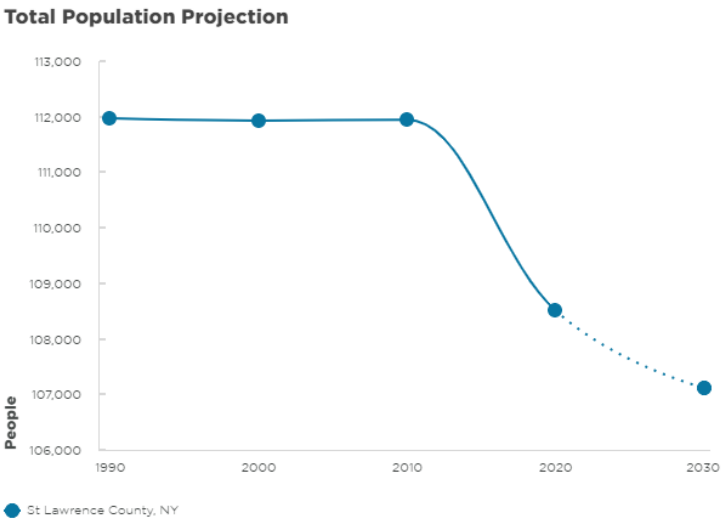
The county comprises 32 towns and a single city. No county subdivision accounts for more than 15% of the total county population, and none of the county's largest populated places are closer than 10 miles from each other when measured from center to center. The largest county subdivisions are the city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



Sources: US Census Bureau ACS 5-year 2016-2020

The following demographic visuals for St. Lawrence County were created using mySidewalk. For an interactive review of these figures, see this report.

St. Lawrence County has a total population of 108,354 people. While the total population is higher than the median population of NYS counties, it has one of the lowest population densities in the state.[1] The majority of the population is clustered along the northern portion of the county, above the Adirondack Park. The total population of the county has held relatively steady throughout the past 30 years, though the population has been declining since 2010 and is projected to continue through 2030.

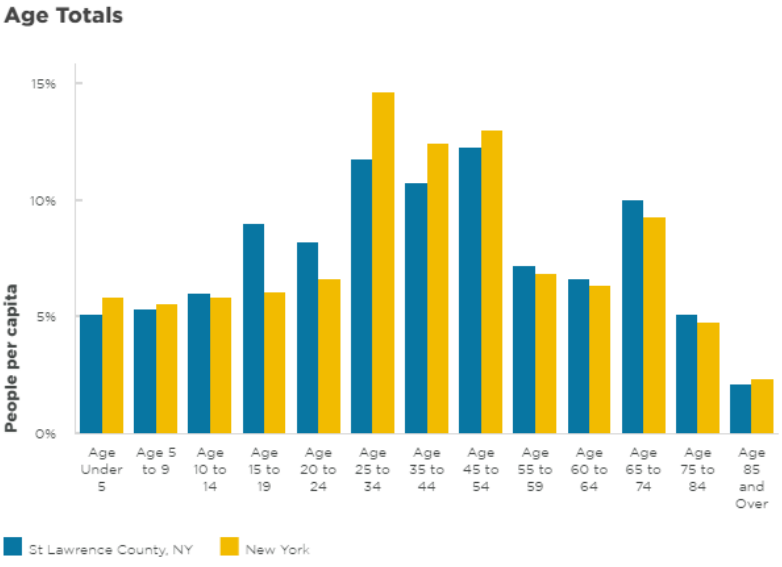


Sources: US Census Bureau; US Census Bureau ACS 5-year

The county's population is evenly split between males and females (50.9% male, 49.1% female). It is noted that this is a limiting dichotomy that negatively impacts the development and implementation of interventions that support all identities, however, this is the data currently availble as reported in the U.S. Census American Community Survey 5-Year Estimates. The median age is varied across gender with males generally younger than females (37 years for men and 41 years for women). The overall median age of 39 is average for the state as a whole.

The age breakdown in St. Lawrence County is generally similar to that of the state, though the county has a slightly higher proportion of young adults and fewer middle aged persons than the state. Those under the age of 18 make up 20% of the county's population, those 18 to 64 years make up 62% of the population, and those over the age of 65 make up the remaining 18%.

St. Lawrence County is less racially and ethnically diverse than most counites in the state, with approximately 92% of the population identifying as White, non-Hispanic. Of the minority populations in the county, the majority are Black (2%), Hispanic or Latino (2%), followed by people that identify as multiracial (2%), or any other single race (2%).

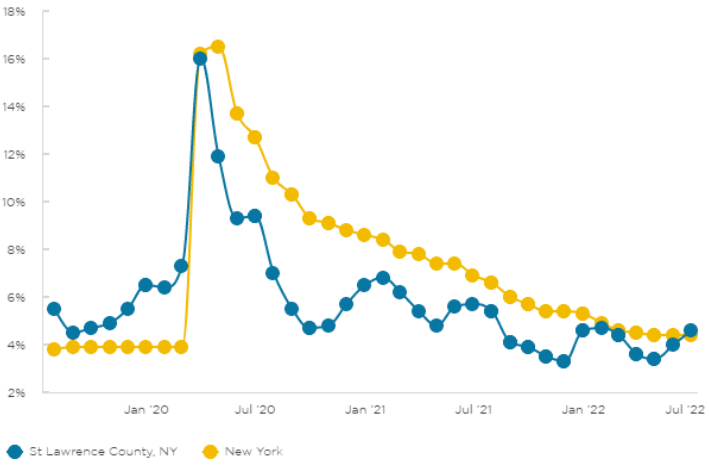


Sources: US Census Bureau ACS 5-year 2016-2020

[1] U.S. Census 2016-2020 ACS 5-Year Estimates, via mySidewalk Seek, www.mysidewalk.com

The vast majority of St. Lawrence County residents have at least a high school education (89%). However, St. Lawrence County lags behind the state when it comes to higher education. Approximately 24% of St. Lawrence County residents have a bachelor's degree or higher which is on par with the region but is lower as compared to the rates for the state (37%) and the nation (33%).

Unemployment Rate



Sources: BLS LAUS

As education level and income are directly correlated, it is perhaps unsurprising that the median household income in St. Lawrence County is lower than that of the state or the nation ($52,071 in St. Lawrence County, $71,117 in NYS, and $64,994 in the U.S.).

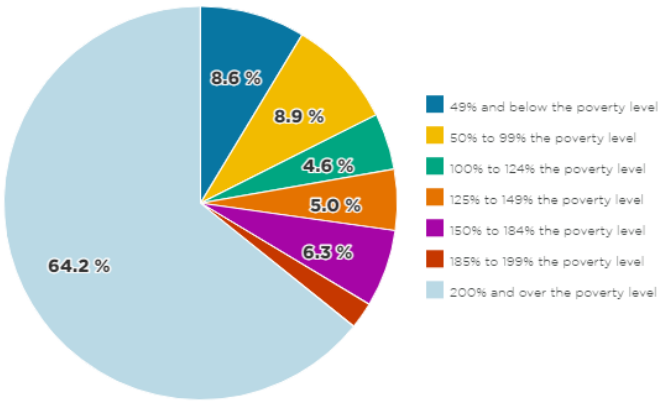
However, the unemployment rate in St. Lawrence County is about equal to the state and has recovered better since the peak of unemployment in the Spring of 2020 due to the COVID-19 pandemic.

Still, over one sixth of the county's population lives below the poverty level (18%) which equates to 3,127 families. Further, among county residents under the age of 18, more than one in four live below the poverty level (27%). These poverty rates are higher than those of the region (16% total, 23% children) or the state (14% total, 19% children). Over one third of St. Lawrence County's population lives below 200% of the poverty level (36%). While this rate is typical within the region, it is higher than the NYS rate of 29%.

There are a total of 53,328 housing units in the county with 41,925 units that are occupied. This leaves 21% of the available housing units in the county vacant. It is important to note that many units in the county are considered seasonal and are not meant to be lived in year-round.

Just under one half of the St. Lawrence County population that is over the age of 15 is married (48%), over a third has never married (36%), one tenth are divorced (10%), and about one-in-fifteen are widowed (6%).

Income to Poverty Ratio



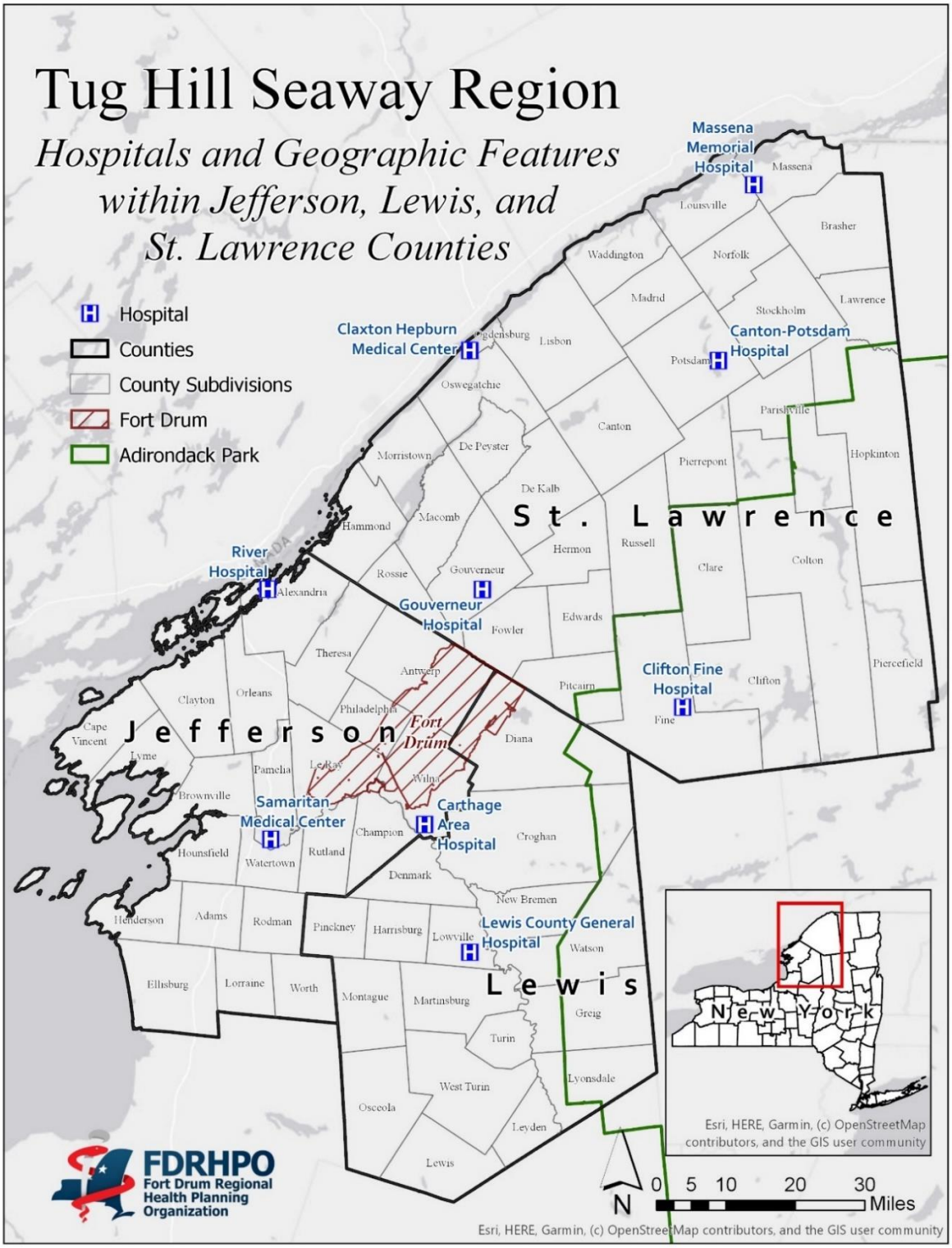
St Lawrence County, NY

Sources: US Census Bureau ACS 5-year 2016-2020

St. Lawrence County has a higher proportion of persons living with a disability when compared to the state (16% in the county, 12% in NYS).

Nearly one in fifteen residents are uninsured (5.6%). Of those who are insured, two-fifths have public insurance coverage (38%) while the remaining three-fifths have private insurance coverage (62%).

Community Landscape



Healthcare Resources

St. Lawrence County is served by five hospitals:

- Canton-Potsdam Hospital, a 94-bed not-for-profit hospital in Potsdam
- Claxton-Hepburn Medical Center, a 127-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 Hospital, a 25-bed acute care hospital in Massena

Clinicians by County

Source: HRSA Area Health Resource Files 2020-2021

	St. Lawrence County		Regional Total		New York State	
Group	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.
All Physicians (MD and DO)	**223**	**208**	529	219	101,798	526
All Physicians (MD)	**201**	**188**	469	194	97,075	502
All Physicians (DO)	**22**	**21**	60	25	4,723	24
Primary Care Physicians	**65**	**61**	153	63	22,124	114
Nurse Practitioners	**91**	**85**	217	90	20,241	105
Dentists	**39**	**36**	114	47	14,375	74
Population	***107,185***		*241,467*		*19,336,776*	

Across every category of healthcare provider, St. Lawrence County has fewer providers per capita than the region and NYS. While the rate of primary care providers is not different than the rate for the tri-county region, this rate is nearly half the statewide rate. With these low rates, St. Lawrence County is designated as a Health Professional Shortage Area (HPSA) for the Medicaid Eligible population in primary care, mental health, and dental health.

Community Resources

Resources in St. Lawrence County that can be leveraged to help support the needs of the community are listed below. Community organizations are listed under each category where they can provide assistance and may appear in several sections.

Housing

- St. Lawrence County DSS; 6 Judson St, Canton, NY 315-379-2111
- Transitional Living Services; 482 Black River Parkway, Watertown, NY 315-782-1777
- North Country Freedom Homes; 25 Dies St., Canton, NY 315-379-0139
- St. Lawrence Valley Renewal House; 3 Chapel St., Canton NY 315-379-9845
- Maximizing Independent Living Choices (MILC); 156 Center St., Massena, NY 315-764-9464

Transportation

- Central Association for the Blind & Visually Impaired; 507 Kent St., Utica NY 315-797-2233

- Catholic Charities; 716 Caroline Street, Ogdensburg, NY 315-393-2660
- The ARC (formerly St Lawrence NYSARC) - St Lawrence site; 6 Commerce Ln., Canton NY 315-379-9531
- Volunteer Transportation Center of St. Lawrence County.; 203 N. Hamilton St., Watertown NY 315-788-0422

Food and Nutrition

- Cornell Cooperative Extension of St Lawrence County; 2043B NY-68 #4453, Canton, NY 315-379-9192 [nutrition]
- St Lawrence County Office for the Aging; 80 NY-310, Canton, NY 315-386-4730 [food]
- St Lawrence County Public Health; 80 NY-310, Canton, NY 315-386-2325 [nutrition]
- NRCIL; 210 Court St. #30, Watertown, NY 315-785-8703
- St. Lawrence County Health Initiative, Inc.; 6439 NY-56, Potsdam, NY 315-261-4760
- St. Lawrence County Community Development Program; 1 Commerce Lane, Canton, NY 315-386-1102
- GardenShare; 88 NY-310, Canton, NY 315-261-8054
- Church and Community Program; 30 Court Street, Canton, NY 13617
- Maximizing Independent Living Choices (MILC); 156 Center St., Massena, NY 315-764-9464
- Salvation Army; 401 Franklin St., Ogdensburg NY 315-393-3351
- Food Bank of Central New York; link to food finder

Clothing

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 135 Franklin St., Watertown, NY 315-785-8222
- Catholic Charities; 716 Caroline Street, Ogdensburg, NY 315-393-2660
- Church and Community Program; 30 Court Street, Canton, NY 13617
- Salvation Army; 401 Franklin St., Ogdensburg NY 315-393-3351

Utilities and Emergency Needs (Water, Gas, Electricity, Oil)

- Watertown Urban Mission; 247 Factory St., Watertown NY 315-782-8440
- Massena Independent Living Center; 156 Center St., Massena, NY 315-764-9442
- Church and Community Program; 30 Court Street, Canton, NY 13617
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Salvation Army; 401 Franklin St., Ogdensburg NY 315-393-3351
- Catholic Charities; 716 Caroline Street, Ogdensburg, NY 315-393-2660
- Catholic Charities; 6102 Blue Street, Glenfield, NY 315-921-1123
- Snow Belt Housing Company; 7500 South State Street, Lowville NY 315-376-2639

Child Care

- St. Lawrence County Community Development Program; 1 Commerce Lane, Canton, NY 315-386-1102
- Lewis County Opportunities; 7644 North State Street, Lowville NY 315-376-8202
- Cornell Cooperative Extension of Lewis Co.; 7395 East Road, Lowville NY 315-376-5270
- Cornell Cooperative Extension of St Lawrence County; 2043B NY-68 #4453, Canton, NY 315-379-9192

Finances

- Watertown Urban Mission; 247 Factory St., Watertown, NY 315-782-8440
- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- St. Lawrence County Health Initiative, Inc.; 6439 NY-56, Potsdam, NY 315-261-4760
- Maximizing Independent Living Choices (MILC); 156 Center St., Massena, NY 315-764-9464
- Salvation Army; 401 Franklin St., Ogdensburg NY 315-393-3351
- St. Lawrence County DSS; 6 Judson St, Canton, NY 315-379-2111
- Catholic Charities; 716 Caroline Street, Ogdensburg, NY 315-393-2660

Personal Safety

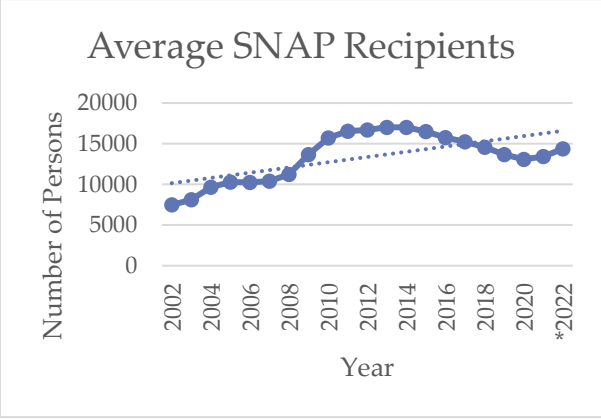
- ACR Health; 120 Washington St., Watertown, NY 315-785-8222
- St. Lawrence Valley Renewal House; 3 Chapel St., Canton NY 315-379-9845

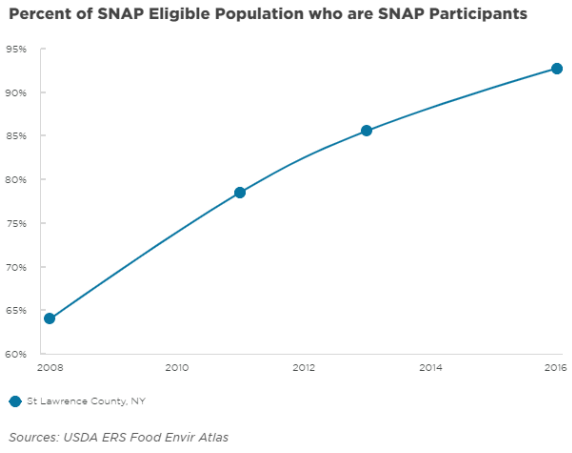
Other (Literacy, Self-Care, Family Services)

- Massena Independent Living Center; 156 Central St., Massena, NY 315-764-9442
- North Country Prenatal Perinatal Council; 200 Washington St., Watertown, NY 315-788-8533
- Seaway Valley Prevention Council; 206 Ford St. #301, Ogdensburg, NY 315-713-4861
- St. Lawrence Addiction Treatment Center; 1 Chimney Point Dr., Ogdensburg, NY 315-393-1180
- St. Lawrence County Public Health; 80 NY-310, Canton, NY 315-386-2325
- Salvation Army; 401 Franklin St., Ogdensburg NY 315-393-3351
- Literacy of Northern New York – Jefferson Co.; 200 Washington St., Suite 303, Watertown, NY 315-782-4270

Food Security – SNAP

According to the U.S. Census Bureau, 16% of households in St. Lawrence County receive SNAP benefits (2016-2020 5-Year estimate). Estimates from the USDA ERS Food Environment Atlas indicate that higher proportions of SNAP eligible persons are participating with the program.





Sources: USDA ERS Food Envir Atlas

Health Indicators

Prevention Agenda Indicators Table

Indicator #	Prevention Agenda (PA) Indicator	Data years	PA 2024 Objective	St. Lawrence Count Rate Percentage	St. Lawrence Rate Ratio Percentage
Improve Health Status and Reduce Health Disparities					
1	Percentage of premature deaths (before age 65 years)	2019	22.8	233	21.6
1.1	Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics	2019	17.3	63.6*	42.5†
1.2	Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics	2019	16.2	0.0*	-21.1†
2	Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	2019	115	1,551	151.8
2.1	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics	2019	94	127.3*	-26.0†
2.2	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics	2019	23.9	28.1*	-125.2†
4	Adults who have a regular health care provider, age-adjusted percentage	2018	86.7		82.2
Prevent Chronic Diseases					
5	Percentage of children with obesity, among children aged 2-4 years participating in the WIC program	2017	13	111	17
6	Percentage of children and adolescents with obesity	2017-2019	16.4		23.9
7	Percentage of adults with obesity	2018	24.2		40.9
7.1	Percentage of adults with an annual household income less than $25,000 with obesity	2018	29		45.6*
8	Percentage of adults with an annual household income less than $25,000 who consume one or more sugary drinks per day	2018	28.5		37.2*
9	Percentage of adults with an annual household income less than $25,000 with perceived food security	2016	61.4		70.4*
10	Percentage of adults who participate in leisure-time physical activity	2018	77.4		73.1

10.1	Percentage of adults with disabilities who participate in leisure-time physical activity	2018	61.8		53.4*
10.2	Percentage of adults who participate in leisure-time physical activity, aged 65+ years	2018	75.9		64.2
11	Prevalence of cigarette smoking among adults	2018	11		18.5
11.1	Percentage of cigarette smoking among adults with income less than $25,000	2018	15.3		37.1*
12	Percentage of adults who receive a colorectal cancer screening based on the most recent guidelines, aged 50-64 years	2018	66.3		76.1
13	Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	71.7		61.2
13.1	Percentage of adults with an annual household income less than $25,000 who had a test for high blood sugar or diabetes within the past three years, aged 45+ years	2018	67.4		s
14	Asthma emergency department visits, rate per 10,000, aged 0-17 years	2019	131.1	123	56
15	Percentage of Medicaid managed care members who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period, aged 5-18 years	2019	59	88	72
16	Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure	2016	80.7		83.4
17	Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition	2018	10.6		14.1*
Promote a Healthy and Safe Environment					
18	Hospitalizations due to falls among adults, rate per 10,000 population, aged 65+ years	2019	173.7	282	145.7
19	Assault-related hospitalizations, rate per 10,000 population	2019	3	10	0.9
19.1	Assault-related hospitalizations, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	5.54	s	s
19.2	Assault-related hospitalizations, ratio of rates between Hispanics and White non-Hispanics	2019	2.5	0.0*	0.00†

19.3	Assault-related hospitalizations, ratio of rates between low-income ZIP Codes and non-low-income ZIP Codes	2019	2.66	1.8	s
20	Firearm assault-related hospitalizations, rate per 10,000 population	2019	0.38	0	0.00*
21	Work-related emergency department (ED) visits, ratio of rates between Black non-Hispanics and White non-Hispanics	2019	1.3	s	s
22	Crash-related pedestrian fatalities, rate per 100,000 population	2019	1.43	1	0.93*
23	Percentage of population living in a certified Climate Smart Community	2021	8.6	14,466	12.9
24	Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute	2015-2019	47.9		22.4
25	Percentage of registered cooling towers in compliance with 10 NYCRR Subpart 4-1	2020	93	507	87
Promote Healthy Women, Infants, and Children					
26	Percentage of women with a preventive medical visit in the past year, aged 18-44 years	2018	80.6		80.0*
27	Percentage of women with a preventive medical visit in the past year, aged 45+ years	2018	85		91.8
28	Percentage of women who report ever talking with a health care provider about ways to prepare for a healthy pregnancy, aged 18-44 years	2016	38.1		s
29	Maternal mortality, rate per 100,000 live births	2017-2019	16	1	32.0*
30	Infant mortality, rate per 1,000 live births	2019	4	9	9.0*
31	Percentage of births that are preterm	2019	8.3	82	8.6
32	Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs of addiction (any diagnosis), crude rate per 1,000 newborn discharges	2019	9.1	37	42.9
33	Percentage of infants who are exclusively breastfed in the hospital among all infants	2019	51.7	506	56.1
33.1	Percentage of infants who are exclusively breastfed in the hospital among Hispanic infants	2019	37.4	29	46
33.2	Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants	2019	38.4	s	s

34	Percentage of infants supplemented with formula in the hospital among breastfed infants	2019	41.9	194	27.7
36	Suicide mortality among youth, rate per 100,000, aged 15-19 years	2017-2019	4.7	2	7.3*
37	Percentage of families participating in the Early Intervention Program who meet the state's standard for the NY Impact on Family Scale	July 2019-June 2020	73.9	123	97.6
38	Percentage of residents served by community water systems that have optimally fluoridated water	2019	77.5	43,770	66.9
Promote Well-Being and Prevent Mental and Substance Use Disorders					
40	Frequent mental distress during the past month among adults, age-adjusted percentage	2018	10.7		16.6
43	Binge drinking during the past month among adults, age-adjusted percentage	2018	16.4		20.2
44	Overdose deaths involving any opioids, age-adjusted rate per 100,000 population	2019	14.3	1	0.6*
45	Patients who received at least one buprenorphine prescription for opioid use disorder, age-adjusted rate per 100,000 population	2020	415.6	1,353	1516.8
46	Opioid analgesic prescription, age-adjusted rate per 1,000 population	2020	350	56,847	455.9
47	Emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population	2019	53.3	23	23.7
48	Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)	2016	33.8		34.8*
50	Suicide mortality, age-adjusted rate per 100,000 population	2017-2019	7	35	10
Prevent Communicable Diseases					
51	Percentage of 24-35-month old children with the 4:3:1:3:3:1:4 immunization series	2020	70.5	768	69.9
52	Percentage of 13-year-old adolescents with a complete HPV vaccine series	2020	37.4	341	26.9
53	Newly diagnosed HIV cases, rate per 100,000 population	2017-2019	5.2	9	2.2*
54	Gonorrhea diagnoses, age-adjusted rate per 100,000 population	2019	242.6	24	23.8
55	Chlamydia diagnoses, age-adjusted rate per 100,000 population	2019	676.9	307	261.9

56	Early syphilis diagnoses, age-adjusted rate per 100,000 population	2019	79.6	6	7.0*

Notes:
s: Data do not meet reporting criteria.
*** Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.**
† Fewer than 10 events in the numerators of the rates/percentages, therefore the ratio is unstable.

According to the NYS Prevention Agenda, St. Lawrence County's greatest strengths lie in the categories of Promoting a Safe and Healthy Environment, as well as Preventing Communicable Diseases. The majority of indicators in these categories have met the Prevention Agenda 2024 objective. There is more room for improvement in the areas of Promoting Healthy Women, Infants, and Children, and especially in Preventing Chronic Disease, and Preventing Mental and Substance Use Disorders.

St. Lawrence County falls in the highest quartile in the state for obesity among children and adolescents and among adults. The county has the highest rate of child and adolescent obesity among NYS counties outside of NYC. The county also falls into the higher half of NYS counties for cigarette smoking rates among adults. Rates of physical activity also lag behind half of the counties in the state.

St. Lawrence County has one of the highest infant mortality rates in the state and the second highest rate for newborns with neonatal withdrawal symptoms. The county has one of the top ten highest rates among counties in the state for frequent mental distress among adults and falls in the higher half of counties for the rate of binge drinking among adults.

While St. Lawrence County has many Preventing Mental and Substance Use Disorders indicators that fall in the worst quartile of NYS counites, several indicators have shown improvement. Included in these indicators are opioid analgesic prescription rate, opportunity index score (consisting of up to 20 indicators across four dimensions: economy, education, health, and community), and community score (compiled from seven data sources: volunteering, voter registration, youth disconnection, violent crime, access to primary health care, access to healthy food and incarceration).

Community Health Survey of Adult Residents

Introduction

The following summary describes the findings from the 2022 Community Health Survey of Adult Residents in St. Lawrence County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. The survey consists of three key sections, namely, the participant's experiences with healthcare, the participant's personal health, and the participant's lifestyle, followed by a series of standard demographic indicators. Participants must be at least 18 years of age and live within Jefferson, Lewis, or St. Lawrence counties. Responses are weighted towards population demographic parameters within each of the three counties, as well as regionally combined. The average approximate margins of error associated with estimates are ±2.3% for the three-county region, ±3.3% for Jefferson County, ±4.6% for Lewis County, and ±4.4% St. Lawrence County. This report contains regional and county level findings from the 2022 Community Health Survey, with demographic disparity summary for St. Lawrence County. For more information on the study methodology and detailed analysis of findings, including trends, please refer to the full report.

Contents

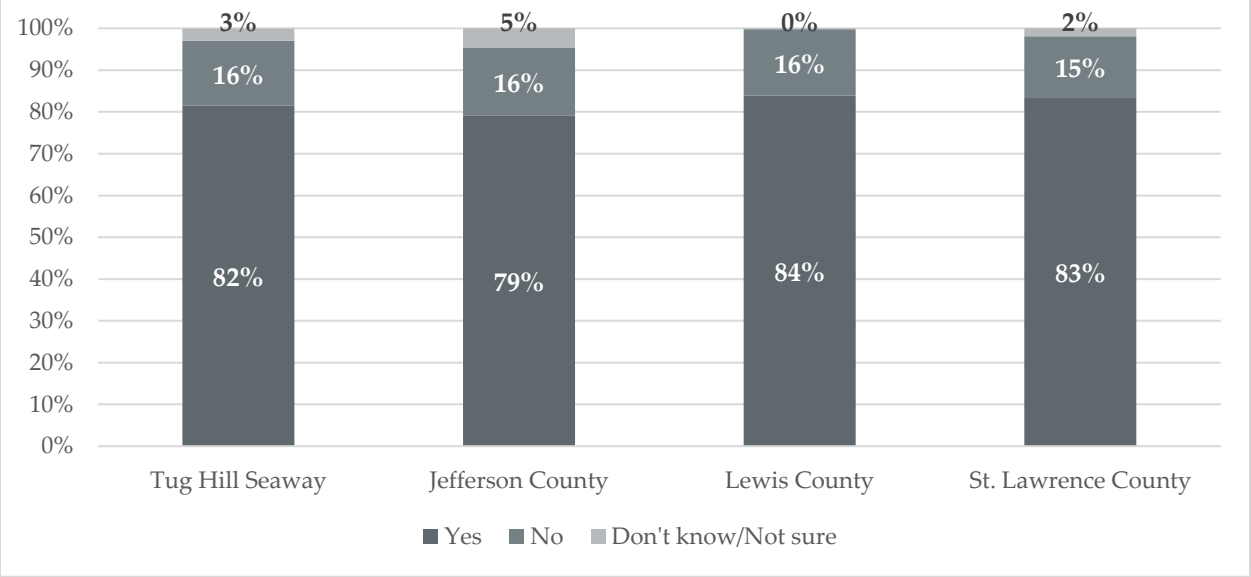
Table: Demographic Subgroup Sample Sizes and Approximate Margin of Error

County-specific Demographic Subgroups	Jefferson		Lewis		St. Lawrence	
	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error	Raw Sample Sizes (unweighted)	Approximate *Average* Margin of Error
Genders:						
Male	312	±5.8%	168	±7.9%	191	±7.4%
Female	589	±4.2%	308	±5.8%	322	±5.7%
Age Groups:						
18-34	137	±8.7%	50	±14.4%	40	±16.1%
35-54	269	±6.2%	138	±8.7%	129	±9.0%
55-74	400	±5.1%	230	±6.7%	262	±6.3%
75+	76	±11.7%	55	±13.8%	76	±11.7%
Education Levels:						
No College	195	±7.3%	149	±8.4%	133	±8.9%
Some College	371	±5.3%	177	±7.7%	204	±7.1%
4+ Year Degree	340	±5.5%	150	±8.3%	176	±7.7%
Military Affiliation:						
Active Military in HH	102	±10.1%	5	NA	6	NA
Veteran in HH	222	±6.9%	102	±10.1%	107	±9.9%
No Active Military or Vet.	552	±4.3%	355	±5.4%	385	±5.2%
Children in the Home:						
Yes, at least one.	241	±6.6%	113	±9.6%	97	±10.4%
None.	659	±4.0%	361	±5.4%	413	±5.0%
Health Insurance:						
Uninsured	21	NA	17	NA	16	NA
Have health insurance	933	±3.3%	470	±4.7%	519	±4.5%
Medicaid insured	108	±9.8%	55	±13.8%	66	±12.6%
Medicare insured	300	±5.9%	171	±7.8%	204	±7.1%
Employer insured	430	±4.9%	238	±6.6%	267	±6.2%
Race/Ethnicity:						
White	822	±3.6%	459	±4.8%	498	±4.6%
BIPOC*	80	±11.4%	17	NA	14	NA
Member of LGBTQIA+ Community:						

Black, Indigenous, and people of color

Yes	35	NA	6	NA	16	NA
No	848	±3.5%	460	±4.8%	483	±4.6%
Disability Status:						
Persons with disabilities	132	±8.9%	69	±12.3%	103	±10.1%
Persons without disabilities	756	±3.7%	398	±5.1%	402	±5.1%
Provide Assistance to Others:						
Yes, assist those with needs	250	±6.5%	154	±8.2%	153	±8.3%
No, do not	671	±3.9%	324	±5.7%	357	±5.4%

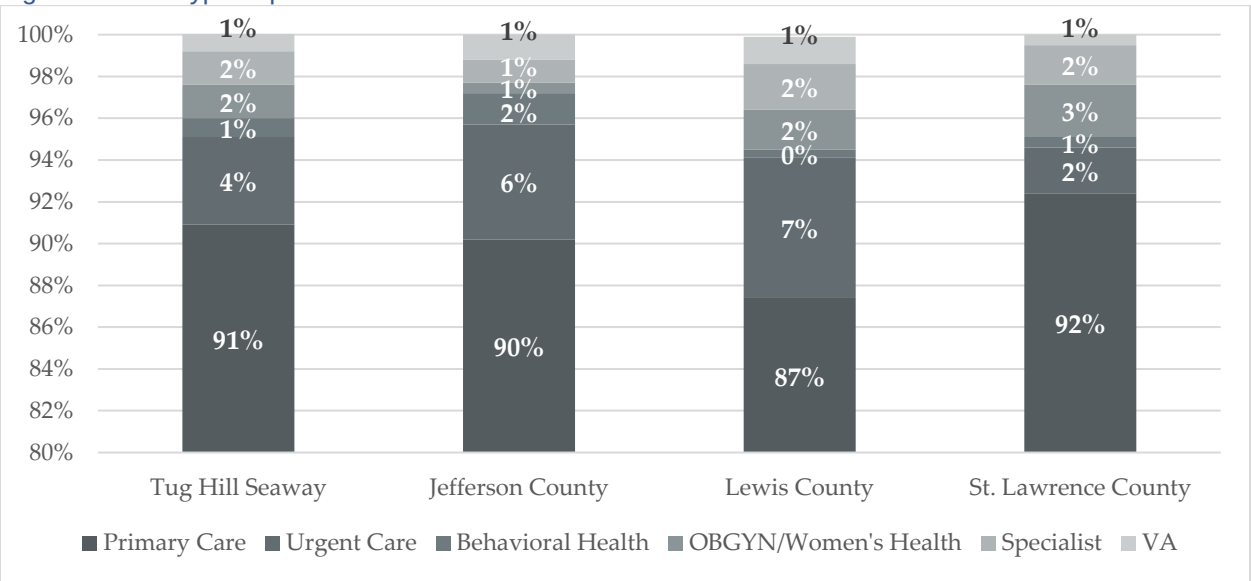
Figure 1: Do you have one person or medical office that you think of as your personal doctor or health care provider?



A large majority of St. Lawrence County residents in 2022 have one person or medical office that they think of as their personal doctor or health care provider (83% in the county).

Demographic groups less likely to say they have a healthcare provider include males, those under the age of 35, households with either a Veteran or no military affiliation (especially Veterans), uninsured, and non-Medicare beneficiaries.

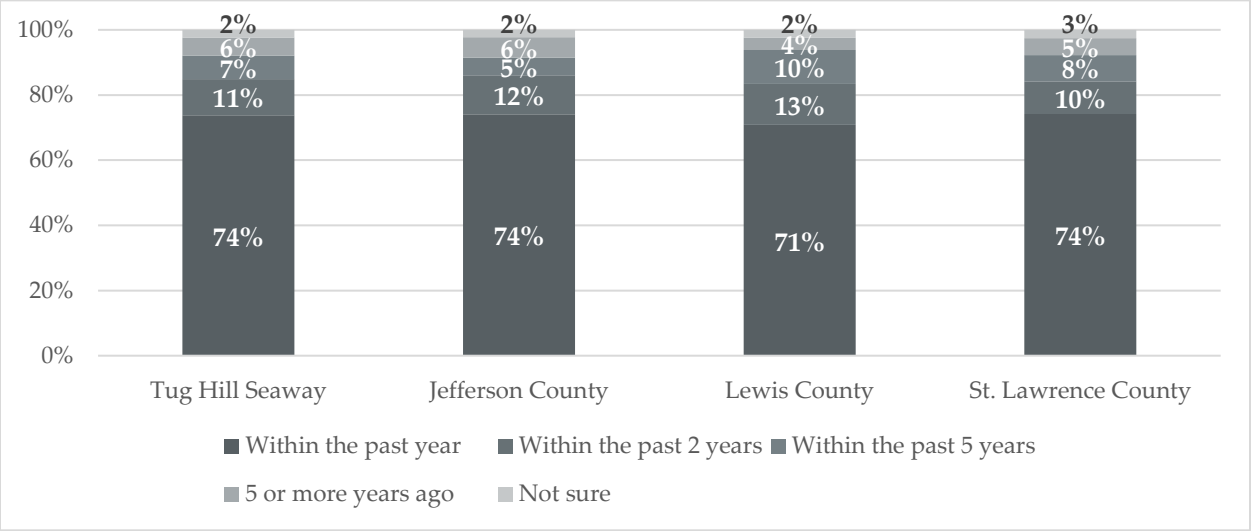
Figure 2: What type of provider is this doctor or medical office?



Among those in St. Lawrence County who do have person or medical office that they think of as their personal doctor or health care provider, a large majority (92%) in 2022 use or consider a primary care provider as their “personal doctor”, while 2% consider urgent care as their “personal doctor”.

Demographic groups less likely to say they have primary care as their main healthcare provider include those identifying as LGBTQIA+, non-caregivers, and the uninsured.

Figure 3: How long has it been since you last had a primary care visit?

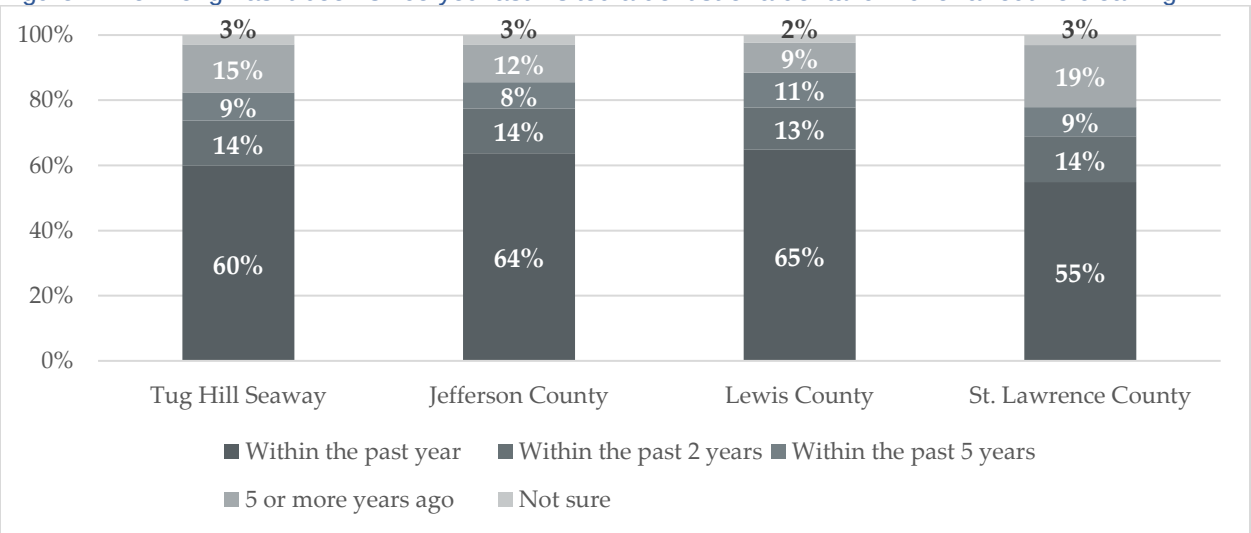


A large majority of St. Lawrence County residents in 2022 have had a primary care visit "within the past year" (74% in St. Lawrence County), while approximately five-in-six local residents have had a primary care visit "within the past two years" (84% in the county).

Demographic groups less likely to have seen their primary healthcare provider in the last two years include males, those under the age of 55, those with some college education, racial minorities* (BIPOC), those identifying as LGBTQIA+, uninsured, and non-Medicare beneficiaries.

**This language was used during data collection, but we now recognize it should be adjusted to BIPOC (Black, Indigenous, people of color) for future data collection, reporting, and continued use. For the remainder of this document, BIPOC will replace the term "racial minorities".*

Figure 4: How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?

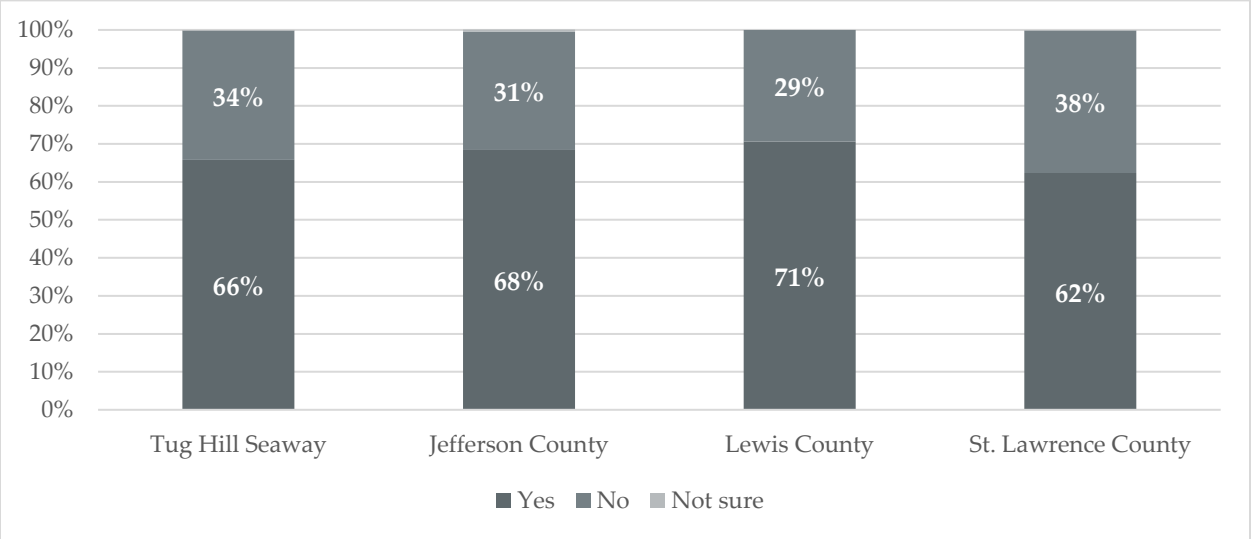


A slight majority of St. Lawrence County residents in 2022 have visited a dentist or a dental clinic for a routine cleaning "within the past year" (55% in the county), while approximately five-in-seven local

residents visited a dentist or a dental clinic for a routine cleaning “within the past two years” (69% in the county). Alarmingly, approximately one-fifth of residents report that it has been “more than five years” since they have visited a dentist for a routine cleaning (19% in the county).

Demographic groups less likely to have seen a dentist in the last two years include those with less than a 4+ year degree (especially those with no college education), persons with a disability, households with under $25,000 annual income, uninsured, and Medicaid beneficiaries.

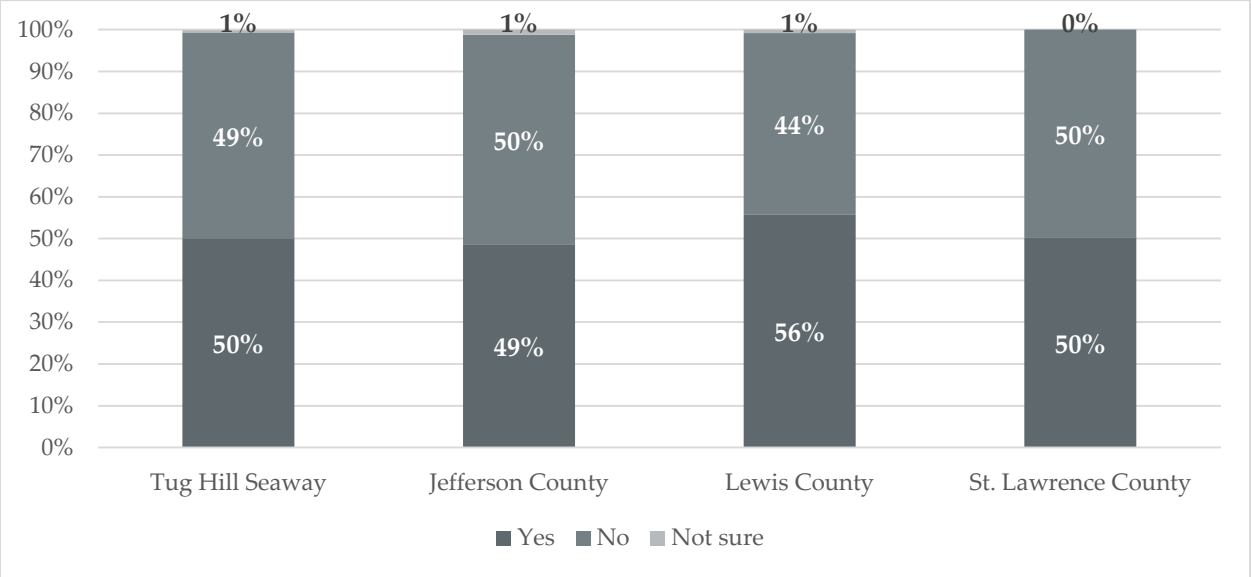
Figure 5: Have you had a colonoscopy within the past 10 years? (among all participants age 45-75)



Among adults aged 45-75, approximately three-fifths in the county in 2022 report to have had a colonoscopy or other colorectal cancer screening in the past 10 years (62% in the county).

Demographic groups within the ages of 45-75 that are less likely to have had a colorectal cancer screening in the last ten years include those under the age of 55, BIPOC, non-caregivers, and the uninsured.

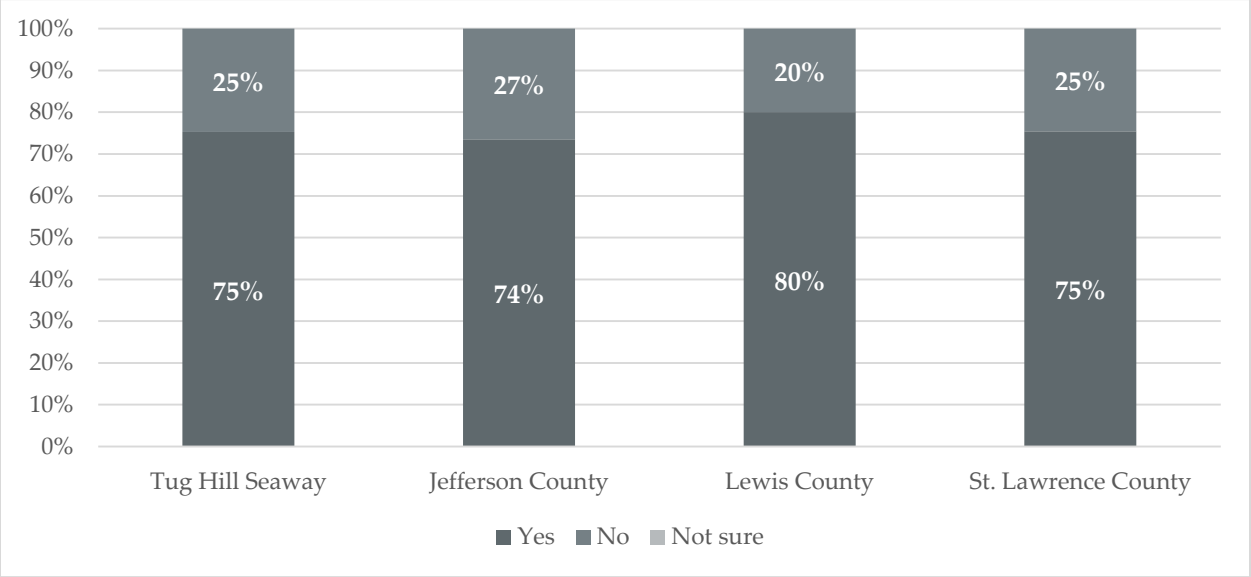
Figure 6: Have you had a mammogram within the past 2 years? (among all female participants)



Among female adults age 18 or older, approximately one-half in the county in 2022 report to have had a mammogram in the past 2 years (50% in the county).

Demographic groups among female respondents that are less likely to have had a mammogram in the last two years include those between the ages of 35-54, BIPOC, children at home, those identifying as LGBTQIA+, non-caregivers, uninsured, and non-Medicare beneficiaries.

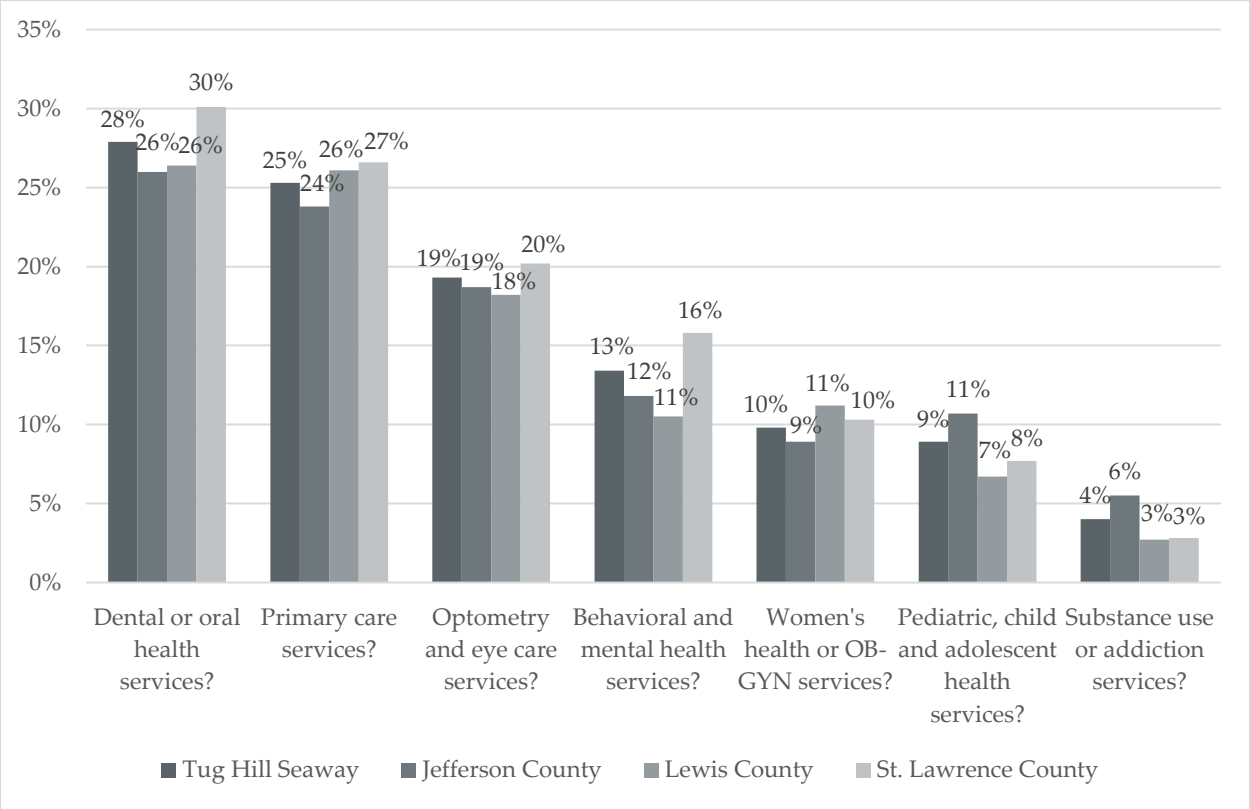
Figure 7: Have you had a mammogram within the past 2 years? (among all female participants age 50-75)



Among female adults age 50-75, a large majority in the county in 2022 report to have had a mammogram in the past 2 years (75% in the county).

Demographic groups among female respondents age 50-75 that are less likely to have had a mammogram in the last two years include the uninsured.

Figure 8: In the past year have you experienced challenges or difficulties in receiving...



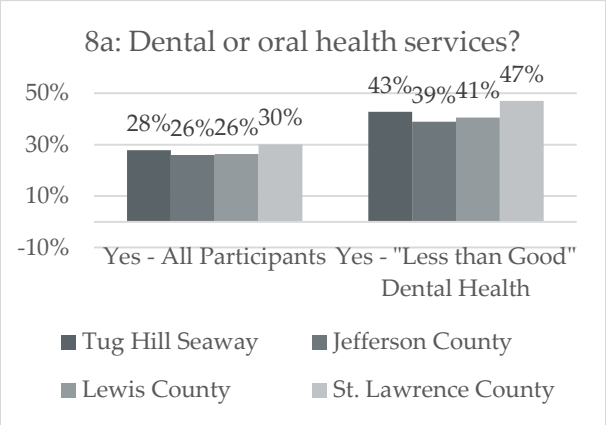
Challenges with:

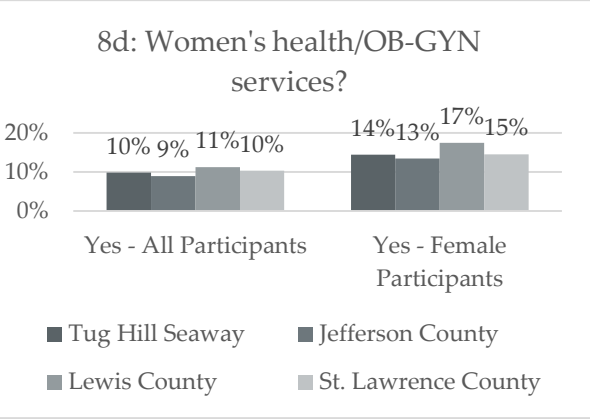
- Dental or oral health services:
  More than one-fourth of residents in St. Lawrence County have experienced challenges or difficulties in receiving dental or oral health services locally in the past 12 months (30% in the county).
  Demographic groups more likely to have experienced difficulty include those between the ages of 35-54, households with a Veteran, persons with a disability, households with under $75,000 annual income, Medicaid beneficiaries, non-Medicare beneficiaries, and VA beneficiaries.
- Primary care services:
  Approximately one-fourth of residents in St. Lawrence County have experienced challenges or difficulties in receiving primary care services locally in the past 12 months (27% in the county).
  Demographic groups more likely to have experienced difficulty include persons with a disability, non-Medicare beneficiaries, and VA beneficiaries.
- Optometry and eye care services:
  Approximately one-in-five residents in St. Lawrence County have experienced challenges or difficulties in receiving optometry and eye care services locally in the past 12 months (20% in the county).
  Demographic groups more likely to have experienced difficulty include those between the ages of 35-54, persons with a disability, uninsured, and Medicaid beneficiaries.
- Behavioral and mental health services:
  Approximately one-in-six residents in St. Lawrence County have experienced challenges or difficulties in receiving behavioral and mental health locally in the past 12 months (16% in the county).

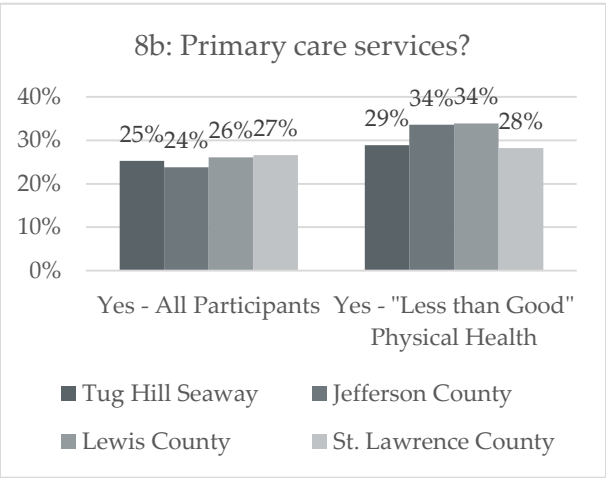
Demographic groups more likely to have experienced difficulty include those under the age of 55, BIPOC, those with children in the household, caregivers, households with an annual income between $50,000-$75,000, persons with a disability, Medicaid beneficiaries, non-Medicare beneficiaries, and VA beneficiaries.

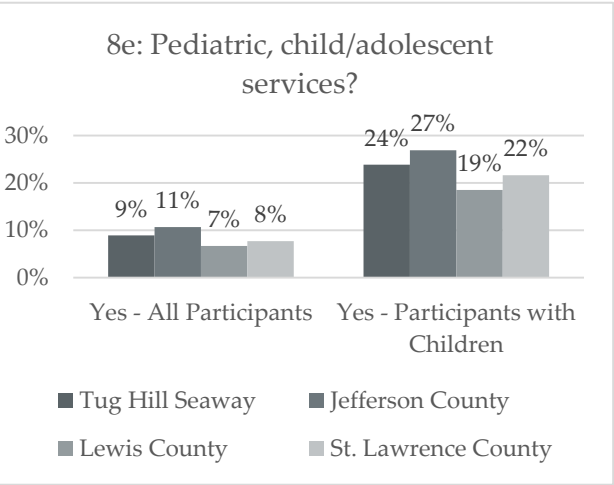
- Women's health or OB-GYN services:
  One-tenth of residents in St. Lawrence County have experienced challenges or difficulties in receiving women's health or OB-GYN services locally in the past 12 months (10% in the county).
  Demographic groups more likely to have experienced difficulty include females, and the uninsured.
- Pediatric, child and adolescent health services:
  Almost one-tenth of residents in St. Lawrence County have experienced challenges or difficulties in receiving pediatric, child, and adolescent health locally in the past 12 months (8% in the county).
  Demographic groups more likely to have experienced difficulty include those under the age of 55, those without college education and those with a 4+ year degree, BIPOC, those with children in the household, non-Medicare beneficiaries, and VA beneficiaries.
- Substance use and addiction services:
  Approximately one-in-thirty residents in St. Lawrence County have experienced challenges or difficulties in receiving substance abuse or addiction services locally in the past 12 months (3% in the county).
  Demographic groups more likely to have experienced difficulty include those between the ages of 35- 54, BIPOC, and those with children in the household.

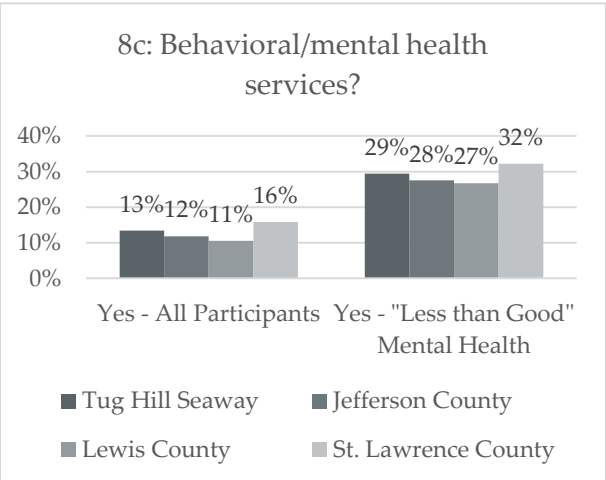
Figures 8a-8f: Challenges among those that may have increased need of specific services.











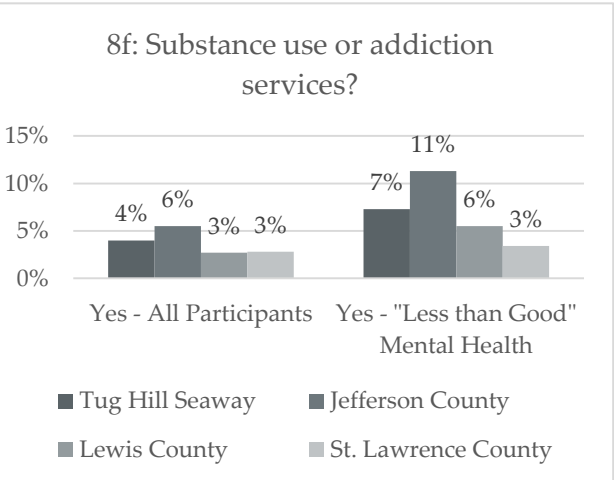
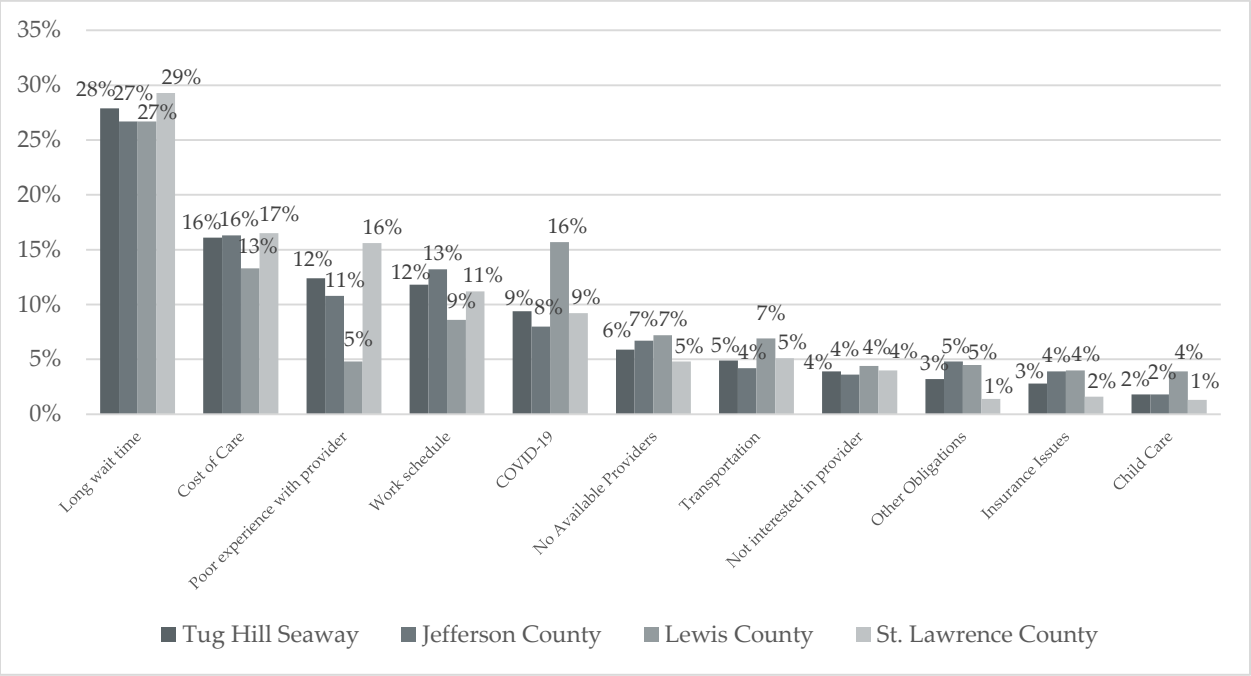


Figure 9: If yes, what was the one largest challenge you experienced in receiving health care services locally?

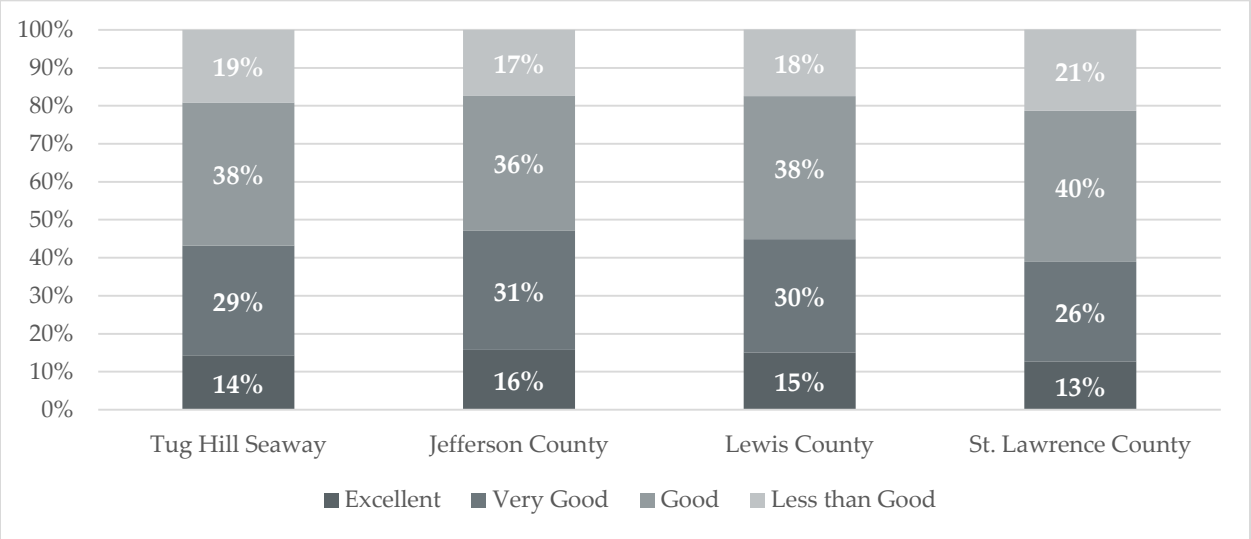


Participants who reported experiencing challenges or difficulties in receiving at least one type of health care locally in the past 12 months were further asked what is the largest challenge to receiving this health care locally. The five most common responses are: “long wait time” (29%), “cost of care” (17%), “prior provider poor experience” (16%), work schedule (11%), and “COVID-19” (9%).

Demographic subgroups most likely to cite each challenge are as follows:

- Cost of Care: those with some college education, those without children in the household, households with under $50,000 annual income, and the uninsured.
- Transportation: those over the age of 75, those without children in the household, persons with a disability, and Medicare beneficiaries.
- Work schedule: households affiliated with active military or a Veteran, households with an annual income between $50,000-$75,000, and Tricare beneficiaries.
- Child Care: no significant demographic differences.
- Other Obligations: Medicare beneficiaries.
- Not interested in provider: males, racial minorities, households with an annual income between $25,000-$50,000, and the uninsured.
- Poor experience with provider: racial minorities, households with no military affiliation, households with an annual income either under $25,000 or over $75,000, persons with a disability, and Medicaid beneficiaries.
- Long wait time: those between the ages of 35-54, those with a 4+ year degree, children in household, households with over $50,000 annual income, and non-Medicare beneficiaries.
- COVID-19: those without children in the household.
- No Available Providers: households with over $75,000 annual income, and caregivers.
- Insurance Issues: no significant demographic differences.

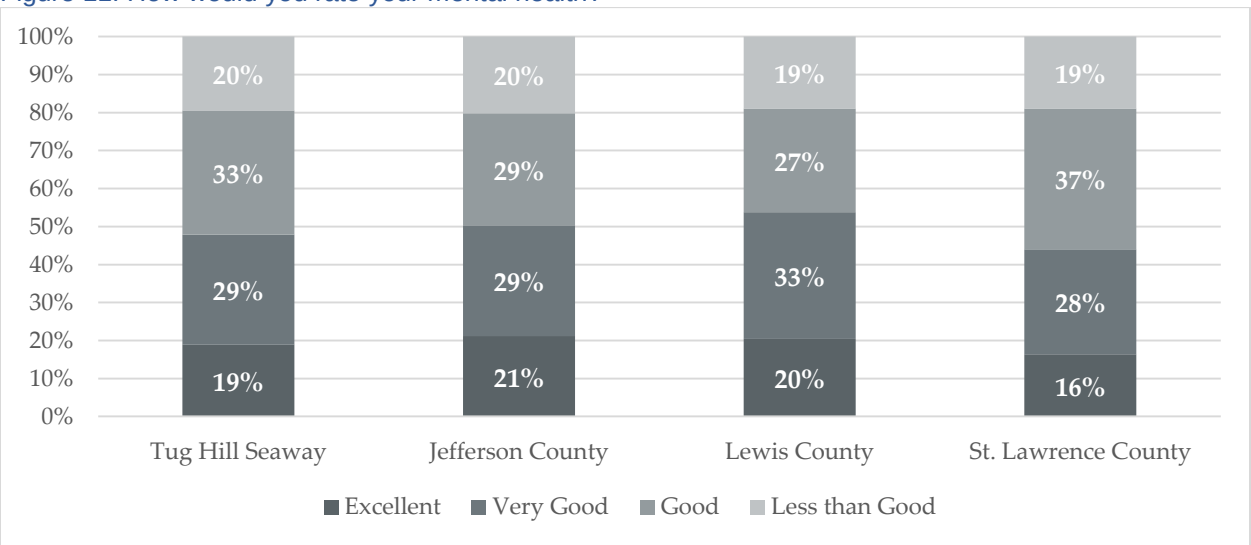
Figure 10: How would you rate your physical health?



St. Lawrence County residents in 2022 continue to be somewhat optimistic about their personal physical health with almost one-half rating their physical health as "Excellent or Very Good" (39% in the county). Only 3% of adults in the county in 2022 rate their physical health as "Poor".

Demographic subgroups more likely to report health as "Less than Good" include those over the age of 35, those without college education, white persons, those without children in the household, persons with a disability, households with under $25,000 annual income, Medicaid beneficiaries, and Medicare beneficiaries.

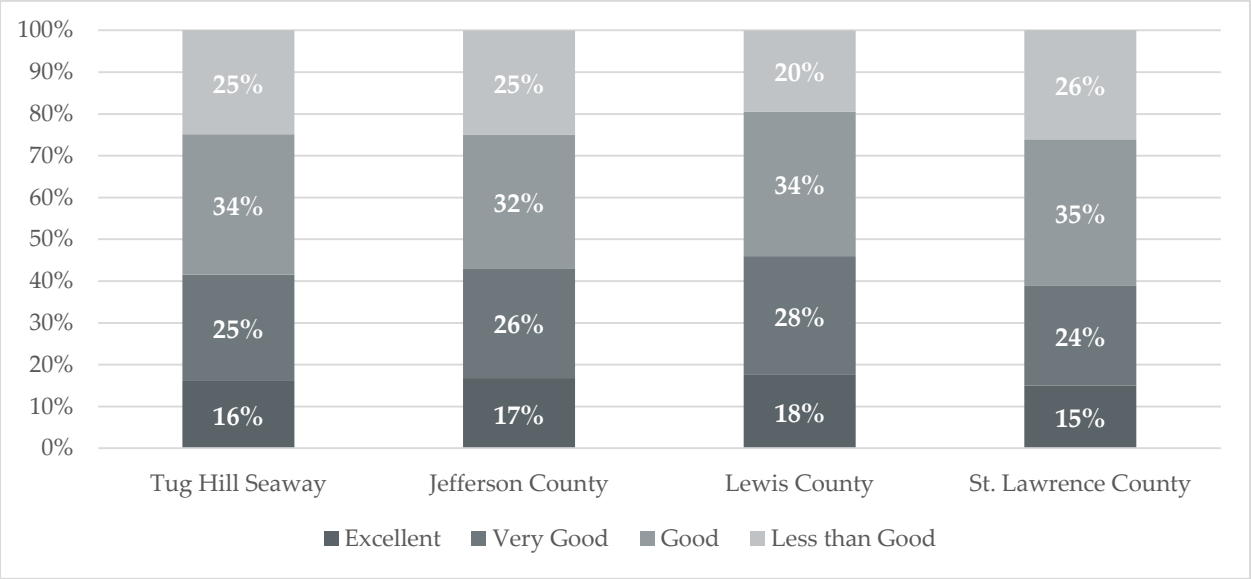
Figure 11: How would you rate your mental health?



St. Lawrence County residents continue to be somewhat optimistic in 2022 about their personal mental health with almost one-half rating their mental health as "Excellent or Very Good" (44% in the county).

Demographic subgroups more likely to report health as “Less than Good” include males, those under the age of 35, households affiliated with active military, those with children in the household, persons with a disability, households with an annual income between $25,000-$50,000, non-Medicare beneficiaries, Tricare beneficiaries, and VA beneficiaries.

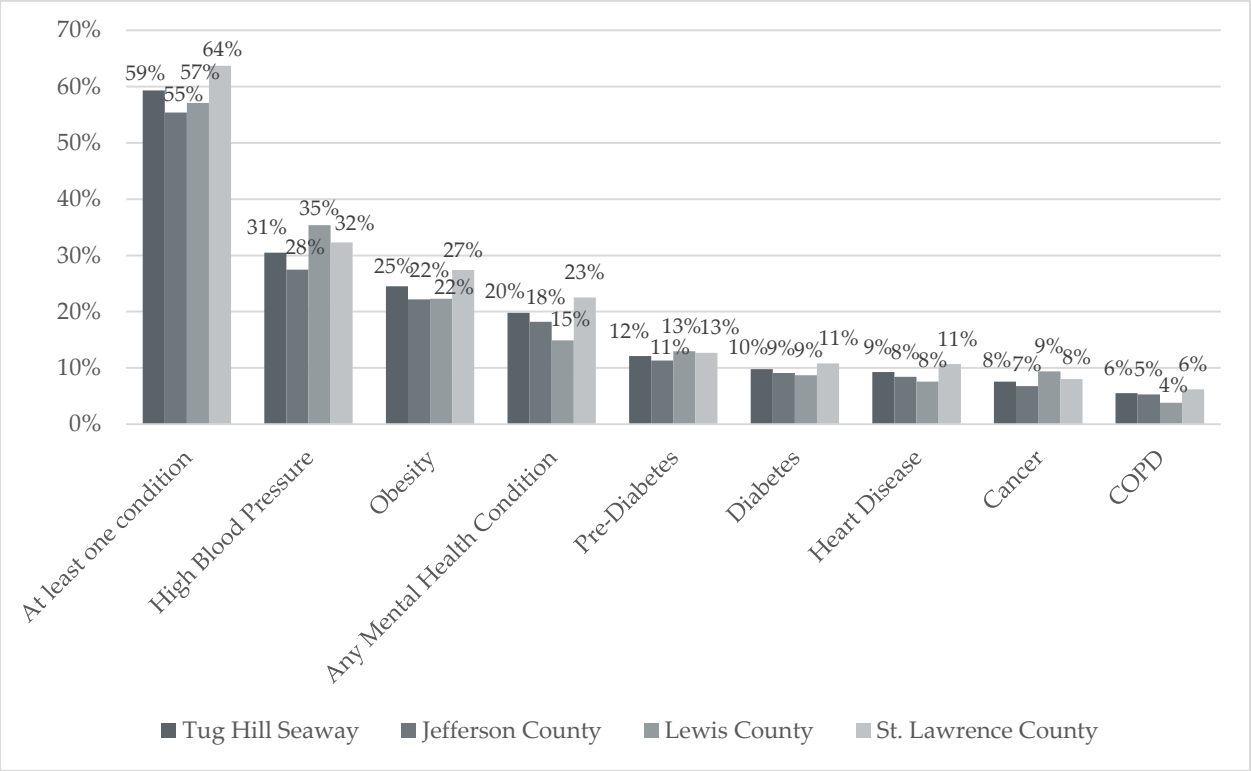
Figure 12: How would you rate your dental health?



St. Lawrence County residents are somewhat optimistic in 2022 about their personal dental health with 39% rating their dental health as “Excellent or Very Good”.

Demographic subgroups more likely to report health as “Less than Good” include those over the age of 35, those with less than a 4+ year degree, white persons, persons with a disability, households with under $25,000 annual income, uninsured, Medicaid beneficiaries, and Medicare beneficiaries.

Figure 13: Have you ever been diagnosed with any of the eight studied chronic health conditions or illnesses?

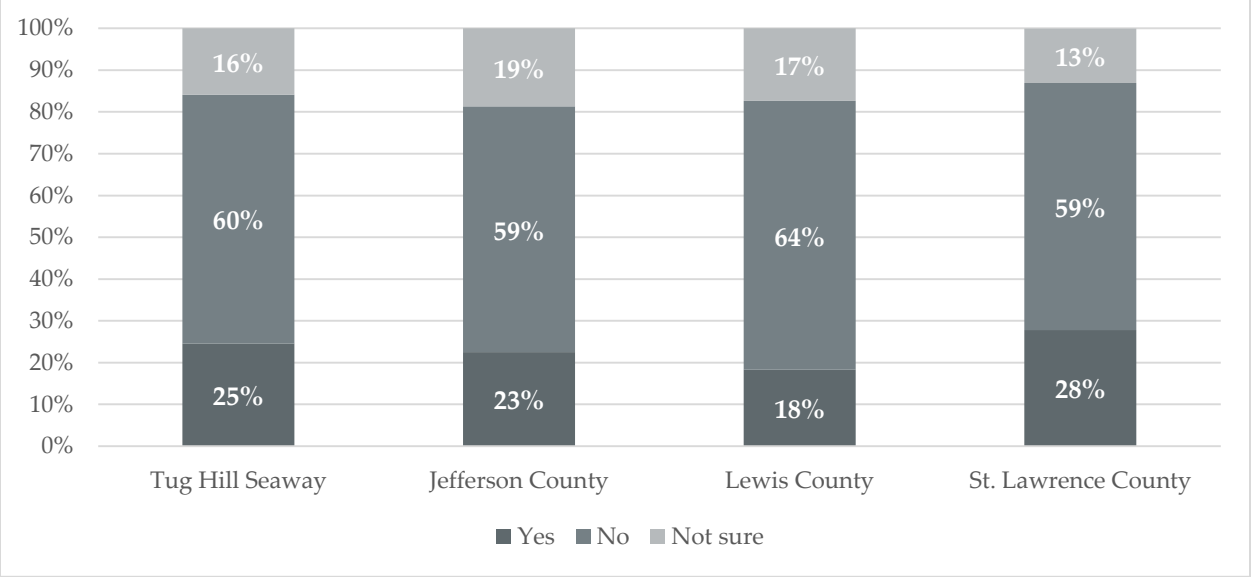


Summaries for each of the studied chronic conditions are as follows:

- At least one condition: Currently approximately two-thirds of St. Lawrence County residents (64%) in 2022 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited above).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, households with a Veteran, those without children in the household, persons with a disability, caregivers, insured, Medicare beneficiaries, Tricare beneficiaries, and VA beneficiaries.
- High Blood Pressure: Almost one-third of residents in the county have been diagnosed with high blood pressure (32% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, those without college education, white persons, households with a Veteran, those without children in the household, persons with a disability, caregivers, insured, Medicare beneficiaries, and Tricare beneficiaries
- Obesity: Over one-quarter of residents in St. Lawrence County have been diagnosed with obesity (27% in the county).
  Demographic subgroups more likely to report diagnosis include females, those between the ages of 35-74, those without children in the household, persons with a disability, caregivers, insured, and Medicaid beneficiaries.
- Any Mental Health Condition: Almost one-in-four residents in the county have been diagnosed with any mental health condition (23% in the county).
  Demographic subgroups more likely to report diagnosis include those under the age of 55, those identifying as LGBTQIA+, persons with a disability, caregivers, Medicaid beneficiaries, non-Medicare beneficiaries, and VA beneficiaries.

- Pre-Diabetes: Approximately one-in-eight residents in St. Lawrence County have been diagnosed with pre-diabetes (13% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, households with a Veteran, those without children in the household, persons with a disability, households with under $25,000 annual income, insured, Medicaid beneficiaries, Medicare beneficiaries, and VA beneficiaries.
- Diabetes: Approximately one-ninth of residents in the county have been diagnosed with diabetes (11% in the county).
  Demographic subgroups more likely to report diagnosis include those between the ages of 55-74, those without children in the household, persons with a disability, and Medicare beneficiaries.
- Heart Disease: Approximately one-in-nine residents in St. Lawrence County have been diagnosed with heart disease (11% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 75, those without college education, households with a Veteran, those without children in the household, and Medicare beneficiaries.
- Cancer: Approximately one-in-twelve residents in the county have been diagnosed with cancer (8% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 55, households with a Veteran, those without children in the household, persons with a disability, and Medicare beneficiaries.
- COPD: A small portion of residents in St. Lawrence County have been diagnosed with COPD (6% in the county).
  Demographic subgroups more likely to report diagnosis include those over the age of 75, households with a Veteran, those without children in the household, persons with a disability, and Medicare beneficiaries.

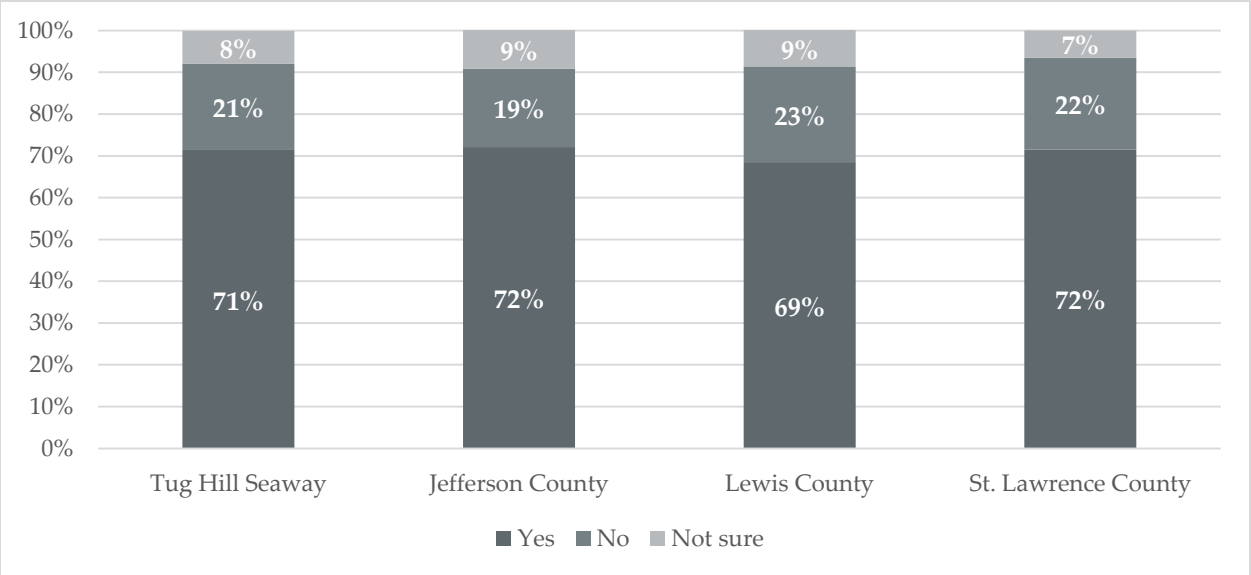
Figure 14: If at least one condition, are you willing to take a class to teach you how to manage or prevent problems related to the illness(es)?



Participants who reported having been diagnosed with at least one of eight chronic health conditions that were investigated in this study were further asked: "would you be willing to take a course or class to teach them how to manage or prevent problems"? Only approximately one-in-four of these participants (28%) report that they are interested in this type of coursework or class.

Demographic subgroups more willing to take a class include those under the age of 35, those with children in the household, Medicaid beneficiaries, and non-Medicare beneficiaries.

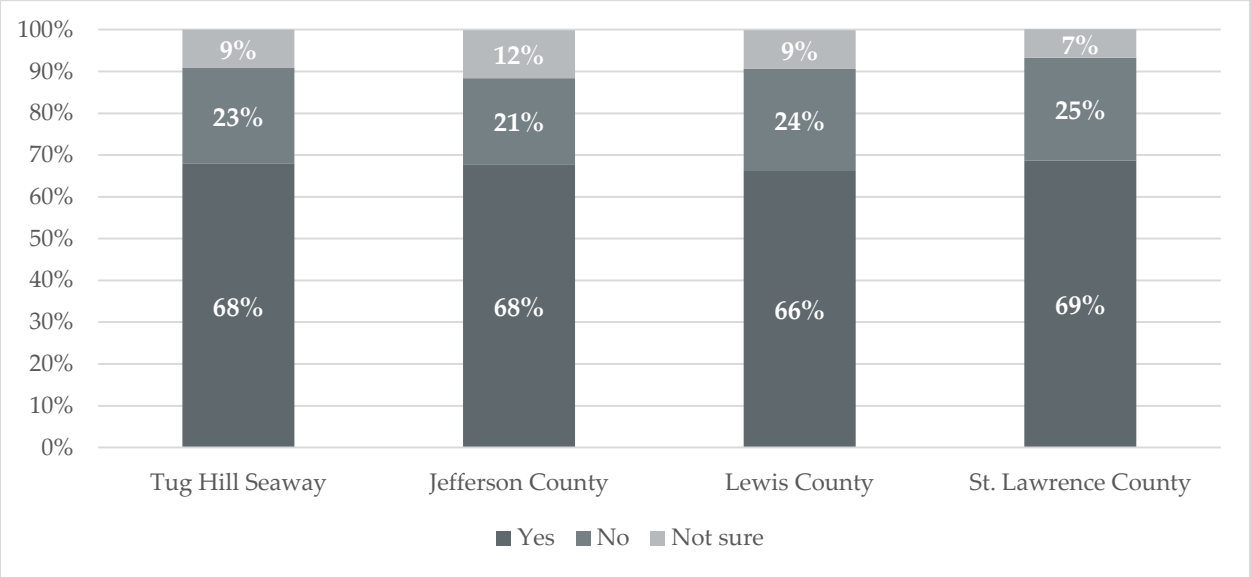
Figure 15: If you were to need them, do you know where you can find mental health services?



A large majority of St. Lawrence County residents report that they are aware of where to access mental health services if needed (72% in the county).

Demographic subgroups less likely to say they know where to find resources include males.

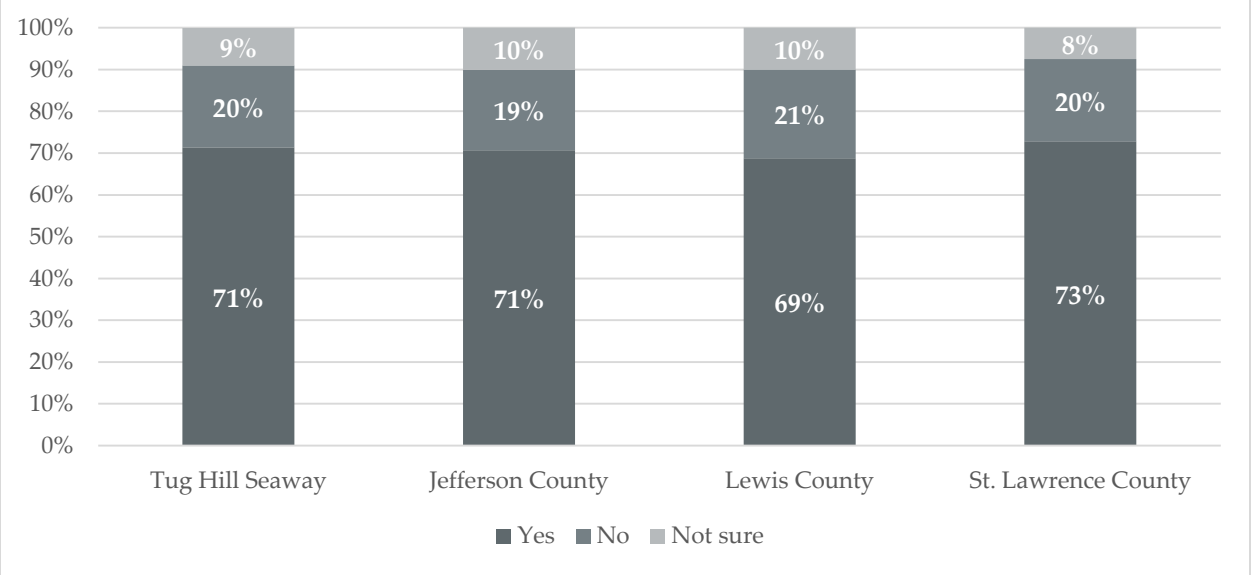
Figure 16: If you were to need them, do you know where you can find substance use services?



A large majority of St. Lawrence County residents report that they are aware of where to access substance services if needed (69% in the county).

Demographic subgroups less likely to say they know where to find resources include males, those between the ages of 35-54, insured, and non-VA beneficiaries.

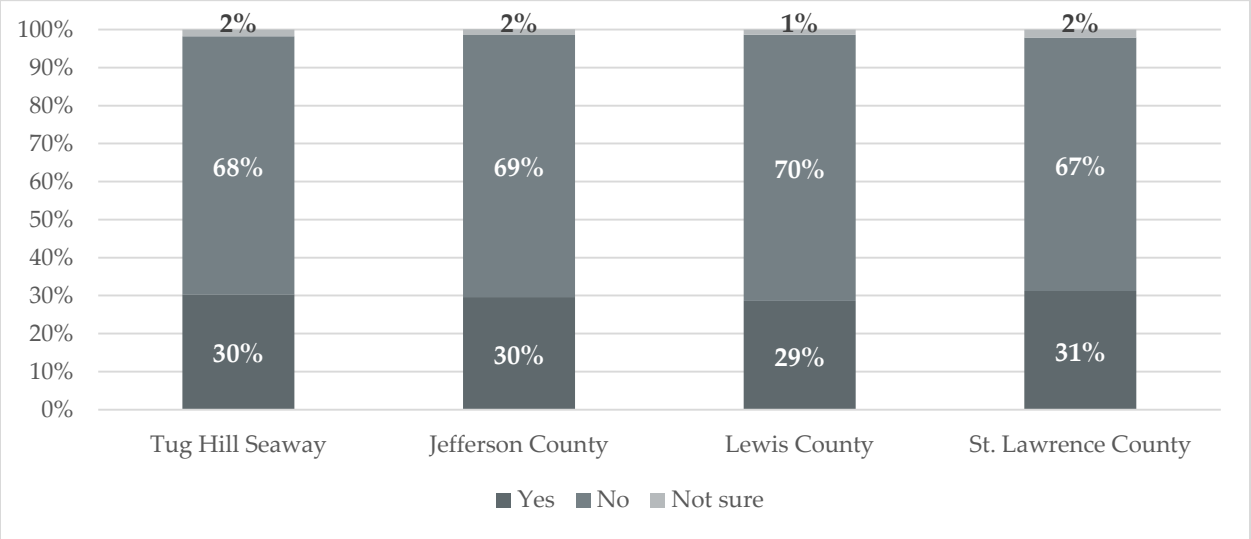
Figure 17: If you were to need them, do you know where you can find suicide prevention services?



A large majority of St. Lawrence County residents continue to report that they are aware of where to access suicide prevention services if needed (73% in the county).

Demographic subgroups less likely to say they know where to find resources include those over the age of 75.

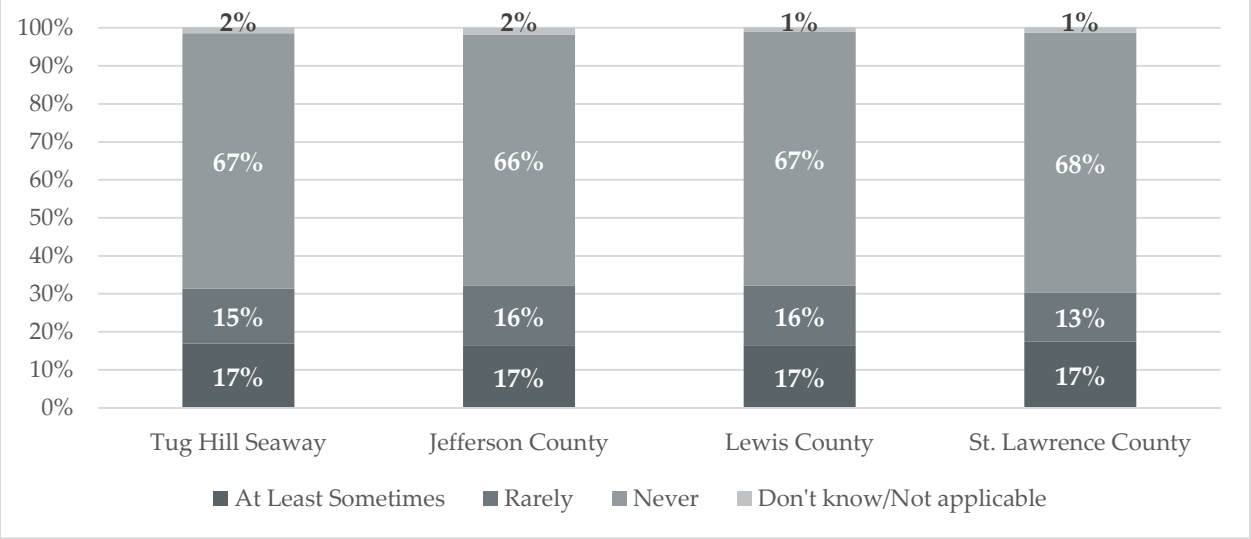
Figure 18: Within the past year, has chronic pain limited your ability to follow your usual routines?



Approximately three-in-ten St. Lawrence County residents report that within the past year chronic pain has limited their ability to follow their usual routines (31% in the county).

Demographic subgroups more likely to say they have been limited by chronic pain include females, those over the age of 35, those without college education, racial minorities, households with a Veteran, those without children in the household, those not identifying as LGBTQIA+, persons with a disability, caregivers, households with under $25,000 annual income, and Medicare beneficiaries.

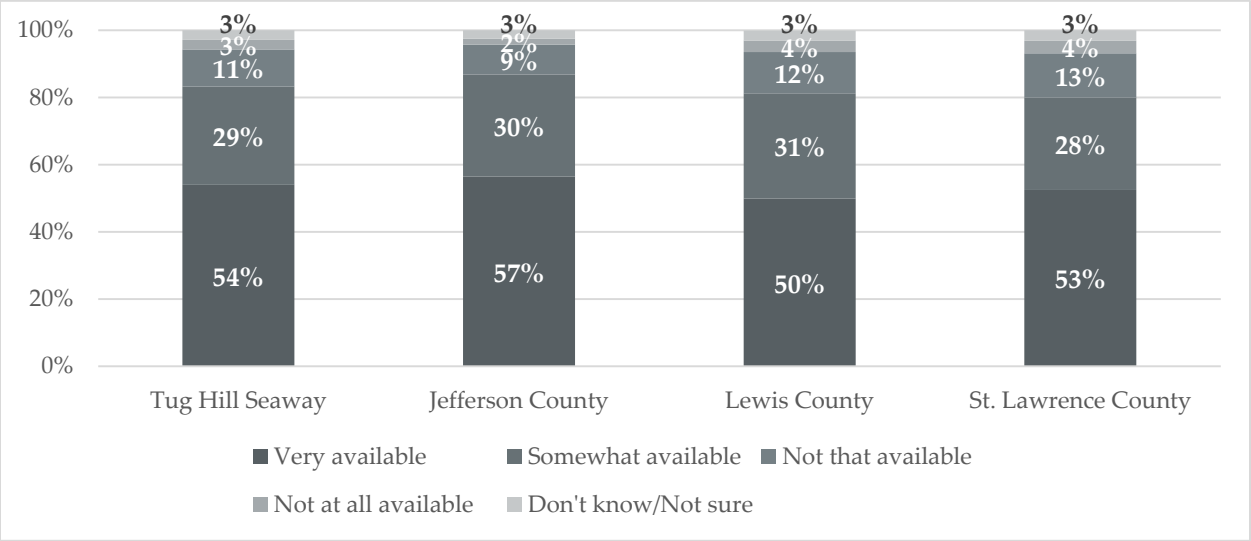
Figure 19: When you need to go somewhere that you can only reach by automobile, how often do you have difficulty arranging transportation?



A large majority of St. Lawrence County residents report that when they need to go somewhere that can only be reached by automobile, they “never” have difficulty arranging transportation (68% in the county).

Demographic subgroups less likely to say that they never have difficulty arranging transportation include males, those under the age of 35, racial minorities, persons with a disability, non-caregivers, households with under $50,000 annual income, and Medicaid beneficiaries.

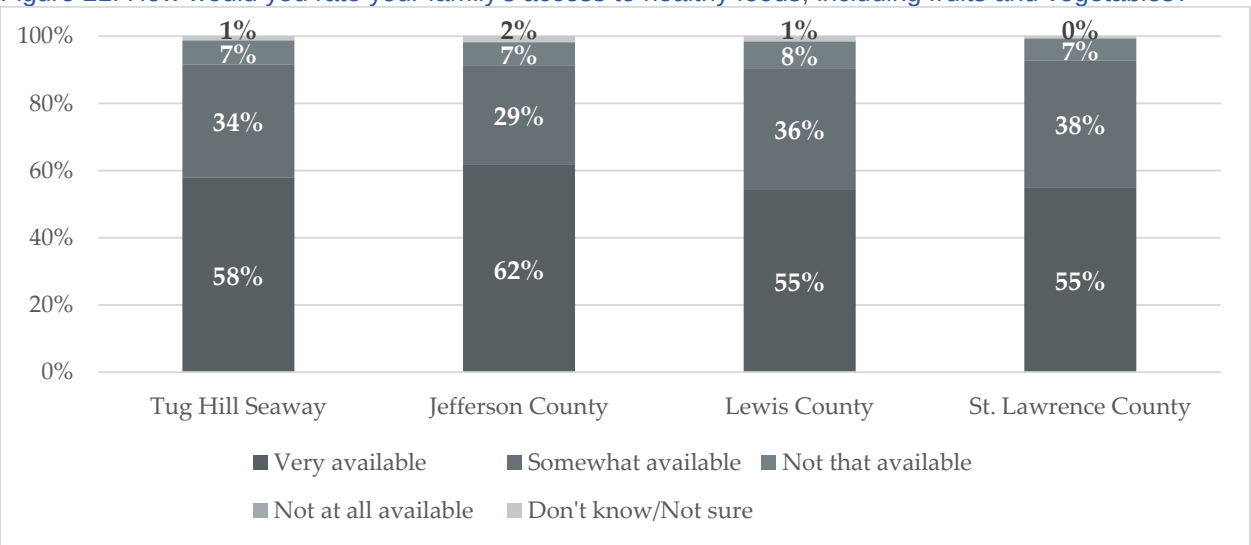
Figure 20: How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?



St. Lawrence County residents in 2022 continue to be more satisfied than not with the availability of their family's access to places where they can walk and exercise, either indoors or outdoors ("Very Available" rate of 53% in the county). Only approximately 3% of participants in 2022 indicate that they believe that this availability is "Not at All Available".

Demographic subgroups more likely to say access is "not at all available" include racial minorities.

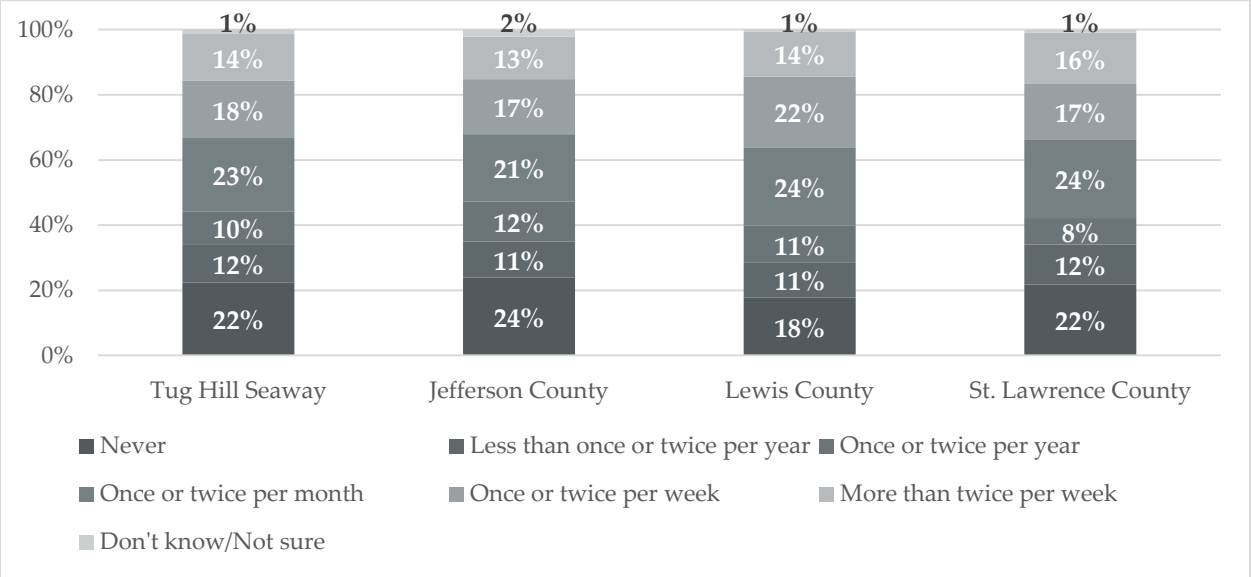
Figure 21: How would you rate your family's access to healthy foods, including fruits and vegetables?



St. Lawrence County residents in 2022 continue to indicate satisfaction with the availability of their family's access to healthy foods, including fruits and vegetables ("Very Available" rate of 55% in the county). Less than 1% of participants in 2022 indicate that they believe that this type of healthy food access is "Not at All Available".

Demographic subgroups more likely to say access is "not at all available" include persons without a disability, households with an annual income between $25,000-$50,000, uninsured, and VA beneficiaries.

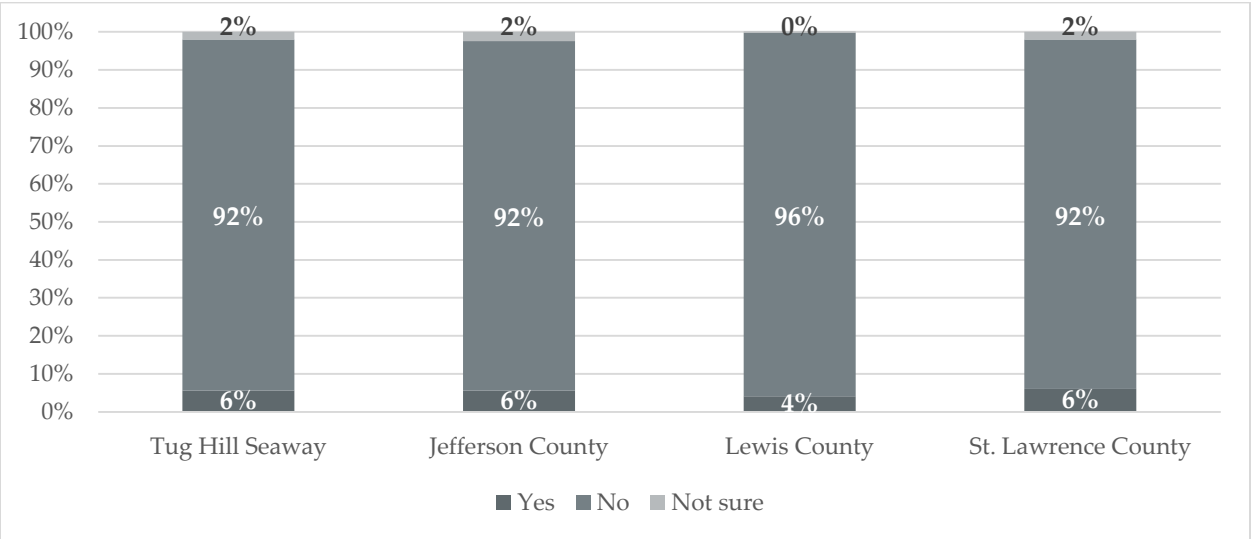
Figure 22: How frequently do you have any kind of drink containing alcohol?



Approximately four-fifths of adults in 2022 indicate that they drink alcohol ("Never drink alcohol" rate is 22% in the county). Approximately one-third of adults currently indicate that they drink alcohol at least 1-2 times per week or more (33% in the county).

Demographic subgroups more likely to report drinking alcohol "more than twice a week" include males, persons without a disability, households with over $75,000 annual income, uninsured, and VA beneficiaries.

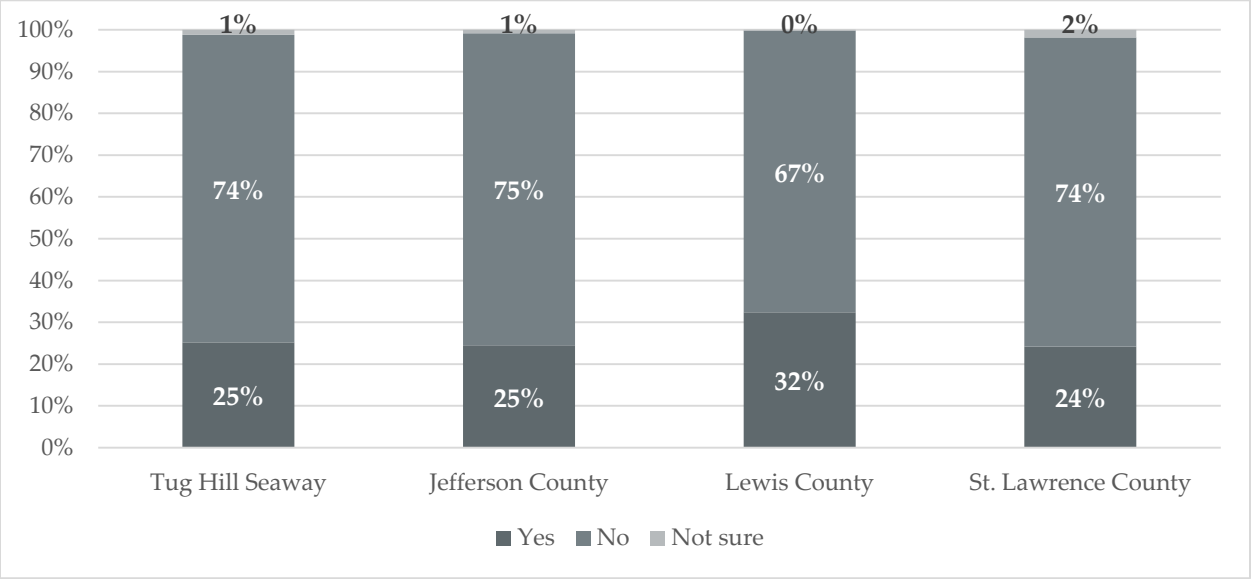
Figure 23: Within the past year, has anyone in your household been personally affected by opiate abuse or addiction?



About one-in-fifteen St. Lawrence County residents report that within the past year, someone in their household been personally affected by opiate abuse or addiction (6% in the county).

Demographic subgroups more likely to say that somebody in the household has been impacted by opiate use include those without college education, those with children in the household, persons with a disability, Medicaid beneficiaries, and VA beneficiaries.

Figure 24: Did you regularly provide care or assistance to a friend or family who has a health problem or disability in past year?



Approximately one out of every four St. Lawrence County residents (24%) within the past year regularly provided care or assistance to a friend or family member who has a health problem or disability.

Demographic subgroups more likely to have provided care include those between the ages of 55-74, those with some college education, white persons, households with over $75,000 annual income, and non-Medicaid beneficiaries.

Rural Northern Border Regional Assessment

Introduction

Made possible through HRSA grant funding, the Tug Hill-Seaway Valley Northern Border Consortium was formed to identify rural healthcare gaps and challenges in the rural designated areas of Jefferson, Lewis, and St. Lawrence counties. Consortium members represent stakeholders working in healthcare, including community-based organizations, public health agencies, and health planning organizations. The consortium conducted a series of focus group sessions and key informant interviews throughout rural designated areas of the region to gain insight into current healthcare challenges and identify unmet needs.

Qualitative data was obtained through a series of key informant interviews and focus groups sessions. The data obtained was used to create a report of findings highlighting current challenges as well as unmet and under-met healthcare needs. The information in this report will help to inform future strategies to mitigate barriers and challenges.

Background

St. Lawrence County is a HRSA-designated Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services, with portions of the county designated as Medically Underserved Areas (MUAs) for primary care. These shortages and other healthcare-related issues have been further exacerbated by the COVID-19 pandemic, an aging population, and a continued increase in the number of young adults leaving the county seeking work in larger urban areas. A unique aspect of the county is its proximity to the Fort Drum 10th Mountain Division, the only U.S. Army division-level installation without its own inpatient hospital. Soldiers and families of the Fort Drum Army base rely on local healthcare entities for their healthcare needs, which places additional demand on the existing healthcare workforce.

Purpose

The purpose of this study is to Identify key issues and challenges in our rural healthcare system to enable stakeholders to make informed decisions and implement effective strategies towards mitigating healthcare-related barriers and challenges. The purpose of the study was achieved in that research provided detailed discussions and subsequent insights into the nature and extent of healthcare related issues experienced in the county.

Methodology

The Fort Drum Regional Health Planning Organization conducted key informant interviews and focus group sessions seeking perceptions, opinions, ideas, and beliefs about the current state of healthcare services and related issues. This report presents a summary of these findings.

A total of 13 key informants were interviewed including community members and stakeholders within the existing system of services. Informants included individuals with expertise or first-hand knowledge in the following areas: pharmacies, hospitals, primary care locations, community-based organizations, public health agencies, school districts, social services, peer support groups, mental health clinics. Informants were made aware that participation was voluntary and that a summary of findings would be shared with the consortium and eventually made public. Interviews were conducted by FDRHPO staff using a standard interview script.

Eight 90-minute focus groups were conducted with community members in the county. Participants were recruited through onsite and online promotions. Participants were vetted to ensure they lived or worked in a rural setting. Due to COVID-19 complications, most focus group sessions, and all key informant

interviews were conducted virtually via Zoom teleconference. Two of the eight focus group sessions were conducted in person: one in Alexandria Bay, NY, and the other in Lowville, NY. All three counties were represented in the focus group sessions and key informant interviews.

Key Informant Interview Schedule (13 interviews, 13 participants):

KII	County	Date	Venue	KII TYPE
Key Informant 1	Lewis	3/2/2022	Zoom Virtual	Education
Key Informant 2	Lewis	3/11/2022	Zoom Virtual	Social Services
Key Informant 3	St. Lawrence	3/11/2022	Zoom Virtual	Family Practice
Key Informant 4	St. Lawrence	3/11/2022	Zoom Virtual	Social Services
Key Informant 5	Lewis	3/16/2022	Zoom Virtual	Education
Key Informant 6	Lewis	3/18/2022	Zoom Virtual	Social Services
Key Informant 7	St. Lawrence	3/18/2022	Phone	Community Services
Key Informant 8	St. Lawrence	3/18/2022	Zoom Virtual	Family Practice
Key Informant 9	Jefferson	3/21/2022	Zoom Virtual	Mental Health
Key Informant 10	Lewis	3/21/2022	Zoom Virtual	Case Coordinator
Key Informant 11	Lewis	3/24/2022	Zoom Virtual	Family Practice
Key Informant 12	Jefferson	3/28/2022	Zoom Virtual	Case Coordinator
Key Informant 13	Jefferson	3/28/2022	Zoom Virtual	Education

Focus Group Schedule (8 groups, 27 participants):

#	County	Date	Time	Location
1	St. Lawrence	4/13/2022	5:30 PM	Zoom Virtual Session
2	Lewis	4/18/2022	9:30 AM	Zoom Virtual Session
3	Jefferson	4/19/2022	1:30 PM	Zoom Virtual Session
4	Jefferson	4/20/2022	5:30 PM	Zoom Virtual Session
5	Lewis	4/21/2022	5:30 PM	Zoom Virtual Session
6	St. Lawrence	4/22/2022	1:30 PM	Zoom Virtual Session
7	Lewis	6/9/2022	11:00 AM	NRCIL in Lowville, NY
8	Jefferson	6/30/2022	1:00 PM	River Hospital in Alexandria Bay, NY

Statement of Limitations

Qualitative research findings were limited to the perspectives and opinions provided. It is likely that all perspectives were not identified in this report. Some research questions were designed to elicit personal experiences while others were tailored to professional perspectives. Despite limitations inherent in qualitative research methods, this report provides an in-depth insight into the perspectives and experiences of those affecting and affected by the current healthcare system in the rural areas of Jefferson, Lewis, and St. Lawrence counties.

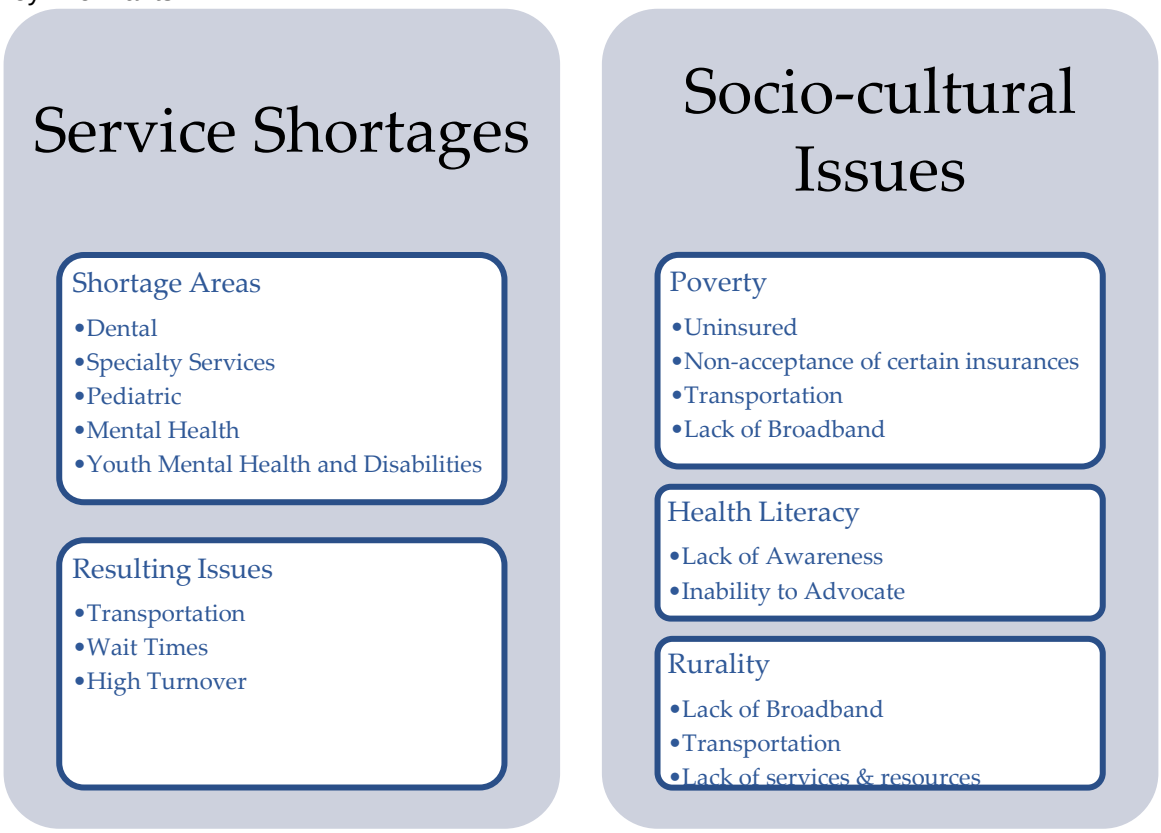
Focus groups and key informant interviews seek to develop insight and direction, rather than quantitatively precise measures. Due to the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference. In order to maintain anonymity given the nature of the research topics and limited participation, identifying demographics are not reported on. Anonymity was ensured in order to encourage open and honest participation. The reader is reminded that this report is intended to clarify complex issues and point out the direction for future research. The data presented here cannot be projected to a universe of similar respondents. The value of

focus groups and key informant interviews lies in their ability to provide observers with unfiltered comments from a segment of the target population and for the decision-makers to gain insight into the beliefs, attitudes, and perceptions of their consumer base.

Summary

This section of the report summarizes the findings from key informant interviews and focus group sessions. An in-depth analysis, complete with respondent verbatim, can be found in an upcoming full report of findings. A number of key themes and insights emerged from this study. For the key informant interviews, issues and challenges are categorized into two main categories: service shortages, and socio-cultural issues.

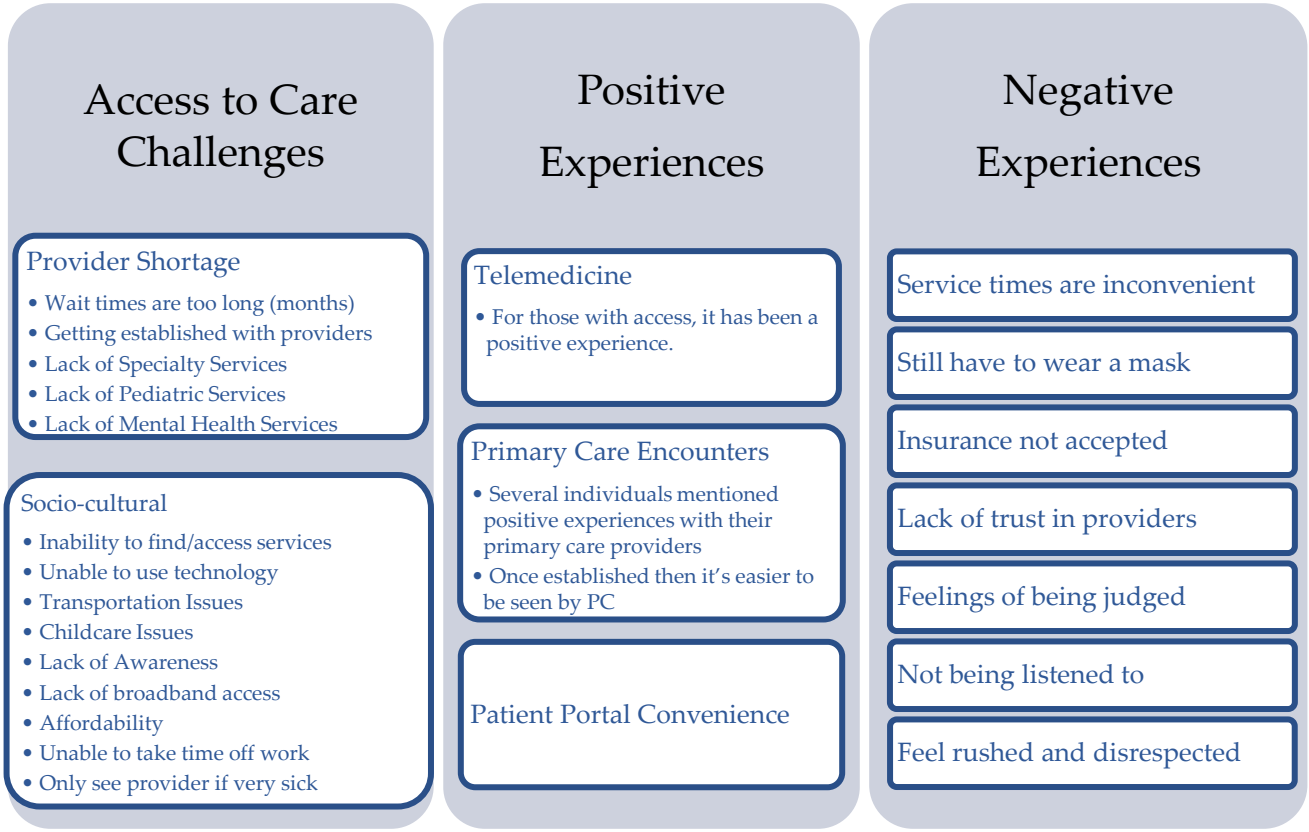
Key Informants



Most informants noted that service shortages existed in numerous healthcare sectors, the most prominent being specialty services, dental care, pediatric care, and mental health services. Resulting issues included transportation, and high provider turnover. The biggest issue resulting from the service shortages was wait times.

A number of socio-cultural issues were mentioned, most related to socio-economic status. Other issues included a lack of health literacy and awareness or services. Several issues and challenges related to the rurality of the county were mentioned, such as the proximity of services and resulting transportation issues, as well as the absence of internet or cellular coverage for telemedicine.

Focus Group Participants



Responses from focus group participants were similar to the key informant responses. Provider shortages in multiple sectors are causing excessive wait times. In some cases, patients have to wait 6 or 7 months to be seen by a provider. Several participants felt overwhelmed while using the internet to locate available providers. Others noted that they have no access, or limited access, to online or cellular services.

Some expressed positive experiences with recent healthcare experiences, such as the convenience of telemedicine, and the usage of patient portals to communicate with providers. Participants had mixed experiences with their primary care providers. Several participants mentioned positive experiences with their primary care provider while others described their general experiences as negative. Those who had negative experiences felt like they were being rushed, dismissed, or judged by their providers.

Similar to responses from key informants, focus group participants described a number of socio-economic issues including lack of affordability, insurance denials, transportation, childcare barriers, and job-related conflicts.

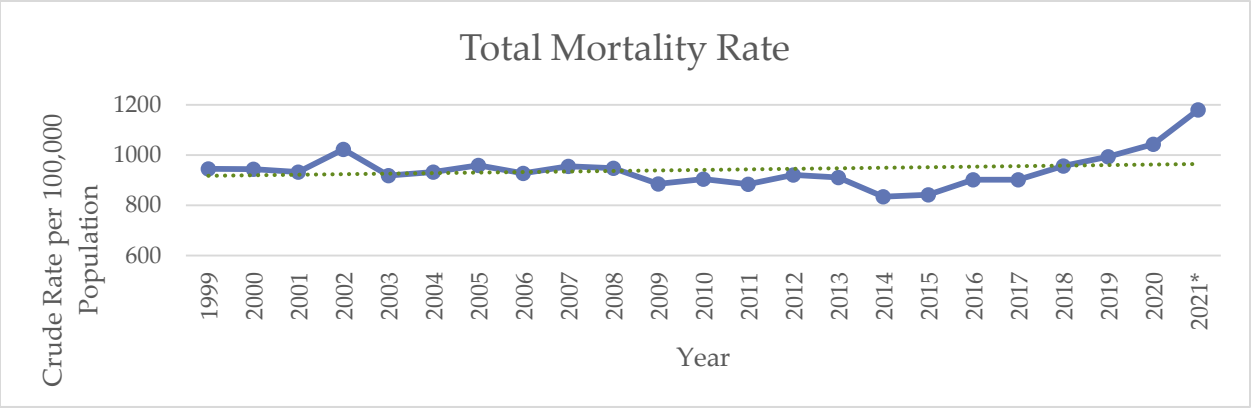
Overview of Access Barriers

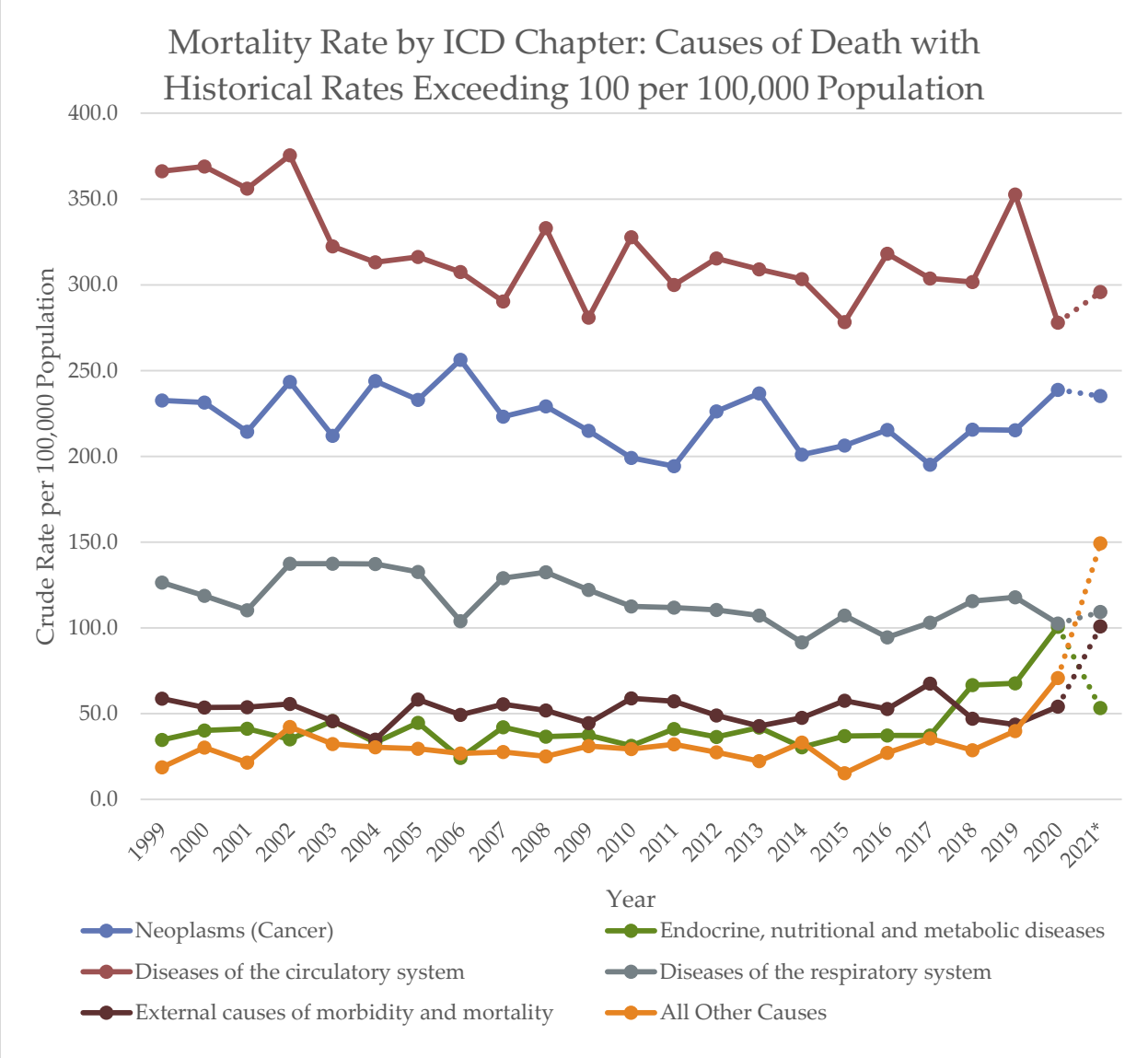
Access-to-Care Barriers in the county:

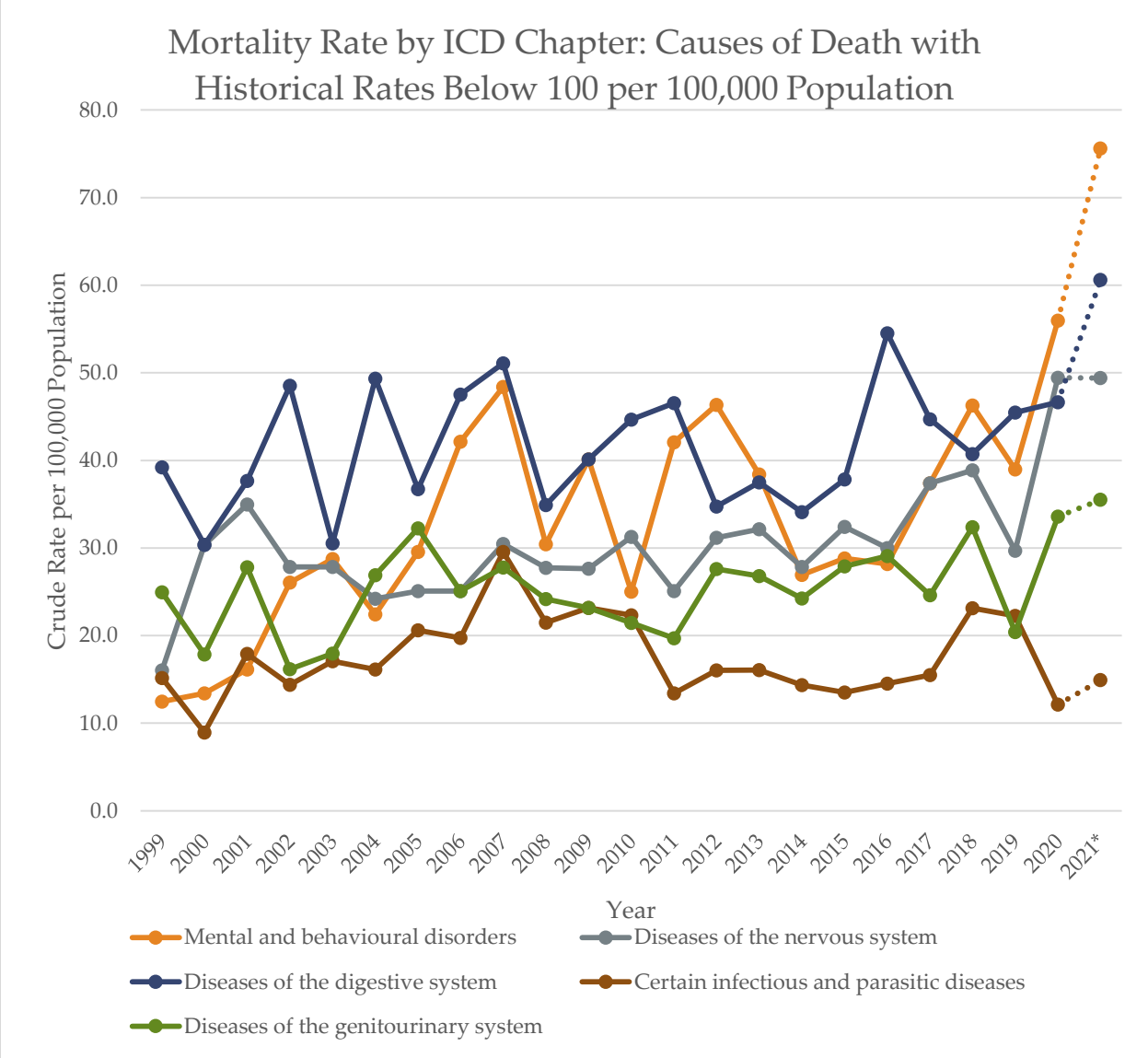
- Transportation
  - Primarily among lower income individuals and families in deep rural areas of the county.
- Inability to Pay (no Insurance Coverage)
- Poor Access to Dental Mental Health, and Specialty Care, especially for youth.
  - Patients often have to travel hours out of the county for care
    - Forces them to take unpaid days off to see a provider
- Mental Health Services (and Substance Use Disorder [SUD] services)
  - Wait times are extraordinarily long (sometimes months)
  - Sometimes have to travel out of the county for services
- Digital Connectivity Challenges
  - Some cannot afford smart phones or computers
  - Cellular reception or internet access in rural areas is inadequate
  - Some patients lack the knowledge to use technology for telemedicine visits
- Health Literacy (advocate, finding information, coverage knowledge)
  - Some residents lack basic health and wellness knowledge
  - Some residents are not aware of available services in their counties
- Stigma of SUD and Mental Health

Mortality

The mortality rate in St. Lawrence County has been rising over time, especially in recent years. The sudden rise in mortality in the 2021 provisional data is most closely related to deaths caused by COVID-19 but is also impacted by rises in the rates of mortality due to mental and behavioral disorders, and external causes of morbidity and mortality such as accidents, falls, overdoses, and suicides.




Mortality Rate by ICD Chapter: Causes of Death with Historical Rates Exceeding 100 per 100,000 Population
Crude Rate per 100,000 Population
400.0
350.0
300.0
250.0
200.0
150.0
100.0
50.0
0.0
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021*
Year
Neoplasms (Cancer)
Endocrine, nutritional and metabolic diseases
Diseases of the circulatory system
Diseases of the respiratory system
External causes of morbidity and mortality
All Other Causes



Leading Causes of Death

There are a few key differences to note when reviewing the leading causes of death in St. Lawrence County compared to the tri-county region and the entire state. The clearest difference is that mortality rates in St. Lawrence County are generally equivalent to, if not lower than, the mortality rates of the region. This is true in total and across the majority of causes. The most apparent exception lies within diseases of the respiratory system. The St. Lawrence County rate within this category exceeds the regional and state rates. In comparing the mortality rates in St. Lawrence County to the state rates, it is clear that the county's rates are generally higher than, or equivalent to the state rates.

Leading Causes of Death, 2016-2020 Average

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Files

	St. Lawrence County	Tug Hill Seaway Region	New York State

Cause of Death (ICD-10 Categories)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)
Diseases of the circulatory system	238.3	337	235.6	699	216.5	55,820
Neoplasms (Cancer)	163.4	234	169.3	505	141.1	35,169
External causes of morbidity and mortality	51.2	58	62.2	155	50.4	10,676
Diseases of the respiratory system	80.6	116	74.6	223	58.1	14,785
Endocrine, nutritional and metabolic diseases	47.9	67	42.6	126	28.1	6,985
Mental and behavioral disorders	31.9	45	37.3	110	32.2	8,505
Diseases of the digestive system	35.9	50	36.4	105	22.1	5,447
All other categories	35.7	44	30.9	85	50.6	12,067
Diseases of the nervous system	29.3	40	39.8	116	31.7	8,166
Diseases of the genitourinary system	21.6	30	19.8	58	14.4	3,698
Certain infectious and parasitic diseases	13.6	19	14.6	43	16.2	4,005
Total mortality	713.7	997	732.1	2,140	610.8	153,256

When considering mortality by age, leading causes of mortality vary. Among the youngest age groups, those under the age of 45, external causes lead the death rates. These deaths include unintentional injuries and suicide. For those age 45-54, the leading causes of death include external causes, cancer, and cardiovascular diseases. The majority of deaths among those age 55-64 are related to cancer and cardiovascular disease, but also include respiratory diseases and external causes. Deaths among those age 65-74 are primarily attributed to cancer as well as heart disease, but also include chronic lower respiratory diseases, cerebrovascular diseases, and accidents. Leading causes of death among those 75-84 are essentially the same, with the exception of diabetes rounding out the list instead of accidents. The list expands for those over the age of 85, with most deaths being caused by heart disease followed by cancer, cerebrovascular diseases, Alzheimer disease, complications of hypertension, chronic lower respiratory diseases, and diabetes.

Conclusions

The data in this assessment points to a significant need to address issues concerning mental health in St. Lawrence County. Community members identify both increasing need and a lack of mental health resources in the county.

The community could also benefit from continued efforts relating to chronic disease prevention, including improved physical activity and nutrition, tobacco cessation, and chronic disease management. With

current access to care and healthcare workforce shortages, it is critical to leverage existing resources and continue collaboration across agencies.

Community Health Improvement Plan

Identifying Prevention Agenda Priorities and Interventions

Overview of 2019-2024 Prevention Agenda

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

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

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

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

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

St. Lawrence County Priority and Intervention Selection

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

A leadership team consisting of the St. Lawrence County Public Health Department, St. Lawrence County Health Initiative, and the region's five hospitals used the New York State Prevention Agenda[4] to begin the discussion on priorities, focus areas, goals, and objectives.

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

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

[4] https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/

Additional committees were formed with members of community-based organizations who implement programs which target chronic disease, mental health, or substance use disorders. These committees met several times over a 12-month period to discuss the work that had been completed during the 2019-2022 cycle, whether priorities had changed, and the current work being carried out to see what the coalition would focus on for the new cycle.

In October of 2021, the leadership from each area hospital, the local Public Health Department, and the St. Lawrence County Health Initiative met to begin discussing the 2022 submission. The agendas for this and many of the following meetings included:

- Review of previous Community Health Improvement Plan successes and barriers
- 2022 Community Health Survey and Assessment Development
    - Contracting with Fort Drum Regional Health Planning Organization
    - Results of recent Community Health Surveys
- 2022 Community Health Improvement Plan timeline

In March of 2022, after subcommittees and community partners presented local data to the full coalition, the priority areas of Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders were chosen for the 2022 Plan.

The Coalitions subcommittees for Chronic Diseases and Mental Health/Substance include local content area experts to ensure that interventions chosen were logical in the context of data provided, ability to evaluate and current efforts. Table 1 provides a list of organizations and representatives who provided input and helped to guide the interventions of the Community Health improvement Plan.

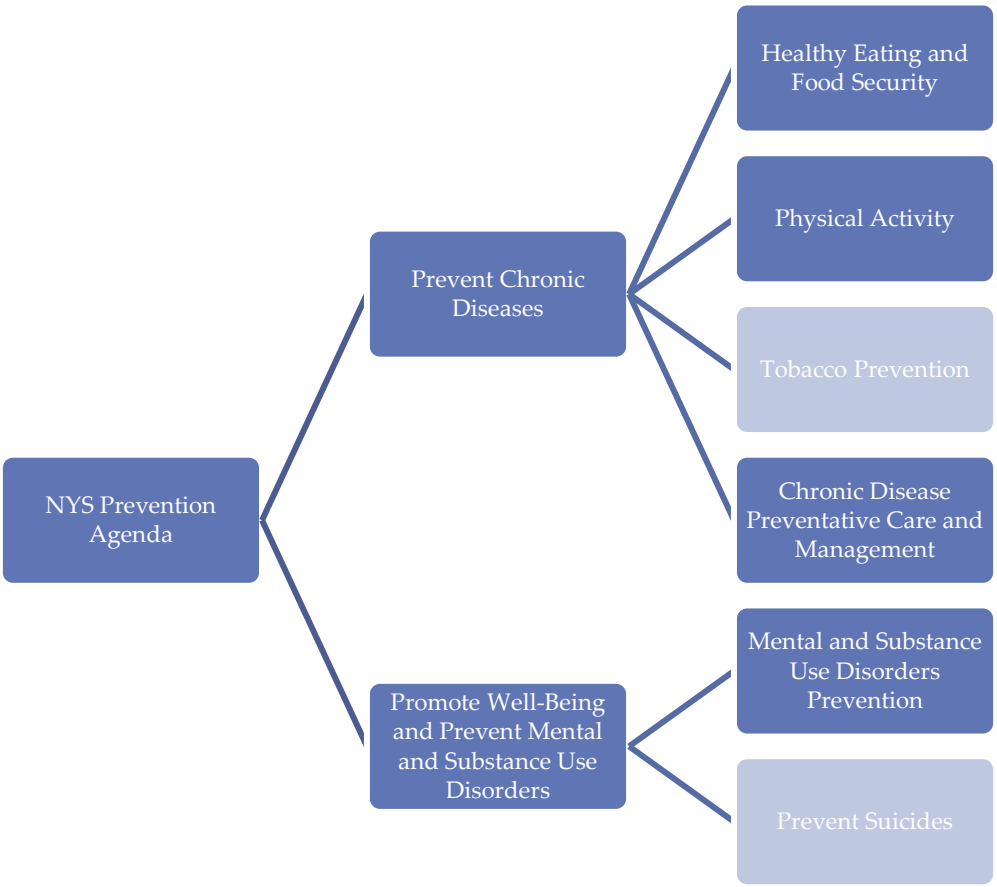
Table 1

Organization	Representative(s)
Claxton Hepburn Medical Center	Michele Catlin
Clifton Fine Hospital	Dierdre Sorrel

Community Health Center of the North Country	Ray Babowicz
Cornell Cooperative Extension of St. Lawrence County	Cassondra Caswell Wanda Collins
Fort Drum Regional Health Planning Organization	Megan Donato
GardenShare	Carlene Doane
North Country Prenatal Perinatal Council	Tina Cobb
SLC Community Services Department	Lindsay Best Sheena Smith
SLC Office for the Aging	Andrea Montgomery
SLC People Project	Mary Wills
St. Lawrence County Health Initiative, Inc.	Anne Marie Snell Sarah Bentley-Garfinkel
St. Lawrence County Public Health Department	Patti Hogle Jolene Munger
St. Lawrence County Suicide Awareness Coalition	Coalition at large
St. Lawrence Health	Kathy Schleider Jayme Smith Carolyn Zanta
State University of New York at Potsdam	Sarah Lister
Volunteer Transportation Center	Frank Doldo Sonja Jenson

These subcommittees systematically reviewed interventions suggested by the NYS Prevention Agenda against the data reviewed, to identify those that coalition members have the capacity to provide, and measure impact effectively with. After presenting to the full coalition, this resulted in six focus areas, two of which have not been part of the Community Health Improvement Plan in the two most recent iterations: Tobacco Prevention and Prevent Suicides.

Figure 1: Focus areas identified



A full rationale for the interventions chosen within each focus area are listed in the workplan.

This year, the coalition had an opportunity to receive training and support from a *Public Health Essentials Team* on Diversity, Equity and Inclusion (DEI). This was extremely well received, and it was made clear that the coalition as a whole, and the Community Health Improvement Plan, can focus on ensuring all work is prioritizing DEI in planning and implementation.

A Summary of Diversity, Equity, and Inclusion Efforts for St. Lawrence County's Community Health Improvement Plan
Prepared by the St. Lawrence County Public Health Essentials Team:
Cassondra Caswell, Nick Hamilton-Honey, Tamara Hill, and Sarah Bentley-Garfinkel,
with assistance from Cheyanna Frost

Progress to Date
The Bridge to Wellness Coalition has partnered with St. Lawrence County's Public Health Essentials team, which was developed as part of an eCornell course led by Cornell University MPH program students and faculty. St. Lawrence County (SLC) was invited to form a course team beginning Fall 2021. The team currently includes three Cornell Cooperative Extension of

SLC and one Health Initiative staff. In the past, membership also included SLC Public Health Department and GardenShare staff.

Phase 1 of the course focused on completing and discussing a series of online modules covering various topics in public health, from COVID-19 to environmental hazards.

Phase 2, currently underway, allows the Public Health Essentials (PHE) team to select and pursue public health projects on the ground. A collaboration was initiated with Bridge to Wellness, SLC's Community Health Improvement Plan (CHIP) Coalition, to advance the integration of a Diversity, Equity, and Inclusion (DEI) lens in the CHIP development and implementation process. DEI is critical to comprehensive and effective public health initiatives designed to address preventable health disparities and improve health outcomes for all individuals and communities.

In September 2022 the PHE team offered a three-hour *Utilizing Frameworks to Facilitate Diversity, Equity, and Inclusion* training session at SUNY Potsdam, facilitated by a team member with extensive DEI expertise and held in partnership with the Bridge to Wellness Coalition. The training presented evidence-based frameworks and concepts from the DEI field, as well as local data made available by Fort Drum Regional Health Planning Organization and presented by PHE team members. Twenty-four individuals representing the Bridge to Wellness leadership team and partner organizations were in attendance. Evaluation results were overwhelmingly positive.

Next Steps

The PHE team continues to work with Bridge to Wellness leadership to determine next steps. In the short term, this includes direct support for CHIP submission. In the intermediate to long term, this may include ongoing efforts to support further education and integration of a DEI lens within Bridge to Wellness' and its coalition partners' public health efforts, such as providing additional training and/or reviewing resources and materials for appropriate content and language. This may be determined by local data, training evaluation results, and/or other needs and interests identified by the Bridge to Wellness Coalition and its partners.

Sample Data

Historically, the prevailing narrative in St. Lawrence County has been that there is a lack of identity diversity such as racial/ethnic, gender, and age, when current data shows otherwise. Thus the health disparities known to be associated with various populations are clearly of direct and immediate concern in St. Lawrence County today. A sample of local data reviewed and discussed during the September training, highlighting the need to address issues of DEI in the Community Health Assessment (CHA) and CHIP to further implement a DEI lens in Bridge to Wellness work, is described below.

Figure 1 provides a breakdown of aging and vulnerable populations in St. Lawrence County. The county's varied populations face unique needs and challenges, which must be considered when determining health interventions to reduce particular health risks and alleviate barriers.

Figure 1: Aging and Vulnerable Populations in St. Lawrence County, NY

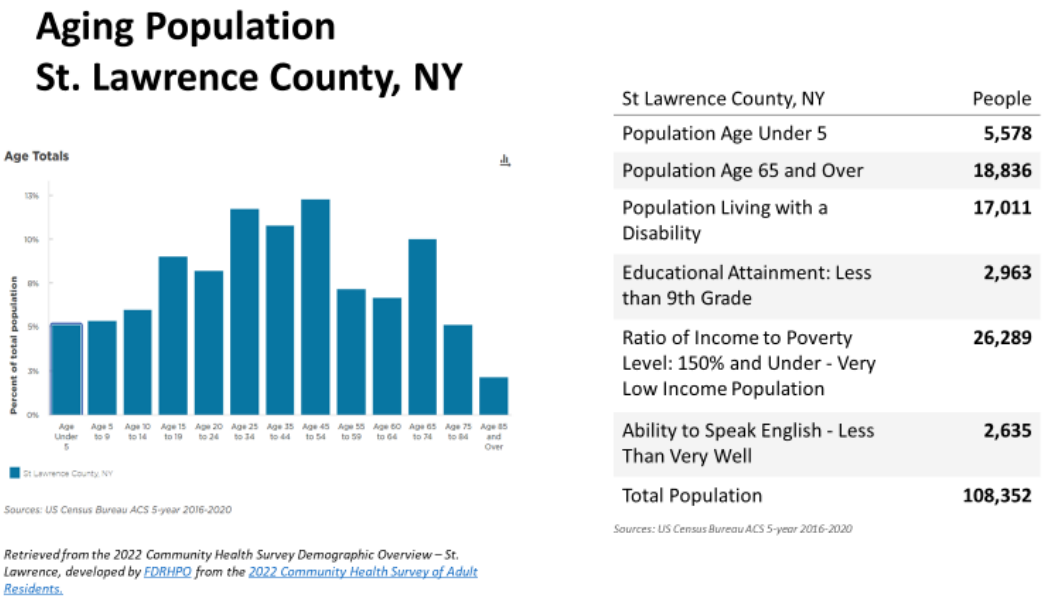


Figure 2 shows a steadily growing population defined as minority, or individuals who identify as Black, Indigenous, or People of Color, over the past 30 years. This identifies a clear need and opportunity to address preventable health disparities and negative health outcomes associated with these populations.

Figure 2: Population & Demographics St. Lawrence County, NY

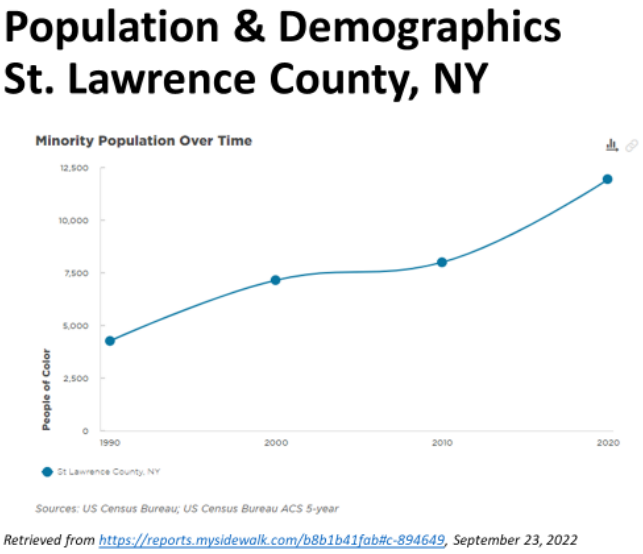
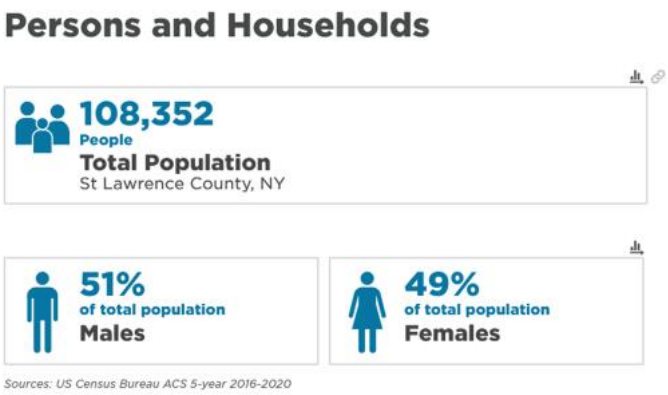


Figure 3 depicts 2016-2020 U.S. Census data utilizing a limiting dichotomy of male and female identity for gender, even though the language for gender identity is continually changing and growing. Since this data is commonly used for local research and development of programming, this presents a unique opportunity for community agencies to demonstrate broader representation of all gender identities through data collection, program activities, messaging, etc.

Figure 3: Census Gender Distribution in St. Lawrence County, NY



Retrieved from https://reports.mysidewalk.com/b8b1b41fab#c-894649, September 25, 2022

Work plan

The work plan identifies the goals, objectives, activities and process measures for the 2022-2024 period. Find rationale and appropriate resources listed in each chart.

Priority Area	Prevent Chronic Diseases
Focus Area 1	Healthy Eating and Food Security
Goals	Increase access to healthy and affordable foods and beverages Increase food security

Objective: Increase the percentage of adults with perceived food security (among all adults)

Intervention	Partner	Partner Resources	Disparity	Process Measures
Increase the availability of fruit and vegetable incentive programs	GardenShare SnackPack and Food Access Locations Cornell Cooperative Extension of SLC Health Systems	Time, Funding, Media and Marketing	Socioeconomic Age Veteran population	Number of programs that adopt policies and practices to increase consumption of fruits and vegetables Number of redemptions of incentive programs (WIC, Bonus Bucks, SNAP participation)
Screen for food insecurity, facilitate and actively	Cornell Cooperative Extension of SLC Health Systems	Time, Funding, Referral Systems	Socioeconomic Age Veteran Population	Number of providers that screen for food insecurity

support referral	FQHC			Number of referrals to supportive services

Rationale:
St. Lawrence County reports a high percentage of adults with satisfaction that they family has access to healthy foods (Assessment, figure 21), however currently two thirds of St. Lawrence County residents (64%) have been diagnosed with at least one of eight chronic health conditions. Demographic subgroups more likely to say that access to healthy foods including fruits and vegetables are not at all available include persons without a disability, households with an annual income between $25,000-$50,000, the uninsured, and VA beneficiaries.
Resources:

How to Run a Nutrition Incentive Program: A toolkit for Wholesome Wave's National Nutrition Incentive Network

How to Grow Your Nutrition Incentive Program: A toolkit for Wholesome Wave's National Nutrition Incentive Network

Priority Area	Prevent Chronic Diseases
Focus Area 2	Physical Activity
Goals	Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities. Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity

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

Intervention	Partner	Partner Resources	Disparity	Process Measures
Implement a combination of one or more new or improved pedestrian, bicycle, or transit transportation system components with new or improved land use or environmental design components through comprehensive master/transportation plans or Complete Streets resolutions, policies, or ordinances to connect sidewalks, multiuse paths and trails, bicycle routes and public transit with homes, early care and education sites, schools, worksites, parks, recreation	St. Lawrence County Health Initiative, Inc. Clarkson University Public Health Department	Time Funding Advocacy Education	Disabilities Socioeconomic	Number of places that implement new, or improve existing, community planning and transportation interventions that support safe and accessible physical activity

facilities, and natural or green spaces.				

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

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

Priority Area	Prevent Chronic Diseases
Focus Area 3	Tobacco Prevention
Goal	Prevent initiation of tobacco use.

Objective: Decrease the prevalence of vaping product use by young adults age 18-24 years

Intervention	Partner	Partner Resources	Disparity	Process Measures
Advocate with media parent companies to eliminate youth exposure to tobacco imagery and tobacco marketing in youth-related movies.	Seaway Valley Prevention Council St. Lawrence County Public Health Department Hospitals	Time Funding Advocacy Education	Age Socially isolated	Evidence of increasing support for effective tobacco control measures that would eliminate youth exposure to tobacco imagery and marketing in youth rated movies

Rationale:
According to the 2020 Community Tobacco Survey of Adult Residents of St. Lawrence County, approximately 11% of adults use e-cigarettes or vaping at least rarely with 5% using daily which is on an increasing trend since 2017. The coalition has not included tobacco prevention in its Community Health Improvement Plan for the last several iterations and is partnering with Seaway Valley Prevention Council to support advocacy efforts and local community awareness.
Resources: University of California, San Francisco, https://smokefreemovies.ucsf.edu/

Priority Area	Prevent Chronic Diseases

Focus Area 4	Preventative Care and Management
Goals	Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

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

Interventions	Partner	Partner Resources	Disparities	Process Measures
Expand access to evidence-based self-management interventions for individuals with chronic disease whose condition is not well controlled with guidelines based medical management alone.	St. Lawrence County Health Initiative, Inc. Hospitals Community Based Partners	Training Time Funding Space Maintaining License	Age Disability Mental Health Socioeconomic	Number and type of programs in community settings Number of patients who participate Percentage of patients who complete Number of patients referred to program by provider
Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.	St. Lawrence County Health Initiative, Inc. Hospitals Community Based Partners	Training Time Space Funding Maintaining Recognition	Age Disability Mental Health Socioeconomic	Number of National DPP programs in community Number of patients who participate Number of patients referred to program by provider

Rationale:
64%, or approximately two-thirds of St. Lawrence County residents indicate being diagnosed with at least one chronic disease. Self-Management programs are designed to enhance regular treatment and disease-specific education. St. Lawrence County is proud to currently offer Chronic Disease Self-Management Education Programs and Diabetes Prevention Programming, and partners will work to increase program offerings through a collaborative approach.
Resources:

- https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management/
- https://www.cdc.gov/sixeighteen/diabetes/index.htm

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

Objective: Reduce the age-adjusted overdose deaths involving any opioid

Intervention	Partner	Partner Resources	Disparity	Process Measures
Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine	Local Health Department Local Community Service Department Hospitals/Providers	Time Funding Space Data	Disability Access to Transportation Socioeconomic	Increase the percentage of patients being prescribed MAT on site. Increase the percentage of MAT prescribed patients receiving medication from hospital while admitted Increase the percentage of Hospital Pharmacies stocking MAT in-house.
Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers	Local Health Department Local Community Service Department Hospitals/Providers Volunteer Transportation	Time Funding Space Data		Increase percentage of school buildings with Naloxone on site, trained personnel and policies in place Increase the number of volunteer/public transit drivers with trainings and naloxone kits in vehicles Increase the number of Convenience store employees with training and naloxone kits on site.

Rationale:
Medication assisted treatment has been shown to be associated with reduced all-cause and opioid-related mortality. While there is an increase in the number of prescribers in St. Lawrence County, the Community Services Department has identified a concern with both the number of individuals currently receiving MAT being admitted, and not prescribed MAT during inpatient stay, and the number of individuals who are in need of MAT in inpatient, yet not starting treatment.

There has been an increase in overdoses in the community requiring Naloxone administration. The Bridge to Wellness Coalition will partner with the Local Community Services Department to identify locations such as Volunteer Transportation Drivers, or local convenience stores, who can implement Naloxone training into staff development activities, therefore increasing the number of trained providers in the community.

Resources:

SAMHSA TIP 63: Medications for Opioid Use Disorder

Facing Addiction in America: The Surgeon General's Spotlight on Opioids

New York State. You Don't Have to be Alone in Addiction

NYSDOH. Buprenorphine

OASAS. Addiction Medications

New York State's Opioid Overdose Prevention Program

NYSDOH. How to Become a Registered Opioid Overdose Program

NYSDOH. Availability of Naloxone in Pharmacies

Prescribe to Prevent

Priority Area	Promote Well-Being and Prevent Mental and Substance Use Disorders
Focus Area	Mental and Substance Use Disorders Prevention
Goal	Prevent Suicides

Objective: Reduce the age-adjusted suicide mortality rate

Intervention	Partner	Partner Resources	Disparity	Process Measures
Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides	Suicide Awareness Coalition Local Community Services Department	Time Funding Space Data	Age Gender Veteran Status	Proportion who felt comfortable applying suicide prevention skills, active listening, problem-solving, anger management, and stress management skills to identify and refer individuals at risk for suicide to appropriate care

Rationale:

St. Lawrence County has experienced several high-profile suicides in recent years. One suicide is too many. The St. Lawrence County Suicide Awareness Coalition is partnering with the Bridge to Wellness Coalition to provide at least 12 QPR trainings in the community in 2023, equipping more individuals to identify and support those at risk for suicide.

Resources:

QPR Gatekeeper Training

Tracking progress

The Bridge to Wellness Coalition meets ten times per year, monthly. The coalition will form sub-committees and ad-hoc workgroups to work on activities on an as needed basis. Each full coalition meeting will devote time for these work groups to report out on the progress specific to each objective and intervention. The leadership team will continue to meet quarterly to address any barriers to success and to monitor dissemination opportunities. An update to the plan will be completed yearly to report on any success or changes required to achieve success.

Additionally, the coalition has committed to continued training in diversity, equity and inclusion (DEI). All review of progress with be through a DEI lens, to ensure both the intent and the impact of activities continue to address social determinants of health, promote health equity across communities, and support healthy and active aging.

Dissemination

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

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

It will be a priority of the Coalition to identify opportunities to communicate and disseminate updates to historically marginalized/under-resourced individuals and communities. Assistance is requested from the Public Health Essentials team to educate partners on appropriate steps to do this.

Presentations regarding the plan will be offered to area higher education communities, the local Board of Health, and interested partner organizations or community citizens upon request. Bridge to Wellness Partners will provide links to the Assessment and Plan in their newsletters and within social media outlets.

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