



St. Lawrence County, New York
2025 Community Health Assessment (CHA)
2025-2030 Community Health Improvement Plan (CHIP)
2025-2027 Community Services Plan (CSP)

This joint plan was collaboratively developed by:

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Service Area

St. Lawrence County, New York

Local Health Department

St. Lawrence County Public Health Department

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Hospitals

Claxton-Hepburn Medical Campus/Center

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Canton-Potsdam Hospital

50 Leroy Street
Potsdam, NY 13676

Massena Hospital

1 Hospital Dr
Massena, NY 13662

Gouverneur Hospital

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Gouverneur, NY 13642

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Bridge to Wellness Coalition

Executive Summary

The 2025 Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Service Plan (CSP) for St. Lawrence County represents a joint effort to improve health and advance equity across the county.

The plan was developed collaboratively by Bridge to Wellness and

St. Lawrence County Public Health
Fort Drum Regional Health Planning Organization (FDRHPO)
Claxton-Hepburn Medical Campus/Center
Clifton-Fine Hospital
Community Health Center of the North Country
GardenShare
North Country Heart Network
North Country Prenatal/Perinatal Council
Police Activities League (PAL) of Massena
Rochester Regional Health
Cornell Cooperative Extension of St. Lawrence County
St. Lawrence County Office for the Aging

Fort Drum Regional Health Planning Organization (FDRHPO) developed the CHA. Local stakeholders supported the process and will continue to play an active role in implementing the selected interventions and strategies. The CHA uses both primary and secondary quantitative data, along with community feedback, to identify health needs, disparities, and available resources. The CHIP/CSP builds on these findings by implementing measurable, evidence-based interventions designed to improve health and wellness and promote equitable access to care. This work is in alignment with the New York State Prevention Agenda 2025–2030 (NYSDOH, 2025). The Prevention Agenda is designed to ensure that every person, regardless of background or circumstance, can achieve their highest level of health across the lifespan. The 2025–2030 cycle emphasizes prevention, equity, and the social determinants of health (SDOH), and serves as a resource for health departments, hospitals, community-based organizations, educators, policymakers, and others to align priorities and maximize resources.



The Prevention Agenda 2025–2030 is organized into a hierarchy that includes overarching domains, priorities, and interventions. At the highest level are the domains, which group related factors that influence health.

These five domains are

1. Economic Stability
2. Social and Community Context
3. Neighborhood and Built Environment
4. Healthcare Access and Quality
5. Education Access and Quality.

They reflect the social determinants of health and recognize that health is shaped by much more than clinical care.

Within each domain are priorities, which identify specific health issues or conditions that require focused attention. Each priority is supported by one or more objectives, which set clear, measurable targets to be achieved over the six-year cycle of the Prevention Agenda. Objectives are framed using the SMARTIE approach, ensuring they are Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable to directly address disparities among populations that experience the greatest health gaps (NYSDOH, 2025). Progress toward each objective is monitored through one or more indicators, which are specific data points that track change over time. Indicators provide the baseline and target values for each measure, along with the data source. This structure creates a logical framework that connects big-picture health factors to actionable, measurable steps. It ensures that joint efforts remain focused, data-driven, and accountable. Local health departments, hospitals, and community partners will implement selected interventions, adapting these measures to meet the needs of their communities.

By aligning the CHA, CHIP, and CSP with the Prevention Agenda 2025–2030, we ensure that our county’s health priorities are grounded in a statewide framework that addresses community needs. This alignment gives us a shared vision, measurable objectives, and evidence-based interventions, while still allowing flexibility to adapt strategies to our unique local needs and challenges.

Our work is not simply about meeting state targets; it is about creating meaningful, equitable improvements in health for every resident. Through cross-sector collaboration, data-driven planning, and targeted action, we are building the systems, partnerships, and community conditions needed to reduce disparities, improve quality of life, and support the health and well-being of our county residents.

The Community Health Assessment can be organized in different ways. One possible approach would have been to organize the report by the 2025–2030 New York State Prevention Agenda domains. This assessment, however, follows the organizational framework outlined in the New York State Department of Health’s Community Health Planning Guidance, developed by the Office of Public Health Practice. This guidance specifies the required elements for CHAs, Community Health Improvement Plans (CHIPs), and Community Service Plans (CSPs). For example, the CHA is organized into three major sections listed in the guidance document: Community Description, Health Status Description, and Community Assets and Resources, each with relevant subsections. This approach was chosen to ensure that the county meets state requirements and provides clarity and consistency for readers.

Prevention Agenda Priorities

Based on the Community Health Assessment and partner input, St. Lawrence County will focus on the following Prevention Agenda priorities and disparities for 2025 – 2030:

Priorities	Prevent Suicide	Prevention of Infant and Maternal Mortality	Nutrition Security	Oral Health
Disparities	Mental Health Sex or gender Age	Socioeconomic Mental Health Substance Use Geography	Socioeconomic status Geography Access to transportation Age	Limited access to dental care Uninsured or underinsured

Data Review

To identify community health priorities, data from both primary and secondary sources were obtained, analyzed, and reviewed. Primary data included results from the 2025 Community Health Survey (CHS) and a series of key-informant interviews with organizations and stakeholders across St. Lawrence County. The CHS, conducted annually by FDRHPO since 2016, surveys about 1,500 residents each year providing timely data that can be trended over time. Survey results were analyzed in SPSS and cross-tabulated by demographic and social determinants of health variables to identify disparities among specific population groups.

Additional interviews with community-based organizations were conducted to identify the services partners provide, gaps or barriers they observe, populations most in need, and opportunities for collaboration. Presentations at board and committee meetings also allowed partners to review preliminary findings and offer feedback on potential interventions.

Secondary data were obtained from multiple sources, including the New York State Department of Health, U.S. Census Bureau, County Health Rankings & Roadmaps, SPARCS, Vital Statistics, CDC WONDER, and HRSA Area Health Resource Files, among others. A complete list of data sources is available in the main section of the Community Health Assessment (CHA).

By combining these quantitative and qualitative data sources with extensive partner input, St. Lawrence County developed a comprehensive understanding of community health needs and disparities. This process informed the selection of the county’s six Prevention Agenda priorities.

Partners and Roles

St. Lawrence County’s CHA and CHIP/CSP were developed through a close partnership of stakeholders.

St. Lawrence County Public Health
Fort Drum Regional Health Planning Organization (FDRHPO)
Claxton-Hepburn Medical Campus/Center
Clifton-Fine Hospital
Rochester Regional Health

These organizations are jointly responsible for submitting the county’s CHA/CHIP/CSP and work collaboratively to assess community health needs, identify priorities, and implement interventions that align with the New York State Prevention Agenda. St. Lawrence County Public Health Department serves as the coordinating entity.

In addition to the lead agencies, numerous community partners play vital roles in both the assessment and implementation phases.

St. Lawrence County Public Health
Fort Drum Regional Health Planning Organization (FDRHPO)
Bridge to Wellness Coalition
Claxton-Hepburn Medical Campus/Center
Clifton-Fine Hospital
Community Health Center of the North Country
Cornell Cooperative Extension of St. Lawrence County
GardenShare
North Country Heart Network
North Country Prenatal/Perinatal Council
Police Activities League (PAL) of Massena
Rochester Regional Health
St. Lawrence County Office for the Aging

Suicide

The St. Lawrence County Suicide Awareness Coalition (SAC) leads local suicide prevention efforts. SAC will provide Mental Health Awareness Trainings (MHAT) such as QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills Training), and Firearm Safety Prevention. In partnership with SAC, the St. Lawrence County People’s Project will implement Gizmo’s Pawsome Guide to Mental Health in county school districts.

These programs equip community members, organizations, and educators with the skills to recognize and respond to individuals at risk of suicide. Fort Drum Regional Health Planning Organization and the North Country Prenatal/Perinatal Council will offer other MHAT trainings such as Mental Health First Aid. Additionally, the Bridge to Wellness Coalition and its partners will promote the 988 Suicide and Crisis Lifeline through targeted outreach and community education initiatives.

Maternal and Infant Health

Maternal and child health efforts are led by the North Country Prenatal/Perinatal Council (NCPPC), Rochester Regional Health, Claxton-Hepburn Medical Campus/Center, and St. Lawrence County Public Health Department.

St. Lawrence Health's Maternal Wraparound Program (MWRAP) will provide wraparound interventions to pregnant and postpartum women with a substance use disorder, to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

Claxton-Hepburn Medical Campus/Center will be tracking baseline data for positive Social Determinants of Health screens in the Inpatient OB clinic. Referrals will be made to St. Lawrence County Public Health Department's Maternal and Child Health program and North Country Prenatal/Perinatal Council's Healthy Families Home Visiting Program which provides education and support to expectant mothers and new parents.

Nutrition Security

Several community-based organizations play a vital role in ensuring that older adults of St. Lawrence County have access to affordable, healthy food options. The Bridge to Wellness Coalition, in collaboration with these community-based organizations, will promote evidenced based programs through a collaborative media campaign.

St. Lawrence County Public Health Department and the Bridge to Wellness Coalition will evaluate gaps in available community food resources and identify the barriers consumers face when trying to access them. St. Lawrence County Public Health Department will collaborate with community partners, local organizations, and stakeholders to explore and implement sustainable solutions that improve access to nutritious and affordable food for all residents, especially the older population.

Oral Health

Oral health promotion efforts are a collaborative initiative between the St. Lawrence County Public Health Department, Community Health Center of the North Country, local hospitals, and the Bridge to Wellness Coalition. Through this collaboration, the partners will develop a dedicated oral health webpage and community education materials to increase awareness and promote healthy dental practices.

Interventions and Strategies

To address the identified health priorities and disparities, St. Lawrence County partners selected the following evidence-based interventions from the New York State Prevention Agenda (2025–2030):

Suicide Prevention

Mental health remains a critical issue in St. Lawrence County, where many residents face high levels of stress and emotional distress. The county's suicide rate exceeds the state goal by more than twofold, highlighting the need to improve public awareness, training, and the community's ability to identify and assist individuals at risk (SLC 14.3%, NYS 7.9%).



Suicide rates are more than twice the state goal.

To enhance the county's suicide prevention efforts, community partners will broaden access to evidence-based training programs for individuals, organizations, and schools. These programs include:

- QPR (Question, Persuade, Refer)
- Adult and Youth Mental Health First Aid (MHFA)
- ASIST (Applied Suicide Intervention Skills Training)
- Firearm Safety Prevention
- Gizmo's Pawesome Guide to Mental Health for elementary schools

Through these initiatives, participants will develop the skills necessary to recognize warning signs and respond appropriately. The Bridge to Wellness Coalition and community partners will collaborate to promote awareness of the 988 Suicide and Crisis Lifeline through coordinated social media campaigns, digital outreach, and community engagement efforts. This will help normalize the act of seeking help and ensure residents are informed about how to access crisis support when necessary.

Prevention of Infant and Maternal Mortality

Maternal and infant health is a critical area needing attention in St. Lawrence County. Currently, only 65% of pregnant individuals receive prenatal care during the first trimester, and both maternal and infant mortality rates exceed the state's goals by more than double. Coupled with additional risk factors such as poverty, access to care, behavioral health, and substance use, maternal and infant health emerges as a top priority.



Both **infant and maternal mortality** rates are more than double the state's goals.

To address these concerns, Claxton-Hepburn Medical Campus/Center and St. Lawrence Health will implement prenatal and postpartum screenings utilizing validated tools. These screenings aim to identify individuals facing mood or anxiety disorders and connect them to follow-up care and community support programs, including North Country Prenatal/Perinatal Council's Healthy Families and the St. Lawrence County Public Health Department's Maternal and Child Health program.

Nutrition Security

Data shows that in St. Lawrence County, the rate of adults reporting that they were food secure in the past 12 months exceeds the NYS 2030 Objective (SLC 85.9%, NYS 2030 Objective 75.9%). Although St. Lawrence County exceeds the NYS 2030 objective, many adults report poor nutrition.

According to the 2025 Community Health Survey, 35.9% of adults 18 years of age and older consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables). Nutrition Security is closely tied to chronic health conditions and poorer health outcomes.



Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables).

Continued and increased access to nutritious foods can help stabilize families, improve nutrition, and prevent illness. The Bridge to Wellness Coalition in collaboration with several community-based organizations will support and promote food access programs through a joint media campaign.

St. Lawrence County Public Health Department and the Bridge to Wellness Coalition will evaluate gaps in available community food resources and identify the barriers consumers face when trying to access them to understand challenges such as affordability, transportation, and availability of healthy options. St. Lawrence County Public Health Department will collaborate with community partners, local organizations, and stakeholders to explore and implement sustainable solutions that improve access to nutritious and affordable food for all residents.

Oral Health

Access to dental care is another pressing issue, as the ratio of dentists to the population is considerably lower than the state average. This discrepancy creates significant gaps in oral health services, particularly impacting low-income and uninsured residents. For St. Lawrence County, only 15% of Medicaid enrollees report one preventive dental visit within the last year. Raising public awareness of early preventive care and risk reduction is crucial.



Percentage of Medicaid enrollees with at least one preventive dental visit within the last year.

To improve oral health literacy and access to preventive care, St. Lawrence County Public Health Department, in partnership with the Keep the North Country Smiling (KNCS) Coalition, Community Health Center of the North Country, and local hospitals will create a specialized oral health webpage and develop educational materials to share on the importance of oral health prevention. This resource will offer valuable information on:

- Oral health during pregnancy
- Prevention of early childhood caries
- Use of fluoride varnish in primary care settings
- Benefits of fluoridated water
- Early detection of oral cancer
- Updated list of dental providers in the region

This initiative aims to foster consistent messaging within the community and raise awareness about preventive oral health practices.

The selection of these interventions was based on local data, stakeholder input, and alignment with state and national evidence-based frameworks. Each strategy addresses a demonstrated community need, builds on existing local capacity, and integrates health equity principles to ensure that interventions reach populations most affected by disparities.

Progress and Evaluation

Progress on the CHIP/CSP will be monitored collaboratively throughout the cycle by the Bridge to Wellness Coalition, which meets every other month and is facilitated by the St. Lawrence County Public Health Department. The Coalition includes representatives from public health, higher education, hospitals, health

centers, and community-based organizations. During these meetings, partners will review progress toward performance measures, share activity updates, and assess outcomes. St. Lawrence County Public Health Department will support this process by coordinating meetings, assisting with data collection and analysis, and documenting progress to ensure accountability and alignment with the Prevention Agenda goals.

If data or feedback indicates that goals are not being met, partners will review findings during coalition meetings using progress updates and performance measures to identify barriers. From there the group will determine if there is a need for mid-course corrections. Adjustments may include modifying interventions, adjusting timelines, or reallocating resources to better achieve intended outcomes. All decisions will be made collaboratively to ensure the plan remains aligned with the 2025–2030 Prevention Agenda and continues to advance health equity.

Community Health Assessment (CHA)

The 2025 St. Lawrence County Community Health Assessment (CHA) is a planning document that describes the health status of St. Lawrence County residents, identifies key health challenges, and supports the selection of local priorities. The CHA is a requirement for local health departments and hospitals as part of New York State’s Prevention Agenda 2025–2030, and it directly informs both the St. Lawrence County Community Health Improvement Plan (CHIP) and partner hospitals’ Community Service Plans (CSPs). This CHA follows the structure and expectations outlined by the New York State Department of Health, aligning with the five domains in the updated Prevention Agenda:

- Economic Stability
- Social and Community Context
- Neighborhood and Built Environment
- Health Care Access and Quality
- Education Access and Quality

The CHA assesses St. Lawrence County’s performance across the state’s 24 priority areas within these domains and provides the evidence base to guide the selection of locally relevant objectives and interventions. The approach ensures consistency with statewide SMARTIE objectives and helps align St. Lawrence County’s public health efforts with New York’s health improvement plan.

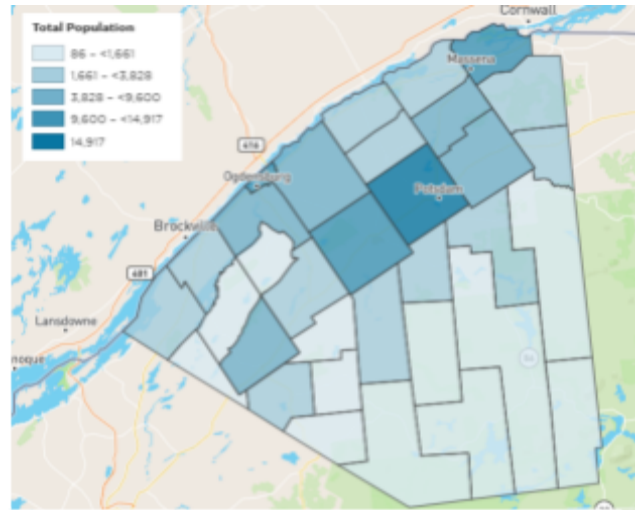
The CHA is a comprehensive snapshot of local health in 2025. It describes the current health status, the social and environmental conditions that shape it, and the assets residents can leverage to improve health and wellness. Completing a CHA is an essential public health service that enables hospitals and St. Lawrence County Public Health Department to identify populations at greatest risk and select interventions that align with the New York State’s 2025-2030 Prevention Agenda. The Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) translates those findings into an action plan (NYSDOH, 2025).

Community Description

St. Lawrence County, the largest county in New York State by land area, spans over 2,800 square miles across the state’s northernmost region (U.S. Census Bureau, 2023). The county is bordered by the St. Lawrence River and Canada to the north and the Adirondack Park to the south. Despite its size, the county is home to approximately 106,000 residents, resulting in a low population density and significant geographic spread. These factors influence access to services and transportation.

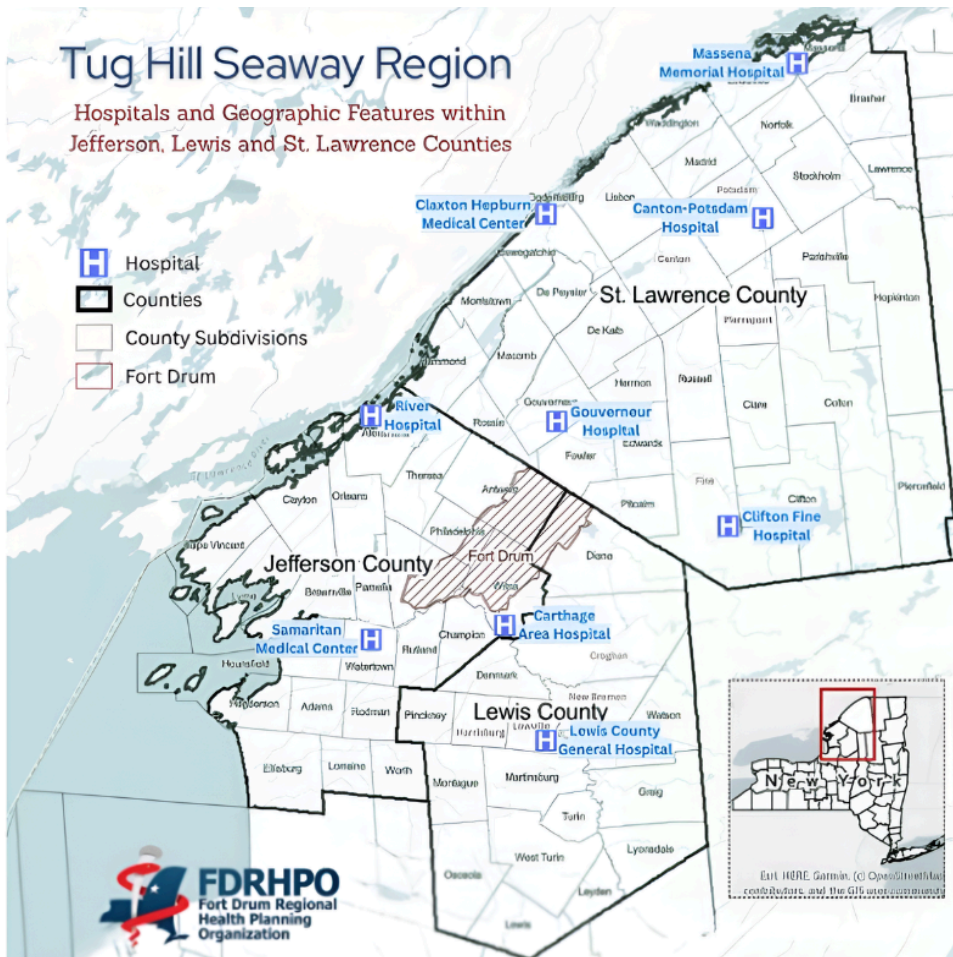
The county's population is concentrated in a few key communities. Ogdensburg, located on the St. Lawrence River, serves as a historic port city and international border crossing. Canton, the county seat, and Potsdam, its largest village, are both hubs for education, government, and commerce. Massena offers access to cross-border trade through the St. Lawrence Seaway and supports a strong industrial and transportation presence.

Higher education plays a central role in the county. St. Lawrence University, Clarkson University, SUNY Potsdam, and SUNY Canton attract thousands of students annually and serve as major employers and community anchors. The Akwesasne Mohawk Territory exists across the northern border.



Sources: US Census Bureau ACS 5-year 2019-2023

St. Lawrence County is served by five community hospitals: Canton-Potsdam Hospital, Claxton-Hepburn Medical Campus/Center, Clifton-Fine Hospital, Massena Hospital, and Gouverneur Hospital. An array of primary care and outpatient services also exist throughout the county. These facilities work together across long distances to provide healthcare services and community resources.



FDRHPO (2025), Regional Hospitals. Created using ArcGIS, Esri.

The county’s economy is grounded in agriculture, education, healthcare, light industry, and tourism. Its vast geography, rurality, and aging infrastructure present both opportunities and challenges for delivering healthcare and public health services. With that said, its network of engaged stakeholders, and higher education institutions position it well for coordinated health improvement efforts.

Service Area Description

St. Lawrence County continues to face shortages across several key healthcare provider types when compared to both the regional and state averages. The supply of physicians, particularly in primary care, remains well below the statewide rate, contributing to challenges in accessing care. Nurse practitioners and physician assistants represent a growing share of the clinical workforce and help offset some of the physician shortfall, but overall provider availability remains limited. Dental care access is also a concern, with dentist-to-population ratios significantly lower than the state average, contributing to gaps in oral health services, especially for low-income and uninsured residents. These trends reflect challenges commonly faced in rural areas, such as provider recruitment and retention difficulties and limited access to specialty services.

Federal data from the Health Resources and Services Administration (HRSA) confirm these shortages. St. Lawrence County is designated as a Health Professional Shortage Area (HPSA) for the Medicaid-eligible population in three key areas: primary care (score = 16), mental health (score = 17), and dental health (score = 18). These scores reflect a high level of need and correspond to shortfalls of approximately eight full-time primary care providers, nearly eight dentists, and two mental health providers to adequately serve the Medicaid population. In addition, the county has a maternity care shortage score of 9, further emphasizing access gaps in obstetric care (Health Resources and Services Administration, 2025).

The table below illustrates how provider density in St. Lawrence County compares to regional and state benchmarks. The county has 174 physicians per 100,000 residents, which is just over a third of the state rate (485/100k). The gap is particularly noticeable in primary care, where the local rate (64/100k) is about half that of New York State (124/100k). The shortage is compounded by low dentist availability (32/100k) and slightly lower-than-average numbers of nurse practitioners (96/100k), compared to state averages. These findings indicate that St. Lawrence County’s healthcare workforce is not sufficient to meet the needs of its population, particularly for Medicaid recipients and rural residents (HRSA, 2022).

Source: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Health Resources and Services Administration (HRSA) HPSA Designations for St. Lawrence				
Discipline	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Primary Care	Medicaid Eligible Population HPSA	8.09	16	Rural
Dental Health		7.65	18	Rural
Mental Health		1.93	17	Rural

Source: HRSA Area Health Resource Files 2022

Clinician Group	St. Lawrence		Region		NYS	
	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.	Count(#)	Per 100k pop.
All Physicians (MD and DO)	187	174	440	175	95370	485
All Physicians (MD)	171	159	385	153	89249	454

All Physicians (DO)	16	15	55	22	6121	31
Primary Care Physicians	69	64	164	65	24365	124
Nurse Practitioners	103	96	249	99	23438	119
Physician Assistants	93	86	249	99	18280	93
Dentists	35	32	101	40	14229	72
Population	107,733		251,069		19,677,151	

Source: <https://profiles.health.ny.gov/hospital>

St. Lawrence Hospitals, Services, and Extension Sites						
ST. LAWRENCE	Canton-Potsdam Hospital	Clifton-Fine Hospital	Gouverneur Hospital	Massena Hospital	Claxton-Hepburn Medical Campus	Claxton-Hepburn Medical Center
Services						
Ambulatory Surgery - Multi Specialty	x		x	x	x	
Certified Mental Health Services O/P			x		x	
Certified Mental Health Services I/P						x
Chemical Dependence - Rehabilitation	x					
Chemical Dependence - Rehabilitation O/P	x		x			
Chemical Dependence - Withdrawal O/P	x					
Clinic Part Time Services				x		
Dental O/P		x				
Emergency Department	x	x	x	x	x	
Lithotripsy	x			x	x	
Magnetic Resonance Imaging	x		x		x	
Maternity	x				x	
Medical Services - Other Medical Specialties	x	x	x	x	x	
Medical Services - Primary Care	x	x	x	x	x	
Radiology-Therapeutic O/P	x					
Renal Dialysis - Acute				x	x	
Bed Types						
Chemical Dependence - Rehabilitation Beds	17					
Intensive Care Beds	6				6	
Maternity Beds	8				2	
Medical / Surgical Beds	78		25	25	17	
Adult Mental Health Beds						28
Children/Adolescent Behavioral Health Beds						12
TOTAL BEDS	109	0	25	25	25	40

St. Lawrence County Nursing Home/Long-Term Care/Rehabilitation

Site	Total Capacity	Available Capacity	Location
United Helpers Canton Nursing Home	95	1	Canton
St Joseph's Home	82	12	Ogdensburg
North Country Nursing & Rehabilitation Center	140	8	Massena
Massena Rehabilitation & Nursing Center	162	17	Massena

Health Care Resources

Claxton-Hepburn Medical Campus/Center

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

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

Values:

- *Compassion* - We are caring and courteous and treat others with dignity and respect.
- *Teamwork* - Together, we accomplish more by setting high standards, fostering communication, and being dependable.
- *Integrity* - We are trusting and trustworthy in our dealings; our behavior is consistent with our thoughts, feelings, and values.
- *Innovation* - We look for creative ways to meet people's needs and continuously improve our services.
- *Excellence* - We are accountable to meet the quality and service expectations of our patients and physicians.

Clifton-Fine Hospital

Mission: Clifton-Fine Hospital, as a designated Rural Emergency Hospital, is committed to delivering high-quality, patient-centered emergency and outpatient care to Southern St. Lawrence County.

Vision: We strive to ensure timely access to essential health services, uphold the highest standards of safety and compassion, and promote health equity for all residents.

Values: *Focusing on patient/resident needs*

- *Compassion:* We treat every patient with dignity, empathy, and respect, ensuring personalized care in times of need.
- *Accessibility:* We are committed to providing 24/7 emergency and outpatient services, reducing barriers to care for all residents.
- *Quality & Safety:* We uphold the highest standards of clinical excellence and patient safety, meeting and exceeding regulatory requirements.
- *Community Partnership:* We work collaboratively with local organizations and stakeholders to strengthen health outcomes and economic stability in our region.
- *Integrity & Accountability:* We act with transparency and responsibility in all aspects of care and operations.
- *Innovation & Sustainability:* We embrace new models of care and technology to ensure long-term viability and continuous improvement for future generations.

Rochester Regional Health (Canton-Potsdam, Gouverneur, and Massena)

Mission: Uplift humanity through care for our community.

Vision: Become a national model of health and healing.

Values:

- *Rooted in our community* - For generations, we've proudly served the communities we live in.
- *Serve as one* - Our work is never done, and it's never done alone.
- *Care like family* - Our care is wholehearted, because the whole person matters.
- *Embrace tomorrow, today* - We're driven to innovate together for a healthier world for all.

Demographic Profile

Population

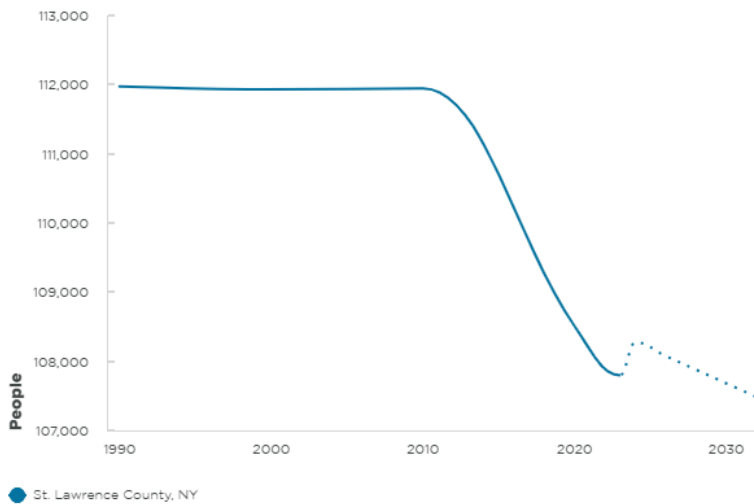
Please note that throughout this report, population and other figures may vary slightly depending on the source. This is due, in part, to differences in the reference year used by various datasets, such as the U.S. Census Bureau, American Community Survey, and state-level data sources. For accuracy and relevance, we have used the most recent and appropriate population estimates available for each specific indicator. As a result, you may observe minor discrepancies in population counts across different sections of the report. These differences do not reflect errors but rather the use of data tailored to the context of each analysis. The U.S. Census Bureau provides several different population figures for St. Lawrence County, and it's important to understand what each one means.

The official 2020 Census count recorded a population of 108,505. This is an official fixed number collected during the nationwide decennial census on April 1, 2020 (U.S. Census Bureau, 2021). The Bureau's Population Estimates Program (PEP) provides updated annual estimates based on administrative data, including births, deaths, and migration. The most recent PEP estimate, for July 1, 2024, puts St. Lawrence County's population at 106,198, which reflects a 2.1% decrease from the 2020 Census base of 108,505 (U.S. Census Bureau, 2025). A third number, 107,796, comes from the American Community Survey (ACS) 5-year estimates for the period 2019–2023 (U.S. Census Bureau, 2024). The ACS is a rolling survey that averages responses collected over five years and is commonly used for demographic and socioeconomic data in public reports.

While each of these estimates is valid, they serve different purposes. While the PEP estimate is the most current count and the decennial census provides an official fixed baseline, the ACS gives access to a range of detailed demographic characteristics that are important for an assessment such as this one. To maintain consistency throughout this report, and because the ACS 5-year dataset is the source for many accompanying demographic and health indicators, the ACS 5-year estimate of 107,796 will be used, if possible, as the St. Lawrence County population figure throughout most of the Community Health Assessment.

The population graph shows a significant shift in population size. From 1990 through approximately 2010, the county maintained a relatively stable population. Beginning around 2010, the county experienced a population decline. The decline may be attributed to a combination of factors, including out-migration of younger residents, an aging population, and limited economic growth opportunities. Looking ahead, projections to 2030 suggest that this trend will continue.

Total Population

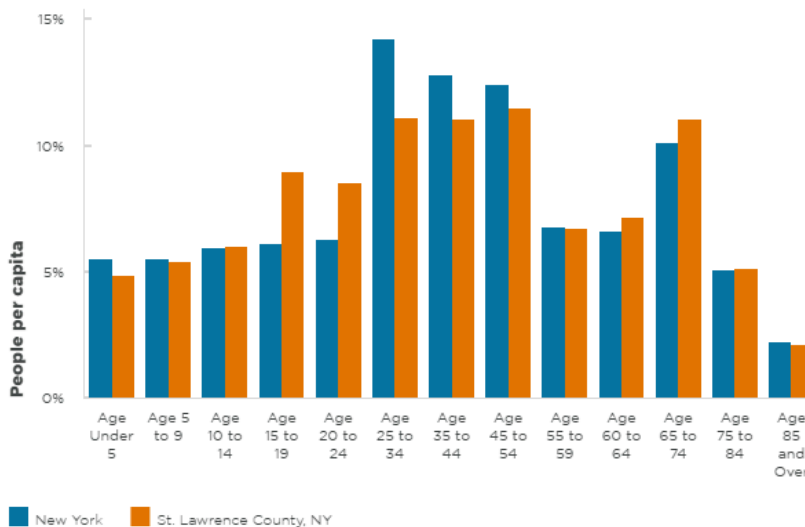


Sources: US Census Bureau; US Census Bureau ACS 5-year

The age composition of St. Lawrence County shows demographic patterns that could have a direct impact on the region. According to the U.S. Census Bureau’s 2019–2023 American Community Survey, the county has a unique concentration of residents ages 15 to 24, surpassing both the state average and neighboring counties (U.S. Census Bureau, 2024). This spike reflects the presence of multiple higher education institutions, like SUNY Potsdam, Clarkson University, St. Lawrence University, and SUNY Canton, that draw thousands of college students to the region each year.

However, this temporary influx of young adults is followed by a notable decline in the 25–34 age group. While over 14% of New York State’s population falls into this age range, only about 11% of St. Lawrence County does. This drop-off suggests that many students leave the area after graduation, often in search of employment or urban amenities. Such out-migration can pose long-term challenges for local workforce stability, particularly in sectors like healthcare that rely on a steady pipeline of early-career professionals.

Age Totals



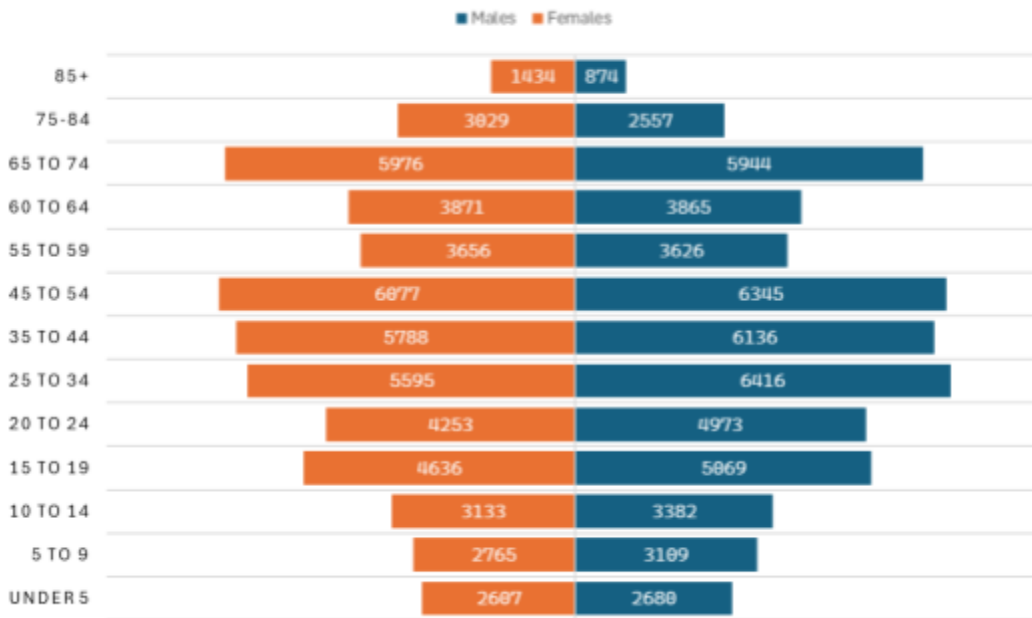
Sources: US Census Bureau ACS 5-year 2019-2023

The county also shows a slightly lower share of children under age 5 compared to the state, which may impact future school enrollment and early childhood service needs. School-aged populations (ages 5–14) are more aligned with state and regional figures. In contrast, older adults represent a growing segment of the population. Residents ages 45 to 74 make up a larger proportion of the county’s total population than they do at the state level, with the 65–74 age group especially prominent. While the share of adults 75 and older currently mirrors state and regional averages, the aging of the larger 60–74 cohort will soon increase demand for long-term care, senior housing, chronic disease management, and home-based support services.

Lewis County maintains a more traditional rural age spread, while Jefferson County’s population is shaped by its military presence, resulting in more young families and military-affiliated adults. St. Lawrence, by contrast, stands out for its high concentration of college-age residents and older adults, combined with a relative gap in mid-career age groups. This demographic profile highlights the need for intentional workforce development efforts that retain young talent while also preparing for the rising care needs of an aging population.

Males slightly outnumber females in most working-age brackets in St. Lawrence County, but this trend reverses in older age groups, particularly beyond age 75, reflecting the longer average life expectancy of women. Together, these age and gender patterns will require careful consideration in healthcare planning, housing policy, and community service delivery to ensure that the county’s systems can adapt to its shifting population structure.

Population by Age and Gender. Source: Census ACS 2019-2023



Race/Ethnicity

St. Lawrence County has a less diverse population compared to New York State as a whole. According to the 2019–2023 American Community Survey 5-year estimates, 91.5% of the county’s residents identify as White (not Hispanic or Latino). Hispanic or Latino residents make up 2.5% of the county’s population, while they represent 19.6% across New York State. Similarly, Black or African American residents account for 1.8% of the county population, compared to 13.6% statewide, and Asian residents make up 1.0% locally versus 8.8% across

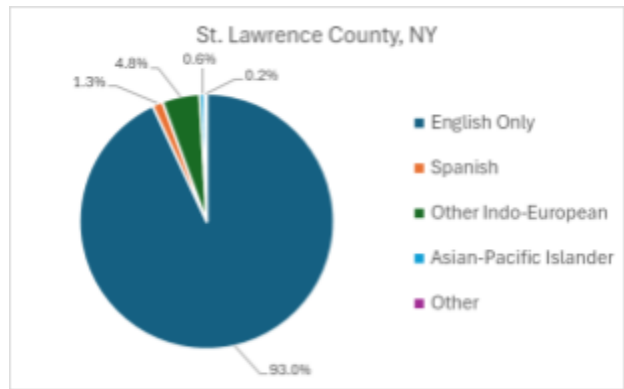
the state (U.S. Census Bureau, 2024). Other racial groups, including Native Hawaiian and Pacific Islander, American Indian, and individuals reporting two or more races, each make up less than 3% of the county’s population. The small size of minority populations in the county can make it difficult to identify reliable trends in health data due to small sample sizes. It also increases the risk that the unique experiences or needs of these groups may be underrepresented in countywide statistics or overlooked in health planning. The county may not face the same level of linguistic or cultural complexity as more urban areas. However, there is still a need to ensure culturally responsive services.

Sources: US Census Bureau ACS 5-year (via mySidewalk)

Race/Ethnicity	Population
White (Not Hispanic or Latino)	91.49%
Hispanic or Latino	2.52%
Two or More Races Other (Not Hispanic or Latino)	2.50%
Black (Not Hispanic or Latino)	1.84%
Asian (Not Hispanic or Latino)	1.02%
Single Race Other (Not Hispanic or Latino)	0.42%
Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	0.21%
American Indian (Not Hispanic or Latino)	0.00%

Language

St. Lawrence County shows little language diversity. About 93.0% of residents speak only English at home, while 7.0% speak a language other than English. The largest non-English language group is Other Indo-European languages, which includes French, German, and Russian, spoken by 4.8% of residents. Spanish is spoken by 1.3%, followed by Asian/Pacific Islander languages (0.6%) and other languages (0.2%) (U.S. Census Bureau, 2024).



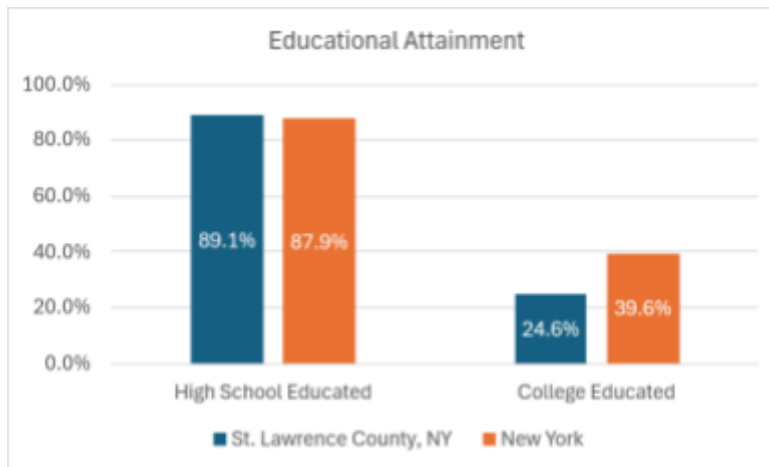
Sources: US Census Bureau ACS 5-year 2019-2023

The relatively high proportion of Indo-European language speakers is worth noting and may reflect cultural or geographic ties to neighboring Canada and local immigrant communities. Public health agencies and healthcare providers could consider providing access to language services and translated materials for Spanish and Indo-European languages where feasible, particularly in settings serving older adults, immigrant populations, or areas with higher diversity.

Education

According to the most recent educational data available, 89.1% of St. Lawrence County residents have completed high school or earned a high school equivalency diploma, slightly exceeding the statewide rate of 87.9%. This indicates a relatively strong foundation of basic education across the county. However, college attainment is considerably lower than the state average. Only 24.6% of county residents hold a bachelor’s degree or higher, compared to 39.6% across New York State (U.S. Census Bureau, 2024). This educational gap

may have implications for health outcomes, economic stability, and the county’s healthcare workforce. Individuals with lower educational attainment are more likely to experience lower income levels, increased unemployment, and higher rates of chronic disease, all of which are known social determinants of health. In rural areas like St. Lawrence County, these factors can exacerbate access to care challenges. The lower rate of college-educated residents could also pose challenges for having an adequate healthcare workforce.



Sources: US Census Bureau ACS 5-year 2019-2023 (via mySidewalk)

St. Lawrence County is served by 17 public school districts and the St. Lawrence–Lewis BOCES, all of which operate in predominantly rural settings (NCES, 2024). The majority of districts are classified as “Rural, Distant” or “Rural, Remote” by the National Center for Education Statistics. This rural layout contributes to transportation challenges for both families and schools, particularly in districts where students have to travel long distances each day. District sizes vary, but most are small. These schools often serve as important social anchors within their communities, offering personalized learning environments and strong local connections. However, their small size can make it difficult to offer the variety of programs, services, and extracurricular activities that are more common in urban or suburban districts.

Source: NCES CCD public school district data for the 2023-2024 school year

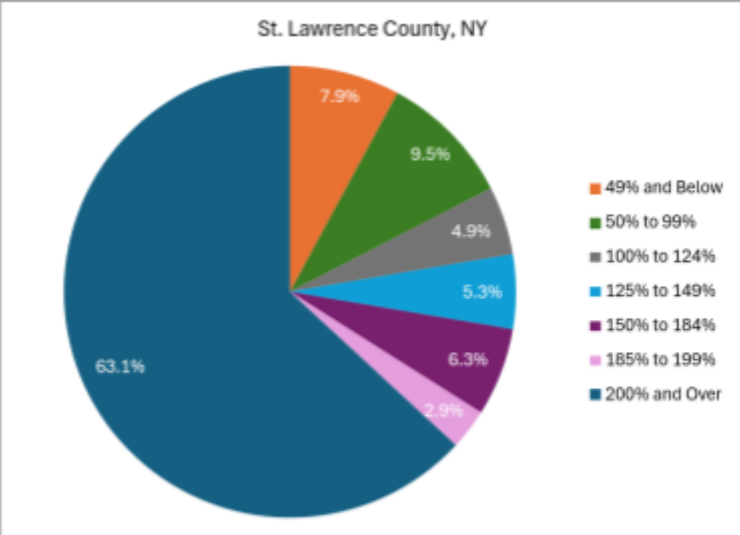
District Name	City	Students	Teachers	Schools	Locale	Student Teacher Ratio
Brasher Falls	Brasher Falls	971	91	3	Rural, Distant	10.67
Canton	Canton	1092	96.73	3	Rural, Fringe	11.29
Clifton-Fine	Star Lake	261	31.85	2	Rural, Remote	8.19
Colton-Pierrepont	Colton	386	35.49	1	Rural, Distant	10.88
Edwards-Knox	Hermon	514	49.5	2	Rural, Remote	10.38
Gouverneur	Gouverneur	1440	125.99	3	Rural, Distant	11.43
Hammond	Hammond	243	26.46	1	Rural, Distant	9.18
Hermon-Dekalb	De Kalb Junction	395	36.41	1	Rural, Distant	10.85
Heuvelton	Heuvelton	576	45.51	1	Rural, Distant	12.66
Lisbon	Lisbon	564	44.99	1	Rural, Distant	12.54
Madrid-Waddington	Madrid	627	55	2	Rural, Remote	11.4
Massena	Massena	2447	186.27	5	Town, Remote	13.14
Morristown	Morristown	328	33.51	1	Rural, Distant	9.79
Norwood-Norfolk	Norwood	966	90.04	3	Rural, Distant	10.73
Ogdensburg	Ogdensburg	1420	139	3	Town, Remote	10.22
Parishville	Parishville	347	39.83	2	Rural, Distant	8.71
Potsdam	Potsdam	1336	106.65	3	Town, Remote	12.53
St. Lawrence-Lewis BOCES	Canton	-	82.3	1	Town, Remote	N/A

Student-to-teacher ratios in the county are relatively low, allowing for more individualized attention and student support. While this is a strength, it may also reflect underlying fiscal challenges, especially in districts facing declining enrollment. In this context, the role of St. Lawrence–Lewis BOCES is particularly vital. BOCES provides shared services that individual districts might not be able to sustain independently, including special education, professional development, and career and technical education (CTE). BOCES is also well-positioned to support local workforce development, especially in critical sectors like healthcare and skilled trades where the region continues to face shortages. As the county’s teaching workforce ages, with a significant share of educators approaching retirement, succession planning and “grow-your-own” teacher development programs will become increasingly important to maintain educational quality and adequate staffing. Long travel distances can limit participation in after-school activities and advanced coursework.

A growing number of students require behavioral health supports and integrated school-based services, yet recruiting and retaining specialized staff, such as STEM teachers, mental health professionals, and speech-language pathologists, remains a challenge. Overall, St. Lawrence County’s school system is grounded in strong community values and personalized learning environments. However, adapting to demographic shifts and evolving student needs will likely be needed in the near future.

Household Income

The median household income in St. Lawrence County is approximately \$61,900, and about 17.4% of residents live below the federal poverty level (U.S. Census Bureau, 2024). The income-to-poverty ratio chart represents the share of St. Lawrence County residents whose household income falls within specific ranges compared to the federal poverty level (FPL). The FPL is a national standard set each year based on household size, and it is used to determine eligibility for many public assistance programs. Each category in the chart reflects how close or far a household’s income is from that poverty line. For example, a ratio of 49% or below means the household earns less than half of the poverty threshold, while a ratio of 100% to 124% means the household earns just above the poverty line, still often qualifying for programs like Medicaid or food assistance. As the percentages increase, they reflect higher income levels relative to the poverty threshold. A ratio of 200% or more means the household earns at least twice the poverty level and is less likely to qualify for income-based services. In short, the chart shows how income is distributed across the population in relation to the poverty line.

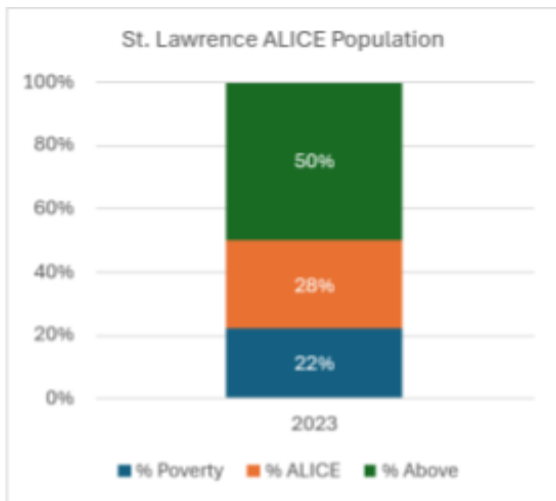


Sources: US Census Bureau ACS 5-year 2019-2023

The ALICE population (Asset Limited, Income Constrained, Employed), represents households that earn above the FPL but still struggle to afford basic necessities such as housing, childcare, food, transportation, health care, and technology. These households fall into the gap between poverty and financial stability: they are not poor enough to qualify for many assistance programs, but they are far from economically secure. Because the ALICE Threshold is based on actual local expenses rather than a fixed multiple of the FPL, it may be lower or higher than 200% of the FPL. Households can move above or below the threshold over time as wages, prices, and family circumstances change (United For ALICE, 2024).

In St. Lawrence County, 22% of households were in poverty and 28% were in the ALICE population, meaning about 50% of households are below the ALICE Threshold. While these proportions fluctuate from year to year, the shifts are generally modest. The overall pattern, roughly half of households above the threshold and the remainder split between ALICE and poverty, has remained consistent over the past decade. Based on this stable trend, it is reasonable to assume that current figures are like those shown for 2023.

The combination of the county’s poverty rate and large ALICE population places pressure on families, health systems, schools, and social services, and highlights the need for strategies that address both immediate needs and long-term economic stability. Efforts to improve population health will need to prioritize affordable care access, transportation solutions, workforce development, and programs that support food security and stable housing.



Source: ALICE Threshold 2010-2022; American Community Survey 2010-2022 via unitedforalice.org/county-reports

The entire county has a HRSA designation as rural. Approximately 72% of housing units are owner-occupied, and the median home value is around \$120,000, which is well below the New York State median (U.S. Census Bureau, 2024). Modest housing prices and limited availability of rental properties likely contribute to the high rate of home ownership.

The county’s vast geography presents barriers to accessing care and services, as many residents live 15 to 30 miles from primary hubs such as Canton, Potsdam, Gouverneur, and Massena. This distance, combined with limited public transportation, contributes to ongoing access challenges for primary care, specialty services, and healthy food outlets. Roughly 13.6% of residents under age 65 report living with a disability, the highest rate among the three North Country counties. This presents additional challenges for accessing healthcare, employment, and transportation, particularly in more remote areas.

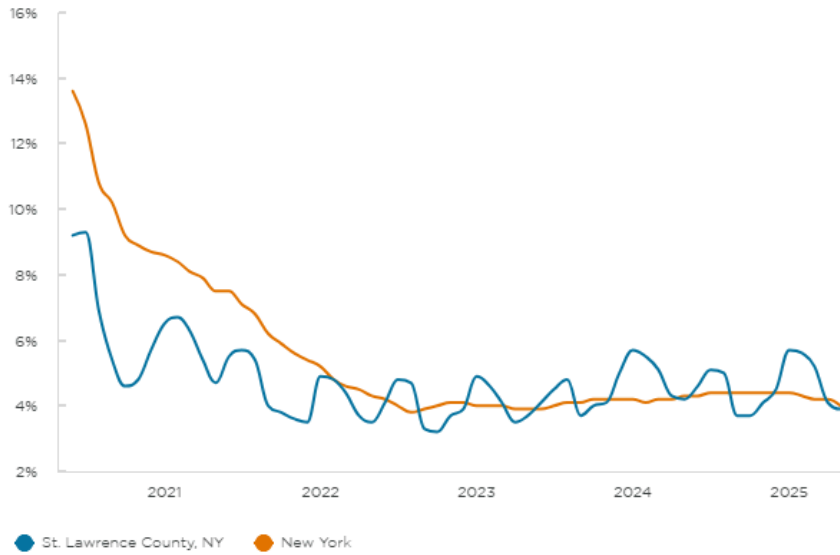
While the county is not highly diverse compared to state averages, about 5% of residents speak a language other than English at home, and 4.5% are foreign-born. These groups represent meaningful subpopulations who may have specific language access and cultural care needs, even in a predominantly English-speaking area.

St. Lawrence County’s unemployment rate has followed statewide trends over the past several years but shows more noticeable seasonal ups and downs. After a pandemic-related spike in early 2020, the county’s unemployment rate dropped into a steady range between about 3.5% and 6%. Since 2021, it has followed a seasonal pattern (Bureau of Labor Statistics, 2025). This kind of fluctuation is not as visible at the state level, where the unemployment rate has remained fairly steady.

Several factors contribute to the county’s seasonal employment shifts. Industries like construction, agriculture, outdoor recreation, and tourism naturally ramp up and slow down with the seasons. St. Lawrence County is home to several colleges and universities where students leave during breaks. For some residents, this kind of employment cycle can create challenges. Brief periods of joblessness may mean a loss of income, health insurance disruptions, and added stress. These patterns can make it harder for employees to retain work. The

seasonal nature of work and the high proportion of low-wage jobs in the region contribute to financial instability for some households, particularly those within the ALICE population.

Unemployment Rate



Sources: BLS LAUS

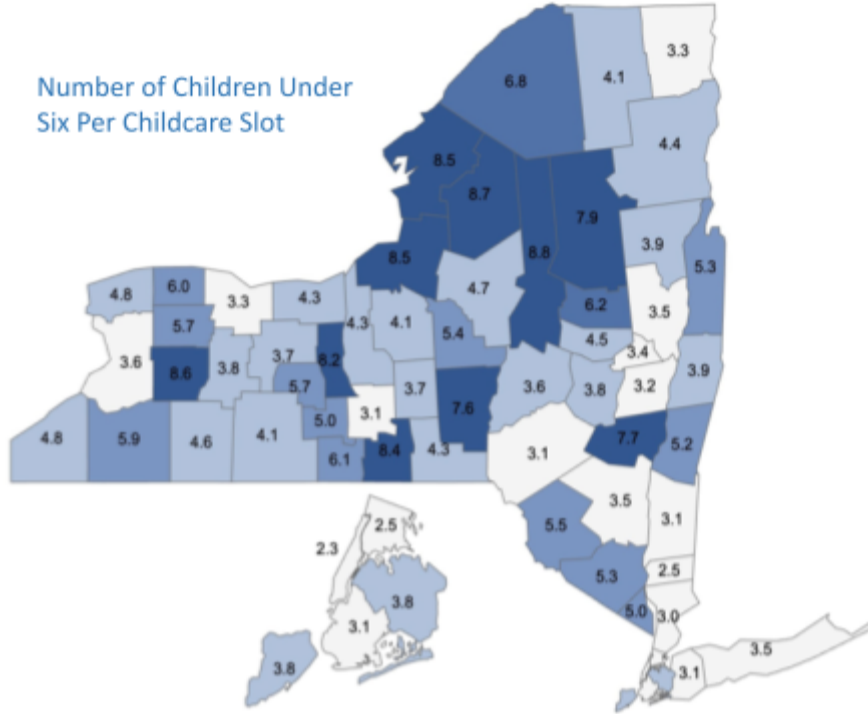
Childcare

Access to affordable childcare in St. Lawrence County continues to be a challenge. According to the 2025 MIT Living Wage Calculator, full-time care averages about \$13,114 per year, per child, which is essentially the same as the national average (\$13,128) and below New York State’s average (\$21,826) (Massachusetts Institute of Technology, 2025). Even with a lower cost than the state average, families report difficulty finding care that is both available and affordable, and access is often constrained by limited capacity and long waitlists. Licensed childcare capacity in the North Country is limited, with all three counties in the North Country falling well above the statewide averages for the number of young children per available slot.

In Jefferson County, there are 8.5 children under age six for every licensed childcare space, meaning only a fraction of children can be served in regulated care at any given time. Lewis County faces a similar challenge at 8.7 children per slot, one of the highest ratios in the state. St. Lawrence County, while somewhat lower, still has 6.8 children per slot, indicating a shortage that leaves many families reliant on informal or unlicensed care.

These shortages have implications beyond early childhood development. Limited childcare access can affect parental workforce participation, contribute to economic instability, and place additional strain on family and social support systems. For employers, the lack of childcare can hinder recruitment and retention, particularly in sectors with non-traditional work hours like healthcare. From a public health perspective, reliable and high-quality childcare is linked to improved school readiness, early detection of developmental delays, and better long-term health outcomes (NYS Childcare in NYS Report, 2023).

Number of Children Under Six Per Childcare Slot



Source: NYSDOL 2023 Childcare Report (2021 ACS 5-Year Estimates Table B09001).
Childcare Capacity by Age Group.

Health Insurance

Approximately 94.1% of St. Lawrence County residents have health insurance, leaving only 5.9% without coverage. Roughly 22% are enrolled in Medicare, reflecting the county’s growing aging population. Just over one-quarter (26.6%) rely on Medicaid, which is in line with the statewide rate. About 2.7% of residents receive care through the Veterans Health Administration. This rate is nearly twice that of New York State overall (1.2%), likely driven by the proximity of the Fort Drum Army Base (U.S. Census Bureau, 2024).

Source: U.S. Census Bureau 2019-2023 ACS 5-Year

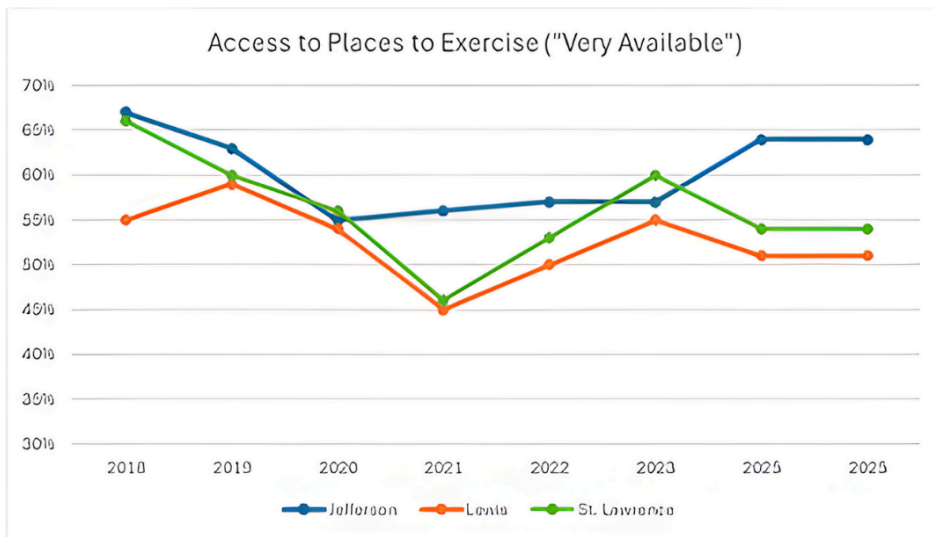
	Insured	Uninsured	Medicare	Medicaid	VA Health Care
Jefferson	94.2%	5.8%	18.0%	26.1%	4.5%
Lewis	95.1%	4.9%	22.6%	28.4%	3.1%
St. Lawrence	94.1%	5.9%	21.9%	26.6%	2.7%
NYS	94.9%	5.1%	18.4%	27.4%	1.2%

Environmental Factors and Policies

Local municipalities in St. Lawrence County have adopted policies that support walkable, health-oriented communities. Multiple towns and villages have passed Complete Streets resolutions, and county-wide tobacco-free policies apply to public properties and facilities. Air quality is generally within acceptable limits but can be temporarily impacted by smoke-related events. Drinking water systems are mostly compliant, though occasional issues related to water quality or reporting may arise in some communities. The county is susceptible to climate-related risks, including flooding and storm damage, which can disrupt services and cause long-term costs for local infrastructure.

Among the three counties, St. Lawrence shows the highest proportion of residents reporting at least one barrier to healthy eating. Affordability is a dominant concern, with nearly half of respondents citing cost as a limitation. Access also presents a challenge, with many reporting a lack of nearby grocery stores. Time constraints appear to be less of an issue in St. Lawrence County than in Jefferson County, and few respondents indicated a lack of knowledge or physical limitations as barriers. Overall, fewer people in St. Lawrence County said they face no barriers at all, underscoring a greater need for both economic and geographic interventions to support healthy food access.

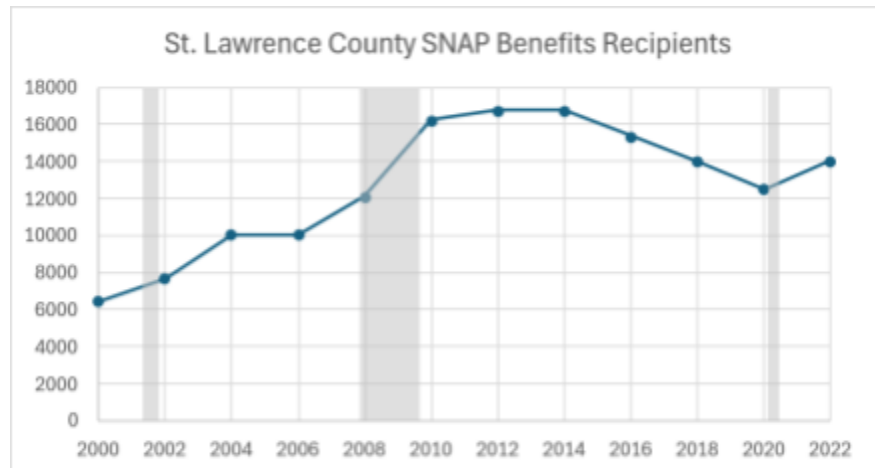
The county experienced a decline in perceived access to exercise facilities during the pandemic, followed by a noticeable recovery through 2023. However, since that peak, perceptions have declined slightly. In the most recent community health survey, about half of residents report that access is “very available”.



Source: FDRHPO, Community Health Survey, 2025

Benefits

SNAP enrollment in St. Lawrence County has closely tracked economic conditions over the past two decades. The number of recipients more than doubled from 2000 to 2012, peaking at over 16,000 soon after the recession of 2008. Participation declined gradually through 2020 but rose again during the COVID-19 pandemic, reaching about 14,000 by 2022 (U.S. Department of Agriculture, Food and Nutrition Service, 2025; Federal Reserve Bank of St. Louis, 2025). These shifts reflect how quickly food insecurity increases



Source: U.S. Census Bureau via FRED®

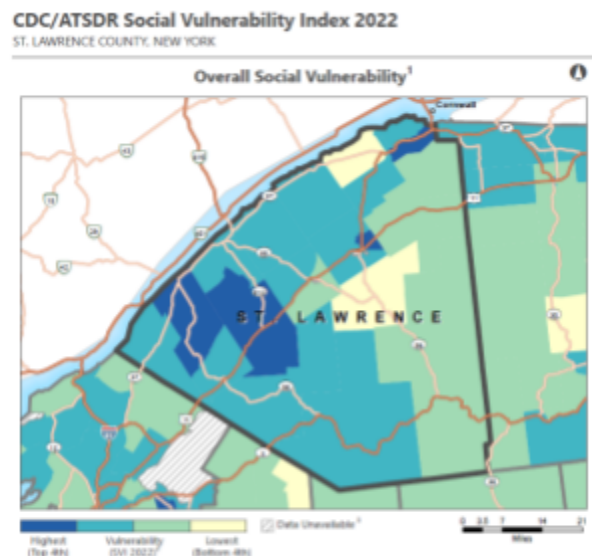
during times of economic stress. Even with recent declines, SNAP participation remains well above early 2000s levels. This trend has important implications for health planning. Food insecurity is closely tied to chronic health conditions and poorer health outcomes. Continued access to SNAP can help stabilize families, improve nutrition, and prevent illness.

Social Vulnerability Index

Social Vulnerability Index (CDC/ATSDR SVI 2022)		
Overall Vulnerability	Socioeconomic Status	Below 150% Poverty
		Unemployed
		Housing Cost Burden
		No High School Diploma
		No Health Insurance
	Household Characteristics	Aged 65 and Older
		Aged 17 and Younger
		Civilian with a Disability
		Single-Parent Households
		English Language Proficiency
	Racial and Ethnic Minority Status	Hispanic or Latino (of any race)
		Black and African American, Not Hispanic or Latino
		American Indian and Alaska Native, Not Hispanic or Latino
		Asian, Not Hispanic or Latino
		Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino
		Two or More Races, Not Hispanic or Latino
Housing Type & Transportation	Other Races, Not Hispanic or Latino	
	Multi-Unit Structures	
	Mobile Homes	
	Crowding	
	No Vehicle	
		Group Quarters

The Social Vulnerability Index (SVI), developed by the CDC’s Agency for Toxic Substances and Disease Registry (ATSDR), is a tool used to identify communities that may be more vulnerable to negative health outcomes, when faced with certain factors like natural disasters, disease outbreaks, or economic instability. This index ranks counties based on 15 social factors grouped into four themes: Socioeconomic Status, Household Characteristics, Minority Status and Language, and Housing Type and Transportation. Each area is assigned a percentile rank between 0 and 1, with higher values indicating greater vulnerability.

According to the latest data available, St. Lawrence County’s overall Social Vulnerability Index (SVI) score places it at the 93rd percentile among counties in New York State. This means the county ranks among the top 10% most socially



Source: CDC/ATSDR SVI 2022

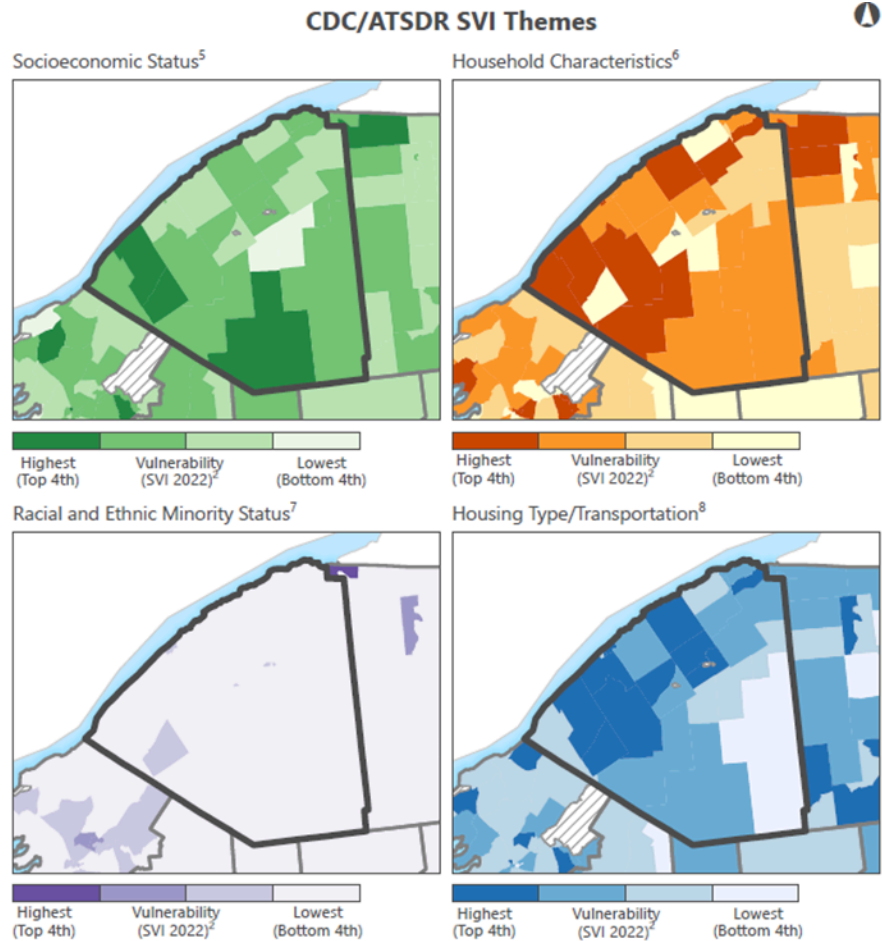
vulnerable counties in the state, indicating that residents face significant structural and social barriers that may impact their ability to maintain health, recover from crises, or access timely care and support (Centers for Disease Control and Prevention/ATSDR, 2023).

St. Lawrence County scored 0.92 in the Socioeconomic Status domain, reflecting very high vulnerability related to poverty, unemployment, and lower levels of educational attainment. These challenges are closely tied to increased risk of poor health outcomes, housing instability, and reduced access to healthcare and other essential services.

With a Household Characteristics score of 0.61, the county ranks above the state median. This domain includes populations such as older adults, people with disabilities, children, and single-parent households. These are groups that often require more targeted services and supports, particularly in rural and underserved areas.

St. Lawrence scored 0.20 in the Minority Status and Language domain, which is a low vulnerability score compared to the rest of the state. While the county has less racial and ethnic diversity and fewer residents with limited English proficiency, it remains important to ensure inclusive, culturally competent outreach and care, especially as demographics evolve.

The Housing Type and Transportation domain is St. Lawrence County’s most severe area of vulnerability. With a national percentile of 0.98 and a state ranking of 1.00, the county ranks as the most vulnerable in New York State in this category. Key issues include widespread reliance on mobile or substandard housing, overcrowding, and limited access to personal or public transportation. These barriers significantly impact residents’ ability to access healthcare, employment, food, and emergency services, particularly during times of crisis.



Health Status Description

Data Sources

To assess the health status of St. Lawrence County and identify disparities, we utilized a mixed-methods approach that combined secondary data sources with primary data from the 2016 - 2025 Community Health Surveys (CHS). We used a variety of tools and platforms to collect, manage, and analyze data. These included the New York State Department of Health (NYSDOH) dashboards, the U.S. Census Bureau, and SPSS for statistical analysis. A major component of our work involved cross-tabulating CHS data against key demographic and social determinants of health (SDOH) variables such as income, disability status, housing stability, veteran status, and more. Additionally, we used the mySidewalk™ data platform, which integrates billions of data points from trusted federal and academic sources to support localized analysis and visualization. The mySidewalk datasets draw from federal agencies including the Census Bureau, Department of Housing and Urban Development (HUD), Bureau of Labor Statistics (BLS), Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), Department of Agriculture (USDA), and others. It also incorporates data from academic and nonprofit institutions such as Emory University's Rollins School of Public Health, the University of South Carolina, and the National Housing Preservation Database (NHPD).

Secondary data used in this report reflect the most recent data available at the time of analysis, when possible. For most Census-related indicators, we used the most current 5-year ACS rolling averages. Timeframes for each data source are noted throughout the report. For small-population indicators or unstable estimates, values were either pooled across years, flagged, or suppressed. Primary data from the 2025 Community Health Survey was analyzed using SPSS, with weighting applied to reflect the county's age and gender distribution. Survey responses were cross tabbed by more than a dozen demographic and social variables to identify disparities. To assess geographic disparities, we used both HRSA mapping and the mySidewalk™ mapping interface to visualize data by ZIP code, census tract, and SVI (Social Vulnerability Index). Throughout the development of this assessment, we obtained and incorporated feedback from key community partners and stakeholders. Findings were presented to the Health Compass Partners and the CHA/CHIP Workgroups.

By combining multiple data sources, applying analytic methods, and engaging stakeholders at multiple steps, this CHA offers a detailed and equitable view of St. Lawrence County's health challenges, assets, and opportunities for interventions.

Data Collection Methods

Primary Data Collection

- 2025 St. Lawrence County Community Health Survey - a regional survey of approximately 1500 adult residents, using mixed-method outreach (random-digit-dial and online panel sampling) to collect information on health behaviors, service access, healthcare and social needs, and experiences with care. The sampling modes were intercept-surveys, MMS text message push-to-web online participants, and random nonprobability panel email invitation responses. All interviews were completed between June 2 and June 9, 2025.
- Key-Informant Interviews (KIIs) - structured interviews with stakeholders from school districts, youth-serving organizations, community health agencies, and government partners. These provided qualitative insight into youth health, behavioral risk factors, health equity barriers, and systems-level challenges.
- Ongoing engagement with the North Country Health Compass Partners and relevant stakeholders.

Secondary Data Sources

- U.S. Census Bureau (Decennial Census, PEP, & American Community Survey)
- County Health Rankings & Roadmaps (University of Wisconsin)
- New York State Department of Health
 - Vital Statistics
 - Statewide Planning and Research Cooperative System (SPARCS)
 - Immunization Information System (NYSIIS)
 - Prevention Agenda Dashboard
 - Opioid Surveillance Dashboard
 - Community Health Indicator Reports (CHIRS)
 - Health Equity Report (2023)
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)
- HRSA Area Health Resource Files and HPSA Designations
- Office of Addiction Services and Supports (OASAS)
- Office of Mental Health (OMH)
- Local and County services and resources - including school districts, regional health-related coalitions, broadband providers, community-based organizations, and regional healthcare providers.

Community Engagement

This CHA was developed through collaborative planning and stakeholder engagement consistent with NYSDOH expectations. Partners involved include the St. Lawrence County Public Health Department, local hospitals, school leaders, behavioral health providers, social service agencies, and nonprofit organizations across multiple sectors.

Engagement efforts included:

- Resident participation through the Community Health Survey.
- Sector-specific insight through key-informant interviews.
- Data-sharing partnerships through CHA/CHIP workgroups and the North Country Health Compass Partners committee.
- Ongoing feedback loops with local coalitions and working groups to review findings and shape intervention plans.

Community engagement will continue throughout CHIP/CSP development, implementation, and monitoring. Preliminary findings were reviewed with stakeholders and will be disseminated publicly as part of the CHA/CHIP rollout. The CHA report will be made available on the St. Lawrence County Public Health Department's website, with printed copies available upon request.

Relevant Health Indicators

Prevention Agenda Indicators 2025

The 2025–2030 New York State Prevention Agenda represents a shift from previous cycles. The new framework focuses more on Social Determinants of Health (SDOH) and the following domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

The 2025-2030 cycle introduces a new set of statewide Prevention Agenda Objectives for 2030, along with a revised set of measurable indicators that align with the new framework. Some of the indicators are new for 2025 and are intended to guide public health improvement efforts throughout the five-year cycle. For St. Lawrence County, the current data represent baseline measures or a starting point from which to assess progress and set local priorities over time.

Promising Progress	Existing Challenges
Potentially preventable hospitalizations are below the statewide benchmark.	Premature death rates remain high, with 24.3% of all deaths occurring before age 65, above the state target.
Most adults report having a regular healthcare provider.	Chronic absenteeism affects over 20% of K–8 students, particularly those economically disadvantaged.
Health insurance coverage among adults (18–64) is relatively high at 93.3%, nearing the 95% state goal.	Only 58% of high school seniors enroll in college within five years.
Toddler immunizations exceed the 2030 target.	Preventive dental care among Medicaid enrollees is low.
Childhood asthma ED visits are below the state average.	Poverty affects approximately 1 in 6 residents, and unemployment is slightly above the state target.
Food security is strong: 86% of adults report being food secure.	Only 65% of pregnant individuals receive prenatal care in the first trimester, and both infant and maternal mortality rates are more than double the state’s goals.
Physical activity levels among adults are close to the state benchmark.	Built environment and environmental health challenges: limited climate-resilience efforts and access to cooling centers.
Overdose deaths are currently below the 2030 benchmark suggesting that local harm-reduction efforts may be making a positive impact (New York State Department of Health, 2025).	Opioid prescribing remains elevated, especially among opioid-naïve patients.
	Behavioral health concerns: high rates of mental distress, suicide, binge drinking, tobacco, ACEs, and child abuse.

In the tables below, the “Status” column is designed to help readers interpret whether each health indicator is currently aligned with the New York State 2030 Objective. Arrows indicate whether the county value is higher or lower than the state’s 2030 target, while color is used to reflect whether the current performance is favorable or unfavorable. An upward arrow (↑) means the county value is greater than the NYS 2030 objective, while a downward arrow (↓) means the value is less than the objective. However, whether that is considered

positive or negative depends on the color. A green arrow, whether up or down, indicates that the county is meeting or exceeding the 2030 objective. A red arrow indicates the county is not currently meeting the objective.

For example:

- A green upward arrow (↑) would be used if the percentage of adults receiving preventive screenings exceeds the state objective.
- A red upward arrow (↑) would appear if the adult obesity rate is above the desired level.
- A green downward arrow (↓) would be used if preventable hospitalizations are lower than the state target.
- Red downward arrow (↓) would indicate a decrease in access to routine care below the goal.

Source: Prevention Agenda Indicators 2025-2030 from Prevention Agenda Team at prevention@health.ny.gov

General Health Indicators							
Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
paA1	Percentage of deaths that are premature (before age 65 years)	Improve Health Status and Reduce Disparities	2022	24.3	23.6	22.4	↑
paA1.1	Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics		2022	30.2*	19.4	18.4	↑
paA1.2	Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics		2022	32.0*	17.9	17	↑
paA2	Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000		2023	74.7	93.9	89.2	↓
paA2.1	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics		2023	s	101.8	96.7	N/A
paA2.2	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics		2023	-36.9*	32.6	31	↓
paA3	Percentage of adults with health insurance, aged 18-64 years		2022	93.3	93.2	95	↓
paA4	Adults 18 years of age and older who have a regular health care provider, age-adjusted percentage		2021	88.4	85.8	87.5	↑

Economic Stability							
Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
pa1.0	Percentage of people living in poverty	Poverty	2019-2023	17.4	13.6	12.5	↑
pa1.1	Percentage of people, aged 65+, living in poverty		2019-2023	11.9	12.2	11	↑
pa2.0	Percentage unemployed	Unemployment	2019-2023	5.7	6.2	5.5	↑
pa2.1	Percentage unemployed, Black residents, aged 16+		2019-2023	3.6	9.3	7.9	↓
pa3.0	Percentage of adults 18 years of age and older that were food secure in the past 12 months	Nutrition Security	2021	85.9	71.1	75.9	↑
pa4.0	Number of people living in HUD subsidized housing in the past 12 months	Housing and Affordability	2024	2564**	987957**	1092000**	N/A

Education Access and Quality							
Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
pa41.0	Percentage of public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)	Health and Wellness Promoting Schools	2024	20.7	26.4	18.5	↑
pa41.1	Percentage of economically disadvantaged public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)		2024	27.7	34.9	24.4	↑
pa42.0	Percentage of high school seniors that attend a 2 or 4 year college within 5 years	Opportunities for Continued Education	2023	57.6	70.2	77	↓
pa42.1	Percentage of economically disadvantaged high school seniors that attend a 2 or 4 year college within 5 years		2023	39.1	63.1	69.4	↓

Healthcare Access and Quality

Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
pa25.0	Percentage of births with early (1st trimester) prenatal care	Access and Use of Prenatal Care	2022	65.4	80.7	83	↓
pa26.0	Infant mortality rate per 1,000 live births	Prevention of Infant and Maternal Mortality	2022	7.7*	4.3	3.5	↑
pa27.0	Maternal mortality rate per 100,000 live births		2019-2021	33.0*	19.8	16.1	↑
pa31.0	Asthma emergency department visit rate per 10,000, aged 0-17	Preventive Services for Chronic Disease Prevention and Control	2023	49.2	93.8	89.1	↓
pa32.0	Hypertension management (percentage of adults 18 years of age and older reporting medication use to manage their hypertension)		2021	80.9*	77	81.7	↓
pa34.0	Percentage of Medicaid enrollees with at least one preventive dental visit within the last year	Oral Health Care	2023	15.2	20.3	21.3	↓
pa34.1	Percentage of Medicaid enrollees, aged 2-20 years, with at least one preventive dental visit within the last year		2023	34	39.1	41.1	↓
pa36.0	Percentage of 24–35-month old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday	Preventive Services (Immunization)	2024	64.9	59.3	62.3	↑
pa37.0	Percentage of 13-year-old adolescents with a complete HPV vaccine series		2024	17.3	25.7	28.7	↓
pa38.0	Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age	Preventive Services (Lead Screening)	2018-2021	26.6	61	70	↓
pa39.0	Percentage of children under 3 with an IFSP	Early Intervention	2022	5.7	8.3	11	↓
pa39.1	Percentage of Black children under 3 with an IFSP		2022	s	7	10	N/A

Neighborhood and Built Environment

Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
pa21.0	Percentage of adults 18 years of age and older who are physically active	Opportunities for Active Transportation and Physical Activity	2021	74.6	73.9	77.6	↓
pa22.0	Count of Climate Smart Community Actions related to community resilience	Access to Community Services and Support	2024	5	363	382	↓
pa22.1	Percentage of higher vulnerability areas that have a cooling center		2024	21.7*	24.5	27	↓

Social and Community Context

Indicator ID	Indicator	Priority Area	Data Years	St. Lawrence Rate	NYS Rate	NYS 2030 Objective	Status
pa5.0	Percentage of adults 18 years and older experiencing frequent mental distress during the past month, age-adjusted percentage	Anxiety and Stress	2021	18.7	13.4	12	↑
pa6.0	Suicide mortality, age-adjusted rate per 100,000 population	Suicide	2020-2022	14.3	7.9	6.7	↑
pa9.0	Episodes when an opioid-naive patient received an initial opioid prescription, rate per 1,000 population	Primary Prevention Substance Misuse and Overdose Prevention	2023	93.1	86.5	77.9	↑
pa9.1	Percentage of episodes when patients were opioid naïve and received an opioid prescription of more than seven days		2023	19.3	15.1	13.6	↑
pa10.1	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population - who reported any opioid as the primary substance		2023	872.8	465.2	511.7	↑
pa11.0	Patients who received at least one buprenorphine prescription for opioid use disorder - crude rate per 100,000 population		2023	1683.2	446	490.6	↑
pa12.0	Overdose deaths involving drugs - crude rate per 100,000 population		2023	15.9	32.3	22.6	↓

pa12.1	Overdose deaths involving drugs - crude rate per 100,000 population - for Black, non-Hispanic residents		2023	0.0*	59.2	35.5	↓
pa13.0	Number of naloxone kits distributed		2023	4596**	397620* *	596430**	N/A
pa14.0	Prevalence of cigarette smoking among adults 18 years of age and older	Tobacco and e-Cigarettes	2021	20.1	9.3	7.9	↑
pa15.0	Prevalence of binge or heavy drinking among adults 18 years of age and older	Alcohol	2021	20.5	16.2	14.6	↑
pa17.0	Percentage of adults age 18 years and older who, as a child, experienced three or more adverse childhood experiences (ACEs)	Adverse Childhood Experiences	2021	31.2*	25.3	23.8	↑
pa18.0	Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years		2024	14.2	11.3	9.8	↑
pa18.1	Indicated reports of abuse/maltreatment, rate per 1,000 Black children and youth, aged 0-17 years		2024	28.9	21.8	19.9	↑
pa18.2	Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years		2024	15.8*	13.9	12.5	↑
pa19.0	Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables)	Healthy Eating	2021	35.9	28.4	27	↑
pa20.0	Percentage of infants who are exclusively breastfed in the hospital among all infants		2022	52.8	45.9	48.2	↑
pa20.1	Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants		2022	s	34.1	35.8	N/A

Key:

s = Data do not meet reporting criteria

** = Unstable estimate*

*** = Number (not rate)*

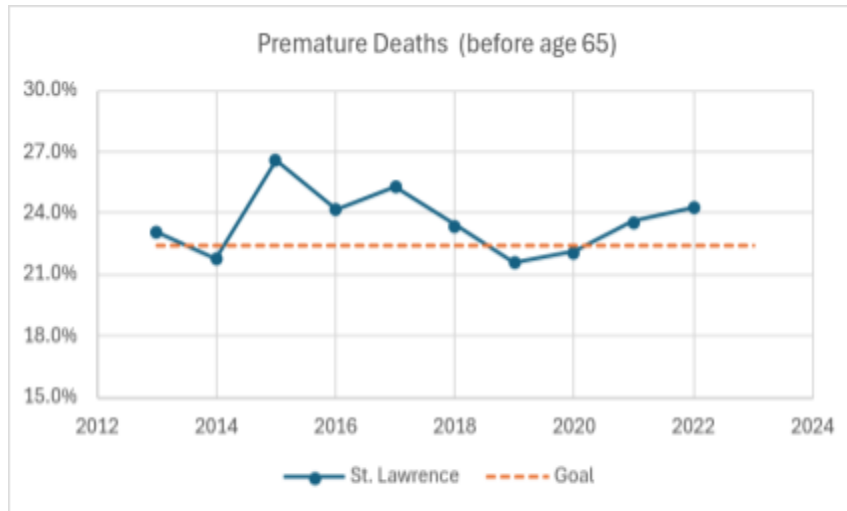
Summary of Prevention Agenda Indicators for St. Lawrence County

Health Area	What's Going Well	Areas for Improvement
Maternal & Child Health	<p>Breastfeeding rates are above state goals.</p> <p>Childhood immunization coverage meets the NYS 2030 target.</p>	<p>Many pregnant people do not receive early prenatal care. Infant and maternal mortality rates are above the state goal.</p> <p>Fewer children receive lead screening, HPV vaccines, and early intervention services compared to state targets.</p>
Chronic Disease & Prevention	<p>Fewer children visit the ER for asthma compared to the state average.</p> <p>Avoidable hospitalizations among adults are lower than the state benchmark.</p> <p>Most adults have a regular healthcare provider.</p>	<p>Hypertension control is slightly below the goal. Few Medicaid enrollees receive preventive dental care.</p> <p>A large number of adults report poor nutrition (e.g., no fruits or vegetables daily).</p> <p>Smoking and heavy drinking rates are more than double state goals.</p>
Mental Health & Substance Use	<p>Naloxone distribution and access to buprenorphine for opioid use disorder are strong, showing good harm-reduction efforts.</p>	<p>Nearly 1 in 5 adults reports frequent mental distress.</p> <p>Suicide rates are more than twice the state goal.</p> <p>Too many residents are still being prescribed opioids, especially initial prescriptions.</p>
Economic & Social Factors	<p>Most adults report having enough food.</p> <p>Unemployment among Black residents is lower than the state average.</p>	<p>Poverty is higher than state goals, including among older adults.</p> <p>Unemployment overall is slightly above the state benchmark.</p> <p>High levels of childhood trauma (ACEs) and child maltreatment reports are concerning.</p>
Education Access & Quality	<p>N/A</p>	<p>Chronic absenteeism affects more than 1 in 5 students.</p> <p>College attendance is below state goals, especially for economically disadvantaged students.</p>
Neighborhood & Built Environment	<p>N/A</p>	<p>Adult physical activity is close but still below the state target.</p> <p>The county lacks Climate Smart actions and has limited access to cooling centers in vulnerable areas.</p>
Health Equity & Disparities	<p>Preventable hospitalizations are lower for Hispanic residents than for White residents.</p>	<p>There are gaps in premature death rates between racial and ethnic groups.</p> <p>Insurance coverage falls just short of the 95% goal. Child maltreatment rates are especially high among Black and Hispanic youth.</p>

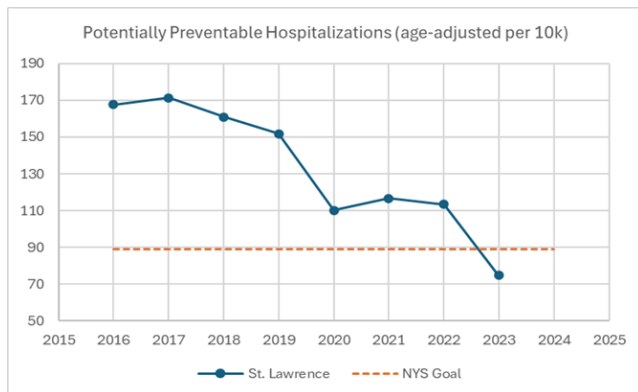
The indicators show that St. Lawrence County performs well in several foundational areas and has opportunities for improvements in others. While some trending data is available for selected New York State Prevention Agenda indicators, it is important to note that not all new NYS Prevention Agenda indicators align

with those from previous reporting cycles. Several indicators are newly introduced or have been revised, limiting the ability to assess long-term trends. Trend lines are included for some indicators where relevant and consistent data exist.

The percentage of premature deaths occurring before age 65 in St. Lawrence County has fluctuated over the past decade, ranging from a high of 26.6% in 2015 to a low of 21.6% in 2019. While the county briefly met the NYS Prevention Agenda goal of 22.4% in 2014, 2019, and 2020, rates have risen again in recent years, reaching approximately 24% in 2022. Despite some variability, the data show that progress is achievable, and a renewed focus on prevention, chronic disease management, and addressing social determinants of health will help to meet the state target.

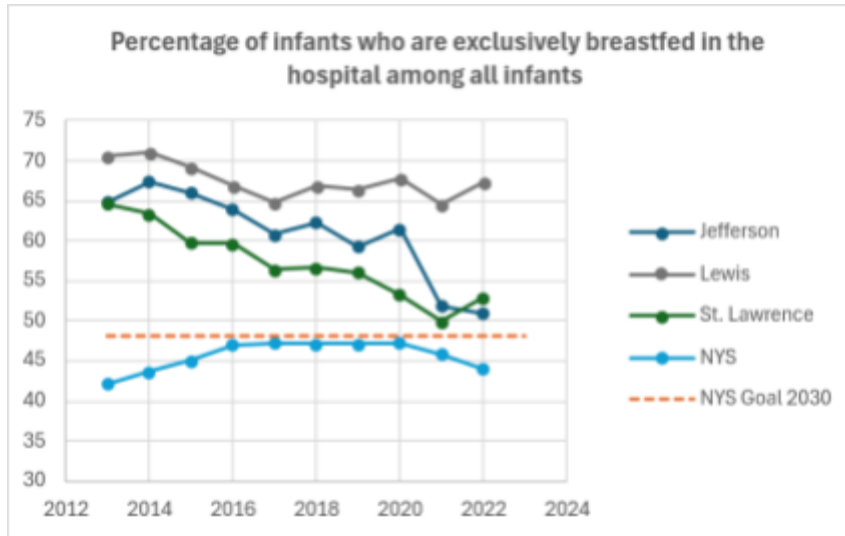


Source: NYS Prevention Agenda Indicators 2025-2030



The rate of potentially preventable hospitalizations in St. Lawrence County has steadily declined over the past several years, dropping from 167.7 per 10,000 in 2016 to just 75.4 in 2023. After a gradual decline starting in 2019, the county saw a sharper decrease starting in 2020, with rates stabilizing around 110 through 2022. In 2023, the rate fell below the New York State Prevention Agenda goal of 89.4 per 10,000 for the first time in the trend period. This indicates meaningful progress in reducing avoidable hospital admissions.

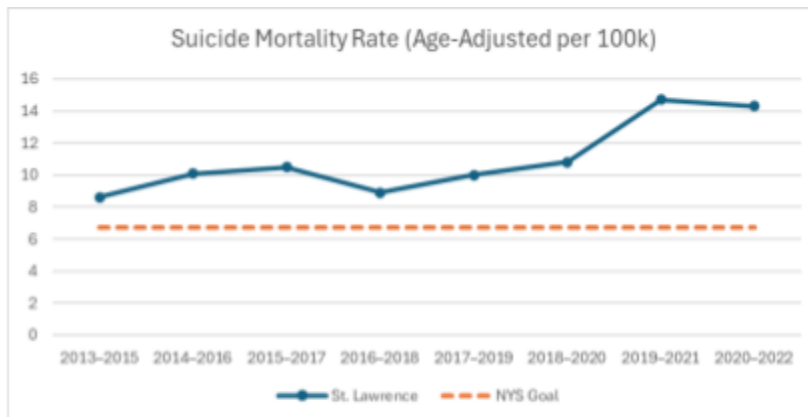
Exclusive breastfeeding in the hospital is a key early indicator of infant health and maternal support. In-hospital practices, prenatal education, and access to postnatal lactation support all play a role in shaping these outcomes. Over the past decade, breastfeeding trends across the North Country have somewhat diverged, with some counties maintaining stronger performance while others have experienced consistent declines. In 2012, Jefferson, Lewis, and St. Lawrence counties all reported exclusive breastfeeding rates well above the NYS average and the state’s 2030 Prevention Agenda objective of 48.2%. Lewis County has consistently remained the regional leader, with rates staying between 65% and 70% through nearly a decade.



Source: NYS Prevention Agenda Indicators 2025-2030

Jefferson and St. Lawrence counties have seen gradual but steady declines, especially after 2019. By 2022, both counties had dipped to the low-fifties, yet still above the state 2030 goal. The COVID-19 pandemic likely played a role in the more recent declines, as it disrupted access to maternity care, lactation services, and postpartum support networks.

The age-adjusted suicide mortality rate in St. Lawrence County has shown an upward trend over the past years. From 2013–2015 to 2018–2020, the rate remained relatively stable, fluctuating between 8.6 and 10.8 deaths per 100K. However, in more recent periods, the rate increased to as high as 14.3 in 2020–2022.

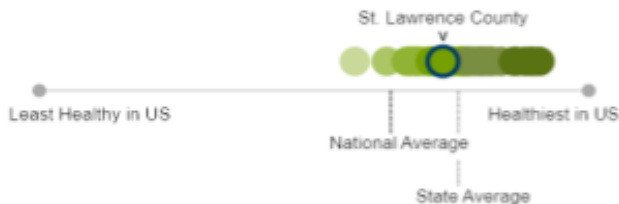


Source: NYS Prevention Agenda Indicators 2025-2030

County Health Rankings



St. Lawrence County Population Health and Well-being - 2025



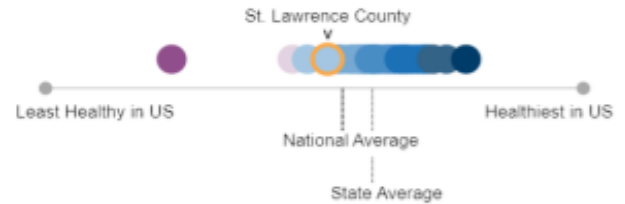
St. Lawrence County is faring about the same as the average county in New York for Population Health and Well-being, and better than the average county in the nation.

Source:

<https://www.countyhealthrankings.org/health-data/new-york/st-lawrence?year=2025>



St. Lawrence County Community Conditions - 2025



St. Lawrence County is faring worse than the average county in New York for Community Conditions, and slightly worse than the average county in the nation.

Source:

<https://www.countyhealthrankings.org/health-data/new-york/st-lawrence?year=2025>

The County Health Rankings & Roadmaps (CHR&R) is an annual program developed by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. It provides a snapshot of community health across the nation by ranking counties within each state on a range of health outcomes and health factors. The rankings draw on national data sources to measure key drivers of health, including clinical care, social and economic factors, physical environment, and health behaviors.

These rankings are used by public health officials, policymakers, and community leaders to identify local health challenges, prioritize interventions, and track progress over time (County Health Rankings & Roadmaps, 2025).

St. Lawrence County reflects a rural geography with a dispersed population that presents both assets and areas of need. The county aligns with national averages in some measures but falls below state averages in several areas. The county's premature death rate is 8,200 years of potential life lost (YPLL) per 100,000, which is higher than the New York State rate of 6,600 and close to the national rate of 8,400. Life expectancy in the county is 76.8 years, compared to 79.4 years for New York State. Child and infant mortality rates also exceed state benchmarks, suggesting potential need in maternal and child health support.

Residents report more frequent poor mental and physical health days than the state average. On average, adults report 5.5 poor mental health days per month, and 19% experience frequent mental distress. Physical health indicators such as adult obesity (37%) and smoking (20%) are above both state and national rates. Excessive drinking (23%) and alcohol-impaired driving deaths (29%) are also higher than New York State's rates.

Access to healthcare remains a challenge. The ratio of primary care providers is 1,830:1, compared to 1,240:1 for the state. Mental health provider and dentist ratios are also higher, at 400:1 and 2,510:1, respectively. Preventable hospital stays occur at a rate of 2,960 per 100,000 Medicare enrollees. However, the county has a lower uninsured rate (6%) than the national average and higher mammography screening rates (52%) than both the state and national averages.

Environmental and infrastructure indicators show limited access to recreational opportunities and broadband. Just 57% of residents have access to exercise opportunities, and only 10% live near a park, compared to 63% statewide. Broadband access is at 85%, below the state level of 90%. Voter turnout (53.4%) and Census participation (56.5%) are also lower than New York State and U.S. levels.

Economic challenges are evident. Median household income is \$57,800, compared to \$82,100 statewide. About 21% of children live in poverty. The cost of child care for a two-child household represents 42% of household income, which is higher than state and national estimates. College attainment is lower, with 57% of residents having completed some college compared to 71% for the state. The share of disconnected youth (those not in school or working) is 10%, compared to 7% for New York and the U.S.

Despite these concerns, the county has areas of strength. The high school completion rate is close to state and national averages. Homeownership is more common (72%), and severe housing problems (15%) are lower than New York’s average. Air quality is stable (PM2.5 at 6.9 µg/m³), and no drinking water violations were reported. The county also reports a relatively high level of social associations (County Health Rankings & Roadmaps, 2025).

Potential future improvement efforts:

- Expanding the healthcare workforce through local recruitment, training pipelines, and telehealth access.
- Strengthening prevention efforts for behavioral health, including mental health, smoking, chronic disease, and alcohol use.
- Improving access to exercise opportunities, parks, and broadband internet.
- Supporting post-secondary educational opportunities, and economic stability.
- Addressing child poverty, access to child care, and youth empowerment.
- Increasing outreach related to civic participation, public health messaging, and awareness of resources.

Source: <https://www.countyhealthrankings.org/health-data/new-york/st-lawrence?year=2025>

St. Lawrence County Population Health and Well-Being			
Length of Life			
	St. Lawrence County	New York State	United States
Premature Death	8200	6600	8400
Additional Length of Life (not included in summary)			
Life Expectancy	76.8	79.4	77.1
Premature Age-Adjusted Mortality	410	340	410
Child Mortality	60	40	50
Infant Mortality	7	4	6
Quality of Life			
Poor Physical Health Days	4.1	3.9	3.9
Low Birth Weight	8%	8%	8%
Poor Mental Health Days	5.5	4.9	5.1
Poor or Fair Health	17%	16%	17%
Additional Quality of Life (not included in summary)			
Frequent Physical Distress	14%	12%	12%
Diabetes Prevalence	10%	10%	10%
HIV Prevalence	198	742	387
Adult Obesity	37%	30%	34%
Frequent Mental Distress	19%	16%	16%
Suicides	12	8	14
Feelings of Loneliness	Not Available	Not Available	33%

St. Lawrence County Community Conditions			
Health Infrastructure			
	St. Lawrence County	New York State	United States
Flu Vaccinations	48%	51%	48%
Access to Exercise Opportunities	57%	93%	84%
Food Environment Index	7.5	8.7	7.4
Primary Care Physicians	1830:1	1,240:1	1,330:1
Mental Health Providers	400:1	260:1	300:1
Dentists	2510:1	1200:1	1,360:1
Preventable Hospital Stays	2,960	2,595	2,666
Mammography Screening	52%	44%	44%
Uninsured	6%	6%	10%
Additional Health Infrastructure (not included in summary)			
Limited Access to Healthy Foods	7%	2%	6%
Food Insecurity	15%	13%	14%
Insufficient Sleep	38%	39%	37%
Teen Births	10	10	16
Sexually Transmitted Infections	217.2	526.9	495
Excessive Drinking	23%	20%	19%
Alcohol-Impaired Driving Deaths	29%	22%	26%
Drug Overdose Deaths	22	29	31
Adult Smoking	20%	12%	13%
Physical Inactivity	28%	25%	23%
Uninsured Adults	7%	7%	11%
Uninsured Children	4%	3%	5%
Other Primary Care Providers	660:1	610:1	710:1
Physical Environment			
Severe Housing Problems	15%	23%	17%
Driving Alone to Work	75%	50%	70%
Long Commute - Driving Alone	27%	39%	37%
Air Pollution: Particulate Matter	6.9	6.9	7.3
Drinking Water Violations	No	N/A	N/A
Broadband Access	85%	90%	90%
Library Access	2	3	2
Additional Physical Environment (not included in summary)			
Traffic Volume	26	438	108
Homeownership	72%	54%	65%
Severe Housing Cost Burden	14%	19%	15%
Access to Parks	10%	63%	51%
Adverse Climate Events	1	N/A	N/A
Census Participation	56.50%	N/A	65.20%
Voter Turnout	53.40%	62.90%	67.90%

St. Lawrence County Community Conditions (Continued)			
Social and Economic Factors			
	St. Lawrence County	New York State	United States
Some College	57%	71%	68%
High School Completion	89%	88%	89%

Unemployment	4.40%	4.20%	3.60%
Income Inequality	5.5	5.8	4.9
Children in Poverty	21%	19%	16%
Injury Deaths	61	60	84
Social Associations	9.5	7.9	9.1
Child Care Cost Burden	42%	38%	28%
Additional Social and Economic Factors (not included in summary)			
High School Graduation	84%	87%	87%
Reading Scores	Not Available	Not Available	3.1
Math Scores	Not Available	Not Available	3
School Segregation	0.15	0.33	0.24
School Funding Adequacy	\$12,457	\$12,745	\$1,411
Children Eligible for Free or Reduced Lunch	56%	57%	55%
Gender Pay Gap	0.84	0.88	0.81
Median Household Income	\$57,800	\$82,100	\$77,700
Living Wage	\$49.34	\$61,175	
Child Care Centers	3	6	7
Residential Segregation - Black/White	68	75	63
Homicides	Not Available	4	7
Motor Vehicle Crash Deaths	9	6	12
Firearm Fatalities	6	5	13
Disconnected Youth	10%	7%	7%
Lack of Social and Emotional Support	Not Available	Not Available	25%

The County Health Rankings data provide a useful starting point for understanding health status and related factors at the county level. However, many indicators are modeled estimates and reflect multi-year averages. As such, they may not fully capture recent changes or more localized variation, and caution is advised when interpreting small population subgroup data due to potential margins of error.

2025 Community Health Survey

This summary presents key findings from the 2025 North Country Community Health Survey of adult residents in St. Lawrence County. Conducted annually since 2016 by the Fort Drum Regional Health Planning Organization (FDRHPO) in collaboration with the North Country Health Compass Partners, the survey aims to monitor real-time health-related behaviors, attitudes, and perceptions across Jefferson, Lewis, and St. Lawrence counties in Northern New York. The 2025 survey was conducted in June and included a total of 1,497 adult participants, with 486 respondents from St. Lawrence County. Data were collected using a multi-mode approach, including push-to-web MMS text invitations, email-based online panels, and targeted intercept surveys to reach Fort Drum's military population. The survey sample was weighted and calibrated to reflect each county's demographic composition, including age, gender, education, race/ethnicity, household structure, and military affiliation. The final weighted dataset yields an approximate margin of error of $\pm 2.9\%$ regionally, with St. Lawrence County-specific results carrying an estimated $\pm 5.1\%$ margin of error, assuming a simple random sample.

The 2025 Community Health Survey focused on three primary research goals:

- Planning - to gather current information about local residents’ health status, behaviors, and experiences in order to inform future initiatives, interventions, and services.
- Education - to help healthcare professionals and decision-makers understand public opinion regarding health issues.
- Evaluation - to assess the impact of past and ongoing initiatives by comparing current results to survey data from previous years (2016–2024), identifying significant trends.

This overview includes a demographic overview of survey respondents, county-specific and regional findings, trend comparisons, and cross-tabulations by social determinants and demographic factors. The survey instrument included approximately 40 health-related questions and 10 demographic questions. Results are grouped into three thematic areas: healthcare experiences, personal health status, and lifestyle behaviors.

2025 Community Health Survey Demographic Breakdown

Source: Fort Drum Regional Health Planning Organization (FDRHPO) Community Health Survey 2025

Nature of the County-Specific Samples (after weighting)			
Sample Size (raw)	Jefferson County n=637	Lewis County n=374	St. Lawrence County n=486
Gender			
Male	51%	50%	50%
Female	49%	50%	50%
Other	0%	0%	0%
Age			
18-44	53%	37%	40%
45-64	29%	38%	36%
75 or older	18%	25%	24%
Educational Attainment			
Less than a 4-Year Degree	74%	74%	68%
Bachelor’s Degree or Higher	26%	26%	32%
Annual Household Income			
Less than \$25,000	8%	9%	11%
\$25,000-\$49,999	24%	20%	23%
\$50,000-\$74,999	22%	24%	23%
\$75,000-\$99,999	21%	18%	17%
\$100,000 or more	25%	29%	26%
Military Affiliation			
Active Military in the Household	25%	3%	2%
Veteran in the Household	22%	21%	22%
No Military Affiliation or Not Sure	53%	76%	76%
Household Composition - # Minors			
No household members Under Age 18	70%	71%	74%
One or more household members < 18	30%	29%	26%
Disability Status			
Disabled	18%	16%	19%
Not disabled/Not sure	82%	84%	81%
Sexual Orientation			
Identify as LGBTQ+	6%	4%	9%
Do not identify as LGBTQ+	93%	95%	91%

Not sure	1%	2%	1%
Racial Background			
American Indian or Alaskan Native	0%	0%	3%
Asian/Pacific Islander	1%	0%	1%
Black or African American	4%	1%	0%
Hispanic/Latino	6%	1%	2%
White/Caucasian	83%	96%	92%
Multi-racial	6%	2%	3%

2025 Community Health Survey Questions

The following section outlines the questions included in our 2025 Community Health Survey. While we've listed all survey questions here for reference, not every survey data point is included in this Community Health Assessment (CHA). Instead, we've focused on highlighting the responses most relevant to the goals of this CHA and the health needs of our region. Where appropriate, we have also included trending data to compare 2025 results to previous survey years. This helps identify shifts in perception, behavior, and community need over time. While not every question has trend data available, we've included it whenever it makes sense, especially where the changes reveal emerging needs, continued concerns, or progress on specific health issues.

In addition, we've provided cross-tabulated data where possible. Cross-tabs allow us to explore how different demographic or socioeconomic groups respond to the same question. This is an important step in understanding disparities and uncovering key insights that could be missed in aggregate data alone. For example, knowing that 25% of respondents report difficulty accessing care is helpful, but knowing that the rate jumps to 45% among those without stable housing gives us actionable direction. Cross-tabs help us move beyond the surface to better identify which populations are most affected and where equity gaps may exist.

While this report focuses on St. Lawrence County, many of the more nuanced results, such as trends and cross-tabulated data, are discussed at the regional level when the county's results align with those of the greater North Country region. Presenting these findings regionally allows for a cohesive summary of shared patterns, while still acknowledging St. Lawrence-specific data where notable differences exist.

Section A: Your Experiences with Health Care in the North Country

- Q: 1 – How long has it been since you last had a primary care visit at a healthcare provider?
- Q: 2 – Who do you trust most for guidance with regard to your health and wellbeing?
- Q: 3 – How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?
- Q: 4 – Have you had a colorectal cancer screening within the past 10 years? (all participants)
- Q: 5 – Have you had a colorectal cancer screening within the past 10 years? (ages 45-75)
- Q: 6 – Have you had a mammogram within the past 2 years? (among all participants)
- Q: 7 – Have you had a mammogram within the past 2 years? (females, age 18+)
- Q: 8 – Have you had a mammogram within the past 2 years? (females, age 40-75)
- Q: 9 – Which of the following describes your health insurance?
- Q: 10 – In the last 12 months, have you experienced challenges or difficulties accessing any of the following types of healthcare services? (choose all)
- Q: 11 – If yes, what was the one largest challenge you experienced in receiving services locally?
- Q: 12 – How confident are you in your ability to recognize the signs and symptoms that someone may be experiencing a mental health crisis?
- Q: 13 – How confident are you in your ability to seek resources for yourself or someone else experiencing a mental health crisis?

Section B: Your Health

- Q: 14 – How would you rate your physical health?
- Q: 15 – How would you rate your mental health?
- Q: 16 – How would you rate your dental health?
- Q: 17 – Have you ever been diagnosed with any of the following eight chronic health conditions or illnesses? (choose all)
- Q: 18 – Would you be willing to take a class to teach you how to manage your chronic health condition(s) that you cited earlier?

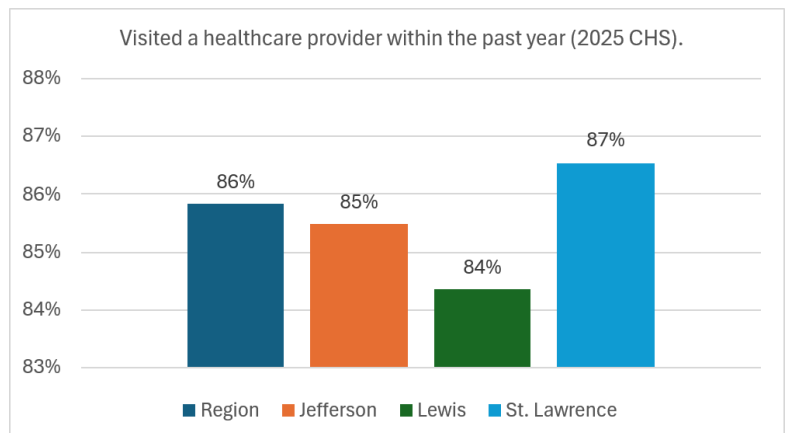
Section C: Social Determinant Factors that May Impact Your Health

- Q: 19 – In the past 12 months, have you regularly used any of the following nicotine products? (choose all)
- Q: 20 – In the past week, how many times did you have 5 or more alcoholic beverages on one occasion?
- Q: 21 – Within the past year, has anyone in your household been personally affected by opiate use or addiction?
- Q: 22 – Are you aware of locations where you can obtain Narcan, a medication that can help reverse an opioid overdose?
- Q: 23 – How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?
- Q: 24 – What barriers, if any, are preventing you from eating healthier foods and maintaining a healthier diet?
- Q: 25 – In the past 12 months, how many hours per week do you regularly provide unpaid care for an aging or disabled family member or friend?
- Q: 26 – What are the biggest challenges you face as a caregiver, or would expect to face if you were to begin being a caregiver?
- Q: 27 – What concerns you the most about aging?
- Q: 28 – Which of the following best describes your living situation today?
- Q: 29 – How confident are you that you could cover an unexpected \$500 expense (e.g., medical bill) without using a credit card or borrowing?
- Q: 30 – Before the age of 18, did you experience at least three ACE's?
- Q: 31 – In the past year, on average, how many hours per day do you spend on social media platforms like Facebook, X (Twitter), Instagram, Snapchat, TikTok, etc.)?
- Q: 32 – In the past year, how do you think your use of social media has affected your overall mood, mental health, or self-esteem?
- Q: 33 – Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?
- Q: 34 – How often do you feel supported, accepted, and connected to people who understand you?

2025 Community Health Survey Key Findings

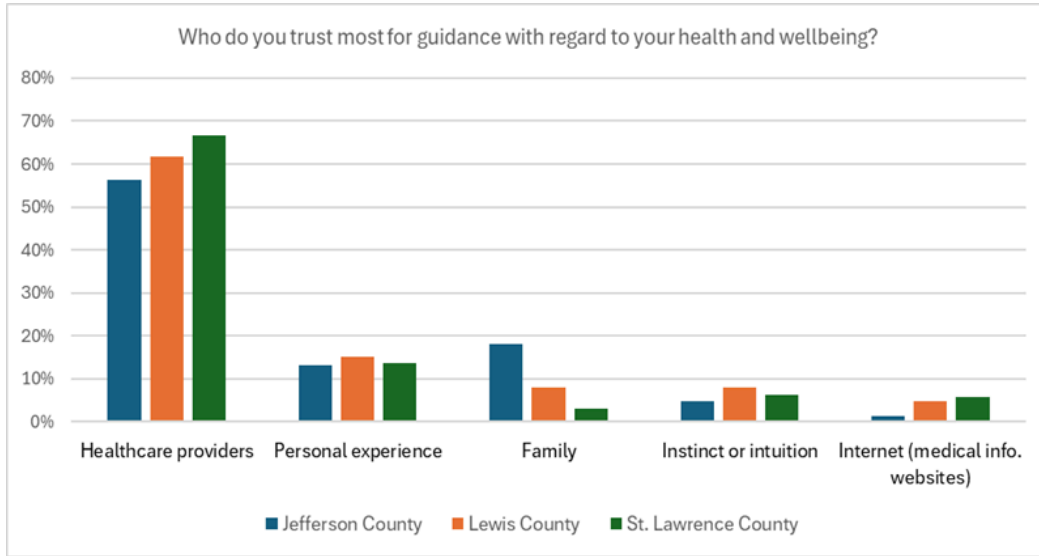
Q: 1 – How long has it been since you last had a primary care visit at a healthcare provider?

In 2025, the large majority of adults in St. Lawrence County (87%) reported having seen a healthcare provider for a primary care visit within the past year. This rate is slightly higher than the North Country regional average (86%) and comparable to neighboring counties like Jefferson (86%) and Lewis (84%). This marks a notable improvement from 2022, when only



74% of St. Lawrence County residents reported a recent primary care visit, which was likely influenced by the lingering impacts of the COVID-19 pandemic. There was also a decline in the percentage of St. Lawrence County residents who had gone five or more years without a primary care visit, dropping from 5% in 2022 to just 3% in 2025. Females were more likely than males to report a recent visit, and notable disparities were observed among uninsured residents. It's worth noting that only 46% of those without insurance reported seeing a primary care provider within the past year compared to 88% of insured residents. This highlights the importance of coverage in ensuring access to basic healthcare services.

Q: 2 – Who do you trust most for guidance with regard to your health and wellbeing?

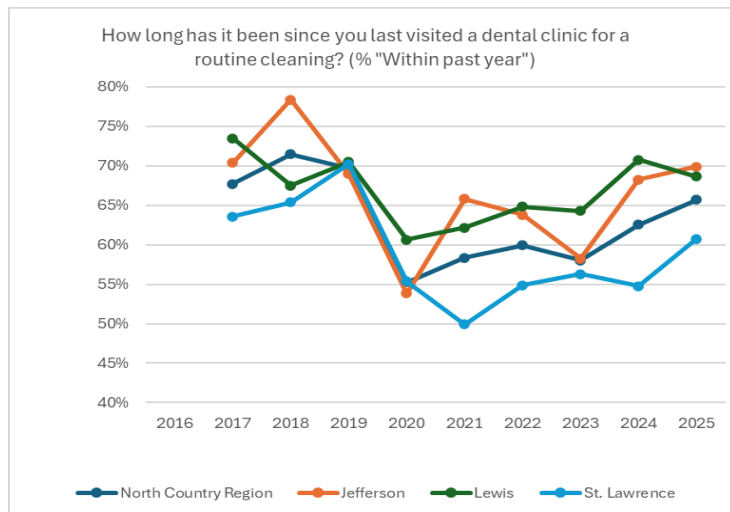


When asked who they trust most for guidance regarding their health and wellbeing, the majority of St. Lawrence County respondents identified local healthcare providers as their most trusted source of health information. This mirrors the overall regional trend, with 62% of residents across the North Country citing healthcare professionals as their primary source of trusted guidance.

In St. Lawrence County, reliance on family members for health information was lower than in some neighboring areas, with around 3% of respondents selecting it as their main source, closely aligned with the regional average. Fewer respondents reported turning to sources like instinct or intuition (around 5%) or the internet (just 6%) for health advice. These findings highlight the strong trust placed in local healthcare professionals.

Q: 3 – How long has it been since you last visited a dental clinic for a routine cleaning?

In St. Lawrence County rates of routine dental care have followed regional patterns, with many adults gradually returning to preventive dental visits after a sharp decline in 2020 during the COVID-19 pandemic. In the region, 66% of adults reported

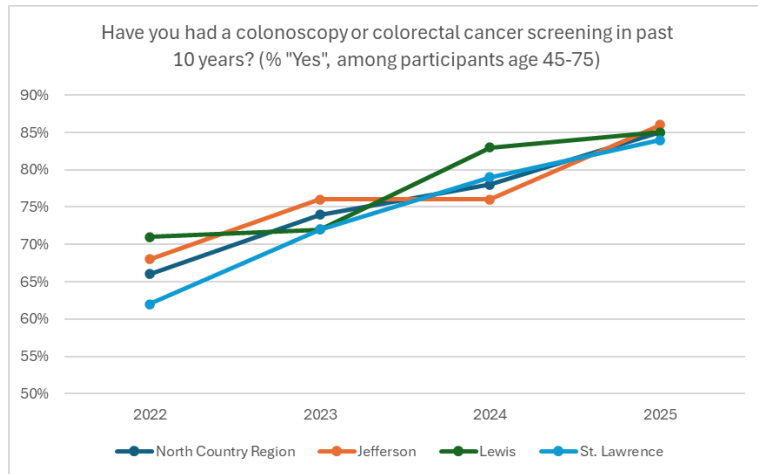


having a routine dental cleaning in the past year. While county-level rates vary slightly, St. Lawrence has seen steady recovery toward pre-pandemic levels, only slightly lower than its neighboring counties.

Despite this progress, disparities in dental care access remain. Adults experiencing financial insecurity, specifically those not confident in their ability to cover a \$500 emergency expense, were significantly less likely to have seen a dentist in the past year, with only 44% reporting a recent visit. Utilization was also lower among LGBTQ+ individuals, unemployed adults, and those with a history of three or more adverse childhood experiences. Education level in the region played a strong role as well: only 58% of adults without any college education had a routine dental cleaning, compared to 79% of those with a four-year degree or higher.

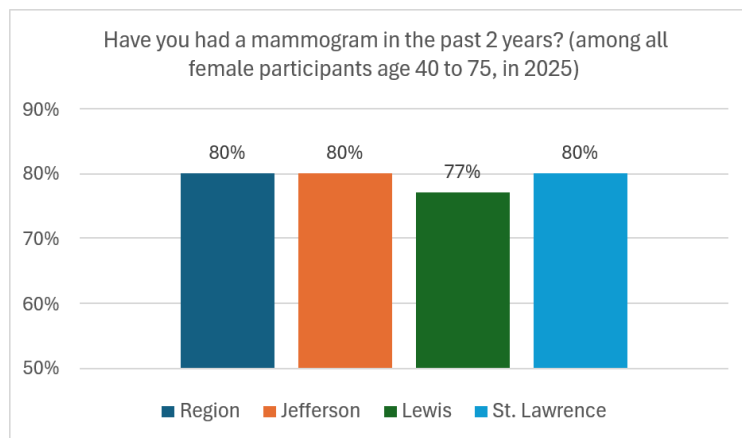
Q: 5 – Have you had a colorectal cancer screening within the past 10 years? (ages 45-75)

Among adults aged 45 to 75 in St. Lawrence County, colorectal cancer screening rates have seen steady improvement over the past several years. In 2022, 63% of respondents reported having had a colonoscopy or other colorectal cancer screening within the past 10 years. By 2025, that figure had climbed to 84%, closely matching the overall North Country regional average. The county saw consistent year-over-year gains, narrowing the gap between St. Lawrence and neighboring counties. While Jefferson and Lewis counties showed slightly higher screening rates in earlier years, St. Lawrence made significant progress in 2025.



Q: 8 – Have you had a mammogram within the past 2 years? (females, age 40-75)

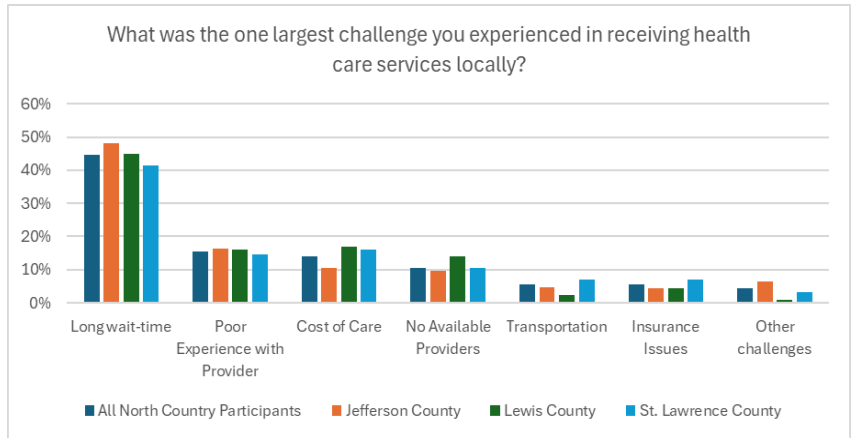
In 2025, 80% of female participants aged 40 to 75 in St. Lawrence County reported having had a mammogram within the past two years. This rate matches the regional average and neighboring counties. While overall screening rates are encouraging, disparities persist across certain subgroups. Regionally, women without health insurance were significantly less likely to have had a recent mammogram, with only 31% reporting they had done so. In contrast, women with Medicare (85%) and those with employer-sponsored insurance (83%) had notably higher screening rates. These findings suggest that continued efforts to expand access, especially for uninsured populations, will be key to ensuring equitable preventive care.



Q: 10 – In the last 12 months, have you experienced challenges or difficulties accessing any of the following types of healthcare services?

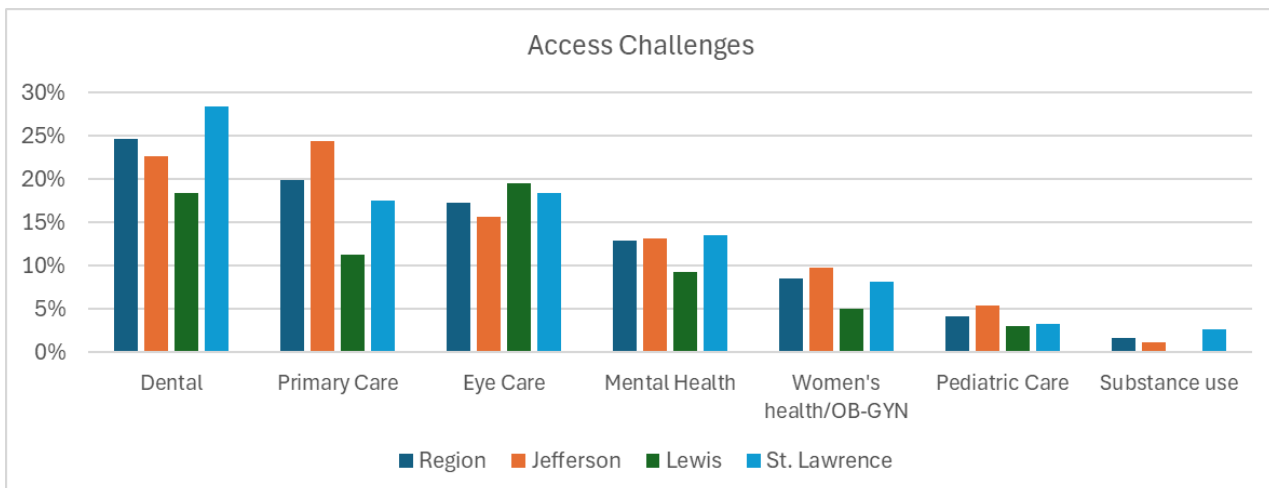
Q: 11 – What was the one largest challenge you experienced in receiving healthcare services locally?

In 2025, St. Lawrence County reported the highest overall rate of adults experiencing difficulty accessing at least one type of healthcare service, with 52% indicating a challenge, slightly above the North Country regional average of 50%. Among all service types, dental care emerged as the most common barrier, with 28% of St. Lawrence County residents reporting difficulty accessing dental services. This rate was the highest among the three counties and above the regional average of 24.6%. Challenges in accessing dental care were even more pronounced among vulnerable populations, including those with low income, individuals experiencing housing instability, and those without health insurance.



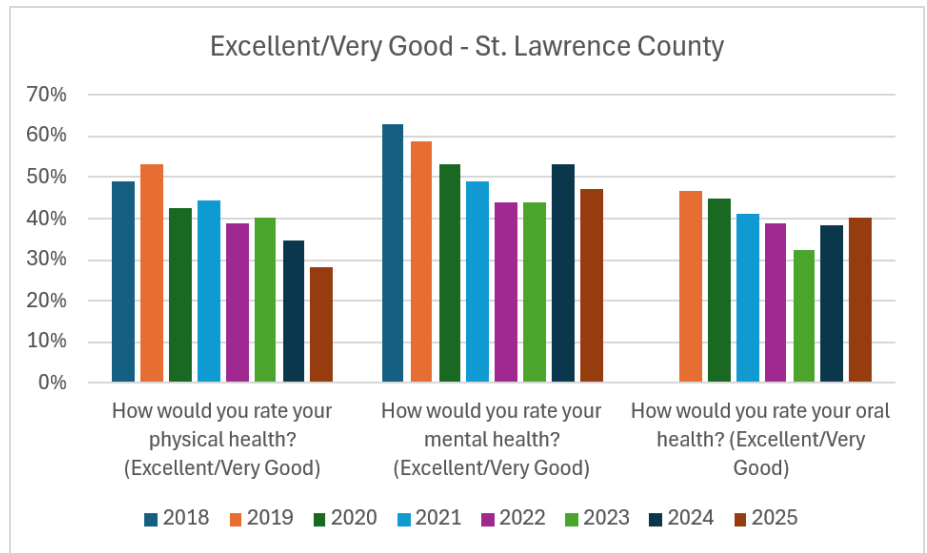
Primary care was the second most frequently cited access challenge in St. Lawrence County, with 17.5% of respondents reporting difficulty. While this was below the Jefferson County rate (24.3%), it was still a concern, especially for residents with Medicaid, individuals with disabilities, and those with chronic conditions. Eye care access was also slightly more difficult in St. Lawrence County (18.3%) compared to the regional average (17.2%) and Jefferson County (15.6%).

Younger adults, individuals with disabilities, and those identifying as LGBTQ+ reported particularly high levels of difficulty obtaining mental health care. Though challenges related to women’s health and pediatric care were reported less frequently, disparities still existed across subgroups. Young women, uninsured residents, and low-income families with children were more likely to report difficulty accessing these services. Compared to its neighboring counties, St. Lawrence had the widest distribution of access challenges across service lines. This likely reflects a combination of rural geography, longer travel distances, provider shortages, and economic hardship in parts of the county.



- Q: 14 – How would you rate your physical health?**
- Q: 15 – How would you rate your mental health?**
- Q: 16 – How would you rate your dental health?**

Over the past several years, self-perceptions of health among adults in St. Lawrence County have declined across all three categories: physical health, mental health, and dental health. In 2018 and 2019, nearly half of residents rated their physical health as “Excellent” or “Very Good”. However, beginning in 2020, the proportion of adults reporting excellent or very good physical health began to decline, falling sharply during the COVID-19 pandemic and continuing on a downward trend. Physical health ratings experienced the steepest decline among the three categories. Mental health ratings followed a similar but less dramatic pattern. This percentage declined steadily over time, but not as sharply as for physical health. Self-rated dental health remained the most stable over the period. Despite relative stability, the data still suggest ongoing concerns about oral health, which align with continued reports of access issues.



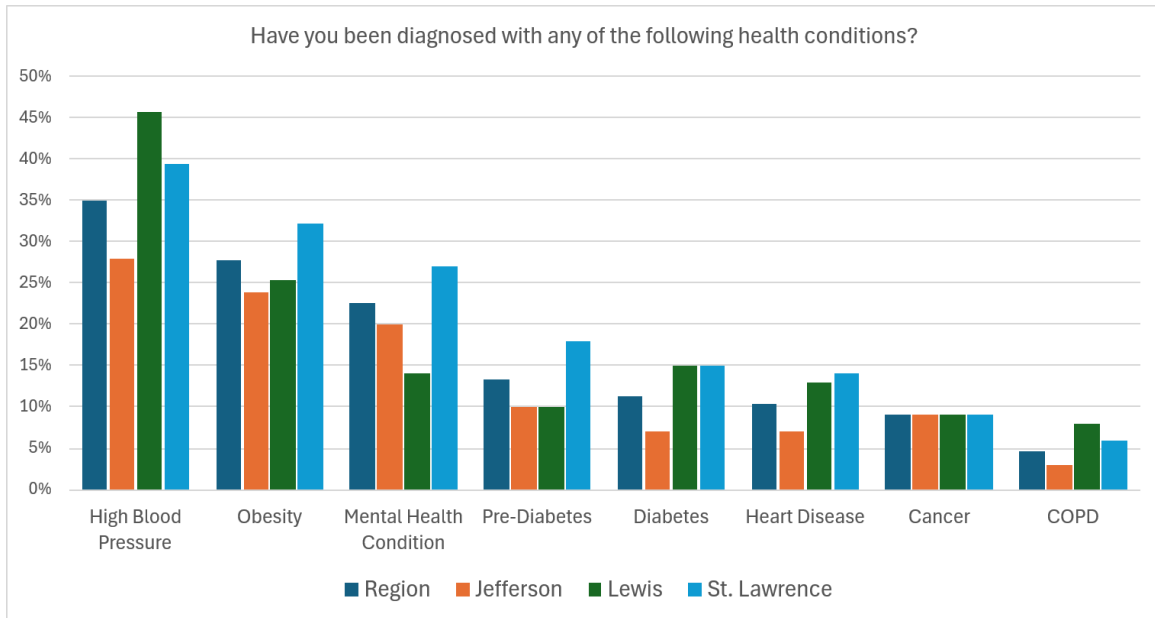
Q: 17 – Have you ever been diagnosed with any of the following eight chronic health conditions or illnesses? (choose all that apply)

Chronic disease continues to be a driver of poor health outcomes in St. Lawrence County. Nearly three in four adults (73%) in the county report having been diagnosed with at least one chronic condition. Age is one of the strongest predictors of chronic illness. While just under 60% of adults aged 18–34 report at least one chronic condition, this rate rises steadily with age: 62% among those 35–54, 83% among those 55–74, and 87% among adults 75 and older. Gender also plays a role in health outcomes. Men in St. Lawrence County report higher rates of high blood pressure (46%), diabetes (17%), and heart disease (15%), while women report significantly higher rates of obesity (40%) and mental health conditions.

Other key findings:

- High blood pressure (39%) is the most commonly reported condition. Rates are especially high among veterans (46%), adults over 55, and those with a disability.
- Obesity (32%) affects roughly one-third of residents and is more prevalent among women, low-income adults (especially those earning less than \$25,000), residents facing housing instability, and those identifying as BIPOC.
- Mental health conditions (27%) are comparatively high among adults aged 18–34 (58%), individuals with a history of three or more adverse childhood experiences (ACEs, 80%), and people who identify as LGBTQ+ (31%).

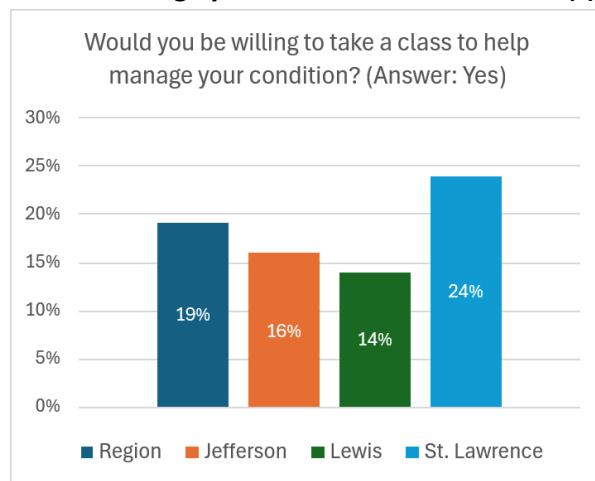
- Pre-diabetes and diabetes have elevated rates among older adults, BIPOC residents, and those facing financial hardship or disability.
- Heart disease is primarily concentrated among the oldest adults and those with lower incomes.
- Cancer and COPD are also present, though less common. COPD is notably higher among individuals with disabilities.



In addition to age and gender differences, chronic disease patterns in St. Lawrence County reveal strong links to socioeconomic and social factors. Conditions such as obesity, hypertension, and diabetes are markedly more common among residents with lower incomes, lower educational attainment, and limited financial security, especially those who are not confident they could afford a \$500 emergency expense. Chronic illness is also more prevalent among residents with disabilities, veterans, and those experiencing housing instability. Meanwhile, mental health conditions show strong associations with early life trauma and identity-based disparities, including elevated rates among individuals with three or more ACEs and those who identify as LGBTQ+. These findings point to the importance of addressing underlying social determinants of health, such as financial strain, housing, trauma exposure, and access to care, as part of any strategy to reduce the burden of chronic disease in the county.

Q: 18 – Would you be willing to take a class to teach you how to manage your chronic health condition(s) that you cited earlier?

In St. Lawrence County, interest in chronic disease self-management support is modest but promising. Approximately 19% of adults with at least one chronic condition indicated they would be willing to take a class to help manage their condition, the highest level of interest observed across the North Country region. While this represents a minority of residents, it suggests there is a core group that could benefit from targeted outreach and program availability. These findings point

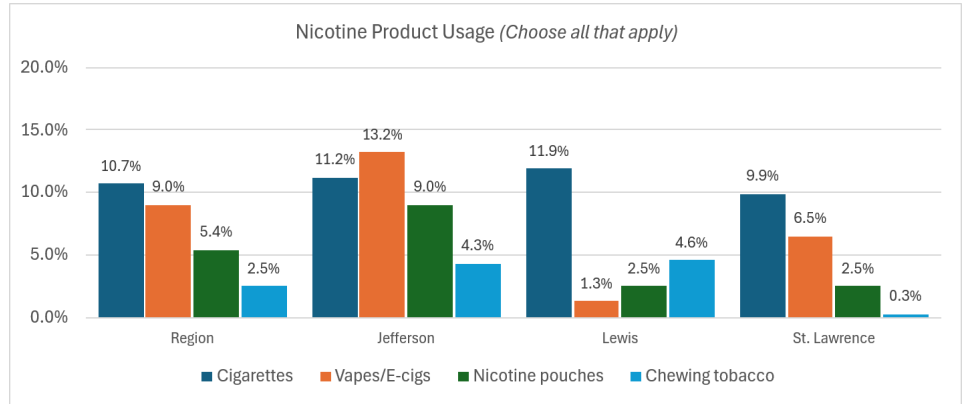


to the potential for launching a chronic disease self-management initiative in the county, especially if efforts are made to increase awareness, offer flexible participation options, and address common barriers to engagement.

**Q: 19 – In the past 12 months, have you regularly used any of the following nicotine products?
(choose all that apply)**

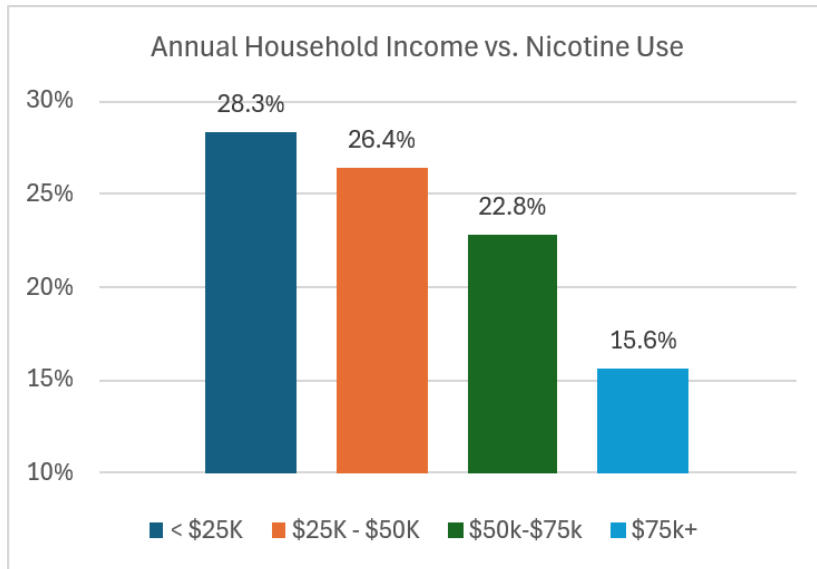
Because respondents could select more than one product, the percentages by product type exceed the overall share of users, but the breakdown still offers important insight into usage patterns.

In St. Lawrence County, approximately 19% of adults reported using at least one nicotine product in the past year, slightly below the regional average of 21% and well below Jefferson County’s 27%.



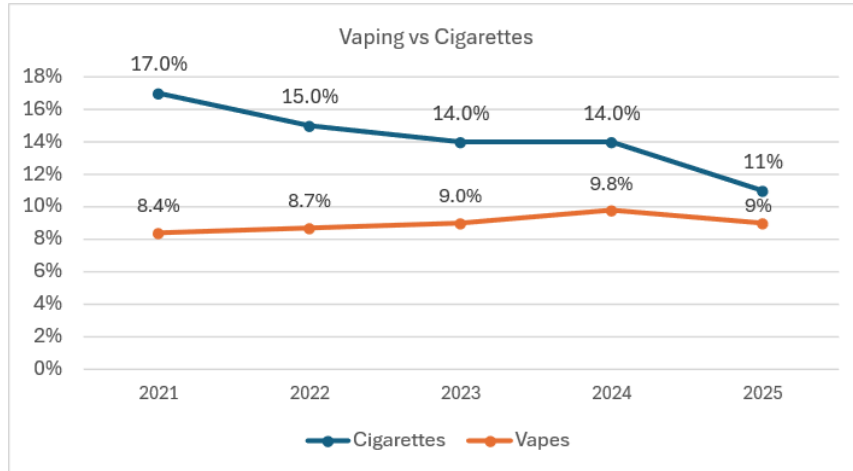
Traditional cigarettes remain the most commonly used product in St. Lawrence County, with 9.9% of adults reporting cigarette use, followed by 6.5% who report using vapes or e-cigarettes. Both rates are lower than the regional averages of 10.7% and 9.0%, respectively. Use of nicotine pouches (2.5%) and chewing tobacco (0.3%) is minimal in the county. Looking at regional trends:

- Cigarette smoking has steadily declined over the past five years, while vaping has gradually increased.
- The highest nicotine use is among younger adults, particularly those aged 18–34.
- Nicotine use decreases as household income increases.



St. Lawrence County’s data appears to follow this basic shift, with traditional smoking declining and electronic nicotine use gaining ground, though at a slower pace than in some neighboring counties. Overall, these findings suggest that while St. Lawrence County is performing better than some counties on overall nicotine

use, continued focus is recommended in preventing youth vaping, supporting cessation for older adults, and addressing socioeconomic risk factors tied to tobacco use.

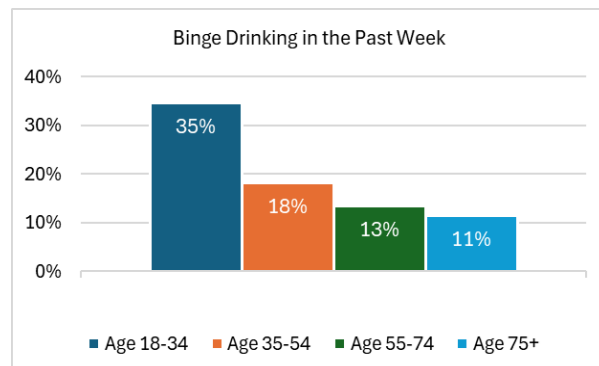
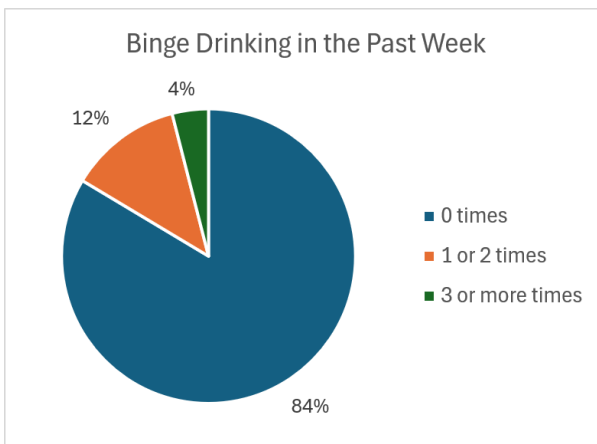


Q: 20 – In the past week, how many times did you have 5 or more alcoholic beverages on one occasion?

In St. Lawrence County, 16% of adults reported at least one binge drinking episode in the past week, defined as five or more drinks in one sitting, with 4% reporting three or more episodes. While these rates are lower than the regional average, they still indicate that approximately one in six adults in the county engaged in high-risk drinking behavior at least once within a single week.

Regionally, binge drinking is more common among young adults ages 18–34, men, and households with an active-duty military member. Additionally, BIPOC residents across the region report higher rates of binge drinking (27%) compared to white residents (18%), and individuals experiencing economic hardship or a history of adverse childhood experiences (ACEs) are more likely to engage in this behavior. St. Lawrence County’s lower overall binge drinking rate may be partially attributed to its demographic composition, particularly its older age profile.

Sustained outreach and education, early screening, and brief interventions, especially in college settings, may help address excessive alcohol use before it leads to more serious health or social consequences.



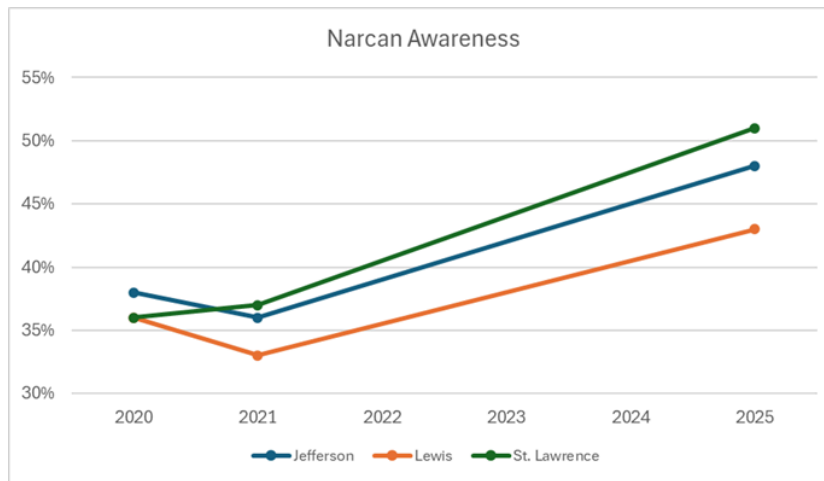
Q: 21 – Within the past year, has anyone in your household been personally affected by opiate use or addiction?

Q: 22 – Are you aware of locations where you can obtain Narcan, a medication that can help reverse an opioid overdose?

Roughly 3.9% of St. Lawrence County households reported being personally affected by opiate use or addiction within the past year, the highest percentage above the regional average of 2.7%. While this represents a relatively small share of the population, it reflects a meaningful number of households continuing to face the consequences of opioid use.

Cross-tabulations reveal specific populations more likely to report opioid-related household impact. Women were nearly three times as likely as men to report being affected, and those ages 35 to 74 accounted for the largest share of reports. Other high-risk groups included residents who reported experiencing three or more adverse childhood experiences (ACEs), those who rarely or never feel socially supported, and individuals who were concerned about housing stability.

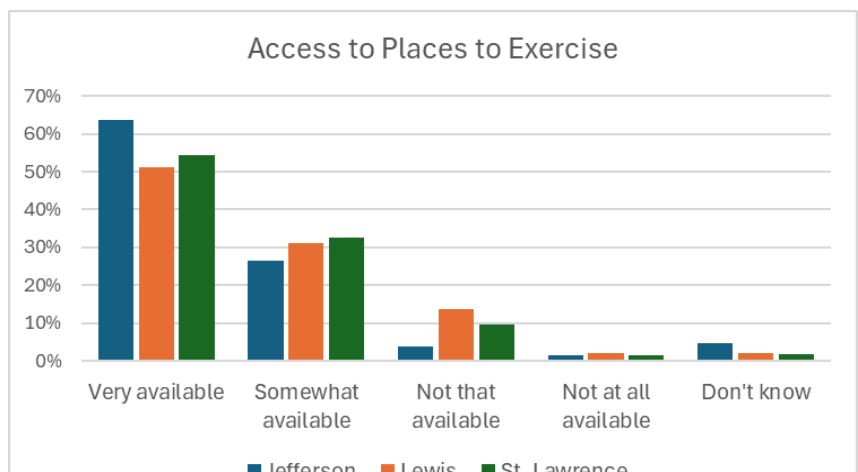
At the same time, awareness of where to obtain Narcan, the opioid overdose reversal medication, has risen steadily in St. Lawrence County, increasing from 37% in 2021 to 51% in 2025. This 14-point gain marks the largest increase across the region and reflects the county’s growing readiness to respond to opioid-related emergencies. Expanded community outreach, training programs, and Narcan distribution efforts appear to be having a measurable impact.



Q: 23 – How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?

Q: 24 – What barriers, if any, are preventing you from eating healthier foods and maintaining a healthier diet?

When asked, “How would you rate your family’s access to places where you can walk and exercise, either indoors or outdoors?”, a majority of St. Lawrence County residents reported having good access. In 2025, 54% said access was “very available,” and another 31% said it

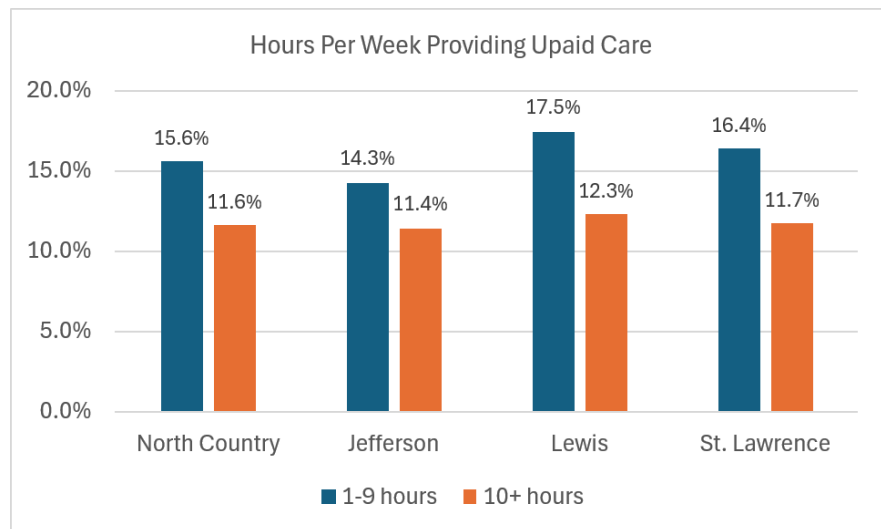


was “somewhat available.” These trends have remained stable since this question was first asked in 2018.

In response to the question, “What barriers, if any, are preventing you from eating healthier foods and maintaining a healthier diet?”, affordability emerged as the most common concern, cited by 49% of St. Lawrence County respondents, the highest among the three counties. This highlights a possible challenge with food insecurity. Time to prepare meals was the second most reported barrier, while issues such as store proximity or transportation were mentioned less frequently. About 43% of respondents said they faced no barriers at all to eating healthier.

Q: 25 – In the past 12 months, how many hours per week do you regularly provide unpaid care for an aging or disabled family member or friend?

Across the North Country region, more than one in four adults (27%) report providing some form of unpaid care to an aging or disabled family member, friend, or neighbor. In St. Lawrence County, 16.4% of adults provide 1 to 9 hours of care per week, and another 11.7% report giving 10 or more hours, placing the county slightly above the regional average in total caregiving activity. St. Lawrence County’s caregiving rates are consistent with regional patterns, reflecting a significant portion of the population engaged in supporting loved ones with health or mobility challenges. Although these roles often go unrecognized, they represent a critical aspect of the county’s informal care infrastructure.

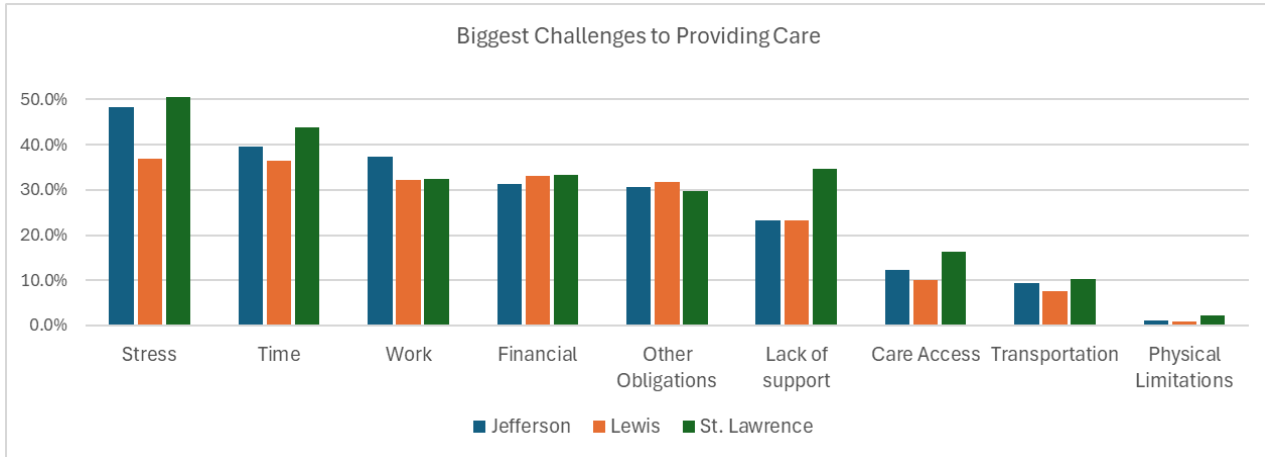


Regional data show that women are more likely than men to provide unpaid care, particularly at higher levels of commitment. Nearly 8% of women across the region report offering 40 or more hours of care per week, compared to just 2% of men. Adults ages 55 to 74 stand out as the most active caregiving group, with more than one in three providing some level of support. Additionally, caregiving is more prevalent among those not currently in the labor force and those with annual incomes under \$25,000, indicating that both age and financial status are important factors in caregiving burden. These findings highlight the need to recognize and support unpaid caregivers in St. Lawrence County, many of whom are managing complex care responsibilities alongside other life challenges. Access to respite services, and long-term term care will be critical to addressing this need.

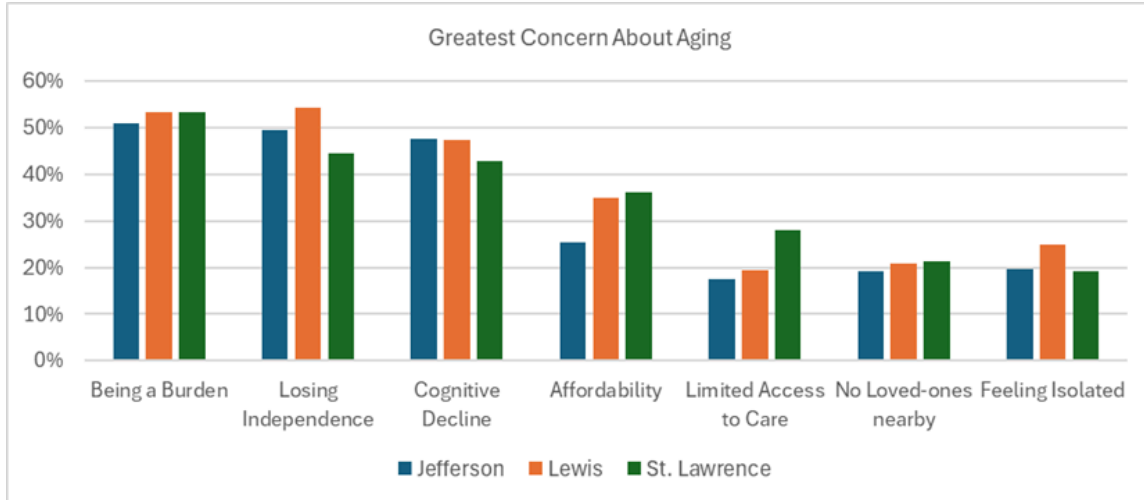
Q: 26 – What are the biggest challenges you face as a caregiver, or would expect to face if you were to begin being a caregiver?

Caregiving remains a substantial responsibility for many residents across the North Country, and St. Lawrence County is no exception. In 2025, nearly three-quarters of respondents across the region reported facing, or expecting to face, at least one major challenge related to providing unpaid care to an aging or disabled family member, friend, or neighbor.

In St. Lawrence County, stress was the most frequently reported challenge, cited by half of all respondents. Stress was followed closely by issues related to time, financial strain, and balancing work responsibilities. Compared to neighboring counties, St. Lawrence County respondents more frequently cited a lack of support and access to care issues. Challenges related to transportation and physical limitations were reported less often.



Q: 27 – What concerns you the most about aging?

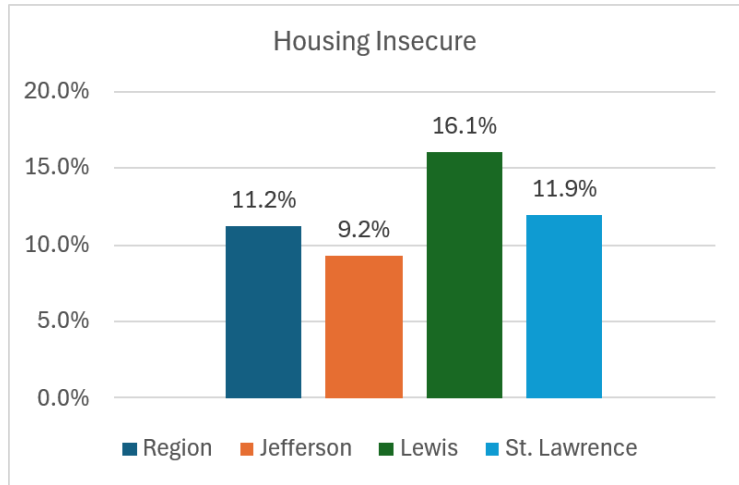


Residents of St. Lawrence County expressed a range of concerns about aging, with results closely aligned with regional trends, though there were some differences. The most commonly cited concern was “being a burden on others.” Losing independence was nearly as prevalent. Other frequently mentioned issues included cognitive decline, affordability, and limited access to care. St. Lawrence County reported the highest level of concern about affordability among the three counties. This may reflect financial pressures felt by older adults in the county. Roughly one in five residents reported concerns about not having loved ones nearby or feeling isolated.

These findings suggest that residents in St. Lawrence County are particularly concerned about maintaining autonomy, managing cognitive and financial health, and not becoming a burden to others. Aging-related strategies that prioritize independence, affordability, access to care, and social connection are worth considering.

Q: 28 – Which of the following best describes your living situation today?

In 2025, 11.9% of St. Lawrence County adults reported being housing insecure, meaning they either do not have a steady place to live or are worried about losing their housing. This rate is slightly higher than the regional average (11.2%). Across the North Country region, 11.2% of adults fell into this category. Adults in the region who are unemployed report the highest rate, with 32.8% experiencing housing instability. Similarly, nearly 1 in 3 uninsured residents (29.4%) and over one-quarter of those not confident they could cover a \$500 expense (26.5%) face unstable housing.



Emotional and social factors also play a role:

25.7% of those who rarely or never feel supported report housing concerns, as do 22.8% of people living with a disability and 23.1% of Medicaid recipients. Those with 3 or more ACEs (20.6%) report greater instability. Disparities are also evident among young adults aged 18–34 (13.3%) and those who identify as LGBTQ+ (14.1%), as well as among BIPOC respondents (12.8%).

These findings highlight the importance of addressing both the economic and social drivers of housing insecurity. Expanding access to affordable housing, rental assistance programs, and wraparound supports, particularly for those experiencing unemployment, or health challenges, will be important in stabilizing living conditions for at-risk residents. Proactive measures to prevent housing loss and connect individuals with services early may help mitigate the long-term impacts of housing instability on health and well-being.

Source: FDRHPO Community Health Survey 2025

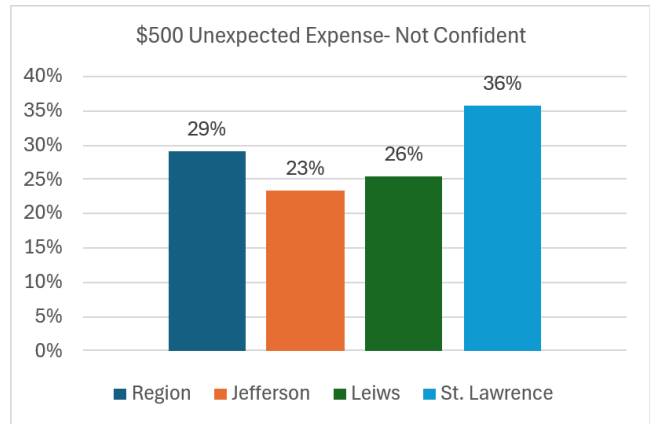
Demographics	Housing Insecure
Not employed (not retired)	32.8%
Uninsured	29.4%
Not confident about covering a \$500 expense	26.5%
Rarely/Never feel supported	25.7%
Medicaid insured	23.1%
Disabled	22.8%
Experienced 3+ ACEs	20.6%
Identify as LGBTQ+	14.1%
Young adults (18–34)	13.3%
BIPOC	12.8%

Q: 29 – How confident are you that you could cover an unexpected \$500 expense (e.g., medical bill) without using a credit card or borrowing?

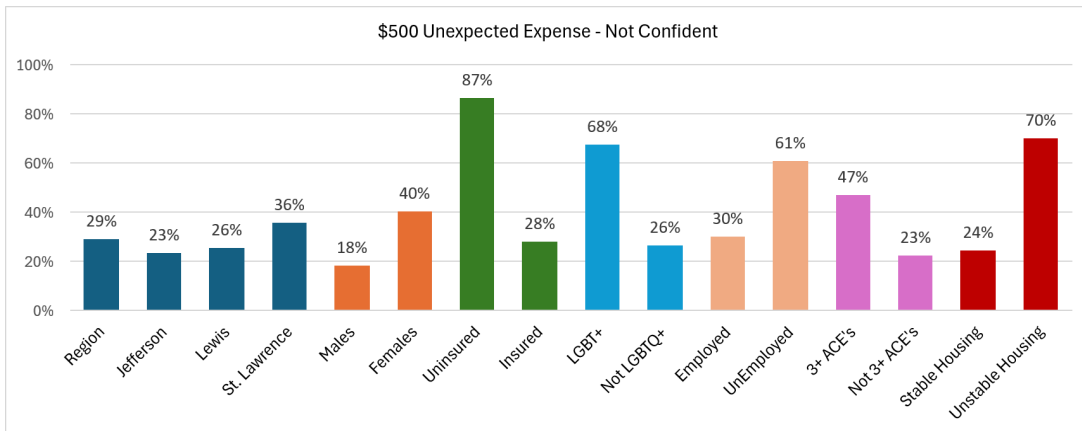
This survey question was included to explore not just income levels, but financial resilience and economic vulnerability, in order to identify how well residents can manage unexpected expenses. By cross-tabulating responses with key demographics and social determinants of health, we aim to better understand which populations are most at risk and identify potential gaps that may otherwise be overlooked.

St. Lawrence County reported the highest level of financial vulnerability, with 36% of adults not confident, followed by Lewis County at 26%, and Jefferson County at 23%.

Overall, those ages 55 and older reported the most confidence that they could cover a \$500 unexpected expense.

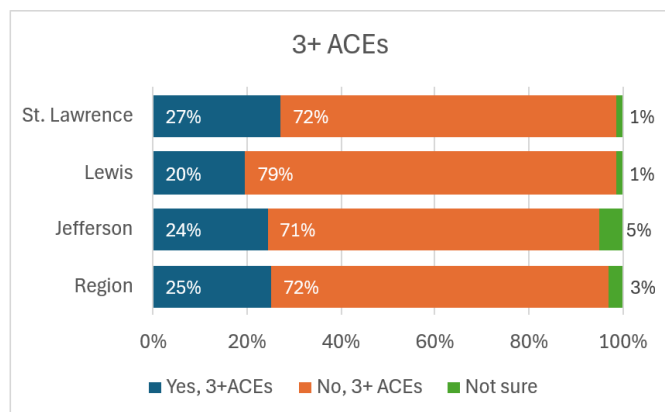


Regionally, 29% of North Country adults reported that they are not confident they could cover a \$500 emergency expense. Demographic breakdowns in the region reveal deeper disparities. Females (40%) were more than twice as likely as males (18%) to report low financial confidence. Among those with no health insurance, the problem is also high. Roughly 86% of uninsured respondents said they could not cover a \$500 emergency without borrowing, compared to just 28% of those with insurance. LGBTQ+ adults (68%) also reported significantly higher financial insecurity compared to those who do not identify as LGBTQ+ (27%). Other at-risk groups include the unemployed (61%), individuals with unstable housing (70%), and those who have experienced three or more adverse childhood experiences (47%).



Q: 30 – Before the age of 18, did you experience at least three ACE's?

ACEs, or Adverse Childhood Experiences, refer to traumatic or stressful events that occur before the age of 18 (e.g. abuse, neglect, or growing up in a household with substance use, mental illness, or domestic violence). Research shows that



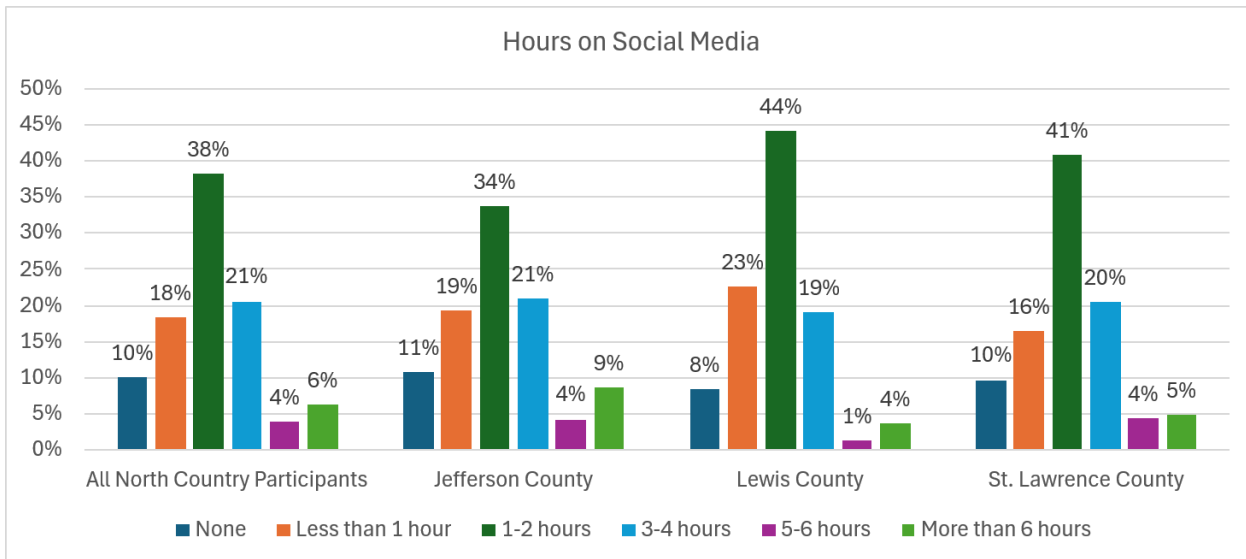
experiencing multiple ACEs can have long-term effects on a person’s health, behavior, and economic stability throughout life (Centers for Disease Control and Prevention, 2025). To better understand the impact of early life experiences on adult health and stability, the 2025 Community Health Survey asked participants whether they had experienced three or more ACEs. In St. Lawrence County, 27% of adults reported experiencing three or more ACEs, the highest of the three counties. Understanding ACE prevalence helps public health partners target resources and develop trauma-informed services. Those with 3+ ACEs in our region are also more likely to face challenges such as housing instability, poor financial resilience, and worse health outcomes. Disparities emerged across regional demographic groups who reported 3+ ACEs:

- Young adults ages 18–34 (45%)
- LGBTQ+ individuals (46%)
- Those with unstable housing (46%)
- BIPOC respondents (41%)
- Medicaid-insured adults (44%)
- The uninsured (32%)
- Those not employed/not retired (39%)
- Individuals who were not confident they could cover a \$500 emergency expense (40%).

In contrast, those who feel socially supported most days (20%) and those who are very confident in their financial stability (16%) reported lower ACE exposure, suggesting that both community connection and financial resilience can serve as protective factors.

Q: 31 – In the past year, on average, how many hours per day do you spend on social media platforms like Facebook, X (Twitter), Instagram, Snapchat, TikTok, etc.)?

St. Lawrence County residents reported moderate levels of social media use, with usage patterns generally mirroring those seen across the North Country. The most commonly reported usage level was 1–2 hours per day, cited by 41% of respondents, slightly above the regional average of 38%. Another 20% of respondents reported spending 3–4 hours per day on social media.



While most residents fall into low-to-moderate use categories, a small percentage engage in heavy use. In St. Lawrence, 5% of adults reported spending more than 6 hours per day on social media, and 4% reported 5–6 hours per day. About 10% said they do not use social media at all.

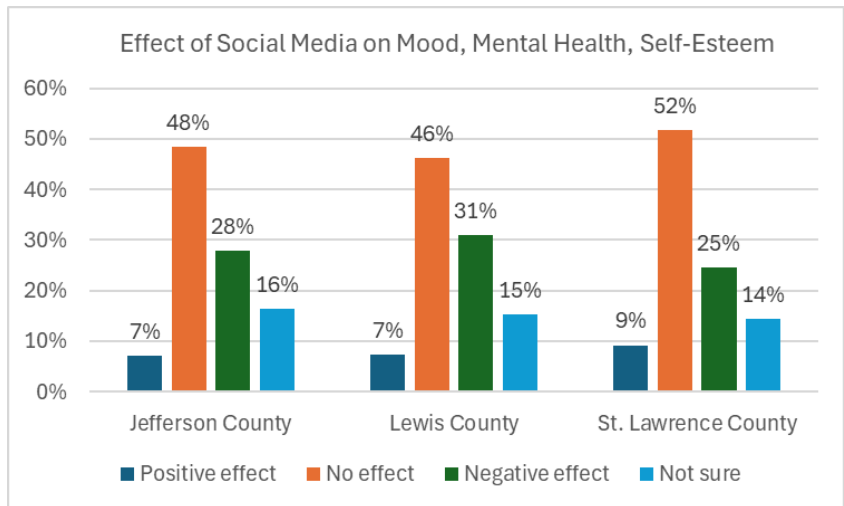
Regional data show that younger adults (ages 18–34) are the most likely to be heavy users, with nearly one in five spending over five hours per day on social platforms. Similar patterns are seen among residents facing economic stress, Medicaid recipients, those with housing insecurity, and individuals with three or more adverse childhood experiences (ACEs), all of whom report elevated usage levels. Higher rates are also observed among BIPOC residents, LGBTQ+ individuals, and those who are not employed and not retired.

Although heavy use is less common overall, the presence of extended daily social media engagement, particularly among younger and more vulnerable subgroups, suggests the need to better understand its impact on mental health, social connection, and daily functioning. As part of an overall wellness initiative, stakeholders may benefit from integrating social media literacy, screen-time awareness, and healthy coping strategies into youth programs, and population health promotions.

Q: 32 – In the past year, how do you think your use of social media has affected your overall mood, mental health, or self-esteem?

When asked how social media use has affected their overall mood, mental health, or self-esteem over the past year, just over half of St. Lawrence County respondents (52%) said it had no effect. About one in four residents (25%) said social media had a negative effect, while only 9% reported a positive effect. The remaining 14% were unsure.

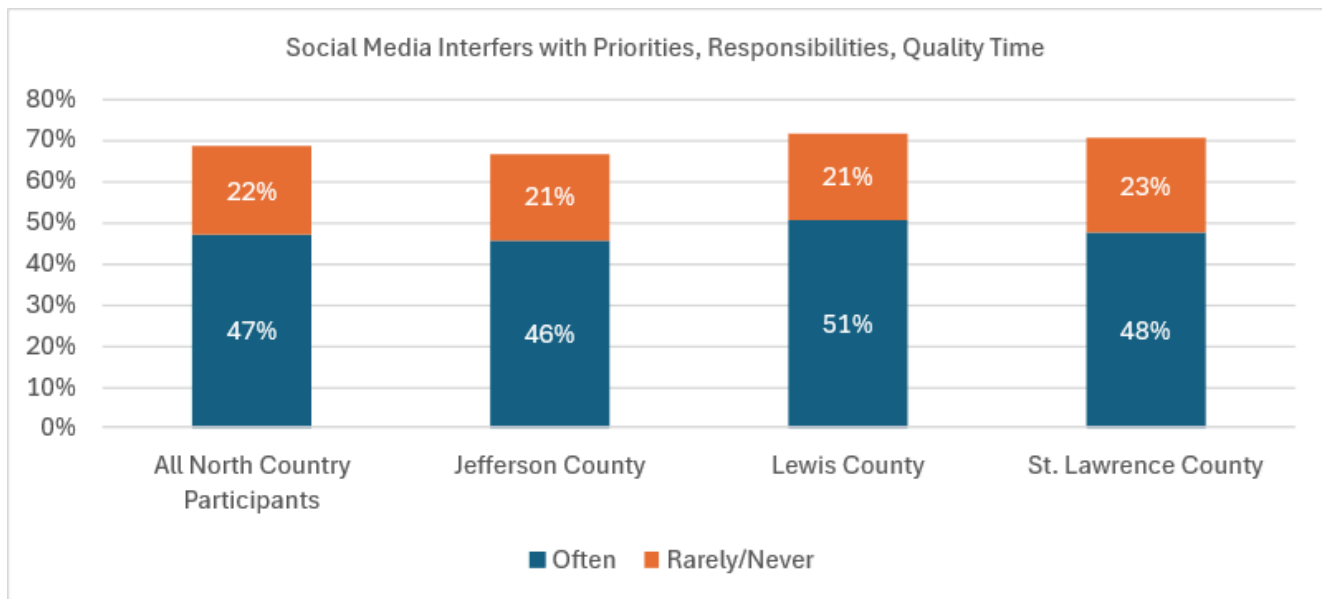
The remaining 14% were unsure. While the majority did not perceive an impact, the data highlight several groups where negative effects were more commonly reported. Adults who reported rarely or never feeling supported were the most likely to describe social media as harmful, with 38% saying it negatively affected their well-being. Similarly high rates of negative affect were seen among those experiencing housing insecurity (39%), those who use social media for three or more hours daily (33%), and individuals not confident in their ability to cover a \$500 expense (28%). Adults ages 35 to 54 also reported elevated levels of harm (31%) compared to younger and older age groups.



However, more positive views of social media were found among some traditionally marginalized groups. Roughly 41.7% of BIPOC respondents and 31.2% of LGBTQ+ individuals reported that social media had a positive impact on their mental health or self-esteem. Individuals with lower incomes and those who were not employed or retired also had slightly higher rates of positive responses. These insights will hopefully help inform digital wellness efforts and outreach strategies tailored to specific community needs.

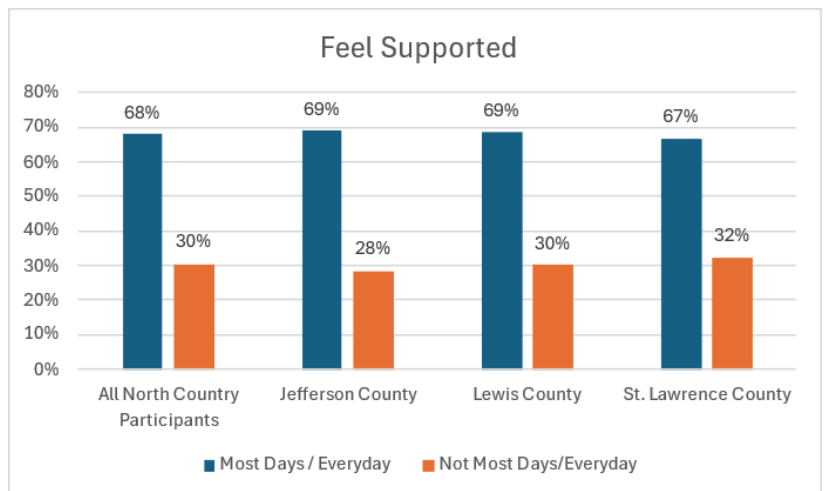
Q: 33 – Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?

Residents were asked, “Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?”. This question was designed to capture community perceptions, not personal behavior, regarding how digital technology affects everyday life. Across all three counties, a majority of respondents said they often observe social media interfering with people’s responsibilities, priorities, or quality time. Nearly half of St. Lawrence County respondents (48%) said it does interfere often. This is similar to the regional average and suggests a significant portion of residents believe that frequent disruption is tied to digital device use. Regionally, this perception was especially common among younger adults (55%), LGBTQ+ individuals (47%), parents or caregivers (50%), and those experiencing economic or social hardship, including the uninsured (53%), those not confident covering a \$500 expense (55%), and individuals with unstable housing (55%).



Q: 34 – How often do you feel supported, accepted, and connected to people who understand you?

St. Lawrence County residents were asked how often they feel supported, accepted, and connected to people who understand them. About 67% of respondents said they feel this way “most days” or “every day,” closely aligning with regional responses in Jefferson and Lewis Counties. However, 11% of St. Lawrence adults said they rarely or never feel supported, indicating a meaningful portion of the population that may be experiencing social isolation. As seen across the region, feelings of support were strongly tied to age, financial stability, and employment status.



In St. Lawrence County, 89% of adults aged 75 and older and 81% of retirees reported feeling supported most days, the highest of any demographic group. Similarly, 83% of those who said they were very confident in their ability to cover a \$500 emergency expense also reported frequent support. Those without any diagnosed chronic conditions also felt more supported (74%) than those managing one or more chronic illnesses.

Residents facing economic or housing instability reported much lower levels of support. Among those who were not employed and not retired, just 52% said they feel supported most days. The rate dropped further among those who were worried about losing their housing or experiencing homelessness, with only 24% reporting frequent support. Similarly, just 51% of those who were not confident in their ability to afford a \$500 emergency expense said they regularly felt connected to others. Experiences of childhood trauma also appeared to play a role. Only 53% of respondents with three or more adverse childhood experiences (ACEs) reported feeling supported on a regular basis, compared to 74% of those with fewer ACEs. Differences were also observed across identity groups. Just 55% of individuals with a disability and about 60% of LGBTQ+ respondents said they felt supported most days or every day.

Key Informant Interviews: Youth Priorities

As part of the 2025 Community Health Assessment (CHA), eight key informant interviews were conducted with professionals who work closely with youth across Jefferson, Lewis, and St. Lawrence Counties. Participants represented a cross-section of subject matter experts from K–12 schools, county youth bureaus, and community-based organizations that support young people and their families. The primary goal of these interviews was to better understand the needs, challenges, and opportunities related to youth health and wellness. Discussions focused on topics such as educational engagement, mental and physical health, social-emotional development, and access to supportive services. Particular attention was given to the concept of building “health and wellness promoting schools” and expanding pathways to postsecondary education, consistent with the 2025–2030 New York State Prevention Agenda. Interviewees brought perspectives from a range of youth-focused roles, including mental health counseling, guidance and academic support, STEM education, youth empowerment, and outreach to students facing chronic absenteeism or other barriers to success. Interviews were conducted in all three counties. Responses were consistent across counties. These conversations provided meaningful qualitative insight into youth-related gaps and strengths, helping to inform this assessment and guide future efforts to promote healthy, supportive environments for young people.

Key Informants	Stakeholder Type	Location	Date
Key Informant #1	K-12 Schools	Jefferson and Lewis	5/7/2025
Key Informant #2	Community-based Organization	Jefferson and Lewis	5/16/2025
Key Informant #3	Community-based Organization	Jefferson	5/16/2025
Key Informant #4	Community-based Organization	Jefferson	5/16/2025
Key Informant #5	Local Government Agency	Lewis	5/21/2025
Key Informant #6	Local Government Agency	St. Lawrence	5/19/2025
Key Informant #7	K-12 Schools	St. Lawrence	5/15/2025
Key Informant #8	K-12 Schools	Jefferson	6/2/2025

Key Themes and Findings

Youth Mental and Emotional Well-being

Stakeholders consistently identified mental health challenges as some of the most pressing concerns for youth in the region. Students in grades 7–9 were cited as particularly vulnerable. Participants noted that while stigma surrounding mental health has decreased in recent years, many families still do not recognize or address issues until they have escalated to a crisis point. Limited availability of in-school mental health services and long waitlists for counseling were cited as barriers to intervention.

Students in grades 7–9 were cited as particularly vulnerable.

Impact of Technology and Social Media

The influence of screen time and social media on youth well-being was repeatedly emphasized. Stakeholders reported that overuse of digital platforms contributes to social isolation, sleep disruptions, cyberbullying, and negative self-comparisons among students. Respondents observed shorter attention spans, increased classroom conflicts, and increased stress that they attributed to excessive online interactions. Recommendations included digital wellness initiatives and education designed to promote healthy technology use.

Risky Behaviors and Substance Use

Vaping was identified as one of the most concerning behaviors among adolescents, along with alcohol and marijuana use. Sharing of prescription medications was also noted. Stakeholders linked these behaviors to peer influence, stress, and normalization of substance use. Some also expressed concern over the growing prevalence of teen dating violence and early sexual activity, which they attributed, in part, to exposure through social media and online content.

Vaping was identified as one of the most concerning behaviors among adolescents, along with alcohol, marijuana use.

Trauma and Adverse Childhood Experiences (ACEs)

Stakeholders cited the ongoing impact of poverty, family instability, and other ACE-related trauma on youth mental health. The isolation experienced during the COVID-19 pandemic was reported to have exacerbated stress and behavioral health issues. Schools often serve as the primary source of structure and support for students facing these challenges. However, stakeholders stated that schools lack the capacity to provide the necessary type and level of trauma-informed care that some students need. Teachers and staff also need training and support to respond effectively to student needs.

... schools lack the capacity to provide the necessary type and level of trauma-informed care that some students need.

Social Determinants of Health (SDOH)

Economic disadvantage was a recurring theme, with some stakeholders noting that most of their students are economically disadvantaged. Food insecurity remains a concern, particularly with limited access to healthy,

affordable options both at school and in the community. Transportation and broadband access were identified as barriers for some rural students.

Access to Services and System Capacity

Gaps in healthcare and behavioral health access were a consistent finding. Mental health waitlists are too long, according to most of the respondents. They also reported challenges with emergency response times for behavioral crises, which they described as incompatible with the urgent needs of students in crisis situations.

Youth Voice and Empowerment

Several stakeholders highlighted the importance of involving youth directly in program design and decision-making. While some youth advisory roles exist, participants noted that these roles often attract high-achieving students and do not always reflect the perspectives of marginalized or less vocal students. The concept of “nothing about us without us” was emphasized as a way to ensure that interventions are relevant and resonate with youth.

Respondent Recommendations

Respondents offered the following recommendations:

- Expand mobile mental health teams and school-based behavioral health services.
- Increase trauma-informed training for teachers and staff.
- Create after-school mentorship and recreation programs to strengthen protective factors.
- Develop coordinated strategies based on the Strategic Prevention Framework to bring together community resources and services and improve collaboration.
 - The SAMHSA Strategic Prevention Framework (SPF) is a five-step, data-driven planning process that helps organizations and communities prevent and reduce substance use and related mental health problems. It provides a structured approach to guide prevention efforts, from identifying needs to evaluating outcomes.
- Promote youth-led initiatives and leadership opportunities to encourage engagement, resilience, and a sense of purpose.

The key-informant interviews reinforce the data highlighted in the CHA, including high rates of mental health crises, substance use, chronic absenteeism, and ongoing gaps in healthcare access.

Leading Causes of Death

The latest CDC WONDER Multiple Causes of Death, 2018-2023 data shows that St. Lawrence County’s leading causes of death follow the same general order seen statewide, but several conditions occur at markedly higher rates than the New York average.

- Heart disease remains the top killer in St. Lawrence County, with an age-adjusted rate of 250.0 deaths per 100,000, higher than the state rate (224.6).
- Cancer ranks second at 220.1, 30 % higher than the statewide rate (169.2).
- Chronic lower respiratory disease is the county’s third-leading cause of death (66.9) at double the state average (33.4).
- Unintentional injuries (46.5) track closely with the state (47.1), while COVID-19 mortality (43.1) is lower than the statewide rate (61.0).
- Cerebrovascular disease (40.3) and diabetes (40.7) each exceed state rates.

- Deaths from kidney disease (20.4) and chronic liver disease and cirrhosis (15.6) are also well above state levels.
- Alzheimer’s disease mortality (8.2) is less than half the statewide rate (18.1), and Parkinson’s disease is slightly lower (7.7 vs 8.7).
- Suicide (intentional self-harm) remains among the top 15 causes, with a rate of 13.2, higher than the state rate (8.7).

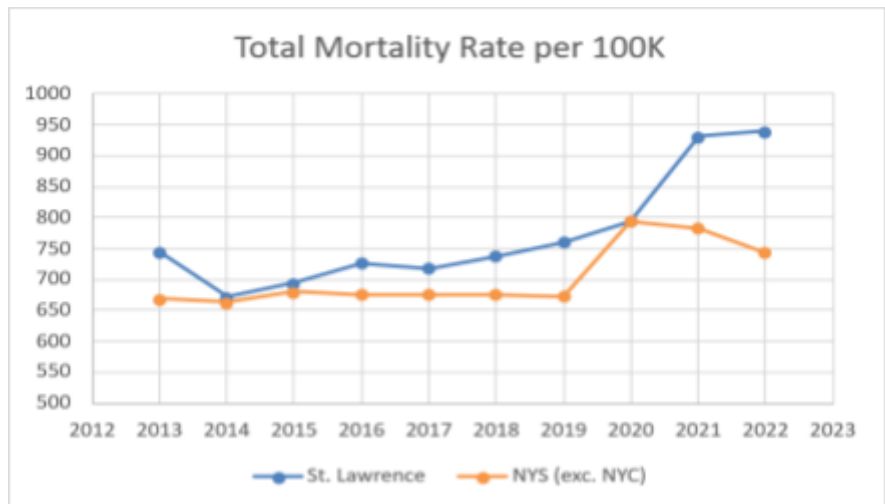
Source: CDC Wonder Online Database, Nation Center for Health Statistics, Multiple Causes of Death

15 Leading Causes of Death, 2018 – 2023 Average	St. Lawrence County	New York State
Diseases of heart (I00-I09,I11,I13,I20-I51)	250.0	224.6
Malignant neoplasms (C00-C97)	220.1	169.2
COVID-19 (U07.1)	43.1	61.0
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	46.5	47.1
Chronic lower respiratory diseases (J40-J47)	66.9	33.4
Cerebrovascular diseases (I60-I69)	40.3	32.9
Diabetes mellitus (E10-E14)	40.7	24.4
Influenza and pneumonia (J09-J18)	20.4	21.8
Alzheimer disease (G30)	8.2	18.1
Essential hypertension and hypertensive renal disease (I10,I12,I15)	15.3	14.8
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	20.4	13.2
Septicemia (A40-A41)	9.4	10.8
Chronic liver disease and cirrhosis (K70,K73-K74)	15.6	9.3
Parkinson disease (G20-G21)	7.7	8.7
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	13.2	8.7

Overall, St. Lawrence County experiences elevated mortality in several chronic and lifestyle-related conditions, such as cardiovascular disease, cancer, respiratory illness, diabetes, and liver disease, along with higher rates of suicide. This underscores a need to continue chronic disease prevention and self-management programs, as well as suicide prevention efforts and mental health awareness trainings.

Over the past decade, St. Lawrence County has consistently experienced higher overall mortality rates than the rest of New York State (excluding New York City). From 2013 to 2019, the county's rate showed a slow but steady upward trend, while the statewide rate remained relatively stable.

A sharp increase occurred in 2020, when both the county and state experienced a spike in mortality likely



Source: Vital Statistics Data at apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/

associated with the onset of the COVID-19 pandemic. However, while the state rate began to decline after 2020, St. Lawrence County's mortality rate continued to rise sharply. The rate remained elevated in 2022. This may suggest that St. Lawrence County is facing greater impacts from the pandemic. Indirect effects, such as delayed care, may be worsening conditions, or contributing to social and economic stressors.

Health Challenges and Associated Risk Factors

St. Lawrence County faces a mix of health challenges shaped, in part, by its vast rural geography, limited healthcare capacity, and socioeconomic pressures. Chronic conditions are frequently reported, with nearly three-quarters of adults reporting at least one diagnosed illness such as hypertension, obesity, diabetes, or chronic respiratory disease. Mortality data show that heart disease and cancer remain the leading causes of death in the county, with rates consistently above state averages. Approximately one in four deaths occurs before age 65, indicating a need for continued prevention and early intervention strategies.

Mental health continues to be a pressing concern. One in five adults experiences frequent mental health challenges, and the county's suicide mortality rate is significantly higher than the New York State average. Health risks are further exacerbated by high rates of cigarette smoking, heavy alcohol use, and elevated opioid prescribing. Overdose deaths currently remain below statewide levels, which is a good indicator that harm-reduction efforts are working. However, more than 27% of residents report having experienced three or more adverse childhood experiences (ACEs), which often indicate high levels of emotional trauma.

Access to healthcare remains a barrier. St. Lawrence County is designated a Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services. Provider-to-population ratios fall well below state benchmarks, and residents frequently report difficulty obtaining timely dental and specialty care, especially those who are low-income or uninsured. Geographic distance, limited transportation options, and long wait times further restrict access.

Social and economic conditions continue to shape health outcomes. Roughly one in six residents lives in poverty, and many more fall within the ALICE population. The county ranks in the 93rd percentile nationally for overall social vulnerability, with particularly high concern related to housing and transportation. Nearly 12% of adults report experiencing housing instability, with the greatest burden falling on individuals who are unemployed, disabled, or financially insecure.

Maternal and child health indicators also highlight areas of concern. Only 65% of pregnant individuals receive prenatal care in the first trimester, and both infant and maternal mortality rates remain above Prevention Agenda targets. Pediatric preventive care gaps are also evident, with lower-than-average HPV vaccination rates and fewer preventive dental visits among Medicaid-enrolled children. At the same time, several early childhood health indicators are encouraging: breastfeeding initiation exceeds state targets, toddler immunization rates are strong, and food security levels surpass the state average.

Despite these challenges, St. Lawrence County possesses meaningful assets that can be leveraged to improve population health. Well over 90% of adults have health insurance, and the majority report having a regular source of care. Preventable hospitalizations are below the state average, suggesting that outpatient care, and care coordination services are effective where access is available. A network of hospitals, rural health centers, mental health and substance use services and supports, higher education institutions, and active coalitions provide a solid foundation for ongoing public health initiatives.

Persistent disparities affect specific population groups, including individuals with disabilities, LGBTQ+ residents, BIPOC communities, ALICE households, and those with high ACE exposure. These groups are more likely to experience social isolation, housing instability, financial hardship, and unmet healthcare needs. Addressing these inequities may need to include coordinated strategies that include continued care coordination, prevention measures, chronic disease self-management support, trauma-informed services, and enhanced mental health crisis services. With strong partnerships and a commitment to overall health and wellness, St. Lawrence County is well positioned to build on its existing strengths and advance meaningful improvements in health outcomes across the county.

Community Assets and Resources

St. Lawrence County is supported by a network of health-related organizations to address the challenges outlined in this Community Health Assessment. These assets and resources include healthcare, behavioral health, food access, housing, transportation, early childhood services, workforce development, and more. Together, they form the foundation for collaborative, community-driven strategies aligned with New York State's Prevention Agenda.

The county's healthcare infrastructure includes several hospitals and primary care networks that provide a range of general, acute, preventive, and specialty services. Key facilities include Canton-Potsdam Hospital, Gouverneur Hospital, and Massena Hospital (all part of St. Lawrence Health – a region within Rochester Regional Health), as well as Claxton-Hepburn Medical Campus/Center in Ogdensburg. Additional supports include the Community Health Center of the North Country (CHCNC), a federally qualified health center (FQHC) that delivers integrated primary, dental, behavioral health, and school-based services for underserved populations.

Behavioral health and substance-use needs are addressed through a county-wide network of providers offering outpatient treatment, peer recovery support, harm-reduction, and prevention programs. This system supports continuity of care across the behavioral health spectrum, from early intervention and crisis response to long-term recovery.

Residents also benefit from a strong network of community-based food and nutrition resources. Multiple food pantries and neighborhood centers (Salvation Army, GardenShare, Cornell Cooperative Extension of St. Lawrence County, etc.) help address food insecurity and promote healthy eating. WIC services and school-based wellness programs provide additional support to children and their families.

For those experiencing different types of instability, resources are available through the North Country Housing Council, Renewal House, the Massena and Ogdensburg Housing Authorities, Maximizing Independent Living Choices, and other partners. These organizations provide housing, emergency shelter, utility assistance, and supportive case management to individuals and families in need. Transportation access is supported through a variety of services to help individuals overcome their transportation barriers. Families and children are supported by agencies like Cornell Cooperative Extension of St. Lawrence County and the St. Lawrence County Community Development Program. The North Country Prenatal/Perinatal Council provides maternal health education and support, while Renewal House and ACR Health deliver trauma-informed services.

Public health coordination is led by the St. Lawrence County Public Health Department who collaborates with the Office for the Aging, SLC Community Services, social service agencies, healthcare facilities, and community-based organizations.

St. Lawrence County: List of Community Resources

Food and Nutrition	
Maximizing Independent Living Choices 156 Center St., Massena, NY 315-764-9464	Canton Neighborhood Center 5 West St., Canton, NY 315-386-3534
Church and Community Program 30 Court Street, Canton, NY 13617 315-386-3534	Colton Neighborhood Center Sugarbush Lane, South Colton, NY 315-244-0069
Colton/Pierrepont/Parishville Neighborhood Pantry; 1772 NY-72., Parishville, NY 315-244-0069	Cornell Cooperative Extension of St. Lawrence County 2043B NY-68 #4453, Canton, NY 315- 379-9192
Edwards Food Pantry 183 Main Street, Edwards, NY 315-562-3296	Food Bank of Central New York 7066 Interstate Island Rd., Syracuse, NY 315-437-1899
GardenShare 88 NY-310, Canton, NY 315-261-8054	Gouverneur Neighborhood Center 15 Rock Island Street, Gouverneur, NY 315-287-7656
Grace Food Pantry 52 Church Street, Gouverneur, NY 315-287-7656	Hammond Food Pantry 298 Lake St., Hammond, NY 315-324-5517
Hermon-Dekalb Junction Food Pantry 4302 US-11, Dekalb Junction, NY 315-347-3016	Louisville Food Pantry 14810 NY37, Massena, NY 315-764-7473
NRCIL 210 Court St. #30, Watertown, NY 315-785-8703	Salvation Army 20 Russell Road, Massena, NY 315-769-5154
Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351	St Lawrence County Office for the Aging 80 NY-310, Canton, NY 315-386-4730
St Lawrence County Public Health Department 80 NY-310, Canton, NY 315-386-2325	St. Lawrence County Community Development Program 1 Commerce Lane, Canton, NY 315- 386-1102
St. Lawrence County Health Initiative, Inc. 6439 NY-56, Potsdam, NY 315-261-4760	Star Lake Food Pantry 4208 NY3, Star Lake, NY 315-848-3562
Tri-Town Food Pantry 1979 St HWY11 C North St., N Lawrence, NY 315-491-3506	Waddington Family Resource Center 10 Lagrassse St., Waddington, NY 315-388-4888

Housing	
Massena Housing Authority 20 Robinson Rd., Massena, NY 315-764-1706	Maximizing Independent Living Choices 156 Center St., Massena, NY 315-764-9464
North Country Freedom Homes 25 Dies St., Canton, NY 315-379-0139	North Country Housing Council 19 Main St., Canton, NY 13617 315-386-8576
Ogdensburg Housing Authority 101 Jay St., Ogdensburg, NY 315-393-3710	Salvation Army 20 Russell Road, Massena, NY 315-769-5154

Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351	St. Lawrence County DSS 6 Judson St, Canton, NY 315-379-2111
St. Lawrence Valley Renewal House 3 Chapel St., Canton NY 315-379-9845	Thrive Wellness and Recovery 482 Black River Parkway, Watertown, NY 315-782-1777

Clothing	
ACR Health 210 Court Street #20 Watertown NY 315-475-2430	Catholic Charities 716 Caroline Street, Ogdensburg, NY 315-393-2660
Church and Community Program 30 Court Street, Canton, NY 13617 315-386-3534	Salvation Army 20 Russell Road, Massena, NY 315-769-5154
Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351	

Transportation	
Catholic Charities 716 Caroline Street, Ogdensburg, NY 315-393-2660	Cent. Assc. for the Blind & Visually Impaired 507 Kent St., Utica NY 315-797-2233
MAS Transportation (Medicaid) 375 W Onondaga St., Syracuse, NY 1-800-932-7740	St. Lawrence County Public Transit 6 Commerce LN., Canton, NY 315-386-2600
The ARC (formerly St Lawrence NYSARC) – 6 Commerce Ln., Canton NY 315- 379-9531	Volunteer Transportation Center 3 Commerce Lane Canton NY 315-714-2034

Utilities and Emergency Needs (Water, Gas, Electricity, Oil)	
Catholic Charities 6102 Blue Street, Glenfield, NY 315-921-1123	Catholic Charities 716 Caroline Street, Ogdensburg, NY 315-393-2660
Church and Community Program 30 Court Street, Canton, NY 13617 315-386-3534	Massena Independent Living Center 156 Center St., Massena, NY 315-764-9442
National Grid Advocate; Aurora Navarro Aurora.Navarro@nationalgrid.com 315-263-6538	Salvation Army 20 Russell Road, Massena, NY 315-769-5154
Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351	

Child Care	
Cornell Cooperative Extension of St Lawrence County 2043B NY-68 #4453, Canton, NY 315- 379-9192	St. Lawrence County Community Development Program 1 Commerce Lane, Canton, NY 315- 386-1102

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

Finances	
Catholic Charities 716 Caroline Street, Ogdensburg, NY 315-393-2660	Maximizing Independent Living Choices 156 Center St., Massena, NY 315-764-9464
North Country Prenatal Perinatal Council 200 Washington St., Watertown, NY 315-788-8533	Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351
St. Lawrence County DSS 6 Judson St, Canton, NY 315-379-2111	St. Lawrence County Health Initiative, Inc. 6439 NY-56, Potsdam, NY 315-261-4760

Other (Literacy, Self-Care, Family Services)	
Literacy of NNY – Jefferson Co. 200 Washington St., Ste. 303, Watertown, NY 315-782-4270	Massena Independent Living Center 156 Center St., Massena, NY 315-764-9442
North Country Prenatal Perinatal Council 200 Washington St., Watertown, NY 315-788-8533	Salvation Army 401 Franklin St., Ogdensburg NY 315-393-3351
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 Department 80 NY-310, Canton, NY 315-386-2325	

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Community Health Improvement/Community Service Plans

Major Community Health Needs

Suicide Prevention

Suicide remains a critical public health concern in St. Lawrence County. The county's suicide rate exceeds the state goal by more than twofold, highlighting the need to improve public awareness, training, and the community's ability to identify and assist individuals at risk. (SLC 14.3%, NYS 7.9%).

Suicide prevention trainings equip community members, educators, healthcare professionals, and first responders with the skills to recognize warning signs, provide immediate support, and connect individuals to appropriate help. These trainings—such as QPR (Question, Persuade, Refer) and ASIST (Applied Suicide Intervention Skills Training)—are evidence-based and proven to reduce suicide risk when widely implemented.

Prevention of Infant and Maternal Mortality

Maternal and infant health is a critical area of concern in St. Lawrence County. Currently, only 65% of pregnant individuals receive prenatal care during the first trimester, and both maternal and infant mortality rates are more than double the state's target goals. These outcomes highlight significant gaps in access to timely and comprehensive care. Contributing factors such as poverty, limited healthcare access, behavioral health challenges, and substance use further elevate risks for both mothers and infants. Strengthening maternal and infant health services, promoting early and consistent prenatal care, and addressing underlying social and behavioral determinants are essential to improving health outcomes for families across the county.

Oral Health Education and Prevention

Many Medicaid-enrolled children and adults are not receiving regular preventive dental care, leading to higher rates of oral health problems and unnecessary emergency visits. By improving access to oral health information, promoting early prevention, and strengthening public awareness and access to preventive oral health information can help reduce risk and improve outcomes.

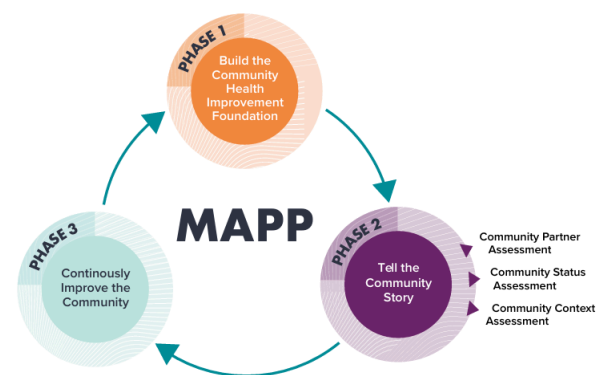
Nutrition Security

Although the data shows that 85.9% of adults in St. Lawrence County report being food secure, many residents still experience poor nutrition. Many adults consume fewer than one fruit and one vegetable per day, indicating limited access to or consumption of nutritious foods. Nutrition security ensures that all individuals have consistent access to foods that support health and well-being. Poor nutrition is closely linked to chronic diseases such as diabetes, heart disease, and obesity. Expanding programs that increase access to affordable, healthy foods can help stabilize families, support better nutrition, and reduce the risk of diet-related illnesses across the county.

Prioritization Methods

Description of Prioritization Process

The St. Lawrence County Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Community Service Plan (CSP) are guided by the principles of the MAPP 2.0 framework, which stands for Mobilizing for Action through Planning and Partnerships. MAPP 2.0 is a community health improvement framework developed by the National Association of County and City Health Officials (NACCHO) and produced with funding support from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). This Collaborative approach helps stakeholders improve health and advance equity by bringing together public health agencies, hospitals, and other partners to identify local needs, set priorities, and implement evidence-based strategies. MAPP 2.0 is flexible and adaptable, allowing each community to tailor the process based on existing partnerships, capacity, and readiness.



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 to “collaborate with community partners for the deployment of resources and opportunities that positively impact whole person health”. Bridge to Wellness envisions “a community where everyone has knowledge of and access to the tools for a healthier life.” Meetings are facilitated by the St. Lawrence County 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 2025-2030 Prevention Agenda.

The selection process began with a Community Health Concern Survey. This survey was conducted asking residents to select their top three health concerns

What are the top three pressing health concerns in your community? (Check only 3 that apply)
Access to healthy food
Mental health
Chronic disease
Substance use
Tobacco use
Alcohol use
Obesity
Maternal and infant care
Oral health

Members of the Bridge to Wellness Coalition were surveyed to select their four objectives from the 2025-2030 Prevention Agenda. The members of the Bridge to Wellness Coalition were also invited to participate in the planning committee to help guide future initiatives. In addition, a leadership team, composed of representatives from the St. Lawrence County Public Health Department and area hospitals, met to review community feedback and available data to further prioritize key areas of focus for the Community Health Improvement/Community Service Plan.

With the data from the responses from the Community Health Concern Survey, CHIP/CSP Priority Survey, and discussions with the Leadership Committee, 13 priorities were selected.

Social and Community Context

Reduce the suicide mortality rate.
Reduce adolescent suicide attempts.
Decrease the percentage of adults who experience frequent mental distress.
Reduce the rate of overdose deaths.
Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year.

Health Care Access and Quality

Decrease the rate of maternal mortality.
Increase the percentage of birthing persons who receive prenatal care during the first trimester.
Increase the percentage of postpartum women who seek counseling after being told they have depression.
Decrease the rate of infant mortality.

Opportunities for Active Transportation and Physical Activity

Increase consistent household food security.
Increase the prevalence of physical activity among all adults aged 18 years and older.
Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines.

Economic Stability

Nutrition Security

A smaller planning committee was developed from the Bridge to Wellness Coalition. This committee consisted of the following partners:

- St. Lawrence County Public Health

- Fort Drum Regional Health Planning Organization (FDRHPO)

- Bridge to Wellness Coalition

- Claxton-Hepburn Medical Campus/Center

- Clifton-Fine Hospital

- Community Health Center of the North Country

- Cornell Cooperative Extension of St. Lawrence County

- GardenShare

- North Country Heart Network

- North Country Prenatal/Perinatal Council

- Police Activities League (PAL) of Massena

- Rochester Regional Health

- St. Lawrence County Office for the Aging

The Planning Committee was tasked with reviewing data from the Community Health Survey, community health concern rankings, and recommendations provided by the Leadership Committee. The committee

convened to discuss and determine the final priority areas and corresponding interventions for the Community Health Improvement Plan/Community Service Plan.

The committee utilized the NACCHO Prioritization Matrix. This matrix is one of the more commonly used tools for prioritization and is ideal when health problems are considered against a large number of criteria or when an agency is restricted to focusing on only one priority health issue. Although decision matrices are more complex than alternative methods, they provide a visual method for prioritizing and accounting for criteria with varying degrees of importance. The committee was asked to rate each of the 13 priorities based on seven criteria using a scale of 1-4.

- 4 = High priority
- 3 = Moderate priority
- 2 = Low priority
- 1 = Not a priority

NEED			FEASIBILITY		IMPACT	
What is the perceived severity of the problem?	Is this already being effectively addressed?	Does this align with the results of community assessments, surveys, or local health data?	Can the problem be tackled with the resources (time, money, personnel) that the coalition has access to?	Is Funding Available and Sustainable?	Potential for population level impact.	Long-term impact of this issue on the community's overall health and quality of life?

The Prioritization Matrix process enabled the Planning Committee to identify six health priorities for the county.

Suicide	Infant and Maternal Mortality	Nutrition Security	Oral Health
Reduce adolescent suicide attempts.	Decrease the rate of infant mortality.	Increase consistent household food security.	Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year.
Reduce the suicide mortality rate.	Decrease the rate of maternal mortality.		

Following the results of the Prioritization Matrix, the Planning Committee reconvened to identify specific interventions for each priority area. Committee members were divided into four groups, with each group assigned to discuss and evaluate potential strategies. For each priority, groups considered four key questions:

1. What are the top three recommended interventions?
2. Which programs or initiatives are already addressing this issue?
3. Which agencies, organizations, or stakeholders should be engaged in this work?
4. What projects or actions can the Bridge to Wellness Coalition lead within this priority area?

After group discussions, the larger group then discussed and voted on the top two to three interventions for each priority. This collaborative process ensured that the selected interventions were both community-informed and feasible within existing local resources and partnerships.

Social and Community Context

Reduce the suicide mortality rate.
Reduce adolescent suicide attempts.
Increase the percentage of Medicaid enrollees with at least one preventive dental visit within the last year.

Health Care Access and Quality

Decrease the rate of maternal mortality.
Decrease the rate of infant mortality.

Opportunities for Active Transportation and Physical Activity

Increase consistent household food security.
Increase the prevalence of physical activity among all adults aged 18 years and older.
Increase the percentage of adults aged 45 to 75 years who are up to date on their colorectal cancer screening based on the most recent guidelines.

Economic Stability

Nutrition Security

Based on the Planning Committee’s recommendations, several meetings were scheduled in each of the priority areas to develop the action plans. The meeting’s attendees were made up of experts in each respective priority area.

This process was driven by the data from the Community Health Assessment at every step. It was designed to develop the Community Health Improvement Plan/Community Service Plan by identifying the health needs, service gaps, and areas for improvement.

The findings were presented to public health and hospital leadership for review and feedback. This provided an opportunity for additional input and helped ensure that the final priorities and strategies aligned with both community needs and organizational capacity. The final priorities and interventions emerged from this process and formed the foundation of the St. Lawrence County Community Health Improvement Plan/Community Service Plan.

Community Engagement

The CHIP/CSP process was conducted collaboratively by the local health department and county hospitals, with support from the Bridge to Wellness Coalition, partnering community-based organizations, and Fort Drum Region Health Planning Organization. Collaboratives were facilitated by FDRHPO through our regional population health committee (North Country Health Compass Partners). Partners were engaged throughout the process to ensure that diverse perspectives and populations were consistently represented.

Community engagement occurred through several strategies:

- **Community Health Survey:** Facilitated by FDRHPO and distributed to nearly 1,500 residents to gather input on health behaviors, access to care, and perceived community needs. Responses were analyzed and cross-tabulated to identify disparities and were shared with regional partners to inform discussions and planning.
- **Key Informant Interviews:** Conducted with community leaders, healthcare providers, school officials, behavioral health professionals, and social service agencies to gain deeper insight into local challenges, resource gaps, and opportunities for improvement.
- **Community Health Concern Survey:** This survey was conducted by the St. Lawrence County Public Health Department. Residents were asked to select their top three health concerns: Access to healthy food, mental health, chronic disease, substance use, tobacco use, alcohol use, obesity, maternal and infant care, and oral health.
- **Standing Committees and Workgroups:** Existing committees and workgroups, including the Population Health Committee, Behavioral Health Committee, Healthcare Workforce Committee, and the Jefferson County CHA/CHIP/CSP Workgroup, reviewed data and findings, provided feedback, and helped ensure that priorities reflected the needs of the community and the capabilities of stakeholders to implement potential interventions.
- **Partner Collaboration:** Preliminary findings and potential priorities were presented to public health, hospital, and community-based organization partners for review and feedback, ensuring that the final assessment reflected the needs of all county residents, with particular attention to populations experiencing disparities.

CHA findings were shared with community partners through presentations at committee meetings, workgroup sessions, and stakeholder board meetings. Partners were asked to review findings, and provide feedback. Relevant feedback from these discussions was incorporated into the final CHA narrative.

The CHIP/CSP priorities were selected through a collaborative, data-informed, and transparent process involving all Bridge to Wellness partners and the Planning Committee. The CHIP/CSP Planning Committee then reviewed CHA findings against the 2025–2030 NYS Prevention Agenda framework. Partners evaluated potential priorities and interventions using the following criteria:

- Identified need and disparities
- Feasibility of implementation and available resources
- Alignment with existing initiatives
- Ability to measure progress and impact

Through facilitated workgroup sessions, and follow-up discussions, members narrowed down the list of potential interventions to those that best reflect community need and stakeholder capacity. Community perspectives gathered through the community health survey and focus groups helped guide which populations and issues were targeted, ensuring the final plan addressed both the most pressing health issues and the underlying social determinants of health affecting local residents.

Justification for Unaddressed Health Needs

While many health needs were identified through the Community Health Assessment, not all could be included as formal CHIP/CSP priorities. The selected priorities and interventions represent areas where partners determined there was both significant community need and sufficient capacity to make measurable progress during this cycle. Additional work continues across multiple areas of community health through public health, hospital, and community-based organization efforts. The decision not to include certain needs in the CHIP/CSP does not indicate that these issues are unimportant, but rather that they are being addressed through other ongoing programs, partnerships, and initiatives outside the formal plan.

Developing Objectives, Interventions, and an Action Plan

Alignment with Prevention Agenda

The CHIP/CSP was developed in alignment with the 2025–2030 New York State Prevention Agenda. In accordance with state guidance, partners selected four Prevention Agenda priorities, including one addressing the Social Determinants of Health. Each selected priority includes one or more objectives from the official Prevention Agenda framework, with at least two identified as SMARTIE objectives to ensure that they are specific, measurable, achievable, realistic, time-bound, inclusive, and equitable.

All interventions were chosen directly from the Prevention Agenda’s recommended list of evidence-based and promising practices. The selection process emphasized reducing health disparities and inequities by identifying where needs are greatest and tailoring interventions and resources to those communities. This approach ensures that the CHIP/CSP aligns with statewide goals while remaining responsive to the unique needs, capacities, and opportunities within the county.

Action Plan

Priority: Suicides	
Entities Action and Impact:	Promote calling or texting 988 through social media, digital marketing campaigns, and other utilized marketing strategies. Increase in awareness of the 988 Crisis Line.
Geographic Focus:	St. Lawrence County
Resource Commitment:	Social Media platforms, sharing of information
Participant Roles:	Bridge to Wellness members will help promote 988 through social media and other marketing strategies. St. Lawrence County Suicide Awareness Coalition will promote 988 on social media platforms and through their events such as the Annual Chalk the Walk.

Health Equity:	<p>Health Disparities Addressed Mental Health Age Sex or gender</p> <p>Graphics included will depict a variety of people including age groups, sexes, genders, races, and follow health literacy best practices.</p>
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Priority: Suicides	
Entities Action and Impact:	<p>Provide training for community members, organizations, and other groups to identify and respond to people who may be at risk of suicide on suicide prevention.</p> <p>Increase the number of individuals equipped to identify and respond to people who may be at risk of suicide.</p>
Geographic Focus:	St. Lawrence County
Resource Commitment:	<p>Share training opportunities and maintain trained facilitators Work with trainers to train staff</p>
Participant Roles:	<p>St. Lawrence County Suicide Awareness Coalition (SAC) St. Lawrence County People's Project St. Lawrence County Youth Bureau St. Lawrence County Community Services Fort Drum Regional Health Planning Organization North Country Prenatal/Perinatal Council</p> <p>Will offer trainings for St. Lawrence County residents QPR, ASIST, and Firearm Safety Prevention, Mental Health First Aid</p>
Health Equity:	<p>Health Disparities Addressed Mental Health Age Sex or gender</p> <p>Trainings will be offered to all community members regardless of age, sex, gender or mental health status. All trainings will be offered free of charge and will take into consideration social barriers to participation.</p>

Priority: Suicides	
Entities Action and Impact:	<p>Promote the use and implementation of Social-Emotional Learning (SEL) programs in elementary and early education settings for resilience and emotional regulation, particularly in schools serving high-needs students.</p> <p>Increased mental health and wellness knowledge and skills</p>
Geographic Focus:	Elementary Schools in St. Lawrence County
Resource Commitment:	Share training opportunities
Participant Roles:	<p>St. Lawrence County Suicide Awareness Coalition (SAC) St. Lawrence County People's Project</p>

	St. Lawrence County Youth Bureau Gizmo's Pawesome Guide to Mental Health trainings to elementary schools
Health Equity:	Trainings are free and offered to all St. Lawrence County School Districts.

Priority: Prevention of Infant and Maternal Mortality	
Entities Action and Impact:	Provide screenings to prenatal and postpartum patients using validated tools, for example: Mental Health: Edinburgh; Community based Perinatal Support Model (CPSM), Substance Use Disorder: Verbal Screening tools (4P's Plus, ASSIST-lite, DAST-10, BSTAD, etc.), Social Care Needs: 1115 NYHER Waiver, Pregnancy Risk Assessment: Perinatal Risk Assessment (PRA); Antepartum Risk Score (APRS); Rotterdam Reproductive Risk Reduction (R4U); Maternal Venous Thromboembolism (VTE) Risk Assessment Decrease in rate of infants born with neonatal abstinence syndrome and/or affected by maternal use of drugs of addiction.
Geographic Focus:	St. Lawrence County
Resource Commitment:	Provide screenings and support referrals to other community-based programs
Participant Roles:	Claxton-Hepburn Medical Campus/Center will collect baseline data for Social Determinants of Health screens. Make referrals as necessary to community-based organizations. St. Lawrence Health's Maternal Wraparound Program (MWRAP) provides wraparound intervention to pregnant and postpartum women with a substance use disorder, to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. Phases of MWRAP include engagement, planning, implementation, and transition planning.
Health Equity:	Health Disparities Addressed: Socioeconomic Mental Health Substance Use Geography The MWRAP provides wraparound intervention to pregnant and postpartum women with a substance use disorder, to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure regardless of ability to pay.

Priority: Prevention of Infant and Maternal Mortality	
Entities Action and Impact:	Implement the utilization of birth certificate information by LHDs to identify and contact new mothers for virtual health check-in

	<p>post-delivery to increase potential for direct referral to external home visiting programs through Healthy Families New York (HFNY), Perinatal and Infant Community Health Collaboratives (PICHC), or CBOs providing in person home visiting services.</p> <p>Increased number of new moms enrolled in services.</p>
Geographic Focus:	St. Lawrence County
Resource Commitment:	The St. Lawrence County Public Health Department will explore expanding the Maternal Child Health program.
Participant Roles:	<p>North Country Prenatal/Perinatal Council (NCPPC) St. Lawrence County Public Health Department</p> <p>Educate providers and hospital personnel on community based organizations and services, including Public Health's Maternal and Child Health Program and NCPPC programs for pregnant women, new mothers, and infants.</p>
Health Equity:	<p>Health Disparities Addressed: Socioeconomic Mental Health Substance Use Geography</p> <p>Programs will be offered to all new mothers regardless of socioeconomic status, mental health status, substance use, and geography. Home visiting programs will be available throughout St. Lawrence County. Materials depict a variety of people including age groups, sexes, genders, races, and follow health literacy best practices.</p>

Priority: Oral Health Care	
Entities Action and Impact:	<p>Develop page dedicated to oral health on LHD websites which provides education on: The importance of oral health beginning during pregnancy, Early caries prevention through nutritional counseling, The benefits of fluoride varnish application in the primary care physician (PCP) office at well childcare visits, The benefits of fluoridated water, The risks for and early detection of oral cancer.</p> <p>Provide and maintain updated lists of Medicaid-enrolled dental providers who are accepting new patients.</p> <p>Promote oral health literacy by sharing education materials via different means (such as smartphone apps, videos, games, text messages).</p> <p>Increase awareness of preventive oral health behaviors</p>
Geographic Focus:	St. Lawrence County
Resource Commitment:	St. Lawrence County Public Health Department

	Will develop and maintain a dedicated oral health page on the website, provide and maintain an updated list of providers.
Participant Roles:	Bridge to Wellness Coalition members will promote oral health literacy by sharing education materials via different means (such as smartphone apps, videos, games, text messages).
Health Equity:	<p>Health Disparities Addressed: Limited access to dental care Uninsured or underinsured</p> <p>Materials depict a variety of people including age groups, sexes, genders, races, and follow health literacy best practices.</p>

Priority: Nutrition Security	
Entities Action and Impact:	<p>Partner with organizations that provide services for older adults in rural areas.</p> <p>Expand or create access points to get affordable, high quality, nutritious food.</p> <p>Increase awareness of programs available and increase access to nutritious food.</p>
Geographic Focus:	St. Lawrence County
Resource Commitment:	St. Lawrence Public Health will evaluate gaps in community resources and what barriers consumers face when trying to access community food resources. Collaborate with partners to explore solutions.
Participant Roles:	<p>Bridge to Wellness Coalition will help promote food access programs.</p> <p>GardenShare Office for the Aging Cornell Cooperative Extension of St. Lawrence County Get Healthy North Country Network St. Lawrence County Public Health Department Community Health Center of the North Country Hospitals Bridge to Wellness partners</p>
Health Equity:	<p>Health Disparities Addressed: Socioeconomic status Geography Access to transportation Age</p> <p>Materials depict a variety of people including age groups, sexes, genders, races, and follow health literacy best practices. Community collaborations will be utilized to ensure accessible transportation options are available.</p>

Partner Engagement

Progress on the CHIP/CSP will be monitored collaboratively throughout the cycle by the Bridge to Wellness Coalition, which meets every other month (6 times per year) and is facilitated by the St. Lawrence County Public Health Department. The Coalition includes representatives from the local health department, hospitals, and key community organizations engaged in implementing the selected interventions. During these meetings, partners will review progress toward performance measures, share activity updates, and assess outcomes. The St. Lawrence County Public Health Department will support this process by coordinating meetings, assisting with data collection and analysis, and documenting progress to ensure accountability and alignment with the Prevention Agenda goals.

If data or feedback indicate that goals are not being met, partners will review findings during quarterly CHIP/CSP workgroup meetings using progress updates and performance measures to identify barriers. From there the group will determine if there is a need for mid-course corrections. Adjustments may include modifying interventions, adjusting timelines, or reallocating resources to better achieve intended outcomes. All decisions will be made collaboratively to ensure the plan remains aligned with the 2025–2030 Prevention Agenda and continues to advance health equity.

Sharing Findings with Community

The Executive Summary of the CHA/CHIP/CSP will be made publicly available to ensure transparency and community awareness. Upon completion, the final plan and Executive Summary will be posted on both the Local Health Department and hospital websites. The plan will also be shared to stakeholders at regional committee meetings. Partner organizations will be encouraged to share the report through their own communication platforms and community networks.

Printed copies will be available upon request. Updates on progress and outcomes will be shared periodically through partner meetings ensuring that community members remain informed and engaged throughout the 2025–2030 Prevention Agenda cycle.

2025-2030 Prevention Agenda Workplan

Priority Area One	Nutrition Security		
Objective	Increase consistent household food security		
Activities	Partners	Disparities Being Addressed	Measures
<p>Promote food access programs Such as</p> <ul style="list-style-type: none"> • Fruit and Vegetable Prescription programs • Bonus Bucks • Food delivery services • Evidence-based programs that help people live healthier, more connected lives 	<p>GardenShare Office for the Aging Cornell Cooperative Extension of St. Lawrence County Get Healthy North Country Network St. Lawrence County Public Health Department Community Health Center of the North Country Local hospitals Bridge to Wellness partners</p>	<p>Socioeconomic status Geography Access to transportation Age</p>	<p>Number of older adults attending food access or nutrition education programs.</p> <p>Number of outreach efforts (flyers, radio ads, social media posts, etc.) about food access locations.</p>
<p>Evaluate gaps in community resources and what barriers consumers face when trying to access community food resources. Collaborate with partners to explore solutions.</p>			<p>Survey completed with gaps and barriers identified.</p> <p>Number of stakeholder participation throughout the process.</p>

Priority Area Two	Suicide		
Objective	Reduce the suicide mortality rate Reduce adolescent suicide attempts		
Activities	Partners	Disparities Being Addressed	Measures
<p>Provide training for community members, organizations, and other groups to identify and respond to people who may be at risk of suicide on suicide prevention.</p> <ul style="list-style-type: none"> • QPR (Question, Persuade, Refer) • ASIST (Applied Suicide Intervention Skills Training) • Firearm Safety Prevention • Mental Health First Aid 	<p>St. Lawrence County Suicide Awareness Coalition (SAC) Fort Drum Regional Health Planning Organization North Country Prenatal/Perinatal Council St. Lawrence County People's Project St. Lawrence County YLouth Bureau</p>	<p>Socioeconomic status Geography Access to transportation Age</p>	<p>Number of trainings provided</p> <p>Number of participants</p> <p>Proportion of participants that felt comfortable applying suicide prevention skills to identify and refer individuals at risk for suicide to appropriate care</p>

Implementation of the Gizmo's Pawesome Guide to Mental Health program in elementary and early education settings.			Number of trainings provided
Promote 988 through social media and other marketing strategies.			Number of participants
			Number of social media and other marketing materials shared.

Priority Area Three	Prevention of Infant and Maternal Mortality		
Objective	Decrease the rate of infant mortality Decrease the rate of maternal mortality		
Activities	Partners	Disparities Being Addressed	Measures
<p>Claxton-Hepburn Medical Campus/Center will collect baseline data for Social Determinants of Health screens. Make referrals as necessary to community based organizations.</p> <p>St. Lawrence Health's Maternal Wraparound Program (MWRAP) provides wraparound intervention to pregnant and postpartum women with a substance use disorder, to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. Phases of MWRAP include engagement, planning, implementation, and transition planning.</p>	<p>Local Hospitals St. Lawrence County Public Health Department North Country Prenatal/Perinatal Council</p>	<p>Socioeconomic Mental Health Substance Use Geography</p>	<p>Number of individuals screened and referred to programs.</p> <p>Number pregnant and postpartum women receiving services from MWRAP.</p>
<p>Educate providers and hospital personnel on community based organizations and services, including Public Health's Maternal and Child Health Program and NCPPC programs for pregnant women, new mothers, and infants.</p>			<p>Number of new mothers referred to external home visiting programs.</p> <p>Number of providers and community based organizations educated.</p>

Priority Area Four	Oral Health Care		
Objective	Increase the percentage of Medicaid enrollees with at least one preventive dental visit.		
Activities	Partners	Disparities Being Addressed	Measures
<p>Develop and promote oral health literacy by developing and sharing education materials on the importance of oral health prevention including</p> <ul style="list-style-type: none"> ● Oral health during pregnancy ● Prevention of early childhood caries ● Use of fluoride varnish in primary care settings ● Benefits of fluoridated water ● Early detection of oral cancer ● Updated list of dental providers in the region ● List of dental providers in region 	<p>St. Lawrence County Public Health Department Keep the North Country Smiling (KNCS) Coalition Community Health Center of the North Country Local hospitals Bridge to Wellness</p>	<p>Limited access to dental care Uninsured or underinsured</p>	<p>Web page developed by the St. Lawrence County Public Health Department.</p> <p>Development of oral health educational materials.</p> <p>Distribution to the target audience through at least three channels (e.g., print, digital, community partners).</p>