



2020

Community Health Needs Assessment

Message from the CEO

Hello-

At Citizen Advocates, we devote our passion, energy, and expertise to making peoples' lives better. In fact, that is our organizational mission—*Making Lives Better*. We provide quality care and services that address the needs of the communities we serve. Making lives better depends upon providing comprehensive treatment and services in a way that produces the most effective, efficient, and high-quality experience for those we support and our communities.

To us, that means person-centered care—focusing on the whole health of a person, not just the symptoms that brought them to us. To strengthen our whole-health focus, we no longer view and diagnose individuals we serve solely through the behavioral health *or* intellectual and developmental disabilities lenses. Instead, our holistic approach looks at the person's overall needs and provides the support necessary to address the various factors affecting their mental and physical wellness. Three components comprise this approach: Community Living, Community Supports, and Health Operations. The combination of these services provides those we support with a balanced, well-rounded environment that contributes to their growth and development as both individuals and members of a bigger community.

A variety of factors intersect to impact a person's overall health. Consequently, we believe healthcare must look not only at the person but also the environment in which that person lives. With empathy, dignity, and kindness, we will build upon our proven care model for emotional well-being to also address physical and social well-being. Underlying all three of these components and, most importantly, what ties them all together, will be a system of coordinated communication and integrated care that ensures the individuals in our care receive the combination of shelter, support, and treatment they need for their health and well-being. As a result, we will continue to make our lives *even* better.

James D. Button, MSW

CEO

Executive Summary

Citizen Advocates (CA) aims to make a positive difference in the life of any individual needing help along the unique road to health, independence, and fulfillment. CA positions itself on the leading edge of transformative health and well-being initiatives by focusing on enhanced health outcomes driven by high-quality, coordinated care for individuals and families receiving developmental disability, mental health and substance use prevention, treatment, and recovery services. Work is driven by respect for humanity and the rights of individuals as they explore what it means to define their own future. To provide these essential services, CA must remain diligent in assessing the needs of the community continuously. This report summarizes findings resulting from a Community Health Needs Assessment targeted to identify behavioral health needs for the residents we serve in Franklin, Essex, St. Lawrence and Clinton counties, the unique region we call the “North Country”, in rural New York State.

The North Country is a geographically dispersed region with scattered villages, farmland, and vast acreage of state forestry with limited business and industrial opportunities for economic growth and prosperity. Major industry sectors in the area include government, healthcare and social assistance entities employing much of the workforce. The sheer remoteness of the North Country poses difficulty in attracting and retaining essential providers with limited employment opportunities and a population that experiences poorer health outcomes as compared to the rest of New York State (NYS). While health disparities in the region reflect some similarity to those experienced by groups across NYS, demographic differences must be considered to sufficiently address regional issues.

Relative to Upstate New York and NYS, the North Country region is characterized by lower educational attainment, higher unemployment rates, an aging population, higher disability rates, higher poverty rates, lower household incomes, and a vastly rural composition. Each of these attributes increases the incidence of significant health disparities. The North Country has rates of adult obesity, tobacco use, and diabetes that are all well above NYS averages, leading to high death rates of congestive heart failure and heart attacks. Mental health, wellbeing, and substance abuse are significant issues, affecting at least one-third of the Medicaid population, and driving significant emergency department utilization across the region. Some of the highest rates that exist as compared to the rest of NYS include frequent mental distress over the past month, abuse and/or maltreatment among children, exposure to two or more adverse childhood experiences, self-inflicted hospitalizations, alcohol-related crashes and/or fatalities and hospital discharges involving opioid use and opioid burden.

Notwithstanding poor mental health, physical health, and the overall wellbeing of residents, the COVID-19 pandemic has increased substance use, deteriorated mental health, and further weakened the fragile healthcare delivery system, putting vulnerable populations at greater risk while we still face regional challenges. These challenges include limited broadband access, workforce shortages and diverse needs of a rural, largely low-income, aging population. CA is dedicated to using the findings in this Community Health Needs Assessment to develop programs and interventions that reflect and address regional challenges, vulnerabilities, and available assets to do the best possible service work to Make Lives Better and plan for the future.

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History

Citizen Advocates (CA) is a provider of mental health (MH), substance use disorder (SUD), and the largest provider of intellectual and developmental disabilities (IDD) services throughout a four-county region in Northern New York. CA draws individuals from neighboring communities to the south and east with a primary service area in Franklin and St. Lawrence counties and a secondary service area in Clinton and Essex counties. This definition results from an analysis of the patient origin and geographic considerations including the need to ensure a contiguous area that takes into consideration MH, SUD and IDD services.

CA was founded in 1975 beginning with fewer than a dozen employees serving approximately fifty individuals in two distinct programs at two borrowed sites in Franklin County. The history and expansion of services for the North Country region are now approaching its fifth decade of existence, serving thousands of individuals, with seven hundred plus employees, at sixty-five sites. The agency began with a primary focus on serving individuals with intellectual and developmental disabilities with a “patient-centered care model,” a model widely accepted and pursued by healthcare and human service agencies today.

CA serves approximately 6,600 people within Franklin, Essex, St. Lawrence, and Clinton counties. The outreach includes six hundred people with intellectual disabilities and six thousand people with mental health and/or substance abuse disorders (often co-occurring). An overwhelming percentage of individuals served in the North Country region experience behavioral health and substance abuse diagnoses which include major depressive disorders, anxiety, post-traumatic stress disorder and opioid and alcohol abuse and dependency.

With an extended service area stretching across four, rural counties and over 7,480 square miles, CA is responsible for the well-being of an extremely diverse, broad population and region which faces multiple challenges. CA's commitment to Making Lives Better is evident through expansion and growth, providing much-needed services while leveraging economies of scale, difficult to achieve in rural areas, but possible with strong leadership and workforce dedication. For example, in 2019, Citizen Advocates acquired Joshua House, a developmental disabilities organization, located in Delaware County, New York which was struggling to stay



fully staffed, impeding the quality of care delivered to the clients they served.

As a not-for-profit provider of the Office of Mental Health, Office of Addiction Services and Supports, and Office of People with Developmental Disabilities services, CA has strived to create healthier populations for more than 50 years. This is shown by the diverse array of community health and outreach programs, serving unmet needs by providing expertise and services to people in outlying portions of our service area. CA provides behavioral health prevention, treatment and recovery services, community supports, residential, day habilitation and employment services, homeless housing, and housing and residential programs serving a diverse range of disabilities, and those who have been incarcerated, hospitalized, and/or homeless. The agency has built a care team approach that supports the recovery journey from entrance to discharge and is notably a safety net provider of health and human services. These services are especially critical for low-income individuals and families who may otherwise fail to seek care and support due to socioeconomic barriers including financial and/or transportation concerns, making these programs and services essential for the overall health and well-being of the North Country.

CA's history, experience, and proven results demonstrate strong partnerships, regional leadership, and active engagement for improving community health outcomes. We strive to help people with developmental, behavioral, and intellectual challenges live full, healthy, meaningful lives, rich with hope and choices of where and with whom they live, work and play.

CITIZEN ADVOCATES MISSION

Making Lives Better.

Citizen Advocates is proud to provide quality, compassionate care, to carry out the mission of Making Lives Better. The forward-thinking vision is to be the recognized leader of exceptional services and employer of choice. CA does this by providing high-quality, person-centered care, through sound financial management, best-in-class customer service, and fostering a workplace culture that matters.

Introduction

CA conducted a Community Health Needs Assessment (CHNA) to identify and prioritize the population health needs of individuals and communities within CA's geographically diverse service areas to guide program and policy over the coming years. Like the Community Health Needs Assessments required by hospitals and local health departments, this document closely examines health status indicators for a given population to identify key problems and available assets to collectively identify evidence-based solutions to address the unique issues. The goal of CA's CHNA is to identify target communities for improvement and strategies to address the health needs within these communities. It also provides insight and understanding of the challenges exacerbated by COVID-19.

The findings in this CHA result from a collaborative process of collecting and analyzing public sources of data representative of CA's service area and the North Country region. The intent is to use this CHA as a guide to target the use of scarce resources to improve the overall health and well-being of people within the communities we serve. CA has dedicated a key group of individuals experienced with business intelligence, population health, direct care, and quality improvement to lead essential healthcare transformation initiatives across the region. This includes a diverse set of experts, missioned to design strategies, programs, and tools to improve outcomes and lead the way forward in creating healthier, stronger communities.

The North Country region has long been recognized by the State of New York as a locale where providers work together to address healthcare needs through innovative programs and policies. The need for further collaboration is evident by an older and sicker population, limited resources, and financially fragile providers as compared to the rest of NYS. This makes the urgency for the transformation of healthcare systems imperative. CA participates in collaborative, regional work designed to achieve efficiencies, expand access, and coordinate, and improve the quality of essential MH, SUD, and IDD services. The goal is to collaboratively strengthen the rural healthcare system, paving the way towards value-based payment, leaving behind the traditional fee-for-service model. While tirelessly working to create healthier communities, CA is actively implementing numerous care transformation initiatives to support the Triple Aim of better health, better care, and lower costs.

There are several federal, state, and regional initiatives to restructure the delivery system focusing on the Triple Aim, a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance. The Triple Aim is focused on improving the health of the population, enhancing the experience and outcomes of the patient, and reducing the per capita cost of care for the benefit of communities. CA plays an integral role in the region on the many healthcare transformations and delivery initiatives further described through this widely used model. The common thread throughout ambitious initiatives undertaken by CA, is the underlying objective in the Triple Aim, improve quality and experience while providing cost-effective care and the fulfillment of the organization's mission - Making Lives Better.



Healthcare Transformation

CA partners with and participates in numerous health delivery initiatives, including Northwinds Integrated Health Network IPA (NWIHN), the Adirondacks Accountable Care Organization (ADK ACO) and the North Country Behavioral Healthcare Network (NCBHN). In addition, CA is an active participant in an initiative focused on transforming health in the region, the North Country Innovation Pilot (NCIP).

NWIHN is an affiliation of thirteen leading mental health and addiction treatment providers across rural northern New York to align and integrate services from behavioral health, social care, and physical health providers across the North Country to assure the highest quality, cost-effective care. This wide, yet focused variety of essential providers, offer outpatient mental health and substance use disorder services, community housing and residential services, ambulatory and inpatient detox, primary care, care coordination, transportation, substance abuse prevention, school-based clinics, supported employment, job coaching, food security services and pharmacy services.

The Adirondacks ACO is an extensive provider network of more than 450 primary and specialty clinicians who coordinate care for 26,000 Medicare beneficiaries, 33,000 managed Medicaid beneficiaries and 64,000 commercially insured beneficiaries. An ACO is a group of doctors, hospitals, and other healthcare providers, who come together voluntarily to provide coordinated, high-quality care to their patients. The Adirondacks ACO holds value-based contracts with seven commercial health insurers as well as Medicare. The Adirondacks ACO includes hospitals and participating primary and specialty care providers in Clinton, Essex, Franklin, Hamilton, Warren, Washington, and northern Saratoga counties. In January of 2020, the ACO added fourteen behavioral health providers to the network, including CA. Through NWIHN's partnership, CA participates closely with the ACO as part of the transformation to equip behavioral health providers in the region for value-based payment through partnerships with payers and health systems, measures focused on quality and cost, and coordinated care models. As an active participant, CA also serves as a member of the ACO Finance Committee.

NCBHN is a collaborative of behavioral health providers in northern New York committed to working together to strengthen behavioral health services in the region. Through this network, member organizations share resources and opportunities for education, program advocacy, technology development, best practice dissemination, collaborative funding, and project development and management. A member of NCBHN, CA is an active participant in the agency's mission of further connecting and supporting behavioral health and other human services providers to achieve excellence in service quality, best practices in an administrative function, and innovation in program design and strategic alliances.

NCIP is a unique group of providers and community members working together to improve the health of North Country residents by assuring access to needed care for those who are sick and promoting health for those who are well. At a very high level, NCIP is a proposed care delivery model supported by payment reform in the North Country, which builds upon existing healthcare transformation initiatives currently underway. NCIP's focus is on novel payment models that incentivize quality and efficiency, care supports

and services unique to the needs of individuals in the region, measures to ensure high-value outcomes, and improved communication and integration. NCIP is still in the planning stages with a more detailed design required and further partner engagement needed.

CA participates in a Medicaid program designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals called Certified Community Behavioral Health Clinics (CCBHC). CA receives an enhanced Medicaid reimbursement rate based on the anticipated costs of expanding services to meet the needs of the North Country regions' complex population and is responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical healthcare. Participation in this program demonstrates CA's commitment to providing comprehensive services and advancements in mental health and addiction care while participating in the largest investment in generations.

CA is accredited by The Council on Quality and Leadership (CQL) dedicated to the definition, measurement, and improvement of personal and community quality of life for people with disabilities, and people with mental illness and substance abuse disorder and older adults. CQL's accreditation approach is more about being on a journey toward ongoing organizational transformation. Rather than receiving a "passing score," it is about choosing the right path and making measurable progress. CA embraces the CQL framework for continuous learning and accepts the accrediting agencies' recommendations to provide compassionate, individualized, high-quality care.

Foundational to all these initiatives across Citizen Advocates is the belief, that to create a sustainable healthcare delivery system for the sickest and most vulnerable populations of the North Country region, there needs to be an integration of all aspects of care from acute and specialty to primary and behavioral health and community-based services, delivering high quality, low-cost care. While progress has been made over the last several years with the respect to this shift in delivery, there is much work to be done, visible by the rising rates of chronic disease and socioeconomic disparities across the region, which compare far worse than the rest of NYS.

The remainder of this document will closely examine health status, socioeconomic and social determinants of health indicators for CA's population to identify key problems and available assets using the NYS Prevention Agenda framework as the guide to deliver sustainable, integrated essential health and human services to the population. This analysis will also be used as a guideline to drive evidence-based programs to improve New York State's Prevention Agenda.

New York State Prevention Agenda

The 2019-24 Prevention Agenda is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. The vision of the 2019-24 Prevention Agenda is that New York is the "Healthiest State in the Nation for People of All Ages." The overarching strategy of the Prevention Agenda is to implement public health approaches that improve the health and well-being of entire populations and achieve health equity, including an emphasis on the social determinants of health; the conditions in the environments in which people live, work and play, greatly influence health status and quality of life.

The Prevention Agenda has five priorities with priority-specific action plans developed collaboratively with input from community stakeholders. Each priority specific action plan includes focus areas, goals, objectives, and measures for evidence-based intervention to track their impacts, including a reduction in health disparities among racial, ethnic, and socioeconomic groups, age groups, and persons with disabilities.

Acting under the guidance of the NYS Prevention Agenda, the following priority areas were used as a foundation for determining the most significant health needs for CA's service areas. The plan features five priority areas and corresponding focus areas that highlight the priority health needs for New Yorkers:

Prevent Chronic Diseases Action Plan

- Focus Area 1 - Healthy Eating and Food Security
- Focus Area 2 - Physical Activity
- Focus Area 3 - Tobacco Prevention
- Focus Area 4 - Chronic Disease Preventive Care and Management

Promote a Healthy and Safe Environment Action Plan

- Focus Area 1 - Injuries, Violence and Occupational Health
- Focus Area 2 - Outdoor Air Quality
- Focus Area 3 - Built and Indoor Environments
- Focus Area 4 - Water Quality
- Focus Area 5 - Food and Consumer Products

Promote Healthy Women, Infants and Children Action Plan

- Focus Area 1 - Maternal and Women's Health
- Focus Area 2 - Perinatal and Infant Health
- Focus Area 3 - Child and Adolescent Health

- Focus Area 4 - Cross-Cutting Healthy Women, Infants, and Children

Promote Well-Being & Prevent Mental and Substance Use Disorders Action Plan

- Focus Area 1 - Well-being
- Focus Area 2 - Mental and Substance Use Disorders Prevention

Prevent Communicable Diseases Action Plan

- Focus Area 1 - Vaccine-Preventable Diseases
- Focus Area 2 - Human Immunodeficiency Virus (HIV)
- Focus Area 3 - Sexually Transmitted Infections (STIs)
- Focus Area 4 - Hepatitis C Virus (HCV)
- Focus Area 5 - Antibiotic Resistance and Healthcare-Associated Infections

Data Sources

A variety of data sources were used to inform this community health needs assessment and findings. The most significant resources used include the NYS Prevention Agenda Dashboard, Healthy ADK, North Country Health Compass and County Health Rankings. The following is the list and explanation of major data sources used to support key findings and the identification of priority areas chosen by CA.

New York State Prevention Agenda Dashboard

The New York State Prevention Agenda Dashboard is an interactive visual presentation of the Prevention Agenda tracking indicator data at state and county levels. It serves as a key source for monitoring progress in which communities around the state have advanced with meeting the Prevention Agenda's twenty-four objectives. The state dashboard homepage displays a quick view of the most current data for New York State and the Prevention Agenda 2019 objectives for approximately one hundred tracking indicators. The most current data is compared to data from previous periods to assess the performance for each indicator. Historical (trend) data can be easily accessed, and county data (maps and bar charts) are also available for each Prevention Agenda tracking indicator. The county dashboard homepage includes the most current data available for sixty-eight tracking indicators with each county in the state showing its dashboard.

Healthy ADK

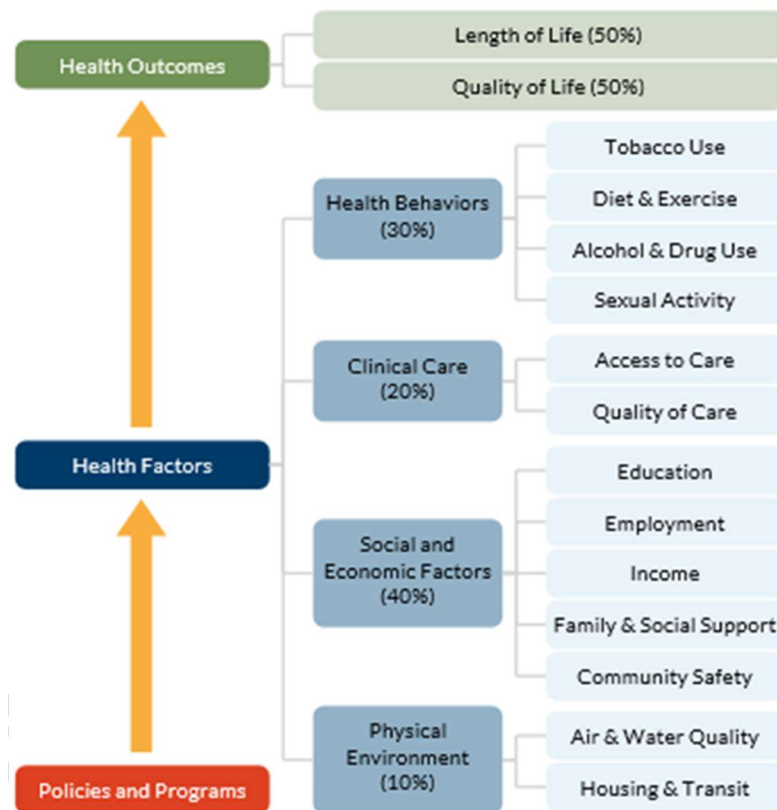
Healthy ADK is a resource to help create and foster a shared vision of community health in the North Country. It has a multitude of accessible up to date sources of health and socioeconomic data, key reports that describe the region's current population health needs and assists in learning about promising practices to improve people's health and connect to population health improvement efforts in the community. Healthy ADK contains essential information and resources to help support population health improvement efforts in the North Country.

North Country Health Compass

The North Country Health Compass brings non-biased data, local resources, and a wealth of information to one, accessible, user-friendly location. The intent is to give communities the tools needed to read and understand the public health indicators that affect the quality of residents' lives. The tools also help the community set goals and evaluate progress. Schools, health associations, chambers of commerce, tourism councils, and many other community-based organizations use this information to show the great benefits of living in the North Country region as well as opportunities for improvement. Community planners and governments use this data to establish goals on a variety of platforms. The site content is continuously updated to reflect the most current information for our region.

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show the rank of the health of nearly every county in the nation and emphasize the many factors that, if improved, can help make communities healthier places to live, learn, work and play. They help to simplify the complexity of data and provide context and a common language for those working in community health.

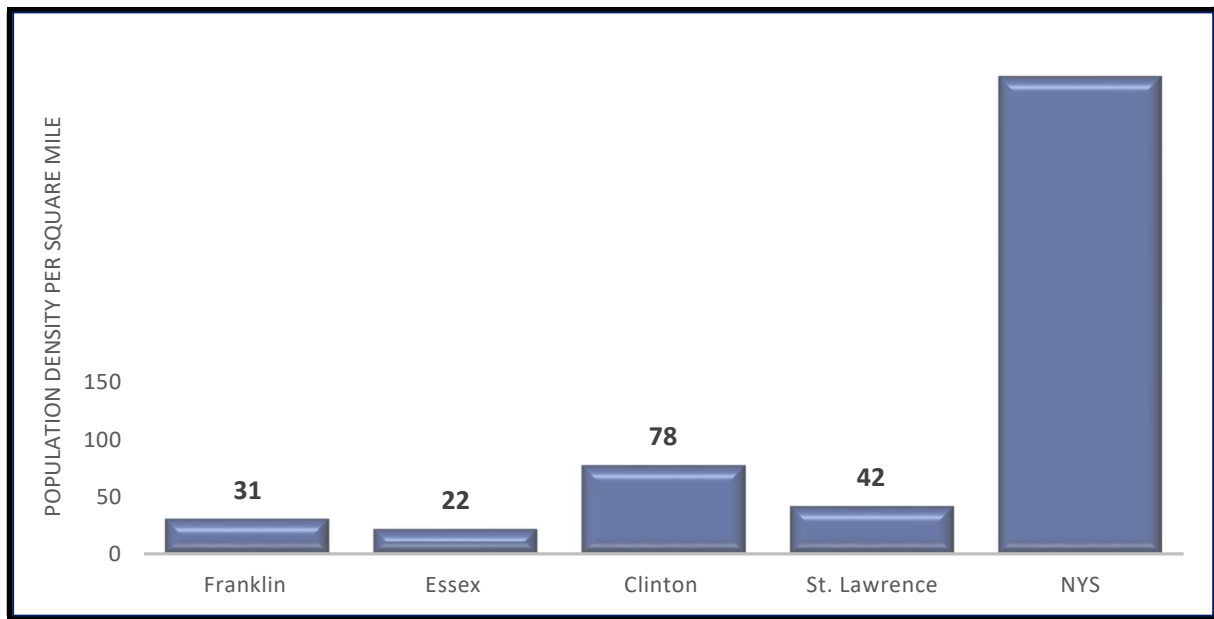


Working within the framework provided by the NYS Prevention Agenda, available public data, both quantitative and qualitative, CA's population health and planning team analyzed and reviewed findings to identify priority areas with a specific focus on the social determinants of health. In addition to publicly available data, CA used internal data from electronic health records to further assess the health status of the identified population.

Regional Profile Summary

The North Country Region is a geographically diverse area of over 7,480 square miles and accounts for approximately thirteen percent of all NYS's landmass with an average of thirty-seven people per square mile. The region is covered by mountains, bodies of water, small villages and farms with limited industry and aging infrastructure. The region is notable in its diversity, strengths and challenges and known for its 46 High Peaks and heavy snowfall, which bring both challenges (transportation on rural roads in difficult winter weather conditions) and opportunities (home to Lake Placid, an Olympic Venue that draws thousands of tourists each year). The rural nature of the region poses challenges regarding the built environment, such as poor broadband access and transportation challenges, with many residents relying heavily on personal vehicles rather than public transportation and longer distances to essential community amenities. With populations per square mile that range from twenty to seventy-eight, these communities rely heavily on local healthcare providers to meet their complex needs. This requires extensive planning and coordination of comprehensive services across the continuum of care including preventive and primary services, behavioral health, and community-based supports, nursing home and hospital services. The range of services and programs designed to serve a population over 7,480 square miles is challenging and costly. The following sections outline key features of Franklin, St. Lawrence, Clinton, and Essex counties, included in this report to provide an overview of Citizen Advocates' service area, including geography, infrastructure and services, healthcare facilities, and the educational systems.

POPULATION DENSITY 2019



Geography, Infrastructure and Services

Franklin County consists of three villages, twenty towns, and part of a Native American reservation, long settled by the St. Regis Mohawk Tribe and covers 1,697 square miles with the northern edge bordering Canada and thirty-one people per square mile. Franklin County's three largest population centers, the villages of Malone, Saranac Lake, and Tupper Lake, are separated by large tracts of Adirondack Park, 6-million acres, both public and private, making it the largest publicly protected area in the lower forty-eight states. This poses significant transportation challenges, particularly during the winter months with inclement weather and hazardous road conditions. It also results in geographic barriers to collaboration, and the "North-South" distinction carries with it perceived cultural differences between the two areas. Surrounding counties include Clinton, Essex, Hamilton, and St. Lawrence and make up a large part of the Adirondack Park. Early industry included agriculture, mills, and iron ore mining. The southern portion of the county benefited from the founding of sanatoriums for the treatment of tuberculosis and other ailments, based on the work of Dr. E.L. Trudeau. The open-air 'Rest Cure' made the Adirondacks and the Saranac Lake area nationally famous. The Adirondacks, which were once a barrier to settlement, began to serve as a draw for tourists in the late 19th century, and now serve as one of Franklin County's defining features. About fifty percent of the Adirondack Park land belongs to the residents of NYS and is protected as "Forever Wild". The remaining fifty percent is made up of small towns and villages, farms, timberland, and homes, both summer and year-round. Franklin County offers a variety of attractions including many beautiful mountains to climb, wildlife, cultural and historical museums, and multiple lakes to swim, fish and camp for the avid outdoors person. The county also has access to two small airports and public transit around Franklin County and into other surrounding counties.

St. Lawrence County is the largest and most populous county in NYS, consisting of thirty-two towns that lack direct access to an interstate highway within its borders and no public transportation. The largest county subdivisions are the city of Ogdensburg and the towns of Potsdam, Massena, Canton, and Gouverneur. About half of the county's population live within these five subdivisions, with the remaining half spread across twenty-eight towns, populations ranging greater than four thousand (Lisbon, Norfolk, and Oswegatchie) to fewer than five hundred residents (Clare and Piercefield). Its main transportation links Jefferson and Lewis counties to the southwest, Franklin County to its east, and Canada to its north. To the north and northwest, St. Lawrence County is bounded by the St. Lawrence River, a major shipping route and an international border, with two international bridges leading to Canada, the Ogdensburg Prescott International Bridge, and the Seaway International Bridge in Massena. This county offers an array of lakes, waterfalls, hiking, and camping opportunities, and a visitor center with the Eisenhower Locks, museums, nature centers, state parks, many restaurants, and beautiful scenery. St. Lawrence County is home to St. Lawrence University, the State University of New York (SUNY) at Potsdam, Clarkson University, the SUNY Ranger School, and the SUNY at Canton.

Clinton County is settled in the most northeastern part of NYS, just west of Vermont and south of the Canadian province of Quebec, bordering Lake Champlain. It is made up of fourteen towns, four villages, and one city and 1,117 square miles with a population of seventy-nine people per square mile. The Amtrak's Adirondack train connects Montreal to New York City, with two trains a day (one for the north end and one for the south end) and there are two airports and one seaplane base. There is one mass public transit bus, with routes from Plattsburgh to Malone and eleven highways and only one main interstate (87) that passes through the county and stops at the Canadian-United States Border. With the Adirondack Mountains and numerous lakes, rivers, and tributaries, visitors and residents can fish, ski, and swim, boat, hike, camp, or participate in a variety of outdoor activities. The eastern boundary of Lake Champlain serves as the New York and Vermont state border. The northern border of this county is shared with regional counties in Quebec, Canada. Clinton County is best known for training camps for prospective military volunteers in Plattsburgh. Clinton County is home to Plattsburgh State University College, Clinton Community College, and PARC (Plattsburgh Airbase Redevelopment Corporation, formerly Plattsburgh Air Force base).

Essex County is made up of eighteen towns, two villages, and is most notably known for outdoor attractions. These include lakes and rivers for fishing, boating, rafting, waterfalls, camping, snowshoeing, skiing, hiking, and rock-climbing sights, as well as wildlife and nature museums. Essex County is in the northeastern part of NYS, just west of Vermont along the eastern boundary of the State. Essex County is home to the world-famous village of Lake Placid, nestled in the Adirondacks, where two Winter Olympics were held in 1932 and 1980. The county offers many seasonal and year-round recreational and cultural activities, such as the Lake Placid Horse Show, Ironman, Adirondack Marathon Distance Festival, and the County Fair. Essex County was the site of numerous historic and strategic military conflicts in the French and Indian and Revolutionary Wars, many of which occurred in and around Fort Ticonderoga and the Crown Point State Historic Site. There are also several national historic landmarks in this county including the Olympic sports complex, located in Lake Placid, where many people come for sports training. The North Country National Scenic Trail (NCT) which runs through the Adirondack Park (mainly located in Essex County) beginning at Crown Point, is the longest authorized trail in the USA, running all the way to North Dakota. The Adirondack Park is home to 130,000 full-time residents and is visited annually by eight million people. Essex County is also home to several high-tech, bio-medical and light industrial companies.

Healthcare System Overview

Citizen Advocates' service areas have disproportionate numbers of primary and mental health care shortage areas, an excess of hospital beds (995), skilled nursing facility beds (1,683), and lack of adult care residential facilities (360) across the North Country region for those with preventable conditions and mental health diagnoses. Therefore, it is not unusual that higher rates of preventable behavioral and physical health emergency department (ED) visits, unavoidable admissions, and re-admissions exist and burden the entire health system, exacerbating negative health outcomes within CA's service areas. All counties lack primary care and mental health providers as defined by Health Professional Shortage Areas (HPSAs), geographic areas, population groups, or healthcare facilities that have been designated as having a shortage of health professionals. The health indicators following this overview demonstrate that good outpatient care can potentially prevent the need for hospitalization and early intervention can prevent complications or more severe chronic diseases.

The following section outlines key features of Franklin, St. Lawrence, Clinton, and Essex counties and is included in this report to provide an overview of CA's service areas with regards to healthcare facilities, IDD, BH and SUD service providers.

County Highlights

- ❖ High rates of potentially preventable hospitalization compared to NYS.
- ❖ Low rates of adults with a regular healthcare provider compared to NYS.
- ❖ All counties designated as lacking primary care and mental health providers.
- ❖ Excess hospital beds, significantly higher than the Adirondack Rural Health Network region. (ARHN)¹

Franklin County has two hospitals, Alice Hyde Medical Center of the University of Vermont Health Network and Adirondack Health with a total of 171 hospital beds, resulting in a hospital bed rate of 342 per 100,000, higher than the (ARHN) region (274 per 100,000). There is a total of two skilled nursing facilities, accounting for 195 beds, and two adult care facilities, accounting for sixty beds, with rates per 100,000 of 390 and 120, respectively. The rate of primary care physicians is 102 per 100,000 with a total physician rate of 206 per 100,000. The county has two primary care, two dental, and five mental Health Professional Shortage Areas. Franklin County has eight providers offering IDD services, six providers of MH services, and four SUD providers.

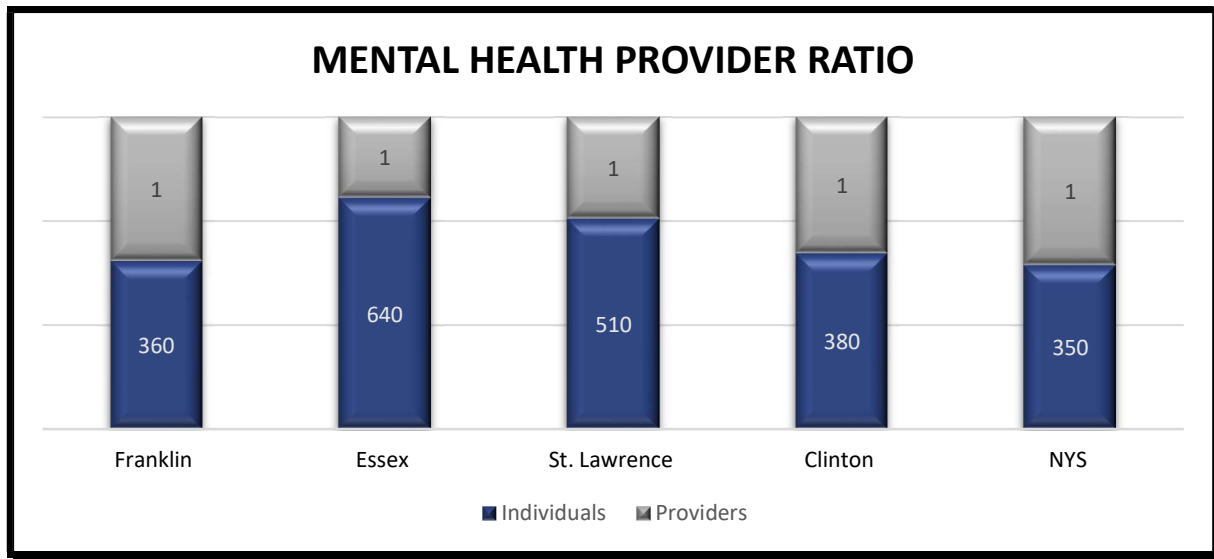
Essex County has two hospitals, Adirondack Health (95 beds) and Elizabethtown Community Hospital of the University of Vermont Health Network (25 beds) for a total of 120 hospital beds, resulting in a hospital bed rate of 519 per 100,000, significantly higher than the ARHN region (274 per 100,000). There is a total

¹ The Adirondack Rural Health Network (ARHN) provides a forum for public health leaders, community health centers, hospitals, behavioral health organizations, emergency medical services, and other community-based organizations to assess regional population health needs and develop collaborative responses to priorities.

of three skilled nursing facilities, accounting for 340 beds, and one adult care facility, accounting for seventy-four beds, with rates per 100,000 of 895 and 22, respectively. The rate of primary care physicians is 66.2 per 100,000 with a total physician rate of 108 per 100,000. The county has two primary care, two dental health, and two mental health professional shortage areas. Essex County has six providers offering IDD services, four providers of MH services, and three SUD providers.

St. Lawrence County has five hospitals, Canton-Potsdam, Claxton-Hepburn, Clifton-Fine, Gouverneur, and Massena Memorial Hospital for a total of 319 hospital beds, resulting in a hospital bed rate of 298 per 100,000, slightly higher than the ARHN region (274 per 100,000). There is a total of five skilled nursing facilities, accounting for 658 beds, and two adult care facilities, accounting for seventy-six beds, with rates per 100,000 of 615 and 71, respectively. The rate of primary care physicians is 41 per 100,000 with a total physician rate of 82 per 100,000. There are three primary care, three dental health and four mental health professional shortage areas. The county has nine providers offering IDD services, nine MH providers and three SUD providers.

Clinton County has one hospital, Champlain Valley Physicians Hospital-University of Vermont Health Network for a total of 300 hospital beds, resulting in a hospital bed rate of 370 per 100,000, higher than the ARHN region (274 per 100,000). There is a total of four skilled nursing facilities, accounting for 490 beds, and three adult care facilities, accounting for 150 beds, with rates per 100,000 of 490 and 185, respectively. The rate of primary care physicians is 119 per 100,000 with a total physician rate of 318 per 100,000. There are two primary care and three mental health professional shortage areas. The county has eight providers of IDD services, eight MH providers, and three SUD providers.



Educational Systems

For New Yorkers, educating young people is an integral component of empowering youth and building productive communities. North Country teachers and administrators provide quality public education to student's unique needs to compete and succeed in the future. There are thirty-eight school districts in Franklin, St. Lawrence, Clinton, and Essex counties, with a total enrollment of approximately 37,863 students. The average student to teacher ratio is twelve to one compared to NYS's thirteen to one. On average, 50% of students receive free and, or reduced lunches compared to NYS's rate of 52.9%, and the overall average high school dropout rate of 5.65% compared to NYS's dropout rate of 6%. Therefore, there are no significant differences compared to NYS with regards to the region's educational profile.

County Highlights

- ❖ The high school dropout rate across the North Country region (~6%) is like that of NYS.
- ❖ The percentage of children receiving free and/or reduced lunch is higher in Franklin and St. Lawrence County as compared to NYS.

Franklin County has seven school districts, with a total enrollment of approximately 7,488 students. The student to teacher ratio is twelve to one. Of the 7,488 students in the districts, 4,040 (57%) qualify for free or reduced lunches. The high school dropout rate is thirty-four students (6%) compared to NYS at 6%.

St. Lawrence County has seventeen school districts, with a total enrollment of approximately 15,603 students. The student to teacher ratio is fourteen to one. Of the 15,603 students in the districts, 7,648 (54%) qualify for free or reduced lunches. The high school dropout rate is fifty-nine students (5%) compared to NYS at 6%.

Essex County has eleven school districts, with a total enrollment of approximately 3,991 students. The student to teacher ratio is ten to one. Of the 3,991 students in the districts, 1,679 (42%) qualify for free or reduced lunches. The high school dropout rate is seventeen students (5.6%) compared to NYS at 6%.

Clinton County has three school districts, with a total enrollment of approximately 10,781 students. The student to teacher ratio is twelve to one. Of the 10,781 students in the districts, 4,776 (45%) qualify for free or reduced lunches. The high school dropout rate is 54 students (6%) compared to NYS at 6%.

Sociodemographic Information

This section presents a comprehensive overview of the demographics and community health needs for Franklin, St. Lawrence, Clinton, and Essex counties. Population, race, and ethnicity are proven to play an integral role in the health and wellness of individuals. While the population that Citizen Advocates serves is predominately white, it is important to note similarities exist across all counties. This assessment includes ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) households, which represent men and women of all ages and races who are working but unable to afford the necessities of housing, food, childcare, healthcare, and transportation due to the lack of jobs that can support necessities and increases in the cost of living. It also includes the unique social determinants of health that affect the most vulnerable populations in the North Country region. Some of the frequently cited unmet social needs include reduced access to healthcare, food insecurity, lack of reliable transportation, long commute times, lack of safe and affordable housing, low income, and limited employment opportunities.

County Highlights

- ❖ Essex County has the smallest population per square mile, 22 people, compared to NYS, 419.
- ❖ St. Lawrence County has the lowest household income on average at \$49,305, with per capita income at \$24,473, as compared to NYS, \$93,443, and \$35,752, respectively. The county has the highest percentage of ALICE households (44%) as compared to NYS (30%).
- ❖ Franklin County has the lowest rate of individuals 25 years of age and older with a high school diploma or equivalent (87%).

Franklin County's population is 50,692. Like the rest of Upstate New York, Franklin County is very limited in its diversity with over 92% White/non-Hispanics, followed by 6% Black/African American, non-Hispanics and 4% Hispanic/Latinos. Over 17% of the population is 65 years of age and older, slightly lower than the ARHN region (18%) yet higher than Upstate New York (16%).

Household income on average is \$51,696, with per capita income at \$25,491, much lower than NYS, \$93,443, and \$35,752, respectively. The percentage of individuals living below the Federal Poverty Level is 17%, higher than the ARHN (14%) region and higher than Upstate New York (12%). In Franklin County, the unemployment rate is 4.6%.

Of the total population, approximately 87% of individuals 25 years of age and older have a high school diploma or equivalent, and another 19% have an associate's or bachelor's degree or higher. Of the age range 16 and older, 52% of the population is in the workforce, with the highest percentage of individuals in the field of education (29%), followed by retail trade (11%), manufacturing (10%), and arts, entertainment, recreation, hotel & food service (7%).

The ALICE rate in Franklin County is 43%, with a total of 8,869 households designated as either living below the Federal Poverty Level or ALICE. Specific to ALICE households, the majority are white (4,768),

which far exceeds the second largest group of ALICE households, those comprised of two or more races (43).

St. Lawrence County's population is 107,015. Like the rest of Upstate New York, St. Lawrence County is very limited in its diversity with over 93% White/non-Hispanics, followed by 3% Black/African American, non-Hispanics and 4% Hispanic/Latinos. Over 18% of the population is 65 years of age and older, the same as the ARHN region (18%) yet higher than Upstate New York (16%).

Household income on average is \$49,305, with per capita income at \$24,473, lower than NYS, \$93,443, and \$35,752, respectively. The percentage of individuals living below the Federal Poverty Level is 15%, higher than the ARHN (13%) region and higher than Upstate New York (12%). In St. Lawrence County, the unemployment rate is 5.9%.

Of the total population, approximately 89% of individuals, 25 years of age and older have a high school diploma or equivalent, and another 24% have an associate's or bachelor's degree or higher. Of the age range 16 and older, 53% of the population is in the workforce, with the highest percentage of individuals in the field of education (32%), followed by retail trade (12%), manufacturing (12%), and arts, entertainment, recreation, hotel & food service (8%).

The ALICE rate in St. Lawrence County is 44%, with 41,680 ALICE households and 15% being below the federal poverty level. Specific to ALICE households, the majority are white (12,827), which far exceeds the second largest group of ALICE households who are of Asian race (94).

Essex County's population is 38,233. Like the rest of Upstate New York, Essex County is very limited in its diversity with over 92% White/non-Hispanics, followed by 3% Black/African American, non-Hispanics and 3% Hispanic/Latinos. Over 34% of the population is 65 years of age and older, slightly higher than the ARHN region (18%) yet higher than Upstate New York (16%).

Household income on average is \$56,196, with per capita income at \$30,273, lower than NYS, \$93,443, and \$35,752, respectively. The percentage of individuals living below the Federal Poverty Level is 12%, lower than the ARHN (14%) region and the same as Upstate New York (12%). In Essex County, the unemployment rate is 3.9%.

Of the total population, approximately 91% of individuals 25 years of age and older have a high school diploma or equivalent, and another 27% have an associate's or bachelor's degree or higher. Of the age range 16 and older, 57% of the population 16 and older is in the workforce, with the highest percentage of individuals in the field of education (25%), followed by retail trade (11%), manufacturing (10%), and arts, entertainment, recreation, hotel & food service (13%).

The ALICE rate in Essex County is 38%, with 15,429 households designated as either living below the Federal Poverty Level or ALICE. Specific to ALICE households, the majority are white (4,187), far exceeding the second largest group of ALICE households, those comprised of two or more races (43).

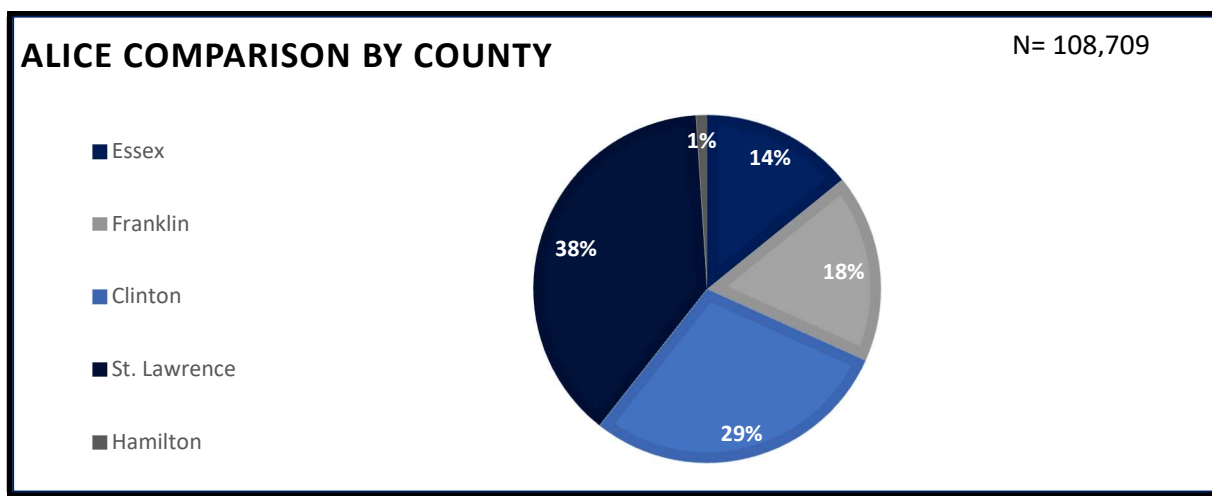
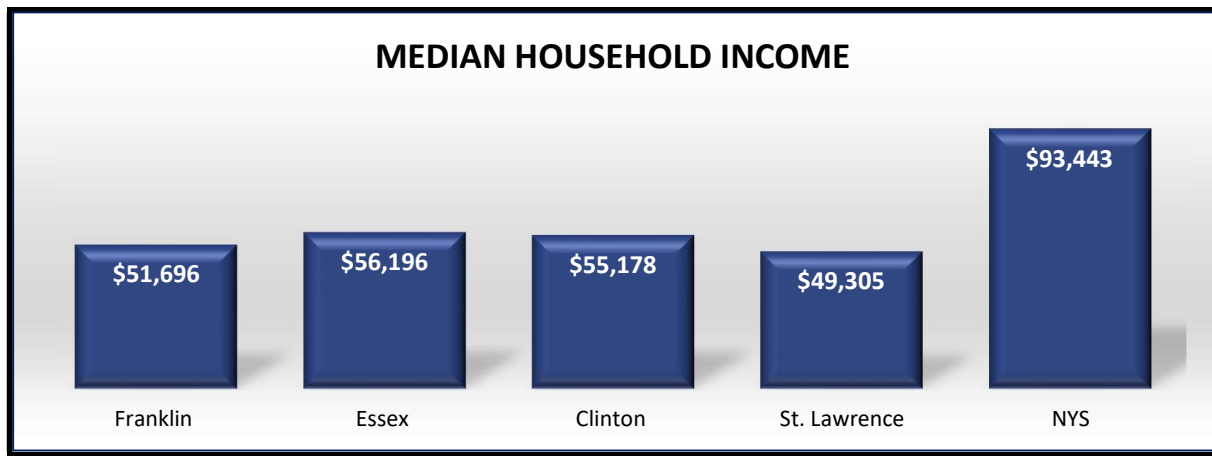
Clinton County's population is 80,485. Like the rest of Upstate New York, Clinton County is very limited in its diversity with over 92% White/non-Hispanics, followed by 4% Black/African American, non-

Hispanics and 3% Hispanic/Latinos. Over 17% of the population is 65 years of age and older, slightly lower than the ARHN region (18%) yet higher than Upstate New York (16%).

Household income on average is \$55,178, with per capita income at \$26,772, much lower than NYS, \$93,443, and \$35,752, respectively. The percentage of individuals living below the Federal Poverty Level is 13%, lower than the ARHN (14%) region and higher than Upstate New York (12%). In Clinton County, the unemployment rate is 3.7%.

Of the total population, approximately 88% of individuals 25 years of age and older have a high school diploma or equivalent, and another 23% have an associate’s or bachelor’s degree or higher. Of the age range 16 and older, 59% of the population is in the workforce, with the highest percentage of individuals in the field of education (24%), followed by retail trade (12%), manufacturing (15%), and arts, entertainment, recreation, hotel & food service (7%).

In Clinton County, the ALICE rate is 37%, with 31,392 households either making just above or below the basic cost of living. Specific to ALICE households, the majority are white (7,753), which far exceeds the second-largest group of ALICE households who are of Asian race (102).

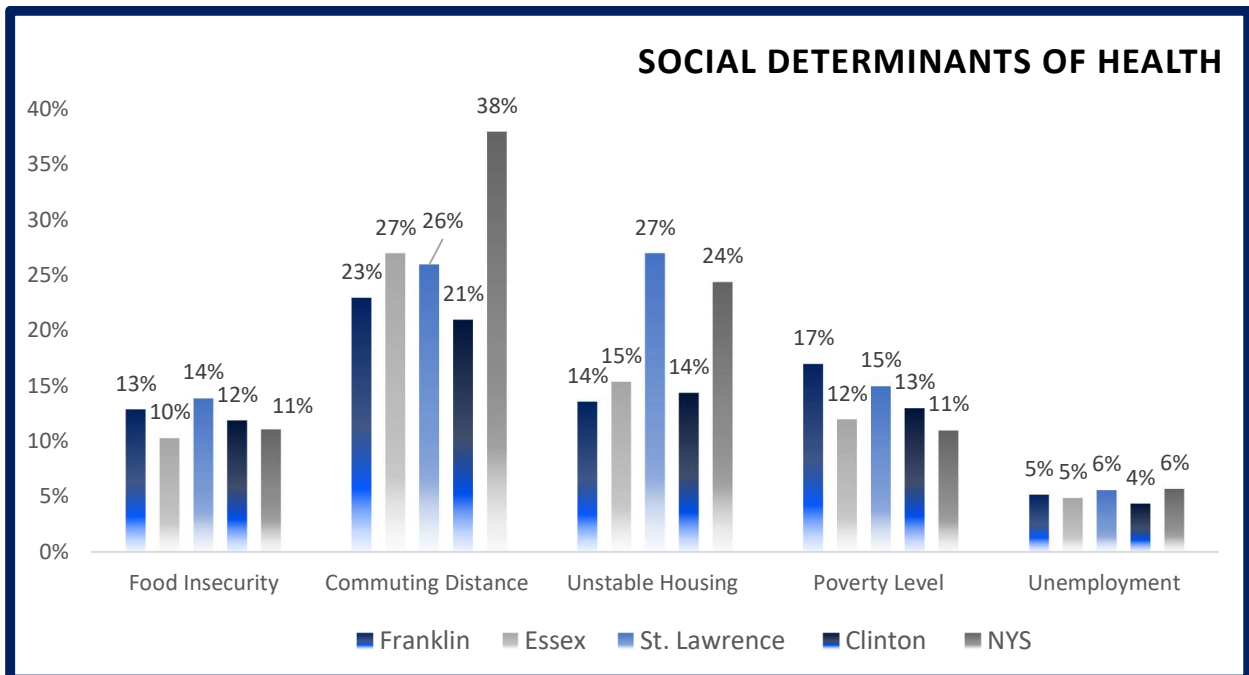


Social Determinants of Health

Social determinants of health are the social and environmental factors that influence individual and population health outcomes. Shaped by policy and the resulting distribution of resources, the circumstances in which people are born, grow, live, work and age account for most factors impacting a person’s health and wellness.

County Highlights

- ❖ St. Lawrence County residents reported food insecurity (14%) compared to 11% of New Yorkers. The county reported unstable housing (27%) and at or below poverty level (15%); both higher than the NYS averages of 24% and 11%, respectively.
- ❖ Essex County displays longest commuting distance (27%), yet lower than NYS (38%).
- ❖ Franklin County has the highest percentage of individuals living at or below the Federal Poverty Level (17%), significantly higher than NYS (11%).



NYS Prevention Agenda Priority Areas

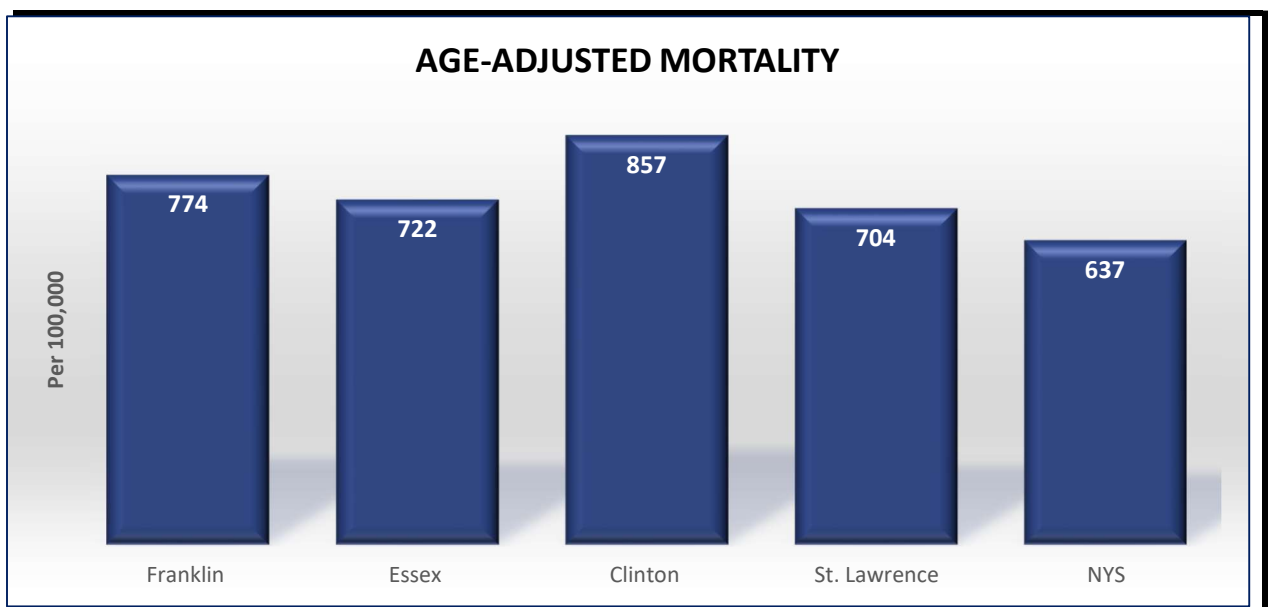
The NYS Prevention Agenda is used as a framework to discuss and analyze the community health needs related to each identified priority area. In general, each county's available data was reviewed to assess each priority area to determine the most significant health needs of the individuals and communities within the counties.

The North Country region is an area that is older and sicker as compared to the rest of NYS and is projected to become more so over the next several years. This is indicated by a population that is older and sicker, in comparison to the remainder of NYS, with high rates of obesity, chronic diseases, and disabilities.

The following outlines the health status of Franklin, Clinton, St. Lawrence, and Essex counties.

County Highlights

- ❖ The total age-adjusted mortality rates are well above NYS averages in Clinton County, 857 per 100,000 and Franklin County, 774 per 100,000, significantly higher than NYS.
- ❖ Clinton County has the highest rate of adults not receiving care due to cost.
- ❖ All counties report high rates of persons under and over the age of 65 living with a disability compared to NYS.



Prevent Chronic Diseases

Chronic diseases such as cancer, diabetes, heart disease, stroke, asthma, and arthritis are among the leading causes of death, disability, and rising healthcare costs in NYS. However, chronic diseases are also among the most preventable. Three modifiable risk behaviors, unhealthy eating, lack of physical activity, and tobacco use, are responsible for the incidence, severity, and adverse outcomes of chronic disease.

County Highlights

- ❖ Clinton County has the highest rate of adult obesity (36.7%) compared to NYS (25.5%) and the highest death rate due to heart attacks, 51.2 per 100,000 compared to NYS (27.5).
- ❖ Franklin County has the highest rate of tobacco use (19%) compared to NYS (14%).
- ❖ Essex County adults with a diagnosis of diabetes (14.3) is higher than NYS (9.5).
- ❖ St. Lawrence County's hospitalizations due to cardiovascular disease are 149.5 per 100,000 compared to NYS (125.6) and high death rates due to congestive heart failure, 14.3 per 100,000 compared to NYS (13).

The following outlines the status of the Chronic Disease Priority Area in Franklin, St. Lawrence, Clinton, and Essex counties.

Franklin County has an adult obesity rate of 34.8% as compared to NYS (25.5%). The childhood obesity rate for children in elementary school is 36.7% compared to NYS (32.2%), followed by children in middle school and high school with a rate of 47.7% as compared to NYS (35.8%). The county has a tobacco use rate of 19% as compared to NYS (14%). Franklin County has the highest smoking rate within all NYS.

St. Lawrence County has an adult obesity rate of 34.1% as compared to NYS (25.5%). The childhood obesity rate for children in elementary school is 34.8% compared to NYS (32.2%), followed by children in middle school and high school with a rate of 42.5% as compared to NYS (47.7%). The county has a tobacco use rate of 17% as compared to NYS (14%).

Clinton County has an adult obesity rate of 36.7% as compared to NYS (25.5%). The childhood obesity rate for children in elementary school is 35% compared to NYS (32.2%), followed by children in middle school and high school with a rate of 42.6% as compared to NYS (35.8%). The county has a tobacco use rate of 17% as compared to the NYS (14%)

Essex County has an adult obesity rate of 32.7% as compared to NYS (25.5%). The childhood obesity rate for children in elementary school is 38.4%, higher than NYS (32.2%), followed by children in middle school and high school with a rate of 38.9% as compared to NYS (35.8%). The county has a tobacco use rate equivalent to NYS (14%).

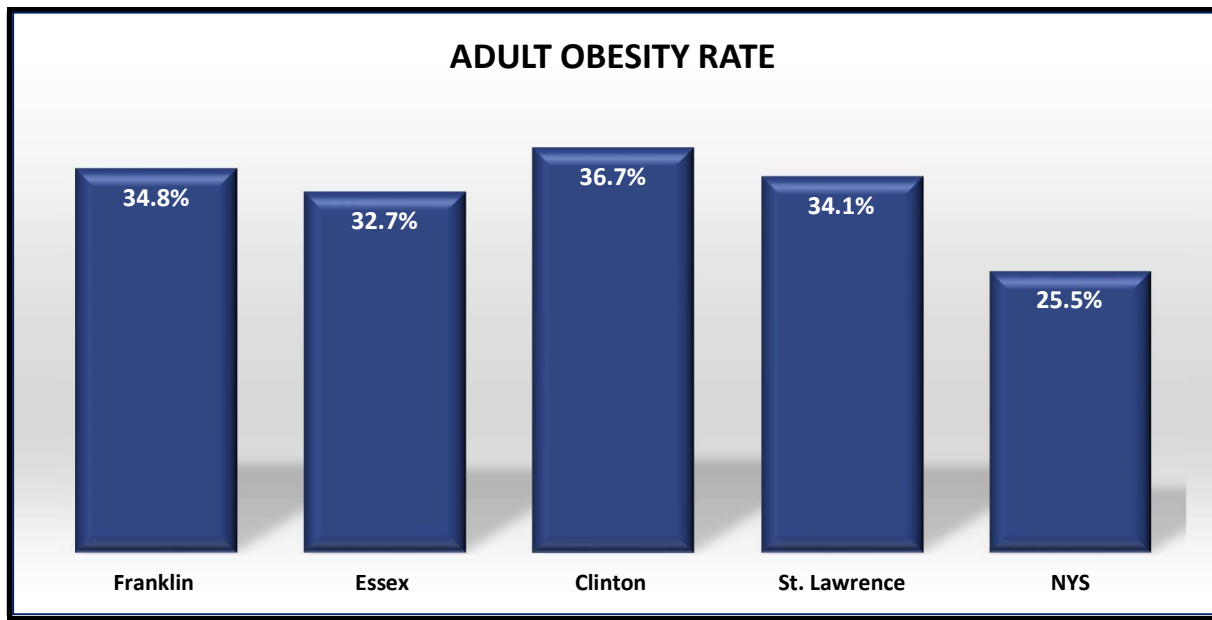
St. Lawrence County indicates adults with a diagnosis of diabetes (10.3) slightly higher than NYS (9.5) and a hospitalization rate due to diabetes of 23.2 per 100,000 as compared to NYS (17.5). There is a

higher hospitalization rate due to cardiovascular disease, 149.5 per 100,000 compared to NYS (125.6). Death rates due to heart attacks are 28 per 100,000 as compared to NYS (27.5). There are higher death rates due to congestive heart failure, 14.3 per 100,000 compared to NYS (13).

Essex County indicates adults with a diagnosis of diabetes (14.3), higher than NYS (9.5), the hospitalization rate due to diabetes is 8.4 per 100,000 as compared to NYS (17.5). The hospitalization rate due to cardiovascular disease is 65.7 per 100,000 as compared to NYS (125.6). Death rates due to heart attacks are 37.9 per 100,000 as compared to NYS (27.5). There are higher death rates due to congestive heart failure, 11.5 per 100,000 compared to NYS (13).

Franklin County indicates adults with a diagnosis of diabetes (11.1) higher than NYS (9.5) and a hospitalization rate due to diabetes of 11.7 per 100,000 as compared to NYS (17.5). The hospitalization rate due to cardiovascular disease is 97.9 per 100,000 as compared to NYS (125.6). There are higher death rates due to heart attacks in the county, 33 per 100,000 compared to NYS (27.5). Death rates due to congestive heart failure are 12.3 per 100,000 as compared to NYS (13).

Clinton County indicates adults with a diagnosis of diabetes (10.5) slightly higher than that of NYS (9.5) and a hospitalization rate due to diabetes of 15.3 per 100,000 as compared to NYS (17.5). The hospitalization rate due to cardiovascular disease is 113 per 100,000 as compared to NYS (125.6). Death rates due to heart attacks are much higher, 51.2 per 100,000 compared to NYS (27.5). Death rates due to congestive heart failure are 13 per 100,000, equivalent to the NYS rate.



Promote a Healthy & Safe Environment

The following five core areas have an impact on our overall health:

1. The quality of the water we drink and enjoy for recreation.
2. The built environments where we live, work, learn and play.
3. Injuries, violence, and occupational health
4. The food and products we ingest and use.
5. The air we breathe.

Below outlines the status Promote a Health and Safe Environment Priority Area in Franklin, St. Lawrence, Clinton, and Essex counties with a specific focus on injuries, violence, and occupational health.

County Highlights

- ❖ St. Lawrence County has the highest rate of work-related injuries and hospitalizations, 159.3 per 100,000 compared to NYS (133.8).
- ❖ Clinton County has the highest rate of violent crimes, 219.4 per 100,000 compared to NYS (350.6). The county also has the highest rate of age-adjusted falls requiring hospitalization, 35.2 per 10,000 compared to NYS (38.2).

Franklin County's rate of work-related injury and hospitalization is 100.1 per 100,000, lower than NYS (133.8). The violent crime rate is 141.8 per 100,000, lower than NYS (350.6). The age-adjusted rate of falls requiring hospitalization is 31.1 per 10,000, slightly lower than NYS (38.2).

Essex County's rate of work-related injury and hospitalization is 101.8 per 100,000, lower than NYS (133.8). The violent crime rate is 146.3 per 100,000, lower than NYS (350.6). The age-adjusted rate of falls requiring hospitalization is 29.4 per 10,000, lower than NYS (38.2).

Clinton County's rate of work-related injury and hospitalization is 86.6 per 100,000, lower than NYS (133.8). The violent crime rate is 219.4 per 100,000, lower than NYS (350.6). The age-adjusted rate of falls requiring hospitalization is 35.2 per 10,000, slightly lower than NYS (38.2).

St. Lawrence County's rate of work-related injury and hospitalization is 159.3 per 100,000, higher than NYS (133.8). The violent crime rate is 140.8 per 100,000, lower than NYS (350.6). The age-adjusted rate of falls requiring hospitalization is 31.6 per 10,000, slightly lower than NYS (38.2).

Promote Healthy Women, Infants & Children

The health of women, infants, children, and their families is fundamental to population health. It is important to view these focus areas in the context of a life-course perspective. Promoting healthy development, behaviors, and relationships early in life and during critical periods lays the groundwork for health promotion and disease prevention throughout the lifespan. Supporting the health and wellness of all women is essential to their current and lifelong well-being, regardless of their age, sexual or gender identity, pregnancy history, or future reproductive plans. Moreover, it requires a deep commitment to promoting health equity and eliminating racial, ethnic, economic, and other disparities.

The following outlines the overall status of Healthy Women, Infant and Children in Franklin, St. Lawrence, Clinton, and Essex counties.

County Highlights

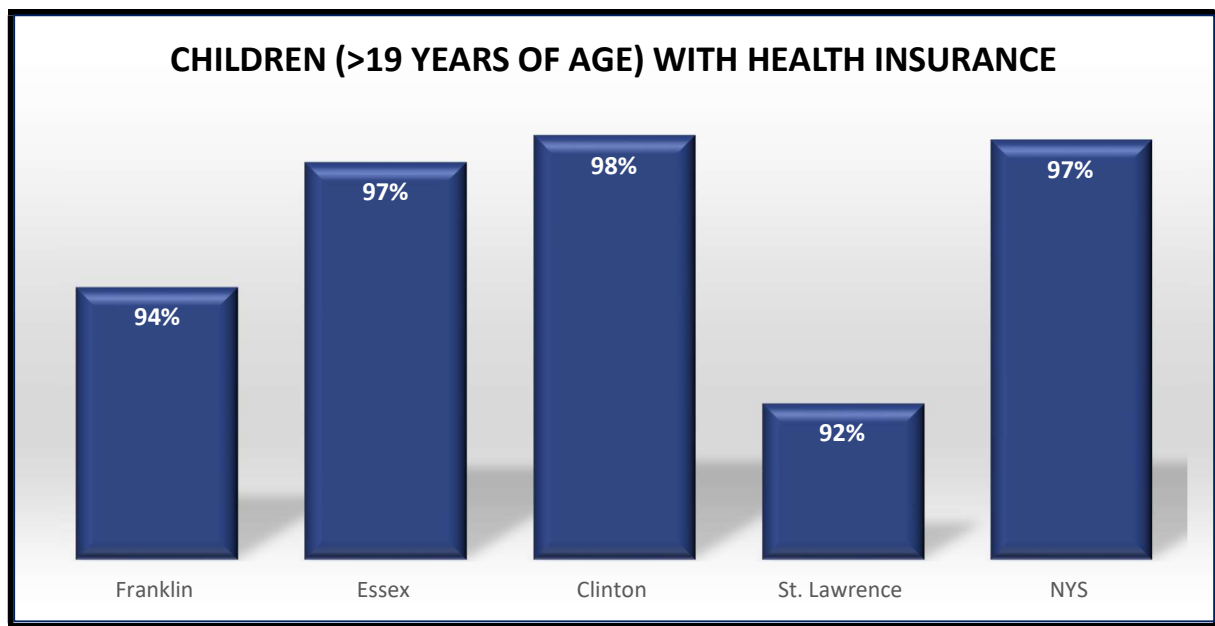
- ❖ Essex County has the highest rate of low birth weight for mothers of all ages (9%) compared to NYS (8.2%). The county has the highest rate of adolescent pregnancy, ages 15-19, 18.9 per 1,000 females compared to NYS (17.8).
- ❖ St. Lawrence County has the highest infant mortality rate one month-one year, per 1,000 live births (2.3%) compared to NYS (1.5%).
- ❖ In Franklin County, 94.1% of children less than 19 years of age have health insurance, lower than NYS (97.4%) and children 12-21 with recommended number of well child visits in government sponsored insurance programs is (57%), lower than NYS (61.8%).

Franklin County's rate for adequate prenatal care is 76.9%, higher than NYS (74%). The percentage of pre-term births less than 37 weeks is 8.3%, lower than NYS (9%). Low birth weight for mothers of all ages is 8.3%, lower than NYS (8.8%). The infant mortality rate one month-one year per 1,000 live births is 2.1%, higher than NYS (1.5%). The adolescent pregnancy rate, ages 15-19, per 1,000 females is 33.3, lower than NYS (37.1). Children less than 19 years of age with health insurance in the county are 94.1%, lower than NYS (97.4%). The percentage of children ages 12-21 with the recommended number of well-child visits in government-sponsored insurance programs is 57%, lower than NYS (61.8%).

St. Lawrence County's rate for adequate prenatal care is 75.2%, higher than NYS (74%). The percentage of pre-term births less than 37 weeks is 7.8%, lower than NYS (9%). Low birth weight for mothers of all ages is 5.7%, lower than NYS (8.8%). The infant mortality rate one month-one year per 1,000 live births is 2.3%, higher than NYS (1.5%). The adolescent pregnancy rate, ages 15-19, per 1,000 females is 22.6, lower than NYS (37.1). Children less than 19 years of age with health insurance in the county are 91.5%, lower than NYS (97.4%). The percentage of children ages 12-21 with the recommended number of well-child visits in government-sponsored insurance programs is 57.4%, lower than NYS (61.8%).

Clinton County's rate for adequate prenatal care is 89.5%, higher than NYS (73.2%). The percentage of pre-term births less than 37 weeks is 5.4%, lower than NYS (9%). Low birth weight for mothers of all ages is 6.9%, lower than NYS (8.2%). Infant mortality rate one month-one year, per 1,000 live birth is 2.2%, higher than NYS (1.5%). The adolescent pregnancy rate, ages 15-19, per 1,000 females is 17.2, lower than NYS (37.1). Children less than 19 years of age with health insurance (97.5%) in the county are higher than NYS (97.4%). The percentage of children ages 12-21 with the recommended number of well-child visits in government-sponsored insurance programs is 79%, higher than NYS (61.8%).

Essex County's rate for adequate prenatal care is 74.2%, higher than NYS (73.2%). The percentage of pre-term births less than 37 weeks is 7.5%, lower than NYS (9%). The percentage of low birth weight for mothers of all ages is 9%, higher than NYS (8.2%). The infant mortality rate one month-one year is 0, compared to NYS (1.5%). The adolescent pregnancy rate, ages 15-19, per 1,000 females is 18.9, higher than NYS (37.1). Children less than 19 years of age with health insurance (96.9%) in the county are lower than NYS (97.4%). The percentage of children ages 12-21 with the recommended number of well-child visits in government-sponsored insurance programs is 64%, higher than NYS (61.8%).



Promote Well-Being & Prevent Mental & Substance Use Disorders

Mental and emotional well-being is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional, and behavioral (MEB) disorders, including conduct disorders, depression, and substance abuse. Adverse childhood experiences and many MEB disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, families, schools, and communities. Mental and physical health problems are interwoven. Improvements in mental health have a direct correlation to better physical health. The two focus areas for this Priority Area are: (1) Promote Well-Being and (2) Mental and Substance Use Disorder Prevention.

The following outlines the Well-being status in Franklin, St. Lawrence, Clinton, and Essex counties. The following outlines the Well-being status in Franklin, St. Lawrence, Clinton, and Essex counties.

County Highlights

- ❖ St. Lawrence County has the highest suicide rate for teens, ages 15-19 (17.6) compared to the ARHN region (10.7) and Upstate New York (5).
- ❖ Clinton County has the highest rate of adults reporting frequent mental distress over the past month (14.8) as compared to NYS (10.7), showing the highest rate of frequent mental distress in the North Country region.
- ❖ Franklin County has the highest rate of reports of abuse and/or maltreatment among children per 1,000, ages 0-17 (49.5) as compared to NYS (17.1), the highest in the region.
- ❖ Franklin County has the highest rate of adults reporting exposure to two or more adverse childhood experiences (40.1), compared to NYS (35.6), the highest in the North Country.

Franklin County - Among ages 15 to 19, the rate of suicides is 0, compared to the ARHN region (10.7) and lower than Upstate New York (5). Adults reporting frequent mental distress over the past month (13.1) is slightly higher than NYS (10.7). Reports of abuse and maltreatment among children per 1,000, ages 0-17 (49.5) are significantly higher than NYS (17.1). Adults reporting exposure to two or more adverse childhood experiences (40.1) is slightly higher than NYS (35.6).

St. Lawrence County - Among ages 15 to 19, the rate of suicides is 17.6, higher than the ARHN region (10.7) and higher than Upstate New York (5). Adults reporting frequent mental distress over the past month (10) is slightly lower than NYS (10.7). Reports of abuse and maltreatment among children per 1,000 ages 0-17 (26.8) are higher than NYS (17.1). Adults reporting exposure to two or more adverse childhood experiences (34.8) is slightly lower than NYS (35.6).

Clinton County - Among ages 15 to 19, the rate of suicides is 11.4, higher than the ARHN region (10.7) and higher than Upstate New York (5). Adults reporting frequent mental distress over the past month (14.8) is higher than NYS (10.7). Reports of abuse and maltreatment among children per 1,000 ages 0-17 (21.6) are higher than NYS (17.1). Adults reporting exposure to two or more adverse childhood experiences (34.5) is slightly lower than NYS (35.6).

Essex County - Among ages 15 to 19, the rate of suicides is 0, lower than the ARHN region (10.7) and lower than Upstate New York (5). Adults reporting frequent mental distress over the past month (14.4) is higher than NYS (10.7). Reports of abuse and maltreatment among children per 1,000 ages 0-17 (19.3) are higher than NYS (17.1). Adults reporting exposure to two or more adverse childhood experiences (39) is higher than NYS (35.6)

The following outlines the Mental Health and Substance Abuse status in Franklin, St. Lawrence, Clinton, and Essex counties.

County Highlights

- ❖ Essex County has the highest rate of adults who binge drink (24.7%) compared to the Prevention Agenda Benchmark (16.4%).
- ❖ Clinton County has the highest rate of people who reported greater than fourteen poor mental health days within the last month (14.8%) compared to the Prevention Agenda Benchmarks of (10.7%).
- ❖ St. Lawrence County has the highest rate of self-inflicted hospitalizations per 10,000 (5.6) compared to Upstate New York (3.5).
- ❖ Franklin County has the highest rate of alcohol-related crashes and/or fatalities (44) compared to NYS (30).

Franklin County - The percentage of adults who binge drink (17%) is higher than the Prevention Agenda Benchmark (16.4%) and those who reported greater than fourteen poor mental health days within the last month (13.1%) is higher than the Prevention Agenda Benchmarks of 10.7%. The rate of self-inflicted hospitalizations per 10,000 (3.5) is equivalent to Upstate New York (3.5). The rate of alcohol-related crashes and/or fatalities in the county are 44, higher than NYS (30).

St. Lawrence County - The percentage of adults who binge drink (20%) is higher than the Prevention Agenda Benchmark (16.4%) and those who reported greater than fourteen poor mental health days within the last month (10%) is lower than the Prevention Agenda Benchmarks of 10.7%. The rate of self-inflicted hospitalizations per 10,000 (5.6) is higher than in Upstate New York (3.5). The rate of alcohol-related crashes and/or fatalities (270, is slightly lower than NYS (30).

Clinton County - The percentage of adults who binge drink (21.1%) is higher than the Prevention Agenda Benchmark (16.4%) and those who reported greater than fourteen poor mental health days within the last month (14.8%) are higher than the Prevention Agenda Benchmarks of 10.7%. The rate of self-inflicted

hospitalizations per 10,000 (2.7) is lower than in Upstate New York (3.5). The rate of alcohol-related crashes and/or fatalities (32.4) is higher than NYS (30).

Essex County - the percentage of adults who binge drink (24.7%) is higher than the Prevention Agenda Benchmark (16.4%) and those who reported greater than fourteen poor mental health days within the last month (14.4%) is higher than the Prevention Agenda Benchmarks of 10.7%. The rate of self-inflicted hospitalizations per 10,000 (2.4) is lower than in Upstate New York (3.5). The rate of alcohol-related crashes and/or fatalities (38) is higher than in NYS (30).

The following outlines the Opioid Abuse status in Franklin, St. Lawrence, Clinton, and Essex counties.

County Highlights

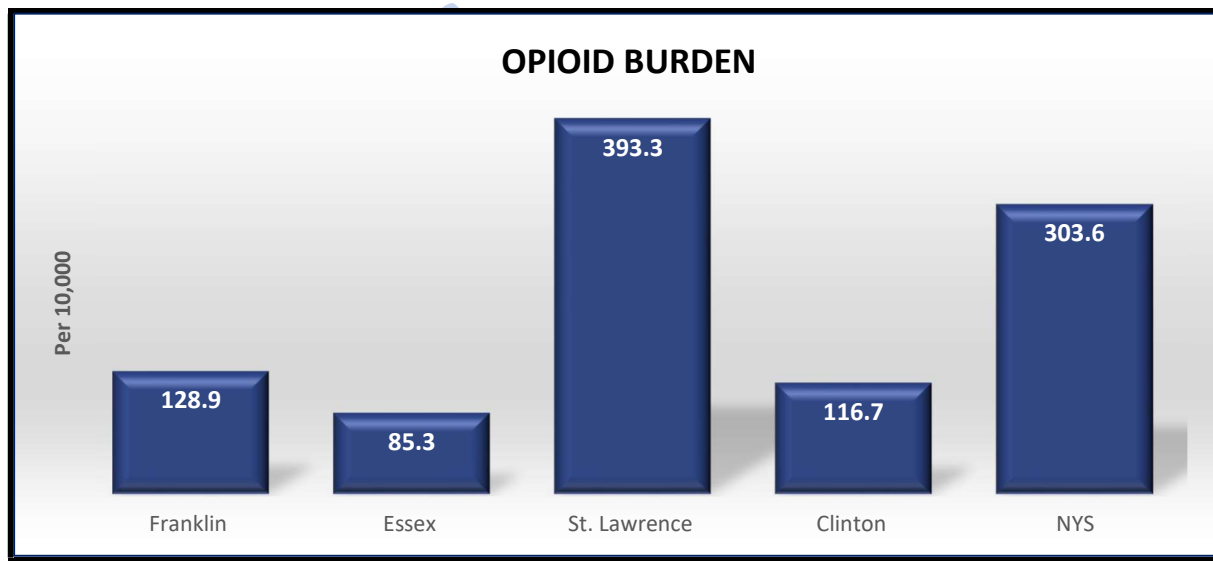
- ❖ St. Lawrence County has the highest rate of hospital discharges involving opioid use including abuse, poisoning, dependence, and unspecified use (316.9) compared to NYS (130.5).
- ❖ St. Lawrence County has the highest rate of ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use at (350) compared to NYS (223.1).
- ❖ St. Lawrence County has the highest rate of opioid burden, including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths at (393.3) compared to NYS (303.6).
- ❖ Clinton County has the highest rate of admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (811.5) compared to NYS (699.1).

Franklin County - The overdose death rate involving any opioid per 10,000 (7.9) is lower than NYS (16.8). All ED visits (including outpatients and admitted patients), involving any opioid overdose (21.8) are lower than NYS (63.2). Hospital discharges involving opioid use, including abuse, poisoning, dependence, and unspecified use in the county are 71.4, lower than NYS (130.5). ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use (97.1) are significantly lower than NYS (223.1). Opioid burden, including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths in the county (128.9), are considerably lower than NYS (303.6). Admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (734.6) are higher than NYS (699.1).

St. Lawrence County - The overdose death rate involving any opioid per 10,000 (8.3) is lower than NYS (16.8). All ED visits (including outpatients and admitted patients) involving any opioid overdose (34.1) are lower than NYS (63.2). Hospital discharges involving opioid use, including abuse, poisoning, dependence, and unspecified use are 316.9, significantly higher than NYS (130.5). ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use (350) are higher than in NYS (223.1). opioid burden, including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths in the county (393.3) are higher than NYS (303.6). Admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (764.4) are higher than NYS (699.1).

Clinton County - The overdose death rate involving any opioid per 10,000 in Clinton County (5.3) is lower than NYS (16.8). All emergency department visits (including outpatients and admitted patients) involving any opioid overdose (29.8) are lower than NYS (63.2). Hospital discharges involving opioid use, including abuse, poisoning, dependence, and unspecified use in Clinton County (33.5) are lower than NYS (130.5). ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use (74.5) are significantly lower than in NYS (223.1). Opioid burden, including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths in Clinton County (116.7) are lower than NYS (303.6). Admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (811.5) are higher than NYS (699.1).

Essex County - The overdose death rate involving any opioid per 10,000 is 12.4, lower than NYS (16.8). All emergency department visits (including outpatients and admitted patients) involving any opioid overdose (24) are lower than in NYS (63.2). Hospital discharges involving opioid use, including abuse, poisoning, dependence, and unspecified use in the county are 26.7, lower than NYS (130.5). ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use (56) are significantly lower than NYS (223.1). Opioid burden², including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths in the county are 85.3, lower than NYS (303.6). Admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (492.4) are lower than NYS (699.1).



² Includes outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths.

Prevent Communicable Diseases

A communicable disease is an illness or infection that can be spread from person to person, animal to person, animal to animal, or person to animal. Communicable diseases contribute to sickness and death in New York State and are preventable.

The following outlines the status of this Priority Area in Franklin, St. Lawrence, Clinton, and Essex counties.

County Highlights

- ❖ All counties have low rates of sexually transmitted diseases (STDs) compared to NYS.
- ❖ All counties have low rates of HIV compared to NYS.
- ❖ The Northeast region has had lower rates of Hepatitis C than the rest of NYS. However, in 2017, most counties in the Northeast region had rates above NYS (73.9) per 100,000. In 2017, the highest rate was among males age 25-29. Within Franklin County, the rate was (93.2), Clinton County (103.6), Essex County (97.1) and St. Lawrence County (104.4).

Franklin County's rate of Vaccine-Preventable Childhood Immunization, Flu, and Pneumonia Immunizations is 65.3% compared to NYS (64.1%). Newly diagnosed HIV cases are 3.3 per 100,000, lower than NYS (15). Gonorrhea cases are 11.8 per 100,000 as compared to NYS (176.5). Chlamydia cases are 172.5 per 100,000 as compared to NYS (608.6). Syphilis cases reported are 2.6 per 100,000 as compared to NYS (32.5). Hepatitis C cases are 93.2 per 100,000 as compared to NYS (73.9).

St. Lawrence County's rate of Vaccine-Preventable Childhood Immunization, Flu, and Pneumonia Immunizations are 69.4% compared to NYS (64.1%). Newly diagnosed HIV cases are 1.2 per 100,000, lower than NYS (15). Gonorrhea cases are 23.4 per 100,000 as compared to NYS (176.5). Chlamydia cases are 21.6 per 100,000 as compared to NYS (608.6). Syphilis cases reported are 3.9 per 100,000 as compared to NYS (32.5). Hepatitis C cases are 104.4 per 100,000 as compared to NYS (73.9).

Clinton County's rate of Vaccine-Preventable Childhood Immunization, Flu, and Pneumonia Immunizations is 85.3% compared to NYS (64.1%). Newly diagnosed HIV cases are 2.1 per 100,000, lower than NYS (15). Gonorrhea cases are 7.3 per 100,000 as compared to NYS (176.5). Chlamydia cases are 307.1 per 100,000 as compared to NYS 608.6. Syphilis cases reported are 10.8 per 100,000 as compared to NYS (32.5). Hepatitis C cases are 103.6 per 100,000 as compared to NYS (73.9).

Essex County's rate of Vaccine-Preventable Childhood Immunization, Flu, and Pneumonia Immunizations are 52% compared to NYS (64.1%). Newly diagnosed HIV cases are 3.9 per 100,000, lower than NYS (15). Gonorrhea cases are 10.6 per 100,000 as compared to NYS (176.5). Chlamydia cases are 255.2 per

100,000 as compared to NYS (608.6). There is 0 syphilis reported compared to NYS (32.5). Hepatitis C cases are 97.1 per 100,000 as compared to NYS (73.9).

Prioritized Significant Health Needs

The results of the Community Health Assessment, the status of the selected priorities, and the focus areas in Franklin, St. Lawrence, Clinton, and Essex counties were compiled utilizing the results of the analysis from the previously listed data sources. A priority matrix ranking (Appendix 1) was applied to prioritize the most significant health needs with available assets/resources which will assist CA in achieving the goals of the NYS Prevention Agenda.

Prevent Chronic Diseases Action Plan

Focus Area 3 - Tobacco Prevention

Focus Area 4 - Chronic Disease Preventive Care and Management

County with Worst Health Outcomes: All Counties

Goals:

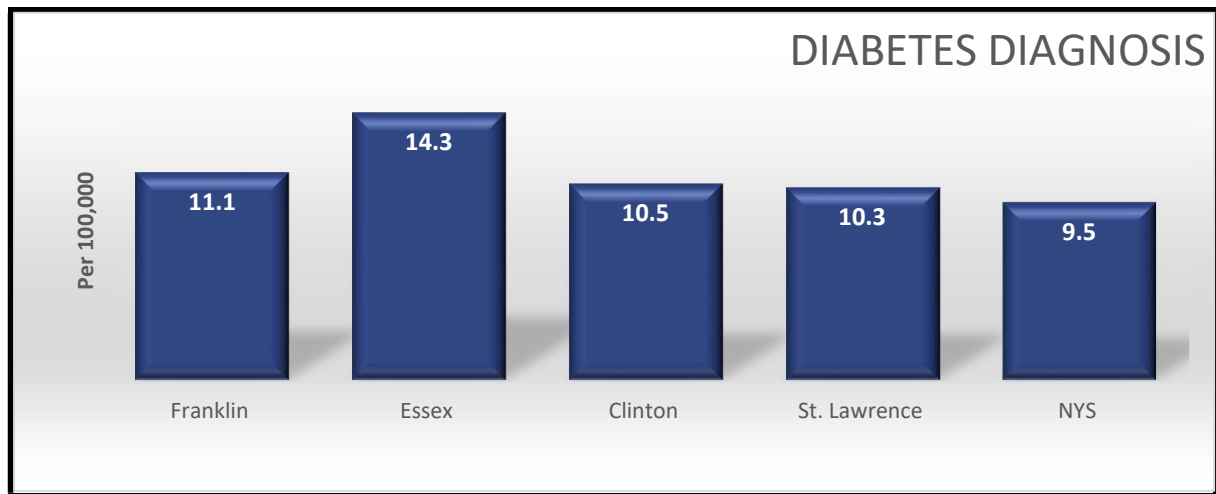
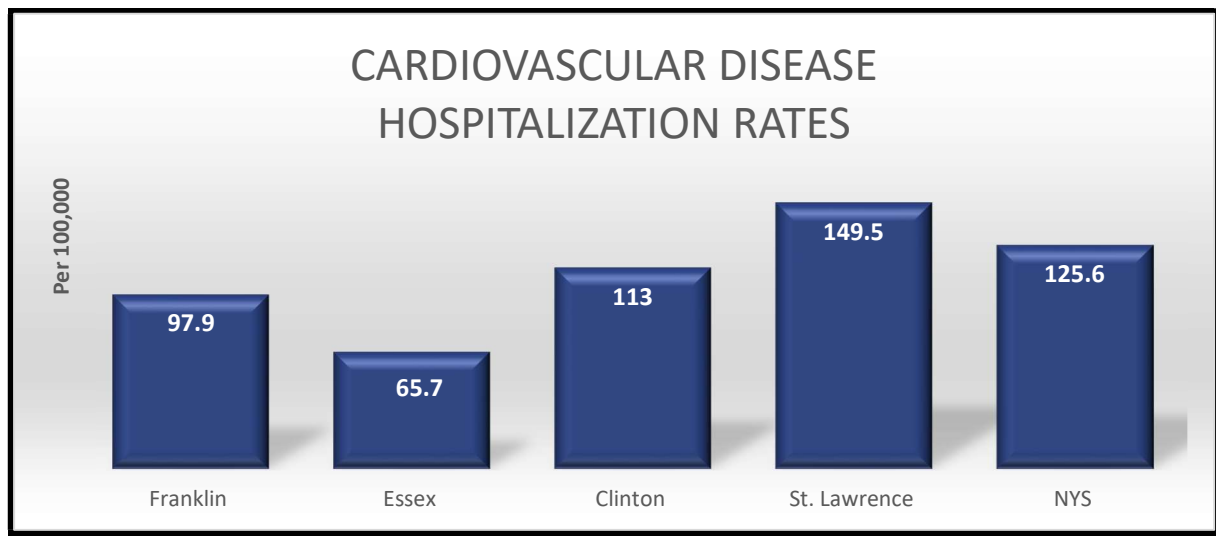
- 1) Promote tobacco use cessation by increasing the utilization of smoking cessation benefits (counseling and/or medications) among smokers who are enrolled in any Medicaid program.
- 2) Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes, prediabetes, and obesity by decreasing the percentage of adult Medicaid members aged 18-44 with diabetes whose most recent HbA1c level indicated poor control (>9%).

Why a Priority?

- ❖ Franklin County has the highest rate of tobacco use, 19% compared to NYS (14%). The county has the highest percentage of individuals living at or below the federal poverty level (17%), significantly higher than NYS (11%).
- ❖ Essex County adults with a diagnosis of diabetes (14.3), is higher than NYS (9.5). The county has the longest commuting distance (27%), but lower than NYS average (38%).
- ❖ Clinton County has the highest rate of adult obesity, 36.7% compared to NYS (25.5%). The county also has the highest death rates due to heart attacks, 51.2 per 100,000 as compared to NYS 27.5.
- ❖ St. Lawrence County hospitalization rates due to cardiovascular disease are 149.5 per 100,000 as compared to the NYS rate of 125.6. Over 14% of residents in the county reported food insecurity as compared to 11% of New Yorkers overall. The county also reported unstable housing (27%) as an issue and at or below poverty level (15%), both higher than the NYS averages of 24% and 11% respectively. The county also has higher death rates due to congestive heart failure, 14.3 per 100,000 as compared to NYS (13).

Chronic Disease management services at Citizen Advocates* & partner agencies includes:

- ✓ Smoking cessation*
- ✓ Physical health services*
- ✓ Project In SHAPE (Self-Health Action Plan for Empowerment) *
- ✓ St. Joseph's Addiction Treatment and Recovery Center
- ✓ Adirondack Health
- ✓ Canton-Potsdam Hospital
- ✓ Alice Hyde Medical Center
- ✓ Massena Memorial Hospital
- ✓ Local Public Health Departments



Promote Healthy & Safe Environment Plan

Focus Area 1 - Injuries, Violence and Occupational Health

County with Worst Outcomes: St. Lawrence and Clinton County

Goals:

- 1) Reduce violence by targeting prevention programs particularly to highest risk populations by increasing school-based and community programs in conflict resolution, bystander interventions, and healthy relationship building.
- 2) Reduce occupational injury and illness by improving safety in workplaces. Develop targeted occupational safety and health training programs for employers and workers in high-risk jobs.
- 3) Reduce falls among vulnerable populations by promoting healthcare provider screening for fall risk among older adults and people with disabilities and engage healthcare providers in identifying modifiable risk factors and developing a fall prevention plan of care. A fall prevention plan of care may include but is not limited to physical or occupational therapy, community-based programs, medication management, Vitamin D supplements, updated eyeglasses, and changes to footwear.

Why a Priority?

- ❖ St. Lawrence County has the highest rate of work-related injuries and hospitalizations, 159.3 per 100,000 compared to NYS (133.8).
- ❖ Clinton County has the highest rate of violent crimes, 219.4 per 100,000 as compared to NYS (350.6). The county also has the highest rate of age-adjusted rate of falls requiring hospitalization at 35.2 per 10,000 as compared to NYS (38.2).

Injuries, Violence & Occupational Health resources at Citizen Advocates* & partner agencies includes:

- ✓ Care Coordination*
- ✓ Community social clubs*
- ✓ Affirmative businesses*
- ✓ Employment support*
- ✓ Counseling services for Franklin County jail inmates*
- ✓ School-based counseling services*
- ✓ At-risk youth services, care coordination*
- ✓ Individualized co-occurring behavior health services*
- ✓ Malone Independent Living Center
- ✓ Mountain Lake Services
- ✓ United Helpers
- ✓ Champlain Valley Physicians Hospital
- ✓ Massena Memorial Hospital
- ✓ Advocacy and Resource Center

Promote Healthy Women, Infants & Children Action Plan

Focus Area 1 - Maternal & Women's Health

Focus Area 3 - Child and Adolescent Health

County with Worst Outcomes: Essex, St. Lawrence, and Franklin County

Goals:

1. Increase use of primary and preventive healthcare services among women of all ages, with special focus on women of reproductive age by increasing the percentage of women ages 18-44 years with a past year preventive medical visit by 10% to 80.6%.
2. Support and enhance children and adolescents' social-emotional development and relationships by decreasing the suicide mortality rate for youth ages 15-19 years by 6% to 4.7 per 100,000.

Why a Priority?

- ❖ Essex County had the highest rate of low birth weight for mothers of all ages (9%) compared to NYS (8.2%). Essex County has the highest rate of adolescent pregnancy, ages 15-19, 18.9 per 1,000 females, compared to NYS (17.8).
- ❖ St. Lawrence County has the highest infant mortality rate, one month-one year, per 1,000 live births (2.3%) compared to NYS (1.5%). The county has the highest suicide rate for teens, ages 15-19 (17.6) compared to the ARHN region (10.7) and Upstate NY (5).
- ❖ Franklin County - the percentage of children less than 19 years of age with health insurance is 94.1%, lower than NYS (97.4%), and children ages 12-21 with recommended number of well child visits in government sponsored insurance programs is 57% is lower than NYS (61.8%).

Promoting Healthy Women, Infants & Children resources at Citizen Advocates* & partner agencies includes:

- ✓ Care Coordination*
- ✓ Children's respite program*
- ✓ Parent support services*
- ✓ School-based counseling services *
- ✓ At-risk youth services, care coordination*
- ✓ Adirondack Health
- ✓ Canton-Potsdam Hospital
- ✓ Alice Hyde Medical Center

- ✓ WIC-Women, Infant and Children
- ✓ Adirondack Foundation - Birth to 3 Alliance

Promote Well-being & Prevent Mental & Substance Use Disorders Action Plan

Focus Area 1 - Well-being

County with Worst Outcomes: St. Lawrence, Clinton, and Franklin County

Goals:

1. Facilitate supportive environments that promote respect and dignity for people of all ages by utilizing personal outcome measure surveys and satisfaction surveys to implement quality improvement initiatives.
2. Strengthen opportunities to build well-being and resilience across the lifespan with the objective to reduce the age-adjusted percentage of adult New Yorkers reporting frequent mental distress during the past month by 10% to no more than 10.7%.
3. Prevent and address adverse childhood experiences by increasing communities reached by opportunities to build resilience by at least 10%.
4. Reduce suicides and suicide attempts for all adolescents (youth grades 9 to 12) by promoting connectedness, coping and problem-solving skills, social-emotional learning, parenting and family relationship programs, and peer program.

Why a Priority?

- ❖ St. Lawrence County has the highest suicide rate for teens, ages 15-19 (17.6) as compared to the ARHN region (10.7) and Upstate New York (5).
- ❖ Clinton County has the highest rate of adults reporting frequent mental distress over the past month (14.8) days compared to NYS (10.7), showing the highest rate of frequent mental distress in the North Country.
- ❖ Franklin County has the highest rate of reports of abuse and/or maltreatment among children, per 1,000, ages 0-17 (49.5) as compared to NYS (17.1), showing the highest rate in the North Country. The county also has the highest rate of adults reporting they have been exposed to two or more adverse childhood experiences (40.1) as compared to NYS (35.6), showing the highest rate in the North Country.

Promoting Well-being resources at Citizen Advocates and partner agencies includes:

- ✓ Individual, Group therapy*
- ✓ Family Psychotherapy*
- ✓ Tele-mental health services*
- ✓ Depression screening and treatment*
- ✓ 24/7 Crisis services*
- ✓ Eye movement desensitization retraining*
- ✓ Mental health medication management*
- ✓ Community social clubs*
- ✓ Programs and counseling for families*
- ✓ Gambling recovery*
- ✓ Children's respite program*
- ✓ Parent support services*
- ✓ School-based counseling services*
- ✓ Mental Health Association of Essex County
- ✓ St. Lawrence Mental Health Clinic
- ✓ Residential Resources
- ✓ Advocacy and Resource Center
- ✓ Behavioral Health Services North
- ✓ Adirondack Health
- ✓ Canton-Potsdam Hospital
- ✓ Alice Hyde Medical Center

Promote Well-being & Prevent Mental & Substance Use Disorders Action Plan

Focus Area 2 - Mental and Substance Use Disorders Prevention

County with Worst Outcomes: All Counties

Goals:

1. Prevent underage drinking and excessive alcohol consumption by adults by reducing the age-adjusted percentage of adult (age 18 and older) binge drinking (five drinks or more for men during one occasion, and four or more drinks for women during one occasion) during the past month by 10% to no more than 16.4%
2. Prevent opioid and other substance misuse and deaths by increasing the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per 100,000 and reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate by 5% to 53.3 per 100,000.

Why a Priority?

- ❖ Essex County has the highest rate of adults who binge drink (24.7%) compared to the Prevention Agenda Benchmark (16.4%).
- ❖ Clinton County has the highest rate of people who reported greater than fourteen poor mental health days within the last month (14.8%) compared to the Prevention Agenda Benchmarks of (10.7%). Clinton County has the highest rate of admissions to OASAS certified chemical dependence treatment programs for any opioid, including heroin, ages 12 and up (811.5) compared to NYS (699.1).
- ❖ St. Lawrence County has the highest rate of self-inflicted hospitalizations per 10,000 (5.6) compared to Upstate New York (3.5). The county has the highest rate of hospital discharges involving opioid use (including abuse, poisoning, dependence, and unspecified use) 316.9, compared to NYS (130.5). The county also has the highest rate of ED visits (outpatients) and hospital discharges involving opioid abuse, dependence, and unspecified use (350) compared to NYS (223.1). The county has the highest rate of opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use, and opioid overdose deaths) (393.3) compared to NYS (303.6).
- ❖ Franklin County has the highest rate of alcohol-related crashes and/or fatalities at (44) compared to NYS (30).

Preventing Mental and Substance Use Disorders resources through Citizen Advocates* and partner agencies includes:

- Medication assisted treatment*
- Tele-Behavioral health services*
- Impaired driving assessment and remediation*
- 24/7 crisis services*
- Programs and counseling for family*
- Substance use disorder treatment*
- Group counseling*
- Individualized co-occurring behavior health services*
- Care coordination*
- Physical health*
- Community social clubs*
- Substance use disorder evaluations*
- Counseling services for inmates at Franklin County jail*
- Youth prevention services*
- St. Joseph's Addiction and Treatment Recover Center
- Mental Health Association of Essex County
- St. Lawrence County Mental Health Clinic
- Behavioral Health Services North

Prevent Communicable Diseases Action Plan

Focus Area - Hepatitis C Virus (HCV)

County with Worst Outcomes: All Counties

Goal: Reduce the number of new HCV cases among people who inject drugs by increase in syringe distribution, provision of HCV screening and linkage to care.

Why a Priority?

- ❖ Northeast region has had lower rates of Hepatitis C than the rest of NYS. However, in 2017, most counties in the Northeast region had rates above NYS (73.9) per 100,000. In 2017, the highest rate was among males age 25-29. Within Franklin County the rate was (93.2), Clinton County (103.6), Essex County (97.1) and St. Lawrence County (104.4)
- ❖ Based on existing evidence, the U.S. Surgeon General has determined that Syringe Service Programs, when part of a comprehensive prevention strategy, can play a critical role in preventing HIV among persons who inject drugs (PWID); can facilitate entry into drug treatment and medical services; and do not increase the unsafe illegal injection of drugs. These programs have been associated with reduced risk for infection with HCV.

Prevent Communicable Diseases resources through Citizen Advocates and partner agencies includes:

- Care coordination*
- In Shape*
- Physical health*
- Substance use disorder treatment*
- Substance use disorder evaluations*
- Adirondack Health
- Canton-Potsdam Hospital
- Alice Hyde Medical Center
- Local Public Health Departments

Evaluation and Dissemination Plan

The Community Health Improvement Plan will be monitored through a quality dashboard and scorecard which will benchmark the key measurement components relating to the interventions. The scorecard will be presented on a quarterly basis to the Executive Team and the Director of Population Health and Planning. Progress relating to outputs and outcomes will be thoroughly reviewed with resulting action as warranted. This plan will be reviewed by Executive Leadership and disseminated to the public via CA's website once approved and finalized.

Appendix 1: Priority Worksheet

PRIORITIZATION WORKSHEET

Please work through each FOCUS AREA - for Ability to Impact & Community Readiness, apply your working knowledge on our organization's capacity, pressures, etc. Apply a number (0, 1, 3, 5) for each of the 8 columns (Scope, Severity, Ability to Impact, Community Readiness) & then the grey SCORE column to the right of the FOCUS AREA column will populate giving how you scored each Focus Area.

SCORE:

5 = High Impact/Need

3 = Medium Impact/Need

1 = Low Impact/Need

0 = Not Applicable

Description	SCOPE		SEVERITY		ABILITY TO IMPACT		COMMUNITY READINESS		
	Breadth	Inequities/disparities	Community Cost	Negative Outcomes	Resource Capacity	Confidence	Stakeholder Support		
Score	Relatively high % or rate	Identifiable counties with greater risk	Relatively high dollars/time/social consequences	Across other aspects of life and across lifespan	Funds, Staff, Time	Evidence based practices available; confidence in implementing interventions to produce desired outcomes	Leaders, Policy makers; Community collaborators		
Priority Areas	Focus Areas								
Prevent Chronic Diseases	1. Healthy Eating and Food	24	5	St. Lawrence	3	3	5	3	5
	2. Physical Activity	24	5	Clinton	3	3	5	3	5
	3. Tobacco Prevention	28	5	Franklin	5	5	5	3	5
	4. Preventive Care and Management	28	5	St. Lawrence	5	5	5	3	5
Promote a Healthy and Safe Environment	1. Injuries, Violence, and Occupational Health	22	3	Clinton	5	5	3	3	3
	2. Outdoor Air Quality	0	0	N/A	0	0	0	0	0
	3. Built and Indoor Environments	0	0	N/A	0	0	0	0	0
	4. Water Quality	0	0	N/A	0	0	0	0	0
	5. Food and Consumer Products	0	0	N/A	0	0	0	0	0
Promote Healthy Women, Infants, and Children	1. Maternal and Women's Health	28	5	Essex	5	5	5	3	5
	2. Perinatal and Infants Health	26	3	Franklin & St. Lawrence	5	5	5	3	5
	3. Child and Adolescent Health	26	3	Franklin	5	5	5	3	5
	4. Cross Cutting Healthy WIC	0	0	N/A	0	0	0	0	0
Promote Well-Being and Prevent MEB and SUD's	1. Promote Well-Being	24	5	Franklin	5	5	5	1	3
	2. Prevent Mental and Substance Use Disorders	24	5	All Counties	5	5	5	1	3
Prevent Communicable Diseases	1. Vaccine-Preventable Diseases	6	1	All Counties	1	1	1	1	1
	2. HIV	6	1	All Counties	1	1	1	1	1
	3. STIs	6	1	All Counties	1	1	1	1	1
	4. Hep C	6	1	All Counties	1	1	1	1	1
	5. Antibiotic Resistance and Healthcare Associated Infections	0	0	N/A	0	0	0	0	0

Appendix 2: Data Sources

Center for Health Workforce Studies, Health Workforce Planning Data Guide

Centers for Medicare and Medicaid Services, CMS Enterprise Portal

Community Health Indicator Reports

County Health Rankings

Department of Health, Wadsworth Center

Health Resources and Services Administration, HPSA Find, 2017-2018

Healthy ADK

North Country NY Health Compass

NYS Department of Health

NYS Department of Health Tobacco Enforcement Compliance Results

NYS Education Department

NYS Expanded Behavioral Risk Factor Surveillance System

Prevention Agenda Dashboard

State and County Indicators for Tracking Public Health Priority Areas

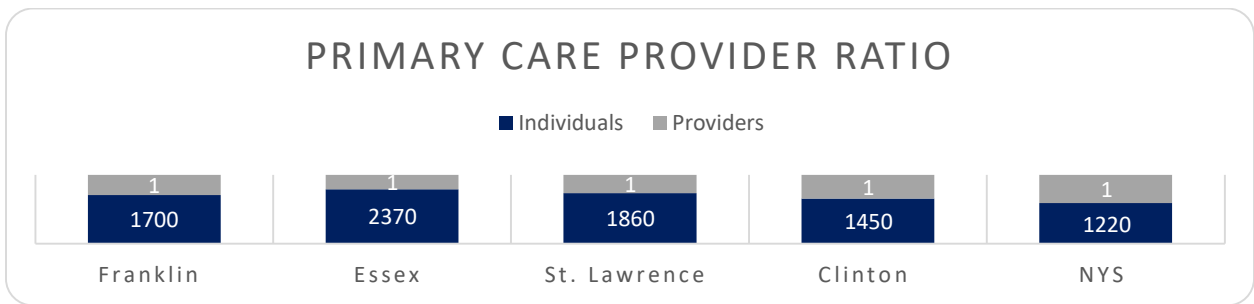
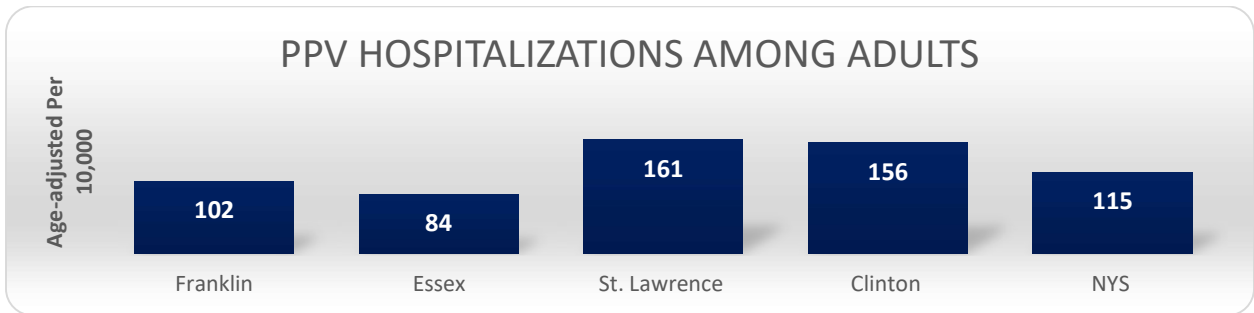
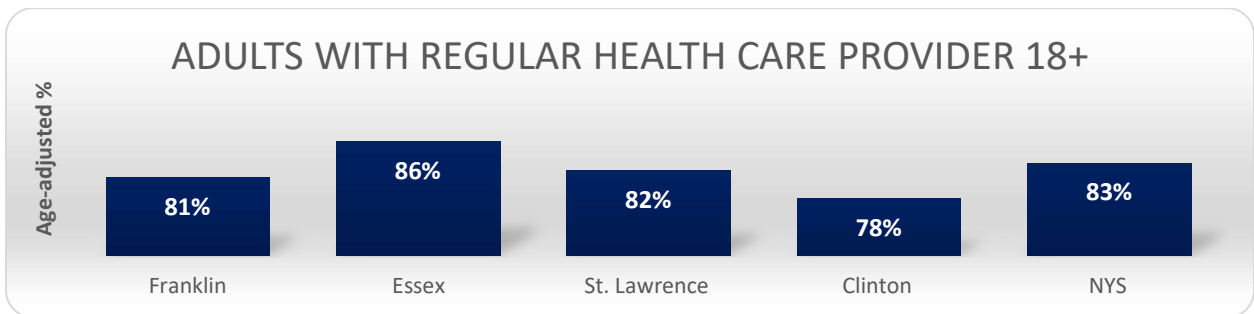
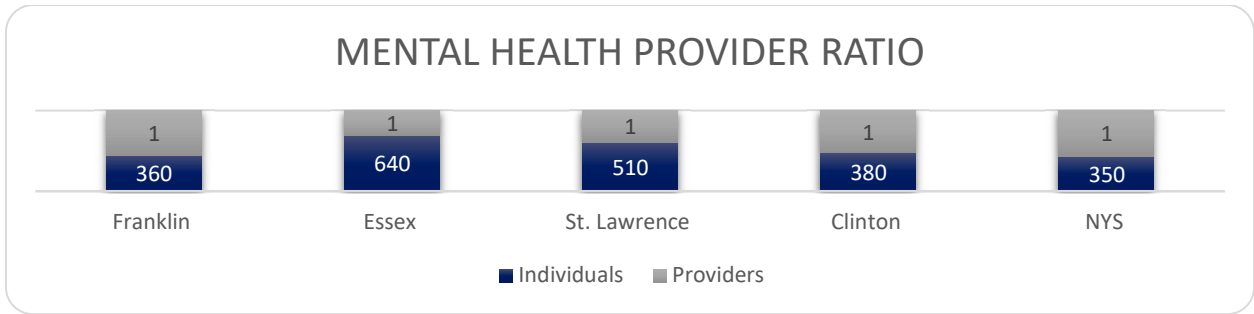
Student Weight Status Category Reporting System (SWSCRS) Data

United For ALICE

US Census Bureau, American Community Survey 5-year Estimates

USDA Economic

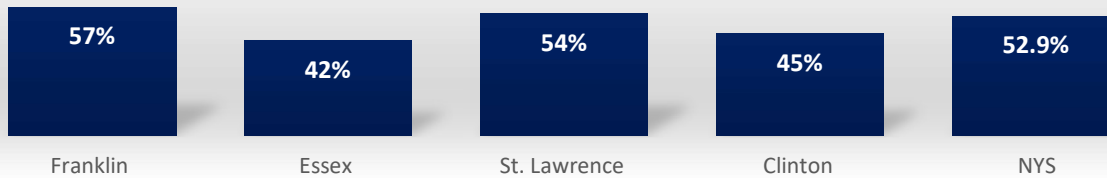
Appendix 3: Charts



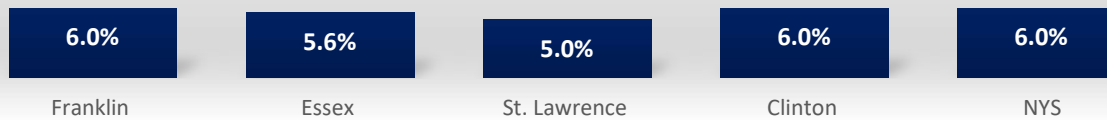
MEDIAN HOUSEHOLD INCOME



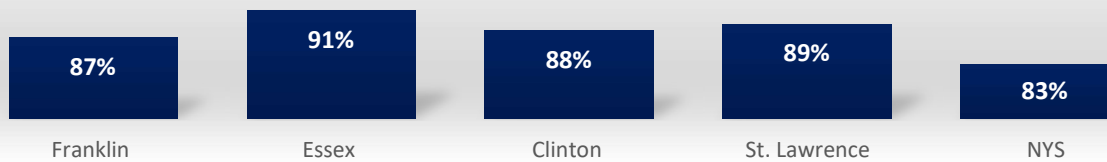
FREE/REDUCED LUNCH



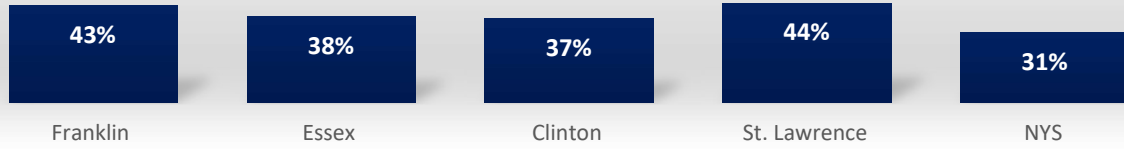
HIGH SCHOOL DROPOUT RATES



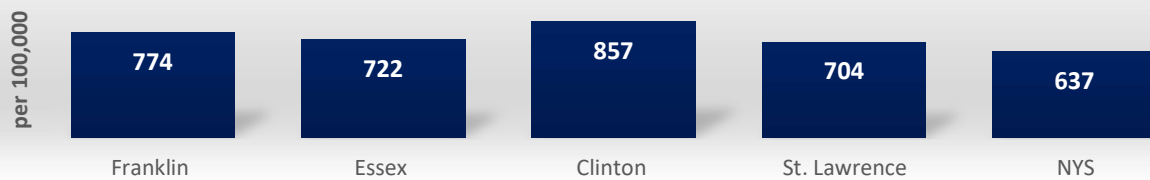
HIGH SCHOOL DIPLOMA OR EQUIVALENT



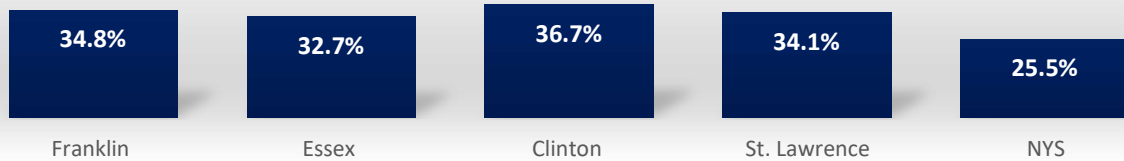
ALICE PROFILES



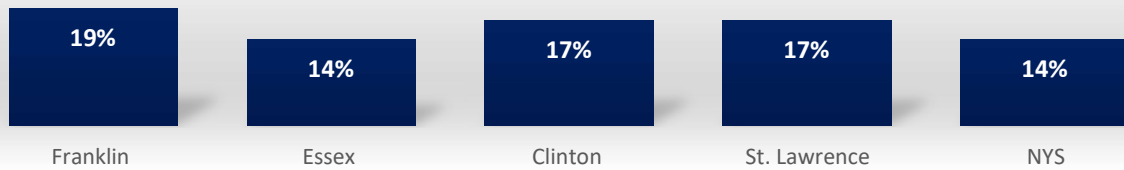
AGE-ADJUSTED MORTALITY



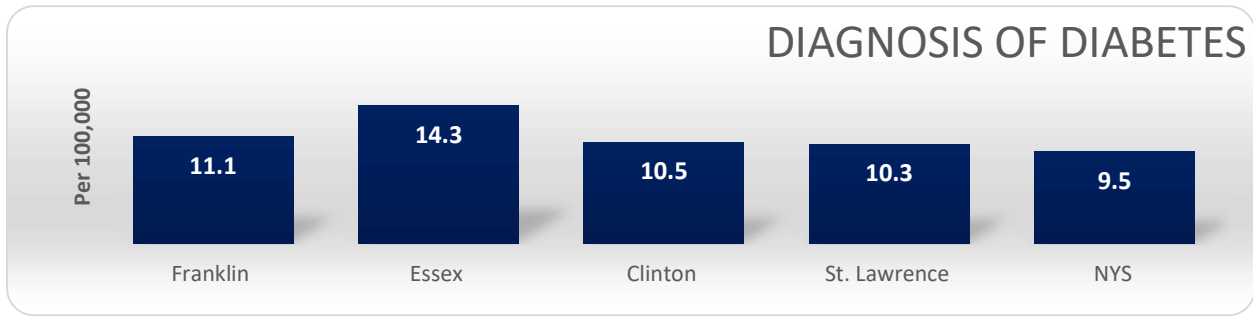
ADULT OBESITY RATE



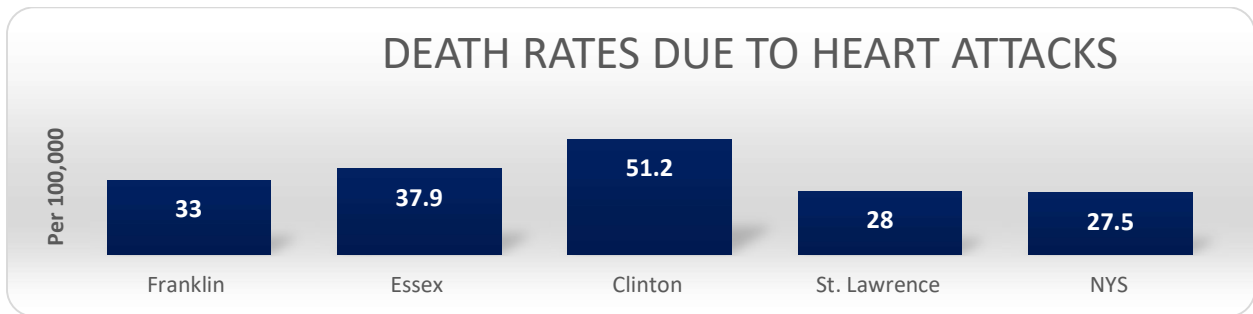
TOBACCO USE RATE



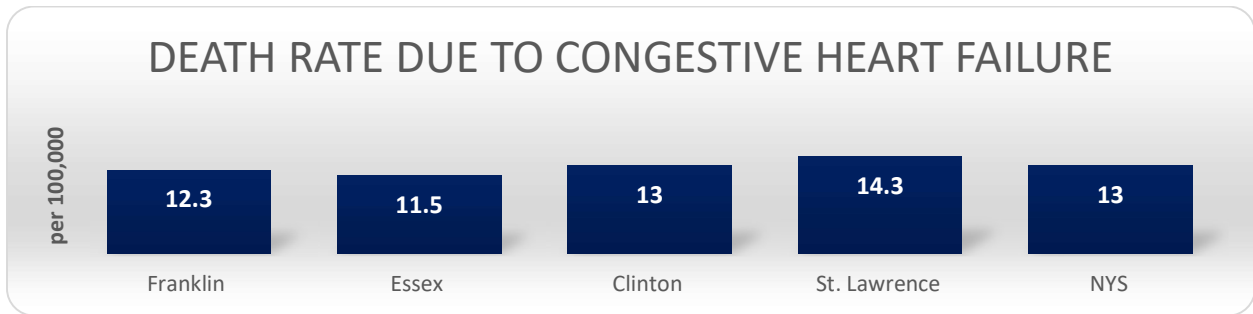
DIAGNOSIS OF DIABETES



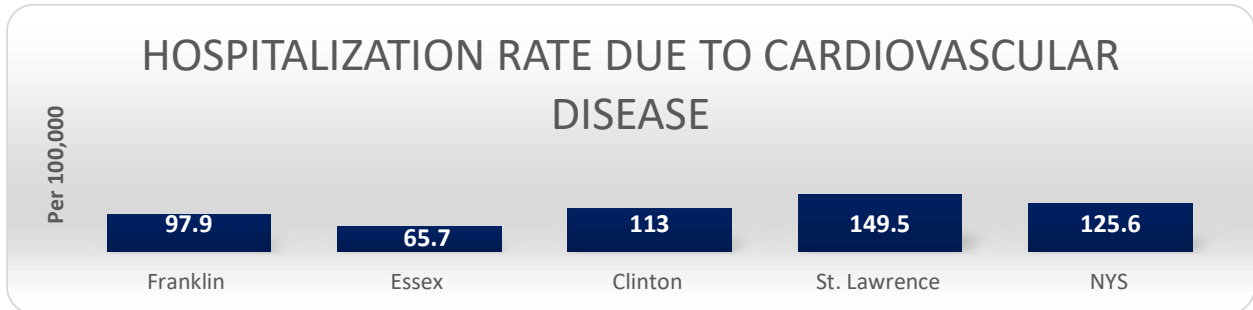
DEATH RATES DUE TO HEART ATTACKS



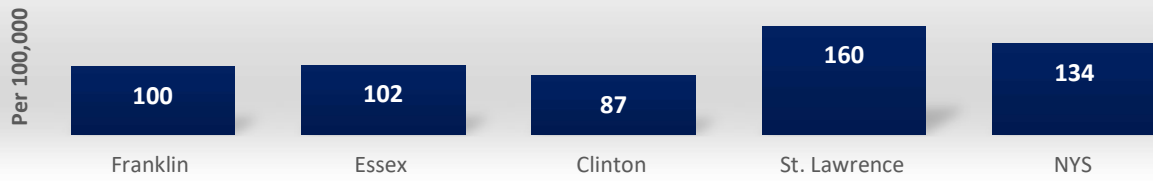
DEATH RATE DUE TO CONGESTIVE HEART FAILURE



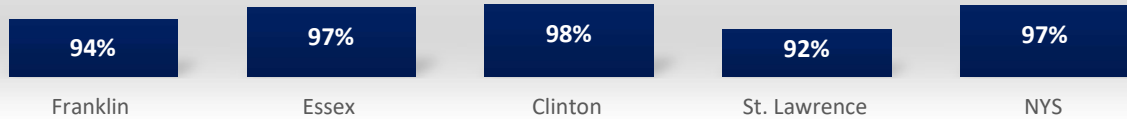
HOSPITALIZATION RATE DUE TO CARDIOVASCULAR DISEASE



WORK-RELATED INJURIES AND HOSPITALIZATIONS



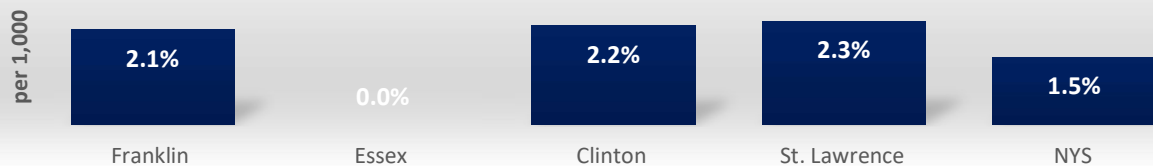
CHILDREN (>19 YEARS OF AGE) WITH HEALTH INSURANCE



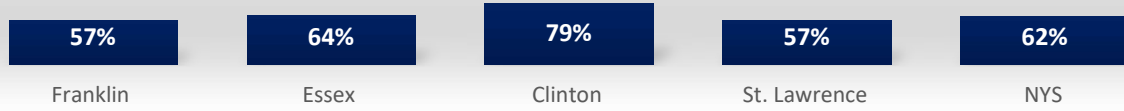
AGE-ADJUSTED RATE OF FALLS REQUIRING HOSPITALIZATION



INFANT MORTALITY RATE 1MO TO 1YR



CHILDREN (AGES 12-21) WITH RECOMMENDED NUMBER OF WELL CHILD VISITS



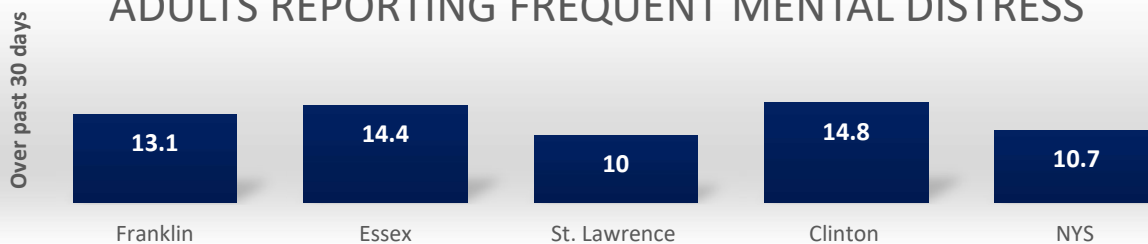
VIOLENT CRIME



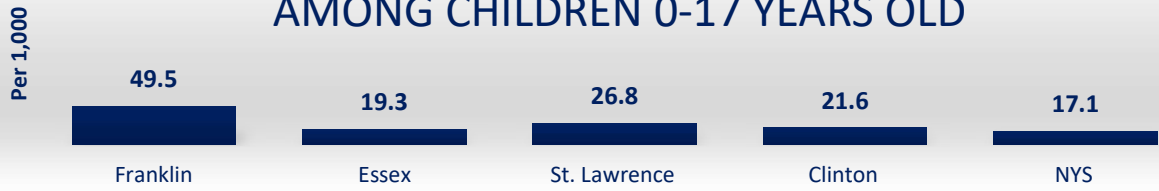
RATE OF SUICIDE FOR 15-19 YR OLDS



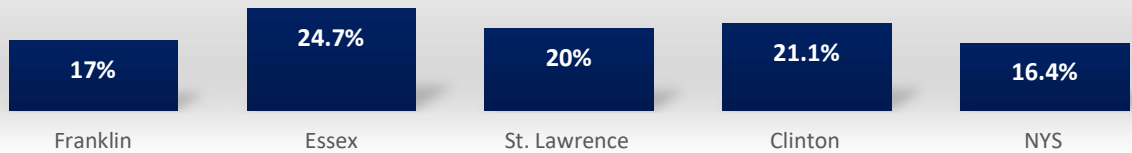
ADULTS REPORTING FREQUENT MENTAL DISTRESS



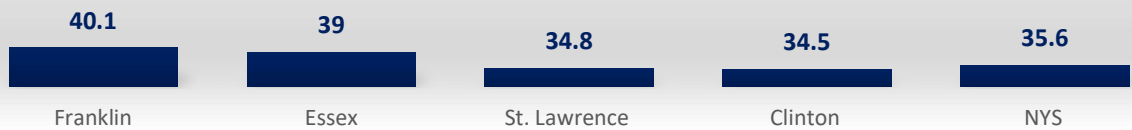
REPORTS OF ABUSE AND/OR MALTREATMENT AMONG CHILDREN 0-17 YEARS OLD



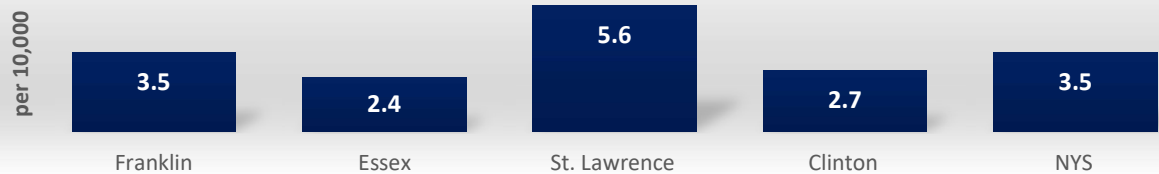
PERCENTAGE OF ADULTS WHO BINGE DRINK



ADULTS EXPOSED TO TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES



RATE OF SELF-INFLICTED HOSPITALIZATIONS



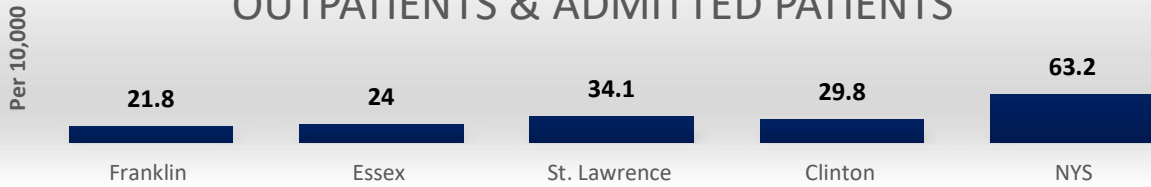
RATE OF ALCOHOL-RELATED CRASHES/FATALITIES



OVERDOSE DEATH RATE INVOLVING ANY OPIOID



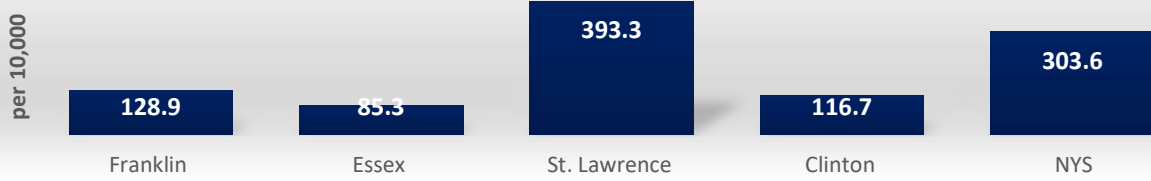
ED VISITS W/ANY OPIOID OVERDOSE: OUTPATIENTS & ADMITTED PATIENTS



HOSPITAL DISCHARGES INVOLVING OPIOID USE



OPIOID BURDEN



ADMISSIONS TO OASAS PROGRAMS FOR ANY OPIOID (INCL. HEROIN) AGED 12+ YEARS

