



Public Health
Prevent. Promote. Protect.
Lewis County

2019-2021 Community Health Assessment Community Health Improvement Plan

Lewis County Public Health

7785 North State St. Suite 2
Lowville, NY 13367

p. 315-376-5453
f. 315-376-7013

www.lewiscountypublichealth.org

Lewis County Community Health Assessment

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Prepared by the Fort Drum Regional Health Planning Organization

In cooperation with:

Lewis County Public Health Agency

Lewis County Priorities Council



"Building a Strong North Country Healthcare System"



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Introduction

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

The community health assessment process is required by New York State to develop data-driven local strategies that enable communities to improve health outcomes and advance statewide goals for the NYSDOH Prevention Agenda. This community health assessment (1) describes Lewis County's population, including demographics, health status, and health determinants; (2) identifies the main health challenges facing Lewis County, and discusses their causes; and (3) summarizes assets and resources that exist in Lewis County that can be mobilized and employed to address identified health challenges.

The Prevention Agenda is the state department of health's plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and promote health equity across populations who experience disparities. The five Prevention Agenda priorities for the 2019-2024 plan are (1) prevent chronic diseases; (2) promote a healthy and safe environment; (3) promote healthy women, infants, and children; (4) promote well-being and prevent mental and substance use disorders; and (5) prevent communicable diseases. In addressing these priorities, New York State aims to improve health outcomes and reduce health disparities. New to this cycle is the adoption of a Health Across All Policies approach which promotes community health and wellness through the consideration of health in policymaking within all sectors. As the first age-friendly state, New York State also places emphasis on healthy aging and the creation of age-friendly communities and policies.¹

This assessment draws on data from the U.S. Census Bureau, including the Decennial Census of Population and Housing, American Community Survey estimates, Small Area Health Insurance Estimates, and Annual Population Estimates; data from the New York State Department of Health, including restricted datasets such as the Statewide Planning and Research Cooperative System (SPARCS) and vital records and public data sets such as Community Health Indicator Reports, the Expanded Behavioral Risk Factor Surveillance System, and Prevention Agenda Dashboards; and from the 2019 Tug Hill Seaway Regional Community Health Survey to inform this assessment. Other data sources include the Centers for Disease Control, the Bureau of Labor Statistics, and HRSA's Area Health Resource File.

Lewis County is served by one hospital:²

- Lewis County General Hospital, a 31-bed county-owned critical access hospital in Lowville, opened in 1931

¹ The New York State Prevention Agenda 2019-2024: An Overview.

https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/ For more information on the New York State Prevention Agenda, refer to the program's website at

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

² New York State Department of Health: New York State Hospital Profiles at profiles.health.ny.gov/hospital/

Description of Community

Lewis County Demographics Summary

Source: American Community Survey Five-Year Estimates (2013-2017)

Lewis County, NY

Sex and Age	Count (#)	Percent (%)	Margin of Error
Total population	26,845	100.0%	(X)
Male	13,525	50.4%	+/-0.2%
Female	13,320	49.6%	+/-0.2%
Under 5 years	1,660	6.2%	+/-0.2%
5 to 9 years	1,542	5.7%	+/-0.5%
10 to 14 years	1,948	7.3%	+/-0.5%
15 to 19 years	1,690	6.3%	+/-0.1%
20 to 24 years	1,642	6.1%	+/-0.2%
25 to 34 years	3,078	11.5%	+/-0.2%
35 to 44 years	2,990	11.1%	+/-0.1%
45 to 54 years	3,812	14.2%	+/-0.2%
55 to 59 years	2,178	8.1%	+/-0.6%
60 to 64 years	1,830	6.8%	+/-0.6%
65 to 74 years	2,443	9.1%	+/-0.1%
75 to 84 years	1,347	5.0%	+/-0.5%
85 years and over	685	2.6%	+/-0.5%
Race and Ethnicity	Count (#)	Percent (%)	Margin of Error
Total population	26,845	100.0%	(X)
White alone, not Hispanic	25,729	95.8%	+/-0.1%
Hispanic or Latino (of any race)	454	1.7%	*****
Two or more races, not Hispanic	247	0.9%	+/-0.2%
Black or African American alone, not Hispanic	197	0.7%	+/-0.2%
Asian alone, not Hispanic	119	0.4%	+/-0.1%
American Indian and Alaska Native alone, not Hispanic	56	0.2%	+/-0.1%
Native Hawaiian and Other Pacific Islander alone, not Hispanic	23	0.1%	+/-0.1%
Some other race alone, not Hispanic	20	0.1%	+/-0.1%
Educational Attainment	Count (#)	Percent (%)	Margin of Error
Population 25 years and over	18,363	(X)	(X)
Less than 9th grade	501	2.7%	+/-0.6%
9th to 12th grade, no diploma	1,360	7.4%	+/-0.9%
High school graduate (includes equivalency)	8,436	45.9%	+/-2.1%
Some college, no degree	2,834	15.4%	+/-1.0%
Associate's degree	2,246	12.2%	+/-0.9%
Bachelor's degree	1,664	9.1%	+/-1.1%
Graduate or professional degree	1,322	7.2%	+/-1.0%
High school graduate or higher	16,502	89.9%	+/-1.2%
Bachelor's degree or higher	2,986	16.3%	+/-1.6%

Population

Lewis County is located in northern New York State, approximately 30 miles north of Utica. It comprises a portion of the Black River Valley of about 35 miles in length, with the rugged and sparsely Tug Hill Plateau making up much the county's western portion, agricultural land and villages along the Black River forming its central part, and heavily forested foothills of the western Adirondacks making up its eastern and northernmost areas. The county borders Jefferson and Oswego Counties to its west, St. Lawrence County to its north, Herkimer County to its east, and Oneida County to the south.

Population, 1970-2018

Sources: Decennial US Census (1970-2010); US Census Annual Population Estimates (2018)

Year	Lewis County		Regional Total		New York State	
	Pop. (#)	% Chg.	Pop. (#)	% Chg.	Pop. (#)	% Chg.
1970	23,644		224,143		18,236,967	
1980	25,035	5.9%	227,440	1.5%	17,558,072	-3.7%
1990	26,796	7.0%	249,713	9.8%	17,990,455	2.5%
2000	26,944	0.6%	250,613	0.4%	18,976,457	5.5%
2010	27,087	0.5%	255,260	1.9%	19,378,102	2.1%
(est.) 2018	26,447	-2.4%	246,249	-3.5%	19,542,209	0.8%

Lewis County has a population of 26,447 people as of 2018, inhabiting 1,275 square miles of land area. Lewis County has the fourth smallest population of any county in New York State, and within the state its population density of 20.7 people per square mile is higher only than that of Hamilton County, which is located entirely within the Adirondack Park.³ Although the county experienced some growth during the 1980s, when the 10th Mountain Division was stationed at Fort Drum in adjacent Jefferson County, the county's population has changed very little over the past 28 years, and has decreased by only 1.3% since 1990.⁴

The largest populated place in Lewis County is Lowville, which is the seat of county government and the largest village in the county, with an estimated population of 4,888 as of 2018.⁵ Other centers of settlement include Harrisville, in the county's far north; Copenhagen, Castorland, and Croghan, which span the width of the Black River Valley immediately north of Lowville; and Port Leyden and Lyons Falls, which are situated along the Black River in the southern portion of the county. Most of the county's population lives within three miles of the Black River.

The county's most important transportation routes are state highways that bisect the county from north to south. There are very few roads crossing the Tug Hill Plateau in the west, or into the Adirondack Park in the east. The county does not contain any interstate highways. The nearest interstate exits are for I-81 in Watertown (12.5 miles from the nearest portion of Lewis County) and I-90 in the Utica-Rome area, more than twenty miles south of the nearest portion of Lewis County. On average, residents of Lewis County live at least 25 miles away from the nearest interstate exit.

³ U.S. Census Bureau Annual Population Estimates, 2018

⁴ U.S. Census Bureau Decennial Census, 1980-2010, and Annual Population Estimates, 2018

⁵ American Community Survey Five-Year Estimates, 2013-2017

Age

The median age in Lewis County is 41.8 years. It is the oldest county in the region, but not unusually old compared to other more rural counties in Upstate New York. Unlike Jefferson and St. Lawrence counties, Lewis County does not contain any cities or villages with more than 5,000 residents. It also does not contain any large group quarters populations (e.g. military barracks, college dormitories, state prisons). 17% of residents – or nearly one in six - are over age 65.

Population by Age Group

Source: American Community Survey Five-Year Estimates (2013-2017)

Age Group	Lewis County		Regional Total		New York State	
	Pop. (#)	% of total	Pop. (#)	% of total	Pop. (#)	% of total
0-17	6,249	23%	57,467	23%	4,203,304	21%
18-34	5,311	20%	69,239	27%	4,817,282	24%
35-49	4,719	18%	43,414	17%	3,818,275	19%
50-64	6,091	23%	47,912	19%	3,951,016	20%
65+	4,475	17%	36,197	14%	3,008,351	15%
<i>Total</i>	<i>26,845</i>		<i>254,229</i>		<i>19,798,228</i>	
Median age (years)	41.8				38.4	

Sex

Lewis County's population is 50% male and 50% female. As in many more rural counties throughout the United States, any male-female disparity is driven by a larger number of males among younger (age 18 – 45) working age adults. Among children, the difference is small, and among the elderly, there are more women (53%) than men (47%).

Population by Age and Sex

Source: American Community Survey Five-Year Estimates (2013-2017)

Age Group	Lewis County			Regional Total			New York State		
	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male	Pop. (#)	% Female	% Male
0-17	6,249	50%	50%	57,467	49%	51%	4,203,304	49%	51%
18-34	5,311	48%	52%	69,239	44%	56%	4,817,282	50%	50%
35-49	4,719	49%	51%	43,414	48%	52%	3,818,275	51%	49%
50-64	6,091	49%	51%	47,912	50%	50%	3,951,016	52%	48%
65+	4,475	53%	47%	36,197	55%	45%	3,008,351	57%	43%
<i>Total</i>	<i>26,845</i>	<i>50%</i>	<i>50%</i>	<i>254,229</i>	<i>48%</i>	<i>52%</i>	<i>19,798,228</i>	<i>51%</i>	<i>49%</i>
Median age (years)	41.8	42.4	41.0				38.0	40.0	36.8

Race, Ethnicity, and Language

Lewis County is one of the least racially and ethnically diverse counties in New York State. 96% of residents are non-Hispanic whites. No other group accounts for more than 2% of the population. Hispanics of any race are the largest minority group, at 2%, and black non-Hispanics and multiracial non-Hispanics each comprise 1% of the county's population, with other groups amounting to nearly 1%.

Population by Race and Ethnicity

Source: American Community Survey Five-Year Estimates (2013-2017)

Race & Ethnicity	Lewis County		Regional Total	
	Pop. (#)	% of total	Pop. (#)	% of total
White NH	25729	96%	223437	88%
Hispanic (any race)	454	2%	11448	5%
Black NH	197	1%	9057	4%
Asian NH	119	0%	3031	1%
Native Hawaiian or PI NH	23	0%	367	0%
American Indian NH	56	0%	1250	0%
Some other race NH	20	0%	259	0%
Two or more races NH	247	1%	5380	2%
Total	26845	100%	254229	100%

NH = Non-Hispanic; PI = Pacific Islander

Two percent of residents speak a language other than English at home, of which the most common language group is Spanish (0.9%). Three fifths (61%) of those who speak another language at home speak English “very well.”⁶

Employment, Income and Poverty

Among residents 16 and over, 61% are in the labor force, which is consistent with the regional rate (61%), but slightly lower than the statewide rate (63%), and the national rate (63%). Fifty-six percent are in the civilian labor force and less than 1% are in the armed forces. Among those in the civilian labor force, the unemployment rate was 7.6%.⁷ More recent data from the Bureau of Labor Statistics shows that the average unemployment rate in 2018 is 5.5%, which is higher compared to the statewide average of 4.1% but no higher than neighboring counties. This is 1.1% lower than the previous year.⁸

Five percent of households in Lewis County have no vehicle, 29% have one vehicle, and 66% have two or more vehicles. Seventy-nine of workers commute alone in a car, truck, or van; 9% carpool; 5% walk; 5% work from home; and about 1% utilize public transportation, taxis, or other means.⁹ One-third of workers who drive alone to work have a long commute of more than 30 minutes.¹⁰

Median household income for 2017 in Lewis County is estimated at \$51.8k – lower than the national value of \$60.3k and the statewide value of \$64.8k.¹¹ Over the five-year period from 2013 to 2017 this pattern persists.

⁶ American Community Survey Five-Year Estimates, 2013-2017

⁷ American Community Survey 5-Year Estimates, 2013-2017

⁸ Bureau of Labor Statistics Local Area Unemployment Statistics

⁹ American Community Survey 5-Year Estimates, 2013-2017

¹⁰ 2019 County Health Rankings indicator: Long commute – driving alone

¹¹ U.S. Census Bureau Small Area Income and Poverty Estimates

Income by Household

Source: American Community Survey Five-Year Estimates (2013-2017)

	Lewis County % of Households	Regional Total % of Households	New York State % of Households	United States % of Households
Income Groups				
Less than \$15k	11.4%	13.1%	12.4%	11.5%
\$15k to \$34.9k	21.6%	21.9%	17.6%	19.3%
\$35k to \$74.9k	34.8%	35.0%	27.2%	30.6%
\$75k to \$149.9k	26.2%	25.0%	26.8%	26.4%
\$150k+	6.0%	4.9%	16.1%	12.1%
Income Types				
With earnings	74.6%	74.8%	77.4%	77.7%
Mean earnings (\$)	\$67,915		\$98,210	\$83,186
With Social Security	35.8%	33.3%	30.5%	30.6%
Mean Social Security (\$)	\$18,445		\$18,939	\$18,778
With retirement income	24.3%	23.8%	18.2%	18.4%
Mean retirement income (\$)	\$20,558		\$27,510	\$25,798
With SSI	4.6%	6.6%	6.3%	5.4%
With public assistance	1.8%	3.7%	3.4%	2.6%
With food stamp/SNAP benefit	15.4%	16.4%	15.2%	12.6%
<hr/>				
Households (#)	10,236	95,080	7,302,710	118,825,921
Mean household income (\$)	\$65,970		\$93,443	\$81,283
Median household income (\$)	\$51,475		\$62,765	\$57,652
Per capita income (\$)	\$25,779		\$35,752	\$31,177

In 2017, the poverty rate in Lewis County was 13%, and the poverty rate for children was 20%.¹² The 2013-2017 American Community Survey estimate for the county's poverty rate was 14.2%, compared to 16.6% for the region, 15.1% for New York State, and 14.6% for the United States.¹³ Five percent of residents live under 50% of the poverty level (compared to 7% statewide), and 24% of residents live beneath 150% of the poverty level (compared to 24% statewide). Other than the unemployed (32%), the highest poverty rates during these five years were among children (24%) and adults with less than a high school degree (18%). The poverty rate among adults employed full-time was 5%, and the poverty rate for adults with a bachelor's degree or higher was only 4%.¹⁴

¹² U.S. Census Bureau Small Area Income and Poverty Estimates

¹³ American Community Survey 5-Year Estimates, 2013-2017

¹⁴ American Community Survey 5-Year Estimates, 2013-2017

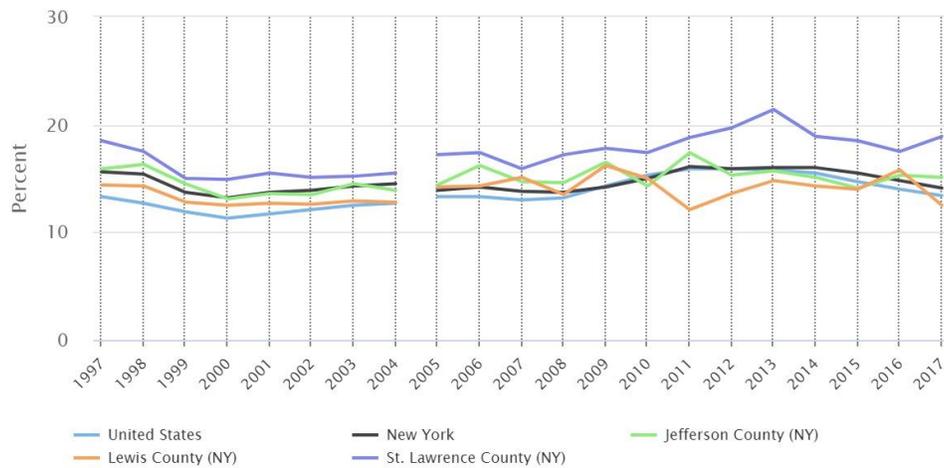
Household Income to Poverty Ratio

Source: American Community Survey Five-Year Estimates (2013-2017)

	Lewis County	Regional Total	New York State	United States
Income : Poverty Ratio	% of Pop.	% of Pop.	% of Pop.	% of Pop.
Under 50% PL	5.1%	7.5%	6.7%	6.5%
50% to 99% PL	9.1%	9.2%	8.4%	8.1%
Total in poverty	14.2%	16.6%	15.1%	14.6%
100% to 149% PL	9.4%	10.1%	8.5%	9.1%
150% to 199% PL	9.4%	10.2%	7.9%	9.0%
> 200% PL	66.9%	63.0%	68.6%	67.2%

Percent in Poverty Among All Ages

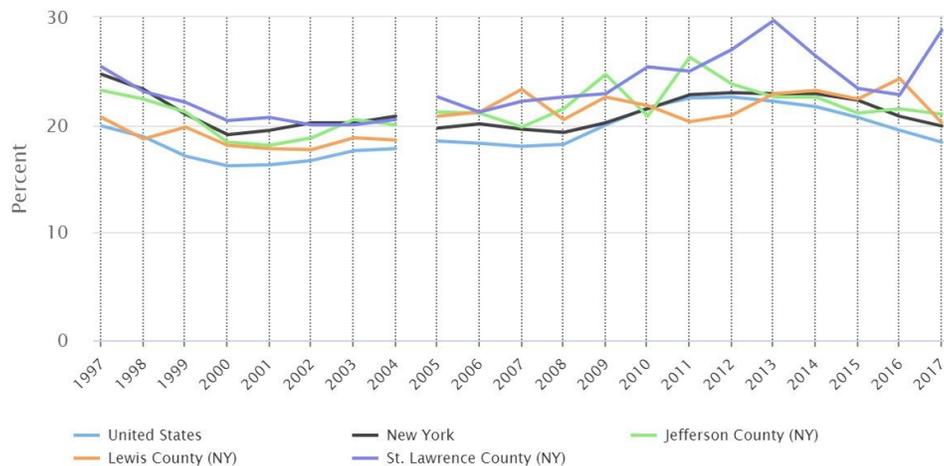
All Ages (state/county) (1997 - 2017)



U.S. Census Bureau

Percent in Poverty Under Age 18

Under Age 18 (state/county) (1997 - 2017)



U.S. Census Bureau

Educational Attainment

Nine out of ten Lewis County residents age 25 or over have at least a high school diploma or equivalent (90%). Sixteen percent have a bachelor's degree or higher, and 7% have a graduate or professional degree. Women (33%) are markedly more likely than men (24%) to have at least an associate's degree. There is a strong correlation between educational attainment and poverty: 18% of those without a high school diploma or higher in Lewis County live in poverty, compared to 13% of high school graduates, and 4% of those with a four-year degree.¹⁵

Among residents 25 years or older, 90% have at least a high school degree, 44% have at least some college, 16% have at least a bachelor's degree, and only 7% have a graduate or professional degree.¹⁶

Lewis County Educational Attainment

Source: American Community Survey Five-Year Estimates (2013-2017)

Educational Attainment	Lewis County, NY		
	Count (#)	Percent (%)	Margin of Error
Population 25 years and over	18,363	(X)	(X)
Less than 9th grade	501	2.7%	+/-0.6
9th to 12th grade, no diploma	1,360	7.4%	+/-0.9
High school graduate (includes equivalency)	8,436	45.9%	+/-2.1
Some college, no degree	2,834	15.4%	+/-1.0
Associate's degree	2,246	12.2%	+/-0.9
Bachelor's degree	1,664	9.1%	+/-1.1
Graduate or professional degree	1,322	7.2%	+/-1.0
High school graduate or higher	16,502	89.9%	+/-1.2
Bachelor's degree or higher	2,986	16.3%	+/-1.6

Housing and Marital Status

Ninety-nine percent of Lewis County residents live in households, with under 1% living in group quarters (which include college dormitories, nursing homes, and state prisons). There are no large group quarters populations in Lewis County. There are just over 10,200 households in Lewis County. Fifty-seven percent of households in Lewis County consist of married couples, while 14% are families lacking a spouse, 23% are a single person living alone, and 7% are other non-family households. On average, households have 2.6 members, similar to the statewide and national average of 2.6 members. Among residents 15 years and over, 55% are married, 11% are divorced or separated, 6% are widowed, and 25% have never married. Compared to statewide and national rates, there are more married people and fewer unmarried people in Lewis County.¹⁷

Sixty-six percent of housing units in Lewis County are occupied, including 51% that are owner occupied and 14% that are rented. The remaining 34% of housing is vacant, including 28% for seasonal or occasional use and 3% for rent or for sale. The remaining 3% of housing units are other vacancies.¹⁸

¹⁵ American Community Survey Five-Year Estimates, 2013-2017

¹⁶ American Community Survey Five-Year Estimates, 2013-2017

¹⁷ American Community Survey Five-Year Estimates, 2013-2017

¹⁸ American Community Survey 5-Year Estimates, 2013-2017

Seventy-nine percent are detached single units, 12% are mobile homes, 5% are three or more units, 3% are duplexes, and 1% are attached singles. Approximately half of housing units are more than fifty years old. The median value of a house in Lewis County is \$121,700, lower compared to \$149,300 in Jefferson County, but higher than \$88,000 in St. Lawrence County. This is less than half the value of the median residence in New York State (\$293,000), and more than one-third less than the median value of a residence in the United States (\$193,500). Nine percent of housing units in Lewis County are valued at less than \$50,000, compared to 9% in Jefferson County, 17% in St. Lawrence County, 5% in New York State, and 8% in the United States.¹⁹

As of 2016, only 3% of Lewis County residents are served by community water systems with optimally fluoridated water.²⁰

Disability Status

Fourteen percent of non-institutionalized civilian residents meet the Census definition for having a disability, which exceeds the statewide rate of 11%. This includes 7% of children 5 or older, 10% of working-age adults (age 18-65), and 38% of adults over the age of 65.²¹

¹⁹ American Community Survey 5-Year Estimates, 2013-2017

²⁰ Division of Oral Health: My Water's Fluoride web application. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2016.

²¹ American Community Survey 5-Year Estimates, 2013-2017

Health Summary

Natality and Fertility

The fertility rate for women of childbearing age (15-44 years old) in Lewis County is higher than the rate for New York State at 72.9 per 1,000 females compared to 58.5 per 1,000 females.²² Among women between the ages of fifteen and fifty, 6.8% have given birth within the past year, compared to 4.7% statewide. By age, younger women are more likely to have given birth within the past year than older women. This is similar to the statewide birth rates by age, which are as follows: 3.5% of women from age 15 to 19 have given birth within the past year (compared to 1.0% statewide), 12.7% of women from age 20 to 34 have given birth within the past year (compared to 7.3% statewide), and 2.7% of women age 35 to 50 have given birth within the past year (compared to 3.1% statewide).²³

Thirty-two percent of births in Lewis County are to unmarried women, which is equivalent to the statewide average of 32%, and comparable to the national average of 35%. The out-of-wedlock birth rate has increased somewhat over the past decade, increase from a three-year rolling average of 33% in 2008 to 34% by 2012 to 37% by 2015.²⁴

7.8% of births in Lewis in 2016 were premature. This was lower than the statewide-excluding-NYC rate of 10.5% and among the lowest rates for any county in New York State.²⁵ 6.6% of births in Lewis County from 2014 through 2016 were low birthweight. This was lower than the statewide-excluding-NYC rate of 7.7%. The three-year rolling average of low birthweight births has remained below the statewide-excluding-NYC average since at least 2008.²⁶

As of 2016, 26% of births were the result of an unintended pregnancy. This was a slight decline from the percentage of unintended pregnancy births in 2011 (33%), and only slightly higher than the statewide-excluding-NYC rate of 25%.²⁷

Lewis County continues to have a low rate of adolescent pregnancy with 1.8 pregnancies per 1,000 females aged 15-17 as of 2016.²⁸

From 2014-2016, 11.1% of births were to women aged 25 years or older without a high school degree or equivalent. This was lower compared to the statewide average of 12.8%.²⁹

As of 2014-2016, Lewis County ranks within the bottom half of the counties in the state with the 78% of infants being fed any breastmilk in the delivery hospital, however, it ranks within the top half of the counties in the state for the percentage of infants being exclusively fed breastmilk in the delivery hospital at 69%.³⁰ Essentially, the percentage of mothers breastfeeding in the hospital is comparatively low, but the majority of these mothers are exclusively breastfeeding their children, which is a comparatively high percentage within the state.

²² 2014-2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports

²³ American Community Survey Five-Year Estimates, 2013-2017

²⁴ New York State Vital Statistics Data via NYSDOH Prevention Agenda Dashboard

²⁵ 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard

²⁶ 2014-2016 Vital Statistics Data via NYSDOH County Community Health Indicator Reports

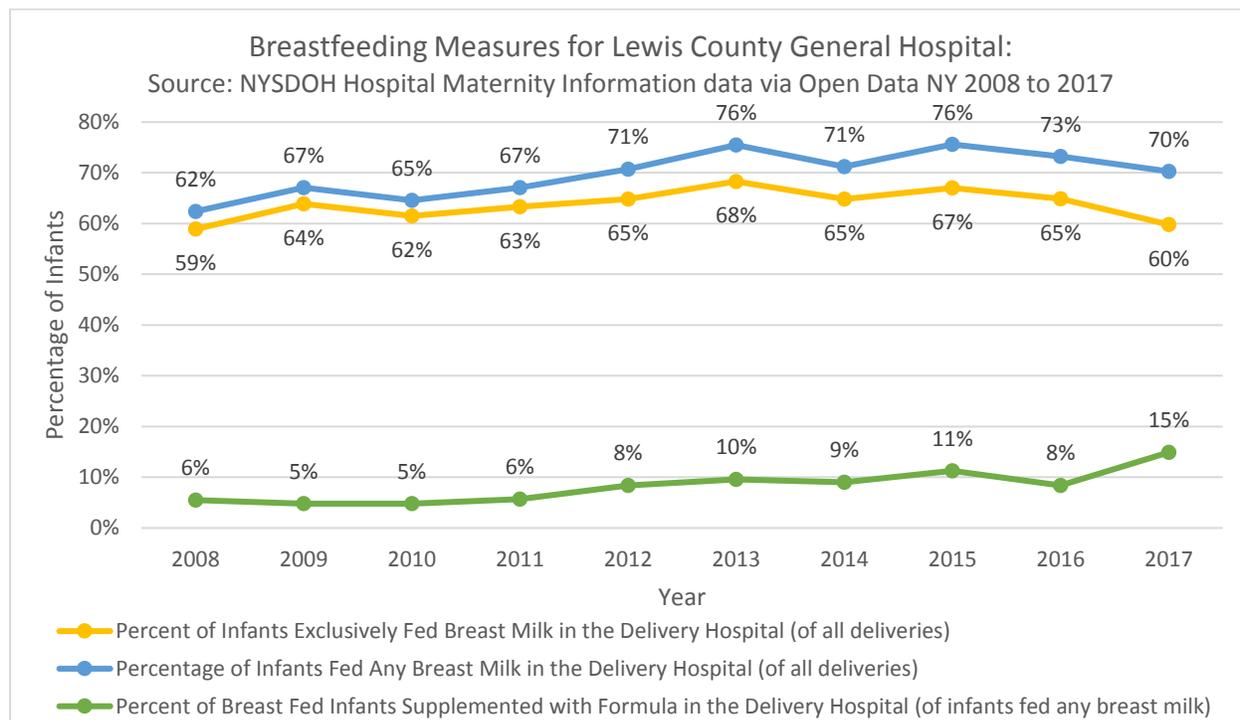
²⁷ 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard

²⁸ 2016 Vital Statistics Data via NYSDOH's Prevention Agenda Dashboard

²⁹ 2014-2016 Vital Statistics data via NYSDOH County Community Health Indicator Reports

³⁰ 2014-2016 Vital Statistics data via NYSDOH County Community Health Indicator Reports

More recent data from the New York State Department of Health, Hospital Maternity Information for Lewis County General Hospital shows that as of 2017, the percentage of infants (among all deliveries) being exclusively breastfed in the delivery hospital is lower than it has been since 2008. The percentage of infants being fed any breastmilk at all in the delivery hospital is also lower than recent years, and among these infants being fed any breastmilk, the percentage supplemented with formula is at high relative to the past ten years.³¹ More detail can be found in the chart below.



According to the 2014-2016 NYS Pediatric Nutrition Surveillance System data, Lewis County falls within the lowest quartile of NYS counties, with only one fifth of WIC infants being breastfed for at least 6 months.³²

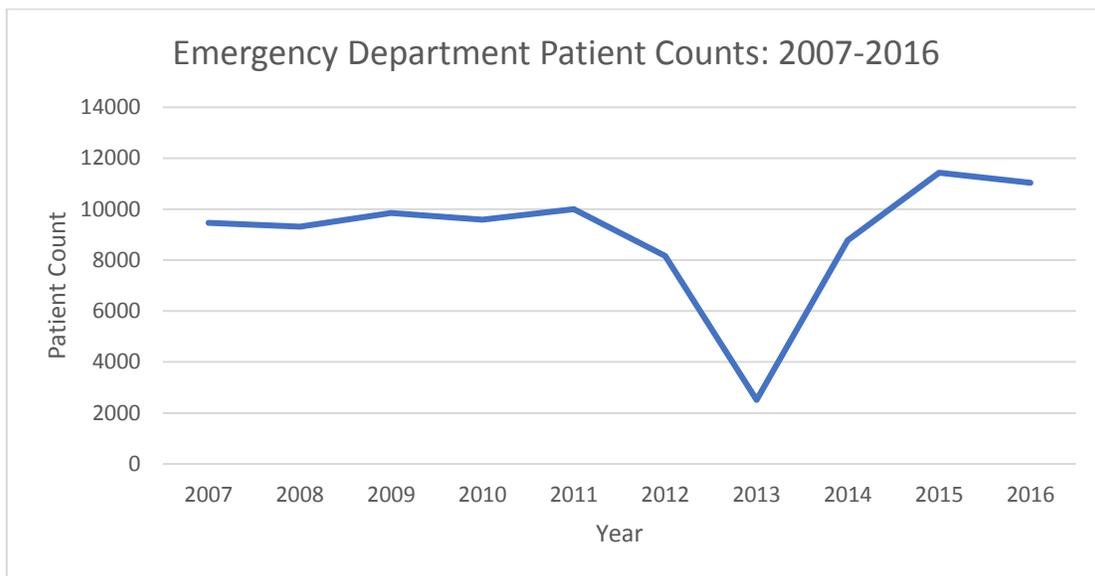
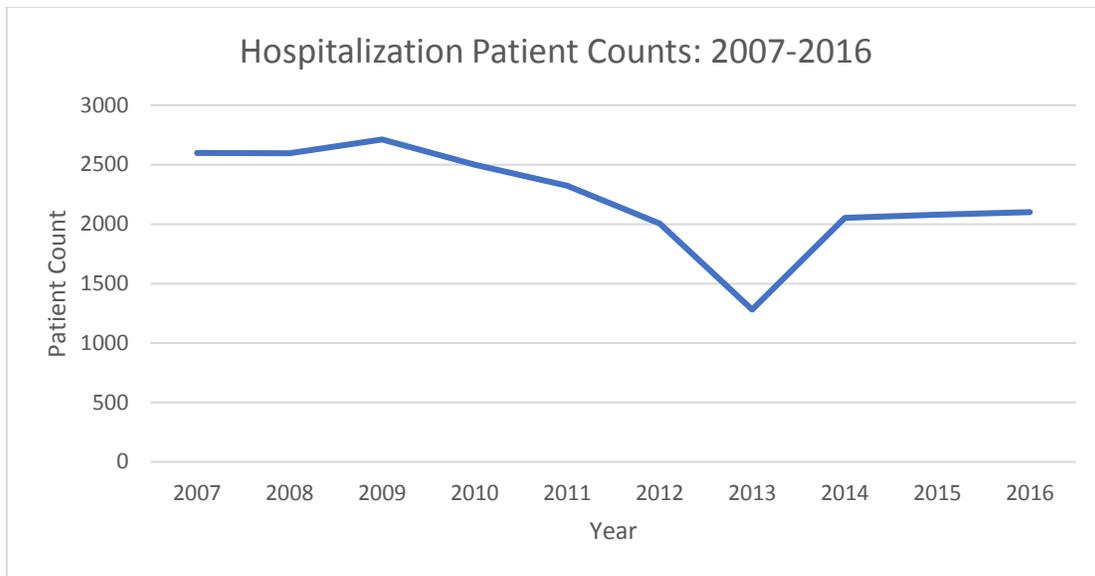
Hospitalizations and Emergency Department Visits

Hospitalizations and emergency department visits varied among Lewis County residents during the period of 2012 to 2016. In 2012, there were 2,005 admissions of Lewis County residents at hospitals in New York State, excluding newborns and pregnancies. This rose to 2,100 admissions excluding newborns and pregnancies in 2016, an increase of 4.7%. However, the 2016 value is lower than the number of admissions in any year preceding 2012. Emergency department visits among Lewis County residents at hospitals in New York State increased from 8,159 in 2012 to 11,037 in 2016, an increase of over 35%. However, this is only a 10% increase from the patient count in 2011.³³

³¹ 2008 to 2017 NYSDOH Hospital Maternity Information via Open Data NY

³² 2014-2016 NYS PedNSS data via NYSDOH County Community Health Indicator Reports

³³ 2011-2014 SPARCS data (NYSDOH)



20% of Lewis County residents report at least one emergency department visit within the past year, and 5% report two or more visits. There was not a large difference based on gender or level of education. Adults between the ages of 35 and 44 (92%) were more likely to have not visited the emergency department within the past year compared to those over the age of 75 (65%). Respondents with an income of less than \$25k a year were much more likely to have visited the emergency room two or more times in the past year (14%) than those with an income of more than \$75k a year (2%).³⁴

10% of Lewis County residents report at least one hospitalization within the past year, and 2% report two or more hospitalizations. Rates were similar for men and women. Rates increased with age; those ages 18 to 44 were more likely to not have been hospitalized in the past year (91% and 97%) than those over the age of 75 (75%).³⁵

³⁴ 2019 Tug Hill Seaway Region Community Health Survey, Table 41

³⁵ 2019 Tug Hill Seaway Region Community Health Survey, Table 42

Mortality

Over the most recent five years of available data, Lewis County's age-adjusted mortality rate has increased by 7.9%, rising from 665 per 100,000 standard population in 2013 to 718 in 2017.

By disease category, compared to statewide benchmarks, Lewis County has lower rates of age-adjusted mortality due to cardiovascular disease, mental and behavioral disorders, and infectious disease, and genitourinary disease, but higher rates due to external causes, respiratory disease, endocrine and metabolic disease, and digestive disease, and a slightly higher rate for all other disease categories. Among all diseases categories, mortality due to external causes, endocrine and metabolic disease, and mental and behavioral disorders are higher compared to the regional rate.³⁶

Lewis County has a higher age-adjusted mortality rate than New York State. This is true across age-adjusted death rates for most major disease categories: Lewis County rates are 25.6 deaths per 100,000 higher than the statewide rate for external causes, 11.2 deaths per 100,000 higher for endocrine, nutritional and metabolic diseases, 10.1 deaths per 100,000 higher for digestive diseases, 7.4 deaths per 100,000 higher for respiratory disease, and 4.2 deaths per 100,000 higher across all other disease categories. There are four exceptions: Cardiovascular disease, the leading cause of death, is 5.3 deaths per 100,000 lower compared to the state, infectious and parasitic diseases are 3.7 deaths per 100,000 lower compared to the state, mental/behavioral/neurodevelopmental deaths are 1.5 deaths lower compared to the state, and genitourinary diseases are 1.3 deaths lower compared to the state.

In total, the age-adjusted death rate for Lewis County among the leading causes of death is 52.3 deaths per 100,000 higher compared to the state, a difference of 8%. Between 2013 and 2017, this amounts to about 70 excess deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the statewide average, or 14 excess deaths per year.³⁷

Generally, Lewis County has better age-adjusted mortality rates when compared to the region. Lewis County rates are 12.3 deaths per 100,000 higher than the regional rate for external causes, and 5.2 deaths per 100,000 higher for endocrine, nutritional and metabolic diseases. The remaining categories are either lower than or similar to the regional rate. Cardiovascular disease, the leading cause of death, is 29.6 deaths per 100,000 lower compared to the region, 19.0 deaths per 100,000 lower compared to the region for cancer, 9.2 deaths per 100,000 lower for respiratory disease, genitourinary diseases are 6.1 deaths lower compared to the region, and 4.3 deaths per 100,000 lower across all other disease categories.

In total, the age-adjusted death rate for Lewis County is 50.7 deaths per 100,000 lower compared to the region, a difference of 7%. Between 2013 and 2017, this amounts to about 68 fewer deaths compared to what would have occurred if the county's age-adjusted death rate had been equal to the regional average, or nearly 14 fewer deaths per year.³⁸

Leading Causes of Death, 2013-2017 Average

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

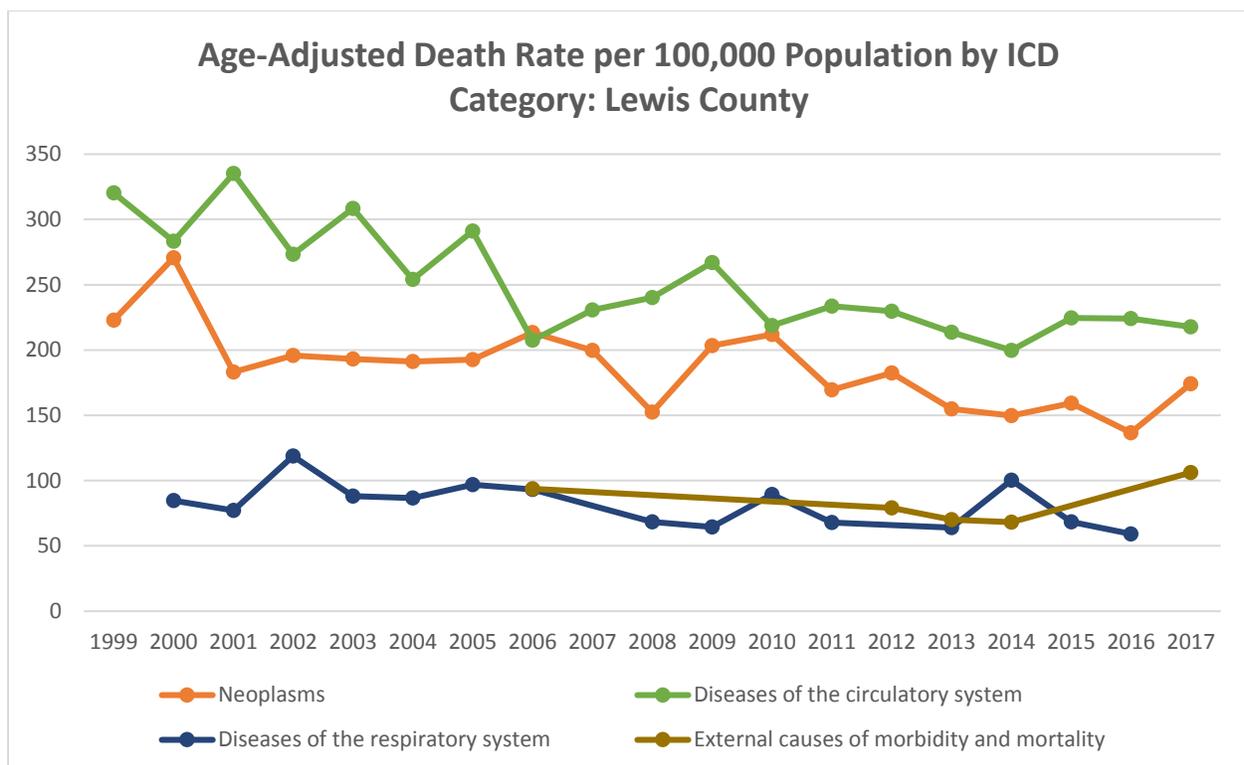
Lewis County	Tug Hill Seaway Region	New York State
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³⁶ CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.

³⁷ CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.

³⁸ CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.

Cause of Death (ICD-10 Categories)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)	Rate (per 100,000 population, age-adjusted)	Deaths (per year, average)
Diseases of the circulatory system	215.9	80	245.5	707	221.2	54,310
Neoplasms (Cancer)	154.7	56	173.7	502	152.4	36,167
External causes of morbidity and mortality	70.3	19	58.0	151	44.7	9,496
Diseases of the respiratory system	68.0	24	77.2	221	60.6	14,616
Endocrine, nutritional and metabolic diseases	36.5	13	31.3	90	25.3	6,015
Diseases of the nervous system	32.5	12	36.7	104	27.1	6,604
Diseases of the digestive system	31.8	11	34.2	95	21.7	5,155
Mental and behavioral disorders	30.2	11	26.5	76	31.7	8,032
All other categories	22.3	7	23.0	63	20.3	4,401
Certain infectious and parasitic diseases	15.5	6	16.2	46	19.2	4,564
Diseases of the genitourinary system	13.0	5	19.1	54	14.3	3,480
Total mortality	690.8	244	741.5	2,110	638.5	152,841

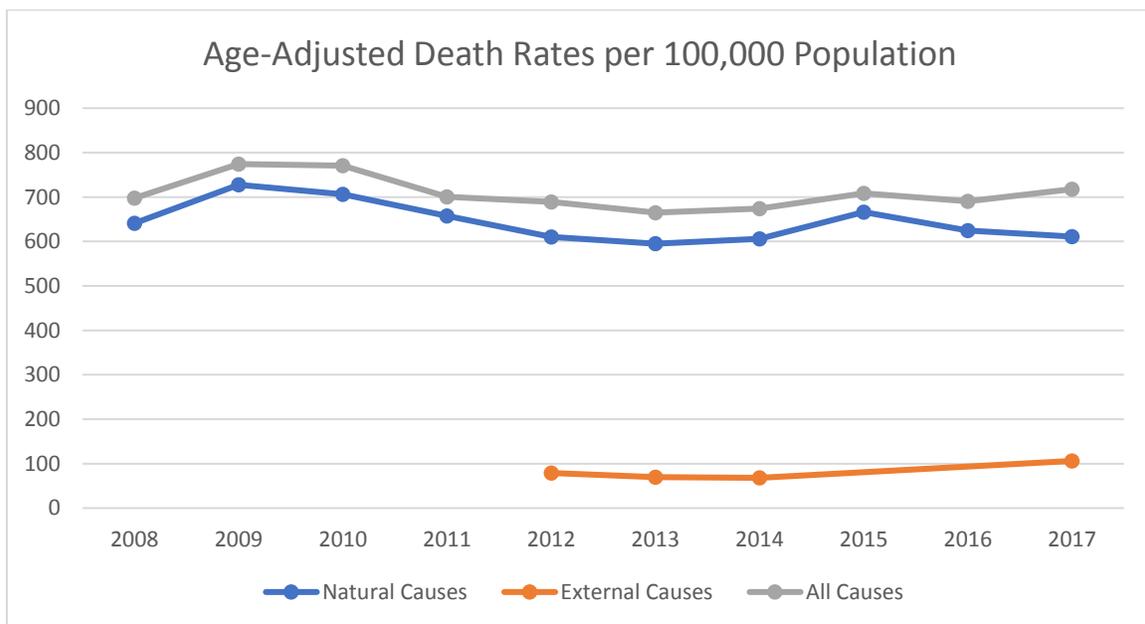


Relative to the previous period (2012-2014), the cardiovascular disease age-adjusted death rate from 2015 through 2017 increased by 3.6%. This rate has been fairly consistent since 2010. The primary driver of the cardiovascular disease related death rate is heart disease, particularly coronary heart disease (ischemic heart disease). However, the ischemic heart disease age adjusted rate per 100,000 in Lewis County has been decreasing, falling from 119 per 100,000 in 2013 to 82.7 per 100,000 in 2017.

The death rate due to neoplasms was 3.7% lower over 2015 to 2017 than it was from 2012 to 2014. The death rate for respiratory disease decreased by 16.7%, and external causes decreased by 2.1%. This cause of death is primarily driven by cancer, specifically cancer of the trachea, bronchus, and lungs. The age-adjusted death rate due to cancer in 2017 is higher than it has been in the past five years (171.6 deaths per 100,000 in 2017 compared to a high of 153.2 in 2013) but is no higher than it has been within the past ten years (a high of 200.3 deaths per 100,000 in 2010).

The age-adjusted death rate due to external causes of morbidity and mortality is higher than it has been in the past ten years at 106.2 deaths per 100,000 population in 2017. Prior to this, the highest rate was in 2012 at 79.2 deaths per 100,000 population. Over the past ten years, the primary drivers of the external causes of morbidity and mortality rates include transport accidents, other causes of accidental injury (falls, exposure to forces of nature, etc.), and intentional self-harm.

The death rate due to diseases of the respiratory system has generally been declining. The largest driver of respiratory disease related deaths are chronic lower respiratory diseases. Other individual disease categories had too few deaths annually to show meaningful change.



Note: Rates for deaths due to external causes from 2008 through 2011, and 2015 to 2016 are unreliable due to too few instances in the numerator and are not included.

For all deaths due to natural causes, the age adjusted death rate for 2013-2017 (621 deaths per 100k per year) was 7% lower compared to 2008-2012. The age adjusted death rate for other causes (70 deaths per 100k) increased by 22% over the same periods.

By age, 49% of deaths in Lewis County in 2017 were to people 80 or older, 29% were people age 65 to 79, 10% were people age 50 to 64, 7% were people age 35 to 49, and less than 6% were people younger than 35.

Leading categories for cause of death varied by age group in Lewis County. External causes were the leading cause of death for people younger than 50, accounting for two thirds of deaths in these age groups. For people in their fifties and sixties, cancer (35%), and cardiovascular disease (29%) are the leading causes of death.

People in their seventies or older are responsible for two-thirds of all deaths in Lewis County. For people in their seventies, cancer (33%), and cardiovascular disease (26%) are the leading causes of death. For people age 80 or older, who account for nearly half of all deaths in the county, cardiovascular disease is responsible for a large plurality of deaths (41%), followed by cancer (22%), and respiratory disease (8%).³⁹

Lewis County’s suicide rate has increased over the past several years, and the three-year rolling age-adjusted average as of 2016 (20.6 deaths per 100k) was more than twice the statewide average (9.3 deaths per 100k as of 2016). Lewis County has a small enough population that the raw number of suicide deaths per year is not large – on average, between five and six deaths per year over the past five years.⁴⁰

Insurance

As of 2017, 5.8% of Lewis County’s residents under age 65 were uninsured, a decline of over half since 2008, when 12.7% of people under age 65 lacked health insurance. This decline compares favorably to the statewide decline from 13.1% uninsured to 6.6% uninsured among people under 65 years. Both the county’s population share and population size of uninsured under-65s has declined in every year since 2010, and is now estimated at 1,269, down from 2,789 seven years prior.⁴¹ It is likely that a large portion of the remaining uninsured are members of Old Order Amish and Conservative Mennonite communities. Several of these groups have approved religious exemptions from the Affordable Care Act’s individual health insurance coverage mandate.⁴² Young adults (19-25), unemployed, and those who are not native born were the groups most likely to lack insurance according the most recent American Community Survey results.⁴³

The 2019 Tug Hill Seaway Region Community Health Survey found that 15.2% ±5.9% of Lewis County residents lacked insurance, up from 1.6% in 2018 and approximately 7% in prior years. This may be reflecting the repealing of the Affordable Care Act’s individual mandate policy as of 2019. According to the survey, the most common forms of health insurance in Lewis County are employer based (44%), Medicare (23%), and Medicaid (8%). 1% of respondents knew that they had health insurance but were unable to identify its source.⁴⁴ The most recent American Community Survey estimates (2013-2017) are somewhat different: 49% employer based, 15% Medicare, 17% Medicaid, and 13% direct purchase, with 8% being uninsured. It is unclear whether any differences reflect genuine change in the mix of insurance coverage or a propensity to underreport secondary sources of coverage on the telephone survey.

Access to Care

Clinicians by County

Sources: American Community Survey Five-Year Estimates (2013-2017); Area Health Resource File (2016)

Lewis County	Regional Total	New York State
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³⁹ CDC, National Center for Health Statistics. Multiple Cause of Death Files 2013-2017 via CDC WONDER Database.

⁴⁰ 2016 Vital Statistics Data via NYSDOH’s Prevention Agenda Dashboard.

⁴¹ U.S. Census Bureau Small Area Health Insurance Estimates, 2006-2017

⁴² Six of these groups are located in Heuvelton, one is located in Rensselaer Falls, and one is located in Norfolk. See Healthcare.gov: “[Exemptions from the requirement to have health insurance.](#)”

⁴³ American Community Survey 5-Year Estimates, 2013-2017.

⁴⁴ 2019 Tug Hill Seaway Region Community Health Survey, Table 12

Group	Count(#)	Per 100k	Count(#)	Per 100k	Count(#)	Per 100k
All Physicians (MD and DO)	23	86	375	149	72,630	368
Primary Care Physicians	15	56	128	51	16,460	83
Nurse Practitioners	4	15	166	66	14,459	73
Dentists	5	19	120	48	14,830	75
<i>Population</i>	<i>26,865</i>		<i>250,909</i>		<i>19,745,289</i>	

Lewis County has fewer clinicians per population compared to the state. As of 2016, the most recent year for which data were available, there were 23 physicians practicing in Lewis County, or one per 1,168 residents. There were 15 primary care physicians practicing in Lewis County, or one per 1,791 residents. The statewide rate was 1,200 residents per practicing primary care physician, or 33% fewer people per primary care physician. Lewis County also contained 4 nurse practitioners (one per 6,791 residents). This was fewer compared to the respective statewide ratio. There were also 5 dentists in Lewis County, or one per 5,373 residents, compared to one dentist per 1,331 residents for New York State.⁴⁵

The 2019 Tug Hill Seaway Region Community Health Survey asked respondents where they would seek medical attention if they or a family member had a fever of 101 degrees to gauge where residents are most likely to seek primary care for acute symptoms. In Lewis County, 31% reported that they would seek care from their primary care physician, 31% reported that they would go to urgent care, and 10% reported that they would seek care at an emergency room. Another 26% would not seek care, and 3% were not sure where they would seek medical attention. Lewis County residents were less likely to go to an emergency room when compared to Jefferson and St. Lawrence counties. Further, since 2016, there have been declines in the number of Lewis county respondents reporting that they would either seek care in the emergency room or not seek care at all, and a significant increase in the number reporting that they would go to an urgent care for medical attention.⁴⁶

75% of Lewis County residents report having a doctor or other clinician whom they think of as their primary health care provider and 82% were able to see a doctor on every occasion when they needed to within the past year. While the rates of residents seeing a doctor when needed have remained consistent since 2016, this rate of having a primary care provider is lower than it ever has been. Among those who were unable to see a doctor when they needed to, 37% said that they either could not afford to see one, 32% said they did not have time to see one, 13% reported a lack of availability, 10% didn't have transportation, and 47% preferred not to seek care. (Note that respondents could select multiple responses to this question.)⁴⁷

64% of Lewis County residents say that they always understand instructions that they receive when they go to the doctor. Another 27% say that they understand instructions most of the time. 7% report understanding instructions only sometimes or less, and 2% report that they do not go to the doctor. These values are not different from any previous year's findings.⁴⁸

63% of Lewis County residents say that they always feel respected when they go to the doctor. Another 25% say that they feel respected most of the time. 10% report that they feel respected only sometimes or less,

⁴⁵ 2016 Area Health Resource File

⁴⁶ 2019 Tug Hill Seaway Region Community Health Survey, Table 5

⁴⁷ 2019 Tug Hill Seaway Region Community Health Survey, Tables 6, 9, 10

⁴⁸ 2019 Tug Hill Seaway Region Community Health Survey, Table 3

and another 3% report that they do not go to the doctor. The percentage reporting that they do not always feel respected has increased from 4% in 2016.⁴⁹

93% of Lewis County residents agree that their doctor helps them improve their health by doing more than just scheduling a follow up appointment, 49% strongly agree with this. The 2019 result is a significant improvement over the 2018 value of 77% agreeing that their doctor provides additional opportunities for better health.⁵⁰

Most (96%) Lewis County residents say that they would like to communicate with their physician by telephone, but 22% are interested in texting, 15% by using an online portal, 10% via email, 9% through an app, and 7% by mail. While telephone remained the most popular choice among all age groups, those in younger age groups had higher percentages for texting than older age groups (44% for those ages 18-34 compared to 12% for those 55-64, and even less among older age groups).⁵¹

Health Status/Behaviors

90% of Lewis County residents report that their physical health is at least good compared to 10% who say that their physical health is poor or fair. The percentage saying their health is less than good is half of what it was in 2018 (22%).⁵² 93% report that their mental health is at least good compared to 7% who say that it is poor or fair, and 90% report their dental health as being at least good compared to 10% saying it is poor or fair.⁵³

18% of Lewis County residents report being limited by chronic pain within the past year. This is significantly lower than the 2018 value (30%). The rate of those limited by chronic pain increases with age and is more likely to affect those with less education or a lower income when compared to their more highly educated and high-income counterparts.⁵⁴

14% of Lewis County residents report that they have been diagnosed with either diabetes (9%) or prediabetes (4%). 5% report that they have been diagnosed with COPD, 9% report that they have been diagnosed with heart disease, and 25% report that they have been diagnosed with high blood pressure. 3% report being diagnosed with cancer and 4% with a mental health condition. These rates are no higher or lower than the findings of prior years.⁵⁵

Most Lewis County residents agree that they are working to improve their health: 52% strongly agree – including a majority within every age group - and another 34% somewhat agree. 14% either somewhat or strongly disagree.⁵⁶

When asked about the accessibility of places to walk and exercise, indoors or outdoors, 59% of Lewis County residents rate the accessibility as being very available, with another 28% saying these places are somewhat available. The percentage of those rating the accessibility to these places as being less than somewhat

⁴⁹ 2019 Tug Hill Seaway Region Community Health Survey, Table 4

⁵⁰ 2019 Tug Hill Seaway Region Community Health Survey, Table 7

⁵¹ 2019 Tug Hill Seaway Region Community Health Survey, Table 8

⁵² 2019 Tug Hill Seaway Region Community Health Survey, Table 36

⁵³ 2019 Tug Hill Seaway Region Community Health Survey, Table 37 and 38

⁵⁴ 2019 Tug Hill Seaway Region Community Health Survey, Table 39

⁵⁵ 2019 Tug Hill Seaway Region Community Health Survey, Table 27

⁵⁶ 2019 Tug Hill Seaway Region Community Health Survey, Table 26

available has increased within the past year, rising from 8% in 2018 to 13% in 2019. Women are more likely than men to report lower accessibility.⁵⁷

The percentage of adults in Lewis County who walk for at least 30 minutes on a typical day is at a high for the county at 84% (72% in 2018 and 75% in 2016). Those reporting lower levels of daily activity are those who are older and those with an annual household income under \$25k.⁵⁸

As of 2016, 28% of Lewis County adults are obese. This is lower than most other counties in Upstate New York, but above the statewide rate of 26%. This is a decrease relative to the previous survey, in 2013-2014, which found an adult obesity rate of 34% for Lewis County. When overweight adults are included, the rate increases to 67%, also above the statewide rate of obese or overweight adults of 61%.⁵⁹ The rate of obesity among children and adolescents is 20%, exceeding the statewide-excluding-NYC average of 17%. When including overweight children and adolescents, this rate increases to 39% which is also above the statewide-excluding-NYC average of 34%.⁶⁰

75% of county residents rate their access to healthy foods, including fruits and vegetables, as being very available which is a significant increase from the 2018 value (65%). Another 19% rate access to healthy foods as being somewhat available.⁶¹ The annual average number of individuals receiving Supplemental Nutrition Assistance Program (SNAP) benefits in Lewis County has been declining over the past five years, falling from a peak of 3,682 persons in 2013 to 3,157 in 2018. Preliminary data for 2019 would suggest an even further decline of SNAP recipients. The annual average SNAP Benefits have also followed this same pattern since 2013.⁶² These declines are reflected in the regional and statewide measures as well. As of 2015, Lewis County (similar to the other counties in the region) falls into the lowest quartile of NYS counties with 6.3% of the population with low income and low access to a supermarket or large grocery store, almost three times the NYS Prevention Agenda objective of 2.2%.⁶³

⁵⁷ 2019 Tug Hill Seaway Region Community Health Survey, Table 56

⁵⁸ 2019 Tug Hill Seaway Region Community Health Survey, Table 54

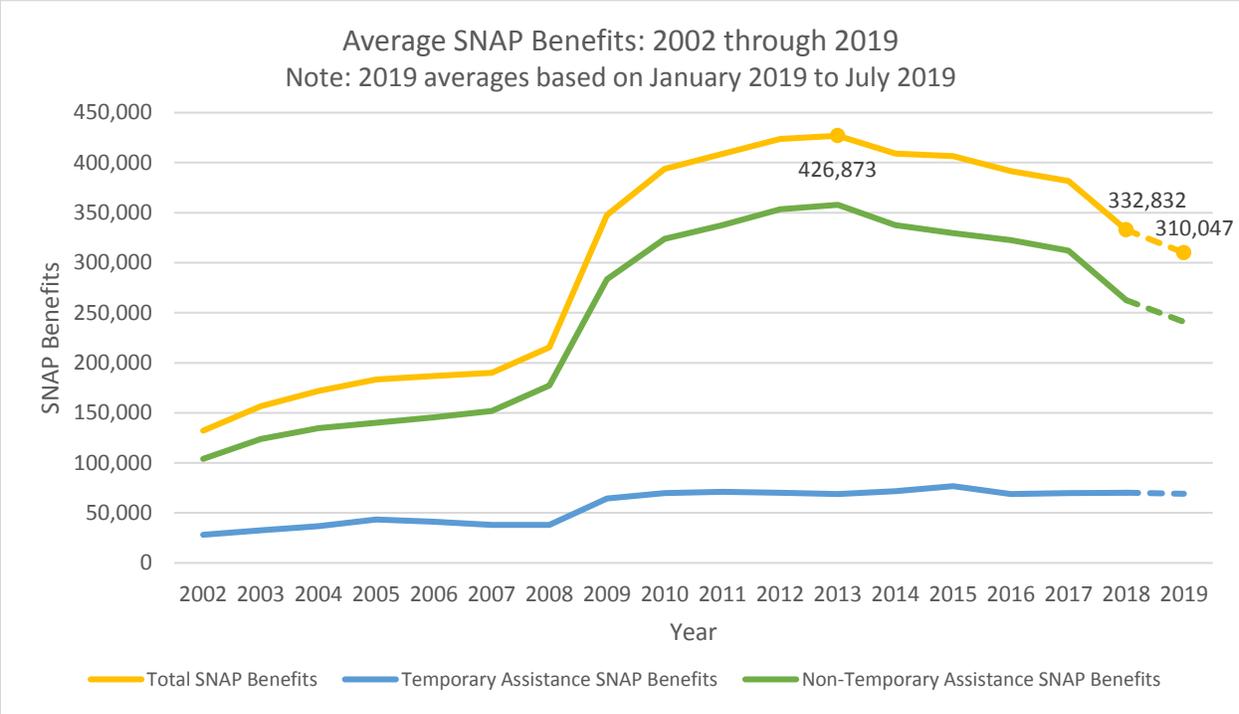
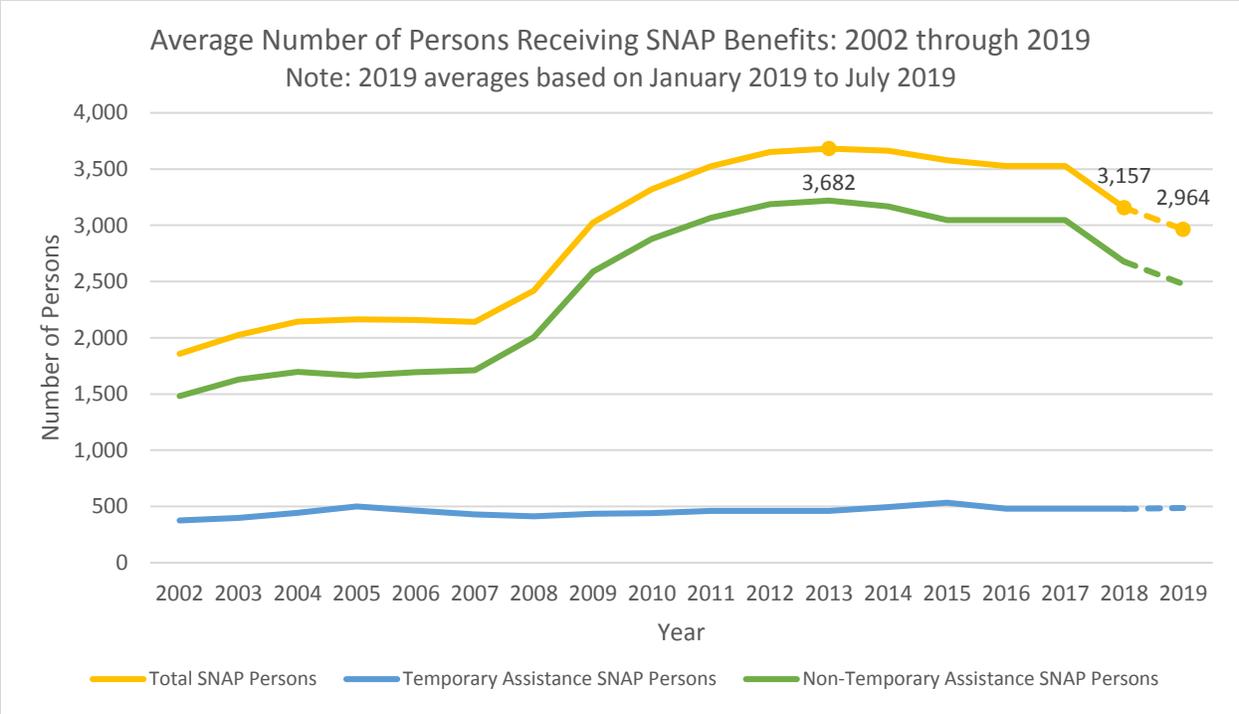
⁵⁹ New York State Expanded Behavior Risk Factor Surveillance System

⁶⁰ Student Weight Status Category Reporting System (SWSCRS), 2014-2016

⁶¹ 2019 Tug Hill Seaway Region Community Health Survey, Table 57

⁶² SNAP Caseloads and Expenditures 2002 to 2019 provided by NYS Office of Temporary and Disability Assistance via NY Open Data

⁶³ 2015 Department of Agriculture Food Environment Atlas data via NYSDOH's Prevention Agenda Dashboard



30% of adults in Lewis County have drinks containing alcohol less than once or twice in a year (23% reporting never drinking). 51% report drinking at least once a year but no more than once or twice a week (10% once or twice per year, 21% per month, 20% per week). 17% report drinking more than twice a week, which has

risen from the 2018 value of 11%. Men are more likely than women to have multiple drinks a week, as are those without college education when compared to those with at least some college.⁶⁴

18% of Lewis County adults are current smokers of cigarettes, 61% have never been smokers, and 21% are former smokers. The widest disparities in rates of current smokers are by income and education: Among those with four-year degrees, 6% are current smokers, compared to 20% of those with no college and 22% of those with some college. 42% of adults in households with less than \$25k in income per year are smokers compared to 6% in households with incomes in excess of \$75k.⁶⁵

5% of Lewis County adults currently use smokeless tobacco, 92% have never used, and 3% are former users of smokeless tobacco. Similarly, 4% currently use e-cigarettes or other electronic vaping products, while 96% have either never used or formerly used these products.⁶⁶

When it comes to perceived harm of e-cigarettes compared to conventional cigarettes, the majority of Lewis County adults believe that the two are equally harmful (46%). 17% believe e-cigarettes are more harmful, 21% believe they are less harmful, and 1% believe e-cigarettes are not at all harmful. 14% were unsure. Among those with the perception that e-cigarettes are less harmful than conventional cigarettes are men, and those in younger age groups, particularly those ages 18 to 35.⁶⁷

4% of Lewis County residents report that a person in their household has been personally affected by opiate abuse or addiction within the past year.⁶⁸ Opiate overdose hospitalizations have increased across the region, but this trend is mostly restricted to St. Lawrence County. Lewis County has remained less affected. Hospitalizations with a primary or secondary diagnosis of opiate poisoning for Lewis County residents slightly increased in 2015-2016 compared to 2013-2014, increasing from an average of 64 per year to an average of 70 per year.⁶⁹ Emergency department visits with these same diagnoses more than tripled, increasing from an average of 21 per year in 2013-2014 to an average of 66 per year in 2015-2016.⁷⁰

79% of Lewis County adults have been to their primary care doctor's office within the past year, including 55% who have been at least twice. Among those who were more likely to report no visits to their primary care doctor were men, those who are younger, and those with children in their household.⁷¹

Among Lewis County residents 50 or older, 68% have had a colorectal cancer screening within the past 10 years. Among adult women in Lewis County, 57% have had a mammogram in the past two years, including 83% of women aged 50 or older.⁷²

As of 2016, 79% of children aged 19-35 months in Lewis County had the Prevention Agenda-recommended 4:3:1:3:3:1:4 immunization series. This is relatively high compared to the rates for other counties in the region.⁷³ Lewis County ranks within the top half of New York State counties for flu vaccinations among elderly adults, with 66% of elderly adults having been vaccinated in 2016.⁷⁴

⁶⁴ 2019 Tug Hill Seaway Region Community Health Survey, Table 49

⁶⁵ 2019 Tug Hill Seaway Region Community Health Survey, Table 50

⁶⁶ 2019 Tug Hill Seaway Region Community Health Survey, Table 51 and 52

⁶⁷ 2019 Tug Hill Seaway Region Community Health Survey, Table 53

⁶⁸ 2019 Tug Hill Seaway Region Community Health Survey, Table 21

⁶⁹ SPARCS Inpatient file, 2010-2016. Accessed via Common Ground Health data portal.

⁷⁰ SPARCS Outpatient file, 2010-2016. Accessed via Common Ground Health data portal.

⁷¹ 2019 Tug Hill Seaway Region Community Health Survey, Table 40

⁷² 2019 Tug Hill Seaway Region Community Health Survey, Tables 44, 46, and 47

⁷³ NYS Immunization Information System via NYSDOH's Prevention Agenda Dashboard

⁷⁴ 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System

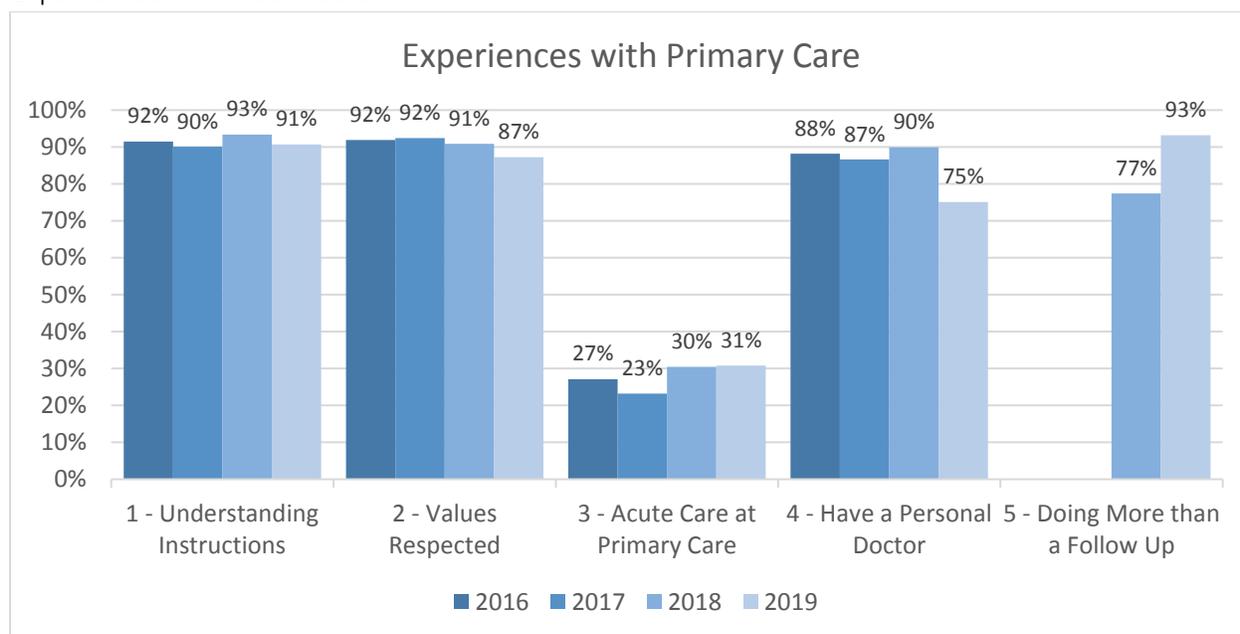
Community Health Survey Summary

Introduction

The following summary describes the findings from the 2019 Community Health Survey of Adult Residents in Lewis County. This survey has been completed annually since 2016 in the Tug Hill Seaway Region. It is approximately a 60-question survey with questions related to regional health-planning goals. The survey consists of three key sections, namely, the participant's experiences with healthcare, the participant's personal health, and the participant's lifestyle, followed by a series of standard demographic indicators. Participants must be at least 18 years of age and live within Jefferson, Lewis, or St. Lawrence counties. Responses are weighted towards population demographic parameters within each of the three counties, as well as regionally combined. The average approximate margins of error associated with estimates are $\pm 3.0\%$ for the three-county region, $\pm 5.0\%$ for Jefferson or St. Lawrence County, and $\pm 5.9\%$ for Lewis County. More details on the methodology of this study, as well as more detailed results can be found in the full report.

Results are split into three sections: experiences with care, personal health, and lifestyle. Bars within each chart are numbered and correlate to the numbered written question summaries found beneath the chart.

Experiences with Healthcare



1. When you go to the doctor, how often would you say you understand the instructions that you receive? (% "Always, Most")

A large majority of Lewis County residents understand the instructions that they receive from their doctor at least most of the time (91% which is not significantly different from previous years). Nearly two thirds report that they always understand the instructions that they receive from their doctor (64%). Women are more likely than men to respond with at least most of the time, as are those over the age of 45 when compared to those under the age of 35.

2. When you go to the doctor, how often do you feel that you and your values are respected? (% "Always, Most")

A large majority of Lewis County residents feel that they and their values are respected by their doctor at least most of the time (87% which is not significantly different from previous years). Just over three in

five report that they always feel that they and their values are respected by their doctor (63%). However, one in ten report that they “sometimes, rarely, or never” feel that they and their values are respected when seeing the doctor (10% which is significantly higher than the 2016 and 2017 values of 4% and 5% respectively).

3. When you or a family member has a fever of 101, where do you generally go for medical attention? (% “Primary Care Provider”)

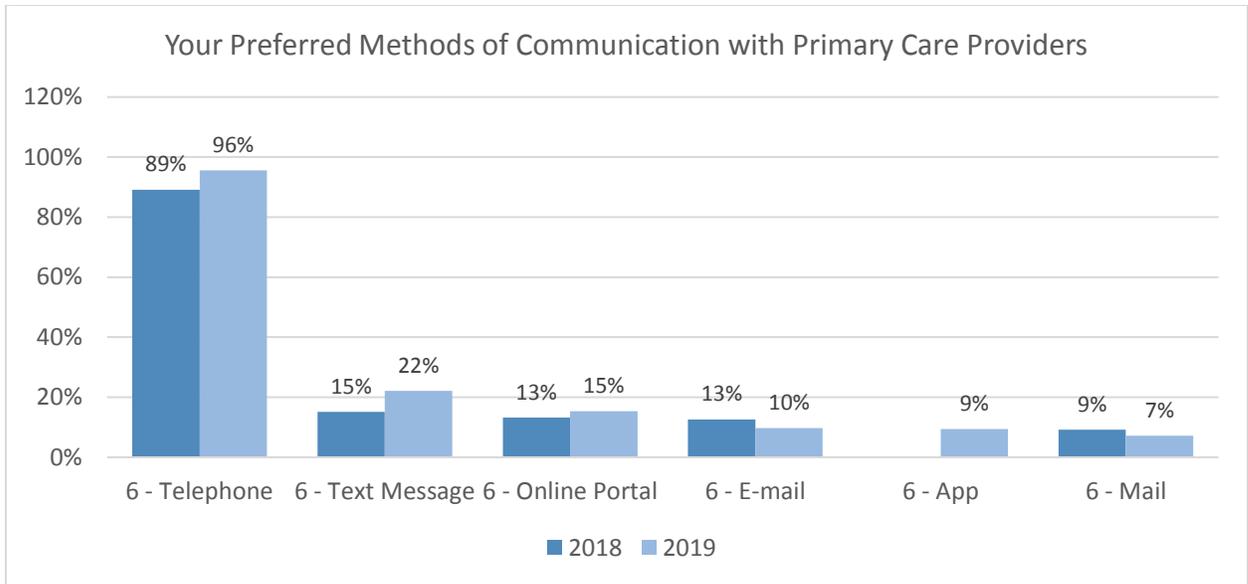
31% of Lewis County participants respond that they would go to their primary care physician, 10% would seek care from an emergency room, 31% would go to an urgent care, and 26% would not seek care for this type of concern. The percentage saying that they would go to the emergency room for care or not seek care at all have significantly decreased since 2016 (10% in 2019 compared to 17% in 2016 for emergency room care, and 26% in 2019 which is significantly lower than all preceding years). The percentage saying that they would go to an urgent care has nearly doubled since last year and is significantly higher than all preceding years. Men are more likely than women to seek care in the emergency room or urgent care, while women are more likely to go to their primary care physician. Those between the ages of 18 and 34 are more likely than any other age group to go to an urgent care for care, as are those with no college education compared to those with at least a four-year degree.

4. Do you have one person or medical office that you think of as your personal doctor or health care provider? (% “Yes”)

Three in four report that they do have a personal doctor or health care provider (75%). This is statistically significantly lower than the values of previous years. The groups most likely to report having a personal doctor are women, generally those over the age of 45, and those with a four-year degree or higher compared to those with no college education.

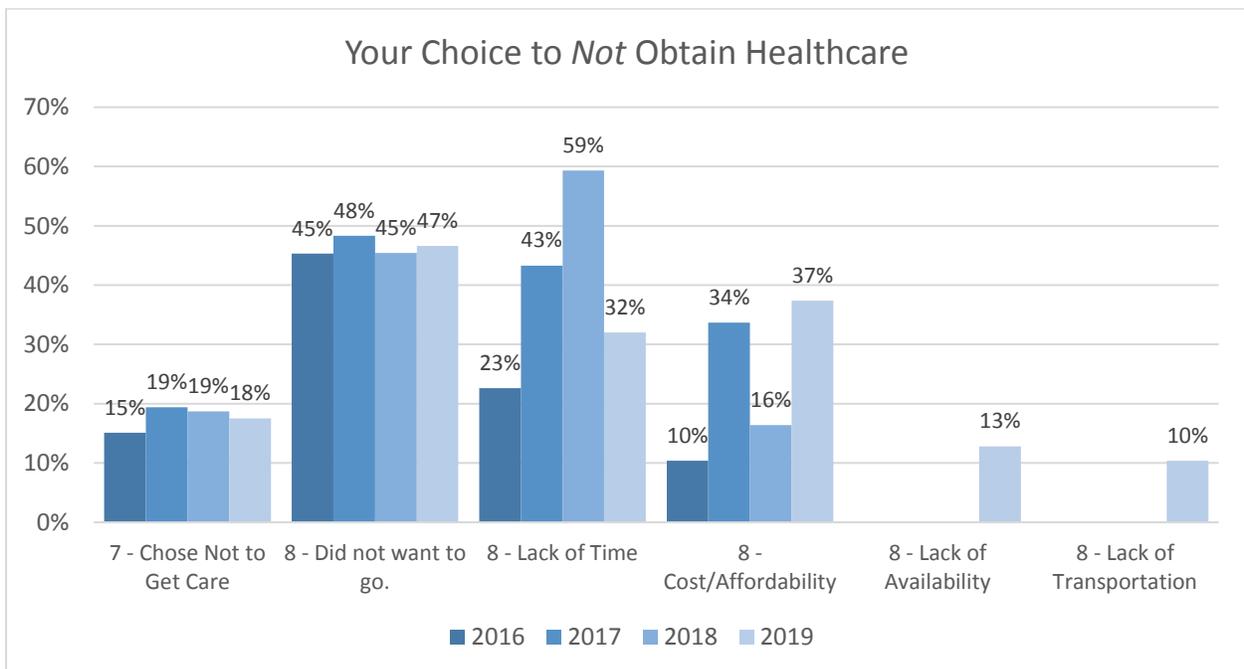
5. "My doctor or medical office helps me improve my health by doing more than scheduling a follow up appointment." (% “Agree”) Note: Only asked among those reporting “Yes” to having a personal doctor or health care provider.

Among those with a personal doctor, over nine in ten agree that they are being offered more than just a follow up appointment (93%). Not only is this significantly higher than either of the other counties in the region (80% in Jefferson County, and 83% in St. Lawrence County), but it is a significant increase from the 2018 value of 77%.



6. Which of the following would you like to use to communicate with your doctor or medical office?
Note: Only asked among those reporting “Yes” to having a personal doctor or health care provider and respondents could choose more than one method.

In Lewis County, communication using the telephone is the overwhelmingly most popular method of communication chosen (96%). This is followed by texting and use of an online portal (22% and 15% respectively). The percentages reporting preference of using the telephone and texting to communicate with primary care providers are significantly higher than the 2018 values 89% and 15%. The groups that seem more open to using texting as a way to communicate are the younger age groups, those with at least a four-year degree, those with higher annual household incomes, and those with children in the home.

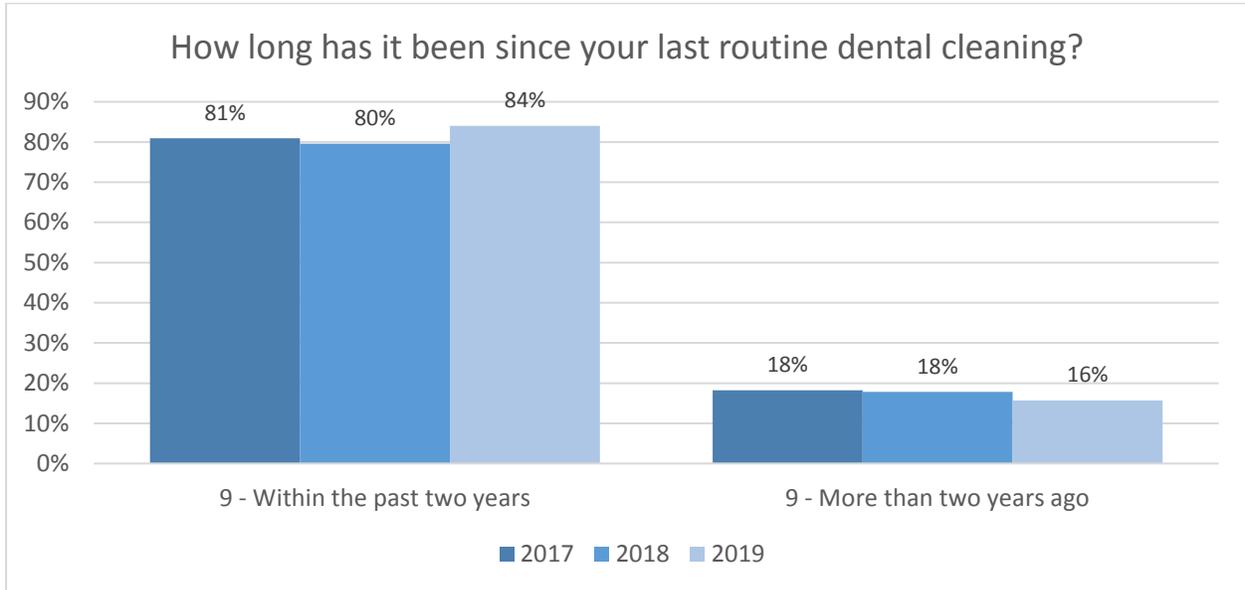


7. Was there a time in the past 12 months when you needed to see a doctor but did not? (% “Yes”)

Over one in six report there being a time in the past year where they needed see a doctor but did not get care (18%). Those with no college education are more likely to have not received needed care than those with a four-year degree.

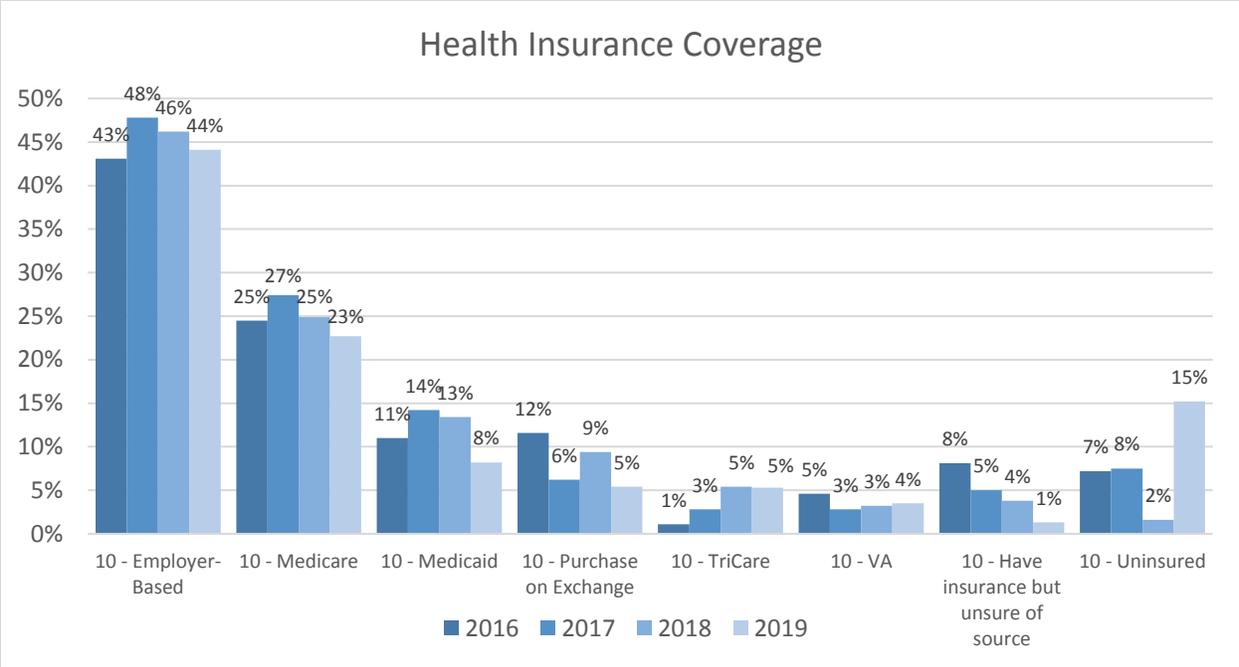
8. If yes, why did you not visit the doctor? Note: Question only asked to those not seeing a doctor when needed. Respondents could choose more than one response.

The most cited reasons that respondents did not see a doctor when it was needed were that they didn’t want to go (47%), the cost/affordability (37%), a lack of time (32%), a lack of availability (13%), and lack of transportation (10%).



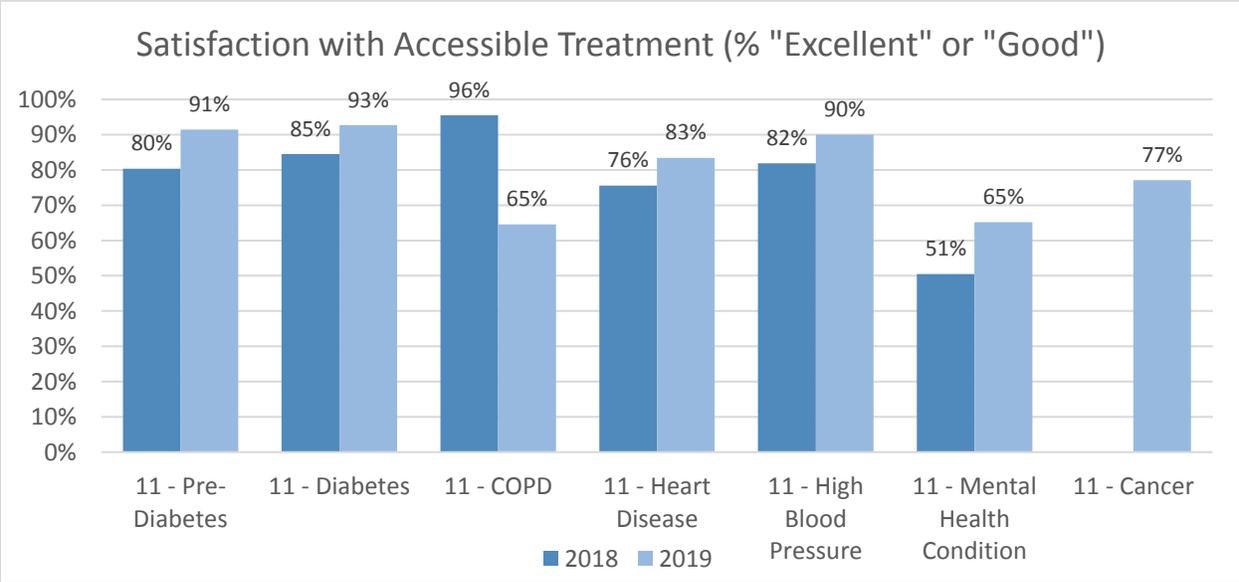
9. How long has it been since you last visited a dentist or a dental clinic for a routine cleaning?

Over four in five have been to the dentist for a routine cleaning within the past two years (84%). Further, the majority have been within the past year (71%). Least likely to have been within the past two years are those with no college education, those with an annual household income under \$25,000, those with no children in the household, and those without a personal care provider.



10. Which of the following describes your health insurance? Note: Participants could identify more than one source of coverage.

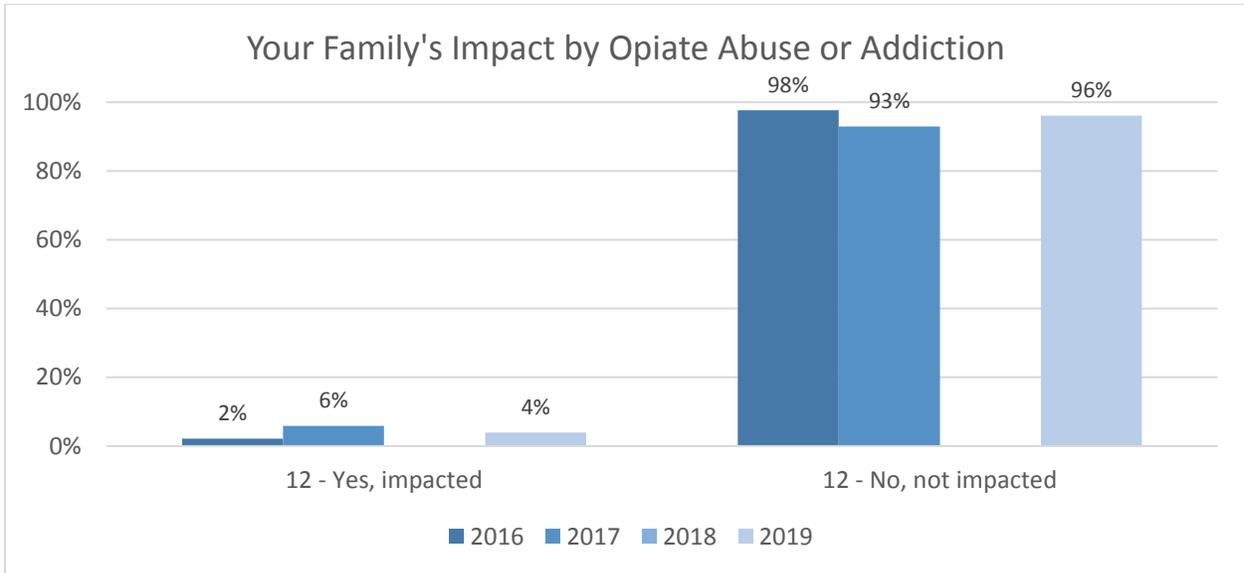
The most common sources of insurance in Lewis County are employer-based coverage (44%), and Medicare (23%). Compared to previous years, there are fewer with Medicaid (14% in 2017, 8% in 2019), or paying on the exchange (12% in 2016, 5% in 2019), and more covered by Tri-Care (1% in 2016, 5% in 2019). The percent of uninsured is significantly higher than any previous value at 15% which is exceptionally high when compared to the 2018 value of 2% uninsured. The most likely to be uninsured are men, and those with an annual household income between \$50,000 and \$75,000 (compared to those making under \$25,000 annually).



11. How would you rate the _____ treatment that is accessible to you in your community? (% at least "Good"). Note: This question only asked to those reporting having been diagnosed with the particular

Chronic Disease.

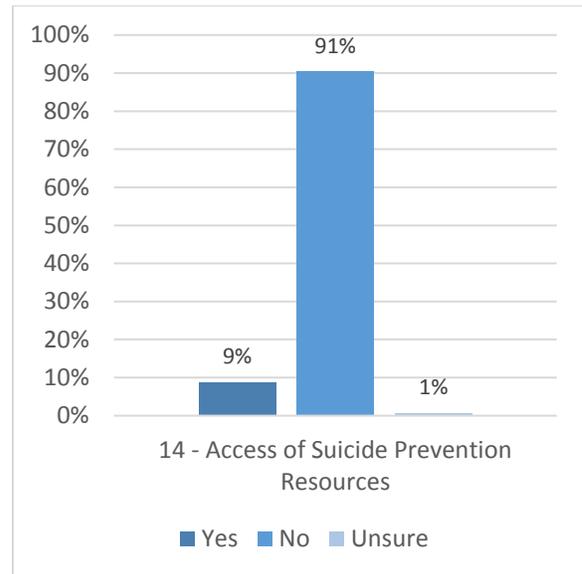
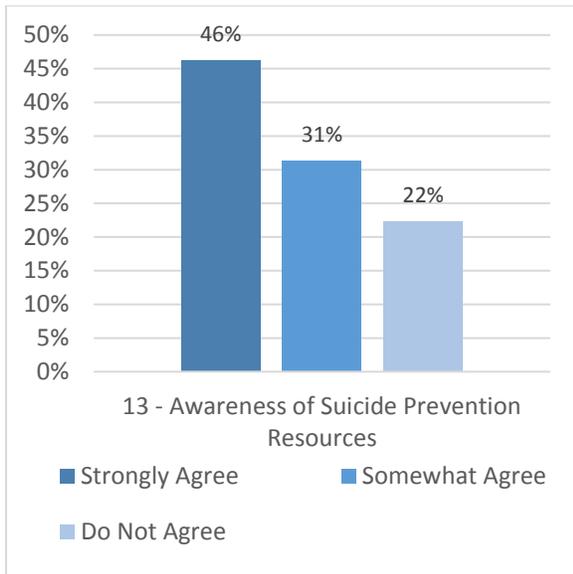
For those who report having been professionally diagnosed with one of the following seven conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, or cancer, they were asked to further rate the treatment accessible in the community. There continues to be high levels of satisfaction with 65%-93% rating the accessible treatment as either “excellent” or “good.” Significant changes in treatment satisfaction level for Lewis County from 2018 to 2019 include the number reporting Diabetes treatment as being “excellent” increasing from 17% to 38%, rating treatment of COPD as “good” falling from 87% to 42%, and the rating of high blood pressure treatment as “excellent” rising from 37% to 51% (the number saying “less than good” being 8%, less than half of the 2018 value of 18%).



12. Within past year has anyone in your household been personally affected by opiate abuse or addiction?

4% report that somebody in their household has been affected by opiate abuse or addiction within the past year. This is not significantly different from the other counties in the region nor from previous years. No significant differences found among demographic subgroups.

Awareness and Access of Suicide Prevention Resources

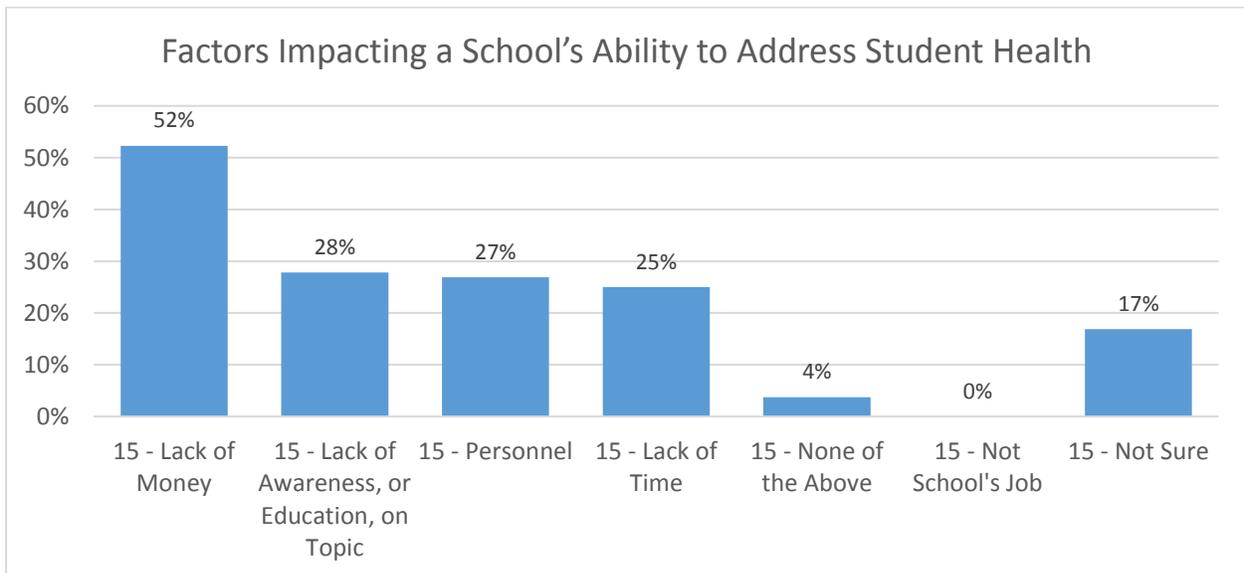


13. "I am aware of at least one resource to which I could refer somebody who seemed at risk for suicide."

Seven in nine agree that they are aware of at least one suicide prevention resource (78%). Those who are more likely to disagree with this are those over the age of 75 (compared to those under the age of 55), those with no college education, and those with an annual household income under \$25,000.

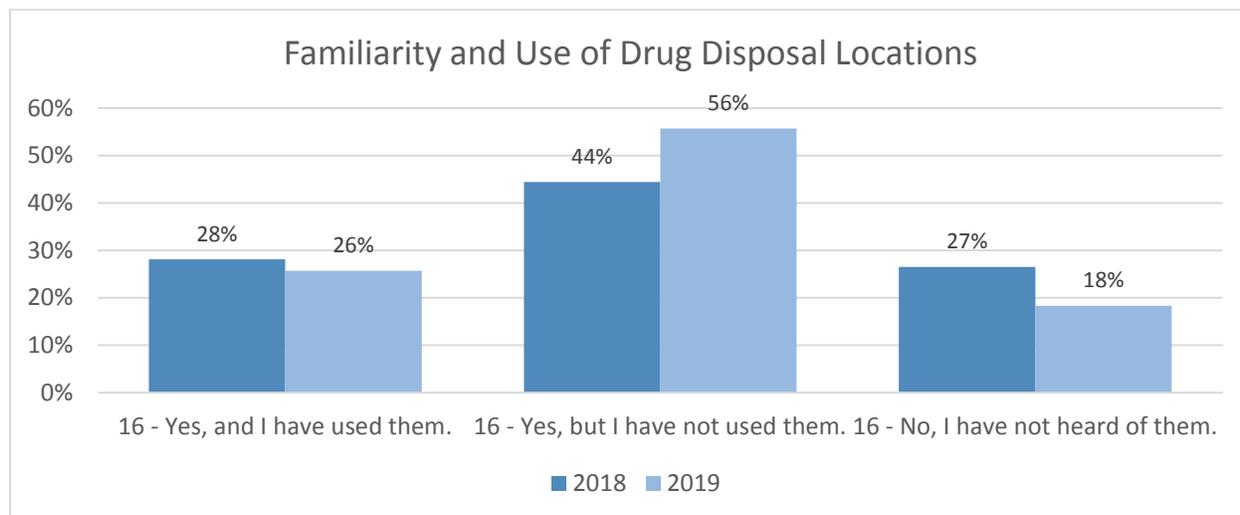
14. In the past year have you referred somebody to suicide prevention resources, or accessed them yourself?

One in ten have accessed suicide prevention resources for either themselves or others (9%). Most likely to have accessed these resources are women, those with at least a four-year degree, those with an annual household income between \$25,000 and \$75,000 (compared to those with an income under \$25,000), and those with children in the home.



15. What factors do you believe impact a school’s ability to address the overall health of students? Note: Respondents could choose multiple factors.

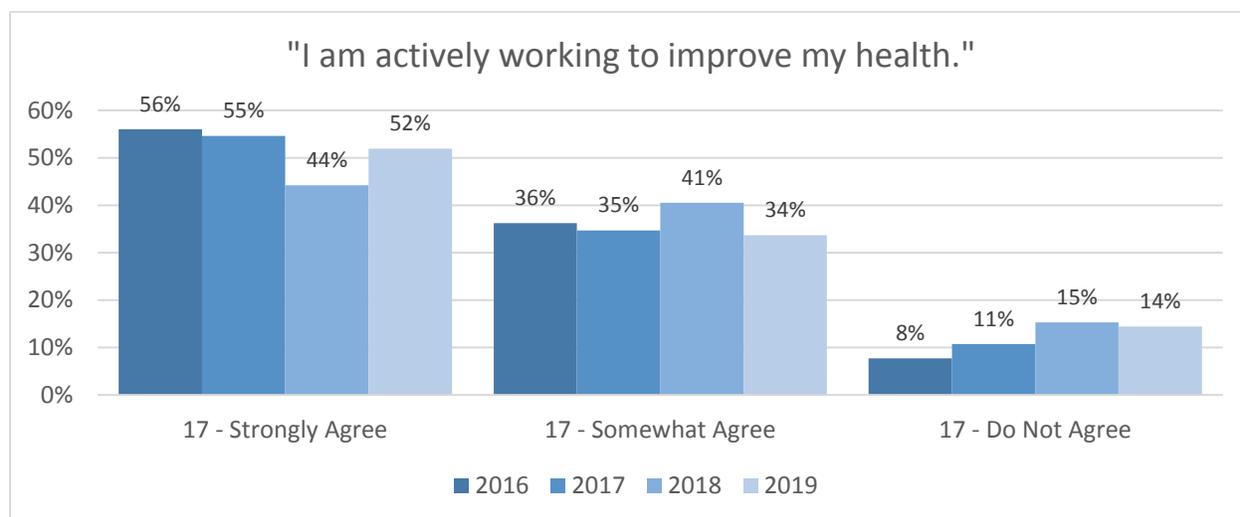
The most commonly cited factors are a lack of money (52%), a lack of awareness, or education, on the topic (28%), personnel (27%), and a lack of time (25%).



16. Are you aware of drug disposal locations where you can safely dispose of unused medicine?

Just under three quarters report being aware of drug disposal locations (73%). There are significantly fewer people reporting that they are unaware of such locations (27% in 2018 falling to 18% in 2019). Women are more likely to have used drug disposal locations, as are those with at least a four-year degree than those with no college education. Those with children in the home are less likely to have heard of these locations than those without children at home.

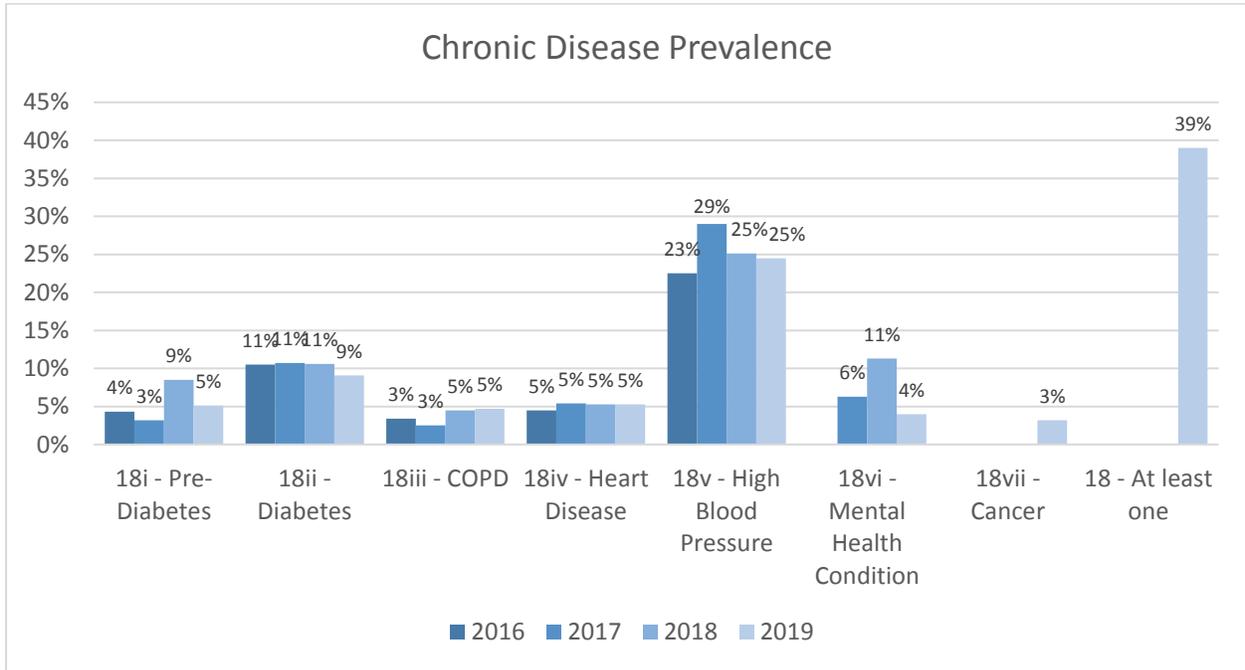
Personal Health



17. "I am actively working to improve my health."

Approximately eight in nine agree that they are working to improve their health (87%). Among those

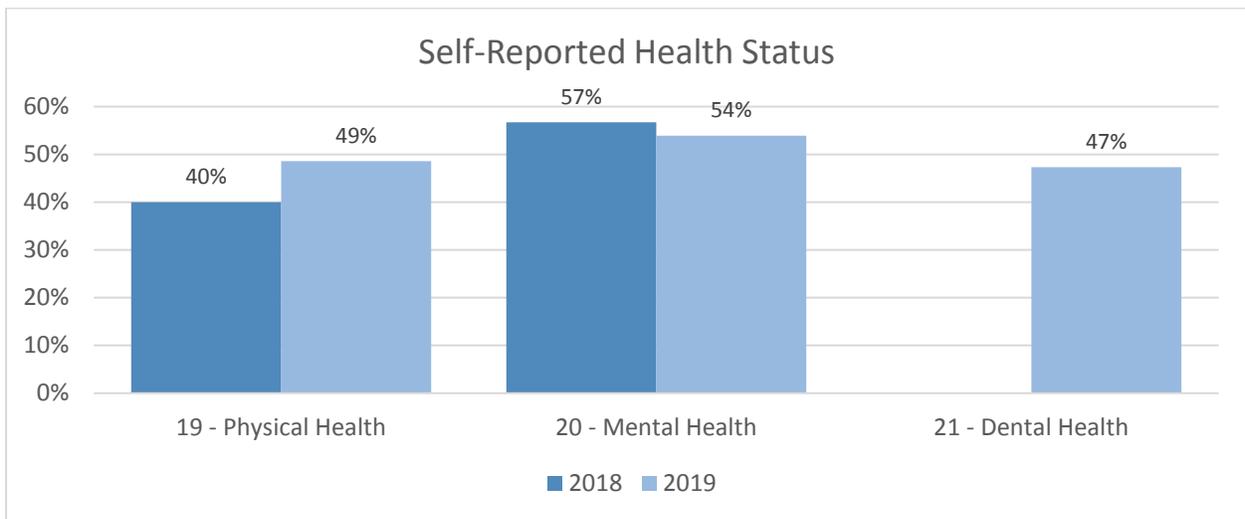
more likely not to agree are those with an annual income under \$50,000 compared to higher income levels.



18. Have you been diagnosed by a medical professional with ___?

Two in five report being diagnosed with at least one of the following seven chronic conditions: pre-diabetes, diabetes, COPD, heart disease, high blood pressure, a mental health condition, and cancer (39%). Most likely to be diagnosed with at least one condition are those over the age of 55 (compared to those under the age of 45), those with an annual household income under \$25,000 (compared to those making above \$50,000 annually), and those without children in the home. Details on each condition are as follows:

- i. Pre-Diabetes: 5% have been diagnosed. Significantly lower than the 2018 value of 9%.
- ii. Diabetes: 9% have been diagnosed. Not significantly different from previous years.
- iii. COPD: 5% have been diagnosed. Not significantly different from previous years.
- iv. Heart Disease: 9% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among those over the age of 75, those with an annual income under \$25,000, and those without children in the household.
- v. High Blood Pressure: 25% have been diagnosed. Not significantly different from previous years. Higher rates of diagnosis among those over the age of 55, those with an annual income under \$25,000, and those without children in the household.
- vi. Mental Health Condition: 4% have been diagnosed. Significantly lower than the 2018 value of 11%. Higher rates of diagnosis among those with a veteran in the household compared to those with no military affiliation.
- vii. Cancer: 3% have been diagnosed. No trend data available.



19. How would you rate your physical health? (% "Excellent" or "Very Good" shown)

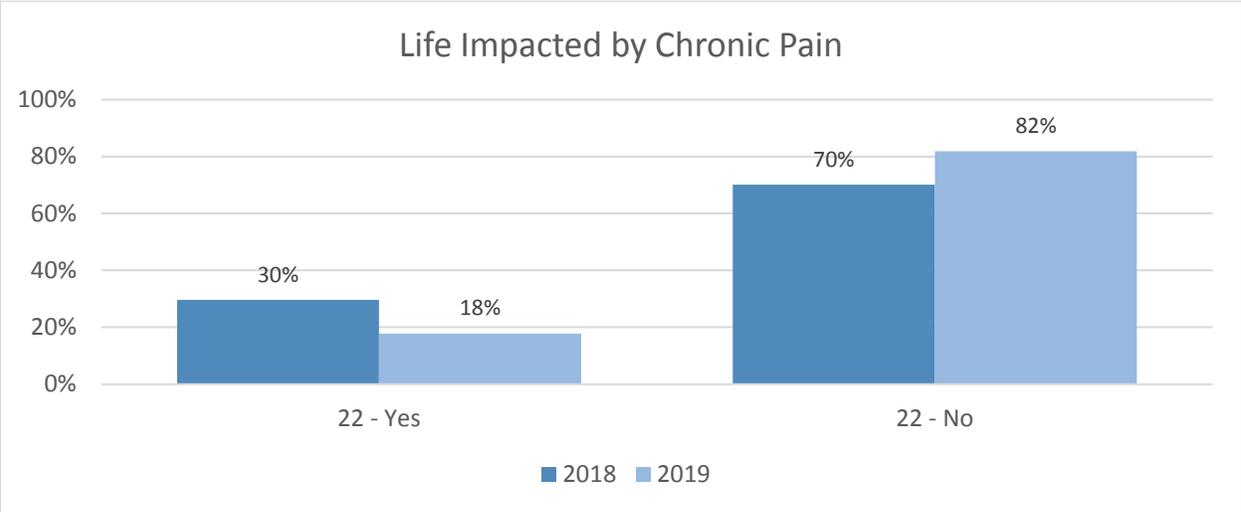
49% rate their physical health as “excellent” or “very good.” This rises to 90% when including the respondents reporting their physical health as “good.” There are significantly fewer reporting that their physical health is “less than good” when compared to last year’s value (22% in 2018, 10% in 2019). The older age groups, and those with an annual household income of under \$25,000 are more likely to say their physical health is “less than good.”

20. How would you rate your mental health? (% "Excellent" or "Very Good" shown)

54% rate their mental health as “excellent” or “very good.” This rises to 93% when including the respondents reporting their mental health as “good.” Men, those with a lower annual household income, and those of minority race/ethnicity are more likely to say their mental health is “less than good.”

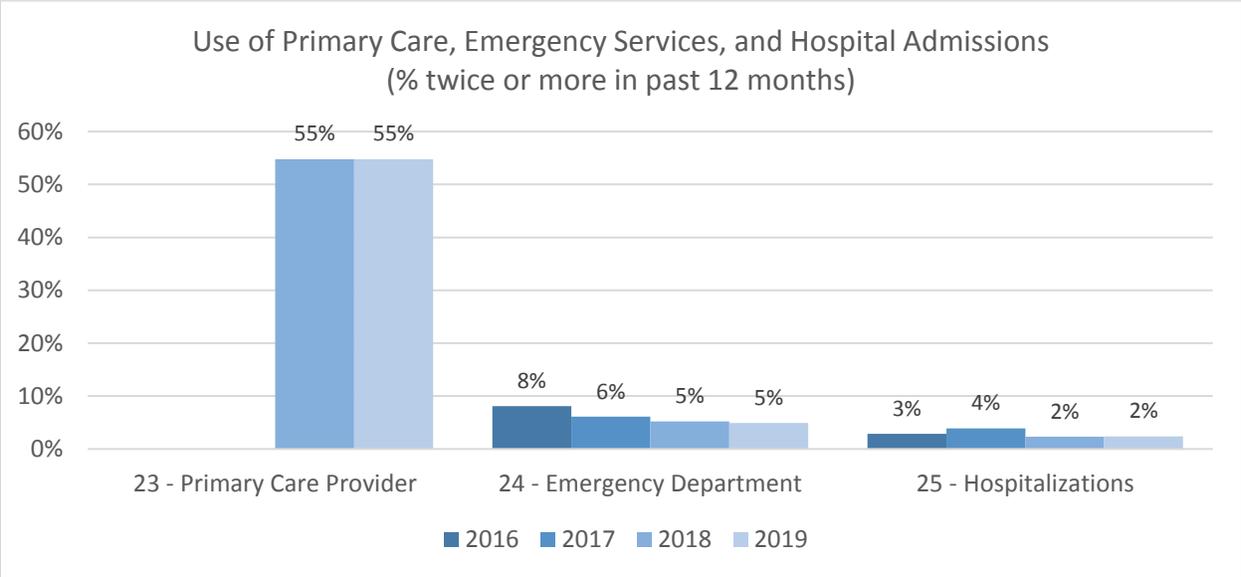
21. How would you rate your dental health? (% "Excellent" or "Very Good" shown)

47% rate their dental health as “excellent” or “very good.” This rises to 90% when including the respondents reporting their dental health as “good.” Those with an annual household income of under \$25,000, and those of minority race/ethnicity are more likely to say their dental health is “less than good.”



22. Within the past year, has chronic pain limited your ability to follow your usual routines?

Under one fifth of Lewis County residents report that their life has been limited by chronic pain (18%). Not only is this rate significantly lower than the 2018 value of 30%, but it is also significantly lower than the rates of the other counties in the region (27% in Jefferson County, 29% in St. Lawrence County). Among those more likely to have been impacted by chronic pain are those over the age of 45, those with an annual household income below \$25,000, and those with a veteran in the household.



23. How many times in the past 12 months have you been to your primary care doctor's office, including both routine check-ups and occasions when you were ill? (% "Twice or more" shown)

Four in five have been to their primary care provider's office at least once in the past year (79%), and over half have been twice or more (55%). Among those most likely to have not visited their primary care

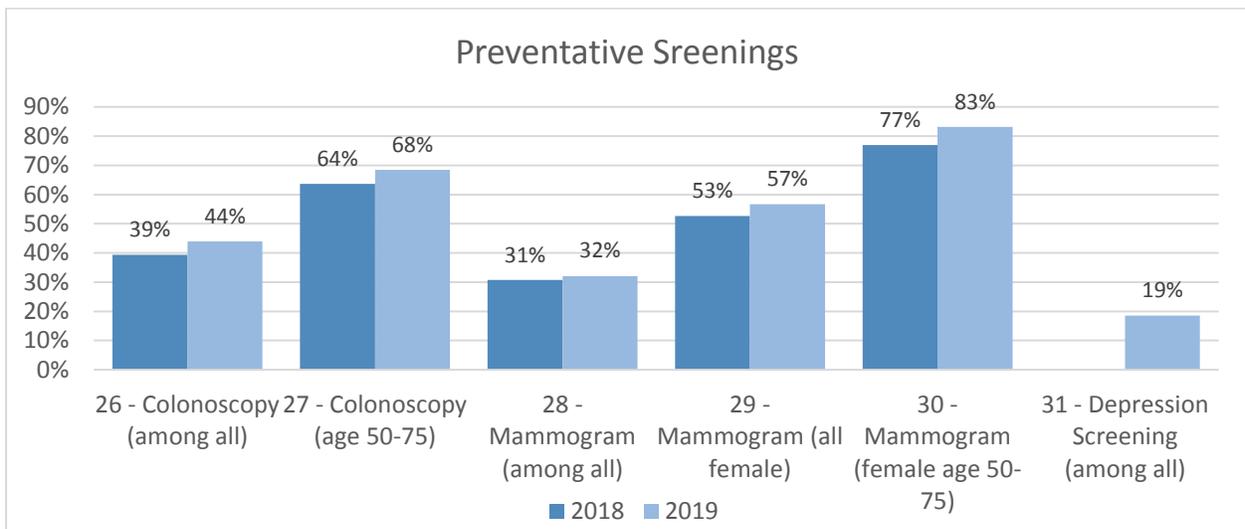
provider within the past year are men, those between the ages of 18 and 34 (compared to those over the age of 45), and those with children in the home.

24. How many times in the past 12 months have you received care in an emergency room? (% “Twice or more” shown)

Four in five have not received care in the emergency room within the past year (80%). Of those who have been to the emergency room for care, a quarter have had two or more visits (5%). Those in Lewis County are significantly more likely to have not visited the emergency room in the past year than those in neighboring counties (74% in Jefferson County, 70% in St. Lawrence County). Among those most likely to have visited the emergency room for care multiple times within the past year are those with an annual household income under \$25,000 (compared to those making over \$75,000 a year), those with a veteran in the household, and the Medicare population.

25. How many times in the past 12 months have you been admitted to a hospital? (% “Twice or more” shown)

Nine in ten Lewis County residents have not been admitted to a hospital within the past year (90%). 10% have been admitted to the hospital at least once, and 2% have been admitted to the hospital twice or more in the past year. Among those most likely to have been admitted to a hospital multiple times in the past year are those with a veteran in the household.



26. Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% “Yes” among all participants)

Over two in five report having had a colonoscopy or colorectal cancer screening within the past 10 years (44%). Among all participants, those most likely to have had this preventative screening are women, and those over the age of 35, but especially those over the age of 55.

27. Have you had a colonoscopy or colorectal cancer screening in past 10 years? (% “Yes” among all participants age 50-75)

Once narrowing the focus to participants between the ages of 55 and 75, over two thirds have had a colonoscopy or colorectal cancer screening within the past 10 years (68%).

28. Have you had a mammogram within the past 2 years? (% “Yes” among all participants)

Approximately one third report having had a mammogram within the past 2 years (32%). Among all participants, those most likely to have had this preventative screening are women, and those over the age of 45.

29. Have you had a mammogram within the past 2 years? (% “Yes” among all female participants)

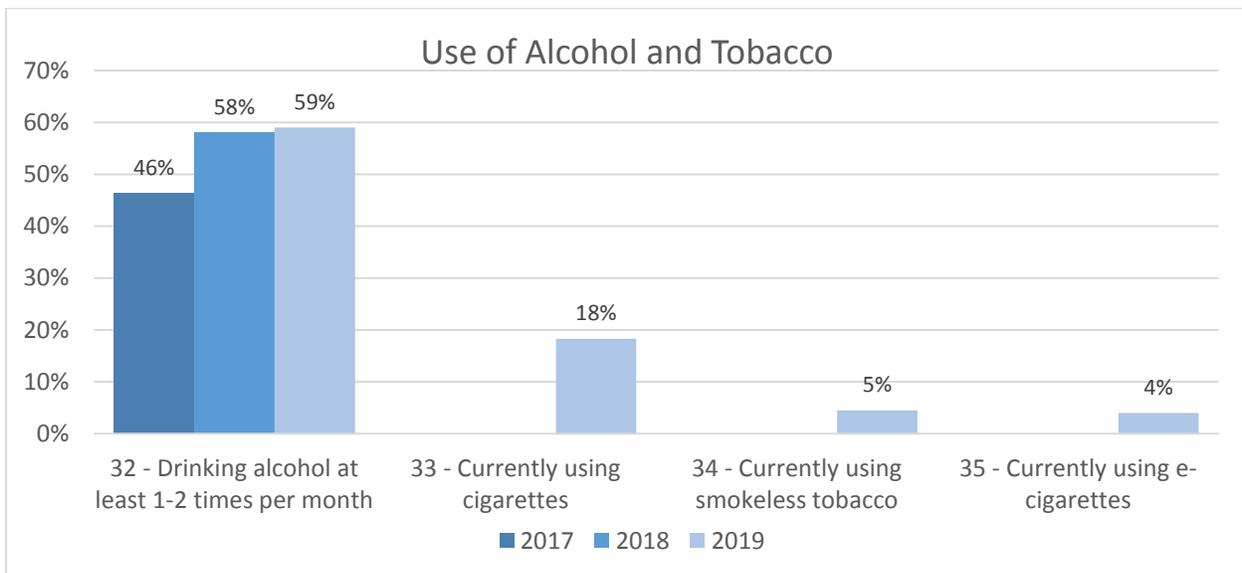
Once narrowing the focus to female participants, four in seven report having had a mammogram within the past 2 years (57%). Among all female participants, those most likely to have had this preventative screening are over the age of 35, but especially between the ages of 45 and 74.

30. Have you had a mammogram within the past 2 years? (% “Yes” among all female participants age 50-75)

Further narrowing the focus to female participants between the ages of 55 and 75, five in six report having had a mammogram within the past 2 years (83%).

31. Have you had a depression screening within the past year? (% “Yes” among all participants)

Nearly one fifth of Lewis County residents report having had a depression screening within the past year (19%). Among those most likely to report having had this screening are those with at least some college education, and those with a veteran in the household.



32. How frequently do you have any kind of drink containing alcohol? (% at least 1-2 times per month shown)

Two fifths of Lewis County residents have a drink containing alcohol no more than once or twice a year (40%, 23% saying they never drink, 16% saying their drinking is no more frequent than once or twice a year). The remainder report having a drink containing alcohol at least once or twice a month (59%, 17% saying they drink more than twice per week, 42% saying at least once or twice per month but no more than twice per week). Men are more likely to report drinking more than twice a week than women, as are those with no college education, or those without children in the home.

33. Which of the following best describes your use of cigarettes? (% Currently using either “Everyday” or “Some Days”)

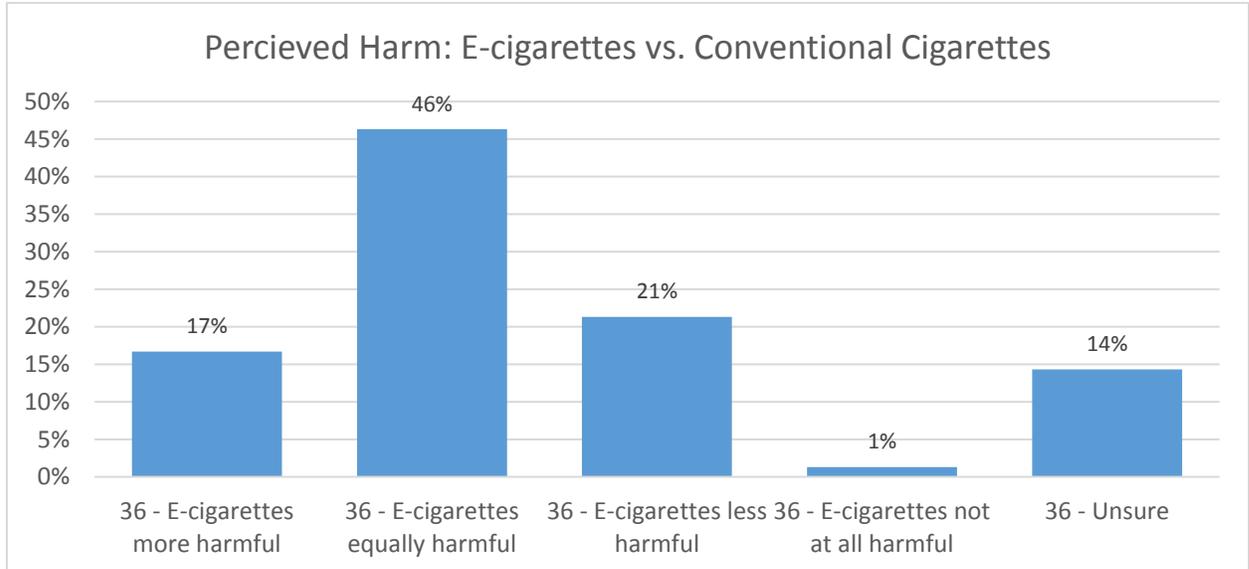
18% report that they currently use cigarettes (4% use cigarettes only some days, 14% use cigarettes every day). Three in five have never used cigarettes (61%), and one fifth formerly used cigarettes (21%). Among those most likely to currently use cigarettes are those with less than a four-year degree, those with an annual household income under \$25,000, and the Medicaid population.

34. Which of the following best describes your use of smokeless tobacco, including chew, snuff, or dip? (% Currently using either “Everyday” or “Some Days”)

5% report that they currently use smokeless tobacco (2% use smokeless tobacco only some days, 3% use smokeless tobacco every day). Over nine in ten have never used smokeless tobacco (92%), and 3% formerly used smokeless tobacco. Lewis County residents are significantly more likely to have never used smokeless tobacco than either of the other counties in the region (84% in Jefferson County, 86% in St. Lawrence County). Among those most likely to currently use smokeless tobacco are those without children in the household, and the uninsured population.

35. Which of the following best describes your use of e-cigarettes or other electronic vaping products? (% Currently using either “Everyday” or “Some Days”)

4% report that they currently use e-cigarettes (1% use e-cigarettes only some days, 3% use e-cigarettes every day). This is significantly lower than either of the other counties in the region (9% in Jefferson County, 10% in St. Lawrence County). Well over nine in ten have never used e-cigarettes (96%), and 0% formerly used e-cigarettes. Among those most likely to currently use e-cigarettes are those with some college education (compared to those with no college), and the uninsured and Medicaid populations.

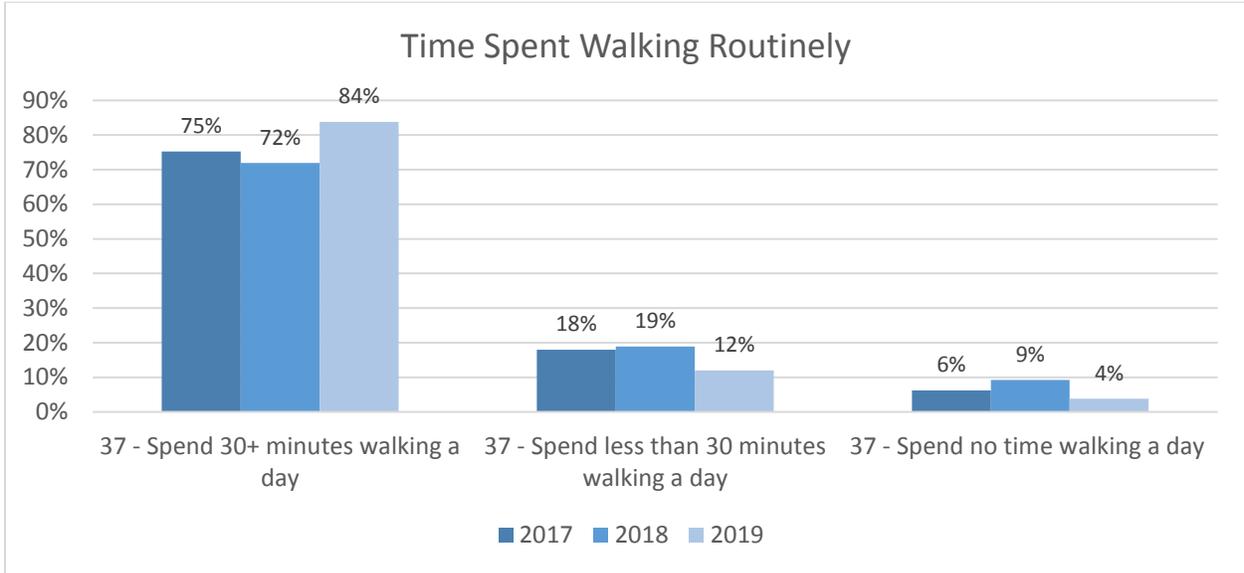


36. Which of the following most closely reflects your opinion on the harm of e-cigarettes including other electronic vaping products when compared to cigarettes?

Lewis County residents overwhelmingly believe that e-cigarettes are harmful to one’s health with only 1% believing they are not at all harmful. When comparing them to traditional cigarettes, the most commonly reported belief is that e-cigarettes and cigarettes are equally as harmful (46%). One sixth feel

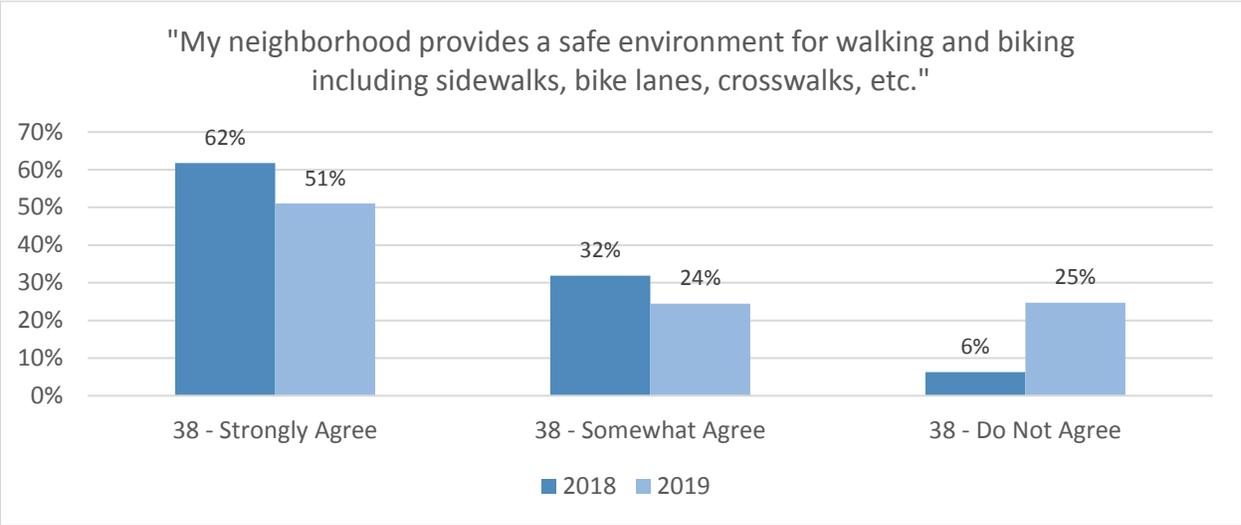
that e-cigarettes are more harmful than cigarettes (17%), and one in five feels that e-cigarettes are less harmful than cigarettes (21%). The remaining 14% were unsure. A notable difference among subgroups are that men are more likely to say that e-cigarettes are less harmful than traditional cigarettes.

Lifestyle



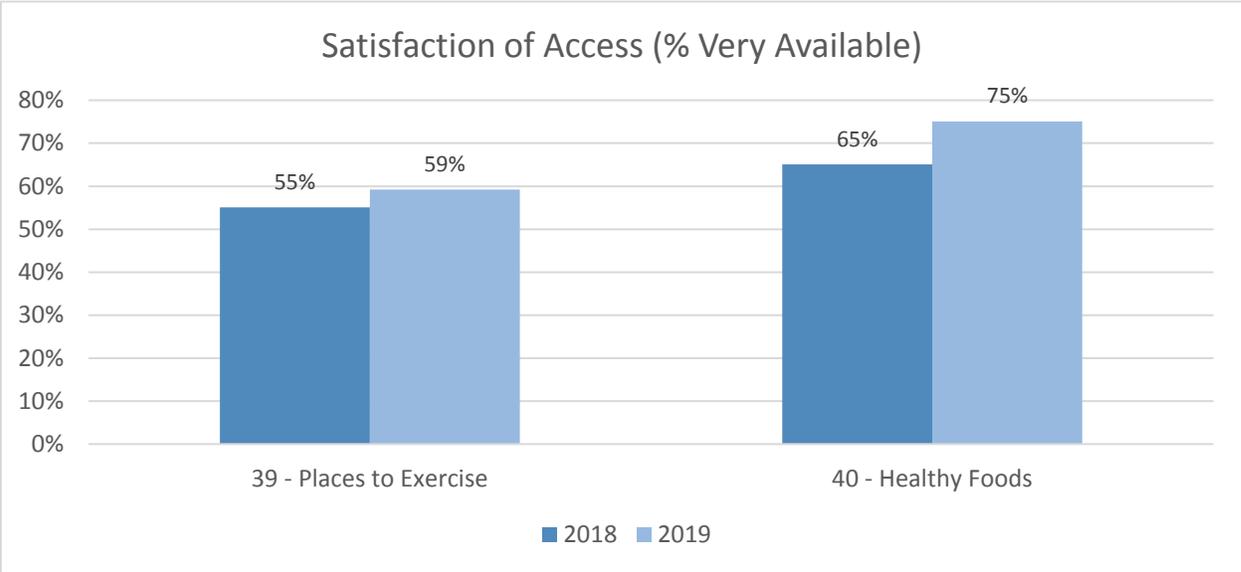
37. How much time do you spend walking as a part of your normal routine on a typical day?

Lewis County residents continue to walk as a normal routine with five in six reporting that they spend 30 minutes or more walking on a typical day (84%). This is significantly higher than the values of previous years (75% in 2017, 72% in 2018) and higher than the values for the other counties in the region (76% in both Jefferson and St. Lawrence Counties). A small percentage report regularly spending no time walking as a part of their day (4%). The demographics more likely to walk for at least 30 minutes a day are those under the age of 55 (in comparison to those over the age of 65), those with an annual household income over \$25,000, and those with children in the home.



38. "My neighborhood provides a safe environment for walking and biking including sidewalks, bike lanes, crosswalks, etc." Note: Question modified in 2019 by adding the phrasing "biking including sidewalks, bike lanes, crosswalks, etc." Use caution when observing trends.

Three in four Lewis County residents agree that their neighborhood provides the infrastructure for safe active transportation (75%). Women are more likely to disagree with this statement than men.



39. How would you rate your family's access to places you can walk and exercise, either indoors or outdoors? (% "Very Available" shown)

Nearly three in five rate the access to exercise locations as "very available" (59%) and this increases to seven in eight when including the number rating access as "at least somewhat available" (87%). However, since 2018, the percentage reporting access as "less than somewhat available" has significantly increased from 8% to 13%. Women are more likely to say "less than somewhat available" than men.

Among those more likely to rate the access as “very available” are men, and those with an annual household income over \$75,000 (compared to those with an income under \$25,000).

40. How would you rate your family's access to healthy foods, including fruits and vegetables? (% "Very Available")

Three in four rate the access to healthy foods, such as fruits and vegetables, as “very available” (75%) and this increases to about nineteen in twenty when including the number rating access as “at least somewhat available” (94%). Since 2018, the percentage reporting access as “very available” has significantly increased from 65% to 75%. Most likely to say “less than somewhat available” are those with an annual household income under \$25,000 (when compared to the households making over \$75,000 annually).

Cover Page

Service Area

Lewis County, NY

Participating Local Health Department

Lewis County Public Health Agency

Ashley Waite, RN, BSN, MPH

7785 North State St. Suite 2

Lowville, NY 13367

315-376-5453

ashleywaite@lewiscounty.ny.gov

www.lewiscountypublichealth.com

Participating Hospital

Lewis County Health System

Jerry Cayer, CEO

7785 North State St.

Lowville, NY 13367

315-376-5200

jcayer@lcgh.net

www.lcgh.net

Participating Coalitions

Lewis County Priorities Council

North Country Health Compass Partnership

Community Health Assessment

Completed by Fort Drum Regional Health Planning Organization

Executive Summary

Prevention Agenda Priorities

Lewis County has selected five focus areas:

1. Prevent Chronic Diseases: Healthy Eating and Food Security
2. Prevent Chronic Diseases: Physical Activity
3. Prevent Chronic Diseases: Preventive Care and Management
4. Promote Healthy Women, Infants and Children: Maternal and Women's Health
5. Promote Well-Being and Prevent Mental and Substance Use Disorders: Prevent Mental and Substance Use Disorders

Health Disparity

Those living in poverty were determined to be the prevailing disparity based on the data evaluated. The priorities selected will all address those living in poverty. Below are the specific strategies that will address the chosen health disparity:

- Screen for food insecurity, facilitate and actively support referral
- Adopt Complete Street resolutions, policies, or ordinances.
- Increase delivery of evidence-based preventive dental services across key settings, including school-based and community-based primary care clinics.
- Implement Comprehensive School Physical Activity Programs at local schools.

Changes to Priorities

Based on the increasing rates of obesity in children and adults and the high suicide rate for Lewis County, the coalitions working with Lewis County Public Health chose to narrow the Improvement Plan focus to only the reduction of obesity and suicide prevention.

Opioid overdose was identified as an emerging issue in Lewis County. This issue was discussed at stakeholder meetings. The Community Services Department of Lewis County and providers are developing a plan and strategies to address the opioid overdose issue. Lewis County Public Health will continue to be a partner on opioid issues as well as any other emerging issues.

Data

The Tug Hill Seaway Region Community Health Assessment December 2019 and the 2019 Community Health Assessment Survey of Adult Residents were utilized to review existing

priorities and determine any new priorities to be identified. Please see the *Tug Hill Seaway Region Community Health Assessment December 2019* for all data sources.

Participation

Lewis County Public Health completed its Community Health Assessment and Community Health Improvement Plan utilizing two partnership groups: the Priorities Council of Lewis County and the North Country Health Compass Partners Committee. The Priorities Council is comprised of the health and human services providers – both county and community-based organizations – serving the residents of Lewis County. The Priorities Council committed itself to assist Lewis County Public Health with the assessment and priorities setting process. These organizations serve the health, human, social, and physical needs of the community and represent a variety of groups, sectors and activities. Three Priority Council meetings (September, October and November) and several committee meetings were dedicated to the process. Twenty-seven stakeholders participated in the meetings.

Concurrent to the Lewis County health assessment and improvement planning process, Lewis County Public Health and many other Lewis County stakeholders participated in a regional planning process conducted by the Fort Drum Regional Health Planning Organization (FDRHPO). The Tug Hill Seaway region utilized the North Country Health Compass Partners Committee Meetings to discuss the regional Community Health Assessment. The regional planning encompassed Jefferson, Lewis and St. Lawrence counties and utilized a similar planning process. Results of the Community Health Assessment were presented to the North Country Health Compass Partners Committee and to the Priorities Council members for their use in planning.

Participants included representation from the following organizations:

Lewis County Public Health	Fort Drum Regional Health Planning Organization
Lewis County Community Services	CNY Development Disabilities Services Organization
Lewis County Department of Social Services	Jefferson Rehabilitation Center
Lewis County Health System	Lewis County opportunities
Lewis County Office for the Aging Life Plan	Lewis County Planning and Community Development
Lewis County Probation	Mountain View Prevention Services
ACR Health	New York Connects
Lewis County Head Start	North Country Family Health Center
CNY Health Home	North Country Prenatal Perinatal Council
Credo Community Center	Northern Regional Center for Independent Living
Snow Belt Housing Company	Planned Parenthood of the North Country
The ARC Oneida Lewis NYSARC	Resolution Center of Jefferson/Lewis Counties
Volunteer Transportation Center	Transitional Living Services of Northern NY

Other constituencies represented in the community health improvement process included:

Community Members
Consumers of Services

Schools
Health Care Providers

Community Engagement

The Priorities Council and the North Country Health Compass Partners Committee engaged the community through the *2019 Community Health Assessment Survey of Adult Residents*. As priorities and strategies were being formed, Lewis County Public Health staff engaged potential partners in developing the intervention selection process.

Process

The assessment framework outlined by the Association for Community Health Improvement (ACHI) was utilized for the development of the Community Health Assessment and Improvement Plan. The prioritization process took place between September and November 2019 with members of the Priorities Council and other stakeholders. Priorities were identified based on health outcomes that did not meet state benchmarks, as well as health disparity.

Evidence Based Strategies and Activities

Stakeholders reviewed objectives and activities outlined in the New York State Prevention Agenda 2019-2024 Action Plan to determine interventions appropriate for Lewis County. Several factors were taken into account, including demographics, economics, geography and socioeconomic factors of the county. The Health Impact Pyramid was also referenced in coalition meetings in order to select the most impactful strategies. Research was conducted to identify evidence-based interventions to reach performance indicators. Briefly, the following interventions were selected for each of the priorities:

1. Prevent Chronic Disease
 - a. Screen for food security
 - b. Adopt Complete Streets resolutions, policies or ordinances
 - c. Implement CDC's Comprehensive School Physical Activity Program in local school districts
 - d. Formalize Joint Use Agreements with local schools and community facilities
 - e. Increase testing for and screening for prediabetes
 - f. Promote the use of Health Information Technology for bi-directional referrals
 - g. Counsel and refer patients with arthritis to evidence-based interventions
 - h. Expand access to evidence based self-management interventions and the National Diabetes Prevention Program
2. Promote Healthy Women, Infants, and Children

- a. Increase access to peer support via home visits for mothers in the prenatal and early postpartum period
 - b. Increase support for breastfeeding in the workplace
 - c. Increase delivery of evidence based preventative dental services across key settings, including school based and community based primary care clinics
3. Promote Well-Being and Prevent Mental and Substance use Disorders
- a. Strengthen access and delivery of suicide care through Zero Suicide, a commitment to comprehensive suicide safer care in health and behavioral health systems
 - b. Identify and support people at risk-Gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent reattempts, postvention, safe reporting and messaging about suicide

Progress and Improvement Tracking

Progress of plan implementation will be monitored on an ongoing basis. Several families of measure have been identified for each intervention, including input measure, output measure, short term outcomes, intermediate outcomes, and long-term outcomes. Evaluation will occur on monthly basis internally to ensure plan progress and success. Progress reporting will occur on a quarterly basis to the Lewis County Priorities Council. Partner input will be gathered, barriers will be addressed, and if needed mid-course corrections will be implemented. See the 2019 workplan for a full list of measures to be tracked.

Plan Dissemination

This plan will be distributed to all members of the Lewis County Priorities Council and made available on the Lewis County website at www.lewiscountypublichealth.com