

North Country Initiative DSRIP Community Needs Assessment

TUG HILL SEAWAY REGION

JEFFERSON, LEWIS, AND ST. LAWRENCE COUNTIES, NEW YORK

Presentation of Results

North Country Initiative Delivery Reform Incentive Payment Program *Community Needs Assessment: Tug Hill Seaway Service Area*

Conducted by the Fort Drum Regional Health Planning Organization for the:

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Introduction and Background

In April 2013, the Fort Drum Regional Health Planning Organization (FDRHPO) was awarded a New York State Rural Health Network Development Grant. A key grant objective was to develop a 2013 regional Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The region was defined to include Jefferson, Lewis and St. Lawrence Counties, New York. To facilitate a collaborative assessment and plan, FDRHPO established a steering committee (North Country Health Compass Partners) with representation from the region's public health agencies, hospitals and several community-based organizations.

The NYS Department of Health advised that the DSRIP¹ Community Needs Assessment (CNA) should build upon existing 2013 Community Health Assessments (CHA), such as the document prepared by the North Country Health Compass Partners in alignment with the New York State Prevention Agenda^{2,3}. The 2013 CHA was one of several selected by the Department of Health as an assessment strong enough to serve as a resource to prioritize and plan services⁴. The 2013 CHA of the entire regional population therefore serves as the basis for the development of this CNA, with the understanding that the primary focus of DSRIP is the Medicaid and uninsured population. Pertinent excerpts from the 2013 CHA have been included in this DSRIP CNA. These excerpts offer an understanding of the region and provide the population health metrics to inform Domain 4 project selections.

North Country Initiative

The North Country Initiative (NCI) was formed to facilitate shared governance and health care service restructuring to reduce the cost of care and improve the quality and experience of care for the residents of the Tug Hill Seaway region. The NCI is a physician-led, hospital capitalized multi-stakeholder collaborative serving the rural counties of Jefferson, Lewis and the southern and western river districts of St. Lawrence County. The NCI PPS includes over 500 physician and community providers in independent practices, hospital-owned clinics, behavioral health organizations, schools, public health agencies, federally qualified health centers, home care agencies, long term care facilities and the following six hospitals: Carthage Area Hospital, River Hospital, Samaritan Medical Center, Clifton-Fine Hospital, Claxton-Medical Center and Massena Memorial Hospital. Samaritan Medical Center was unanimously elected by the NCI Leadership and confirmed by the PAC to serve as the lead entity for the purposes of the NCI PPS.

Purpose of the Assessment

The purpose of the DSRIP Community Health Needs Assessment of the Tug Hill Seaway Region is to provide the NCI with a solid understanding of the health status of the population and the components of the healthcare system and available community resources to ensure that Delivery System Reform Incentive Payment Program (DSRIP) projects selected address the greatest needs of the community.

This report fulfills the requirement that DSRIP Performing Provider Systems (PPS) conduct a comprehensive community needs assessment of their service area. The service area includes Jefferson County, Lewis County and sections of St. Lawrence County (specifically southern St. Lawrence and the communities along the St. Lawrence River). Prior to submission, the report was reviewed and approved by the North Country Health Compass Partners, the North Country Initiative (NCI) Project Advisory Committee (PAC), multiple DSRIP Stakeholder groups and the NCI Board of Managers.

Within the report, comparisons are made to benchmarks. Indicators that do not meet the comparison benchmark are highlighted in **red**. Tables in **green** apply to the total region and tables in **blue** the target Medicaid and uninsured only.

¹ DSRIP – Delivery System Reform Incentive Payment:

https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm

² https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

³ 2013 Community Health Assessment: http://assets.thehcn.net/content/sites/fortdrum/Regional_CHA_FINAL.pdf

⁴ http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/implementation/examples.htm

Process and Methodology

This assessment utilized both secondary research methodology from multiple state, federal and local data sources, and primary research in collaboration with community partners to give the residents of the Tug Hill Seaway Region a voice in identifying and addressing their health needs. The primary purpose of the CNA was to gather information about Tug Hill Seaway health needs and identify gaps in service and/or the care continuum for the Medicaid and uninsured populations of the region to ensure health improvement initiatives and projects undertaken for the NCI DSRIP align with community needs to produce improved patient outcomes and care utilization patterns. The assessment was conducted over a six month period of time from June 1, 2014 – December 1, 2014 and utilized both quantitative and qualitative research.

Quantitative Research

1. **Secondary Statistical Data** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the Tug Hill Seaway Region was compiled and contrasted with Upstate, NYS and Federal data sets. Some of the data utilizes the full population of residents and some is targeted specifically to the Medicaid and uninsured populations of the region. Data was gathered from over 40 sources. Specific citations for each source are included within tables and as footnotes throughout this document. Sources include:
 - a. NYS DSRIP Chartbooks
 - b. NYS DSRIP Dashboards
 - c. NYS Prevention Agenda Dashboards
 - d. NYS Statewide Planning and Research Cooperative System (SPARCS)
 - e. NYS DOH Office of Quality and Patient Safety
 - f. Center for Medicare and Medicaid Services (CMS)
 - g. US Census Bureau
 - h. North Country Health Compass
 - i. Association of Statisticians of American Religious Bodies
 - j. American Hospital Association
 - k. NYS Center for Health Workforce Studies
 - l. Health Resources and Services Administration (HRSA)
 - m. Agency for Healthcare Research and Quality (AHRQ)
2. **Inventory and Assessment of Healthcare and Community Resources**
 - a. The North Country Prenatal-Perinatal Council has compiled a comprehensive online Northern New York Directory of Community Services. This Directory was used to inform the inventory.
 - b. The inventory was then expanded through multiple methods to include descriptions of hours of services and facility mapping.
 - c. An analysis of capacity of existing resources to meet community need was conducted to facilitate understanding of gaps in service and/or excess capacity.

Stakeholder Engagement and Qualitative Research

3. **2014 Primary Survey Research** - A health needs survey (in both paper and online formats) was distributed by community partners who interface directly with the target population. A total of 1,538 surveys (837 online, 701 paper) were collected. The goal of the survey was to engage low-income, Medicaid beneficiaries and uninsured residents of the three-county region (Jefferson, Lewis, and St. Lawrence Counties) and gauge their perceptions of health needs in the community. The survey was specifically designed to inform the Tug Hill Seaway DSRIP Community Needs Assessment.
 - a. **Design:** The instrument was designed to be accessible to individuals literate at the 4th or 5th Grade Reading level. The entire survey and each question was worded to facilitate completion by high-risk populations. The instrument was kept brief, while covering a range of health issues such as access-to-

care, community health needs, and awareness of prevention resources. The design relied on input from multiple stakeholders.

- b. **Duration of collection:** The survey was open to community residents from October 1 – 14, 2014.
- c. **Distribution:** The instrument was distributed using an online survey tool (Survey Monkey), where respondents accessed the survey by following a web link that was widely distributed and referenced on agency websites. In addition, paper copies of the instrument were distributed at facilities and agencies that service a high proportion of Medicaid beneficiaries and the uninsured. Locations for paper-based survey distribution included emergency rooms, outpatient behavioral health and alcohol and substance abuse clinics, residential OPWDD sites, FQHCs, Departments of Social Services and Probation Departments

4. **2013 Primary Survey Research** – The North Country Community Health Survey, which informed the 2013 Regional Community Health Needs Assessment, was also referenced and included in this document to guide the selection of Domain 4 projects. A total of 1,379 surveys were completed online. The goal of the North Country Community Health Survey was to engage all residents of the three-county region (Jefferson, Lewis, and St. Lawrence Counties) and gauge their perceptions of health needs in the community. Ultimately, the survey was designed to inform the regional CHA/CHIP process undertaken through a collaboration between public health agencies, hospitals and community-based organizations.
 - a. **Design:** The instrument was modeled after a survey distributed within St. Lawrence County for the purpose of assessing health needs within that region. A vast range of health related topics were covered, including specific diseases and conditions, health risks, access to care, prevention, and community health needs.
 - b. **Duration of collection:** The survey was open to community residents from June 1st through July 1st, 2013.
 - c. **Distribution:** The instrument was distributed using an online survey tool (Survey Monkey). Respondents accessed the survey by following a web link.
 - d. **Promotion:** Information about the survey was sent to regional health organizations/agencies and their affiliates, various news outlets, social media outlets, and private medical practices (along with respective patient portals). Flyers were also created and posted at various community sites (e.g. clinics and hospitals).

Other Stakeholder Engagement

Community engagement and feedback formed an integral part of the assessment process both in 2013 and for the DSRIP focused 2014 CNA. FDRHPO sought community input through surveys as outlined above, focus groups with community members, interviews with community stakeholders and communication with over 100 diverse community partners in the prioritization and implementation planning process.

Public health and health care professionals shared knowledge and expertise about health issues. Leaders and representatives of non-profit and community-based organizations provided insight on the community, with specific emphasis on the medically underserved, low income, and minority populations.

During the 2013 Community Health Needs Assessment, separate focus groups were held with key behavioral health stakeholders, healthcare workforce stakeholders, and population health stakeholders. In addition the preliminary findings of the report were shared with the North Country Health Compass Partners during monthly meetings. Preliminary data was also shared as follows:

- In an online survey tool to engage stakeholders in the selection of Prevention Agenda priorities and goals, which was open from July 29, 2013 to August 15, 2013.

- At the “Promote Mental Health and Prevent Substance Abuse” ad hoc work group session which was held on September 9, 2013.
- At the “Prevent Chronic Diseases” ad hoc work group session which was held on September 9, 2013.
- In a meeting with the sole regional pediatric dentist (Dr. Andrew Beuttenmuller) to brainstorm strategies to address oral health issues affecting children on September 13, 2013.
- At the “Promote Healthy Women, Infants and Children” ad hoc work group session which was held on September 16, 2013.
- In a meeting with the FDRHPO Provider Executive Committee (PEC), comprised of physicians within the region, on September 25, 2013.

During the 2014 DSRIP CNA expansion process, stakeholder engagement took place through multiple stakeholder working and focus groups including:

- 4 Workforce, 12 behavioral health, 9 care transitions, 3 population health, 5 physician working stakeholder group meetings
- Mental health and disability advocacy groups participated in workforce and behavioral health workgroups in addition to serving on the Project Advisory Committee
- The Project Advisory Committee (PAC) was engaged to review and comment on the draft as it was developed at bi-weekly meetings
- Key community leader input was sought to ensure a complete picture of the community, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Summary of Findings

Main Health and Health Service Challenges for Medicaid Beneficiaries

1. Health conditions in the Medicaid population getting insufficient primary, preventive and community based care

The health conditions in the community that significantly impact the Medicaid population and are not sufficiently resourced for achievement of health outcomes improvement are; mental illness and substance abuse disorders, diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), colorectal and other cancer screenings and children's dental caries.

- a. Mental diseases and disorder are the single highest major diagnostic category for Medicaid inpatient hospitalizations and emergency department visits in each of the counties served by the NCI PPS.
- b. The top five conditions that drive both inpatient and ED use for Medicaid beneficiaries are; mental diseases and disorders, cardiovascular disease, respiratory disease, diabetes, and substance abuse.

Tug Hill Seaway Medicaid Inpatient and Emergency Department Utilization				
County	Major Diagnostic Category	Beneficiaries with Condition	% Beneficiaries with Admissions	% Beneficiaries with ER Visits
Tug Hill Seaway	Mental Diseases And Disorders(MI)	20247	32%	56%
Tug Hill Seaway	Cardiovascular Disease	16576	40%	41%
Tug Hill Seaway	Respiratory Disease	7721	35%	53%
Tug Hill Seaway	Diabetes Mellitus	5205	34%	42%
Tug Hill Seaway	Substance Abuse (SA)	5106	62%	65%
Tug Hill Seaway	Combined MI and SA	25353	38%	58%
Tug Hill Seaway	Total Top Five	54855	38%	50%

- c. Of beneficiaries with the top five conditions driving hospital and ED use 38% had an inpatient admission in 2012 and 50% had utilized the emergency room.
- d. Beneficiaries with mental illness and substance abuse were the most likely to have utilized the emergency department 58%. Respiratory disease was the next leading driver of Medicaid emergency department use at 53% although, diabetes at 42% and cardiovascular with 41% are not far behind.
- e. The Tug Hill Seaway region exceeds both Upstate and NYS statewide on every single adult composite for avoidable hospitalizations including adult overall composite (PQI90) with 2144 avoidable admits per 100,000 beneficiaries as compared to the state rate of 1848 admits.
- f. Adult circulatory composite (PQI 107, 08) is 447 compared to statewide of 422 and Upstate rate of 366.
- g. Adult diabetes composite (PQI101, 03, 16) is 436 compared to NYS 372 and Upstate 364.
- h. Short-Term complications of diabetes and adult uncontrolled diabetes are of particular concern.
- i. Respiratory diseases are of concern and in particular COPD and bacterial pneumonia, often a complication of COPD. Adult respiratory composite (PQI05,15) is 599 compared to Upstate 481 and NYS 500. COPD composite is 1040 compared to Upstate 800 and NYS 814. Bacterial pneumonia is 312 compared to Upstate 276 and NYS 258.
- j. The Potentially Preventable ER Visit (PPV) rate is nearly double the NYS rate at 62 compared the NYS rate of 36 and the Upstate rate of 39.
- k. More than 26% of Medicaid and uninsured population surveyed for the CNA rated their health as fair or poor and almost 30% of Medicaid beneficiaries rated their mental health as fair or poor.

- l. When asked to rate the leading health issues for their community Medicaid beneficiaries rated mental health, substance abuse and tobacco use all in the top four along with cancer followed by obesity, diabetes and heart disease.
- m. Uninsured individual surveyed for the CNA rated the leading four health issues for their community as cancer, substance abuse, obesity and tobacco followed by diabetes, heart disease and mental health.

Leading Community Health Issues – Medicaid and Uninsured

	Medicaid Beneficiaries	Uninsured Individuals
1	Mental Health / Depression (62.4%)	Cancer (70.9%)
2	Cancer (58.7%)	Drug / Alcohol Abuse (65.5%)
3	Drug / Alcohol Abuse (57.3%)	Obesity (50.9%)
4	Tobacco Use (43.7%)	Tobacco Use (50.9%)
5	Obesity (43.2%)	Diabetes (38.18%)
6	Diabetes (40.5%)	Heart Disease (34.6%)
7	Heart Disease (37.9%)	Mental Health / Depression (32.7%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Population

2. Population Health Metrics

The total population health metrics mirror the Medicaid population’s needs with high rates of cardiac, diabetes, respiratory disease and mental illness and substance use disorders and avoidable ED visits and inpatient admissions for the same. The risk factors and risky behaviors of the population are those which contribute to these disease states.

- a. The premature death rate for the region at 25.6% is higher than either the Upstate (21.9%) or NYS rate (23.9%)
- b. Leading causes of preventable premature deaths are heart disease, respiratory disease, stroke, diabetes, cancer and suicide.
- c. More than 32% of the population is obese as compared to the NYS rate of 24.9%.
- d. More than 20% of the population smokes compared to the NYS rate of 15.6%.
- e. The rate of binge-drinking in the previous month is 24.7% compared to NYS rate of 17.8%.
- f. Less of the people in the region receive colorectal cancer screening 66.2% than NYS 69.3% or Upstate 70%.
- g. Substantially fewer children in federal health insurance programs receive well-child visits approximately 50% compared to NYSD at 69.9%.
- h. In all three counties the rate of untreated dental carries far exceeds the proportion for NYS hovering at nearly 40% compared to the state rate of 24%. This is further highlighted by an increasing trend of emergency department visits for children ages 3-5. More than 90 children ages 3-5 per 10,000 present at the EDs annually with complication of dental caries.
- i. The age adjusted heart attack hospitalization rate is 20.6 compared to the NYS rate of 15.2 and the rate of hospitalizations for diabetes is 6.3 compared to Upstate at 5.4 and NYS at 6.1.

3. Chronic diseases potentially preventable if services were available

Prevention services including preventive screenings and early intervention could result in decreases in the occurrence of, and the exacerbation of existing:

- a. Mental illness and substance abuse.
- b. Diabetes,
- c. Cardiovascular disease
- d. Congestive heart failure
- e. Chronic obstructive pulmonary disease and other respiratory disease
- f. Colorectal and other preventable cancer.
- g. Although not a chronic disease, rates of dental caries and ED use for dental caries in children is also preventable

Every single chronic disease with high rates in both the Medicaid and general population would be impacted by an increase in the availability and accessibility of primary preventive services and outpatient care.

4. *Social and demographic conditions affecting the Medicaid population that affect compliance with medical and/or behavioral health treatment*

The social conditions that affect the Medicaid population accessing care and affect compliance with treatment plans include poverty, rurality, lack of transportation, education level, a cultural context which supports risky behavior and lack of supportive coordination.

- a. Population density and rurality - The Tug Hill Seaway Region is spread over 5,223.65 square miles of land mass. With a population of over 262,650 residents (2014 estimate), the population density is approximately 50 persons per square mile, while statewide estimates are 411 persons per square mile. This creates access to care issues for those who reside outside grouped population centers
- b. Transportation - Vehicle ownership, especially in a geographically isolated region, is directly related to the ability to access essential prevention and treatment services. The percentage of households without a vehicle is increasing within the region and was recently estimated at 8.9%, compared to the statewide average of 5.8%. Public transportation options within the region are limited. Access to care for households without reliable transportation is therefore dependent upon the bus schedule and route.
- c. Poverty – In all three counties, the median household income is significantly below the state average, at less than \$45,000 compared to \$56,951. More than 16% of region’s population lives below the poverty level compare to NYS at 14.5%
- d. Insurance - More than 25% of the population (2013 estimate) are Medicaid beneficiaries and more than 10% are uninsured.
- e. Unemployment – The rates of unemployment are greater than 10% compared to a state rate of almost 8%
- f. Disability – The disability rates for the region are nearly 30% higher than the NYS rate. 13.8% compared to 10.8%
- g. Education – Although a greater portion of those in the region have high school diplomas than the rest of the state far fewer have bachelor’s degrees, less than 20% compared to NYS rate of 32.5%.
- h. Age - The age demographics of both the Medicaid beneficiaries in the region vary significantly from the general population - 32% of Medicaid beneficiaries are children under the age of 18 and 38% young adults age 18-44. Seventy-five percent of the uninsured fall into the 19-54 age range.

5. *Disconnects in the health care system that affect continuity of care*

Disconnects exist in the current system across every sector of the care continuum and has the most substantial impact those with the most significant burden of disease. This includes in inpatient to outpatient both from the physical care floors and the inpatient mental health unit, inpatient to long-term-care and long-term-care to inpatient, inpatient to Health Home, emergency department to primary care or outpatient behavioral health care. In addition to linkages with the hospitals there are also disconnects between community based supportive services and primary care, between preventive services and primary care and between primary care and outpatient mental health and alcohol and substance abuse. Medical records access between providers is not standardized. These factors underscore the need for an Integrated Delivery System and the regional governance structure of the North Country Initiative and the need for care transition from inpatient to outpatient, for advanced primary care and the integration of primary care and behavioral health services. Further the need to create connectivity between community based prevention services for chronic disease and substance abuse such as the DPP and CDSMP offered by the YMCA, the St. Lawrence Health Initiative, Public Health, Office for the Aging and others and by the OASAs Prevention Council’s.

- a. Inpatient to outpatient disconnects – these need to be addressed at the point of transition from the hospital not after. Due to the rurality of the region and the poverty once the patient leave the initial setting of care it is very

difficult for Health Home or other care managers to make contact and engage with the patient. It is critical that the challenge of the immediate transition and plan of care between the hospital and the outpatient setting be engaged with high risk patients and that the patient record is transferred and can be accessed by the receiving providers. It is just as crucial that the patient social and economic context be included in the care plan as an individual who has no home or no transportation or no heat is going to be unable to remain compliant with treatment plans.

- i. Inpatient to Health Home
 - ii. Inpatient to long term care or assisted living
 - iii. Inpatient mental health to outpatient BH services and supportive services
 - iv. Inpatient to primary care
 - v. Inpatient to OPWDD services or residential
- b. Emergency department to outpatient – as in the previous scenario this is an opportunity to engage the patient and connect them with primary care and outpatient service including health home services to prevent future exacerbations of existing conditions and to enable future preventive services to be provided.
- i. Emergency department to primary care
 - ii. Emergency department to outpatient behavioral health or residential
 - iii. Emergency department to Health Home
- c. Primary care to community supportive services (and vice versa)
- i. Primary care to Health Home
 - ii. Primary care to nutrition programs, to transportation programs, to housing programs
- d. Primary care to community based preventive services
- i. Primary care to Community based Diabetes Prevention Programs (DPP), Chronic Disease Self-Management Programs (CDSMP), tobacco cessation programs, exercise and lifestyle programs
- e. Primary care to mental health and alcohol and substance abuse services (and vice versa)
- i. Primary care to Behavioral Health treatment services
 - ii. Primary care to behavioral health prevention services
 - iii. Primary care to peer-to-peer and supportive services for mental illness and other disabilities
- f. Courts and Probation
- i. Transition from incarceration to community based health care system
- g. Patient and Care Givers to the whole continuum
- i. Patient connection and navigation into the system for engagement and access
- h. Health information technology disconnects
- i. 60% of the NCI Service areas primary care practices have either never attempted advanced primary care/PCMH certification or have allowed 2008 standards to lapse. Less than one quarter (17%) have any connectivity to disease registry for population health management. There are 45 practices/clinics/agencies at 82 sites that are not connected to the health information exchange for real-time data sharing (only 32% currently have this capability).

6. Resource gaps that keep Medicaid members from achieving health

There is not enough primary care, the hours of primary care access are not ideal in all communities, some communities lack access to urgent care, primary care is not available to those with mental illness at their primary location of access. There is not enough access to behavior health services including children's behavioral health services. The system is not appropriately resourced to serve patients with intensive needs. Care management and care coordination is lacking at almost every point of care. Care transitions from the inpatient to the outpatient setting are not well coordinated. Prevention programs such as the diabetes prevention program (DPP) chronic disease self-management program (CDSMP) and tobacco cessation programs are not covered services and are not receiving referrals. Preventive dental

care that accepts the Medicaid benefit is nearly non-existent in the region. There is not a Community Health Worker program to engage high-risk communities to identify and embrace solutions.

While care coordination and connectivity with community based services is critical, the most significant immediate need if the region is to be successful at addressing preventive care for the Medicaid and uninsured population will be to grow the primary care, dental and behavioral health licensed health professional workforce. We cannot connect people to primary care that simply doesn't exist. The NCI must increase primary care, psychiatry and dental capacity. At this time, due to previous efforts there is a significant pipeline of social workers that will be entering the market in the next two years so the focus is primarily on physicians and physician extenders. The Tug Hill Seaway Region has been federally designated as a Low-Income Medicaid Health Professional Shortage Area (HPSA). There are significantly fewer active primary care providers (74 compared to 120 NYS), dentists (44 compared to NYS 78) and mental health professionals (Psychiatrists 17 compared to 36 NYS) per 100,000 population, practicing in the Tug Hill Seaway Region than statewide or upstate New York as illustrated in the table below.

Occupation	Tug Hill Seaway (per 100,000)	Upstate (per 100,000)	State (per 100,000)
Primary Care Physicians	74	100	120
General/Family Practice	31	33	26
Internal Medicine	23	38	55
Pediatricians	12	18	26
Obstetricians/Gynecologists	9	11	14
Dentists	44	62	78
Physician Assistants	46	88	61
Nurse Practitioners/Midwives	60	94	76
General Psychiatrists	17	20	36
Psychologists	16	32	52
Social Workers	81	190	234

Source: Martiniano R, Siwach G, Krohl D, and Smith L. New York State Health Workforce Planning Data Guide 2013. Rensselaer, NY: Center for Health Workforce Studies, September 2013.

7. Language/cultural/ethnic considerations and the impact of health literacy

While there is very little language or ethnic diversity (90% white in Jefferson and over 95% white in Lewis and St. Lawrence counties – both Medicaid and general population) in the region there are considerable cultural considerations relative to the **socioeconomic environments** and constraints in which the at-risk populations reside.

While county-level estimates of health literacy are unavailable, the US Dept. of Education's National Center for Health Statistics provides an indirect measure – basic prose literacy skills. In our region, close to 14% of the population lacks basic prose literacy skills.

Location	Percent lacking <i>basic</i> prose literacy skills
Jefferson County	12
Lewis County	14
St. Lawrence County	13

The regional illiteracy rates coupled with the fact that North Country residents are older and have lower income levels than statewide averages highlight the need to improve health literacy in our community. Low health literacy is linked to

poor health outcomes, higher rates of hospitalizations, and infrequent use of preventive services. At particularly high risk are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status.

8. Strengths of the at risk population that can be used to build a healthier community including community resources and links (e.g., religious organization)

There is great expertise within the region’s community based services to connect with and assist targeted populations.

Community Resources

- a. The North Country Pre-natal Perinatal Council has been successfully engaging with the Medicaid and uninsured population for many years to address prenatal health and patient navigators for facilitated enrollment and this is reflected in noteworthy positive health indicators in most maternal health areas.
- b. The Mental Health Association, Step-by-Step and the Northern Regional Center for Independent Living all have excellent and trusted peer run services and programs for those living with mental illness.
- c. Cornell Cooperative Extension has been running family nutrition programs for many year that reach specifically to the target population.
- d. The Volunteer Transportation Center runs transport in all three counties and are valued and seen as both capable and caring.
- e. The Urban Mission (with more than 50 member churches) on Watertown’s near east side where poverty is highest provides multiple services, are actively growing and in addition to providing services also employs many from the near east side. In addition the Mission serves critical needs for all of Jefferson County and is viewed as a positive helping hand.
- f. Credo Community Center for the treatment of addictions has a long history of providing for the treatment of addictions while incorporating other health and wellness needs.
- g. Points North Housing Coalition brings together supportive housing providers across the region to ensure housing capacity for the homeless and near homeless.
- h. The schools systems and in particularly BOCES which provided consolidated services within all schools in the region has the capability to provide in-school and afterschool programs for at risk students.

Internal Strengths

- a. Families and care givers - Many individuals that are high risks have families and caregivers that want to help however the system is so fragmented that families cannot effectively navigate on behalf or with their family members – these families need to be engaged
- b. Basic human theory – people want to be healthier, they want to live and be happy. This simple fact is a significant strength that can be built upon. The first recognition must be that food, clothing, shelter, and warmth have to be addressed. Health is a component of safety and cannot be successfully engaged or addressed unless these others are addressed. This understanding must be built in to every care management and care coordination training curriculum as well as into health literacy and cultural competency training. Someone who is worried about having heat or food when they get home will have little concern with listening to a care plan.



Maslow's hierarchy of needs, 1943, Abraham Maslow. [A Theory of Human Motivation](#), *Psychological Review*

Summary Chart of Needs and Data Sources

#	Community Need (100 characters)	Brief Description (1500)	Primary Data Sources (300)
1	Need for integrated delivery system across continuum of care	Health care is currently provided in separate silos with limited ability to share records or care plans. Patients with chronic and complex conditions often have multiple and contradictory care plans with little to no communication between providers or settings. There are no agreed upon protocols for care transitions and little care management across the continuum. The Health Home has little access to engage patients. There is primary care workforce shortage that requires a focused cross-system effort to increase primary care capacity. Community based organizations have little to no interaction with inpatient settings. Patients need facilitated smooth transitions and communication across all care setting.	<p>Primary data collection: surveys, focus groups, key informant interviews</p> <p>Potentially Avoidable Emergency Room Visits Potentially Avoidable Admissions PQI – Composite of All Measures <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits</i> NYS DOH Office of Quality and Patient Safety (OQPS)</p>
2	Need for Patient Centered Medical Home and Advanced Primary Care	Patient Centered Medical Home Certification 2014, advanced primary care, requires that primary care be team oriented, meet quality standards, be meaningfully utilizing health information technology to coordinate care and improve quality of care and be adhering to best-practices for prevention screenings and follow-up. In addition specific patient engagement activities are required. The combination of requirements for PCMH will ensure that prevention and best practices will be standardized and universally applied resulting in fewer PPVs and PPAs.	<p>Primary data collection: target population surveys</p> <p>Potentially Avoidable Emergency Room Visits Potentially Avoidable Admissions PQI – Composite of All Measures <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits</i> NYS DOH OQPS</p> <p>DSRIP Population Health Metrics <i>BRFSS, NYSDOH, SPARCS</i></p>
3	Need for Medical Home using existing infrastructure	With the changing healthcare landscape hospitals across the region understand the need to reconfigure service structure and supporting infrastructure to meet the new care delivery model. This varies by hospital service site and will include, urgent care where none exists, on-site integration of primary care and behavioral health services and care management.	<p>Healthcare resources database Potentially Avoidable Emergency Room Visits Potentially Avoidable Admissions PQI – Composite of All Measures <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits</i> NYS DOH Office of Quality and Patient Safety (OQPS)</p>
4	Need for greater care transition support to prevent readmissions for at-risk populations	There is a substantial need to support smooth care transitions from inpatient to outpatient settings for at risk patients with chronic disease and mental illness within the PPS. Due to the rural geography and transience of many high-risk patients once they leave the “teaching/engaging” moment at the hospital, the Health Home care managers are unable to find them to engage them in outpatient services and active participation in their care plans that would prevent	<p>Primary data collection <i>DSRIP Dashboard C1-C6 Medicaid Population Delivery System Utilization</i></p> <p>Potentially Avoidable Admissions and readmissions PQI – Composite of All Measures <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits</i> NYS DOH OQPS</p>

		future hospitalizations and ED use. In addition, it is at this point that home situations (housing, food, heat transportation etc.) can be coordinated with community based supports to ensure the patient has the means to actually comply with care plan recommendations. Without this support at the point of transition patients often leave the hospitals with little capability to support their future health or to make or keep follow-up care appointments.	
5	Need for integration of primary care and behavioral health services	Mental illness is the single highest cause of preventable inpatient admission and emergency department visit. In addition, it is clear that there is a disconnect between behavioral health services and primary care services. PCs report being unable to get their referred patients appointments for BH care and BH providers report being unable to get access to primary care for their behavioral health patients. BH health patients have high rates of co-occurring diabetes, cardiac and respiratory diseases. The suicide rate for the region is nearly twice the state rate and Medicaid beneficiaries surveyed indicated that mental illness was the number one health concern in their community. There is clear and compelling evidence that integrating PC and BH at the primary site of care for the patient is needed.	<p>Primary data surveys</p> <p>PPV and PPA Mental Illness & SA Antidepressant Med Management Cardio monitoring for schizophrenia Follow-up after BH hospitalization Screening & follow-up depression Adherence to Medication NCQA & NYSDOH Office of Performance Measurement Suicide rate NYS Prevention Quality Indicators</p>
6	Need for evidence-based strategies for Adult Cardiovascular Disease	Cardiovascular disease can be effectively treated in the outpatient setting. Cardiovascular disease is the second highest driver of inpatient hospitalizations and emergency department use for the target population. The region performs below both NYS and upstate. Primary care implementation of evidence based strategies in the treatment of cardiovascular will result in less ED and inpatient utilization and improved quality of life for beneficiaries.	<p>Primary Data collection Adult circulatory composite (PQI 107, 08) Potentially Avoidable Emergency Room Visits Potentially Avoidable Admissions Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits NYS DOH Office of Quality and Patient Safety (OQPS)</p>
7	Need for evidence-based strategies for Adult Diabetes	Diabetes can be effectively treated in the outpatient setting. Over 40% of Medicaid beneficiaries indicated diabetes as a concern. Diabetes is the fourth highest driver of inpatient and ED use for the target population. The region performs below state average on the adult diabetes composite and short-term complications of diabetes and adult uncontrolled diabetes are of particular concern. Primary care implementation of evidence based strategies in the treatment of diabetes will result in less ED and inpatient utilization and improved quality of life for beneficiaries.	<p>Primary data - survey PPV & PPAs Adult diabetes composite (PQI101, 03, 16) Short-term complications of diabetes PQI1 Adult uncontrolled diabetes AHRQ Comprehensive Diabetes screening – NCQA Comprehensive Diabetes Care Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits NYS DOH Office of Quality and Patient Safety (OQPS)</p>
8	Need for community strategies for Adult Diabetes	Because Diabetes is significantly impacted by lifestyle and access to nutrition and exercise, it is critical that community based resources be leveraged to impact choices and decisions outside the physician’s office walls. Activities like the Diabetes Prevention Program	<p>Primary data - survey PPV & PPAs Adult diabetes composite (PQI101, 03, 16) Short-term complications of diabetes PQI1 Adult uncontrolled diabetes AHRQ</p>

		and lifestyle modification programs are critical to patient success and can be life-changing. Resulting in not only fewer avoidable hospitalizations and ED use to achieve DSRIP goals but improved quality of life for both patients and families.	Comprehensive Diabetes screening and care – NCQA <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits NYS DOH OQPS</i>
9	Need to strengthen mental health and substance abuse cross-systems infrastructure	The need to strengthen mental health and substance abuse cross systems infrastructure was identified as a population health priority across multiple focus groups. The regions rates of hospitalizations and emergency department use for mental illness and substance abuse are very high and of deep concern. In addition the binge drinking rate for the region is nearly 25% and the suicide rate is nearly twice the state average. There is clear evidence that there needs to be a cohesive and concerted population health strategy to engage and address mental illness and substance abuse prevention across the continuum.	Primary data surveys, focus groups, key informant interviews PPV and PPA Mental Illness & SA <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits NYS DOH OQPS</i> Suicide rate Binge Drinking past 30 days <i>NYS Prevention Quality Indicators</i>
10	Need to increase access to high quality chronic disease prevention for respiratory disease and colorectal cancer	Throughout the needs assessment it was clear that respiratory disease and in particular COPD needed a concentrated prevention strategy as did colorectal cancer. COPD is the third leading cause of hospitalization and emergency room visits for the target population. More than 20% of the region’s population smokes and prevention efforts need to be stepped up. Colorectal cancer mortality rates exceed NYS rates and Colorectal cancer screening rates are significantly lower than NYS. A concerted effort to advance respiratory disease prevention and incorporate smoking prevention and cessation is needed. A concentrated effort to engage the region in cancer prevention screenings is also need. Both of these activities will impact total health as the region moves from a healthcare system to a system for health.	Primary data surveys, focus groups PPV and PPAs Adult respiratory composite (PQI05,15) Bacterial Pneumonia PQI <i>Medicaid Chronic, Inpatient Admissions, ER Visits NYS DOH OQPS</i> Respiratory disease & Colorectal cancer mortality Smoking rate Colorectal screening rate <i>NYS Prevention Quality Indicators</i>
11	Need for patient activation to engage uninsured and Medicaid LU/NU in community based care	Currently often the only contact that the uninsured and Medicaid NU/LU have with the healthcare system is through the emergency department or an acute care hospitalization. Engaging this population in the healthcare system can prevent future ED and inpatient utilization and prevent future onset of chronic disease.	Primary data collection: target population surveys Potentially Avoidable ER Visits Potentially Avoidable Admissions PQI – Composite of All Measures <i>Medicaid Chronic Conditions, Inpatient Admissions, Emergency Room Visits NYS DOH OQPS</i> DSRIP Population Health Metrics <i>BRFSS, NYSDOH, SPARCS</i>

Detailed Analysis

1. Assets and Resources

Where possible this asset and resource summary is limited to the NCI Service Area of the Tug Hill Seaway Region which includes Jefferson and Lewis Counties, and the Southern and Western River Districts of St. Lawrence County. The Adirondack Health Institute PPS serves the North Eastern region of St. Lawrence County and has agreed to include those assets in their analysis. Where resources or assets serve in multiple regions or across regions they have been included in this analysis.

a. Health Care Resources

A complete inventory of the healthcare resources within the service area is provided in Appendix A.

HEALTHCARE RESOURCES SUMMARY TABLE			
	Provider Type*	NCI Service Area # Providers	NCI PPS # Participant
1	Hospitals	7	6
2	Ambulatory surgical centers (including hospital)	6	5
3	Urgent care clinics	8	4
4	Health Homes	2	1
5	Federally qualified health centers	2	2
6	Primary care providers**	194	86 (+51 PA & 50 NP)
7	Specialty providers**	273	132
8	Dental Providers**	116	8
9	Rehabilitative services	16	6
10	Behavioral health resources	27	26
11	Specialty medical programs (including hospice)	4	3
12	Early intervention programs	2	1
13	Skilled nursing home and assisted living**	9	7
14	Home care services	12	9
15	Laboratory and radiology services	9	6
16	Specialty developmental disability	10	6
17	Vision care and DME	14	1
18	Pharmacies	8	2
19	Local Health Departments	3	3
20	Managed Care Organizations	4	-
21	Foster Children Agencies	5	3
22	Area Health Education Centers	1	1

* Each provider is counted only once although several operate at multiple sites

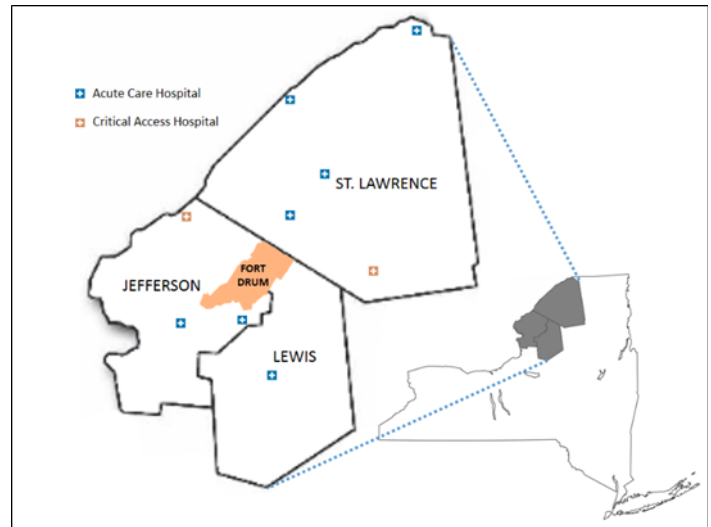
** Counts developed utilizing the NYS Center for Health Workforce Studies provider rates for the population of NCI Service Area

i. Hospitals

The hospital service areas of NCI Participating hospitals is rural. Much like other rural communities, the health care resources and population within the region face numerous challenges. These rural community hospitals anchor their region’s health care services, providing the financial and structural backbone for physician practice groups, health clinics, post-acute care services and long-term care services. The facilities are the leading employers in their respective communities and serve as essential components of the region’s economic and social landscape. Nevertheless, they operate with limited human and financial resources while attempting to deliver the highest possible quality of care for their community⁵.

Given their geographic isolation, small relative size and low-patient volumes, rural hospitals are particularly vulnerable to policy and market changes. Compounding these issues is the observation that compared to their urban counterparts, rural populations are older, have lower incomes, and have a disproportionate burden of chronic disease. Additionally, residents of rural areas often have to travel long distances to seek care and usually lack access to reliable transportation⁶.

Rural health challenges are well described in the Tug Hill Seaway Region and provide a framework for the evaluation of the health care system and population health needs. Further, these factors underscore the need for an Integrated Delivery System and the regional governance structure of the North Country Initiative.



There are seven hospitals in the NCI PPS Service Area, six of which are participating in the NCI PPS. Three are full service sole community hospitals and four are critical access hospitals. Each hospital operates Article 28 outpatient primary care clinics, two operate inpatient psychiatric units and three operate outpatient psychiatric services.

Hospitals – Acute Care

Name	Address	City	State	ZIP	County	Accepts Medicaid	Notes
Samaritan Medical Center	830 Washington Street	Watertown	NY	13601	Jefferson	Yes	ED, Med/Surg, Peds, OB, In-pt Psych, Rad, Lab, ICU, CCU NICU, PIC, Rehab, O/P Mental Health, Primary Care Network
Claxton-Hepburn Medical Center	214 King Street	Ogdensburg	NY	13669	St. Lawrence	Yes	ED, Med/Surg, CC, ICU, OB, Rad, Lab, Rehab, In-pt Psych, Primary Care Network
Massena Memorial	1 Hospital Drive	Massena	NY	13662	St. Lawrence	Yes	ED, Med/Surg, Rad, Lab, Peds, ICU, OB, Primary Care Network

⁵ American Hospital Association. (2011). *Trendwatch: The Opportunities and Challenges for Rural Hospitals in an Era of Health Reform*. Washington, DC.

⁶ Agency for Healthcare Research and Quality. (1996). *Improving Health Care for Rural Populations*: <http://archive.ahrq.gov/research/rural.htm>.

Hospitals – Critical Access

Name	Address	City	State	ZIP	County	Accepts Medicaid	Notes
River Hospital	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	Yes	ED, Ambulatory Surgery, Rad, Lab, O/P PT, Primary Care Clinic
Clifton-Fine Hospital	1014 Oswegatchie Trail	Star Lake	NY	13690	St. Lawrence	Yes	ED, Rad, Lab, O/P PT, O/P Dental, Primary Care Clinic
Carthage Area Hospital	1001 West Street	Carthage	NY	13619	Jefferson	Yes	ED, Med/Surg, Rad, Lab, Peds, OB, Rehab, O/P Mental Health, Primary Care Network
Lewis County General Hospital	7785 North State Street	Lowville	NY	13367	Lewis	Yes	ED, Med/Surg, Rad, Lab, OB, Rehab, Primary Care Network

NCI Hospitals Corporate Structure and Beds				
Corporate Name	Board	Designation	Operating Certificate	Total Beds
Carthage Area Hospital	Non-profit 13 Member Board	Critical Access Hospital, Art. 28	2238001H	20
Claxton-Hepburn Medical Center	Non-profit 20 Member Board	IPPS Sole Community Hospital, Art. 28	4401000H	130
Clifton-Fine Hospital	Non-profit 11 Member Board	Critical Access Hospital, Art. 28	4458700C	20
Massena Memorial Hospital	Municipal 12 Member Board	IPPS Sole Community hospital, Art 28	4402000H	50
River Hospital, Inc.	Non-Profit 12 Member Board	Critical Access Hospital, Art. 28	2221700C	15
Samaritan Medical Center	Non-profit 22 Member Board	IPPS Sole Community Hospital, Art. 28	2201000H	294
PPS TOTAL				529

Financial Assessment

All of the participating hospitals of the NCI are Safety Net Providers. Three are Critical Access and thus cannot undergo further bed reduction without impacting the facilities' critical access status. Three of the participating hospitals are currently receiving Interim Access Assurance Funds. Each of the hospitals has provided 2012, 2013 and 2014 year-to-date financial data to inform the financial analysis and each has provided baseline utilization data by payer in the following categories: acute inpatient (IP) all lines, exempt IP, outpatient (general, behavioral health, primary care, ambulatory surgery, lab, radiology, specialty), and skilled nursing facility. These baselines will be used to calculate DSRIP revenue losses and recovery informing the appropriate metrics for payout of funds for revenue loss and will provide the ability to implement rapid cycle evaluation (RCE) for sustainability and crisis mitigation throughout the DSRIP timeline.

From this financial data, the NCI PPS has calculated the profitability, operational efficiency, liquidity and leverage ratios for each entity. To do this, the PPS has used the ratios recommended by the DOH for the lead entity financial stability test.

These ratios are presented in the tables following this section to include 2012, 2013, August YTD 2014.

NCI Hospitals 2012 FINANCIAL RATIOS						
Financial Ratios	Massena	SMC	Claxton	Carthage	River	Clifton Fine
Operating Margin	0.70%	0.79%	7.96%	-14.52%	6.62%	-4.73%
Current Ratio	2.67	1.81	1.88	0.25	1.09	3.81
Days Cash on Hand	45.3	69.1	62.4	9.9	34.9	66.4
Cash Flow to Total Debt	22.93%	13.02%	30.76%	-11.65%	25.32%	9.88%
Debt Ratio	29.6	53.2	67.3	73.9	53.9	27.8
Fixed Asset Financing Ratio	0.25	0.52	0.77	0.33	0.34	0.48
Return on Total Assets	0.469	0.351	0.577	-0.186	0.415	-0.050
Total Asset Turnover	1.023	0.767	0.971	1.361	0.957	1.070
Operating Cash Flow Margin	6.54%	6.96%	13.99%	-6.76%	14.95%	3.57%

NCI Hospitals 2013 FINANCIAL RATIOS					
Financial Ratios	Massena	SMC	Claxton	Carthage	River
Operating Margin	-1.13%	-3.30%	7.68%	-7.71%	3.84%
Current Ratio	2.36	1.93	2.50	0.16	1.24
Days Cash on Hand	38.1	66.9	64.5	2.6	28.4
Cash Flow to Total Debt	16.66%	6.67%	37.42%	-3.66%	20.36%
Debt Ratio	32.9	49.9	62.9	78.5	53.9
Fixed Asset Financing Ratio	0.28	0.49	0.76	0.30	0.33
Return on Total Assets	0.350	0.184	0.887	-0.056	0.299
Total Asset Turnover	1.086	0.805	1.025	1.628	1.023
Operating Cash Flow Margin	4.93%	3.54%	13.82%	-1.85%	11.66%

NCI Hospitals FINANCIAL RATIOS 2014 August YTD					
Financial Ratios	Massena	SMC	Claxton	Carthage	River
Operating Margin	-2.96%	9.08%	5.28%	-32.53%	-0.42%
Current Ratio	1.97	2.19	2.33	0.12	1.03
Days Cash on Hand	17.3	63.3	45.6	17.0	15.2
Cash Flow to Total Debt	7.16%	25.16%	18.92%	-23.37%	9.54%
Debt Ratio	34.9	52.3	51.6	81.1	57.9
Fixed Asset Financing Ratio	0.27	0.55	0.56	0.34	0.35
Return on Total Assets	0.139	0.683	0.478	-0.381	0.152
Total Asset Turnover	0.833	0.627	0.656	0.977	0.800
Operating Cash Flow Margin	3.02%	15.75%	11.58%	-25.26%	7.33%

FINANCIAL RATIO FORMULAS	
Financial Ratios	Formulas
Operating Margin	$(\text{Operating Revenue} - \text{Operating Expense}) / \text{Operating Revenue}$
Current Ratio	$\text{Current Assets} / \text{Current Liabilities}$
Days Cash on Hand	$(\text{Cash \& Cash Equivalents} + \text{Investments}) / ((\text{Total Expense} - \text{Depreciation}) / 365)$
Cash Flow to Total Debt	$((\text{Operating Revenue} - \text{Operating Expense}) + \text{Depreciation} + \text{Interest}) / (\text{Current Liabilities} + \text{Long Term Debt})$
Debt Ratio	$(\text{Total Liabilities} / \text{Total Assets}) * 100$
Fixed Asset Financing Ratio	$(\text{Total Liabilities} - \text{Current Liabilities}) / (\text{Total Assets} - \text{Total Current Assets})$
Return on Total Assets	$(\text{Total Operating Revenue} - \text{Total Operating Expense} + \text{Depreciation} + \text{Interest}) / (\text{Current Liabilities} + \text{Interest})$
Total Asset Turnover	$\text{Total Revenues} / \text{Total Assets}$
Operating Cash Flow Margin	$((\text{Operating Revenue} - \text{Operating Expenses}) + \text{Depreciation} + \text{Interest}) / \text{Operating Revenue}$

The majority of care provided by the region’s hospital system is for vulnerable populations. The inpatient payer mix for this region is overwhelmingly federal-sponsored, covering over 68% of the region’s inpatient admissions. This reimbursement structure impacts the financial sustainability of these essential community providers.

Government Funded Care at NCI Hospitals				
Facility	% Medicaid	% Medicare	% TRICARE / Other Federal Sponsor	Total Federal-Sponsored
Carthage Area Hospital	17.1%	32.3%	30.2%	79.5%
Claxton-Hepburn Medical Center	25.9%	39.0%	1.3%	66.2%
Clifton-Fine Hospital	16.0%	60.0%	0.0%	76.0%
Lewis County General Hospital	10.8%	21.3%	3.5%	35.6%
Massena Memorial Hospital	18.3%	35.5%	15.7%	69.5%
River Hospital	8.4%	58.0%	1.5%	67.9%
Samaritan Medical Center	14.7%	31.2%	30.0%	75.8%
Facility Totals	19.1%	33.7%	15.9%	68.6%

Source: NYS Statewide Planning and Research Cooperative System (SPARCS) – Payment Report by Facility for Inpatient Data

ii. Long Term Care and Assisted Living

Within the Tug Hill Seaway service area, there has been significant focus on moving from a residential skilled nursing facility only model to models that offer more assisted living opportunities. Significant projects in recent years undertaken by United Helpers in St. Lawrence County and Samaritan Medical Center in Jefferson County have created a platform for more appropriate levels of care to be provided.

So, while the following Long Term Care projections determined by the NYS DOH, in accordance with paragraphs (1) through (12) of 10 NYCRR Section 709.3 as proposed for amendment in the March 31, 2010 edition of the New York State Register appear to show an unmet need of 116 beds, the needs assessment by the community did not reveal this as a current gap. Further, as DSRIP activities are undertaken to provide improved care management, home telehealth support and greater access to preventive and outpatient services, residents will remain healthy and stable for much longer.

County	2016 Need	Current Beds	Total Resources	Unmet Need	2012 Occupancy
Jefferson	692	560	560	132	83.7%
Lewis	189	160	160	29	95.1%
St. Lawrence	613	658	658	-45	90.7%

Source: NYS DOH Estimates of RHCf Bed Need by County, accessed at http://www.health.ny.gov/facilities/nursing/rhcf_bed_need_by_county.htm

Name	Address	City	State	ZIP	County	Notes
Carthage Area Hospital - Skilled Nursing Facility	1001 West Street	Carthage	NY	13619	Jefferson	30 Certified Beds, 93.3% occupancy rate (11/5/14)
Meadowbrook Terrace Assisted Living Facility	21957 Cole Road	Carthage	NY	13619	Jefferson	48 Assisted Living Program Beds
Samaritan Keep Nursing Home	133 Pratt Street	Watertown	NY	13601	Jefferson	272 Certified Beds, 98.5% occupancy rate (10/29/14)
Samaritan Summit Village	22691 Campus Drive	Watertown	NY	13601	Jefferson	168 Certified Beds, 99.4% occupancy rate (10/29/14)
The Country Manor Nursing and Rehabilitation Center	1045 West Street	Carthage	NY	13619	Jefferson	90 Certified Beds, 96.7% occupancy rate (10/29/14)
Lewis County General Hospital - Nursing Home Unit	7785 North State Street	Lowville	NY	13367	Lewis	160 Certified Beds, 96.3% occupancy rate (10/29/14)
Centennial Manor IRA #4	5848 State Highway 37	Ogdensburg	NY	13669	St. Lawrence	
Highland Nursing Home	182 Highland Road	Massena	NY	13362	St. Lawrence	140 Certified Beds, 68.6% occupancy rate (10/22/14)
Kendrew Corners IRA #3	26 County Route 14	Rensselaer	NY	13680	St. Lawrence	
Maplewood Health Care and Rehabilitation Center	205 State Street Road	Canton	NY	13617	St. Lawrence	96 Certified Beds, 96.9% occupancy rate (11/5/14)
McIntyre IRA #1	112 McIntyre Road	Ogdensburg	NY	13669	St. Lawrence	
Riverledge Health Care and Rehabilitation Center	8101 State Highway 68	Ogdensburg	NY	13669	St. Lawrence	180 Certified Beds, 93.9% occupancy rate (10/29/14)
Riverwood Acres IRA #2	2 Whisper Wind Circle	Ogdensburg	NY	13669	St. Lawrence	
St. Joseph's Home	950 Linden Street	Ogdensburg	NY	13669	St. Lawrence	82 Certified Beds, 100.0% occupancy rate (10/29/14)
St. Regis Nursing Home	89 Grove Street	Massena	NY	13662	St. Lawrence	160 Certified Beds, 97.5% occupancy rate (10/29/14)
United Helpers Mosaic Complex	732 Ford Street	Ogdensburg	NY	13669	St. Lawrence	

iii. Urgent Care

Urgent care plays a critical role in access to care for many residents of the region. In a region that is medically underserved with shortages of primary care access for all populations and critical shortages for the Medicaid and uninsured populations urgent cares play an important role in the prevention of utilization of the emergency department for injuries and illnesses that can be treated in the outpatient setting. Ambulatory and urgent cares provide a solution. Urgent cares can serve as a bridge between the physician's office and the ED and serve to relieve ED overcrowding. Preliminary research indicates that patients younger than 30 are more likely to use an urgent care than visit their PC. Thus it is important to include urgent care as part of the NCI care continuum. Access to urgent care is being appropriately met across the region with the exception of Ogdensburg. There is no urgent care facility to serve this population center along the St. Lawrence River.

Urgent Care Clinics NCI Service Area						
Name	Address	City	State	ZIP	County	Notes
River Hospital Convenient Care	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	Mon-Fri 8a-6p; Sat 9a-3p

Name	Address	City	State	ZIP	County	Notes
Samaritan LeRay Urgent Care	26908 Independence Way	Evans Mills	NY	13637	Jefferson	Sun-Sat 9a-8:30p
Watertown Urgent Care	457 Gaffney Drive	Watertown	NY	13601	Jefferson	Mon-Fri 8a-7:30p; Sat-Sun 8a-5:30p
Quik Med Urgent Care	727 Washington Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-7:30p; Sat-Sun 8a-5:30p
MedReady Medical Group	19472 US 11	Watertown	NY	13601	Jefferson	Mon-Fri 8a-6p; Sat-Sun 9a-5p
Lowville Urgent Care	5402 Dayan Street	Lowville	NY	13367	Lewis	Mon-Fri 1p-7p; Sat 9a-2p
Massena Urgent Care	1 Hospital Drive	Massena	NY	13617	St. Lawrence	Mon-Fri 4p-9p; Sat & Sun 10a-6p
Mountain Medical	2 Hospital Drive	Massena	NY	13662	St. Lawrence	Mon-Fri 8a-8p; Sat & Sun 10a-6p

iv. Ambulatory Surgery Center

Each of the full service hospitals provide ambulatory surgery, as do two of the three critical access hospitals. In addition the North Country Orthopedic group offers ambulatory surgery in it Watertown Facility. The spread of ambulatory surgery availability across the region suggests that the surgical center need is appropriate although this could change if more orthopedic, and general surgery could be retained in the market.

v. Health Home

There are two health homes operating in the NCI Service Area. The CNY Health Home Network (dba North Country Health Home) is serving the entire area, Jefferson, Lewis and St. Lawrence Counties and St. Joes Health Home serves only Lewis County. The NCI will utilize the North Country Health Home (NCHH) for health home services. The NCHH has been included throughout the planning and has a key role in the NCI IDS.

vi. Home Care

There are a plethora of home care agencies either currently serving or seeking to serve the NCI region. As projects ramp up it will be critical to determine the number and need for home-care services. Currently the NCI has selected partners from the agencies serving the region with a focus on homecare services which are safety net providers or are expected to serve a larger volume of Medicaid patients.

HOME CARE NCI Service Area						
Name	Address	City	State	ZIP	County	Notes
HCR Home Care - North Country	176 US Oval	Plattsburgh	NY	12903	Clinton	St. Lawrence County
Caregivers	210 Court Street	Watertown	NY	13601	Jefferson	Jefferson, Lewis, St. Lawrence
Family Home Care, Inc.	1116 Arsenal Street	Watertown	NY	13601	Jefferson	Jefferson, Lewis, St. Lawrence
Genesis Healthcare of New York	199 Pratt Street	Watertown	NY	13601	Jefferson	Jefferson County
Home Care Plus	21107 Coffeen Street	Watertown	NY	13601	Jefferson	Jefferson, Lewis, St. Lawrence
Jefferson County Public Health	531 Meade Street	Watertown	NY	13601	Jefferson	Jefferson County
Meadowbrook Terrace Inc.	21957 Cole Road	Carthage	NY	13619	Jefferson	Jefferson, Lewis, St. Lawrence
Lewis County General Hospital	7785 North State Street	Lowville	NY	13367	Lewis	Lewis County
US Care Systems Inc NHTD	7518 State Street	Lowville	NY	13367	Lewis	Jefferson and Lewis Counties
HCR Home Care - Central NY	7080 Commercial Drive	Canastota	NY	13032	Madison	Jefferson County
Visiting Nurse Association of CNY	1050 West Genesee Street	Syracuse	NY	13204	Onondaga	Jefferson County
Caregivers	19 Hodskin Street	Canton	NY	13617	St. Lawrence	Jefferson and St. Lawrence
Health Services of Northern NY	56 Market Street	Potsdam	NY	13676	St. Lawrence	St. Lawrence County
Northern Lights Health Care	91 Main Street	Canton	NY	13617	St. Lawrence	St. Lawrence County

vii. Pharmacy

There are pharmacies across the North Country located in Walmart, Kmart and several grocery stores in addition to Rite Aid, Walgreens, the independent pharmacies of Bolton's and Kinney Drugs (see appendix A for complete listing). Each of these pharmacies are open 7 days a week. Kinney Drugs has the most significant penetration in the market and is active in the communities in which they operate as is Bolton's pharmacy which serves the area of Watertown with the highest Medicaid penetration. Both Bolton's and Kinney's have been sought to partner in the NCI PPS.

viii. Behavioral Health

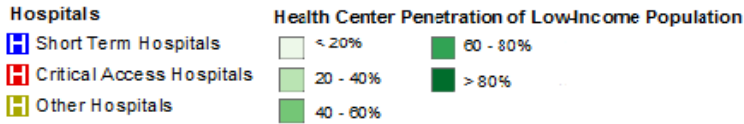
The behavioral health services in the three county region have long worked together, uniting with a common need to understand and serve the behavioral health needs of soldiers and families living through more than 10 years of war and up to six deployments into combat zones. The FDRHPO Behavioral Health Committee has existed since 2007 bringing together over 25 provider organizations from across the region. In addition, the prevention agencies of the three counties have undertaken grant and coordinated activities since their inception and the local government units and community services boards have a strong history of collaboration. The North Country Behavioral Health Care Network has additionally brought providers together to work on common goals. Three gaps that were identified by the behavioral health providers are 1) electronic medical record implementations and connectivity and integration with other systems, 2) the establishment of common best practice protocols across agencies and 3) care transitions across providers systems including inpatient to outpatient and behavioral health to primary care.

Behavioral Health Services in NCI Service Area						
Name	Address	City	State	ZIP	County	Notes
ACR Health (Watertown)	120 Washington Street	Watertown	NY	13601	Jefferson	Provides Aids services and HH
Jeff Co Alcohol and Substance Abuse Council	167 Polk Street	Watertown	NY	13601	Jefferson	Prevention
Carthage Area Hospital Behavioral Health	3 Bridge Street	Carthage	NY	13619	Jefferson	Outpatient BH
Catholic Charities - Jefferson/Lewis	145 Clinton Street	Watertown	NY	13601	Jefferson	Supportive Services & Counseling
Children's Home of Jefferson County	1704 State Street	Watertown	NY	13601	Jefferson	Youth Programs
Community Clinic of Jefferson County	167 Polk Street	Watertown	NY	13601	Jefferson	Outpatient BH
Credo Community Health Center	595 West Main Street	Watertown	NY	13601	Jefferson	Residential and Outpatient Alc & SA
Family Counseling Service of NNY	120 Washington Street	Watertown	NY	13601	Jefferson	Outpatient counseling
Fort Drum Behavioral Health Department	Building P36	Fort Drum	NY	13602	Jefferson	BH services for Soldiers
Jefferson County Community Services	175 Arsenal Street	Watertown	NY	13601	Jefferson	Local Gov Unit - CSB
Mental Health Association in Jefferson County	724 State Street	Watertown	NY	13601	Jefferson	Drop in and Peer-to-peer
River Community Wellness Program	4 Fuller Street	Alex Bay	NY	13607	Jefferson	Outpatient BH
Northern Regional Center for Independent Living	210 Court Street	Watertown	NY	13601	Jeff- Lew	Advocacy and supportive services
Rubenzahl & Knusden & Associates	22670 Summit Drive	Watertown	NY	13601	Jefferson	Outpatient BH (Ind Practice)
Samaritan Outpatient Mental Health	1575 Washington Str	Watertown	NY	13601	Jefferson	Outpatient Behavioral Health & SA
Step by Step	211 Ford Street	Ogdensburg	NY	13669	St. Law	Peer-to-Peer and Supportive Services
Transitional Living Services of Northern NY	482 Black River Parkway	Watertown	NY	13601	Jefferson	Outpatient BH, Supportive Services, Transitional housing
Lewis County Community Services	7714 Number Three Road	Lowville	NY	13367	Lewis	Local Gov Unit - CSB
Mountain View Prevention Services	7714 Number Three Road	Lowville	NY	13367	Lewis	Prevention
TLS Behavioral Health and Wellness Center	7550 South State Street	Lowville	NY	13367	Lewis	Outpatient BH and HH
ACR Health (Canton)	101 Main Street	Canton	NY	13617	St. Law	Provides Aids services and HH

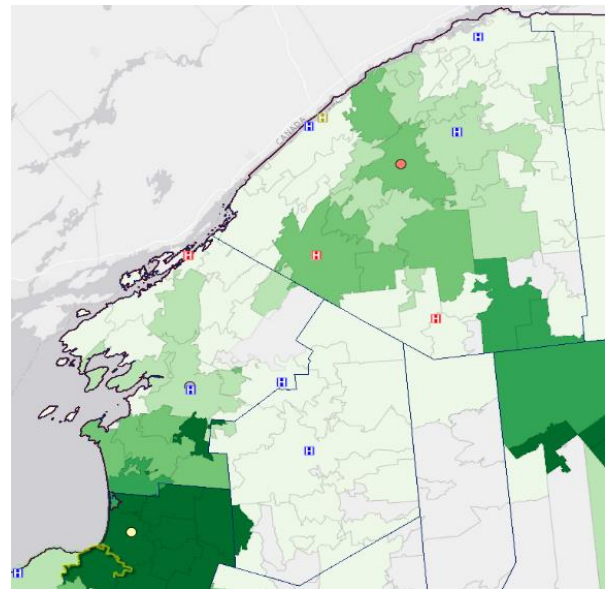
Catholic Charities - St. Lawrence	716 Caroline Street	Ogdensburg	NY	13669	St. Law	Supportive Services & Counseling
Community Health Center of the North Country	4 Commerce Lane	Canton	NY	13617	St. Law	FQHC Behavioral Health Services
CPH Outpatient Chemical Dependency Center	38 1/2 Main Street	Norwood	NY	13668	St. Law	Mon-Fri 8a-4p
Rose Hill Youth Drug and Alcohol Treatment	100 County Route 43	Massena	NY	13662	St. Law	Residential rehab services
Seaway Valley Prevention Council	206 Ford Street	Ogdensburg	NY	13669	St. Law	Prevention
St. Lawrence County Chemical Dependent Services	80 State Highway 310	Canton	NY	13617	St. Law	Outpatient BH - Satellite offices in Gouverneur, Massena, Potsdam
St. Lawrence County Community Services	81 State Highway 310	Canton	NY	13617	St. Law	LGU – CSB, Outpatient BH & Substance Abuse
St. Lawrence Psychiatric Center - NYS OMH	1 Chimney Point Drive	Ogdensburg	NY	13669	St. Law	Jefferson, Lewis and St. Law

ix. Federally Qualified Health Centers

Both FQHCs in the region are participating in the NCI and have actively participated in the planning from the inception of DSRIP. Based on the regionally need both FQHC will expand their reach to serve their target population.



The two FQHC’s (one in Watertown and one in Canton) have 20-60% penetration of the low-income population. As illustrated in the map above the low-income populations that resides outside of that proximity radius has less than 20% penetration. This finding underscores the need to deploy more services in satellite facilities, especially in Lewis County, Watertown and River area of St. Lawrence County given high Medicaid concentration and low FQHC penetration there. Individuals living in communities with low FQHC penetration rely on nearby primary care providers, hospitals, outpatient clinics and community-based agencies all with limited access to care.



x. Physicians and Health Professionals

The Tug Hill Seaway Region has been federally designated as a Low-Income Medicaid Health Professional Shortage Area (HPSA). There are significantly fewer active primary care providers, dentists and mental health professionals per 100,000 population, practicing in the Tug Hill Seaway Region than statewide or upstate New York.

Occupation	Tug Hill Seaway (per 100,000)	Upstate (per 100,000)	State (per 100,000)
Primary Care Physicians	74	100	120
General/Family Practice	31	33	26
Internal Medicine	23	38	55
Pediatricians	12	18	26
Obstetricians/Gynecologists	9	11	14
Dentists	44	62	78
Physician Assistants	46	88	61
Nurse Practitioners/Midwives	60	94	76
Psychologists	16	32	52
Mental Health Counselors	36	26	21
Social Workers	81	190	234

Source: Martiniano R, Siwach G, Krohl D, and Smith L. New York State Health Workforce Planning Data Guide 2013. Rensselaer, NY: Center for Health Workforce Studies, September 2013.

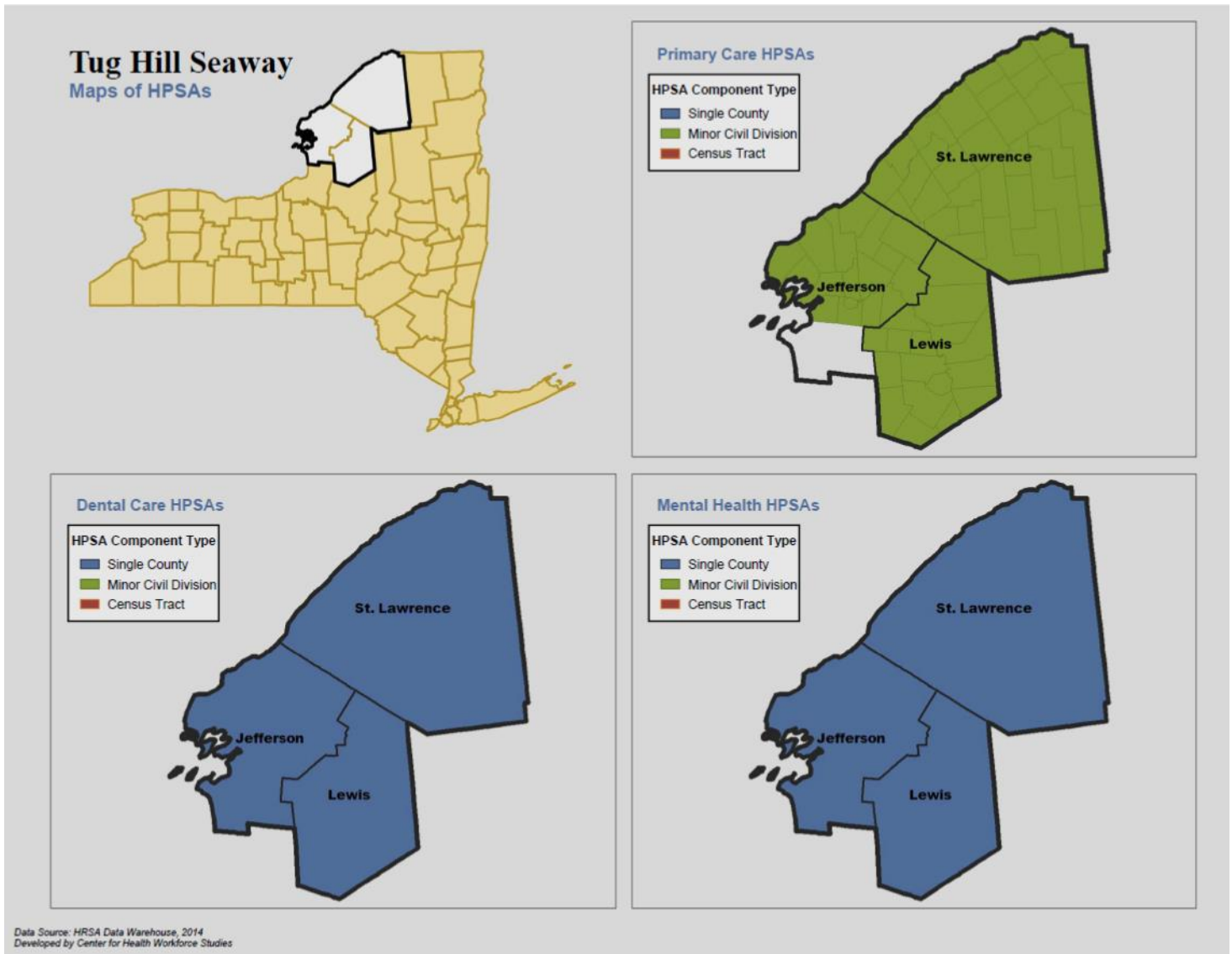
There are also fewer active physician specialists and allied health professionals within the region.

Occupation	Tug Hill Seaway (per 100,000)	Upstate (per 100,000)	State (per 100,000)
Physician Specialists	104	159	228
Internal Medicine Subspecialists	14	31	47
General Surgeons	9	7	8
Surgery Subspecialists	19	30	38
General Psychiatrists	17	20	36
Chiropractors	15	26	24
Podiatrists	2	7	11
Audiologists	3	7	6
Clinical Lab Technologists	58	69	64
Dental Hygienists	60	73	47
Dieticians/Nutritionists	17	23	23
Licensed Practical Nurses	671	528	332
Occupational Therapists	31	52	47
Occupational Therapy Assistants	22	29	19
Optometrists	9	13	13
Pharmacists	79	100	91
Physical Therapists	68	86	80
Physical Therapy Assistants	44	29	22
Registered Nurses	1,104	1,372	1,093
Respiratory Therapists	22	31	25

Source: Martiniano R, Siwach G, Krohl D, and Smith L. New York State Health Workforce Planning Data Guide 2013. Rensselaer, NY: Center for Health Workforce Studies, September 2013.

Note that the Tug Hill Seaway has lower provider rates in virtually every category except mental health counselors, general surgeons, licensed practical nurses and physical therapy assistants. The rates for licensed practical nurses and physical therapy assistants, while twice the state rates, underscore the challenges with recruiting registered nurses and physical therapists, respectively.

Within each county, the following communities have also been designated as Primary Care HPSAs⁷:



County	Primary Care
Jefferson	Gouverneur Service Area, Lowville Service Area, Watertown
Lewis	Boonville, Lowville Service Area
St. Lawrence	Canton/Potsdam, Gouverneur Service Area, Massena, Ogdensburg

Additionally, the entire county of Lewis, the low-income communities in Jefferson and St. Lawrence Counties, and the institutionalized populations of the Gouverneur and Watertown Correctional Facilities are designated as Dental

⁷ Health Resources and Services Administration - Find Shortage Areas: HPSA by State & County (Data as of: 11/10/2014)
North Country Initiative DSRIP PPS CNA

Care HSPAs. Regarding access to mental health services, the entire county of Lewis, and the Medicaid-Eligible populations of Jefferson and St. Lawrence Counties all live within Mental Care HSPAs.

xi. Developmental Disability Services

There are eight agencies and organizations serving those with developmental disabilities in the immediate NCI Service area as well as the advocacy groups previously identified serving those with disabilities such as the Northern Regional Center for Independent Living. In addition, there are two organizations outside of the NCI service region who serve those from the region who require higher levels of care. The Safety Net providers in the region have been sought to participate in the NCI PPS and all are participating with the exception of the Oneida-Lewis ARC which is participating in the CNY DSRIP. The NCI will work with the two higher level care organizations through the regional partners to identify and establish pathways for residents from the region who are served by these facilities. The Jefferson Rehabilitation Center is serving on the NCI Project Advisory Committee as is CP of the North Country through the FQHC.

Name	Address	City	State	ZIP	County
Sunmount DDSO	2445 State Route 30	Tupper Lake	NY	12986	Franklin
Cerebral Palsy Association of the North Country	714 Washington Street	Watertown	NY	13601	Jefferson
Disabled Person's Action Organization	617 Davidson Street	Watertown	NY	13601	Jefferson
Jefferson Rehabilitation Center	380 Gaffney Drive	Watertown	NY	13601	Jefferson
Central NY DDSO	101 West Liberty Street	Rome	NY	13442	Oneida
The ARC (Oneida-Lewis NYSARC Chapter)	245 Genesee Street	Utica	NY	13501	Oneida
BOCES - St. Lawrence-Lewis	139 Outer State Street	Canton	NY	13617	St. Lawrence
Cerebral Palsy Association of the North Country	4 Commerce Lane	Canton	NY	13617	St. Lawrence
St. Lawrence County NYSARC	6 Commerce Lane	Canton	NY	13617	St. Lawrence
United Helpers Care (dba Mosaic)	732 Ford Street	Ogdensburg	NY	13669	St. Lawrence

xii. Other services

- Rehabilitative Services – Each of the participating hospitals offer rehabilitative services at varying levels and each are designated safety net providers. In addition there are six independent rehabilitative service providers serving in the region none of which have safety net designation or are serving large percentages of Medicaid patients.
- Hospice and Palliative Care – There are three hospice providers in the region and one which currently also offers palliative care and other home-based care. The two largest providers in Jefferson and St. Lawrence Counties are participating in the NCI and will be active in the IDS and care transitions.
- Ambulance Services – There are more than 20 ambulance squads serving the region. However the majority are small volunteer or fire-based squads. The NCI has determined that ambulances play a role and have the ability to influence the pathways of care for Medicaid patients and in particularly those Medicaid patient that have mental illness or chronic disease and are frequently using the service. In addition, they may play a role in care management in the future. So the NCI has identified six agencies with the highest stability and largest services areas of Medicaid Patients to participate.
- Laboratory and Radiology – Each of the hospitals offer laboratory and radiology services. In addition, the ambulatory surgery center at the north country orthopedic group offers these services urgent cares offer both laboratory and radiology services. Centrex offers lab service locally through LabCorp and Northern

Radiology and St. Lawrence Radiology both provide image service to the hospital systems. In addition, the Urgent Care's offer limited onsite labs as do some of the larger primary care practices.

- Vision – There are numerous vision care centers across the North Country however there are limited sites that accept the Medicaid Vision benefit. NCI has targeted those who are serving the Medicaid populations needs including the Community Health Center of the North Country, Northern NY Cerebral Palsy, and the Center for Sight.
- Durable Medical Equipment – There are five providers of DME serving the region but not all of which can provide for all needs. This varies by service organization. While the NCI has not specifically targeted any one or more as a partner organizations it is anticipated that one or more of these organizations may play a vendor role in the future as the often do home visits for oxygen therapy for high risk patients.
- Foster Care – There are six foster care agencies serving the region. Three of these organizations have been active in the planning process and will continue to be throughout the DSRIP through the care coordination and management process. More extensive outreach to the other three once coordination is in place will enable coordination of care.
- Managed Care Organizations - The area served by the NCI is one of the regions of New York State that up until very recently had very little managed care. Currently Excellus offers a commercial managed care and Child Health Plus. MVP offers a commercial only product in the market and United and Fidelis are the only two Medicaid options in the market. NCI has already begun conversation with United and are working to coordinate a meeting with Fidelis.
- Area Health Education Center – The Northern Area Health Education Center serves the region. NAHEC has participated in the workforce planning sessions and will be partnering with the Iroquois Health Alliance to assist NCI with specific workforce activities.

b. Regional Governance Assets

North Country Initiative, LLC - The hospitals and physicians of the region went through a planning process in 2012-2013 to form the North Country Initiative, LCC to provide the governance structure for clinically integration.

Medicare Shared Savings Program Accountable Care Organization – NCI provided the governance structure to form a second corporation Healthcare Partners of the North Country to apply for and be awarded the MSSP ACO. The North Country Initiative governance structure is prepared to rapidly implement PPS DSRIP strategies.

Management Services Organization - In addition, a 501(e) MSO Corporation was formed to allow the hospitals to streamline non-clinical functions to provide efficiency and cost savings that will contribute to financial sustainability.

c. Community Based Resources

The North Country Prenatal Perinatal Council (NCPCC) maintains a comprehensive, searchable database of community based resources in the regions. This database and additional research informed the community based resources summary. This regional resource was utilized along with the broad spectrum of partner knowledge to build a comprehensive PPS Network for the NCI DSRIP. The following table is a summary of assets with detail tables in Appendix 2.

COMMUNITY RESOURCES SUMMARY TABLE			
	Provider Type*	NCI Service Area # Providers	NCI PPS # Action Network
1	Housing for homeless including advocacy**	19**	14**
2	Food Banks, Food Pantries	21	5
3	Farmers Markets	37	2
4	Clothing Furniture Banks	9	1
5	Special Ed for Special needs children	8	7
6	Community outreach agencies	6	4
7	Transportation services	4	1
8	Religious service organizations	4	2
9	Not for profit health and welfare agencies	12	9
10	Specialty community based and clinical services	3	2
11	Peer and family medical health advocacy orgs	5	5
12	Self-advocacy and family support organizations	5	5
13	Youth development programs	3	3
14	Libraries with open access computers	21	0
15	Community service organizations	9	2
16	Education***	2	2
17	Local government social services programs	3	3
18	Community based health education	5	5
19	Family support and training	5	5
20	NAMI	1	0
21	Individual Employment Support Services	3	2
22	Peer Supports (Recovery coaches)	2	2
23	Alternatives to Incarceration	2	1
24	Ryan White Programs	1	1
25	HIV Prevention/Outreach and Social Service Programs	3	3

* Each provider is counted only once although several operate at multiple sites

** Points North Housing Coalition represents all regional providers of homeless housing

*** Two BOCES serve the entire region of school districts and both are NCI Partners

Resources are generally most available in high density population centers. While only approximately 28% of the region’s total populations’ lives within these communities, almost 60% of the Medicaid populations live in more high density regions. The remaining individuals must travel long distances to access care, a situation made more challenging by the average annual snowfall of over 200 inches for the region.

There is great expertise within the region’s community based services to connect with and assist the targeted patient populations.

Community Resources

- i. The North Country Pre-natal Perinatal Council has been successfully engaging with the Medicaid and uninsured population for many years to address prenatal health and patient navigators for facilitated enrollment and this is reflected in noteworthy positive health indicators in most maternal health areas.
- j. The Mental Health Association, Step-by-Step and the Northern Regional Center for Independent Living all have excellent and trusted peer run services and programs for those living with mental illness.
- k. Cornell Cooperative Extension has been running family nutrition programs for many year that reach specifically to the target population.
- l. The Volunteer Transportation Center runs transport in all three counties and are valued and seen as both capable and caring.
- m. The Urban Mission (with more than 50 member churches) on Watertown’s near east side where poverty is highest provides multiple services, are actively growing and in addition to providing services also employs many from the near east side. In addition the Mission serves critical needs for all of Jefferson County and is viewed as a positive helping hand.
- n. Credo Community Center for the treatment of addictions has a long history of providing for the treatment of addictions while incorporating other health and wellness needs.
- o. Points North Housing Coalition brings together supportive housing providers across the region to ensure housing capacity for the homeless and near homeless.

Internal Strengths

- c. Families and care givers. Many individuals that are high risks have families and caregivers that want to help however the system is so fragmented that families cannot effectively navigate on behalf or with their family members – these families need to be engaged
- d. Basic human theory – people want to be healthier, they want to live and be happy. This simple fact is a significant strength that can be built upon. The first recognition must be that food, clothing, shelter, and warmth have to be addressed. Health is a component of safety and cannot be successfully engaged or addressed unless these others are addressed. This understanding must be built in to every care management and care coordination training curriculum as well as into health literacy and cultural competency training. Someone who is worried about having heat or food when they get home will have little concern with listening to a care plan.



Care Disconnects and Resource Gaps

Disconnects exist in the current system across every sector of the care continuum and has the most substantial impact those with the most significant burden of disease. This includes inpatient to outpatient both from the physical care floors and the inpatient mental health unit, inpatient to long-term-care and long-term-care to inpatient, inpatient to Health Home, emergency department to primary care or outpatient behavioral health care. In addition to linkages with the hospitals there are also disconnects between community based supportive services and primary care, between preventive services and primary care and between primary care and outpatient mental health and alcohol and substance abuse. Medical records access between providers is not standardized. These factors underscore the need for an Integrated Delivery System and the regional governance structure of the North Country Initiative and the need for care transition from inpatient to outpatient, for advanced primary care and the integration of primary care and behavioral health services. Further the need to create connectivity between community based prevention services for chronic disease and substance abuse such as the DPP and CDSMP offered by the YMCA, the St. Lawrence Health Initiative, Public Health, Office for the Aging and others and by the OASAs Prevention Council's.

- i. Inpatient to outpatient disconnects – these need to be addressed at the point of transition from the hospital not after. Due to the rurality of the region and the poverty once the patient leave the initial setting of care it is very difficult for Health Home or other care managers to make contact and engage with the patient. It is critical that the challenge of the immediate transition and plan of care between the hospital and the outpatient setting be engaged with high risk patients and that the patient record is transferred and can be accessed by the receiving providers. It is just as crucial that the patient social and economic context be included in the care plan as an individual who has no home or no transportation or no heat is going to be unable to remain compliant with treatment plans.
 - vi. Inpatient to Health Home
 - vii. Inpatient to long term care or assisted living
 - viii. Inpatient mental health to outpatient BH services and supportive services
 - ix. Inpatient to primary care
 - x. Inpatient to OPWDD services or residential
- j. Emergency department to outpatient – as in the previous scenario this is an opportunity to engage the patient and connect them with primary care and outpatient service including health home services to prevent future exacerbations of existing conditions and to enable future preventive services to be provided.
 - iv. Emergency department to primary care
 - v. Emergency department to outpatient behavioral health or residential
 - vi. Emergency department to Health Home
- k. Primary care to community supportive services (and vice versa)
 - i. Primary care to Health Home
 - ii. Primary care to nutrition programs, to transportation programs, to housing programs
- l. Primary care to community based preventive services
 - i. Primary care to Community based Diabetes Prevention Programs (DPP), Chronic Disease Self-Management Programs (CDSMP), tobacco cessation programs, exercise and lifestyle programs
- m. Primary care to mental health and alcohol and substance abuse services (and vice versa)
 - i. Primary care to Behavioral Health treatment services
 - ii. Primary care to behavioral health prevention services
 - iii. Primary care to peer-to-peer and supportive services for mental illness and other disabilities
- n. Courts and Probation
 - i. Transition from incarceration to community based health care system
- o. Patient and Care Givers to the whole continuum
 - i. Patient connection and navigation into the system for engagement and access

p. Health information technology disconnects

Resource gaps that keep Medicaid members from achieving health

There is not enough primary care, the hours of primary care access are not ideal in all communities, some communities lack access to urgent care, primary care is not available to those with mental illness at their primary location of access. There is not enough access to behavior health services including children’s behavioral health services. The system is not appropriately resourced to serve patients with intensive needs. Care management and care coordination is lacking at almost every point of care. Care transitions from the inpatient to the outpatient setting are not well coordinated. Prevention programs such as the diabetes prevention program (DPP) chronic disease self-management program (CDSMP) and tobacco cessation programs are not covered services and are not receiving referrals. Preventive dental care that accepts the Medicaid benefit is nearly non-existent in the region. There is not a Community Health Worker program to engage high-risk communities to identify and embrace solutions.

While care coordination and connectivity with community based services is critical, the most significant immediate need if the region is to be successful at addressing preventive care for the Medicaid and uninsured population will be to grow the primary care, dental and behavioral health licensed health professional workforce. We cannot connect people to primary care that simply doesn’t exist. The NCI must increase primary care, psychiatry and dental capacity.

Assets

During the regional health assessment process, separate work groups were held with key behavioral health stakeholders, healthcare workforce stakeholders, and population health stakeholders. These work groups were tasked with brainstorming an inventory of regional assets, regional barriers, protective factors and contributing factors related to: Chronic Disease; Maternal and Child Health; Mental, Emotional and Behavioral Health.

The leading regional assets identified were:

Chronic Disease

- Interagency Collaboration – FDRHPO, Public Health
- School-based health initiatives
- State and Federal funding for screenings
- Adoption of electronic health records

Maternal and Child Health

- Case management and home visiting services
- The North Country Prenatal Perinatal Council
- School-based health initiatives
- Interagency collaboration

Mental, Emotional and Behavioral Health

- Interagency collaboration – FDRHPO, NCBHN
- Engaged service providers
- Improved tri-county housing (servicing very-low to moderate income families)
- Treatment and prevention services
- St. Lawrence Psychiatric Center
- Peer-to-peer groups

Consistently, interagency collaboration was identified as a key regional asset. Specifically FDRHPO, Public Health and the North country Behavioral Health Care Network (NCBHN) n and other health care and community-based agencies in the region working to address the needs of the community.

d. Information Technology and PCMH Assets and Gaps

As part of the Delivery System Reform Incentive Payment Program Community Needs Assessment, the North Country Health Information Partnership (N-CHIP) was engaged to conduct a Health Information Technology (HIT) assessment. The assessment was initiated in the beginning of September and ended on November 14th, resulting in this report. The goals of the assessment were to determine the existing technology, utilization of the systems and readiness for healthcare transformation projects. The main areas of the assessment were:

- Electronic Health Records and the optimization of their use
- Connectivity to the regional Health Information Exchange (HIE) to share clinical data for enhanced care coordination
- For the primary care providers, listed below, their existing recognition or readiness to become a recognized Patient-Centered Medical Home (PCMH) and implement standardized clinical protocols
 - Family practice
 - Pediatrics
 - Internal medicine
- Connectivity and ability to export clinical quality data to the regional registry or population health management system
- IT Security requirements to ensure the integrity of the system
- Telemedicine use and/or the desire to use it to address gaps in care

The participants also received a summary report of their individual assessment so they have a better understanding of their requirements and potential assistance available as they executed their DSRIP Performing Provider System (PPS) participation agreement.

N-CHIP assessed the following types of participants, followed by their number of practices and physical sites for those with multiple locations.

Participant Type	Number of Sites	Number of practices
Private Primary Care Practice	14	14
Primary Care Hospital Clinics	25	6
Primary Care Total	39	20
Behavioral Health	13	7
Specialty Care Private Practice	16	16
Specialty Care Hospital Clinics	21	5
Specialty Care Total	37	21
Community Based Organizations	7	7
Home Health	7	7
Long Term Care Organizations	16	7
Federally Qualified Health Center	2	2
Hospitals	6	6
Total	130	*76

**Includes Primary, Specialty, Behavioral Health and Long-Term Care owned/operated by hospitals, so the individual counts above will not add up, due to duplication.*

In total 18 practices /clinics/ agencies with 27 sites have no EMR, 60% of primary care practices have either never attempted advanced primary care/PCMH certification or have allowed 2008 standards to lapse. Less than one quarter (24%) have any connectivity to disease registry for population health management. There are 45

practices/clinics/agencies at 82 sites that are not connected to the health information exchange for real-time data sharing (only 32% currently have this capability).

Health Information Technology Status of Participating Practices, Clinics or Facilities									
Facilities, Practices & Clinics		EHR		PCMH		HIE		PHM Registry	
Type	#	# w EHR	% w EHR	# w/ PCMH 2011	% w/ PCMH 2011	# w/HIE	% w/HIE	#w/ PHM	% w/ PHM
Private Primary Care	14	12	86%	4	29%	8	57%	10	71%
Primary Care Hospital Clinics	6	5	83%	4	67%	3	50%	3	50%
Primary Care Total	20	17	85%	8	40%	11	55%	13	65%
Private Specialty Practice	16	7	44%	n/a	n/a	6	38%	0	0%
Specialty Care Hospital Clinics	5	4	80%	n/a	n/a	3	60%	0	0%
Specialty Care Total	21	11	52%	n/a	n/a	9	43%	0	0%
Behavioral Health	7	6	86%	n/a	n/a	3	43%	0	0%
Community Based Orgs	7	6	86%	n/a	n/a	2	29%	0	0%
Home Health	7	7	100%	n/a	n/a	0	0%	0	0%
Long Term Care Organizations	6	5	83%	n/a	n/a	0	0%	0	0%
FQHC	2	2	100%	0	0%	2	100%	0	0%
Hospitals (only no Clinics)	6	6	100%	n/a	n/a	1	17%	0	0%
Total	76	54	71%	8	40%	27	36%	13	17%

Health Information Technology Status of Participating Partners by SITE									
Facilities, Practices & Clinics SITES		EHR		PCMH		HIE		PHM Registry	
Type	# of Sites	Sites w/ EHR	% w/EHR	Sites w/ PCMH 2011	% w/ PCMH 2011	Sites w/ HIE	% of Sites w/ HIE	Sites w/ PHM	% Sites PHM
Private Primary Care Practice	14	12	86%	4	29%	8	57%	10	71%
Primary Care Hospital Clinics	25	19	76%	9	36%	10	40%	21	84%
Primary Care Total	39	31	79%	13	33%	18	46%	31	79%
Behavioral Health	13	12	92%			8	62%	0	0%
Specialty Care Private Practice	16	7	44%			6	38%	0	0%
Specialty Care Hospital Clinics	21	20	95%			5	24%	0	0%
Specialty Care Total	37	27	73%			11	30%	0	0%
Community Based Orgs	7	6	86%			2	29%	0	0%
Home Health	16	16	100%			0	0%	0	0%
Long Term Care Organizations	10	9	90%			0	0%	0	0%
FQHC	2	2	100%	0	0%	2	100%	0	0%
Hospitals (only no Clinics)	6	6	100%			1	17%	6	100%
Total	130	103	79%	13	33%	41	32%	31	24%

f. NCI PPS Partners

The comprehensive healthcare system inventory assisted the PPS to identify and partner with the key entities to develop a robust Delivery System Reform Incentive Payment (DSRIP) Program Performing Provider System (PPS). The following list identifies NCI PPS partner organizations. Note that many of the partner organizations have multiple participating clinics and sites and serve in multiple roles for example behavioral health, supportive housing, advocacy, and family support may be provided by one agency with multiple diverse programs. The list only shows the main site or parent organization and the largest program focus.

Behavioral Health Providers

- ACR Health
- Can Am Youth Services (dba Rose Hill)
- Carthage Area Hospital Outpatient Mental Health
- Credo Community Health Center
- Community Clinic of Jefferson County
- Family Counseling Services of NNY
- Jefferson County Community Services
- Lewis County Community Services
- River Community Wellness Program and Psychology
- Rubenzahl & Knudsen & Association
- Samaritan Outpatient Mental Health and Addiction Services
- St. Lawrence County Chemical Dependence Services
- St. Lawrence County Community Services
- St. Lawrence Psychiatric Center - NYS OMH
- Transitional Living Services of Northern New York

Charitable Organizations

- American Red Cross NNY Chapter
- Catholic Charities of the Diocese of Ogdensburg
- Community Action Planning Council of Jefferson County
- Watertown Urban Mission
- Jefferson County Department of Social Services

Education Partners

- Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES
- St. Lawrence-Lewis BOCES

Federally Qualified Health Centers

- North Country Family Health Center
- Community Health Center of the North Country

Health Home

- Central New York Health Home Network, LLC

Home Care Agencies

- Genesis Healthcare of NY
- Health Services of Northern New York, Inc.
- Jefferson County Public Health Service

- L. Woerner, Inc. (dba HCR) - Jefferson & St. Lawrence Counties

Home Care Agencies (continued)

- Meadowbrook Terrace Adult Home and Home Care Service Agency
- Northern Lights Health Care Partnership, Inc.
- US Care Systems Inc. NHTD
- VNA Homecare Options LLC.
- Visiting Nurse Association of Central New York, Inc.

Hospice

- Hospice and Palliative Care Of St Lawrence Valley
- Hospice of Jefferson County

Hospitals

- Carthage Area Hospital
- Claxton-Hepburn Medical Center
- Clifton-Fine Hospital
- Massena Memorial Hospital
- River Hospital, Inc.
- Samaritan Medical Center

Housing Providers

- Points North Housing Coalition (multiple providers)
- Transitional Living Services of Northern New York

Long Term Care Facilities

- Carthage Area Hospital Skilled Nursing Facility
- Centennial Manor Ira
- Health Services of Northern New York, Inc.
- Highland Nursing Home
- Kendrew Corners IRA
- Maplewood Health Care and Rehabilitation Center
- Riverledge Health Care and Rehabilitation Center
- Riverwood Acres IRA
- Samaritan Keep Home
- Samaritan Summit Village
- St. Joseph's SNF
- St. Regis Nursing Home
- The Country Manor Nursing and Rehabilitation Center

- United Helpers dba Mosaic

Nutrition and Diabetes Prevention Services

- Feed the Soul
- Watertown Family YMCA
- St. Lawrence County Health Initiative
- Lewis County Public Health

Offices for Persons with Developmental Disabilities

- Jefferson County Department of Social Services
- Jefferson Rehabilitation Center Chapter of NYSARC, Inc.
- St. Lawrence NYSARC

Pharmacies

- Bolton’s Pharmacy Inc.
- KPH Healthcare Services, Inc. - Kinney Drugs

Primary Care Providers and Practices

- Hospital-specific primary care networks
- Howard Meny, MD, PC
- Child and Adolescent Health Associates
- Comprehensive Women’s Health Care
- Family Medicine of Carthage, PC
- Lowville Medical Associates, LLP
- Nancy Girard, DO, PC
- New Concepts OB GYN, PLLC
- North Country Family Medicine
- Ogdensburg Medical Group
- Watertown Internists, PC
- Wise Woman OB GYN

Prevention Organizations

- Alcohol & Substance Abuse Council
- Mountain View Prevention Services, Inc.
- North Country Healthy Heart Network, Inc.
- North Country Prenatal Perinatal Council
- Seaway Valley Prevention Council
- St. Lawrence County Health Initiative, Inc.

Peer Support and Advocacy Organizations

- Mental Health Association in Jefferson County, Inc.
- Northern Regional Center for Independent Living
- Step-by-Step

Public Health Agencies

- Jefferson County Public Health Service
- Lewis County Public Health
- St. Lawrence County Public Health

Specialty Care Providers and Practices

- All Hospital-based Specialty Physicians
- Advanced Asthma and Allergy of NNY
- Cardiology Associates
- Jefferson Anesthesiologists Services, PC
- New Century Podiatry
- Pain Solutions of NNY
- Pulmonary Associates of NNY
- Upstate Neonatal Care
- Seaway Radiology
- Watertown Eye Center

Transportation

- Volunteer Transportation Center, Inc.

Urgent Care

- Med Ready Medical
- Watertown Urgent Care

2. Community Demographics and Health Status

a. Population Demographics⁸

i. Population Density

The Tug Hill Seaway Region is spread over 5,223.65 square miles of land mass. With a population of over 262,650 residents (2014 estimate), the population density is approximately 50 persons per square mile, while statewide estimates are 411 persons per square mile. The main population centers to be served by the NCI, where population density exceeds 1000 persons per square mile, are outlined in the following table. Not surprisingly, residents of these population centers have improved access to care even if it is not access to primary care. However, these communities represent a little over a quarter of the region's population, suggesting that most residents of the Tug Hill Seaway Region live outside of the population centers and travel long distances to access care.

City/Town	County	Population (2013 estimate)	Land Area (square miles)	Population Density (persons per sq. mile)
Watertown	Jefferson	27,823	9.02	2,995.9
Massena	St. Lawrence	10,813	4.52	2,417.3
Ogdensburg	St. Lawrence	11,011	4.96	2,245.4
Lowville	Lewis	3,470	1.90	1,826.3
Carthage	Jefferson	3,747	2.70	1,387.8

Source: U.S. Census Bureau - State and County QuickFacts (2014)

Additionally the region's community healthcare system supports Fort Drum, one of the most heavily deployed Army installation in the nation, and the only Army installation with a division of Soldiers and families without its own hospital. All inpatient and most specialty care for the 40,000 TRICARE beneficiaries in the region is provided by the community hospitals.

The outlined resource challenges are exacerbated by the population demographics for the region. Compared with statewide averages, the Tug Hill Seaway Region's population is older, has lower incomes, has a disproportionate burden of chronic diseases, and has higher rates of uninsured children.

Access to Transportation

Vehicle ownership, especially in a geographically isolated region, is directly related to the ability to access essential prevention and treatment services. The percentage of households without a vehicle is increasing within the region and was recently estimated at 8.9%, compared to the statewide average of 5.8%.⁹ Public transportation options within the region are limited. Access to care for households without reliable transportation is therefore dependent upon the bus schedule and route.

While resources are generally available in high density population centers, only approximately 28% of the region's populations lives within these communities. The remaining individuals must travel extensive distances to access care, a situation made extremely challenging during the characteristically long winter season where average annual snowfall approaches 200 inches in the snow belt areas of the region (southern Jefferson County, parts of Lewis County).

ii. Total Population by Gender, Age and Race

The statewide distribution of gender reveals a higher proportion of females. However, within the tri-county region, the proportion of males marginally exceeds the female population. Noticeably, the age distribution in St. Lawrence County closely matches that of the state average. The region is less racially diverse than the state, in general

⁸ State and County QuickFacts, US Census Bureau: <http://quickfacts.census.gov/qfd/index.html>

⁹ American Community Survey (ACS) (2008-2012).
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Total population, by gender

	Jefferson	Lewis	St. Lawrence	NY State
Total	120,262	27,224	112,232	19,570,261
Male	51.7%	50.6%	50.9%	48.5%
Female	48.3%	49.4%	49.1%	51.5%

Of the three counties, Jefferson County has the highest percentage of children under 18 years, while Lewis County has the highest percentage of adults over 65 years

Total population, by age

	Jefferson	Lewis	St. Lawrence	NY State
Under 5 years	8.6%	6.4%	5.5%	6.0%
Under 18 years	24.9%	23.9%	20.7%	21.6%
65 years and over	11.8%	16.2%	15.0%	14.1%

Due, in part, to the presence of the Fort Drum installation, Jefferson County is the most racially diverse of the three counties. Lewis County, with just over 27,000 residents, is the least racially diverse

Total population, by race

	Jefferson	Lewis	St. Lawrence	NY State
Total	120,262	27,224	112,232	19,570,261
White	88.8%	97.6%	94.0%	71.2%
Black, African American	6.1%	0.8%	2.5%	17.5%
Am. Indian, Alaska Native	0.6%	0.2%	1.1%	1.0%
Asian	1.6%	0.3%	1.0%	8.0%
Hawaiian, Pacific Islander	0.3%	0.1%	0.1%	0.1%
Two or more races	2.7%	1.0%	1.4%	2.2%
Hispanic or Latino	6.7%	1.5%	2.1%	18.2%

iii. Extended Demographic Profile

The regions, heterogeneous distribution of demographic statistics transcends gender, age and race as illustrated in the following tables. In all three counties, the median household income is significantly below the state average, the unemployment rate exceeds the state average, Jefferson and St. Lawrence Counties both have poverty rates that exceed the state average as does the region as a whole.

Income and Employment				
	Jefferson	Lewis	St. Lawrence	NY State
Median household income¹⁰ (2007-2011)	\$45,559	\$44,281	\$43,390	\$56,951
Persons below poverty level⁶ (2007-2011)	15.1%	13.6%	17.6%	14.5%
Children (under 18 years) below poverty level¹¹ (2011)	26.3%	20.3%	25.0%	22.8%
Unemployed labor force⁷ (2012)	10.1%	10.1%	10.5%	8.5%

¹⁰ State and County QuickFacts, US Census Bureau: <http://quickfacts.census.gov/qfd/index.html>

¹¹ Socio-Economic and General Health Indicators, NYS Community Health Indicator Reports:

<http://www.health.ny.gov/statistics/chac/indicators/ses.htm>

Noticeably, as shown below the region has better high school graduation rates and lower high school drop-out rates compared to the state, although the attainment of Bachelor’s degrees is nearly half below the state average

Education				
	Jefferson	Lewis	St. Lawrence	NY State
High school graduate or higher⁶ (2007-2011)	88.1%	86.9%	86.4%	84.6%
Bachelor’s degree or higher⁶ (2007-2011)	20.6%	13.7%	18.9%	32.5%
High school drop-out rate⁷ (2009-2011)	1.8%	1.4%	2.4%	2.7%

The proportion of the population with disabilities also far exceeds the state average.

Disabilities				
	Jefferson	Lewis	St. Lawrence	NY State
Persons with a disability¹² (2009-2011)	13.3%	12.9%	14.3%	10.8%

Homeownership rates within the region also exceed the rates for NY State.

Home Ownership				
	Jefferson	Lewis	St. Lawrence	NY State
Homeownership rate⁶ (2007-2011)	57.8%	77.4%	71.5%	54.8%

Health insurance coverage rates for adults and children in the region are not significantly different from rates for NY State. Also, the region is not statistically different from the state when comparing proportions of adults who received no medical care on the basis of cost. The data reveals that, of all the counties, St. Lawrence County has the highest proportion of adults with no medical care due to cost, and the lowest proportion of adults with a regular healthcare provider. Nevertheless, access to care is a statewide challenge in rural areas.

Health Insurance Status and Access to Care				
	Jefferson	Lewis	St. Lawrence	NY State
Children (under 19 years) with health insurance⁷ (2011)	95.5%	94.9%	95.1%	95.5%
Adults (18-64 years) with health insurance⁷ (2011-2013)	91.2%	88.0%	88.4%	89.0%
Adults with no medical care due to cost⁷ (2008-2009)	11.2%	12.0%	14.5%	13.8%
Adults with a regular health care provider⁷ (2013-2014)	82.4%	88.2%	81.9%	84.4%

While county-level estimates of health literacy are unavailable, the US Dept. of Education’s National Center for Health Statistics provides an indirect measure – basic prose literacy skills. In our region, close to 14% of the population lacks basic prose literacy skills. Low health literacy is linked to poor health outcomes, higher rates of hospitalizations, and infrequent use of preventive services. At particularly high risk are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status. The regional illiteracy rates coupled

¹² Disability Characteristics, 2009-2011 American Community Survey (3-Year Estimates): factfinder2.census.gov/
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with the fact that North Country residents are older and have lower income levels than statewide averages highlight the need to improve health literacy in our community.

Location	Percent lacking <i>basic</i> prose literacy skills
Jefferson County	12
Lewis County	14
St. Lawrence County	13

b. Medicaid Population Demographics with Distribution Mapping

The Medicaid population of the NCI service region make up approximately one quarter of the population. They vary from the general demographic in that they are most likely to be children under the age of 18 (at least 32 – 34 %), or young adults 18-44 (38.9%), although over 10% are over the age of 65. Those on Medicaid are also more likely to be female than male although not be a large proportion (average 55% female vs average 45% male).

The only place where there was no variation in demographic profile was race. This almost exactly mirrored the general population with 90-95% White and little racial diversity.

	Jefferson	Lewis	St. Lawrence
Annual Member Enrollment Counts*	28,388	7,093	30,761
Percent of Total Population (2013 estimate)	23.8%	26.1%	27.5%
Current Age Group			
00-05	14.3%	13.8%	12.6%
06-11	11.1%	10.9%	11.1%
12-17	8.8%	9.8%	8.7%
18-44	38.9%	37.1%	38.4%
45-64	17.2%	16.5%	18.7%
65+	9.7%	11.9%	10.5%
Gender			
Female	56.0%	55.7%	53.7%
Male	43.2%	43.9%	45.9%
Unborn	0.8%	0.4%	0.4%
Race			
Hispanic	2.4%	0.8%	0.8%
White	89.6%	96.5%	95.4%
Black	3.2%	0.6%	0.5%
Asian or Pacific Islander	0.6%	0.2%	0.3%
American Indian	0.1%	0.1%	0.5%
Multiple Races	2.5%	1.0%	1.3%
Unknown	1.6%	0.8%	1.2%

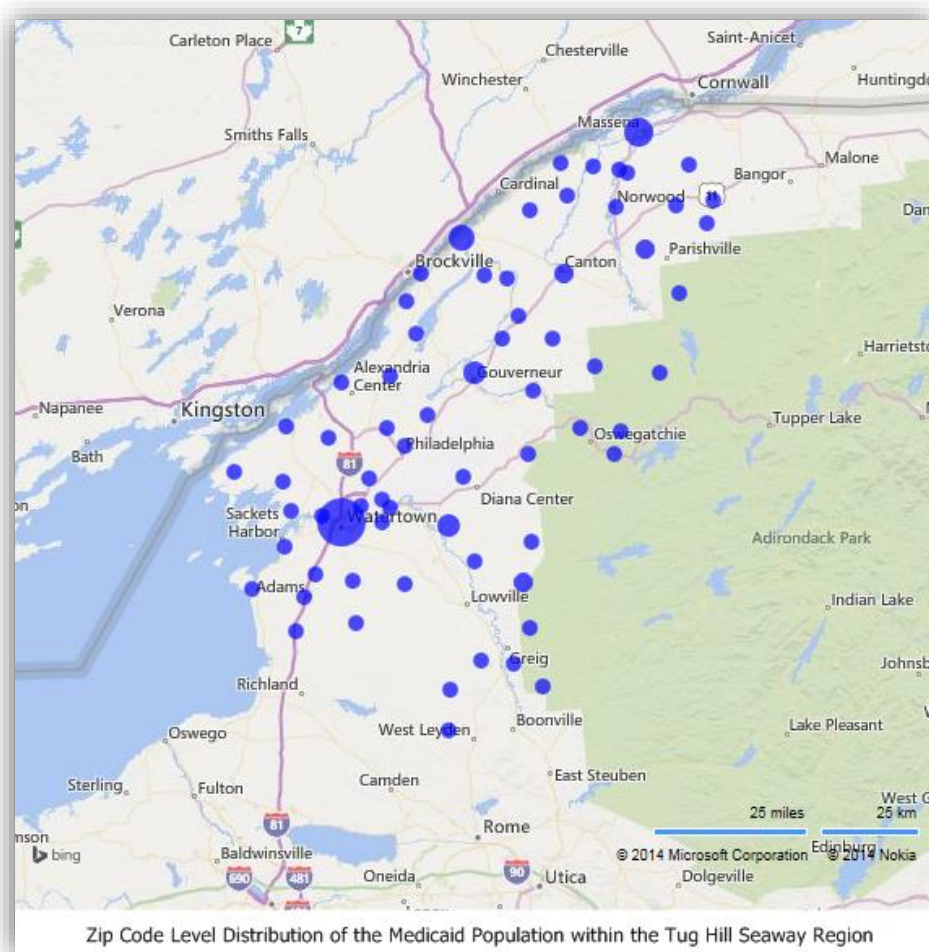
*The unduplicated counts of Medicaid members enrolled in any region or county at any time during 3/2013 – 2/2014
 Source: DSRIP Dashboard B8 - Medicaid Enrollment by Member County (3/2013 – 2/2014), accessed November 3, 2014

Medicaid population distribution

Medicaid beneficiaries had the most significant concentrations in Watertown, Ogdensburg and Massena with smaller pockets in outlying areas within towns and villages. Under the population health statistics portion of this report spots of high ED and avoidable inpatient utilization are identified.

The map illustrates the distribution of the Medicaid population across the Tug Hill Seaway Region. Each blue dot represents a zip code with at least 100 Medicaid beneficiaries. Each dot is proportional to the size of the Medicaid population – Watertown (13601) has the largest with 11,359 Medicaid beneficiaries. Data used to generate the map was gathered from the New York State Department of Health Office of Quality and Patient Safety (Accessed on November 10, at <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4>) and is presented in table format over the next several pages.

In many instances, Medicaid patients face problems finding medical care for treatment in a timely manner. Low Medicaid reimbursement rates are typically cited as the main barrier. Administrative burdens, patients’ nonmedical needs (i.e. social needs), challenges with keeping appointments and adhering to treatment plans, also play a significant role in reducing access to care¹³. The proportion of Medicaid Beneficiaries coupled with the existing health care provider shortages increase access to care disparities within the region. Tables below include the top 20 zip codes by number of beneficiaries in each county.



¹³ Felland, *et al.* Improving Access to Specialty Care for Medicaid Patients: Policy Issues and Options. (2013) The Commonwealth Fund: <http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Jun/Improving-Access-to-Specialty-Care.aspx>
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Top 20 Zip Code Distribution of Medicaid Beneficiaries, PQI, PPV and PDI by County

Jefferson County

Zip Code	Town	Total Beneficiaries	Dual Eligible Beneficiaries	Child Beneficiaries	Total PQI Admissions	Total PPV Events	Total PDI Hospitalizations
13601	Watertown	11359	2030	3822	135	7028	4
13619	Carthage	2367	387	870	11	1465	1
13605	Adams	1161	200	424	9	417	0
13634	Dexter	867	138	308	3	291	-
13656	La Fargeville	787	101	291	7	455	-
13624	Clayton	782	164	240	6	343	-
13691	Theresa	734	112	252	10	457	0
13612	Black River	641	115	215	5	359	-
13637	Evans Mills	529	82	190	0	199	-
13673	Philadelphia	519	89	180	6	187	-
13606	Adams Center	518	79	173	5	223	-
13608	Antwerp	467	64	160	9	302	-
13622	Chaumont	455	61	169	2	97	-
13679	Redwood	439	80	150	6	260	-
13607	Alexandria Bay	383	81	111	3	223	-
13661	Mannsville	346	49	118	3	80	-
13618	Cape Vincent	315	65	102	2	99	-
13650	Henderson	299	62	101	2	84	-
13685	Sackets Harbor	270	56	79	0	85	-
13616	Calcium	267	38	94	2	125	1

Lewis County

Zip Code	Town	Total Beneficiaries	Dual Eligible Beneficiaries	Child Beneficiaries	Total PQI Admissions	PPV Events	Total PDI Hospitalizations
13367	Lowville	1775	397	588	27	887	0
13433	Port Leyden	627	106	240	6	241	-
13343	Glenfield	466	80	164	2	178	-
13327	Croghan	442	101	146	4	156	-
13620	Castorland	420	86	163	2	104	-
13626	Copenhagen	404	88	134	1	138	0
13368	Lyons Falls	356	68	125	5	171	-
13665	Natural Bridge	273	35	118	2	212	1
13325	Constableville	210	31	74	0	29	-
13473	Turin	183	35	64	1	73	-
13489	West Leyden	148	18	64	0	67	-
13305	Beaver Falls	74	13	28	0	13	-
13404	Martinsburg	73	8	23	3	54	-
13312	Brantingham	59	11	22	0	19	-
13345	Greig	53	10	14	0	14	-
13627	Deer River	10	4	0	0	-	-
13631	Denmark	1	0	0	0	-	-

Zip Code	Town	Total Beneficiaries	Dual Eligible Beneficiaries	Child Beneficiaries	Total PQI Admissions	Total PPV Events	Total PDI Hospitalizations
13662	Massena	4853	883	1638	93	4528	3
13669	Ogdensburg	4540	901	1426	45	3616	3
13642	Gouverneur	2804	514	936	38	2057	1
13617	Canton	2276	528	604	19	1160	1
13676	Potsdam	2230	397	716	34	1617	0
13667	Norfolk	1022	167	367	13	783	1
13613	Brasher Falls	755	120	264	5	476	-
13668	Norwood	723	121	257	11	482	0
13646	Hammond	645	116	208	15	406	-
13652	Hermon	637	110	247	7	277	-
13697	Winthrop	606	95	217	10	412	-
13658	Lisbon	576	112	201	8	253	-
13660	Madrid	542	82	201	5	390	0
13648	Harrisville	538	111	188	4	258	-
13654	Heuvelton	457	97	153	0	235	0
12967	North Lawrence	381	68	137	3	297	0
13635	Edwards	375	59	138	2	196	-
13681	Richville	375	46	150	1	192	-
13630	De Kalb Junction	339	85	105	12	106	-
13625	Colton	338	82	93	3	162	1

Sources: Medicaid Beneficiaries, PQI Admissions, PPV Events, PDI Hospitalizations from the New York State Department of Health Office of Quality and Patient Safety (Accessed on November 10 at <https://health.data.ny.gov/Health/Medicaid-Beneficiaries-Inpatient-Admissions-and-Em/m2wt-pje4>; <https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visits/khkm-zkp2>; <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/h6vj-9z3w>)

c. Uninsured Population Demographics with Distribution Mapping

CMS estimates report more than 10% of the total population in the region is uninsured. Demographically, over 75% of the uninsured fall in the 19-54 age range and are somewhat more likely to be male than female. In addition they are slightly more likely to be racially diverse than either the general population or the population insured by Medicaid with approximately 86% White, 8.5% Black and another 5.5% of other racial and ethnic identity.

	Jefferson, Lewis	St. Lawrence
Uninsured Total	13,172	12,044
Uninsured Percent	10.3%	12.6%
Current Age Group		
00-18	9.6%	14.0%
19-25	24.3%	21.9%
26-34	26.3%	13.2%
35-54	29.6%	38.8%
55-64	10.3%	12.1%
Gender		
Female	48.5%	39.0%
Male	51.5%	61.0%

Race		
Hispanic	4.4%	2.2%
White	84.4%	87.4%
Black	8.4%	8.9%
Asian or Pacific Islander	2.3%	0.4%
American Indian	0.2%	0.2%
Multiple Races	0.4%	1.0%

Source: Centers for Medicare and Medicaid Services (CMS) - The Number of Estimated Eligible Uninsured People for Outreach Targeting, accessed at <https://data.cms.gov/dataset/The-Number-of-Estimated-Eligible-Uninsured-People-/pc88-ec56>

It should be noted that there are unique populations of Amish and Mennonite within the NCI service region that choose not to be insured and consider themselves insured by their ministry. It would be culturally inappropriate to attempt to coerce these group to become insured against their beliefs.

These groups access care but do not inherently enroll in conventional insurance plans. While these populations are traditionally classified as ‘uninsured’, some individuals within these groups are community ministry-insured and will pay medical expenses out of pocket. On the basis of their patent objections to conventional insurance, these population subgroups should not fall within the scope of DSRIP engagement efforts within the region.

Amish and Mennonites

A 2012 report indicates that New York has the fastest growing Amish population and the 5th highest in the nation. The report estimates population size at 14,715 and includes all Amish groups that use horse-and-buggy transportation, but excludes car-driving groups such as the Beachy Amish and Amish Mennonites.¹⁴

Within our region, there are two well described Amish settlements: the Swartzentruber Amish settlement in Heuvelton (St. Lawrence County); the Lowville Amish Settlement (Lewis County). The settlement in Heuvelton is the second largest in NY with 11 church districts as of 2010. The total Amish and Mennonite population across the region is difficult to estimate due to the cultural nuances of the population. An estimate exceeding 4100 individuals was derived from the number of congregational adherents within the three counties.

Religious Bodies	Adherents			
	Jefferson	Lewis	St. Lawrence	Tug Hill Seaway
Amish groups, undifferentiated	176	188	1840	2204
Beachy Amish Mennonite Churches	98	0	0	98
Conservative Mennonite Conference	0	1005	0	1005
Mennonite Church USA	82	715	0	797
Total	356	1908	1840	4104

Source: Association of Statisticians of American Religious Bodies (ASARB) – 2010 U.S. Religion Census: Religious Congregations & Membership Study

Migrant Workers

A small migrant worker population also fall into the uninsured category for the region. Migrant workers suffer disproportionate mortality and morbidity rates when compared to the average population, due in part to the combination of poverty, limited access to care, and hazardous working conditions. The region’s agrarian economy relies upon migrant worker employment. Seasonal variations and inherent population characteristics make it very

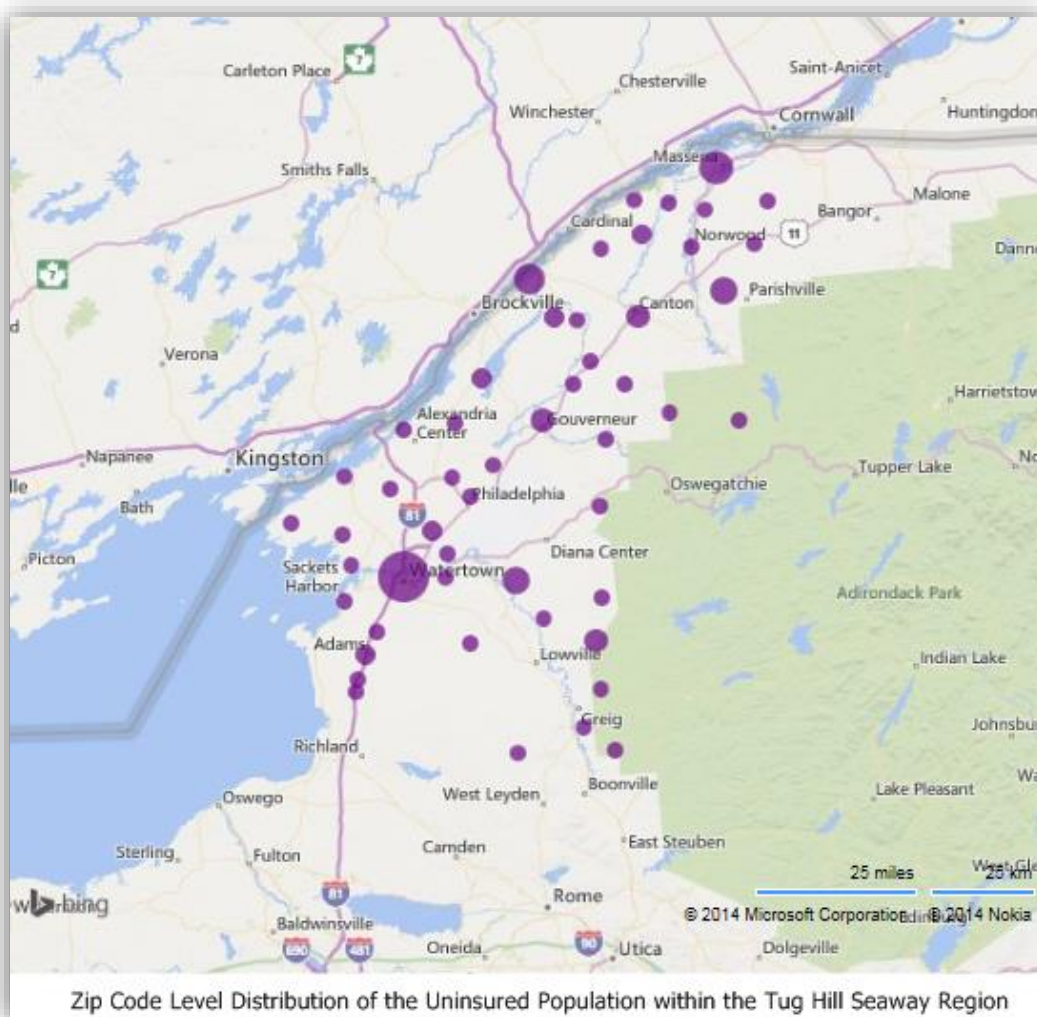
¹⁴ “Amish Population by State (2012).” Young Center for Anabaptist and Pietist Studies, Elizabethtown College. http://www2.etown.edu/amishstudies/Population_by_State_2012.asp.

difficult to characterize the population. Estimates from local agencies¹⁵ place the migrant seasonal farm worker population at 80 in Jefferson County and 100 in Lewis County. Estimates for St. Lawrence County are unavailable.

Uninsured population distribution

Like Medicaid beneficiaries, the uninsured had the most significant concentrations in Watertown, Ogdensburg and Massena with pockets in outlying areas within towns and villages.

The map illustrates the distribution of the uninsured population across the Tug Hill Seaway Region. Each purple dot represents a zip code with at least 100 uninsured individuals. Each dot is proportional to the size of the uninsured population – Watertown (13601) has the largest with 3,347 uninsured individuals. Data used to generate the map was gathered from the U.S. Census Bureau’s 2008-2012 American Community Survey (Accessed on November 11, at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml>).



Zip Code Distribution of the Uninsured Population by County

Jefferson County Zip Codes with more than 100 uninsured residents

ZCTA	Town	% No health insurance coverage	Total Uninsured Population
13601	Watertown	9.5	3347
13619	Carthage	11.7	1140
13637	Evans Mills	13	504
13605	Adams	9.5	448
13656	La Fargeville	15.7	428
13634	Dexter	8.5	381
13603	Watertown	4.3	354
13624	Clayton	7.2	326
13691	Theresa	10.2	307
13606	Adams Center	10.1	305
13679	Redwood	17	287
13661	Mannsville	13.8	260
13612	Black River	9.3	248
13608	Antwerp	15	230
13607	Alexandria Bay	12.1	221
13673	Philadelphia	8.4	178
13685	Sackets Harbor	8.3	161
13618	Cape Vincent	7	126
13622	Chaumont	4.2	123
13674	Pierrepont Manor	72.7	104

Lewis County Zip Codes with more than 100 uninsured residents

ZCTA	Town	% No health insurance coverage	Total Uninsured Population
13367	Lowville	11.8	982
13626	Copenhagen	13.7	251
13433	Port Leyden	11.5	222
13327	Croghan	10.5	205
13620	Castorland	7.7	175
13368	Lyons Falls	13.5	174
13343	Glenfield	9.3	145
13325	Constableville	13.2	130

St. Lawrence County Zip Codes with more than 100 uninsured residents

ZCTA	Town	% No health insurance coverage	Total Uninsured Population
13662	Massena	11.4	1856
13669	Ogdensburg	10.4	1597
13676	Potsdam	7.2	1172
13617	Canton	8.8	949
13642	Gouverneur	9.7	902
13654	Heuvelton	31.7	718
13646	Hammond	17.4	476
13660	Madrid	20	447
13630	De Kalb Junction	26.9	426
13667	Norfolk	12.9	381
13668	Norwood	10.7	364
13697	Winthrop	13	308
13613	Brasher Falls	10.3	275
13658	Lisbon	12.7	250
13648	Harrisville	8.9	219
13652	Hermon	12.7	208
13680	Rensselaer Falls	15.3	201
13681	Richville	20.9	173
13635	Edwards	16.7	141
13621	Chase Mills	20.4	141
13625	Colton	7.3	135
13694	Waddington	8.9	121
13684	Russell	10.6	106

3. Health Status

The demographic data confirms national observations that rural residents are typically older and have lower incomes than residents of metropolitan areas¹⁶. Similar observations highlight that rural residents are more likely to suffer from chronic illnesses than their urban and suburban counterparts and these statistics are reflected in the Tug Hill Seaway region. This section contains both total population health statistics and health status specifically identified within the Medicaid and uninsured populations. It should be noted that these are very reflective of each other. Tables applicable to the total population will be in green and tables applicable to Medicaid and Uninsured only will be in blue.

a. Leading Causes of Death

The leading causes of death within the region are heart disease, cancer, chronic lower respiratory disease (CLRD)¹⁷, stroke and unintentional injury. Within Lewis County, diabetes also emerges as a leading cause of death. Chronic diseases therefore present a significant burden to well-being within the region.

Leading Causes of Death, by County¹⁸

	Jefferson	Lewis	St. Lawrence	NY State
#1	Heart Disease	Cancer	Heart Disease	Heart Disease
#2	Cancer		Cancer	Cancer
#3	Stroke	Stroke	CLRD	CLRD
#4	CLRD	CLRD	Stroke	Stroke
#5	Unintentional Injury	Diabetes	Unintentional Injury	Unintentional Injury

b. Leading Causes of Premature Death

For deaths occurring before age 75, chronic diseases and unintentional injury take a major toll on life in the region. However, stroke no longer appears among the leading causes. In all three counties, suicides appear as the fifth leading cause of premature death. The premature death rate (25.6%) is higher than Upstate (21.9%) or Statewide (23.9%)

Leading Causes of Premature Death (Death before age 75), by County¹⁹

	Jefferson	Lewis	St. Lawrence	NY State
#1	Cancer	Cancer	Cancer	Cancer
#2	Heart Disease	Heart Disease	Heart Disease	Heart Disease
#3	Unintentional Injury	CLRD	CLRD	Unintentional Injury
#4	CLRD	Unintentional Injury	Unintentional Injury	CLRD
#5	Suicide	Suicide	Diabetes	Diabetes

Population Health Metric (DSRIP Domain 4)

Measure Name	Data Year	Source	Jefferson	Lewis	St. Lawrence	Tug Hill Seaway	Upstate	Statewide
Improve Health Status and Reduce Health Disparities								
Percentage of premature deaths (before age 65 years)	2012	NYS DOH	27.0%	22.3%	25.2%	25.6%	21.9%	23.9%

¹⁶ American Hospital Association. The opportunities and challenges for rural hospitals in an era of health reform. Trendwatch, April 2011: <http://www.aha.org/research/reports/tw/11apr-tw-rural.pdf>

¹⁷ Chronic lower respiratory disease (CLRD) comprises three major diseases: chronic bronchitis, emphysema, and asthma, that are all characterized by shortness of breath caused by airway obstruction.

¹⁸ Leading Causes of Death by County, New York State, 2011. NYS Department of Health – Bureau of Biometrics and Health Statistics: http://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm

¹⁹ Leading Causes of Premature Death (Death before age 75), New York State, 2009-2011. NYS Department of Health – Bureau of Biometrics and Health Statistics: http://www.health.ny.gov/statistics/leadingcauses_death/pm_deaths_by_county.htm

c. Leading Causes of Medicaid Hospitalizations and Preventable Hospitalizations

The top five causes of Medicaid hospitalizations and emergency room visits across the region are; mental illness, cardiovascular disease, respiratory disease (COPD), diabetes and substance abuse.

County	Major Diagnostic Category	Beneficiaries with Condition	Beneficiaries with Admissions	Total Inpatient Admissions	Beneficiaries with ER Visits	Total ER Visits
Jefferson	Mental Diseases And Disorders	8259	2572	4855	4488	16162
Jefferson	Cardiovascular Disease	7518	3015	4702	2732	7175
Jefferson	Respiratory Disease	3205	1062	1778	1635	5089
Jefferson	Diabetes Mellitus	2139	726	1197	834	2226
Jefferson	Substance Abuse	2101	1286	2626	1334	4769
Jefferson	HIV Infection	21	8	20	12	37
Lewis	Mental Diseases And Disorders	1701	492	799	927	3132
Lewis	Cardiovascular Disease	829	252	357	252	760
Lewis	Respiratory Disease	574	217	339	286	971
Lewis	Diabetes Mellitus	328	87	133	100	257
Lewis	Substance Abuse	250	156	256	169	708
St Lawrence	Mental Diseases And Disorders	10287	3389	6517	5843	20568
St Lawrence	Cardiovascular Disease	8229	3297	5778	3767	10580
St Lawrence	Respiratory Disease	3942	1386	2468	2196	7363
St Lawrence	Substance Abuse	2854	1780	3963	1877	6561
St Lawrence	Diabetes Mellitus	2639	901	1692	1195	3687
St Lawrence	HIV Infection	25	8	14	15	38
Tug Hill Seaway	Mental Diseases And Disorders	20247	6453	12171	11258	39862
Tug Hill Seaway	Cardiovascular Disease	16576	6564	10837	6751	18515
Tug Hill Seaway	Respiratory Disease	7721	2665	4585	4117	13423
Tug Hill Seaway	Substance Abuse	5205	3222	6845	3380	12038
Tug Hill Seaway	Diabetes Mellitus	5106	1714	3022	2129	6170
Tug Hill Seaway	HIV Infection	46	16	34	27	75

Source: Medicaid Chronic Conditions, Inpatient Admissions and Emergency Room Visits by County (2012) from the New York State Department of Health Office of Quality and Patient Safety (Accessed on November 13 at <https://health.data.ny.gov/Health/Medicaid-Chronic-Conditions-Inpatient-Admissions-a/wybq-m39t>)

From the table on the following page, of beneficiaries with the top five conditions driving hospital and ED use 38% had an admission in 2012 and 50% had utilized the emergency room. Mental illness and substance abuse (38% with admit) and cardiovascular disease (40% with admit) are the leading drivers of Medicaid inpatient admissions although Respiratory disease (35%) and Diabetes (34%) are not far behind.

Mental illness and substance abuse (58% with visit) and respiratory disease (53% with visit) are the leading drivers of Medicaid emergency department use although again, diabetes at 42% with an ED visit and cardiovascular with 41% with an admission are not far behind.

These findings suggest a need for a more integrated approach to care for these beneficiaries. It also suggests the need for more availability of and integration of primary and outpatient behavioral health care and an increase in coordination between inpatient and outpatient settings.

County	Major Diagnostic Category	Beneficiaries with Condition	% Beneficiaries with Admissions	% Beneficiaries with ER Visits
Tug Hill Seaway	<i>Mental Diseases And Disorders(MI)</i>	8259	32%	56%
Tug Hill Seaway	<i>Cardiovascular Disease</i>	7518	40%	41%
Tug Hill Seaway	<i>Respiratory Disease</i>	3205	35%	53%
Tug Hill Seaway	<i>Diabetes Mellitus</i>	2139	34%	42%
Tug Hill Seaway	<i>Substance Abuse (SA)</i>	2101	62%	65%
Tug Hill Seaway	<i>Combined MI and SA</i>	10360	38%	58%
Tug Hill Seaway	Total Top Five	54855	38%	50%

Avoidable hospitalizations

Avoidable hospitalizations are described in four metrics: Prevention Quality Indicators (PQIs), Potentially Preventable ER Visits (PPVs), Pediatric Quality Indicators (PDIs), and Potentially Preventable Readmissions (PPRs). PQI and PDI rates are measured as admissions per 100,000 recipients, and PPV rates are measured as visits per 100 recipients.

The Tug Hill Seaway region exceeds both Upstate and NYS statewide on every single adult composite for avoidable hospitalizations including adult overall composite (PQI90), Tug Hill Seaway 2144 admits per 100,000 compared to 1783 for Upstate and 1848 for Statewide. Adult circulatory condition (PQI 07, 08) Tug Hill Seaway 447 compared to Upstate 366 and Statewide 422. Adult angina without procedure (PQI 13) Tug Hill Seaway 32 compared to Upstate 22 and Statewide 27. Adult diabetes composite (PQI 01, 03, 16) Tug Hill Seaway 436 compared to Upstate 364 and Statewide 372. Adult uncontrolled diabetes (PQI 14) Tug Hill Seaway 59 compared to Upstate 42 and Statewide 46. Adult respiratory conditions composite (PQI 05, 15) Tug Hill Seaway 599 compared to Upstate 481 and Statewide 500 and COPD (PQI05) Tug Hill Seaway 1040 compared to Upstate 800 and Statewide 814. Adult dehydration (PQI10) 146 compared to 110 and 106, adult bacterial pneumonia (PQ11) 312 compared to 276 and 258, adult urinary tract infection (PQI12) 193 compared to 39 and 36, and potentially preventable visits (PPV) 62 compared to 39 and 36.

Medicaid Avoidable Hospitalization Rates: Medicaid Recipients 2011-2012

Indicator	Jefferson	Lewis	St. Lawrence	Tug Hill Seaway	Upstate	Statewide
Adult overall composite (PQI90)	1835	1813	2468	2144	1783	1848
Adult acute conditions composite (PQI91)	521	632	768	653	566	555
Adults chronic conditions composite (PQI92)	1325	1141	1691	1488	1213	1294
Adult Circulatory Conditions Composite (PQI07, 08)	434	268	494	447	366	422
Adult Hypertension (PQI07)	102	104	81	92	80	104
Adult Heart Failure (PQI08)	291	175	371	318	264	292
Adult Angina Without Procedure (PQI13)	41	-	30	32	22	27
Adult Diabetes Composite (PQI01, 03, 16)	378	341	502	436	364	372
Adult Diabetes Short-Term Complications (PQI01)	106	123	207	157	128	113
Adult Diabetes Long-Term Complications (PQI03)	204	121	207	198	182	203
Lower Extremity Amputations – Diabetics (PQI16)	19	-	24	20	18	18
Adult Uncontrolled Diabetes (PQI14)	57	98	53	59	42	46
Adult Respiratory Conditions Composite (PQI05, 15)	513	518	685	599	481	500
COPD and Asthma in Older Adults (PQI05)	893	892	1187	1040	800	814
Asthma in Younger Adults (PQI15)	59	51	59	58	110	135
Adult Dehydration (PQI10)	117	121	176	146	110	106
Adult Bacterial Pneumonia (PQI11)	263	233	369	312	276	258
Adult Urinary Tract Infection (PQI12)	140	281	221	193	179	192
Potentially Preventable Visits (PPV)	54	45	73	62	39	36
Pediatric Overall Composite (PDI90)	191	184	453	307	210	323

Pediatric Acute Conditions Composite (PDI91)	75	-	116	86	54	75
Pediatric Chronic Conditions Composite (PDI92)	104	206	332	214	156	248
Pediatric Asthma (PDI14)	190	260	462	313	186	319
Pediatric Diabetes Short-Term Complications (PDI15)	-	47	20	14	31	33
Pediatric Gastroenteritis (PDI16)	53	86	213	129	94	120
Pediatric Urinary Tract Infection (PDI18)	45	86	76	63	49	52

Source: NYS DOH Office of Quality and Patient Safety, 2014

In many instances, Medicaid patients face problems finding medical care for treatment in a timely manner. Low Medicaid reimbursement rates are typically cited as the main barrier. Administrative burdens, patients' nonmedical needs (i.e. social needs), challenges with keeping appointments and adhering to treatment plans, also play a significant role in reducing access to care²⁰. The proportion of Medicaid Beneficiaries coupled with the existing health care provider shortages increase access to care disparities within the region.

This is illustrated by the regions emergency room visit rate per 1,000 Medicaid beneficiaries which is 32% higher than the Statewide rate, at 69.65 vs the Statewide rate of 46.7 and a primary care visit rate that is significantly lower at 259.88 vs the Statewide rate of 315.73.

Each of these suggest the need for a more coordinated integrated system of care, stronger inpatient to outpatient pathways, a more patient centered approach to care and the care management and coordination to provide support outside the clinical walls.

Delivery System Utilization (Medicaid Beneficiaries, Claim Year 2013)

Indicator	St.			Tug Hill		Statewide
	Jefferson	Lewis	Lawrence	Seaway	Upstate	
Emergency Room Visit Rate per 1,000 Member Months	63.12	49.55	79.86	69.65	49.87	46.70
Primary Care Visit Rate per 1,000 Member Months	283.38	223.18	246.82	259.88	284.43	315.73
Inpatient Admission Rate per 1,000 Member Months	14.32	15.18	16.11	15.26	15.69	18.23

Source: DSRIP Dashboard C1-C6 Medicaid Population Delivery System Utilization (Claim Year 2013), accessed November 3, 2014

High rates for preventable/avoidable hospitalizations do not just impact the Medicaid population of the region, the total population's adult age adjusted rate per 10,000 is 151.0 for the Tug Hill Seaway region vs 120.7 Upstate and 135.6 NYS.

Population Health Metrics (DSRIP Domain 4)								
Measure Name	Data Year	Source	Jeff Cnty	Lewis	St. Law	Tug Hill Seaway	Upstate	State wide
Improve Health Status and Reduce Health Disparities								
Age-adjusted preventable hospitalization rate per 10,000 (aged 18+ years)	2012	SPARCS	135.9	139.3	169.1	151.0	120.7	135.6

d. Disease Prevalence and Ambulatory Care Sensitive Conditions

Another significant issue affecting Medicaid beneficiaries is quality of care, specifically the recommended level of care received by the population. These measures are reported in the Healthcare Effectiveness Data and Information Set (HEDIS) as outlined below.

Screening rates as reported by HEDIS measures for cervical cancer (59 compared to 67), breast cancer (46 compared to 63), and colorectal cancer (38 compared to 49) for the Medicaid population are lower than statewide averages. For those with schizophrenia, adherence to antipsychotic medications is lower than statewide 60 compared to 66) and

²⁰ Felland, et al. Improving Access to Specialty Care for Medicaid Patients: Policy Issues and Options. (2013) The Commonwealth Fund: <http://www.commonwealthfund.org/Publications/Fund-Reports/2013/Jun/Improving-Access-to-Specialty-Care.aspx>
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diabetes screening for those with schizophrenia or bi polar disorder were lower than statewide 70 vs 79. Also of note Well-child visits within the first 15 months are lower than both Upstate and Statewide rates.

All of these items are clearly suggestive of the need to grow Primary care capacity, to improve the patient and prevention focus of Primary care, tracking and reporting on measures to provide feedback and to integrate primary care and behavioral health services. It is also suggestive of the need for public health campaigns to engage the population to embrace screening and prevention.

Healthcare Effectiveness Data and Information Set (HEDIS): Medicaid Recipients 2012

Indicator	Jefferson	Lewis	St. Lawrence	Tug Hill Seaway	Upstate	Statewide
Adherence to Antipsychotic Medications – Schizophrenia	61	71	57	60	66	64
Antidepressant Medication Management	48	48	61	53	52	50
Diabetes Monitoring – Diabetes and Schizophrenia	70	-	79	75	65	68
Diabetes Screening – Schizophrenia or Bipolar Disorder	64	-	80	70	77	79
Follow-Up within 30 days after Mental Health Hospitalization	55	59	35	47	59	55
Follow-Up Care for Children Prescribed ADHD Medication	70	69	45	60	51	56
Initiation of Alcohol and Other Drug Dependence Treatment	78	77	79	78	78	78
Comprehensive Diabetes Care – HbA1c Testing	75	86	79	78	76	80
Cervical Cancer Screening	60	59	58	59	63	67
Chlamydia Screening Among Young Women	39	38	46	42	58	66
Comprehensive Care for People with HIV/AIDS – Engagement	-	-	-	89	88	89
Comprehensive Care for People with HIV/AIDS – Syphilis Screening	-	-	-	55	57	68
Comprehensive Care for People with HIV/AIDS – Viral Load Monitoring	-	-	-	58	64	66
Well-Child Visits in the First 15 Months of Life	88	84	80	84	87	85
Breast Cancer Screening Among Women	42	49	49	46	55	63
Colorectal Cancer Screening	36	39	39	38	41	49

NOTE: HEDIS Measures indicate the percentage of time an evidence-based clinical goal was achieved or an evidence-based care or preventative care was performed in a specific target population

Source: NYS DOH Office of Quality and Patient Safety, 2014

These trends and the need for increased primary care and prevention efforts are not just present in the Medicaid population but in the general population as well as is reflected in the DSRIP Domain 4 metrics table below which illustrates that more than 32% of the adult population is obese (Statewide 24.9%) more than 20% of the adult population smokes (15.6%) statewide and only 66.2% receive colorectal cancer screening vs 69.3% Statewide. Also seen in the general population as well as the Medicaid population is the need to address cardiovascular disease with a heart attack hospitalization rate of 20.6 vs the State rate of 15.2 and adult diabetes short-term complications hospitalization rate of 6.3 vs 5.4 Upstate and 6.1 Statewide. Many of these are preventable if treated effectively in the outpatient setting.

Population Health Metrics (DSRIP Domain 4)								
Measure Name	Data Year	Source	Jeff Cnty	Lewis	St. Law	Tug Hill Seaway	Upstate	State wide
Prevent Chronic Diseases								
Percentage of adults who are obese	2013-2014	BRFSS	31.4%	33.3%	32.9%	32.3%	27.0%	24.9%
Percentage of cigarette smoking adults	2013-2014	BRFSS	22.1%	14.9%	19.5%	20.2%	17.3%	15.6%
Percentage of adults who receive a colorectal cancer screening (aged 50-75 years)	2013-2014	BRFSS	62.4%	61.6%	70.7%	66.2%	70.0%	69.3%
Asthma emergency department visit rate per 10,000	2012	SPARCS	43.2	43.3	74.8	56.8	50.8	88.6
Age-adjusted heart attack hospitalization rate per 10,000	2012	SPARCS	19.3	18.9	22.3	20.6	16.1	15.2
Hospitalizations for short-term complications of diabetes per 10,000 (aged 18+ years)	2010-2012	SPARCS	4.9	5.8	7.7	6.3	5.4	6.1

e. Maternal Child Health Outcomes

On the maternal child health front the region has much to celebrate and a couple of items to work on. The proportions of preterm births and low birth weight are below the state averages and the proportion of infants exclusively breastfed in the hospital far exceeds the averages for the entire state.

Child health within the region is a concern given the observation that children are not receiving the recommended level of care. Forty-eight percent of children in the region receive the recommended number of well-child visits compared to 69.9% for the state. This is slightly better for children with Medicaid but still below state average. Health insurance coverage rates for children (ages 0-19 years) are marginally lower than the state benchmark. In all three counties, the % of third-graders with untreated tooth decay far exceeds the proportion for the state, hovering around 40% compared to the state rate of 24%. Aligned with that observation is the increasing trend of emergency department visits for dental caries. More than 90 children age 3-5 per 10,000 present at the emergency room annually for dental caries.

Each of these two critical child health issues are specifically related to prevention and to access to care. There are not enough dentists or primary care providers in the region and specifically not enough that accept Medicaid.

Maternal and Infant Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Preterm births (infants born at <37 weeks)	10.7% ↓	10.0% ↑	10.9 ↓	11.6%	2009-11
Ratio of Medicaid births to non-Medicaid births	1.41	1.24	0.94	1.10	2008-10
Low birth weight (< 2500 grams)	6.6% ↓	5.7% ↓	7.5% ↓	8.2%	2009-11
Infants exclusively breastfed in the hospital	61.8%	63.3%	58.9%	40.5%	2009-11
Ratio of Medicaid births to non-Medicaid births	0.68	0.72	0.78	0.57	2008-10
Infant mortality rate (infant under 1 year, per 1,000 live births)	6.2 ↑	3.0 ↑	6.3 ↑	5.1	2009-11

Child Health

Indicator	Jefferson	Lewis	St. Lawrence	NY State	Data Year
Children in federal ins with recommended well-child visits	53.4%	45.8%	48.4%	69.9%	2011
Children ages 0-15 months	-	-	-	-	2011
Children ages 3-6 years	74.2%	68.5%	71.2%	82.8%	2011
Children ages 12-21 years	45.9%	35.8%	41.6%	61.0%	2011
Children with health insurance (ages 0-19 years)	93.6%	93.3%	92.6%	94.9%	2010
Third-grade children with untreated tooth decay	29.5%	51.4%	39.5%	24.0%*	2009-11
Dental caries emergency dept. visit rate (age 3-5, per 10,000)	80.7 ↑	155.9 ↑	92.5 ↑	68.6	2009-11

f. Mental Health and Substance Abuse

While many statistics in previous sections highlight the heavy burden of mental illness in the region and the impact on the healthcare system, such as MI is the single highest avoidable admission, readmission and ED use for Medicaid recipients, MI and SA also take a significant toll on the population. As noted below, The region has a suicide rate that is nearly double the state rate at 13.8 vs the state rate of 7.8 and the binge drinking rate is 24.7 vs a State rate of 17.8.

Mental illness and substance abuse also correlate significantly with chronic disease. All of these factors drive toward the need to maximize health home services, utilize care management, integrate primary care with behavioral health and address prevention on a regionally basis through population health work.

Population Health Metrics (DSRIP Domain 4)								
Measure Name	Data Year	Source	Jefferson	Lewis	St. Law	Tug Hill Seaway	Upstate	Statewide
Promote Mental Health and Prevent Substance Abuse								
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2013-14	BRFSS	7.5%	8.5%	17.1%	11.2%	11.8%	11.2%
Age-adjusted percentage of adult binge drinking during the past month	2013-14	BRFSS	24.8%	10.8%	28.0%	24.7	17.4	17.8
Age-adjusted suicide death rate per 100,000	2010-12	NYS DOH	16.0	15.4	11.1	13.8	9.5	7.8

The community’s understanding of the toll that mental illness and substance abuse has on the region and the Medicaid and uninsured population is reinforced by the responses to the needs assessment survey conducted and the focus groups and other stakeholder engagement highlighted in the following section.

g. Population Health Metrics (DSRIP Domain 4)

Measure Name	Data Year	Source	Jeff	Lewis	St. Law	Tug Hill Seaway	Upstate	NY State
Improve Health Status and Reduce Health Disparities								
Percentage of premature deaths (before age 65 years)	2012	NYS DOH	27.0%	22.3%	25.2%	25.6%	21.9%	23.9%
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	s	s	s	s	2.13	2.04
<i>Ratio of Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	s	s	s	s	2.33	2.03
Age-adjusted preventable hospitalization rate per 10,000 (aged 18+ years)	2012	SPARCS	135.9	139.3	169.1	151.0	120.7	135.6
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2010-2012	SPARCS	0.60	s	0.48	0.52	1.88	2.06
<i>Ratio of Hispanics to White non-Hispanics</i>	2010-2012	SPARCS	0.70	s	1.61	1.11	1.68	1.51
Percentage of adults with health insurance (aged 18-64 years)	2011-2013	US Census	91.2%	88.0%	88.4%			89.0%
Age-adjusted percentage of adults who have a regular health care provider	2013-2014	BRFSS	82.4%	88.2%	81.9%	82.7%	84.6%	84.4%
Prevent Chronic Diseases								
Percentage of adults who are obese	2013-2014	BRFSS	31.4%	33.3%	32.9%	32.3%	27.0%	24.9%
Percentage of children and adolescents who are obese		BRFSS						
Percentage of cigarette smoking adults	2013-2014	BRFSS	22.1%	14.9%	19.5%	20.2%	17.3%	15.6%
Percentage of adults who receive a colorectal cancer screening (aged 50-75 years)	2013-2014	BRFSS	62.4%	61.6%	70.7%	66.2%	70.0%	69.3%
Asthma emergency department visit rate per 10,000	2012	SPARCS	43.2	43.3	74.8	56.8	50.8	88.6
Asthma emergency department visit rate per 10,000 (aged 0-4 years)	2012	SPARCS	75.1	70.3	151.9	101.1	117.2	225.1
Age-adjusted heart attack hospitalization rate per 10,000	2012	SPARCS	19.3	18.9	22.3	20.6	16.1	15.2
Hospitalizations for short-term complications of diabetes per 10,000 (aged 6-17 years)	2010-2012	SPARCS	2.7	s	1.5*	2.3	2.8	3.1
Hospitalizations for short-term complications of diabetes per 10,000 (aged 18+ years)	2010-2012	SPARCS	4.9	5.8	7.7	6.3	5.4	6.1
Prevent HIV/STDs								
Newly diagnosed HIV case rate per 100,000	2010-2012	NHSS	3.4	1.2*	2.1*	7.8	6.7	18.3
Gonorrhea case rate per 100,000 women (aged 15-44 years)	2012	NSSS	144.6	106.6*	64.2	106.5	192.8	235.8
Gonorrhea case rate per 100,000 men (aged 15-44 years)	2012	NSSS	90.1	0.0*	28.2*	56.9	148.7	284.1
Chlamydia case rate per 100,000 women (aged 15-44 years)	2012	NSSS	1680.0	1065.6	743.2	1223.1	1241.6	1625.1
Primary and secondary syphilis case rate per 100,000 males	2012	NSSS	3.2*	0.0*	1.7*	2.3*	3.9	12.4
Primary and secondary syphilis case rate per 100,000 females	2012	NSSS	0.0*	0.0*	0.0*	0.0*	0.3	0.5
Promote Healthy Women, Infants and Children								
Percentage of preterm births	2012	NYS DOH	10.5%	9.6%	11.3%	10.7%	10.9%	10.8%
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	1.49	s	s	1.39	1.56	1.61
<i>Ratio of Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	0.91	s	s	0.99	1.19	1.24
<i>Ratio of Medicaid births to non-Medicaid births</i>	2010-2012	NYS DOH	1.08	1.45	0.98	1.08	1.12	1.10

s: Data do not meet reporting criteria.

*: Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.

+: Fewer than 10 events in at least one of the numerators of the rates/percentages, therefore the ratio is unstable.

NHSS: NYS HIV Surveillance System

NSSS: NYS STD Surveillance System

PRAMS: Pregnancy Risk Assessment Monitoring System

Measure Name	Data Year	Source	Jefferson	Lewis	St. Lawrence	Tug Hill Seaway	Upstate	State wide
Promote Healthy Women, Infants and Children								
Percentage of infants exclusively breastfed in the hospital	2012	NYS DOH	65.6%	63.2%	60.6%	63.8%	48.9%	40.6%
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	0.90	s	s	0.89	0.55	0.53
<i>Ratio of Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	1.07	s	s	1.08	0.64	0.56
<i>Ratio of Medicaid births to non-Medicaid births</i>	2010-2012	NYS DOH	0.66	0.72	0.76	0.70	0.72	0.60
Maternal mortality rate per 100,000 births	2010-2012	NYS DOH	15.5*	0.0*	0.0*	8.9*	20.6	21.7
Percentage of children with any kind of health insurance (aged under 19 years)	2011-2013	US Census	96.5%	91.9%	88.6%			95.9%
<i>Ratio of low-income children to non-low income children</i>	2008-2012	US Census						
Adolescent pregnancy rate per 1,000 females (aged 15-17 years)	2012	NYS DOH	15.8	8.7*	9.5	12.2	14.8	22.6
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	0.80+	s	s	0.78+	3.99	5.37
<i>Ratio of Hispanics to White non-Hispanics</i>	2010-2012	NYS DOH	0.54+	s	s	0.49+	2.92	4.50
Percentage of unintended pregnancy among live births	2012	PRAMS	32.5%	32.7%	35.5%	33.4%	28.1%	26.2%
<i>Ratio of Black non-Hispanics to White non-Hispanics</i>	2012	PRAMS	1.13	s	s	1.11	2.05	2.17
<i>Ratio of Hispanics to White non-Hispanics</i>	2012	PRAMS	1.16	s	s	1.16	1.38	1.66
<i>Ratio of Medicaid births to non-Medicaid births</i>	2012	PRAMS	1.67	1.34	1.51	1.57	1.90	1.71
Percentage of women with health coverage (aged 18-64 years)		US Census						
Percentage of live births that occur within 24 months of a previous pregnancy	2012	NYS DOH	23.9%	29.8%	26.6%	25.3%	21.1%	18.5%
Promote Mental Health and Prevent Substance Abuse								
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	2013-2014	BRFSS	7.5%	8.5%	17.1%	11.2%	11.8%	11.2%
Age-adjusted percentage of adult binge drinking during the past month	2013-2014	BRFSS	24.8%	10.8%	28.0%	24.7	17.4	17.8
Age-adjusted suicide death rate per 100,000	2010-2012	NYS DOH	16.0	15.4	11.1	13.8	9.5	7.8

s: Data do not meet reporting criteria.

*: Fewer than 10 events in the numerator, therefore the rate/percentage is unstable.

+: Fewer than 10 events in at least one of the numerators of the rates/percentages, therefore the ratio is unstable.

PRAMS: Pregnancy Risk Assessment Monitoring System

4. Stakeholder and Community Engagement Detail

a. Targeted Survey

A health needs survey (in both paper and online formats) was distributed by community partners who interface directly with the target population. A total of 1,538 surveys (837 online, 701 paper) were collected. The goal of the survey was to engage low-income, Medicaid beneficiaries and uninsured residents of the three-county region (Jefferson, Lewis, and St. Lawrence Counties) and gauge their perceptions of health needs in the community. The survey was specifically designed to inform the Tug Hill Seaway DSRIP Community Needs Assessment.

- a. Design:** The instrument was designed to be accessible to individuals literate at the 4th or 5th Grade Reading level. The entire survey and each question was worded to facilitate completion by high-risk populations. The instrument was kept brief, while covering a range of health issues such as access-to-care, community health needs, and awareness of prevention resources. The design relied on input from multiple stakeholders.
- b. Duration of collection:** The survey was open to community residents from October 1 – 14, 2014.
- c. Distribution:** The instrument was distributed using an online survey tool (Survey Monkey), where respondents accessed the survey by following a web link that was widely distributed and referenced on agency websites. In addition, paper copies of the instrument were distributed at facilities and agencies that service a high proportion of Medicaid beneficiaries and the uninsured. Locations for paper-based survey distribution included emergency rooms, outpatient behavioral health and alcohol and substance abuse clinics, residential OPWDD sites, FQHCs, Departments of Social Services and Probation Departments

Of the 1,538 respondents, 26.9% were Medicaid beneficiaries and 4.09% had no health insurance and the remaining were other consumers of services at community based service organizations across the region. Respondents were primarily Caucasian (88.9%) with representation from all regional racial minorities – Black/African American (3.1%), Asian (0.4%), American Indian/Alaskan Native (3.1%), Native Hawaiian/other Pacific Islander (0.7%) almost exactly mirroring the population distribution of Medicaid clients. Only 3.9% of the respondents classified themselves as Hispanic or Latino. Most respondents were female (58.7%), employed (full-time or part-time 35.1%), earning less than \$1,000/month (32.4%), again mirroring the target Medicaid population demographics.

More than 13% of the Medicaid Beneficiaries and approximately 46% of the uninsured respondents had no usual source of primary care. More than 25% of the target population rated their general health as fair or poor. When comparing the two target populations, a greater proportion of Medicaid beneficiaries described their mental health as compromised with almost 30% reporting poor mental health. As expected, uninsured individuals had lower rates of access to both primary care and dental care, with over 60% of the uninsured having no dental visit within the past year and 43.6% having no primary care visit.

A significantly higher proportion of Medicaid beneficiaries visited the emergency room for care (52.2%) than the uninsured or the other insured populations.

	Medicaid Beneficiaries	Uninsured Individuals
No regular source of primary care	13.2%	46.0%
Compromised general health (rated “fair” or “poor”)	26.7%	25.8%
Compromised mental health (rated “fair” or “poor”)	29.0%	14.5%
No primary care visit within the past year	16.4%	43.6%
No dental check-up within the past year	39.9%	66.1%
Emergency room visit within the past year	52.2%	24.6%
Left resident county for care within the past year	25.3%	18.6%

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

The leading reasons Medicaid beneficiaries reported for not having a primary care visit in the past year were, no need to see a doctor (55.4%), did not have time (17.9%), do not like going/afraid to go (12.5%) with cannot afford coming in 4th (12.5%) and couldn't find a doctor who took my insurance (12.5%)

The leading reasons the Uninsured beneficiaries reported for not having a primary care visit in the past year were, do not have insurance(88%), cannot afford check-up(64%), healthy/no need (20%), do not like going/afraid to go (12%).

NOTE: respondents could select more than one response.

Main Reasons – No Primary Care Visit within the Past Year

	Medicaid Beneficiaries	Uninsured Individuals
1	I am healthy / have no need to see a doctor (55.4%)	I do not have insurance (88.0%)
2	I did not have the time (17.9%)	I cannot afford a check-up (64%)
3	I do not like going / am afraid to go (16.1%)	I am healthy / have no need to see a doctor (20.0%)
4	I cannot afford a check-up (12.5%)	I do not like going / am afraid to go (12.0%)
5	Couldn't find a doctor who took my insurance (12.5%)	I did not have the time (4.0%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

The leading reasons Medicaid beneficiaries associated with the absence a dental visit within the last year do not like to go afraid (24.8%), couldn't find a dentist to take my insurance (22.4%) and healthy no need to see dentist (19.2%).

Over 70% of uninsured reported they had not had a dental visit within the last year because they could not afford a check-up followed by don not have insurance (67.6%) and healthy/no need (16.2).

Main Reasons – No Dental Check-Up Visit within the Past Year

	Medicaid Beneficiaries	Uninsured Individuals
1	I do not like going / am afraid to go (24.8%)	I cannot afford a check-up (70.3%)
2	Couldn't find a dentist who took my insurance (22.4%)	I do not have insurance (67.6%)
3	I am healthy / have no need to see a dentist (19.2%)	I am healthy / have no need to see a doctor (16.2%)
4	I did not have the time (16.0%)	I did not have the time (10.8%)
5	I cannot afford a check-up (10.4%)	I do not like going / am afraid to go (5.4%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

Aside from the severity of the complaint, the main reasons offered for accessing the emergency room are linked with low access to primary care was doctor's office not open, no place else to go, ER closest, and health provider told me to go.

Main Reasons – Emergency Room Visit within the Past Year

	Medicaid Beneficiaries	Uninsured Individuals
1	My doctor's office was not open (44.9%)	I thought the problem was too serious (50.0%)
2	I thought the problem was too serious (30.2%)	My doctor's office was not open (21.4%)
3	The ER is closest place for treatment (12.7%)	I had no other place to go (21.4%)
4	My health provider told me to go (12.7%)	My health provider told me to go (14.3%)
5	My doctor's office had no open appointments (9.5%)	My doctor's office had no open appointments (14.3%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

Migration of services was associated with attempts to access specialty care, primary care, dental care and Ob-Gyn care. These responses underscore the severity of provider shortages within the region, and the community's perceptions of the quality of care within the region.

Main Health Care Services – Left Resident County for Care within the Past Year

	Medicaid Beneficiaries	Uninsured Individuals
1	Specialty Care (53.7%)	Specialty Care (63.6%)
2	Dental (18.3%)	Primary Care (36.4%)
3	Primary Care (13.4%)	Ob/Gyn Care (27.3%)
4	Ob/Gyn Care (12.2%)	Birth Control (18.2%)
5	Hospital Care (10.9%)	Mental Health (9.1%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

Main Reasons – Left Resident County for Care within the Past Year

	Medicaid Beneficiaries	Uninsured Individuals
1	To get better quality care (45.2%)	To get better quality care (77.8%)
2	No provider in my county (41.7%)	No provider in my county (22.2%)
3	The provider was closer to my home/workplace (13.1%)	The provider was closer to my home/workplace (11.1%)
4	No provider in my county would take my insurance (13.1%)	-
5	Couldn't get an appointment soon enough (4.8%)	-

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

Health Risk Factors

Responses from the regional survey (see Appendix C) targeting low-income, Medicaid beneficiaries and uninsured residents of the three-county region (Jefferson, Lewis, and St. Lawrence Counties) highlighted several of the factors affecting health within the region. More than 13% of the Medicaid Beneficiaries and approximately 46% of the uninsured respondents had no usual source of primary care. More than 25% of the target population rated their general health as fair or poor. When comparing the two target populations, a greater proportion of Medicaid beneficiaries described their mental health as compromised. The leading health issues affecting the community were:

Leading Community Health Issues – Medicaid and Uninsured

	Medicaid Beneficiaries	Uninsured Individuals
1	Mental Health / Depression (62.4%)	Cancer (70.9%)
2	Cancer (58.7%)	Drug / Alcohol Abuse (65.5%)
3	Drug / Alcohol Abuse (57.3%)	Obesity (50.9%)
4	Tobacco Use (43.7%)	Tobacco Use (50.9%)
5	Obesity (43.2%)	Diabetes (38.18%)
6	Diabetes (40.5%)	Heart Disease (34.6%)
7	Heart Disease (37.9%)	Mental Health / Depression (32.7%)
8	Lack of Exercise (33.3%)	Lack of Exercise (30.9%)
9	Disability (21.9%)	Dental Health (21.8%)
10	Stroke (16.8%)	Disability (14.6%)

Source: 2014 Regional Health Survey – Targeting the Low-Income, Medicaid and Uninsured Populations

Against the backdrop of high obesity, cancer and diabetes rates across the region, the responses related to awareness of community-based services that address these health outcomes are noteworthy.

No Awareness of Location of Services

	Medicaid Beneficiaries	Uninsured Individuals
1	Weight Loss Programs (25.0%)	Nutrition Education (42.1%)
2	Nutrition Education (17.1%)	Weight Loss Programs (42.1%)
3	Cancer Screening (15.8%)	Cancer Screening (40.4%)
4	Diabetes Testing (12.2%)	Cholesterol Testing (31.6%)
5	Maternal and Child Health Services (11.2%)	Diabetes Testing (29.8%)

b. Population Survey

The North Country Community Health Survey (see Appendix B) was open to residents of Jefferson, Lewis, and St. Lawrence counties from June 1st through July 1st, 2013 as part of the Regional Community Health Needs Assessment and Community Health Improvement Planning. . The instrument was distributed using an online survey tool, facilitating collection of 1,379 completed surveys. A vast range of health related topics were covered, including specific diseases and conditions, health risks, access to care, prevention, and community health needs.

The majority of survey respondents were female (75.1%) within the 50-64 age group (41.4%) classifying themselves as White/Caucasian (97.7%). Most worked full-time (68.4%) in healthcare (33.8%) and had attained a Bachelor's degree (22.1%). Estimated annual household income was spread over \$25,001-\$75,000 (53.4%), with 12.4% of respondents earning less than \$25,000 per year. In addition, respondents were typically civilian (75.4%), married (68.5%), and from Jefferson County (71.5%). There were 290 respondents from Lewis County (21.5%) and 94 respondents from St. Lawrence County (7.0%). It should be noted the targeted survey above conducted in fall 2014 much more closely mirrors the target population demographic

Diseases and Health Conditions

The five most commonly cited health problems observed within the household were high blood pressure, overweight/obesity, arthritis, lack of exercise, and diabetes, in that order. The only exception was in Lewis County, where respondents listed mental illness as the fifth most common health problem in the household. In the other two counties, mental illness was ranked the sixth most common household problem.

The list for each county is completed by problems related to oral health, lung disease, heart disease and poor nutrition. Of note, within Lewis County, tobacco use emerges as the ninth most common health problem observed within the household.

Leading Health Problems in the Household

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
High blood pressure	42.0	High blood pressure	38.3	High blood pressure	47.8	High blood pressure	41.6
Overweight/Obesity	37.3	Overweight/Obesity	37.3	Overweight/Obesity	43.0	Overweight/Obesity	37.2
Arthritis	33.4	Arthritis	30.9	Arthritis	40.2	Arthritis	33.3
Lack of exercise	27.7	Lack of exercise	27.6	Lack of exercise	30.9	Lack of exercise	27.4
Diabetes	22.8	Mental illness	20.8	Diabetes	29.8	Diabetes	22.4
Mental illness	19.8	Diabetes	20.2	Oral health	22.8	Mental illness	20.1
Poor nutrition	18.9	Oral health	15.8	Lung disease	19.8	Poor nutrition	18.0
Lung disease	17.5	Heart disease	15.1	Mental illness	19.4	Lung disease	17.2
Heart disease	15.3	Tobacco use	15.0	Poor nutrition	17.4	Oral health	16.1
Oral health	15.0	Poor nutrition	14.6	Heart disease	14.3	Heart disease	15.0

When considering the broader community, respondents identified substance abuse as the leading health problem observed across the region. The list of leading community health problems is completed by chronic diseases/conditions (cancer, obesity, poor nutrition, lack of exercise), mental illness, behavioral issues in children, underage drinking, alcohol abuse, and tobacco use. In St. Lawrence County, 71.4% of the respondents identified transportation issues as the tenth leading problem related to health. In the absence of reliable transportation, keeping scheduled medical appointments is challenging. Notable omissions are problems related to heart disease, oral health, and arthritis which were observed as problems affecting the household.

Leading Health Problems in the Community – Total Population

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Substance abuse	77.5	Substance abuse	84.7	Substance abuse	82.8	Substance abuse	78.5
Overweight/Obesity	74.2	Cancer	80.0	Cancer	80.4	Cancer	74.1
Cancer	73.2	Behavioral issues*	77.1	Poor nutrition	78.3	Overweight/Obesity	73.8
Mental illness	70.4	Overweight/Obesity	76.7	Underage drinking	75.6	Behavioral issues*	70.4
Lack of exercise	69.3	Underage drinking	76.0	Behavioral issues*	75.3	Mental illness	70.0
Behavioral issues*	69.2	Alcohol abuse	74.3	Tobacco Use	75.0	Poor nutrition	69.9
Underage drinking	69.1	Mental illness	73.2	Alcohol abuse	73.1	Underage drinking	69.8
Alcohol abuse	66.1	Poor nutrition	72.5	Overweight/Obesity	73.1	Lack of exercise	68.9
Tobacco use	63.4	Lack of exercise	70.3	Mental illness	72.0	Alcohol abuse	67.2
Diabetes	60.3	Tobacco use	68.6	Transportation**	71.4	Tobacco use	64.6

* Specifically related to children

** To medical appointments and other health care visits

Risk Factors

Questions related to alcohol abuse and tobacco use revealed that binge-drinking and tobacco use rates were highest in Jefferson County. In Jefferson County, 73.4% of the respondents who consumed alcohol, had a binge-drinking episode within the 30-day period prior to completing the survey. More than a quarter of the tobacco users in Jefferson County had made an attempt to quit within the past 30 days (Jefferson = 26.9%; Lewis = 23.8%; St. Lawrence = 12.5%, Region = 25.9%).

Binge-Drinking Within the Past 30-Days

	Jefferson	Lewis	St. Lawrence	Region
None	31.1%	80.0%	80.9%	74.8%
Once	5.4%	7.6%	9.6%	10.7%
Twice	32.4%	4.8%	3.2%	5.6%
Three to Four Times	31.9%	5.5%	4.3%	5.6%
Five or More Times	3.7%	2.4%	2.1%	3.4%

Tobacco-Related Product Use

	Jefferson	Lewis	St. Lawrence	Region
Cigarettes	14.3%	11.0%	5.3%	12.9%
E-Cigarettes	2.7%	1.0%	0.0%	2.3%
Chewing Tobacco/Snuff	1.8%	1.7%	3.2%	2.0%
Pipe/Cigar	1.7%	2.4%	2.1%	1.8%
None of the Above	82.9%	85.9%	91.5%	84.2%

Prevention

The Patient Protection and Affordable Care Act (PPACA) amended the Fair Labor Standards Act (FLSA) when it was signed into law on March 23, 2010²¹. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. Approximately 32% of survey respondents cited their workplaces as supportive of breast-feeding. The support was highest in Lewis County where 38.6% of the respondents deemed their workplace breast-feeding friendly. It should be noted, however, that across the region approximately 30% of respondents were unaware of their workplace's support of breast-feeding.

²¹ Workplace Support in Federal Law, United States Breastfeeding Committee:

<http://www.usbreastfeeding.org/Employment/WorkplaceSupport/WorkplaceSupportinFederalLaw/tabid/175/Default.aspx>

Workplace Supportive of Breast-Feeding

	Jefferson	Lewis	St. Lawrence	Region
Yes	31.1%	38.6%	31.9%	32.4%
No	5.4%	4.8%	9.6%	5.6%
Don't Know	32.4%	22.8%	29.8%	30.0%
Not Applicable	31.9%	34.5%	31.9%	33.0%

Only approximately 75% of the survey respondents had a routine doctor visit within the past 12 months. Notably, across the region, approximately 2% of the respondents had never been to a routine doctor visit.

Time since Last Routine Doctor Visit

	Jefferson	Lewis	St. Lawrence	Region
Within the Past Year	77.5%	78.3%	75.5%	77.6%
Within the Past 2 Years	8.7%	7.9%	11.7%	8.6%
Within the Past 5 Years	5.5%	6.2%	2.1%	5.4%
6 or More Year	5.3%	3.4%	6.4%	4.9%
Never Been	1.9%	2.8%	3.2%	2.2%

Adult immunization rates were reportedly best in Lewis County for the flu shot, Tdap*, and HepA/HepB. Jefferson County had the highest immunization rates for pneumonia, shingles, HPV and meningitis. Across the region, immunization rates were reportedly low. Delivery of the flu shot appeared to be the most successful.

Adult Immunizations (Age 19 and older)

	Jefferson	Lewis	St. Lawrence	Region
Flu Shot	31.1%	71.4%	57.4%	69.3%
Tdap*	5.4%	44.8%	43.6%	45.2%
Pneumonia	32.4%	27.2%	21.3%	23.3%
Shingles (Zostavax)	31.9%	9.0%	2.1%	7.5%
HepA/HepB	3.7%	27.9%	25.5%	30.8%
HPV (Human Papilloma Virus)	3.5%	3.4%	2.1%	3.5%
Meningitis	9.2%	6.2%	6.4%	8.4%

*Tdap = Tetanus, Diphtheria, Pertussis (Whooping cough)

On average, 35% of the respondents across the region did not visit the dentist within the past year. Over 10% of the respondents hadn't been to the dentist in over 6 years. Within Lewis County, 71.4% of the respondents had a dental visit within the past year, the highest proportion for the region. When respondents were asked to provide a reason for not receiving required dental care within the past 12 months, responses mainly related to the cost of care (Jefferson = 30.3%; Lewis = 23.4%, St. Lawrence = 33.0%, Region = 28.9%), fear of dental care (Jefferson = 10.1%, Lewis = 6.2%, St. Lawrence = 9.6%, Region = 9.4%), lack of time (Jefferson = 5.6%, Lewis = 5.5%, St. Lawrence = 8.5%, Region = 5.8%), and inability to find a dentist (Jefferson = 2.7%, Lewis = 4.1%, St. Lawrence = 5.3%, Region = 3.1%).

Time since Last Dental Visit

	Jefferson	Lewis	St. Lawrence	Region
Within the Past Year	64.1%	71.4%	62.8%	65.4%
Within the Past 2 Years	14.1%	11.4%	12.8%	13.5%
Within the Past 5 Years	10.1%	7.6%	13.8%	9.8%
6 or More Year	11.3%	9.7%	11.7%	11.0%
Never Been	0.6%	0.7%	0.0%	0.7%

Screening rates were low across the region. The Pap test was the most commonly reported screening in each county. Screening rates for the Pap test and mammogram averaged at, or around, 50%. Colorectal cancer screening, prostate exam and lung cancer screening rates were low.

Screenings within the Past 3 Years (2011-2013)

	Jefferson	Lewis	St. Lawrence	Region
Pap Test	58.5%	62.9%	57.6%	59.3%
Mammogram	48.3%	57.0%	45.2%	49.8%
Colorectal Screening	29.0%	34.2%	32.6%	30.2%
Prostate Exam	15.9%	19.7%	17.8%	16.7%
Lung Cancer Screening	4.0%	4.6%	6.8%	4.4%

Access to Care

Respondents indicated that during nights and on weekends, care was primarily sought through the local emergency room (Lewis and St. Lawrence Counties) and at Urgent Care centers (Jefferson County).

Source of Medical Care at Night and on Weekends

	Jefferson	Lewis	St. Lawrence	Region
Local Emergency Room	28.3%	54.5%	50.0%	35.4%
Urgent Care	69.2%	35.5%	25.5%	58.9%
Primary Care Physician	3.8%	3.4%	3.2%	3.8%
Out-of-town Emergency Room	2.6%	2.1%	9.6%	3.1%

Access to mental health care for children (61.4%) and adults (60.8%) was a leading regional problem. Respondents also indicated facing barriers to receiving specialty care (69.8%), elder care (50.6%), home care (48.5%) and nutrition care (43.3%). Conversely, individuals faced little to no barriers when accessing pharmacies, hospice care, prenatal care, family planning services, and therapy (physical, speech, and occupational).

Most of the survey respondents had health, dental and vision insurance, sharing the cost with their employer. For the individuals without health insurance, the primary barrier was cost (82.1%). Half of the individuals who completed the survey spent between \$1,001 and \$5,000 on medical services in 2012.

Health Needs

Open-ended responses (total = 202) to a question eliciting feedback on community concerns were classified into 32 different categories. The top ten categories of concerns were cost of insurance, mental health access, primary care access, absence of specialists, quality of care, cost of medical care, socio-economic conditions, elder care, transportation to medical appointments, and availability of public physical activity options.

Population health data confirm the survey findings regarding prevention. Across the region, there are relatively low immunization and screening rates, and a relatively high incidence of preventable outcomes (specifically flu hospitalization and colorectal cancer). Children within the region receive insufficient well-child care and have poor oral health outcomes.

Residents in each county expressed concern regarding access to care, especially in relation to mental health treatment. The rural environment also presented transportation challenges for individuals attempting to make medical appointments. Access to grocery stores was also difficult for low income residents within each county.

While the violent crime rate within the region is low, the mortality rate due to motor vehicle accidents far exceeds the state benchmark.

Behavioral Risk Factors

The high incidence of chronic disease within the region is linked to unhealthy behaviors. Respondents to our community health needs survey indicated that they ought to increase their level of physical activity (76%), properly manage their weight (69%), improve their diet (67%), and safely manage stress (58%). For the individuals that smoked, just under 12% expressed a desire to reduce tobacco use.

Health-Related Behaviors, Areas for Improvement

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Increase exercise	75.7	Increase exercise	77.7	Increase exercise	78.2	Increase exercise	75.9
Manage weight	67.8	Manage weight	72.9	Manage weight	69.2	Manage weight	68.6
Improve diet	67.1	Improve diet	71.7	Manage stress	64.1	Improve diet	67.2
Manage stress	57.8	Manage stress	56.3	Improve diet	59.0	Manage stress	57.9
Reduce tobacco use	11.8	Reduce tobacco use	11.7	Reduce tobacco use	7.7	Reduce tobacco use	11.9

On average, over one-third of the respondents did not engage in regular physical activity (Jefferson = 37.3%; Lewis = 36.2%, St. Lawrence = 42.6%, Region = 37.1%). Frequently cited barriers to engaging in physical activity included insufficient time, weather, physical inability and financial barriers. Across the region 20% of the respondents indicated that they chose not to exercise.

Barriers to Physical Activity

Jefferson	%	Lewis	%	St. Lawrence	%	Region	%
Insufficient time	62.7	Insufficient time	64.4	Insufficient time	59.8	Insufficient time	62.9
Weather	37.5	Weather	39.1	Weather	36.8	Weather	37.2
Choose to abstain	19.4	Choose to abstain	21.1	Choose to abstain	28.7	Choose to abstain	20.0
Physically unable	17.5	Physically unable	16.5	Financial barriers	14.9	Physically unable	16.9
Financial barriers	15.2	Financial barriers	12.3	Physically unable	13.8	Financial barriers	14.4

c. Focus Groups and Key Informants

Community engagement and feedback formed an integral part of the assessment process both in 2013 and for the DSRIP focused 2014 CNA. FDRHPO sought community input through surveys as outlined above, focus groups with community members, interviews with community stakeholders and communication with over 100 diverse community partners in the prioritization and implementation planning process.

Public health and health care professionals shared knowledge and expertise about health issues. Leaders and representatives of non-profit and community-based organizations provided insight on the community, with specific emphasis on the medically underserved, low income, and minority populations.

During the 2013 Community Health Needs Assessment, separate focus groups were held with key behavioral health stakeholders, healthcare workforce stakeholders, and population health stakeholders. In addition the preliminary findings of the report were shared with the North Country Health Compass Partners during monthly meetings.

Preliminary data was also shared as follows:

- In an online survey tool to engage stakeholders in the selection of Prevention Agenda priorities and goals, which was open from July 29, 2013 to August 15, 2013.
- At the “Promote Mental Health and Prevent Substance Abuse” ad hoc work group session which was held on September 9, 2013.
- At the “Prevent Chronic Diseases” ad hoc work group session which was held on September 9, 2013.
- In a meeting with the sole regional pediatric dentist (Dr. Andrew Beuttenmuller) to brainstorm strategies to address oral health issues affecting children on September 13, 2013.
- At the “Promote Healthy Women, Infants and Children” ad hoc work group session which was held on September 16, 2013.
- In a meeting with the FDRHPO Provider Executive Committee (PEC), comprised of physicians within the region, on September 25, 2013.

During the 2014 DSRIP CNA expansion process, stakeholder engagement took place through multiple stakeholder working and focus groups including:

- A total of 33 working stakeholder meetings including 4 Workforce, 12 behavioral health, 9 care transitions, 3 population health, 5 physician working stakeholder group meetings – at each of these meetings feedback was gathered to inform the CNA and the DSRIP Planning process
- Mental health and disability advocacy groups participated in workforce and behavioral health workgroups in addition to serving on the Project Advisory Committee
- The Project Advisory Committee (PAC) was engaged to review and comment on the draft as it was developed at bi-weekly meetings
- Key community leader input was sought to ensure a complete picture of the community, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

In addition, multiple presentations have been given and feedback received across the region to over 30 stakeholder and community groups ranging from Rotary, to Hospital Board to the Federally Qualified Health Centers to Action Planning Council.

On the following page is a Summary of Assets and Barriers that resulted from the stakeholder engagement process.

d. Summary of Assets and Barriers

Chronic Diseases			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Interagency collaboration	Poverty	Evidence-based medicine	Genetics
School-based health initiatives	Low health literacy	Social environment supporting health	Poverty
State & Federal funding for screenings	Rural area (food deserts, long commutes)	Environmental laws [CAA, CWA, CIAA]	Unhealthy environment (policy, structure)
Rural (health-supporting) environment	Absence of family/social support	School-based health promotion	Marketing and market forces
Electronic health records	Absence of preventive care		Absence of early intervention
Fort Drum Regional Health Planning	Lack of primary care		Culture (unhealthy behaviors)
Maternal and Child Health			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Case management and home visit services	Culture (autonomy; unhealthy norms)	Community-based organizations	Poverty, "working poor"
North Country Prenatal/Perinatal Council	Health professional shortage (Dental, MH, SA)	Health education	Low awareness of services
School-based health initiatives	Insurance information deficit, coverage gaps	Facilitated enrollment in insurance plans	Lack of prenatal care
Interagency collaboration	Geographic isolation	Home visiting programs	Unplanned pregnancy
	Poor support for wellness, breastfeeding	Religious and service organizations	Geographic isolation
		Medicaid and supplemental programs	Family and social environment
			Nutritional status
Mental, Emotional and Behavioral Health			
Regional Assets	Regional Barriers	Protective Factors	Contributing Factors
Interagency collaboration	Unfunded mandates	Early identification and intervention	Absence of early intervention
Engaged service providers	Low Medicaid reimbursements	Family and social support	Genetics and family history
Improved tri-county housing	Scant resources, high resource turnover	Community collaboration	Any form of trauma or abuse
Treatment and prevention resources	Limited access (long wait lists)	Healthy leisure activities [MH]	Substance abuse [MH]
St. Lawrence Psychiatric Center	Lack of collaborating services [MH]	Continuum of Care (CoC) housing [MH]	Social isolation [MH]
Peer-to-peer groups	Culture (unsupportive community)	Rapid response task force [SA]	Situational stressors [MH]
Fort Drum Regional Health Planning	Poverty	Evidence-based education in schools [SA]	Lack of self-management [MH]
		Legislation limiting access to substances [SA]	Co-occurring disease, mental illness [SA]
		Society and workforce re-integration [SA]	Ease of access and availability [SA]
		School policies and interventions [SA]	Unemployment [SA]

Key: CAA - Clean Air Act; CBO - Community-Based Organization; CIAA - Clean Indoor Air Act; CWA - Clean Water Act; MH - Mental health; SA - Substance abuse

APPENDIX A

Service Area Health Care and Community Resources Inventory

Health Care Resources

Hospitals – Acute Care

Name	Address	City	State	ZIP	County	Notes
Carthage Area Hospital	1001 West Street	Carthage	NY	13619	Jefferson	ED, Med/Surg, Rad, Lab, Peds, OB, Rehab, O/P Mental Health, Primary Care Network
Samaritan Medical Center	830 Washington Street	Watertown	NY	13601	Jefferson	ED, Med/Surg, Peds, OB, In-pt Psych, Rad, Lab, ICU, CCU NICU, PIC, Rehab, O/P Mental Health, Primary Care Network
Lewis County General Hospital	7785 North State Street	Lowville	NY	13367	Lewis	ED, Med/Surg, Rad, Lab, OB, Rehab, Primary Care Network
Claxton-Hepburn Medical Center	214 King Street	Ogdensburg	NY	13669	St. Lawrence	ED, Med/Surg, CC, ICU, OB, Rad, Lab, Rehab, In-pt Psych, Primary Care Network
Massena Memorial	1 Hospital Drive	Massena	NY	13662	St. Lawrence	ED, Med/Surg, Rad, Lab, Peds, ICU, OB, Primary Care Network

Hospitals – Critical Access

Name	Address	City	State	ZIP	County	Notes
River Hospital	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	ED, Ambulatory Surgery, Rad, Lab, O/P PT, Primary Care Clinic
Clifton-Fine Hospital	1014 Oswegatchie Trail	Star Lake	NY	13690	St. Lawrence	ED, Rad, Lab, O/P PT, O/P Dental, Primary Care Clinic
Carthage Area Hospital	1001 West Street	Carthage	NY	13619	Jefferson	ED, Med/Surg, Rad, Lab, Peds, OB, Rehab, O/P Mental Health, Primary Care Network

Ambulatory Surgical Center

Name	Address	City	State	ZIP	County	Notes
North Country Orthopaedic	1571 Washington Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-5p

Urgent Care Centers

Name	Address	City	State	ZIP	County	Notes
Guthrie Urgent Care Clinic	Building 11050	Fort Drum	NY	13602	Jefferson	Mon-Fri 9a-8p; Sat-Sun 9a-4p
MedREADY Medical Group	19472 US Route 11	Watertown	NY	13601	Jefferson	Mon-Fri 8a-8p; Sat-Sun 9a-5p
North Country Urgent Care	21017 State Route 12F	Watertown	NY	13601	Jefferson	Mon-Fri 8a-7:30p; Sat-Sun 8a-5:30p
Quik Med Urgent Care	727 Washington Street	Watertown	NY	13601	Jefferson	Sun-Sat 10a-10p
River Hospital Convenient Care	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	Mon-Fri 8a-6p; Sat 9a-3p
Samaritan LeRay Urgent Care	26908 Independence Way	Evans Mills	NY	13637	Jefferson	Sun-Sat 9a-8:30p
Watertown Urgent Care	457 Gaffney Drive	Watertown	NY	13601	Jefferson	Mon-Fri 8a-7:30p; Sat-Sun 8a-5:30p
Lowville Urgent Care	5402 Dayan Street	Lowville	NY	13367	Lewis	Mon-Fri 1p-7p; Sat 9a-2p

Tug Hill Urgent Medical	7518 South State Street	Lowville	NY	13367	Lewis	Sun-Sat 8a-6p
Canton Afterhours Walk-in Care	80 East Main Street	Canton	NY	13617	St. Lawrence	Mon-Fri 4p-9p; Sat 9a-9p; Sun 10a-6p
Urgent Care Center	49 Lawrence Avenue	Potsdam	NY	13676	St. Lawrence	Sun-Sat 9a-9p

Health Homes

Name	Address	City	State	ZIP	County	Notes
Central NY Health Home Network	1020 Mary Street	Utica	NY	13501	Oneida	Serves Jefferson, Lewis, St. Lawrence
St. Joseph's Care Coordination Network	301 Prospect Avenue	Syracuse	NY	13203	Onondaga	Serves Lewis

Federally Qualified Health Centers

Name	Address	City	State	ZIP	County	Notes
Community Health Center of the North Country	167 Polk Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-4p
North Country Family Health Center	238 Arsenal Street	Watertown	NY	13601	Jefferson	
North Country Family Health Center	7785 North State Street	Lowville	NY	13367	Lewis	Tue, Wed, Thu
Community Health Center of the North Country	4 Commerce Lane	Canton	NY	13617	St. Lawrence	Mo, Th, Fr 7:30a-4:30p; Tu, We 7:30a-8p
Community Health Center of the North Country	77 West Barney Street	Gouverneur	NY	13642	St. Lawrence	Mon-Fri 8:30a-4:30p

Rehabilitative Services

Name	Address	City	State	ZIP	County	Notes
Adirondack Physical & Occupational Therapy	18564 US Route 11	Watertown	NY	13601	Jefferson	Mon-Thu 8a-5p
Advanced Physical Therapy of Watertown	26495 State Route 3	Watertown	NY	13601	Jefferson	Mon-Thu 8a-6p, Fri 8a-4p
Carthage Area Hospital	1001 West Street	Carthage	NY	13619	Jefferson	PT, OT
Innovative Physical Therapy	316 Sherman Street	Watertown	NY	13601	Jefferson	Mon-Fri 7:30a-4p
North Country Physical Therapy	53 Public Square	Watertown	NY	13601	Jefferson	

Rehabilitative Services (continued)

Name	Address	City	State	ZIP	County	Notes
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Northern Physical Therapy	26908 Independence Way	Evans Mills	NY	13637	Jefferson	Mon-Fri 8a-5p
Northern Physical Therapy	307 Riverside Drive	Clayton	NY	13624	Jefferson	Mon-Fri 5a-8p, Sat 7a-2p, Sun 7a-3p
River Hospital	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	PT
Samaritan Medical Center	830 Washington Street	Watertown	NY	13601	Jefferson	PT, OT, ST, Cardiac and Pulmonary Rehab
South Jefferson Physical Therapy	70 North Main Street	Adams	NY	13605	Jefferson	Mon-Fri 8a-5p
Journey Physical Therapy	5402 Dayan Street	Lowville	NY	13367	Lewis	Mon-Thu 8a-6p, Fri 8a-5p
Lewis County General Hospital	7785 North State Street	Lowville	NY	13367	Lewis	PT, OT, ST
Adirondack Physical & Occupational Therapy	19 Hodskin Street	Canton	NY	13617	St. Lawrence	Mon-Thu 7:30a-4:30p, Fri 7:30a-4p
Canton-Potsdam Hospital	50 Leroy Street	Potsdam	NY	13676	St. Lawrence	PT, OT, ST
Claxton-Hepburn Medical Center	214 King Street	Ogdensburg	NY	13669	St. Lawrence	PT, OT, ST, Pulmonary Rehab
Clifton-Fine Hospital	1014 Oswegatchie Trail	Star Lake	NY	13690	St. Lawrence	PT
Gouverneur Hospital	77 West Barney Street	Gouverneur	NY	13642	St. Lawrence	PT
Massena Memorial	1 Hospital Drive	Massena	NY	13662	St. Lawrence	PT
Northern Physical Therapy	203 State Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 6a-9p, Sat 7a-2p, Sun 7a-2p

Behavioral Health Services

Name	Address	City	State	ZIP	County	Notes
ACR Health (Watertown)	120 Washington Street	Watertown	NY	13601	Jefferson	Mon-Fri 8:30a-4:30p
Alcohol and Substance Abuse Council, Jefferson County	167 Polk Street	Watertown	NY	13601	Jefferson	
Carthage Area Hospital Behavioral Health Center	3 Bridge Street	Carthage	NY	13619	Jefferson	Mon-Fri 8a-6p
Catholic Charities - Jefferson/Lewis	145 Clinton Street	Watertown	NY	13601	Jefferson	
Children's Home of Jefferson County	1704 State Street	Watertown	NY	13601	Jefferson	
Community Clinic of Jefferson County	167 Polk Street	Watertown	NY	13601	Jefferson	Mon/Fri 8a-6p, Tue/Thu 7a-7p, Wed 8a-8p
Credo Community Health Center	595 West Main Street	Watertown	NY	13601	Jefferson	
Family Counseling Service of NNY	120 Washington Street	Watertown	NY	13601	Jefferson	
Fort Drum Behavioral Health Department	Building P36	Fort Drum	NY	13602	Jefferson	Mon-Fri 7:30a-3:30p
Jefferson County Community Services	175 Arsenal Street	Watertown	NY	13601	Jefferson	Mon-Fri 9a-5p
Mental Health Association in Jefferson County	724 State Street	Watertown	NY	13601	Jefferson	
River Community Wellness Program and Psychology	4 Fuller Street	Alexandria Bay	NY	13607	Jefferson	

Behavioral Health Services (continued)

Name	Address	City	State	ZIP	County	Notes
Rubenzahl & Knusden & Associates	22670 Summit Drive	Watertown	NY	13601	Jefferson	

Samaritan Outpatient Mental Health	1575 Washington Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-5p
Transitional Living Services of Northern New York	482 Black River Parkway	Watertown	NY	13601	Jefferson	
Lewis County Community Services	7714 Number Three Road	Lowville	NY	13367	Lewis	
Mountain View Prevention Services	7714 Number Three Road	Lowville	NY	13367	Lewis	
TLS Behavioral Health and Wellness Center	7550 South State Street	Lowville	NY	13367	Lewis	
ACR Health (Canton)	101 Main Street	Canton	NY	13617	St. Lawrence	
Catholic Charities - St. Lawrence	716 Caroline Street	Ogdensburg	NY	13669	St. Lawrence	
Community Health Center of the North Country	4 Commerce Lane	Canton	NY	13617	St. Lawrence	
CPH Outpatient Chemical Dependency Center	38 1/2 Main Street	Norwood	NY	13668	St. Lawrence	Mon-Fri 8a-4p
Gouverneur Wellness Center	28 William Street	Gouverneur	NY	13642	St. Lawrence	
Rose Hill Drug and Alcohol Treatment for Youth	100 County Route 43	Massena	NY	13662	St. Lawrence	Residential rehab services
Seaway Valley Prevention Council	206 Ford Street	Ogdensburg	NY	13669	St. Lawrence	
St. Lawrence County Chemical Dependent Services	80 State Highway 310	Canton	NY	13617	St. Lawrence	Satellite offices in Gouverneur, Massena, Potsdam
St. Lawrence County Community Services	81 State Highway 310	Canton	NY	13617	St. Lawrence	
St. Lawrence Psychiatric Center - NYS OMH	1 Chimney Point Drive	Ogdensburg	NY	13669	St. Lawrence	Serves Jefferson, Lewis and St. Lawrence

Specialty Medical Program

Name	Address	City	State	ZIP	County	Notes
Center Syracuse - Adolescent/Adult Eating Disorders	3300 James Street	Syracuse	NY	13206	Onondaga	

Hospice

Name	Address	City	State	ZIP	County	Notes
Hospice of Jefferson County	1398 Gotham Street	Watertown	NY	13601	Jefferson	Serves Jefferson and St. Lawrence Counties
Lewis County General Hospital Hospice	7785 North State Street	Lowville	NY	13367	Lewis	Serves Lewis County
High Peaks Hospice and Palliative Care, Inc	309 County Route 47	Saranac Lake	NY	12983	Franklin	Serves St. Lawrence County
Hospice and Palliative Care of St. Lawrence Valley	6805 US Route 11	Potsdam	NY	13676	St. Lawrence	Serves St. Lawrence County

Long Term Care Facilities (Skilled Nursing, Assisted Living)

Name	Address	City	State	ZIP	County	Notes
Carthage Area Hospital - Skilled Nursing Facility	1001 West Street	Carthage	NY	13619	Jefferson	30 Certified Beds, 93.3% occupancy rate (11/5/14)
Meadowbrook Terrace Assisted Living Facility	21957 Cole Road	Carthage	NY	13619	Jefferson	48 Assisted Living Program Beds
Samaritan Keep Nursing Home	133 Pratt Street	Watertown	NY	13601	Jefferson	272 Certified Beds, 98.5% occupancy rate (10/29/14)

Samaritan Summit Village	22691 Campus Drive	Watertown	NY	13601	Jefferson	168 Certified Beds, 99.4% occupancy rate (10/29/14)
The Country Manor Nursing and Rehabilitation Center	1045 West Street	Carthage	NY	13619	Jefferson	90 Certified Beds, 96.7% occupancy rate (10/29/14)
Lewis County General Hospital - Nursing Home Unit	7785 North State Street	Lowville	NY	13367	Lewis	160 Certified Beds, 96.3% occupancy rate (10/29/14)
Centennial Manor IRA #4	5848 State Highway 37	Ogdensburg	NY	13669	St. Lawrence	
Highland Nursing Home	182 Highland Road	Massena	NY	13362	St. Lawrence	140 Certified Beds, 68.6% occupancy rate (10/22/14)
Kendrew Corners IRA #3	26 County Route 14	Rensselaer Falls	NY	13680	St. Lawrence	
Maplewood Health Care and Rehabilitation Center	205 State Street Road	Canton	NY	13617	St. Lawrence	96 Certified Beds, 96.9% occupancy rate (11/5/14)
McIntyre IRA #1	112 McIntyre Road	Ogdensburg	NY	13669	St. Lawrence	
Riverledge Health Care and Rehabilitation Center	8101 State Highway 68	Ogdensburg	NY	13669	St. Lawrence	180 Certified Beds, 93.9% occupancy rate (10/29/14)
Riverwood Acres IRA #2	2 Whisper Wind Circle	Ogdensburg	NY	13669	St. Lawrence	
St. Joseph's Home	950 Linden Street	Ogdensburg	NY	13669	St. Lawrence	82 Certified Beds, 100.0% occupancy rate (10/29/14)
St. Regis Nursing Home	89 Grove Street	Massena	NY	13662	St. Lawrence	160 Certified Beds, 97.5% occupancy rate (10/29/14)
United Helpers Mosaic Complex	732 Ford Street	Ogdensburg	NY	13669	St. Lawrence	

Home Care Services

Name	Address	City	State	ZIP	County	Notes
HCR Home Care - North Country Region	176 US Oval	Plattsburgh	NY	12903	Clinton	Serves St. Lawrence County
Caregivers	210 Court Street	Watertown	NY	13601	Jefferson	Serves Jefferson, Lewis, St. Lawrence Counties
Family Home Care, Inc.	1116 Arsenal Street	Watertown	NY	13601	Jefferson	Serves Jefferson, Lewis, St. Lawrence Counties
Genesis Healthcare of New York	199 Pratt Street	Watertown	NY	13601	Jefferson	Serves Jefferson County
Home Care Plus	21107 Coffeen Street	Watertown	NY	13601	Jefferson	Serves Jefferson, Lewis, St. Lawrence Counties
Jefferson County Public Health Service	531 Meade Street	Watertown	NY	13601	Jefferson	Serves Jefferson County
Meadowbrook Terrace Inc.	21957 Cole Road	Carthage	NY	13619	Jefferson	Serves Jefferson, Lewis, St. Lawrence Counties
Lewis County General Hospital	7785 North State Street	Lowville	NY	13367	Lewis	Serves Lewis County
US Care Systems Inc NHTD	7518 State Street	Lowville	NY	13367	Lewis	Serves Jefferson and Lewis Counties
HCR Home Care - Central NY Region	7080 Commercial Drive	Canastota	NY	13032	Madison	Serves Jefferson County

Home Care Services (continued)

Name	Address	City	State	ZIP	County	Notes
Visiting Nurse Association of Central New York	1050 West Genesee Street	Syracuse	NY	13204	Onondaga	Serves Jefferson County
Caregivers	19 Hodskin Street	Canton	NY	13617	St. Lawrence	Serves Jefferson and St. Lawrence Counties
Health Services of Northern New York, Inc	56 Market Street	Potsdam	NY	13676	St. Lawrence	Serves St. Lawrence County
Northern Lights Health Care	91 Main Street	Canton	NY	13617	St. Lawrence	Serves St. Lawrence County

Lab and Radiology Services

Name	Address	City	State	ZIP	County	Notes
Centrex Clinical Labs - LabCorp	161 Clinton Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-4p
Northern Radiology Imaging	1571 Washington Street	Watertown	NY	13601	Jefferson	
Northern Radiology Imaging (MRI)	629 Washington Street	Watertown	NY	13601	Jefferson	

Developmental Disability Services

Name	Address	City	State	ZIP	County	Notes
Sunmount DDSO	2445 State Route 30	Tupper Lake	NY	12986	Franklin	Serves Jefferson & St. Lawrence Counties
Cerebral Palsy Association of the North Country	714 Washington Street	Watertown	NY	13601	Jefferson	
Disabled Person's Action Organization	617 Davidson Street	Watertown	NY	13601	Jefferson	
Jefferson Rehabilitation Center	380 Gaffney Drive	Watertown	NY	13601	Jefferson	
Central NY DDSO	101 West Liberty Street	Rome	NY	13442	Oneida	Serves Lewis County
The ARC (Oneida-Lewis NYSARC Chapter)	245 Genesee Street	Utica	NY	13501	Oneida	Serves Lewis County
BOCES - St. Lawrence-Lewis	139 Outer State Street	Canton	NY	13617	St. Lawrence	Serves Lewis & St. Lawrence Counties
Cerebral Palsy Association of the North Country	4 Commerce Lane	Canton	NY	13617	St. Lawrence	
LEAP of St. Lawrence County	230 Pleasant Valley Drive	Norwood	NY	13668	St. Lawrence	
St. Lawrence County NYSARC	6 Commerce Lane	Canton	NY	13617	St. Lawrence	
United Helpers Care (dba Mosaic)	732 Ford Street	Ogdensburg	NY	13669	St. Lawrence	

Vision Care

Name	Address	City	State	ZIP	County	Notes
Apple Optical	1622 State Street	Watertown	NY	13601	Jefferson	Mon-Thu 9a-6p, Fri 9a-5p
Center for Sight	1815 State Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-5p, Sat 8a-3p
Community Health Center of the North Country	167 Polk Street	Watertown	NY	13601	Jefferson	
Harbor Eye Associates	608 Pearl Street	Watertown	NY	13601	Jefferson	Mon-Fri 9a-5p
Meade Optical	1000 Washington Street	Watertown	NY	13601	Jefferson	Mon-Wed & Fri 9a-5p, Thu 9a-7p, Sat 9a-1p
Pearle Vision	1246 Arsenal Street	Watertown	NY	13601	Jefferson	Mon-Thu 9a-7p, Fri-Sat 9a-5p
Vision Center II	1283 Arsenal Street	Watertown	NY	13601	Jefferson	Mon & Wed 9a-6p, Tue/Thu/Fri 9a-7p, Sat 9a-2p

Walmart Vision Center - Evans Mills Supercenter	25737 US Route 11	Evans Mills	NY	13637	Jefferson	
Walmart Vision Center - Watertown Supercenter	20823 State Route 3	Watertown	NY	13601	Jefferson	
Center for Sight	7885 North State Street	Lowville	NY	13367	Lewis	Mon-Fri 8a-5p, Sat 8a-3p
Meade Optical	7785 North State Street	Lowville	NY	13367	Lewis	Mon 9a-6p, Tue-Fri 9a-5:30p
Canton Optical	18 Riverside Drive	Canton	NY	13617	St. Lawrence	Mon-Fri 9a-5p, Sat 9a-12p
Center for Sight	420 Ford Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 8a-5p, Sat 8a-3p
Center for Sight	12 Main Street	Potsdam	NY	13676	St. Lawrence	Mon-Fri 8a-5p, Sat 8a-3p
Center for Sight	77 Barney Street	Gouverneur	NY	13642	St. Lawrence	Mon-Fri 8a-5p, Sat 8a-3p
Center for Sight	17 Hospital Drive	Massena	NY	13662	St. Lawrence	Mon-Fri 8a-5p, Sat 8a-3p
Community Health Center of the North Country	4 Commerce Lane	Canton	NY	13617	St. Lawrence	
Walmart Vision Center - Malone	3222 State Route 11	Malone	NY	12953	St. Lawrence	
Walmart Vision Center - Ogdensburg	3000 Ford Street	Ogdensburg	NY	13669	St. Lawrence	
Walmart Vision Center - Potsdam	7484 US Highway 11	Potsdam	NY	13676	St. Lawrence	

Durable Medical Equipment

Name	Address	City	State	ZIP	County
Associated Healthcare Systems	22566 Fisher Road	Watertown	NY	13601	Jefferson
Lincare Inc	23049 Murrock Circle	Watertown	NY	13601	Jefferson
Marra's Homecare Equipment & Supplies	21087 NYS Route 12F	Watertown	NY	13601	Jefferson
MS Tiger Incorporated	71 Market Street	Potsdam	NY	13676	St. Lawrence
Northeast Medical Equipment Inc	6997 US Highway 11	Potsdam	NY	13676	St. Lawrence

Pharmacies

Name	Address	City	State	ZIP	County	Notes
Bolton's Pharmacy	128 West Main Street	Watertown	NY	13619	Jefferson	Mon-Fri 8:30a-7p, Sat 8:30a-3p, Sun 8:30a-1p
Bolton's Pharmacy II	18969 US Route 11	Watertown	NY	13601	Jefferson	
Kinney Drugs	905 Coffeen Street	Watertown	NY	13601	Jefferson	Mon-Fri 7a-9p, Sat 8a-7p, Sun 9a-6p
Kinney Drugs	1729 State Street	Watertown	NY	13601	Jefferson	Mon-fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-6p
Kinney Drugs	22056 US Route 11	Watertown	NY	13601	Jefferson	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p
Kinney Drugs	1304 Washington Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-9p, Sat 8a-7p, Sun 9a-5p
Kinney Drugs	401 State Street	Carthage	NY	13619	Jefferson	Mon-Fri 9a-9p, Sat 9a-7p, Sun 9a-5p
Kmart Pharmacy	21082 Pioneer Plaza	Watertown	NY	13601	Jefferson	

Price Chopper Pharmacy	1283 Arsenal Street	Watertown	NY	13601	Jefferson	Mon-Fri 9a-7p, Sat 9a-5p, Sun 9a-3p	
Price Chopper Pharmacy	60 High Street	Carthage	NY	13619	Jefferson	Mon-Fri 8a-7p, Sat 9a-5p, Sun 9a-3p	
Rite Aid Pharmacy	315 Arsenal Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-9p, Sat 9a-6p, Sun 9a-5p	
Rite Aid Pharmacy	842 State Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-9p, Sat 9a-6p, Sun 9a-5p	
Rite Aid Pharmacy	1 North Broad Street	Carthage	NY	13619	Jefferson	Mon-Fri 8a-9p, Sat 9a-6p, Sun 9a-5p	
Rite Aid Pharmacy	118 Canal Street	Carthage	NY	13619	Jefferson	Mon-Fri 8a-8p, Sat 9a-6p, Sun 9a-5p	
Target Pharmacy	21800 Towne Center Drive	Watertown	NY	13601	Jefferson	Mon-Fri 9a-7p, Sat 9a-5p, Sun 11a-5p	
Walgreens Pharmacy	929 Arsenal Street	Watertown	NY	13601	Jefferson	Mon-Fri 8a-10p, Sat 9a-6p, Sun 10a-6p	
Walgreens Pharmacy	1655 State Street	Watertown	NY	13601	Jefferson	Mon-Fri 9a-9p, Sat 9a-6p, Sun 10a-6p	
Walmart Pharmacy - Evans Mills Supercenter	25737 US Route 11	Evans Mills	NY	13637	Jefferson		
Walmart Pharmacy - Watertown Supercenter	20823 State Route 3	Watertown	NY	13601	Jefferson		
Kinney Drugs	7395 Utica Blvd	Lowville	NY	13367	Lewis	Mon-Fri 8a-9p, Sat 8a-7p, Sun 9a-5p	
Walmart Pharmacy - Lowville Supercenter	7155 East State Street	Lowville	NY	13367	Lewis		
Kinney Drugs	48 Maple Street	Potsdam	NY	13676	St. Lawrence	Mon-Fri 8a-8p, Sat 8a-7p, Sun 9a-5p	
Kinney Drugs	200 Market Street	Potsdam	NY	13676	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p	
Kinney Drugs	700 Canton Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p	
Kinney Drugs	300 Main Street	Massena	NY	13662	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 8:30a-5p	
Kinney Drugs	3400 State Route 11	Malone	NY	12953	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p	
Kinney Drugs	485 East Main Street	Malone	NY	12953	St. Lawrence	Mon-Fri 8a-8p, Sat 9a-7p, Sun 9a-5p	
Kinney Drugs	371 East Main Street	Gouverneur	NY	13642	St. Lawrence	Mon-Fri 7a-8p, Sat 8:30a-6p, Sun 9a-5p	
Kinney Drugs	17 Clinton Street	Gouverneur	NY	13642	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p	
Kinney Drugs	40 State Highway 310	Canton	NY	13617	St. Lawrence	Mon-Fri 8:30a-9p, Sat 8:30a-7p, Sun 9a-5p	
Price Chopper Pharmacy	111 East Main Street	Canton	NY	13617	St. Lawrence	Mon-Fri 8a-8p, Sat 9a-5p, Sun 9a-3p	
Rite Aid Pharmacy	908 State Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 9a-9p, Sat 9a-6p, Sun 9a-5p	
Rite Aid Pharmacy	19 Miner Street	Canton	NY	13617	St. Lawrence	Mon-Fri 9a-9p, Sat 9a-6p, Sun 9a-5p	
Rite Aid Pharmacy	87 Main Street	Massena	NY	13662	St. Lawrence	Mon-Fri 8a-9p, Sat 8a-6p, Sun 9a-5p	
Walgreens Pharmacy	303 Main Street	Massena	NY	13662	St. Lawrence	Mon-Fri 9a-9p, Sat 9a-6p, Sun 10a-6p	
Walgreens Pharmacy	173 Market Street	Potsdam	NY	13676	St. Lawrence	Mon-Fri 9a-9p, Sat 9a-6p, Sun 10a-6p	
Walgreens Pharmacy	305 West Main Street	Malone	NY	12953	St. Lawrence	Mon-Fri 8a-8p, Sat 9a-6p, Sun 10a-6p	
Walgreens Pharmacy	723 Canton Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 9a-9p, Sat 9a-6p, Sun 10a-6p	
Walmart Pharmacy - Malone	3222 State Route 11	Malone	NY	12953	St. Lawrence		
Walmart Pharmacy - Massena	43 Stephenville Street	Massena	NY	13662	St. Lawrence		
Walmart Pharmacy - Ogdensburg	3000 Ford Street	Ogdensburg	NY	13669	St. Lawrence		

Local Health Departments

Name	Address	City	State	ZIP	County	Medicaid	Notes
Jefferson County Public Health Service	531 Meade Street	Watertown	NY	13601	Jefferson	Yes	
Lewis County Public Health	7785 North State Street	Lowville	NY	13367	Lewis	Yes	
St. Lawrence County Public Health	80 State Highway 310	Canton	NY	13617	St. Lawrence	Yes	

Managed Care Organizations

Name	Address	City	State	ZIP	County	Notes
Excellus BlueCross BlueShield CNY	215 Washington Street	Watertown	NY	13601	Jefferson	Commercial, Child Health Plus
MVP	2120 Madison Street	Syracuse	NY	13202	Onondaga	Commercial
UnitedHealthcare of New York	5015 Campuswood Drive	East Syracuse	NY	13057	Onondaga	Medicaid, Child Health Plus, Family Health Plus
NYS Catholic Health Plan (dba Fidelis Care NY)	101 East Main Street	Gouverneur	NY	13642	St. Lawrence	Medicaid, Child Health Plus, Family Health Plus

Foster Care

Name	Address	City	State	ZIP	County	Notes
Jefferson County Dept. of Social Services	250 Arsenal Street	Watertown	NY	13601	Jefferson	
Northern New York Children's Home	1704 State Street	Watertown	NY	13601	Jefferson	
The House of the Good Shepherd	26515 State Route 3	Watertown	NY	13601	Jefferson	Serves Jefferson, Lewis, St. Lawrence
Lewis County Dept. of Social Services	5274 Outer Stowe Street	Lowville	NY	13367	Lewis	
Northern New York Children's Home	80 State Highway 310	Canton	NY	13617	St. Lawrence	
St. Lawrence County Dept. of Social Services	6 Judson Street	Canton	NY	13617	St. Lawrence	

Area Health Education Center

Name	Address	City	State	ZIP	County	Notes
Northern Area Health Education Center	105 Main Street	Canton	NY	13617	St. Lawrence	Serves Jefferson, Lewis, St. Lawrence

Community-Based Resources

Housing Services

Name	Address	City	State	ZIP	County	Notes
Community Action Planning Council	588 Morrison Street	Watertown	NY	13601	Jefferson	Weatherization Assistance Program
Housing Assistance Program of Jefferson-Lewis Counties	749 LeRay Street	Watertown	NY	13601	Jefferson	Rental subsidies
Jefferson County Department of Social Services	250 Arsenal Street	Watertown	NY	13601	Jefferson	Home Energy Assistance Program
Neighbors of Watertown	112 Franklin Street	Watertown	NY	13601	Jefferson	Housing assistance, homebuyer education
North Country Affordable Housing Inc.	118 Franklin Street	Watertown	NY	13601	Jefferson	Mobile home replacement/construction, retrofitting
Thousand Islands Area Habitat for Humanity	22737 US Route 11	Watertown	NY	13601	Jefferson	Home building for low income families
Watertown Housing Authority	142 Mechanic Street	Watertown	NY	13601	Jefferson	Affordable housing for low-income families, seniors
Watertown Urban Mission	247 Factory Street	Watertown	NY	13601	Jefferson	Rental and utility assistance
Lewis County Opportunities - Housing Assistance	8265 State Route 812	Lowville	NY	13367	Lewis	Housing assistance
Snow Belt Housing Inc.	7500 South State Street	Lowville	NY	13367	Lewis	Housing/utility assistance, affordable rentals
Canton Neighborhood Center	5 West Street	Canton	NY	13617	St. Lawrence	Utility/rental Assistance
Massena Independent Living Center	156 Center Street	Massena	NY	13662	St. Lawrence	Rental assistance, utility assistance, moving costs
Massena Neighborhood Center	61 Beach Street	Massena	NY	13662	St. Lawrence	Emergency shelter
Ogdensburg Housing Authority	1101 Jay Street	Ogdensburg	NY	13669	St. Lawrence	Low income housing
Ogdensburg Neighborhood Center	330 Ford Street	Ogdensburg	NY	13669	St. Lawrence	Financial assistance with fuel and utility disconnects
Potsdam Neighborhood Center	2 Park Street	Potsdam	NY	13676	St. Lawrence	Emergency assistance with housing, utilities, fuel
Salvation Army (Massena)	20 Robinson Road	Massena	NY	13662	St. Lawrence	Shelter
St. Lawrence County Community Development Program	1 Commerce Lane	Canton	NY	13617	St. Lawrence	Weatherization, rental assistance
St. Lawrence County Housing Council	19 Main Street	Canton	NY	13617	St. Lawrence	Home-buyer education, home-buying support

Food Bank

Name	Address	City	State	ZIP	County	Notes
Food Bank of Central New York	7066 Interstate Island Road	Syracuse	NY	13209	Onondaga	Serves Jefferson, Lewis and St. Lawrence Counties

Farmers' Markets

Name	Address	City	State	ZIP	County	Notes
Alexandria Bay Farmers' Market	21 NYS Route 12	Alexandria Bay	NY	13607	Jefferson	Fri 9a-3p (May 23 - Sep 19)
Cape Vincent Farmers' Market	173 North James Street	Cape Vincent	NY	13618	Jefferson	Sat 8a-2p (Jun 21- Oct 11)
Carthage Farmers' Market	120-298 Riverside Drive	Carthage	NY	13619	Jefferson	Fri 7a-2p (May 30 - Oct 31)
Clayton Farmers' Market	Village Park Circle	Clayton	NY	13624	Jefferson	Thu 10a-6p (Jun 19 - Sep 11)
Jefferson Bulk Milk Coop Market	19401 NYS Route 3	Watertown	NY	13601	Jefferson	Fri 2:30p-6:30p (Jun 20 - Oct 3)
Philadelphia Farmers' Market	1 Pearl Street	Philadelphia	NY	13673	Jefferson	Tue 3p-7p (Jul 1 - Oct 1)
Saturday Farmers' Market - Watertown	175 Black River Parkway	Watertown	NY	13601	Jefferson	Sat 9a-2p (Jun 14 - Nov 1)
The Little Barn Bulk Foods Market	17937 NYS Route 3	Felts Mills	NY	13638	Jefferson	Thu 3p-8:30p (May 29 - Aug 28)
Watertown Farmers' Market	317 Washington Street	Watertown	NY	13601	Jefferson	Wed 6:30a-3p (May 28 - Oct 1)
Lewis County General Hospital Farmer's Market	7785 North State Street	Lowville	NY	13367	Lewis	Thu 11a-3p (Jun 19 - Oct 2)
Lowville Farmers' Market	5473 Bostwick Street	Lowville	NY	13367	Lewis	Sat 8a-1p (May 31 - Oct 25)
Lyons Falls Farmers' Market	6904 Laura Street	Lyons Falls	NY	13368	Lewis	Tue 12p-6p (Jun 17 - Oct 7)
Simmons Farm	10188 State Route 12	Copenhagen	NY	13626	Lewis	Mon-Sat 9a-8p (May - Oct); Mon-Sat 9a-5p (Nov, Dec)
Canton Farmers' Market	17 Park Street	Canton	NY	13617	St. Lawrence	Tue, Fri 9a-2p (May 9 - Oct 31)
DeKalb Farmers' Market	4420 US Highway 11	DeKalb Junction	NY	13630	St. Lawrence	Wed 1p-6p (May 7 - Oct 15)
Fowler Farmers' Market	1461 CR 22	Gouverneur	NY	13642	St. Lawrence	Fri 3p-6p (Jun 6 - Sep 26)
Gouverneur Farmers' Market	Main Street	Gouverneur	NY	13642	St. Lawrence	Thu 9a-2p (Jun 5 - Oct 16)
Hammon Farmers and Artisans Market	1A North Main Street	Hammond	NY	13646	St. Lawrence	Wed 3:30p-7p (Jul 2 - Oct 1)
Massena Sunday Farmers' Market	60 Main Street	Massena	NY	13662	St. Lawrence	Sun 8a-3p (Jul 6 - Oct 26)
Massena Thursday Farmers' Market	3 Malby Avenue	Massena	NY	13662	St. Lawrence	Thu 9a-5p (Jul 10 - Oct 30)
Norwood Farmers' Market	Main Street	Norwood	NY	13668	St. Lawrence	Mon 10a-5p (Jul 7 - Oct 27)
Ogdensburg Saturday Green Market	300 Riverside Avenue	Ogdensburg	NY	13669	St. Lawrence	Sat 9a-1p (May 10 - Sep 27)
Ogdensburg Thursday Green Market	214 King Street	Ogdensburg	NY	13669	St. Lawrence	Thu 2p-5p (May 15 - Dec 11)
Ogdensburg Winter Saturday Green Market	423 Ford Street	Ogdensburg	NY	13669	St. Lawrence	Sat 9a-1p (Oct 4 - Dec 13)
Potsdam Main Street Farmers' Market	1 Main Street	Potsdam	NY	13676	St. Lawrence	Sat, Wed 9a-2p (May 10 - Oct 25)
Potsdam Winter Farmers' Market	8 Clarkson Avenue	Potsdam	NY	13676	St. Lawrence	Sat 8:30a-12p (Nov - Apr)
Whitten Mobile Market	36 Main Street	Potsdam	NY	13676	St. Lawrence	Mon 3:30p - 4:30p (Jun 23 - Sep 19)
Whitten Mobile Market - Assisted Living LBSH	32 South Church Street	Brasher Falls	NY	13613	St. Lawrence	Thu 8:30a-9:30a (Jun 23 - Sep 19)
Whitten Mobile Market - Downtown	85 Park Street	Tupper Lake	NY	12986	St. Lawrence	Fri 4p-6p (Jun 23 - Sep 19)
Whitten Mobile Market - Evergreen Park	100 Racquette Road	Potsdam	NY	13676	St. Lawrence	Mon 2p-3p (Jun 23 - Sep 19)

Farmers' Markets (continued)

Name	Address	City	State	ZIP	County	Notes
Whitten Mobile Market - Ivy Terrace HUD	38 Boyer Avenue	Tupper Lake	NY	12986	St. Lawrence	Fri 1:30p-3p (Jun 23 - Sep 19)
Whitten Mobile Market - Laurel Ave Senior Housing	9 Laurel Avenue	Massena	NY	13662	St. Lawrence	Thu 11a-12:30p (Jun 23 - Sep 19)
Whitten Mobile Market - Lawrence Avenue Apartments	3 Debra Drive	Potsdam	NY	13676	St. Lawrence	Mon 5p-6p (Jun 23 - Sep 19)
Whitten Mobile Market - Massena Housing Authority	20 Robinson Road	Massena	NY	13662	St. Lawrence	Thu 3:30p-4:30p (Jun 23 - Sep 19)
Whitten Mobile Market - Mayfield Senior Apartments	22 Mayfield Drive	Potsdam	NY	13676	St. Lawrence	Mon 9:30a-10:30a (Jun 23 - Sep 19)
Whitten Mobile Market - Midtown Senior Apartments	28 Munson Street	Potsdam	NY	13676	St. Lawrence	Mon 12:30p-1:30p (Jun 23 - Sep 19)
Winthrop Farmers' Market	656 NY 11C	Winthrop	NY	13697	St. Lawrence	Fri 2:30p-5:30p (Jul 11 - Sep 26)

Food Pantries

Name	Address	City	State	ZIP	County	Notes
Antwerp Food Pantry (Antwerp Town Hall)	45 Main Street	Antwerp	NY	13608	Jefferson	Mon 5p-7p
CAPC Food Pantry	518 Davidson Street	Watertown	NY	13601	Jefferson	Tue, Wed, Thu 10a-2p
Chaumont Food Pantry	27532 Church Street	Chaumont	NY	13622	Jefferson	
Clayton Council of Churches Food Pantry	521 James Street	Clayton	NY	13624	Jefferson	Mon, Wed 1p-3:30p; Thu 6p-8p
Depauville Food Pantry	32498 Route 12	Depauville	NY	13632	Jefferson	Mon 9a-3p
Dexter Food Pantry	210 West Kirby Street	Dexter	NY	13634	Jefferson	Wed (second) 2p-3p; Wed (third, fourth) 6p-7p
Evans Mills Food Pantry	8412 Main Street	Evans Mills	NY	13637	Jefferson	Sat 3p-5p
Faith Fellowship Food Pantry	131 Moore Avenue	Watertown	NY	13601	Jefferson	Mon-Fri 9a-1p (Sep - Jun)
Food Pantry of Alexandria Bay	42601 State Route 12	Alexandria Bay	NY	13607	Jefferson	Thu 10a-6p
Gwen's Food Pantry/Orleans Outreach	36213 Route 180	LaFargeville	NY	13656	Jefferson	Sat 9a-12p
Indian River Baptist Church Food Pantry	42 Main Street	Philadelphia	NY	13673	Jefferson	Wed 4p-6p, Sat 9a-11a
Reformed Church of the Thousand Isles	54 Church Street	Alexandria Bay	NY	13607	Jefferson	Mon-Thu 8a-1p
Rohde Center	2 East Church Street	Adams	NY	13605	Jefferson	
Sackets Harbor Food Pantry	110 East Main Street	Sackets Harbor	NY	13685	Jefferson	Mon, Thu 11a-1p
Salvation Army (Watertown)	723 State Street	Watertown	NY	13601	Jefferson	Mon-Fri 9a-3p
St. Andrews Church	112 East Main Street	Sackets Harbor	NY	13685	Jefferson	by appointment
St. Paul's Redwood Food Pantry	43668 Lake Street	Redwood	NY	13679	Jefferson	Wed 1:30p-3p
Theresa Food Pantry	110 Theresa Antwerp Road	Theresa	NY	13691	Jefferson	Thu 9a-12p, Sat 10a-1p
VEM Food Pantry of Carthage (St. James Catholic Church)	452 South Washington Street	Carthage	NY	13619	Jefferson	Mon, Fri 9a-2p; Tue-Wed 5p-7p
Watertown Urban Mission	247 Factory Street	Watertown	NY	13601	Jefferson	Mon-Fri 8:30a-12p, 12:30p-4p

Food Pantries (continued)

Name	Address	City	State	ZIP	County	Notes
Copenhagen Food Pantry	9790 State Route 12	Copenhagen	NY	13626	Lewis	Wed (third) 5p-7p
Croghan Food Pantry (St. Spehen's Church)	9748 Main Street	Croghan	NY	13327	Lewis	Thu (third) 5p-7p (Apr - Oct)
Harrisville Food Pantry	Route 3	Harrisville	NY	13648	Lewis	Tue (third) 7p-8p
Lowville Food Pantry Inc.	7646 Forrest Avenue	Lowville	NY	13367	Lewis	Mon, Wed, Fri 9a-11:30a; Tue, Thu 5p-7p
Port Leyden Food Pantry at St. Martin's Rectory	7108 North Street	Port Leyden	NY	13433	Lewis	Mon-Fri 8a-12p
Canton Neighborhood Center	5 West Street	Canton	NY	13617	St. Lawrence	Mon-Fri 8a-3p (closed first Friday of the month)
Edwards Food Pantry	69 New Street	Edwards	NY	13635	St. Lawrence	Mon (third) 2p-4p
Gouverneur Neighborhood Center	15 Rock Island Street	Gouverneur	NY	13642	St. Lawrence	Mon-Fri 8a-12p, 1p-3p
Grace Food Pantry	52 Church Street	Gouverneur	NY	13642	St. Lawrence	Thu 9a-12p
Hammond Food Pantry	30 Lake Street	Hammond	NY	13646	St. Lawrence	Thu (third) 11a-2p
Helping Hands Compassionate Ministry Center	5868 State Route 56	Hannawa Falls	NY	13647	St. Lawrence	Mon-Thu 8:30a-1:30p
Massena Neighborhood Center	61 Beach Street	Massena	NY	13662	St. Lawrence	Mon-Fri 8a-3p
New Beginnings Food and Clothing Outreach	3605 County Route 14	Madrid	NY	13660	St. Lawrence	Wed 1p-7p, Sat 9a-3p
Norfolk/Raymondville Food Pantry	287 Brouse Road	Massena	NY	13662	St. Lawrence	every third Saturday
Ogdensburg Neighborhood Center	330 Ford Street	Ogdensburg	NY	13669	St. Lawrence	Mon-Fri 8a-12p, 1p-3p
Richville Baptist Chapel Food Pantry	209 Main Street	Richville	NY	13681	St. Lawrence	Wed (second) 2p-3:30p
Salvation Army (Massena)	20 Robinson Road	Massena	NY	13662	St. Lawrence	Mon-Fri 9a-12p
Salvation Army (Ogdensburg)	401 Franklin Street	Ogdensburg	NY	13669	St. Lawrence	
South Colton Community Center	9 Sugarbush Lane	South Colton	NY	13687	St. Lawrence	Mon, Fri 9a-1p
St. James Outreach Food Pantry	164 East Main Street	Gouverneur	NY	13642	St. Lawrence	Fri (second, fourth) 10a-2p
St. Vincent De Paul Society	128 Main Street	Massena	NY	13662	St. Lawrence	Mon-Fri 10a-4p
Town of Edwards Food Pantry	183 Main Street	Edwards	NY	13635	St. Lawrence	by appointment

Clothing and Furniture Banks

Name	Address	City	State	ZIP	County	Notes
Gwen's Food Pantry/Orleans Outreach	36213 Route 180	Lafargeville	NY	13656	Jefferson	Clothing and household goods
Salvation Army (Watertown)	723 State Street	Watertown	NY	13601	Jefferson	Clothing and furniture
VEM Food Pantry of Carthage (St. James Catholic Church)	452 South Washington Street	Carthage	NY	13619	Jefferson	Free clothing
Watertown Urban Mission	247 Factory Street	Watertown	NY	13601	Jefferson	Clothing and furniture
Canton Neighborhood Center	5 West Street	Canton	NY	13617	St. Lawrence	Clothing assistance
Hammond Food Pantry	30 Lake Street	Hammond	NY	13646	St. Lawrence	Free clothing
New Beginnings Food and Clothing Outreach	3605 County Route 14	Madrid	NY	13660	St. Lawrence	New and gently used clothing at reasonable prices
Ogdensburg Neighborhood Center	330 Ford Street	Ogdensburg	NY	13669	St. Lawrence	Free clothing
Salvation Army (Massena)	20 Robinson Road	Massena	NY	13662	St. Lawrence	Clothing assistance

Specialty Education Programs for Special Needs Children

Name	Address	City	State	ZIP	County	Notes
Disabled Persons Action Organization	617 Davidson Street	Watertown	NY	13601	Jefferson	Programming for children with autism
Jefferson County Public Health Service	531 Meade Street	Watertown	NY	13601	Jefferson	Programming for children with special needs
Jefferson-Lewis BOCES	20104 NYS Route 3	Watertown	NY	13601	Jefferson	Covers 18 public school districts
Northern Regional Center for Independent Living	210 Court Street	Watertown	NY	13601	Jefferson	Programming for children with disabilities
Lewis County Public Health Department	7785 North State Street	Lowville	NY	13367	Lewis	Offers programming for children with special needs
Northern Regional Center for Independent Living	7632 State Street	Lowville	NY	13367	Lewis	Programming for children with disabilities
St. Lawrence-Lewis BOCES - Beginning Years	7229 State Highway 56	Norwood	NY	13668	St. Lawrence	Preschool special education
The ARC (Oneida-Lewis Chapter)	245 Genesee Street	Utica	NY	13501	Oneida	Children's therapy and special education

APPENDIX C

Low-Income, Medicaid and Uninsured Targeted Survey Instrument



We want to know what you think about your health and healthcare in our community. Your answers on this **10-minute survey** will help us to improve healthcare for everyone. You do not need to answer every question. Please answer as many questions as you can.

We respect your privacy. We will not ask for your name or share your individual answers with anyone else. Thank you for your help!

First, we would like to ask you some general questions.

1. **What COUNTY do you live in?** (Check only one)

- Jefferson Lewis St. Lawrence Don't Know

2. **What type of HEALTH INSURANCE do you have?** (Check all that apply)

- Medicaid Medicare TRICARE Insurance through a private company

- No health insurance Other (please tell us):

3. **Do you have a DOCTOR'S OFFICE for check-ups and visits when you are sick?**

- Yes No

Now, we would like to ask you a few questions about your health.

4. **How would you describe your GENERAL HEALTH?**

- Excellent Good Fair Poor

5. **How would you describe your MENTAL HEALTH?**

- Excellent Good Fair Poor

6. **In the past 12 months, did you go to a DOCTOR'S OFFICE for a check-up?**

- Yes No

If NO, what was the MAIN REASON(S) you didn't go to a DOCTOR'S OFFICE for a check-up?

- I cannot afford a check-up
- My insurance does not cover check-ups
- I do not have insurance
- Couldn't find a doctor who took my insurance
- The doctor is too far away
- I did not have transportation
- I did not have the time
- I am healthy / do not need to see a doctor
- I do not like going / afraid to go
- I did not have childcare

Check all that apply

- Other (please tell us):

7. In the past 12 months, did you have a DENTAL check-up?

- Yes No

If NO, what was the MAIN REASON(S) you did not have a DENTAL check-up?

*Check
all that
apply*

- I cannot afford a check-up My insurance does not cover check-ups
 I do not have insurance Couldn't find a dentist who took my insurance
 The dentist is too far away I did not have transportation
 I did not have the time I am healthy / do not need to see a dentist
 I do not like going / afraid to go I did not have childcare
 Other (please tell us):

8. In the past 12 months, did you go to the EMERGENCY ROOM for health care?

- Yes No

If YES, what was the MAIN REASON(S) you went to the EMERGENCY ROOM?

*Check
all that
apply*

- I thought the problem was too serious for a doctor's office visit
 My health provider told me to go to the emergency room
 My doctor's office was not open Couldn't find a doctor who took my insurance
 My doctor's office had no open appointments I had no other place to go
 The emergency room is the closest place for treatment
 I receive most of my care at the emergency room
 Other (please tell us):

9. Choose the TOP 5 HEALTH ISSUES in YOUR COMMUNITY.

(Feel free to add other health issues that you think should be in the top 5.)

- Cancer Heart disease Sexually transmitted diseases
 Stroke Disability Health of women and children
 Lack of exercise Diabetes Mental health / depression
 Birth control Tobacco use Drug / alcohol abuse
 Dental health Asthma Injury and violence
 Obesity Other (please tell us):

10. In the past 12 months, did you LEAVE YOUR COUNTY for health care services?

- Yes No

If YES, what HEALTH CARE SERVICE(S) did you LEAVE YOUR COUNTY for?

*Check
all that
apply*

- | | | |
|--|---|--|
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Dental | <input type="checkbox"/> Ob/Gyn (care for women) |
| <input type="checkbox"/> Birth Control | <input type="checkbox"/> HIV/STD | <input type="checkbox"/> Pediatric (care for children) |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Specialty Care | <input type="checkbox"/> Hospital Care |
| <input type="checkbox"/> Other (please tell us): | <input type="text"/> | |

If YES, what is the MAIN REASON(S) you LEFT YOUR COUNTY for these services?

*Check
all that
apply*

- To get better quality care
- The health care provider is closer to my home / workplace
- No health care provider in my county
- Couldn't get an appointment soon enough
- No health care provider in my county would take my insurance
- Other (please tell us):

11. Do you KNOW WHERE TO GO in your county for?

- | | | | |
|----------------------------------|------------------------------|-----------------------------|---|
| Diabetes Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Blood Pressure Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Cholesterol Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Cancer Screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Nutrition Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Weight Loss Programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Mental Health Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Drug Abuse Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Alcohol Abuse Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Birth Control Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| Maternal & Child Health Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| HIV Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |
| STD Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply to me |

Finally, please tell us a bit about yourself.

12. **Are you of HISPANIC or LATINO origin or descent?**

- Yes, Hispanic or Latino No, not Hispanic or Latino No Answer

13. **What is your RACE?** (Please check all that apply)

- White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 No Answer
 Other ((please tell us):

14. **What is your GENDER?**

- Male Female Other No Answer

15. **What is your JOB STATUS?**

- Working, full-time or part-time Not working Student
 Retired Disabled No answer

16. **How much is your HOUSEHOLD INCOME each MONTH?**

- Less than \$1,000 \$1,001 - \$2,000 \$2,001 - \$3,000
 \$3,001 - \$4,000 \$4,001 - \$5,000 \$5,001 or more
 No Answer

17. **What is your AGE?**

- 18-24 years 25-34 35-44 45-54 55-64
 65-74 75 years and older No Answer

The survey is now complete. Thank you for your time.