

# 2024 North Country Community Health Survey of Adult Residents

(Jefferson, Lewis, St. Lawrence Counties, New York)

## Experiences, Behaviors, and Perceptions Related to:

### *Your Experiences with Health Care in the North Country*

- Primary Care
- Dental Care
- Health Insurance Coverage
- Health Screenings
- Challenges and Difficulties Accessing Health Care Locally
- Familiarity Where to Find Needed Behavioral Health, Substance Use, and Suicide Prevention Services
- Utilization of Suicide Prevention Services

### *Your Health*

- Assessment of Personal Physical, Mental/Behavioral, and Dental Health
- Diagnosed Chronic Health Conditions

### *Your Lifestyle*

- Use of Cigarettes, E-cigarettes or Vaping Products
- Use of Alcohol
- Household Affected by Opiate Abuse or Addiction
- Difficulty in Arranging Transportation
- Current Living Situation and Challenges
- Participation in Physical Activities
- Consumption of Healthy Foods

Prepared on behalf of the  
**North Country Health Compass Partners**  
Watertown, New York  
June 2024



Prepared by the  
**Fort Drum Regional Health Planning Organization**  
Watertown, New York



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## Section 1 – Introduction and Description of the Study

The Fort Drum Regional Health Planning Organization (FDRHPO, [www.fdrhpo.org](http://www.fdrhpo.org)) and the North Country Health Compass Partners ([fdrhpo.org/population-health/](http://fdrhpo.org/population-health/)) annually complete an adult community health survey in Northern New York State to better understand the current health and health care situations and monitor any changes in health care and health habits among North Country residents of Jefferson, Lewis, and St. Lawrence Counties, New York. This study has been completed in the summer of each of the past nine years, 2016 through 2024. Each year the study has included over 1,400 adult residents of the three counties with a minimum of at least 400 participants in each county each year. The sample size in 2024 is 1,878 North Country adult participants (763 in Jefferson County, 482 in Lewis County, and 633 in St. Lawrence County). A multi-mode survey sampling methodology has been employed in May of 2024 to maximize the representativeness of the samples. The sampling methodology utilized is described in more detail later in Section 2 of this report.

This study was designed with the following three **primary research goals**, essentially these goals are reasons why community **healthcare leadership** would benefit from collecting this type of survey data – **what can be accomplished with these data?**

### **Community Health Study Goal #1**

**Planning** – a goal is to collect current health-related attitude and behavior information via surveying local adult residents to provide data that will be useful to health professionals to best make data-driven decisions about future health-related goals, objectives, programs, services, initiatives, interventions, promotions, and/or potential policies in Northern New York. In summary, the collected data will provide current measurements of public opinion and behavior to help *support and plan future activities* for the *North Country Health Compass Partners* and the *Fort Drum Regional Health Planning Organization*.

### **Community Health Study Goal #2**

**Education** – another goal is to collect current health-related attitude and behavior information via surveying local adult residents to provide data that will be useful to Northern New York health professionals to best demonstrate and explain local residents' opinions regarding potential future health-related policy and/or law changes in the region. In summary, the collected data will provide current measurements of public opinion and behavior to *educate* and *assist* local leaders, decision-makers, and elected officials *make data-driven health-related policy decisions in the future*. These data assist healthcare experts in shedding light upon local decision-maker questions such as “What does the public think about this possible health-related change in policy or law in their community?”

### **Community Health Study Goal #3**

**Evaluation** – an additional goal involves using the adult survey data for evaluation of the impact of past initiatives and activities provided by the *North Country Health Compass Partners* and the *Fort Drum Regional Health Planning Organization*. Previous similar health-related surveys were completed in Jefferson, Lewis, and St. Lawrence Counties in each of year between 2016 and 2023. Comparison of the current (2024) survey results to these earlier survey results with identification of any statistically significant trends is useful to health professionals to attempt to *identify which initiatives have been most effective, most successful*. Essentially this goal is to answer the questions: “Have Northern New York health planning groups been successful in attaining their goals as outlined in their work plans?” and “Has there been any impact among the local population?”

This study, as with almost any other survey study, also has additional **potential outcomes for the participants** that could be effective and beneficial. The process of participating in an interview or survey could result in either or both of the following two outcomes, essentially these outcomes are also reasons why an organization would benefit from collecting this type of survey data.

### **Community Health Study Participant Outcome #1**

**Awareness** – the conversation that transpires when an interview occurs on the phone or in person, or when a survey is completed online, involves a conversation that is focused on health-related topics, and therefore very likely provides educational information to participants that they were not already aware of – the survey process *educates* the participants regarding local health issues, processes, programs, and activities.

### **Community Health Study Participant Outcome #2**

**Engagement** – by virtue of the consideration of their views and behaviors regarding health and healthcare issues via completing a survey, participants have at a minimum cerebrally engaged in the health-related topic, and potentially, could become more likely to actually become further actively engaged in *North Country Health Compass Partners* and *Fort Drum Regional Health Planning Organization* activities, initiatives, and goals, and possibly become more engaged in improving their personal and their community's health.

This report and its appendices are a summary and explanation of the findings of the 2024 North Country community health survey. The nature and characteristics of the sample of adults who completed this survey in 2024 are included in Section 3 of this report. When possible, comparisons of the current 2024 results are made to the results of previous community health surveys completed in the region between 2016 and 2023 (Section 5). Additionally, the current 2024 results are cross-tabulated by several possible demographic and social determinant explanatory factors (Sections 6 and 7). These cross-tabulations are provided both as an aggregate three-county regional group who have been

surveyed, as well as provided as county-specific cross-tabulation results, in tabular format in Section 6 with statistical tests of significance applied and reported. The region-wide cross-tabulation results are also provided graphically in Section 7. The survey instrument used in this study was developed through the collective efforts of the evaluation specialists at the *Fort Drum Regional Health Planning Organization*, together with representatives of the partners in the *North Country Health Compass Partners*. The survey included approximately forty health-related items (survey questions) organized in three separate sections of the interview, as well as approximately ten demographic variables. Copies of the script and survey instrument are attached as the appendix to this report. The three specific overarching health-related study topics, or sets of health-related survey question sections, that have been studied in 2024 and are reported in the remainder of this document are shown in the box above.

#### **Your Experiences with Healthcare**

- Primary Care
- Dental Care
- Health Insurance Coverage
- Health Screenings
- Challenges and Difficulties Accessing Health Care Locally
- Familiarity Where to Find Needed Behavioral Health, Substance Use, and Suicide Prevention Services
- Utilization of Suicide Prevention Services

#### **Your Health**

- Assessment of Personal Physical, Mental/Behavioral, Dental Health
- Diagnosed Chronic Health Conditions

#### **Your Lifestyle**

- Use of Conventional Tobacco Cigarettes and/or Vaping Devices
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- Current Living Situation and Challenges
- Participation in Physical Activities
- Consumption of Healthy Foods

## **Section 2 – Study Methodology**

The American Association of Public Opinion Research (AAPOR) is the leading public opinion professional association in the world. The AAPOR Transparency Initiative (TI) suggests that all public opinion research and polling firms utilize best practices in the industry in both data collection methodology and data analytics techniques, and provide complete transparency in describing the methodology and analytics for all readers/consumers. The methodology used in this study of health-related issues in Northern New York State included a mixed-mode sampling methodology using a combination of live interviewer telephone interviews of residents on cell phones and landlines, intercept-sampling of the difficult-to-access subpopulation of the military affiliated at Fort Drum, MMS text message push to web online surveying, as well as random nonprobability panel email invitation of residents to complete the survey online. The raw/unweighted number of North Country adult participants who completed the survey via each of these four sampling modes was: 296 live interviewer telephone interviews of residents on cell phones and landlines, 122 intercept-surveys at Fort Drum, 685 MMS text message push to web online participants, and 775 random nonprobability panel email invitation responses to the survey online. All interviews were completed between May 21 and May 30, 2024. To adjust for sampling nonresponse error, the data were weighted within county for gender, age, education, race/ethnicity, household composition, and military affiliation. The data were calibrated for sampling modality, and finally weights were trimmed to minimize the design effect, generating a final design effect for the study of 2.2. For the three-county combined regional estimates a further weight has additionally been applied for county population size. After all data compilation, cleansing, transforming, weighting, calibrating, and trimming the overall approximate margin of error for this study when analyzing results for the entire region-wide sample of 1,878 participants would be  $\pm 2.7\%$  if this sampling design were considered a perfect probability sample. When investigating study results for subgroups (such as results for only females, or only those who are uninsured, or only those who reside in Jefferson County, etc.) the margin of error is greater than  $\pm 2.7\%$  due to smaller within-subgroup sample sizes. With sample sizes ranging from  $n=482$  in Lewis County up to  $n=763$  in Jefferson County, county-specific margins of error are approximately  $\pm 4.5\%$  if they are considered perfect probability samples. The margin error is a measurement of random error, error due to simply the random chance of sampling. When surveying humans there are other potential sources of error, sources of error in addition to random error (which is the only error encompassed by the margin of error). Response error, nonresponse error, process error, bias in sample selection, bias in question-phrasing, lack of clarity in question-phrasing, social desirability bias, acquiescence bias, satisficing, and undercoverage are common sources of other-than-random error. Methods that should be, and have been in this study, employed to minimize these other sources of error include maximum effort to select the sample randomly, piloting and testing of utilized survey questions, extensive training of all data collectors (interviewers), thorough cleansing of data, calibration of data, and application of post-stratification algorithms to the resulting sampled data.

## Section 3 – Demographics of Participants – *The Nature of These County-Specific Samples*

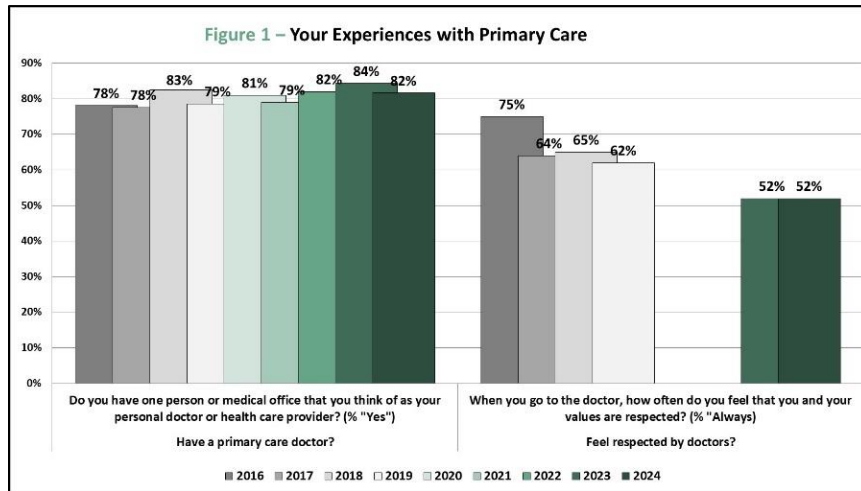
The final weighted distributions within each county among demographic and social determinant subgroups are shown, illustrating the representativeness of the study samples.

| <b>Nature of these County-Specific Samples (after weighting)</b> |                           |                       |                              |
|--|---------------------------|-----------------------|------------------------------|
|  | Jefferson County<br>n=763 | Lewis County<br>n=482 | St. Lawrence County<br>n=633 |
| <b>Sample Size (raw)</b>   |                           |                       |                              |
| <b>Gender</b>  |                           |                       |                              |
| Male   | 52%                       | 50%                   | 48%                          |
| Female   | 48%                       | 50%                   | 52%                          |
| Other  | 0%                        | 0%                    | 0%                           |
| <b>Age</b>   |                           |                       |                              |
| 18-34  | 31%                       | 12%                   | 9%                           |
| 35-44  | 23%                       | 26%                   | 30%                          |
| 45-54  | 11%                       | 11%                   | 10%                          |
| 55-64  | 18%                       | 26%                   | 26%                          |
| 65-74  | 12%                       | 18%                   | 15%                          |
| 75 or older  | 6%                        | 6%                    | 11%                          |
| <b>Educational Attainment</b>                                    |                           |                       |                              |
| High School Graduate (or less)                                   | 45%                       | 53%                   | 43%                          |
| Some College (<4-year degree)                                    | 35%                       | 29%                   | 35%                          |
| Bachelors Degree or Higher                                       | 20%                       | 18%                   | 22%                          |
| <b>Annual Household Income</b>                                   |                           |                       |                              |
| Less than \$25,000   | 20%                       | 9%                    | 14%                          |
| \$25,000-\$49,999  | 21%                       | 25%                   | 19%                          |
| \$50,000-\$74,999  | 20%                       | 25%                   | 23%                          |
| \$75,000-\$99,999  | 16%                       | 19%                   | 17%                          |
| \$100,000 or more  | 23%                       | 22%                   | 27%                          |
| <b>Military Affiliation</b>                                      |                           |                       |                              |
| Active Military in the Household                                 | 25%                       | 3%                    | 1%                           |
| Veteran in the Household (no AM)                                 | 23%                       | 23%                   | 22%                          |
| No Military Affiliation  | 52%                       | 75%                   | 77%                          |
| <b>Household Composition - # Minors in Household</b>             |                           |                       |                              |
| No household members Under Age 18                                | 70%                       | 71%                   | 74%                          |
| One or more household members Under Age 18                       | 30%                       | 29%                   | 26%                          |
| <b>Disability Status</b>   |                           |                       |                              |
| Disabled   | 17%                       | 21%                   | 23%                          |
| Not disabled   | 83%                       | 79%                   | 77%                          |
| <b>Orientation</b>   |                           |                       |                              |
| Identify as member of LGBTQIA+ Community                         | 3%                        | 2%                    | 2%                           |
| Do not   | 96%                       | 97%                   | 96%                          |
| Not sure   | 1%                        | 0%                    | 2%                           |
| <b>Race/Ethnicity</b>  |                           |                       |                              |
| American Indian or Alaskan Native                                | 2%                        | 2%                    | 3%                           |
| Asian/Pacific Islander   | 3%                        | 1%                    | 0%                           |
| Black or African American  | 4%                        | 0%                    | 0%                           |
| Hispanic/Latino  | 7%                        | 2%                    | 3%                           |
| White/Caucasian  | 83%                       | 95%                   | 91%                          |
| Multi-racial   | 1%                        | 0%                    | 3%                           |
| <b>Living Situation</b>  |                           |                       |                              |
| Live in stable housing   | 91%                       | 91%                   | 94%                          |
| Have housing but worried about keeping                           | 8%                        | 8%                    | 6%                           |
| Do not have housing (homeless)                                   | 1%                        | 1%                    | 0%                           |

## Section 4 – Topline Summary of Study Results

### 4.1 Your Experiences with Health Care in the North Country

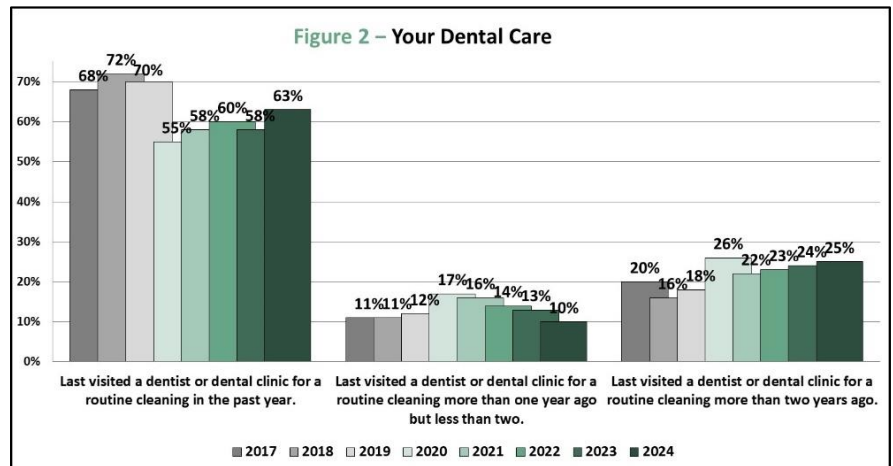
#### 4.1.1 Your Experiences with Primary Care



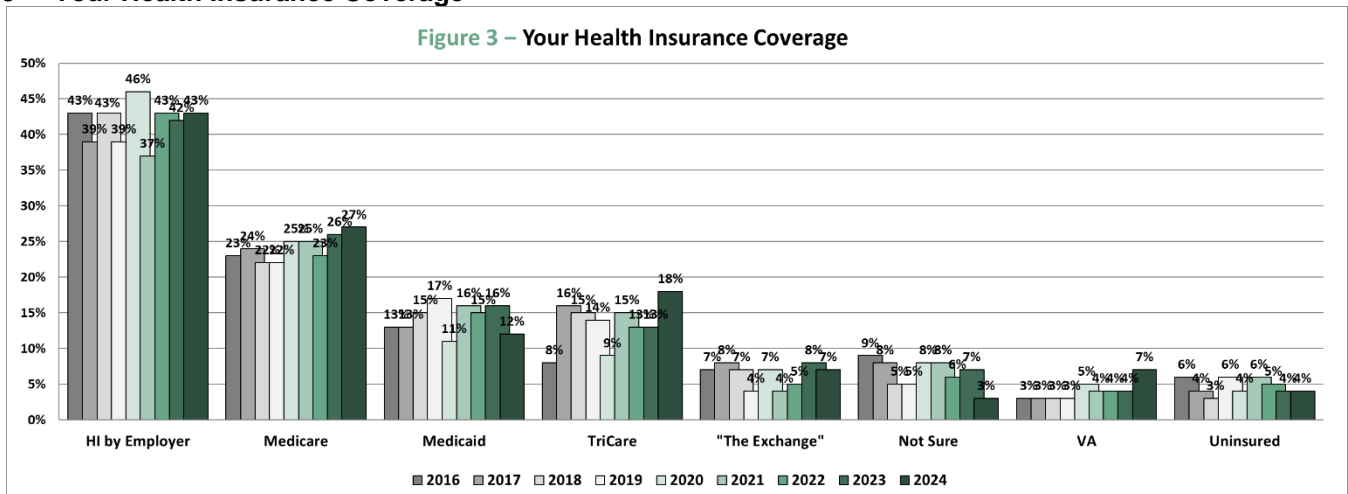
A large majority of North Country adult residents (82%) continue to report having one person or medical office that they think of as their personal doctor or health care provider. This rate has remained very consistent throughout the past nine years, with a high of 84% in 2023 and a low of 78% in 2017. However, recently residents have become less satisfied that their values are always respected when they go to the doctor. The rate of responding “always respected” decreased from 75% in 2016, to recent rates of only 52% in both 2023 and 2024. (Tables 1-2)

#### 4.1.2 Your Dental Care

A majority of North Country residents in 2024 have visited a dentist or a dental clinic for a routine cleaning “within the past year” (63%). This rate of recently visiting a dentist has decreased statistically significantly in the North Country from a high of 72% found in 2018, however, it shows recovery from a pandemic-era low of 55% found in 2020. Approximately 25% of residents report that it has been “more than two years” since they have visited a dentist for a routine cleaning. (Table 3)



#### 4.1.3 Your Health Insurance Coverage

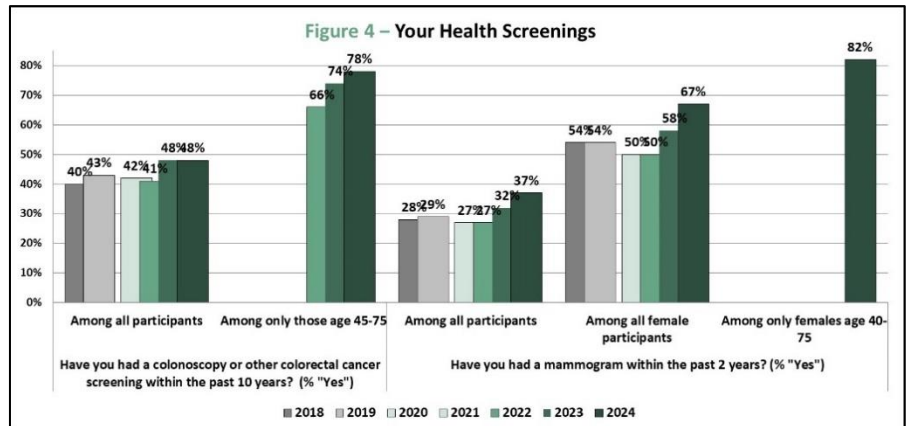


A small minority of 4% of adults in the North Country in 2024 report to currently not have any health insurance coverage. Uninsured rates have not changed statistically significantly in the North Country between 2016 and 2024 (always between 3%-6%). The proportion of North Country residents who report Medicare as their health insurance has ranged between 22% and 27% in each of the nine years of study, with 27% being the current Medicare rate in 2024. The most cited health

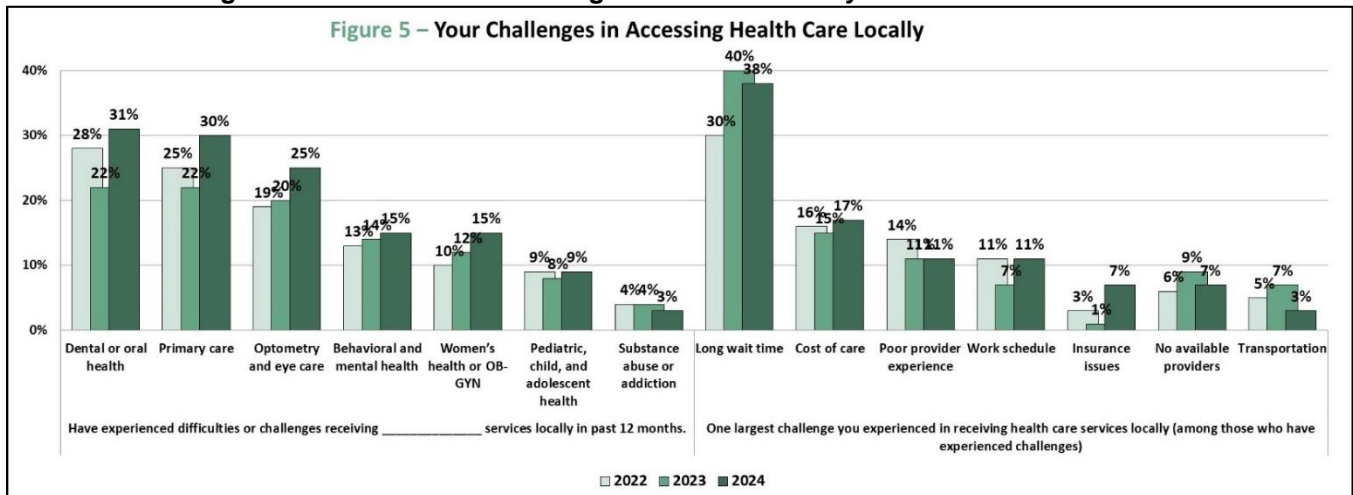
insurance coverages continue to be “health insurance through an employer, including the military (Tri Care insured) as an employer” (approximately 61% in 2024, was 55% in 2023, 56% in 2022, 55% in 2020, and 51% in 2016), and “Medicare” (approximately 27% in 2024, was 26% in 2023, 23% in 2022, and 23% when first measured in 2016). (Table 4)

#### 4.1.4 Your Health Screenings

Among adults aged 45-75, more than three-fourths in the North Country in 2024 (78%) report to have had a colonoscopy or other colorectal cancer screening in the past 10 years, which is significantly increased from 66% in the North Country when first measured for this age group in 2022. Among female adult participants aged 18 or older in 2024, approximately two-thirds (67%) report to have had a mammogram in the past 2 years, a rate that is the highest ever measured since first studied in 2018. Among female adult participants aged 40-75 in 2024, more than four-in-five (82%) report to have had a mammogram in the past 2 years. (Tables 5-9)



#### 4.1.5 Your Challenges and Difficulties Accessing Health Care Locally

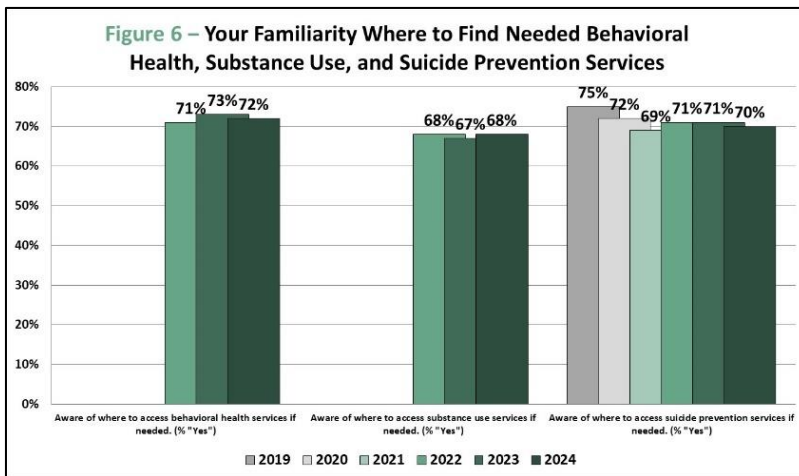


Approximately three-in-ten adult residents in the North Country in 2024 have experienced challenges or difficulties in the past 12 months in locally receiving each of dental or oral health services (31% in 2024, increased from only 22% in 2023), and primary care services (30% in 2024, increased from only 22% in 2023). One-half of North Country adult residents (50%) have experienced at least one challenge in receiving health care services locally in the past 12 months, a rate that has increased from 46% found in the region when first measured in 2022. Participants who reported experiencing challenges or difficulties in receiving at least one type of health care locally in the past 12 months were further asked the largest challenge to receiving this health care locally. The most common response by far in 2024 is “long wait time” (38% in 2024, not changed significantly from 40% found in 2023, however, a significant increase from only 30% found in 2022). (Tables 10-18)

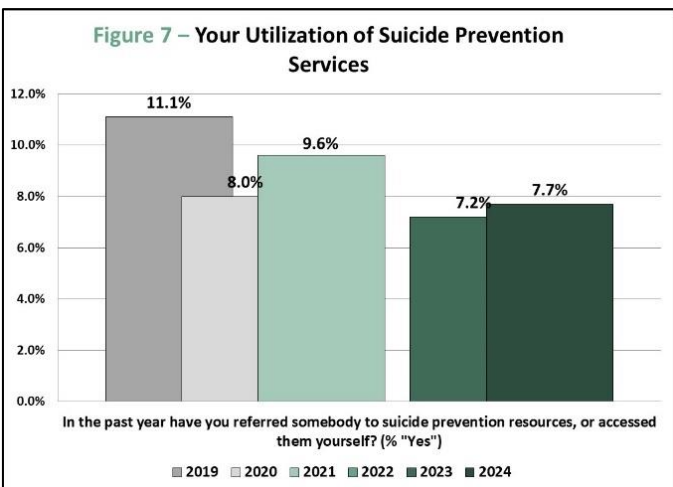


#### 4.1.6 Your Familiarity Where to Find Needed Behavioral Health, Substance Use, and Suicide Prevention Services

A large majority of North Country residents continue to report that they are aware of where to access behavioral health services if needed (72%), substance services if needed (68%), and suicide prevention services if needed (70%). All three of these rates are very similar to that which has been measured in recent years of study. (Tables 19-21)



#### 4.1.7 Your Utilization of Suicide Prevention Services

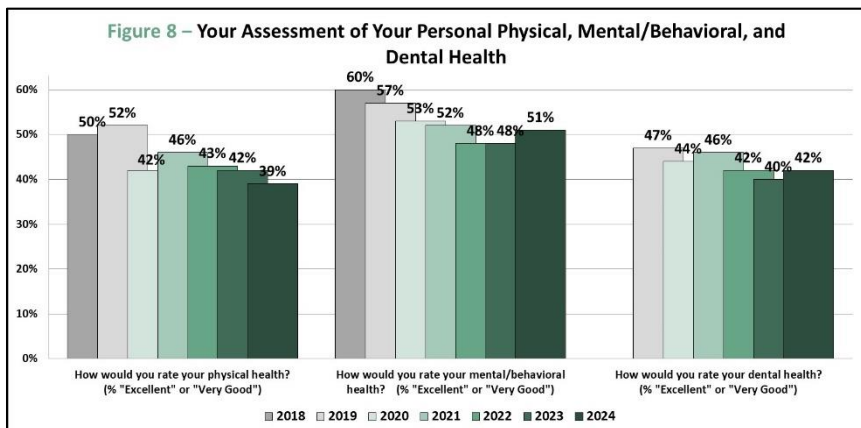


Approximately one-in-nine North Country residents (11%) in 2019 reported that in the past year they had referred somebody to suicide prevention resources, or accessed the resources themselves. This rate has decreased in the North Country to a current 2024 rate of 8%. (Table 22).

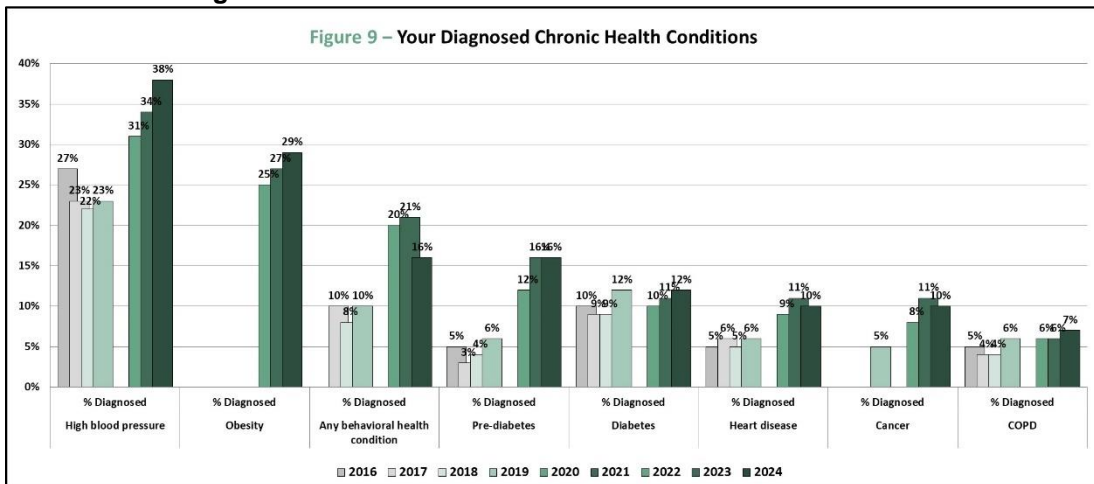
### 4.2 Your Health

#### 4.2.1 Your Assessment of Your Personal Physical, Mental/Behavioral, Dental Health

The theme that emerges in 2024 when North Country residents self-assess their personal physical, mental/behavioral, and dental health is essentially two-fold. First, residents express significantly less optimism regarding all three aspects of their personal health situation than was measured pre-pandemic, in 2018 and 2019. Second, rates of evaluating one’s mental/behavioral and dental health as “Excellent or Very Good” appear to have stabilized in the past two-to-three years, while this rate continues to decrease when North Country residents rate their personal physical health (only 39% of participants rate their physical health as “Excellent or Very Good” in 2024, the lowest rate ever measured, and a rate that has been as high as 52% in 2019). (Tables 23-25)



### 4.2.2 Your Diagnosed Chronic Health Conditions



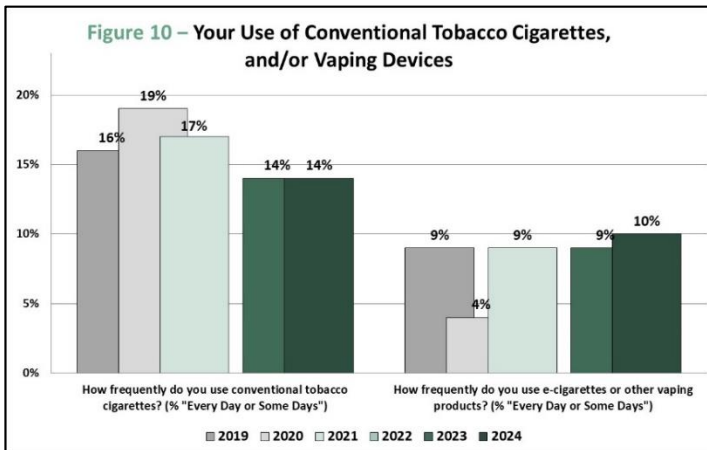
Approximately three-in-five North Country residents (61%) in 2024 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited in Figure 9). This 61% is not significantly different from 61% found in the region in 2023 nor 59% found in 2022.. Notable observations in 2024 include that: reported diagnoses with high blood

pressure (38% in the North Country), obesity (29% in the North Country), pre-diabetes (16% in the North Country), and diabetes (12% in the North Country) have all been measured at or above their all-time highest rates since first measured locally in 2016. However, diagnoses with any behavioral health condition decreased to only 16% in 2024, after having rates of 20% and 21%, respectively, in the North Country in 2022 and 2023. (Tables 26-34)

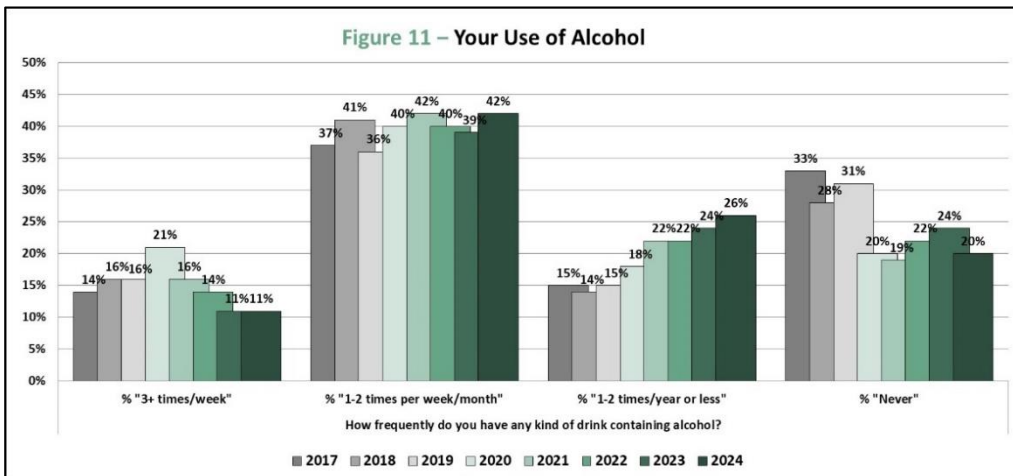
### 4.3 Your Lifestyle

#### 4.3.1 Your Use of Conventional Tobacco Cigarettes and/or Vaping Devices

Similar to that which was found in 2023, approximately one-in-seven adults in the North Country (14%) in 2024 describe their cigarette use status as “current users” (defined as use every day or some days), and one-in-ten adults (10%) describe their e-cigarette use status as “current users” (was 9% in 2023). (Tables 35-36)



#### 4.3.2 Your Use of Alcohol

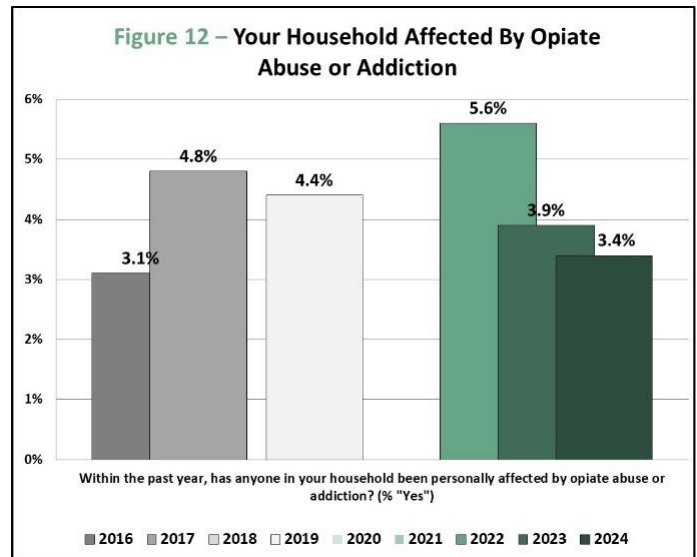


The rate of “frequent alcohol consumption” (defined as consumption three or more times per week) increased in the period after the emergence of the COVID-19 pandemic in 2020, however, this frequent alcohol consumption in the North Country has subsequently subsided. The rate of “3+ incidences of alcohol consumption per week” was 14% in 2017, and increased significantly to 21% in 2020, and has steadily continued to decrease since then to the current 2023 and 2024 rates of only 11%.

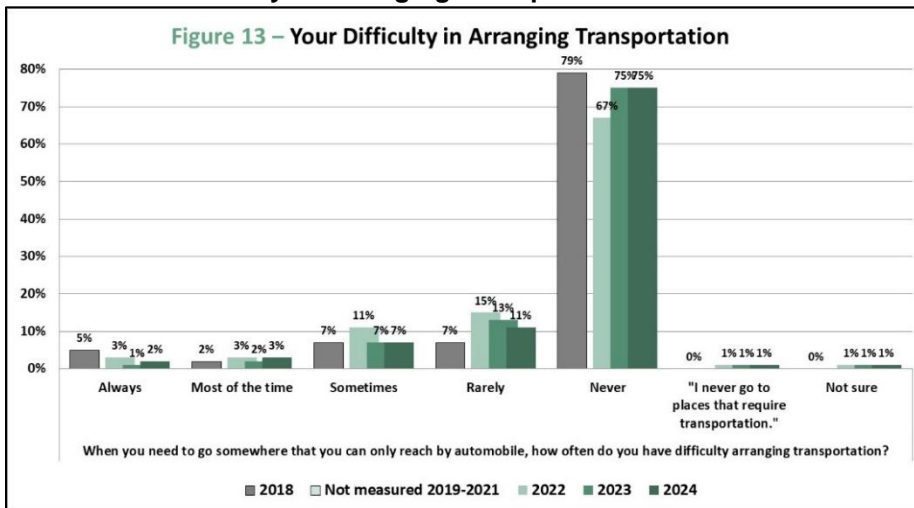
However, the “never consume alcohol” pre-pandemic rates in 2017-2019 of approximately 30% noticeably decreased as the pandemic emerged, and has remained at a lower than pre-pandemic level (20% responded “never” in each of 2020 and currently in 2024). (Table 37)

### 4.3.3 Your Household Affected by Opiate Abuse or Addiction

About one-in-thirty North Country residents (3.4%) report that within the past year, someone in their household has been personally affected by opiate abuse or addiction. This rate has remained between 3.1% and 5.6% every year of measure. (Table 38)



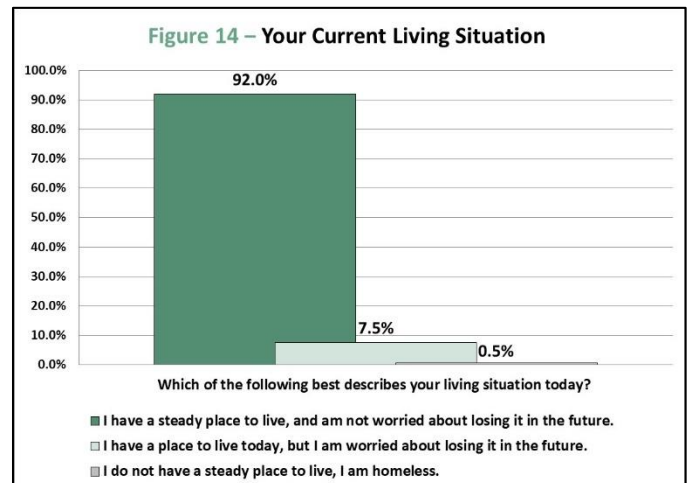
### 4.3.4 Your Difficulty in Arranging Transportation



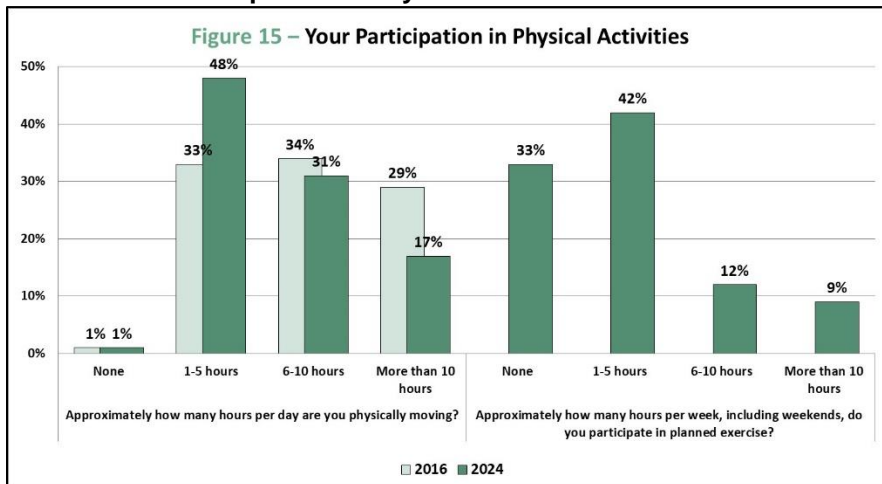
A large majority of North Country residents report that when they need to go somewhere that can only be reached by automobile, they “never” have difficulty arranging transportation (75% in the North Country in 2024, also was 75% in 2023). However, of course, these results suggest that approximately one-in-four local adults experience transportation difficulties at times. (Table 39)

### 4.3.5 Your Current Living Situation and Challenges

Approximately one-in-twelve North Country residents (8%) report that their current situation is not a steady place to live (7.5% are worried about losing their current housing situation, and 0.5% are homeless). The remaining 92% indicate that they have a steady place to live, and are not worried about losing it in the future. (Table 40)



### 4.3.6 Your Participation in Physical Activities

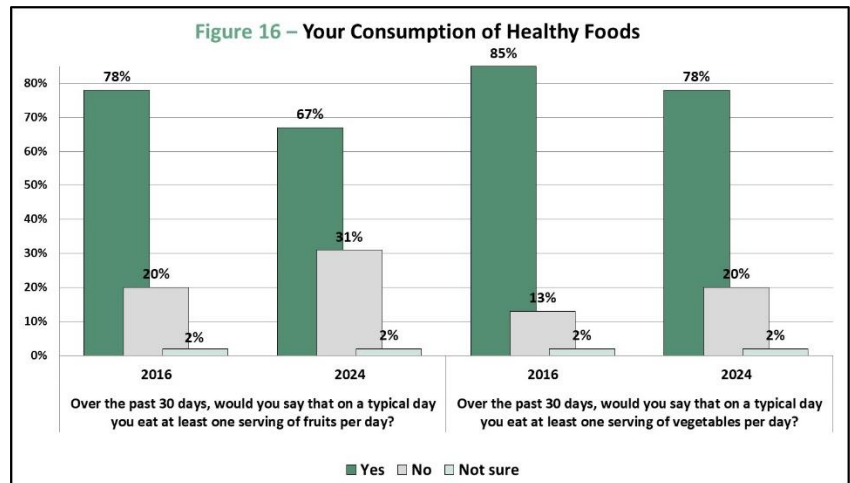


North Country residents in the initial year of this regional community health survey (2016) were asked two questions to measure physical activity. The following question was revisited again in 2024: “Approximately how many hours per day are you physically moving?” Over the past nine years the rate of responding 1-5 hours per day has increased significantly from 33% in 2016 to 48% in 2024, while at the same time the rate of responding 6 or more hours per day has decreased from 63% in 2016 to 48% in 2024. Residents appear to be less physically active currently than was the case in 2016. Further, planned exercise participation was studied in 2024 via the survey question: “Approximately

how many hours per week, including weekends, do you participate in planned exercise?” One-in-three North Country residents (33%) report participating in no planned exercise in a typical week, while 42% participate in planned exercise 1-5 hours per week, and 21% do so for 6 or more hours per week. (Tables 41-42)

### 4.3.7 Your Consumption of Healthy Foods

A large majority of North Country residents in 2024 report to eat healthy foods daily such as fruits and vegetable, however, the rate of consumption has decreased significantly in the region since last measured in 2016. Approximately two-thirds of residents (67%) report that over the past 30 days, on a typical day they eat at least one serving of fruits per day (decreased from 78% in 2016). Similarly, approximately three-fourths of residents (78%) report that over the past 30 days, on a typical day they eat at least one serving of vegetables per day (decreased from 85% in 2016). (Tables 43-44)



## Section 5 – Regional and County-specific Trend Analyses (2016-2024)

Most of the survey questions that have been used in this 2024 North Country Community Health Survey have also been used in earlier years of surveying in the three represented counties. To determine attitude and behavior changes over time in the North Country and its three individual counties, and potentially evaluate effectiveness in approaching regional health care goals, results for 2016 through 2024 are provided in both tabular and time series line graph formats in Section 5. Statistical tests of significance have been completed and reported to determine which trends are, and are not, statistically significant ( $p < 0.05$ ).