Lewis County, NY

2025 Community Health Assessment (CHA), 2025-2030 Community Health Improvement Plan (CHIP)

This community health improvement plan was developed by:

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Entity completing the community health assessment on behalf of the county:

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Report Date:
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Service Area

Lewis County, New York

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Executive Summary

The 2025 Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP) for Lewis County represent a joint effort to improve health and advance equity across the county. The plan was developed by Lewis County Public Health, Lewis County Priorities Council, Lewis County Board of Legislators, and Lewis County Health System. Fort Drum Regional Health Planning Organization (FDRHPO) developed the CHA. Local stakeholders supported the process and will continue to play an active role in implementing the selected interventions and strategies. The CHA uses both primary and secondary quantitative data, along with community feedback, to identify health needs, disparities, and available resources. The CHIP builds on these findings by implementing measurable, evidence-based interventions designed to improve health and wellness and promote equitable access to care. This work is in alignment with the New York State Prevention Agenda 2025–2030 (NYSDOH, 2025).

The Prevention Agenda is designed to ensure that every person, regardless of background or circumstance, has the opportunity to achieve their highest level of health across the lifespan. The 2025–2030 cycle emphasizes prevention, equity, and the social determinants of health (SDoH), and serves as a resource for health departments, hospitals, community-based organizations, educators, policymakers, and others to align priorities and maximize resources.

The Prevention Agenda 2025–2030 is organized into a hierarchy that includes overarching domains, priorities, and interventions. At the highest level are the domains, which group related factors that influence health. These five domains are Economic Stability, Social and Community Context, Neighborhood and Built Environment, Healthcare Access and Quality, and Education Access and Quality. They reflect the social determinants of health and recognize that health is shaped by much more than clinical care.

Within each domain are priorities, which identify specific health issues or conditions that require focused attention. Each priority is supported by one or more objectives, which set clear, measurable targets to be achieved over the six-year cycle of the Prevention Agenda. Objectives are framed using the SMARTIE approach, ensuring they are Specific, Measurable, Achievable, Relevant, Timely, and Equitable to directly address disparities among populations that experience the greatest health gaps (NYSDOH, 2025).

Progress toward each objective is monitored through one or more indicators, which are specific data points that track change over time. Indicators provide the baseline and target values for each measure, along with the data source. This structure creates a logical framework that connects big-picture health

factors to actionable, measurable steps. It ensures that joint efforts remain focused, data-driven, and accountable. Local health departments, hospitals, and community partners will implement selected interventions, adapting these measures to meet the needs of their communities.

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

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

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

Prevention Agenda Priorities

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

Priorities:

1. Housing Stability and Affordability
2. Anxiety and Stress
3. Suicide
4. Adverse Childhood Experiences
5. Tobacco/E-Cigarette Use

Disparities:

1. Individuals and families living in poverty.

Data Review

To identify community health priorities, data from both primary and secondary sources were obtained, analyzed, and reviewed. Primary data included results from the 2025 Community Health Survey (CHS) and a series of key-informant interviews with organizations and stakeholders across Lewis County. The

CHS, conducted annually by FDRHPO since 2016, surveys about 1,500 local residents each year, providing timely data that can be trended over time. Survey results were analyzed in SPSS and cross-tabulated by demographic and social determinant of health variables to identify disparities among specific population groups.

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

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

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

Partners and Roles

Lewis County's CHA and CHIP were developed through a close partnership of stakeholders: Lewis County Public Health, Fort Drum Regional Health Planning Organization, Lewis County Health System, North Country Family Health Center, Northern Regional Center for Independent Living, Lewis County Suicide Prevention Coalition, Lewis County Bridges, Lewis County Department of Social Services, Lewis County Office for the Aging, Lewis County Community Services, Lewis County Opportunities, Lewis County Youth Bureau, Lewis County Probation, Jeff/Lewis BOCES, North Country Prenatal Perinatal Council, Pivot, Snow Belt Housing, The ARC Onedia Lewis, Thrive Wellness and Recovery, and Volunteer Transportation Center.

Pivot (formerly the Alcohol and Substance Abuse Council of Jefferson County) contributes to multiple interventions including youth prevention efforts, social-emotional learning, and tobacco control. Pivot conducts the county's Prevention Needs Assessment (PNA) surveys and implements the Second Steps social-emotional learning curriculum in local schools. County school districts collaborate to strengthen social-emotional learning and mental health programming across grade levels. Pivot also leads community efforts to prevent tobacco and nicotine use, working closely with area schools to educate youth on the harms of tobacco and vaping, promote cessation resources, and advocate for tobacco-free environments.

The Lewis County Suicide Prevention Coalition lead local suicide-prevention initiatives and coordinate implementation of Gizmo's Pawesome Guide to Mental Health in schools. The coalition, with the help of community partners, help increase awareness of the 988 Suicide and Crisis Lifeline through targeted outreach and community education.

Maternal and child health efforts are led by the North Country Prenatal/Perinatal Council (NCPPC), which administers the Healthy Families Home Visiting Program and provides education and support to expectant and new parents. NCPPC also assists with perinatal and post-partum screenings in coordination with North Country Family Health Center (NCFHC), Lewis County Public Health, and local hospitals. These organizations implement validated screening tools to identify perinatal mental health and anxiety disorders and connect individuals to appropriate follow-up care.

To strengthen suicide prevention and community mental health capacity, FDRHPO, NCPPC, Pivot, Lewis County Community Services, and NCFHC jointly provide Mental Health Awareness Trainings (MHAT) such as Mental Health First Aid (MHFA), Safe Talk, QPR, and ASIST. These gatekeeper trainings help community members, organizations, and educators recognize and respond to individuals who may be at risk of suicide.

For chronic disease prevention, Lewis County Public Health collaborates with partners including the Office for the Aging (OFA), and Northern Regional Center for Independent Living (NRCIL) to promote evidence-based self-management programs and prevention initiatives.

Oral health promotion efforts are supported by Lewis County Public Health through collaboration with the Keep the North Country Smiling (KNCS) Coalition, which assists in developing a dedicated oral-health webpage and related community education resources.

Interventions and Strategies

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

Housing Stability and Affordability

Ongoing challenges were identified related to income, employment, housing, food access, and transportation that affect residents' ability to maintain good health. Many households experience financial strain and difficulty meeting basic needs, which contributes to poorer health outcomes. Above, all economic stability priorities, housing stability and affordability is top priority according to the survey of our community and the many conversations with community partners.

Lewis County has recently seen a rise in homelessness and as a result has started a housing committee. The committee consists of representatives from Public Health, Social Services, County Planning, County Leadership, Community Services, and Snowbelt Housing Authority. This committee wanted to take a deep dive into the housing programs and public's perception around housing. A large community survey was conducted along with focus groups to not only assess what housing and housing programs are available in the county but also to gather ideas to address the growing homeless population.

The work of this group has just begun. Over the next 5 years, the group will take a deep dive into the data collected and find ways to address the gaps in housing security and affordability for our community. The group has also agreed that a land bank would be a good solution for our rural community. This will

not only serve to clean up vacant property but also assist our low to middle income families with housing costs.

Anxiety and Stress

Mental health remains a major concern in the county, with residents reporting high levels of mental distress. Community partners recognize that we need to prepare our youth to handle the stress of life at an early age. The first intervention we will be implementing to address anxiety and stress in our community will be expanding social emotional learning in our schools. The Lewis County Suicide Prevention Coalition will be reading Gizmos Pawesome Guide to Mental Health to all 3rd graders in the county. The local health department will work with PIVOT and all 5 school districts to expand on existing social emotional learning programs in each school.

The local health department will also work with several community partners including Fort Drum Regional Health Planning Organization, North Country Family Health Center, North Country Prenatal Perinatal Council, and PIVOT to bring more Mental Health First Aid trainings to our county.

Mindfulness resources are helpful in reducing the negative impact of stress and trauma. To increase accessibility to these resources for all residents, the County government will make the Credible Minds platform available to all Lewis County residents free of charge. This platform expands access to local mental health programs, and evidence-based self-care approaches. The platform is designed to meet people where they are at with a wide range of content in multiple modalities and languages. Planning partners agreed this platform would increase access in our rural community, with many barriers to accessing care including transportation, cost, time, and stigma.

The local health department will also continue its work with Bridges Lewis County to bring the Getting Ahead in a Just Gettin' By World program to Lewis County residents. This program promotes resilience building strategies by increasing social support, building positive explanatory styles, building financial, emotional and social resources, as well as creating stability in participants' lives.

Suicide

Suicide continues to be a top concern in Lewis County, and there is a need to increase public awareness, training, and capacity to recognize and respond to individuals who may be at risk. Similarly, while crisis services are available, awareness and understanding of how to access immediate help remain limited. To strengthen community capacity for suicide prevention, partners will expand the availability of evidence-based trainings for community members, organizations, and schools. These trainings include Adult and Youth Mental Health First Aid (MHFA), QPR (Question, Persuade, Refer), ASIST (Applied Suicide Intervention Skills Training), Safe Talk, and Sources of Strength. These programs equip participants to recognize suicide warning signs and respond appropriately. Partners will also work collectively to promote awareness of the 988 Suicide and Crisis Lifeline through coordinated social media, digital campaigns, and outreach to normalize help-seeking and ensure residents know how to access immediate crisis support.

Lewis County Suicide Prevention Coalition will continue its Lock and Talk work to reduce lethal means and have important conversations in the community about safe care of lethal means, including firearms and medications.

Adverse Childhood Experiences

Rates of child abuse and maltreatment are high in Lewis County. The number of adults who experienced 2 or more adverse childhood experiences is also high. We know ACEs increase health risk behaviors like smoking and drinking, we also know they lead to socioeconomic challenges like unemployment and lack of education, and most importantly they lead to poor health outcomes. To have a positive impact on health behaviors and health outcomes for all, Lewis County planning partners decided ACEs was a top priority for the next Community Health Improvement Plan.

The health system and community partners will work together to increase referrals to North Country Prenatal Perinatal Council's Healthy Families program. This home visiting program provides education and early intervention to strengthen parenting skills, improve child development, and connect families to resources that promote long term stability.

The county as whole will also work together to increase trauma informed approaches through workforce training. Fort Drum Regional Health Planning Organization will be a key partner in this work. They will bring trauma informed training to community partners with a special focus on education and healthcare workforce.

Tobacco and E-cigarette Use

Tobacco and nicotine use, including vaping among youth, continue to be significant local health issues. These behaviors contribute to chronic disease and addiction. To reduce tobacco and nicotine use, especially among youth, partners will collaborate with Pivot to provide education on the harms of tobacco and nicotine, share local data from the Prevention Needs Assessment (PNA), and increase community awareness of cessation resources. These efforts will include school-based prevention activities, youth engagement campaigns, and partnerships with healthcare providers to encourage cessation screening and education at well visits.

According to the latest community health survey, Lewis County has lower levels of vape and nicotine pouch use and higher levels of cigarettes and chewing tobacco use. The local health department will use this data to help inform a media campaign to educate the broader public about harms of tobacco and benefits of Tabacco free treatment. The Lewis County Health System, North Country Family Health Center and local health department will also work together to increase referrals to the NYS Quitline.

Progress and Evaluation

Progress on the CHIP will be monitored collaboratively throughout the cycle by the Lewis County Priorities Council, which meets monthly and is facilitated by Lewis County Department of Social Services Commissioner and North Country Regional Center for Independent Living Executive Director. The council includes leadership from Lewis County Public Health, Fort Drum Regional Health Planning Organization, Lewis County Health System, North Country Family Health Center, Northern Regional Center for

Independent Living, Lewis County Suicide Prevention Coalition, Lewis County Bridges, Lewis County Department of Social Services, Lewis County Office for the Aging, Lewis County Community Services, Lewis County Opportunities, Lewis County Youth Bureau, Lewis County Probation, Jeff/Lewis BOCES, North Country Prenatal Perinatal Council, Pivot, Snow Belt Housing, The ARC Onedia Lewis, Thrive Wellness and Recovery, and Volunteer Transportation Center. In these meetings, partners will review progress toward performance measures, share activity updates, and assess outcomes. Lewis County Public Health will support this process by coordinating meetings, assisting with data collection and analysis, and documenting progress to ensure accountability and alignment with the Prevention Agenda goals.

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

Community Health Assessment (CHA)

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

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

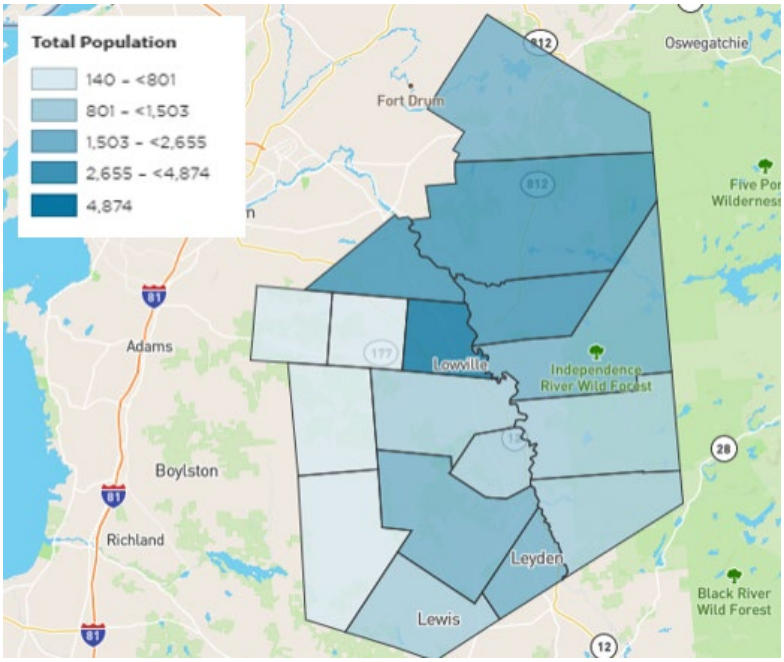
The CHA assesses Lewis County's performance across the state's 24 priority areas within these domains and provides the evidence base to guide the selection of locally relevant objectives and interventions. The approach ensures consistency with statewide SMARTIE objectives and helps align Lewis County's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

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

Community Description

Service Area Description

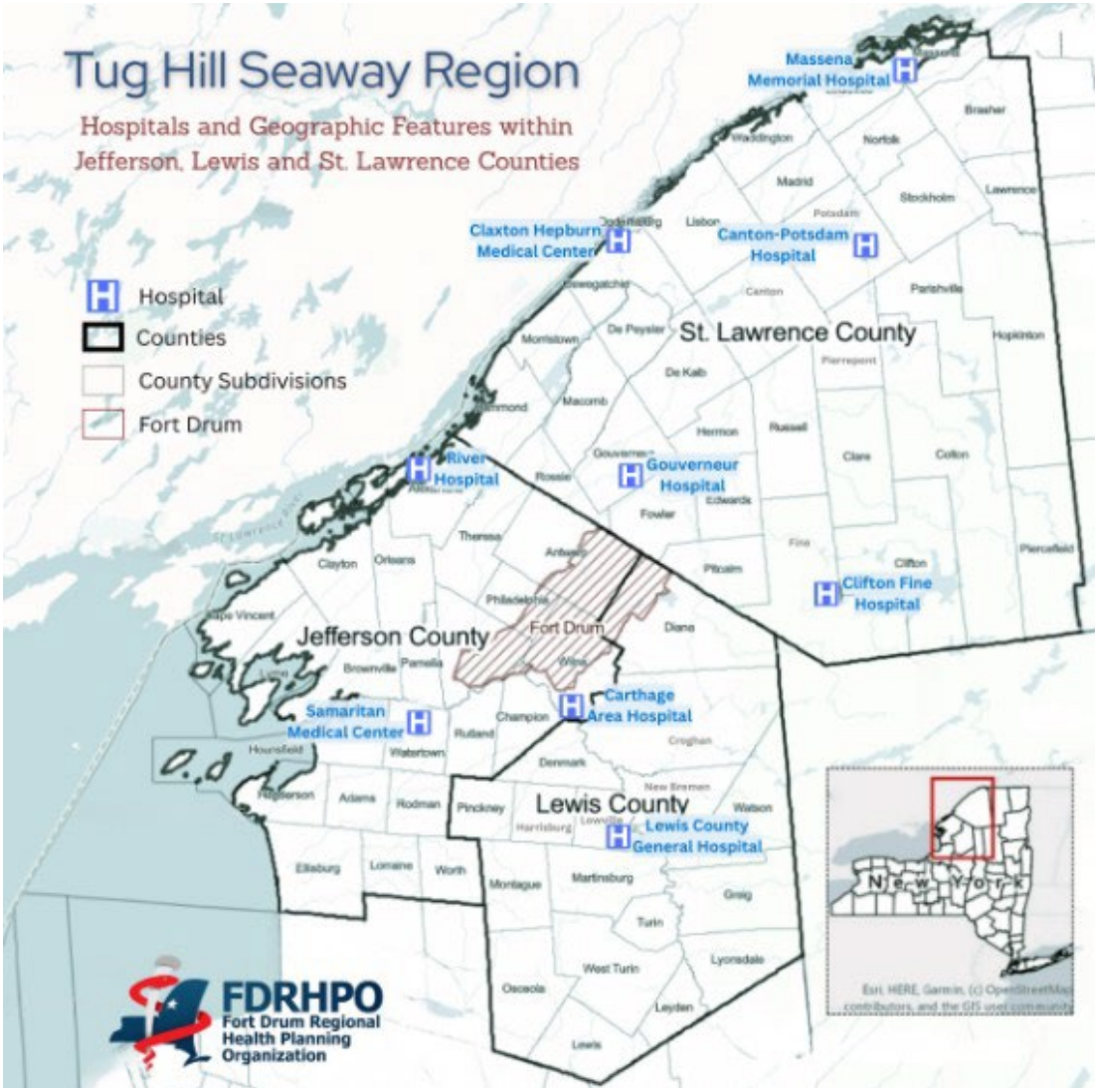
Lewis County is a rural community in the western portion of New York's North Country. The North Country is the northernmost region of the state. Spanning approximately 1,290 square miles, it is one of the least populated counties in the state, with just over 26,000 residents (U.S. Census Bureau, 2023). Its low population density, fewer than 20 people per square mile, combined with its hilly terrain, heavy snowfall, and limited public transportation, creates unique challenges in service delivery, and healthcare access. The county's population is concentrated in a handful of small towns and villages, with Lowville serving as the county seat and primary hub for government, healthcare, and commerce. Other communities such as Croghan, Copenhagen, Harrisville, Lyons Falls, and Turin offer localized services but often rely on neighboring counties for access to more specialized care. Healthcare in Lewis County is centered around the Lewis County Health System, which includes Lewis County General Hospital, a long-term care facility, and a network of outpatient clinics. The system provides essential services for residents across the county, while more advanced care is often accessed in Jefferson County, Utica, or Syracuse.



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

The local Board of Cooperative Educational Services (BOCES) offers career and technical training, including healthcare-related programs that support the regional workforce pipeline. A satellite site of Jefferson Community College in Lowville provides additional access to postsecondary education. However, many residents pursue higher education outside the county, often commuting to nearby institutions. Economically, Lewis County is anchored by dairy farming, forestry, maple production, and outdoor recreation. The working landscape also supports timber and renewable energy projects. Seasonal activities such as snowmobiling, skiing, and ATV use contribute to the local economy but also create fluctuations in employment and service demand throughout the year.

Lewis County's geographic isolation, harsh winters, and aging infrastructure create real barriers to equitable health outcomes. Many residents live far from healthcare providers and lack access to public transportation, making it difficult to reach services, especially during the winter months when travel becomes more hazardous. The county's aging infrastructure, including limited broadband coverage, also hinders the expansion of telehealth. These factors contribute to gaps in care and increased risk for social isolation, particularly among older adults and low-income households.



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

Lewis County continues to face healthcare workforce shortages that mirror common challenges in rural regions across New York State. Federal data from the Health Resources and Services Administration (HRSA) show that the county is designated as a Health Professional Shortage Area (HPSA) for the Medicaid-eligible population in three critical areas: primary care (score of 14), dental health (16), and mental health (15). These designations reflect meaningful shortfalls in provider capacity, including

estimated needs for approximately two full-time dentists, more than one additional primary care provider, and a mental health professional to meet the needs of the Medicaid population (Health Resources and Services Administration, 2025).

Workforce density data further illustrate these gaps. Lewis County has only 112 physicians per 100,000 residents, less than one-quarter the statewide rate of 485 per 100,000. While its primary care physician density (75 per 100,000) is slightly above the three-county regional average, the small number of total providers leaves the system vulnerable to disruptions such as retirements or turnover. Access to dental care is especially limited, with just seven dentists countywide, yielding a dentist-to-population ratio of 26 per 100,000, well below the state average of 72 (HRSA, 2022).

Nurse practitioners and physician assistants play a critical role in supplementing the clinical workforce. However, their presence also remains below state levels, with 82 nurse practitioners and 49 physician assistants per 100,000 population, respectively. These gaps have direct implications for access to timely and comprehensive care, particularly for low-income residents and those with limited mobility or transportation options. The shortage of behavioral health providers also remains a persistent concern, with residents often needing to travel long distances or rely on telehealth services to receive specialized care. This data indicates a healthcare delivery system that is stretched to meet the needs of the community. Ongoing investments in provider recruitment, training pipelines, telehealth expansion, and regional collaboration will be essential to strengthening the healthcare workforce and ensuring equitable access to care in Lewis County.

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

Health Resources and Services Administration (HRSA) HPSA Designations for Lewis				
Discipline	**Designation Type**	**HPSA FTE Short**	**HPSA Score**	**Rural Status**
Primary Care	Medicaid Eligible Population HPSA	1.56	14	Rural
Dental Health		1.99	16	Rural
Mental Health		0.62	15	Rural

Source: HRSA Area Health Resource Files 2022

	Lewis		Regional		NYS	
Clinician Group	**Count(#)**	**Per 100k pop.**	**Count(#)**	**Per 100k pop.**	**Count(#)**	**Per 100k pop.**
All Physicians (MD and DO)	30	112	440	175	95,370	485
All Physicians (MD)	25	94	385	153	89,249	454
All Physicians (DO)	5	19	55	22	6,121	31
Primary Care Physicians	20	75	164	65	24,365	124
Nurse Practitioners	22	82	249	99	23,438	119
Physician Assistants	13	49	249	99	18280	93
Dentists	7	26	101	40	14,229	72
Population	**26,669**		**251,069**		**19,677,151**	

Source: https://profiles.health.ny.gov/hospital/view/103027

Hospitals, Services, and Extension Sites	
Lewis County General Hospital	
Services	
Ambulatory Surgery - Multi Specialty	
Clinic Part Time Services	
Emergency Department	
Magnetic Resonance Imaging	
Maternity	
Medical Services - Other Medical Specialties	
Medical Services - Primary Care	
Bed Types	
Maternity Beds	6
Medical / Surgical Beds	25
TOTAL BEDS	**31**
Nursing Home/Long-Term Care	
Lewis County General Hospital Nursing Care Unit	Total Capacity = 160

Extension Sites - Lewis County General Hospital		
Site Name	Town/City	Services
Beaver River Health Center	Beaver Falls	Medical Services - Primary Care
Copenhagen Health Center	Copenhagen	Medical Services - Primary Care
Harrisville Health Center	Harrisville	Medical Services - Primary Care
South Lewis Health Center	Lyons Falls	Medical Services - Primary Care
South Lewis Middle/High School	Turin	Health Education O/P; Immunology; Medical Social Services O/P; Multiphasic Screening O/P; Nursing; Primary Medical Care O/P; Psychology O/P; Venereal Disease Prevention; Well Child Care O/P

Healthcare Resources

Lewis County is served by Lewis County General Hospital.

Lewis County General Hospital

History

Lewis County General Hospital (LCGH) opened its doors in 1931 after community leaders recognized the need for accessible healthcare within the county. Built through a grassroots effort that began in 1929, the hospital quickly became an essential part of the community's infrastructure and identity. Over the decades, LCGH has evolved to meet the changing needs of its rural population, expanding services, facilities, and partnerships. It now operates as part of the Lewis County Health System (LCHS), which includes the hospital, a long-term care nursing home, hospice and home health services, and several rural health clinics. The system formally rebranded as the Lewis County Health System in 2019 and has continued to modernize its facilities and services.

Mission

LCHS is committed to working cooperatively with individuals and organizations to help each individual achieve their desired level of health and wellness.

Vision

We commit to providing the communities of Lewis County access to high-quality, evidence-based, essential rural health services.

Our Values

Lewis County Health System operates according to its I-C-A-R-E values:

- Integrity – Doing the right thing in every circumstance.
- Compassion – Showing kindness, caring, and a willingness to help others.
- Accountability – Taking responsibility for actions, performance, and behavior.
- Respect – Appreciating the feelings, rights, and traditions of others.
- Excellence – Striving to exceed expectations in all areas of service.

These values shape the organization's culture and drive its mission to deliver safe, high-quality care with empathy and professionalism.

Service Area

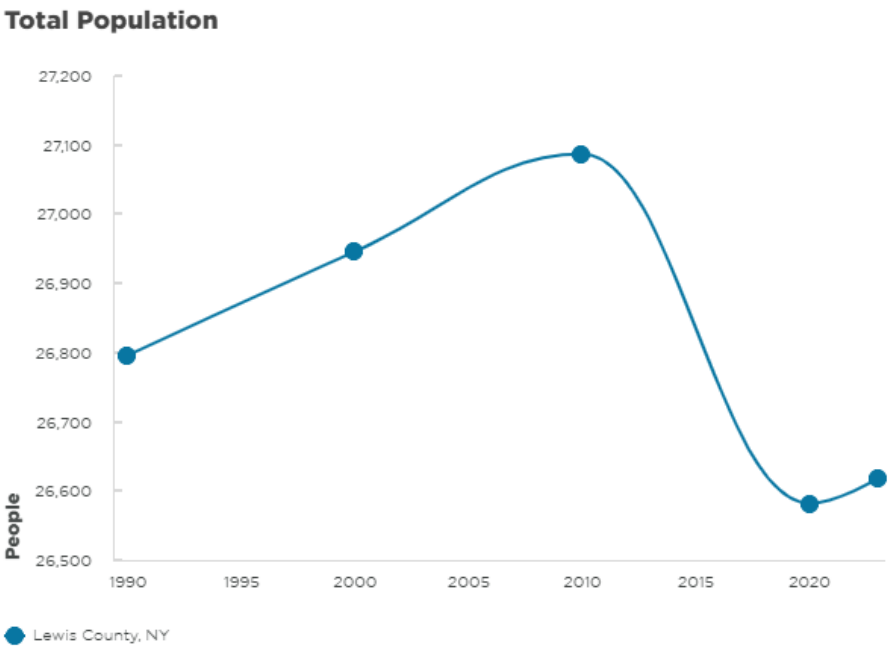
Lewis County Health System serves the residents and visitors of Lewis County, New York, a rural county of roughly 27,000 people, along with neighboring communities in Jefferson, and St. Lawrence Counties.

Demographic Profile

Population

Please note that throughout this report, population and other figures may vary slightly depending on the source. This is due, in part, to differences in the reference year used by various datasets, such as the U.S. Census Bureau, American Community Survey, and state-level data sources. For accuracy and relevance, we have used the most recent and appropriate population estimates available for each specific indicator.

As a result, you may observe minor discrepancies in population counts across different sections of the report. These differences do not reflect errors but rather the use of data tailored to the context of each analysis. The U.S. Census Bureau provides several different population figures for Lewis County, each serving a distinct purpose. The official 2020 decennial census recorded a total population of 26,582 as of April 1, 2020 (U.S. Census Bureau, 2021). This is a fixed count conducted once every ten years and serves as a foundational benchmark for many federal and state programs. The Bureau's Population Estimates Program (PEP) produces more current annual estimates by incorporating administrative records such as birth, death, and migration data. As of July 1, 2023, the most recent PEP estimate places Lewis County's population at 26,548, not much different from the 2020 census (U.S. Census Bureau, 2025). A third figure, 26,618, comes from the 2019–2023 American Community Survey (ACS) 5-year estimates. The ACS is a rolling survey that aggregates data collected over five years and is widely used to provide detailed social, economic, and housing characteristics of a population. While each source is valid, they are used for different purposes. The decennial census offers a fixed baseline, the PEP provides the most current point estimate, and the ACS allows for deeper analysis of demographic trends. Because many of the indicators used throughout this Community Health Assessment are derived from ACS data, the 5-year ACS estimate of 26,618 will be used most of the time as the standard population figure for Lewis County in this report (U.S. Census Bureau, 2025). Like the population estimates described above, other data points, such as household income, poverty levels, and housing characteristics, may also vary slightly depending on how and when the data were collected. For example, median household income figures from County Health Rankings may differ from those reported by the U.S. Census Bureau due to differences in methodology, data sources, or reference years. Even within Census data numbers, variations can occur depending on whether the estimates are based on 1-year or 5-year averages. These differences are expected and do not indicate inaccuracies, but rather reflect the use of multiple valid data sources tailored to specific indicators.

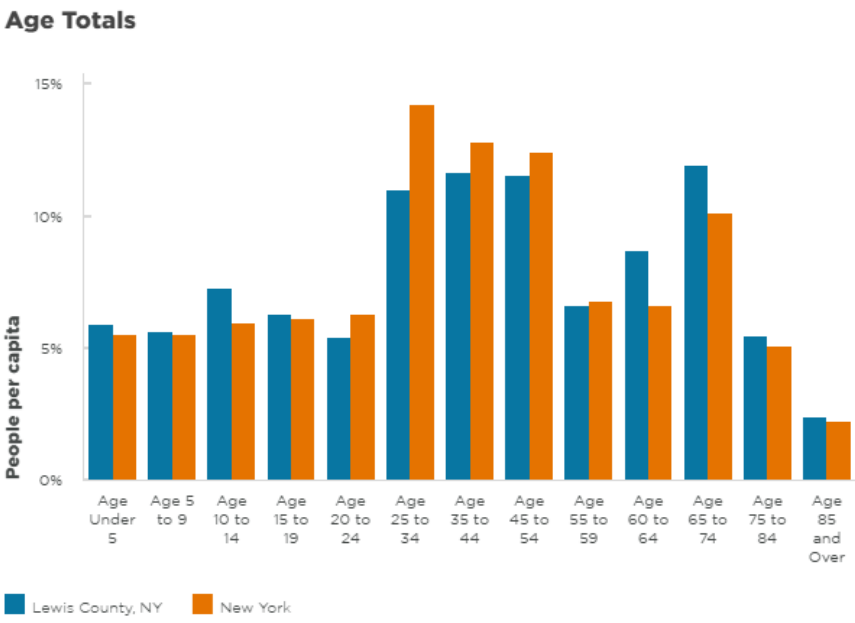


Sources: US Census Bureau; US Census Bureau ACS 5-year

The majority of households in the county are classified as married-couple family households, accounting for 53.0% of all households. Households headed by a female with no spouse present represent 19.6%,

while male householders with no spouse present account for 18.0%. These figures indicate that more than one in three households in the county are led by a single adult, which can have implications for income stability, childcare needs, and access to support services.

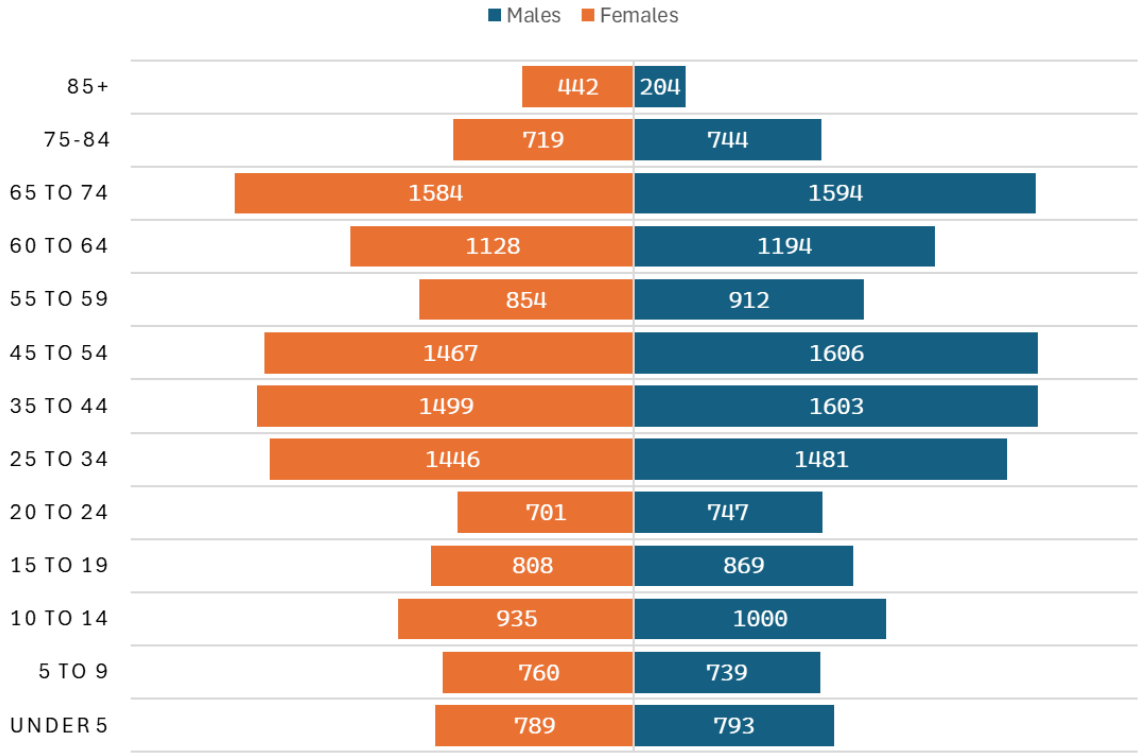
The age distribution in Lewis County shows a traditional rural demographic profile, with a relatively even spread across most age groups and few deviations from the state pattern. According to the U.S. Census Bureau's 2019–2023 American Community Survey, the county shows its highest concentration of residents in the 25–54 age range. This prime working-age population comprises a substantial portion of the total, supporting the local labor force and reinforcing the need for employment opportunities, workforce retention efforts, and accessible family services. Unlike some neighboring counties, Lewis does not experience a significant spike in the college-age population. Children under age 15 make up a meaningful share of the population, slightly exceeding the state in the 5–19 range. This supports the continued need for strong K–12 education systems and youth services. The older adult population is another characteristic. Residents aged 60 and older account for a greater share of the population than statewide, indicating a community that is beginning to age more rapidly. The 60–64 group is particularly prominent, suggesting that demand for aging-related services, including chronic disease self-management programs, and long-term care, will grow in the coming decade. While the current population aged 75 and older remains close with state levels, the older working-age and young-senior cohorts are poised to shift upward in age, increasing the county's aging index population and need for aging-focused services and resources.



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

The population funnel graph further illustrates the gender and age dynamics of Lewis County. Males slightly outnumber females in nearly all working-age brackets, though the gender balance begins to tip toward females after age 75, consistent with national longevity trends. Notably, the population pyramid shows a strong presence of adults in their 30s, 40s, and 50s, reinforcing the importance of accessible primary care, preventive services, and supports for working families and caregivers.

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



In summary, Lewis County's demographic structure is relatively balanced but trending older, with strong representation in working-age and near-retirement cohorts. The absence of a large student population results in a steadier distribution across age bands, and the sizable 25–54 population offers a strategic opportunity to support workforce sustainability. At the same time, the county must prepare for increased needs related to aging, healthcare access, and multigenerational support systems.

Race/Ethnicity

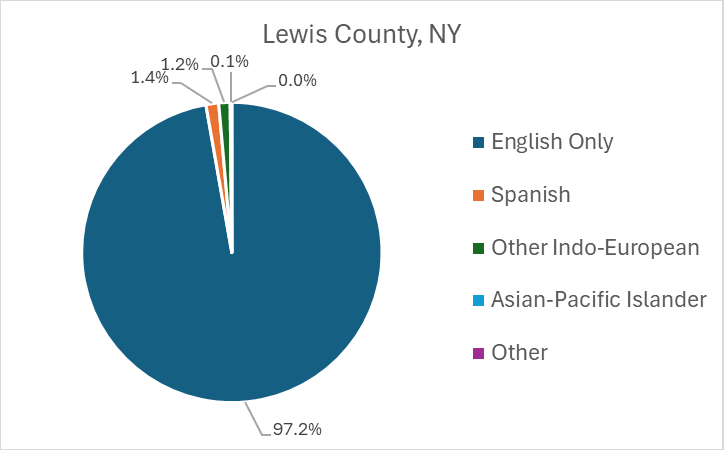
Lewis County remains one of the least racially and ethnically diverse counties in New York State. An estimated 93.9% of residents identify as White (non-Hispanic), while 3.0% are Hispanic or Latino, 1.7% identify as two or more races, and all other single-race groups together represent approximately 1% of the population (U.S. Census Bureau, 2024). While this demographic profile may simplify some aspects of language-access, it reinforces the importance of ensuring that smaller racial and ethnic populations are not overlooked in outreach, culturally competent care, and service delivery.

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

Race/Ethnicity	Population
White (Not Hispanic or Latino)	93.9%
Hispanic or Latino	3.0%
Two or More Races Other (Not Hispanic or Latino)	1.7%
Black (Not Hispanic or Latino)	0.7%
Asian (Not Hispanic or Latino)	0.4%
Single Race Other (Not Hispanic or Latino)	0.2%
Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	0.1%
American Indian (Not Hispanic or Latino)	0.0%

Language

Lewis County is overwhelmingly English-speaking. An estimated 97.2% of residents speak only English at home, among the highest in the region. Fewer than 3% of residents speak a language other than English at home. Spanish is spoken by just 1.4% (about 340 people), and 1.2% speak another Indo-European language. Fewer than 50 residents report speaking Asian or Pacific Islander languages, and virtually none report speaking other languages (U.S. Census Bureau, 2024).



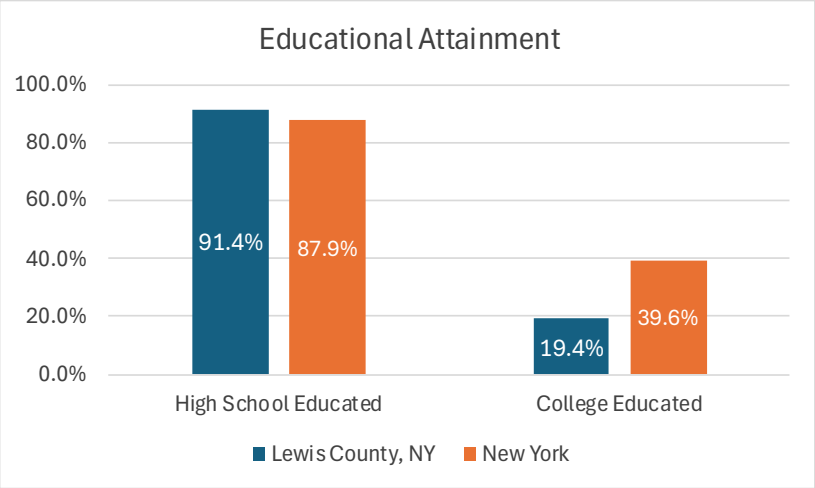
Sources: US Census Bureau ACS 5-year 2019-2023

Given this linguistic profile, language access needs in Lewis County are minimal, though key health services could still consider making available interpreter support for Spanish-speaking residents when needed. Annual monitoring of school enrollment data and ACS updates can help identify any emerging needs related to changing migration or population patterns.

Education

Educational attainment rates in Lewis County are typical of many rural counties. High school completion is strong, with 91.4% of adults having earned at least a high school diploma or equivalent, above the statewide rate. However, just 19.4% of adults hold a bachelor's degree or higher, which is less than half the statewide average of 39.6% (U.S. Census Bureau, 2024). Lewis County is home to five public school districts that serve just over 4,000 students across 12 school buildings. All districts are classified as "Rural, Distant" or "Rural, Remote," which likely mean that the county experiences geographic isolation and transportation challenges that are common in rural areas.

The schools maintain relatively small class sizes, generally more favorable than the New York State average, allowing for more individualized attention and stronger relationships between faculty and students. Lowville is the largest district, serving about 1,300 students, and functions as a regional hub with the broadest academic and extracurricular offerings. In contrast, Harrisville, Copenhagen, and Beaver River are much smaller, with enrollments under 900, which can limit course variety and specialized programming. Across all districts, schools face common rural challenges. Recruiting and retaining qualified teachers, especially for specialized subjects, can be difficult. Long travel times and an aging infrastructure in some districts add further strain. Declining enrollment and overall lower birth rates may cause additional financial burdens in the long term. Lewis County school districts have several strengths and opportunities. The close-knit nature of small schools fosters strong community support and student engagement. Regional collaboration through Jefferson-Lewis BOCES allows districts to expand access to career and technical education (CTE), distance learning, and shared services.



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

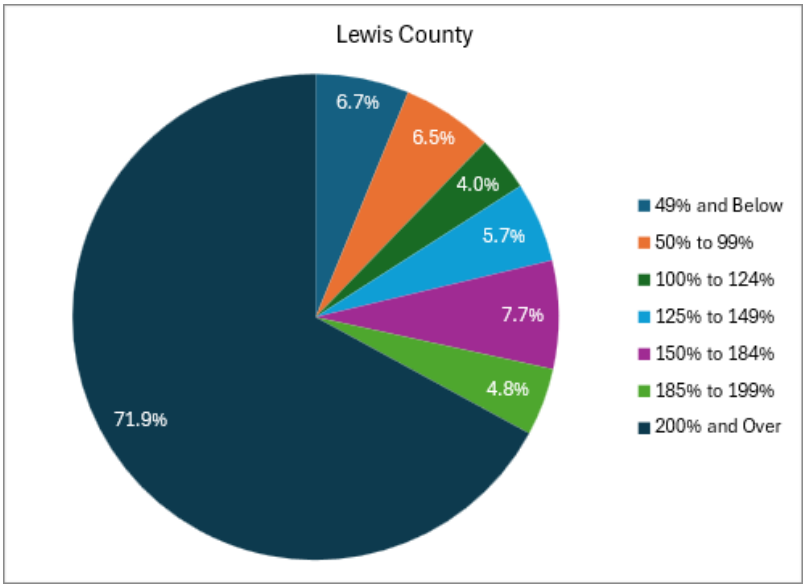
Source: NCES *CCD public school district data for the 2023-2024 school year*

District Name	City	Students	Teachers	Schools	Locale	Student Teacher Ratio
Beaver River	Beaver Falls	882	62.96	3	Rural, Distant	14.01
Copenhagen	Copenhagen	489	43.27	1	Rural, Distant	11.3
Harrisville	Harrisville	340	31	2	Rural, Distant	10.97
Lowville	Lowville	1304	109.14	3	Rural, Distant	11.95
South Lewis	Turin	1058	97.41	3	Rural, Remote	10.86

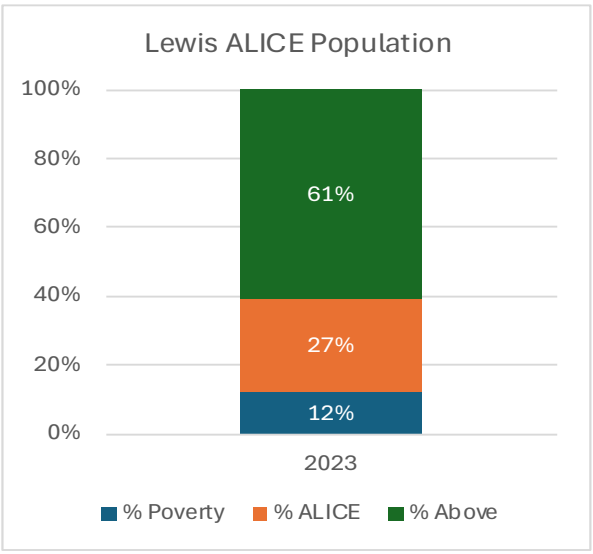
Household Income

The median household income in Lewis County is approximately $68,329, below the New York State median of $82,095. According to the 2019–2023 American Community Survey (ACS), about 13.2% of residents live below the federal poverty level (FPL). The income-to-poverty ratio chart illustrates how household income in Lewis County is distributed relative to the FPL. Roughly 6.7% of residents live in deep poverty, with incomes below 50% of the FPL. Another 6.5% fall between 50% and 99%, placing them just below the poverty threshold. Approximately 4.0% fall between 100% and 124%, a group that technically sits just above the poverty line (U.S. Census Bureau, 2024).

The ALICE population (Asset Limited, Income Constrained, Employed), represents households that earn above the FPL but still struggle to afford basic necessities such as housing, child care, food, transportation, health care, and technology. These households fall into the gap between poverty and financial stability: they are not poor enough to qualify for many assistance programs, but they are far from economically secure. Because the ALICE Threshold is based on actual local expenses rather than a fixed multiple of the FPL, it may be lower or higher than 200% of FPL. Households can move above or below the threshold over time as wages, prices, and family circumstances change (United For ALICE, 2024). In Lewis County, 12% of households were in poverty and 27% were in the ALICE population, meaning about 39% of households are below the ALICE Threshold. While these proportions fluctuate from year to year, the shifts are generally modest. The overall pattern, roughly 60% of households above the threshold and the remainder split between ALICE and poverty, has remained consistent over the past decade. Based on this stable trend, it is reasonable to assume that current figures are similar to those shown for 2023. The combination of the county's poverty rate and large ALICE population places pressure on families, health systems, schools, and social services, and highlights the need for strategies that address both immediate needs and long-term economic stability. Efforts to improve population health will need to prioritize affordable care access, transportation solutions, workforce development, and programs that support food security and stable housing



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

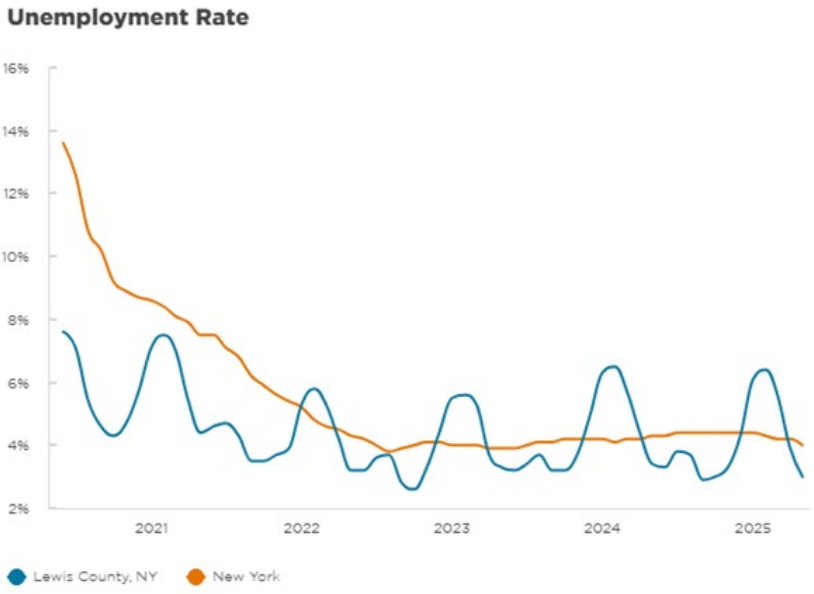


Source: ALICE Threshold 2010-2022; American Community Survey 2010-2022 via unitedforalice.org/county-reports

About 80.4% of housing units in Lewis County are owner-occupied, which is above the rate in the state (54.1%). The median home value is approximately $158,000, well below the New York State median (U.S. Census Bureau, 2024). Lower home values and limited rental housing availabilities likely contribute to the county's high homeownership rate. Lewis County is designated as rural by the federal Health

Resources and Services Administration (HRSA). While the village of Lowville serves as the county seat and largest population hub, many residents live long distances from basic services like primary care, grocery stores, or employment centers. Public transportation options are minimal, and winter weather frequently limits mobility, further complicating access to care and essential goods. These geographic and economic factors place a disproportionate burden on low-income and ALICE households, particularly those without reliable transportation. For such residents, basic tasks like attending a medical appointment, refilling prescriptions, or purchasing healthy food can require significant time, cost, and planning.

Unemployment trends in Lewis County show a consistent seasonal pattern that differs from the statewide trend. The county's unemployment rate has fluctuated throughout the years, typically peaking during winter months and declining during the summer. These seasonal shifts are evident across all years and reflect a pattern of temporary employment changes rather than persistent joblessness. While New York State experienced a high unemployment rate between 2020 and 2021, Lewis County's rate was noticeably lower. The statewide rate steadily declined throughout 2021 and has remained relatively stable. By comparison, Lewis County's unemployment has continued to rise and fall on a regular annual cycle, occasionally rising above the state's unemployment rate (Bureau of Labor Statistics, 2025). What is clear from the data is that while the county does not experience prolonged periods of high unemployment, it does see predictable periods of temporary job loss or reduced labor force participation. These trends have important implications for household income stability and access to services. Short-term job loss can disrupt wages and benefits and may increase reliance on safety net programs or lead to gaps in health care access.

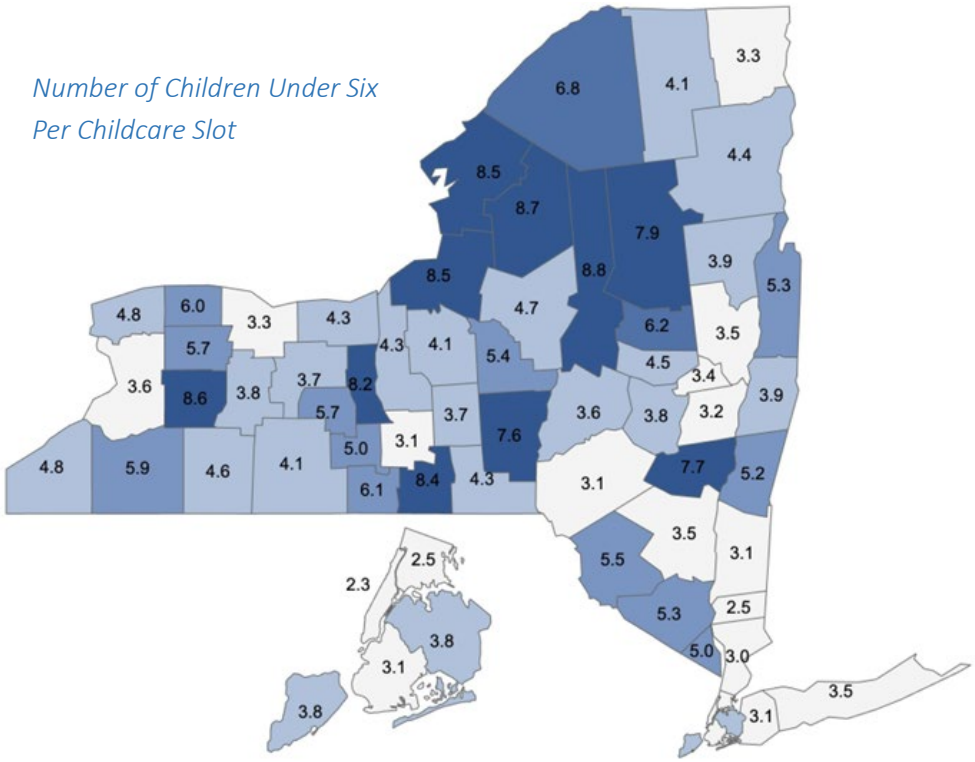


Sources: BLS LAUS

Childcare

Access to affordable child care in Lewis County continues to be a challenge. According to the 2025 MIT Living Wage Calculator, full-time care averages about $13,114 per year, per child, which is essentially the same as the national average ($13,128) and below New York State's average ($21,826) (Massachusetts Institute of Technology, 2025). Even with a lower cost than the state average, care remains difficult for many families to afford, particularly single-parent households. Long waitlists and limited availability compound access issues. Licensed childcare capacity in the North Country is limited, with all three

counties in the North Country falling well above the statewide averages for the number of young children per available slot. In Jefferson County, there are 8.5 children under age six for every licensed childcare space, meaning only a fraction of children can be served in regulated care at any given time. Lewis County faces a similar challenge at 8.7 children per slot, one of the highest ratios in the state. St. Lawrence County, while somewhat lower, still has 6.8 children per slot, indicating a shortage that leaves many families reliant on informal or unlicensed care. These shortages have implications beyond early childhood development. Limited childcare access can affect parental workforce participation, contribute to economic instability, and place additional strain on family and social support systems. For employers, the lack of childcare can hinder recruitment and retention, particularly in sectors with nontraditional work hours like healthcare. From a public health perspective, reliable and high-quality childcare is linked to improved school readiness, early detection of developmental delays, and better long-term health outcomes (NYS Childcare in NYS Report, 2023).



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

Health Insurance

According to the 2019–2023 American Community Survey, 95.1% of Lewis County residents have health insurance coverage, above the New York State average of 94.9%. The uninsured rate is at 4.9%, which is the lowest among the three counties. Approximately 28.4% of residents are enrolled in Medicaid, and 22.6% receive Medicare. These figures appear to reflect an older population and economic constraints

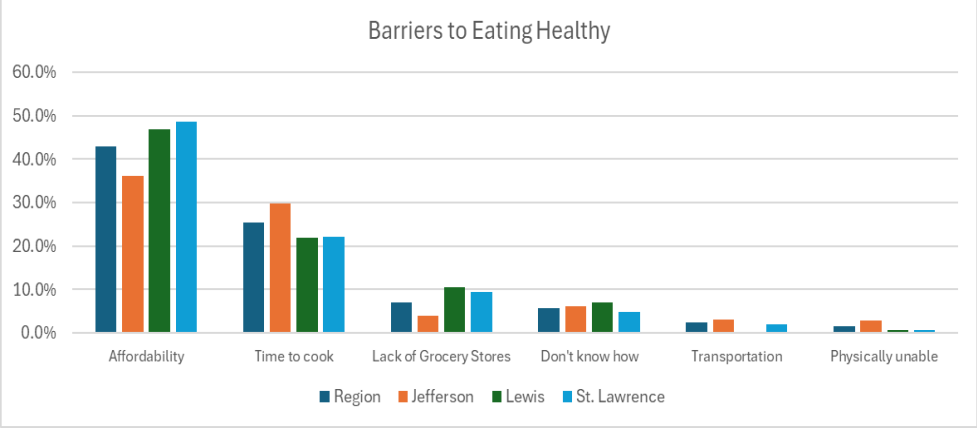
faced by some households. VA health coverage is reported by 3.1% of residents, also higher than the statewide rate of 1.2%, indicating the presence of a meaningful veteran population (U.S. Census Bureau, 2024). The higher reliance on Medicaid and Medicare highlights the importance of maintaining robust provider networks that accept these insurances.

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

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

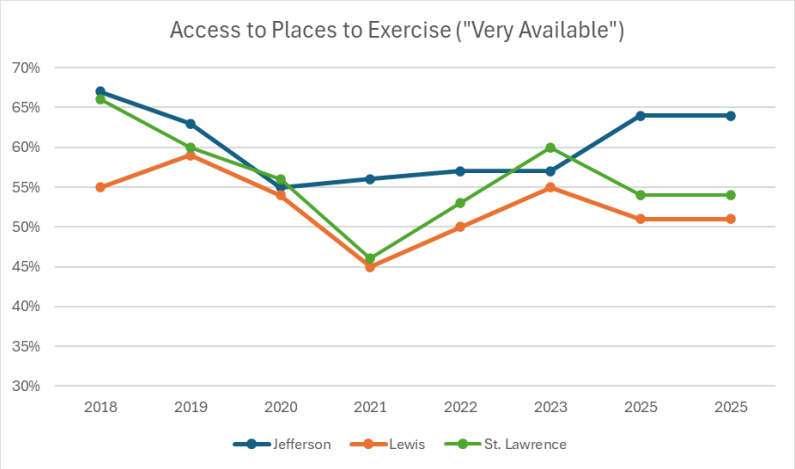
Environmental Factors and Policies

Lewis County has policies that reflect a commitment to a healthy environment. A county-wide Complete Streets plan aims to improve mobility and access in several towns and villages, and smoke-free policies are in place in multiple public recreation areas. Air quality is typically good, though recent years have brought elevated particulate levels tied to wildfire smoke from outside the region. Water systems across the county largely comply with health standards. Winter weather continues to be a defining environmental factor, with severe lake-effect snowstorms placing strain on infrastructure and contributing to environmental concerns. Lewis County residents report a mix of economic and access-related barriers to healthy eating. Affordability is a leading concern, in line with regional trends, but the county also shows the highest percentage of respondents citing a lack of grocery stores as a barrier.



Source: FDRHPO, Community Health Survey, 2025

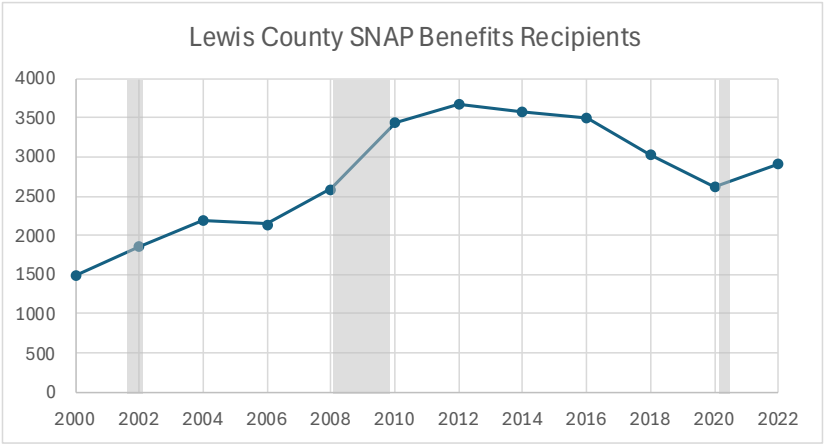
This points to possible gaps in grocery store availability. Fewer residents reported time limitations or transportation as obstacles. Perceptions of access to exercise opportunities have remained consistently lower than in neighboring counties. The lowest point occurred during the pandemic in 2021, and while there has been some recovery, the percentage of residents reporting access as “very available” is still relatively low. As of 2025, just over half of respondents feel they have strong access to places to be active. This indicates potential ongoing barriers related to distance, availability of facilities, or transportation in more rural areas.



Source: FDRHPO, Community Health Survey, 2025

Benefits

Participation in the Supplemental Nutrition Assistance Program (SNAP) has fluctuated over the past two decades in Lewis County. This shows changing economic conditions and changes in eligibility or enrollment. In 2000, approximately 1,489 residents received SNAP benefits. This number increased steadily just before the great recession, peaking at 3,671 individuals in 2012. Since then, SNAP enrollment has gradually declined. By 2020, the number of recipients had dropped to 2,624, before rising again slightly to 2,915 in 2022 (U.S. Department of Agriculture, Food and Nutrition Service, 2025; Federal Reserve Bank of St. Louis, 2025). While this is still lower than the peak, it remains substantially higher than levels seen in the early 2000s. These trends suggest that food insecurity remains a concern for many.

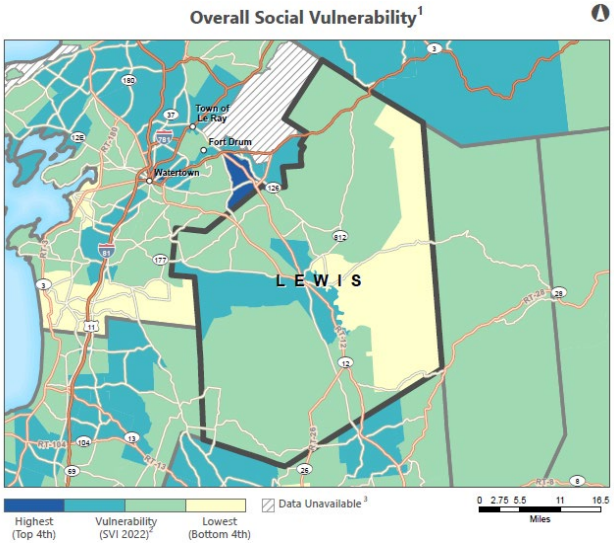


Source: U.S. Census Bureau via FRED®

Social Vulnerability Index

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

The Social Vulnerability Index (SVI), developed by the CDC's Agency for Toxic Substances and Disease Registry (ATSDR), is a tool used to identify communities that may be more vulnerable to negative health outcomes when faced with certain factors like natural disasters, disease outbreaks, or economic instability. This index ranks counties based on 15 social factors grouped into four themes: Socioeconomic Status, Household Characteristics, Minority Status and Language, and Housing Type and Transportation. Each area is assigned a percentile rank between 0 and 1, with higher values indicating greater vulnerability (Centers for Disease Control and Prevention/ATSDR, 2023).

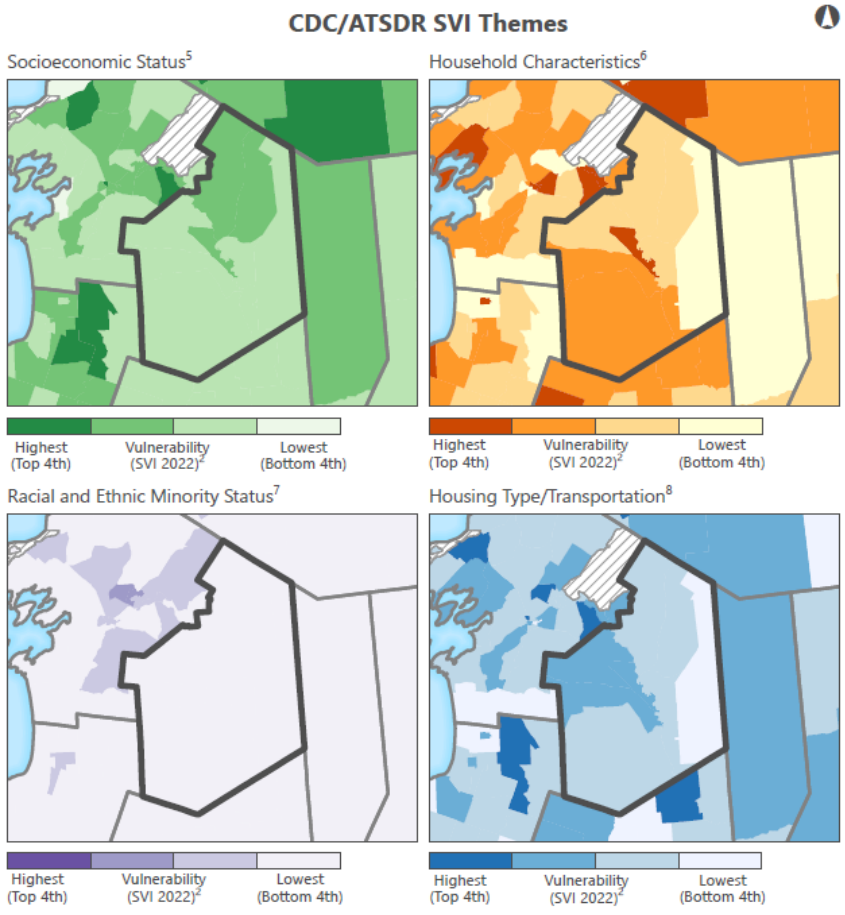


Source: CDC/ATSDR SVI 2022

In Lewis County, the overall SVI score is 0.13, placing it in the lower range of vulnerability nationally. The theme scores are as follows:

- Socioeconomic Status: 0.41
- Household Characteristics: 0.38
- Minority Status and Language: 0.00
- Housing Type and Transportation: 0.02

These figures reflect a pattern common in small rural counties. While economic hardships exist in Lewis County, other drivers of vulnerability common in urban areas, such as high residential crowding, reliance on public transit, or language barriers, are largely absent. For example, Lewis County has very low racial and ethnic diversity, with nearly all residents identifying as White and English-speaking, resulting in a 0.00 percentile for the Minority Status theme. Similarly, most housing consists of single-family homes with access to personal vehicles, contributing to a near-zero score on the Housing Type and Transportation theme. The county's moderate scores in the Socioeconomic and Household Characteristics themes reflect factors such as modest income levels, educational attainment, and the presence of older adults and single-parent households. However, these do not reach the levels seen in higher-vulnerability communities across the U.S. It is important to note that a low overall SVI does not necessarily indicate an absence of need. The SVI was designed with emergency preparedness in mind and is weighted toward urban risk factors such as crowding, limited English proficiency, and dense group housing. As a result, rural vulnerabilities, such as long distances to healthcare, broadband access issues, or seasonal employment, may not be captured fully. Therefore, while Lewis County's low SVI ranking suggests relatively lower structural vulnerability in a national context, it should be interpreted with that in mind. Local challenges related to geographic isolation, provider shortages, and economic insecurity still warrant close attention in planning and resource allocation.



Health Status Description

Data Sources

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

Secondary data used in this report reflect the most recent data available at the time of analysis, whenever possible, and included sources such as the New York State Department of Health (NYSDOH) dashboards and the U.S. Census Bureau. For most Census-related indicators, we used the most current 5-year ACS rolling averages. Timeframes for each data source are noted throughout the report. For small-population indicators or unstable estimates, values were either pooled across years, flagged, or suppressed.

Primary data from the 2025 Community Health Survey were analyzed using SPSS, with weighting applied to reflect the county's age and gender distribution. Survey responses were cross-tabulated by more than a dozen demographic and social variables to identify disparities. To assess geographic disparities, we used both HRSA mapping and the mySidewalk mapping interface to visualize data by ZIP code, census tract, and the Social Vulnerability Index (SVI). Throughout the development of this assessment, we obtained and incorporated feedback from key community partners and stakeholders. Findings were presented to the Health Compass Partners and the CHA/CHIP Workgroups.

Data Collection Methods

Primary Data Collection

- 2025 Regional Community Health Survey - a regional survey of approximately 1500 adult residents, using mixed-method outreach (random-digit-dial and online panel sampling) to collect information on health behaviors, service access, healthcare and social needs, and experiences with care. The sampling modes were intercept-surveys, MMS text message push-to-web online participants, and random nonprobability panel email invitation responses. All interviews were completed between June 2 and June 9, 2025.
- Key-Informant Interviews (KIIs) - structured interviews with stakeholders from school districts, youth-serving organizations, community health agencies, and government partners. These

provided qualitative insight into youth health, behavioral risk factors, health equity barriers, and systems-level challenges.
- Ongoing engagement with the North Country Health Compass Partners and relevant stakeholders.

Secondary Data Collection

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

Community Engagement

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

Engagement efforts included:

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

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

Relevant Health Indicators

Prevention Agenda Indicators 2025

The 2025–2030 New York State Prevention Agenda represents a shift from previous cycles. The new framework focuses more on Social Determinants of Health (SDoH) and the following domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. The 2025-2030 cycle introduces a new set of statewide Prevention Agenda Objectives for 2030, along with a revised set of measurable indicators that align with the new framework. Some of the indicators are new for 2025 and are intended to guide public health improvement efforts throughout the five-year cycle. For Lewis County, the current data represent baseline measures or a starting point from which to assess progress and set local priorities.

The New York State Prevention Agenda indicators show that Lewis County has strengths in several categories but also faces challenges, particularly in behavioral health, child welfare, and some preventive care. The county's premature death rate is below the 2030 objective. Indicators related to poverty, unemployment, food security, and chronic absenteeism perform well. Both the general and senior poverty rates fall below state thresholds, and the percentage of food-secure adults is above the state goal. Similarly, absenteeism rates for all students, including economically disadvantaged students, are better than state benchmarks, indicating encouraging patterns of school engagement. Asthma-related emergency department visits among children are below the state target, and childhood immunization coverage for 24–35-month-olds exceeds the 2030 benchmark. The county also reports a lower-than-targeted percentage of long-duration opioid prescriptions to opioid-naïve patients, suggesting progress in responsible prescribing practices.

Several indicators, however, point to areas for continued attention. The percentage of adults reporting frequent mental distress is above the state's 2030 goal, and the suicide mortality rate is more than three times the target. Cigarette smoking and binge/heavy drinking rates also remain above benchmark levels. Some indicators fall short, including early prenatal care, hypertension management, preventive dental visits among Medicaid enrollees, HPV vaccination, and lead screening for young children. Early Intervention enrollment is also below the state objective.

Post-secondary readiness is another area where improvement may be needed. About half of high school graduates enroll in a two- or four-year college within five years, with even lower rates observed among economically disadvantaged students. This may be an opportunity to strengthen college and career preparation, particularly for students facing financial or social challenges. The rate of reports of child abuse or maltreatment is more than twice the state objective, indicating the importance of continued investment in family support services.

Although Lewis County is less racially and ethnically diverse than many other parts of the state, the indicators highlight areas where disparities may exist and where targeted efforts may be appropriate. Prioritizing behavioral health, enhancing maternal and child health services, improving preventive care access, expanding educational opportunities, and strengthening child and family supports will be important for making progress toward the state's health goals (New York State Department of Health, 2025).

In the tables below, the "Status" column is designed to help readers interpret whether each health indicator is currently aligned with the New York State 2030 Objective. Arrows indicate whether the county value is higher or lower than the state's 2030 target, while color is used to reflect whether the current performance is favorable or unfavorable. An upward arrow (↑) means the county value is greater than the NYS 2030 objective, while a downward arrow (↓) means the value is less than the objective. However, whether that is considered positive or negative depends on the color. A green arrow, whether up or down, indicates that the county is meeting or exceeding the 2030 objective. A red arrow indicates the county is not currently meeting the objective.

For example:

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

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

General Health Indicators							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
paA1	Percentage of deaths that are premature (before age 65 years)	Improve Health Status and Reduce Disparities	2022	21.4	23.6	22.4	↓
paA1.1	Premature deaths (before age 65 years), difference in percentages between Black non-Hispanics and White non-Hispanics		2022	-20.8*	19.4	18.4	N/A
paA1.2	Premature deaths (before age 65 years), difference in percentages between Hispanics and White non-Hispanics		2022	79.2*	17.9	17	↑
paA2	Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000		2023	92	93.9	89.2	↑

paA2.1	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Black non-Hispanics and White non-Hispanics		2023	s	101.8	96.7	N/A
paA2.2	Potentially preventable hospitalizations among adults, difference in age-adjusted rates per 10,000 between Hispanics and White non-Hispanics		2023	s	32.6	31	N/A
paA3	Percentage of adults with health insurance, aged 18-64 years		2022	93.9	93.2	95	↓
paA4	Adults 18 years of age and older who have a regular health care provider, age-adjusted percentage		2021	80.7	85.8	87.5	↓

Economic Stability							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
pa1.0	Percentage of people living in poverty	Poverty	2019-2023	12.2	13.6	12.5	↓
pa1.1	Percentage of people, aged 65+, living in poverty		2019-2023	9.1	12.2	11	↓
pa2.0	Percentage unemployed	Unemployment	2019-2023	5.4	6.2	5.5	↓
pa2.1	Percentage unemployed, Black residents, aged 16+		2019-2023	6	9.3	7.9	↓
pa3.0	Percentage of adults 18 years of age and older that were food secure in the past 12 months	Nutrition Security	2021	87.5	71.1	75.9	↑
pa4.0	Number of people living in HUD subsidized housing in the past 12 months	Housing and Affordability	2024	560	987957**	1092000	N/A

Education Access and Quality							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
pa41.0	Percentage of public-school students in grades K-8 with >10% absenteeism (chronic absenteeism)	Health and Wellness Promoting Schools	2024	16.2	26.4	18.5	↓
pa41.1	Percentage of economically disadvantaged public-school students in grades K-8 with		2024	23.2	34.9	24.4	↓

	>10% absenteeism (chronic absenteeism)						
pa42.0	Percentage of high school seniors that attend a 2 or 4 year college within 5 years	Opportunities for Continued Education	2023	50.2	70.2	77	↓
pa42.1	Percentage of economically disadvantaged high school seniors that attend a 2 or 4 year college within 5 years		2023	40.8	63.1	69.4	↓

Healthcare Access and Quality							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
pa25.0	Percentage of births with early (1st trimester) prenatal care	Access and Use of Prenatal Care	2022	67.4	80.7	83	↓
pa26.0	Infant mortality rate per 1,000 live births	Prevention of Infant and Maternal Mortality	2022	3.2*	4.3	3.5	↓
pa27.0	Maternal mortality rate per 100,000 live births		2019-2021	0.0*	19.8	16.1	↓
pa31.0	Asthma emergency department visit rate per 10,000, aged 0-17	Preventive Services for Chronic Disease Prevention and Control	2023	21.6	93.8	89.1	↓
pa32.0	Hypertension management (percentage of adults 18 years of age and older reporting medication use to manage their hypertension)		2021	78.3	77	81.7	↓
pa34.0	Percentage of Medicaid enrollees with at least one preventive dental visit within the last year	Oral Health Care	2023	21.1	20.3	21.3	↓
pa34.1	Percentage of Medicaid enrollees, aged 2-20 years, with at least one preventive dental visit within the last year		2023	39.7	39.1	41.1	↓
pa36.0	Percentage of 24–35-month old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday	Preventive Services (Immunization)	2024	65.7	59.3	62.3	↑
pa37.0	Percentage of 13-year-old adolescents with a complete HPV vaccine series		2024	9.2	25.7	28.7	↓
pa38.0	Percentage of children in a single birth cohort year tested at least twice for lead before 36 months of age	Preventive Services (Lead Screening)	2018-2021	31.4	61	70	↓

pa39.0	Percentage of children under 3 with an IFSP	Early Intervention	2022	7.8	8.3	11	↓
pa39.1	Percentage of Black children under 3 with an IFSP		2022	s	7	10	N/A

Neighborhood and Built Environment							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
pa21.0	Percentage of adults 18 years of age and older who are physically active	Opportunities for Active Transportation and Physical Activity	2021	68.3	73.9	77.6	↓
pa22.0	Count of Climate Smart Community Actions related to community resilience	Access to Community Services and Support	2024	7	363	382	↓
pa22.1	Percentage of higher vulnerability areas that have a cooling center		2024	50.0*	24.5	27	↑

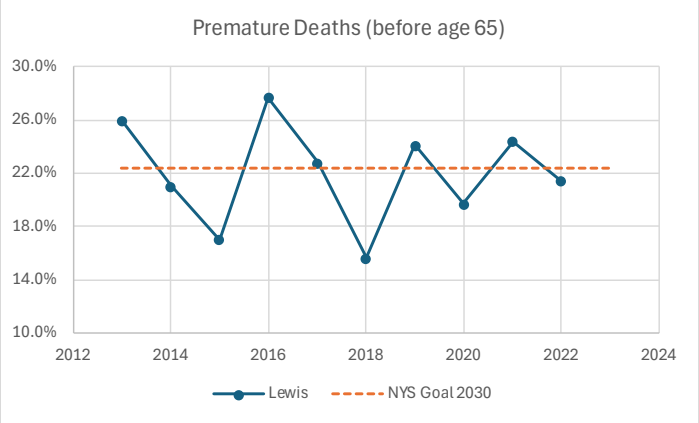
Social and Community Context							
Indicator ID	Indicator	Priority Area	Data Years	Lewis Rate	NYS Rate	NYS 2030 Objective	Lewis vs. Objective
pa5.0	Percentage of adults 18 years and older experiencing frequent mental distress during the past month, age-adjusted percentage	Anxiety and Stress	2021	18.6	13.4	12	↑
pa6.0	Suicide mortality, age-adjusted rate per 100,000 population	Suicide	2020-2022	21	7.9	6.7	↑
pa9.0	Episodes when an opioid-naive patient received an initial opioid prescription, rate per 1,000 population	Primary Prevention Substance Misuse and Overdose Prevention	2023	112.8	86.5	77.9	↑
pa9.1	Percentage of episodes when patients were opioid naïve and received an opioid prescription of more than seven days		2023	10.2	15.1	13.6	↓
pa10.1	Unique individuals enrolled in OASAS treatment programs - rate per 100,000 population - who reported any opioid as the primary substance		2023	420.1	465.2	511.7	↓
pa11.0	Patients who received at least one buprenorphine prescription for opioid use		2023	433.2	446	490.6	↓

	disorder - crude rate per 100,000 population						
pa12.0	Overdose deaths involving drugs - crude rate per 100,000 population		2023	s	32.3	22.6	N/A
pa12.1	Overdose deaths involving drugs - crude rate per 100,000 population - for Black, non-Hispanic residents		2023	0.0*	59.2	35.5	↓
pa13.0	Number of naloxone kits distributed		2023	0	397620**	596430	↓
pa14.0	Prevalence of cigarette smoking among adults 18 years of age and older	Tobacco and e-Cigarettes	2021	21.6	9.3	7.9	↑
pa15.0	Prevalence of binge or heavy drinking among adults 18 years of age and older	Alcohol	2021	16.7	16.2	14.6	↑
pa17.0	Percentage of adults age 18 years and older who, as a child, experienced two or more adverse childhood experiences (ACEs)	Adverse Childhood Experiences	2021	38.2*	41.9	33.8	↑
pa18.0	Indicated reports of abuse/maltreatment, rate per 1,000 children, aged 0-17 years		2024	21.8	11.3	9.8	↑
pa18.1	Indicated reports of abuse/maltreatment, rate per 1,000 Black children and youth, aged 0-17 years		2024	116.3	21.8	19.9	↑
pa18.2	Indicated reports of abuse/maltreatment, rate per 1,000 Hispanic children and youth, aged 0-17 years		2024	26.8*	13.9	12.5	↑
pa19.0	Percentage of adults 18 years of age and older who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables)	Healthy Eating	2021	24.3	28.4	27	↓
pa20.0	Percentage of infants who are exclusively breastfed in the hospital among all infants		2022	67.3	45.9	48.2	↑
pa20.1	Percentage of infants who are exclusively breastfed in the hospital among Black non-Hispanic infants		2022	s	34.1	35.8	N/A

KEY:
s = Data do not meet reporting criteria.
** = Unstable estimate.*
***= Number (not rate).*

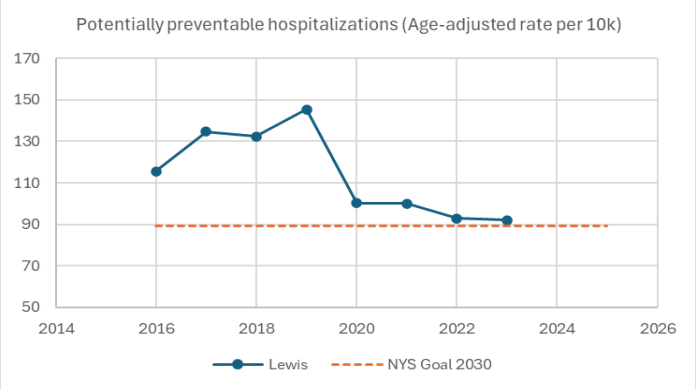
Lewis County has shown mixed progress across three key health indicators. While some metrics are trending in a positive direction, others remain above target and highlight areas of ongoing challenges.

The percentage of premature deaths occurring before age 65 has fluctuated in recent years. Lewis County has met or fallen below the NYS 2030 objective of 22.4% in six of the past ten data years, including the most recent year with data available (21.4% in 2022). The year-to-year fluctuation is likely due to the small population size where a slight change in the number of deaths can cause noticeable swings in percentages from year to year.



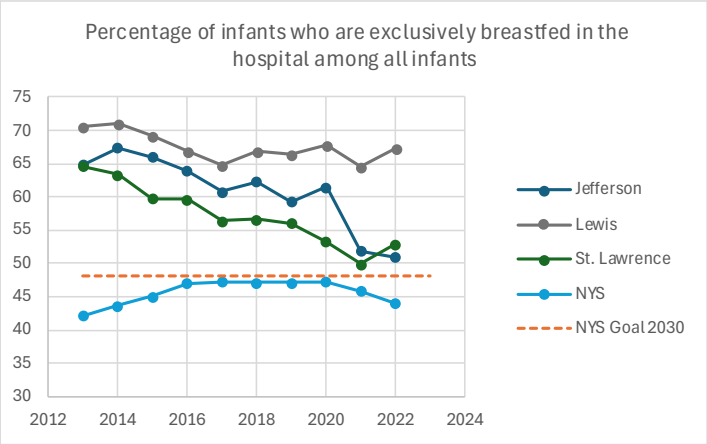
Source: NYS Prevention Agenda Indicators 2025-2030

The rate of potentially preventable hospitalizations in Lewis County has declined considerably in recent years, showing a notable improvement in this performance indicator. In 2019, the county recorded its highest rate during the observed period, with 145.4 hospitalizations per 10K adults, which is well above the state 2030 goal. Since that peak, however, Lewis County has experienced a steady and consistent downward trend. By 2023, the rate had dropped to 92.0, representing a substantial reduction over four years. This more recent figure places the county just slightly above the New York State Prevention Agenda 2030 objective, suggesting progress toward aligning with state benchmarks and potentially reflecting improvements in access to primary care, chronic disease management, or care coordination efforts within the community.



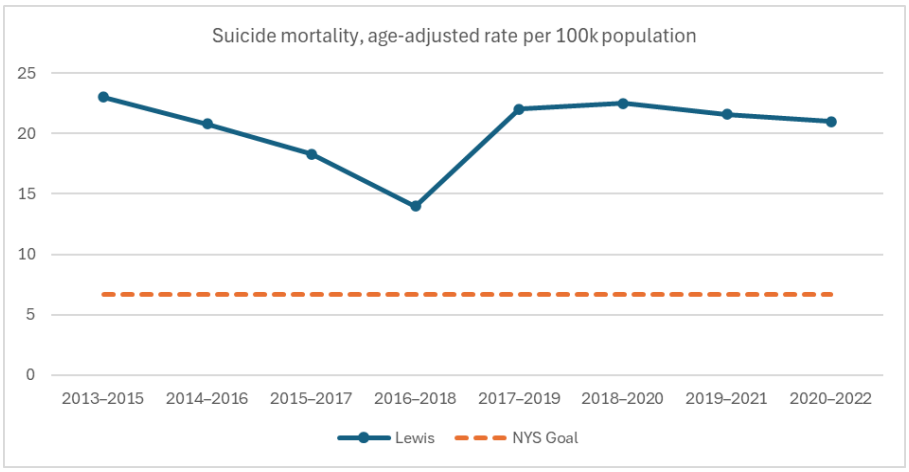
Source: NYS Prevention Agenda Indicators 2025-2030

Exclusive breastfeeding in the hospital is a key early indicator of infant health and maternal support. In-hospital practices, prenatal education, and access to postnatal lactation support all play a role in shaping these outcomes. Over the past decade, breastfeeding trends across the North Country have somewhat diverged, with some counties maintaining stronger performance while others have experienced consistent declines. In 2012, Jefferson, Lewis, and St. Lawrence counties all reported exclusive breastfeeding rates well above the NYS average and the state's 2030 Prevention Agenda objective of 48.2%. Lewis County has consistently remained the regional leader, with rates staying between 65% and 70% through nearly a decade. Jefferson and St. Lawrence counties have seen gradual but steady declines, especially after 2019. By 2022, both counties had dipped to the low-fifties, yet still above the state 2030 goal. The COVID-19 pandemic likely played a role in the more recent declines, as it disrupted access to maternity care, lactation services, and postpartum support networks.



Source: NYS Prevention Agenda Indicators 2025-2030

Suicide mortality remains a challenge. Even at its lowest point, Lewis County's suicide rate was still more than double the state target of 6.7. More recent data show the rate has increased again, reaching 21.0 per 100K in the 2020–2022 period.

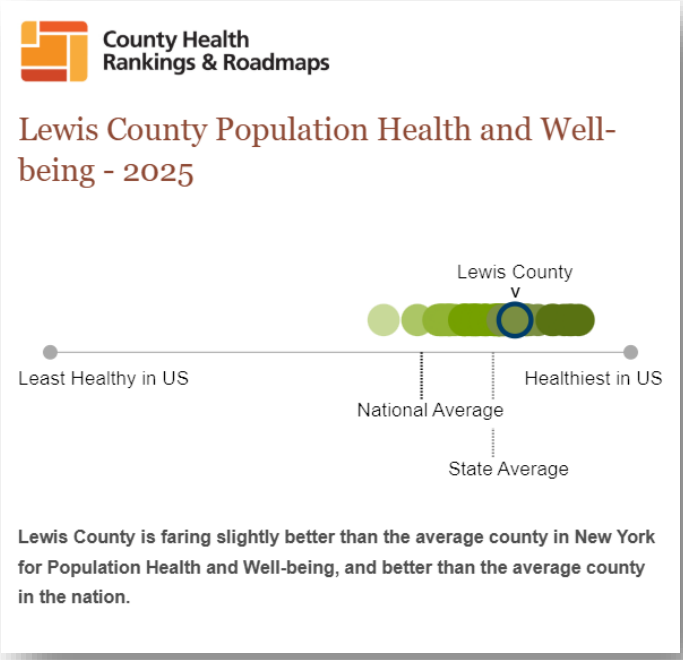


Source: NYS Prevention Agenda Indicators 2025-2030

County Health Rankings

The County Health Rankings & Roadmaps (CHR&R) is an annual program developed by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. It provides a snapshot of community health across the nation by ranking counties within each state on a range of health outcomes and health factors. The rankings draw on national data sources to measure key drivers of health, including clinical care, social and economic factors, physical environment, and health behaviors. These rankings are widely used by public health officials, policymakers, and community leaders to identify local health challenges, prioritize interventions, and track progress toward health improvement over time.

The CHR&R framework organizes indicators into two overarching categories: Community Conditions and Population Health and Well-Being. Community Conditions reflect the overall social, economic, environmental, and structural factors that shape opportunities for health, such as education, income, housing, and access to care. These are often referred to as the social determinants of health. Population Health and Well-Being, on the other hand, includes more direct health outcomes and behaviors, including chronic disease prevalence, mental and physical health status, and health-related quality of life.



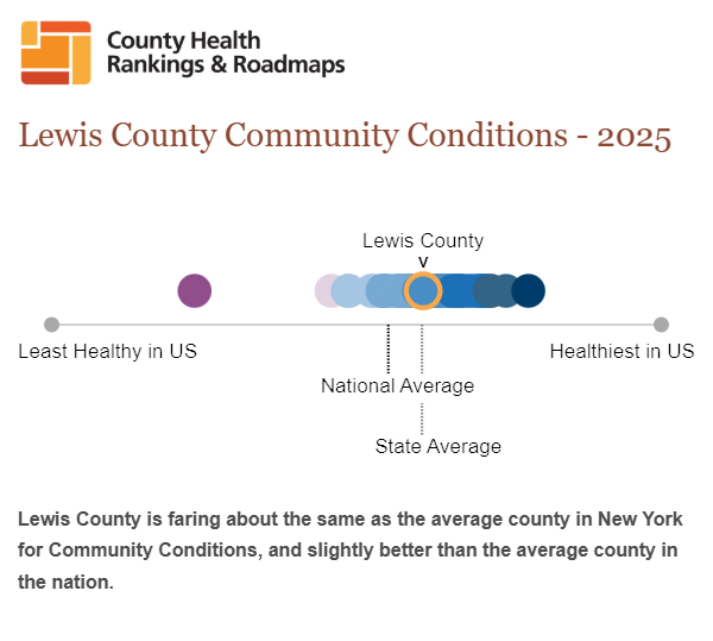
Throughout this section, county-level data are presented alongside New York State and national figures to provide context and highlight where the county is doing well, where it faces challenges, and how it compares to other benchmarks. These comparisons help guide local efforts to improve health equity and overall well-being.

In Lewis County, the data reveal a mix of strengths and areas where continued attention is needed. Overall, many indicators align more closely with national patterns than with New York State benchmarks. The county's premature death rate is 7,000 years of potential life lost per 100,000, slightly higher than the state average but lower than the national rate. Life expectancy in the county is 78.9 years, close to the state average and above the national average. Child and infant mortality rates are consistent with state figures.

Behavioral health remains an important area to monitor. Adults in Lewis report an average of 5.3 poor mental health days per month, and 19% experience frequent mental distress. The suicide rate stands at

23 per 100,000, which is notably above the state rate. Rates of excessive drinking, alcohol-impaired driving deaths, and adult smoking also exceed both state and national levels. Chronic disease indicators show that 36% of adults in Lewis are obese, and 9% report having diabetes. Physical inactivity is reported by 25% of adults, aligning with state and national levels. Food insecurity affects 13% of the population, which is on par with state averages. Diabetes prevalence is slightly lower than both the state and national figures (County Health Rankings & Roadmaps, 2025).

Access to care issues in the county are likely the result of a lack of provider availability. The county's primary care provider ratio is 1,480:1, compared to 1,240:1 statewide. Dental and mental health provider ratios are 5,340:1 and 470:1, respectively. Rates of preventable hospital stays are higher than state and national averages. Limited access to primary care providers may be affecting this rate.



However, some preventive services show positive results. Mammography screening rates exceed both state and national levels at 56%. Several indicators related to housing and the physical environment show favorable conditions. Severe housing problems and housing cost burdens are less prevalent than in the state and nation overall. Homeownership is high at 80%, and air quality measures are favorable. Broadband access (85%) is close to the national average.

Access to parks is limited, with just 23% of residents living near a park, and a drinking water violation was reported in 2023. Educational and workforce measures present a mixed picture. High school completion (91%) and graduation rates are strong, but only 57% of residents have completed some college, which is lower than state and national levels. This may influence both employment opportunities and health literacy. The CHR&R-recorded median household income in Lewis is $64,900, which is below both the state and national medians. Child care costs account for 38% of household income, comparable to the state average, placing financial pressure on working families. Social and community connections are a bright spot. Lewis County reports a high rate of social associations, with 16.5 associations per 10,000 residents compared to 7.9 statewide. These connections can play a meaningful role in supporting community engagement and social well-being. The health indicators below show a solid foundation in some areas and highlight opportunities for improvement in others (County Health Rankings & Roadmaps, 2025).

Source: https://www.countyhealthrankings.org/health-data/new-york/lewis?year=2025

Lewis County Population Health and Well-Being			
Length of Life			
	Lewis County	**New York**	**United States**
Premature Death	7000	6600	8400
Additional Length of Life (not included in summary)			
Life Expectancy	78.9	79.4	77.1
Premature Age-Adjusted Mortality	320	340	410
Child Mortality	40	40	50
Infant Mortality	Not Available	4	6
Quality of Life			
Poor Physical Health Days	4.2	3.9	3.9
Low Birth Weight	7%	8%	8%
Poor Mental Health Days	5.3	4.9	5.1
Poor or Fair Health	16%	16%	17%
Additional Quality of Life (not included in summary)			
Frequent Physical Distress	12%	12%	12%
Diabetes Prevalence	9%	10%	10%
HIV Prevalence	62	742	387
Adult Obesity	36%	30%	34%
Frequent Mental Distress	19%	16%	16%
Suicides	23	8	14
Feelings of Loneliness	Not Available	Not Available	33%

Lewis County Community Conditions			
Health Infrastructure			
	Lewis County	**New York State**	**United States**
Flu Vaccinations	51%	51%	48%
Access to Exercise Opportunities	44%	93%	84%
Food Environment Index	8.3	8.7	7.4
Primary Care Physicians	1,480:1	1,240:1	1,330:1
Mental Health Providers	470:1	260:1	300:1
Dentists	5340:1	1200:1	1,360:1
Preventable Hospital Stays	3,032	2,595	2,666
Mammography Screening	56%	44%	44%
Uninsured	5%	6%	10%
Additional Health Infrastructure (not included in summary)			
Limited Access to Healthy Foods	4%	2%	6%
Food Insecurity	13%	13%	14%
Insufficient Sleep	39%	39%	37%

Teen Births	14	10	16
Sexually Transmitted Infections	123.6	526.9	495
Excessive Drinking	25%	20%	19%
Alcohol-Impaired Driving Deaths	55%	22%	26%
Drug Overdose Deaths	13	29	31
Adult Smoking	18%	12%	13%
Physical Inactivity	25%	25%	23%
Uninsured Adults	6%	7%	11%
Uninsured Children	3%	3%	5%
Other Primary Care Providers	880:1	610:1	710:1
Physical Environment			
Severe Housing Problems	11%	23%	17%
Driving Alone to Work	76%	50%	70%
Long Commute - Driving Alone	32%	39%	37%
Air Pollution: Particulate Matter	6	6.9	7.3
Drinking Water Violations	Yes	N/A	N/A
Broadband Access	85%	90%	90%
Library Access	5	3	2
Additional Physical Environment (not included in summary)			
Traffic Volume	15	438	108
Homeownership	80%	54%	65%
Severe Housing Cost Burden	10%	19%	15%
Access to Parks	23%	63%	51%
Adverse Climate Events	1	N/A	N/A
Census Participation	44.40%	N/A	65.20%
Voter Turnout	64.60%	62.90%	67.90%
Social and Economic Factors			
Some College	57%	71%	68%
High School Completion	91%	88%	89%
Unemployment	4.40%	4.20%	3.60%
Income Inequality	4	5.8	4.9
Children in Poverty	15%	19%	16%
Injury Deaths	77	60	84
Social Associations	16.5	7.9	9.1
Child Care Cost Burden	38%	38%	28%
Additional Social and Economic Factors (not included in summary)			
High School Graduation	88%	87%	87%
Reading Scores		Not Available	3.1
Math Scores		Not Available	3
School Segregation	0.07	0.33	0.24
School Funding Adequacy	$11,002	$12,745	$1,411

Children Eligible for Free or Reduced Lunch	50%	57%	55%
Gender Pay Gap	0.85	0.88	0.81
Median Household Income	$64,900	$82,100	$77,700
Living Wage	$49.48	$61.75	
Child Care Centers	5	6	7
Residential Segregation - Black/White	Not Available	75	63
Homicides	Not Available	4	7
Motor Vehicle Crash Deaths	9	6	12
Firearm Fatalities	8	5	13
Disconnected Youth	Not Available	7%	7%
Lack of Social and Emotional Support	Not Available	Not Available	25%

Aligning with the New York State Prevention Agenda, areas for improvement may include strengthening behavioral health supports, expanding the healthcare workforce, enhancing access to physical activity spaces, and improving preventive and maternal-child health services. Increasing post-secondary attainment, supporting economic stability, and addressing infrastructure needs such as park access and telehealth capacity could also contribute to improved indicators over time.

The County Health Rankings data used in this assessment provide valuable insights into health outcomes and social determinants at the county level. However, these data are modeled estimates and often reflect multi-year averages, which may limit their timeliness to recent local changes. In addition, some measures, such as the disaggregated by race or subpopulation measures, may have wide margin error due to small sample sizes or suppressed data.

2025 Community Health Survey

This summary presents key findings from the 2025 North Country Community Health Survey of adult residents in Lewis County. Conducted annually since 2016 by the Fort Drum Regional Health Planning Organization (FDRHPO) in collaboration with the North Country Health Compass Partners, the survey aims to monitor real-time health-related behaviors, attitudes, and perceptions across Jefferson, Lewis, and St. Lawrence counties in Northern New York. The 2025 survey was conducted in June and included a total of 1,497 adult participants, with 374 respondents from Lewis County. Data were collected using a multi-mode approach, including push-to-web MMS text invitations, email-based online panels, and targeted intercept surveys to reach Fort Drum's military population. The survey sample was weighted and calibrated to reflect each county's demographic composition, including age, gender, education, race/ethnicity, household structure, and military affiliation. The final weighted dataset yields an approximate margin of error of ±2.9% regionally, with Lewis County-specific results carrying an estimated ±5.9% margin of error, assuming a simple random sample.

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

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

This overview includes a demographic overview of survey respondents, county-specific and regional findings, trend comparisons, and cross-tabulations by social determinants and demographic factors. The survey instrument included approximately 34 health-related questions and 10 demographic questions. Results are grouped into three thematic areas: healthcare experiences, personal health status, and lifestyle behaviors.

2025 Community Health Survey Demographic Breakdown

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

Nature of the County-Specific Samples (after weighting)			
Sample Size (raw)	**Jefferson County n=637**	**Lewis County n=374**	**St. Lawrence County n=486**
Gender			
Male	51%	50%	50%
Female	49%	50%	50%
Other	0%	0%	0%
Age			
18-44	53%	37%	40%
45-64	29%	38%	36%
75 or older	18%	25%	24%
Educational Attainment			
Less than a 4-Year Degree	74%	74%	68%
Bachelor's Degree or Higher	26%	26%	32%
Annual Household Income			
Less than $25,000	8%	9%	11%
$25,000-$49,999	24%	20%	23%
$50,000-$74,999	22%	24%	23%
$75,000-$99,999	21%	18%	17%
$100,000 or more	25%	29%	26%
Military Affiliation			
Active Military in the Household	25%	3%	2%
Veteran in the Household	22%	21%	22%
No Military Affiliation or Not Sure	53%	76%	76%
Household Composition - # Minors			
No household members Under Age 18	70%	71%	74%
One or more household members < 18	30%	29%	26%
Disability Status			
Disabled	18%	16%	19%
Not disabled/Not sure	82%	84%	81%
Sexual Orientation			
Identify as LGBTQ+	6%	4%	9%
Do not identify as LGBTQ+	93%	95%	91%
Not sure	1%	2%	1%
Racial Background			
American Indian or Alaskan Native	0%	0%	3%
Asian/Pacific Islander	1%	0%	1%
Black or African American	4%	1%	0%
Hispanic/Latino	6%	1%	2%
White/Caucasian	83%	96%	92%
Multi-racial	6%	2%	3%

2025 Community Health Survey Questions

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

In addition, we've provided cross-tabulated data where possible. Cross-tabs allow us to explore how different demographic or socioeconomic groups respond to the same question. This is an important step in understanding disparities and uncovering key insights that could be missed in aggregate data alone. Cross-tabs help us move beyond the surface to better identify which populations are most affected and where disparities may exist.

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

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

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

Section B: Your Health

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

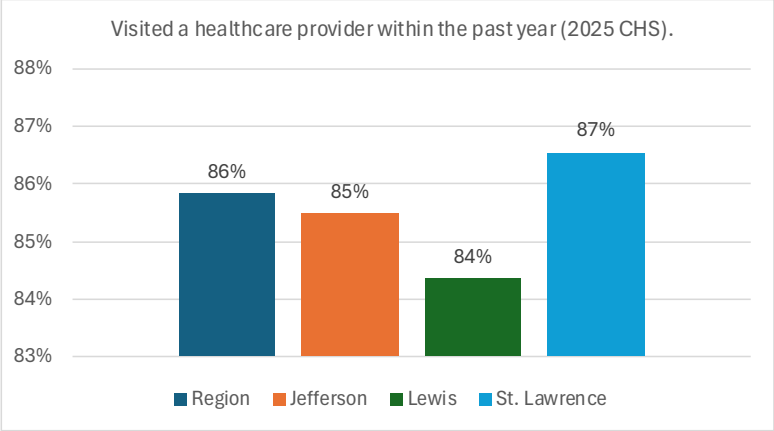
Q: 17 – Have you ever been diagnosed with any of the following eight chronic health conditions or illnesses? (choose all)
Q: 18 – Would you be willing to take a class to teach you how to manage your chronic health condition(s) that you cited earlier?

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

2025 Community Health Survey Key Findings

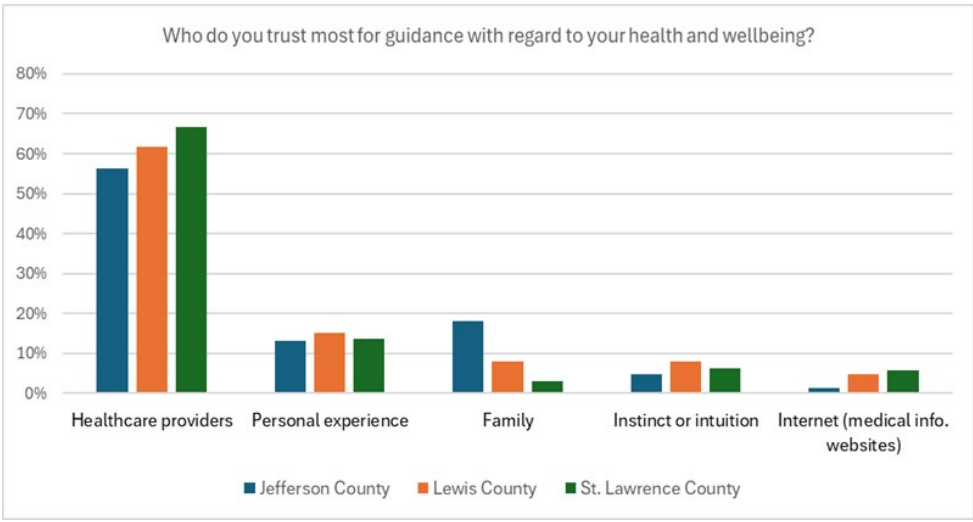
Q: 1 – How long has it been since you last had a primary care visit at a healthcare provider?

In 2025, 84% of Lewis County adults reported seeing a healthcare provider within the past year. This remains close to neighboring Jefferson County (85%) and St. Lawrence County (87%). Some disparities exist by age, income, and insurance status. While 93% of adults ages 55–74 reported a recent visit, only about 73% of those ages 18–54 did the same. Access also varied sharply by income, with just 49% of residents in households earning less than $25,000 reporting a recent visit, compared to 92% of those earning more than $75,000. Insurance status played a key role as well. Roughly 88% of insured adults reported a recent visit versus just 23% of those without insurance.

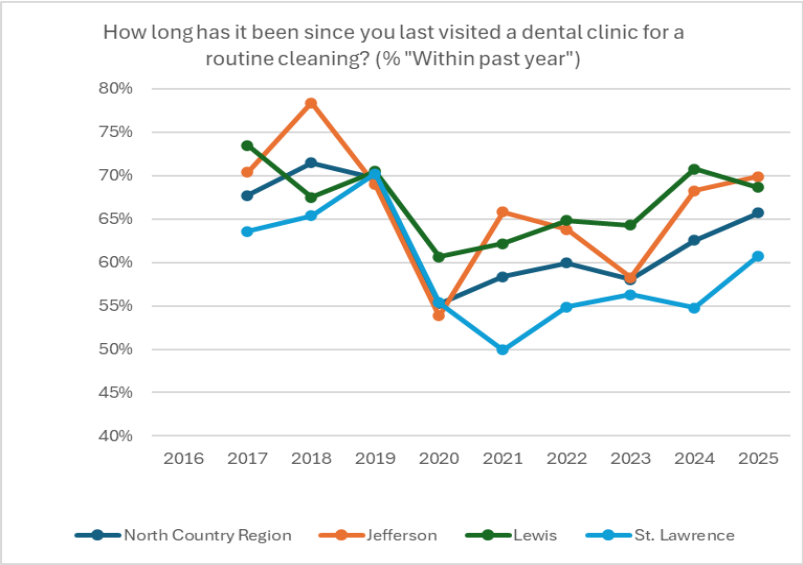


Q: 2 – Who do you trust most for guidance with regard to your health and wellbeing?

Local healthcare providers are the most trusted source of information regarding health and wellbeing. About 62% of respondents identified healthcare professionals as their primary source of guidance. Personal experience was the second most common source, cited by 15% of respondents, followed by instinct or intuition (8%) and family (8%). In the county, higher-income and insured individuals were more likely to trust providers. Roughly 72% of residents earning more than $75,000 annually selected providers as their top source, compared to just 41% of those earning under $25,000. Similarly, only 17% of uninsured respondents cited providers, while 64% of insured residents did.

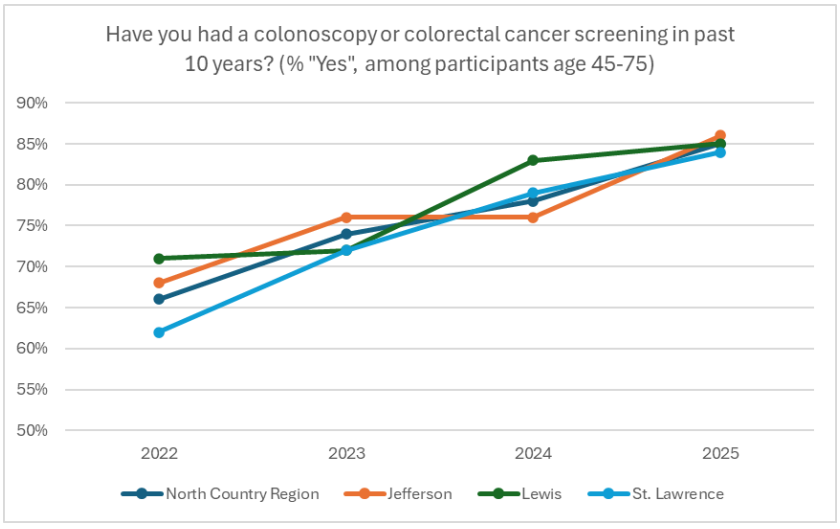


Q: 3 – How long has it been since you last visited a dental clinic for a routine cleaning?



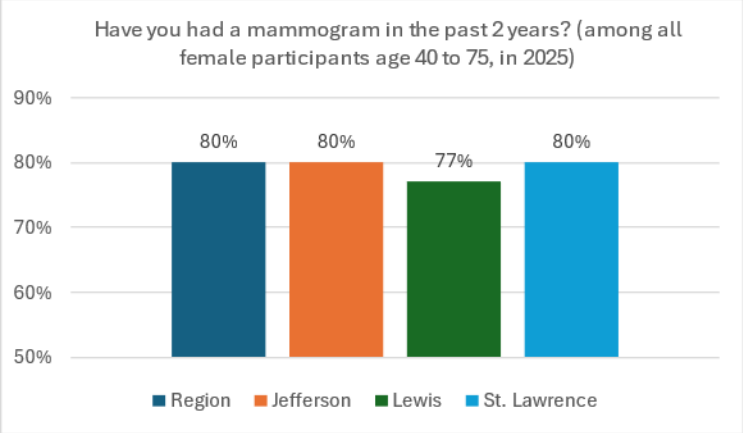
In Lewis County, approximately 69% of adults reported having visited a dentist or dental clinic for a routine cleaning within the past year. This rate was higher among women (74%) than men (63%), and was especially high among younger adults ages 18–34 (80%) and those with a four-year degree or higher (87%). Adults with lower income and education levels were much less likely to have had a recent cleaning. Only 29% of residents with household incomes below $25,000 reported a cleaning in the past year, compared to nearly 80% of those earning $75,000 or more. Similarly, 60% of those with just a high school diploma had a recent cleaning, compared to 87% of those with a 4-year college degree. Rates decreased during the pandemic, but have trended closer to pre-pandemic levels the past couple of years.

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



From 2022 to 2025, Lewis County saw an increase in colorectal cancer screening rates among adults aged 45 to 75. More than five-in-six in the county in 2025 (85%) report to have had a colonoscopy or other colorectal cancer screening in the past 10 years, which is increased from 71% when first measured for this age group in 2022. Lewis County performs strongly on colorectal-cancer screening overall, but some gaps were identified for lower-income households, Medicaid recipients, non-employed adults, and those facing housing or financial insecurity.

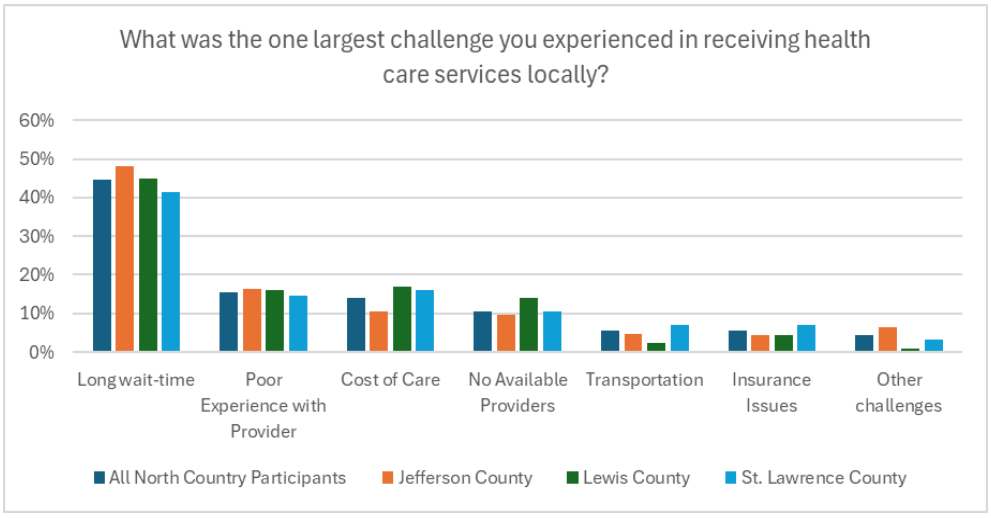
Q: 8 – Have you had a mammogram within the past 2 years? (females, age 40-75)



In Lewis County, 77% of women ages 40 to 75 reported having had a mammogram within the past two years, slightly below the regional average of 80%. While overall screening rates are relatively strong, there are some notable disparities identified in the cross-tabbed regional data. Women with household incomes below $25,000 were less likely to be up to date on screening. Women with a 4-year degree were more likely to be current on their screenings compared to those with only a high-school diploma. Also, those who lacked confidence in their ability to afford a $500 emergency and those who experienced 3+ ACEs were less likely to be current on their screenings. Tailored outreach and support for underserved populations is recommended.

Q: 10 – In the last 12 months, have you experienced challenges or difficulties accessing any of the following types of healthcare services?
Q: 11 – What was the one largest challenge you experienced in receiving healthcare services locally?

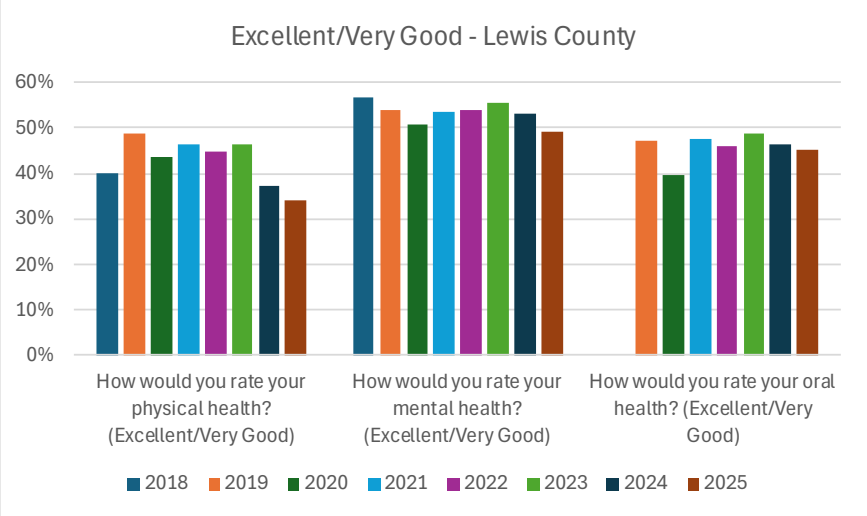
Lewis County residents reported fewer access challenges across most outpatient healthcare services compared to the North Country region overall. Just 11% of adults in Lewis said they had difficulty accessing primary care, which is nearly half the regional rate of 20%. Similarly, fewer residents reported challenges obtaining dental care (18% in Lewis vs. 25% regionally), mental health services (9% vs. 13%), women's health or OB/GYN care (5% vs. 9%), and pediatric care (3% vs. 4%). The one exception was vision care. Roughly 20% of Lewis County adults cited difficulty accessing eye care, which was higher than



the regional average (17%). While Lewis County reported fewer access challenges than neighboring counties in several areas, these figures should not be interpreted to mean that access is not an issue. Rather, they indicate that the challenges, while present, were reported at lower rates compared to the rest of the region. When asked about the greatest barrier to care, residents most often cited long wait times (45%), followed by affordability (17%), poor provider experiences (16%), and provider unavailability (14%).

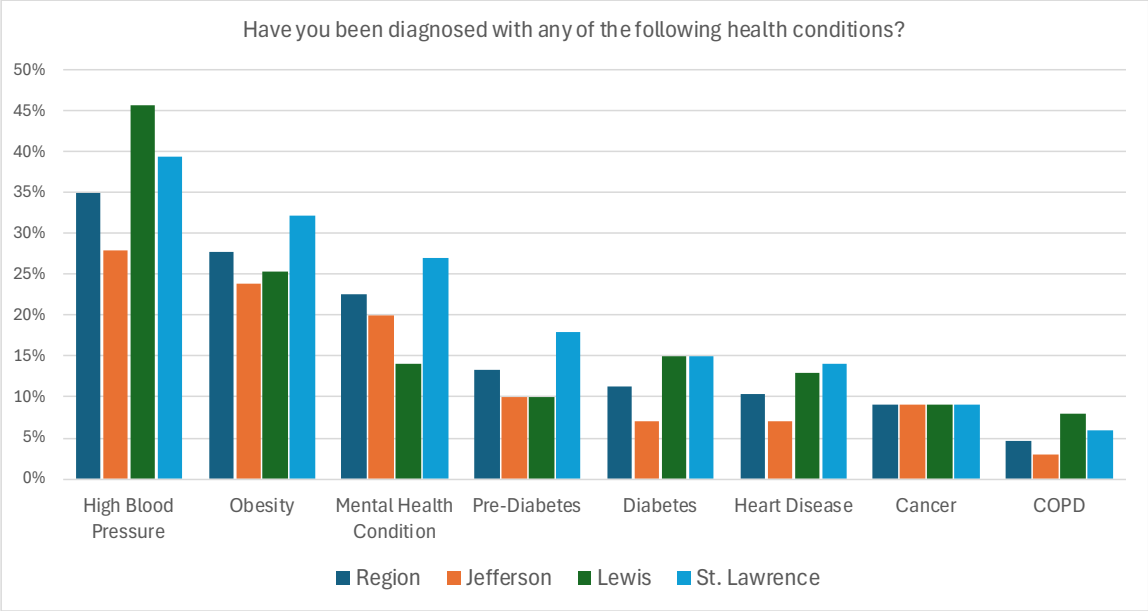
Q: 14 – How would you rate your physical health?
Q: 15 – How would you rate your mental health?
Q: 16 – How would you rate your dental health?

Over the past several years, Lewis County has seen a gradual decline in the percentage of adults rating their health as excellent or very good across all three categories: physical, mental, and oral health. The most notable decline is in physical health, where positive ratings dropped from a high of 49% in 2019 to just 35% in 2025. Mental health ratings also dipped, falling from 57% in 2018 to 48% in 2025, with a steady downward trend after peaking again in 2023. Oral health has remained relatively stable in recent years but still declined slightly from 49% in 2023 to 45% in 2025. These patterns may reflect challenges with healthcare access, economic stressors, and service availability, and suggest a need for ongoing support around preventive care, wellness, and mental health resources.

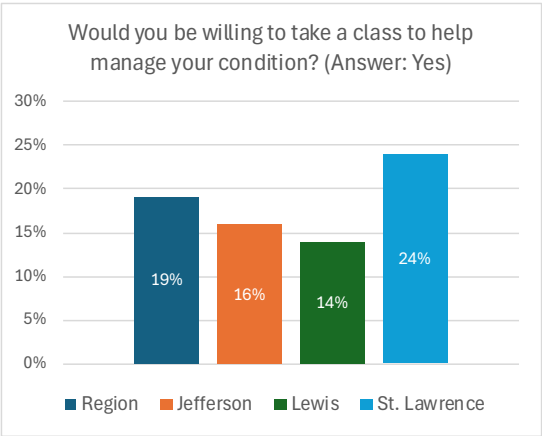


Q: 17 – Have you ever been diagnosed with any of the following eight chronic health conditions or illnesses? (choose all)

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



Lewis County's chronic condition rates are mixed when compared with the region. High blood pressure stands out as the most prevalent issue in the county (46%), the highest among the three counties and well above the 35% regional rate. Diabetes (15%) and heart disease (13%) are also more common in Lewis than in the region overall. Respiratory issues are a lesser concern, with 8% of residents reporting a COPD diagnosis. Several indicators fall below regional rates. Obesity affects 25% of Lewis adults, three points under the regional average. Only 15% report having a mental health condition, which is below the regional rate. Cancer prevalence mirrors the region at 9%. Just 14% say they are willing to take a chronic disease self-management class, lower than in the other two counties.

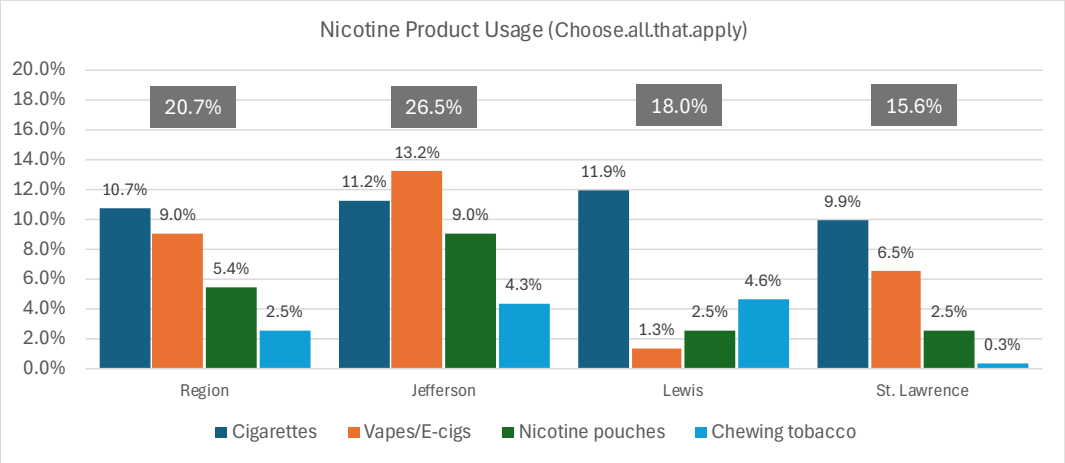


Other key findings include:

- The county's overall high blood pressure rate of 46% climbs to 58% among men and 68% in residents 75 years and older.

- The COPD rates are higher in men, those with only a high school diploma, and those with a household income of less than $25,000.
- While the overall mental health condition rate in the county is 15%, it increases to 24% among women, and 35% among those who have experienced 3+ ACEs.

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

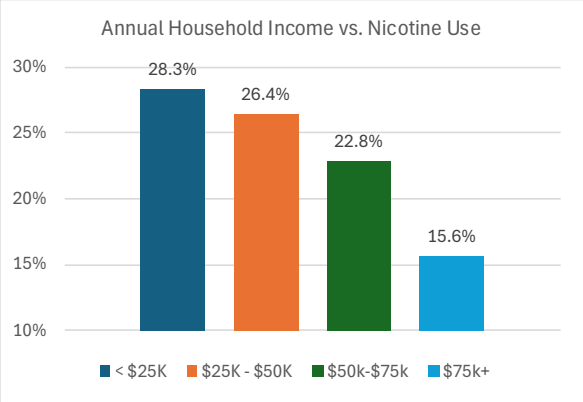


Because respondents could select more than one nicotine product, the stacked bar graph below exceeds the total share of adults who reported using any nicotine product in each county. This overlap is important to acknowledge when interpreting the chart.

Across the region, roughly 20.7% of adults report using at least one nicotine product in the past year. Traditional tobacco cigarettes (10.7%) and vapes or e-cigarettes (9.0%) account for the majority of use, while nicotine pouches (5.4%) and chewing tobacco (2.5%) represent smaller but relevant segments of consumption. Nicotine use in Lewis County reflects a distinct pattern when compared with regional and neighboring county trends. Approximately 18.0% of Lewis adults reported using at least one nicotine product in the past year, below the regional average of 20.7% and well below Jefferson County's rate of 26.5%. Cigarette use remains the most common form of nicotine consumption in Lewis, with 11.9% of adults reporting regular use, slightly higher than the regional average and comparable to Jefferson.

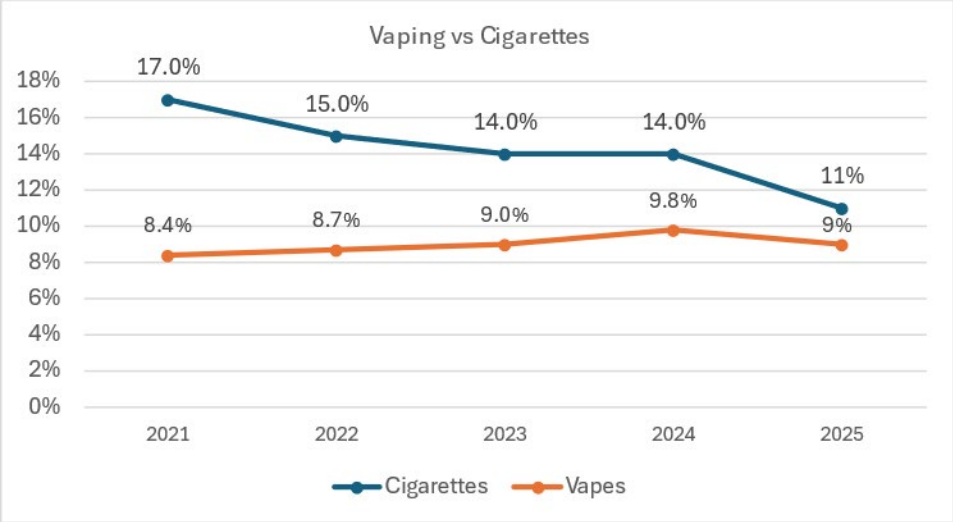
Unlike much of the region, Lewis County shows notably low levels of vaping. Just 1.3% of adults reported using vapes or e-cigarettes, significantly below the regional rate of and far lower than Jefferson County. Lewis has the highest rate of chewing tobacco use (4.6%) among the four counties. Overall, nicotine use in Lewis County has a lower prevalence of more modern products like vapes and pouches and a higher reliance on traditional tobacco forms such as cigarettes and chewing tobacco.

Regionally, nicotine use varies across demographic and socioeconomic subgroups. Nicotine use decreases with rising income, ranging from 28% among those earning less than $25,000 annually to 16% among those earning $75,000 or more.



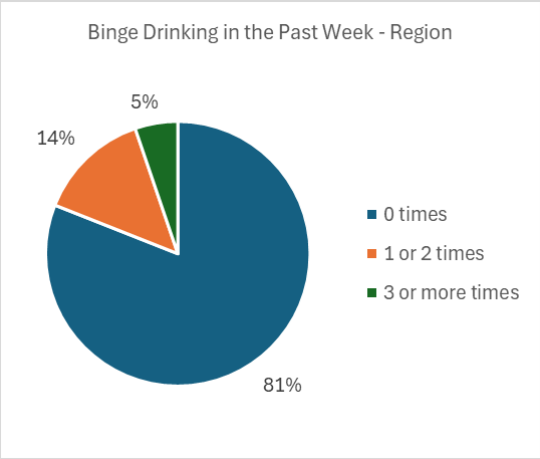
Use of any nicotine product is slightly higher among men than women. While cigarette use is similar across genders, women report higher vaping rates than men. Nicotine use is highest among younger adults, with 41% of those aged 18–34 reporting use. This is nearly triple the rate of those 55–74 (14%) and substantially higher than those 75+ (5%). Vaping and nicotine pouches are especially common in the youngest group. BIPOC respondents report higher overall nicotine use compared to white respondents, with higher rates of both cigarette smoking and vaping. Adults who report experiencing three or more ACEs are more likely to use nicotine compared to those with fewer than 3 ACEs. Individuals who are not confident they could cover a $500 emergency expense report nearly twice the rate of nicotine use as those who are very confident.

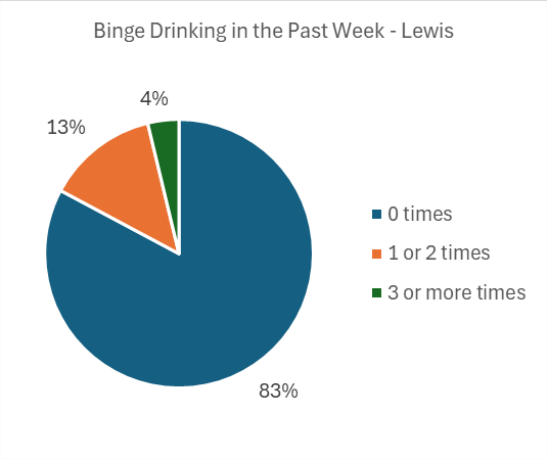
Over the past five years, cigarette use in the North Country region has declined steadily, dropping from 17% in 2021 to 11% in 2025. Meanwhile, vaping rates have gradually increased, rising from 8.4% in 2021 to a peak of 9.8% in 2024 before dipping slightly to 9% in 2025. The gap between cigarette and vape use has narrowed significantly, from 8.6 percentage points in 2021 to just 2 points in 2025. This convergence suggests a potential shift in nicotine use patterns, where vaping may soon match or surpass smoking prevalence if current trends continue.



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

In Lewis County, most adults reported no recent binge drinking, with 83% indicating they had not consumed five or more alcoholic beverages in a single sitting in the past week. This is slightly better than the regional average of 81%. Just 4% of Lewis respondents reported binge drinking three or more times in the past week, compared to 5% regionwide. Roughly 13% of Lewis county respondents reported doing so once or twice in the past week.



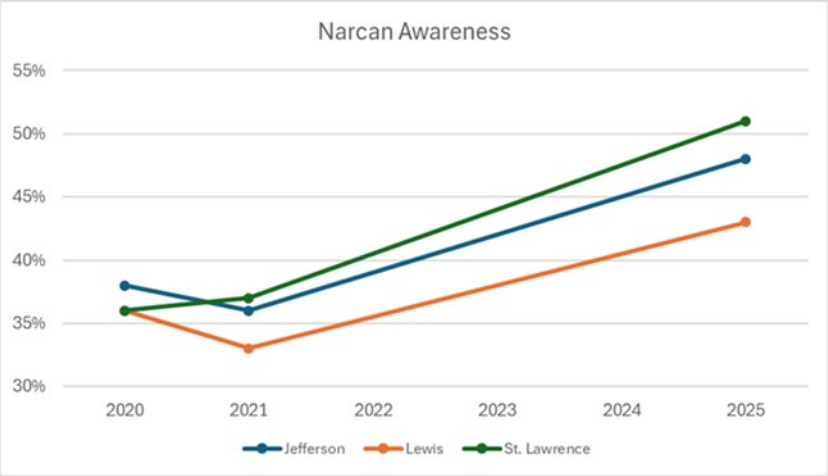


While these rates are somewhat lower than those seen across the North Country, binge drinking remains a concern for specific subgroups. Young adults in Lewis County were the more likely to report episodic heavy drinking, compared to older adults. Men were also more likely to binge drink than women. Regionally, among households with an active-duty military member, binge drinking was notably higher. Roughly 26% reported 1–2 episodes, and 11% reported 3 or more episodes. These findings suggest that while overall binge drinking may be lower in Lewis than in surrounding counties, prevention efforts should still prioritize younger adults, and men.

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

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

Residents were asked whether anyone in their household had been personally affected by opiate use or addiction in the past year. Lewis County has seen a steady decline from its peak rate of 5.9% in 2017 to 2.4% in 2025. In the region, reported household impact from opioid use has steadily declined since reaching a regional high of 5.6% in 2022. In 2025, only 2.7% of households reported being affected. The consistent downward trend over time demonstrates sustained progress in addressing opioid-related harm.



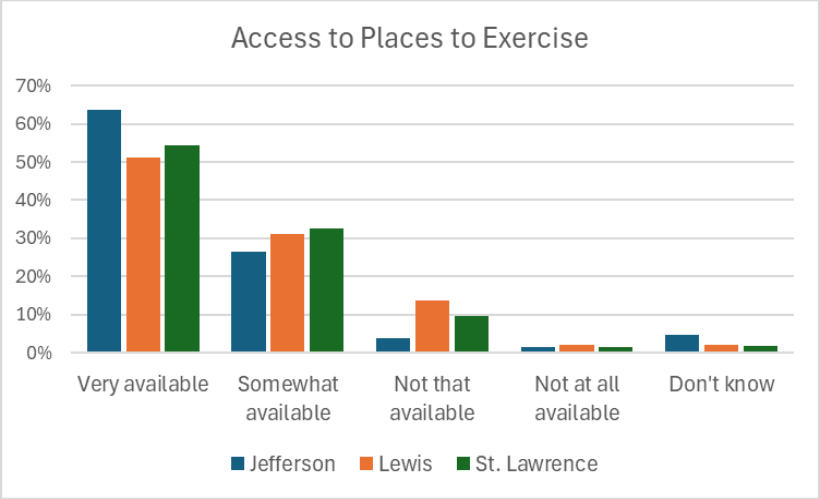
In the 2025 Community Health Survey, residents were asked whether they were aware of locations where they could obtain Narcan, the opioid overdose reversal medication. Awareness of Narcan availability is a key indicator of community readiness to respond to opioid-related emergencies and reflects outreach, education, and public health efforts in the region. Across all three counties, awareness has risen consistently since 2021, showing the success of ongoing community education campaigns and increased access points. In Lewis County, awareness increased from 36% in 2021 to 43% in 2025. The county reported the lowest awareness in 2021 at just under 33%, but saw steady improvement year over year, reaching 43% in 2025. St. Lawrence County showed the most significant increase, from 37% in 2021 to 51% in 2025. These trends suggest that Narcan education and access initiatives are working across the North Country.

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

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

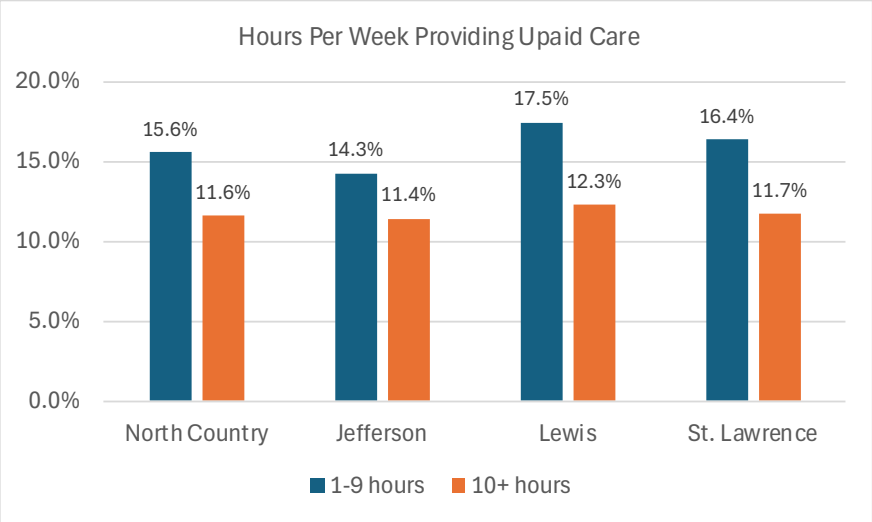
When asked “How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?”, a majority of North Country residents reported having good access. In 2025, 58% of respondents across the region said access was “very available.” Access to places for walking and exercise appears more limited in Lewis County compared to neighboring counties. Just 51.3% of Lewis respondents said such spaces are “very available” to their families, below the other two counties. An additional 31.0% in Lewis described access as “somewhat available”. While some Lewis residents can access spaces to be active, there are notable gaps, particularly in more rural areas, that may limit opportunities for physical activity. Addressing these gaps could support chronic disease prevention and overall health.

In Lewis County, the most commonly cited barrier to healthy eating is affordability. Nearly 47% of respondents said that the cost of healthy food prevents them from eating more nutritious foods, which is higher than the regional average (43%). Access to grocery stores also emerged as a concern, with 11% of Lewis residents reporting that a lack of stores makes it difficult to maintain a healthy diet, more than twice the rate seen in Jefferson. About 22% said that not having enough time to cook gets in the way of healthier eating. Roughly 45% of Lewis County respondents reported no barriers at all. These findings suggest that efforts to reduce the cost of healthy foods and improve geographic access to full-service grocery stores or mobile markets could help address the most pressing challenges.



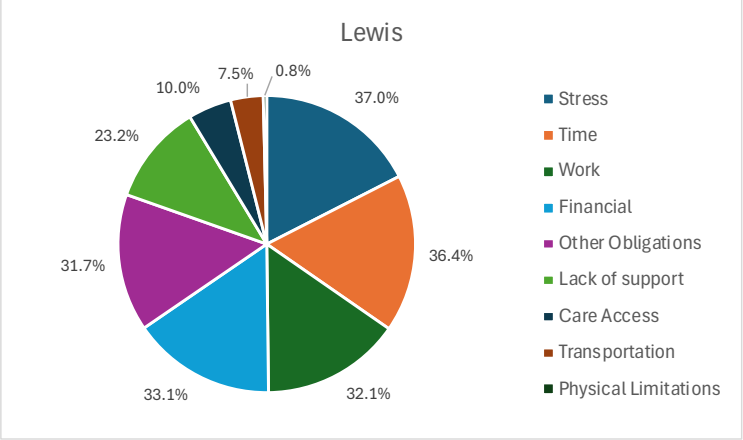
Q: 25 – In the past 12 months, how many hours per week do you regularly provide unpaid care for an aging or disabled family member or friend?

Across the North Country region, more than one in four adults (27%) report providing some level of unpaid care to an aging or disabled family member, friend, or neighbor. Nearly 12% offer 10 or more hours weekly. In Lewis County, nearly 30% of respondents reported providing unpaid care, with 17.5% giving 1–9 hours per week and 12.3% providing 10 or more hours. These rates are slightly higher than the regional average. Women are more likely than men to provide unpaid care, especially at longer hours. Adults aged 55 to 74 stand out as the region's primary caregiving group. Adults not in the labor force and those earning less than $25,000 annually are also among the most likely to report providing substantial care.



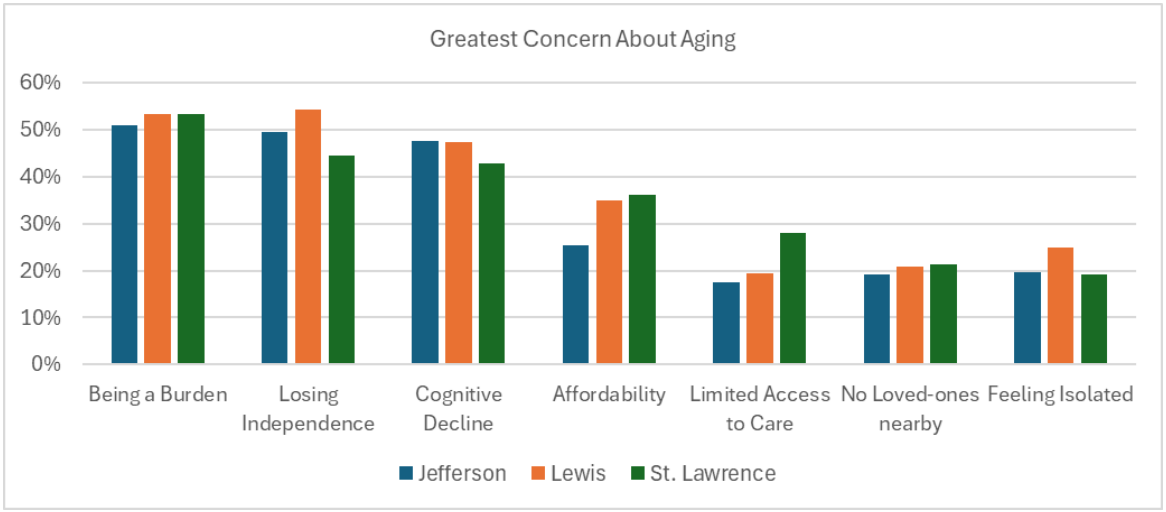
Q: 26 – What are the biggest challenges you face as a caregiver, or would expect to face if you were to begin being a caregiver?

Caregivers in Lewis County face a range of challenges. Stress was the most commonly reported issue (37.0%), followed closely by time constraints (36.4%), financial strain (33.1%), and work responsibilities (32.1%). The challenges reported by unpaid caregivers appear to cut across many demographic lines. Regardless of income, education, employment status, or race, caregivers commonly cite stress, lack of time, and work obligations, as some of their top concerns.



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

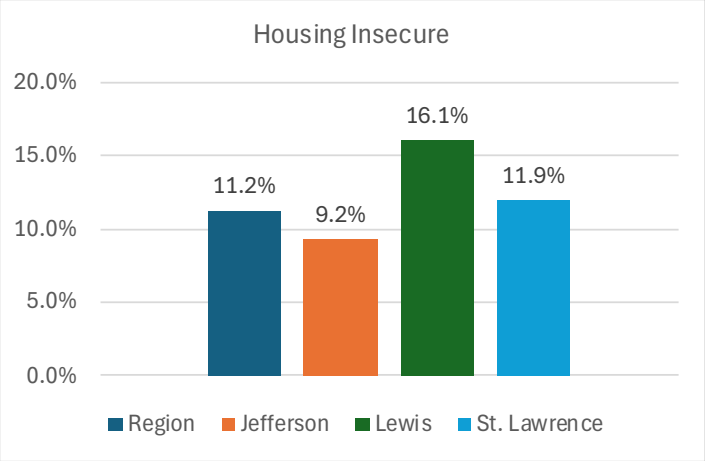
In Lewis County, aging-related concerns largely align with regional trends. Just over half of Lewis County respondents (53.3%) cited "being a burden" as their greatest concern, closely aligned with neighboring counties. More than half also worry about losing their independence (54.3%). Roughly 34.9% identified affordability as a top concern. Roughly one in five Lewis respondents worried about not having loved ones nearby (20.9%).



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

Participants were asked to describe their current living situation. Responses included the following:

- "I have a steady place to live, and am not worried about losing it in the future."
- "I have a place to live today, but I am worried about losing it in the future."
- "I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, etc.)."



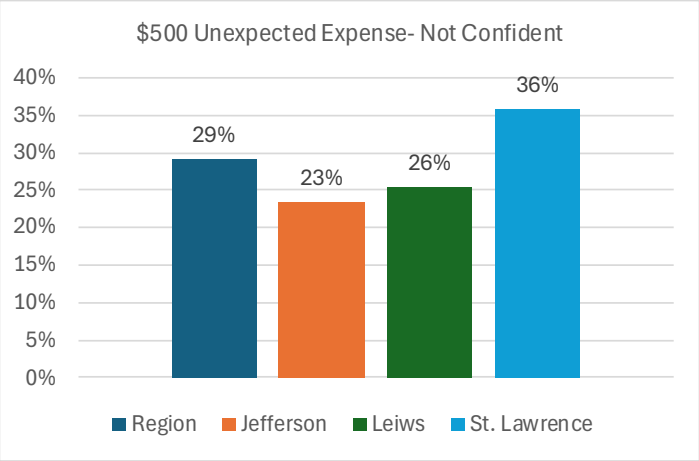
Those who indicated that they either do not have a steady place to live or are worried about losing their housing were considered to be experiencing housing instability. Lewis County stands out with the highest level of reported housing instability, at 16.1 %. This rate is higher than the regional average, suggesting that some residents in Lewis may be facing more acute economic pressures or have fewer housing support resources available. Across the North Country region, 11.2% of adults fell into this category. Adults in the region who are unemployed report the highest rate, with 32.8% experiencing housing instability. Similarly, nearly 1 in 3 uninsured residents (29.4%) and over one-quarter of those not confident they could cover a $500 expense (26.5%) face unstable housing concerns. Emotional and social factors also play a role: 25.7% of those who rarely or never feel supported report housing concerns, as do 22.8% of people living with a disability and 23.1% of Medicaid recipients. Those with 3 or more ACEs report greater instability. Disparities are also evident among young adults aged 18–34 and those who identify as LGBTQ+, as well as among BIPOC respondents.

Source: FDRHPO Community Health Survey 2025

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

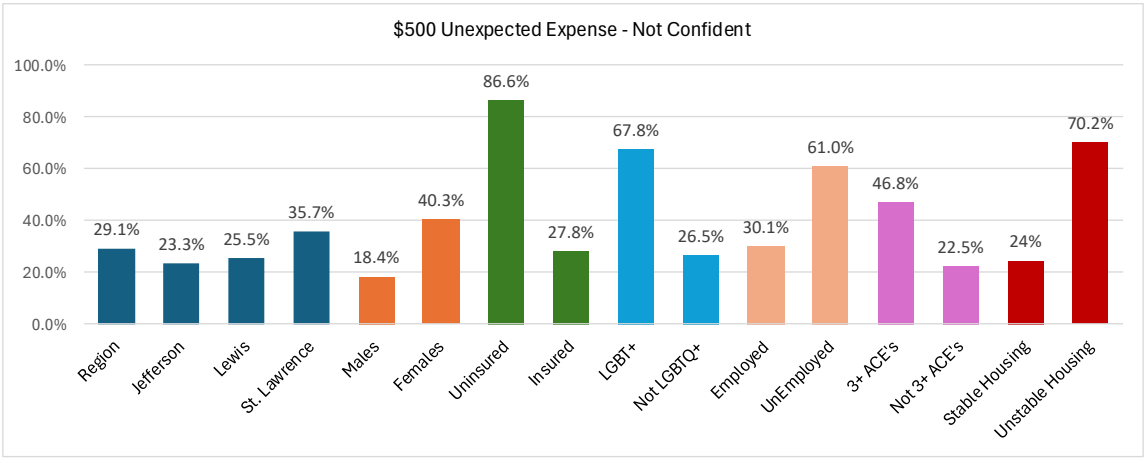
Q: 29 – How confident are you that you could cover an unexpected $500 expense (e.g., medical bill) without using a credit card or borrowing?

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



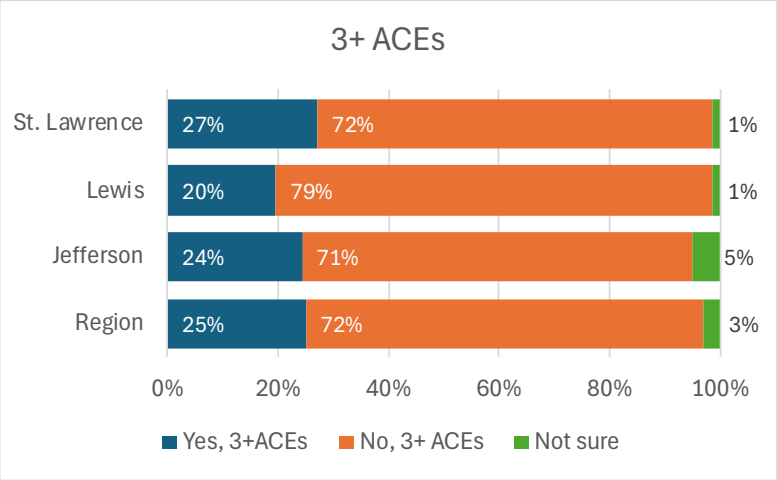
Lewis (26%) fares better than the regional average, but nearly a quarter of its residents reported that they were not confident. Overall, those ages 55+ reported more confidence. Regionally, about 29% of North Country adults reported that they are not confident they could cover a $500 emergency expense. St. Lawrence County reported the highest level of financial vulnerability.

Regional demographic breakdowns reveal deeper disparities. Females were more than twice as likely as males to report low financial confidence. Among those with no health insurance, the problem is also high. Roughly 87% of uninsured respondents said they were not confident they could cover a $500 emergency without borrowing, compared to roughly 28% of those with insurance. LGBTQ+ adults also reported significantly higher financial insecurity compared to those who do not identify as LGBTQ+. Other at-risk groups include the unemployed, individuals with unstable housing, and those who have experienced three or more adverse childhood experiences.



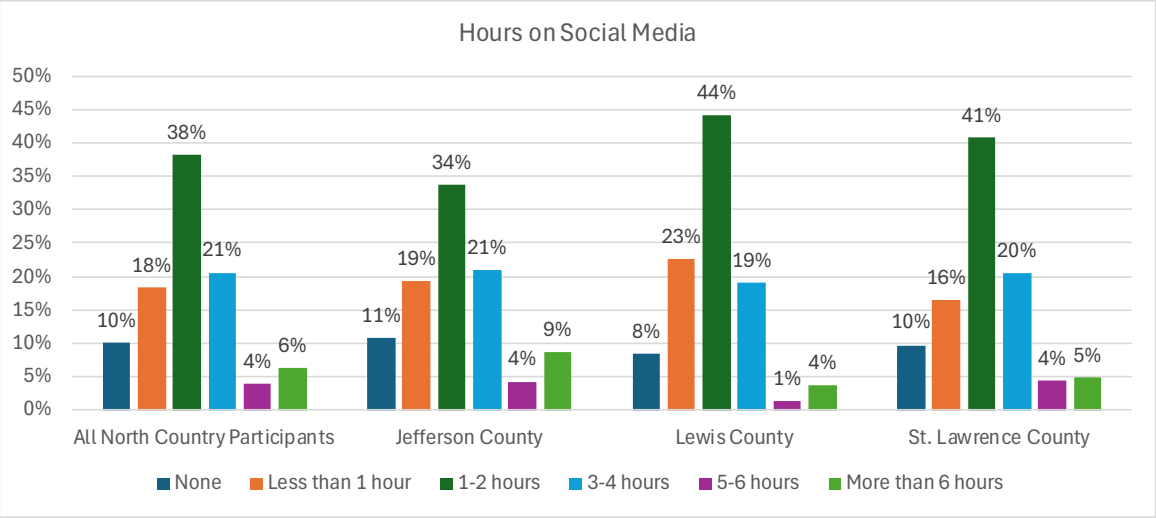
Q: 30 – Before the age of 18, did you experience at least three ACE's?

ACEs, or Adverse Childhood Experiences, refer to traumatic or stressful events that occur before the age of 18 (e.g. abuse, neglect, or growing up in a household with substance use, mental illness, or domestic violence). Research shows that experiencing multiple ACEs can have long-term effects on a person's health, behavior, and economic stability throughout life (Centers for Disease Control and Prevention, 2025). To better understand the impact of early life experiences on adult health and stability, the 2025 Community Health Survey asked participants whether they had experienced three or more ACEs. Understanding ACE prevalence helps public health partners target resources and develop trauma-informed services. Those with 3+ ACEs in our region are also more likely to face challenges such as housing instability, poor financial resilience, and worse health outcomes. In Lewis County, 20% of adults reported experiencing three or more ACEs. Disparities emerged across regional demographic groups. Young adults ages 18–34 were the most affected, with 45% reporting 3+ ACEs, nearly double the regional average. Similarly, LGBTQ+ individuals (46%), those with unstable housing (46%), the uninsured (32%), and those not employed and not retired (39%) were far more likely to report a history of early trauma. Other groups with elevated ACEs exposure include Medicaid-insured adults, BIPOC respondents, and individuals who said they were not confident they could cover a $500 emergency expense. In contrast, those who feel socially supported most days and those who are very confident in their financial stability reported lower ACE exposure.



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

Residents were asked how much time they typically spend on social media each day. In Lewis County, most adults reported moderate use, with 44% saying they spend 1–2 hours per day and 19% reporting 3–4 hours. Only 8% of respondents said they do not use social media at all. Jefferson County had the highest percentage of heavy users, with 9% reporting more than 6 hours per day. Regionally, young adults ages 18–34 are the most likely to engage heavily, with 17% using social media more than six hours daily, and another 11% using it for 5–6 hours. This is nearly five times the heavy-use rate of older adults. Individuals from active-duty military households, Medicaid recipients, those with unstable housing, BIPOC residents, LGBTQ+ individuals, those who are not employed and not retired, those who are not confident in their ability to cover a $500 expense, and individuals with three or more ACEs, each show higher rates of extended use.

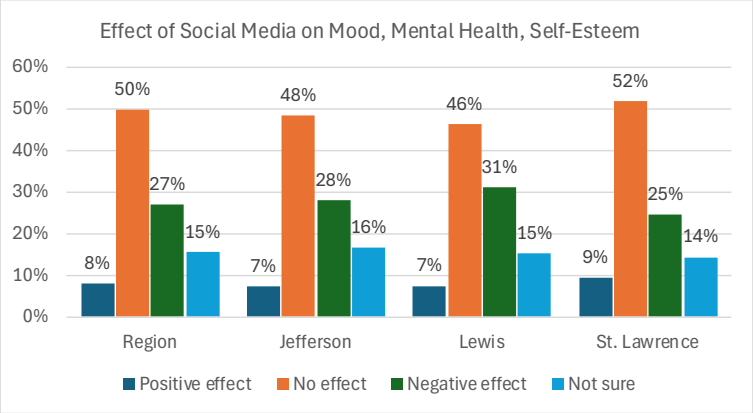


Q: 32 – In the past year, how do you think your use of social media has affected your overall mood, mental health, or self-esteem?

When asked about the overall impact of social media on their lives, about half of all respondents in the region said it had no effect. Only 8% described the impact as positive, while more than one in four adults (27%) felt that social media had negatively affected their mood, mental health, or self-esteem. Another 15% were unsure. Lewis County responses closely reflected the regional average across all categories; however, Lewis reported the highest percentage of adults who felt social media had a negative impact.

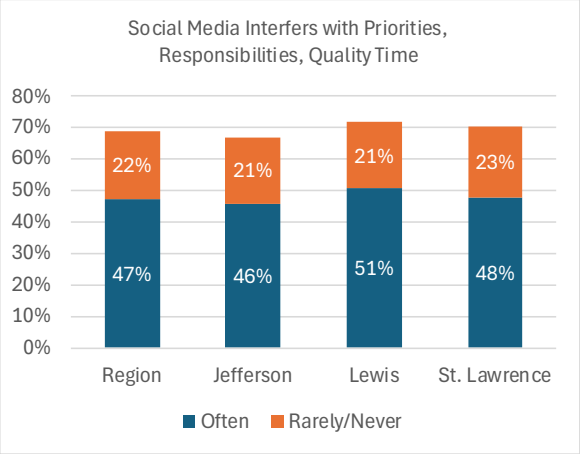
Regionally, perceptions differed by some demographic groups. Adults ages 35–54 were the most likely to report negative effects, while younger adults ages 18–34 were more likely to view social media positively. Parents and caregivers reported higher rates of negativity than those without children at home, suggesting added concerns around social media's influence on families.

Individuals with unstable housing, those who rarely or never feel supported, and those not confident in their ability to cover a $500 expense were among the most likely to view social media negatively. More positive views were found among LGBTQ+ individuals, BIPOC respondents, and the uninsured, suggesting that for some groups, social media may serve as a valuable tool for connection, identity affirmation, or access to support.



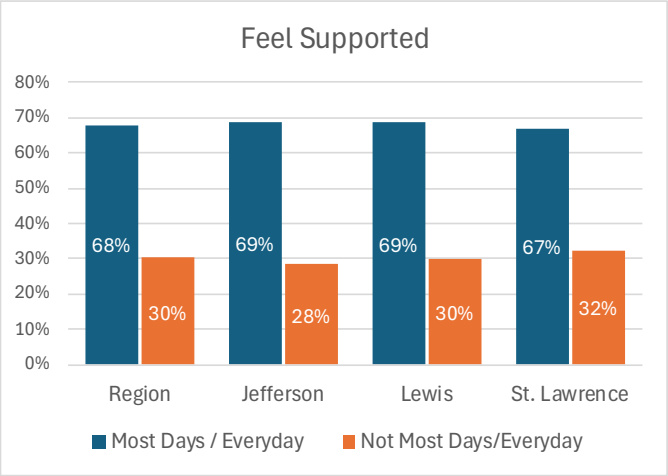
Q: 33 – Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?

This question was designed to capture community perceptions, not personal behavior, regarding how digital technology affects everyday life. Across all three counties, a majority of respondents said they often observe social media interfering with people's responsibilities, priorities, or quality time. Lewis County had the highest share of respondents reporting frequent interference compared to the other two counties. In all three counties, fewer than 1 out of 4 said they "rarely or never" observe this kind of interference. These responses suggest that most residents perceive social media and smartphone use as a behavior that regularly interferes in daily life.



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

Residents were asked how often they feel supported, accepted, and connected to people who understand them. Regionally, 68% of North Country adults said they feel this way most days or every day, while 30% said they do not. At the county level, responses were fairly consistent, with Jefferson and Lewis Counties each at 69%, and St. Lawrence County slightly lower at 67%. This suggests a relatively uniform sense of support across the region.



Regionally, younger adults reported lower levels of support. Just 56% of 18–34-year-olds feel supported most days, compared to 78% of those ages 55–74 and 81% of those 75 and older. Retirees (81%) were among the most likely to report feeling supported, while adults who are not employed and not retired (57%) were among the least.

Housing and financial security were strongly linked to perceived support. Only 32% of those experiencing unstable housing said they feel supported most days, compared to 73% of those with stable housing. Similarly, 81% of people who were very confident in their ability to cover a $500 emergency felt supported regularly, while only 61% of those who were not confident said the same.

Differences also emerged across identity groups. Roughly 41% of LGBTQ+ respondents and 57% of disabled adults reported feeling supported most days, compared to 70% and 71% of their non-LGBTQ+ and non-disabled peers, respectively. Experiences of childhood trauma also appeared to impact feelings of being supported. Only 55% of people with three or more ACEs felt supported, compared to 74% of those with fewer ACEs.

Key Informant Interviews: Youth Priorities

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

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

Key Themes and Findings

Youth Mental and Emotional Well-being

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

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

Impact of Technology and Social Media

The influence of screen time and social media on youth well-being was repeatedly emphasized. Stakeholders reported that overuse of digital platforms contributes to social isolation, sleep disruptions, cyberbullying, and negative self-comparisons among students. Respondents observed shorter attention

spans, increased classroom conflicts, and increased stress that they attributed to excessive online interactions. Recommendations included digital wellness initiatives and education designed to promote healthy technology use.

Risky Behaviors and Substance Use

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

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

Trauma and Adverse Childhood Experiences (ACEs)

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

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

Social Determinants of Health (SDoH)

Economic disadvantage was a recurring theme, with some stakeholders noting that most of their students are economically disadvantaged. Food insecurity remains a concern, particularly with limited access to healthy, affordable options both at school and in the community. Transportation and broadband access were identified as barriers for some rural students.

Access to Services and System Capacity

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

Youth Voice and Empowerment

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

Respondent Recommendations

Respondents offered the following recommendations:

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

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

Leading Causes of Death

The New York State Department of Health tracks the leading causes of death in each county using standardized ICD-10 classifications. The most recent mortality data show that Lewis County's leading causes of death generally follow state-level patterns, with some variations in rate. Heart disease remains the top cause of death in the county, followed closely by cancer (malignant neoplasms). While heart disease occurs at a lower rate than the state average, cancer deaths in Lewis County are higher.

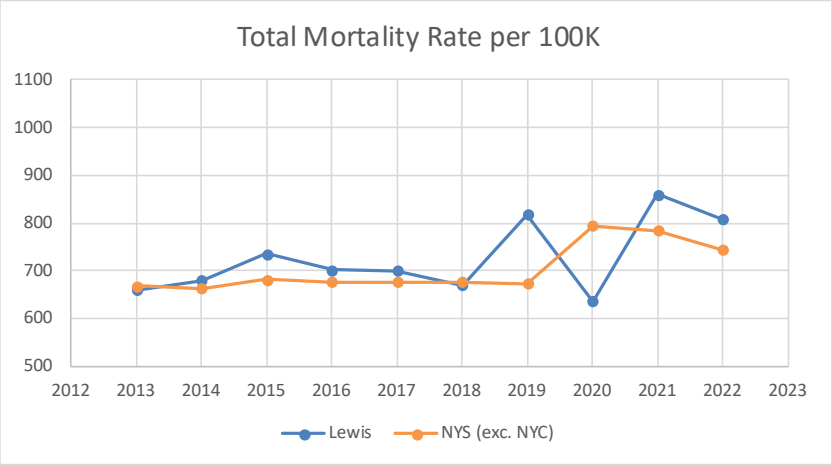
Source: CDC Wonder Online Database, Nation Center for Health Statistics, Multiple Causes of Death

15 Leading Causes of Death, 2018 – 2023 Average	Lewis County	New York State
Diseases of heart (I00-I09,I11,I13,I20-I51)	212.9	224.6
Malignant neoplasms (C00-C97)	209.1	169.2
COVID-19 (U07.1)	47.2	61.0
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	51.7	47.1
Chronic lower respiratory diseases (J40-J47)	47.9	33.4
Cerebrovascular diseases (I60-I69)	47.9	32.9
Diabetes mellitus (E10-E14)	36.5	24.4
Influenza and pneumonia (J09-J18)	17	21.8
Alzheimer disease (G30)	18.3	18.1
Essential hypertension and hypertensive renal disease (I10,I12,I15)	20.8	14.8
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	18.3	13.2
Septicemia (A40-A41)	13.2	10.8
Chronic liver disease and cirrhosis (K70,K73-K74)	13.2	9.3
Parkinson disease (G20-G21)	-	8.7
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	19.5	8.7

Lewis County's leading causes of death somewhat mirror the state, with heart disease and cancer as the top two. However, several conditions show notably higher mortality rates locally. Deaths from cancer, chronic lower respiratory disease, stroke, diabetes, and hypertensive renal disease all exceed state averages. The county's suicide rate is more than twice the state rate, indicating a need for additional mental health awareness training, mental health services, and suicide prevention support. While Lewis reports a lower COVID-19 mortality rate than the state, accidental injuries indicate a concern. These findings point to the need for enhanced chronic disease self-management support, behavioral health services, and injury prevention efforts.

The total mortality rate reflects all deaths from all causes and provides context for understanding how each leading cause contributes to overall mortality. From 2013 to 2022, Lewis County's all-cause mortality rate has generally tracked close to the statewide average (excluding New York City), with some notable fluctuations. From 2013 to 2017, mortality in Lewis remained relatively stable and only slightly above state rates.

In 2018, the county briefly dipped below the state average before experiencing a sharp spike in 2019. During the first year of the COVID-19 pandemic (2020), Lewis County's mortality rate declined, in contrast to the sharp rise seen statewide, likely due to the delayed impact of the virus in rural areas. However, by 2021 and 2022, Lewis saw its highest mortality rates of the decade, reaching 860 and 807.1 respectively, outpacing the rest of the state.



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

Health Challenges and Associated Risk Factors

Lewis County's rural landscape, small population, and limited infrastructure present both challenges and opportunities for improving population health. Many residents live in small towns spread across the county, with long travel distances and limited public transportation making it more difficult to access services, particularly during the winter months. These factors influence how and when people engage with care, healthy food options, and other essential resources.

Chronic disease continues to affect many residents. A high rate of adults report having been diagnosed with conditions such as obesity, hypertension, diabetes, or chronic respiratory disease. Mortality data show that heart disease, cancer, and stroke are among the most common causes of death. While the county has made progress in some areas, ongoing efforts to support prevention and chronic disease self-management remain important, especially as the population continues to age. Mental health is an area of growing concern, similar to neighboring counties. About one in five adults reports frequent mental health challenges, and suicide rates remain above statewide goals. Smoking and heavy drinking rates exceed state averages, and while long-term opioid prescribing has declined, initial prescribing to opioid-naïve patients remains elevated. Several maternal and child health indicators have room for improvement. Rates of early prenatal care, childhood lead testing, and HPV vaccination are below state benchmarks, and the rate of confirmed child abuse cases is higher than targeted goals. At the same time, there are encouraging signs. Breastfeeding initiation and toddler immunization rates meet or exceed state and national goals, and screening rates for breast and colorectal cancer are relatively strong.

Provider availability remains an issue for access to care. Lewis County is designated a Health Professional Shortage Area for primary, dental, and mental health services, and the number of providers per capita is below the state average. Wait times and distance to services may affect access, particularly for dental and behavioral health care. The county benefits from high health insurance coverage, with the vast majority of residents insured.

Roughly one in eight residents lives below the poverty line, and many more fall within the ALICE population. Seasonal employment, housing insecurity, and caregiving responsibilities can create added stress for families. A meaningful share of adults in the county provide unpaid care for loved ones.

Even with these challenges, Lewis County has strong community assets that support health. High rates of immunization and breastfeeding suggest strong early childhood services are in place, and recent declines in preventable hospitalizations point to effective use of outpatient care and care coordination support. The county has a high level of community engagement and community support. These social connections play an important role in promoting resilience and social connectedness.

Continued collaboration with surrounding counties and regional partners will be essential to bridging gaps in workforce capacity and specialty services. Leveraging regional resources can help offset the challenges associated with provider shortages and limited local infrastructure. Continuing strong partnerships with service locations in Jefferson, St. Lawrence, and other nearby counties will help mitigate access to care issues.

Community Assets and Resources

Lewis County is supported by a highly collaborative network of organizations that work together to address the health and social needs of residents. These resources span healthcare, behavioral health, substance use treatment and prevention, food access, housing, transportation, early childhood services, economic assistance, and workforce development. In a rural county with limited resources, service providers routinely partner together to provide services.

Key locations like Lewis County Opportunities (LCO) and the Department of Social Services (DSS) provide critical assistance in housing, food access, utility support, transportation, early childhood programs, and crisis intervention. Snow Belt Housing Company offers affordable housing, home-repair grants, and homelessness prevention services, while Maximizing Independent Living Choices (MILC) and NRCIL focus on accessible housing and peer-based disability support.

Food and nutrition needs are met through a network of pantries, including those operated by LCO, Croghan Food Pantry, and the Salvation Army, with support from the Food Bank of Central New York. Nutrition education is offered through Cornell Cooperative Extension and Lewis County Public Health, and meal services for older adults are coordinated by the Office for the Aging.

Transportation options include public busing, volunteer programs, and Medicaid-funded medical transport, often supported by organizations like LCO, NRCIL, and the Volunteer Transportation Center. Comprehensive care is provided by a local FQHC, North Country Family Health Center, while mental health and substance use treatment are provided by THRIVE Wellness and Recovery. The UP! Coalition, serves as the prevention arm of the Lewis County behavioral health system. Maternal and family supports are provided by the North Country Prenatal/Perinatal Council.

Regional organizations based in Jefferson County play an important role in providing access to services in Lewis. Many maintain a service footprint in Lewis through satellite offices or outreach programming. Overall, Lewis County's service network is deeply interconnected and highly adaptive. These assets function as both a safety net and a pathway to stability, demonstrating how rural systems can achieve impact through shared mission, cross-county partnerships, and community-driven coordination.

List of Community Resources

Food and Nutrition	
Food Bank of Central New York 131 Washington St., Watertown, NY 315-782-8440	Lewis County Opportunities 8265 NY-812, Lowville, NY 315-376-8202
Lewis County Public Health 7785 N. State St., Lowville, NY 315-376-5453	NRCIL 5520 Jackson Street, Lowville NY 315-836-3735
Snow Belt Housing - Salvation Army 7500 South State Street, Lowville NY 315-376-2639	Cornell Cooperative Extension of Lewis Co. 7395 East Road, Lowville NY 315-376-5270
Croghan Food Pantry	Lewis County Office for the Aging

9794 Main St., Lowville, NY 845-661-3659	5274 Outer Stowe St, Lowville, NY 315-376-5313
Lowville Food Pantry 5502 Trinty Ave., Lowville, NY 315-376-7431	Port Leyden Food Pantry 7108 N. St., Port Leyden, NY 315-376-8202
Lewis County Department of Social Services 5274 Outer Stowe St., Lowville, NY 13367 315-376-5400	

Housing	
Lewis County DSS 5274 Outer Stowe St, Lowville, NY 315-376-5400	Lewis County Opportunities 8265 NY-812, Lowville NY 315-376-8202
Lowville Heights & Lewis Apartments 7486 Railroad St., Lowville, NY 315-376-7431	Maximizing Independent Living Choices 120 Washington St., Watertown, NY 315-764-9442
Snow Belt Housing Company 7500 South State Street, Lowville NY 315-376-2639	THRIVE Wellness and Recovery 7550 South State Street, Lowville NY 315-376-5450

Clothing	
ACR Health 210 Court Street #20 Watertown NY 315-475-2430	Catholic Charities 44 Public Sq., Watertown NY 315-788-4330
Lewis County Opportunities 8265 NY-812 Lowville NY 315-376-8202	Snow Belt Housing Company 7500 South State Street, Lowville NY 315-376-2639
Watertown Urban Mission 247 Factory St., Watertown, NY 315-782-8440	

Transportation	
Catholic Charities 44 Public Sq., Watertown NY 315-788-4330	Central Assc for the Blind & Visually Impaired 507 Kent St., Utica NY 315-797-2233
Lewis County Opportunities 8265 NY-812 Lowville NY 315-376-8202	Lewis County Public Transportation 6591 NY-12, Lowville, NY 315-377-2024
MAS Transportation (Medicaid) 1-800-932-7740	NRCIL 5520 Jackson Street, Lowville NY 315-836-3735
Volunteer Transportation Center of Jeff Co. 203 N. Hamilton St., Watertown NY 315-788- 0422	

Utilities and Emergency Needs (Water, Gas, Electricity, Oil)	
Catholic Charities 44 Public Sq., Watertown NY 315-788-4330	Lewis County DSS 5274 Outer Stowe St, Lowville, NY 315-376-5400
Lewis County Opportunities 8265 NY-812 Lowville NY	Maximizing Independent Living Choices 120 Washington St., Watertown, NY

315-376-8202	315-764-9442
National Grid Advocate; Aurora Navarro Aurora.Navarro@nationalgrid.com 315-263-6538	Watertown Urban Mission 247 Factory St., Watertown NY 315-782-8440
Snow Belt Housing Company 7500 South State Street, Lowville NY 315-376-2639	

Child Care	
Lewis County DSS 5274 Outer Stowe St, Lowville, NY 315-376-5400	Cornell Cooperative Extension of Lewis Co. 7395 East Road, Lowville NY 315-376-5270
Lewis County Opportunities 8265 NY-812, Lowville NY 315-376-8202	

Personal Safety	
ACR Health 120 Washington St., Watertown, NY 315-785-8222	CHJC Community Clinic of Jefferson County 211 JB Wise, Watertown, NY 315-782-7445
Lewis County Opportunities 8265 NY-812 Lowville NY 315-376-8202	North Country Family Health Center 238 Arsenal St., Watertown NY 315-782-9450
NRCIL 5520 Jackson Street, Lowville NY 315-836-3735	THRIVE Wellness and Recovery 7550 South State Street, Lowville NY 315-376-5450
UP! Coalition 7714 Number Three Rd., Lowville, NY 315-376-2321	
Finances	
ACR Health 120 Washington St., Watertown, NY 315-785-8222	Catholic Charities 44 Public Sq., Watertown NY 315-788-4330
FOR FIDELIS CARE MEMBERS: Fidelis Care 101 East Main Street, Gouverneur, NY 315-350- 0696	Lewis County DSS 5274 Outer Stowe St, Lowville, NY 315-376-5400
Lewis County Opportunities 8265 NY-812 Lowville NY 315-376-8202	North Country Prenatal Perinatal Council 200 Washington St., Watertown, NY 315-788- 8533
NRCIL 5520 Jackson Street, Lowville NY 315-836-3735	Salvation Army 723 State St., Watertown NY 315-782-4470
Watertown Urban Mission 247 Factory St., Watertown, NY 315-782-8440	

Other (Literacy, Self-Care, Family Services)	
Central New York Health Home Network call 1-855-784-1262 to enroll	CHJC Community Clinic of Jefferson County 211 JB Wise, Watertown, NY 315-782-7445

For members: Fidelis Care 101 East Main Street, Gouverneur, NY 315-350-0696	Lewis County Opportunities 8265 NY-812 Lowville NY 315-376-8202
Lewis County Public Health 7785 N. State St., Lowville, NY 315-376-5433	Literacy of NNY – Jefferson Co. 200 Washington St., Ste. 303, Watertown, NY 315-782-4270
North Country Family Health Center 238 Arsenal St., Watertown NY 315-782-9450	North Country Prenatal Perinatal Council 200 Washington St., Watertown, NY 315-788-8533
NRCIL 210 Court St. #30, Watertown, NY 315-785-8703	Salvation Army 723 State St., Watertown NY 315-782-4470
Thrive Wellness and Recovery 482 Black River Parkway, Watertown, NY 315-782-1777	

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Community CHIP

Major Community Health Needs

Housing Stability and Affordability
Ongoing challenges were identified related to income, employment, housing, food access, and transportation that affect residents' ability to maintain good health. Many households experience financial strain and difficulty meeting basic needs, which contributes to poorer health outcomes. Lewis County residents and community partner report housing stability and affordability as the highest priority for economic stability.

Anxiety and Stress
Mental health remains a major concern in the county, with residents reporting high levels of stress and emotional distress. Given the counties rural nature and shortage of mental health providers a need for easily accessible mindfulness resources to reduce the negative impact of stress and trauma is high priority.

Schools are increasingly recognizing the importance of mental health and emotional well-being in student success. Expansion of age-appropriate mental health and wellness programs will help to strengthen coping skills and emotional support for students. There is a need to expand access to social-emotional learning programs and ensure that students have consistent, age-appropriate mental health support.

There is also a need to help support those in our community living in poverty. Continuing the success we have seen with the Getting Ahead in a Just Getting' by World program was important to all planning partners. This program is building resilience in our most vulnerable residents.

Suicide Prevention
Suicide continues to be top priority for Lewis County as we have one of the highest suicide rate in the state. There is a need to increase public awareness, training, and capacity to recognize and respond to individuals who may be at risk.

Similarly, while crisis services are available, awareness and understanding of how to access immediate help remain limited. There is a need to increase visibility and understanding of the 988 Suicide and Crisis Lifeline, so residents know where to turn for timely support during a mental health crisis.

In reviewing means of deaths by suicide, lethal means reduction also continues to be needed in our community.

Adverse Childhood Experiences
Child abuse and maltreatment rates are high in Lewis County. Many families in Lewis County face social and economic stressors that can affect family well-being There is a need to enhance early, evidence-

based home-based supports to strengthen parenting skills, promote healthy child development, and connect families to community resources that improve long-term outcomes.

There is also a high number of adults reporting two or more adverse childhood experiences. There is a need for trauma informed care and approaches in our community. We must better address the complex needs of our residents.

Tobacco and E-cigarette Use

Tobacco and nicotine use, including vaping among youth, continue to be significant local health issues. These behaviors contribute to chronic disease and addiction. Community education and cessation promotion remain important to reduce use and prevent initiation, especially among young people.

Lewis County also has a higher rate of cigarette smoking and chewing tobacco rather than vaping and nicotine pouches, at least in our adult population. We must use this information as we target media campaigns. We must also work together to increase referral to the NYS Quitline to provide residents with the resources they need to quit.

Prioritization Methods

Description of Prioritization Process

Lewis County entered this planning cycle with a strong collaborative foundation already in place. Long-standing partnerships among local health departments, hospitals, and regional organizations provided an established foundation for county stakeholders to collaborate. The county continues to leverage both regional and local partnerships to support ongoing community health improvement. The regional Population Health Committee, which has been in existence since 2013, serves as the collaborative body for Jefferson, Lewis, and St. Lawrence Counties. This committee includes the directors of all three county health departments along with representatives from hospitals, clinics, schools, community-based organizations, behavioral health providers, Fort Drum military installation, and other relevant partners. Facilitated by FDRHPO, the group meets monthly and provides a consistent venue for stakeholders to share data and resources, discuss emerging issues, and coordinate strategies to address both county and regional health priorities. The committee also supports the development of the annual Community Health Survey, assists with qualitative research efforts, and helps align the CHA, and CHIP processes across counties.

Lewis County Priorities Council members analyzed the Community Health Assessment (CHA) and identified community health needs, service gaps, and areas for improvement. Using this information, the group engaged in a prioritization process to determine which health needs warranted the greatest attention. Partners participated in a series of facilitated discussions to examine each identified issue in relation to the nature and extent of the need, existing disparities, feasibility, and potential for meaningful impact. Members discussed each factor and used a consensus-based approach to narrow the list to those priorities that offered the greatest opportunity for improvement.

Once priorities were chosen, partners discussed services already being offered in the county and opportunities to add new interventions or expand existing interventions. The partners were presented with a list of potential evidence-based interventions and again, through facilitated discussion, narrowed the intervention list down to those presented in this document.

Additionally, the three county CHA/CHIP groups that make up the North Country region (Jefferson, Lewis, and St. Lawrence Counties), participated in a sharing session at one of our monthly Population Health Committee meetings. During this session, each county group shared the priorities and interventions planned for their respective CHIP/ CSP. This regional discussion provided an opportunity for partners to exchange information, identify common themes, and explore ways to share resources and expertise to support coordinated implementation across the region. After the Lewis County Priorities Council identified and refined its proposed priorities, the findings were presented to Lewis County Board of Legislators Human Services Committee review and feedback. This provided an opportunity for additional input and helped ensure that the final priorities and strategies aligned with both community needs and organizational capacity.

The final priorities and interventions emerged from this process and formed the foundation of the Lewis County CHIP.

Community Engagement

The CHIP process was conducted by the local health department with support from local schools, partnering CBOs, and FDRHPO. Collaboratives were facilitated by FDRHPO through our regional population health committee (North Country Health Compass Partners). Partners were engaged throughout the process to ensure that diverse perspectives and populations were consistently represented.

Community engagement occurred through several strategies:

- Community Health Survey: Facilitated by FDRHPO and distributed to nearly 400 residents to gather input on health behaviors, access to care, and perceived community needs. Responses were analyzed and cross-tabulated to identify disparities and were shared with regional partners to inform discussions and planning.
- Key Informant Interviews: Conducted with community leaders, healthcare providers, school officials, behavioral health professionals, and social service agencies to gain deeper insight into local challenges, resource gaps, and opportunities for improvement.
- Standing Committees and Workgroups: Existing committees and workgroups, including the Population Health Committee, Behavioral Health Committee, Healthcare Workforce Committee, Lewis County Human Service Committee and the Lewis County Priorities Council reviewed data and findings, provided feedback, and helped to ensure that priorities reflected the needs of the community and the capabilities of stakeholders to implement potential interventions.
- Partner Collaboration: Preliminary findings and potential priorities were presented to public health, hospital, and community-based organization partners for review and feedback, ensuring

that the final assessment reflected the needs of all county residents, with particular attention to populations experiencing disparities.

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

The CHIP priorities were selected through a collaborative, data-informed, and transparent process involving all Lewis County Priorities Council partners. The Priorities Council then reviewed CHA findings against the 2025–2030 NYS Prevention Agenda framework. Partners evaluated potential priorities and interventions using the following criteria:

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

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

Justification for Unaddressed Health Needs

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

Developing Objectives, Interventions, and an Action Plan

Alignment with Prevention Agenda

The CHIP was developed in alignment with the 2025–2030 New York State Prevention Agenda. In accordance with state guidance, partners selected 5 Prevention Agenda priorities, including 1 addressing the Social Determinants of Health. Each selected priority includes one or more objectives from the official Prevention Agenda framework, with at least two identified as SMARTIE objectives to ensure that they are specific, measurable, achievable, realistic, time-bound, inclusive, and equitable.

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

Action Plan

Priority: Housing Stability and Affordability	
Entities Action and Impact:	Conduct a community assessment regarding awareness of programs available that assist with housing and provide navigation support. Start a land trust to decrease mortgage payments and cost burdens to low and middle income families.
Geographic Focus:	Entire county but special focus on Croghan, Lyons Falls, Port Leyden, and West Leyden.
Resource Commitment:	Time
Participant Roles:	The Planning Department, Social Services Department, Community Services Department, Office for the Aging and Snowbelt Housing Authority will be part of the housing committee assessing housing programs and knowledge. This committee will also work together to establish the land bank in Lewis County and help residents navigate the various housing programs within the county.
Health Equity:	The actions will address poverty and assist those in poverty with one of the most important human needs, shelter.

Priority: Anxiety and Stress	
Entities Action and Impact:	Work with schools, Suicide Prevention Coalition and PIVOT to expand social emotional learning. Promote Mental Health First Aid courses throughout the county. Make the Credible Minds Platform available to all Lewis County residents. Work with Bridges Lewis County to expand the Getting Ahead in a Just Getting' By World.
Geographic Focus:	Entire County
Resource Commitment:	Time, payment for the Credible Minds Platform, advertising dollars promoting platform and trainings.
Participant Roles:	Suicide Prevention Coalition to buy Gizmo's Pawsome Guide to Mental Health books and stuffed animals and spend time reading them to all 3rd graders in Lewis County. PIVOT to expand their social emotional learning programs in each of the Lewis County Schools. Fort Drum Regional Health Planning Organization, North County Family Health Center, North Country Prenatal Perinatal Council to provide time and trained Mental Health First Aid trainer. Local Health Department to design and launch the Credible Minds platform and educate the public, employers, and the health system about it. Northern Regional Center for Independent Living to pay for the Getting Ahead in a Just Getting' By World.
Health Equity:	The actions will address poverty by making mindfulness and local mental health resources easily accessible to all, where money, time, and

	transportation may have barriers before. The Getting Ahead in a Just Getting' by World is also aimed at those individuals living in poverty.

Priority: Suicide	
Entities Action and Impact:	Provide gatekeeper trainings such as QPR, Safetalk, and Assist to the community to help them respond to individuals who may be at risk of suicide. Expand Lock and Talk to reduce lethal means in the community. Promote calling 988 and other suicide prevention information throughout the community with media campaigns and outreach events.
Geographic Focus:	Entire County
Resource Commitment:	Time and advertising dollars for media campaign
Participant Roles:	Lewis County Suicide Prevention Coalition to take the lead on providing trainings, means reduction and outreach and media campaigns.
Health Equity:	

Priority: Adverse Childhood Experiences	
Entities Action and Impact:	Strengthen community partnerships to increase referrals to the Healthy Families Program. Promote a trauma informed culture through Trauma informed approach training for workforce.
Geographic Focus:	Entire County
Resource Commitment:	Time
Participant Roles:	North Country Prenatal Perinatal Council will run the Healthy Families program. LHD will work with local providers and department of social services to increase referrals. Fort Drum Regional Health Planning Organization will bring Trauma Informed Approach training to the workforce in Lewis County, with special focus on healthcare and education.
Health Equity:	

Priority: Tobacco and E-Cigarette Use	
Entities Action and Impact:	Educate residents on the harms of tobacco and the benefits of tobacco free treatment. Connect patients with referrals to the NYS Quitline.
Geographic Focus:	Entire County
Resource Commitment:	Time and advertising dollars for media campaign
Participant Roles:	Lewis County Health System and North Country Family Health Center will increase referrals to NYS Quitline for patients who report smoking.
Health Equity:	The actions will address Poverty. Adults who have a household income of less than $25,000 are twice as likely to be smokers.

Partner Engagement

Progress on the CHIP will be monitored collaboratively throughout the cycle by the Priorities Council, which meets monthly and is facilitated by Lewis County Social Services Commissioner. The council includes representatives from the local health department, Lewis County Health System, and key

community organizations engaged in implementing the selected interventions. During these meetings, partners will review progress toward performance measures, share activity updates, and assess outcomes. Public Health staff will support this process by coordinating meetings, assisting with data collection and analysis, and documenting progress to ensure accountability and alignment with the Prevention Agenda goals.

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

Sharing Findings with Community

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

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

2025-2030 Prevention Agenda Workplan

The Workplan is in Excel format. Please refer to the Excel document.