

10th Annual North Country Adult Community Health Survey – June 2025

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

Experiences, Behaviors, and Perceptions Related to:

Your Experiences with Health Care in the North Country

- Primary Care
- Trusted Sources for Healthcare Information
- Dental Care
- Health Screenings
- Health Insurance Coverage
- Challenges and Difficulties Accessing Health Care Locally
- Mental Health Crises – Awareness and Confidence in Assisting

Your Health

- Assessment of Personal Physical, Mental, and Dental Health
- Diagnosed Chronic Health Conditions
- Willingness to Take Classes to Help Manage Chronic Conditions

Social Determinant Factors that May Impact Your Health

- Use of Cigarettes, E-cigarettes or Vaping Products
- Use of Alcohol – Binge Drinking
- Opiates – Households Affected by Opiate Abuse, and Awareness of Where to Get Help
- Access to Places Where You Can Walk and Exercise
- Barriers to Eating Healthier Foods
- Regularly Provide Unpaid Care for an Aging or Disabled Family Member or Friend
- Challenges Faced as a Caregiver
- Personal Concerns with Aging
- Current Living Situation and Challenges
- Poverty - Confident that One Could Cover an Unexpected \$500 Expense
- Adverse Childhood Experiences (ACEs)
- Social Media – Frequency of Use and Its Impact
- Feel Supported, Accepted, and Connected to People Who Understand You



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



Prepared by the
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Your Experiences with Health Care in the North Country

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

Your Health

- Table 14 – How would you rate your *physical* health?
Table 15 – How would you rate your *mental* health?
Table 16 – How would you rate your *dental* health?
Table 17 – Have you ever been diagnosed with any of the following eight chronic health conditions or illnesses? (choose all)
Table 18 – Would you be willing to take a class to teach you how to manage your chronic health condition(s) that you cited earlier?

Social Determinant Factors that May Impact Your Health

- Table 19 – In the past 12 months, have you regularly used any of the following nicotine products? (choose all)
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Table 23 – How would you rate your family's access to places where you can walk and exercise, either indoors or outdoors?
Table 24 – What barriers, if any, are preventing you from eating healthier foods and maintaining a healthier diet?
Table 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?
Table 26 – What are the biggest challenges you face as a caregiver, or would expect to face if you were to begin being a caregiver?
Table 27 – What concerns you the most about aging?
Table 28 – Which of the following best describes your living situation today?
Table 29 – How confident are you that you could cover an unexpected \$500 expense (e.g., medical bill) without using a credit card or borrowing?
Table 30 – Before the age of 18, did you experience at least three ACEs?
Table 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.)?
Table 32 – In the past year, how do you think your use of social media has affected your overall mood, mental health, or self-esteem?
Table 33 – Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?
Table 34 – How often do you feel supported, accepted, and connected to people who understand you?

Appendix – The 2025 North Country Community Health Survey Instrument..... 123

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Section 1 – Introduction and Description of the Study

The Fort Drum Regional Health Planning Organization (FDRHPO, www.fdrhpo.org) and the North Country Health Compass Partners (fdrhpo.org/population-health/) annually complete an adult community health survey in Northern New York State to better understand the current health and health care situations and monitor any changes in health care and health habits among North Country residents of Jefferson, Lewis, and St. Lawrence Counties, New York. This study has been completed in the summer of each of the past ten years, 2016 through 2025. Each year the study has included over 1,400 adult residents of the three counties with a minimum of at least 374 participants in each county each year. The sample size in 2025 is 1,497 North Country adult participants (637 in Jefferson County, 374 in Lewis County, and 486 in St. Lawrence County). A multi-mode survey sampling methodology has been employed in June of 2025 to maximize the representativeness of the samples. The sampling methodology utilized is described in more detail later in Section 2 of this report.

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

Community Health Study Goal #1

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

Community Health Study Goal #2

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

Community Health Study Goal #3

Evaluation – an additional goal involves using the adult survey data for evaluation of the impact of past initiatives and activities provided by the *North Country Health Compass Partners* and the *Fort Drum Regional Health Planning Organization*. Previous similar health-related surveys were completed in Jefferson, Lewis, and St. Lawrence Counties in each of year between 2016 and 2024. Comparison of the current (2025) survey results to these earlier survey results with identification of any statistically significant trends is useful to health professionals to attempt to *identify which initiatives have been most effective, most successful*. Essentially this goal is to answer the questions: “Have Northern New York health planning groups been successful in attaining their goals as outlined in their work plans?” and “Has there been any impact among the local population?”

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

Community Health Study Participant Outcome #1

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

Community Health Study Participant Outcome #2

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

This report is a summary and explanation of the findings of the 2025 North Country community health survey. The nature and characteristics of the sample of adults who completed this survey in 2025 are included in Section 3 of this report. When possible, comparisons of the current 2025 results are made to the results of previous community health surveys completed in the region between 2016 and 2024 (Section 5). Additionally, the current 2025 results are cross-tabulated by several possible demographic and social determinant explanatory factors (Sections 6 and 7). These cross-tabulations are provided both as an aggregate three-county regional group who have been surveyed, as well as provided as county-specific cross-tabulation results, in *tabular* format in Section 6 with statistical tests of significance applied and reported. The region-wide cross-tabulation results are also provided *graphically* in Section 7. The survey instrument used in this study was developed through the collective efforts of the evaluation specialists at the *Fort Drum Regional Health Planning Organization*, together with representatives of the partners in the *North Country Health Compass Partners*. The survey included approximately forty health-related items (survey questions) organized in three separate sections of the interview, as well as approximately ten demographic variables. Copies of the script and survey instrument are attached as the appendix to this report. The three specific overarching health-related study topics, or sets of health-related survey question sections, that have been studied in 2025 and are reported in the remainder of this document are shown in the table to the right.

Survey Instrument Organization

Your Experiences with Healthcare

- Primary Care
- Trusted Sources for Healthcare Information
- Dental Care
- Health Screenings
- Health Insurance Coverage
- Challenges and Difficulties Accessing Health Care Locally
- Mental Health Crises – Awareness and Confidence in Assisting

Your Health

- Assessment of Personal Physical, Mental/Behavioral, Dental Health
- Diagnosed Chronic Health Conditions
- Willingness to Take Classes to Help Manage Chronic Conditions

Social Determinant Factors that May Impact Your Health

- Use of Cigarettes, E-cigarettes or Vaping Products
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Socio-demographic Characteristics of Participants

- Gender, Age, Educational Attainment, Annual Household Income, Military Affiliation, Disability Status, Sexual Orientation, Racial Background

Section 2 – Study Methodology

The American Association of Public Opinion Research (AAPOR) is the leading public opinion professional association in the world. The AAPOR Transparency Initiative (TI) suggests that all public opinion research and polling firms utilize best practices in the industry in both data collection methodology and data analytics techniques and provide complete transparency in describing the methodology and analytics for all readers/consumers. The methodology used in this study of health-related issues in Northern New York State included a mixed-mode sampling methodology using a combination of random nonprobability MMS text message push-to-web online surveying, random nonprobability panel email invitation of residents to complete the survey online, and intercept-sampling of the difficult-to-access subpopulation of the military affiliated stationed at Fort Drum. The raw/unweighted number of North Country adult participants who completed the survey via each of these three sampling modes was: 104 intercept-surveys at Fort Drum, 691 MMS text message push-to-web online participants, and 702 random nonprobability panel email invitation responses to the survey online. All interviews were completed between June 2 and June 9, 2025. To adjust for sampling nonresponse error, the data were weighted within county for gender, age, education, race/ethnicity, household composition, and military affiliation. The data were calibrated for sampling modality, and finally weights were trimmed to minimize the design effect, generating a final design effect for the study of 2.1. The county-specific sample sizes included in this study are 637 in Jefferson County, 374 in Lewis County, and 486 in St. Lawrence County. For the three-county combined regional estimates a further weight has been applied for county population size. After all data compilation, cleansing, transforming, weighting, calibrating, and trimming the overall approximate margin of error for this study when analyzing results for the entire region-wide sample of 1,497 participants is $\pm 2.9\%$ if this sampling design were considered a perfect probability sample. When investigating study results for subgroups (such as results for only females, or only those who are uninsured, or only those who reside in Jefferson County, etc.) the margin of error is greater than $\pm 2.9\%$ due to smaller within-subgroup sample sizes. With sample sizes ranging from $n=374$ in Lewis County up to $n=637$ in Jefferson County, county-specific margins of error are approximately $\pm 4.5\%$ in Jefferson County, $\pm 5.9\%$ in Lewis County, and $\pm 5.1\%$ in Jefferson County, if they are considered perfect probability samples from county populations. The margin of error is a measurement of random error, error due to simply the random chance of sampling. When surveying humans there are other potential sources of error, sources of error in addition to

random error (which is the only error encompassed by the margin of error). Response error, nonresponse error, process error, bias in sample selection, bias in question-phrasing, lack of clarity in question-phrasing, social desirability bias, acquiescence bias, satisficing, and undercoverage are examples of sources of other-than-random error. Methods that should be, and have been in this study, employed to minimize these other sources of error include maximum effort to select the sample randomly, piloting and testing of utilized survey questions, extensive training of all data collectors (interviewers), thorough cleansing of data, calibration of data, and application of post-stratification algorithms to the resulting sampled data.

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

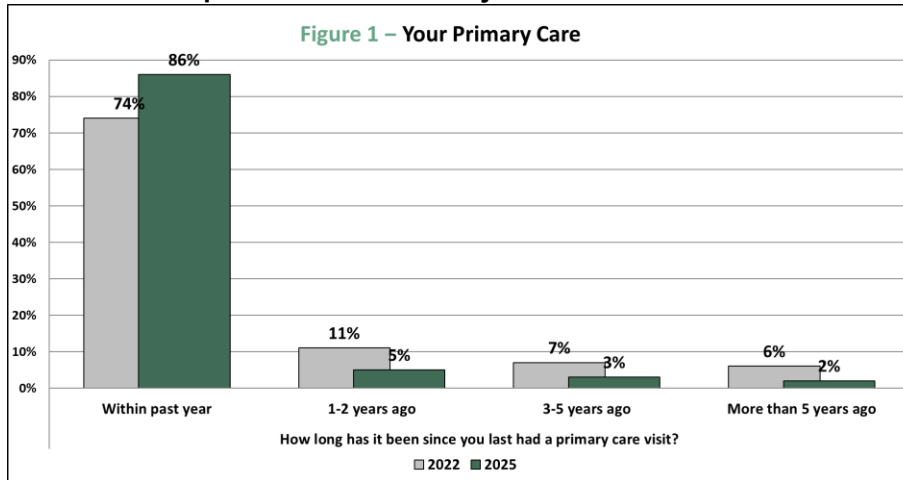
The final weighted distributions within each county among demographic subgroups are shown, illustrating the representativeness of the study samples.

Nature of these County-Specific Samples (after weighting)			
	Jefferson County n=637	Lewis County n=374	St. Lawrence County n=486
Sample Size (raw)			
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 (but no active Mil. In HH)	22%	21%	22%
No Military Affiliation or Not Sure	53%	76%	76%
Household Composition - # Minors in Household			
No household members Under Age 18	70%	71%	74%
One or more household members Under Age 18	30%	29%	26%
Disability Status			
Disabled	18%	16%	19%
Not disabled/Not sure	82%	84%	81%
Sexual Orientation			
Identify as member of LGBTQIA+ Community	6%	4%	9%
Do not	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%

Section 4 – Topline Summary of Study Results

4.1 Your Experiences with Health Care in the North Country

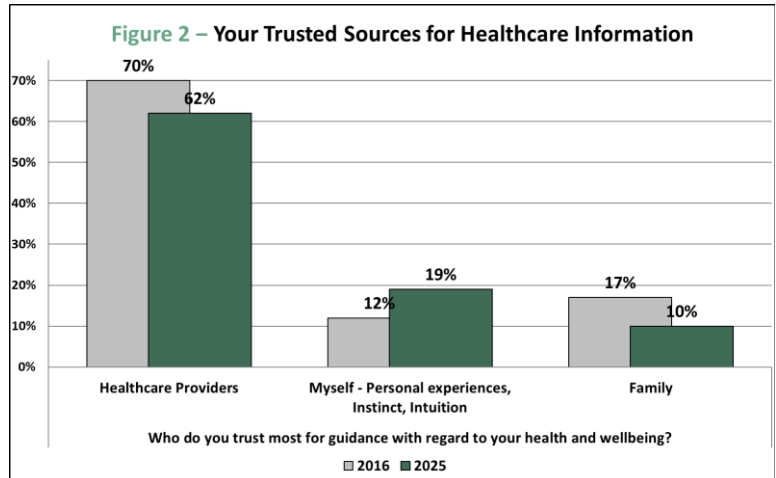
4.1.1 Your Experiences with Primary Care



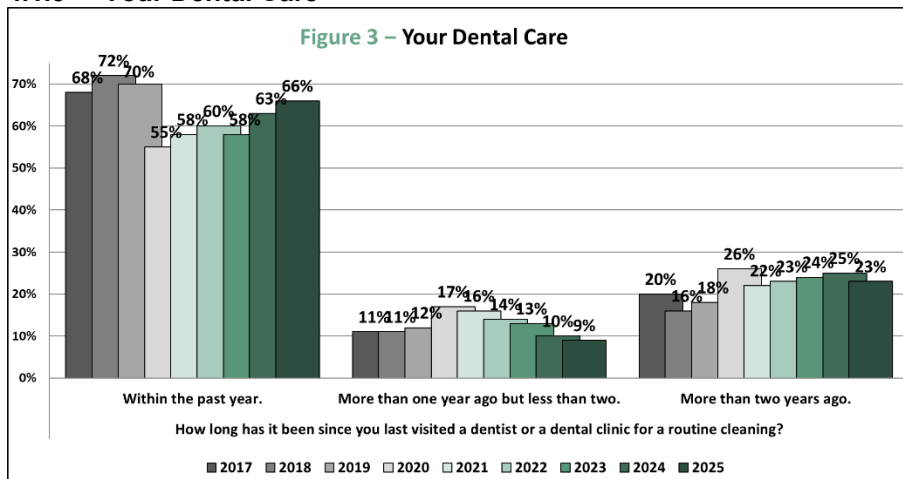
A large majority of North Country adult residents in 2025 (86%) continue to report having visited a healthcare provider for a primary care visit within the past year. This survey item was last asked three years ago, and in 2022, during the closing stages of the COVID-19 global pandemic, this rate was significantly lower at only 74%. Similarly, the rate of responding that “it has been five or more years since having a primary care visit” has decreased by two-thirds between 2022 and 2025 in the North Country, from 6% in 2022 to only 2% in 2025. (Table 1)

4.1.2 Your Trusted Sources for Healthcare Information

Ten years ago, in 2016, in the first iteration of this North Country Community Health Survey Study, 70% of participants cited “healthcare providers” as the source that they trust most for guidance with regard to their health and wellbeing, while only 12% cited “themselves” (defined as personal experience, intuition, and instinct). A change in trust in health information sources has clearly transpired among North Country residents over the past decade as this question has been reintroduced in 2025 – citation of “healthcare providers” in 2025 decreased from the 2016 rate of 70% to a current rate of only 62%, while citation of “themselves” has increased from only 12% in 2016 to the current rate of 19%. (Table 2)



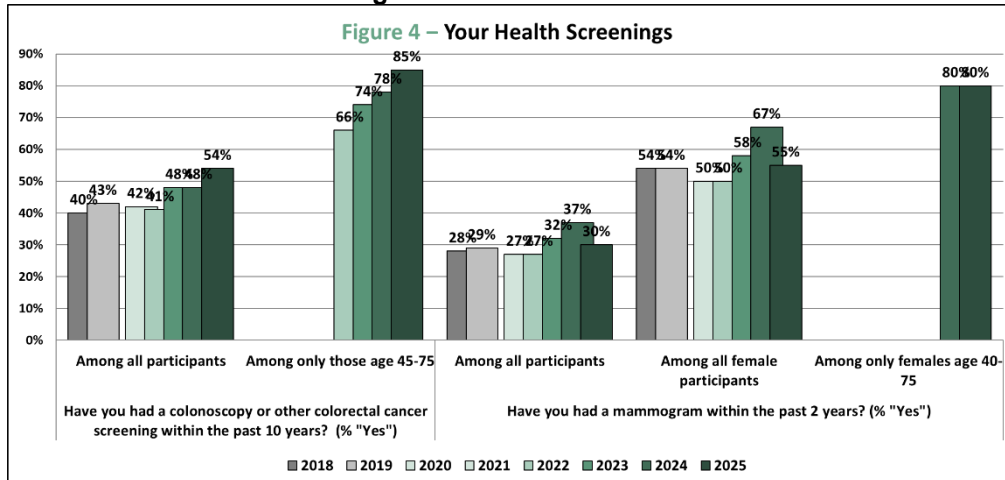
4.1.3 Your Dental Care



A majority of North Country residents in 2025 have visited a dentist or a dental clinic for a routine cleaning “within the past year” (66%). This rate of recently visiting a dentist is lower in the North Country than pre-pandemic measured rates of as high as 72% found in 2018, however, it shows recovery from a pandemic-era low of only 55% found in 2020, and has increased from 63% found in the region last year in 2024. Approximately one-in-four residents (23%) report that it has been “more than two years” since they have visited a dentist for a routine cleaning, a rate that has remained very consistent between 2021 and 2025 (always between 22% and 26% during this

timeframe). (Table 3)

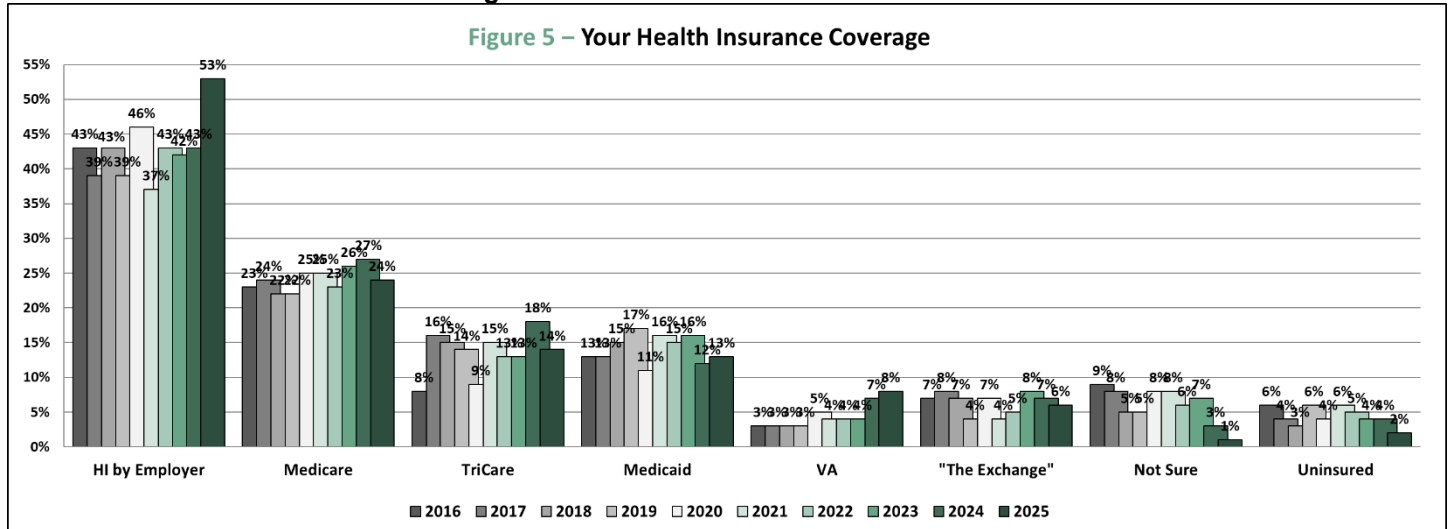
4.1.4 Your Health Screenings



Among adults aged 45-75, more than five-in-six in the North Country in 2025 (85%) report to have had a colonoscopy or other colorectal cancer screening in the past 10 years, which is significantly increased from 66% in the North Country when first measured for this age group in 2022, and represents the highest rate ever found for this subgroup. Among female adult participants aged 40-75 in 2025, approximately four-fifths (80%) report to have had a mammogram in the past 2 years, a rate that is the same as

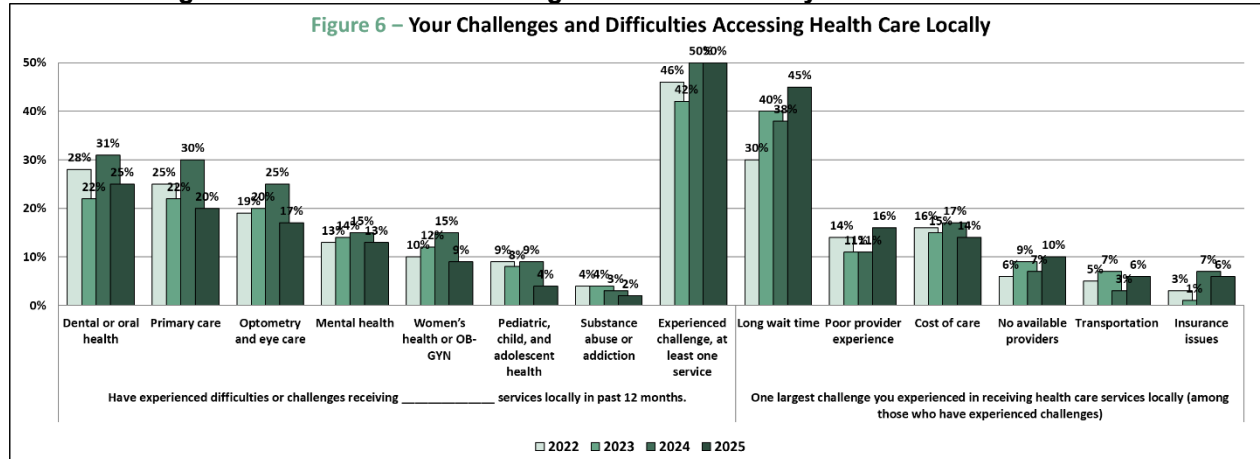
was found in 2024, which was the first year after the advised screening ages for females was changed to a recommendation of mammograms starting at age 40. (Tables 4-8)

4.1.5 Your Health Insurance Coverage



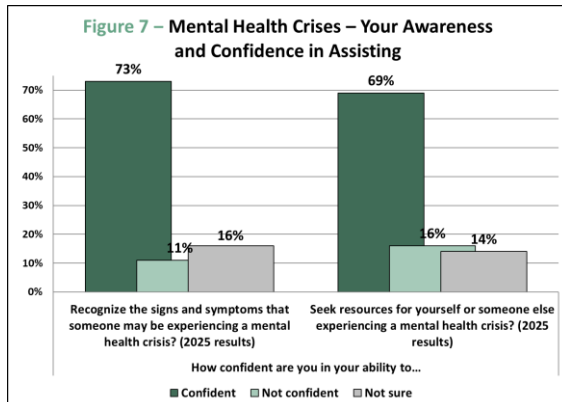
A small minority of 2.4% of adults in the North Country in 2025 report to currently not have any health insurance coverage. Uninsured rates have not changed statistically significantly in the North Country between 2016 and 2025 (every year has had rates between 2%-6%), however, the 2025 rate of only 2.4% does represent the lowest rate found during the ten years of study locally. The proportion of North Country residents who report Medicare as their health insurance has ranged between 22% and 27% in each of the ten years of study, with 24% found as the current Medicare rate in 2025. The most commonly cited health insurance coverage locally continues to be "health insurance through an employer, including the military as an employer (Tri Care insured)". This employer-provided rate is approximately 67% in 2025, and was 61% in 2024. (Table 9)

4.1.6 Your Challenges and Difficulties Accessing Health Care Locally



Approximately one-half of North Country adult residents (50%) have experienced at least one challenge in receiving health care services locally in the past 12 months, a rate that has remained consistently between 42%-50% in the region since first measured in 2022. Approximately one-in-four adult residents in 2025 have experienced challenges or difficulties in the past 12 months in locally receiving each of dental or oral health services (25% in 2025, decreased from 31% in 2024). Approximately one-in-five adult residents in 2025 have experienced challenges or difficulties in the past 12 months in locally receiving primary care services (20% in 2025, significantly decreased from 30% in 2024). The general theme over the past year is that North Country residents have decreased their rates of reporting challenges in receiving healthcare locally from higher rates that were found in 2024. Participants who reported experiencing challenges or difficulties in receiving at least one type of health care locally in the past 12 months were further asked the largest challenge to receiving this health care locally. The most common response by far in 2025 continues to be “long wait time” (45% in 2025, significantly increased from 38% found in 2024, and very increased from only 30% found in 2022). (Tables 10-11)

4.1.7 Mental Health Crises – Your Awareness and Confidence in Assisting

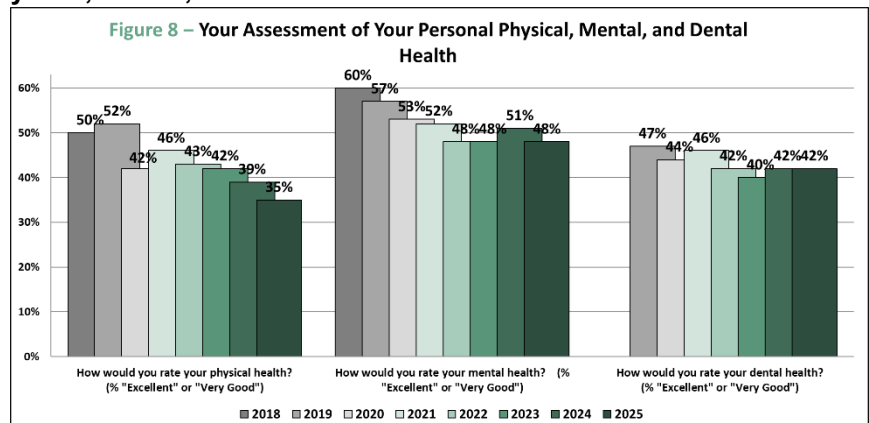


A large majority of North Country residents express that they are confident in their ability to recognize the signs and symptoms that someone may be experiencing a mental health crisis (73% are confident, while only 11% are not confident). Similarly, a large majority of North Country residents are confident in their ability to seek resources for themselves or someone else experiencing a mental health crisis (69% are confident, while only 16% are not confident). (Tables 12-13)

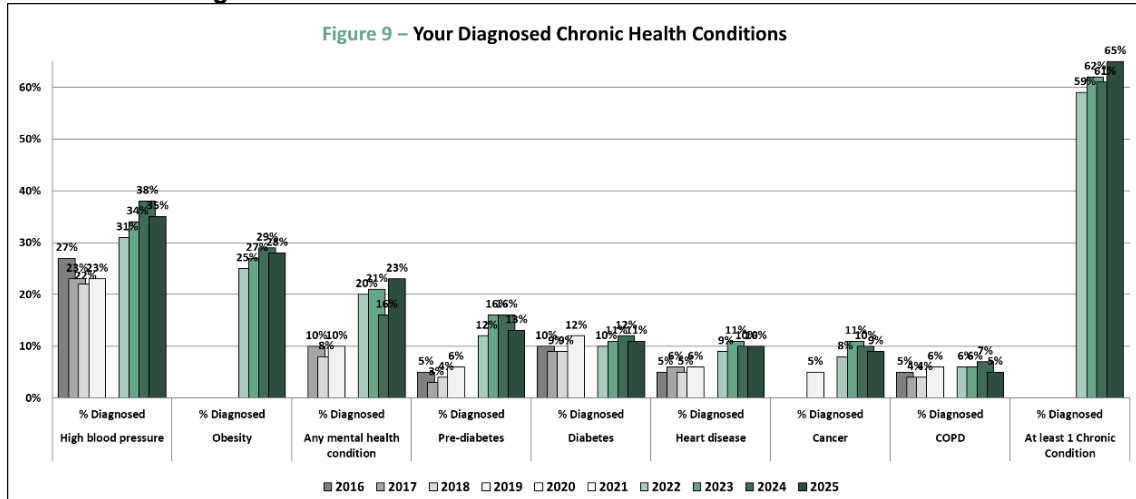
4.2 Your Health

4.2.1 Your Assessment of Your Personal Physical, Mental, and Dental Health

The theme that emerges in 2025 when North Country residents self-assess their personal physical, mental, and dental health is essentially three-fold. First, residents express significantly less optimism regarding all three aspects of their personal health situation than was measured pre-pandemic, in 2018 and 2019. Second, rates of evaluating one's mental and dental health as “Excellent or Very Good” appear to have stabilized in the past three-to-four years. However, the rate of positively assessing one's physical health in 2025 is at an all time low rate, as only 35% of North Country residents rate their personal physical health as “Excellent or Very Good”, a rate that has been as high as 52% in 2019. (Tables 14-16)



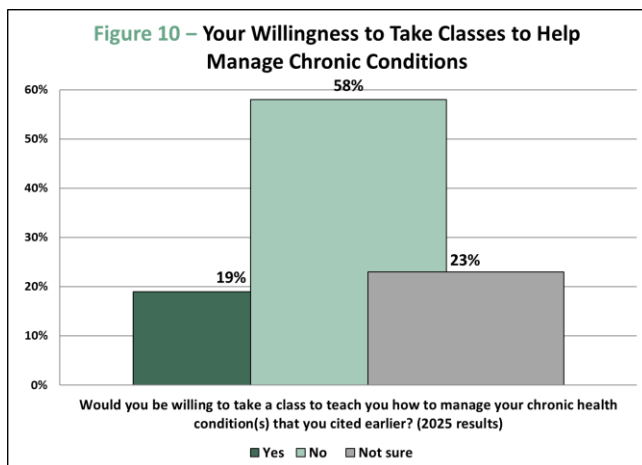
4.2.2 Your Diagnosed Chronic Health Conditions



Approximately two-in-three North Country residents (65%) in 2025 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited in Figure 9). This 65% is significantly increased from 59% found in the region in 2022. Notable observations in 2025 include that: reported diagnoses with high

blood pressure (35% in the North Country), obesity (28%), any mental health condition (23%), pre-diabetes (13%), heart disease (10%), and cancer (9%) have been found at rates much higher than in the studied pre-pandemic years of 2016-2019, while diabetes (11%) has remained quite stable. Very notably, among the eight studied chronic conditions, the only condition that in 2025 has realized its greatest rate ever found is any mental health condition/diagnosis (23% in 2025 is higher than any other studied year). (Table 17)

4.2.3 Your Willingness to Take Classes to Help Manage Chronic Conditions

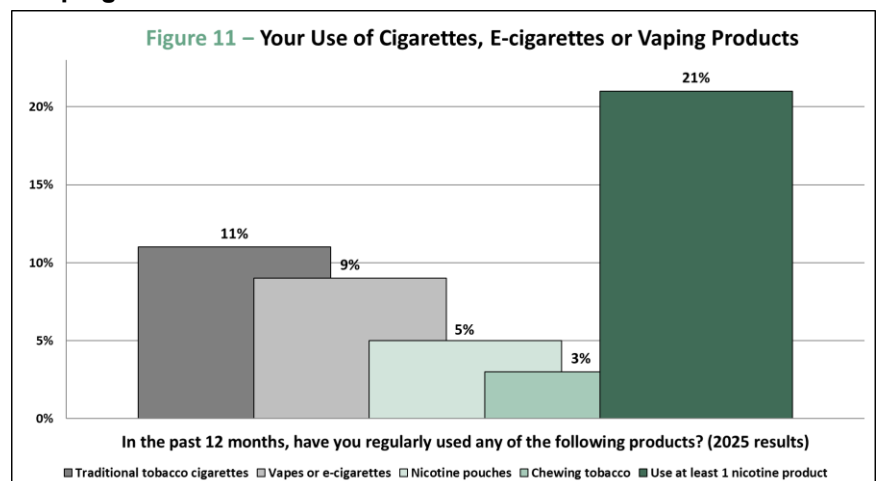


Among those who reported to have been diagnosed with at least one of the eight studied chronic conditions in this project (the eight conditions shown above in Figure 9), approximately one-in-five (19%) respond that they would be willing to take a class to teach them how to manage your chronic health condition(s), with another 23% indicating potential by responding “not sure”. (Table 18)

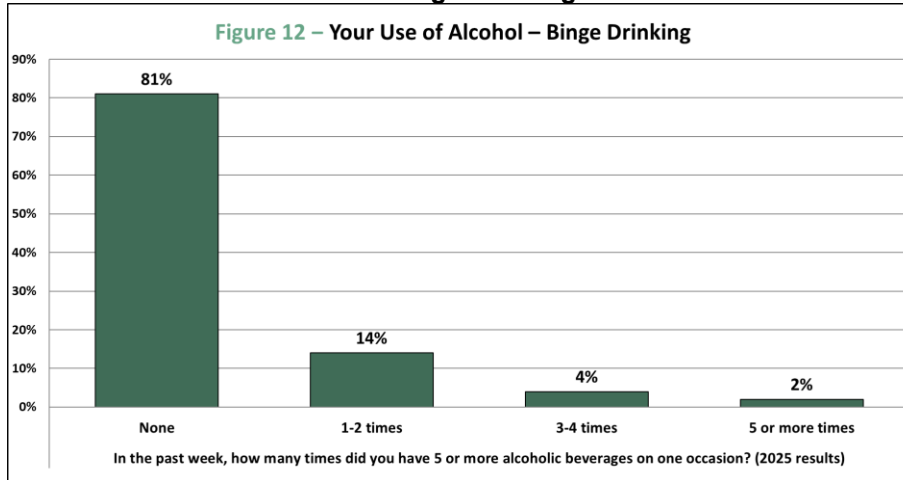
4.3 Social Determinant Factors that May Impact Your Health

4.3.1 Your Use of Cigarettes, E-cigarettes or Vaping Products

Prevalence of use of four different types of nicotine products were studied in 2025. More than one-in-five North Country adults (21%) indicate that they *regularly use* at least one type of nicotine product, with traditional tobacco cigarettes and vapes/e-cigarettes the most commonly used (11% and 9%, respectively). From a social norms perspective, approximately four-in-five adults (79%) *do not regularly use* nicotine products. (Table 19)



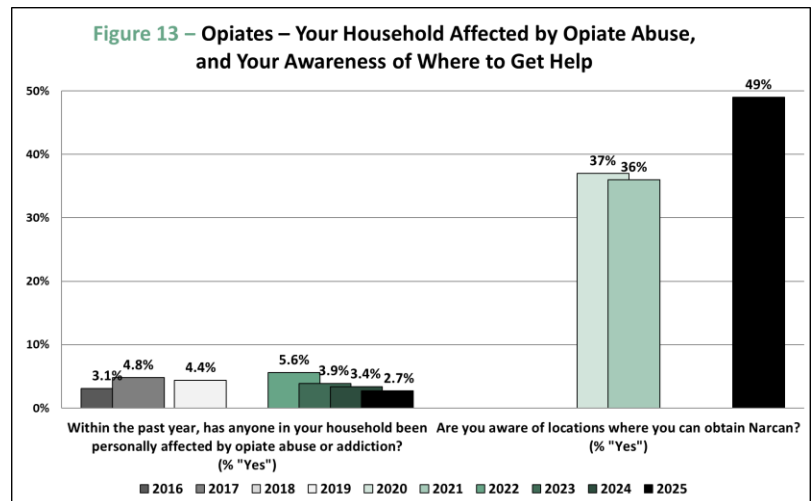
4.3.2 Your Use of Alcohol – Binge Drinking



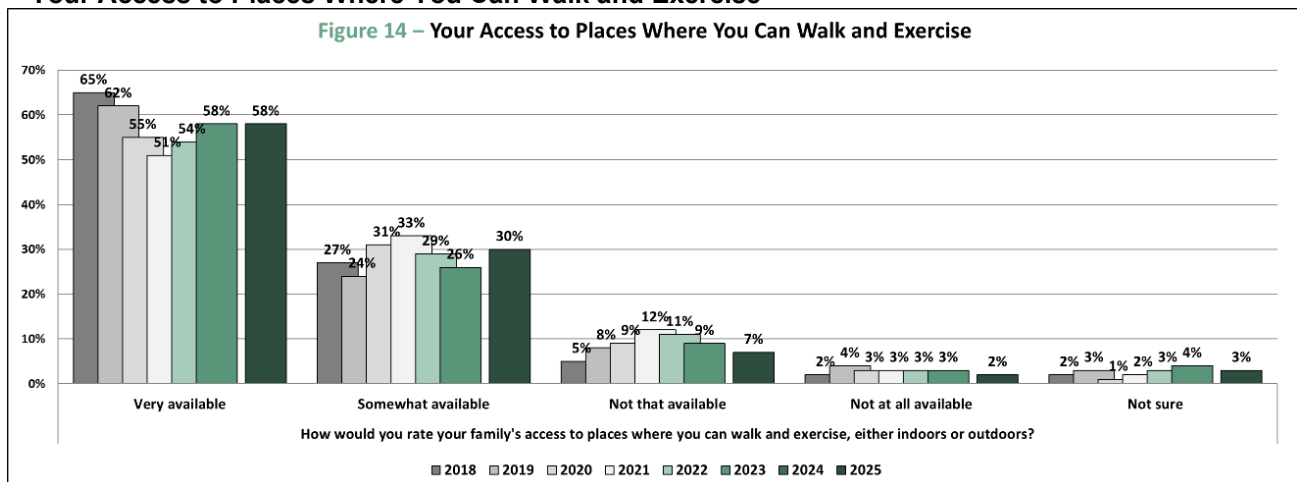
In past North Country community health surveys the frequency of consumption of alcohol has been measured on a scale of how often any alcohol is consumed (daily? weekly?, rarely?, never?). In 2025, the focus changed to frequency of *binge drinking* five or more beverages on a single occasion. Currently, approximately one-in-five North Country adults (20%) indicate that they have consumed five or more beverages on a single occasion at least once in the past week, with 2% reporting to have done so five or more times in the past week. (Table 20)

4.3.3 Opiates – Your Household Affected by Opiate Abuse, and Your Awareness of Where to Get Help

Approximately 2.7% of North Country residents in 2025 indicate that within the past year, someone in their household has been personally affected by opiate use or addiction. This rate is similar to the 3.1% found in the region when first studied in 2016, however, it has decreased to less than one-half of the rate found locally in 2022 (when 5.6% were affected). The rate of awareness of locations where one can obtain Narcan to help reverse an opioid overdose has increased tremendously in the North Country from 36% when last studied in 2021 to a current 2025 rate of almost one-half of residents (49%). (Tables 21-22)

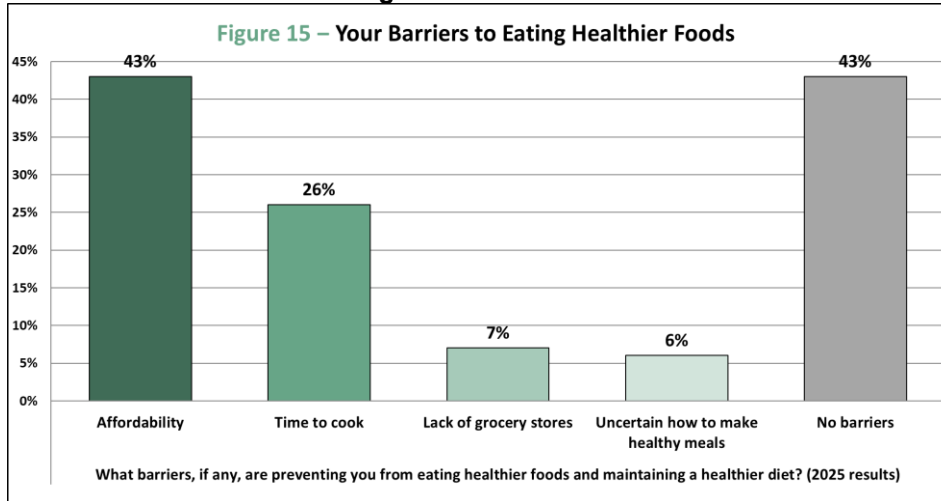


4.3.4 Your Access to Places Where You Can Walk and Exercise



North Country residents continue to report high levels of satisfaction with their family's access to places where they can walk and exercise, either indoors or outdoors. A majority (58%) report that they perceive access as "very available", with another 30% assessing as "somewhat available", and less than one-in-ten (9%) evaluating as either not that, or not at all, available. These rates are very consistent with past local community studies. (Table 23)

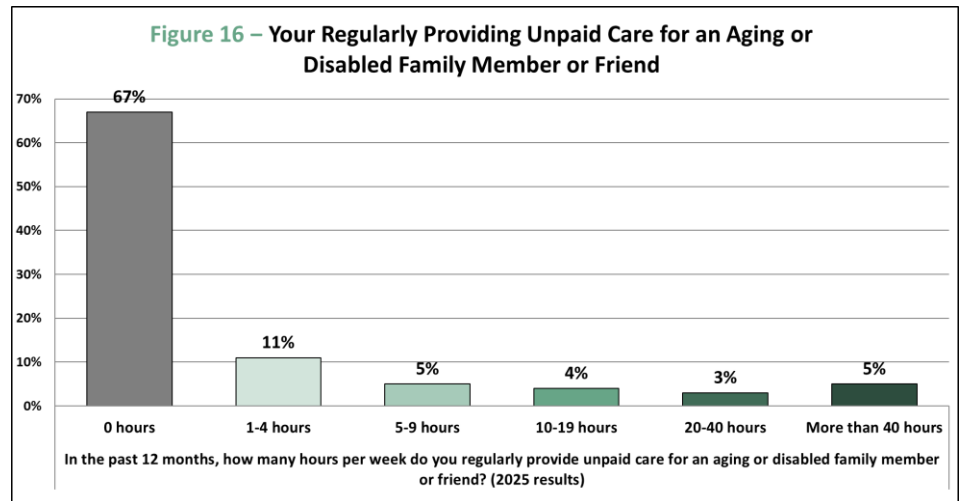
4.3.5 Your Barriers to Eating Healthier Foods



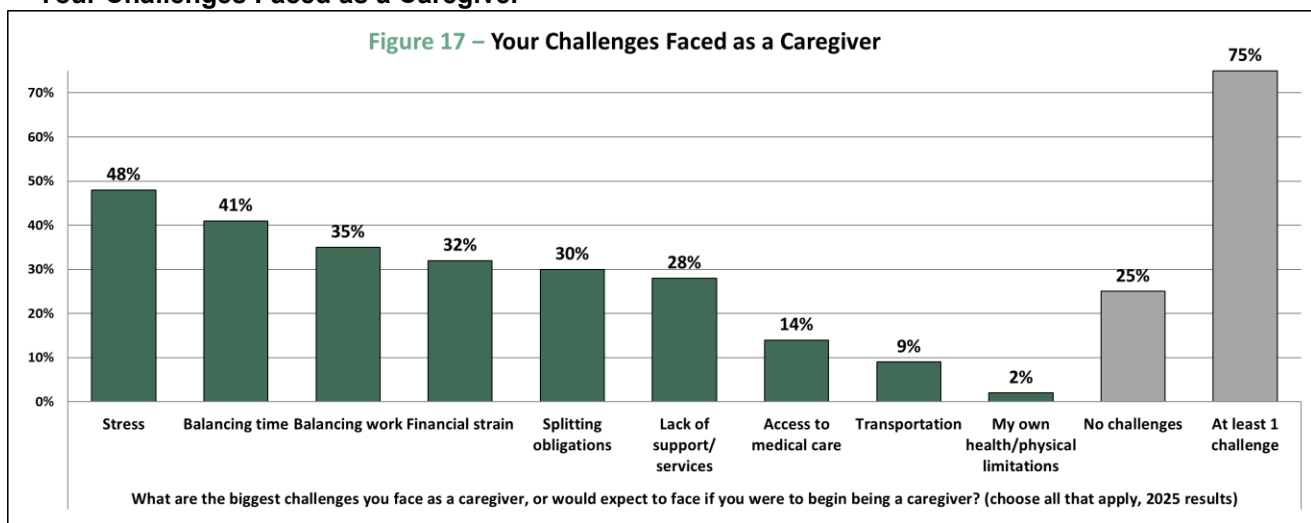
More than one-half of North Country residents express that they perceive that there are barriers preventing them from eating healthier foods and maintaining a healthier diet (43% report no barriers, 57% report at least one barrier). By far the most common barrier expressed by residents is *affordability* (43% of participants, which is approximately three-out-of-four among those who do perceive at least one barrier), followed by *time to cook* (26% of participants, which is almost one-half among those who do perceive at least one barrier). (Table 24)

4.3.6 Your Regularly Providing Unpaid Care for an Aging or Disabled Family Member or Friend

More than one-in-four North Country residents (28%) indicate that in the past 12 months they regularly provide at least one hour per week of unpaid care for an aging or disabled family member or friend, with 5% expressing that they provide more than 40 hours per week of this type of unpaid care for the aging or disabled. (Table 25)

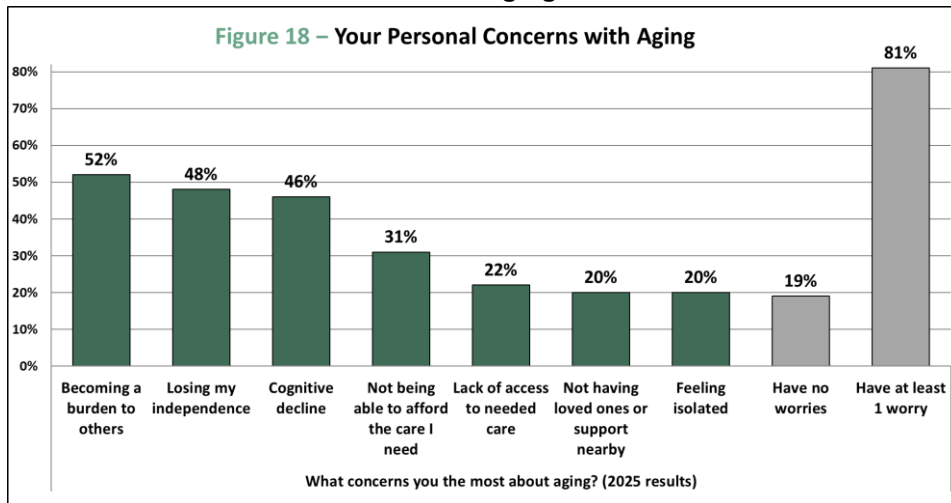


4.3.7 Your Challenges Faced as a Caregiver



Continuing the investigation of issues with aging and eldercare, the following question was included in 2025: “What are the biggest challenges you face as a caregiver, or would expect to face if you were to begin being a caregiver?” A large majority of North Country residents (75%) indicate that they are, or expect they would be, experiencing at least one caregiving challenge, with “stress” (48% among all participants) and “balancing time” (41%) the most common expected challenges. (Table 26)

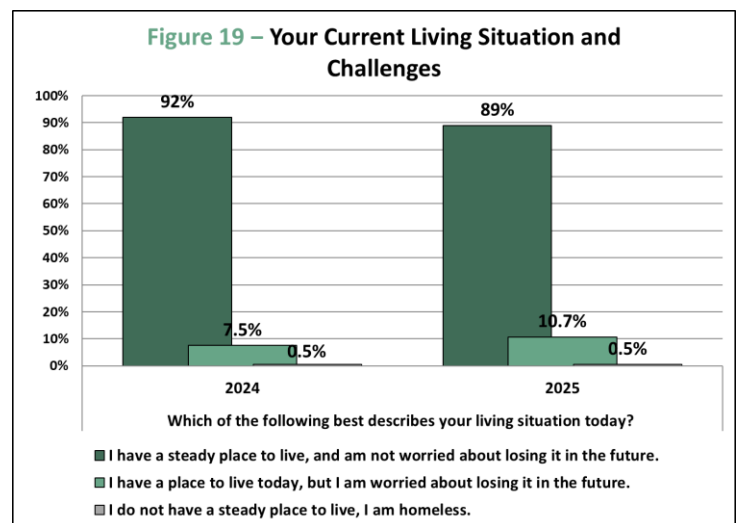
4.3.8 Your Personal Concerns with Aging



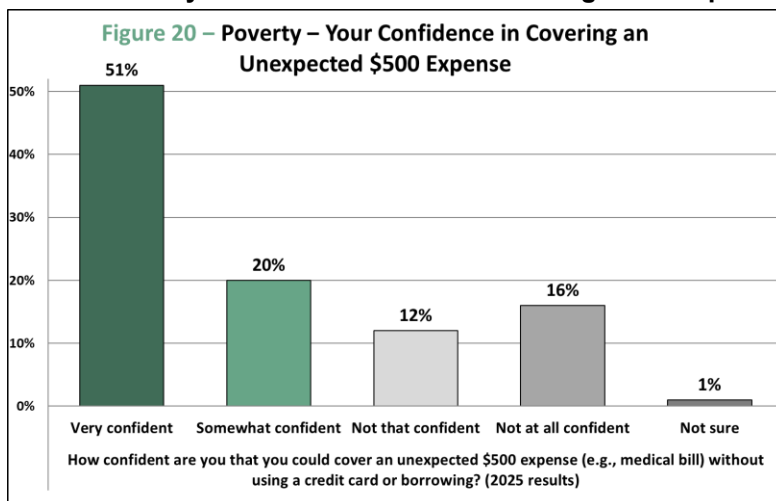
Only one-in-five North Country adult residents indicate that they have *no worries* about aging. The three most commonly cited personal concerns with aging are *becoming a burden to others* (52% among all participants), *losing their independence* (48%), and *experiencing cognitive decline* (46%). (Table 27)

4.3.9 Your Current Living Situation and Challenges

In 2025, approximately one-in-nine North Country residents (11%) report that their current situation is not a steady place to live (10.7% are worried about losing their current housing situation, and 0.5% are homeless). The remaining 89% indicate that they have a steady place to live, and are not worried about losing it in the future. However, the 10.7% rate of feeling worried about losing one's current housing situation has increased from only 7.5% found in 2024. Investigation of cross-tabulations in Sections 6 and 7 of this report will reveal many associations, or links, between housing insecurity and health outcomes, perceptions, and choices. (Table 28)

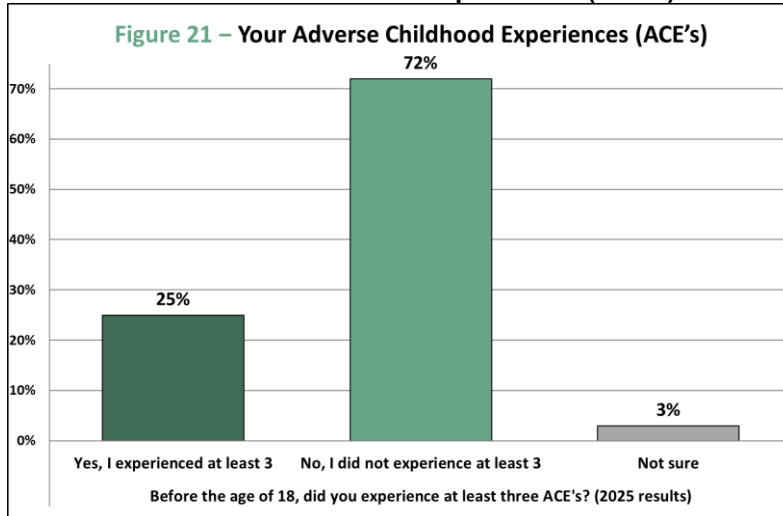


4.3.10 Poverty – Your Confidence in Covering an Unexpected \$500 Expense



Rather than using annual household income as an indicator of poverty being experienced by North Country residents in 2025, an alternative financial characteristic was measured involving unexpected expenses. The exact survey question wording used was: “How confident are you that you could cover an unexpected \$500 expense (e.g., medical bill) without using a credit card or borrowing”? Only one-half of North Country adults (51%) are “very” confident, with a significant portion of our local residents indicating “not that” confident (12%), and almost one-in-six responding “not at all” confident (16%). Investigation of cross-tabulations in Sections 6 and 7 of this report will reveal many associations, or links, between poverty and health outcomes, perceptions, and choices. (Table 29)

4.3.11 Your Adverse Childhood Experiences (ACEs)



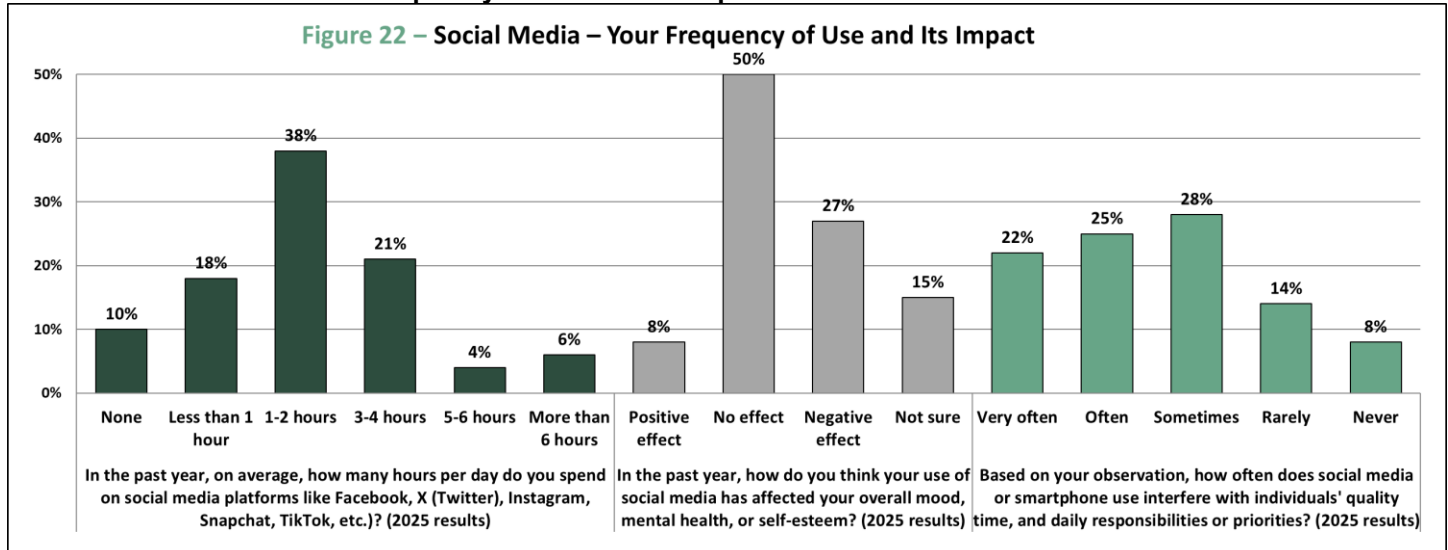
To facilitate investigation of a potential social determinant of health choices and outcomes, for the first time in 2025 a survey question addressing adverse childhood experiences (ACEs) has been included. The survey question phrasing was: "Before the age of 18, did you experience at least three of the following seven situations in your household?"

- parental separation
- substance use
- incarceration
- mental illness
- neglect
- abuse
- violence

Approximately one-in-four North Country residents (25%) report to have experienced at least three ACEs. Investigation of cross-tabulations in Sections 6 and 7

of this report will reveal many associations, or links, between ACEs and health outcomes, perceptions, and choices. (Table 30)

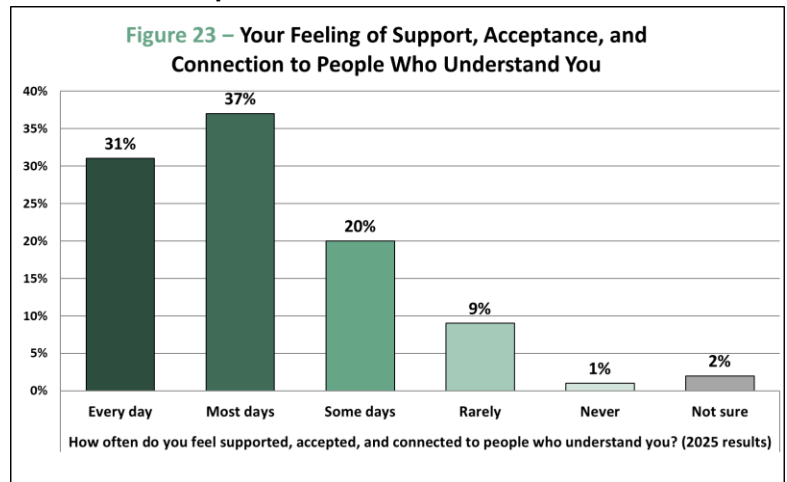
4.3.12 Social Media – Your Frequency of Use and Its Impact



In an attempt to better understand social media use and perceived impact, and the potential links to health outcomes, perceptions, and choices in the North Country, three social media related survey items were constructed and utilized. Only one-in-ten adult residents in the North Country (10%) indicate that they use *no social media* in a typical day, with approximately one-in-three (31%) averaging *three or more hours per day*. Residents are over three times more likely to think that their use of social media has had a *negative* effect on their overall mood, mental health, and self-esteem than they are to believe that the effect has been *positive* (27% versus 8%, respectively), however, the majority (50%) feel that social media use has *no effect*. Further, the perception of the frequent negative impact that social media has upon a persons quality of life is very prevalent among North Country residents. When asked "Based on your observation, how often does social media or smartphone use interfere with individuals' quality time, and daily responsibilities or priorities?", 22% respond with "very often" and another 25% respond "often", while only 8% feel that this "never" happens. (Tables 31-33)

4.3.13 Your Feeling of Support, Acceptance, and Connection to People Who Understand You

The final potential social determinant newly developed and included in this 2025 community health survey relates to residents' feeling of support, acceptance, and connection to people who understand them. A large majority (68%) of residents feel this support, acceptance, and connection on at least most days (37% most days, and another 31% every day). Only 9% report this support as only occurring rarely, and a very small 1% indicate that it never occurs. Investigation of cross-tabulations in Sections 6 and 7 of this report will reveal many associations, or links, between Feeling of Support, Acceptance, and Connection to People Who Understand You, and health outcomes, perceptions, and choices. (Table 34)



Section 5 – Regional and County-specific Trend Analyses (2016-2025)

Most of the survey questions that have been used in this 2025 North Country Community Health Survey have also been used in earlier years of surveying in the three represented counties. To determine attitude and behavior changes over time in the North Country and its three individual counties, and potentially evaluate effectiveness in approaching regional health care goals, results for 2016 through 2025 are provided in both tabular and time series line graph formats in Section 5. Statistical tests of significance have been completed and reported to determine which trends are, and are not, statistically significant ($p < 0.05$).