# 11th Annual North Country Adult Community Health Survey – June 2026

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

## Experiences, Behaviors, and Perceptions Related to:

### *Your Experiences with Healthcare in the North Country*

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

### *Your Health*

- Assessment of Personal Physical, Mental, and Dental Health
- Diagnosed Chronic Health Conditions
- Awareness of Local Programs to Help Prevent and Manage Chronic Conditions
- Weight Loss Medication – Prevalence of Use and/or Interest in Use

### *Social Determinant Factors that May Impact Your Health*

- Use of Tobacco and Other Nicotine Products
- Level of Concern with Youth Vaping
- Use of Alcohol – Binge Drinking
- Opiates – Households Affected by Opiate Abuse
- Barriers to Eating Healthier Foods
- Food Insecurity Due to Affordability
- Regularly Providing Unpaid Care for an Aging or Disabled Family Member or Friend
- Personal Concerns with Aging
- Current Living Situation and Challenges
- Poverty - Confidence that One Could Cover an Unexpected $500 Expense
- Adverse Childhood Experiences (ACE's)
- Social Media – Frequency of Use and Its Impact
- Feeling Supported, Accepted, and Connected to People Who Understand You

North Country HEALTH COMPASS Measuring Health, Inspiring Community Wellness

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

FDRHPO Fort Drum Regional Health Planning Organization "Building a Strong North Country Healthcare System"

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

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## Your Health



## Social Determinant Factors that May Impact Your Health





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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 eleven years, 2016 through 2026. 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 2026 is 2,129 North Country adult participants (876 in Jefferson County, 480 in Lewis County, and 773 in St. Lawrence County). A multi-mode survey sampling methodology has been employed in June of 2026 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** – a second 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** – a third 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 2025. Comparison of the current (2026) 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 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 2026 North Country community health survey. The nature and characteristics of the sample of adults who completed this survey in 2026 are included in Section 3 of this report. When possible, comparisons of the current 2026 results are made to the results of previous community health surveys completed in the region between 2016 and 2025 (Section 5, including both *tabular* and *graphical* presentations). Additionally, the current 2026 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 original survey instrument used in this study was developed in 2016 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 includes approximately fifty health-related items (survey questions) organized in three separate sections of the interview, as well as approximately ten socio-demographic variables. The survey questions are reviewed and updated annually, if necessary, due to emerging health and healthcare trends. 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 2026 and are reported in the remainder of this document are shown in the table to the right.

## Survey Instrument Organization

**Your Experiences with Healthcare in the North Country**

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

**Your Health**

- Assessment of Personal Physical, Mental, Dental Health
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**Social Determinant Factors that May Impact Your Health**

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**Socio-demographic Characteristics of Participants**

- Gender, Age, Educational Attainment, Annual Household Income, Military Affiliation, Disability Status, Sexual Orientation, Racial Background, Children in the Home, Employment Status

## 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 registration based sampling (RBS) with MMS and SMS 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: 121 intercept-surveys at Fort Drum, 1,501 MMS and SMS text message push-to-web online participants, and 507 random nonprobability panel email invitation responses to the survey online. All interviews were completed between June 22 and July 1, 2026. To adjust for sampling nonresponse error, the data were weighted within county for gender, age, education, race/ethnicity, household composition, and military affiliation. The data were calibrated for sampling modality, and finally weights were trimmed to minimize the design effect, generating a final design effect for the study of 2.2. The county-specific sample sizes included in this study are 876 in Jefferson County, 480 in Lewis County, and 773 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 2,129 participants is ±2.5% 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 ±2.5% due to smaller within-subgroup sample sizes. With sample sizes ranging from n=480 in Lewis County up to n=876 in Jefferson County, county-specific margins of error are approximately ±3.9% in Jefferson County, ±5.3% in Lewis County, and ±4.2% in St. Lawrence 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. Hence, when using this study data to make estimates to the entire North Country adult populations, as is the case in standard survey research practices, the margin of error will be the only error measurement cited and interpreted. Validity checks including attention checks, logic checks, and excluded respondents who straight-lined or completed the survey under a prescribed time constraint were applied. Screening of content for evidence that it originated from bots or fabricated profiles was not employed due to the fact that no rewards or incentives are offered for participants in this study. No re-contacts to confirm that the interview occurred or to verify respondent's identity or both were used. Respondents were asked to verify that they have not completed the survey more than once directly after the voluntary informed consent statement and agreement/consent to participate. There has been no data imputation or other data exclusions or replacement. All open-ended text coding was completed by human coders, with no use of LLMs or AI tools. In the reporting of study findings, percentage points are rounded off to the nearest whole number. As a result, percentages in a table column may total slightly higher or lower than 100%. In questions that permit multiple responses, columns may total to more than 100%, depending on the number of different responses offered by each respondent.

## Section 3 – Demographics of Participants – *The Nature of These 2026 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 2026 County-Specific Samples (after weighting)**

| | Jefferson County | Lewis County | St. Lawrence County |
|---|---|---|---|
| **Sample Size (raw)** | n=876 | n=480 | n=773 |
| **Gender** | | | |
| Male | 52% | 49% | 50% |
| Female | 48% | 51% | 49% |
| Other | 1% | 0% | 0% |
| **Age** | | | |
| 18-44 | 53% | 38% | 42% |
| 45-64 | 29% | 37% | 35% |
| 75 or older | 18% | 25% | 23% |
| **Educational Attainment** | | | |
| Less than a 4-Year Degree | 75% | 75% | 69% |
| Bachelor's Degree or Higher | 25% | 25% | 31% |
| **Annual Household Income** | | | |
| Less than $25,000 | 10% | 12% | 13% |
| $25,000-$49,999 | 24% | 17% | 18% |
| $50,000-$74,999 | 23% | 19% | 19% |
| $75,000-$99,999 | 16% | 24% | 21% |
| $100,000 or more | 27% | 28% | 29% |
| **Military Affiliation** | | | |
| Active Military in the Household | 24% | 3% | 1% |
| Veteran in the Household (but no active Mil. In HH) | 23% | 21% | 20% |
| No Military Affiliation or Not Sure | 53% | 77% | 79% |
| **Household Composition - # Minors in Household** | | | |
| No household members Under Age 18 | 70% | 70% | 72% |
| One or more household members Under Age 18 | 30% | 30% | 28% |
| **Disability Status** | | | |
| Disabled | 15% | 15% | 25% |
| Not disabled/Not sure | 85% | 85% | 75% |

## Nature of These 2026 County-Specific Samples (after weighting, continued)

| | Jefferson County | Lewis County | St. Lawrence County |
|---|---|---|---|
| **Sample Size (raw)** | n=876 | n=480 | n=773 |
| **Sexual Orientation** | | | |
| Identify as member of LGBTQIA+ Community | 8% | 2% | 6% |
| Do not | 91% | 96% | 92% |
| Not sure | 1% | 2% | 2% |
| **Racial Background** | | | |
| American Indian or Alaskan Native | 1% | 1% | 3% |
| Asian/Pacific Islander | 3% | 0% | 1% |
| Black or African American | 6% | 0% | 1% |
| Hispanic/Latino | 6% | 1% | 1% |
| White/Caucasian | 83% | 95% | 92% |
| Multi-racial | 2% | 3% | 3% |
| **Employment Status** (choose all that apply) | | | |
| Full-time employed | 63% | 50% | 46% |
| Part-time employed | 8% | 7% | 9% |
| Self-employed | 5% | 5% | 8% |
| Unemployed | 3% | 5% | 6% |
| Retired | 23% | 34% | 31% |
| Student | 1% | 0% | 3% |
| Disabled | 4% | 8% | 8% |

# Section 4 – Summary of Study Results

## *4.0 The Results of this Community Health Survey − Summary of Topline Study Findings*

a) **Affordability,** cost-of-living, inflation, poverty, financial strain … it doesn't matter what it is called, even in this health-focused survey study, in 2026 it is clear that difficulty making ends meet is the largest factor impacting North Country residents (and, their health outcomes, healthcare, and choices). In no less than five different ways, in response to five separate health-related survey questions included in this study, residents expressed serious concern with affordability:

i. The most commonly cited barrier to eating healthier foods and maintaining a healthier diet is "affordability", and its citation has increased significantly between 2025 and 2026, (Figure 16)
ii. More than one-in-five North Country residents (21%) report that in the past 12 months, there were times when they *ate less or skipped meals because there wasn't enough money for food*. (Figure 17)
iii. The two most commonly cited personal concerns with aging among North Country residents are both financial and affordability aspects: *home repairs and home modifications* (by 41% among all participants), and *cost of housing and utilities* (by 40% among all participants). (Figure 19)
iv. In 2026, approximately one-in-six North Country residents (16.4%) report that their current living situation is <u>not</u> a steady place to live (15.9% are worried about losing their current housing situation, and 0.5% are homeless). The rate of fear of losing one's housing has dramatically and significantly increased locally from only 7.5% found in 2024 to more than doubling to 15.9% currently. (Figure 20)
v. Confidence in covering an unexpected $500 expense has decreased significantly between 2025 and 2026 in the North Country – the "very confident" rate decreased from 51% to 46% in the past year, while the "not at all confident" rate increased from 16% to 23%. (Figure 21)

b) **Diagnoses with chronic conditions continues to increase among North Country adults**, with 67% reporting to have been diagnosed with at least one chronic condition, and the most dramatic increases recently are being reported for *obesity* and *mental health conditions*. (Figure 9)

c) **North Country residents self-assess their personal physical, mental, and dental health with significantly less optimism regarding all three of these aspects of their personal health situation.** Rates of self-assessing as "Excellent or Very Good" in 2026 are at all-time low reported levels for all three of physical, mental, and dental health. (Figure 8)

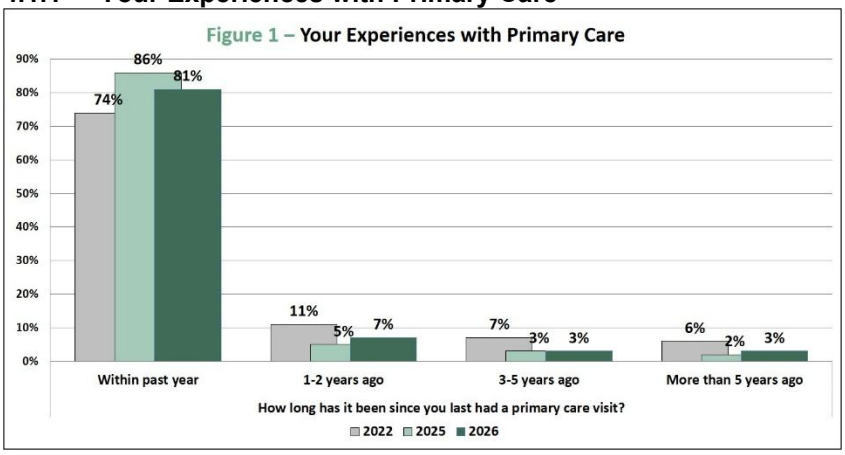
d) **A change in trust in health information sources** has clearly transpired among North Country residents over the past decade – citation of "healthcare providers" as the most trusted source in 2026 decreased from the 2016 rate of 70% to a current rate of only 65%, while citation of "themselves" (defined as personal experience, intuition, and instinct) has increased and almost doubled from only 12% in 2016 to the current rate of 23%. (Figure 2)

e) The rate of expressing that one has faced **difficulties or challenges in the past 12 months in accessing care locally** has increased from a low of 42% of residents in 2023, to a current rate of 53%. When asked the largest challenge that one faced, very interesting and telling results emerge in that the largest challenge among North Country adults in accessing healthcare in 2026 is ***<u>not</u>*** an affordability or cost issue (only 8% cite "cost of care"), but rather, overwhelmingly the largest challenges reported are "long wait time" (48% in 2026, dramatically increased from only 30% in 2022 when first studied locally) and "no available providers" (18% in 2026, triple the 6% rate found in 2022). Not being able to find available providers in a reasonable timeframe in the Norh Country clearly appears to be a larger challenge to residents than the ability to afford the healthcare. (Figure 6)

f) Almost one-in-five adults in the North Country (18%) are **currently taking a GLP-1 weight loss medication**. Those individuals who are *not* currently taking GLP-1 medication were further asked whether they have considered talking to their primary care provider about starting a GLP-1 medication and one-in-five (20%) of this subgroup respond that they are considering starting a GLP-1 medication. Together, this represents a total 2026 estimate of over 34% of North Country adults either taking or considering taking a GLP-1 weight loss medication. Extrapolation of these rate estimates to the entire local adult population suggests that 34% of the approximately 190,000 adults in the three-county North Country region investigated in this study (65,000 local adults) either are currently taking GLP-1 weight loss medication (34,000) or are considering starting GLP-1 medication (31,000). (Figure 11)

## *4.1 Your Experiences with Healthcare in the North Country*

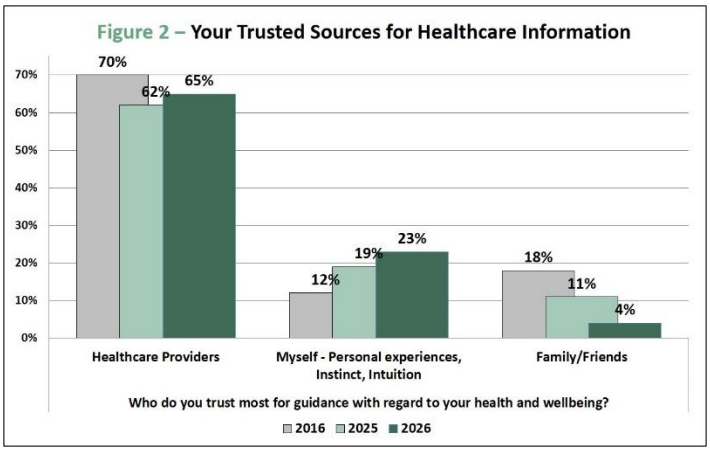
### 4.1.1 Your Experiences with Primary Care



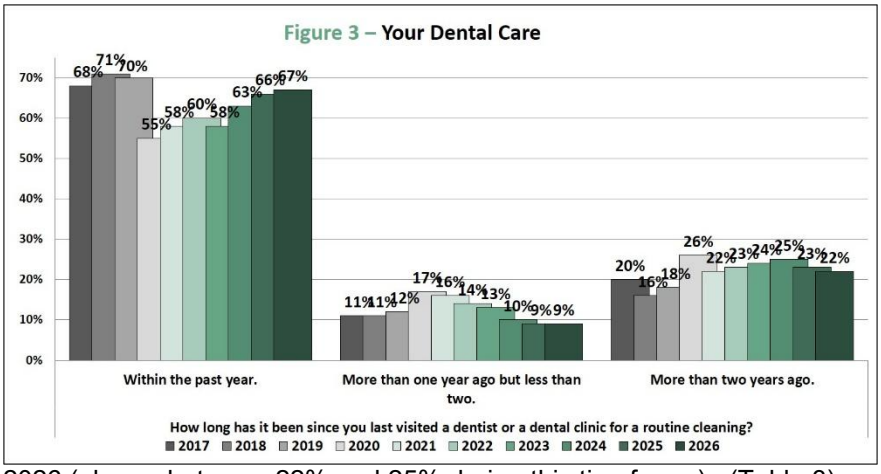

A large majority of North Country adult residents in 2026 (81%) continue to report having visited a healthcare provider for a primary care visit within the past year. This survey item was first asked four years ago, and in 2022, during the closing stages of the COVID-19 global pandemic, this rate was significantly lower at only 74%. This rate was a higher 86% when measured in 2025. Similarly, the rate of responding that "it has been five or more years since having a primary care visit" decreased by two-thirds between 2022 and 2025 in the North Country, from 6% in 2022 to only 2% in 2025, and has rebounded back up slightly to a current 3%. (Table 1)

### 4.1.2 Your Trusted Sources for Healthcare Information

Eleven years ago, in 2016, in the first year and version 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 was reintroduced in 2025, and included again in 2026 – citation of "healthcare providers" in 2026 decreased from the 2016 rate of 70% to a current rate of only 65%, while citation of "themselves" has increased and almost doubled from only 12% in 2016 to the current rate of 23%. (Table 2)



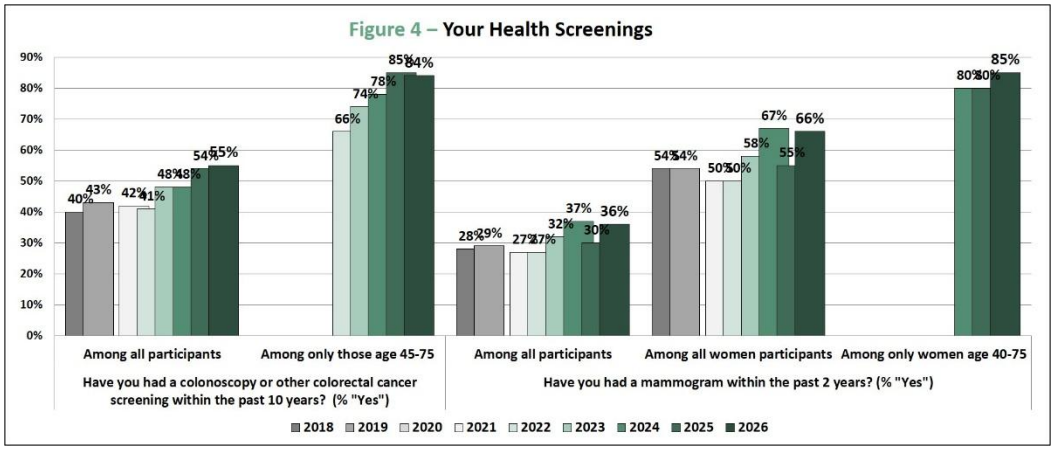

### 4.1.3 Your Dental Care



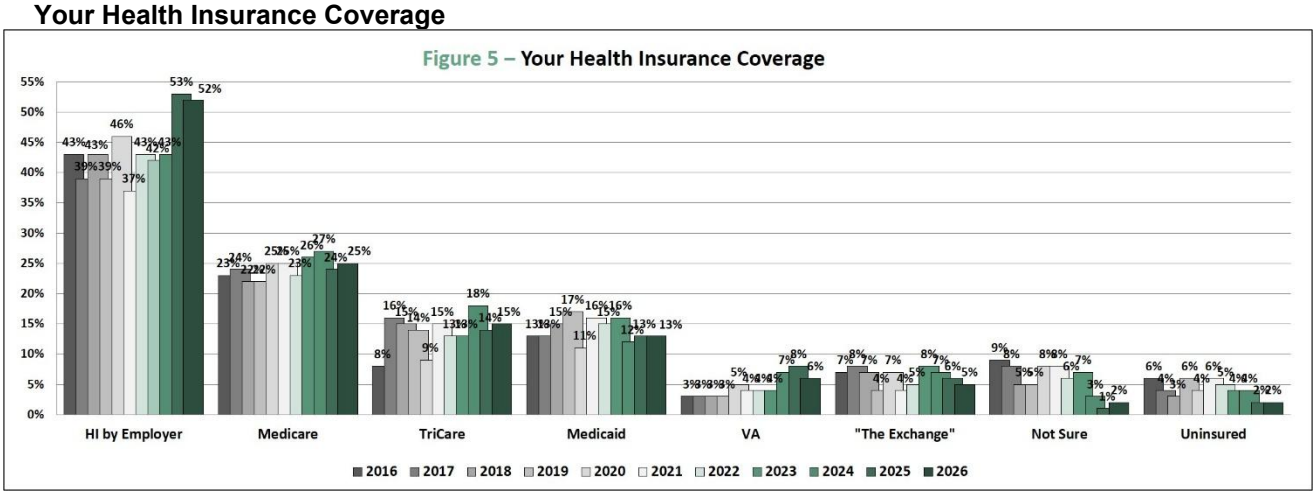

A large majority of North Country residents in 2026 have visited a dentist or a dental clinic for a routine cleaning "within the past year" (67%). This rate of recently visiting a dentist is lower in the North Country than pre-pandemic measured rates of as high as 71% found in 2018, however, it shows recovery from a pandemic-era low of only 55% found in 2020, and has increased steadily from 58% found in the region in 2023, and also from 66% found last year in 2025. Approximately one-in-four residents (22%) 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 2026 (always between 22% and 25% 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 2026 (84%) 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 currently represents the second highest rate ever found for this subgroup. Among women adult participants aged 40-75 in 2026, more than five-sixths (85%) report to have had a mammogram in the past 2 years, a rate that is the highest rate ever found in the North Country since the advised screening ages for women was changed to the 40-75 interval (was 80% when first measured locally for in 2024). (Tables 4-8)

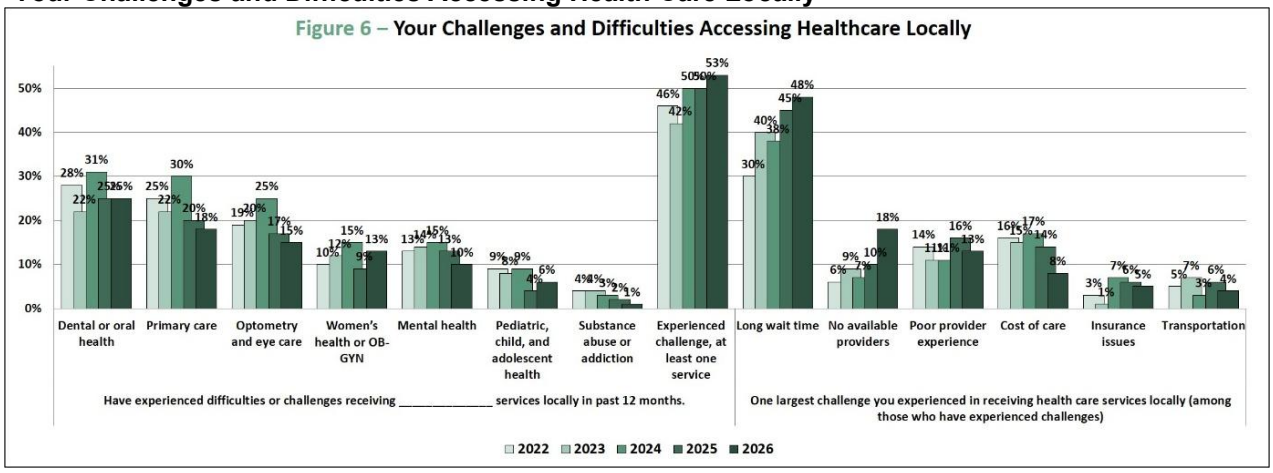



### 4.1.5 Your Health Insurance Coverage




A small minority of 1.8% of adults in the North Country in 2026 report to currently not have any health insurance coverage. Uninsured rates have not changed statistically significantly in the North Country between 2016 and 2026 (every year has had rates between 2%-6%), however, the 2026 rate of only 1.8% does represent the lowest rate found during the eleven 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 eleven years of study, with 25% found as the current Medicare rate in 2026. 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 2026, and also was 67% in 2025. (Table 9)

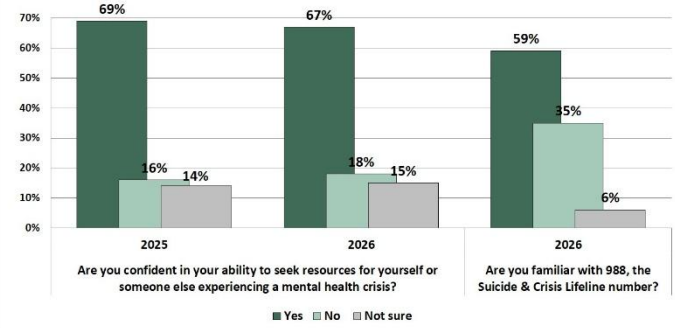
### 4.1.6 Your Challenges and Difficulties Accessing Health Care Locally



More than one-half of North Country adult residents (53%) have experienced at least one challenge in receiving health care services locally in the past 12 months, a rate that has increased significantly from a low of 42% found in 2023. Approximately one-in-four adult residents in 2026 have experienced challenges or difficulties in the past 12 months in locally receiving dental or oral health services (26% in 2026, 25% in 2025, decreased from 31% in 2024). Approximately one-in-five adult residents in 2026 have experienced challenges or difficulties in the past 12 months in locally receiving primary care services (18% in 2026, 20% in 2025, significantly decreased from 30% 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 2026 continues to be "long wait time" with recent significant increases in reporting this challenge (48% in 2026, 45% in 2025, significantly increased from 38% found in 2024, and dramatically increased from only 30% found in 2022). During this same time interval the rate of responding "no available providers" has tripled from only 6% in the region in 2022 to a current rate of 18%. Clearly availability of providers at sufficient levels to reduce wait times is at crisis level among local residents considering that in many instances throughout this study the issue of "affordability, cost-of-living, poverty … financial strain" has emerged as a serious issue to residents, however, when asked the *largest* challenge in accessing healthcare locally, "cost of care" is cited rarely, by only 8% of participants. Further, this 8% citing "cost of care" in 2026 is less than one-half of the rate found in 2024 (when 17% responded "cost of care"). (Tables 10-11)

### 4.1.7 Mental Health Crises – Your Awareness and Confidence in Assisting

Figure 7 – Mental Health Crises – Your Awareness and Confidence in Assisting



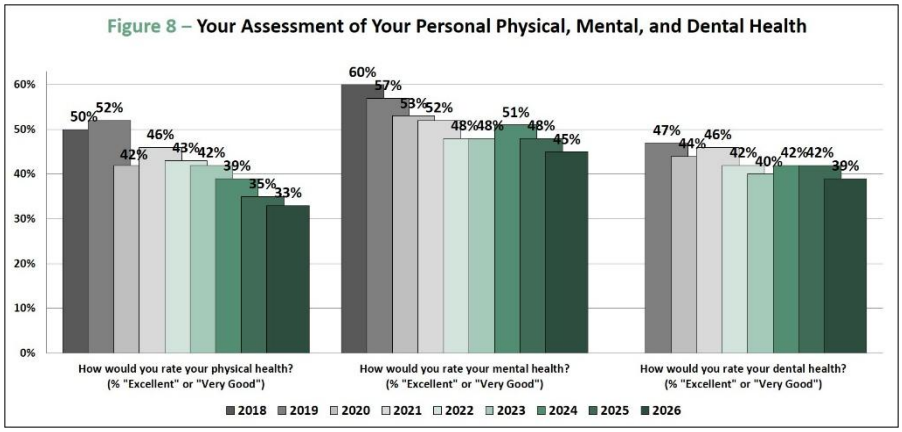

It continues to be the case that a large majority of North Country residents express that they are confident in their ability to seek resources for themself or someone else experiencing a mental health crisis (in 2025 69% were confident, while only 16% were not confident, rates that are currently 67% and 18%, respectively, in 2026). In 2026 participants were asked their familiarity with the Suicide & Crisis Lifeline number (988) and a majority (65%) have heard of this service, and among this majority, 59% are familiar with what a 988 call accomplishes. (Tables 12-13)

## *4.2 Your Health*

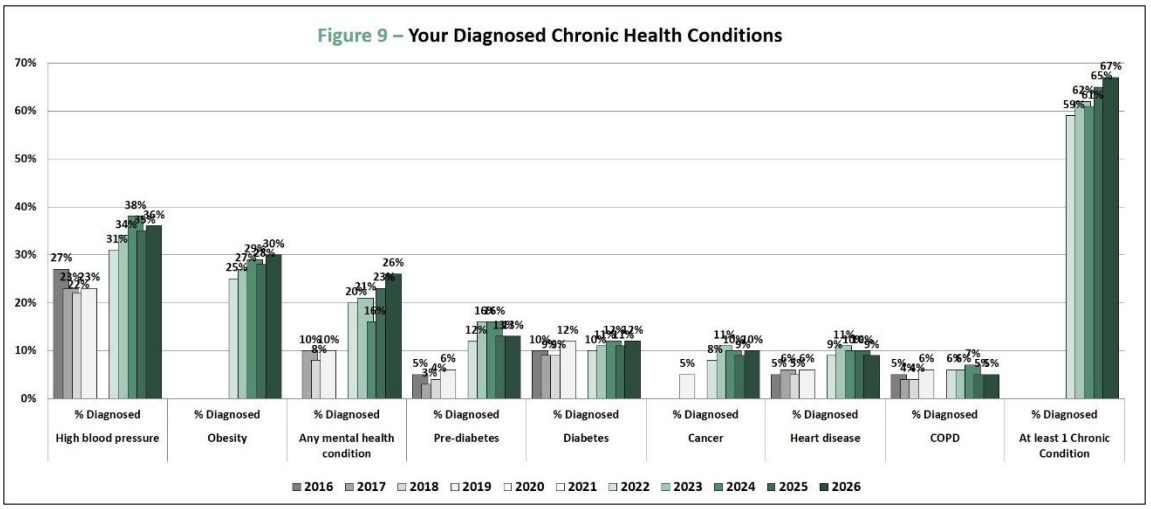
### 4.2.1 Your Assessment of Your Personal Physical, Mental, and Dental Health

In 2026 North Country residents self-assess their personal physical, mental, and dental health with significantly less optimism regarding all three of these aspects of their personal health situation. Rates of self-assessing as "Excellent or Very Good" in 2026 are at all-time low reported levels for all three of physical, mental, and dental health and are much lower than what was measured pre-pandemic, in 2018 and 2019. For example, in 2026 only 33% 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; and in 2026 only 45% of North Country residents rate their personal mental health as "Excellent or Very Good", a rate that has been as high as 60% in 2018. (Tables 14-16)

Figure 8 – Your Assessment of Your Personal Physical, Mental, and Dental Health



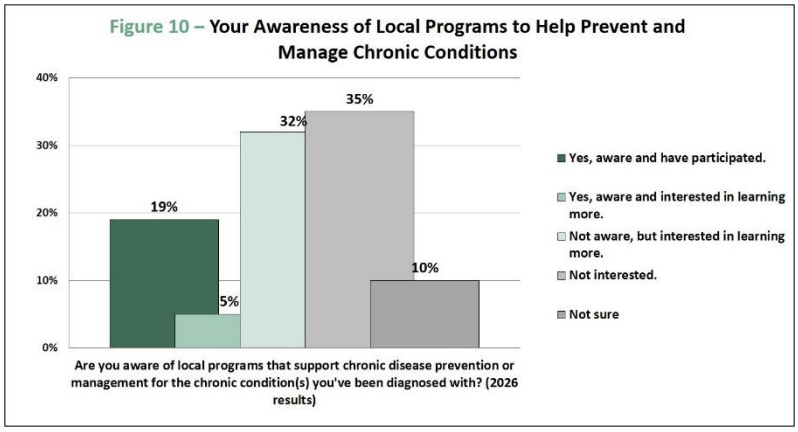
### 4.2.2 Your Diagnosed Chronic Health Conditions



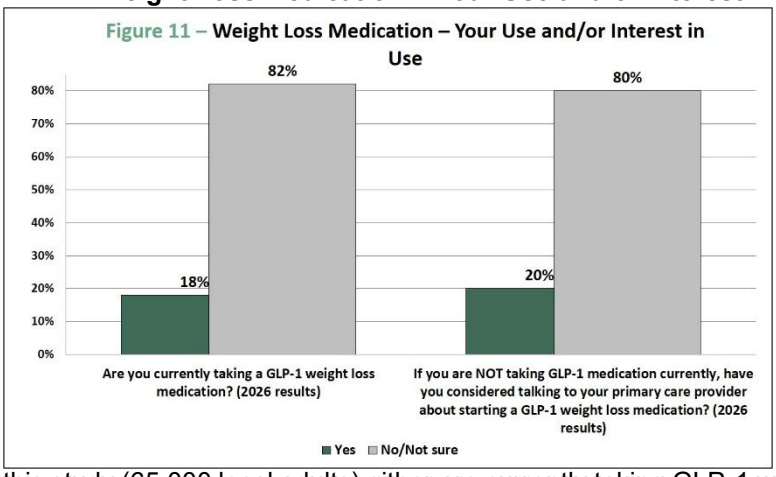

Approximately two-in-three North Country residents (67%) in 2026 have been diagnosed with at least one of eight chronic health conditions that were investigated in this study (the eight conditions are cited in Figure 9). This 67% is significantly increased from 59% found in the region in 2022, and it is the highest rate ever found in this longitudinal study. Notable observations in 2026 include that: reported diagnoses with high blood pressure (36% in the North Country), obesity (30%), any mental health condition (26%), pre-diabetes (13%), cancer (10%), and heart disease (9%) have been found at rates much higher than in the studied pre-pandemic years of 2016-2019, while diabetes (12%) has remained quite stable. Very notably, among the eight chronic conditions studied, the two conditions that in 2026 have realized their greatest rate ever found are: any mental health condition/diagnosis (26% in 2026 is higher than any other studied year), and obesity (similarly, 30% in 2026 is higher than any other studied year). (Table 17)

### 4.2.3 Your Awareness of Local Programs to Help Prevent and Manage Chronic Conditions

Among those who reported to have been diagnosed with at least one of the eight studied chronic conditions in this community health survey (the eight conditions shown above in Figure 9), approximately one-in-five (19%) respond that they are aware of local programs that support chronic disease prevention or management and they have participated in these programs in the past. Another 37% report that they are interested in learning more about these programs. Only approximately one-third of those who have diagnosed chronic conditions (35%) respond that they are not interested in learning more about the programs. (Table 18)




### 4.2.4 Weight Loss Medication – Your Use and/or Interest in Use

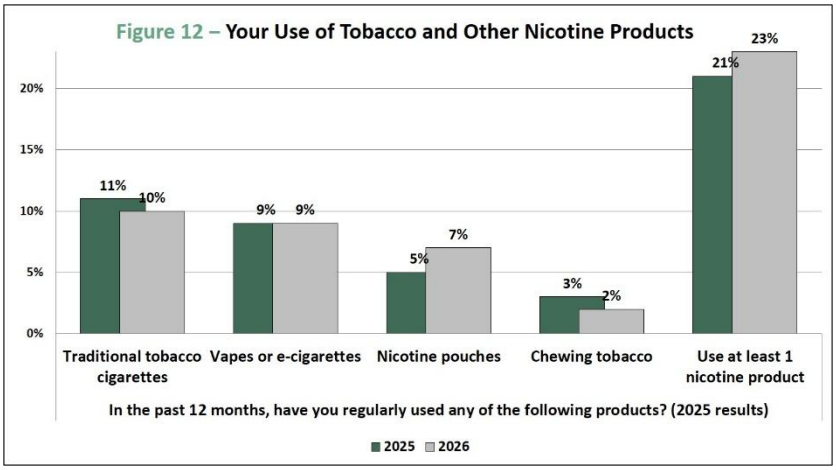



Almost one-in-five adults in the North Country (18%) are currently taking a GLP-1 weight loss medication. Those individuals who are *not* currently taking GLP-1 medication were further asked whether they have considered talking to their primary care provider about starting a GLP-1 medication and one-in-five (20%) of this subgroup respond that they are considering starting a GLP-1 medication. Together, 18% currently taking, combined with 20% of the 82% not currently taking represents a total 2026 estimate of over 34% of North Country adults either taking or considering taking a GLP-1 weight loss medication. Extrapolation of these rate estimates to the entire local adult population suggests that 34% of the approximately 190,000 adults in the three-county North Country region investigated in this study (65,000 local adults) either are currently taking GLP-1 weight loss medication (34,000) or are considering starting GLP-1 medication (31,000). (Tables 19-20)

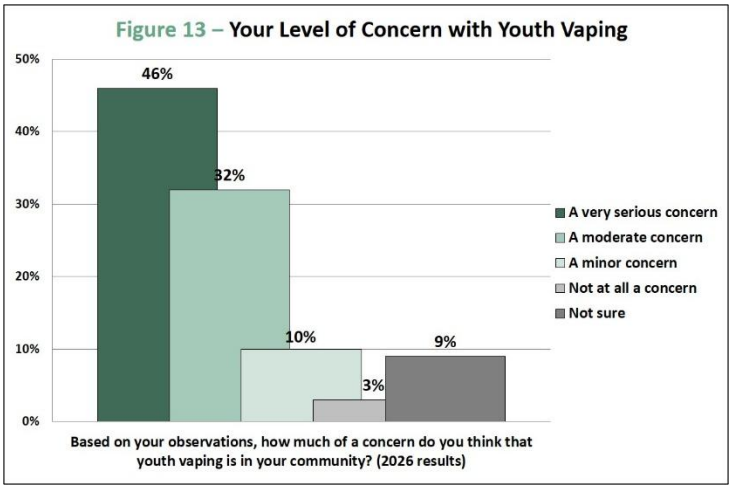
## *4.3 Social Determinant Factors that May Impact Your Health*

### 4.3.1 Your Use of Tobacco and Other Nicotine Products

Prevalence of use of four different types of nicotine products were studied in both 2025 and 2026 among North Country adults. More than one-in-five North Country adults (21% in 2025, increased to 23% in 2026) indicate that they *regularly use* at least one type of nicotine product, with traditional tobacco cigarettes and vapes/e-cigarettes the most commonly used (10% and 9%, respectively, in 2026). From a social norms perspective, these results suggest that approximately four-in-five adults (77%) *do not regularly use* nicotine products. Notable, among the four studied nicotine products the only product that has an increase in the rate of using regularly in the past year is nicotine pouches (from 5% of adults in 2025, to 7% in 2026). (Table 21)



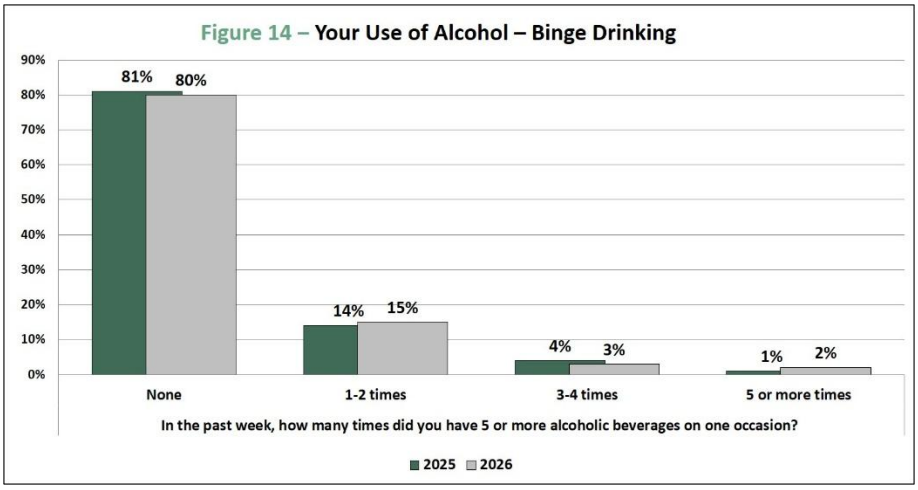

### 4.3.2 Your Level of Concern with Youth Vaping



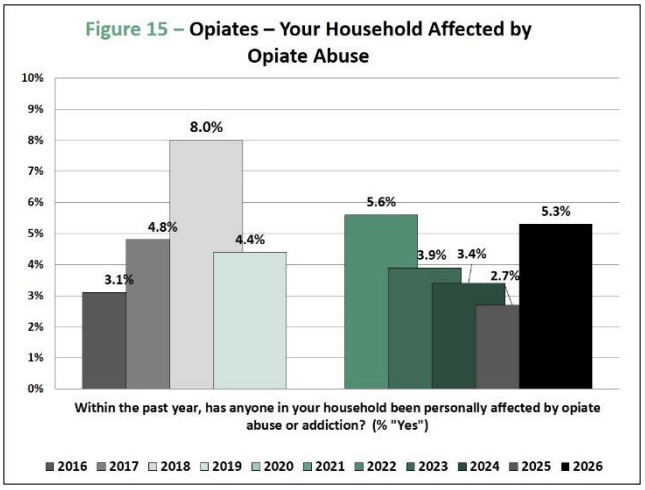

North Country adult residents express a very large degree of concern with youth vaping (using electronic nicotine delivery systems, such as e-cigarettes) in their communities. Only 3% respond that in their opinion youth vaping in their communities is "not at all a concern", while almost eight-in-ten participants (78%) feel that it is a "Very or Moderate" concern ("Very"=46%, while "Moderate"=32%). (Table 22)

### 4.3.3 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. Both of these results are almost identical to those which were found regarding prevalence of binge drinking in the region in 2025. (Table 23)

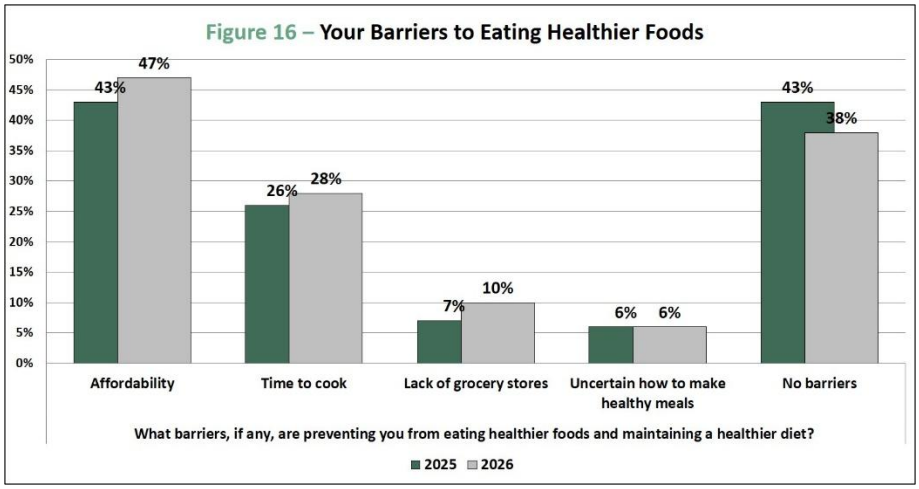


### 4.3.4 Opiates – Your Household Affected by Opiate Abuse, and Your Awareness of Where to Get Help



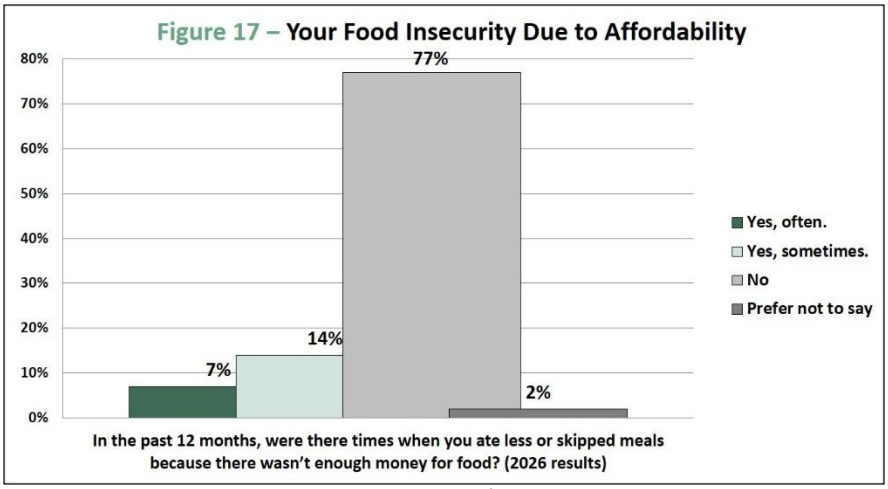

Approximately 5.3% of North Country residents in 2026 indicate that within the past year, someone in their household has been personally affected by opiate use or addiction. This rate in 2026 is higher than was found in each of the three preceding years in the North Country (3.9% in 2023, 3.4% in 2024, and 2.7% in 2025), however, it is significantly lower than the 8.0% found in the region in 2018, and in general, the 2026 result of 5.3% experiencing opiate use or addiction in their household is slightly higher but close to the 11-year long-term avreage result that has been measured in the North Country (average yearly is 4.6%). (Table 24)

### 4.3.5 Your Barriers to Eating Healthier Foods




More than one-half of North Country residents in 2026 express that they perceive that there are barriers preventing them from eating healthier foods and maintaining a healthier diet (38% report no barriers, while 62% report at least one barrier). These results represent an increase from only 57% reporting at least one barrier in 2025. By far the most common barrier expressed by residents continues to be *affordability* (in 2025, 43% of participants responded affordability, and in 2026 this rate has increased significantly to 47%), followed by *time to cook* (28% of participants in 2026). Note that 47% responding *affordability* as a barrier, among the 62% who report *at least one barrier*, indicates that over 76% among those who perceive barriers report that affordability is a barrier for them to and prevents them from eating healthier food and maintaing a healthier diet. (Table 25)

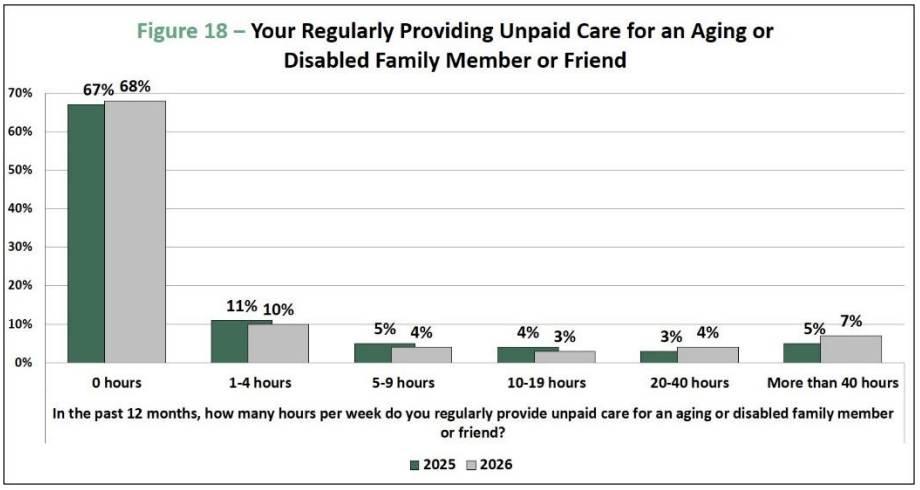
### 4.3.6 Your Food Insecurity Due to Affordability



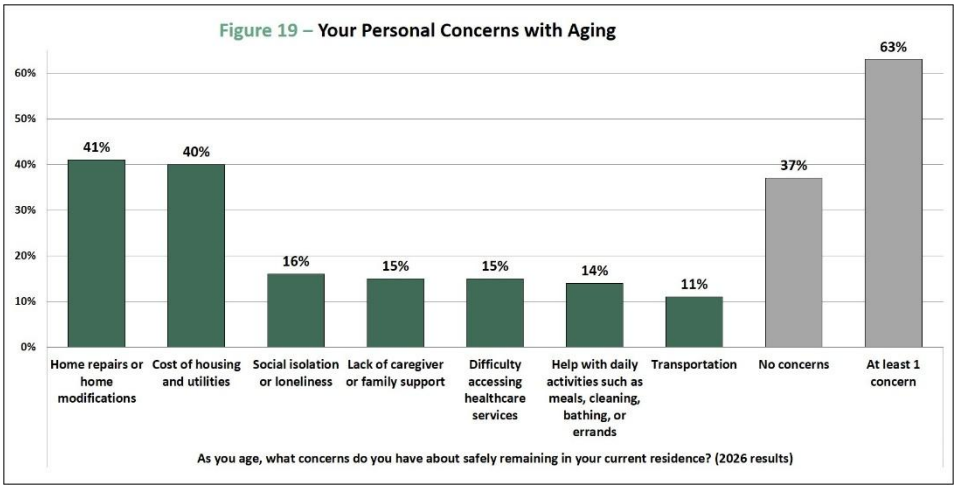

More than one-in-five North Country residents (21%) report that in the past 12 months, there were times when they ate less or skipped meals *because there wasn't enough money for food*. **Readers are reminded to inspect the social-determinant cross-tabulation tables included in Section 6 of this report to identify the many correlations between social determinants such as food security and other health attributes, health outcomes, and healthy lifestyle choices.** As a few examples, in Table 26.XTAB in Section 6 one may observe that this 21% rate of eating less or skipping meals *because there wasn't enough money for food* increases to 39% among those age 18-34, 45% among those who live in households who earn $25,000 or less each year, 50% among those who report to be uninsured, 57% among those who do not live in a stable housing situation (they are homeless or worried about losing housing), and 37% among those who self-assess their mental health as less than good. Readers are strongly encouraged to complete this similar type of social-determinant-of-health correlation inspection for *all* results in this **Section 4.3 Social Determinant Factors that May Impact Your Health** portion of this community health survey study report. (Table 26)

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

More than one-in-four North Country residents (28% found in each of 2025 and 2026) indicate that in the past 12 months they regularly provided at least one hour per week of unpaid care for an aging or disabled family member or friend. In 2026, 11% of North Country adults report that they provide 20 hours or more per week of this type of unpaid care for the aging or disabled. This 11% represents one-in-nine North Country adults, and represents an increase from only 8% found in 2025. (Table 27)



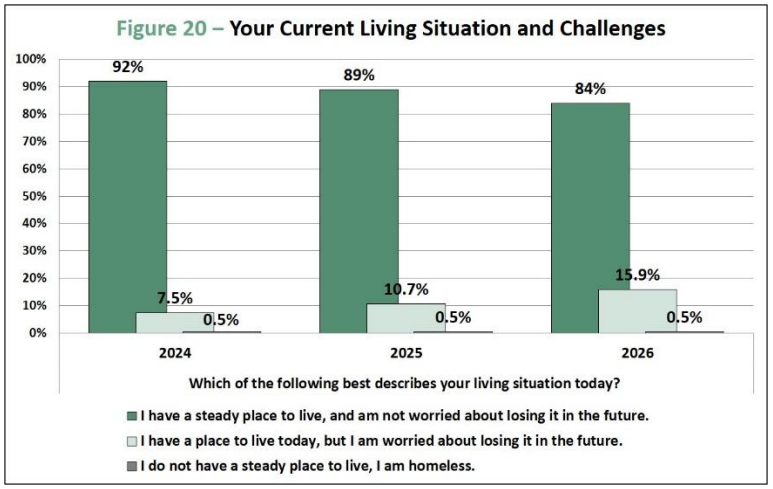

### 4.3.8 Your Personal Concerns with Aging



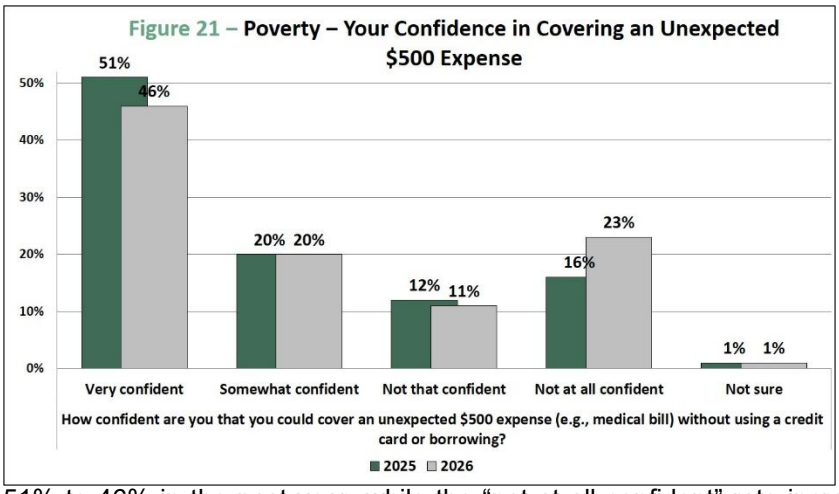

Approximately two-in-three North Country adult residents (63%) indicate that they have *at least one concern* about aging. The two most commonly cited personal concerns with aging are both financial and affordability aspects: *home repairs and home modifications* (41% among all participants), and *cost of housing and utilities* (40% among all participants). The less financial, and more social, emotional, and physical concerns, such as concerns like *social isolation or loneliness* are far less concerning to North Country adults as they age. (Table 28)

### 4.3.9 Your Current Living Situation and Challenges

In 2026, approximately one-in-six North Country residents (16.4%) report that their current situation is not a steady place to live (15.9% are worried about losing their current housing situation, and 0.5% are homeless). The remaining 84% indicate that they have a steady place to live, and are not worried about losing it in the future. However, the 15.9% rate of feeling worried about losing one's current housing situation has more than doubled from only 7.5% found in 2024. *These housing results represent another in a large number of ways that this community health study has revealed the extreme severity of concern that North Country residents in 2026 have with affordability and the cost-of-living.* Investigation of the cross-tabulations in Sections 6 and 7 of this report will reveal many associations, or links, between these housing insecurity results and residents' health outcomes, perceptions, and choices. (Table 29)



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

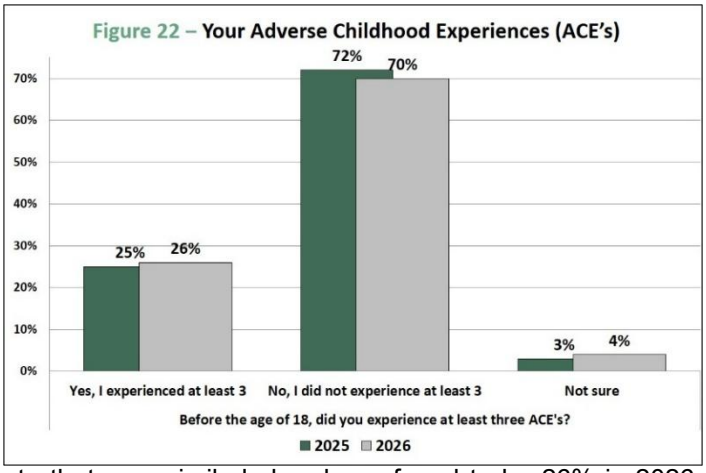



Rather than using annual household income as an indicator of poverty being experienced by North Country residents in 2025, an alternative financial characteristic was introduced to measure poverty – the alternative method involved paying for unexpected expenses. The exact survey question wording used was: "How confident are you that you could cover an unexpected $500 expense (e.g., medical bill) without using a credit card or borrowing"? In 2025, a majority of North Country adults (51%) were "very" confident, with almost one-in-six participants responding "not at all" confident (16%). Confidence in covering an unexpected $500 expense has decreased significantly between 2025 and 2026 in the North Country – the "very confident" rate decreased from 51% to 46% in the past year, while the "not at all confident" rate increased from 16% to 23%. Affordability issues have emerged once again with this survey item, measured in a slightly different way than other places in the survey instrument (such as housing insecurity, aging concerns, barriers to healthy diet, and food insecurity that have all been measured elsewhere in this survey, as well). 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 30)

### 4.3.11 Your Adverse Childhood Experiences (ACE's)

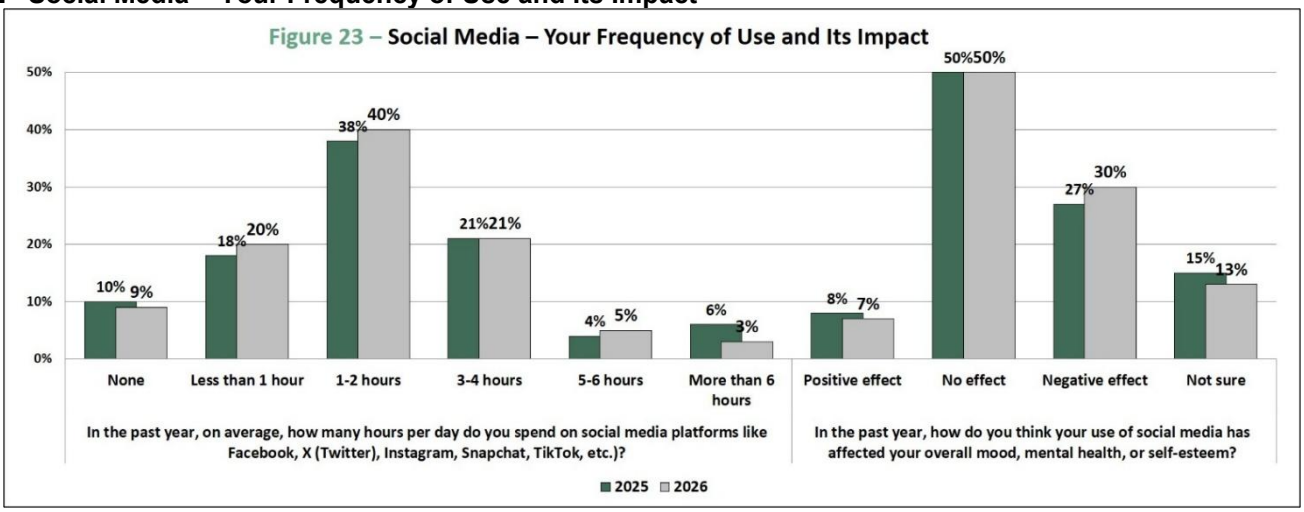
To facilitate investigation of a potential social determinant of health choices and outcomes, for the first time in 2025 a survey question addressing adverse childhood experiences (ACE's) was included in this community health survey, and it has been repeated in 2026. The survey question phrasing is: "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




In 2025, approximately one-in-four North Country residents (25%) reported to have experienced at least three ACE's, a rate that very similarly has been found to be 26% in 2026. Investigation of cross-tabulations in Sections 6 and 7 of this report will reveal many associations, or links, between ACE's and health outcomes, perceptions, and choices. (Table 31)

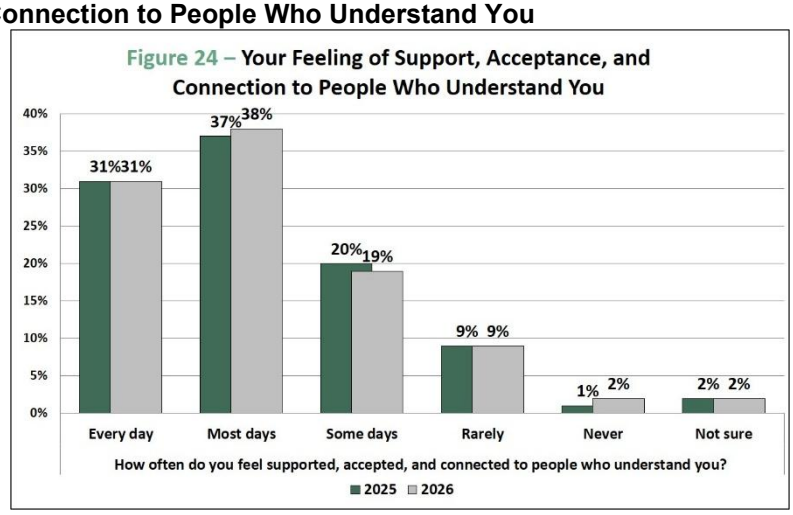
### 4.3.12 Social Media – Your Frequency of Use and Its Impact



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, two social media related survey items have been constructed and utilized in each of 2025 and 2026 in this community health survey study. Only approximately one-in-ten adult residents in the North Country (10% in 2025, and 9% in 2026) indicate that they use *no social media* in a typical day, with approximately one-in-three adults (31% in 2025, and 29% in 2026) averaging *three or more hours per day*. In 2026, residents are more than four 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* (30% versus 7%, respectively), however, the majority (50%) feel that social media use has *no effect*. These rates are very similar to those which were found in the North Country in 2025, however, the slight trend is that residents increasingly perceive social media use as having more of a negative rather than positive effect on their overall mood, mental health, and self-esteem. (Tables 32-33)

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

A final potential social determinant developed and included in this community health survey in both 2025 and 2026 relates to residents' feeling of support, acceptance, and connection to people who understand them. In 2025, a large majority (68%) of residents felt this support, acceptance, and connection on at least most days (37% most days, and another 31% every day), while only 9% reported this support as only occuring rarely, and a very small 1% indicate that it never occurs. Results in 2026 very closely parallel these 2025 reported frequencies, with 2026 rates of 38% most days, and another 31% every day, while only 9% currently report this support as only occuring rarely, and 2% 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 (2016-2026)

Most of the survey questions that have been used in this 2026 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 2026 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 ($p<0.05$).