

Introduction

The Clinton County Health Department (CCHD) surveyed Clinton County residents to provide Community Health Assessment (CHA) stakeholders with resident perspective on community health and added context to experiences within community. Residents were asked to identify features of a strong, vibrant, healthy community; for their opinions on health, social and environmental challenges in the community; to identify health and social challenges and any barriers to medical care experienced by themselves or a family member within the past year. Basic demographic information about individual respondents and their households was also collected.

Methods

The Clinton County 2025 Community Health Assessment Community Survey was adapted from the Clinton County 2022 Community Health Assessment Community Survey, developed by CCHD. The survey team consisted of a Principal Public Health Educator, and the Director of the Division of Health Planning & Promotion; other CCHD staff were used throughout the process to field and maximize reach of the survey.

Notable changes from Clinton County's 2022 Community Survey to the 2025 version include: the addition of two new questions, the reintegration of a question specifically addressing cancer care within the community, and additional response choices based on common 'write-in' responses from the 2022 iteration. The new questions sought to provide further context to respondents' selections and how they differed if their household included children under the age of 18. In total, the survey included twenty-three questions, twelve of which assessed demographics of the respondents. However, the survey was anonymous; no names, addresses or phone numbers were collected from respondents. Survey development, fielding, and analysis were completed over a six-month period. A pdf of the survey tool is included at the end this report.

The CCHD utilized existing community partners to distribute the survey. It was made available as a web-based link which was shared via email. Paper copies of the survey were also distributed, as well as a small card, and a series of posters with the web-based link and QR code. An email with the web-based link URL was sent to many partners throughout the county, including: Clinton County employees, Action for Health Consortium members, Community Services Board members, Town Supervisors and Mayors, local school Superintendents, and local healthcare providers. The North Country Chamber of Commerce also included the survey link in an issue of their "Daily Dose" newsletter. Survey fielding was also completed in-person at numerous agencies and events within the community. Sites included: University of Vermont Healthcare Network Champlain Valley Physicians Hospital, Plattsburgh Interfaith Food Shelf, Champlain Valley Athletic Association Sectional Finals, and the Adirondack Coast Craft Fair.

The CCHD utilized New York State Public Health Fellowship Corps staff to expand capacity and assist with survey fielding throughout the county. Some agencies also facilitated completion of surveys by their

clients, including Cornell Cooperative Extension, Clinton County Office for the Aging, Clinton County Mental Health & Addiction Services, and Champlain Valley Educational Services. A news release was distributed to local media outlets to further increase survey awareness and participation among the target population. CCHD used its Facebook, Twitter and Instagram pages to promote the survey, providing the web-based link URL. Local municipalities and school districts were called upon to share posts on their own social media platforms to best reach their own followers. Several local employers did this as well.

Survey respondents were first asked if they felt they lived in a healthy community. They were given a Likert scale identifying responses of *strongly disagree*, *disagree*, *neutral*, *agree*, or *strongly agree*. They were then asked for their definition of a healthy community; specifically, “*When you imagine a strong, vibrant, healthy community, what are the most important features you think of?*” and asked to choose up to three of eighteen identified features. The survey then assessed health, social and environmental challenges within the community. Residents were asked to choose up to five health challenges (from twenty-seven identified challenges) that they feel are of greatest concern in the community. They were then asked to choose up to five social challenges (from twenty-four identified challenges) and up to five environmental challenges (from sixteen identified challenges) that they feel are of greatest concern in the community. The survey then asked respondents what individual health and social challenges they or a family member experienced in the past year, and instructed them to check all that apply (from a list of twenty-seven possible health challenges and twenty-four possible social challenges). Respondents were also asked about barriers to medical care; specifically, “*If there was a time in the past year that you or a family member needed medical care but could not get it, why did you not get care?*” and instructed to select all that apply from a list of nineteen identified possible barriers. The survey then requested that respondents complete twelve demographic questions, which collected information on their gender, age, city/ town of primary residence, makeup of their household, primary language spoken in the household, race/ethnicity, highest level of education, the household’s annual income, primary employment status, if they had a primary care provider, and disabilities. Lastly, respondents were asked to rate their physical health and their mental health using the same Likert scale as described previously; specifically, “*My physical health is...*” and “*My mental health is...*”. CCHD made a concerted effort to reach a representative sample of all Clinton County residents. A periodic review of demographic information provided by respondents during survey fielding allowed the CCHD to target specific pockets of the population not already reached, ensuring that responses received mirrored census data to the greatest extent possible.

Analysis for this report was conducted by CCHD Health Planning & Promotion (HPP) staff. During analysis, open-ended responses in which the respondent mentioned an offered response but did not mark the corresponding response were manually categorized by staff. The 2020 U.S. Census Statistics for Clinton County, NY were used to evaluate demographic representation/ participation in this survey (*see Table 1*). Responses in the current iteration were compared to findings from previous iterations of this survey. Survey findings were formally shared with stakeholders during the 2025 Clinton County Community Health Assessment Priority Setting Session to assist event attendees in selecting priority health areas for the 2025-2028 Community Health Improvement Plan and Community Services Plan.

Findings

A total of 1,888 responses were received, of which, 1,523 were complete surveys from Clinton County residents. This is the highest response rate since the survey's inception. Incomplete surveys and those completed by non-residents were not included in result findings.

Demographics of Survey Respondents

According to the 2020 U.S. Census, almost 40% of Clinton County's population reside in two of the fifteen municipalities, those being the City and Town of Plattsburgh. Due to the rural geographic nature of the county, a concerted effort was made to reach a representative sample of residents from each of the townships within the county based on population density. Residents from Altona, Black Brook, Champlain (including Rouses Point), Dannemora, and Schuyler Falls were slightly underrepresented, while residents from Beekmantown, Chazy, Clinton, and the Town of Plattsburgh were slightly overrepresented. See *Table 1* and *Figure 1* for a comparison of survey respondents and Census population by township. Of the 1,523 respondents, 21 live in Altona (1.38%); 61 in AuSable (4.01%); 126 in Beekmantown (8.27%); 11 in Black Brook (0.72%); 94 in Champlain, including Rouses Point (6.17%); 114 in Chazy (7.49%); 35 in Clinton (2.30%); 27 in Dannemora (1.77%); 27 in Ellenburg (1.77%); 62 in Mooers (4.07%); 123 in Peru (8.08%); 389 in the City of Plattsburgh (25.54%); 301 in the Town of Plattsburgh (19.76%); 65 in Saranac (4.27%); and 67 in Schuyler Falls (4.04%).

Clinton County is comprised of approximately 48.6% female and 51.4% male. Approximately 3.22% (49) of respondents to the Clinton County 2025 Community Health Assessment Resident Survey preferred not to identify their gender. Of the 1,474 individuals who shared information regarding their gender identity, 78.36% (1,155) of respondents identified as female, 20.15% male (297), 0.75% non-binary (11), and 0.75% selected "other" (11) (*see Table 2*). Those who selected "other" and filled in a response often indicated that there were only two genders, indicating a potential misunderstanding within the community between sex and gender. These observed differences in gender of respondents suggest that female residents were oversampled in the survey relative to their composition within the population.

Regarding age, survey respondents more closely represented the composition of Clinton County residents; however, individuals aged 18-24 years were slightly underrepresented compared to other age groups. While there were no restrictions prohibiting survey completion by any age group, the survey did not specifically target residents 17 years and younger. Individuals aged 17 and under represent nearly 18% of the County's population, therefore, a higher percentage of each of the other age groups were targeted accordingly. 0.26% of respondents were 17 years and under (4); 2.89% were 18-24 years old (44); 37.89% were 25-44 years old (577); 38.94% were 45-64 years old (593); 14.45% were 65-79 years old (220); and 5.58% were 80 years and over (85) (*see Table 2 and Figure 2*).

Of the 1,523 survey respondents, over 99% (1,508) of respondents identified English as the primary language spoken in their home. Other primary languages spoken in the households of the respondents included: Spanish (3), American Sign Language (2), Chinese (1), and French (1) (*see Table 2*).

Respondents were asked to identify their race/ethnicity and instructed to select all that apply; therefore, responses for this demographic will not total 100%. Of the 1,523 survey respondents, 4.40% (67) preferred not to identify their race/ethnicity. Of the 1,456 individuals who shared information regarding their race/ethnicity, 96.43% (1,404) identified as White. 2.06% identified as Hispanic, Latino, or Spanish origin (30), 1.79% as Black or African American (26), 1.24% as American Indian or Alaskan Native (18), 1.17% as Asian or Pacific Islander (17), and 0.96% as something other than what was listed (14) (see *Table 2*).

The highest level of education completed by survey respondents was diverse. Of the 1,523 respondents, the highest level of education obtained was *some high school but did not finish* in 47 respondents (3.09%); *high school diploma or GED* in 225 respondents (14.77%); *completed some college but did not finish* in 178 respondents (11.69%); *technical or trade school certificate* in 58 respondents (3.81%); an *Associate degree* in 196 individuals (12.87%); a Bachelor degree in 354 individuals (23.24%); a *Master degree* or higher in 434 respondents (28.50%); and 31 individuals selected “other” when asked about their highest level of education (2.04%) (see *Table 2* and *Figure 3*). According to the U.S. Census data, of the Clinton County population 25 years and older, 88% were a high school graduate or higher, while 24.4% had a Bachelor degree or higher.

The household annual income reported by respondents varied; of the 1,523 respondents, 11.62% (177) respondents opted not to report their household’s annual income. Of the 1,346 respondents who reported their household’s annual income, 3.71% (50) reported a household annual income of less than \$10,000; 10.55% (142) reported \$10,000-24,999; 14.64% (197) reported \$25,000-49,999; 28.38% (382) reported \$50,000-99,999; 25.26% (340) reported \$100,000-149,999; and 17.46% (235) reported \$150,000 or more (see *Table 2* and *Figure 4*). According to the 2020 U.S. Census data for Clinton County, the median household income was \$59,510, with a per capita income in the past 12 months of \$29,960; meanwhile, 11.1% of Clinton County residents live in poverty.

Of the 1,523 respondents, a majority were full-time employees (62.57%) or retired (19.30%). 119 individuals were part-time employees (7.81%); 80 reported being disabled (5.25%); 1 reported being in the armed forces (0.07%); 39 reported being a homemaker (2.56%); 23 reported being a student (1.51%); and 55 reported being unemployed (3.61%). 25 individuals selected “other” for their primary employment status (1.64%) (see *Table 2*).

Nearly 10% of respondents reported that they did not have a primary care provider (151)(*Table 2*).

While 79.97% (1,218) of respondents reported having no disability, 20.03% of individuals reported at least one disability (305). Of note, as respondents were asked to select all that apply, responses for self-reported disabilities will not total 100%. According to the Centers for Disease Control (CDC), 21% of adults in New York have some type of disability. The most reported disability among respondents was related to mobility, or serious difficulty walking or climbing stairs (47.87%); followed by difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition (45.25%). (36.99%). The next most reported disability was difficulty completing errands alone because of a physical, mental, or emotional condition, where respondents indicated (31.48%) (see *Table 3* and *Figure 5*).

Almost half (47.34%) of respondents indicated there was one or more child living in their household (721). 52.66% reported zero children living in their household (802), 20.68% reported one child living in their household (315), 19.04% reported 2 children living in the household (290), and 7.62% reported three or more children living in the household (116). 53.58% reported two adults living in their household (816), while 19.11% reported three or more adults (291) (see *Table 4* and *Figure 6*). Data from this question indicates that while only 1,523 surveys were collected, the responses contained in those surveys reflected the experiences of more than 4,000 county residents.

Definition of a Healthy Community

When asked whether they believed they lived in a healthy community, 35.26% of respondents agreed or strongly agreed that they live in a healthy community. Alternatively, 28.82% disagreed or strongly disagreed with this statement; 35.92% of respondents felt neutral toward this statement. Respondents were then asked to identify the top three features of a strong, vibrant, healthy community; therefore, responses for this demographic will not total 100%. The top features reported were affordable housing (36.31%), health care services (35.33%), livable wages (31.32%), safe environment (31.32%), and clean environment (30.01%). See *Table 5* and *Figure 7* for perceptions of living in a healthy community by residents and *Table 6* and *Figure 8* for the top features of a strong, vibrant, healthy community.

Health Challenges of Concern and Experienced

More than 90% of respondents reported experiencing one or more health challenge in the past year by themselves or a family member. Mental health was identified as the top health challenge in the community (46.75%) and was the most reported health related challenge experienced by respondents (41.53%). However, an overwhelming majority of respondents reported that their mental health was average, good, or excellent, when asked, leaving just about 10% of respondents reporting that their mental health was poor or extremely poor. Likewise, nearly 36% of respondents identified access to mental health services as a health challenge in the community, while just under 25% of respondents reported having trouble accessing mental health services. Conversely, 44.32 % of respondents identified substance abuse as a health challenge in the community, while only 12.73% of respondents reported it as a health challenge experienced by themselves or a family member within the past year. Additionally, 31.06% of respondents identified overweight/obesity as a health challenge in the community and more than 1 in 3 (36.36%) respondents reported it as a health challenge experienced by themselves or a family member in the past year. Furthermore, nearly 30% of respondents or a family member experienced a chronic disease, yet less than a quarter (24.75%) identified it as a top health challenge in the community. Over 68% of respondents reported experiencing at least one barrier to receiving medical care in the past year for themselves or for a family member. The most reported barriers included: no appointment available for a specialist (39.96%), no specialist locally (37.84%), insurance was not accepted (35.91%), no appointment available for primary care (30.21%), and could not leave work or school (26.74%). See *Table 7* and *Figure 9* for health challenges identified in our community, *Table 8* and *Figure 10* for health challenges experienced by residents, and *Table 9* and *Figure 11* for barriers to receiving medical care.

Social Challenges of Concern and Experienced

Nearly 3 in 4 (73.01%) respondents reported that they or a family member experienced at least one social challenge in the past year. Nearly half of (46.62%) respondents identified affordable housing as a top social concern in the community, while more than 1 in 4 (28.96%) respondents experienced affordable housing issues by themselves or a family member within the past year. Just over 39% of respondents identified lack of a livable wage being a top social challenge in the community, while just about 37% reported experiencing this challenge in the past year. Likewise, nearly a quarter (23.02%) respondents reported that they or a family member has experienced bullying in the last year, 23.70% identified it as a social challenge in the community. Just over 12% of respondents identified street safety as a social concern in the community, yet more than 1 in 5 (21.85%) identified it as a challenge for themselves or a family member. Access to healthy foods continues to be a commonly reported social challenge of concern in our community (28.10%) and experienced by respondents or their families (21.49%). See *Table 10* and *Figure 12* for social challenges of concern in our community and *Table 11* and *Figure 13* for social challenges experienced by residents.

Environmental Concerns

More than half (56.20%) of respondents identified aging infrastructure as a top environmental concern in our community. Over 45% of respondents also identified concern related school safety, while almost 40% of respondents identified drinking water quality as a top environmental concern. Additionally, about 1 in 3 (36.24%) respondents identified climate change as a top environmental concern in our community. Nearly 35% of respondents identified stream, river, lake quality as an environmental concern within our community. See *Table 12* and *Figure 14* for environmental concerns in our community.

Self- Perceived Physical and Mental Health

More than 4 in 5 respondents self-reported their physical health as average (40.84%) or good (39.33%). Less than 10% reported their physical health as poor or extremely poor; 10.31% reported their physical health as excellent. A similar pattern in responses was seen for self-reported mental health with 89.69% of respondents reporting their mental health as average, good or excellent; 8.67% and 1.64% of respondents reported their mental as poor or extremely poor, respectively. See *Table 13* and *Figure 15* and *Table 14* and *Figure 16* for a breakdown of self-reported physical and mental health responses, respectively.

Changes over time

The 2025 survey marks the third time CCHD has used the same survey tool for this process. Though the most recent iteration contains additional questions and answer options, its consistent use allows for changes over time to be evident. Relative risk was used to relate respondents' answers from 2019 to 2025, as well as (in some cases) 2022 to 2025. Relative risk is the ratio of the probability of an event happening in one group compared to the probability of the same event happening in another group. In other words, how much more or less likely a selection was made in one year compared to another.

Though this is only the second time respondents were asked whether they believed they lived in a healthy community, over all, more residents disagreed or strongly disagreed with this statement. In 2022, 22.39% of respondents disagreed or strongly disagreed with this statement, while 41.54% agreed or strongly agreed. Respondents who disagreed or strongly disagreed increased to 28.82% and respondents who agreed or strongly agreed decreased to 35.26% in 2025 (see *figure 7*). There were also differences in respondents' definition of a healthy community over time (see *figure 8*). Though affordable housing has appeared in the top five each iteration, the number of respondents who selected it as a top feature has increased 5.29 percentage points since 2019. Respondents were less also likely to identify economic opportunities and good schools in 2025, when compared to 2019.

When asked to identify health challenges in the community, 2025 respondents were almost three times less likely to identify suicide (death by suicide or completed). Residents two times less likely to select cancer as a health challenge in the community than they were in 2019. An interesting change in respondents experiencing an infectious disease was revealed when comparing 2019, 2022, and 2025 data. In 2019 4.99% of respondents reported experiencing an infectious disease. This rose to 20.01% in 2022, during the COVID-19 pandemic, then dropped down to 12.29% in 2025. Since 2019 respondents who needed medical care but could not access it due to co-pays or deductibles being too high or not having dental or vision insurance decreased. Conversely, respondents who could not get care because they could not leave work or school or could not find a primary care appointment increased. The number of respondents who identified lack of medical care due to not having a specialist locally increased two-fold. See *figure 9*, *figure 10*, and *figure 11* for health challenges in the community, health challenges experienced, and barriers to medical care.

Though lack of a livable wage continues to be a top social challenge in the community, respondents identifying lack of employment opportunities in the community decreased from 2019 to 2025. Residents reporting crime or vandalism as a social concern in the community increased over the last six years. Respondents also reported experiencing issues related to access to healthy foods (1.4), bullying (13.3), lack of a livable wage (1.2), and safe recreational areas (1.58) as social challenges they experienced at a greater rate in 2025 than 2019. See *figure 12* for social challenges in the community and *figure 13* for social challenges experienced.

Perhaps the most significant pattern seen from year to year is the increase in residents experiencing one or more health challenge, social challenge, and barrier to medical care. In 2019, about 86% of respondents reported experiencing one or more health challenge over the last year, this rose to 90% in 2025. In terms of social challenges, in 2019 62% of respondents reported experiencing one or more social challenge, this increased to 73% in 2025. Another significant increase from 2019 to 2025 was in respondents who identified one or more barrier to receiving medical care. This rose from 50% to 68% over six years. Also of note, the number of health challenges, social challenges, and barriers to medical care experienced per person also increased from 2019 to 2025. Health challenges increased from 3.43 to 4.34 per person; social challenges from 2.94 to 3.43 per person; and barriers to medical care increased from 2.37 to 3.08 per person. See *figure 17* for health challenges, social challenges, and barriers to medical care over time and *figure 18* for challenges and barriers experienced per respondent over time.

Considerations/Limitations

Having completed a survey of similar magnitude in 2016, 2019, and 2022, the CCHD was able to leverage survey fielding experience and existing partners within the community to efficiently reach it's highest number of residents ever. There were 365 surveys submitted that were completed by residents of a neighboring county or not completely filled out. Those surveys were not included in this analysis, resulting in 1,523 surveys fully completed by Clinton County residents. This equates to only approximately 2% of the county's population but represents an increase in reach from the survey's previous iterations.

Similar challenges in fielding as noted in the past also persisted. The CCHD continues to find that reaching certain subpopulations and communities, especially the most rural, is difficult. Survey fielding was completed over the winter months from December 2024 to April 2025, potentially limiting reach due to weather. Females were more likely to complete the survey than males and male respondents proved to be one of the most difficult subpopulations to engage.

Though trust in public health seems still to be fractured, that was not reflected in residents' willingness to participate. In the last iteration of the survey, open-ended responses collected captured a level of frustration among respondents. Comments collected highlighted distrust of local health agencies and/or a feeling of being tired of hearing from them. Others used the survey to voice their disagreement with COVID-19 related mandates or requirements, despite that not being a focus of the survey. This type of comment was not reflected during this iteration.

This survey required that residents self-report their opinions on key challenges prevalent in the community and experienced by themselves and their families. It also, for multiple demographic questions, required respondents to self-select categories without any parameters. This method has its own limitations in regards to the accuracy of resident's recall and discretion as well as what information they choose to disclose.

This survey was available both in-person and as an electronic survey. The majority of responses were received electronically. In-person respondents had the advantage of having available a staff member to explain directions or questions if necessary, but may have not felt as anonymous as those filling out the survey online. Online respondents, therefore, had the advantage of being completely anonymous, but the disadvantage of not having a person that could provide explanations as necessary.

The second question asked respondents to choose "up to 3" features and the third, fourth, and fifth questions asked respondents to choose "up to 5" challenges; some respondents chose less than three or five, respectively, and some respondents completing the paper survey chose more than three or five, respectively. All responses were counted in the final numbers. The online version of the survey did not allow respondents to choose more than three responses for the second question or more than five responses for the third, fourth, and fifth questions.

Three response selections were inadvertently left off the online version of the survey. The option to select *access to immunizations* on questions three and six (regarding health challenges) and the option to select *no*

developmental services provider was available (speech, OT, PT, etc.) on question eight (barriers to medical care) were not available for online respondents. Therefore, these responses may be underreported.

Conclusions

This survey provided valuable feedback from the community for the CCHD and UVM Health Network-CVPH. It represents the widest reaching approach to community inclusion in the local community health assessment process. This is Clinton County's fourth large scale effort to collect direct resident insight for consideration in selecting local health priorities. Demographic findings suggest a reasonable representative sample of the Clinton County population was reached.

This survey was able to capture, perhaps more clearly than past efforts, the extent of concern many residents experience with a range of factors that influence overall health and well-being. Nearly three quarters of all respondents reported experiencing a social challenge with lack of a livable wage, affordable housing, opportunities for physical activity, and street safety being top challenges selected in this category for the third straight iteration. More than half of respondents selected aging infrastructure as the top environmental concern; school safety was the second top environmental concern among respondents, demonstrating a shift from last iteration. Such findings reinforce the importance of the social determinants of health and the need to continue to favor strategies and interventions that address up-stream factors that play a fundamental role in health outcomes. Despite the challenges identified by residents, over 35% of survey respondents feel they live in a healthy community.

While the survey was not framed around the *Prevention Agenda 2025-2030: NYS's Health Improvement Plan*, careful consideration is given to the responses in relation to the Prevention Agenda upon analysis so collected perspective could be successfully incorporated into health priority setting activities. Survey findings will certainly fulfil their primary purpose of informing the local health priority selection process. Yet, CCHD and many of its partners recognize there is more to be gained from deeper analysis of the information collected. Adjustments to the survey in this iteration were intended to allow more granular analysis of special populations within the county. Such review and analysis will continue in the years ahead and additional findings will be used to inform continuous collaborative planning intended to improve the health of all residents.

An overview of the survey process, collected data and full analysis will be readily shared with community health stakeholders and residents. This full report will be featured in the 2025-2028 Community Health Assessment, which is posted prominently on CCHD's and CVPH's websites. A summary infographic has been created to make survey findings more accessible (included). The infographic is featured on the CCHD website and has already been shared through a number of channels. Additional reports and visuals will be created as further data analysis is completed and shared through similar means.

Tables & Figures

Table 1. 2025 Clinton County Community Health Assessment Community Survey, Residency of Respondents and 2020 U.S. Census. Population Statistics for Clinton County

Demographic		2025 Survey % (#)	2020 Census % (#)
Township of primary residence (n = 1,523)	Altona	1.38% (21)	3.34% (2,666)
	AuSable	4.01% (61)	3.99% (3,183)
	Beekmantown	8.27% (126)	6.90% (5,508)
	Black Brook	0.72% (11)	1.82% (1,453)
	Champlain (including Rouses Point)	6.17% (94)	7.20% (5,745)
	Chazy	7.49% (114)	5.13% (4,096)
	Clinton	2.30% (35)	0.82% (652)
	Dannemora	1.77% (27)	5.06% (4,037)
	Ellenburg	1.77% (27)	2.31% (1,842)
	Mooers	4.07% (62)	4.34% (3,467)
	Peru	8.08% (123)	8.48% (6,772)
	Plattsburgh (City of)	25.54% (389)	24.85% (19,841)
	Plattsburgh (Town of)	19.76% (301)	14.89% (11,886)
	Saranac	4.27% (65)	4.82% (3,852)
	Schuyler Falls	4.40% (67)	6.07% (4,843)

Figure 1: 2025 Clinton County Community Health Assessment Community Survey: Township of Primary Residence (n=1,523)

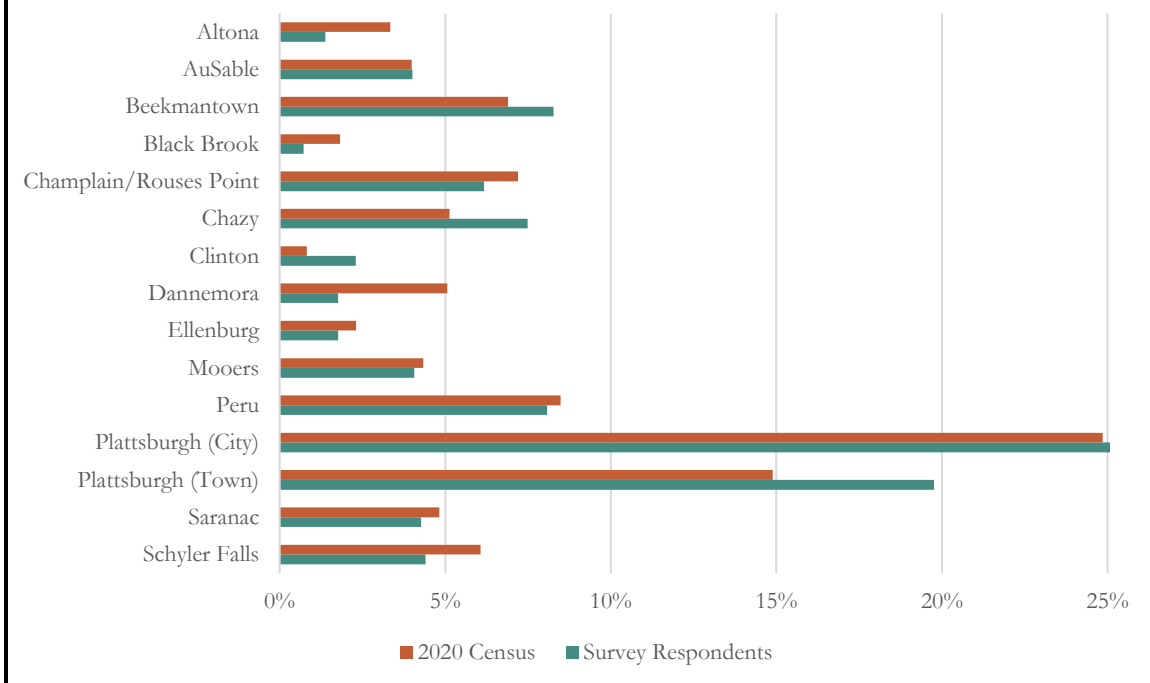


Table 2. 2025 Clinton County Community Health Assessment Community Survey, Demographics of Respondents

Demographic		% (#)
Gender (n = 1,474)*	Female	78.36% (1155)
	Male	20.15% (297)
	Non-Binary	0.75% (11)
	Other	0.75% (11)
	*Note: Of all 1,523 respondents, 3.22% (49) declined to answer.	
Age (n = 1,523)	45-64 years	38.94% (593)
	25-44 years	37.89% (577)
	65-79 years	14.45% (220)
	80 years and older	5.58% (85)
	18-24 years	2.89% (44)
	17 years and younger	0.26% (4)
Primary language spoken in household (n = 1,523)	English	99.02% (1,508)
	Other	0.53% (8)
	Spanish	0.20% (3)
	American Sign Language	0.13% (2)
	Chinese	0.07% (1)
	French	0.07% (1)
	Haitian-Creole	0.00% (0)
	Italian	0.00% (0)
	Korean	0.00% (0)
	Polish	0.00% (0)
	Russian	0.00% (0)
Race/ethnicity (n = 1,456)*	White	96.43% (1,404)
	Hispanic, Latino or Spanish origin	2.06% (30)
	Black or African American	1.79% (26)
	American Indian	1.24% (18)
	Asian or Pacific Islander	1.17% (17)
	Other	0.96% (14)
	*Note: Of all 1,523 respondents, 4.40% (67) declined to answer. For this question respondents were asked to select all that apply; therefore, responses will not total 100%.	
Highest level of education (n = 1,523)	Master's degree or higher	28.50% (434)
	Bachelor's degree	23.24% (354)
	High school diploma or GED	14.77% (225)
	Associate's degree	12.87% (196)
	Some college	11.69% (178)
	Technical or trade school certificate	3.81% (58)
	Some high school (did not finish)	3.09% (47)
	Other	2.04% (31)

Table 2 Continued. 2025 Clinton County Community Health Assessment Community Survey, Demographics of Respondents

Demographic		% (#)
Household annual income (n = 1,346)*	\$50,000 - \$99,999	28.38% (382)
	\$100,000 - \$149,999	25.26% (340)
	\$150,000 or more	17.46% (235)
	\$25,000 - \$49,999	14.64% (197)
	\$10,000 - \$24,999	10.55% (142)
	Less than \$10,000	3.71% (50)
	*Note: Of all 1,523 respondents, 11.62% (177) declined to answer.	
Employment Status (n = 1,523)	Full-time	62.57% (953)
	Retired	19.30% (294)
	Part-time	7.81% (119)
	Disabled	5.25% (80)
	Unemployed	3.61% (55)
	Homemaker	2.56% (39)
	Other (please specify)	1.64% (25)
	Student	1.51% (23)
	Armed forces	0.07% (1)
Primary Care Provider (n = 1,523)	Yes	90.09% (1,372)
	No	9.91% (151)

Figure 2: 2025 Clinton County Community Health Assessment
Community Survey: Age (n=1,523)

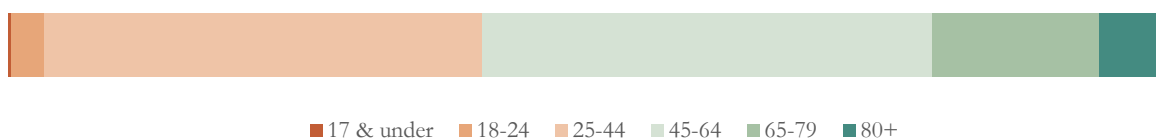


Figure 3: 2025 Clinton County Community Health Assessment
Community Survey: Highest Level of Education (n=1,346*)

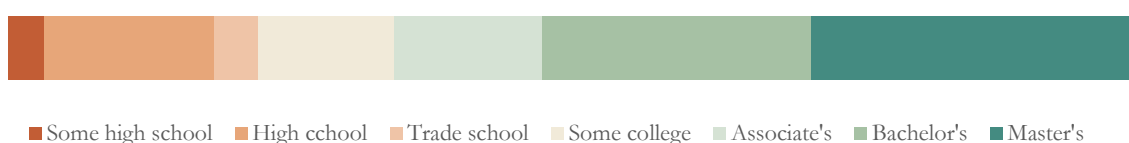


Figure 4: 2025 Clinton County Community Health Assessment
Community Survey: Household Annual Income (n=1,346*)

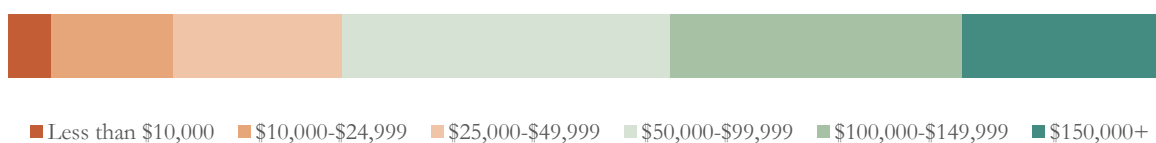


Table 3. 2025 Clinton County Community Health Assessment Community Survey, Self-Reported Disabilities

Demographic	% (#)
Self-reported disabilities (n = 305)*	I have serious difficulty walking or climbing stairs.
	Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.
	Because of a physical, mental, or emotional condition, I have difficulty doing errands alone, such as visiting a doctor's office or shopping.
	I am deaf or have serious difficulty hearing.
	I have difficulty dressing or bathing.
	I am blind or have serious difficulty seeing, even when wearing glasses.
	*Note: Of all 1,523 respondents, 79.97% (1,218) reported no difficulties; alternatively, 20.03% (305) respondents reported at least one disability. For this question respondents were instructed to select all that apply; therefore, responses will not total 100%.

Figure 5: 2025 Clinton County Community Health Assessment Community Survey: Self-Reported Disabilities (n=305)*

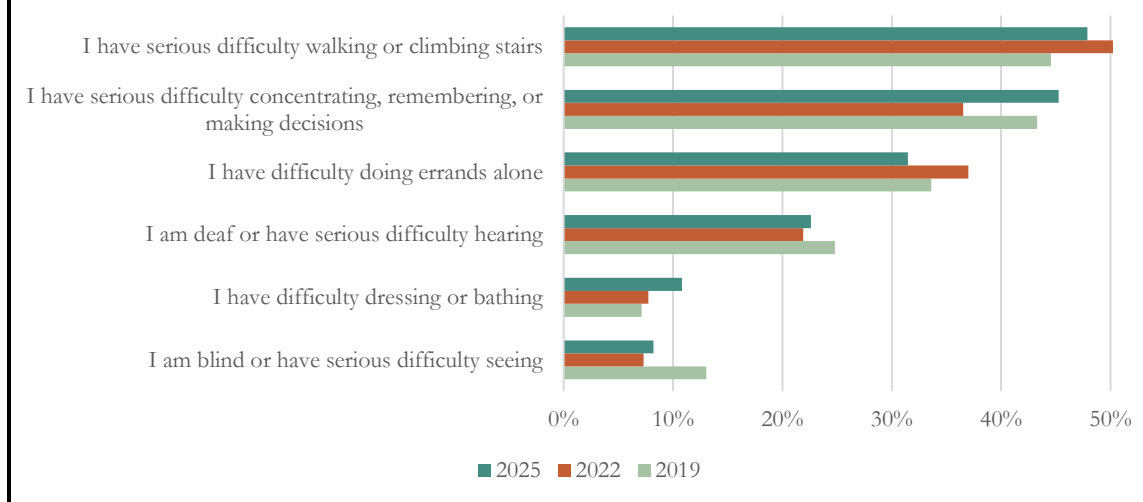


Table 4. 2025 Clinton County Community Health Assessment Community Survey, Household Size

Demographic		% (#)
Adults Living in the Home (n = 1,523)	0	4.53% (69)
	1	22.78% (347)
	2	53.58% (816)
	3 or more	19.11% (291)
Children Living in the Home (n = 1,523)	0	52.66% (802)
	1	20.68% (315)
	2	19.04% (290)
	3 or more	7.62% (116)
	Any children	47.34% (721)

Figure 6: 2025 Clinton County Community Health Assessment Community Survey: Household Size (n=1,523)

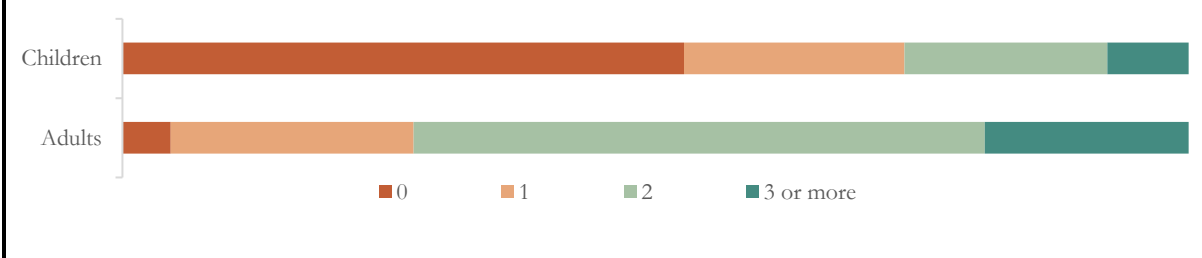


Table 5. 2025 Clinton County Community Health Assessment Community Survey, Living in a Healthy Community

I live in a healthy community		% (#)
I live in a healthy community (n = 1,523)	Strongly Disagree	5.25% (80)
	Disagree	23.57% (359)
	Neutral	35.92% (547)
	Agree	30.01% (457)
	Strongly Agree	5.25% (80)

Figure 7: 2025 Clinton County Community Health Assessment Community Survey: I Live in a Healthy Community (n=1,523)

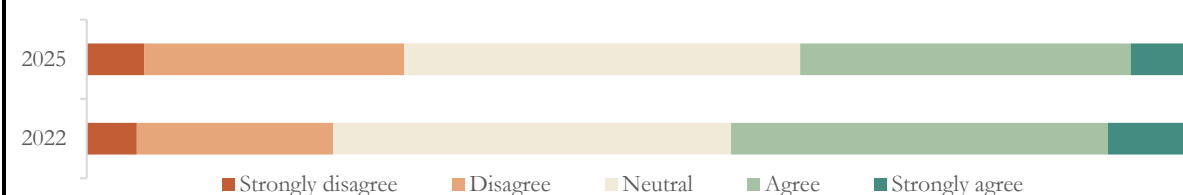


Table 6. 2025 Clinton County Community Health Assessment Community Survey, Definition of a Healthy Community

Features		% (#)
Features of a strong, vibrant, healthy community (n = 1,523*)	Affordable housing	36.31% (553)
	Health care services	35.33% (538)
	Livable wages	31.32% (477)
	Safe environment	31.32% (477)
	Clean environment	30.01% (457)
	Drug & alcohol free communities	24.82% (378)
	Good schools	24.10% (367)
	Healthy food choices	16.68% (254)
	Mental health services	15.52% (282)
	Economic opportunities	14.84% (226)
	Parks & recreation resources	14.64% (223)
	Walkable & bike friendly communities	11.42% (174)
	Senior services	8.21% (125)
	Equality	7.88% (120)
	Good childcare	7.62% (116)
	Transportation	7.42% (113)
	Senior housing	5.84% (89)
	Diverse populations	5.12% (78)
	Other	3.48% (53)
*Note: For this question respondents were instructed to select up to 3 features; therefore, responses will not total 100%.		

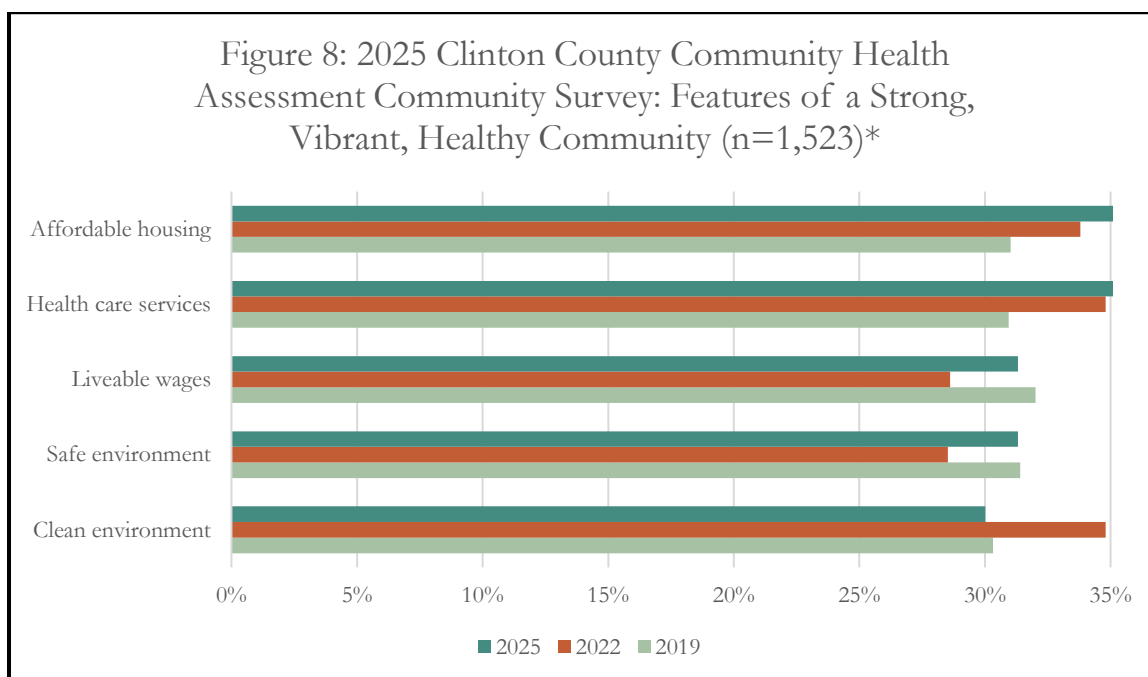


Table 7. 2025 Clinton County Community Health Assessment Community Survey, Health Challenges of Greatest Concern in Our Community

Health Challenges		% (#)
Health challenges of greatest concern (n = 1,523*)	Mental Health (anxiety, depression, social wellbeing, etc.)	46.75% (712)
	Substance misuse (drugs, alcohol, etc.)	44.32% (675)
	Access to health care services	40.45% (616)
	Access to mental health & behavioral services	35.46% (540)
	Access to health care specialist	31.19% (475)
	Overweight/obesity	31.06% (473)
	Access to dental care/dentist	25.67% (391)
	Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)	24.75% (377)
	Physical activity	19.30% (294)
	Issues related to aging (arthritis, hearing/vision loss, etc.)	16.19% (245)
	Access to developmental services for children	15.23% (232)
	Cancer	14.77% (225)
	Smoking or tobacco use (including e-cigarettes or vaping)	14.12% (215)
	Suicide (death by suicide or attempts)	11.36% (173)
	Access to pediatric care	9.85% (150)
	Infectious disease (hepatitis A, B or C, flu, COVID-19, etc.)	9.52% (145)
	Health concerns of intellectual or developmental disabilities	8.80% (134)
	Health concerns of physical disabilities	8.21% (125)
	Access to a culturally competent provider	7.55% (115)
	Autoimmune disease (ALS, Crohn's, MS, RA, etc.)	7.03% (107)
	Prenatal care/maternal & infant health	6.83% (104)
	Other	6.24% (95)
	Access to cancer screenings	6.17% (94)
	Falls	6.11% (93)
	Vector-Borne disease (EEE, Lyme disease, West Nile virus, etc.)	5.84% (89)
	Lung disease (asthma, COPD, etc.)	4.66% (71)
	Sexually transmitted infections (including HIV)	1.71% (26)
	Immunization rates**	1.38% (21)
<p>*Note: For this question respondents were instructed to select up to 5 health challenges; therefore, responses will not total 100%.</p> <p>**Note: This response was inadvertently left off online survey. Data only reflects paper surveys.</p>		

Figure 9: 2025 Clinton County Community Health Assessment Community Survey: Health Challenges of Greatest Concern (n=1,523)*

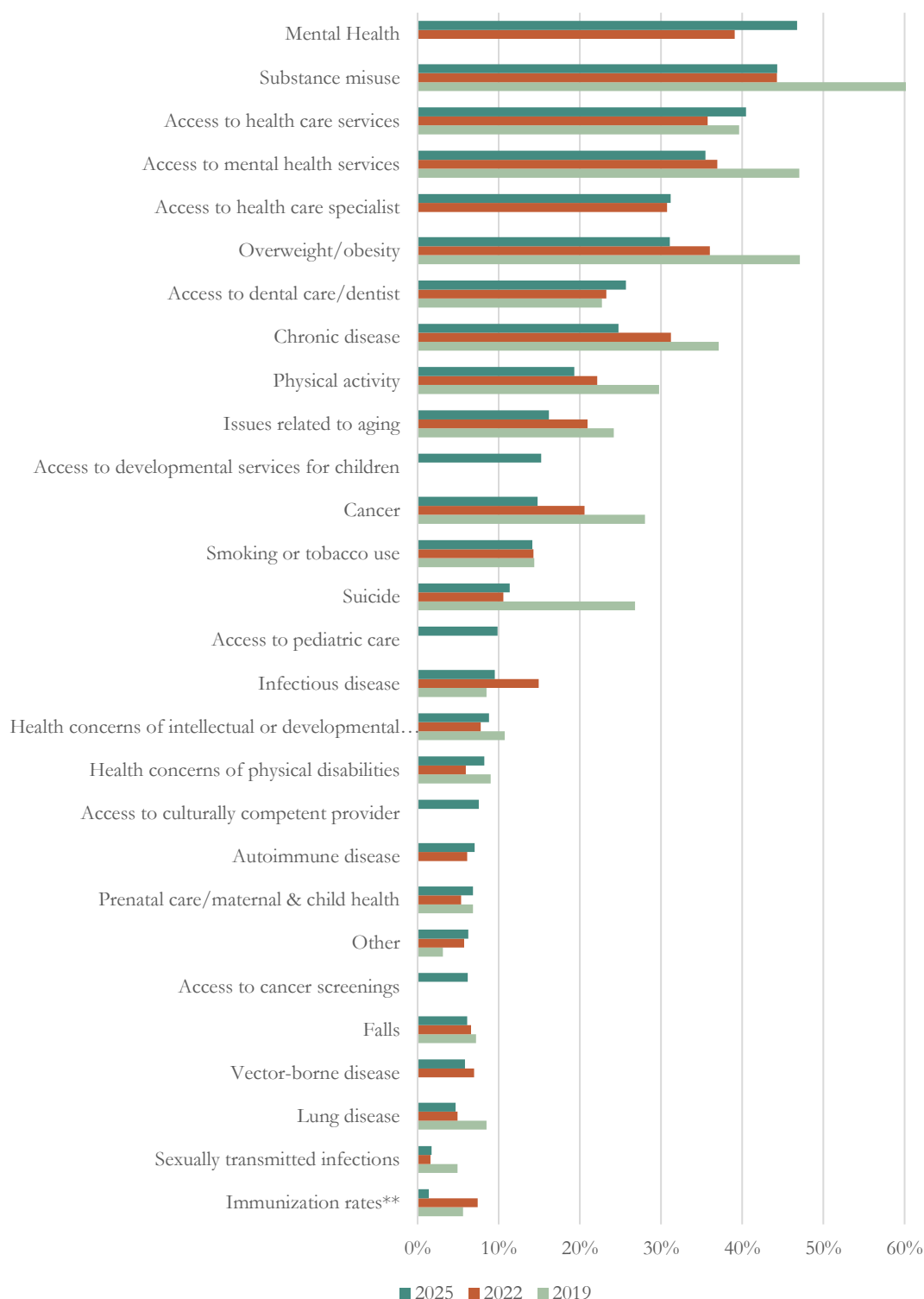


Table 8. 2025 Clinton County Community Health Assessment Community Survey, Self-reported Health Challenges Experienced by Residents Within the Past Year

Health Challenges		% (#)
Self-reported health challenges (n = 1,375*)	Mental Health (anxiety, depression, social wellbeing, etc.)	41.53% (571)
	Access to health care specialist	37.02% (509)
	Overweight/obesity	36.36% (500)
	Access to dental care/dentist	30.18% (415)
	Chronic disease (diabetes, heart disease, high blood pressure, high cholesterol, stroke, etc.)	29.38% (404)
	Issues related to aging (arthritis, hearing/vision loss, etc.)	28.73% (395)
	Access to health care services	27.42% (377)
	Access to mental health & behavioral services	24.51% (337)
	Physical activity	22.98% (316)
	Cancer	13.02% (179)
	Lung disease (asthma, COPD, etc.)	12.87% (177)
	Substance misuse (drugs, alcohol, etc.)	12.73% (175)
	Infectious disease (hepatitis A, B or C, flu, COVID-19, etc.)	12.29% (169)
	Falls	11.93% (164)
	Health concerns of physical disabilities	11.78% (162)
	Smoking or tobacco use (including e-cigarettes or vaping)	11.71% (161)
	Autoimmune disease (ALS, Crohn's, MS, RA, etc.)	11.42% (157)
	Access to developmental services for children	9.60% (132)
	Health concerns of intellectual or developmental disabilities	8.15% (112)
	Access to pediatric care	8.07% (111)
	Access to cancer screenings	5.75% (79)
	Access to a culturally competent provider	5.45% (75)
	Other	5.31% (73)
	Suicide (death by suicide or attempts)	4.36% (60)
	Vector-Borne disease (EEE, Lyme disease, West Nile virus, etc.)	4.00% (55)
	Access to immunizations	3.20% (44)
	Access to prenatal care/maternal & infant health	2.62% (36)
	Sexually transmitted infections (including HIV)	1.16% (16)
<p>*Note: For this question, respondents were asked, "What health challenges have you or a family member had in the past year?" and instructed to select all that apply; therefore, responses will not total 100%. Of all 1,523 respondents, 9.72% (148) reported no health challenges in the past year. Alternatively, 90.28% (1,375) respondents reported experiencing at least one health challenge in the past year.</p> <p>**Note: This response was inadvertently left off online survey. Data only reflects paper surveys.</p>		

Figure 10: 2025 Clinton County Community Health Assessment Community Survey: Self-Reported Health Challenges (n=1,375)*

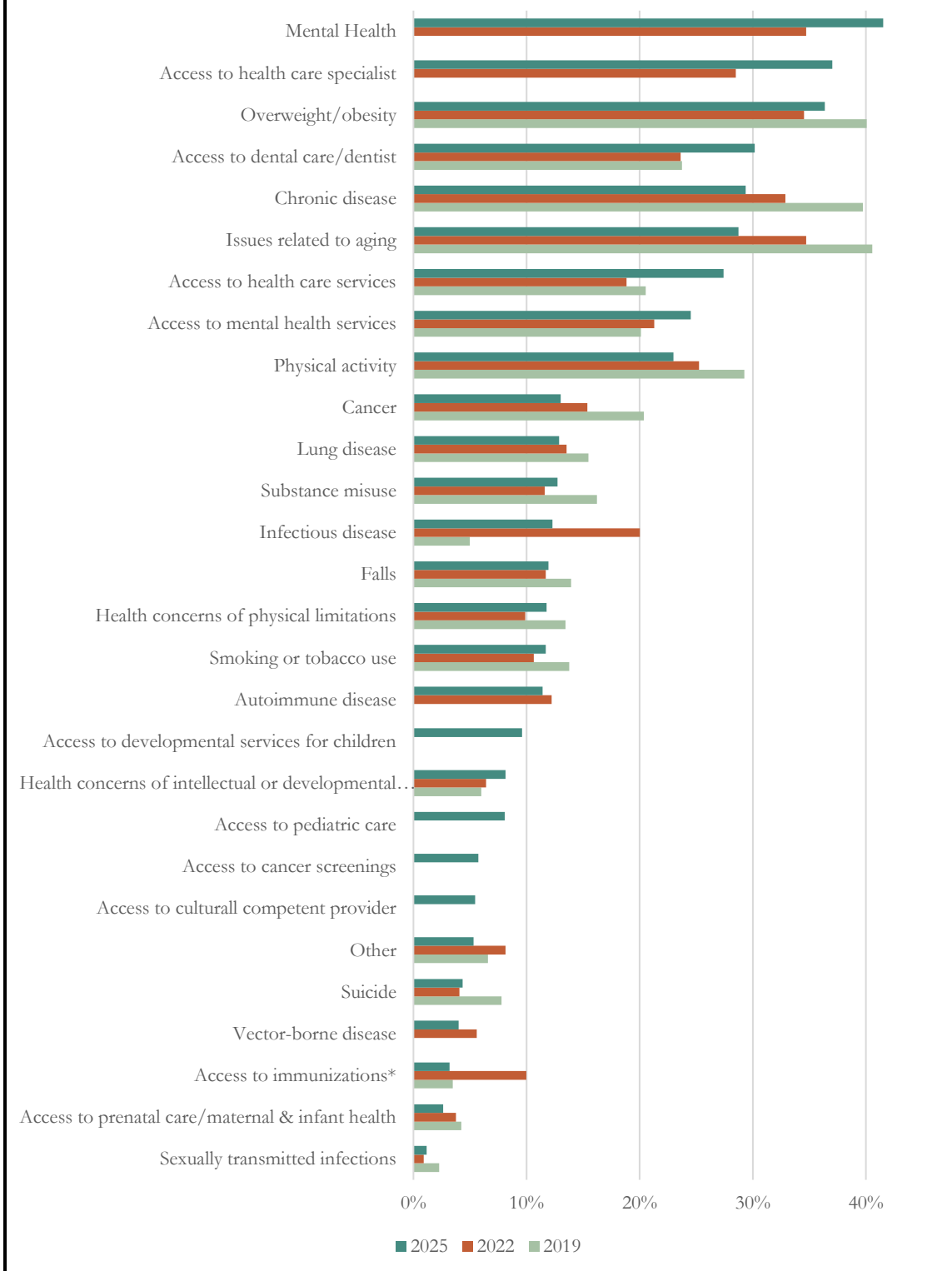


Table 9. 2025 Clinton County Community Health Assessment Community Survey, Self-reported Barriers to Medical Care Experienced by Residents Within the Past Year

Barriers to medical care		% (#)
Self-reported barriers to medical care (n = 1,036*)	No appointment was available (specialist)	39.96% (414)
	No specialist locally	38.84% (392)
	Did not accept my insurance	35.91% (372)
	No appointment was available (primary care)	30.21% (313)
	Could not leave work/school	26.74% (277)
	Could not afford (including co-pays or deductibles that were too high)	24.42% (253)
	Co-pays or deductibles were too high	21.81% (226)
	Did not have dental or vision insurance	20.27% (210)
	Did not have a health care provider	16.99% (176)
	Did not have transportation	11.00% (114)
	No appointment was available (pediatric)	10.23% (106)
	Other	8.98% (93)
	Did not have medical insurance	6.95% (72)
	Did not have childcare	5.79% (60)
	No veteran services locally	2.80% (29)
	No culturally competent providers	2.70% (28)
	No accommodations for people with intellectual or developmental disabilities	2.32% (24)
	No access for people with physical disabilities	2.22% (23)
	Provider did not speak my language	0.77% (8)
	No developmental services provider was available (speech, OT, PT, etc.)**	0.48% (5)
<p>*Note: For this question respondents were asked, “If there was a time in the past year that you or a family member needed medical care but could not get it, why did you not get care?” and instructed to select all that apply; therefore, responses will not total 100%. Of all 1,523 respondents, 31.98% (487) reported no barriers to medical care in the past year; alternatively, 68.02% (1,036) respondents reported experiencing at least one barrier to medical care in the past year.</p> <p>**Note: This response was inadvertently left off online survey. Data only reflects paper surveys</p>		

Figure 11: 2025 Clinton County Community Health Assessment Community Survey: Self-Reported Barriers to Medical Care (n=1,036)*

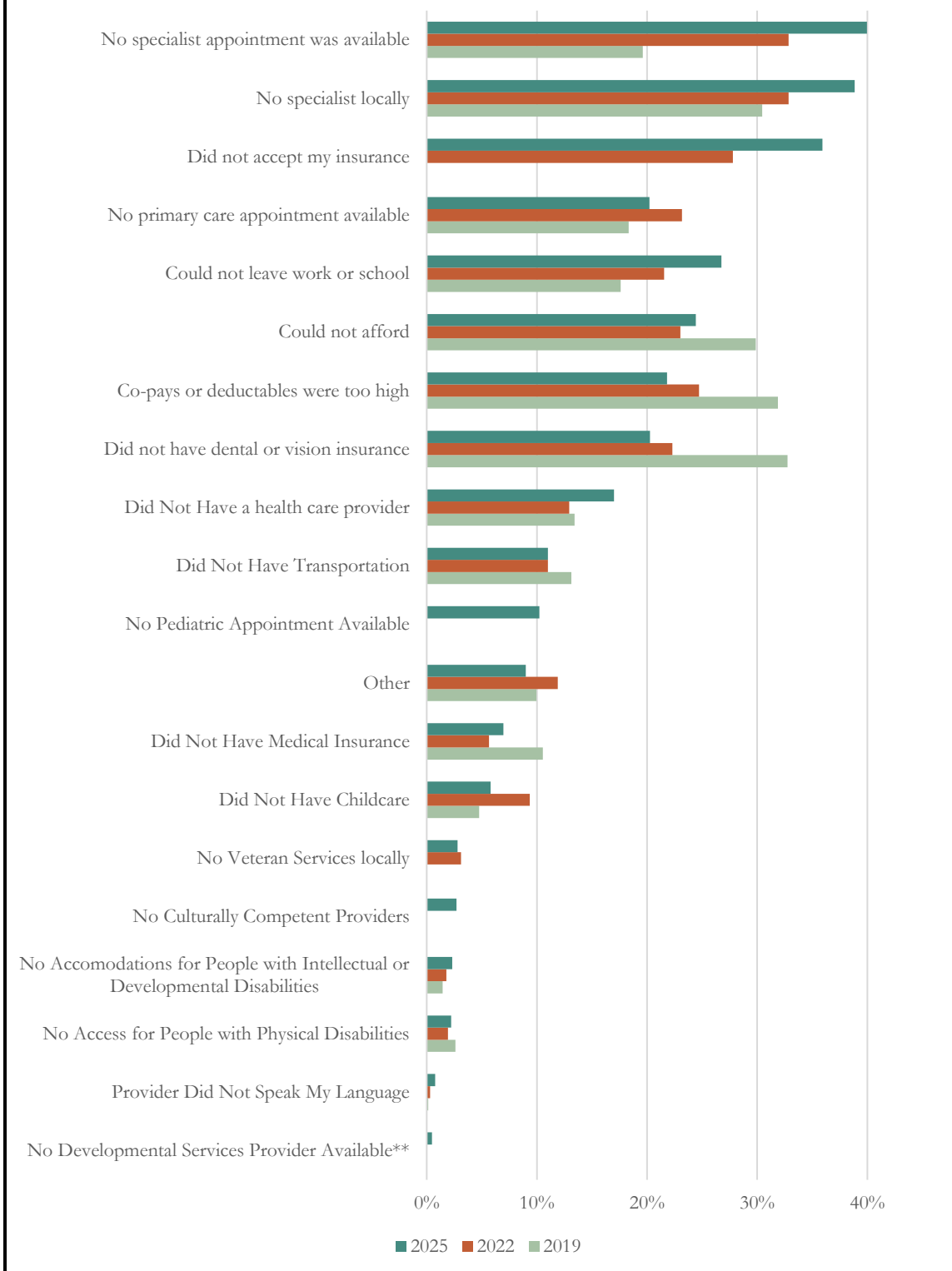


Table 10. 2025 Clinton County Community Health Assessment Community Survey, Social Challenges of Greatest Concern in Our Community

Social Challenges		% (#)
Social challenges of greatest concern (n = 1,523*)	Lack of affordable housing	46.62% (710)
	Lack of a livable wage	39.53% (602)
	Access to healthy foods	28.10% (428)
	Child abuse/neglect	26.13% (398)
	Crime/vandalism	25.08% (382)
	Bullying	23.70% (361)
	Lack of employment opportunities	23.11% (352)
	Domestic violence	21.21% (323)
	Childcare	20.16% (307)
	Number of unhoused residents	19.70% (300)
	Transportation	18.19% (277)
	Safe recreational areas	17.73% (270)
	Lack of support/resources for seniors	16.41% (250)
	Opportunities for physical activity	15.95% (243)
	Lack of support/resources for youth	15.82% (241)
	Hunger	15.10% (230)
	Street safety (crosswalks, shoulders, bike lanes, traffic, etc.)	12.80% (195)
	Access to opportunities for health for those with physical limitations or disabilities	11.95% (182)
	Lack of support/resources for veterans	11.56% (176)
	Access to opportunities for health for those with intellectual or developmental disabilities	10.90% (166)
	Racial or cultural discrimination	10.51% (160)
	Elder abuse/neglect	9.19% (140)
	Lack of support/resources for LGBTQ+	6.30% (96)
	Other	4.46% (68)
	Incarceration rates (number of people in jail)	3.28% (50)
*Note: For this question respondents were instructed to select up to 5 social challenges; therefore, responses will not total 100%.		

Figure 12: 2025 Clinton County Community Health Assessment Community Survey: Social Challenges of Greatest Concern (n=1,523)*

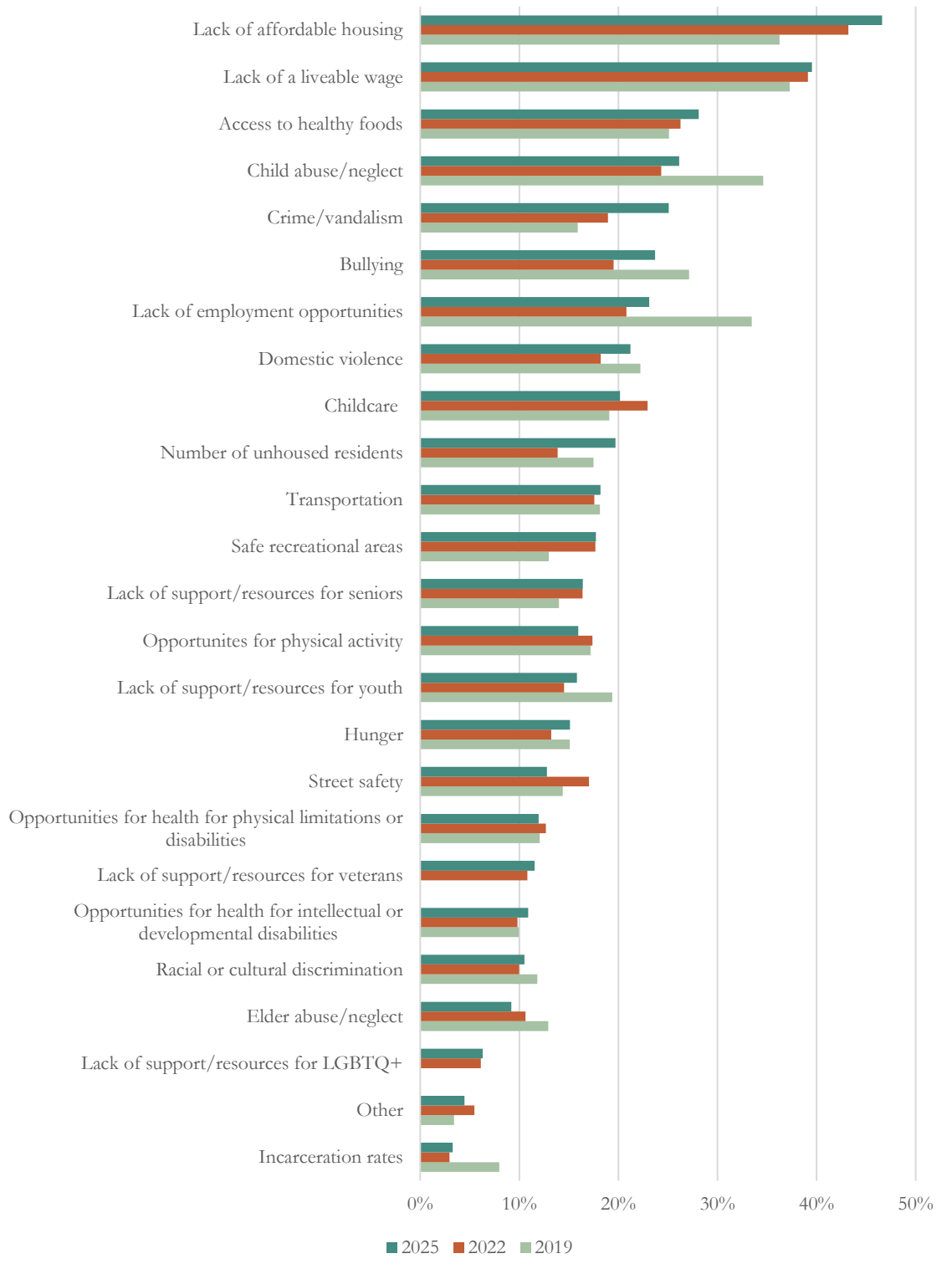


Table 11. 2025 Clinton County Community Health Assessment Community Survey, Self-reported Social Challenges Experienced by Residents Within the Past Year

Social Challenges		% (#)
Self-reported social challenges (n = 1,112*)	Lack of a livable wage	36.96% (411)
	Lack of affordable housing	28.96% (322)
	Bullying	23.02% (256)
	Opportunities for physical activity	22.30% (248)
	Street safety (crosswalks, shoulders, bike lanes, traffic, etc.)	21.85% (243)
	Access to healthy foods	21.49% (239)
	Safe recreational areas	21.13% (235)
	Lack of employment opportunities	20.14% (224)
	Lack of support/resources for seniors	18.62% (207)
	Transportation	16.55% (184)
	Childcare	15.83% (176)
	Lack of support/resources for youth	15.74% (175)
	Crime/vandalism	9.71% (108)
	Access to opportunities for health for those with physical limitations or disabilities	9.17% (102)
	Lack of support/resources for veterans	7.91% (88)
	Access to opportunities for health for those with intellectual or developmental disabilities	7.46% (83)
	Racial or cultural discrimination	7.28% (81)
	Domestic violence	7.10% (79)
	Lack of support/resources for LGBTQ+	7.10% (79)
	Number of unhoused residents	6.83% (76)
	Hunger	5.49% (61)
	Other	4.23% (47)
	Elder abuse/neglect	3.60% (40)
	Child abuse/neglect	3.24% (36)
	Incarceration rates (number of people in jail)	1.71% (19)
<p><i>*Note:</i> For this question, respondents were asked, "What social challenges have you or a family member had in the past year?" and instructed to select all that apply; therefore, responses will not total 100%. Of all 1,523 respondents, 26.99% (411) reported no social challenges in the past year. Alternatively, 73.01% (1,112) respondents reported experiencing at least one social challenge in the past year.</p>		

Figure 13: 2025 Clinton County Community Health Assessment Community Survey: Self-Reported Social Challenges (n=1,112)*

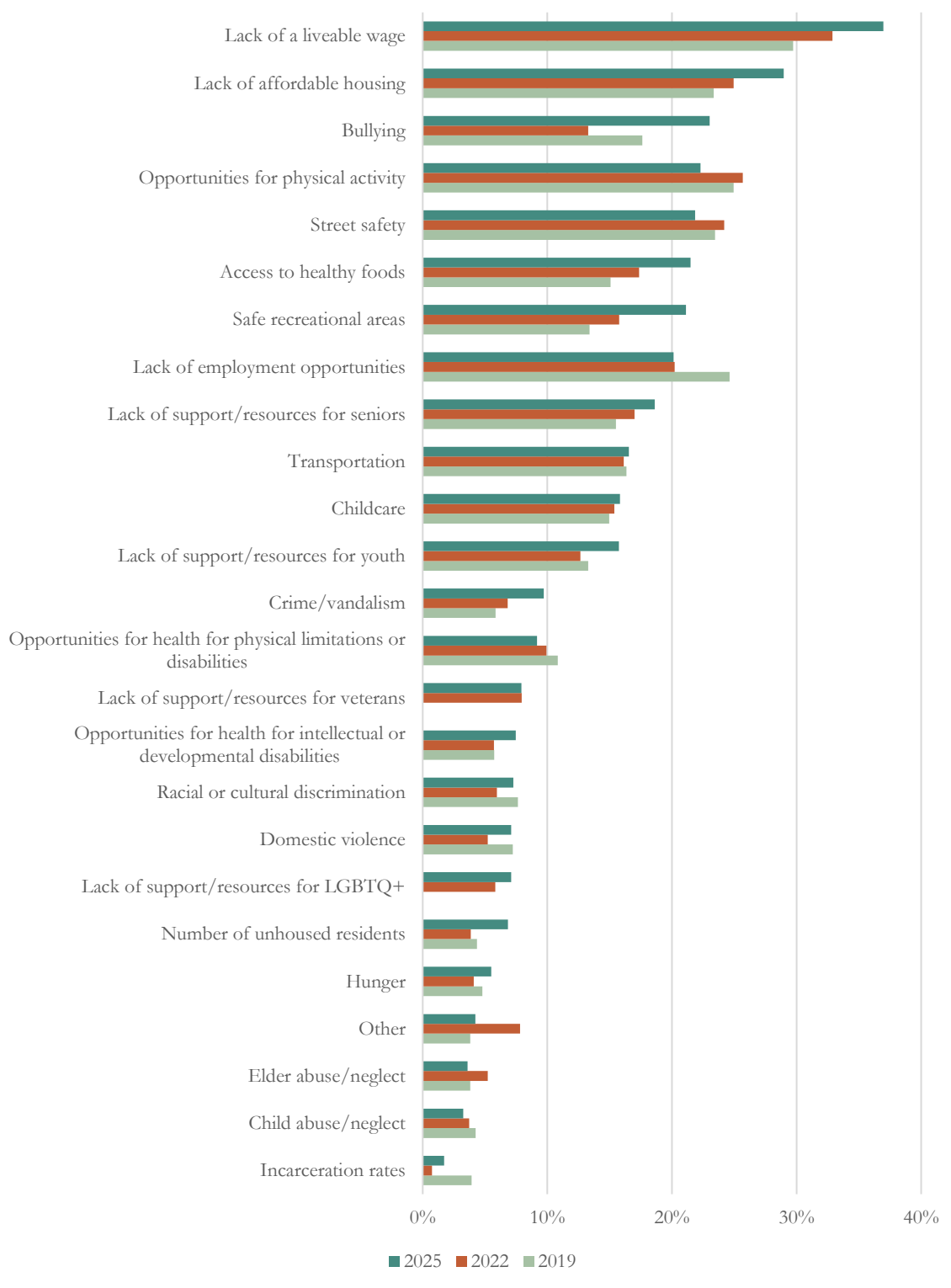


Table 12. 2025 Clinton County Community Health Assessment Community Survey, Environmental Challenges of Greatest Concern in Our Community

Environmental Challenges		% (#)
Environmental challenges of greatest concern (n = 1,523*)	Aging infrastructure (roads, sewers, waterlines, etc.)	56.20% (856)
	School safety	45.37% (691)
	Drinking water quality	39.46% (601)
	Climate change	36.24% (552)
	Stream, river, lake quality	34.21% (521)
	Waste disposal/recycling	27.31% (416)
	Agricultural runoff (manure, pesticides, etc.)	25.54% (389)
	Home safety	23.77% (362)
	Safe food	23.77% (362)
	Vector-borne diseases (EEE, Lyme disease, West Nile virus, etc.)	22.51% (343)
	Air pollution	16.68% (254)
	Flooding/soil drainage	11.82% (180)
	Exposure to tobacco smoke	11.69% (178)
	Failing septic systems	9.52% (145)
	Nuisance wildlife/stray animals	8.67% (132)
	Lead hazards (water, paint, etc.)	7.75% (118)
	Other	3.41% (52)
*Note: For this question respondents were instructed to select up to 5 environmental challenges; therefore, responses will not total 100%.		

Figure 14: 2025 Clinton County Community Health Assessment Community Survey: Environmental Challenges of Greatest Concern (n=1,523)*

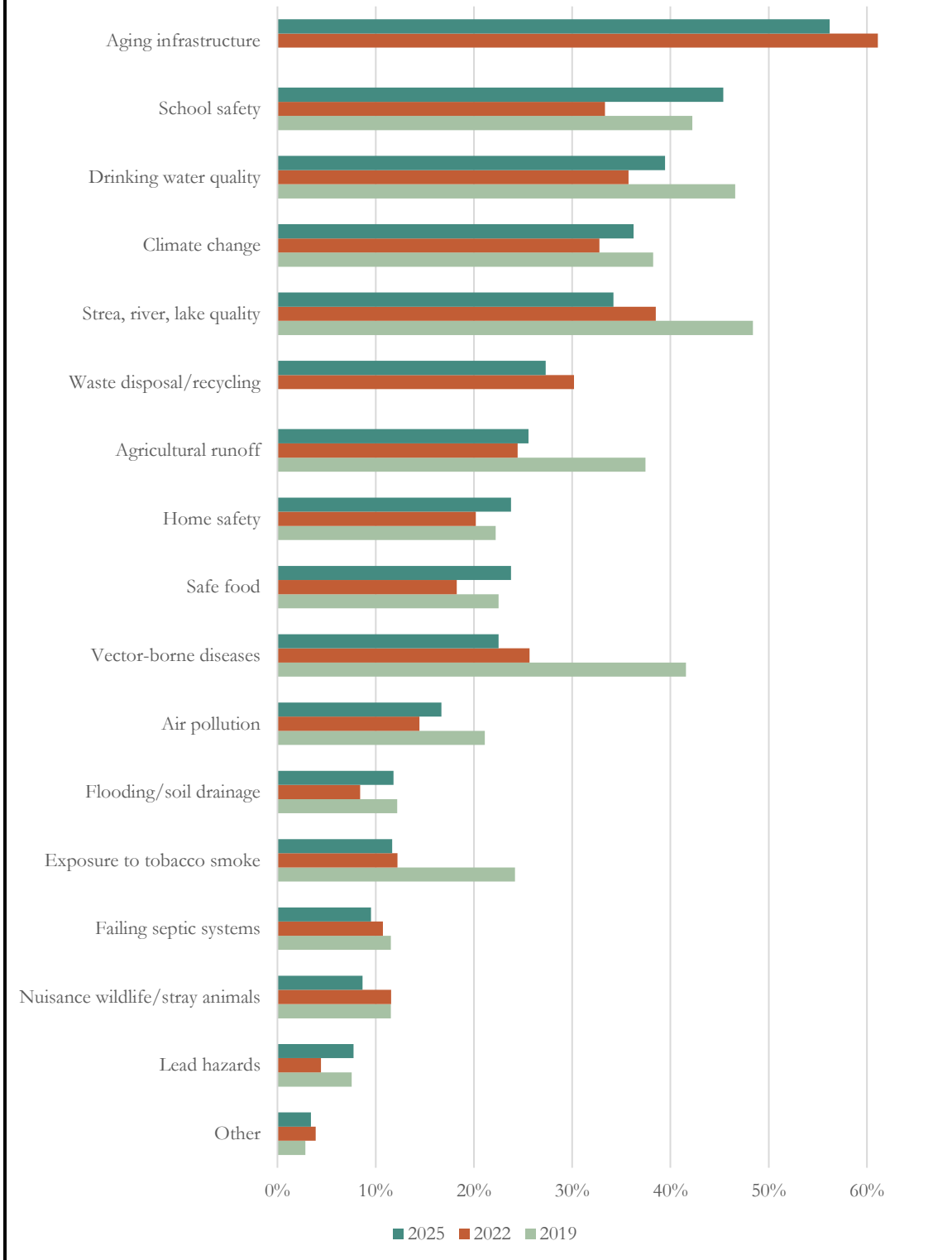


Table 13. 2025 Clinton County Community Health Assessment Community Survey, Self-Perceived Physical Health

My physical health is...		% (#)
My physical health is... (n = 1,523)	Extremely Poor	0.66% (10)
	Poor	8.86% (135)
	Average	40.84% (622)
	Good	39.33% (599)
	Excellent	10.31% (157)

Figure 15: 2025 Clinton County Community Health Assessment Community Survey: Percieved Physical Health (n=1,523)

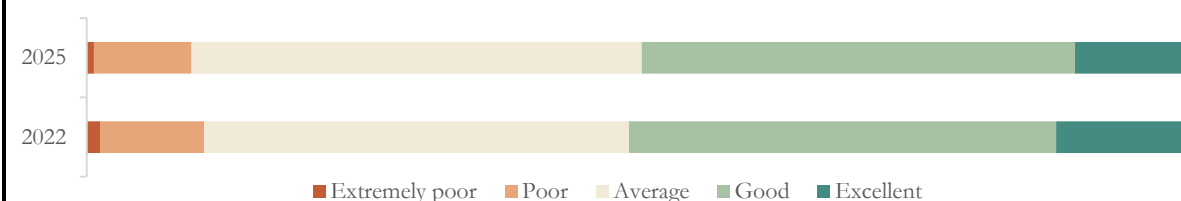


Table 14. 2025 Clinton County Community Health Assessment Community Survey, Self-Perceived Mental Health

My mental health is...		% (#)
My mental health is... (n = 1,523)	Extremely Poor	1.64% (25)
	Poor	8.67% (132)
	Average	37.95% (578)
	Good	40.58% (618)
	Excellent	11.61% (170)

Figure 16: 2025 Clinton County Community Health Assessment Community Survey: Percieved Mental Health (n=1,523)

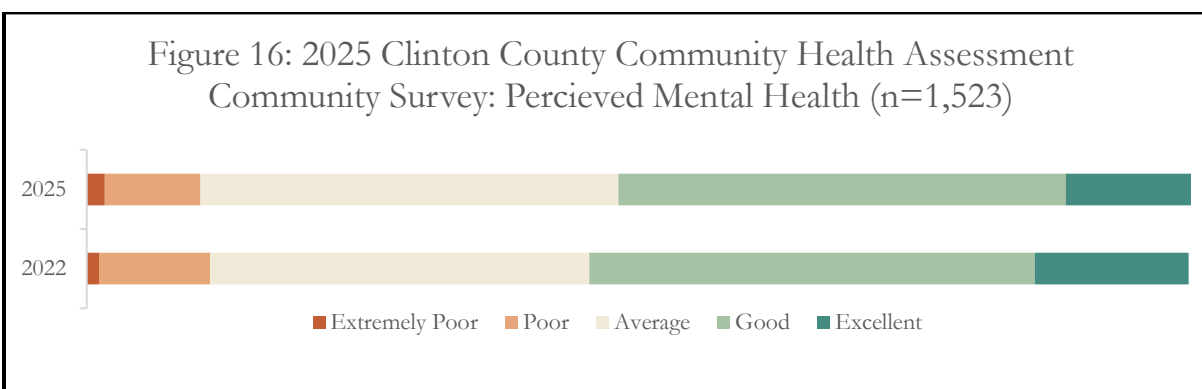


Figure 17: Clinton County Community Health Assessment Community Survey: Percentage of Respondents Self-Reported Challenges or Barriers

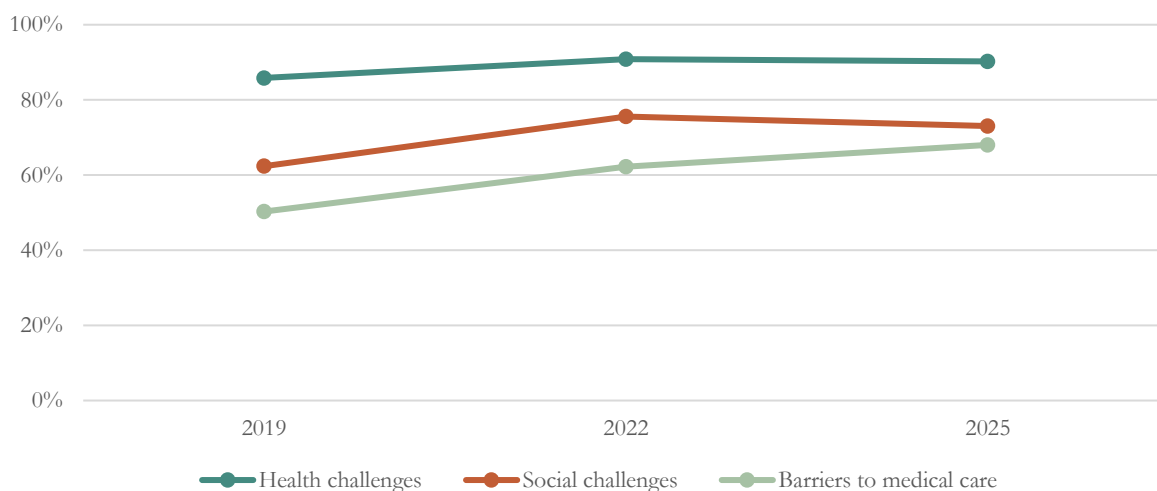
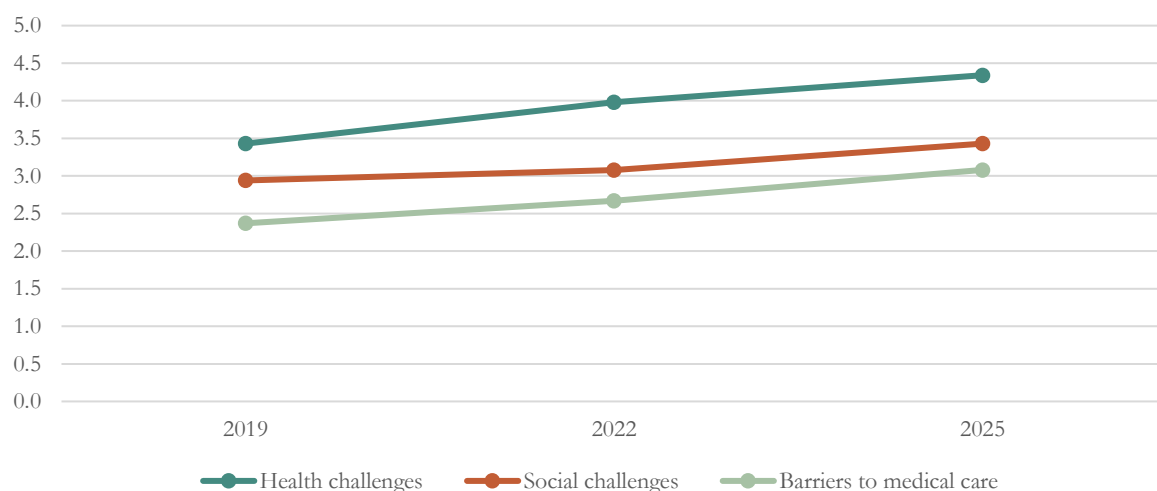


Figure 18: Clinton County Community Health Assessment Community Survey: Number of Self-Reported Challenges or Barriers per Respondent



2025 Community Health Assessment

Resident Survey Key Findings

The Clinton County Health Department asked county residents for their opinions on health, social and environmental issues in the community. They were also asked to identify any barriers to medical care experienced by themselves or their family in the past year. Surveys were collected from 1,523 residents. For a full report of all findings visit <https://health.clintoncountyny.gov/pdf%20files/ResidentSurvey.pdf>.

35%

of respondents **agree or strongly agree** they **live in a healthy community**.

The top features of a healthy community were identified as:

- Affordable housing
- Health care services
- Livable wages
- Safe environment
- Clean environment
- Drug & alcohol free communities
- Good schools

90%

 faced **at least 1 health challenge** in the past year.

42% experienced a **mental health challenge**.



37% lacked access to a **health care specialist**.



36% were **overweight or obese**.



30% lacked access to **dental care**.



29% had a **chronic disease**.



← **Aging infrastructure** was the top environmental concern with more than **half of residents** surveyed selecting it.



← More than **45%** of respondents indicated **stream, river, or lake quality** was an environmental concern.

1 in 5

respondents reported they or a family member experienced a lack of **opportunities for physical activity** in the last year.

68%

faced **at least 1 barrier to receiving medical care** in the past year.

Most common barriers:

- No specialist appointment
- No local specialist
- Did not accept my insurance
- No primary appointment
- Could not leave work or school

46%

of respondents feel **affordable housing** is a **social challenge** in our community.

1 in 5

respondents had difficulty **accessing healthy food** in the past year.

73%

reported **at least 1 social challenge** in the past year.

Top ranked challenges:

- Lack of a livable wage
- Lack of affordable housing
- Bullying
- Opportunities for physical activity
- Street Safety
- Access to healthy foods

Note: Statistics on issues for individuals and their family are based on those respondents who indicated that they had any issues. 32% of respondents reported no health issues; 27% reported no social issues. Survey responses represented residents from 100% of Clinton County townships, ages 17—80+, and all census income and education categories.