



Glens Falls Hospital

# Community Health Needs Assessment

2016-2018

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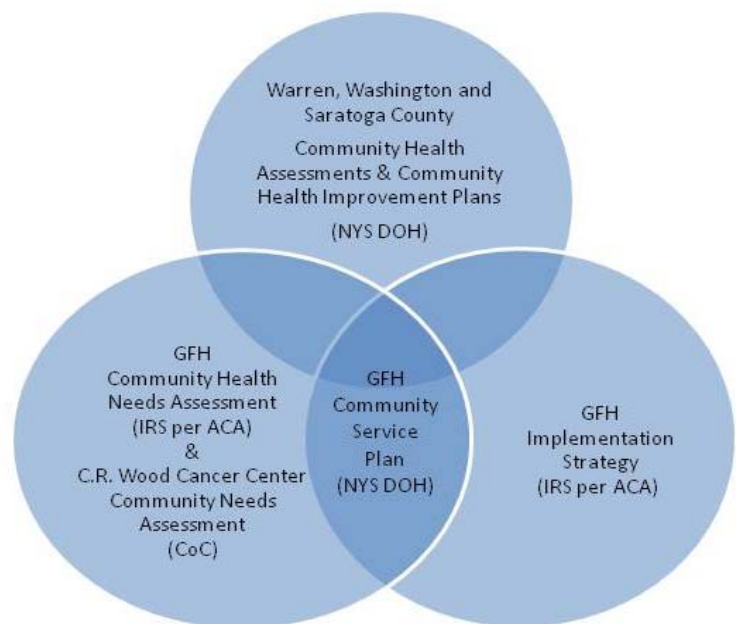
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## Introduction

Glens Falls Hospital (GFH) conducted the following Community Health Needs Assessment (CHNA) to identify and prioritize the community health needs of the patients and communities within the GFH service area. The Public Health Accreditation board defines a community health assessment as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues.<sup>1</sup> The findings in this CHNA result from a collaborative process of collecting and analyzing data and consulting with stakeholders throughout the service area and the region. This CHNA can be used to guide service providers, especially public health and healthcare sectors, in their efforts to identify potentially available resources and plan programs and services targeted to improve the overall health and well-being of people and communities in our region.

This CHNA addresses the requirements set forth by the New York State Department of Health (NYS DOH), the Internal Revenue Service (IRS) through the Affordable Care Act (ACA), and the Commission on Cancer (CoC). The NYS DOH requires hospitals to work with local health departments to complete a Community Service Plan (CSP) that mirrors the CHNA and Implementation Strategy (IS) per the ACA. County health departments in New York State (NYS) have separate yet similar state requirements to conduct a Community Health Assessment (CHA) and a corresponding Community Health Improvement Plan (CHIP).

The community health needs assessment provision of the ACA (Section 9007) links hospitals' tax exempt status to the development of a needs assessment and adoption of an IS to meet the significant health needs of the communities they serve, at least once every three years. Beginning in 2012, all American College of Surgeons (ACoS) CoC cancer programs are required to complete a community needs assessment to identify needs of the population served, potential to improve cancer health care disparities, and gaps in resources. Consequently, cancer-specific information, data and needs will be highlighted throughout this assessment. Aligning and combining the requirements of these three



<sup>1</sup> Centers for Disease Control and Prevention, Community Health Assessments & Health Improvement Plans, November 2015. . Available at <https://www.cdc.gov/stltpublichealth/cha/plan.html>

entities ensures the most efficient use of hospital resources and supports a comprehensive approach to community health and population health management in the region.

## **Glens Falls Hospital**

GFH is the largest and most diverse health care provider in the area and provides a comprehensive safety net of health care services to a rural, economically-challenged region in upstate New York. The not-for-profit health system includes the sole acute care hospital located in this region – a 410-bed comprehensive community hospital in Warren County, approximately 50 miles north of Albany. GFH is the largest hospital between Albany and Montreal and is the largest employer in the region.

GFH serves as the hub of a regional system of health care providers and offers a vast array of health care services including general medical/surgical and acute care, emergency care, intensive care, coronary care, obstetrics, gynecology, a comprehensive cancer center, renal center, occupational health, inpatient and outpatient rehabilitation, behavioral health care, primary care and chronic disease management, including a chronic wound healing center. In addition to the main acute care hospital campus, GFH operates 24 regional health care facilities, including 11 neighborhood primary care health centers and physician practices, five outpatient behavioral health clinics, numerous outpatient rehabilitation sites, eight specialty practices, two occupational health clinics and a rural school-based health center (See Appendix A).

The governance of GFH is vested in the Board of Governors (the Board), which is comprised of duly elected community members and physicians. The Board consists of not less than fifteen and not more than twenty-one members, including two ex-officio voting members - the President of the institution and the President of the Medical Staff. The Board is required to meet at least twelve times per year. The officers of the Board include a Chairperson, a Vice Chairperson and a Secretary.

As the largest employer in the region, GFH is staffed by more than 2700 employees, including over 150 physicians, physician assistants and nurse practitioners. Staffing also includes more than 300 affiliated medical staff and approximately 100 adjunct allied health staff, ranging from primary care practitioners to surgical subspecialists. Our physicians are board-certified in more than 25 specialties and provide services that combine advanced medical technology with compassionate, patient-centered care. The primary and secondary service areas for GFH include Warren, Washington and northern Saratoga counties, covering over 2,000 square miles. However, patients often travel from as far away as Essex and Hamilton counties to obtain services within the health system. With an extended service area that stretches across five, primarily rural counties and over 6,000 square miles, GFH is responsible for the well-being of an extremely diverse, broad population and region.

As an article 28, not-for-profit, community hospital, GFH has worked to create healthier populations for over 115 years. GFH has established a diverse array of community health and outreach programs, bringing our expertise and services to people in outlying portions of our service area. These programs are especially important for low-income individuals and families who may otherwise fail to seek out health care due to financial or transportation concerns. Our history, experience and proven results demonstrate strong partnerships, regional leadership and active engagement in improving community

health outcomes. GFH meets the criteria of an eligible safety net provider under the Delivery System Reform Incentive Payment (DSRIP) Program, as defined by the regional criteria of serving at least 30 percent of all Medicaid, uninsured and dual eligible members in the proposed county or multi-county catchment area.

GFH has worked to create healthier communities since its founding in 1897, and is actively implementing numerous care transformation initiatives to support the Institute for Healthcare Improvement’s Triple Aim of better health, better care and lower costs. Additional information on programs and initiatives underway at GFH follow later in this document.

### C.R. Wood Cancer Center at Glens Falls Hospital

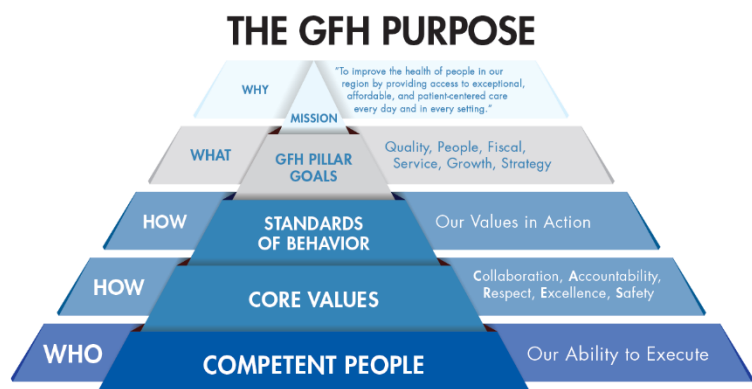
The C. R. Wood Cancer Center at GFH (The Center) opened in 1993, and is an accredited, hospital-based Cancer Center by the ACoS CoC. The Center is multi-faceted with an integrated oncology program that provides comprehensive cancer services including: prevention, early detection, screenings, diagnostics, genetic risk evaluation, medical and radiation oncology, pharmacy and clinical research. Education and support services include psychological counseling, patient navigation, nutrition counseling, a children’s camp, wellness programs and numerous support groups and weekend retreats.

The CoC has recognized the C. R. Wood Cancer Center as an oncology program that offers high-quality cancer care. Only one in four cancer programs at hospitals across the United States receive this special accreditation. The CoC recognizes the quality of our comprehensive patient care and our commitment to provide our community with access to various medical specialists involved in diagnosing and treating cancer.

Patient navigation is facilitated through three nurse navigators and one social worker that help patients find resources to remove barriers to care. They also provide education and support to patients diagnosed with cancer and their families and care givers. Nurses within the clinics and treatment areas refer to the navigators and/or care managers to help patients on an as needed basis. Patient navigation occurs through nurse contact with newly diagnosed cancer patients. This process begins with an abnormal screening or diagnostic exam and continues through surgery, treatment and survivorship care. Patients that are identified for navigation through referrals are contacted by one of the nurse navigators to provide education and support, and identify and reduce any barriers throughout the continuum of care.

### Glens Falls Hospital Mission

The mission of GFH is to improve the health of people in our region by providing access to exceptional, affordable and patient-centered care every day and in every setting. Our fundamental values are: **Collaboration, Accountability, Respect, Excellence and Safety**. The GFH Purpose combines our

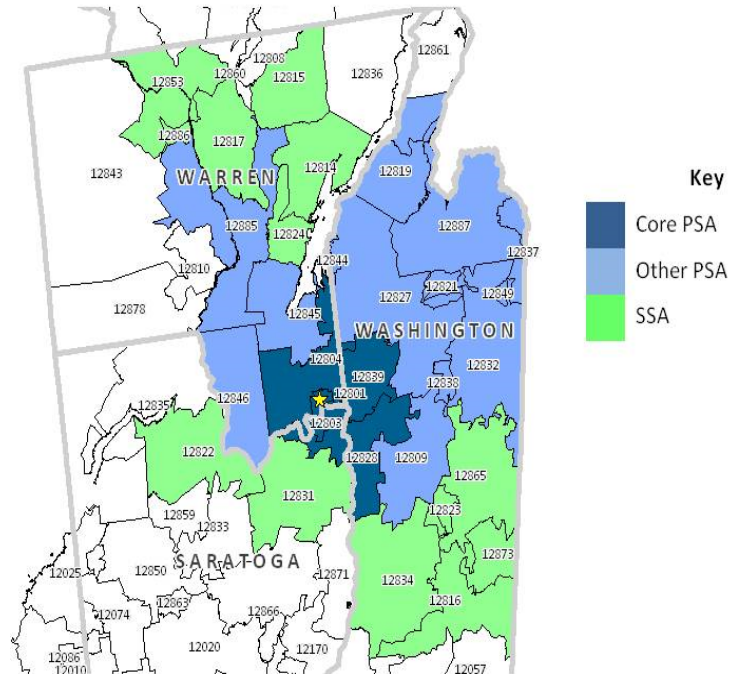


Mission - WHY we exist as an organization, our Pillar Goals -WHAT we need to accomplish in order to fulfill our mission and our Standards of Behavior and Core Values - HOW we interact and provide services as we strive to fulfill our mission.

### Glens Falls Hospital Service Area

Although GFH draws from neighboring communities to the North and West, our primary service area is defined by ZIP codes in Warren, Washington and northern Saratoga counties. This definition results from an analysis of patient origin, market share (which reflects how important GFH is to a particular community), and geographic considerations- including the need to ensure a contiguous area and takes into consideration both our inpatient and ambulatory services.

The data that follows further defines the GFH service area and utilizes data derived from a 2012 patient origin analysis and market share analysis based on 2015 discharges.



**GFH Inpatient Service Area**



**GFH Ambulatory Service Area**

The GFH inpatient service area is defined by a Core Primary Service Area (PSA), Other Primary Service Area (Other PSA) and a Secondary Service Area (SSA). The Core PSA represents the ZIP codes immediately contiguous to the hospital. Statistics for these ZIP codes have a combined patient origin of 51% and a market share of 78.5%. The Other PSA rings the Core PSA and includes ZIP codes with a combined patient origin of 20% and GFH market share of 73.8%. Combined, the Core PSA and Other PSA have a patient origin of 71% and GFH market share of 77.1%. The SSA reflects more outlying areas where GFH has either a strong market share or a critical mass of patients that come to the hospital. These ZIP codes have a combined patient origin of 13% and GFH market share of 40.2%. The Core PSA, Other PSA and SSA combined represent the residence of 84% of patients that are served by GFH.



Additional analysis of our service area shows a similar, yet larger service area for our ambulatory population. In addition to those zip codes above, our ambulatory service area extends slightly farther South and West of the inpatient catchment area and captures additional municipalities located in northern Saratoga County that are serviced through our primary care offices and community-based services located throughout the region.

This service area definition also aligns with the counties included in the service area definition for the GFH Medical Staff Development Plan (MSDP).<sup>2</sup>

## Health Care Transformation

Hospitals and public health departments are key partners in working with providers, agencies and community based organizations to transform the way that our community members think about and receive health care. There are a number of federal, state, and regional initiatives to restructure the delivery system focusing on the Triple Aim. The Triple Aim is a framework that organizations and communities can use to navigate the transition from a focus on clinical care to optimizing health for individuals and populations. The Triple Aim is improving the health of the population, enhancing the experience and outcomes of the patient, and reducing per capita cost of care for the benefit of communities. GFH plays an integral role in the region on the many health care transformation and delivery initiatives described below.

### Population Health Initiatives in our Region

Adirondack Medical Home Initiative: The Adirondack Medical Home Initiative (AMHI) is a collaborative effort by health care providers and public and private insurers to transform health care delivery by emphasizing preventative care, enhanced management of chronic conditions, and assuring a close relationship between patients and their primary care providers. The AMHI serves six Adirondack counties in NYS – Clinton, Essex, Franklin, Hamilton, Warren, and Washington. More than 100 primary care providers, five hospitals, and seven health insurance organizations are working together to develop an innovative, patient-centered model of health care that strengthens the role of primary care. GFH will become a partner in this venture in 2017.

Population Health Improvement Program: The North Country Population Health Improvement Program (PHIP) is bringing together a variety of stakeholders in the North Country that impact, or are impacted by, health and health care issues. PHIP assists providers, agencies and organizations with identifying data and using data driven, collaborative decision making to address the social determinants of health that contribute to health disparities in the region. The PHIP is engaged with stakeholders in Franklin, Clinton, Essex, Hamilton, Warren, and Washington counties. GFH is an active member of the North Country PHIP.

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<sup>2</sup> The MSDP justifies financial support for physician recruitment into private practices, and is also a strategic tool to assess broader physician need including development of new programs and services. Consequently, there is significant overlap between both the content and purpose of the CHNA and MSDP (both federal requirements).

Adirondack Accountable Care Organization: Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated, high-quality care to their Medicare patients. The Adirondack ACO includes hospitals and participating primary and specialty care providers in Clinton, Essex, Franklin, Hamilton, Warren, Washington and northern Saratoga counties. GFH is an active participant and serves as a member of the Board of Managers for the Adirondack ACO.

Health Home: A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that a patient's needs are addressed in a complete and comprehensive manner. This is done primarily through a "care manager" who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively they become a virtual "Health Home." Health Home focuses on people who have complex medical, behavioral, and long term care needs, thus needing help navigating multiple systems of care. GFH is a care management agency of the Adirondack Health Institute's (AHI) Health Home.

Delivery System Reform Incentive Payment Program: The purpose of the Delivery System Reform Incentive Payment Program (DSRIP) is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program. Across NYS, there are 25 Performing Provider Systems (PPS) or networks of providers that have agreed to work together. DSRIP is an incentive payment model that rewards providers for performance on delivery system transformation projects that improve care for low-income patients. GFH is a partner in the AHI PPS.

Each DSRIP project has specific milestones and metrics associated. The projects and milestones are state-specific and tend to have an increasing focus on outcomes over time. The milestones are designed to achieve transformation, leading to the primary goal of reducing avoidable hospital use by 25% over 5 years. In addition, there are a number of quality goals the PPS must achieve including measures of access, preventive care and care coordination, among others. The DSRIP program covers a five-year period commencing April 1, 2015 and ending March 31, 2020.

Utilizing community needs assessment data, 11 DSRIP projects were collectively selected by AHI PPS partners. See Appendix B for a list of AHI PPS Regional Projects. At the onset, GFH aligned resources and was able to begin working towards achieving project milestones. Specifically, GFH has embraced the "Advancing Primary Care (2aii)" project with the achievement of the 2011 standards for NCQA Patient-Centered Medical Home Level 3 Recognition at all of our community-based health centers. GFH is in the process of recertification under the 2014 standards with anticipated completion by the end of 2017. Furthermore, with behavioral health care services identified as a high-need for the region, "Integrating Behavioral Health with Primary Care (3ai)" as well as the "Medical Village (2aiv)" and "Crisis Stabilization (3aii)" projects have gained momentum in the first years of DSRIP. Four primary care physician practices have been identified to accomplish comprehensive integration of behavioral health services. Integration of psychiatric care into general health clinics will improve direct access to care for patients, improve

communication among healthcare providers, and assure that care is well coordinated and patient-centered. The DSRIP Project Plans for a medical village and for behavioral health community crisis stabilization services are being addressed through the establishment of a crisis care center utilizing existing hospital infrastructure. The crisis care center will provide readily accessible behavioral health crisis services to adults and adolescents, supporting a rapid de-escalation of the crisis facilitated by the appropriate level of service and providers. Lastly, GFH is an active participant in the “Strengthening Mental Health & Substance Abuse Infrastructure (4aiii)” and “Chronic Care: COPD (4bii)” projects which continue to build upon existing programs, initiatives, and partnerships across the AHI PPS. Over the remaining DSRIP demonstration years, GFH will continue to participate in and contribute to DSRIP project deliverables with the ultimate goal of transforming the health care delivery system.

The AHI PPS recently adopted a new design of the DSRIP operating model that coordinates activities in regional entities called Population Health Networks (PHN). Each PHN is led by an Executive Leadership Triad comprised of a regional physician champion, a regional community based organization administrator and a hospital administrator with support from an AHI administrator. The PHN Management Triad is responsible for the collective quality and cost outcomes for the region as a whole. At any given time, there may be multiple work teams throughout the region focused on specific objectives leading to the overall quality outcome goals. GFH maintains a leadership role in the Queensbury/Lake George regional triad.

The common thread throughout these initiatives is the underlying objectives in the Triple Aim- to improve quality and experience while providing cost effective care.

### **Adirondack Rural Health Network**

The Adirondack Rural Health Network (ARHN) is a program of the AHI. AHI is a 501c3 not-for-profit organization that is licensed as an Article 28 Central Service Facility. AHI is a joint venture of Adirondack Health, GFH, Hudson Headwaters Health Network (HHHN), St. Lawrence Health System, and The University of Vermont Health Network – Champlain Valley Physicians Hospital. The mission of AHI is to promote, sponsor, and coordinate initiatives and programs that improve health care quality, access, and service delivery in the Adirondack region.

Established in 1992 through a NYS DOH, Rural Health Development Grant, the ARHN provides a forum for local public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations to address rural health care delivery barriers, identify regional health needs and support the NYS Prevention Agenda to improve health care in the region. ARHN includes organizations from New York’s Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

Since 2002, ARHN has been recognized as the leading sponsor of formal community health planning in the region. The CHA Committee, facilitated by ARHN, is made up of hospitals and county health departments working together utilizing a systematic approach to community health planning. The CHA Committee is made up of members from Adirondack Health, Alice Hyde Medical Center, Elizabethtown Community Hospital, Essex County Public Health, Franklin County Public Health, Fulton County Public

Health, GFH, Hamilton County Public Health Services, Moses Ludington Hospital & Inter-Lakes Health, Nathan Littauer Hospital, UVM Health Network – CVPH, Warren County Health Services, and Washington County Public Health Services. See Appendix C for a full list of ARHN members and meeting dates.

## **New York State Prevention Agenda 2013 – 2018\***

The Prevention Agenda 2013-2018 is a blueprint for local, regional, and state entities to improve the health of New Yorkers in five priority areas with a focus on reducing health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them. In addition, the Prevention Agenda serves as a guide for local health departments as they work with their community to develop CHIPs and CHAs and for hospitals as they develop mandated CSPs and CHNAs and an IS as required per the ACA requirements.

The Prevention Agenda establishes focus areas and goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.

These priority areas were used as a foundation for determining the most significant health needs for the GFH service area. The plan features five priority areas and corresponding focus areas that highlight the priority health needs for New Yorkers:

- Prevent Chronic Disease
  - Focus Area 1-Reduce Obesity in Children and Adults
  - Focus Area 2-Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
  - Focus Area 3-Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings
- Promote Healthy and Safe Environments
  - Focus Area 1-Outdoor Air Quality
  - Focus Area 2-Water Quality
  - Focus Area 3-Built Environment
  - Focus Area 4-Injuries, Violence and Occupational Health
- Promote Healthy Women, Infants and Children
  - Focus Area 1-Maternal and Infant Health
  - Focus Area 2-Child Health
  - Focus Area 3-Reproductive, Preconception and Inter-Conception Health
- Promote Mental Health and Prevent Substance Abuse
  - Focus Area 1-Promote Mental, Emotional and Behavioral Well-Being in Communities
  - Focus Area 2 - Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
  - Focus Area 3 - Strengthen Infrastructure across Systems
- Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Health Care-Associated Infections
  - Focus Area 1-Prevent HIV and STDs

- Focus Area 2-Prevent Vaccine-Preventable Diseases
- Focus Area 3-Prevent Health Care-Associated Infections

More information on the Prevention Agenda can be found at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017).

\*The Prevention Agenda was originally a five year plan (2013-2017), it was extended to 2018 to align its timeline with other state and federal health care reform initiatives. Appendix D is attached for further detail.

## Community Health Needs Assessment Process

In NYS, hospitals and county health departments are required to work together to assess community health needs and develop a plan that addresses those identified needs. Working within the framework provided by the NYS Prevention Agenda, GFH and Warren, Washington and Saratoga County Public Health collaborated in the development of this CHNA. Additionally, GFH coordinated with Fulton, Essex, Hamilton, Franklin and Clinton County Public Health, in addition to several other hospitals in the region, through the regional health assessment and planning efforts coordinated by ARHN.

The CHA Committee, facilitated by ARHN, is made up of hospitals and county health departments working together utilizing a systematic approach to community health planning. Members include:

- Adirondack Health
- Essex County Public Health
- Franklin County Public Health
- Fulton County Public Health
- Glens Falls Hospital
- Hamilton County Public Health Services
- Inter-Lakes Health and Moses Ludington Hospital
- Nathan Littauer Hospital & Nursing Home
- UVM Health Network—Alice Hyde Medical Center
- UVM Health Network—Champlain Valley Physicians Hospital
- UVM Health Network—Elizabethtown Community Hospital
- Warren County Health Services
- Washington County Public Health Services

GFH serves a multi-county area, which fostered the need for a strategic approach to ensure alignment with each county assessment and planning process. After careful consideration and extensive internal and external discussions, GFH determined that the most effective strategy would be twofold: 1) ensure the hospital coordinated with and/or participated in each of the public health departments' CHNA processes and 2) utilize the results of each of the county assessments to inform a coordinated and complementary regional CHNA for the GFH service area.

This approach was utilized during our last CHNA process and after evaluating the effectiveness, it was determined that it would be beneficial to use this method again during the current planning cycle. The

proceeding sections briefly describes each county's CHA process as well as the subsequent GFH process, followed by the data sources utilized to inform the processes.

### Warren, Washington and Saratoga County Community Health Assessments

As a result of the collaborative efforts through ARHN, the information used to conduct a CHA in Warren and Washington County was fairly similar. Saratoga County worked with a different regional planning group to determine the needs of their residents. Representatives from GFH were members of the community based groups that were assembled to review and assess the available health data and determine priority areas for each county.

Although Saratoga County worked with a different regional planning group, each county's CHA process was similar and involved both data analysis and consultation with key members of the community. Each county convened a group of community partners to review and discuss the data and information, and collectively identify and prioritize the most significant needs for the residents of each county. Because each county's public health department has different needs, capacities and resources, the actual prioritization process for each county varied. The partners included in each county's community health assessment teams (CHATs)<sup>3</sup> were slightly different, and each county also chose to consider slightly different data sources.

### Glens Falls Hospital Community Health Needs Assessment

GFH used each county CHA to inform a complementary regional CHNA. GFH did not convene an additional regional team of community partners as this would have duplicated efforts and created confusion among community leaders. In addition, GFH played a slightly different role in each of the county processes. GFH directly participated in the planning of the Warren County CHA. GFH was a participant in the Washington County process. In Saratoga County, the process was mainly coordinated by Saratoga Hospital and Saratoga County Public Health and facilitated by a different regional planning group. However, GFH participated in the workgroup that determined the needs of the county.

Once the assessment process was complete for each county, GFH reviewed the results and also considered additional clinical information. This data was used to better understand the specific health care needs of the residents in the GFH service area. Consequently, given the collaborative and comprehensive CHNA process, there were no known information gaps that impacted the hospital's ability to assess the health needs of the people and communities in the region.

### Complementary Community Needs Assessments

Community needs assessments, service plans and strategic plans from other community sectors in the region were also reviewed to identify opportunities for collaboration among local health department/hospitals and other community entities to improve health outcomes at the county and

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<sup>3</sup> Each county's group of partners was called something slightly different. However, for ease of reference the term CHAT is utilized in this report to describe the partners that collaborated to conduct the assessment and prioritize needs for each county.

regional level. Documents from such community sectors as behavioral health service providers, community action/economic opportunity agencies, regional economic development councils, business associations and others contained several areas of potential collaborative efforts. A sampling of efforts being conducted through these agencies is attached as Appendix E.

### Regional Delivery System Reform Incentive Payment Program Community Needs Assessment

For the DSRIP program, the AHI PPS conducted a Community Needs Assessment (CNA) in late 2014, which was a significant tool in assessing the needs of our community. The DSRIP CNA used much of the same publicly available data that is used in this Assessment. It also used Medicaid utilization data that the NYS DOH made available as DSRIP focuses on Medicaid members. As a result, because many hospitals recently completed a community needs assessment as part of the DSRIP process, NYS DOH did not require a new, comprehensive health assessment for this cycle. However, GFH utilized the DSRIP CNA to inform a comprehensive assessment for the IRS and CoC. An Executive Summary of AHI PPS DSRIP CNA is attached as Appendix F. The full report is available at

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrif/pps\\_applications/docs/adirondack\\_health\\_institute/3.8\\_adirondack\\_cna.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrif/pps_applications/docs/adirondack_health_institute/3.8_adirondack_cna.pdf)

### Data Sources

A variety of data sources were used to inform the county and hospital assessments. For GFH, Warren and Washington County, the two most significant resources used to inform the assessments were developed and provided by the ARHN collaboration: 1) publically available county health indicator data and 2) data collected from a regional community provider survey. Despite the fact that Saratoga County and Saratoga Hospital collaborated with a different facilitator and conducted their own assessment, many of the same publically available data sets were used to inform their process. Each county, as well as GFH, used additional data sources to supplement this information and inform the process based on their needs. The following is a list of the data sources considered by each county and/or GFH.

### New York State Prevention Agenda Dashboard

The NYS Prevention Agenda Dashboard is an interactive visual presentation of the Prevention Agenda tracking indicator data at state and county levels. It serves as a key source for monitoring progress that communities around the state have made with regard to meeting the Prevention Agenda 2018 objectives. The state dashboard homepage displays a quick view of the most current data for NYS and the Prevention Agenda 2018 objectives for approximately 100 tracking indicators. The most current data are compared to data from previous time periods to assess the performance for each indicator. Historical (trend) data can be easily accessed and county data (maps and bar charts) are also available for each Prevention Agenda tracking indicator. The county dashboard homepage includes the most current data available for 68 tracking indicators. Each county in the state has its own dashboard.

### County Health Indicator Data

The Center for Health Workforce Studies (CHWS) at the University at Albany School of Public Health under contract with ARHN, a program of AHI, identified and collected data from a variety of sources on the seven counties in the Adirondack region and two adjacent counties to assist in developing individual

county community needs assessments. Those counties include: Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington.

The initial step in the process was determining which data elements from the 2013 community needs assessment were still available. In 2013, CHWS staff received an initial list of potential data elements from the ARHN Data Subcommittee and then supplemented that information with data from other sources. Since most of the health behavior, status, and outcome data were only available at the county level, the data for both 2013 and 2016 were displayed by county and aggregated to the ARHN region.<sup>4</sup> Additionally, other data was collected to further enhance already identified data. For example, one Prevention Agenda indicator was assault-related hospitalizations. That indicator was augmented by other crime statistics from the NYS Division of Criminal Justice.

The overall goal of collecting and providing this data to ARHN members was to provide a comprehensive picture of the individual counties within the Adirondack region as well as for two adjacent counties, including providing an overview of population health in addition to an environmental scan. In total, counties and hospitals were provided with about 400 data elements across the following four reports:

Demographic Data; Educational Profile; Health Behaviors, Health Outcomes, and Health Status; and Health Delivery System Profile. A complete description of the data collection and methodology is attached and labeled Appendix G.

#### Adirondack Rural Health Network Regional Community Provider Survey

In conducting the CHNA, non-profit hospitals are required to take into account input from persons who represent the broad interests of the community served, including those with special knowledge of or expertise in public health. In addition, members, leaders or representatives of medically underserved, low-income, minority populations should be consulted. In March and April of 2016, the ARHN conducted a survey of selected stakeholders representing health care and service-providing agencies within an eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda. The survey results were presented at both the county and regional levels. See Appendix H for a summary of the ARHN Stakeholder Survey

#### County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show the rank of the health of nearly every county in the nation and emphasize the many factors that, if improved, can help make communities healthier places to live, learn, work and play. They help to simplify the complexity of data and provide context and a common language for those working in community health. See <http://www.countyhealthrankings.org/> for additional information.

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<sup>4</sup> Aggregated data for the ARHN region included Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties but did not include Montgomery and Saratoga counties.



## New York State Cancer Registry

Cancer is a reportable disease in every state in the United States. In NYS, Public Health Law Section 2401 requires that all physicians, dentists, laboratories, and other health care providers notify the Department of Health of every case of cancer or other malignant disease. Through the NYS Cancer Registry, the Department collects, processes and reports information about New Yorkers diagnosed with cancer. Additional data collected by GFH was also used in this process. See <http://www.health.ny.gov/statistics/cancer/registry/about.htm> for additional information about the NYS Cancer Registry.

## Warren, Washington and Saratoga County Tobacco Survey

The GFH Living Tobacco-Free initiative subcontracted with Siena Research Institute to conduct a community survey in the winter of 2015/2016. The purpose of the community survey was to gather information from community members about tobacco use, attitudes towards tobacco use, advertising and tobacco-related policies. Data was collected from 1,177 community members who are 18+ years of age that reside in Saratoga, Warren, and Washington counties. The data was collected, analyzed and compiled into a final report that we are able to share with community members and key stakeholders.

See Appendix I for a list of data consultants and data sources that supported the CHNA process.

## Regional Profile of Warren, Washington and Saratoga Counties<sup>5</sup>

Warren, Washington and Saratoga counties are part of the Capital Region, along with Albany, Columbia, Greene, Rensselaer, and Schenectady counties.<sup>6</sup> The Capital Region is an attractive place to do business. Among its assets are: a strategic location with proximity to all major markets in the northeast; an extraordinary quality of life with a mix of suburban rural communities and medium sized cities, including the Capital City; a highly skilled workforce and the many world renowned academic and research institutions. These intellectual centers provide unparalleled economic development potential as well as opportunities for companies to grow and expand, especially in high tech and knowledge based industries. The Capital Region is quickly becoming the center of New York State's "Tech Valley", a region based on innovation and invention. In fact, Forbes has ranked Albany



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<sup>5</sup> Within this report, much of the data presented for Warren, Washington and Saratoga counties represents the entire county, not just the zip codes included in the GFH service area definition. There is very limited data available for an area that is smaller than the county-level. While this does not create a significant issue for Warren and Washington counties, it is important to note that Saratoga County is extremely diverse, and populations in the southern portion of the county have different demographics, health behaviors, health outcomes, and access to care when compared to those living in the northern portion of the county. Typically, the population in northern Saratoga County aligns more closely with Warren County, but Saratoga County data is still included for comparison.

<sup>6</sup> In 2011, Governor Cuomo created 10 Regional Councils to develop long-term strategic plans for economic growth for their regions. Additional information about these councils is available at the NYS Regional Economic Development Councils website, <http://regionalcouncils.ny.gov/>

15<sup>th</sup> for "America's Most Innovative Cities" in 2010 and a 2010 report by the TechAmerica Foundation has listed Albany as the third fastest growing high-tech job market in the country. At the region's core is strategic investment in the emerging new economy which encompasses the area's industry clusters: bio life sciences, nanotechnology, chemical manufacturing, semiconductor development and clean energy production.

### County Specific Profiles

The following sections outline key features of Warren, Washington and Saratoga counties and is included in this report to provide an overview of the GFH service area, including geography, infrastructure and services, healthcare facilities, and the educational system. Please see the local economic development corporation for additional details on county attributes.<sup>7</sup> Additional data on the demographics, educational and health systems in each county is attached and labeled Appendix J.

### Geography

Warren, Washington and Saratoga counties cover over 2,500 square miles. Warren, Washington and Saratoga counties are bordered by Essex County to the north, Hamilton, Fulton and Montgomery counties to the west, and Schenectady, Albany and Rensselaer counties to the south. Major cities and towns within these three counties include Saratoga Springs, South Glens Falls, Fort Edward, Glens Falls, Lake Luzerne, and Queensbury. Many of the towns in the region are located right off of the Adirondack Northway (I-87), which runs from Albany, NY to the Canadian border.

### Infrastructure and Services

#### **Warren County<sup>8</sup>**

Most of Warren County lies within the boundaries of the Adirondack State Park, which encompasses approximately 6 million acres. The county's population of just over 65,000 people enjoys affordably priced housing with diverse communities, ranging from the small city/suburban environment of Glens Falls and Queensbury in the southern part of the county to the rural towns and villages in the Adirondack Park to the north.

The county offers many recreational and cultural opportunities with access to world-class golf courses, alpine ski centers, an extensive trail system spanning over 2000 miles for hiking, cross country skiing and snowmobiling and many camping facilities. The county is home to the Hyde Collection and the World Awareness Children's Museum, the Charles R. Wood Theater, and the Glens Falls Civic Center- home to the Adirondack Thunder, an ECHL affiliate of the Calgary Flames. Some of Warren County's largest attractions include Lake George, which offers a bustling village as well as year-round recreational activities, the Six Flags Great Escape theme park and Splashwater Kingdom Water Park, and the Fort William Henry Museum, a French & Indian War stronghold.

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<sup>7</sup> See Saratoga County Economic Development Corporation at <http://saratogaedc.com/>  
Warren County Economic Development Corporation at <http://www.edcwc.org>  
and Washington County Economic Development Corporation <http://washingtoncountyny.gov/470/Economic-Development>

<sup>8</sup> Adapted from the Warren County Economic Development Corporation website, <http://www.edcwc.org>

Warren County's economy largely relies on recreation and tourism, medical device development and manufacturing, insurance, information management, business support services and financial services. Warren County is also an important healthcare provider for the southern Adirondack region. GFH is the area's largest employer with nearly 2700 employees. GFH, along with many other local and community based health care providers in the county, contribute to the several hundred ancillary jobs that are dependent on these providers of health care services in the North Country.

### **Washington County<sup>9</sup>**

Washington County is largely rural in nature, with commercial and industrial development in and around 9 villages. While over 1/3 of the county's land is agricultural, manufacturing maintains a predominant role in the economy, as does agri-manufacturing, along with tourism, which is becoming a viable industry for the county. Agriculture is a strong economic driver for the county and supports hundreds of local businesses ranging from farms to service providers and retail shops. Dairy forms the backbone of the local agricultural economy. Agriculture in the region is also strongly connected to tourism, as many area farms are open to the public, and tours such as the Fiber Tour, Cheese Tour, as well as the Craft Beverage Trail entice thousands to the area. Washington County is home to a diverse array of businesses such as Fort Hudson Nursing Center, Inc., Irving Tissue, Telescope Casual Furniture, The Fort Miller Companies, Saint Gobain, SCA Tissue and GL & V Pulp and Paper. Residents and tourists alike take advantage of numerous recreational opportunities, including downhill and cross country skiing, biking on Class I trails, boating on the Hudson River and the Champlain Canal, fishing the Battenkill and Mettawee Rivers, hiking State Forest Preserve lands, or golfing on various courses.

### **Saratoga County<sup>10</sup>**

Saratoga County is a thriving business community with fine dining and world-class entertainment. Saratoga Springs is home to the country's oldest and most beautiful thoroughbred race track, which is often considered to be the oldest sporting venue of any kind in the country. Within Saratoga County there is thoroughbred racing, harness racing, cross country skiing, downhill skiing, mineral water baths, numerous golf courses, stock car racing, polo, access to tennis, swimming, skating, horseback riding, and sailing, in addition to numerous private country clubs. There are three major public parks, and many lakes in the County offering public access. There are 28 public libraries, in addition to the Skidmore College Library, which is also a Federal Depository. The New York City Ballet and the Philadelphia Orchestra visit the Saratoga Performing Arts Center annually. The major companies doing business in Saratoga County include Quad/Graphics, State Farm Insurance, Momentive Materials, Target, Cascades Paper Company, SCA Tissue, Stewart's Ice Cream, Ace Hardware, Sysco Food Services, and the Ball Corporation. GLOBALFOUNDRIES, a partnership between AMD and ATIC, operates a \$4.2 billion chip fab at the Luther Forest Technology Campus in the Town of Malta and is the largest employer in the county. Amtrak Railways operates a train station in Saratoga Springs, which offers rail service on a daily basis.

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<sup>9</sup> Adapted from the Washington County Economic Development Corporation website, <http://www.wcldc.org/906/About-Washington-County-NY>

<sup>10</sup> Adapted from the Saratoga County Economic Development Corporation website. <http://saratogaedc.com/saratoga-county>

## Health Care Facilities

There are two hospitals in the three county area, GFH and Saratoga Hospital. GFH and HHHN are the two largest providers of primary care services in Warren, Washington and northern Saratoga counties. HHHN is a federally-qualified, not-for-profit system of community health centers serving residents and visitors in the upstate New York region. An estimated 269 full time equivalent primary care physicians are practicing in the three-county area.

### **Warren County**

Warren County has 410 hospital beds for a rate of 627 beds per 100,000 population. There are also 402 nursing home beds (615 beds per 100,000 population) and 248 adult home beds (379 beds per 100,000 population) in Warren County. There are 2 primary care health professional shortage areas (HPSAs) but no dental health HPSA or mental health HPSA in Warren County. Warren County has 107 physicians per 100,000 population which is higher than the ARHN region (81.5), Upstate New York (89.3), and New York as a whole (94.2). There are 1,080 registered nurses, 371 licensed practical nurses and 309 licensed physicians in the county.

### **Washington County**

Washington County has no hospital beds. There are 528 nursing home beds (839 beds per 100,000 population) and 102 adult home beds (162 beds per 100,000 population) in Washington County. There is 1 primary care health professional shortage areas (HPSA), but no dental health HPSA, or mental health HPSA in Washington County. There are 54 primary care providers per 100,000 in Washington County, substantially lower than the ARHN region (81.5), Upstate New York (89.3), and New York as a whole (94.2). There are 719 registered nurses, 460 licensed practical nurses and 55 licensed physicians in the county.

### **Saratoga County**

Saratoga County has 171 hospital beds for a rate of 77 beds per 100,000 population. There are also 755 nursing home beds (339 per 100,000 population) and 378 adult home beds (170 per 100,000 population) in Saratoga County. There are 74 primary care providers per 100,000 in Saratoga County, lower than in the ARHN region (81.5), Upstate New York (89.3), and NYS (94.2). There are 3527 registered nurses, 1031 licensed practical nurses and 699 licensed physicians in the county. There are no HPSAs within Saratoga County.

## Educational System

There are 32 public school districts in Warren, Washington and Saratoga counties, with a total enrollment of approximately 50,800 students. Warren County has 9 school districts with a total enrollment of nearly 8,900. Washington County has 11 school districts with a total enrollment of approximately 8,400. Saratoga County has 12 school districts with a total enrollment of nearly 33,500. In Saratoga County, almost 20% of enrolled students receive free or reduced lunches, compared to almost 35% in Warren County and over 35% in Washington County. The high school dropout rate is 10.1% in Warren County, 13.8% in Washington County and 8.1% in Saratoga County. Statistics for all of the ARHN region shows the GFH service area to be lower for students receiving free and reduced lunch (42.0%)

and higher than regional rates for schools drop outs (8.8%), excluding Saratoga County. There are 11.2 students per teacher in Warren County, 9.9 students per teacher in Washington County and 12.9 students per teacher in Saratoga County. The ARHN regional rate of students per teacher is 10.4 and the Upstate New York rate is 12.

## Community Health Needs in Warren, Washington and Saratoga Counties

This section presents a comprehensive overview of the demographics and community health needs for residents of Warren, Washington and Saratoga counties. The information below summarizes the data and information that informed the assessments in each county and for the GFH service area. In general, the information is presented by county because each county conducted independent assessments and thus only looked at the data for their particular geography. However, where applicable, aggregate or average information across the counties is included to demonstrate community health needs for the GFH service area. Each county looked at various aspects of the data to best determine their individual county health issues.

### Population and Demographics

The socio-demographic profile for the residents in Warren, Washington and Saratoga counties is shown in the table below.

	County			ARHN Region*	Upstate NYS	New York State
	Saratoga	Warren	Wash			
<b>Square Miles</b>						
Total Square Miles	810	867	831	8372	46,824	47,126
Population per Square Mile	274.7	75.4	75.7	43.0	240.0	415.8
<b>Population</b>						
Total Population	222,512	65,388	62,910	360,360	11,239,441	19,594,330
% White, Non-Hispanic	92.1%	94.7%	93.0%	91.3%	75.5%	57.3%
% Black, Non-Hispanic	1.5%	1.1%	2.7%	2.9%	8.3%	14.4%
% Hispanic/Latino	2.7%	2.0%	2.4%	2.6%	10.2%	18.2%
% Asian/Pacific Islander, Non-Hispanic	2.0%	1.0%	0.6%	0.8%	3.7%	7.7%
% Alaskan Native/American Indian	0.1%	0.1%	0.2%	1.2%	0.3%	0.2%
% Multi-race/Other	1.6%	1.0%	1.1%	1.3%	1.9%	2.2%
Number Ages 0 – 4	11,756	3,142	3,195	17,656	623,966	1,170,258
Number Ages 5 – 17	36,857	9,673	9,629	53,159	1,862,922	3,101,974
Number Ages 18 – 64	141,249	40,490	39,876	230,231	7,044,052	12,566,926
Number Ages 65 Plus	32,650	12,083	10,210	59,314	1,708,501	2,755,172
<b>Poverty</b>						
Mean Household Income	\$87,334	\$71,229	\$61,153	n/a	n/a	\$85,736
Per Capita Income	\$35,860	\$30,662	\$23,877	n/a	n/a	\$32,829
% of Indiv. Under Fed Poverty Level	6.8%	11.9%	13.0%	14.5%	11.8%	15.6%
% of Indiv. Receiving Medicaid	9.7%	15.6%	17.0%	17.6%	16.9%	24.7%

<b>Education</b>							
	<b>% with Less than High School Education/GED</b>	6.1%	9.3%	12.1%	12.9%	10.6%	14.6%
	<b>% High School Graduate/GED</b>	25.7%	33.3%	42.3%	36.9%	28.8%	26.9%
	<b>% Some College, No Degree</b>	18.2%	17.6%	17.8%	18.7%	17.7%	16.3%
	<b>% Associate Degree</b>	11.8%	11.6%	9.4%	10.5%	10.1%	8.5%
	<b>% Bachelor's Degree</b>	22.2%	15.6%	10.8%	11.7%	17.9%	19.1%
	<b>% Graduate/Professional Degree</b>	15.9%	12.7%	7.7%	9.6%	14.8%	14.6%
<b>Employment Status</b>							
	<b>% Unemployed</b>	4.6%	6.5%	6.0%	6.8%	5.6%	6.3%

Source: Square Miles: United States Department of Agriculture, 2012 ; Employment Sector: American Community Survey, 2010 – 2014; Unemployment Rate: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014 Medicaid Data: New York State Department of Health, 2014; All Other Data: American Community Survey, 2010 – 2014.  
\*ARHN Region excludes Saratoga and Montgomery counties.

Over 350,000 people live within Warren, Washington and Saratoga counties. On average, the vast majority of the population is white, non-Hispanic (93.2%) and just over one in four people has obtained a Bachelor's degree or higher level of education (28.3%).

### **Warren County**

With a population of 65,388, Warren County is the second most populated county in the ARHN. Much like upstate New York, the population in Warren County is less racially and ethnically diverse than other parts of NYS. Nearly 95% of the population is White, non-Hispanic, compared to Black/African American, non-Hispanics at 1.1% and Hispanic/Latinos at 2.0%. About 18.5% of the population is 65 years of age and older, higher than the ARHN region at 16.5% and Upstate New York at 15.2%.

The mean household income is \$71,229 and the per capita income is \$30,662, lower than that of NYS, \$85,736 and \$32,829 respectively. The percentage of individuals in Warren County living below the Federal Poverty Level is 11.9 %, lower than that of the ARHN region and of Upstate New York, 14.5% and 11.8% respectively. The percentage of individuals receiving Medicaid in Warren County (15.6%) is lower than the ARHN region (17.6%) and Upstate New York (16.9%). Almost 35% of public school children in Warren County receive free or reduced lunch.

Almost 63% of the population 16 and older is in the workforce, with an unemployment rate (6.5%), which is below the ARHN region (6.8%) and Upstate New York (5.6%). The largest employment sector in Warren County is education, health care and social assistance (26.1% of those employed), followed by retail trade (13.5%) and arts, entertainment, recreation, hotel, and food service (13.1%).

### **Washington County**

With a population of 62,910, Washington County is the third most populated county in the ARHN. Much like Upstate New York, the population in Washington County is less diverse than other parts of NYS. Ninety three percent of the population is White, non-Hispanic, compared to Black/African American, non-Hispanics at 2.7 % and Hispanic/Latinos at 2.4%. Over sixteen percent of the population is 65 years of age and older, lower than the ARHN region at 16.5% but higher than Upstate New York at 15.2%.

The mean household income is \$61,153 and the per capita income is \$23,877, lower than that of NYS, \$85,736 and \$32,829 respectively. The percentage of individuals in Washington County living below the Federal Poverty Level is 13.0%, lower than that of the ARHN region (14.5%) but higher than that of Upstate New York (11.8%). The percentage of individuals receiving Medicaid in Washington County (17.0%) is slightly lower than the ARHN region (17.6%), but higher than Upstate New York (16.9%). More than 35% of public school children in Washington County receive free or reduced lunch.

Sixty-one percent of the population 16 and older is in the workforce, with an unemployment rate (6.0%), below the ARHN region (6.8%), but higher than the Upstate New York (5.6%). The largest employment sector in Washington County is education, health care and social assistance (23.4% of those employed), followed by manufacturing (15.3%) and retail trade (13.3%).

### **Saratoga County**

With a population of 222,512, Saratoga County is larger than any ARHN county. Much like Upstate New York, the population in Saratoga County is less racially and ethnically diverse than other areas of the state. Over 92% of the population is White, non-Hispanic, compared to Black/African American, non-Hispanics at 1.5 % and Hispanic/Latinos at 2.7%. About 15% of the population is 65 years of age and older, which is comparable to the ARHN region at 16.2% and Upstate New York at 15.2%.

The mean household income is \$87,334 and the per capita income is \$35,860, higher than that of NYS, \$85,736 and \$32,829 respectively. The percentage of individuals in Saratoga County living below the Federal Poverty Level is 6.8 %, significantly lower than that of the ARHN region and of Upstate New York, 14.5% and 11.8% respectively. The percentage of individuals receiving Medicaid in Saratoga County (9.7%) is also much lower than the ARHN region (17.6%) and Upstate New York (16.9%). Slightly more than 20% of public school children in Saratoga County receive free or reduced lunch, lower than any other county in the ARHN region.

Almost 44% of the population 25 and older in Saratoga County has a high school diploma or equivalent, and another 50% have an Associate, Bachelor's, or higher degree. Sixty-eight percent of the population 16 and older is in the workforce, with an unemployment rate (4.6%), below the ARHN region (6.8%) and Upstate New York (5.6%). The largest employment sector in Saratoga County is education, health care and social assistance (25.8% of those employed), followed by retail trade (11.7%) and other professional occupations (10.7%).

### **New York State Prevention Agenda Priority Areas**

The NYS Prevention Agenda is used as a framework to discuss the community health needs related to each identified priority area. In general, each county reviewed available data to assess each priority area to determine the most significant health needs for the individuals and communities within the counties. For more information on the Priority Areas and corresponding Focus Areas, please see the Action Plans, available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017). See

Appendix K for a table of the NYS Prevention Agenda indicators for Warren, Washington and Saratoga counties.

### *Promote a Healthy and Safe Environment*

The 2013-2018 action plan to "Promote a Healthy and Safe Environment" in NYS focuses on four core areas that impact health. These are: the quality of the water we drink, the air we breathe, and the built environments where we live, work, learn and play; and injuries and occupational health. 'Environment,' as used here, incorporates all dimensions of the physical environment that impact health and safety. In addition to addressing the six cross-cutting issues identified by an ad hoc committee (access to quality health services and early identification of health problems; life course perspective; health disparities; social determinants of health; a gender perspective; and oral health), the Healthy and Safe Environment Committee proposed the impact of and adaptation to climate change as another cross-cutting issue within this action plan.<sup>11</sup>

In general, water quality and outdoor air quality are not significant issues in Warren, Washington and northern Saratoga counties. While certain indicators for the built environment focus area are below the Prevention Agenda benchmarks, issues such as public transportation and climate smart communities are beyond the capacity and scope of expertise of the healthcare sector. Efforts to address these focus areas are better lead by policymakers, elected officials and other community stakeholders, through collaboration with and support of the healthcare sector. Consequently, the following outlines the status of injuries, violence and occupational health in Warren, Washington and Saratoga counties:

#### **Warren County**

Rates of falls are a problem in Warren County. The rates of hospitalizations due to falls per 10,000 for individuals ages 15 – 24 is higher in Warren County (5.6) than the ARHN region (3.2), Upstate New York (5.2) and similar to the State of 5.7. Similarly, hospitalization for falls per 10,000 for adults ages 25 – 64 (24.5) and adults ages 65 plus (187.4) are both higher than corresponding benchmarks for the ARHN region (17.1, 161.7) and NYS (18.4, 183.6). Falls for people aged 25 – 64 is also higher in Warren County than Upstate New York (18.4), but falls for individuals 65 plus is slightly lower in Warren County than Upstate New York (188.7). ED visits for children aged 1 – 4, per 10,000 due to falls are also higher in Warren County (447.1) than its respective Prevention Agenda Benchmark (429.1).

The rates of total motor vehicle crashes per 100,000 (2,686.7) and of speed-related motor vehicle accidents per 100,000 (292.3) are higher in Warren County than in Upstate New York (2,061.9 and 217.1, respectively).

Occupational hospitalizations and ED visits per 10,000 are also a problem in Warren County. The rates of occupational ED visits for working adolescents ages 15 – 19 per 10,000 in Warren County (56.6) is substantially higher than the Prevention Agenda Benchmark (33.0), and hospitalizations due to

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<sup>11</sup> Adapted from the Promote a Healthy and Safe Environment Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)



pneumoconiosis ages 15 plus per 100,000 or to asbestosis ages 15 plus per 10,000 are also higher in Warren County (21.7 and 19.9, respectively) compared to corresponding Upstate New York benchmarks of 14.0 and 12.7, respectively.

### **Washington County**

The rate of ED visits due to falls for children ages 1 – 4, per 10,000, in Washington County (488.2) is higher than the rates in the ARHN region (486.6), Upstate New York (442.7), NYS (440.1), and the Prevention Agenda Benchmark (429.1). The rate of ED visits due to occupational injuries per 10,000 among working adolescents ages 15 – 19 is significantly higher in Washington County (64.4) than the rates in the ARHN region (21.5), Upstate New York (28.2), NYS (20.6), and Prevention Agenda Benchmark (33.0). The pneumoconiosis hospitalization rate per 100,000 for those 15 years of age and older in Washington County (32.9) is significantly higher than in the ARHN region (16.7), Upstate New York (14.0), and NYS (10.3).

Motor vehicle accidents pose a challenge in Washington County with significantly higher rates of speed-related accidents per 100,000 (273.3) and motor vehicle deaths per 100,000(13.2) compared to Upstate New York (217.1 and 7.4) and the State as a whole (143.1 and 5.6).

### **Saratoga County**

The rate of ED visits due to occupational injuries among working adolescents ages 15 – 19 per 10,000 is higher in Saratoga County (24.6) than the ARHN (21.5) and NYS (20.6) but lower than Upstate New York (28.2) and Prevention Agenda Benchmark (33.0) rates. The rate of hospitalizations for falls for individuals ages 15-24 per 10,000 (5.5) is higher than the ARHN (3.2) and Upstate New York (5.2) rates. The rate of malignant mesothelioma cases per 100,000 is higher in Saratoga County (2.2) than in the ARHN region (1.9), Upstate New York (1.7), and NYS (1.3). Additionally, the rate of work related hospitalizations per 10,000 for those employed aged 16 plus is higher in Saratoga County (16.4) than in the ARHN region (13.9) and the state as a whole (15.6).

### *Prevent Chronic Disease*

Chronic diseases such as cancer, diabetes, heart disease, stroke and asthma are conditions of long duration and generally slow progression. Chronic diseases are among the leading causes of death, disability and rising health care costs in NYS. See appendix L for the leading cause of death due to Chronic Disease by county. Specifically, they account for approximately 70 percent of all deaths in NYS and affect the quality of life for millions of New Yorkers, causing major limitations in daily living for about one in ten residents. Costs associated with chronic diseases and their major risk factors consume more than 75 percent of our nation's spending on health care. The three Focus Areas identified by the NYS Prevention Agenda are 1) Reduce obesity in children and adults, 2) Reduce Illness, disability and death related to tobacco use and secondhand smoke exposure and 3) Increase access to high quality chronic disease preventive care management in both clinical and community settings.<sup>12</sup> The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties:

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<sup>12</sup> Adapted from the Preventing Chronic Diseases Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/chronic\\_diseases/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/index.htm)

## **Warren County**

The percentage of adults smoking in Warren County (18.7%) is higher than the Prevention Agenda benchmark of 12.3%. The rates of deaths and hospitalizations for chronic lower respiratory disease per 10,000 are higher in Warren County (72.2 and 51.3, respectively) than in the ARHN region (69.2 and 46.1), Upstate New York (46.2 and 33.0), and the state as a whole (35.6 and 36.5). The rate of asthma hospitalizations per 10,000 for 25 – 44 year olds is much higher in Warren County (8.8) than the ARHN region (6.6), Upstate New York (6.6), and NYS (8.6) rates. Additionally, the rate of asthma hospitalizations per 10,000 for ages 45 – 64 is also higher in Warren County (12.6) than the ARHN region (11.9) and Upstate New York (11.6). Finally, overall cancer cases and deaths per 100,000 are higher in Warren County (721.5 and 254.9) than in the ARHN region (650.6 and 235.2), Upstate New York (610.5 and 202.4), and NYS (550.9 and 180.7), and the number of cases of female breast cancer, ovarian cancer, colon and rectum cancer, prostate cancer, and oral cancer are also higher in Warren County than their corresponding benchmarks in the ARHN region, Upstate New York, and the state as a whole.

Obesity is a challenge for Warren County. The percent of obesity for adults (30.5%) and for public school children (17.8%) in Warren County are both higher than their respective Prevention Agenda Benchmarks of 23.2% and 16.7%. Diabetes-related deaths (per 100,000) and hospitalizations (any diagnosis-per 10,000) are higher in Warren County (33.6 and 269.4) than their respective Upstate New York benchmarks of 19.6 and 225.8. Additionally, the rates of hospitalizations and deaths in Warren County are also higher for cardiovascular disease, diseases of the heart, and strokes than for Upstate New York.

## **Washington County**

Smoking and respiratory issues continue to be a challenge for Washington County. The percentage of adults in Washington County who smoke (21.0%) is higher than the Prevention Agenda benchmark of 12.3%. The rates of chronic lower respiratory disease hospitalization and deaths per 10,000 in Washington County (44.2 and 67.1, respectively) are higher than in Upstate New York (33.0 and 46.2) and the state as a whole (36.5 and 35.6). The rates of lung and bronchus cancer deaths and cases per 100,000 in Washington County (79.8 and 115.7, respectively) are also higher than in the ARHN region (67.9 and 108.5), Upstate New York (55.9 and 83.0), and NYS (46.4 and 69.6). The percentage of adults with asthma is also higher in Washington County (11.7%) than in Upstate New York (10.2%) and the state as a whole (10.1%). The rate of asthma hospitalizations per 10,000 for all ages is higher in Washington County than for their corresponding Upstate New York rates.

The percentage of adults ages 50 – 75 who received colorectal screenings based on recent guidelines is lower in Washington County (69.8%) than the Prevention Agenda benchmark of 80%. Additionally, colorectal cancer cases and deaths per 100,000 are higher in Washington County (50.2 and 20.6 respectively) than in Upstate New York (49.6 and 17.2) and NYS (46.7 and 16.6).

The percentages of adults (28.1%) and public school children (19.8%) who are obese are higher in Washington County than their corresponding Prevention Agenda benchmarks of 23.2% and 16.7%. The rate of diabetes deaths per 100,000 in Washington County (27.0) is higher than Upstate New York (19.6) and NYS (20.3). Deaths due to strokes per 100,000 are also higher in Washington County (41.8) than in the ARHN region (40.6), Upstate New York (38.5), and the state as a whole (30.9).

## **Saratoga County**

Smoking and respiratory issues pose some challenges for Saratoga County. The percentage of adults over 18 years who smoke is higher in Saratoga County (17.7%) than in Upstate New York (17.3%), NYS (15.6%) and the Prevention Agenda benchmark of 12.3%, though lower than in the ARHN region (22.5%). The prevalence of asthma is slightly higher in Saratoga County (11.1%) compared to Upstate New York (10.2%) and NYS (10.1%).

The rates of lung and bronchus deaths and cases per 100,000 are slightly higher in Saratoga County (57.6 and 83.2, respectively) than in Upstate New York (55.9 and 83.0) but higher than in the state as a whole (46.4 and 69.6). The percentage of adults, ages 50 – 75, receiving colorectal screenings based on current guidelines is lower in Saratoga County (71.7%) than compared to the Prevention Agenda benchmark of 80.0%, and the rate of colon and rectum cancer cases per 100,000 is higher in Saratoga County (51.4) than in Upstate New York (49.6) and NYS (46.7).

## **Warren, Washington, Saratoga County Tobacco Survey**

The results of the Warren, Washington and Saratoga County Tobacco assessment can also inform the community health needs related to chronic disease prevention and the potential for policy and environmental changes related to smoking cessation as a prevention measure. Highlights from the results of the survey are summarized below:

- Most residents think that tobacco should not be sold in stores that are located near schools (Saratoga 67%, Warren 65%, Washington 64%)
- Most residents are in favor of a policy that would prohibit smoking in entrance ways of public buildings and workplaces (Saratoga 74%, Warren 74%, Washington 64%)
- Most residents are in favor of policies that prohibit smoking in apartment buildings and other multi-unit complexes (Saratoga 69%, Warren 62%, Washington 61%)
- Most residents are in favor of a policy that would prohibit the use of e-cigarettes in all work places, including bars and restaurants (Saratoga 63%, Warren 57%, Washington 60%)
- Most residents think that teen smoking is a significant problem in their community (Saratoga 71%, Warren 69%, Washington 70%)

## ***Promote Healthy Women, Infants and Children***

The health and well-being of mothers and children are fundamental to overall population health. Maternal and child health encompasses a broad scope of health conditions, behaviors and service systems. There is increasing recognition that a 'life course' perspective is needed to promote health and prevent disease across the lifespan. This perspective approaches health as a continuum and considers the impact of social, economic, environmental, biological, behavioral and psychological factors on individuals and families throughout their lives. This perspective recognizes that more than half of all pregnancies are unplanned, underscoring the importance of promoting women's health across the

lifespan, with increasing attention to health during preconception (before pregnancy) and inter-conception (between pregnancies).<sup>13</sup>

As part of the NYS Prevention Agenda and State Health Improvement Plan, the Promoting Healthy Women, Infants and Children (PHWIC) Action Plan addresses three key life course periods - maternal and infant health, child health and reproductive/preconception/inter-conception health - with goals, objectives and indicators for each.

The three Focus Areas for this Priority Area are 1) Maternal & Infant Health, 2) Preconception & Reproductive Health, and 3) Child Health.<sup>14</sup> There are 22 indicators for this particular Priority Area, so only the most significant information is highlighted to demonstrate need. The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties:

### **Warren County**

Prenatal care is a problem in Warren County for total births and for births to Hispanic/Latino women. For total births, the percentage of women with early prenatal care is substantially lower in Warren County (61.7%) than in the ARHN region (73.1%), Upstate New York (75.4%), and NYS (73.1%). Similarly, prenatal care for Hispanic/Latino women is also substantially lower in Warren County (58.3%) than in Upstate New York (68.2%) and the state as a whole (67.2%).

The rate of newborn drug-related hospitalizations per 10,000 is substantially higher in Warren County (179.6) than in the ARHN region (119.4), Upstate New York (123.2), and the state as a whole (95.0). The percentage of births within 24 months of previous pregnancy is also higher in Warren County (21.2%) than compared to the Prevention Agenda Benchmark of 17.0%. The percent of unintended births to total births is also higher in Warren County (29.1%) than the corresponding Prevention Agenda Benchmark of 23.8%. Additionally, the death rate for children per 100,000, ages 1 – 4, is substantially higher in Warren County (38.9) than in the ARHN region (23.1), Upstate New York (21.1), and the state as a whole (20.0).

Teenage motherhood poses a challenge for Warren County. The birth rate for 15 – 19 year olds per 1,000 is notably higher in Warren County (23.3) than Upstate New York (17.3) and NYS (19.5). The percentages of women utilizing WIC services with problematic gestational weight gain, with gestational diabetes, and with gestational hypertension are also higher in Warren County than Upstate New York.

### **Washington County**

The rate of births for girls ages 15 – 19 per 1,000 is significantly higher in Washington County (27.9) compared with the ARHN region (23.4), Upstate New York (17.3), and the state as a whole (19.5). The percentages of women in the WIC program with gestational hypertension, gestational diabetes, and

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<sup>13</sup> Adapted from the Preventing Chronic Diseases Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/wic/read\\_more.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/read_more.htm)

<sup>14</sup> Adapted from the Preventing Chronic Diseases Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/wic/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/index.htm)

with less than ideal gestational weight gain are higher in Washington County than those in Upstate New York and NYS.

The percentage of APGAR scores of less than five at the five minute mark of births is higher in Washington County (1.3%) compared with the ARHN region (1.1%), Upstate New York (0.7%), and the state as a whole (0.6%). The rate of newborn drug-related hospitalizations per 10,000 is also higher in Washington County (157.9) than in the ARHN region (119.4), Upstate New York (123.2), and NYS (95.0).

The percentages of children 0 – 15 months, 3 – 6 years of age, and 12 – 21 years of age with government insurance and with recommended well visits is lower in Washington County (89.6%, 82.0%, and 61.6%, respectively) than their respective Prevention Agenda Benchmarks of 91.3%, 91.3%, and 67.1%. The rates of children under the age of 6 years per 1,000 with confirmed blood lead levels greater than or equal to 10mg/dl is higher in Washington County (19.8) compared to the ARHN region (12.7), Upstate New York (8.8), and the state as a whole (4.9).

The rate of deaths for children 1 - 19 per 100,000 and in several other age groups is higher in Washington County than in the ARHN region, Upstate New York, and NYS.

### **Saratoga County**

Maternal and child health issues relate to poverty in Saratoga County. The ratio of unintended births for individuals utilizing Medicaid compared to non-Medicaid users is higher in Saratoga County (1.81) than the Prevention Agenda Benchmark of 1.54. Additionally, the percentages of women on WIC with pre-pregnancy obesity or with gestational weight gain greater than ideal are higher in Saratoga County (34.5% and 54.8%, respectively) than in the ARHN region (33.3% and 52.4%), Upstate New York (28.0% and 47.1%), and the state as a whole (24.2% and 41.7%). The percentages of WIC women with gestational diabetes or with gestational hypertension are also higher in Saratoga County (6.3% and 12.5%, respectively) than in Upstate New York (5.7% and 9.1%) and NYS (5.5% and 7.1%).

### *Prevent HIV/STDs, Vaccine Preventable Diseases & Healthcare-Associated Infections*

HIV/AIDS, sexually transmitted diseases (STDs) and hepatitis C (HCV) are significant public health concerns. NYS remains at the epicenter of the HIV epidemic in the country, ranking first in the number of persons living with HIV/AIDS.

Immunization is one of the most successful and safest public health strategies for preventing communicable diseases. High immunization rates have reduced vaccine-preventable disease (VPD) to extremely low levels in the United States. In NYS, high immunization levels are achieved by the time children reach school age and are supported by school entry laws. However, the immunization rates of very young children, 19-35 months of age, are still below the Healthy People 2020 goal of 80 percent.

The four Focus Areas for this Priority Area are 1) Human Immunodeficiency Virus, 2) Sexually Transmitted Diseases, 3) Vaccine Preventable Disease and 4) Healthcare Associated Infections.<sup>15</sup> The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties:

### **Warren County**

The percentage of children ages 19 - 35 months with the recommended 4:3:1:3:3:1:4 immunization series (75.7%) and the percentage of females 13 - 17 with 3 dose HPV vaccine (39.9%) are both lower in Warren County than their respective Prevention Agenda Benchmarks of 80.0% and 50.0%, respectively. Additionally, the rates of pneumonia/flu hospitalizations for adults ages 65 per 10,000 and older are higher in Warren County (123.0) than their respective rates in Upstate New York (121.9) and the state as a whole (112.6).

### **Washington County**

The percentage of children ages 19 – 35 months with the recommended 4:3:1:3:3:1:4 immunization series is lower in Washington County (70.4%) than the Prevention Agenda Benchmark of 80.0%. Females aged 13 – 17 with 3 doses of the HPV vaccine (36.6%) is also lower than the Prevention Agenda Benchmark of 50.0%.

### **Saratoga County**

The percentages of children ages 19 – 35 months with the recommended 4:3:1:3:3:1:4 immunization series and of females aged 13 – 17 with 3 doses of the HPV vaccine are lower in Saratoga County (75.4% and 37.1%, respectively) than their corresponding Prevention Agenda Benchmarks of 80.0% and 50.0%.

### *Substance Abuse and Other Mental, Emotional and Behavioral Disorders*

Mental and emotional well-being is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. The best opportunities to improve the public's mental health are interventions delivered before a disorder manifests itself, to prevent its development. Many MEB disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The three Focus Areas for this Priority Area are: 1) Promote Mental, Emotional and Behavioral Health, 2) Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders, and 3) Strengthen Infrastructure Across Systems. The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties<sup>16</sup>.

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<sup>15</sup> Adapted from the Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infection Action Plan for the NYS Prevention Agenda, available at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/stds/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/stds/index.htm)

<sup>16</sup> Adapted from Promote Mental Health and Prevent Substance Abuse Action Plan Action Plan for the NYS Prevention Agenda, available at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/plan/mhsa/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/index.htm)

## **Warren County**

The rate of suicides per 100,000 is significantly higher in Warren County (10.2) than the corresponding Prevention Agenda Benchmark of 5.9. The rates of self-inflicted hospitalizations per 10,000, in general, (10.8) and particularly among 15 – 19 year olds (23.7) are higher in Warren County than in the ARHN region (10.4 and 22.0), Upstate New York (6.8 and 12.5) and the state as a whole (5.8 and 11.3). The rates of cirrhosis hospitalizations per 10,000 (4.1) and deaths per 100,000 (10.2) are higher in Warren County than in Upstate New York (2.5 and 8.7) and NYS (2.8 and 7.7), and the rate of alcohol related injuries and deaths per 100,000 (71.2) is much higher in Warren County than in the ARHN region (60.1), Upstate New York (44.4), and the state as a whole (33.3).

The percentage of adults binge drinking in the past month, from the time of survey, is 21.1%, compared to the benchmark of 17.6%. The rates of alcohol-related accidents (109.8) per 100,000 were lower than their respective Upstate New York rates. The rate of children served in mental health outpatient settings per 100,000 for ages 8 and under and for ages 9 to 17 were substantially higher than their respective ARHN region and Upstate New York rates.

## **Washington County**

Rates of total self-inflicted hospitalizations and self-inflicted hospitalizations per 10,000 for those 15 – 19 years of age are higher in Washington County (9.9 and 22.0, respectively) than in Upstate New York (6.8 and 12.5) and in NYS (5.8 and 11.3). Additionally, the rates of total suicides and suicides per 100,000 for those 15 -19 years of age are higher in Washington County (14.2 and 16.9, respectively) than in Upstate New York (9.5 and 5.1) and the state as a whole (7.9 and 5.4). The rates of alcohol-related crashes and of alcohol-related injuries and deaths (per 100,000) are higher in Washington County (94.6 and 67.1, respectively) compared to the ARHN region (90.8 and 60.1) and NYS (43.4 and 33.3).

## **Saratoga County**

Substance abuse and behavioral health are major issues in Saratoga County. The percentage of adults with poor mental health within the last month, from the time of survey, is higher in Saratoga County (12.7%) than in Upstate New York (11.8%), NYS (11.2%), and the Prevention Agenda Benchmark of 10.1%. The rate of suicides per 100,000 is also higher in Saratoga County (11.6) than in Upstate New York (9.5), NYS (7.9), and the Prevention Agenda benchmark of 5.9. The rates of overall self-inflicted hospitalizations and self-inflicted hospitalizations for those ages 15 to 19 per 10,000 are higher in Saratoga County (8.5 and 17.2, respectively) than in Upstate New York (6.8 and 12.5) and NYS (5.8 and 11.3). Alcohol-related crashes are higher in Saratoga (85.8) than in NYS (43.4), and the rate of alcohol-related injuries and deaths per 100,000 is higher in Saratoga County (51.1) than in Upstate New York (44.4) and the state as a whole (33.3).

## *Health Disparities and Barriers to Care*

Improving health status in the five priority areas and reducing racial, ethnic, socioeconomic and other health disparities including those among persons with disabilities is an overarching goal of the NYS Prevention Agenda. The National Institutes of Health defines health disparities as the differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. Warren, Washington and Saratoga counties are

predominately White and do not face the traditional racial or ethnic disparities typically found in more urban or populated areas. Instead, populations in upstate New York face a unique combination of factors that create health disparities, which are often rooted in the social determinants of health. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.<sup>17</sup> These factors are often associated with many different types of barriers to care.

Economic factors, cultural and social differences, educational shortcomings, and the isolation of living in a rural area all conspire to repress our population in their struggle to lead a healthy life. Many sections of the GFH service area face significant distance and transportation barriers to accessing community resources, service opportunities, and health care. These communities are traditionally underserved by most assistance programs; thereby creating health disparities among the people living and working in this area.

Limited data publically exists to demonstrate non-racial or non-ethnic related health disparities in Warren, Washington and northern Saratoga counties. Household income and educational attainment highlight common health disparities within the GFH service area. In Warren and Washington counties, the mean household income is \$71,229 and \$61,153 respectively, compared to the NYS average of \$85,736. Additionally, the percent of individuals living below the Federal Poverty Level is higher in both Warren (11.9%) and Washington counties (13.0%) as compared to Upstate NY (11.8%). Another notable factor is the relatively low level of achievement in higher education in Washington County, where only 28% of the population age 25 and older has an Associate's, Bachelor's, or Graduate/Professional degree, compared to over 42% of the NYS population. The relationship between socioeconomic status and better health outcomes is well established, leaving this geographic region at a disadvantage.

Additional barriers to care that result in health disparities can be attributed to health care provider shortages in the area – Warren County has two HPSA shortage areas while Washington County has one. Additional data shows the Washington County rate of 54 primary care providers per 100,000 residents to be substantially lower than both the ARHN region (81.5) and Upstate as a whole (89.3)

Data from the NYS Prevention Agenda utilizes indicators related to premature death, preventable hospitalizations, insurance status and access to care (through % of adults with a regular health care provider) highlights additional items related to health disparities. The following table outlines the status of these indicators for Warren, Washington and Saratoga counties:

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<sup>17</sup> Adapted from the Centers for Disease Control and Prevention, Social Determinants of Health website, <http://www.cdc.gov/socialdeterminants/>



NYS Prevention Agenda Indicators: Disparities							
	Warren	Washington	Saratoga	Comparison Regions/Data			
				ARHN	Upstate NY	New York State	2018 Prevention Agenda Benchmark
1. Percentage of Overall Premature Deaths (prior to age 65), 2014	20.0%	20.3%	22.5%	21.2%	22.0%	23.7%	<b>21.8%</b>
2. Ratio of Black, Non-Hispanic Premature Deaths (prior to age 65) to White, Non-Hispanic Premature Deaths, 2012-2014	3.53	3.77	1.57	2.5	2.10	1.98	<b>1.87</b>
3. Ratio of Hispanic/Latino Premature Deaths (prior to age 65) to White, Non-Hispanic Premature Deaths, 2012-2014	.97	2.64	1.69	2.51	2.24	1.92	<b>1.86</b>
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 10,000 Population (Ages 18 Plus), 2014	100.8	101.7	78.7	n/a	107.3	119	<b>122</b>
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, 2012-2014	1.40	.39	1.45	n/a	1.94	2.11	<b>1.85</b>
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, 2012-2014	.62	.31	.89	n/a	1.51	1.52	<b>1.38</b>
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, 2014	91.4%	89.5%	93.5%	n/a	n/a	87.6%	<b>100%</b>
8. Percentage of Adults with Regular Health Care Provider, 2013-2014	85.1%	86.2%	90.2%	n/a	84.6%	84.4%	<b>90.8%</b>

N/A = insufficient data is available to report on this indicator

Indicators for Warren, Washington and Saratoga counties reveal limited health disparities as defined by the NYS Prevention Agenda. As demonstrated above, often times there is insufficient data to report on racial and ethnic disparities. With respect to the benchmarks, the areas where there is room for improvement within the GFH service area include overall premature death in Saratoga county, the rate of black, non-Hispanic premature deaths to white, non-Hispanic premature deaths in Warren and Washington counties and the number of Hispanic/Latino premature deaths in Washington County. Opportunities to improve these statistics may lie within the number of adults with a regular health care provider, as all three counties fall below the Prevention Agenda benchmark. Lastly, all three counties are below the benchmark for health insurance coverage. These indicators can provide initial information about potential problems in a community that may require further, more in-depth analysis.<sup>18</sup>

<sup>18</sup> Excerpt from the NYS Department of Health Prevention Quality Indicators. Available at [https://apps.health.ny.gov/statistics/prevention/quality\\_indicators/start.map.jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D](https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map.jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D)

Lastly, income related disparities can be best understood by looking at insurance status and cost of health care. In the three county service area, a combined 42.3% of the population are enrolled in Medicaid. Additional data from the 2013-14 EBRFSS shows respondents in Warren County (7.9%), Washington and Saratoga County (10.6% each) indicating they did not receive medical care due to costs.<sup>19</sup>

### Cancer Burden Disparities in Warren, Washington and Saratoga Counties

Opportunities exist to reduce the cancer burden within the GFH service area. Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, being physically active, and seeking regular medical care.<sup>20</sup> Data demonstrating many of these health behaviors is described throughout this report. However, certain populations are disproportionately affected by the burden of cancer, and these populations are faced with many of the same challenges described above. These challenges often result in lower screening rates, and higher rates of cancer incidence and mortality.

In Warren, Washington and Saratoga counties, cancer-related disparities exist based on geography, gender, income status and access/transportation. Geographic disparities are most notable when comparing screening rates in each of the counties for certain types of cancers. On average, four cancer sites (lung & bronchus, prostate, breast and colorectal) represent 52.8% of all new cancer cases and 49.3% of all new cancer deaths in Warren, Washington and Saratoga counties.<sup>21</sup> This is further evidenced when looking at Cancer Incidence and Mortality for the service area, as each of these sites lead in average annual cases reported.<sup>22</sup> For these types of cancer, screening can prevent the disease, or help find cancers at an early stage, when they are more easily cured or treated.

Access to care and transportation in our highly rural service area is also an issue for many residents. In looking at GFH's C.R. Wood Cancer Center data for the period 2003-2013, more than half (51%) of patients diagnosed traveled more than 10 miles for service and 24% of those traveled more than 25 miles.

Understanding the state at which these types of cancers are detected is critically important for the purposes of understanding community health needs. The table below outlines the percent of colorectal, breast and prostate cancer cases detected at early stage in each county:

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<sup>19</sup> New York State Department of Health. Age-adjusted percent of Adults who did not receive medical care because of cost. Available at [www.health.ny.gov/statistics/chac/general/g104.htm](http://www.health.ny.gov/statistics/chac/general/g104.htm)

<sup>20</sup> Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion, Cancer website, <http://www.cdc.gov/chronicdisease/resources/publications/AAG/dcpc.htm>

<sup>21</sup> NYS Cancer Burden Profiles for Warren, Washington and Saratoga Counties, 2012., [https://www.acscan.org/ovc\\_images/file/action/states/ny/NY\\_Cancer\\_Burden\\_Report\\_2012.pdf](https://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf)

<sup>22</sup> NYS DOH Cancer Data for New York State Counties available at <https://www.health.ny.gov/statistics/cancer/registry/vol1.htm>

Cancer Site	Warren County	Washington County	Saratoga County	NYS excluding NYC
Colorectal – Male	53.8%	80.0%	85.7%	41.4%
Colorectal – Female	65.0%	46.1%	57.1%	41.0%
Female Breast	85.0%	89.1%	90.0%	68.8%
Prostate	91.8%	66.6%	54.4%	79.3%

Source: NYS DOH Cancer Registry, 2013 and GFH Oncology Data Services

When comparing the three counties, the greatest opportunity to improve screening for male colorectal cancer is in Warren County and female colorectal cancer is in Washington County. Although these numbers are higher than state comparisons, there are still disparities within the service area. While the percentage of breast cancer cases detected at an early stage across the three county service area is well above the NYS average of 68.8%, opportunities exist in Warren County to improve breast cancer screening rates to ensure equity across the service area. Saratoga and Washington counties have the lowest percentages of prostate cancer cases detected at an early stage within the service area, which are well below the NYS average. While there is still work to be done to ensure early screening for all cancers within the service area, it is important to note there have been significant increases in early screening since the last CHNA in 2013. Despite these efforts, data for both Warren and Washington County show overall cancer cases and deaths per 100,000 (Warren – 721.5 and 254.9; Washington 659.0 and 248.4) to be higher than that of both the ARHN Region (650.6 and 235.2) and Upstate New York (610.5 and 202.4).

Gender-related disparities also exist for lung cancer. Men living in Washington County experience some of the highest rates of lung cancer (112.9 per 100,000 people) compared to other counties in NYS, exceeding the state average (excluding NYC) of 84.3 per 100,000 people.<sup>23</sup> Women in both Warren and Washington counties also experience higher rates of lung cancer (76.6 and 80.6 per 100,000 respectively) compared to 64.5 per 100,000 people for NYS (excluding NYC).

There is a strong link between tobacco use and cancer, and smoking rates are higher in Warren (18.7%), Washington (21.0%) and Saratoga counties (17.7%) (as well as most upstate NY counties) than the NYS average (15.6%) and all well above the Prevention Agenda benchmark of 12.3%. While there has been a decline in the rate of tobacco use among both children and adults in NYS (and equally across all ethnic groups), smoking rates have not declined for the poor and less educated, which are significant issues in the GFH service area. This highlights the crucial need for prevention and cessation of tobacco use in these counties, especially for vulnerable populations in this area.<sup>24</sup>

<sup>23</sup> American Cancer Society, New York and New Jersey, *The Cancer Burden in New York State*, July 2012. Available at [http://www.acscan.org/ovc\\_images/file/action/states/ny/NY\\_Cancer\\_Burden\\_Report\\_2012.pdf](http://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf).

<sup>24</sup> American Cancer Society, New York and New Jersey, *The Cancer Burden in New York State*, July 2012. Available at [http://www.acscan.org/ovc\\_images/file/action/states/ny/NY\\_Cancer\\_Burden\\_Report\\_2012.pdf](http://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf). NYS Cancer Burden Profiles for Warren, Washington and Saratoga counties, 2012.

## Regional Community Provider Survey Results

As mentioned previously, as a part of the regional work facilitated by the ARHN, the CHWS surveyed health care, social services, educational, governmental and other community stakeholders in the ARHN region to provide the CHA Committee with stakeholder input on regional health care needs and priorities.

The survey was developed using Qualtrics Software and included 15 questions and a number of sub-questions based on an initial response. ARHN provided CHWS a list of health care, social service, educational, government and other community stakeholders by county. Using these lists, CHWS staff created an unduplicated list of 658 providers that cut across all seven counties. An initial email was sent to this list explaining the survey and providing an electronic link to the survey. The survey was available to potential respondents for approximately six weeks.

As follow-up, CHWS sent an additional email reminding potential respondents of the survey. CHWS also provided ARHN with a list of those who responded, and county staff also followed up with non-respondents. As an incentive, respondents were told there would be a random drawing of twenty \$10 gift cards from Stewart's for participating in the survey. A total of 217 completed responses were received to the survey through May 31, 2016 for a response rate of 33%. CHWS staff also provided technical assistance as requested by survey respondents.

The survey requested that the respondent identify their top two priority areas from a list of the five following areas which they believe needed to be addressed within their service area:

- Preventing chronic disease;
- Providing a healthy and safe environment;
- Promoting healthy women, infants, and children;
- Promoting mental health and preventing substance abuse; and
- Preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections.

Once respondents identified their top two priorities, they were also asked to rank the focus areas within each priority area and identify potential barriers addressing that focus area.

Analysis for this report was conducted by county. Many health care, social service, and educational providers deliver services in multiple counties. Their opinions are reflected in each county they provide services. See Appendix H for the Survey Results

## County Health Rankings

To further support the information collected through the county health indicator data, clinical data and the regional community provider survey, County Health Rankings were used to understand how the health of Warren, Washington and Saratoga counties rank compared to each other and other counties in NYS. In total, there are 62 counties in NYS. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest."

Health outcomes demonstrate the current health status of the population through morbidity (quality of life) and mortality (length of life). Health factors drive how long and how well populations will live and where we can target our actions, emphasizing what is modifiable and can be improved.

**County Health Rankings - 2016**

	<b>Warren</b>	<b>Washington</b>	<b>Saratoga</b>
<b>Health Outcomes</b>	<b>14</b>	<b>38</b>	<b>1</b>
<b>Mortality</b>	<b>14</b>	<b>36</b>	<b>6</b>
<b>Morbidity</b>	<b>15</b>	<b>31</b>	<b>2</b>
<b>Health Factors</b>			
<b>Health Behaviors</b>	<b>14</b>	<b>41</b>	<b>9</b>
<b>Clinical Care</b>	<b>1</b>	<b>29</b>	<b>3</b>
<b>Social &amp; Economic Factors</b>	<b>20</b>	<b>39</b>	<b>2</b>
<b>Physical Environment</b>	<b>26</b>	<b>24</b>	<b>21</b>

Source: County Health Rankings and Roadmaps, A Healthier Nation, County by County, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute – 2016, See <http://www.countyhealthrankings.org/>

For almost all of the ranking categories, Saratoga County ranked the highest (closest to 1) leading to the County to being selected as the healthiest in NYS for 2016. Washington County ranked the lowest (closest to 62). Warren County was typically in the middle for all eight ranking scores, except for clinical care, where it was higher than most. This is most likely because of the physical presence of GFH in Warren County. It is also important to note that the populations in the southern and northern most points of Saratoga County are extremely diverse. While the County Health Rankings only represent whole counties, typically, the health outcomes and health factors for the population in northern Saratoga County inside the GFH service area align more closely with Warren and Washington counties. The entirety of the data that was used to inform the rankings can be found in Appendix M.

**Prioritized Significant Health Needs**

Through the ARHN collaborative, GFH coordinated with Warren and Washington counties to conduct a CHNA in each county. Saratoga County conducted a separate, yet similar process to determine their community’s health needs in which GFH representatives were members of their Health Priority Workgroup.

Utilizing the results of the indicator analysis, regional survey and the other county-specific community assessment resources listed previously, each county prioritized the most significant health needs for their residents. Each counties’ CHA provides the rationale behind the prioritization of significant health needs. The following table outlines the most significant health needs identified in each county within the GFH service area.

	<b>Warren County</b>	<b>Washington County</b>	<b>Saratoga County/Saratoga Hospital</b>
<b>Prevention Agenda Priority</b>	Prevent Chronic Disease	Reduce obesity in children and adults	Promote Mental Health Prevent Substance Abuse

<b>and/or Focus Areas</b>	Promote Mental Health  Prevent Substance Abuse	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure  Prevent substance abuse and other mental, emotional and behavioral health disorders	
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In addition to evaluating the priorities and county level data indicators for our local county health departments, GFH considered our expertise, capacity, funding, and potential impact. To that end, GFH has identified the following as the most significant health needs for the population served by GFH. These needs will be the major focus of GFH’s community health strategies for 2016 – 2018.

1. Increase access to high quality chronic disease preventative care and management in both clinical and community settings
2. Reduce obesity in children and adults
3. Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

It is important to note that GFH chose the same priorities during our 2013-15 CHNA process. Continuing to focus on these areas will improve, strengthen and sustain the impact of our interventions. Emphasis will be placed on interventions that impact disparate and underserved populations in the service area, especially low-income populations and those with limited access to healthcare and other community resources.

### Regional Priority

In addition to GFH choosing the three focus areas under the Chronic Disease priority area, as part of the community health planning and assessment process, the CHA Committee identified and selected Chronic Disease Prevention as a regional priority in support of the NYS Prevention Agenda 2013-2018. CHA partners will work in tandem with the ARHN in a variety of ways to both support strategies to address and raise awareness about Chronic Disease Prevention.

Strategies being explored and formulated on how to best support a regional priority of Chronic Disease Prevention include:

- Identifying a subject matter expert speaker(s) for the region.
- Implementing a media campaign.
- Creating Prevention Agenda projects.
- Using social media outlets and websites to raise awareness of initiatives and programs currently in place from partners and others in our region.
- Creating a new page on the ARHN website to house resources and links to evidence-based strategies.

## Community Assets to Meet Needs

Many community assets have been described throughout this CHNA, including those described within the Infrastructure and Services, Health Care Facilities, and Educational System sections.

Countless additional potential partners exist throughout the three county area, many of which GFH has a long-standing relationship with already<sup>25</sup>. These include, but are not limited to:

- Business sector
- Community-based organizations
- Municipalities, such as those where targeted interventions are planned
- Mental health service providers
- Healthcare providers
- Service providers for individuals with disabilities; and
- Cancer-specific community organizations

Additional community assets that are available to everyone, and will help to address the identified priorities, include the following:

- Glens Falls Hospital services and facilities (see <http://glensfallshospital.org/services> for a full listing)
- Community gardens
- Farmers markets and community supported agriculture (CSAs)
- Gyms and other wellness facilities
- Parks and Recreation
- Walking trails and bicycle routes
- Grocery stores and convenience stores
- Faith-based organizations

Lastly, there are many community resources and supports that are specific to certain population groups. These include employer-sponsored wellness programs and services, insurer-sponsored wellness and health promotion benefits, other neighborhood or community-specific services or events, school district-specific resources or activities as well as health care provider-specific resources.

GFH will use this listing of community assets to determine the most effective group of core partners to address the three prioritized needs identified above. Additional organizations, assets and resources will be identified to respond to emerging issues.

## Impact of Previous Community Health Needs Assessment:

As a result of 2013-15 CHNA process, GFH chose the following health needs as priorities.

- Increase access to high quality chronic disease preventive care and management in both clinical and community settings

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<sup>25</sup> The most comprehensive listing of businesses in the region can be found at the GlensFallsRegion.com website, <http://www.glensfallsregion.com/guide.cfm>.

- Reduce obesity in children and adults
- Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

Through many of the health care transformation projects described herein, in addition to strong community partnerships and community-based interventions focused on policy and environmental changes, GFH has made great strides in improving the health of community members. The following is a list of notable accomplishments to date.

- Working with 15 local school districts to increase opportunities for quality physical activity and nutrition through implementing policy and creating supportive environments.
- Partnering with local municipalities to create 119 environmental and policy changes affecting recreation and pedestrian environments. These changes consisted of the procurement and placement of picnic tables, bike racks, benches, wayfinding signs and drinking fountains.
- Distributing promotional materials that stress the importance of healthful eating and physical activity to prevent chronic disease to over 130 partners in NYS.
- Delivering the National Diabetes Prevention Program (DPP) that connected 19 high-risk patients with pre-diabetes to the community-based lifestyle modification program. The average weight loss achieved by these participants who attended at least four core sessions of the DPP was 4.7% of body weight.
- Partnering with five strategic local human service agencies with the intent to refer eligible people for free cancer screenings. The rates of comprehensive screenings for breast, cervical, colorectal cancer improved to 51.2%.
- Collaborating with local worksites to implement wellness initiatives that resulted in increased employee access to produce through community supported agriculture (CSA) programs and farmers' markets at the worksites, adoption of lactation support policies, availability of resources or programs to help employees increase their physical activity levels, and promotion of preventive health programs to reduce risk factors for chronic diseases.
- Providing training and consultation to over 175 health care provider organizations to help them develop and adopt health systems change to ensure all patients are screened and treated for tobacco dependence.
- Conducting smoking cessation programs for community members that resulted in approximately 5% of individuals successfully quitting smoking and continuing to be non-smokers. Approximately 10% quit for a short time and are working on reducing their consumption, and an estimated 20% stated a reduction in the amount of cigarettes consumed per day.
- Launching an integrated behavioral health model in the Greenwich Family Health Center. Through this and other alternative models for integrated care we have reached 615 distinct patients.
- Achieving NCQA recognition for all 11 health centers operated by GFH under the 2011 Patient-Centered Medical Home (PCMH) standards.
- Increasing outreach and enrollment in Health Home from 240 members in 2014 to nearly 540 individuals as of 2015.
- Developing a series of maps that outlined local level partnerships and the impact of our interventions in this region. In total, five maps were created and shared with local partners and decision makers.



- Creating local environments that successfully supported the passage of 8 tobacco-related policies through the community engagement and Reality Check components of the Living Tobacco-Free initiative.
- Obtaining 14 MOUs from physical and behavioral health administrators to implement systems change for tobacco dependent patients through the Health Systems component of the Living Tobacco-Free initiative.

The complete 2013-2015 IS and corresponding CSP updates can be found on the GFH website at <http://www.glensfallshospital.org/services/community-service/health-promotion-center>.

## **Dissemination**

The GFH CHNA, along with the corresponding IS, is available at <http://www.glensfallshospital.org/services/community-service/health-promotion-center>.

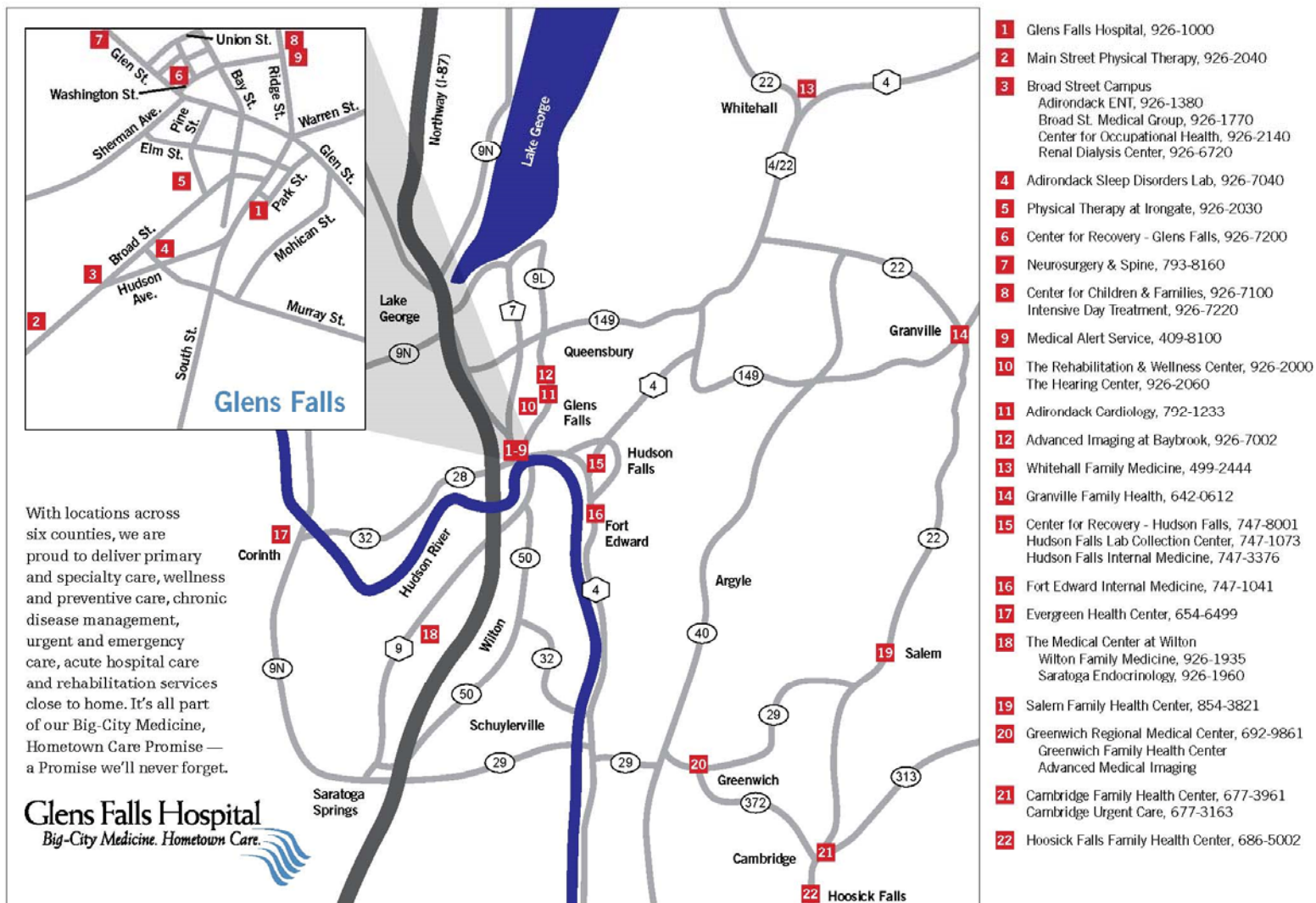
GFH will also use various mailings, newsletters and reports to ensure the availability of the CHNA and IS widely publicized. Hard copies will be made available at no-cost to anyone who requests one.

## **Approval**

The Manager of the Health Promotion Center worked with Senior Leadership to develop the content of this CHNA which was presented to the Board of Governors for approval. The Board was provided with an executive summary in advance and a brief presentation was conducted during a regular monthly meeting to communicate highlights and answer questions. This CHNA has been reviewed and approved by the Glens Falls Hospital Board of Governors. A signed copy is available upon request.

## Appendix A: Glens Falls Hospital Regional Health Care System

# Glens Falls Hospital: A Regional Health Care System



## Appendix B: Adirondack Health Institute-Performing Provider System-Delivery System Reform Incentive Payment Program Projects

### **AHI PPS – Delivery System Reform Incentive Payment Program (DSRIP)**

The AHI PPS has elected to participate in eleven projects, covering three domains:

- **System Transformation** projects are designed to accomplish New York’s State Innovation Plan, a roadmap to achieve the “Triple Aim” for all New Yorkers: improved health, better health care quality and consumer experience, and lower costs. This multi-faceted approach has at its core an advanced primary care model that integrates care with all parts of the health care system, including behavioral health and community-based providers and aligns payment with this care model.
  - 2ai “Integrated Delivery System”
  - 2aia “Advancing Primary Care”
  - 2aiv “Medical Village”
  - 2bviii “Hospital-Home Collaboration Solutions”
  - 2di “Patient Activation”
- **Clinical Improvement** projects focus on a specific disease or service category (ex, behavioral health, substance abuse, palliative care) that have been identified as a significant cause of avoidable hospital use by Medicaid beneficiaries in our region.
  - 3ai “Integrating Behavioral Health with Primary care”
  - 3aia “Crisis Stabilization”
  - 3aiv “Withdrawal Management”
  - 3gi “Integration of Palliative Care into the PCMH Model”
- **Population-Wide Strategy Implementation** projects focus on progress on measures from the New York State Prevention Agenda.

The Prevention Agenda is a blueprint for state and local action to improve the health of New Yorkers in five priority areas (prevent chronic disease; promote a healthy & safe environment; promote healthy women, infants & children; promote mental health and prevent substance abuse; prevent HIV, sexually transmitted diseases, vaccine preventable disease and healthcare associated infections) and to reduce health disparities for racial, ethnic, disability and low socio-economic groups, as well as other populations who experience them.

- 4aia “Strengthening the Mental Health & Substance Abuse Infrastructure”
- 4bia “Chronic Care: COPD”

Nearly 100 Regional Partners are part of the AHI PPS. Partners are organized by Regional Health Innovation Teams (RHIT). RHITs provide a forum for collaborative planning, monitoring, and development of innovative health system programs/projects.

AHI has convened stakeholders in the nine-county service area (Warren, Washington, Essex, Franklin, Clinton, Hamilton and parts of St. Lawrence, Fulton and Saratoga counties) to discuss the unmet needs of the communities and the barriers to accessing care.

## Appendix C: Adirondack Rural Health Network Community Health Assessment Committee Members and Meeting Schedule

### Adirondack Rural Health Network –Community Health Assessment (CHA) Committee

Name	Organization
Bonnie Ohmann	Adirondack Health
Ginger Carriero	Alice Hyde Medical Center
Josy Delaney	Alice Hyde Medical Center
Kati Jock	The University of Vermont Health Network Champlain Valley Physicians Hospital
Healthier Reynolds	The University of Vermont Health Network Elizabethtown Community Hospital
Julie Tromblee	The University of Vermont Health Network Elizabethtown Community Hospital
Kristin Dooley	The University of Vermont Health Network Elizabethtown Community Hospital
Linda Beers	Essex County Public Health
Jessica Darney Buehler	Essex County Public Health
Kathleen Strack	Franklin County Public Health
Erin Streiff	Franklin County Public Health
Irina Gelman	Fulton County Public Health
Tracy Mills	Glens Falls Hospital
Kelly Pilkey	Glens Falls Hospital
Susan Franko	Hamilton County Public Health
Tammy Smith	Inter-Lakes Health
Cheryl McGrattan	Nathan Littauer Hospital
Pat Auer	Warren County Health Services
Dan Durkee	Warren County Health Services
Ginelle Jones	Warren County Health Services
Patty Hunt	Washington County Public Health
Kathy Jo McIntyre	Washington County Public Health

### Community Health Assessment (CHA) Committee Meeting Dates

September 10, 2014  
 December 5, 2014  
 March 11, 2015  
 June 10, 2015  
 October 15, 2015  
 January 8, 2016  
 March 30, 2016  
 June 24, 2016  
 September 15, 2016  
 January 12, 2017 \*Scheduled

## Appendix D: New York State Prevention Agenda Priority Areas, Focus Areas and Goals

Prevention Agenda Priority Area	Focus Areas	Goals
<b>Improve Health Status and Reduce Health Disparities</b>	Improve Health Status and Reduce Health Disparities	Improve the health status of all New Yorkers
<b>Promote a Healthy and Safe Environment</b>	Injuries, Violence, and Occupational Health	Reduce fall risks among the most vulnerable populations
	Outdoor Air Quality	Reduce exposure to outdoor air pollutants, with a focus on burdened communities
	Built Environment	Improve the design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
		Improve the design and maintenance of home environments to promote health and reduce related illness
	Water Quality	Increase the percentage of State residents that receive optimally fluoridated drinking water
		Reduce potential public health risks related to drinking water and recreational water
<b>Prevent Chronic Disease</b>	Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity
		Prevent childhood obesity through early child care and schools
		Expand the role of health care and health service providers and insurers in obesity prevention
		Expand the role of public and private employers in obesity prevention
	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations
		Promote tobacco use cessation, especially among low SES populations and those with poor mental health
		Eliminate exposure to secondhand smoke
	Increase access to high quality chronic disease preventive care and management in both clinical and community settings	Promote use of evidence-based care to manage chronic diseases
		Promote culturally relevant chronic disease self-management education
<b>Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections</b>	Vaccine-Preventable Diseases	Improve childhood and adolescent immunization rates
		Educate all parents about importance of immunizations
		Decrease the burden of pertussis disease
		Decrease the burden of influenza disease
		Decrease the burden of disease caused by humanpapillomavirus
		Decrease HIV morbidity

	Human Immunodeficiency Virus (HIV)	Increase early access to and retention in HIV care
	Sexually Transmitted Diseases (STDs)	Decrease STD morbidity
	Hepatitis C Virus (HCV)	Increase and coordinate HCV prevention and treatment capacity
	Healthcare-Associated Infections	Reduce Clostridium difficile (C. difficile) infections
		Reduce infections caused by multidrug resistant organisms
	Reduce device-associated infections	
<b>Promote Healthy Women, Infants, and Children</b>	Maternal and Infant Health	Reduce premature births in New York State
		Increase the proportion of NYS babies who are breastfed
		Reduce the rate of maternal deaths in New York State
	Child Health	Increase the proportion of NYS children who receive comprehensive well child care in accordance with AAP guidelines
		Reduce the prevalence of dental caries among NYS children
	Preconception and Reproductive Health	Reduce the rate of adolescent and unplanned pregnancies in NYS
Increase utilization of preventive health services among women of reproductive age to improve wellness, pregnancy outcomes and reduce recurrence of adverse birth outcomes		
<b>Promote Mental Health and Prevention Substance Abuse</b>	Promote Mental, Emotional and Behavioral Health (MEB)	Promote mental, emotional and behavioral well-being in communities
	Prevent Substance Abuse and Other MEB Disorders	Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive use of alcohol consumption by adults
		Prevent and reduce occurrences of mental, emotional and behavioral disorders among youth and adults
		Prevent suicides among youth and adults
		Reduce tobacco use among adults who report poor mental health
	Strengthen Infrastructure Across Systems	Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery
		Strengthen infrastructure for mental, emotional behavioral health promotion, and mental, emotional behavioral disorder prevention

## Appendix E: Complementary Community Needs Assessments

Efforts to build healthier communities have the potential for being more successful when agencies, programs and individuals from multiple community sectors work together. Collaboration between the health sector and other community sectors can generate new opportunities to improve health.

Below is a summary of county, regional and statewide planning documents and policy agendas from a variety of community sectors that address health-related issues. Links are included to facilitate access to the documents. The contents are organized by the relevant Prevention Agenda Focus Area. The summary does not provide an exhaustive analysis of multi-sector health priorities, but is provided to illustrate the potential for collaborative health improvement efforts in the county and region.

### Prevent Chronic Diseases

#### **NYS Office for the Aging State Plan 2015-2019**

[http://www.aging.ny.gov/NYSOFA/Final\\_State\\_Plan\\_2015\\_2019.pdf](http://www.aging.ny.gov/NYSOFA/Final_State_Plan_2015_2019.pdf)

- Strengthen partnerships with health care providers and develop models that reach new populations.
- Work with other state agencies and local partners to prevent readmission to hospitals.
- Teach older adults how to manage complex chronic conditions.
- Promote and expand access to health and wellness/disease management and prevention programs.
- Expand opportunities for integration of non-clinical support services within physical and behavioral health care systems.
- Provide one-on-one assistance to understand the complexities of and navigating Medicare and other health insurance.
- Utilize the experience, expertise and skills of older New Yorkers to help address workforce shortages in areas such as health care.

### Promote a Safe and Healthy Environment

#### **New York State Affordable Housing Solutions: 5 Year Plan (2017-2021)**

<http://www.nysafah.org/cmsBuilder/uploads/nys-5-yr-housing-plan-recommendations-final-12-07-2015.pdf>

- Create a new Senior Housing Plus Services program to support aging in place of New York's rapidly growing low-income elder population. The program should emphasize wellness and healthy aging, and avoidance of premature entry into Medicaid funded institutional settings.
- Incentivize Affordable Housing Development in High-Opportunity Neighborhoods to increase fair housing options while also complementing existing efforts to revitalize low-income neighborhoods.
- Work with municipalities to develop incentives in the area of zoning and local siting of affordable housing projects.

- Facilitate the development of a diversity of affordable housing types, particularly family and supportive housing serving low- and extremely low-income households.

### **Complete Streets Policies**

<https://www.dot.ny.gov/programs/completestreets>

The following villages and towns in Warren County have Complete Streets policies: Chester, Johnsbury, Lake George, Lake Luzerne, Warrensburg and the City of Glens Falls.

In Washington County, the Village of Fort Edward has a Complete Streets resolution.

### **Transportation**

#### **Adirondack/Glens Falls Transportation Council**

<http://www.agftc.org/projects.asp>

The Adirondack/Glens Falls Transportation Council is the transportation planning organization for **Warren** and **Washington counties** (and the **Town of Moreau in Saratoga County**). Its mission is to facilitate a cooperative transportation planning and decision making process between area municipalities and state and federal agencies and to establish a process for the allocation and use of federal highway and transit funds that are available to the region.

### **Promote Healthy Women, Infants and Children**

#### **New York State Early Childhood Advisory Council**

<http://www.nysecac.org/priorities/healthy-children/>

The NYS Early Childhood Advisory Council (ECAC) focus on healthy children includes training early childhood professionals to better identify health issues, establishing routine developmental screenings and promoting more nutritious meals and exercise at early childhood centers. The desired outcomes that guide the ECAC's work on Healthy Children include:

- All pregnancies are wanted, healthy, and safe, and include prenatal screening.
- Children's environments are free from preventable injury and illness.
- Children achieve optimal physical, social, emotional and cognitive development.
- Children receive early recognition and intervention services for their special needs.
- Children are enrolled in public or private health insurance programs.
- Children's health, mental health, and oral health services are accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally respectful.

### **School Wellness Policies**

<http://www.fns.usda.gov/tn/local-school-wellness-policy>

School districts participating in the National School Lunch Program and/or the School Breakfast Program are required to establish a school wellness policy for every school building in the district. At a minimum, the wellness policy must include goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness. The policies must include nutrition guidelines to promote student health and reduce childhood obesity for all foods available in each school district. Additionally, school districts are required to permit teachers of physical education and school health professionals, as well as parents,



students, school board members, and the public to participate in the development and implementation of wellness policies. Opportunities exist for local health departments and health care providers to assist school districts develop and implement school wellness policies.

## **Promote Mental Health and Reduce Substance Abuse**

### **Warren and Washington County Community Services - 2016 Local Services Plan for Mental Hygiene Services**

[http://www.clmhd.org/img/pdfs/brochure\\_fs9gs45rm1.pdf](http://www.clmhd.org/img/pdfs/brochure_fs9gs45rm1.pdf)

- Service options for individuals in crisis will be developed/expanded.
- Individuals will have timely access to appropriate supports and services.
- Integrated models of care will be developed and implemented.
- Substance abuse and mental health prevention and education services will be expanded.
- Individuals will have timely access to appropriate housing options.
- Optimize provider and system adaptation to the rapidly changing healthcare environment.

## **The Alcoholism and Substance Abuse Providers of New York State (ASAP)**

### **Legislative Recommendations**

<http://www.asapnys.org/wp-content/uploads/2015/07/Policy-Recommendations-2016.pdf>

- Lift roadblocks to employment and housing for people in recovery who developed a criminal justice history while actively suffering from their addiction disease.
- Strengthen access to emergency/crisis services for persons with substance use disorders, especially those with co-occurring health and mental health issues.
- Create wraparound services for adolescents and adults while in treatment and to support recovery post-treatment. Such services would include case management, peer supports; employment support; transportation assistance, and other recovery supports.
- Make treatment more accessible, eliminate waiting lists, make a comprehensive continuum of SUD services accessible in every region of the state.
- Reduce under-age drinking using such measures as making labeling and marketing practices that are specifically targeting persons under age 21 illegal, educating stores and persons that sell alcohol products about under-age drinking risks and consequences, and environmental strategies that reduce the likelihood of problems related to under-age alcohol and other drug use.
- Make Naloxone more readily available; provide naloxone training to first responders, teachers, family members, and concerned persons; and facilitate access to Naloxone.
- Mandate continuing education for physicians and other practitioners that prescribe opiates with a focus on addiction and appropriate assessment, brief intervention, and referral to treatment.
- Promote harm reduction to reduce the chances for persons becoming positive for HIV/AIDS, hepatitis, and other health conditions associated with IV and other drug use.

## Improve Health Status and Reduce Health Disparities New York Association on Independent Living – 2016 Priority Agenda

<http://www.ilny.org/advocacy/advocacy-priorities>

- Allow non-licensed professionals, under the supervision of a registered nurse and who are trained and certified as “advanced” aides, to perform assistance with and maintenance of skills necessary for the individual with a disability to accomplish health-related tasks. This would help provide a support system for all people to access as an alternative to nursing facility/institutional placement, regardless of age, diagnosis or severity of disability.
- Incorporate inclusive home design features in new residential housing that receives financial assistance for construction from federal, state, county or local governments. Housing built with basic accessibility features, known as “inclusive home design”, would meet the needs of people throughout the lifespan and allow homes to be accessible to friends and family members with disabilities.
- Establish a small business tax credit for the employment of people with disabilities to provide an incentive for small businesses to hire individuals with disabilities, increasing the opportunities for New Yorkers with disabilities to achieve gainful employment and self-sufficiency.
- Require transportation service providers, such as taxis and limousines, to purchase accessible vehicles. Cap fares for paratransit at levels no higher than the base fares for transportation of non-disabled adults using the public transit system.

## New York State Community Action Association – 2016 Policy Agenda

<http://nyscommunityaction.org/wp-content/uploads/2015/01/Revised-2-24-Draft-2016-Policy-Agenda-2.pdf>

- Support the implementation of federally-mandated health and safety requirements and new federal requirements to help avoid a reduction in child care subsidies for low-income parents.
- Support funding for the Hunger Prevention and Nutrition Assistance Program (HPNAP) to address the increased demand and rising food costs.
- Support increased access and participation in the Supplemental Nutrition Assistance Program (SNAP).
- Support incentive programs that increase buying power for fruits and vegetables at farmers markets.
- Support increased homeless shelter allowances and creation of a Community Restoration Fund to prevent foreclosures, improve neighborhood stabilization and provide funding for the Mortgage Assistance Program.
- Support increased public transportation offerings in rural areas of the state to promote better access to employment opportunities, health care, and safe housing.

## Economic Development

There are a number of entities that are playing active roles in promoting economic development in the North Country and the state. Regional Economic Development Councils,

County Economic Development Corporations, and Regional/Local Chambers of Commerce help guide local, community-based approaches to economic growth. Economic development priorities such as job creation, work force training, affordable housing, technology access, broadband Internet access, educational opportunities, transportation expansion, energy and weatherization improvement, and employee wellness programs all have an impact on the region's health and quality of life. Active participation of the public health and health care sectors in local and regional economic development planning bodies can help ensure that health-related concerns are considered when economic growth projects and priorities are developed.

Information about economic development priorities and activities in the region and county can be found at:

Capital Region Regional Economic Development Council

<http://regionalcouncils.ny.gov/content/capital-region>

Adirondack Regional Chamber of Commerce

<http://www.adirondackchamber.org/>

Local Chambers of Commerce for Washington County

<http://www.co.washington.ny.us/671/Local-Chambers-of-Commerce>

Warren and Washington Industrial Development Agency

<http://warren-washingtonida.com/>

The Adirondack Gateway Council

<http://www.agcny.org/>

AdkAction.org

<http://adkaction.org/broadband>



# DSRIP / Performing Provider System



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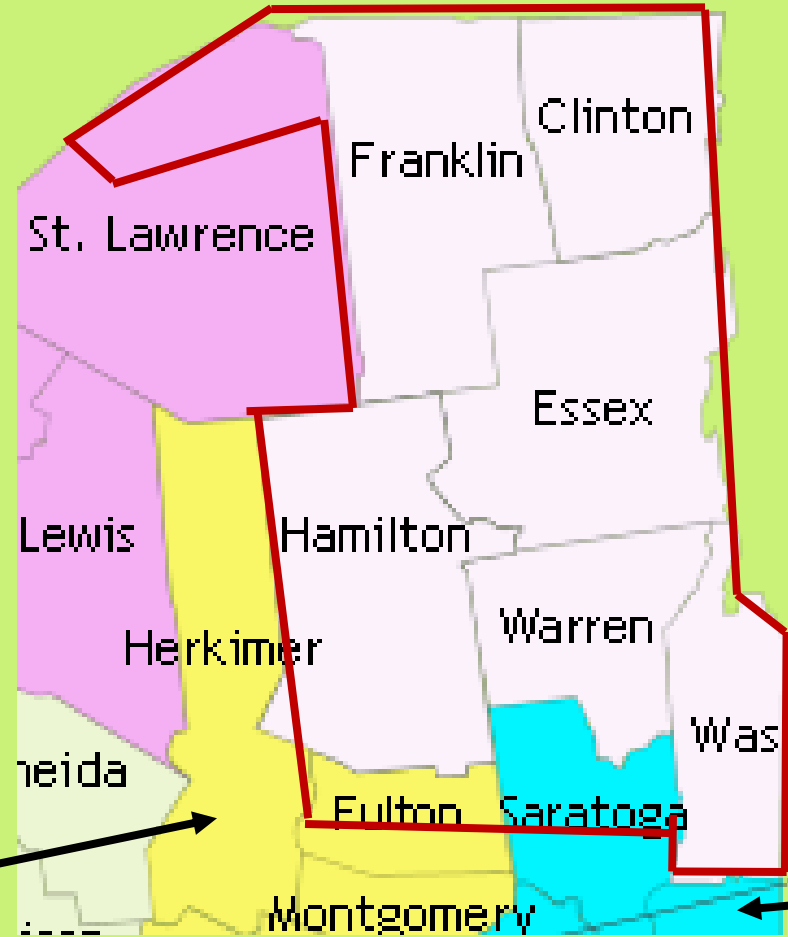
## DSRIP Region Overview and Executive Summary

- Demographics
- Population Health Status
- Inpatient Utilization
- Emergency Room Utilization
- Access and Service Utilization
- Quality Indicators
- Pediatrics

# Adirondack PPS



Overlapping PPS:  
Samaritan &



Though the Adirondack PPS only covers a portion of St. Lawrence, Fulton and Saratoga counties, analyses have been performed for the entirety of these counties for simplicity and comparison.

Overlapping PPS:  
IHANY

Overlapping PPS:  
Albany Med

# Community Needs Executive Summary



- Overall, the nine-county Adirondack region lags Upstate New York, and New York state, across many population health, access and utilization indicators, representing significant opportunities for improvement through the DSRIP program.
  - St. Lawrence County exhibits the largest healthcare disparities and the highest need for improvement relative to the rest of New York State, while Saratoga County generally performs similar to or better than the rest of the state
- Mental Health and Substance Abuse are a significant issue, affecting at least a third of the Medicaid population, and driving significant ED utilization across the region.
- Circulatory and Respiratory conditions represent opportunities to reduce inpatient utilization and PQIs across the region.

# Community Needs Executive Summary



- Cancer is the leading cause of premature death, indicating opportunities to improve access to palliative care.
- Access to primary care is a significant need across the region, both in terms of general access, as well as providing a setting where proper chronic disease and prevention-focused treatment can be delivered.
- Lack of primary care is likely a driver of over-utilization of the ED
- The Pediatric Medicaid population across the nine-county region is characterized by high obesity rates, and lack of access to Primary Care.
  - Lack of primary care among pediatrics is driving high ED utilization in St. Lawrence and other counties



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## Demographics

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# Demographics: Executive Summary



- The 9-county area has 113,000 Medicaid Beneficiaries, 29,000 Dual-Eligibles and 63,000 Uninsured. It is expected that with the exception of St. Lawrence, Saratoga, and Fulton counties, **the majority of these patients will be attributed to the Adirondack PPS.**
- The region is characterized by largely rural areas, with the exception of parts of Saratoga and Warren counties. **All interventions developed by the PPS should be applicable and accessible to rural and/or remote areas.**
- The region is ~93% white, and the majority of residents have at least a high school education.

# Demographics: Executive Summary

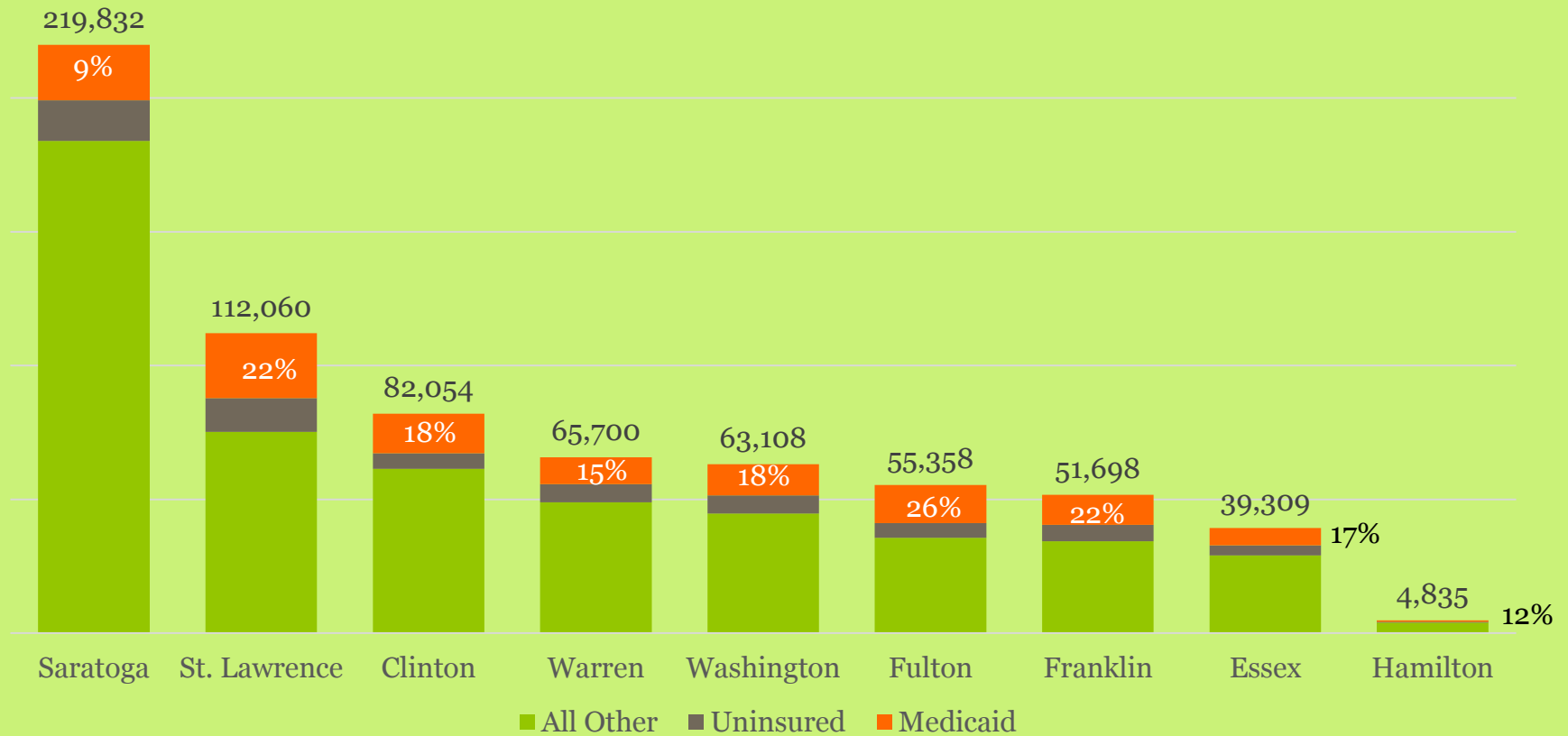


- Relative to Upstate NY, the region is characterized by lower educational attainment, higher unemployment rates, an aging population, higher disability rates, lower household incomes, and higher poverty rates - **indicating potentially more severe healthcare disparities and greater needs.**
  - This is the case in 6 counties: Clinton, Essex, Franklin, Fulton, St. Lawrence, and Washington. Saratoga County stands out with a much more positive economic picture.
  - **Poverty in the Adirondacks is exceptionally severe.** Of those in poverty, there are greater proportions at or below 138% FPL and 200% FPL compared to Upstate New York.

# Demographics: Insurance Status



## Total Population by Insurance Status: 9-County Area (2012)



# Demographics: DSRIP Target Population



## Total DSRIP Target Population: (9-County Area 2012)

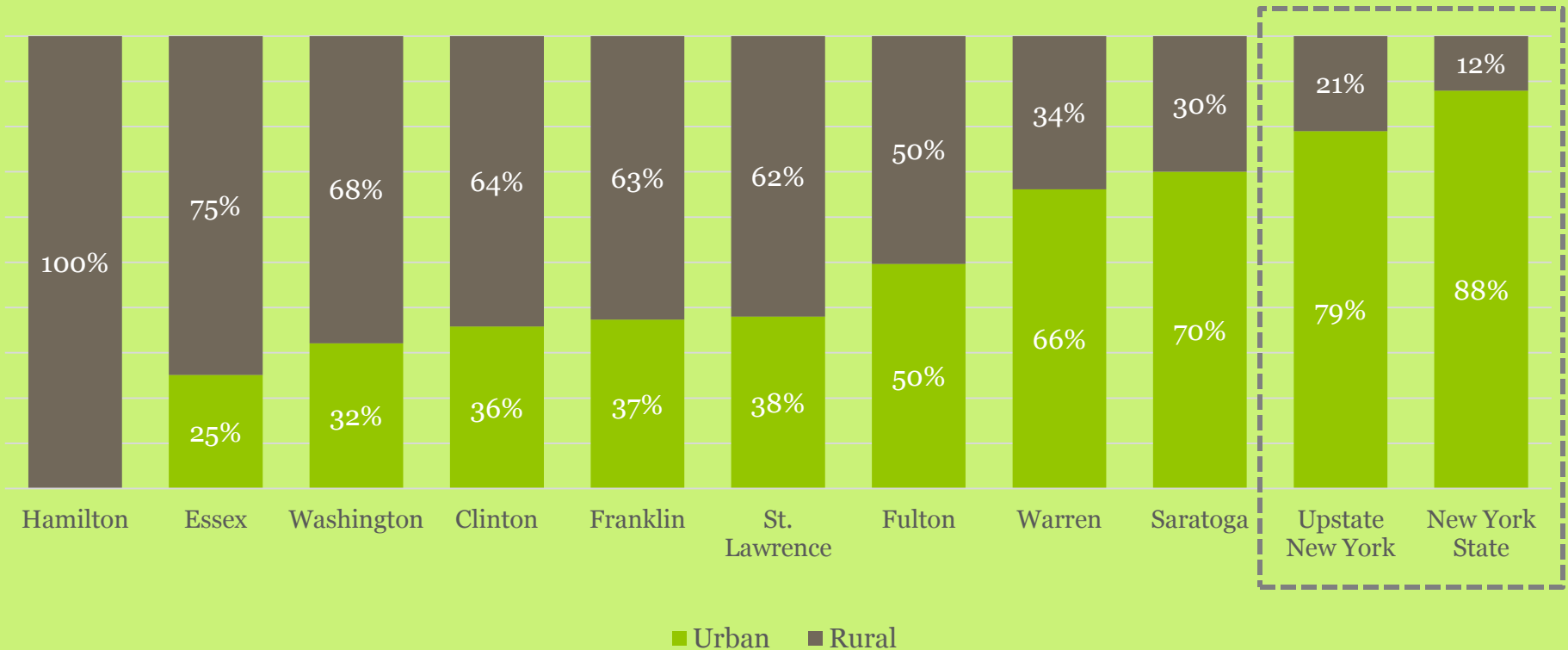
	Clinton	Essex	Franklin	Fulton	Hamilton	Saratoga	St. Lawrence	Warren	Washington	Total
<b>Dual Eligible Beneficiaries</b>	4,108	1,917	2,583	3,675	136	5,986	5,256	2,971	2,262	28,894
<b>Non-Dual Beneficiaries</b>	15,247	6,277	10,097	14,213	548	24,736	22,757	10,060	9,826	113,761
<b>Uninsured</b>	5,908	3,813	6,152	5,536	338	15,168	12,663	6,833	6,753	63,164
<b>Total Beneficiaries</b>	<b>25,263</b>	<b>12,007</b>	<b>18,832</b>	<b>23,424</b>	<b>1,022</b>	<b>45,890</b>	<b>40,676</b>	<b>19,864</b>	<b>18,841</b>	<b>205,819</b>

The Adirondack PPS only covers portions of Saratoga, St. Lawrence and Fulton Counties, thus not all of this population will be attributed to the Adirondack PPS.

# Demographics: Urban vs. Rural



**Urban vs. Rural % of Population**  
(2010, 9-County Area, Upstate New York, New York State)

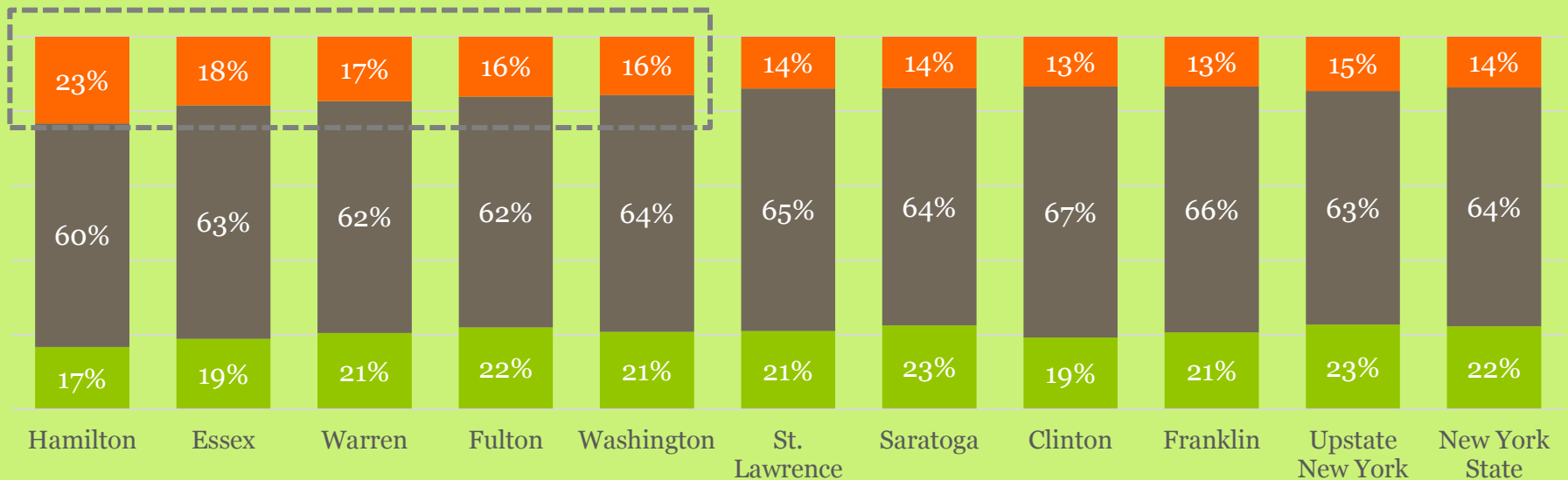


# Demographics: Elderly and Disabled



## Age by County (2012, 9-County Area, Upstate New York, New York State)

■ Under Age 18 ■ Age 18-64 ■ Age 65+



## % Disabled by County

13.4%	14.4%	12.8%	16.4%	12.6%	15.2%	10.1%	12.8%	13.1%	N/A	10.9%
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# Demographics: Race, Education, Income

	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York	New York State
<b>Race/Ethnicity</b>											
White	92%	93%	84%	96%	97%	95%	94%	97%	94%	82%	66%
Black	4%	3%	6%	2%	1%	2%	3%	1%	3%	9%	16%
Asian	1%	<1%	1%	1%	<1%	2%	1%	<1%	<1%	4%	7%
(AI/AN)	<1%	<1%	5%	<1%	0%	<1%	<1%	<1%	<1%	<1%	<1%
Hispanic	3%	3%	3%	2%	1%	3%	2%	2%	2%	10%	20%
<b>Education</b>											
Percent with < HS education	15.7%	12.0%	15.6%	15.2%	10.9%	6.7%	12.9%	9.4%	13.3%	11.1%	15.1%
Percent with Assoc. Degree or Higher**	30.9%	35.1%	28.9%	25.5%	36.5%	48.6%	32.0%	38.8%	26.5%	NA	41.1%
<b>Employment and Income</b>											
Median HH income	\$50,522	\$47,400	\$45,702	\$45,333	\$51,595	\$67,712	\$43,745	\$54,909	\$50,864	\$54,125 <sup>a</sup>	\$57,683
Unemployed	7.9%	8.2%	9.3%	9.9%	4.9%	6.2%	10.6%	7.2%	9.8%	7.7%	8.7%
In poverty (below 100% FPL)	14.3%	12.4%	17.6%	16.5%	8.8%	6.5%	18.5%	11.1%	12.7%	11.2%	14.9%
Below 138% FPL	21.0%	19.2%	25.6%	24.6%	13.0%	10.6%	25.9%	17.0%	19.9%	16.6%	21.5%
Below 200% FPL	31.9%	31.3%	36.8%	37.3%	25.0%	18.1%	38.4%	26.9%	32.6%	25.7%	31.6%

RED indicates poorer performance relative to Upstate New York; \*\* indicates comparison made to NY State

Data source: American Community Survey, 5-Year Estimate 2008-2012



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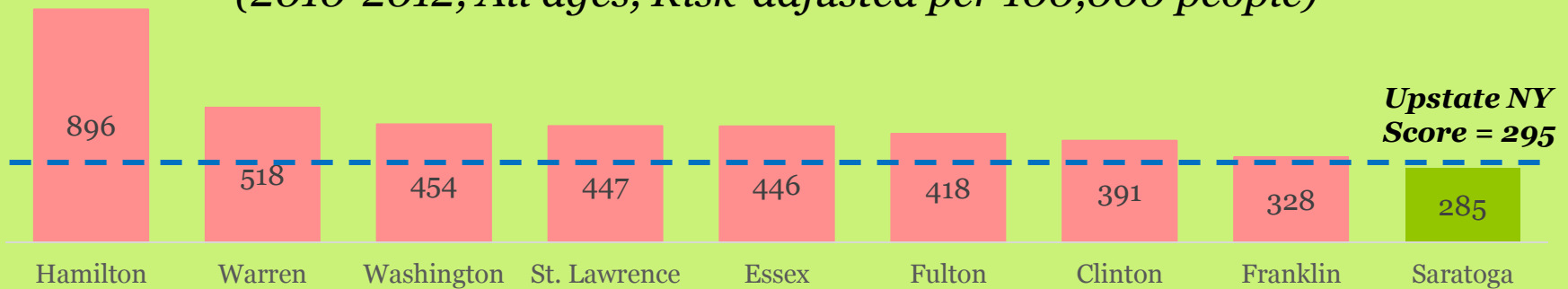
# Population Health: Executive Summary



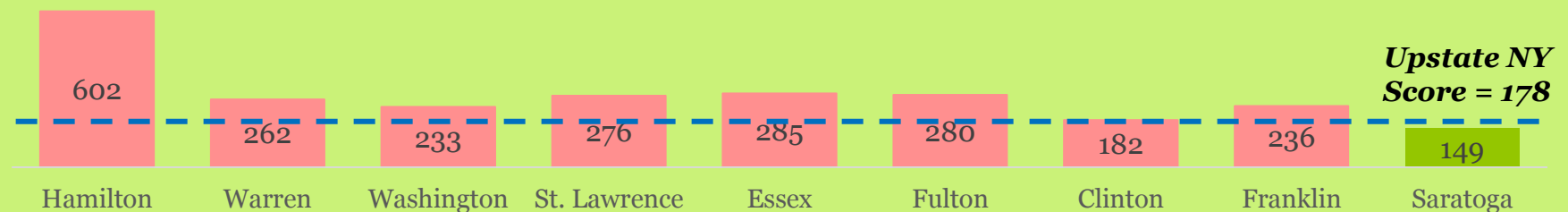
- Cancer and heart disease are the leading causes of death across all nine counties, with all counties but Saratoga exhibiting higher rates relative to Upstate New York.
- Depression and hypertension are the most prevalent conditions among beneficiaries, however mental health conditions affect over a third of the population across almost all counties.
- The nine-county area lags behind Upstate New York across many population health indicators and risk factors. Tobacco, alcohol and substance abuse and obesity are particularly prevalent.

# Leading Causes of Premature Death

## Leading Cause of Premature Death (before age 75): Cancer (2010-2012, All ages, Risk-adjusted per 100,000 people)



## Second Leading Cause of Premature Death (before age 75): Heart Disease (2010-2012, All ages, Risk-adjusted per 100,000 people)



# Frequency of Conditions



## % of County Medicaid Beneficiaries with Conditions (Top 10 Conditions per County)

	Clinton	Essex	Franklin	Fulton	Hamilton	Saratoga	St. Lawrence	Warren	Washington
<b>Higher than NY State</b>									
● Depression	17%	16%	15%	17%	6%	16%	15%	19%	15%
Hypertension	16%	15%	17%	14%	10%	14%	17%	14%	12%
Diabetes	9%	8%	10%	9%		8%	9%	9%	7%
Asthma	8%	6%	6%	9%	5%	6%	7%	7%	7%
● Chronic Stress and Anxiety Diagnoses	7%	6%	5%	6%	3%	7%	5%	8%	6%
Drug Abuse	8%	5%	6%	6%		6%	7%	7%	5%
● Schizophrenia	4%	4%	5%	6%	4%	5%	4%	6%	5%
● Attention Deficit / Hyperactivity Disorder	6%	5%	3%	5%		4%	5%	5%	5%
● Chronic Mental Health Diagnoses	5%	4%		4%		4%		7%	5%
COPD and Major Other Chronic Pulmonary Diagnoses	4%		4%	4%			5%		
Chronic Alcohol Abuse		3%	3%				3%	4%	
● Bi-Polar Disorder						3%			
Atrial Fib., Cardiac Dysrhythmia, Conduction Disorders									3%
● <b>All Mental Health Conditions</b>	<b>39%</b>	<b>35%</b>	<b>28%</b>	<b>38%</b>	<b>13%</b>	<b>39%</b>	<b>29%</b>	<b>45%</b>	<b>36%</b>

Source: Vital Statistics as of March, 2014

Note: Beneficiaries can be in more than one condition category

# Population Health Indicators



	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York
<b>Maternal and Infant Health**</b>										
Births with late or no prenatal care (%)	1.7	3.5	3.3	5.5	10.3	4.6	4.5	5.1	3.7	3.9
Exclusive breastfeeding (%)	69.3	70.0	57.2	54.5	65.8	64.6	59.5	59.9	57.4	48.1
Cesarean section delivery (%)	37.6	32.2	40.3	36.1	35.9	36.1	40.7	36.8	34.2	35.8
Preterm births (%)	10.7	8.3	13.5	10.3	2.6	9.8	10.8	11.2	8.6	11.0
Low birth weight births (%)	8.8	6.1	11.2	7.7	2.6	7.1	6.9	7.5	7.6	7.8
<b>Tobacco, Alcohol, and Substance Use</b>										
Adults who are current smokers (%)****	22.6	16.6	27.0	29.0	19.0	17.7	19.5	18.7	21.0	17.3
Adults binge drinking during the past month (Age-adjusted, %)****	20.5	21.9	15.9	22.8	23.9	19.7	28.0	18.2	15.2	17.4
Alcohol related motor vehicle injuries and deaths (per 100,000)***	31.8	35.9	57.9	65.5	83.7	56.3	67.7	54.9	65.1	45.8
Drug-related hospitalizations (Age-adjusted, per 10,000)***	23.1	10.8	19.5	20.6	10.5	10.8	39.5	11.1	9.7	20.8

RED indicates poorer performance relative to Upstate New York; \*\* indicates comparison made to NY State

Data sources: \*BRFSS 2009, \*\*CHAI 2011, \*\*\* CHAI 2012, \*\*\*\*BRFSS 2013

# Population Health Indicators (con't)

	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York
<b>Mental Health</b>										
Percent of adults with poor mental health for 14 or more days in past month****	11.1	11.3	9.8	13.3	4.7	12.7	17.1	12.1	12.7	11.8
<b>Obesity and Related Indicators</b>										
Adults who are obese (%)****	26.7	32.2	33.7	30.9	26.3	25.8	32.9	30.5	28.2	27.0
Adults with diabetes (Age-adjusted, %)*	10.0	10.4	11.7	8.0	8.0	8.4	10.8	9.8	8.1	8.5
Adults consuming 5 fruits or vegetables per day (Age-adjusted %)*	27.2	30.6	21.1	24.2	24.1	28.1	30.9	25.1	24.9	27.7
Adults with no leisure-time physical activity (Age-adjusted, %)*	20.6	19.2	23.8	24.3	13.2	15.4	21.1	17.8	23.4	21.1
<b>Safety</b>										
Age-adjusted rate of motor-vehicle mortalities per 100,000***	8.6	23.1	21.2	7.3	20.9	9.9	12.5	6.1	12.7	8.8

RED indicates poorer performance relative to Upstate New York; \*\* indicates comparison made to NY State

Data sources: \*BRFSS 2009, \*\*CHAI 2011, \*\*\* CHAI 2012, \*\*\*\*BRFSS 2013

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## Inpatient Utilization

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# IP Utilization: Executive Summary



*PQIs (Prevention Quality Indicators) are a set of measures that identify “ambulatory care sensitive conditions”, indicating conditions for which good outpatient care may prevent the need for hospitalizations.*

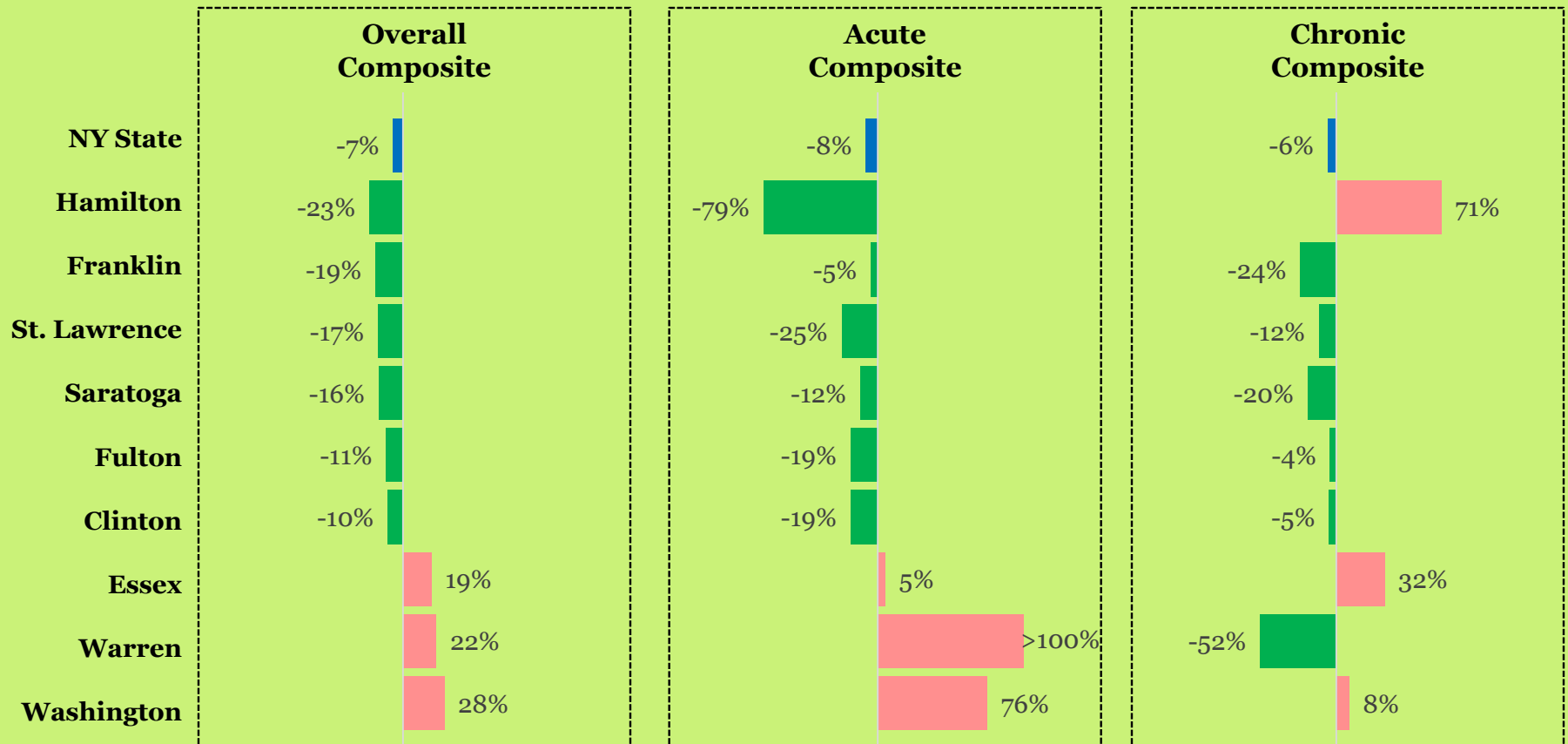
- Though many counties exhibited decreasing PQIs from 2011-2012, Franklin, Clinton, Fulton, St. Lawrence and to some extent Essex counties still have significantly higher PQIs than the state of New York, **indicating major opportunities for reductions in inpatient admissions.**
- Circulatory and Respiratory conditions both present opportunities for reductions based on PQIs, with circulatory conditions exhibiting more growth in PQIs from 2011-2012 across multiple counties.
- Respiratory conditions however, including COPD and Pneumonia, may present slightly more opportunities across multiple counties.
- The vast majority of inpatient utilization is driven by circulatory-related conditions, however many of these admissions may not be preventable.



# Prevention Quality Indicator Trend



## 2011-2012 Prevention Quality Indicator (PQI) Composite Score Trends (% Change, Risk-adjusted per 100,000 people)

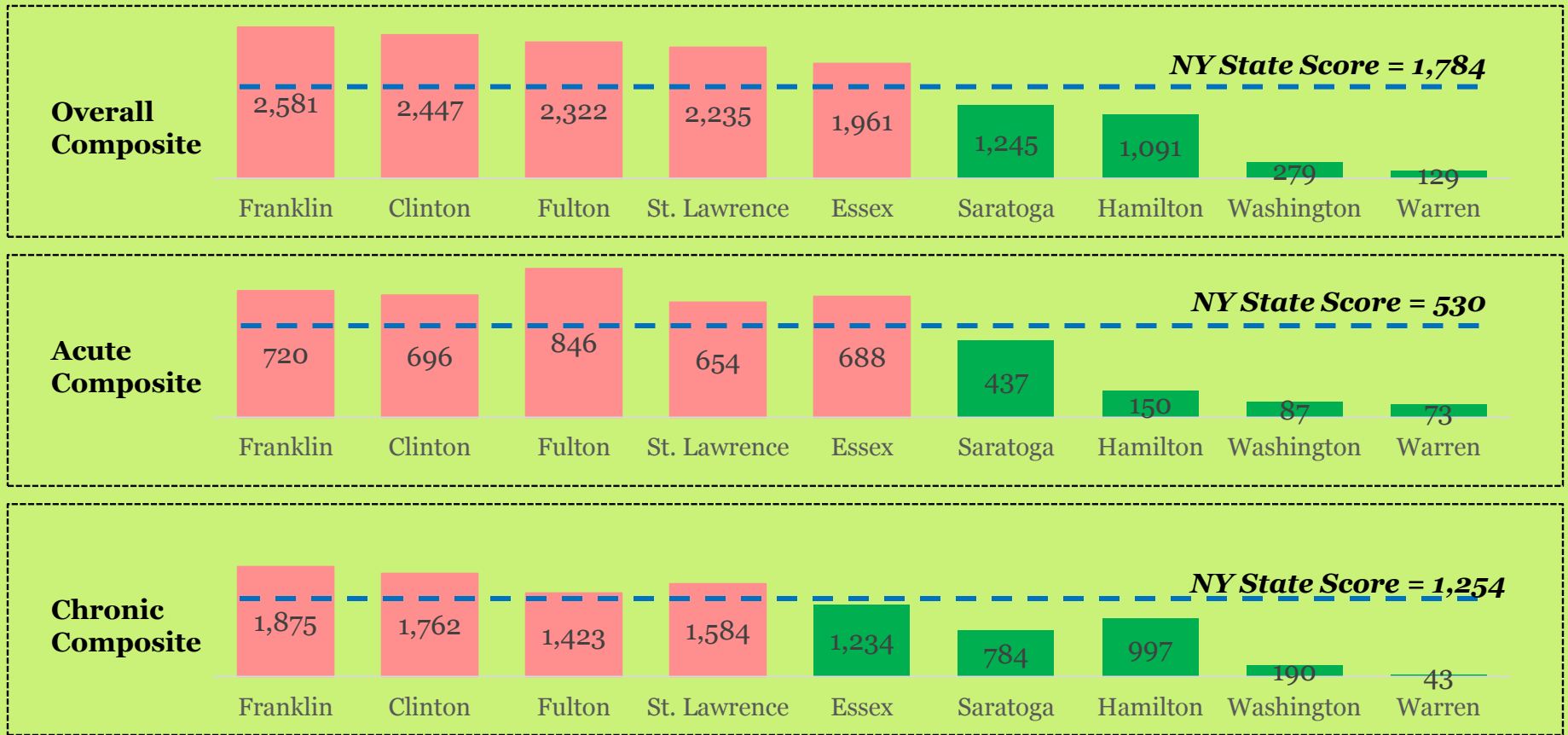


The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees beginning in 2011.

# Prevention Quality Indicators



## 2012 Prevention Quality Indicator (PQI) Composite Scores (Risk-adjusted per 100,000 people)

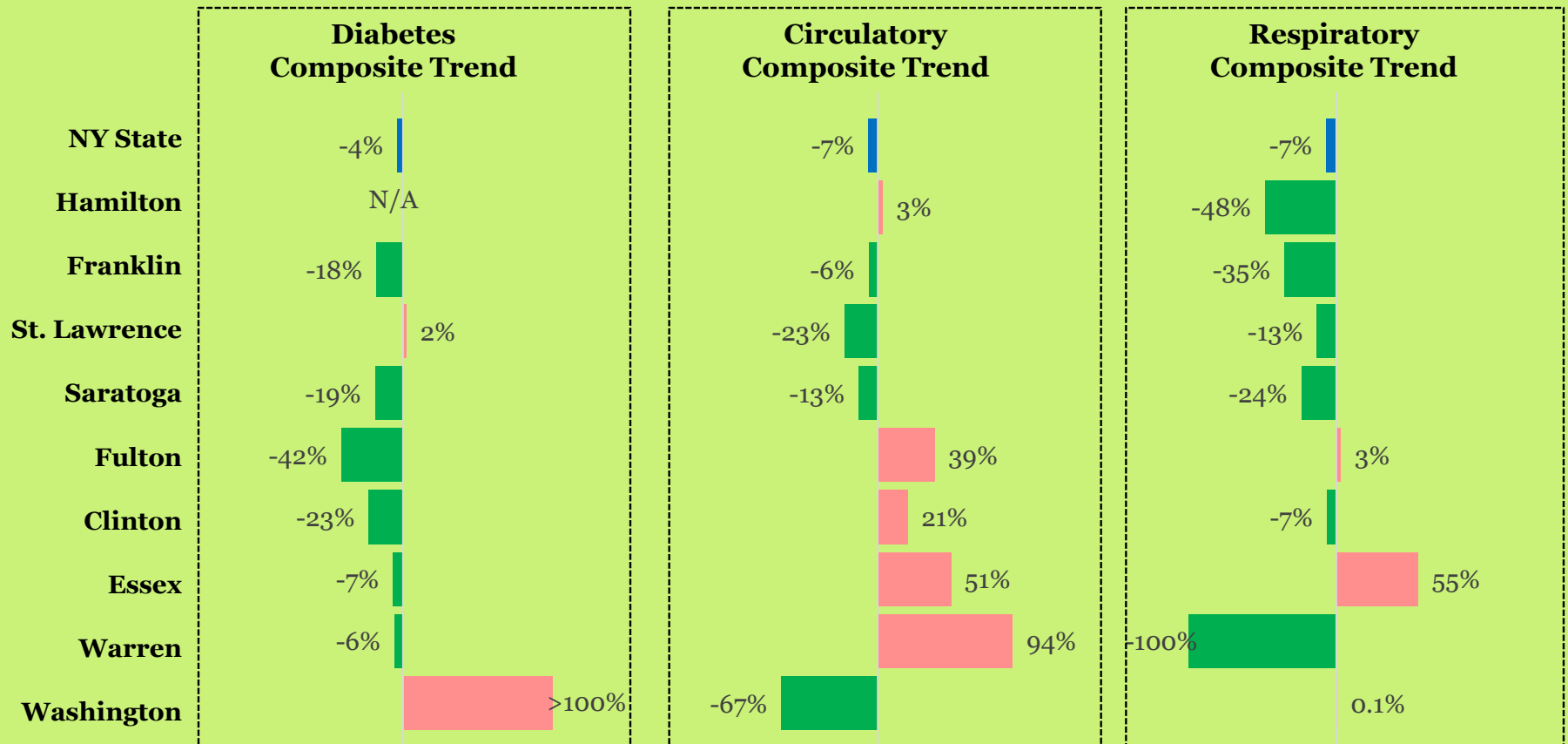


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# Prevention Quality Indicator Trend



## 2011-2012 Prevention Quality Indicator (PQI) Composite Score Trends (2011-2012 % Change, Risk-adjusted per 100,000 people)

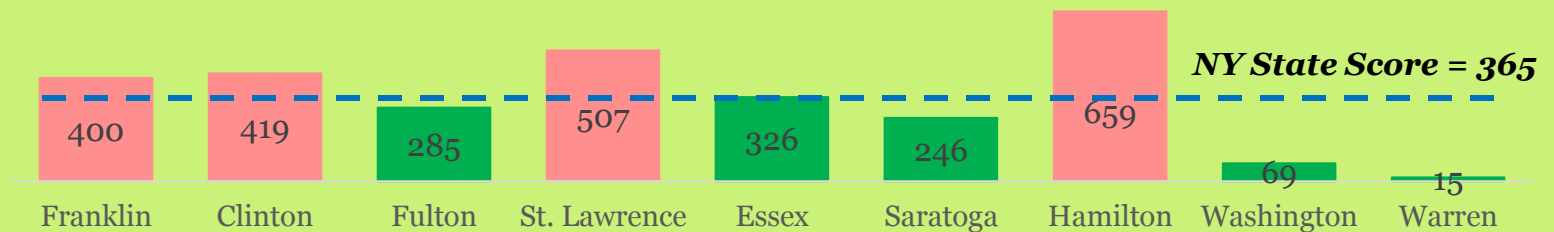


The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees beginning in 2011.

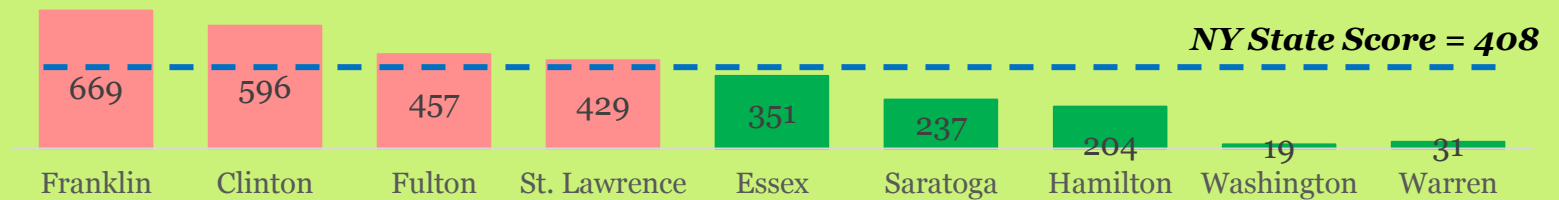
# Prevention Quality Indicators

## 2012 Prevention Quality Indicator (PQI) Composite Scores (Risk-adjusted per 100,000 people)

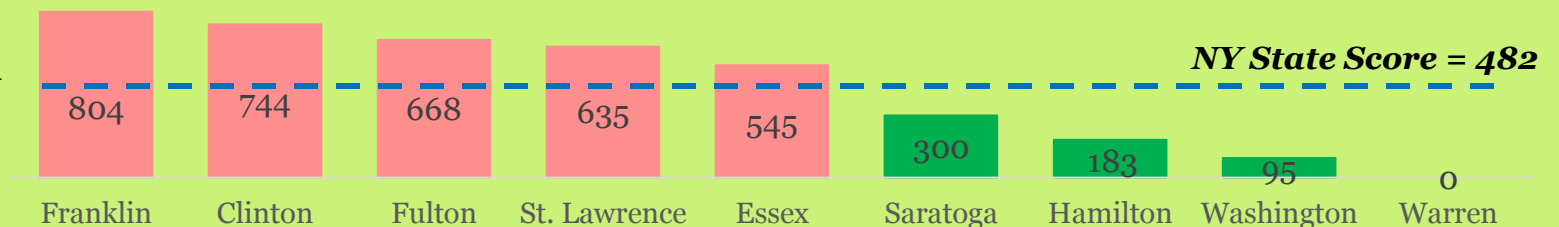
### Diabetes Composite



### Circulatory Composite



### Respiratory Composite



The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees.

# Prevention Quality Indicators



## Condition-Specific PQIs (2012, Risk-adjusted per 100,000 people)

	Franklin	Clinton	Fulton	St. Lawrence	Essex	Saratoga	Hamilton	Washington	Warren	NY State
Diabetes Short-term Complications	173	184	111	197	179	80	0	14	0	116
Diabetes Long-term Complications	187	165	167	217	112	136	637	56	0	196
Uncontrolled Diabetes	33	24	0	60	27	31	0	0	18	43
Lower-Extremity Amputation among Patients with Diabetes	12	43	9	24	18	17	0	16	0	18
Heart Failure	511	515	351	321	281	188	185	18	29	282
Hypertension	77	55	73	59	59	34	0	0	0	102
Angina Without Procedure	58	0	22	36	0	7	0	0	0	25
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	1391	1252	1088	1105	886	486	314	142	0	779
Asthma in Younger Adults	75	128	173	39	141	82	0	45	0	135
Bacterial Pneumonia	296	394	442	300	422	233	0	36	30	241
Dehydration	147	92	142	162	98	99	165	14	11	102
Urinary Tract Infection	281	201	257	193	155	105	0	38	32	186

The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees beginning in 2011.

# Inpatient Utilization Drivers

## 2012 IP Admits per Member by Condition and County

(only top 10 conditions per county shown; Visits/Member = Visits/Medicaid beneficiary in the county with condition)

	Clinton	Essex	Franklin	Fulton	Hamilton	Saratoga	St. Lawrence	Warren	Washington
Major Personality Disorders	1.3	1.5	2.9	1.6		1.6	2.0	1.2	1.4
History of Myocardial Infarction	1.4	1.7	1.6	1.1		1.1	1.3	1.4	1.2
History of Coronary Artery Bypass Graft	1.4	1.0	1.5	1.0		1.2	1.2	1.2	1.0
Chronic Cardiovascular Diagnoses - Minor	1.5		1.7	2.2		1.1	1.4	1.0	
History of Percut. Translum. Coronary Angioplasty	1.5		1.7	1.3		1.2	1.5	1.3	
Cardiomyopathy	1.2	1.2	1.5	1.2		1.0		1.2	
Atrial Fibrillation	1.2	1.1	1.4	1.3				1.1	1.0
Delirium Tremens				1.0		1.2	1.3	0.9	
Valvular Disorders	1.2	0.8	1.2						1.1
Other Chronic Pulmonary Diagnoses		0.9	1.2	1.0				0.9	
Unstable Angina	1.1			1.0		0.9			
Opioid Abuse							1.4		0.8
Angina and Ischemic Heart Disease		1.1							1.0
Cocaine Abuse		0.9						1.0	
Coronary Atherosclerosis		0.9							0.8
Other Significant Drug Abuse - Continuous			1.3						
Ventricular and Atrial Septal Defects							1.3		
Defibrillator Status						1.2			
Drug Abuse Related Diagnoses						1.1			
Cardiac Device Status	1.0								
Eating Disorder							1.0		
Post Traumatic Stress Disorder							1.0		
Congestive Heart Failure									1.0
COPD and Bronchiectasis									0.8
Depression					0.6				
Schizophrenia					0.4				
Hypertension					0.4				
Chronic Stress and Anxiety Diagnoses					0.3				
Asthma					0.1				

 = Circulatory Condition

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# ED Utilization: Executive Summary



*PPVs (Potentially Preventable Emergency Room Visits) are visits for ambulatory-sensitive conditions that adequate patient monitoring and follow-up should be able to reduce or eliminate.*

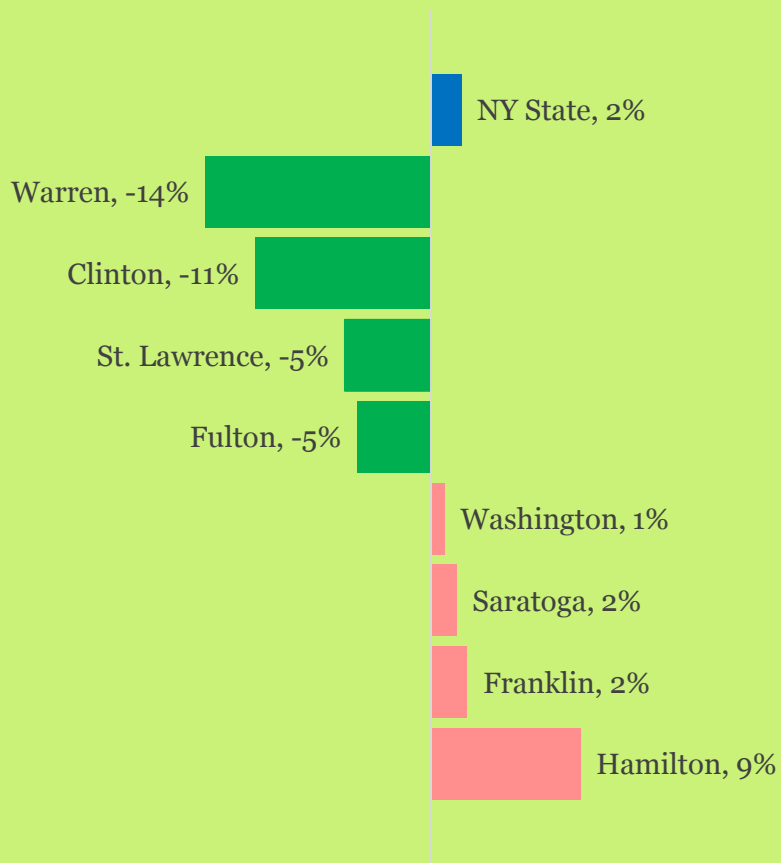
- While multiple counties have shown improvements in reducing PPVs from 2011-2012, Franklin, Clinton, Fulton, St. Lawrence and Essex counties still have significantly higher PPVs than the state of New York, indicating major opportunities for reductions in ED utilization.
- **The overwhelming majority of ED visits are related to mental health and substance abuse, indicating that improved availability and coordination of outpatient behavioral health and substance abuse services may significantly reduce ED visits among Medicaid beneficiaries.**



# Preventable ED Utilization Trend



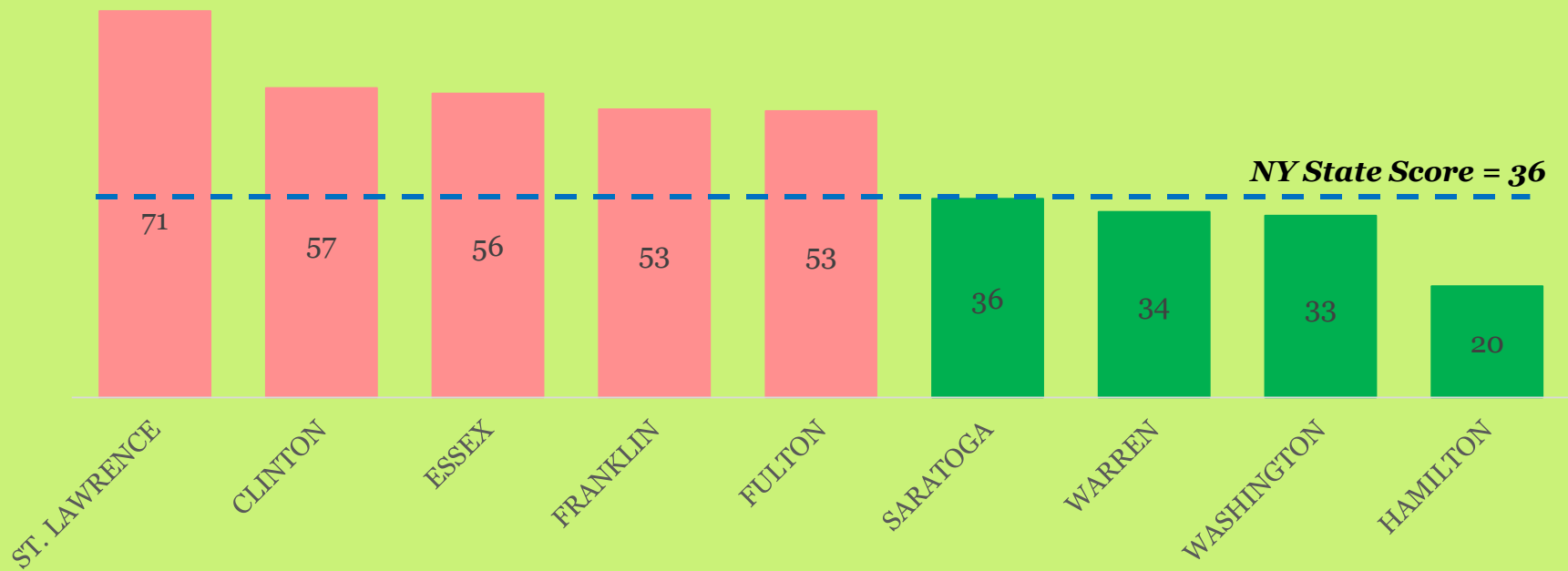
## 2011-2012 Potentially Preventable ED Visits (PPVs) Trend (% Change, Risk-adjusted per 100,000 people)



# Preventable ED Utilization



## Potentially Preventable ED Visits (PPVs) (2012, Risk-adjusted per 100,000 people)



# Drivers of ED Utilization

## 2012 ER Visits per Member by Condition and County

(only top 10 conditions per county shown; Visits/Member = Visits/Medicaid beneficiary in the county with condition)

	Clinton	Essex	Franklin	Fulton	Hamilton	Saratoga	St. Lawrence	Warren	Washington
● Major Personality Disorders	3.5	3.7	7.1	3.3		3.6	3.7	2.2	4.3
● Post Traumatic Stress Disorder	2.6	1.9	3.0	2.2		2.2	2.9	1.6	1.8
● Chronic Mental Health Diagnoses - Moderate	2.1	2.0	2.4	2.1		1.9	2.4	1.5	2.0
● Bi-Polar Disorder - Severe	2.4			2.4		1.9	2.7	1.9	1.9
● Delirium Tremens	2.0			2.1		2.1	2.0	1.5	
History of Percutaneous Transluminal Coronary Angioplasty	1.9		2.8	2.1		1.6			
● Depressive Psychosis - Severe	1.9	1.8					1.9	1.3	1.4
Chronic Cardiovascular Diagnoses - Minor	3.4		2.4	2.5					
● Drug Abuse Related Diagnoses	2.4			2.6		2.8			
● Chronic Stress and Anxiety Diagnoses		1.8	2.1		0.6		2.0		
● Schizophrenia					1.2	1.4	2.1	1.4	
History of Myocardial Infarction		2.3				1.4			1.6
● Bi-Polar Disorder		2.4	2.6						
● Atrial Fibrillation		2.1						1.4	1.5
● Opioid Abuse							2.4		1.8
Status Asthmaticus				1.9			2.1		
● Asthma			2.1		0.5			1.3	
● Cocaine Abuse		2.1						1.8	
Angina and Ischemic Heart Disease		1.9							1.6
● Other Significant Drug Abuse - Continuous			2.8						
● Eating Disorder	2.7								
Unstable Angina			2.4						
Other Chronic Pulmonary Diagnoses				1.9					
● Chronic Alcohol Abuse									1.7
● Conduct, Impulse, Other Disruptive Behavior Disorders						1.5			
● Depression					0.5				
● Hypertension					0.4				

● = Mental Health/Substance Abuse Condition

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## Access and Service Utilization

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# Access and Utilization: Executive Summary



- The majority of the counties lag Upstate New York on basic access to care, including preventive measures, indicating a **significant opportunity to improve primary care access and utilization**
- Inpatient admissions per beneficiary are below the state average across all counties, this may indicate challenges in accessing appropriate inpatient care, which may be contributing to overall poor population health indicators.

# Access to Healthcare

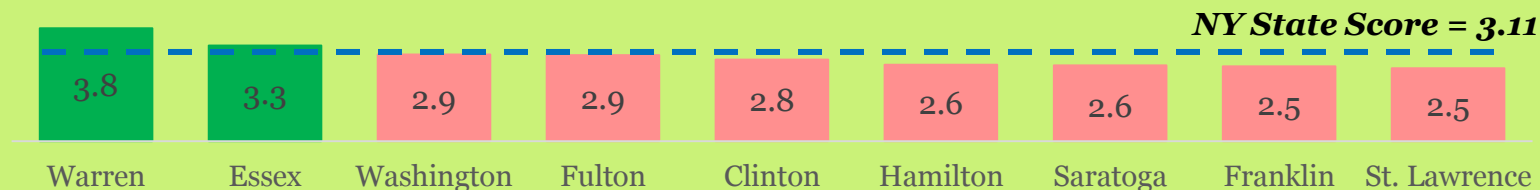
	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York
Adults with health ins. (Age-Adj, %)*	88.2	86.5	80.4	84.9	86.7	90.1	88.1	91.3	88.1	89.9
Adults with regular health care providers (%)****	83.7	77.8	76.8	82.4	78.9	90.2	81.9	85.1	86.2	84.6
Adults with dental visits in past year (Age-adjusted, %)*	67.3	68.0	64.9	64.9	66.1	71.8	66.4	74.3	61.0	72.7
Women >=40 who had mammograms in the past two years (Age-Adj, %)*	82.4	79.5	79.0	80.1	79.8	79.3	79.2	82.4	76.3	81.9
Women who had pap tests in the past three years (Age-adjusted, %)*	95.0	80.9	83.0	79.1	84.0	82.3	79.4	83.5	82.3	82.6
Adults >= 50 who ever had sigmoidoscopies or colonoscopies (Age-Adj, %)*	75.8	69.0	67.2	68.9	69.9	71.8	65.8	72.2	69.3	68.4
Adults >=65 who had flu shots in the past year (Age-Adj, %)*	78.6	72.6	64.6	69.6	75.6	70.1	74.1	77.8	74.0	76.0
Adults >= 65 who ever had pneumonia vaccinations (Age-adjusted, %)*	81.0	76.2	63.8	64.8	76.3	70.8	70.2	75.8	72.2	71.2

# Service Utilization

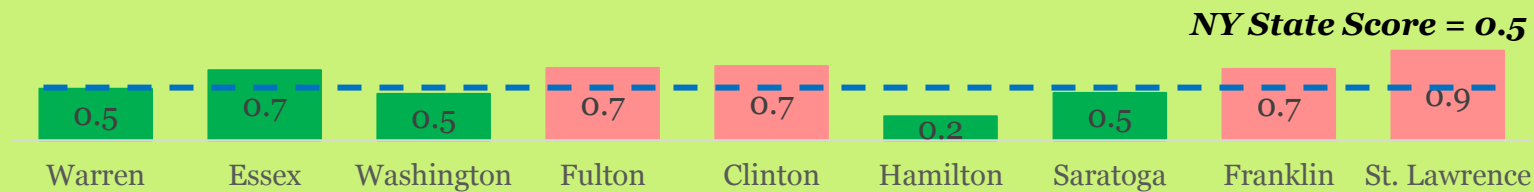


## Visits per Beneficiary: Primary Care, ED, IP

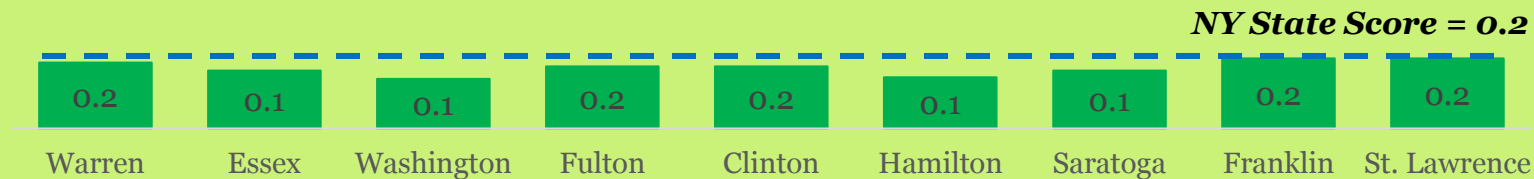
### Primary Care Visits



### Emergency Room Visits



### Inpatient Admissions



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- Pediatrics



# Quality: Executive Summary



- Among those receiving Behavioral Health treatment, **HEDIS measures are generally similar to or better than that of Upstate New York**
- There are opportunities **to improve screening and early detection efforts, especially among women.**

# HEDIS Measures: Behavioral Health



Behavioral Health Measures	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York	New York State
Adherence to Antipsychotic Medications for People Living with Schizophrenia	64	U	73	63	U	68		74	75	65	63
Antidepressant Medication Management - Effective Treatment for Acute Phase	52	U	53	56	U	53		67	61	51	49
Diabetes Monitoring for People with Diabetes and Schizophrenia	U	U	U	U	NA	U		U	U	66	68
Diabetes Screening for People with Schizophrenia/BPD Who are Using Antipsychotic Med.	73	U	92	76	U	68		79	88	77	79
Follow-up after hospitalization for Mental Illness within 30 days	40	74	74	74	U	68		76	69	59	55
Initiation of Alcohol and Other Drug Dependence Treatment	78	81	75	71	U	73		82	80	78	78

Source: Revised DSRIP Clinical Process of Quality Measures Chartbooks

(U) Unreportable due to number of recipients in these data being <30; (NA) Data not available

# HEDIS Measures: Diseases, Wellness and Early Detection

Diseases, Early Detection & Wellness Measures	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York	New York State
<b>Diabetes Mellitus</b>											
Comprehensive Diabetes Care HbA1c Testing	79	78	72	72	U	71		76	80	76	80
<b>HIV/AIDS</b>											
Comprehensive Care for People Living with HIV or AIDS - Engagement in Care	U	U	U	U	U	U		U	U	90	89
Comprehensive Care for People Living with HIV or AIDS - Syphilis Screening	U	U	U	U	U	U		U	U	59	69
Comprehensive Care for People Living with HIV or AIDS - Viral Load Monitoring	U	U	U	U	U	U		U	U	64	66
<b>Early Detection</b>											
Breast Cancer Screening Among Women	49	48	50	61	59	57		58	55	55	63
Colorectal Cancer Screening	44	40	39	45	42	41		44	42	41	49
Cervical Cancer Screening	64	63	62	67	66	54		66	62	63	67
Chlamydia Screening Among Young Women	31	37	47	60	42	48		43	52	58	66

Source: Revised DSRIP Clinical Process of Quality Measures Chartbooks

(U) Unreportable due to number of recipients in these data being <30; (NA) Data not available

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Pediatrics

# Pediatrics Executive Summary

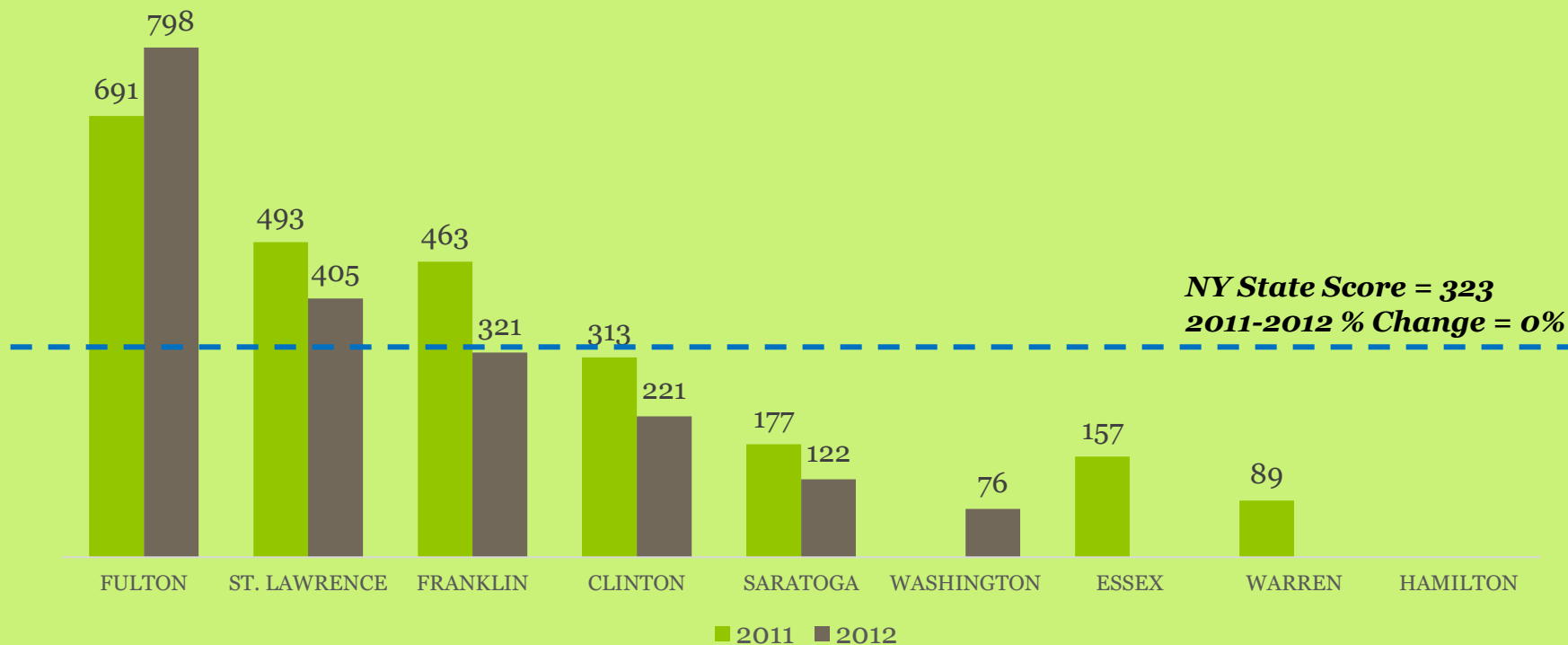


- Though many counties made progress in Pediatric PQI reduction from 2011-2012, **Fulton and St. Lawrence Counties represent opportunities to reduce Pediatric PQIs (PDIs).**
- **St. Lawrence pediatric patients lack primary care, and show significantly higher utilization of the Emergency Room.**
- **Childhood obesity is highly prevalent** across the region.
- There may be an opportunity to improve **Pediatric behavioral health training** and protocols among Pediatricians across all counties.

# Pediatric Medicaid Inpatient Prevention Quality Indicators (PDIs)

## 2011-2012 Pediatric Prevention Quality Indicator (PDIs)

*(Risk-adjusted per 100,000 people)*



### 2011-2012 % Change

15%	-18%	-31%	-29%	-31%	N/A	N/A	N/A	N/A
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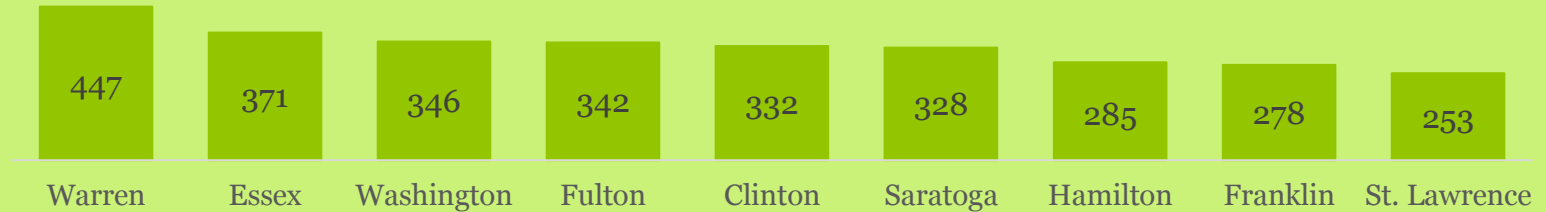
County rates are risk adjusted per 100,000 people. State rates are observed rate per 100,000.

Data Source: Pediatric Medicaid Inpatient Prevention Quality Indicators (PDIs)

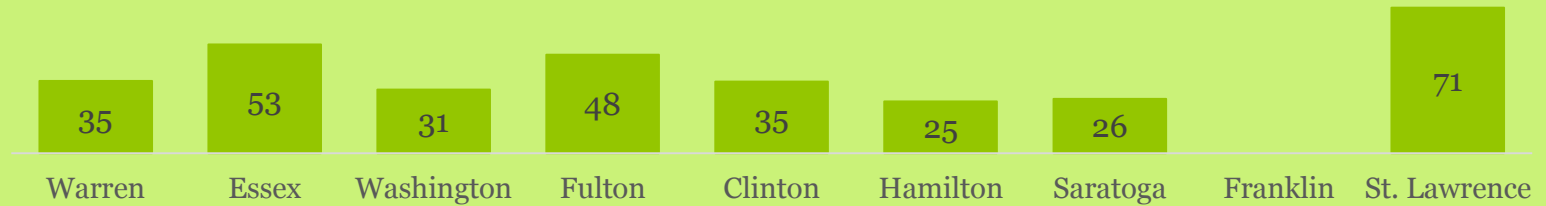
# Pediatric Access & Utilization

## Visit Rate per 1,000 Member Months: Primary Care, ED, IP (Ages 0-17, CY 2013)

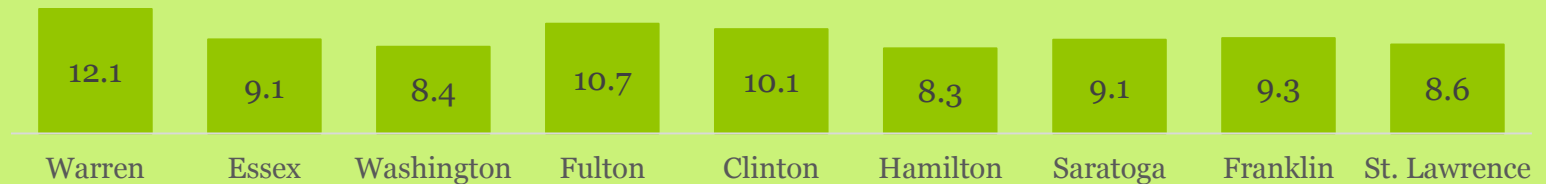
### Primary Care Visits



### Emergency Room Visits



### Inpatient Admissions



# Pediatric Population Health and HEDIS Measures



	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York	New York State
<b>Childhood/Adolescent Obesity</b>											
Percent of children and adolescents (students) who are overweight or obese(%)**	39.0	36.0	40.7	33.8	18.6	29.8	42.9	35.6	38.6	33.7	N/A
<b>HEDIS: Perinatal Care</b>											
Well-Child Visits in the First 15 Months of Life	90	90	82	95	U	92		92	93	87	85
<b>HEDIS: Behavioral Health</b>											
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	55	43	43	49	U	41		52	43	51	57

RED indicates poorer performance relative to Upstate New York

Data sources: \*BRFSS 2009, \*\*CHAI 2011, \*\*\* CHAI 2012, \*\*\*\*BRFSS 2013, HEDIS Measures: Revised DSRIP Clinical Process of Quality Measures Chartbooks



## Appendix G: Data Methodology and Sources

The Center for Health Workforce Studies (CHWS) at the University at Albany School of Public Health under contract with the Adirondack Rural Health Network, a program of the Adirondack Health Institute, identified and collected data from a variety of sources on the seven counties in the Adirondack region and two adjacent counties to assist in developing individual county community needs assessments. Those counties include: Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington.

The initial step in the process was determining which data elements from the 2013 community needs assessment were still available. In 2013, CHWS staff received an initial list of potential data elements from the ARHN Data Subcommittee and then supplemented that information with data from other sources. Since most of the health behavior, status, and outcome data were only available at the county level, the data for both 2013 and 2016 were displayed by county and aggregated to the ARHN region.<sup>1</sup> Additionally, other data was collected to further enhance already identified data. For example, one Prevention Agenda indicator was assault-related hospitalizations. That indicator was augmented by other crime statistics from the New York State Division of Criminal Justice.

The overall goal of collecting and providing this data to ARHN members was to provide a comprehensive picture of the individual counties within the Adirondack region as well as for two adjacent counties, including providing an overview of population health as well as an environmental scan. In total, counties and hospitals were provided with about 400 data elements across the following four reports:

- Demographic Data;
- Educational Profile;
- Health Behaviors, Health Outcomes, and Health Status; and
- Health Delivery System Profile.

All sources for the data were listed and made available to the counties and hospitals. The sources for the data elements in the Health Behaviors, Health Outcomes, and Health Status report were listed in a separate file and included their respective internet URL links. The data in each of the four reports were aggregated, when feasible, into the ARHN region, Upstate New York (all counties but the five in New York City), and statewide.

### Demographic Data

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<sup>1</sup> Aggregated data for the ARHN region included Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties but did not include Montgomery and Saratoga counties.

Demographic data was primarily taken from the 2010 - 2014 American Community Survey, and supplemented with data from the Bureau of Labor Statistics, Local Area Unemployment Statistics for 2014; the New York State Department of Health (NYSDOH) Medicaid Data for 2014; and employment sector data also from American Community Survey. Among the information incorporated into the demographic report included:

- Race/Ethnicity;
- Age by groups (0 – 4, 5 – 17, 18 – 64, and 65 plus);
- Income and poverty, including the percent who received Medicaid;
- Housing stock;
- Availability of vehicles;
- Education status for those 25 and older;
- Employment status; and
- Employment sector.

#### Educational Profile

The education profile was taken mainly from the New York State Education Department (NYSED), School Report Card for 2013 – 2014, supplemented with data from the National Center for Education Statistics, Integrated Post-Secondary Data System on Post-Secondary graduations for 2014 and registered nurse graduation data from CHWS. Among the data displayed in the educational profile included:

- Number of school districts;
- Total school district enrollment;
- Number of students on free and reduced lunch;
- Dropout rate;
- Total number of public school teachers;
- Number of and graduations from licensed practical nurse programs; and
- Number of and graduations from registered nurse programs.

#### Health Behaviors, Health Outcomes, and Health Status

The vast majority of health behaviors, outcomes, and status data come from NYSDOH. Data sources included the:

- Community Health Indicators Report (<http://www.health.ny.gov/statistics/chac/indicators/>);
- County Dashboards of Indicators for Tracking Public Health Priority Areas, 2013 - 2018 ([https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/dashboard/pa\\_dashboard](https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard)); and
- 2013 – 2014 Behavioral Risk Factor Surveillance System (BRFSS) (<http://www.health.ny.gov/statistics/brfss/expanded/>).

Information on NYSDOH's methodologies used to collect and display data from the above sources can be found on their respective data pages.

NYSDOH data was also supplemented from other sources such as the County Health rankings, the New York State Division of Criminal Justice Services, the New York State Institute for Traffic Safety Management and Research, and the New York State Office of Mental Health Patient Characteristics Survey, among others. To the extent possible, Center staff used similar years for the additional data that was collected. Over 270 data elements are displayed in this report broken out by the Prevention Agenda focus areas. The availability of data elements did change from the 2013 community needs assessment analysis, and certain data was reported differently between the two time periods.

Data were downloaded from their various sources and stored in separate Excel files, based on their respective focus area. The Health Behaviors, Health Outcomes, and Health Status report was created in Excel and linked to the raw data, and population rates were recalculated based on the number of cases as well as the population listed in the data source.

Data in the report were organized by the six priority areas as outlined by NYSDOH at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/). The data was also separated into two subsections, those that were identified as Prevention Agenda indicators and those that were considered "other indicators." The data elements were organized by 17 focus areas as outlined in the table below.

Focus Area	Number of Indicators	
	Prevention Agenda	Other
Health Disparities	8	6
Injuries, Violence, and Occupational Health	7	20
Outdoor Air Quality	2	0
Built Environment	6	0
Water Quality	1	0
Obesity in Children and Adults	2	33
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	1	13
Increase Access to High Quality Chronic Disease Preventive Care and Management	6	24

Maternal and Infant Health	9	17
Preconception and Reproductive Health	9	20
Child Health	4	29
HIV	2	1
STDs	5	10
Vaccine Preventable Diseases	3	6
Healthcare Associated Infections	2	0
Substance Abuse and other Mental, Emotional, and Behavioral Disorders	3	15
Other Illnesses	0	8

The data elements that were Prevention Agenda indicators were compared against their respective Prevention Agenda benchmarks. "Other indicators" were compared against either Upstate New York benchmarks, when available or then New York State benchmarks when Upstate New York benchmarks were not available. The report also included a status field that indicated whether indicators were met, were better, or were worse than their corresponding benchmarks. When indicators were worse than their corresponding benchmarks, their distances from their respective benchmarks were calculated. On the report, distances from benchmarks were indicated using quartiles rankings, i.e., if distances from their corresponding benchmarks were less than 25%, indicators were in quartile 1, if distances were between 25% and 49.9% from their respective benchmarks, indicators were in quartile 2, etc.

The Health Behaviors, Health Outcomes, and Health Status Report also indicated the percentage of total indicators that were worse than their respective benchmarks by focus area. For example, if 20 of the 33 child health focus area indicators were worse than their respective benchmarks, the quartile summary score would be 61% (20/33). Additionally, the report identified a severity score, i.e., the percentage of those indicators that were either in quartile 3 or 4 compared to all indicators which were worse than their corresponding benchmarks. Using the above example, if 9 of the 20 child health focus indicators that were worse than their respective benchmarks were in quartiles 3 or 4, the severity score would be 45% (9/20). Quartile summary scores and severity scores were calculated for each focus area as well as for Prevention Agenda indicators and for "other indicators" within each focus area. Both quartile summary scores and severity scores were used to understand if the specific focus areas were challenges to the counties and hospitals. In certain cases, focus areas would have low severity scores but high quartile summary scores indicating that while not especially severe, the focus area offered significant challenges to the community.

### Health Delivery System Profile

The data on the health system came from NYSDOH list of facilities, NYSED licensure file for 2015, the Health Resources and Services Administration Data Warehouse for health professional shortage (HPSAs) areas for 2016, the Uniform Data System (UDS) for 2014, and Center data on 2014 physicians. Among the data incorporated into this report included:

- Hospital, nursing home, and adult care facility beds;
- Number of community health center patients;
- Number of and population within primary care, mental health, or dental care HPSAs;
- Total physicians and physicians by certain specialties and sub-specialties; and
- Count of individuals licensed.<sup>2</sup>

### Community Stakeholder Survey

A survey of stakeholders was conducted by CHWS in April and May of 2016. The purpose of the survey was to provide the Community Health Assessment (CHA) Committee with stakeholder input on regional and/or county health care needs and priorities. Stakeholders included health care, social services, educational, governmental and other agencies in the ARHN region. Results were presented for each of the seven ARHN counties<sup>3</sup> and aggregated for the region.

The initial survey in 2013 included 81 questions. The data subcommittee in 2016 felt that the previous survey was too extensive, and CHWS, working in conjunction with AHI and the data subcommittee, reduced the survey to 15 questions. The survey requested that the respondent identify the two priority areas from a list of five which they believe need to be addressed with their county or counties, and then respondents were also asked to rank the focus areas within each priority area and identify potential barriers to that addressing that focus area. Stakeholder responses were assessed in multiple counties if there service area covered more than one county.

The survey was administered electronically using the web-based Qualtrics software and distributed to stakeholders based on an email contact list of 658 individuals that were identified by AHI working in conjunction with county health departments. CHWS sent out the initial notification of the survey as well as two reminder notices to those who had not yet completed the survey. Additionally, participation was also incentivized through an opt-in gift card drawing, with 20 entrants randomly selected to receive a \$10 Stewart's gift card at the conclusion of the survey. Ultimately, 217 surveys were completed during the

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<sup>2</sup> County is determined by the main address listed on the licensure file. The address listed may be a private residence or may represent those with active licenses but not actively practicing patient care. Therefore, the information provided may not truly reflect who is practicing in a profession in the county.

<sup>3</sup> Montgomery and Saratoga counties was not included in the survey.

six-week survey period for a response rate of 33%. Response rates varied by individual county, with certain respondents being counted in more than one county depending on the extent of their service area.

Summary of the  
ARHN Community Stakeholder Survey

Prepared for AHI by



June 10, 2016

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<b>Warren County</b>	69
<b>Washington County</b>	79



## Executive Summary

### A. Background

Under contract with the Adirondack Health Institute (AHI) and as part of the Adirondack Rural Health Network (ARHN) coordination of community needs assessment, the Center for Health Workforce Study (CHWS) surveyed health care, social services, educational, governmental and other community stakeholders in the ARHN region to provide the Community Health Assessment (CHA) Committee with stakeholder input on regional health care needs and priorities. The ARHN region is made up of Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties.

### B. Methods

The survey was developed using Qualtrics Software that included 15 questions. In working with the participating counties, ARHN provided CHWS a list of health care, social service, educational, governmental, and other community stakeholders (hereafter referred to as service providers) by county to be surveyed. Using these lists, CHWS staff created an unduplicated list of providers numbering 658. An initial email was sent to this list explaining the survey and providing an electronic link to the survey. The survey was available to potential respondents for approximately six weeks.

The survey requested that the respondent identify the two priority areas from a list of five which they believe need to be addressed with their county or counties, and then respondents were also asked to rank the focus areas within each priority area and identify potential barriers to that addressing that focus area.

### C. Survey Responses

A total of 217 completed responses were received to the survey through May 31, 2016 for a response rate of 33%. Respondents were asked to indicate in which counties they provided services, and respondents indicated that their service areas included multiple counties as outlined in Exhibit 1.

#### Exhibit 1: Respondents by County

County	Counts
Clinton	53
Essex	79
Franklin	56
Fulton	51
Hamilton	44
Warren	53
Washington	43
Other	39

## D. Findings

Over 200 organizations responded to the survey, spanning multiple counties in the ARHN region. Respondents provided a wide range of services, including education (122), prevention and wellness (115), health care (96), healthy environment (65), and social services among others. Survey respondents also served a wide range of individuals, including school-aged children (163), individuals living at or near the federal poverty level (149), adults (146), individuals with behavioral health issues (123), individuals who are senior citizens (122), and individuals with disabilities (121).

Overall, respondents in the ARHN region identified “promoting mental health and preventing substance abuse” (40%) as their top priority of respondents, followed by “prevent chronic disease” (32%). “Promoting mental health and preventing substance abuse” was also identified as a second priority by 33% of respondents, followed by “providing a healthy and safe environment” by 29% of respondents.

Five of the seven ARHN counties identified “promoting mental health and preventing substance abuse” as their top priority, one identified “preventing chronic diseases” as their top priority, and one had a tie between the two.

### Exhibit 2: Summary of County Selections of Top and Second Priority

County	Top Priority		Second Priority	
	First Choice	Second Choice	First Choice	Second Choice
Clinton	Promoting mental health	Preventing chronic disease	Providing a healthy and safe environment	Preventing chronic disease
Essex	Promoting mental health	Preventing chronic disease	Providing a healthy and safe environment	Preventing chronic disease
Franklin	Promoting mental health	Preventing chronic disease	Preventing chronic disease (tied)	Providing a healthy and safe environment (tied)
Fulton	Preventing chronic disease	Promoting mental health	Promoting mental health	Providing a healthy and safe environment
Hamilton	Preventing chronic disease (tied)	Promoting mental health (tied)	Providing a healthy and safe environment (tied)	Promoting mental health (tied)
Warren	Promoting mental health	Preventing chronic disease	Promoting mental health	Providing a healthy and safe environment
Washington	Promoting mental health	Preventing chronic disease	Promoting mental health	Providing a healthy and safe environment

The top focus area identified to address “promoting mental health and preventing substance abuse” for the ARHN region was “strengthening (the mental health) infrastructure across systems” (39), followed by “preventing substance abuse and other mental and emotional disorders” (27). Survey respondents in the ARHN indicated that the top barriers to addressing this priority include “shortage of professionals and staff” (62), “travel distance and the geography of the Adirondacks” (44), “lack of financial resources/reimbursement in the long-term” (40), and “lack of financial resources/reimbursement in the short-term” (37).

Survey respondents indicated that the focus area to address for “preventing chronic disease” was “increasing access to high quality chronic disease care and management” (38), followed by “reducing obesity in children and adults” (21). Major barriers identified to addressing this priority include “travel distance and the geography of the Adirondacks” (33), “lack of financial resources/reimbursement in the short-term” (29), “shortage of professionals and staff” (26), and “lack of financial resources/reimbursement in the long-term” (25).

## Overview

### A. Background

Under contract with the Adirondack Health Institute (AHI) and as part of the Adirondack Rural Health Network (ARHN) coordination of community needs assessment, the Center for Health Workforce Study (CHWS) surveyed health care, social services, educational, governmental and other community stakeholders in the ARHN region to provide the Community Health Assessment (CHA) Committee with stakeholder input on regional health care needs and priorities. The ARHN region is made up of Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties.

This survey is part of a larger effort by ARHN to assist its members in developing their community needs assessments for 2016 that included an analysis of outcome data, profiles of the demographic, educational, and health system characteristics of the ARHN region, and an understanding of what other counties are doing around community engagement.

This report represents a summary of the findings from the service provider survey and outlines identified priorities by each of the seven participating counties.

### B. Methods

The survey was developed using Qualtrics Software that included 15 questions and a number of sub questions based on an initial response. A pdf of the survey is attached as Appendix 1 to this report. In working with the participating counties, ARHN provided CHWS a list of health care, social service, educational, government and other community stakeholders by county. Using these lists, CHWS staff created an unduplicated list of 658 providers that cut across all seven counties. An initial email was sent to this list explaining the survey and providing an electronic link to the survey. The survey was available to potential respondents for approximately six weeks.

As follow-up, CHWS sent an additional email reminding potential respondents of the survey. CHWS also provided ARHN with a list of those who responded, and county staff also followed up with non-respondents. As an incentive, respondents were told there would be a random drawing of 20 \$10 gift cards from Stewart's for participating in the survey. A total of 217 completed responses were received to the survey through May 31, 2016 for a response rate of 33%. CHWS staff also provided technical assistance as requested by survey respondents.

The survey requested that the respondent identify their top two priority areas from a list of five following areas which they believe needed to be addressed within their service area:

- Preventing chronic disease;
- Providing a healthy and safe environment;
- Promoting healthy women, infants, and children;
- Promoting mental health and preventing substance abuse; and
- Preventing HIV, sexually transmitted diseases,, vaccine preventable diseases, and health care associated infections.

Once respondents identified their top two priorities, they were also asked to rank the focus areas within each priority area and identify potential barriers to that addressing that focus area.

Analysis for this report was conducted by county. Many health care, social service, and educational providers deliver services in multiple counties. Their opinions are reflected in each county they provide services.

C. Survey Responses

1. By County

While there were 217 respondents as discussed previously, service areas for certain stakeholders cut across multiple counties. Respondents were asked to indicate in which counties they provided services, and a large number of respondents provided services in multiple counties. Essex County had the largest number of respondents with 79, followed by Franklin (56), Clinton and Warren, both at 53. Additionally, 39 respondents indicated they delivered services outside of the seven county ARHN region, and those counties include Herkimer, Jefferson, Lewis, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, and Schoharie as well as counties further west and south of the Adirondacks and the immediate surrounding counties.

**Exhibit 2: Respondents by County**

<b>County</b>	<b>Counts</b>
<b>Clinton</b>	53
<b>Essex</b>	79
<b>Franklin</b>	56
<b>Fulton</b>	51
<b>Hamilton</b>	44
<b>Warren</b>	53
<b>Washington</b>	43
<b>Other</b>	39

2. By Services Provided

Respondents indicated a wide range of services provided, including education (122), followed by prevention/wellness (115), health care services (96), and other (65).

**Exhibit 3: Respondents by Services Delivered**

<b>Types of Services Delivered</b>	<b>Counts</b>
<b>Day Program Services</b>	29
<b>Education</b>	122
<b>Employment and Training</b>	50
<b>Health Care Services</b>	96
<b>Prevention/Wellness Services</b>	115
<b>Healthy Environment</b>	65
<b>Housing/Residential Services</b>	34
<b>Social Services</b>	53
<b>Other</b>	69

### 2.1.1 Health Care Services

For respondents who indicated they provided health care services, 43 respondents indicated specialty care, including psychiatry, cancer treatment, infectious disease, women’s health, orthopedics, substance abuse services, among others; 40 indicated primary care; and 26 indicated reproductive health. Another 43 indicated “other” that included home care services, inpatient and hospital care, long-term care, and other specialized health care.

### 2.1.2. Prevention and Wellness

For respondents who indicated they provided prevention and wellness services, 61 respondents indicated child health, followed by diabetes and related diseases management (57), and immunizations (51).

#### **Exhibit 4: Type of Prevention/Wellness Services Provider**

<b>Type of Prevention/Wellness Services Provided</b>	<b>Counts</b>
<b>Alcohol/Substance Abuse</b>	39
<b>Asthma</b>	33
<b>Birth Outcomes</b>	31
<b>Cancer</b>	38
<b>Child Health</b>	61
<b>Diabetes and Related Diseases Management</b>	57
<b>Heart Disease and Related Diseases Management</b>	45
<b>HIV and Other Sexually Transmitted Diseases</b>	32
<b>Immunizations</b>	51
<b>Mental Health Screenings</b>	27
<b>Obesity/Weight Management</b>	54
<b>Occupational Health/Safety</b>	27
<b>Oral Health</b>	35
<b>Reproductive Health</b>	36
<b>Smoking</b>	44
<b>Other</b>	34

### 3. By Populations Served

Respondents indicated that they deliver their services to a wide variety of populations within the ARHN region, including school aged children (163), individuals living at or near the federal poverty level (149), adults, excluding the elderly (146), individuals with behavioral health issues (123), individuals who are senior citizens (122), and individuals with development disabilities (121). Populations least serviced include racial/ethnic minorities (50) and migrant workers (59). For organizations which service racial/ethnic minorities, 47 indicated they serve individuals who are Black/African American, non-Hispanic, 45 indicated they serve individuals who are Hispanic/Latino, and 39 indicated they serve individuals who are Native American/Alaskan Native.

**Exhibit 5: Respondents by Population Serviced**

Type of Prevention/Wellness Services Provided	Counts
Babies (less than 3 years of age)	87
Pre-School Children (ages 3 and 4)	117
School Aged Children/Adolescents (ages 5 to 17)	163
Adults, Ages 18 - 64	146
Farmers	73
Individuals Living at or Near the Federal Poverty Level	149
Individuals who are Senior Citizens/Elderly	122
Individuals with Behavioral Health Issues	123
Individuals with Development Disabilities	121
Individuals with Substance Abuse Issues	104
Migrant Workers	59
Specific Racial/Ethnic Minorities	50
Women of Reproductive Age	101
Other	46

4. By Population Served and by Services Provided

**Exhibit 6: Respondents by Population Serviced and by Services Provided**

Type of Prevention/Wellness Services Provided	Day Program Services	Education	Employment and Training	Health Care	Prevention & Wellness	Healthy Environment	Housing/Residential	Social Services
Babies (less than 3 years of age)	9	41	22	52	58	32	14	26
Pre-School Children (ages 3 and 4)	15	46	28	62	67	41	18	36
School Aged Children/Adolescents (ages 5 to 17)	22	101	36	79	93	56	21	41
Adults, Ages 18 - 64	23	72	43	77	88	43	29	40
Farmers	8	39	22	47	48	30	11	20
Individuals Living at or Near the Federal Poverty Level	16	76	39	75	87	48	28	42
Individuals who are Senior Citizens/Elderly	20	54	33	65	71	37	26	37
Individuals with Behavioral Health Issues	15	65	36	66	70	41	20	36
Individuals with Development Disabilities	14	66	35	64	67	41	20	36
Individuals with Substance Abuse Issues	11	48	30	58	63	34	16	29
Migrant Workers	6	28	14	37	37	21	8	17
Specific Racial/Ethnic Minorities	7	25	12	32	32	18	10	13
Women of Reproductive Age	9	54	25	60	61	34	14	30

**I. ARHN Region**

**A. ARHN’s Priorities**

Service providers in the ARHN region identified “promoting mental health and preventing substance abuse” as both their top priority and second priority. “Preventing chronic disease” was the second choice for top priority. “Preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections” was selected the least as a top or second priority.

**Exhibit I.1: Identification of Priority Areas for the ARHN Region**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	69	39
Provide a healthy and safe environment	33	61
Promote Healthy Women, Infants, and Children	27	30
Promote Mental Health and Prevent Substance Abuse	87	71
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	12

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For those service providers who identified “preventing chronic disease” as their top priority, they ranked “increasing access to high quality chronic preventive care and management” as the top focus area (38), followed by “reducing obesity in children and adults” (21).

**Exhibit I.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for the ARHN Region**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	21	25	19
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	9	19	36
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	38	23	7



**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for the ARHN Region**

A number of barriers were identified by service providers in the ARHN region who indicated that “preventing chronic disease” was their top priority, including “travel distance and geography of the Adirondacks” (33), “lack of financial resources/reimbursement in the short-term” (29), “shortage of professionals and staff” (26), and lack of financial resources/ reimbursement in the long-term” (25).

**Exhibit I.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	3
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	10
<b>Existing Strategies Have Not Been Effective</b>	16
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	29
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	25
<b>Lack of Evidenced-Based Strategies</b>	5
<b>There is a Shortage of Professionals/Staff</b>	26
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	15
<b>There are Other Priorities More Important to Address</b>	7
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	33
<b>Other</b>	12

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Service providers in the ARHN who identified “providing a healthy and safe environment” as their top priority ranked “injuries, violence, and occupational health” as their top focus area (18), followed by the “built environment” (10).

**Exhibit I.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for the ARHN Region**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	1	3	10	16
<b>Water Quality</b>	4	7	14	5
<b>Built Environment</b>	10	13	1	6
<b>Injuries, Violence, and Occupational Health</b>	18	7	5	3

**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for the ARHN Region**

The biggest barrier to “providing a healthy and safe environment” identified by service providers in the ARHN region was “the existing population does not believe that (providing a healthy and safe environment) is an issue” (31), followed by “lack of financial resources/reimbursement in the long-term” (14) and the “short-term” (13).

**Exhibit I.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for the ARHN Region**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	6
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	13
Lack of Financial Resources/Reimbursement in the Long-Term	14
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	8
The Existing Population Does Not Believe that My Top Priority is an Issue	31
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	5

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For service providers in the ARHN region that identified “promoting healthy women, infant, and children” as their top priority, they ranked “child health” (14) as the top focus area, followed by “maternal and infant health” (11).

**Exhibit I.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for the ARHN Region**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Maternal and Infant Health	11	14	1
Child Health	14	8	4
Reproductive, Preconception, and Inter-conception Health	2	4	20

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for the ARHN Region**

A number of barriers were identified by service providers in the ARHN region who indicated that “healthy women, infant, and children” were their top priority, including “lack of financial resources/reimbursement in the short-term” (13), “travel distance and geography of the Adirondacks” (12), “lack of financial resources/ reimbursement in the long-term” (12), and “a shortage of professionals and staff” (10).

**Exhibit I.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	7
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	12
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	13
<b>Lack of Evidenced-Based Strategies</b>	2
<b>There is a Shortage of Professionals/Staff</b>	10
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	7
<b>There are Other Priorities More Important to Address</b>	3
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	12
<b>Other</b>	4

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

As indicated previously, “promoting mental health and preventing substance abuse” was ranked 1<sup>st</sup> and 2<sup>nd</sup> regionally as priorities. For those service providers that ranked it first as priority, they ranked the top focus area as “strengthening infrastructure across systems” (39), followed by “preventing substance abuse and other mental and emotional disorders” (27).

**Exhibit I.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for the ARHN Region**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	19	37	28
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	27	31	27
<b>Strengthen Infrastructure Across Systems</b>	39	17	28

**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for the ARHN Region**

For those service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their top priority, they indicated that the biggest barriers to addressing this priority included “a shortage of professionals and staff” (62), “travel distance and geography of the Adirondacks” (44), “lack of financial resources/reimbursement in the long-term” (40), and “lack of financial resources/reimbursement in the short-term” (37).

**Exhibit I.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	4
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	16
<b>Existing Strategies Have Not Been Effective</b>	31
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	37
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	40
<b>Lack of Evidenced-Based Strategies</b>	7
<b>There is a Shortage of Professionals/Staff</b>	62
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	8
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	44
<b>Other</b>	16

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

One service provider in the ARHN region identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority, and that organization ranked “preventing HIV and sexually transmitted diseases” as its top focus area.

**Exhibit I.10. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority for the ARHN Region**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	1	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	1	0
<b>Prevent Health Care Associated Infections</b>	0	0	1

**B.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Top Priority for the ARHN Region**

Barriers identified by the organization that selected “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” included “a shortage of professionals and staff” and “travel distance and geography of the Adirondacks.”

**Exhibit I.11. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Top Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	0
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	0
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	1
<b>Other</b>	0

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

Service providers in the ARHN region that indicated “preventing chronic disease” was their second priority ranked “increasing access to high quality chronic disease care and management” (22) as their top focus area followed by reducing “obesity in children and adults” (15).

**Exhibit I.12: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for the ARHN Region**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Reduce Obesity in Children and Adults</b>	15	11	12
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	2	17	19
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	22	11	6

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

For service providers in the ARHN region that identified “preventing chronic disease” as their second priority, barriers to addressing this priority included “travel distance and geography of the Adirondacks” (20) and “a shortage of professionals and staff” (15).

**Exhibit I.13. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	4
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	10
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	10
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	12
<b>Lack of Evidenced-Based Strategies</b>	3
<b>There is a Shortage of Professionals/Staff</b>	15
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	8
<b>There are Other Priorities More Important to Address</b>	6
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	20
<b>Other</b>	9

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority**

Service providers in the ARHN region that indicated that “providing a healthy and safe environment” was their second priority ranked the “built environment” (26) as their top focus are followed closely by “injuries, violence, and occupational health” (25).

**Exhibit I.14: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for the ARHN Region**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	3	7	13	27
<b>Water Quality</b>	3	12	24	11
<b>Built Environment</b>	26	14	9	4
<b>Injuries, Violence, and Occupational Health</b>	25	17	4	8

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

For service providers that identified “a healthy and safe environment” as their second priority, financial issues were the top barriers to addressing this priority, including the “lack of financial resources/reimbursement in the short-term” (27) and in the “long-term” (22).

**Exhibit I.15. Barriers to Providing a Healthy and Safe Environment as the Second Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	16
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	5
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	27
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	22
<b>Lack of Evidenced-Based Strategies</b>	5
<b>There is a Shortage of Professionals/Staff</b>	10
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	10
<b>There are Other Priorities More Important to Address</b>	10
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	9
<b>Other</b>	7

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

For service providers in the ARHN region that identified “promoting healthy women, infants, and children” as their second priority, they ranked “child health” (18) as their top focus area followed by “maternal and infant health” (7), and “reproductive, preconception, and inter-conception health” (5).

**Exhibit I.16: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for the ARHN Region**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	7	18	4
<b>Child Health</b>	18	7	5
<b>Reproductive, Preconception, and Inter-conception Health</b>	5	4	16

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Service providers in the ARHN region that identified “promoting healthy women, infants, and children” as their second priority indicated that the biggest barriers to addressing this priority included “lack of financial resources/reimbursement in the long-term” (14), “travel distance and geography of the Adirondacks” (14), “lack of financial resources/reimbursement in the short-term” (12), and “a shortage of professionals and staff” (10).

**Exhibit I.17. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	4
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	4
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	12
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	14
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	10
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	3
<b>There are Other Priorities More Important to Address</b>	3
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	14
<b>Other</b>	3

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

Service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their second priority ranked “preventing substance abuse and other mental and emotional disorders” (27) as their top focus area, followed by “promoting mental, emotional, and well-being in communities” (25).

**Exhibit I.18. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for the ARHN Region**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	25	26	20
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	27	25	19
<b>Strengthen Infrastructure Across Systems</b>	19	20	32



**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their second priority indicated that the biggest barriers to addressing this priority included “a shortage of professionals and staff” (44), “lack of financial resources/reimbursement in the short-term” (37), “lack of financial resources/reimbursement in the long-term” (33), and “travel distance and geography of the Adirondacks” (32).

**Exhibit I.19. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for the ARHN Region**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	6
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	15
<b>Existing Strategies Have Not Been Effective</b>	21
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	37
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	33
<b>Lack of Evidenced-Based Strategies</b>	3
<b>There is a Shortage of Professionals/Staff</b>	44
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	6
<b>There are Other Priorities More Important to Address</b>	7
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	32
<b>Other</b>	10

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Service providers in the ARHN region that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases”, and “health care associated infections” as their second priority ranked “preventing HIV and sexually preventable diseases” and “preventing vaccine-preventable diseases” as their top focus area, both at six.

**Exhibit I.20. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for the ARHN Region**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	6	1	5
<b>Prevent Vaccine-Preventable Diseases</b>	6	6	0
<b>Prevent Health Care Associated Infections</b>	0	5	6

**C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority**

Service providers who identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases”, and “health care associated infections” as their second priority indicated that “the existing population does not believe that (preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections) is an issue” (7) as the biggest barrier to addressing it.

**Exhibit I.21. Barriers Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections the Second Priority for the ARHN Region**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	2
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	3
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issue</b>	7
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	2
<b>Other</b>	1

**II. Clinton County**

**A. Clinton County’s Priorities**

Service providers whose service area included Clinton County identified “promoting mental health and preventing substance abuse” (26) as the top priority followed by “preventing chronic disease” (17). “Providing a healthy and safe environment” (21) was identified as the second priority by Clinton County service providers.

**Exhibit II.1: Identification of Priority Areas for Clinton County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	17	13
Provide a healthy and safe environment	5	21
Promote Healthy Women, Infants, and Children	5	6
Promote Mental Health and Prevent Substance Abuse	26	11
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	0	2

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

Respondents whose service areas included Clinton County and who listed “chronic disease prevention” as their top priority ranked their top focus area as “to increase access to high quality chronic disease preventive care and management in clinical and community settings” (10).

**Exhibit II.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	3	9	4
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	3	4	8
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	10	3	3

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Clinton County**

“Lack of financial resources/reimbursement in the short-term” (10) was listed by Clinton County respondents as the top barrier to effectively preventing chronic disease, followed by “lack of financial resources/reimbursement in the long-term” (6) and “travel distance and geography of the Adirondacks” (5).

**Exhibit II.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Clinton County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	3
Existing Strategies Have Not Been Effective	3
Lack of Financial Resources/Reimbursement in the Short-Term	10
Lack of Financial Resources/Reimbursement in the Long-Term	6
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	3
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	5
Other	5

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Respondents whose service areas included Clinton County and who listed “providing a healthy and safe environment” (3) as their top priority ranked their top focus area as “injuries, violence, and occupational health” followed by the “built environment” (2).

**Exhibit II.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Top Priority for Clinton County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Outdoor Air Quality	0	2	2	1
Water Quality	0	0	3	2
Built Environment	2	2	0	1
Injuries, Violence, and Occupational Health	3	1	0	1

**B.4. Barriers to Providing a Healthy and Safe environment as the Top Priority for Clinton County**

Respondents who listed Clinton County in their service area and who listed “healthy and safe environment” as their top priority indicated that the biggest barrier for achieving a healthy and safe environment was “lack of financial resources/reimbursement is insufficient in the long-term” (4).

**Exhibit II.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Clinton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	2
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	0
<b>Other</b>	1

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For respondents whose service area includes Clinton County and who indicated that “promoting healthy women, infant, and children” were their top priority, “child health” and “reproductive, preconception, and inter-conception health” were listed as their top focus areas.

**Exhibit II.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Clinton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	1	3	0
<b>Child Health</b>	2	1	1
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	0	3

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Clinton County**

“A shortage of professionals/staff” (3) to address healthy women, infants, and children and “the existing population does not believe that healthy women, infants, and children are an issue” (3) were cited as the top to barriers for achieving this goal.

**Exhibit II.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Clinton County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	1
Lack of Financial Resources/Reimbursement in the Long-Term	2
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	3
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	2
Other	1

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Services providers in Clinton County who selected “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening the (mental health and substance abuse) infrastructure across systems” as the focus area to address.

**Exhibit II.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	7	13	6
Prevent Substance Abuse and other Mental and Emotional Disorders	7	7	12
Strengthen Infrastructure Across Systems	12	6	8

**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Clinton County**

Service providers in Clinton County that indicated “promoting mental health and preventing substance abuse” was their top priority identified a number of barriers to achieving this goal. These barriers include “shortage of professionals and staff” (19), followed by “lack of financial resources/ reimbursement in the long-term” (16), “travel distance and geography of the Adirondacks” (16), and “lack of financial resources/reimbursement in the short-term” (12). One service provider noted that fragmentation of providers was also a barrier for addressing this priority area.

**Exhibit II.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Clinton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	3
<b>Existing Strategies Have Not Been Effective</b>	6
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	12
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	16
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	19
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	4
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	16
<b>Other</b>	5

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

No service providers in Clinton County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

Respondents whose service areas included Clinton County and who listed chronic disease prevention as their second priority ranked their top focus area as “to increase access to high quality chronic disease preventive care and management in clinical and community settings” (8). “Reducing obesity in children and adults” (4) was ranked second for those respondents.

**Exhibit II.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	4	4	4
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	1	4	7
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	8	5	0

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

“Travel distance and geography of the Adirondacks” (8) was listed as the top barrier to preventing chronic diseases who respondents whose service area included Clinton County and who listed “preventing chronic disease” as their second priority,” followed by “lack of financial resources/ reimbursement in the long-term” (4) and “a shortage of professionals and staff” (4).

**Exhibit II.11. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Clinton County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	3
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	2
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	8
<b>Other</b>	5



**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Second Priority**

For respondents whose service area included Clinton County and whose second priority was a “healthy and safe environment,” the top focus area was “injuries, violence, and occupational health” (10) followed closely by the “built environment” (9).

**Exhibit II.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Clinton County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Outdoor Air Quality</b>	1	5	4	7
<b>Water Quality</b>	1	5	8	3
<b>Built Environment</b>	9	3	4	2
<b>Injuries, Violence, and Occupational Health</b>	10	4	1	5

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

For respondents whose service area included Clinton County and whose second priority was a “healthy and safe environment,” the top biggest barriers to achieving a “healthy and safe environment” were “lack of financial resources/reimbursement in the short-term” (10) and “in the long-term” (9).

**Exhibit II.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Clinton County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	4
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	9
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	8
<b>Lack of Evidenced-Based Strategies</b>	3
<b>There is a Shortage of Professionals/Staff</b>	2
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	3
<b>There are Other Priorities More Important to Address</b>	4
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	5
<b>Other</b>	4

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

For respondents whose service area included Clinton County and whose second priority was “promoting healthy women, infant, and children,” “maternal and infant health” (4) was identified as the main focus area to address.

**Exhibit II.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	4	2	0
<b>Child Health</b>	1	3	2
<b>Reproductive, Preconception, and Inter-conception Health</b>	1	1	3

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

For respondents whose service area included Clinton County and whose second priority was “promoting healthy, women, infants, and children,” the biggest barrier to achieving this priority was “travel distance and the geography of the Adirondacks” (4).

**Exhibit II.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Clinton County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	0
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	0
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	2
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	2

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

For those stakeholders whose service area included Clinton County and that indicated “promoting mental health and preventing substance abuse was their second priority,” they ranked as the main focus area “preventing substance abuse and other mental and emotional disorders” (5) followed by “promoting mental, emotional, and well-being in communities” (4).

**Exhibit II.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	4	4	3
Prevent Substance Abuse and other Mental and Emotional Disorders	5	4	2
Strengthen Infrastructure Across Systems	2	3	6

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Service providers in Clinton County that indicated “promoting mental health and preventing substance abuse” was their second priority also identified a number of barriers to achieving this goal. They include “shortage of professionals and staff” (8), followed by “lack of financial resources/reimbursement in the short-term” (7), “lack of financial resources/reimbursement in the long-term” (6), and “existing strategies have not been effective in addressing this priority.

**Exhibit II.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Clinton County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	7
Lack of Financial Resources/Reimbursement in the Long-Term	6
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	8
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	1

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Only two service providers in Clinton County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and “health care associated infections” as their second priority, and they both ranked preventing “HIV and sexually transmitted diseases” as their main focus area to address. One provider indicated that “travel distance and geography of the Adirondacks” was a barrier to addressing this priority. No other barriers were identified.

**Exhibit II.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Clinton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	2	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	2	0
<b>Prevent Health Care Associated Infections</b>	0	0	2

**III. Essex County**

**A. Essex County’s Priorities**

Service providers whose service area included Essex County identified “promoting mental health and preventing substance abuse” (37) as the top priority followed by “preventing chronic disease” (29). “Promoting mental health and preventing substance abuse” was identified as the second priority by Essex County service providers.

**Exhibit III.1: Identification of Priority Areas for Essex County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	29	17
Provide a healthy and safe environment	6	23
Promote Healthy Women, Infants, and Children	7	8
Promote Mental Health and Prevent Substance Abuse	37	26
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	0	3

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For service providers in Essex County that identified “preventing chronic disease” as their top priority, the focus areas they believed should be addressed include “increase access to high quality chronic disease preventive care and management” (15), followed by “reducing obesity in children and adults” (11).

**Exhibit III.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	11	8	8
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	2	9	15
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	15	11	2

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Essex County**

For service providers in Essex County that chose “preventing chronic disease” as their top priority indicated that “travel distance and the geography of the Adirondacks” (16) was the biggest barrier for achieving this priority, followed by “lack of financial resources/reimbursement to in the short-term,” (13), “a shortage of professionals/staff” (12), and “lack of financial resources/reimbursement in the long-term” (11). One provider noted that the population lacked the self-efficacy to achieve this change.

**Exhibit III.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Essex County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	6
<b>Existing Strategies Have Not Been Effective</b>	6
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	13
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	11
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	12
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	16
<b>Other</b>	6

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

For those respondents whose service area includes Essex County and that indicated “a healthy and safe environment” was their top priority, “injuries, violence, and occupational health” was ranked as the most import focus area followed by “water quality.”

**Exhibit III.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Top Priority for Essex County**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	0	0	3	3
<b>Water Quality</b>	2	0	2	2
<b>Built Environment</b>	1	5	0	0
<b>Injuries, Violence, and Occupational Health</b>	3	1	1	1

**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Essex County**

The two biggest barriers identified by Essex County service providers who indicated that a “healthy and safe environment” was their top priority were both financial, the “lack of financial support and reimbursement to address the issue in the long-term” (4) and “in the short-term” (3).

**Exhibit III.5. Barriers to Providing a Healthy and Safe environment as the Top Priority for Essex County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	0
<b>Other</b>	2

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

Service providers in Essex County that identified “promoting healthy women, infant, and children” as their top priority ranked “child health” (3) as the top focus area, followed by “maternal and infant health” (2) and “reproductive, preconception, and inter-conception health” (2).

**Exhibit III.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Essex County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	2	4	0
<b>Child Health</b>	3	2	1
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	0	5

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Essex County**

Essex County service providers that identified “promoting healthy women, infants, and children” as their top priority indicated that lack of the “existing population believing this is an issue” (4) is the top barrier, followed by “a shortage of professionals and staff” (3) and “travel distance and geography of the Adirondacks” (3).

**Exhibit III.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Essex County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	2
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	3
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	3
Other	1

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Essex County service providers that identified “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening the (mental health) infrastructure across systems” (18) as their top focus area followed by “promoting mental, emotional, and well-being in communities” (12).

**Exhibit III.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	12	13	11
Prevent Substance Abuse and other Mental and Emotional Disorders	6	14	16
Strengthen Infrastructure Across Systems	18	9	9



**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Essex County**

For Essex County service providers who indicated that “promoting mental health and preventing substance abuse” was their top priority, the biggest barriers to addressing this priority were a “shortage of professionals and staff” (27) and “travel distance and the geography of the Adirondacks” (21).

**Exhibit III.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Essex County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	8
<b>Existing Strategies Have Not Been Effective</b>	10
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	16
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	17
<b>Lack of Evidenced-Based Strategies</b>	2
<b>There is a Shortage of Professionals/Staff</b>	27
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	6
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	21
<b>Other</b>	6

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

No service provider in Essex County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

Service providers in Essex County that identified “preventing chronic disease” as their second priority ranked “reducing obesity in children and adults” and “increasing access to high quality chronic disease preventive care and management” as their top focus areas, both with eight.

**Exhibit III.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	8	4	5
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	1	7	8
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	8	6	3

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Respondents in Essex County who identified “preventing chronic disease” as their second priority indicated that “travel distance and geography of the Adirondacks” (8) was the biggest barrier to addressing this priority followed by “existing strategies have not been effective” (5). One respondent noted that the “high prevalence rates of tobacco use and obesity requires a ‘full court press’ to address successfully.”

**Exhibit III.11. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Essex County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	3
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	8
<b>Other</b>	6

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Second Priority**

For service providers that indicated “providing a healthy and safe environment” was their second priority, they ranked the “built environment” (9) and “injuries, violence, and occupational health” (8) as their top two focus areas.

**Exhibit III.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Essex County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Outdoor Air Quality</b>	1	4	4	9
<b>Water Quality</b>	2	3	9	4
<b>Built Environment</b>	9	4	4	1
<b>Injuries, Violence, and Occupational Health</b>	8	7	1	4

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Essex County service providers that identified a “healthy and safe environment” as their second priority indicated that financial resources and reimbursement were the biggest barriers to addressing the priority, both in the short-term (8) and the long-term (7).

**Exhibit III.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Essex County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	7
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	8
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	7
<b>Lack of Evidenced-Based Strategies</b>	3
<b>There is a Shortage of Professionals/Staff</b>	2
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	3
<b>There are Other Priorities More Important to Address</b>	6
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	4

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

Essex County service providers that identified “promoting healthy women, infant, and children” as their second priority ranked “maternal and infant health” and “child health” as their top two focus areas, both with three.

**Exhibit III.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	3	3	2
<b>Child Health</b>	3	3	2
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	2	3

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Essex County service providers who indicated that “healthy women, infants, and children” were their second priority identified the “lack of financial resources and reimbursement in the short-term and in the long-term” and “travel distance and geography of the Adirondacks” as biggest barriers for achieving this priority, all with five.

**Exhibit III.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Essex County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	5
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	5
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	5
<b>Other</b>	1

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

Essex County service providers that identified “promoting mental health and preventing substance abuse” as their second priority ranked “preventing substance abuse and other mental and emotional disorders” (16) as their top focus area.

**Exhibit III.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	5	9	12
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	16	7	3
<b>Strengthen Infrastructure Across Systems</b>	5	10	11

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

For Essex County service providers who identified “promoting mental health and preventing substance abuse” as their second priority, they indicated the biggest barriers to addressing this priority included “a shortage of professionals and staff” (18), “lack of financial resources/reimbursement in the short-term” (15), “travel distance and geography of the Adirondacks” (15), and “lack of financial resources/reimbursement in the long-term” (14).

**Exhibit III.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Essex County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	6
<b>Existing Strategies Have Not Been Effective</b>	10
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	15
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	14
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	18
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	2
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	15
<b>Other</b>	3

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Three Essex County service providers indicated that “preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections” was their second priority, and all of them ranked “preventing HIV and sexually transmitted diseases” as their main focus area to address.

**Exhibit III.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Essex County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	3	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	3	0
<b>Prevent Health Care Associated Infections</b>	0	0	3

**C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority**

Essex County service providers that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” indicated that barriers included a “shortage of professionals and staff” (2) and the “existing population does not believe that this is an issue” (2).

**IV. Franklin County**

**A. Franklin County’s Priorities**

Overwhelming, providers in Franklin County identified “promoting mental health and preventing substance abuse” (33) as their top priority followed by “preventing chronic disease” (13) as a distant second. “Preventing chronic disease” and “providing a healthy and safe environment” were tied at 18 as their second priority.

**Exhibit IV.1: Identification of Priority Areas for Franklin County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	13	18
Provide a healthy and safe environment	2	18
Promote Healthy Women, Infants, and Children	8	10
Promote Mental Health and Prevent Substance Abuse	33	7
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	0	2

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For service providers in Franklin County that identified “preventing chronic disease” as their top priority, they ranked “reducing obesity in children and adults” (5) as their top focus area, followed by “reducing illness, disability, and death related to tobacco use and second hand” (4).

**Exhibit IV.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Franklin County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	5	3	4
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	4	1	7
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	3	8	1

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Franklin County**

Service providers in Franklin County that identified “preventing chronic disease” as their top priority indicated that major barriers to addressing this priority was “a shortage of professionals and staff” (7), followed by “travel distance and the geography of the Adirondacks” (6). One respondent noted that “prevention is still not a priority.”

**Exhibit IV.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Franklin County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	4
Lack of Financial Resources/Reimbursement in the Short-Term	5
Lack of Financial Resources/Reimbursement in the Long-Term	3
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	7
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	6
Other	3

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Only two service providers in Franklin County indicated that “providing a healthy and safe environment” was their top priority, and they ranked “built environment” and “injuries, violence, and occupational” health as the main focus areas, both with one.

**Exhibit IV.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for Franklin County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Outdoor Air Quality	0	0	0	0
Water Quality	0	1	1	0
Built Environment	1	1	0	0
Injuries, Violence, and Occupational Health	1	0	1	0



**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Franklin County**

The only barrier listed for service providers in Franklin County that identified “a healthy and safe environment” as their top priority was “lack of financial resources/reimbursement in the long-term.”

**Exhibit IV.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Franklin County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	0
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	1
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	0
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	0
<b>Other</b>	0

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For service providers in Franklin County that indicated that “promoting healthy women, infants, and children” were their top priority, they ranked “child health” (4) as their top focus area, followed by “maternal and infant health” (3).

**Exhibit IV.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Franklin County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	3	4	0
<b>Child Health</b>	4	2	2
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	1	5

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Franklin County**

Service providers in Franklin County that identified “healthy women, infant, and children” as their top priority, indicated a number of barriers to addressing this priority, including “lack of financial resources/reimbursement in the long-term” (5), followed by five other barriers all with four.

**Exhibit IV.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Franklin County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	4
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	4
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	5
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	1

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Franklin County service providers that identified “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening (the mental health) infrastructure across systems” (18) as their main focus area to address.

**Exhibit IV.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Franklin County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	7	15	10
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	7	11	14
<b>Strengthen Infrastructure Across Systems</b>	18	6	8

**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Franklin County**

Service providers in Franklin County that indicated that “promoting mental health and preventing substance abuse” was their top priority identified a number of barriers to addressing this focus area, including “a shortage of professionals and staff” (22), “lack of financial resources/reimbursement in the long-term” (20) and “in the short-term” (17), and “travel distance and the geography of the Adirondacks” 16. One respondent noted, “what happens with drugs and alcohol outside of school is directly impacting on the success of our students and I am not sure how to tackle that problem.”

**Exhibit IV.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Franklin County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	3
<b>Existing Strategies Have Not Been Effective</b>	9
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	17
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	20
<b>Lack of Evidenced-Based Strategies</b>	3
<b>There is a Shortage of Professionals/Staff</b>	22
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	2
<b>There are Other Priorities More Important to Address</b>	5
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	16
<b>Other</b>	6

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

No service providers in Franklin County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

For service providers in Franklin County that identified “preventing chronic diseases” as their second priority, they ranked “increase access to high quality chronic disease preventive care and management” (12) as the top focus area.

**Exhibit IV.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Franklin County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	5	8	5
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	1	4	12
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	12	6	0

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Respondents from Franklin County that identified “preventing chronic diseases” as their second priority indicated that “travel distance and geography of the Adirondacks” (10) was the biggest barrier for address this priority, followed by “lack of financial resources/reimbursement in the long-term” and “a shortage of professionals and staff,” both with six. One respondent noted that the “high prevalence rates of tobacco use and obesity requires a ‘full court press’ to address successfully.”

**Exhibit IV.11. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Franklin County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	4
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	5
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	6
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	6
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	10
<b>Other</b>	7

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority**

Service providers in Franklin County that indicated that “providing a healthy and safe environment” was their second priority ranked “injuries, violence, and occupational health” (10) as their main focus area, followed by “build environment” (7).

**Exhibit IV.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Franklin County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Outdoor Air Quality</b>	0	4	4	7
<b>Water Quality</b>	1	2	8	4
<b>Built Environment</b>	7	5	1	2
<b>Injuries, Violence, and Occupational Health</b>	10	4	2	2

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Franklin County providers that identified “providing a healthy and safe environment” as their second priority indicated that “lack of financial resources in the short-term” (8) and “in the long-term” (7) were the biggest barriers to addressing this priority.

**Exhibit IV.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Franklin County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	8
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	7
<b>Lack of Evidenced-Based Strategies</b>	2
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	3
<b>There are Other Priorities More Important to Address</b>	4
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	1
<b>Other</b>	2

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

For service providers in Franklin County that identified “promoting healthy women, infants, and children” as their second priority ranked “maternal and infant health” and “child health” as their main focus areas, both with 4.

**Exhibit IV.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Franklin County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	4	6	0
<b>Child Health</b>	4	3	3
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	1	7

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Franklin County service providers who indicated that “promoting women, infants, and children” as their second priority identified “travel distance and geography of the Adirondacks” (4) as the biggest barrier for addressing this priority, followed by “a shortage of professionals and staff” (3).

**Exhibit IV.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Franklin County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	2
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	2
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	2

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

Service providers in Franklin County that indicated that “promoting mental health and preventing substance abuse” was their second priority ranked “preventing substance abuse and other mental and emotional disorders” (4) as their main focus areas, followed by “promoting mental, emotional, and well-being in communities” (2).

**Exhibit IV.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Franklin County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	2	4	1
Prevent Substance Abuse and other Mental and Emotional Disorders	4	3	0
Strengthen Infrastructure Across Systems	1	0	6

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Franklin County service providers that identified “promoting mental health and preventing substance abuse” as their second priority indicated that “a shortage of professionals and staff” (6) was their biggest barrier, followed by “lack of financial resources/reimbursement in the short-term” (5), in “the long-term” (4), and “travel distance and geography of the Adirondacks” (4).

**Exhibit IV.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Franklin County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	5
Lack of Financial Resources/Reimbursement in the Long-Term	4
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	6
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	1

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Two respondents from Franklin County indicated that “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” was their second priority, and they both ranked “preventing HIV and sexually transmitted diseases” as the main focus area to address. They indicated the only barrier to addressing this priority was “travel distance and the geography of the Adirondacks.”

**Exhibit IV.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Franklin County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	2	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	2	0
<b>Prevent Health Care Associated Infections</b>	0	0	2



**V. Fulton County**

**A. Fulton County's Priorities**

Service providers from Fulton County identified “preventing chronic disease” (17) as their top priority, followed by “promoting mental health and preventing substance abuse” (14) and “providing a healthy and safe environment (11). “Promoting mental health and preventing substance abuse” (18) was the second priority for service providers in Fulton County, followed by “providing a healthy and safe environment” (16).

**Exhibit V.1: Identification of Priority Areas for Fulton County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	17	6
Provide a healthy and safe environment	11	16
Promote Healthy Women, Infants, and Children	8	6
Promote Mental Health and Prevent Substance Abuse	14	18
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	4

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For service providers in Fulton County that identified “preventing chronic disease” as their top priority, they ranked “increasing access to high quality chronic disease preventive care and management” as their top focus area.

**Exhibit V.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Fulton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	4	7	5
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	2	5	8
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	11	4	2

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Fulton County**

Service providers in Fulton County that identified “preventing chronic diseases” as their top priority indicated that “lack of financial resources/reimbursement in the short-term” (8) was the biggest barrier for addressing this priority, followed by “lack of financial resources/reimbursement in the long-term” (7), “travel distance and geography of the Adirondacks” (7), and “a shortage of professionals and staff” (6).

**Exhibit V.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Fulton County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	8
Lack of Financial Resources/Reimbursement in the Long-Term	7
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	6
The Existing Population Does Not Believe that My Top Priority is an Issue	5
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	7
Other	3

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Service providers in Fulton County that identified “providing a healthy and safe environment” as their top priority ranked “injuries, violence, and occupational health” (5) as their main focus area, followed by “built environment” (4).

**Exhibit V.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for Fulton County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Outdoor Air Quality	1	1	1	6
Water Quality	1	2	6	0
Built Environment	4	3	0	2
Injuries, Violence, and Occupational Health	5	3	2	1

**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Fulton County**

Fulton County service providers who indicated that a “healthy and safe environment” was their top priority identified “lack of financial resources/reimbursement in the short-term” as the biggest barrier for addressing this priority.

**Exhibit V.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	5
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	3
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	2
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	2
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	1
<b>Other</b>	1

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For service providers in Fulton County that indicated that “promoting healthy women, infants, and children” were their top priority, they ranked “child health” (5) as their main focus area, followed by “maternal and infant health” (3).

**Exhibit V.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Fulton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	3	4	1
<b>Child Health</b>	5	2	1
<b>Reproductive, Preconception, and Inter-conception Health</b>	0	2	6

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Fulton County**

Fulton County service providers that identified “promoting healthy women, infants, and children” as their top priority indicated that “lack of financial resources/reimbursement in the long-term” (4) was the biggest barrier for addressing this priority, followed by “lack of financial resources/reimbursement in the short-term” (2).

**Exhibit V.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Fulton County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	4
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	1
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	1
Other	1

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Fulton County services providers that identified “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening (the mental health) infrastructure across systems” (7) as their main focus area, followed by “preventing substance abuse and other mental and emotional disorders” (4).

**Exhibit V.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Fulton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	3	3	7
Prevent Substance Abuse and other Mental and Emotional Disorders	4	6	4
Strengthen Infrastructure Across Systems	7	5	2

**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Fulton County**

Service providers in Fulton County that identified “promoting mental health and preventing substance abuse” as their top priority indicated that “a shortage of professionals and staff” (10) was the biggest barrier to addressing this priority, followed by “existing strategies have not been effective” (8), and “travel distance and geography in the Adirondacks” (6). One respondent noted a “desperate need for mental health crisis interventions.”

**Exhibit V.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	8
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	5
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	5
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	10
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	6
<b>Other</b>	6

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

Only one respondent in Fulton County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her top priority and ranked that “preventing HIV and sexually transmitted diseases” as their main focus area to address. “A lack of professionals and staff” was the only barrier the one respondent listed.

**Exhibit V.10. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority for Fulton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	1	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	1	0
<b>Prevent Health Care Associated Infections</b>	0	0	1

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

For service providers in Fulton County that identified “preventing chronic diseases” as their second priority, ranked “reducing obesity in children and adults” and “increasing access to high quality chronic disease preventive care and management” as their main focus areas, both with 3.

**Exhibit V.11: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Fulton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	3	1	2
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	0	3	3
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	3	2	1

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Fulton County service providers that identified “preventing chronic diseases” as their second priority indicated that “a shortage of professionals and staff” (4) was the biggest barrier to addressing the priority, followed by “existing strategies have not been effective” (3) and “there are other priorities that are more important to address” (3).

**Exhibit V.12. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	3
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	2
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	1
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	3
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	2
<b>Other</b>	0

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Second Priority**

Service providers in Fulton County that indicated that “a healthy and safe environment” was their second priority ranked “built environment” (8) as their top focus area, followed by “injuries, violence, and occupational health” (5).

**Exhibit V.13: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Fulton County**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	2	0	4	8
<b>Water Quality</b>	1	4	5	4
<b>Built Environment</b>	8	4	4	0
<b>Injuries, Violence, and Occupational Health</b>	5	6	1	2

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Fulton County service providers that identified “a healthy and safe environment” was their second priority indicated that “lack of financial resources/reimbursement in the short-term” (6) was their biggest barrier to addressing this priority, followed by “lack of financial resources/reimbursement in the long-term” (4), and “the existing population does not believe that this is an issue” (4).

**Exhibit V.14. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	5
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	6
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	2
<b>Other</b>	1

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

For service providers in Fulton County that indicated that “promoting healthy women, infants, and children” were their second priority, they ranked “child health” (4) as the main focus area, followed by “reproductive, preconception, and inter-conception health” (2).

**Exhibit V.15: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Fulton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	0	6	0
<b>Child Health</b>	4	0	2
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	0	3

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Service providers in Fulton County that identified “promoting healthy women, infants, and children” as their second priority identified “lack of financial resources/reimbursement in the long-term” (5) as the biggest barrier for addressing this priority, followed by “lack of financial resources/ reimbursement in the short-term” (3) and “travel distance and geography of the Adirondacks” (3).



**Exhibit V.16. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	5
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	2
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	3
<b>Other</b>	0

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

Fulton County service providers that indicated that “promoting mental health and preventing substance abuse” was their second priority ranked “promoting mental, emotional, and well-being in communities” (10) as their top focus area, followed by “strengthening (the mental health) infrastructure across systems” (6).

**Exhibit V.17. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Fulton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	10	5	3
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	2	10	6
<b>Strengthen Infrastructure Across Systems</b>	6	3	9

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Service providers in Fulton County that identified “promoting mental health and preventing substance abuse” as their second priority indicated that “a shortage of professionals and staff” (11) was the biggest barrier for addressing this priority, followed by “lack of financial resources/ reimbursement in the short-term” (8), “lack of financial resources/reimbursement in the long-term” (6), and “travel distance and geography of the Adirondacks” (6).

**Exhibit V.18. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	4
Lack of Financial Resources/Reimbursement in the Short-Term	8
Lack of Financial Resources/Reimbursement in the Long-Term	6
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	11
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	6
Other	3

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Service providers in Fulton County that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their second priority ranked “preventing vaccine-preventable diseases” as their main focus area to address.

**Exhibit V.19. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Fulton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	1	1	2
<b>Prevent Vaccine-Preventable Diseases</b>	3	1	0
<b>Prevent Health Care Associated Infections</b>	0	2	2

**C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority**

Fulton County services providers that indicated that “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” was their second priority identified “lack of financial resources/reimbursement in the long-term” as the biggest barrier in addressing this priority.

**Exhibit V.20. Barriers Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections the Second Priority for Fulton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	1
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	2
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	1
<b>Other</b>	0

**VI. Hamilton County**

**A. Hamilton County’s Priorities**

Service providers in Hamilton County identified both “preventing chronic diseases” and “promoting mental health and preventing substance abuse” as their top priority area, both with 18.

**Exhibit VI.1: Identification of Priority Areas for Hamilton County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	18	9
Provide a healthy and safe environment	4	12
Promote Healthy Women, Infants, and Children	3	8
Promote Mental Health and Prevent Substance Abuse	18	12
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	1

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For service providers in Hamilton County that identified “preventing chronic diseases” as their top priority, they ranked “increasing access to high quality chronic disease preventive care and management” (12) as the main focus area to address.

**Exhibit VI.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Hamilton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	2	6	6
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	3	8	4
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	12	3	4

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Hamilton County**

Service providers in Hamilton County that identified “preventing chronic disease” as their top priority indicated that a “lack of financial resources/ reimbursement in the short-term” and “travel distance and geography of the Adirondacks” were the biggest barriers to addressing this priority, both with nine, followed by “a shortage of professionals and staff” (7) and a “lack of financial resources/ reimbursement in the long-term” (6).

**Exhibit VI.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Hamilton County**

<b>Barrier</b>	<b>County</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	9
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	6
<b>Lack of Evidenced-Based Strategies</b>	2
<b>There is a Shortage of Professionals/Staff</b>	7
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	3
<b>There are Other Priorities More Important to Address</b>	3
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	9
<b>Other</b>	4

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Service providers in Hamilton County that indicated that “a healthy and safe environment” was their top priority ranked “injuries, violence, and occupational health” as their main focus area to address. “Long-term financial resources/reimbursement” and “other priorities more important” were the only barriers listed.

**Exhibit VI.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for Hamilton County**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	0	0	0	2
<b>Water Quality</b>	0	1	1	0
<b>Built Environment</b>	0	1	1	0
<b>Injuries, Violence, and Occupational Health</b>	4	0	0	0

**B.4. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For those service providers in Hamilton County that identified “promoting healthy women, infants, and children” as their top priority, they ranked “maternal and infant health” as their main focus area to address.

**Exhibit VI.5: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Hamilton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	2	1	0
<b>Child Health</b>	1	2	0
<b>Reproductive, Preconception, and Inter-conception Health</b>	0	0	3

**B.5. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Hamilton County**

Hamilton County service providers who indicated that “promoting healthy women, infants, and children” was their top priority, they identified “lack of financial resources/reimbursement in the long-term” and “travel distance and geography of the Adirondacks” as the biggest barriers for addressing this priority, both with 2.

**Exhibit VI.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Hamilton County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	1
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	2
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	0
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	2
<b>Other</b>	0

**B.6. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Service providers in Hamilton County that identified “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening (the mental health) infrastructure across systems” (8) as the main focus area to address, followed by “preventing substance abuse and other mental and emotional disorders” (6).

**Exhibit VI.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Hamilton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	4	6	8
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	6	8	4
<b>Strengthen Infrastructure Across Systems</b>	8	4	6

**B.7. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Hamilton County**

Service providers in Hamilton County that identified “promoting mental health and preventing substance abuse” as their top priority indicated that “a shortage of professionals and staff” (13) was the biggest barrier for addressing this priority, followed by “travel distance and geography of the Adirondacks” (12), “lack of financial resources/ reimbursement in the short-term” (11), and “lack of financial resources/reimbursement in the long-term” (9).

**Exhibit VI.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Hamilton County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	7
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	11
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	9
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	13
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	12
<b>Other</b>	5

**B.8. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

Only one service provider in Hamilton County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her top priority, and they ranked “preventing HIV and sexually transmitted diseases” as the main focus area to address. This respondent identified “a shortage of professionals and staff” and “travel distances and the geography of the Adirondacks” as the barriers to addressing this priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

For Hamilton County service providers that identified “preventing chronic diseases” as their second priority, they ranked “increasing access to high quality chronic disease preventive care and management” (5) as their main focus area, followed by “reducing obesity in children and adults” (4).

**Exhibit VI.9: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Hamilton County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	4	3	2
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	0	4	5
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	5	2	2

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Service providers in Hamilton County that identified “preventing chronic diseases” as their second priority, indicated that “travel distance and geography of the Adirondacks” (6) was the biggest barrier to addressing this priority, followed by “a shortage of professionals and staff” and “the existing population does not believe that it is an issue,” both with three. One respondent noted that the “high prevalence rates of tobacco use and obesity requires a ‘full court press’ to address successfully.”



**Exhibit VI.10. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Hamilton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	2
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	1
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	3
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	6
<b>Other</b>	3

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority**

Hamilton County service providers that identified “a healthy and safe environment” as their second priority ranked “built environment” (6) as their main focus area to address.

**Exhibit VI.11: Ranking the Focus Areas for Providing a Healthy and Safe environment when Providing a Healthy and Safe environment is the Second Priority for Hamilton County**

	<b>Rank</b>			
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
<b>Outdoor Air Quality</b>	1	2	1	6
<b>Water Quality</b>	1	2	5	2
<b>Built Environment</b>	6	2	2	0
<b>Injuries, Violence, and Occupational Health</b>	2	4	2	2

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Service providers in Hamilton County that indicated that “a healthy and safe environment” was their second priority identified “lack of financial resources/reimbursement in the short-term” (6) and “lack financial resources/reimbursement in the long-term” (4).

**Exhibit VI.12. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Hamilton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	4
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	6
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	3
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	1
<b>Other</b>	3

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

Service providers in Hamilton County that identified “promoting healthy women, infants, and children” as their second priority ranked “children health” and “reproductive, preconception, and inter-conception health,” both with three, followed by “maternal and infant health” (2).

**Exhibit VI.13: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Hamilton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Maternal and Infant Health</b>	2	6	0
<b>Child Health</b>	3	2	3
<b>Reproductive, Preconception, and Inter-conception Health</b>	3	0	5

Hamilton County service providers indicated “promoting healthy women, infants, and children” as their second priority identified “lack of financial resources/reimbursement in the long-term,” “a shortage of professionals and staff,” and “travel distance and geography of the Adirondacks,” all with five, as barriers to addressing this priority.

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

**Exhibit VI.14. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Hamilton County**

<b>Barrier</b>	<b>Count</b>
I am not Aware of any Current Work Addressing My Top Priority	1
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	3
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	5
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	5
Other	1

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

For service providers in Hamilton County that identified “promoting mental health and preventing substance abuse” as their second priority, they ranked “strengthening (the mental health) infrastructure across systems” (6) as the main focus area to address, followed by “promoting mental, emotional, and well-being in communities” (4).

**Exhibit VI.15. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Hamilton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
Promote Mental, Emotional, and Well-Being in Communities	4	4	4
Prevent Substance Abuse and other Mental and Emotional Disorders	2	6	4
Strengthen Infrastructure Across Systems	6	2	4

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Service providers in Hamilton County that identified “promoting mental health and preventing substance abuse” as their second priority indicated that “a shortage of professionals and staff” were the biggest barrier to addressing this priority, followed by “travel distance and geography of the Adirondacks” (6) and “existing strategies have not been effective” (5).

**Exhibit VI.16. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Hamilton County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	5
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	4
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	7
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	6
<b>Other</b>	2

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

One service provider in Hamilton County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her top priority, and s/he ranked “preventing vaccine-preventable disease” as the main focus area to address. The respondent indicated that the “existing population believing that this is not an issue” was the biggest barrier to addressing this priority.

**Exhibit VI.17. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Hamilton County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Prevent HV and Sexually Transmitted Diseases</b>	0	0	1
<b>Prevent Vaccine-Preventable Diseases</b>	1	0	0
<b>Prevent Health Care Associated Infections</b>	0	1	0

**VII. Warren County**

**A. Warren County’s Priorities**

Service providers from Warren County identified “promoting mental health and preventing substance abuse” as both its top priority and its second priority, 22 and 21 respectively. “Preventing chronic disease” was identified by 15 Warren County service providers as their top priority, and “providing a healthy and safe environment” was listed by 15 respondents as their second priority.

**Exhibit VII.1: Identification of Priority Areas for Warren County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	15	9
Provide a healthy and safe environment	9	15
Promote Healthy Women, Infants, and Children	6	5
Promote Mental Health and Prevent Substance Abuse	22	21
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	3

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For Warren County service providers that indicated “preventing chronic disease” was their top priority, they ranked “increasing access to high quality chronic disease preventive care and management” (13) as the focus area to address.

**Exhibit VII.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	2	5	7
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	0	9	6
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	13	1	1

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Warren County**

Service providers in Warren County that identified “preventing chronic disease” as their top priority indicated that “lack of financial resources/reimbursement in the short-term” and “a lack of professionals and staff” were the biggest barriers to addressing the priority, both with eight, followed by “travel distance and geography of the Adirondacks” (7).

**Exhibit VII.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Warren County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	3
Lack of Financial Resources/Reimbursement in the Short-Term	8
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	8
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	7
Other	1

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Warren County service providers that identified “Providing a healthy and safe environment” as their top priority ranked “injuries, violence, and occupational health” as their main focus area to address.

**Exhibit VII.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for Warren County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Outdoor Air Quality	0	0	4	4
Water Quality	1	3	3	1
Built Environment	2	3	0	3
Injuries, Violence, and Occupational Health	6	2	1	0

**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Warren County**

Service providers in Warren County that indicated that a “healthy and safe environment” as their top priority identified “lack of financial resources/reimbursement in the long-term” and “a shortage of professionals and staff” as the biggest barriers for addressing the priority, both with three.

**Exhibit VII.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Warren County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	3
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	3
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	2
Other	0

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For Warren County service providers that identified “promoting healthy women, infants, and children” as their top priority ranked “maternal and infant health” and “child health” as their main focus areas to address, both with three.

**Exhibit VII.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Maternal and Infant Health	3	3	0
Child Health	3	1	2
Reproductive, Preconception, and Inter-conception Health	0	2	4

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Warren County**

Service providers in Warren County that identified “promoting healthy women, infants, and children” as their top priority indicated that “travel distance and the geography of the Adirondacks” (4) was the biggest barrier to addressing the priority, followed by lack of financial resources in the short-term” (3) and in “the long-term” (3).

**Exhibit VII.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Warren County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	3
Lack of Financial Resources/Reimbursement in the Long-Term	3
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	1
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	1

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Warren County service providers that identified “promoting mental health and preventing substance abuse” as their top priorities ranked “strengthening (the mental health) infrastructure across systems” (11) as their main focus area to address, followed by “preventing substance abuse and other mental and emotional disorders” (8).

**Exhibit VII.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	3	8	11
Prevent Substance Abuse and other Mental and Emotional Disorders	8	8	6
Strengthen Infrastructure Across Systems	11	6	5



**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Warren County**

Service providers in Warren County that indicated that “promoting mental health and preventing substance abuse” was their top priority identified “a shortage of professionals and staff” (15) the biggest barrier to addressing the priority, followed by “travel distance and geography of the Adirondacks” (12). One respondent noted that “school districts are not having alcohol and substance abuse evidenced based programs coming in for youth as well as not training school staff in suicide prevention education or mental health first aid.”

**Exhibit VII.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Warren County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	6
<b>Existing Strategies Have Not Been Effective</b>	8
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	9
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	7
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	15
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	12
<b>Other</b>	5

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

Only one service provider in Warren County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her top priority, and s/he ranked “preventing HIV and sexually transmitted diseases” as the main focus area to address. This respondent identified “a shortage of professionals and staff” and “travel distances and the geography of the Adirondacks” as the barriers to addressing this priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

For Warren County service providers that identified “preventing chronic disease,” they ranked “increasing access to high quality chronic preventive care and management” as their main focus area to address.

**Exhibit VII.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	2	2	5
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	1	5	3
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	6	2	1

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Service providers in Warren County that indicated that “preventing chronic diseases” was their second priority identified “a shortage of professionals and staff” and “travel distances and geography of the Adirondacks” as the biggest barriers to addressing the priority. One respondent noted that the “shortage is in those willing to accept Medicaid reimbursement.”

**Exhibit VII.11. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Warren County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	3
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	4
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	4

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority**

Warren County service providers that identified “providing a healthy and safe environment” as their second priority ranked “injuries, violence, and occupational health” (6) as their main focus area to address, followed by “built environment” (5).

**Exhibit VII.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Warren County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Outdoor Air Quality</b>	1	0	3	8
<b>Water Quality</b>	0	4	6	2
<b>Built Environment</b>	5	4	2	1
<b>Injuries, Violence, and Occupational Health</b>	6	4	1	1

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Service providers in Warren County that indicated that “providing a healthy and safe environment” was their second priority ranked “lack of financial resources/reimbursement in the short-term” (8) as the biggest barrier to addressing the priority, followed by “lack of financial resources/ reimbursement in the long-term” (4)

**Exhibit VII.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Warren County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	7
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	1
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	8
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	2
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	3
<b>Other</b>	3

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

Warren County service providers that identified “promoting health women, infants, and children” as their second priority ranked “child health” (3) as their main focus area to address, followed by “reproductive, preconception, and inter-conception health” (2).

**Exhibit VII.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	0	3	1
<b>Child Health</b>	3	1	1
<b>Reproductive, Preconception, and Inter-conception Health</b>	2	0	1

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Service providers in Warren County that indicated that “promoting healthy women, infants, and children” was their second priority identified “lack of financial resources/reimbursement in the short-term” (3) was the biggest barrier to addressing the priority, followed by “lack of financial resources/reimbursement in the long-term” and “travel distance and geography of the Adirondacks,” both with two.

**Exhibit VII.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Warren County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	2
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	3
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	2
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	0
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	2
<b>Other</b>	0

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

For service providers in Warren County that identified “promoting mental health and preventing substance abuse” as their second priority, they ranked “strengthening (the mental health) infrastructure across systems” (11) as the main focus area to address, followed by “promoting mental, emotional, and well-being in communities” (6).

**Exhibit VII.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	6	8	7
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	4	8	9
<b>Strengthen Infrastructure Across Systems</b>	11	5	5

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Service providers in Warren County that identified “promoting mental health and preventing substance abuse” as their second priority indicated that “a shortage of professionals and staff” (14) was the biggest barrier for addressing this priority, “lack of financial resources/ reimbursement in the long-term” (11), “lack of financial resources/reimbursement in the short-term” (10), and “travel distance and geography of the Adirondacks” (9).

**Exhibit VII.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Warren County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	3
<b>Existing Strategies Have Not Been Effective</b>	6
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	10
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	11
<b>Lack of Evidenced-Based Strategies</b>	2
<b>There is a Shortage of Professionals/Staff</b>	14
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	4
<b>There are Other Priorities More Important to Address</b>	4
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	9
<b>Other</b>	1

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

Warren County service providers that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their second priority ranked “preventing vaccine-preventable diseases” (2) as the main focus area to address, followed by “preventing HIV and sexually transmitted diseases” (1).

**Exhibit VII.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Warren County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HIV and Sexually Transmitted Diseases</b>	1	0	2
<b>Prevent Vaccine-Preventable Diseases</b>	2	1	0
<b>Prevent Health Care Associated Infections</b>	0	2	1

**C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority**

Service providers in Warren County that indicated that “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” was their second priority identified “existing strategies have not been effective” (1) and “a shortage of professionals and staff” (1) as the barriers to addressing the priority.

**Exhibit VII.19. Barriers Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections the Second Priority for Warren County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Second Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	0
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	0
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	0
<b>Other</b>	1

**VIII. Washington County**

**A. Washington County’s Priorities**

Service providers from Washington County identified “promoting mental health and preventing substance abuse” as both its top priority and its second priority, 18 and 20 respectively. “Preventing chronic disease” was also identified by 14 Washington County service providers as their top priority.

**Exhibit VIII.1: Identification of Priority Areas for Washington County**

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	14	4
Provide a healthy and safe environment	4	12
Promote Healthy Women, Infants, and Children	6	6
Promote Mental Health and Prevent Substance Abuse	18	20
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	1

**B. Identifying the Top Priority**

**B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority**

For Washington County service providers that identified “preventing chronic diseases” as their first priority, they ranked “increasing access to high quality chronic disease preventive care and management” (9) as the main focus area to address, followed by reducing obesity in children and adults (4).

**Exhibit VIII.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Reduce Obesity in Children and Adults	4	3	6
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	1	9	4
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	9	2	3

**B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Washington County**

Washington County service providers that identified “preventing chronic disease” as their top priority indicated that both “lack of financial resources/reimbursement in the short-term” and “travel distance and geography of the Adirondacks,” both at 8, as their biggest barriers to addressing the priority, followed by “a shortage of professionals and staff” (6) and “lack of financial resources/ reimbursement in the long-term” (5).

**Exhibit VIII.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for Washington County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	1
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	8
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	6
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	8
Other	0

**B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority**

Service providers in Washington County that indicated that “providing a healthy and safe environment” was their top priority ranked “injuries, violence, and occupational health” (3) as their main focus area to address, followed by “built environment” (1).

**Exhibit VIII.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for Washington County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Outdoor Air Quality	0	0	2	2
Water Quality	0	2	1	1
Built Environment	1	2	0	1
Injuries, Violence, and Occupational Health	3	0	1	0



**B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Washington County**

Washington County service providers that identified “providing a healthy and safe environment” as their top priority indicated that “lack of financial resources/reimbursement in the short-term,” “a shortage of professionals and staff,” and “travel distance and geography of the Adirondacks,” all with two, were the biggest barriers to addressing the priority.

**Exhibit VIII.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Washington County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	1
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	2
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	2
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	2
Other	0

**B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority**

For service providers in Washington County that identified “promoting healthy women, infants, and children” as their top priority ranked “maternal and infant health” (4) as their main focus area to address, followed by “child health” (2).

**Exhibit VIII.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Maternal and Infant Health	4	2	0
Child Health	2	2	2
Reproductive, Preconception, and Inter-conception Health	0	2	4

**B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Washington County**

Service providers in Washington County that indicated that “health women, infants, and children” was their top priority identified “lack of financial resources/reimbursement in the short-term” and “travel distance and geography of the Adirondacks,” both with four, as the biggest barriers to addressing the priority. One respondent noted that “(staffing) shortages were related to mental health and substance abuse providers for women and children.”

**Exhibit VIII.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Washington County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	2
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	4
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	2
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	4
<b>Other</b>	2

**B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority**

Washington County service providers that identified “promoting mental health and preventing substance abuse” as their top priorities ranked “strengthening (the mental health) infrastructure across systems” (9) as their main focus area to address, followed by “preventing substance abuse and other mental and emotional disorders” (6).

**Exhibit VIII.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Washington County**

	<b>Rank</b>		
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>
<b>Promote Mental, Emotional, and Well-Being in Communities</b>	3	7	8
<b>Prevent Substance Abuse and other Mental and Emotional Disorders</b>	6	7	5
<b>Strengthen Infrastructure Across Systems</b>	9	4	5

**B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Washington County**

Washington County service providers that indicated that “promoting mental health and preventing substance abuse” was their top priority identified “a shortage of professionals and staff” (13) as the biggest barrier to addressing the priority, followed by “lack of financial resources/reimbursement in the short-term” (12) and “travel distance and geography of the Adirondacks” (11).

**Exhibit VIII.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Washington County**

<b>Barrier</b>	<b>Count</b>
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	0
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	4
<b>Existing Strategies Have Not Been Effective</b>	6
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	12
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	8
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	13
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	11
<b>Other</b>	3

**B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority**

Only one service provider in Washington County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her top priority, and they ranked “preventing HIV and sexually transmitted diseases” as the main focus area to address. This respondent identified “a shortage of professionals and staff” and “travel distances and the geography of the Adirondacks” as the barriers to addressing this priority.

**C. Identifying the Second Priority**

**C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority**

For service providers in Washington County that identified “preventing chronic diseases” as their second priority, they ranked “increasing access to high quality chronic disease preventive care and management” (3) as the main focus area to address, followed by “reducing illness, disability, and death related to tobacco use and secondhand smoke exposure” (1).

**Exhibit VIII.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Reduce Obesity in Children and Adults</b>	0	1	3
<b>Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>	1	2	1
<b>Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings</b>	3	1	0

**C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority**

Washington County services providers that indicated that “preventing chronic diseases” as their second priority identified “travel distance and the geography of the Adirondacks” as the biggest barrier to addressing the priority.

**Exhibit VIII.11. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for Washington County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	1
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	1
<b>Lack of Evidenced-Based Strategies</b>	1
<b>There is a Shortage of Professionals/Staff</b>	1
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	1
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	3
<b>Other</b>	1

**C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority**

Service providers in Washington County that indicated that “providing a healthy and safe environment” was their second priority ranked “built environment” (5) as their main focus area to address, followed by “injuries, violence, and occupational health” (3).

**Exhibit VIII.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Washington County**

	Rank			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Outdoor Air Quality</b>	1	0	3	5
<b>Water Quality</b>	0	2	4	3
<b>Built Environment</b>	5	2	2	0
<b>Injuries, Violence, and Occupational Health</b>	3	5	0	1

**C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority**

Washington County service providers that identified “providing a healthy and safe environment” as their second priority indicated that “lack of financial resources/reimbursement in the short-term” (6) was the biggest barrier to addressing the priority.

**Exhibit VIII.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Washington County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	5
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	2
<b>Existing Strategies Have Not Been Effective</b>	1
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	6
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	4
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	3
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	1
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	3
<b>Other</b>	3

**C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority**

Service providers in Washington County that indicated that “promoting healthy women, infants, and children” was their top priority ranked “child health” (5) as their main focus area to address.

**Exhibit VIII.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Maternal and Infant Health</b>	0	4	1
<b>Child Health</b>	5	0	1
<b>Reproductive, Preconception, and Inter-conception Health</b>	1	1	2

**C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority**

Washington County service providers that identified “promoting healthy women, infants, and children” as their top priority indicated that “lack of financial resources/reimbursement in the short-term” (4) was the biggest barrier to addressing the priority, followed by “lack of financial resources/reimbursement in the long-term” (3) and “travel distance and geography of the Adirondacks” (3). One respondent noted that “(staffing) shortages were related to mental health and substance abuse providers for women and children.”

**Exhibit VIII.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Washington County**

Barrier	Count
<b>I am not Aware of any Current Work Addressing My Top Priority</b>	1
<b>Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits</b>	0
<b>Existing Strategies Have Not Been Effective</b>	0
<b>Lack of Financial Resources/Reimbursement in the Short-Term</b>	4
<b>Lack of Financial Resources/Reimbursement in the Long-Term</b>	3
<b>Lack of Evidenced-Based Strategies</b>	0
<b>There is a Shortage of Professionals/Staff</b>	0
<b>The Existing Population Does Not Believe that My Top Priority is an Issue</b>	0
<b>There are Other Priorities More Important to Address</b>	0
<b>Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs</b>	3
<b>Other</b>	0

**C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority**

For service providers in Washington County that identified “promoting mental health and preventing substance abuse,” they ranked both “preventing substance abuse and other mental and emotional disorders” and “strengthening (the mental health) infrastructure across systems,” both with eight, as the main focus areas to address.

**Exhibit VIII.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Promote Mental, Emotional, and Well-Being in Communities	4	6	10
Prevent Substance Abuse and other Mental and Emotional Disorders	8	6	6
Strengthen Infrastructure Across Systems	8	8	4

**C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority**

Washington County service providers that indicated that “promoting mental health and preventing substance abuse” was second top priority identified “a shortage of professionals and staff” (15) as the biggest barrier to addressing the priority, followed by “lack of financial resources/ reimbursement in the short-term” (13), “travel distance and geography of the Adirondacks” (12), “lack of financial resources/reimbursement in the long-term” (10).

**Exhibit VIII.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Washington County**

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	8
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	13
Lack of Financial Resources/Reimbursement in the Long-Term	10
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	15
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	12
Other	2

**C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority**

One service provider in Washington County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as his/her second priority, and s/he ranked “preventing HIV and sexually transmitted disease” as the main focus area to address. The respondent indicated that “existing strategies have not been effective” as the biggest barrier to addressing this priority.

**Exhibit VIII.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Washington County**

	Rank		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Prevent HV and Sexually Transmitted Diseases</b>	1	0	0
<b>Prevent Vaccine-Preventable Diseases</b>	0	1	0
<b>Prevent Health Care Associated Infections</b>	0	0	1



## Appendix I: Data Consultants and Data Sources

### **Community Health Assessment Process – Data Consultants**

Center for Health Workforce Studies, University at Albany School of Public Health

Rochel Rubin, PhD, Graduate Research Assistant

Robert Martiniano, MPA, MPH, Senior Program Manager

### **Databases used for the Community Health Assessment**

- Bureau of Communicable Disease Control Data
- Bureau of HIV/AIDS Epidemiology Data
- Cancer Registry
- Community Health Indicator Reports
- Division of Criminal Justice Services
- Governor’s Traffic Safety Committee Data Report
- Motor Vehicle Crash Data
- New York State Expanded Behavioral Risk Factor Surveillance System Data (BRFSS)
- New York State Immunization Information System Data
- New York State Medicaid Program Data
- New York State Office of Mental Health Patient Characteristics Survey
- New York State Pregnancy Nutrition Surveillance System – WIC Program Data
- Office of Mental Health County Profiles Data
- Statewide Planning and Research Cooperative System (SPARCS) data
- Vital Statistics Data

## Addendum J: Demographic, Education and Health System Profile for Warren, Washington and Saratoga Counties

Adirondack Rural Health Network Summary of Demographic Information, Page 1 of 2	County										ARHN Region (1)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Square Miles</b>													
Total Square Miles	1,038	1,794	1,629	495	1,717	403	810	867	831	8,372	46,824	47,126	
Total Square Miles for Farms	230	86	227	50	3	205	123	15	296	906	11,224	11,224	
Percent of Total Square Miles Farms	22.2%	4.8%	13.9%	10.1%	0.2%	50.9%	15.2%	1.7%	35.6%	10.8%	24.0%	23.8%	
Population per Square Mile	78.8	21.8	31.6	110.7	2.8	123.9	274.7	75.4	75.7	43.0	240.0	415.8	
<b>Population</b>													
Total Population	81,829	39,072	51,508	54,870	4,783	49,951	222,512	65,388	62,910	360,360	11,239,441	19,594,330	
Percent White, Non-Hispanic	90.6%	92.5%	82.0%	93.5%	96.1%	84.1%	92.1%	94.7%	93.0%	91.3%	75.5%	57.3%	
Percent Black, Non-Hispanic	4.0%	2.8%	5.6%	1.5%	0.4%	1.5%	1.5%	1.1%	2.7%	2.9%	8.3%	14.4%	
Percent Hispanic/Latino	2.6%	2.8%	3.2%	2.6%	1.2%	12.0%	2.7%	2.0%	2.4%	2.6%	10.2%	18.2%	
Percent Asian/Pacific Islander, Non-Hispanic	1.3%	0.5%	0.4%	0.7%	0.1%	0.6%	2.0%	1.0%	0.6%	0.8%	3.7%	7.7%	
Percent Alaskan Native/American Indian	0.3%	0.3%	7.0%	0.2%	0.0%	0.1%	0.1%	0.2%	0.1%	1.2%	0.3%	0.2%	
Percent Multi-race/Other	1.2%	1.1%	1.8%	1.5%	2.2%	1.7%	1.6%	1.0%	1.1%	1.3%	1.9%	2.2%	
Number Ages 0 - 4	3,969	1,654	2,681	2,859	156	2,980	11,756	3,142	3,195	17,656	623,966	1,170,258	
Number Ages 5 - 17	11,366	5,370	7,639	8,827	655	8,487	36,857	9,673	9,629	53,159	1,862,922	3,101,974	
Number Ages 18 - 64	54,858	24,397	33,902	33,918	2,790	29,997	141,249	40,490	39,876	230,231	7,044,052	12,566,926	
Number Ages 65 Plus	11,636	7,651	7,286	9,266	1,182	8,487	32,650	12,083	10,210	59,314	1,708,501	2,755,172	
Number Ages 15 - 44 Female	15,816	5,981	8,268	9,622	590	9,000	41,490	11,171	10,596	62,044	2,120,373	4,049,852	
<b>Family Status</b>													
Number of Households	31,976	15,571	19,131	22,440	1,639	19,655	89,876	27,699	24,165	142,621	4,159,597	7,255,528	
Percent Families Single Parent Households	15.6%	13.2%	17.8%	18.6%	9.2%	17.9%	12.7%	15.7%	17.4%	16.4%	16.6%	19.8%	
Percent Households with Grandparents as Parents	1.3%	1.3%	1.6%	2.4%	1.4%	1.8%	1.1%	1.8%	2.1%	1.7%	1.5%	1.8%	
<b>Poverty</b>													
Mean Household Income	\$64,485	\$64,341	\$58,932	\$58,147	\$63,710	\$58,106	\$87,334	\$71,229	\$61,153	N/A	N/A	\$85,736	
Per Capita Income	\$25,279	\$26,755	\$22,322	\$24,265	\$29,974	\$23,809	\$35,860	\$30,662	\$23,877	N/A	N/A	\$32,829	
Percent of Individuals Under Federal Poverty Level	15.2%	11.4%	19.7%	16.2%	9.5%	19.1%	6.8%	11.9%	13.0%	14.5%	11.8%	15.6%	
Percent of Individuals Receiving Medicaid	18.1%	15.2%	17.8%	21.9%	13.0%	23.8%	9.7%	15.6%	17.0%	17.6%	16.9%	24.7%	
Per Capita Medicaid Expenditures	\$1,636.24	#####	\$1,850.64	#####	\$1,450.42	\$2,413.03	\$1,061.87	#####	\$1,612.67	\$1,793.51	\$1,713.78	\$2,500.22	
<b>Immigrant Status</b>													
Percent Born in American Territories	0.3%	0.3%	0.7%	0.5%	0.1%	3.7%	0.3%	0.2%	0.3%	0.3%	0.8%	1.6%	
Percent Born in Other Countries	4.8%	4.0%	4.6%	2.4%	2.0%	3.5%	4.7%	3.4%	2.2%	3.6%	11.3%	22.3%	
Percent Speak a Language Other Than English at Home	6.4%	6.3%	7.1%	4.7%	3.4%	14.0%	6.6%	4.5%	3.1%	5.3%	16.3%	30.2%	
<b>Housing</b>													
Total Housing Units	35,909	25,675	25,292	28,616	8,742	23,159	100,185	38,873	28,956	192,063	4,745,377	8,153,309	
Percent Housing Units Occupied	89.0%	60.6%	75.6%	78.4%	18.7%	84.9%	89.7%	71.3%	83.5%	74.3%	87.7%	89.0%	
Percent Housing Units Owner Occupied	68.3%	73.5%	71.7%	69.3%	81.8%	67.3%	71.3%	70.0%	73.5%	70.8%	70.2%	53.8%	
Percent Housing Units Renter Occupied	31.7%	26.5%	28.3%	30.7%	18.2%	32.7%	28.7%	30.0%	26.5%	29.2%	29.8%	46.2%	
Percent Built Before 1970	49.5%	57.1%	56.7%	65.8%	56.4%	72.6%	36.2%	50.3%	56.1%	55.4%	62.7%	69.1%	
Percent Built Between 1970 and 1979	12.1%	11.7%	11.2%	10.1%	12.9%	8.3%	15.3%	13.0%	10.9%	11.7%	12.1%	10.1%	
Percent Built Between 1980 and 1989	14.0%	12.1%	10.9%	9.6%	10.5%	6.6%	16.7%	14.3%	12.0%	12.3%	9.7%	7.5%	
Percent Built Between 1990 and 1999	12.1%	9.7%	12.3%	8.0%	11.4%	7.0%	15.4%	10.6%	10.6%	10.6%	8.0%	6.1%	
Percent Built 2000 and Later	12.3%	9.4%	8.9%	6.6%	8.8%	5.5%	16.4%	11.8%	10.4%	10.1%	7.5%	7.2%	
<b>Availability of Vehicles</b>													
Percent Households with No Vehicles Available	9.5%	8.5%	10.7%	9.1%	4.8%	12.9%	5.0%	8.1%	6.4%	8.6%	9.9%	29.3%	
Percent Households with One Vehicle Available	33.3%	34.4%	35.8%	39.5%	36.2%	37.3%	33.0%	35.2%	34.4%	35.3%	33.8%	32.7%	
Percent Households with Two Vehicles Available	39.4%	39.3%	38.5%	36.4%	45.0%	35.1%	43.7%	40.3%	37.9%	38.8%	38.3%	26.5%	
Percent Households with Three or More Vehicles Available	17.8%	17.8%	15.0%	15.0%	14.0%	14.7%	18.4%	16.3%	21.3%	17.3%	18.0%	11.5%	

Adirondack Rural Health Network Summary of Demographic Information, Page 2 of 2	County										ARHN Region (1)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Education</b>													
<b>Total Population Ages 25 and Older</b>	55,509	29,010	36,039	38,758	3,674	34,299	155,438	47,327	44,657		254,974	7,606,459	13,329,734
<b>Percent with Less than High School Education/GED</b>	14.7%	12.0%	15.2%	14.3%	10.1%	17.1%	6.1%	9.3%	12.1%		12.9%	10.6%	14.6%
<b>Percent High School Graduate/GED</b>	35.5%	33.6%	36.6%	38.4%	32.4%	35.9%	25.7%	33.3%	42.3%		36.6%	28.8%	26.9%
<b>Percent Some College, No Degree</b>	18.2%	20.7%	19.7%	19.6%	17.7%	17.9%	18.2%	17.6%	17.8%		18.7%	17.7%	16.3%
<b>Percent Associate Degree</b>	9.2%	9.9%	10.7%	12.0%	16.0%	12.8%	11.8%	11.6%	9.4%		10.5%	10.1%	8.5%
<b>Percent Bachelor's Degree</b>	12.1%	13.4%	9.1%	8.6%	12.4%	9.9%	22.2%	15.6%	10.8%		11.7%	17.9%	19.1%
<b>Percent Graduate or Professional Degree</b>	10.4%	10.4%	8.6%	7.1%	11.3%	6.5%	15.9%	12.7%	7.7%		9.6%	14.8%	14.6%
<b>Employment Status</b>													
<b>Total Population Ages 16 and Older</b>	68,580	33,176	42,300	44,744	4,101	39,789	179,700	54,331	51,736		298,968	9,064,295	15,832,743
<b>Total Population Ages 16 and Older in Armed Forces</b>	36	5	21	5	0	67	1,399	42	27		136	21,098	23,816
<b>Total Population Ages 16 and Older in Civilian Workforce</b>	38,692	19,250	22,027	26,819	2,153	24,151	120,730	34,104	31,536		174,581	5,743,319	10,030,632
<b>Percent Unemployed</b>	6.7%	6.9%	7.3%	7.6%	7.3%	7.5%	4.6%	6.5%	6.0%		6.8%	5.6%	6.3%
<b>Employment Sector</b>													
<b>Total Employed</b>	35,880	17,586	20,090	24,133	1,993	21,629	113,075	31,794	28,439		159,915	5,290,295	9,137,540
<b>Percent in Agriculture, Forestry, Fishing, Hunting, and Mining</b>	2.4%	3.4%	2.9%	1.2%	1.4%	2.9%	0.9%	0.9%	3.8%		2.3%	1.0%	0.6%
<b>Percent in Construction</b>	5.8%	7.8%	5.8%	6.9%	14.3%	7.5%	6.1%	6.9%	9.6%		7.2%	6.0%	5.6%
<b>Percent in Manufacturing</b>	11.8%	7.7%	4.9%	12.4%	4.3%	12.7%	9.4%	8.7%	15.3%		10.5%	8.6%	6.6%
<b>Percent in Wholesale Trade</b>	1.7%	1.4%	1.6%	1.9%	0.2%	2.3%	2.8%	1.9%	2.0%		1.8%	2.7%	2.5%
<b>Percent in Retail Trade</b>	11.8%	12.0%	11.3%	15.9%	10.4%	14.1%	11.7%	13.5%	13.3%		13.0%	11.5%	10.8%
<b>Percent in Transportation, Warehousing, Utilities</b>	4.8%	2.9%	2.9%	4.8%	2.2%	4.5%	3.2%	3.6%	3.9%		3.9%	4.5%	5.1%
<b>Percent in Information Services</b>	1.7%	1.4%	1.4%	1.8%	0.7%	1.3%	2.0%	2.0%	1.1%		1.6%	2.3%	2.9%
<b>Percent in Finance</b>	3.0%	3.4%	4.0%	2.8%	4.3%	4.6%	7.6%	5.9%	4.1%		3.9%	6.9%	8.1%
<b>Percent in Other Professional Occupations</b>	5.0%	6.0%	4.6%	5.6%	4.5%	5.9%	10.7%	7.9%	6.3%		5.9%	10.2%	11.3%
<b>Percent in Education, Health Care and Social Assistance</b>	27.8%	30.3%	31.7%	29.5%	25.8%	25.3%	25.8%	26.1%	23.4%		27.7%	28.3%	27.5%
<b>Percent in Arts, Entertainment, Recreation, Hotel, &amp; Food Service</b>	9.5%	12.7%	10.7%	7.0%	15.7%	7.6%	8.7%	13.1%	7.5%		10.1%	8.2%	9.2%
<b>Percent in Other Services</b>	4.5%	4.5%	4.6%	4.9%	4.6%	4.1%	4.1%	4.7%	4.1%		4.5%	4.7%	5.1%
<b>Percent in Public Administration</b>	10.0%	6.6%	13.7%	5.4%	11.7%	7.2%	7.1%	4.8%	5.7%		7.6%	5.3%	4.7%

(1) Excludes Montgomery County and Saratoga County

(D) Withheld to avoid disclosing data for individual farms.

Sources:

Square Miles: United States Department of Agriculture, 2012

Employment Sector: American Community Survey, 2010 - 2014

Unemployment Rate: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014

Medicaid Data: New York State Department of Health, 2014

All Other Data: American Community Survey, 2010 - 2014

Adirondack Rural Health Network  
Educational System Profile  
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Adirondack Rural Health Network Page 1 of 2	County										ARHN Region (1)	Upstate NYS (2)	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Summary Primary-Secondary Education, 2014- 2015</b>													
Total Number Public School Districts (3)	8	11	7	6	7	5	12	9	11	59	694	726	
Total Pre-K Enrollment	193	196	329	300	28	342	381	141	315	1,502	47,034	112,264	
Total K-12 Enrollment	10,590	3,643	7,201	7,571	418	7,298	33,499	8,866	8,381	46,670	1,593,319	2,608,247	
Number Free Lunch	3,572	1,261	3,097	3,051	106	3,202	5,290	2,557	2,385	16,029	483,903	1,170,671	
Number Reduced Lunch	964	446	780	692	61	493	1,406	588	673	4,204	101,239	161,792	
Percent Free and Reduced Lunch	42.1%	44.5%	51.5%	47.6%	37.4%	48.4%	19.8%	34.9%	35.2%	42.0%	35.7%	49.0%	
Number Limited English Proficiency	17	4	5	14	0	153	291	36	20	96	73,984	213,378	
Percent with Limited English Proficiency	0.2%	0.1%	0.1%	0.2%	0.0%	2.0%	0.9%	0.4%	0.2%	0.2%	4.5%	7.8%	
Total Number of Graduates	796	313	536	551	29	476	2,463	700	578	3,503	120,110	184,251	
Number Went to Approved Equivalency Program	2	1	8	1	6	22	27	11	50	1,492	2,904	2,904	
Number Dropped Out of High School	115	27	46	106	90	200	71	80	445	10,518	23,526	23,526	
Percent Dropped Out of High School	14.4%	8.6%	8.6%	19.2%	NA	18.9%	8.1%	10.1%	13.8%	12.7%	8.8%	12.8%	
Total Number of Teachers(3)	1,045	427	715	643	120	628	2,632	806	879	4,635	130,463	196,799	
Student to Teacher Ratio	10.3	9.0	10.5	12.2	3.7	12.2	12.9	11.2	9.9	10.4	12.6	13.8	

Registered Nursing Programs, 2014-2015	County									
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	
Clinton County Community College New Graduates	37	0	0	0	0	0	0	0	0	0
Clinton County Community College BSN Completers	0	0	0	0	0	0	0	0	0	0
SUNY Plattsburgh New Graduates	41	0	0	0	0	0	0	0	0	0
SUNY Plattsburgh BSN Completers	23	0	0	0	0	0	0	0	0	0
North Country Community College New Graduates	0	58	0	0	0	0	0	0	0	0
North Country Community College BSN Completers	0	0	0	0	0	0	0	0	0	0
Fulton-Montgomery Community College New Graduates	0	0	0	40	0	0	0	0	0	0
Fulton-Montgomery Community College BSN Completers	0	0	0	0	0	0	0	0	0	0
SUNY Adirondack New Graduates	0	0	0	0	0	0	0	78	0	0
SUNY Adirondack BSN Completers	0	0	0	0	0	0	0	0	0	0

Licensed Practical Nursing Programs, 2014-2015	County									
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	
Clinton, Essex, Warren, Washington BOCES (29 total)	*	*						*		*
Hamilton, Fulton, Montgomery BOCES (20 total)				*	*	*				*
North Country Community College		83								
Washington, Saratoga, Warren, Hamilton, Essex BOCES (61 total)		*			*		*	*		*

- (1) Excludes Montgomery and Saratoga County
- (2) Excludes the following counties: Bronx, Kings, New York, Queens, Richmond
- (3) No Charter Schools in the ARHN region, Montgomery County, or Saratoga County. Private School data was not available
- (4) BOCES LPN programs span multiple counties within the ARHN region, Montgomery County, and Saratoga County.

Sources: Primary and Secondary Education Data: New York State Education Department, School Report Card 2014  
 LPN Graduation Data: National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS)  
 RN Graduation Data: Center for Health Workforce Studies, University at Albany School of Public Health

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<b>Clinton</b>	<b>Essex</b>	<b>Franklin</b>	<b>Fulton*</b>	<b>Hamilton</b>
Ausable Valley Beekmantown Chazy Union Free Northeastern Clinton Northern Adirondack Peru Plattsburgh Saranac	Crown Point Elizabethtown-Lewis Keene Lake Placid Minerva Moriah Newcomb Schroon Lake Ticonderoga Westport Willsboro	Brushton- Moira Chateaugay Malone Salmon River Saranac Lake St. Regis Falls Tupper Lake	Broadalbin- Perth Gloversville Johnstown Mayfield Northville Wheelerville Union Free	Indian Lake Inlet Common Lake Pleasant Long Lake Piseco Common Raquette Lake Union Free** Wells
<b>Montgomery</b>	<b>Saratoga</b>	<b>Warren</b>	<b>Washington</b>	
Amsterdam City Canajoharie Fonda-Fultonville Fort Plain Oppenheim-Ephratah-St.	Ballston Spa Burnt Hills-Ballston Lake Corinth Edinburg Common Galway Mechanicville Saratoga Springs Schuylerville Shenendehowa South Glens Falls Stillwater Waterford-Halfmoon Union Free	Bolton Glens Falls City Glens Falls Common Hadley-Luzerne Johnsburg Lake George North Warren Queensbury Union Free Warrensburg	Argyle Cambridge Fort Ann Fort Edward Union Free Granville Greenwich Hartford Hudson Falls Putnam Salem Whitehall	

\* Oppenheim-Ephratah SD is merged with St.Johnsville SD

\*\* New School District

\*\*\* St.Johnsville SD is merged with Oppenheim-Ephratah SD

Adirondack Rural Health Network Page 1 of 3	County									ARHN Region (1)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
<b>Population, 2010-2014</b>	<b>81,829</b>	<b>39,072</b>	<b>57,508</b>	<b>54,870</b>	<b>4,783</b>	<b>49,951</b>	<b>222,512</b>	<b>65,388</b>	<b>62,910</b>	<b>366,360</b>	<b>11,239,441</b>	<b>19,594,330</b>
<b>Total Hospital Beds</b>	<b>300</b>	<b>40</b>	<b>171</b>	<b>74</b>	<b>0</b>	<b>130</b>	<b>171</b>	<b>410</b>	<b>0</b>	<b>995</b>	<b>30,148</b>	<b>54,516</b>
Hospital Beds per 100,000 Population	367	102	297	135	0	260	77	627	0	272	268	278
Medical/Surgical Beds	214	0	129	47	0	70	115	300	47	690	18,574	32,659
Intensive Care Beds	14	0	14	8	0	5	12	12	0	48	1,655	2,939
Coronary Care Beds	7	0	0	0	0	3	7	12	0	19	742	1,133
Pediatric Beds	10	0	3	12	0	0	7	16	0	41	1,086	2,210
Maternity Beds	21	0	13	7	0	8	14	23	0	64	1,846	3,251
Physical Therapy and Rehabilitation Beds	0	0	0	0	0	0	0	7	0	7	1,130	1,928
Psychiatric Beds	34	0	12	0	0	20	16	32	0	78	2,390	5,279
Other Beds	0	40	0	0	0	24	0	8	0	48	2,725	5,117
<b>Hospital Beds Per Facility</b>												
Adirondack Medical Center-Lake Placid Site	0	0	0	0	0	0	0	0	0			
Adirondack Medical Center-Saranac Lake Site	0	0	95	0	0	0	0	0	0			
Alice Hyde Medical Center	0	0	76	0	0	0	0	0	0			
Champlain Valley Physicians Hospital Medical Center	300	0	0	0	0	0	0	0	0			
Elizabethtown Community Hospital	0	25	0	0	0	0	0	0	0			
Glens Falls Hospital	0	0	0	0	0	0	0	410	0			
Moses-Ludington Hospital	0	15	0	0	0	0	0	0	0			
Nathan Littauer Hospital	0	0	0	74	0	0	0	0	0			
Saratoga Hospital	0	0	0	0	0	0	171	0	0			
St. Mary's Healthcare	0	0	0	0	0	120	0	0	0			
St. Mary's Healthcare-Amsterdam Memorial Campus	0	0	0	0	0	10	0	0	0			
<b>Total Nursing Home Beds</b>	<b>423</b>	<b>340</b>	<b>195</b>	<b>360</b>	<b>0</b>	<b>590</b>	<b>755</b>	<b>402</b>	<b>528</b>	<b>2,838</b>	<b>69,633</b>	<b>113,592</b>
Nursing Home Beds per 100,000 Population	517	870	339	656	0	1181	339	615	839	775	620	580
<b>Nursing Home Beds per Facility</b>												
Adirondack Tri-County Nursing and Rehabilitation Center, Inc	0	0	0	0	0	0	0	82	0			
Alice Hyde Medical Center	0	0	135	0	0	0	0	0	0			
Capstone Center for Rehabilitation and Nursing	0	0	0	0	0	120	0	0	0			
Champlain Valley Physicians Hospital Medical Center SNF	54	0	0	0	0	0	0	0	0			
Clinton County Nursing Home	80	0	0	0	0	0	0	0	0			
Essex Center for Rehabilitation and Healthcare	0	100	0	0	0	0	0	0	0			
Evergreen Valley Nursing Home	89	0	0	0	0	0	0	0	0			
Fort Hudson Nursing Center, Inc.	0	0	0	0	0	0	0	0	196			
Fulton Center for Rehabilitation and Nursing Center	0	0	0	176	0	0	0	0	0			
Heritage Commons Residential Health Care	0	84	0	0	0	0	0	0	0			
Indian River Rehabilitation and Nursing Center	0	0	0	0	0	0	0	0	122			
Meadowbrook Healthcare	200	0	0	0	0	0	0	0	0			
Mercy Living Center	0	0	60	0	0	0	0	0	0			
Nathan Littauer Hospital Nursing Home	0	0	0	84	0	0	0	0	0			
Palatine Nursing Home	0	0	0	0	0	70	0	0	0			
River Ridge Living Center, LLC	0	0	0	0	0	120	0	0	0			
Saratoga Center for Rehab and Skilled Nursing Care	0	0	0	0	0	0	257	0	0			
Saratoga Hospital Nursing Home	0	0	0	0	0	0	36	0	0			
Schuyler Ridge A Residential Health Care Facility	0	0	0	0	0	0	120	0	0			
St Johnsville Rehabilitation Nursing Center	0	0	0	0	0	120	0	0	0			
The Orchard Nursing and Rehabilitation Centre	0	0	0	0	0	0	0	0	88			
The Pines at Glens Falls Center for Nursing & Rehabilitation	0	0	0	0	0	0	0	120	0			
The Stanton Nursing and Rehabilitation Centre	0	0	0	0	0	0	0	120	0			
Uihlein Living Center	0	156	0	0	0	0	0	0	0			
Washington Center for Rehabilitation and Healthcare	0	0	0	0	0	0	0	0	122			
Wells Nursing Homes Inc	0	0	0	100	0	0	0	0	0			
Wesley Health Care Center Inc	0	0	0	0	0	0	342	0	0			
Westmount Health Facility	0	0	0	0	0	0	0	80	0			
Wilkinson Residential Health Care Facility	0	0	0	0	0	160	0	0	0			

Adirondack Rural Health Network Page 2 of 3	County										ARHN Region (1)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Population, 2010-2015</b>													
<b>Total Adult Care Facility Beds</b>	150	194	94	134	0	144	378	248	102	922	35,734	46,810	
Adult Care Facility Beds per 100,000 Population	183	497	163	244	0	288	170	379	162	252	318	239	
<b>Total Adult Home Beds</b>	130	43	64	82	0	104	124	218	102	639	19,023	25,040	
Total Assisted Living Program Beds	20	20	30	52	0	40	0	30	0	152	5,229	8,735	
<b>Total Assisted Living Residence (ALR) Beds</b>	0	131	0	0	0	0	254	0	0	131	11,482	13,035	
<b>Adult Home Beds by Total Capacity per Facility</b>													
Adirondack Manor HFA D.B.A Montcalm Manor HFA (Essex)	0	40	0	0	0	0	0	0	0	0			
Adirondack Manor HFA D.B.A Adirondack Manor HFA (Warren)	0	0	0	0	0	0	0	60	0	0			
Adirondack Manor Home for Adults (Clinton)	40	0	0	0	0	0	0	0	0	0			
Adirondack Manor Home for Adults (Franklin)	0	0	34	0	0	0	0	0	0	0			
Ahana House	0	0	0	0	0	0	17	0	0	0			
Arkell Hall	0	0	0	0	0	24	0	0	0	0			
Beacon Pointe Memory Care Community	0	0	0	0	0	0	52	0	0	0			
Cambridge Guest Home	0	0	0	0	0	0	0	0	34	0			
Cook Adult Home	0	0	0	0	0	0	13	0	0	0			
Countryside Adult Home	0	0	0	0	0	0	0	48	0	0			
David & Helen Getman Memorial Home	0	0	0	20	0	0	0	0	0	0			
Emeritus at the Landing of Queensbury	0	0	0	0	0	0	0	88	0	0			
Hillcrest Spring Residential	0	0	0	0	0	80	0	0	0	0			
Holbrook's Adult Home, Inc.	0	0	0	0	0	0	0	0	33	0			
Home of the Good Shepherd	0	0	0	0	0	0	42	0	0	0			
Home of the Good Shepherd at Highpointe	0	0	0	0	0	0	86	0	0	0			
Home of the Good Shepherd Wilton	0	0	0	0	0	0	54	0	0	0			
Keene Valley Neighborhood House	0	50	0	0	0	0	0	0	0	0			
Moses Ludington Adult Care Facility	0	23	0	0	0	0	0	0	0	0			
Pine Harbour	66	0	0	0	0	0	0	0	0	0			
Pineview Commons H.F.A	0	0	0	94	0	0	0	0	0	0			
Washington Co. Public Home	0	0	0	0	0	0	0	0	35	0			
Samuel F. Vilas Home	44	0	0	0	0	0	0	0	0	0			
Sarah Jane Sanford Home	0	0	0	0	0	40	0	0	0	0			
The Farrar Home	0	0	30	0	0	0	0	0	0	0			
The Terrace at the Glen	0	0	0	0	0	0	0	52	0	0			
Willing Helpers' Home for Women	0	0	0	20	0	0	0	0	0	0			
Woodlawn Commons	0	0	0	0	0	0	0	0	0	0			

	County										ARHN Region	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Community Health Center (CHC) Usage, 2014</b>													
Estimated Number of CHC Patients	3,689	10,709	1,862	306	1,289	323	13,410	34,708	29,166	81,729	926,227	1,901,994	
<b>Percentage of Population</b>	4.18%	19.0%	3.06%	0.30%	15.02%	0.40%	4.56%	49.90%	28.89%	16.84%	6.96%	8.69%	

	County										ARHN Region	Upstat NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
<b>Health Professional Shortage Areas (HPSAs)</b>													
Number of Primary Care HPSAs	1	5	4	1	2	1	0	2	1	16	87	113	
<b>Primary Care HPSA Population Total</b>	10,376	8,080	14,106	13,986	3,447	11,435	0	3,631	1,445	55,071	1,653,497	3,619,561	
Number of Dental Care HPSAs	0	1	1	1	0	1	0	0	0	3	27	41	
<b>Dental Care HPSA Population Total</b>	0	6,395	16,203	39,113	0	39,113	0	0	0	61,711	1,140,979	2,391,517	
Number of Mental Health HPSAs	1	1	1	1	1	1	0	0	0	6	41	58	
<b>Mental health APSA Population Total</b>	10,376	35,299	44,612	6,684	4,881	11,435	0	0	0	113,287	1,304,118	2,926,329	

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Adirondack Rural Health Network Page 3 of 3	County									ARHN Region (1)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Population, 2015												
Primary Care per 100,000 population	89.9	54.5	94.1	90.2	37.2	79.7	74.1	107.0	53.8	81.5	89.3	94.2
Other Subspecialty												
Obstetrics/Gynecology	18.7	0.0	19.6	5.0	0.0	12.3	7.9	23.5	0.0	12.1	15.0	16.4
IM Subspecialty	34.3	5.2	6.8	10.1	0.0	44.4	19.8	54.5	0.0	20.9	39.9	43.3
General Surgery	3.4	4.9	11.3	9.9	0.0	0.0	5.0	13.7	0.0	6.9	8.0	7.8
Surgical Specialties	44.0	14.3	15.5	18.4	0.0	22.3	20.2	55.9	2.3	27.3	34.3	35.2
Facility Based	38.3	4.7	41.3	9.4	0.0	16.5	7.0	62.0	0.0	27.9	40.6	41.4
Psychiatry	24.1	0.0	14.5	8.6	0.0	9.1	16.4	21.1	4.8	13.6	21.4	28.3
Other	43.7	9.9	14.8	3.7	0.0	13.7	12.6	55.4	0.0	23.9	36.3	40.4
Total Physician												
Total Physician per 100,000 population	296.4	93.5	217.8	155.4	37.2	197.9	162.9	393.1	60.9	214.2	284.8	307.0

	County									ARHN Region	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Licensure Data												
Clinical Laboratory Technician	17	9	1	2	0	5	22	9	5	70	1,293	1,807
Clinical Laboratory Technologist	51	20	36	35	1	44	187	50	30	454	8,243	12,782
Dental Assistant	13	2	6	4	0	4	29	5	12	75	1,292	1,359
Dental Hygienist	42	16	18	24	4	31	233	48	30	446	7,939	10,074
Dentist	50	18	28	23	2	26	194	62	19	422	10,084	17,003
Dietitian/Nutritionist, Certified	22	6	13	6	1	7	106	20	6	187	3,410	5,135
Licensed Clinical Social Worker (R/P psychotherapy)	48	28	31	29	5	19	291	73	37	561	14,963	25,568
Licensed Master Social Worker (no privileges)	31	23	23	28	4	22	234	49	26	440	14,770	26,673
Licensed Practical Nurse	403	227	373	317	11	346	1,013	371	460	3,521	51,818	67,700
Physician	261	83	127	92	7	111	699	309	55	1,744	49,087	85,592
Mental Health Counseling	51	22	22	5	1	11	102	25	9	248	3,741	5,454
Midwife	5	1	3	4	0	1	7	16	3	40	588	996
NPs, All	73	13	33	30	3	25	205	69	19	470	12,949	18,104
Nurse Practitioner, Adult Health	22	1	7	6	0	3	43	15	3	100	3,791	5,199
Nurse Practitioner, Community Health	1	0	0	0	0	0	0	0	0	1	64	69
Nurse Practitioner, Family Health	30	6	20	15	1	18	94	34	10	228	5,255	7,251
Nurse Practitioner, Gerontology	0	0	0	1	0	0	3	0	0	4	297	605
Nurse Practitioner, Obstetrics & Gynecology	6	1	0	1	0	1	5	5	1	20	229	301
Nurse Practitioner, Pediatrics	2	2	1	0	1	0	13	1	0	20	1,177	1,633
Nurse Practitioner, Psychiatry	7	2	2	3	1	2	23	11	2	53	1,057	1,383
Pharmacist	96	28	41	43	2	45	469	73	52	849	14,024	21,345
Physical Therapist	61	38	41	22	0	38	363	65	28	656	12,375	17,947
Physical Therapy Assistant	18	14	21	21	1	28	59	29	16	207	3,693	5,145
Psychologist	14	12	15	10	3	7	108	34	6	209	6,408	11,965
Registered Physician Assistant	35	45	31	19	5	18	184	96	17	450	8,118	12,005
Registered Professional Nurse	1,258	477	706	638	57	741	3,527	1,080	719	9,203	164,768	230,657
Respiratory Therapist	16	5	3	16	0	22	109	23	10	204	3,983	5,575
Respiratory Therapy Technician	5	0	2	9	0	2	11	4	1	34	812	1,042

Sources: Hospital, Nursing Home, and Adult Care Beds: New York State Department of Health  
Physician Data: Center for Health Workforce Study  
Licensure Data: New York State Education Department



Appendix K: Prevention Agenda Indicators for Warren, Washington and Saratoga Counties

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
Promote healthy and safe environments	<b>Focus Area: Injuries, Violence, and Occupational Health</b>							
	1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, 2014	187.4	147.7	176.9	161.7	188.7	183.6	204.6
	2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, 2014	447.1	488.2	219.7	486.6	442.7	440.1	429.1
	3. Rate of Assault-Related Hospitalizations per 10,000 Population, '12-14	1.4	2.0	1.0	1.6	2.4	3.9	4.3
	4. Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '12-14	N/A	N/A	N/A	N/A	7.68	7.28	6.69
	5. Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '12-14	N/A	N/A	N/A	N/A	2.55	3.45	2.75
	6. Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '12-14	N/A	N/A	N/A	N/A	3.24	3.29	2.92
	7. Rate of ED Occupational Injuries Among Working Adolescents Ages 15 - 19 per 10,000 Population Ages 15 - 19, 2014	56.6	64.4	24.6	21.5	28.2	20.6	33.0
	<b>Focus Area: Outdoor Air Quality</b>							
	1. Number of Days with Unhealthy Ozone, 2011/2013	N/A	N/A	N/A	N/A	14	N/A	0
	2. Number of Days with Unhealthy Particulate Matter, 2011/2013	0	0	0	0	0	0	0
	<b>Focus Area: Built Environment</b>							
	1. Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2015	27.7%	0.0%	28.8%	17.2%	56.8%	32.8%	32.0%
	2. Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '10-14	16.5%	21.6%	15.9%	19.5%	22.6%	45.1%	49.2%

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark	
					ARHN	Upstate NY	NYS		
	3. Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010	4.3%	4.0%	3.9%	4.9%	4.2%	2.5%	2.2%	
	4. Percentage of Adults Experiencing Food Insecurity	21.8%	20.1%	18.3%	23.3%	22.7%	29.0%	N/A	
	5. Percentage of Adults Experiencing Housing Insecurity	33.9%	36.7%	31.8%	36.1%	36.6%	43.4%	N/A	
	6. Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '11-14	N/A	N/A	N/A	N/A	18.0%	N/A	25.0%	
	<b>Focus Area: Water Quality</b>								
	1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2015	0.1%	26.9%	40.3%	19.1%	52.6%	72.1%	78.5%	
Prevent chronic diseases	<b>Focus Area: Reduce Obesity in Children and Adults</b>								
	1. Percentage of Adults Ages 18 Plus Who are Obese, '13/14	30.5%	28.2%	25.8%	29.8%	27.0%	24.9%	23.2%	
	2. Percentage of Public School Children Who are Obese, '12-14	17.8%	19.8%	14.7%	N/A	17.3%	N/A	16.7%	
	<b>Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure</b>								
	1. Percentage of Adults Ages 18 Plus Who Smoke '13/14	18.7%	21.0%	17.7%	22.5%	17.3%	15.6%	12.3%	
	<b>Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings</b>								
	1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '13/14	67.0%	69.8%	71.7%	68.3%	70.0%	69.3%	80.0%	
	2. Rate of Asthma ED Visits per 10,000 Population, 2014	34.2	28.7	20.7	44.5	48.8	85.4	75.1	
	3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, 2004	52.0	92.1	52.8	70.2	117.0	205.6	196.5	
	4. Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '12-14	2.3	3.8	3.0	2.5	2.9	3.0	3.06	
5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '12-14	4.8	4.7	4.0	6.7	6.0	6.5	4.86		

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark	
					ARHN	Upstate NY	NYS		
	6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 Population, 2014	15.4	15.5	12.5	23.2	14.7	13.8	14.0	
Promote healthy women, infants and children	<b>Focus Area: Maternal and Infant Health</b>								
		1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '14	8.6%	9.7%	8.7%	9.5%	10.8%	10.8%	10.2%
		2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '12-14	N/A	N/A	1.0%	N/A	1.59	1.60	1.42
		3. Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '12-14	1.63	1.33	1.46	N/A	1.21	1.25	1.12
		4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '12-14	0.97	0.91	1.24	N/A	1.12	1.07	1.00
		5. Rate of Maternal Mortality per 100,000 Births, 2014	N/A	0.0	0.0	N/A	18.0	18.7	21.0
		6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '14	78.3%	69.3%	74.0%	70.4%	51.1%	43.1%	48.1%
		7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '12-14	N/A	N/A	0.99	N/A	0.5	0.56	0.57
		8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '12-14	0.84	0.84	0.99	N/A	0.58	0.54	0.64
		9. Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '12-14	0.79	0.96	0.84	N/A	0.69	0.58	0.66
		<b>Focus Area: Preconception and Reproductive Health</b>							
		1. Percent of Births within 24 months of Previous Pregnancy, 2014	21.2%	26.2%	20.9%	23.0%	21.1%	18.9%	17.0%
		2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '14	10.1	16.6	6.0	14.4	11.7	17.0	25.6
		3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '12-14	0.88	N/A	1.56	N/A	4.13	5.16	4.90
		4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '12-14	0.18	N/A	2.49	N/A	3.14	4.41	4.10
		5. Percent of Unintended Births to Total Births, 2014	29.1%	33.5%	19.6%	30.3%	26.5%	24.5%	23.8%

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '14	N/A	N/A	N/A	N/A	2.14%	2.21	1.90	
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '14	N/A	N/A	0.7	N/A	1.48%	1.73	1.43	
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '14	1.32	1.23	1.81	N/A	1.97	1.76	1.54	
9. Percentage of Women Ages 18- 64 with Health Insurance, '14	92.8%	91.2%	94.3%	N/A	N/A	89.7%	100.0%	
<b>Focus Area: Child Health</b>								
1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2014	94.8%	89.6%	93.1%	91.1%	84.3%	80.8%	91.3%	
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2014	87.5%	82.0%	84.2%	84.6%	81.4%	84.2%	91.3%	
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits, 2014	72.1%	61.6%	66.0%	64.7%	62.0%	64.9%	67.1%	
4. Percentage of Children Ages 0 -19 with Health Insurance, 2014	96.8%	96.4%	97.5%	N/A	N/A	96.6%	100.0%	
<b>Focus Area: Human Immunodeficiency Virus (HIV)</b>								
1. Rate of Newly Diagnosed HIV Cases per 100,000 Population, ' 12-14	4.1	1.6	2.4	3.0	7.1	17.9	16.1	
2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '12-14	3.2	1.7	N/A	N/A	22.0	40.4	46.8	

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections	<b>Focus Area: Sexually Transmitted Disease (STDs)</b>							
	1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2014	3.1	0.0	1.8	2.2	7.0	17.3	10.1
	2. Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2014	0.0	0.0	0.0	0.6	0.3	0.5	0.4
	3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2014	36.4	9.8	17.1	49.2	140.1	165.4	183.4
	4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2014	54.4	24.0	66.2	36.1	145.3	303.1	199.5
	5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Females Ages 15 - 44, '12-14	1246.0	995.7	794.3	1184.5	1249.6	1536.4	1458.0
	<b>Focus Area: Vaccine Preventable Disease</b>							
	1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2014	75.7%	70.4%	75.4%	70.0%	59.4%	70.7%	80.0%
	2. Percent females 13 - 17 with 3 dose HPV vaccine, 2014	39.9%	36.6%	37.1%	34.0%	30.3%	40.1%	50.0%
	3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, 13/14	73.4%	74.7%	80.2%	74.4%	77.1%	72.1%	70.0%
	<b>Focus Area: Healthcare Associated Infections</b>							
	1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011	4.9	N/A	0.9	5.1	8.3	11.2	5.94
	2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011	7.8	N/A	2.7	6.3	2.7	10.0	2.05

NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	Comparison Regions/Data			2018 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
Promote mental health and prevent substance abuse	<b>Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders</b>							
	1. Percent of Adults Binge Drinking within the Last Month, '13/14	18.2%	15.2%	19.7%	N/A	17.4%	17.8%	<b>18.4%</b>
	2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, 2014	12.1%	12.7%	12.7%	N/A	11.8%	11.2%	<b>10.1%</b>
	3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '12-14	10.2	14.2	11.6	N/A	9.5	7.9	<b>5.9</b>

## Appendix L: Leading Causes of Premature Death in Warren, Washington and Saratoga Counties

County	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Warren	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Diabetes
Washington	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Diabetes	Unintentional Injury
Saratoga	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
NYS	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	Diabetes

Source: New York State Department of Health, Vital Statistics, March 2016. Available at [https://www.health.ny.gov/statistics/leadingcauses\\_death/pm\\_deaths\\_by\\_county.htm](https://www.health.ny.gov/statistics/leadingcauses_death/pm_deaths_by_county.htm)

## Appendix M: County Health Rankings for Warren, Washington and Saratoga Counties

	New York	Saratoga	Warren	Washington
<b>Health Outcomes</b>		<b>1</b>	<b>14</b>	<b>38</b>
<b>Mortality</b>		<b>6</b>	<b>14</b>	<b>36</b>
Premature death	5,400	4,500	5,500	6,300
<b>Morbidity</b>		<b>2</b>	<b>15</b>	<b>31</b>
Poor or fair health	17%	10%	11%	12%
Poor physical health days	3.6	2.9	3.2	3.3
Poor mental health days	3.7	3.3	3.5	3.5
Low birthweight	8%	7%	7%	8%
<b>Health Factors</b>		<b>4</b>	<b>12</b>	<b>38</b>
<b>Health Behaviors</b>		<b>9</b>	<b>14</b>	<b>41</b>
Adult smoking	14%	14%	14%	15%
Adult obesity	24%	26%	26%	30%
Food environment index	7.9	8.6	8.1	8.1
Physical inactivity	24%	23%	21%	24%
Access to exercise opportunities	91%	87%	95%	62%
Excessive drinking	17%	21%	19%	19%
Alcohol-impaired driving deaths	23%	26%	24%	28%
Sexually transmitted infections	489.5	208.4	302.1	203.4
Teen births	23	13	25	31
<b>Clinical Care</b>		<b>3</b>	<b>1</b>	<b>29</b>
Uninsured	12%	7%	10%	11%
Primary care physicians	1,200:1	1,300:1	880:1	2,740:1



Dentists	1,280:1	1,600:1	1,070:1	4,800:1
Mental health providers	420:1	710:1	330:1	900:1
Preventable hospital stays	53	49	46	52
Diabetic monitoring	86%	90%	89%	88%
Mammography screening	62%	67%	71%	69%
<b>Social &amp; Economic Factors</b>		<b>2</b>	<b>20</b>	<b>39</b>
High school graduation	77%	86%	83%	80%
Some college	66%	77%	65%	49%
Unemployment	6.3%	4.6%	6.5%	6.0%
Children in poverty	23%	10%	21%	20%
Income inequality	5.6	4.0	4.3	4.0
Children in single-parent households	35%	25%	33%	35%
Social associations	7.9	8.2	12.9	10.1
Violent crime	400	65	164	138
Injury deaths	42	38	43	58
<b>Physical Environment</b>		<b>21</b>	<b>26</b>	<b>24</b>
Air pollution - particulate matter	11.7	11.1	11.1	10.9
Drinking water violations		Yes	Yes	Yes
Severe housing problems	24%	12%	16%	16%
Driving alone to work	54%	83%	82%	78%
Long commute - driving alone	36%	37%	27%	38%

Note: Blank values reflect unreliable or missing data

Source: 2016 County Health Rankings. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Available at <http://www.countyhealthrankings.org/>