

2016-2018

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COVER PAGE

1. Counties Covered:

Warren, Washington and Saratoga Counties

2. Participating Local Health Departments:

Warren County Public Health

Dan Durkee, Senior Health Educator 1340 State Route 9 Lake George, New York 12845

Washington County Public Health

Patty Hunt, Director 415 Lower Main Street #1 Hudson Falls, New York 12839

Saratoga County Public Health

Cathi Duncan, Director 31 Woodlawn Avenue #1 Saratoga Springs, New York 12866

3. Participating Hospitals/Hospital Systems:

Glens Falls Hospital-Lead Agency

Kelly Pilkey 100 Park Street Glens Falls, New York 12801

Saratoga Hospital-collaborative hospital partner within the service area

Dot Jones 211 Church Street Saratoga Spring, New York 12866

4. Assessment and Planning Coalition:

Adirondack Rural Health Network led by Adirondack Health Institute

Note: Saratoga Hospital and Saratoga County partnered with the Healthy Capital District Initiative for their community needs assessment and planning. Glens Falls Hospital representatives were present during this process.

Executive Summary:

In the development of this Community Service Plan (CSP), Glens Falls Hospital (GFH) collaborated and consulted with Warren, Washington and Saratoga County Health Departments and Saratoga Hospital to assess our regional community health needs, identify priority areas and determine regional health disparities that present barriers to care. This CSP addresses the requirements set forth by the New York State Department of Health (NYS DOH), which asks hospitals to work with local health departments to complete a CSP that mirrors the Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) required by the Affordable Care Act (ACA). The NYS DOH also encourages hospitals and local health departments to work together to submit one plan per county. However, due to the additional requirements set forth by the ACA for hospitals and the need to collaborate with three separate counties, GFH has opted to submit its own CSP that combines elements of the CHNA and IS and incorporates alignment with our local health department partner's Community Health Improvement Plans (CHIPs). This strategy ensures the most efficient and effective use of hospital resources and supports a comprehensive approach to community health and population health management in the region.

After thorough data analysis to determine regional health needs and considering our infrastructure, capacity and ability to affect change, GFH has selected all three focus areas within the Chronic Disease priority area, 1) Reduce Obesity in Children and Adults; 2) Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure; 3) Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings, as our health priority for the period 2016-2018.

To identify and prioritize the current healthcare challenges for the residents of our service area,

GFH undertook extensive data analysis and consultation with key stakeholders in the community.

Data was collected from multiple sources including publicly available health indicator data

published by NYS and survey data collected by the Adirondack Rural Health Network (ARHN); a

regional assessment and planning coalition. Specifically, the following data sources, assessments

and surveys were analyzed and considered during our regional planning and assessment process: 1)

Regional Delivery System Reform Incentive Payment (DSRIP) Program Community Needs

Assessment; 2) NYS Prevention Agenda Dashboard County Health Indicator Data; 3) ARHN Regional

Community Provider Survey; 4) County Health Rankings; 5) NYS Cancer Registry; and 6) Warren,

Washington and Saratoga County Tobacco Survey.

Despite successful implementation of the strategies outlined in GFH's 2013-2015 CSP, the burden of chronic disease is still prevalent in the region. As such, GFH will maintain a focus on the prevention of chronic disease through continued implementation of evidence-based strategies that focus on policy and environmental changes, health care transformation projects and by leveraging strong community partnerships to make it easier for the residents within our service area to lead healthier lives.

Additional analysis revealed an increasing demand and need for mental health and substance abuse services throughout the three county region. GFH recognizes this trend and the need for quality services and programs, however, we have chosen not to formalize the current efforts within this CSP. GFH will continue to focus on this priority as we recruit providers, build capacity and develop innovative care models to meet the needs of the region. Through initiatives such as DSRIP and Health Home, GFH continues to evolve and develop integrated care models and population health strategies that focus on expanding access to behavioral health services. Additionally, working

closely with county health departments and community partners to discuss how we can best meet the needs and provide clinical and community linkages.

Within our chosen priority area, GFH will implement strategies, interventions and activities that align directly with those outlined in the Evidence-Based Programs, Policies and Practices in the NYS Prevention Agenda Action Plans. These strategies take into account a multi-faceted approach to gaining broad-based support of environmental, policy and practice change to reduce health disparities and make being healthy the easy choice. Our interventions will focus on individuals struggling with the socioeconomic determinates of health; as well as those with limited access to quality care. The residents within our service area generally have lower household incomes, lower educational attainment, experience insufficient or no insurance coverage, have less access to care due to distance and lack of transportation and contend with a void of services and available health care providers due to our highly rural geography. There are also a great number of people within the region who lack the skills and resources necessary to successfully navigate complex health care needs in a rapidly changing health care environment.

As applicable, GFH will identify opportunities to align and integrate our strategies to support and complement initiatives and activities already being implemented through the DSRIP Program, especially those within Domain 4, as many of those projects align themselves with the population health initiatives identified by GFH in this CSP.

Community engagement is integral to the success of improving health in our region. GFH will engage local, regional and statewide partners throughout the process of implementing our chosen strategies and activities. Potential partners exist throughout the three county area, many of whom are long-standing partners and consist of a wide array of disciplines including schools, workplaces,

housing and transportation authorities, Offices on Aging, county health departments, local economic opportunity councils, Chambers of Commerce and local decision makers. GFH will solicit the advice and expertise of these content experts to aid us in the development, implementation and evaluation of evidence-based strategies and interventions that will best meet the needs of the population we serve. The ongoing engagement of these stakeholders is critical to the success and sustainability of our work and will be a key activity as we implement programming. GFH has a long-standing history of partnerships with the county health departments in our service area, in addition to other community-based organizations and agencies to support implementation of community health initiatives. Many of these partners participated in the various county health assessments and planning processes that helped determine our regional community health needs. GFH will continue to partner with each county and respective partners to implement the initiatives identified herein and within each county's respective CHIP to ensure partner engagement on the county and regional level.

To ensure efficacy of the proposed interventions, GFH will work with Warren, Washington and Saratoga Public Health Departments and other community partners on comprehensive evaluation plans that include both process and outcome evaluation. This information will be used to share successes and challenges, inform broader communications with the community, key partners and local decision makers, as well as to provide regular updates to the NYS DOH, as requested or required.

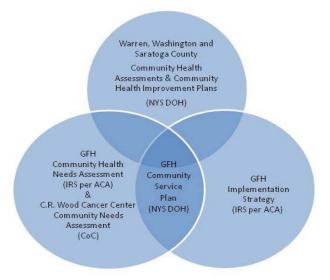
Introduction

GFH developed this CSP to identify and prioritize the community health needs of the patients and communities within the GFH service area, and develop a three-year plan of action to address the prioritized needs. The plan was developed in collaboration with Warren, Washington and Saratoga County Public Health Departments, and includes strategies that are evidence-based and aligned with the NYS Prevention Agenda 2016 – 2018. This CSP addresses the requirements set forth by the NYS DOH, which requires hospitals to work with local health departments to complete a CSP that mirrors the Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) required by the Affordable Care Act (ACA). GFH combined elements from our CHNA and IS documents to create this CSP. 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 implementation strategy to meet the significant health needs of the communities they serve, at least once every three years.

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.¹ The findings in the GFH CHNA result from a year-long process of collecting and analyzing data and consulting with stakeholders throughout the community and the region. The GFH CHNA also addresses the American College of Surgeons (ACoS) Commission on Cancer (CoC) requirements 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 are highlighted throughout the assessment. The IS is a three-year plan of action including goals, objectives, improvement strategies and performance measures with measurable and time-framed targets.

County health departments in NYS have separate yet similar state requirements to conduct a Community Health Assessment (CHA) and a corresponding Community Health Improvement Plan (CHIP). Aligning and combining the requirements of NYS DOH, the ACA and the CoC, in addition to coordinating with each county health department, ensures the most efficient and



effective use of hospital resources and supports a comprehensive approach to community health and population health management in the region.

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

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

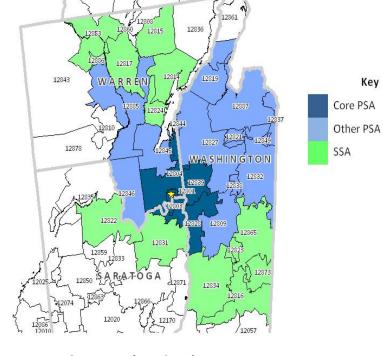


our mission and our Standards of Behavior and Core Values - HOW we interact and provide services as we strive to fulfill our mission.

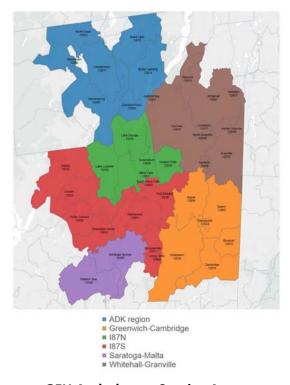
Glens Falls Hospital Service Area

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 at 78.5%. The Other Primary Service Area 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).²

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. As applicable, GFH will identify opportunities to align and integrate our strategies to support and complement initiatives and activities already being implemented through the Delivery System Reform Incentive Payment (DSRIP) Program, Domain 4 activities as many of those projects align themselves with the population health initiatives identified by GFH in this CSP.

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.

<u>Population Health Improvement Program</u>: 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,

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² 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).

Clinton, Essex, Hamilton, Warren, and Washington counties. GFH is an active member of the North Country PHIP.

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.

<u>Health Home:</u> 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.

<u>Delivery System Reform Incentive Payment Program:</u> 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.

*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)³ 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 regional level. Documents from such community sectors as behavioral health service providers,

³ 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.

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/dsrip/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.⁴ 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 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.

⁴ 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 is shared 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

The following sections outline key features and health issues of Warren, Washington and Saratoga Counties. Please see Appendix G for the complete Demographic, Education and Health System profiles for Warren, Washington and Saratoga Counties.

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.

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.

Health Care Facilities

There are two hospitals in the three county area, GFH and Saratoga Hospital. GFH and Hudson Headwaters Heath Network (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. The 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.

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	Upstate	New York	
	Saratoga Warren Wash		Region*	NYS	State		
Square Miles							
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	
Population							
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	
Poverty							
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%	
Education							
% with Less than High School							
Education/GED	6.1%	9.3%	12.1%	12.9%	10.6%	14.6%	
% High School Graduate/GED	25.7%	33.3%	42.3%	36.9%	28.8%	26.9%	
% Some College, No Degree	18.2%	17.6%	17.8%	18.7%	17.7%	16.3%	
% Associate Degree	11.8%	11.6%	9.4%	10.5%	10.1%	8.5%	
% Bachelor's Degree	22.2%	15.6%	10.8%	11.7%	17.9%	19.1%	
% Graduate/Professional Degree	15.9%	12.7%	7.7%	9.6%	14.8%	14.6%	
Employment Status							
% Unemployed	Employed 4.6% 6.5% 6.0% 6.8% 5.6% 6.3% A Miles: United States Department of Agriculture 2013 : Employment Sector: American Community Suprey 2010 – 2014: 2014:						

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 was 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. The following narrative is a summary of the health status of the communities within the GFH service area. See Appendix J .

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.⁵

⁵ 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/

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 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 K 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. The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties:

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

⁶ Adapted from the Preventing Chronic Diseases Action Plan for the NYS Prevention Agenda. Available at: http://www.health.ny.gov/prevention/prevention/prevention/agenda/2013-2017/plan/chronic_diseases/index.htm

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 interconception (between pregnancies).⁷

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.⁸ 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

⁷ 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

⁸ 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

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 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 10 mg/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 prepregnancy 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. ⁹ 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

⁹ 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

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 counties¹⁰.

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

¹⁰Adapted 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

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. ¹¹ 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

¹¹ Adapted from the Centers for Disease Control and Prevention, Social Determinants of Health website, http://www.cdc.gov/socialdeterminants/

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:

NYS Prevention Agenda Indicators: Disparities							
	c c			Comparison Regions/Data			
	Warren	Warren Washington	Saratoga	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%	21.8%
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	1.87
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	1.86
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	122
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	1.85
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	1.38
7. Percentage of Adults (Ages 18 - 64)							
with Health Insurance, 2014	91.4%	89.5%	93.5%	n/a	n/a	87.6%	100%
8. Percentage of Adults with Regular							
Health Care Provider, 2013-2014	85.1%	86.2%	90.2%	n/a	84.6%	84.4%	90.8%

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. ¹²

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.¹³

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. 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.¹⁵ 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.¹⁶ 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.

¹² 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

¹³ 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

¹⁴ Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion, Cancer website, http://www.cdc.gov/chronicdisease/resources/publications/AAG/dcpc.htm

¹⁵ 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

¹⁶ NYS DOH Cancer Data for New York State Counties available at https://www.health.ny.gov/statistics/cancer/registry/vol1.htm

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:

Cancer Site	Warren	Washington	Saratoga	NYS
	County	County	County	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 that of both the ARHN Region (650.6) and Upstate New York (235.2).

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.¹⁷ 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

¹⁷ 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.

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. ¹⁸

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 subquestions 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 to 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

¹⁸ 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. NYS Cancer Burden Profiles for Warren, Washington and Saratoga counties, 2012.

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.

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

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 L.

Prioritized 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 heath 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.

	Warren County	Washington County	Saratoga County/Saratoga Hospital
Prevention Agenda Priority and/or Focus Areas	Prevent Chronic Disease Promote Mental Health Prevent Substance Abuse	Reduce obesity in children and adults Reduce illness, disability and death related to tobacco use and secondhand smoke exposure Prevent substance abuse and other mental, emotional and behavioral health disorders	Promote Mental Health Prevent Substance Abuse

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

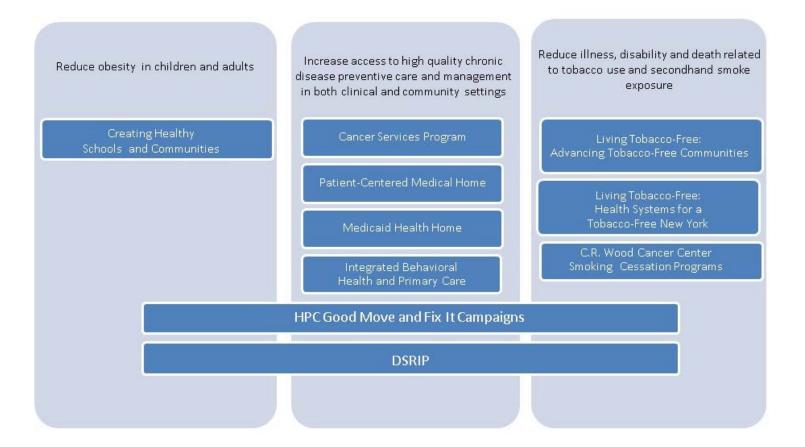
In addition to GFH choosing the three focus areas under the Chronic Disease priority area, as part of the community health planning and assessment process, the CHA Committee identified and selected Chronic Disease Prevention as a regional priority in support of the NYS Prevention Agenda 2013-2018. CHA 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.

Plan to Address Community Need

The following three-year action plan includes initiatives led by GFH to address the prioritized community health needs. It includes initiatives to address the focus areas under the Prevent Chronic Disease priority area of the NYS Prevention Agenda. Many of the initiatives impact more than one focus area and some influence all three focus areas. Each initiative includes a brief description, health disparities addressed, goal, SMART objective(s) and corresponding performance measure(s), and key activities for the improvement strategy. GFH continues to be actively involved in the counties' and other partner-led initiatives. Each county located within the GFH service area will detail more fully in their respective CHIPs those projects they intend to lead in partnership with GFH. The following table outlines the reach of each program that will be conducted by GFH to meet the needs of our community members.



GFH Initiative/Improvement Strategy: Creating Healthy Schools and Communities

Initiative – Brief Description/Background: The Creating Healthy Schools and Communities initiative works with school districts to implement sustainable policy, systems and environmental changes in high needs school districts and the communities where the students and their families live. Work focuses on increasing access to healthy, affordable foods and beverages and expanded opportunities to be physically active. Creating Healthy Schools and Communities is a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH. This initiative is implemented in school districts and communities located in Warren, Washington and Saratoga counties.

Health Disparities Addressed: Low socio-economic status populations as demonstrated by schools and communities with the 1) highest percent of district population living in poverty; 2) highest percent of the population with less than a high school education; 3) highest percent of students qualifying for free/reduced lunch; 4) highest percent of children living in poverty; and 5) highest percent of students who are obese.

GFH Goal: Improve the health of people in the GFH region through prevention of obesity and related chronic conditions.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, improve school environments to support and	# of schools implementing
promote healthful eating and increased opportunities for physical	environmental changes.
activity, before, during and after the school day for all students in	
grades K-12 by implementing 33 environmental and 4 board approved	# of board approved policy
policy changes in identified schools.	changes.
By December 2018, enhance opportunities for improved nutrition and	# of communities
physical activity by implementing 37 policy or environmental changes	implementing environmental
in identified communities.	and/or policy changes.

Activities

Increase access to healthy, affordable foods through establishing policy that increases a school districts ability to meet Healthy Hunger-Free Kids Act provisions.

Establish Comprehensive School Physical Activity Programs.

Promote student wellness through the assessment, development, improvement and implementation of local School Wellness Policies.

Increase access to healthy, affordable foods through the establishment of zoning regulations, cooperative buying groups and creating or enhancing food hubs.

Increase adoption and use of food standards and procurement policies in municipalities, community-based organizations, worksites and hospitals.

Adopt and implement Complete Streets policies, plans and practices.

GFH Initiative/Improvement Strategy: Living Tobacco-Free: Health Systems for a Tobacco-Free NY

Initiative – Brief Description/Background: Health Systems for a Tobacco-Free NY works with health system administrations to integrate policies and practices that ensure the consistent delivery of aggressive tobacco dependence treatment in accordance with the Public Health Service's Clinical Practice Guidelines for Tobacco Use and Dependence. Health Systems for a Tobacco-Free NY is a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH. This initiative is implemented in Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington counties.

Health Disparities Addressed: Individuals with low income, low educational attainment and individuals diagnosed with mental health issues. These specific populations are prioritized because of their disproportionate use of tobacco products in comparison to the general population.

GFH Goal(s): To reduce the morbidity, mortality and economic burden attributed to tobacco use in Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington counties.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, Health Systems for a Tobacco-	# of medical health providers signing an MOU
Free NY will partner with 7 medical health systems	that complete systems level change to address
within the nine county service area to develop	tobacco dependence as directed by the Public
comprehensive, guideline concordant and	Health System's 2008 Clinical Guidelines for
evidenced-based policies that address tobacco	Treating Tobacco Use and Dependence.
dependence within their patient population.	
By December 2018, Health Systems for a Tobacco-	# of behavioral health providers signing an
Free NY will partner with 7 behavioral health	MOU that complete systems level change to
systems in the nine county service area to develop	address tobacco dependence as directed by
comprehensive, guideline concordant and	the Public Health System's 2008 Clinical
evidenced-based policies that address tobacco	Guidelines for Treating Tobacco Use and
dependence within their client population.	Dependence.

Activities

Identify significant medical and behavioral health care systems and their key administrators within the nine county area to approach with the health improvement initiative.

Enlist influential local and regional organizations and members in activities that support and advance advocacy with decision makers of the targeted medical and behavioral health systems.

Engage these targeted medical and behavioral health systems to ascertain the current state of each system's tobacco use and dependence interventions.

Partner with the targeted medical and behavioral health systems to establish and integrate system-level policies and procedures that meet the Public Health Service Clinical Guidelines for Tobacco Use and Dependence.

Lead target health systems to measure the implementation of the evidence-based policy in order to enhance the protocols where needed, and to impact the sustainability of the initiative.

GFH Initiative/Improvement Strategy: Living Tobacco-Free: Advancing Tobacco-Free Communities

Initiative – Brief Description/Background: Advancing Tobacco-Free Communities fosters environments supportive of policies that reinforce the tobacco-free norm in communities throughout NYS. This approach to chronic disease prevention utilizes a community-based strategy, which includes community education, community mobilization, government policy maker education and advocacy with organizational decision makers in order to create local environments that are supportive of tobacco-related policy change. Advancing Tobacco-Free Communities, a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH and serves Saratoga, Warren and Washington counties.

Health Disparities Addressed: Youth and low socioeconomic populations at high risk for tobacco use, or exposure to secondhand smoke.

GFH Goal(s): Improve the health of people in the GFH region through education, mobilization and the execution of policies that reduce tobacco use.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, create a local environment that successfully	# of total tobacco-related
supports the development and/or passage of at least 10 tobacco-	policies in development or
related policies across four different initiatives: point of sale, tobacco-	completion for point of sale,
free outdoors, smoke-free housing, and/or smoke-free media.	tobacco-free outdoors,
	smoke-free housing, and/or
	smoke-free media.

Activities

Establish and maintain relationships with local community organizations, youth, key stakeholders, and decision makers.

Garner earned media for initiatives and tobacco-related holidays.

Educate community members about the benefits of tobacco-free environments and policy solutions.

Mobilize community partners to advocate for tobacco-free communities and policy change.

Support community partners in adopting tobacco-related policies.

GFH Initiative/Improvement Strategy: Good Move/Fix it! Campaign

Initiative – Brief Description/Background: Good Move and Fix it! is a campaign to encourage individuals and families to take steps toward good health in the community, in the workplace, and in the school. The campaign promotes being active, eating healthy foods, tobacco cessation and making use of preventative care. Good Move/Fix it! is a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH through Creating Healthy Schools and Communities, Living Tobacco-Free: Advancing Tobacco-Free Communities and Health Systems for a Tobacco-Free NY.

Health Disparities Addressed: Low socio-economic status populations with limited access to community resources with increased risk for chronic disease

GFH Goal: Improve the health of people in the GFH region by enhancing access to clinical and community preventive services through coordinated health-related messaging.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, coordinate chronic disease messaging by	# of community
establishing 40 distribution sites for a campaign to promote	organizations, partners
awareness of preventative health measures; including increased	and/or sites distributing and
physical activity, access to quality nutrition, tobacco-free	promoting Good Move/Fix it
environments and preventive care services.	campaign materials.

Activities

Expand our communication and outreach plan to support a coordinated and integrated network of partners such as healthcare providers, schools, worksites and community-based organizations or municipalities.

Work with partners to determine setting-specific messaging and placement of materials.

Monitor campaign efficacy and reach through partner and community feedback.

GFH Initiative/Improvement Strategy: C.R. Wood Cancer Center Smoking Cessation Programs

Initiative – Brief Description/Background: The C.R. Wood Cancer Center offers smoking cessation programs for patients and community members. The 4-week program is currently offered four times a year, led by Oncology Nurse Navigators at the Cancer Center.

Health Disparities Addressed: Individuals at high-risk for poor health outcomes

GFH Goal(s): Improve the health of people in the GFH region through the promotion of tobacco use cessation and the elimination of exposure to secondhand smoke.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, individuals attending the smoking cessation programs	% average decrease of
will demonstrate a 20% decrease in the amount of cigarettes smoked.	cigarettes smoked by
	program participants

Activities

Provide quarterly smoking cessation classes.

Offer individual smoking cessation counseling to high risk individuals who have been screened through the high risk lung screening clinic.

Provide pre- and post-evaluations to qualify the cessation program effectiveness.

Provide timely follow-up to ensure and reinforce knowledge base.

GFH Initiative/Improvement Strategy: Cancer Services Program

Initiative – Brief Description/Background: The Integrated Breast, Cervical and Colorectal Cancer Screening Program provides comprehensive screening for uninsured residents. Cancer Services Program (CSP) partners with close to 50 local health care providers for screening services. Outreach and education practices are in place with strong relationships cultivated with community partners. The CSP partners are key community leaders, public health departments, elected officials, the Chamber of Commerce and the local libraries. The CSP is a program of C.R. Wood Cancer Center of GFH and is partially funded by the NYS DOH.

Health Disparities Addressed: Low socio-economic status populations and uninsured individuals with limited access to screening services

GFH Goal(s): Improve the health of the people in the GFH region by increasing screening rates for breast/cervical/colorectal cancer.

GFH SMART Objective(s)

By December 2018, conduct cancer screenings in priority populations to ensure:

- 20% of clients screened are women who are rarely or never screened
- 20% of clients screened are male clients
- 20% of clients screened are those needing comprehensive screenings (breast, cervical and colorectal)
- Increase and promote policies for paid time off or flex time for cancer screening with at least 4 municipalities and/or businesses.

Performance Measure(s)

NYSDOH Cancer Services Program Monthly Performance Measures;

PM#2

PM#4

PM#7

Workplan performance measure

Activities:

Develop and implement advertising campaigns during breast, cervical and colorectal cancer awareness months. (October, January & March)

Broaden inreach efforts within GFH to include the ED and Behavioral Health Services to identify uninsured and age-eligible people for cancer screenings.

Utilize the CSP centralized intake system to ensure comprehensive screenings have been completed.

Establish and maintain relationships with community-based organizations and providers who are referral sources for clients.

Collaborate and actively engage organizations and individuals throughout the service area to assist in implementing required activities to meet or exceed program performance measures.

Work with municipalities and local businesses to expand or implement new paid time off or flex time policies for cancer screenings.

GFH Initiative/Improvement Strategy: Patient-Centered Medical Home

Initiative – Brief Description/Background: Within our 11 health centers, GFH is working to transform the model of primary care delivery through advancement of patient-centered medical homes. This transformation will strengthen the physician-patient relationship with a special focus to ensure high needs populations have access to high quality of care, including integration of primary, specialty, behavioral and social care services.

Health Disparities Addressed: Individuals living in rural areas with limited access to comprehensive, coordinated care.

GFH Goal: Improve the health of people in the GFH region by increasing access to high quality, evidence based preventive care and chronic disease management.

GFH SMART Objective(s):	Performance Measure(s)
By December 2018, expand the use of the patient-centered medical	# of health centers receiving
home model in 11 GFH health centers.	NCQA 2014 PCMH Level 3
	recognition

Activities

Adapt and use certified electronic health records to support clinical decision making, population health management, improvement in clinical quality measures, and coordination of care.

Implement Best Practice Advisories (BPA). These BPAs alert the care team to services that are due, overdue or about to be due. These include those items identified as high risk population (depression, diabetes, Medicaid Health Home participants), as well as those health maintenance items that are distinct and similar to those required by our Medicare Shared Savings Accountable Care Organization. These included items such as mammograms, colorectal screening, influenza, pneumococcal, tobacco cessation, BMI, fall risk, depression screening, Coronary Artery Disease (CAD), and Ischemic Vascular Disease (IVD).

Perform population health management by actively using electronic medical records (EMR) and other IT platforms, including use of targeted patient registries.

Implement preventive care screening protocols including behavioral health screenings (PHQ9) for all patients to identify unmet needs. Develop a process for assuring referral to appropriate care in a timely manner.

Identify care coordinators at each primary care practice site that are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.

Implement open access scheduling in all participating primary care practices.

GFH Initiative/Improvement Strategy: Integrated Behavioral Health and Primary Care

Initiative – Brief Description/Background: GFH is working to advance health care through the integration of behavioral health care into the primary care health centers. Physical and mental health treatment and services will be internally integrated and coordinated with the wider health care network in order to promote and support health, wellness and recovery.

Health Disparities Addressed: Individuals with limited access to behavioral health services

GFH Goal(s): Improve the health of people in the GFH region through the use of evidence-based, integrated care to prevent and manage chronic disease.

GFH SMART Objective(s)	Performance Measure(s)
By December 2018, advance health care for adult patients through	# of GFH health centers with a
the integration of primary and behavioral health care at three health	psychiatric provider and/or social
centers.	worker available to provide
	onsite assessment and treatment
	services

Activities

Identify health centers with the capacity and need for integrated primary and behavioral health care. Leverage best practices from current model, including clinical integration strategies.

Complete facility renovations at target sites to support expanded staffing and clinical workflows.

Recruit and hire psychiatric nurse practitioners and/or licensed clinical social workers.

Provide staff education and training relative to rolls for existing office staff and providers.

Ensure appropriate orientation and training for newly hired NPPs and LCSWs.

Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within practices for the expected volume of patients and hours of service required.

Launch primary care /behavioral health adult referral protocol designed to establish criteria for the referral of adults and older adults from the primary care setting to the behavioral health setting and vice versa.

GFH Initiative/Improvement Strategy: Medicaid Health Home

Initiative – Brief Description/Background: 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.

Health Disparities Addressed: Low socio-economic status populations on Medicaid disproportionately affected by complex chronic conditions.

GFH Goal(s): Improve the health of people in the GFH region by promoting coordinated care to prevent and manage chronic disease.

•	
GFH SMART Objective(s)	Performance Measure(s)
By December 2018, increase by 5 the number of Care Coordinators	# of Care Coordinators recruited
within our primary care centers (PCC) to assist with the	and working in primary care
management of chronic disease and behavioral health integration.	centers (PCC)
Activities	
Convene an internal care coordination workgroup to begin to identify current capacity, gaps and needs.	
Utilize Cerner EMR system, including the disease registries, to identify potential Health Home members.	
Partner with local behavioral health organizations to ensure access to comprehensive services.	
Expand utilization of the patient portal and My Chart to increase patient engagement.	

Expand care coordination capacity through the identification of new downstream providers.

Conduct outreach to existing PCPs to assess capacity for additional patients.

Delivery Reform Incentive Payment Program (DSRIP)

It is important to note that while DSRIP is included as a strategy, there is not a corresponding workplan within this CSP specific to the many DSRIP initiatives in which GFH is involved. Many of these workplans are still under development as the projects continue to evolve. We have, however, chosen to include DSRIP as a strategy as the overall goals of the program, especially those projects within Domain 4, align themselves with the population health initiatives identified herein. As each DSRIP workplan is developed, opportunities for alignment will be identified and integrated into our initiatives.

Evaluation Plan

To ensure efficacy of the proposed interventions, GFH will work with Warren, Washington and Saratoga Public Health Departments on comprehensive evaluation plans that include both process and outcome evaluation. GFH will ensure these plans align with and compliment the evaluation plans developed by each county. Process evaluation will demonstrate if the activities were implemented, if the appropriate populations were reached, and how external factors influenced the implementation. Progress will be tracked through discussion with internal and external partners responsible for each initiative. Through these discussions, mid-course corrections may be made to the plan to ensure goals and objectives are met. Outcome evaluation will demonstrate the impact of the activities and the ability to meet the

objectives outlined in the action plan. This information will be used to provide regular updates to the NYS DOH as requested or required. In addition, this information will be used to share successes and challenges, and inform broader communications with the community and key partners.

Community Health Needs not Addressed in the Action Plan

Additional analysis revealed an increasing demand and need for mental health and substance abuse services throughout the three county region. GFH recognizes this trend and the need for quality services and programs, however, we have chosen not to formalize the current efforts within this CSP. GFH will continue to focus on this priority as we recruit providers, build capacity and develop innovative care models to meet the needs of the region. Through initiatives such as DSRIP and Health Home, GFH continues to evolve and develop integrated care models and population health strategies that focus on expanding access to behavioral health services. Additionally, GFH is working closely with county health departments and community partners to discuss how we can best meet the needs of the community and provide clinical and community linkages.

Present efforts to increase our ability to meet the behavioral health needs of the communities we serve will focus on four main components. Two components will address increasing capacity and sustainability 1) recruiting and retaining qualified staff and 2) developing a Crisis Care Center. In addition, two components will directly impact our population 3) continuing to support the implementation of co-locating behavioral health services and primary care and 4) continuing to implement a Medicaid Health Home program. Additional efforts will concentrate on exploring opportunities to expand our services through the development and implementation of emerging and innovative care models to address the rising needs of these services.

Staffing

The need for qualified mental health professionals is well documented in health literature. This nationwide trend continues to be problematic for GFH and is often times amplified in the very rural region of upstate NY that is served by GFH. Efforts to recruit and retain quality behavioral health professionals continues to be a priority for both GFH and the entire North Country region. As such, GFH continues to explore innovative and emerging models of care to meet this need for our population.

Crisis Care Center

Through funding from NYS Capital Restructuring Financing Program (CFRP), together with DSRIP funds, GFH is in the planning stages of constructing a crisis stabilization unit within our existing hospital structure. The Crisis Care Center at GFH (the 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. The Center will be staffed by a multidisciplinary care team consisting of Social Workers, Psychiatric RNs and Behavioral Health Technicians with expertise and training in crisis de-escalation.

Integrating Behavioral Health and Primary Care

GFH is working to advance health care for older adults through the integration of behavioral health care into the primary care health centers. Physical and mental health treatment and services will be

internally integrated and coordinated with the wider health care network in order to promote and support health, wellness and recovery.

Medicaid 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.

Partner Engagement

Many community assets have been described throughout this CSP, including those described within the Infrastructure and Services, Health Care Facilities, and Educational System sections. In addition, the partners that participated in the county prioritization processes will be key resources within the community that can help to address the prioritized needs.

Countless additional potential partners exist throughout the three county area, many of which GFH has a long-standing relationship with already¹⁹. 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://www.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

¹⁹ The most comprehensive listing of businesses in the region can be found at the GlensFallsRegion.com website, http://www.glensfallsregion.com/guide.cfm.

- 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.

GFH will continue to partner with Warren, Washington and Saratoga county Public Health departments to implement the strategies in this action plan. GFH has a long-standing history of partnerships with these and other community-based organizations and agencies to support implementation of community health initiatives. Many of these partners participated in the various county health assessments and planning processes through the Community Health Assessment Teams (CHATs)²⁰. The partners included in each county's CHAT are listed in the hospital's corresponding CHNA report. As discussed in the CHNA, GFH serves a multi-county area, which encouraged a strategic approach to ensure alignment with each county. GFH did not convene an additional regional team of community partners as this would have duplicated efforts and created confusion among community leaders. GFH will continue to partner with each county to convene the CHATs and be actively involved in the implementation of each county's CHIP to ensure partner engagement on the county and regional level.

Dissemination

The GFH CSP, along with the CHNA and IS, is available at

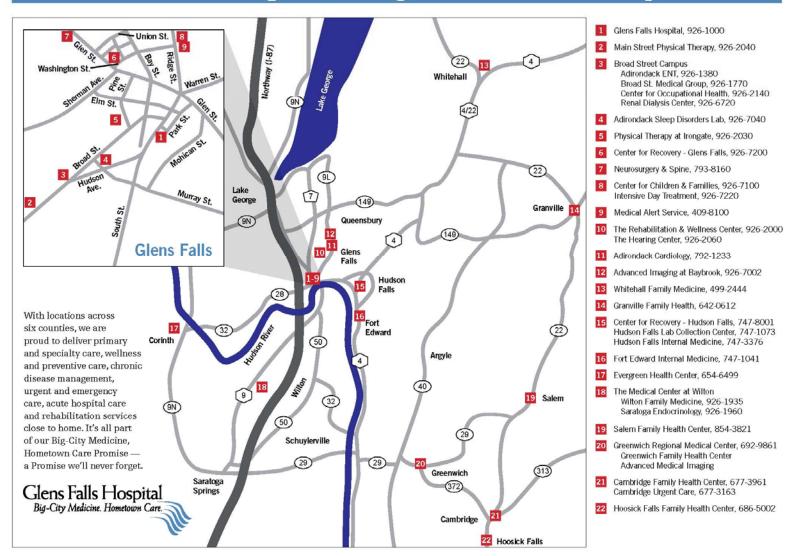
http://www.glensfallshospital.org/services/community-service/health-promotion-center. GFH will also use various mailings, newsletters and reports to ensure the availability of the CSP, CHNA and IS is widely publicized. Hard copies will be made available at no-cost to anyone who requests one.

Approval

The Manager of the Health Promotion Center worked with Senior Leadership to develop the content of a Board of Governors approved CHNA and IS. The Board of Governors were provided with an executive summary of the CHNA and IS in advance and a brief presentation was conducted during a regular monthly meeting to communicate highlights and answer questions. Elements from those documents were combined to create this CSP. The CHNA and IS was approved in December 2016.

²⁰ 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.

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.
 - o 2ai "Integrated Delivery System"
 - o 2aii "Advancing Primary Care"
 - o 2aiv "Medical Village"
 - o 2bviii "Hospital-Home Collaboration Solutions"
 - o 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.
 - o 3ai "Integrating Behavioral Health with Primary care"
 - o 3aii "Crisis Stabilization"
 - o 3aiv "Withdrawal Management"
 - o 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 socioeconomic groups, as well as other populations who experience them.

- 4aiii "Strengthening the Mental Health & Substance Abuse Infrastructure"
- o 4bii "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
Healther 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				
Improve Health Status and Reduce Health Disparities	Improve Health Status and Reduce Health Disparities	Improve the health status of all New Yorkers				
Promote a Healthy and Safe Environment	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				
Prevent Chronic Disease	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	Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations				
	and secondhand smoke	Promote tobacco use cessation, especially among low SES				
	exposure Increase access to high	populations and those with poor mental health				
		Eliminate exposure to secondhand smoke Promote use of evidence-based care to manage chronic diseases				
	quality chronic disease preventive care and management in both clinical and community settings	Promote culturally relevant chronic disease self-management education				
Prevent HIV/STDs, Vaccine Preventable	Vaccine-Preventable	Improve childhood and adolescent immunization rates				
Diseases and Healthcare-Associated	Diseases	Educate all parents about importance of immunizations				
Infections		Decrease the burden of pertussis disease				
		Decrease the burden of influenza disease Decrease the burden of disease caused by humanpapillomavirus				
	Human	Decrease HIV morbidity				
	Immunodeficiency Virus (HIV)	Increase early access to and retention in HIV care				

		1.1				
	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				
Promote Healthy Women, Infants, and	Maternal and Infant	Reduce premature births in New York State				
Children	Health	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	Reduce the rate of adolescent and unplanned pregnancies in NYS				
	Reproductive Health	Increase utilization of preventive health services among women of				
		reproductive age to improve wellness, pregnancy outcomes and				
		reduce recurrence of adverse birth outcomes				
Promote Mental Health and Prevention	Promote Mental,	Promote mental, emotional and behavioral well-being in				
Substance Abuse	Emotional and	communities				
	Behavioral Health					
	(MEB)					
	Prevent Substance	Prevent underage drinking, nonmedical use of prescription drugs				
	Abuse and Other MEB	by youth, and excessive use of alcohol consumption by adults				
	Disorders	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	Support collaboration among professionals working in fields of				
	Infrastructure Across	mental, emotional, behavioral health promotion and chronic				
	Systems	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

- 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, Johnsburg, 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

- 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 healthrelated 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 lowincome 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

Appendix F: Regional Performing Provider System-Delivery System Reform Incentive Payment Program Executive Summary



DSRIP / Performing Provider System

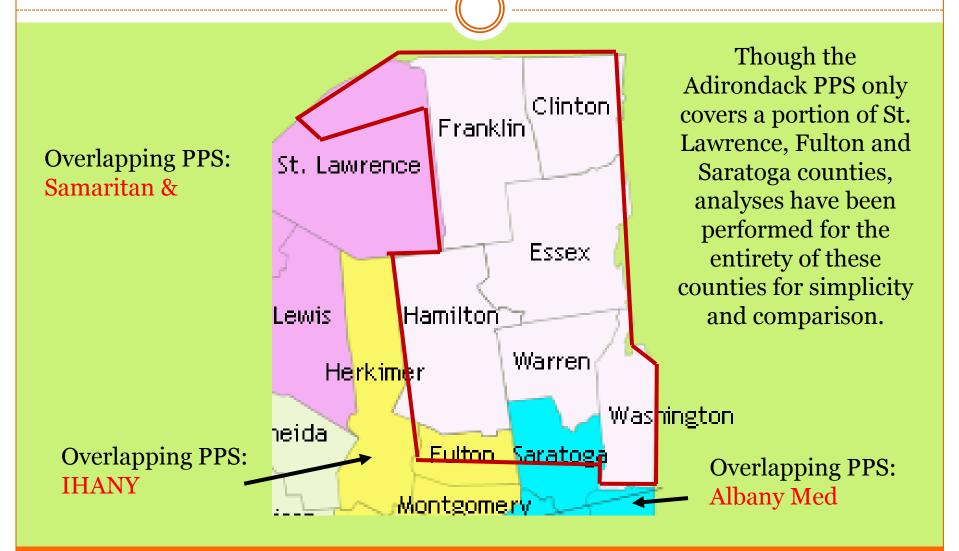


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Adirondack PPS



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: Executive Summary

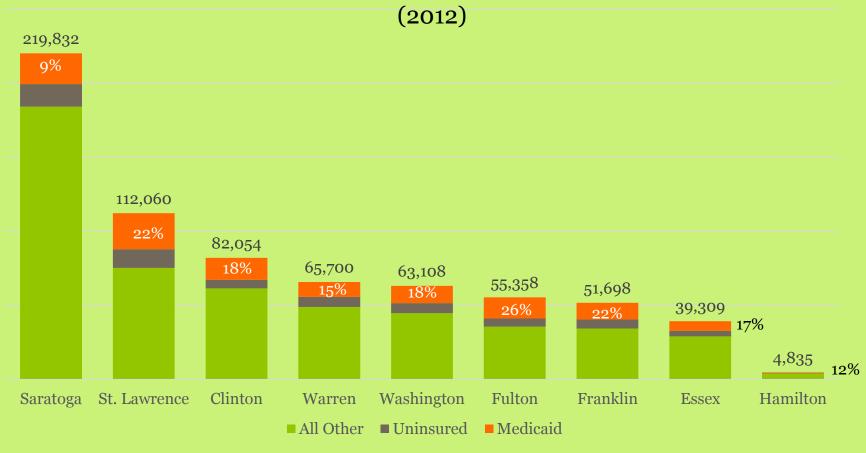
- The 9-county area has 113,000 Medicaid Beneficiaries, 29,000 Dual-Eligibles and 63,000 Uninsured. It is expected that with the exception of St. Lawrence, Saratoga, and Fulton counties, the majority of these patients will be attributed to the Adirondack PPS.
- The region is characterized by largely 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





Demographics: DSRIP Target Population

Total DSRIP Target Population:

(9-County Area 2012)

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

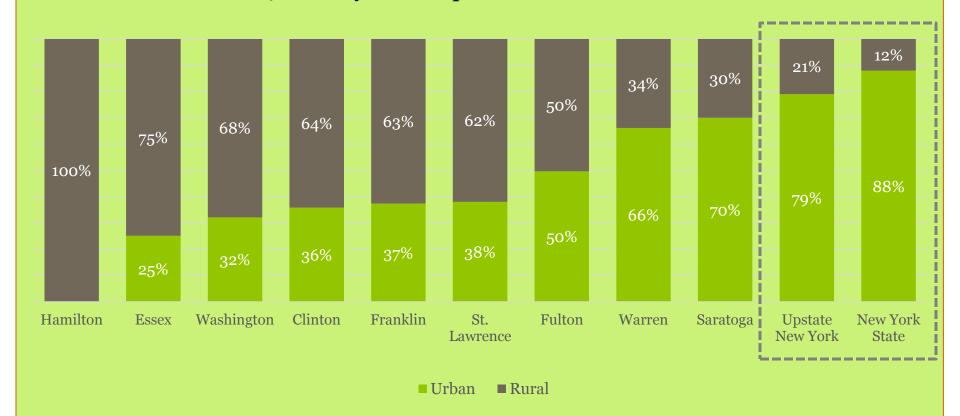
The Adirondack PPS only covers portions of Saratoga, St. Lawrence and Fulton Counties, thus not all of this population will be attributed to the Adirondack PPS.

Data Source: Health Data NY

Demographics: Urban vs. Rural

Urban vs. Rural % of Population

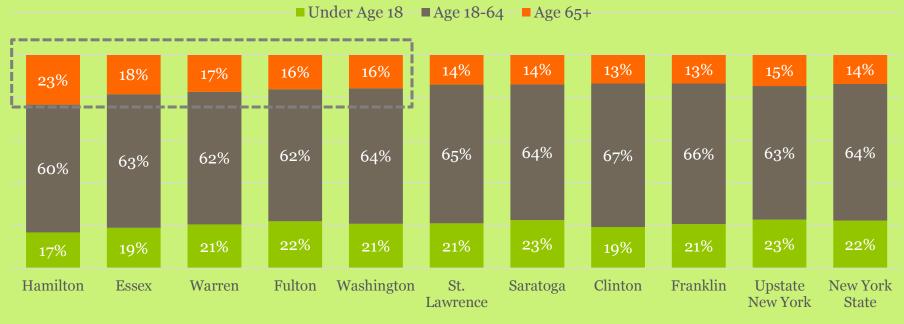
(2010, 9-County Area, Upstate New York, New York State



Demographics: Elderly and Disabled

Age by County

(2012, 9-County Area, Upstate New York, New York State



% 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
Race/Ethnicity											
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%
Education											
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%
Employment an	d Income										
Median HH income	\$50,522	\$47,400	\$45,702	\$45,333	\$51,595	\$67,712	\$43,745	\$54,909	\$50,864	\$54,125ª	\$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

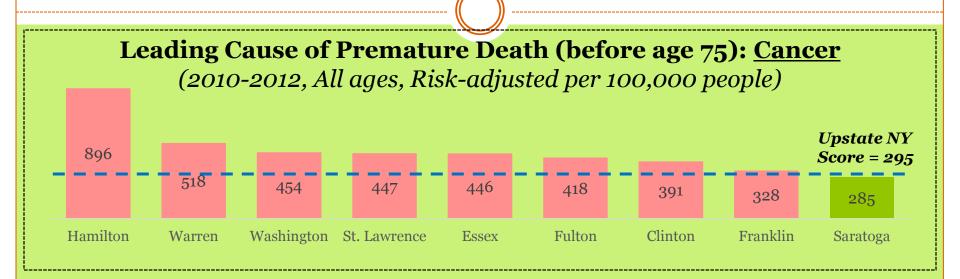
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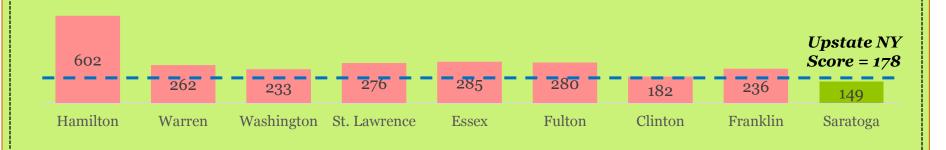
Population Health: Executive Summary

- 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







Frequency of Conditions

% of County Medicaid Beneficiaries with Conditions

(Top 10 Conditions per County)

Higher than NY State	Clima	F	Form letter	Follows	11	C	St.	14/	W/bi
	Clinton	Essex	Franklin	Fuiton	Hamilton	Saratoga	Lawrence	warren	Washington
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%
All Mental Health Conditions	39%	35%	28%	38%	13%	39%	29%	45%	36%

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
Maternal and Infant Health	1**									
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
Tobacco, Alcohol, and Subs	tance Us	se								
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

Population Health Indicators (con't)

	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York
Mental Health										
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
Obesity and Related Indica	tors									
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 (Ageadjusted, %)*	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 (Ageadjusted, %)*	20.6	19.2	23.8	24.3	13.2	15.4	21.1	17.8	23.4	21.1
Safety										
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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IP Utilization: Executive Summary

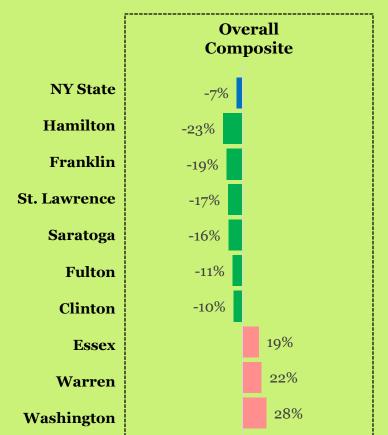
PQIs (Prevention Quality Indicators) are a set of measures that identify "ambulatory care sensitive conditions", indicating conditions for which good outpatient care may prevent the need for hospitalizations.

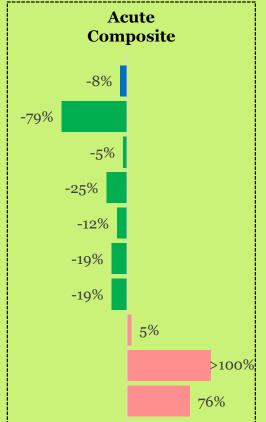
- Though many counties exhibited decreasing PQIs from 2011-2012, Franklin, Clinton, Fulton, St. Lawrence and to some extent Essex counties still have significantly higher PQIs than the state of New York, indicating major opportunities for reductions in inpatient admissions.
- Circulatory and Respiratory 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.

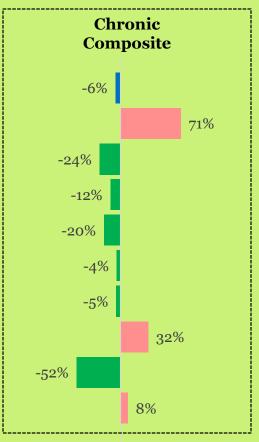
Prevention Quality Indicator Trend

2011-2012 Prevention Quality Indicator (PQI) Composite Score Trends

(% Change, Risk-adjusted per 100,000 people)







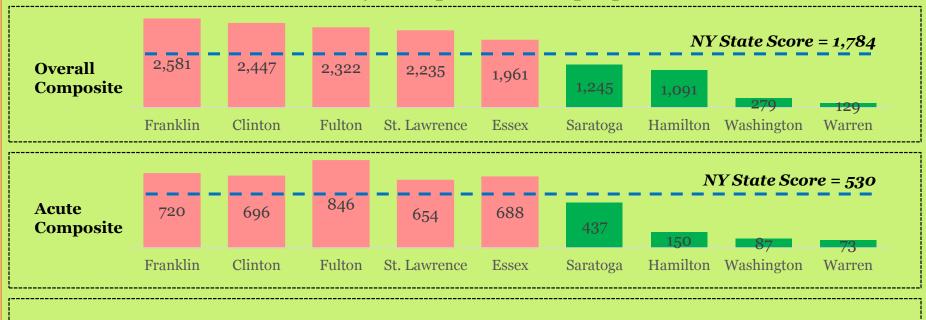
The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of

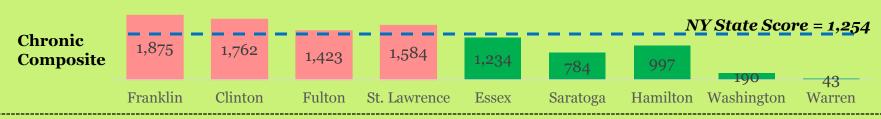
hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees beginning in 2011.

Prevention Quality Indicators

2012 Prevention Quality Indicator (PQI) Composite Scores

(Risk-adjusted per 100,000 people)



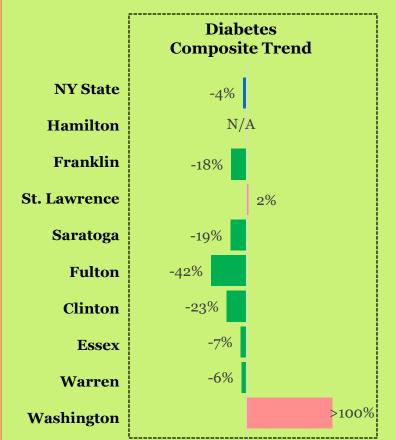


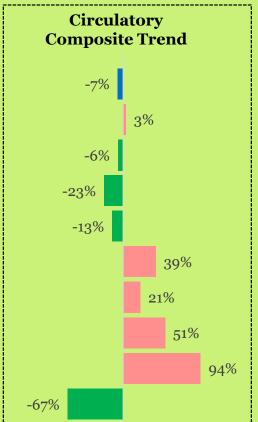
The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid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

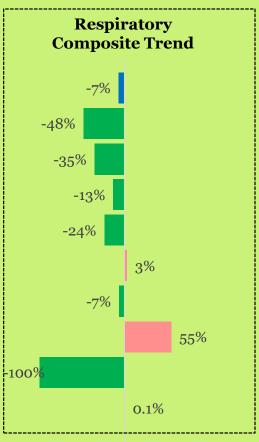
Prevention Quality Indicator Trend

2011-2012 Prevention Quality Indicator (PQI) Composite Score Trends

(2011-2012 % Change, *Risk-adjusted per 100,000 people*)







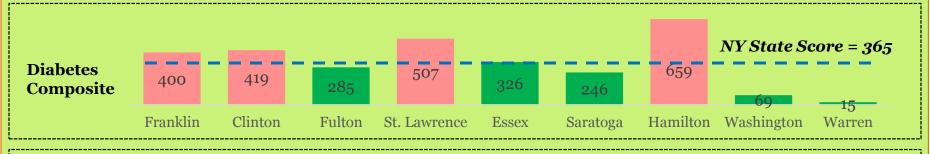
The datasets contain number of Medicaid PQI hospitalizations (numerator), county Medicaid population (denominator), observed rate, expected number of

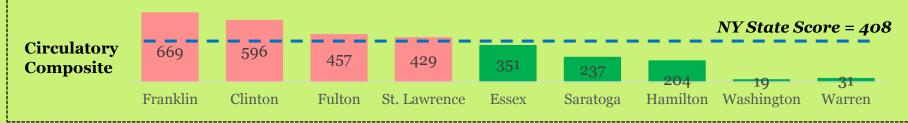
hospitalizations and rate, and risk-adjusted rate for Agency for Healthcare Research and Quality Prevention Quality Indicators – Adult (AHRQ PQI) for Medicaid enrollees beginning in 2011.

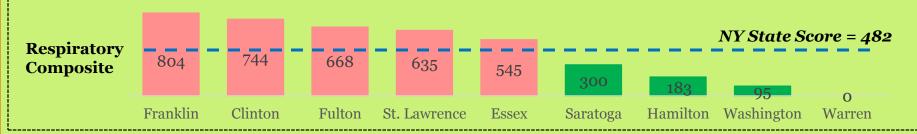
Prevention Quality Indicators

2012 Prevention Quality Indicator (PQI) Composite Scores

(Risk-adjusted per 100,000 people)







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)

ly top 10 conditions per county snown; v	/ 1S1ts/ 1	viemi	$er = v_1$	SITS/ N	леатсата	i beneno	ciary in the	count	y with conc	ution
	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		Ci	rculato	ry Conditio	n
Chronic Stress and Anxiety Diagnoses					0.3					
Asthma					0.1					

Source: Healthy Data NY

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ED Utilization: Executive Summary

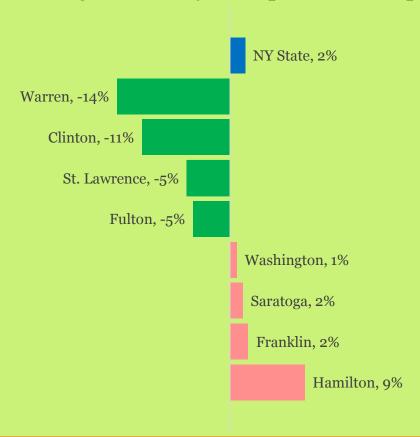
PPVs (Potentially Preventable Emergency Room Visits) are visits for ambulatory-sensitive conditions that adequate patient monitoring and follow-up should be able to reduce or eliminate.

- 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



(% Change, Risk-adjusted per 100,000 people)

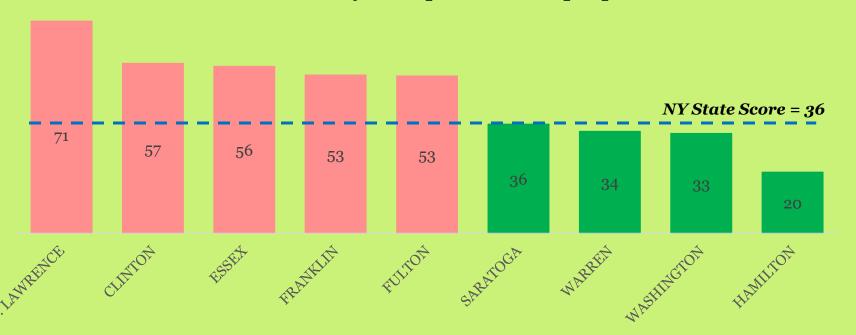


Source: Healthy Data NY 2012

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			Montal 1	I colth /Cub
Hypertension					0.4		= I		Health/Sub se Conditio
								Abus	se Conditio

Source: Healthy Data NY

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Access and Service Utilization

- Quality Indicators
- Pediatrics

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



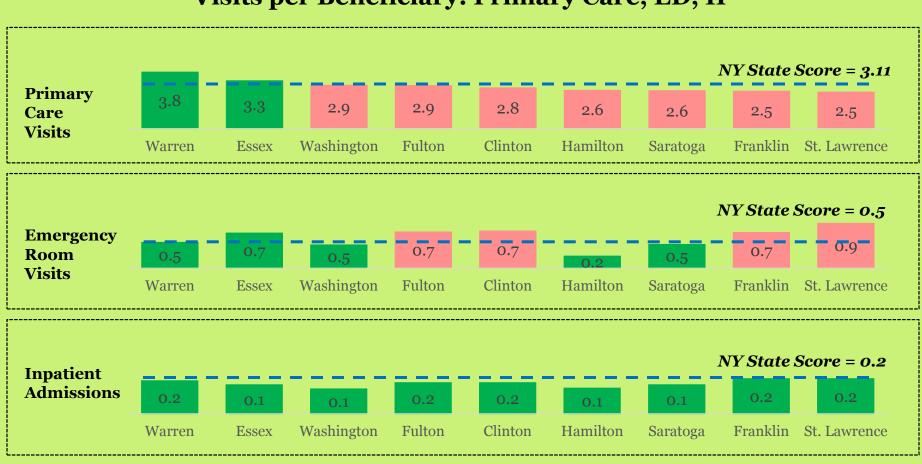


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Quality: Executive Summary

- 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
Diabetes Mellitus											
Comprehensive Diabetes Care HbA1c Testing	79	78	72	72	U	71		76	80	76	80
HIV/AIDS											
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
Early Detection											
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

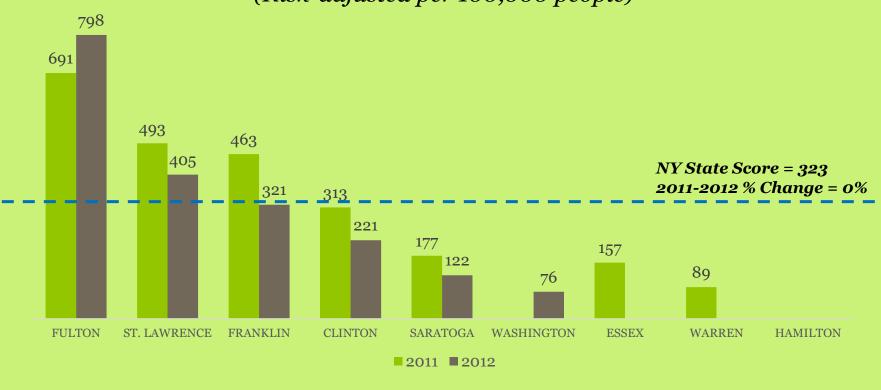
Pediatrics Executive Summary

- 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)

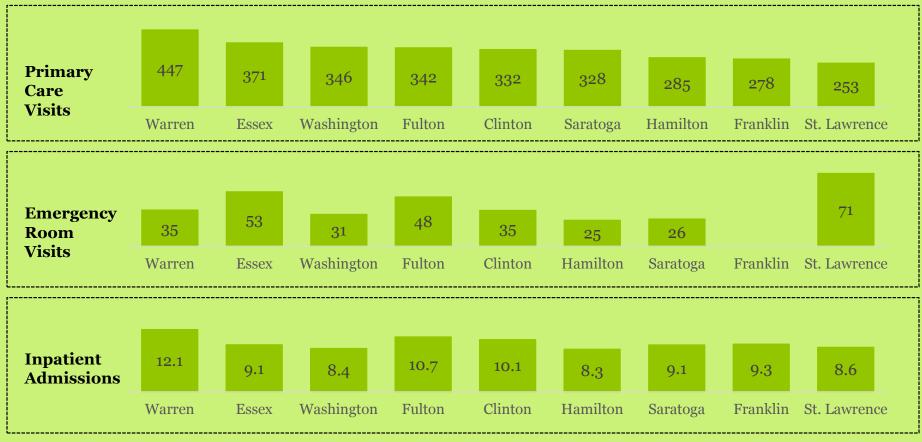


2011-2012 % Change

15% -18% -31% -29% -31% N/A N/A N/A N/A

Pediatric Access & Utilization

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



Source: JSI, Inc

Pediatric Population Health and HEDIS Measures

	Clint.	Essex	Frank.	Fult.	H'lton	S'toga	St. Lawr.	Warr.	Wash.	Upstate New York	New York State
Childhood/Adolescent Ok	esity										
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
HEDIS: Perinatal Care											
Well-Child Visits in the First 15 Months of Life	90	90	82	95	U	92		92	93	87	85
HEDIS: Behavioral Healt	h										
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	55	43	43	49	U	41		52	43	51	57

Addendix G: Demographic, Education and Health System Profile for Warren, Washington and Saratoga Counties

Adirondack Rural Health Network	County									ARHN		New York
Summary of Demographic Information, Page 1 of 2	Clinton	Essex	Franklin	Fulton		Montgomery	Saratoga	Warren	Washington	Region (1)	Upstate NYS	State
Square Miles		1355611		T tillon		litolitgolitery	Jurutogu	***************************************	· · uomingion	region (1)	Cpstate 1(18	Suite
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
Population												
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		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
Family Status	 		1	ł								
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%
Poverty												
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
Immigrant Status	0.20/	0.20/	0.70	0.50/	0.10/	2.70/	0.20/	0.20/	0.20/	0.20/	0.90/	1.60/
Percent Born in American Territories Percent Born in Other Countries	0.3% 4.8%	0.3% 4.0%	0.7% 4.6%	0.5% 2.4%	0.1% 2.0%	3.7% 3.5%	0.3% 4.7%	0.2% 3.4%	0.3% 2.2%	0.3% 3.6%	0.8% 11.3%	1.6% 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%
Housing	0.470	0.570	7.170	4.770	3.470	14.070	0.070	4.570	J.1 /0	3.370	10.370	30.270
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 Build 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 Build 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%
Availability of Vehicles												
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					County					ARHN		New York
Summary of Demographic Information, Page 2 of 2	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	Region (1)	Upstate NYS	State
Education												
Total Population Ages 25 and Older	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
Percent with Less than High School Education/GED	14.7%	12.0%	15.2%	14.3%	10.1%	17.1%	6.1%	9.3%	12.1%	12.9%	10.6%	14.6%
Percent High School Graduate/GED	35.5%	33.6%	36.6%	38.4%	32.4%	35.9%	25.7%	33.3%	42.3%	36.6%	28.8%	26.9%
Percent Some College, No Degree	18.2%	20.7%	19.7%	19.6%	17.7%	17.9%	18.2%	17.6%	17.8%	18.7%	17.7%	16.3%
Percent Associate Degree	9.2%	9.9%	10.7%	12.0%	16.0%	12.8%	11.8%	11.6%	9.4%	10.5%	10.1%	8.5%
Percent Bachelor's Degree	12.1%	13.4%	9.1%	8.6%	12.4%	9.9%	22.2%	15.6%	10.8%	11.7%	17.9%	19.1%
Percent Graduate or Professional Degree	10.4%	10.4%	8.6%	7.1%	11.3%	6.5%	15.9%	12.7%	7.7%	9.6%	14.8%	14.6%
Employment Status												
Total Population Ages 16 and Older	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
Total Population Ages 16 and Older in Armed Forces	36	5	21	5	0	67	1,399	42	27	136	21,098	23,816
Total Population Ages 16 and Older in Civilian Workforce	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
Percent Unemployed	6.7%	6.9%	7.3%	7.6%	7.3%	7.5%	4.6%	6.5%	6.0%	6.8%	5.6%	6.3%
Employment Sector												
Total Employed	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
Percent in Agriculture, Forestry, Fishing, Hunting, and Mining	2.4%	3.4%	2.9%	1.2%	1.4%	2.9%	0.9%	0.9%	3.8%	2.3%	1.0%	0.6%
Percent in Construction	5.8%	7.8%	5.8%	6.9%	14.3%	7.5%	6.1%	6.9%	9.6%	7.2%	6.0%	5.6%
Percent in Manufactoring	11.8%	7.7%	4.9%	12.4%	4.3%	12.7%	9.4%	8.7%	15.3%	10.5%	8.6%	6.6%
Precent in Wholesale Trade	1.7%	1.4%	1.6%	1.9%	0.2%	2.3%	2.8%	1.9%	2.0%	1.8%	2.7%	2.5%
Precent in Retail Trade	11.8%	12.0%	11.3%	15.9%	10.4%	14.1%	11.7%	13.5%	13.3%	13.0%	11.5%	10.8%
Precent in Transportation, Warehousing, Utilities	4.8%	2.9%	2.9%	4.8%	2.2%	4.5%	3.2%	3.6%	3.9%	3.9%	4.5%	5.1%
Percent in Information Services	1.7%	1.4%	1.4%	1.8%	0.7%	1.3%	2.0%	2.0%	1.1%	1.6%	2.3%	2.9%
Percent in Finance	3.0%	3.4%	4.0%	2.8%	4.3%	4.6%	7.6%	5.9%	4.1%	3.9%	6.9%	8.1%
Percent in Other Professional Occupations	5.0%	6.0%	4.6%	5.6%	4.5%	5.9%	10.7%	7.9%	6.3%	5.9%	10.2%	11.3%
Percent in Education, Health Care and Social Assistance	27.8%	30.3%	31.7%	29.5%	25.8%	25.3%	25.8%	26.1%	23.4%	27.7%	28.3%	27.5%
Percent in Arts, Entertainment, Recreation, Hotel, & Food Service	9.5%	12.7%	10.7%	7.0%	15.7%	7.6%	8.7%	13.1%	7.5%	10.1%	8.2%	9.2%
Percent in Other Services	4.5%	4.5%	4.6%	4.9%	4.6%	4.1%	4.1%	4.7%	4.1%	4.5%	4.7%	5.1%
Percent in Public Administration	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 4/29/2016

Adirondack Rural Health Network					Co	ounty				ARHN	Upstate	New York
Page 1 of 2	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	Region (1)	NYS (2)	State
Summary Primary-Secondary Education, 2014- 2015												
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 Profiency	17	4	5	14	0	153	291	36	20	96	73,984	213,378
Percent with Limited English Profiency	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	s	6	22	27	11	50	1,492	2,904
Number Dropped Out of High School	115	27	46	106	s	90	200	71	80	445	10,518	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

					Co	ounty			
Registered Nursing Programs, 2014-2015	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington
Clinton County Community College New Graduates	37	0	0	0	0	0	0	0	0
Clinton County Community College BSN Completers	0	0	0	0	0	0	0	0	0
SUNY Plattsburgh New Graduates	41	0	0	0	0	0	0	0	0
SUNY Plattsburgh BSN Completers	23	0	0	0	0	0	0	0	0
North Country Community College New Graduates	0	58	0	0	0	0	0	0	0
North Country Community College BSN Completers	0	0	0	0	0	0	0	0	0
Fulton-Montgomery Community College New Graduates	0	0	0	40	0	0	0	0	0
Fulton-Montgomery Community College BSN Completers	0	0	0	0	0	0	0	0	0
SUNY Adirondack New Graduates	0	0	0	0	0	0	0	78	0
SUNY Adirondack BSN Completers	0	0	0	0	0	0	0	0	0

					Co	ounty			
Licensed Practical Nursing Programs, 2014-2015	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

Adirondack Rural Health Network **Educational System Profile** 4/29/2016

Clinton	Essex	Franklin	Fulton*	Hamilton
Ausable Valley	Crown Point	Brushton- Moira	Broadalbin- Perth	Indian Lake
Beekmantown	Elizabethtown-Lewis	Chateaugay	Gloversville	Inlet Common
Chazy Union Free	Keene	Malone	Johnstown	Lake Pleasant
Northeastern Clinton	Lake Placid	Salmon River	Mayfield	Long Lake
Northern Adirondack	Minerva	Saranac Lake	Northville	Piseco Common
Peru	Moriah	St. Regis Falls	Wheelerville Union Free	Raquetter Lake Union Free**
Plattsburgh	Newcomb	Tupper Lake		Wells
Saranac	Schroon Lake			
	Ticonderoga			
	Westport			
	Willsboro			
Montgomery	Saratoga	Warren	Washington	
Amsterdam City	Ballston Spa	Bolton	Argyle	
Canajoharie	Burnt Hills-Ballston Lake	Glens Falls City	Cambridge	
Fonda-Fultonville	Corinth	Glens Falls Common	Fort Ann	
Fort Plain	Edinburg Common	Hadley-Luzerne	Fort Edward Union Free	
Oppenheim-Ephratah-St.	Galway	Johnsburg	Granville	
	Mechanicville	Lake George	Greenwich	
	Saratoga Springs	North Warren	Hartford	
	Schuylerville	Queensbury Union Free	Hudson Falls	
	Schuylerville Shenendehowa	Queensbury Union Free Warrensburg	Hudson Falls Putnam	
		1 ·		
	Shenendehowa	1 ·	Putnam	

^{*} Oppenheim-Ephratah SD is merged with St.Johnsville SD ** New School District

^{***} St.Johnsville SD is merged with Oppenheim-Ephratah SD

Page 1 of 3	Clinton									ARHN	Upstate	New York
	Ciliton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	Region (1)	NYS	State
Population, 2010-2014	81,829	39,072	57,508	54,870	4,783	49,951	222,512	65,388	62,910	366,360	11,239,441	19,594,330
Total Hospital Beds	300	40	171	74	0	130	171	410	0	995	30,148	54,516
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	0	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		
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		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		
Other Beds	0	40	0	0	0	24	0	8	0	48	2,725	5,117
Hospital Beds Per Facility	1			-							-,,	.,
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			
•	300	0	76	0	0	0	0	0	0			
Champlain Valley Physicians Hospital Medical Center	300	0	0	0	0]	0	0	0	[]		1
Elizabethtown Community Hospital	0	25	0	0	0] 0	0	0	0	1		
Glens Falls Hospital	0	0	0	0	0	0	0	410	0	<u>'</u>		
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			
Total Nursing Home Beds	423	340	195	360	0	590	755	402	528		69,633	113,592
Nursing Home Beds per 100,000 Population	517	870	339	656	0	1181	339	615	839	775	620	580
Nursing Home Beds per Facility												
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	ا ا	0	0	176	0	0	0	0	0			
Heritage Commons Residential Health Care	٥	84	0	0	0	0	0	0	0			
Indian River Rehabilitation and Nursing Center	0	0-1	0	0	0	0	0	0	122			
	200	0	0	0	0	0	0	0	122			
Meadowbrook Healthcare	200	0	60	0	0	0	0	0	0			
Mercy Living Center		0	60	0	0] "	0	0	0]		1
Nathan Littauer Hospital Nursing Home	0	0	0	84	0	70	0	0	0	[
Palatine Nursing Home	0	0	0	0	0	, .	0	0	0	1		
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	1		
Saratoga Hospital Nursing Home	0	0	0	0	0	0	36	0	0	1		
Schuyler Ridge A Residential Health Care Facility	0	0	0	0	0	0	120	0	0	1		
St Johnsville Rehabilitation Nursing Center	0	0	0	0	0	120	0	0	0	1		1
The Orchard Nursing and Rehabilitation Centre	0	0	0	0	0	0	0	0	88	1		1
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	·I		
Uihlein Living Center	0	156	0	0	0	0	0	0	0	1		
Washington Center for Rehabilitation and Healthcare	0	0	0	0	0	0	0	0	122	1		1
Wells Nursing Homes Inc	0	0	0	100	0	0	0	0	0			
Wesley Health Care Center Inc	ام	0	0	0	n	١	342	0	0	J		
Westmount Health Facility	٥	0	0	0	n	١	0	80	0	I		
Wilkinson Residential Health Care Facility	0	0	0	0	0	160	0	80	0			
w memson residential fleatin Care facility	0	0	0	0	0	160	0	U	U	Ί		l

Adirondack Rural Health Network Health System Profile 4/29/2016

Adirondack Rural Health Network					County							
Page 2 of 3	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	ARHN Region (1)	Upstate NYS	New York State
Population, 2010-2015												
Toatl Adult Care Facility Beds	150	194	94	134	0	144	378	248	102	922	35,734	46,810
Adutl Care Facility Beds per 100,000 Population	183	497	163	244	0	288	170	379	162	252	318	239
Total Adult Home Beds	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
Total Assisted Living Residence (ALR) Beds	0	131	0	0	0	0	254	0	0	131	11,482	13,035
Adult Home Beds by Total Capacity per Facility												
Adirondack Manor HFA D.B.A Montcalm Manor HFA (Essex)	0	40	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			
Adirondack Manor Home for Adults (Clinton)	40	0	0	0	0	0	0	0	0			
Adirondack Manor Home for Adults (Franklin)	0	0	34	0	0	0	0	0	0			
Ahana House	0	0	0	0	0	0	17	0	0			
Arkell Hall	0	0	0	0	0	24	0	0	0			
Beacon Pointe Memory Care Community	0	0	0	0	0	0	52	0	0			
Cambridge Guest Home	0	0	0	0	0	0	0	0	34			
Cook Adult Home	0	0	0	0	0	0	13	0	0			
Countryside Adult Home	0	0	0	0	0	0	0	48	0			
David & Helen Getman Memorial Home	0	0	0	20	0	0	0	0	0			
Emeritus at the Landing of Queensbury	0	0	0	0	0	0	0	88	0			
Hillcrest Spring Residential	0	0	0	0	0	80	0	0	0			
Holbrook's Adult Home, Inc.	0	0	0	0	0	0	0	0	33			
Home of the Good Shepherd	0	0	0	0	0	0	42	0	0			
Home of the Good Shepherd at Highpointe	0	0	0	0	0	0	86	0	0			
Home of the Good Shepherd Wilton	0	0	0	0	0	0	54	0	0			
Keene Valley Neighborhood House	0	50	0	0	0	0	0	0	0			
Moses Ludington Adult Care Facility	0	23	0	0	0	0	0	0	0			
Pine Harbour	66	0	0	0	0	0	0	0	0			
Pineview Commons H.F.A	0	0	0	94	0	0	0	0	0			
Washington Co. Public Home	0	0	0	0	0	0	0	0	35			
Samuel F. Vilas Home	44	0	0	0	0	0	0	0	0			
Sarah Jane Sanford Home	0	0	0	0	0	40	0	0	0			
The Farrar Home	0	0	30	0	0	0	0	0	0			
The Terrace at the Glen	0	0	0	0	0	0	0	52	0			
Willing Helpers' Home for Women	0	0	0	20	0	0	0	0	0			
Woodlawn Commons	0	0	0	0	0	0	0	0	0			
										ĺ		

					County					ARHN Region	Unstate NVS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	AKHN Kegion	Opstate N13	New Tork State
Community Health Center (CHC) Usage, 2014												
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
Percentage of Population	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					ADIDI D	Unetat NVS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	ARHN Region	Upstat NYS	New York State
Health Professional Shortage Areas (HPSAs)												
Number of Primary Care HPSAs	1	5	4	1	2	1	0	2	1	16	87	113
Primary Care HPSA Population Total	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
Dental Care HPSA Population Total	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
Mental health APSA Population Total	10,376	35,299	44,612	6,684	4,881	11,435	0	0	0	113,287	1,304,118	2,926,329

Adirondack Rural Health Network Health System Profile 4/29/2016

Adirondack Rural Health Network					County					ARHN Region (1)	Upstate	New York State
Page 3 of 3	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	AKHIN Kegion (1)	NYS	New Tork State
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 Physican 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							
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	ARHN Region	Upstate NYS	New York State
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
Dietition/Nutritionist, Certified	22	6	13	6	1	7	106	20	6	187	3,410	5,135
Licensed Clinical Social Worker (R/P psycotherapy	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, Gerentology	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	_	96	17	450	1	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

Summary of the ARHN Community Stakeholder Survey

Prepared for AHI by CHWS

June 10, 2016

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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

	Top P	riority	Second Priority		
County	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 stakeholder s 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

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

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

Type of Drayantian (Mallness	
Type of Prevention/Wellness	
Services Provided	Counts
Alcohol/Substance Abuse	39
Asthma	33
Birth Outcomes	31
Cancer	38
Child Health	61
Diabetes and Related Diseases Management	57
Heart Disease and Related Diseases Management	45
HIV and Other Sexually Transmitted Diseases	32
Immunizations	51
Mental Health Screenings	27
Obesity/Weight Management	54
Occupational Health/Safety	27
Oral Health	35
Reproductive Health	36
Smoking	44
Other	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	22	101	36	79	93	56	21	41
to 17)								
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	16	76	39	75	87	48	28	42
Poverty Level								
Individuals who are Senior	20	54	33	65	71	37	26	37
Citizens/Elderly								
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		unt
		Second
	Priority	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	1	12
Diseases, and Health Care Associated Infections		

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

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

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

		Rank			
	1 st	2 nd	3 rd	4th	
Outdoor Air Quality	1	3	10	16	
Water Quality	4	7	14	5	
Built Environment	10	13	1	6	
Injuries, Violence, and Occupational Health	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	4
Patient/Client Needs	
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 st	2 nd	3 rd
Maternal and Infant Health	11	14	1
Child Health	14	8	4
Reproductive, Preconception, and Inter-conception	2	4	20
Health			

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

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	7
the Benefits	
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	12
Lack of Financial Resources/Reimbursement in the Long-Term	13
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	10
The Existing Population Does Not Believe that My Top Priority is an Issue	7
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	12
Patient/Client Needs	
Other	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 1st and 2nd 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

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

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	16
the Benefits	
Existing Strategies Have Not Been Effective	31
Lack of Financial Resources/Reimbursement in the Short-Term	37
Lack of Financial Resources/Reimbursement in the Long-Term	40
Lack of Evidenced-Based Strategies	7
There is a Shortage of Professionals/Staff	62
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	8
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	44
Patient/Client Needs	
Other	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

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

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	0
the Benefits	
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	0
Lack of Financial Resources/Reimbursement in the Long-Term	0
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	0
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	1
Patient/Client Needs	
Other	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

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

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

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

		Rank			
	1 st	2 nd	3 rd	4th	
Outdoor Air Quality	3	7	13	27	
Water Quality	3	12	24	11	
Built Environment	26	14	9	4	
Injuries, Violence, and Occupational Health	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

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

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

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

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

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

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	6
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	15
the Benefits	
Existing Strategies Have Not Been Effective	21
Lack of Financial Resources/Reimbursement in the Short-Term	37
Lack of Financial Resources/Reimbursement in the Long-Term	33
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	44
The Existing Population in My Service Area Does Not Believe that My Second Priority	6
is an Issues	
There are Other Priorities More Important to Address	7
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	32
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	6	1	5
Prevent Vaccine-Preventable Diseases	6	6	0
Prevent Health Care Associated Infections	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
I am not Aware of any Current Work Addressing My Second Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	0
the Benefits	
Existing Strategies Have Not Been Effective	2
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	4
The Existing Population in My Service Area Does Not Believe that My Second Priority	7
is an Issue	
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	2
Patient/Client Needs	
Other	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

		Count		
Priority Area	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	0	2		
Diseases, and Health Care Associated Infections				

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

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	3
the Benefits	
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	5
Patient/Client Needs	
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 st	2 nd	3 rd	4th
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

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	1
the Benefits	
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	1
There is a Shortage of Professionals/Staff	1
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	0
Patient/Client Needs	
Other	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

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	1	3	0
Child Health	2	1	1
Reproductive, Preconception, and Inter-conception	2	0	3
Health			

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 st	2 nd	3 rd
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

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	3
the Benefits	
Existing Strategies Have Not Been Effective	6
Lack of Financial Resources/Reimbursement in the Short-Term	12
Lack of Financial Resources/Reimbursement in the Long-Term	16
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	19
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	4
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	16
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	4	4	4
Reduce Illness, Disability, and Death Related to	1	4	7
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	8	5	0
Preventive Care and Management in Clinical and			
Community Settings			

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
I am not Aware of any Current Work Addressing My Second Priority	1
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	0
the Benefits	
Existing Strategies Have Not Been Effective	3
Lack of Financial Resources/Reimbursement in the Short-Term	3
Lack of Financial Resources/Reimbursement in the Long-Term	4
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	4
The Existing Population in My Service Area Does Not Believe that My Second	2
Priority is an Issues	
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	8
Patient/Client Needs	
Other	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 st	2 nd	3 rd	4th
Outdoor Air Quality	1	5	4	7
Water Quality	1	5	8	3
Built Environment	9	3	4	2
Injuries, Violence, and Occupational Health	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
I am not Aware of any Current Work Addressing My Second Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	2
the Benefits	
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	9
Lack of Financial Resources/Reimbursement in the Long-Term	8
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	2
The Existing Population in My Service Area Does Not Believe that My Second	3
Priority is an Issues	
There are Other Priorities More Important to Address	4
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	5
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Maternal and Infant Health	4	2	0
Child Health	1	3	2
Reproductive, Preconception, and Inter-conception	1	1	3
Health			

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
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	0
Lack of Financial Resources/Reimbursement in the Short-Term	0
Lack of Financial Resources/Reimbursement in the Long-Term	0
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	4
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	4	4	3
Communities			
Prevent Substance Abuse and other Mental and	5	4	2
Emotional Disorders			
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	4
Patient/Client Needs	
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 st 2 nd 3 rd			
Prevent HIV and Sexually Transmitted Diseases	2	0	0	
Prevent Vaccine-Preventable Diseases	0	2	0	
Prevent Health Care Associated Infections	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	
		Second	
	Priority	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		3	
Diseases, and Health Care Associated Infections			

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

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

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	6
Existing Strategies Have Not Been Effective	6
Lack of Financial Resources/Reimbursement in the Short-Term	13
Lack of Financial Resources/Reimbursement in the Long-Term	11
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	12
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	16
Patient/Client Needs	
Other	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

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

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	0
the Benefits	
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	3
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	0
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	0
Patient/Client Needs	
Other	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

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

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	1
the Benefits	
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	3
Patient/Client Needs	
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 st	3 rd	
Promote Mental, Emotional, and Well-Being in	12	13	11
Communities			
Prevent Substance Abuse and other Mental and	6	14	16
Emotional Disorders			
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

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	8
the Benefits	
Existing Strategies Have Not Been Effective	10
Lack of Financial Resources/Reimbursement in the Short-Term	16
Lack of Financial Resources/Reimbursement in the Long-Term	17
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	27
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	6
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	21
Patient/Client Needs	
Other	6

B.9. Ranking the Focus Areas for Preventing HIII, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIII, 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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	8	4	5
Reduce Illness, Disability, and Death Related to	1	7	8
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	8	6	3
Preventive Care and Management in Clinical and			
Community Settings			

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
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	0
the Benefits	
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	3
Lack of Financial Resources/Reimbursement in the Long-Term	4
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	4
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	8
Patient/Client Needs	
Other	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 st	2 nd	3 rd	4th
Outdoor Air Quality	1	4	4	9
Water Quality	2	3	9	4
Built Environment	9	4	4	1
Injuries, Violence, and Occupational Health	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
I am not Aware of any Current Work Addressing My Top Priority	7
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	2
the Benefits	
Existing Strategies Have Not Been Effective	2
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	2
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	6
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	4
Patient/Client Needs	
Other	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 st 2 nd 3 rd		
Maternal and Infant Health	3	3	2
Child Health	3	3	2
Reproductive, Preconception, and Inter-conception	2	2	3
Health			

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
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	1
the Benefits	
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	5
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	4
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	5
Patient/Client Needs	
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

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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	5	9	12
Communities			
Prevent Substance Abuse and other Mental and	16	7	3
Emotional Disorders			
Strengthen Infrastructure Across Systems	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
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	6
Existing Strategies Have Not Been Effective	10
Lack of Financial Resources/Reimbursement in the Short-Term	15
Lack of Financial Resources/Reimbursement in the Long-Term	14
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	18
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	15
Patient/Client Needs	
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

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 st 2 nd 3 rd		
Prevent HIV and Sexually Transmitted Diseases	3	0	0
Prevent Vaccine-Preventable Diseases	0	3	0
Prevent Health Care Associated Infections	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

		Count	
Priority Area	Тор	Second	
	Priority	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	0	2	
Diseases, and Health Care Associated Infections			

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

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	6
Patient/Client Needs	
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 st	2 nd	3 rd	4th
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

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	0
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	0
Lack of Financial Resources/Reimbursement in the Long-Term	1
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	0
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	0
Patient/Client Needs	
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 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

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

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

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	4
the Benefits	
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	4
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	4
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	4
Patient/Client Needs	
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

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

		Rank		
	1 st	2 nd	3 rd	
Promote Mental, Emotional, and Well-Being in Communities	7	15	10	
Prevent Substance Abuse and other Mental and Emotional Disorders	7	11	14	
Strengthen Infrastructure Across Systems	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

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	3
the Benefits	
Existing Strategies Have Not Been Effective	9
Lack of Financial Resources/Reimbursement in the Short-Term	17
Lack of Financial Resources/Reimbursement in the Long-Term	20
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	22
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	5
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	16
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	5	8	5
Reduce Illness, Disability, and Death Related to	1	4	12
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	12	6	0
Preventive Care and Management in Clinical and			
Community Settings			

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
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	1
the Benefits	
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	6
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	4
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	10
Patient/Client Needs	
Other	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 st	2 nd	3 rd	4th
Outdoor Air Quality	0	4	4	7
Water Quality	1	2	8	4
Built Environment	7	5	1	2
Injuries, Violence, and Occupational Health	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
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	8
Lack of Financial Resources/Reimbursement in the Long-Term	7
Lack of Evidenced-Based Strategies	2
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	4
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	1
Patient/Client Needs	
Other	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 st	2 nd	3 rd		
Maternal and Infant Health	4	6	0		
Child Health	4	3	3		
Reproductive, Preconception, and Inter-conception	2	1	7		
Health					

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
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	2
the Benefits	
Existing Strategies Have Not Been Effective	2
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	1
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	4
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	2	4	1
Communities			
Prevent Substance Abuse and other Mental and	4	3	0
Emotional Disorders			
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	4
Patient/Client Needs	
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 st 2 nd 3 rd		
Prevent HIV and Sexually Transmitted Diseases	2	0	0
Prevent Vaccine-Preventable Diseases	0	2	0
Prevent Health Care Associated Infections	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

		Count	
Priority Area	Тор	Second	
	Priority	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 HV, Sexually Transmitted Diseases, Vaccine Preventable	1	4	
Diseases, and Health Care Associated Infections			

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

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	2
the Benefits	
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	7
Patient/Client Needs	
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 st	2 nd	3 rd	4th
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

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	2
the Benefits	
Existing Strategies Have Not Been Effective	0
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	0
There is a Shortage of Professionals/Staff	2
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	1
Patient/Client Needs	
Other	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

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

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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	3	3	7
Communities			
Prevent Substance Abuse and other Mental and	4	6	4
Emotional Disorders			
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

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	8
Lack of Financial Resources/Reimbursement in the Short-Term	5
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	10
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	6
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	1	0	0
Prevent Vaccine-Preventable Diseases	0	1	0
Prevent Health Care Associated Infections	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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	3	1	2
Reduce Illness, Disability, and Death Related to	0	3	3
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	3	2	1
Preventive Care and Management in Clinical and			
Community Settings			

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

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	3
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	1
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	4
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	2
Patient/Client Needs	
Other	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

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

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	5
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	6
Lack of Financial Resources/Reimbursement in the Long-Term	4
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	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	2
Other	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

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

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	1
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	2
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	3
Other	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

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

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	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	6
Patient/Client Needs	
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

	Rank			
	1 st 2 nd 3 rd			
Prevent HV and Sexually Transmitted Diseases	1	1	2	
Prevent Vaccine-Preventable Diseases	3	1	0	
Prevent Health Care Associated Infections	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

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh	0
the Benefits	
Existing Strategies Have Not Been Effective	1
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	1
The Existing Population in My Service Area Does Not Believe that My Second	0
Priority is an Issues	
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	1
Patient/Client Needs	
Other	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

		Count	
Priority Area	Тор	Second	
	Priority	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 HV, Sexually Transmitted Diseases, Vaccine Preventable	1	1	
Diseases, and Health Care Associated Infections			

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

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

Barrier	County
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	2
the Benefits	
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	9
Lack of Financial Resources/Reimbursement in the Long-Term	6
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	7
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	9
Patient/Client Needs	
Other	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

	Rank			
	1 st	2 nd	3 rd	4th
Outdoor Air Quality	0	0	0	2
Water Quality	0	1	1	0
Built Environment	0	1	1	0
Injuries, Violence, and Occupational Health	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 st	2 nd	3 rd
Maternal and Infant Health	2	1	0
Child Health	1	2	0
Reproductive, Preconception, and Inter-conception	0	0	3
Health			

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
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	0
the Benefits	
Existing Strategies Have Not Been Effective	1
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	0
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	2
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	4	6	8
Communities			
Prevent Substance Abuse and other Mental and	6	8	4
Emotional Disorders			
Strengthen Infrastructure Across Systems	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
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	7
Lack of Financial Resources/Reimbursement in the Short-Term	11
Lack of Financial Resources/Reimbursement in the Long-Term	9
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	13
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	12
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	4	3	2
Reduce Illness, Disability, and Death Related to	0	4	5
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	5	2	2
Preventive Care and Management in Clinical and			
Community Settings			

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

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	0
the Benefits	
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	1
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	3
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	6
Patient/Client Needs	
Other	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

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

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	0
the Benefits	
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	6
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	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	1
Patient/Client Needs	
Other	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

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	2	6	0
Child Health	3	2	3
Reproductive, Preconception, and Inter-conception Health	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

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	2
the Benefits	
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	5
Patient/Client Needs	
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

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	4	4	4
Communities			
Prevent Substance Abuse and other Mental and	2	6	4
Emotional Disorders			
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

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	5
Lack of Financial Resources/Reimbursement in the Short-Term	4
Lack of Financial Resources/Reimbursement in the Long-Term	4
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	1
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client	6
Needs	
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 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

	Rank			
	1 st 2 nd 3 rd			
Prevent HV and Sexually Transmitted Diseases	0	0	1	
Prevent Vaccine-Preventable Diseases	1	0	0	
Prevent Health Care Associated Infections	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	
		Second Priority	
Prevent Chronic Disease	Priority 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 HV, Sexually Transmitted Diseases, Vaccine Preventable	1	3	
Diseases, and Health Care Associated Infections			

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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	2	5	7
Reduce Illness, Disability, and Death Related to	0	9	6
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	13	1	1
Preventive Care and Management in Clinical and			
Community Settings			

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	2
the Benefits	
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	7
Patient/Client Needs	
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 st	2 nd	3 rd	4th	
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	2
the Benefits	
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	2
Patient/Client Needs	
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 st	2 nd	3 rd
Maternal and Infant Health	3	3	0
Child Health	3	1	2
Reproductive, Preconception, and Inter-conception	0	2	4
Health			

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	4
Patient/Client Needs	
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 st	2 nd	3 rd		
Promote Mental, Emotional, and Well-Being in	3	8	11		
Communities					
Prevent Substance Abuse and other Mental and	8	8	6		
Emotional Disorders					
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

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	6
Existing Strategies Have Not Been Effective	8
Lack of Financial Resources/Reimbursement in the Short-Term	9
Lack of Financial Resources/Reimbursement in the Long-Term	7
Lack of Evidenced-Based Strategies	1
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	12
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	2	2	5
Reduce Illness, Disability, and Death Related to	1	5	3
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	6	2	1
Preventive Care and Management in Clinical and			
Community Settings			

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
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	0
the Benefits	
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	3
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	4
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	4
Patient/Client Needs	
Other	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 st	2 nd	3 rd	4th
Outdoor Air Quality	1	0	3	8
Water Quality	0	4	6	2
Built Environment	5	4	2	1
Injuries, Violence, and Occupational Health	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
I am not Aware of any Current Work Addressing My Top Priority	7
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	8
Lack of Financial Resources/Reimbursement in the Long-Term	4
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	0
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	3
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Maternal and Infant Health	0	3	1
Child Health	3	1	1
Reproductive, Preconception, and Inter-conception	2	0	1
Health			

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
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	0
the Benefits	
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	2
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	0
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	2
Patient/Client Needs	
Other	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 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in	6	8	7
Communities			
Prevent Substance Abuse and other Mental and	4	8	9
Emotional Disorders			
Strengthen Infrastructure Across Systems	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
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	6
Lack of Financial Resources/Reimbursement in the Short-Term	10
Lack of Financial Resources/Reimbursement in the Long-Term	11
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	14
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	4
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	9
Patient/Client Needs	
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

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 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	1	0	2
Prevent Vaccine-Preventable Diseases	2	1	0
Prevent Health Care Associated Infections	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
I am not Aware of any Current Work Addressing My Second 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	0
Lack of Financial Resources/Reimbursement in the Long-Term	0
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	1
The Existing Population in My Service Area Does Not Believe that My Second Priority is an	0
Issues	
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client	0
Needs	
Other	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	
		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 HV, Sexually Transmitted Diseases, Vaccine Preventable	1	1	
Diseases, and Health Care Associated Infections			

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 st	2 nd	3 rd
Reduce Obesity in Children and Adults	4	3	6
Reduce Illness, Disability, and Death Related to	1	9	4
Tobacco Use and Secondhand Smoke Exposure			
Increase Access to High Quality Chronic Disease	9	2	3
Preventive Care and Management in Clinical and			
Community Settings			

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	2
the Benefits	
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	8
Patient/Client Needs	
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 st	2 nd	3 rd	4th
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	2
Patient/Client Needs	
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 st	2 nd	3 rd
Maternal and Infant Health	4	2	0
Child Health	2	2	2
Reproductive, Preconception, and Inter-conception	0	2	4
Health			

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

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	2
the Benefits	
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	4
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	0
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	4
Patient/Client Needs	
Other	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

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in Communities	3	7	8
Prevent Substance Abuse and other Mental and Emotional Disorders	6	7	5
Strengthen Infrastructure Across Systems	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

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	4
the Benefits	
Existing Strategies Have Not Been Effective	6
Lack of Financial Resources/Reimbursement in the Short-Term	12
Lack of Financial Resources/Reimbursement in the Long-Term	8
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	13
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	11
Patient/Client Needs	
Other	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 st	2 nd	3 rd		
Reduce Obesity in Children and Adults	0	1	3		
Reduce Illness, Disability, and Death Related to	1	2	1		
Tobacco Use and Secondhand Smoke Exposure					
Increase Access to High Quality Chronic Disease	3	1	0		
Preventive Care and Management in Clinical and					
Community Settings					

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
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	0
the Benefits	
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	1
Lack of Financial Resources/Reimbursement in the Long-Term	1
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	1
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	3
Patient/Client Needs	
Other	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 st	2 nd	3 rd	4th		
Outdoor Air Quality	1	0	3	5		
Water Quality	0	2	4	3		
Built Environment	5	2	2	0		
Injuries, Violence, and Occupational Health	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
I am not Aware of any Current Work Addressing My Top Priority	5
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	6
Lack of Financial Resources/Reimbursement in the Long-Term	4
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	0
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address	3
Patient/Client Needs	
Other	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 st	2 nd	3 rd			
Maternal and Infant Health	0	4	1			
Child Health	5	0	1			
Reproductive, Preconception, and Inter-conception	1	1	2			
Health						

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
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	0
the Benefits	
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	4
Lack of Financial Resources/Reimbursement in the Long-Term	3
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	0
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	3
Patient/Client Needs	
Other	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 st	2 nd	3 rd		
Promote Mental, Emotional, and Well-Being in	4	6	10		
Communities					
Prevent Substance Abuse and other Mental and	8	6	6		
Emotional Disorders					
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	12
Patient/Client Needs	
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 st	3 rd				
Prevent HV and Sexually Transmitted Diseases	1	0	0			
Prevent Vaccine-Preventable Diseases	0	1	0			
Prevent Health Care Associated Infections	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

Appendix J: Prevention Agenda Indicators for Warren, Washington and Saratoga Counties

			L.		Compa	2018		
	NYS Prevention Agenda Indicators 2013 - 2018		Washington	Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark
	Focus Area: Injuries, Violence, and Occupational Health							
	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
ments	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
e environn	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
and sa	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
Promote healthy and safe environments	7. Rate of ED Occupational Injuries Among Working Adoloscents 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
omo	Focus Area: Outdoor Air Quality							
Pr	1. Number of Days with Unhealthy Ozone, 2011/2013	N/A	N/A	N/A	N/A	14	N/A	0
	 Number of Days with Unhealthy Particulate Matter, 2011/2013 	0	0	0	0	0	0	0
	Focus Area: Built Environment							
	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%

			on	_	Comparison Regi		ns/Data	2018	
	NYS Prevention Agenda Indicators 2013 - 2018		Washington	Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark	
	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%	
	Focus Area: Water Quality								
	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%	
	Focus Area: Reduce Obesity in Children and Adults								
	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%	
	Focus Area: Reduce Illness, Disability, and Death Related to	Tobacco Use	and Second	hand Smol	ke Exposu	re			
lisease	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%	
nic	Focus Area: Increase Access to High Quality Chronic Disease	Preventive C	are and Ma	nagement	in Both Cl	inical and C	communit	y Settings	
Prevent chronic diseases	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%	
Preve	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	

			u		Compa	rison Regio	ns/Data	2018			
	NYS Prevention Agenda Indicators 2013 - 2018		Washington	Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark			
	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			
	Focus Area: Maternal and Infant Health										
	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			
dren	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			
chilc	5. Rate of Maternal Mortality per 100,000 Births, 2014	N/A	0.0	0.0	N/A	18.0	18.7	21.0			
Promote healthy women, infants and children	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%			
en, infa	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			
wom /	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			
health	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			
ote	Focus Area: Preconception and Reproductive Health										
Pron	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%			

		5		Comparison Regions/Data			2018
NYS Prevention Agenda Indicators 2013 - 2018	Warren	Washington	Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark
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%
Focus Area: Child Health			•				
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%
Focus Area: Human Immunodeficiency Virus (HIV)							
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

			u		Comparison Regions/Data		2018			
	NYS Prevention Agenda Indicators 2013 - 2018		Warren		Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark	
		Focus Area: Sexually Transmitted Disease (STDs)								
		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	
ent HIV, vaccine-preventable diseases and		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	
diseas		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	
entable	tions	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	
/, e-preve d infect	d infect	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	
t HI	iate	Focus Area: Vaccine Preventable Disease								
Prevent HIV, ases, vaccine	healthcare-associated infections	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%	
dise	hcar	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%	
smitted	healt	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%	
Prev sexually transmitted diseases,		Focus Area: Healthcare Associated Infections								
sexu		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	

			uo		Comparison Regions/Data			2018
NYS Prevention Agenda Indicators 2013 - 2018		Warren	Washington	Saratoga	ARHN	Upstate NY	NYS	Prevention Agenda Benchmark
	Focus Area: Prevent Substance Abuse and Other Mental, En	notional, and	Behavioral	Disorders				
nental I prevent abuse	1. Percent of Adults Binge Drinking within the Last Month, '13/14	18.2%	15.2%	19.7%	N/A	17.4%	17.8%	18.4%
	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%	10.1%
Promote r health and substance	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	5.9

Appendix K: Leading Causes of Premature Death in Warren, Washington and Saratoga Counties

County	1 st	2 nd	3 rd	4 th	5 th
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

Appendix L: County Health Rankings for Warren, Washington and Saratoga Counties

	New York	Saratoga	Warren	Washington
Health Outcomes		1	14	38
Mortality		6	14	36
Premature death	5,400	4,500	5,500	6,300
Morbidity		2	15	31
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%
Health Factors		4	12	38
Health Behaviors		9	14	41
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
Clinical Care		3	1	29
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%
Social & Economic Factors		2	20	39
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
Physical Environment		21	26	24
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 Rankins. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Available at http://www.countyhealthrankings.org/