



Glens Falls Hospital

# Community Health Needs Assessment

2013

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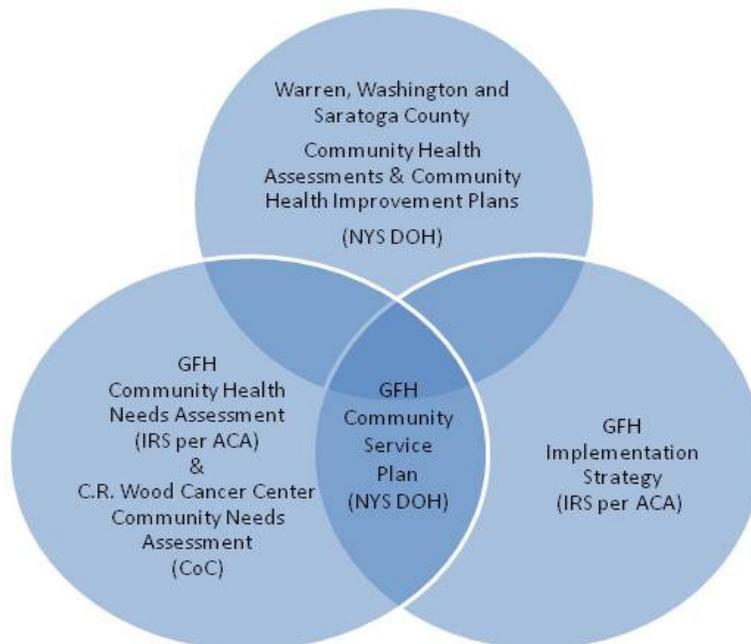
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## Introduction

Glens Falls Hospital (GFH) conducted this Community Health Needs Assessment (CHNA) to identify and prioritize the community health needs of the patients and communities within the GFH service area. A CHNA is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.<sup>1</sup> The findings in this CHNA result from a year-long process of collecting and analyzing data and consulting with stakeholders throughout the community and the region. This CHNA can be used as a roadmap to guide service providers, especially public health and healthcare, in their efforts to plan programs and services targeted to improve the overall health and well-being of people and communities in our region.

This CHNA will address the requirements set forth by the NYS Department of Health, the Internal Revenue Service through the Affordable Care Act (ACA), and the Commission on Cancer. The NYS Department of Health requires hospitals to work with local health departments to complete a Community Service Plan that mirrors the CHNA and implementation strategy per the ACA. 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). The community health needs assessment provision of the Affordable Care Act (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. Beginning in 2012, all American College of Surgeons (ACOS) Commission on Cancer (CoC) cancer programs are required to complete a community needs assessment to identify needs of the population served, potential to improve cancer health care disparities, and gaps in resources. Consequently, cancer-specific information, data and needs will be highlighted throughout this assessment. Aligning and combining the requirements of these three entities ensures the most efficient use of hospital resources and supports a comprehensive approach to community health and population health management in the region.



<sup>1</sup> Catholic Health Association, *Assessing and Addressing Community Health Needs*, February 2012. Available at <http://www.chausa.org/communitybenefit/printed-resources/assessing-and-addressing-community-health-needs>

## Glens Falls Hospital

GFH is the largest and most diverse healthcare 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, the largest employer in the region, and the tenth largest private sector employer in Northeastern New York. The Healthcare Association of New York State (HANYS) estimates GFH's total annual economic impact on the region to be more than \$516 million.<sup>2</sup> More than 300 affiliated physicians and more than 100 physician extenders provide services that combine advanced medical technology with compassionate, patient-centered care.

GFH serves as the hub of a regional network of healthcare 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 hospital's main campus, these services are provided through 11 neighborhood primary care health centers and physician practices, several outpatient rehabilitation sites, seven specialty practices (including three staff endocrinologists), three occupational health clinics, and two rural school-based health centers. These community-based care sites afford GFH unique opportunities to link hospital-based services to primary care and community health services in historically underserved rural communities. See Appendix A for a map of the GFH regional health care system.

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:

- **Patient-Centered Medical Homes:** Within the health centers, GFH is working to transform the model of primary care delivery through implementation of patient-centered medical homes. This transformation will strengthen the physician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship between the patient and provider.
- **NYS Medicaid Health Home:** In addition, GFH is designated as a lead Medicaid Health Home under the New York State Medicaid Health Home Program. A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner. The target population is individuals with complex chronic conditions including medical and behavioral care needs that drive a high volume of high cost services such as inpatient and long-term institutional care.
- **Community-based Care Transitions Program:** Through the Community-based Care Transitions Program, GFH is working with a consortium consisting of six community-based organizations and ten hospitals serving ten counties to reduce the risk of readmission when a patient is transitioned from hospital to home.

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<sup>2</sup> Healthcare Association of New York State, *The Impact of Glens Falls Hospital on the Economy and the Community*, January 2013.

- **Community Health and Wellness:** Additional community health initiatives include an extensive set of outreach programs and population-based initiatives to improve the health status of those living in the region. These include, but are not limited to, NYS DOH-funded initiatives such as Creating Healthy Places to Live Work and Play, the Tobacco Cessation Center, Healthy Schools New York, and the Cancer Services Program.

Enhancing the quality of life and access to health care services for the geographically scattered population of this region, many of whom struggle economically, is a priority for GFH.

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

The C. R. Wood Cancer Center at Glens Falls Hospital opened in 1993. As a Center of Excellence that is hospital-based, it 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, clinical research, education and support services that include psychological counseling, patient navigation, nutrition counseling, a children's camp, wellness programs and numerous support groups and weekend retreats.

The American College of Surgeons Commission on Cancer 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 receives 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**

Currently there are two Nurse Navigators that help patients find resources to remove barriers to care. They also provide education and support to patients and their families diagnosed with cancer. Nurses within the clinics and treatment areas refer to the navigators and/or care managers to help patients on an as needed basis. Breast cancer patient navigation occurs through nurse contact with newly diagnosed breast cancer patients that are referred either from the Glens Falls Hospital Breast Center or through the Baywood Surgical Associates. This process begins with an abnormal screening or diagnostic exam and continues through surgery, treatment and survivorship care. Prostate Cancer patients are identified for navigation through referrals from Urologists and Radiation Oncologists. Newly diagnosed lung cancer patients referred to the Nurse Navigators from the thoracic surgeon and/or Medical Oncologist of the C. R. Wood Cancer Center are contacted by one of the Nurse Navigators to provide education and support, and identify and reduce any barriers throughout the continuum of care.

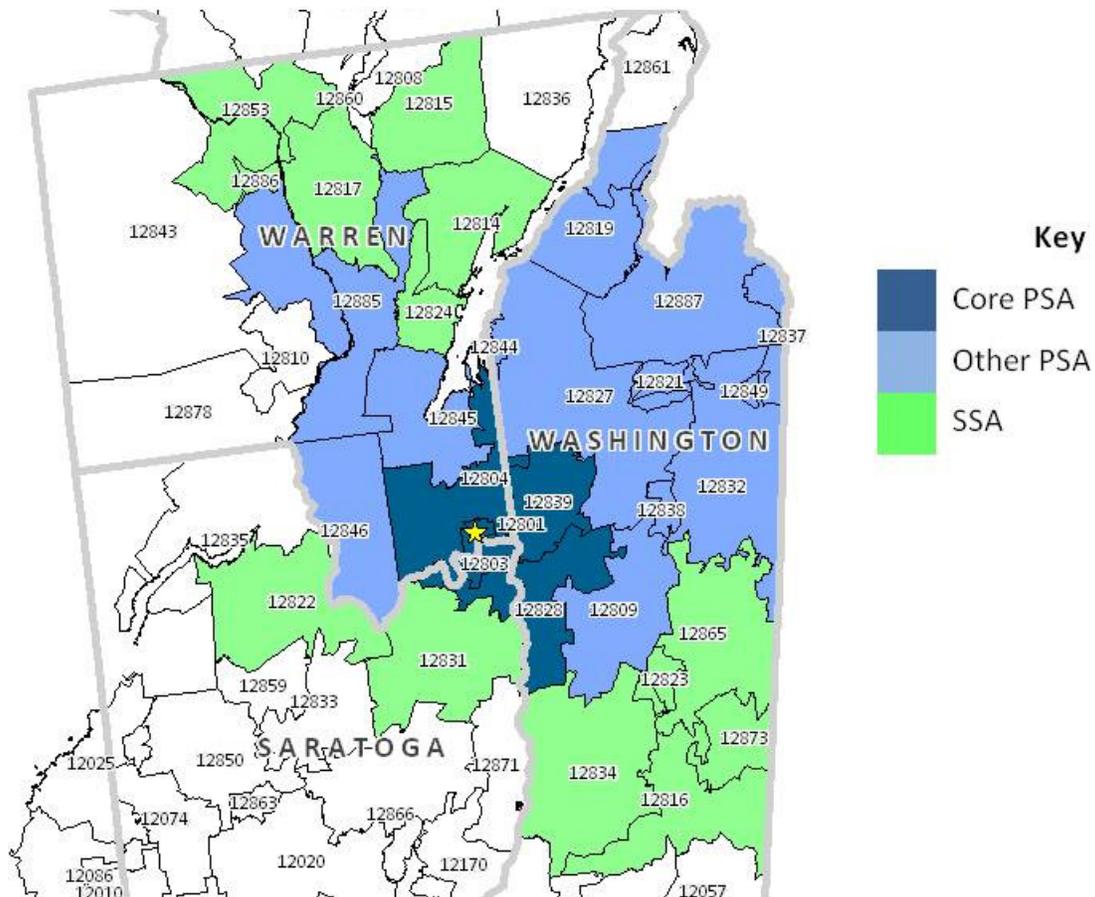
### **Glens Falls Hospital Mission**

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 (1) Respect, by treating each individual with courtesy and compassion, (2) Responsiveness, through innovation and continuous improvement, and (3) Responsibility, to assure a wide range of high quality healthcare services to all.

## Glens Falls Hospital Service Area

The service area for GFH is composed of ZIP codes in Warren, Washington and northern Saratoga counties. This definition results from a recent 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.

The GFH service area is defined by a Core Primary Service Area (PSA), Other Primary Service Area and a Secondary Service Area (SSA). The Core PSA represents the ZIP codes immediately contiguous to the hospital. These five ZIP codes have a combined patient origin of 51% and a GFH market share of 85%. The Other Primary Service Area rings the Core PSA and includes 14 ZIP codes with a combined patient origin of 20% and GFH market share of 79%. Combined, the Core PSA and Other PSA have a patient origin of 71% and GFH market share of 83%. The Secondary Service Area (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 13 ZIP codes have a combined patient origin of 13% and GFH market share of 49%. The Core PSA, Other PSA and SSA combined represent the residence of 84% of patients that are served by GFH. This service area definition also aligns with the counties included in the service area definition for the GFH Medical Staff Development Plan (MSDP).<sup>3</sup>



<sup>3</sup> The MSDP justifies financial support for physician recruitment into private practices, and is also a strategic tool to assess broader physician need including development of new programs and services. Consequently, there is significant overlap between both the content and purpose of the CHNA and MSDP (both federal requirements).

Core Primary Service Area			
Zip	Primary City	Combined Patient Origin	GFH Market Share
12801	Glens Falls	51%	85%
12804	Queensbury		
12803	South Glens Falls		
12828	Fort Edward		
12839	Hudson Falls		
Other Primary Service Area			
12819	Clemons	20%	79%
12887	Whitehall		
12837	Hampton		
12827	Fort Ann		
12844	Kattskill Bay		
12821	Comstock		
12849	Middle Granville		
12832	Granville		
12838	Hartford		
12809	Argyle		
12846	Lake Luzerne		
12845	Lake George		
12885	Warrensburg		
12854	North Granville		
Secondary Service Area			
12853	North Creek	13%	49%
12817	Chestertown		
12815	Brant Lake		
12824	Diamond Point		
12814	Bolton Landing		
12865	Salem		
12823	Cossayuna		
12873	Shushan		
12834	Greenwich		
12816	Cambridge		
12822	Corinth		
12831	Gansevoort		
12886	Wevertown		

## The Adirondack Rural Health Network

Glens Falls Hospital is an active member of the Adirondack Rural Health Network (ARHN), a regional multi-stakeholder coalition that conducts community health assessment and planning activities. ARHN provides the forum for local public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations to assess regional needs and the effectiveness of the rural health care delivery system. See Appendix B for a full list of ARHN members and roles.

ARHN is a program of the Adirondack Health Institute, Inc. (AHI), a 501c3 not-for-profit organization that is licensed as an Article 28 Central Service Facility and a joint venture of Adirondack Health (Adirondack Medical Center), Community Providers, Inc. (Champlain Valley Physicians Hospital Medical Center) and Hudson Headwaters Health Network. Established in 1992 through a New York State Department of Health Rural Health Development Grant, ARHN plans, facilitates and coordinates many different activities required for successful transformation of the health care system including: conducting community health assessments, provider education and training, patient and family engagement, identifying and implementing best practices to optimize health care quality, and publishing regional and county-specific data and reports at [www.arhn.org](http://www.arhn.org).

Since 2002, ARHN has supported the coordination of efforts for Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties. During 2011- 2012, ARHN expanded its regional community health planning efforts to include Clinton and Franklin counties, and currently includes critical stakeholders from all eight counties in the regional planning process. ARHN provides guidance and technical assistance to the Community Health Planning Committee (CHPC), a regional forum for hospitals, county health departments and community partners, who provide oversight of planning and assessment activities. The group is further comprised of subcommittees developed to address areas specific to hospital, public health and data-specific requirements. Regular meetings of each subcommittee and the full CHPC have resulted in a systematic approach to community health planning and the development of regional and local strategies to address health care priorities.

### **New York State's Prevention Agenda 2013 - 2017<sup>4</sup>**

In collaboration with ARHN, Glens Falls Hospital utilized the NYS Prevention Agenda framework to plan, inform and guide the community health needs assessment process. *The Prevention Agenda 2013-17* is New York State's Health Improvement Plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

The *Prevention Agenda* serves as a guide to local health departments and hospitals as they work with their community to assess community health needs and develop a plan for action. *The Prevention Agenda* vision is "New York as the Healthiest State in the Nation." The plan features five areas that highlight the priority health needs for New Yorkers:

- Prevent chronic disease
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections

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<sup>4</sup> Adapted from the New York State Department of Health, Prevention Agenda website, [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/summary.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm)

*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. Throughout this assessment, these priority areas were used as a foundation for determining the most significant health needs for the GFH service area. See Appendix C for a matrix of the Prevention Agenda priority areas, focus areas and goals. More information about the Prevention Agenda can be found at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017).

## **Community Health Needs Assessment (CHNA) Process**

In NYS, hospitals and county health departments are encouraged to work together to assess the community health needs and develop a plan that addresses the needs identified. Working within the framework provided by New York State's Prevention Agenda, Glens Falls Hospital and Warren, Washington and Saratoga County Public Health collaborated in the development of this CHNA. Additionally, GFH coordinated with Fulton, Montgomery, Essex, Hamilton, Franklin and Clinton County Public Health, in addition to seven other hospitals in the eight-county region, through the regional health assessment and planning efforts coordinated by ARHN. Collaboration is an essential element for improving population health, and working together reduced duplication and facilitated an effective and efficient approach.<sup>5</sup> See Appendix D for the ARHN CHPC meeting schedule and attendance list.

GFH serves a multi-county area, which encouraged 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' CHA 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. Consequently, this section briefly describes each county's Community Health Assessment (CHA) process as well as the subsequent GFH process, followed by the data sources utilized to inform the processes.

### **Warren, Washington and Saratoga County CHAs**

As a result of the collaborative efforts through ARHN, the information used to conduct a CHA in Warren, Washington and Saratoga counties was fairly similar. Each county's CHA process 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. However, each county public health department has different needs, capacities and resources and the actual prioritization process for each county varied. The partners included in each county community health assessment teams (CHATs)<sup>6</sup> were slightly different, and each county also choose to consider slightly different data sources. The table below outlines the key county differences:

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<sup>5</sup> More information about the guidance provided to counties and hospitals can be found at NYS Department of Health, Prevention Agenda 2013-2017, Community Health Planning Guidance and Data website, [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/docs/planning\\_guidance.pdf](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/planning_guidance.pdf)

<sup>6</sup> Each county's group of partners was called something slightly different. However, for ease of reference the term CHAT is utilized in this report to describe the partners that collaborated to conduct the assessment and prioritize needs for each county.

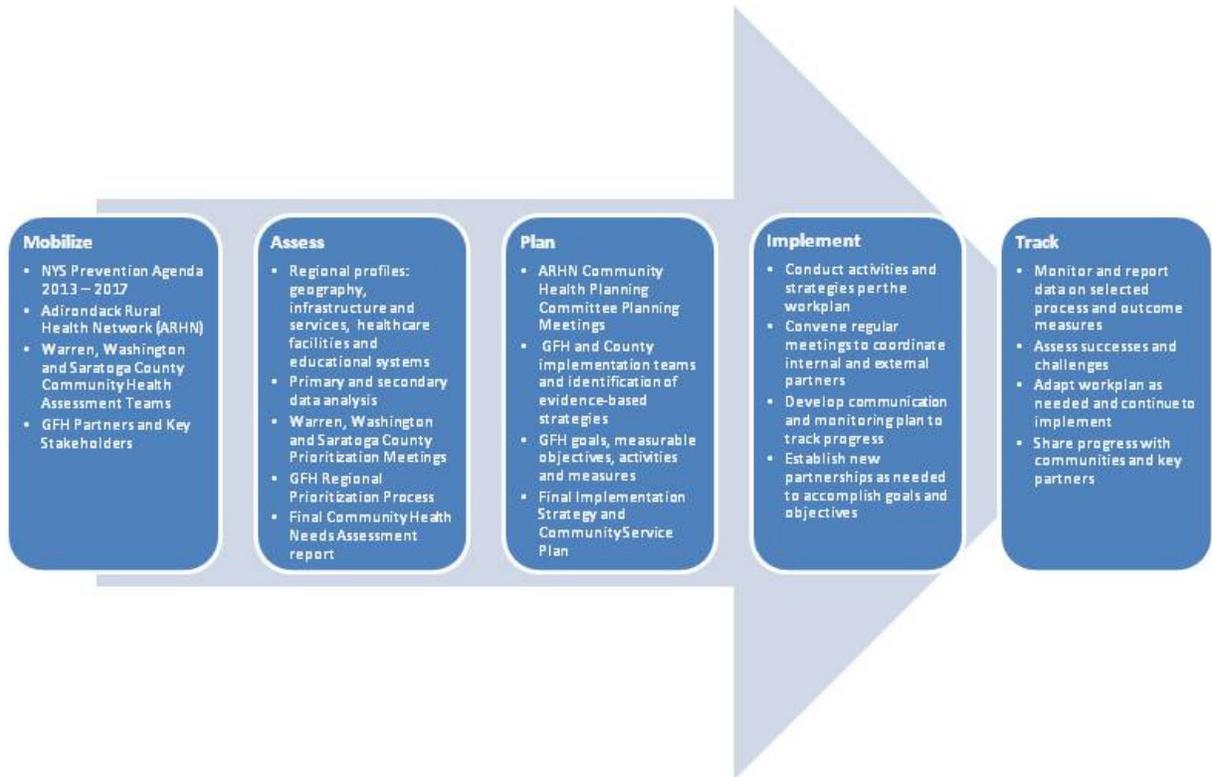
	<b>Warren County</b>	<b>Washington County</b>	<b>Saratoga County</b>
<b>Data Sources</b>	County Health Indicator Data Regional Community Provider Survey County Health Rankings	County Health Indicator Data Regional Community Provider Survey	County Health Indicator Data Regional Community Provider Survey Saratoga Hospital Community Survey
<b>Partners</b>	Warren County Public Health Warren County Office for the Aging Cornell Cooperative Extension of Warren County Office of Community Services for Warren and Washington Counties (mental health) Resident of Warren County Glens Falls Hospital, including: <ul style="list-style-type: none"> <li>• Creating Healthy Places to Live, Work and Play</li> <li>• Healthy Schools NY</li> <li>• Tobacco Cessation Center</li> <li>• Cancer Services Program</li> </ul>	Washington County Public Health Washington County WIC Council for Prevention Washington County Office for the Aging Washington County Dept of Social Services Washington County Sexual Trauma & Recovery Services (STARS) Adirondack Rural Health Network Southern Adirondack Tobacco Free Coalition Glens Falls Hospital, including: <ul style="list-style-type: none"> <li>• Creating Healthy Places to Live, Work and Play</li> <li>• Healthy Schools NY</li> <li>• Cancer Services Program</li> </ul>	Saratoga County Public Health Saratoga Hospital Saratoga County Mental Health Services

### **Glens Falls Hospital CHNA**

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 and implementation of the Warren County CHA process. 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. However, GFH consulted with Saratoga County Public Health before and after the needs assessment was conducted, and worked to ensure alignment and coordination.

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.

## Glens Falls Hospital Community Health Assessment and Improvement Process



Adapted from the Healthy People 2020 Map-It Framework for Implementation, available at <http://healthypeople.gov/2020/implement/MapIt.aspx>

### Data Sources

A variety of data sources were used to inform the county and hospital assessments. 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. 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 all the data sources considered by each county and/or GFH.

#### County Health Indicator Data

The health indicator data contains over 450 distinct data elements across the following four areas: 1) demographic data, 2) educational profile, 3) health delivery system profile and 4) health behaviors, health outcomes, and health status. Since 2003, the Adirondack Rural Health Network has been compiling this data for the region and producing reports to inform healthcare planning on a regional basis. Last year, ARHN undertook a project to systemize this data into a relational database to provide improved access and analysis. The results of this analysis provide a statistical assessment of the health status for the region and each county therein. See Appendix E for a more detailed description of the county health indicator data methodology and a complete list of sources.

### **ARHN 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 the winter of 2012-2013, GFH worked with ARHN to conduct a survey of these and other selected stakeholders representing health care and service-providing agencies within the eight-county region. The results of the survey provide an overview of regional needs and priorities, and 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 F for a comprehensive description of the survey methodology and results and Appendix G for the list of individuals who responded to the 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.

### **NYS Cancer Registry**

Cancer is a reportable disease in every state in the United States. In New York State, 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 New York State Cancer Registry, the Department collects, processes and reports information about New Yorkers diagnosed with cancer. See <http://www.health.ny.gov/statistics/cancer/registry/about.htm> for additional information

### **GFH Electronic Medical Record Data**

Data on select screenings was also analyzed from the electronic medical record system, Epic, for the 11 GFH primary care health centers. This data was used primarily to understand preventive care screening needs and potential disparities between different patient populations.

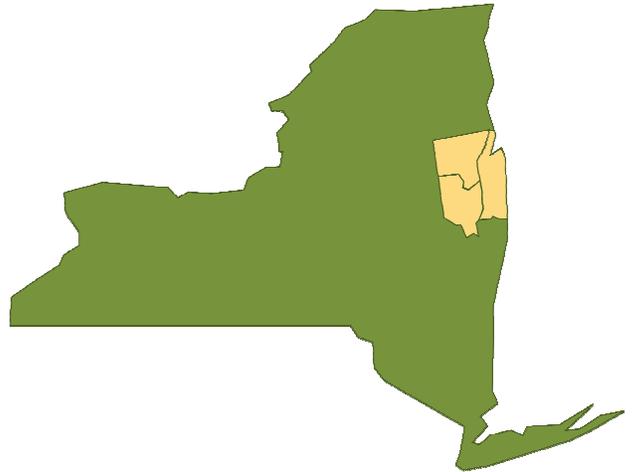
### **Warren and Washington County Nutrition Assessment**

The GFH Creating Healthy Places to Live, Work and Play initiative conducted a community nutrition assessment in the Spring-Summer of 2013. The purpose of the assessment was to gain an understanding of factors that would encourage healthful food choices by low-income residents of Washington and Warren Counties who are not currently utilizing government assistance programs. Focus groups and a survey were used to gather data about residents' decision-making processes to identify areas that might feasibly be changed. Thirty individuals participated in focus groups conducted in Glens Falls, Chestertown and Salem. The survey is being administered verbally by trained research associates from the Center for Human Services Research at the University at Albany. A minimum of 500 residents of Warren and Washington Counties will participate in the survey. Participants are recruited through public events and venues, such as the YMCA, County Fair, Civic Center, Mall and Community College. Over 320 individuals responded to the survey as of October 2013. This assessment was conducted later in the year, after the county assessment and prioritization meetings occurred. Therefore, this data was not available for review by the CHATs in each county, but results to date are included in this report to further support the regional GFH CHNA process.

See Appendix H for a list of Data Consultants that supported the CHNA process.

## Regional Profile of Warren, Washington and Saratoga Counties<sup>7</sup>

Warren, Washington and Saratoga counties are part of the Capital Region, along with Albany, Columbia, Greene, Rensselaer, and Schenectady counties.<sup>8</sup> The region's assets include a strategic location with proximity to all major markets in the northeast; an extraordinary quality of life with a mix of suburban rural communities and medium sized cities, including the Capital City; a highly skilled workforce and the many world renowned academic and research institutions. These intellectual centers provide unparalleled economic development potential as well as opportunities for companies to grow and expand, especially in high tech and knowledge-based industries. The Albany Airport provides direct air service to major US cities and connections to international cities. The Port of Albany is located on the Hudson River only 30 miles from central Saratoga County.<sup>9</sup>



The following sections outline key features of Warren, Washington and Saratoga Counties. This information was not specifically presented to the CHATs during the prioritization process, as the partners invited were regional experts with extensive knowledge of each county they served. However, it is included in this report to provide an overview of the GFH service area, including geography, infrastructure and services, healthcare facilities, and the educational system. Please see the local economic development corporation for additional details on county attributes.<sup>10</sup> The Cornell Program on Applied Demographics also has a detailed analysis of county-specific demographic, social, economic and agricultural data available at <http://pad.human.cornell.edu/profiles/index.cfm>.

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<sup>7</sup> Within this report, much of the data presented for Warren, Washington and Saratoga counties represents the entire county, not just the zip codes included in the GFH service area definition. There is very limited data available for an area that is smaller than the county-level. While this does not create a significant issue for Warren and Washington counties, it is important to note that Saratoga County is extremely diverse, and populations in the southern portion of the county have different demographics, health behaviors, health outcomes, and access to care when compared to those living in the northern portion of the county. Typically, the population in northern Saratoga County aligns more closely with Warren county, but Saratoga County data is still included for comparison.

<sup>8</sup> In 2011, Governor Cuomo created 10 Regional Councils to develop long-term strategic plans for economic growth for their regions. Additional information about these councils is available at the NYS Regional Economic Development Councils website, <http://regionalcouncils.ny.gov/>

<sup>9</sup> Adapted from the Capital Region Economic Development Council website, <http://regionalcouncils.ny.gov/content/capital-region>

<sup>10</sup> See Saratoga County Economic Development Corporation at <http://www.saratogaedc.com/executivesummary.php>; Warren County Economic Development Corporation at <http://www.edcwc.org/regional.htm> and Washington County Economic Development Corporation at <http://www.wcldc.org/aboutwc.html>

## Geography

Warren, Washington and Saratoga counties cover over 2,500 square miles. The northern portion of Saratoga County that is included in the GFH services area includes the towns of South Glens Falls (12803), Gansevoort (12831) and Corinth (12822). In Saratoga County, these towns make up 139 (17%) square miles of the total 810 total square miles of Saratoga County. Warren, Washington and Saratoga Counties are bordered by Essex County to the north, Hamilton, Fulton and Montgomery Counties to the west, and Schenectady, Albany and Rensselaer Counties to the south. Major cities and towns within these three counties include Saratoga Springs, South Glens Falls, Fort Edward, Glens Falls, Lake Luzerne, and Queensbury. Many of the towns in the region are located right off of the Adirondack Northway (I-87), which runs from Albany, NY to the Canadian border.

## Infrastructure and Services

### Warren County<sup>11</sup>

Most of Warren County lies within the boundaries of the Adirondack State Park, which encompasses approximately 6 million acres. Warren County is home to more four-star resort destinations than anywhere in New York State, which are supported by countless entertainment venues offering music, theater, dance, visual arts, museums, and fine pubs and restaurants. Some of Warren County's largest attractions include Lake George, which offers a bustling village as well as year-round recreational activities, the Six Flags Great Escape theme park and Splashwater Kingdom water park, and the Fort William Henry Museum, a French & Indian War stronghold. Camping is another robust market with 36 different facilities in the county and nearly 5,000 campsites. Every year, the Adirondack Balloon Festival occurs in September, which is the oldest and largest balloon event on the East Coast. Glens Falls Hospital is the county's single largest employer with close to 3,000 employees, and hundreds of ancillary jobs that depend on the hospital for their existence. Finch Paper, also located in Glens Falls, employs an estimated 750 individuals, making it among the largest manufacturers in the 11-county Capital Region. Glens Falls is the headquarters of two major financial institutions: TD Banknorth New York and Glens Falls National Bank & Trust Company. Both full-service financial institutions have branches located throughout the county; and both rank in the top-ten of Capital Region banks, based on market share. Today, the Glens Falls MSA, which includes Warren County, is home to one of the state's largest clusters of medical/surgical instrument firms, including industry leaders CR Bard, and AngioDynamics.

### Washington County<sup>12</sup>

Washington County is rural and agricultural in nature, with commercial and industrial development in and around the nine villages. While over one-third of the county's land is agricultural, manufacturing maintains a predominant role in the economy, as does agri-manufacturing, along with tourism becoming a viable industry. Washington County is one of New York State's leading dairy counties, with maple syrup and apples being important cash crops. The economic importance of agriculture in the county is over \$200 million annually, which includes numerous ancillary businesses. The county is also home to manufacturers of medical instruments, paper making machinery, paper products, furniture and electronic components. Numerous slate quarries are in the northeastern part of the county (known as the Slate Capital of the World), yielding the world's only source of red slate. Today, residents and

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<sup>11</sup> Adapted from the Warren County Economic Development Corporation website, <http://www.edcwc.org/regional.htm>

<sup>12</sup> Adapted from the Washington County Economic Development Corporation website, <http://www.wcldc.org/aboutwc.html>

tourists alike take advantage of numerous recreational opportunities, including downhill and cross country skiing, biking, boating, fishing, hiking and golfing.

### **Saratoga County<sup>13</sup>**

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

### **Health Care Facilities**

There are two hospitals in the three county area, Glens Falls Hospital and Saratoga Hospital. Glens Falls Hospital and Hudson Headwaters Health 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 317 full time equivalent primary care physicians are practicing in the three-county area.

### **Warren County**

Warren County has one hospital, Glens Falls Hospital, located in Glens Falls. The hospital has 410 beds for a rate of 622.8 per 100,000 population, more than three times the rate of the ARHN region (204.5) and more than twice the Upstate New York rate (276.3). The county has 4 nursing homes and 4 adult care facilities with a total of 402 and 240 beds respectively.

There are almost 90 full time equivalent (FTE) primary care physicians practicing in Warren County, or 134.5 per 100,000 population, which is substantially higher than both the ARHN region (99.9) and Upstate New York (108.5) rates. There are 995 registered nurses, 370 licensed practical nurses, and 257 licensed physicians in the county. Slightly more than 35% of county residents were seen at a local community health center in 2011. Warren County has two primary care health professional shortage area designations.

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<sup>13</sup> Adapted from the Saratoga County Economic Development Corporation website.  
<http://www.saratogaedc.com/executivesummary.php>

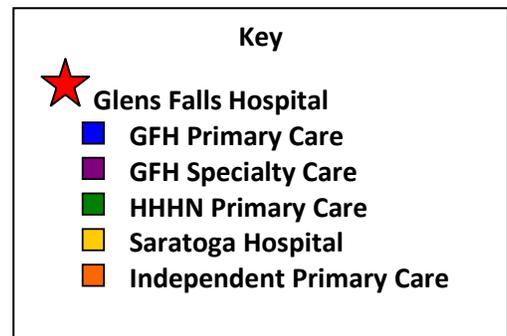
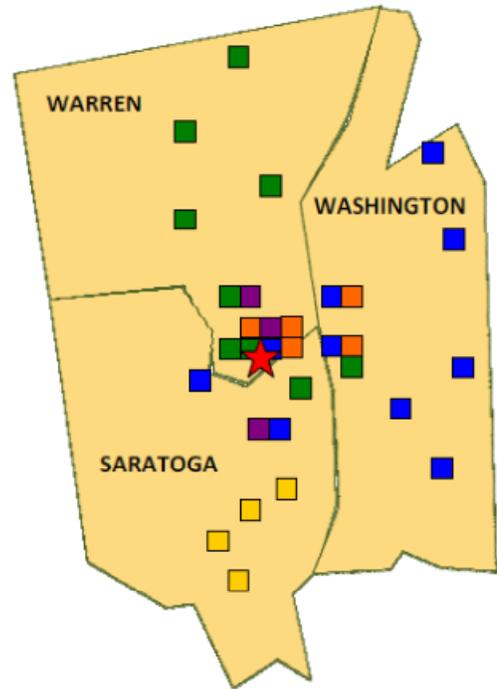
### Washington County

Washington County does not have a hospital; it does have 4 nursing homes and 3 adult care facilities with a total of 528 and 102 beds respectively. There are nearly 37 full time equivalent (FTE) primary care physicians practicing in Washington County, or 57.7 per 100,000 population, which is substantially lower than the rates in both the ARHN region (99.9) and Upstate New York (108.5). There are 664 registered nurses, 459 licensed practical nurses, and 35 physicians licensed in the County. Washington County includes one primary care health professional shortage area designation.

### Saratoga County

Saratoga County has one hospital, Saratoga Hospital, located in Saratoga Springs. The hospital has 171 beds for a rate of 77.4 per 100,000 population, substantially lower than the rates in the ARHN region (204.5) and Upstate New York (276.3). There are 4 nursing homes and 7 adult care facilities in the county with 789 beds and 306 beds respectively.

There are nearly 190 full time equivalent (FTE) primary care physicians practicing in Saratoga County, or 85.5 per 100,000 population, lower than both the ARHN region (99.9) and Upstate New York (108.5) rates. There are 3,280 registered nurses, 999 licensed practical nurses, 456 physicians, and 425 pharmacists licensed in Saratoga County.



### Educational System

There are 32 public school districts in Warren, Washington and Saratoga Counties, with a total enrollment of approximately 54,700 students. Warren County has 9 school districts with a total enrollment of nearly 10,000. Washington County has 11 school districts with a total enrollment of nearly 9,300. Saratoga County has 12 school districts with a total enrollment of more than 35,400. In Saratoga County, 16% of enrolled students receive free or reduced lunches, compared to 30% in Warren County and 29% in Washington County. The high school dropout rate is 1.6% in Warren and Washington Counties and 1.1% in Saratoga County. These numbers are comparable to their respective rates in the ARHN region (29.3% free and reduced lunch and 1.7% dropout rate). There are 11.2 students per teacher in Warren County, 10.9 students per teacher in Washington County and 12.9 students per teacher in Saratoga County. The ARHN regional rate of students per teacher is 11.6 and the Upstate New York rate is 12.2.

### 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 assessment 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. In order to simplify the prioritization process, only select data was presented to the various partner groups in each county to provide context for the community health issues of each population.

## Population and Demographics

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

	County			ARHN Region*	Upstate NYS	New York State
	Saratoga	Warren	Wash			
<b>Square Miles</b>						
Total Square Miles	810	867	831	9,182	46,824	47,126
Population per Square Mile	269.8	75.9	76.0	63.3	238.6	409.6
<b>Population</b>						
Total Population	218,520	65,767	63,174	581,120	11,173,468	19,302,448
% White, Non-Hispanic	92.9%	95.4%	93.3%	92.0%	77.0%	58.7%
% Black, Non-Hispanic	1.4%	0.9%	2.8%	2.4%	8.2%	14.5%
% Hispanic/Latino	2.4%	1.8%	2.3%	2.4%	9.4%	17.4%
% Asian/Pacific Islander, Non-Hispanic	1.6%	0.8%	0.5%	1.1%	3.4%	7.3%
% Alaskan Native/American Indian	0.2%	0.4%	0.1%	0.7%	0.3%	0.2%
% Multi-race/Other	1.7%	0.7%	0.9%	1.5%	1.7%	1.9%
Number Ages 0 - 4	12,113	3,303	3,268	30,359	636,529	1,158,007
Number Ages 5 - 17	37,897	10,361	10,045	94,311	1,935,757	3,189,602
Number Ages 18 - 64	139,108	41,071	40,219	371,862	6,994,924	12,363,940
Number Ages 65 Plus	29,402	11,032	9,642	84,588	1,606,258	2,590,899
<b>Poverty</b>						
Mean Household Income	\$82,308	\$67,353	\$59,259	N/A	N/A	\$82,699
Per Capita Income	\$33,490	\$28,939	\$23,252	N/A	N/A	\$31,796
% of Indiv. Under Fed Poverty Level	6.5%	10.7%	11.9%	10.9%	10.9%	14.5%
% of Indiv. Receiving Medicaid	10.7%	15.7%	18.1%	15.9%	16.3%	25.4%
<b>Education</b>						
% with Less than High School Education/GED	7.4%	9.4%	13.7%	11.6%	11.4%	15.4%
% High School Graduate/GED	28.2%	32.8%	42.1%	33.9%	29.7%	27.8%
% Some College, No Degree	17.4%	18.3%	17.5%	17.5%	17.4%	16.1%
% Associate Degree	11.6%	11.7%	9.8%	10.8%	9.8%	8.2%
% Bachelor's Degree	20.3%	16.2%	9.5%	14.9%	17.5%	18.5%
% Graduate/Professional Degree	15.1%	11.7%	7.4%	11.2%	14.2%	14.0%
<b>Employment Status</b>						
% Unemployed	6.7%	8.3%	7.6%	8.1%	7.7%	8.3%

Sources: American Community Survey, 2007 – 2011 and Bureau of Labor Statistics, Local Area Unemployment Statistics, 2011; \*ARHN Region excludes Montgomery county

Over 347,000 people live within Warren, Washington and Saratoga counties. Within the GFH service area, there are approximately 71,737 people in the Core PSA, 38,259 in the Other PSA, and 46,134 in the SSA, for a total of 156,130 individuals. On average, the vast majority of the population is white, non-Hispanic (93.9%) and just over one in four people has obtained a Bachelor's degree or higher level of education (26.7%). Based on both inpatient and outpatient discharges from GFH for the first six months of 2013 (January – June), almost 60% of the GFH patient population is covered by Medicare (47%) or Medicaid (12%), 28% are covered by Blue Cross, Blue Shield, CDPHP or MVP, 8% have other commercial insurance, almost 3% are self-pay, just over 1% are workers compensation claims and less than 1% are through no-fault coverage.

### **Warren County**

Warren County's population is nearly 66,000, making it the third most populous county in the ARHN region and the 38<sup>th</sup> most populous in the state. The population is neither racially nor ethnically diverse; over 95% of the population is White, Non-Hispanic, 1.4% is Black/African American, Non-Hispanic, and 2.4% is Hispanic/Latino. Nearly 17% of the population is 65 years of age and older, a higher percentage than in either the ARHN region (14.6%) or Upstate New York (14.3%) as a whole.

Mean household income in the county is \$67,353 and per capita income is \$28,939, both lower than the state-wide figures of \$82,699 and \$31,796 respectively.<sup>14</sup> The percentage of individuals in Warren County living below the Federal Poverty Level is 10.7%, comparable to the percentages in the ARHN region and Upstate New York (both 10.9%). The percentage of individuals receiving Medicaid in the county (15.7%) is also comparable to that of the ARHN region (15.9%) but slightly lower than Upstate New York (16.3%).

The highest level of education completed by 51% of the population ages 25 and older is a high school diploma or GED, and an additional 40% have an Associate's, Bachelor's, or Graduate/Professional degree. More than 63% of the population aged 16 and older is in the workforce. In 2011, Warren County's unemployment rate was 8.3%, higher than the rates in both the ARHN region (8.1%) and Upstate New York (7.7%). The largest employment sector in Warren County is health care and social assistance (17.2% of those employed), followed by arts, entertainment, recreation, hotel, and food service (13.2%) and retail trade (13.1%).

### **Washington County**

Washington County's population is just over 63,000, making it the fourth most populous county in the ARHN region and the 41<sup>st</sup> most populous in the state. The population is neither racially nor ethnically diverse; over 93% of the population is White, Non-Hispanic, 2.8% is Black/African American, Non-Hispanic, and 2.3% is Hispanic/Latino. More than 15% of the population in Washington County is 65 years of age and older, slightly higher than in the ARHN region (14.6%) and Upstate New York (14.3%).

Mean household income in the county is \$59,259 and per capita income is \$23,252, both lower than the state-wide figures of \$82,699 and \$31,796 respectively. A higher percentage of individuals in Washington County live below the Federal Poverty Level (11.9%) than in the ARHN region or Upstate New York as a whole (both 10.9%). The percentage of individuals receiving Medicaid in Washington County (18.1%) is also higher than the ARHN region (15.9%) and Upstate New York (16.3%).

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<sup>14</sup> Mean household income was determined by averaging the yearly income as reported by the American Community Survey, 2007-2011.

The highest level of education completed by 56% of the population ages 25 and older is a high school diploma or GED, and an additional 27% have an Associate's, Bachelor's, or Graduate/Professional degree. More than 62% of the population ages 16 and older is in the workforce. In 2011, Washington County had an unemployment rate of 7.6%, lower than the rates in both the ARHN region (8.1%) and Upstate New York (7.7%). The largest employment sector in Washington County is manufacturing (15.8%), followed by health care and social assistance (14.7%), retail trade (13.8%), and construction (10.0%).

### **Saratoga County**

Saratoga County's population is nearly 220,000, making it the most populous county in the ARHN region and the 17<sup>th</sup> most populous in the state. Saratoga County is neither racially nor ethnically diverse; nearly 93% of the population is White, Non-Hispanic, 1.4% is Black/African American, Non-Hispanic, and 2.4% is Hispanic/Latino. Slightly more than 13% of the population is 65 years of age and older, a lower percentage than in either the ARHN region (14.6%) or Upstate New York (14.3%) as a whole.

Mean household income in the county is \$82,308 and per capita income is \$33,490, comparable to the state-wide figures of \$82,699 and \$31,796 respectively. A substantially lower percentage of individuals in Saratoga County live below the Federal Poverty Level (6.5%) than in the ARHN region or Upstate New York as a whole (both 10.9%).

The highest level of education completed by 46% of the population ages 25 and older is a high school diploma or GED, and an additional 47% have an Associate's, Bachelor's, or Graduate/Professional degree. Nearly 68% of the population 16 and older is in the workforce. In 2011, Saratoga County's unemployment rate was 6.7%, significantly lower than the rates in both the ARHN region (8.1%) and Upstate New York (7.7%). The largest employment sector in Saratoga County is health care and social assistance (13.5%), followed by education (12.6%), retail trade (11.1%), and other professional occupations (10.2%).

### **NYS Prevention Agenda Priority Areas**

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

### **Promote a Healthy and Safe Environment**

The NYS Prevention Agenda Priority Area of Promote a Healthy and Safe Environments includes four core Focus Areas that impact health. These are 1) water quality, 2) outdoor air quality, 3) built environment, and 4) injuries, violence and occupational health. 'Environment,' as used here, incorporates all dimensions of the physical environment that impact health and safety.<sup>15</sup> In general,

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<sup>15</sup> Adapted from the Promote a Healthy and Safe Environment Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)

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, climate smart communities and grocery store access 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**

Falls and occupational injuries are a significant challenge for Warren County residents. The rate of emergency department (ED) visits due to falls for children ages 1 to 4 per 10,000 population (660.6) was higher than the ARHN region (515.5) and Upstate New York (511.9) rates and significantly worse than the Prevention Agenda benchmark of 429.1 per 10,000 population. The rate of hospitalizations due to falls for adults ages 65 and above (257.0 per 10,000 population) was higher than the rates for both the ARHN region (208.4) and Upstate New York (215.8) as well as the Prevention Agenda benchmark of 204.6. The rates of hospitalizations for falls for all other age groups were higher than their respective ARHN rates and all but one were higher than their respective Upstate New York rates.

The rate of ED occupational injury visits for working adolescents ages 15 to 19 per 10,000 population (56.5) was slightly higher than the ARHN region (56.1) and Upstate New York (51.8) rates but substantially higher than the Prevention Agenda benchmark of 33.0 per 10,000. The rate of malignant mesothelioma cases per 100,000 population ages 15 and older (1.8) and the rates of pneumoconiosis and asbestosis hospitalizations per 10,000 population ages 15 and older (2.8 and 59.9, respectively) were all higher than their respective ARHN (1.5, 1.8 and 4.8) and Upstate New York rates (1.7, 1.9 and 2.1). The rate of work-related hospitalizations for those employed, ages 16 and older, per 10,000 population (23.7) was also higher than that of the ARHN region (19.1) and Upstate New York (21.1).

### **Washington County**

Falls and occupational injuries are also a challenge for Washington County. The rate of emergency department (ED) visits due to falls for children ages 1 to 4 per 10,000 population (505.0) is lower than the ARHN region (515.5) and Upstate New York (511.9) rates but worse than the Prevention Agenda benchmark of 429.1 per 10,000 population. The rate of hospitalizations due to falls for adults ages 65 and above (218.9 per 10,000 population) was higher than the rates for both the ARHN region (208.4) and Upstate New York (215.8) as well as the Prevention Agenda benchmark of 204.6.

The following rates were all above their respective Upstate New York rates:

- malignant mesothelioma cases per 100,000, ages 15 and above (1.9 per 100,000 compared to 1.7 for Upstate NY);
- pneumoconiosis hospitalizations per 10,000, ages 15 above (2.1 compared to 1.4 for Upstate NY);
- asbestosis hospitalizations per 10,000, ages 15 and above (2.3 compared to 2.1 for Upstate NY); and
- work-related hospitalizations per 10,000, ages 16 and above (22.4 compared to 21.1 for Upstate NY).

The rate of ED visits for occupational injuries for working adolescents ages 15 to 19 per 10,000 population was lower (51.1) than both the ARHN region (56.1) and Upstate New York (51.8) rates but higher than the Prevention Agenda benchmark of 33.0 per 10,000. Additionally, the rate of elevated

blood lead levels for those employed per 10,000 population ages 16 and above was higher (3.0) than both the ARHN (2.6) and Upstate New York rates (2.4).

### **Saratoga County**

In general, falls are not a significant issue in Saratoga County as the rates of hospitalizations due to falls for age 65 plus and ED visits due to falls for children ages 1 to 4 are lower (better) than the Prevention Agenda benchmark. Occupational injuries and hospitalizations are a challenge for Saratoga County. The rate of ED occupational injury visits among working adolescents ages 15 to 19 per 10,000 population (57.9) was substantially higher than the Prevention Agenda benchmark of 33.0. Additionally, the rate of asbestosis hospitalizations ages 15 and older (8.4) and the rate of work-related hospitalizations ages 16 and older (21.8) per 10,000 population were higher than the respective rates for both the ARHN region (4.8 and 19.1) and Upstate New York (2.1 and 21.1). Finally, the rate of speed-related accidents in Saratoga County per 100,000 population was higher (266.1) than the Upstate New York rate of 225.1, though lower than the ARHN rate of 310.9.

### **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 New York State (NYS). In Warren, Washington and Saratoga counties, cancer is the leading cause of premature death, followed by heart disease. See Appendix J for the leading causes of premature death in each county. However, chronic diseases are also among the most preventable. Three modifiable risk behaviors – lack of physical activity, unhealthy nutrition, and tobacco use – are largely responsible for the incidence, severity and adverse outcomes of chronic disease. The three Focus Areas identified by the NYS Prevention Agenda are 1) Reduce obesity in children and adults, 2) Reduce illness, disability and death related to tobacco use and secondhand smoke exposure and 3) Increase access to high quality chronic disease preventive care management in both clinical and community settings.<sup>16</sup> The following outlines the status of this Priority Area in Warren, Washington and Saratoga counties:

### **Warren County**

Obesity and smoking rates are high in Warren County. Nearly 28% of adults in Warren County are obese, higher than the Prevention Agenda benchmark of 23.2%. Additionally, nearly one in five public school children are obese, also higher than the Prevention Agenda benchmark of 16.7%. More than 30% of age-adjusted adults have ever been diagnosed with high blood pressure, higher than the New York State rate of nearly 26%. Likewise, 9.3% of age-adjusted adults in the county were diagnosed with angina, heart attack, or stroke compared to 7.6% statewide. Nearly 21% of adults smoke, slightly more than in the ARHN region (21.1%) or Upstate New York (18.5%) and higher than the Prevention Agenda benchmark of 15.0%. Overall asthma hospitalizations per 10,000 population and for individual age groups in Warren County were all higher than their respective ARHN and Upstate New York rates.

With respect to diabetes, the most recent data from 2009 indicates that 9.8% of Warren County residents have been diagnosed with diabetes, compared to 9.0% for NYS and 8.5% for NYS excluding

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<sup>16</sup> Adapted from the Preventing Chronic Diseases Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)

NYC.<sup>17</sup> The rate of short-term diabetes hospitalizations for ages 18 and older (3.5 per 10,000) is better than the Prevention Agenda benchmark of 4.86, but the rate for the 6-17 year old population (7.8 per 10,000) is significantly worse than the Prevention Agenda benchmark (3.06 per 10,000). In addition, the rates of diabetes hospitalizations (16.3 per 10,000 – primary diagnosis; 270.4 per 10,000 – any diagnosis) are worse than the Upstate NY averages (15.5 per 10,000 and 228.9 per 10,000 respectively).

In Warren County, it is estimated that 9 individuals are diagnosed with cancer each week, and 3 individuals will die from cancer each week.<sup>18</sup> The annual incidence rate has increased 11.2% since 1995-1999, while the annual mortality rate has decreased 11.6%. For 2005-2009, there were an average of 547.0 cases per 100,000 people per year, and an average of 192.7 deaths per 100,000 people per year for this same time period.<sup>19</sup> The rates of lung and bronchus deaths and cases, as well as the rates of lower chronic respiratory disease deaths and cases, were higher than their respective ARHN and Upstate New York rates per 100,000 population. Four cancer sites (lung & bronchus, prostate, female breast, and colorectal) represent 51.8% of all new cancer cases and 47.0% of all new cancer deaths in Warren County.

### **Washington County**

Obesity and smoking rates are also high in Washington County. Nearly 29% of adults are obese, substantially higher than the Prevention Agenda benchmark of 23.2%. Additionally, slightly more than one in five public school children are obese, also higher than the Prevention Agenda benchmark of 16.7%. Nearly 30% of age-adjusted adults have ever been diagnosed with high blood pressure, higher than the New York State rate of approximately 26%. Slightly more than 23% of adults smoke, higher than the percentages in the ARHN region (21.1%) or Upstate New York (18.5%), and significantly higher than the Prevention Agenda benchmark of 15.0%. Overall asthma hospitalizations per 10,000 population and for individual age groups in Washington County were all higher than their respective ARHN and Upstate New York rates.

The most recent data for Washington County indicates that 8.1% of the population has been diagnosed with diabetes, compared to 9.0% for NYS and 8.5% for NYS excluding NYC.<sup>20</sup> Rates of diabetes deaths per 100,000 population were significantly higher in the county (27.5) compared to rates in the ARHN region (17.8) and Upstate New York (17.7). The rate of diabetes hospitalizations (any diagnosis) per 10,000 was also higher in Washington County (254.7) compared to the ARHN region (228.1), Upstate NY (228.9) or NYS (248.7). Short-term diabetes hospitalization rates for the 6-17 year old population (7.0 per 10,000) is significantly worse than the Prevention Agenda benchmark of 4.86 per 10,000, but the county rate for ages 18 and older (3.0) was better than the benchmark of 4.86 per 10,000.

In Washington County, it is estimated that 8 individuals are diagnosed with cancer each week, and 3 individuals will die from cancer each week<sup>21</sup>. The annual incidence rate has increased 7.2% since 1995-1999, while the annual mortality rate has decreased 10.9%. For 2005-2009, there were an average of

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<sup>17</sup> NYS Expanded Behavioral Risk Factor Surveillance System, July 2008 – June 2009, Prevention Agenda Report – Warren County. Available at [http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention\\_agenda/county/docs/warren.pdf](http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/warren.pdf)

<sup>18</sup> NYS Cancer Burden Profiles for Saratoga County, 2012.

<sup>19</sup> NYS Cancer Burden Profiles for Saratoga County, 2012.

<sup>20</sup> NYS Expanded Behavioral Risk Factor Surveillance System, July 2008 – June 2009, Prevention Agenda Report – Washington County. Available at [http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention\\_agenda/county/docs/washington.pdf](http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/washington.pdf)

<sup>21</sup> NYS Cancer Burden Profiles for Washington County, 2012.

544.6 cases per 100,000 people per year, and an average of 193.7 deaths per 100,000 people per year for this same time period.<sup>22</sup> The rates of lung and bronchus deaths and cases, as well as the rates of lower chronic respiratory disease deaths and cases, were higher than their respective ARHN region and Upstate New York rates per 100,000 population. Four cancer sites (lung & bronchus, prostate, female breast, and colorectal) represent 53.9% of all new cancer cases and 52.2% of all new cancer deaths in Washington County.

### **Saratoga County**

Nearly 29% of adults in Saratoga County are obese, higher than the Prevention Agenda benchmark of 23.2%. Additionally, both the percentage of age-adjusted adults ever diagnosed with high blood pressure and the percentage of age-adjusted adults with a physician diagnosis of angina, heart attack, or stroke were higher than their respective Upstate New York percentages. An estimated 17% of county adults smoke, slightly higher than the Prevention Agenda benchmark of 15.0%.

The prevalence of diabetes in Saratoga County falls between Warren and Washington County at 8.4%.<sup>23</sup> With respect to diabetes hospitalizations, Saratoga County is similar to Warren and Washington counties, with a rate of short-term diabetes hospitalizations for ages 6-17 (3.8 per 10,000) that is worse than the Prevention Agenda benchmark of 3.06 per 10,000. The rate of short-term diabetes hospitalizations for ages 18 and older is better than the benchmark, as well as the rates of diabetes deaths and diabetes hospitalizations (primary and any diagnosis).

In Saratoga County, it is estimated that 24 individuals are diagnosed with cancer each week, and 8 individuals will die from cancer each week<sup>24</sup>. The annual incidence rate has increased 8.2% since 1995-1999, while the annual mortality rate has decreased 9.0%. For 2005-2009, there were an average of 527.5 cases per 100,000 people per year, and an average of 184.5 deaths per 100,000 people per year for this same time period.<sup>25</sup> The rates of lung and bronchus cases and deaths per 100,000 population was slightly higher than their respective Upstate New York rates but lower than the rates for the ARHN as a whole. Both the rates of death for female breast cancer and ovarian cancer per 100,000 female population were higher than their respective rates in the ARHN region and in Upstate New York. Four cancer sites (lung & bronchus, prostate, female breast, and colorectal) represent 52.6% of all new cancer cases and 48.7% of all new cancer deaths in Saratoga County.

### **Warren and Washington County Nutrition Assessment**

Lastly, the results of the nutrition assessment can also inform the community health needs related chronic disease prevention. The focus groups were primarily used to inform the development of the survey questions. A full report will be available later in the year; highlights from the results of the assessment to date are summarized below:

- Seventy-nine percent (79%) of respondents do some grocery shopping for themselves or their households. Two-thirds of these respondents shop at least once a week.

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<sup>22</sup> NYS Cancer Burden Profiles for Washington County, 2012.

<sup>23</sup> NYS Expanded Behavioral Risk Factor Surveillance System, July 2008 – June 2009, Prevention Agenda Report – Saratoga County. Available at [http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention\\_agenda/county/docs/saratoga.pdf](http://www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/saratoga.pdf)

<sup>24</sup> NYS Cancer Burden Profiles for Saratoga County, 2012.

<sup>25</sup> NYS Cancer Burden Profiles for Saratoga County, 2012.

- The majority of respondents ate food prepared at home five or more days per week, and almost three-quarters ate dinner at home five or more nights per week
- Smaller percentages included a fruit or vegetable in each meal five or more days per week.

**Percent of meals frequently prepared at home and meals that frequently include vegetables (N=322)**

Meal	Meal prepared at home at least 5 days last week	Meal included a vegetable at least 5 days last week	Meal included a fruit at least 5 days last week
<b>Breakfast</b>	52%	7%	23%
<b>Lunch</b>	59%	24%	19%
<b>Dinner</b>	74%	60%	14%

- Perishability was the most frequently cited barrier to eating produce, with cost a close second.

**Barriers to eating vegetables and fruits (N=322)**

Barrier	Barrier to eating vegetables	Barrier to eating fruits
<b>Perishability</b>	29%	35%
<b>Cost</b>	22%	26%
<b>Other household members will not eat</b>	11%	5%
<b>Taste</b>	9%	5%
<b>Preferred produce not available locally</b>	5%	3%
<b>Difficult to prepare</b>	5%	.3%
<b>Don't know how to prepare</b>	3%	.3%
<b>No barriers</b>	40%	40%

(Participants could provide multiple responses so totals equal more than 100%.)

- When asked what might help participants eat more produce, lower prices were by far the most common response (59%), and other cost-saving measures such as farmer's market coupons (17%), veggie mobiles that sell discounted produce in areas without good access to fresh fruits and vegetables (12%), and discounted produce boxes (10%) were fairly popular options.

## Promote Healthy Women, Infants and Children

The health and well-being of mothers and children are fundamental to overall population health. Improving health outcomes for women, infants and children is a priority for NYS, aligning with goals of the State's Medicaid program and Title V/Maternal Child Health Services Block Grant. Of great concern, New York's key population indicators of maternal and child health have been stagnant or worsened during the last decade. The three Focus Areas for this Priority Area are 1) Maternal & Infant Health, 2) Preconception & Reproductive Health, and 3) Child Health.<sup>26</sup> There are 24 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:

<sup>26</sup> Adapted from the Promote Healthy Women, Infants and Children Action Plan for the NYS Prevention Agenda. Available at: [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)

### **Warren County**

With respect to maternal and infant health, the percentage of infants exclusively breastfed in the hospital is better than the ARHN rate, NYS rate and Prevention Agenda benchmark. When comparing the Warren County rates of infants exclusively breastfed in the hospital for Medicaid and Non-Medicaid populations, the Warren County rate of .8 is worse than the Prevention Agenda benchmark of 0.66. This highlights the need to focus on low-income populations. Other indicators that are worse than the Prevention Agenda benchmark include the percentage of preterm births less than 37 weeks and the ratio of preterm births Medicaid to Non-Medicaid. Most of the indicators related to racial and ethnic disparities for maternal and infant health have very small or even unreportable rates due to the demographics in this region.

With respect to preconception and reproductive health, the percent of births within 24 months of a previous pregnancy, the percent of unintended births to total births, and the percentage of women ages 18-64 with health insurance are all worse in Warren County than the Prevention Agenda benchmark. Those indicators that are better than the benchmark include rate of pregnancies ages 15-17, including the ratio of Black to White and Hispanic to White, as well as the ratio of unintended births for the Medicaid versus non-Medicaid populations.

In the area of child health, Warren County is doing better than the Prevention Agenda benchmark for the percentage of children ages 0-15 months and 3-6 years with government insurance with recommended well visits. The percentage of children ages 12-21 years with government insurance with recommended well visits is worse than the benchmark, in addition to the percentage of children ages 0-19 with health insurance. Warren County is also doing better than the benchmark for indicators related to untreated tooth decay. The rate of unintentional injury hospitalizations for children under age 10 per 10,000 population and for individuals ages 15 to 24 per 10,000 population were higher than their respective ARHN region and Upstate New York rates. Additionally, the percentages of children screened for lead by age 9 months, by age 18 months, and with two screenings by age 36 months were lower in Warren County than in Upstate New York.

### **Washington County**

Similar to Warren County, the percentage of infants exclusively breastfed in the hospital for Washington County residents is also better than the ARHN rate, NYS rate and Prevention Agenda benchmark. When comparing the Washington County rate of infants exclusively breastfed in the hospital for Medicaid and Non-Medicaid populations, the Washington County rate of 0.9 is worse than the Prevention Agenda benchmark of 0.66. Again, the need to focus on low-income populations is evident given these disparities. The ratio of preterm births for the Medicaid population compared to the non-Medicaid population (1.21) is also worse than the Prevention Agenda benchmark of 1.00. As in Warren County, most of the indicators related to racial and ethnic disparities for maternal and infant health in Washington County have very small sample sizes, or even unreportable rates, due to the demographics in this region.

With respect to preconception and reproductive health, the status of the Prevention Agenda indicators for Washington County align with the status in Warren County, except that the ratio of unintended births in the Medicaid population compared to the non-Medicaid population is worse than the benchmark. In addition, the rates of birth per 1,000 females to teenagers ages 15 to 17 and 18 to 19 in Washington County were higher than those in the ARHN region or Upstate New York, particularly births to women ages 18 and 19 (67.8 per 1,000 females in the County compared to 35.4 in Upstate New York). Pregnant women receiving WIC had higher rates of pre-pregnancy obesity, gestational weight gain

greater than the ideal, gestational diabetes, and gestational hypertension than comparable populations in New York.

In the area of child health, Washington County also mirrors Warren County with respect to the Prevention Agenda benchmarks, except for the percentage of 3<sup>rd</sup> graders with untreated tooth decay, which is worse than the Prevention Agenda benchmark. The percentages of children screened for lead by age 9 months, by age 18 months, and with two screenings by age 36 months were lower in Washington County than their respective Upstate New York percentages. Additionally, the rate of children younger than 6 with confirmed blood lead levels greater than or equal to 10 mg/dl per 1,000 children tested was higher than both the ARHN and Upstate New York rates.

### **Saratoga County**

Saratoga County is somewhat different than Warren and Washington Counties when reviewing health status related to the three focus areas. With respect to maternal and infant health, Saratoga County is worse on almost all the indicators when compared to the benchmark, except for the ratio of preterm births for the Hispanic/Latino population as compared to White, and the percentage of infants exclusively breastfed in the hospital. With respect to preconception and reproductive health, Saratoga County is doing better than the Prevention Agenda benchmark for the indicators related to rate of pregnancies for females ages 15-17 as well as the ratio of pregnancy rates for Black to White populations and Hispanic/Latino to White populations. In addition, the percent of unintended births to total births, including the ratio of Hispanic/Latino to White, in Saratoga County is better than the benchmarks. The percent for births within 24 months of previous pregnancy, ratio of unintended births for Black populations compared to White populations and Medicaid to non-Medicaid population, as well as the percentage of women ages 18-64 with health insurance are all worse than the benchmark in Saratoga County. Pregnant women receiving WIC had higher rates of pre-pregnancy obesity, gestational weight gain greater than the ideal, gestational diabetes, and gestational hypertension than comparable populations in New York.

Children's health issues are also a concern. Saratoga County is doing better than the Prevention Agenda benchmark for the percentage of children ages 0-15 months and 3-6 years with government insurance with recommended well visits. The percentage of children ages 12-21 years with government insurance with recommended well visits is worse than the benchmark, as well as the percentage of children ages 0-19 with health insurance and the indicators related to untreated tooth decay. Overall, the mortality rate for children ages 1 to 19 per 100,000 population in Saratoga County (25.1) was higher than the rate for Upstate New York (21.8) as was the mortality rate for the specific age ranges of 1 to 4 and 5 to 14. Additionally, the percentages of children screened for lead by age 9 months, by age 18 months, and with two screenings by age 36 months were lower in Saratoga County than in Upstate New York but higher than in the ARHN region.

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

HIV/AIDS, sexually transmitted diseases (STDs) and hepatitis C (HCV) are significant public health concerns. New York State (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 New York State (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.

According to the federal Centers for Disease Control and Prevention (CDC), in 2002 there were an estimated 1.7 million health care-associated infections and 99,000 deaths from those infections. Many health care-associated infections are preventable. The focus in NYS is on CDIs, MDROs, and device-associated infections (CLABSIs and CAUTIs). The four Focus Areas for this Priority Area are 1) Human Immunodeficiency Virus, 2) Sexually Transmitted Diseases, 3) Vaccine Preventable Disease and 4) Healthcare Associated Infections.<sup>27</sup> The following outlines the status of this Priority Area in Warren, Washington and Saratoga Counties:

### **Warren County**

Overall, Warren County rates for indicators in the areas of HIV, STDs, and healthcare associated infections are better than the Prevention Agenda benchmarks. However, it is important to note that the rate of Chlamydia cases continues to rise, especially in young females 15-24 years of age. The biggest challenge is in the area of vaccine-preventable disease. The percentage of children ages 19 to 35 months with the appropriate immunization series<sup>28</sup> in the County (58.2%) was lower than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (38.6%) is significantly lower than the Prevention Agenda benchmark of 50%.

### **Washington County**

Overall, Washington County rates for indicators in the areas of HIV, STDs, and healthcare associated infections are also better than the Prevention Agenda benchmarks and the biggest challenge is also in the area of vaccine-preventable disease. The percentage of children ages 19 to 35 months with the appropriate immunization series in the county (58.3%) was lower than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (34.2%) was also lower than the Prevention Agenda benchmark of 50%, as well as the percent of adults ages 65 and older with a flu shot in the past year (74%), compared to the benchmark of 75.1%.

### **Saratoga County**

Saratoga County is also the same as Warren and Washington Counties with respect to HIV, STDs and healthcare associated infections. Rates of vaccine preventable diseases are also the biggest challenge in Saratoga County. The percentage of children ages 19 to 35 months with the appropriate immunization series was lower (62.3%) than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (33.4%) was lower than the Prevention Agenda benchmark of 50%. The rate of pertussis cases per 100,000 population in Saratoga County (7.3) was higher than the rates for both the ARHN region and Upstate New York. Finally, the percentage of adults in Saratoga County ages 65 and older with flu shots within the last year (70.1%) was lower than the Prevention Agenda benchmark (75.1%).

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<sup>27</sup> Adapted from the Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infection Action Plan for the NYS Prevention Agenda, available at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017)

<sup>28</sup> The number of children (ages 19-35 months) per 100 population who received their 4:3:1:3:3:1:4 immunization series (4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13).

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

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

### **Warren County**

Warren County rates for the Prevention Agenda indicators are all worse than the benchmark, including the percent of adults binge drinking in the last month and the percent of adults with poor mental health. The rate of age-adjusted suicides per 100,000 population (12.0) as well as the overall rate of self-inflicted hospitalizations per 10,000 population (12.6) in Warren County were significantly higher than their respective rates in the ARHN region (10.0, 9.1 respectively) or in Upstate New York (8.0, 6.1 respectively), with the overall number of suicides trending upward. Additionally, the rate of self-inflicted hospitalizations per 10,000 population for ages 15 to 19 (27.5) was more than double the Upstate New York rate (11.0) and nearly 40% higher than the ARHN rate (20.3).

### **Washington County**

Washington County rates for the percent of adults with poor mental health in the last month (10%) is better than the benchmark of 10.1%. The rates of age-adjusted suicides per 100,000 population (13.0) and of self-inflicted hospitalizations per 10,000 population (11.8) in Washington County were significantly higher than their respective rates in the ARHN region (10.0, 9.1 respectively) or in Upstate New York (8.0, 6.1 respectively). Additionally, the rate of self-inflicted hospitalizations for ages 15 to 19 per 10,000 population (30.2) was more than double the Upstate New York rate (11.0) and nearly 50% higher than the ARHN rate (20.3).

The percentage of adults binge drinking in the past month is 21.1%, compared to the benchmark of 17.6%. The rates of alcohol-related accidents (88.5) and injuries and deaths (57.7) per 100,000 population were worse than their respective Upstate New York rates. The rate of children served in mental health outpatient settings per 100,000 population for ages 8 and under and for ages 9 to 17 were substantially higher than their respective ARHN region and Upstate New York rates.

### **Saratoga County**

Saratoga County rates for the percent of adults with poor mental health in the last month (9.9%) is also better than the benchmark of 10.1%. The rate of age-adjusted suicides per 100,000 population (8.5), the overall rate of self-inflicted hospitalizations per 10,000 population (6.3), and the rate of self-inflicted hospitalizations for ages 15 to 19 (12.8) in Saratoga County were higher than their respective rates in Upstate New York. The rate of alcohol-related accidents (89.1) and the rate of alcohol-related injuries and deaths (55.1) per 100,000 were worse than their respective Upstate New York rates, and the percent of adults binge drinking within the last month (20.1%) was worse than the benchmark of 17.6%.

## Health Disparities and Barriers to Care

Improving health status in the five priority areas and reducing racial, ethnic, socioeconomic and other health disparities including those among persons with disabilities is an overarching goal of the NYS Prevention Agenda. The National Institutes of Health defines health disparities as the differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. Warren, Washington and Saratoga counties are predominately White and do not face the traditional racial or ethnic disparities typically found in more urban or populated areas. Instead, populations in upstate New York face a unique combination of factors that create health disparities, which are often rooted in the social determinants of health. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.<sup>29</sup> These factors are often associated with many different types of barriers to care.

Economic factors, cultural and social differences, educational shortcomings, and the isolation of living in a rural area all conspire to repress this population in their struggle to lead a healthy life. Many sections of the region 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. Mean household income can shed light on economic disparities in the GFH service area. In Warren and Washington counties, the mean household income is \$67,353 and \$59,259 respectively, compared to the NYS average of \$82,699. Another notable factor is the relatively low level of achievement in higher education in Washington County, where only 27% of the population age 25 and older has an Associate's, Bachelor's, or Graduate/Professional degree, compared to almost 41% of the NYS population. The relationship between socioeconomic status and better health outcomes is well established, leaving this geographic region at a disadvantage.

Additional insight into barriers to care and resulting health disparities was collected through the nutrition assessment conducted in Warren and Washington counties. In addition to asking about barriers to healthy eating, the survey also collected information on general barriers to good health and health care. Cost and lack of insurance (which is highly relevant to cost) were most frequently perceived as the biggest barriers to health care.

<b>What are the biggest barriers to health care in your community?</b>	
<b>Barrier</b>	<b>Percent (N=322)</b>
<b>Cost</b>	51%
<b>Lack of insurance</b>	27%
<b>Transportation/ distance</b>	9%
<b>Other</b>	8%
<b>Difficulty accessing primary care</b>	7%
<b>Individual lack of knowledge or responsibility</b>	6%
<b>Time</b>	4%

(Participants could provide multiple responses so total equals more than 100%.)

<sup>29</sup> Adapted from the Centers for Disease Control and Prevention, Social Determinants of Health website, <http://www.cdc.gov/socialdeterminants/>

Lastly, 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) to track progress related to health disparities. The following table outlines the status of these indicators for Warren, Washington and Saratoga Counties:

NYS Prevention Agenda Indicators: Disparities							
	Warren	Washington	Saratoga	Comparison Regions/Data			
				ARHN	Upstate NY	New York State	2017 Prevention Agenda Benchmark
1. Percentage of Overall Premature Deaths (Ages 35 - 64), '08 - 10	20.3%	22.0%	22.1%	22.3%	22.0%	24.3%	<b>21.8%</b>
2. Ratio of Black, Non-Hispanic Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	2.92	2.61	N/A	N/A	2.13	<b>1.87</b>
3. Ratio of Hispanic/Latino Premature Deaths (Ages 35 - 64) to White, Non-Hispanic Premature Deaths, '08 - 10	N/A	N/A	N/A	N/A	N/A	2.14	<b>1.86</b>
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 100,000 Population (Ages 18 Plus), '08 - 10	144.7	139.1	113.3	147.3	138.9	155.0	<b>133.3</b>
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	1.00	0.32	1.23	N/A	N/A	2.09	<b>1.85</b>
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '08 - 10	0.43	0.26	0.29	N/A	N/A	1.46	<b>1.38</b>
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, '08/09	85.6%	83.6%	81.2%	83.2%	85.7%	83.1%	<b>100.0%</b>
8. Percentage of Adults with Regular Health Care Provider, '08/09	89.4%	81.8%	92.4%	86.6%	N/A	83.0%	<b>90.8%</b>

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

Overall, the 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 (Washington and Saratoga counties), rate of black, non-Hispanic premature deaths to white, non-Hispanic premature deaths (Washington and Saratoga counties), and preventable hospitalizations (Warren and Washington counties). Preventable hospitalizations are defined by admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Lastly, all three counties are below the benchmark for health insurance coverage, and Warren and Washington counties are below the benchmark for adults with a regular health care provider. These indicators can provide initial

information about potential problems in a community that may require further, more in-depth analysis.<sup>30</sup>

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

Opportunities exist to reduce cancer risk and prevent some cancers for all population groups. Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, being physically active, and seeking regular medical care.<sup>31</sup> Data demonstrating many of these health behaviors is described throughout this report. However, certain populations are disproportionately affected by the burden of cancer, and these populations are faced with many of the same challenges described above. These challenges often result in lower screening rates, and higher rates of cancer incidence and mortality.

In Warren, Washington and Saratoga counties, cancer-related disparities exist based on geography, gender and income status. Geographic disparities are most notable when comparing screening rates in each of the counties for certain types of cancers. On average, four cancer sites (lung & bronchus, prostate, breast and colorectal) represent 52.8% of all new cancer cases and 49.3% of all new cancer deaths in Warren, Washington and Saratoga Counties.<sup>32</sup> For these types of cancer, screening can prevent the disease, or help find cancers at an early stage, when they are more easily cured or treated.

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:

<b>Cancer Site</b>	<b>Warren County</b>	<b>Washington County</b>	<b>Saratoga County</b>	<b>NYS excluding NYC</b>
Colorectal – Male	33.7%	43.9%	47.7%	46.0%
Colorectal – Female	31.6%	34.3%	40.5%	44.2%
Female Breast	71.0%	65.4%	66.8%	65.3%
Prostate	91.8%	92.4%	86.3%	86.7%

Source: NYS DOH, State Cancer Registry, 2012

When comparing the three counties, the greatest opportunity to improve screening for colorectal cancer is in Warren County, where the lowest percentage of colorectal cancer cases (33.7% colorectal - male and 31.6% colorectal -female) were detected at an early stage, which is also below the NYS average. The greatest opportunity to improve breast cancer screening is in Washington County, although the percentage of breast cancer cases detected at an early stage (65.4%) is just above the NYS average of 65.3%. Saratoga County had the lowest percentage of prostate cancer cases detected at an early stage, which was just below the NYS average of 86.7%.

<sup>30</sup> Excerpt from the NYS Department of Health Prevention Quality Indicators. Available at [https://apps.health.ny.gov/statistics/prevention/quality\\_indicators/start.map;jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D](https://apps.health.ny.gov/statistics/prevention/quality_indicators/start.map;jsessionid=E8099B7DE3ABA2B446B8D586723C2A3D)

<sup>31</sup> Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion, Cancer website, <http://www.cdc.gov/chronicdisease/resources/publications/AAG/dpc.htm>

<sup>32</sup> NYS Cancer Burden Profiles for Warren, Washington and Saratoga Counties, 2012.

Additional geographic disparities exist specific to lung and bronchus cancer and the disproportionately high mortality rates in this area. On average, lung and bronchus cancers account for 15.8% of all cancer cases in Warren, Washington and Saratoga counties, but an alarming 29.6% of all cancer deaths in this same area. Of the three counties, Washington County has the highest rate of cancer deaths attributable to lung and bronchus cancers at 31.2%.

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.<sup>33</sup> Women in both Warren and Washington counties also experience higher rates of lung cancer (76.6 and 80.6 per 100,000 respectively) compared to 64.5 per 100,000 people for NYS (excluding NYC).

There is a strong link between tobacco use and lung cancer, and smoking rates are higher in Warren, Washington and Saratoga counties (as well as most upstate NY counties) than the NYS average. 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. This highlights the crucial need for prevention and cessation of tobacco use in these counties, especially for vulnerable populations in this area.<sup>34</sup>

Lastly, income related disparities can be best understood by comparing screening data to insurance status. GFH patients on Medicaid generally have lower rates of important preventive care screenings as compared to the Medicare or commercially insured populations. For example, approximately 44% of all GFH patients (female age 21-64) with an office visit in the past 3 months had record of a pap smear during the past 3 years, compared to an estimated 37% of GFH patients on Medicaid. Similarly, 49% of all GFH patients (age 50-80) with an office visit in the past three months had a colonoscopy in accordance with their physician's recommendations, compared to an estimated 37% of GFH patients on Medicaid. The same also holds true for breast cancer screening. An estimated 45% of all GFH patients (female age 40-69) with an office visit in the past three months had a mammogram in the past year, compared to an estimated 39% of the GFH patients on Medicaid.

However, it is important to understand limitations related to this data. These figures only include those patients that have seen their provider recently, which means those individuals who are not seeking regular healthcare are not included. In addition, it is extremely difficult to ensure medical records remain updated with services that occur external to the GFH system. Consequently, the rates for breast, colonoscopy and pap smear screenings are most likely much higher than what is currently reported. Nevertheless, it is expected that the disparities between populations would remain the same.

## **Regional Community Provider Survey Results**

The ARHN Regional Community Provider Survey was distributed electronically to 624 participants. In total, 285 surveys were completed, a response rate of 45.7 percent.

- Among the five NYS Prevention Agenda priority areas, chronic disease was ranked as the area of highest community need and agency interest.

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<sup>33</sup> American Cancer Society, New York and New Jersey, *The Cancer Burden in New York State*, July 2012. Available at [http://www.acscan.org/ovc\\_images/file/action/states/ny/NY\\_Cancer\\_Burden\\_Report\\_2012.pdf](http://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf).

<sup>34</sup> American Cancer Society, New York and New Jersey, *The Cancer Burden in New York State*, July 2012. Available at [http://www.acscan.org/ovc\\_images/file/action/states/ny/NY\\_Cancer\\_Burden\\_Report\\_2012.pdf](http://www.acscan.org/ovc_images/file/action/states/ny/NY_Cancer_Burden_Report_2012.pdf). NYS Cancer Burden Profiles for Warren, Washington and Saratoga Counties, 2012.

- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.
- The top emerging issues in the region include increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.
- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- When asked to rate the effectiveness of current local efforts to address major health issues, a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in the region.
- Education is the dominant strategy currently used to address major health issues in the region. Direct, hands-on strategies such as screening or clinical services are less prevalent.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

See Appendix F for a comprehensive description of the survey methodology and results.

### County Health Rankings

To further support the information collected through the county health indicator data, clinical data, community nutrition assessment 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.”

#### County Health Rankings - 2013

	Warren	Washington	Saratoga
<b>Health Outcomes</b>	<b>12</b>	<b>42</b>	<b>5</b>
<b>Mortality</b>	<b>16</b>	<b>33</b>	<b>8</b>
<b>Morbidity</b>	<b>7</b>	<b>45</b>	<b>6</b>
<b>Health Factors</b>	<b>17</b>	<b>40</b>	<b>5</b>
<b>Health Behaviors</b>	<b>44</b>	<b>56</b>	<b>12</b>
<b>Clinical Care</b>	<b>2</b>	<b>26</b>	<b>5</b>
<b>Social &amp; Economic Factors</b>	<b>23</b>	<b>28</b>	<b>2</b>
<b>Physical Environment</b>	<b>3</b>	<b>28</b>	<b>9</b>

Source: County Health Rankings and Roadmaps, A Healthier Nation, County by County, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute – 2013, See <http://www.countyhealthrankings.org/>

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

For almost all of the ranking categories, Saratoga County ranked the highest (closest to 1) and Washington County ranked the lowest (closest to 62). Warren County was typically in the middle for all eight ranking scores, except for clinical care. This is most likely because of the physical presence of Glens Falls Hospital 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 align more closely with Warren County. The entirety of the data that was used to inform the rankings can be found in Appendix K.

### Prioritized Significant Health Needs

As described above, GFH coordinated with Warren, Washington and Saratoga counties to conduct a community health assessment (CHA) in each county. Using 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 method for prioritization and the most significant health needs identified in each county.

	<b>Warren County</b>	<b>Washington County</b>	<b>Saratoga County/Saratoga Hospital</b>
<b>Prioritization Method<sup>35</sup></b>	Dot Method	Dot Method	Weighted Method
<b>Prioritized Health Needs</b>	<p>Increase access to high quality chronic disease preventive care and management in both clinical and community settings</p> <p>Promote mental, emotional and behavioral health (MEB)</p>	<p>Reduce obesity in children and adults</p> <p>Reduce illness, disability and death related to tobacco use and secondhand smoke exposure</p> <p>Prevent substance abuse and other mental, emotional and behavioral health disorders</p>	<p>Increase access to high quality chronic disease preventive care and management in both clinical and community settings</p> <p>Improve child health</p> <p>Prevent substance abuse and other mental, emotional and behavioral disorders</p> <p>Prevent vaccine-preventable diseases</p> <p>Prevent healthcare associated infections</p> <p>STDs</p>

<sup>35</sup> For a complete description of the Dot and Weighted prioritization methods, see Appendix L.

GFH compared the priorities identified by each county to determine similarities and differences. Warren, Washington and Saratoga Counties all selected focus area within Chronic Disease and Mental Health/Substance Abuse. Saratoga County is also planning to address focus areas related to Healthy Women, Infants and Children and Vaccines/Healthcare-Associated Infections.

In addition, GFH considered criteria similar to those described in Appendix L regarding the Dot and Weighted prioritization methods, including expertise, capacity, funding, and potential impact. The following have been identified as the most significant health needs for the population served by Glens Falls Hospital. These needs will be the major focus of GFH's community health strategies for 2013 – 2015, and will inform the development of a corresponding Implementation Strategy:

1. Increase access to high quality chronic disease preventive 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

By selecting all the focus areas related to the Chronic Disease priority area, GFH will be able to ensure consistency and alignment across the counties, and ensure resources are used most effectively and efficiently. While Mental Health and Substance Abuse was also a common need across the three counties, focusing on all of the areas under Chronic Disease will also ensure a comprehensive approach to this significant issue, as opposed to solely focusing on certain risk factors, or only addressing prevention or management. GFH will work to implement strategies that address all three focus areas in all three counties and will ensure collaboration with each of the Public Health departments and their respective partners. 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.

## Community Assets to Meet Needs

Many community assets have been described throughout this CHNA, including those described within the Infrastructure and Services, Health Care Facilities, and Educational System sections. 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. See page 11 for a listing of these partners.

Countless additional potential partners exist throughout the three county area, many of which GFH has a long-standing relationship with already<sup>36</sup>. These include, but are not limited to:

- business sector
- community-based organizations
- municipalities, such as those where targeted interventions are planned
- mental health service providers
- healthcare providers
- service providers for individuals with disabilities; and
- cancer-specific community organizations

Existing coalitions can also be an invaluable resource for planning and outreach, including:

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<sup>36</sup> The most comprehensive listing of businesses in the region can be found at the GlensFallsRegion.com website, <http://www.glensfallsregion.com/guide.cfm>.

- Southern Adirondack Tobacco Free Coalition
- Warren, Washington and Hamilton Counties Cancer Services Program Partnership
- Warren County Safe & Quality Bicycling Group
- Washington County Healthy Communities Coalition

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.cfm> for a full listing)
- Community gardens
- Farmers markets and community supported agriculture (CSAs)
- Gyms and other wellness facilities
- Parks and Recreation
- Walking trails and bicycle routes
- Grocery stores and convenience stores
- Faith-based organizations

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

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

## Dissemination

The Glens Falls Hospital Community Health Needs Assessment, along with the corresponding Implementation Strategy, is available at <http://www.glensfallshospital.org/services/health-promotion-center.cfm>. GFH will also use various mailings, newsletters and reports to ensure the availability of the CHNA and IS is widely publicized. Hard copies will be made available at no-cost to anyone who requests one.

## Approval

The Director of Research and Planning worked with Senior Leadership to present the CHNA and IS to the Board of Governors. The Board was provided with an executive summary in advance of the meeting. A brief presentation was conducted at the meeting to communicate highlights and answer questions. This Community Health Needs Assessment has been reviewed and approved by the Glens Falls Hospital Board of Governors. A signed copy is available upon request.