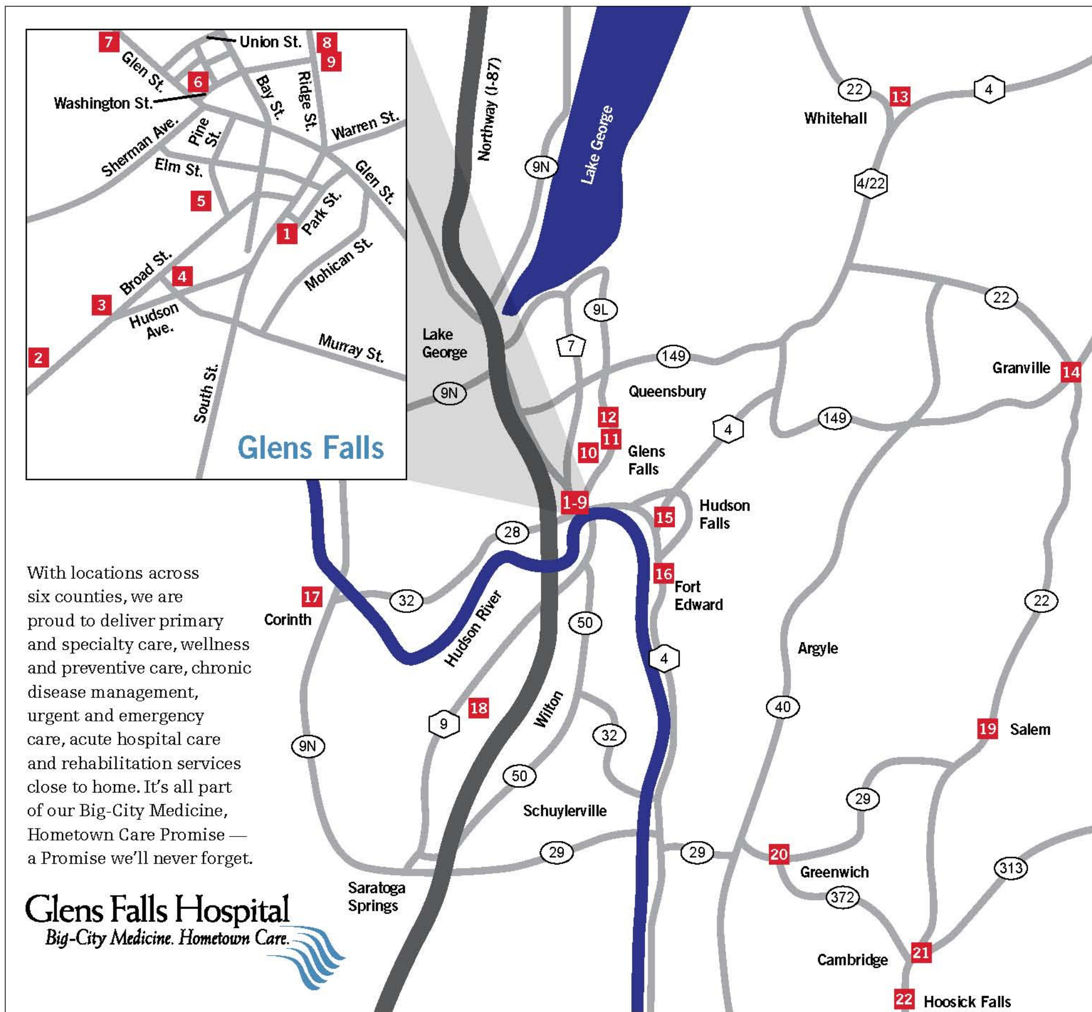
Appendix A: Glens Falls Hospital Regional Health Care System

Glens Falls Hospital: *A Regional Health Care System*



1. Glens Falls Hospital, 926-1000
2. Main Street Physical Therapy, 926-2040
3. Broad Street Campus
   Adirondack ENT, 926-1380
   Broad St. Medical Group, 926-1770
   Center for Occupational Health, 926-2140
   Renal Dialysis Center, 926-6720
4. Adirondack Sleep Disorders Lab, 926-7040
5. Physical Therapy at Irongate, 926-2030
6. Center for Recovery - Glens Falls, 926-7200
7. Neurosurgery & Spine, 793-8160
8. Center for Children & Families, 926-7100
   Intensive Day Treatment, 926-7220
9. Medical Alert Service, 409-8100
10. The Rehabilitation & Wellness Center, 926-2000
    The Hearing Center, 926-2060
11. Adirondack Cardiology, 792-1233
12. Advanced Imaging at Baybrook, 926-7002
13. Whitehall Family Medicine, 499-2444
14. Granville Family Health, 642-0612
15. Center for Recovery - Hudson Falls, 747-8001
    Hudson Falls Lab Collection Center, 747-1073
    Hudson Falls Internal Medicine, 747-3376
16. Fort Edward Internal Medicine, 747-1041
17. Evergreen Health Center, 654-6499
18. The Medical Center at Wilton
    Wilton Family Medicine, 926-1935
    Saratoga Endocrinology, 926-1960
19. Salem Family Health Center, 854-3821
20. Greenwich Regional Medical Center, 692-9861
    Greenwich Family Health Center
    Advanced Medical Imaging
21. Cambridge Family Health Center, 677-3961
    Cambridge Urgent Care, 677-3163
22. Hoosick Falls Family Health Center, 686-5002

Appendix B: Adirondack Rural Health Network – Membership Affiliation, Steering Committee & Community Health Planning Committee (CHPC)

Name and Organization	Steering Committee	CHPC
Christina Akey, Health Educator, Fulton County Public Health		X
Pat Auer, RN, Director, Warren County Health Services	X	X
Linda Beers, Director, Essex County Public Health	X	X
Sue Cridland, RN, BSN, Director of Community Education, HealthLink Littauer		X
Jessica Darney-Buehler, CGS Public Health, Essex County Public Health		X
Josy Delaney, MS, CHES, Community Wellness Specialist, Alice Hyde Medical Center		X
Dan Durkee, Health Educator Warren County Health Services		X
Denise Frederick, Director, Fulton County Public Health	X	X
Peter Groff, Executive Director, Warren-Washington Association for Mental Health	X	
Katie Jock, Champlain Valley Physicians Hospital Medical Center		X
Chip Holmes, Chief Executive Officer, Inter-Lakes Health	X	X
Jane Hooper, Director of Community Relations, Elizabethtown Community Hospital		X
Travis Howe, Director, Mountain Lakes Regional EMS Council	X	
Patty Hunt, Director, Washington County Health Services	X	X
Lottie Jameson, Executive Director, Hudson Mohawk AHEC	X	X
Dot Jones, Director of Planning, Saratoga Hospital	X	X
Robert Kleppang, Director, Hamilton County Community Services	X	
Karen Levison, Director, Saratoga County Public Health	X	X
Ginger Carriero, VP of Medical Practices, Alice Hyde Medical Center		X
Cheryl McGratten, VP of Development, Nathan Littauer Hospital		X
Tracy Mills, Director, Research & Planning, Glens Falls Hospital		X
Megan Murphy, Grants & Strategic Projects Director, Adirondack Health		X
Sue Patterson, Public Health Educator, Franklin County Public Health		X
Jeri Reid, Director, Clinton County Health Department		X
John Rugge, MD, Chief Executive Officer, Hudson Headwaters Health Network	X	
Beth Ryan, Director, Hamilton County Public Health	X	X
Paul Scimeca, Vice President, Physician Practices and Community Health, Glens Falls Hospital		X
Trip Shannon, Chief Development Officer, Hudson Headwaters Health Network	X	

Appendix C: NYS Prevention Agenda Priority Areas, Focus Areas and Goals

Priority Areas	Focus Areas	Goals – See Priority Area Action Plans for full list of objectives and recommended interventions by Health Impact Pyramid and Sector
Prevent chronic diseases	Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity
		Prevent childhood obesity through early child care and schools
		Expand the role of health care and health service providers and insurers in obesity prevention
		Expand the role of public and private employers in obesity prevention
	Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	Prevent initiation of tobacco use by NY youth and young adults, especially among low socioeconomic status (SES) populations
		Promote tobacco use cessation, especially among low SES populations and those with poor mental health
		Eliminate exposure to secondhand smoke
	Increase access to high quality chronic disease preventive care and management in both clinical and community settings	Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancer, especially among disparate populations
		Promote use of evidence-based care to manage chronic diseases
		Promote culturally relevant chronic disease self-management education
Promote healthy and safe environments	Injuries, Violence and Occupational Health	Reduce fall risks among the most vulnerable populations
		Reduce violence by targeting violence prevention programs particularly to highest-risk populations
		Reduce occupational injury and illness focusing on adolescents
	Outdoor Air Quality	Reduce exposure to outdoor air pollutants, with a focus on burdened communities
	Built Environment	Improve the design and maintenance of the built environment to promote healthy lifestyles, sustainability and adaptation to climate change
		Improve the design and maintenance of home environments to promote health and reduce related illness
	Water Quality	Increase the percentage of State residents that receive optimally fluoridated drinking water
		Reduce potential public health risks associated with drinking water and recreational water
Promote healthy women, infants and children	Maternal and Infant Health	Reduce premature births in NYS
		Increase the proportion of NYS babies who are breastfed
		Reduce the rate of maternal deaths in NYS
	Child Health	Increase the proportion of NYS children who receive comprehensive well child care in accordance with AAP guidelines
		Reduce the prevalence of dental caries among NYS children
	Preconception and Reproductive Health	Reduce the rate of adolescent and unplanned pregnancies in NYS
		Increase utilization of preventive health services among women of reproductive age to improve wellness, pregnancy outcomes and reduce recurrence of adverse birth outcomes
Promote mental health and prevent substance abuse	Promote Mental, Emotional and Behavioral Health (MEB)	Promote mental, emotional and behavioral well-being in communities
	Prevent Substance Abuse and Other MEB Disorders	Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive use of alcohol consumption by adults
		Prevent and reduce occurrences of mental emotional and behavioral disorders among youth and adults
		Prevent suicides among youth and adults
		Reduce tobacco use among adults who report poor mental health
	Strengthen Infrastructure Across Systems	Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery
		Strengthen infrastructure for mental, emotional behavioral health promotion, and mental emotional behavioral disorder prevention
Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections	Vaccine-Preventable Diseases	Improve childhood and adolescent immunization rates Educate all parents about importance of immunizations
		Decrease burden of pertussis
		Decrease burden of influenza disease
		Decrease the burden of disease caused by human papillomavirus
	Human Immunodeficiency Virus (HIV)	Decrease HIV morbidity
		Increase early access to and retention in HIV care
	Sexually Transmitted Diseases (STDs)	Decrease STD morbidity
	Hepatitis C Virus (HCV)	Increase and coordinate HCV prevention and treatment capacity
	Healthcare Associated Infections	Reduce C. difficile infections
		Reduce infection caused by multidrug resistant organisms
		Reduce device-associated infections

Appendix D: Adirondack Rural Health Network, Community Health Planning Committee – Meeting Schedule and Attendance List

Participating Organization	**ARHN Meeting Dates 2012 - 2013**						
	2/28/12	**4/17/12**	**6/28/12**	**10/11/12**	**12/13/12**	**3/28/13**	**4/26/13**
Adirondack Health	✓	✓	✓	✓	✓	✓	✓
Alice Hyde Medical Center		✓	✓	✓	✓	✓	✓
CVPH Medical Center				✓			✓
Clinton County Health Department		✓	✓	✓		✓	✓
Elizabethtown Community Hospital			✓	✓	✓	✓	✓
Essex County Public Health	✓	✓	✓	✓	✓	✓	✓
Franklin County Public Health	✓	✓	✓		✓		✓
Fulton County Public Health	✓	✓		✓	✓	✓	✓
Glens Falls Hospital	✓	✓	✓	✓	✓	✓	✓
Hamilton County Public Health		✓				✓	
Hudson Headwaters Health Network				✓	✓	✓	
Hudson Mohawk AHEC	✓		✓		✓	✓	
Inter-Lakes Health	✓		✓	✓	✓	✓	✓
Nathan Littauer Hospital	✓	✓	✓	✓	✓	✓	✓
Saratoga County Public Health	✓	✓		✓	✓	✓	✓
Saratoga Hospital	✓	✓	✓	✓	✓	✓	✓
Tri-County United Way	✓	✓	✓				
Warren County Health Services	✓	✓	✓	✓	✓	✓	✓
Washington County Health Services	✓	✓	✓	✓	✓	✓	✓

Appendix E: County Health Indicator Data Methodology and Sources

The Center for Health Workforce Studies at the University at Albany School of Public Health (the Center) under contract with the Adirondack Rural Health Network, a program of the Adirondack Health Institute, identified and collected data from a variety of sources on the nine counties in the Adirondack region. Those counties include: Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, and Washington.

The initial step in the process was identifying which data elements to collect. Center staff received an initial list of potential data elements from the ARHN Data Subcommittee and then supplemented that information with data from other sources. Since most of the health behavior, status, and outcome data were only available at the county level, the Center in conjunction with the ARHN Data Subcommittee concluded that all data used for the project would be displayed by county and aggregated to the ARHN region.[1] Additionally, other data were collected to further enhance already identified data. For example, one Prevention Agenda indicator was assault-related hospitalizations. That indicator was augmented by other crime statistics from the New York State Division of Criminal Justice.

The overall goal of collecting and providing these data to ARHN members was to provide a comprehensive picture of the individual counties within the Adirondack region, including providing an overview of population health as well as an environmental scan. In total, counties and hospitals were provided with nearly 450 distinct data elements across the following four reports:

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

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

<u>Demographic Data</u>

Demographic data was primarily taken from the 2007 - 2011 American Community Survey, supplemented with data from the Bureau of Labor Statistics, Local Area Unemployment Statistics for 2011; the New York State Department of Health (NYSDOH) Medicaid Data for 2011; and employment sector data from the 2009 – 2011 American Community Survey. Among the information incorporated into the demographic report included:

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

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[1] Aggregated data for the ARHN region included Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, and Washington counties but did not include Montgomery County.

- Employment status; and
- Employment sector.

Educational Profile

The education profile was taken mainly from the New York State Education Department (NYSED), School Report Card for 2010 – 2011, supplemented with data from the National Center for Education Statistics, Integrated Post-Secondary Data System on Post-Secondary graduations for 2010 – 2011 and registered nurse graduations from the Center. Among the data displayed in the educational profile included:

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

Health Behaviors, Health Outcomes, and Health Status

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

- Community Health Indicators Report (http://www.health.ny.gov/statistics/chac/indicators/);
- County Health Indicators by Race/Ethnicity (http://www.health.ny.gov/statistics/community/minority/county/);
- County Dashboards of Indicators for Tracking Public Health Priority Areas, 2013 - 2013 (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm); and
- 2008 – 2009 Behavioral Risk Factor Surveillance System (BRFSS) (http://www.health.ny.gov/statistics/brfss/).

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

NYSDOH data used in this report are updated annually, with the exception of BRFSS data, and most of the data were for the years 2008 – 2010. Cancer data were for the years 2007 – 2009, and BRFSS data were from the 2008 and 2009 survey. Data displayed in this report included an average annual rate or percentage and, when available, counts for the individual three years. The years the data covered were listed both in the report as well as in the sources document.

NYSDOH data also was supplemented from other sources such as the County Health rankings, the New York State Division of Criminal Justice Services, the New York State Institute for Traffic Safety Management and Research, and the New York State Office of Mental Health Patient Characteristics Survey, among others. To the extent possible, Center staff used similar years for the additional data that were collected. Nearly 300 data elements are displayed in this report broken out by the Prevention Agenda focus areas.

Data were downloaded from their various sources and stored in separate Excel files, based on their respective focus area. The Health Behaviors, Health Outcomes, and Health Status report was created in

Excel and linked to the raw data, and population rates were recalculated based on the number of cases as well as the population listed in the data source.

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

Focus Area	Number of Indicators	
	Prevention Agenda	Other
Health Disparities	8	11
Injuries, Violence, and Occupational Health	7	21
Outdoor Air Quality	2	0
Built Environment	4	0
Water Quality	1	0
Obesity in Children and Adults	2	35
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	1	13
Increase Access to High Quality Chronic Disease Preventive Care and Management	6	28
Maternal and Infant Health	9	19
Preconception and Reproductive Health	9	20
Child Health	6	29
HIV	2	2
STDs	5	10
Vaccine Preventable Diseases	3	6
Healthcare Associated Infections	2	0
Substance Abuse and other Mental, Emotional, and Behavioral Disorders	3	20
Other Illnesses	0	9

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

The Health Behaviors, Health Outcomes, and Health Status Report also indicated the percentage of total indicators that were worse than their respective benchmarks by focus area. For example, if 21 of the 35 child health focus area indicators were worse than their respective benchmarks, the quartile summary score would be 60% (21/35). Additionally, the report identified a severity score, i.e., the percentage of those indicators that were either in quartile 3 or 4 compared to all indicators which were worse than

their corresponding benchmarks. Using the above example, if 9 of the 21 child health focus indicators that were worse than their respective benchmarks were in quartiles 3 or 4, the severity score would be 43% (9/21). Quartile summary scores and severity scores were calculated for each focus area as well as for Prevention Agenda indicators and for “other indicators” within each focus area. Both quartile summary scores and severity scores were used to understand if the specific focus areas were challenges to the counties and hospitals. In certain cases, focus areas would have low severity scores but high quartile summary scores indicating that while not especially severe, the focus area offered significant challenges to the community.

Health Delivery System Profile

The data on the health system came from NYSDOH list of facilities, NYSED licensure file for 2011, the UDS Mapper for 2011 Community Health Center Patients, the Health Resources and Services Administration Data Warehouse for health professional shortage (HPSAs) areas for 2012, and Center data on 2011 physicians. Among the data incorporated into this report included:

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

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

Appendix F: Regional Community Provider Survey Methodology and Results

Results of the Adirondack Regional Health Network Survey

Regional Results Summary

March 28, 2013

Report to the Adirondack Rural Health Network

Brad R. Watts
Center for Human Services Research
University at Albany

Executive Summary

In December 2012 and January 2013, the Adirondack Regional Health Network (ARHN) conducted a survey of selected stakeholders representing health care and service-providing agencies within the eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda.

- The 81-question 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.
- 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.

Overview

This report details the findings of a survey conducted by the Center for Human Services Research (CHSR) and the Adirondack Rural Health Network (ARHN) between December 5, 2012 and January 21, 2013. The purpose of the study was to obtain feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. Results presented in this report are for the entire region served by the Adirondack Rural Health Network, which includes eight counties located in upstate New York. In this report, these counties will be referred to as “the region”:

- Clinton
- Essex
- Franklin
- Fulton
- Hamilton
- Saratoga
- Warren
- Washington

Methodology

The 81 question survey was developed through a collaborative effort by a seven-member ARHN subcommittee during the Fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members were responsible for identifying the broad research questions to be addressed by the survey, as well as for drafting the individual survey questions.

Subcommittee members were also charged with identifying potential respondents to participate in the survey. Because each county in the region is unique in its health care and service-provision structure, ARHN members from each of the counties were asked to generate a list of relevant stakeholders from their own communities who would represent the full range of programs and service providers. As such, the survey population does not necessarily represent a random sampling of health care and service providers, but an attempt at a complete list of the agencies deemed by the ARHN to be the most important and representative within the region.

The survey was administered electronically using the web-based Survey Monkey program and distributed to an email contact list of 624 individuals identified in the stakeholder list created by the subcommittee. Two weeks before the survey was launched on December 5, 2012, an announcement was sent to all participants to encourage participation. After the initial survey email, two reminder notices were also sent to those who had not yet completed the survey. Additionally, participation was also incentivized through an opt-in gift card drawing, with 20 entrants randomly selected to receive a $25 Stewarts gift card at the conclusion of the survey. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent.

Profile of Survey Respondents

The tables in this section do not provide survey results, but instead provide a summary overview of the composition of survey participants. The representativeness of the survey participants as a true sample of health organizations in the region is dependent upon the mailing list compiled by ARHN and the willing and unbiased participation of the stakeholders that received the survey invitations.

Survey participants represent a diverse array of different agencies, population groups, and service-areas within the overall eight-county ARHN region. Below, Table A.1 shows the primary functions selected by respondents and Table 2 shows the populations that their agencies serve. Health care and educational agencies are well represented, and the majority provides services to children and adolescents, as well as people living at or near the poverty level.

Table A.1. Primary functions indicated by survey respondents

Organization Primary Function	Percent of all applicants
Health care	36.8
Education	36.5
Behavioral health	17.5
Healthy environment	14.7
Early childhood svcs.	14.4
Social services	11.9
Senior services	11.2
Other services	9.1
Developmental disability svcs.	8.4
Employ & training	8.4
Housing services	8.1
STI/HIV prevention	6.0
Physical disability svcs.	4.9
Government agency	2.1
Testing and prevention	2.1

Note: Respondents could select more than one primary function.

Table A.2. Populations served by survey respondent agencies

Population Served	Percent of all respondents
Children/adolescents	59.6
People living at or near poverty level	50.9
Seniors/elderly	44.9
People with disabilities	38.9
People with mental health issues	32.3
Women of reproductive age	31.9
People with substance abuse issues	25.6
Specific health condition or disease	24.6
Farmers	14.0
Migrant workers	11.2
Other	10.5
Specific racial or ethnic groups	8.4
Specific geographic area	5.3
Everyone	5.3
Specific age group	3.5

Note: respondents could select multiple populations.

Table A.3 shows the percent of respondents that provide services in each of the eight counties in the region. Most respondents represent health care service providers that work in multiple counties within the region. As the table illustrates, between roughly 18 and 30 percent of all respondents work in each county, which provides a significant level of overlap in services.

Table A.3. Percent of respondent agencies providing service in each county in the region

County	Percent
Essex	30.2
Franklin	29.1
Fulton	22.8
Warren	20.4
Hamilton	19.6
Washington	19.6
Clinton	18.6
Saratoga	18.2

Results

The findings are presented by thematic area: health trends, prevention agenda priorities, and technology trends and regional challenges. Additionally, within the Health Prevention Priorities section the results are detailed by the five areas of the NYS Department of Health Prevention Agenda, which are as follows:

- **Prevent chronic disease**. Focus on heart disease, cancer, respiratory disease, and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol, and associated obesity.
- **Promote a healthy and safe environment**. Focus on environmental quality and the physical environment where people live, work, play, and learn.
- **Promote healthy women, infants, and children**. Focus on improving the health of women and mothers, birth outcomes, and child health including oral health.
- **Promote mental health and prevent substance abuse.** Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.
- **Prevent HIV, STIs, and vaccinate for preventable diseases**. Focus on preventing HIV, sexually transmitted infections, and preventable diseases via immunization.

Both quantitative and qualitative responses are summarized to present an overview of the respondents' perceptions of health care trends, the relevance of the priorities, the magnitude of difficulty faced by the region, areas of need, and the effectiveness of current efforts.

Emerging Health Trends

Survey respondents were asked two major questions about emerging community health trends: the first was an open-ended query about the most significant trend emerging over the next three years, while the second asked respondents to identify populations that need targeted efforts to address emerging health trends. Responses to the open-ended question were examined and coded into thematic categories in order to identify general areas of growing concern in the region. Table 1 shows the percentage of those who provided a response to the question who identified a trend within each thematic area. Because many respondents identified more than one emerging trend, the percentages do not add to 100.

By a large margin, the dominant trend emerging in the region is obesity, followed by growing substance abuse, mental health issues, and a declining availability of services and insurance coverage for community residents. The theme of chronic disease, which was cited by 5.4 percent of respondents, included trends of increasing cases of cancer, COPD (chronic obstructive pulmonary disease), heart disease, and other conditions that require ongoing or intensive care that is not always available in rural communities. Mentions of sexually transmitted infections (STIs) or diseases (STDs) were not dominant, despite the fact that the theme is similar to the identified NYS priority area.

Table 1.Percent selecting general emerging health trend

Theme	Percent
Growing obesity, childhood obesity, and related ailments	25.5
Substance abuse (alcohol, drugs, prescriptions)	16.2
Mental health issues	15.8
Lack of service availability, lack of insurance	13.1
Aging population / need for senior care	10.8
Increase in chronic diseases	5.4
Increasing STI/STD cases in community	5.4
Other	34.7

Total percentage is greater than 100 because more than one category could be identified

As shown in Table 2, many of the population groups identified as being in need of targeted efforts are reflected in the previous emerging themes. *Three of the top five population groups selected by respondents for targeting are: people with mental health issues, seniors/elderly, and people with substance abuse issues.* The two groups mentioned by a majority of respondents–people living in poverty and children/adolescents–are general groups of individuals who were frequently associated with emerging health issues in the open-ended question. For example, themes were sometimes listed as growing amongst children (e.g. childhood obesity, teen drug use) or related to an increase in regional poverty. Again, because survey respondents were allowed to select more than one group of individuals to target, the cumulative percentages exceed 100.

Table 2. Populations in need of targeted service efforts

Population group	Percent selecting
People living at or near poverty level	56.5
Children/adolescents	53.7
People with mental health issues	42.8
Seniors/elderly	39.6
People with substance abuse issues	37.5
People with disabilities	27.4
Women of reproductive age	26.3
Specific health condition or disease	22.5
Specific racial or ethnic groups	10.5
Migrant workers	5.3
Farmers	3.9
Everyone *	3.9
Other	3.9
Don't know	1.8

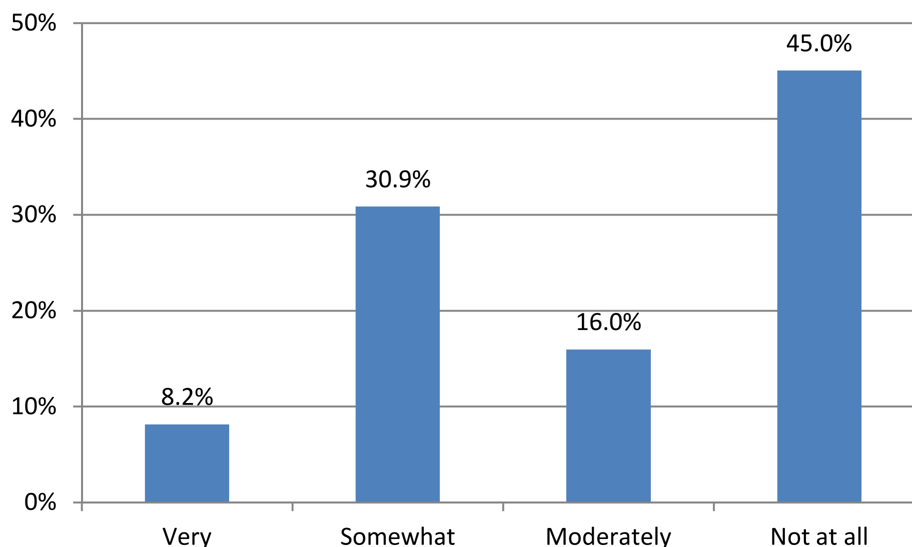
* Dominant write-in selection under other.

Health Prevention Agenda Priorities

Most of the survey items focus on identifying perceptions and needs within the region related to the five priorities selected by the NYS Department of Health Prevention Agenda. This section begins with a summary of service provider perceptions on how relevant these priorities are to the needs of their community, as well as the effectiveness of current efforts to address the issue. The latter part of this section presents data specific to each priority area: the strategies being employed, the local populations in need of targeted efforts, and a summary of any unique perspectives from the field.

Respondents were queried about their awareness of the NYS Department of Health (NYSDH) Prevention Agenda. *Slightly over half (50.9 percent) indicated that their organization was already aware that the Department of Health has a prevention agenda; 30.2 percent indicated that their organization was not aware and 18.9 percent indicated that they were not sure.* Those who selected "don't know" would seem to be indicating that while the respondent was not aware of the agenda, they felt it was possible that other leaders within the organization were aware. When survey respondents were asked about their own personal knowledge of the agenda, they indicated limited overall familiarity. As shown in Chart 1, 45 percent indicated that they were not at all familiar with the agenda, while only 8.2 percent were very familiar with the agenda. Obviously, for many of the survey respondents, their first exposure to the priority agenda focus areas occurred through participation in the ARHN survey.

Chart 1. Respondent ratings of own familiarity with the NYSDH Prevention Agenda



The ratings of priority area relevance should reflect both the unique needs of the respondent's region (which may vary from NYS as a whole) and the mix of service providers who completed the survey. Respondents were asked to rank order the five priorities from most to least important. Interestingly, the results shown in Table 3 indicate a slightly different perspective in priorities than was revealed by the earlier write-in question about emerging health trends. *The "prevent chronic disease" priority area was identified as the most important for the region, with nearly 40 percent selecting the priority as most important and approximately 19 percent selecting it as the second most important*. The health priority

area involving the “promotion of mental health” and the “prevention of substance abuse” was ranked most important by the second largest portion of respondents, 22.5 percent, and also was selected as the least important priority area by the smallest share of survey-takers, only 3.5 percent. At the other end of the spectrum, the priority area of “preventing STIs and promoting vaccines” was selected as most important by only 4.2 percent of respondents and selected as least important to the region by a majority of respondents, 62.3 percent.

Table 3.Priority areas by percent of respondents selecting ranking of importance to the region

	Importance ranking				
	Most	2nd	3rd	4th	5th
Prevent chronic disease	39.7	19.2	13.2	16.7	10.9
Promote mental health; prevent substance abuse	22.5	23.1	24.5	26.4	3.5
Promote healthy, safe environment	22.1	22.7	21.4	17.1	16.7
Promote healthy women & children	11.5	31.5	34.2	16.7	6.6
Prevent HIV/STIs; promote vaccines	4.2	3.5	6.6	23.3	62.3

In addition to ranking the importance of the five major NYS priority categories, respondents were also asked to select up to five specific issues most important to their service area. Although the option to select up to five areas of importance, along with the opportunity to write-in another option, allowed for a liberal interpretation of the “most important” issues, there was a clear division between the issues. The issues most frequently selected by respondents are shown in Table 4.

The issues that were identified as most important or most relevant as selected by around half of all survey respondents were: promoting a healthy and safe environment, preventing diabetes, prevention of substance abuse, and mental health screening. Once again, although the ordering was not entirely consistent with the findings from previous survey questions regarding regional priority areas, there were commonalities in the presence of the issues of “preventing diabetes” (a chronic condition), “prevention of substance abuse,” “mental health screening,” and the “promotion of a safe and healthy environment.” Additionally, “preventing HIV and STIs” was once again ranked relatively low, with only 4.9 percent selecting the issue as among the most important.

Table 4. Percent selecting specific issues as most important or relevant to their service area

Issue	Percent selecting issue
Promoting a healthy & safe physical environment	50.9
Preventing diabetes	48.4
Prevention of substance abuse	44.9
Mental health screening & connection services	44.9
Preventing heart disease	39.3
Improving child health	37.9
Improving the health of women & mothers	33.0
Preventing cancer	31.9
Preventing respiratory disease	28.1
Immunizing against preventable diseases	23.2
Promoting environmental quality	21.4
Improving birth outcomes	12.6
Preventing HIV & STIs	12.3
Other	4.9

Another way of gauging the relevance of the five priority areas to the region is whether or not health agencies and service providers are already involved in efforts to improve related conditions within their own service areas. Survey respondents were asked about agency involvement in issues relating to the priority areas. Additionally, for each priority area, survey respondents were also asked whether or not their agency would be interested in collaborating on efforts to address the issue if it was selected as a priority community health issue for the Adirondack region. A summary of the results is presented in Chart 2 and Chart 3.

Agency involvement was highest for efforts to address the health of women and children, followed by efforts to prevent chronic disease, and efforts to promote a healthy and safe environment in the community (Chart 2). Involvement was least prevalent in efforts to prevent HIV, STIs and vaccine-preventable diseases, which only 37.1 percent of survey respondents indicated was an area of activity for their agency. For the priority area of promoting mental health and preventing substance abuse, the level of involvement was in the middle; 56.2 percent of respondents worked for agencies involved in mental health promotion efforts and a somewhat smaller portion were involved in substance abuse prevention efforts.

A majority of survey respondents indicated that their agency would be interested in collaborating to address most priority area issues if it was selected as a priority within the region (Chart 3). The exception was the prevention of HIV, STIs, and vaccine preventable diseases, which only 43.2 percent of respondents indicated would be an issue their agency would be willing to collaborate on. This suggests that HIV, STI, and vaccine preventable disease efforts are either an area of low interest for the region's

health care and service providers or that many feel they do not have the capacity or expertise to be involved in the issue. The lack of interest neatly corresponds with the limited current involvement with the issue that was illustrated in Chart 2.

Chart 2.Percentindicating agency currently involved with issue

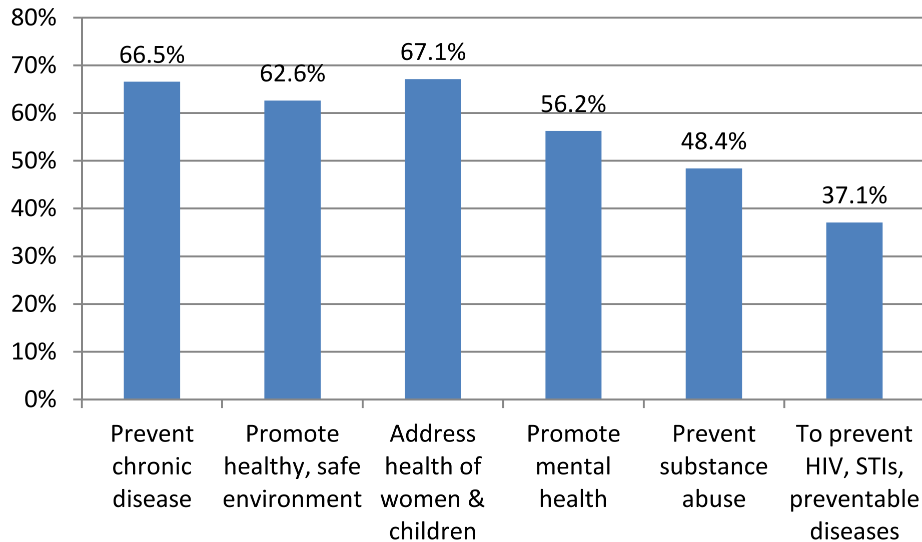
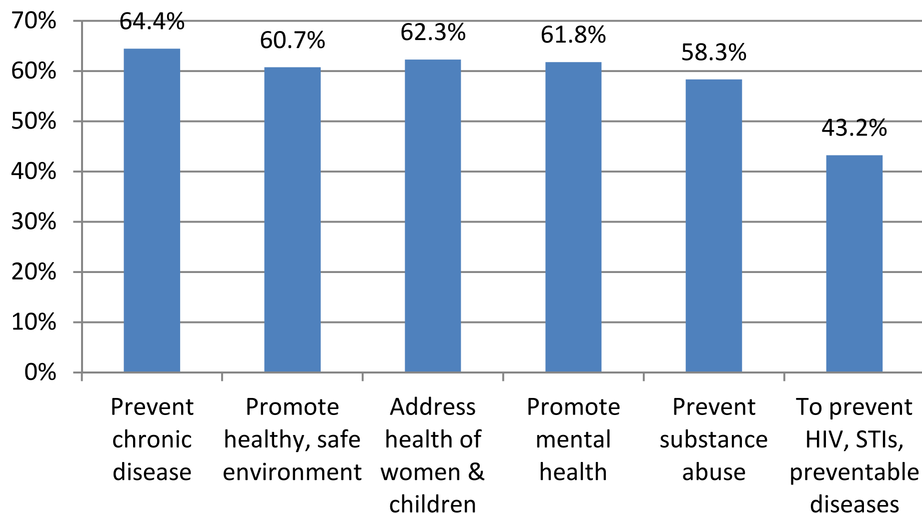


Chart 3. Percent interested in collaborating if issue is selected as a priority for the region



Priority Area Strategies and Effectiveness

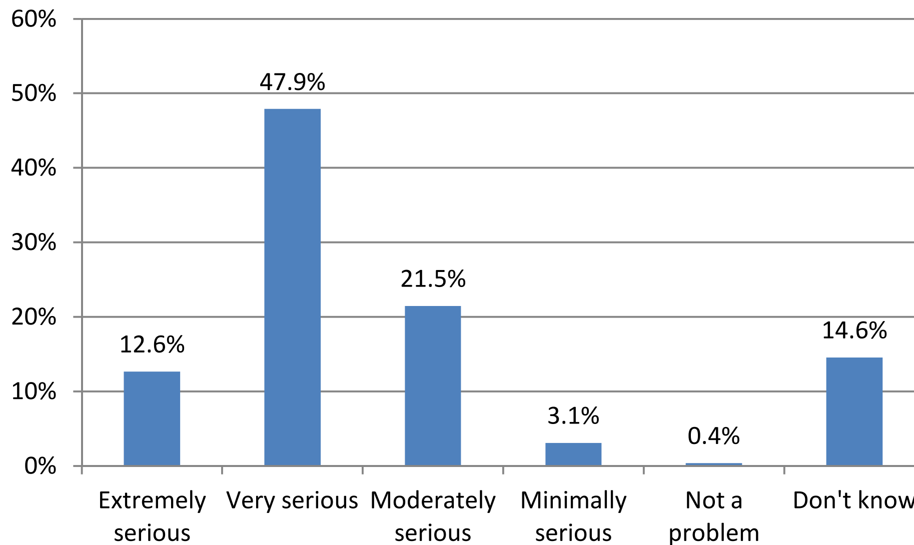
This section of the report details survey responses that are specific to each of the five different priority areas. While the previous section summarizes relative importance, involvement, and level of community need across the priority areas, this section focuses on how health agencies and other service providers have been addressing issues related to the priority areas, the perceived effectiveness of existing efforts

at their own and other agencies, and the level of interest in becoming involved with collaborating on future efforts.

Area 1: Prevent chronic disease

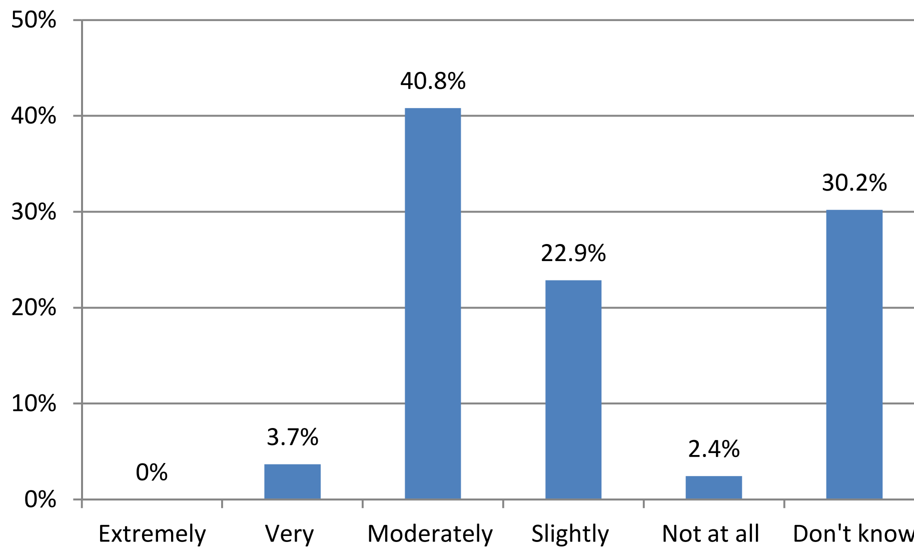
As shown earlier, a large portion of survey respondents believe that prevention of chronic disease is the most important and relevant priority area for the region (Table 3). This high prioritization may be related to the severity of chronic disease as a problem in the region. Chart 4 illustrates how respondents view the severity of the problem of chronic disease. *More than half indicated that the problem of chronic disease is either "very serious" or "extremely serious" while only 0.4 percent indicated that chronic disease is not a problem*. These ratings suggest that chronic disease is a more severe problem than the issues associated with the four other priority areas.

Chart 4. Rating of severity of chronic disease as a problem by share of respondents



One concern may be that effective programs to target chronic disease are limited in the region. None of the survey respondents indicated that existing efforts were extremely effective and only 3.7 percent rated them as very effective (Chart 5). Additionally, approximately 30 percent indicated that they did not know about the effectiveness of any area programs, which suggests that they may be limited in visibility or even absent from some parts of the region. Among those that provided statements on how these efforts might be improved, education and awareness were the most common themes, though many also noted that reducing chronic disease would require lifestyle changes, which would neither be easy nor quick to accomplish. It was also mentioned that growing poverty and shrinking budgets for programs targeting prevention were already hampering efforts to address problems like diabetes and obesity. When asked who should be targeted by efforts to address chronic disease, the majority identified persons living at or near poverty level, followed by senior citizens.

Chart 5. Rating of chronic disease effort effectiveness by share of respondents



Survey respondents were also asked to provide one or two top strategies being employed in the region by their agency to address chronic disease. *An analysis of open-ended responses revealed that educational efforts were the most common strategy to address chronic disease, followed by service coordination and cooperation efforts, and awareness promotion and service marketing* (Table 5). Note that because many respondents reported agency engagement in more than one strategy, the cumulative values shown in Table 5 exceed 100 percent.

Table 5. Percent reported as engaged in strategy to address issue of chronic disease

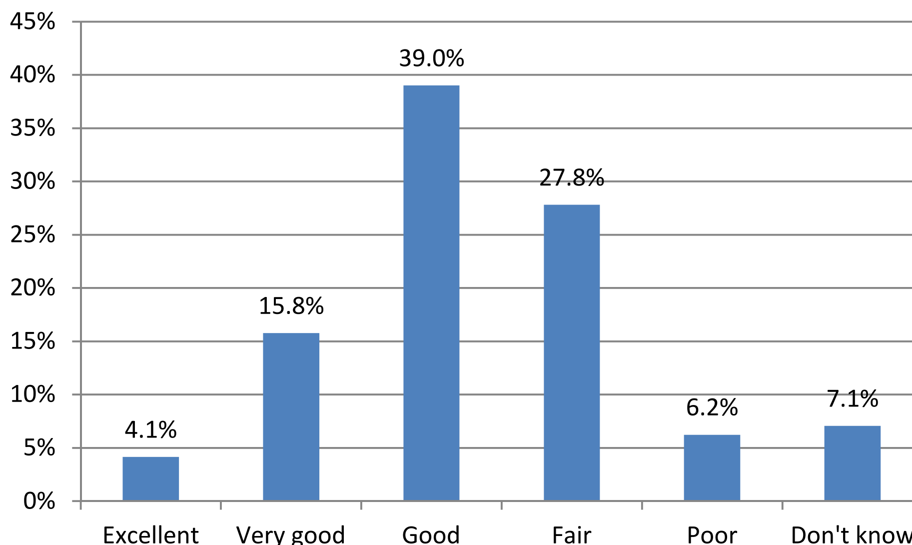
Strategy	Percent
Education (treatment options, prevention, risk factors)	41.8%
Service coordination, cooperation between agencies	14.4%
Promotion & marketing, community awareness campaigns	12.4%
Screening or testing (e.g. cancer, diabetes)	11.1%
Clinics operation, provision of basic medical services, home services	11.1%
Policy advocacy	11.1%
Drug abuse treatment programs, smoking cessation programs	3.9%
Other	23.5%

Area 2: Promote a healthy and safe environment

As stated previously, the priority area of promoting a healthy and safe environment was ranked by survey respondents as being very important in terms of its relative importance for the region; however, respondents provided a generally moderate assessment of current conditions. A plurality of respondents, 39 percent, rated the overall health and safety of the region "good," followed by 27.8 percent who selected the rating of "fair" (Chart 6). Few respondents selected ratings at either end of the ratings

scale: 6.2 percent rated the region's overall health and safety as poor and less than one percent described conditions as excellent.

Chart 6. Rating of overall regional health and safety by share of responses



Most respondents also provided only moderate rankings on the effectiveness of existing efforts to promote a healthy and safe environment. As shown in Chart 7, more than one-in-three respondents indicated that existing efforts are moderately effective, followed by approximately one-in-five who indicated that existing efforts are only "slightly" effective. A high portion of respondents, 31.6 percent, indicated that they don't know about the effectiveness of any current efforts to promote a healthy safe environment, which suggests that in some service areas such efforts are either poorly publicized or absent. Overall, the ratings seem to suggest that room exists for improvement in the programs that currently exist. When asked how current efforts could be improved, many respondents stated that they didn't know and several also suggested that there were not many efforts or that there was not enough follow through. Other respondents also suggested that increased coordination and more broad, community-level efforts were necessary.

As was the case with the chronic disease priority area, *the most prevalent strategy employed by respondent agencies to promote a healthy and safe environment was education*. When asked to provide one or two top strategies used by their own agency, 30.9 percent of respondents identified an activity associated with education of area residents on issues related to health and safety (Table 6). Other popular strategies included providing physical improvements in the community, coordinating with other agencies, and policy advocacy. The most commonly identified population groups for targeted efforts to improve general health and safety were people living at or near poverty, children and adolescents, and senior citizens.

Chart 7. Rating of effectiveness of existing efforts to promote health and safety by share of responses

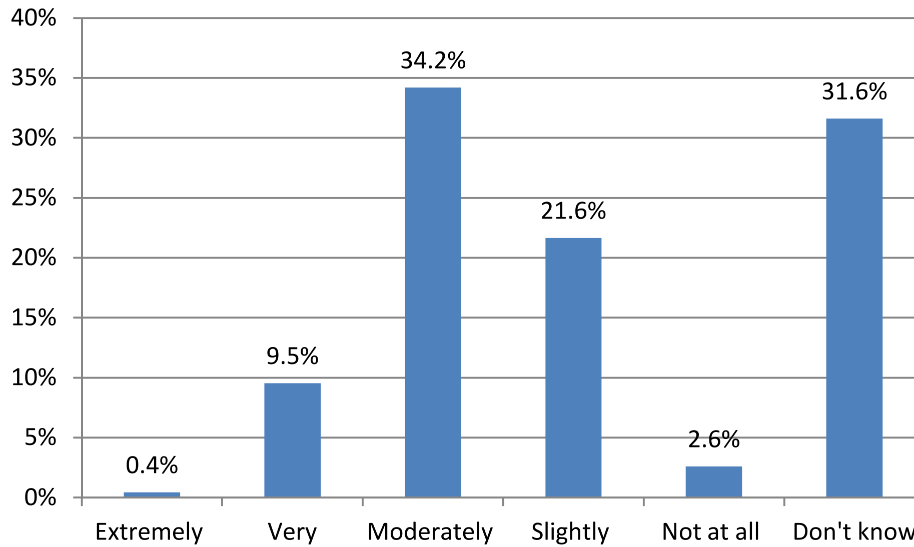


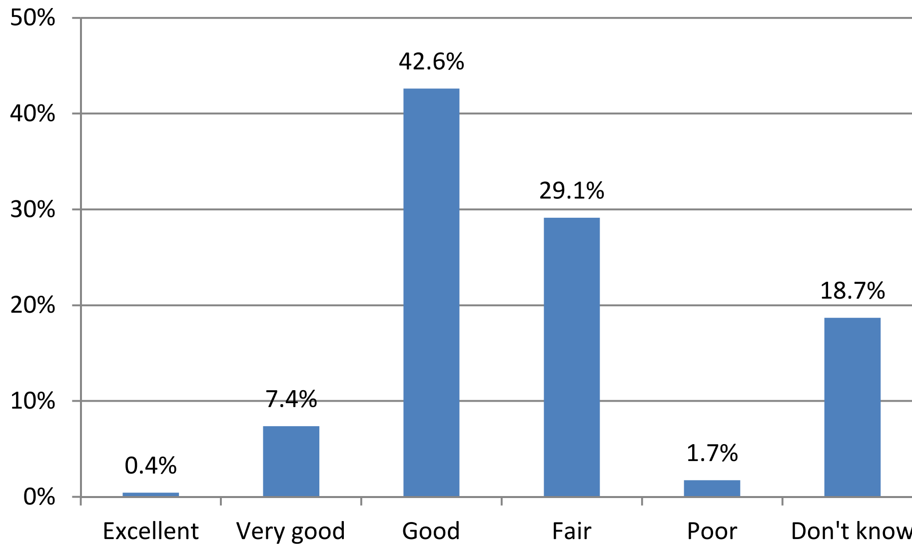
Table 6. Percent reported as engaged in strategy to promote health and safety

Strategy	Percent
Education (prevention and health ed., worker training)	30.9
Provide physical improvements (equipment, housing improvements, sidewalks and trails, community assets)	18.7
Service coordination, cooperation between agencies	15.4
Policy advocacy, create and implement safety rules	10.6
Exercise, food, and cooking programs	9.8
Inspection (safety), regulatory enforcement	8.1
Services for children, WIC, child care	8.1
Promotion & marketing, community awareness campaigns	6.5
Other	21.1

Area 3: Promote healthy women, infants, and children

The overall health of women, infants, and children was rated similar to that of the overall health and safety of the region: *most gave a rating of "good" or "fair" with few selecting the highest or lowest ratings* (Chart 8). Once again, a somewhat high portion of respondents, 18.7 percent, indicated that they did not know about the health of women, infants, and children in the region. The prevalence of "don't know" responses throughout the survey suggests that many stakeholders have not been informed about other health care efforts going on in the region. Also, very few described conditions as either excellent or poor.

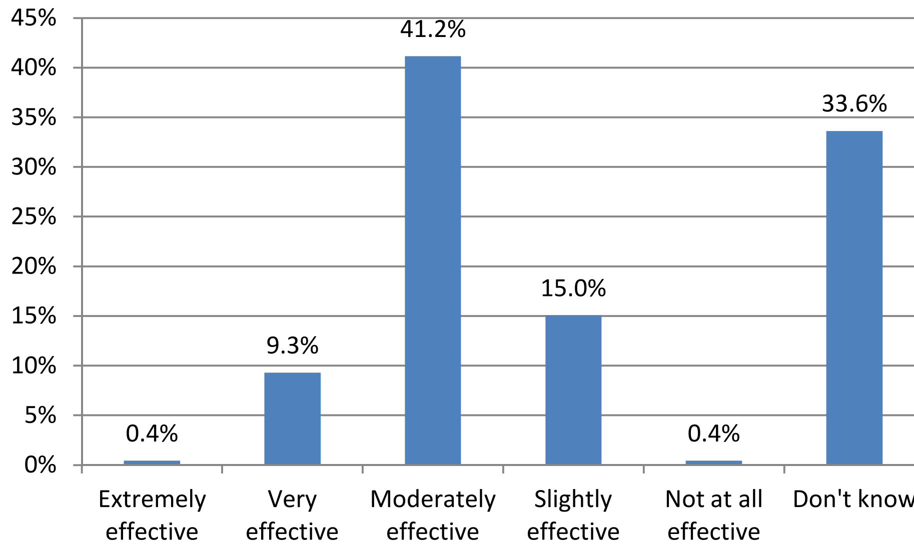
Chart 8.Rating of overall regional health of women, infants, and children



The largest portion of respondents, 41.2 percent, rated the effectiveness of current efforts to promote the health of mothers, infants, and children were rated by the as moderately effective, followed by 33.6 that indicated that they don't know about the effectiveness of current efforts (Chart 9). The large portion of respondents that indicated a lack of knowledge about the effectiveness of current efforts was surprising given that 67.1 percent previously indicated that their own agency was already involved with the issue (Chart 2). Effectiveness ratings at either extreme of the scale were almost non-existent, though 15 percent indicated that existing efforts are slightly effective and 9.3 percent described current efforts as very effective. Overall, the survey suggests that current efforts are middling and unknown to many.

When asked how current efforts to address the health of mothers, infants, and children could be improved, respondents provided a wide range of responses. Comments in favor of increasing education and outreach efforts were common, particularly around sex education and pregnancy prevention. Many respondents also noted specific health services that needed to be made more accessible, especially dental services for children. Not surprisingly, the population groups identified as being in need of targeting for this Health Agenda area were women of reproductive age, people in poverty, and children and adolescents.

Chart 9.Rating of effectiveness of existing efforts to promote health of women, infants, and children



As shown in Table 7, the most common agency strategy used to address the health of women, infants, and children was education programs—particularly those aimed at mothers, such as breastfeeding classes, nutritional classes, and courses on child care skills or health. Other popular strategies included home visiting and assessment programs, the direct provision of medical care services, and food assistance programs such as WIC. Policy advocacy and awareness or publicity campaigns were mentioned, but less prevalent than for other priority areas.

Table 7.Percent reported as engaged in strategy to promote health of women, infants, and children

Strategy	Percent
Education (breastfeeding, nutrition, child care skills)	49.2
Home visiting programs, assessment and referral services	18.9
Medical care services	16.4
Food assistance, formula, WIC program	10.7
Awareness campaigns	6.6
Daycare and preschool programs	2.5
Policy advocacy	2.5
Other	23.8

Area 4: Promote mental health and prevent substance abuse

The "promote mental health and prevent substance abuse" priority area differs slightly from the other priority areas in that it includes two relatively distinct types of ailments: mental illness and drug and alcohol abuse. As a result, the survey separates the major issues of the priority area in many of the

questions. An example of the division into separate mental health issues and substance abuse issues was previously reported earlier in the section (see Chart 2 & 3).

In general, most survey respondents indicated that both mental health and substance abuse are problematic for the region. Chart 10 summarizes the respondent's ratings on the severity of untreated mental illness and Chart 11 summarizes ratings of the severity of substance abuse problems. The largest portion, 34.5 percent, indicated that untreated mental illness is a very severe problem, followed by 31 percent who view the problem as moderately severe, and 10.2 percent who see the problem as extremely severe. Substance abuse was rated as an even more serious problem for the region, as nearly half of all respondents described the problem as very severe. Of course, it should be noted that there were also signs that the extent of both problems is not universally understood by health and service providers. A lack of knowledge about the severity of the issue was cited by respondents roughly 20 percent of the time on the issue of untreated mental illness and by 13.4 percent of respondents in regards to the issue of substance abuse.

The extent to which untreated mental illness and substance abuse are seen as regional problems exhibits a pattern similar to the importance rankings of other issues previously reported in Table 3. Untreated mental illness and substance abuse are both problematic, but are rated at a level of severity that is behind that of chronic disease.

Chart 10. Rating of severity of problem of untreated mental illness by share of respondents

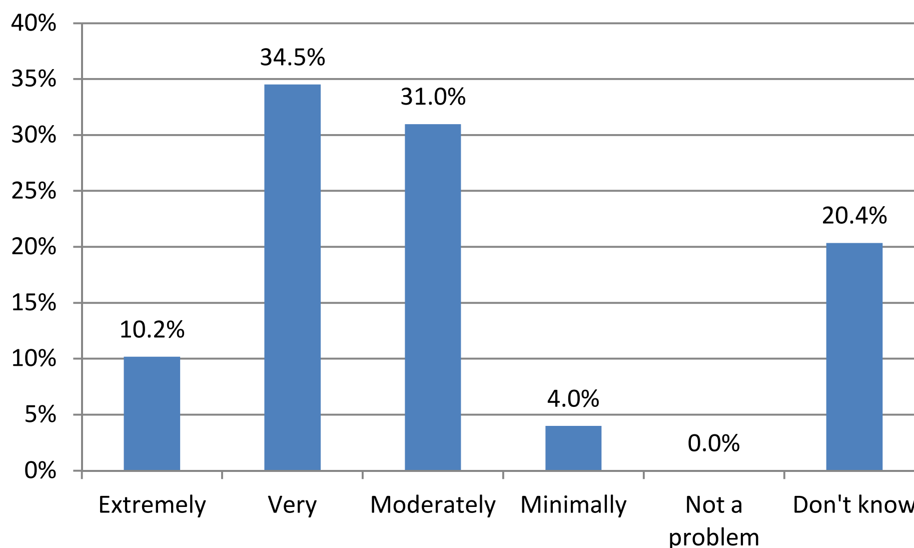
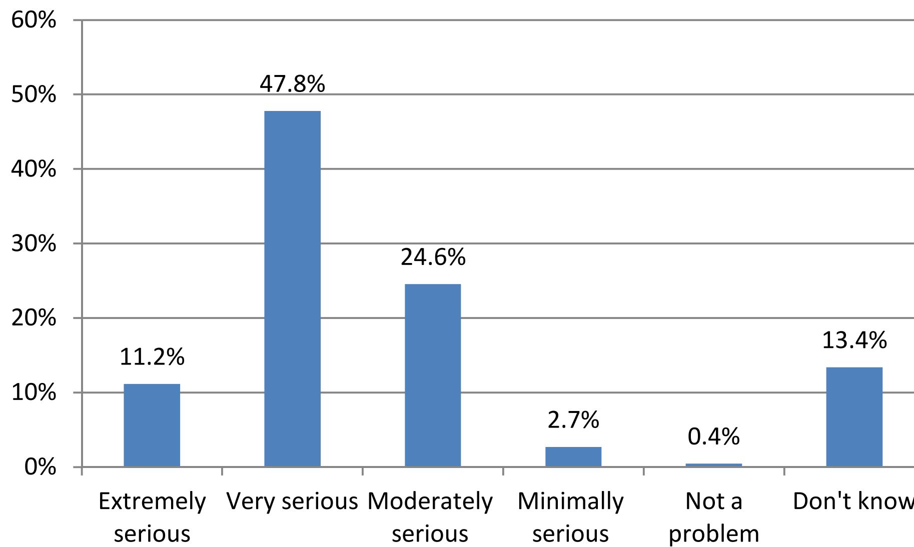


Chart 11. Rating of severity of substance abuse as a problem by share of respondents



Survey respondents frequently indicated that they don't know about the effectiveness of current efforts to promote mental health and current efforts to prevent substance abuse. As shown in Chart 12 and 13, ratings of "extremely" or "very" effective were rare; most survey respondents selected ratings of "moderately" effective or lower, and roughly one-third simply indicated that they didn't know. The results suggest both a poor perception of mental health and substance abuse programs in the region, as well as a possible lack of programs, given the limited knowledge of effective efforts demonstrated by a survey group primarily comprised of health care and service professionals.

Chart 12.Rating of effectiveness of existing efforts to promote mental health

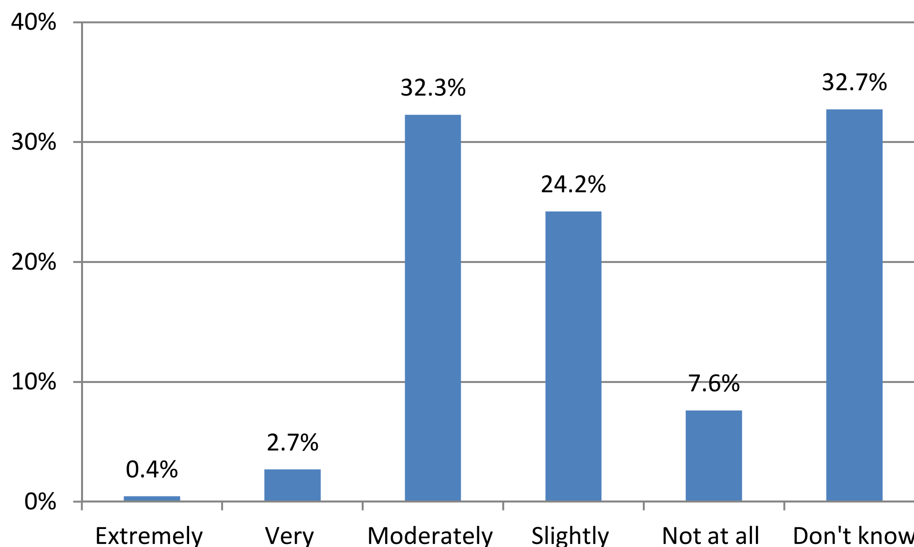
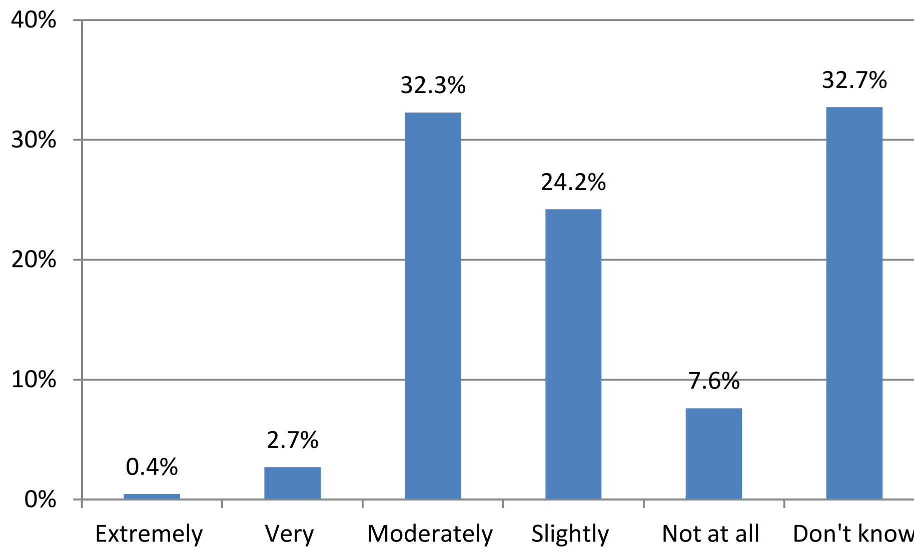


Chart 13.Rating of effectiveness of existing efforts to prevent substance abuse



Respondents were also asked how current regional efforts in both substance abuse prevention and mental health promotion could be improved. In a reflection of the ratings shown in Charts 12 and 13, many simply skipped the question or responded that they were unsure. For mental health promotion, a need for increasing the number of providers and screeners was often mentioned, as was the need to reduce stigma around mental illness in general. Suggestions for improving substance abuse prevention efforts were similar, with demands for increases in funding for services and additional counselors and treatment resources. Population groups identified as being in need of targeting were straightforward and obvious: a majority simply indicated people with mental health issues and people with substance abuse issues.

By a small margin, *the most common strategy for promoting mental health reported by survey respondents was in the category of education, followed by the direct provision of mental health and counseling services* (Table 8). The other two major types of strategies frequently listed by respondents were in the categories of assessment, screening, and referral services, and collaboration or coordination efforts with other agencies in the region.

Table 8.Percent reported as engaged in strategy to promote mental health

Strategy	Percent
Education (Mental health awareness, training for providers)	32.4
Counseling, behavioral health care, and clinical services	31.4
Assessment, screening, and referrals	21.6
Collaboration, coordination with regional mental health programs and service providers	18.6
Other	26.5

As shown in Table 9, *the most common substance abuse prevention strategy was education, cited by 56 percent of respondents*. Examples of educational strategies included prevention programs targeting children, materials explaining the dangers of substance abuse, and training on identifying and dealing with substance abusers in the community. Coordination or collaboration with other agencies was the second most common strategy, with roughly one-in-five respondents indicating their agency primarily worked with other organizations to address substance abuse. In general, it appears that direct approaches to treating substance abuse are not common in the region; screening and referral services, as well as direct counseling or clinical treatment services, were each only cited by 13.2 percent of survey takers that indicated agency efforts in the substance abuse area.

Table 9.Percent reported as engaged in strategy to prevent substance abuse

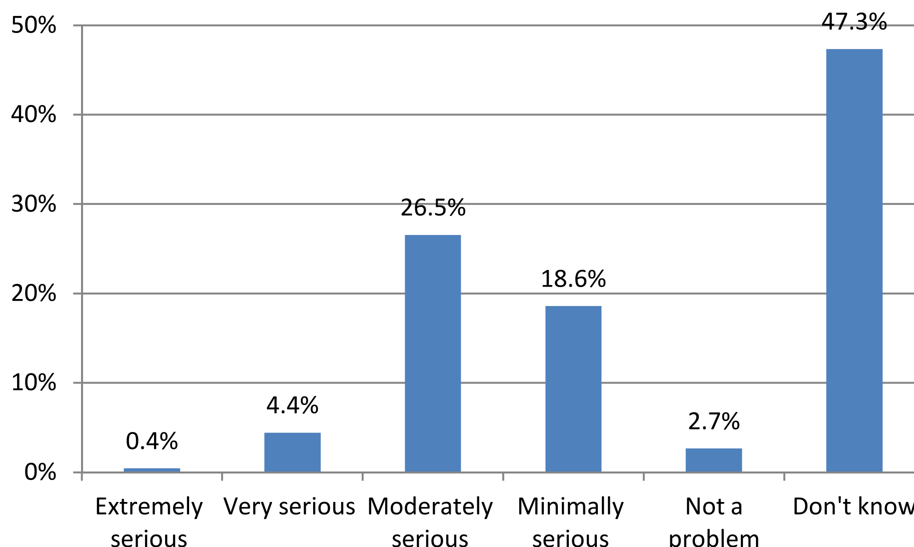
Strategy	Percent
Education (awareness, prevention, and identification materials)	56.0
Coordination and collaboration efforts with other agencies and programs	20.9
Screening and referrals to substance abuse treatment services	13.2
Substance abuse treatment and counseling services	13.2
Policy advocacy, develop or implement regulations	8.8
Other	17.6

Area 5: Prevent HIV, STIs, and vaccine preventable diseases

As a priority area, HIV, STI, and vaccine preventable diseases was rated by survey respondents as a less serious problem relative to issues in the other four priority areas. This corresponds with the findings, discussed earlier, that the area of HIV, STI, and vaccine preventable diseases had both the lowest level of current efforts from surveyed agencies, as well as the lowest level of interest for potential collaboration if selected as a priority area for the region (Chart 2 & 3).

Not surprisingly, given the lower level of involvement and interest in the issue area, fully 47.3 percent indicated that they did not know enough to rate the severity of the problem in the region (Chart 14). Among those that did provide a rating, the most popular choices were moderately or minimally serious; less than 1 percent of respondents indicated that HIV, STIs, and vaccine-treatable diseases are an extremely serious problem.

Chart 14. Rating of severity of HIV, STIs and vaccine preventable diseases as a problem by share of respondents



In addition to not being aware of the extent that HIV, STIs, and vaccine preventable diseases are a problem in the region, survey respondents also broadly indicated that they were not knowledgeable about the effectiveness of any existing efforts to address the problem. A majority of respondents could not rate the effectiveness and most of those that could selected only a moderate rating (Chart 15). The response pattern on this question indicates that health care and service agency stakeholders in the region are less aware of both regional need and current efforts related to this priority area than for any of the four other priority areas.

When queried about areas for improvement, education and awareness were frequent themes; however, more than one respondent indicated that they did not feel that HIV or other similar ailments were a widespread problem for the region. Some also mentioned that there was a need for better data on the extent of the problem for the region. Responses to the question about what populations were in need of targeting also revealed a lack of knowledge about the subject, with "don't know" being the third most popular response behind children and adolescents, and women of reproductive age.

For respondents that indicated that their agency is involved with an HIV, STI, or vaccine preventable disease efforts, the most common strategy employed was education, followed by screening, testing, and referral services, and offering immunization clinics (Table 10). A few others also indicated that compliance with regulations to prevent disease transmission was a strategy, and a few also indicated that their agency provides clinical services to treat HIV, STIs, or other vaccine preventable diseases.

Chart 15.Rating of effectiveness of current efforts to prevent HIV, STIs, & vaccine preventable disease

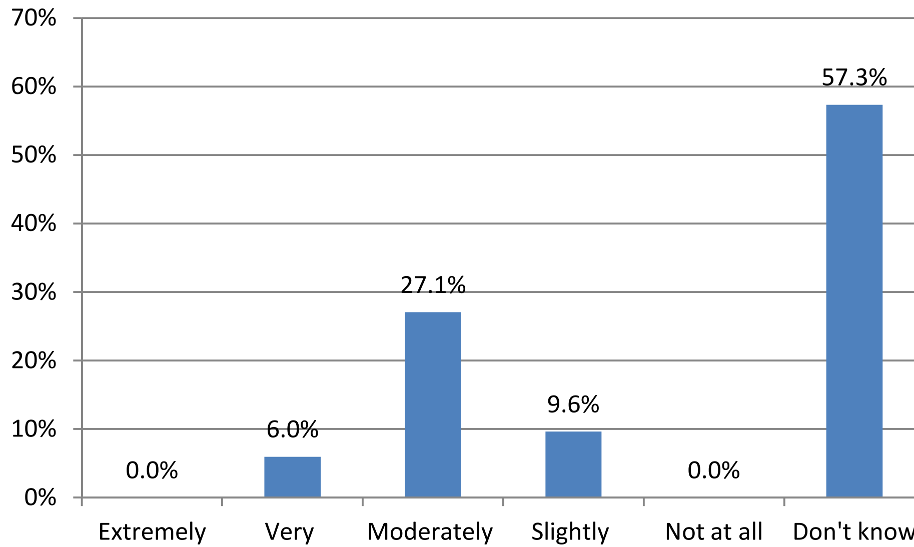


Table 10.Percent engaged in strategy to prevent HIV, STIs, or vaccine preventable disease

Strategy	Percent
Education (Prevention techniques, sex ed, recognition)	60.6
Screening, testing, and service referrals	31.0
Immunization clinics	18.3
Clinical treatment program	9.9
Rule compliance to inform and prevent transmission	5.6
Other	22.5

Technology Use and Upcoming Regional Challenges

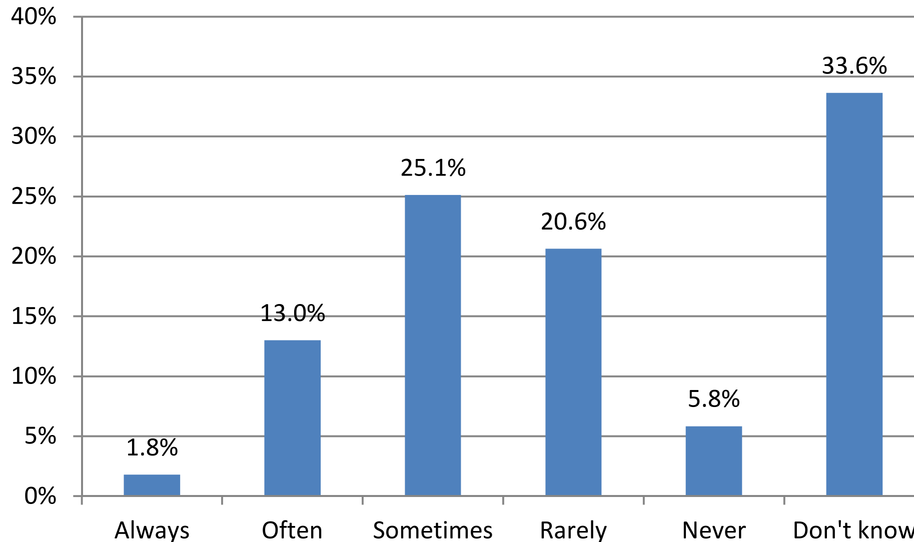
At the end of the survey respondents are asked about the use of technology and were given the opportunity to identify any unique challenges they may be facing over the next few years. This section details these findings providing some insight into possible regional needs and priorities that may not have fit into the five priority areas already identified in the larger state health agenda.

Technology use and prioritization

Survey respondents were asked to rate two aspects of technology in the region: how much technology is currently used and how relevant technology and communication enhancement is as a priority specifically for the Adirondack region. Chart 16 illustrates the extent to which survey respondents indicated that the clients of their agency use technology, such as the internet or information kiosks, to access lab results, address billing issues, or submit questions and communicate with the agency. A large portion, approximately one-third, indicated that they don't know, which may simply reflect the fact that the individuals that received the survey are not directly involved with technical aspects of their agency's day-to-day operations. Among those that were able to assess the frequency of technology usage, most

selected a low-usage rating, with one-in-four indicating that clients sometimes use technology and one-in-five indicating that clients rarely use technology.

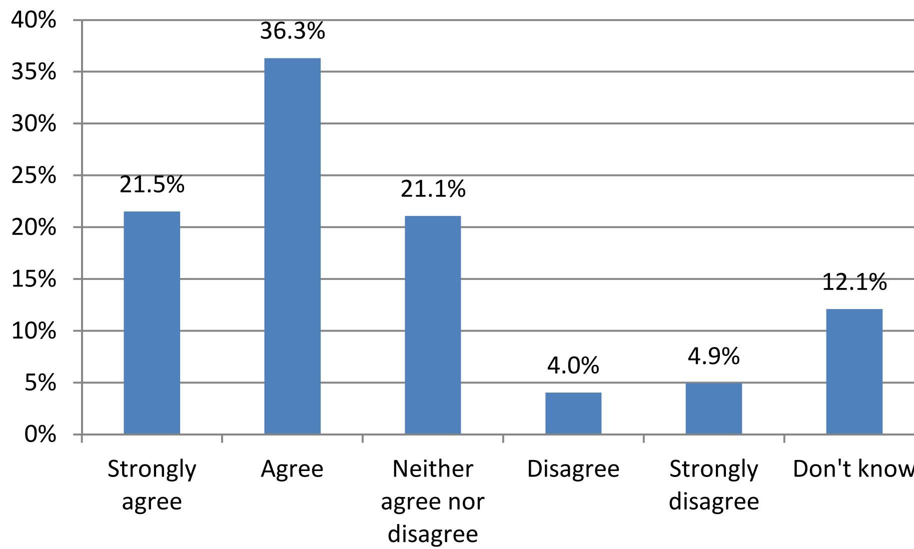
Chart 16. Rating of frequency of technology use by agency clients by share of respondents



The was also a relatively high overall level of support for making the enhancement of technology one of the top five priorities for the region. Over half of all respondents agreed that enhancing technology should be a priority (Chart 17). Additionally, only about 9 percent of respondents indicated any level of disagreement. However, it should be noted that there was a substantial amount of ambivalence about the issue: just over 21 percent are on the fence and could neither agree nor disagree, and 12.1 percent indicated that they don't know enough to answer the question. The share of stakeholders that did not hold a strong opinion on the issue does suggest that support for the issue may grow, or opposition may increase, with additional information on a technology enhancement priority area for the region.

Respondents were also provided an opportunity to offer additional comments about technology; however, only 66 of the 285 chose to provide additional information. Interestingly, *although the numbers indicate high support overall, many of the comments were not supportive of pushing the use of technology in the region or expressed concerns about the utility or cost for rural health care providers*. Most concerns focused on the elderly and poor or rurally isolated residents, who might not have access to the internet or who might find the technology difficult to use. Others indicated that a lack of staff time or the cost of new technology could be difficult barriers for health agencies to overcome. In short, there is strong support for technology as a priority area; however, a smaller group of dissenting voices has serious concerns about the issue.

Chart 17. Rating of agreement that enhancing technology should be among top five priorities



Additional comments and challenges

Throughout the survey, respondents were repeatedly given the opportunity to provide general comments and to provide additional information about topics, such as activities serving specific racial or health groups. Few provided comments and most did not provide information that adds to the core survey results. For example, a few noted that they provide services to Native American groups, and others occasionally listed major diseases such as diabetes or COPD that they frequently see in their work. At the end of the survey respondents were also provided with an opportunity to offer closing thoughts about the challenges facing their organization and the process of setting health priorities in an open-ended format. These comment sections were completed at a slightly higher rate: 162 respondents provided a comment on upcoming organizational challenges, but only 45 provided a comment on the process of setting priorities.

The comments on future challenges predominantly focused on funding issues, specifically declining reimbursements and reduced funding from public sources. According to the comments of survey respondents, many agencies in the region rely heavily on reimbursements from Medicare and Medicaid, or funding from grants and local taxes, which they expect to see decline in the near future. Some also cite workforce problems, particularly the ability to maintain a qualified health care workforce given skill shortages and rising wage and benefit expectations.

Regarding the process of setting community health priorities for the region, multiple survey respondents mentioned the importance of collaboration and communication. Others focused on the unique, rural nature of the region, and mentioned issues such as low volumes of clients, regulations that do not make sense, and a difficulty in achieving economies of scale as being problems specific to the area that should be considered when formulating priorities.

Summary

The results of the ARHN survey reveal several major findings that can be used to guide future efforts to develop a set of unique regional health priorities. *First, survey respondents identified both regional needs and organizational preferences that clearly favored some of the NYS Health Agenda priority areas over others.* The issue of *chronic disease was identified as a problem area for the region and was selected by a large number as a being a top priority to address*. Additionally, many of the emerging trends for the region can be tied to a chronic disease priority area: an aging population, increases in obesity, and a rising rate of diabetes are all associated with long-term conditions that will challenge the health care system. At the other end of the spectrum, respondents also largely agreed that the HIV, STI, and vaccine preventable disease priority area is less important to the region. *Few respondents perceive HIV and STIs as being an emerging health threat in the region, and most ranked the issue as being the least important to the region overall.*

The second major finding that can be derived from the survey results is that *current efforts to address the problems associated with the five NYS Health Agenda priority areas are only moderately effective overall.* Very few respondents rated current efforts on any major issue as either "effective" or "very effective." Instead most described current efforts as only slightly or moderately effective, if they provided ratings at all. Additionally, many current activities do not appear to take a hands-on approach to health issues. The most common agency strategies identified across all issues were educational in nature, and most suggestions for population-targeting simply identified groups that are already afflicted: i.e. targeting substance abuse prevention efforts at individuals with substance abuse issues.

Finally, perhaps the most surprising finding was that a sizable portion of the health care stakeholders that responded to the ARHN survey indicated no knowledge about the Health Agenda priority areas or about major health issues within the Adirondack region. Only about half of respondents indicated that their agency was familiar with the NYS Health Agenda priority areas and only 8.2 percent described themselves as being personally very knowledgeable about the agenda areas. Additionally, when asked about general current conditions, the portion of respondents that indicated that they "don't know" how their own region was faring ranged from 7.1 percent who could not rate the overall health and safety of the region to 47.1 percent for who did not know the severity of the problem of HIV, STIs, and vaccine preventable diseases in the region. This suggests that at least some regional health care stakeholders are in need of additional data on community health conditions and improved connections with service agencies working on different issues.

Appendix G: Regional Community Provider Survey Response List

Name	Organization's Name
William Holmes	Inter-Lakes Health
Ginny Cuttaia	Franklin County Public Health
Sylvia King Biondo	Planned Parenthood of the North Country New York
Gregory Freeman	CVPH Medical Center
Stellla M Zanella	Fulmont Community Action Agency, Inc.
Jessica Lowry	CVPH Medical Center
Kelly Hartz	Nathan Littauer hospital
Mary Lee Ryan	Clinton County Health Dept. WIC Program
Bryan Amell	St. Joseph's Addiction Treatment and Recovery Centers
Carol M. Greco	St. Mary's Healthcare
Steven Serge	Fulton County YMCA
Duane Miller	St. Mary's Healthcare- Behavioral Health
Victor Giulianelli	St. Mary's Healthcare
Daniel Towne	Gloversville Housing Authority
Richard Flanger	Fulton County YMCA Residency
Michael L. Countryman	The Family Counseling Center
Julie Paquin	Franklin County Public Health Services
Irene Snyder	Harrietstown Housing Authority
Patrice McMahon	Nathan Littauer
Patricia McGillicuddy	Franklin County Public Health
Kelly Landrio	Fulton County YMCA
Margaret Luck	Nathan Littauer Hospital Lifeline Program
Laura O'Mara	Saratoga Hospital Nursing Home
Lynn Hart	Saranac Lake Middle School
Julie Demaree	Saratoga Hospital
Michelle Schumacher	YMCA
Deborah J. Ruggeri	Greater Johnstown School District
John M. Kanoza, PE, CPG	Clinton County Health Department
Tammy J Smith	Inter-Lakes Health
Susan Schrader	Association of Senior Citizens
Rick LeVitre	Cornell Cooperative Extension
Cheryl	Nathan Littauer
Barry Brogan	North Country Behavioral Healthcare Network
Maryann Barto	Clinton County Department of Health, Healthy Neighborhoods Program
Sharon Reynolds	PRIDE of Ticonderoga, Inc.
Jerie Reid	Clinton County
Deborah Byrd-Caudle	Parent to Parent of NYS
Julie Marshall	Alice Hyde Medical Center
Hans Lehr	Saratoga County Community Services Board / Mental Health Center
Karen Levison	Saratoga County Public Health Nursing Service
Lesley B. Lyon	Franklin County Dept. of Social Services
Christina Akey	Fulton County Public Health
Mary Rickard	Saratoga County Office for the Aging
Chattie Van Wert	Ticonderoga Revitalization Alliance
Maryalice Smith	Saranac Lake Central School
Anne Mason	Whitehall Family Medicine
Leisa Dwyer	Malone Central Schools
Penny Ruhm	Adirondack Rural Health Network
Dale Woods	Fulton County Public Health
Jackie Skiff	Joint Council for Economic Opportunity of Clinton and Franklin Counties, Inc.
Krista Berger	WIC
Margaret Cantwell	Franklin County Public Health Services
Julie Tromblee, RN	Elizabethtown Community Hospital
Mildred Ferriter	Community Health Center
Melinda Drake	St. Joseph's Addiction Treatment & Recovery Centers

Name	Organization's Name
Michael Vanyo	Gloversville Enlarged School District
William Viscardo	Adirondack Health
Kate Fowler	SMSA
Joe Keegan	North Country Community College
Megan Johnson	Warren-Washington Office of Community Services
John Aufdengarten	Alice Hyde Medical Center
Sue Malinowski	CAPTAIN Youth and Family Services
Misty Trim	Brushton-Moira Central School
Sarah Louer	Mountain Lake Services
Dan	Warren County Health Services
Amanda West	council for prevention of alcohol and substance abuse
Christie Sabo	Warren-Hamilton Counties Office for the Aging
Debra Pauquette	Granville Family Health/ Glens Falls Hospital
Cynthia Ford-Johnston	Keene Central School
Jennifer McDonald	Skidmore College
Vicky Wheaton-Saraceni	Adirondack Health Institute -- Adirondack Rural Health Network
Chrys Nestle	Cornell Cooperative Extension
William Larrow	Moriah Central School
Lisa Griffin	Franklin County DSS
Valerie Capone	Warren-Washington ARC
Denis Wilson	Fulmont Community Action Agency
Donna Beal	Mercy Care for the Adirondacks
Doug DiVello	Alice Hyde Medical Center
Judy Zyniecki	Center for Disability Services/Clover Patch early intervention services
Cathlyn Lamitie	Alice Hyde Medical Center
Joan Draus	Mental Health Association In Fulton & Montgomery Counties
Kelli Lyndaker	Washington County Public health
Jane Hooper	Elizabethtown Community Hospital
Sandra Geier	Gloversville enlarged School District
Janet L. Duprey	NYS Assembly
a	c
Miki L. Hopper	ACAP, Inc. EHS/HS
Tammy Kemp	Senior Citizens Council of Clinton County Inc.
Scott Osborne	Elizabethtown-Lewis Central School
Amanda Hewitt	Senior Citizen Service Center of Gloversville and Fulton County, Inc
TJ Feiden	Minerva Central School
Kim Crockett	Clinton County Youth Bureau
Trip Shannon	Hudson Headwaters Health Network
Brandy Richards	Hamilton County Community Services
Robin Nelson	Families First in Essex County
Deborah Ameden	Hamilton County Community Action Agency
Betsy brown	PPNCNY Planned Parenthood
Theresa Intilli Klausner	Nathan Littauer Hospital
Penny	HCPHNS
Nancy Welch	Cornell Cooperative Extension, Hamilton County
Cathy Valenty	Saratoga County EOC - WIC
Norma Menard	Literacy Volunteers of Clinton County
Michael Piccirillo	Saratoga Springs City School District
Peter Whitten	Shelters of Saratoga, Inc
Keith R. Matott	The Development Corporation
Melissa Engwer	Warren Washington Hamilton County Cancer Services Program at Glens Falls Hospital
Theresa Cole	Akwesasne Housing Authority
Janine Dykeman	Mental Health Association in Fulton and Montgomery Counties
Margot Gold	North Country Healthy Heart Network, Inc.
Cynthia Summo	Keene Central School
Pam Merrick	Malone middle school
Jamie Basiliere	Child Care Coordinating Council of the North Country, Inc.
Michele Armani	North Country Workforce Investment Board
Lia Mcfarline	Inter-Lakes Health

Name	Organization's Name
Sue Cridland	Nathan Littauer Hospital - HealthLink
Cathleen Kerman	Glens Falls Hospital
Brian Bearor	Family YMCA of the Glens Falls Area
Linda Scagel	Community Health Center of the North Country
Priscilla Wheeler	Saratoga County Public Health
Megan Murphy	Adirondack Health
Sue Frasier	Mountain Valley Hospice
Deborah Skivington	The Family Counseling Center
Sue Ann Caron	Essex County Department of Social Services
Leslie Beadle	Nathan Littauer Hospital Nursing Home
Jean Wiseman	Capital District Child Care Council
Susan Patterson	Franklin Co. Public Health
Kathy Varney	Glens Falls Hospital
Kelly Owens	HM AHEC
Crystal Carter	Clinton County Office for the Aging
Stephanie Seymour	Saratoga Hospital
Jamie Konkoski	North Country Healthy Heart Network
Patty Hunt	Washington County Public Health Nursing Service
Bonnie Sue Newell	Mental Health Association of Clinton and Franklin Counties
Beth Lawyer	Citizen Advocates, Inc., North Star Behavioral Health Services
Suzanne M. Goolden	Franklin County
Roseann Doran	Cornell Cooperative Extension in Fulton & Montg. Co.
Katie Strack	Franklin County Public Health Services
Ginelle Jones	Warren County Health Services
Ann Rhodes	HFM Prevention Council
Patricia Gero	Adirondack Health
Chandler M. Ralph	Adirondack Health
Kim McElwain	Saint Regis Mohawk Tribe
Gerald Goldman	Saranac Lake CSD
Elizabeth Zicari	HCR Home Care
Bonnie Yopp ANP	Community Link
Stacey Beebie	Clinton County MH and AS
Vicki Driscoll	Clinton County Health Department
L. Jameson	HM AHEC
Beth Ryan	Hamilton County Public Health Nursing Service
Rebecca Carman	Shenendehowa Central School District
Lisa Harrington	Wait House
Genevieve Boyd	Long Lake Central School
Tracy Mills	Glens Falls Hospital
Robert York	Office of Community Services for Warren and Washington Counties
Shelley Shutler	Mental Health Assoc. of Clinton & Franklin Counties
Dot Jones	Saratoga Hospital
Maria Burke	Literacy Volunteers of Essex/Franklin Counties
Gina Cantanucci-Mitchell	Washington County ADRC
Ernest J. Gagnon	Fulton County Mental Health
S. Cooper	Fulton County Department of Social Services
Pam Dray	Saratoga County EOC Head Start
Patricia Auer	Warren County Health Services
Laurence Kelly	Nathan Littauer Hospital
Susan Dufel	NYS Department of Labor
Sharon Schaldone	Warren County Health Services
Kristen Sayers	NYSDOH
Tari Botto	Franklin County Department of Social Services
Carol Underwood	Center for Lung and Chest Surgery
Sheri Sauve	Plattsburgh One Worksource/NYSDOL Manager
Susan M. Wilson-Sott	Office for the Aging in Franklin Co.
Laurie Williams	Clinton County Health Department
Jessica Darney Buehler	Essex County Public Health
Sharon Luckenbaugh	Glens Falls Hospital

Name	Organization's Name
Peter Groff	Warren Washington Association for Mental Health
James Seeley	Cornell Cooperative Extension
Josh Wilson	North Country Healthy Heart Network, Inc.
Rachel Truckenmiller	ASAPP's Promise
Diane Whitten	Cornell Cooperative Extension Saratoga County
Justin Hladik	Reality Check of Hamilton, Fulton, and Montgomery Counties
Steve Peters	City of Plattsburgh
Sheila Kapper	Elizabethtown-Lewis Central School
Greg Truckenmiller	Fulton-Montgomery Community College
Stuart G. Baker	Town of Queensbury
Sarah Kraemer	Catholic Charities of Fulton & Montgomery Counties
John Nasso	Catholic Charities of Fulton and Montgomery Counties
L. Daniel Jacobs	St. Regis Mohawk Health Services A/CDP Outpatient
Darlene Spinner	Literacy Volunteers of Essex/Franklin Counties
Pam LeFebvre	Clinton County Health Department
Sarina Nicola	Essex County Public Health Nursing Services
Lythia Vera	Eastern Adirondack Health Care Network
Martin Nephew	Mountain Lake Services
Barbara DeLuca	Nathan Littauer Hospital
Cecily Dramm	Saranac Lake High School
Tracey	Planned Parenthood Mohawk Hudson
Patricia Godreau Sexton	St. Regis Falls Central School
Deborah Roddy	The Adirondack Arc
John Sawyer	Hudson Headwaters Health Network
Nichole Louis	HCR Home Care
Stephen Pavone	Gloversville School District
Jackie Mulcahy	Queensbury union free school district
Anita Deming	Cornell Cooperative Extension - Essex County
Frederick Goldberg, MD	Nathan Littauer Hospital
David A Alloy	Glens Falls Hospital
Annie McKinley	Essex County Mental Health
Bonnie Black	BHSN
Eric Day	Clinton County Office of Emergency Services
Douglas Huntley	Queensbury Union Free School District
Rebecca Evansky	STARS
James Dexter	Washington-Saratoga-Warren-Hamilton-Essex BOCES
Steven Bowman	Clinton County Veterans Service Agency
Susan Kelley	STOP Domestic Violence/BHSN
Marjorie Irwin	Washington County WIC
Robert E. Shay	Town of White Creek
Vanetta Conn	Cornell Cooperative Extension Franklin County
Patty Bashaw	Essex County Office for the Aging
Cheryl L. Brown	Oppenheim-Ephratah Central School District
Wes Carr	Saratoga County Youth Bureau
Marjorie Tierney	Ticonderoga central school
Barbara Sweet	Tri County United Way
Kari Cushing	Franklin Community Center
Paul Berry	Hadley-Luzerne CSD
Brian Post	Upward Bound
Erin Krivitski	Glens Falls Hospital
Lorraine Kourofsky	Chateauguay Central School
Susan Delehanty	Citizen Advocates,Inc.
Linda L. Beers	Essex County Public Health
Dr Stan Maziejka	Stillwater CSD
Dawn Tucker	Fort Edward Internal Medicine
Margaret Sing Smith	Warren County Youth Bureau
KEITH TYO	SUNY PLATTSBURGH
Antoinette P Roth	Warren County WIC
Cathie Werly	FRANKLIN COUNTY PUBLIC HEALTH SERVICES

Name	Organization's Name
Dale Breault Jr.	Chateauguay Central School
Linda Ferrara	Adirondack Cardiology - A Service of Glens Falls Hospital
Julie Wright	Glens Falls Hospital
Lori Thompson	St Regis Mohawk Health Services
Robert Kleppang	Hamilton County Community Services
Cora Clark	Lake Placid Middle High School
Amy Brender	HHHN-Ryan White Part C Program
Donna DiPietro	Bolton Central School
Chris Hunsinger	Warren County Employment & Training
Barbara Vickery	Capital District Child Care Coordinating Council
Paul Williamsen	Mayfield Central School District
Andrew Cruikshank	Fort Hudson Health System
Sandra McNeil	Glens Falls Hospital
Garry Douglas	North Country Chamber of Commerce
Steve Valley	Essex County Mental Health Services
Timothy Farrell	Minerva Central School
Patrick Dee	Lake George Central Schools
Kimberly Mulverhill	Malone Central School District
Elizabeth St John	Washington County Public Health
Valerie Muratori	Saratoga Bridges NYSARC , Inc. Saratoga Chapter
Denise Benton	Catholic Charities of Fulton and Montgomery Counties
Melissa Chinigo	Glens Falls Hospital
Vanessa Ross	Washington County CARES
Claire Murphy	Washington County Economic Opportunity Council, Inc.
Dustin Swanger	Fulton-Montgomery Community College
Janice Fitzgerald	Parent to Parent of NYS
Cheryl A Murphy	American Red Cross
Andrea Fettinger	Fulton County Office for Aging
Donn Diefenbacher	Mountain Valley Hospice
Jodi Gibbs	Inter-Lakes Health
Cynthia Trudeau	Inter-Lakes Health
John Redden	Clinton County Social Services
Ellen Gordon	ACAP/OneWorkSource
michele	Malone central school
Heidi	NCHHN
Wayne C. Walbridge	Malone Central School District
Heidi Parisi	Nathan Littauer Hospital
Susan Menke	Wells Central School
Susan Sherman	Gloversville High School
Jane havens	Community, Work and Independence,, Inc.
Stephanie LaPlant	St. Joseph's Community School
MARY DICKERSON	LONG LAKE CENTRAL SCHOOL
Fred Wilson	Hudson Headwaters Health Network
Richelle Beach	Clinton County Child Advocacy Center
Marie Capezzuti	Washington County Public Health
Scott Harding	Church of the Messiah
Suzanne Hagadorn	Cancer Services Program of Fulton & Montgomery Counties
Deborah Battiste	Town of Kingsbury Recreation
Kari Scott	Willsboro Central School
Denise C. Frederick	Fulton County Public Health
Clark Hults	Newcomb Central School District
Lorine Heroth	Gloversville Middle School

Appendix H: Data Consultants

The following list represents the consultants that Glens Falls Hospital or the Adirondack Rural Health Network contracted with to assist in conducting the Community Health Needs Assessment.

Center for Health Workforce Studies, University at Albany School of Public Health

Tracey Continelli, PhD, Graduate Research Assistant

Robert Martiniano, MPA, MPH, Research Associate

Center for Human Services Research, University at Albany

Rose Greene, M.S., Director for the Center for Human Services Research

LuAnn McCormick, Ph.D., Senior Research Scientist

Sarah Rain, B.S., Senior Research Support Specialist

Bradley Watts, Ph.D., Senior Research Scientist

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

The table below represents the NYS Prevention Agenda indicators with data available by county. See http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/ for additional details on the NYS Prevention Agenda and additional indicators that do not have county-level data available.

	NYS Prevention Agenda Indicators 2013 - 2017	Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
Promote healthy and safe environments	**Focus Area: Injuries, Violence, and Occupational Health**							
	1. Rate of Hospitalizations due to Falls for Ages 65 Plus per 10,000 Population, '08 - 10	257.0	218.9	197.1	208.4	215.8	202.1	**204.6**
	2. Rate of ED Visits due to Falls for Children Ages 1 - 4 per 10,000 Population Children Ages 1 - 4, '08 - 10	660.6	505.0	344.7	515.5	511.9	476.4	**429.1**
	3. Rate of Assault-Related Hospitalizations per 10,000 Population, '08 - 10	2.2	1.6	1.4	1.6	2.7	4.7	**4.3**
	4. Ratio of Black, Non-Hispanic Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	N/A	N/A	N/A	N/A	N/A	7.28	**6.69**
	5. Ratio of Hispanic/Latino Assault-Related Hospitalizations to White, Non-Hispanic Assault Related Hospitalizations, '08 - 10	N/A	N/A	N/A	N/A	N/A	3.00	**2.75**
	6. Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes, '08 - 10	N/A	N/A	N/A	N/A	N/A	3.26	**2.92**
	7. Rate of ED Occupational Injuries Among Working Adoloscents Ages 15 - 19 per 10,000 Population Ages 15 - 19, '08 - 10	56.5	51.1	57.9	56.1	51.8	36.7	**33.0**
	Focus Area: Outdoor Air Quality							
	1. Number of Days with Unhealthy Ozone, 2007	0	0	2	9	88	122	**0**

	NYS Prevention Agenda Indicators 2013 - 2017	Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
	2. Number of Days with Unhealthy Particulate Matter, 2007	0	0	0	4	32	69	**0**
	Focus Area: Built Environment							
	1. Percentage of the Population that Live in Jurisdictions that Adopted Climate Smart Communities Pledge, 2012	0.0%	0.0%	28.8%	18.5%	46.1%	26.7%	**32.0%**
	2. Percentage of Commuters Who Use Alternative Modes of Transportation to Work, '07 - 11	18.3%	19.5%	16.3%	18.1%	22.8%	44.6%	**49.2%**
	3. Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store, 2010	4.2%	4.0%	3.9%	4.6%	4.2%	2.5%	**2.2%**
	4. Percentage of Homes in Vulnerable Neighborhoods that have Fewer Asthma Triggers During Home Revisits, '08 - 11	N/A	N/A	N/A	N/A	N/A	12.9%	**20.0%**
	Focus Area: Water Quality							
	1. Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water, 2012	4.9%	28.9%	62.8%	42.4%	47.4%	71.4%	**78.5%**
Prevent chronic diseases	**Focus Area: Reduce Obesity in Children and Adults**							
	1. Percentage of Adults Ages 18 Plus Who are Obese, '08/09	27.7%	28.6%	28.9%	29.7%	24.6%	23.2%	**23.2%**
	2. Percentage of Public School Children Who are Obese, '10 - 12	19.7%	20.9%	14.2%	N/A	0.0%	N/A	**16.7%**
	Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure							
	1. Percentage of Adults Ages 18 Plus Who Smoke '08/09	20.5%	23.2%	17.0%	21.1%	18.5%	16.8%	**15.0%**
	Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings							
	1. Percentage of Adults Ages 50 - 75 Who Received Colorectal Screenings Based on Recent Guidelines, '08/09	69.6%	67.0%	70.1%	69.9%	N/A	66.3%	**71.4%**

NYS Prevention Agenda Indicators 2013 - 2017		Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
	2. Rate of Asthma ED Visits per 10,000 Population, '08 - 10	50.48	39.68	30.28	53.2	51.1	83.7	**75.1**
	3. Rate of Asthma ED Visits Ages 0 - 4, per 10,000 Population Ages, 0 - 4, '08 - 10	95.4	85.3	77.5	94.9	122.3	221.4	**196.5**
	4. Rate of Short-term Diabetes Hospitalizations for Ages 6 - 17 per 10,000 Population, Ages 6 - 17, '08 - 10	7.8	7.0	3.8	4.9	3.0	3.2	**3.06**
	5. Rate of Short-term Diabetes Hospitalizations for Ages 18 Plus per 10,000 Population, Ages 18 Plus, '08 - 10	3.5	3.0	3.0	4.4	4.8	5.6	**4.86**
	6. Rate of Age Adjusted Heart Attack Hospitalizations per 10,000 Population, 2010	19.2	15.5	15.3	16.7	16.0	15.5	**14.4**
Promote healthy women, infants and children	**Focus Area: Maternal and Infant Health**							
	1. Percentage Preterm Births < 37 Weeks of Total Births Where Gestation Period is Known, '08 - 10	10.9%	9.9%	10.6%	10.5%	11.2%	12.0%	**10.2%**
	2. Ratio of Preterm Births (< 37 wks) Black/NH to White/NH, '08 - 10	N/A	N/A	1.75	N/A	N/A	1.61	**1.42**
	3. Ratio of Preterm Births (< 37 wks) Hisp/Latino to White/NH, '08 - 10	N/A	N/A	0.90	N/A	N/A	1.25	**1.12**
	4. Ratio of Preterm Births (< 37 wks) Medicaid to Non-Medicaid, '08 - 10	1.03	1.21	1.13	N/A	N/A	1.10	**1.00**
	5. Rate of Maternal Mortality per 100,000 Births, '08 - 10	0.0	0.0	14.6	5.7	17.6	23.3	**19.7**
	6. Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital, '08 - 10	64.3%	60.0%	65.8%	63.0%	N/A	42.5%	**48.1%**
	7. Ratio of Infants Exclusively Breastfed in Delivery Hospital Black, non-Hispanic to White, non-Hispanic, '08 - 10	NA	N/A	0.9	N/A	N/A	0.5	**0.57**
	8. Ratio of Infants Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, non-Hispanic, '08 - 10	1.0	1.1	1.1	N/A	N/A	0.6	**0.64**
	9. Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births, '08 - 10	0.8	0.9	0.7	N/A	N/A	0.6	**0.66**

NYS Prevention Agenda Indicators 2013 - 2017	Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
				ARHN	Upstate NY	NYS	
Focus Area: Preconception and Reproductive Health							
1. Percent of Births within 24 months of Previous Pregnancy, '08 - 10	24.7%	24.2%	21.7%	23.4%	21.1%	18.0%	**17.0%**
2. Rate of Pregnancies Ages 15 - 17 year per 1,000 Females Ages 15-17, '08 - 10	19.2	23.7	12.8	18.8	20.4	31.1	**25.6**
3. Ratio of Pregnancy Rates for Ages 15 - 17 Black, non-Hispanic to White, non-Hispanic, '08 - 10	0.00	0.88	0.52	N/A	N/A	5.75	**4.90**
4. Ratio of Pregnancy Rates for Ages 15 - 17 Hispanic/Latino to White, non-Hispanic, '08 - 10	1.10	2.15	0.83	N/A	N/A	5.16	**4.10**
5. Percent of Unintended Births to Total Births, 2011	38.5%	35.7%	23.1%	29.8%	28.4%	26.4%	**24.2%**
6. Ratio of Unintended Births Black, non-Hispanic to White, non-Hispanic, '08 - 10	N/A	N/A	2.53	N/A	N/A	2.11	**1.88**
7. Ratio of Unintended Births Hispanic/Latino to White, non-Hispanic, '08 - 10	N/A	N/A	1.21	N/A	N/A	1.59	**1.36**
8. Ratio of Unintended Births Medicaid to Non-Medicaid, '08 - 10	1.45	1.79	2.26	N/A	N/A	1.71	**1.56**
9. Percentage of Women Ages 18- 64 with Health Insurance, '08/09	87.5%	86.3%	91.1%	88.4%	N/A	86.1%	**100.0%**
Focus Area: Child Health							
1. Percentage of Children Ages 0 - 15 Months with Government Insurance with Recommended Well Visits, 2011	97.8%	86.4%	87.5%	88.7%	84.9%	82.8%	**77.0%**
2. Percentage of Children Ages 3 - 6 Years with Government Insurance with Recommended Well Visits, 2011	82.7%	81.1%	83.1%	81.9%	80.3%	82.8%	**77.0%**
3. Percentage of Children Ages 12 -21 Years with Government Insurance with Recommended Well Visits,	67.6%	58.0%	59.1%	59.3%	59.3%	61.0%	**77.0%**

NYS Prevention Agenda Indicators 2013 - 2017		Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
	2011							
	4. Percentage of Children Ages 0 -19 with Health Insurance, 2010	95.1%	94.6%	95.9%	94.9%	95.0%	94.9%	**100.0%**
	5. Percentage of 3rd Graders with Untreated Tooth Decay, '09 - 11	19.9%	38.1%	39.5%	N/A	24.0%	N/A	**21.6%**
	6. Ratio of 3rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low income Children, '09 – 11	1.75	0.92	2.67	N/A	2.50	N/A	**2.21**
Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections	**Focus Area: Human Immunodeficiency Virus (HIV)**							
	1. Rate of Newly Diagnosed HIV Cases per 100,000 Population , '08 - 10	2.5	3.2	2.4	3.0	7.4	21.4	**14.7**
	2. Ratio of Newly Diagnosed HIV Cases Black, non-Hispanic versus White, non-Hispanic, '08 – 10	N/A	N/A	N/A	N/A	N/A	N/A	**45.7**
	Focus Area: Sexually Transmitted Disease (STDs)							
	1. Rate of Primary and Secondary Syphilis for Males per 100,000 Male Population, 2010	0.0	0.0	3.7	1.7	2.4	11.2	**10.1**
	2. Rate of Primary and Secondary Syphilis for Females per 100,000 Female Population, 2010	0.0	0.0	0.0	0.3	0.2	0.5	**0.4**
	3. Rate of Gonorrhea Cases for Females Ages 15-44 per 100,000 Female Population Ages 15-44, 2010	87.3	74.2	33.8	50.4	147.0	203.4	**183.1**
	4. Rate of Gonorrhea Cases for Males Ages 15 - 44 per 100,000 Male Population Ages 15-44, 2010	34.9	15.2	21.6	18.8	111.3	221.7	**199.5**
	5. Rate of Chlamydia for Females Ages 15 - 44 per 100,000 Females Ages 15 - 44, '08 – 10	1117.6	1113.7	582.2	775.5	1167.9	1619.8	**1458.0**
	Focus Area: Vaccine Preventable Disease							
	1. Percent of Children Ages 19 - 35 months with 4:3:1:3:3:1:4, 2011	58.2%	58.3%	62.3%	57.6%	47.6%	N/A	**80.0%**

NYS Prevention Agenda Indicators 2013 - 2017		Warren	Washington	Saratoga	Comparison Regions/Data			2017 Prevention Agenda Benchmark
					ARHN	Upstate NY	NYS	
	2. Percent females 13 - 17 with 3 dose HPV vaccine, 2011	38.6%	34.2%	33.4%	31.2%	26.0%	N/A	**50.0%**
	3. Percent of Adults Ages 65 Plus With Flu Shots Within Last Year, '08/09	77.8%	74.0%	70.1%	N/A	N/A	75.0%	**75.1%**
	Focus Area: Healthcare Associated Infections							
	1. Rate of Hospital Onset CDIs per 10,000 Patient Days, 2011	2.2	N/A	1.2	2.4	8.4	8.5	**5.94**
	2. Rate of Community Onset, Healthcare Facility Associated CDIs per 10,000 Patient Days, 2011	1.9	N//A	1.2	1.7	2.8	2.4	**2.05**
Promote mental health and prevent substance abuse	**Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders**							
	1. Percent of Adults Binge Drinking within the Last Month, '08/09	26.1%	21.1%	20.1%	21.1%	N/A	18.1%	**17.6%**
	2. Percent of Adults with Poor Mental Health (14 or More Days) in the Last Month, '08/09	11.3%	10.0%	9.9%	10.2%	N/A	9.8%	**10.1%**
	3. Rate of Age Adjusted Suicides per 100,000 Adjusted Population, '08 - 10	12.0	13.0	8.5	10.0	8.0	6.8	**5.9**

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

The table below outlines the leading causes of premature death by county:

Leading Causes of Premature Death by County

County	1st	2nd	3rd	4th	5th
Warren	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Suicide
Washington	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide
Saratoga	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
NYS	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Diseases	Diabetes

Source: New York State Department of Health - Bureau of Biometrics and Health Statistics, February 2013. Available at http://www.health.ny.gov/statistics/leadingcauses/leadingcauses_death/pm_deaths_by_county.htm

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

	NYS	Warren	Washington	Saratoga
Health Outcomes		**12**	**42**	**5**
Mortality		**16**	**33**	**8**
Premature death	5650	5477	6003	4858
Morbidity		**7**	**45**	**6**
Poor or fair health	15%	13%	17%	12%
Poor physical health days	3.5	2.8	3.9	3.1
Poor mental health days	3.4	2.4	3.1	2.6
Low birthrate	8.2%	7.1%	7.8%	6.7%
Health Factors		**17**	**40**	**5**
Health Behaviors		**44**	**56**	**12**
Adult smoking	18%	24%	28%	17%
Adult obesity	25%	30%	29%	26%
Physical Inactivity	25%	21%	31%	24%
Excessive drinking	17%	21%	13%	19%
Motor vehicle crash death rate	7	11	15	9
Sexually transmitted infections	516	247	259	149
Teen birth rate	25	25	31	16
Clinical Care		**2**	**26**	**5**
Uninsured	14%	12%	13%	9%
Primary care physicians	1222:1	888:1	2753:1	1375:1
Dentists	1414:1	1208:1	4155:1	1763:1
Preventable hospital stays	66	63	67	61
Diabetic screening	85%	90%	92%	88%
Mammography screening	66%	77%	70%	70%
Social & Economic Factors		**23**	**28**	**2**
High school graduation	77%	75%	78%	88%
Some college	64%	63%	45%	72%
Unemployment	8.2%	8.2%	7.5%	6.6%
Children in poverty	23%	20%	22%	9%
Inadequate social support	24%	20%	18%	15%
Children in single-parent households	34%	28%	29%	22%
Violent Crime rate	391`	143	141	72
Physical Environment		**3**	**28**	**9**
Daily fine particulate matter	10.9	10.1	10.0	10.2
Drinking water safety	4%	35%	22%	11%
Access to recreational facilities	11	23	9	18
Limited access to healthy foods	2%	4%	4%	4%
Fast food restaurants	45%	31%	44%	43%

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute County Health Rankings 2013. Available at http://www.countyhealthrankings.org/

Appendix L: CHNA Prioritization Processes

See attached PowerPoint slides.