

Warren County

Community Health Needs Assessment

2016

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Introduction

Message to the Community The purpose of this Community Health Assessment (CHA) is to identify and prioritize the health care challenges currently faced by the residents of Warren County. The findings in this assessment result from a year-long process of collecting and analyzing data and consulting with stakeholders throughout the community and the region. The results of this assessment are intended to help members of the community, especially healthcare providers, work together to provide programs and services targeted to improve the overall health and wellbeing of all residents of Warren County.

Working within the framework provided by New York State's Prevention Agenda 2013-2018, Warren County Public Health and Glens Falls Hospital collaborated in the development of this CHA. Additionally, Warren County Public Health and Glens Falls Hospital participated in regional health assessment and planning efforts conducted by the Adirondack Rural Health Network.

The Adirondack Rural Health Network

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

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

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

Hospital, Essex County Public Health, Franklin County Public Health, Fulton County Public Health, Glens Falls Hospital, Hamilton County Public Health Services, Moses Ludington Hospital & Inter-Lakes Health, Nathan Littauer Hospital, UVM Health Network – CVPH, Warren County Health Services, and Washington County Public Health Services.

[New York State's Prevention Agenda 2013 - 2018](#) (hyperlinked)

The Prevention Agenda 2013-2018 is a blueprint for local, regional, and state action to improve the health of New Yorkers in five priority areas, and to reduce health disparities for racial, ethnic, disability, and low socioeconomic groups, as well as other populations who experience them. In addition, the Prevention Agenda serves as a guide to local health departments as they work with their community to develop mandated Community Health Improvement Plans and Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act.

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals. The plan features five priority areas, with focus areas under each priority:

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

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

*The Prevention Agenda was originally a five year plan (2013-2017) it was extended to 2018 to align its timeline with other state and federal health care reform initiatives.

Health Care Transformation: Population Health Initiatives in Our Region

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

- **Some Population Health Initiatives include all community members**

Adirondack Medical Home Initiative: The Adirondack Medical Home Initiative (AMHI) is a collaborative effort by health care providers and public and private insurers to transform health care delivery by emphasizing preventative care, enhanced management of chronic conditions, and assuring a close relationship between patients and their primary care providers.

The Initiative serves six Adirondack counties in New York State – Clinton, Essex, Franklin, Hamilton, Warren, and Washington. More than 100 primary care providers, five hospitals, and seven health insurance organizations are working together to develop an innovative, patient-centered model of health care that strengthens the role of primary care.

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

NYS Health Innovation Plan and State Innovation Model: New York's State Innovation Model (SIM) testing grant seeks to transform primary care delivery and payment models across the State, eventually reaching 80 percent of New York's primary care providers, payers, and patients. The SIM is a part of New York's larger State Health Innovation Plan (SHIP), which is driving evolution of health delivery and payment systems through numerous initiatives. The intent and goal is to identify and stimulate the spread of promising innovations in health care delivery and payment that result in optimal health outcomes for all New Yorkers.

- **Some Population Health Initiatives focus on Medicare members**

Accountable Care Organizations: Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. Adirondacks ACO includes hospitals and participating primary and specialty care providers in Clinton, Essex, Franklin, Hamilton, Warren, Washington and northern Saratoga counties.

- **Some Population Health Initiatives focus on Medicaid members**

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

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

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

At this time there are some new initiatives developing. One is the NYS Office for Mental Health Regional Planning Consortia (RPCs). The RPCs will be a vehicle to promote the effective implementation of managed Medicaid behavioral health services and cross system/community collaboration. On the federal level CMS is implementing the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA initiates changes to the way that Medicare pays physicians.

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

Community Health Assessment Process and Methods

The process of identifying the important health care needs of the residents of Warren County involved both data analysis and consultation with key members of the community. The data was collected from multiple sources including publicly available health indicator data as well as the data collected from a survey conducted by the Adirondack Rural Health Network.

The health indicator data is collected and published by New York State DOH and contains nearly 300 different health indicators. Since 2002, The Adirondack Rural Health Network has been compiling this data for the region and producing reports to inform healthcare planning on a regional basis.

In March and April of 2016, the Adirondack Rural Health Network (ARHN) conducted a survey of selected stakeholders representing health care and service-providing agencies within an eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda. The survey results were presented at both the county and regional levels.

Using the results of the indicator analysis, the survey, and other community assessments, a group of Warren County Community Health Improvement partners that participated in the 2013 Community Health Improvement Plan were asked to identify and prioritize the current healthcare challenges for the residents of Warren County. Electronic communications were used to share data, information and group feedback since in-person meetings were not feasible. The Warren County Community Health Improvement Group consisted of representatives from Glens Falls Hospital Health Promotion Center, Warren County Office for the Aging, Warren/Washington County Office of Mental Health, Glens Falls CR Wood Cancer Services Center, Warren County Homecare Agency and Warren County Public Health.

Community Profile

Geography/Service Area Profile

Geography

Warren County, New York is located in the eastern portion of New York State. It covers 867 square miles. The county is located in the Adirondack Mountains and most of the county lies within the Adirondack Park. Lake George is the dominant water body in Warren County, drawing the majority of the 6.5 – 7 million visitors to the area every year¹. Warren County shares a border with Essex, Hamilton, Saratoga and Washington County.

Warren County has 11 major towns and the city of Glens Falls which lie within its border.

¹ Warren County Tourism Department



From well-known art collectors and world-famous artists, to entrepreneurs, discoverers and Revolutionary War heroes—the Lake George Area in the Adirondacks has been host to many fascinating historical figures that helped shape the history of the Southern Adirondack Region. Warren County is named after General Joseph Warren, the Major-General of the Battle of Bunker Hill. Charles R. Wood, the Father of Theme Parks, founded Story Town, USA in 1954, later renaming it The Great Escape and Splashwater Kingdom. The world-famous artistic couple,

Georgia O'Keeffe and Alfred Stieglitz, spent many summers in Lake George (many of O'Keeffe's paintings were of Lake George). And, it was at the Saratoga & North Creek Railway in the town of North Creek, that Vice President Theodore Roosevelt was handed a telegram informing him that President McKinley had died only three hours earlier. Later that day, Theodore Roosevelt was sworn in as the 26th President of the United States.

Infrastructure and Services²

Warren County offers excellent access to all major markets in the northeast quadrant of North America. We are under four hour's drive time to New York City, Boston, and Montreal, which means products manufactured here are within one day's delivery to 52% of the Combined US-Canadian population.

The county is situated in the heart of New York State's burgeoning Tech Valley - one of the nation's premier science and technology centers. Major research institutions, such as Rensselaer Polytechnic Institute and University of Albany's College of Nanoscale Science and Engineering, and technology manufacturers, such as AngioDynamics and GLOBALFOUNDRIES, are just minutes away.

²Warren County Economic Development Corporation

In addition, our four seasons and wide-ranging geography allows you to experience a variety of recreational and cultural fun whether you're hitting the slopes or links, touring an art museum or historical site, or taking in a concert or baseball game.

Highways and Utilities

Warren County has one major highway NYS 87 (The Northway) that runs the entire north south length of the county and provides a direct link between NY City and Montreal.

Utilities include electricity and natural gas provided by National Grid. Telecommunications include fiber optic cables running along the I-87 corridor. Verizon provides phone and DSL service. Time Warner Cable provides cable, high-speed Internet and phone services, though some of these services may not be available in all areas of the county.

Transportation

By Road: Two major interstate highways serve the upstate region:

- I-87 ("the Northway"), which runs north-south, bisects Warren County and provides truck and auto access to Montreal (north) and the Capital Region and New York City metro area (south).
- I-90 (the New York State Thruway), which runs east-west, intersects I-87 in Albany, providing access to Syracuse, Rochester, and Buffalo to the west, and Massachusetts, including Boston and other New England coastal cities, to the east.
- Information about traffic volume throughout the state is available on the NYS Traffic Data Viewer interactive system maintained by the New York State Department of Transportation.
- The New York State Dept. of Transportation also maintains a database of its current construction and repair projects, searchable by county and individual communities throughout the state.

By Air: Floyd Bennett Memorial/Warren County Airport, is a first class general aviation airport located in Queensbury offering private air and corporate jet facilities, including private hangars and on-site FBO by Rich Air. The airport features 5,000 ft. primary runway with plans underway to expand to 6,000 ft. plus a secondary runway of 4,000 ft. with ILS and GPS approaches.

Albany International Airport is located approximately 45 miles south and is the major airport serving the Capital Region, northeastern New York, and western New England. Recently upgraded facilities provide a full schedule of passenger and freight transportation to U.S. destinations, with worldwide connections.

By Rail: Main line service is available from Canadian Pacific Railroad.

- In terms of rail service from the Port of Albany, Canadian Pacific and CSX have major classification yards in close proximity, assuring adequate car supply and timely service.
- Amtrak serves passenger travel with stations in Albany-Rensselaer and Saratoga Springs.
- Saratoga & North Creek Railway provides passenger and freight rail service within Warren County, running between Saratoga Springs (Saratoga County) and North Creek (Warren County).

By Water: Warren County is 42 miles north of the Port of Albany and its extensive facilities, 175 miles south from the Port of Montreal (the second busiest port in North America), and 200 miles north from the Port of New York (the busiest port in North America). Cargo can also be moved via the New York State Canal system, connecting the Hudson River with the Great Lakes, Finger Lakes, and Lake Champlain.

Public Transportation: Warren County does not have an extensive public transportation system. Greater Glens Falls Transit provides most of the bus service to areas inside the county. They have regular routes to common destinations like WalMart, the YMCA, Adirondack Community College and Aviation Mall. However, these routes do not cover the entire county. There are several taxi service companies, but these are again limited to several population centers located mainly in the southern part of the County.

Life

Beginning in Warren County and extending to the north, the 6 million-acre Adirondack Park, with 3,000 ponds and lakes and 2,000 miles of hiking trails, provides four-season recreation and draws visitors from around the world.

Within Warren County itself, stretching from scenic waters of Lake George in the east to the rugged ski and snowboard terrain of Gore Mountain in the west, and in countless wilderness areas in between, Warren County is the place where the region's leaders, workers, and innovators relax and re-charge with recreation and relaxation.

Adirondack Park

Most of Warren County lies within the Adirondack State Park, the largest publicly protected area in the contiguous United States, greater in size than Yellowstone, Everglades, Glacier, and Grand Canyon National Park combined.

- 6 million acres of public and private land
- 2,000 miles of New York hiking trails
- 3,000 lakes (including Lake George)
- 30,000 miles of rivers and streams, and a wide variety of habitats
- 46 peaks over 4,000 feet among more than 100 peaks in the park

Detailed information about planning trips and recreation in the Adirondacks is available by region, including a special section about visiting the Lake George region in Warren County.

Warren County Recreation

In addition to the Adirondack Park's natural features, Warren County's recreation options include:

- The Lake George area, offering recreation in all four seasons of the year
- Access to world-class regional golf courses, including The Sagamore and Saratoga National Golf Course
- Six Flags Great Escape is one of the nation's premier amusement parks, offering rides for thrill-seekers and year-round fun at its indoor water park in Queensbury
- Three alpine centers: West Mountain (Queensbury); Hickory Ski Center (Warrensburg); and Gore Mountain (North Creek), which provides the most skiable acreage in New York State, 2537' vertical drop on 94 trails including 19 glades
- A network of snowmobile trails spanning 200 miles, linking up with a network of trails across the Northeast; Snowmobile New York offers an interactive map online depicting all snowmobile trails within New York as well as other amenities along those trails
- Municipal trails for cross-country skiing, cycling, and mountain biking and private Nordic ski centers
- More than 30 camping facilities
- Dude ranches and horseback riding

No matter where you locate within the county, you are likely to be within minutes of two of the state's premier tourist destinations - Lake George, which offers a bustling village as well as island camping and year-round recreational activities; and Saratoga Springs with its world-class horse racing, shopping, and dining.

Music, theater, dance, the visual arts, museums, and fine pubs and restaurants abound: there's really no end to the cultural activities in Warren County.

Demographic Characteristics

With a population of 65,388, Warren County is the second most populated county in the Adirondack Rural Health Network (ARHN). Much like upstate New York, the population in Warren County is less racially and ethnically diverse. Nearly 95% of the population is White, non-Hispanic, compared to Black/African American, non-Hispanics at 1.1 % and

Hispanic/Latinos at 2.0%. About 18.5% of the population is 65 years of age and older, higher than the ARHN region at 16.5% and Upstate New York at 15.2%.

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

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

Economic Profile

Historically, Warren County's economy was directly related to its proximity to abundant North Country natural resources, which gave rise to logging, mining and timber/wood products including paper manufacturing. In addition, Warren County's natural assets such as the Hudson River, Adirondack Mountains and world renowned lakes including Lake George serve as the driver for a robust tourism sector.

Since the latter part of the 20th century, medical device development and manufacturing, financial services, healthcare and information technology businesses have helped drive growth and provide diversification in the employment sector.

Today, the Glens Falls MSA is home to one of the largest "location quotients" or concentrations of medical/ surgical instrument workers, including well established operations by industry leaders C.R. Bard and AngioDynamics, which recently purchased Navilyst Medical. These larger firms here today were born a number of decades ago as smaller companies primarily centered in the vascular/catheter industry that were subsequently acquired by larger firms. That pattern has been repeated as the region has a rich history of entrepreneurial innovators that located in the region and created a series of start-ups enterprises since the late 1940's and early 1950's.

Finance, insurance, information management, and business support services are also important contributors to growth. Locally based Arrow Financial, is the holding corporation for Glens Falls National Bank which is perennially hailed as one of the soundest financial institutions in the state and is also one of the oldest companies in Warren County dating back to 1851.

Recreation and tourism contribute additional strength to the county's economy, including such

large employers and well-known attractions as Gore Mountain, the Sagamore Resort, and Great Escape/Six Flags Theme Park.

Educational Profile

There are 9 school districts in Warren County, with an enrollment for primary and secondary schools of nearly 8,900. Almost 35% of the enrolled primary and secondary public school students receive free or reduced lunches, and Warren County has a high school dropout rate of 10.1%, which is lower than the dropout rate of the ARHN region but higher than the dropout rate of Upstate New York, 12.7% and 8.8% respectively. There are 11.2 students per one teacher in Warren County public school system, comparable to that of the ARHN regional but lower than the Upstate New York rate. Almost 51% of the population 25 and older in Warren County has a high school diploma or equivalent, and another 40% have an Associate, Bachelor's, or higher degree.

Health System Profile

Warren County has one 410 hospital beds for a rate of 627 beds per 100,000 population. There are also 402 nursing home beds (615 beds per 100,000 population) and 248 adult home beds (379 beds per 100,000 population) in Warren County. Warren County also has 8 rural health centers and 1 school based health center that provide primary, urgent and specialty care.

There are 2 primary care health professional shortage areas (HPSAs) but no dental health HPSA or mental health HPSA in Warren County. Warren County has 107 physicians per 100,000 population, higher than the ARHN region, Upstate New York, and New York as a whole.

Health Indicators*

Improve Health Status and Reduce Disparities

The lack of racial and ethnic diversity among Warren County's population, 95% of the population identify as white non-Hispanic, make identifying health disparities using race or ethnicity difficult and unreliable. Therefore, Warren County Public Health must use other criteria when determining where health disparities exist.

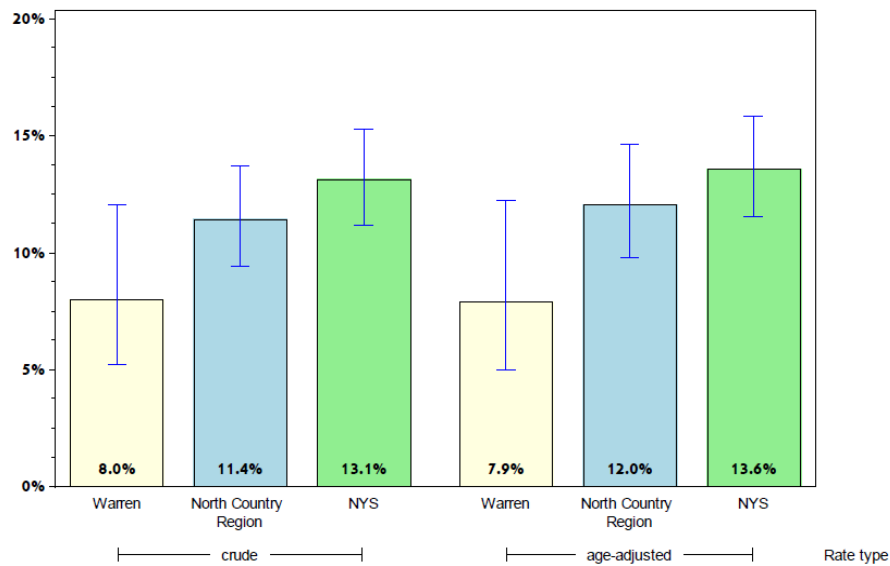
To identify where health disparities exist Warren County Public Health utilizes economic factors, cultural and social differences, educational achievement and environmental factors (e.g. rural vs. urban living etc.).

Health indicators related to premature death, preventable hospitalizations, insurance status and access to care (through % of adults with a regular health care provider) provide a consistent set of data that can help identify health disparities in a population.

Warren

Improve Health Status and Reduce Health Disparities

*Percentage of adults who did not receive medical care because of cost**



See [Appendix H](#) for Full eBRFSS Report

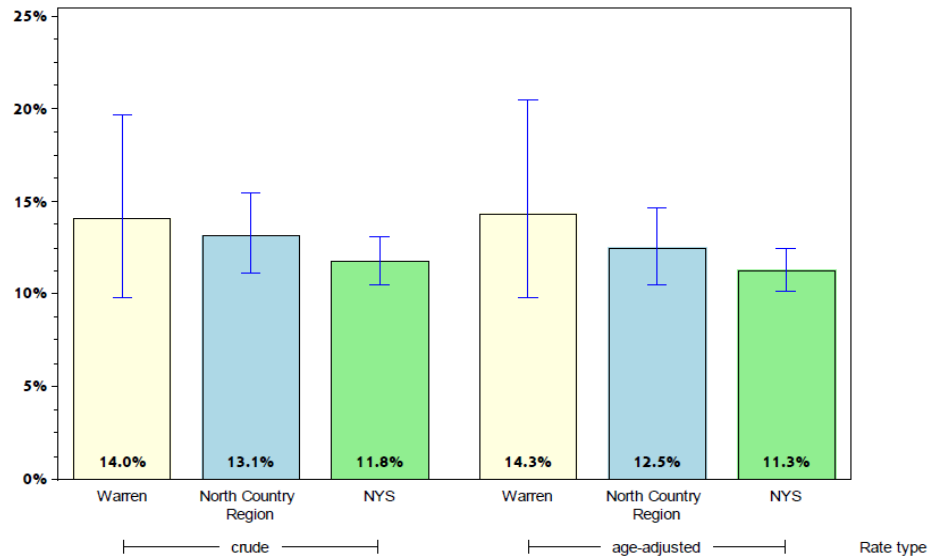
The rates of total deaths per 100,000 population and of total hospital discharges per 10,000 population in Warren County are higher than the ARHN, Upstate New York and New York State. The percentages of adults with poor physical health and with disabilities are higher in Warren County than the ARHN, Upstate New York and the state as a whole. While Warren County has a higher percentage of adults with a regular healthcare provider than ARHN, Upstate NY, and

New York State, it is still lower than the Prevention Agenda Benchmark (See [Appendix G](#), data table).

Warren

Improve Health Status and Reduce Health Disparities

*Percentage of adults who report 14 or more days of poor physical health**



See [Appendix H](#) for eBRFSS Report

Promote Healthy and Safe Environment

Injuries, Violence, and Occupational Health

Warren County continues to see fall hospitalization and/or emergency department visit rates that exceed either Prevention Agenda benchmarks or regional rates, especially among subsets of the population. The rates of hospitalizations due to falls for individuals ages 15 – 24 and adults ages 25 – 64 are higher than ARHN, Upstate NY, and New York State. Additionally, fall hospitalization rates for children ages under 10 and ages 10-14 exceed ARHN, Upstate NY, and New York State. ED visits for children 1 – 4 due to falls are also higher in Warren County than the Prevention Agenda Benchmark. Interestingly, fall rates for individuals 65 and older were better than the Prevention Agenda benchmark for 2013 and 2014.

The rates of total motor vehicle crashes and of speed-related motor vehicle accidents are higher in Warren County than in Upstate New York. Warren County also has rates of hospitalizations from unintentional injuries (excluding falls) that exceed ARHN, Upstate NY and New York State rates.

Violence in Warren County is not a major issue. Rates of assault-related hospitalizations, violent crime and crime in general continue to fall well below Prevention Agenda benchmarks and regional rates.

Occupational hospitalizations and ED visits are also a problem in Warren County among working adolescents. The rates of occupational ED visits for working adolescents’ ages 15 – 19 is more than twice the Prevention Agenda Benchmark. Hospitalizations due to pneumonconsis or to asbestosis among those 15 plus are also higher in Warren County compared to corresponding Upstate New York rates. Work related hospitalizations of people age 16 plus are higher than ARHN and New York State. See [Appendix G](#).

Outdoor Air Quality and Built Environment

Warren County has few areas of concern when it comes to the natural and built environment. Over the last several years Warren County has recorded no days with unhealthy ozone or particulate matter.

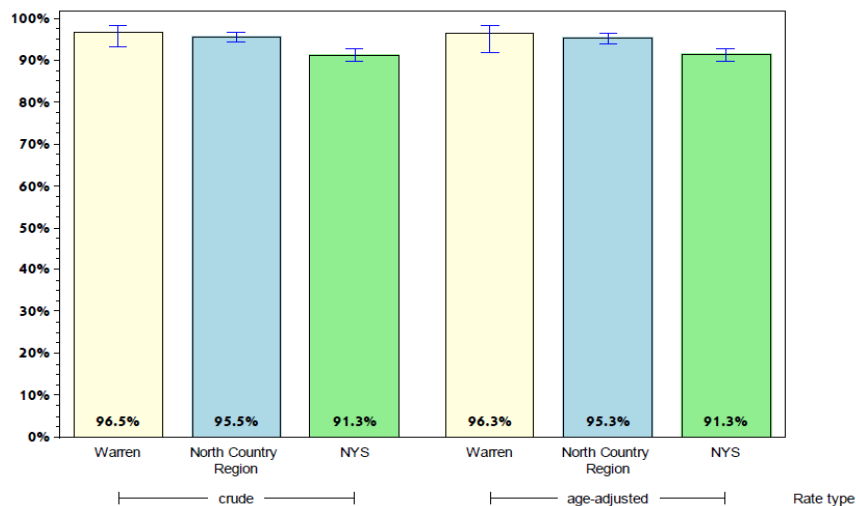
The percentage of the Warren County population with low-income and low-access to a supermarket or grocery store is significantly higher in Warren County than the ARHN, Upstate New York and New York State. Also less than one-percent of the Warren County population is served by a community water system with optimally fluoridated water.

Ninety-six percent of Warren County adults consider their neighborhood suitable for walking and physical activity. Warren County stakeholders ranked Provide a Healthy and Safe Environment as the third highest priority behind Promote Mental Health and Prevent Substance abuse, or Prevent Chronic Disease, but ahead of Promote Healthy Women, Infants, and Children or Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections.

Warren

Promote a Healthy and Safe Environment

Percentage of adults who consider their neighborhood suitable for walking and physical activity



See [Appendix H](#) for eBRFSS Report

Prevent Chronic Diseases

Obesity and Children and Adults

Obesity is a challenge in Warren County. The percentage of obese adults 18 plus and public school children exceed current Prevention Agenda Benchmarks. Obesity also has a higher impact on people living with disabilities in Warren County. No reliable data was available to measure whether or not obesity had a greater impact on low income residents in Warren County. The percentage of Warren County adults reporting participating in leisure time physical activity was higher than ARHN, Upstate New York and New York State.

Diseases often linked to obesity are generally higher for Warren County. Rates of premature deaths from cardiovascular disease in Warren County are higher than Upstate New York and New York State, but lower than the ARHN region. Warren County also has cardiovascular hospitalization rates that are higher than ARHN, Upstate New York and New York State. However it should be noted that coronary heart disease hospitalizations are lower for Warren County than ARHN, Upstate New York and New York State.

Diabetes, which is also linked to obesity, has some interesting data. The percentage of adults in Warren County with physician diagnosed diabetes is lower than the North Country and New York State. However, rates of diabetes hospitalizations (primary diagnosis) and deaths are higher in Warren County than ARHN and Upstate New York. Diabetes death rates are also higher than New York State, but diabetes hospitalization (primary diagnosis) rates are lower than New York State.

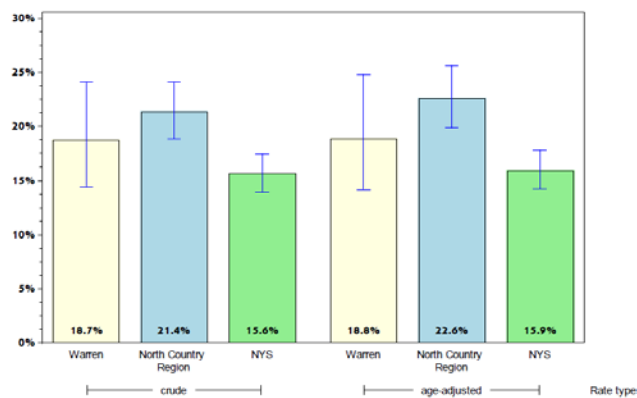
See [Appendix G](#) and [Appendix H](#).

Tobacco Use and Exposure to Secondhand Smoke

Warren

Prevent Chronic Diseases

Percentage of adults who are current smokers

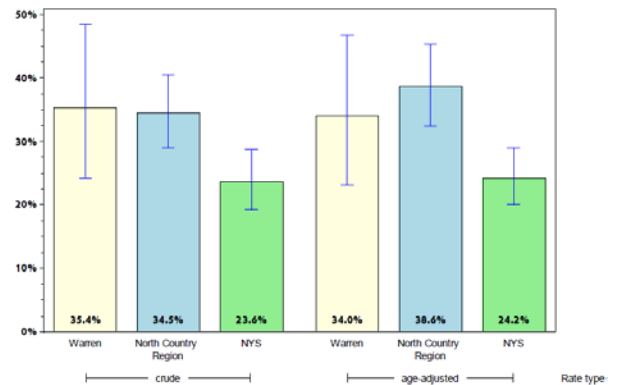


The percentage of current adult smokers in Warren County exceeds the Prevention Agenda benchmark. The percentage of adult smokers is even higher for Warren County adults with income less than \$25,000. Also, Warren County has a significantly higher number of registered tobacco vendors than ARHN, Upstate New York and New York State. Not surprisingly, many of the chronic conditions linked tobacco use

and/or exposure to secondhand smoke are also higher in Warren County.

The rates of deaths and hospitalizations for chronic lower respiratory disease are higher in Warren County than in ARHN, Upstate NY and New York State. The rate of asthma hospitalizations for age group 25 – 44 year olds is much higher in Warren County than the ARHN and Upstate NY. Additionally, the rate of asthma hospitalizations for ages 45 – 64 is also higher in Warren County than ARHN and Upstate NY. The rates of lung and bronchus cancer cases and deaths are higher in Warren County than in Upstate New York and New York State, but lower than ARHN. Warren County also has higher rates of oral cavity and pharynx cancer cases.

Warren
Prevent Chronic Diseases
Percentage of adults with annual household income less than \$25,000 who are current smokers



See [Appendix G](#) and [Appendix H](#).

Chronic Disease Preventive Care and Management

Cancer cases and death rates in Warren County tend to be higher regardless of the type. The rate of all cancer cases and the rate of all cancer deaths exceed those of ARHN, Upstate New York and New York State. These trends hold true for cancer case rates and death rates for female breast, ovarian, colon and rectum (except colon and rectum death rates are lower in Warren County than ARHN), and prostate cancer.

Warren County cancer screening utilization rates (based on recent guidelines) vary depending on type of cancer. Breast cancer screening rates for women aged 50-74 in Warren County fall below ARHN, Upstate New York and New York State.



However, the percentage of Warren County women aged 21-65 receiving cervical cancer screenings (based on recent guidelines) exceed those of ARHN, Upstate New York and New York State.

The percentage of adults aged 50-75 receiving colorectal cancer screenings in Warren County fall below the Prevention Agenda benchmark and ARHN, Upstate New York and New York State.

Although a lack of income might be associated with a reduction in preventative cancer screenings there was no reliable data to compare rates of the general population to low-income populations.

In addition to preventive cancer screenings data about preventive health screenings and chronic disease management was also reviewed.



Warren County has a lower percentage of adults with physician diagnosed high blood pressure than ARHN but higher than Upstate New York and New York State. However, a higher percentage of Warren County adults with physician diagnosed high blood pressure take medication to control it than the North Country Region and New York State.

The percentage of adults 18 plus with a cholesterol check in Warren County is higher than ARHN and New York State and equal to Upstate New York. The percentage of adults 18 plus with elevated cholesterol is lower in Warren County than for the North Country and New York State.

With regards to diabetes the percentage of Warren County adults that had a test for high blood sugar or diabetes in the last three years was higher than the North Country Region and slightly higher than New York State. The percentage of Warren County adults with physician diagnosed diabetes is lower than the North Country Region and New York State.

Data also shows that the percentage of adults in Warren County who have taken a course or class to learn how to manage their chronic disease or condition is slightly higher than the North Country Region, but lower than New York State.

See [Appendix G](#) and [Appendix H](#).

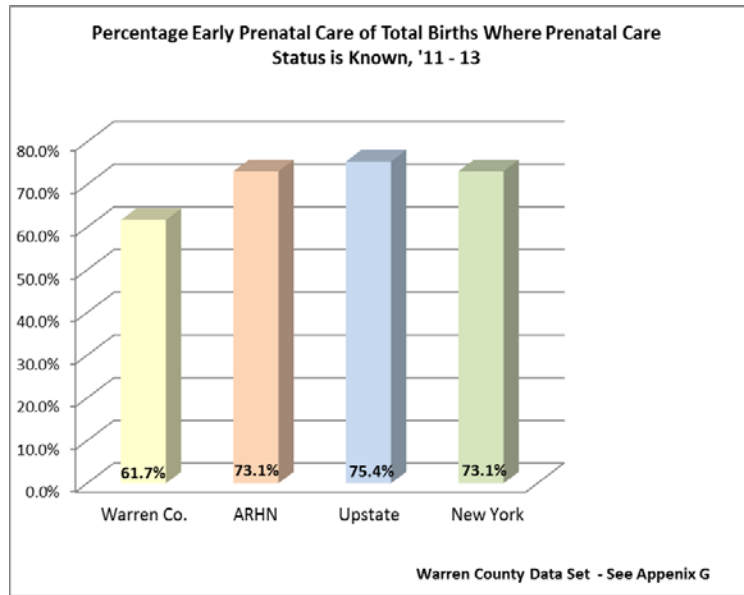
Promote Healthy Woman, Infants and Children

Early prenatal care is an issue in Warren County. The percentage of women who give birth and received early prenatal during their pregnancy is significantly lower in Warren County than ARHN, Upstate New York and New York State. Also the rate of newborn drug related hospitalizations is significantly higher for Warren County than ARHN, Upstate New York and New York State.

Review of data for Warren County would seem to suggest that teen pregnancy rates for Warren County might be a problem. However, a small population size makes much of the data

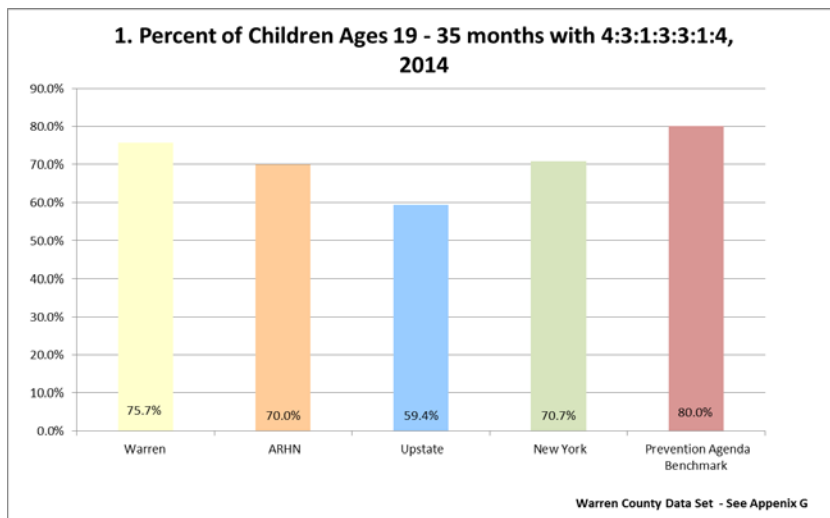
unreliable. One area of concern though is with the rate at which females 18-19 become pregnant. Warren County has a much higher rate than ARHN, Upstate New York and New York State.

Unintended births in Warren County exceed the Prevention Agenda benchmark. The percentage of unintended births in Warren County is slightly lower than ARHN, but higher than Upstate New York and New York State. Warren County also exceeds the Prevention Agenda benchmark for births within 24 months of a previous pregnancy. The percentage of Warren County births within 24 months of a previous pregnancy is slightly lower than ARHN, similar to Upstate New York, but higher than New York State. See [Appendix G](#).



Prevent HIV/STD's, Vaccine Preventable Diseases and Health Care-Associated Infections

The percentage of children 19-35 months receiving the recommended 4:3:1:3:3:1:4 vaccine schedule in Warren County falls below the Prevention Agenda benchmark. However, it should be noted that Warren County's percentages are higher than ARHN, Upstate New York, and New York State.



Warren County also falls below the Prevention Agenda benchmarks for percentage of females 13-17 with 3 dose HPV vaccination and the percentage of adults ages 65 plus receiving a flu shot. Warren County does however have a higher percentage of adults 65+ that have ever received a Pneumonia shot than ARHN, Upstate New York and New

York State. See [Appendix G](#).

HIV and STD rates in Warren County are below the Prevention Agenda benchmarks. It should be mentioned that Warren County does have higher rates of chlamydia in males and females than ARHN for specific age ranges including 15-19 and 20-24 years old. See [Appendix G](#)

Promote Mental Health and Prevent Substance Abuse

Mental health and substance abuse are areas of concern in Warren County. The percentage of adults in Warren County reporting poor mental health for 14 or more days in the last month exceeds the Prevention Agenda benchmark, Upstate New York and New York State.



The rate of suicide in Warren County is significantly higher than the Prevention Agenda benchmark and also higher than Upstate New York and New York State. It also needs to be noted that the rate of self-inflicted hospitalizations in Warren County are similar to the ARHN, but higher than Upstate New York and New York State particularly in 15-19 year olds.

The rates of alcohol-related injuries and deaths in Warren County are well above the rates for ARHN, Upstate New York and New York State. However, drug related hospitalization rates in Warren County are much lower than ARHN, Upstate New York and New York State.

**The Health Indicators section of this report references multiple data sets and performance indicators for comparing the health of Warren County residents.*

Prevention Agenda Benchmarks are specific health goals that have been established by New York State Department of Health. Whenever possible, Warren County health data is compared to the Prevention Agenda Benchmarks to determine potential trouble spots and areas of success.

When specific Prevention Agenda Benchmarks have not been established by NYSDOH for other relevant health data, Warren County data is compared to data from Adirondack Rural Health Network (ARHN), Upstate NY (excludes NYC) and New York State. Warren County sets its benchmarks by identifying which area has the healthiest numbers for specific data and striving to meet or exceed those numbers.

Therefore, when reading the health indicators section of this report is important to recognize that the report will identify whether the health indicators being referenced are Prevention Agenda Benchmarks or benchmarks established by comparing Warren County to ARHN, Upstate NY and New York State.

Community Input

Stakeholder Survey Process

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

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

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

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

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

Once respondents identified their top two priorities, they were also asked to rank the focus areas within each priority area and identify potential barriers addressing that focus area. Analysis for this report was conducted by county. Many health care, social service, and educational providers deliver services in multiple counties. Their opinions are reflected in each county they provide services.

[Results of Stakeholder Survey for Warren County](#) (double click to view)

Summary of the
ARHN Community Stakeholder Survey
For Warren County

Prepared for AHI by



June 10, 2016

Priority Selection

Selection Basis and Method

Warren County Public Health worked with a number of partners to review data and determine if the health priorities in Warren County had changed since the last CHNA was submitted in 2013. Partners include Glens Falls Hospital, Glens Falls Hospital Health Promotion Center programs such as Creating Healthy Places to Live Work and Play, Healthy Schools New York, and the Tobacco Cessation Center. Other partners include Glens Falls Hospital CR Wood Cancer Center, Warren County Office for the Aging, Warren County Home Care Agency, and Warren Washington County Office of Community Services.

All of the partners received copies of the previous report to review and copies of the current data available. Partners were then asked to review and comment using email, whether or not they felt the data supported continuing to focus on the priorities that were identified in 2013 or if the priorities should be changed. Partners were given approximately three weeks to review and respond. Once all of the partners had submitted their opinions, the information was compiled and priorities were determined based on those recommendations. All of the partners were in agreement that prevent chronic disease and promote mental health and prevent substance abuse should continue to be priorities for Warren County.

For more information about how the Warren County CHNA workgroup plans on addressing these priorities please refer to the Warren County [Community Health Improvement Plan](#).

Contact Information

For more information about the Warren County CHNA please contact
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Email: durkeed@warrencountyny.gov
Website: www.warrencountyny.gov/healthservices

Appendix A – Adirondack Rural Health Network (ARHN) Community Health Assessment (CHA) Committee Members and Meeting Schedule

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

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

Community Health Assessment (CHA) Committee Meeting Dates

September 10, 2014

December 5, 2014

March 11, 2015

June 10, 2015

October 15, 2015

January 8, 2016

March 30, 2016

June 24, 2016

*September 15, 2016 *Scheduled*

*January 12, 2017 *Scheduled*

Appendix B - NYS Prevention Agenda Priority Areas, Focus Areas and Goals

Prevention Agenda Priority Area	Focus Areas	Goals
Improve Health Status and Reduce Health Disparities	Improve Health Status and Reduce Health Disparities	Improve the health status of all New Yorkers
Promote a Healthy and Safe Environment	Injuries, Violence, and Occupational Health	Reduce fall risks among the most vulnerable populations
	Outdoor Air Quality	Reduce exposure to outdoor air pollutants, with a focus on burdened communities
	Built Environment	Improve the design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
		Improve the design and maintenance of home environments to promote health and reduce related illness
	Water Quality	Increase the percentage of State residents that receive optimally fluoridated drinking water
		Reduce potential public health risks related to drinking water and recreational water
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity
		Prevent childhood obesity through early child care and schools
		Expand the role of health care and health service providers and insurers in obesity prevention
		Expand the role of public and private employers in obesity prevention
	Reduce illness, disability and death related to tobacco use and secondhand smoke	Prevent initiation of tobacco use by New York youth and young adults, especially among

	exposure	low socioeconomic status (SES) populations
		Promote tobacco use cessation, especially among low SES populations and those with poor mental health
		Eliminate exposure to secondhand smoke
	Increase access to high quality chronic disease preventive care and management in both clinical and community settings	Promote use of evidence-based care to manage chronic diseases Promote culturally relevant chronic disease self-management education
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections	Vaccine-Preventable Diseases	Improve childhood and adolescent immunization rates
		Educate all parents about importance of immunizations
		Decrease the burden of pertussis disease
		Decrease the burden of influenza disease
		Decrease the burden of disease caused by humanpapillomavirus
	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 Clostridium difficile (C. difficile) infections
Reduce infections caused by multidrug resistant organisms		
Reduce device-associated infections		
Promote Healthy Women, Infants, and Children	Maternal and Infant Health	Reduce premature births in New York State
		Increase the proportion of NYS babies who are breastfed
		Reduce the rate of maternal deaths in New York State
	Child Health	Increase the proportion of NYS

		children who receive comprehensive well child care in accordance with AAP guidelines
		Reduce the prevalence of dental caries among NYS children
	Preconception and Reproductive Health	Reduce the rate of adolescent and unplanned pregnancies in NYS
		Increase utilization of preventive health services among women of reproductive age to improve wellness, pregnancy outcomes and reduce recurrence of adverse birth outcomes
Promote Mental Health and Prevention 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, nonmedical use of prescription drugs by youth, and excessive use of alcohol consumption by adults
		Prevent and reduce occurrences of mental, emotional and behavioral disorders among youth and adults
		Prevent suicides among youth and adults
		Reduce tobacco use among adults who report poor mental health
	Strengthen Infrastructure Across Systems	Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery
		Strengthen infrastructure for mental, emotional behavioral health promotion, and mental, emotional behavioral disorder prevention

Appendix C - Demographic Profile (double click table for large view)

Adirondack Rural Health Network Summary of Demographic Information, Page 1 of 2	County									ARRN Region (I)	Upstate NYS	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Square Miles												
Total Square Miles	1,038	1,794	1,629	495	1,717	403	810	867	831	8,372	46,824	47,126
Total Square Miles for Farms	230	86	227	50	3	205	123	15	296	906	11,224	11,224
Percent of Total Square Miles Farms	22.2%	4.8%	13.9%	10.1%	0.2%	50.9%	15.2%	1.7%	35.6%	10.8%	24.0%	23.8%
Population per Square Mile	78.8	21.8	31.6	110.7	2.8	123.9	274.7	75.4	75.7	43.0	240.0	415.8
Population												
Total Population	81,829	39,072	51,508	54,870	4,783	49,951	222,512	65,388	62,910	360,360	11,239,441	19,594,330
Percent White, Non-Hispanic	90.6%	92.5%	82.0%	93.5%	96.1%	84.1%	92.1%	94.7%	93.0%	91.3%	75.5%	57.3%
Percent Black, Non-Hispanic	4.0%	2.8%	5.6%	1.5%	0.4%	1.5%	1.5%	1.1%	2.7%	2.9%	8.3%	14.4%
Percent Hispanic/Latino	2.6%	2.8%	3.2%	2.6%	1.2%	12.0%	2.7%	2.0%	2.4%	2.6%	10.2%	18.2%
Percent Asian/Pacific Islander, Non-Hispanic	1.3%	0.5%	0.4%	0.7%	0.1%	0.6%	2.0%	1.0%	0.6%	0.8%	3.7%	7.7%
Percent Alaskan Native/American Indian	0.3%	0.3%	7.0%	0.2%	0.0%	0.1%	0.1%	0.2%	0.1%	1.2%	0.3%	0.2%
Percent Multi-race/Other	1.2%	1.1%	1.8%	1.5%	2.2%	1.7%	1.6%	1.0%	1.1%	1.3%	1.9%	2.2%
Number Ages 0 - 4	3,969	1,654	2,681	2,859	156	2,980	11,756	3,142	3,195	17,656	623,966	1,170,258
Number Ages 5 - 17	11,366	5,370	7,639	8,827	655	8,487	36,857	9,673	9,629	53,159	1,862,922	3,101,974
Number Ages 18 - 64	54,858	24,397	33,902	33,918	2,790	29,997	141,249	40,490	39,876	230,231	7,044,052	12,566,926
Number Ages 65 Plus	11,636	7,651	7,286	9,266	1,182	8,487	32,650	12,083	10,210	59,314	1,708,501	2,755,172
Number Ages 15 - 44 Female	15,816	5,981	8,268	9,622	590	9,000	41,490	11,171	10,596	62,044	2,120,373	4,049,852
Family Status												
Number of Households	31,976	15,571	19,131	22,440	1,639	19,655	89,876	27,699	24,165	142,621	4,159,597	7,255,528
Percent Families Single Parent Households	15.6%	13.2%	17.8%	18.6%	9.2%	17.9%	12.7%	15.7%	17.4%	16.4%	16.6%	19.8%
Percent Households with Grandparents as Parents	1.3%	1.3%	1.6%	2.4%	1.4%	1.8%	1.1%	1.8%	2.1%	1.7%	1.5%	1.8%
Poverty												
Mean Household Income	\$64,485	\$64,341	\$58,932	\$58,147	\$63,710	\$58,106	\$87,334	\$71,229	\$61,153	N/A	N/A	\$85,736
Per Capita Income	\$25,279	\$26,755	\$22,322	\$24,265	\$29,974	\$23,809	\$35,860	\$30,662	\$23,877	N/A	N/A	\$32,829
Percent of Individuals Under Federal Poverty Level	15.2%	11.4%	19.7%	16.2%	9.5%	19.1%	6.8%	11.9%	13.0%	14.5%	11.8%	15.6%
Percent of Individuals Receiving Medicaid	18.1%	15.2%	17.8%	21.9%	13.0%	23.8%	9.7%	15.6%	17.0%	17.6%	16.9%	24.7%
Per Capita Medicaid Expenditures	\$1,636.24	#####	\$1,850.64	#####	\$1,450.42	\$2,413.03	\$1,061.87	#####	\$1,612.67	\$1,793.51	\$1,713.78	\$2,500.22
Immigrant Status												
Percent Born in American Territories	0.3%	0.3%	0.7%	0.5%	0.1%	3.7%	0.3%	0.2%	0.3%	0.3%	0.8%	1.6%
Percent Born in Other Countries	4.8%	4.0%	4.6%	2.4%	2.0%	3.5%	4.7%	3.4%	2.2%	3.6%	11.3%	22.3%
Percent Speak a Language Other Than English at Home	6.4%	6.3%	7.1%	4.7%	3.4%	14.0%	6.6%	4.5%	3.1%	5.3%	16.3%	30.2%
Housing												
Total Housing Units	35,909	25,675	25,292	28,616	8,742	23,159	100,185	38,873	28,956	192,063	4,745,377	8,153,309
Percent Housing Units Occupied	89.0%	60.6%	75.6%	78.4%	18.7%	84.9%	89.7%	71.3%	83.5%	74.3%	87.7%	89.0%
Percent Housing Units Owner Occupied	68.3%	73.5%	71.7%	69.3%	81.8%	67.3%	71.3%	70.0%	73.5%	70.8%	70.2%	53.8%
Percent Housing Units Renter Occupied	31.7%	26.5%	28.3%	30.7%	18.2%	32.7%	28.7%	30.0%	26.5%	29.2%	29.8%	46.2%
Percent Built Before 1970	49.5%	57.1%	56.7%	65.8%	56.4%	72.6%	36.2%	50.3%	56.1%	55.4%	62.7%	69.1%
Percent Built Between 1970 and 1979	12.1%	11.7%	11.2%	10.1%	12.9%	8.3%	15.3%	13.0%	10.9%	11.7%	12.1%	10.1%
Percent Built Between 1980 and 1989	14.0%	12.1%	10.9%	9.6%	10.5%	6.6%	16.7%	14.3%	12.0%	12.3%	9.7%	7.5%
Percent Built Between 1990 and 1999	12.1%	9.7%	12.3%	8.0%	11.4%	7.0%	15.4%	10.6%	10.6%	10.6%	8.0%	6.1%
Percent Build 2000 and Later	12.3%	9.4%	8.9%	6.6%	8.8%	5.5%	16.4%	11.8%	10.4%	10.1%	7.5%	7.2%
Availability of Vehicles												
Percent Households with No Vehicles Available	9.5%	8.5%	10.7%	9.1%	4.8%	12.9%	5.0%	8.1%	6.4%	8.6%	9.9%	29.3%
Percent Households with One Vehicle Available	33.3%	34.4%	35.8%	39.5%	36.2%	37.3%	33.0%	35.2%	34.4%	35.3%	33.8%	32.7%
Percent Households with Two Vehicles Available	39.4%	39.3%	38.5%	36.4%	45.0%	35.1%	43.7%	40.3%	37.9%	38.8%	38.3%	26.5%
Percent Households with Three or More Vehicles Available	17.8%	17.8%	15.0%	15.0%	14.0%	14.7%	18.4%	16.3%	21.3%	17.3%	18.0%	11.5%

Appendix D – Education Profile (double click table for large view)

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

Adirondack Rural Health Network Page 1 of 2	County									ARHN Region (1)	Upstate NYS (2)	New York State
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Summary Primary-Secondary Education, 2014-2015												
Total Number Public School Districts (3)	8	11	7	6	7	5	12	9	11	59	694	726
Total Pre-K Enrollment	193	196	329	300	28	342	381	141	315	1,502	47,034	112,264
Total K-12 Enrollment	10,590	3,643	7,201	7,571	418	7,298	33,499	8,866	8,381	46,670	1,593,319	2,608,247
Number Free Lunch	3,572	1,261	3,097	3,051	106	3,202	5,290	2,557	2,385	16,029	483,903	1,170,671
Number Reduced Lunch	964	446	780	692	61	493	1,406	588	673	4,204	101,239	161,792
Percent Free and Reduced Lunch	42.1%	44.5%	51.5%	47.6%	37.4%	48.4%	19.8%	34.9%	35.2%	42.0%	35.7%	49.0%
Number Limited English Proficiency	17	4	5	14	0	153	291	36	20	96	73,984	213,378
Percent with Limited English Proficiency	0.2%	0.1%	0.1%	0.2%	0.0%	2.0%	0.9%	0.4%	0.2%	0.2%	4.5%	7.8%
Total Number of Graduates	796	313	536	551	29	476	2,463	700	578	3,503	120,110	184,251
Number Went to Approved Equivalency Program	2	1	8	1	6	22	27	11	50	1,492	2,904	2,904
Number Dropped Out of High School	115	27	46	106	90	200	71	80	445	10,518	23,526	23,526
Percent Dropped Out of High School	14.4%	8.6%	8.6%	19.2%	NA	18.9%	8.1%	10.1%	13.8%	12.7%	8.8%	12.8%
Total Number of Teachers(3)	1,045	427	715	643	120	628	2,632	806	879	4,635	130,463	196,799
Student to Teacher Ratio	10.3	9.0	10.5	12.2	3.7	12.2	12.9	11.2	10.4	12.6	13.8	13.8

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

Licensed Practical Nursing Programs, 2014-2015	County								
	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington
Clinton, Essex, Warren, Washington BOCES (29 total)	*	*							*
Hamilton, Fulton, Montgomery BOCES (20 total)				*	*	*			*
North Country Community College		83							*
Washington, Saratoga, Warren, Hamilton, Essex BOCES (61 total)		*	*	*	*	*	*	*	*

- (1) Excludes Montgomery and Saratoga County
- (2) Excludes the following counties: Bronx, Kings, New York, Queens, Richmond
- (3) No Charter Schools in the ARHN region, Montgomery County, or Saratoga County. Private School data was not available
- (4) BOCES LPN programs span multiple counties within the ARHN region, Montgomery County, and Saratoga County.

Sources: Primary and Secondary Education Data: New York State Education Department, School Report Card 2014
LPN Graduation Data: National Center for Education Statistics, Integrated Postsecondary Education Data System (IPEDS)
RN Graduation Data: Center for Health Workforce Studies, University at Albany School of Public Health

Appendix E - Health System Profile (double click image for larger table)

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

Adirondack Rural Health Network	County										ARIN	Upstate	New York
Page 1 of 3	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	Region (1)	NYS	State	
Population, 2010-2014	81,829	39,872	57,598	54,879	4,783	49,051	222,512	65,388	62,910	366,366	11,239,443	19,594,336	
Total Hospital Beds	386	48	171	74	0	138	171	410	0	995	30,148	54,516	
Hospital Beds per 100,000 Population	367	102	297	135	0	260	77	627	0	272	268	278	
Medical/Surgical Beds	214	0	129	47	0	70	115	300	0	690	18,574	32,659	
Intensive Care Beds	14	0	14	8	0	5	12	12	0	48	1,655	2,936	
Coronary Care Beds	7	0	0	0	0	3	7	12	0	19	742	1,133	
Pediatric Beds	10	0	3	12	0	0	7	16	0	41	1,086	2,210	
Maternity Beds	21	0	13	7	0	8	14	23	0	64	1,846	3,251	
Physical Therapy and Rehabilitation Beds	0	0	0	0	0	0	0	7	0	7	1,130	1,928	
Psychiatric Beds	34	0	12	0	0	20	16	32	0	78	2,396	3,279	
Other Beds	0	46	0	0	0	24	0	8	0	48	2,725	5,117	
Hospital Beds Per Facility													
Adirondack Medical Center-Lake Placid Site	0	0	0	0	0	0	0	0	0				
Adirondack Medical Center-Saratoga Lake Site	0	0	95	0	0	0	0	0	0				
Alice Hyde Medical Center	0	0	76	0	0	0	0	0	0				
Champlain Valley Physicians Hospital Medical Center	300	0	0	0	0	0	0	0	0				
Elizabethtown Community Hospital	0	25	0	0	0	0	0	0	0				
Glens Falls Hospital	0	0	0	0	0	0	0	410	0				
Morris-Ludington Hospital	0	15	0	0	0	0	0	0	0				
Nathan L.Hitner Hospital	0	0	0	74	0	0	0	0	0				
Saratoga Hospital	0	0	0	0	0	0	171	0	0				
St. Mary's Healthcare	0	0	0	0	0	120	0	0	0				
St. Mary's Healthcare-Amsterdam Memorial Campus	0	0	0	0	0	10	0	0	0				
Total Nursing Home Beds	421	348	195	360	0	590	750	481	523	2,038	68,630	113,592	
Nursing Home Beds per 100,000 Population	517	870	339	658	0	1181	339	615	839	772	620	580	
Nursing Home Beds per Facility													
Adirondack Tri-County Nursing and Rehabilitation Center, Inc	0	0	0	0	0	0	0	82	0				
Alice Hyde Medical Center	0	0	135	0	0	0	0	0	0				
Capstone Center for Rehabilitation and Nursing	0	0	0	0	0	120	0	0	0				
Champlain Valley Physicians Hospital Medical Center SNF	54	0	0	0	0	0	0	0	0				
Clinton County Nursing Home	80	0	0	0	0	0	0	0	0				
Essex Center for Rehabilitation and Healthcare	0	100	0	0	0	0	0	0	0				
Evergreen Valley Nursing Home	89	0	0	0	0	0	0	0	0				
Fort Hudson Nursing Center, Inc.	0	0	0	0	0	0	0	0	194				
Fulton Center for Rehabilitation and Nursing Center	0	0	0	176	0	0	0	0	0				
Heritage Commons Residential Health Care	0	84	0	0	0	0	0	0	0				
Indian River Rehabilitation and Nursing Center	0	0	0	0	0	0	0	0	122				
Meadowbrook Healthcare	200	0	0	0	0	0	0	0	0				
Mercy Living Center	0	0	60	0	0	0	0	0	0				
Nathan L.Hitner Hospital Nursing Home	0	0	0	84	0	0	0	0	0				
Palatine Nursing Home	0	0	0	0	0	70	0	0	0				
River Ridge Living Center, LLC	0	0	0	0	0	120	0	0	0				
Saratoga Center for Rehab and Skilled Nursing Care	0	0	0	0	0	0	257	0	0				
Saratoga Hospital Nursing Home	0	0	0	0	0	0	36	0	0				
Schryler Ridge A Residential Health Care Facility	0	0	0	0	0	0	120	0	0				
St. Johnsville Rehabilitation Nursing Center	0	0	0	0	0	120	0	0	0				
The Orchard Nursing and Rehabilitation Centre	0	0	0	0	0	0	0	0	88				
The Pines at Glens Falls Center for Nursing & Rehabilitation	0	0	0	0	0	0	0	120	0				
The Station Nursing and Rehabilitation Centre	0	0	0	0	0	0	0	120	0				
Uthlein Living Center	0	156	0	0	0	0	0	0	0				
Washington Center for Rehabilitation and Healthcare	0	0	0	0	0	0	0	0	122				
Wells Nursing Homes Inc	0	0	0	100	0	0	0	0	0				
Wesley Health Care Center Inc	0	0	0	0	0	0	342	0	0				
Westmont Health Facility	0	0	0	0	0	0	0	80	0				
Wilkinson Residential Health Care Facility	0	0	0	0	0	160	0	0	0				

Appendix F - Data Consultants and Data Sources

Community Health Assessment Process – Data Consultants

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

Rochel Rubin, PhD, Graduate Research Assistant

Robert Martiniano, MPA, MPH, Senior Program Manager

Databases used for the Community Health Assessment

- Bureau of Communicable Disease Control Data
- Bureau of HIV/AIDS Epidemiology Data
- Cancer Registry
- Community Health Indicator Reports
- Division of Criminal Justice Services
- Governor’s Traffic Safety Committee Data Report
- Motor Vehicle Crash Data
- New York State Expanded Behavioral Risk Factor Surveillance System Data (BRFSS)
- New York State Immunization Information System Data
- New York State Medicaid Program Data
- New York State Office of Mental Health Patient Characteristics Survey
- New York State Pregnancy Nutrition Surveillance System – WIC Program Data
- Office of Mental Health County Profiles Data
- Statewide Planning and Research Cooperative System (SPARCS) data
- Vital Statistics Data

Appendix G - Indicators with Links (double click image for full document)

Warren County: Revised 7/27/2016

	Number Per Year			Average Rate, Ratio or Percentage for the Listed Years	Comparison Regions/Data				Comparison to Benchmark	Quartile Ranking				Quartile Score	Severity Score	
	(If Available)				ARHN	Upstate NY	New York State	2018 Prevention Agenda Benchmark		Q1	Q2	Q3	Q4			
	One	Two	Three													
Focus Area: Disparities																
1. Percentage of Overall Premature Deaths (Age 35-64), 2014				20.0%	21.2%	22.0%	23.7%	21.8%	Meet/Better							
2. Ratio of Black, Non-Hispanic Premature Deaths (Prior to Age 65) to White, Non-Hispanic Premature Deaths, '12-14				3.53	2.50	2.10	1.98	1.87	Worse	X						
3. Ratio of Hispanic/Latino Premature Deaths (Prior to Age 65) to White, Non-Hispanic Premature Deaths, '12-14				0.97	2.51	2.24	1.92	1.86	Less than 10							
4. Rate of Adult Age-Adjusted Preventable Hospitalizations per 10,000 Population (Ages 18 Plus), 2014				100.8	N/A	107.3	119.0	122	Meet/Better							
5. Ratio of Black, Non-Hispanic Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '12-14				1.40	N/A	1.94	2.11	1.85	Less than 10							
6. Ratio of Hispanic/Latino Adult Age-Adjusted Preventable Hospitalizations to White, Non-Hispanic, '12-14				0.62	N/A	1.51	1.52	1.38	Less than 10							
7. Percentage of Adults (Ages 18 - 64) with Health Insurance, 2014				91.4%	N/A	N/A	87.6%	100.0%	Worse	X						
8. Age Adjusted Percentage of Adults with Regular Health Care Provider - Over 18 Years, 2013-2014				85.1%	N/A	84.6%	84.4%	90.8%	Worse	X						
Quartile Summary for Prevention Agenda Indicators											3	0	0	0	37.5%	0.0%
Other Disparity Indicators																
1. Rate of Total Deaths per 100,000 Population, '11 - 13				985.7	952.5	854.1	753.1	N/A	Worse	X						
2. Rate of Emergency Department Visits per 10,000 Population, '11 - 13	24,644	24,535	23,438	3,691.6	4,418.4	3,752.5	4,086.4	N/A	Meet/Better							
3. Rate of Total Hospital Discharges per 10,000 Population, '11 - 13	8,800	8,031	7,997	1,262.2	1,121.4	1,168.1	1,226.2	N/A	Worse	X						
4. Percentage of Adults (18 and Older) Who Did Not Receive Care Due to Costs, '13/14				8.0%	11.4%	11.2%	13.1%	N/A	Meet/Better							
5. % of Adults (18 and Older) with 14 Days or More of Poor Physical Health, '13/14				14.0%	13.4%	12.3%	11.8%	N/A	Worse	X						
6. Percentage of Adults (18 and Older) with Disabilities, '13/14				26.1%	25.2%	22.4%	20.8%	N/A	Worse	X						
Quartile Summary for Other Indicators											4	0	0	0	66.7%	0.0%
Quartile Summary for Focus Area Disparities											7	0	0	0	50.0%	0.0%

Appendix H - eBRFSS Warren County Report (double click image for full report)

eBRFSS 2013-2014 Health Indicators: Warren

General Description.....	2
Improve Health Status and Reduce Health Disparities.....	3
Percentage of adults who did not receive medical care because of cost.....	3
Percentage of adults who have a regular health care provider.....	4
Percentage of adults who had a dentist visit within the past year.....	5
Percentage of adults living with a disability.....	6
Percentage of adults aged 18-64 years with healthcare coverage.....	7
Percentage of adults aged 18-64 years who saw a doctor for a routine checkup within the last year.....	8
Percentage of adults experiencing housing insecurity in the past 12 months.....	9
Percentage of adults experiencing food insecurity in the past 12 months.....	10
Percentage of adults with poor self-reported health.....	11
Percentage of adults who report 14 or more days of poor physical health.....	12
Prevent Chronic Diseases.....	13
Percentage of adults who are obese.....	13
Percentage of adults with an annual household income less than \$25,000 who are obese.....	14
Percentage of adults living with a disability who are obese.....	15
Percentage of adults overweight or obese.....	16
Percentage of adults who participated in leisure time physical activity in the past 30 days.....	17
Percentage of adults who consume one or more sugary drinks daily.....	18
Percentage of adults who consume fast-food three or more times per week.....	19
Percentage of adults with physician diagnosed diabetes.....	20
Percentage of adults who are current smokers.....	21
Percentage of adults with annual household income less than \$25,000 who are current smokers.....	22
Percentage of adults aged 18-24 years who are current smokers.....	23
Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines.....	24
Percentage of women aged 50-74 years with annual household income of less than \$25,000 receiving breast cancer screening based on recent guidelines.....	25
Percentage of women aged 21-65 years receiving cervical cancer screening based on recent guidelines.....	26
Percentage of women aged 21-65 years with annual household income of less than \$25,000 receiving cervical cancer screening based on recent guidelines.....	27
Percentage of adults aged 50-75 years receiving colorectal cancer screening based on recent guidelines.....	28
Percentage of adults aged 50-75 years with annual household income less than \$25,000 receiving colorectal cancer screening based on recent guidelines.....	29
Percentage of adults who had a test for high blood sugar or diabetes within the past three years.....	30
Percentage of adults with physician-diagnosed prediabetes.....	31
Percentage of adults with physician-diagnosed high blood pressure.....	32
Percentage of adults with diagnosed high blood pressure taking high blood pressure medication.....	33
Percentage of adults with current asthma.....	34
Percent of adults with cholesterol checked.....	35
Percentage of adults 18 years and older with elevated cholesterol.....	36
Percentage of adults who have taken a course or class to learn how to manage their chronic disease or condition.....	37
Percentage of adults with arthritis.....	38
Promote a Healthy and Safe Environment.....	39
Percentage of adults who consider their neighborhood suitable for walking and physical activity.....	39
Percentage of adults aged 65+ years with at least one fall in the past 12 months.....	40
Among adults aged 65+ years with at least one fall in the past 12 months, percent that resulted in injury.....	41
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections.....	42
Percentage of adults aged 47-68 years reporting ever tested for Hepatitis C (HCV).....	42
Percentage of adults aged 18+ years with flu immunization in the past year.....	43
Percentage of adults aged 65+ years with flu immunization in the past year.....	44
Percentage of adults aged 65+ years with pneumococcal immunization.....	45
Promote Healthy Women, Infants, and Children.....	46
Percentage of women aged 18-44 years who had dental visit within the last year.....	46
Women aged 18-44 years who saw a doctor for a routine checkup within the last year.....	47
Percentage of women aged 18-64 years with health care coverage.....	48
Percentage of women aged 18-44 years whose health care provider discussed planning a healthy pregnancy.....	49
Promote Mental Health and Prevention Substance Abuse.....	50
Percentage of adults with poor mental health for 14 or more days in the last month.....	50
Percentage of adult binge drinking during the past month.....	51
Percentage of cigarette smoking among adults who report poor mental health.....	52

Appendix I – Regional Stakeholders Survey Report (double click image for full document)

Summary of the
ARHN Community Stakeholder Survey

Prepared for AHI by



June 10, 2016

Appendix J - AHI PPS DSRIP Projects

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

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

- **System Transformation** projects are designed to accomplish New York’s State Innovation Plan, a roadmap to achieve the “Triple Aim” for all New Yorkers: improved health, better health care quality and consumer experience, and lower costs. This multi-faceted approach has at its core an advanced primary care model that integrates care with all parts of the health care system, including behavioral health and community-based providers and aligns payment with this care model.
 - 2ai “Integrated Delivery System”
 - 2aia “Advancing Primary Care”
 - 2aiv “Medical Village”
 - 2bviii “Hospital-Home Collaboration Solutions”
 - 2di “Patient Activation”

- **Clinical Improvement** projects focus on a specific disease or service category (ex, behavioral health, substance abuse, palliative care) that have been identified as a significant cause of avoidable hospital use by Medicaid beneficiaries in our region.
 - 3ai “Integrating Behavioral Health with Primary care”
 - 3aia “Crisis Stabilization”
 - 3aiv “Withdrawal Management”
 - 3gi “Integration of Palliative Care into the PCMH Model”

- **Population-Wide Strategy Implementation** projects focus on progress on measures from the New York State Prevention Agenda.

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

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

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

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

Appendix K – Community Health Improvement Plan

Warren County

Community Health Improvement Plan

2013 – 2017 (updated to reflect initiatives, goals and objectives through 2018)