Public Health

Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

Community Health Assessment 2022-24

A Collaborative Effort to Improve the Health of all Warren County Residents.

2022-2024 Warren County Community Health Assessment

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Hospital Partner:
Glens Falls Hospital
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Glens Falls NY, 12801
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Coalition Partner:
Adirondack Health Institute

Other Partners:
Warren County Office for the Aging
Warren County Social Services
Warren County Certified Home Health Agency
Warren County Office of Community Services
Hudson Headwaters Health Network
Jamie Munyon, Director, Open Door Mission
Jason McLaughlin, Director, WAIT House
Ben Driscoll, Community Member

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Executive Summary

The Warren County Community Health Assessment (CHA) Committee spent considerable time reviewing data and survey responses to select the 2022-2024 Prevention Agenda priorities and focus areas. Data came mainly from New York State Department of Health sources and the US Census. Community input was provided through a targeted Stakeholder Survey and an open community survey. Based on the information available to CHA Committee members the following NYSDOH priority areas, focus areas and goals were agreed upon:

Priority Area # 1 – Prevent Chronic Disease
- **Focus Area #1: Increasing Physical Activity**
  - **Goal #1:** Increase physical activity levels across the lifespan of Warren County residents
  - **Goal #2:** Increase opportunities to participate in physical activity regardless of age or ability

- **Focus Area #2: Tobacco Prevention**
  - **Goal #1:** Reduce the prevalence of tobacco use among Warren County adults
  - **Goal #2:** Reduce the number of teens/adolescents that start smoking and vaping
  - **Goal #3:** Reduce second-hand smoke exposure in Warren County

- **Focus Area #3: Chronic Disease Preventive Care and Self-Management**
  - **Goal #1:** Reduce chronic disease mortality
  - **Goal #2:** Reduce chronic disease hospitalizations

Priority Area # 2 – Promote Well-being and Prevent Mental and Substance Use Disorders
- **Focus Area #1: Promote Well-being**
  - **Goal #1:** Strengthen opportunities to build well-being and resilience across the lifespan

- **Focus Area #2: Mental and Substance Use Disorders Prevention**
  - **Goal #1:** Prevent self-inflicted hospitalizations and suicide
  - **Goal #2:** Prevent substance use hospitalizations and deaths

In addition to the CHA Committee data review process, summary reports that were provided by the Adirondack Rural Health Network were also utilized to streamline and speed the data review process. The summary reports supported the conclusions of the CHA Committee and its priority area and focus area selections.

Warren County Interventions 2022-2024

Warren County Public Health is a partial service county health department that relies heavily on its community partners to implement and evaluate evidence-based interventions to improve the health of our residents. Community partners are listed along with specific evidence-based interventions in the Community Health Improvement Plan (CHIP) section of this document and in Appendix D.

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Warren County will use quarterly CHA Committee meetings and regular email communications to gather information from community partners to assess the progress and impact of selected interventions. As appropriate, updates from the CHIP will be posted to the Warren County Public Health website and social media pages. A detailed description of the process measures that will be used to assess progress can be found in the CHIP section of this report. A final evaluation and data review will be conducted in 2025 to determine any measurable changes in the SMART objectives.

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Purpose and Introduction

Warren County, like the rest of nation and the world has been greatly impacted by the COVID-19 pandemic. At the height of the pandemic schools, businesses, community organizations were either closed or severely limited in their scope of services. Everyday activities including grocery shopping, attending school, earning an income to support a family, visiting with friends and support groups were no longer allowed or seriously altered.

Healthcare was severely hampered with only life sustaining and lifesaving procedures being provided for an extended period of time. Hospitals, health centers, healthcare provider offices and public health departments at all levels were overwhelmed with response activities to try and limit the impact of the COVID-19 pandemic.

Most people went without access to the preventive healthcare system that works to maintain healthy populations. Preventive health screenings for cancer, diabetes, cardiovascular health were basically inaccessible. Most annual physicals and many follow-up appointments for chronic medical conditions were cancelled. Mental health and substance use disorder support systems were unable to function. Programs and projects often supported by grant funds designed to support healthy behaviors and lifestyles were put on hold indefinitely.

The 2022-24 Warren County Community Health Assessment (CHA) has been developed to provide a comprehensive overview of the health of Warren County residents. This report utilizes a multitude of federal, state and local data sets as well as stakeholder and community input to identify areas of strength and concern as they pertain to the health of the Warren County community.

However, it should be noted that most of the data and stakeholder/community input was collected either before or during the COVID-19 pandemic. Since the full impact of the COVID-19 pandemic is still being determined it is safe to assume that over the next several years new or worsening trends in the health of Warren County residents are likely to emerge.

Community Health Assessment Limitations

This Community Health Assessment (CHA) has limitations that must be acknowledged. Insufficient data showing the true impact of COVID-19 and stakeholder and community input that has likely been biased because of the COVID-19 pandemic must be considered.

Second, Warren County relies heavily on State and Federal data sources to create its community health assessment. Often the data available for review is several years old which means some of the findings in the assessment may not reflect what more recent data from the data sources show, particularly if new data is provided after the assessment has been completed. Generally, health trends over time remain consistent. In order to maintain consistency and credibility in the health assessment findings, cut-offs must be put in place about when new data can be reviewed and utilized when writing the report.

Furthermore, the use of data that may be several years old does not mean the data is incorrect or unreliable. Instead, using data trends over several years removes some of the limitations of single point data and often provides indications about what more current data would likely show if it were available.

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The recognition of the assessments limitations does not mean the document is not useful. The data and information contained in this community health assessment still provides a valuable tool to public health and community partners. Community health concerns and trends that were supported by data prior to the COVID-19 pandemic are likely to be amplified following the pandemic. It may also provide insight to potentially new or emerging health concerns. This means that public health planners and community partners can take a proactive approach to inform policy makers and stakeholders of anticipated health concerns so that funding and resource allocation can be justified prior to, instead of after they arise.

This Community Health Assessment will also provide the basis for the Warren County Community Health Improvement Plan (CHIP). The Warren County CHIP is a workplan that uses evidence based programs, identifies the roles of community partners, and sets measurable goals and objectives to affect positive change on the health of Warren County residents.

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Warren County Community Health Assessment & Improvement Plan Process

The creation of the 2022-2024 Warren County CHA/CHIP was a multi-step process. The process began with Warren County Public Health's participation the Adirondack Rural Health Network (ARHN). Along with its participation in the ARHN CHA Committee, Warren County Public Health also convenes a County specific CHA Committee consisting of key stakeholders and organizations that play a vital role in improving the health of Warren County residents

The Role of ARHN

Adirondack Rural Health Network: The Adirondack Rural Health Network (ARHN) is a program of AHI - Adirondack Health Institute, Inc. Established in 1992 through a New York State Department of Health Rural Health Development Grant, ARHN is a multi-stakeholder, regional coalition that informs planning, assessment, provides education and training to further the implementation of the New York State Department of Health Prevention Agenda, and offers other resources that support the development of the regional health care system. Since its inception, ARHN has provided a forum to assess regional population health needs and develop collaborative responses to priorities. ARHN includes organizations from New York's Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

Description of the Community Health Assessment Committee: Since 2002, ARHN has been recognized as the leading sponsor of formal community health planning throughout the region. The Community Health Assessment (CHA) Committee, facilitated by ARHN, is made up of hospitals and county health departments that have developed and implemented a sophisticated process for community health assessment and planning for the defined region to address identified regional priorities. The CHA Committee is made up of representatives from Adirondack Health, Clinton County Health Department, University of Vermont Health Network - Alice Hyde Medical Center, University of Vermont Health Network - Elizabethtown Community Hospital, Essex County Health Department, Franklin County Public Health, Fulton County Public Health, Glens Falls Hospital, Hamilton County Public Health and Nursing Services, Nathan Littauer Hospital, University of Vermont Health Network – Champlain Valley Physicians Hospital, Warren County Health Services, and Washington County Public Health.

Purpose of the CHA Committee: The CHA Committee, made up of the CHA service contract holders with AHI, is a multi-county, regional stakeholder group that convenes to support ongoing health planning and assessment by working collaboratively on interventions and developing the planning documents required by the New York State Department of Health and the Internal Revenue Service in an effort to advance the New York State Prevention Agenda.

CHA Committee, Ad Hoc Data Sub-Committee: At the June 4, 2021, CHA meeting, it was decided that an Ad Hoc Data Sub-Committee would be created to review tools and processes used by CHA Committee members to develop their Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP), as well as identify ways to enhance the CHA/CHIP process. A primary activity of the Ad Hoc Data Sub-Committee was to collaboratively develop a stakeholder survey (see Community Stakeholder Section for survey details).

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The data subcommittee met four times from mid-July through mid-November 2021. Meetings were held via Webex/Zoom. Attendance ranged from 6 to 10 subcommittee members per meeting. Meetings were also attended by AHI staff from the Adirondack Rural Health Network.

Data Assessment

Warren County Public Health relies on the Adirondack Rural Health Network and the Community Health Assessment Committee to organize and assemble data for review and use in its CHA/CHIP document.

2022 Data Methodology

Background:
The Community Health Assessment (CHA) Committee, facilitated by the Adirondack Rural Health Network (ARHN), a program of Adirondack Health Institute (AHI), is a multi-county, regional stakeholder group, that convenes to support ongoing health planning and assessment by working collaboratively on interventions, and developing the planning documents required by the New York State Department of Health (NYS DOH) and the Internal Revenue Service (IRS) to advance the New York State Prevention Agenda.

The overarching goal of collecting and providing this data to the CHA Committee is to provide a comprehensive picture of individual counties as well as an overview of population health within the ARHN region, as well as Montgomery and Saratoga counties.

When available, Upstate New York (NY) data is also provided as a benchmark statistic. Upstate NY is calculated as NYS total less New York City (NYC). NYC includes New York, Kings, Bronx, Richmond, and Queens counties.

Demographic Profile:
Demographic data was primarily taken from the United States Census Bureau 2020 American Consumer Survey 5-year estimates. Additional sources include 1) 2010 Census Estimate: Census Quick Stats 2) USDA Farm Overview, 2017 and 3) Centers for Medicaid and Medicare Services, 2019. Information included in the demographic profile includes square mileage, population, family status, poverty, immigrant status, housing, vehicle accessibility education, and employment status/sector.

Health System Profile:
Health System profile data includes hospital, nursing home, and adult care facilities bed counts, health professional shortage areas (HPSAs), physician data, and licensure data.

Most health systems data are sourced from New York State. Data used from NYSDOH includes health profiles, weekly nursing home bed census counts, and the adult care facility directory. NYS Education Department (NYSED) sourced licensure data.

Education Profile:
The Education Profile is separated into two parts: 1) Education System Information and 2) School Districts by County. Part One of the Education Profile includes data related to the education system in the ARHN, NYS, and upstate NY region. Metric data includes student enrollment, student to teacher

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ratios, English proficiency rates, free lunch eligibility rates, as well as high school graduate statistics. Data was sourced from the NYSED and the National Center for Education Statistics (NCES). Part two of the Education Profile provides detail on the school district count by county. School district data was sourced from the NCES.

Asset Limited, Income Constrained, Employed (ALICE) Profile:
ALICE profile data includes total households, ALICE households over 65 years, ALICE households by race/ethnicity, poverty/ALICE percentages within each county, unemployment rates, percent of residents with health insurance, and median household income. All ALICE data is reflective of 2018 figures.

Data presented in the ALICE profile originated from the 2018 ALICE report (www.unitedforalice.org/new-york). Within the ALICE report, data was pulled from the 2018 American Community Survey, 2018 ALICE Threshold and ALICE county demographics.

When not available and as noted on the profile sheet, the ARHN region calculation may be an average of ARHN counties.

Data Sheets:
The data sheets, compiled of 222 data indicators, provides an overview of population health as compared to the ARHN region, Upstate New York region, Prevention Agenda Benchmark and/or NYS. Within each data report there is a benchmark comparison that indicates whether a data indicator's performance met, was better, or worse than the corresponding benchmark. If a data indicator was worse than the corresponding benchmark, the distance from the respective benchmark was calculated using quartile rankings:

Quartile 1: Less than 25%   Quartile 3: 50% - 74.9%
Quartile 2: 25% - 49.9%   Quartile 4: 75% - 100%

Quartile Score example: *Asthma Emergency Department Visit Rate per 10,000 – aged 65+ years, 2017-2019 for Clinton County*

Clinton County rate: 20.7   Upstate NY: 14.8
20.7/14.8 = 1.39

The Clinton County rate is higher than Upstate NY, making it worse than the benchmark. As .39 falls between .25 and .5, this falls under Quartile 2.

The data report also shows the percentage of total indicators that have worse performance than the respective benchmark by focus area:

- If 20 of 33 child health focus area indicators were worse than the respective benchmark, the quartile summary score would be 61% (20/33).
- Additionally, the report identifies a severity score (the percentage of "worse" performance indicators that are in either quartile three or four). Following the above example, if nine of the

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twenty child health focus indicators which are worse than the respective benchmark land in quartile three or four, the severity score would be 45% (9/20).

Quartile summary scores and severity scores are calculated for each focus area within the data sheets. Both quartile summary scores and severity scores are used to gauge if a specific focus area offers challenges to a county and/or regional hospital(s). In certain instances, a focus area could have a low severity score but high quartile summary score which would indicate that while not especially severe, the focus area offered significant challenges to the community.

ARHN region and Upstate NY calculations:

ARHN rate calculation example: *All cancer incidence rate per 100,000, 2016-2018*

$$\frac{\text{Total for North Country region + Total for Fulton County}}{(\text{Average Population for North Country region + Average Population for Fulton County}) \times 3} \times 100,000$$

For all Prevention Agenda, Community Health Indicator Reports, Asthma Dashboard, and any other NYS dashboard indicators, the North Country region includes Clinton, Essex, Franklin, Hamilton, Warren, and Washington counties.

Upstate NY rate calculation example: *All cancer incidence rate per 100,000, 2016-2018*

$$\frac{\text{Total for New York State - Total for New York City region}}{(\text{Average Population for New York State – Average for New York City region}) \times 3} \times 100,000$$

For all Prevention Agenda, Community Health Indicator Reports, Asthma Dashboard, and any other NYS dashboard indicators, the New York City region includes the five boroughs of NYC.

All rates in the ARHN region and Upstate NY (where not provided by the data source) are calculated.

Indicators are broken out by the Prevention Agenda focus areas across ten tabs. Tabs include Mortality, Injuries, Violence and Occupational Health, Built Environment and Water, Obesity, Smoke Exposure, Chronic Disease, Maternal and Infant Health, HIV, STD, Immunization, and Infections, Substance Abuse and Mental Health, and Other. Data and statistics for all indicators comes from a variety of sources, including:

- Prevention Agenda Dashboard
- Community Health Indicator Reports (CHIRs)
- NYS Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators
- Division of Criminal Justice Services Index, Property, and Firearm Rates
- NYS Traffic Safety Statistical Repository
- USDA Food Environment Atlas
- Student Weight Status Category Reporting System (SWSCRS) Data
- USDA Economic Research Service Fitness Facilities Data
- NYS Department of Health Tobacco Enforcement Compliance Results
- State and County Indicators for Tracking Public Health Priority Areas
- NYS Department of Health, Asthma Dashboard

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• NYS Department of Health Hospital Report on Hospital Acquired Infections
• Department of Health, Wadsworth Center

Warren County Public Health CHA/CHIP Prioritization Process

Warren County's CHA/CHIP health priority selection process began in March 2022 with public health staff creating a list of potential community partners that should be involved with the Warren County Community Health Assessment Committee (this committee is not part of the AHI CHA Committee referenced earlier). The Warren County CHA committee is tasked with reviewing all the data and survey responses collected by Warren County and the Adirondack Health Institute CHA Committee.

Potential partners were selected from organizations that work closely with some of our most vulnerable populations including social services, office for the aging, homecare agencies, homeless centers, Glens Falls Hospital, Hudson Headwaters (FQHN) and public health staff.

Each potential partner was invited to participate in the CHA prioritization process by email. Multiple emails were sent to any potential partner that failed to respond within a week of the original email being sent.

The 2022-2024 Warren County CHA Committee was set in early May. Committee members were sent an email in early June containing all of the available data that the committee members would be reviewing and using as part of the health prioritization process.

A total of four in person meetings were held with the Warren County CHA Committee members.
- July 21st, 2022
- August 25th, 2022
- September 28th, 2022
- October 26th, 2022

The first meeting committee members were provided an overview the five Health Priority Areas NYSDOH has identified as part of the Statewide Prevention Agenda. Members were told that those five priority areas would serve as the basis for the creation of the Warren County CHA and that their job was to select two priorities from the five. By choosing two of the five priority areas the limited health resources available in Warren County could be directed towards improving them.

Committee members reviewed data and survey responses and were provided basic instructions on how to read and interpret the data. Committee members were able to ask questions and seek clarification if any of the data was confusing or if there were concerns about any of the data sources or survey responses.

Once the data and survey overviews were complete committee members were asked to set criteria that would be used to guide the selection of health priority areas. To set the criteria to determine health priority areas committee members wrote 3-4 criteria on index cards and taped them to the wall. It was agreed upon by committee members that selection criteria should be limited to no more than four.

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A slide was presented with sample criteria, but prioritization criteria did not have to come from the sample list. Committee members organized the suggested criteria to determine which were the most common among the group. A few of the criteria were debated and by consensus grouped together if they were similar to one another.

The following health prioritization criteria were agreed upon by committee members

1. The seriousness and frequency of the issue
2. The feasibility of affecting the issue and the resources needed to address the issue
3. The community's perception of the issue's importance and their readiness to recognize and address the issue
4. The long-term impact of the issue and the long-term benefit of our efforts

At the second meeting the committee spent most of the time closely examining the available data. After the data review, committee members were given 20 minutes to discuss the data with other members independently. At the end of the twenty minutes committee members were asked to vote on two of the five Priority Areas as set by the New York State Prevention Agenda using the agreed upon prioritization criteria set at the previous meeting. Committee members were given three potential votes. No committee member had to use all three votes, but the members were told they could only vote for two priority areas. The extra vote was available if a committee member felt strongly about one of the two priority areas they selected and could vote for that priority area twice.

At the end of the second meeting two clear priority areas of the five the committee was asked to select from stood out.
- Prevent Chronic Disease
- Promote Well-being and Prevent Mental and Substance Use Disorders

Meeting three was used to identify focus areas associated with the previously selected priority areas. The CHA Committee determined what focus areas were likely to be most feasible to address based on current community resources and stakeholder feedback.

Priority Area # 1 – Prevent Chronic Disease
    Focus Areas for Improvement Initiatives
- Increasing Physical Activity
- Tobacco Prevention
- Chronic Disease Preventive Care and Self-Management

Priority Area # 2 – Promote Well-being and Prevent Mental and Substance Use Disorders
    Focus Areas for Improvement Initiatives
- Promote Well-being
- Mental and Substance Use Disorders Prevention

Committee members used the fourth and final planning meeting to set improvement goals and objectives based on the chosen focus areas and the available data. The committee also reviewed lists of current evidence-based programs, interventions and resources that were or could be utilized to address

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the previously selected priority and focus areas. The lists for evidence-based programs and resources were assembled prior to the meeting through email communications for CHA Committee members. See the Community Health Improvement Plan summary beginning on page 55.

Warren County Demographics & Characteristics

To provide comparison data and context to the data presented in this community health assessment Warren County data will be compared to the Adirondack Rural Health Network (ARHN)** region and Upstate New York*.

Demographics

Warren County covers an area of 867 square miles. It is bordered by Essex, Hamilton, Saratoga and Washington Counties. The population of Warren County is approximately 64,187. Warren County's population is limited in diversity and is older than Upstate New York. (95.4%) of the population is White, Non-Hispanic, followed by (2.9%) Hispanic/Latino and (1.8%) 2+ races. (22.3%) of the population is aged 65 years and older compared to (17.7%) for Upstate and (19.6%) for the ARHN Region[24].

Waren County Percentage of Population by Race

- White, Non-Hispanic
- Hispanic/Latino
- Black or African American
- Two or More Races

Warren County Percentage of Total Population by Age

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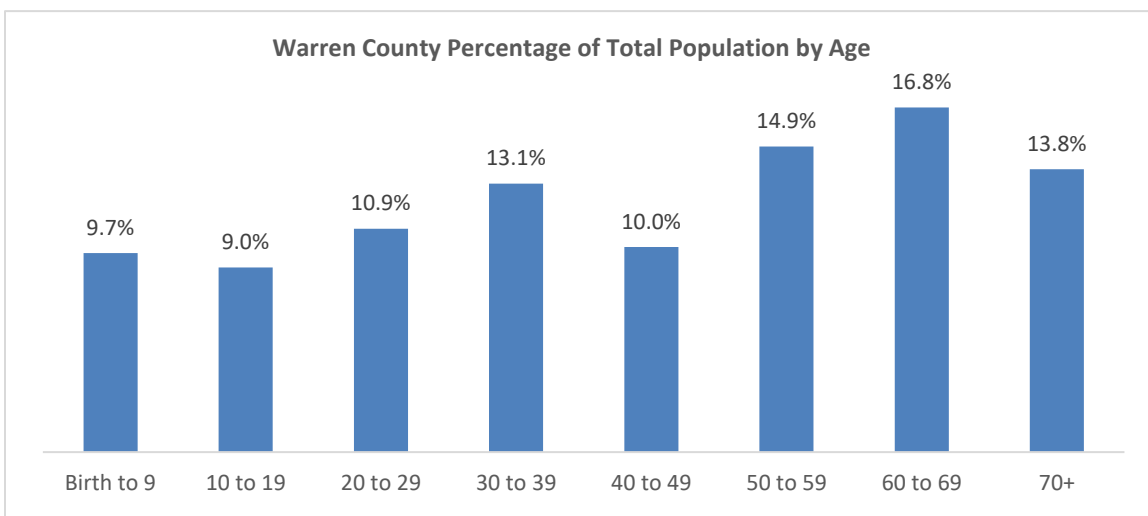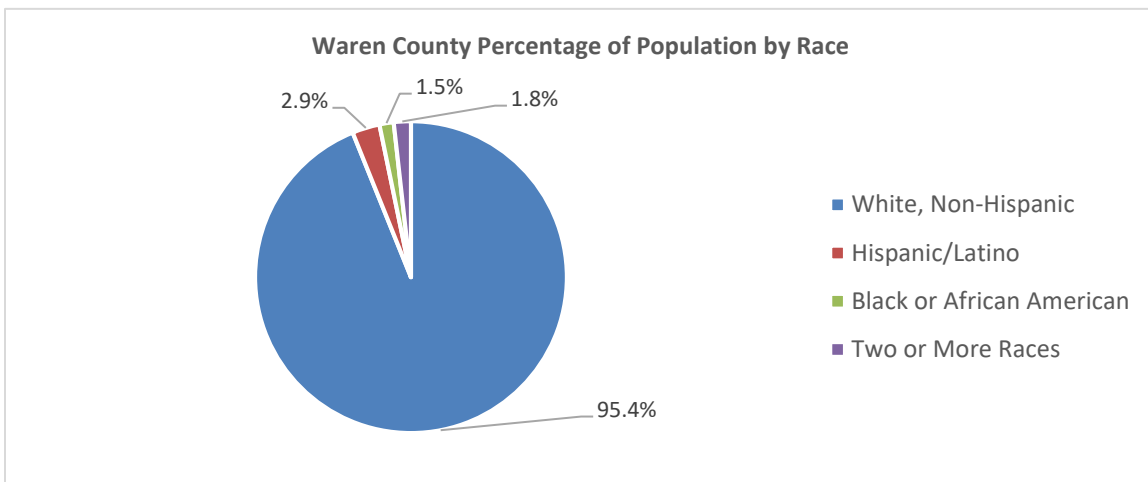
The Warren County mean household income is ($85,859) and per capita income is ($38,740). This is higher than the ARHN region ($74,555) but less than Upstate New York ($97,962), The per capita income in Warren County is higher than the ARHN region ($31,035) and Upstate NY ($33,208)[24]. The percentage of individuals in Warren County living below the Federal Poverty Level is (8.5%), which is lower than both the ARHN region (11.9%) and Upstate New York (12.5%). In Warren County (9.7%) of children under the age of 18 live below the federal poverty level (no comparison data available)[24].

Percentage of Individuals Below the Federal Povery Level, 2020
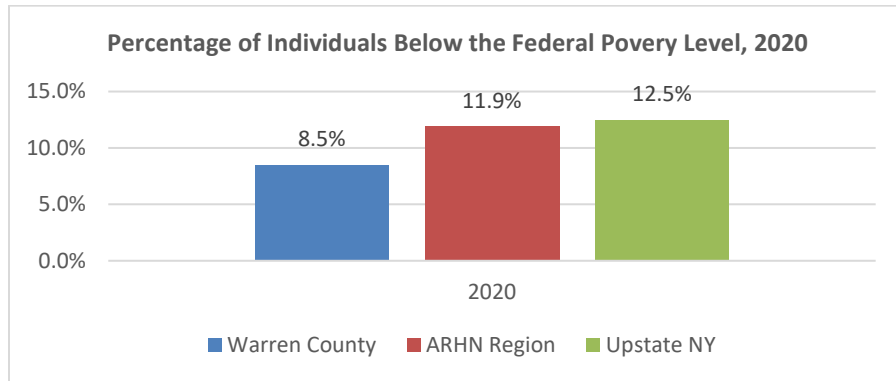
When considering the total population of Warren County, approximately (74.8%) of individuals are aged 25 years of age or older. Of that population, (29.1%) are a High School Graduate or have their General Education Diploma (GED). An additional (43.7%) have an Associates, Bachelor's, or higher education degree[24].

Educational Attainment for Residents Ages 25 and Older

Warren County's unemployment rate was (4.1%) with 32,257 employed aged 16 and older in the Civilian Workforce in 2019. The highest employment sector with (28.3%) is the field of Education, Health Care and Social Assistance. This is followed by Retail Trade (12.0%) and Arts, Entertainment, Recreation, Hotel & Food Service (11.7%)[2, 24].

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Unemployment Rate July 2019 - July 2021

Percentage of Employment for Population 16+ by Industry

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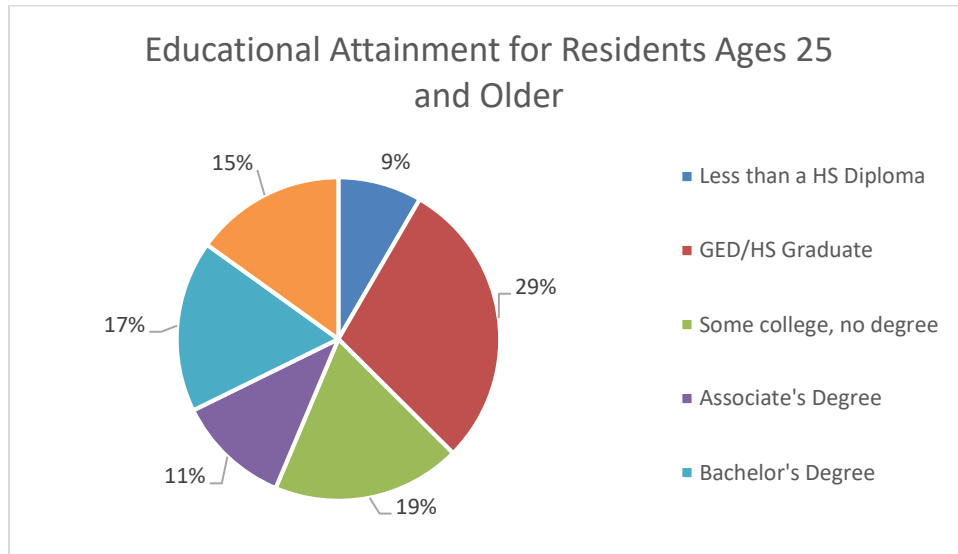***Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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Health System Profile:

Warren County has one hospital, Glens Falls Hospital (GFH). GFH has (391) hospital beds, majority with the designation of medical/surgical beds, resulting in a total hospital beds rate of (609) when considering the total regional population. This rate is higher than the ARHN region (274)[4].

Warren County has one Federally Qualified Health Center, Hudson Headwaters Health Network. Hudson Headwaters Health Network is a nonprofit system of 21 community health centers with 10 of the health centers located in Warren County. The health centers include two urgent care centers and a dental center all located in Warren County. Hudson Headwaters is the sole medical provider in much of the rural, medically underserved region. In the Glens Falls area, Hudson Headwaters is the only primary care "safety-net" provider.

There are four nursing home facilities within the county, totaling (409) nursing home beds resulting in a total nursing home beds rate of (637). There are four adult care facilities totaling (248) beds resulting in an adult care facility rate of (633). The nursing home rate is lower than the ARHN Region (685). The adult care facilities rate is higher than the ARHN region (443). The rate of total physicians (includes primary care and specialty care) in Warren County is (319) which is higher than the ARHN region (198) and slightly lower than Upstate NY (393) [6, 7].

Education Profile:

Warren County has nine public school districts, with a total enrollment of 8,058 students. Every PreK -12th grade public school district in Warren County had enrollment declines from the 2016-17 to 2020-21 school year. Combined enrollment declined (7.9%) in all Warren County public school districts for the same period[3]. When considering total enrolled students, (41.1%) are eligible for free and reduced lunch, with majority of those being eligible for free lunch (93.3%, 3,315 students)[25]. The total number of high school graduates is (603) with a percent dropped out of high school rate of (5.0%). This is lower than the ARHN (5.3%) region and Upstate New York (8.9%) but higher than New York State (4.0%)[25].

Table 1. PreK – 12th Grade Enrollment by District
Warren County, 2016-17, 2020-21

	2016-17	2020-21	Change in Enrollment
Glens Falls Common School (K-6)	153	152	-.7%
Bolton CSD	184	171	-7.1%
Glens Falls City SD	2004	1956	-2.4%
Hadley-Luzerne CSD	721	635	-12.0%
Johnsburg CSD	322	295	-8.4%
Lake George CSD	797	699	-12.3%
North Warren CSD	519	463	-10.8%
Queensbury CSD	3334	3054	-8.4%
Warrensburg	709	633	-10.7%

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
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There are (781.9) public school teachers making the student to teacher ratio (9.7). This is lower than the ARHN region (9.8) and higher than Upstate New York* (8.9).

Housing Profile

Warren County has 40,119 total housing units. Seventy-two percent of those units are occupied which is slightly below the ARHN region and far below Upstate New York at (87.2%)[24]. Of the occupied homes (70.7%) are owner occupied which is below the ARHN region (71.9%) but much higher than Upstate New York (61.2%). The remaining occupied housing units by renters in Warren County are (29.3%) which is higher than the ARHN region (28.1%) and Upstate New York (26.0%)[24].

It is estimated that (51.7%) of renters in Warren County spend more than (30%) of their income to pay rent[24]. Housing is generally considered affordable when it consumes less than thirty-percent of household income. This means that more than half of Warren County renters are living in what is considered unaffordable housing. This means there is less available money to pay for everyday necessities including food, medical care and transportation.

Family Profile

Warren County has 29,034 households. Single parent households constitute (11.8%) of Warren County households which is higher than the ARHN region (11.0%)[24]. No comparison data was available for Upstate New York. Warren County households that have grandparents as parents is (14.1%) which is higher than the ARHN region (11.5%) and Upstate New York (7.2%)[24].

Transportation Profile

For most people in Warren County reliable personal transportation is very important due to the rural nature of the county and a lack of public transportation options. It is estimated that (8.8%) of Warren County households do not own a vehicle and (33.8%)[24] own one vehicle. To get to work Warren County residents rely on the follow means of transportation

Table 2. Means of Transportation to Work (Workers 16 Years and Over)

Drove alone	82.2%
Carpool	7.4%
Public Transportation	0.8%
Walked	3.0%
Other Means	1.7%
Worked at Home	5.0%

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Warren County Health Status

The data and information utilized to create this community health assessment will allow Warren County Public Health and its community partners to identify high priority areas that should be addressed to improve the health of Warren County residents.

To align with the New York State Department of Health Prevention Agenda, Warren County uses the same health priority areas as NYSDOH as a starting point.

New York State Department of Health continues to highlight five priority areas when it comes to improving the health of all New Yorkers. They include…

- Preventing Chronic Disease
- Promote a Healthy & Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-being and Prevent Mental Substance Use Disorders
- Prevent Communicable Disease

It is important to identify any health disparities that may emerge in any of these priority areas. Health disparities can be attributed to various factors including age, race/ethnicity, income, educational attainment, disability and other factors that make the health of an identified population less than that of the entire population.

Warren County's health disparities are likely linked with low-income and lower education populations. The health disparities linked to low-income and lower educational attainment found in other research is likely to be similar for Warren County residents. This is not to say that race, ethnicity or other factors linked to health disparities should not be considered or dismissed. However, Warren County's lack of racial and ethnic diversity and smaller population makes it difficult to identify disparities among subgroups in Warren County.

Leading Causes of Death

The leading causes of death for the total population in Warren County for 2019 were #1 heart disease, #2 cancer, #3 chronic lower respiratory disease (CLRD), #4 cerebrovascular disease and # 5 diabetes. When causes of death are broken out by gender females and males in Warren County have the same top three #1 heart disease, #2 cancer and #3 CLRD. For females Alzheimer's #5 outranked diabetes which is not in the top five for females. For males, unintentional injury #4 outranked diabetes #5 and moved cerebrovascular disease out of the top five[12].

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Table 3: Leading Causes of Death by Gender (Warren County, 2019)

|	Total Population	Female	Male
#1	Heart Disease	Heart Disease	Heart Disease
#2	Cancer	Cancer	Cancer
#3	Chronic Lower respiratory Disease	Chronic Lower respiratory Disease	Chronic Lower Respiratory Disease
#4	Cerebrovascular Disease	Cerebrovascular Disease	Unintentional Injury
#5	Diabetes	Alzheimer's Disease	Diabetes

In 2019 the top five leading causes of premature death in Warren County were #1 cancer, #2 heart disease, #3 CLRD, #4 diabetes and #5 unintentional injuries. For females four of the five leading causes of premature death are the same as for the entire population, however pneumonia & influenza #4 outranked diabetes #5 and unintentional injury was not in the top five for females. Males have the same five leading causes of premature death as the rest of the population, but unintentional injury is #3 for males ranking it ahead of CLRD #4 and diabetes #5[12].

Table 4: Leading Causes of Premature Death (<75 years) by Gender (Warren County, 2019)

	Total Population	Female	Male
#1	Cancer	Cancer	Cancer
#2	Heart Disease	Heart Disease	Heart Disease
#3	Chronic Lower respiratory Disease	Chronic Lower respiratory Disease	Unintentional Injury
#4	Diabetes	Pneumonia & Influenza	Chronic Lower respiratory Disease
#5	Unintentional Injury	Diabetes	Diabetes

Hospitalization & Mortality

Warren County's hospitalization rate from 2017-2019 is (1,152.8) per 10,000 population which is much higher than the ARHN region (981.2) and higher than Upstate NY (1,144.2). The hospitalization rate has been declining from 2016-2019[13].
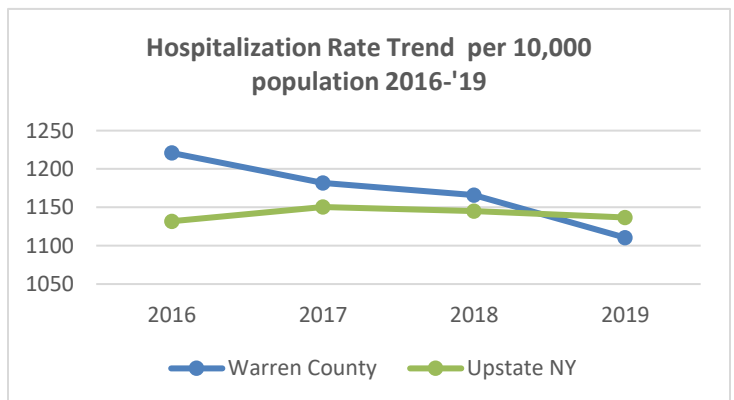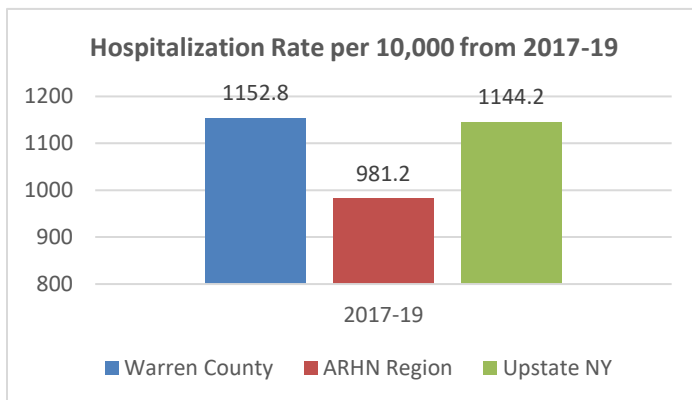
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The rate of age-adjusted potentially preventable hospitalizations among adults in Warren County in 2019 is (113.1) per 10,000 population, which is significantly lower than the ARHN region (142.52) and lower than Upstate NY. Warren County was also better than the New York State Prevention Agenda benchmark of (115.0) [13].

Age-adjusted Potentially Preventable Hospitalizations among Adult per 10,000 pop. 2019

	Value
Warren County	113.1
ARHN Region	142.5
Upstate NY	120.4
P.A. Benchmark	115

2019

■ Warren County ■ ARHN Region ■ Upstate NY ■ P.A. Benchmark

The death rate in Warren County from 2017-2019 is (1,157.3), which is higher than the ARHN region (1,069.7) and Upstate NY (916.2). The death rate in Warren County has been increasing since 2016 [13].

Comparison Death Rates per 100,000 from '17-'19

	Value
Warren County	1,157.30
ARHN	1,069.70
UpState NY	916.2

■ Warren County ■ ARHN ■ UpState NY

Death Rate Trend per 100,000 from '17-'19

◆ Warren County ■ Upstate NY

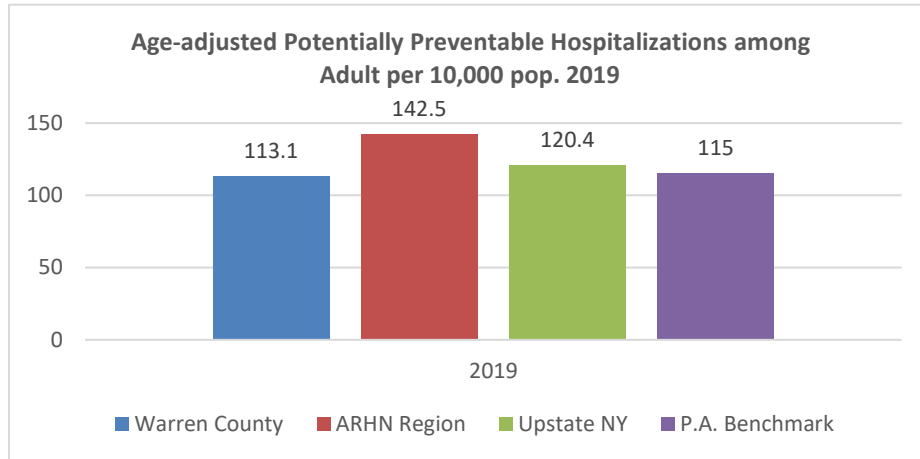|	2016	2017	2018	2019
Warren County	1072.5	1125.8	1157.3	1167
Upstate NY	893.6	908.8	921.8	918.8

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
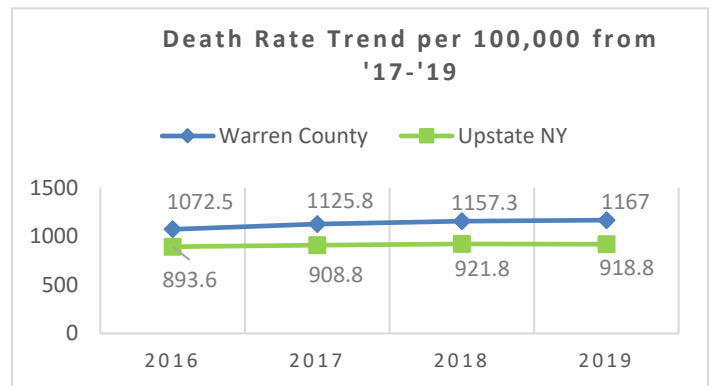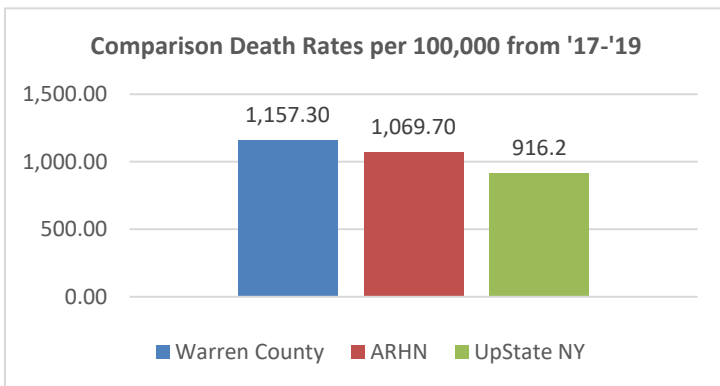*Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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County Health Rankings

The County Health Rankings, a program of the University of Wisconsin Population Health Institute, measures the health of nearly all counties in the nation and ranks them within states.

County health ranking reports are generated using more than 30 measures to help communities recognize the current health of their residents and what is likely to impact their future health. Data is collected from a variety of sources and then separated into two categories, health outcomes and health factors.

Health outcomes include data about length and quality of life. Health factors focus on health behaviors (i.e. smoking, obesity), clinical care (health insurance, access to doctors etc.), social and economic factors and physical environment that will impact a person's health in the future.

In 2022 Warren County ranked 27th out of 62 counties for health outcomes. In 2018 Warren County ranked 10th for health outcomes but has not been in the top 20 counties since. Warren County ranked much better for health factors in 2022 at 9th out of 62 counties. Warren County has ranked near or in the top ten counties for health factors since 2018 [10].

Table 5. County Health Ranks, Warren County

Year	Health Outcomes Rank	Health Factors Rank
2022	27th	9th
2021	31st	12th
2020	26th	9th
2019	21st	10th
2018	10th	10th

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2022. www.countyhealthrankings.org .

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
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2022 Health Outcomes – New York

This County Health Rankings map shows the overall rankings for health outcomes. Health outcomes are broken down further into length of life and quality of life. To view those maps go to www.countyhealthrankings.org.
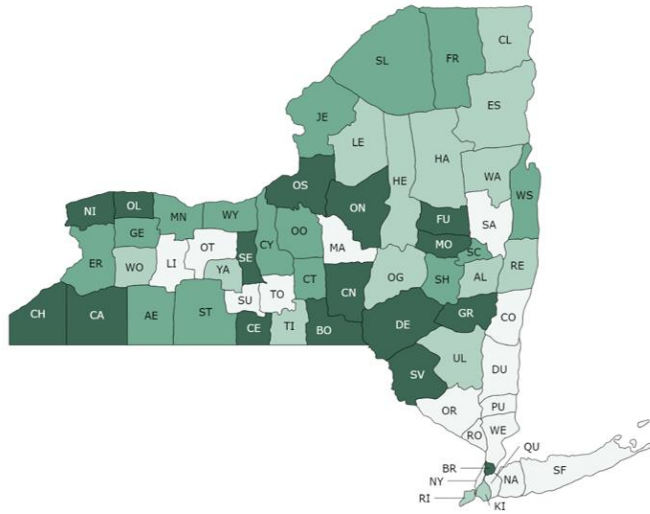
Health Outcome Ranks   ☐ 1 to 16   ☐ 17 to 31   ☐ 32 to 46   ☐ 47 to 62

This County Health Rankings map shows the overall rankings for health factors. Health factors are broken down further into health behaviors, clinical care, socio and economic factors and physical environment. To view those maps go to www.countyhealthrankings.org.

2022 Health Factors – New York

Health Factor Ranks   ☐ 1 to 16   ☐ 17 to 31   ☐ 32 to 46   ☐ 47 to 62

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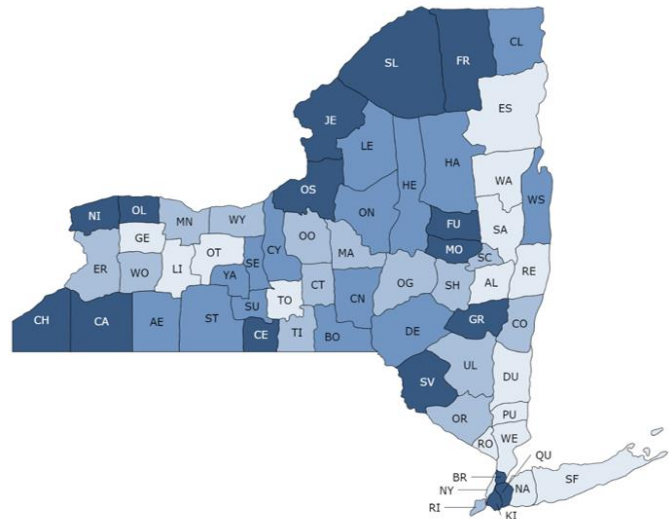
Healthcare Access

Insurance and Health Care Costs

In 2019 (95%) of Warren County adults (age 18-64) had health insurance which is higher than the ARHN region (93.6%) and Upstate NY (94.0%), but lower than the PA Benchmark (97.0%)[21]. In 2018 (10.1%) of Warren County adults reported not receiving medical care due to costs which is higher than the ARHN region (9.6%) and Upstate NY (9.2%)[16]. The percentage of Warren County adults that had a regular healthcare provider in 2018 was (82.8%) which is higher than the ARHN region (82.3%) and Upstate NY (82.0%), but lower than the PA Benchmark (86.7%)[21].

Percentage of People with Health Insurance, 2019

- Warren County: 95.0%
- ARHN: 93.6%
- Upstate NY: 94.0%
- PA Benchmark: 97.0%

Pecentage of Adults with a Regular Healthcare Provider, 2018

- Warren County: 82.8%
- ARHN: 82.3%
- Upstate NY: 82.0%
- PA Benchmark: 86.7%

Pecentage of Adults that Did Not Receive Medical Care Due to Costs, 2018

- Warren County: 10.1%
- ARHN: 9.6%
- Upstate NY: 9.2%

Primary Care Providers

In 2018 Warren County had (121) primary care physicians per 100,000 population which was higher than New York State (84)[15]. Additionally, in 2021-22, Warren County had a physician's assistant rate of (166.3) per 100,000 population which was higher than New York State (58.6)[11,8]. In 2021-22 Warren County had a nurse practitioner rate of (131.8) which is significantly higher than New York State (34.7)[11,8]. No ARHN region or Upstate NY comparison data was available.

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
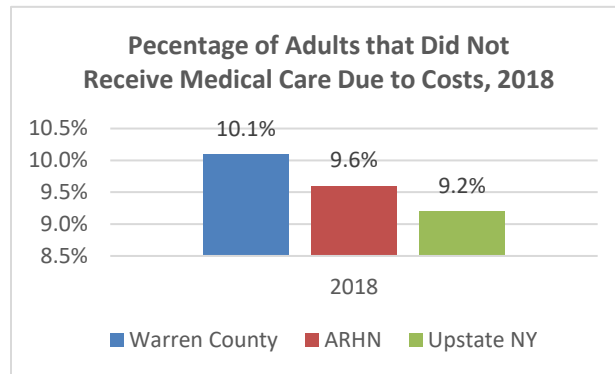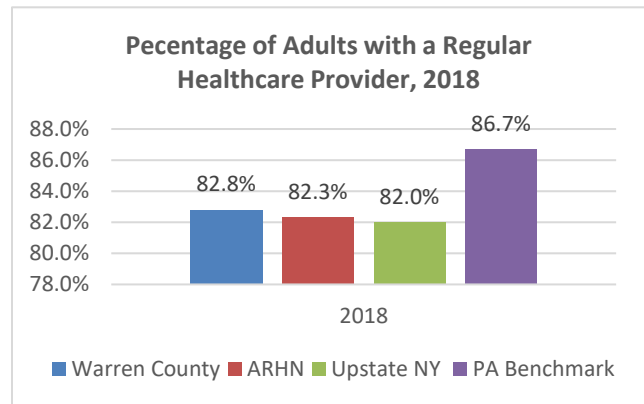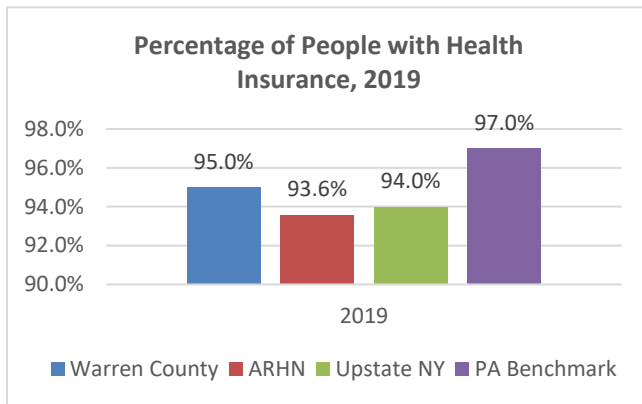*Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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Primary Care Physicians per 100,000 population

Warren County	121
New York State	84

2018

■ Warren County ■ New York State

Physician Assistants per 100,000 population

Warren County	166.3
New York State	58.6

2021-22

■ Warren County ■ New York State
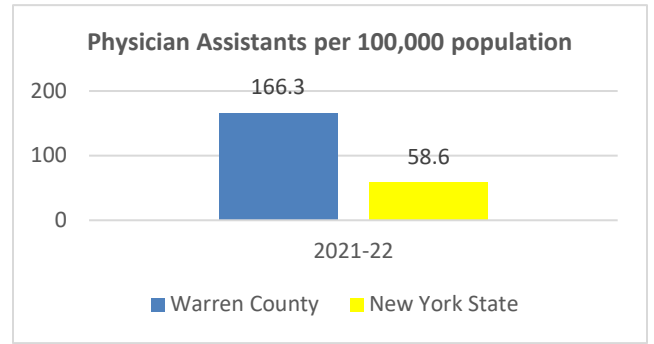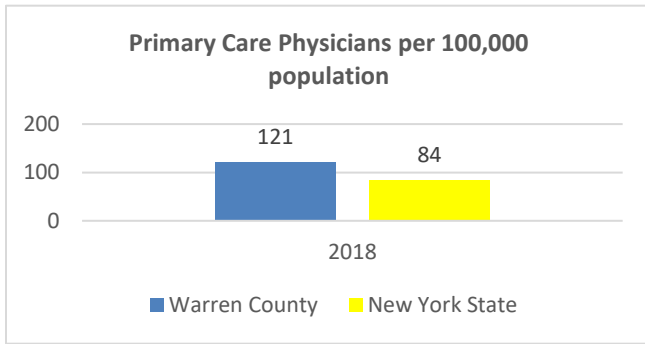
Dental Health Providers

In 2019 Warren County has a higher rate of dentists (95) than New York State (85) (CHRS). No ARHN region or Upstate NY comparison data was available. Dentists includes general practice and pediatric dentists [15].

Dentists per 100,000 Population

Warren County	95
New York State	85

2019

■ Warren County ■ New York State

Mental Health Providers

In 2020 Warren County had (382) mental health providers per 100,000 population which is higher than New York State (304). No ARHN region or Upstate NY comparison data was available [15].

Mental Health Providers per 100,000 Population

Warren County	382
New York State	304

2020

■ Warren County ■ New York State

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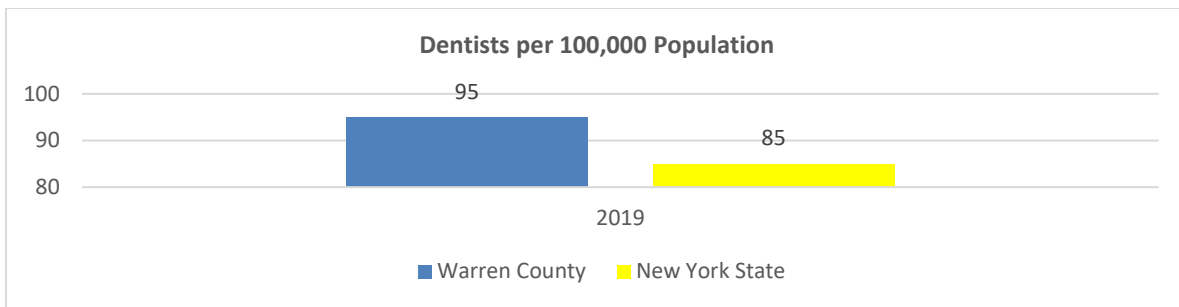*Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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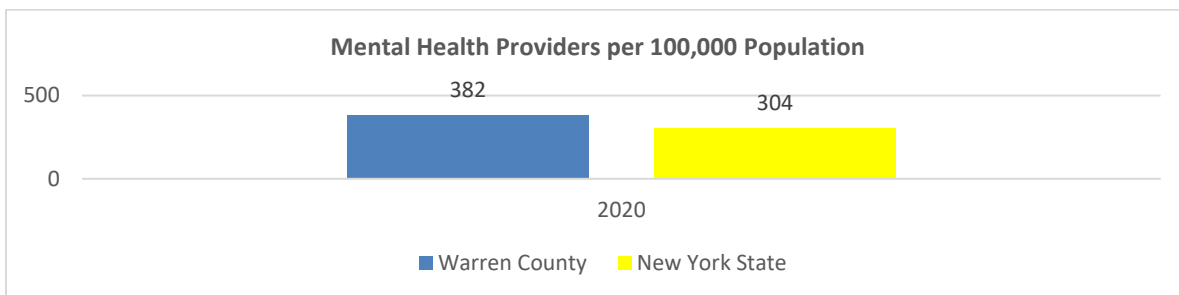
Health Outcomes

Chronic Disease

Chronic diseases are conditions that last more than one year and require ongoing medical attention or impact activities of daily living.

Warren County has continued to experience an aging of its population. Current demographics show that just over 22% of the population is $\geq$ 65 years old. This is an increase from just over 20% in 2019. As a populations age increases so does the impact of chronic disease. Along with age, certain health behaviors like smoking, excessive drinking, poor diet, physical inactivity and obesity all increase the risk for chronic disease.

This section of the Warren County Community Health assessment will highlight the impacts of the following chronic diseases…
- Cancer (all types with a focus on colorectal, breast, cervical, prostate and lung)
- Cardiovascular disease
- Diabetes
- Obesity
- Physical inactivity
- Diet
- Tobacco Use

"The greatest medicine is to teach people how not to need it." - **Hippocrates**

"An ounce of prevention is worth a pound of cure." - **Benjamin Franklin**

Cancer

Warren County has some of the highest cancer rates in New York State. Even after adjusting for age, Warren County's cancer rates remain above Upstate New York and the ARHN region. It is difficult to know why Warren County has such high rates of cancer compared to neighboring Counties and the rest of Upstate New York.

Certainly, there are links between cancer and health behaviors like smoking, drinking, poor diet and physical inactivity. However, data for Warren County does not show significant differences in health behaviors and in some instances shows Warren County residents are engaging in more positive health behaviors than their neighbors in other Counties.

Unfortunately, it is difficult to determine why cancer starts in some people and not others. There are too many variables to consider including genetics, life-time exposure to environmental hazards, occupational hazards (e.g. chemical exposures) and unhealthy behaviors (smoking) to name a few. Therefore, to reduce cancer's impact on the Warren County population it is important to focus on areas where strong links to certain cancers due to health behaviors/lifestyle choices have been documented and data supports the implementation health improvement initiatives.

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Cancer by the Numbers

Warren County cancer incidence 3-year rates from 2016-2018 for all cancers is (797.9) which is higher than the ARHN region (710.8) and Upstate New York (656.9)[15]. The cancer death rate for all cancers in Warren County for the same time period is (271.5) which is higher than the ARHN Region (232.6) and significantly higher than Upstate New York (194.7)[15]. From 2016-2018 Warren County averaged 513 new cancer diagnoses and 177 deaths from cancer each year[26].
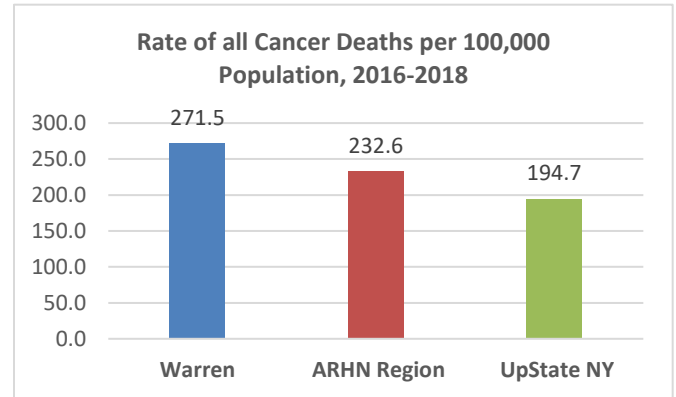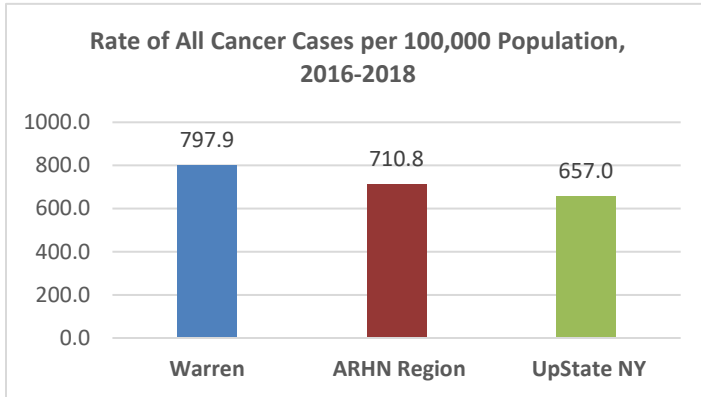
The top three cancers in Warren County by incidence and deaths over a 3-year period 2016-18.

Top 3 Cancers by Incidence per 100,000	Top 3 Cancers by Deaths per 100,000
• Female Breast • Lung & bronchus • Colorectal	• Lung & bronchus • Female Breast • Colorectal

Lung & Bronchus Cancer

From 2016-2018 the 3-year rate of lung and bronchus cancer deaths in Warren County is (77.2). This is significantly higher than the ARHN Region (65.0) and Upstate New York (48.1)[13]. Lung and bronchus cancer is responsible for an average of 50 deaths per year in Warren County.

The incidence of lung and bronchus cancer from 2016-2018 in Warren County is (122.3). This is slightly higher than the ARHN Region (119.0) and is significantly higher than Upstate New York (87.6)[13]. On average there are 79 new lung and bronchus cancer diagnoses in Warren County every year.

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Lung and Bronchus Cancer Mortality Rates, 3-yr 2016-2018

- 2016-2018: Warren County 122.3, ARHN 119, Upstate NY 87.6

Legend: Warren County, ARHN, Upstate NY

Lung & Bronchus Cancer Mortality Rates, Single Year Trend, 2015-2018

- Warren County Upstate NY: 2015: 79.2, 2016: 80.7, 2017: 101, 2018: 49.8
- Upstate NY: 2015: 52.6, 2016: 48.3, 2017: 47.9, 2018: 48

Legend: Warren County Upstate NY, Upstate NY

Lung & Bronchus Cancer Incidence, 3-yrs, 2016-2018

- 2016-2018: Warren County 122.3, ARHN 119, Upstate NY 87.6

Legend: Warren County, ARHN, Upstate NY

Lung & Bronchus Cancer Incidence, Single Year Trend 2015-2018

- Warren County: 2015: 88.1, 2016: 77.1, 2017: 79.4, 2018: 63.5
- Upstate NY: 2015: 67.5, 2016: 65.4, 2017: 66.2, 2018: 63.2

Legend: Warren County, Upstate NY
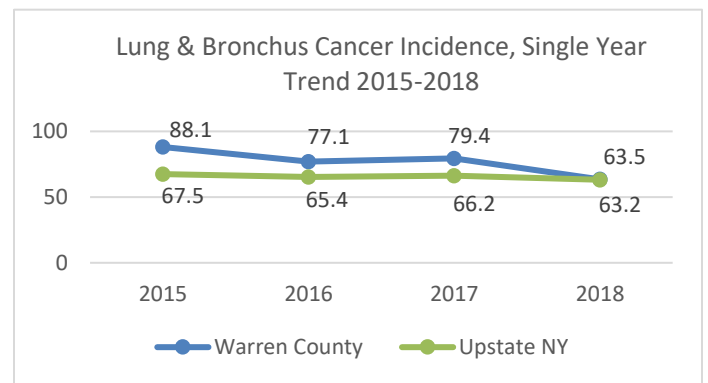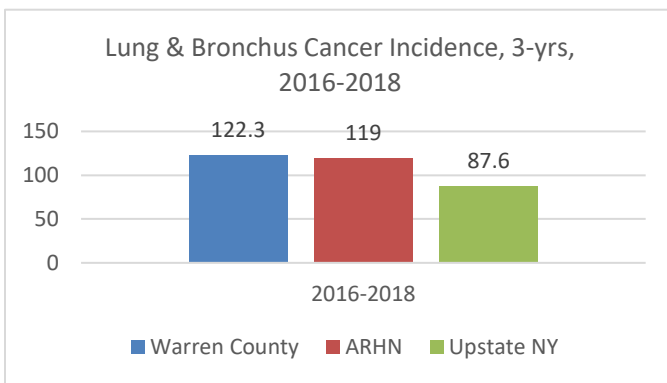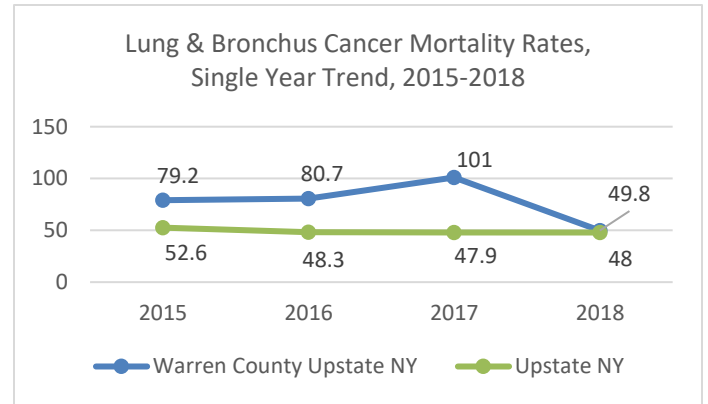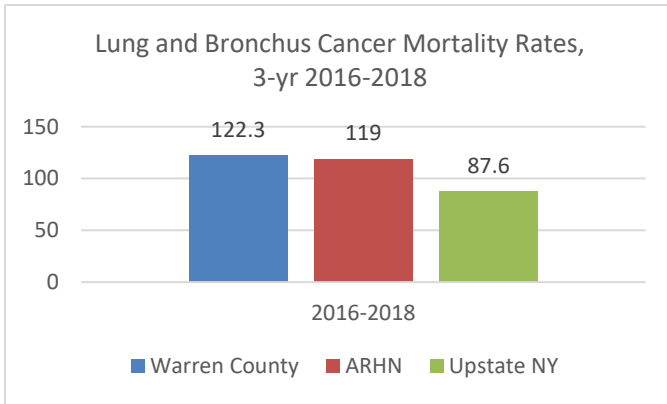
Female Breast Cancer

From 2016-2018 the 3-year rate of female breast cancer was (226.6). This is significantly higher than the ARHN region (176.3) and Upstate NY (180.1) [15]. The general trend since 2010 is an increasing rate of female breast cancer in Warren County. An average of 74 females per year were newly diagnosed from 2016-2018.

The 3-year rate of female breast cancer deaths in Warren County from 2016-2018 was (24.4). This is slightly better than the ARHN region (24.9) and better than Upstate NY (26.3)[15]. The Warren County female breast cancer death rate has shown a steady decline since 2010.

Female Breast Cancer Incidence Rate, 3-yr 2016-2018

- 2016-2018: Warren County 226.6, ARHN 176.3, Upstate NY 180.1

Legend: Warren County, ARHN, Upstate NY

Female Breast cancer Incidence, Single Year Trend 2015-2018

- Warren County: 2015: 237.3, 2016: 191.3, 2017: 274.2, 2018: 214.2
- Upstate NY: 2015: 179.9, 2016: 175.9, 2017: 182, 2018: 182.1

Legend: Warren County, Upstate NY

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Female Breast Cancer Mortality Rate, 3-yr 2016-2018

Warren County: 24.4
ARHN: 24.9
Upstate NY: 26.3

Legend: Warren County · ARHN · Upstate NY

Female Breast Cancer Mortality Rate, Single Year Trend, 2015-2018

Year	Warren County	Upstate NY
2015	30.4	26.2
2016	24.3	25.9
2017	27.4	25.7
2018	21.4	27.4

Legend: Warren County · Upstate NY
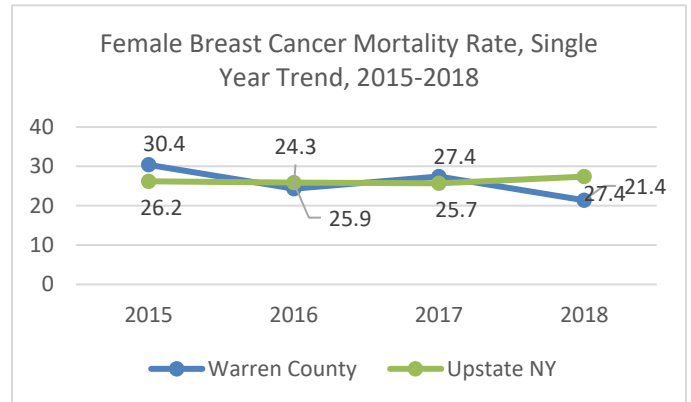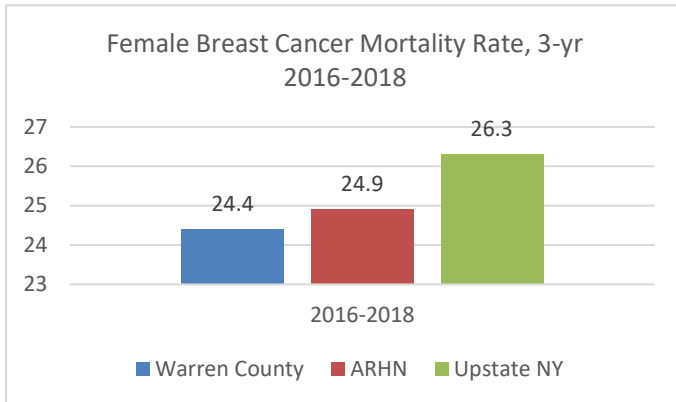
Colorectal Cancer

From 2016-2018 the 3-year rate of colorectal cancer in Warren County is (55.4), which is higher than the ARHN region (54.2) and much higher than Upstate New York (48.8)[15]. This rate increased slightly from 2010-2014 and decreased slightly from 2015-2017. There was an average of 36 new colorectal cancer cases per year from 2016-2018.

The 3-year death rate from colorectal cancer in Warren County from 2016-2018 is (20.7), which is slightly higher than the ARHN region (19.8) and higher than Upstate NY (15.7)[15]. There was a significant increase in the colorectal cancer death rate from 2012-2015 and a decline from 2016-2017.

Colorectal Cancer Incidence, 3-yr 2016-2018

Warren County: 55.4
ARHN: 54.2
Upstate NY: 48.8

Legend: Warren County · ARHN · Upstate NY

Colorectal Cancer Incidence, Single Year Trend 2015-2018

Year	Warren County	Upstate NY
2015	54.3	49
2016	69.8	49.2
2017	46.6	49.4
2018	49.8	47.8

Legend: Warren County · Upstate NY

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties
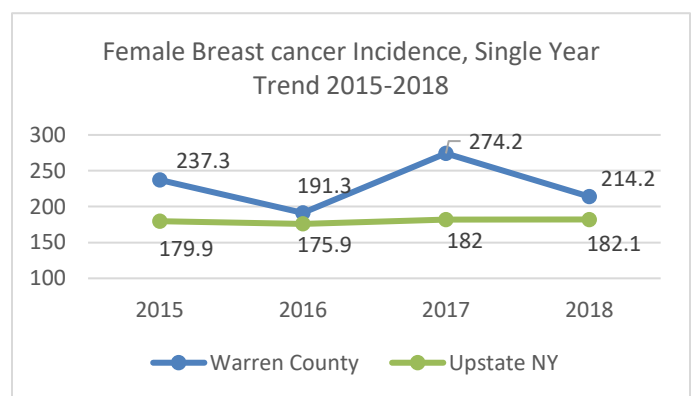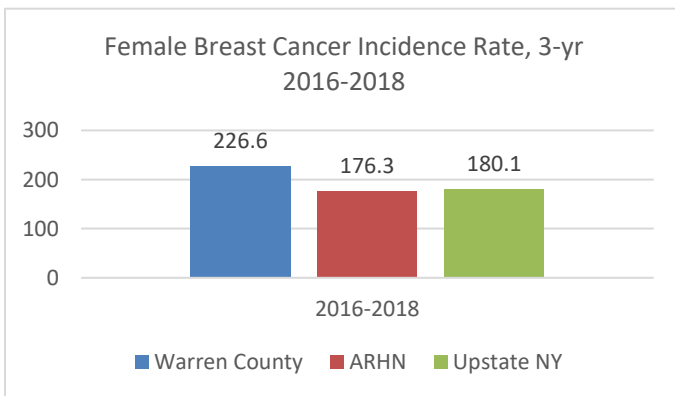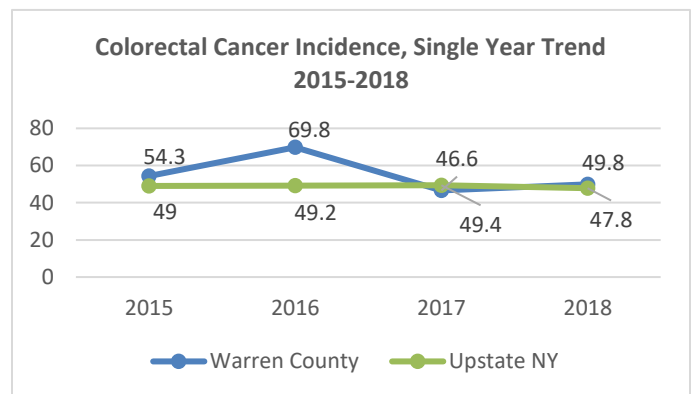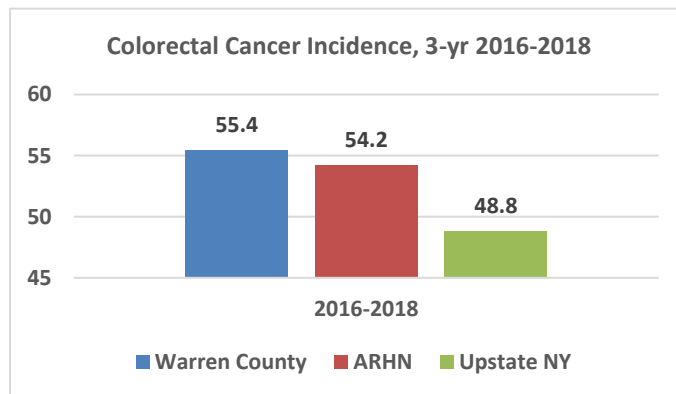*- All rates are crude rates per 100,000 unless otherwise specified and are calculated generally in 3 or 5 year time periods.*

Colorectal Cancer Mortality Rate, 3-yr 2016-2018

Warren County: 20.7
ARHN: 19.8
Upstate NY: 15.7

■ Warren County ■ ARHN ■ Upstate NY

Colorectal Cancer Mortality Rate, Single Year Trend 2015-2018

Warren County: 2015: 26.4, 2016: 26.4, 2017: 20.2, 2018: 15.6
Upstate NY: 2015: 16.9, 2016: 14.8, 2017: 16.8, 2018: 15.6

—●— Warren County   —●— Upstate NY
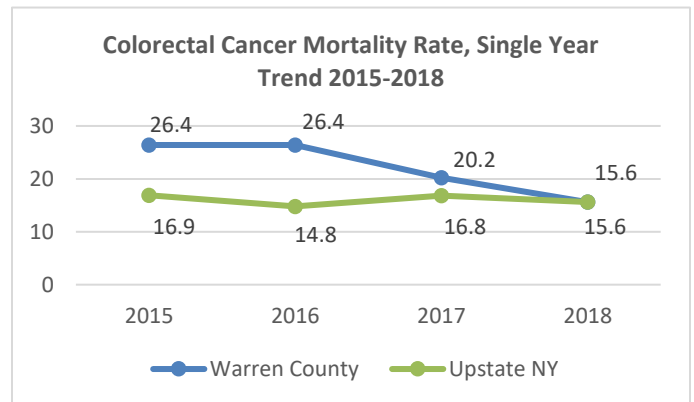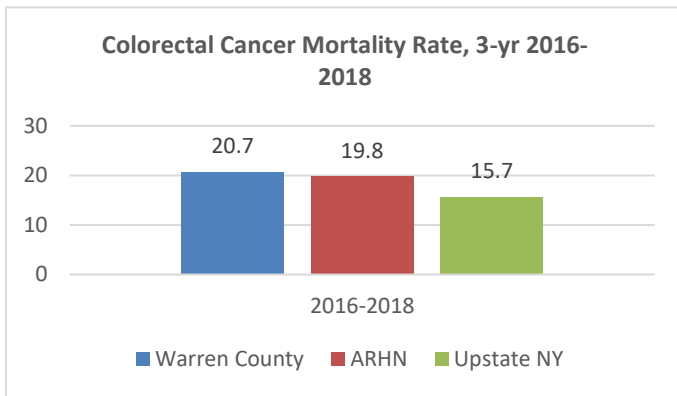
Cardiovascular Disease

Cardiovascular diseases (CVD) are a group of disorders of the heart and blood vessels. Cardiovascular diseases are a leading cause of hospitalizations, deaths and premature deaths in Warren County.

From 2017-2019 the 3-year rate of cardiovascular deaths in Warren County is (335.8) which is higher than the ARHN region (309.6) and significantly higher than Upstate NY (295.9)[15]. The rate of premature deaths (Ages 35-64) for the same time period in Warren County is (102.3) which is lower than the ARHN region (123.3) and on par with Upstate NY (102.4)[15].

Cardiovascluar Disease Mortality Rate, 3-yr 2017-2019

Warren County: 335.8
ARHN: 309.6
Upstate NY: 295.9

■ Warren County ■ ARHN ■ Upstate NY

Cardiovascular Disease Mortality Rate, Single Year Trend 2016-2019

Warren County: 2016: 291.4, 2017: 336.9, 2018: 328.3, 2019: 342.3
Upstate NY: 2016: 298.7, 2017: 297.4, 2018: 298.6, 2019: 291.8

—●— Warren County   —●— Upstate NY

Cardiovascular Disease Pre-mature Deaths (ages 35-64), 3-yr 2017-2019

Warren County: 102.3
ARHN: 123.3
Upstate NY: 102.4

■ Warren County ■ ARHN ■ Upstate NY

Cardiovascular Disease Pre-mature Deaths, Single Year Trend 2016-2019

Warren County: 2016: 120.4, 2017: 95.1, 2018: 96.3, 2019: 115.6
Upstate NY: 2016: 104.4, 2017: 103.2, 2018: 102.8, 2019: 101.2

—●— Warren County   —●— Upstate NY

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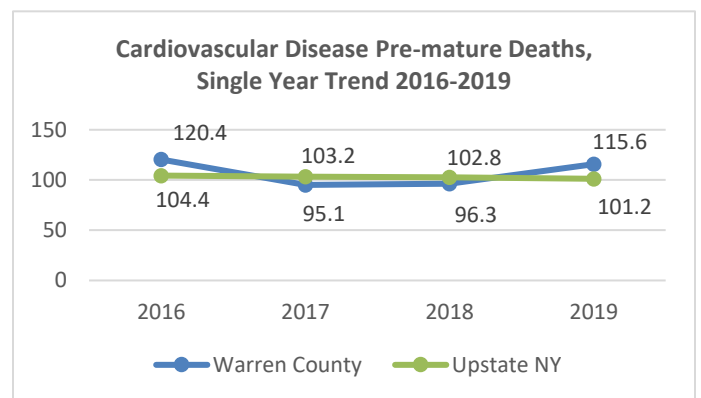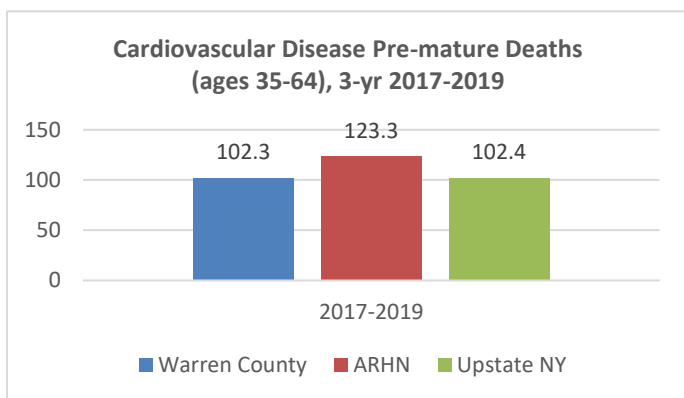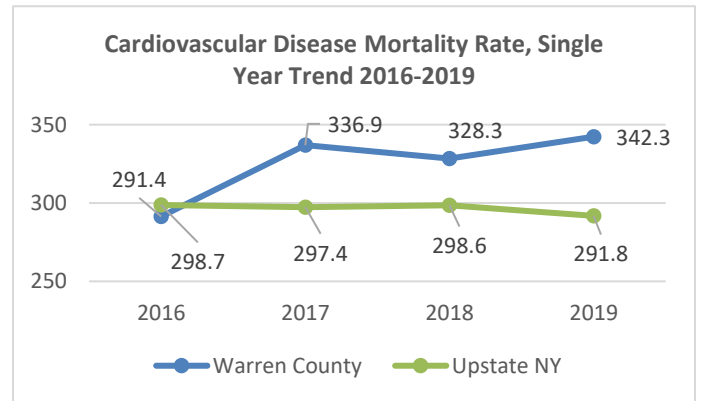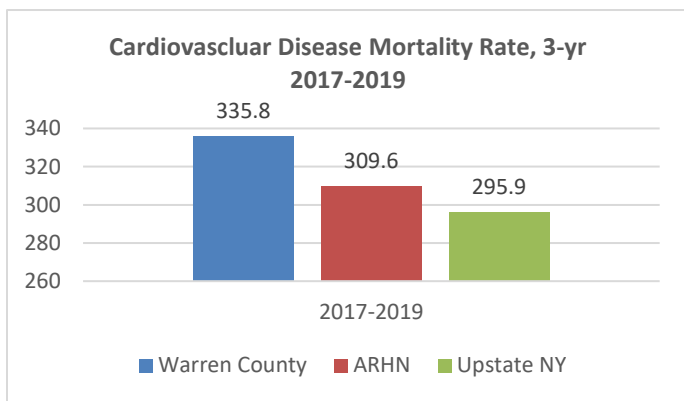*- All rates are crude rates per 100,000 unless otherwise specified and are calculated generally in 3 or 5 year time periods.*

Warren County had in 2018 a cardiovascular pre-transport 3-year death rate of (210.4) which is much higher than the ARHN region (184.7) and Upstate NY (179.5)[15]. This rate in Warren County has increased from 2015-2018.

The cardiovascular hospitalization 3-year rate for Warren County from 2017-2019 is (175.2) per 10,000 population) which is much higher than the ARHN region (141.4) and higher than Upstate NY (161.7)[15].

CVD Pretransport Mortality Rate, 3-yr 2016-2018

- Warren County: 210.4
- ARHN: 184.7
- Upstate NY: 179.5

Category 1

Legend: Warren County | ARHN | Upstate NY

CVD Pretransport Mortality Rate, Single Year Trend 2016-2019

Year	Warren County	Upstate NY
2016	193.7	172.9
2017	214.3	177.8
2018	205.4	182.4
2019	211.6	178.1

Legend: Warren County | Upstate NY

CVD Hospitalization Rates per 10,000 , 3-yr 2017-2019

- Warren County: 175.2
- ARHN: 141.4
- Upstate NY: 161.7

2017-2019

Legend: Warren County | ARHN | Upstate NY2

CVD Hospitalization Rate per 10,000, Single Year Trend 2016-2019

Year	Warren County	Upstate NY
2016	159.6	155
2017	166.9	160.1
2018	183	161.4
2019	175.7	163.5

Legend: Warren County | Upstate NY

Cerebrovascular Disease

The 3-year rate of cerebrovascular (stroke) deaths in Warren County from 2017-2019 is (48.7) which is higher than the ARHN region (41.5) and significantly higher than Upstate NY (37.9)[13].

From 2017-2019 the 3-year rate of cerebrovascular disease hospitalizations per 10,000 population in Warren County is (35.2) which is higher than the ARHN region (23.7) and Upstate NY (28.6)[13].
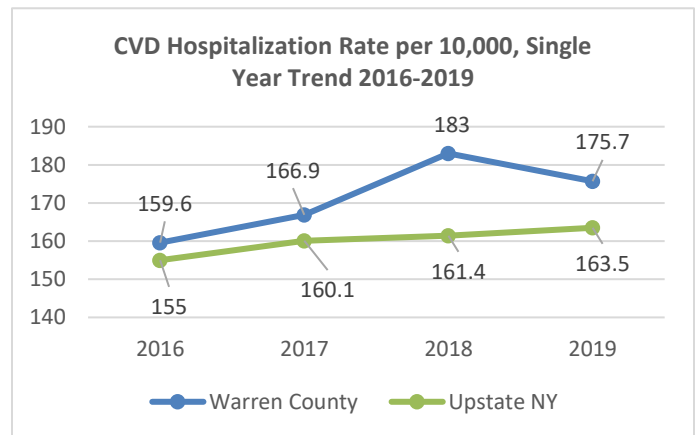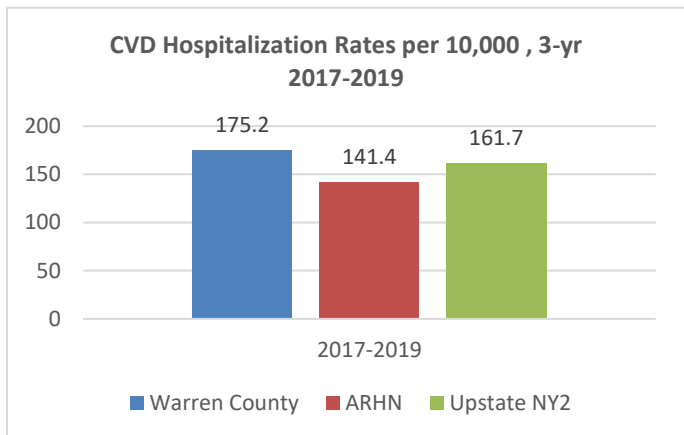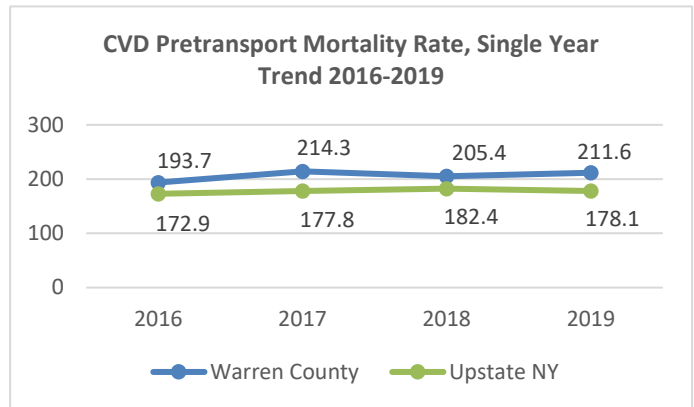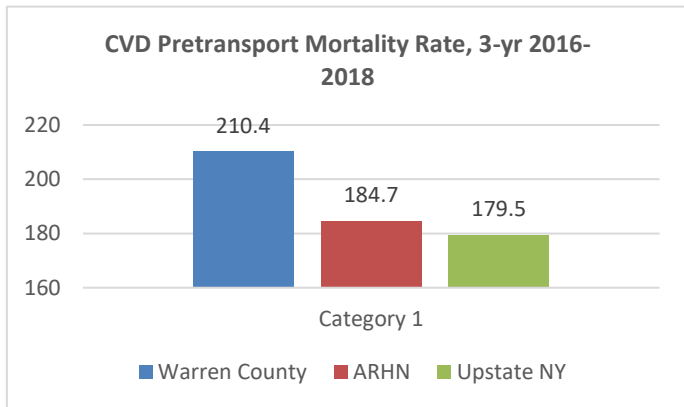
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Rate of Cerebrovascular Disease Death per 100,000, 2017-2019

- Warren County: 48.7
- ARHN Region: 41.5
- Upstate NY: 37.9

■ Warren County ■ ARHN Region ■ Upstate NY

Rate of Cerebrovascular Disease Hosp. per 10,000 Pop, 2017-2019

- Warren County: 35.2
- ARHN: 23.7
- Upstate NY: 28.6

■ Warren County ■ ARHN ■ Upstate NY
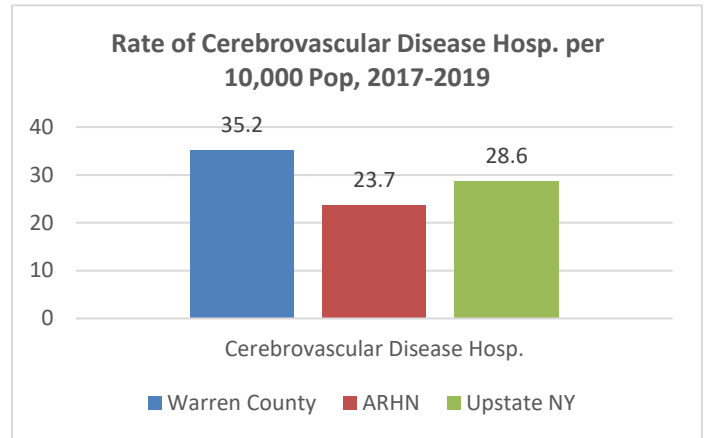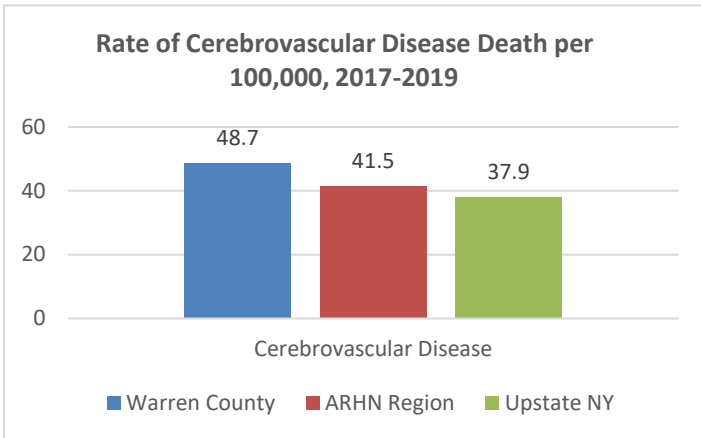
Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is an umbrella term that covers four major diseases; chronic obstructive respiratory disease, chronic bronchitis, emphysema and asthma.
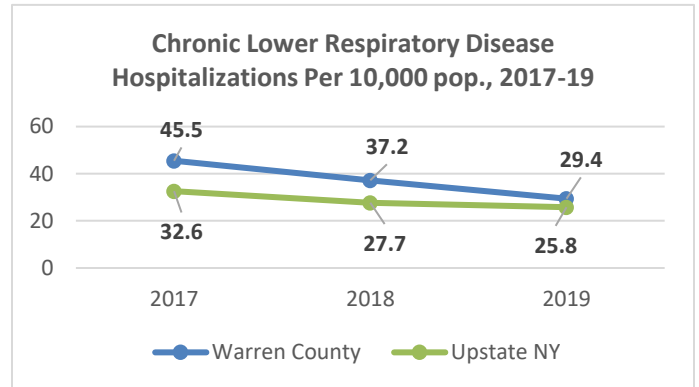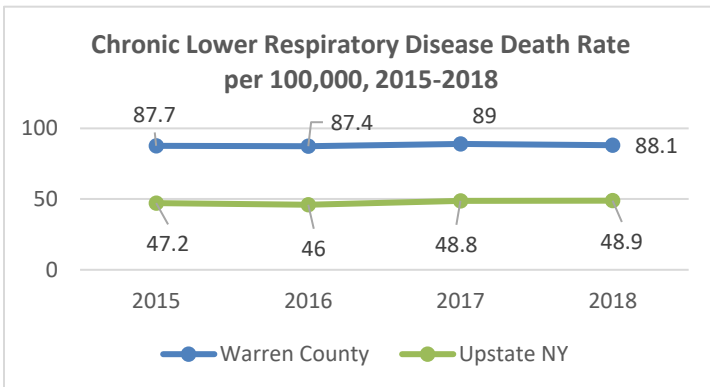
From 2017-2019 the 3-year death rate for CLRD in Warren County is (88.1) which is higher than the ARHN region (76.6) and significantly higher than Upstate NY (48.3)[15]. The rate of CLRD in Warren County has remained flat from 2015-2018.

From 2017-2019 the CLRD hospitalization 3-year rate in Warren County is (37.4) per 10,000 population which is higher than ARHN region (32.5) and Upstate NY (28.7)[15]. The CLRD rate has been declining in Warren County from 2017-2019.

Chronic Lower Respiratory Disease Death Rate per 100,000, 2015-2018

Warren County:
- 2015: 87.7
- 2016: 87.4
- 2017: 89
- 2018: 88.1

Upstate NY:
- 2015: 47.2
- 2016: 46
- 2017: 48.8
- 2018: 48.9

—●—Warren County —●—Upstate NY

Chronic Lower Respiratory Disease Hospitalizations Per 10,000 pop., 2017-19

Warren County:
- 2017: 45.5
- 2018: 37.2
- 2019: 29.4

Upstate NY:
- 2017: 32.6
- 2018: 27.7
- 2019: 25.8

—●—Warren County —●—Upstate NY

In 2018 it was estimated that (10.6%) of Warren County adults had asthma. That is lower than the ARHN region (13.5%) and equal to Upstate NY (10.6%)[16, 27]. The 3-year rate of asthma hospitalizations in Warren County from 2017-2019 is (4.9) which is higher than the ARHN region (3.1) but lower than Upstate NY (6.2)[27]. There is no reliable trend data available due to a change in diagnosis coding.

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Percentage of Adults with Asthma 2018

Warren County: 10.6%
ARHN: 13.5%
Upstate NY: 10.6%

Asthma

■ Warren County ■ ARHN ■ Upstate NY

Asthma Hospitalizations per 10,000 pop., 2017-2019

Warren County: 4.9
ARHN: 3.1
Upstate NY: 6.2

Asthma Hospitalizations

■ Warren County ■ ARHN ■ Upstate NY
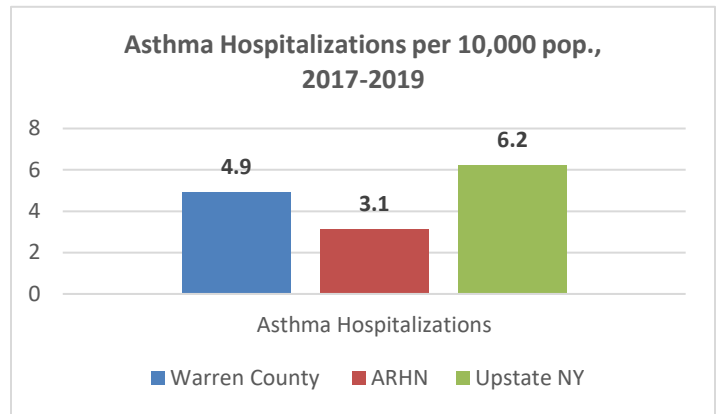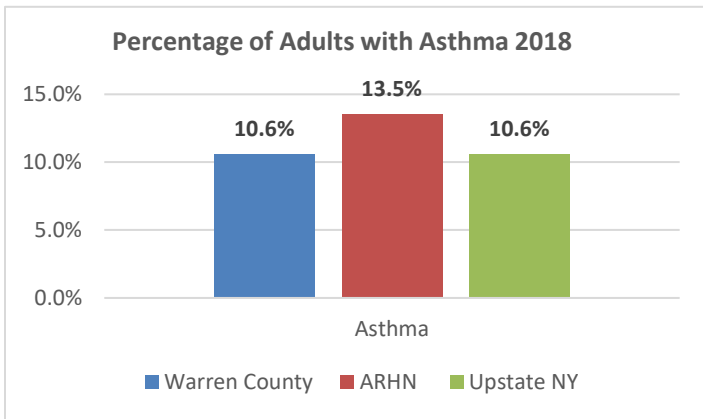
Diabetes

Diabetes is a disease that affects an individual's blood glucose (sugar) levels causing them to be higher than normal. When someone has diabetes, the body either doesn't make enough insulin (type 1) or can't use its own insulin as well as it should (type 2). This causes sugar to build up in the blood. Type 1 diabetes cannot be prevented but type 2 can be.

From 2017-2019 the 3-year rate of diabetes deaths in Warren County is (32.1) which is slightly lower than the ARHN region (33.0), but higher than Upstate NY (22.5)[15]. The rate of diabetes deaths in Warren County has decreased slightly from 2015-2018. From 2017-2019 the 3-year rate of diabetes hospitalizations (primary diagnosis) is (19.4) per 10,000 population which is slightly higher than ARHN region (18.9) and Upstate NY (18.9)[15]. The 3-year rate of diabetes hospitalizations (any diagnosis) from 2017-2019 in Warren County is (264.9) per 10,000 population which is higher than the ARHN region (238.0) and Upstate NY (252.0)[15].

Rate of Diabetes Deaths 2016-2018, per 100,000 population

Warren County: 2016: 33.6, 2017: 32.6, 2018: 32.1
Upstate NY: 2016: 20.2, 2017: 21.2, 2018: 22.7

●— Warren County ●— Upstate NY

Diabetes Hospitlization Rates 2017-2017 per 10,000 population (primary diagnosis)

Waren County: 2017: 16.9, 2018: 20.8, 2019: 20.4
Upstate NY: 2017: 17.4, 2018: 19, 2019: 19.6

●— Waren County ●— Upstate NY

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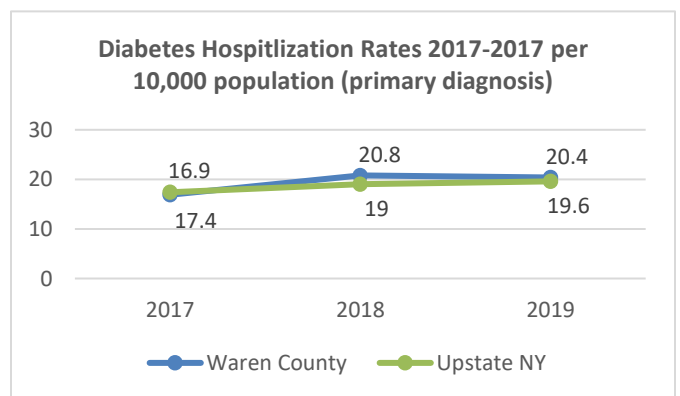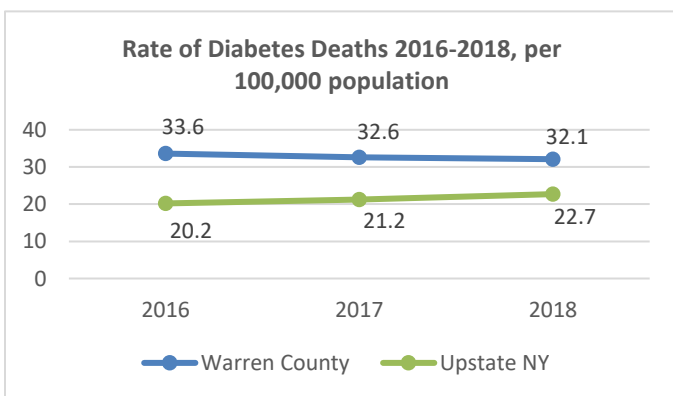*- All rates are crude rates per 100,000 unless otherwise specified and are calculated generally in 3 or 5 year time periods.*

Obesity

Someone is considered obese when their Body Mass Index (BMI), which is a measure of someone's height to weight ratio, exceeds 30. Obesity is linked to numerous chronic diseases including cardiovascular disease, cancer, diabetes and more.

In 2018, the percentage of adults that were considered obese in Warren County was (25.2%) which is lower than the ARHN region (34%) and Upstate NY (29.1%) but is higher than the New York State Prevention Agenda benchmark of (24.2%). From 2016 to 2018 Warren County's percentage of obese adults has decreased from (29.2%) to (25.2%)[16].
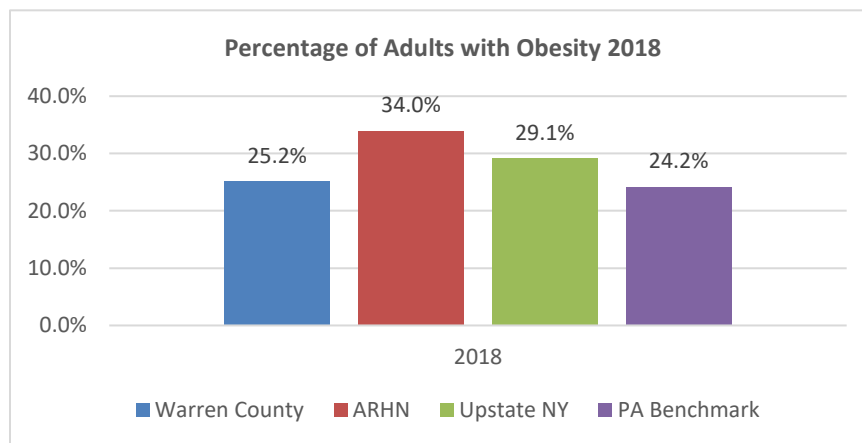
Percentage of Adults with Obesity 2018

From 2018-2019 the percentage of Warren County elementary students that were overweight (16.7%) is lower than the ARHN region (17.2%) but higher than Upstate NY (16.1%). Warren County elementary students that were obese was (17.5%) which is lower than ARHN region (19.4%) but higher than Upstate NY (16.6%) [17].

From 2018-2019 the percentage of Warren County middle/high school students that were overweight (16.9%) is lower than the ARHN region (17.4%) and Upstate NY (17.8%). Warren County middle/high school students that were obese was (18.5%) which is lower than ARHN region (25.3%) and Upstate NY (19.5%)[17].

The percentage of Warren County children and adolescents with obesity is (17.8%) which is higher than the New York State Prevention Agenda Benchmark (16.4%)[17].

From 2018-2019 the total percentage of Warren County elementary/middle/high school students that were overweight or obese was (34.8%) which is lower than the ARHN region (39.7%) and Upstate NY (35.0%)[17].

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Percentage of Children and Adolscents with Obesity

Warren County: 19.7 (2010-12), 17.9 (2011-13), 17.8 (2012-14), 19.5 (2013-15), 19.5 (2014-16), 18.3 (2015-17), 17.8 (2016-18), 17.8 (2017-19)

Upstate NY: 17.6 (2010-12), 17.2 (2011-13), 17.2 (2012-14), 17.1 (2013-15), 17.3 (2014-16), 17.5 (2015-17), 17.2 (2016-18), 17.3 (2017-19)

PA Benchmark: 16.4 across all periods

Percentage of Overweight and Obese Elementary/Middle/High School Students 2018-19

Obese Elementary 18-19: Warren County 17.5%, ARHN 19.4%, Upstate NY 16.6%
Overweight Elementary 18-19: Warren County 16.7%, ARHN 17.2%, Upstate NY 16.1%
Obese MD/HS 18-19: Warren County 18.5%, ARHN 25.3%, Upstate NY 19.5%
Overweight MD/HS 18-19: Warren County 16.9%, ARHN 17.4%, Upstate NY 17.8%
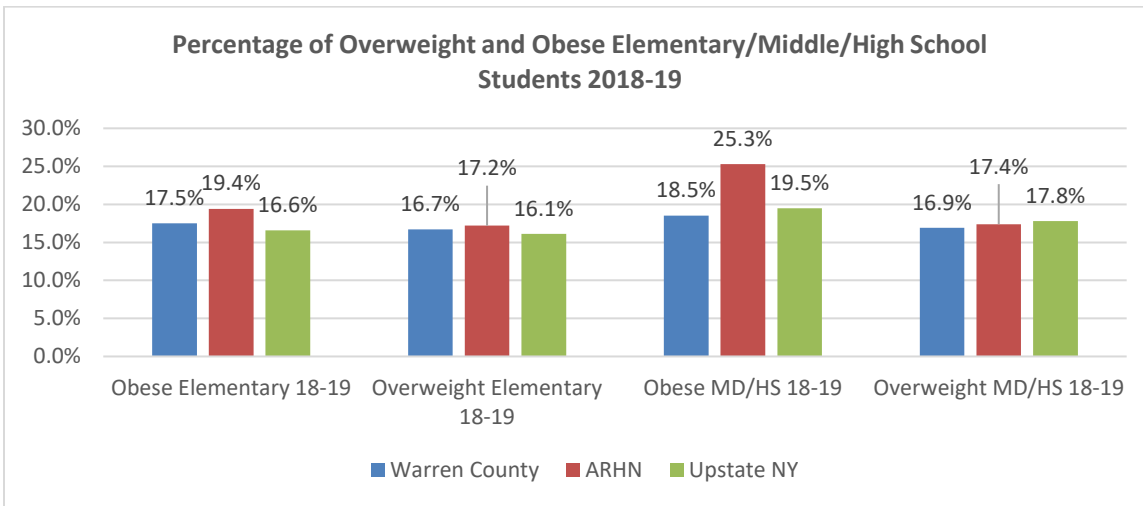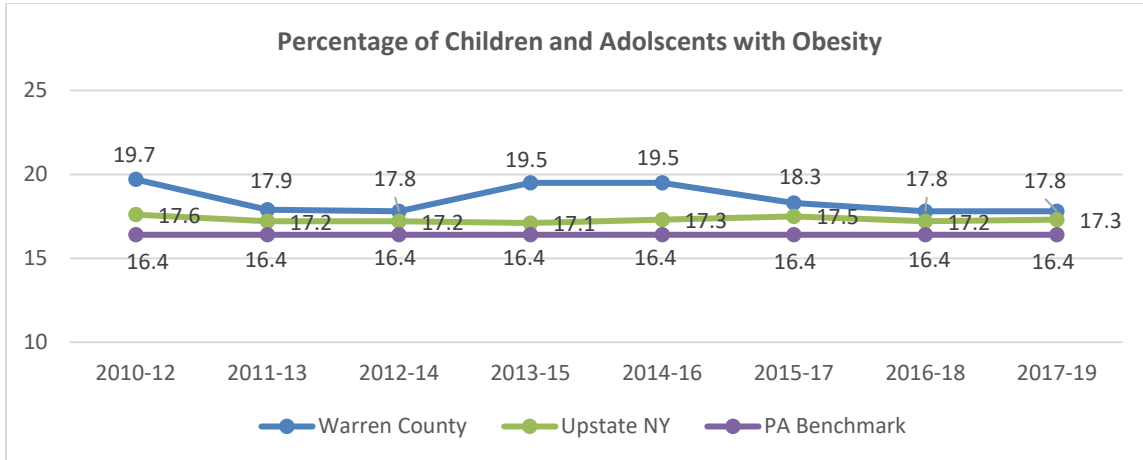
Healthy and Safe Environment

The place a person lives can have a large impact on their health. For example, if a community values the health of its citizens then that community may adopt policies to promote healthy behaviors. Complete streets, investment in parks and recreation areas, laws prohibiting smoking in certain locations and regularly engaging with community members about community health and wellness are examples of how communities can support individual and community health.

Unintentional Injuries

Unintentional injuries include falls, motor vehicle crashes, poisonings or other events that cause harm to the body.

In 2019 Warren County had an unintentional injury mortality rate of (28.0) which is lower than Upstate NY (43.3)[15]. No ARHN region data was available for comparison. The 3-year trend data shows Warren

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County has not had a significant change in this rate. In 2019 The unintentional injury hospitalization rate for Warren County was (83.9) per 10,000, which is similar to Upstate NY (84.1)[15]. No ARHN data was available for comparison and due to a data code change trend data is not available.

From 2017-2019 Warren County had an unintentional injury hospitalization rate for ages 65+ of (239.1) per 10,000 population which is higher than the ARHN region (210.3) but lower than Upstate NY (275.1)[21]. This rate has been increasing in Warren County since 2016.

Unintentional Injury Mortality Rate per 100,000 Population

Year	Warren County	Upstate NY
2016	30.5	45.1
2017	34.2	47.1
2018	34.2	44.8

Unintentional Injury Hospitalization Rate per 10,00 population, 2019

Year	Warren County	Upstate NY
2019	83.9	84.1

Unintentional Injury Hospitlizations Ages 65+ per 10,000 population, 2017-2019

Year	Warren County	Upstate NY
2017	216.8	257.2
2018	246.5	279.4
2019	253.4	288.4

Falls, Motor Vehicle Crashes, Poisonings

In 2019 the Warren County falls hospitalization rate was (56.6) per 10,000 which is higher than Upstate NY (49.4)[15]. No ARHN region data was available for comparison. In 2019 Warren County falls hospitalization rates for ages 65+ was (196.3) per 10,000 population which is higher than the ARHN region (165.2) but lower than Upstate NY (210.4)[21]. Warren County falls hospitalization rates for ages 65+ has been increasing since 2017.
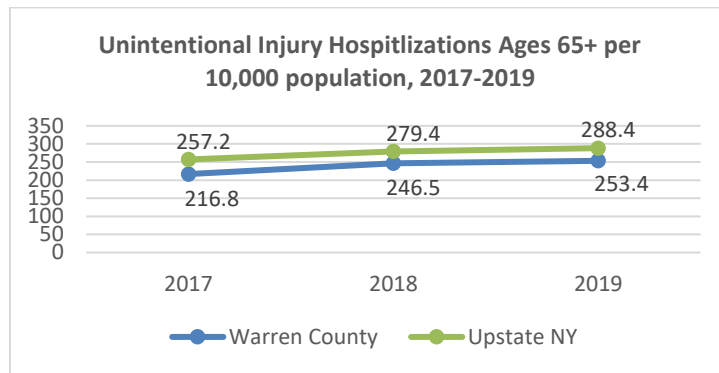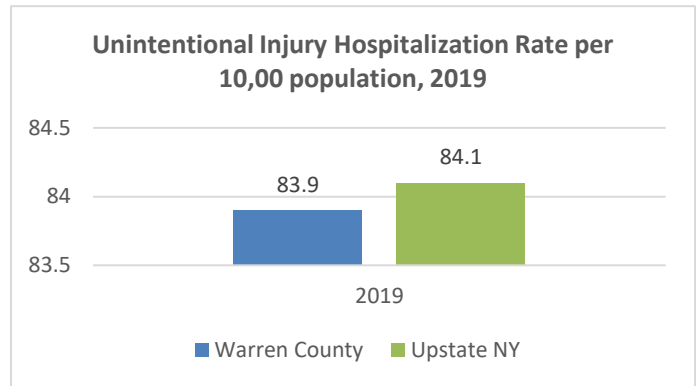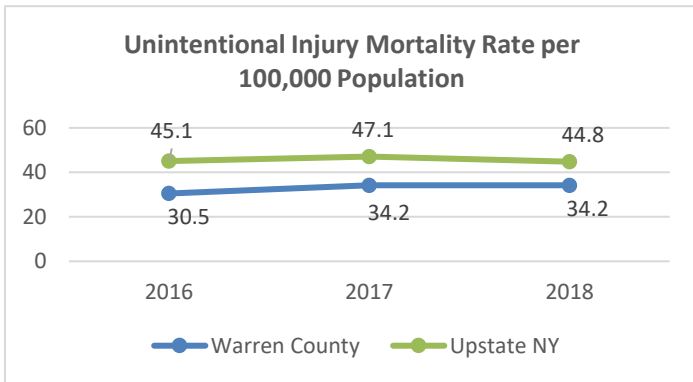
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Falls Hospitlization Rates per 10,000 population, 2019

Falls Hospitalization Rates Ages 65+ per 10,000 population 2017-19
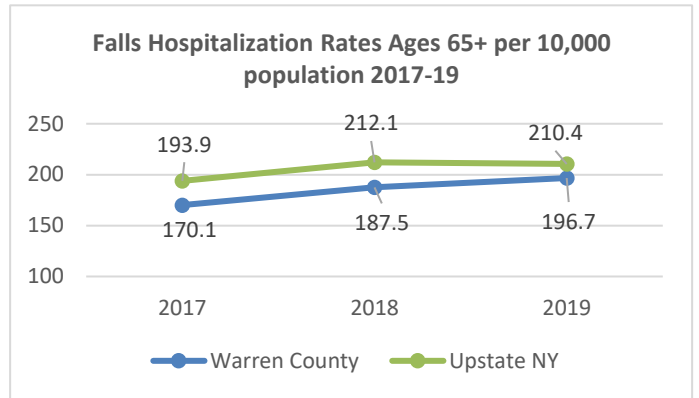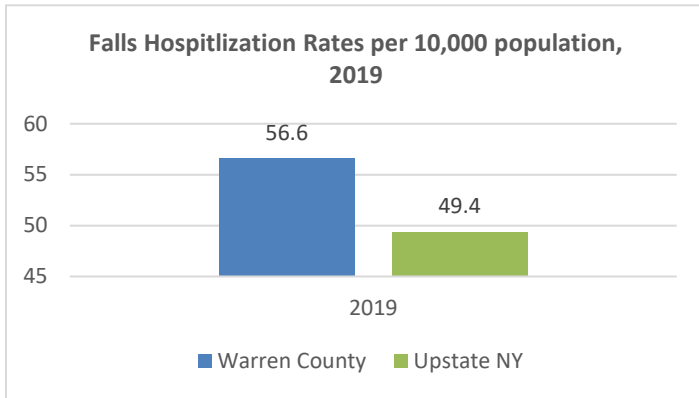
In 2020 the Warren County rate of speed related motor vehicle crashes was (269.8) which is higher than the ARHN region (260.2) and Upstate NY (205.7)[18].

From 2017-2019 in Warren County the 3-year rate of poisonings hospitalizations was (8.7) per 10,000 which is higher than ARHN (6.7) and Upstate NY (7.6)[15].

Rate of Speed Related Motor Vehicle Crashes per 100,000, 2020

Poisoning Hospitalizations Single Year, 2017-2019

Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
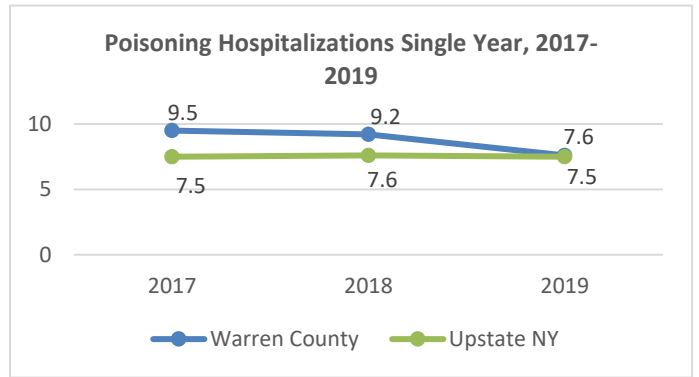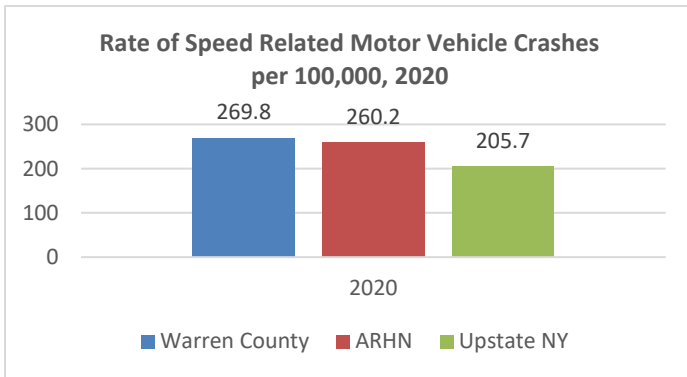*Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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Healthy Women, Infants & Children

The health of women, infants, children, and their families is fundamental to population health.

Maternal and Infant Health

From 2017-2019 Warren County had no maternal deaths which is the same as the ARHN region and significantly better than Upstate NY rate of (18.8). Infant mortality rates were not included in this report because of unstable rates due to fewer than 10 events in the numerator.

In 2019 the percentage of preterm births in Warren County was (10.3%) this is higher than the ARHN region (9.4%), Upstate NY (9.3%) and the PA Benchmark (8.3%)[15]. From 2017-2019 in Warren County the percentage of births with early prenatal care (1st trimester) was (81.2%) which is higher than the ARHN region (77.8%) and Upstate NY (78.4%)[15].
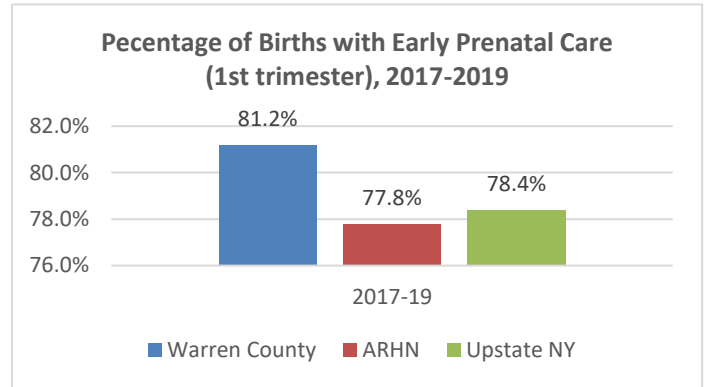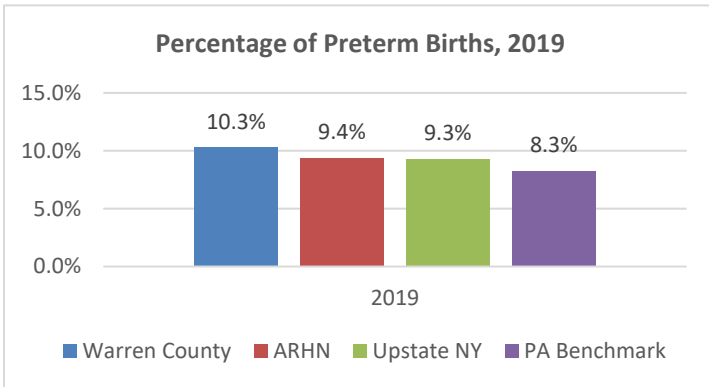
In 2019 the percentage of children with recommended number of well child visits in government sponsored insurance programs in Warren County was (81.9%) which is higher than Upstate NY (73.9%)[15]. No ARHN regional data was available for comparison.

From 2017-2019 the rate of asthma hospitalizations for children (Aged 0-17) in Warren County is (8.2) per 10,000 which is higher than the ARHN region (4.9) but lower than Upstate NY (12.4)[14, 27].
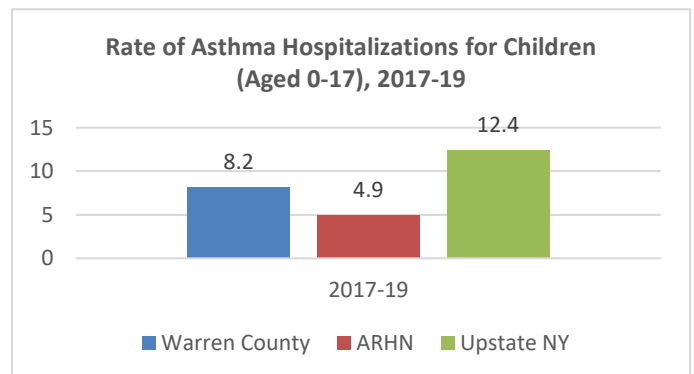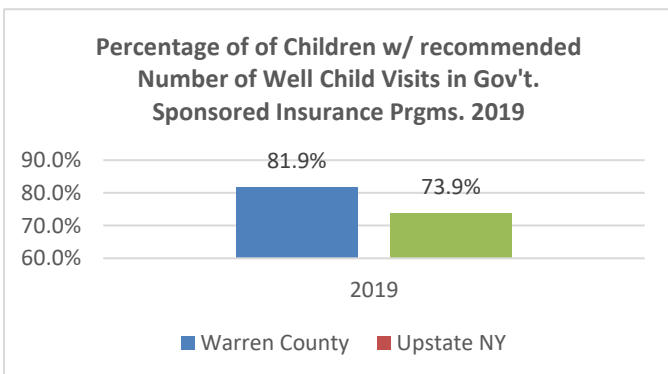
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Promote Well-Being and Prevent Mental and Substance Use Disorders

Mental and emotional well-being play a fundamental role in the health of a person. Depression, substance abuse and other mental, emotional and behavioral disorders can have life-long consequences including psychosocial and economic impacts.

Mental Health

In 2018, the percentage of adults in Warren County that reported a depressive disorder was (18.3%) which is higher than New York State (15.1%)[16]. A depressive disorder is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. In addition, another (8%) of Warren County adults reported poor mental health which is lower than New York State (11.0%)[16]. No ARHN region or Upstate NY comparison data was available.

Percentage of People reporting a Depressive Disorder, 2018

Percentage of Adults Reporting Poor Mental Health, 2018
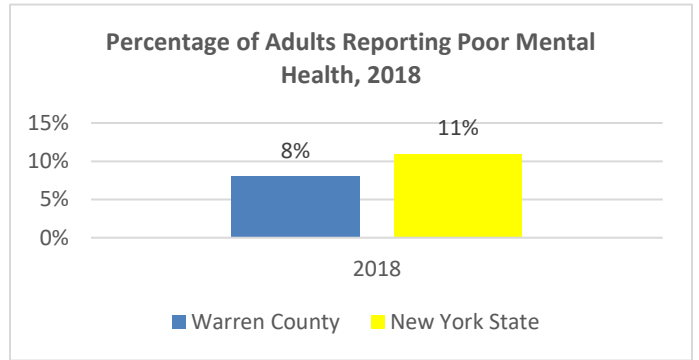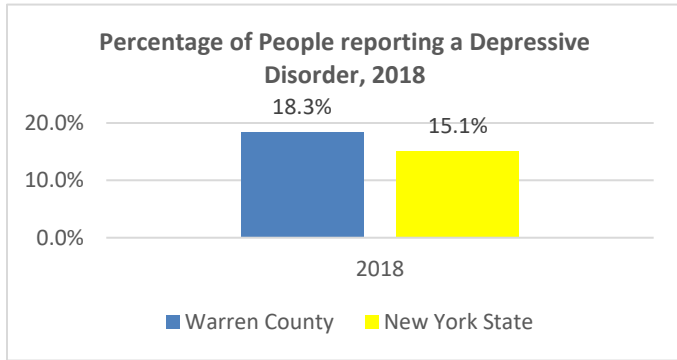
Suicide/Attempts

From 2017-2019 the 3-year rate of age-adjusted suicides in Warren County is (11.4) which is higher than Upstate NY (9.9) and the PA Benchmark (7.0)[15]. Warren County also had a higher rate of self-inflicted hospitalizations per 10,000 population (9.2) than ARHN region (6.1) and Upstate NY (4.4)[15]. The rate of self-inflicted hospitalizations from 2017-2019 per 10,000 population for ages 15-19 in Warren County (33.3) is much higher than ARHN region (17.0) and Upstate NY (10.3)[15].
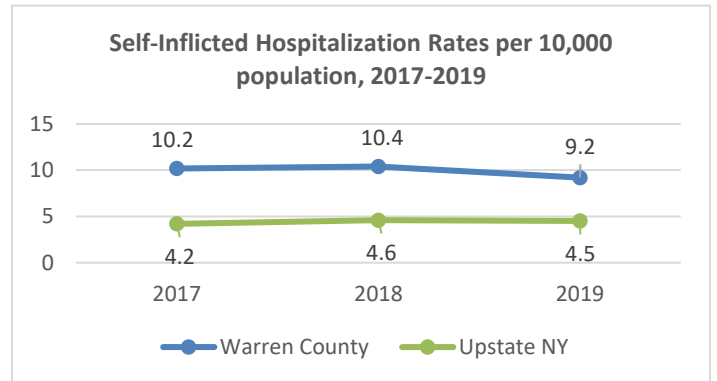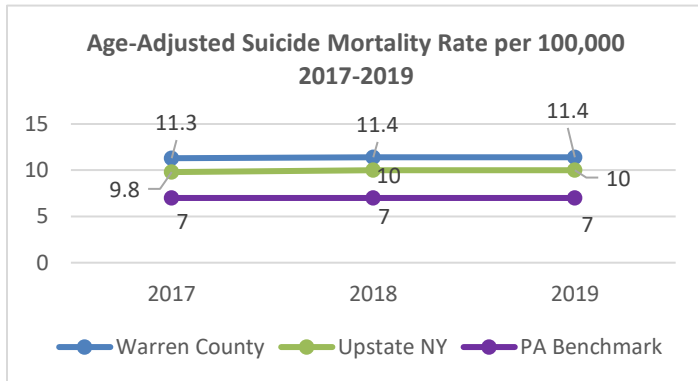
Age-Adjusted Suicide Mortality Rate per 100,000 2017-2019

Self-Inflicted Hospitalization Rates per 10,000 population, 2017-2019

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Alcohol Misuse

In 2018, the percentage of Warren County adults that reported binge drinking within the last month was (24.6%) which is much higher than ARHN region (16.6%), Upstate NY (18.4%) and the PA Benchmark (16.4%). The rate of alcohol related motor vehicle injuries and deaths in Warren County in 2020 was (29.8) which is slightly higher than ARHN region (28.7) and Upstate NY (28.8)[15, 18].

Percentage of Adults that Reported Binge Drinking in the Last Month, 2018

Rate of Alcohol Related Motor Vehicle Injuries and Deaths per 100,000 population, 2020
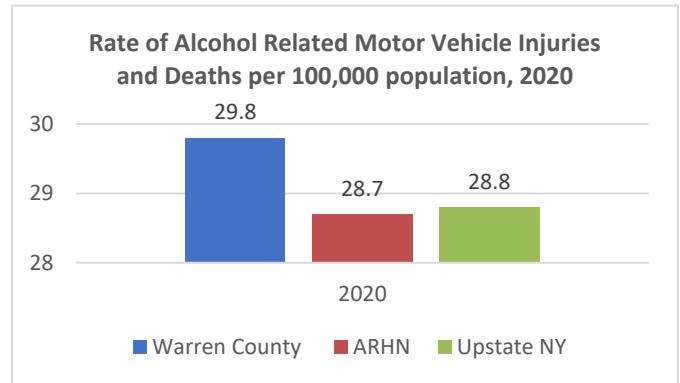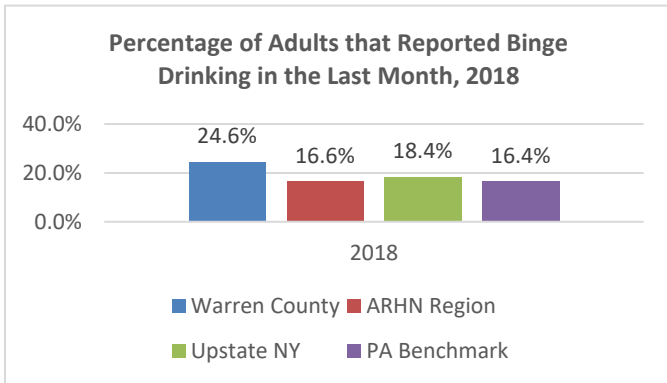
Heroin/Opioid Misuse

In 2019, Warren County had an opioid (any opioid) mortality rate of (17.1) which was higher than Upstate NY (16.1). It should be noted that prior to 2019 Warren County's rates were considered unstable due to too few events so there is no trend data available. Warren County also had an emergency department visits (including outpatients and admitted patients) involving any opioid overdose rate of (31.1) which is lower than Upstate NY (62.1) [19] for 2019. Three-year trend data shows that the rate of opioid overdose ED visits in Warren County have been declining. No ARHN region data was available for comparison.

Warren County admissions rates to OASAS-certified substance use disorder treatment programs for any opioid (incl. heroin), crude rate per 100,000 population - Aged 12+ years in 2020 was (570.1) which is higher than Upstate NY (541.5)[19].

ED Visits (inpatient and Outpatient) Involving Any Opioid Overdose 2017-2019

Admissions to OASAS-Certified Substance use Disorder Treatment Programs any Opioid 2017-2020

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Prevent Communicable Disease

A communicable disease is an illness or infection that can be spread from person to person or animal to person. Many communicable diseases can be prevented through vaccinations and simple prevention strategies including good handwashing practices, safe food handling, and avoiding exposure to blood and body fluids using personal protective equipment and safer sex practices.

Communicable Disease General

From 2019-2021 the top 10 communicable diseases in Warren County are; COVID-19 (excluded from graph); Seasonal Influenza (includes A and B), Chlamydia, Anaplasmosis, Lyme disease, Hepatitis C (chronic), Gonorrhea, Campylobacteriosis, and Strep Group B Invasive. The number of positive COVID-19 tests reported in Warren County in 2021 is (7,972) which is six times the total of the top ten diseases reported in three years from 2019 -2021 [20].

Top 10 Communicable Diseases by Case Count in WarrenCounty (2019 - 2021)

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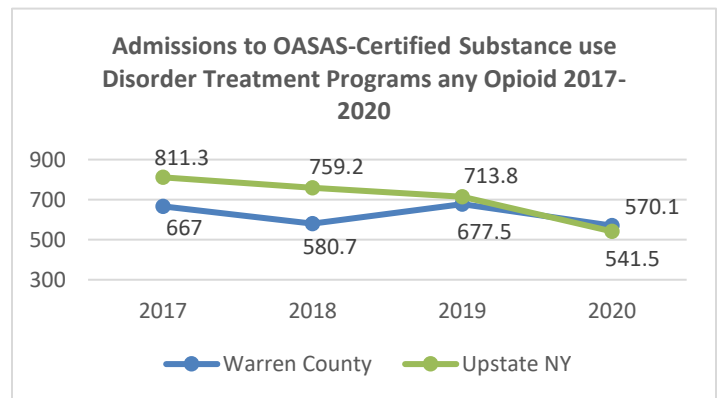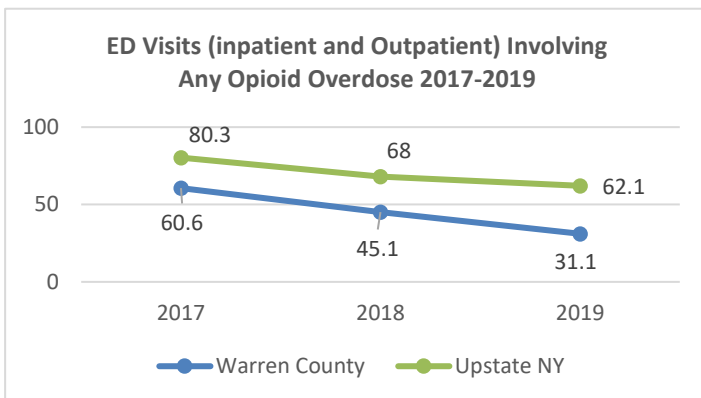
Chlamydia

Chlamydia is a treatable sexually transmitted bacterial infection that if left untreated can lead to pelvic inflammatory disease (PID), infertility/sterility and ectopic pregnancy. From 2017-2019 the 3-year chlamydia case rate per 100,000 females (age 15-44) in Warren County was (1,140.2) which is higher than the ARHN region (1,118.4) but lower than Upstate NY (1,455.2)[14]. The 3-year chlamydia case rate per 100,000 males (age 15-44) in Warren County from 2017-2019 was (510.3) which is higher than the ARHN region (406.5) but significantly lower than Upstate NY (750.7)[14].

Chlamydia case rates among males in Warren County fluctuated from 2016-2019 increasing for a couple of years and then decreasing. Chlamydia case rates for females from 2016-2019 showed a similar pattern with single year increases and decreases. This was different than Upstate which showed a steady increase in case rates for both males and females during the same time period. There is no ARHN region data to compare.

Chlamydia Case Rates per 100,000 males 15-44 years (2016-2019)

Warren County: 2016: 447.3, 2017: 636.9, 2018: 543.8, 2019: 350.2
Upstate: 2016: 622.4, 2017: 680.8, 2018: 733.7, 2019: 750.7

Chlamydia Case Rates per 100,000 Females 15-44 years (2016-2019)

Warren County: 2016: 1324.3, 2017: 1189, 2018: 1355.6, 2019: 874.9
Upstate: 2016: 1362.6, 2017: 1419.9, 2018: 1463.5, 2019: 1482.1

Gonorrhea

Gonorrhea is a sexually transmitted bacterial infection that can cause pelvic inflammatory disease, sterility, and can be passed to a baby during vaginal delivery and can cause serious health problems. From 2017-2019 the 3-year gonorrhea case rate per 100,000 females (age 15-44) in Warren County was (101.9) which is higher than the ARHN region (88.7) but significantly lower than Upstate NY (218.3)[14]. Additionally, the 3-year gonorrhea case rate per 100,000 males in Warren County was (89.1) which is higher than the ARHN region (54.5) but significantly lower than Upstate NY (267.8)[14].

Warren County saw a steady increase in gonorrhea case rates for males and females per 100,000 from 2016-2019. This follows a similar trend for Upstate NY. No ARHN trend data is available for comparison.

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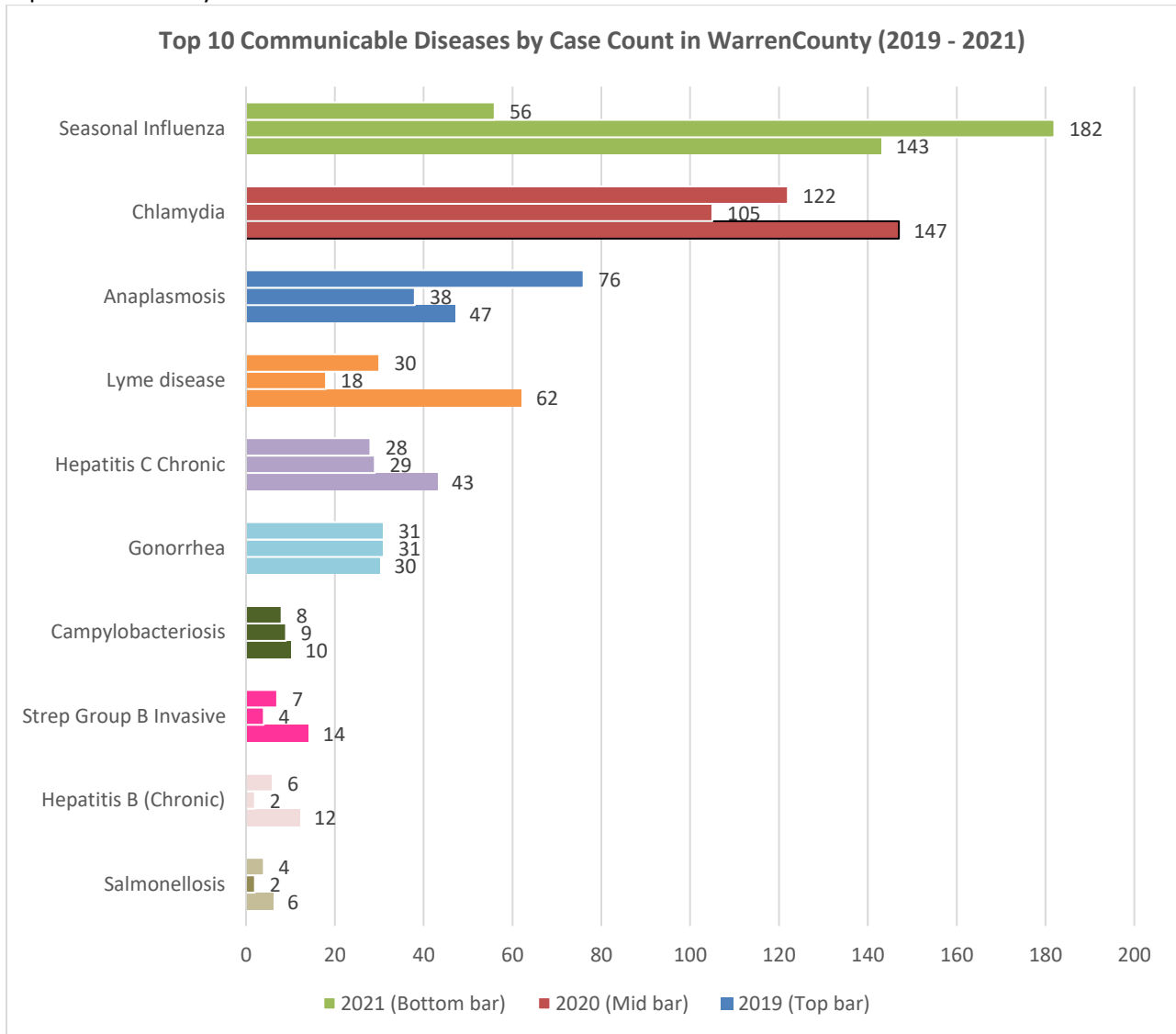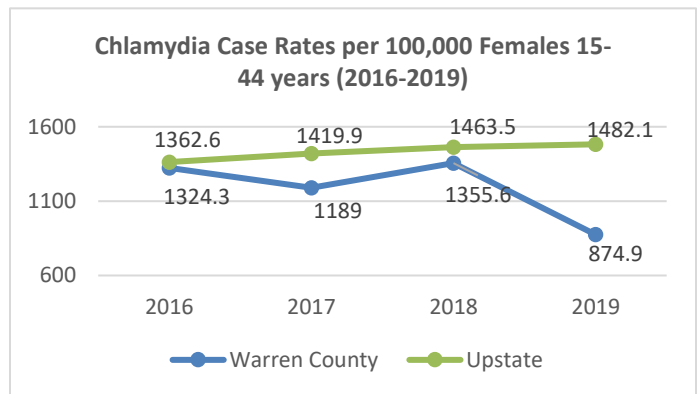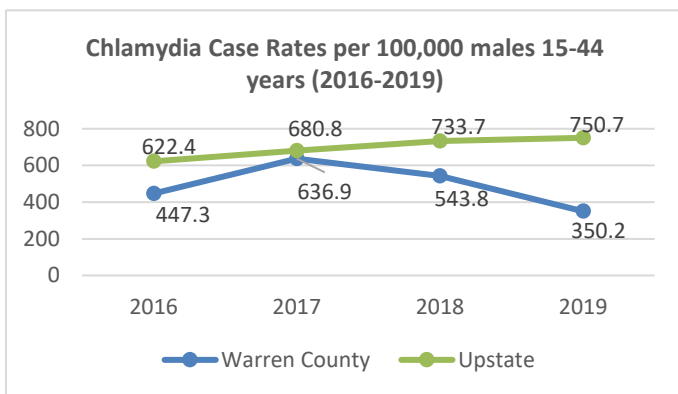*- All rates are crude rates per 100,000 unless otherwise specified and are calculated generally in 3 or 5 year time periods.*

Gonorrhea Case Rates per 100,000 Males age 15-44, (2016-2019)

231.6 · 252.2 · 263.8 · 287.4
37.3 · 55.4 · 73.7 · 138.2

Warren County — Upstate NY

Gonorrhea case Rates per 100,000 Females age 15-44, (2016-2019)

198.8 · 207.9 · 220.4 · 226.5
47 · 84.9 · 96.1 · 125

Warren County — Upstate NY
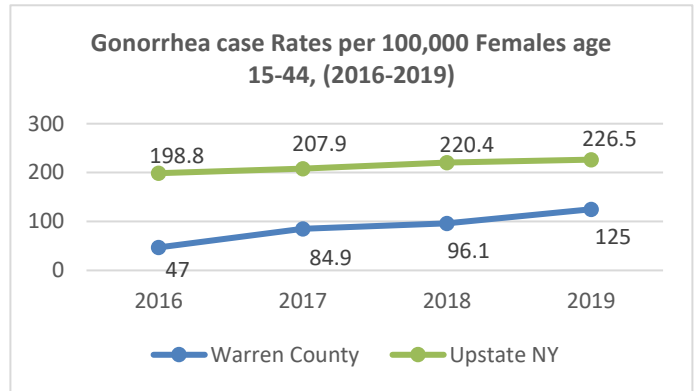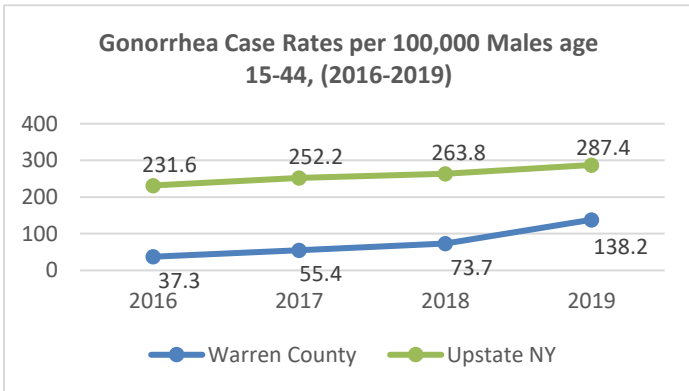
Hepatitis C (Chronic)

Hepatitis C is a viral infection that is spread through exposure to infected blood. Many people who are infected with hepatitis C develop chronic infection and do not know it. Hepatitis C causes liver diseases such as cirrhosis and liver cancer.

In 2019 the rate of hepatitis C cases in Warren County was (56.0) which is higher than Upstate NY (48.6)[14]. Since 2016 the rate of hepatitis C cases has fluctuated in Warren County. There is no comparison data available for the ARHN region.

Chronic Hepatitis C Cases per 100,000 (2016-2019)

63.9 · 64.3 · 66.9 · 56
51.1 · 59 · 55.5 · 48.4

Warren County — UpState NY
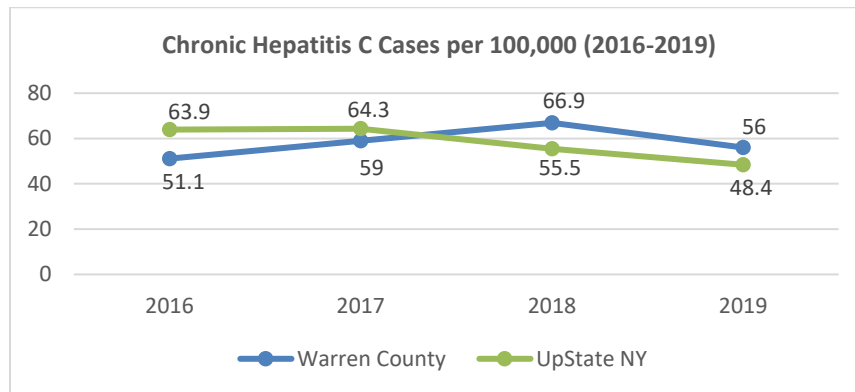
Tick Borne Diseases

Lyme Disease

Lyme disease is a bacterial infection spread by the bite of a black legged tick (deer tick). The early symptoms of Lyme disease are often too mild to make someone seek medical attention, but if left untreated symptoms can progress to include severe headaches, painful arthritis, swelling of the joints, and heart and central nervous system problems.

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Because Warren County is now a sentinel county for Lyme disease reporting, which means after investigations of samples of positive Lyme disease laboratory results, estimates of the total number of Lyme disease cases are extrapolated from these results. So, it is likely that Lyme disease is underreported in Warren County.

From 2017-2019 the rate of Lyme disease in Warren County was (133.7) which is higher than the ARHN region (118.1) and Upstate NY (70.7)[15]. There is no trend data available.

Anaplasmosis

Anaplasmosis is another bacterial infection spread by the bite of an infected black legged tick. Infection usually produces mild to moderately severe illness, with high fever and headache, but may occasionally be life threatening or even fatal. Warren County has seen an increase in the number of cases Anaplasmosis since 2017. In 2018 the rate of Anaplasmosis in Warren County was (18.6) which is higher than Upstate NY (7.6)[15]. No ARHN region data was available for comparison.

New York State Community Health Indicator Reports (CHIRS); Accessed September 29th, 2022

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Warren County Health Behaviors

Physical Activity

Research has shown that regular physical activity provides lasting positive impacts to a person's overall health. Regular physical activity has been linked to many positive health outcomes including lower risk for cardiovascular disease, Type 2 diabetes, cancer, falls, Alzheimer's disease. Physical activity can also help cope with stress, anxiety and depression, improve balance/coordination and result in better sleep.

Trends

In 2018 the percentage of adults in Warren County that reported participating in leisure time physical activity was (77.5%) which is higher than the ARHN region (73.3%) and the same as Upstate NY (77.6%) and meets the PA Benchmark of (77.4%)[28]. Data from 2016-2018 shows that the percentage of adults in Warren County participating in leisure time physical activity has decreased from (79.6%) to (77.4%)[28].

Data shows that physical activity trends vary for certain populations of Warren County adults. In Warren County adults with disabilities report rates of leisure time physical activity of (51.5%) which is lower than New York State (61.2%) and does not meet the PA Benchmark of (61.8%)[28]. It should be noted that the Warren County data for this group is considered unstable because of a greater than 10% margin of error.

In Warren County (74.0%) seniors age 65+ report participating in leisure time physical activity which is higher than New York State (68.9%) but short of the PA Benchmark (75.9%)[28]. From 2016-2018 there was an increase in the number of Warren County seniors 65+ reporting leisure time physical activity from (70%) to (74%). No trend date for New York state was available.

Percentage of Adults Reporting Leisure Time Physical Activity 2016 and 2018

Percentage of Leisure-Time Physcial Activity Adults Age 65+, 2018

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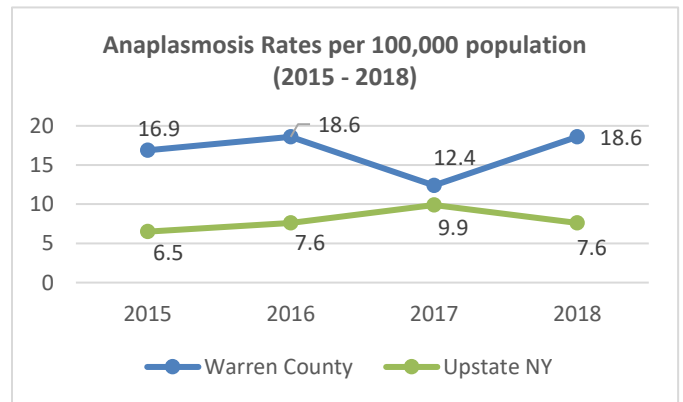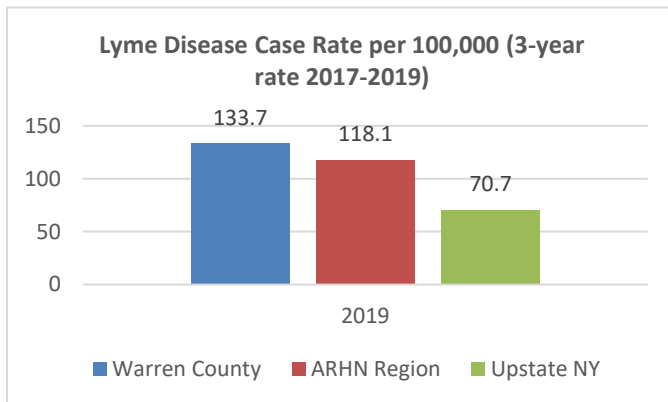*- All rates are crude rates per 100,000 unless otherwise specified and are calculated generally in 3 or 5 year time periods.*
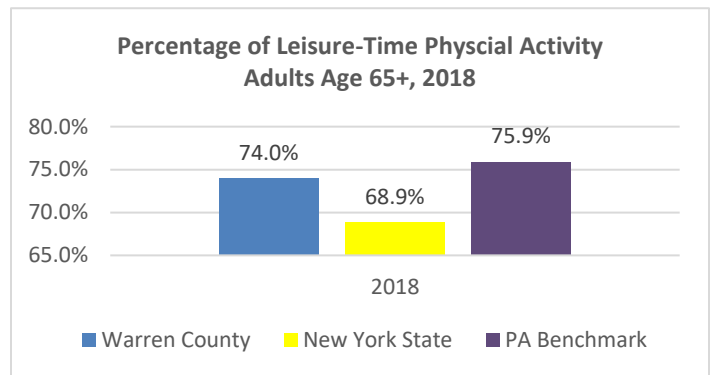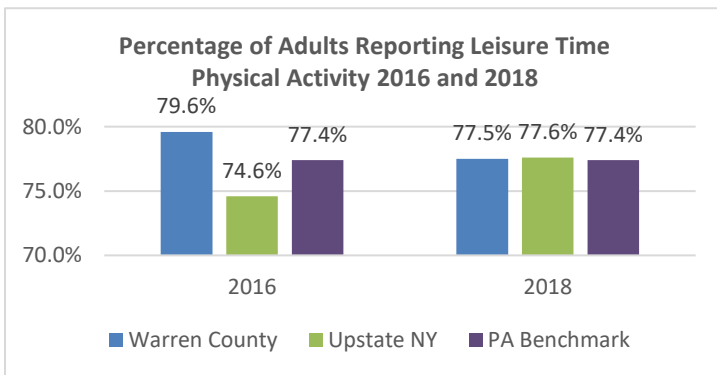
Healthy Eating

Eating a diet high in fruit and vegetable consumption and low in saturated fats, sugars, salt and highly processed foods can lower a person's risk for cardiovascular disease, Type 2 diabetes, obesity and certain types of cancers. Eating a healthy diet that focuses on fruits and vegetables can also help to lower high-blood pressure.

Trends

In 2018 the percentage of Warren County adults that reported consuming less than one fruit and vegetable a day was (22.5%) which is better than Upstate NY (25.8%)[16]. Warren County and Upstate NY saw improvements in fruit and vegetable consumption from 2016-2018. Warren County went from (27.6%) to (22.5%) and Upstate NY went from (28.7%) to (25.8%)[16]. No ARHN data was available for comparison

In 2018 the percentage of Warren County adults that reported consuming one or more sugary drinks a day was (26.1%) which is higher than Upstate NY (24.1 %)[16]. However, from 2016 to 2018 Warren County saw improvement in the percentage of adults consuming one or more sugary drinks a day dropping from (30%) to (26.1%) which is different from Upstate NY which saw an increase from (23.3%) to (24.1%)[16]. No ARHN data was available for comparison.

Percentage of Adults that Reported Consuming less than 1 Fruit & Vegetable per Day 2016, 2018

	2016	2018
Warren County	27.6%	22.5%
Upstate NY	28.7%	25.8%

Percentage of Adults that Reported Consuming 1 or more Sugary Drinks per Day 2016, 2018

	2016	2018
Warren County	30.0%	26.1%
Upstate NY	23.3%	24.1%

Food Insecurity

Food insecurity is when a person or family does not have access to a reliable source of food over an extended period of time. There are multiple factors that can contribute to food insecurity including poverty, employment status, transportation and access to grocery store/supermarket to name a few. Food insecurity can also contribute to poor diet choices like purchasing highly processed, low quality foods which can contribute to obesity, cardiovascular disease, Type 2 diabetes and other chronic disease. For children food insecurity can lead to low self-esteem, difficulty with school, and other mental health problems.

In 2019 food insecurity was reported by (11%) of Warren County residents which is slightly higher than New York State at (10.7%). It was also reported in 2019 that (41%) of Warren County elementary/high school students were eligible for the free or reduced lunch program which is lower than New York State (55.2%)[3, 25]. Also (11%) of Warren County households were receiving food stamps/SNAP benefits from

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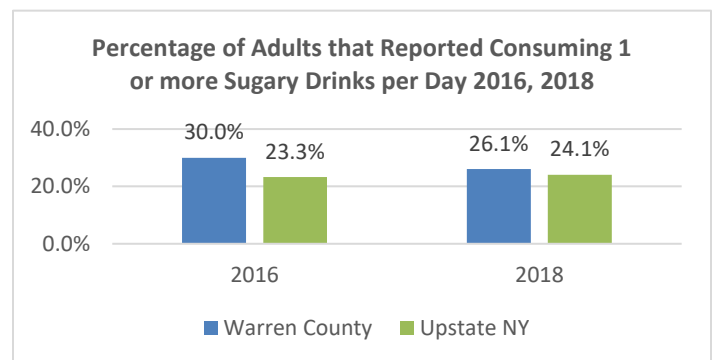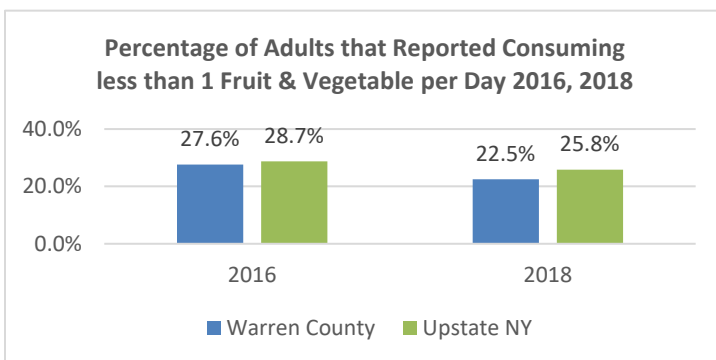
2015-2019 which is lower than New York State (14.7%)[26]. There was no comparison data available for the ARHN Region or Upstate NY.

Precentage of People Reporting Food Insecurity, 2019

- 11.2%
- 11.0% — 11.0% (Warren County)
- 10.8%
- 10.6% — 10.7% (New York State)
- 10.4%

2019

■ Warren County   ■ New York State

Percentage of Enrolled Students Eligilbe for Free or Reduced Lunch, 2019

- 60%
- 40% — 41% (Warren County), 55% (New York State)
- 20%
- 0%

2019

■ Warren County   ■ New York State

Percentage of Households Receiving Food Stamp/Snap Benefits, 2015-19

- 20.0%
- 15.0% — 14.7% (New York State)
- 10.0% — 11.0% (Warren County)
- 5.0%
- 0.0%

2015-2019

■ Warren County   ■ New York State

Tobacco

Tobacco use remains the number one preventable cause of death in the United States. Smoking has been shown to harm almost every organ in the body. Smoking causes or contributes to many types of cancer including lung cancer. It also increases a person's risk for heart disease, stroke, diabetes, and other respiratory diseases including emphysema and asthma. Secondhand smoke can cause asthma in children and lead to a greater risk of heart disease, stroke and lung cancer for anyone who is exposed to it. Nicotine found in tobacco products is highly addictive and has been shown to harm brain development in youth.

Trends

Even though the dangers of smoking and tobacco use are well known, adult smoking rates remain stubbornly high in Warren County. In 2018 the percentage of adults that reported smoking was (19.1%) which is similar to the ARHN Region (19.5%), but much higher than Upstate NY (13.9%) and the PA Benchmark (11.0%)[16]. Warren County residents with an annual income of less than $25,000 were shown to have significantly higher rates of smoking (34.6%) but this data is considered unstable due to a margin of error greater than (10%)[16]. In 2018 the percentage of Warren County adults that reported using e-

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cigarettes was (5.4%) which is slightly lower than Upstate NY (5.8%)[16]. Both Warren County and New York State saw declines in smoking rates from 2016 to 2018 with Warren County going from (23.2%) to (19.1%) and New York State going from (14.2%) to (12.8%)[16].

Percentage of Adult Smokers Age 18+, 2018

Change in Percentage of Adult Smokers 18+, 2016-2018
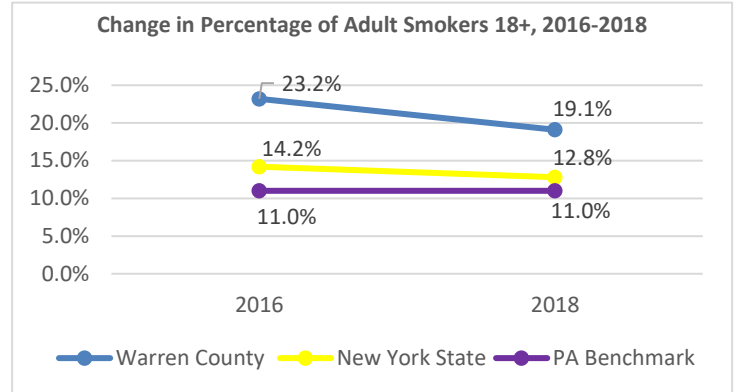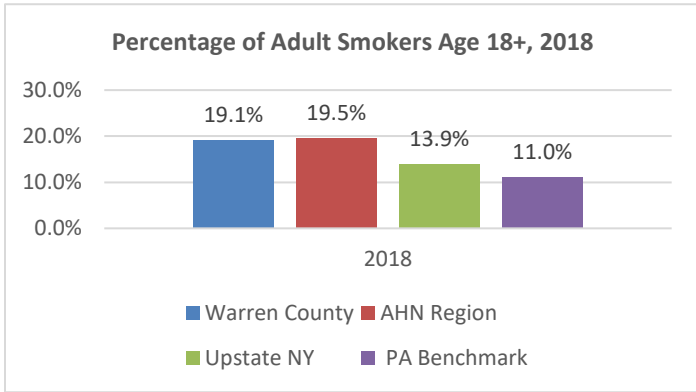
Chronic Disease Preventive Care and Self-Management

Chronic disease preventive care includes cancer screenings, blood pressure monitoring, blood glucose checks and other health checks that can help identify potential health problems early to improve outcomes. Chronic disease self-management includes adherence to taking prescribed medicine as directed, following diet and exercise recommendations, monitoring blood pressure and blood sugar levels to improve chronic disease management. By combining recommended screening and testing recommendations with improved chronic disease self-management skills it is possible to improve treatment outcomes and reduce mortality.

Cancer Screening Trends

In 2018, the percentage of Warren County adults ages 50-64 that reported receiving a colorectal cancer screening based on the most recent guidelines was (74.2%) which is higher than New York State (65.4%) and exceeds the PA Benchmark of (66.3%)[28]. Warren County and New York State saw an increase in the percentage of adults 50-64 that received a colorectal cancer screening from (68.8%) to (74.2%) and (63.1%) to (65.4%)[28] respectively. No ARHN data or Upstate NY data was available for comparison.
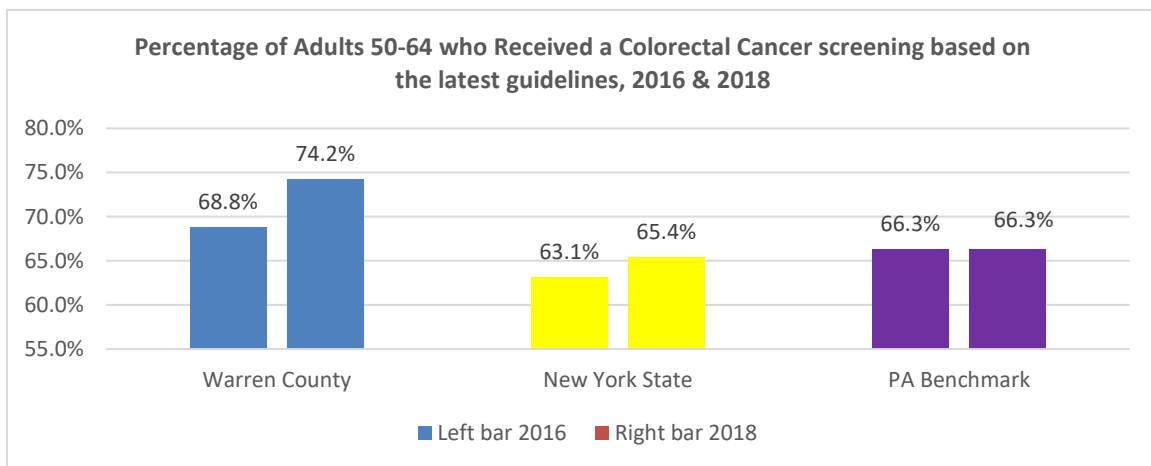
Percentage of Adults 50-64 who Received a Colorectal Cancer screening based on the latest guidelines, 2016 & 2018

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Breast cancer screening rates based on the latest guidance for women 50-74 in Warren County in 2018 were (83.8%) which is higher than the ARHN Region (80.4%) and Upstate NY (80.9%)[28]. Due to the change in guidelines no trend data is available for comparison. The percentage of Warren County women (aged 50-74) who had a mammogram in 2019 was (70.0%) which was higher than Upstate NY (65.9%)[28].

Breast Cancer Screening Percentages Women (50-74), 2018

Percentage of Women (50-74) who Received a Mammogram 2016-2019
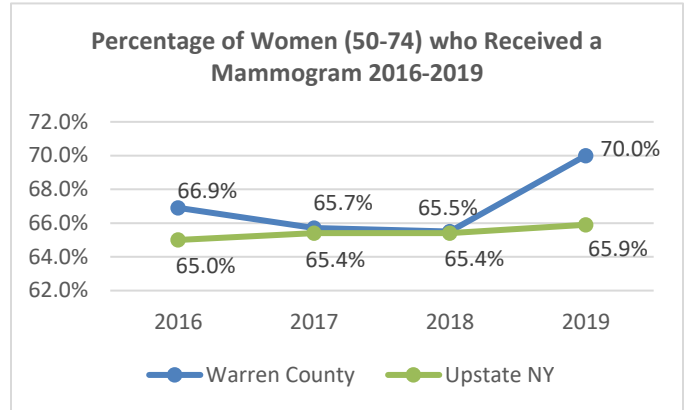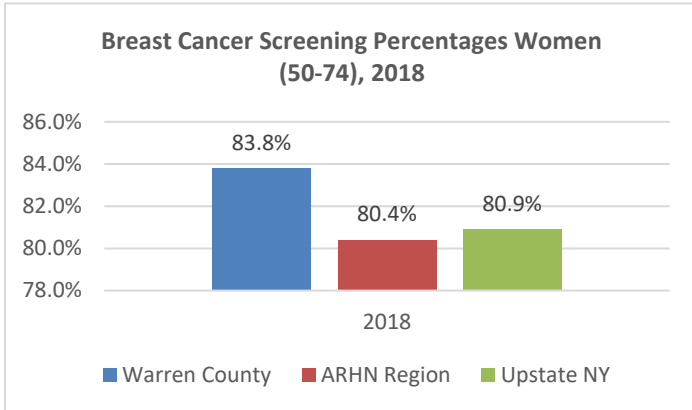
Other Screenings and Chronic Disease Self-care

In 2018 the percentage of Warren County adults age 45+ that had a test for high blood sugar within the last 3 years was (60.4%) which is slightly lower than Upstate NY (61.0%) and much lower than the PA Benchmark (71.7%)[21]. There is no trend or other comparison data available.

In 2018 the percentage of Warren County adults living with a chronic condition (asthma, CVD, diabetes, cancer, CKD) that have taken a course or class to learn how to manage their condition was (8.2%) which is lower than Upstate NY (9.1%) and the PA Benchmark (10.6%)[21]. There is no trend or other comparison data available.

Percentage of Adults Age 45+ That Had a Test for High Blood Sugar in the Last 3 Years, 2018

Percentage of Adults Living w/ a Chronic Condition That Have Taken a Class or Course to Manage Their Condition, 2018

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Vaccine Preventable Disease

Vaccines are one of the most important public health breakthroughs to keep people safe from disease. Currently there are fourteen approved childhood vaccines that protect children from serious disease. In addition to childhood vaccines there are also several other vaccines that protect adults from disease as well.

Childhood Immunization Trends

In 2020 the percentage of Warren County children age 24-35-months old with the 4:3:1:3:3:1:4 immunization series was (79.8%) which is higher than Upstate NY (66.3%) and exceeds the PA Benchmark of (70.5%)[21]. Since 2016 the percentage of Warren County children age 24-35-months old children with the 4:3:1:3:3:1:4 immunization series has fluctuated with a high of (95.4%) in 2018 and a low of (76.9%) in 2019[21].
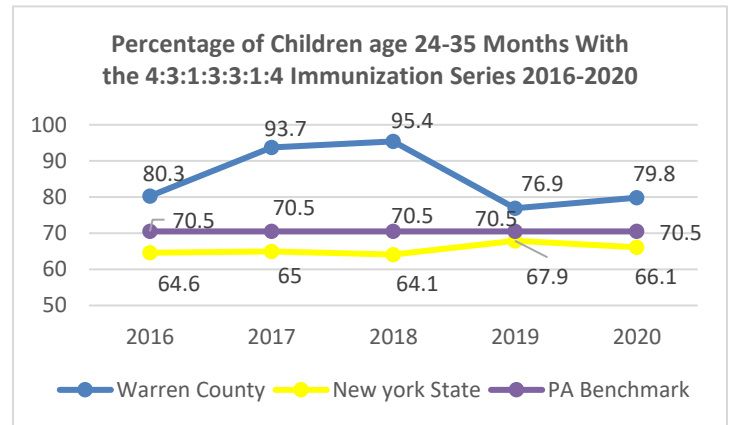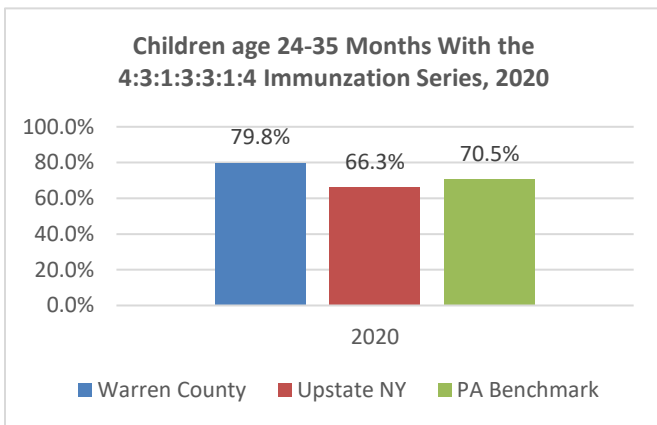
Adult Immunization Trends

In 2018 the percentage of Warren County adults age 65+ that reported receiving a flu shot within the last year was (44.4%) which is on par with New York State (44.8%)[28]. In addition, the percentage of Warren County adults age 65+ that reported receiving a pneumococcal vaccine was (70.9%) which is higher than New York State (64.0%)[28]. No trend or comparison data was available.

COVID-19 Vaccination Trends

During the COVID-19 pandemic Warren County saw high demand in the early stages of the vaccine roll-out. As the pandemic continued demand slowed for second doses and booster doses. In Warren County as of October 7th, 2022 (81.4%) of the population received a first dose of the vaccine, (76.6%) had completed a COVID-19 vaccine series and (63.2%)[29] of the eligible population had received a booster dose.

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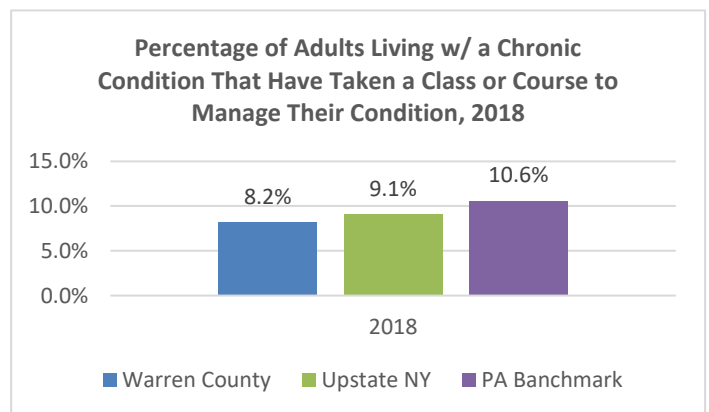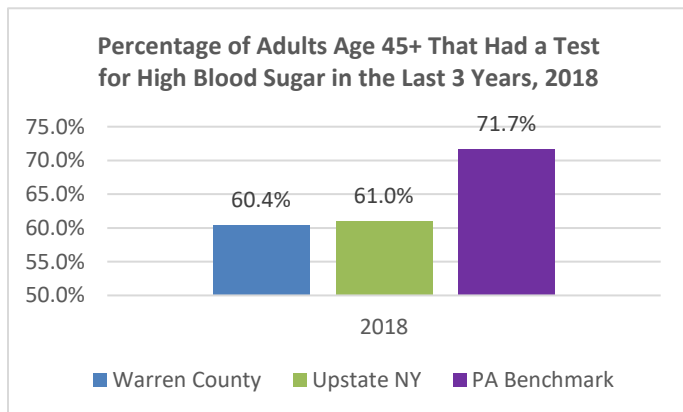
Key Community Stakeholder Feedback Survey

Stakeholder Survey Methodology:

Survey Creation: The 2022 Community Stakeholder Survey was drafted by the Ad Hoc Data Sub-Committee, with the final version approved by the full CHA Committee at the November 10, 2021, meeting.

Survey Facilitation: ARHN facilitated the release of the stakeholder survey in its seven-county service area, to provide the CHA Committee with input on regional health care needs and priorities. Stakeholders included professionals from health care, social services, educational, and governmental institutions, as well as community members. The ARHN region is made up of Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington Counties.

Survey Logistics: The survey was developed through SurveyMonkey and included 14 community health questions as well as several demographic questions. The CHA Committee provided a list of health care, social service, education, government, and service providers (hereafter referred to as community stakeholders) by county to be surveyed. The collected distribution list totaled 806 community stakeholders.

An initial email was sent to the community stakeholders in early January 2022 by the CHA Committee partners, introducing and providing a web-based link to the survey. CHA Committee partners released a follow-up email approximately two weeks later after the initial reach out. CHA Committee members were provided the names of all non-respondents for additional follow-up, at partner discretion.

The survey requested that community stakeholders identify the top two priority areas from a list of five which they believe need to be addressed within their county. Community stakeholders also gave insight on what they felt were the top health concerns and what contributing factors were most influential for those specific health concerns. A full list of survey questions can be found in the survey report (Appendix A).

Survey Responses and Analysis: A total of 263 responses were received through March 1, 2022, for a total response rate of 32.63%. Respondents were asked to indicate in which counties they provided services and could choose coverage of multiple counties, as appropriate. The total response count per county is outlined in the By County section. It took respondents an average of 20 minutes to complete the survey, with a median response time of approximately 16 minutes.

Analysis is sorted alphabetically and in order of how the questions were listed in the survey to make the analysis easier to comprehend. Each table is labeled to identify whether the information is by response count or percentage. For tables containing counties, a color-coded table is used to identify counties. A written analysis for each section is provided and all written results are done in percentages.

The report provides a regional look at the results thru a wide-angle lens, focusing on the Adirondack Rural Health Network (ARHN) service area. It provides individual analyses of Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties. The stakeholder survey was conducted to gather information from a variety of fields and perspectives to provide valuable insight into the community's

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needs. The results enable us to guide strategic planning throughout the Adirondack region, for partners who serve individual counties, and those whose footprint covers multiple counties. A copy of the full survey report can be found in **Appendix A**.

Stakeholders Survey Responses Summary for Warren County

Although the Community Stakeholder Survey included stakeholders from every county that participates in the Adirondack Rural Health Network the demographic questions allowed for the information to be broken out for each individual County.

Stakeholder response rates varied by county. In Warren County 67 stakeholders who identified Warren county as their primary service area completed the survey which was just over 25% of all the responses received. Unfortunately, data was not available at an individual County level to see the role of the respondents or the type of organization they belonged to. Therefore, it is difficult to determine what feedback biases if any, can be attributed to the type of work and organization the respondents belonged to (see full survey report for aggregate breakdown).

Key stakeholders were asked to rank on a scale of 1 to 5 (1 being most impactful, 5 being least impactful) the five New York State Prevention Agenda priority areas if addressed locally, would have the greatest to the smallest impact on improving the health and well-being of the residents of the counties their organization/agency serves.

Warren County Stakeholder Top 2 Priority Areas by Rank	
First Choice	**Second Choice**
Promote Well-being and Prevent Mental and Substance Abuse Disorders	**Prevent Chronic Disease**

As survey participants were not provided focus areas or goals associated with each priority area, it can be assumed that answers for these priority areas were slightly swayed due to what partners believe Promote Well-Being and Prevent Mental and Substance Use Disorders represents or what they feel would be listed in that category.

Following the priority rankings stakeholders were asked to choose their Top 5 health concerns affecting residents in their county from a list of 40 choices using the same 1 to 5 scale that was used for the priority area rankings. The Top 5 health concerns identified by Warren County stakeholders were

Ranking the Top 5 Health Concerns Identified by Warren County Stakeholders				
1st	**2nd**	**3rd**	**4th**	**5th**
Mental Health Conditions	**Child/Adolescent Emotional Health**	**Substance Use/Alcoholism/Opioid Use**	**Adverse Childhood Experiences**	**Senior Health**

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Stakeholders were then asked to choose their Top 5 contributing factors from a list of 46 choices to the health concerns they chose in the previous question. Again, the scale of 1 to 5 was used to rank the choices. The Top 5 contributing factors to their identified health concerns were

Ranking the Top 5 Contributing Factors to Health Concerns Identified by Warren County Stakeholders				
1st	**2nd**	**3rd**	**4th**	**5th**
Lack of Mental Health Services	**Changing Family Structure**	**Poverty**	**Addiction to alcohol/illicit Drugs**	**Lack of chronic disease screening, treatment and self-management services**

Finally, stakeholders were provided the goals associated with all five of the NYS Prevention Agenda Priority areas and asked to select the Top 3 goals they felt their organization would be most able to assist with to meet those goals. Warren County has chosen to focus on the same priority areas as the stakeholders had ranked as their top two; **Promote Well-being and Prevent Mental and Substance Abuse Disorders, Prevent Chronic Disease**. Here are the Top 3 goals stakeholders identified as most likely to assist with meeting for both priority areas

Priority Area: **Promote Well-Being and Prevent Mental and Substance Use Disorders, Top 3 Goals Identified by Warren County Stakeholders**		
Goal #1	**Goal #2**	**Goal #3**
Strengthen opportunities to promote well-being and resilience across the lifespan	**Facilitate supportive environments that promote respect and dignity for people of all ages**	**Prevent and address adverse childhood experiences**

Priority Area: **Prevent Chronic Disease**		
Goal #1	**Goal #2**	**Goal #3**
Increase skills and knowledge to support healthy food and beverage choices	**Promote the use of evidence-based care to manage chronic diseases**	**Improve self-management skills for individuals with chronic disease**

To View the Stakeholder survey summary and survey question please see **Appendix A**.

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Warren County Public Input Survey

In addition to the stakeholder survey, Warren County Public Health staff created its own public input survey. The purpose of the survey was to gather feedback from a broader audience than what the stakeholder survey provided.

The public survey was purposely designed to be shorter and less detailed than the stakeholder survey and included different questions than the stakeholder survey. These differences were made to reduce confusion about what the questions were asking, increase survey completion by reducing the time needed to complete the survey and make data organization and review easier for public health staff.

Survey Creation: The Community input survey was developed using questions and a format similar to a National Association of City, County Health Officials (NACCHO) survey. Warren County Public Health staff met three times to review and modify the questions to fit the needs of Warren County. To capture feedback to specific questions where the provided answer choices may have been limited the option to submit an original response was provided. Responses were anonymous, but zip-codes and age ranges were collected for each respondent to help ensure the feedback was coming from Warren County residents. The survey was then assembled using an informal Google Form Survey.

Survey Facilitation: The survey was made available to the public on March 31st, 2022 by posting the survey on Warren County social media pages. Survey reminders were posted to social media pages weekly for 6-weeks while the survey was open to boost participation. Survey responses were monitored weekly and the survey was closed on May 12th, after 6-weeks.

Survey Analysis: 171 responses were received from residents of 16 zip codes within Warren County. Using features from Google Forms, survey responses were tabulated and assembled into easy-to-read formats that were reviewed by Public Health staff. A copy of the survey and responses can be found in **Appendix B**.

Community Members Perceptions Summary

Although less than 200 Warren County residents completed the community survey similarities can be seen between the Stakeholder survey responses and community responses.

Community members were asked to choose factors that contribute most to a "healthy Community". The top answers were Access to Healthcare (1), clean/safe neighborhoods (2) and healthy behaviors/lifestyle rounding out the top three.

When community members were asked "what are the biggest health problems in their community" the top 3 answers were chronic diseases on top, followed by mental health problems and substance use/abuse. These answers align with the two priority areas chosen by the Warren County CHA Committee and the feedback received from the Stakeholder survey.

To improve the health of their community and reduce risky behaviors that can lead to poor health outcomes the Top 5 suggested areas for improvement are;

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- Increasing access to mental health resources
- Increasing access to substance abuse treatment and recovery programs
- Community led health initiatives
- Access to free or low-cost group exercise programs
- Chronic disease self-management programs

See a copy of the full Public Input Survey in **Appendix B**

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Community Health Improvement Plan

Ongoing Collaboration and Reporting

Warren County Public Health will convene quarterly CHA committee priority area meetings beginning in February 2023 to keep community partners engaged and informed of initiatives and progress towards completion of the CHIP workplan. The quarterly meetings will also be used as opportunities to expand the number of partners that are engaged in the health improvement initiatives occurring in Warren County.

Warren County Public Health will also remain an active member of the Adirondack Rural Health Network and participate in other community stakeholder meetings.

- **Adirondack Rural Health Network** - Regional Community Health Assessment Planning Committee
    - Meetings quarterly during the year (except the year County CHA/CHIPS are due).

- **Community Services** - Population Health Network Networking Meeting
    - Meets quarterly led by Office of Community Services

- **Adirondack Health Institute** (AHI) - Naloxbox Workgroup Planning Committee
    - Meets at least quarterly led by AHI

- **Warren County Interagency Council** – Collaboration Committee Meeting
    - Meets monthly during the school year. Led by Warren County Department of Social Services, Children's Services Unit and Warren, Saratoga, Washington, Hamilton and Essex (WSWHE) BOCE

- **North Country Continuum of Care Council**
    - Meets monthly - Led by WAITE House & AMH

- **Long-Term Care Council**
    - Meets Quarterly - led by Office for the Aging

Annual progress reports will be completed and submitted as required by New York State Department of Health. Progress reports will also be posted to the Warren County Public Health website.

At the end of this CHA/CHIP cycle in 2024 a final evaluation will be conducted to document progress towards health intervention implementation, outcomes, completion and/or discontinuance of interventions and the addition of new interventions.

Community Engagement

In December 2022 the Warren County CHA/CHIP will be shared with the Warren County Board of Supervisors during the regularly monthly Board of Supervisor's public meeting. Following its

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presentation to the Board the CHA/CHIP will be posted to the Warren County homepage and on the Warren County Public Health website.

To reach a broader audience the availability of the CHA/CHIP document will be posted on the Warren County social media pages. Community members that would like a hardcopy of the CHA/CHIP can request one free of charge by contacting the Warren County Public Health department.

CHIP Priority & Focus Area Summaries

The summaries included in this section highlight the priority and focus areas identified by the Warren County CHA Committee members for targeted health improvement efforts. Each summary includes goals, SMART objectives and partner organizations that are involved in the implementation of any identified interventions. Warren County Public Health may also be included as a partner organization if it plays a role in an intervention's implementation.

Organizations that are included as a partner in any intervention are listed because they are providing resources for the intervention. Those resources can include staff, facilities, grant funding, material support and other resources necessary to ensure an interventions implementation.

Priority Area #1 - Prevent Chronic Disease

Focus Areas: Increase Physical Activity
Tobacco Prevention
Chronic Disease Self-Management

Focus Area #1 – Increase Physical Activity

Goal #1: Increase physical activity levels across the lifespan of Warren County residents
Goal #2: Increase opportunities to participate in physical activity regardless of age or ability

Partner Organizations: Glens Falls Hospital Health Promotion Center, Warren County Office for the Aging, Municipal Recreation Departments, Schools, Warren County Public Health

SMART Objectives:

1. Reduce adult obesity by 12% from 25% to 22% by the end of 2024.
2. Reduce childhood obesity by 10% from 17.8% to 15% by the end of 2024.
3. Increase the percentage of adults that participate in leisure-time physical activity from 77.5% to 80.5% by the end of 2024.
4. Increase the percentage of adults with disabilities that participate in leisure-time physical activity from 51.5% to 60.0% by the end of 2024.

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Interventions

1. Engage municipal and school leaders to adopt or expand Complete Streets and Safer Routes to School initiatives. Glens Falls Hospital's Creating Healthy Schools and Communities partners with members of school districts and surrounding communities to implement sustainable policy, system, and environmental changes.   The Creating Healthy Schools & Communities initiative focuses on increasing access to healthy, affordable foods and opportunities for physical activity for students, staff, families, and community members.

   Partners: Glens Falls Hospital Health Promotion Center, Local Municipalities, Schools, Warren County Public Health

   Evaluation: Document the number of planning meetings with schools and municipalities. How many agree to adopt complete streets and safer routes to school policies

2. Increase opportunities for free or low-cost physical activity programs for seniors (silver sneakers, yoga) in their communities. Regular physical activity by seniors provides many benefits besides weight control. Physical activity for seniors can improve balance and coordination, help slow the loss of muscle and bone density, reduce the risk of a serious fall, improve mental and emotional health and improve chronic disease management.

   Partners: Office for the Aging, Senior Centers, local fitness centers/YMCA, Warren County Public Health

   Evaluation: Document the number of physical activity programs that are provided to seniors, the number of seniors that participate in an activity program

3. Increase media and social media campaigns to promote physical activity including accessibility for people with disabilities and alternatives to traditional physical activities.

   Partners: Glens Falls Hospital Health Promotion Center, Warren County Public Health, Warren County OFA Local Independent Living Center, local media partners, AHI, GGFT Bike Share

   Evaluation: Document the number of social media posts shared monthly, number of traditional media spots including letters to the editor are published (print) or broadcast (radio) and the OFA monthly newsletter

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Focus Area #2 – Tobacco Prevention

Goal #1: Reduce the prevalence of tobacco use among Warren County adults
Goal #2: Reduce the number of teens/adolescents that start smoking and vaping
Goal #3: Reduce second-hand smoke exposure in Warren County

SMART Objectives
1. Reduce the percentage of adults 18+ in Warren County that are current smokers from 19.1% to 11.0% by the end of 2024.

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2. Reduce the percentage of adults 18+ with an income of less than $25,000 that are current smokers from 34.6% to 30.0% by the end of 2024.
3. Reduce the percentage of teens/adolescents that initiate vaping. Baseline data needs to be collected.
4. Increase the percentage of adults 18+ in Warren County that support smoke-free policies for multi-unit housing. Baseline data needs to be collected.

Interventions

1. Engage with local municipal leaders to get smoke-free policies enacted for all public parks and outdoor recreation areas.
   Partners: Glens Falls Hospital Health Promotion Center, AHI's Clear the Air in the Southern Adirondacks Advancing Tobacco Free Communities, local municipalities, Warren County Public Health
   Evaluation: Document the number of parks and outdoor recreation areas that are designated as smoke-free areas.

2. Engage with local planning boards and municipal leaders to limit the density of tobacco/vape shops in a community to reduce access for children.
   Partners: Glens Falls Hospital Health Promotion Center, AHI's Clear the Air in the Southern Adirondacks Advancing Tobacco Free Communities, local planning boards, Warren County Public Health
   Evaluation: Document the number of communications with local planning boards, the number of new policies adopted by planning boards to limit new smoke/vape shops within a community.

3. Provide access to free tobacco prevention education programs to elementary school children prior to initiation of tobacco/vape use and increase the number of Reality Check youth led programs. Reality Check of New York is a free youth-led, adult-supported program focused on those 13-18 years of age throughout New York State. In Warren County this program is a component of Clear the Air in the Southern Adirondacks, an initiative of Adirondack Health Institute. Involved youth lead positive change in their communities through the education of business leaders, legislators, and other community representatives and entities about the manipulative and deceptive marketing practices of the tobacco industry.
   Partners: AHI's Clear the Air in the Southern Adirondacks Advancing Tobacco Free Communities, Local School Districts, Warren County Public Health
   Evaluation: Documentation of Reality Check programs established, number of meetings held, number of youths participating in meetings, number of community engagements led by youth

4. Work with local healthcare providers and healthcare systems to develop and support the consistent and effective identification and treatment of tobacco users. Tobacco dependence remains the leading cause of preventable death and disease. 70% of tobacco users want to quit. Compared to tobacco users who do not receive clinician assistance, tobacco users who receive assistance from two or more clinicians are 2.4–2.5 times more likely to quit successfully for 5 or

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more months. More than 30% of tobacco users are successful when clinicians combine counseling and cessation medications.

>**Partners**: Glens Falls Hospital Health Promotion Center, Hudson Headwaters Health Network, Local Healthcare Providers and Healthcare Systems, Mental Health Care Providers, Warren County Public Health
>
>**Evaluation**: Document the number of consultations with health care and mental health providers to review current tobacco treatment policies, number of customized trainings healthcare staff and tobacco treatment champions, number of tobacco cessation resources provided to healthcare and mental health professionals.

5. Create sustained social media campaigns and other promotional messages that highlight the negative impacts of tobacco on a community and encourage residents and community organizations to support tobacco control policies.

>**Partners**: AHI's Clear the Air in the Southern Adirondacks, Glens Falls Hospital Health Promotion Center, Warren County Public Health
>
>**Evaluation**: Document the number of social media posts shared monthly, number of traditional media publications (print) or broadcast (radio) spots quarterly

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Focus Area #3 – Chronic Disease Self-Management

Goal #1: Reduce chronic disease mortality
Goal #2: Reduce chronic disease hospitalizations

SMART Objectives

1. Increase the percentage of Warren County adults that meet current guidelines that receive a colorectal cancer screening from 74.2% to 80% by the end of 2024.
2. Increase the percentage of Warren County females that meet current guidelines that receive a breast cancer screening from 83.8% to 90% by the end of 2024.
3. Reduce the overall cancer mortality rate from 271.5 to 257.5 per 100,000 population by the end of 2024.
4. Reduce the cardiovascular disease mortality rate from 335.8 to 318.8 per 100,000 population by the end of 2024.
5. Reduce the rate of diabetes hospitalizations (primary diagnosis) from 19.4 to 15.0 per 10,000 by the end of 2024.
6. Increase the percentage of Warren County adults with a chronic disease that take a chronic disease self-management class or course from 8.2% to 12.2% by the end of 2024.

Interventions

1. Partner with the local cancer services program to promote the importance of regular cancer screenings for breast, colorectal and cervical cancers and opportunities for uninsured individuals to receive free screenings based on eligibility.

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Partners: NYS Cancer Service Program at Glens Falls Hospital, Hudson Headwaters Health Network, Local Healthcare Providers, Warren County Public Health, Office for the Aging

Evaluation: Document the number of public tabling events, number of social media posts monthly, number of traditional media (print, broadcast) mentions per month.

2. Increase the number of healthcare providers that use patient reminder systems for recommended cancer screenings. There is ample evidence that reminder and recall systems are effective strategies that can be used by primary care physicians to increase cancer screening rates among eligible and high-risk populations.

    Partners: Hudson Headwaters Health Network, Local Primary Care Providers, Health systems, NYS Cancer Service Program at Glens Falls Hospital, Warren County Public Health

    Evaluation: Document the number of primary care physicians and healthcare systems that report using reminder systems to encourage cancer screenings among patient populations that meet current guidelines or are considered high risk.

3. Increase the number of free or low-cost chronic disease self-management classes that are available for people living with chronic conditions such as diabetes, asthma, hypertension, etc.

    Partners: Hudson Headwaters Health Network, Glens Falls Hospital Health Promotion Center, Primary Care Physicians, Office for the Aging, Warren County Public Health

    Evaluation: Document the number of providers trained to offer chronic disease self-management programs, the number of people with chronic disease that participate in self-management programs, the number of providers that refer patients to self-management programs.

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Priority Area #2 - Promote Well-being and Prevent Mental and Substance Use Disorders

Focus Areas: Promote Well-Being
                   Mental and Substance Use Disorders Prevention

Partners: Warren Washington Office of Community Services, Council for Prevention, Warren/Washington Association of Mental Health, Northern Rivers, Baywood Center for Drug Rehab and Alcohol Treatment, BHSN Center for Recovery, Addiction Care Center of Albany NY, first Steps to Recovery, Liberty House, Saratoga-North Country Continuum of Care (SNC CoC), Alliance for Positive Health, AHI, Warren County Public Health, Warren County Sheriff's Department, Warren County DSS, Local School Districts

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Focus Area #1 – Promote Well-being

Goal #1: Strengthen opportunities to build well-being and resilience across the lifespan

SMART Objectives

1. Reduce the percentage of Warren County adults that report a depressive disorder from 18.3% to 15% by the end of 2024.
2. Reduce the percentage of Warren County adults that report poor mental health from 8% to 5% by the end of 2024.

Interventions

1. Provide mental health and wellness training programs to targeted audiences that increase basic knowledge of mental health to help reduce stigma, help them understand mental health as a continuum of wellness that defines us every day — it is illness, recovery, and all the space in between and promotes wellness, treatment-seeking behavior, recovery, and self-care
   Partners: Warren Washington Association of Mental Health (WWAMH), Warren/Washington Office of Community Services, Community Outreach Organizations, Open Door Mission, Department of Social Services, Warren County Public Health
   Evaluation: Document the number of training programs offered, number of target audiences engaged, total number of participants

2. Provide trainings to agencies, services, and workplaces to encourage them to create trauma-informed spaces.
   Partners: WWAMH, Warren/Washington Office of Community Services, Local Chamber of Commerce, Open Door Mission, Warren County Economic Development Corp., Warren County Public Health

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Evaluation: Document the number of trainings provided, types of businesses trained (professional, office, manufacturing, other), number of places that implement policies creating trauma-informed spaces

3. Expand implementation of the Systems of Care Model in Warren County. The Systems of Care (SOC) Framework is a coordinated network of services and supports that are organized to meet the physical, mental, social, emotional, education, and developmental needs of children and their families.

    Partners: Warren/Washington Office of Community Services, Schools, Healthcare Providers, Mental Healthcare Providers, Saratoga-North Country Continuum of Care (SNC CoC), Warren County Public Health, Community Outreach Organizations,
    Evaluation: Document the number of organizations that utilize the Systems of Care Model to assist their populations.

Focus Area #2 – Mental and Substance Use Disorders Prevention

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Goal #1: Prevent self-inflicted hospitalizations and suicide
Goal #2: Prevent Substance use hospitalizations and deaths

SMART Objectives

1. Decrease the rate of suicide from 11.4 to 7 per 100,000 population by the end of 2024.
2. Decrease the rate of self-inflicted hospitalizations from 9.2 to 6 per 10,000 population by the end of 2024.
3. Decrease the rate of ED visits for opioid overdoses (any type) from 31.1 to 20.0 per 100,000 population by the end of 2024.
4. Decrease the rate of admissions to OASAS Certified Substance Use Disorder Treatment programs from 570.1 to 540.0 per 100,000 population by the end of 2024.
5. Reduce the opioid analgesics prescription rate from 589.1 to 525.0 per 1,000 population by the end of 2024.

Interventions

1. Expand access to emergency Naloxone kits in communities with higher rates of opioid overdoses, by working with businesses, municipalities, community organizations and schools that are accessible by the public.

    Partners: AHI, Alliance for Positive Health, Local Businesses, Community Organizations, Warren/Washington Office of Community Services, Warren County Public Health
    Evaluation: Document the number of emergency kits that are placed in the community on a yearly basis, number of times the kits are utilized.

2. Provide mental health first aid programs to the public and community organizations that teach participants a five-step action plan to help a person suffering from a mental health crisis.

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Partners: WWAMH, Council for Prevention, Community Organizations, Schools, Warren County Public Health, Open Door Mission (homeless population), WAITE House,
Evaluation: Document the number of MH First Aid Programs that are provided yearly, number of participants that complete the training

3. Increase the number of suicide prevention programs that are offered to schools, communities, organizations and businesses in Warren County.
    Partners: Council for Prevention, WWAMH, Warren/Washington Office of Community Services, Warren County Public Health
    Evaluation; Document the number of prevention programs that are conducted, number of participants that complete the training

4. Increase training and support for school staff focused on Mental Health First Aid for Youth, Trauma-informed Care and Motivational Interviewing.
    Partners: Council for Prevention, WWAMH, Warren/Washington Office of Community Services, Open Door Mission, Local Schools, Warren County Public Health
    Evaluation: Document the number of schools that offer staff training for the above-mentioned intervention(s), number of staff that complete the trainings

5. Expand mobile crisis services to a 24/7 model.
    Partners: Northern Rivers, Warren/Washington Office of Community Services, Warren County Public Health
    Evaluation: Document the operational hours of the MCRS program, number of people assisted

6. Expand mobile substance abuse treatment (MSAT) services. Mobile treatment services use certified counselors to meet people in their community or homes to provide substance abuse treatment. This reduces barriers to treatment for people who lack transportation or are uncomfortable receiving treatment in an office setting.
    Partners: Baywood, Addictions Care Center of Albany, Warren/Washington Office of Community Services, First Steps to Recovery
    Evaluation: Document the number of mobile substance abuse treatment (MSAT) counselors, number of people participating in MSAT program

7. Conduct at least 3 crisis intervention trainings with law enforcement and emergency personnel (EMS) to safely respond and interact with individuals that have substance use and/or mental health concerns.
    Partners: Warren/Washington Office of Community Services, Law Enforcement, EMS, Consumer and Family Advocacy Groups, Criminal Justice Representatives, Mental Health Service Providers, Warren County Public Health
    Evaluation: Document the number of agencies that participate in the CIT trainings, number of participants that complete the training, with at least three trainings conducted

8. Engage with local pediatric providers and medical offices to ensure screenings for mental health issues and substance use concerns for children (ACES)

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Partners: Warren/Washington Office of Community Services, Pediatric Healthcare Providers, Mental Healthcare Providers, Council for Prevention
Evaluation: Document the number of pediatric providers that report that they regularly screen for mental health and substance use with their patients

9. Expand access to postvention response teams. A postvention response team is a team of volunteers and professionals that are available to provide support for those who have experienced a recent suicide or sudden traumatic loss.

Partners: Council for Prevention, Warren/Washington Office of Community Services, Mental Health Professionals, Warren County Public Health
Evaluation: Document the number of postvention response team members there are and if it increases, number of people helped by postvention response teams

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Appendix A – Community Stakeholder Survey Summary

Summary of 2022 Community Stakeholder Survey

Public Health

Hospital/Medic
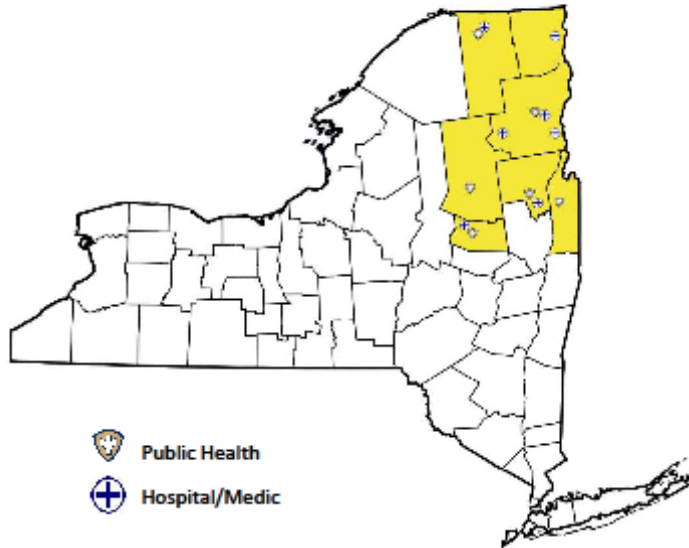
Adirondack Rural Health Network Service Area
Clinton, Essex, Franklin, Fulton, Hamilton,
Warren and Washington Counties

a·H·I

ARHN is a program of AHI-Adirondack Health Institute
Supported by the New York State Department of Health, Office of Health Systems Management,
Division of Health Facility Planning, Charles D. Cook Office of Rural Health.

2022

A copy of this survey is available by request. This is an embedded object in the electronic versions.

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Appendix B – Warren County Public Input Survey

Demographics
Respondents were asked their zip code and age group. About 65% of respondents are located within the Queensbury and Glens Falls area of Warren County. More than 80% are over the age of 40.

Respondents Zip-Codes: 170 responses

12804	74	43.5%
12801	38	22.4%
12845	13	7.6%
12853	8	4.7%
12885	7	4.1%
12817	6	3.5%
12846	6	3.5%
12814	4	2.4%
12836	2	1.2%
12878	2	1.2%
12810	1	0.6%
12815	1	0.6%
12824	1	0.6%
12856	1	0.6%
12860	1	0.6%
12874	1	0.6%
12886	1	0.6%
Other	3	1.8%

Respondents Age Group: 170 responses

40-54	59	34.7%
55-64	43	25.3%
65 and over	38	22.4%
26-39	26	15.3%
25 or less	4	2.4%

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1. What do you think are the THREE most important factors for a "Healthy Community"? (those factors that improve the quality of life in a community)

Respondents were given 9 options to choose from and given the option to write in their own response. They were asked to pick 3 in no ranking order.

Top 3 Choices Overall
Access to Health Care
Clean Environment + Low Crime/Safe Neighborhood (tied)
Healthy Behaviors and Lifestyles

Three Most Important Factors for a "Healthy Community"

Factor	Value
Good Schools	61
Access to Health Care	120
Access to fresh fruits and vegetables	36
Parks and Recreation	54
Arts and Cultural Events	6
Healthy Behaviors and Lifestyle	67
Emergency Preparedness	16
Clean Environment	74
Low Crime/Safe Neighborhoods	74

| Independent Reponses |
|---|
| Get drug dealers and druggies off the streets |
| Affordable housing, good paying jobs |
| Stronger restrictions for alcohol, tobacco and controlled substance drugs |
| Affordable living for younger people |

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2. What do you think are the THREE biggest "Health Problems" in your community? (those problems that have the greatest impact on overall community health)

Top 3 Choices Overall
Chronic Diseases
Mental Health Problems
Substance Use/Abuse

3 Biggest "Health Problems" in the Community

Health Problem	Count
Chronic Diseases (cancer, diabetes, heart disease,…	114
Child Abuse/Neglect	37
Dental Problems	15
Domestic Violence	22
Motor Vehicle Crash Injuries	10
Mental Health Problems	112
Teenage Pregnancy	2
Sexually Transmitted Diseases (STDs/HIV)	0
Suicide	4
Infant Deaths	1
Substance Use/Abuse	109
Obesity	61

Independent Responses
Pandemic
Cost prohibitive hurdles for healthcare access
Access to affordable healthy food
Lack of required vision exams for children entering school
Covid-19
Affordable housing, good paying jobs
Access to outdoor rec and trails is impossible without a car
Drinking/drugs
Ignorance
Asthma, allergies
Lack of community programs for youth and families

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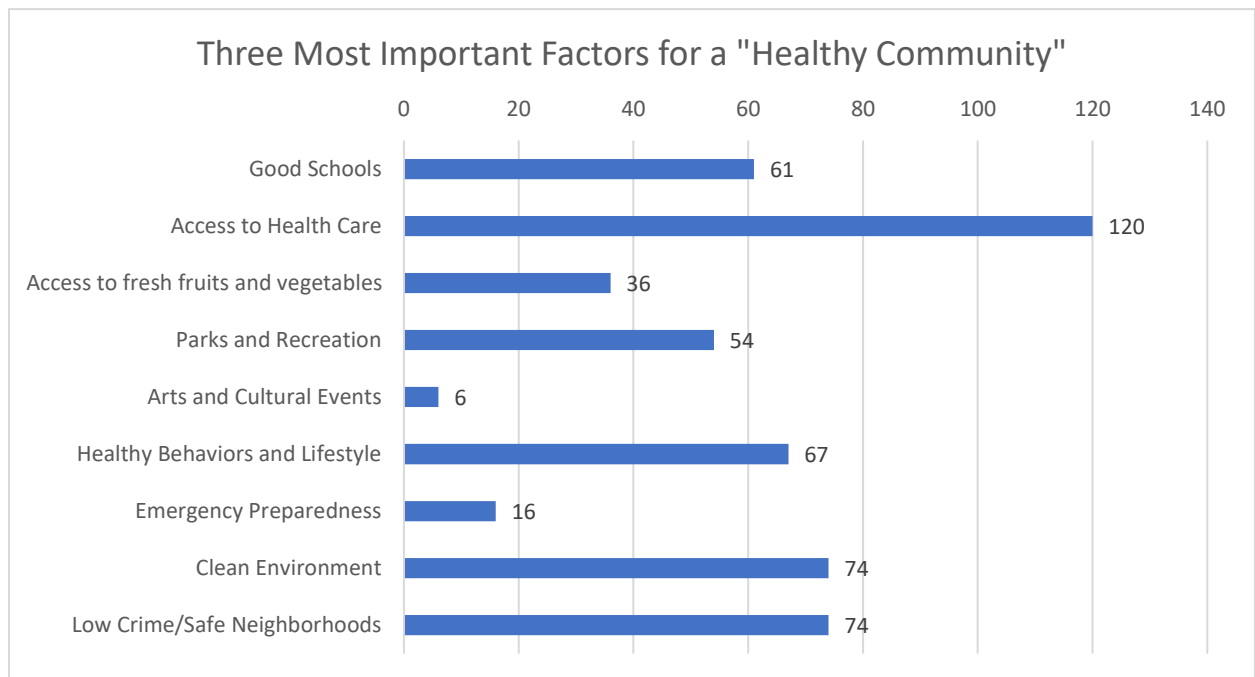*Adirondack Rural Health Network (ARHN) region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties*
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3. What do you think are the THREE most common "Risky Behaviors" in your community? (those behaviors that have the greatest impact on overall community health)

Top 3 Choices Overall
Alcohol Abuse
Substance Misuse
Poor Eating Habits

3 Most Common "Risky Behaviors" in the Community

Behavior	Value
Alcohol Abuse	90
Dropping out of School	22
Not enough exercise	63
Late or no prenatal care	1
Poor eating habits	68
Not getting vaccines to prevent disease	44
Tobacco use/Vaping	66
Unsafe sex	4
Not getting preventive health screenings (blood pressure,…	60
Substance misuse	78

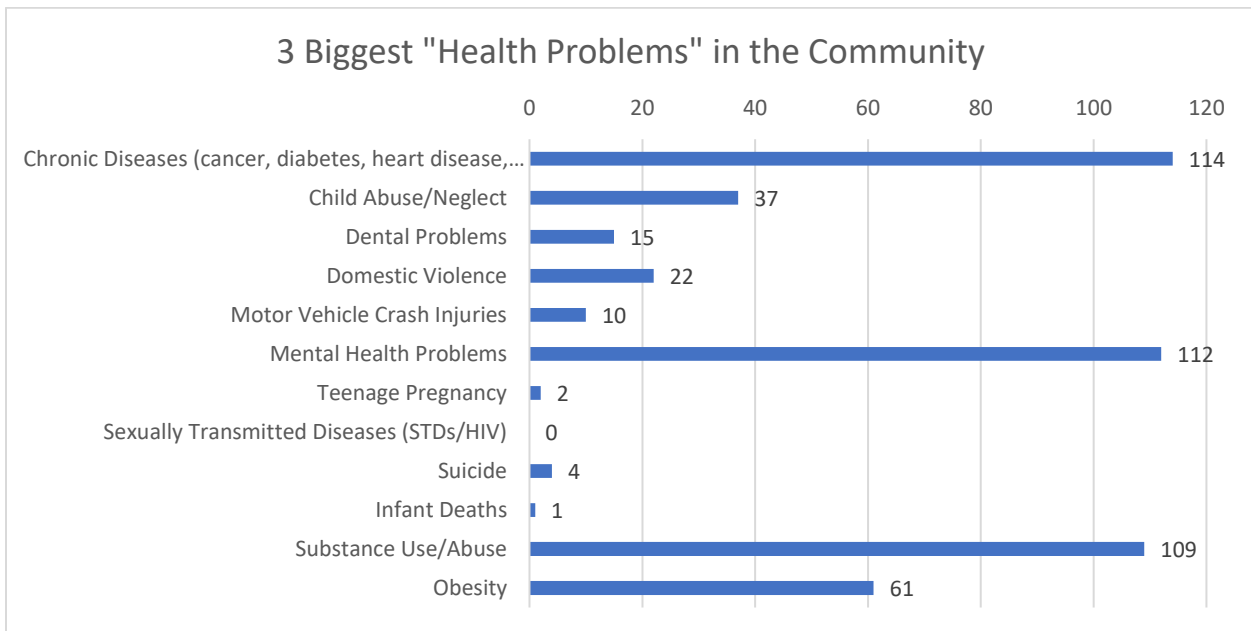| Independent Responses |
| --- |
| Substance abuse |
| Lack of affordable housing, good paying jobs, and good health insurance |
| Bad driving and roads in residential areas with high speed limits |
| Pollution |
| Parental control |
| Lack of affordable health/dental care |
| Greed and lack of 'community' |
| Poverty (including underemployed/underpaid) |
| Distracted/impaired driving |
| Marijuana and addictive drugs use |
| Lack of childcare |

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4. What do you think would improve the "Health Problems" and "Risky Behaviors" in your community? (e.g., programs, education, better access to health care, etc.)

Respondents were asked to "check all that apply" and given the option to write in their own response.

Top 5 Suggested Areas for Improvement
Increased access to mental health resources
Access to substance abuse treatment and recovery programs
Community led health initiatives
Access to free or low-cost group exercise programs
Chronic disease self-management programs

What Would Improve the "Health Problems" and "Risky Behaviors" in the Community

- Chronic disease self management programs: 50
- Diabetes self management programs: 15
- Increased access to mental health resources: 126
- Access to substance abuse treatment and recovery…: 100
- Online health education programs: 21
- Community led health initiatives: 93
- Access to free or low-cost group exercise programs: 73
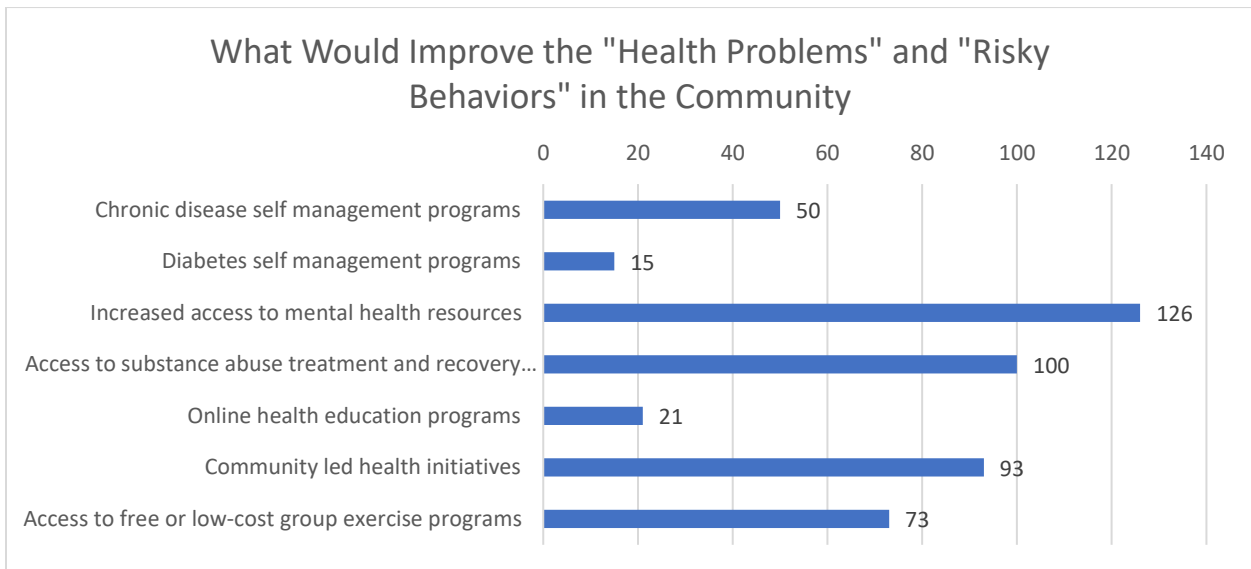
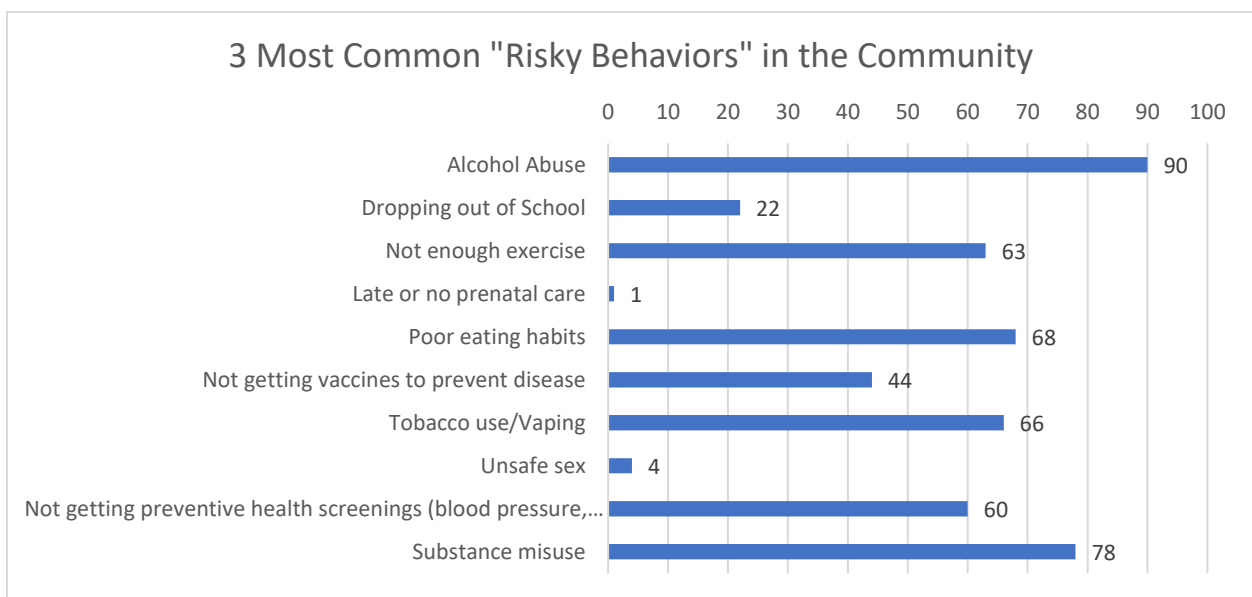| Independent Responses |
|---|
| Universal healthcare including dental, vision, and hearing |
| People not using drugs and/or alcohol |
| Free (publicly funded) universal health care |
| Raise taxes on alcohol and tobacco astronomically |
| Affordable housing, good paying jobs |
| Air/land/water pollution needs to be reduced. Gardening and community gardens, composting options would be nice. Sidewalks too |
| Early education in our schools pertaining to physical and mental wellness |
| More doctors for pcp visits vs. urgent care or ER care |
| Required mandates for vaccinations to prevent unnecessary illnesses. |
| Better education |
| Senior care |
| Access to good food |

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More permanent public housing for the housing insecure
Wraparound services, identifying gaps in services, more focus on building authentic community
Alcohol/drug abuse programs in our town
Better coordination of medical care between providers and patients, lower cost care
Make people responsible for their own health and wellness
Getting rid of the ridiculous social programs Glens Falls has been implementing. Add more police!

5. What do you think is the best way to get health information to your community?

Best Way to get Health Information to the Community

- Social Media (facebook, instagram, twitter, etc.) ▪ Emails (newsletters, reminders, etc)
- Advertising (online, yard signs, flyers, etc.) ▪ In Person (community events, school events, etc.)
- On our website

Independent Responses
Access to healthcare
Local FM radio
Multi-pronged approach
Everything above. Plus news articles!
All of these
Word of mouth! (the original "social" media)
Depends
Older: USPS mail, FB, Insta, Twitter, newspaper. Youth: website, tiktok, snapchat, youtube shorts, campus events
First you have to tell the truth

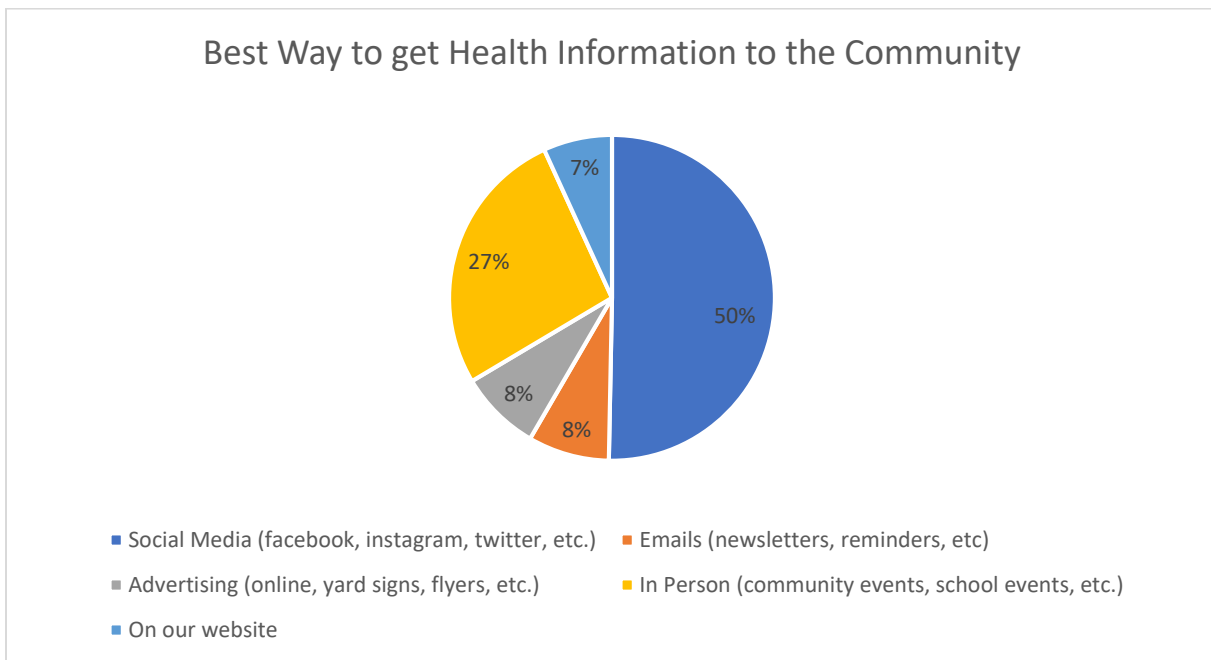*Upstate New York is defined as all counties other than that which make up New York City (Bronx, New York, Kings, Richmond, and Queens Counties).
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6. What groups or organizations benefit the health and well-being of your community? What groups or organizations do you think COULD benefit the health and well-being of your community?

There were 92 individual responses to this question. We condensed the list to remove duplicate ideas and separated some responses to make the list easier to read. The highlighted groups/organizations/services are the ones that had at least 5 mentions. If you would like the full list of responses, please contact our office. (?)

YMCA	On site fitness classes from Fitness Professionals on Demand we're helpful in the past
Low income (programs/services)	Glens Falls Family Services Association
Senior citizens/Senior Centers	Southern Adirondack Health Initiative
Hudson Headwaters Health Network	Meals on Wheels
Cornell Cooperative Extension	Health care facilities
Parks & Rec Departments	LGA
Warren County Public Health	youth groups, civic groups
Local schools	Fitness groups and events. Drug counseling.
Social Services	Catholic Charities
Churches	community maternity services
Lake George Land Conservancy	care management programs- AHI
Law Enforcement programs, Adult Education and Parenting Responsibly	CKFM, Walgreen's is a great resource for medicine questions
WIC	Food banks/pantries
AARP	Up Yonda Farm
A consolidated EMS system	Head Start
Community health / group exercise / gym	Local Libraries
Any organizations that will work to provide affordable housing and improved public transportation	The Open Door Mission
Education to groups about access to care.	The Prospect Center
Community yoga at SUNY Adirondack	Tri-County United Way
Boy/Girl Scouts	Southern Adirondack Childcare Network
Firehouse	Office of the Aging
Red Cross	Farmers Markets
Gurney Lane and the other trail systems. All the sports courts at Crandall Park.	SAIL
Adirondack Outreach	Big Brothers Big Sisters
Chronic Disease Programs	Conkling Center
Our doctors	Conifer Park
GFH	Baywood
Local Government	Recovery Programs
WWAMH	

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7. What would you like to see Warren County Public Health doing for the health and well-being of your community?

There were over 100 individual responses for this question. We organized the responses into a few categories. Some examples of each will be listed out, the underlined ones are ideas that were mentioned at least three times. If you would like the full list of responses, please contact our office. (?)

Community Events
Health Education
Outreach and Advertising
Healthcare
Mental Health
Built Environment
Schools and Kids Health

Community Events:
- Public forums and workshops
- Community events
- Health fairs
- Community fitness classes (flash dance, yoga, etc.)
- Group activities
- Wellness classes

In person, virtual (permanently stored on YouTube), fully inclusive (ASL, braille, mobility, breathing (fragrance and smoke free))

Health Education:
- Car seat and parenting classes
- Information on health eating and physical activity
- More free educational programs on different health topics
- Self-defense classes
- Education of healthy practices and healthy lifestyles

Outreach and Advertising:
- Raising awareness of programs and health resources that are available
- Make sure ads remain current
- More outreach, specifically to youth and at-risk populations
- Updates on current and new programs
- Be more visible and public facing
- Welcome packets to new residents

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Healthcare:
- More accessible and affordable health care services
- Advocate for universal health care
- Continue home health services
- Identify groups/individuals who don't have access to health services due to limited resources
- Free health screenings
- Free health and wellness clinics
- Bring in specialist for diseases

Mental Health:
- More mental health and substance abuse prevention information
- Promotion of available treatment
- Better access to mental health services
- Increase number of caseworkers at DSS

Built Environment:
- More walkable communities and accessible walking trails
- More outdoor recreation opportunities
- Decrease pollution (from the factories in Glens Falls specifically)
- Affordable and accessible housing, parking, and transportation, especially in rural areas

Schools and Kids Health:
- Education about teen pregnancies, alcohol, and tobacco
- Continue school health education programs
- Free programs in schools for students, parents, and communities
- Improve school lunches/nutrition

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Appendix C – CHA Data Profile

Adirondack Rural Health Network	County									ARHN Region	Upstate NYS*	New York City	New York State
Summary of Demographic Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington				
Square Miles [1,2]													
Total Square Miles	1,037.9	1,794.2	1,629.1	495.5	1,717.4	403.0	810.0	867.0	831.2	8,372.2	46,823.75	302.65	47,126.4
Total Square Miles for Farms	252.5	90.0	219.9	34.7	1.5	179.7	111.9	15.8	289.5	903.8	10,727.98	0.42	10,728.40
Percent of Total Square Miles Farms	24.3%	5.0%	13.5%	7.0%	0.1%	44.6%	13.8%	1.8%	34.8%	10.8%	0.23	0.1%	22.8%
Population per Square Mile	77.4	20.8	30.9	107.9	2.6	122.3	283.1	74.0	73.4	41.9	237.8	27687.3	414.1
Population [3]													
Total Population	80,320	37,281	50,389	53,452	4,454	49,294	229,313	64,187	61,034	351,117	11,135,297	8,379,552	19,514,849
Percent White, Non-Hispanic	90.4%	93.0%	82.3%	93.0%	94.9%	86.5%	92.1%	95.5%	92.6%	87.9%	79.8%	41.4%	62.3%
Percent Black, Non-Hispanic	4.2%	3.2%	5.6%	1.9%	0.5%	2.8%	1.7%	1.1%	3.0%	3.0%	10.1%	23.8%	15.4%
Percent Hispanic/Latino	2.9%	3.1%	3.6%	3.4%	1.7%	14.7%	3.3%	2.7%	2.8%	2.9%	13.0%	28.8%	19.1%
Percent Asian/Pacific Islander, Non-Hispanic	1.2%	0.4%	1.2%	0.8%	0.0%	0.7%	2.9%	0.9%	0.6%	0.8%	4.9%	14.3%	8.6%
Percent Alaskan Native/American Indian	0.2%	0.2%	6.2%	0.4%	0.0%	0.2%	0.2%	0.2%	0.3%	1.1%	0.4%	0.4%	0.4%
Percent Multi-Race/Other	2.2%	1.9%	2.4%	3.3%	3.9%	3.8%	2.6%	2.0%	2.6%	2.3%	4.3%	5.6%	4.7%
Number Ages 0-4	3,775	1,506	2,405	2,750	135	3,114	11,481	2,829	2,868	16,268	605,910	534,759	1,140,669
Number Ages 5-14	8,142	3,260	5,622	6,104	342	6,147	25,765	6,635	6,625	36,730	1,302,649	934,646	2,237,295
Number Ages 15-17	2,502	1,229	1,721	1,943	123	2,048	8,525	2,176	2,042	11,736	425,114	268,064	693,178
Number Ages 18-64	52,359	22,537	25,071	32,223	2,481	28,798	141,996	38,228	37,864	210,763	6,832,435	5,389,570	12,222,005
Number Ages 65+	13,542	8,749	8,610	10,432	1,373	9,187	41,546	14,319	11,905	68,930	1,969,189	1,252,513	3,221,702
Number Ages 15-44 Female	15,026	5,401	7,825	9,016	526	8,702	40,725	10,485	9,787	58,066	579,669	3,317,146	3,896,815
Family Status [3]													
Number of Households	31,557	16,182	18,880	22,406	1,416	19,621	95,898	29,034	24,054	143,529	4,222,533	3,191,691	7,414,224
Percent Families Single Parent Households	9.8%	10.5%	10.0%	11.9%	N/A	11.4%	8.6%	11.8%	11.8%	11.0%	N/A	6.2%	7.3%
Percent Households with Grandparents as Parents	9.1%	24.8%	9.0%	12.8%	3.6%	8.6%	19.8%	14.1%	7.2%	11.5%	7.2%	18.9%	18.2%
Poverty [3,4]													
Mean Household Income	$ 75,442	$ 77,483	$ 69,689	$ 69,513	$ 71,980	$ 67,109	$ 108,479	$ 85,859	$ 71,922	$ 74,555	$ 97,962	$ 104,788	$ 105,304
Per Capita Income	$ 29,960	$ 33,906	$ 26,886	$ 29,984	$ 28,758	$ 27,346	$ 45,624	$ 38,740	$ 29,014	$ 31,035	$ 33,208	$ 41,907	$ 40,898
Percent of Individuals Under Federal Poverty Level	12.3%	10.1%	17.8%	14.8%	8.6%	17.8%	5.9%	8.5%	10.9%	11.9%	12.5%	16.8%	13.6%
Percent of Individuals Receiving Medicaid	23.3%	27.1%	25.9%	28.5%	24.9%	30.4%	12.9%	19.7%	26.5%	24.2%	20.2%	32.9%	25.7%
Per Capita Medicaid Expenditures	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,762
Immigrant Status [3]													
Percent Born in American Territories	95.4%	95.8%	96.8%	98.1%	98.2%	96.5%	94.0%	96.1%	97.5%	96.6%	87.5%	61.3%	76.3%
Percent Born in Other Countries	4.6%	4.2%	3.2%	1.9%	1.8%	3.5%	6.0%	3.9%	2.5%	3.4%	12.5%	38.7%	23.7%
Percent Speak a Language Other Than English at Home	5.9%	6.2%	8.0%	2.5%	3.0%	13.8%	6.8%	4.1%	5.0%	5.2%	17.2%	48.0%	30.3%
Housing [3]													
Total Housing Units	36,723	26,390	25,835	29,148	8,964	23,529	107,192	40,119	29,562	196,741	4,843,376	3,519,595	8,362,971
Percent Housing Units Occupied	85.9%	61.3%	73.1%	76.9%	15.8%	83.4%	89.5%	72.4%	81.4%	73.0%	87.2%	90.7%	88.7%
Percent Housing Units Owner Occupied	67.9%	76.4%	72.1%	69.7%	85.3%	67.5%	72.1%	70.7%	72.7%	71.9%	61.2%	29.8%	54.1%
Percent Housing Units Renter Occupied	32.1%	23.6%	27.9%	30.3%	14.7%	32.5%	27.9%	29.3%	27.3%	28.1%	26.0%	60.9%	45.9%
Percent Built Before 1970	46.2%	53.3%	56.2%	65.0%	52.4%	70.6%	34.1%	45.5%	58.0%	53.2%	60.6%	75.4%	66.8%
Percent Built Between 1970 and 1979	13.5%	12.6%	10.9%	10.8%	13.4%	7.6%	13.5%	11.7%	9.4%	11.7%	12%	7.0%	9.9%
Percent Built Between 1980 and 1989	14.0%	10.5%	12.5%	9.7%	10.2%	8.6%	14.4%	13.9%	10.6%	12.0%	9.6%	4.8%	7.6%
Percent Built Between 1990 and 1999	13.8%	9.2%	11.0%	6.7%	12.7%	7.2%	14.4%	11.1%	9.6%	10.5%	8.1%	3.9%	6.3%
Percent Built 2000 and Later	12.5%	14.4%	9.5%	7.9%	11.2%	6.0%	23.7%	17.9%	12.4%	12.7%	9.7%	8.9%	9.4%
Availability of Vehicles [3]													
Percent of Households with No Vehicles Available	9.4%	8.4%	10.3%	10.2%	3.0%	13.4%	4.4%	8.8%	9.3%	9.3%	9.5%	54.8%	29.0%
Percent of Households with One Vehicle Available	33.1%	34.8%	32.3%	33.0%	32.1%	34.9%	31.7%	33.8%	30.9%	32.9%	33.2%	31.6%	32.5%
Percent of Households with Two Vehicles Available	38.6%	40.2%	41.1%	38.0%	48.0%	33.7%	44.0%	39.7%	38.5%	39.3%	37.9%	10.3%	26.0%
Percent of Households with Three or More Vehicles Available	19.0%	16.5%	16.2%	18.7%	16.9%	18.0%	19.9%	17.8%	21.4%	18.5%	19.4%	3.2%	12.5%
Education [3]													
Total Population Ages 25 and Older	55,208	28,740	35,561	38,599	3,485	34,193	164,817	48,041	44,788	254,422	7,715,731	5,933,426	13,649,157
Percent with Less than High School Education	11.4%	10.3%	12.9%	12.1%	19.8%	13.3%	6.6%	8.4%	12.8%	11.4%	9.4%	16.7%	12.5%
Percent High School Graduate/GED	35.3%	32.0%	37.4%	36.5%	28.7%	34.8%	24.3%	29.1%	39.5%	34.9%	27.1%	23.7%	25.6%
Percent Some College, no degree	16.3%	17.3%	16.6%	18.6%	17.6%	21.1%	15.9%	18.9%	17.5%	17.5%	16.9%	13.6%	15.5%
Percent Associates Degree	11.0%	11.4%	12.9%	15.4%	13.9%	13.0%	11.6%	11.4%	10.8%	12.1%	10.7%	6.4%	8.9%
Percent Bachelor's Degree	13.5%	16.6%	10.6%	9.8%	10.0%	10.6%	23.2%	17.2%	11.6%	13.2%	19.6%	22.6%	20.9%
Percent Graduate or Professional Degree	10.9%	13.3%	10.1%	8.4%	9.9%	8.0%	18.8%	15.1%	8.6%	11.1%	16.5%	16.5%	16.5%

> A copy of these data sheets is available by request. This is an embedded object in the electronic versions.

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Appendix D – Community Resources

Chronic Disease Prevention

Adirondack Health Institute

- **Adirondack Rural Health Network**

The Adirondack Rural Health Network (ARHN), the longest-running program of AHI, originating in 1992, provides a forum for public health leaders, community health centers, hospitals, behavioral health organizations, emergency medical services, and other community-based organizations to assess regional population health needs and develop collaborative responses to priorities.

- **Clear the Air in the Southern Adirondacks**

Advancing tobacco-free communities partnership grant funded by the New York State Department of Health Bureau of Tobacco Control (BTC) and serves Warren, Washington, and Saratoga counties. CASA seeks to build healthier communities through tobacco-free living in the counties we serve.

CASA's goal is to reduce the impact of retail tobacco marketing on youth and adults, establish a tobacco-free community norm through tobacco-free outdoor air policies and tobacco-free housing policies, and decrease tobacco imagery in youth-related movies and in the tobacco industry presence on social media.

Glens Falls Hospital Health Promotion Center

- **Health Systems for a Tobacco Free New York**

The Health Promotion Center of Glens Falls Hospital, in partnership with the North Country Healthy Heart Network, works collaboratively with health care systems to develop and support the consistent and effective identification and treatment of tobacco users. The initiative provides resources and consultation to physical health care providers and mental health care providers to improve the delivery of comprehensive, evidence-based interventions for tobacco use and dependency.

- **Creating Health Schools and Communities**

The Health Promotion Center of Glens Falls Hospital partners with members of school districts and surrounding communities to implement sustainable policy, system, and environmental changes. The Creating Healthy Schools & Communities initiative focuses on increasing access to healthy, affordable foods and opportunities for physical activity for students, staff, families, and community members.

- **Glens Falls Hospital Cancer Services Program of Warren, Washington and Hamilton Counties**

The Cancer Service Program (CSP) at Glens Falls Hospital provides breast, cervical and colon cancer screening at NO COST to men and women who qualify. The CSP provides cancer screening, follow-up tests, help getting treatment and support services.

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- **CR Wood Cancer Center at Glens Falls Hospital**

A comprehensive program of cancer care services that include advanced treatments and innovative education and support programs to early detection and cancer prevention.

- **Glens Falls Hospital Diabetes and Nutrition Center**

The Diabetes and Nutrition Center provides high-quality diabetes and self-management skills training to improve the quality of health and life of people living with diabetes in our region.

Hudson Headwaters Health Network - Chronic Disease Prevention Services/ Programs

- **Care Management Program**

Care managers work alongside the primary care, specialty care and behavioral health care teams to provide health coaching, coordination and transferring self-management skills to patients with chronic conditions to meet their health care goals.

- **Diabetes Education and Nutrition Counseling**

Hudson Headwaters offers a nutritionist and certified diabetes educator to work with patients who suffer from diabetes, overweight/obesity, hyperlipidemia, hypertension and other conditions. Nutritionists work with patients of all ages.

- **Food as Medicine**

This program teaches clinically and financially eligible patients the benefits of healthy eating, provides solutions to food-related barriers and provides access to fresh foods.

- **Opioid Addiction Medication-Assisted Treatment Program**

Hudson Headwaters offers a medication-assisted treatment program for adults impacted by Opiate Use Disorder.

- **Women's Health**

Hudson Headwaters offers a full array of health care services for women of all ages in Warren County, through Warrensburg Health Center and Women's Health in Glens Falls. Preventive health services include mammography, ultrasound and bone density scans, lab services, behavioral health, and nutritional counseling.

County Departments

- **Warren/Hamilton County Office for the Aging**

The Office For the Aging serves the over age 60 population of the County, assisting them with accessing services and address their needs. This includes services that help them remain independent, prevent premature institutionalization, relieve isolation and loneliness, and improve their quality of life and health.

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- **Warren County Public Health**

Working together and committed to excellence, we protect, promote, and provide for the health of our citizens through prevention, science, services, collaboration, and the assurance of quality health care delivery. For a complete breakout of our services please visit our website https://warrencountyny.gov/healthservices

Well-being, Mental Health & Substance Use Disorders

Council for Prevention
The Council for Prevention fosters healthy communities, schools, families, and individuals. The Council supports and encourages collaboration among leaders, professionals, and community members addressing the issues of mental health, substance abuse, disease prevention, treatment, and recovery. For a complete list of programs and services go to https://councilforprevention.org/

Warren, Washington Association of Mental Health
The Mission of the Warren-Washington Association for Mental Health, Inc. (WWAMH) is to improve the quality of life for those affected by mental illness and to promote the awareness and importance of mental wellbeing in the community. For a complete list of services and programs go to https://www.wwamh.org/missionbackground/

Baywood
Baywood Outpatient Clinic is a drug and alcohol rehab facility for people living in Queensbury and its surrounding areas struggling with a substance abuse issue and co-occurring mental health disorder. As such, it provides services like Individual Therapy, Group Therapy and more, that are in line with its philosophy of evidence-based treatments that are proven effective. Baywood Outpatient Clinic believes in individual treatment to make sure that their clients achieve the best possible results.

Behavioral Health Services North
Behavioral Health Services North, Inc., a progressive not-for-profit organization founded in 1874, is committed to strengthening individuals, families, and community life by delivering a behavioral health care and human service system that provides an integrated continuum of essential, responsive, and cost-effective services. For a complete list of programs and services go to https://bhsn.org/about-us/

ACCA- Addictions Care Center of Albany
For a complete list of programs and services go to https://www.theacca.net/

First Steps to Recovery
First Steps to Recovery is a hybrid outpatient provider that offers virtual, mobile, and in-person treatment. They specialize in same-day access to Medications for Opioid Use Disorder (MOUD). For a complete list of programs and services go to https://www.firststeps2recovery.com/services/

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Office of Community Services for Warren and Washington Counties

Responsible for planning, oversight and coordination of a wide range of services for individuals and families impacted by mental illness, intellectual/developmental, and addiction issues. It works in partnership with the NYS Office of Mental Health, the NYS Office of Addiction Services and Supports, and the NYS Office for People with Developmental Disabilities to ensure services are developed according to identified local needs.

Northern Rivers

A family of human services agencies providing help and hope to those who struggle with abuse, neglect, trauma, mental health challenges, educational difficulties, career training and employment, and service navigation through an innovative continuum of home-, clinic-, school-, and community-based, vocational rehabilitative, supported employment, and senior-supporting programs that provide person-centered, trauma-informed innovative solutions to ensure clients live their best lives. For a complete list of programs and services go to https://www.northernrivers.org/

PEOPLE USA- peer-run mental health non-profit

People USA has been a leader in providing person-centered care for those experiencing acute emotional distress. For a complete list of programs and services go to https://people-usa.org

Liberty House

Dedicated to assisting individuals with disabling mental health conditions in increasing their functioning to the highest level possible with the least amount of on-going professional intervention. For a complete list of programs and services go to https://libertyhousefoundation.net/

Other Resources

Southern Adirondack Independent Living Center

SAIL promotes the independence, equality and dignity of people with disabilities in all aspects of personal and community life. For people with disabilities and their families, Independent Living means knowing what services and supports are available; having the ability to choose the services that are right for each person, family and lifestyle; and taking responsibility for personal choices and actions.

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