

2010-13 Community Health Assessment

COVER PAGE

Local Health Department Address: _____ **1340 State Route 9** _____
_____ **Lake George, NY 12845** _____

Telephone: _____ **518-761-6580** _____ **Fax:** _____ **518-761-6422** _____

Submitted by: _____ **Dan Durkee** _____ E-MAIL: _____ **durkeed@co.warren.ny.us** _____

Prepared by: _____ **Dan Durkee** _____

GENERAL COUNTY INFORMATION

Health Department Type (please check one):

Full Service Less than Full Service

Organization Type (please check one):

Single Agency Multiple Agency,
(Health Only) please list: _____

2010-13 Community Health Assessment

CHA – Prevention Agenda Description and Priority Areas

This form provides a summary of the Prevention Agenda activities and priorities, which are described in more detail within the CHA document.

1. With whom did you partner to establish the 2-3 prevention Agenda priority areas? Please check all that apply and where lines are provided, list partners:

Hospitals: Elizabethtown Community Hospital, Glens Falls Hospital
 Moses-Ludington Hospital, Nathan Littauer Hospital and
Nursing Home

CBOs: _____

Other local government agencies: _____

Not for Profits: _____

other LHDs, please list: Essex, Fulton, Hamilton, Saratoga, Washington Counties

Primary/medical care providers Schools

Faith organizations HMOs

Businesses Rural Health Networks

others : Adirondack Medical Center, Greater Adirondack Perinatal Network
School Beat Healthy Heart Program, Hudson Mohawk Area Health
Education Ctr.,

2. What are the 2-3 priority areas your collaborative has selected, please check:

Access to Quality Health Care Mental Health/Substance Abuse

Tobacco Use

Health Mothers/Babies/Children

Physical Activity/Nutrition

Unintentional Injury

Healthy Environment

Chronic Disease

Infectious Disease

Community Preparedness

Section 1 - Demographic and Health Status Information

3. Did your collaborative use the services of a contractor to assist you in the process you used to arrive at your priority areas? Yes

Please provide their contact information: Please see the document Building a Healthy Community: Community Health Assessment and Community Service Plan, September 2009 for contractor contact information.

4. What was your collaborative process? Check all that apply:

- In-person meetings
- Phone calls
- Conference calls
- Other

Please briefly describe your process: Please see the document Building a Healthy Community: Community Health Assessment and Community Service Plan, September 2009 for the process description. Only one regional priority area was chosen by the collaborative. Warren County Health Services chose the second and third priorities independently from the collaborative. There was little involvement in outside agencies, organizations or hospitals in deciding the two priority areas.

5. Please indicate the individuals from your agency who were involved in the process. Check all that apply.

- Local Public Health Director/Commissioner
- Nurses
 - Supervising
 - Line/program
- Sanitarians/environmental engineers
- Physicians/PAs
- Community Planners
- Health Educators
- Others, please provide title: _____

6. Were any of the following individuals involved in the process?

- Board of Health member(s) Y N
- Member(s) of the county legislature Y N
- County executive/Administrator Y N

CHA CHECKLIST/ INDEX

This checklist/index identifies the elements of a comprehensive CHA as described in the Guidance and Format Document. The checklist should be used as a companion to the Guidance and Format Document, which provides greater detail than does the checklist. The checklist has many uses: it will show the portions of the CHA that have been included, identifying the page locations for the material submitted; it provides a reference for all the activities undertaken to support community health assessment; it provides a quick reference for responding to inquiries and making updates; it will also assist us in identifying potential technical assistance and training needs.

Please use the following conventions for the lines preceding the sections and sub - sections:

X - to denote information provided

- N/A - to denote information that is not available
- N/S - to denote information that is not submitted

Please use the index to identify the placement of the information within the CHA document, whether you follow the order of the checklist or use another format. If you have any questions please contact Lucy Mazzaferro at (518) 473 - 4223.

Reminder

Please note that data for all service areas defined by Article 6 must be reflected in the CHA. Data related to all optional or optional other program areas must also be included in the CHA. This means that data for the five Basic Service areas and the program areas within those categories must be included in the CHA. The CHA forms the justification for the activities conducted in the MPHSP and any activities undertaken by the LHD, for which reimbursement is sought, must be justified by the data analysis in the CHA. A listing of the Service and Program Areas has been included for your use.

**CHA Checklist/INDEX
INDEX**

(page no.)

Section One - Populations at Risk

_____	<u>A. Demographic and Health Status Information –</u> narrative and statistical description of the county.....	_____
_____	1. overall size.....	___1___
_____	2. breakdowns by	
	a) _____ age	___1___
	b) _____ sex	___1___

Section 1 - Demographic and Health Status Information

c) ___	race.....	___1___
d) ___	income levels (esp.percent at poverty level) ...	___2___
e) ___	percent employed	___1___
f) ___	educational attainment.....	___2___
g) ___	housing	___2___
h) ___	other relevant characteristics.....	___2___
___3_	3. natality.....	___3_
___4_	4. morbidity.....	___
___5_	5. mortality	___3_
___6_	6. other relevant demographic data compiled and analyzed, using small areas, such as minor civil divisions, zip codes or census tracts within counties, wherever possible and meaningful.	___
___7_	7. particular emphasis placed on interpreting demographic trends for the relationship to poor health and needs for public health services.....	___

For your convenience, a listing of service areas and programs has been included. Please note, that the CHA does not require data for environmental health programs. If the LHD is performing environmental health programs that are not described in 10NYCRR40-2 or 3 please include the data in support of those programs.

Basic Service Area: Family Health

Programs:

___	Dental Health <u>Education</u>	___4-5___
___	Primary and Preventive Health Care Services.....	___5-10___
___	Lead Poisoning.....	___11-12___
___	Prenatal Care and Infant Mortality.....	___12-15___
___	Family Planning.....	___15-17___
___	Nutrition.....	___17-18___
___	Injury Prevention.....	___18-20___

Basic Service Area: Disease Control

Programs:

___	Sexually Transmitted Diseases.....	___20-21___
___	Tuberculosis.....	___21-22___
___	Communicable Diseases.....	___22-23___
___	Immunization.....	___24-25___
___	Chronic Diseases.....	___25-29___
___	Human Immunodeficiency Virus (HIV).....	___29___

Optional Service Areas

___	Dental Health <u>Services</u>	___
___	Home Health Services.....	___

Section 1 - Demographic and Health Status Information

Optional Other Service Areas/Programs

___ Medical Examiner....._NA_
___ Emergency Medical Services..... _NA_
___ Laboratories..... _NA_

Please add any other programs not listed and provide the page number:

1._30-31_ Tobacco
2._31-33_ Mental Health/Substance Abuse
3._34_ Emergency Preparedness
4._____
5._____

___ B. Access to Care – general discussion of health resources....._35_

- ___ 1. Description of the availability of
 - a) ___ hospitals_36-37_
 - b) ___ clinics _36-37_
 - c) ___ private providers..... _36-37_
 - d) ___ information about access to health care providers _36-37_
- ___ 2. Discussion of primary care and preventive health services utilization (Possible data source: The Behavioral Risk Factor Survey)....._37-38_
- ___ 3. Discussion of commonly-identified barriers and affected sub-groups _38-41_
 - ___ a) Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers..... _39_
 - ___ b) Structural barriers – insufficient primary care providers, service sites, or service patterns..... _40_
 - ___ c) Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care..... _41_

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___ C. The Local Health Care Environment _41_

___ 1. Identification and discussion of aspects of the environment that influence the attitudes, behaviors, and the risks of community residents for poor health within the following categories:

- a) ___ physical..... _41-42_
- b) ___ legal..... _42-43_
- c) ___ social....._43_
- d) ___ economic..... _43-44_

___ 2. Other components of the health-related environment include:

- a) ___ institutions (e.g., schools, work sites, health care providers)..... _44_
- b) ___ geography (e.g., air, water quality)..... _44-45_
- c) ___ media messages (e.g., TV, radio, newspapers)....._45_
- d) ___ laws and regulations (smoking policies)....._44-45_

There is no need for a community health assessment that relates to regulatory environmental programs defined by 10NYCRR40-2 and -3. However, the need for additional environmental health programs conducted by the LHD must be substantiated by data analysis within the CHA.

___ **Section Two - Local Health Unit Capacity Profile** - profile of staff and program resources available for public health activity in the county.
(Suggested Resource: APEXPH).....

___ 1. Profile of the local agency's infrastructure, includes:

- a) ___ organization _47_
- b) ___ staffing and skill level..... _48_
- c) ___ adequacy and deployment of resources..... _49-50_
- d) ___ expertise and technical capacity to perform a community health assessment..... _50-51_

___ **Section Three - Problems and Issues in the Community**

___ **A. Profile of Community Resources** - community resources available to help meet the health-related needs of the county..... _53_

___ 1. Groups that may have the capacity and interest to work either individually or in collaboration with the local health unit to improve the health status of the community.

- ___ 2. Collaborative efforts on
 - a) ___ development of hospital community service

Section 1 - Demographic and Health Status Information

- plans (CSP) _____
- b) _____ assessments _____
- c) _____ collaborative planning processes..... _____

_____ 3. Assessment of services for: Unable to report. No system for gathering and organizing
Information. Lack of staff to conduct information gathering.

- a) _____ availability _____
- b) _____ accessibility _____
- c) _____ affordability _____
- d) _____ acceptability..... _____
- e) _____ quality _____
- _____
- f) _____ service utilization issues such as:
 - (1) _____ hours of operation..... _____
 - (2) _____ transportation _____
 - (3) _____ sliding fee scales..... _____
 - (4) _____ other... _____

_____ 4. Discussion of significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations. _53-55_

_____ 5. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed.
(Suggested resource: The PATCH model.) _55-57_

_____ **B.** Behavioral Risk Factors

- _____ 1. Statewide, community-specific and/or locally-developed estimates for the prevalence of health risk behaviors can be used to identify and discuss population subgroups that are at increased risk due to unhealthy behaviors..... _56_
- _____ 2. Local circumstances/barriers related to priority health concerns and/or disparities have been considered....._56_

C. Profile of Unmet Need for Services

_____ 1. Identification and discussion of additions to and changes in services that will improve the health of the identified at-risk groups..... _57-58_

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- ___ 2. Discussion of types of changes to better serve the target group (e.g., lower/no cost, better hours, transportation assistance, increased sensitivity to populations in need, language, increased acceptance of Medicaid, and integration and/or co-location of services)..._58__
- ___ 3. Identification of gaps in services and their location (e.g., township, city or census tract)....._58__
- ___ 4. Discussion of problems that might be encountered in providing these services....._58__
- ___ 5. Disease control program sections specifically assess needed changes to public health law and codes....._____

___ **Section Four - Local Health Priorities** - describe new (or intractable) areas of public health which rank as high local priority identified by more recent Prevention Agenda or other collaborative efforts between the LHD, hospitals, and other community-based organizations, health care providers, consumers..... _59_

- ___ 1. List and description of 2-3 priorities under the Prevention Agenda..... _60_
- ___ 2. Listing and description of additional priorities .. _61_
- ___ 3. Summary of the process for public health priority(ies) identification:
 - a) ___ how recent....._61-62_
 - b) ___ who was involved..... _61-62_
 - c) ___ how were priorities determined..... _61-62_
- ___ 4. Discussion of noteworthy accomplishment for both the LHD and other community public health partners..... _62_

___ **Section Five - Opportunities for Action** - building on all of the above sections, opportunities that the local health unit/department, solely or in partnership, can pursue are identified to alleviate the priority public health problems._63_

- ___ 1. Opportunities include the contribution/role played by:
 - a) ___ community-based organizations....._64-66_
 - b) ___ businesses..... _64-66_
 - c) ___ labor and work sites_64-66_
 - d) ___ schools....._64-66_

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- e) ___ colleges and universities....._64-66_
- f) ___ government....._64-66_
- g) ___ health care providers....._64-66_
- h) ___ health care insurers....._64-66_
- i) ___ the food industry....._64-66_
- j) ___ the media....._64-66_
- k)

(These actions would not have to be implemented by the LHD alone or at all. These actions are proposed so members or groups within the community might seize the opportunity to implement these activities or other activities that could reduce or eliminate the priority public health issue(s).)

___ **Appendix A – Community Report Card**

___ A. Report card attached....._____

___ B. Explanation of document distribution....._66_

Warren County Health Services Appendix to:

Adirondack Rural Health Network

Building a Health Community: Community
Health Assessment and Community Service
Plan, September 2009

Section 1 - Demographic and Health Status Information

Warren County, New York, is located at the foot of the Adirondack Mountains. The county is comprised of one small city (Glens Falls) and several towns, villages, and hamlets. Warren County covers a land area of 869 square miles. Its geography consists of the mountains of the Adirondacks and the Upper Hudson River Valley.

Although the mountains and lakes located in Warren County make it a tourist destination, this geography also creates challenges in meeting the health needs of County residents. Even though Warren County does have Interstate 87 (Northway) that runs the entire length of its eastern boarder many of the county residents live a great distance from this roadway. A large number of roads used by residents are rural, winding and difficult to navigate during bad weather. Public transportation therefore is limited to the south-eastern portion of the county; mainly the City of Glens Falls, Town of Queensbury and the Village of Lake George. It consists of bus and trolley service and taxi services.

Warren County is home to an estimated 66,600 residents. During summer months this number climbs much higher because of tourist season (Memorial Day – Labor Day). Sixty-four percent of Warren County’s permanent population lives in two zip codes that encompass the southern tip of the county approximately 66(sq/ml). The other 36% of the population is spread out over the other 800 (sq/ml).

Bulleed below are some of the population characteristics of Warren County

Age

- 20% of the population is under the age of 18
- 16% of the population is over the age of 65

Sex

- 51.2% Females
- 48.8% Males

Race

- 97% of the population identified itself as white
- African Americans are the second largest group identified representing less than 1% of the total population (0.9%)

In addition to the population characteristics above it is also well known that the socio-economic status and education level of a population also plays an important role in the health of that population.

Warren County saw an average unemployment rate of 6.3% from 2005-2007. The majority of the workforce commutes an average of 21 minutes to work. Most (82%) rely on personal vehicles to get to and from work since public transportation is limited. Warren County residents are employed in a number of different industries. The top five are:

1. Educational services, healthcare and social assistance
2. Retail trade
3. Arts, entertainment, and recreation, and accommodation, and food services

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4. Manufacturing
5. Construction

Warren County is heavily dependent on tourism to drive its economy. This means that many of Warren County's residents are directly or indirectly affected by the weather and overall economy. Employment rates fluctuate throughout the year peaking during the summer months and dropping in the winter and spring months. Being located at the foot of the Adirondack Mountains does offer some opportunity for employment for residents at several ski resorts.

The average household income of Warren County residents is \$61,371. The median household income is \$47,629 according to the latest estimates. Warren County has an average poverty rate of about 9.9% for the years 2005-2007. However, when the poverty rate is looked at for the population under age 18 for the same years the rate jumps to 13.6%. This number jumps even higher when looking at female family households with no husband present and children under age 18 to 33.0%.

Because studies have shown that educational attainment is associated with health and wellness, it is important track the education level of Warren County's resident population. Eighty-eight percent of Warren County residents age 25 and over have received a high school diploma. Residents aged 25 and over who have received a bachelor's degree or higher is 25.3%. Currently, Warren County public schools have a dropout rate of 1.8% for students 9-12th grade (<http://www.nyskwic.org>). This is lower than the New York State rate.

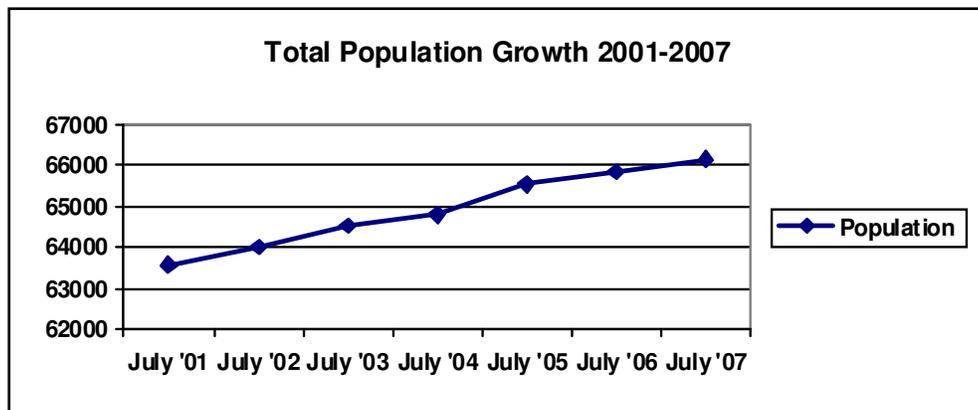
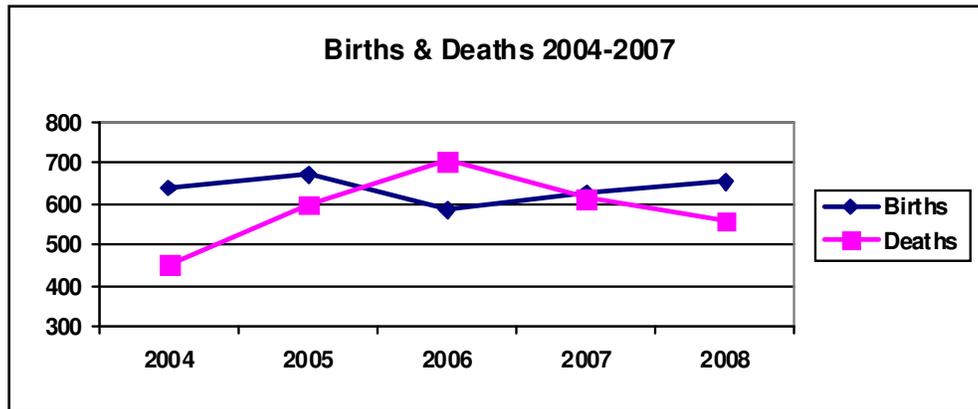
Warren County housing statistics show that 68.6% of the housing units are owner-occupied and 31.4% are renter occupied. Over half of the housing units in Warren County (56.3%) were built after 1959. The average household size of an owner-occupied housing unit is 2.49 this number drops slightly to 2.09 in renter-occupied units. The median value of owner-occupied housing units is \$159,700 and of the owner-occupied units with a mortgage 15.1% have mortgage costs that are equal to or greater than 35% of the monthly household income. For renter-occupied units 39.6% of the renters pay 35% or more of their monthly household income for rent.

Family structure may also play a role in health and well-being. In Warren County 52.2% of males and 46.3% of females identified themselves as married. Family households make up 64.5% of the total households in Warren County. Of those households, 27.4% have children under the age of 18. Also, according to the statistics 47.4% of households are identified as a married-couple family. Of the married-couple families 17.4% have children under the age of 18. Finally, looking at single parent families we see that 12.6% of households are female family households with no husband present and 8.0% of those households have children under the age of 18. Also, 4.4% of households are male family households with no wife present and 2.2% of those households have children under the age of 18.

Warren County has continued to see its population grow. The time frame of April 2000 – July 2006 Warren County had an estimated population increase of 4.2%. Consistent and healthy population growth is important to every county. It provides a tax base for services, workforce for business and a sense of health and prosperity. As long as population growth is spread out among all age groups and doesn't happen too rapidly local resources will be able to adjust and adapt to the needs of the community. Warren County has seen its population aged 65 and over increase

Section 1 - Demographic and Health Status Information

by about 1% (15.2% to 16.1%) from 2000-2007. In the same time frame Warren County has seen its population age 18 and under drop by about 4% (24.0% to 20.3%). This is a trend that could lead to problems later on with not enough young workers available to support the aging population. Also, an increase in the number of people over the age of 65 could potentially outpace the available resources of an already taxed healthcare system.



Unless otherwise indicated all Warren County demographic information was obtained through the U.S. Census Bureau's American Fact Finder website
<http://factfinder.census.gov/home/saff/main.html>

Basic Service Area: Family Health

Family health is one of the basic service areas as defined by Article 6 of the New York State Department of Health. Included in this basic service area is dental health education, primary and preventive health care services, lead poisoning, prenatal care and infant mortality, family planning, nutrition and injury prevention.

General Health Status

As part of a survey conducted by New York Department of Health (NYSDOH), Warren County residents over the age of eighteen were asked about their general health status. Thirteen percent of respondents indicated they had fair or poor health. This is comparable to the ARHN rate (14%) and better than the state rate of (16%). Nine percent of Warren County residents indicated having poor physical health for 14 or more days in the last month. This is slightly lower than the ARHN rate (10%) and that state rate (11%).

Warren County residents were also asked if they had delayed care or did not receive medical care due to costs. Twelve percent of Warren County residents said they delayed or did not receive care due to costs, which is comparable to the ARHN rate (11%) and state rate (13%).

According to data from a NYSDOH survey (92%) of Warren County residents indicated they had health insurance. This is higher than the ARHN rate (89%) and state rate (86%). However, Warren County's rate falls below the Healthy People 2010 Goal of (100%)

Dental Health Education

Warren County Health Services offers dental health education to all daycares, Head Start programs, preschools, and elementary schools within the county. Nurses working with new and expectant moms also offer dental health education regarding proper care for newborn gums and the dangers of allowing infants to sleep with bottles (bottle rot).

According to state data (75%) of Warren County adults have been to the dentist for a cleaning in the last year. This is better than the ARHN region (71%) and state (72%). The number of adults in Warren County who have had teeth extracted is (50%) which is the same rate as the ARHN region and state.

The main reason Warren County adults did not see a dentist was lack of insurance/cost (45.9%). The second reason for given for not visiting a dentist was don't know/not sure (17.6%) and the third reason was no teeth (16.5%).

Recent data for third grade children in Warren County shows that (42.2%) of 3rd graders have had dental caries which is better than the ARHN region (45.1%) and state (53.8%).

Eighty-percent of children have seen a dentist in the last year, however when socio-economic factors are considered Warren County falls below the state or regional average in several categories with one exception, Warren County 3rd graders regardless of socio-economic status

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have a lower percentage receiving dental sealants (16%) than both the ARHN region (25.7%) and state (38.1%).

Warren County 3rd graders with low socio economic status covered by insurance (76.8%), is lower than the state rate. Also, Warren County has a higher percent of 3rd graders with low socio economic status who have untreated caries (48.1%) than both the ARHN region and New York State.

Table: 1

Oral Health	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up- state Avg	NYS	
	2004	2005	2006				2013 Avg	2013 Goal ⁵
% 3rd grade children with caries experience (all) ^{1,2}	42.2			49.5	45.1	53.8	54.1	42.0
% 3rd grade children with untreated caries (all) ²	18.7			31.9	31.8	29.6		21.0
% of 3rd grade children with dental insurance (all) ²	82.8			79.2	80.1	75.9		
% of 3rd grade children with dental sealants (all) ²	16.0			30.1	25.7	38.1		50.0
% 3rd grade children reported taking fluoride tablets on a regular basis (all)	53.2			50.3	49.8	26.9		
% 3rd grade children with at least one dental visit in last year (all)	80.2			78.1	79.1	77.7		
% 3rd grade children with caries experience, low socio-econ status	64.5			61.7	47.7	65.8		42.0
% 3rd grade children with dental insurance, low socio-econ status	76.8			71.4	74.4	79.0		
% 3rd grade children with dental sealants, low socio-econ status	29.5			35.7	34.8	28.9		50.0
% 3rd grade children with untreated caries, low socio-econ status	48.1			39.3	33.9	41.8		21.0

Notes:

■ County average is "Worse" than the NY Upstate or NY State average.

- [NYS DOH Prevention Agenda Indicator, 2009](#)
- [NYS DOH CHA Core Indicator, 2005](#)
- Adirondack Rural Health Network (ARHN) average is a straight average of the individual county rates, with each of the six counties contributing equally.
- The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
- [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHAI\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)

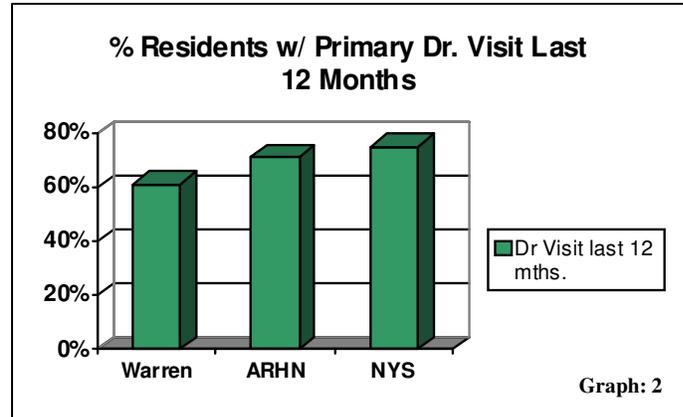
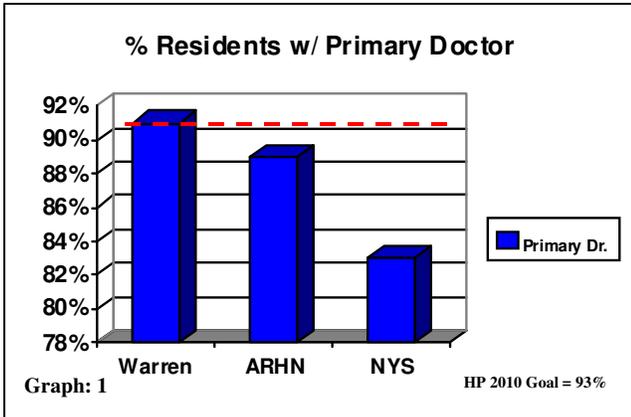
The data shows that Warren County's young residents generally have good dental health as compared to state and regional rates, but that more needs to be done to reduce the number of caries experienced, the number of untreated caries, and increase the percent of 3rd graders that receive dental sealants.

Primary and Preventive Health Care Services

Most residents in Warren County indicate that they have a primary care provider (91%). This is higher than the NYS rate (83%) and comparable to the ARHN region (89%). Warren County's rate is below the Healthy People 2010 goal of (96%).

The number of respondents that reported visiting the doctor for routine checkups in the last year was (65%) which was lower than the state average (75%) and the ARHN region (71%). When residents were surveyed as to why they hadn't seen a doctor a majority (64%) reported they were healthy and did not need to see a doctor. The next highest response (15%) cited no insurance or out of pocket costs.

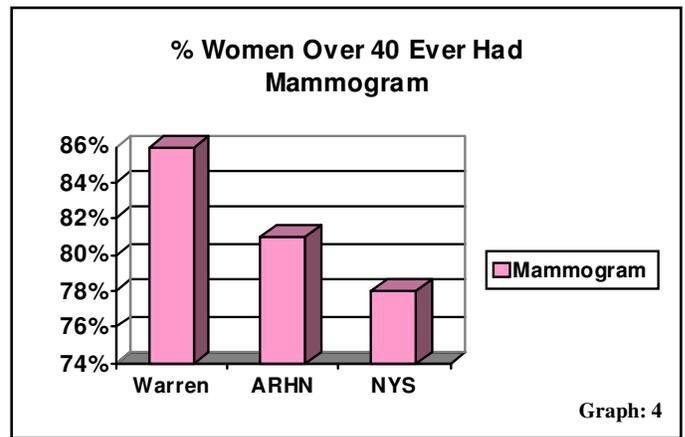
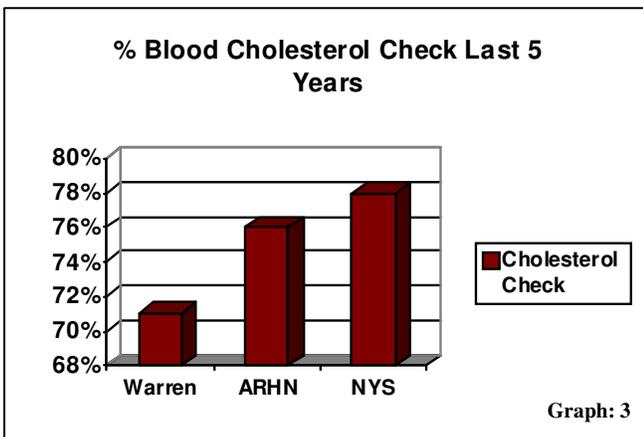
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Warren County residents were also surveyed about several preventive screenings recommended for early disease detection.

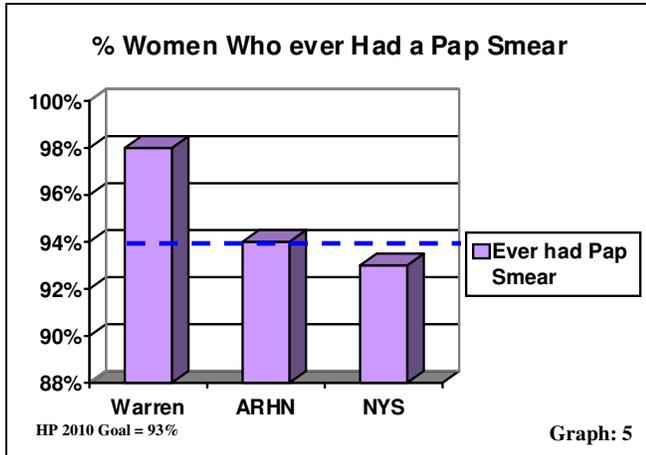
Residents of Warren County were asked if they had a blood cholesterol check in the last five years. Seventy-one percent indicated they had a test. This is lower than the state average (78%) and the ARHN region (76%).

According to the data (86%) of women over forty in Warren County indicated they had a mammogram in the last 2 years. This is better than the ARHN rate (81%) and the state rate of (78%).

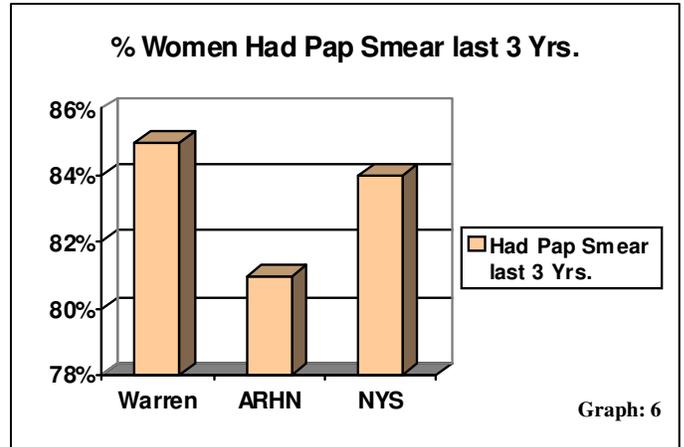


The majority of women surveyed in Warren County who indicated they had ever had a Pap Smear was (98%). This is higher than the ARHN rate (94%) and the state rate (93%). The rate also exceeds the Health People 2010 goal of (93%). The number of women in Warren County who had a pap smear in the last 3 years was (85%). This is higher than the ARHN rate (81%) and comparable to the state rate (84%).

Section 1 - Demographic and Health Status Information

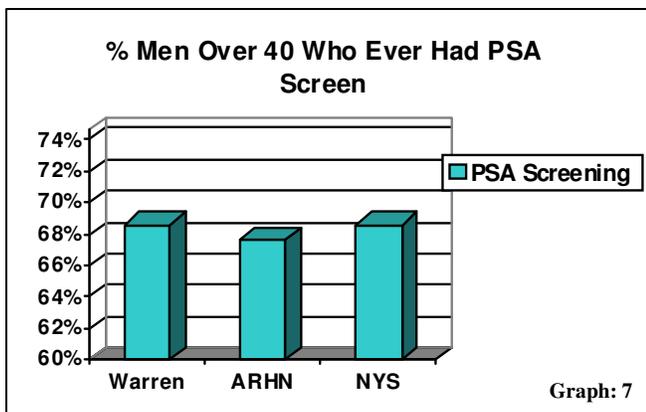


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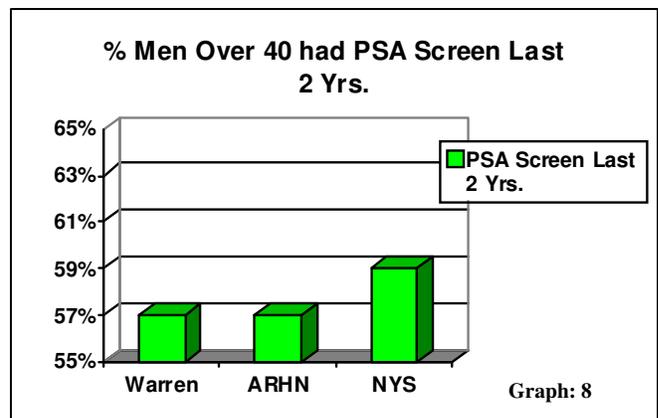


Graph: 6

According to 2008 survey data (69%) of men over the age of forty had a PSA cancer screening. This is similar to the ARHN rate (68%) and state rate (69%). The number of Warren County men over forty that indicated they had a PSA cancer screening in the last two years was (57%). This is similar to the ARHN rate (57%) and slightly lower than the state rate (59%).

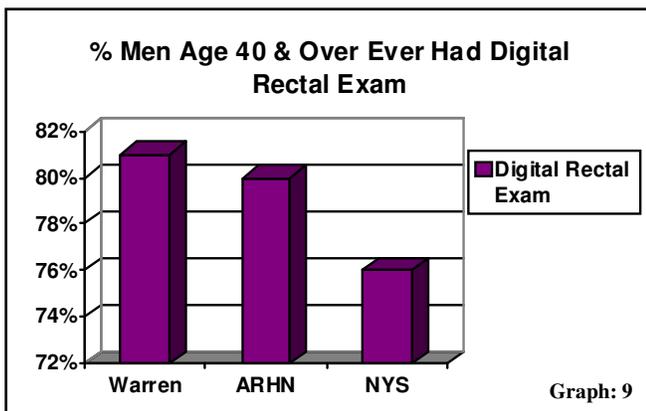


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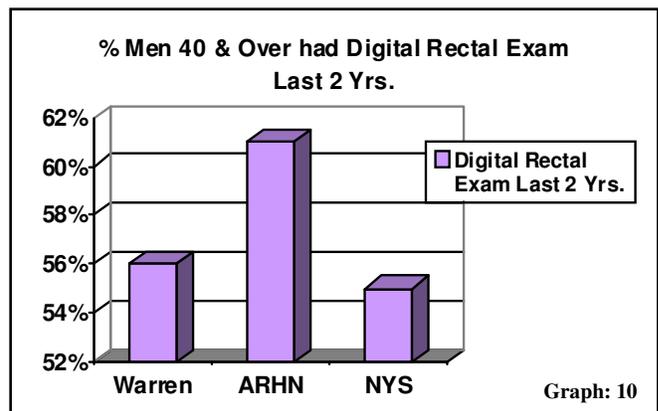


Graph: 8

In the 2008 survey data (81%) of Warren County men age 40 and over indicated ever having a digital rectal exam. This is similar to the ARHN rate (80%) and higher than the state rate (76%). The number of men age 40 and older in Warren County who had a digital rectal exam in the last two years (56%) is lower than the ARHN rate (61%) and similar to the state rate (55%).



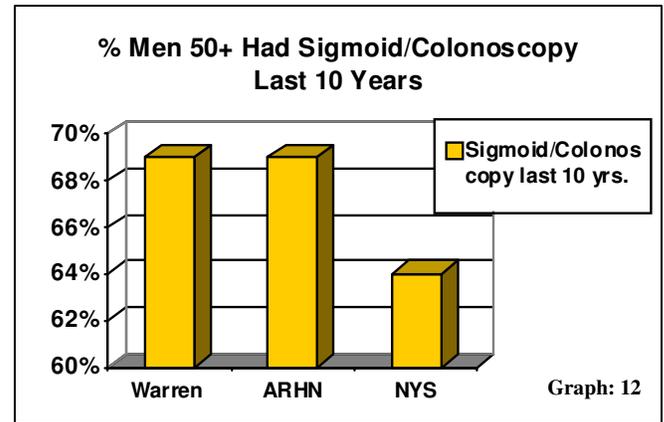
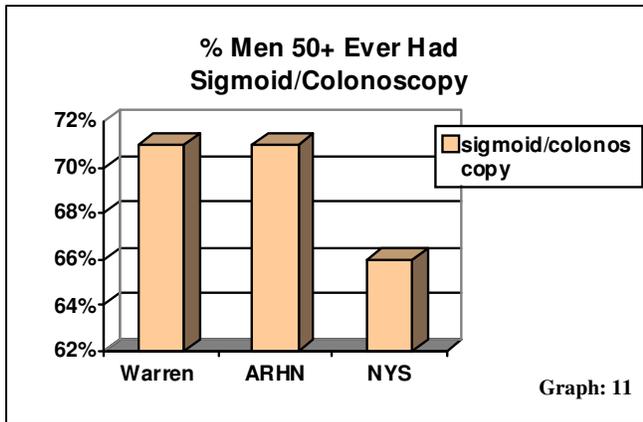
Graph: 9



Graph: 10

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According to 2008 survey data Warren County men age 50 and older that ever had a sigmoidoscopy or colonoscopy is (71%) this comparable to the ARHN rate (71%) and higher than the state rate (66%). The survey also indicated that Warren County men that received a sigmoidoscopy or colonoscopy in the last 10 years is (69%) this is similar to the ARHN rate (69%) and higher than the state rate (64%).



It is well known that regular health check ups and health screenings for specific diseases can improve future health outcomes. By identifying certain health conditions (e.g. high blood pressure) or diseases in their early stages (e.g. breast cancer) it is possible for doctors and patients to develop and implement a health plan to combat health problems and improve quality of life.

According to survey data (35%) of Warren County residents 18 and older had not had a health checkup in the last year. When residents who responded they hadn't seen a doctor in the last 12 months were asked why the majority (60.4%) responded "I'm health and don't need a doctor" another (13%) indicated "lack of insurance or out of pocket costs" as their main reason.

Residents of Warren County 18 and older were also asked where they would typically go when they needed medical attention. Doctor's office, clinic or community health center had the highest response with (84.2%) followed by the hospital ER at (5.1%).

Finally, residents of Warren County 18 and older were asked if they have difficulty purchasing prescriptions. Eleven-percent of survey respondents indicated they have problems purchasing prescriptions.

Conclusion

Although Warren County residents often had rates comparable to or higher than ARHN and state rates when looking at preventive health screenings there is plenty of opportunity for improvement.

Several areas stand out from the recent survey data. First is the number of residents that do not see their doctor regularly for check ups. Over (90%) of residents indicated having a primary doctor, yet less than (65%) reported seeing their doctor in the last twelve months. The reason most often given by residents was "I'm health and don't need a doctor". This is an attitude that

Section 1 - Demographic and Health Status Information

needs to be changed. Residents need to understand the importance of regular check ups to identify certain health risk factors that can lead to potential problems (e.g. high blood pressure, high cholesterol, obesity, etc) so steps can be taken to limit and possibly reverse their effects.

Check-ups and screenings are important for early disease recognition. The earlier a disease such as breast cancer is diagnosed the higher the likelihood of a positive outcome. Failure to diagnose many of these diseases early could lead to higher morbidity and mortality rates. Because many diseases (heart disease, cancer) have few or no signs and symptoms until the late stages the only way to diagnose and treat them early is by having regular screenings and check ups.

Finally, as is the case with just about every county and state in the nation there is group of residents that are unable to take advantage of the available services due to cost and transportation issues. Warren County, ARHN, and New York State need to continue to look at affordability and access to these preventive services for all residents. According to survey data almost 1 in 10 residents in Warren County do not have health insurance and many others do not have adequate coverage to meet their needs.

The following charts support the previous conclusion that Warren County continue to push for and educate residents about the importance of preventive screenings. The following charts look at early stage diagnoses for specific cancer. Early stage diagnosis is when cancers are most treatable and have the best possibility of positive outcomes. There is often a correlation between early stage diagnosis and the number of people receiving preventive screenings.

Percent Early Stage Cancer Diagnosis	Warren 2005	ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
Female breast, % early stage ^{1,2}	70.0	68.5	67.9	65.0	63.0	80.0
Cervical, % early stage ^{1,2}	27.0	35.0	39.2	54.0	51.0	65.0
Colon and rectum, % early stage ^{1,2}	40.0	39.5	40.7	43.0	41.0	50.0
Lung and bronchus, % early stage ²	21.0	22.3	21.7	21.0	21.0	
Oral cavity and pharynx, % early stage	27.0	43.2	38.3	38.0	36.0	
Ovary, % early stage	21.0	17.8	16.9	19.0	19.0	
Prostate, % early stage	85.0	86.0	86.0	88.0	87.0	95.0
Melanomas of the skin, % early stage	94.0	90.4	89.5	83.0	83.0	90.0

Table: 2

Notes:

- County average is "Worse" than the NY Upstate or NY State average.
- 1. [NYS DOH Prevention Agenda Indicator, 2009](#)
- 2. [NYS DOH CHA Core Indicator, 2005](#)
- 3. Adirondack Rural Health Network (ARHN) average is a straight average of the individual county rates, with each of the six counties contributing equally.
- 4. The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
- 5. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHAI\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)

Looking at this chart one can see that Warren County falls below the New York State average in four categories. Those categories are cervical cancer, colon and rectum, oral cavity and pharynx, and prostate early stage. Not surprising, Warren County men had a lower rate of preventive screenings for prostate cancer than the ARHN and NYS which could be contributing to the lower rate of early stage detection of prostate cancer.

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However, it is hard to say why Warren County has a lower rate of early stage diagnoses for cervical cancer, colon and rectum cancer, and oral cavity and pharynx. In all three categories residents of Warren County indicated have had a similar or higher rate of preventive screenings used to help diagnose these diseases.

For cervical cancer and oral cavity and pharynx Warren County shows a higher rate of incidence for these diseases. It is unclear why Warren County residents have a higher incidence rate for these cancers. Many factors can contribute to the higher rates including, environment, family, history, smoking, and the number of overweight or obese people. However, the higher incidence rate and lower early stage diagnosis may indicate people in Warren County are waiting for signs and symptoms of the disease to appear before seeing a doctor. It is difficult to pinpoint exactly why people may wait, but costs, accessibility, and availability may all play a role.

For colon and rectum cancer Warren County has a lower incidence of this disease and a lower rate of early stage diagnosis. Recent surveys asked about the number of men who had a colonoscopy/ sigmoidoscopy in the last 10 years, but not women. Warren County may have a lower rate of early diagnosis because there is a higher rate of women who are not having regular screenings, but data wasn't readily available. Also because the survey question asked if men had a screening in the last ten years that leaves a lot of time between screenings and therefore a man may have had a screening, but only because there was cause for concern. More investigation is needed to draw any conclusions.

It is important to remember there are many factors that influence when and why someone chooses to take advantage of preventive screenings that could improve the rate of early stage diagnosis. Identifying and reducing the potential barriers to these preventive screenings is essential for improving the health of the community.

Cancer Incidence	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	Avg ⁴	Wght'd Avg ⁵	state Avg	Avg	2013 Goal ⁵
Cervix uteri cancer incidence (per 100,000) ²	8.0	8.8		8.2	8.5	7.6		
Colon and rectum cancer incidence (per 100,000) ²	59.7	53.6		59.2	50.8	72.7	49.0	
Female breast cancer incidence (per 100,000) ²	126.7	118.5		120.6	124.9		120.8	
Malignant mesothelioma incidence (age 15+) (per 1,000,000)	11.6		18.3	16.1	17.8	16.7	15.3	
Oral cavity and pharynx cancer incidence (per 100,000)	15.2	14.3		14.5	13.0	9.8		
Ovary cancer incidence (per 100,000)	14.7	14.3		16.7	15.1	15.7	13.0	
Prostate cancer incidence (per 100,000)	161.1	171.5		160.6	160.3	174.4	152.9	

Notes:

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Table: 3

Lead Poisoning

New York State Department of Health has taken an aggressive prevention approach to eliminating lead poisoning in children. As part of this preventive approach all counties in New York State receive funding for education, screening and follow-up regarding lead and its potential short and long-term health effects including at low levels anemia, growth and developmental deficiencies, mental impairment, irritability, and hyperactivity. High lead exposure can cause seizures coma and death.

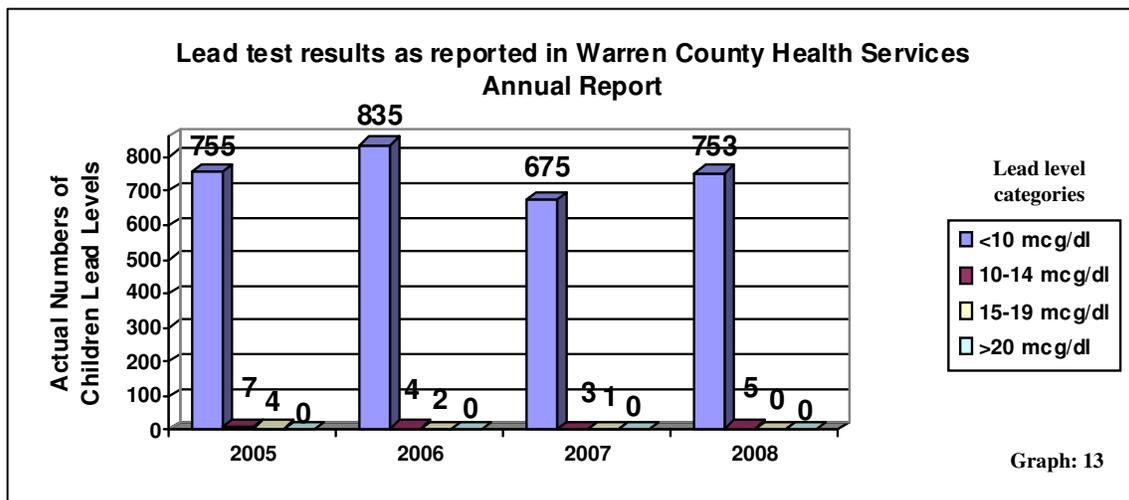
Warren County provides education to healthcare providers about the importance of testing and reporting results. Childcare providers are educated on possible sources of lead, risk reduction, and screening requirements. Finally parents receive education about lead poisoning through associations (PTA’s) community health fairs, and through phone calls received by Public Health.

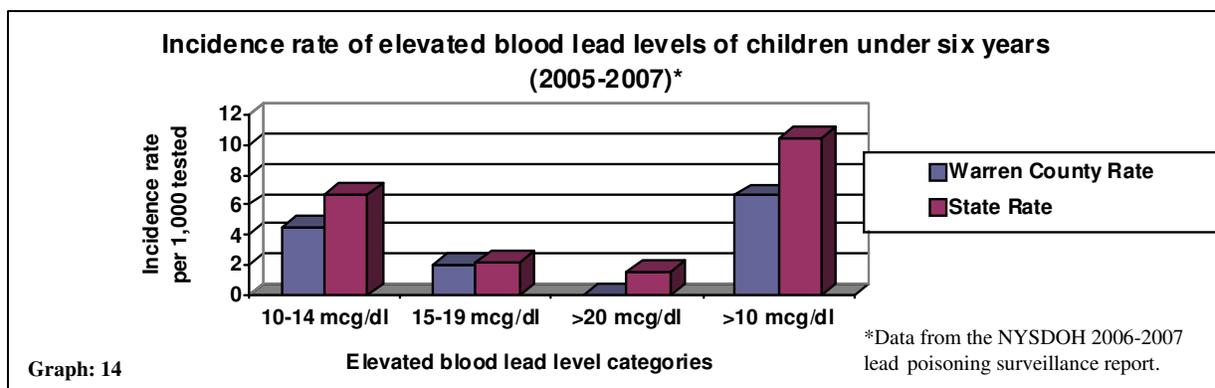
Screening for lead poisoning is required by NYSDOH and CDC (Centers for Disease Control) for all 1 and 2 year olds. Medical providers are encouraged to test children up to 6 years old if there is a risk of exposure to lead. Because many parents cannot afford the necessary test Warren County Public health will make arrangements for the test and cover the costs if the family cannot.

Warren County tracks the number of children that receive a lead test and initiates a follow-up with a family when necessary (depth of follow-up based on lead levels found).

Since 2005 Warren County Public Health has received test results for 3044 children. Only 26 (less than 1%) of those tests showed any elevated lead levels according to Warren County Health Services 2009 annual report. According to New York State data Warren County’s incidence rate for elevated lead levels ≥ 10 mcg/dl among children under age six years is 6.6 per 1,000 (three year average 2005-2007).

Warren County’s incidence of elevated lead levels is lower than the state rate of 10.4 per 1,000 children under age six years.





Conclusion

Lead poisoning among children living in Warren County is lower than the state rate. According to the Warren County annual report the number of children with reported lead levels ≥ 10 mcg/dl has remained low since 2005. This is good news.

However, since lead poisoning is preventable and Warren County still has a small number of children with elevated lead levels the need to continue educating parents, child care providers and healthcare providers on the importance of using risk reduction strategies to reduce exposure to environmental lead is necessary.

Also, Warren County Health Services must continue working towards getting all children tested for lead before age six. Healthcare providers, parents and childcare providers need to be continually reminded about the importance of screenings for early detection of lead so corrective measures can be implemented to reduce a child's lead levels.

Warren County Health Services will continue to apply state resources towards the elimination of lead poisoning within the county. By offering community outreach and making lead screening affordable to all families, Warren County Health Services is determined to eliminate lead poisoning in the future.

Prenatal Care & Infant Mortality

A good start in life can play an important factor in person's health and well-being as they age. The following section looks at health indicators as they relate to prenatal care and infant mortality.

According to the most recent data available Warren County mothers and babies fare similar to or better than the up-state average in 12 of the 14 categories related to prenatal care and health births (see chart next page). However, when Warren County is compared to the ARHN region it is similar or better in only nine categories (see chart next page).

The data indicates that there are two areas where Warren County mothers and babies as it relates to prenatal care and healthy births are much worse than the ARHN and up-state average. The first category is the percent of mothers receiving early (first trimester) prenatal care. In 2006 only (62.8%) of pregnant women in Warren County received early prenatal care. This is lower than

Section 1 - Demographic and Health Status Information

the ARHN rate (77.3%) and the up-state rate of (77.3%). This rate is well below the state 2013 goal of (90.0%) (See chart).

In 2006, data indicated (60.7%) of Warren County mothers and babies were reported to have received adequate prenatal care (Kotelchuck). This rate fell well below the ARHN rate (72.7%) and up-state rate (68.6%). This rate is below the state 2013 goal of (90%) (See chart).

Low Birthweight, Premature Birth	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
	2004	2005	2006					
% Early prenatal care, 1st trimester (per 100 live births) ^{1,2}	75.5	69.5	62.8	75.0	77.3	77.3	74.9	90.0
% low birthweight births (<2500 grams) ^{1,2}	6.6	6.9	7.2	6.8	7.0	7.7	8.3	5.0
% Births w/late or no prenatal care (per 100 live births) ²	4.5	3.5	3.8	2.9	2.9	3.8		
% Premature births, < 37 weeks gestation ²	10.9	10.6	9.8	10.5	10.6	11.7		7.6
Birthweight, very low, <1.5 Kg (%) ²	1.3	0.8	0.7	0.9	1.1	1.5		0.9
% adequate prenatal care (Kotelchuck)	71.0	65.4	60.7	71.8	72.6	68.6		90.0
% births w/5 minute APGAR <6	35.0	0.3	0.3	0.4	0.6	0.6		
% Premature births < 32 weeks gestation	1.8	1.8	1.6	1.2	1.5	1.9		1.0
% Premature births 32 to < 37 weeks gestation	9.1	8.9	8.2	5.9	8.2	9.8		6.4
Birthweight, low singleton births (%)	4.9	4.5	4.9	3.4	4.3	5.5		
Birthweight, very low, singleton births (%)	0.9	0.5	0.5	0.6	0.7	1.0		
Neonatal drug-related discharge rate per 10,000 births	15.6	15.5		18.8	20.2	54.8		
Newborn drug-related hospitalizations (per 10,000)	15.7	0.0	21.7	19.9	22.7	58.0		
Short Gestation (<37 Weeks) - Percentage Per 100 Live Births	11.3	10.6		10.5	10.4	11.3		

Table: 4

Notes:

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According to the latest available data for infant mortality, Warren County has rates that are better than the ARHN for two categories and three categories up-state. However, Warren County falls below the ARHN or the up-state rate in six categories.

Looking at data for Warren County as it relates to infant mortality shows Warren County has a rate of infant mortality per 1,000 live births of 4.2. This rate is lower than the ARHN rate 5.1 per 1,000 live births and the up-state rate of 5.8 per 1,000 live births. Also the Warren County rate meets/exceeds the NYS 2013 goal of 4.5 per 1,000 live births (see chart).

According to the most recent data Warren County's mortality rate neonatal < 28 days per 1,000 live births is 1.6. This rate is better than the ARHN rate 3.1 per 1,000 live births and the up-state rate 4.1 per 1,000 live births. Warren County meets/exceeds the NYS 2013 goal of 2.9 per 1,000 live births (see chart).

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Recent data shows that Warren County has a mortality rate fetal death >20 weeks gestation per 1,000 live births of 10.0. This rate is worse than the ARHN rate of 5.1 and the up-state rate of 5.8 per 1,000 live births. Warren County also fails to reach the NYS 2013 goal of 4.1 per 1,000 live births.

Warren County's perinatal (28 weeks – 7 days of life) mortality rate of 7.4 per 1,000 live births is worse than the ARHN rate of 4.6 and the up-state rate of 5.6 per 1,000 live births. Warren County does not meet the NYS 2013 goal of a perinatal mortality rate of 4.5 per 1,000 live births.

When looking at the data for post neonatal (1 month – 1 year) mortality rates per 1,000 live births Warren County has a rate of 2.7. This rate is slightly worse than the ARHN rate 2.0 per 1,000 live births and the up-state rate 1.7 per 1,000 live births. Warren County does not meet the NYS 2013 goal of 1.5 per 1,000 live births for post neonatal (1 month – 1 year) mortality rates.

Recent data indicates that Warren County has a perinatal (20 weeks gestation – 28 days of life) mortality rate of 11.6 per 1,000 live births. This rate is worse than the ARHN rate of 8.0 per 1,000 live births and the up-state rate 8.9 per 1,000 live births.

Infant Mortality	Warren			ARHN	Up-	NYS	NYS
	2004	2005	2006	ARHN Avg ⁴	state Avg	NYS Avg	2013 Goal ⁶
Infant mortality (per 1,000 live births) ^{1,2}	4.2	3.1	4.2	4.6	5.1	5.8	4.5
Mortality rate fetal death >20 weeks gest (per 1,000 births) ²	3.0	8.2	10.0	4.3	5.1	4.7	4.1
Mortality rate perinatal 28 weeks gest - 7 days of life (per 1,000 births) ²	3.0	6.7	7.4	3.9	4.6	5.6	4.5
Mortality rate postneonatal 1 month - 1 year (per 1,000 births) ²	1.6	2.1	2.7	2.1	2.0	1.7	1.5
Mortality rate, neonatal <28 days (per 1,000 births)	2.6	1.0	1.6	2.5	3.1	4.1	2.9
Mortality rate perinatal 20 weeks gest - 28 days of life (per 1,000 births)	5.5	9.2	11.6	6.4	8.0	8.9	
Abortion ratio age 15-19 (per 100 live births)	83.0	76.2	77.8	56.9	75.5	82.0	
Abortion Ratio all ages (per 100 live births)	30.7	31.5	34.0	20.8	23.3	27.8	

Notes:

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Data Sources: [NYS County Health Assessment Indicators \(CHA\)](#); [New York State Community Health Data Set – 2006](#); [NYS DOH Prevention Agenda](#)

Table: 5

Conclusion

After looking at the most recent data available it is apparent that Warren County needs to look at prenatal care and infant mortality as a services area that may need to be strengthened. The area of most concern is the low number of women receiving early and adequate prenatal care.

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Warren County has a lower overall infant mortality rate than the ARHN and up-state. Although there is no research to support such a conclusion, Warren County's lower rate could be associated with the fact that Warren County also has a lower rate of premature births (< 37 weeks) which decreases the number of infants at high risk for complications.

Although Warren County has a lower rate of premature births, for those babies born premature the data does not look good. The data seems to indicate that Warren County is lacking in its ability to provide resources needed to properly care for high risk premature infants.

Warren County should look at its outreach efforts as it relates to prenatal care. Questions that may want to be asked are:

Is there a strong community education/promotion component stressing the importance of prenatal care and the resources available?

Are there enough resources available to pregnant women in Warren County to receive proper prenatal care (clinics, MOMS program, doctor offices w/ sliding scale fees, etc)?

Is there a way to improve networking between community agencies to make sure pregnant women are getting the prenatal care they need?

Is there a way to improve acceptance/enrollment by high risk pregnant women in prenatal outreach programs?

In regards to the high infant mortality rate for premature babies, it is important that Warren County Health Services, Glens Falls Hospital, and other health care agencies that work with pregnant moms, work together to find out why premature babies do not do as well in Warren County. Work should include developing a comprehensive resource list that includes local hospitals capacity to care for premature babies in the area, available specialists, outreach programs, and other resources available to families with premature babies.

Also, the group should look at access to care issues, ways to reduce premature births (by getting more women prenatal care), and even teen pregnancy in the county.

Family Planning

Family planning often plays a significant role in the health of children and families. A family that plans to have a child has often looked at most of the life altering changes that will occur. Questions like can we afford a child, will we have to move, is our relationship strong enough to handle the new challenge, have already been considered with the couple making a decision whether or not to have a child based on thoughtful discussion and ability to care for a child.

When deciding whether or not family planning should be a high priority several focus areas should be used to guide that decision. The chart on the next page shows recent Warren County data regarding those areas having to do with family planning.

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Family Planning/Natality Warren County, 2005-2007

Table: 6

Indicator	3 Year Total	County Rate	NYS Rate exc NYC	Sig.Dif.	Ranking Quartile	HP2010 Goal
% of births within 24 months of previous pregnancy	369	19.5	15.8	Yes	4th	6
% of births to teens (10-17 years)	47	2.5	2.1	No	3rd	N/A
% of births to women 35+ years	270	14.3	20.5	Yes	3rd	N/A
Fertility rate per 1,000 (all births/female population 15-44)	1,894	46.5	57.8	Yes	1st	N/A
Teen fertility rate per 1,000 (births to mothers aged 10-17/female population 10-17)	47	4.6	4.4	No	3rd	N/A
Pregnancy Rate per 1,000 (all pregnancies/female population 15-44 years)	2,713	66.6	77.2	Yes	2nd	N/A
Teen Pregnancy Rate per 1,000 -						
10-14 years	5	0.8*	0.9	No	3rd	N/A
15-17 years	100	24.7	23.6	No	3rd	43
15-19 years	331	49.0	40.9	Yes	3rd	N/A
Abortion Ratio (induced abortions per 100 live births) -						
15-19 years	128	66.7	84.2	Yes	3rd	N/A
All ages	669	35.3	28.4	Yes	4th	N/A

s: Total suppressed for confidentiality

*: Fewer than 20 events in the numerator; therefore the rate is unstable

According to the data table Warren County may want to look into making family planning a higher priority than it currently is. Warren County has a higher teen pregnancy rate (49.0 per 1,000) among 15 – 19 year olds than upstate (40.9 per 1,000), as well as a higher abortion rate among women of all ages (35.3 per 100 live births) compared to upstate (28.4 per 100 live births). No statistical data is available for the ARHN region.

Conclusion

It is important for Warren County Public Health to continue to monitor some of the data associated with family planning to see if the higher rates are cyclical or indicative of something more concerning.

Family planning can play an important role in the health of Warren County families. Many times unplanned pregnancies happen to those people who are least capable to deal with them. Often women of unplanned pregnancies fail to get proper prenatal care, have high risk behaviors that can affect the health of the unborn, and lack support networks that could help them with any issues that may arise.

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Often these unplanned pregnancies end in termination by induced abortion. This is a cause for concern because of the mental toll such a decision can have on a woman not to mention that it is a medical procedure not without risk.

Women of unplanned pregnancies that choose to see the pregnancy to term may also have problems. First, finding a way to cover the costs associated with the pregnancy and delivery may be difficult especially if the woman does not have insurance. Many of these women may have to rely on public support (Medicaid) to cover cost.

Following the birth the father may or may not play a role in the life of the child. It is well known that many single moms struggle with the daily grind of caring for a new baby. Many single moms do not have strong support networks and therefore have to rely on public assistance (WIC, food stamps) to make ends meet. This puts a strain on the public support system. Also many of these moms have to rely on public clinics and community health centers for their child's check-ups and immunizations and fail to receive follow-up care for themselves. These families are more likely put off important preventive health appointments due to costs and only access the system when their health issues have escalated into something that requires expensive treatment. This again leads to excess and unnecessary strain on the public support system.

Finally, many unplanned pregnancies occur among teens that are not prepared to care for new baby. Teens may face ridicule among peer and adult groups. The likelihood that a teen that is pregnant will finish high-school is much lower than their peers. By not finishing school they greatly reduce their ability to secure employment and to care for their child.

By working with teens, adults and families on family planning issues Warren County Public can have an impact on the health of the community and reduce the strain on the health and monetary systems many now rely on.

Nutrition

The availability of and access to healthy foods are important factors when trying to improve the health of a community. Good nutrition can play an integral role in reducing the risks for different diseases. It is also true that the greater the access to fast food style restaurants can lead to a decrease in healthy eating habits.

According to the most recent data thirty-one percent of Warren County residents eat at least five servings of fruits and vegetables a day. This is slightly higher than the ARHN rate (28%) and NYS rate (27%).

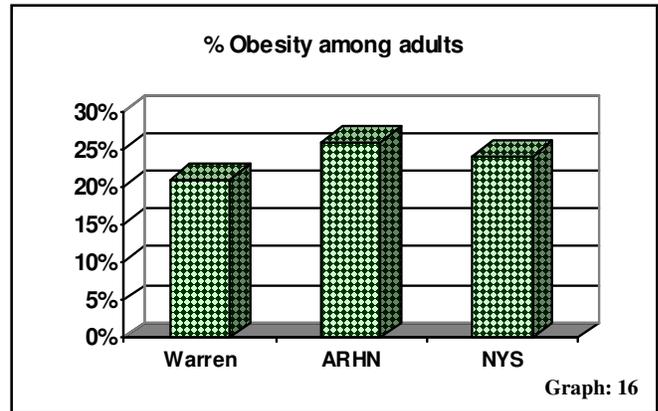
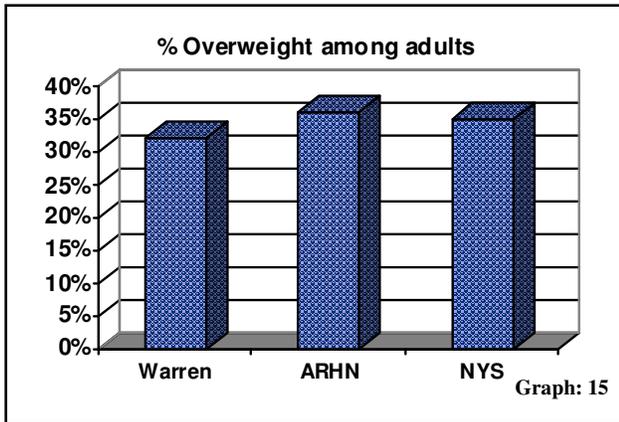
Data about accessibility to healthy foods through farmers markets, grocery stores, or other food venues is limited.

Along with nutrition, the amount of physical activity Warren County residents participate in has a direct impact on health. According to the most recent data (15%) of Warren County residents fail to get any physical activity. This is better than the ARHN rate (18%) and the NYS state rate (23%). Twenty-eight percent of Warren County residents have a disability that limits physical activity. This is slightly high than the ARHN rate (25%) and the NYS Rate (25%).

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Poor nutrition and a lack of physical activity lead to obesity. Warren County residents just like the rest of New York State and the nation suffer from high rates of obesity.

Recent survey data indicates that (53%) of Warren County residents are either overweight or obese. This is lower than the ARHN rate (62%) and the NYS rate (58%).



Conclusion

Warren County Public Health recognizes the obesity epidemic and has to target nutrition and physical activity as a priority area for future health programming. Warren County Public Health along with five neighboring counties, four hospitals and several community organizations have agreed to work together to implement a regional approach to reverse the increasing rates of obesity within our counties and region.

Please see the main report Building a Healthy Community, Health Assessment & Community Service Plan 2009 for a detailed look at nutrition and physical activity priority area.

Injury Prevention

Unintentional injuries are one of the leading causes of mortality and hospitalizations in New York State. Recent data indicates that Warren County residents continue to suffer from unintentional injuries. For the most part Warren County rates for different categories of unintentional injuries are not significantly different than the ARHN or upstate rates.

However, there seems to be a high number of people 65+ years old suffering from fall related hospitalizations and other unintentional injuries. Warren County has a rate of 217.4 per 10,000 as compared to the ARHN rate of 203.5 per 10,000 and an upstate rate of 196.0 per 10,000.

Warren County, like all of the counties in the ARHN region, falls well short of the New York State 2013 goals for most of the unintentional injury categories (See tables).

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Unintentional Injuries	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
	2004	2005	2008					
Unintentional Injury mortality (per 100,000) ^{1,2}	24.5	23.0	26.1	28.8	26.8	25.8	21.0	17.1
Unintentional Injury hospitalizations (per 10,000) ¹	57.3	58.6	65.0	61.1	60.9	64.8	64.7	44.5
Motor vehicle deaths (per 100,000) ¹	10.3	10.9	11.8	14.3	13.8	9.9	7.7	5.8
Pedestrian Injury hospitalizations (per 10,000) ¹			0.7	0.5	0.6		1.9	1.5
Fall related hospitalizations age 65+ (per 10,000) ¹			217.4	193.5	203.5		196.0	155.0
Traumatic brain Injury hospitalizations (per 10,000) ¹	5.6		5.9	6.8	7.0	8.8		
Non-motor vehicle mortality (per 100,000)	14.1	12.1	14.3	14.5	13.0	15.9		20.8

Table: 7

Notes:

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4. The weighted average accounts for population differences between counties to compute an average rate for the population of the ARHN area (443,837 in 2008).
5. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHA\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)

Unintentional Injury Hospitalizations by Age Group	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
	2004	2005	2008					
Unintentional Injury hospitalizations age <10 (per 10,000)	11.8	15.2	18.1	21.3	21.3	23.8		
Unintentional Injury hospitalizations age 10-14 (per 10,000)	17.2	20.6	22.3	27.4	20.9	22.7		
Unintentional Injury hospitalizations age 15-24 (per 10,000)	24.2	23.3	38.8	35.2	37.4	36.9		
Unintentional Injury hospitalizations age 25-64 (per 10,000)	40.4	40.5	42.8	41.8	38.7	44.5		
Unintentional Injury hospitalization age 65+ (per 10,000)	252.1	259.1	277.5	252.5	261.3	269.8		

Table: 8

Notes:

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Conclusion

It is apparent that unintentional injuries have an impact on the health of Warren County residents. Warren County Public Health, schools, community organizations, and workplaces all play a vital role in reducing the number of unintentional injuries that occur within the county.

By offer a consistent message and working together to reduce the cause if unintentional injuries Warren County Public Health and community groups can alleviate stress on the health systems and improve the quality of life of the residents of Warren County.

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There needs to be a comprehensive approach to reducing unintentional injuries which address local policy, environmental changes, a shifting of attitudes and beliefs, and general awareness about the physical, emotional, and monetary costs unintentional injuries have on a community.

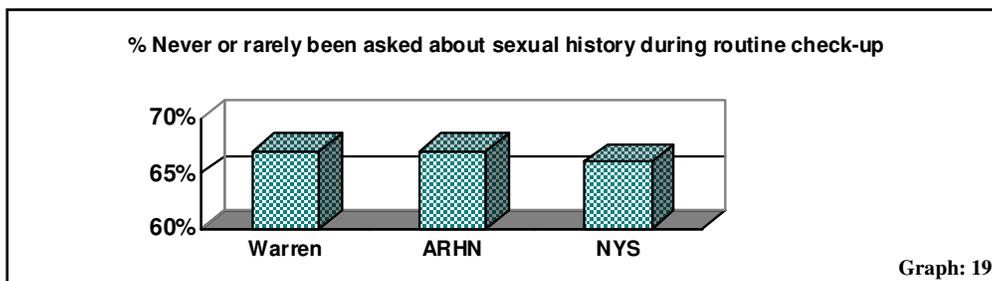
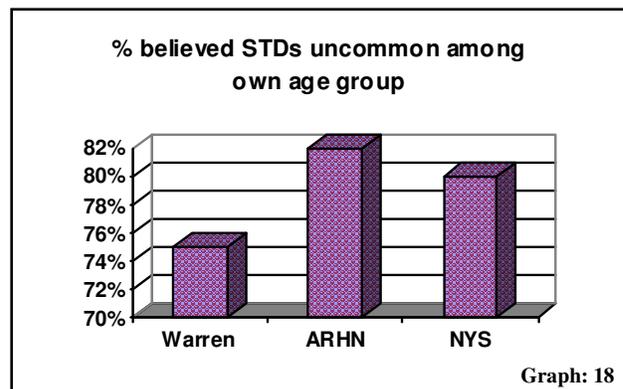
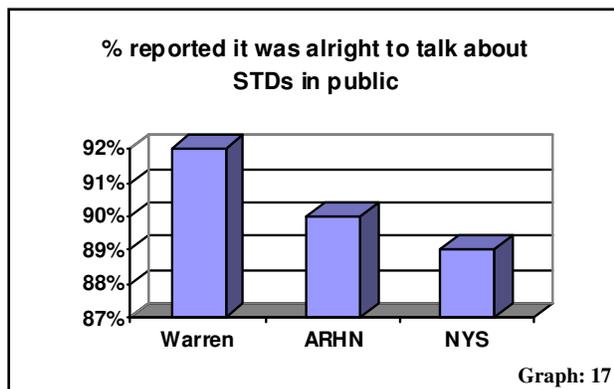
Basic Service Area: Disease Control

Sexually Transmitted Infections

According to recent survey data (92%) of Warren County respondents felt that it is okay to discuss STDs in public. This rate is slightly higher than the ARHN rate (90%) and the state rate (89%).

Seventy-five percent of Warren County respondents were also likely to feel that STDs were uncommon in their age-group. This is lower than the ARHN rate (82%) and the state rate (80%).

The majority of Warren County respondents (67%) indicated they were never or rarely asked about their sexual history during routine check-ups. This is similar to the ARHN rate (67%) and the state rate (66%).



According to recent data Warren County has lower rates of most reportable STDs than the upstate average. However, Warren County does have a higher rate of Chlamydia in females age 20-24 (2046.9 per 100,000) than the upstate rate (1898.3 per 100,000).

It is important to note that even though Warren County has mostly lower rates of reportable STDs than upstate, Warren County rates are higher than the ARHN region for every reportable STD. It is unclear why rates are higher. It could be that there is more access to STD screenings

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which could lead to higher rates. However, it could be that there are more cases of STDs in Warren County and programs designed to reduce STD rates in Warren County are not working.

STDs	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	ARHN	Wght'd	state	NYS	2013
				Avg ⁴	Avg ⁵	Avg	Avg	Goal ⁶
Gonorrhea (per 100,000) ^{1,2}	13.4	13.8	14.2	9.7	12.6	66.6	93.4	19.4
Early Syphilis (per 100,000) ²	0.0	0.0	2.0	0.4	0.6	1.9		
female Chlamydia age 15-19 (per 100,000)	0.0	1401.6	1454.5	1371.3	1440.7	1970.0		
female Chlamydia age 20-24 (per 100,000)	0.0	1535.8	2046.9	1338.6	1475.5	1898.3		
female Chlamydia (per 100,000)	0.0	221.0	248.0	193.2	212.4	338.2		
Gonorrhea age 15-19 (per 100,000)	37.4	44.0	51.6	27.5	33.8	253.0		
male Chlamydia age 15-19 (per 100,000)	0.0	127.3	201.2	107.2	126.5	390.8		
male Chlamydia age 20-24 (per 100,000)	0.0	214.1	307.1	177.7	257.8	640.5		
male Chlamydia (per 100,000)	0.4	48.4	57.4	35.3	51.4	122.8		
Pelvic Inflammatory disease age 15-44 (per 10,000)	3.8	4.8	4.0	3.4	3.2	4.4		

Table: 9

Notes:

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Conclusion

Even though most STDs are not life threatening, they can have a major impact on the quality of life individuals. Sexually transmitted diseases can also affect an individual's health beyond being infected. Sexually transmitted diseases may raise a person's risk for certain types of cancer and becoming infected with HIV. Sexually transmitted diseases can also affect the reproductive health of women and men by increasing the chance for miscarriage and sterility.

Warren County according to recent data does not have a larger problem with reportable STDs within its population than upstate with one exception being Chlamydia rates among women 20-24 years of age. However, Warren County has seen a continued increase in the number STD cases being reported on a yearly basis.

The continued increase in the rates of reportable STDs in Warren County shows the need for resources to be utilized to reduce STD rates. Warren County Public Health must continue to work with community partners to implement proven strategies that can slow or reverse the increasing rates of STDs in Warren County.

Tuberculosis

Warren County has a tuberculosis rate of 1.0 per 100,000. This rate is slightly higher than the ARHN rate 0.8 per 100,000, but is lower than the upstate rate.

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Infectious Disease	Warren			ARHN	Up-	NYS	NYS
	2004	2005	2006	ARHN Wght'd Avg ⁴	state Avg	NYS Avg	2013 Goal ⁵
Tuberculosis (per 100,000) ^{1,2}	1.5	1.5	1.0	0.5	2.8	6.8	1.0

Table: 10

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Conclusion

Warren County Public Health has a very low rate of tuberculosis therefore it is not a major health concern within the county at this time. However, Warren County Public Health understands the importance of tracking tuberculosis in the county and taking the appropriate steps to quickly isolate and treat patients when the need arises to prevent a major outbreak of tuberculosis from occurring.

Warren County Public Health will continue to monitor the tuberculosis rate in the county. Warren County Public health will continue to work with NYSDOH to reduce the chances of tuberculosis becoming a major health threat to the community in the future.

Communicable Disease

Along with STDs, HIV, and tuberculosis Warren County is also responsible for monitoring and reporting many other communicable diseases and disease clusters or outbreaks.

According to Warren County Annual report there were 302 instances of communicable diseases having to be reported to NYSDOH in 2008.

The following tables show rates of certain communicable diseases in Warren County. These diseases are part of the New York State community health assessment indicators. The tables do not include rates for all of the communicable diseases Warren County Public Health is responsible for reporting to the NYSDOH.

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Table: 11

Infectious Disease	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	ARHN Avg ⁴	Wght'd Avg ⁵	state Avg	NYS Avg	2013 Goal ⁶
H. Influenza (H1B) (per 100,000) ²	1.58	1.5	1.5	0.8	1.1	1.3		
Measles incidence (per 100,000) ²	0	0	0	0.0	0.0			
Pertussis (per 100,000) ²	6.7	7.7	5.6	12.9	15.0	11.1		
Pneumonia/flu hospitalizations age 65+ (per 10,000) ²	189.4	179.5	180.7	167.9	156.0	186.4		
Rubella incidence (per 100,000) ²	0	0	0	0.0	0.0			
Shigella incidence (per 100,000) ²	0.5	0	0	0.2	0.2	3.1		
Pneumoconiosis hospitalizations age 15+ (per 100,000)	16.8	14.2	22.6	18.5	21.7	19.6		

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E. Coli, Hepatitis, Lyme	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	ARHN Avg ⁴	Wght'd Avg ⁵	state Avg	NYS Avg	2013 Goal ⁶
E. Coli incidence (per 100,000) ²	1.5	0.5	0.5	2.6	1.5	1.2		
Hepatitis A incidence (per 100,000) ²	1.5	0	0.5	1.2	1.5	1.0		4.5
Hepatitis B incidence (per 100,000) ²	0	0	0.5	0.5	0.8	0.8		
Salmonella incidence (per 100,000) ²	8.2	7.7	7.6	7.9	10.6	12.4		
Lyme disease incidence per 100,000)	5.2	10.7	16.8	18.6	25.1	42.2		9.7

Notes:

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Table: 12

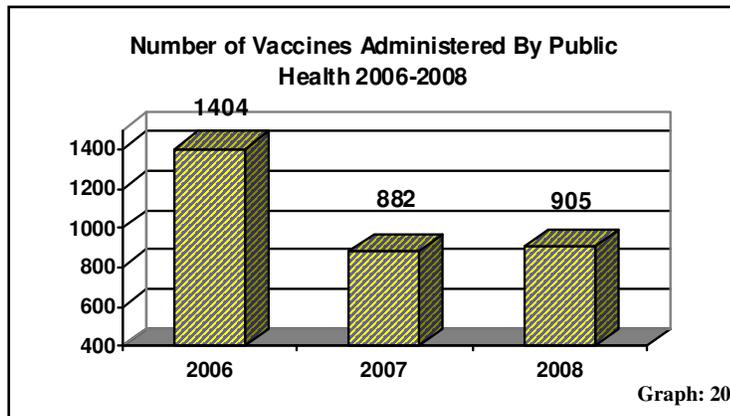
Conclusion

Warren County Public Health monitors communicable diseases as required by NYSDOH. Recent data indicates Warren County has lower rates of many of the reportable communicable diseases than the ARHN region and upstate. Even though Warren County has lower rates for many of the reportable communicable diseases Warren County Public Health realizes the rates and community impact of communicable diseases can change rapidly. It is apparent that even lower rates of communicable diseases have an impact on the health of Warren County residents. Warren County Public Health realizes communicable disease monitoring and prevention is an important health focus area.

Immunization

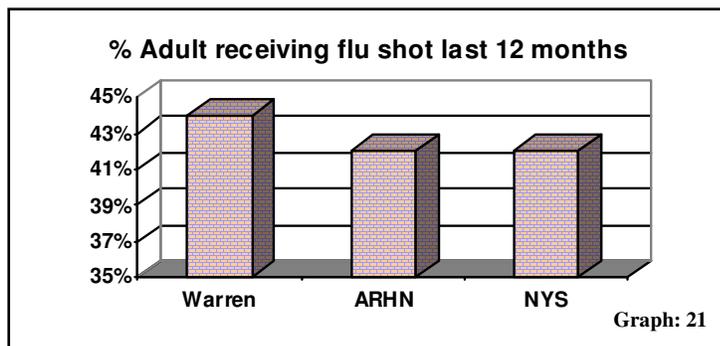
According to recent NYSDOH School Immunization Survey Report (95%) of children pre-k thru twelfth grade have received the required childhood immunizations for school attendance. This exceeds the state goal of (90%). There is no ARHN regional data available.

According to the Warren County Health Services 2008 annual report 3191 people (excluding annual flu vaccine) participated in the Warren County immunization program.



Warren County Public Health is also one of the largest providers of annual flu vaccine in the county.

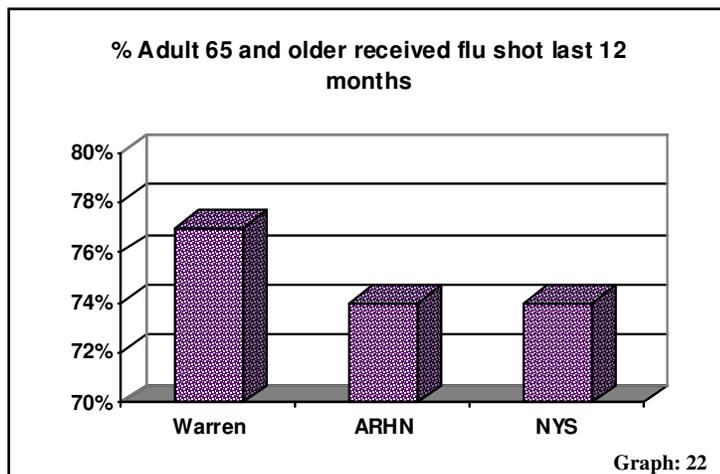
According to recent survey date (44%) of Warren County adults received the annual flu vaccine in the last 12 months. This is higher than the ARHN rate (42%) and the NYS rate (42%)



Seventy-seven percent of Warren County residents 65 and older received a flu shot in the last 12 months. This rate is higher than the ARHN rate (74%) and the NYS rate (74%).

Conclusion

Immunizations are one of the safest most cost-effective ways to reduce the impact of disease on a community.



Most of Warren County’s children are being protected by immunizations. Part of Warren County Public Health’s immunization program goals is to keep pediatricians, schools and other health care providers up-to-date with the latest immunization recommendations and requirements. By working together with our community partners Warren County Public Health hopes to achieve 100%

immunization coverage for all children in the county.

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To reduce costs associated with annual flu Warren County Public Health continues to use resources to promote and administer flu vaccine during flu season. By offering community flu clinics Warren County reduces barriers for community members unable to travel to receive a flu shot.

Warren County Public Health is fully aware of the benefits vaccinations offer to the health of a community. Therefore, Warren County strives to fill gaps in the health care system and help those in the community most likely to miss out on the protection vaccinations provide.

Chronic Disease

Chronic diseases affect a large segment of the population. They often affect the quality of life and life expectancy negatively. Many things can lead a person to suffer from a chronic disease like genetics and family history, but many times a chronic disease can be associated with behavior and lifestyle choices a person has made over the years. This association means that many of the people who suffer from a chronic disease could have taken steps to prevent it from occurring by changing behavior and lifestyle choices.

The following section looks at how chronic diseases affect the health of Warren County residents.

Chronic diseases: cardiovascular diseases & cerebrovascular disease (stroke)

Recent data shows that Warren County residents have a lower mortality rate than the ARHN region and upstate for four of the five categories when looking at cerebrovascular disease (stroke) and heart disease.

Warren County does have a higher rate (19.1 per 100,000) of congestive heart failure deaths than the ARHN region (15.5 per 100,000) and upstate (16.5 per 100,000).

However, when these same categories are looked at for premature mortality, Warren County residents have higher rates in three of the four categories available. Data was not available for all categories.

Table: 13

Mortality	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	Avg ⁴	Wght'd Avg ⁵	state Avg	Avg	2013 Goal ⁶
Cerebrovascular (Stroke) disease mortality (per 100,000) ^{1,2}	38.9	36.7	32.7	40.2	40.1	37.0	30.5	24.0
Cardiovascular disease mortality (ICD10 I00-I99) (per 100,000) ²	249.6	250.4	231.1	266.0	258.6	278.5		
Coronary heart disease mortality (ICD10 I11, I20-I25) (per 100,000) ²	129.5	132.9	123.1	153.6	147.4	171.7		
Diseases of the heart mortality (ICD10 I00-I09, I11, I13, I20-I51) (per 100,000) ²	179.6	183.4	175.9	206.8	200.7	223.3		
Congestive heart failure mortality (ICD10 I50) (per 100,000)	16.8	17.4	19.1	16.8	15.5	16.5		

Notes:

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Table: 14

Premature Mortality	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
	2004	2005	2008					
Cerebrovascular disease premature mortality (ICD10 I60-I69) (per 100,000 ages 35-64)	11.0	14.6	13.2	15.1	10.6	11.4		
Cardiovascular disease premature mortality (ICD10 I00-I99) (per 100,000 ages 35-64)	84.3	96.2	103.5	105.1	92.3	99.6		
Coronary heart disease premature mortality (ICD10 I11, I20-I25) (per 100,000 ages 35-64)	55.0	64.5		67.7	63.0	63.0		
Disease of the heart premature mortality (ICD10 I00-I09, I11, I13, I20-I51) (per 100,000 ages 35-64)	69.7	74.3		82.0	75.3	81.7		
Congestive heart failure premature mortality (ICD10 I50) (per 100,000 ages 35-64)				1.3	0.9	2.1		

Notes:

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Warren County hospitalization rates for cerebrovascular and cardiovascular disease have fallen below the upstate rate for all six categories. However, Warren County has rates that are higher than the ARHN rate in five of six categories.

Hospitalizations	Warren			ARHN Avg ⁴	ARHN Wght'd Avg ⁵	Up-state Avg	NYS Avg	NYS 2013 Goal ⁶
	2004	2005	2008					
Coronary heart disease hospitalizations (per 10,000) ¹	62.2	59.5	55.8	50.4	50.9	59.1	61.2	48.0
Congestive heart failure hospitalizations age 18+ (per 10,000) ¹			47.8	43.1	40.0		46.3	33.0
Congestive heart failure hospitalizations (per 10,000)	30.0	30.3	29.4	28.0	28.3	29.9		
Cardiovascular disease hospitalizations (ICD9 390-459) (per 10,000)	170.5	168.0	164.1	158.4	160.8	176.8		
Disease of the heart hospitalizations (ICD9 390-398, 402, 404-429) (per 10,000)	129.0	126.1	121.9	113.8	114.8	126.2		
Cerebrovascular disease hospitalizations (ICD9 430-438) (per 10,000)	21.8		21.9	23.9	24.4	26.8		

Table: 15

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Section 1 - Demographic and Health Status Information

Chronic Disease Indicators for Cancer

According to the most recent data Warren County residents have higher incidence rates of several different cancers than the ARHN rate and the NYS rate.

Warren County residents also have higher mortality rates for breast, cervical, and prostate cancer. This data supports the need for more access to and utilization of cancer screening services in Warren County. Catching cancer early is important to the long-term survival of those affected. By increasing cancer screenings and services it should be possible to reduce the mortality rates in Warren County.

Table: 16

Cancer Incidence	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2008	Avg ⁴	Wght'd Avg ⁵	state Avg	2013 Avg	2013 Goal ⁶
Cervix uteri cancer incidence (per 100,000) ²	8.0	8.8		8.2	8.5	7.6		
Colon and rectum cancer incidence (per 100,000) ²	59.7	53.6		59.2	50.8	72.7	49.0	
Female breast cancer incidence (per 100,000) ²	126.7	118.5		120.6	124.9		120.8	
Malignant mesothelioma incidence (age 15+) (per 1,000,000)	11.6		18.3	16.1	17.8	16.7	15.3	
Oral cavity and pharynx cancer incidence (per 100,000)	15.2	14.3		14.5	13.0	9.8		
Ovary cancer incidence (per 100,000)	14.7	14.3		16.7	15.1	15.7	13.0	
Prostate cancer incidence (per 100,000)	161.1	171.5		160.6	160.3	174.4	152.9	

Notes:

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Cancer Mortality	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2008	Avg ⁴	Wght'd Avg ⁵	state Avg	2013 Avg	2013 Goal ⁶
Breast cancer mortality (female) (per 100,000) ^{1,2}	31.0	31.8	26.8	23.7	23.5		24.1	21.3
Cervical cancer mortality (per 100,000 females) ^{1,2}	2.9	2.8	3.3	3.2	2.8	2.2	2.6	2.0
Colorectal cancer mortality (per 100,000) ¹	21.4	18.3	17.4	20.0	19.1	19.1	19.1	13.7
Colon and rectum cancer mortality (per 100,000) ²	21.0	18.3		21.6	17.7	19.4	16.8	
Melanoma of the skin mortality (per 100,000)	2.7	3.8		4.2	2.5	2.7	2.2	
Ovary cancer mortality (per 100,000)	8.1	9.6		9.6	9.2	9.8	8.9	
Prostate cancer mortality (per 100,000)	25.9	29.3		27.7	27.3	27.8	22.8	

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3. Adirondack Rural Health Network (ARHN) average is a straight average of the individual county rates, with each of the six counties contributing equally.
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5. [NYS Prevention Agenda 2013 Objectives](#)

Data Sources: [NYS County Health Assessment Indicators \(CHA\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)

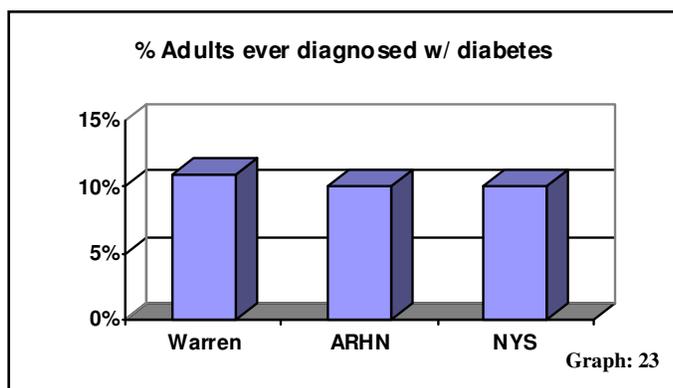
Table: 17

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Diabetes Indicators

Diabetes is a costly and debilitating disease. As overweight and obesity rates climb and physical activity levels and poor nutrition decline diabetes continues to affect more and more people of all ages at alarming rates. Diabetes, especially Type II diabetes is almost always preventable and is certainly manageable by increasing healthy behaviors, reducing body weight and a leading health active lifestyle.

According to recent survey data (11%) of Warren County respondents have been diagnosed with diabetes. This rate is slightly higher than the ARHN rate (10%) and the NYS rate (10%).



Complication due to diabetes can lead to hospitalization and even death.

Warren County residents have a lower hospitalization rate for most of the diabetes indicators. There is one area where Warren County has a higher rate of hospitalizations that is short-term complications of diabetes ages 6-17 (4.0 per 10,000). This is similar to the ARHN rate (4.0 per 10,000), but higher than the NYS rate (3.0 per 10,000).

Table: 18

Diabetes	Warren			ARHN	ARHN	Up-state	NYS	NYS
	2004	2005	2008	Avg ⁴	Wght'd Avg ⁵		Avg	2013 Goal ⁶
Diabetes short-term complication hospitalization age 6-17 (per 10,000) ¹			4.0	4.8	4.0		3.0	2.3
Diabetes short-term complication hospitalization (per 10,000 Age 18+) ¹			3.5	3.4	3.3		5.3	3.9
Diabetes mortality (ICD10 E10-E14) (per 100,000) ²	18.7	17.8	16.7	19.8	17.0	17.4		
Diabetes hospitalization rate (any dx ICD9 250) (per 10,000)		173.0		164.2	164.3	192.1		
Diabetes hospitalization rate (primary dx ICD9 250) (per 10,000)	9.5	9.6	10.5	10.7	10.4	14.0		

Notes:

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**For trend data on chronic diseases in Warren County please see the Building a Health Community Report under the section titled Chronic Disease.*

Section 1 - Demographic and Health Status Information

Conclusion

Chronic diseases are a major factor negatively affecting the quality of life many residents of Warren County experience. While it is important to treat those suffering from a chronic disease it must be realized that the only way to reduce their impact on quality of life is by creating health programming that directly targets behavior and lifestyle choices.

Many of these chronic diseases could be delayed or even prevented by getting people to adopt behaviors that positively impact health. Any approach to reducing chronic disease must be multi-faceted using education, community planning, local policy development and other intervention strategies that make it beneficial for people to practice healthier behaviors while discouraging unhealthy behaviors.

Human Immunodeficiency Virus (HIV)

Warren County does not have a significant portion of its population affected by HIV. Warren County has lower rates than upstate in all categories related to HIV. The rates for Warren County are slightly higher than the ARHN rates in three of six categories, but the differences are minimal.

Table: 19

HIV/AIDS	Warren			ARHN		Up-state Avg	NYS	
	2004	2005	2006	ARHN Avg ⁴	Wght'd Avg ⁵		NYS Avg	2013 Goal ⁶
Newly diagnosed HIV case rate (per 100,000) ¹			3.1	1.8	2.6		24.0	23.0
HIV/AIDS (per 100,000) ²	3.6	3.1	3.6	4.2	4.0	8.2		
HIV/AIDS mortality rate (per 100,000) ²	1	2	1.5	0.9	1.1	2.6		
HIV cases (per 100,000)	0	0	3.1	1.8	2.6	8.2		
HIV exposed newborns (per 1,000 tested)	0	0.5		0.8	0.5	1.1		
HIV Positive newborns (per 1,000 tested)	0	0		0.3	0.2	1.1		

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Data Sources: [NYS County Health Assessment Indicators \(CHAI\)](#), [New York State Community Health Data Set – 2006](#), [NYS DOH Prevention Agenda](#)

Conclusion

Although HIV has not impacted a large number of Warren County residents it is important to continue to monitor HIV rates. Warren County Public Health will continue to work with neighboring counties and community groups to offer free HIV testing for anyone who wants it. Also, Warren County Public Health supports school based HIV education.

It is important to keep HIV in the minds of Warren County residents and to make them understand that HIV remains a threat to the health of the community.

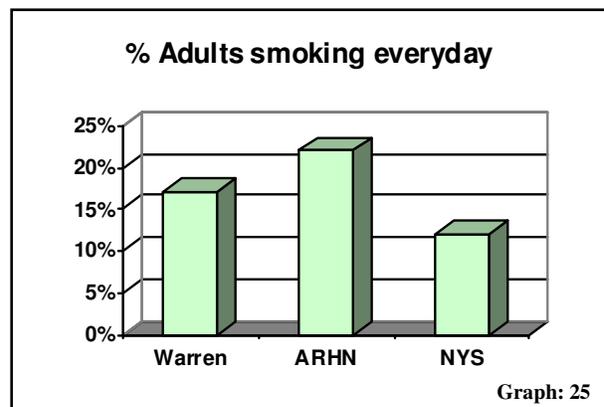
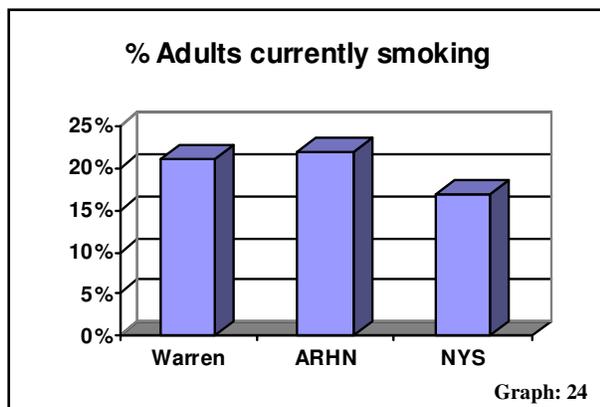
Optional Service Areas

Tobacco

Tobacco use is considered to be the leading cause of preventable deaths in the United States. Tobacco use has been linked to increased risk for many different cancers, heart and lung disease, asthma, bronchitis, and ear infections in children and even low birth weights in newborns.

The increased risk for diseases does not lie just with the user though. Every year thousands of people die from exposure to secondhand and environmental tobacco smoke and thousands more suffer negative health affects.

Recent survey data shows that (21%) of Warren County residents are current smokers. This is slightly lower than the ARHN rate (22%), but higher than the NYS rate (17%). Further more the number of Warren County residents that smoke everyday is (17%). This is lower than the ARHN rate, but higher than the NYS rate (12%).



Because of the higher adult smoking rates in Warren County as compared to NYS it would seem that diseases rates associated with smoking would be higher in Warren County. This is in fact the case. Warren County has higher rates for all six categories in the tobacco related incidence & mortality table than the NYS or upstate rates. Warren County does not meet any of the NYS 2013 goals for tobacco use or incidence and mortality rates for tobacco related diseases.

It is important to note that smoking rates among adults throughout NYS have been declining over the years, but that seen smoking rates have remained the same or in some instances even increase slightly.

Data was not available for youth at a countywide level so there is no comparison that can be drawn between Warren County, ARHN, and NYS youths.

**For hospitalization rates for different diseases related to tobacco use please see Building a Healthy Community Report under tobacco*

Section 1 - Demographic and Health Status Information

Tobacco Related Incidence & Mortality	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	Avg ⁴	Wght'd Avg ⁵	state Avg	Avg	2013 Goal ⁶
COPD hospitalizations among adults 18 + years (per 10,000) ¹			56.8	44.3	38.8		39.7	31.0
Lung cancer incidence (per 100,000) - Males ¹		92.7		103.4	94.6		80.8	62.0
Lung cancer incidence (per 100,000) - Females ¹		73.3		73.7	67.9		53.8	41.0
Lung and bronchus cancer incidence (per 100,000) ^{1,2}	76.9	80.9		85.4	79.0	73.2	63.2	51.5
CLRD (COPD) mortality (per 100,000) ²	39.7	42.5	54.0	53.1	51.9	39.8		
Lung and bronchus cancer mortality (per 100,000) ²	55.2	54.6	59.8	59.5	56.4	54.2	45.4	

Table: 20

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Conclusion

Smoking rates in Warren County remain elevated as compared the NYS. The health impact of higher tobacco use on the residents of Warren County is plainly evident by the higher rates of lung cancer and COPD in Warren County.

Warren County Public Health uses tobacco settlement funds towards reducing the number of smokers in Warren County. School based tobacco education programs, informational material distribution, media campaigns, support for local tobacco control policies, and referrals to Glens Falls Hospital Tobacco Cessation Services are used to lower smoking and tobacco use rates in Warren County.

Smoking and tobacco use greatly impact the health of many Warren Count residents and cost the health care system thousands of dollars yearly for disease diagnosis and treatment, quit smoking programs, and treatment of secondary infections caused by exposure to secondhand/ environmental tobacco smoke exposure.

Warren County Public Health shall continue to make reducing tobacco use a priority. Through partnerships, education, outreach and support for local tobacco control policies reducing the number of Warren County residents that currently smoke by one-percent or more a year should be possible.

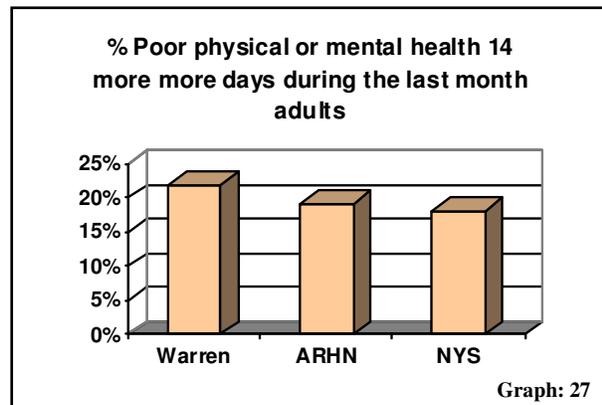
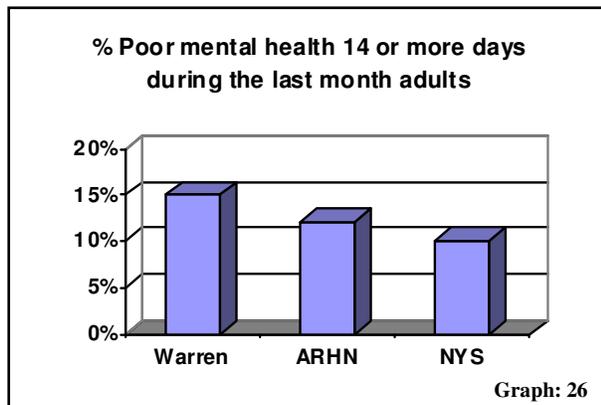
Mental Health & Substance Abuse

Recent years have seen the ever increasing impact mental health can have on the health of a community. Yet, mental health continues to be an area that is underserved in most counties in NYS. And because poor mental health ca often be associated with increased alcohol and substance abuse it is important to look at the data for each together.

According to the latest survey data (15%) of Warren County residents indicated they had poor mental health fourteen or more days during the last month. This rate is higher than the ARHN

Section 1 - Demographic and Health Status Information

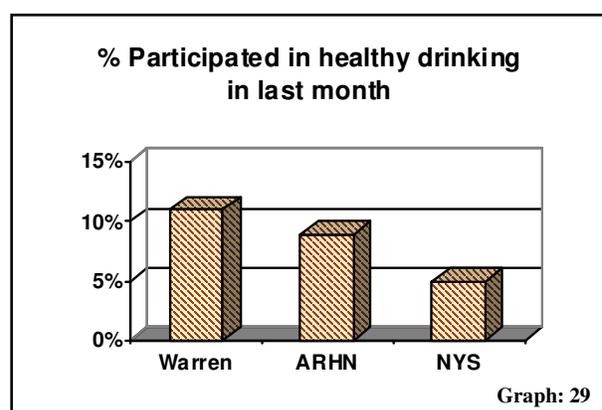
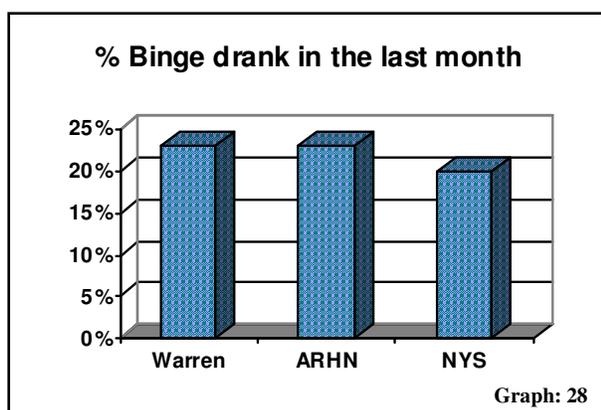
rate (12%) and the NYS rate (10%). When that rate was combined with poor physical or mental health fourteen or more days in the last month the rates for all three groups jumps with Warren County's rate (22%) being higher than the ARHN Rate (19%) and the NYS rate (18%).



Recent survey data indicates that (23%) of Warren County residents binge drank in the last month. This is similar to the ARHN rate (23%) and higher than the NYS rate (20%). Warren County does not meet the NYS 2013 goal of only (13.4%) adults binge drinking.

Eleven percent or Warren county residents also indicated they had participated in heavy drinking in the last month. This rate is higher than the ARHN rate (9%) and the NYS rate (5%)

It is important to note that in 2005 only (14.2%) of Warren county residents had indicated that they binge drank compared to (23%) in 2008. This is a substantial increase in binge drinking among Warren County adults which may indicate a lack of services for mental health so people self medicate with drugs or alcohol. It could also indicate a culture of acceptance in the county for binge drinkers. It may be worthwhile to monitor the rate of binge drinking in Warren County to see if this uptick is just a blip or something more serious.



The affects of poor mental health and heavy substance use can also be seen in other Warren County rates related to mental health and substance use.

**For hospitalization rates related to mental health and substance abuse please see Building a Healthy Community Report under mental health and substance abuse.*

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Warren County rate of suicide mortality (9.2 per 100,000) is higher than the upstate rate (7.1) and NYS rate (6.4), but slightly lower than the ARHN rate (10.3). Warren County does not meet the NYS 2013 goal of (4.8 per 100,000) for suicide mortality.

Warren County rates for alcohol-related motor vehicle injuries and deaths, cirrhosis mortality and self-inflicted hospitalizations exceed the ARHN and upstate rates.

Mental Health, Substance Abuse	Warren			ARHN	ARHN	Up-	NYS	NYS
	2004	2005	2006	Avg ⁴	Wght'd Avg ⁵	state Avg	Avg	2013 Goal ⁶
Suicide mortality rate (per 100,000) ¹	6.7	7.2	9.2	11.9	10.3	7.1	6.4	4.8
% Adults that Binge Drink ^{1,2}	14.2			16.6	16.2	15.2	34.0	13.4
Drug-related hospitalizations (per 10,000) ³	11.1	13.1	14.6	13.2	11.9		34.0	26.0
Alcohol-related motor vehicle injuries and deaths (per 100,000) ²	12.9	11.2	9.5	10.4	8.3	5.9		
Cirrhosis mortality (ICD10 K70, K73-K74) (per 100,000) ²	9.8	10.7	11.7	11.2	9.4	6.3		
Self-inflicted Injury hospitalizations (per 10,000) ²	9.1	8.7	8.5	6.6	6.8	5.6		
Suicide mortality rate age 15-19 (per 100,000) ²	0.0	0.0	0.0	2.3	3.5	5.0		
Cirrhosis hospitalizations (ICD9 571) (per 10,000)	2.2	2.1	2.0	2.8	2.7	2.5		
Self-inflicted Injury hospitalizations age 15-19 (per 10,000)	15.7	11.7	11.8	17.0	15.5	11.8		

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Conclusion

After looking at recent data it is apparent that mental health is having a major impact on the health of Warren County residents. Poor mental health and high rates of substance use are putting strain on an already taxed health care system.

Because mental health is a relatively new health focus area for Warren County Public Health, it is difficult to determine what resources are available to Warren County residents and how well they are utilized.

However, with one-fifth of Warren County residents suffering from mental health issues it is important for Warren County Public Health to start looking at developing community partnerships to address this growing need.

Warren County Public Health lacks the staff or the expertise to deal with mental health issues. Therefore knowing what organizations already address mental health issues and offering to support their efforts may be the best approach for Warren County Public Health.

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Emergency Preparedness

Since the terrorist attacks on the World Trade Center on September 11th, 2001 emergency preparedness has become a focus area for Warren County Health Services. Although initial efforts of this new program were to be ready to respond to a terrorist attack, it has evolved to include any disaster or emergency situation.

Warren County has completed an Emergency Preparedness plan that has been approved by NYSDOH. This plan is the guiding document for responding to an emergency that happens and affects Warren County residents.

Schools, hospitals, nursing homes, workplaces and community groups in Warren County that can help assist with emergency response have taken part in trainings, drills and planning phases of emergency preparedness that have been conducted by Warren County Health Services. Often drills and trainings have been in collaboration with police, fire, EMS, and Glens Falls Hospital.

The full plan is available by request from Warren County Health Services.

Section One

Part B

Access to Care

General Discussion of Health Resources

1. Description of the availability of hospitals, clinics, private providers, access to health care providers

The health and well-being of a community can often be directly related the health resources available to that community and the ability for those community members to access and utilize those resources. This section of the report will try and capture the availability and utilization of health resources in Warren County, as well as commonly identified barriers that prevent people from accessing available resources.

Warren County residents have access to one full service hospital (Glens Falls), a health provider network, and private/group practices. There were also 230 licensed physicians practicing in Warren County in 2007 according to The Center for Health Workforce Studies, School of Public Health, University at Albany, SUNY.

Glens Falls Hospital is the main provider of health care in Warren County and the sole comprehensive and acute care hospital in the region. Glens Falls Hospital provides a safety net for individuals in Warren County not only through the hospital, but school-based and community outreach programs as well. These outreach programs bring expertise and services to low-income, high risk individuals and families who may otherwise fail to seek out health care because of financial or transportation concerns.

Another benefit from having Glens Falls Hospital part of the Warren County community, residents now have access to more than 225 physicians affiliated with the hospital, ranging from primary care to surgical subspecialist, with board certifications in more than 25 specialties.

Warren County residents with health care needs do not have to turn to Glens Falls Hospital for everything. There are over twenty group and private health care practices in Warren County with a range of specialties including primary care, pediatrics, cardiology, gastroenterology, obstetrics and gynecology, neurology and holistic care.

For those residents that need affordable healthcare the Hudson Headwaters Health Network oversees five community health centers in Warren County. Most are located in the more rural areas of the county including the towns of Bolton, Chestertown, North Creek, and Warrensburg. Only one is located in the more populous Glens Falls/Queensbury area.

The Network plays an important role in the health care of Warren County residents. It participates with most major insurers including Medicare and Medicaid. For the uninsured a sliding scale fee system is used to make services affordable. Also, the Network helps get low income patients enrolled in payment assistance programs including Child Health Plus (for children under 19 and pregnant women), Family Health Plus (for people 19 – 64 w/ no insurance but have incomes too high to be eligible for Medicaid) and Medicaid for Adults.

The Network offers Warren County residents a variety of health care services. Through the network Warren County residents can receive primary care services including, family practice, geriatric care, pediatrics and adolescent medicine, preventive medicine (e.g. immunizations, physicals, and screenings), women's health care, minor surgery, nursing home visits, and more.

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The Network is also able to offer services or referrals for specialty health care including cardiology, gastroenterology, mental/behavioral health, obstetrics/gynecology, oncology, orthopedics, podiatry, otolaryngology, and urology.

Other services that residents can find through the Network include, acupuncture, dentistry, medical imaging (x-rays, ultrasound, mammography, etc), laboratory, nutrition/dietary counseling, pharmacy, and social work/ case management.

Without the Hudson Headwaters Health Network, many of the residents would have to forgo health care services because of cost or transportation issues. Because the Network recommends but does not require appointments for patients to be seen for acute illness many of the barriers that would keep people from seeing a doctor are eliminated. Also, by allowing patients to see a provider when they are sick may reduce the burden on emergency rooms by allowing patients to receive treatment for an illness before it becomes an emergency.

In-home and facility based health services are a growing part of health care. Warren County currently has four nursing home/rehabilitation centers with four-hundred total beds operating within it. Several assisted living communities are also located in Warren County. There are also a number of home-health agencies that offer medical and non medical services to those residents in need in Warren County.

Warren County Health Services also plays an important role in the health of the county's residents. The county offers a wide variety of services for residents including immunizations, in-home nursing services, community clinics, outreach programs, referrals, and more. Warren County Health Services tries to fill gaps in the health care system and utilizing programs that meet the needs of those residents that fall into those gaps.

2. Primary care and preventive health services utilization

When looking at the health of Warren County residents it is important to not only look at the resources available to residents but how those residents utilize those resources. Residents of Warren County do have a number of health resources available to them. This section will look at how these resources are utilized.

The majority of Warren County residents that were surveyed indicated they have access to a primary care physician for many of their medical needs, but residents of Warren County do not use their primary care physician's services as often as other people in the ARHN region or state use their primary care physician's services. Three-quarters of Warren County residents also said they had seen a dentist in the last year.

Clinics also play an important role for residents of Warren County. Often, when a medical need arises and residents are unable to see their primary doctor many rely on a community health clinic for diagnosis, treatment, and follow-up instead of heading to the local hospital. It is hard to give exact figures about community clinic utilization in Warren County, but when clinic coordinators are asked about their clinics the response most often stated is very busy.

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Private specialty medical practices also play an important role in the health of Warren County residents. There are a number of different specialty doctors that practice in Warren County. Residents of Warren County in need of specialty care can find it for cardiology, cancer, gastroenterology, obstetrics and women’s care, and even holistic medicine.

The most recent data seems to indicate that residents of Warren County do a good job of utilizing health resources in their community for screenings and preventive services (please see page for screening data). However, not everyone is utilizing the resources available to them. It is important to identify the barriers that prevent health resource utilization so community health planning and policy development can be targeted to reduce or eliminate those barriers.

When you are sick and need medical attention, where do you usually go?		Warren	ARHN Region
Doctor’s office, clinic, or community health center	Count	266	1641
	%	84.2%	79.7%
Hospital outpatient department	Count	12	72
	%	3.8%	3.5%
Hospital emergency room	Count	16	179
	%	5.1%	8.7%
Urgent care center	Count	8	61
	%	2.5%	3.0%
Some other place	Count	7	26
	%	2.2%	1.3%
No usual place	Count	5	40
	%	1.6%	1.9%
Don't Know/Not Sure	Count	2	37
	%	.6%	1.8%
Refused	Count	0	4
	%	.0%	.2%
Total	Count	316	2060
	%	100.0%	100.0%

Data Sources: ARHN 2004/07 Telephone Survey

Table: 22

3. Commonly identified barriers for utilization of health resources

For any health resource or preventive health program to be effective in a community it is important to identify common barriers that could prevent their use by the populations they are meant to help. Financial, structural, and personal barriers all play an important role in access to and utilization of available health resources in Warren County.

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Financial Barriers

Recent data for Warren County indicates that (12%) of residents delayed or did not receive health care due to either a lack of insurance or out-of-pocket costs. This rate is similar to the ARHN rate (11%) and state rate (13%).

The majority of Warren County residents (92%) have health insurance. The respondents that said they did not have health coverage were asked why. The following table shows the reasons respondents do not have health coverage.

What is the main reason you are without health care coverage?		Warren	ARHN Region
		Count	Count
Couldn't afford to pay the premiums	Count	19	120
	%	16.1%	21.0%
Employer doesn't offer or stopped offering coverage	Count	4	27
	%	3.4%	4.7%
Insurance company refused coverage	Count	1	6
	%	.8%	1.1%
Lost job or changed employers [includes any person who had been provided insurance prior to job loss or change]	Count	9	41
	%	7.6%	7.2%
Lost Medicaid or Medical Assistance eligibility	Count	0	3
	%	.0%	.5%
Change in family situation [divorce, separation, death, etc.]	Count	0	2
	%	.0%	.4%
Cut back to part time or became temporary employee	Count	0	7
	%	.0%	1.2%
Benefits from employer or former employer ran out	Count	1	3
	%	.8%	.5%
Became ineligible because of age or because left school	Count	0	7
	%	.0%	1.2%
Don't Know/Not Sure	Count	11	28
	%	9.3%	4.9%
Other	Count	42	212
	%	35.6%	37.1%
Refused	Count	31	115
	%	26.3%	20.1%
Total	Count	118	571
	%	100.0%	100.0%

It is hard to know why the residents with no health coverage actually lack coverage. Most of the respondents answered other or refused as a reason for not having coverage.

Inability to pay premiums was the most frequent reason for no coverage of those respondents that indicated a reason.

Also it is important to recognize that there were a very small number of people that actually said they didn't have health coverage making the data unstable.

According to the latest figures from the Warren County Medicaid office for the month of July over 8,000 people received some type of Medicaid assistance. This is an important public safety net that helps individuals and families afford the health care they need.

However, Medicaid only works if the health care providers in Warren County are willing to accept it.

Because providers are not required to accept Medicaid it is hard to know where someone who has Medicaid can go to access the health care they need.

Data Sources: ARHN 2004/07 Telephone Survey

Table: 22

Section 1 - Demographic and Health Status Information

Structural Barriers

The supply and distribution of primary care providers, lack of service sites, transportation, and hours of operation are all structural barriers that can limit access and utilization of health resources in Warren County.

Primary care providers play an important role in the health of Warren County. Like most counties in New York State, Warren County could always use more. However, recent survey data seems to show that right now Warren County has an adequate supply of primary providers to meet the needs of its residents. Over ninety-percent of respondents stated they had a primary provider.

What was the main reason you did not get or delayed getting care?	Warren	ARHN Region
Lack of insurance or because of out of pocket cost	3 17.6%	38 31.4%
Could not get an appointment or too long to wait for appointment	1 5.9%	10 8.3%
Did not know where to go or unable to find a Doctor to accept me as a patient	1 5.9%	2 1.7%
Too far to travel to the medical services I needed	0 .0%	3 2.5%
Lack of transportation	0 .0%	3 2.5%
Afraid, scared, worried or embarrassed	0 .0%	6 5.0%
Don't believe in or trust doctors	0 .0%	1 .8%
Didn't think it would help	2 11.8%	4 3.3%
Didn't think it was serious	3 17.6%	24 19.8%
Other	4 23.5%	18 14.9%
Don't Know/Not Sure	2 11.8%	6 5.0%
Refused	1 5.9%	6 5.0%
Total	17 100.0%	121 100.0%

Data Sources: ARHN 2004/07 Telephone Survey

Table: 23

Residents also indicated that scheduling an appointment to see a doctor was not a problem in Warren County supporting the notion of an adequate supply of primary care providers.

The majority of primary care providers and clinics in Warren County are located in two zip codes that include the City of Glens Falls and the Town of Queensbury. It must be noted that sixty-four percent of Warren County's population resides in these zip codes. However, that means that thirty-six percent of the population is spread out over the rest of the county where the supply of primary care providers is low and reliance on community health centers is high.

Because the primary care providers and clinics are concentrated in a small section of the county the question has to be asked are there enough service sites throughout the county to meet the needs of the people.

Transportation it seems would be a problem for residents that reside outside of the most populous sections of the county. There is limited access to public transportation and high fuel prices which often discourages people from seeking the care they need.

This is not the case though according to survey data. Transportation did not seem to be a factor in people's decisions to delay or forgo care or to not get routine check-ups.

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It seems according to recent data that the biggest barrier for people in Warren County accessing available health resources is the fact that they feel they are healthy and do not need care.

Why has it been more than a year since you had a routine checkup?	Warren	ARHN Region
No reason or need to; I am healthy; don't need a Dr.	25 64.1%	148 60.4%
Lack of insurance or because of out of pocket cost	6 15.4%	32 13.1%
Could not get an appointment or too long to wait for appointment	0 .0%	6 2.4%
Too far to travel	1 2.6%	1 .4%
Lack of transportation	0 .0%	1 .4%
Afraid, scared, worried or embarrassed	0 .0%	4 1.6%
Don't believe in or trust doctors	2 5.1%	11 4.5%
Other	3 7.7%	33 13.5%
Don't Know/Not Sure	2 5.1%	9 3.7%
Total	39 100.0%	245 100.0%

Table: 24
Data Sources: ARHN 2004/07 Telephone Survey

This type of attitude towards health care often has a negative impact on the health of people in the community. Residents that believe the health care system should only be utilized when they are sick often fail to get preventive health screenings that could alert them to risk factors for serious disease.

Disease risk factors like high blood pressure, blood glucose levels and high cholesterol often have no symptoms and can only be diagnosed through regular screenings. Yet once they are diagnosed they can often be controlled through lifestyle changes and medication.

Also, many cancers have no signs or symptoms until in the later stages of growth and the only way to catch them early is by having regular screenings. The earlier a cancer is found and treatment started the high the likelihood of long-term survival.

It is important to get people to understand that taking care of their body should be a priority and that regular screenings and check-ups are part of maintaining health. Just like regular maintenance on a car prevents or catches problems early before they become too costly, so do regular screenings for your health.

Environmental Impact on Health

The environment in which a person lives can influence health. How a person lives is mostly a matter of the environment and the community that we live, work and play in.

The physical environment which includes roads, bike paths, walking paths, sidewalks, and other structural parts of a community can play a role in the health of a community. By having sidewalks available that are maintained and well lit a community encourages its residents to get outside and walk, stroll and jog in the community. Communities that support the creation of walking and bike paths support and encourage active lifestyles for residents. It is well known that people who are more active have lower risks for diseases and conditions that affect health. It is also true that in most communities where people get outside and interact there are lower crime rates, more neighbors helping neighbors, and a stronger sense of community.

The physical environment also includes the buildings and architecture within a community. Encouraging unique building designs that fit with a community's history, heritage and possibly

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current building designs can create an attractive landscape that encourages residents to come out and enjoy their community. By creating a community structure that offers needed goods and services yet is attractive to the eye can actually benefit the bottom line of the commercial tenants and the health of community residents.

Communities that put more emphasis on road construction and commercial box store development on the other hand actually create barriers to an active lifestyle and a healthy bottom. Increased traffic and less green space creates air pollution, congestion, unattractive buildings and architecture and a feeling that it is unsafe for people to walk, stroll or bike in that community. Box store often pay less than independent stores and can even lower the standard of living in a community by forcing smaller independent shops that pay higher wages out of business.

Communities can also influence the eating habits of their residents. Instead of encouraging fast-food shops and convenient stores which offer high-fat, high-salt, low quality nutritional foods communities should try to attract grocery stores, farmers markets, and other food stores that offer high quality nutritional foods. Stores that offer fresh produce, meats and cheeses should be given priority over fast-food and convenient stores.

People will often eat what is available and by providing more convenient opportunities for purchasing healthy foods and fewer opportunities to purchase fast-food or convenient store food people are more likely to eat the healthy choices because it is more convenient. This type of community planning again helps the health of the community and reduces risk factors for unhealthy lifestyles.

Creating an environment that encourages healthy lifestyles takes more than just have functional and attractive structures or providing space for grocery stores to be built. Drafting and enforcing local laws and policies also influence health.

There are many ways local laws and ordinances can encourage a healthier community. Laws can be as complicated as zoning and building codes to as simple as having a local leash law. An example of a local ordinance that could impact health may have to do with restricting or eliminating smoking from outdoor public spaces. A small city could require that all of its parks, playgrounds, and recreation areas that are used by children be smoke free. This would eliminate exposure to secondhand smoke, the influence and adult may have on a child's perception of smoking, and clean-up costs associated with smoking.

Another law could be one requiring all food services establishments to provide nutritional information by included it on menus and menu boards for all food items they sell. This may allow a person to make a healthier decision about what they are going to eat or at least know that what they are eating may not be as healthy as they thought. One example that comes to mind is fast-food salads that contain more fat and salt than a cheese burger and fries, yet because someone sees the word salad and associates it with healthy they choose that under the false belief they are eating healthy.

However, for any policy or law to be affective there has to be a deterrence or enforcement of that law. Communities that enforce pedestrian safety laws like ticketing a driving for not yielding to someone already in a cross walk, fine a homeowner for repeatedly failing to clear a sidewalk or

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enforce local smoking ordinances shows a community is serious about the health and safety of its residents.

Communities often develop their plans and policies based on the social make up of its members. The social environment is probably the biggest environmental influence on the health of a community.

The social environment influences family make-up, acceptance of risky behaviors like drug/alcohol use/abuse by adults and youth, teen sexuality, obesity, smoking, use of preventive screenings or just about anything else associated with a health community.

Often the social environment can be broken down even further than a community level, but even into sub-populations within that community. An example of this could be a group of people who are very religious. They may value family very much and therefore divorce rates are low and there are only a small number of single parents in that group. Among that same group however, talking about sex may be taboo, leaving teens to get information about sex from peers and unreliable sources. This may lead to a higher rate of teen pregnancies among their group because of a lack of knowledge about sex, alternatives to sex, the use of birth control and condoms and possible increases in teen experimentation with sex.

The acceptance of risky behaviors like drugs and alcohol use and tobacco use are also socially influenced. In communities where adults engage in and accept risky behaviors by adults, like drinking and driving, drug use and smoking there is often an association between those behaviors and increased rates of morbidity and mortality rates from preventable injuries and diseases. Also in those communities there is often a high rate of use among the youth population as well.

Therefore when planning any health interventions it is important to understand the social norms of the group being targeted and to be sensitive to those norms, yet understand how they influence health. Only then can a health campaign be designed that will hopefully be accepted by the community and at the same time affect change in those same social norms that have negatively impacted the communities health. These programs must be long-term and must be measured as such. Change will not happen overnight, but years later.

Another environmental aspect that affects health in a community is economic. The ability for a community to provide resources to its residents is most often directly related to the amount of money available in that community. This includes commercial, government and personal assets.

There is a whole body of evidence that links poor health with the economic conditions where people live. Research has shown that areas with high employment rates, good wages, and a mix of commercial, personal and public space often support community projects and business that tend to decrease barriers to healthy lifestyles. Walking and bike paths get approval to be created, sidewalks are maintained, reliance on box and chain stores for taxes and employee decrease, which in turn can lead to healthier lifestyles. Also, support for youth centers, recreation areas, and parks tend to be high. Again these environmental pieces can improve community health, but they cost money and sometimes it is very difficult to show that the return on investment for these projects.

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Communities that have high unemployment, low tax-base often use money as the only standard for approving projects and businesses. This leads to fast-food chains, big box stores that pay low wages being approved because they bring in tax revenue and supply jobs for unskilled laborers. This also leads to sidewalks being neglected, bike and walking paths not being created and more barriers to healthy lifestyles.

It is important to understand that what influences health in a community is more than just the physical structures, social norms, and economics within a community. The institutions (e.g. schools, work sites, health care providers) physical geography (mountains, lakes, weather), media all play a role in the health of a community.

In rural areas schools or worksites are often the center of a community. Getting those institutions to support health initiatives and allow their resources where appropriate to be used by community residents can have an impact on health. Schools can be asked to provide a safe place for residents to walk when weather, traffic, or other barriers prevent people from doing so. Allowing a gym to be used after school during non-gym using sport seasons, for youth or family recreation not to mention offering quality education to its students and possibly adult learning opportunities as well can also contribute to a healthy community.

Workplaces can also place a vital role in creating a healthy community. Supporting community efforts through grant programs or charitable contributions is one way workplaces can help. But there is something else they can do that benefits their bottom line and the health of their employees. Businesses large and small could start employee wellness programs that encourage and even reward employees for improving their health. Maybe it is offering incentives for quitting smoke, offering onsite health screening services, allowing release time for regular doctor's appointments or working with local fitness centers or the YMCA to get reduced rates for groups of employees that use their facilities.

The need is to get businesses to realize they offer a great opportunity to improve the health of a community. It is also important for businesses to see that a healthy workforce can help the bottom line by increasing productivity and reducing missed days do to sickness and injury and possibly helping with insurance costs for those business that offer it to their employees.

Schools and workplaces can all impact community health, but so to can where a person lives. Geography and latitude can play a significant role in the healthy of people. In Warren County for example residents benefit from living at the foot of the Adirondack Mountains. This location allows residents to access too many low-cost outdoor activities year-round including camping, fishing, hiking, biking, skiing, snowshoeing and more.

However this same great weather that begins late spring and lasts until mid autumn, disappears during the long North Country winter months. Cold, snowy, and icy weather often make it difficult for people to get out and be active or to get to doctor's appointments. A lack of daylight from being so far north is also a barrier to keeping people healthy.

Since the area is rural access to quality foods is limited. Not every town village or hamlet in Warren County can sustain a grocery store. Therefore residents must travel long distance to find those foods often in less than ideal conditions during the winter months.

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Accessing health care can also be a problem. Without a large population to support many private practices residents rely on health networks and community clinics to receive the care they need. Also for specialty care or more serious health conditions residents often have to travel long distances to find it.

There are other positives of being a rural regional geographically. The air quality is better than more urban areas. Keeping water supplies free of contamination may also be a little easier though getting hook into a municipal water supply can at times be impossible. The abundance of green space is also a benefit that many in the urban center do not have.

Media can affect the health of a community as well. The way media portrays local health and either supports or ignores local health initiatives can influence peoples beliefs, opinions and decisions.

Having local television and newspapers that are willing to cover health initiatives and show them in a positive light can create a feeling of importance for health. On the other hand negative coverage can cause people to not buy into the program and derail any chance of creating change before the program begins.

Local media can help create a sense of wellness in a community by highlighting local health stories, writing editorials that support healthy initiatives, running PSAs in more popular sections of the paper or at high listening or viewing times rather than on a back page or at three in the morning.

By getting local media to care about and participate in improving the health of a community we can shape the attitudes, opinions and beliefs of many community residents. Media is another way to create change at he local level.

Section Two

Local Health Unit Capacity Profile

Profile of Warren County Health Services

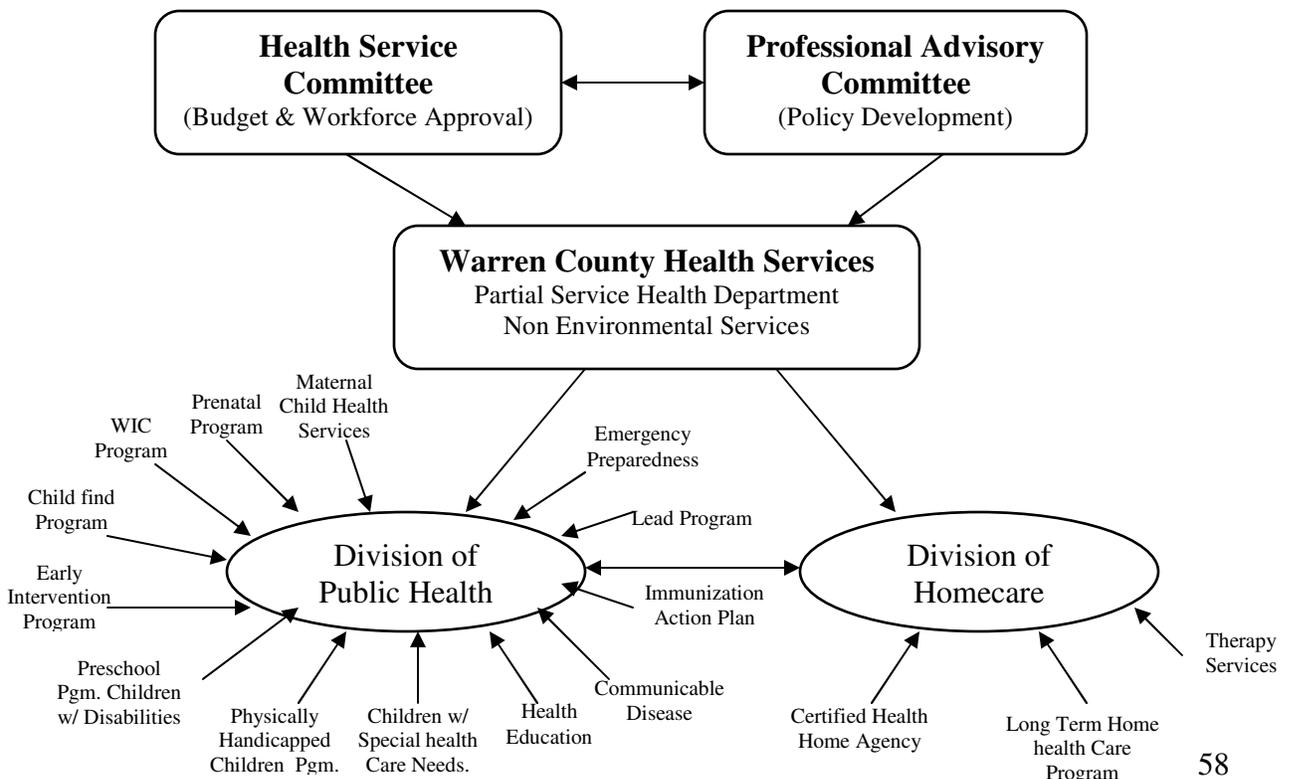
Warren County Health Services is a partial service health department. Most environmental health concerns are handled by the NYSDOH local branch. A health services committee consisting of seven elected county supervisors is responsible for budget approvals, approving job positions, and appointing a health services director. A professional advisory committee composed of a cross section of professional disciplines that routinely work with Health Services initiatives, meets quarterly to review pertinent concerns regarding current Health Services issues and guide policy development.

Warren County Health Services consists of the Division of Public Health and Division of Homecare. The entire department is managed by the director of health services. Two assistant directors assist the director with one responsible for oversight of daily operations in Public Health and the other in Homecare.

Public Health daily operations are carried out by nurses, educators, and contractual employees. Warren County Public Health is responsible for coordinating or providing services in fifteen focus areas.

Homecare operations are coordinated and reviewed by supervising nurses and carried out by field nurses, and contractual employees. The division of homecare is responsible for coordinating or providing services as the sole certified health home agency in Warren County. It also coordinates long term care and therapy services.

All fiscal matters are overseen by a fiscal manager that works closely with the director and assistant directors of Warren County Health Services on budget matters. The fiscal manager is supported by account clerks who are responsible for daily billing and accounting processes.



HEALTH SERVICES STAFFING

<p>Number of Staff Involved with Health Services in 2008: 162 69 Full Time 15 Part Time 24 Per Diem 54 Contractual Administrative Staff: 10 (all FT employees, all non-bargaining) 1 Director of Public Health/Patient Services, also acts as EI Official 1 Assistant Director of Public Health 1 Assistant Director of Patient Services 1 Clinical Fiscal Informatics Coordinator 1 Fiscal Manager 5 Supervising Public Health Nurses Nursing Staff 9 Full Time Public Health Nurses (Grade 21) 4 Part Time Public Health Nurses 23 Full Time Community Health Nurses (Grade 20) 3 Part time Community Health Nurses 1 Full Time Registered Nurse (Grade 19) 3 Full Time Nurse Technicians (LPNs) (Grade 9) Per Diem Nurses 5 Public Health Nurses 7 Community Health Nurses 5 Registered Nurses 2 Nurse Technicians Other Professional Staff 1 Full Time Health Educator (Grade 14) 1 Part Time Health Educator 2 Part Time EI/Preschool Service Coordinators (Grade 18) 1 Per Diem Early Intervention/Preschool Service Coordinator 1 Part Time Emergency Preparedness Coordinator (Contractual) 1 Part Time Public Health Liaison for Emergency Preparedness</p>	<p>WIC (Women, Infant, and Children's Nutrition) Program 1 Full Time WIC Program Coordinator (non bargaining) 1 Full Time WIC Assistant (Grade 4) 2 Full Time WIC Nutrition Aides (Grade 6) 1 Full Time WIC Dietician (Grade 16) 1 Full Time WIC Nutrition Facilitator (Grade 16) 1 Full Time WIC Program Aide 1 Part Time WIC Program Aide 1 Part Time WIC Dietician (Grade 16) Clerical Support Staff 1 Full Time Administrative Assistant (Grade 8) 1 Full Time Principal Account Clerk (Grade 10) 1 Full Time Office Specialist (Grade 7) (vacant) 2 Full Time Senior Account Clerks (Grade 7) 3 Full Time Account Clerks (Grade 4) 1 Full Time Medical Records Clerk (Grade 5) 3 Full Time Senior Clerks (Grade 4) 2 Full Time Word Processing Operators (Grade 4) 2 Per Diem Word Processing Operators 1 Full Time Senior Typist 2 Per Diem Senior Clerks Contractual Therapists 20 Physical Therapists 8 Occupational Therapists 20 Speech Therapists 3 Medical Social Workers 1 Respiratory Therapist 2 Dietician Contractual Medical Directors 1 Medical Director for Public Health Programs 1 Medical Director for Infectious Disease 1 Medical Director for Children With Special Health Care Needs 1 Medical Director for Home Care/High Technology Services</p>
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Medical Consultants are needed per NYSDOH regulations for the operation of our Diagnostic and Treatment Center, Physically Handicapped Children's Program, and the Tuberculosis Program. In addition, Adirondack Pediatrics P.C. provides physician coverage for monthly Queensbury Well Child clinics. The Town of Queensbury covers the cost (\$100.00 per clinic) for the physicians. Peter Hughes MD provides physician coverage for the weekly Sexually Transmitted Disease clinics. The costs for the clinics are divided between Warren and Washington Counties at \$100.00 per clinic. Glens Falls Animal Hospital veterinarians and animal handlers provide staffing for Rabies clinics and prepare animal specimens for rabies testing as needed. They receive reimbursement per contractual basis. Particularly for nursing staff, recruitment and retention continue to be an escalating problem with no relief expected any time soon.

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Adequacy and Deployment of Resources

Warren County Health Services like most government agencies has been affected by the recent economic downturn. Staffing levels have been reduced and budgets have been slashed. It has become increasingly difficult for Warren County Health Services to provide state mandated programs and other essential services. The current trend is to do more with less; however this is becoming more difficult for staff, especially those responsible for covering several programs in addition to providing additional surge coverage as a result of budget restraints.

Warren County Health Services is made up of two divisions. Division of Public Health and Division of Homecare (Certified Home Health Agency- CHHA). Warren County is a small to medium sized partial service county. The Division of Homecare is efficiently run, optimizing revenue, which helps offset some of the mandated expenses from the Public Health Division.

In regard to the core PH workforce, Public Health has six full time nurses, seven part time nurses, and one full time health educator. Efforts are supplemented by clerical and fiscal staff.

The MOMS Program, Maternal Child Health, Health Supervision, and Synagis program are supported by 3 MCH nurses and 1 Child Find nurse for surge. Recently, the Homecare division lost a nurse through resignation and the back fill request was denied. One of the MCH nurses was temporarily reassigned to cover the homecare patients, leaving basically two nurses to cover the programs. The two nurses also each cover the CHHA one day a week. At times, the Assistant Director also assists to contact referrals to determine if there is a concern or request for visit.

The Communicable Disease Program, Tuberculosis Program, Rabies Program, and Lead Program are coordinated by one full time nurse. Although all 6 full time nurses have been trained for back up, typically they are unavailable for back up. The Assistant Director typically covers when the nurse is out or covering for the Homecare Agency. The CDC nurse also covers CHHA one day a week.

The Child Find Program is coordinated by one full time nurse, who also assists with the Synagis program. She also covers CHHA one day a week and provides surge coverage for the Maternal Child Health, MOMS, and Health Supervision, Early Intervention, and Preschool programs.

The Early Intervention and Preschool Program are covered by one full time nurse, one thirty hour position, one twenty hour position, and a per diem position. Two clerks also assist with data entry, billing, and other support. The nurse also covers CHHA one day a week.

Warren County has a contract Emergency Response Coordinator (25 hrs/wk), part time Public Health Liaison (25 hrs/wk), and a per diem Emergency Response Educator (20 hrs/wk) that implement and facilitate the Emergency Response and Preparedness program. Due to the fact all staff are part time, a great amount of support and back up are provided from the Assistant Director of Public Health.

Warren County has one full time health educator. In January 2009, a part time health educator was eliminated secondary to county fiscal restraints. The current health educator supports and assists with all programs, represents the agency on community coalitions, offers educational

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resources/programs as requested, and maintains/completes the Community Health Assessment. He also prepares the Annual Report power point presentation. In addition, the health educator provides technical assistance for all office and presentation equipment.

There are seven part time clinic nurses that assist with county clinics, including STD, Jail, Immunization, Well Baby, Blood Pressure, Health Fairs, and other initiatives. The team also assists with surge for health education and representation on coalitions.

WIC is also under Public Health. WIC staff includes one full time coordinator, two full time nutritionists, two full time nutritionists' assistants, two full time clerical positions, and one part time clerical position. They facilitate satellite clinics and cart around over 1200 pounds of equipment from site to site throughout the county.

All the above staff (35) report to the Assistant Director of Public Health, who provides different levels as of coverage as needed by each program. The assistant director receives /assigns referrals, tracks staff caseloads, provides guidance, facilitates mandated annual in-service/credentialing, coordinates NYS grants, ensures NYS regulations are in place in addition to maintaining policies/procedures, producing reports, and preparing for surveys.

Public Health staff does an excellent job with the resources provided. The team work is exceptional. Employees are dedicated and demonstrate longevity, expertise and knowledge. The client and provider satisfaction questionnaires are excellent and complaints are rarely received. The staff does an amazing job providing excellent programs and services to the community! Employees are dedicated and truly care.

Capacity to Perform a Community Health Assessment

Warren County Health Services has very limited capacity to perform a community health assessment individually. In order complete the required community health assessment Warren County Health Services has teamed up with five other counties, four regional hospitals, Adirondack Rural Health Network, several community groups and two consulting firms to complete this massive task.

The community health assessment that is submitted by this collaborative is a regional look at the overall health of the residents of this region and the health care system. The report, Building a Healthy Community: Community Health Assessment & Community Services Plan September 2009 covers residents and health care from Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties.

Warren County Health Services has relied on a single health educator to put together an appendix to the regional community health assessment that focuses on those health issues that relate to Warren County. All of the data used in the appendix has been gathered, updated and maintained by one of the consulting firms working with the collaborative. Warren County does not employ a statistician and would not be able to complete the collection and analysis of all the required data.

The health educator has attended several NYSDOH trainings on how to complete the health assessment. Through the collaborative the health educator has attended several other trainings that

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were designed to assist in synthesizing health data, conducting focus groups and identifying priority areas. The trainings were conducted by one of the consultants.

The community health assessment process is exhaustive and labor intensive. Warren County Health Services is only able to commit one staff person to completing the assessment. Committing anymore staff would cause services to suffer. For small partial service health departments the community health assessment is too large to complete. Therefore, it is essential for collaboration and reliance on other agencies with the knowledge and expertise to complete such a document in a format that is thorough and usable.

Section Three

Community Issues

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Profile of Community Resources

The regional community health assessment lists the collaborative efforts and groups that are working together to improve the health of Warren County and surrounding counties. It also explains the relationship between hospitals and county health departments that have occurred during the community health assessment process. Please see the regional report for information about parts one, two and three of section three (pages).

Significant Public Health Outreach Programs

Warren County Health Services encourages and conducts health education in all of its programming areas. Significant outreach efforts are being done in the areas of elementary school health, tobacco prevention, lead, and nutrition and physical activity.

Elementary School Health

For health education in the elementary schools Warren County Health Services offers school based programs that focus on nutrition and physical activity, disease prevention (hand washing), dental health and injury prevention.

The programs are designed for children pre-K through fifth grade and are free to any school in Warren County. All of the programs are presented in a classroom setting and focus on a specific health topic that day. Teachers often use the health education programming as reinforcement for classroom program.

Each health education program includes hands-on learning activities, classroom materials to reinforce learning, and educational materials for parents and caregivers. Programs focus on three or four core concepts and children are encouraged to ask questions.

School nurses are often the liaison between the health educator and classroom teacher. Yearly updates are passed on to the teacher by school nurses and programs are continually updated to include the most current information.

Teachers and school nurses are also encouraged to contact Warren County Public Health by email or phone for support in any matters regarding health in the school. This includes material support (posters, pamphlets, etc.), guidance for disease outbreaks, referrals, and much more.

Tobacco Education

Tobacco is another health education outreach effort that Warren County Health Services is conducting. With twenty-two percent of the Warren County population classifying themselves current smokers there is definitely a need.

Warren County Health Services focuses on the general public and fourth and fifth graders for this outreach.

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Each year, Warren County partners with the American Academy of Family Physician to bring “Tar Wars” tobacco education program to all fourth and fifth grade students in Warren County. This program is designed to give children the information they need to make the decision not to use tobacco before entering middle school. This is important since many people indicate they begin smoking in middle school and high school.

This program includes a classroom presentation, curriculum guide, educational materials (handout, pamphlets etc.), and poster contest and tobacco free calendar created from the tobacco free posters.

The program focuses on several key concepts regarding tobacco use including the health consequences of tobacco use, monetary costs, manipulative advertising practices used by tobacco companies and the addictiveness of tobacco.

Along with the school based program Warren County reaches out to the general population with media campaigns that focus on eliminating exposure to environmental tobacco smoke among children. One other piece of this outreach encourages expecting couples and new parents (especially moms) to consider quitting smoking or at least making their homes smoke-free by having anyone that smokes go outside.

Lead Poisoning Education

Lead poisoning prevention is another area where significant education and outreach is being done by Warren County Health Services. This program targets several groups including parents/caregivers, daycares and pediatricians.

For new and expecting parents enrolled in the MOMS program lead poisoning receive educational materials about risk reduction strategies to reduce exposure environmental lead. These parents also receive education regarding child lead testing what it entails, the costs associated with it and the benefits of having a child tested.

Parents of two year olds that are identified in the lead track system with having one or no lead test receive a letter in the mail encouraging parents to get their child tested. In the letter parents are informed that Warren County can assist with setting up appointments and finding ways to cover the cost of the test.

Registered daycares receive educational materials about risk reduction strategies to reduce exposure environmental lead. Daycare providers are also encouraged to remind parents about the importance of having their child tested for lead. Proper hand washing programs are also available as part of the lead program.

The lead program contains an outreach component that focuses on pediatricians and healthcare providers. Reminder letters are sent to all of the providers in Warren County stressing the importance of talking with parents about the dangers of lead in the environment and that testing for lead levels in their child is available and required.

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Providers receive material support to educate the parents about lead. Contact information to the Warren County Health Services lead program is also given to providers to be passed on to parents that are unable to afford the lead test.

Nutrition & Physical Activity Education

Physical activity and nutrition is a new initiative that is also a regional priority area. This program is in its infancy and a workplan is being developed and included in the regional community health assessment.

Warren County has done small outreach programs in schools and community groups. Press releases have also been sent to local newspapers and radio station.

There has also been the creation of a webpage that list many of the different physical activity opportunities that are available in Warren County. The webpage is called Keeping Kids Active in Warren County.

The site contains links for kids, parents and schools and includes information about free or low-cost activities along with high cost activities.

Because physical activity and nutrition has been chosen as a regional priority area Warren County Health Services will continue to develop and expand on these education activities in collaboration with our regional partners.

Summary of Available Clinic Facilities and Private Provider Resources for Medicaid Recipients

In an attempt to find out which providers are accepting Medicaid in Warren County a call was placed to the local Medicaid office. The answer given was “we don’t know”. The staff at the local Medicaid branch indicated that there is no system in place to keep track of providers and clinics that accept Medicaid. Also, because reimbursement rates for Medicaid are often seen as inadequate, the number of providers accepting Medicaid is constantly changing.

Warren County Health Services has no way of knowing the exact number of clinics and providers that accept Medicaid in Warren County. With no extra staff available, limited resources, and no time to put together a workgroup to gather that kind of information it is virtually impossible for Warren County to obtain this information unless it is provided by the state or other agency.

Warren County like many other counties in New York is rural and not very diverse. The majority of the people identify themselves as Caucasian and speaker English. Due to a small, minimally diverse population, it is often difficult to find reliable data regarding health risk behaviors for population subgroups, specifically regarding race and ethnicity in Warren County. However, some of the subgroups we can look at are gender based, age related and socio-economic status.

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Warren County Health Services often has to rely on NYSDOH to supply the necessary data to identify high risk population subgroups since the necessary staff, resources and expertise do not exist at the county level to conduct in-depth data gathering and analysis needed.

It seems reasonable to assume that Warren County has many of the same issues among similar population subgroups as those of the region and even the state.

For example Warren County still has a high percentage of its population that uses tobacco including teens and women. Warren County has taken steps to target tobacco use in one of these subgroups by offering elementary school tobacco prevention programs to curb teen tobacco use in the future.

It has been shown that kids and teens that start smoking are more likely to become lifetime smokers and engage in other risk behaviors like drug and alcohol use and unprotected sex. It is important to allow kids and teens to gain the necessary knowledge that allows them to make healthy decisions. They also need to be given skills to confront peer pressure and build positive self-esteem. By combining education, positive self-esteem and decision making skills a program that targets tobacco can also impact decisions regarding other risk behaviors.

It seems logical that in Warren County those population subgroups with low socio-economic status and low education levels would show comparable rates of increased health risk behaviors as similar subgroup populations around the region and state. These risk behaviors probably include high rates of drug and alcohol abuse, poor diet and little or no physical activity. This group is also more likely not to receive regular check-ups or preventive health screenings.

The biggest issue related to priority health concerns is the lack of resources at a less than full service county. At partial service counties, programs that are required by NYSDOH command the most resources and often leave little left over for outreach beyond those programs.

For Warren County Health Services most outreach efforts are coordinated and implemented by one person, the health educator. Although outreach is included in the MOMS program or disease control it almost always limited in scope and impact.

Warren County Health Services has to rely on collaboration with other county health agencies and rural health networks to create affective outreach programs. However, this collaboration requires for many counties one person to attend meetings, receive training, implement and then evaluate the outreach. This approach is not ideal.

Another issue in addressing the high risk subgroup populations in Warren County is reaching the population. Being a rural county it is difficult to find meeting places, distribute mass media messages, or even finding community partners that are able to assist with the outreach effort. Schools are often the staging grounds for any outreach program. However, with more demands being placed on schools and school facilities it is getting more difficult to convince school administrators to allow outreach efforts to utilize those resources.

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Profile of Unmet Need for Services

Due to the recent economic downturn Warren County Health Services has been impacted in the level of services that can be offered. Right now maintaining current services has become the top priority.

Warren County Health Services at the time of this document completion has not identified or discussed any potential changes in services offered to high risk populations. The goal of Warren County Health Services is to maintain the current level of services.

Warren County Health Services outreach efforts through the MOMS (mothers on Medicaid) program will continue to focus on women with high risk pregnancies and new moms identified as high risk. The only change to the program is how enrollment and assessments are completed. All patient information is now electronically entered a computer during the visit.

Nurses still discuss issues regarding safety and health during visits including shaken baby syndrome, smoking, sudden infant death, mood disorders, home safety (injury prevention), and family nutrition and physical activity.

For issues regarding high risk adolescents and teens Warren County Health Services will continue to support schools and other community agencies that target risky teen behaviors. Warren County Health Services does not have an adolescent/teen program.

When looking at Warren County it is easy to see disparities at the community level. As a county there is a shortage of mental health professionals. This is supported by data showing high rates of drug and alcohol abuse among county residents. Warren County Health Services and other community advocacy groups would like to see an increased effort to make Warren County attractive to mental health professionals.

At a town or village level a shortage of primary care doctors, and dentists in the northern and western parts of the county. The distribution of doctors and dentists is heavily confined to the southern end of the county. Like the rest of the country Warren County Health Services and community groups would like to see a plan that would make it attractive for primary care doctors and dentists to practice in the rural portions of the county.

As was discussed in another section of this report, residents of Warren County are heavily dependent on a rural health network to provide the necessary services. The network offers community outreach programs as well. A service that could possibly be provided by the network may be for drug treatment programs. Currently, there are no drug treatment programs offered in the northern part of Warren County. Glens Falls Hospital and one other private provider offer the only out patient drug treatment programs in Warren County.

Responses from focus groups held in Warren County and the ARHN region indicate the single biggest service need was free clinics. In a rural county with limited public transportation it was assumed that this would be a top concern. However transportation fell to seventh on the list.

Section 1 - Demographic and Health Status Information

As the economy recovers and more resources possibly become available for additions to or changes to outreach efforts the response gathered from the focus groups should help drive those ideas. To see the focus group responses please see Building Health Communities report.

The number one issue for all of the target groups is making the necessary health services conveniently available. It is very difficult to recruit and keep healthcare professionals (primary doctors, dentists, etc.) in rural counties. The pay level is not on par with urban areas and the resources available to healthcare professionals.

Somehow Warren County along with community healthcare providers and local governments has to create a healthcare professional recruitment and retention program to make Warren County more attractive to healthcare professionals.

Although transportation issues were not as high on the list of needs as expected creating a transportation assistance program would be a great help to the target groups in the rural areas of Warren County. The problem is there are no resources to fund a county program. Second, there is no public transportation infrastructure to assist in supplying transportation to those that need it. That means a voucher system to help offset travel cost would be ineffective since there is no place to redeem the vouchers.

For our teen target group there needs to be more teen support groups in each hamlet of Warren County. Schools would have to play a major role in making them successful. The problem is asking schools to do more with less. Right now schools are burdened with meeting testing standards and staying off of the “schools in need of improvement” list. Also, finding qualified adults with the time and willingness to help facilitate the groups are hard to find.

It is difficult to gauge if Medicaid acceptance by providers in Warren County is a problem. There is no data to support or reject the idea that Warren County residents are unable to access needed services due to a lack of Medicaid acceptance.

Because Warren County Health Services was involved in a regional effort to complete a comprehensive community health assessment there was no staff available to conduct a research effort to identify town specific gaps in services. Therefore, gaps in services were identified on a county and regional level. Please see Building a Healthy Community: Community Health Assessment and Community Services Plan report for more information about gaps in services.

Section Four

Local Health Priorities

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Warren County Health Services has identified its three priority areas for public health to focus outreach and education resources on.

Priority Area One – Physical Activity & Nutrition

Physical activity and nutrition has become a major area of focus in the fight to reduce obesity and increase quality of life. If current trends continue obesity may become the number cause of morbidity and mortality throughout the United States.

Warren County chose this priority area as part of a regional initiative being undertaken by the partners identified in the Building a Healthy Community Report. Please see this report for more information about the plan of action to address physical activity and nutrition on a regional level (*see page 15 of Building a Healthy Community*).

Priority Area Two – Healthy Mothers/Babies/Children

Warren County Health Services has decided to keep healthy mothers/babies/children as a top priority for the foreseeable future. After reviewing the data it became apparent there is still a need to improve services that assist high risk pregnant women and mothers and help ensure the health of babies and young children.

Because a program already exists to address this priority area it was felt this was the best opportunity for a positive impact without having to find new resources to implement it.

The goals of this priority are:

- Create a process that improves identification of high risk pregnancies and high risk mothers.
- Develop a workgroup tasked with identifying barriers to enrollment into MOMS program including improving provider understanding, fear of government involvement, and program promotion.
- Research effective evidence based programs that exist and may be able to be implemented in Warren County.

Priority Area Three – Infectious Disease

Recent events in the world have made infectious disease a top priority for Warren County Health services. The impact of seasonal flu, emergence of novel H1N1 influenza, and potential new and emerging diseases have played a role in Warren County Health Services identifying this priority area.

The goals of this priority area are:

- Ensure local capacity to deal with large scale disease outbreaks is adequate.
- Have plans in place to minimize impact of infectious disease.
- Establish working partnerships with other community agencies to conduct comprehensive outreach for infectious disease prevention.

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Other Priority Areas

Warren County Health Services will continue to make tobacco and chronic disease priorities in its mission to protect and improve the health of the residents of Warren County.

The tobacco program will continue to focus on elementary school age children. The program will continue to educate children about the dangers of tobacco use and reinforce decision making skills that will help them remain tobacco free even during the most vulnerable adolescent and teen years.

Tobacco education and cessation will also remain an important part of the MOMS program. The program will focus on getting parents that smoke to seriously consider quitting and offer referral information to the Glens Falls Hospital cessation program. For those parents unwilling or unable to stop smoking, encouraging smoke-free homes and cars to protect their children, will be the focus.

Because many chronic diseases could be prevented or delayed by reducing health risk behaviors Warren County will continue to look at reducing health risk behaviors among its residents.

Creating stronger partnerships with community groups and health care providers will be one of the focus areas to reducing chronic disease.

Warren County will also look to its certified health home agency to reduce the impact chronic disease has on patients with them by continuously improving monitoring of patients through tele-medicine and other patient care technologies.

Identifying Top Health Priorities

There were a couple of processes used to determine the top health priority areas in Warren County. The process used for determining physical activity and nutrition was much different than the process used for choosing health mother/babies/children and infectious disease.

To see the process used for choosing physical activity and nutrition please see Building a Healthy Community regional report. Although physical activity and nutrition has been a growing concern this priority area was chosen in the summer of 2009.

Healthy mothers/babies/children have always been a top priority for Warren County Public Health. It was picked to remain one of the top three in 2009.

The process for choosing this involved reviewing the data available, discussions with the assistant director of Public Health, looking at available resources and determining what focus area had the best chance to succeed as a priority area based on current programming.

Healthy mothers/babies/children is also required as part of Article 6 essential services. Because Warren County Public Health was unable to convene a group from the community assist in the process of choosing priority areas the people involved in choosing this priority area were all from Public Health.

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Infectious disease became a priority area with the emergence of the novel H1N1 influenza virus. There wasn't a really a process for choosing this priority area. It was basically thrust upon Warren County Public health by the current events happening and the potential impact a new disease could have on Warren County.

New York State Department of Health played a major role in making infectious disease a priority area with its policy development and requirements for county health departments regarding seasonal and novel H1N1 influenza.

Noteworthy Accomplishments

The biggest accomplishment of Warren County Health Services and its partners is the creation of the regional community health assessment *Building a Health Community: Health Assessment and Community Service Plan*.

This effort brought together county health agencies, hospitals, a rural health network and other community partners to create an in-depth document that highlights the health of the region. It also created partnerships between local health departments and hospitals that did not exist.

Along with the completion of the regional health assessment, Warren County Health Services and its regional partners have chosen a regional health priority that will combine the efforts of local health departments, hospitals and other community partners. The process has shown that hospitals and health departments can work together to address pressing health concerns without giving up their autonomy.

Section Five

Opportunities for Action

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There are plenty of opportunities for action that Warren County Public Health and the community can take to improve physical activity and nutrition in our county and region.

1. Create better access to events and facilities that can increase physical activity and improve nutrition.
2. Offer trainings to all community groups on how to incorporate nutrition and physical activity initiatives into their organizations.
3. Create a clearinghouse of material, educational and technical support for organizations and individuals looking to improve physical activity and nutrition.
4. Develop workgroups to address community needs and concerns regarding physical activity and nutrition

Community based organizations could sponsor events centered on healthy foods and nutrition.

Business and worksites could look at starting worksite wellness programs for employees if they do not already exist and improve on existing programs.

Schools could look to institute policies that require time for physical activity outside of physical education classes. Schools could create after school programs for students that focus on healthy eating and physical activity.

There is only one college in Warren County, but the college could look at offering reduced cost physical activity programs to the community, or allow some of its facilities to be open to the community.

Local government could look at community design and require a certain amount of space be designated for recreation. It could also budget more money for sidewalks and bikeways and reduce funding for road paving.

Health care providers look to promote physical activity and good nutrition during routine visits. More specifically doctors could start prescribing physical activity and healthy nutrition as an alternative to medication.

Health insurers could offer lower premiums for individuals that improve their health by losing weight and being more physically active.

The restaurant industry could voluntarily put calories and nutrition information on menus to help consumers make better choices. They could offer more healthy choices and smaller portions as part of their menu. The industry could support legislation for healthier food choices and better food labeling. This would also make it a level playing field.

The media could offer more coverage time to local events that promote physical activity and nutrition. The media could offer to use PSAs during heavy audience volume or in the most read section of a publication.

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Healthy mothers/babies/children is an important priority area. Opportunities for action to improve this health priority include:

1. Starting a workgroup of health care providers, public health staff, and community leaders to research or develop effective strategies for reaching the high risk population.
2. Create better awareness of public and not-for-profit programs that are available to high risk women and children.
3. Create a system where identified high risk Women/Moms can enroll in a program as soon as they are identified.
4. Offer community enrollment in programs that target this high risk group following a community forum held bi-monthly.

Community based organizations could act a distribution points for information regarding programs that exist to help high risk moms/babies/children.

Businesses through human resources department could offer information about the outreach programs through newsletters or other worksite wellness programs.

Schools could work with pregnant teens and their families and offer information regarding programs that can help with the needs of a pregnant teen or teen mother.

Local governments can continue to support programs that offer outreach to this high risk group.

Health care providers could improve patient communication and better explain how programs work and what the benefits are.

Health insurers could offer to cover the costs of preventive care visits by home nurses.

The media could agree to advertise or promote the programs during a health report or in health segments of their publication. They could agree to do a story about the programs and their benefits.

Infectious disease is demanding a large role in local health departments. To stay ahead of new and emerging diseases it is going to take a community effort. Opportunities for action include:

1. Continue to build and strengthen organizational and community based networks.
2. Create a secure and easy-to-use system for tracking disease.
3. Develop and implement a comprehensive training program that teaches worksites, community groups, health care providers and other how to deal with infectious disease outbreaks.
4. Creating a promoting a website that has information specific to the local impacts of infectious disease.
5. Develop and effective communication strategy to reach target audiences within the community.

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Business and worksites can create flexible workplace policies that are designed to limit the impact of infectious disease. They should also be made aware of the importance of reporting when a large number of employees are out sick when appropriate.

Schools can monitor and report to the local health department any large rates of absenteeism. They can also create and enforce policy that can effectively reduce the impact of infectious disease on the school population.

Local government can stay informed of the local health policy regarding infectious disease and continue to support any program efforts regarding this priority. Local government officials can use their public office to reinforce messages coming from public health.

Health care providers can sign up to volunteer in the event their professional services are needed. They can promote and practice infection control strategies in their workplaces. Health care providers can support local infectious control initiatives by sitting on advisory panels or other forums.

Health care insurers can agree to cover the costs of vaccinations and even encourage the practices. They can also promote strategies to reduce the spread of infectious disease through mass mailings, phone calls to clients, and media campaigns. They can agree to work with state and local health departments to ensure the best outcome.

The media can be a partner in getting out truthful and accurate information. They should establish a communication line with the state or local health department to discuss facts of a story that impacts the public. The media could allow for PSAs to be published when appropriate and put them on during high audience volume times or on popular pages of a publication.

This document is an appendix to the regional health assessment Building a Healthy Community: Community Health Assessment and Community Service Plan. The regional report is going to be distributed in professionally bound copy to all of the community partners involved. Compact discs will be available to community groups and organizations that are interested in having a copy. The main report will also be available online at www.arhn.org in a pdf format.

As for this appendix it will be attached to the professional bound main report and will be available separately upon request.