

Warren County Board of Supervisors

RESOLUTION NO. 41 OF 2020

RESOLUTION INTRODUCED BY SUPERVISORS MCDEVITT, BEATY, CONOVER, BRUNO, FRASIER, MAGOWAN AND SHEPLER

APPROVING THE 2019-2021 WARREN COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN

WHEREAS, the Warren County Department of Public Health is required to submit a Community Health Assessment and Community Health Improvement Plan to the New York State Department of Health every three (3) years, and

WHEREAS, the Community Health Assessment and Community Health Improvement Plan is a partnership between Warren County Public Health, Glens Falls Hospital and Community Partners to review community health data collected over a period of time to help reduce the impacts of chronic disease and promote well-being and prevent mental and substance use disorders among Warren County residents, and

WHEREAS, the Health Services Committee has reviewed the assessment and plan and has recommended that the same be advanced to the full Board of Supervisors for consideration, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves the 2019-2021 Warren County Community Health Assessment and Community Health Plan as attached hereto to be effective February 21, 2020.

Warren County Community Health Assessment

2019- 2021

This document is intended to provide insight into the current health of Warren County residents using data collected over a period of time. The information in this document comes from a variety of verified sources. This document can be used by government agencies, community organizations and other entities to support their efforts to secure grants, funding and resources to positively impact the health of Warren County residents.

2019-2021 Warren County Community Health Assessment

Warren County Public Health
1340 State Route 9
Lake George NY, 12845
518-761-6580

www.warrencountyny.gov/healthservices

Hospital Partner:

Glens Falls Hospital
100 Park Street
Glens Falls NY, 12801

www.glensfallshospital.org/

Coalition Partner:

Adirondack Health Institute

Other Partners:

Warren County Office for the Aging
Warren County Social Services
Warren County Certified Home Health Agency
Warren County Office of Community Services
United Way
Ben Driscoll, Community Member

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

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Warren County Community Overview

The purpose of the 2019-2021 Warren County Community Health Assessment (CHA) is to provide Public Health Officials, elected leaders, community organizations and individuals a comprehensive review of the health of Warren County residents. The information provided by the CHA will be used to identify areas of need, inform decision makers and support grant writing efforts. It will also allow for the prioritization of limited assets to have the greatest positive impact on the health of Warren County residents.

Demographics

Warren County's population is 64,701, making it the second most populated county in the Adirondack Rural Health Network (ARHN) region. Similar to the rest of UpState New York, Warren County's population is very limited in its diversity; over 96% are White/non-Hispanics, followed by 1.2% Black/African American, non-Hispanics and 2.4% Hispanic/Latinos. Over 20% of the population is 65 years of age and older, which is slightly higher than the ARHN region (18.0%) and higher than UpState New York (16.37%).

Warren County has 27,249 households. Single parent households' account for (7.8%) of total households in Warren County this is lower than the ARHN region (9.7%) and UpState New York (9.9%).

Household income on average is \$76,756, with per capita income at \$33,127, which is lower than that of New York State, \$93,443 and \$35,752 respectively. The percentage of individuals in Warren County living below the Federal Poverty Level is 9.9%, which is lower than the ARHN (13.9%) region and UpState New York (11.7%). In Warren County, the unemployment rate is 4.8%.

Of the total population in Warren County, approximately 32.9% of individuals 25 years of age and older have a high school diploma or equivalent, and another 40.3% have an Associates or bachelor's degree or higher. Sixty three percent of the population 16 and older is in the workforce, with the highest percentage of individuals in the field of education (26.6%), followed by retail trade (13.3%), arts, entertainment, recreation, hotel & food service (12.7%), and manufacturing (8.4%).

Health System Profile:

Warren County has one hospital, Glens Falls Hospital, with 406 hospital beds, the majority of which are medical/surgical beds, resulting in a rate of 627.5 hospital beds. This rate is significantly higher than the ARHN region (274.2). There are a total of four nursing home facilities, accounting for 399 beds, and four adult care facilities, accounting for 248 beds, with rates of 616.7 and 452.9, respectively. The rate of primary care physicians in Warren County is 153.0 and a rate of 442.5 total physicians. Warren County consists of 6 health professional shortage areas (HPSAs), three in primary care, one in dental care, and two in mental health.

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Education Profile:

Within Warren County, there are nine school districts, with a total enrollment of 8,880 students. Of the enrolled students, 40% are eligible for free and reduced lunch, with majority eligible for free lunch (91% or 3,158). The total number of high school graduates is 688 with a dropout rate of 1.0%, which is slightly higher than the ARHN (0.8%) region and UpState New York (0.64%) dropout rates, but lower than the New York State dropout rate of 3.0%. There are 11.4 students per teacher in Warren County, which is somewhat comparable to the ARHN region but slightly lower than UpState New York (12.37).

Asset-Limited, Income-Constrained, Employed (ALICE) Profile:

In total, there are 28,841 households in Warren County, with approximately 31% of residents over 65 years of age. There is an 11.0% poverty rate and 24.0% ALICE rate, with a total of 10,079 households designated as either poverty or ALICE. Specific to ALICE households, the majority are white (6,635), which far exceeds the second largest group of ALICE households comprised of Hispanic individuals (126).

Health Disparities:

While there are no significant health disparities based on race and ethnicity in Warren County, there is significant access to care issues. The percentage of adults with health insurance in Warren County is at 94.1%, with 82.9% of the population having a regular health care provider. The rate of age-adjusted preventable hospitalizations per 10,000 population among those 18 years of age and older (156.6) is higher than the rate for UpState New York (116.8), and the Prevention Agenda benchmark (122.0) rate. The rate of ED visits per 10,000 population in Warren County (3,714.1) is lower than the ARHN region (4,866.3) and higher than UpState New York (3,865.6). Lastly, the percentage of adults 18 years of age and older in Warren County with disability (23.0%) is lower than the ARHN region (25.6%), but comparable to UpState New York (22.8%), and the state as a whole (22.9%).

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Warren County Population Health Status

The health status of a population is influenced by a myriad of factors. Some, like age, race or ethnicity, cannot be changed but others called “Social Determinants of Health” can. Social determinants of health are conditions that people are born into and live, work, grow and age in. By knowing the actual health indicators (i.e. obesity, diabetes, cancer rates, etc.) of a population and pairing them with social influences on health, priority areas can be identified and resources can be targeted to have the greatest chance of improving the health of a population.

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

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

Similarly, Warren County Public Health uses these same priority areas when considering the health of Warren County residents.

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

Warren County’s health disparities are most likely to be linked with low-income and lower education populations. The data that supports these claims is difficult to find for Warren County. However, it should be assumed the health disparities linked to low-income and lower educational attainment found in other research would be similar for Warren County residents. Although race and ethnicity almost certainly play role, the lack of racial and ethnic diversity makes it difficult to account for those disparities in Warren County.

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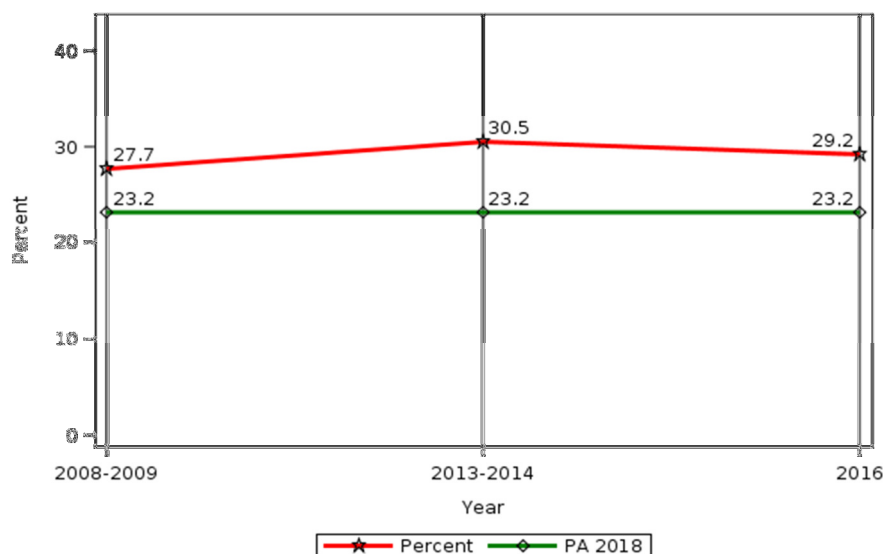
Chronic Disease

It has been well established through research that chronic diseases are associated with health behaviors. Chronic diseases such as cardiovascular disease, diabetes, high blood pressure, cancer and obesity are linked to behaviors such as smoking, poor diet and physical inactivity. This section of the report will look at the data for chronic disease and the behaviors linked to them.

Diseases of the Heart

Obesity, which is linked to a vast number of chronic diseases, continues to be an area of concern in Warren County. The percentage of obese adults in Warren County is (29.2%) which is higher than UpState New York (27.4%) and the Prevention Agenda Benchmark (23.2%). Also the percentage of public school children in Warren County that are obese is (19.5%) which is higher than UpState New York (17.3%) and the Prevention Agenda Benchmark (16.7%).

Warren County - Percentage of adults who are obese



Data Year(s)	Percentage (CI)	PA 2018
2008-2009	27.7 (22.6 - 32.7)	23.2
2013-2014	30.5 (23.5 - 37.5)	23.2
2016	29.2 (24.2 - 34.1)	23.2

Graph1: Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018

The obesity rate in Warren County is hovering around 30%, which is higher than UpState NY. There is no comparison data available for the ARHN Region. The graphs on the next page show Warren County has mixed data when it comes to death rates related to cardiovascular disease which is linked to obesity.

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Rates of cardiovascular disease deaths are higher in Warren County (303.8) in comparison to the ARHN Region (295.6) and UpState New York (295.7). However, Warren County Deaths rate for diseases of the heart (233.7) is lower than UpState NY (236.5) but slightly higher than ARHN Region (233.2). Coronary Heart Disease Deaths rate for Warren County (137.0) is lower than ARHN Region (154.9) and UpState NY (162.7).

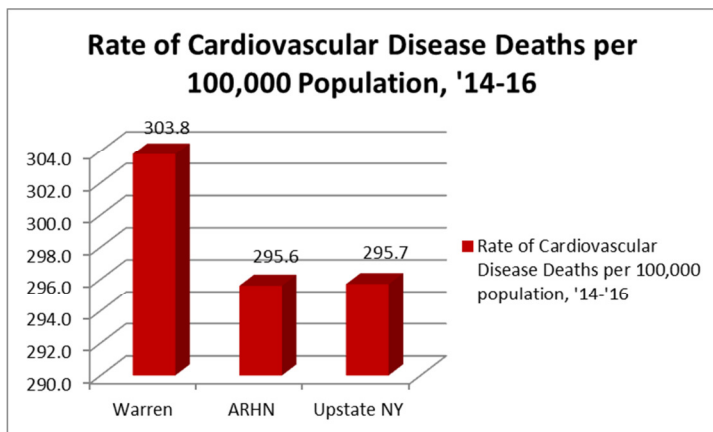


Figure 1

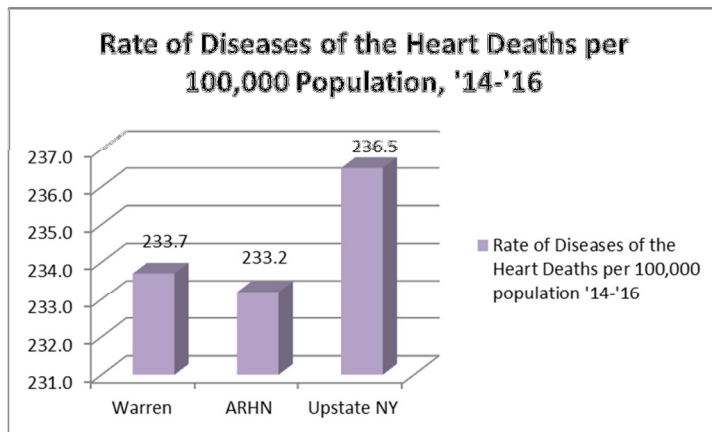


Figure 2

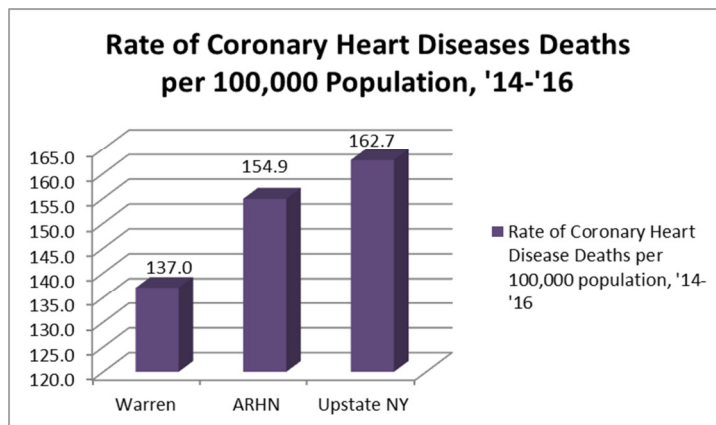


Figure 3

When the death rate indicators are compared to one another using premature deaths (Ages 35-64) Warren County does not fare as well. The charts on the next page show Warren County similar or worse than the comparison groups for all indicators.

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The Cardiovascular Premature Deaths Rate (Ages 35-64) is higher in Warren County (117.3) in comparison to the ARHN Region (111.7) and UpState New York (101.0). Warren County's Rate of Diseases of the Heart Premature Deaths (Ages 35-64) is (102.5) which is higher than ARHN Region (95.9) and UpState NY (82.8). The rate of Coronary Heart Disease premature deaths for Warren County (67.9) is the same as the ARHN Region (68.0) but higher than UpState NY (60.5)

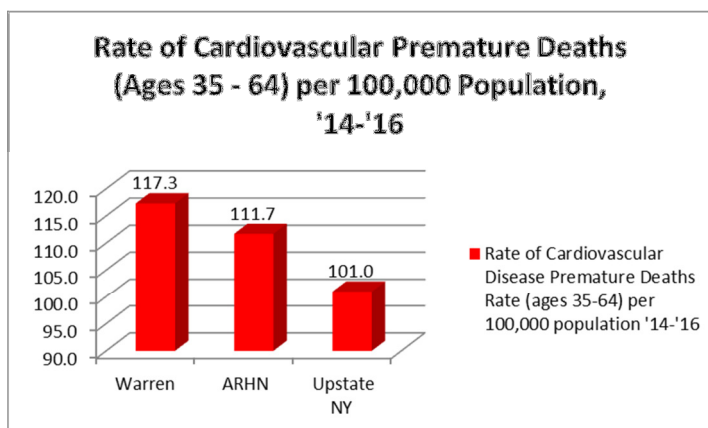


Figure 4

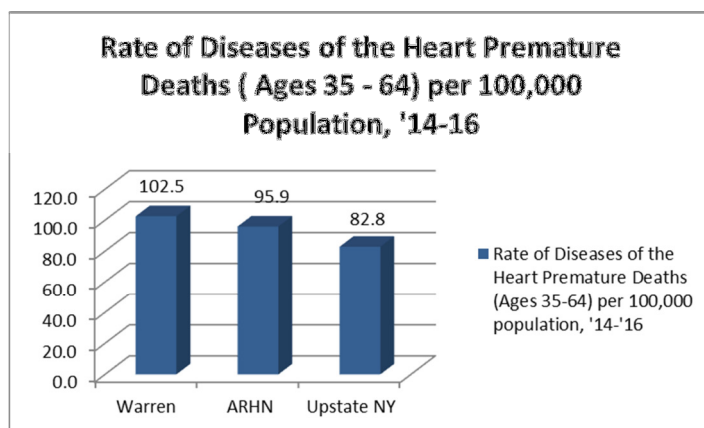


Figure 5

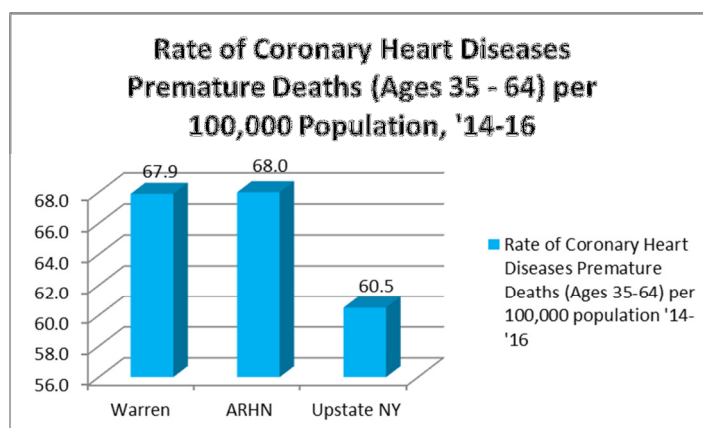


Figure 6

Warren County also has higher rates of cerebrovascular (stroke) deaths (49.4) than the ARHN Region (40.2) and UpState New York (38.1).

Diabetes

Diabetes data for Warren County suggests that diabetes should be considered a higher priority area. The diabetes death rate is higher for Warren County (35.0) than ARHN Region (29.5) and UpState NY (19.8). Warren County diabetes hospitalizations (primary diagnosis) per 10,000 population (14.4) is the same as the ARHN Region (14.5) and lower than UpState NY (15.4). When data for diabetes hospitalizations (any diagnosis) per 10,000 population is measured Warren County's rate (267.5) is higher than ARHN (246.1) and UpState NY (237.2). With obesity rates hovering around 30% it can be assumed that diabetes will continue negatively impact the health of Warren County residents.

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Cancer

The cancer burden in Warren County is high; of the twenty cancer indicators reviewed, Warren County has fifteen indicators that are worse than the comparison benchmark and five indicators have too little data making them unstable and unusable. Cancer is linked to age, health behaviors and environment. Warren County has an aging demographic, this could explain why some of the cancer data is higher. However, the age and lack of diversity of Warren County's population is very similar to the rest of the ARHN region so one could argue the rates of cancer should be similar to the rest of the ARHN Region.

Other factors that research has shown can impact cancer rates are health behaviors. Poor diet, a lack of physical activity, obesity and smoking has been linked to a greater risk of developing cancer. Self-reported physical activity rates, access to recreation and fitness facilities and even the obesity rate (slightly higher in Warren County) are very similar to the ARHN Region (see Graph 1 & Figure 14). However, Warren County has one of the highest rates of smoking among adults in the ARHN Region (see Graph 10).

All Cancers

The rate of all cancer cases is much higher in Warren County (814.1) than the ARHN Region (683.8) and UpState NY (629.8). Also the cancer death rate for all cancers in Warren County (275.0) is a lot higher than the ARHN Region (227.3) and UpState NY (198.7). Please see Appendix E for more complete cancer data.

Specific Cancer Types

When looking at specific types of cancer in Warren County lung and bronchus, female breast, prostate and colon and rectal cancers all have worse rates than the comparison groups.

The female breast cancer case rate for Warren County is (211.6) which is significantly higher than the ARHN Region (173.3) and UpState NY (175.9). Although comparison data for Warren County and the ARHN Region does not exist for late stage breast cancer cases or female breast cancer deaths rate, when compared to UpState NY (53.1) and (26.1), Warren County has higher rates for both (56.4) and (34.3) respectively.

Lung and bronchus cancer deaths rate for Warren County (68.9) are higher than the ARHN Region (67.4) and UpState NY (53.0). This also holds true for lung and bronchus cancer cases rate with Warren County (129.5) much higher than the ARHN Region (112.2) and UpState NY (84.3).

Rates of colon and rectal cancers are higher in Warren County (61.2) than the ARHN Region (55.0) and UpState NY (48.5). This is also the case for colon and rectal cancer death rates with Warren County (21.6) being higher than ARHN Region (18.9) and UpState NY (16.7).

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Rate of all Cancer Cases Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

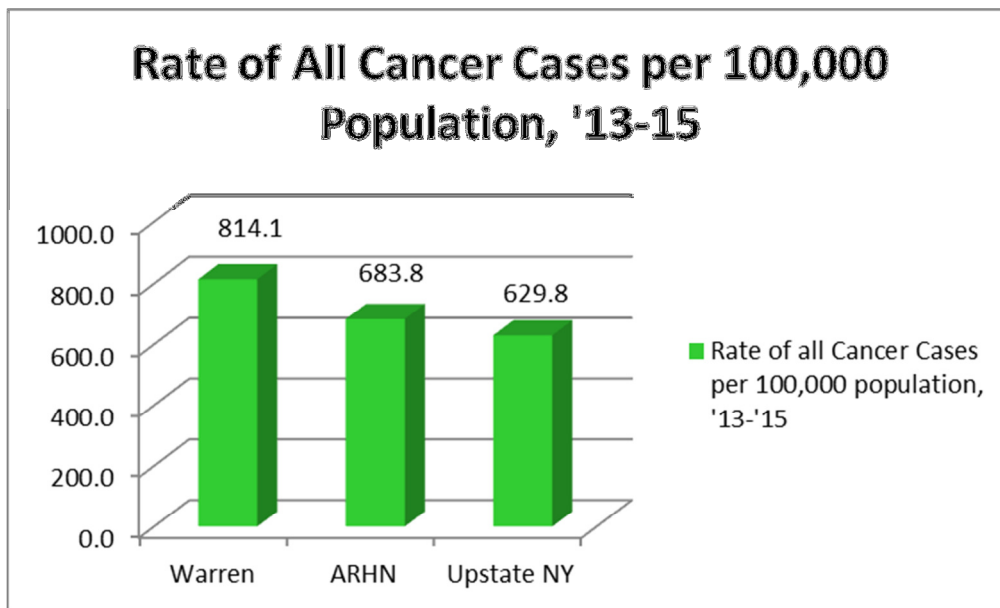
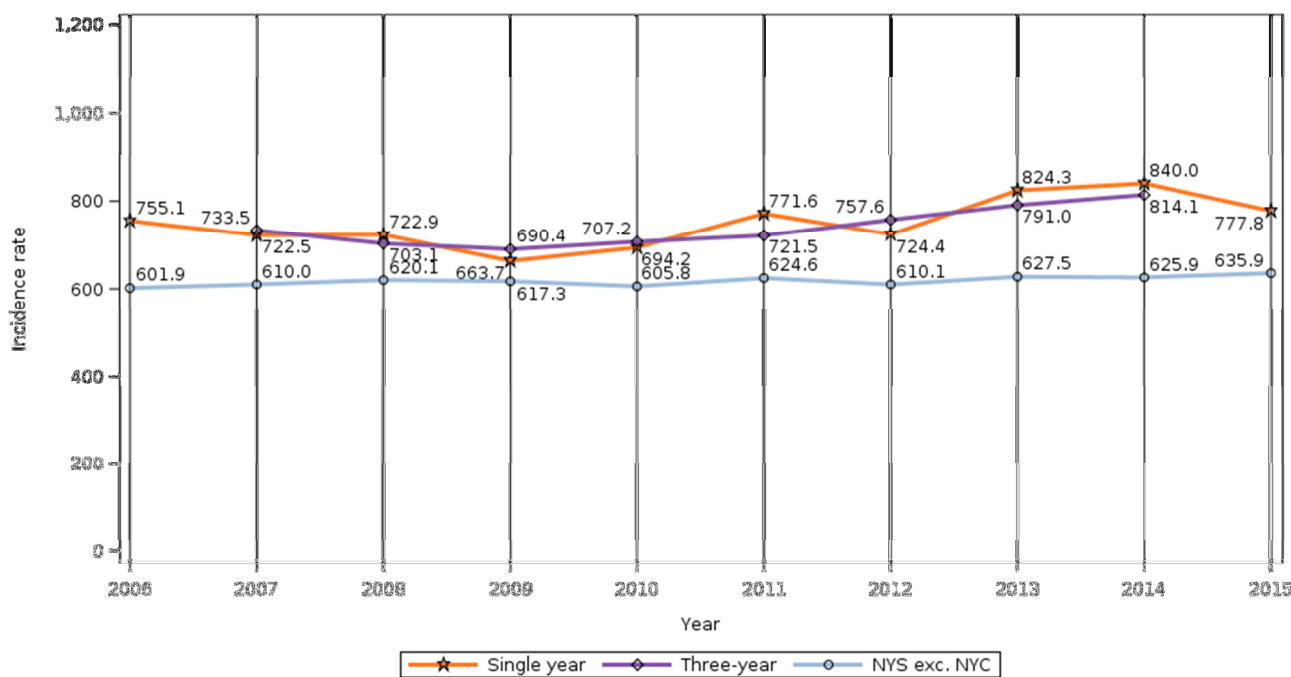


Figure 7

Graph 2: Rate of all Cancer Cases Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS). Accessed July 22nd 2019.

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Rate of all Cancer Deaths Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

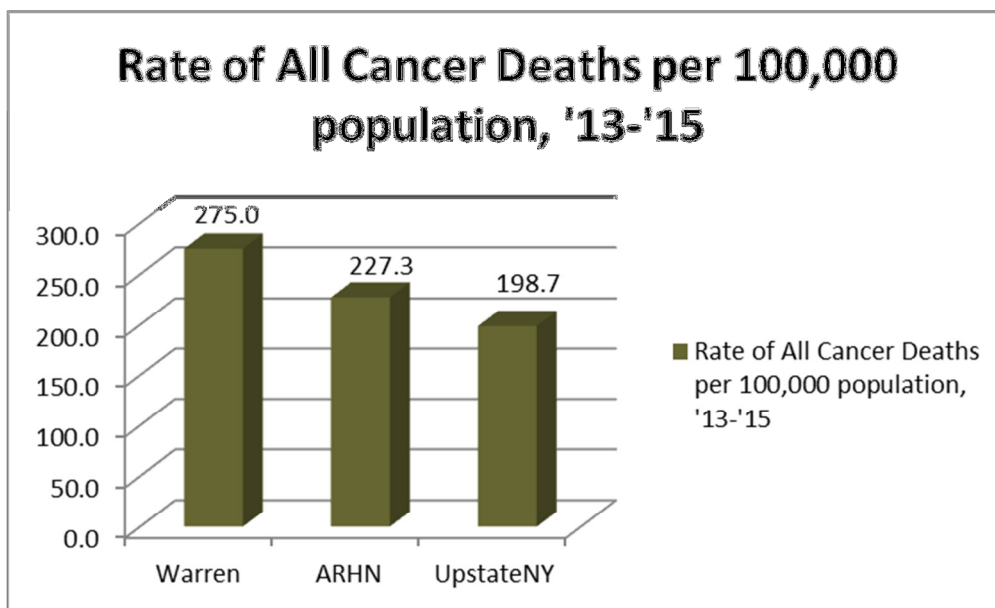
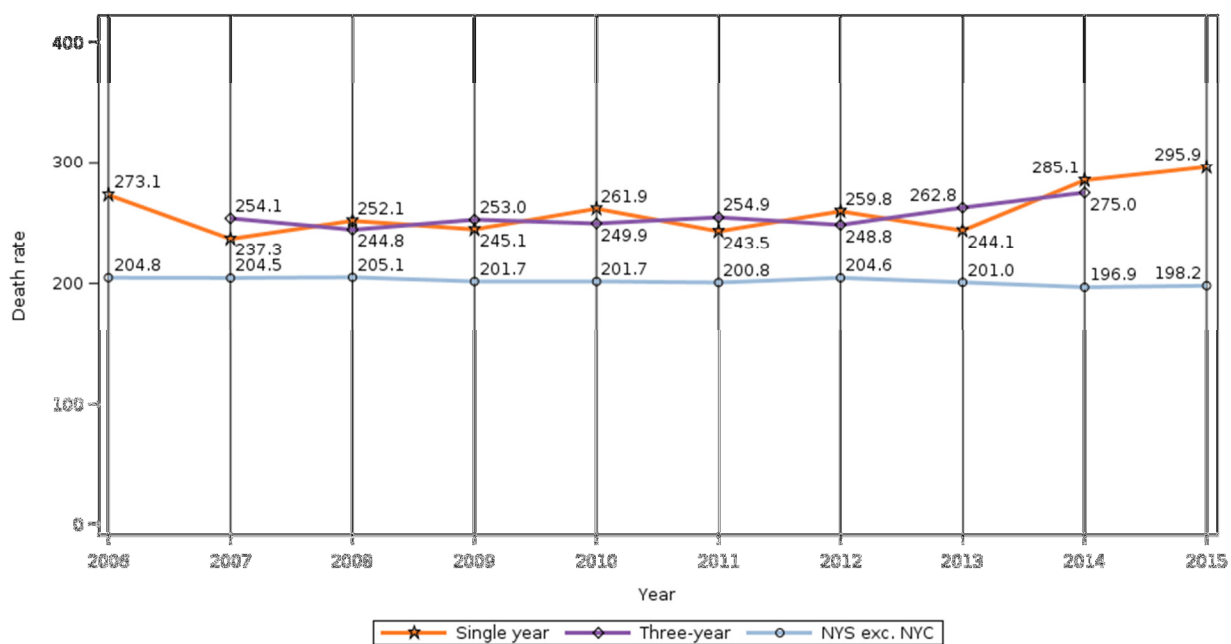


Figure 8

Graph 3: Rate of all Cancer Deaths Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS). Accessed July 22nd 2019.

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Rate of Female Breast Cancer Cases Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

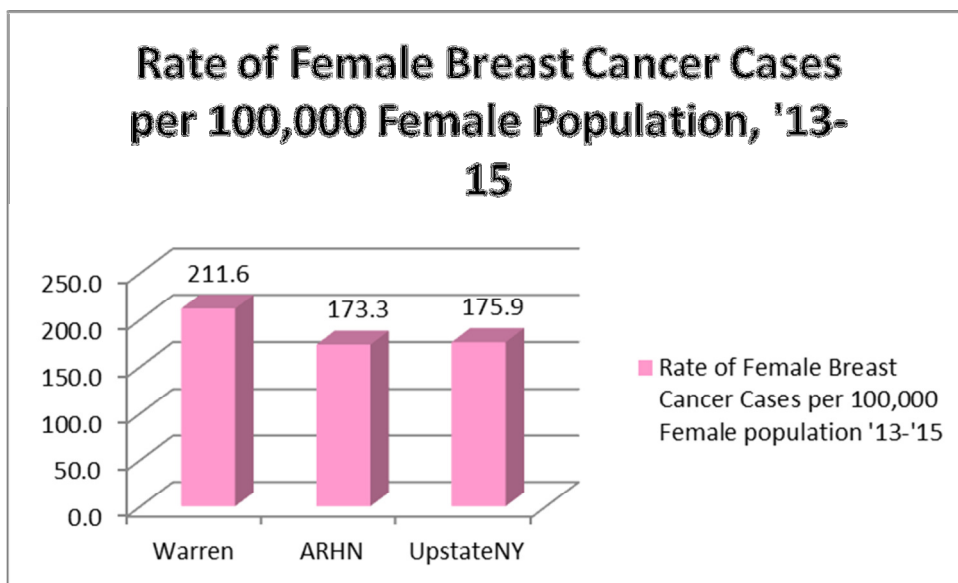
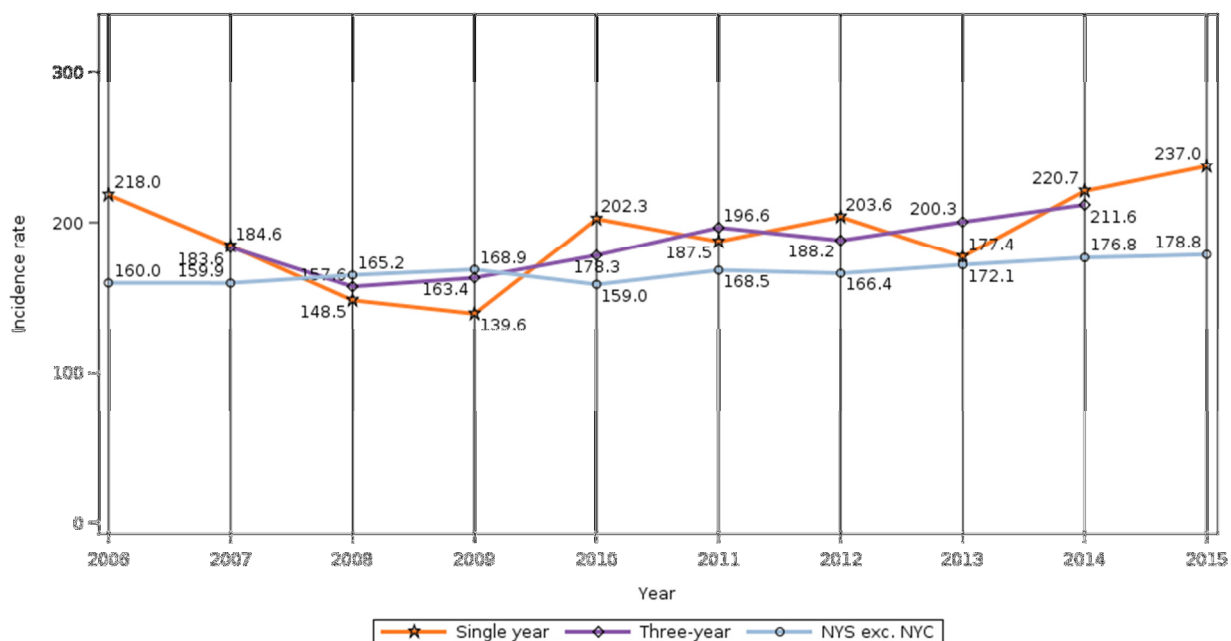


Figure 9

Graph 4: Rate of Female Breast Cancer Cases Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS). Accessed July 22nd 2019.

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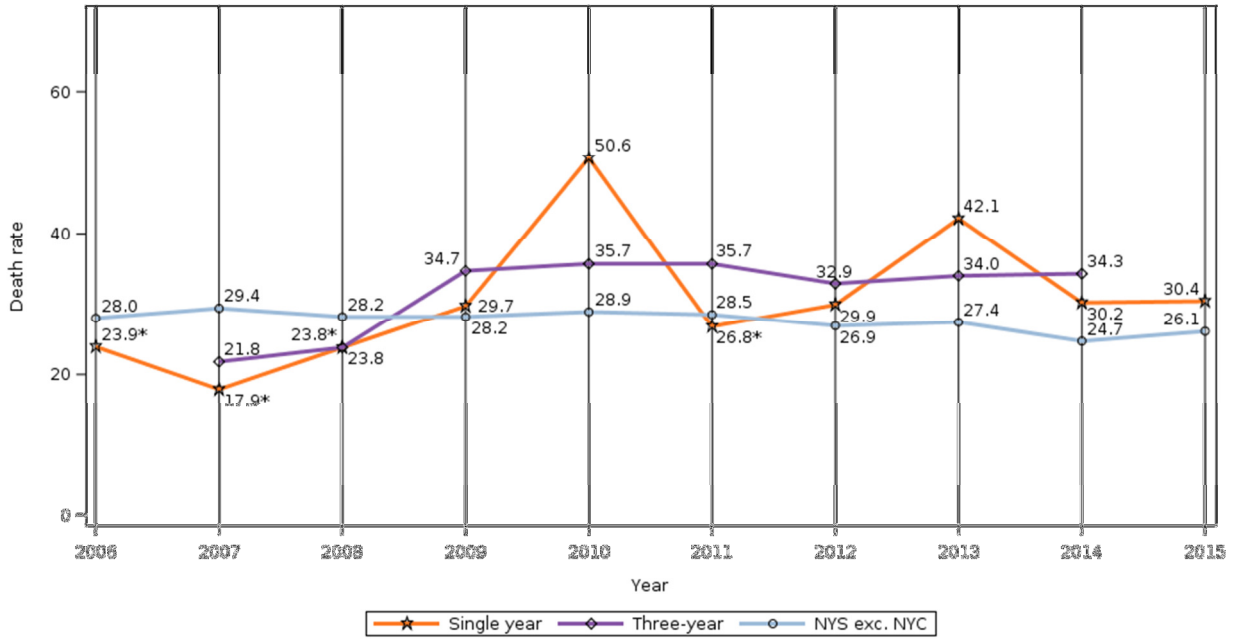
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Graph 5: Rate of Female Breast Cancer Deaths Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS).

Accessed July 22nd 2019.

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ctr&ind_id=Ag10&cos=52



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Rate of Lung & Bronchus Cancer Cases Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

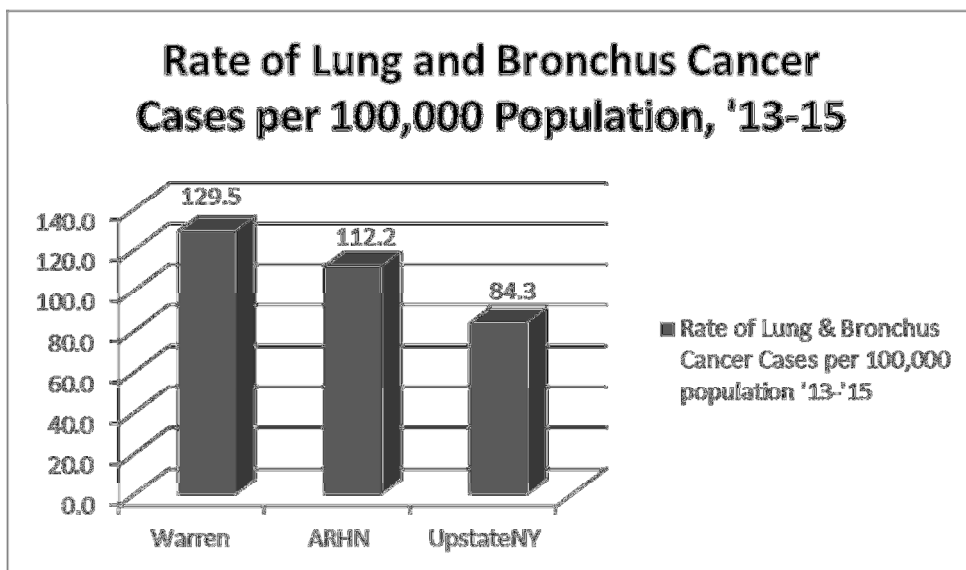
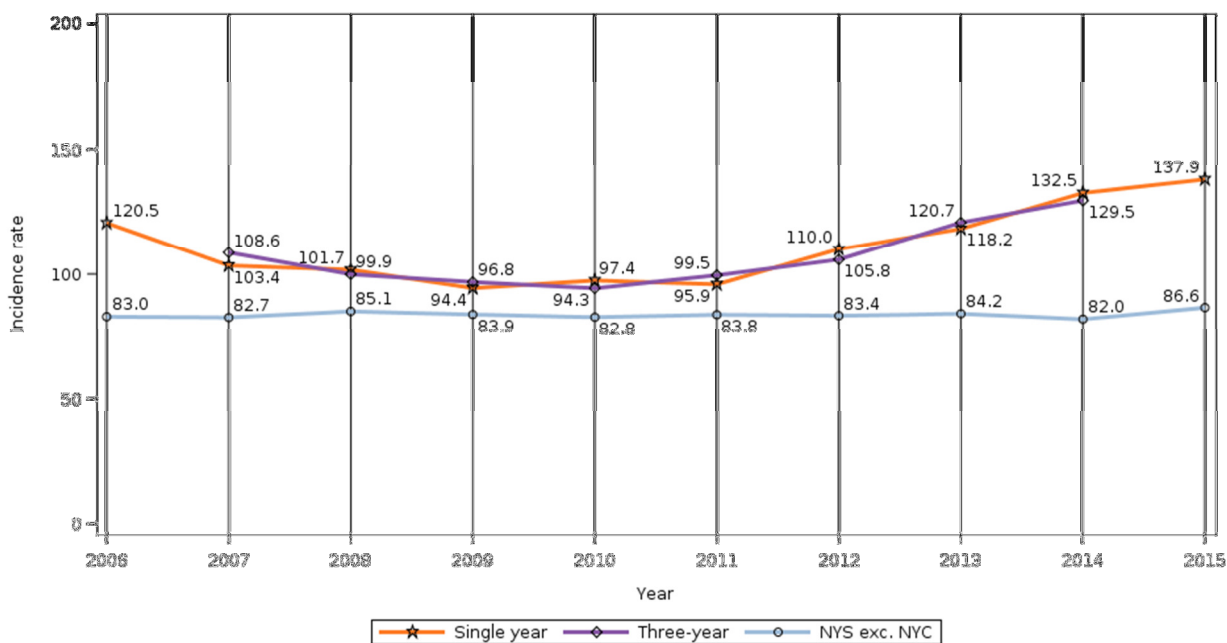


Figure 10

Graph 6: Rate of Lung & Bronchus Cancer Cases Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS).

Accessed July 22nd 2019.

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Rate of Lung & Bronchus Cancer Deaths Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

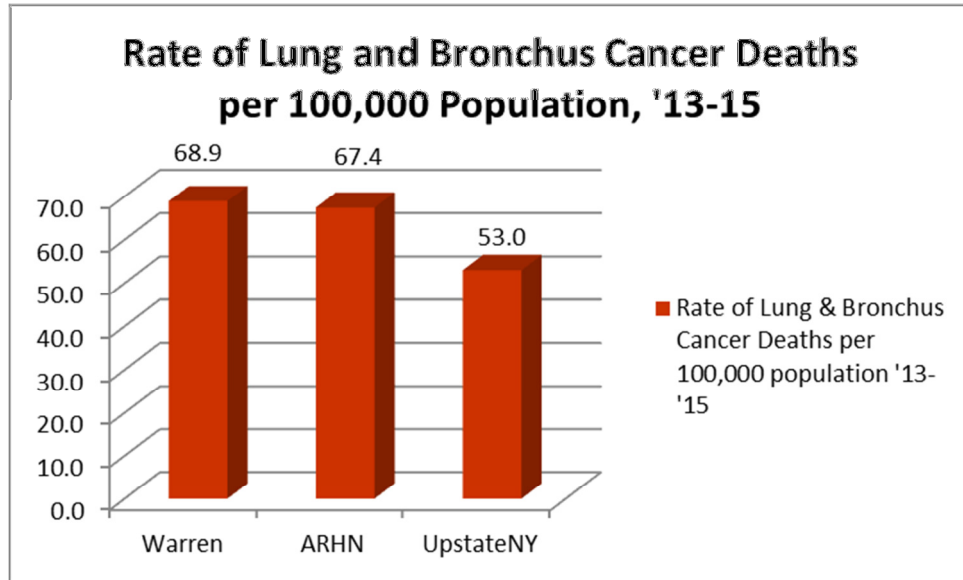
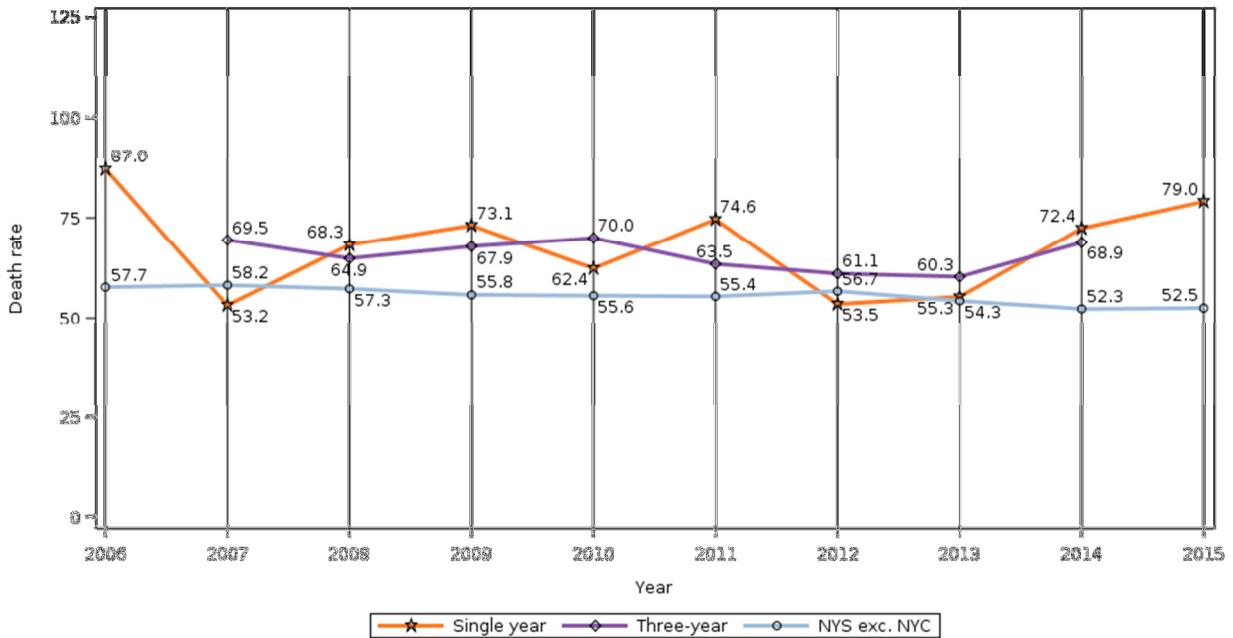


Figure 11

Graph 7: Rate of Lung & Bronchus Cancer Deaths Trend Data Comparison Chart Warren County vs. UpState (excludes ARHN Region).

Data from New York State Community Health Indicator Reports (CHIRS). Accessed July 22nd 2019.

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Rate of Colon & Rectal Cancer Cases Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

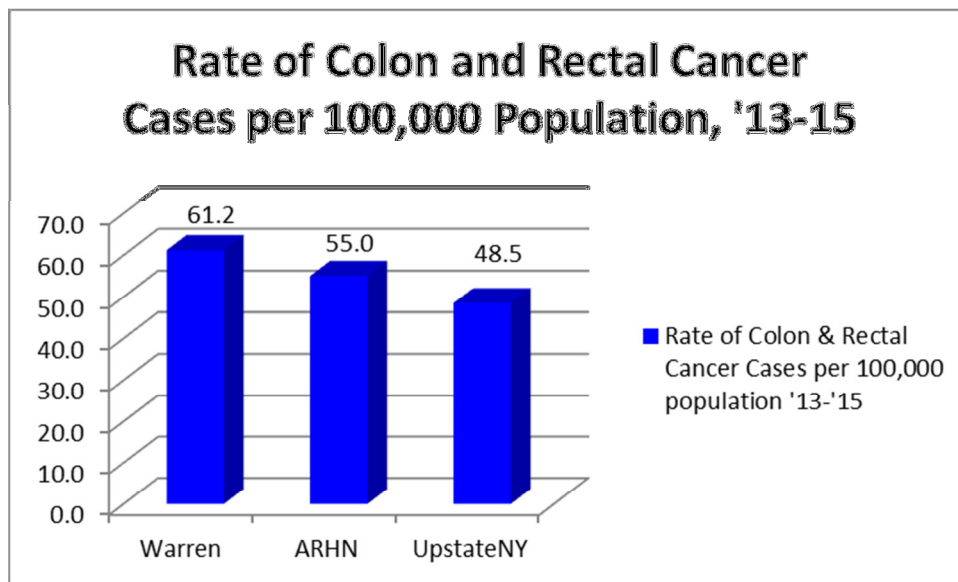
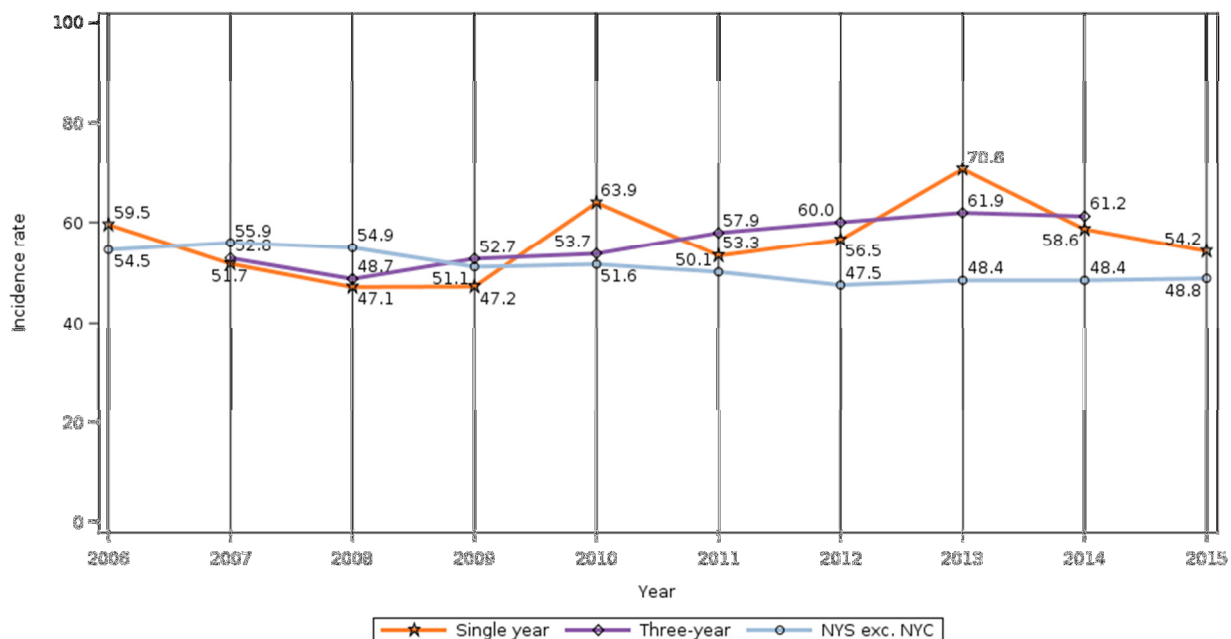


Figure 12

Graph 8: Warren County - Colon and rectum cancer incidence rate per 100,000 Warren County vs. UpState (excludes ARHN Region).

Data from New York State Community Health Indicator Reports (CHIRS). Accessed July 22nd 2019.

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=ctr&ind_id=Ag5%20&cos=52



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Rate of Colon & Rectal Cancer Deaths Comparison Chart for Warren County, ARHN Region and UpState NY (crude rate)

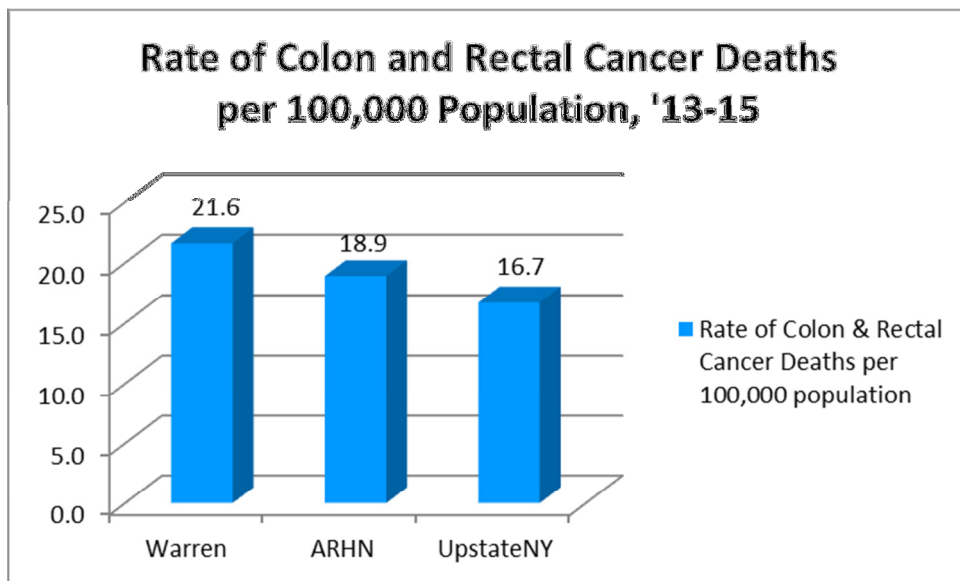
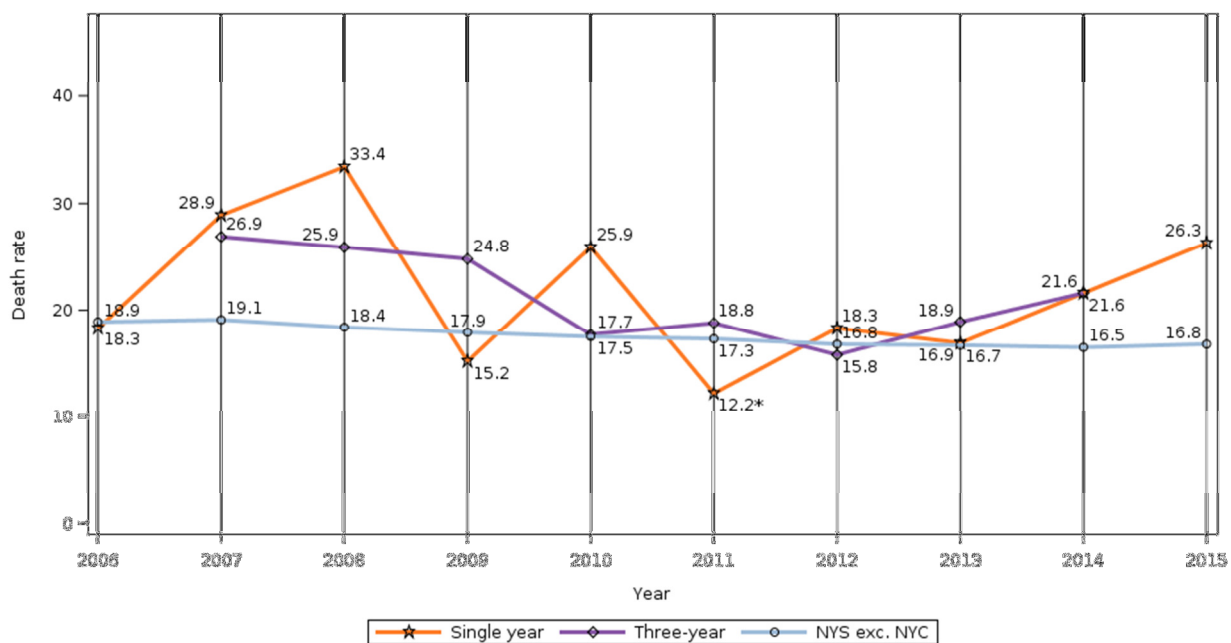


Figure 13

Graph 9: Warren County - Colon and rectum cancer mortality rate per 100,000 Warren County vs. UpState (excludes ARHN Region). Data from New York State Community Health Indicator Reports (CHIRS).

Accessed July 22nd 2019.

https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ctr&ind_id=Ag6&cos=52



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Health Behaviors and Preventive Screenings

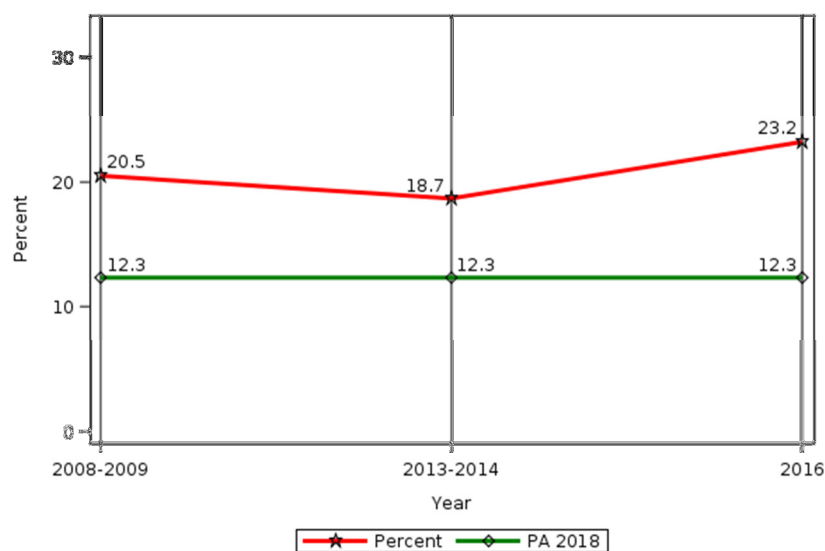
Many individual health outcomes can be linked to the health behaviors the person engages in. This section of the report discusses the data gathered about a number of different health behaviors and preventive screenings. However, there are some limitations to the data. The biggest being that the individuals are self-reporting so validation of the data can be difficult.

Tobacco Use

Smoking and tobacco use is one of the leading causes of morbidity and mortality among individuals. The percentage of Warren County adults that reported being current smokers is (23.2%) which is significantly higher than UpStateNY (16.2%) and far exceeds the Prevention Agenda benchmark of (12.3%), ARHN comparison data is not available.

It should be noted that as of 2015-2016 there were 105 registered tobacco retailers in Warren County which is more than any other ARHN County (Clinton 102, Essex 61, Franklin 57, Hamilton 11, Washington 60).

Graph 10: Warren County – Percentage of cigarette smoking among adults. Graph from the NYSDOH Prevention Agenda Dashboard. Accessed on 7/25/2019 https://webbi1.health.ny.gov/SASStoredProcess/guest?program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa200%20&cos=52



Physical Activity and Food Security

It is well established that leisure time physical activity (non-work related) can lead to better health outcomes for people. Almost eighty-percent (79.6%) of Warren County adults self-reported some leisure physical activity in the last 30 days when asked in 2016. This is higher than the ARHN region (73.9%) and UpStateNY (74.6%). However there are a number of important considerations lacking in this data.

First the data does not show the intensity and duration of the physical activity engaged in, which can have an impact on health. Second, the data does not show how often the person actually engaged in the activities reported. So, someone who was active just once or twice in

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the last 30 days would be recorded the same as a person that is active 5 or 6 days a week. It is important to consider these limitations when trying to draw any conclusions.

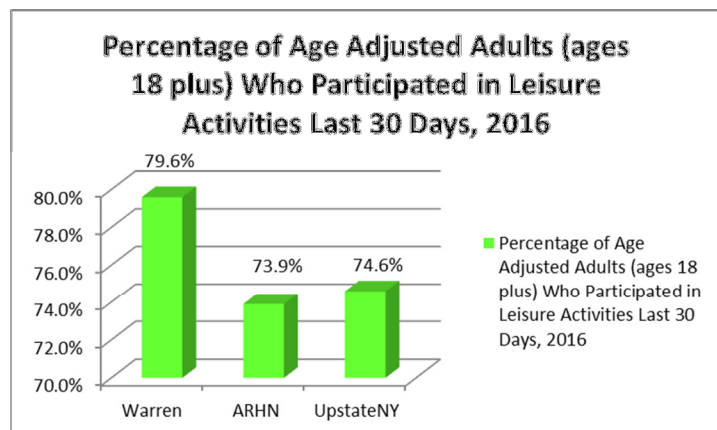


Figure 14

It should also be noted that according to the County Health Rankings and Roadmap website 98% of Warren County residents have access to exercise opportunities.

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:

- reside in a census block that is within a half mile of a park, or
- reside in an urban census block that is within one mile of a recreational facility, or
- reside in a rural census block that is within three miles of a recreational facility.

Food Security

The ability to access and afford health food options may have an impact on the health of a population. In Warren County (21.8%) of the population reported experiencing food insecurity in the past 12 months. This is better than the ARHN Region (23.3%) and UpStateNY (22.7%).

The percentage of Warren County's population with low-income and low-access to a supermarket or large grocery store is (3.9%) which is better than the ARHN Region (6.0%) but higher than the Prevention Agenda Benchmark (2.2%).

Health Screenings

Preventive health screenings for conditions like cancer, higher blood pressure, diabetes and high cholesterol are valuable tools that can assist in the prevention of or control of chronic diseases. Regular screenings can catch a disease like cancer in an early stage making treatment more likely to be successful and survival rates better.

Screenings can also identify conditions like high blood pressure and diabetes (linked to cardiovascular disease) which allows doctors to prescribe medications to control them.

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Individuals can also adopt proven therapeutic lifestyle changes to improve and possibly reverse things like high blood pressure and diabetes.

Cancer Screenings

Cancer screenings for both women and men should be standard practice as part of comprehensive health care. Accessibility and affordability are essential for making sure everyone can receive the recommended cancer screenings based on the most current guidelines. Current cancer screening data for Warren County is positive.

Getting men and women screened for colorectal cancer has been a priority in New York State and Warren County. In Warren County (75.1%) residents reported having received a colorectal cancer screening based on the most recent guidelines. This is higher than UpStateNY (68.5%) but falls short of the prevention agenda benchmark of (80%). ARHN Regional data was not available for comparison.

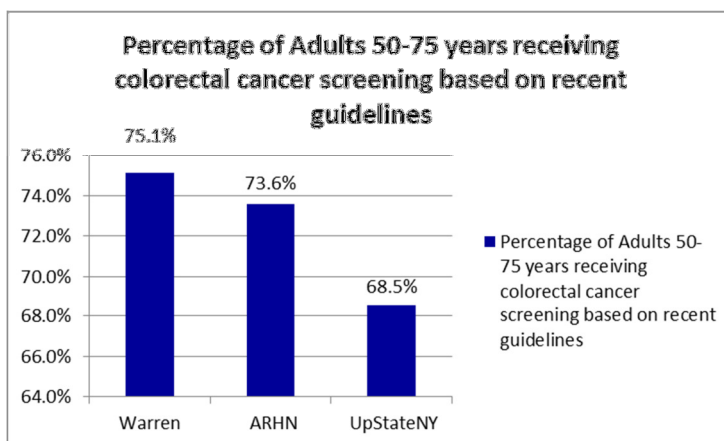


Figure 15

Breast and cervical cancer screenings remain an essential part of women’s healthcare.

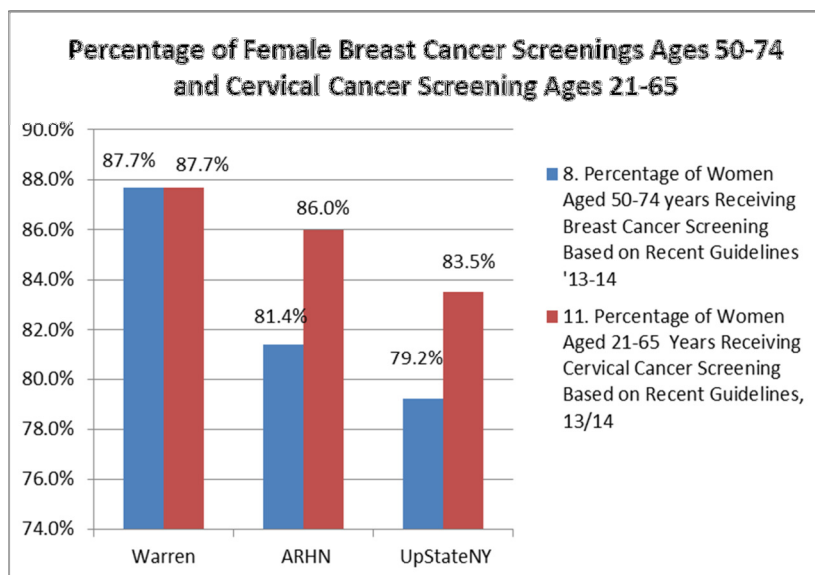


Figure 16

In Warren County (87.7%) of women ages 50-74 years received a breast cancer screening based on recent guidelines. This rate is higher than the ARHN Region (81.4%) and UpStateNY (79.2%). Similarly, (87.7%) of Warren County women ages 21-65 years received a cervical cancer screening based on recent guidelines. The ARHN Region and UpStateNY were just slightly lower at (86.0%) and (83.5%) respectively.

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Diabetes Screening

Undiagnosed and uncontrolled diabetes can have devastating effects on a person's health. In Warren County (7.6%) of adults have physician diagnosed diabetes. This number is likely low considering only (56.9%) of Warren County adults have been screened for diabetes and even fewer (6.8%) have been screened for pre-diabetes. Both numbers are slightly lower than UpStateNY which is (57.7%) and (9.2%) respectively. ARHN Regional data was not available for comparison.

It should also be noted that only (4.7%) of Warren County adults reported taking a chronic disease self-management class, which helps them learn the skills necessary to manage their condition. This is lower than UpStateNY at (8.4%). ARHN Regional data was not available for comparison.

Hypertension

In Warren County (36.5%) of adults reported having physician diagnosed blood pressure which is in line with the ARHN Region at (36.0%) and slightly higher than UpState at (33.0%). Of those adults diagnosed with high blood pressure in Warren County (72.5%) report taking prescribed medication to control it. This is lower than the UpStateNY rate of (77.6%) (BRFSS Table <https://health.data.ny.gov/Health/Behavioral-Risk-Factor-Surveillance-System-BRFSS-H/jsy7-eb4n/data>). ARHN Regional data was not available for comparison.

Chronic Disease Summary

In Warren County cancer seems to be more burdensome on the population than in our neighboring Counties and UpStateNY. The majority of Warren County's cancer indicators are higher and in some cases vastly higher than our comparison groups.

Although it is difficult to account for all of the different factors that can cause cancer rates to be higher in one location and lower in another, it is important to look for common factors linked to cancer (health behaviors) as possible areas for improvement.

Warren County's higher smoking rates and high obesity rates have to be considered as contributing to the higher cancer rates. Although not specifically looked at, the aging of Warren County's population may also be contributing to the higher rates.

Similarly these same factors are most likely increasing the rates of cardiovascular disease and diabetes in Warren County.

On a positive note, Warren County residents seem likely to utilize the different health screening tools to identify certain diseases which may allow them to decide to begin treatments to control them.

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Promote a Healthy and Safe Environment

Where a person lives can have a profound impact in his/her health. Factors that can impact a person's health include the built environment. Communities that take a health in all aspects approach to planning can help improve a population's health.

Designing community streets and walkways to be pedestrian and bike friendly encourages healthy behaviors. Parks, playgrounds, fitness facilities and green spaces provide an opportunity for individuals and families to be active. Having access to pharmacies, health centers, hospitals may also improve a person's health (see Appendix B for Warren County health systems profile).

It is also important to consider the safety of a person's environment and the impact it can have on health. A person that lives in a community with low violent crime rates and a perception that a community is safe may be more likely to be physically active (i.e. walking or biking to a store or park instead of driving) and have less stress.

The Built Environment

Warren County's built environment is highly variable depending on where in the County someone lives. The southern end of the county has larger community centers, residential and business/commercial areas, access to public transportation, grocery stores and more infrastructure to support large population centers.

The northern and western parts of Warren County are sparsely populated, lack commercial/business centers, do not have access to public transportation, have limited access to grocery stores and have limited infrastructure. However, these communities often rely on outdoor recreation, State and local hiking and biking trails and the seasons for much of their annual incomes. Residents in these communities rely more on the natural environment rather than built environment for their day-to-day lives.

In Warren County there are (5.9) recreational and fitness facilities per 100,000 residents according to the USDA Economic Research Service which is similar to the ARHN Region (5.5) and lower than UpStateNY (18.7). However, this is a bit misleading. According to the County Health Rankings, (98%) of Warren County residents have reasonable access to exercise opportunities which includes parks and recreational facilities.

The percentage of Warren County residents that use alternate modes of transportation to work is (18.0%). This is slightly lower than the ARHN Region at (19.0%) and much lower

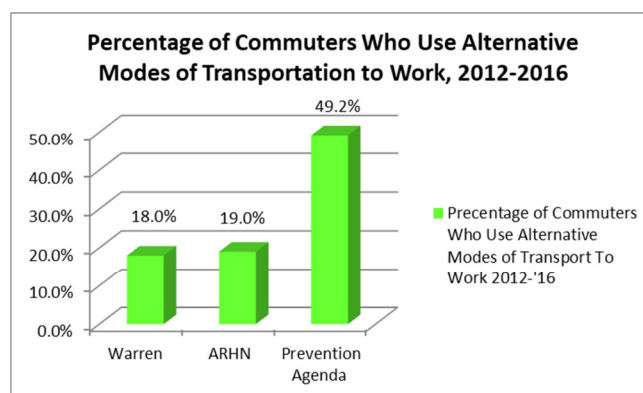


Figure 17

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than the Prevention Agenda Benchmark of (49.2%). The average travel time to work for Warren County residents is about 23 minutes.

The percentage of low-income population with low-access to a grocery store is (3.9%) which is lower than the ARHN Region at (6.0%) but higher than the Prevention Agenda Benchmark (2.2%). The percentage of Warren County adults experiencing food insecurity is (21.8%) which is lower than the ARHN Region (23.3%) and UpStateNY (29.0%).

Safety

Warren County is a rural county where tourism is the major economic driver. The majority of the residents work in occupations that include healthcare, education, social assistance or jobs tied to tourism such as retail and entertainment. However, a fair number of residents also work in manufacturing, construction or other occupations where the risk of injury is higher.

Many of Warren County's residents engage in outdoor activities including hiking, biking, camping, skiing, etc. which by their nature can lead to a greater number of injuries. They often travel long distances to find recreation, buy groceries or get to work. Many of the roads traverse wooded or mountainous areas which make them winding. Road conditions can sometimes be difficult to navigate due to changing weather including snow and ice. Other factors that can make travel more difficult include limited or no lighting on rural roads, high speeds, and animals.

In Warren County the rate of hospitalizations due to falls per 10,000 adults ages 65+ is (170.6) which is higher than the ARHN Region (155.7) but is better than the Prevention Agenda Benchmark of (204.6). Warren County's falls hospitalization rate per 10,000 adults aged 25-64 years is (19.6) which is higher than UpStateNY (17.4). No ARHN Region data was available for comparison.

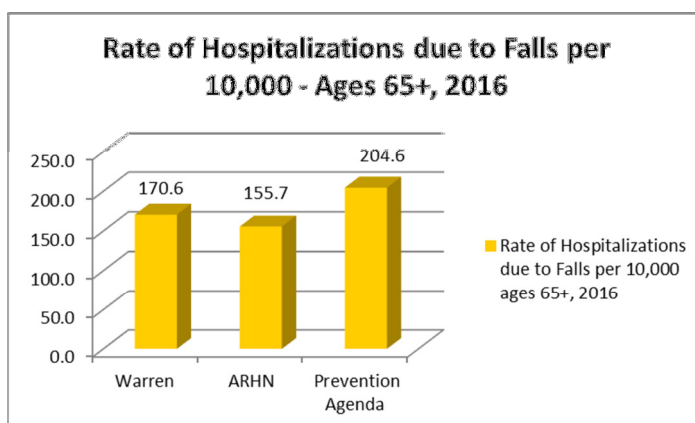


Figure 18

For children in Warren County the rate of ED visits due to falls per 10,000 from 1-4 year olds is (410.7) which is better than the ARHN Region (523.8) and the Prevention Agenda Benchmark (429.1). However, Warren County's falls hospitalization rate per 10,000 children aged <10 years is (16.0) which is higher than UpStateNY (6.5). No ARHN Region data was available for comparison.

Data suggests that unintentional injuries are also impacting Warren County residents at a higher rate than comparison groups.

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In Warren County the rate of unintentional injuries is (73.9) which is much higher than the ARHN Region (61.8) and higher than UpStateNY (68.3). The unintentional injury rate for people 65+ in Warren County (212.7) is also much higher than the ARHN Region (198.0) but much lower than UpStateNY (239.3).

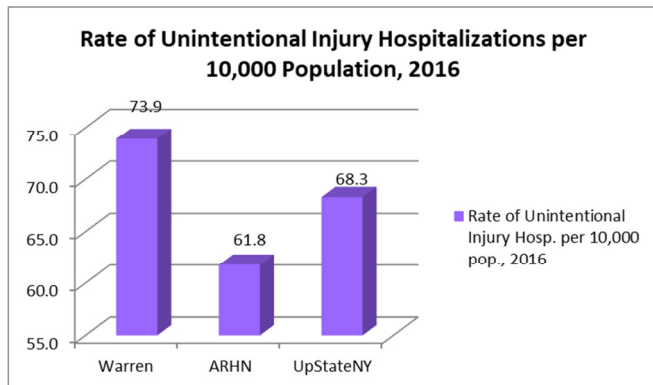


Figure 19

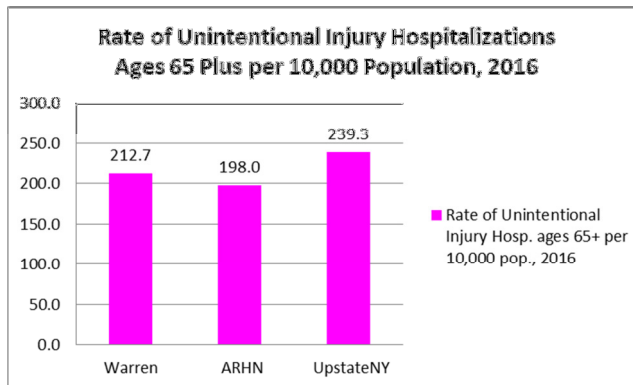


Figure 20

However, the work related hospitalizations rate for people ages 16+ in Warren County (127.0) is much lower than UpStateNY (167.3). No ARHN Region data was available for comparison. When the rate of ED occupational injuries among working adolescents ages 15 - 19 per 10,000 population is considered, Warren County's rate of (60.4) is lower than the ARHN Region (64.9) but much higher than the Prevention Agenda Benchmark of (33.0). It should also be noted that

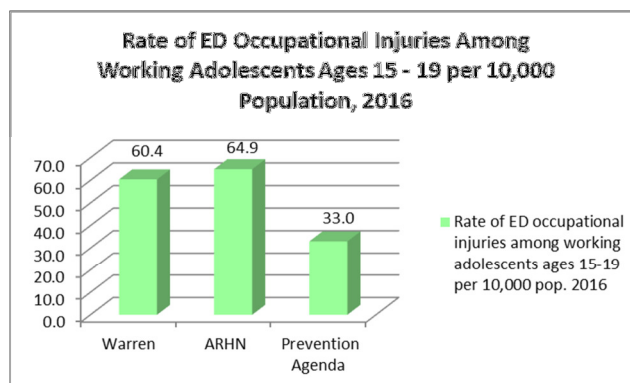


Figure 21

the rate for UpStateNY is (29.4) which is better than the benchmark.

Motor vehicle safety also seems to be a bit more of an issue in Warren County. The rates of motor vehicle crashes and motor vehicle accident deaths are higher in Warren County (2,735.1), (9.3) than in the ARHN Region (2,162.0), (7.3) and UpStateNY (2,022.7), (7.1) respectively. Speed related crash rates in Warren County (282.7) are lower than the ARHN Region (364.7) but higher than UpStateNY (214.2).

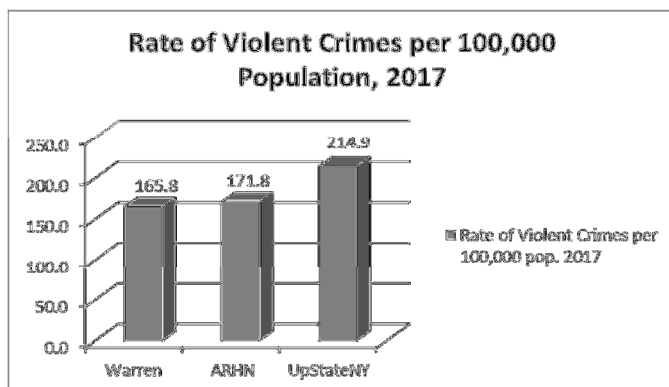


Figure 22

Warren County can be considered a relatively safe place when it comes to crime in general and particularly violent crime. Crime happens in every community, but when looking at health and safety, violent crime is an important factor to consider. Warren County has a violent crime rate of (165.8) which is better than the ARHN Region (171.8) and UpStateNY (214.9).

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Healthy and Safe Environment Summary

Overall Warren County provides a healthy and safe environment for its residents. There is ample opportunity for residents to be physically active in a variety of ways. Access to fresh and healthy food options is not a major problem for most residents and most residents live in communities where violent crime is low.

Falls and unintentional injuries continue to bear watching in Warren County especially in our pre-school age and senior populations. Although Warren County's hospitalization fall rate among seniors is better than the Prevention Agenda Benchmark it is still higher than the ARHN Region, which is comprised of neighboring Counties with similar geography and demographics. Unintentional injury data shows a similar pattern with Warren County having worse rates than the ARHN Region and UpState, the exception being for residents 65+ where Warren County is better than UpState.

Due to its rural nature and being a tourist destination traffic safety is a potential area of need. Without more specific data it is hard to determine if the higher rate of motor vehicle crashes and fatalities are from local residents or a product of the increase in tourists driving unfamiliar roads possibly under the influence of alcohol or drugs.

Workers in Warren County seem to enjoy relatively safe working conditions when compared to UpState workers. However, the high rate of ED visits by adolescent workers in Warren County may need to be looked at a bit closer since the rate is twice the UpState rate and almost double the Prevention Agenda Benchmark.

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Healthy Women, Infants and Children

The health of women, infants and children can have major impacts on population health. Women continue to play the predominant role in the health of infants and children from birth through adolescence.

Supporting women’s health from pre-conception through birth and beyond can improve health outcomes for women, infants and children. Supporting infant and child health also increases the chance of healthier adults by providing a healthy foundation from which infants and children can grow. This foundation may lead to healthier more productive adults that require less assistance on social systems including healthcare.

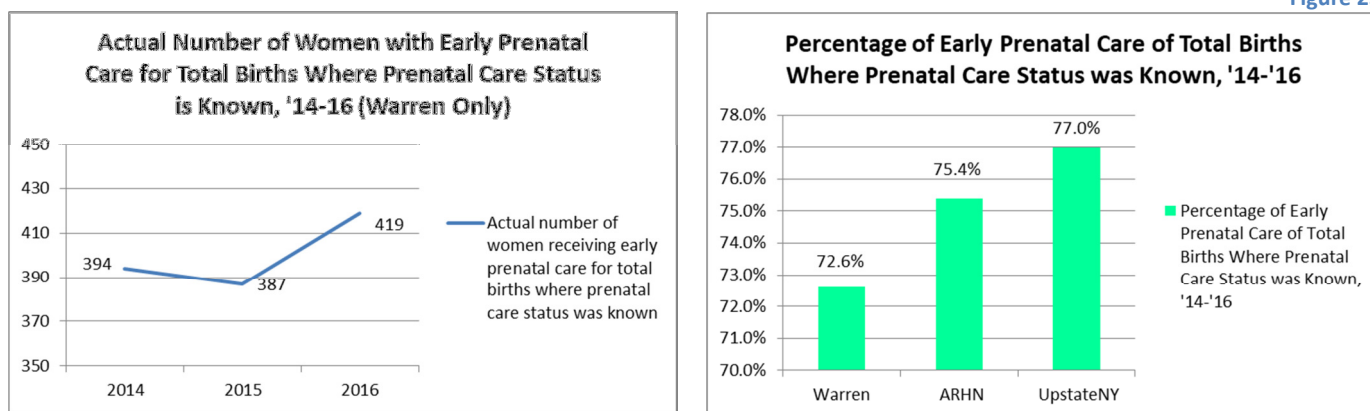
In Warren County the percentage of Women ages 18-64 that reported having health insurance was (95.3%) which falls below the Prevention Benchmark of (100%). Also (97.2%) of children 0-19 years old in Warren County had some form of health insurance.

Maternal & Infant Health

Women who have access to and utilize prenatal and post-partum care often have better birth outcomes. Complications during pregnancy or during birth can have lasting impacts, but many potential problems can be avoided or mitigated with proper care.

Early prenatal care plays an important role in birth outcomes. In Warren County (72.6%) of total births were to women that reported early prenatal care when prenatal care status was known. This is lower than the ARHN Region (75.4%) and UpStateNY (77.0%).

Figure 23



The percentage of pre-term (<37 weeks) birth in Warren County was 11.1% which is higher than the ARHN Region (9.8%) and slightly higher than the Prevention Agenda Benchmark (10.2%). The percentage of pre-term births (<32 weeks) in Warren County was (1.1%) which is better than the ARHN Region (3.9%) and slightly better than UpStateNY (1.5%). However, these rates should be used with caution since there were only 19 total events over a three year period in Warren County.

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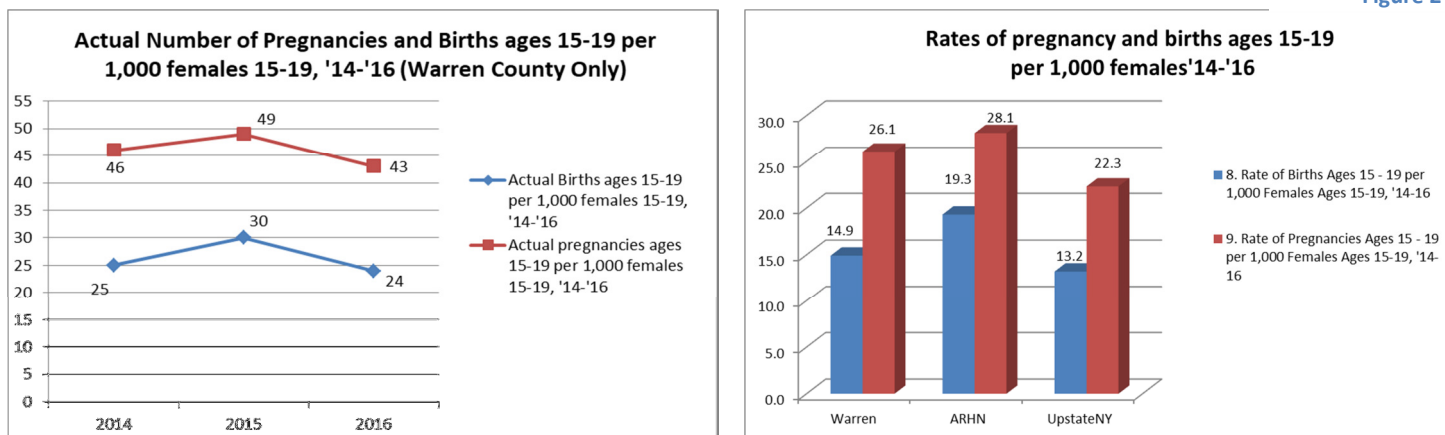
There were nine reported infant deaths over a three year period in Warren County. The rates for infant mortality should be considered unstable because of the small number of events. Thankfully, there were no reported maternal deaths in reporting years.

Unintended pregnancies accounted for (33.2%) of total births in Warren County. This percent is similar to the ARHN Region (32.9%) but is much higher than UpStateNY (24.9%). Women who get pregnant but did not plan to get pregnant may not seek early prenatal care. They may also lack the resources needed to access prenatal services.

In Warren County, C-sections occurred with (34.4%) of the total births. This is similar to the ARHN Region (34.1%) and UpStateNY (34.2%). Women that deliver by C-section are at higher risk of complications due to blood clots, infection and reactions related to anesthesia.

Teen pregnancy in Warren County has remained relatively constant. There were no pregnancies or births to females ages 10 -14 years old for the reporting period. The rates of pregnancy and birth in Warren County for females 15-19 years old per 1,000 females were (26.1) and (14.9) which are lower than the ARHN Region (28.1), (19.3) but higher than UpStateNY (22.3), (13.2) respectively.

Figure 24



The rate of newborn drug related hospitalizations per 10,000 births in Warren County was (176.0) which is higher than the ARHN Region (110.9) and UpStateNY (140.8). However, these rates are unstable because of the small sample size with 31 hospitalizations over a three year period, but important to monitor because of the current opioid crisis.

Child Health/Safety

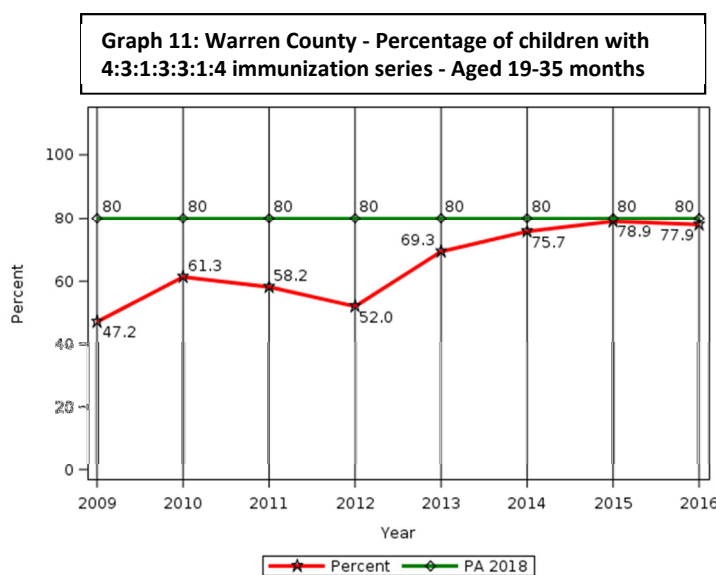
Children are a vulnerable population that relies on adults within a community to ensure their health and safety. Children in Warren County enjoy a relatively high level of health and safety. As was stated earlier over 97% of children in Warren County are covered by some form of health insurance.

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Having health insurance increases the likelihood that children will receive the recommended check-ups, immunizations and health screenings which can help them grow to healthy adults. Children on government sponsored health insurance are often from lower socio-economic families and are often at greater risk of not receiving the recommended health check-ups.

In Warren County (94.0%) of children ages 0-15 months with government sponsored health insurance received the recommended well visits. This is higher than the ARHN Region (89.8%) and is better than the Prevention Agenda Benchmark (91.3%). This number declines as children age. In Warren County (89.1%) of children ages 3-6 years with government sponsored health insurance received the recommended well visits. This is higher than the ARHN Region (84.9%) but below the Prevention Agenda Benchmark (91.3%). Older children in Warren County ages 12-21 years with government sponsored health insurance receiving the recommended well visits is (74.6%). This is higher than the ARHN Region (69.5%) and is better than the Prevention agenda Benchmark (67.1%).



Immunizations play a key role in keeping child healthy. Unfortunately, immunization rates have been on decline over unfounded concerns about potential side-effects of immunizations. Thankfully in Warren County childhood immunization rates have not dropped in recent years. In Warren County the percentage of children ages 19-35 months receiving the recommended 4:3:1:3:3:1:4 childhood immunizations is (77.9%). This is higher than the ARHN Region (73.9%) but falls short of the Prevention Agenda Benchmark (80.0%)

Data Source: NYS Immunization Information System data as of February 2018. Accessed August 29, 2019

In Warren County child mortality rates are very low. Over a three year reporting period ('14-'16) there were 4 reported deaths for children ages 1-19 years old in Warren County. Because of the low number of events there is no rate comparison data available.

A change in the reporting criteria makes it impossible to find trend data regarding unintentional injury hospitalizations for children in Warren County. However, the most recent data does show that children <10 years old in Warren County had an unintentional injury hospitalization rate of (19.2) per 10,000. This rate is slightly higher than UpStateNY (18.1). No ARHN Region data was available for comparison. For children >10 years old the available data shows Warren County

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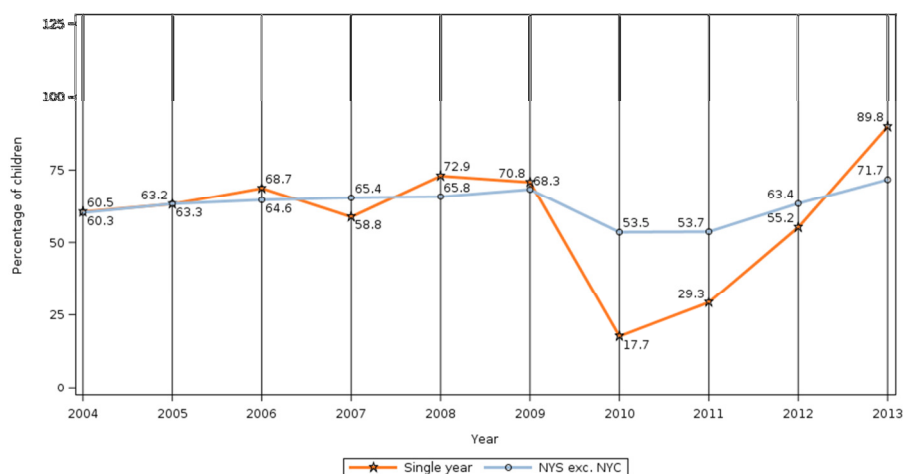
has similar rates of unintentional injury hospitalizations as UpStateNY. No ARHN Region data was available for comparison.

Several other things to consider when looking at child health and safety include asthma, lead poisoning prevention, unintentional injuries and dental care.

Asthma does impact children in Warren County, but is much less of a concern than obesity. The Asthma hospitalization rate in Warren County is (10.0) per 10,000 children ages 0-17 years. This is lower than UpStateNY (12.9). No ARHN Region data was available for comparison.

The rate of asthma ED visits in Warren County is (33.3) per 10,000 children ages 0-17 years. This is significantly lower than UpStateNY (68.1). No ARHN Data was available for comparison.

Lead exposure during childhood can impact a child’s growth, behavior and ability to learn. However, screening for lead in children can alert doctor’s to problems which can help lead to the identification and elimination of sources of lead in the child’s environment. It should also be noted that younger children <6 years old are at higher risk of lead exposure due to the ways they interact with their environment. Current recommendations are that children should be screened for lead exposure at ages 1 year and again at 2 years old.

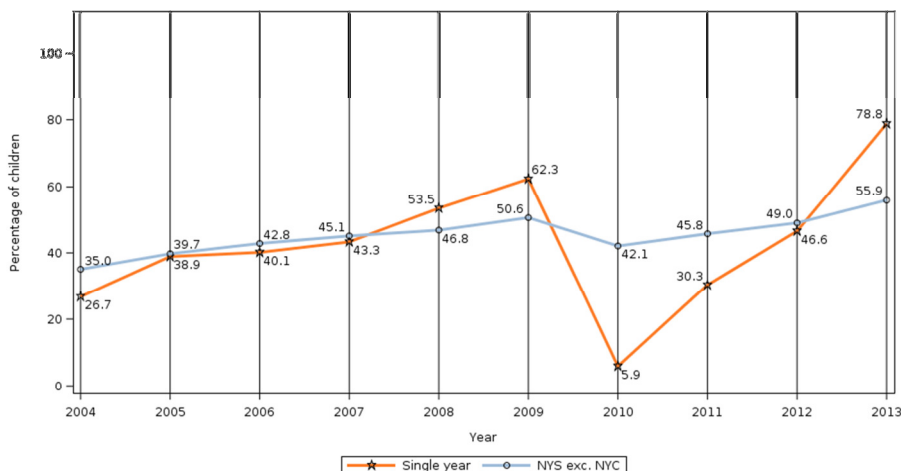


Graph 12: Warren County Percentage of children born 2013 with a lead screening - aged 9-17 months (orange line). Data Source: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018. Accessed August 30, 2019

In Warren County the percentage of children born in 2013 screened for lead by age 9-17 months is (89.8%). This is significantly higher than the ARHN Region (77.5%) and UpStateNY (71.7%).

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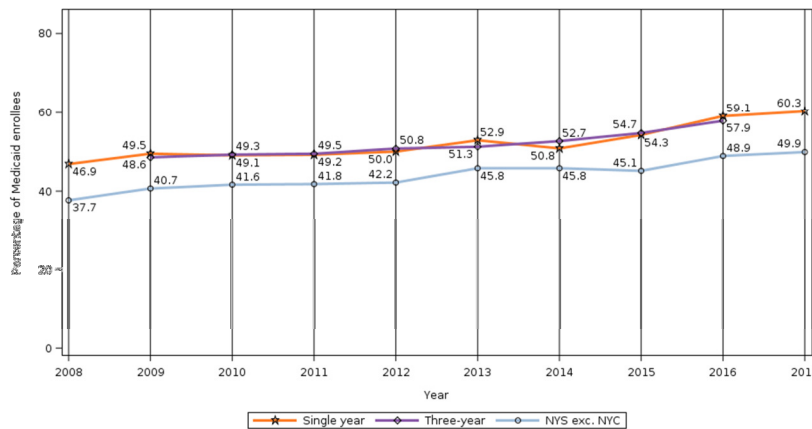


This percentage drops for children receiving two lead screenings. However, the percentage of children born in 2013 screened for lead by age 36 months (at least two screenings) in Warren County is (78.8%), which is significantly higher than ARHN Region (63.7%) and UpStateNY (55.9%).

Graph 13: Warren County Percentage of children born in 2013 with at least two lead screenings by 36 months (orange line). Data Source: 2013-2016 NYS Child Health Lead Poisoning Prevention Program Data as of June, 2018. Accessed August 30, 2019

During the reporting period the rate of Warren County children ages < 6 with confirmed blood lead levels >= 10 mg/dl Cases Per 1,000 Children Tested, '14-16 was (7.0). This is lower than the ARHN Region (11.4) and UpStateNY (8.3). The actual number of children in Warren County that met the above criteria for high lead levels was nineteen. It should be noted that new guidelines stating that any blood lead levels above five should be considered high will impact rates everywhere.

Dental care is also an important part of a child’s health. Children with fair or poor dental health have been linked to poorer performance in school. Poor dental health has also been linked to lower self-esteem during adolescence. Routine dental care (not for emergencies or infections)



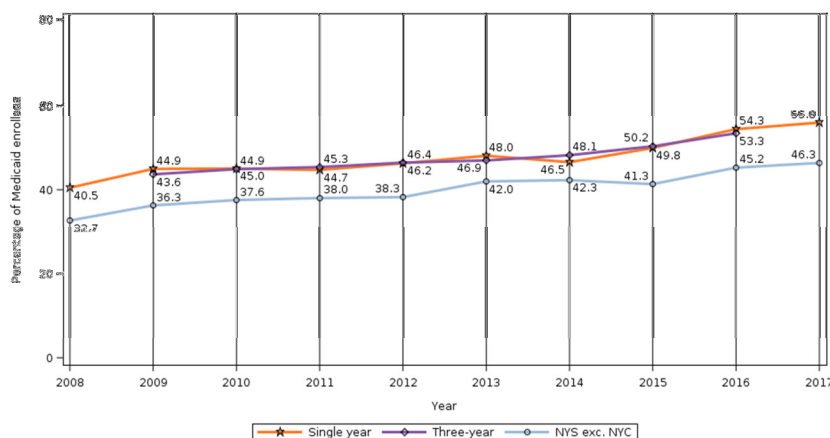
has been linked to better performance in school and better health outcomes.

In Warren County the percentage of Medicaid enrollees (aged 2-20 years) who had at least one dental visit within the last year is (57.9%), which is significantly higher than the ARHN Region (48.0%) and UpStateNY (48.0%)

Graph 15: Warren County - Percentage of Medicaid enrollees (aged 2-20 years) who had at least one dental visit in the last year. Data Source: NYS Medicaid Program Data as of June, 2018. Accessed August 30, 2019

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Graph 14: Warren County - Percentage of Medicaid enrollees (aged 2-20) with at least one preventive dental visit within the last year. Data Source: NYS Medicaid and Child Health Plus Data as of June 2018. Accessed August 30, 2019.

It should also be noted that the percentage of Medicaid enrollees (aged 2-20 years) with at least one preventive dental visit within the last year in Warren County has been trending up. It is currently (55.8%).

Dental information regarding 3rd graders and dental caries, sealants, and fluoride treatments is outdated and not included.

Healthy Women, Infants and Children Summary

When it comes to the health of women, infants and children in Warren County the overall picture is positive for the specific indicators being tracked. Most of the women and children (>95%) have some form of health insurance. The rates of maternal, infant and child mortality are very low.

Although most women have access to health insurance the percentage of women that receive early-prenatal care remains lower than one would expect. There is also a slightly higher rate of babies born prematurely (<37 weeks) in Warren County than the comparison regions, but there are fewer born extremely premature (<32 week). The teen pregnancy rate also remains low for Warren County.

The vast majority of Warren County children are receiving the recommended well visits during their development. The childhood immunizations rates have been trending up and fall just shy of the 80% benchmark set by the prevention agenda.

Children in Warren County live in a relatively safe and healthy environment. Asthma and lead exposure do not seem to impact Warren County children as much as the comparison groups. Dental care for children in Warren County covered by government sponsored health insurance has been trending upward. Unintentional injury hospitalizations for children in Warren County seem to fall in line with the comparison groups.

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Promote Well-Being and Prevent Mental and Substance Use Disorders

Warren County like many places in New York State continues to see the demand for mental health services increase across the entire population. There are many hypotheses as to why the need is increasing including 24-hour news cycles, social media, the changing family structure among U.S. families and the pressure to perform at a high level at younger and younger ages are just a few. Youth seem to be one segment of the population where the need has grown the most.

Along with the need for more mental health services there is an increased need for substance abuse services. This makes sense since many people suffering from poor mental health or chronic pain turn to drugs (legal/illegal) and/or alcohol as a way to cope. The current prescription medication abuse and opioid crisis has overwhelmed much of the system. Technology has made access to synthetic drugs like fentanyl and synthetic cannabinoids much easier.

Mental Health Well Being

Since 2008, the age-adjusted percentage of adults reporting poor mental health for 14 or more days in the last month in Warren County has remained almost unchanged at (12%). This is slightly higher than UpStateNY (11.2%) and higher than the Prevention Agenda Benchmark of (10.1%).

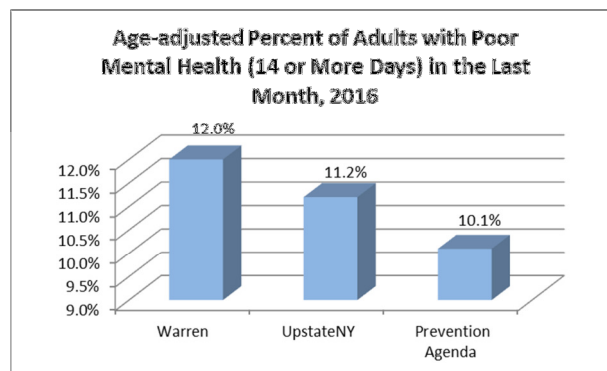
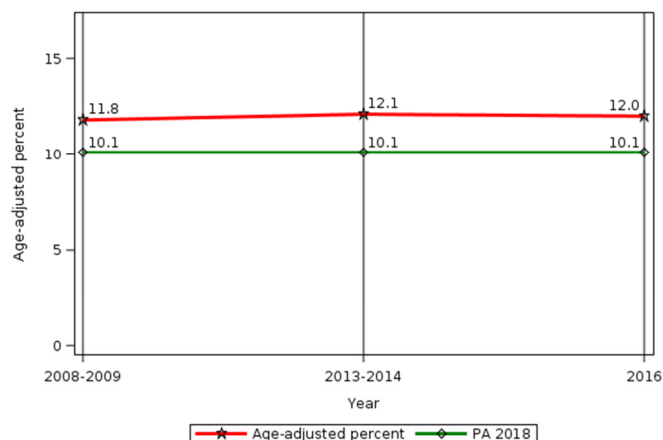


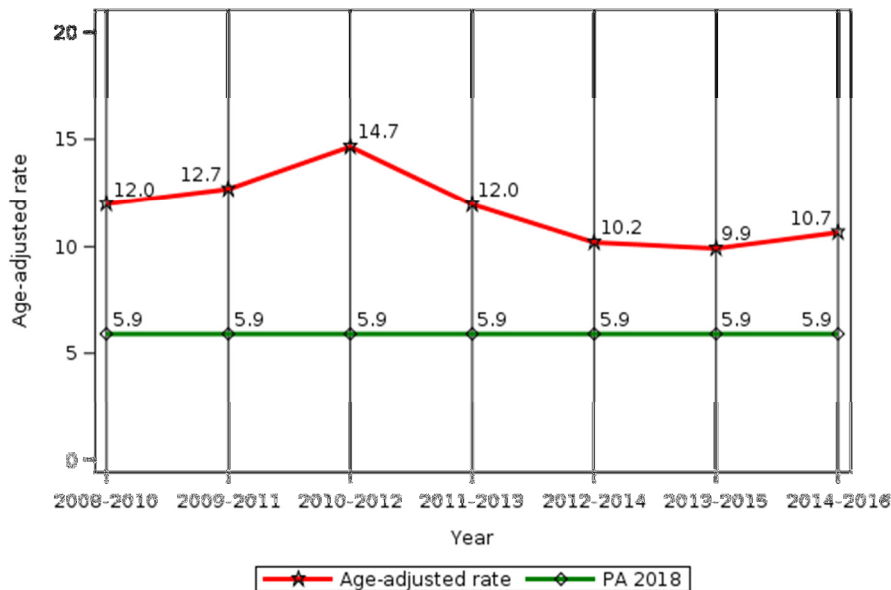
Figure 25

Graph 16: Warren County - Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month. Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018. Accessed September 3rd, 2019.

The age-adjusted rate of suicides in Warren County is (10.7) which is higher than UpStateNY (9.6) and significantly higher than the Prevention Agenda Benchmark (5.9). This reverses a trend of a decreasing suicide rate in Warren County. The data for suicides by children ages 15-19 years old is unreliable due to too few events (a good thing). There was one reported suicide in that age group from 2011-2016.

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** All rates are per 100,000 unless otherwise specified.



Graph 17: Warren County - Age-adjusted suicide death rate per 100,000 population. Data Source: Vital Records data as of May 2018. Accessed September 3rd, 2019

The rate of self-inflicted hospitalizations per 10,000 population in Warren County is (5.9). This rate is higher than UpStateNY (4.1). No ARHN Region data was available for comparison. As was the case for the suicide rate, the rate of self-inflicted hospitalizations by children ages 15-19 years old is unreliable due to too few events. However in 2016 there were 8 actual self-inflicted hospitalizations among that age group. *Due to changes in reporting from ICD-9-CM to ICD-10-CM diagnosis codes which are not comparable an annual rate for 2015 cannot be calculated, and data for 2016-and-forward should not be compared with data for 2014-and-prior.*

It is important to look at the rates of people being treated for mental health conditions in an emergency setting and in mental health outpatient settings to see where they are accessing care.

In Warren County the rates of people seeking mental health care in an emergency setting are much higher than the comparison groups. Rate of people served in emergency settings for mental health ages 18 - 64 per 100,000 population 18-64 in Warren County is (86.5). The rate for people ages 17 and under per 100,000 population 17 and under is (69.7). Both of these

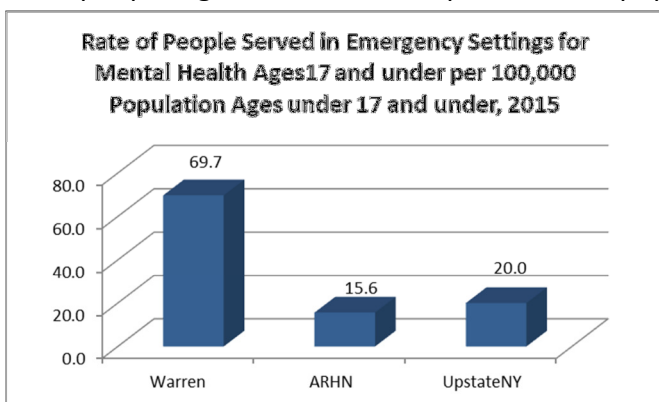


Figure 26

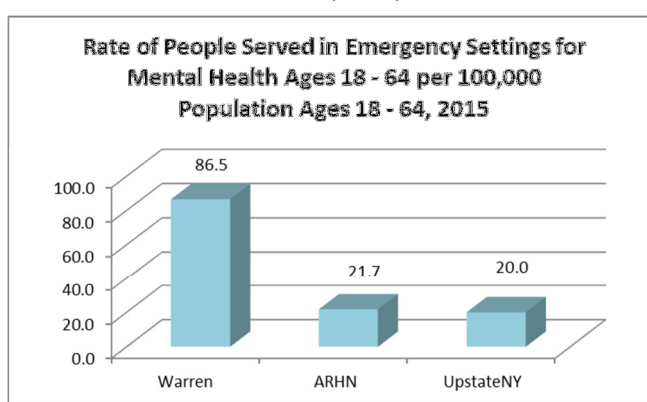


Figure 27

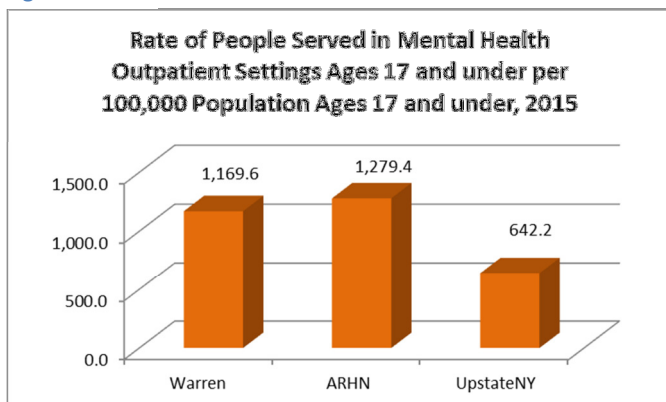
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rates are significantly higher than the ARHN Region (21.7), (15.6) and UpStateNY (20.0), (20.0) respectively.

For outpatient mental health care there is variability among the different age groups. The rate of people served in Mental Health outpatient settings ages 17 and under per 100,000 population 17 and under is (1,169.6). This is lower than the ARHN Region (1,279.4), but significantly higher than UpStateNY (642.2).

Figure 28



The rate of people served in mental health outpatient settings Ages 18 - 64 per 100,000 population ages 18 - 64 in Warren County is (598.2). This rate is significantly lower than the ARHN Region (819.5) and UpStateNY (620.5). The rate for people ages 65+ per 100,000 population 65+ served in an outpatient setting in Warren County is (152.9). This is higher than the ARHN Region (141.7) but lower than UpStateNY (170.3).

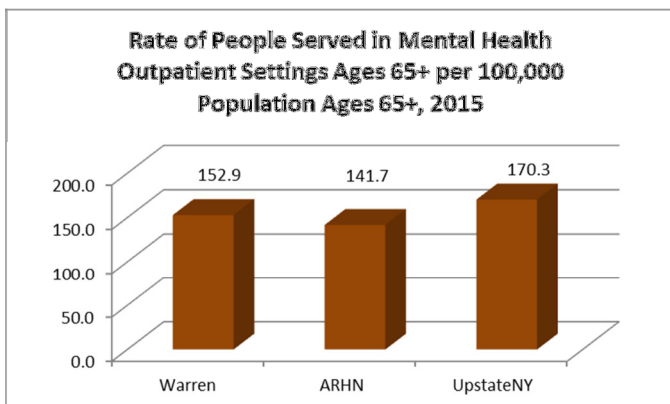


Figure 29

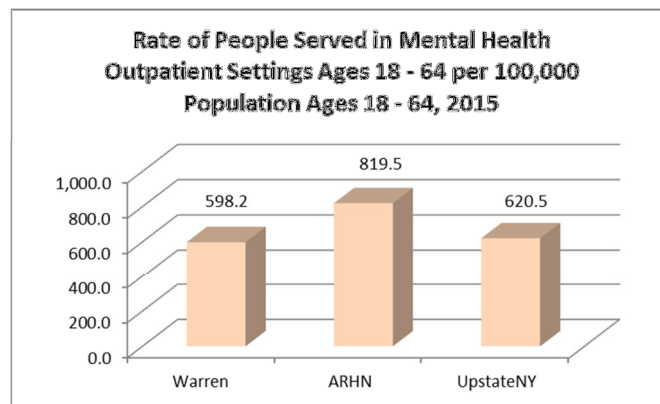


Figure 30

Substance Abuse

Substance abuse by individuals can be associated with any number of factors. People suffering from poor mental health may turn to drugs or alcohol as a way to try and cope with their problems. Some people may become addicted after using a prescribed medication to recover from surgery or treat chronic pain. Whatever a person’s reasons for abusing alcohol and drugs the impact on a person’s health are often severe.

In Warren County, the percent of age-adjusted adults that reported binge drinking in the last month is (20.9%). This is higher than UpStateNY (19.1%) and the Prevention Agenda Benchmark (18.4%). Alcohol-related traffic crashes, injuries and deaths are also higher in Warren County. The rate of alcohol related traffic crashes in Warren County is (82.1) which is significantly higher than the ARHN Region (69.1) and UpStateNY (53.2). A similar trend is seen with alcohol-related traffic injuries and deaths. The rate of alcohol-related injuries and deaths in Warren County is (38.7). This is higher than the ARHN Region (28.8) and significantly higher than UpStateNY (10.5).

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Along with alcohol, other drugs are also having an impact on the health of Warren County residents. The ongoing prescription drug and opioid crisis have brought renewed focus to substance abuse issues in Warren County. The drug-related hospitalizations rate per 10,000 population in Warren County is (13.9). This is lower than the ARHN Region (14.6) and much lower than UpStateNY (20.3). In 2016 there were 5 opioid deaths reported in Warren County. Comparison data for ARHN Region and UpState are not available. However, when comparing Warren County to the North Country, the rate of all emergency department visits (including outpatients and admitted patients) involving any opioid overdose for Warren County is (66.6) which is higher than the North Country (40.3).

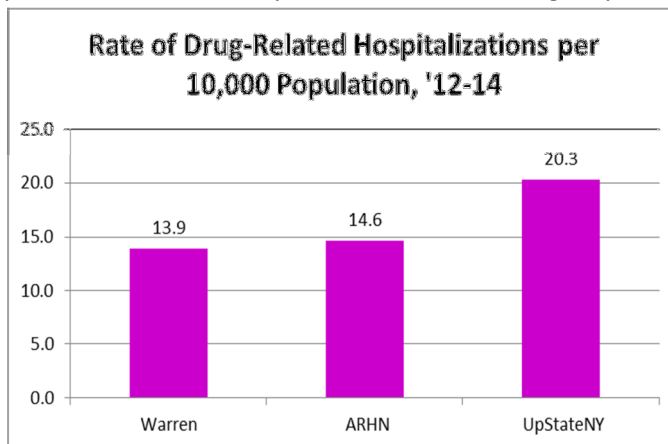


Figure 31

A similar pattern is seen when Warren County is compared to the North Country for opioid burden (including outpatient ED visits and hospital discharges for non-fatal opioid overdose, abuse, dependence, and unspecified use; and opioid overdose deaths), crude rate per 100,000 population. Warren County has a rate of (281.9) which is significantly higher than the North Country (165.4).

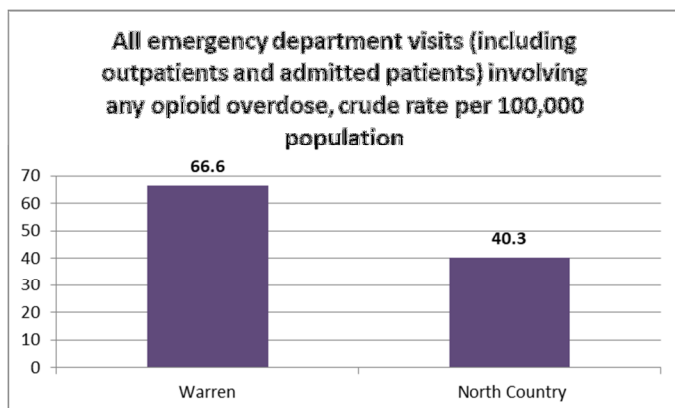


Figure 32

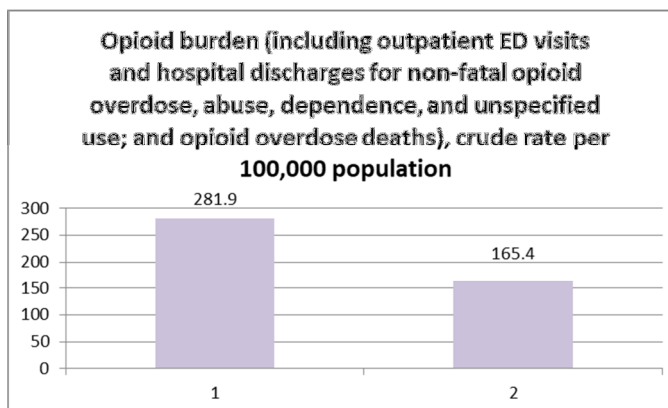


Figure 33

Mental Health Well Being and Substance Abuse Summary

For Warren County residents’ mental health continues to figure prominently in their overall health and well-being. The high rates of people being served in emergency settings for mental health issues support the need for more mental health resources in the community. Of particular concern are the high rates of mental health services sought by children under the age of seventeen. Also, the elevated rates for self-inflicted hospitalizations and suicide in Warren County show the need for more mental health resources directed towards identifying those in need before they go into crisis.

The opioid crisis is the most immediate concern in Warren County regarding substance abuse. It is unique because many of the people who have problems began by taking legally prescribed pain medication, but became addicted during their course of treatment. Also the risk for immediate death is high for people that abuse opioids, which creates a sense of urgency to address the problem.

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However, alcohol abuse continues to be a concern as well among Warren County residents. The high rate of binge drinking and alcohol related traffic crashes and injuries show there is a need to provide resource to help people abusing alcohol.

Overall, substance abuse data supports the need for strategies and services to help the residents of Warren County reduce the impact of substance abuse on the health of the community.

Prevention of Communicable Diseases

The prevention of communicable disease requires a multi-pronged approach. For many communicable diseases immunizations play a key role in reducing their ability to impact large segments of the population. Immunizations reduce infection rates and reduce the chances of widespread transmission among a group of people.

Surveillance and reporting of communicable diseases can help Public Health agencies implement strategies to contain an outbreak of communicable diseases. Surveillance also allows Public Health agencies develop mitigation measures that can reduce the overall impact of a communicable disease.

Finally, it is important to have an educated public. An informed public is better prepared to respond and cope with communicable diseases if they understand the risks associated with specific type of disease (i.e. signs and symptoms, routes of transmission, availability of safe vaccine, etc.).

Immunizations

Immunizations are a key piece in reducing the effects communicable diseases have on child and adult populations. Unfortunately, the anti-vaccination community has created a sense of mistrust around vaccines and their safety. Sighting dismissed research linking vaccines to autism; the anti-vax group has influenced a large number of people to not vaccinate their children. This has led to outbreaks of measles and pertussis in New York State and the rest of the Country.

In Warren County the anti-vax influence has not been quite as pronounced. The percentage of children ages 19 - 35 months receiving the recommended 4:3:1:3:3:1:4 immunizations is (77.9%). This is higher than the ARHN Region (73.9%) and significantly higher than UpStateNY (64.0%), but it does fall below the Prevention Agenda Benchmark of (80.0%).

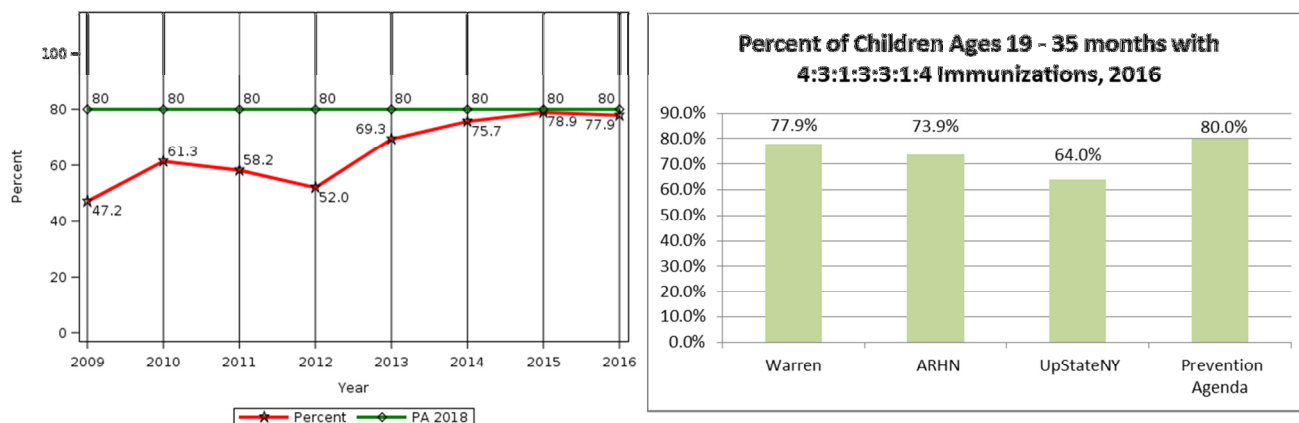


Figure 34

Graph 18: Warren County - Percent of children ages 19-35 months with 4:3:1:3:3:1:4 Immunizations. Data Source: NYS Immunization Information System data as of February 2018. Accessed September 5th, 2019.

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A newer vaccine, the HPV vaccine created to protect against the human papilloma virus, which is responsible for the majority of cervical cancers, has had a slow but steady increase in the percentage of the recommended population receiving it. In Warren County the percentage of females 13 – 17 years receiving all three doses of the HPV vaccine is (47.2%) which is higher than the ARHN Region (42.6%) and UpStateNY (41.7%), but it does fall below the Prevention Agenda benchmark of (50%). It should be noted that recent changes to the vaccine recommendations from three doses down to two and the inclusion of teen males will create changes to future reporting.

Graph 19

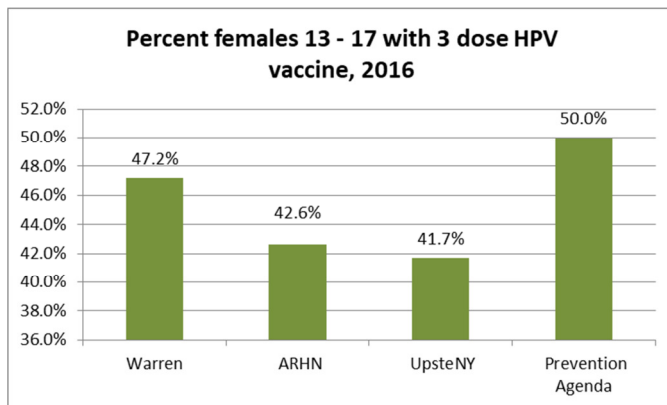
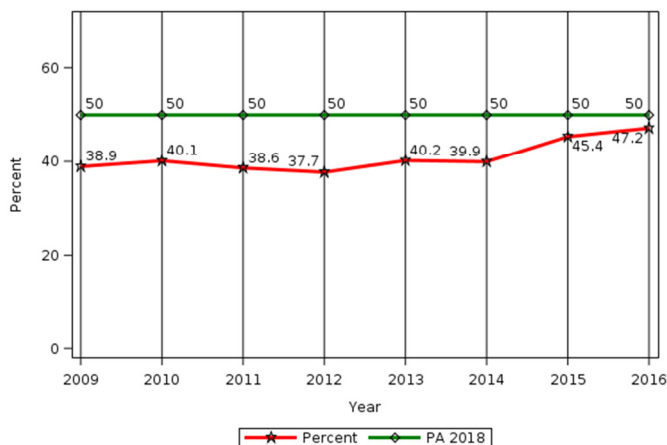


Figure 35

Warren County - Percent of females 13-17 years of age with 3 dose HPV vaccine. Data Source: NYS Immunization Information System data as of February 2018. Accessed September 5th, 2019.

There are not nearly as many immunization recommendations for adults. Two that are recommended are an annual flu vaccine and a pneumonia vaccine. The percent of adults ages 65 plus with flu shots within the last year in Warren County is (61.0%), which is better than UpStateNY (59.6%) but falls below the Prevention Agenda benchmark (77.0%). No ARHN data available for comparison. It should be noted that the percent of adults 65+ receiving flu shots has been in decline in Warren County.

The percentage of Warren County adults ages 65 plus having ever received a pneumonia shot is (78.1%), which is better than the ARHN Region (75.0%) and UpStateNY (73.8%).

Graph 20

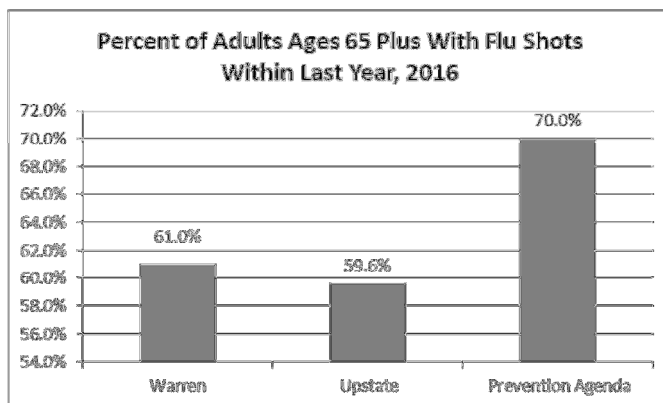
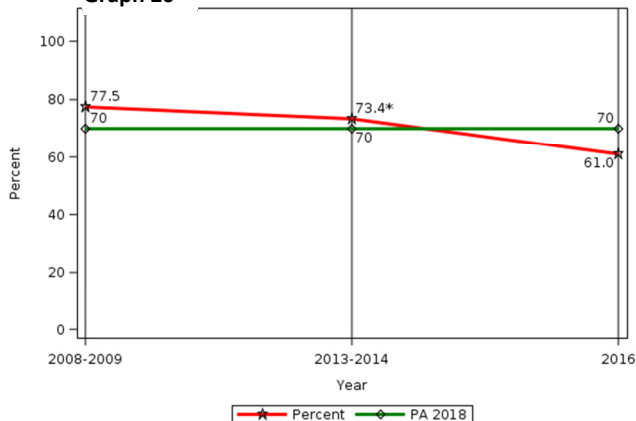


Figure 36

Warren County - percentage of adults with flu immunization - 65+ years. Data Source: NYS Behavioral Risk Factor Surveillance System data as of February 2018. Accessed September 5th, 2019.

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Vaccine preventable diseases are rare in Warren County. Maintaining strong immunization rates can help ensure that this remains the case.

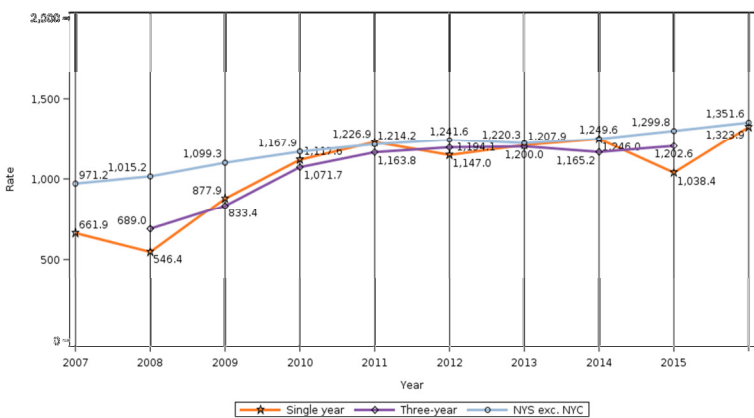
Sexually transmitted Infections (STI’s) and HIV

Sexually transmitted infections (STIs) can lead to a number of health issues including increased risk for contracting HIV, infertility, complications during pregnancy, perinatal or congenital infections in infants born to infected mothers, cancer and more. Women and infants are at higher risk for complications compared to men.

Many people infected with an STI do not have signs or symptoms. Access to testing and treatment of STI’s along with solid public education are essential to reducing the burden of STI’s on Warren County residents. Chlamydia, gonorrhea and syphilis are the three major notifiable sexually transmitted infections (STIs) in New York State (NYS).

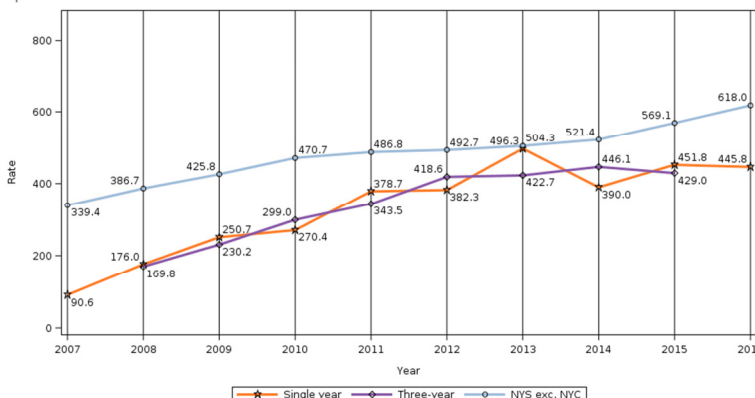
Chlamydia is the most common STI in Warren County. Rates of chlamydia infection vary by gender with females being impacted at higher rates than males. In Warren County the rate of women infected with chlamydia ages 15-44 is (1,202.6) for men in the same age range the rate is (429.0). These rates are higher than the ARHN Region (1,188.4) and (352.5) respectively, but lower than UpStateNY (1,300.3) and (569.5) respectively.

When broken out further both females and males in the 20-24 year old age range have higher rates of chlamydia than any other group in Warren County and all comparison groups. Chlamydia rates for females and males 20-24 years old in Warren County are (2,918.9) and (890.8) respectively. These rates are higher than the ARHN Region (2,717.9) and (779.1). When comparing Warren County with upstateNY, UpStateNY females 20-24 years old have a lower rate of chlamydia infections (2,833.9) but UpStateNY males have a higher rate (1,199.7).



Graph 21: Warren County - Chlamydia rate for females 15-44 yrs. Per 100,000 pop. Data Source: Bureau of Sexual Health and Epidemiology Data as of June 2018. Accessed September 10th, 2019.

Graph 22: Warren County - Chlamydia rate for males 15-44 yrs per 100,000 pop. Data Source: Bureau of Sexual Health and Epidemiology Data as of June 2018. Accessed September 10th, 2019.



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In Warren County the case rates of gonorrhea and early syphilis for both genders and all tracked age ranges (15-19 yrs. and 15-44 yrs.) remain very low. Due to the low number of actual cases, the rates for all gonorrhea and syphilis groups being tracked are unstable. Comparing Warren County to other regions or to the Prevention Agenda benchmarks is not recommended.

HIV

The burden of HIV on Warren County's population is fortunately low. There were six reported cases of new HIV infection from 2014-2016 and two AIDS deaths reported. All of the data regarding HIV in Warren County has either been suppressed due to a lack of cases or is too unstable to compare with other regions.

Although HIV does not seem to have a significant impact on Warren County's population currently there is still a need to provide education and outreach. There is concern that with the current opioid crisis and the increased use of heroin and other injectable drugs there could be a spike in HIV cases in the future.

Prevention of Communicable Disease Summary

Vaccine preventable diseases in Warren County have been kept in check by strong childhood immunization rates. Even in the era of anti-vaccination campaigns Warren County has seen its immunization rates remain steady but fall below the Prevention Agenda Benchmark of 80%. Adult immunization rates in Warren County are not quite as strong.

With regards to STI's and HIV, Warren County also has relatively low rates. However, chlamydia is one STI that has seen rates for females and males remain steady or increase over the years. This is even more pronounced among 20-24 year olds.

Promoting the safety and benefits of childhood vaccination to parents are important to maintaining or boosting childhood immunization rates in Warren County. There should also be efforts made to improve the vaccination rates of adults which seem to have declined.

Providing access to testing and treatment for STI's and HIV through free and low-cost options may reduce the rates of chlamydia and keep rates of gonorrhea and syphilis in check in Warren County. It is also important to provide educational resources to the community to raise awareness about STI's and HIV and the testing and treatment options available.

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Section 2

The Main Health Challenges Facing Warren County and What is Contributing to These Challenges

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Chronic disease and mental health and substance abuse disorders are the two priority areas where the greatest health challenges exist in Warren County. The health challenges facing Warren County are the product of a variety of factors that are intertwined. Some factors are beyond anyone's control, others can be modified more quickly through policy implementation and/or changes to the physical environment. The most difficult factors to address when working to eliminate health challenges in a population are behavioral. To change these things requires a shift in a population's attitude, beliefs and perception.

Warren County currently ranks tenth out of sixty-two New York counties for health factors and twenty-first for health outcomes according to the latest University of Wisconsin Population Health Institute's 2019 County Health Rankings.

The health factor's ranking is based on health behaviors, clinical care, social and economic factors and the physical environment. The health outcomes ranking is based on the length and quality of life people experience.

Let's look at the following factors and how they contribute to the health challenges in Warren County. They are

- Behavioral risk factors
- Environmental risk factors
- Socioeconomic factors
- Policy environment (policy to promote health)
- Unique characteristics of Warren County

Warren County like many North Country counties has seen an aging of its population. Current estimates show that twenty-five percent of Warren County's population is 62 years or older. As a population age's rates of chronic disease often rise with it. It is likely that rates of chronic diseases like cancer and heart disease will continue to hold steady or increase as Warren County's population continues to age. However, if some of the health challenges that younger populations experience in Warren County can be mitigated perhaps it will translate into healthier future older adults with better quality of life.

Behavioral Risk Factors

When looking at the behavioral risk factors of Warren County's population we see a mixed picture. Current data shows that almost 1 in 4 Warren County adults reported being a current smoker and 1 in 5 reported binge drinking. Both of these behaviors are linked to chronic disease and poor mental health.

Along with high rates of binge drinking and smoking Warren County's obesity rate hovers right around 30% even though almost 80% of the adult population reports engaging in leisure time physical activity. This is concerning because of obesity's links to so many chronic diseases.

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There are so many factors that contribute to a population's obesity rate it is hard to pinpoint a direct cause. Instead, a multi-faceted approach to address obesity is needed.

When data is examined regarding preventive health screenings, Warren County's population fairs pretty well. The percentage of people receiving preventive cancer screenings (colorectal, breast, cervical) in Warren County tends to be higher than the comparison groups, although there is plenty of room for improvement. Screenings for hypertension, cholesterol and diabetes are not utilized as much, but do fall in line with or just slightly below comparison groups.

It is difficult to say why a large part of Warren County's population tends to engage in behaviors detrimental to health, yet will seek out preventive health screenings. Perhaps the culture of Warren County lends itself to those types of behaviors. Because Warren County relies heavily on tourism for much of its economic prosperity there might be more emphasis on activities designed to attract tourists such as drinking and eating that filter into the base population. This type of economic model could possibly lead to poor mental health as well. Tourist seasons rely heavily on visitors and in down times people may lose income or make less income which can lead to stress. More research is needed though to see if any of these hypotheses are true.

Local climate could also lead to more risky health behaviors. Harsh winter weather in Warren County can lead to a lot of time spent indoors. This can lead to boredom and to fill the time people may choose to drink, eat or smoke. Often people become less physically active during the winter. Mental health can also be impacted. Long periods of cloudy and cold weather along with perhaps social isolation can cause people to feel depressed.

Environmental Risk Factors

Warren County is a rural county located at the southern end of the Adirondack Park. Much of the County is covered in forests and mountains. However, the larger population centers at the southern end of the County are home to some larger industrial and commercial enterprises.

Warren County residents enjoy access to a number of year round outdoor recreational opportunities because of its geographic location. Most residents of Warren County enjoy low levels of air-pollution. Access to clean water does not seem to be an issue, with a majority of residents receiving their water through municipal water systems, although a portion of the population relies on well water which can be difficult to track for pollution.

Overall, the natural environment for Warren County residents does not pose significant concerns for long-term health problems and may even help mitigate some health issues.

However, it is important to look at the impacts industrialization had on Warren County and the potential impacts it had and may still have on the environment and population. Warren County was home to a robust paper industry and still has a large paper mill as one of its main

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employers. There are also a number of medical device manufacturers that have established facilities within the county. Most of these facilities were and still are located at the southern end of the County near the larger population centers.

A large percentage of Warren County's residents worked in these facilities and were potentially exposed to carcinogens (cancer causing chemicals) and other harmful chemicals through their daily work. Communities in Warren County were likely exposed to many of these manufacturing byproducts when they were released into the Hudson River or put into the air through smoke stacks before environmental regulations curbed the practices.

Recently, Warren County had been identified by the New York State Department of Health as one of five areas in New York State with abnormally high rates of certain types of cancer. A group of researchers is looking at Warren County and the other four locations to see if there is some common set of factors that has contributed to the higher cancer rates.

It is possible that the population of Warren County is made up of individuals that worked in jobs that exposed them to potential cancer causing agents year ago. Now as they age the effects of those exposures are just showing up.

It could be possible that because Warren County has a large retirement population that cancer rates are higher because the people moving into the County were exposed to cancer causing agents somewhere else and just happen to get sick once they move here.

Hopefully the researchers will be able to provide a clearer picture when their research project is completed.

Warren County's built environment provides opportunities for people to remain healthy. Most people report that they have access to healthy food options through grocery stores, supermarkets and farmers markets (seasonal).

There are extensive networks of hiking/biking trails throughout Warren County that individuals can take advantage of for physical activity. There are also a number of parks and playgrounds that Warren County residents can utilize.

An area where Warren County could possibly improve the built environment is public transportation. The options people have to get places are limited. There is a bus and trolley service that serves a lot of the southern end of the County, but the northern part of the County is underserved. However, this could prove difficult since Warren County is rural and there may not be enough demand to support expanding public transportation options.

Socio-Economic Factors

There are a number of social and economic factors that can impact the health of a community. Poverty, family structure, affordable housing, educational attainment, employment opportunities and income have all been associated with a population's health.

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Recent data shows that Warren County has a low unemployment rate at 4.8%. However, this number can fluctuate during the year because Warren County relies heavily on seasonal tourism for much of its economic activity.

Educational services, health care and social assistance account for highest percentage of people employed followed by retail trade and arts, entertainment and recreation, and accommodation and food services.

Many retail and tourist related jobs are not high paying. Many of these jobs have reduced hours or positions as tourist season ends. This can leave people with greater vulnerability to health and housing issues especially in the “off season”.

According to the U.S. Census American Fact Finder Community Facts data Warren County has a poverty rate of 9.9%. When this rate is broken out further there are several target populations that are much worse off than the general population. Children under the age of 18 that live in poverty in Warren County are estimated at 13.0%. This number is even higher for children under the age of five at 18.6%.

When poverty rates are considered at the family level there are even larger disparities. Families where the couple are married and have children fare much better than a female householder with children with no husband present. Poverty rates for married couples with children were 2.9% whereas the female householder with children and no husband present is 17.5%. According to the County Rankings & Roadmaps website, thirty-four percent of Warren county children live in a single parent household.

A couple trends are observed as poverty levels increase. First, educational attainment is lowest among the populations with the highest poverty rates. This can limit a person’s ability to find any employment, let alone higher paying employment. Second, it can make navigating the health and social systems (i.e. WIC, welfare etc.) difficult because the person needing those supports may not be able to understand what is being asked of them.

Affordable housing can have a big impact on the health of a community as well. As housing becomes more expensive there is less income available to spend on things like healthy food, health insurance and doctor’s visits. It is estimated that no more than 30% of someone’s income should be spent on housing. This number can obviously change based on other debt and expenses someone may have (i.e. daycare). So the 30% recommendation could be much lower.

The most recent estimates from the U.S. Census American Fact Finder Community Facts (2017) data shows almost forty-percent of Warren County residents who have a home mortgage spend more than 30% of their income to pay for their housing. This number jumps to over fifty-percent for Warren County residents who are renting. It should also be noted that according to the County Rankings & Roadmaps website, fourteen percent of Warren County households are

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experiencing severe housing cost burden which means they are spending fifty percent or more of their household income on housing.

Poverty rates, housing and health care issues can often be linked to a population's level of education. The latest data from the US Census American Fact Finder Community Facts (2017), shows that 91.7% of Warren County's adult population has a high school diploma or higher. Warren County's adult population with a bachelor's degree or higher is 30.6%. However, it should also be noted that 8.3% of Warren County's adult population has less than a high school diploma.

When one looks at poverty rates based on educational attainment 19.7% of Warren County adults with less than a high school diploma live below the poverty line whereas only 2.5% of Warren County adults with a bachelor's degree or higher live below the poverty line.

Health Policy

Warren County does not often set county level policies that address population health like tobacco free parks & playgrounds, menu labeling or limiting the density of fast food restaurants or tobacco retailers. Instead Warren County relies on State and local municipalities to set health policies like zoning for walkable communities or raising the age of tobacco purchase to 21.

It is important to note that although Warren County does not set many local policies that impact population health, it does support and implement State level population health policies. It should also be noted that Warren County has recently become a climate smart community and adopted a resolution creating a Climate Smart Taskforce. The taskforce consists of individuals from a variety of disciplines including Public Health. One area the taskforce will focus on will be multi-use trails and sidewalks.

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Section 3

Summary of the assets and resources that can be mobilized and employed to address health issues identified in Warren County

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Local Health Department: Warren County Health Services (WCHS)

Warren County Health Services' vision is to have Healthy people in Healthy communities. Warren County Public Health (WCPH) staff provides a variety of health education programs to "Promote Physical and Mental Health and Prevent Disease, Injury & Disability". In addition to the regular health education programs offered to schools, daycares and community groups Warren County Public Health also provides Population Health Improvement Program (PHIP) projects which focus on promoting physical activity and nutrition among targeted populations in Warren County. Some of the projects were:

- WCPH worked with Warren County GIS (geographic information system) to create a brochure that contains a map showing all of the known free and accessible parks, trails and playgrounds in Warren County. There is also an interactive online webpage called Recreation Mapper which is regular updated to show free and low-cost recreational opportunities in Warren County <https://warrencountyny.maps.arcgis.com/apps/Shortlist/index.html?appid=49e90e574e8240c79bbcea89a75089ea>
- WCPH using PHIP project funds provides fresh produce to WIC participants in Northern and Southern Warren County where access to fresh vegetables and fruits is limited through a farm to table style program. This project was recently expanded using new PHIP project funds to WIC participants in the southern part of Warren County.
- WCPH is an active member of the Health Education Nutrition Services Advisory Committee which is led by the Warren County Head Start Program. It is designed to address the nutrition, physical activity, and mental health needs of the students and families that participate in head start. The Committee meets three times per year.
- WCPH staff is currently participating in two PHIP funded walkable community projects to identify barriers to safe walkable communities in Glens Falls and Warrensburg. The projects goals are to brainstorm low-cost ideas that the PHIP funds could be used for to alleviate some of the minor barriers and to create long-range plans to address larger issues by applying for large grants or by incorporating the plan into other community improvement projects.
- WCPH participates on the Continuum of Care Committee which is a collaborative to combat homelessness and address homelessness awareness. The purposes of the committee are:
 - 1) Promote community wide commitment to the goal of ending homelessness.
 - 2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.

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3) Promote access to and effective utilization of mainstream programs for homeless individuals and families.

4) Optimize self-sufficiency among individuals and families experiencing homelessness. Members of the committee include Social Services, Public Health, CARES, Mental Health, Family Services, Open Door, Salvation Army, Office for the Aging, Tri-County United Way and many more.

- WCPH continues to work closely with the New York State Cancer Services Program at Glens Falls Hospital to promote the availability of free and low-cost cancer screenings and the importance of screening for and early detection of breast, colon & rectal and cervical cancer.
- WCPH serves as an active participant on the neonatal abstinence syndrome workgroup, which is a subgroup of the larger Hometown vs. Heroin Taskforce. The group consists of five local County Health Departments, four local hospitals, and a number of social service agencies. This group reviews current trends and data and provides educational resources to mothers who have babies with NAS. The group also organizes at least one larger conference per year for health care providers, social service organizations and community groups that work with mothers and babies with NAS.

WCPH continues to support the Warren County Worksite Wellness program, which works to implement healthy worksite programs like onsite exercise programs, onsite walking paths, healthy food options through farm-to-desk programs, tobacco free campus policies and an annual employee health fair.

Warren County WIC program is sponsored by WCHS. The purpose of the program is to support healthy eating patterns and incorporating physical activity among expectant and nursing mothers and their children age 0- 5 yrs. old. As of 2018, WIC has served an average of 977 participants. WIC participates in various health awareness campaigns throughout the year. Switching from paper checks to an online information management system (NYWIC) and an electronic benefit system has definitely provided a positive, easy and healthy shopping experience to the participants.

Hospitals:

Founded in 1897, Glens Falls Hospital today operates an advanced health care delivery system featuring more than 20 regional facilities. A vast array of specialized medical and surgical services are provided in addition to coronary care, rehabilitation and wellness and others. The main hospital campus is home to the C.R. Wood Cancer Center, the Joyce Stock Snuggery birthing center, the Breast Center and a chronic wound healing center. GFH is a not-for-profit

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organization and the largest employer in New York's Adirondack region, with over 2,500 employees and a medical staff of over 575 providers.

Their Diabetes and Nutrition Center provides high quality and self-management skills to improve health and life of people living with diabetes. Registered Dietitians provide individual counseling to almost all the areas covering information like healthy eating, being physically active, glucose monitoring, GI disease, obesity and weight management for adults and children, high blood pressure, high cholesterol and many more.

The Health Promotion Center of Glens Falls Hospital works to improve the health and well-being of the people and communities in Warren County and the surrounding region. Currently work focuses on strategies to make it easier for people to eat well, be tobacco-free, be physically active and obtain preventative care.

This work is currently supported through grant-funded initiatives housed within the Health Promotion Center, including Creating Healthy Schools and Communities and the Health Systems for a Tobacco-Free NY programs.

Glens Falls Hospital provides breast exam and mammogram screening, cervical cancer screening, lung cancer screening, skin cancer screening and colorectal cancer screening. The Cancer Center administers the New York State Department of Health Cancer Services program that provides free breast exams and breast cancer screening, free cervical cancer screening and free colorectal cancer screening to women 40 to 64 years of age who do not have health insurance coverage. Glens Falls Hospital also provides colorectal cancer screening to men ages 50-64.

Health Care Providers:

Hudson Headwaters Health Network (HHN) is a Federally Qualified Health Center that serves all of Warren County with 10 community health centers located in Warren County providing primary care to everyone in the communities regardless of income or insurance. HHN delivers their care to patients of all ages. They offer mental health counseling, medical assessment and medication prescribing for all primary care adult and pediatric patients, with care provided for mild to moderate mental health concerns.

HHN offers a Nutritionist and Certified Diabetes Educator to work with children, adolescents and adults who are overweight/ obese, has diabetes, hyperlipidemia, hypertension and other conditions.

HHN also operates two urgent care centers and one school based health center.

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Other Government Agencies:

Warren/Washington County Office of Community Services is tasked with providing or arranging for preventive, rehabilitative, and treatment services for the mentally ill, the mentally retarded and developmentally disabled, and those suffering from the disease of alcoholism and substance abuse as mandated by New York State Mental Hygiene Law.

The Office of Community Services accomplishes this through contractual agreements with not-for-profit agencies within our community. The Office of Community Services is responsible for administering the local Single Point of Access for all referrals for mental health residential and case management services. They also coordinate the Assisted Outpatient Treatment (AOT) Program for Warren County. This program provides for an enhanced array of outpatient services, either through voluntary agreement or court order, for eligible individuals over 18 years of age with a history of non-compliance with recommended treatment.

Warren County Public Health continues to work with Warren County's Geographic Information Systems on mapping and promoting publicly accessible lands to increase physical activity in Warren County. Go to <https://www.warrencountyny.gov/gis/> for maps and resource information.

Warren County's Office for the Aging (OFA) is a valuable liaison between Warren County Public Health and seniors. OFA helps to bring programs and information to Warren County seniors regarding chronic disease management and mental health services.

Community based organizations and Not-for-Profits:

Adirondack Health Institute (AHI) is an independent, non-profit organization supporting hospitals, physician practices, behavioral health providers, community-based organizations, patients and others in our region to transform health care and improve population health. AHI works with people from more than 100 organizations representing a broad range of health, community, and business sectors.

Several community based organizations like Family Service Association of Glens Falls Inc., Warren County Community Action, Catholic Charities of Warren County (SNAP program), Cornell Cooperative Extension and American Cancer Society have been continuously working to promote healthy eating by providing resources that supply with healthy meals like supplemental food, food pantries, SNAP, summer meal programs and food recovery.

WCHS along with Cornell Cooperative Extension partnered together to introduce low income families to fresh fruits and vegetables and teach them how to store and prepare the food to increase their nutrition levels.

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Academia

Warren County Head Start works with low income families to improve nutrition, increase physical activity and achieve positive health for their families. There are seven centers located throughout Warren County.

WCHS & Warren County WIC Program provides a student learning environment for nursing and dietetics students from SUNY ADK, Empire State College and Russell Sage College.

Warren County Public Health maintains strong network and working relationship with all ten of the school districts in the County. Public Health staff attends community events; provides educational programs to students and serves as a resource for school wellness committees.

Media

Warren County Public Health maintains regular communication channels with three local newsprint media outlets and two local radio groups. Warren County Public Health often utilizes the different media formats to purchase ads regarding tobacco cessation, to distribute PSA's regarding the availability of cancer screenings, the importance of healthy eating etc. and to publish letters to the editor on topics related to chronic disease and mental and substance abuse.

Warren County Public Health also maintains a presence on social media through regular Facebook posts. The purpose of the social media posts is to share information with the general public regarding the activities of Warren County Public Health and its partners.

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Warren County Community Health Assessment Process

In order to complete the 2019-2021 Community Health Assessment (CHA), Warren County Public Health partnered with the Adirondack Rural Health Network (ARHN) (part of the Adirondack Health Institute), six local health departments and six regional hospitals on a Community Health Assessment Committee.

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

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

The CHA Committee began meeting in July 2018 and met a total of seven times. Those meetings were used to discuss the Community Stakeholder Survey scope and design, data needs of the Counties and Hospitals, the results of the Community Stakeholder Survey and a summary written by ARHN for each County that would provide an overview of available data.

CHA Committee, Ad Hoc Data Sub-Committee: At the June 15, 2018 CHA meeting, it was decided that an Ad Hoc Data Sub-Committee would be created to review tools and processes used by CHA Committee members to develop their Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP), as well as identify ways to enhance the CHA/CHIP process. A primary activity of the Ad Hoc Data Sub-Committee was to collaboratively develop a stakeholder survey.

The data subcommittee met seven times from mid-July through the end of October 2018. Meetings were held via conference call/webinar. Attendance ranged from 10 to 12 subcommittee members per meeting. Meetings were also attended by AHI staff from ARHN, Population Health Improvement Program (PHIP) and Data teams.

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Community Stakeholder Survey Methodology:

Survey Creation: The 2019 Community Stakeholder Survey was drafted by the Ad Hoc Data Sub-Committee, with the final version approved by the full CHA Committee at the December 7, 2018 meeting.

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

Survey Logistics: The survey was developed through SurveyMonkey and included 14 community health questions as well as several demographic questions. The CHA Committee provided a list of health care, social service, education, government, and service providers (hereafter referred to as community stakeholders) by county to be surveyed. The collected distribution list totaled 807 community stakeholders.

An initial email was sent to the community stakeholders in early January 2019 by the CHA Committee partners, introducing and providing a web-based link to the survey. A follow-up email was sent by ARHN staff approximately two weeks later after the initial reach out. CHA Committee members were provided the names of all non-respondents for additional follow-up, at partner discretion.

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

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Community Health Assessment Committee 2019 Data Methodology

Background:

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

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

Demographic Profile:

Demographic data was primarily taken from the 2013-2017 American Consumer Survey 5-year estimates, utilizing the United States Census Bureau American FactFinder website. Other sources include the 2010-2014 American Consumer Survey 5-year estimates, Centers for Medicaid and Medicare Services, through the CMS Enterprise Portal, NYS Department of Health, U.S. Department of Agriculture (USDA), and the National Agriculture Statistics Service.

Information incorporated into the demographic report includes square mileage, population, family structure and status, household information, education and employment status.

Health System Profile:

The vast majority of health systems data comes from the New York State Department of Health, including the NYS Health Profiles, Nursing Home Weekly Bed Census, License Statistics and Adult Care Facility Directory. Other sources include Health Resources and Services Administration (HRSA) and Center for Health Workforce Studies, Health Workforce Planning Data Guide.

Health system profile data incorporated hospital, nursing home, and adult care facilities bed counts, health professional shortage areas (HPSAs), physician data, and licensure data.

Education Profile:

The education profile is separated into two parts; education system information and school districts by county. Part one of the education profiles includes data pertaining to education systems in the ARHN region, including student teacher ratios, English proficiency rates, and free lunch eligibility rates as well as available education programs and graduates. Data was pulled from the NYS Education Department, National Center for Education Statistics and Center for

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Health Workforce Studies. Part two identifies school districts by county includes county school districts as well as regional school districts.

Data was pulled from the NYS Education Department, National Center for Education Statistics and Center for Health Workforce Studies.

ALICE Profile: Asset Limited, Income-Constrained, Employed

All data provided in the ALICE profile comes from the 2016 ALICE report, which can be found at www.unitedforalice.org/new-york. Sources utilized in the report include American Consumer Survey, Bureau of Labor Statistics, Consumer Reports, IRS and U.S. Department of Agriculture.

In April 2018, the NYS Department of Health released guidance for 2019-2021 community health assessment and planning. It was suggested that local health departments and hospitals submit one plan per county and hospitals serving more than one county were strongly encouraged to select and prioritize high poverty neighborhoods for action. To address these updates, the Asset Limited, Income Constrained, Employed (ALICE) profile was added. ALICE profile data includes total households, poverty and ALICE percentages, unemployment rates, percent of residents with health insurance and average annual earnings. Please note that all data on the ALICE profile is reflective of 2016 figures.

Data Sheets:

The data sheets, compiled of 271 data indicators, provide an overview of population health as compared to the ARHN region, UpState New York and New York State. The reports feature a status field that specifies whether indicators were met, better, or worse than their corresponding benchmarks. When indicators were worse than their corresponding benchmarks, their distances from their respective benchmarks were calculated. On the report, distances from benchmarks were indicated using quartile rankings.

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

The report also showed the percentage of total indicators that were worse than their respective benchmarks by focus area.

- For example, if 20 of the 33 child health focus area indicators were worse than their respective benchmarks, the quartile summary score would be 61% (20/33).
- Additionally, the report identified a severity score, i.e., the percentage of those indicators that were either in quartile 3 or 4. Using the above example, if 9 of the 20 child health focus indicators that were worse than their respective benchmarks were in quartiles 3 or 4, the severity score would be 45% (9/20).

Quartile summary scores and severity scores were calculated for each focus area as well as for Prevention Agenda indicators and “other indicators” within each focus area. Both quartile

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summary scores and severity scores were used to understand if the specific focus areas were challenges to the counties and hospitals. In certain cases, focus areas would have low severity scores but high quartile summary scores indicating that while not especially severe, the focus area offered significant challenges to the community.

Indicators were broken out by the Prevention Agenda focus areas, across ten tabs. Tabs include *Mortality, Injuries, Violence and Occupational Health, Built Environment and Water, Obesity, Smoke Exposure, Chronic Disease, Maternal and Infant Health, HIV, STD, Immunization and Infections Substance Abuse and Mental Health, and Other.*

Data and statistics for all indicators come from a variety of sources, including:

- Prevention Agenda Dashboard
- Community Health Indicator Reports (CHIRs)
- NYS Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators
- Division of Criminal Justice Services Index, Property, and Firearm Rates
- NYS Traffic Safety Statistical Repository
- Student Weight Status Category Reporting System (SWSCRS) Data
- USDA Economic Research Service Fitness Facilities Data
- NYS Department of Health Tobacco Enforcement Compliance Results
- State and County Indicators for Tracking Public Health Priority Areas
- NYS Department of Health, Asthma Dashboard – County Level
- NYS Department of Health Hospital Report on Hospital Acquired Infections
- NYS Office of Mental Health, PCS
- County Health Rankings & Roadmaps

[Sharing the Findings with the Community](#)

To inform the community about the Warren County Community Health Assessment the document has been posted to the Warren County Public Health website www.warrencountyny.gov/healthservices. CHA partners have also agreed to post a link to the CHA on their websites.

Along with an electronic version of the CHA print copies of the CHA have also been made available at the Warren County Municipal Center and by request. Request can be sent to Warren County Public Health, 1340 State Route 9, Lake George, NY 12845.

For questions, concerns or suggestions about the Warren County CHA and its findings the public can contact the Warren County Public Health department. Phone calls should be directed to 518-761-6580. Electronic communications can be sent to the general Public Health email healthservices@warrencountyny.gov.

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Data Sources for 2019-2021 Warren County Community Health Assessment

Demographic, Health Systems, Education and ALICE Profile Data Sources:

Center for Health Workforce Studies, Health Workforce Planning Data Guide, 2014
Centers for Medicare and Medicaid Services, CMS Enterprise Portal
Health Resources and Services Administration, HPSA Find, 2017-2018
Institute of Education Sciences, National Center for Education Statistics, District Directory Information 2016-2017
NYS Department of Health, Adult Care Facility Directory
NYS Department of Health, Nursing Home Weekly Bed Census, 2018
NYS Department of Health, NYS Health Profiles
NYS Department of Health, Vital Statistics of New York State, 2016
NYS Education Department, 3-8 ELA Assessment Data, 2017-2018
NYS Education Department, School Report Card Data, 2016-2017
NYS Office of the Professions, License Statistics, 2019
United For ALICE
US Census Bureau, 2010-2014 American Community Survey 5-year Estimates
US Census Bureau, 2013-2017 American Community Survey 5-year Estimates
US Department of Agriculture, National Agriculture Statistics Service, 2012

2019 CHA Data Sheets and Written Analysis Data Sources:

Community Health Indicator Reports
County Health Rankings & Roadmaps
Department of Health, Wadsworth Center
Division of Criminal Justice Services Index, Property, and Firearm Rates
NYS Bureau of Sexual Health and Epidemiology
NYS Department of Health Hospital Report on Hospital Acquired Infections
NYS Immunization Information System (NYSIIS)
NYS Department of Health Tobacco Enforcement Compliance Results
NYS Expanded Behavioral Risk Factor Surveillance System
NYS Child Health Lead Poisoning Prevention Program
NYS Traffic Safety Statistical Repository
Prevention Agenda Dashboard
State and County Indicators for Tracking Public Health Priority Areas
Student Weight Status Category Reporting System (SWSCRS) Data
USDA Economic Research Service Fitness Facilities Data

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Warren County Public Health Community Health Improvement Planning Process

The purpose for Warren County Public Health to complete a Community Health Assessment in cooperation with community partners was to allow for a thorough review of existing health data and identification of health improvement programs currently being provided in Warren County. This review process has allowed Warren County Public Health and its partners to identify two priority areas in which to focus limited public health and partner resources as part of a Community Health Improvement Plan (CHIP).

The two priority areas that have been identified for the 2019 – 2022 Community Health Improvement Plan (CHIP) are **Preventing Chronic Disease** and **Promote Well-Being & Prevent Mental and Substance Abuse Disorders**. These priority areas were also identified in previous CHIPs.

The Priority Selection Process

In May 2019, Warren County Public Health sent out an email to community partners asking if they would be interested in serving on the Community Health Assessment & Improvement Planning committee. The invitees were asked to complete a short Doodle poll indicating whether or not they would be interested in participating and what date and time they would be available to begin meeting.

The community partner's that were contacted included Glens Falls Hospital, Hudson Headwaters Health Network, Warren County Department of Social Services, Warren County Office for the Aging, The Office of Community Services for Warren and Washington Counties, United Way, Warren County Board of Supervisors and Council for Prevention.

Prior to the first meeting all partners were provided with an overview of the Prevention Agenda, data tables and instructions for reviewing the data. All of the participating partners were asked to come with a summary of the data they reviewed and any questions that they had and bring them to the meeting. Partners that could not be at the meeting in person were asked to provide a summary via email the Warren County Public Health a few days before the first meeting.

The initial meeting was held in June. The meeting was used to provide an overview of the Prevention Agenda, explain the purpose of the committee, set a time line of activities, briefly review the previous Community Health Improvement Plan and go over the data tables. Committee members were also asked to try and identify other partners that should be invited to the meetings.

The committee met three more times during the year. The second meeting was spent reviewing the data in detail and discussing if critical data was missing and the process and criteria that would be used for determining what the priority areas would be. At the conclusion of the third meeting it was decided that a list of potential community resources that could be used to address the priority areas once they were chosen should be created. A google document was

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created so that everyone serving on the committee could add to the list without having to worry about duplicating the responses of another committee member.

At the third meeting committee members reviewed the list of potential resources available to address the priorities and any changes were made then. The committee members also settled on the list of criteria that would be used to inform the priority decision making process. The criteria included

- The seriousness of the issue – the death of a homeless person due to extreme temperatures, child hunger, etc.
- The frequency of the issue – rare, affecting a majority of the community, confined to a single area, targeting a single population group.
- The cost of the issue to the community – in dollars, in time spent dealing with it, in social costs (people afraid to leave their houses after dark, lost productivity from illness, etc.)
- The feasibility of affecting the issue.
- The resources needed to address the issue adequately.
- The community's perception of the issue's importance.
- The readiness of the community to recognize and address the issue.
- The long-term impact of the issue.
- The long-term benefit of your effort.

(This list was modified from a list provided by County Health Rankings Road Map Website)

At the final meeting, committee members were provided one last opportunity to ask questions or discuss any information they felt was important to the decision making process. All of the potential priority areas were posted on a wall in order to allow committee members to cast their votes for the priority areas they felt were most important.

Following any last minute discussion committee members were provided with six colored dots which were to be placed on the priority areas he/she felt were the highest priority in their mind based on the criteria that had been established. The instructions were simple; committee members could place as many dots as they wanted on any potential priority area(s). The two priority areas with most votes would be the ones that the CHIP would address. In the event of a tie between three or more priority areas each member would be provided with one extra dot to be placed at the priority area they felt was most important.

Following the priority selection process committee members were asked to identify several focus areas within the priority areas that should be targeted in the CHIP. The focus areas chosen in each priority area are

- Preventing Chronic Disease
 - Healthy Eating & Food Security
 - Tobacco Prevention
 - Chronic Disease Preventive Care and Management

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- Prevent Mental and Substance Abuse Disorders
 - Promote Well-being
 - Mental and Substance Use Disorders Prevention

After the committee members selected the focus areas the process for setting the work-plan was discussed. It was decided that Warren County Public Health would reach out to each partner individually to discuss what evidence-based interventions they were currently working on to address the identified focus areas. The interventions would be added to the CHIP work-plan template that was provided by New York State Department of Health (NYSDOH) and shared with the committee.

If the Committee felt that certain focus areas were not being adequately addressed upon review of the CHIP work-plan the Committee would meet again to discuss the feasibility of implementing specific interventions. However, the majority of the Committee members felt it would be difficult to take on new interventions due to the current workload each has as part of their own organizations efforts.

Committee members agreed to approve the workplan prior to its submission to NYSDOH at the end of December.

Thank You!

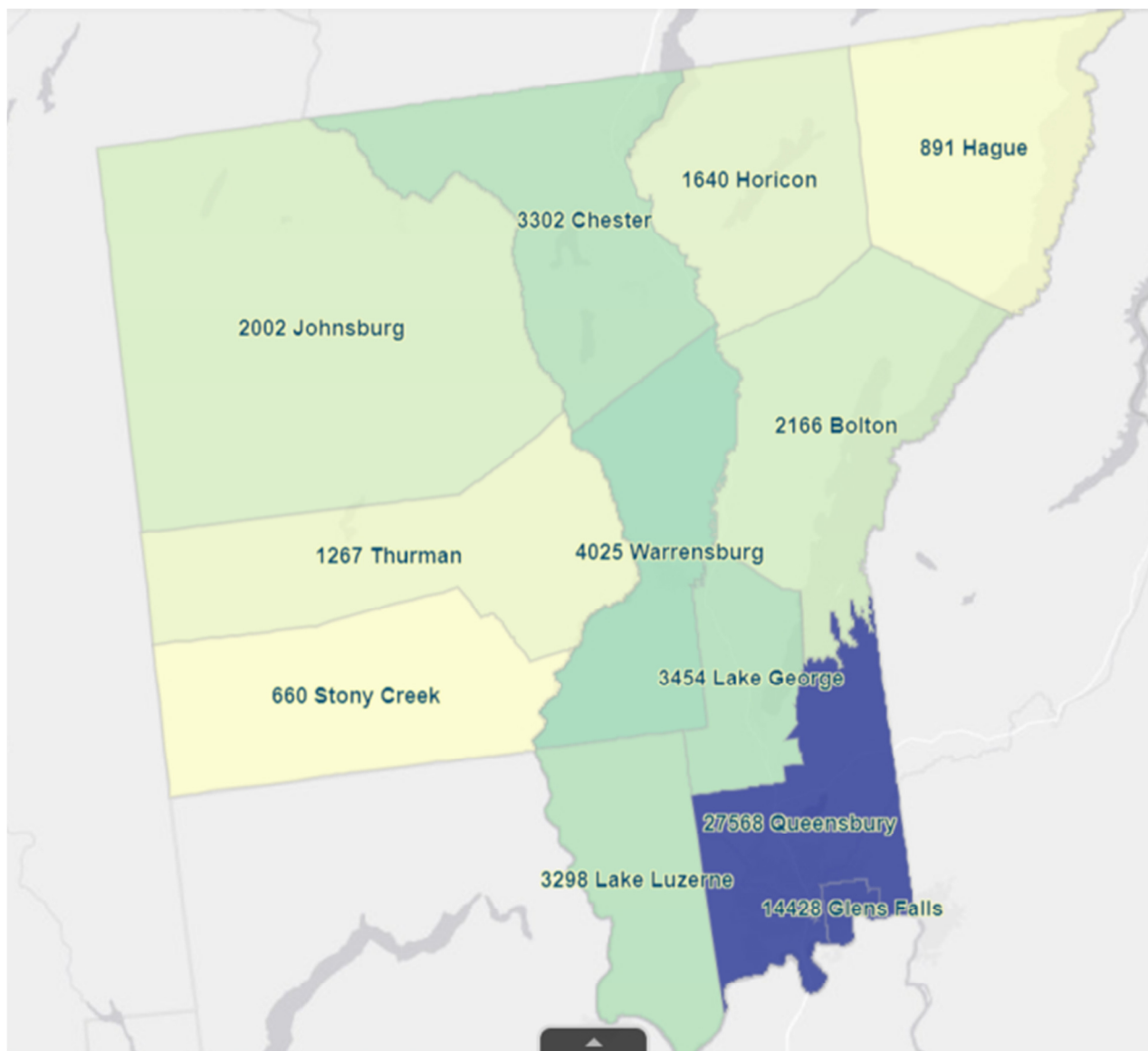
Warren County Public Health would like to thank all of the individuals, organizations and agencies that contributed directly or indirectly to this report by participating on the CHA Committee or by sharing information with CHA Committee members when requested. We hope that this document proves to be a useful resource for all of the organizations, agencies and individuals working to improve the health of Warren County residents.

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Appendix A – Map of Warren County Population

This map shows the estimated population of Warren County by local municipality for 2017. This map was created using the Warren County Geographic Information System web mapping application. The data for the map comes from US Census and yearly population estimates from the American Community Survey for Warren County's municipalities.



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Appendix B – Health Systems Table

Appendix B: Health Systems Profile

Adirondack Rural Health Network	County									ARHN Region	Upstate NYS	New York State
Summary of Health Systems Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Population, 2013-2017	81,224	38,233	51,054	53,955	4,646	49,500	226,632	64,701	62,183	355,996	11,238,156	19,798,228
Total Hospital Beds¹												
Hospital Beds per 100,000 Population	369.3	65.4	334.9	137.2	n/a	262.6	75.5	627.5	n/a	274.2	n/a	n/a
Medical/Surgical Beds	214	0	129	47	n/a	70	115	300	n/a	690.0	n/a	n/a
Intensive Care Beds	14	0	14	8	n/a	5	12	12	n/a	48.0	n/a	n/a
Coronary Care Beds	7	0	0	0	n/a	3	7	12	n/a	19.0	n/a	n/a
Pediatric Beds	10	0	3	12	n/a	0	7	14	n/a	39.0	n/a	n/a
Maternity Beds	21	0	13	7	n/a	8	14	23	n/a	64.0	n/a	n/a
Physical Medicine and Rehabilitation Beds	0	0	0	0	n/a	10	0	15	n/a	15.0	n/a	n/a
Psychiatric Beds	34	0	12	0	n/a	20	16	30	n/a	76.0	n/a	n/a
Other Beds	0	25	0	0	n/a	14	0	0	n/a	25.0	n/a	n/a
Hospital Beds Per Facility¹												
Adirondack Medical Center-Lake Placid Site	-	-	-	-	-	-	-	-	-	-	-	-
Adirondack Medical Center-Saranac Lake Site	-	-	95	-	-	-	-	-	-	-	-	-
Alice Hyde Medical Center	-	-	76	-	-	-	-	-	-	-	-	-
Champlain Valley Physicians Hospital Medical Center	300	-	-	-	-	-	-	-	-	-	-	-
Elizabethtown Community Hospital	-	25	-	-	-	-	-	-	-	-	-	-
Glens Falls Hospital	-	-	-	-	-	-	-	406	-	-	-	-
Nathan Littauer Hospital	-	-	-	74	-	-	-	-	-	-	-	-
Saratoga Hospital	-	-	-	-	-	-	171	-	-	-	-	-
St. Mary's Healthcare	-	-	-	-	-	120	-	-	-	-	-	-
St. Mary's Healthcare-Amsterdam Memorial Campus	-	-	-	-	-	10	-	-	-	-	-	-
Total Nursing Home Beds²												
Nursing Home Beds per 100,000 Population	603.3	889.3	381.9	667.2	0.0	1191.9	317.3	616.7	849.1	-	-	-
Nursing Home Beds per Facility²												
Alice Hyde Medical Center	-	-	135	-	-	-	-	-	-	-	-	-
Capstone Center for Rehabilitation and Nursing	-	-	-	-	-	120	-	-	-	-	-	-
Champlain Valley Physicians Hospital Medical Center SNF	34	-	-	-	-	-	-	-	-	-	-	-
Clinton County Nursing Home	80	-	-	-	-	-	-	-	-	-	-	-
Elderwood at North Creek	-	-	-	-	-	-	-	82	-	-	-	-
Elderwood at Ticonderoga	-	84	-	-	-	-	-	-	-	-	-	-
Elderwood of Uihlein at Lake Placid	-	156	-	-	-	-	-	-	-	-	-	-
Essex Center for Rehabilitation and Healthcare	-	100	-	-	-	-	-	-	-	-	-	-
Fort Hudson Nursing Center, Inc.	-	-	-	-	-	-	-	-	196	-	-	-
Fulton Center for Rehabilitation and Healthcare	-	-	-	176	-	-	-	-	-	-	-	-
Glens Falls Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	117	-	-	-	-
Granville Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	-	122	-	-	-
Meadowbrook Healthcare	287	-	-	-	-	-	-	-	-	-	-	-
Mercy Living Center	-	-	60	-	-	-	-	-	-	-	-	-
Nathan Littauer Hospital Nursing Home	-	-	-	84	-	-	-	-	-	-	-	-
Palatine Nursing Home	-	-	-	-	-	70	-	-	-	-	-	-
Plattsburgh Rehabilitation and Nursing Center	89	-	-	-	-	-	-	-	-	-	-	-
River Ridge Living Center	-	-	-	-	-	120	-	-	-	-	-	-
Saratoga Center for Rehab and Skilled Nursing Care	-	-	-	-	-	-	257	-	-	-	-	-
Seton Health at Schuyler Ridge Residential Healthcare	-	-	-	-	-	-	120	-	-	-	-	-
Slate Valley Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	-	88	-	-	-
St Johnsville Rehabilitation and Nursing Center	-	-	-	-	-	120	-	-	-	-	-	-
The Pines at Glens Falls Center for Nursing & Rehabilitation	-	-	-	-	-	-	-	120	-	-	-	-
Warren Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	80	-	-	-	-
Washington Center for Rehabilitation and Healthcare	-	-	-	-	-	-	-	-	122	-	-	-
Wells Nursing Home Inc	-	-	-	100	-	-	-	-	-	-	-	-
Wesley Health Care Center Inc	-	-	-	-	-	-	342	-	-	-	-	-
Wilkinson Residential Health Care Facility	-	-	-	-	-	160	-	-	-	-	-	-

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** All rates are per 100,000 unless otherwise specified.

Total Adult Care Facility Beds ³												
Adult Care Facility Beds per 100,000 Population	221.6	928.5	176.3	307.7	0.0	977.8	390.1	452.9	403.6	375.0	550.2	404.7
Total Adult Home Beds	150	194	60	114	n/a	294	483	248	142	908	38,328	49,670
Total Assisted Living Program Beds	30	30	30	52	n/a	160	0	45	69	256	7,072	12,192
Total Assisted Living Residence (ALR) Beds	0	131	0	0	n/a	30	401	0	40	171	16,434	18,255
Adult Home Beds by Total Capacity per Facility ³												
Adirondack Manor HFA D.B.A Adirondack Manor HFA ALP	-	-	-	-	-	-	-	60	-	-	-	-
Adirondack Manor HFA D.B.A Montcalm Manor HFA	-	40	-	-	-	-	-	-	-	-	-	-
Ahana House	-	-	-	-	-	-	17	-	-	-	-	-
Alice Hyde Assisted Living Program	-	-	30	-	-	-	-	-	-	-	-	-
Argyle Center for Independent Living	-	-	-	-	-	-	-	-	35	-	-	-
Arkell Hall	-	-	-	-	-	24	-	-	-	-	-	-
Beacon Pointe Memory Care Community	-	-	-	-	-	-	52	-	-	-	-	-
Champlain Valley Senior Community	-	81	-	-	-	-	-	-	-	-	-	-
Cook Adult Home	-	-	-	-	-	-	13	-	-	-	-	-
Countryside Adult Home	-	-	-	-	-	-	-	48	-	-	-	-
Elderwood Village at Ticonderoga	-	23	-	-	-	-	-	-	-	-	-	-
Emeritus at the Landing of Queensbury	-	-	-	-	-	-	-	88	-	-	-	-
Hillcrest Spring Residential	-	-	-	-	-	80	-	-	-	-	-	-
Holbrook Adult Home	-	-	-	-	-	-	-	-	33	-	-	-
Home of the Good Shepherd at Highpointe	-	-	-	-	-	-	86	-	-	-	-	-
Home of the Good Shepherd	-	-	-	-	-	-	42	-	-	-	-	-
Home of the Good Shepherd Moreau	-	-	-	-	-	-	72	-	-	-	-	-
Home of the Good Shepherd Saratoga	-	-	-	-	-	-	105	-	-	-	-	-
Home of the Good Shepherd Wilton	-	-	-	-	-	-	54	-	-	-	-	-
Keene Valley Neighborhood House	-	50	-	-	-	-	-	-	-	-	-	-
Pine Harbour	66	-	-	-	-	-	-	-	-	-	-	-
Pineview Commons H.F.A.	-	-	-	94	-	-	-	-	-	-	-	-
Samuel F. Vilas Home	44	-	-	-	-	-	-	-	-	-	-	-
Sarah Jane Sanford Home	-	-	-	-	-	40	-	-	-	-	-	-
The Cambridge	-	-	-	-	-	-	-	-	40	-	-	-
The Farrar Home	-	-	30	-	-	-	-	-	-	-	-	-
The Mansion at South Union	-	-	-	-	-	-	-	-	34	-	-	-
The Sentinel at Amsterdam, LLC	-	-	-	-	-	150	-	-	-	-	-	-
The Terrace at the Glen	-	-	-	-	-	-	-	52	-	-	-	-
Valehaven Home for Adults	40	-	-	-	-	-	-	-	-	-	-	-
Willing Helpers' Home for Women	-	-	-	20	-	-	-	-	-	-	-	-
Woodlawn Commons	-	-	-	-	-	-	42	-	-	-	-	-
Health Professional Shortage Areas (HPSAs) ^{4,5}												
Number of Primary Care HPSAs ⁴	1	8	5	1	2	1	0	3	1	21	111	181
Primary Care HPSA Population ⁵	10,339	4,481	5,997	13,950	2,949	11,456	0	2,168	189	40,073	n/a	n/a
Number of Dental Care HPSAs ⁴	1	3	5	1	0	1	0	1	1	12	87	139
Dental Care HPSA Population ⁵	0	6,368	16,181	0	0	0	0	0	0	22,549	n/a	n/a
Number of Mental Health HPSAs ⁴	2	3	2	1	1	1	0	2	2	13	96	159
Mental Care HPSA Population ⁵	10,339	39,309	51,698	6,698	4,835	11,456	0	0	0	112,879	n/a	n/a
Population, 2013-2017 ²												
Primary Care Physicians per 100,000 population	119.2	66.2	101.9	99	84.9	83.9	87.5	153	66.4	n/a	102.8	124.1
Subspecialty per 100,000 population												
Obstetrics/Gynecology	14.9	0.0	18.3	7.4	0.0	5.4	8.4	18.6	0.0	n/a	11.0	14.5
IM Subspecialty	34.8	7.0	13.1	9.9	0.0	37.9	21.1	60.0	0.0	n/a	31.8	49.8
General Surgery	6.6	3.5	10.5	9.9	0.0	2.7	3.6	12.4	2.1	n/a	7.9	8.8
Surgical Subspecialties	23.2	10.5	0.0	7.4	0.0	8.1	10.9	37.2	0.0	n/a	17.8	21.6
General Psychiatry	24.8	0.0	15.7	9.9	0.0	8.1	21.1	20.7	8.6	n/a	18.8	36
Other	107.6	20.9	65.3	32.2	56.6	56.9	33.8	159.2	4.3	n/a	87.8	121.1

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Total Physician ⁵												
Total Physician per 100,000 population	317.9	108.0	206.5	168.3	141.5	200.4	179.2	442.5	81.4	n/a	268.0	362.9
Licensure Data ⁶												
Clinical Laboratory Technician	14	6	5	1	0	4	21	9	5	40	1,208	1,649
Clinical Laboratory Technologist	54	19	27	32	1	38	161	50	24	207	7,730	12,064
Dental Assistant	11	2	9	4	0	7	33	10	11	47	1,338	1,435
Dental Hygienist	42	15	16	23	2	26	241	44	38	180	8,035	10,428
Dentist	41	14	17	17	1	25	175	46	15	151	8,771	15,075
Dietitian/Nutritionist, Certified	21	9	8	4	1	10	122	22	7	72	3,667	5,492
Licensed Clinical Social Worker (R/P psychotherapy)	42	24	31	21	2	15	266	72	35	227	14,629	25,254
Licensed Master Social Worker (no privileges)	34	22	26	18	2	23	267	53	26	181	14,861	26,884
Licensed Practical Nurse	382	215	321	308	10	362	895	335	438	2,009	48,582	63,082
Physician	211	49	85	59	6	87	528	265	36	711	42,475	75,565
Mental Health Counselor	59	20	32	10	1	13	147	32	13	167	4,647	6,853
Midwife	6	1	3	4	0	2	14	12	5	31	595	1,022
Nurse Practitioner	79	13	36	38	2	27	258	94	29	291	15,282	22,128
Pharmacist	106	29	41	36	2	40	484	64	44	322	13,780	21,306
Physical Therapist	64	40	48	30	3	43	395	67	30	282	13,417	19,277
Physical Therapy Assistant	17	10	18	20	0	26	55	27	16	108	3,988	5,518
Psychologist	11	15	8	10	1	5	109	28	4	77	6,018	11,519
Registered Physician Assistant	43	30	34	21	3	19	199	88	17	236	9,154	13,640
Registered Professional Nurse	1,270	494	744	643	57	714	3,769	1,145	755	5,108	172,978	243,639
Respiratory Therapist	18	3	6	17	0	18	110	21	13	78	4,107	5,763
Respiratory Therapy Technician	6	0	2	2	0	1	12	4	3	17	579	747

(n/a) Data Not Available

Sources:

- (1) NYS Department of Health, NYS Health Profiles
- (2) NYS Department of Health, Nursing Home Weekly Bed Census, 2018
- (3) NYS Department of Health, Adult Care Facility Directory
- (4) Health Resources and Services Administration, HPSA Find, 2017-2018
- (5) Center for Health Workforce Studies, Health Workforce Planning Data Guide, 2014
- (6) NYS Office of the Professions, License Statistics, 2019

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Appendix C – Education Profile Chart

Appendix C: Education System Profile

Adirondack Rural Health Network	County									ARHN	Upstate	New York
Summary of Education System Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington	Region	NYS	State
School System Information^{1,2,3}												
Total Number of Public School Districts	9	11	8	6	5	6	12	9	12	60	725	733
Total Pre-K Enrollment	250	188	335	377	27	432	399	137	344	1,658	51,063	122,681
Total K-12 Enrollment	10,599	3,618	7,158	7,423	401	7,254	33,329	8,743	8,311	46,253	1,604,870	2,629,970
Number of Students Eligible for Free Lunch	4,410	1,533	3,594	3,504	141	3,869	6,646	3,158	3,511	19,851	592,339	1,263,175
Number of Students Eligible for Reduced Lunch	521	290	471	320	32	310	959	321	477	2,432	69,464	131,974
Percent Free and Reduced Lunch	47.0%	50.0%	57.0%	51.0%	43.0%	57.0%	23.0%	40.0%	48.0%	46.5%	40.0%	53.0%
Number Limited English Proficiency ²	1,259	636	546	965	75	848	6,718	1,684	1,356	6,521	220,797	437,130
Percent with Limited English Proficiency ²	42.0%	43.0%	25.0%	33.0%	45.0%	30.0%	55.0%	48.0%	42.0%	13.6%	13.3%	45.0%
Total Number of Graduates	774	273	505	514	27	474	2,531	688	561	3,342	116,704	179,863
Number Went to Approved Equivalency Program	1	0	2	0	n/a	3	9	21	5	29	1,097	2,653
Number Dropped Out of High School	78	18	48	89	n/a	112	176	38	94	365	10,670	21,368
Percent Dropped Out of High School	2.0%	2.0%	2.0%	4.0%	n/a	5.0%	2.0%	1.0%	4.0%	0.8%	0.64%	3.0%
Total Number of Public School Teachers ³	1,008.9	422.0	701.9	602.8	89.5	627.1	2,277.3	784.2	813.8	4,422.9	132,652.7	209,093.4
Student to Teacher Ratio ³	10.9	9.1	10.7	13.3	4.9	12.6	13.4	11.4	10.8	10.97	12.37	13.05
Education Programs⁴												
Medical Resident Programs	0	0	0	0	0	0	0	0	0	0	203	967
Medical Resident Graduations/Completions	0	0	0	0	0	0	0	0	0	0	920	5,790
Physician Assistant Programs	0	0	0	0	0	0	0	0	0	0	7	27
Physician Assistant Graduations/Completions	0	0	0	0	0	0	0	0	0	0	103	764
Nurse Practitioner Programs	0	0	0	0	0	0	0	0	0	0	24	58
Nurse Practitioner Graduations/Completions	0	0	0	0	0	0	0	0	0	0	249	725
Pharmacist Programs	0	0	0	0	0	0	0	0	0	0	3	6
Pharmacist Graduations/Completions	0	0	0	0	0	0	0	0	0	0	398	913
Dental Hygienist Programs	0	0	0	0	0	0	0	0	0	0	7	13
Dental Hygienist Graduations/Completions	0	0	0	0	0	0	0	0	0	0	197	429
Licensed Practical Nursing Programs	1	1	0	0	0	1	1	0	0	2	36	52
Licensed Practical Nurse Graduations/Completions	23	23	0	0	0	26	70	0	0	46	2,186	3,369
Registered Nursing Programs	2	2	0	0	0	1	1	1	0	5	68	118
Registered Nurse Graduations/Completions	93	93	0	0	0	32	19	86	0	272	4,606	10,192
Social Worker Programs	0	0	0	0	0	0	0	0	0	0	7	22
Social Worker Graduations/Completions	0	0	0	0	0	0	0	0	0	0	645	3624

Sources:

- (1) NYS Education Department, School Report Card Data, 2016-2017
- (2) NYS Education Department, 3-8 ELA Assessment Data, 2017-2018
- (3) Institute of Education Sciences, National Center for Education Statistics, District Directory Information 2016-2017 School Year Data
- (4) Center for Health Workforce Studies, Health Workforce Planning Data Guide, 2014

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** All rates are per 100,000 unless otherwise specified.

Appendix D – ALICE Profile Chart

Appendix D: ALICE Profile												
ALICE is a United Way acronym that stands for Asset Limited, Income Constrained, Employed.												
Adirondack Rural Health Network	County									ARHN	Upstate NY	NYS
Summary of ALICE Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
ALICE Household Information												
Total Households	30,624	15,298	19,299	22,450	1,239	19,540	93,703	28,841	24,027	141,778	4,101,529	7,216,340
Total Households Over 65 Years of Age	8,150	5,144	4,817	6,339	544	5,484	24,083	8,898	6,738	40,630	705,081	1,839,483
Total ALICE Households	7,350	4,589	5,404	6,511	632	6,448	19,678	6,922	7,208	38,615	1,059,036	2,222,633
ALICE Households Over 65 Years of Age	2,119	1,749	1,590	2,282	261	2,468	6,502	2,936	2,291	13,408	380,182	662,214
Poverty %	15.0%	10.2%	18.2%	15.0%	12.2%	17.6%	6.8%	11.0%	12.1%	13.6%	11.3%	14.4%
ALICE %	24.4%	30.1%	27.8%	29.3%	50.7%	33.2%	21.1%	24.0%	30.4%	27.4%	28.7%	30.8%
Above ALICE %	60.6%	59.7%	54.0%	55.7%	37.1%	49.2%	72.1%	65.1%	57.5%	59.0%	60.0%	54.8%
# of ALICE and Poverty Households	12,062	6,161	8,869	9,945	779	9,928	26,181	10,079	10,204	58,099	1,640,619	3,262,043
Unemployment Rate	5.0%	7.5%	8.5%	8.0%	9.2%	8.4%	2.9%	4.6%	8.1%	n/a	n/a	n/a
Percent of Residents with Health Insurance	95.8%	93.2%	91.3%	91.4%	90.4%	91.2%	96.1%	96.5%	91.9%	n/a	n/a	n/a
Average Annual Earnings	\$36,372.00	\$37,128.00	\$35,148.00	\$32,892.00	\$32,940.00	\$37,704.00	\$47,604.00	\$40,932.00	\$38,028.00	n/a	n/a	n/a
ALICE Households by Race/Ethnicity												
White	8,119	4,449	5,191	6,683	622	6,112	19,596	6,635	7,404	39,103	922,506	1,245,865
Asian	50	n/a	2	28	n/a	28	191	65	27	172	31,141	180,688
Black	122	n/a	13	32	n/a	134	255	100	14	281	125,980	433,433
Hispanic	81	33	41	156	n/a	651	425	126	200	637	134,063	494,216
2+ races	95	49	44	71	n/a	79	278	38	64	361	22,672	54,130

*UpState is all counties in New York, minus the New York City counties (Bronx, Kings, New York, Queens and Richmond).

*Data in all categories except *Two or More Races* is for one race alone. Because race and ethnicity are overlapping categories, the totals for each income category do not add to 100 percent exactly.

(n/a) Data Not Available

Sources:

(1) American Community Survey, 2016.

ALICE Demographics:

(2) American Community Survey and the ALICE Threshold, 2016.

Wages:

(3) Bureau of Labor Statistics, 2016

Budget:

(4) Bureau of Labor Statistics, 2016a; Consumer Reports, 2017; Internal Revenue Service, 2016

(5) New York State Office of Children & Family Services, 2016; Tax Foundation, 2016, 2017; U.S. Department of Agriculture; U.S. Department of Housing and Urban Development

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Appendix E – CHIRS Indicator Table

Warren - CHIRS Indicators Table

s: Data do not meet reporting criteria.

*: The rate/percentage is unstable or unreliable.

CHIRS Indicators	Data Years	Warren		NYS excluding NYC		New York State	
		Numerator	Percentage (or) Rate (or) Ratio	Percentage (or) Rate (or) Ratio	Significant Different	Percentage (or) Rate (or) Ratio	Significant Different
Cancer Indicators							
1-All cancer incidence rate per 100,000	2013-2015	1,584	814.1	629.7	Yes	564.4	Yes
2-Age-adjusted all cancer incidence rate per 100,000	2013-2015	1,584	571.7	508.1	Yes	485.6	Yes
3-All cancer mortality rate per 100,000	2013-2015	535	275	198.7	Yes	176.2	Yes
4-Age-adjusted all cancer mortality rate per 100,000	2013-2015	535	181.6	155.4	Yes	149.2	Yes
5-Lip, oral cavity and pharynx cancer incidence rate per 100,000	2013-2015	48	24.7	14.7	Yes	12.9	Yes
6-Age-adjusted lip, oral cavity and pharynx cancer incidence rate per 100,000	2013-2015	48	17.8	11.6	Yes	10.9	Yes
7-Lip, oral cavity and pharynx cancer mortality rate per 100,000	2013-2015	12	6.2	2.6	Yes	2.5	Yes
8-Age-adjusted lip, oral cavity and pharynx cancer mortality rate per 100,000	2013-2015	12	4.1	2	No	2.1	No
9-Colon and rectum cancer incidence rate per 100,000	2013-2015	119	61.2	48.5	Yes	45.7	Yes
10-Age-adjusted colon and rectum cancer incidence rate per 100,000	2013-2015	119	45.6	39	No	39.3	No
11-Colon and rectum cancer mortality rate per 100,000	2013-2015	42	21.6	16.7	No	15.6	No
12-Age-adjusted colon and rectum cancer mortality rate per 100,000	2013-2015	42	14.3	13	No	13.1	No
13-Lung and bronchus cancer incidence rate per 100,000	2013-2015	252	129.5	84.2	Yes	69.7	Yes
14-Age-adjusted lung and bronchus cancer incidence rate per 100,000	2013-2015	252	84.8	66.3	Yes	59.2	Yes
15-Lung and bronchus cancer mortality rate per 100,000	2013-2015	134	68.9	53	Yes	43.5	Yes
16-Age-adjusted lung and bronchus cancer mortality rate per 100,000	2013-2015	134	44.6	41.6	No	36.9	Yes
17-Female breast cancer incidence rate per 100,000	2013-2015	210	211.6	175.9	Yes	158.6	Yes
18-Age-adjusted female breast cancer incidence rate per 100,000	2013-2015	210	146.8	139.5	No	132.8	No
19-Female breast cancer mortality rate per 100,000	2013-2015	34	34.3	26.1	No	24.7	No
20-Age-adjusted female breast cancer mortality rate per 100,000	2013-2015	34	21	18.9	No	19.2	No
21-Female breast cancer late stage incidence rate per 100,000	2013-2015	56	56.4	53.1	No	50.7	No
22-Age-adjusted female breast cancer late stage incidence rate per 100,000	2013-2015	56	40.1	43.3	No	43.4	No

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23-Cervix uteri cancer incidence rate per 100,000	2013-2015	7	7.1*	7.6	No	8.5	No
24-Age-adjusted cervix uteri cancer incidence rate per 100,000	2013-2015	7	7.9*	7	No	7.8	No
25-Cervix uteri cancer mortality rate per 100,000	2013-2015		s	2.3	N/A	2.7	N/A
26-Age-adjusted cervix uteri cancer mortality rate per 100,000	2013-2015		s	1.9	N/A	2.2	N/A
27-Ovarian cancer incidence rate per 100,000	2013-2015	17	17.1	15.9	No	14.8	No
28-Age-adjusted ovarian cancer incidence rate per 100,000	2013-2015	17	13	12.5	No	12.2	No
29-Ovarian cancer mortality rate per 100,000	2013-2015	7	7.1*	10.4	No	9.1	No
30-Age-adjusted ovarian cancer mortality rate per 100,000	2013-2015	7	4.8*	7.5	No	7.1	No
31-Prostate cancer incidence rate per 100,000	2013-2015	155	162.6	151.7	No	141.2	No
32-Age-adjusted prostate cancer incidence rate per 100,000	2013-2015	155	106.3	121.8	No	123.4	Yes
33-Prostate cancer mortality rate per 100,000	2013-2015	29	30.4	17.7	Yes	17.2	Yes
34-Age-adjusted prostate cancer mortality rate per 100,000	2013-2015	29	23.7	16.6	No	17.8	No
35-Prostate cancer late stage incidence rate per 100,000	2013-2015	29	30.4	26.8	No	25.2	No
36-Age-adjusted prostate cancer late stage incidence rate per 100,000	2013-2015	29	19.2	21.5	No	22.1	No
37-Melanoma cancer mortality rate per 100,000	2013-2015	7	3.6*	3	No	2.3	No
38-Age-adjusted melanoma cancer mortality rate per 100,000	2013-2015	7	2.2*	2.4	No	1.9	No
39-Percentage of women aged 21-65 years receiving cervical cancer screening based on 2012 guidelines	2016		87.7 (80.4-95.0)	83.5	No	82.2	No
40-Percentage of women aged 50-74 years receiving breast cancer screening based on recent guidelines	2016		87.7 (81.3-94.1)	79.2	Yes	79.7	No
41-Percentage of women (aged 50-74 years) who had a mammogram between October 1, 2014 and December 31, 2016	2016	158	66.9	65	No	71.2	No
Oral Health Indicators							
288-Lip, oral cavity and pharynx cancer incidence rate per 100,000	2013-2015	48	24.7	14.7	Yes	12.9	Yes
289-Age-adjusted lip, oral cavity and pharynx cancer incidence rate per 100,000	2013-2015	48	17.8	11.6	Yes	10.9	Yes
290-Lip, oral cavity and pharynx cancer mortality rate per 100,000	2013-2015	12	6.2	2.6	Yes	2.5	Yes
291-Age-adjusted lip, oral cavity and pharynx cancer mortality rate per 100,000	2013-2015	12	4.1	2	No	2.1	No
292-Oral cancer mortality per 100,000 - Aged 45-74 years	2013-2015		s	4.3	N/A	4.5	N/A

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Tobacco, Alcohol, and Other Substance Abuse Indicators

346-Alcohol related motor vehicle injuries and deaths per 100,000	2014-2016	96	49.4	38.8	Yes	29.9	Yes
347-Age-adjusted percentage of adults who are current smokers	2016		26.4 (20.6-32.2)	17	Yes	14.5	Yes
348-Age-adjusted percentage of adults living in homes where smoking is prohibited	2008-2009		80.1 (75.4-84.8)	79.3	No	80.9	No
349-Age-adjusted percentage of adults binge drinking during the past month	2016		20.9 (15.7-26.2)	19.1	No	18.3	No

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WARREN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2019-2021

Warren County Public Health, Glens Falls Hospital & Community Partners collaborative efforts to reduce the impacts of chronic disease and promote well-being & prevent mental and substance use disorders among Warren County residents.

*Executive
Summary*

Introduction

Warren County Public Health and the Warren County Community Health Improvement Committee are happy to share with you the 2019-2021 Warren County Community Health Improvement Plan executive summary.

The Community Health Improvement Committee is a partnership between Warren County Public Health, Glens Falls Hospital and Community Partners including Adirondack Health Institute, Warren County Office for the Aging, Warren County Department of Social Services, Warren County Certified Home Health Agency, Warren/Washington County Office of Community Services, United Way and a citizen representative.

The Committee was formed to bring people from a variety of backgrounds and areas of expertise together to determine what the health priorities in Warren County should be for 2019-2021 through discussion and data review. The Committee was also tasked with developing a Community Health Improvement Plan to address the health priority areas.

This report will provide an overview of two health priorities identified by the Community Health Improvement Committee as having the greatest impact on the residents of Warren County. It will also include a summary of the data reviewed to identify the two priority areas. This report will also provide a basic outline of several evidence-based interventions being utilized to address the priority areas, the roles of partners in implementation and how the Committee is attempting to engage the broader community in the implementation of the interventions.

Finally, the process for tracking progress and evaluating the impact of the interventions will also be discussed in this report.

Warren County Health Priorities

The Warren County Community Health Improvement Committee utilized the New York State Department of Health Prevention Agenda's five priority areas and the previous Warren County Community Health Improvement Plan (CHIP) as a starting point for determining the health priorities for Warren County in 2019-2021.

During the prioritization process large volumes of data from various sources were analyzed and discussed including socio-demographic, health system profiles, morbidity and mortality rates, health behaviors (i.e. smoking rate), environmental (including built environment), a community stakeholder survey and County Health Rankings (see Warren County Community Health Assessment for a complete list of data sources).

The data review allowed each Committee member to make their case for what they felt should be the health priorities in Warren County using objective data. It became apparent as the committee members discussed the data that two health priority areas were emerging. A final vote by committee members identified Preventing Chronic Disease and Promoting Well-being & Prevent Mental & Substance Use

Disorders as the two health priorities in Warren County. It is important to note that these two health priorities were identified in the previous Community Health Improvement Plan as well.

Since the two identified health priorities are influenced by a large number of variables the Committee broke each health priority down further. Identified in each health priority were focus areas that the committee determined were the best options to pursue evidence-based interventions that could bring about positive changes.

The focus areas for Preventing Chronic Disease include

- Increasing Healthy Eating & Food Security
- Tobacco Prevention
- Chronic Disease Preventive Care and Management

The focus areas for Promoting Well-being & Prevent Mental & Substance Use Disorders include

- Improving Well-Being
- Mental & Substance Use Disorder Prevention

Along with identifying the two priority areas Committee members were asked to review the data to identify and health disparities that might exist among certain populations in Warren County. Committee members looked for health disparities among racial, ethnic, and socio-economic groups, age groups, and persons with disabilities. Due to Warren County's overall lack of racial and ethnic diversity and relatively small population Committee members decided that the largest health disparities existed within populations that had lower socio-economic status.

Partner Roles in Addressing Health Priorities

In order to bring about positive change to the identified health priority areas it was important for Committee members to identify their roles in the implementation and assessment of the evidence-based interventions being utilized.

Glens Falls Hospital fills many roles as a partner. The Glens Falls Hospital has been a healthcare leader in Warren County for many years. The Hospital holds many of the New York State grants that provide funding and resources to address chronic disease within County. Glens Falls Hospital houses the New York State Cancer Services program and is the lead agency for increasing access to preventive cancer screenings. The Hospital is able to gather and share data regarding the success of the interventions being utilized.

Glens Falls Hospital also has the Health Promotion Center which works to improve the health and well-being of the people and communities in Warren County and the region. Their work focuses on strategies to make it easier for people to eat well, be tobacco-free, be physically active and obtain preventative care.

This work is currently supported through grant-funded initiatives housed within the Health Promotion Center, including Creating Healthy Schools and Communities and the Health Systems for a Tobacco-Free NY programs. The grant reporting requirements allow for regular tracking and assessment of the effectiveness of the evidence-based interventions being implemented.

Through these programs, Health Promotion Center staff work collaboratively with school districts, businesses, communities, hospitals, and healthcare provider organizations to support healthy lifestyles for their patients and community members. Specific strategies focus on policy, systems, and environmental changes that reduce risks for chronic disease and improve quality of life for both children and adults.

Adirondack Health Institute (AHI) has been instrumental in the Community Health Improvement Planning process. Staff at AHI has provided support for the Warren County CHIP by creating a standardized format for compiling and sharing the data used to justify the CHIP. AHI has also helped create, distribute, collect and analyze data from the stakeholder survey. Adirondack Health Institute has also provided staff and resources to bring together regional stakeholders that work collaboratively on interventions to advance each partner's goals and objectives as identified in the Warren County CHIP.

The remaining partners all play vital roles in advancing the Warren County CHIP. All of the partners provide content experts to discuss the health challenges facing Warren County residents. They engage in regular meetings and keep the committee abreast of what is happening in the community with regards to their area of concern. Several of the partners hold grants or are engaged in activities with other community partners that address the health priorities identified in Warren County.

All of the partners that have been involved in the CHIP planning process have agreed to share this information with their leadership and are actively sharing this information with other community partners that were not directly involved in the creation of the CHIP.

Evidence-based Intervention Strategies Being Implemented

Although not a guarantee, implementing interventions that have been shown to positively impact health with other populations improves the likelihood of similar changes in the Warren County health priority areas. However, because of limited staffing and financial resources the Warren County CHIP Planning Committee decided not to begin new intervention strategies to address the health priorities in Warren County. Instead, the Committee decided to work with partners that were already working in the health priority areas and piggyback on their current efforts.

Almost all of the partners are utilizing evidence-based strategies in their daily work to create change within the health priority areas identified. These strategies include...

Health Priority Area – Prevent Chronic Disease Intervention Strategies

- Increase the availability fruit and vegetable incentive programs.
- Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.
- Pursue policy action to reduce the impact of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods and rural areas.
- Decrease the availability of flavored tobacco products including menthol flavors used in combustible and non-combustible tobacco products and flavored liquids including menthol used in electronic vapor products.
- Increase the number of smoke-free parks, beaches, playgrounds, college and other public spaces.

- Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand for free and low-cost cancer screening.
- Promote strategies that improve access and adherence to medications and devices for the management of chronic diseases.

Health Priority Area – Promote Well-being and Prevent Mental & Substance Use Disorders

- Implement a multilevel intervention model that focused at the individual, health systems, community and policy-levels.
- Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicides.
- Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use
- Strengthening resources for families and caregivers.
- Grow resilient communities through education, engagement, activation/mobilization and celebration.
- Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- Mental Health First Aid is an evidence- based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).

Tracking Progress to Evaluate Impact

It can take months to years for the health impacts of specific interventions to be noticed. It is important though for the Warren County CHIP Committee to continue to follow-up with partners to measure progress they are making specific interventions and also to document if an intervention has been stopped due to funding issues or unforeseen circumstances.

Therefore, the Warren County CHIP Committee will meet at least twice a year to share information about how specific interventions are going and to maintain strong working relationships with partners.

Partners working on specific interventions will be asked to share annual progress reports with the committee and to provide updates on anticipated changes to or continuation of specific interventions.

The strong collaborative relationship with CHIP Committee members enables Warren County Public Health, Glens Falls Hospital and all of our community partners the opportunity to create real change within the identified health priorities. It also ensures better use of limited funding and staffing resources available to positively impact the health of Warren County residents.