



WARREN COUNTY HEALTH ASSESSMENT & IMPROVEMENT PLAN 2025-2030

EXECUTIVE SUMMARY

Executive Summary

The purpose of the Warren County Community Health Assessment & Improvement Plan is to provide a framework to guide population health improvement strategies for the next six years. Prevention is the focus of the plan. The plan is flexible meaning that opportunities to adapt or completely change health improvement strategies exist should priorities shift due to changes in funding, resource availability, state/federal guidance and other factors outside of local public health control.

The selection of health priority areas allowed for the establishment of goals and objectives that guided selection of evidence-based intervention strategies. Those strategies will be implemented to meet the goals and objectives. Priority selection was informed by an in-depth review of hundreds of data points by local stakeholders and the stakeholder's own knowledge and expertise. Four priority areas were chosen from a list of 24 pre-determined priorities set by the New York State Health Assessment.

Priority Areas

Domain 1: Economic Stability	Priority Area: Housing Stability and Affordability	Disparities Addressed: Socio-Economic
Domain 2: Social & Community Context	Priority Area: Anxiety & Stress	Disparities Addressed: Socio-Economic
Domain 2: Social & Community Context	Priority Area: Primary Prevention, Substance Misuse, and Overdose Prevention	Disparities Addressed: Socio-Economic
Domain 4: Healthcare Access & Quality	Priority Area: Childhood Behavior	Disparities Addressed: Socio-Economic

Data Review and Sources

Support for the selected health priority areas came from dozens of data sources that were referenced throughout the CHA/CHIP planning process.

Demographic Data: most demographic data was gathered from the American Community Survey (ACS) from the US Census Bureau. Due to the federal government shutdown some demographic information came from Census Reporter which is a free, open-source project that utilizes information from the ACS.

Healthcare System Data: multiple data sources were used to compile this information including the New York State Licensed Professions, NYS Education Department, Office of the Professions, the NYS Department of Health, Health Profiles and the ACS.

General Health Data: was gathered utilizing multiple large-scale data systems maintained by the NYS Department of Health including County Health Indicator Reports, NYS Prevention Agenda Dashboard, among many others.

Local Feedback Data: was gathered using stakeholder and community feedback surveys administered by Warren County Public Health staff and the Adirondack Rural Health Network.

Additional Data: other data sources that were used to support the adoption of priority areas include the County Health Rankings & Roadmaps (University of Wisconsin), United State Department of Agriculture (USDA), NYS Department of Criminal Justice Services, along with several others.

Partners & Roles

The development of the Warren County Community Health Assessment and Improvement Plan brought together a diverse group of people and organizations each with their own unique perspectives about our community. The group consisted of community-based organizations representing mental health, homelessness, families, childcare advocates, and disability services.

Numerous County government agencies participated in the process including Department of Social Services, Warren County Workforce Development, Warren County Planning, Office of Community Services (County mental health), and Office for the Aging.

Healthcare partners included the Glens Falls Hospital and Hudson Headwaters Health Network a Federally Qualified Health Center (FQHC).

The partners invited to participate in the planning process were chosen because of their work with specific segments of the population that often have poorer health outcomes. Partner roles in the community health assessment process included identifying additional partners that should be involved in the planning process, providing or suggesting additional data sources and information, reviewing data, providing content-expertise, and selecting the health priorities.

Once the priority areas were identified the planning partners worked collectively to set goals and objectives to be included in the implementation plan. Once the goals and objectives were agreed upon partners identified evidence-based intervention strategies that could be implemented to promote positive change. Most of the intervention strategies selected are already being implemented by the partners.

Public engagement will be achieved by various methods. A continuous community feedback survey will be used to gather public input. Additional surveys may also be created to gather specific data about interventions included in the improvement plan. Along with the surveys, public engagement through in-person presentations and social media postings will be utilized.

Interventions & Strategies

The intervention strategies selected by the CHIP partners focus on three main areas

- Policy development – housing stability and affordability requires the adoption of policies that support housing infrastructure, rent stabilization, allocation of funding for low-income housing needs and support for families and individuals with low socio-economic resources.
- Increased training and access – many of the interventions for social and community context priorities involve increased training opportunities for providers and volunteers to be able to

increase capacity for non-medical counseling, peer support programs, screening and referral services, community education and parent coaching programs.

- Increased access to medication and harm reduction strategies – providing access to Medication Assisted Treatment (MAT) for Substance Use Disorders (SUDs), such as opioid dependence. Increase access to naloxone to reduce fatal opioid overdoses and to harm reduction services to reduce the risk of opioid and other substance overdose.

For more details about the intervention strategies see the *Addressing Health Priority Areas* section of the Community Health Improvement Plan.

Progress & Evaluation

To measure progress Warren County Public Health will have to rely on our partners to provide periodic updates since they are primarily responsible for the implementation of most of the identified interventions. These updates will occur as part of regularly scheduled quarterly progress report meetings. Additional progress updates may be requested using project update forms or informal email requests.

Special Thanks

Warren County Public Health would like to thank all the individuals and organizations that volunteered to be part of the 2025-2030 Community Health Assessment & Improvement Plan process. This document is the result of ten months of planning and collaboration. It is because of the contributions of our volunteer committee members the Community Health Improvement Plan provides a relevant framework for addressing the priority health needs of Warren County. Their knowledge, expertise and willingness to actively engage in the planning process has helped establish goals and objectives for improving the health of Warren County residents. Committee members were also instrumental in providing information about evidence-based interventions that can be utilized within Warren County to meet the health goals and objectives found in the Community Health Improvement Plan. Many of the planning partners are also responsible for the implementation of the intervention strategies included in the plan. Without their ongoing contributions the CHA/CHIP process would lack direction and purpose.

Thank you sincerely,

Warren County Public Health CHA/CHIP Planning Staff