WARREN COUNTY HEALTH ASSESSMENT & IMPROVEMENT PLAN 2025-2030

Abstract

A six-year plan that prioritizes and provides a framework to address the greatest health concerns in Warren County.

The 2025-2030 Warren County Community Health Assessment and Improvement Plan Committee

Lead Planning Organization

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Community Partners

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Warren County Department of Social services…………………………………. Christina Mastrianni, Commissioner
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Technical Assistance:
New York State Department of Health, Office of Public Health Practice

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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.

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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.

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- 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.

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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

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Purpose and Introduction

The purpose of completing a community health assessment is to identify areas of strength and areas of concern that are impacting the health outcomes and quality of life of people living in a community. The use of data, community feedback and stakeholder input provide local health departments and community partners with the information necessary to make informed decisions about current and future health initiatives. Once areas of concern or need are identified, a community health improvement plan can then be drafted to ensure the limited resources available to address areas of concern are appropriated in a meaningful way.

The Warren County 2025-2030 CHA/CHIP is a six-year plan that prioritizes and provides a framework to address the greatest health concerns of Warren County. Previous Warren County CHAs/CHIPs focused on traditional health outcomes and behaviors like preventive health screenings, tobacco use, reducing obesity rates, managing chronic disease, to guide health initiatives.

Although health outcomes remain an important part of the CHA/CHIP, this version expands on those outcomes to include Social Determinants of Health (SDOHs). Social Determinants of Health - where a person is born, grows, lives, works and ages - are well documented as having a larger impact on a person's health and well-being than almost any other factor. By incorporating SDOH in the planning process a foundation for health promotion, well-being, and health equity is being built.

Through the CHA/CHIP process Warren County Public Health and its partners have created a framework for building healthier communities through the implementation of evidence-based interventions. This process has also strengthened partnerships and identified resources that can be utilized to improve health outcomes in our communities.

Limitations to the CHA/CHIP do exist. Although efforts are made to bring a diverse group of people to the table to set the CHA/CHIP priorities, each person comes with their own implicit biases based on their own life and work experiences. Additionally, much of the data the group utilizes to set priorities is gathered from State and Federal sources and is often a few years old. This means that occasionally local data is not available or is limited in its usefulness due to small sample sizes or limited years of available data. Lastly, there is no requirement for community partners to participate in the CHA/CHIP process and there is no funding to incentivize them to participate either. This means that local health departments must recruit organizations to participate in the process by "selling" them on the benefits of being a part of the process which can lead to fewer diverse voices around the table.

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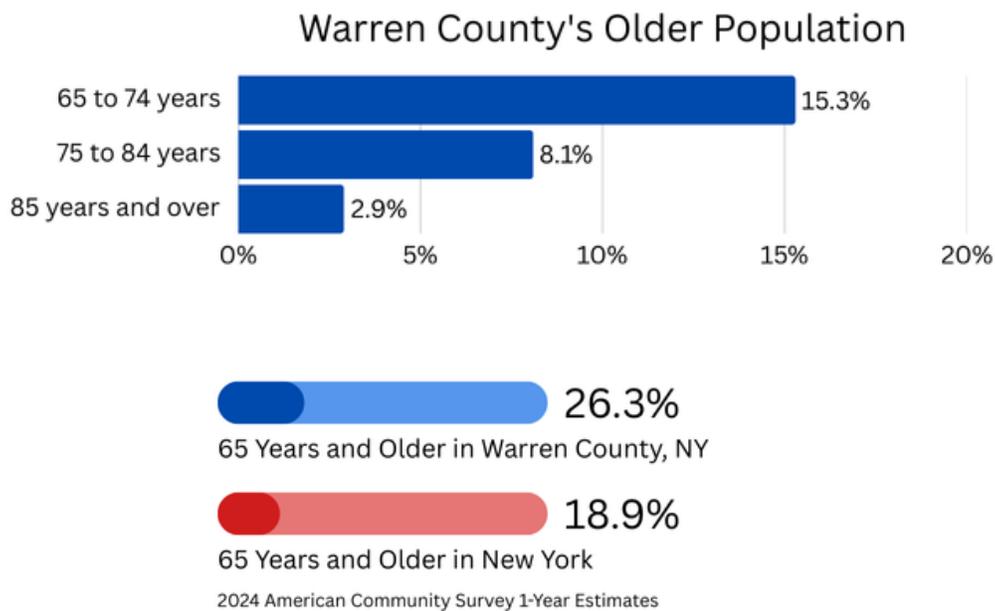
Service Area

Warren County Health Services serves the population of Warren County, New York. The service area includes 11 townships, 1 village and 1 small city (Glens Falls). The County covers 867 square miles with much of the County land resting in the Adirondack Park.
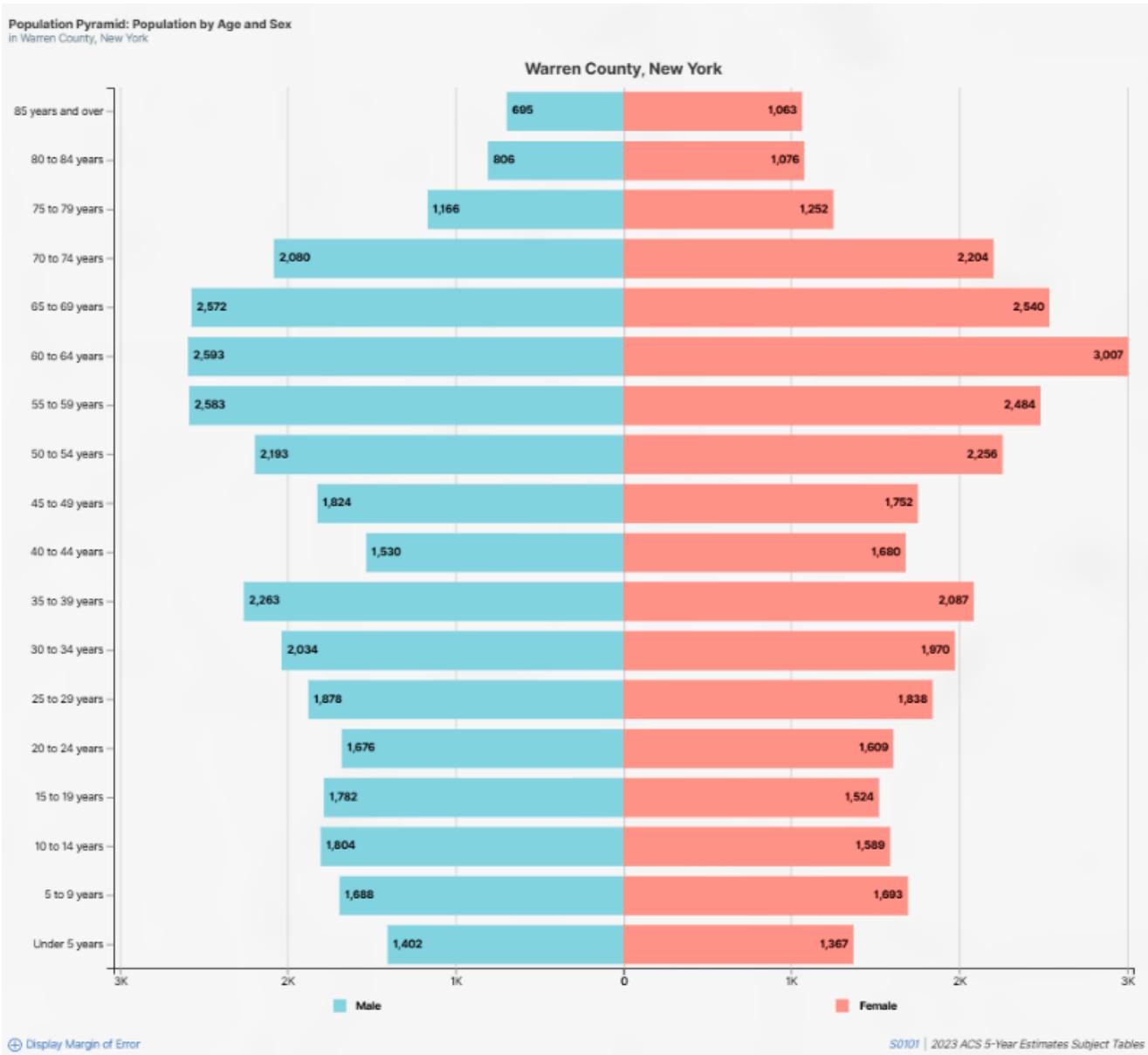
Demographics

Age and Gender

Warren County is home to 65,737 people according to the 2020 census. Like many North Country counties in New York, Warren County has seen its overall population size remain relatively stable or shrink slightly. However, the number of people 65 years of age or older continues to grow. Estimates show approximately 26% of Warren County's population is 65 years of age or older. This is an increase from 24% in 2021. There are slightly more females than males living in Warren County across all ages. There is larger gap between females and males age 65+ with 3% more females than males.

Warren County's Older Population

Age group	Percent
65 to 74 years	15.3%
75 to 84 years	8.1%
85 years and over	2.9%

26.3%
65 Years and Older in Warren County, NY

18.9%
65 Years and Older in New York

2024 American Community Survey 1-Year Estimates

Population Pyramid: Population by Age and Sex
in Warren County, New York

Warren County, New York

Age	Male	Female
85 years and over	695	1,063
80 to 84 years	806	1,076
75 to 79 years	1,166	1,252
70 to 74 years	2,080	2,204
65 to 69 years	2,572	2,540
60 to 64 years	2,593	3,007
55 to 59 years	2,583	2,484
50 to 54 years	2,193	2,256
45 to 49 years	1,824	1,752
40 to 44 years	1,530	1,680
35 to 39 years	2,263	2,087
30 to 34 years	2,034	1,970
25 to 29 years	1,878	1,838
20 to 24 years	1,676	1,609
15 to 19 years	1,782	1,524
10 to 14 years	1,804	1,589
5 to 9 years	1,688	1,693
Under 5 years	1,402	1,367

■ Male   ■ Female

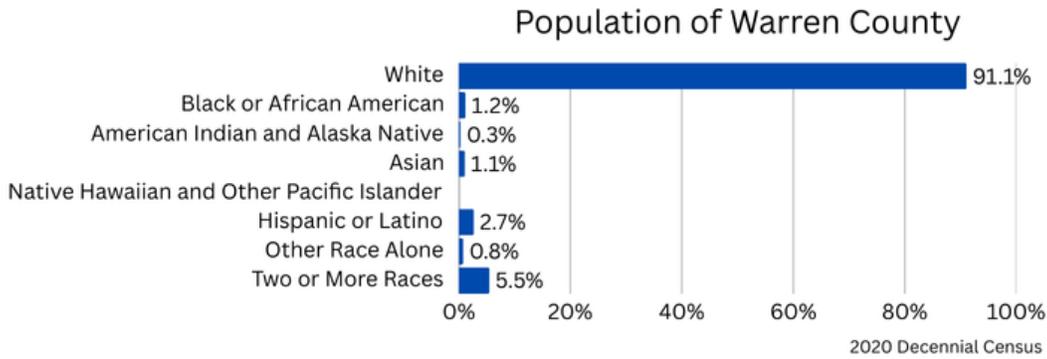⊕ Display Margin of Error   *S0101 | 2023 ACS 5-Year Estimates Subject Tables*

Race/Ethnicity

According to the US Census American Community Survey 91% of Warren County residents identify as white, 5.5% identify as two or more races, 2.7% Hispanic or Latino origin and 1.1% Asian. All other identified races are less than 1% according to the 2020 Census.

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Population of Warren County
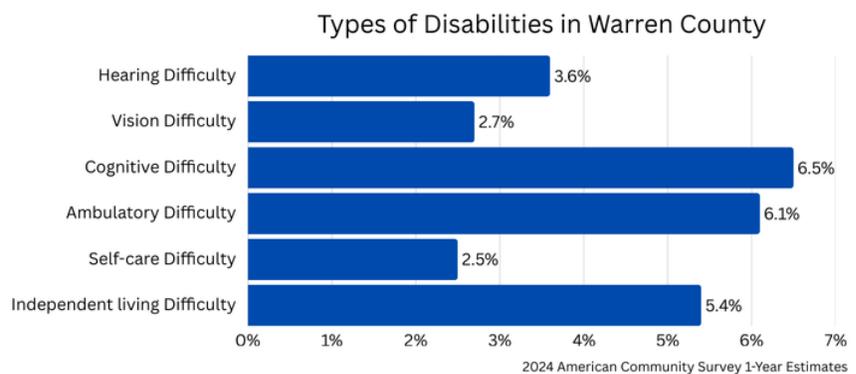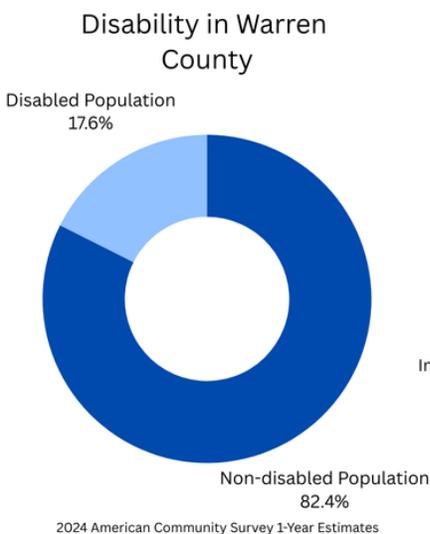

White	91.1%
Black or African American	1.2%
American Indian and Alaska Native	0.3%
Asian	1.1%
Native Hawaiian and Other Pacific Islander	
Hispanic or Latino	2.7%
Other Race Alone	0.8%
Two or More Races	5.5%

2020 Decennial Census

Languages Spoken

English is the primary language spoken at home for 98% of Warren County residents. This however, does not account for the potential of multi-lingual households.

Disability

American Community Survey (ACS) determines disability statistics by asking individuals about their difficulties in six key areas: hearing, vision, cognition, mobility, self-care, and independent living.

The ACS uses a specific set of questions to gather data on disability. These questions are designed to identify limitations in basic functioning and independent living.

In Warren County 17.6% of the population meets the criteria for disability. The top three categories of disabilities among the population meeting criteria are cognitive difficulty 6.5%, followed by ambulatory difficulty 6.1%, and independent living difficulty 5.4%.

Disability in Warren County

Disabled Population 17.6%

Non-disabled Population 82.4%

2024 American Community Survey 1-Year Estimates

Types of Disabilities in Warren County

|	
Hearing Difficulty	3.6%
Vision Difficulty	2.7%
Cognitive Difficulty	6.5%
Ambulatory Difficulty	6.1%
Self-care Difficulty	2.5%
Independent living Difficulty	5.4%

2024 American Community Survey 1-Year Estimates

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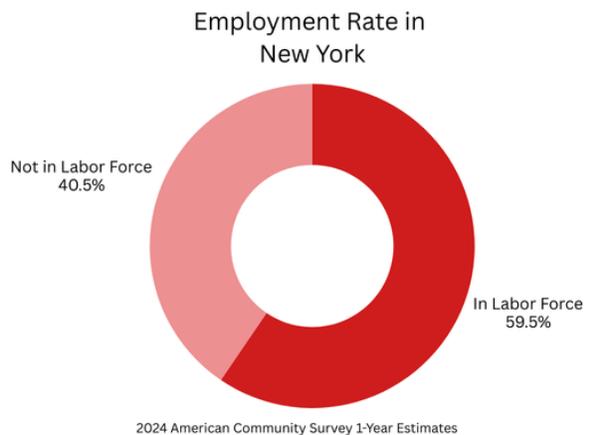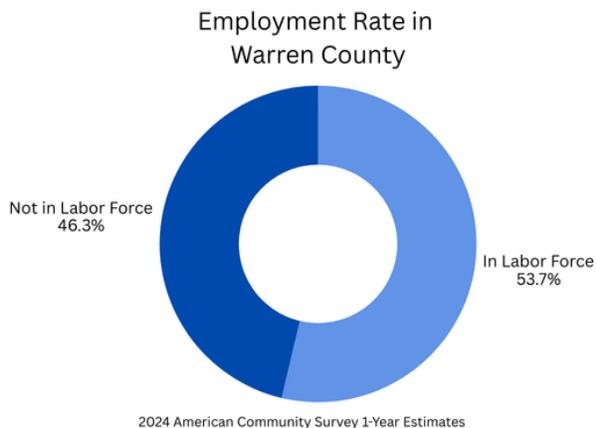
Socioeconomic Data

Poverty

The total population in Warren County estimated to be living at or below the federal poverty line is 13.6%. This is similar to New York State at 14.0%. The percentage of children under 18 years old that are living at or below the poverty line in Warren County is approximately 13.4% and 12.1% for seniors 65 years and older. These are lower than the New York State percentages of 17.9% for children under 18 and 14% for seniors 65 and older (Source: 2024 American Community Survey 1-year estimate).

Warren County Persons Below Poverty Line
Poverty 13.6%
Non-poverty 86.4%
2024 American Community Survey 1-Year Estimates

Warren County Poverty by Age
Under 18 years 13.4%
18 to 64 years 14.4%
65 years and over 12.1%
2024 American Community Survey 1-Year Estimates
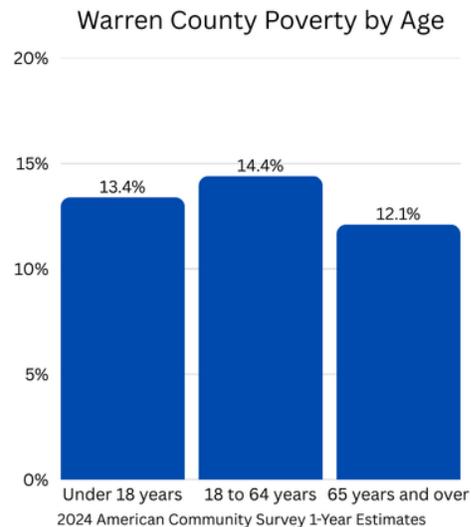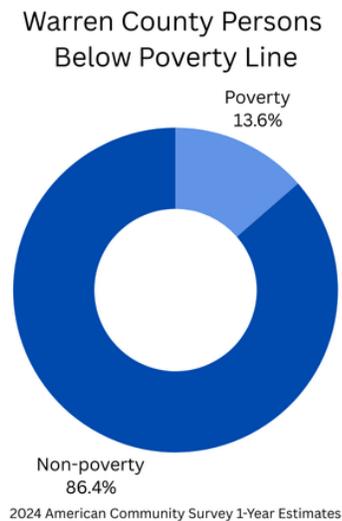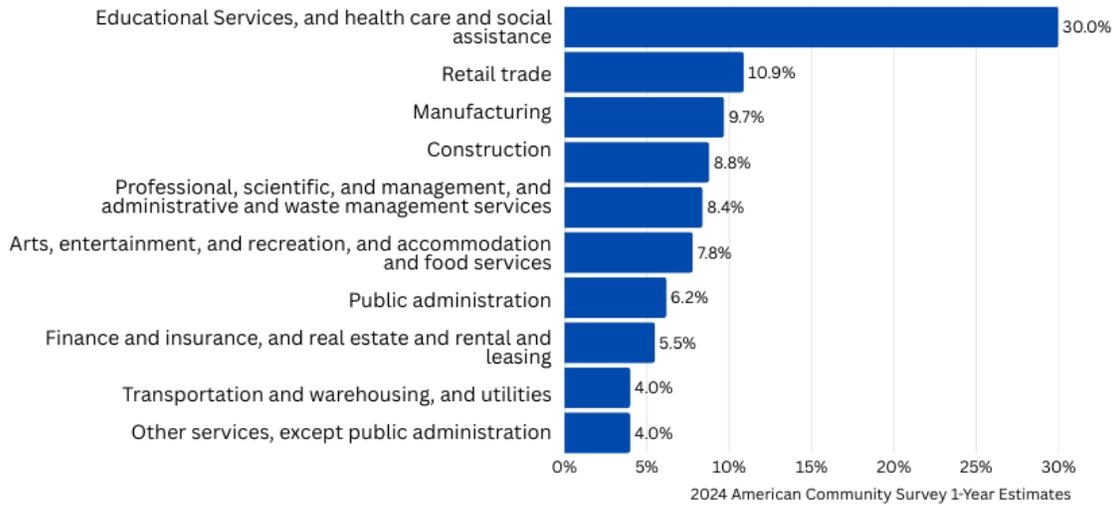
Employment & Income

The employment rate in Warren County is 53.7% for the population 16 years and over, which is lower than New York State 59.5%. Industries that employ the highest percentage of the workforce are Educational/Health care/Social assistance at 30%, followed by Retail 10.9%, Manufacturing 9.7%, Construction 8.8%, and Professional/Scientific/Management/Administrative/Waste Management 8.4%. Other industry sectors each employ less than 8 percent of the workforce (Source: 2024 American Community Survey 1-year estimate).

Employment Rate in Warren County
Not in Labor Force 46.3%
In Labor Force 53.7%
2024 American Community Survey 1-Year Estimates

Employment Rate in New York
Not in Labor Force 40.5%
In Labor Force 59.5%
2024 American Community Survey 1-Year Estimates

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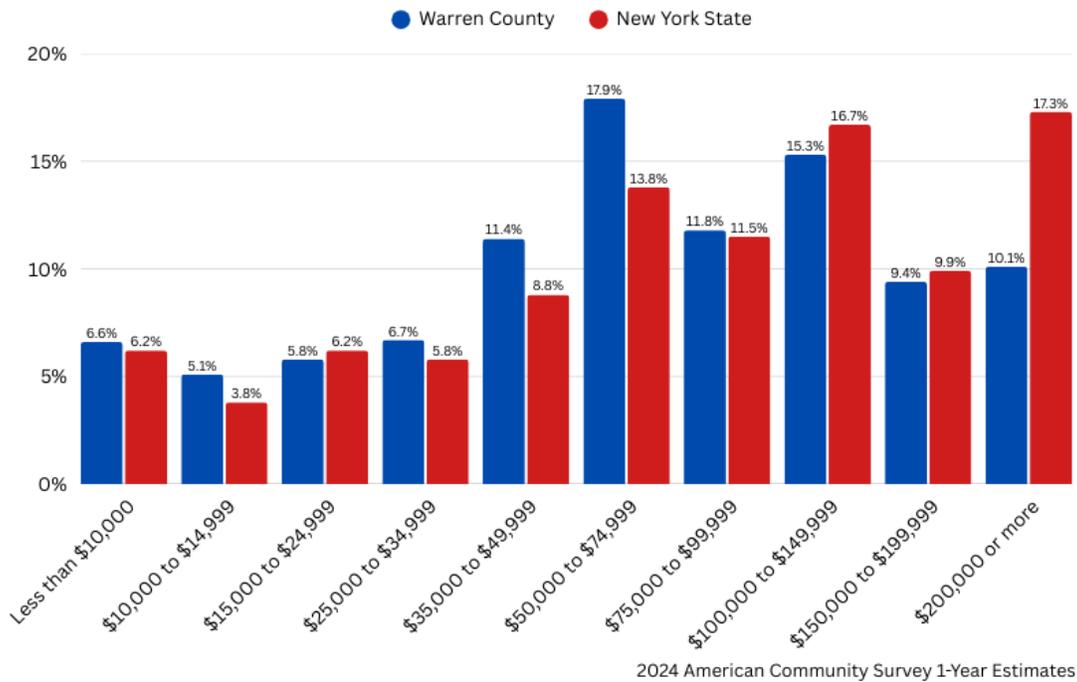[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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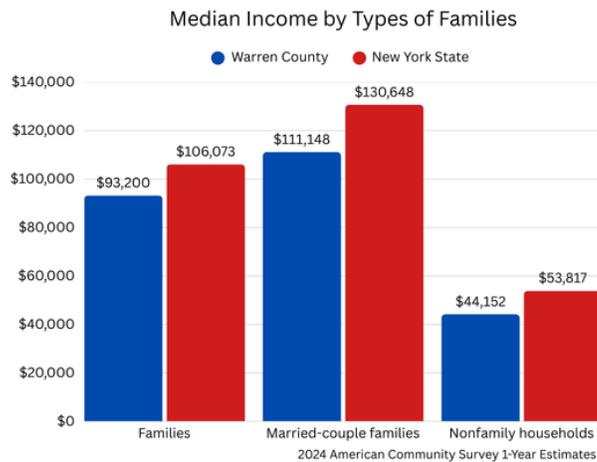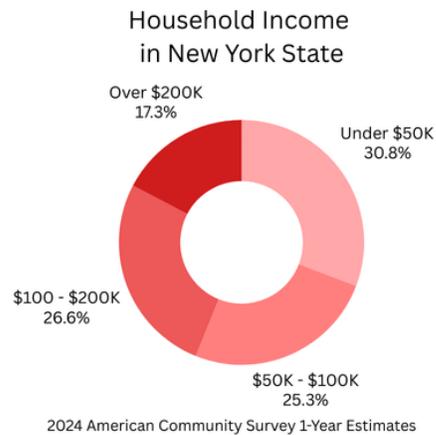## Industry for the Civilian Employed Population 16 Years and Over in Warren County

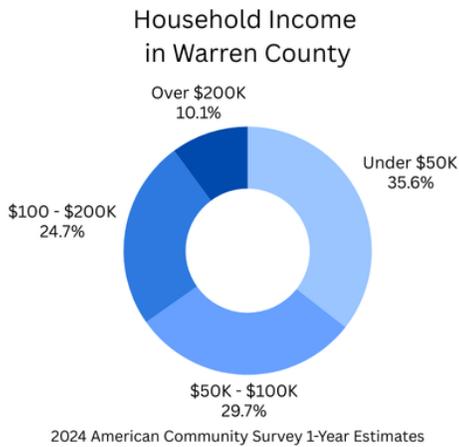| Industry	Percentage
Educational Services, and health care and social assistance	30.0%
Retail trade	10.9%
Manufacturing	9.7%
Construction	8.8%
Professional, scientific, and management, and administrative and waste management services	8.4%
Arts, entertainment, and recreation, and accommodation and food services	7.8%
Public administration	6.2%
Finance and insurance, and real estate and rental and leasing	5.5%
Transportation and warehousing, and utilities	4.0%
Other services, except public administration	4.0%

2024 American Community Survey 1-Year Estimates

The median income for households in Warren County is $69,695 which is lower than New York State at $85,820. Families in Warren County have a median income of $93,200 this number increases to $111,148 for married families and drops significantly for nonfamily households to $44,152. Approximately 65% of Warren County households have an annual income of less than $100,000, compared to 56% of New York State households.

Household Income

● Warren County   ● New York State

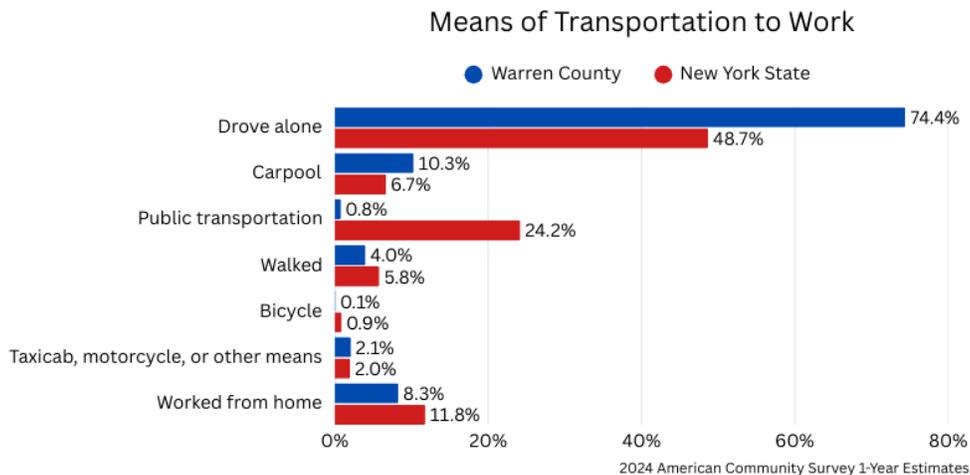| Income Range	Warren County	New York State
Less than $10,000	6.6%	6.2%
$10,000 to $14,999	5.1%	3.8%
$15,000 to $24,999	5.8%	6.2%
$25,000 to $34,999	6.7%	5.8%
$35,000 to $49,999	11.4%	8.8%
$50,000 to $74,999	17.9%	13.8%
$75,000 to $99,999	11.8%	11.5%
$100,000 to $149,999	15.3%	16.7%
$150,000 to $199,999	9.4%	9.9%
$200,000 or more	10.1%	17.3%

2024 American Community Survey 1-Year Estimates

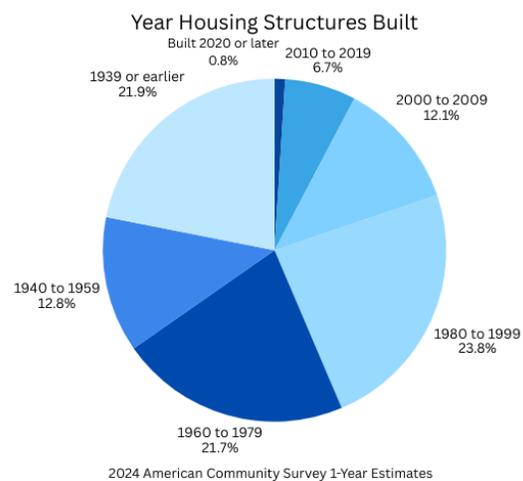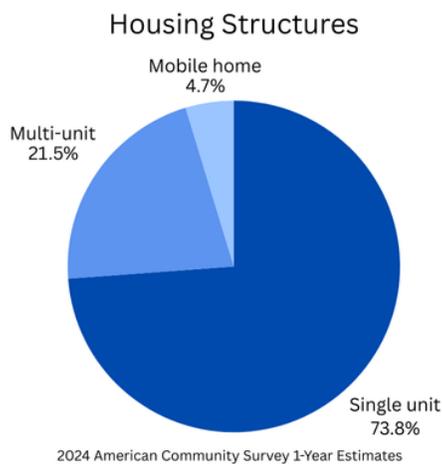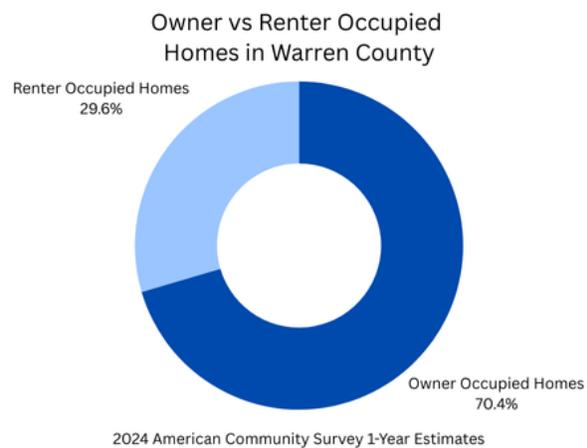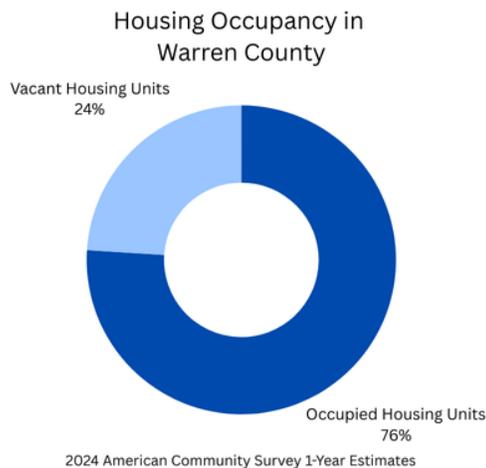[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Household Income in Warren County

Over $200K
10.1%

Under $50K
35.6%

$100 - $200K
24.7%

$50K - $100K
29.7%

2024 American Community Survey 1-Year Estimates

Household Income in New York State

Over $200K
17.3%

Under $50K
30.8%

$100 - $200K
26.6%

$50K - $100K
25.3%

2024 American Community Survey 1-Year Estimates

Median Income by Types of Families

● Warren County ● New York State

	Warren County	New York State
Families	$93,200	$106,073
Married-couple families	$111,148	$130,648
Nonfamily households	$44,152	$53,817

2024 American Community Survey 1-Year Estimates

Travel/Modes of Transportation to Work

The average travel time to work for Warren County residents is 23 minutes. This is lower than the 33 minutes for all of New York. Seventy-four percent of Warren County residents drive alone to work, 10.3% carpool, 4% walk and 8.3% work from home. In comparison for the rest of New York 48.7% of residents drive alone, 6.7% carpool, 5.8% walk, and 11.8% work from home. Additionally, 24.2% of New York residents use public transportation to get to work, but less than 1% of Warren County residents use public transportation to get to work.

Means of Transportation to Work

● Warren County ● New York State

	Warren County	New York State
Drove alone	74.4%	48.7%
Carpool	10.3%	6.7%
Public transportation	0.8%	24.2%
Walked	4.0%	5.8%
Bicycle	0.1%	0.9%
Taxicab, motorcycle, or other means	2.1%	2.0%
Worked from home	8.3%	11.8%

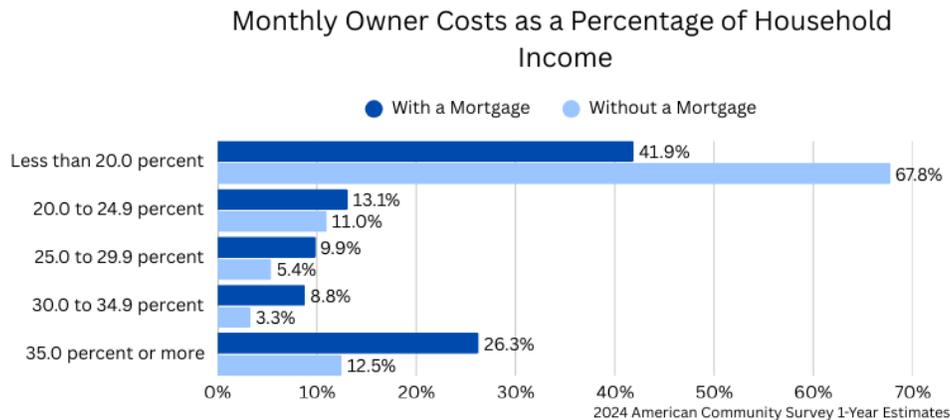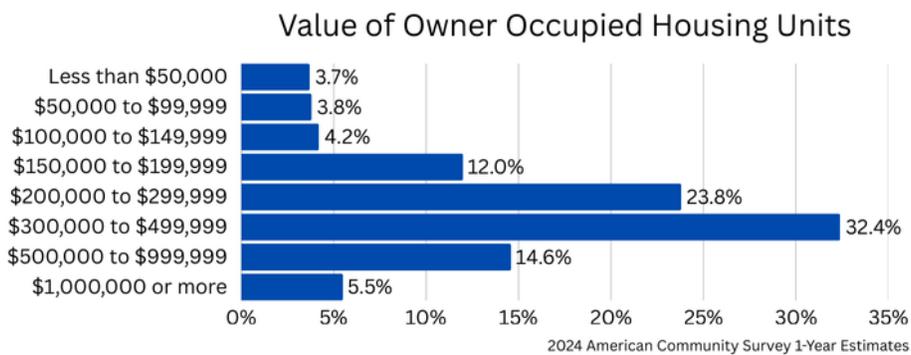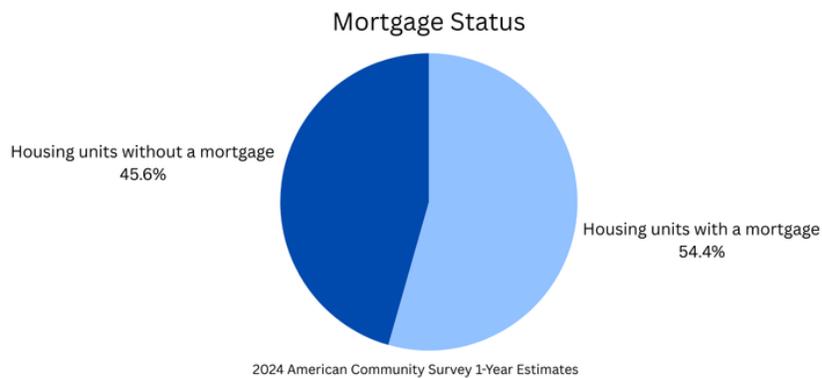2024 American Community Survey 1-Year Estimates

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Housing/Affordability

Housing Units

There are an estimated 40,700 housing units in Warren County. Single unit structures make up 73.8% of the housing, 21.5% are multi-unit structures, and mobile homes make up 4.7% of housing structures. Seventy-six percent of housing structures are occupied.

Approximately 70% of occupied housing structures are owner occupied with the additional 30% being renter occupied. Homeownership in Warren County is higher than the New York State rate of 54.3%. The median value of owner-occupied housing units in Warren County is $311,400, and the median gross rent is $1,128 (Source: U.S. Census Bureau (2024). *American Community Survey 1-year estimates, Table B25077.* Retrieved from https://data.census.gov/table/ACSDT1Y2024.B25077?q=warren+county+ny+median+value+of+housing&t=Housing+Value+and+Purchase+Price).

Housing Occupancy in Warren County

Vacant Housing Units 24%

Occupied Housing Units 76%

2024 American Community Survey 1-Year Estimates

Owner vs Renter Occupied Homes in Warren County

Renter Occupied Homes 29.6%

Owner Occupied Homes 70.4%

2024 American Community Survey 1-Year Estimates

Housing Structures

Mobile home 4.7%

Multi-unit 21.5%

Single unit 73.8%

2024 American Community Survey 1-Year Estimates

Year Housing Structures Built

Built 2020 or later 0.8%
2010 to 2019 6.7%
2000 to 2009 12.1%
1939 or earlier 21.9%
1980 to 1999 23.8%
1940 to 1959 12.8%
1960 to 1979 21.7%

2024 American Community Survey 1-Year Estimates

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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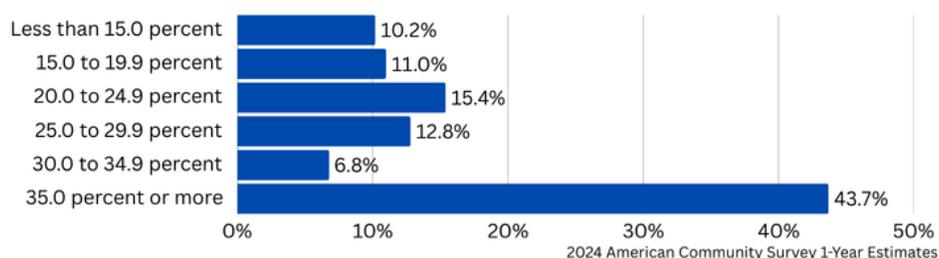
Housing Costs

When looking at housing costs the 30% rule suggests that housing costs (including rent or mortgage payments, property taxes, and insurance) should not exceed 30% of gross monthly income. According to the American Community Survey 2024, 1-year estimate, 35% of housing units with a mortgage exceed the 30% guideline, 15.8% of housing units without a mortgage also exceed the guideline. For renter occupied units 50.5% exceed the 30% guideline. Households with an income of $75,000 or more on average spend 46.3% of their income on housing costs (Source: U.S. Census Bureau (2024). *American Community Survey 1-year estimates).*

Mortgage Status

Housing units without a mortgage
45.6%

Housing units with a mortgage
54.4%

2024 American Community Survey 1-Year Estimates

Value of Owner Occupied Housing Units

Less than $50,000	3.7%
$50,000 to $99,999	3.8%
$100,000 to $149,999	4.2%
$150,000 to $199,999	12.0%
$200,000 to $299,999	23.8%
$300,000 to $499,999	32.4%
$500,000 to $999,999	14.6%
$1,000,000 or more	5.5%

2024 American Community Survey 1-Year Estimates

Monthly Owner Costs as a Percentage of Household Income

● With a Mortgage   ● Without a Mortgage

	With a Mortgage	Without a Mortgage
Less than 20.0 percent	41.9%	67.8%
20.0 to 24.9 percent	13.1%	11.0%
25.0 to 29.9 percent	9.9%	5.4%
30.0 to 34.9 percent	8.8%	3.3%
35.0 percent or more	26.3%	12.5%

2024 American Community Survey 1-Year Estimates

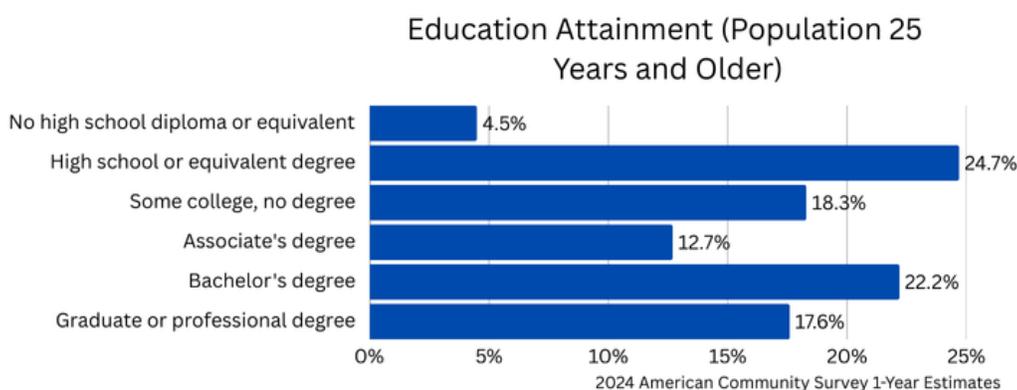[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Gross Rent as a Percentage of Household Income

Category	Percentage
Less than 15.0 percent	10.2%
15.0 to 19.9 percent	11.0%
20.0 to 24.9 percent	15.4%
25.0 to 29.9 percent	12.8%
30.0 to 34.9 percent	6.8%
35.0 percent or more	43.7%

2024 American Community Survey 1-Year Estimates

Health Systems

Warren County is home to one hospital, Glens Falls Hospital, which has 391 hospital beds, primarily designated for medical and surgical care. When factoring in the county's overall population, this results in a hospital bed rate of 598.0*, which is higher than the ARHN region rate of 258.7*.

The county has four nursing home facilities, providing a total of 399 nursing home beds, creating a nursing home bed rate of 610.3. Additionally, there are five adult care facilities with a combined total of 424 beds, giving an adult care facility rate of 648.5. The nursing home bed rate is lower than ARHN 667.4, while adult care facility bed rate is higher than the ARHN region 338.0. Warren County's physician rate is 347.2, which exceeds the ARHN region's rate of 190.2.

The county's ratio of population to primary care physicians 900:1 is significantly lower than the New York State ratio 1240:1, indicating greater access to primary care with one physician per 900 residents. The ratio of population to mental health providers is 210:1, also lower than the State ratio 260:1. Warren County has a population-to-dentists ratio of 1130:1, which is the lowest in the ARHN region, and lower than the New York State ratio of 1200:1. Fifty-four percent of female Medicare enrollees aged 65-74 in Warren County received an annual mammography screening, the second highest in the ARHN region, surpassing the state average of 44%.

Healthcare Access/Insurance

According to the latest data available on the New York State Community Health Indicator Reports – Warren County 97.5% of children <19 years old had health insurance. The percentage of adults in Warren County ages 18-64 years old that report having health insurance is 94.5%. The percentage of population with Medicaid/means-tested public coverage in Warren County is 21%.

The percentage of Warren County residents that were unable to receive medical care due to costs is 3.9%. The percentage of Warren County adults that report having a regular healthcare provider is 88.1%

Education System

School Districts

Warren County is served by nine school districts, with a total enrollment of 7,919 students. Of these, 42.0% qualify for free or reduced lunch, with the majority (96.8%, or 3,147 students) eligible for free

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lunch. The county graduates 667 high school students annually, with a dropout rate of 9.0%. This rate is higher than the ARHN region's rate of 6.6% and New York State's rate of 5.0%.

The county employs 790 teachers, resulting in a student-to-teacher ratio of 9.8, which is slightly higher than the ARHN region's ratio of 9.6, but lower than the NYS ratio of 11.2. For additional K-12 education profile data see Appendix E

Educational Attainment

Approximately 95.5% of Warren County residents 25 years and older are high school graduates or higher. This is higher than the rest of New York State at 88%. Regarding higher education, 39.8% of residents 25 years and older have a bachelor's degree or higher which is slightly lower than New York State at 41.2% (Source: U.S. Census Bureau (2024). *American Community Survey 1-year estimates).*

Education Attainment (Population 25 Years and Older)

Category	Percentage
No high school diploma or equivalent	4.5%
High school or equivalent degree	24.7%
Some college, no degree	18.3%
Associate's degree	12.7%
Bachelor's degree	22.2%
Graduate or professional degree	17.6%

2024 American Community Survey 1-Year Estimates

The Health Status of Warren County Residents

Data Sources and Collection Methods

To assess the health status of Warren County residents as part of the 2025-2030 Community Health Assessment (CHA) Warren County Public Health contracted with Adirondack Health Institute (AHI) to assist with data collection and analysis. Warren County Public Health staff served on the AHI CHA data sub-committee and helped identify potential data sources for AHI's consideration in the development of the Warren County and regional CHA.

AHI provides data collection and analysis to Clinton, Essex, Franklin, Fulton, Hamilton, and Washington counties. These counties also provide input on data sources, collection and analysis. A regional data comparison is provided by AHI that includes all participating Counties. The data methodology utilized by AHI to provide the data collection and analysis can be found in Appendix A.

In addition to the data collection provided by AHI, Warren County Public Health conducted a community health feedback survey to gather input directly from residents of Warren County. The survey was developed internally, utilizing questions from various community health surveys from Counties in and outside of New York State. The survey was posted online using a Google Form and included multiple choice options. Most questions were written as "pick your top three" "pick your top five" or "select all that apply". The survey can be found in Appendix B.

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Most of the health data included in this CHA came from New York State databases. Sources include the NYS Prevention Agenda Dashboard, NYS County Health Indicator Reports, NYS Behavioral Risk Factor Surveillance System (BRFSS), which organize data for easier navigation from multiple data collection systems (e.g. Statewide Planning and Research Cooperative System (SPARCS), NYS Vital Statistics, NYS Cancer Registry etc.). Demographic data for Warren County was mostly gathered from the US Census Bureau's American Community Survey. Education data came from a mix of NYS State Education Department data and US Census data.

Community Engagement

To create a robust community health assessment community engagement is essential. Multiple community engagement strategies were utilized to support this CHA.

Gathering feedback from stakeholders across a variety of professional disciplines provided unique perspectives about what is believed to impact the health of our community. To gather these perspectives a stakeholder survey was created with input from all the AHI CHA partners (see Appendix C). The survey was sent by email to frontline workers, management, and leadership contacts provided by Warren County and other AHI partners. Follow-up emails were sent to encourage survey completion.

Input from community members was sought in addition to feedback from stakeholders. Warren County Public Health staff created a community feedback survey using a Google Form (see Appendix B). The survey was posted online and promoted through social media from March 2025 until September 2025. QR code postcards were also distributed at health fairs and community events. It was shared with partner agencies who were asked to request their consumers complete the survey. The survey was also advertised in several newsletters. 136 responses were received and analyzed.

Input from community partners came from direct interactions through the CHA/CHIP planning process. Fifteen community partners agreed to participate on the CHA/CHIP planning committee. Warren County Public Health worked directly with ACSEND Mental Wellness, Family Services Association of Glens Falls, Glens Falls Hospital, Hudson Headwaters Health Network, Office of Community Services (County mental health unit), Open Door Mission, Southern Adirondack Independent Living Center, Southern Adirondack Childcare Network, Warren County Department of Social Services, Warren County Workforce Development, Warren County Planning Department, The WAIT House, Glens Falls Supervisor Ward 5, and Warren County Office for the Aging.

Preliminary findings of the data review and survey results were shared with the CHA/CHIP planning committee through online and in-person planning meetings along with constant email communication.

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# Relevant Health Indicators

Chronic Disease

All Cancers

Cancer is a group of diseases where abnormal cells grow out of control and crowd out normal cells. It affects 1 in 3 people in the United States. From 2013 -2022 cancer was the first or second leading cause of death in Warren County (Source: Vital statistics data as of August 2024).

The overall age-adjusted cancer rate in Warren County is slightly elevated. The latest 3-year average rate for all cancers is 519.9*. This rate is higher than the age-adjusted NYS excl. NYC rate of 458.2*. Since 2013 the three-year age-adjusted rate for all cancer in Warren County has shown a slight decline. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 14th, 2025.*

The three-year average age-adjusted mortality rate for all cancers in Warren is 152.4 which is higher than the NYS rate excl. NYC of 124.8. Warren County has seen a steady drop in the three-year average cancer mortality rate since 2016. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 14th, 2025.*

Age-adjusted all cancer incidence rate per 100,000, Warren
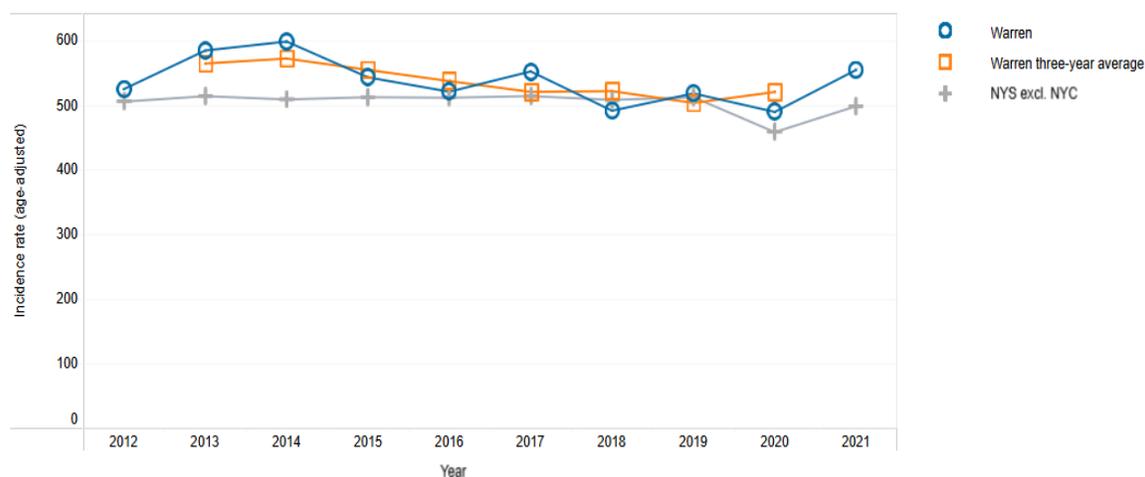
Age-adjusted all cancer mortality rate per 100,000, Warren
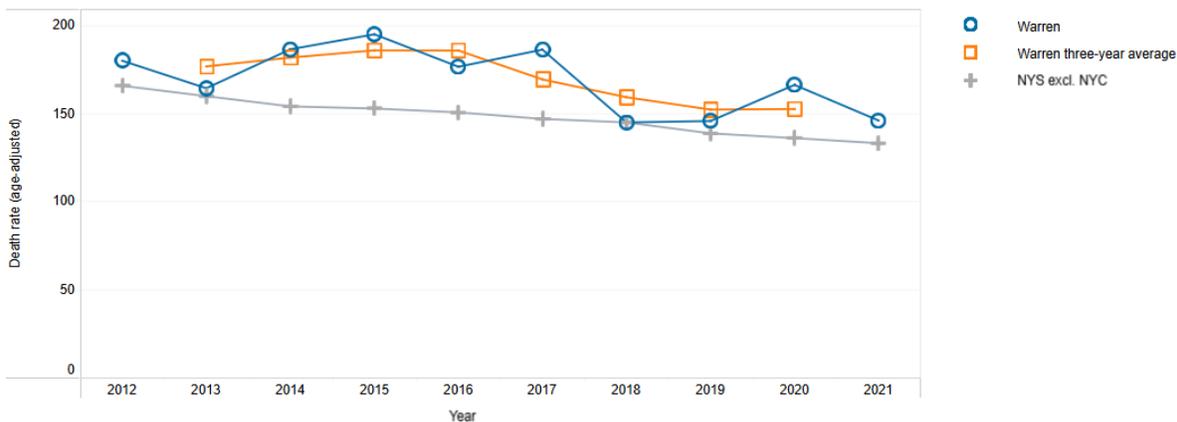
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*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Lung & Bronchus Cancer

Warren County residents have a three-year age adjusted average rate of lung and bronchus cancer of 64.4, which is higher than the NYS rate excl. NYC of 51.1. The County three-year average rate of lung and bronchus cancer has declined since 2014. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 14th, 2025.*

The three-year age adjusted lung and bronchus mortality rate in Warren County is 34.5, which is higher then the NYS rate excl. NYC 26.1. The County three-year age adjusted mortality rate has declined steadily since 2016. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 14th, 2025.*

Age-adjusted lung and bronchus cancer incidence rate per 100,000, Warren
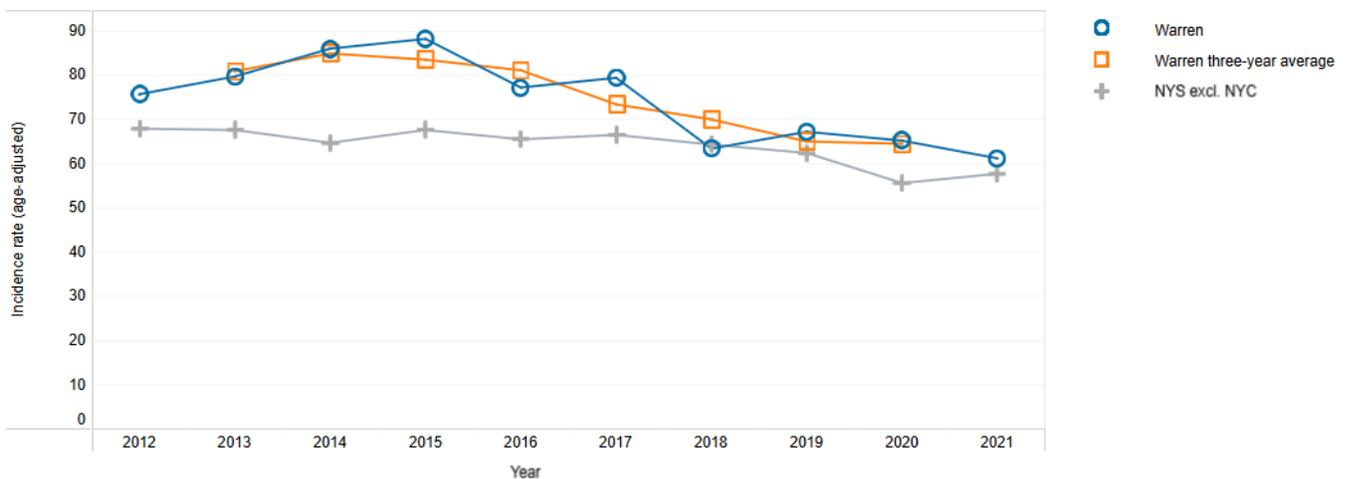
Age-adjusted lung and bronchus cancer mortality rate per 100,000, Warren
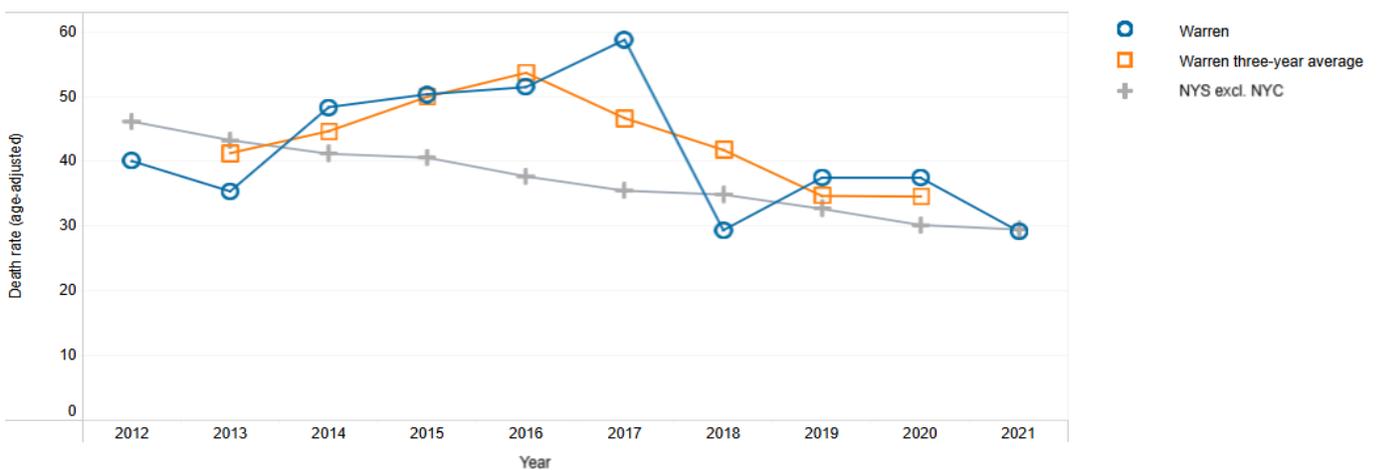
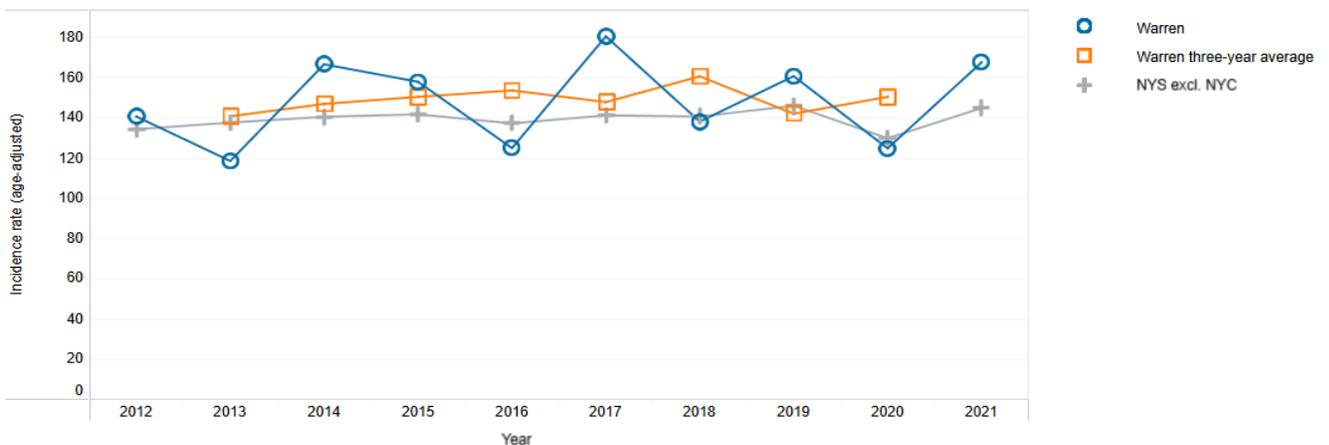[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Colorectal Cancer

In the United States, colorectal cancer (CRC) is the third most diagnosed cancer and the third leading cause of cancer death in both men and women. A recent American Cancer Society report casts a spotlight on an emerging and highly concerning fact — one in five people diagnosed with CRC are now under the age of 55[7].

In Warren County the age-adjusted three-year average rate of colorectal cancer is 32.1 which is lower than the NYS rate excl. NYC of 35. Three-year colorectal cancer rates had been declining in Warren County from 2013-2018 but saw a slight increase from 2019-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

The three-year age adjusted mortality rate for colorectal cancer in Warren County is 8.9 which is lower than the NYS rate excl. NYC of 10.8. On a positive note, Warren County has seen three-year colorectal cancer mortality rates decline consistently from 2016-2020. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

Age-adjusted colon and rectum cancer incidence rate per 100,000, Warren
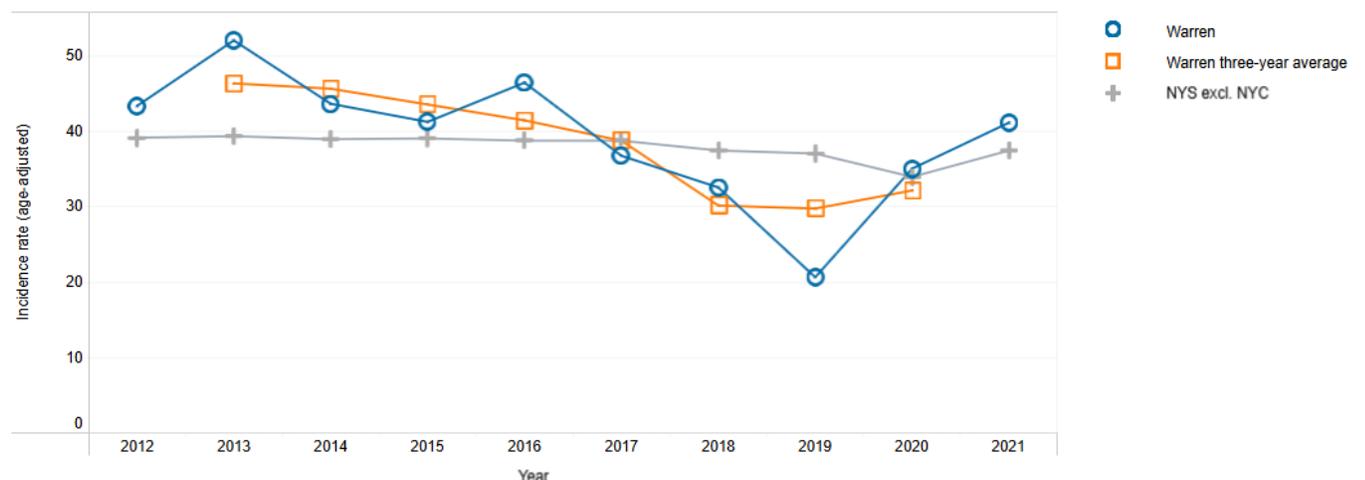
Age-adjusted colon and rectum cancer mortality rate per 100,000, Warren
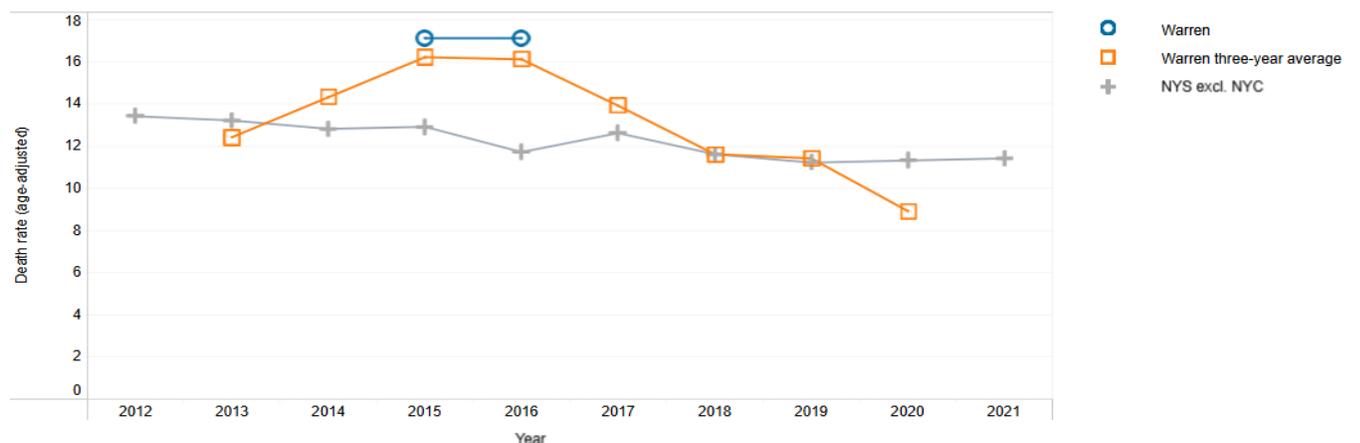
Female Breast Cancer

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According to the American Cancer Society, breast cancer is the most common cancer in women in the United States, except for skin cancers. It accounts for about 30% (or 1 in 3) of all new female cancers each year. The median age at the time of breast cancer diagnosis is 62[8]. This means half of the women who developed breast cancer are 62 years of age or younger when they are diagnosed. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

The female breast cancer three-year age-adjusted incidence rate in Warren County is 150.3 which is higher than the NYS rate excl. NYC of 134.2. Rates of female breast cancer in Warren County have remained relatively constant since 2013. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

The female breast cancer three-year age adjusted mortality rate in Warren County is 21.9 which is higher than the NYS rate excl. NYC of 16.9. Female breast cancer mortality rates for Warren County were lower than the NYS rate excl. NYC from 2015-2019 but rose above the rate in 2020. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

**Age-adjusted female breast cancer incidence rate per 100,000, Warren**

Age-adjusted female breast cancer mortality rate per 100,000, Warren
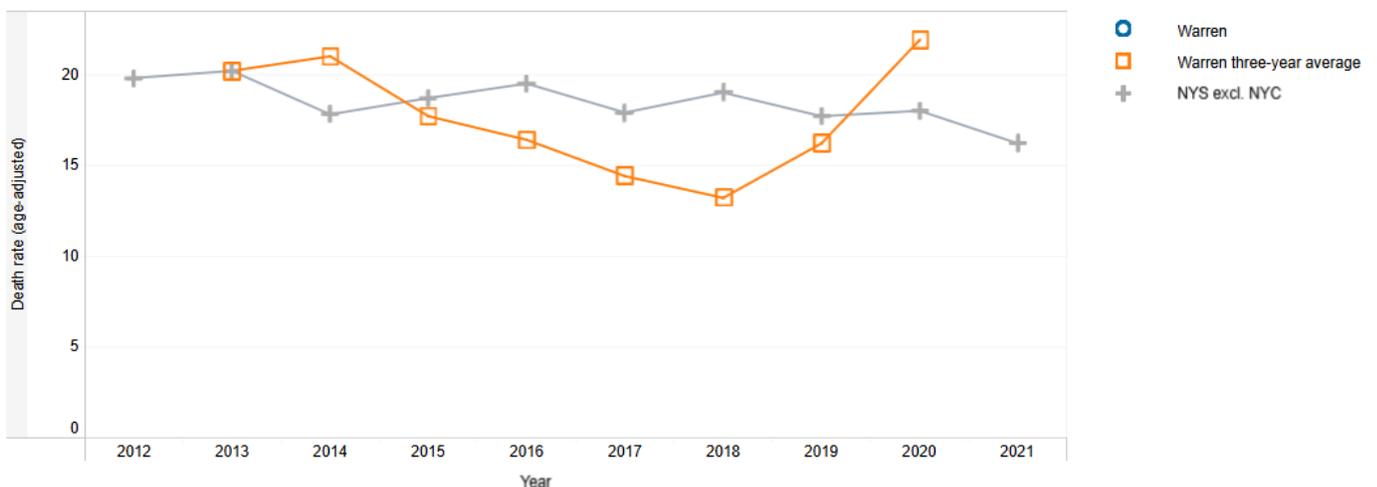
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Prostate Cancer

According to the American Cancer Society about 1 in 8 men will be diagnosed with prostate cancer during their lifetime. Prostate cancer is the second-leading cause of cancer death in American men, behind only lung cancer. About 6 in 10 prostate cancers are diagnosed in men who are 65 or older, and remains rare in men under 40. The average age of men when they are first diagnosed is approximately 67 years[9].

In Warren County the age-adjusted three-year rate of prostate cancer is 133.4 which is higher than the NYS rate excl. NYC of 131.6. Warren County's prostate cancer incidence rate has followed a similar pattern of rate change as NYS rate excl. NYC. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

The prostate cancer three-year mortality rate in Warren County is 13.4 which is lower than the NYS rate excl. NYC of 15.2. Warren County has seen a general decline in prostate cancer mortality rates since 2013. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 16th, 2025*

Age-adjusted prostate cancer incidence rate per 100,000, Warren
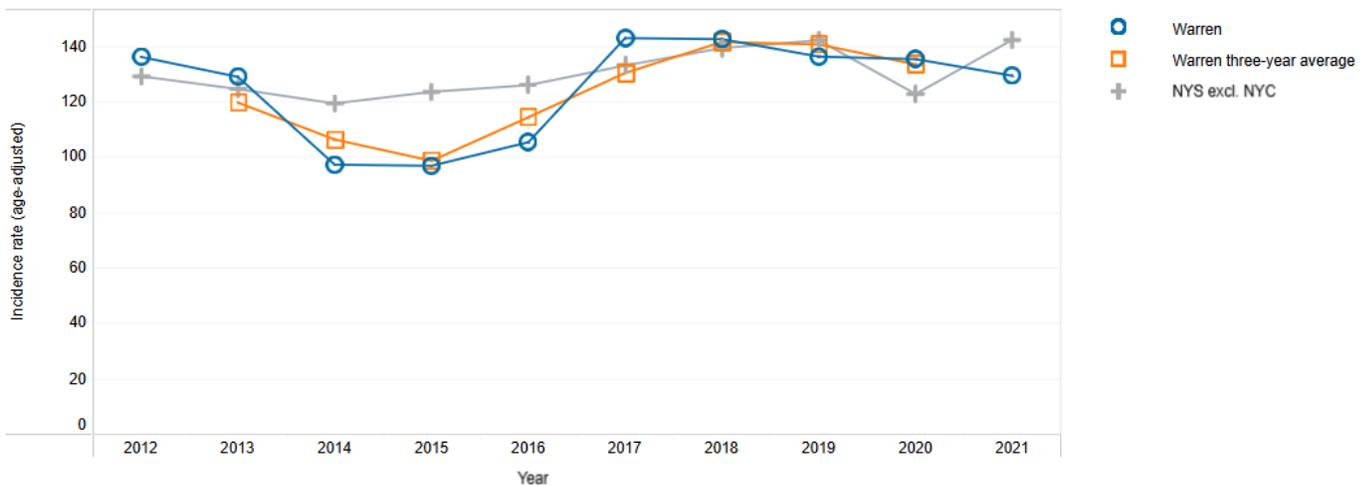
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Age-adjusted prostate cancer mortality rate per 100,000, Warren
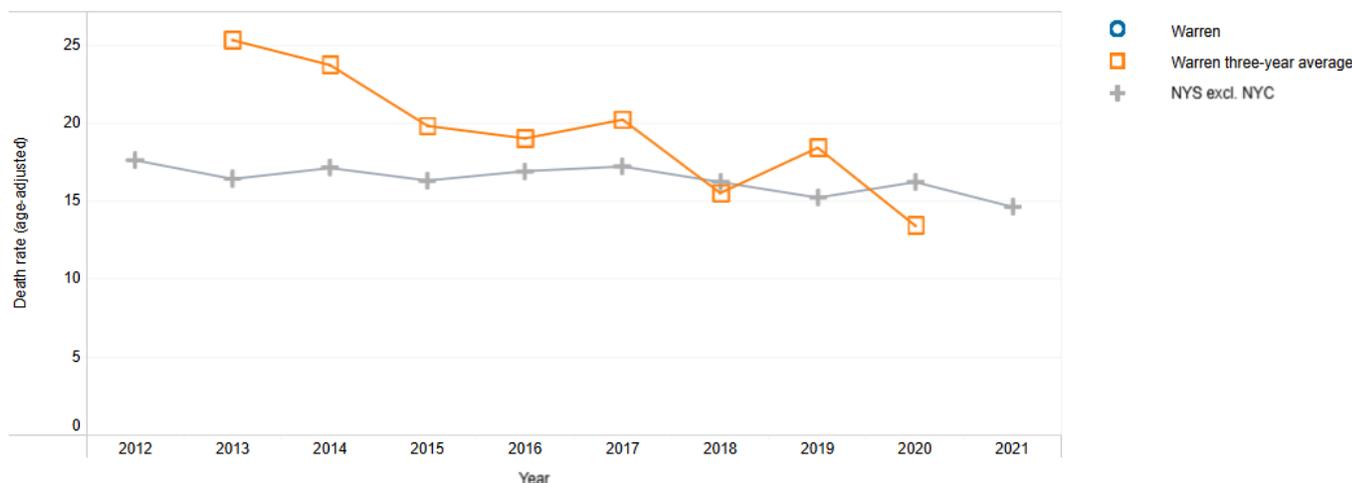
Preventive Cancer Screenings

Preventive cancer screenings play an important role in reducing morbidity and mortality rates for people diagnosed with cancer. Early detection can increase survival rates and reduce the need for more invasive cancer treatments.

According to the latest data available (2018) the percentage of adults in Warren County aged 50-64 that received a colorectal cancer screen based on current guidelines is 74.2% which is higher than the North Country rate 66.2% and NYS excl. NYC 66.5%. Warren County's rate is higher than the NYS Prevention Agenda objective 66.3%. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed November 12th, 2025.*

In Warren County the percentage of women aged 50-74 that have received a breast cancer screening based on current guidance was 77.1% which is similar to the North Country rate 77.4% and lower than NYS excl. NYC rate 78.8%. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 13th, 2025.*

In Warren County according to the latest data (2018) the percentage of women aged 21-65 that have received a cervical cancer screening based on current guidance was 90.4% which is higher than the North Country rate 82.4% and the NYS rate excl. NYC 86.1%. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 13th, 2025.*

No data was able to be found regarding prostate cancer screening rates in Warren County.

Cardiovascular Disease

Cardiovascular disease is the broad term used to described numerous conditions that affect the heart and blood vessels. Heart disease has been either a leading cause of or second leading cause of death in Warren County from 2013 -2022 according to NYS Vital Statistics (Source: NYS Vital Statistics as of August 2024)

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
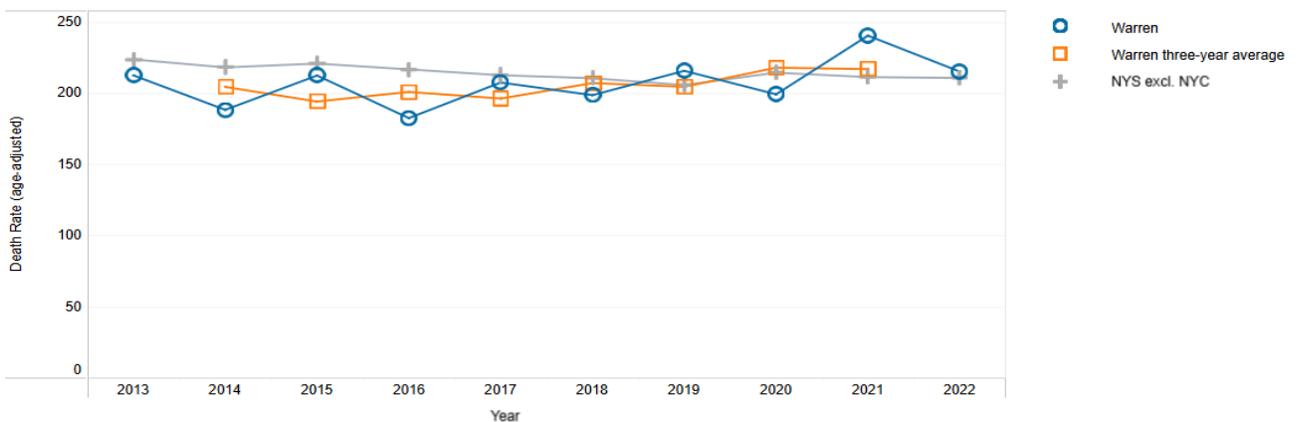*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

The cardiovascular disease age-adjusted three-year average mortality rate in Warren County is 216.7 which is slightly higher than the NYS rate excl. NYC of 213.8. The Warren County mortality rate has remained stable from 2014-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

Warren County has a three-year average cardiovascular disease premature death (ages 35-64) rate of 151.2 which is noticeably higher than the NYS rate excl. NYC of 113.6. It should also be noted that Warren County has experienced a sharp rise in in the three-year cardiovascular disease premature death rate from 2018-2021 with the rate rising from 102.3 to 151.2 over that time. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

The three-year cardiovascular disease hospitalization rate in Warren County is 102.7 per 10,000 which is lower than the NYS rate excl. NYC of 108 per 10,000. CVD hospitalization rates in Warren County have been trending lower since 2018. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

**Age-adjusted cardiovascular disease mortality rate per 100,000, Warren**

Cardiovascular disease premature death (aged 35-64 years) rate per 100,000, Warren
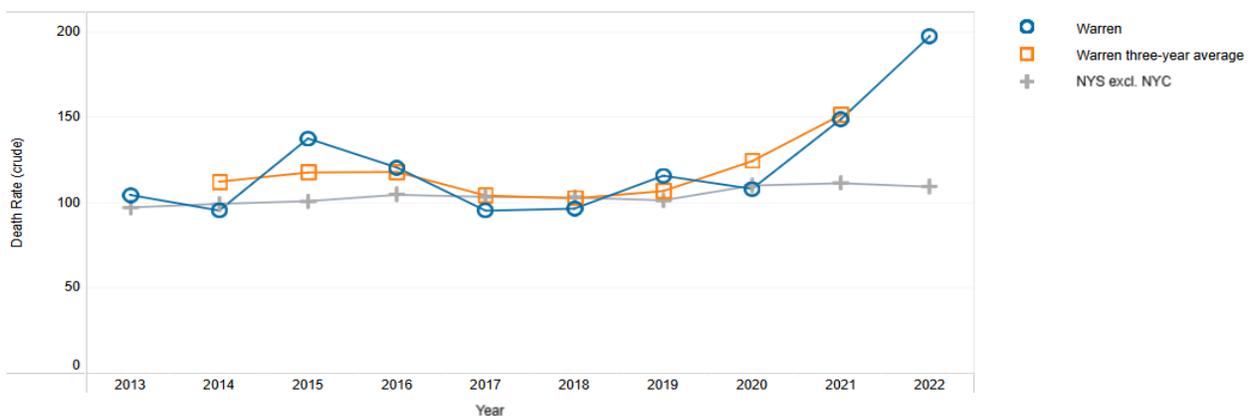
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[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Age-adjusted cardiovascular disease hospitalization rate per 10,000, Warren
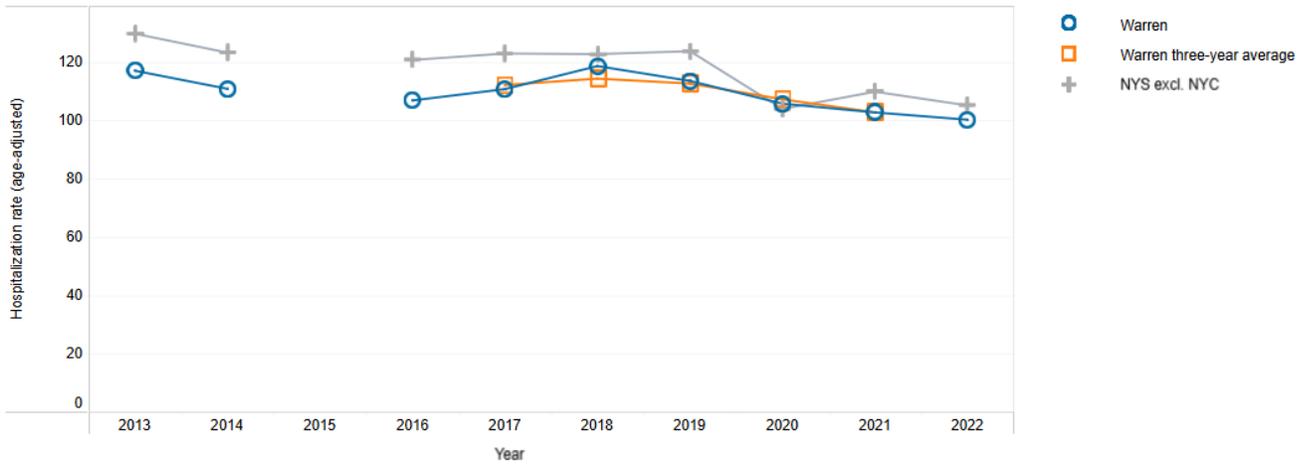
Diseases of the Heart

The age-adjusted three-year average diseases of the heart mortality rate in Warren County is 162.6 which is lower than the NYS rate excl. NYC of 170.6. The disease of the heart mortality rate in Warren county has been relatively stable since 2014. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

Warren County has a three-year average diseases of the heart premature death (ages 35-64) rate of 119.2 which is noticeably higher than the NYS rate excl. NYC of 91.7. It should be noted that Warren County has experienced a sharp rise in the three-year diseases of the heart premature death rate from 2018-2021 with the rate rising from 81.8 to 119.2 over that time. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

The three-year diseases of the heart hospitalization rate in Warren County is 69.2 per 10,000 which is lower than the NYS rate excl. NYC of 71.4. Diseases of the heart hospitalization rates in Warren County have been trending lower since 2018. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

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[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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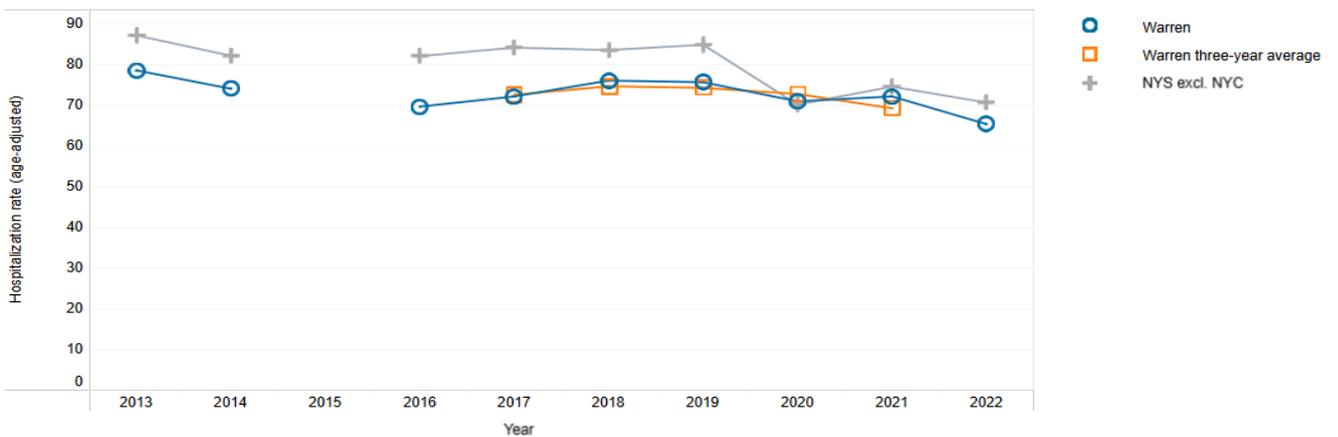
Age-adjusted diseases of the heart mortality rate per 100,000, Warren
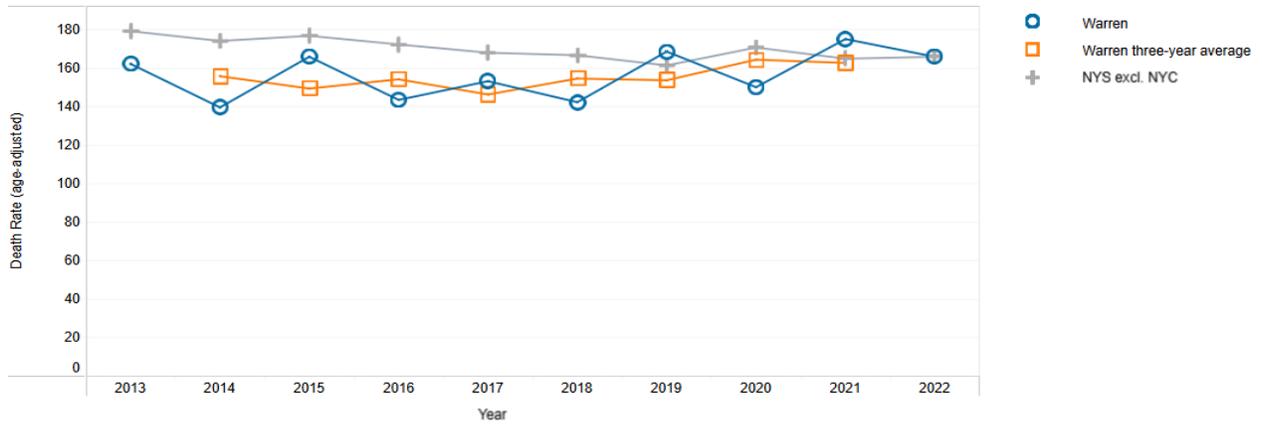
Diseases of the heart premature death (aged 35-64 years) mortality rate per 100,000, Warren
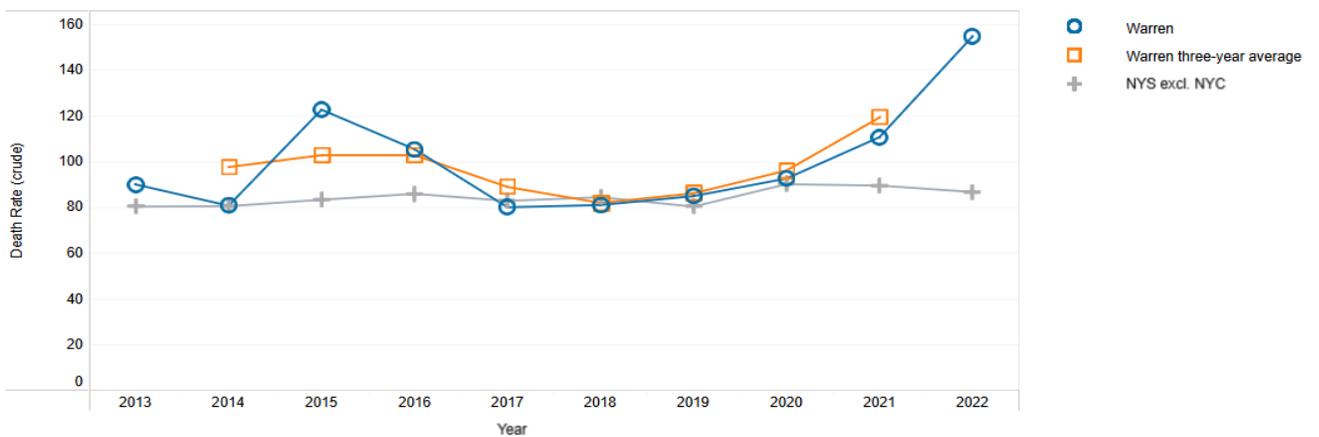
Age-adjusted diseases of the heart hospitalization rate per 10,000, Warren

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Coronary Heart Disease

The Warren County age-adjusted three-year coronary heart disease mortality rate is 107.6 which is lower than the NYS rate excl. NYC of 131.6. However, the mortality rate in Warren County has been increasing from 2018 -2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

Warren County has a three-year average coronary heart disease premature death (ages 35-64) rate of 79.4 which is higher than the NYS rate excl. NYC of 72.8. Warren County has seen a noticeable increase in the three-year coronary heart disease premature death rate from 2018-2021 with the rate rising from 51.1 to 79.4 over that time. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

Warren County has a three-year age-adjusted average coronary heart disease rate of 20.1 per 10,000 which is similar to the NYS rate excl. NYC of 19.7. Hospitalizations for coronary heart disease have remained stable since 2018. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

**Age-adjusted coronary heart disease mortality rate per 100,000, Warren**
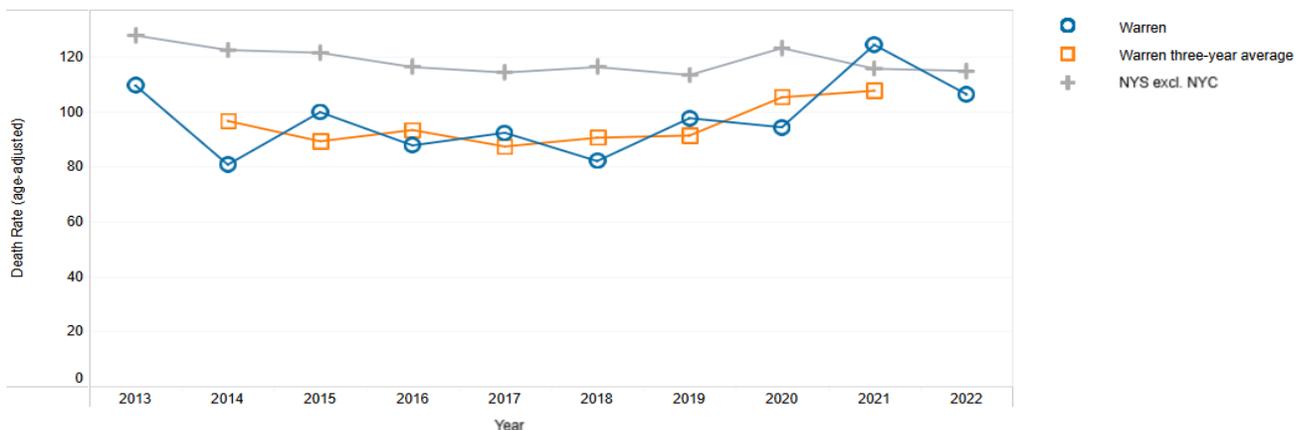
Coronary heart disease premature death (aged 35-64 years) rate per 100,000, Warren
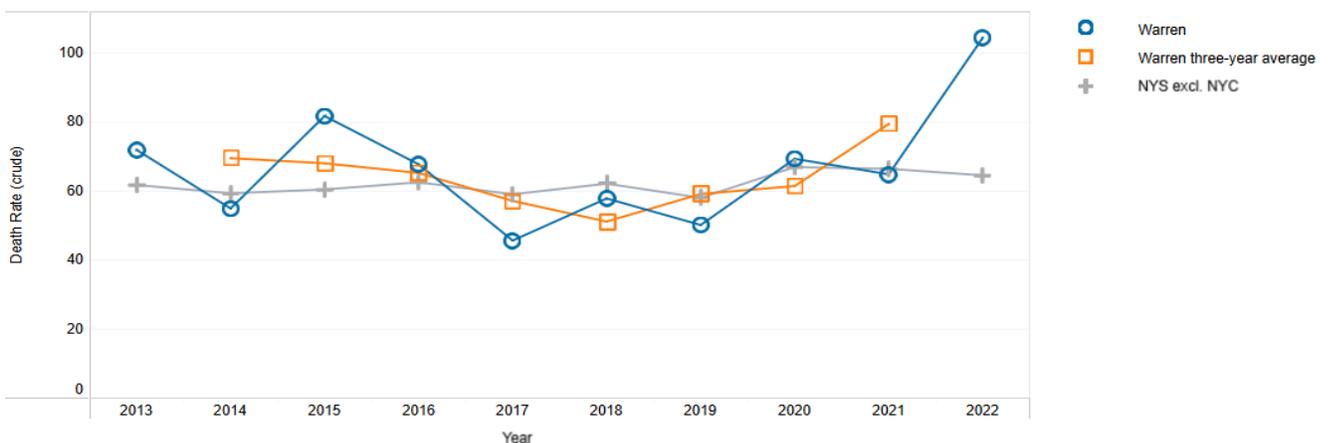
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Age-adjusted coronary heart disease hospitalization rate per 10,000, Warren
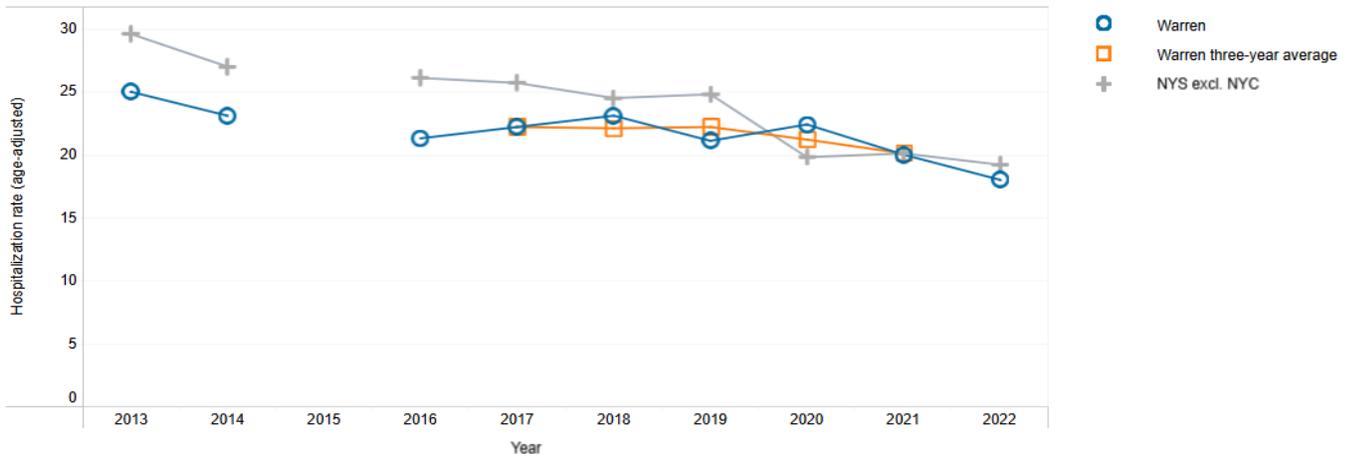
Congestive Heart Failure (CHF)

The congestive heart failure three-year age-adjusted mortality rate in Warren County is 9.8 which is similar to the NYS rate excl. NYC of 10.9. Warren County has seen a decline in CHF morality from 2019-2021 from 13.5 to 9.8. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

The Warren County congestive heart failure three-year age-adjusted premature death (35-64) rate is not able to be reliably calculated due to the low number of events. Rates are unstable. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

The three-year age-adjusted rate of potentially preventable heart failure hospitalizations in Warren County is 40.9 per 10,000 (18 years and older) which is higher than the NYS rate excl. NYC of 36.1. Warren County has seen a small decline in potentially preventable heart failure hospitalization from 2018-2021 from 46.4 to 40.9. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Age-adjusted congestive heart failure mortality rate per 100,000, Warren
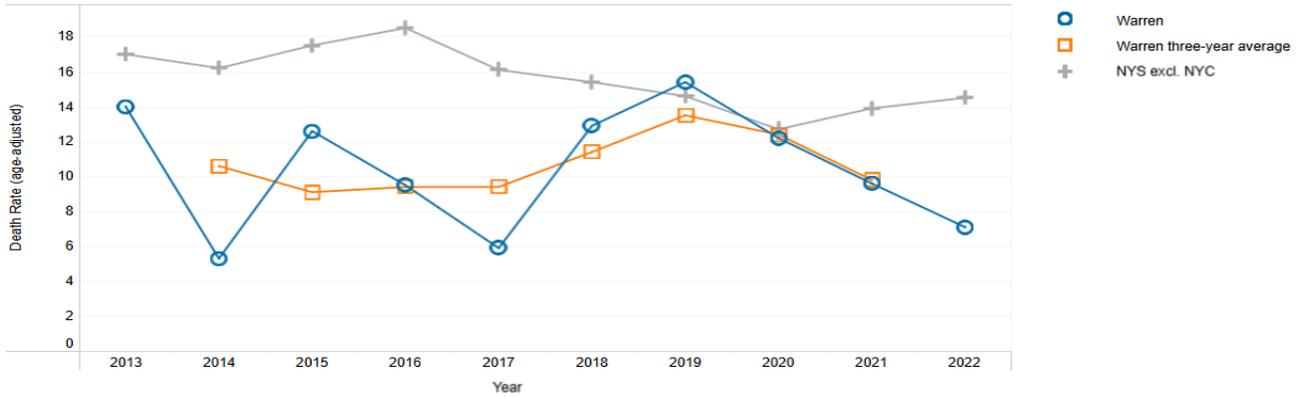
Potentially preventable heart failure hospitalization rate per 10,000 - Aged 18 years and older, Warren
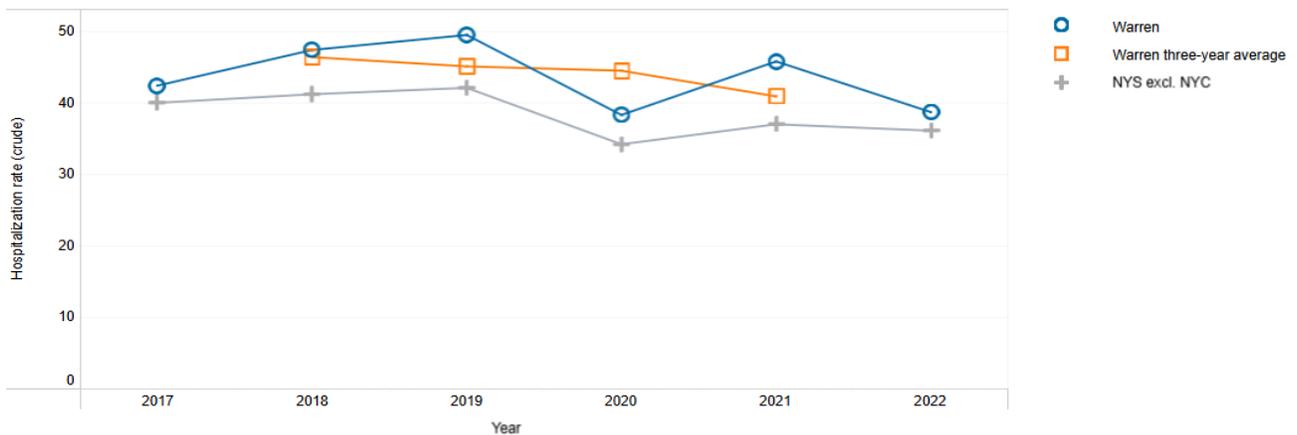
Cerebrovascular Disease (Stroke)

The Warren County age-adjusted three-year average cerebrovascular disease mortality rate is 34.3 which is higher than the NYS rate excl. NYC of 25.3. The three-year mortality rate in Warren County has increased from 2019 -2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*
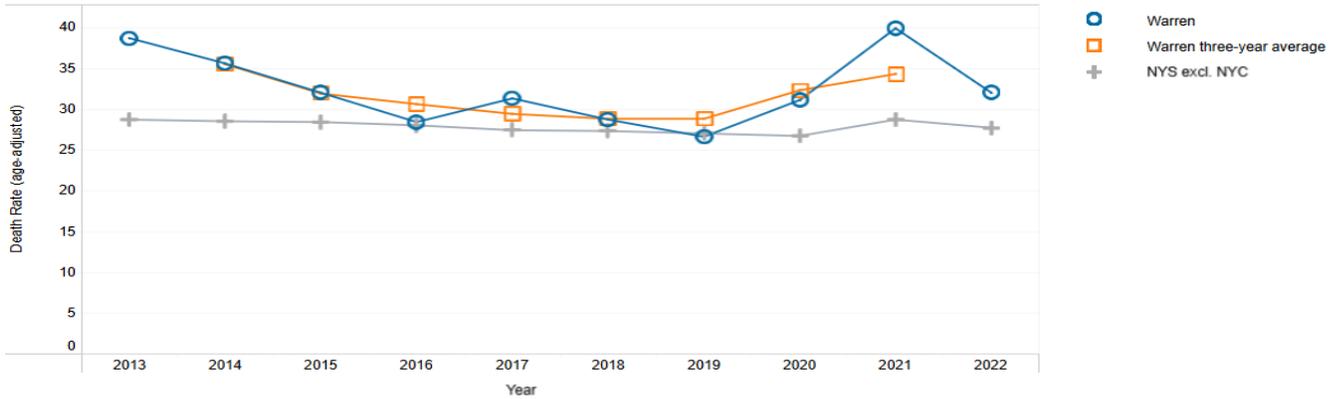
The cerebrovascular disease premature death (35-64 years) rate is 16.7 which is higher than the NYS rate excl. NYC of 11.9. Warren County saw a significant increase in the premature death rate from 2019-2021 from 6.4 to 16.7. However, these rates are considered unstable due to the low number of events. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

Warren County has a cerebrovascular disease three-year average age-adjusted hospitalization rate of 19.7 per 10,000. This is similar to the NYS rate excl. NYC of 19.8. Warren County has seen a slight decrease in hospitalizations from 2018 – 2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 20th, 2025.*

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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Age-adjusted cerebrovascular disease (stroke) mortality rate per 100,000, Warren

Cerebrovascular disease (stroke) premature death (aged 35-64 years) rate per 100,000, Warren

Age-adjusted cerebrovascular disease (stroke) hospitalization rate per 10,000, Warren

Diabetes

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
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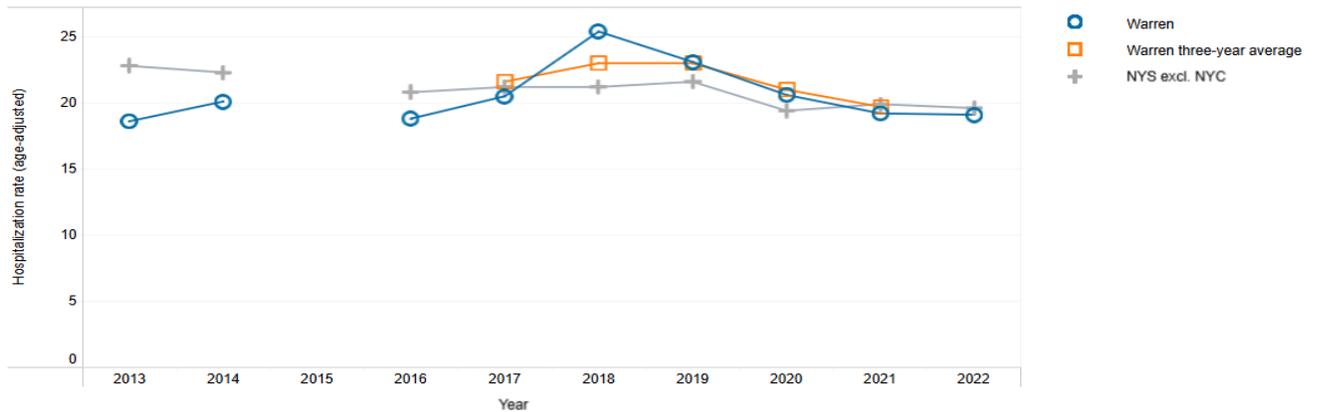
Diabetes is a chronic disease that affects how the body uses glucose (sugar) for energy. There are two major types of diabetes

- **Type 1:** The body's immune system destroys the cells in the pancreas that produce insulin, leading to a lack of insulin production.
- **Type 2:** The body does not use insulin effectively, resulting in high blood sugar levels.

Diabetes can lead to serious complications including heart disease, stroke, kidney damage, nerve damage, and vision loss or other eye problems. Type 2 is the most common form in the United States, accounting for 90% - 95% of diabetes cases[10]. *Source: Cleveland Clinic website my.clevelandclinic.org/health/diseases/7104-diabetes: Accessed Oct. 21st, 2025*

The age-adjusted three-year diabetes mortality rate in Warren County is 30.2 which is higher than the NYS rate excl. NYC of 19.5. The diabetes mortality rate in Warren County has increased from 2018-2021 from 18.7 to 30.2. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

The diabetes three-year age-adjusted hospitalization rate per 10,000 (primary diagnosis) in Warren County is 19.4 which is higher than the NYS rate excl. NYC of 17.6. Warren County has seen the hospitalization rate increase from 2017-2021 from 15.4 to 19.4. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

The Warren County three-year potentially preventable diabetes short-term complications hospitalization rate per 10,000 aged 18 and older is 9.8 which is higher than the NYS rate excl. NYC of 7. Warren County has seen short-term complications hospitalization rates increase from 2017-2021 from 4.8 to 9.8. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*
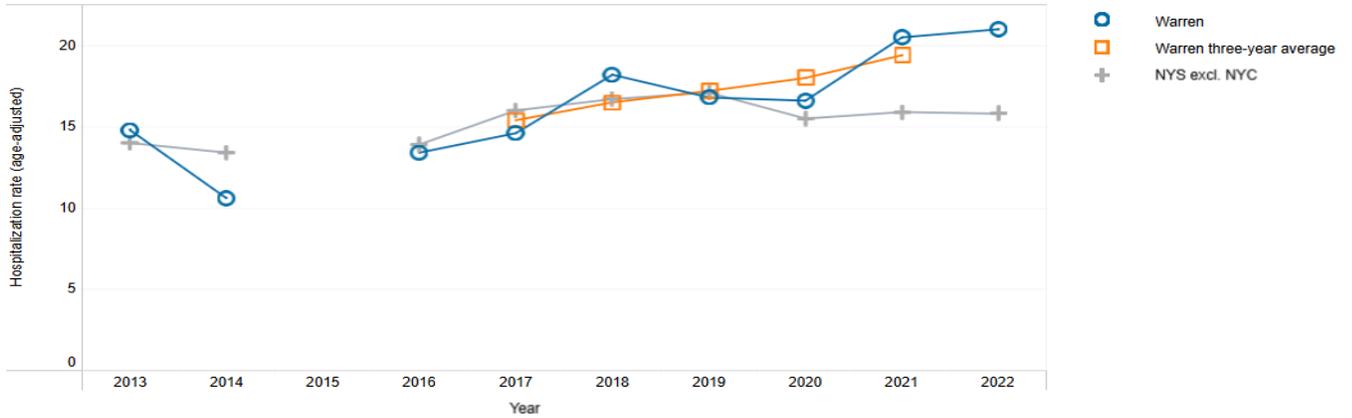
**Age-adjusted diabetes mortality rate per 100,000, Warren**
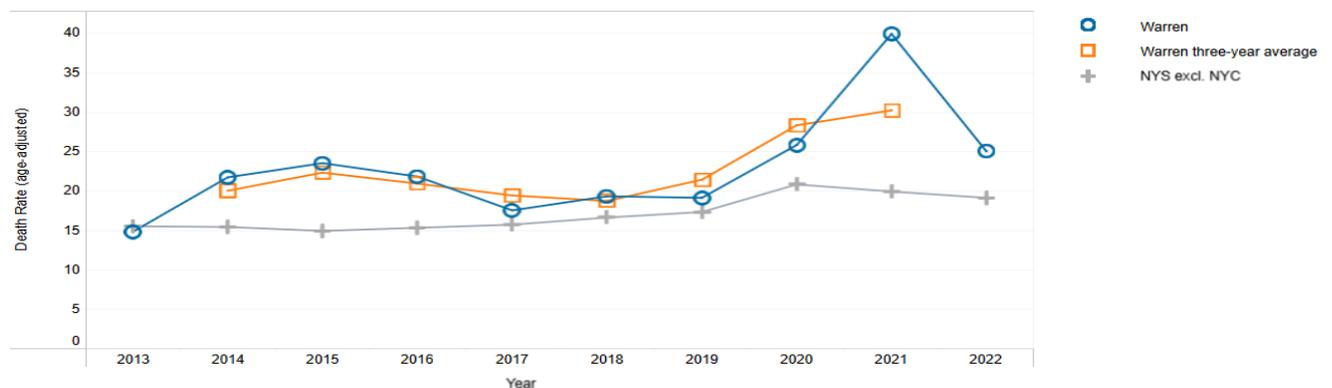
[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Age-adjusted diabetes hospitalization rate per 10,000 (primary diagnosis), Warren

Potentially preventable diabetes short-term complications hospitalization rate per 10,000 - Aged 18 years and older, Warren
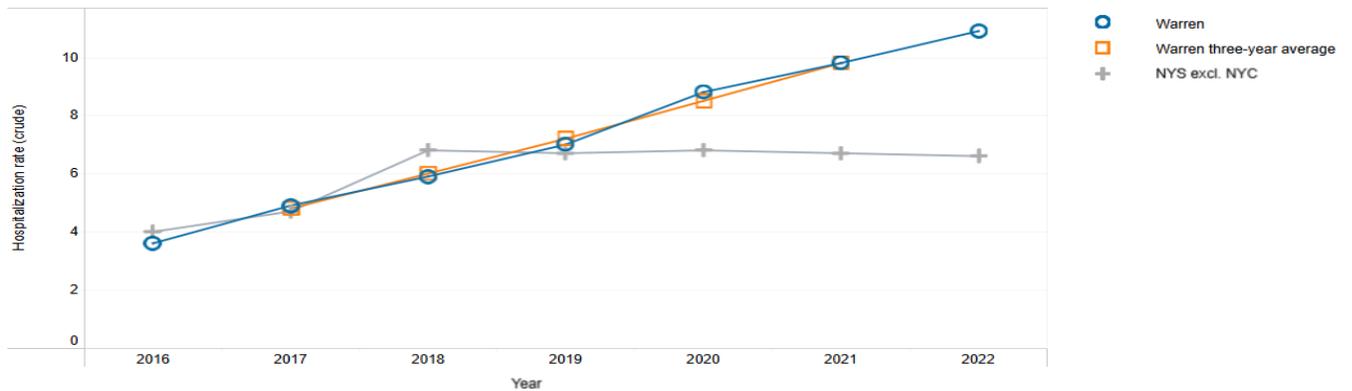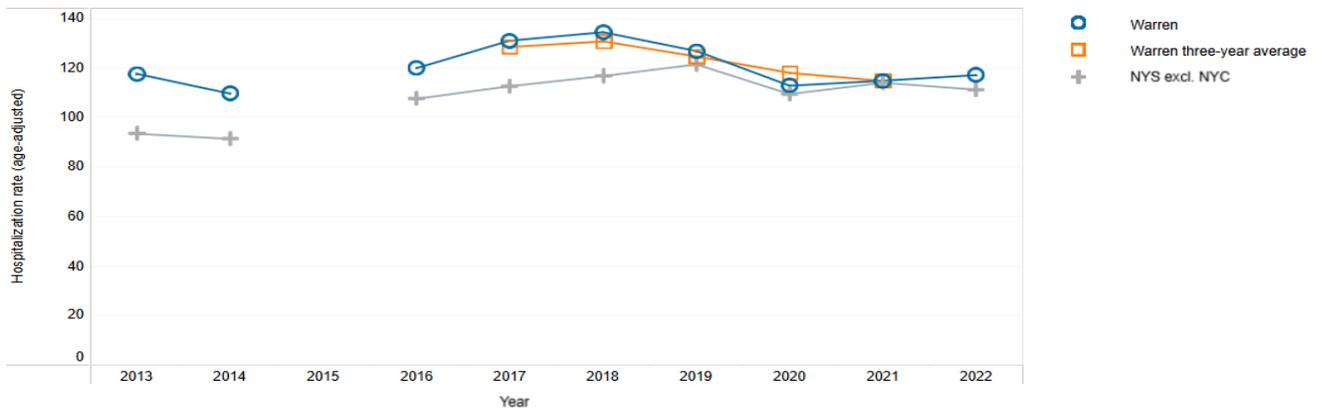

Chronic Kidney Disease

The age-adjusted three-year chronic kidney disease hospitalization rate per 10,000 for Warren County is 114.6 which is lower than the NYS rate excl. NYC of 117.8. The Warren County chronic kidney disease hospitalization rate has declined from 2018-2021 from 130.6 to 114.6. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

The age-adjusted three-year chronic kidney disease emergency department visit rate per 10,000 for Warren County is 132.3 which is lower than the NYS rate excl. NYC of 142.9. The Warren County chronic kidney disease ED visit rate has declined from 2018-2021 from 147.3 to 132.3. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

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Age-adjusted chronic kidney disease hospitalization rate per 10,000 (any diagnosis), Warren

Age-adjusted chronic kidney disease emergency department visit rate per 10,000 (any diagnosis), Warren
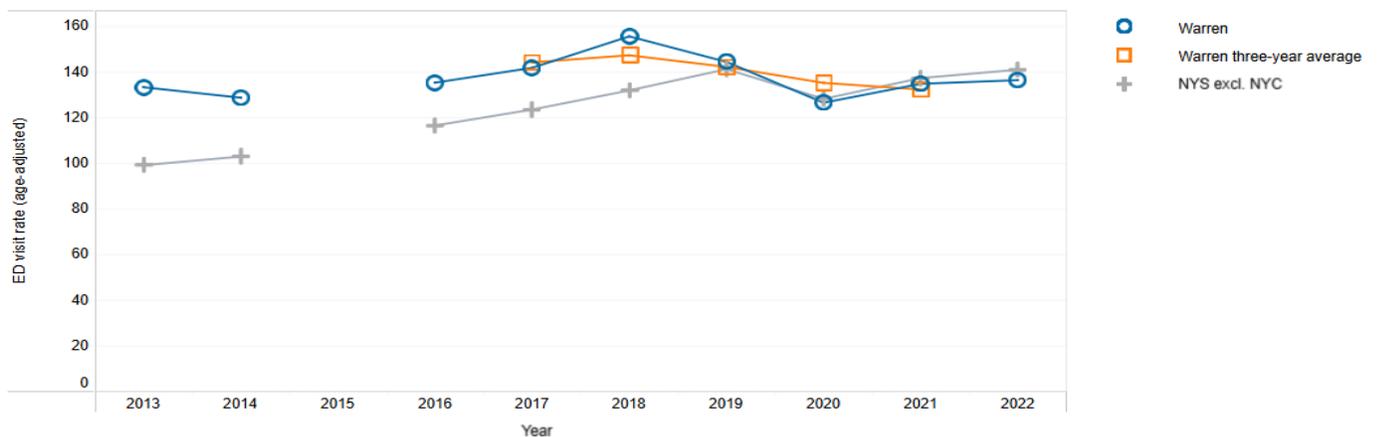
Chronic Lower Respiratory Disease

Chronic lower respiratory diseases (CLRD) are a group of conditions that affect the airways and lungs, causing long-term inflammation and damage. Conditions include chronic obstructive pulmonary disease (COPD): emphysema and chronic bronchitis, asthma, bronchiectasis, and interstitial lung diseases.

The age-adjusted three-year mortality rate for chronic lower respiratory disease in Warren County is 38.6 which is higher than the NYS rate excl. NYC of 23.7. The Warren County mortality rate for chronic lower respiratory disease has been in steady decline from 2013-2021 down from 57.8 to 38.6. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

The age-adjusted three-year hospitalization rate for chronic lower respiratory disease in Warren County is 13.2 per 10,000 which is similar to the NYS rate excl. NYC of 14.3. The Warren County hospitalization rate for chronic lower respiratory disease has been in steady decline from 2017-2021 down from 28.0 to 13.2. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

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Age-adjusted chronic lower respiratory disease mortality rate per 100,000, Warren
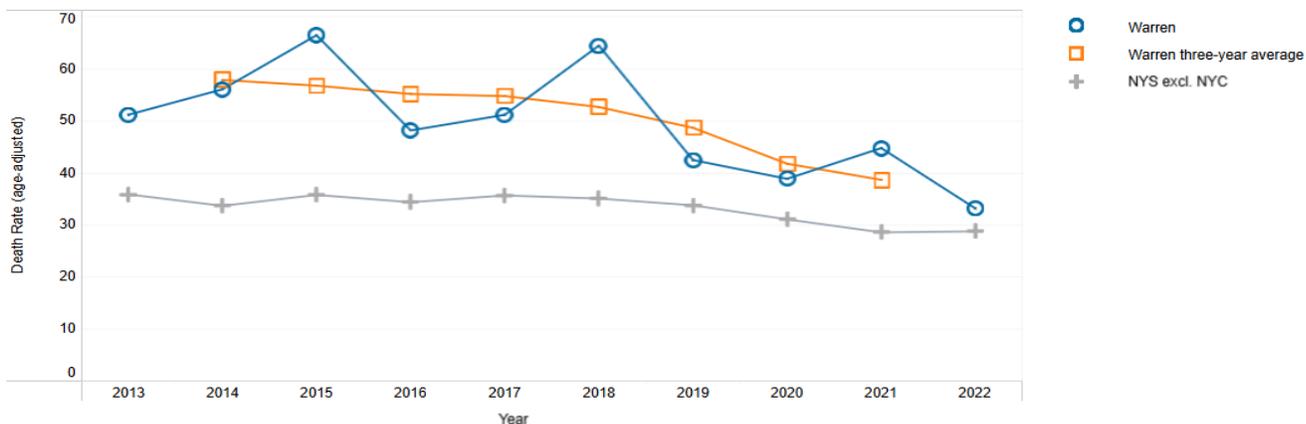
Age-adjusted chronic lower respiratory disease hospitalization rate per 10,000, Warren
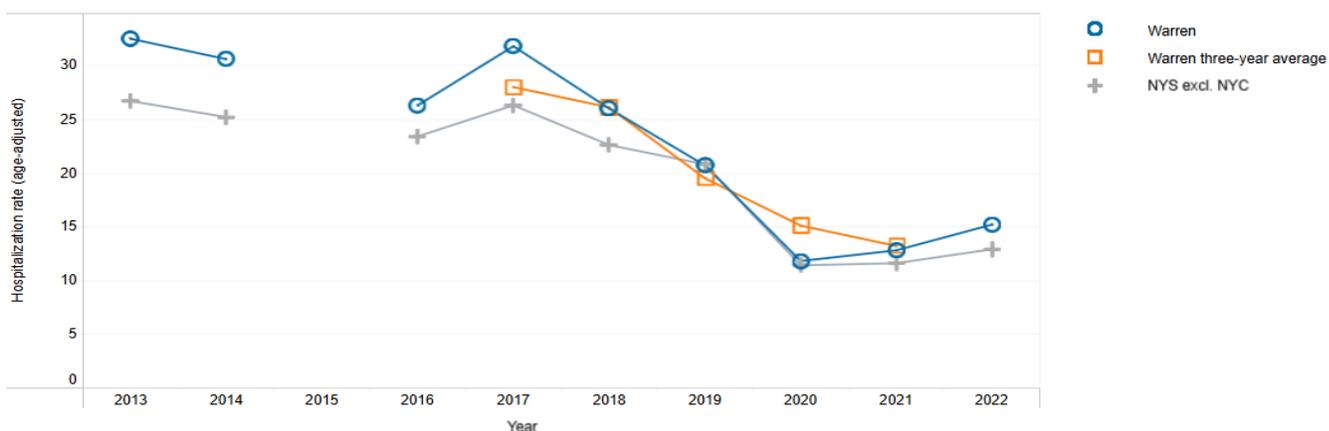
Asthma

The age-adjusted three-year asthma hospitalization rate in Warren County is 3.7 per 10,000 which is lower than the NYS rate excl. NYC of 6.6. The asthma hospitalization rate has been in slight decline from 2017-2021 from 5.6 to 3.7. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 21st, 2025.*

Asthma mortality rates and asthma hospitalization rates by specific age groups is unstable due to a limited number of events and therefore is not included in this report. Additional asthma data can be found in the *New York State County Health Indicator Reports Data Dashboard*.


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Age-adjusted asthma hospitalization rate per 10,000, Warren

Obesity

The World Health Organization (W.H.O.), along with National and International Medical and Scientific Societies, now recognize obesity as a chronic progressive disease resulting from multiple environmental and genetic factors.

Based on the 2022 Behavioral Risk Factor Surveillance System (BRFSS) age-adjusted data 70.9% of Warren County adults had a self-reported Body Mass Index (BMI) of 25 or greater at which point someone is considered overweight or obese[11]. When BRFSS data is broken out further the age-adjusted percentage of adults in Warren County with obesity is 33.5%.^ *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 22nd, 2025.*

^ It must be noted that BMI has limitations when measuring overweight/obesity. Limitations include

1. Does not Differentiate Body Composition:
BMI does not distinguish between muscle, bone, and fat mass. This means that individuals with high muscle mass (e.g., athletes) may have a high BMI even if they have a low percentage of body fat.
2. Overestimates Body Fat in Certain Groups: BMI may overestimate body fat in individuals with certain conditions, such as:
- Older adults
- People with low muscle mass
- People with certain medical conditions (e.g., osteoporosis)

3. Underestimates Body Fat in Certain Groups:
BMI may underestimate body fat in individuals with: High levels of visceral fat (fat around the organs) and/or short stature.
4. Not a Direct Measure of Health Risk:
BMI does not directly measure health risks such as cardiovascular disease or diabetes. It is only an indicator of potential health risks, which may vary depending on other factors such as age, sex, and ethnicity.
5. Does Not Account for Body Fat Distribution:
BMI does not consider where body fat is distributed (e.g., central obesity vs. peripheral obesity). This is important because central obesity is associated with higher health risks than peripheral obesity.

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It is one of several measures that should be considered when measuring a person's risk for obesity along with a clinical assessment.

Mental Health & Substance Use Disorders

Mental health, physical health, and substance use are interconnected, with a complex relationship where each can influence and worsen the others. Substance use can trigger or worsen mental health issues, while mental health conditions can lead individuals to self-medicate with substances, creating a cycle that also negatively impacts physical health.

Mental Distress

Approximately 19.2% of Warren County adults experienced frequent mental distress in the past month (respondents (ages 18 or older) who reported having 14 or more days of poor mental health during the past month) according to BRFSS data from October 2022. The percentage is adjusted for age. This is higher than the North Country rate of 14.6% and NYS rate excl. NYC of 13.2%. The Warren County rate also exceeds the NYS Prevention Agenda objective of 10.2%. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 22nd.*

Frequent mental distress during the past month among adults, age-adjusted percentage
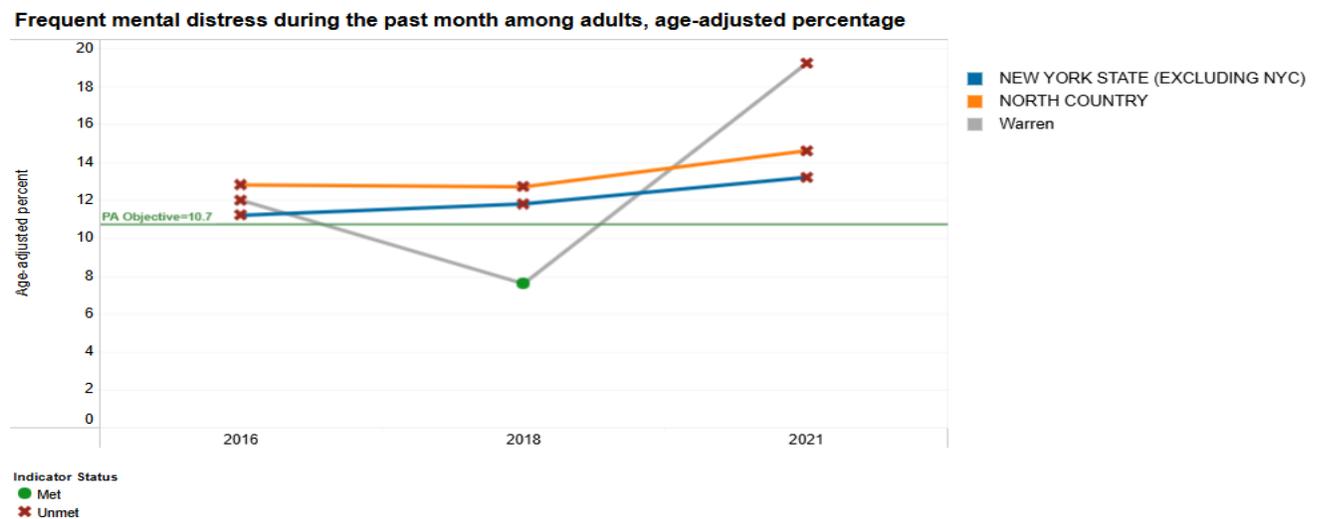
Adverse Childhood Experiences (ACEs)

According to the CDC, adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. ACEs can have lasting effects on health and well-being in childhood and life opportunities (such as education and job potential) well into adulthood.

The percentage of Warren County adults who reported two more ACEs is 44.4% which is higher than the North Country percentage of 40.8% and NYS rate excl. NYC of 40.5%. Warren County's percentage is also higher than the NYS Prevention Agenda Objective of 33.8%. *Note:* the percentage for Warren County is

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considered unstable due to a small sample size. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 22nd.*

Percentage of adults who have experienced two or more adverse childhood experiences (ACEs)

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=33.8
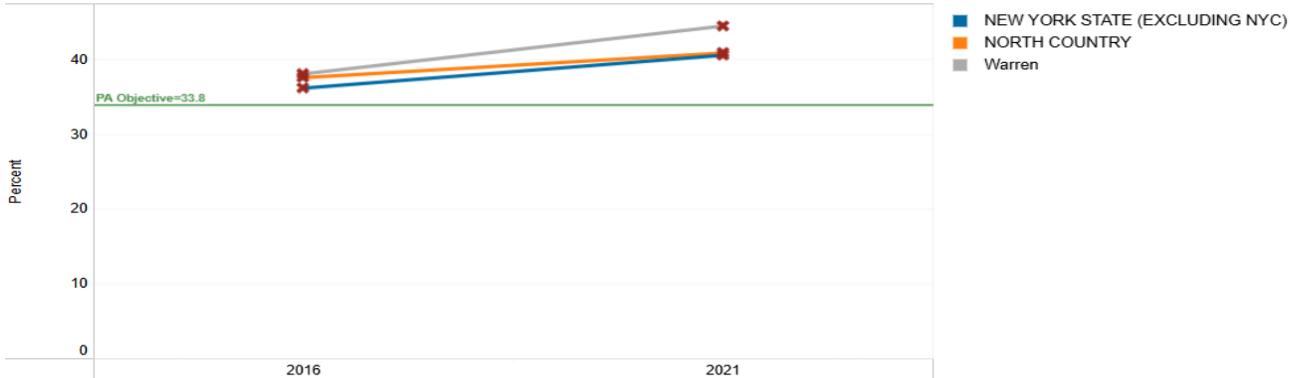
Indicator Status
✖ Unmet

Suicide

Warren County has an age-adjusted suicide mortality rate of 10.5 which is lower than the North Country rate of 13.1 but higher than the NYS rate excl. NYC of 9.7. Warren County's suicide mortality rate is higher than the NYS Prevention Agenda benchmark of 7.0. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 22nd.*

The age-adjusted three-year rate for self-inflicted injury hospitalizations in Warren County is 11.9 per 10,000 which is higher than the NYS rate excl. NYC 4.6. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 22nd, 2025.*

Suicide mortality, age-adjusted rate per 100,000 population

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=7
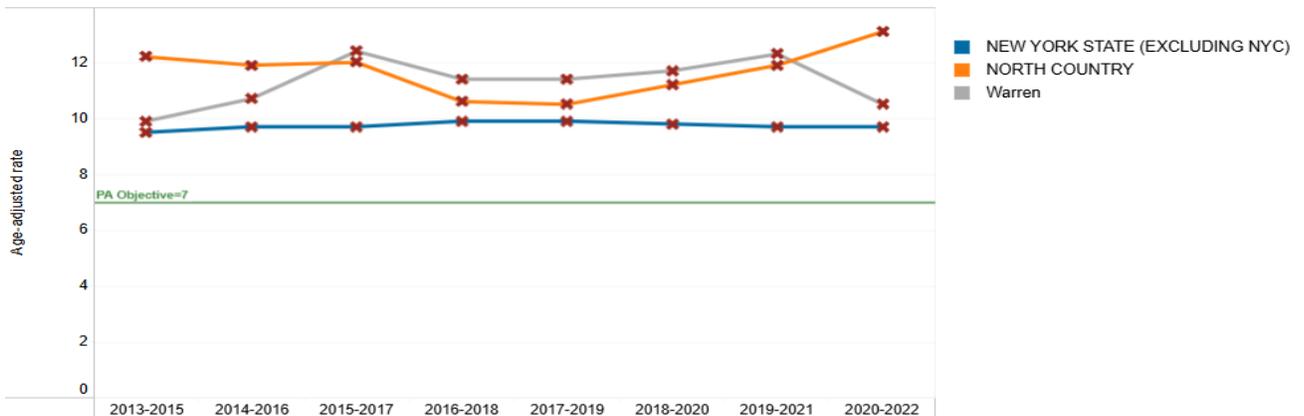
Indicator Status
✖ Unmet

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Age-adjusted self-inflicted injury hospitalization rate per 10,000, Warren

Binge Drinking

Binge drinking is a pattern of drinking alcohol over a short period of time that brings blood alcohol concentration (BAC) to 0.08% or higher. For a typical adult, this means consuming four or more drinks for women or five or more drinks for men on a single occasion. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 22nd.*

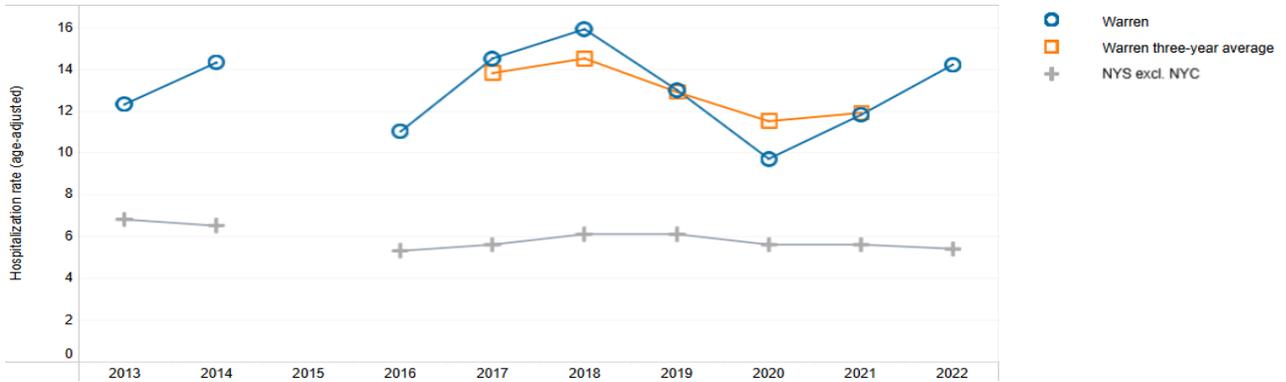The age-adjusted percentage of adults that binge drink in Warren County is 24.0% which is higher than the North Country 21.6% and significantly higher NYS excl. NYC of 16.1%. The percentage of Warren County adults that binge drink is also higher than the NYS Prevention Agenda benchmark of 16.4%. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 22nd.*

Binge drinking during the past month among adults, age-adjusted percentage
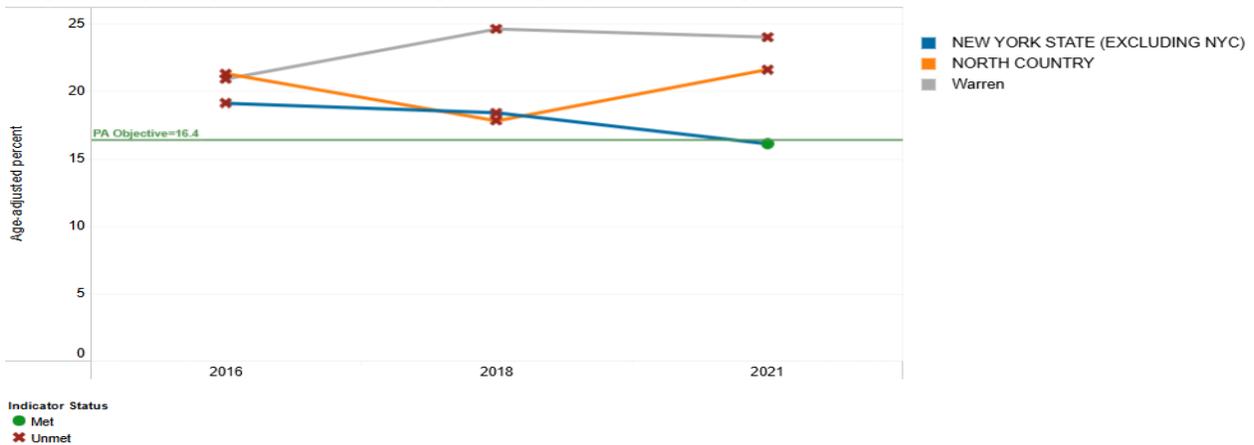
Substance Misuse

Any Drug Mortality

The age-adjusted rate of overdose deaths involving any drug in Warren County is 19.4 which is lower than the North Country rate of 33.8 and the NYS rate excl. NYC of 32.5. Warren County's rate spiked

41

from 2018 – 2020 and saw declines in 2021 and 2022. *Source: NYS Opioid Data Dashboard, Access October 23rd, 2025.*

Overdose deaths involving any drug, age-adjusted rate per 100,000 population
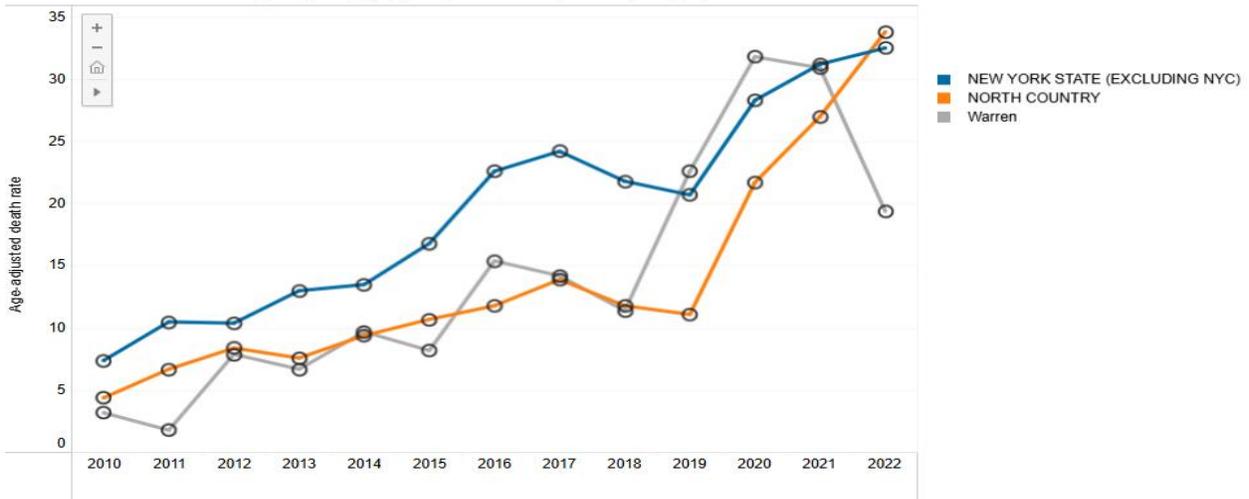
Opioid Overdose Mortality

The age-adjusted rate of opioid deaths involving any opioid in Warren County is 15.9 which is lower than the North Country Rate 27.6 and NYS rate excl. NYC 27.5. Warren County's rate is higher than the Prevention Agenda benchmark 14.3. Warren County's rate spiked from 2018 – 2020 and saw declines in 2021 and 2022. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

Overdose deaths involving any opioids, age-adjusted rate per 100,000 population
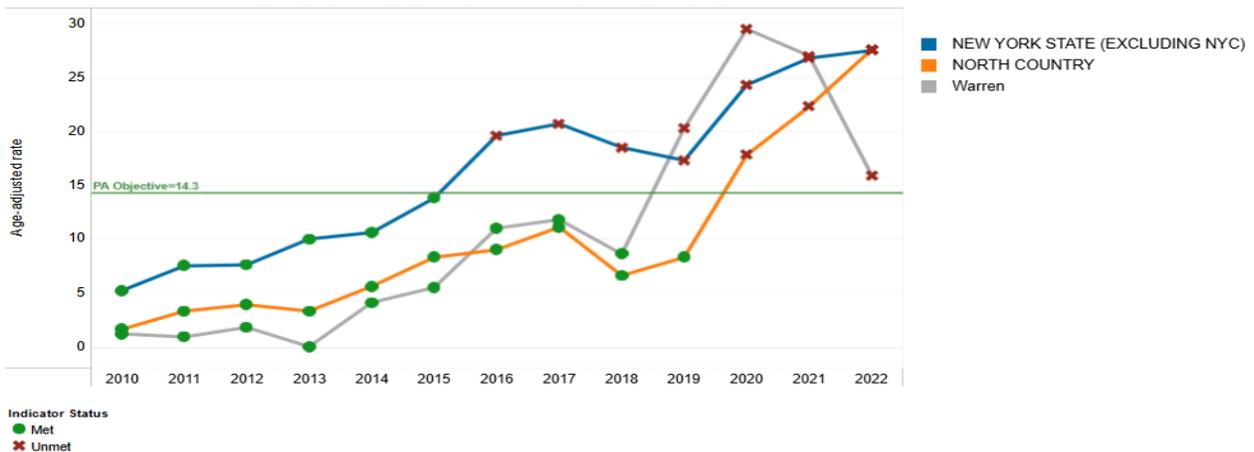
Overdose Emergency Department Visits

Any Drug ED Visit

The age-adjusted rate of emergency department visits (incl. out patients and admitted patients) involving any drug overdose in Warren County is 226.9 which is higher than the North Country rate 187.9 and the NYS rate excl. NYC 201.4. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

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Any Opioid ED Visit

The age-adjusted rate of emergency department visits (incl. out patients and admitted patients) involving any opioid overdose in Warren County is 72.9 which is higher than the North Country rate 45.1 and the NYS rate excl. NYC 64.8. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

All emergency department visits (including outpatients and admitted patients) involving any drug overdose, age-adjusted rate per 100,000 population
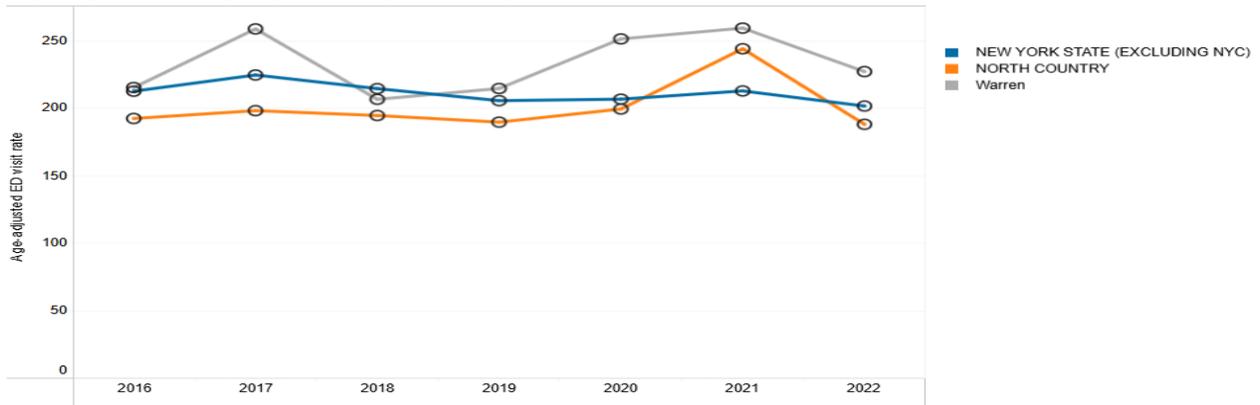
All emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate per 100,000 population

Naloxone Administration by EMS

Warren County EMS agencies have a unique naloxone administration crude rate of 5.2 per 1,000 unique 911 EMS calls. This rate is similar to the North Country rate 5.6 and NYS rate excl. NYC 4.8. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

The crude rate of suspected opioid overdose by EMS agencies is 6.9 per 1,000 unique 911 EMS calls in Warren County. This rate is similar to the North Country rate 6.6 and the NYS rate excl. NYC 7.5. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

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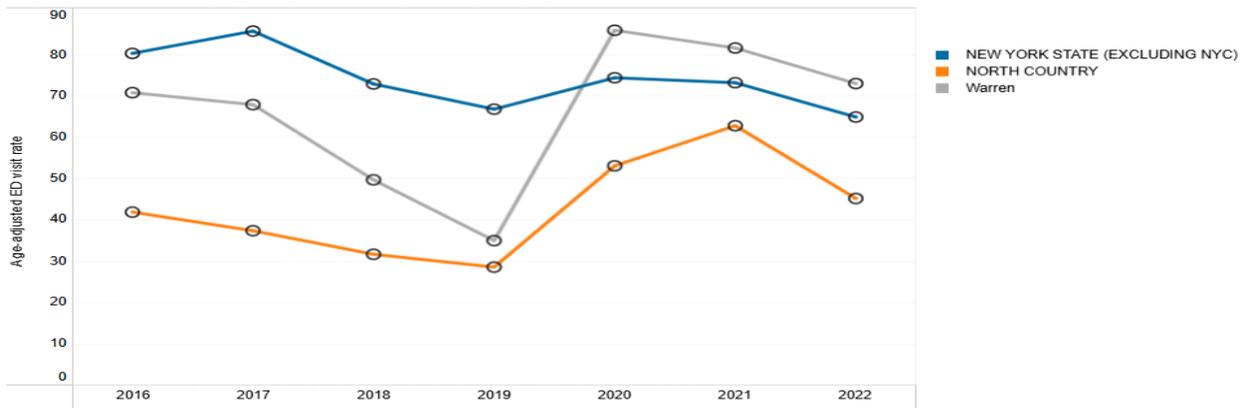
Unique naloxone administrations by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches
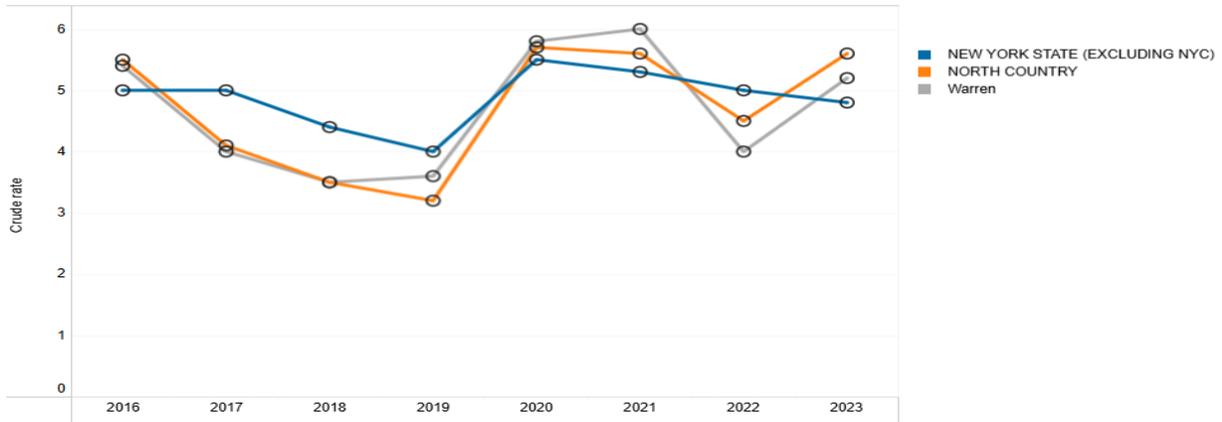
Suspected opioid overdoses by EMS agencies, crude rate per 1,000 unique 911 EMS dispatches
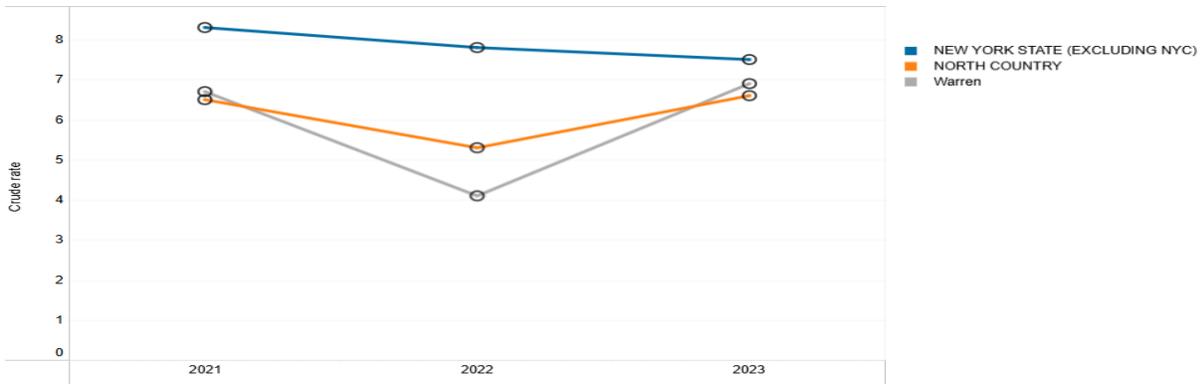
Substance Use Disorder Treatment Programs

Warren County's crude rate of unique individuals enrolled in OASAS-certified substance use disorder treatment programs who reported any opioid (incl. heroin) as a primary substance, aged 12+ years is 490.9 which is lower than the North Country rate 615.2 but higher than the NYS rate excl. NYC 456.0. *Source: NYS Opioid Data Dashboard, Accessed October 23rd, 2025.*

Unique individuals enrolled in OASAS-certified substance use disorder treatment programs who reported any opioid (incl. heroin) as a primary substance, crude rate per 100,000 population - Aged 12+ years
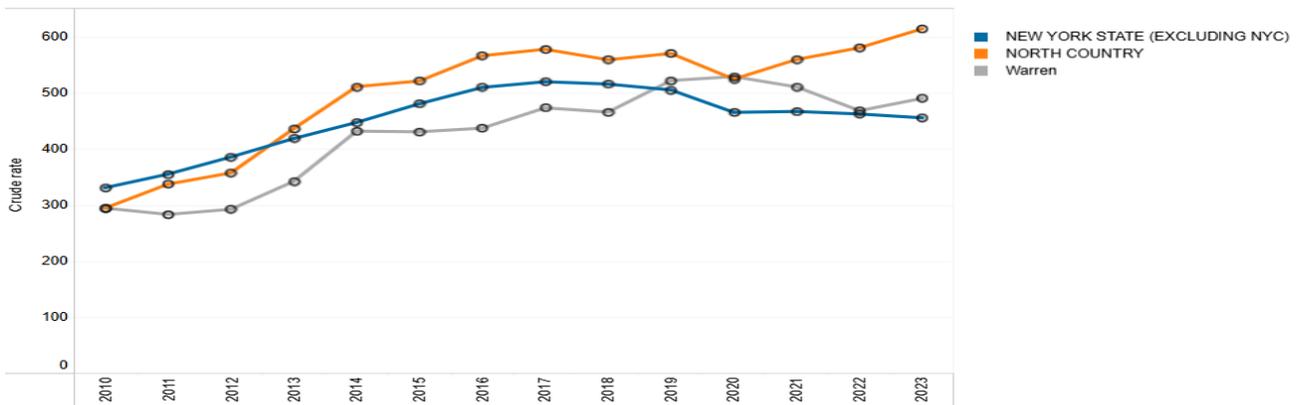
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Safe & Healthy Environment

Unintentional Injury

Warren County has an age-adjusted three-year unintentional injury rate of 23.1 which is much lower than the NYS rate excl. NYC 45.8. Warren County's rate has remained relatively stable from 2014-2021.

The age-adjusted three-year rate of unintentional injury hospitalization in Warren County is 68.3 per 10,000 which is similar to the NYS rate excl. NYC 68.4. When broken out by age group, Warren County's population aged 65 years and older has the highest rate of unintentional injury hospitalization 237.6 per 10,000 which is lower than the NYS rate excl. NYC 260.5. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 24th, 2025.*

Age-adjusted unintentional injury mortality rate per 100,000, Warren
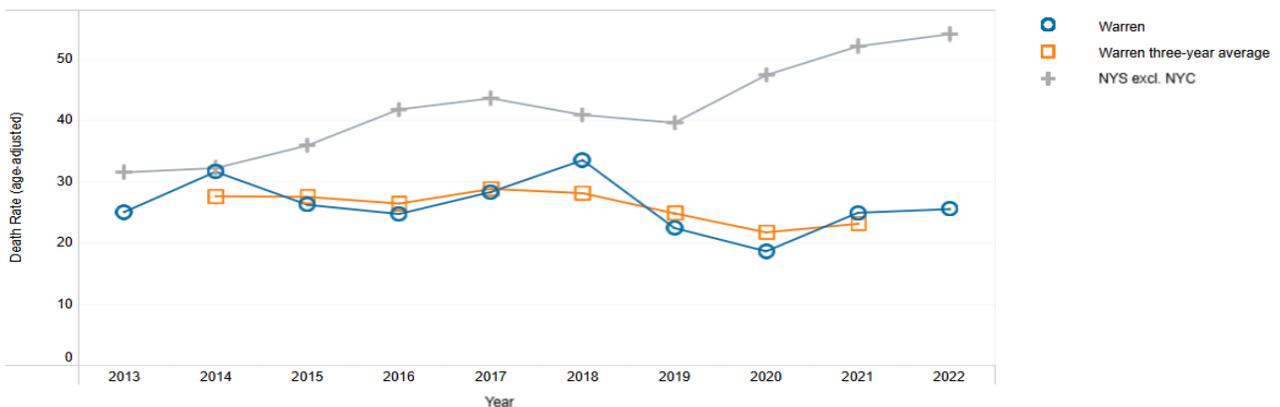
Age-adjusted unintentional injury hospitalization rate per 10,000, Warren
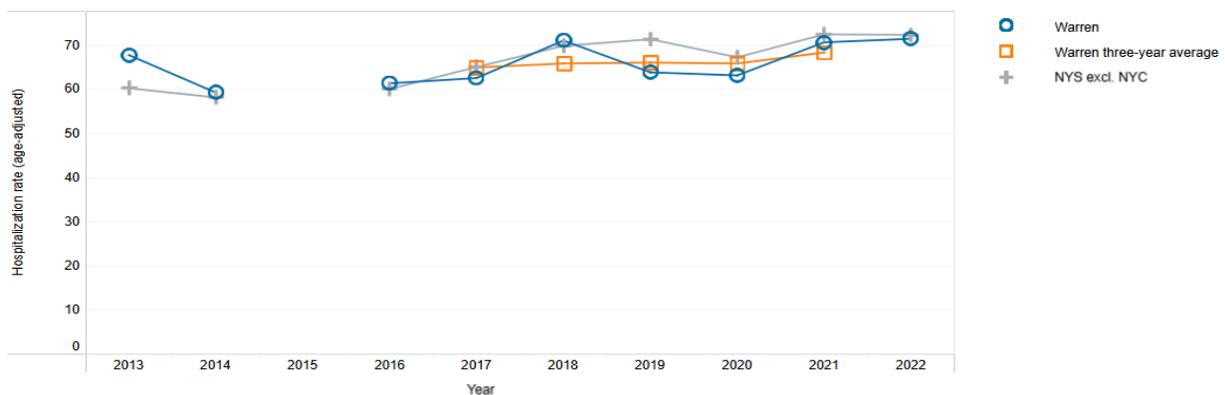
Falls

The age-adjusted three-year falls hospitalization rate in Warren County is 39.6 per 10,000 which is higher than the NYS rate excl NYC 35.9. Fall hospitalization rates increase greatly among the population 65 years and older in Warren County. When broken out by age group falls hospitalization rates for the Warren County population 65-74 years old is 94.4, population 75-84 is 218.2, and for 85 years and older


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is 647.7 per 10,000. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 24th, 2025.*

Age-adjusted falls hospitalization rate per 10,000, Warren
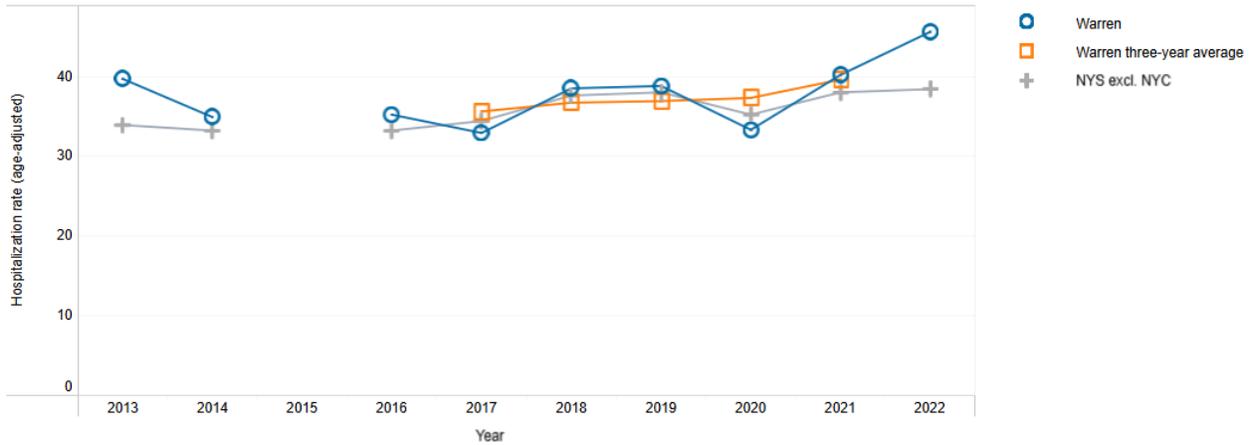
Falls hospitalization rate per 10,000 - Aged 65-74 years, Warren

Falls hospitalization rate per 10,000 - Aged 75-84 years, Warren
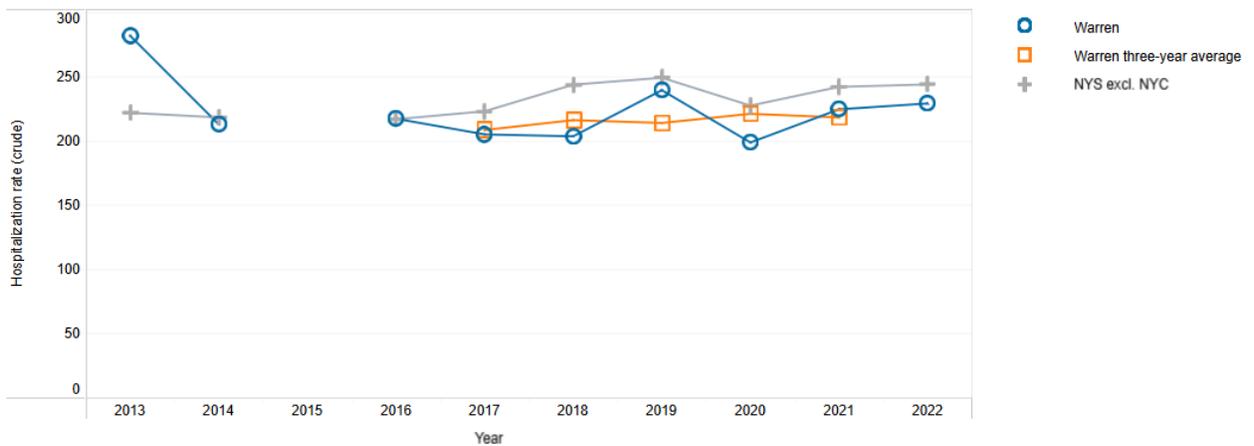
[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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Falls hospitalization rate per 10,000 - Aged 85 years and older, Warren
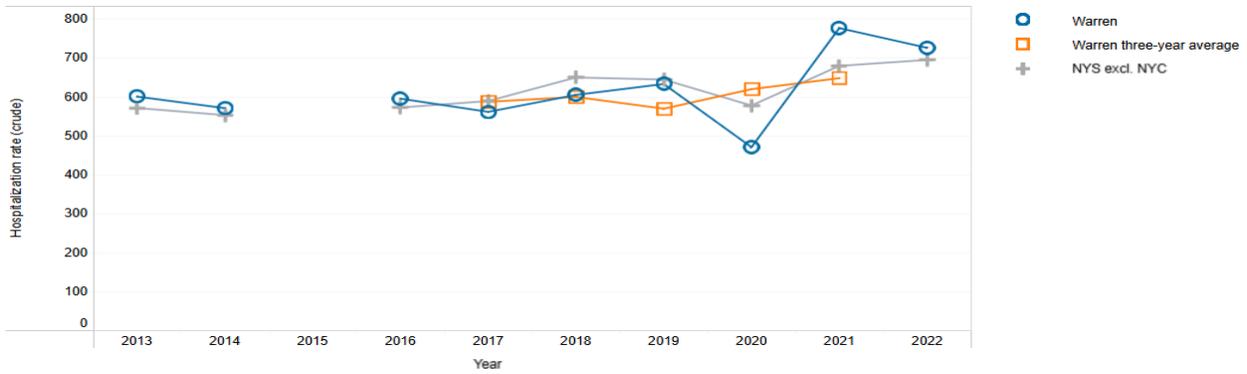
Motor Vehicle Mortality and Injuries

The age-adjusted three-year motor vehicle injury mortality rate in Warren County is 8.4 which is similar to the NYS rate excl. NYC of 6.2.

The three-year alcohol related motor vehicle injuries and deaths crude rate in Warren County is 43.5 which is higher than the NYS rate excl. NYC of 25. Warren County's rate of alcohol related motor vehicle injuries and death had been in decline 2014-2019 but has increased from 2019-2021.

Age-adjusted motor vehicle injury mortality rate per 100,000, Warren
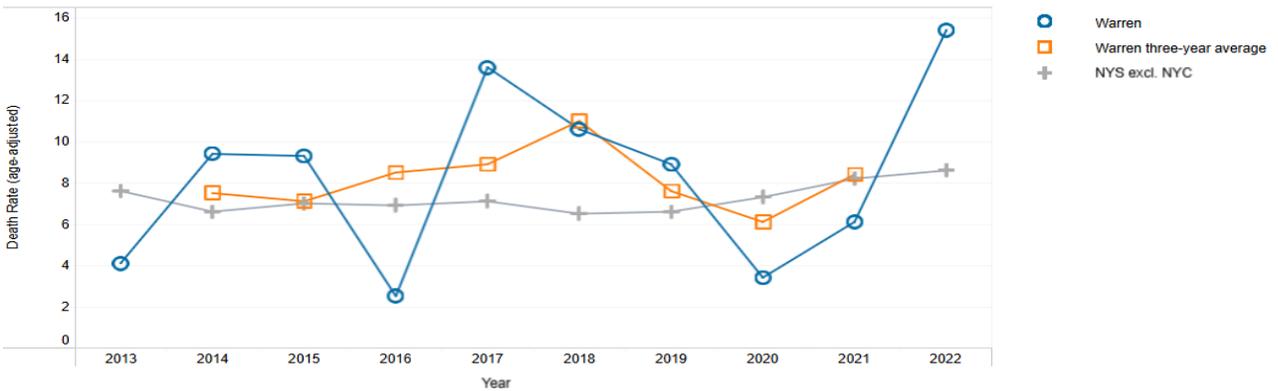
Alcohol related motor vehicle injuries and deaths per 100,000, Warren
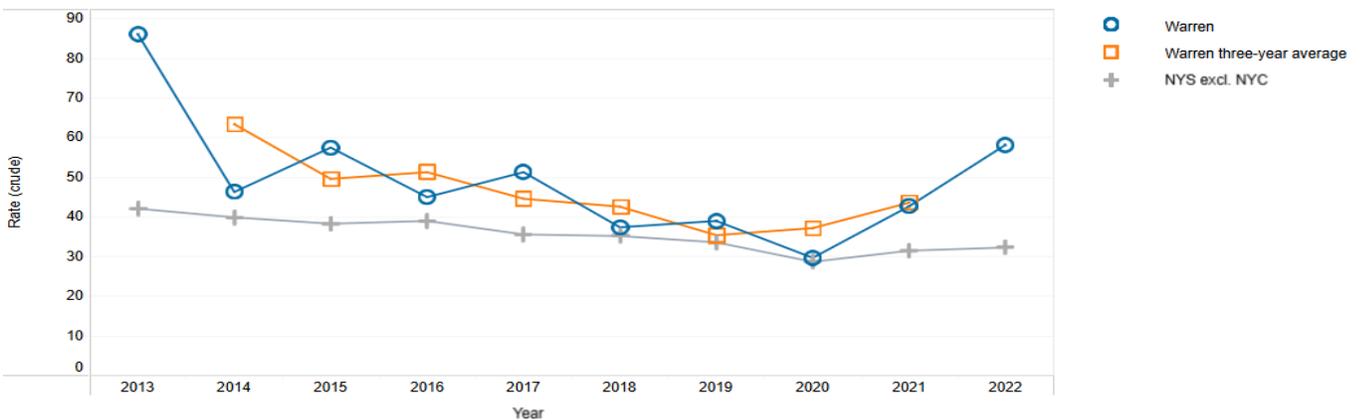
47

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Motor Vehicle Cause of Crashes

The rate of alcohol-related crashes in Warren County is 11.3 per 10,000 which gives Warren County the third highest alcohol-related crash rate in the ARHN region behind Hamilton 15.7 and Fulton Counties 12.4. Warren County is also higher than Upstate NY 6.41. *Source: Institute for Traffic Safety Management and Research, Access October 27th, 2025*

The rate of speed-related crashes in Warren County is 30.2 per 10,000 which puts Warren County in the middle of the ARHN Counties and higher than Upstate NY 24.3. *Source: Institute for Traffic Safety Management and Research, Access October 27th, 2025*

Crash Rates per 10,000 Population (Alcohol-Related, 2023)

County	Crash Rate
Clinton	5.89
Essex	7.89
Franklin	8.82
Fulton	12.44
Hamilton	15.74
Montgomery	8.30
Saratoga	8.13
Warren	11.32
Washington	9.66

Crash Rates per 10,000 Population (Speed-Related, 2023)

County	Crash Rate
Clinton	29.57
Essex	76.14
Franklin	41.93
Fulton	27.95
Hamilton	57.06
Montgomery	39.09
Saratoga	23.21
Warren	30.28
Washington	28.14

Crime and Violence

Warren County remains a safe place to live evidenced by current crime data. The NYS Division of Criminal Justice Services compiles data on different types of crime. Violent crimes include murder/non-negligent homicides, manslaughter, forcible rape, robbery and aggravated assault. Property crimes include burglary, larceny and motor vehicle theft. Firearms crimes include the number of violent crimes where a firearm is involved[14].

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
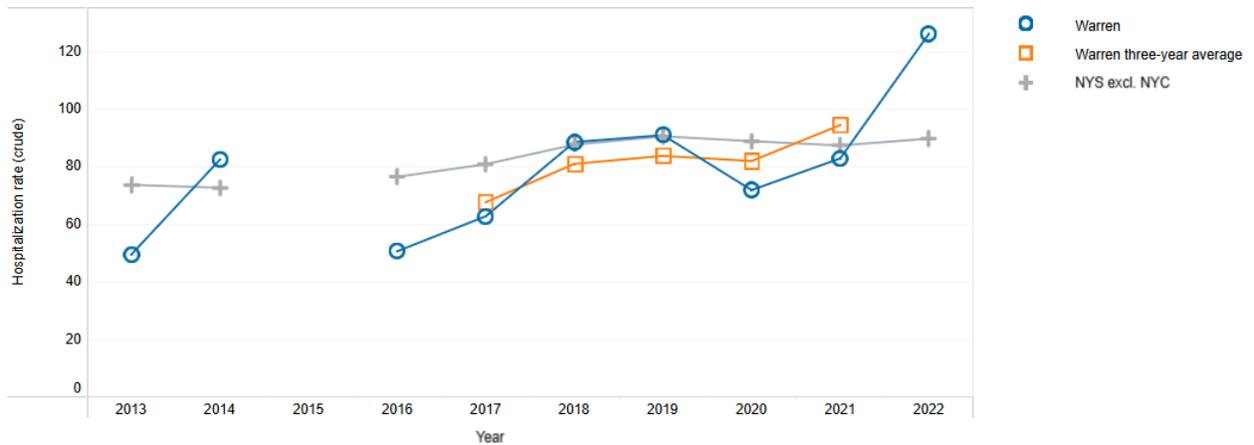*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

According to data from the NYS Division of Criminal Justice Services, Warren County has a violent crime rate of 121.1 per 1,000 which is lower than the ARHN rate 145.5 and Upstate NY 190.8. *Source: New York State Division of Criminal Justice Services, Accessed October 27th, 2025.*

The rate of fire-arm crime per 1,000 in Warren County is 9.0 which is lower than the ARHN rate of 10.6 and the Upstate NY rate of 31.5. *Source: New York State Division of Criminal Justice Services, Accessed October 27th, 2025.*

Warren County has a property crime rate of 1,244.1 which is higher than the ARHN rate 1,042.7 but lower than the Upstate NY rate 1,345.4. *Source: New York State Division of Criminal Justice Services, Accessed October 27th, 2025.*

New York State Crime Rates per 1,000 (Violent Crime, 2024)

County Name	County Violent Rate	ARHN Rate	Upstate Rate	NYS Rate	County vs. ARHN
Franklin	150.10	145.50	190.80	403.50	Approx = ARHN Rate
Washington	135.80	145.50	190.80	403.50	Approx = ARHN Rate
Clinton	169.90	145.50	190.80	403.50	Higher than ARHN Rate
Fulton	188.40	145.50	190.80	403.50	Higher than ARHN Rate
Essex	96.80	145.50	190.80	403.50	Lower than ARHN Rate
Hamilton	57.60	145.50	190.80	403.50	Lower than ARHN Rate
Montgomery	89.10	145.50	190.80	403.50	Lower than ARHN Rate
Saratoga	87.60	145.50	190.80	403.50	Lower than ARHN Rate
Warren	121.10	145.50	190.80	403.50	Lower than ARHN Rate

New York State Crime Rates per 1,000 (Property Crime, 2024)

County Name	County Property Rate	ARHN Rate	Upstate Rate	NYS Rate	County vs. ARHN
Franklin	960.00	1,042.70	1,345.40	1,732.60	Approx = ARHN Rate
Fulton	1,143.50	1,042.70	1,345.40	1,732.60	Approx = ARHN Rate
Montgomery	1,120.50	1,042.70	1,345.40	1,732.60	Approx = ARHN Rate
Clinton	1,521.50	1,042.70	1,345.40	1,732.60	Higher than ARHN Rate
Warren	1,244.10	1,042.70	1,345.40	1,732.60	Higher than ARHN Rate
Essex	553.40	1,042.70	1,345.40	1,732.60	Lower than ARHN Rate
Hamilton	345.80	1,042.70	1,345.40	1,732.60	Lower than ARHN Rate
Saratoga	924.80	1,042.70	1,345.40	1,732.60	Lower than ARHN Rate
Washington	525.00	1,042.70	1,345.40	1,732.60	Lower than ARHN Rate

New York State Crime Rates per 1,000 (Firearm Crime, 2024)

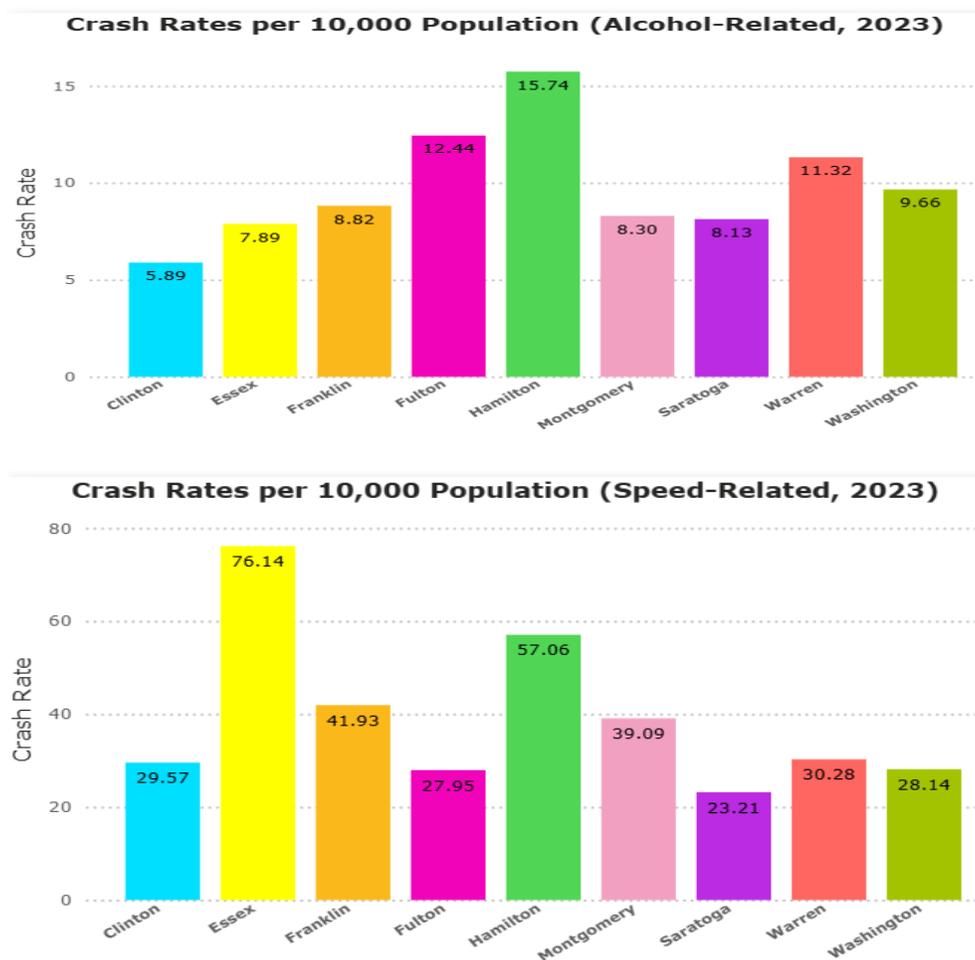| County Name	County Firearm Rate	ARHN Rate	Upstate Rate	NYS Rate	County vs. ARHN
Clinton	6.30	10.60	31.50	49.20	Lower than ARHN Rate
Essex	2.80	10.60	31.50	49.20	Lower than ARHN Rate
Franklin	6.30	10.60	31.50	49.20	Lower than ARHN Rate
Fulton	30.10	10.60	31.50	49.20	Higher than ARHN Rate
Hamilton	19.20	10.60	31.50	49.20	Higher than ARHN Rate
Montgomery	17.80	10.60	31.50	49.20	Higher than ARHN Rate
Saratoga	4.50	10.60	31.50	49.20	Lower than ARHN Rate
Warren	9.00	10.60	31.50	49.20	Lower than ARHN Rate
Washington	8.20	10.60	31.50	49.20	Lower than ARHN Rate

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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Climate Smart Community

Warren County is a Bronze Certified Climate Smart Community. One-hundred percent of the population now lives in a certified Climate Smart Community. This is higher than the North Country at 30.5% and NYS rate excluding NYC 61.6%. This also exceeds the NYS Prevention Agenda objective of 8.6%. *Source: NYS Prevention Agenda Tracking Dashboard, Accessed October 27th, 2025.*

According to the Warren County Planning Department, Climate Smart Taskforce website[15] Warren County received Bronze Certification in May 2020 and was recertified in July 2025. On June 24, 2019, the Warren County Board of Supervisors voted unanimously to adopt the Climate Smart Communities Pledge and become a Registered Climate Smart Community. This designation demonstrates a commitment by county leadership to advance actions that mitigate influencing factors of global climate change and reduce their anticipated impacts[15].

Alternate Modes of Transportation

Having access to public transportation along with bikeable and walkable communities can decrease pollution through a reduction of internal combustion vehicles on the road. Communities that support biking and walking may also benefit from a more active population. The benefits of increased physical activity are well documented[16].

In Warren County 20.2% of people who commute to work use an alternate mode of transportation or telecommute. This is similar to the North Country 21% but lower than the NYS rate excl. NYC 27.2%. Warren County is also lower than the NYS Prevention Agenda objective 47.9%. *Source: Prevention Agenda tracking dashboard, Accessed October 28th, 2025.*

Percentage of people who commute to work using alternate modes of transportation (e.g., public transportation, carpool, bike/walk) or who telecommute

Indicator Status
✖ Unmet
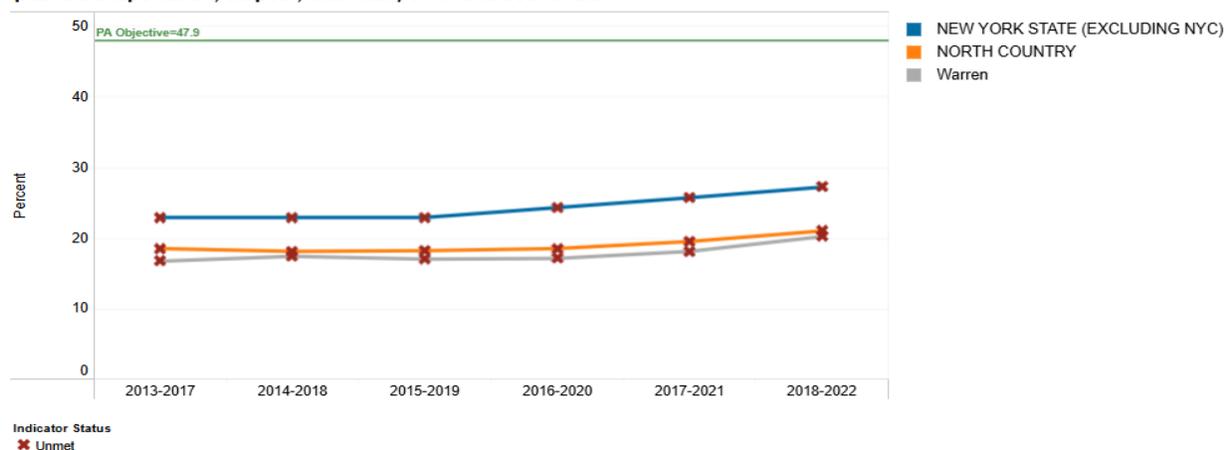
Maternal, Child and Infant Health

The importance of maternal and child health (MCH) lies in ensuring the well-being of women and children, preventing deaths and diseases, and laying the foundation for the next generation's health and future success. Prioritizing MCH leads to healthier child development, better educational and financial outcomes, and improved mental and social well-being for families. It's crucial for reducing mortality and

complications during pregnancy and childbirth, identifying health risks early, and supporting families throughout the crucial pregnancy and early childhood periods.

Maternal/Infant Mortality Rates

From 2013 – 2022 Warren County has zero reported maternal deaths. This rate is better than the North Country rate which is unstable at 27.3 per 100,000 live births and the NYS rate excl. NYC 22.6. Warren County has met the NYS Prevention Agenda objective of 16. *Source: Prevention Agenda tracking dashboard, Accessed October 28th, 2025.*

The infant mortality rate in Warren County per 1,000 live births is unstable due to limited number of events, but is currently at 5.6 which is lower than the North Country rate 6.2 but higher than the NYS rate excl. NYC 4.7. Warren County's infant mortality rate has fluctuated wildly from 2013-2022. Since 2013 thirty infants less than 1 year old have died in Warren County. *Source: Prevention Agenda tracking dashboard, Accessed October 28th, 2025.*

When infant mortality rates are broken out further by neonatal, post-neonatal, fetal and perinatal mortality rates, most are unstable but may provide clues about pregnancy and birth outcomes in Warren County.

The Warren County three-year mortality crude rate (unstable) for neonatal (<28 days) infants is 4.5 which is higher than the NYS rate excl. NYC 2.6. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year mortality crude rate (unstable) for post-neonatal (1 month to 1 year) infants is 0.6 which is lower than the NYS rate excl. NYC 1.5. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year mortality crude rate (unstable) for fetal deaths (20 weeks of gestation or more) is 5.7 which is similar to the NYS rate excl. NYC 6.0. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year mortality crude rate (unstable) for perinatal (20 weeks gestation - <28 days of life) spontaneous fetal deaths is 10.2 which is higher than the NYS rate excl. NYC 8.7. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year mortality crude rate for perinatal (28 weeks gestation - <7 days of life) spontaneous fetal deaths is 7.0 which is higher than the NYS rate excl. NYC 4.7. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Maternal mortality, rate per 100,000 live births

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=16

Indicator Status
- Met
- Unmet

Infant mortality, rate per 1,000 live births

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=4

Indicator Status
- Met
- Unmet

Mortality rate per 1,000 live births - Neonatal (<28 days), Warren

Legend:
- Warren
- Warren three-year average
- NYS excl. NYC

52

† Margin of error is at least 10 percent of the total value. Take care with this statistic.

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Mortality rate per 1,000 live births - Post-neonatal (1 month to 1 year), Warren
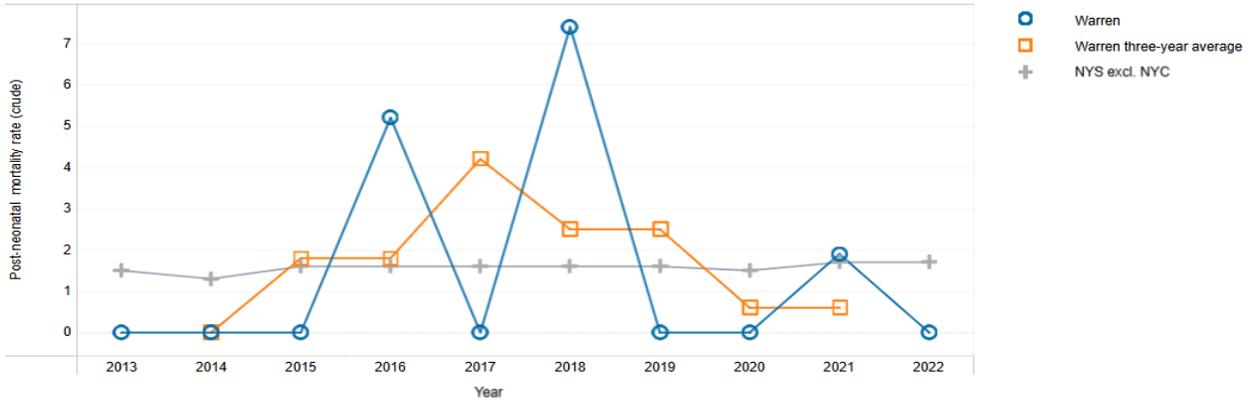
Mortality rate per 1,000 live births - Fetal death (20 weeks gestation or more), Warren
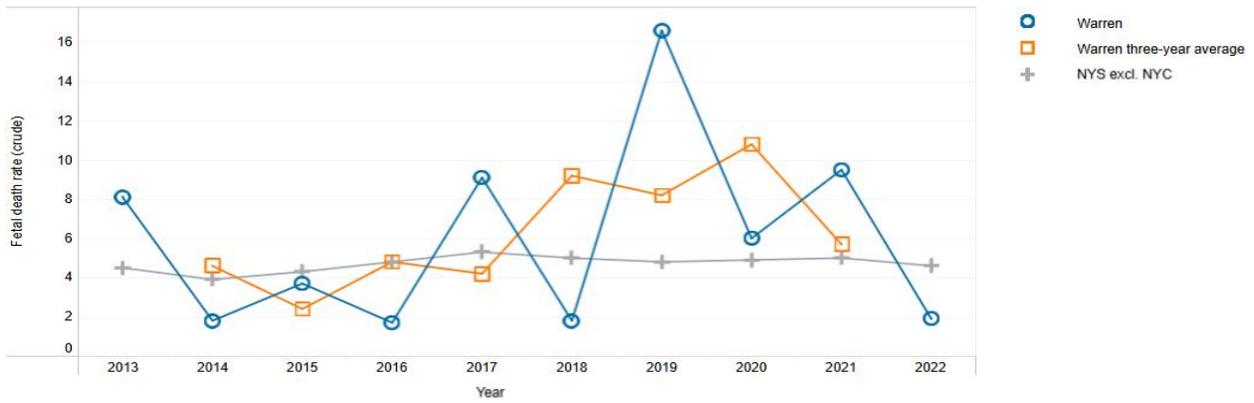
Mortality rate per 1,000 live births - Perinatal (20 weeks gestation - <28 days of life), Warren
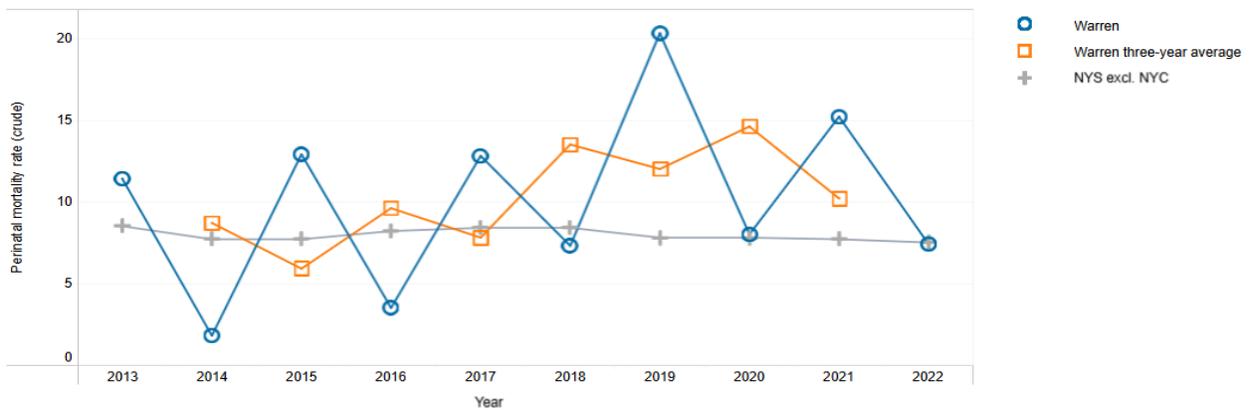
53

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Mortality rate per 1,000 live births - Perinatal (28 weeks gestation - <7 days of life), Warren
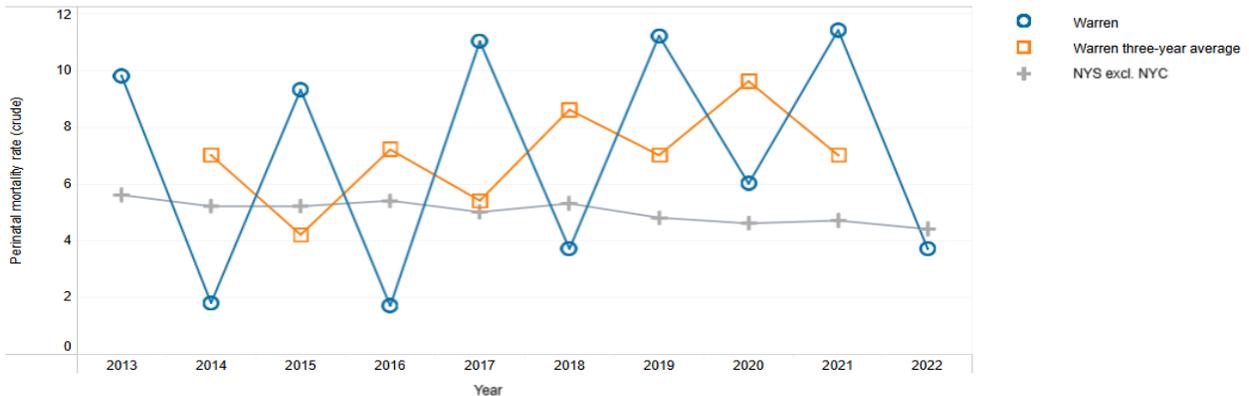
Fertility Rates (including teen rates)

Fertility rates refer to the number of births in Warren County. Pregnancy rates refer to a woman of any age that becomes pregnant in Warren County.

Although Warren County has seen rates of teen fertility and pregnancy fluctuate somewhat over the last ten years, the trend has seen declining rates for both.

Warren County has a three-year fertility crude rate of 48.7 per 1,000 females aged 15-44. This rate is lower than the NYS rate excl. NYC of 53.3. Fertility rates are a key factor to population growth, stability and change. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The teen fertility crude rate per 1,000 (births to mothers aged 15-19/female population aged 15-19 years) in Warren County is 10.2 which is slightly higher than the NYS rate excl. NYC at 9. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

When broken out further the teen fertility crude rate per 1,000 (births to mothers aged 18-19/female population aged 18-19 years) in Warren County is 23.1 which is higher than the NYS rate excl. NYC 16.5. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*
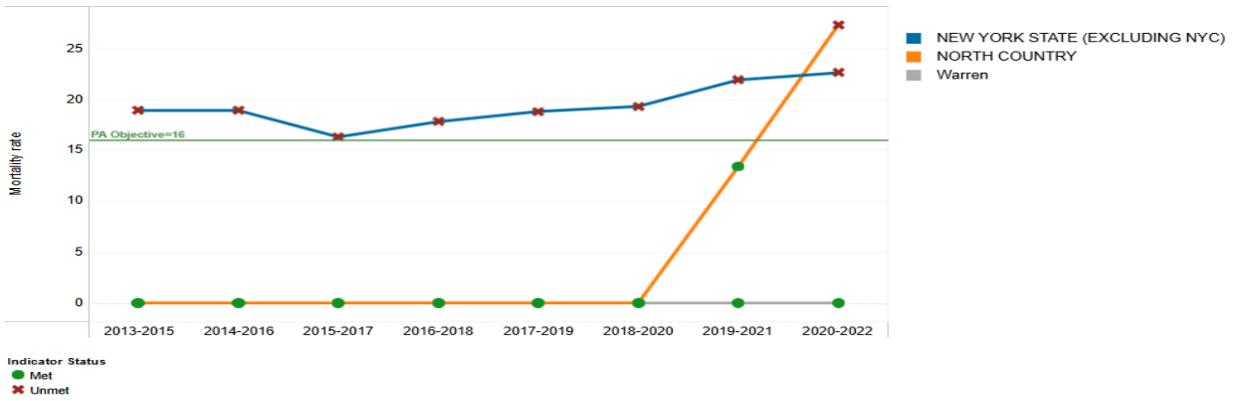
The three-year percentage of births to teens aged 15-19 in Warren County is 3.2% which is similar to the NYS rate excl. NYC of 2.6%. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

In Warren County the three-year percentage of births delivered by cesarean section is 34.9% which is similar to NYS rate excl. NYC 33.8%. The rate of low-risk births by cesarean section in Warren County is 29.3% which is the same as the NYS rate excl. NYC 29.3%. Cesarean births can be used to save the life of a mother and a baby if complications arise during labor. However, C-section births do have several risks that should be considered before being utilized especially for low-risk births Risks include infection, bleeding, damage to organs and possibly complications with future pregnancies. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

54

Fertility rate per 1,000 females - Aged 15-44 years, Warren
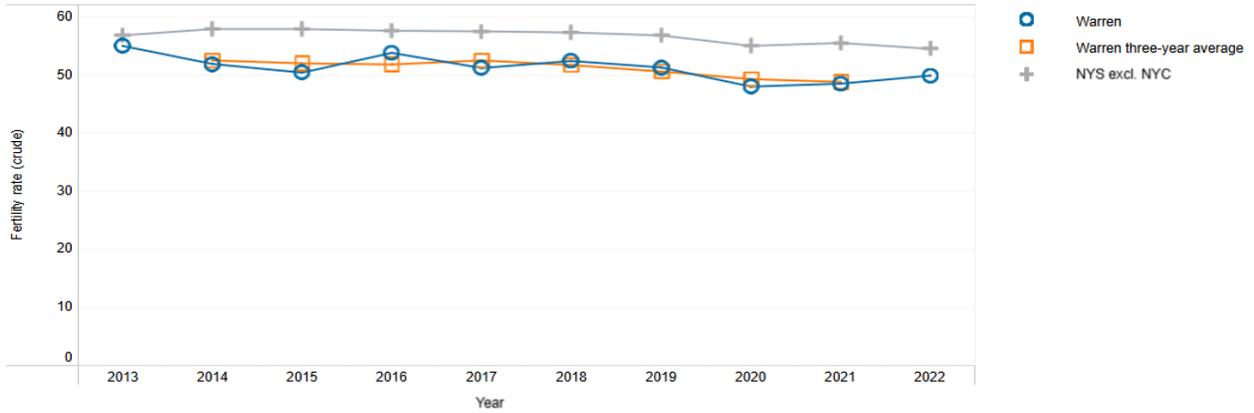
Teen fertility rate per 1,000 (births to mothers aged 15-19 years/female population aged 15-19 years), Warren

Teen fertility rate per 1,000 (births to mothers aged 18-19 years/female population aged 18-19 years), Warren
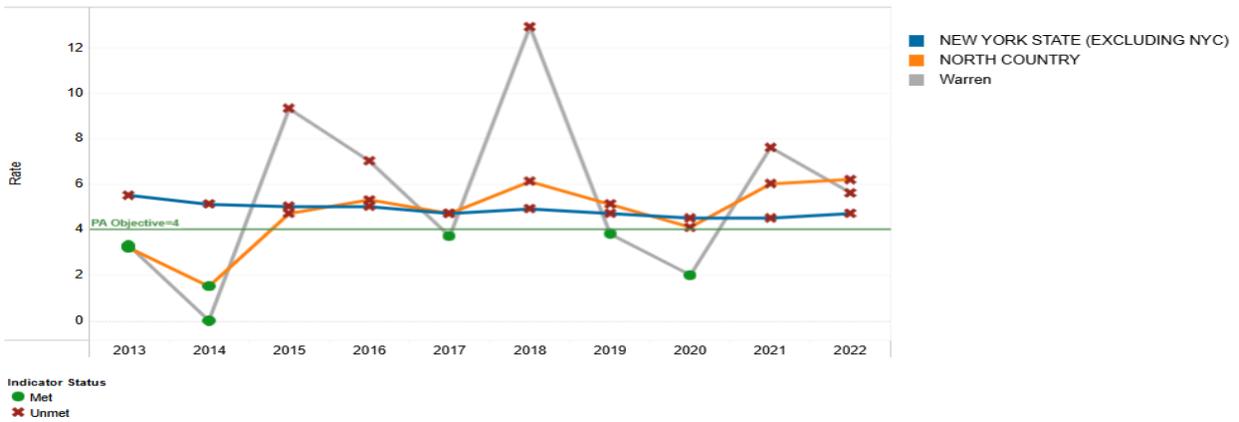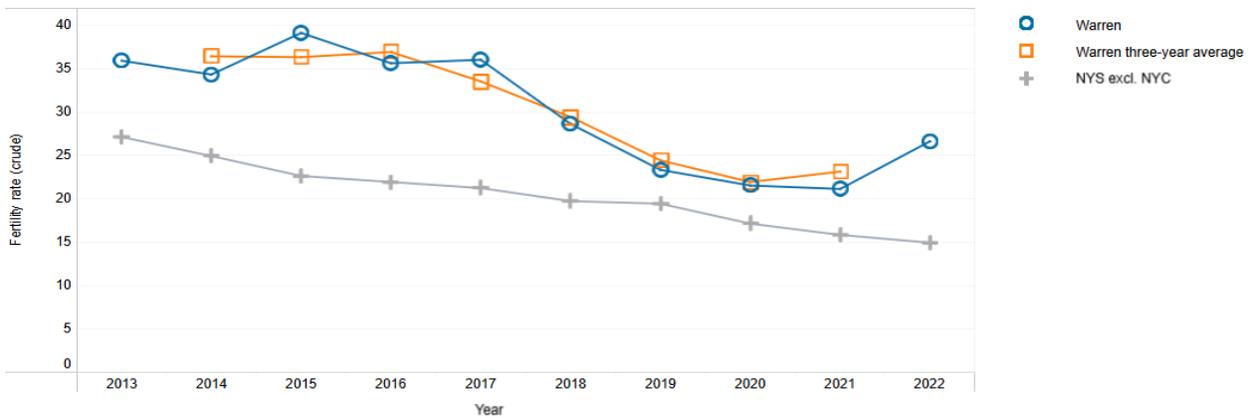

55

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
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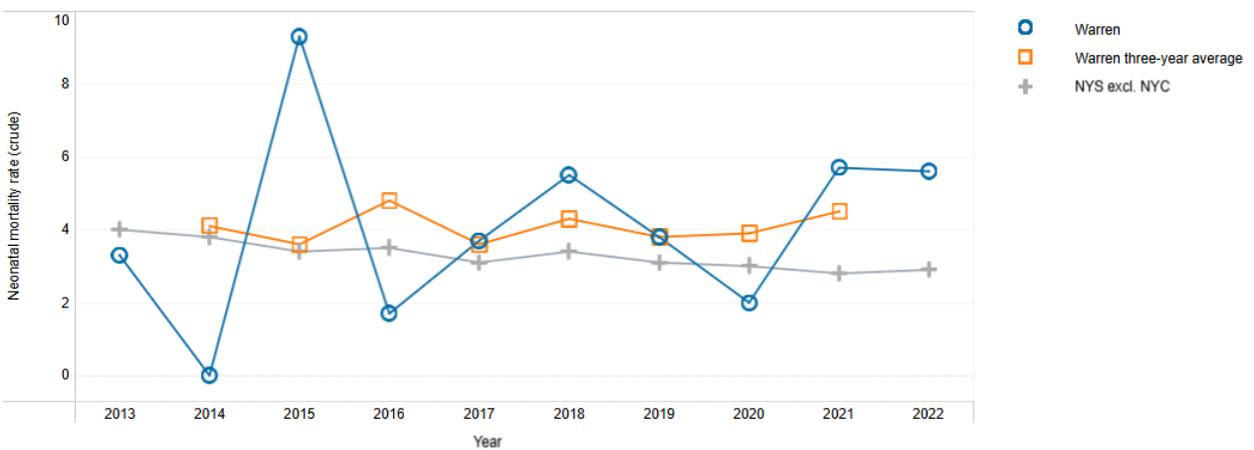
Percentage of low-risk births delivered by cesarean section, Warren
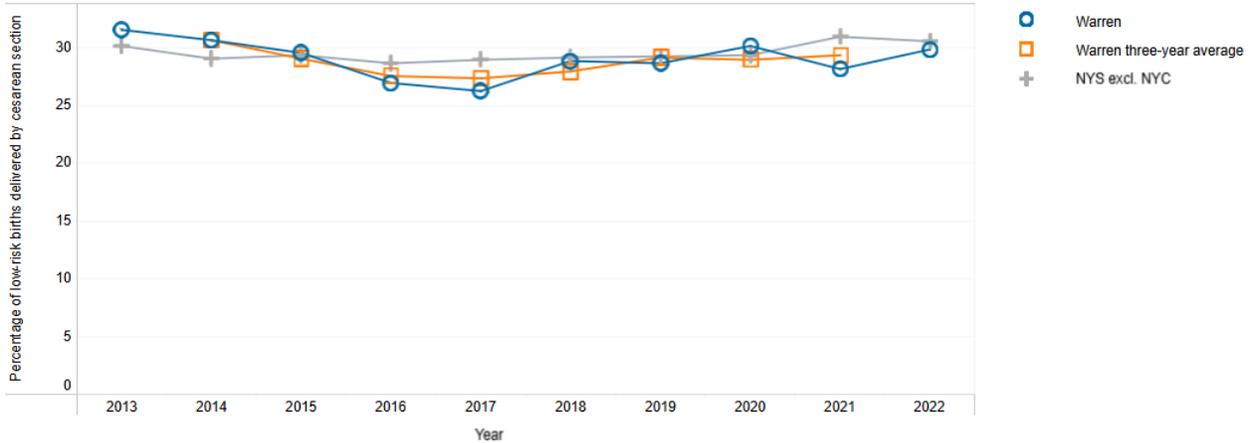
Pregnancy Rates (including teens)

The Warren County three-year pregnancy crude rate per 1,000 (all pregnancies/female population aged 15-44 years) is 63.5 which is lower than the NYS rate excl. NYC 71.7. The rate has been in slow decline from 2016-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year teen pregnancy crude rate per females less than 18 years is 2.0 per 1,000 which is lower than the NYS rate excl. NYC of 3.4. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year teen pregnancy crude rate per females 15-19 years is 16.6 per 1,000 which is lower than the NYS rate excl. NYC of 18.3. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The Warren County three-year teen pregnancy crude rate per females 18-19 years is 37.1 per 1,000 which is similar to the NYS rate excl. NYC of 31.9. Warren County's rate has been steadily declining from 2015-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

Pregnancy rate per 1,000 (all pregnancies/female population aged 15-44 years), Warren
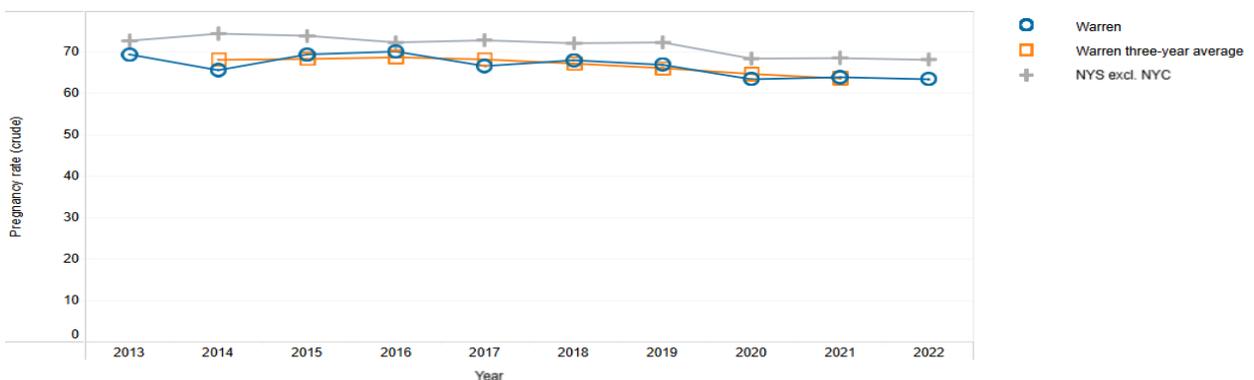
56

Teen pregnancy rate per 1,000 females aged <18 years, Warren
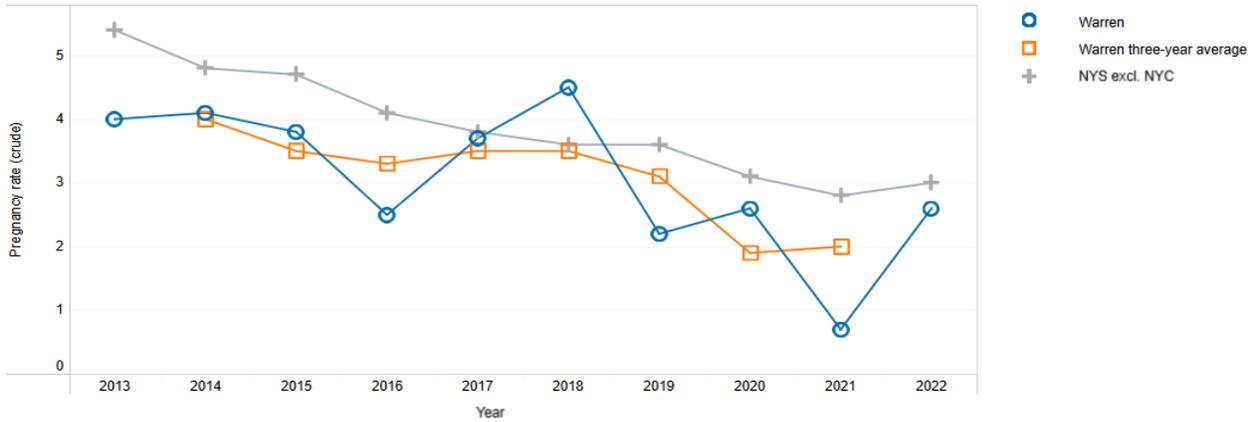
Legend:
- Warren
- Warren three-year average
- NYS excl. NYC

Teen pregnancy rate per 1,000 females aged 15-19 years, Warren

Legend:
- Warren
- Warren three-year average
- NYS excl. NYC

Teen pregnancy rate per 1,000 females aged 18-19 years, Warren
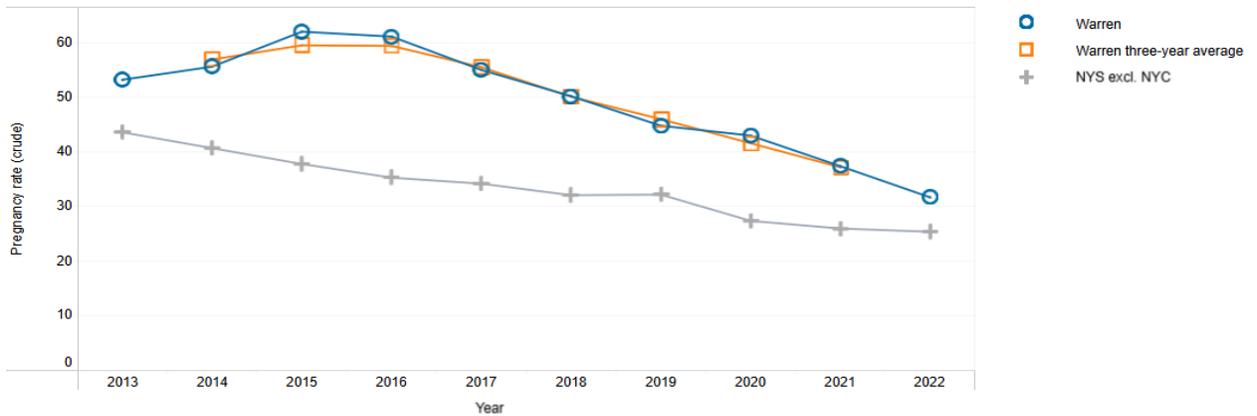
Legend:
- Warren
- Warren three-year average
- NYS excl. NYC

57

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Prenatal Care

Adequate and timely prenatal care can provide many benefits to a mother and child. Prenatal care can reduce the risk of pre-term births and potentially detect and treat health problems during pregnancy. Prenatal care also provides the expectant mother with education, resources and tools to help ensure a healthy pregnancy and birth.

In Warren County the three-year average percentage of births to women with adequate prenatal care is 85.0% which is higher than the NYS rate excl. NYC 74.6%. The Warren County rate has trended upward from 2015-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The three-year average percentage of women who gave birth and who received early (1st trimester) prenatal care in Warren County is 83.9% which is higher than the NYS rate excl. NYC 75%. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The three-year average percentage of women who gave birth and received late (3rd trimester) or no prenatal care in Warren County is 3.1% which is lower than the NYs rate excl. NYC 5.6%. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

Percentage of births with early (1st trimester) prenatal care, Warren
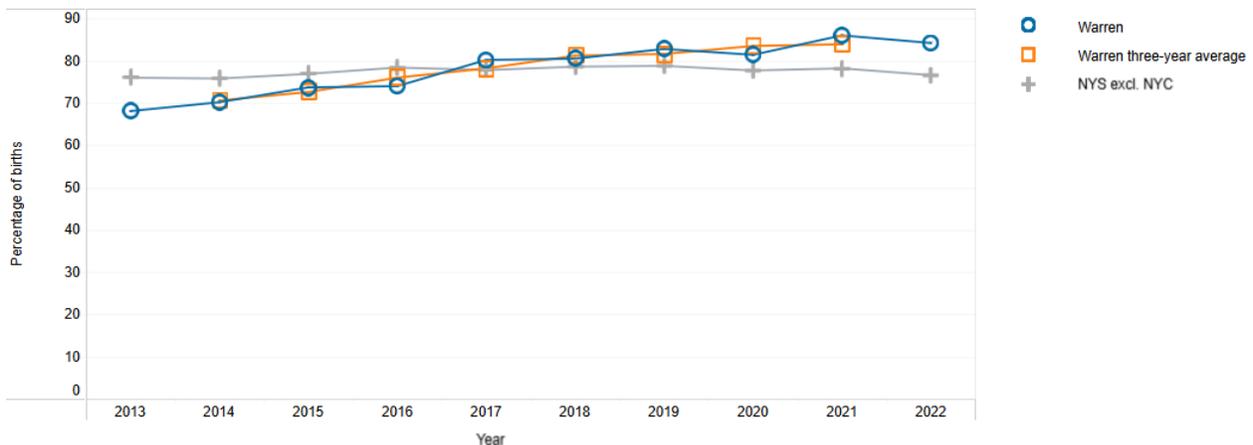
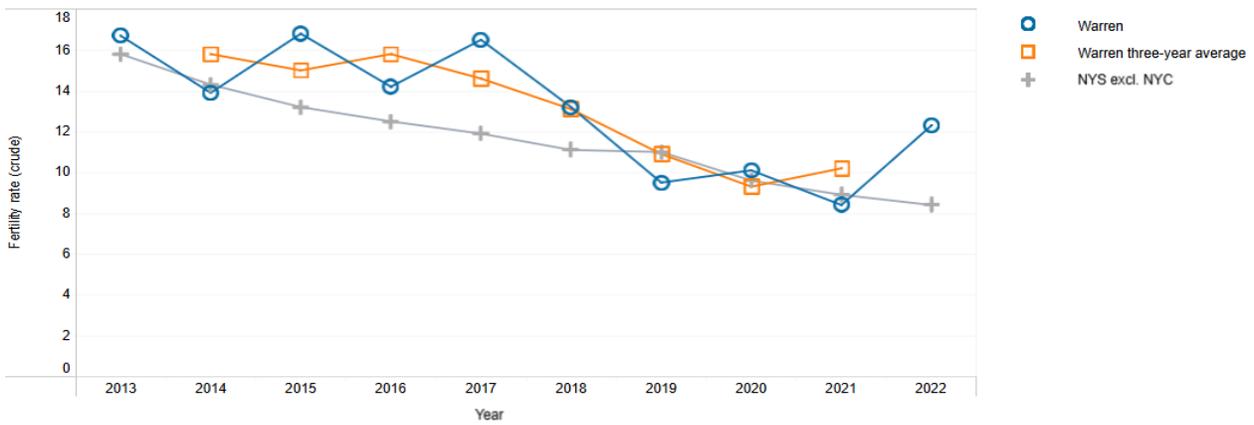**Percentage of births with late (3rd trimester) or no prenatal care, Warren**
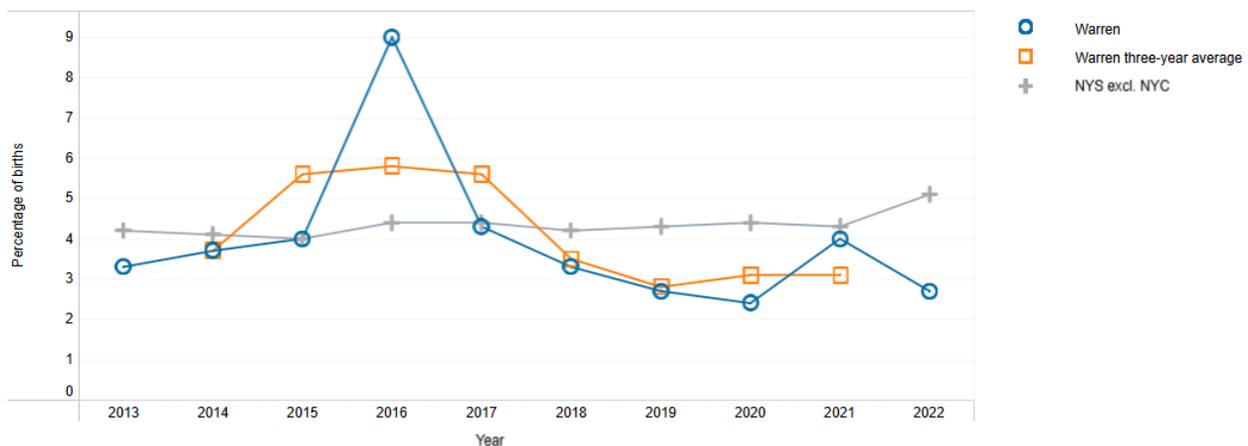
[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Child and Adolescent Health

Child Mortality

Warren County has a low number of child deaths across multiple age groups. Therefore, all the three-year mortality crude rates for the follow age groups are unstable; children aged 1-4, children aged 5-14, and children aged 15-19. Latest available data is from 2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 28th, 2025.*

The three-year mortality crude rate (unstable) for children aged 1-4 in Warren County is 14.7 which is lower than the NYS rate excl. NYC 16.8.

The three-year mortality crude rate (unstable) for children aged 5-14 in Warren County is 10.1 which is lower than the NYS rate excl. NYC 11.3.

The three-year mortality crude rate (unstable) for children aged 15-19 in Warren County is 48.2 which is higher than the NYS rate excl. NYC 34.3.

Mortality rate per 100,000 - Aged 1-4 years, Warren
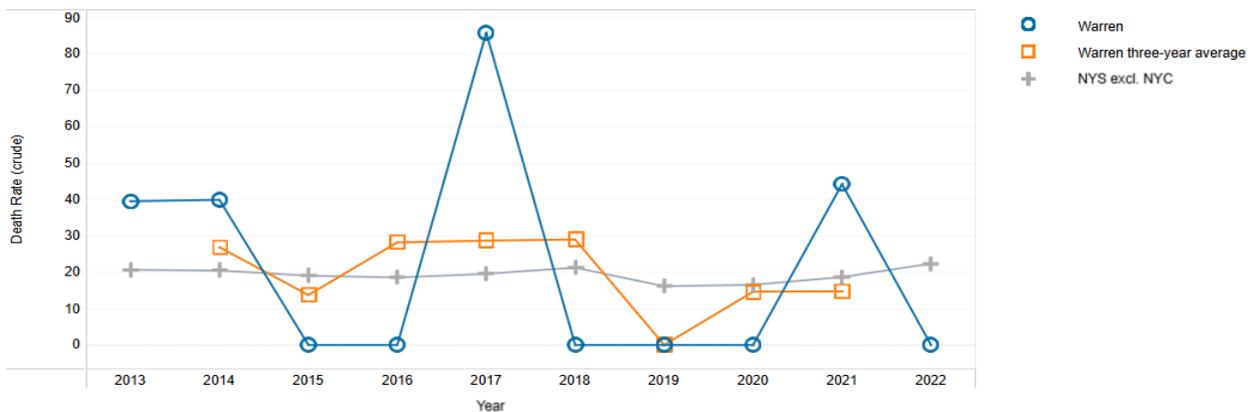
Mortality rate per 100,000 - Aged 5-14 years, Warren

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Mortality rate per 100,000 - Aged 15-19 years, Warren
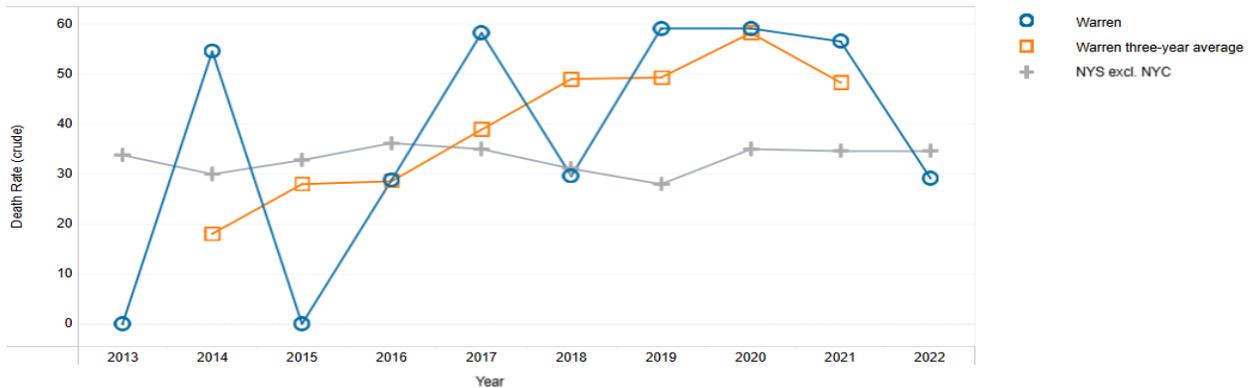
Youth Suicide Mortality Rate

In Warren County there were 7 deaths by suicide for youth 15-19 years old from 2013-2022. One death by suicide is too many regardless of age. However, due to the low number of events in Warren County the suicide mortality rate for 15-19 years old is unstable at 9.6 which is currently higher than the North Country Rate 5.8 (unstable) and the NYS rate excl. NYC 5.6 (stable). The rate is currently higher than the Prevention Agenda objective 4.7. *Source: Prevention Agenda tracking dashboard, Accessed October 31st, 2025.*

Suicide mortality among youth, rate per 100,000, aged 15-19 years
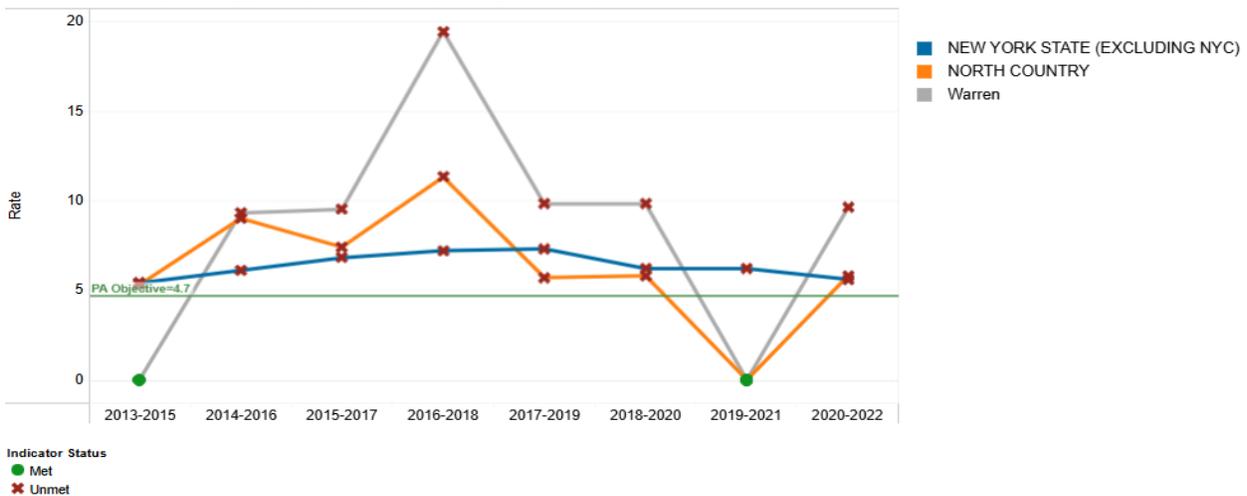
Childhood Unintentionally Injuries/Falls

The three-year unintentional injury hospitalization rate for children <10 years old in Warren County is 15.6 per 10,000 which is lower than the NYS rate excl. NYC 18.3. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 31st, 2025.*

The three-year unintentional injury hospitalization rate for children 10-14 years old in Warren County has been in steady decline since 2017. The Warren County rate is currently unstable due to limited
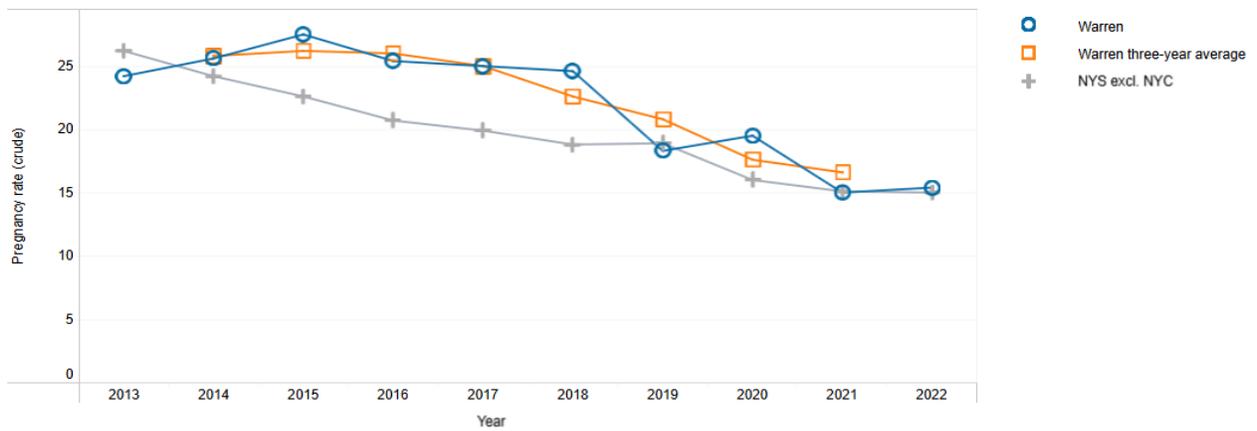
60

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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number of events at 6.8 per 10,000 which is lower than the NYS rate excl. NYC 13.5. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 31st, 2025.*

The three-year unintentional injury hospitalization rate for children 15-24 years old in Warren County is 24.8 per 10,000 which is similar to the NYS rate excl. NYC 25.3. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 31st, 2025.*

Unintentional injury hospitalization rate per 10,000 - Aged <10 years, Warren
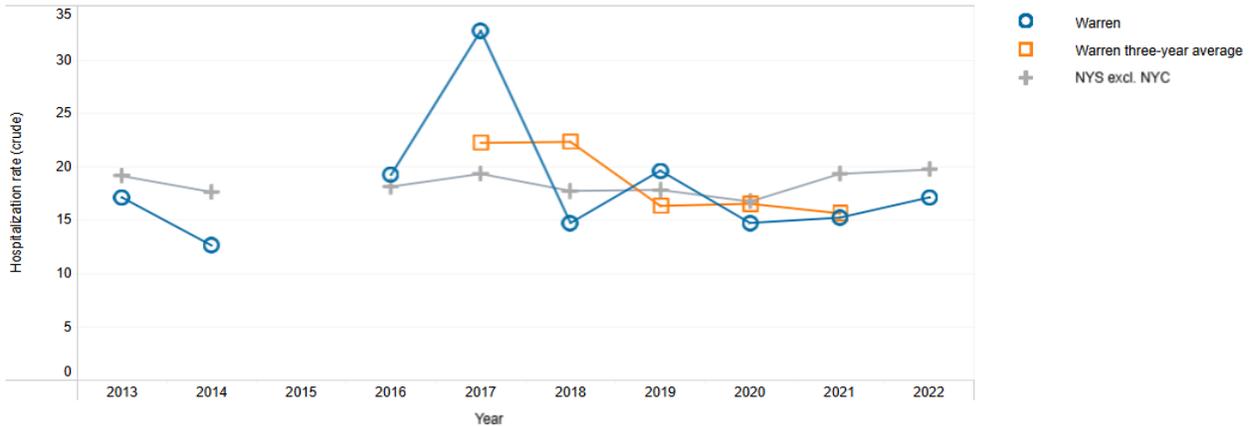
Unintentional injury hospitalization rate per 10,000 - Aged 10-14 years, Warren

Unintentional injury hospitalization rate per 10,000 - Aged 15-24 years, Warren

61

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

The three-year falls hospitalization rate for children <10 years old in Warren County is 7.8 per 10,000 which is higher than the NYS rate excl. NYC 6.1. The Warren County falls rate for this age group has been declining from 2017-2022. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 31st, 2025.*

Because rates are unstable there is no falls hospitalization rate data provide for children ages 10-14 years old from 2016-2022. Similarly, the falls hospitalization rate for 15-24 years old is unstable.

Falls hospitalization rate per 10,000 - Aged <10 years, Warren

Childhood Asthma

The three-year asthma hospitalization rates for children 0-4 and 5-14 years per 10,000 in Warren County are unstable due to a limited number of events. The three-year asthma hospitalization rate for children 0-17 year is 4.9 per 10,000 which is lower than the NYS rate excl. NYC 13.4. Asthma hospitalizations among this age group have been declining from 2017-2021 in Warren County. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Oct. 31st, 2025.*

Asthma hospitalization rate per 10,000 - Aged 0-17 years, Warren

62

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Childhood Lead

According to the New York State Department of Health, studies show that no amount of lead exposure is safe for children. Lead is a heavy metal that can harm children when introduced to the body. Lead can harm a young child's growth, behavior, and ability to learn. It can also cause anemia, kidney damage, and hearing loss.

Children younger than six years old are more likely to experience lead poisoning than any other age group. Most often, children get lead poisoning from breathing in or swallowing dust from old lead paint. Common sources of lead include floors, windowsills, hands, and toys.

Lead Screening

In 2023 75% of infants (9 months <18 months) were screened for lead exposure. This rate is higher than the NYS rate of 58.2%. The lead screening rate of children two years old (18 months - <36 months) was 76% which is higher tan the NYS rate of 55.78%. *Source: NYS Medicaid and Lead Registry Data, Accessed Nov. 3rd, 2025*.

High Lead Levels

In Warren County the incidence of confirmed high blood lead levels (5 micrograms or higher per deciliter) in tested children <72 months is 17.4 per 1,000 which is higher than the NYS rate excl. NYC 9.5. The rate has fallen and risen from 2019-2022. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year incidence rate of confirmed high blood lead levels (10 micrograms or higher per deciliter) in tested children in Warren County is 5.1 per 1,000 which is higher than the NYS rate excl. NYC 3.1. The rate in Warren County had been declining from 2014-2019 but started to increase 2019-21. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Incidence of confirmed high blood lead level (5 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months, Warren
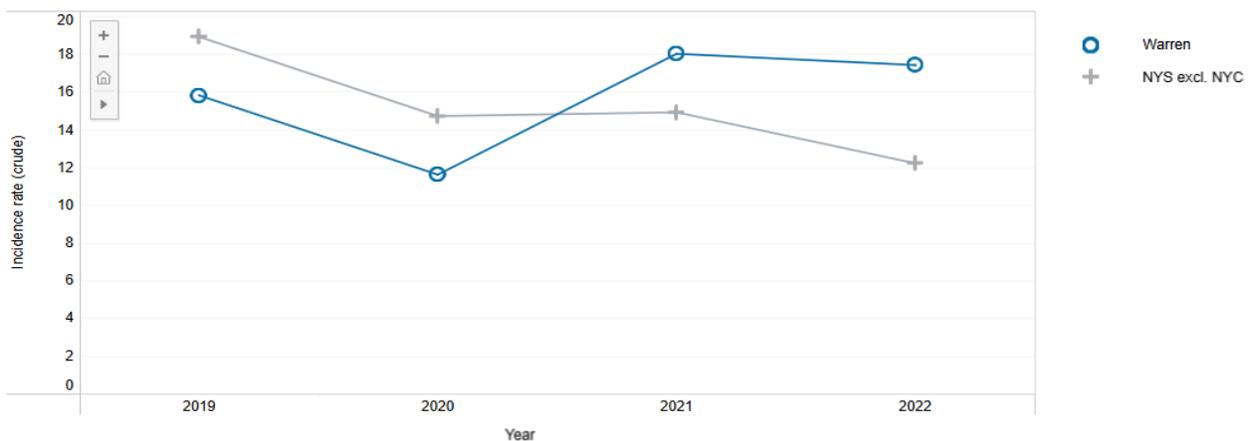
Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) - rate per 1,000 tested children aged <72 months, Warren
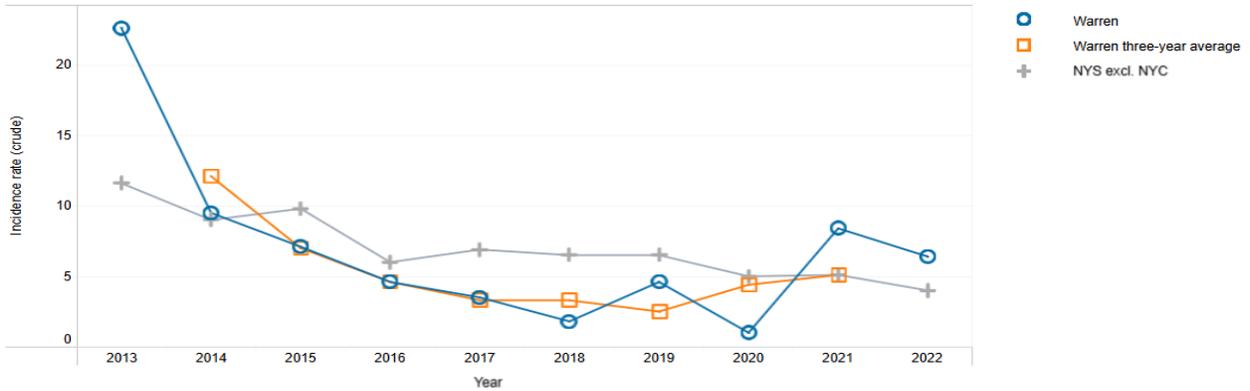
Communicable Disease

Immunization Rates

One of the best ways to protect against communicable disease is through vaccination. The higher the vaccination rate of a population, the lower the likelihood of a communicable disease moving through that population. Childhood vaccinations are a key part of communicable disease prevention.

In Warren County the percentage of children 24-35 months old that have completed the 4:3:1:3:3:1:4 immunization series is 74.1% which is higher than the North Country rate 65.1% and the NYS rate excl. NYC 60.1%. The Warren County rate is also better than the NYS Prevention Agenda benchmark of 62.3%. *Source: NYS Prevention Agenda Dashboard, Accessed Dec. 18th, 2025*

The age adjusted percentage of fee for service Medicare enrollees that receive an annual flu vaccination in Warren County has remained stable from 2012-2021 at 50% which is the same as the NYS rate. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Additionally, the percentage of adults aged 65 years and older that have received a pneumococcal vaccine is 72.7% which is higher than the NYS rate of 65.6%.

Percentage of 24–35-month old children with the 4:3:1:3:3:1:4 combination series by their 2nd birthday

Regional estimate is not available.
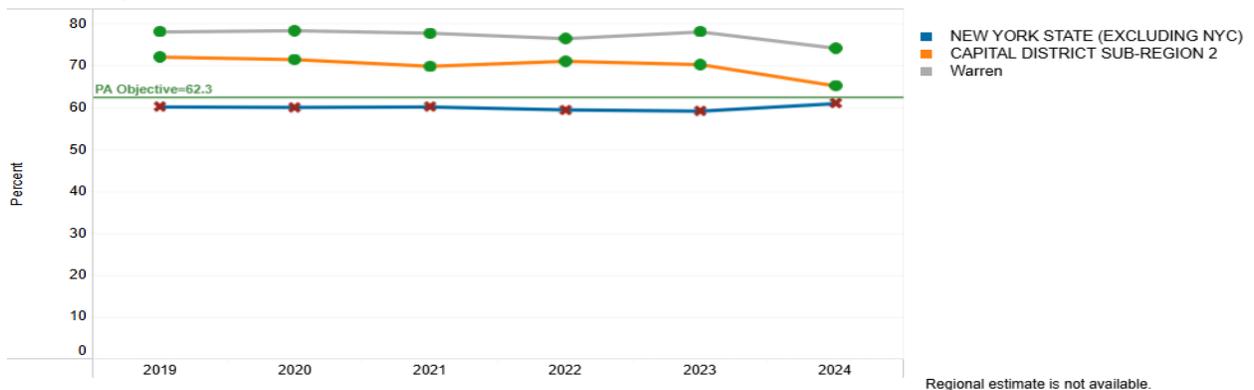
Indicator Status
- 🟢 Met
- ❌ Unmet

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Chronic Hepatitis C

Hepatitis C is a viral infection that causes liver inflammation (swelling). Hepatitis C can lead to serious liver damage. The hepatitis C virus (HCV) spreads through contact with blood that has the virus in it.

The three-year crude rate of chronic hepatitis C in Warren County is 40.9 which is higher than the NYS rate excl. NYC 30.9. The chronic hepatitis C rate in Warren County has been steadily declining from 2014-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Chronic Hepatitis C cases per 100,000, Warren

Food Borne Illness

In Warren County the three-year crude rate of salmonella infections is 5.6 which is lower than the NYS rate excl. NYC 13.1. The Warren County rate has been declining from 2018-2021.

In Warren County E. coli infection rates remain very low and the data is unstable.

Salmonella incidence per 100,000, Warren

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Other Communicable Diseases

The rates of other communicable diseases in Warren County remain very low with less than one case per year for Hepatitis A, Hepatitis B, tuberculosis, pertussis, mumps, and meningococcal disease. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Sexually Transmitted Infections (STI) and New HIV Rates

Chlamydia and Gonorrhea remain the most transmitted STIs in Warren County. The rates vary by gender and age. However, it is likely that the STI rates are underreported due to a lack of signs and symptoms especially in males which may lead to a lower rate of testing for those diseases.

Chlamydia

The age-adjusted rate of chlamydia infections is Warren County is 266.5 which is higher than the North Country rate of 257.3 but lower than the NYS rate excl. NYC 457.8. Warren County's rate is lower than the Prevention Agenda objective 676.9. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Chlamydia diagnoses, age-adjusted rate per 100,000 population
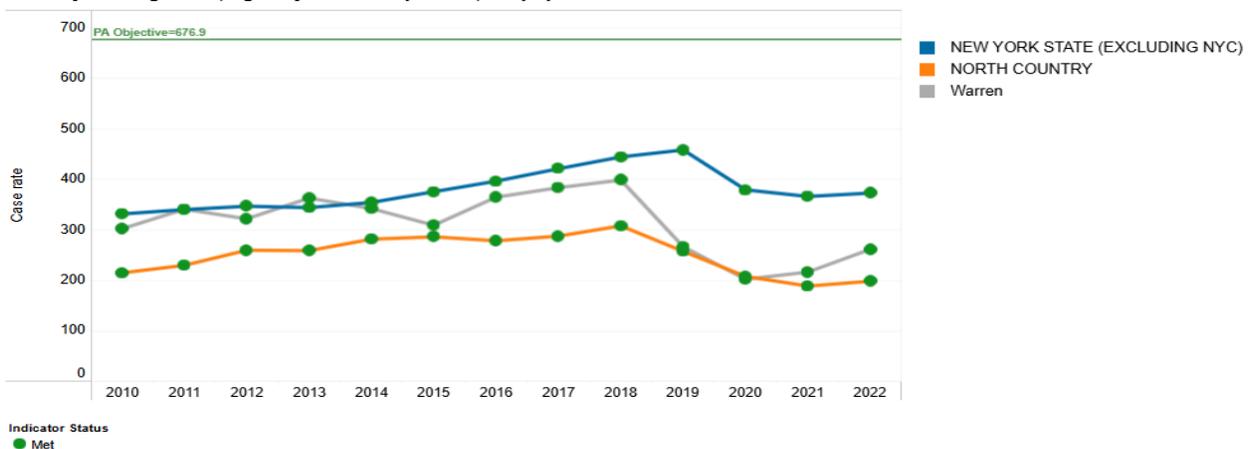
Chlamydia Females

The three-year crude rate of chlamydia infections among Warren County females ages 15-44 is 753.5 which is significantly lower than the NYS rate excl. NYC 1,450.7. The rate in Warren County has been declining from 2017-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate of chlamydia infections among Warren County females ages 15-19 is 1,147.8 which is lower than the NYS rate excl. NYC of 2,626.2. The rate in Warren County has been declining from 2014-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate of chlamydia infections among Warren County females ages 20-24 is 2,359.3 which is lower than the NYS rate excl. NYC 3,389.8. The rate in Warren County was highest in 2017 then

declined through 2021 but increased slightly in 2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Chlamydia case rate per 100,000 females - Aged 15-44 years, Warren
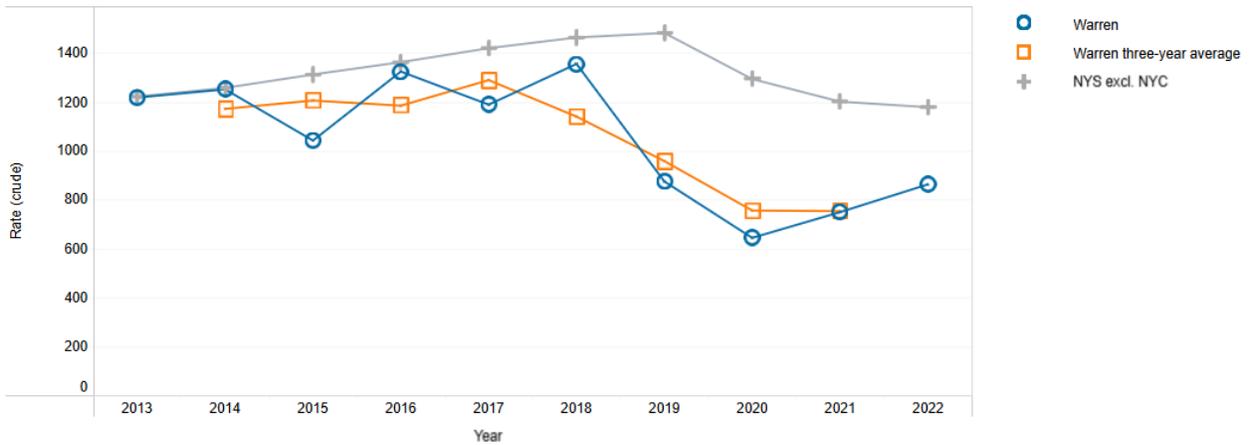
Chlamydia case rate per 100,000 females - Aged 15-19 years, Warren

Chlamydia case rate per 100,000 females - Aged 20-24 years, Warren
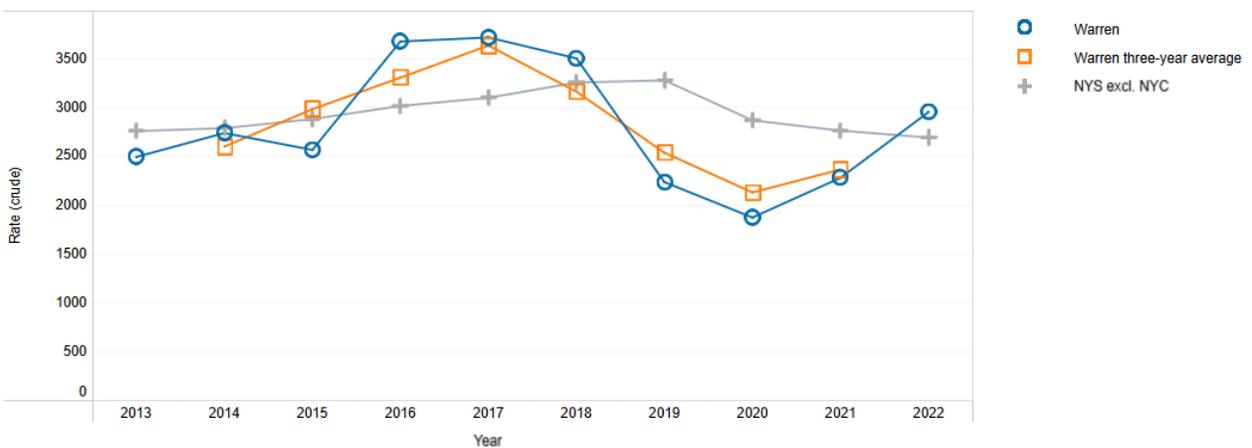
67

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Chlamydia Males

The three-year crude rate of chlamydia infections among Warren County males ages 15-44 is 325.7 which is lower than the NYS rate excl. NYC 991.8. The rate in Warren County has been declining from 2017-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate of chlamydia infections among Warren County males ages 15-19 is 309.5 which is lower than the NYS rate excl. NYC 847. The rate in Warren County rose from 2016-2019 and declined in 2021-2022. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate of chlamydia infections among Warren County males ages 20-24 is 882.7 which is significantly lower than the NYS rate excl. NYC 1,730.3. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Chlamydia case rate per 100,000 males - Aged 15-44 years, Warren
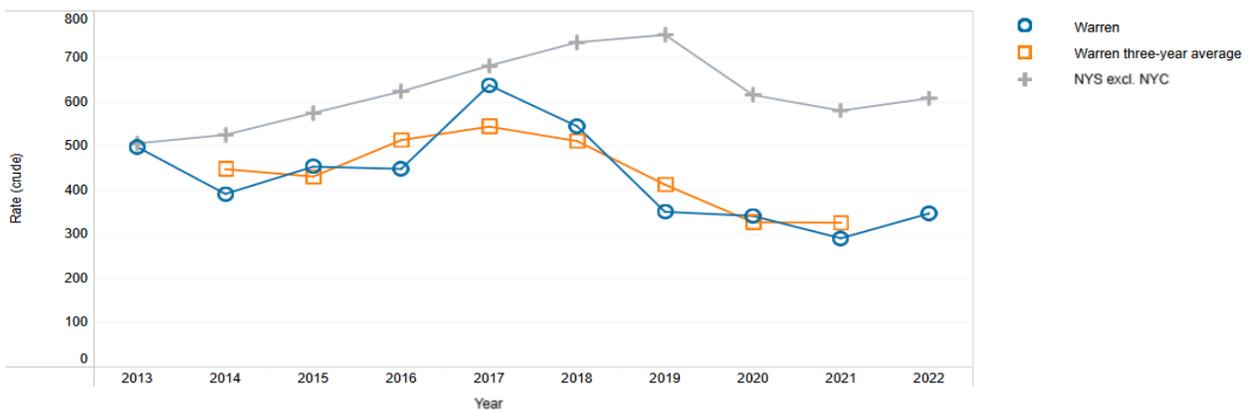
Chlamydia case rate per 100,000 males - Aged 15-19 years, Warren
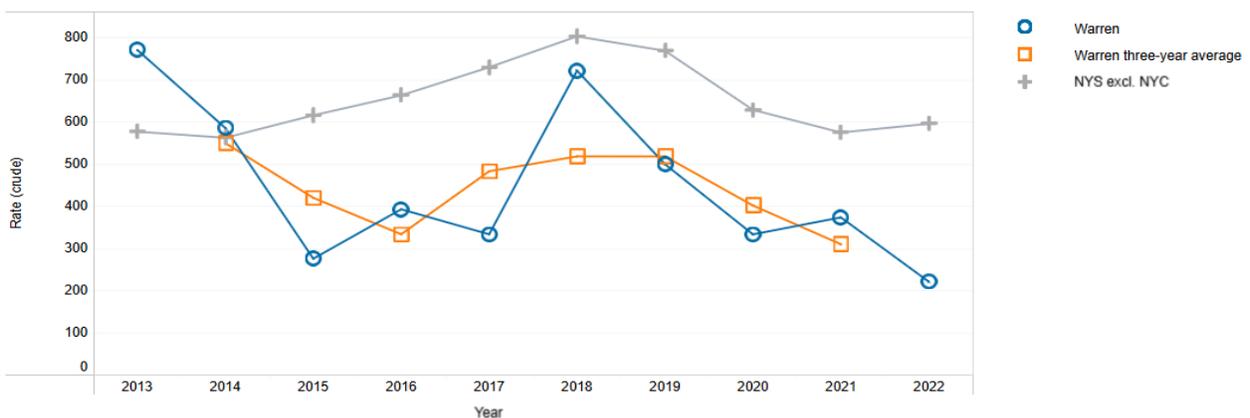
68

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Chlamydia case rate per 100,000 males - Aged 20-24 years, Warren

Gonorrhea

The three-year crude rate for gonorrhea in females 15-44 years of age in Warren County is 100.1 which is significantly lower than the NYS rate excl. NYC 326.4. The rate in Warren County had been increasing since 2014 before declining slightly in 2020-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate for gonorrhea in males 15-44 years of age in Warren County is 122.5 which is significantly lower than the NYS rate excl. NYC 667.9. The rate in Warren County had been increasing since 2015 before declining slightly in 2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

The three-year crude rate for gonorrhea in people 15-19 years old in Warren County is 125.3 which is lower than the NYS rate excl. NYC 416.9. The three-year rate in Warren County had been unstable since 2014 but is now considered stable for reporting. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*

Gonorrhea case rate per 100,000 females - Aged 15-44 years, Warren
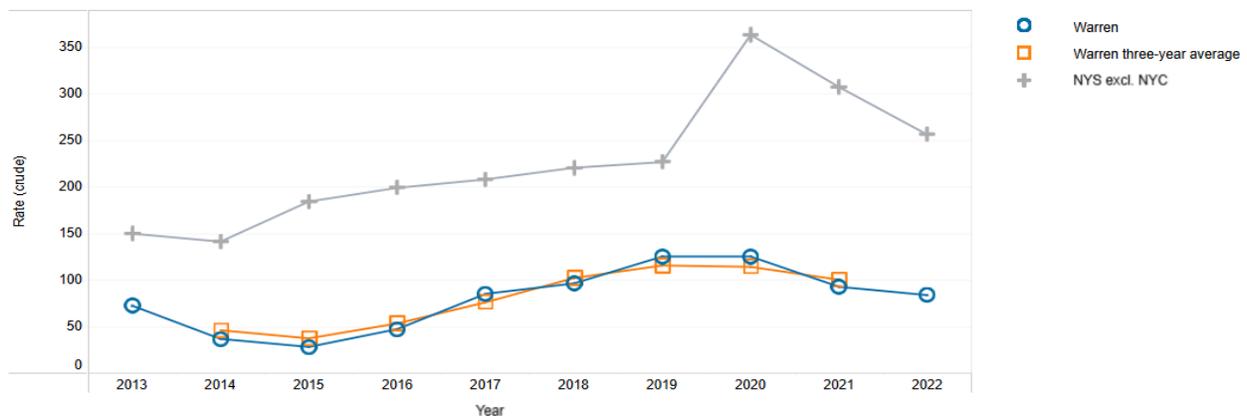
69

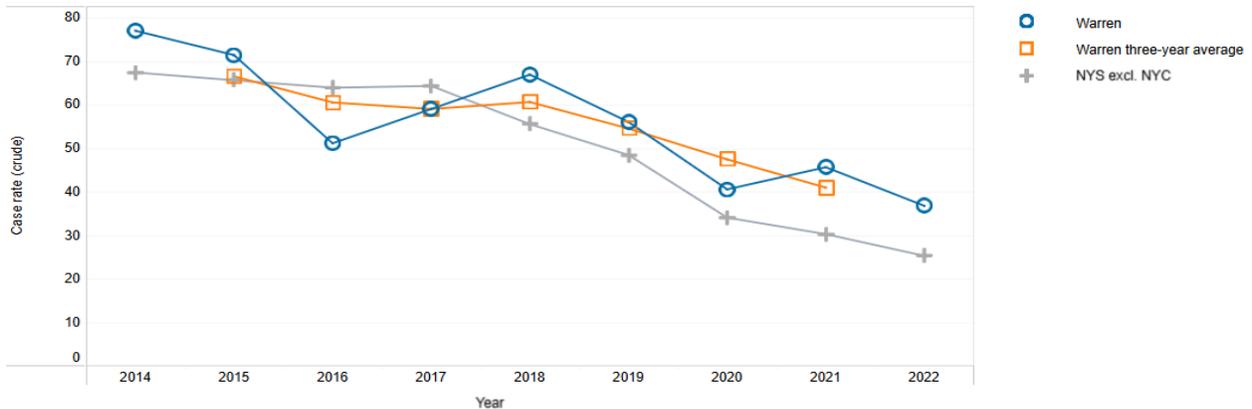[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Gonorrhea case rate per 100,000 males - Aged 15-44 years, Warren
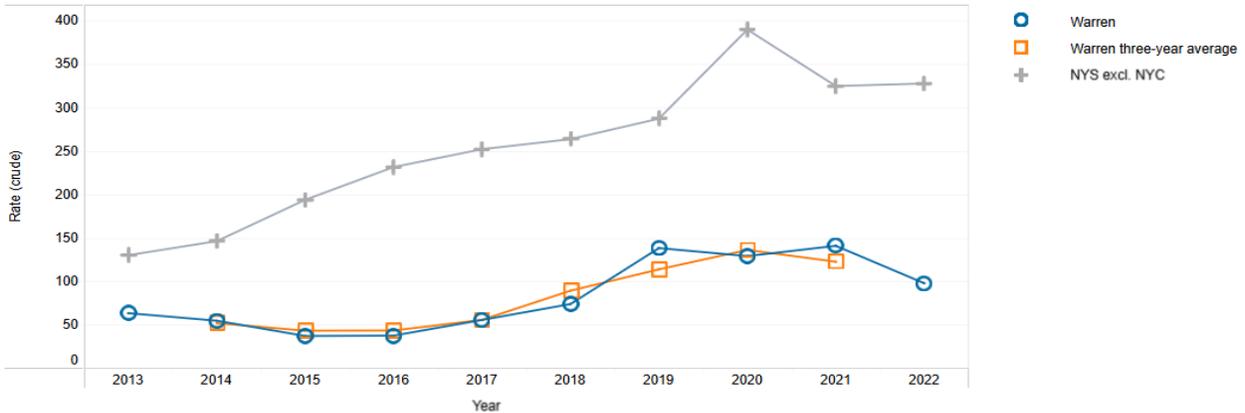
Gonorrhea case rate per 100,000 - Aged 15-19 years, Warren

Syphilis

Warren County had a total of 38 early syphilis diagnoses from 2010-2022. This translates into a three-year crude rate of 7.7 which is lower than the NYS rate excl. NYC 20.0 and lower than the Prevention Agenda objective 79.6. Warren County did experience a noticeable increase in cases from 2017-2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 3rd, 2025.*
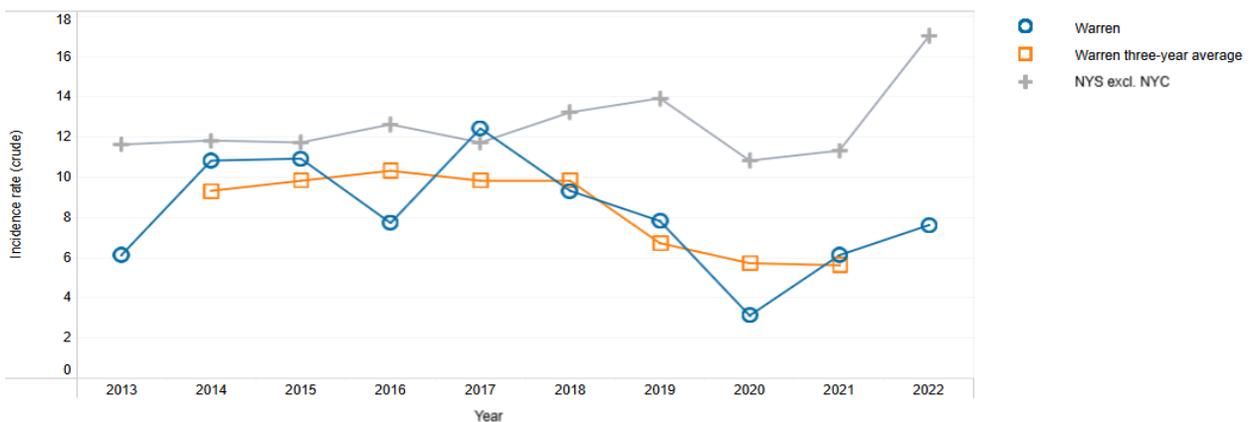
Early syphilis case rate per 100,000, Warren

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

HIV/AIDS

The age adjusted rates for newly diagnosed HV cases in Warren County is so low it does not meet the reporting criteria and is unstable. Also, the age-adjusted three-year average AIDS mortality rate in Warren County is unstable and reported as zero in 2021. *Source: NYS Community Health Indicator Reports Dashboard, Accessed Nov. 5th, 2025.*

Health Behavior Risk Factors

Health behavior risk factors are modifiable behaviors that increase the likelihood of developing a disease or health problem. Key examples include tobacco use, poor nutrition, physical inactivity, and excessive alcohol consumption. These behaviors are linked to a higher risk of chronic diseases like heart disease, stroke, cancer, and type 2 diabetes.

Most of the data that is used to determine the rates of specific health behaviors is self-reported through the Expanded Behavioral Risk Factor Surveillance System Survey. For details about the EBRFSS please visit https://www.health.ny.gov/statistics/brfss/expanded/

Physical Inactivity

In Warren County 76.3% of adults reported participating in leisure-time physical activity. Warren County's rate is higher than the North Country rate 73.3% and similar to the NYS rate excl. NYC 75.7%. Warren County's rate is lower than the NYS Prevention Agenda Objective 77.4%.

The rate of adults 65+ years reporting leisure-time physical activity in Warren County is 68.4% which is slightly higher than the North Country 66.0% and the same as NYS rate excl. NYC 68.5%. The Warren County rate is lower than the NYS Prevention Agenda objective 75.4%. *Source: Prevention Agenda Tracking Dashboard, Accessed November 13th, 2025.*

Opportunities for leisure-time physical activity for people with disabilities can be limited in many communities. In Warren County the percentage of people with disabilities that participate in leisure-time physical activity is 58.7%. However, due to a low number of respondents the Warren County rate is unstable. The North Country rate is 60.4% and the NYS rate excl. NYC is 58.7%. The NYS Prevention Agenda Objective is 61.8%. *Source: Prevention Agenda Tracking Dashboard, Accessed November 13th, 2025.*

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Percentage of adults who participate in leisure-time physical activity

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=77.4
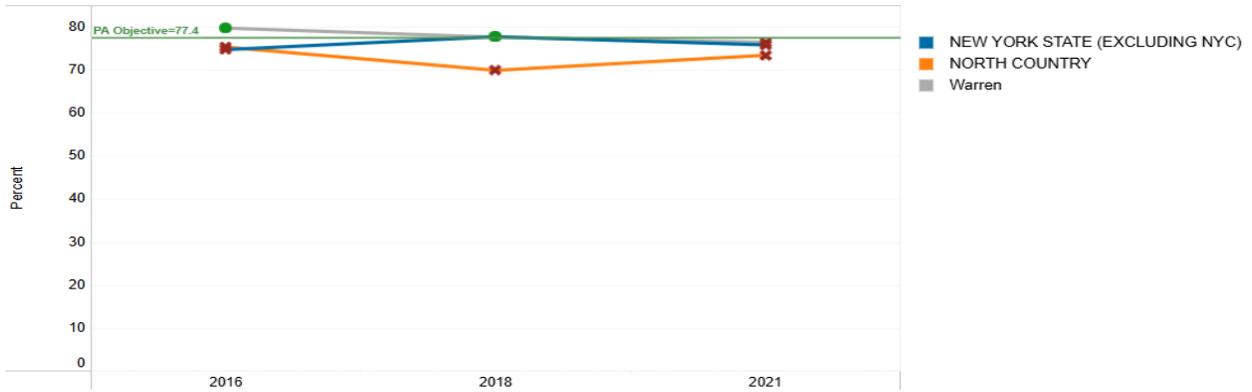
Indicator Status
- ● Met
- ✖ Unmet

Percentage of adults who participate in leisure-time physical activity, aged 65+ years

Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=75.9
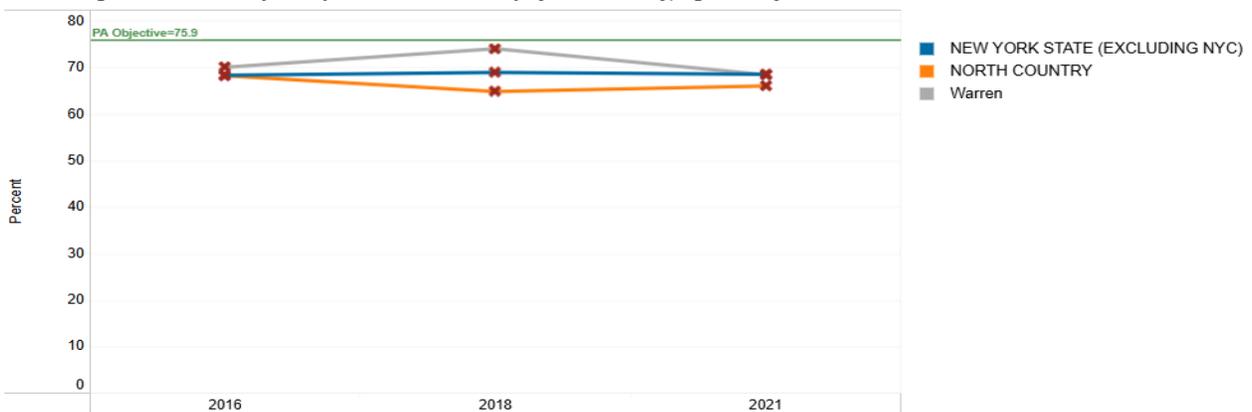
Indicator Status
- ✖ Unmet

Percentage of adults with disabilities who participate in leisure-time physical activity
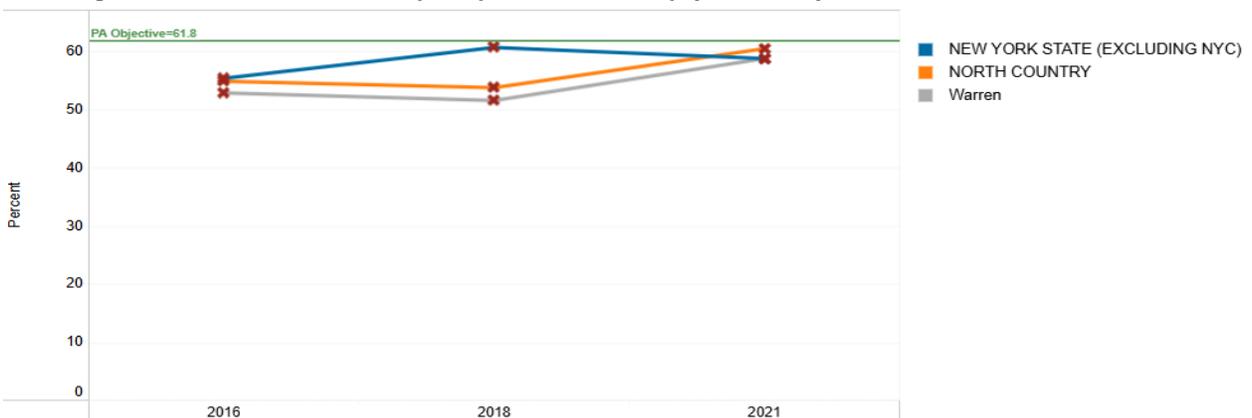
Legend:
- NEW YORK STATE (EXCLUDING NYC)
- NORTH COUNTRY
- Warren

PA Objective=61.8

Indicator Status
- ✖ Unmet

72

† Margin of error is at least 10 percent of the total value. Take care with this statistic.
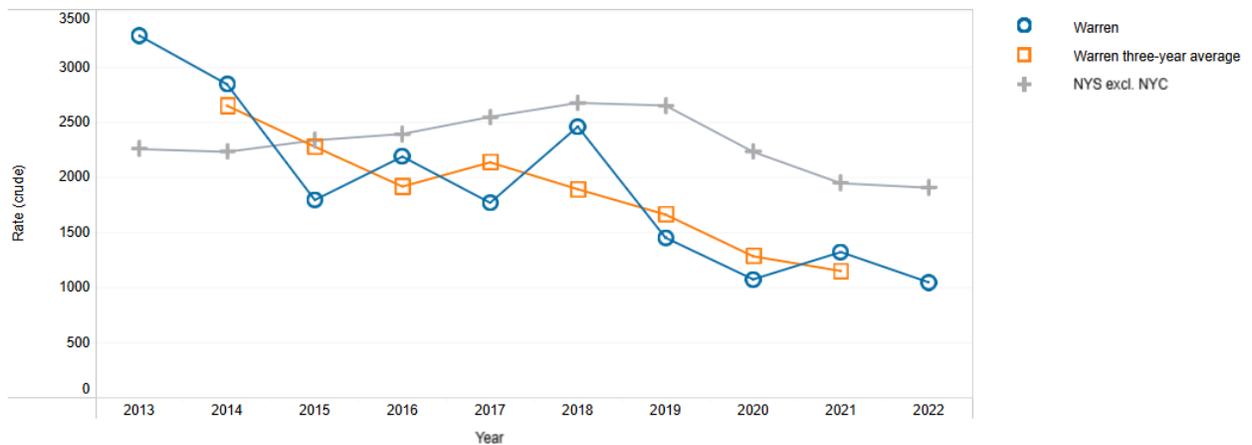
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Tobacco Use

Tobacco Use remains a leading cause of preventable morbidity and mortality. The current rate of adult smokers in Warren County is 21.3% which is higher than the North Country rate 19.7% and the NYS rate excl. NYC 13.2%. Warren County's adult smoking rate is also higher than the Prevention Agenda objective 11%. Warren County has seen it's adult smoking rates fluctuate from 2016-2021. *Source: Prevention Agenda tracking dashboard, Accessed November 13th, 2025.*

In Warren County the data for adult smokers with an income less than $25,000 is unstable due to a low number of respondents. The percentage of Warren County adult smokers with an income less than $25,000 is 24.1% (unstable) which is lower than the North Country 28.7% and NYS excl. NYC 26.5%. The Warren County rate is higher than the Prevention Agenda objective 15.3%. *Source: Prevention Agenda tracking dashboard, Accessed November 13th, 2025.*

In Warren County 6.0% of adults report using electronic cigarettes. This rate is the same as the NYS rate excl. NYC 6.0%. No North Country rate was able to be found for comparison. *Source: Fajobi, O. Hunter, L. Peluso, C. BRFSS Brief: Electronic Cigarette Use, New York State Adults, 2021. No. 2023-14.*

Prevalence of cigarette smoking among adults
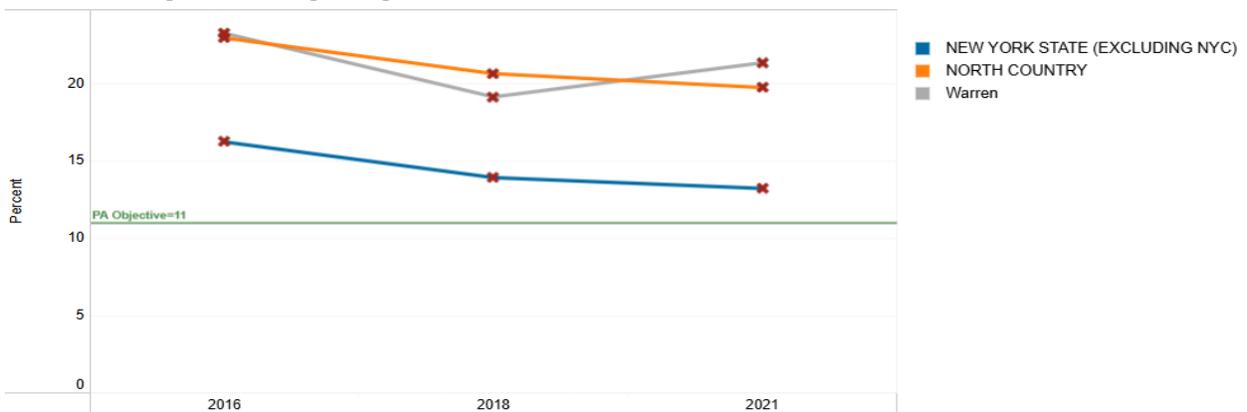
Percentage of adults who smoke cigarettes among adults with income less than $25,000
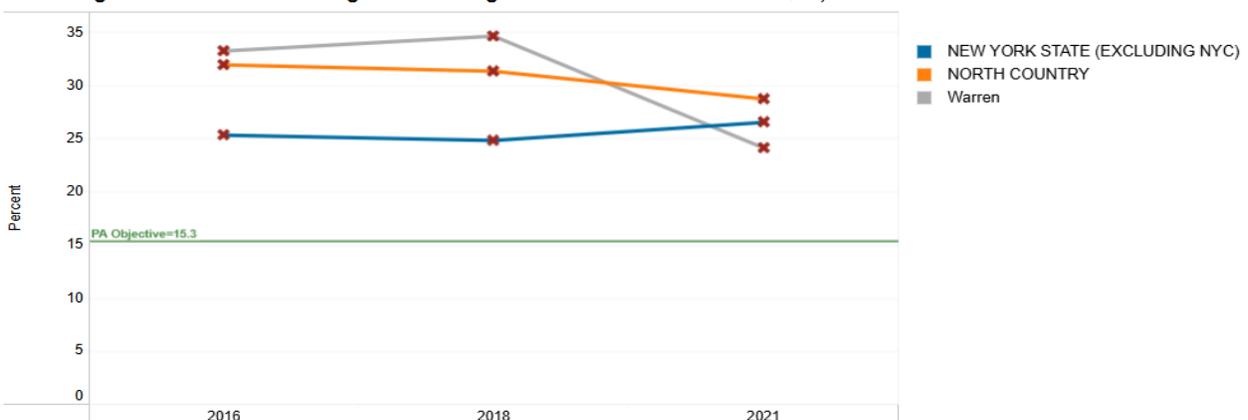
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† Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

Preventive Health Screenings

Besides preventive cancer screenings, other health screenings for risk factors such as hypertension (high blood pressure) and diabetes can reduce the impacts of chronic disease. These types of screenings can also reduce the risk of heart attack, stroke, kidney disease, nerve and eye damage through the use of medications and therapeutic life-style changes.

In Warren County the percentage of adults age 45+ who had a test for high blood sugar or diabetes within the last three years was 69.9% which is higher than the North Country rate 62.8% and the NYS rate excl. NYC 63.8%. Warren County's rate is lower than the NYS Prevention Agenda objective 71.7%. *Source: Prevention Agenda tracking dashboard, Accessed November 14th, 2025.*

Percentage of adults who had a test for high blood sugar or diabetes within the past three years, aged 45+ years
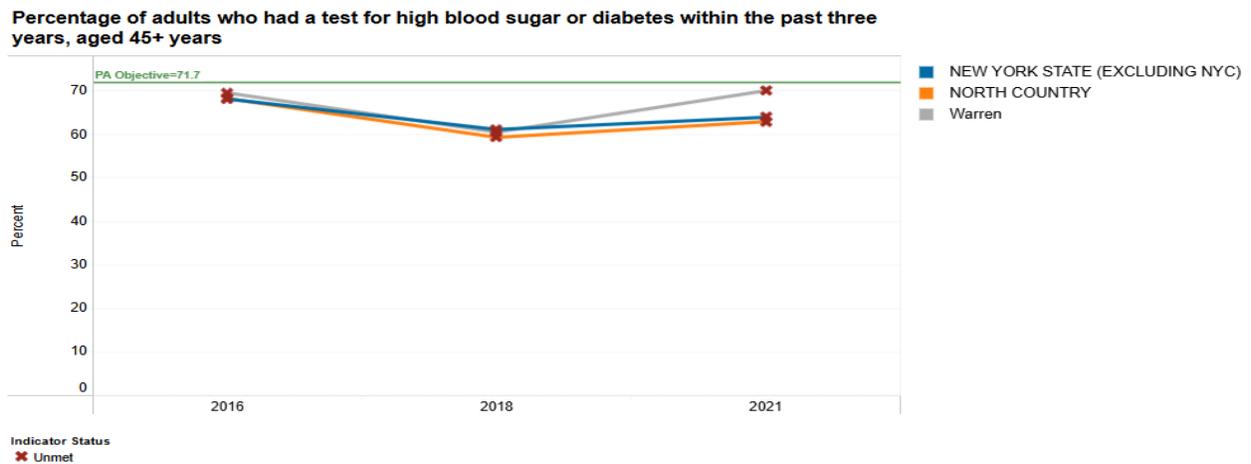
No data exists for the percentage of Warren County residents that have been screened for hypertension. However, data does exist for Warren County residents with physician diagnosed hypertension that currently manage their blood pressure using medication. In Warren County the percentage of adults with diagnosed high blood pressure currently taking medication to manage their high blood pressure is 72.4%. Warren County's rate is lower than the North Country rate 79.4% and the NYS rate excl. NYC 81.2%. Warren County's rate is lower than the NYS Prevention Agenda objective 80.7%. *Source: Prevention Agenda tracking dashboard, Accessed November 14th, 2025.*
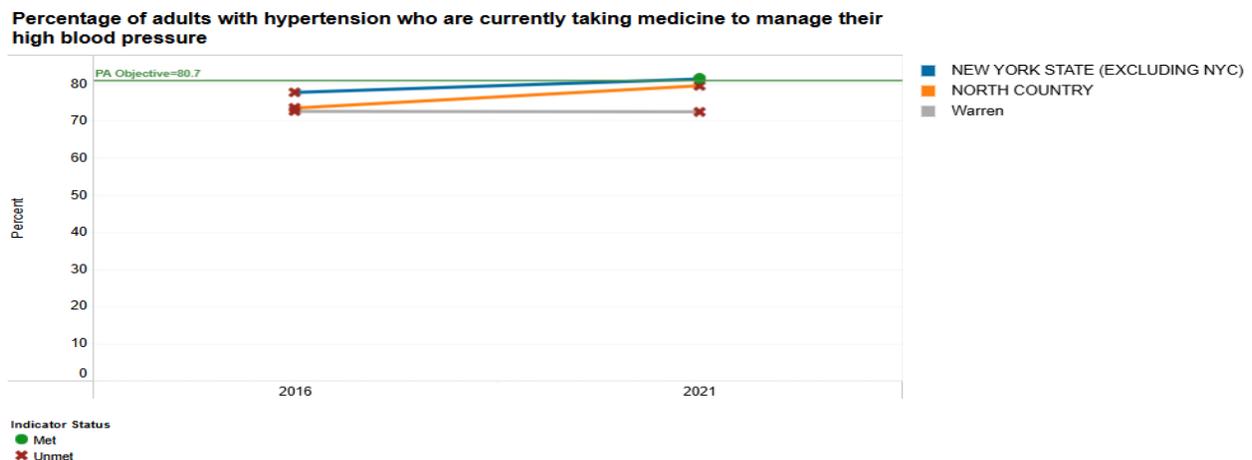
Percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure
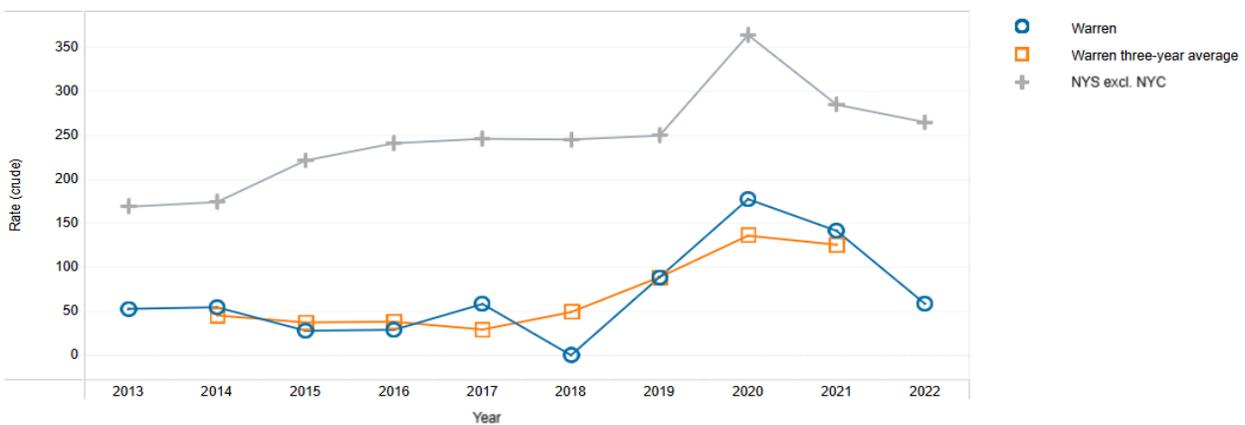
[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Chronic Disease Self-Management

Individuals with chronic disease can experience disease related complications that can lead to preventable hospitalizations. Taking a chronic disease self-management course can provide education to the person to better manage their chronic disease and reduce the risk for complications.

In Warren County the percentage of adults with a chronic disease (asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition is 9.8%. Warren County's rate is the same as the North Country rate 9.9%, but lower than the NYS rate excl. NYC 11.3%. Warren County's rate is lower than the NYS Prevention Agenda objective 10.6%. *Source: Prevention Agenda tracking dashboard, Accessed November 14th, 2025.*

Percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition
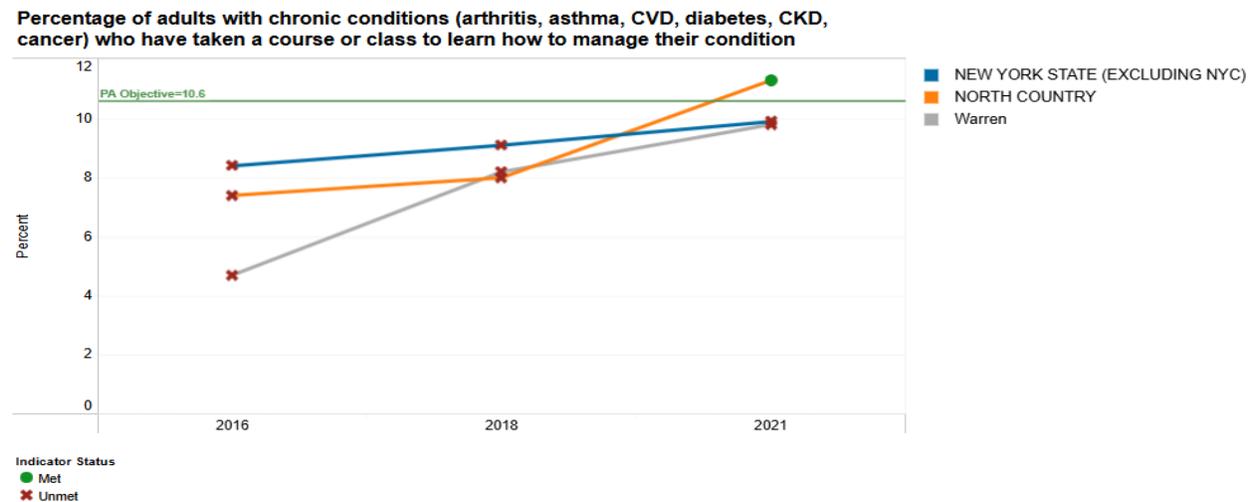
Health Challenges in Warren County

To identify the health challenges facing Warren County residents, multiple sources of information were reviewed. Feedback surveys from the public and key stakeholders provided valuable information from the people directly impacted by and/or working to address the health challenges found in Warren County. Additional information from the County Health Rankings and Roadmaps 2025 (see Appendix D) was also reviewed.

There is consensus from key stakeholders and the public that health challenges exist for mental health across a life span. Substance misuse and abuse was also cited by both groups as a considerable health challenge in Warren County. Chronic disease also remains a challenge in Warren County.

Risk Factors Contributing to Health Challenges in Warren County

The health challenges facing Warren County are not the result of a single risk factor, but from the intersection of numerous risk factors. Identifying which risk factors contribute the most to creating these health challenges can help focus limited resources towards reducing their negative impacts on health in Warren County.

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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There was a lot of agreement from stakeholders and the public about the risk factors most responsible for the health challenges faced by Warren County residents. Poverty and other socio-economic factors were identified as the leading contributors to the health challenges in Warren County. Socio-economic factors including stable employment, housing affordability and stability, food insecurity and healthcare access were identified as having the greatest health impacts.

Childcare costs in Warren County are very high. According to the County Health Rankings and Roadmaps 2025 Survey the average household in Warren County spends 41% of its income on childcare for two children. Money spent on childcare is not available to purchase healthy food or pay for healthcare.

The increase in food costs are likely impacting health in Warren County. As food costs for healthy options like fruits, vegetables and whole grains increase families often turn to cheaper, highly processed, calorie dense, and low in nutrients foods to meet their needs[32]. Consuming highly processed food can contribute to many chronic diseases including obesity, diabetes and cardiovascular disease.

Affordable stable housing is a serious challenge in Warren County. Almost half (47%) of the renters in Warren County are paying more than 30% of their income on rent alone. The median sales price of homes has increased 33% since 2019 according to a housing study conducted by the Warren County Planning Department. Key stakeholders and the public agree that housing costs and instability need to be addressed to improve health outcomes.

Warren County has limited infrastructure to support public transportation. Outside of the Glens Falls/Queensbury population centers bus routes and other forms of transit often do not exist or exist on a seasonal basis. Taxi services are limited, and ride-share services are often expensive and not always available especially in more rural areas of Warren County. The lack of public transportation limits a person's ability to access routine medical care, healthy food options, childcare, employment, and opportunities for physical activity. Residents in Warren County rely heavily on personal cars to get to their destination.

In addition to poverty and the socio-economic risk factors there are other risk factors that also contribute to the health challenges in Warren County. Behavioral risk factors such as high rates of tobacco use, and high rates of binge drinking continue to negatively impact health in Warren County.

Chronic disease continues to be a health challenge in Warren County. Warren County's population has continued to age. Currently 1 in 4 residents of Warren County are 65+ years old. As the average age of Warren County's population continues to rise the chronic disease burden is likely to rise. Additional planning considerations will also be needed to ensure community supports are in place to care for an aging population.

As more tele-health services come online, having access to reliable broadband internet is crucial for individuals seeking care when transportation, poor weather or provider shortages exist. There are communities in Warren County located within the Adirondack Park with limited broadband access because of excessive regulations and limited infrastructure. According to the County Health Rankings and Roadmaps 2025 Survey, 89% of Warren County residents have access to broadband internet. Individuals living in communities with low rates of broadband internet may miss out on the health benefits of being connected, mainly access to telehealth services and health information.

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that exist between different population groups. These differences are closely linked to social, economic, and environmental disadvantages, and include disparities in health outcomes, access to healthcare, and the quality of care received. Factors contributing to health disparities can include race, ethnicity, gender, age, socioeconomic status, disability, sexual orientation, and geographic location.

Warren County has a relatively homogenous population with 91% of the population identifying as white non-Hispanic. The lack of racial and ethnic diversity makes it difficult to determine how individuals in minority populations experience health disparities in Warren County. The lack of available data should not dismiss the likelihood that minority populations that live, work, worship and play in Warren County experience similar health disparities as minority populations throughout New York.

Additionally, Warren County is a small to mid-sized county in terms of population which makes identifying health disparities by zip code or census tract difficult because of a lack of data at a granular level.

Socio-economic risk factors are likely the largest contributor to health disparities in Warren County. Stable and reliable data for low-income groups remains hard to find at the County level. It is estimated that 1 in 10 people in Warren County live below the poverty line. The number children living below the poverty line is even higher at 15% according to the County Health Rankings and Roadmaps 2025 Survey. Approximately 20% of the population is covered by Medicaid according to the US Census Bureau ACS 5-year Estimate and about 5% of the population < 65 years old are uninsured. The percentage of people who reported not receiving healthcare due to costs is about 4%.

Nearly, 12% of Warren County residents did not have access to a reliable food source during the past year. Also, just over 10% of households relied on SNAP/food stamp benefits in the past year to supplement their food needs and 39% of school-aged children qualify for free/reduced lunch according to the *NYS CHIRS Data dashboard Accessed Nov. 20th, 2025.*

Warren County residents that pay rent for housing have seen the median gross rent rise by 21% from 2016 to 2022. It is estimated that 48% of renters in Warren County pay 30% or more of their income to cover gross rent. Source: *NYS CHIRS Data Dashboard Accessed Nov. 20th, 2025.*

In Warren County approximately 16% of the population has a disability. People with disabilities have often been forgotten when considering health disparities. Health disparities in this population are often caused by societal and health system barriers such as inadequate healthcare provider training, inaccessible facilities, financial hurdles, and a lack of adapted health promotion programs, rather than the disability itself.

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Community Assets and Resources

Adirondack Health Institute

- **Adirondack Rural Health Network (ARHN)**
  Provides a forum for public health leaders, community health centers, hospitals, behavioral health organizations, emergency medical services, and other community-based organizations to assess regional population health needs and develop collaborative responses to priorities. As a multi-stakeholder regional coalition, ARHN informs on planning assessment, provides education and training to further the New York State Department of Health (NYSDOH) Prevention Agenda, and offers other resources that support the development of the regional health care system. https://ahihealth.org/program/adirondack-rural-health-network-arhn/ for more information.
- **Commercial Tobacco Use Reduction Network (C-TURN)**
  An advancing tobacco-free communities partnership grant funded by the New York State Department of Health Bureau of Tobacco Control and serves Warren, Washington, and Saratoga Counties. C-TURN seeks to build healthier communities through tobacco-free living. Visit https://www.cvfamilycenter.org/team-categories/tobacco-free for more information.
- **Community Health Access to Addiction and Mental Healthcare Project (CHAMP)**
  A joint statewide program of the New York State Office of Mental Health, Office of Addiction Services and Supports, and other partners, is designed to help individuals and their families access needed substance use disorder and mental health treatment services and get the most from their health insurance benefits. CHAMP services are available to everyone, regardless of insurance coverage, including the uninsured. https://ahihealth.org/program/community-health-access-to-addiction-and-mental-healthcare-project-champ/ for more information.
- **Enrollment Assistance Services and Education (EASE)**
  This program assists individuals and families with enrolling in health insurance coverage through the NY State of Health Marketplace. https://ahihealth.org/program/enrollment-assistance-services-and-education-ease/ for more information.
- **Health Home and Care Management**
  AHI is a New York State-Designated lead Health Home and serves all ages. A Health Home is not a place; it is a care management service that connects their members to the community, social supports, and health care. Through the Health Home program, AHI ensures all pillars of support involved with caring for our members collaborate with the overall goal of improving health and wellness. https://ahihealth.org/program/ahi-health-home-care-management/ for more information.

Glens Falls Hospital

- **Building Healthy Communities/Health Promotion Center**
  - **Cancer Prevention in Action (CPiA)** – through funding from Health Research, Inc. and New York State, works to increase awareness about the effects of ultraviolet (UV) exposure as well as human papillomavirus (HPV) within Warren, Washington, and Saratoga Counties.
  - **Health Systems for a Tobacco Free New York** – in partnership with the North Country Healthy Heart Network, works collaboratively with health care systems to develop and

support the consistent and effective identification and treatment of tobacco users. Funded through a grant from NYSDOH.

- o **Creating Healthy Schools and Communities** – in partnership with members of school districts and surrounding communities to implement sustainable policy, system, and environmental changes. Focuses on increasing access to healthy, affordable foods and opportunities for physical activity for students, staff, families, and community members. https://www.albanymed.org/glensfalls/glens-falls-hospital-health-promotion-center/building-healthy-communities/ for more information on these three programs.

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

  CSP is a NYS Cancer Screening program that provides breast, cervical, and colorectal cancer screenings and follow-up services at no cost to people who live in NYS, do not have health insurance, have health insurance with a cost share that makes the cost of screening too high, and meet the age requirements of the program. https://www.albanymed.org/glensfalls/c-r-wood-cancer-center-at-glens-falls-hospital/cancer-service-program-glens-falls-hospital/ for more information.

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

  An accredited by the American College of Surgeons as a Community Hospital Comprehensive Cancer Program. Nationally accredited and locally focused that offers a comprehensive program of cancer care services from treatments and innovative education and support programs to early detection and cancer prevention. https://www.albanymed.org/glensfalls/c-r-wood-cancer-center-at-glens-falls-hospital/ for more information.

Hudson Headwaters Health Network (HHHN)

HHHN is a nonprofit system of 26 community health centers providing primary care to more than 7,900 square miles of the Adirondack North Country and Glens Falls region. A Federally Qualified Health Center (FQHC), Hudson Headwaters' mission is to provide care to everyone in the communities they serve, regardless of income or insurance.

- **Primary care, Urgent care, Pediatric care, Women's Health, Clinical Pharmacy Services, Dentistry**
- **Children's School-based Dental Program** – Healthy Smiles provides expanded access to preventive dental services and oral health education to children throughout the North Country. The dental team travels to area schools with their portable equipment twice each year and performs dental screenings, cleanings, sealant applications and fluoride treatments for students in grades Pre-K through 12. All services are offered at no out-of-pocket cost.
- **Behavioral Health** – HHHN offers mental health counseling, medication assessment and medication prescribing for primary care adult and pediatric patients
- **Care Management Program** – assist individuals living with chronic conditions and/or health-related social needs to meet their health care goals.
- **Diabetes Education and Nutrition Counseling** – offers nutrition services with Registered Dietitians and Certified Diabetes educators that are available to primary care patients at all

health center locations, either in person or virtually. They also offer classes throughout the year with a range of topics that would benefit children, adolescents, pregnant women and adults who may be interested in improving their nutrition.

- **Hepatitis C Program** – offers free and confidential rapid Hepatitis C testing, connection to specialty care and focused care management services.
- **PACE at HHHN** - The Program of All-Inclusive Care for the Elderly (PACE) is a community-based program that provides coordinated medical and social services to eligible older adults who want to continue living in their own home despite chronic care needs.
- **Ryan White Program** – federal funded grant program offers testing, primary care, support and assistance for people and families living with HIV/AIDS.
- **Homeward Bound** – offers home-based primary care for patients with chronic and serious illnesses who have a difficult time leaving the house.

Warren County Departments

- **Warren and Hamilton Counties Office for the Aging** – Serves the over age 60 population, assisting them to access services and address their needs. This includes services that help them remain independent, prevent premature institutionalization, relieve isolation and loneliness, and improve their quality of life and health. https://www.warrencountyny.gov/ofa for more information and list of services.
- **Warren County Health Services** – Provides education, resources, and services to promote physical and mental health and prevent disease, injury, and disability. Services include WIC, Child Find Program, Early Intervention Program, Preschool Program for Children with Disabilities, Health Education Program, Lead Poisoning Prevention Program, Emergency Response Planning, Communicable Disease Control Program, Immunization Program, and Certified Home Health Care services. https://www.warrencountyny.gov/healthservices for more information and list of services.
- **Social Services** – Provides temporary assistance, Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance Program (HEAP), Medicaid, Child Care, Child Support Collection and Enforcement, Adult Protective Services, Child Protective Services, Prevention Services, Foster Care and Adoption, and more. https://www.warrencountyny.gov/socservold for more information.
- **Planning and Community Development** – analyzes, prioritizes, and plans for the balanced and sustainable use of the county's natural resources and built environment to enhance the quality of life for current and future generations while respecting our past. Provides general planning, community development, Geographic Information System (GIS), and other services. https://www.warrencountyny.gov/planning for more information.
- **Parks, Recreation & Railroad** – oversees numerous parks, boat launches, trails, and other recreational sites around Warren County. https://www.warrencountyny.gov/parksandrec for more information.
- **Department of Workforce Development** – to educate, empower and collaborate with the community to navigate today's employment landscape by offering resources, programs, workshops and guidance to overcome barriers and connect with local employers for in-demand jobs.

- **Warren County Economic Development Corporation (EDC)** – is a private not-for-profit organization that has a contract with Warren County to provide services to support existing companies through technical and regulatory assistance and act as a liaison between business and government; assist local companies seeking regulatory, financial, and technical assistance from local, state and federal agencies; marketing the region to attract new business to Warren County; offer site selection to interested business, sponsor workshops and seminars; and more.
- **Office of Community Services (Mental Health) for Warren and Washington Counties** – responsible for planning, oversight, and coordination of a wide range of services for individuals and families impacted by mental illness, intellectual/developmental, and addiction issues. https://www.warrencountyny.gov/mhcs for more information and list of services.

Mental Wellbeing and Substance Use

- **Council for Prevention** – Provides many programs and services to the schools and communities at large to prevent and help those in recovery. Provides suicide prevention, school-based programs, teen programs, a challenge program, court outing program, gambling services, Hope & Healing Recovery Center, and more. https://councilforprevention.org/ for more information.
- **Baywood Center** – a rehabilitative center that offers various services for individuals struggling with addiction. These services include alcohol rehab, dual diagnosis, opioid addiction, adult program, men's rehab, women's rehab, young adult rehab, outpatient rehab, aftercare support, family therapy, group therapy, and individual therapy.
- **Behavioral Health Services North (BHSN)** – a not-for-profit organization committed to strengthening individuals, families, and community life by delivering a behavioral health care and human service system that provides an integrated continuum of essential, responsive, and cost-effective services. Provides mental health services, addiction recovery, social services, residential services, care management, and youth services. https://bhsn.org/ for more information and list of services.
- **Addictions Care Center of Albany (ACCA)** – Serves the community, strengthens lives and improves futures through comprehensive residential and outpatient treatment of substance use disorders. Provides residential services, outpatient services, and prevention services. Has two locations in Warren County.
- **Northern Rivers** – Empowers children, adults, and families to change their lives and build stronger relationships. Services include permanency resource center, behavioral health and crisis response services, coordinated care and community solutions, education, foster care services, residential services, and more. https://www.northernrivers.org/ for more information and list of services.
- **PEOPLE USA** – a peer-run mental health non-profit that creates, provides, and promotes its own innovative crisis response, and wellness services. Warren/Washington County programs include a Peer Forensic Diversion Team that works directly with law enforcement and court system seeking alternatives to incarceration, to provide immediate crisis response, and/or transitional care services to people at risk of entering the criminal justice system due to under addressed mental health, addiction, or social determinants of health issues; Rose house is a 24/7/365 short-term crisis respite that is a home-like alternative to hospital and psychiatric ERs and inpatient units; and Transition of Care services at the Rose House provide people with the

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opportunity to receive community-based case management services regardless of their ability to pay. https://people-usa.org/warren-washington-county-programs/ for more information and services.

- **Liberty House** – a private, not-for-profit psychiatric and vocational rehabilitation program that believes in recovery for people whose lives have been disrupted by mental illness and/or developmental disabilities must involve the whole person in a vital community offering respect, hope, mutuality, and unlimited opportunities for working, learning and socializing. https://libertyhousefoundation.net/ for more information and services.
- **ASCEND Mental Wellness** – encourages and assists individuals discovering pathways for their optimal mental health and wellness, while supporting hope and awareness of well-being in the community. Services include an outpatient clinic, care management, support services, dual recovery, peer support services, a wellness garden, restorative residential services, supportive residential services, outreach, benefits management, and community mental health training. https://ascendmw.org/ for more information.
- **Alliance for Positive Health** – For almost 40 years, the Alliance for Positive Health has been a leader in fighting the epidemic of HIV/AIDS serving 15 counties in Northeastern New York. Services include HIV Prevention, Housing, Insurance, LGBTQ+ Health, Medical Care Coordination, Substance Use and Addiction Services, and Transportation. https://www.allianceforpositivehealth.org/ for more information and services.

Other Community Organizations

- **Southern Adirondack Independent Living (SAIL)** – empowers people of all ages with disabilities to live independently by providing support, resources, and advocacy. https://www.sailhelps.org/ for more information and services.
- **WAIT House** – mission is to provide stability to youth who present themselves as homeless, accomplished through the immediate provision of coordinated services; reunification of families where appropriate; the provision of supervised emergency and transitional house; with the goal of personal responsibility and self-sufficiency. Services include an emergency shelter program, transitional living program, family opportunity center, health home care management, street outreach program, anti-trafficking program, and a housing program. https://hycwaithouse.org/ for more information and services.
- **Open Door Mission** – serves people at their point of need, cultivating personal growth and community sustainability. Serving those individuals who are homeless and low income. Provides meals, temporary sanctuary, a code blue shelter, food pantry, weekend lunches for at risk students, and more. https://opendoor-ny.org/ for more information and services.
- **Food Pantries** – are located in almost every town and city in Warren County
- **Essex Food Hub** - Local Meal Kits & Preparation Tools for WIC Families. Local meal kits reduce food insecurity by delivering meal kits with local, minimally processed ingredients and ready-to-eat meals to vulnerable families in Warren County. It combines immediate hunger relief with nutrition education at WIC clinics, while providing participants with essential kitchen tools and appliances to support long-term healthy cooking habits.
- **Family YMCA of Glens Falls Area** – Serves over 20,000 people and is committed to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. Health

initiatives include chronic disease management programs to help members manage and improve their daily quality of life through diabetes prevention programs, healthy weight and your child programs, LIVESTRONG, Moving for better balance, Pedaling for Parkinson's, and Walk with Ease. https://www.glensfallsymca.org/ for more information and programs.

- **Farmers Markets** – Bolton Landing, Chestertown, Glens Falls, North Creek, and Warrensburg
- **Libraries** – Bolton, Caldwell-Lake George, Crandall Public Library, Hadley-Luzerne Public Library, Hillview Free Library, Horicon Free Public Library, Richards Library, Rockwell Falls Public Library, Stony Creek Free Library, Town of Chester Public Library, Town of Johnsburg Library
- **Schools** – Bolton, Glens Falls, Hadley Luzerne, Lake George, Johnsburg, North Warren, Queensbury, Warrensburg, St Mary's, SUNY ADK, WSWHE BOCES.
- **Senior Centers/Clubs** – Bolton Landing, Johnsburg, Glens Falls, Horicon, Hague, Lake George, Queensbury, Tri-Town (Lake Luzerne)
- **Family Services Association** – Provides services and support in Warren, Washington, and Northern Saratoga Counties. Services include a holiday program, Special Needs Program, food pantry, personal care items, screening for vision and hearing, feet first program, emergency prescription program, infant needs programs, and housing and transportation assistance. https://www.fsaglensfalls.org/ for more information and services.
- **Hudson Mohawk Area Health Education Center** - A 501(c)(3) non-profit organization and for over 20 years, has been dedicated to developing and strengthening the healthcare workforce in underserved communities of our 10-county region which includes Albany, Essex, Fulton, Montgomery, Hamilton, Rensselaer, Saratoga, Schenectady, Warren and Washington counties in New York State https://www.hmahec.org/ .

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Community Health Improvement Plan

The purpose of a Community Health Improvement Plan is to provide a framework for communities to use to address their high health priorities. Through a collaborative planning process with community partners four main community health priority areas were identified in Warren County based on information from the Community Health Assessment. The priorities identified in this most recent CHIP are very similar to previously identified CHIP priorities and center around mental health and substance use and economic wellbeing.

The follow health priority areas were identified in Warren County

- o Housing stability & affordability
- o Primary prevention, substance misuse, and overdose prevention
- o Anxiety & stress
- o Childhood behavioral health

Prioritization Method

The planning process for the Warren County Community Health Improvement Plan 2026-2030 began in 2023 with Warren County participating in the Adirondack Rural Health Network (ARHN) Community Health Assessment Planning group. The ARHN CHA planning group consists of seven local health departments including Warren County Public Health and five hospitals.

The purpose of the planning group is to support ongoing health planning and assessment by working collaboratively on intervention strategies and developing the planning documents required by the New York State Department of Health and the Internal Revenue Service.

In addition to being an active member of the regional CHA planning committee Warren County Public Health began assembling a local Community Health Improvement Planning Committee in January of 2025. Staff from Warren County Public Health sent out invitations to a total of 18 organizations and other county departments asking them to participate in an introductory presentation about the CHIP planning process. Following the presentation, a survey was sent out asking the organizations in attendance if they would actively participate in the CHIP planning process. A positive response was returned from 15 of the 18 organizations.

Once the planning committee was established, a series of four virtual planning meetings were held bi-monthly in February, April, June and August. The February meeting focused on explaining in detail the Community Health Improvement Planning process and the requirements set by the New York State Department of Health for a successful plan submission by December 2025. In addition to the plan requirements demographic data for Warren County was also presented to the group for review.

Subsequent virtual meetings focused on reviewing numerous data sources. The committee considered data from a regional stakeholder survey, community feedback survey and over 300 health indicators from sources including the NYS Prevention Agenda, NYS County Health Indicator Reports, Behavioral Risk Factor Surveillance (BRFFS), Institute for Traffic Safety Management and Research, Department of Corrections, USDA and many others. Committee members were able to ask for clarification of data,

consider data points for further review and look for trends in the data. All the data sets that were reviewed were sent electronically to all committee members after each meeting.

Between virtual meetings CHIP committee members were asked to complete a survey using Google Forms to establish the criteria that would guide the priority selection process. The survey contained nine potential criteria options and committee members were asked to select their top four. The criteria chosen were as follows:

1. Feasibility of affecting the issue
2. Resources needed to address the issue adequately (do they exist, can they be found etc.)
3. The community's perception of the issue's importance
4. The cost of the issue to the community – in dollars, time spent addressing it, social costs

Honorable Mention – Seriousness of the issue

Beginning in September of 2025 meetings were held monthly and switched to an in-person format. At the September meeting committee members were tasked with identifying at least three priority areas from the list of 24 predetermined priorities provided by the New York State Department of Health.

Each committee member received a binder containing all of the data that had been shared in previous meetings. Committee members were given 5 voting dots that would be used for priority selection. All 24 possible priorities were hung on the wall organized by domain using large poster size paper.

Prior to casting their votes committee members were allowed time (about 30 minutes) to make their case to the group about why they felt specific priorities should be chosen as the most important. Once the discussion was complete committee members were instructed not to discuss the priorities while voting was in progress to limit unnecessary pressure to vote for a specific priority.

Committee members were then provided instructions about how voting for the priorities of their choice would occur. Each committee member was required to vote for at least three separate priorities. Once they had voted for three priorities committee members were allowed to cast their remaining two votes anyway they wished. All remaining votes could be placed on a previously selected priority, the votes could be split among previously chosen priorities or they could be used for a new priority selection.

Once voting was concluded preliminary results were tabulated. To accommodate committee members that were unable to attend the in-person meeting an online priority voting form was created and sent out via email. Voting instructions were also sent in the email along with the priority selection criteria established by the committee. Online voting was open for 10 days to allow enough time for absent committee members to ask questions and complete the voting process.

Once online voting closed Warren County Public Health staff added the online votes to the existing votes from the in-person results. The results of the voting identified 4 priority areas

1. Primary prevention, substance misuse and overdose prevention – 11 votes
2. Anxiety & Stress – 9 votes
3. Childhood Behavioral Health – 9 votes
4. Housing Stability & Affordability – 9 votes

The purpose of the October meeting was to set objectives using examples from NYSDOH as guidance, for the priority areas selected in the previous meeting. Committee members were asked to present potential evidence-based interventions that could be implemented to address the priority areas and objectives agreed upon by the committee.

Due to numerous unexpected last-minute conflicts many committee members were unable to attend the October meeting. The small group of committee members in attendance did conduct an in-depth discussion about potential objectives and set preliminary objectives for review by committee members unable to attend. Additionally, the committee members in attendance agreed that requesting potential interventions by email would be acceptable.

An email was drafted and sent in early November to committee members that were not able to attend the October meeting. Committee members were provided instructions for reviewing the preliminary objectives for approval or modifications. The email also provided directions for sharing potential interventions that could be implemented to meet the planning objectives. Committee members were given 18 days to send their ideas and suggestions to the committee members for review.

Other Identified Health Needs

Additional health needs were identified during the CHIP planning process. Chronic disease remains an area of concern in Warren County due to an aging population. Cancer, cardiovascular disease, and health behaviors that contribute to chronic disease development (e.g. tobacco use) will continue to be addressed at current levels. However, due to limited resources and the New York State Department of Health's stronger emphasis on addressing social determinants of health CHIP Committee members felt that tackling social determinants of health could also have positive impacts on chronic disease.

Other health areas will continue to be addressed and monitored at current levels in Warren County including communicable disease, maternal/child health, immunizations, and other NYSDOH General Public Health Work Program requirements. Warren County is a partial service County and lacks the capabilities and staffing of full-service County Health Departments and must rely on State partners for assistance.

Addressing Health Priority Areas

Evidence shows that social determinants of health are strongly associated with health outcomes. However, addressing health priority areas focusing on SDOH from a public health prospective is difficult. Although it is clear that many non-medical factors influence an individual's health it is not clear how public health should integrate itself into addressing many of these problems.

Although admirable, addressing housing, education, income, transportation, social cohesion, etcetera to improve health outcomes through a public health approach is a tall order. Clearly, public health needs to be part of the discussions and can provide valuable insight about how theses larger system issues impact the health of individuals. However, if the people working in these larger social systems do not see the health impacts created by them as a priority it is unlikely they will incorporate many of the strategies suggested by public health to strengthen those systems. Funding, staffing levels, buy-in from leadership and competing priorities will all directly impact how much progress can be made.

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The following health priority tables offer a summary of the goals, objectives and interventions the committee members have suggested for addressing the agreed upon health priority areas.

Priority: Housing Stability & Affordability			
Objective 1: Increase the percentage of adults, with an annual income of less than $25,000, who were able to pay their mortgage, rent, or utility bills in the past 12 months.			
Intervention	Population Focus	Family of Measures	Public Health Role
Create a technical assistance program that can coordinate access to state/federal aid for housing programs. Assist in administering grant programs with local municipalities to increase housing availability/supply. Enhance communication between County departments to ensure citizens in need are directed to the appropriate resource	Low socio-economic individuals and families	Establish technical assistance toolkit. Track the number of local partnerships between county and local municipalities. Track the number of citizens referred for housing questions to the appropriate department	Assist with coordination of communication.
Priority: Housing Stability & Affordability			
Objective 2: Increase the number of people living in HUD-subsidized housing from 1821 to 2000 (data accessed from the Office of the NYS Comptroller website on Dec. 2nd, 2025			
Intervention	Population Focus	Family of Measures	Public Health Role
Attract landlords to section 8 housing choice voucher program: develop an incentive program (damage deposits, hold fees, one-time grants, low interest repair loans)	Low socio-economic individuals and families	How many landlords utilize the section 8 choice voucher program	Limited
Priority: Housing Stability & Affordability			
Objective 3: Reduce the percentage of renter occupied units in which gross rent is 30% or more of household income.			
Intervention	Population Focus	Family of Measures	Public Health Role
Incentivize development of new workforce housing using various methods (possibly: tax incentives, low income	Seasonal and general workforce.	Adoption of new tax incentive programs, Number of LIHTC applications, Number of long-term rental units renovated	Limited

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housing tax credits, Lake Champlain – Lake George Regional Planning Board Workforce Housing Revolving Loan fund to renovate long-term rental stock for the region's year-round workforce)			
Priority: Housing Stability & Affordability			
Objective 4: Reduce the percentage of renter occupied units in which gross rent is 30% or more of household income from 47% to 42.3%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Provide density bonuses or fast track zoning changes for fully affordable and or workforce housing projects	Low socio-economic individuals and families	How many zoning changes occur or how many bonuses are issued for workforce housing projects	Limited
Priority: Housing Stability & Affordability			
Objective 5: Increase the supply of affordable housing options throughout Warren County			
Intervention	Population Focus	Family of Measures	Public Health Role
Establish the Warren County Housing Alliance to work with developers, non-profits, and foundations familiar with the market to develop additional affordable housing opportunities, both rental and homeownership	Low socio-economic individuals and families	Establish the Alliance and hold an initial meeting to set up the Alliance structure and mission statement	Limited

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention			
Objective 1: Increase the number of unique individuals enrolled in OASAS treatment programs, who reported any opioid as the primary substance at admission from 490.9 to 500.9			
Intervention	Population Focus	Family of Measures	Public Health Role
SBIRT Expansion: Work with local EMS, schools, and primary care practices to expand Screening, Brief Intervention, and	Ages 16+	Document the number of agencies that adopt the SBIRT program	Program promotion

Referral to Treatment across Warren County			

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention			
Objective 2: Reduce the crude rate of overdose deaths involving drugs, per 100,000 population, from 18.3 to 17.3.			
Intervention	Population Focus	Family of Measures	Public Health Role
Post-Overdose Engagement Outreach: Establish a "Bridge to Care" outreach team that follows-up with individuals within 72 hours of a nonfatal overdose to provide linkage to treatment and harm-reduction services.	All Ages	Establishment of the team and the number of individuals followed-up with after a nonfatal overdose	Recruitment and referral

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention			
Objective 3: Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 1107.4 to 1218.4.			
Intervention	Population Focus	Family of Measures	Public Health Role
Expand access to FDA approved medications used to treat opioid use disorder in primary care and other specialty care organizations.	All ages	Increase the number of primary care and specialty care locations offering MAT.	MAT promotion and encouragement for adoption

Priority: Primary Prevention, Substance Misuse, and Overdose Prevention			
Objective 4: Decrease the rate of newborns with neonatal withdrawal syndrome and/or affected by maternal use of opioids or other substances (any diagnosis) per 1,000 newborn discharges from 27.0 to 24.3.			
Intervention	Population Focus	Family of Measures	Public Health Role
Expand access to FDA approved medications used to treat opioid use disorder in primary care and other specialty care organizations.	All ages	Increase the number of primary care and specialty care locations offering MAT.	MAT promotion and encouragement for adoption

Priority: Anxiety & Stress			
Objective 1: Decrease the percentage of adults who experience frequent mental distress from 19.2% to 17.2%.			
Intervention	Population Focus	Family of Measures	Public Health Role

Use the CarePath program https://mhanys.org/carepath/ a non-clinical model to support people/families over the age of 12 in improving their mind-body health and enjoy a sense of wellbeing - Anyone in the community can become CarePath Coaches.	All Ages	Increase the number of CarePath coaches and the number of people able to access CarePath programs	Promote adoption of the program

Priority: Anxiety & Stress

Objective 2: Reduce the percentage of adults with a major depressive episode during the past year from 6.7% to 5.7%.

Intervention	Population Focus	Family of Measures	Public Health Role
Increase awareness and access to counseling services and community trainings (e.g. Caleo Counseling - provide therapy and medication evaluation and management if necessary, in a warm and professional atmosphere. Services are available for children, adolescents, adults, and families living in Warren, Washington and Northern Saratoga Counties. Sliding scale fee program or Open Access Services uses a walk-in model for anyone of any age and is seeking immediate intervention+D13)	All ages	Increase the number of people that utilize walk-in services.

Increase the number of community trainings provided | Promotion and possibly community program facilitation. |

Priority: Anxiety & Stress

Objective 3: Decrease the percentage of adults who experience frequent mental distress from 19.2% to 18.0%.

Intervention	Population Focus	Family of Measures	Public Health Role
Provide free Community Resilience Workshops throughout Warren County providing information and education about stress management, emotional well-being and self-resilience.	All Ages	How many workshops are provided and how many people attend.	Promotion and possibly facilitation

Priority: Childhood Behavioral Health

Objective 1: Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%.

Intervention	Population Focus	Family of Measures	Public Health Role

Work more supportively and collaboratively together with those serving children and families in the community, like HeadStart, to learn more about identification, intervention, and referrals, along with possibly services provided in house at these entities to make it easier for connectivity.	Families with young children	Number of organizations that work with children and families that receive educational training on identifying, interventions, referrals to services available.	Provide referrals to appropriate services

Priority: Childhood Behavioral Health			
Objective 1A: Increase the percent of children aged 0-5 years who are reported by their parent as exhibiting all 4 flourishing criteria from 72.2% to 79.4%.			
Intervention	Population Focus	Family of Measures	Public Health Role
Expand access to Parenting & Early Childhood Supports through evidence-based parent coaching programs (e.g. Triple P or Incredible Years) for families with children 0-8 years old	Families with young children	Track the number of individuals that complete the coaching courses. Increase the number of programs offered in the community.	Limited – Promotion of coaching courses

Priority: Childhood Behavioral Health			
Objective 2: Reduce the rate of self-inflicted hospitalizations in 15-19 years old per 10,000 from 20.2 to 18.0			
Intervention	Population Focus	Family of Measures	Public Health Role
Increase community/school trainings for youth mental health and suicide prevention (e.g. teen mental health first aid, preventing suicide in our community)	Teens/Youth	Number of trainings offered and completed. Number of attendees	Program Promotion

Tracking Progress

Successful implementation of the CHIP will require regular progress check-ins from community partners and other participating agencies. It is anticipated that quarterly progress meetings will be used to track progress and discuss any potential changes that might be required to help the CHIP meet its goals and objectives.

Since Warren County Public Health is not the lead agency for most of the interventions described in the CHIP there will be a reliance on community partners to track and report how the interventions are progressing. Warren County Public Health will facilitate the quarterly check-ins and maintain email communications with all participating organizations. Public health staff will also participate in any intervention activities when feasible.

Should an organization working on a specific intervention report back that something has changed (e.g. grant funding issues, staffing issues, change in priority) Warren County Public Health will request information from the organization if intends to continue with the intervention. If the organization will

continue with the intervention any changes in approach or expected outcomes will be requested to be reported. If the organization no longer intends to pursue a specific intervention it will be removed from the workplan unless or until another organization decides to take on the specific intervention.

Community Notification

The Warren County CHA/CHIP will be shared with the Warren County Board of Supervisors during the regularly monthly Board of Supervisor's public meeting in early 2026. Hardcopies of the executive summary will be provided to each Supervisor during the meeting and additional copies will be available to the public at the same meeting. Following its presentation to the Board the CHA/CHIP will be posted to the Warren County homepage and on the Warren County Public Health website.
To reach a broader audience the availability of the CHA/CHIP document will be posted on the Warren County social media pages and included in the Warren Count newsletter. Community members that would like a hardcopy of the CHA/CHIP can request one free of charge by contacting the Warren County Public Health department.

The CHA/CHIP report is posted on the following webpages:
https://www.warrencountyny.gov/healthservices - Public Health Website
https://www.warrencountyny.gov/ - County Website
https://www.facebook.com/warrencountyny/ - Facebook

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Appendix A – AHI Data Methodology

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2025 Data Methodology

Background:

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

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

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

Demographic Profile:

Demographic data was primarily taken from the United States Census Bureau 2023 American Consumer Survey 5-year estimates. Additional sources include: 2020 Census Estimate: Census Quick Stats, and United States Department of Agriculture (USDA) Farm Service Agency (FSA) Crop Acreage Data Reported to FSA. Information included in the demographic profile includes square mileage, population, family status, poverty, immigrant status, housing, vehicle accessibility education, and employment status/sector.

Health System Profile:
The Health System Profile data includes hospital, nursing home, and adult care facilities, bed counts, physician data, and licensure data. Data on facilities is sourced from the NYS Department of Health, NYS Health Profiles, covering profiles for hospitals, nursing homes, and adult care facilities. Licensure data is pulled from the NYS Education Department (NYSED).

Education Profile:

The Education Profile is separated into two parts: 1) Education System Information and 2) School Districts by County.

1) The Education System Profile includes student enrollment, student to teacher ratios, English proficiency rates, free lunch eligibility rates, as well as high school graduate statistics. Data was sourced from the NYSED and the National Center for Education Statistics (NCES).

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2) The Education System Profiles by School District identifies all the school districts in each county, sourced from the National Center for Education Statistics (NCES).

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

ALICE profile data includes total households, ALICE households over 65 years, ALICE households by race/ethnicity, poverty/ALICE percentages within each county, unemployment rates, percent of residents with health insurance, and median household income. All ALICE data is reflective of data presented in the ALICE profile originated from the 2024 ALICE report (www.unitedforalice.org/new-york). Within the ALICE report, data was pulled from the 2022 American Community Survey, 2022 ALICE Threshold and ALICE county demographics.

County Health Rankings (CHR) Profile:

The County Health Rankings profile includes indicators from the 2025 CHR release, with focuses on Population Health and Well-Being and Community Conditions. The population health and well-being section focuses on length of life and quality of life indicators. The community conditions section focuses on health infrastructure, physical environment, and social and economic factors.

The County Health Rankings identifies the two focus areas as:

- **Population health and well-being** is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.
- **Community conditions** include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

All data included in the writing analysis relating to the County Health Rankings section is pulled from the website directly and does not reflect analysis completed by ARHN. Strengths and areas for improvement are identified by County Health Rankings.

Data Dashboard:

The Data Dashboard, compiled of 355 data indicators, provides an overview of population health as compared to the ARHN region, Upstate New York region, Prevention Agenda Benchmark and/or NYS.

Each source file has visualization aspects to better depict data, as well as a deep dive tab that provides a table with a benchmark comparison, color-coded to identify where the county rate falls in comparison.

The Data Dashboard is composed of 10 sources, each with their own overview and deep dive tab.
Data and statistics for all indicators come from a variety of sources, including:

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- Prevention Agenda Dashboard (PA) – 65 indicators
- Community Health Indicator Reports (CHIRs) – 204 indicators
- NYS Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators – 45 indicators
- Division of Criminal Justice Services Index, Property, and Firearm Rates (DCJS) – 3 indicators
- NYS Traffic Safety Statistical Repository (ITSMR) – 6 indicators
- Student Weight Status Category Reporting System (SWSCRS) Data – 8 indicators
- US Department of Agriculture (USDA) Food Atlas – 2 indicators
- NYS Department of Health Tobacco Enforcement Compliance Results (Tobacco) – 4 indicators
- NYS Department of Health Maternal and Child Health (MCH) – 15 indicators
- Department of Health, Wadsworth Center (Wadsworth) – 3 indicators

ARHN Region Calculations:

The ARHN region includes Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington Counties.

- For percentages, formula is [sum all numerators/sum of all denominators) *100].

- For rates per 100,000, formula is [(sum all numerators/sum of all denominators) *100000)]

- For rates per 10,000, formula is [(sum all numerators/sum of all denominators) *10000)]

- For rates per 1000, formula is [sum all numerators/sum of all denominators) *1000)]

For ratio of rates, differences in rates, and indicators that include 3 or more ARHN counties as unstable/unavailable/suppressed, ARHN rates/percentages are unable to be calculated.

UPSTATE Calculations:

Upstate NY includes all counties in NYS counties except for the five boroughs of NYC: Kings, Queens, New York, Richmond, and Bronx counties.

- For percentages, formula is [(**A**) *100]
- For rates per 100,000, formula is [(**A**) *100000)]

- For rates per 10,000, formula is [(**A**) *10000)]

- For rates per 1000, formula is [(**A**) *1000)]

For all data sources, the information under a. identifies **A.**
1. PA

    a. The NYS Prevention Agenda Dashboard provides a New York State (excluding NYC) region.

2. CHIRs

    a. A NYS (excluding NYC) region is provided for some indicators. For indicators without a NYS (excluding NYC) measure, calculations were provided (using the methodology above) when data was available.

3. BRFSS

    a. A NYS exclusive of NYC region is available for some indicators. For indicators without a NYS Exclusive of NYC region, calculations were provided (using the methodology above) when data was available.

4. MCH

    a. The NYS Maternal-Child Health Dashboard provides a New York State (excluding NYC) measure.

5. SWSCRS
    a. The Student Weight Status Category Reporting System features a Statewide (Excluding NYC) region.
6. For Wadsworth, DCJS, ITSMR, USDA, and Tobacco data sources, upstate rates were calculated using the calculation below:

$$\left[\frac{\text{Total numerator for NYS - Total numerator for NYC}}{\text{Total denominator for NYS – Total denominator for NYC}} \right] \times \text{Specific Rate}$$

NYS totals are either provided by the source or computer incorporating all the counties within NYS.

NYC totals include the five NYC boroughs: Bronx, Kings, New York, Queens, and Richmond counties.

Specific rate multiplier depends on the indicator (i.e. rate per 100,000, rate per 10,000, or rate per 1,000).

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

Unstable Estimates:
Due to limitations in the PowerBI software, all unstable estimates are identified in a column of each data sources deep dive or data compilation table. For further information on what

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quantifies the indicator as unstable, please see below for explanations (provided by each data source) or visit the data source website for more information.

Prevention Agenda Dashboard

- Multiple years of data were combined to generate more stable estimates when the number of events for an indicator was small (i.e., rare conditions).
  The relative standard error (RSE) is a tool for assessing reliability of an estimate. A large RSE is produced when estimates are calculated based on a small number of cases.[2] Estimates with large RSEs are considered less reliable than estimates with small RSEs. The **National Center for Health Statistics** recommends that estimates with RSEs greater than 30% should be considered unreliable/unstable.[3]
- The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. The RSE is expressed as a percentage of the estimate.
- For the Prevention Agenda dashboard, an asterisk (*) or plus (+) symbol is used to indicate that a percentage, rate, or ratio is unreliable/unstable. This usually occurs when there are less than 10 events in the numerator (RSE is greater than 30%).

Data Suppression for Confidentiality

Results are not shown (i.e., suppressed) when issues of confidentiality exist. Suppression rules vary depending on the data source and the indicator.

Table 1. Summary of data suppression and statistical evaluation significance for the Prevention Agenda Indicators by data source

Data Sources	Suppression Criteria	Statistical Significance Techniques
Sample Surveys		
Pregnancy Risk Assessment Monitoring System	Denominator <30	95% CI comparison
BRFSS and Expanded BRFSS	Numerator <6 or Denominator <50	95% CI comparison
US Census		90% CI comparison
National Survey on Drug Use and Health		95% CI comparison
Youth Risk Behavior Surveillance System	Denominator <100	95% CI comparison
Youth Tobacco Survey		95% CI comparison
Population Count Data		

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Death	Single Year: Denominator population <50; Three-Year Combined: Denominator population <30	Rate/percentage: one sided chi-square test with p-value <0.05 Rate difference: one sided 95% CI comparison
Birth	Single Year: Denominator total Births <50	One sided chi-square test with p-value <0.05
Sexually Transmitted Infection (STI) Surveillance		One sided chi-square test with p-value <0.05
HIV Surveillance	Numerator 1-2 cases	County level (rate): one sided 95% CI comparison; State level (rate): one sided chi-square test with p-value <0.05
SPARCS	Numerator between 1 - 5 cases	Rate/percentage: one sided chi-square test with p-value <0.05; Ratio/Rate difference: one sided 95% CI comparison
Prescription Monitoring Program (PMP) Registry	Numerator between 1 - 5 cases	One sided chi-square test with p-value <0.05

CI: Confidence Interval
BRFSS: Behavioral Risk Factor Surveillance System
SPARCS: Statewide Planning and Research Cooperative System

Community Health Indicator Reports (CHIRs)

- Multiple years of data were combined to generate more stable estimates when the number of events for an indicator was small (i.e., rare conditions).
  The relative standard error (RSE) is a tool for assessing reliability of an estimate. A large RSE is produced when estimates are calculated based on a small number of cases.[2] Estimates with large RSEs are considered less reliable than estimates with small RSEs. The National Center for Health Statistics recommends that estimates with RSEs greater than 30% should be considered unreliable/unstable.[3]
- The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. The RSE is expressed as a percent of the estimate.

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- For notation purposes, an asterisk (*) symbol is used to indicate that a percentage, rate, or ratio is unreliable/unstable. This usually occurs when there are less than 10 events in the numerator (RSE is greater than 30%).

Data Suppression Rules for Confidentiality

Results are not shown (i.e., suppressed) when issues of confidentiality exist. Suppression rules vary depending on the data source and the indicator. An '*s*' notation indicates that the data did not meet reporting criteria.

Table 1. Summary of Data Suppression Rules

Data Sources	Suppression Criteria
Bureau of Dental Health (BDH)	Margin of error>20% or Denominator <50
Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS	Denominator <50 or Numerator < 10
Vital Statistics - Death Records	Denominator population <30
Statewide Perinatal Data System (SPDS) - birth records	Denominator population/births <30
AIDS/HIV	Numerator 1-2 cases
Statewide Planning and Research Cooperative System (SPARCS) - ED and hospital records	Numerator 1-5 cases
Office of Quality and Patient Safety (QARR and eQARR)	Denominator <30 and Numerator >0 cases
Cancer Registry	Numerator 1 - 15 cases
Sexually Transmitted Disease Surveillance System	Annual population less than 1,000 and secondary suppression
NYS Pregnancy Nutrition Surveillance System (PNSS) - WIC Program	Denominator <100

NYS Behavioral Risk Factor Surveillance System (BRFSS) Health Indicators

Limitations of Use:

- Data are sample based and therefore subject to sampling variability. The sampling variability
  for each indicator is highlighted by including the 95% confidence interval.

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[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

- Data are based on respondents' answers to a telephone survey, so data are self-reported and
therefore potentially subject to response bias, recall bias, social desirability bias, and other
limitations associated with self-report. Great effort is undertaken when administering the
BRFSS to mitigate or minimize the risk of such biases, but they cannot be eliminated altogether.
- Indicator estimates are sometimes based on small samples, resulting in low precision of the
estimates. If the eBRFSS or BRFSS sample has less than 10 respondents with the condition
measured by the health indicator or less than 50 respondents at risk for the health condition,
the crude and age-adjusted rates are suppressed. The suppression is noted in the "Notes" field.
- Some crude/age-adjusted rates that meet this requirement may still be estimated but with high
variability. Highly variable rates are defined as having confidence limits greater than ±10%.
- These highly variable rates are flagged as being unreliable in the "Notes" section. In addition,
the age-adjustment process may generate rates that are suspect, due to small (three or fewer
observations) age-adjustment cells. The age-adjusted rates with which there are concerns are
identified in the "Notes" field. Age-adjusted rates are not calculated for indicators that apply to
a specific age-group (e.g., adults 50 to 75 years of age). The indicators with an age-restriction
are identified in the "Notes" field.

Division of Criminal Justice Services Index, Property, and Firearm Rates

Limitations of Data Use:

- Although crime reports are collected from more than 500 NYS police and sheriffs' departments, this data set is limited to the crimes reported to the police agencies but not the total crimes that occurred.
- Requests for additional information, missing data or actual copies of the crime reports should be directed to DCJS or the local submitting police agency.

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- Public access to this crime data is intended solely to allow the public convenient and immediate access to public information. While all attempts are made to provide accurate, current and reliable information, the Division of Criminal Justice Services recognizes the possibility of human and/or mechanical error and that information captured at a point in time may change over time

NYS Traffic Safety Statistical Repository (TSSR)

- ITSMR provides data on police-reported fatal and personal injury crashes and select tickets issued by law enforcement agency via our PTS Data Form. These data include numbers of crashes submitted to the DMV that were "reportable," meaning a motor vehicle crash reported by a police officer or a motorist, in which there was a fatality, a person injured, and/or property damage of more than $1,000 to the vehicle of one person. Crashes that occurred in parking lots or on private property are excluded. The ticket counts include only those tickets issued by the police agency and submitted to the DMV.
- In the TSSR ITSMR also provides Crash Data by County and Municipality and Ticket Data by County and Municipality. The crash data here include reportable crashes that occurred within the municipality, regardless of the agency that submitted the crash reports. The ticket data here include the municipality where the tickets were issued, regardless of the agency that submitted the tickets. In the TSSR report County Traffic Tickets — Select Violations by Enforcement Agency, tables show TSLED tickets issued by enforcement agency and submitted to the DMV.
- Tickets submitted to the DMV after DMV has given ITSMR the okay to finalize the ticket data for a calendar year will not appear in that year's totals

Student Weight Status Category Reporting System (SWSCRS) Data

Limitations of Data:

- Because of restrictions in reporting due to the FERPA there was variation in how much of the student population was represented in the data school districts submitted, especially among smaller school districts. Therefore, the percentage of the student population represented in the county and regional level estimates may vary. This limits researchers' ability to draw absolute conclusions about observed differences in student weight status among counties and regions.
- Because school district boundaries do not align with county or regional boundaries, the county and regional-level estimates reflect data from students attending school within districts assigned a particular county or regional-code. County/regional assignment is not based on county or region of residence. The Page 3 of 3 county and regional-level estimates represent the percentage of students within a weight status category reported to the Student Weight Status Category Reporting System.

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- These data should not be considered to represent all school aged-children attending school in that county or region because of: restrictions in reporting due to FERPA, parents/guardians' ability to request that their child's weight status data be excluded from reporting, and other sources of missing data.

US Department of Agriculture (USDA) Food Atlas

The current version of the Food Environment Atlas has more than 280 variables, including new indicators on food banks and nutrition assistance program participation rates. All of the data included in the Atlas are aggregated into an Excel spreadsheet for easy download. These data come from a variety of sources and cover varying years and geographic levels. The documentation for each version of the data provides complete information on definitions and data sources.

In the downloadable Excel spreadsheets:

- State and county Federal information processing standards (FIPS) codes are provided.

- The variable lookup file links the short field descriptions (indicator names) used in the data file with the longer indicator names used in the Atlas.

- Unless otherwise noted with asterisks on the longer indicator names (in the variable lookup file), indicators are county-level measures. A single asterisk * denotes a State-level indicator, while a double asterisk ** denotes a regional-level indicator.

- "No data" fields are empty or referenced with "-9999".

- Supplemental data are provided in additional tabs (State- and county-level data are provided separately).

NYS Department of Health Tobacco Enforcement Compliance Results

Limitations of Use:

- County health departments and the New York City Department of Consumer Affairs may provide this information on their own websites. These websites and the data on them may be updated more frequently. More detailed information may be obtained directly from these partner agencies or DOH through the Freedom of Information Law (FOIL) process. The FOIL process for DOH can be found on its website, for other agencies' FOIL process please contact them directly.
- Enforcement data reflects information that was gathered during an inspection, and confirmed through official enforcement action. There may be a significant delay between the date of an inspection and the date that a violation is confirmed through enforcement action. Accordingly, enforcement data included in a certain measurement period may actually reflect violations that occurred in a previous measurement period.

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- As previously stated, the data in Health Data NY maps, data lists, and data tables is updated annually. Requests for data pertaining to more recent inspections, or requests for more detailed information or copies of individual inspection reports should be directed to the individual county health department, New York City Department of Consumer Affairs, or State District Office which conducted the inspection or inspections in question.

NYS Department of Health Maternal and Child Health

Unstable Estimates:

- Multiple years of data were combined to generate more stable estimates when the number of events for an indicator was small (i.e., rare conditions).
The relative standard error (RSE) is a tool for assessing reliability of an estimate. A large RSE is produced when estimates are calculated based on a small number of cases.[1] Estimates with large RSEs are considered less reliable than estimates with small RSEs. The **National Center for Health Statistics** recommends that estimates with RSEs greater than 30% should be considered unreliable/unstable.[2]
- The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying that result by 100. The RSE is expressed as a percent of the estimate.
- For the Maternal and Child Health dashboard, an asterisk (*) symbol is used to indicate that a percentage or rate is unreliable/unstable. This usually occurs when there are fewer than 10 events in the numerator (RSE is greater than 30%).

Data Suppression for Confidentiality

Results are not shown (i.e., suppressed) when issues of confidentiality exist. Suppression rules vary depending on the data source and the indicator.

Table 1. Summary of data suppression and statistical evaluation significance for the Maternal and Child Health Indicators by data source

Data Sources Sample Surveys	Suppression Criteria	Statistical Significance Techniques
BRFSS (NYS)	Unweighted numerator <6 or Unweighted denominator <50	95% CI comparison
BRFSS (CDC)	Unweighted denominator <30	95% CI comparison
NSCH	Unweighted denominator <30	95% CI comparison
YRBSS	Unweighted denominator < 100	95% CI comparison

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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NYS PRAMS	Unweighted denominator < 30	95% CI comparison
Population Count Data		
NYS VS	Denominator population or event <30	Rate/percentage: one sided chi-square test with p-value <0.05
NYS SPARCS	Numerator between 1 - 5 cases	Rate/percentage: one sided chi-square test with p-value <0.05
HCUP-SID	Numerator <=10	Rate/percentage: one sided chi-square test with p-value <0.05
NVSS	Numerator <10	Rate/percentage: one sided chi-square test with p-value <0.05
Special Supplemental Nutrition Program for WIC	Indicator has a denominator <50	Rate/percentage: one sided chi-square test with p-value <0.05

- CI: Confidence Interval

- **BRFSS**: Behavioral Risk Factor Surveillance System
  SPARCS: Statewide Planning and Research Cooperative System
  Vital Statistics: New York State Vital Statistics (NYS VS Event Registry)
  YRBSS: Youth Risk Behavioral Surveillance System
  PRAMS: Pregnancy Risk Assessment Monitoring System

- **HRSA provided data**[6] are from the following sources:

  o **BRFSS (CDC)**: Behavioral Risk Factor Surveillance System
    HCUP-SID: Healthcare Cost and Utilization Project-State Inpatient Database
    NSCH: National Survey of Children's Health
    NVSS: National Vital Statistics System **(Natality and Death)**
    WIC: Women, Infants, and Children (Special Supplemental Nutrition Program)
    CMS: Centers for Medicare and Medicaid Services

Department of Health, Wadsworth Center

Limitations of Use:

- Address accuracy is dependent on the information provided by the individual submitting the rabies specimen. Additionally, not all submissions are included in the monthly reports; samples received from out of state and samples that are unsatisfactory for testing are not listed. However, all samples, regardless of the testing outcome, are

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included in the annual report
(https://www.wadsworth.org/programs/id/rabies/reports).

- The data does not describe why the animal was tested. The most common reason to request rabies testing is due to human exposure. However, because rabies has a 99.9% fatality rate, the laboratory often receives samples from animals with neurological illness to rule out rabies before additional tests are performed. For example, the laboratory receives exotic animals with neurological illnesses from zoological settings for rabies testing. If these animals test negative for rabies, additional post- mortem tests can be completed to determine the cause of illness without the risk of exposing multiple people or testing facilities to rabies. The data is not necessarily representative of rabies in wild populations. The data may be biased, since a greater number of sick animals are submitted for testing, as opposed to healthy animals randomly chosen from the wild population.

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Appendix B – Community Feedback Survey

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Warren County Public Health Community Health Survey

Warren County Public Health wants to know how the members of our communities think when it comes to community health. We want to know what you think the health concerns are, and how we can work together to improve them. Your responses are anonymous and voluntary.

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Appendix C – 2025 Stakeholder Survey Report

2025 STAKEHOLDER SURVEY REPORT

Public

Hospital/Medical

Adirondack Rural Health Network Area

Clinton, Essex, Franklin, Fulton, Hamilton,
Warren, and Washington Counties

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

2025

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BACKGROUND INFORMATION:

Adirondack Rural Health Network:

The Adirondack Rural Health Network (ARHN) is a program of Adirondack Health Institute, Inc. (AHI), a 501c3 not-for-profit organization. ARHN is the longest-running program of AHI, established in 1987 through a New York State Department of Health (NYS DOH) Rural Health Network Development Grant. ARHN is a multi-stakeholder, regional coalition that informs planning and assessment, provides education and training to further the implementation of the NYS DOH Health Prevention Agenda, and offers other resources that support the development of the regional health care system. Since its inception, ARHN has provided a forum to assess regional population health needs and develop collaborative responses to priorities. ARHN includes organizations from Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

Description of the Community Health Assessment Committee:

Since 2002, ARHN has been recognized as the leading sponsor of formal community health planning throughout the region. The Community Health Assessment (CHA) Committee, facilitated by ARHN, is a multi-county, regional stakeholder group consisting of hospitals and local county health departments that convenes to develop and support sophisticated process for ongoing community health planning and assessment and planning for the defined region to address identified regional priorities. The CHA Committee is made up of representatives from the following organizations:

- Adirondack Health
- Clinton County Health Department
- University of Vermont Health Network - Alice Hyde Medical Center
- University of Vermont Health Network - Elizabethtown Community Hospital
- Essex County Health Department
- Franklin County Public Health
- Fulton County Public Health
- Glens Falls Hospital
- Hamilton County Public Health and Nursing Services
- Nathan Littauer Hospital
- University of Vermont Health Network – Champlain Valley Physicians Hospital
- Warren County Health Services
- Washington County Public Health.

The purpose of the CHA Committee is to address regional priorities, identify interventions, and develop the planning documents required by NYS DOH and the Internal Revenue Service (IRS) in an effort to advance the New York State Prevention Agenda.

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CHA Data Sub-Committee:

The Data Sub-Committee (DSC) is a subset of CHA partners that meet regularly to review the tools and processes used by CHA Committee members to develop their Community Health Assessments (CHAs) and Community Health Needs Assessments (CHNAs), as well as their Community Health Improvement Plans (CHIPs) and Community Service Plans (CSPs). The DSC also works to identify opportunities to strengthen the CHA/CHNA/CHIP/CSP process. One of the primary activities of the DSC was to collaboratively develop a stakeholder survey.

The DSC met nine times from January 2024 through January 2025. Meetings were held via Webex. Attendance ranged from 6 to 11 subcommittee members per meeting. Meetings were facilitated by AHI staff from ARHN and attended by members of the AHI Data and Analytics team.

SURVEY METHODOLOGY:

Survey Creation:

The 2025 CHA Stakeholder Survey was updated by the DSC, with the definitive version incorporating additional questions and information related to Social Determinants of Health (SDOH), aligning with the priorities of the 2025-2030 NYS Prevention Agenda.

Survey Facilitation:

ARHN facilitated the release of the stakeholder survey across its seven-county service area to gather input on regional health care needs and priorities for the CHA Committee. Survey participants included professionals from health care, social services, education, and government, as well as community members. The ARHN region comprises Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington Counties.

Survey Logistics:

The survey was developed through SurveyMonkey and included 14 community health questions along with several demographic questions. The CHA Committee compiled a county level list of health care, social service, education, government, and service providers (hereafter referred to as community stakeholders) to receive the survey. In total, 889 community stakeholders were identified for distribution.

In early February 2025, CHA Committee partners sent an initial email to community stakeholders introducing the survey and providing a web-based link. ARHN followed up with several reminder emails to stakeholders who had not completed the survey. Additionally, CHA

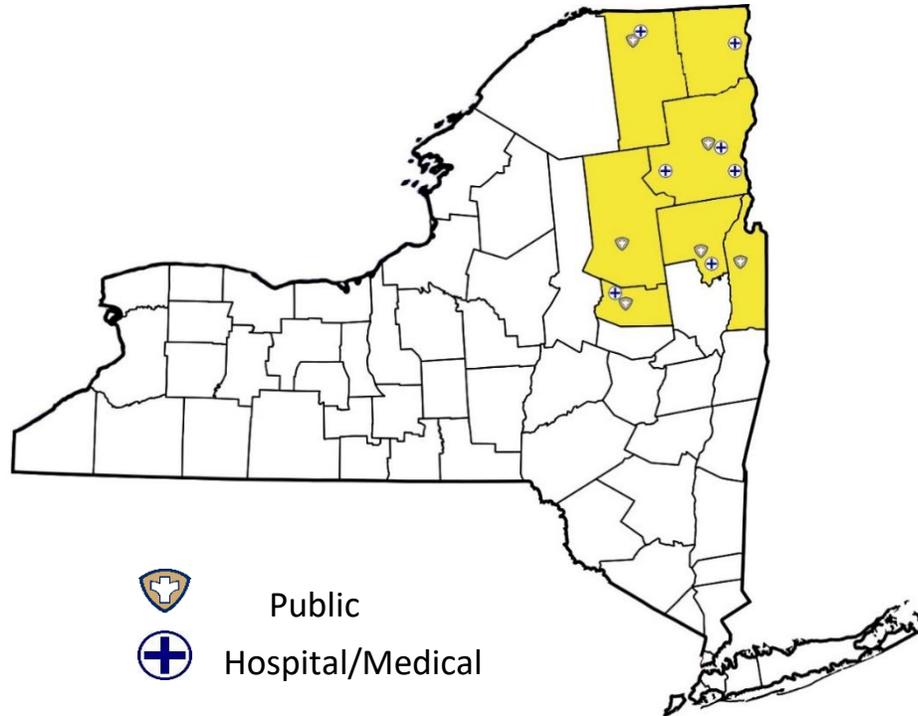[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Committee members were provided with the names of all non-respondents for additional follow-up, at partner discretion.

The survey requested that community stakeholders rank the five domains of SDOH based on their impact within their communities and identify key priority areas addressed by their organizations. Respondents also provided insight into what they viewed as the top health concerns in their communities and the most influential contributing factors. A full list of survey questions can be found under Appendix A.

Survey Responses and Analysis:

A total of 307 responses were received through March 14, 2025, resulting in a response rate of 34.5%. Respondents were asked to indicate the counties in which they provide services and were able to select multiple counties, as appropriate. County specific response totals are outlined in the "*By County*" section.

Analysis is organized both alphabetically and in the order of which questions appeared on the survey to support easier comprehension. Each table is clearly labeled to indicate whether the data is presented as response counts or percentages. For tables involving county data, color coding is used to differentiate counties. Written analysis accompanies each section and present findings are in percentages.

This report provides a regional overview of the results, focusing on the ARHN service area. It provides individual analyses of Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties. The stakeholder survey aimed to collect insights from diverse sectors and perspectives to inform our understanding of community needs. These findings will guide strategic planning across the Adirondack region, benefiting partners who serve individual counties, and those whose footprint covers multiple counties.

| Clinton |
| Essex |
| Franklin |
| Fulton |
| Hamilton |
| Warren |
| Washington |

ANALYSIS:

Q3. Job Title/Role

Approximately 50.83% of respondents identified themselves as *Administrator or Director,* making it the most common selection. The second most frequent response was the *"Other"* category, accounting for 31.56% of responses. Among those who selected "Other," common roles included *President, Nurse and Purse Practitioner, School Nurse, Town Supervisors, or other county-level roles.*

It is important to note that based on responses indicated their roles did not fit the available options. To improve future surveys, it is recommended to expand the list of job titles to better capture the range of positions held by stakeholders
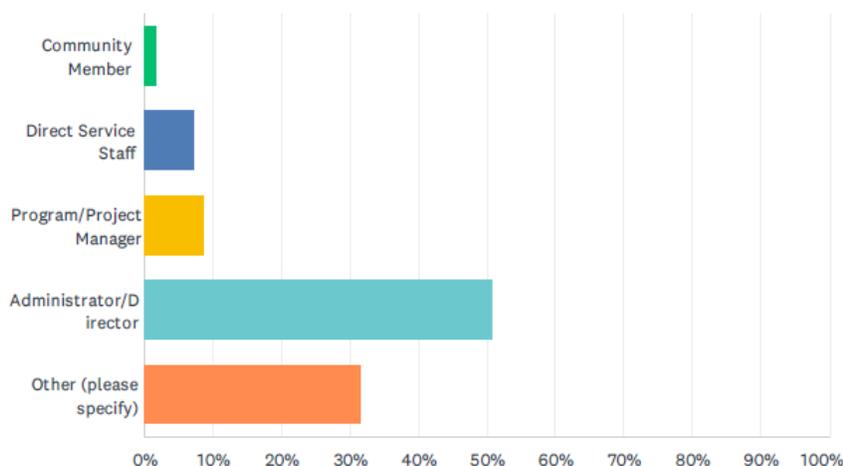
Respondent Job Titles		
Job Title	**Responses**	
	Count	**Percentage**
Community Member	5	1.66%
Direct Service Staff	22	7.31%
Program/Project Manager	26	8.64%
Administrator/Director	153	50.83%
Other	95	31.56%

Q5. Indicate the one community sector that best describes your organization/agency:

Community stakeholders were asked to identify one community sector that best described their organization or agency. Respondents represented a diverse range of services, with the most frequently selected sectors being *Education (27.09%),* which includes both K-12 and College/Universities, followed by *Health Care Provider (12.04%), Local Government (11.04%),* and *Other (10.70%).*

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Among those who selected *"Other,"* most listed roles could have fit into one of the defined sectors. To improve clarity in future surveys, it is recommended to refine sector definitions or offer clarifying examples to help respondents accurately categorize their roles.

Community Sector	1-25	25-50	50-75	75-100
College/University	2 (0.67%)			
Disability Services	5 (1.67%)			
Early Childhood	7 (2.34%)			
Economic Development	2 (0.67%)			
Employment/Job Training	3 (1.00%)			
Food/Nutrition	8 (2.68%)			
Foundation/Philanthropy	1 (0.33%)			
Health Based CBO	7 (2.34%)			
Health Care Provider		36 (12.04%)		
Housing	3 (1.00%)			
Law Enforcement/Corrections	11 (3.68%)			
Local Government (e.g., elected official, zoning/planning board)		33 (11.04%)		
Media	1 (0.33%)			
Mental, Emotional, Behavioral Health Provider	15 (5.02%)			
Other		32 (10.70%)		
Public Health	23 (7.69%)			
Recreation	3 (1.00%)			
School (K-12)				79 (26.42%)
Seniors/Aging Services	10 (3.34%)			
Social Services	15 (5.02%)			
Transportation	3 (1.00%)			

Q6. Indicate the region/counties your organization/agency serves:

Respondents were asked to indicate which county or counties their organization or agency serves. Over 93% of responses (285 total) were from Clinton, Essex, and Washington counties. Approximately 28.5% of respondents reported serving counties outside the seven ARHN counties, including Montgomery and Saratoga counties. In addition,22% of respondents identified themselves as serving the entirety of the Adirondack/North Country region.
It should be noted that the figures below exceed 100%, as many organizations serve multiple counties.

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Respondents by County		
County	Count	Percentage
Adirondack/North Country Region	68	22.30%
Clinton	78	25.57%
Essex	118	38.68%
Franklin	70	22.95%
Fulton	52	17.05%
Hamilton	46	15.08%
Montgomery	30	9.84%
Saratoga	39	12.79%
Warren	65	21.31%
Washington	89	29.18%
Other (please specify)	18	5.90%

Figures do not add up to 100% due to multiple counties per organization

Respondents in the *Other* column identified a variety of counties outside the region, including St. Lawrence (6), Schenectady (4), Albany (3), Rensselaer (3), Jefferson (3), Schoharie (3), Herkimer (2), Vermont (2), and Herkimer (2).

Q7. What are the top five health concerns affecting the residents of the counties your organization/agency serves?

Community stakeholders were asked to identify what they believed to be the top five health concerns affecting residents in the counties their organization or agency serves. Respondents ranked their selections from one, the highest health concern, to five, indicating the lowest health concern.

According to the survey results, the top five health concerns affecting the residents within the ARHN region were *Mental Health (22.83%), Substance Use/Alcoholism/Opioid Use (11.59%), Child/Adolescent emotional health (10.14%), Adverse Childhood Experiences (8.33%), with a tie for fifth between Overweight/Obesity (6.88%) and Cancers (6.88%).*

Health Concern	Highest (1)	2	3	4	Lowest (5)
Mental Health Conditions	63	43	37	15	12
Substance Abuse/Alcoholism/Opioid Use	32	37	28	33	13
Child/Adolescent Emotional Health	28	28	18	20	17
Adverse Childhood Experiences	23	16	13	15	14
Overweight or Obesity	19	19	19	19	10
Cancers	19	12	8	8	6
Senior Health	16	7	16	7	9
Heart Disease	12	11	9	7	7
Maternal Health	10	3	4	2	4

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Diabetes	9	15	14	8	7
Hunger	7	3	5	16	8
Dental Health	5	4	6	4	10
Child/Adolescent Physical Health	4	13	6	8	14
Alzheimer's Disease/Dementia	4	9	7	5	5
Respiratory Disease (Asthma, COPD, etc.)	4	3	3	10	13
Disability	4	2	5	12	11
Tobacco Use/Nicotine Addiction-Smoking/Vaping/Chewing	3	12	18	9	15
Domestic Abuse/Violence	3	6	9	8	7
Social Connectedness	2	5	17	21	24
Infant Health	2	5	0	1	3
Prescription Drug Abuse	2	0	6	2	8
Falls	1	3	3	2	3
High Blood Pressure	1	2	3	4	10
Food Safety	1	1	1	2	3
Motor Vehicle Safety (Impaired/Distracted Driving)	1	0	1	5	0
Unintended/Teen Pregnancy	1	0	0	1	5
Autism	0	5	5	3	7
Exposure to Air and Water Pollutants/Hazardous Materials	0	2	1	1	3
Infectious Disease	0	2	0	3	1
Pedestrian/Bicyclist Accidents	0	2	0	0	0
Underage Drinking	0	1	3	1	1
Sexually Transmitted Infections	0	1	2	1	2
Violence (Assault, Firearm Related)	0	1	1	3	3
LGBT Health	0	1	1	2	4
Sexual Assault/Rape	0	1	0	1	0
Suicide	0	0	7	7	5
Stroke	0	0	0	3	3
HIV/AIDS	0	0	0	2	1
Hepatitis C	0	0	0	1	0
Arthritis	0	0	0	0	1

Overall, the majority of health concerns identified at the individual county level aligned with the top five health concerns identified for the ARHN region. Several counties recognized health concerns outside the top five for the ARHN region. Five out of the seven ARHN counties listed *Cancers* as a top health concern in their county.

Franklin and Hamilton County respondents identified *Diabetes* as a concern in their area, while Fulton County identified Maternal Health, and Hamilton County identified Senior Health. Outliers include Franklin County listing *Heart Disease* as a top concern in their county.

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Top Five Health Concerns Identified by County					
County	1st	2nd	3rd	4th	5th
Clinton	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Cancers	Adverse Childhood Experiences	Overweight or Obesity
Essex	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Child/Adolescent Emotional Health	Adverse Childhood Experiences	Overweight or Obesity
Franklin	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Diabetes	Heart Disease	Overweight or Obesity
Fulton	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Cancers	Child/Adolescent Emotional Health	Maternal Health
Hamilton	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Cancers	Diabetes	Senior Health
Warren	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Child/Adolescent Emotional Health	Adverse Childhood Experiences	Cancers
Washington	Mental Health Conditions	Substance Use/Alcoholism/Opioid Use	Child/Adolescent Emotional Health	Adverse Childhood Experiences	Cancers

Q8. What are the top five contributing factors to the health concerns you identified in Question 7?

Respondents were asked to identify the top five contributing factors to the areas of health concerns they chose. The contributing factors were ranked from one to five, with one being the highest contributing factor and five being the lowest.

The top five contributing factors identified by survey respondents were *Lack of Mental Health Services (13.28%), Addiction to Alcohol/Illicit Drugs (13.28%), Poverty (11.07%), Age of Residents (8.49%), and Changing Family Structures (5.90%).*

Contributing Factors	Highest (1)	2	3	4	Lowest (5)
Addiction to Alcohol/Illicit Drugs	36	17	18	9	10
Addiction to Nicotine	6	9	7	7	6
Age of Residents	23	9	3	6	8

Changing Family Structures (Increased Foster Care, Grandparents as Parents, etc.)	16	24	9	10	9
Crime/Violence	1	2	2	3	4
Community Blight/Deteriorating Infrastructure (Roads, Bridges, Water Systems, etc.)	0	1	1	1	0
Discrimination/Racism	0	2	1	3	0
Domestic Violence and Abuse	3	8	4	6	7
Environmental Quality	4	3	4	6	1
Excessive Screen Time	9	8	14	13	3
Exposure to Tobacco Smoke/Emissions from Electronic Vapor Products	1	2	4	2	3
Food Insecurity	8	10	15	11	8
Health Care Costs	10	15	17	7	10
Homelessness	5	10	7	6	6
Inadequate Physical Activity	6	15	10	15	7
Inadequate Sleep	0	4	3	1	4
Inadequate/Unaffordable Housing Options	4	13	12	12	7
Lack of Chronic Disease Screening Treatment and Self-Management Services	6	5	8	7	4
Lack of Cultural and Enrichment Programs	1	2	2	1	1
Lack of Dental/Oral Health Care Services	3	2	8	5	4
Lack of Quality Educational Opportunities for People of All Ages	2	1	0	1	2
Lack of Educational, Vocational, or Job-Training Options for Adults	0	0	1	0	3
Lack of Employment Options	3	1	2	1	4
Lack of Health Education Programs	2	0	2	2	2
Lack of Health Insurance	1	3	2	9	2
Lack of Intergenerational Connections within Communities	2	2	1	6	7
Lack of Mental Health Services	36	22	23	16	8
Lack of Opportunities for Health for People with Physical Limitations or Disabilities	2	1	1	2	1
Lack of Preventive/Primary Health Care Services (Screenings, Annual Check-Ups)	6	5	4	5	1
Lack of Social Supports for Community Residents	1	6	3	8	10
Lack of Specialty Care and Treatment	3	4	3	3	6
Lack of Substance Use Disorder Services	1	6	7	5	4
Late or No Prenatal Care	0	2	0	2	0
Pedestrian Safety (Roads, Sidewalks, Buildings, etc.)	0	0	0	0	1
Poor Access to Healthy Food and Beverage Options	3	5	7	4	7
Poor Access to Public Places for Physical Activity and Recreation	0	0	1	5	4
Poor Community Engagement and Connectivity	4	2	4	5	10

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Poor Eating/Dietary Practices	11	9	12	5	7
Poor Referrals to Health Care, Specialty Care, and Community-Based Support Services	4	3	4	5	4
Poverty	30	12	14	19	20
Problems with Internet Access (Absent, Unreliable, Unaffordable)	0	0	0	0	1
Religious or Spiritual Values	0	0	1	1	1
Shortage of Child Care Options	2	2	2	4	8
Stress (Work, Family, School, etc.)	6	16	12	15	15
Transportation Problems (Unreliable, Unaffordable)	4	8	9	13	15
Unemployment/Low Wages	6	0	5	2	19

The majority of ARHN counties identified contributing factors that closely aligned with the overall top five for the region. However, several counties also highlighted unique concerns specific to their populations. Clinton County identified food insecurity as a significant contributing factor, while Franklin County emphasized poor eating and dietary practices. Warren County respondents pointed to both transportation and health care costs as key issues. Additionally, Fulton, Hamilton, and Warren counties all included health care costs among their top five contributing factors. Notably, in Warren County, health care costs and homelessness were tied as the fifth most significant contributing factor. These variations underscore the importance of addressing both regional and county-level priorities when planning public health strategies.

Top Five Contributing Factors by County					
County	**1st**	**2nd**	**3rd**	**4th**	**5th**
Clinton	Poverty	Addiction to alcohol/illicit drugs	Lack of Mental Health Services	Age of Residents	Food Insecurity
Essex	Poverty	Lack of Mental Health Services	Addiction to alcohol/illicit drugs	Changing Family Structures	Age of Residents
Franklin	Addiction to alcohol/illicit drugs	Lack of Mental Health Services	Poor eating/dietary practices	Age of Residents	Poverty
Fulton	Lack of Mental Health Services	Poverty	Addiction to alcohol/illicit drugs	Changing Family Structures	Health Care Costs
Hamilton	Age of Residents	Lack of Mental Health Services	Poverty	Addiction to alcohol/illicit drugs	Health Care Costs
Warren	Poverty	Lack of Mental Health Services	Addiction to alcohol/illicit drugs	Transportation problems	Health Care Costs & Homelessness
Washington	Poverty	Lack of Mental Health Services	Addiction to alcohol/illicit drugs	Changing Family Structures	Age of Residents

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.

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Q9. Social Determinants of Health are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Please rate the following Social Determinants of Health impacting the residents of the counties that your organization/agency serves using a scale of (1) "most impact" to (5) "least impact".

Respondents were asked to rank SDOH, listed below, on a scale from one (excellent) to five (very poor). The table below presents the response counts for each determinant across all survey participants.
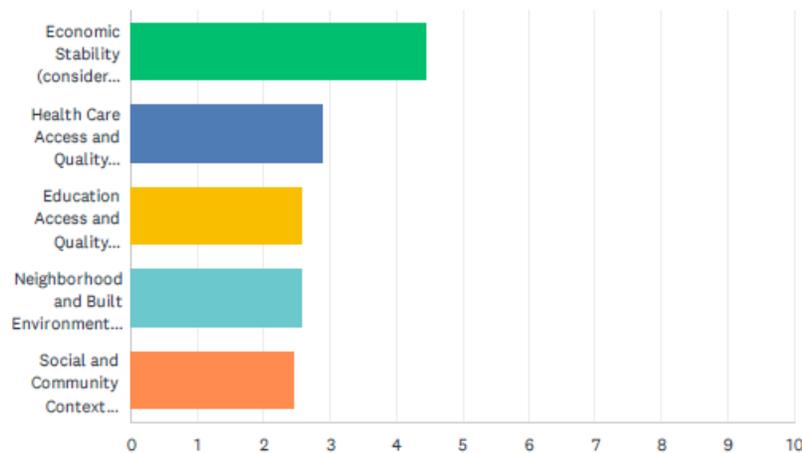
Sixty-six percent of respondents identified *Economic Stability* as the SDOH that most impacts residents of the counties they serve, followed by *Health Care Access and Quality (14.79%)*.

SDOH Domain	1 Most Impact	2	3	4	5 Least Impact	Score
Economic Stability	170 (66.15%)	56 (21.79%)	16 (6.23%)	10 (3.89%)	5 (1.95%)	4.46
Health Care Access and Quality	38 (14.79%)	64 (24.90%)	51 (19.84%)	41 (15.95%)	63 (24.51%)	2.89
Education Access and Quality	25 (9.73%)	46 (17.90%)	50 (19.46%)	71 (27.63%)	65 (25.29%)	2.59
Neighborhood and Built Environment	15 (5.84%)	50 (19.46%)	65 (25.29%)	66 (25.68%)	61 (23.74%)	2.58
Social and Community Context	9 (3.50%)	41 (15.95%)	75 (29.18%)	69 (26.85%)	63 (24.51%)	2.47

Q10. What population in the counties your organization/agency serves experiences the poorest health outcomes?

To help identify the population with the greatest need, respondents were asked to indicate which group, in their opinion, experiences the poorest health outcomes in the counties they serve.

Population	Count	Percentage
Children/Adolescents	17	6.32%
Females of Reproductive Age	2	0.74%
Individuals living at or near the federal poverty level	88	32.71%
Individuals living in rural areas	26	9.67%
Individuals with Disability	11	4.09%
Individuals with Mental Health issues	58	21.56%
Individuals with Substance Abuse Issues	26	9.67%
Migrant Workers	1	0.37%
Other (please specify)	2	0.74%
Seniors/Elderly	37	13.75%
Specific racial and ethnic groups	1	0.37%

Across all counties in the ARHN, *Individuals living at or near the federal poverty level (66.21%)* were identified as the population experiencing the poorest health outcomes. In six of the seven ARHN counties, excluding Franklin County, the second most commonly identified population was *Individuals with mental health issues (39.72%).* In contrast, Franklin County respondents identified *Seniors or Elderly (4.11%)* as the population with the second poorest health outcomes.

Response Counts for Poorest Health Outcomes by County							
Population	Clinton	Essex	Franklin	Fulton	Hamilton	Warren	Washington
Children/Adolescents	2	7	3	1	1	2	5
Females of reproductive age	1	0	0	1	0	0	0
Individuals living at or near the federal poverty level	20	32	22	15	12	17	27
Individuals living in rural areas	10	10	7	3	4	8	10
Individuals with disability	5	6	3	0	3	6	4
Individuals with mental health issues	12	19	7	13	9	14	13
Individuals with substance abuse issues	9	10	9	5	6	4	6
Migrant workers	0	0	0	0	0	0	1
Seniors/Elderly	10	14	9	7	5	3	7
Specific racial or ethnic groups	0	1	0	0	1	1	1
Other (please specify)	1	1	1	2	1	2	1
Total per county	76	116	69	52	46	64	89

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
*Upstate New York is defined as all counties in New York State excluding those that comprise New York City: Bronx, Kings, New York, Queens, and Richmond counties. - All rates are per 100,000 unless otherwise specified.

2025 New York State Prevention Agenda:

The NYS Prevention Agenda is an initiative focused on improving the health and well-being of all New Yorkers. The 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare. Addressing these issues is crucial for reducing health disparities.

The next five questions of the survey asked respondents to select the top three goals their organization or agency can assist in achieving in the counties it serves.

Q11. Economic Stability (Economic Well-Being)
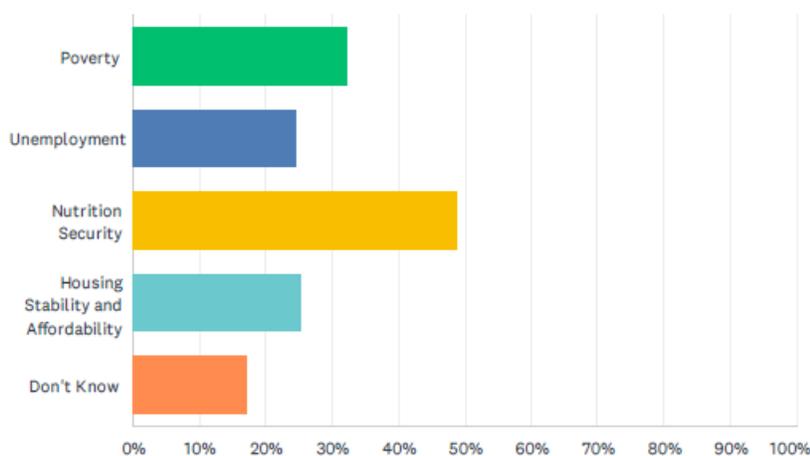
Domain: Economic Stability		
Priority Area	**Count**	**Percentage**
Poverty	74	32.31%
Unemployment	56	24.45%
Nutrition Security	112	48.91%
Housing Stability and Affordability	58	25.33%
Don't Know	39	17.03%

Respondents identified *Nutrition Security* (48.91%), *Poverty* (32.31%), and *Housing Stability and Affordability* (25.33%) as the top three priority areas that their organization are best positioned to support achieving in the region. Six out of seven ARHN counties identified *Nutrition Security* as the top priority, with the exception of Franklin County which identified *Poverty*.

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Domain: Economic Stability		
County/Region	**Priority #1**	**Priority #2**	**Priority #3**
Clinton	Nutrition Security	Poverty	Tied: Unemployment & Housing Stability and Affordability
Essex	Nutrition Security	Poverty	Tied: Unemployment & Housing Stability and Affordability
Franklin	Poverty	Nutrition Security	Unemployment
Fulton	Nutrition Security	Poverty	Tied: Unemployment & Housing Stability and Affordability
Hamilton	Nutrition Security	Poverty	Tied: Unemployment & Housing Stability and Affordability
Warren	Nutrition Security	Housing Stability and Affordability	Poverty
Washington	Nutrition Security	Tied: Poverty and Housing Stability and Affordability	Unemployment

Domain: Economic Stability							
Priority Area	**Clinton**	**Essex**	**Franklin**	**Fulton**	**Hamilton**	**Warren**	**Washington**
Poverty	23	26	24	13	9	14	18
Housing Stability and Affordability	17	21	14	9	7	15	18
Nutrition Security	31	38	20	20	13	21	31
Unemployment	16	21	17	8	7	12	14
Don't Know	8	12	5	10	8	9	10

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Q12. Social and Community Context (Mental Well-Being and Substance Use)
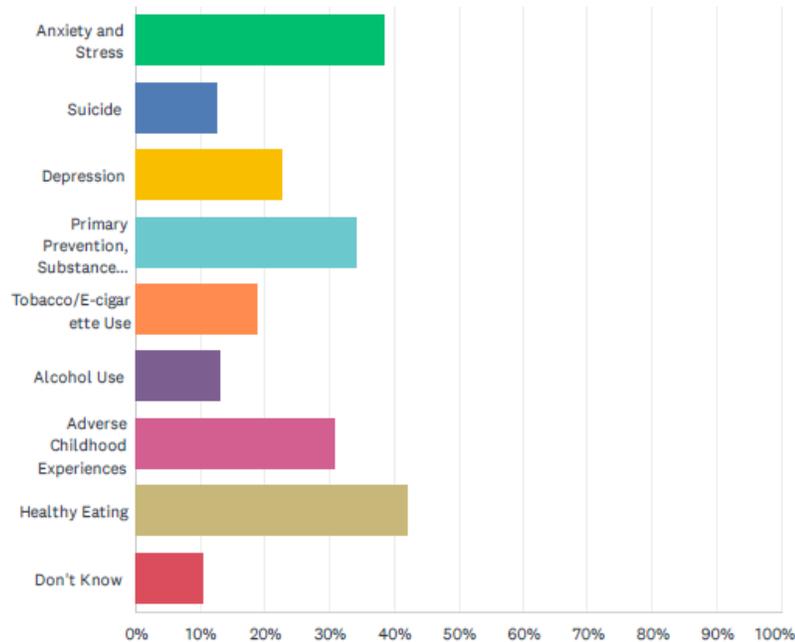
Respondents identified *Healthy Eating* (42.26%) as the top priority area that their organization could assist with achieving, followed by *Anxiety* and *Stress* (38.49%) and *Primary Prevention, Substance Misuse, and Overdose prevention* (34.31%) as the third highest priority areas.

Domain: Social and Community Context		
Priority Area	**Count**	**Percentage**
Adverse Childhood Experiences	74	30.96%
Alcohol Use	31	12.97%
Anxiety and Stress	92	38.49%
Depression	54	22.59%
Healthy Eating	101	42.26%
Primary Prevention, Substance Misuse, and Overdose Prevention	82	34.31%
Suicide	30	12.55%
Tobacco/E-cigarette Use	45	18.83%
Don't Know	25	10.46%

All seven counties identified the same top three regional priorities, apart from Franklin County, which included Depression among its top three. Additionally, four of the seven counties identified *Adverse Childhood Experiences* in their top three priority areas.

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Domain: Social and Community Context		
County/Region	Priority #1	Priority #2	Priority #3
Clinton	Healthy Eating	Anxiety and Stress	Primary Prevention, Substance Misuse, and Overdose Prevention
Essex	Tied: Primary Prevention, Substance Misuse, and Overdose Prevention & Healthy Eating	Anxiety and Stress	Adverse Childhood Experiences
Franklin	Primary Prevention, Substance Misuse, and Overdose Prevention	Anxiety and Stress	Depression
Fulton	Anxiety and Stress	Tied: Primary Prevention, Substance Misuse, and Overdose Prevention & Healthy Eating	Adverse Childhood Experiences
Hamilton	Primary Prevention, Substance Misuse, and Overdose Prevention	Anxiety and Stress	Tied: Depression & Healthy Eating
Warren	Anxiety and Stress	Healthy Eating	Tied: Primary Prevention, Substance Misuse, and Overdose Prevention & Adverse Childhood Experiences
Washington	Anxiety and Stress	Tied: Adverse Childhood Experiences & Healthy Eating	Primary Prevention, Substance Misuse, and Overdose Prevention

Domain: Social and Community Context							
Priority Area	Clinton	Essex	Franklin	Fulton	Hamilton	Warren	Washington
Adverse Childhood Experiences	16	29	12	12	8	16	23
Alcohol Use	8	16	11	6	6	6	7
Anxiety and Stress	26	32	19	17	12	20	26
Depression	17	22	18	8	9	10	12
Healthy Eating	29	34	17	15	10	18	23
Primary Prevention, Substance Misuse, and Overdose Prevention	22	34	22	15	12	16	22
Suicide	10	16	12	4	6	4	5
Tobacco/E-cigarette Use	15	17	15	6	8	9	13
Don't Know	4	10	3	5	4	5	6

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Q13. Neighborhood and Built Environment (Safe and Healthy Communities)

Domain: Neighborhood and Built Environment		
Priority Area	Count	Percentage
Access to Community Services and Support	167	71.37%
Injuries and Violence	31	13.25%
Opportunities for Active Transportation and Physical Activity	74	31.62%
Don't Know	32	13.68%

Domain: Neighborhood and Built Environment			
County/Region	Priority #1	Priority #2	Priority #3
Clinton	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence
Essex	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence
Franklin	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence
Fulton	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence
Hamilton	Access to Community Services and Support	Tied: Opportunities for Active Transportation and Physical Activity & Injuries and Violence	
Warren	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence

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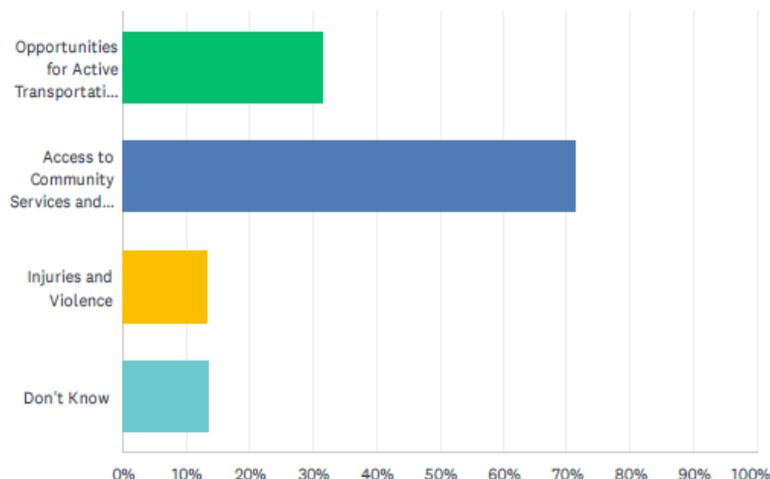
Washington	Access to Community Services and Support	Opportunities for Active Transportation and Physical Activity	Injuries and Violence

Domain: Neighborhood and Built Environment							
Priority Area	Clinton	Essex	Franklin	Fulton	Hamilton	Warren	Washington
Access to Community Services and Support	44	62	36	28	21	21	42
Injuries and Violence	11	10	12	4	6	6	10
Opportunities for Active Transportation and Physical Activity	22	25	18	8	6	14	23
Don't Know	7	13	5	5	8	7	7

Q14. Health Care Access and Quality (Health Insurance Coverage and Access to Care and Healthy Children)
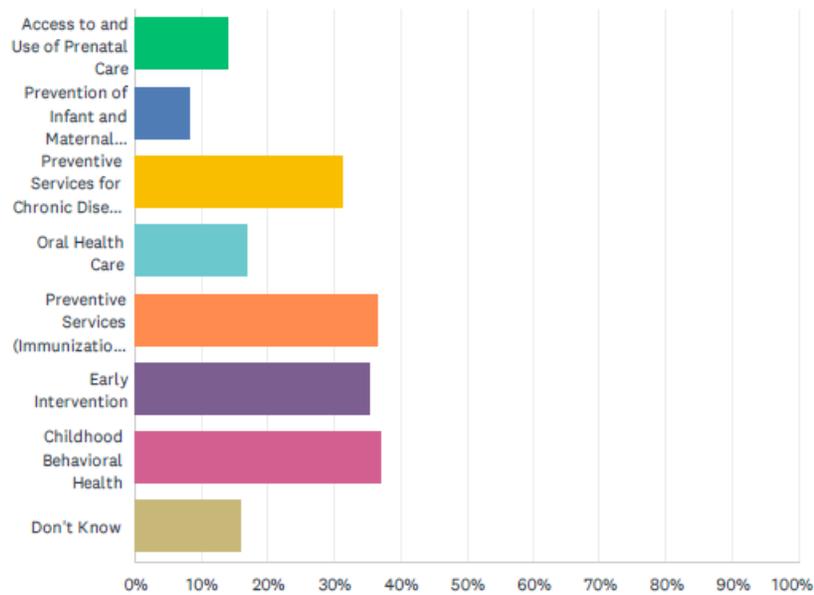
Domain: Health Care Access and Quality		
Priority Area	Count	Percentage
Access to and Use of Prenatal Care	32	14.16%
Childhood Behavioral Health	84	37.17%
Early Intervention	80	35.40%
Oral Health Care	38	16.81%
Prevention of Infant and Maternal Mortality	19	8.41%
Prevention Services for Chronic Disease Prevention and Control	71	31.42%

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Preventive Services (Immunization, Hearing Screening, and follow up, Lead Screening)	83	36.73%
Don't Know	36	15.93%

Domain: Health Care Access and Quality		
County/Region	**Priority #1**	**Priority #2**	**Priority #3**
Clinton	Prevention Services for Chronic Disease Prevention and Control	Preventive Services	Early Intervention
Essex	Childhood Behavioral Health	Tied: Prevention Services for Chronic Disease Prevention and Control & Preventive Services	Early Intervention
Franklin	Prevention Services for Chronic Disease Prevention and Control	Early Intervention	Childhood Behavioral Health
Fulton	Preventive Services	Childhood Behavioral Health	Prevention Services for Chronic Disease Prevention and Control
Hamilton	Prevention Services for Chronic Disease Prevention and Control	Preventive Services	Childhood Behavioral Health
Warren	Childhood Behavioral Health	Prevention Services for Chronic Disease Prevention and Control	Preventive Services
Washington	Childhood Behavioral Health	Early Intervention	Preventive Services

Domain: Health Care Access and Quality							
Priority Area	**Clinton**	**Essex**	**Franklin**	**Fulton**	**Hamilton**	**Warren**	**Washington**
Access to and Use of Prenatal Care	13	15	8	8	10	5	7
Childhood Behavioral Health	18	38	16	16	12	20	27
Early Intervention	20	26	17	13	8	11	24
Oral Health Care	6	15	9	9	4	5	12
Prevention of Infant and Maternal Mortality	6	10	6	7	8	7	8
Prevention Services for Chronic Disease Prevention and Control	27	27	23	15	19	16	20
Preventive Services (Immunization, Hearing	25	27	15	21	13	12	23

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Screening, and follow up, Lead Screening)						
Don't Know	5	13	7	7	5	5	6

Q15. Education Access and Quality (PreK-12 Student Success and Educational Attainment)
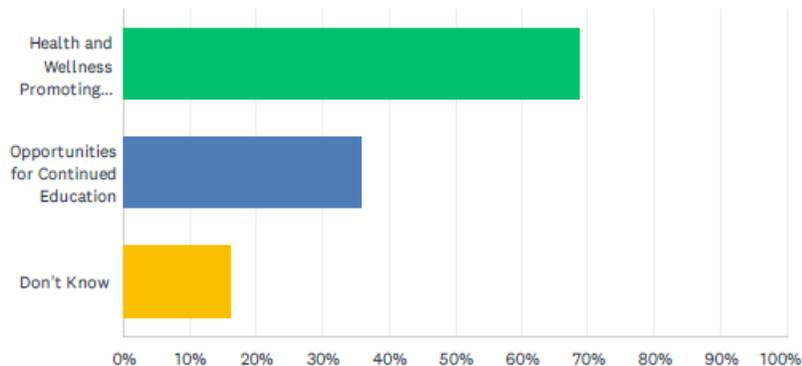
Domain: Education Access and Quality		
Priority Area	Count	Percentage
Health and Wellness Promoting Schools	152	68.78%
Opportunities for Continued Education	79	35.74%
Don't Know	36	16.29%

Domain: Education Access and Quality		
County/Region	Priority #1	Priority #2
Clinton	Health and Wellness Promoting Schools	Opportunities for Continued Education
Essex	Health and Wellness Promoting Schools	Opportunities for Continued Education
Franklin	Health and Wellness Promoting Schools	Opportunities for Continued Education
Fulton	Health and Wellness Promoting Schools	Opportunities for Continued Education
Hamilton	Health and Wellness Promoting Schools	Opportunities for Continued Education
Warren	Health and Wellness Promoting Schools	Opportunities for Continued Education
Washington	Health and Wellness Promoting Schools	Opportunities for Continued Education

Domain: Education Access and Quality							
Priority Area	Clinton	Essex	Franklin	Fulton	Hamilton	Warren	Washington
Health and Wellness Promoting Schools	39	21	36	26	22	32	41

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Opportunities for Continued Education	18	10	15	15	11	9	13
Don't Know	7	3	6	9	8	6	10

Q16. Please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected.

Respondents were asked to indicate the resources that their organization or agency could contribute toward achieving the goals they identified.

Approximately 59% of all respondents indicated that providing expertise and knowledge, as well as participating in committees, workgroups, and coalitions were key ways they could support progress towards the NYS Prevention Agenda goals listed above. Additionally, respondents noted that they could contribute sharing resources and promoting initiatives via social media to help advance the listed goals.

Response Counts and Percentages for Resources Organizations Can Contribute		
Resources	**Count**	**Percentage**
Participate on committees, work groups, and coalitions to help achieve the selected goals	124	59.33%
Provide subject-matter knowledge and expertise	121	57.89%
Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)	104	49.76%
Promote health improvement activities/events through social media and other communication channels your organization/agency operates	99	47.37%
Offer health-related educational materials	71	33.97%
Facilitate access to populations your organization/agency serves (to encourage participation in programs, provide feedback about health improvement efforts, etc.)	66	31.58%
Facilitate access to committees, work groups, coalitions currently working to achieve the selected goals	61	29.19%
Provide letters of support for planned health improvement activities	61	29.19%
Sign partnership agreements related to community level health improvement efforts	48	22.97%
Offer periodic organizational/program updates to community stakeholders	46	22.01%
Provide in-kind space for health improvement meetings/events	45	21.53%
Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)	37	17.7%
Share program-level data to help track progress in achieving goals	36	17.22%
Assist with data analysis	24	11.48%

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Q17. Are you interested in being contacted at a later date?
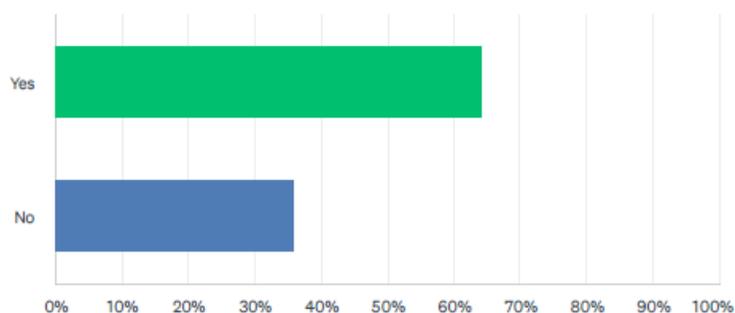
Over 64% of respondents indicated they would be open to being contacted at a later date. Depending on the content and priorities outlined in the official 2025-2030 NYS Prevention Agenda official release, it may be beneficial to follow-up with partners to gather more targeted input or ask specific questions aligned with the finalized goals.

Appendix: The 2025 Stakeholder Survey

2025 CHA Stakeholders Survey

Introduction

To help inform a collaborative approach to improving community health, the Adirondack Rural Health Network (ARHN) and Community Health Assessment (CHA) Committee seeks to identify priorities, factors and resources that influence the health of residents of the Adirondack region (Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties).

You have been identified as a key informant who can provide insight into the health and well-being of the people your organization/agency serves. Please answer the survey questions in the context of your role within your organization/agency and in representing the population(s) your organization/agency serves.

All survey information will be held confidential, and no responses will be attributed to anyone individual or agency.

Your Organization/Agency

Please provide the following information about your organization/agency and yourself:

1. Organization/Agency name: _____

2. Your name (Please provide first and last name): _____

3. Your job title/role: _____

- ☐ Community Member
- ☐ Direct Service Staff
- ☐ Program/Project Manager
- ☐ Administrator/Director
- ☐ Other (please specify)

4. Your email address: _____

5. Indicate the **<u>one</u>** community sector that best describes your organization/agency:

- ☐ Business
- ☐ Civic Association
- ☐ College/University
- ☐ Disability Services
- ☐ Early Childhood
- ☐ Economic Development
- ☐ Employment/Job training
- ☐ Faith-Based
- ☐ Food/Nutrition
- ☐ Foundation/Philanthropy
- ☐ Health Based CBO
- ☐ Health Care Provider
- ☐ Health Insurance Plan
- ☐ Housing
- ☐ Law Enforcement/Corrections
- ☐ Local Government (e.g., elected official, zoning/planning board)
- ☐ Media
- ☐ Mental, Emotional, Behavioral Health Provider
- ☐ Public Health
- ☐ Recreation
- ☐ School (K – 12)
- ☐ Seniors/Aging Services
- ☐ Social Services
- ☐ Transportation
- ☐ Tribal Government

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□ Veterans

□ Other (please specify):

6. Indicate the counties your organization/agency serves. **Check all that apply.**

□ Adirondack/North Country Region

□ Clinton

□ Essex

□ Franklin

□ Fulton

□ Hamilton

□ Warren

□ Washington

□ Other: _____

Health Priorities, Concerns and Factors

7. In your opinion, what are the **top five (5) health concerns** affecting the residents of the counties your organization/agency serves? Please rank the health concerns from 1 (highest) to 5 (lowest).

□ Adverse childhood experiences

□ Alzheimer's disease/Dementia

□ Arthritis

□ Autism

□ Cancers

□ Child/Adolescent physical health

□ Child/Adolescent emotional health

□ Diabetes

□ Disability

□ Dental health

□ Domestic abuse/violence

□ Exposure to air and water pollutants/hazardous materials

□ Falls

□ Food safety

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- ☐ Heart disease

- ☐ Hepatitis C

- ☐ High blood pressure

- ☐ HIV/AIDS

- ☐ Hunger

- ☐ Infant health

- ☐ Infectious disease

- ☐ LGBT health

- ☐ Maternal health

- ☐ Mental health conditions

- ☐ Motor vehicle safety (impaired/distracted driving)

- ☐ Overweight or obesity

- ☐ Pedestrian/bicyclist accidents

- ☐ Prescription drug abuse

- ☐ Respiratory disease (asthma, COPD, etc.)

- ☐ Senior health

- ☐ Sexual assault/rape

- ☐ Sexually transmitted infections

- ☐ Social connectedness

- ☐ Stroke

- ☐ Substance abuse/Alcoholism/Opioid Use

- ☐ Suicide

- ☐ Tobacco use/nicotine addiction – smoking/vaping/chewing

- ☐ Underage drinking

- ☐ Unintended/Teen pregnancy

- ☐ Violence (assault, firearm related)

- ☐ Other (Please specify):

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8. In your opinion, what are the **top five** (**5**) **contributing factors** to the health concerns you chose in question #7? Please rank the contributing factors from 1 (highest) to 5 (lowest).

☐ Addiction to alcohol/illicit drugs

☐ Addiction to nicotine

☐ Age of residents

☐ Changing family structures (increased foster care, grandparents as parents, etc.)

☐ Crime/violence

☐ Community blight/Deteriorating infrastructure (roads, bridges, water systems, etc.)

☐ Discrimination/racism

☐ Domestic violence and abuse

☐ Environmental quality

☐ Excessive screen time

☐ Exposure to tobacco smoke/emissions from electronic vapor products

☐ Food insecurity

☐ Health care costs

☐ Homelessness

☐ Inadequate physical activity

☐ Inadequate sleep

☐ Inadequate/unaffordable housing options

☐ Lack of chronic disease screening, treatment, and self-management services

☐ Lack of cultural and enrichment programs

☐ Lack of dental/oral health care services

☐ Lack of quality educational opportunities for people of all ages

☐ Lack of educational, vocational, or job-training options for adults

☐ Lack of employment options

☐ Lack of health education programs

☐ Lack of health insurance

☐ Lack of intergenerational connections within communities

☐ Lack of mental health services

☐ Lack of opportunities for health for people with physical limitations or disabilities

☐ Lack of preventive/primary health care services (screenings, annual check-ups)

☐ Lack of social support for community residents

☐ Lack of specialty care and treatment

☐ Lack of substance use disorder services.

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- ☐ Late or no prenatal care
- ☐ Pedestrian safety (roads, sidewalks, buildings, etc.)
- ☐ Poor access to healthy food and beverage options
- ☐ Poor access to public places for physical activity and recreation
- ☐ Poor community engagement and connectivity
- ☐ Poor eating/dietary practices
- ☐ Poor referrals to health care, specialty care, and community-based support services
- ☐ Poverty
- ☐ Problems with Internet access (absent, unreliable, unaffordable)
- ☐ Religious or spiritual values
- ☐ Shortage of childcare options
- ☐ Stress (work, family, school, etc.)
- ☐ Transportation problems (unreliable, unaffordable)
- ☐ Unemployment/low wages
- ☐ Other (please specify)

Prevention Agenda 2025 -2030: New York State's Health Improvement Plan

The NYS Prevention Agenda is a six-year initiative aimed at improving the health and well-being of all New Yorkers. By outlining the key health priority areas, the prevention agenda is a tool for agencies to collaborate and prioritize strategies that advance health.

Although not officially released, NYS DOH recognizes that the 2025-2030 Prevention Agenda will "adopt a broader perspective, emphasizing factors that influence health beyond traditional health outcomes, prevention strategies, medical care, and public health systems".

Twenty-four priorities have been identified based on Healthy People's 2030 Social Determinants of Health domains, listed below:

1. Economic Stability
2. Social and Community Context
3. Neighborhood and Built Environment
4. Health Care Access and Quality
5. Education Access and Quality

For more information on the upcoming 2025-2030 NYS Prevention Agenda, please visit: Prevention Agenda 2025-2030: New York State's Health Improvement Plan.

For more information on Healthy People's 2030 Social Determinants of Health, please visit: Social Determinants of Health - Healthy People 2030 | odphp.health.gov.

Social Determinants of Health

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9. Social Determinants of Health are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Please rate the following Social Determinants of Health impacting the residents of the counties that your organization/agency serves using a scale of (1) "most impact" to (5) "least impact".

☐ Economic Stability (consider poverty, employment, food security, housing stability)

☐ Education Access and Quality (consider high school graduation, enrollment in higher education, language and literacy, early childhood education and development)

☐ Social and Community Context (consider social cohesion, civic participation, perceptions of discrimination and equity, incarceration/institutionalization)

☐ Neighborhood and Built Environment (consider access to healthy foods and beverages, quality of housing, crime and violence, environmental conditions, transportation)

☐ Health Care Access and Quality (consider access to primary care, access to specialty care, health literacy)

10. In your opinion, what **population** in the counties your organization/agency serves experiences the poorest health outcomes? Please select **one** population.

☐ Specific racial or ethnic groups
☐ Children/adolescents
☐ Females of reproductive age
☐ Seniors/elderly
☐ Individuals with disability
☐ Individuals living at or near the federal poverty level
☐ Individuals with mental health issues
☐ Individuals living in rural areas
☐ Individuals with substance abuse issues
☐ Migrant workers
☐ Others (please specify):

Improving Health and Well-Being

The NYS Prevention Agenda is an initiative focused on improving the health and well-being of all New Yorkers. The 2025-2030 Prevention Agenda outlines 24 key priorities to address health conditions, behaviors, and systemic issues such as poverty, education, housing, and access to quality healthcare. Addressing these issues is crucial for reducing health disparities.

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Over the next 5 questions, please check all the priority areas that your organization serves.

11. Economic Stability (Economic Well-being)
- □ Poverty
- □ Unemployment
- □ Nutrition Security
- □ Housing Stability and Affordability

12. Social and Community Context (Mental Well-being and Substance Use)
- □ Anxiety and Stress
- □ Suicide
- □ Depression
- □ Primary Prevention, Substance Misuse, and Overdose Prevention
- □ Tobacco/E-cigarette Use
- □ Alcohol Use
- □ Adverse Childhood Experiences
- □ Healthy Eating

13. Neighborhood and Built Environment (Safe and Healthy Communities)
- □ Opportunities for Active Transportation and Physical Activity
- □ Access to Community Services and Support
- □ Injuries and Violence

14. Health Care Access and Quality (Health Insurance Coverage and Access to Care and Healthy Children)
- □ Access to and Use of Prenatal Care
- □ Prevention of Infant and Maternal Mortality
- □ Preventive Services for Chronic Disease Prevention and Control
- □ Oral Health Care
- □ Preventive Services (Immunization, Hearing Screening and follow up, Lead screening)
- □ Early Intervention
- □ Childhood Behavioral Health

15. Education Access and Quality (PreK-12 Student Success and Educational Attainment)

□ Health and Wellness Promoting Schools

□ Opportunities for Continued Education

16. Based on the priorities you selected in Questions 12-16, please identify the primary assets/resources your organization/agency can contribute toward achieving the goals you have selected.

    □ Provide subject-matter knowledge and expertise

    □ Provide knowledge of and/or access to potential sources of funding (grants, philanthropy)

    □ Facilitate access to committees, work groups, coalitions currently working to achieve the selected goals

    □ Participate on committees, work groups, coalitions to help achieve the selected goals

    □ Share knowledge of community resources (e.g. food, clothing, housing, transportation, etc.)

    □ Facilitate access to populations your organization/agency serves (to encourage participation in programs, provide feedback about health improvement efforts, etc.)

    □ Promote health improvement activities/events through social media and other communication channels your organization/agency operates

    □ Share program-level data to help track progress in achieving goals

    □ Provide in-kind space for health improvement meetings/events

    □ Offer periodic organizational/program updates to community stakeholders

    □ Provide letters of support for planned health improvement activities

    □ Sign partnership agreements related to community level health improvement efforts

    □ Assist with data analysis

    □ Offer health-related educational materials

    □ Other (please specify):

17. Are you interested in being contacted at a later date to discuss the utilization of the resources you identified in Question #16?

☐ Yes

☐ No

18. Please add any other comments/recommendations you have about improving the health and well-being of the residents of the counties your organization/agency serves.

[†] Margin of error is at least 10 percent of the total value. Take care with this statistic.
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Appendix D – County Health Rankings & Roadmaps

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County Health Rankings & Roadmaps

COUNTY
Warren, NY   2025 ⌄

County Demographics

The health of a place results from past and present policies and practices. The land known as Warren County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Warren County, New York is Metropolitan. In Warren County, 32.2% of the population lives in a low population density area.

County Snapshot

This county's snapshot covers: Population Health and Well-being, Community Conditions

The skittles diagram, Areas to Explore, and Areas of Strength are based on our annual data update. However, individual measures may reflect more recent data releases to ensure the most accurate and up-to-date statistics available.

Warren County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Warren County is faring about the same as the average county in New York for Population Health and Well-being, and better than the average county in the nation.
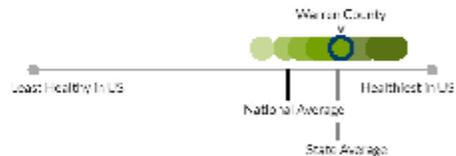
Diagram summarizes data released on 03/19/2025

⎰ Trends Available

† Data updated 09/24/2025
‡ Data updated 11/04/2025

Population Health and Well-being		Warren County	New York	United States	—
Length of life		Warren County	New York	United States	—
Premature Death	⎰	7,500‡	6,200‡	8,100‡	
Additional Length of life (not included in summary)		Warren County	New York	United States	—
Life Expectancy		78.3‡	80.4‡	77.6‡	
Premature Age-Adjusted Mortality		360‡	310‡	390‡	
Child Mortality		40‡	40‡	50‡	
Infant Mortality		6‡	4‡	6‡	
Quality of life		Warren County	New York	United States	—

145

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Appendix E – Health Systems & K-12 Education Profiles

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, 2023 ACS 1-Year Estimates	78,115	37,077	47,066	52,787	5,102	49,461	238,711	65,380	60,883	346,410	8,258,035	19,571,216
Total Hospital Beds												
Hospital Beds per 100,000 Population	366.1	67.4	255	140.2	N/A	262.8	71.6	598	N/A	258.7	-	-
Medical/Surgical Beds	204	0	90	47	N/A	70	115	300	N/A	641	-	-
Intensive Care Beds	14	0	8	8	N/A	5	12	12	N/A	42	-	-
Coronary Care Beds	7	0	0	0	N/A	3	7	12	N/A	19	-	-
Pediatric Beds	10	0	3	12	N/A	0	7	14	N/A	39	-	-
Maternity Beds	21	0	7	7	N/A	8	14	23	N/A	58	-	-
Physical Medicine and Rehabilitation Beds	0	0	0	0	N/A	10	0	0	N/A	0	-	-
Psychiatric Beds	30	0	12	0	N/A	20	16	30	N/A	72	-	-
Other Beds	0	25	0	0	N/A	14	0	0	N/A	25	-	-
Hospital Beds Per Facility												
Adirondack Medical Center-Lake Placid Site	-	-	-	-	-	-	-	-	-	-	-	-
Adirondack Medical Center-Saranac Lake Site	-	-	95	-	-	-	-	-	-	95	-	-
UVMHN - Alice Hyde Medical Center	-	-	25	-	-	-	-	-	-	25	-	-
Champlain Valley Physicians Hospital Medical Center	286	-	-	-	-	-	-	-	-	286	-	-
Elizabethtown Community Hospital	-	25	-	-	-	-	-	-	-	25	-	-
Glens Falls Hospital	-	-	-	-	-	-	-	391	-	391	-	-
Nathan Littauer Hospital	-	-	-	74	-	-	-	-	-	74	-	-
Saratoga Hospital	-	-	-	-	-	-	171	-	-	-	-	-
St. Mary's Healthcare	-	-	-	-	-	106	-	-	-	-	-	-
St. Mary's Healthcare-Amsterdam Memorial Campus	-	-	-	-	-	24	-	-	-	-	-	-
Total Nursing Home Beds												
Nursing Home Beds per 100,000 Population	627.3	917	414.3	682	0	1192.9	193.5	610.3	867.2	667.4	N/A	N/A
Nursing Home Beds per Facility												
Alice Hyde Medical Center	-	-	135	-	-	-	-	-	-	135	-	-
Capstone Center for Rehabilitation and Nursing	-	-	-	-	-	120	-	-	-	-	-	-
Champlain Valley Physicians Hospital Medical Center SNF	34	-	-	-	-	-	-	-	-	34	-	-
Clinton County Nursing Home	80	-	-	-	-	-	-	-	-	80	-	-
Elderwood at North Creek	-	-	-	-	-	-	-	82	-	82	-	-
Elderwood at Ticonderoga	-	84	-	-	-	-	-	-	-	84	-	-
Elderwood of Uihlein at Lake Placid	-	156	-	-	-	-	-	-	-	156	-	-
Essex Center for Rehabilitation and Healthcare	-	100	-	-	-	-	-	-	-	100	-	-
Fort Hudson Nursing Center, Inc.	-	-	-	-	-	-	-	-	196	196	-	-
Fulton Center for Rehabilitation and Healthcare	-	-	-	176	-	-	-	-	-	176	-	-
Glens Falls Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	117	-	117	-	-
Granville Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	-	122	122	-	-
Meadowbrook Healthcare	287	-	-	-	-	-	-	-	-	287	-	-
Mercy Living Center	-	-	-	-	-	-	-	-	-	-	-	-
Nathan Littauer Hospital Nursing Home	-	-	-	84	-	-	-	-	-	84	-	-
Palatine Nursing Home	-	-	-	-	-	70	-	-	-	-	-	-
Plattsburgh Rehabilitation and Nursing Center	89	-	-	-	-	-	-	-	-	89	-	-
River Ridge Living Center	-	-	-	-	-	120	-	-	-	-	-	-
Seton Health at Schuyler Ridge Residential Healthcare	-	-	-	-	-	-	120	-	-	-	-	-
Slate Valley Center for Rehabilitation and Nursing	-	-	-	-	-	-	-	-	88	88	-	-

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Education System Profile

Adirondack Rural Health Network	County									ARHN Region	Upstate NYS*	New York State
Summary of Education System Information	Clinton	Essex	Franklin	Fulton	Hamilton	Montgomery	Saratoga	Warren	Washington			
Total Number of Public School Districts	9	10	8	6	4	6	12	9	12	58	796	1,104
Total Pre-K Enrollment	450	135	344	291	0	419	670	180	203	1,603.00	56,808	157,128
Total K-12 Enrollment	10,418	3,352	6,592	6,638	352	6,866	31,049	7,739	7,438	42,529	1,504,729	2,418,513
Number of Students Eligible for Free Lunch	4,678	1,453	3,427	3,602	133	4,094	8,443	3,147	3,269	19,709	638,721	1,329,551
Number of Students Eligible for Reduced Lunch	199	126	264	154	8	92	581	105	141	997	35,463	60,287
Percent Free and Reduced Lunch	47.0%	47.0%	56.0%	56.0%	40.0%	61.0%	29.0%	42.0%	46.0%	48.0%	N/A	57.0%
Number of English as a New Language	87	14	N/A	42	N/A	273	435	52	27	222	147,210	259,829
Percent Students with Disabilities	12.0%	22.0%	19.0%	14.0%	14.0%	15.0%	14.0%	17.0%	20.0%	16.5%	17.8%	19.0%
Total Number of Graduates	664	245	462	494	34	617	2,539	667	638	3,204	123,135	199,694
Number Went to GED Transfer Program	0	0	0	1	0	0	9	4	11	16	527	1,130
Number Dropped Out of High School	57	15	31	48	1	56	113	60	45	257	5,834	9,751
Percent Dropped Out of High School	7.0%	6.0%	6.0%	8.0%	3.0%	9.0%	4.0%	9.0%	7.0%	6.6%	N/A	5.0%
Percent Economically Disadvantaged	50.0%	52.0%	58.0%	58.0%	42.0%	66.0%	31.0%	44.0%	49.0%	51.3%	N/A	59.0%
Turnover Rate of Teachers	99	123	129	77	28	55	126	122	132	101.4	N/A	N/A
Total Number of Teachers	1029	398	753	642	79	711	2645	790	726	4,417	N/A	215,701
Student to Teacher Ratio	10.1	8.4	8.8	10.3	4.5	9.7	11.7	9.8	10.2	9.6	N/A	11.2

*Upstate NYS = NYS Total Less NYC; NYC includes NY, Kings, Bronx, Richmond, Queens Counties

1: CCD Public School District Data for the 2023-2024 school year

Education System Profile - School Districts by County

Clinton	Number of Schools
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT	4
BEEKMANTOWN CENTRAL SCHOOL DISTRICT	4
CHAZY UNION FREE SCHOOL DISTRICT	2
CLINTON-ESSEX-WARREN-WASHINGTON BOCES	1
NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT	4
NORTHERN ADIRONDACK CENTRAL SCHOOL DISTRICT	2
PERU CENTRAL SCHOOL DISTRICT	3
PLATTSBURGH CITY SCHOOL DISTRICT	5
SARANAC CENTRAL SCHOOL DISTRICT	4
Total Number of Schools in the County	29

Essex	Number of Schools
BOQUET VALLEY CSD	2
CROWN POINT CENTRAL SCHOOL DISTRICT	1
KEENE CENTRAL SCHOOL DISTRICT	1
LAKE PLACID CENTRAL SCHOOL DISTRICT	2
MINERVA CENTRAL SCHOOL DISTRICT	1
MORIAH CENTRAL SCHOOL DISTRICT	2
NEWCOMB CENTRAL SCHOOL DISTRICT	1
SCHROON LAKE CENTRAL SCHOOL DISTRICT	1
TICONDEROGA CENTRAL SCHOOL DISTRICT	2
WILLSBORO CENTRAL SCHOOL DISTRICT	1
Total Number of Schools in the County	14

Franklin	Number of Schools
BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT	2
CHATEAUGAY CENTRAL SCHOOL DISTRICT	2
FRANKLIN-ESSEX-HAMILTON BOCES	1
MALONE CENTRAL SCHOOL DISTRICT	5
SAINT REGIS FALLS CENTRAL SCHOOL DISTRICT	1
SALMON RIVER CENTRAL SCHOOL DISTRICT	4
SARANAC LAKE CENTRAL SCHOOL DISTRICT	4
TUPPER LAKE CENTRAL SCHOOL DISTRICT	2
Total Number of Schools in the County	21

Fulton	Number of Schools
BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT	2
GLOVERSVILLE CITY SCHOOL DISTRICT	5
JOHNSTOWN CITY SCHOOL DISTRICT	4
MAYFIELD CENTRAL SCHOOL DISTRICT	2
NORTHVILLE CENTRAL SCHOOL DISTRICT	2
WHEELERVILLE UNION FREE SCHOOL DISTRICT	1
Total Number of Schools in the County	16

Hamilton	Number of Schools
INDIAN LAKE CENTRAL SCHOOL DISTRICT	1
LAKE PLEASANT CENTRAL SCHOOL DISTRICT	1
LONG LAKE CENTRAL SCHOOL DISTRICT	1
WELLS CENTRAL SCHOOL DISTRICT	1
Total Number of Schools in the County	4

Montgomery	Number of Schools
AMSTERDAM CITY SCHOOL DISTRICT	6
CANAJOHARIE CENTRAL SCHOOL DISTRICT	3
FONDA-FULTONVILLE CENTRAL SCHOOL DISTRICT	3
FORT PLAIN CENTRAL SCHOOL DISTRICT	2
HAMILTON-FULTON-MONTGOMERY BOCES	1
OPPENHEIM-EPHRATAH-ST. JOHNSVILLE CSD	2
Total Number of Schools in the County	17

Saratoga	Number of Schools
BALLSTON SPA CENTRAL SCHOOL DISTRICT	6
BURNT HILLS-BALLSTON LAKE CENTRAL SCHOOL DISTRICT	5
CORINTH CENTRAL SCHOOL DISTRICT	3
EDINBURG COMMON SCHOOL DISTRICT	1
GALWAY CENTRAL SCHOOL DISTRICT	2
MECHANICVILLE CITY SCHOOL DISTRICT	2
SARATOGA SPRINGS CITY SCHOOL DISTRICT	8
SCHUYLERVILLE CENTRAL SCHOOL DISTRICT	3
SHENENDEHOWA CENTRAL SCHOOL DISTRICT	12
SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT	6
STILLWATER CENTRAL SCHOOL DISTRICT	2
WATERFORD-HALFMOON UNION FREE SCHOOL DISTRICT	2
Total Number of Schools in the County	52

Warren	Number of Schools
BOLTON CENTRAL SCHOOL DISTRICT	1
GLENS FALLS CITY SCHOOL DISTRICT	5
GLENS FALLS COMMON SCHOOL DISTRICT	1
HADLEY-LUZERNE CENTRAL SCHOOL DISTRICT	2
JOHNSBURG CENTRAL SCHOOL DISTRICT	1
LAKE GEORGE CENTRAL SCHOOL DISTRICT	2
NORTH WARREN CENTRAL SCHOOL DISTRICT	1
QUEENSBURY UNION FREE SCHOOL DISTRICT	4
WARRENSBURG CENTRAL SCHOOL DISTRICT	2
Total Number of Schools in the County	19

Washington	Number of Schools
ARGYLE CENTRAL SCHOOL DISTRICT	2
CAMBRIDGE CENTRAL SCHOOL DISTRICT	2
FORT ANN CENTRAL SCHOOL DISTRICT	2
FORT EDWARD UNION FREE SCHOOL DISTRICT	1
GRANVILLE CENTRAL SCHOOL DISTRICT	3
GREENWICH CENTRAL SCHOOL DISTRICT	2
HARTFORD CENTRAL SCHOOL DISTRICT	2
HUDSON FALLS CENTRAL SCHOOL DISTRICT	5
PUTNAM CENTRAL SCHOOL DISTRICT	1
SALEM CENTRAL SCHOOL DISTRICT	2
WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX BOCES	1
WHITEHALL CENTRAL SCHOOL DISTRICT	2
Total Number of Schools in the County	25

https://nces.ed.gov/ccd/districtsearch/index.asp

Source: CCD public school district data for the 2023-2024 school year

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