

Adirondack Rural Health

NETWORK

Building a Healthy Community

Health Assessment & Community Service Plan

SEPTEMBER 2009



EXECUTIVE SUMMARY

SIX COUNTY REGION OF NEW YORK STATE

Essex, Fulton, Hamilton, Saratoga, Warren, & Washington

Copies of the full report are available online at www.arhn.org

Message to the Community



We are proud to present you with this report of the six-county Adirondack Region of Upstate New York—a comprehensive collection and analysis of data regarding health issues and needs in Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties.

This study was conducted to identify health issues of primary concern and to provide critical information to those in a position to make an impact on the health of our region—governments, social service agencies, businesses, healthcare providers and consumers—to name just a few.

The results enable us to more strategically establish priorities, develop interventions and commit resources to improve the health of our communities and the region.

Health is—and must be—an issue of concern and action for all of us. We hope the information in this study will encourage collaboration involving all agencies, across county lines, between usual competitors, and among funders to address the complex health needs of our residents.

Executive Summary

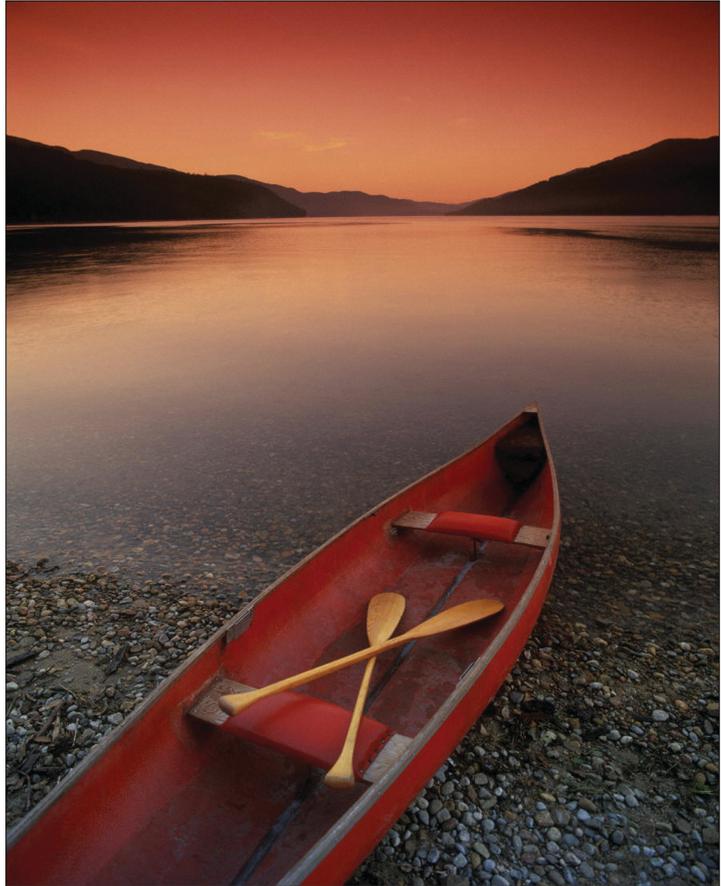
Introduction

Established in 1992 through a New York State Department of Health Rural Health Network Development Grant, the Adirondack Rural Health Network (ARHN) is a community partnership of public, private and non-profit organizations in Upstate New York. ARHN links local public health departments, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations by creating a collaborative process for developing strategies and for implementing, monitoring and evaluating the regional health care system. The Upper Hudson Primary Care Consortium, a 501-c-3 corporation licensed as an Article 28 Central Service Facility, serves as host organization for ARHN and provides financial management, human resources, and information technology support.

Since 2002, the ARHN has been recognized as the leading sponsor of formal health planning for Essex, Fulton, Hamilton, Saratoga, Warren and Washington counties. Together with community stakeholders, the ARHN has developed and implemented a sophisticated process of community health assessment and planning for the defined region. The first ARHN regional community health assessment report was released five years ago, in September 2004. Subsequent to the report's release, the Adirondack Rural Health Network Community Health Planning Committee (the Committee) has continued to meet on a regular basis. Together, they exchange information, plan new initiatives, and develop strategies to produce an ever-current picture of the health care landscape that can be used by stakeholders throughout the region.

The planning for the Adirondack Rural Health Network (ARHN) Community Health Assessment and Community Service Plan 2009 began in August 2008 and was completed in August 2009. The process was guided by the Committee, a collaborative team including county public health professionals, hospital and community agency leadership. The Committee was supported by the work of the ARHN staff and Strategy Solutions and Holmes & Associates as research consultants.

This study was designed around the Prevention Agenda Toward the Healthiest State rationale that was released in 2008, by New York State Health Commissioner, Richard F. Daines, M.D., In this document Dr. Daines states "The Prevention Agenda is a call to action to local health departments, health care providers, health plans, schools, employers and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention."



The Prevention Agenda identifies ten priorities for improving the health of all New Yorkers and asks communities to work together to address them:

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

The ARHN Community Health Assessment and Community Service Plan 2009 is intended to be a tool toward reaching the Prevention Agenda goals

Methodology

In response to this statewide call to action, the partners in the ARHN region came together in 2008 to evaluate their past efforts and continue to improve their community health assessment and intervention planning process. In 2009, the Committee was re-energized with the increased involvement of representatives from each of the hospitals in the ARHN area. Their active participation allowed the Committee to expand its research and analysis to include hospital utilization data. The hospitals' involvement also resulted in an enhanced priority setting process that addressed both the needs of the county public health departments and their required Community Health Assessment (CHA) documents, as well as the needs of the hospitals and their required Community Service Plans.

The data collection, analysis and reporting process was managed by the ARHN staff and supported through the efforts of Strategy Solutions and Holmes & Associates. From August 2008 through August 2009 members of the Committee convened fourteen times to provide guidance on the components of the six-county study.

The data collection and analysis included six key components:

- The New York State Department of Health conducted an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) in 2008. The BRFSS was conducted by telephone surveys and collected information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The data is used throughout the study.
- The 2004/07 ARHN Household Telephone Survey Data
- County, region and state disease incidence, and Healthy People 2010 goals
- New York State Prevention Quality Indicator data (PQI)
- Hospital utilization data from the Statewide Planning and Research Cooperative System (SPARCS)
- Input regarding barriers to health and ideas/priorities to improve the health of the community gathered from 286 individuals and agency representatives through 24 qualitative focus groups

Demographic & Socio-Economic Data

Population

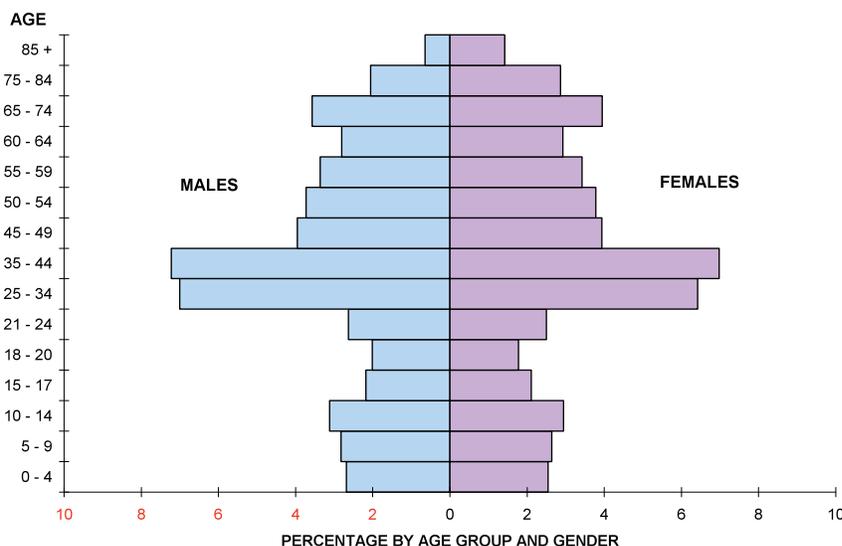
In 2009, there are an estimated 445,985 people living in the six counties of the ARHN area, with almost one-half of that population (49%) living in Saratoga County. In the 1960s and 1970s, the area's population growth exceeded that of the average for the U.S., in large part due to the population growth in Saratoga and Warren counties. In the 1990s,

population growth within the ARHN area fell below the average for the U.S. for the first time in 40 years. From 2000 to 2009 the population growth in the ARHN area was 5.1% as compared to 9.1% for the U.S. as a whole. The area's population growth is projected to continue to lag behind that of the U.S.

Age and Gender

The median average age in the ARHN six-county area is 41 years of age, which is 4 years older than the overall U.S. median age of 37. Over 27% of the area's population is within the two age categories of 25-34 and 35-44, while over three-quarters of the population (79%) are 18 or older. About 11% are under age 10 and about 15% are age 65 or older. The population pyramid illustrates that the ARHN area has an aging population.

Population Pyramid: Percent of Population in each Age Group by Gender, for the 6-County ARHN Area (2009)



Household and Household Income

In 2009, there were an estimated 179,596 households in the ARHN six-county area. From 2000 to 2009 the total number of households grew by 8.4%. The average household income is \$60,425. For the U.S. as a whole, the average household income was \$69,376. The per capita personal income in the ARHN area was \$31,863 on average, which was less than the averages for both New York (\$46,364) and the U.S. (\$38,615). On average, there were 2.48 persons per household in the ARHN area in 2009, which is slightly less than the national average of 2.67 persons per household.

Ethnicity and Race

The ARHN area's current estimated Hispanic or Latino population is 2.1%, while the United States current estimated Hispanic or Latino population is 15.5%. For the ARHN area 94.8% are White, 1.9% are Black or African American, 0.2% are American Indian or Alaska Native, 1.2% are Asian, 0.0% are Native Hawaiian and Other Pacific Islander, 0.6% are Some Other Race, and 1.2% are Two or More Races. By comparison, for the entire United States 72.5% are White, 12.5% are Black or African American, 0.9% are American Indian or Alaska Native, 4.4% are Asian, 0.2% are Native Hawaiian and Other Pacific Islander, 6.7% are Some Other Race, and 2.9% are Two or More Races.

Poverty

In 2005, the ARHN region had 10.5% of the population living at or below poverty level. While lower than the overall state rate of 13.9%, it was higher than the Upstate average of 10.1%. Only Saratoga and Warren counties had rates better than the regional average. With the exception of Saratoga, all other counties had higher rates of children less than 18 at or below the poverty level than the Upstate average of 13.5%.

Unemployment

In 2008, the ARHN six-county average unemployment rate was 6% as compared to 5.4% for the state and 5.8% for the United States. There was an annual increase of 1 to 2% from 2007 to 2008 for each of the counties, as there was nationally. New York State had a slightly lower increase in unemployment of .9% for the same period. The increase in unemployment in the ARHN region from January 2008 to January 2009 indicates how much more severe the increase

in unemployment will be for 2009 as a whole. In general, the June 2009 unemployment rate of 7.7% in the ARHN counties was lower than those at the State (8.6%) or national (9.7%) levels. One exception was Fulton County where the unemployment rate was 1% higher than the State rate. The somewhat lower June unemployment rates in the ARHN area reflect, in part, the importance of the area's seasonal construction, hospitality, and service industries.

Key Findings

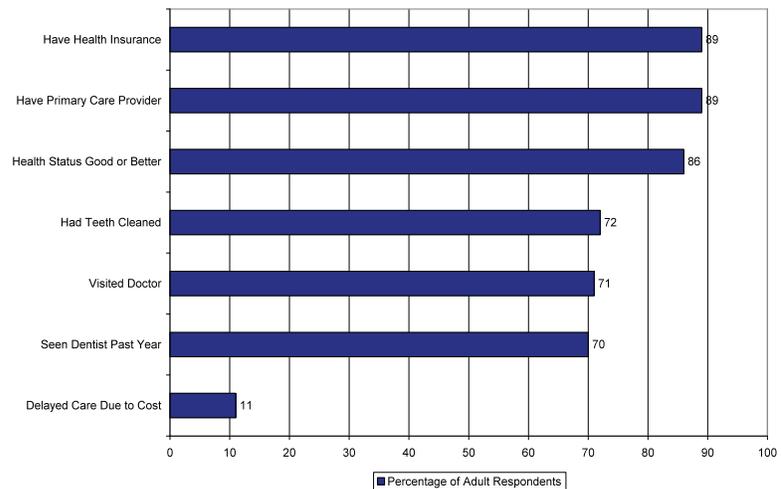
Based on this study, the ARHN area is comparable in many ways to Upstate NY, as well as the state overall, in terms of health status, behavioral risk factors and hospital utilization. Demographically, the region consists of a mix of suburbs and rural small towns, where the population is relatively homogeneous, aging and growing at a slower rate than other areas of the country. However, economic disparities do exist within the various counties and some sections of the region face significant distance and transportation barriers to accessing community resources and services. While the behavioral risk factor surveys indicate that people are becoming more aware of the importance of preventative health and screenings, there are significant health risk behaviors and chronic diseases present.

Access to Quality Health Care

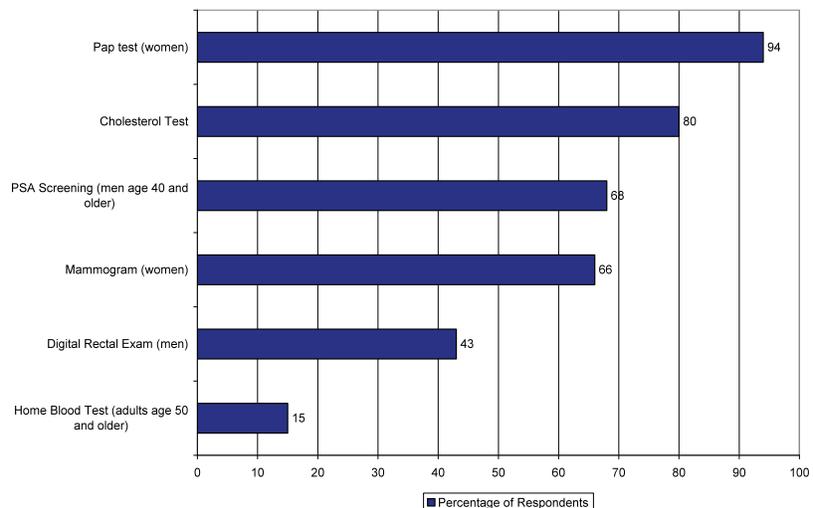
Overall, the health status of the region is generally good and the majority of adults indicate that they have health insurance and access to primary health care services. The regional rates are lower than the Healthy People 2010 goals. The majority of the region accesses primary care services on an annual basis and when appropriate. Those without a dentist or physician most often cite lack of insurance or felt they were healthy and did not need one. A small but significant percentage (11%) of the population responded they delayed primary care services due to cost and lack of insurance. It is important to note that in some of the ARHN areas the regional distribution data indicates as much as a 5% decline in the number of primary care physicians per 100,000 population.

Research has shown that prevention is an effective tool to keep people healthy. People participating in early screening programs have increased but the majority of screenings have not met the Healthy People 2010 goals. The only testing indicator reaching the Healthy People 2010 goal is Pap Testing, with 94% of women indicating in the 2008 NYSDOH survey that they had ever received a pap test.

Access to Quality Care Utilization



Access to Quality - Preventive Testing



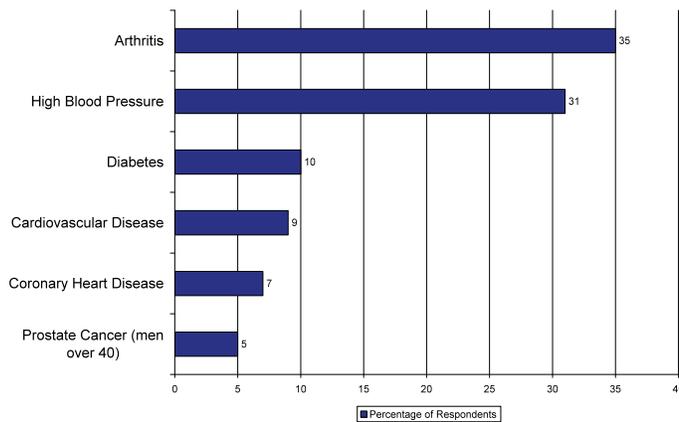
Caring for the elderly and disabled persons will continue to grow as a regional issue as the population ages. In the Adirondack region there are eighteen (18) nursing homes in five-counties with a total of 2,455 available beds (Hamilton County has no nursing homes). While there are negligible geographic variations in nursing home occupancy rates in the six-county Adirondack Region, the overall occupancy rate of 94% could indicate a potentially growing barrier to access. Affordability of long term care is also a concern in the region, where the average cost of care is estimated at \$93,192 per year.

In the 2004/07 ARHN survey, 12% of respondents also indicated that they were the caregiver for a disabled or elderly person who required special care. While the majority (73%) of respondents who are caregivers are able to have the necessary care received within their home, this also suggests that additional supports may be needed for the remainder of the population (27%) who do not. Of those indicating they did not feel the person in their care was receiving the care they need, 25% indicated they “cannot find the services” and 31% indicated it was because of “cost, no insurance coverage or only partial coverage.” Additionally, as reported in the Unintentional Injury section of the report, fall related hospitalizations for persons age 65+ is 203.5 per 10,000 population, higher than the state average of 196.

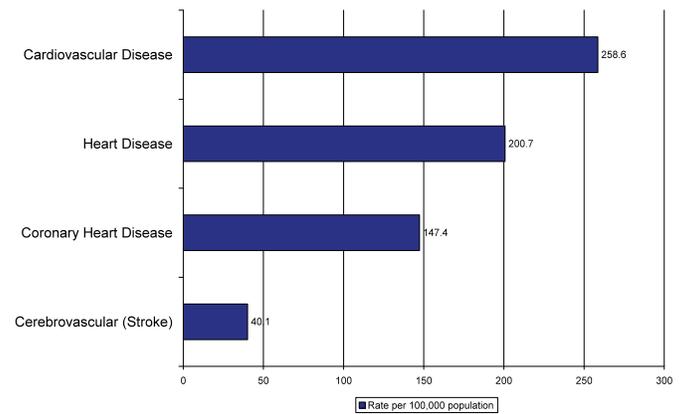
Chronic Disease

A significant percentage of the population suffers from any one of a number of conditions, and many people suffer from multiple conditions. There are diseases that do not always provide much warning and when there are warning signs they are often ignored until it is too late, as evidenced by higher than average rates of premature and pre-transport mortality.

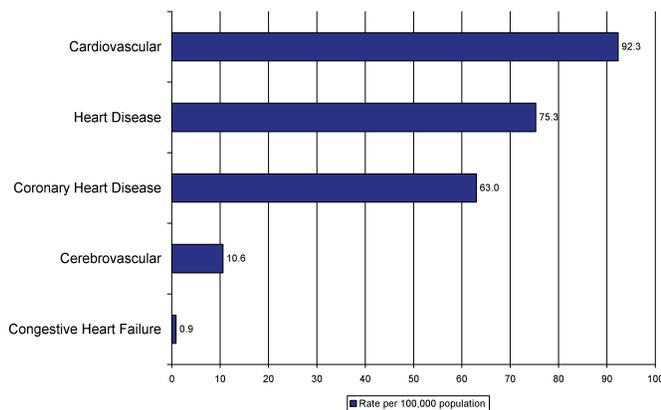
Chronic Disease Incidence - Self Report



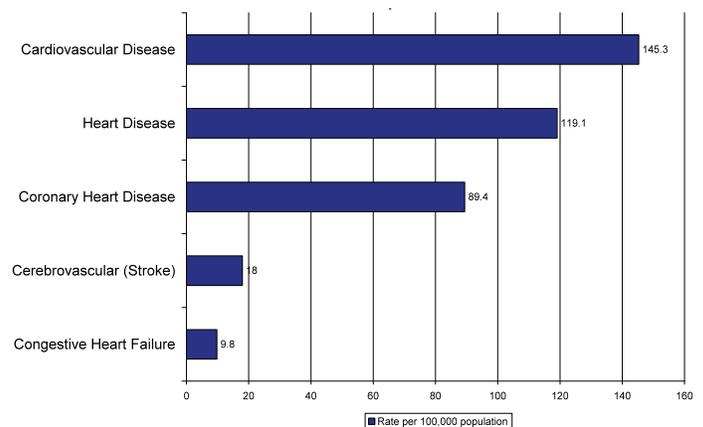
Chronic Disease Mortality



Chronic Disease Premature Mortality

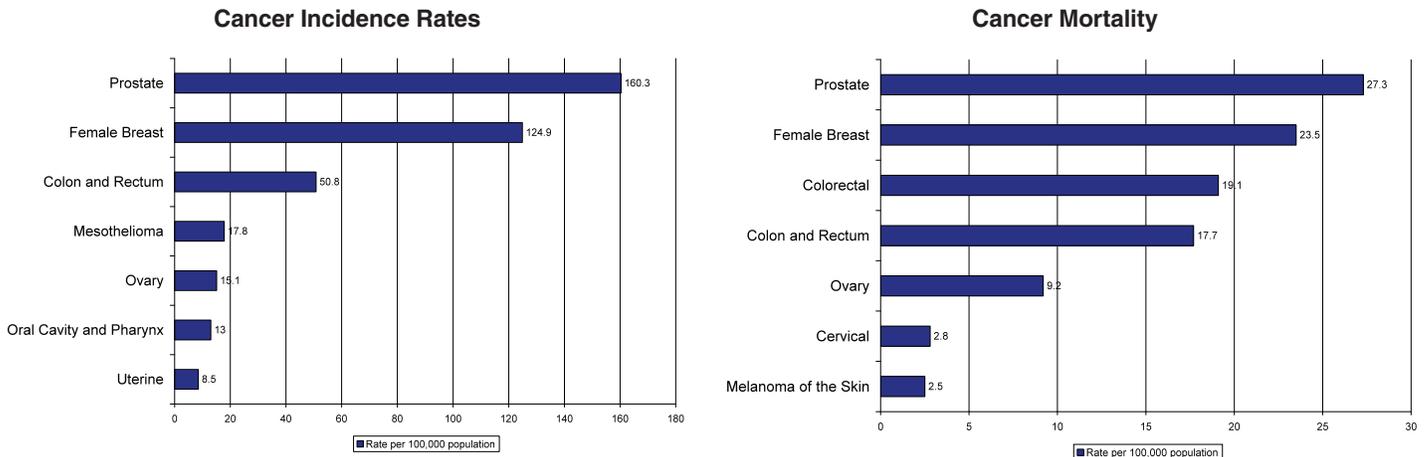


Chronic Disease Pre-Transport Mortality



In terms of cancer incidence, the averages for the ARHN region are fairly similar to the Upstate averages although there were three cancers where the incidence was higher than average in four or more counties. The cancers are cervical, malignant mesothelioma and oral cavity and pharynx cancer. The cancers with the highest incidence for the ARHN region on average were prostate cancer at 160.3 per 100,000 residents and female breast cancer at 124.9 per 100,000 residents.

In terms of cancer mortality, the ARHN region average was generally at or below the Upstate average with the exception of cervical cancer, where the ARHN average was 2.8 and the Upstate average was 2.2 per 100,000 residents. Prostate cancer had the highest ARHN region weighted mortality at 27.3 per 100,000 residents, followed by breast cancer at 23.5, colorectal at 19.1 and colon and rectum at 17.7.



Hospitalizations were below the Upstate average, especially for the most recent year's data (2006), which, coupled with the premature mortality statistics could suggest there is an increasing need for identification and management of chronic diseases. For those diseases where hospitalizations do occur, Cancer is the most urgent priority with Respiratory Disease, and Digestive Disease emerging. Although Urinary Disease is increasing, the volume of patients this represents is relatively small. Heart Disease hospitalizations, although not increasing, still affects a large number of patients in this region. Of less concern is Skin Disease which represents a small portion of the total patients and has been decreasing over time.

Community Preparedness

Overall, the data boasts that 100% of the six regional counties, as well as the state, have emergency preparedness plans, which indicates that the region is prepared for community disasters. However, only one in five (20%) respondents reported in the 2004/07 ARHN survey that they have received training in First Aid and/or CPR in the past two years.

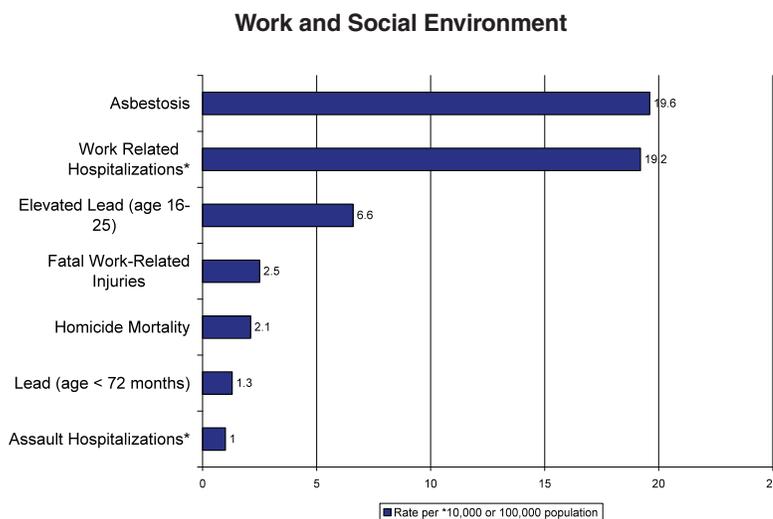
Additionally, while the majority (77%) of regional respondents indicated that they were satisfied with the emergency ambulance service available, transportation in the region continues to be a concern as evidenced by the regional pre-transport mortality statistics, as well as the discussion regarding the importance of transportation in the focus groups. Sixteen percent (16%) of regional respondents indicated that someone in their household had received emergency ambulance services in the past 12 months. When asked what time of day they had utilized the ambulance, the most frequent response was daytime, working hours, 8am-5pm (43%) followed by evening, 5pm-midnight (34%). Most regional emergency ambulance services received a satisfaction rating around the average of 65%.

Healthy Environment

A healthy environment is an important component of community health, and while focus group participants discussed the importance of Air and Water Quality to the health of the region, local and regional statistics on air and water quality are not available. Overall, 17% of the survey respondents in the region have been told they had asthma, which is equivalent to the state rate. A total of 12% of respondents in the 2008 survey also indicated that they currently have asthma, compared to a state rate of 10%, which is consistent with rates in the earlier (2004/07) survey.

The CHA data indicates that on average the ARHN region has much better rates than Upstate New York, New York State, and the United States. The ARHN average is well within the New York State 2013 goal for asthma hospitalizations at 12.4 per 10,000 residents and the region essentially meets the goal for asthma hospitalizations for age 0-17, at 17.4 per 100,000 residents.

In terms of other healthy environment indicators in the Community Health Assessment (CHA) data, the ARHN region was generally better than Upstate and state averages, with two exceptions – elevated lead levels age 16+, and asbestosis hospitalizations age 15+.



Healthy Mothers, Healthy Babies, Healthy Children

Overall, the health of mothers, babies and young children is generally good in the ARHN region. Wellness, particularly of children and youth are important to regional residents, who rated this topic as one of the highest priorities in the focus groups. There are very few indicators of maternal/child health where the weighted average for the ARHN region exceeded the Upstate average. Exceptions included some of the oral health measures and the gastroenteritis hospitalization rate for the 0 - 4 age group. There were 22.7 hospitalizations per 10,000 residents on average in the ARHN region, as compared to a 16.9 hospitalization rate for young children with gastroenteritis in Upstate New York. There also were two measures of infant mortality where the regional average exceeded the Upstate average. One was fetal death >20 weeks gestation and the other was post-neonatal death for infants age 1 month to 1 year.

While only about 1% of the women participating in the 2004/07 survey indicated that they were currently pregnant, most women (93%) indicated that they saw a physician during their first trimester and (72%) of the women with children indicated that they had breastfed their last child. While these self reported statistics appear positive, the CHA data indicates that only 77% of regional woman actually received pre-natal care during their first trimester.

Teen pregnancy rates in the ARHN region also compare favorably to Upstate and state rates. When compared to total live births regardless of age, 1.4% of total live births for the ARHN region were to teenagers compared to 2.1% of the total number of live births for the state. Teenage pregnancy rates for females age 15-19 per 1,000 females for the ARHN region were 37.7 compared to 61.3 for the State.

For hospitalization rates within the Healthy Mothers, Healthy Babies and Healthy Children category, Female Reproductive problems are of highest priority, which relates to the breast and cervical cancer rates highlighted in the Chronic Disease section. Congenital Anomalies and Complications of Pregnancy are emerging as serious issues due to the large number of patients affected and increasing occurrences.

Infectious Disease

Tracking and preventing Infectious Diseases is an important public health priority and in 2009, public health officials are preparing for the upcoming flu season where H1N1 influenza is expected to be an important issue. In the 2008 survey, almost half (42%) of regional respondents report having had a flu shot in the past 12 months, which is equal to the state rate. These are also comparable to the rates from the 2004/07 ARHN survey. Almost a third (30%) of respondents in the ARHN region report having had a pneumonia shot. This is somewhat higher than the state rate of 26%. The majority of respondents (74%) who were adults age 65 and over reported they had a pneumonia shot. This is higher than the state rate of 64%. The hospital utilization rates for infectious and parasitic diseases has increased in the region over the past 6 years to almost 30 per 10,000 residents, driven mostly by inpatient utilization rates that have increased, highlighting the importance of prevention in this area.

Of the 13 CHA indicators for Infectious and Contagious Diseases, four indicators for the ARHN region exceeded the Upstate average including Pertussis, Pneumoconiosis age 15+, E. Coli, and Hepatitis A. None of those are New York State Department of Health Prevention Agenda priorities. While sexually transmitted diseases are also tracked and reported, many compare favorably to upstate and state averages.

Mental Health and Substance Abuse

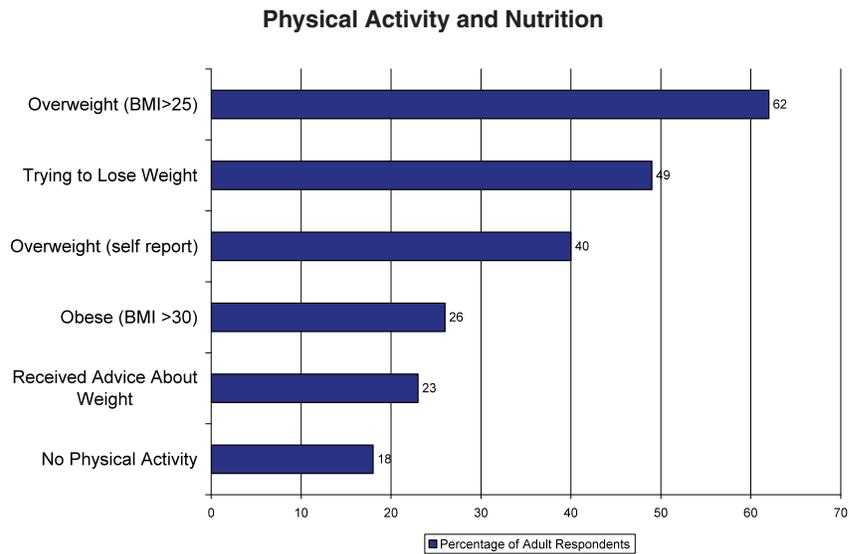
Mental health and substance abuse-related issues are increasing in importance in the region, as evidenced by higher than average rates for a number of indicators and the focus group discussions related to the importance of prevention and treatment programs. The ARHN average exceeded the average for Upstate New York in seven out of the nine indicators including suicide mortality, adults that binge drink, alcohol-related motor vehicle injuries and deaths, cirrhosis mortality, self-inflicted injury hospitalizations, cirrhosis hospitalizations and self-inflicted injury hospitalizations age 15-19. The ARHN suicide mortality rate of 10.3 per 100,000 residents was over twice the New York State 2013 goal of 4.8. Hospitalization rates for psychoses, other mental health and drug and alcohol-related conditions have increased over the last few years.

In addition to the incidence statistics, behavioral risk factors also illustrate the importance of prevention and intervention in this area including:

- In the 2004/07 ARHN survey, about 17% of respondents indicated that they felt sad, blue or depressed for two consecutive weeks and 12% reported that they have depression or other mental health problems. Thirteen (13%) of regional respondents indicated that they had sought help from a health professional for stress, depression or emotional problems in the past 12 months and 13% also indicated that they delayed getting the mental health they needed. In the 2008 Survey, a slightly higher percentage (12%) of respondents reported having poor mental health 14 or more days within the past month, comparable to the state rate of 10%.
- When looking at either poor physical or mental health, 19% of regional respondents indicated that they had poor physical or mental health 14 or more days within the past month, compared to a state rate of 18%.
- The majority of respondents (51%) in the 2004/07 ARHN survey indicated that they drank alcohol at least once in the last 30 days. Almost a quarter (23%) of respondents in the 2008 NYSDOH survey indicated that they have binge drank in the past month. This is slightly higher than the state average of 20%. About 9% of respondents indicated that they have participated in heavy drinking in the past month, a statistic that is consistent throughout the region. The state average is 5%. In the 2004/07 ARHN survey, 12% of respondents indicated that they had driven a vehicle after drinking in the past 12 months.

Physical Activity and Nutrition

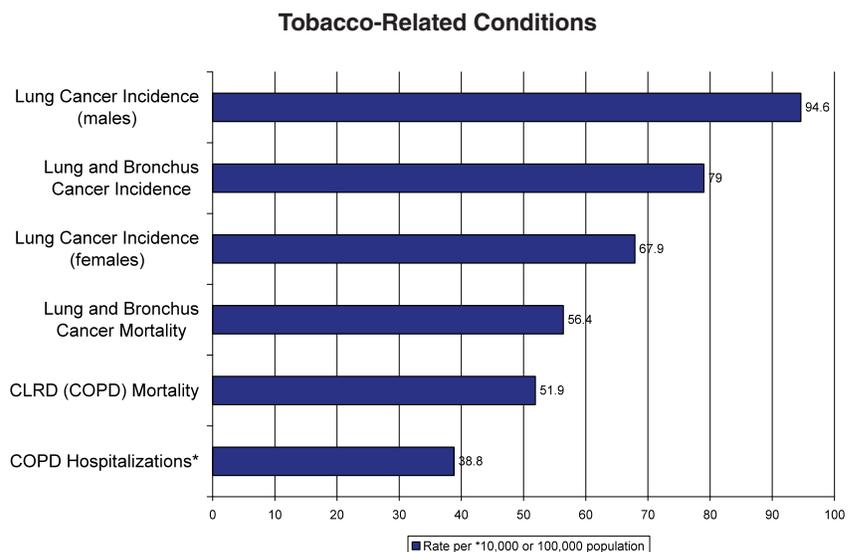
The relationship between nutrition, obesity and disease incidence makes physical activity and nutrition an important priority for the ARHN region, particularly when looking at the regional indicators. Only a little more than a quarter (28%) of adults in the ARHN region report that they eat 5 or more servings of fruits and vegetables a day, compared to a state rate of 27%. In the 2004/07 ARHN survey, 36% of respondents indicated that they ate one to two fast food type meals in the last seven days, although the majority (55%) had not eaten any fast food type meals in the last seven days. The majority of the respondents (62%) would be classified as either overweight or obese, as defined by a Body Mass Index of 25.0 or greater. This is slightly higher than the state rate of 58%. About a fourth (23%) of regional respondents indicated that they received advice about their weight from a health professional, compared with the state rate of 28%. Of those who were given advice about their weight, the majority (88%) were advised to lose weight which is consistent with the state average.



The highest number of priority votes for interventions generated from focus group discussions pertained to physical activity/nutrition and involved recommendations for school districts. Several of these suggestions are for programs specifically geared toward youth recreation and teaching healthy lifestyles and nutrition. Top themes were also related to promoting wellness and prevention, as well as food and eating habits.

Tobacco Use

While the majority (77%) of regional survey respondents indicated that they prohibit smoking in their homes, Tobacco Use continues to be a priority in the ARHN region, as evidenced by higher than average smoking rates and higher than average incidence rates for smoking-related diseases. About one in five (22%) ARHN respondents reported in 2008 that they smoked everyday or some days, which was higher than the 17% reported at the state level.



Of the six CHA Indicators for tobacco-related disease incidence, hospitalization, and mortality, the ARHN weighted average exceeded the Upstate average on five of the six indicators, including lung cancer for males and females, lung and bronchus cancer incidence, CLRD (COPD) mortality, and lung and bronchus cancer mortality.

Hospital utilization rates for Trachea/Lung malignant neoplasms are increasing slightly in the ARHN region from a rate of 8 per 10,000 residents to 10 over the past 6 years. Inpatient utilization has remained stable, while ambulatory surgery is increasing somewhat.

Unintentional Injury

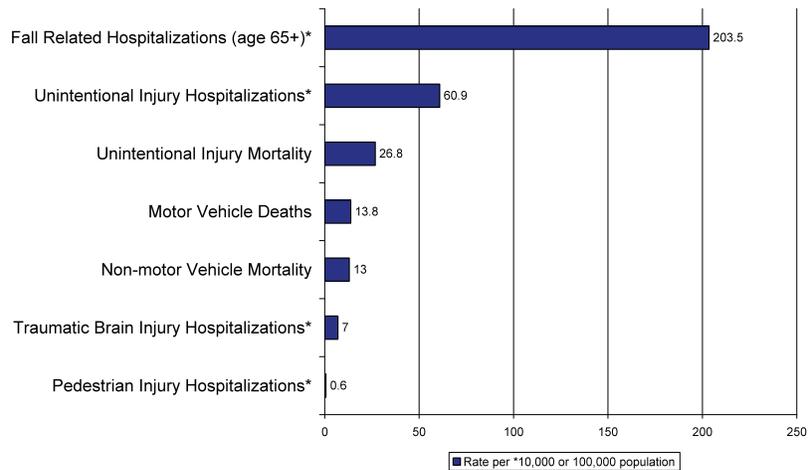
Fall-related hospitalizations for persons 65+ is the highest priority related to unintentional injury of the indicators listed with a rate (203.5 per 10,000 population) that is higher than the NYS average of 196, and significantly higher than the state goal of 155 per 10,000.

In the 2008 NYSDOH survey, 19% of regional respondents indicated that they had a fall within the past three months, compared to a state rate of 14%. A small percentage of respondents (4%) at both the regional and state levels indicated they were injured by a fall.

Additionally, the New York State Department of Health Prevention Agenda priority indicators of concern in the ARHN region include Unintentional injury mortality and motor vehicle deaths. Motor vehicle deaths for the ARHN region (13.8 per 100,000) are significantly higher than the Upstate average and over twice the New York State 2013 goal of 5.8 per 100,000 residents.

Hospitalizations for all types of unintentional injuries have been increasing with the general category of Other Injuries being of highest priority. This category includes a wide range of injuries not included in the other groups. Poisoning injuries are increasing rapidly and emerging as a priority. The Volume of Fractures remain stable, but is a significant portion of the injuries reported.

Unintentional Injuries

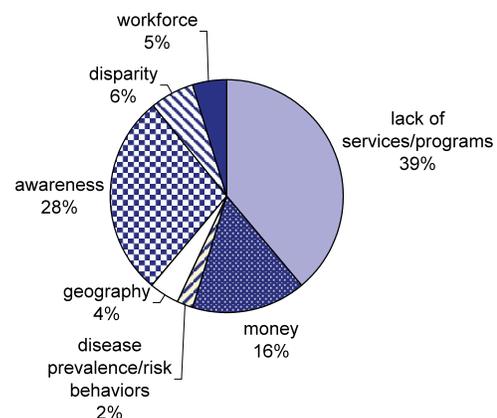


Community Input/Participation

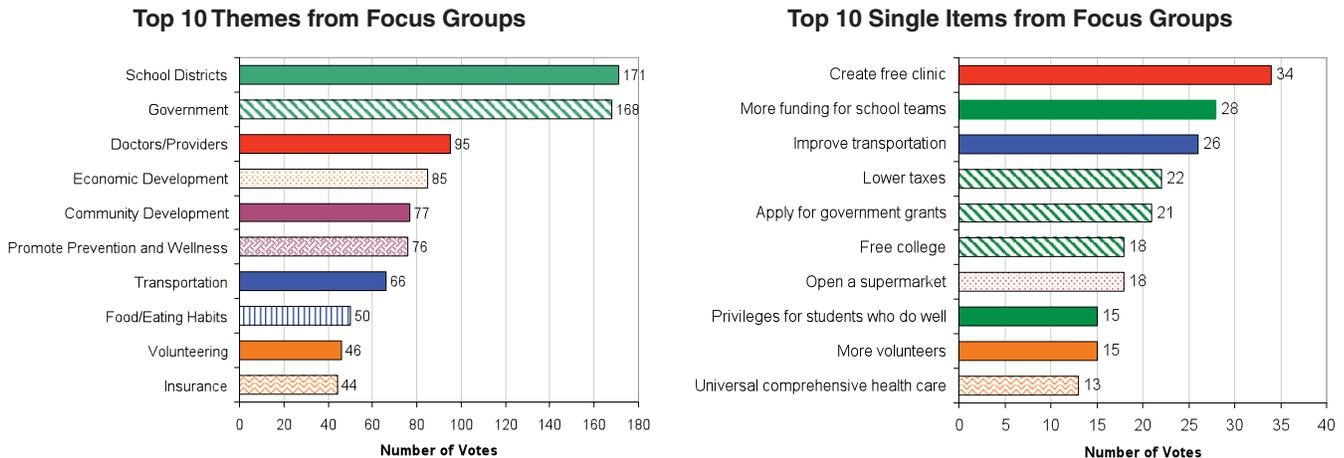
In addition to the five quantitative data sets analyzed, focus groups were conducted from November 2008 through May 2009. There were 24 groups convened throughout the six-county region with a total of 286 participants. When asked to describe their vision for a healthy community, participants described community health in its broadest terms, recognizing that many elements are outside of the traditional public health and health care systems. Education, transportation and infrastructure, safety, housing and crime prevention are all integral components of a healthy community in addition to health insurance, access to care, affordability, wellness and other traditional elements of a health care system.

During the focus groups, participants were asked to identify barriers to creating a healthy community. As shown above, lack of services and programs (39%) was suggested to be the greatest barrier, followed by awareness (28%), money (16%), disparity (6%), workforce (5%), geography (4%), and lastly disease prevalence/risk behaviors (2%).

ARHN Community Health Assessment Barriers (369 Total Comments)



These barriers were categorized into themes with the top 10 themes illustrated below. Focus group participants were then asked to discuss and vote on priority items for creating a healthy community. The top suggestions are illustrated below. The bars are coded based on the theme they belong with. Ideas include creating a free clinic, more funding for school programs, and improving transportation. Three of the suggestions fall under government, two relate to school districts, and the other ideas are each related to one of the themes.



Of the prevention agenda indicator areas, the majority of votes generated from focus groups related to physical activity and nutrition. Recommendations involved school districts followed closely by governments. Among these recommendations were developing programs and community/policy initiatives that improve access to health and wellness, as well as food and eating habits.

Additional suggestions included lowering taxes, apply for government grants, increasing funding to support new air quality and water systems, offering free college, opening a supermarket, collaboration, and program development.

Access to care was another key area of discussion in the focus groups. The theme of Doctors/Providers (95) received a number of votes, along with ideas related to creating a free clinic, better access/more affordable health care, and availability and location of necessary medical services. The theme of transportation received a high number of priority votes (66) with the key single ideas noted related to improving transportation, with a focus on accessibility and affordability. Insurance (44) rounded out the top three, with the highest single item related to universal health care.

Of additional interest were the themes relating to Healthy Mothers, Healthy Babies, Healthy Children, which include Parenting/Family Education (36), Youth Services (34), and Youth Brain Drain (18). There is a perception that there is a lack of programs and services available for youth to support positive youth development and to ensure that young people stay within the ARHN region.

Ideas related to Alcohol/Substance Abuse (20), and Mental Health (13) priorities were also discussed and identified in the focus groups. Participants highlight the need for increased services and programs to address alcohol and substance abuse problems and issues.

Strategic Priority Health Issues

In June 2009, based on the information gathered in this community health assessment, the community service plan, and the guidelines set forth in the New York State Prevention Agenda and Healthy People 2010, the Committee convened to discuss and analyze all of the health indicator information contained in the study. They also engaged in a best practice priority setting process to determine the top priority health issues.

The criteria ranking of the ten health priority areas were very close. In order to be precise in their decision-making the Committee completed a paired comparison exercise. In this exercise the Committee compared the top six health areas against each other, determining the higher priority area in each case. The results of all the paired comparisons were tallied and the scores added to the overall priority ranking to determine the final list of the top six priority health areas for the ARHN region, with Physical Activity and Nutrition topping the list.

Criteria Ranking

Prevention Agenda Areas	Score
Tobacco Use	72.75
Community Preparedness	59.45
Physical Activity & Nutrition	58.78
Chronic Disease	57.05
Infectious Disease	56.12
Access to Quality Health Care	54.72
Healthy Mothers, Healthy Babies & Healthy Children	50.55
Healthy Environment	47.68
Mental Health & Substance Abuse	44.35
Unintentional Injury	40.87

Criteria Ranking Plus Paired Comparison

Prevention Agenda Areas	Score
Physical Activity & Nutrition	76.8
Chronic Disease	66.3
Access to Quality Health Care	61.1
Tobacco Use	40.0
Community Preparedness	27.4
Infectious Disease	27.4

Regional Action Plan

While the Committee members agree to focus on Physical Activity and Nutrition as a regional priority issue, individual organizations will each have additional priority health issues to focus on over the next few years. It is likely those priorities will be drawn from the list of the top six regional priorities as presented above; however, any of the ten Prevention Agenda areas could be selected.

The following physical activity and nutrition outcomes were identified by the Committee as steps to be taken over the next three years:

- Outcome 1:** Establish a taskforce of regional representatives whose goal is to select activities, design an implementation schedule and select a method of evaluation for evidence-based programs focusing on physical activity and/or nutrition by January 1, 2010 for Year 2 and 3 implementation.
- Outcome 2:** Develop a workplan with measurable outcomes, implementation schedules and budgets by June 30, 2010.
- Outcome 3:** Physical activity and/or nutrition interventions are implemented by taskforce members by June 30, 2011.
- Outcome 4:** Physical activity and/or nutrition interventions are evaluated and results are communicated to stakeholders by June 30, 2012.

Project Direction

Building a Healthy Community: Healthy Assessment and Community Service Plan is a project of the Adirondack Rural Health Network funded by state and county government, foundations, hospitals, community based organizations and rural health network grant funding from the New York State Department of Health. We acknowledge the expertise of Strategy Solutions, Inc. and Holmes & Associates in assisting in conducting the study. We appreciate the support of the many groups and agencies that responded to our call for data.

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Fulton County Public Health

Glens Falls Hospital

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Hudson Mohawk Area Health Education Center

Moses-Ludington Hospital

Nathan Littauer Hospital and Nursing Home

Saratoga County Public Health Nursing Service

Saratoga Hospital

School Beat Healthy Heart Program

Sexual Trauma and Recovery Services

The Glens Falls Foundation

Warren County Health Services

Washington County Public Health

