

Franklin County

The Health of Our Communities

Paul Smith's College

May 1, 2013

Meeting Agenda

- Welcome and Introductions
- New York State's Health Improvement Plan (*Prevention Agenda 2013-2017*)
- Franklin County's Qualitative Data (*Community Survey Results*)
- Franklin County's Quantitative Data
- Analyzing and Discussing the Data (*Small Group Discussion*)
- Synopsis of Group Discussion
- Next Steps

Overview of the NY State Health Improvement Plan Planning Process

Prevention Agenda 2013-17

Looking Back: *Prevention Agenda* *2008-2012*

New York State's 5-Year Public Health Improvement Initiative

A call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to identify local priorities for improving the health of New Yorkers, and to work together to address them.

10 Priority Areas

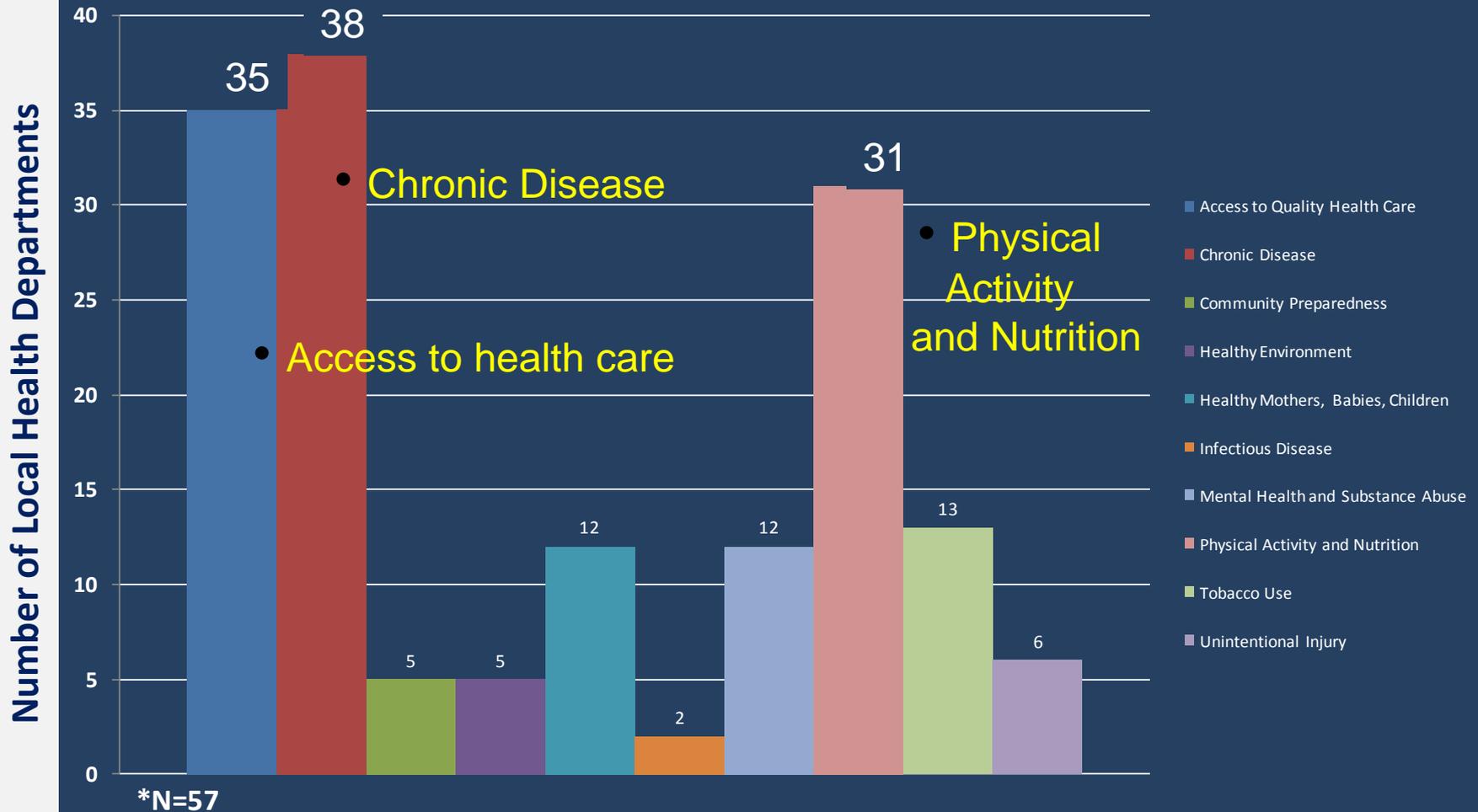
Prevention Agenda 2008-2012

- 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

County Health Department Priorities

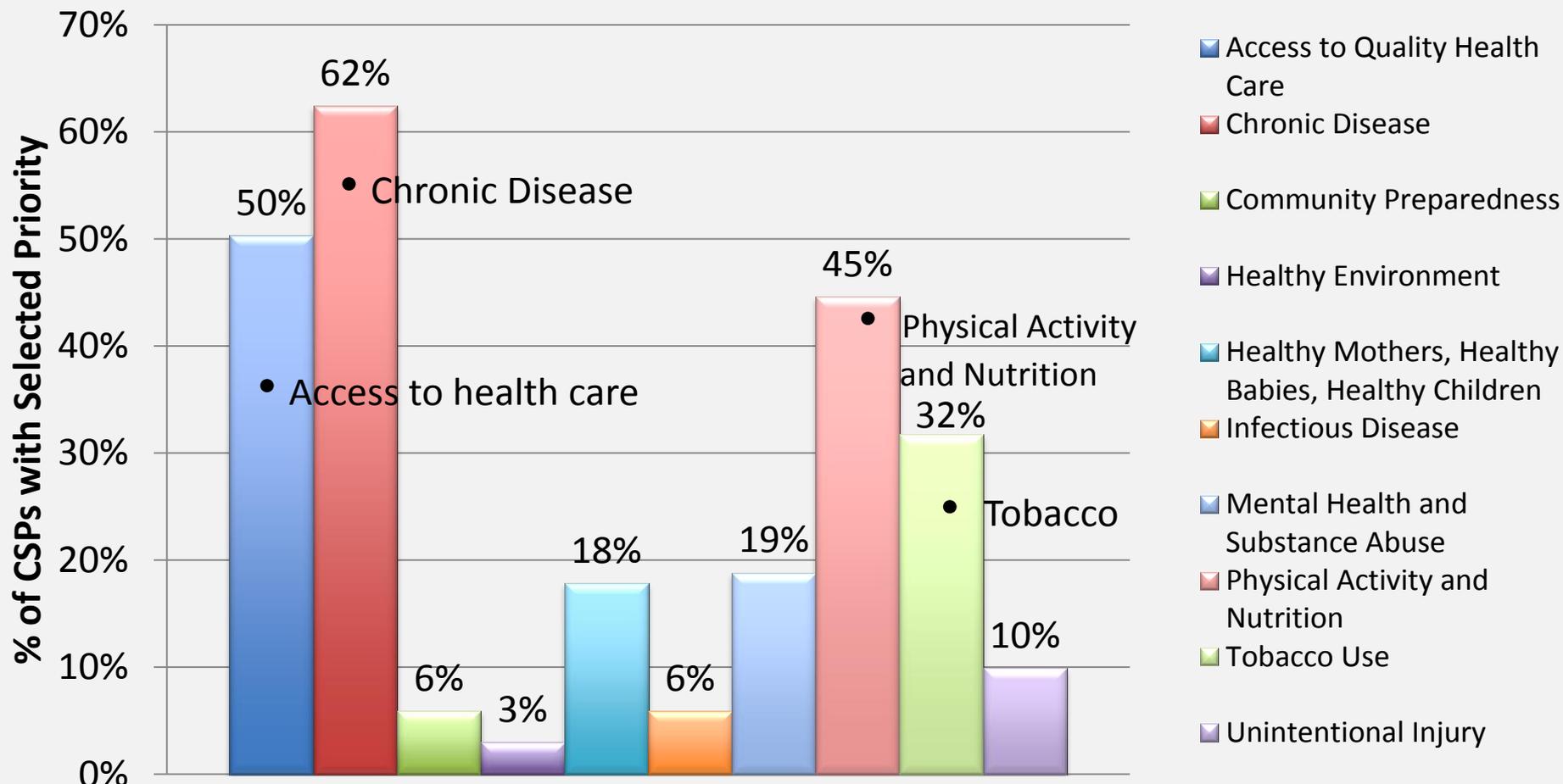
Prevention Agenda 2008-2012

Prevention Agenda Priorities Selected by Counties



Hospital Priorities

Prevention Agenda 2008-2012

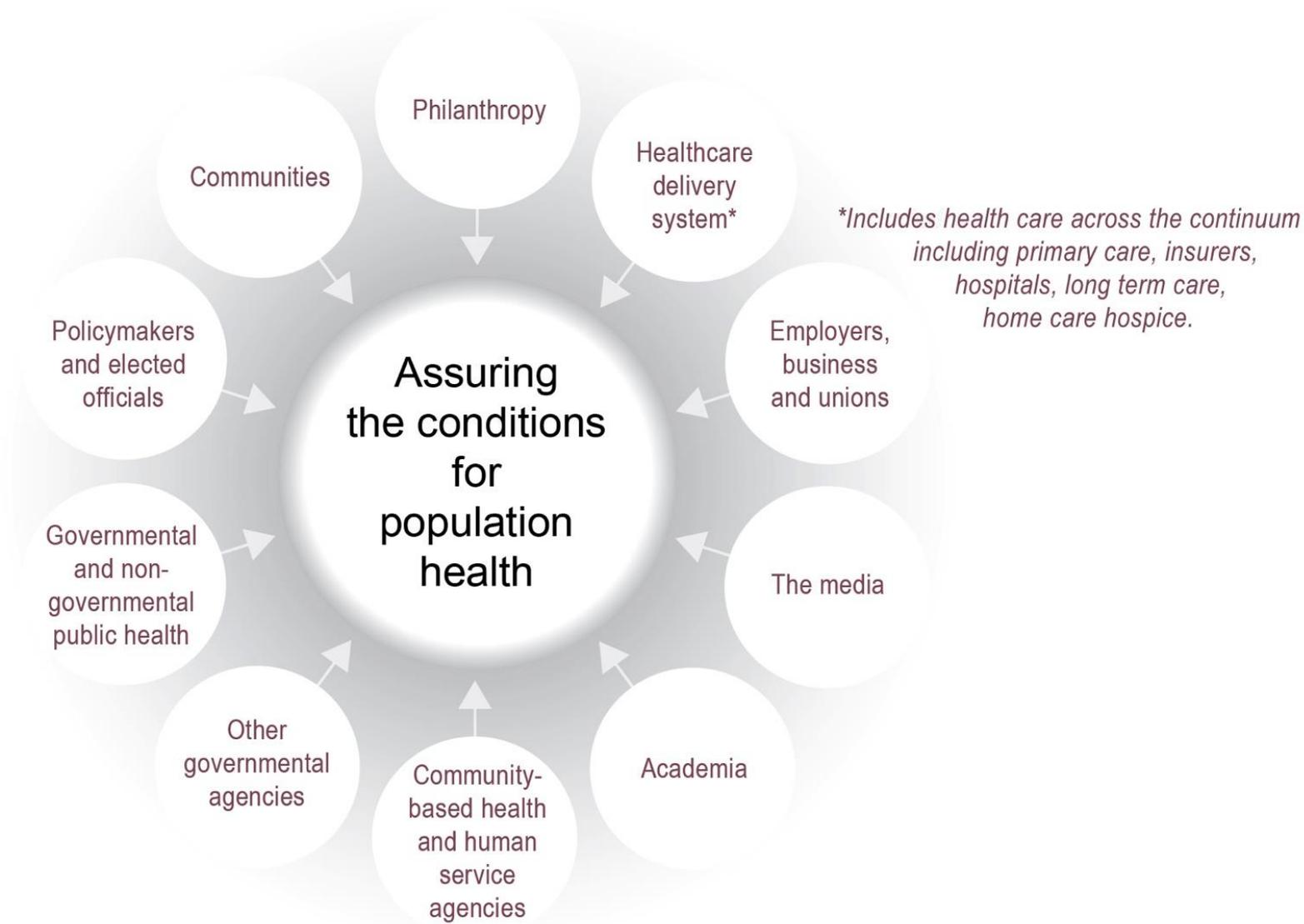


N* (number of CSPs submitted) = 132

* Multiple hospitals may have submitted one CSP

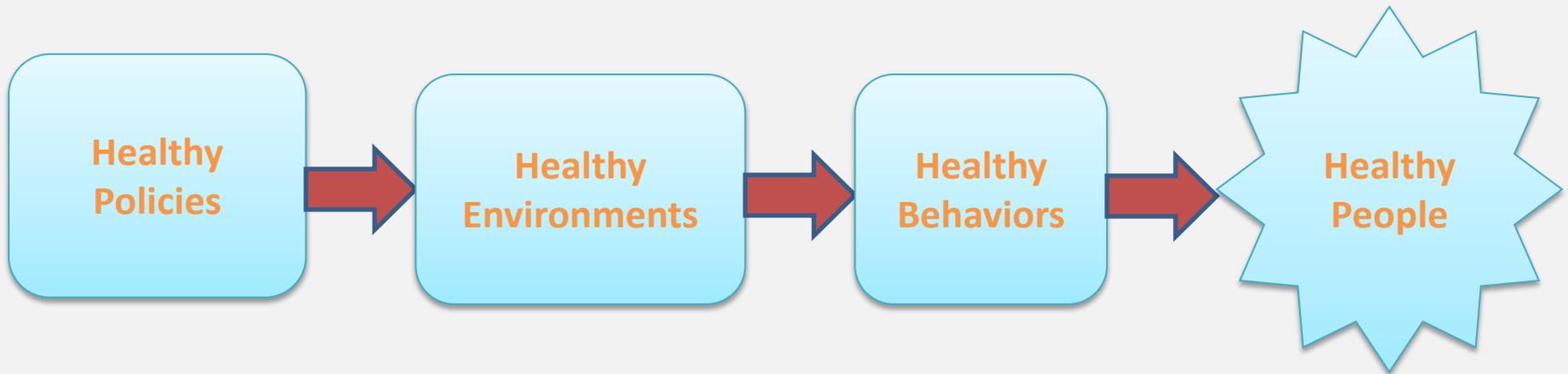
State Health Improvement Plan 2013-2017

- Plan consists of:
 - an assessment of progress on the 2008-2012 *Prevention Agenda toward the Healthiest State*,
 - the identification of new public health priorities for community based prevention for 2013-2017,
 - a plan for multi-sector action for the next 5 years on these priority health issues.



Emphasis on Policy, Systems and Environmental Approaches

- Where people live, work, learn, and play significantly impacts their health.
- Promote health and support and reinforce healthy behaviors.
- Population level impact.



Context: How Health Improvement is Produced



Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

Vision

New York is the Healthiest State

Goals

- 1. Improve the health status of all New Yorkers** across selected public health priority areas and close racial, ethnic, socio-economic and other health disparities including those among persons with disabilities.

Goals

2. Advance a “Health in All Policies” approach in New York State

that addresses the broader determinants of health by increasing awareness and action for health outside the traditional health sector.

3. Strengthen governmental and non-governmental public health infrastructure at state and local levels.

Goals

- 4. Create and strengthen sustainable public-private and multi-sector partnerships**
that align policies and investments with public health improvement goals at all levels.
- 5. Further strengthen and promote the case for investment in prevention and public health**
as a way to both control health care costs and increase economic productivity by increasing the health of individuals and communities.

Final Prevention Agenda Priority Areas for 2013-2017

- Disparities
- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, STDs and Vaccine-Preventable Diseases and Healthcare-Associated Infections

Prevention Agenda Priorities

Each Priority Area contains:

- Focus Areas
- Goals
- Objectives
- Interventions for Consideration

Prevention Agenda Priorities

Prevent Chronic Disease

Chronic diseases such as cancer, heart disease, stroke and asthma are among the leading cause of death and disability for New Yorkers, accounting for approximately 70 percent of all deaths. In addition, chronic diseases affect the daily living of one out of every ten New Yorkers.

Key Focus Areas Include

1. Reducing obesity in adults and children;
2. Reducing death, disability and illness related to tobacco use and secondhand smoke exposure
3. Increasing access to high-quality chronic disease preventive care and management in clinical and community settings.

Prevention Agenda Priorities

Promote Healthy and Safe Environments

Enhancing the quality of our physical environment – air, water and the "built" environment – can have a major impact on public health and safety.

Key Focus Areas Include:

1. Improving outdoor air quality
2. Increasing the percentage of New Yorkers who receive fluoridated water and reducing health risks associated with drinking water and recreational waters
3. Enhancing the design of communities to promote healthy physical activity and reducing exposure to lead, mold and toxic chemicals
4. Decreasing injuries, violence and occupational health risks

Prevention Agenda Priorities

Promote Healthy Women, Infants and Children

Recognizing that key population indicators related to maternal and child health have remained stagnant, or in some cases worsened in the past decade, the Agenda has established focus areas for maternal and infant health; child health; and reproductive, pre-conception and inter-conception (between pregnancies) health.

Key Focus Areas Include:

1. Reducing pre-term births and maternal mortality
2. Promoting breastfeeding
3. Increasing the use of comprehensive well-child care
4. Preventing dental caries in children
5. Preventing adolescent and unintended pregnancies
6. Promoting greater utilization of health care services for women of reproductive age

Prevention Agenda Priorities

Promote Mental Health and Prevent Substance Abuse

At any given time, almost one in five young people in the U.S. is affected by mental, emotional or behavioral disorders such as conduct disorders, depression or substance abuse. The Agenda recognizes that the best opportunities to improve mental health are to initiate interventions before a disorder manifests itself.

Key Focus Areas Include:

1. Greater utilization of counseling and education
2. Clinical and long-lasting protective interventions to promote mental, emotional and behavioral well-being in communities
3. Preventing substance abuse
4. Strengthening the infrastructure across various systems to promote prevention and better health

Prevention Agenda Priorities

Prevent HIV, STDs, Vaccine Preventable Diseases, and Healthcare-Associated Infections

The Agenda strategy will promote community-driven prevention efforts to promote healthy behaviors, increase HIV testing, and reduce the incidence of diseases.

Key Focus Areas Include:

1. Focus on promoting early diagnosis and treatment of HIV and sexually transmitted diseases (STDs)
2. Improving rates of childhood immunizations, especially children aged 19-35 months
3. Encouraging greater utilization of sanitary procedures in hospitals and other health care facilities to reduce the potential for healthcare-associated infections

Prevent Chronic Diseases



Reduce Obesity in
Children & Adults



Reduce Illness,
Disability & Death
Related to Tobacco
Use & Secondhand
Smoke



Increase Access to
High Quality Chronic
Disease Preventive
Care & Management
in Clinical &
Community Settings

Three Focus Areas of Prevent Chronic Diseases

Prevent Chronic Disease

Goals of Focus Area #3

Increase Access
to High Quality
Chronic Disease
Prevention Care
& Management
in Both Clinical &
Community
Settings

- Increase Screening rates for cardiovascular disease, diabetes & breast, cervical and colorectal cancers.
- Promote use of evidence-based care to manage chronic disease.
- Promote culturally relevant chronic disease self-management education.

Prevent Chronic Disease Objectives & Interventions of Focus Area #3

Objective

Increase Screening Rates

- Increase the % of adults 18 years and older who had a test for high blood sugar or diabetes within the past three years
- Increase the % of adults (50-75 years) who receive a colorectal cancer screening

Hospital Intervention

- Adopt medical home or team-based care models
- Create a comprehensive & coordinated screening and education program
- Promote NY Health Benefit Exchange to increase enrollment in public health insurance programs

Public Health Intervention

- Use media and health communications to build public awareness and demand
- Educate the public about coverage improvements for clinical preventive services as outlined in the Affordable Care Act

Community Based Intervention

- Inform people about the range of preventive services they should receive
- Create linkages with local health care systems to connect patients to community preventive resources (i.e. provide free transportation services for clinical & hospital services)

Prevent Chronic Disease Objectives & Interventions of Focus Area #3

Objective

Promote use of evidence-based care

- Reduce the age-adjusted hospitalizations rate for heart attack
- Reduce the rate of hospitalization for short-term diabetes complications

Hospital Intervention

- Adopt medical home or team-based care models

Public Health Intervention

- Develop and implement place-based interventions targeted to address the social determinants of health

Community Based Intervention

- Academia: develop and provide quality improvement training to health care organizations and providers

Prevent Chronic Disease Objectives & Interventions of Focus Area #3

Objective

Promote Chronic Disease Self-Management Education

- Increase the % of adults with arthritis, asthma, cardiovascular disease or diabetes who have taken a course or class to learn how to manage their condition
- Increase the % of adults with current asthma who have received a written asthma action plan from their health care provider

Hospital Intervention

- Develop a sustainable infrastructure for widely accessible, readily available self-management interventions that link community & clinical settings & make use of lifestyle intervention professionals such as registered dietitians & care coordinators

Public Health Intervention

- Convene relevant stakeholders to coordinate efforts aimed at increasing access to and provisions of high-quality chronic disease prevention and management services/education

Community Based Intervention

- Provide resources to communities for initiatives that increase access to self-management education

Prevention Agenda

More information on the Prevention Agenda *priorities, focus areas, goals and interventions for consideration:*

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

Data Highlights

- Qualitative (Community Stakeholder Survey)
- Quantitative (Regional & County Data Summaries)

Results of Community Survey

The Survey: Process

- Primarily designed by the ARHN subcommittee with assistance by the Center for Human Services Research
- Survey conducted on-line in December and January
 - Invitation sent two weeks in advance
 - Two follow-up emails sent to list
 - 81 Questions
- 624 individuals contacted across eight county region; 285 completed survey for a response rate of 45.7%

Survey Overview & Methodology

- Survey conducted by the Center for Human Research between December 15 & January 21
- Purpose of the survey was to provide feedback from community service providers to:
 - Guide strategic planning
 - Highlight topics for increased public awareness
 - Identify areas for training
 - Inform the statewide prevention agenda

The Survey: Who was represented?

Organization Primary Function	Pct. of all respondents
Health care	36.8
Education	36.5
Behavioral health	17.5
Healthy environment	14.7
Early childhood svcs	14.4
Social services	11.9
Senior services	11.2
Other services	9.1
Developmental disability svcs	8.4
Employ & training	8.4
Housing services	8.1
STI/HIV prevention	6.0
Physical disability svcs	4.9
Government agency	2.1
Testing and prevention	2.1

Population Served	Pct. of all respondents
Children/adolescents	59.6
People living at or near poverty level	50.9
Seniors/elderly	44.9
People with disabilities	38.9
People with mental health issues	32.3
Women of reproductive age	31.9
People with substance abuse issues	25.6
Specific health condition or disease	24.6
Farmers	14.0
Migrant workers	11.2
Other	10.5
Specific racial or ethnic groups	8.4
Specific geographic area	5.3
Everyone	5.3
Specific age group	3.5

The Survey: Who was represented?

County	Percent
Essex	30.2
Franklin	29.1
Fulton	22.8
Warren	20.4
Hamilton	19.6
Washington	19.6
Clinton	18.6
Saratoga	18.2

- Most agencies operate in more than one county
- Highest population county had lowest representation—could be selection, could be effect of connection to Albany

Regional Survey Results

The major findings in a nutshell.

- **Top emerging health trend:** Growth in obesity (and related ailments like diabetes)
- **Most important agenda area:** Chronic disease
- **Least important agenda area:** HIV/STIs/vaccine-preventable diseases
- **Technology prioritization:** Majority support tech improvement as a priority area for the region
- **Biggest concern:** Agencies worry about future funding and reimbursement

Regional Emerging Trends

The problem and who needs help.

- Many emerging issues identified; no clear consensus
- High concern with poverty as a driver of emerging health issue
- Children & adolescents, the poor are target groups

Emerging Theme	Percent
Growing obesity, childhood obesity, and related ailments	25.5
Substance abuse (alcohol, drugs, prescriptions)	16.2
Mental health issues	15.8
Lack of service availability, lack of insurance	13.1
Aging population / need for senior care	10.8
Increase in chronic diseases	5.4
Increasing STI/STD cases in community	5.4
Other	34.7

Population group in need of targeting	Percent selecting
People living at or near poverty level	56.5
Children/adolescents	53.7
People with mental health issues	42.8
Seniors/elderly	39.6
People with substance abuse issues	37.5
People with disabilities	27.4
Women of reproductive age	26.3
Specific health condition or disease	22.5
Specific racial or ethnic groups	10.5
Migrant workers	5.3
Farmers	3.9
Everyone *	3.9
Other	3.9
Don't know	1.8

* Dominant write-in selection under other.

2013-2017 Prevention Agenda Areas Created by the NYS Dept. of Health

NYS Prevention Agenda

1. Prevent chronic disease
2. Promote a healthy & safe environment
3. Promote healthy women, infants, & children
4. Promote mental health & prevent substance abuse
5. Prevent HIV, STIs, & vaccine-preventable diseases

- Most of survey questions focus on these five areas
- Awareness of agenda low:
 - Only 50.9% indicated agency is aware agenda exists
 - Personal knowledge of respondent: 45% “not at all” knowledgeable; only 8.2% “very” knowledgeable

Franklin County Summary Results

- Top emerging issues include increases in obesity & related health issues; increases in substance abuse and mental illness
 - Population groups identified most in need of targeted interventions are the poor, children, individuals with mental health issues, the elderly & substance abusers
 - Education is a dominant strategy currently used to address major health issues in the region
 - Top future concern for stakeholders was funding
- Among the five priority areas, the largest portion of Franklin County respondents selected Chronic Disease
 - Promotion of mental health & prevention of substance abuse topic area had a greater portion of respondents rank it second most important
 - HIV, STI's and vaccine preventable diseases was ranked lowest in terms of overall interest & concern

Franklin County Agenda Area Priority Ranking

Ranking of NYS Health Agenda issue areas	Most	2nd	3rd	4th	5th
Prevent chronic disease	37.3	22.7	10.7	17.3	12.0
Promote mental health; prevent substance abuse	32.4	31.1	13.5	20.3	2.7
Promote healthy women, infants, children	14.7	22.7	40.0	16.0	6.7
Promote healthy, safe environment	12.5	23.6	25.0	25.0	13.9
Prevent HIV/STIs; promote vaccines	5.5	1.4	8.2	20.5	64.4

Quantitative Data

Quantitative Data Sources

- Multiple Data Sources
 - NYSDOH
 - Community Health Indicator Reports
 - Hospitalizations
 - Births
 - Mortality
 - Cases
 - BRFSS
 - NYSDOCJ Crime
 - Traffic Safety
 - U.S. Department of Agriculture
 - County Rankings

Methodology for Determining Challenges

- Compared against prevention agenda, upstate New York, or New York State benchmarks.
- Determined percentage of those worse than the benchmark based on quartile rankings.
- Determined percentage of those in the third or fourth quartiles, i.e., 50% or worse than their respective benchmarks.
- Assessment based on both
 - Focus areas
 - Individual data elements

What is Going Well In Franklin County

- Prevention of Healthcare Associated Infections
 - Hospital onset c. diff infections
 - Hospital associated c. diff infections
- Prevention of Human Immunodeficiency Virus (HIV)
 - Newly diagnosed HIV Cases
 - AIDS Cases

What is Going Well In Franklin County

- Prevention of Sexually Transmitted Diseases (STDs)
 - Gonorrhea cases for females and males, ages 15 – 44
 - Chlamydia cases for females and males
- Maternal and Infant Health Outcomes
 - Percentage of total births with low birth-weights
 - Infant mortality rate
 - Percentage of births exclusively breastfed in delivery hospital

Health Disparities Priority Area Challenges

Indicator	Franklin County	Benchmark	Status
The rate of preventable hospitalizations , ages 18 plus	212.5	133.3	Significantly worse than benchmark
The rate of total ED visits	4763.9	3534.4	Worse than benchmark
The percentage of adults with health insurance	80.9%	100.0%	Worse than benchmark
The percentage of adults with regular care provider	78.9%	90.8%	Worse than benchmark
The rate of total deaths	864.9	842.2	Worse than benchmark

Environmental Priority Area Challenges

Indicator	Franklin County	Benchmark	Status
Rate of ED Visits for falls for Children ages 1 – 4	746.1	429.1	Significantly worse than benchmark
Rate of work-related hospitalizations, ages 16 plus	24.4	21.1	Worse than benchmark
Rate of ED occupational injuries among working adolescents, ages 15 – 19	81.8	33.0	Significantly worse than benchmark
Rate of speed-related accidents	414.7	225.1	Significantly worse than benchmark
Rate of motor vehicle accident deaths	17.7	8.2	Significantly worse than benchmark

Chronic Disease Priority Area Challenges

Indicator	Franklin County	Benchmark	Status
Percentage of adults, ages 18 plus, who are obese	36.5%	23.0%	Significantly worse than the benchmark
Percentage of public school children who are obese	22.3%	16.7%	Worse than the benchmark
Percentage of adults, ages 18 plus, who smoke	30.7%	15.0%	Significantly worse than the benchmark
Rate of asthma hospitalizations, ages 25 – 44	3.1	2.0	Significantly worse than the benchmark
Rate of asthma hospitalizations, ages 65 plus	3.7	2.7	Worse than the benchmark
The rate of asthma ED visits, ages 18 – 64	66.2	49.3	Worse than the benchmark
Percentage of age adjusted adults (18 plus) ever diagnosed with high blood pressure	37.3%	25.7%	Worse than the benchmark

Women, Infants, and Children Priority Area Challenges

Indicator	Franklin County	Benchmark	Status
The rate of teen births, ages 15 – 19	32.5	20.8	Significantly worse than the benchmark
The rate of teen births, ages 18 – 19	64.7	35.4	Significantly worse than the benchmark
Rate of child mortality, ages 1 – 19	33.9	21.8	Significantly worse than the benchmark
Percentage of children with 2 lead screenings by 36 months	20.5%	45.2%	Significantly worse than the benchmark
Rate of asthma ED visits for children, ages 0 – 17	93.0	77.9	Worse than the benchmark

HIV/STD, Vaccine Preventable Disease, Health Care Associated Infections Priority Area Challenges

Indicator	Franklin County	Benchmark	Status
Rate of PID hospitalizations for females, ages 15 – 44	5.8	2.5	Significantly worse than the benchmark
Percentage of children, ages 19 – 35 months with 4:3:1:3:3:1:4 immunization series	33.7%	80.0%	Significantly worse than the benchmark
Percentage of females, ages 13 – 17 years, with 3 dose HPV vaccine	15.4%	50.0%	Significantly worse than the benchmark
Percentage of adults, ages 65 plus, with flu shot	64.6%	75.1%	Worse than the benchmark
Rate of pneumonia/flu hospitalizations , ages 65 plus	185.7	140.1	Worse than the benchmark

Substance Abuse and Mental Health Priority Area Challenges

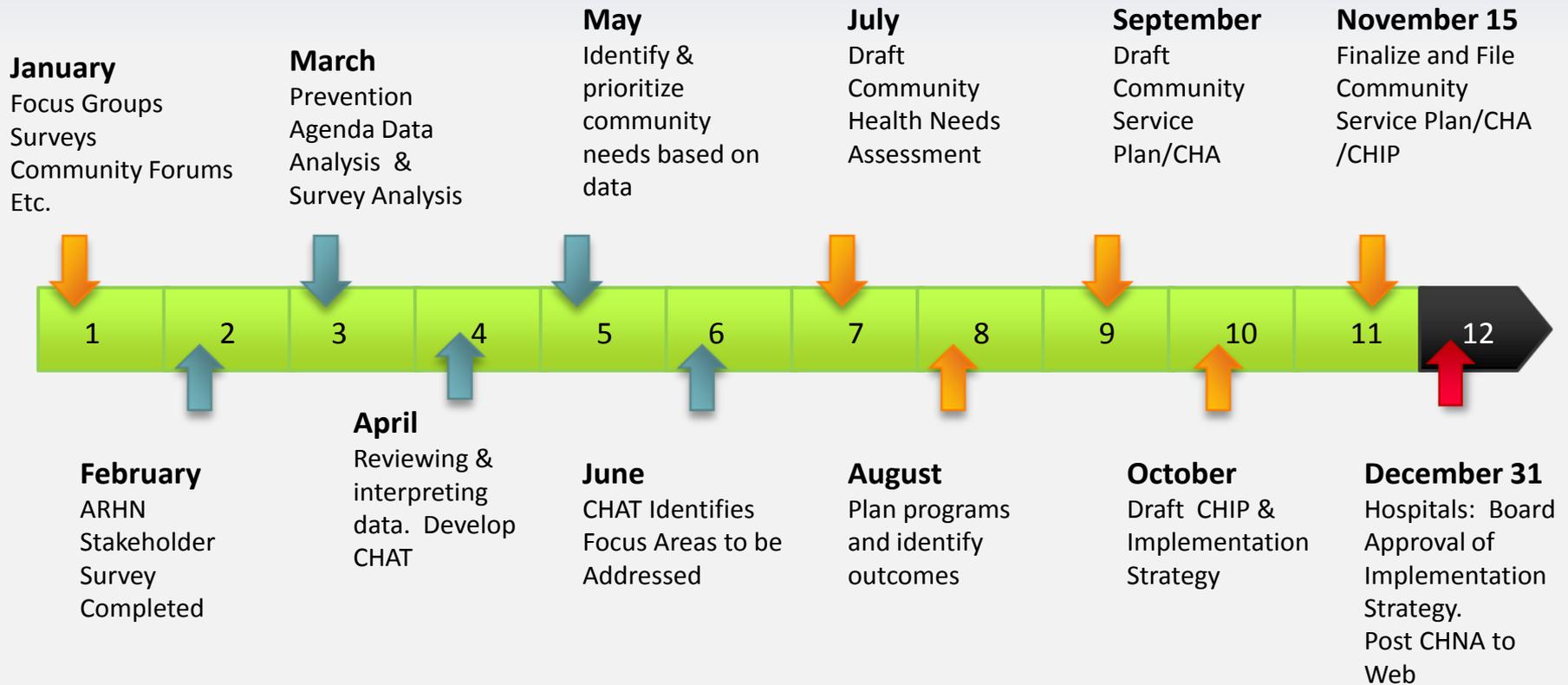
Indicator	Franklin County	Benchmark	Status
Percentage of adults binge drinking	21.2%	17.6%	Worse than the benchmark
Rate of age-adjusted suicides	11.8	5.9	Significantly worse than the benchmark
Rate of total self-inflicted hospitalizations	7.8	6.1	Worse than the benchmark
Rate of self-inflicted hospitalizations, ages 15 – 19	17.3	11.0	Significantly worse than the benchmark
Rate of alcohol-related accidents	92.5	67.4	Worse than the benchmark
Rate of cirrhosis deaths	13.8	7.7	Significantly worse than the benchmark

Analyzing and Discussing the Data (Small Group Discussion)

- Review the information provided for each Prevention Agenda Focus Area
 - Is the information correct and/or is it influenced by other factors?
 - What is going well in Franklin County?
 - Are there programs in Franklin County reaching the population in need? How effective are they?
 - What are some of the challenges that Franklin County faces?
 - What are the emerging trends?
 - What do you view as the top priorities in Franklin County?

Next Steps

Planning Timeline



CHAT = Community Health Assessment Team

Questions? Thank you.

- Vicky Wheaton-Saraceni
 - Director of Adirondack Rural Health Network
 - Director of Corporate Planning and Services for Adirondack Health Institute
 - vwheatonahi@medserv.net

- Robert Martiniano
 - Project Manager
 - Center for Health Workforce Studies, University at Albany School of Public Health
 - rpm06@health.state.ny.us