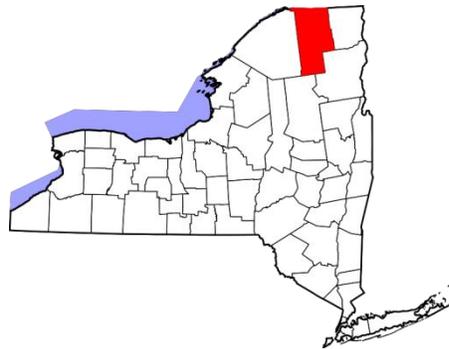


Alice Hyde Medical Center

Community Health Needs Assessment

2013



Preface

Celebrating 100 years of serving the community, Alice Hyde Medical Center (AHMC) opened on September 15, 1913. Located in Malone, New York (ten miles from the Canadian border), AHMC offers advanced medicine and exceptional health care that is provided by top-notch professionals and physicians. The Medical Center is accredited by the Joint Commission and its Medical Imaging Department and Laboratory are accredited by the American College of Radiology and the Joint Commission, respectively. AHMC is comprised of:

- A 76-bed acute care facility
- A 75-bed long-term care facility
- Four community health centers
- A walk-in clinic
- Specialty centers: Cancer Center, Orthopedic and Rehabilitation Center, Cardiac Rehabilitation unit, Hemodialysis Center, Sleep Lab, and Dental Center.

The Medical Center is an affiliate and health partner of Fletcher Allen Health Care, a premier academic tertiary care center in Burlington, Vermont. The Medical Center provides service to 55,000 residents in northern Franklin County, eastern St. Lawrence County, and western Clinton County.

In July 2013, the Medical Center began constructing a state-of-the-art Nursing Home and Assisted Living Facility. Upon completion, it will be the first facility of its kind to serve Franklin County. The \$35 million project includes the construction of a 98,000-square-foot, three-story skilled nursing facility and a 22,500-square-foot, two-story assisted living facility. The existing Alice Hyde and Franklin County Nursing homes will consolidate into the new facility that will house 165 beds and feature private and semi-private rooms, large social areas, country kitchens for customization of special diets and preferences, large living rooms, and a centrally located atrium in the nursing home. The project is slated to be completed in the fall of 2014.

Being a rural hospital in northern New York State, we are faced with unique challenges. Foremost is our need to attract and retain high-quality health care providers and offer state of the art services. We are designated as a Low Income Health Professional Shortage Area and face constant challenges in attracting and retaining physicians and specialists. While we are an affiliate of Fletcher Allen Health in Burlington, Vermont, we are 80 miles from them with a minimum travel time of 2 hours and 15 minutes. They constitute the nearest tertiary medical center and are separated from Alice Hyde Medical Center by Lake Champlain.

In 2013, we have been fortunate in recruiting a number of providers that are critical in helping Alice Hyde Medical Center meet our community's health care needs. The following specialists have been recruited: OB/GYN, Orthopedic Surgeon, Pediatrician, Urologist, Internal Medicine (2 starting in 2014), Physician Assistants (1 primary care and 1 Orthopedic), and a Family Nurse Practitioner. Alice Hyde Medical Center has also collaborated with neighboring hospitals and physician groups to bring additional services to our community. This includes: Pulmonology, Vascular Surgery, Cardiology, Medical Oncology, Radiation Oncology, and Nephrology.

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Introduction

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize the healthcare challenges currently faced by the residents of Franklin County. The findings in this CHNA are the result of a year-long process of collecting and analyzing data and consulting with stakeholders throughout the community and the region. The results of this CHNA are intended to help members of the community, especially healthcare providers, work together to provide programs and services targeted to improve the overall health and well-being of all residents of Franklin County.

Working within the framework provided by New York State's Prevention Agenda, Adirondack Health, Alice Hyde Medical Center and Franklin County Public Health collaborated in the development of this Community Health Assessment. Additionally, these three agencies participated in regional health assessment and planning activities conducted by the Adirondack Rural Health Network.

The Adirondack Rural Health Network

The Adirondack Rural Health Network is a program of the Adirondack Health Institute, Inc. (AHI). AHI is a 501c3 not-for-profit organization that is licensed as an Article 28 Central Service Facility. AHI is a joint venture of Adirondack Health (Adirondack Medical Center), Community Providers, Inc. (Champlain Valley Physicians Hospital Medical Center) and Hudson Headwaters Health Network. The mission of AHI is to promote, sponsor, foster and deliver programs, activities and services which support the provision of comprehensive health care services to the people residing in the Adirondack region.

Established in 1992 through a New York State Department of Health Rural Health Development Grant, the Adirondack Rural Health Network (ARHN) is a regional multi-stakeholder coalition that conducts community health planning activities by providing the forum for local public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations to assess regional needs and the effectiveness of the rural health care delivery system. ARHN plans, facilitates and coordinates many different activities required for successful transformation of the health care system including: conducting community health assessments, provider education and training, patient and family engagement, identifying and implementing best practices to optimize health care quality, and publishing regional and county-specific data and reports at www.arhn.org.

Since 2002, the ARHN has been recognized as the leading sponsor of formal health planning for Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties. During 2011- 2012 the ARHN expanded its regional community health planning efforts to include Clinton and Franklin counties, and currently includes critical stakeholders from all eight counties in the regional planning process. The ARHN provides a neutral, trusted mechanism through which key stakeholders throughout the region can plan, facilitate and coordinate the activities necessary to complete their required community health planning documents, and strategize on a regional level to address common health care concerns.

The ARHN provides guidance and technical assistance to the Community Health Planning Committee (CHPC), a regional forum for hospitals, county health departments and community partners, who provide oversight of

planning and assessment activities. The group is further comprised of subcommittees developed to address areas specific to hospital, public health and data-specific requirements. Regular meetings of each subcommittee and the full CHPC have resulted in a systematic approach to community health planning and the development of regional and local strategies to address health care priorities.

**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.

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New York State’s Prevention Agenda 2013 - 2017¹

The Prevention Agenda 2013-17 is New York State’s Health Improvement Plan for 2013 through 2017, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This unprecedented collaboration informs a five-year plan designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers. Recent natural disasters in New York State that have had an impact on health and wellbeing re-emphasize the need for such a roadmap.

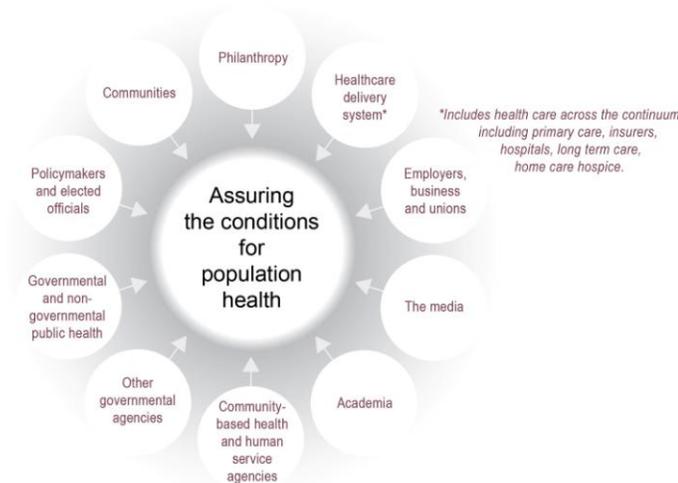
In addition, the *Prevention Agenda* serves as a guide to local health departments as they work with their community to develop mandated Community Health Assessments and to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act over

¹ Excerpt from New York State Department of Health web site

the coming year. *The Prevention Agenda* vision is New York as the Healthiest State in the Nation. The plan features five priority areas:

- Prevent chronic disease
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.



Adapted from : *The Future of the Public's Health in the 21st Century*, IOM 2003

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Health Needs Assessment Process for Franklin County

The process of identifying the important healthcare needs of the residents of Franklin County involved both data analysis and consultation with key members of the community. The data was collected from multiple sources including publically available health indicator data, data collected from a survey conducted by the Adirondack Rural Health Network and a survey/focus group conducted by Franklin County Public Health, Adirondack Health and Alice Hyde Medical Center.

The health indicator data is collected and published by New York State and contains over 300 different health indicators. Since 2003, The Adirondack Rural Health Network has been compiling this data for the region and producing reports to inform healthcare planning on a regional basis. Last year, ARHN undertook a project to

systemize this data into a relational database to provide improved access and analysis. The results of this analysis provide a statistical assessment of the health status for the region and each county therein.

In December 2012 and January 2013, the Adirondack Regional Health Network (ARHN) conducted a survey of selected stakeholders representing health care and service-providing agencies within an eight-county region. The results of the survey are intended to provide an overview of regional needs and priorities, to inform future planning and the development of a regional health care agenda. The survey results were presented at both the county and regional levels.

In April 2013 all the stakeholders that completed the survey were invited to a community forum held on May 1st at Paul Smiths College. Using the results of the indicator analysis and the survey and other community assessments, a group of 31 stakeholders met at Paul Smiths College to discuss the Health of Our Community. The group was introduced to the Prevention Agenda, the data that was collected and the prioritization process. The participants were broken in to small groups to discuss priorities in each of the priority areas. Each group then reported out to the whole group which opened it up for discussion. The group who attended the forum consisted of representatives from Adirondack Health, Alice Hyde Medical Center, Social Services, Mental Health, school districts, Public Health and several Community Based Organizations.

Franklin County History and Community Profile

Franklin County was created in 1808 from Clinton County, when it became obvious that travel to Plattsburgh to conduct legal business was too great a burden. The county seat was set in Malone, as early settlement was primarily in the northern portion of the county. The largest period of growth in the county was between 1820 and 1830, when the population nearly tripled.

The earliest industry in the county was potash production. Potash was created by felling trees, burning them in great piles, leaching the ashes, and boiling the lye to dryness. The making of potash was also a way to dispose of the large amount of timber created when clearing land for farms, roads and houses. Once roads were carved into the great forest lands, logging became a profitable industry. Great tracts of trees were cleared and the logs hauled to rivers and floated out of the wilderness.

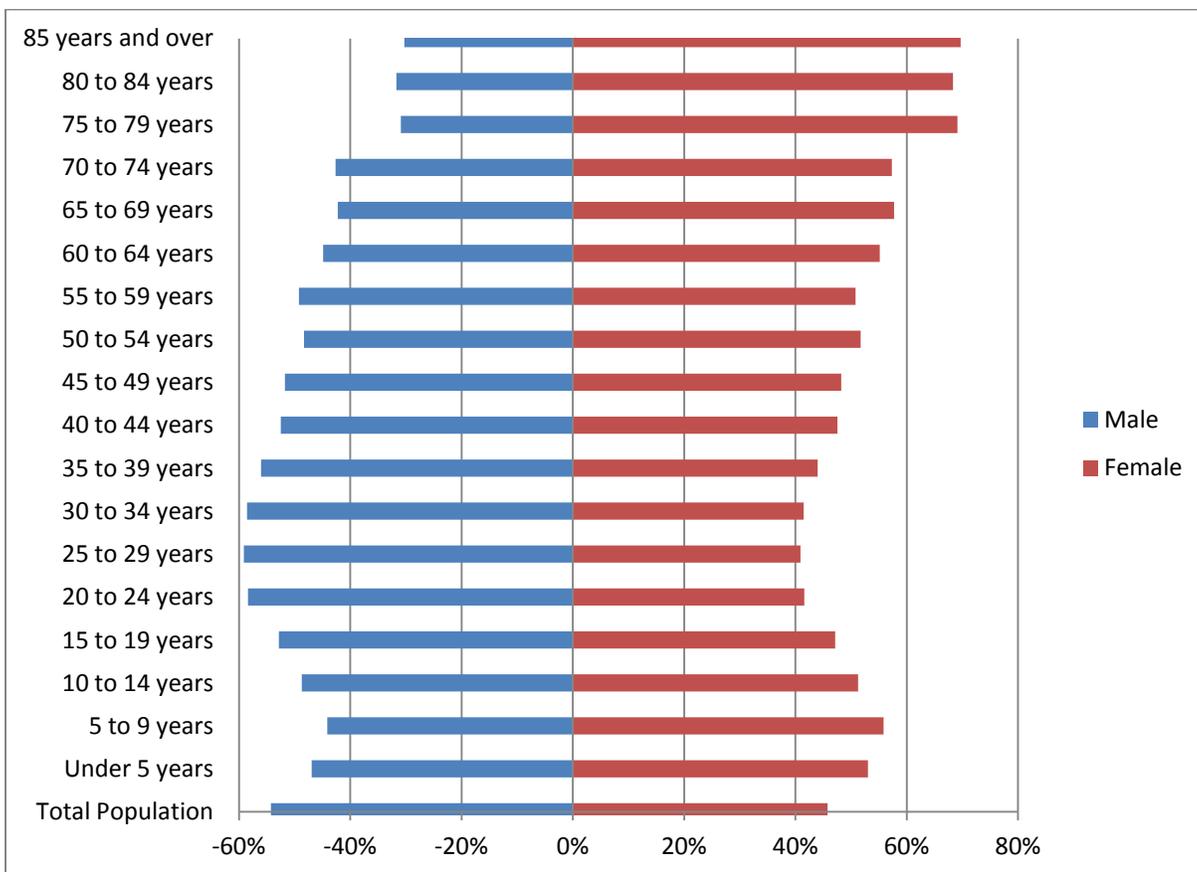
Other early industries included agriculture, especially the raising of hops (mainly used to brew beer) and potatoes, mills, and iron ore mining. The southern portion of the county benefited from the founding of sanatoriums for the treatment of tuberculosis and other ailments, based on the work of Dr. E.L. Trudeau. The open-air 'rest cure' made the Adirondacks and the Saranac Lake area nationally famous.

The Adirondacks, which were once a barrier to settlement, began to serve as a draw for tourists in the late 19th century, and now serve as one of Franklin County's defining features. The Adirondack Park is 600 million acres of both public and private land, making it the largest publicly protected area in the lower forty eight. About fifty percent of the land belongs to the residents of New York State and it protected as "forever wild". The remaining fifty percents is made up of small towns and villages, farms, timberland and homes both summer and year round.

When the first maps of the Adirondack Park were made by cartographers, blue ink was used to delineate the park's boundaries - a choice that has led many to refer to the Adirondack Park as being within the "blue line." Originally, the blue line was meant to guide the acquisition of future State Forest Preserve lands, but over the centuries, it has come to define the region - often resulting in legal impact on the public and private lands located within it.²

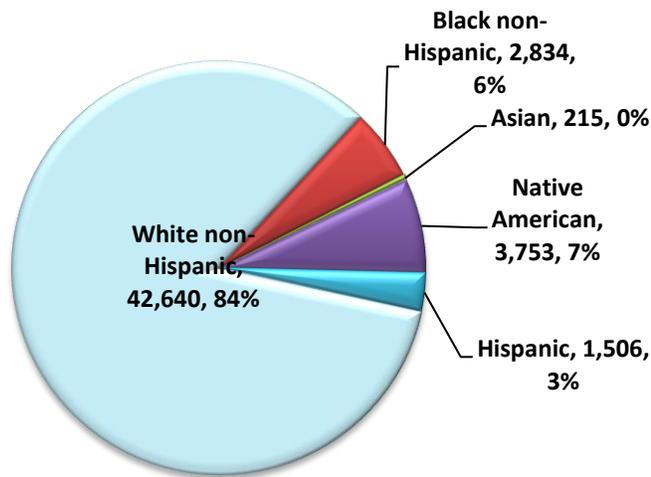
Franklin County's population is 51,500, making it the sixth most populous county in the Adirondack Rural Health Network (ARHN) region and the 46th most populous in the state. Franklin County is much more diverse than other counties in the ARHN region; approximately 83% of the population is White, Non-Hispanic, 6.0% is Black/African American, Non-Hispanic, 5.4% is American Indian/Alaskan Native, and 3.2% is Hispanic/Latino. Thirteen percent of the population is 65 years of age and older, a lower percentage than in either the ARHN region (14.6%) or Upstate New York (14.3%) as a whole.

Population by Age (Data Set: 2005-2009 American Community Survey 5-Year Estimates)



² Excerpt from Adirondack Regional Tourism

Population by Race



Mean household income in the County is \$55,311 and per capita income is \$20,831, both substantially lower than the state-wide figures of \$82,699 and \$31,796 respectively.³ A substantially higher percentage of individuals in Franklin County live below the Federal Poverty Level (16.9%) than in the ARHN (an eight county collaboration of Clinton, Essex Franklin, Warren, Washington, Saratoga, Hamilton and Fulton) or Upstate New York (defined as all of New York state minus New York City) as a whole (both 10.9%). The percentage of individuals receiving Medicaid in the County (19.3%) is also higher than in the ARHN region (15.9%) or Upstate New York (16.3%).

The highest level of education completed by 56% of the population ages 25 and older is a high school diploma or GED, and an additional 28% have an Associate's, Bachelor's, or Graduate/Professional Degree. Slightly more than 53% of the population ages 16 and older is in the workforce. In 2011, Franklin County's unemployment rate was 9.2%, higher than the rates in both the ARHN region (8.1%) and Upstate New York (7.7%).

Environmental and Land Use

Franklin County is 1,629 square miles with 12.6% square miles made up of farm land. The population density is 31.7 people per square mile. Thirty four percent of the county is state land and five percent is water. Land use permits, for sections of the county within the Adirondack Park, are heavily regulated.

³ Mean household income was determined by averaging the yearly income as reported by the American Community Survey, 2007-2011.

Government & Politics

Franklin County government is made up of seven legislators that represent different districts within the county. The county seat is Malone.

District 1: Bombay Election District 2, Fort Covington and Westville

District 2: Belmont Burke, Chateaugay, Constable, and Malone Election District 4

District 3: Bangor, Brighton, Duane, and Malone Election District 8, 9 & 10

District 4: Malone Election Districts 1, 2, 3, 5, 6, & 7

District 5: Bombay Election District 1, Brandon, Dickinson, Moria, Waverly

District 6: Tupper Lake and Santa Clara

District 7: Harrietstown and Franklin

Social and Economics

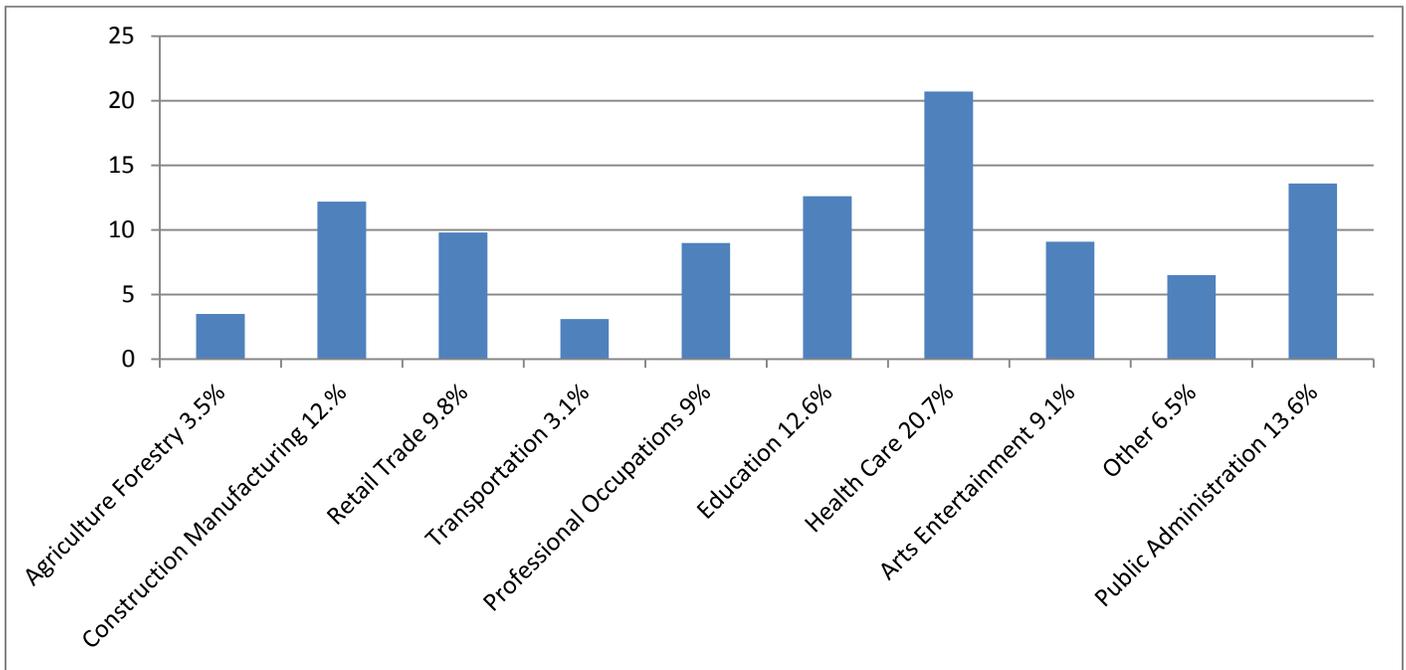
Franklin County has a diverse work force with 20% working in Healthcare and social assistance. Growth in health care industry is driven more by demographics than by overall economic conditions. Almost all health care occupations are expected to be in demand over the next decade as the North Country's population continues to age.

13% of the work force is in Public Administration. Both state and local government have relatively high portions employment in the North Country with many state correctional officers, disability workers, and recreational facilities.

About 12% of the work force is in education. Growth in educational services is driven more by demographics than by economic conditions. However, in 2010 many local school districts throughout the North Country have faced severe budget pressures. Many school districts have laid off significant numbers of teachers and support staff.

Franklin County has about 9% that work in hotels and food service Tourism is the main driver of this industry. Almost 10% of the work force works in retail with outdoor recreation being very popular in the Adirondacks. Farming in the county is about 3% of the work force and 5% work in manufacturing.

Employment by Sector



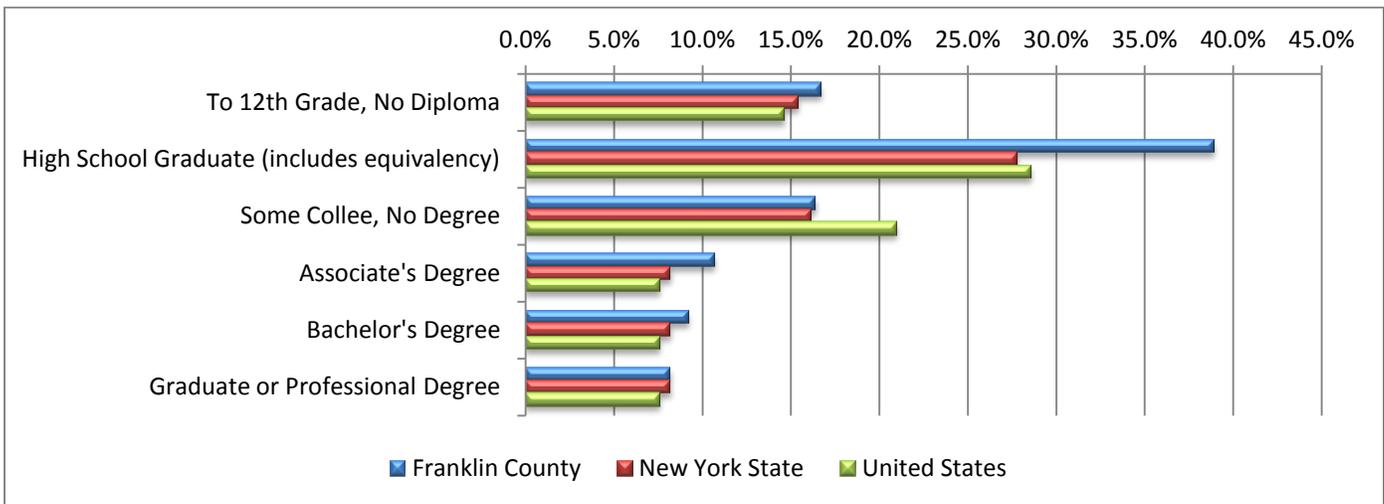
Franklin County currently has an 9.2% unemployment rate and 16.9% of the population is living under the Federal Poverty level. 19.3% of the population is receiving Medicaid.

	Franklin Co.	ARHN Region	Upstate New York	New York State
Mean Household Income	\$55,311	N/A	N/A	\$82,699
Per Capita Income	\$20,831	N/A	N/A	\$31,796
Percent of Individuals Under Federal Poverty Level	16.9%	10.9%	10.9%	14.5%
Percent of Individuals Receiving Medicaid	19.3%	15.9%	16.3%	25.4%
Per Capita Medicaid Expenditures	\$1,658.43	\$1,358.05	\$1,472.99	\$2,306.06

Education

The majority of residents in Franklin County (46%) have a High School diploma or less. 18.1% have some college, but no degree and 10.7% have an Associate’s Degree, residents with a Bachelors degree or higher make up 17% of the population. 8.2% of the residents have a Graduate or Professional Degree.

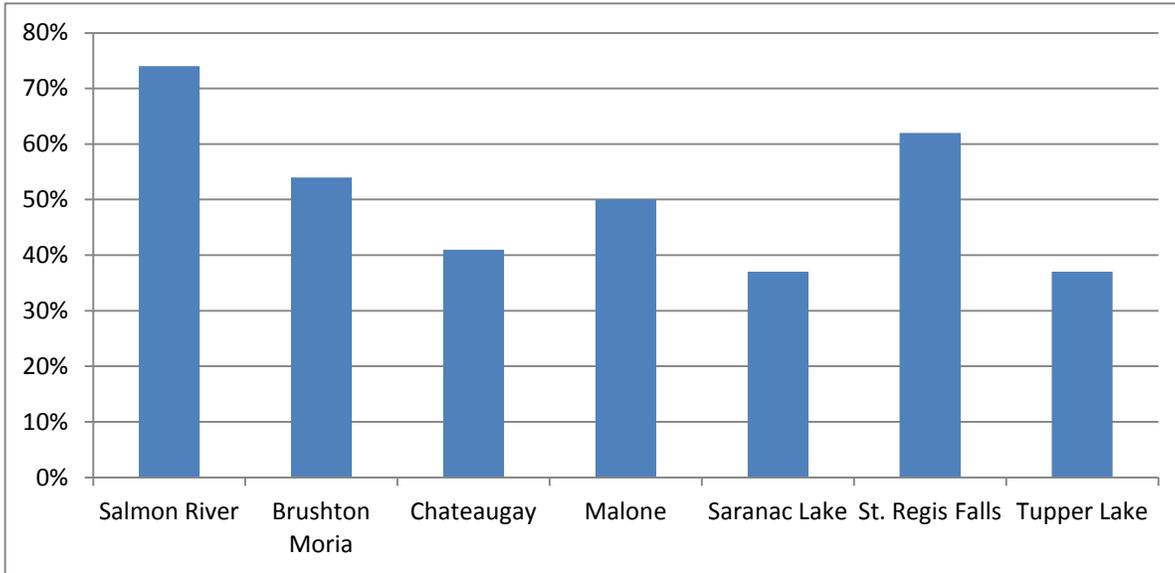
There are seven (7) school districts in Franklin County, with a total enrollment of nearly 8,000. More than 46% of enrolled students receive free or reduced lunches, and the high school dropout rate is 2.2%; both numbers are substantially higher than their respective rates in the ARHN region (29.3% free and reduced lunch and 1.7% dropout rate) and Upstate New York (31.6% free and reduced lunch and 1.7% dropout rate). There are 11.0 students per teacher, lower than the ARHN regional rate of 11.6 and the Upstate New York rate of 12.2.



Student Enrollment Franklin County

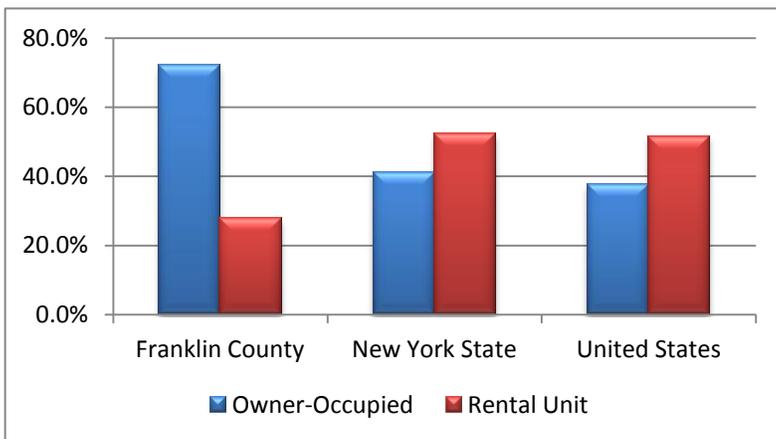
Total Number Public School Districts (3)	7
Total Pre-K Enrollment	352
Total K-12 Enrollment	7,630
Number Free Lunch	2,797
Number Reduced Lunch	887
Percent Free and Reduced Lunch	46.2%
Number Limited English Proficiency	14
Percent with Limited English Proficiency	0.2%
Total Enrollment Base for Determining Graduation Rate	3,233
Number Went to Approved Equivalency Program	24
Number Dropped Out of High School	71
Percent Dropped Out of High School	2.2%
Total Number of Teachers	726
Student to Teacher Ratio	11.0

Free and Reduced Lunch by School District 2012



Housing

57.7% of the housing in the county was built before 1970. Starting in 1970 and for each decade till 2000, there was a 12% increase in housing built in the county. New housing built in the decade after the year 2000 has drop significantly to only 6.3%.



Healthcare Facilities

Franklin County has two hospitals, Alice Hyde Medical Center in Malone and Adirondack Medical Center in Saranac Lake. Combined, the hospitals have 171 beds for a rate of 331.7 per 100,000 population, higher than the rate of the ARHN region (204.5) or Upstate New York (276.3). The County has 2 nursing homes and 2 adult care facilities with a total of 215 and 54 beds respectively.

There are nearly 55 full time equivalent (FTE) primary care physicians practicing in Franklin County, or 106.1 per 100,000 population, higher than the rate in the ARHN region (99.9) but lower than in Upstate New York (108.5). There are 675 registered nurses, 341 licensed practical nurses, and 101 licensed physicians in the County.

Alice Hyde Medical Center

Alice Hyde Medical Center (AHMC), located in Malone, New York, offers advanced medicine and exceptional health care that is provided by top-notch professionals and physicians. The Medical Center is accredited by the Joint Commission and its Medical Imaging Department and Laboratory are accredited by the American College of Radiology and the Joint Commission, respectively. AHMC is comprised of: a 76-bed acute care facility, 75-bed long-term care facility, four community health centers, walk-in clinic, cancer center, orthopedic and rehabilitation center, cardiac rehabilitation unit, hemodialysis unit, sleep lab, and dental center.

The Medical Center is an affiliate and health partner of Fletcher Allen Health Care, a premier academic tertiary care center in Burlington, Vermont. The Medical Center provides service to 55,000 residents in Northern Franklin County, Eastern St. Lawrence County, and Western Clinton County.

In July 2013, the Medical Center began constructing a state-of-the-art Nursing Home and Assisted Living Facility. Upon completion, it will be the first facility of its kind to serve Franklin County. The \$35 million project includes the construction of a 98,000-square-foot, three-story skilled nursing facility and a 22,500-square-foot, two-story assisted living facility. The existing Alice Hyde and Franklin County Nursing homes will consolidate into the new facility that will house 165 beds and feature private and semi-private rooms, large social areas, country kitchens for customization of special diets and preferences, large living rooms, and a centrally located atrium in the nursing home. The project is slated to be completed in the fall of 2014.

Adirondack Health

Adirondack Health is the leading provider of healthcare for the residents and visitors of the Adirondack region. The organization's 1,200 square mile service area covers southern Franklin, northern Essex, northern Hamilton, and portions of Clinton and St. Lawrence counties. Adirondack Health serves its communities through two hospital sites, two nursing homes, four primary care clinics, a dental clinic, and a mobile dental clinic.

Adirondack Medical Center (AMC), a member of Adirondack Health, provides acute hospital and outpatient

care for the service area. The main hospital site in Saranac Lake is licensed for 95 acute care beds and the second hospital site in Lake Placid is licensed for two acute care beds. Adirondack Medical Center is designated a Sole Community Provider Hospital due to the travel distance to the closest comparable hospital facilities.

AMC offers a broad range of inpatient and outpatient medical and surgical services. The medical staff of 60 doctors, 94 percent of whom are board-certified, represents 19 specialties. There is also consulting and courtesy staff which allows AMC to offer patients medical expertise close to home.

AMC holds the highest level of accreditation from the Joint Commission. AMC is also accredited by American Osteopathic Association through its Healthcare Facilities Accreditation Program (HFAP). This voluntary accreditation enables Adirondack Medical Center to achieve the honor of becoming a Rural Referral Center (RRC). AMC is only one of a handful of facilities in New York State to be a dually accredited hospital.

Adirondack Health operates two nursing homes: Uihlein Living Center licensed for 156 beds in Lake Placid and Mercy Living Center licensed for 60 beds in Tupper Lake. Adirondack Health also provides primary and preventive care through clinics in Keene, Lake Placid, Saranac Lake, and Tupper Lake. Adirondack Health's Dental Clinic is located in Lake Placid, and the Mobile Dental Clinic visits sites in Franklin, Essex, and Hamilton counties from May to October.

Adirondack Health is the only full service health system and the largest private employer in the Adirondack Park. The highly trained and compassionate individuals who work at these facilities provide a full range of medical, surgical and long-term care services. To learn more about the programs and services of Adirondack Health, log onto www.AdirondackHealth.org.

Prevention Agenda Accomplishment 2010-2013

Spectrum of Prevention – Franklin County Priority Areas 2010-2013

Physical Activity/Nutrition (Chronic Disease) and Access to Quality Healthcare

Spectrum of Prevention Level	Accomplishments 2010-2013
<p>Influencing Policy and Legislation</p> <p><i>Educate policy makers and advocate for changes in law and policy that influence outcomes in health and safety.</i></p>	<ul style="list-style-type: none"> • The Village of Malone adopted as comprehensive Complete Streets Policy. • Adirondack Tobacco Free Network and the North Country Cessation Center has worked with Franklin County Municipalities to develop policies that restrict tobacco use in parks, playgrounds and other public outdoor environments • The following towns created a Local Law Prohibiting the Use of Tobacco on Certain Real Property Owned by the Town: Brighton, Chateaugay, Constable, the town and village of Malone, Harriestown, Belmont and Village of Saranac Lake • The Village Saranac Lake Tobacco-Free Parks Ordinance • The following employer organizations created a smoke-free grounds policy: Deer River Campsite, Trudeau Institute, Paul Smiths College, and Citizen’s Advocates/North Star Industries. • Presentation to Franklin County Legislators: <i>Diabetes in Franklin County/Health in All Policies</i> recommendation • Village of Saranac Lake created the Healthy Infrastructure Advisory Board to recommend and advise the board on issues pertaining to public recreation and transportation and to make recommendations regarding healthy infrastructures need of the Village of Saranac Lake.
<p>Mobilizing Neighborhoods and Communities</p> <p><i>Meet with communities to prioritize community concerns and provide training that supports policy and environmental change.</i></p>	<ul style="list-style-type: none"> • Franklin County Capacity Building Initiative mobilized communities to either enhanced or create community Gardens in Malone, Saranac Lake, Tupper Lake and several child care centers. • Capacity Building Initiative helped to kick-off the building of a walking trail in Akwesasne. • Submitted a Safe Routes to School application which was funded for both a Malone and Saranac Lake sidewalk project. Implementation will begin in 2014. • Two Healthy School Conferences were convened in 2011 and 2012 “<i>Winning the Race to the Top with Physical Activity and Wellness Promotion</i>” a conference designed to inform school community stakeholders about the benefits of physical education and physical activity in reducing childhood obesity and to demonstrate the positive impact of these two components on academic success and improved classroom behavior. <i>Physical Education Plan Writing Workshop</i> March 21, 2012 a conference designed to inform school districts about New York State Education Department’s requirements for a Physical Education Plan, to provide resources, and to give districts an opportunity to develop portions of the Physical Education Plan during the training.

	<ul style="list-style-type: none"> • Presentation to Malone Chamber of Commerce: Diabetes in Our Communities • Eastern Adirondack Healthcare Network (EAHCN) and North Country Healthy Hearty Network co-sponsored the Complete Street Training for Malone in 2010. As a result of the training, the Malone Complete Street Partnership was formed
<p>Changing Organizational Practices</p> <p><i>Adopt policies and procedures to improve health and safety and create new standards for the organization.</i></p>	<ul style="list-style-type: none"> • The Healthy Places grant is increasing the number of Convenience Stores and restaurants that offer fruits and vegetables using the Fit Pix branding. • Village of Saranac Lake adopted a Bicycle & Pedestrian Master Plan at their June 2013 meeting. • North Country Tobacco Cessation Center has been working with Health Care Provider Offices to make system change, changes in electronic health record to prompt/document evidence based treatment of tobacco at: North Country Health Care, Main Street Medical, St. Regis Mohawk Health Services, Adirondack Health Primary Care Clinics: Tupper Lake; Saranac Lake; Lake Placid; Keene, Community Health Center, Malone (CP Clinic), Alice Hyde Medical Center Outpatient Clinics: Alice Hyde; Bessette; Dwyer; Tower; Martin Leroux • In January 2012 Malone Central School District approved a revised Wellness Policy after working with Healthy Schools NY to strengthen policy wording and include additional items to promote physical activity and improve the nutrition environment. Implementation strategies have included distribution of a policy guide document to all staff and a new process for monitoring fundraising activities to encourage healthy food or non-food options. • Obesity Prevention in Pediatric Health Care Settings is conducting monthly chart audits, at one Pediatrician’s office in Malone, to evaluate the effectiveness of key measures within the office and has developed procedures to improve the documentation within the Electronic Medical Records (EMR). • <i>Get Moving for Healthy Aging</i> – provided 8 Adult Centers in Franklin County with senior fitness DVD’s and DVD/flat screen monitors (4) – collaboration with Eastern Adirondack Health Care Network and Franklin County Office for the Aging • Secured <i>We Can!</i> (NIH) grant funding to purchase research-based SPARK curriculum and equipment for Malone Middle School and Brushton-Moira School (SPARK = Sport, Physical Activity, and Recreation for Kids), included a staff training day • Developed and co-hosted the first regional North Country conference on Health Literacy: <i>Health Literacy and Transitions of Care: Improving Patient Outcomes</i> – attended by health care and public health professionals
<p>Fostering Coalitions and Networks</p>	<ul style="list-style-type: none"> • Malone Complete Streets Partnership has been working together for 3 years to create the Complete Streets Policy and recommendations adopted by the Village of Malone. • Friends of Tewathahita in Akwesasne have continued to enhance

Bring together groups and individuals to coordinate efforts, broaden goals and have greater impacts on target populations.

the walking trail and create events that encourage the use of the walking trail.

- Adirondack Tobacco Free Network meets quarterly and consists of representatives of all three counties. ATFN also participated in the Tobacco Free Committee for Paul Smith College and provided technical assistance in the development and adoption of their tobacco free policy.
- Healthy Schools NY has worked with District Wellness Committees and working with the Malone Central School District and Saranac Lake School District on policy development and implementation of their existing wellness policy
- Franklin County agencies collaborate on many issues and work together in many coalitions including: Adirondack Rural Health Network, Breastfeeding Council of Malone, Eastern Adirondack Health Care Network, North Country Healthcare Providers, North Country Healthy Heart Network, Pediatric Obesity Initiative
- **Village of Malone:** EAHCN provided funds to purchase cement for 440 feet of sidewalk to extend a sidewalk to the front entrance of the Recreational Park. Labor (in-kind) for the project was provided by the Village of Malone. The project was identified as a priority by the Malone Complete Streets Coalition and is part of a bigger plan. The coalition is working with the Mayor and DPW to identify projects that will increase physical activity for the residents of Malone. This extension will provide a permanent safe route to the Recreation Park and increase physical activity both in using the sidewalk and upon arrival at the Rec. Park.

Educating Providers

Informing providers who will transmit skills and knowledge to others or become champions or advocates for your goal.

- Technical assistance: supporting changes to electronic health records throughout the county and region.
- Bi-monthly newsletter disseminated to healthcare providers (Franklin, Essex, Franklin and Hamilton Counties) on topics germane to tobacco: products; prevalence; treatment, etc. from the North Country Healthy Heart Network's Tobacco Cessation Center.
- Bi-monthly NYS Cessation Center Collaborative Conference Calls promoted through the Cessation Center's newsletter.
- Obesity Prevention in Pediatric Health Care Settings is working with 1 Pediatric office in Malone to decrease the percent of overweight and obese children. Extensive interactive materials were developed with activity & food logs, and distributed to families via flash drives. The pediatrician and their patient will be able to track progress using the jump drives. Waiting rooms will have flat-screen monitors displaying resource information regarding health and wellness.
- Presentation to Female & Child Health Committee, with Cornell Cooperative Extension/Eat Smart NY, to establish referral process
- Nutrition & Physical Activity Self Assessment for Child Care Provider (NAPSACC) has reached 23 Child Care Programs; 114 Providers Participated/Trained; 635 Children Affected (based on enrollment during participation) in Franklin County since 2008
- Ongoing: on-site evidence based treatment of tobacco

	<p>presentations at healthcare provider sites throughout the county and region.</p> <ul style="list-style-type: none"> • Grant-funded <i>Medicare Diabetes Screening Project</i> – presentation to Medical Staff. • Health Literacy presentation to Medical Staff at Alice Hyde Medical Center.
<p>Promoting Community Education</p> <p><i>Reaching groups of people with information and resources to promote existing opportunities for healthy eating, activity and safety or to prevent unhealthy practices.</i></p>	<ul style="list-style-type: none"> • Fit Pix Promotional Campaign in Franklin County • North Country Tobacco Cessation Center Facebook page: www.facebook.com/tobacco cessation center • North Country Healthy Heart Network, Inc. website: www.heartnetwork.org • Regularly placed letters to the editor • Obesity Prevention in Pediatric Health Care Settings has created a comprehensive referral resource document to be utilized within the Pediatric office to connect families with nutrition and physical activity opportunities within the community. • Wholistic Approach to Women’s Wellness series • Akwesasne Wellness Events – annual community outreach events and Casino Employee Wellness Days: educational resources provided, and screenings: Diabetes, Cholesterol, Blood Pressure • North Country Community College Health Fairs and <i>Great American Smoke-out</i> events • Diabetes Alert Day – community outreach/screenings (2/yr) • Family Health & Fitness Day – collaboration of 7+ agencies • Healthy Kids Day at the YMCA – collaboration of 7+ agencies • Wear Red for Women & Heart Health Fairs/events • Medicare Diabetes Screening Program – Adult Centers • Cancer Services Program screens on average 300 uninsured women and men without health insurance in Franklin and Essex Counties each year. • Get Moving for Healthy Aging Initiative (Eastern Adirondack Health Care Network) to make accessible safe, attractive, and convenient places where the community can be physically active by enhancing the physical and social environment. • 9 Adult Centers received tv/dvd flat screen, dvds on walking and strengthening core muscles, and/or Wii’s to provide opportunities for physical activity especially during the winter months. In Franklin County, presentations were made to Senior Centers, Clubs and the Association for Senior Citizens concerning Get Moving and tips for Healthy Aging focusing on how physical activity can improve overall well being and help manage chronic conditions better. And more importantly for seniors, improving balance which can reduce the risk of falling. • Common Ground Garden, Saranac Lake Improvements were made at the garden sites in Saranac thanks to support from Eastern Adirondack Health Care Network. The funds helped to purchase building materials and components; the labor was donated by community members. Master Gardener Volunteer, led a group of

	<p>volunteers in building and laying out a demonstration garden, with placards meant to teach and show how to grow common garden vegetables.</p> <ul style="list-style-type: none"> • In collaboration with Alice Hyde and the We Can! Grant, provided equipment for the SPARK program. WE CAN/GET MOVING Malone. The full SPARK Middle School equipment kit was purchased for Malone Middle School, for grades 6-8, 450 students and 3 physical education teachers participated.
<p>Strengthening Individual Knowledge & Skills</p> <p><i>Enhancing an individual's capacity to eat healthy, get active or to avoid unhealthy behaviors/environment.</i></p>	<ul style="list-style-type: none"> • Calls to the NYS Smokers' Quitline 2012:Franklin county: 869; 364 FC callers received 2 week sample of nicotine replacement therapy • St. Regis Mohawk Health Services Tobacco Dependence Program, provides one-on-one counseling services. • <i>Living a Healthy Life with Chronic Conditions</i> – 6-session evidence-based course developed by Stanford University, locally known as Living Healthy workshops: Since 2009, 17 workshops have been offered in Franklin County. • AHMC organized several pedometer projects for school staff and county employees: <i>Buddy Up for Better Health; We Can! Get Moving; Move More Malone/Million Footsteps Challenge</i> • Presented Wellness series for One Worksource students • Arthritis Foundation Exercise Program (AFEP) offered in two different sites in Franklin County (Malone & Constable). • Living Healthy as We Age educational events at St. Regis Mohawk and throughout Franklin County addressing risk factors that may lead to dementia and depression. Free mood and memory screenings are provided. • North Country Community College in Malone and Saranac Lake received monitors to integrate point of decision prompts with tips on how to incorporate daily physical activity, featured messages about health and wellness, nutritional choices and local fitness options. • EAHCN partnered with Mt Lake PBS to promote Get Moving & EAHCN via on-air television spots and web ads. • Radio commercials were created to air in December 2011 and January 2012 in Clinton, Essex, and Franklin Counties, Tips on <i>How to maintain physical activity during the winter.</i> • Tri-county Child & Adolescent Mental Health and Substance Abuse Serves Resource Directory produced through a collaborative community partnership. Resource directory includes information about signs and symptoms about depression and suicide, treatment options, list of service providers, and helpful tips, e.g. what to expect in the hospital emergency room, how to talk to child's teacher and primary care provider, how to handle a crisis.

Franklin County - Healthcare Challenges and Successes

Using the Prevention Agenda as the road map, focus areas and indicators have been grouped into areas that best paint the picture of the county. The dashboard icon is used to visually look at an indicator and see how close or far Franklin County is in comparison to the benchmark.

How Do We Improve Health?



Dashboard of Health Indicators and Explanation

The Dashboard of Health indicators provides a snapshot of all data collected as part of the community health assessment. The Dashboard includes select data elements that fall under the New York State Department of Health Prevention Agenda Priority Categories and Focus Area sub-sections and, additional data indicators were collected to provide a more comprehensive picture of health for Franklin County. Indicators for which Franklin County data was not available or too limited to be statistically significant are not provided in the Dashboard.

A complete data set for all elements collected as part of the assessment process may be found in Appendix D.

Benchmarks

Franklin County data is compared to a benchmark to provide context for the data. Based on availability, benchmarks used were: NYS DOH Prevention Agenda (Prevent NY) > Upstate NY > NY State. The Adirondack Rural Health Network counties are also referenced in Discussion sections as “Region”.

Meets/Better	Q1 0-25% Away	Q2 26-50% Away	Q3 51-75% Away	Q4 76-100% Away

Improve Health Status and Remove Health Disparities

Focus Area: **Disparities**

	Comparison Franklin to Benchmark	Franklin County% or Rate	Benchmark % or Rate	Benchmark Source
Deaths				
Percent of Overall Premature Deaths (ages 35-64)		25.3 %	21.8%	Prevent NY
Hospitalizations				
Rate of Adult Age-Adjusted Preventable Hospitalizations (per/100K)		212.5	133.3	Prevent NY
Rate of Emergency Department Visits Total Adjusted Population (per/10K)		4,734.9	3,522.6	Upstate NY
Access				
Percent of Adults (Ages 18-64) with Health Insurance		80.8%	100.0%	Prevent NY
Percent of Adults with a Regular Health Care Provider		78.9%	90.8%	Prevent NY
Percent of Adults (18 and older) Who Did Not Receive Care Due to Cost		13.5%	13.8%	NY State
Disabilities				
Percent of Adults (18 and older) with Disabilities		25.9%	22.9%	Upstate NY

Discussion: While there are not significant health disparities based on race and ethnicity in Franklin County, there are, significant access to care issues. The rate of age-adjusted preventable hospitalizations⁴ per 100,000 population (212.5) was significantly higher than the ARHN region (147.3) and Upstate New York (138.9) rates

⁴ Hospitalizations for such things as asthma, diabetes, otitis media, etc. that occurred as a result of inadequate access to primary care services.

and higher than the Prevention Agenda benchmark (133.3). The rate of Emergency Department visits per 10,000 population in Franklin County (4,763.9) was also significantly higher than the ARHN region (3,673.1) and Upstate New York (3,534.4) rates. The percentage of adults ⁵ with a regular health care provider was lower than in the ARHN region and lower than the Prevention Agenda benchmark. Both the percentages of adults with poor physical health and physical limitations were worse than their respective ARHN region and Upstate New York percentages.

Promote a Healthy and Safe Environment

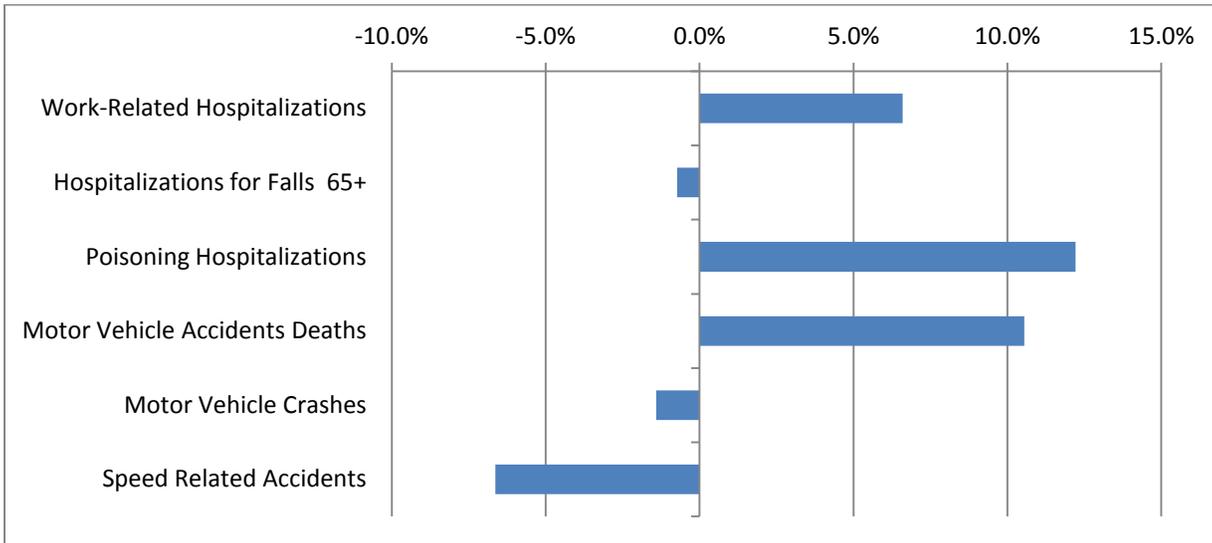
Focus Area: Injuries, Violence and Occupational Health	Comparison Franklin to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Injuries				
Rate of Hospitalizations Due to Falls for Ages 65+		185.7	204.6	Prevent NY
Rate of ED Visits Due to Falls for Children Ages 1-4 (per/10K)		746.1	429.1	Prevent NY
Motor Vehicle				
Rate of Total Motor Vehicle Crashes (per/100K)		2,182.9	2,104.5	Upstate NY
Rate of Total Speed Related Accidents (per/100K)		414.7	225.1	Upstate NY
Rate of Motor Vehicle Deaths per 100,000		17.7	8.2	Upstate NY
Violence				
Rate of Total Crimes (/100K)		1,909.5	2,340.0	Upstate NY
Rate of Assault Related Hospitalizations (per/10K)		1.9	4.3	Prevent NY
Occupational Health				
Rate of ED Occupational Injuries Among Working Adolescents Ages 15-19 (per/10K)		81.8	33.0	Prevent NY
Rate of Pneumoconiosis (black lung disease) Hospitalizations Ages 15 Plus (per/10K)		2.6	1.9	Upstate NY
Rate of Work Related Hospitalizations Employed Ages 16 Plus (per/10K)		24.4	21.1	Upstate NY

Discussion: The built environment (infrastructure) poses challenges for Franklin County residents. No community within the County has adopted the “Climate Smart Community” pledge, and nearly 7% of low-income residents have low access to a supermarket or a large grocery store.

⁵ Unless otherwise specified, adult is defined as age 18 or older.

The county has a very low rate of crime (1909.5/100K) and assaults (1.9/10K) which makes this area a very safe place to live and raise children. However rates of speed-related accidents (414.7) and motor vehicle deaths (17.7) per 100,000 population in Franklin County were significantly worse than their respective rates in the ARHN region and Upstate New York.

Three Year Trends: Injuries



Focus Area: Outdoor Air Quality	Comparison Franklin to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Number of Days with Unhealthy Ozone		3	0	Prevent NY
Number of Day with Unhealthy Particulate Matter		0	0	Prevent NY

Discussion: While the two indicators listed for Outdoor Air Quality did not meet the Prevention Agenda benchmark of 0 days, the number of days of unhealthy ozone and particulate matter are better than the ARHN (9 ozone; 4 particulate matter), Upstate (88 ozone; 32 particulate matter), and NY State (122 ozone; 69 particulate matter), days. Outdoor air quality in Franklin County is most considerably better than in other locations in NY State. It is expected that days of unhealthy ozone and participated matter are due to circumstances outside of Franklin County.

Focus Area: Water Quality	Comparison Franklin to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Percentage of Residents Served by Community Water Systems with Optimally Fluoridated Water		0.0%	78.5%	Prevent NY

Discussion: There are 10 communities served with municipal water but none of them have fluoridated water. As a very rural county a considerable portion of the population have private water systems.

Preventing Chronic Disease

Focus Area: Reduce Obesity in Children and Adults	Comparison Franklin to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Weight/Obesity				
Percent of WIC Children Ages 2-4 Obese		43.0%	45.7%	Upstate NY
Percent of Public School Children Who Are Obese		22.3%	16.7%	Prevent NY
Percent of Adults (Ages 18+) Who Are Obese		36.5%	23.0%	Prevent NY
Percent of Age Adjusted Adults (Ages 18+) Who Are Overweight or Obese		69.0%	59.3%	NY State
Environment				
Number of Recreational and Fitness Facilities (per/100K)		9.8	12.4	Upstate NY
Behaviors				
Percent of Adults (Ages 18+) Eating 5 or More Fruits & Vegetables Today		21.1%	27.1%	NY State

Discussion: Obesity rates are high in Franklin County with nearly 37% of adults are obese, higher than the Prevention Agenda benchmark of 23%. Additionally, more than 22% of public school children are obese, also higher than the Prevention Agenda benchmark of 16.7%. The county has a fair number of fitness facilities but what is not measured here is the huge number of outdoor activities available with everything from hiking, canoeing, skiing and much more. The Adirondacks is known for its outdoors recreational opportunities that are available for everyone, with much of it being free.

Focus Area: Tobacco Use and Second Hand Smoke Exposure	Comparison Franklin Co. to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Tobacco Use				
Percent of Adults (Ages 18+) Who Smoke		30.7%	15.0%	Prevent NY
Chronic Illness				
Rate of Chronic Lower Respiratory Disease Deaths (per/100k)		57.1	46.0	Upstate NY
Rate of Lung and Bronchus Deaths (per/100K)		59.5	57.2	Upstate NY
Tobacco Access				
Number of Registered Tobacco Vendors (per/100K)		116.1	94.0	Upstate NY
Percent of Vendors with Sales to Minors Violations		1.7%	5.1%	Upstate NY

Discussion: Nearly 31% of adults smoke, significantly more than in the ARHN region (21.4%) or Upstate New York (18.5%) and more than two times higher than the Prevention Agenda benchmark (15.0%). Overall asthma hospitalizations per 10,000 population and for all individual age groups in Franklin County were higher than their respective ARHN and Upstate New York rates. The rates of lung and bronchus deaths and cases as well as the rates of lower chronic respiratory disease deaths and cases were higher than their respective Upstate New York benchmarks. The Tobacco Cessation Center has made a lot of progress getting healthcare providers to install tobacco prompts into their electronics medical records and there have been 869 calls to the New York State Quitline in 2012 from Franklin County.

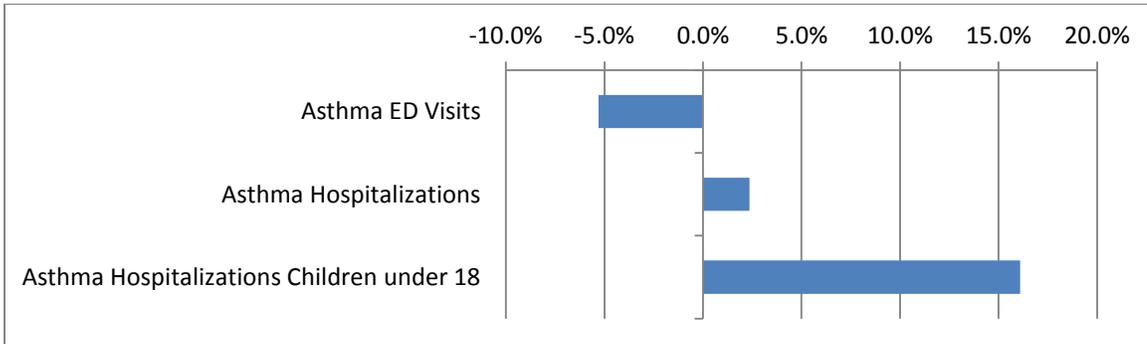
Focus Area: Chronic Disease Preventive Care and Management	Comparison Franklin Co. to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Asthma				
Rate of Asthma ED Visits (per/10K)		65.03	75.1	Prevent NY
Rate of Asthma ED Visits for Ages 18-64 (per/10K)		64.9	49.3	Upstate NY
Rate of Asthma ED Visits for Ages 65+ (per/10K)		34.4	18.6	Upstate NY
Rate of Asthma ED Visits for Ages 0-17 (per/10K)		93.0	77.9	Upstate NY
Diabetes				
Rate of Short Term Diabetes Hospitalizations for Ages 6-17 (per/10K)		2.5	3.06	Prevent NY
Rate of Short Term Diabetes Hospitalizations for Ages 18+ (per/10K)		6.5	4.86	Prevent NY

Rate of Diabetes Deaths (per/100K)		23.6	17.7	Upstate NY
Heart, Cardiovascular, Cerebrovascular				
Rate of Age Adjusted Heart Attack Hospitalizations		16.6	14.4	Prevent NY
Rate of Cardiovascular Premature Deaths (Ages 35-64) (per/100K)		35.4	39.4	Upstate NY
Rate of Diseases of the Heart Premature Deaths (Ages 35-64) (per/100K)		29.5	32.2	Upstate NY
Rate of Coronary Heart Diseases Premature Deaths (Ages 35-64) (per/100K)		21.7	24.8	Upstate NY
Rate of Cerebrovascular (Stroke) Deaths (per/100K)		42.0	39.3	Upstate NY
Percent of Age Adjusted Adults (Ages 18+) with Cholesterol Check Within the Last 5 Years		73.6%	77.3%	NY State
Percent of Age Adjusted Adults (Ages 18+) Ever Diagnosed with High Blood Pressure		37.3%	25.7%	NY State
Cancer				
Rate of All Cancer Deaths (per/100K)		217.6	204.1	Upstate NY
Rate of Colon and Rectum Cases (per/100K)		60.2	53.9	Upstate NY
Percentage of Adults Who Received Colorectal Screenings Based on Recent Guidelines		70.4%	71.4%	Prevent NY
Rate of Female Breast Cancer Cases (/100K)		61.5	83.9	Upstate NY
Percent of Women Ages 40+ With Mammogram Within Last Two Years		79.0%	79.7%	NY State
Rate of Prostate Cancer Cases (per/100K Male Population)		77.4	91.5	Upstate NY
Percent of Males Ages 40+ With A Digital Rectal Exam Within Last Two Years		43.3%	57.5%	Upstate NY
Percent of Males Ages 40+ With a Prostate Antigen Test Within Last Two Years		43.3%	54.2%	Upstate NY

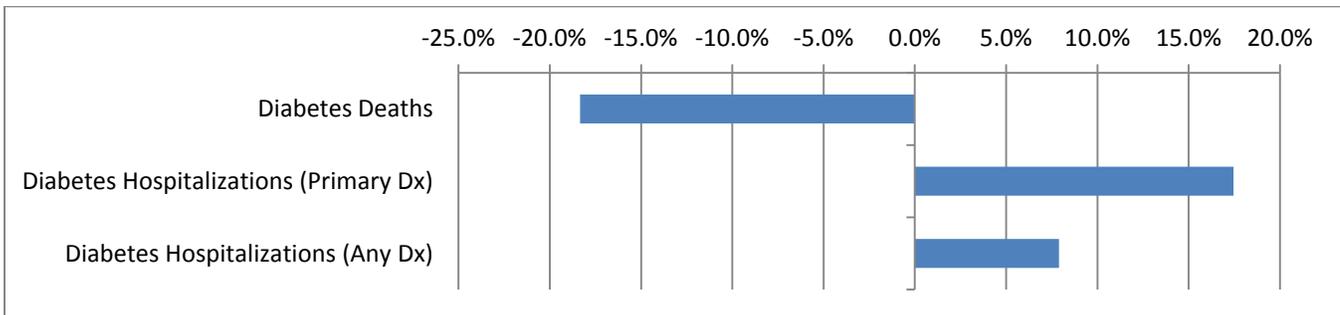
Discussion: More than 37% of age-adjusted adults have ever been diagnosed with high blood pressure, far higher than the New York State rate of nearly 26%. Almost 10% of age-adjusted adults have had a physician diagnosis of angina, heart attack, or stroke compared to 7.6% statewide. Diabetes hospitalizations, continues to rise in the county while deaths due to diabetes have been trending down (see trend data below). Screening rates for both colorectal cancer (70.4%) and breast cancer (79.0%) are somewhat lower than the NYS average (71.4% for colorectal screening and 79.7% for breast screening). Premature deaths from Heart Disease meets

or is better than the Upstate bench mark and asthma ED visits are trending down which indicates that patients are being better managed by their primary care physician. The Cancer Services Program of Franklin and Essex County screens uninsured women and men for breast, cervical and colorectal cancer.

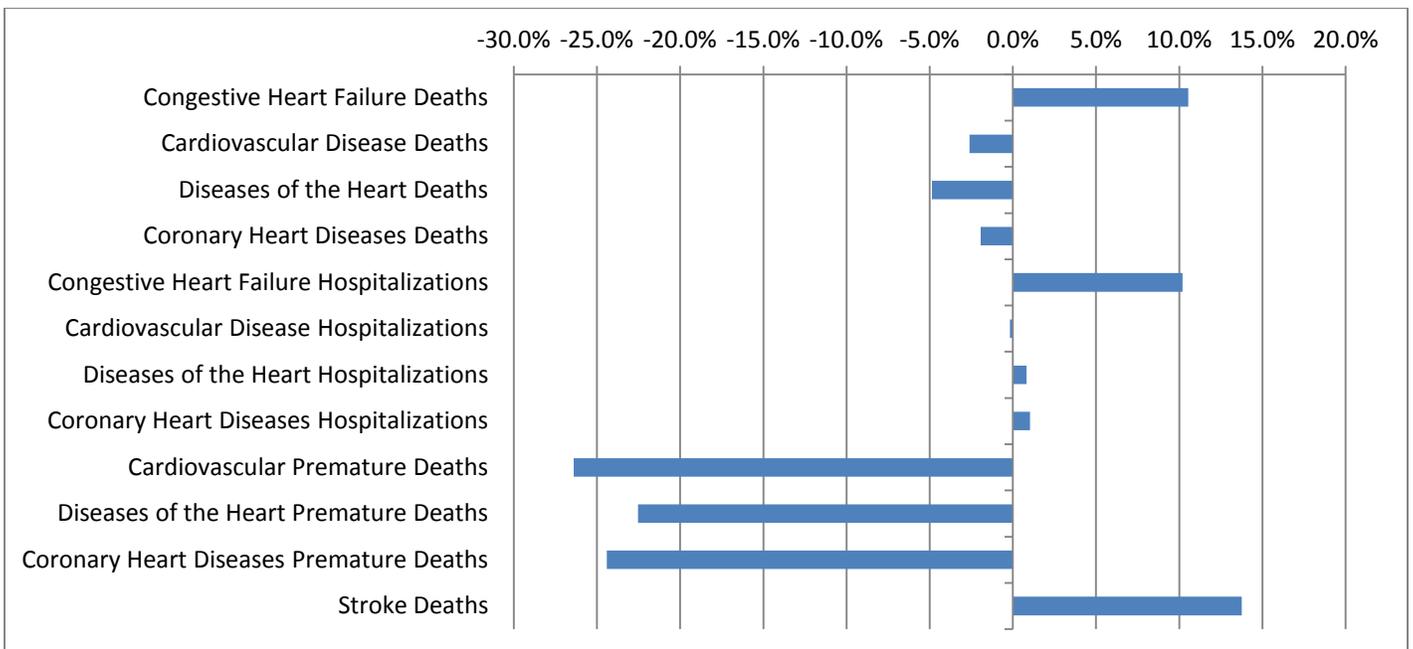
Three Year Trends: Asthma



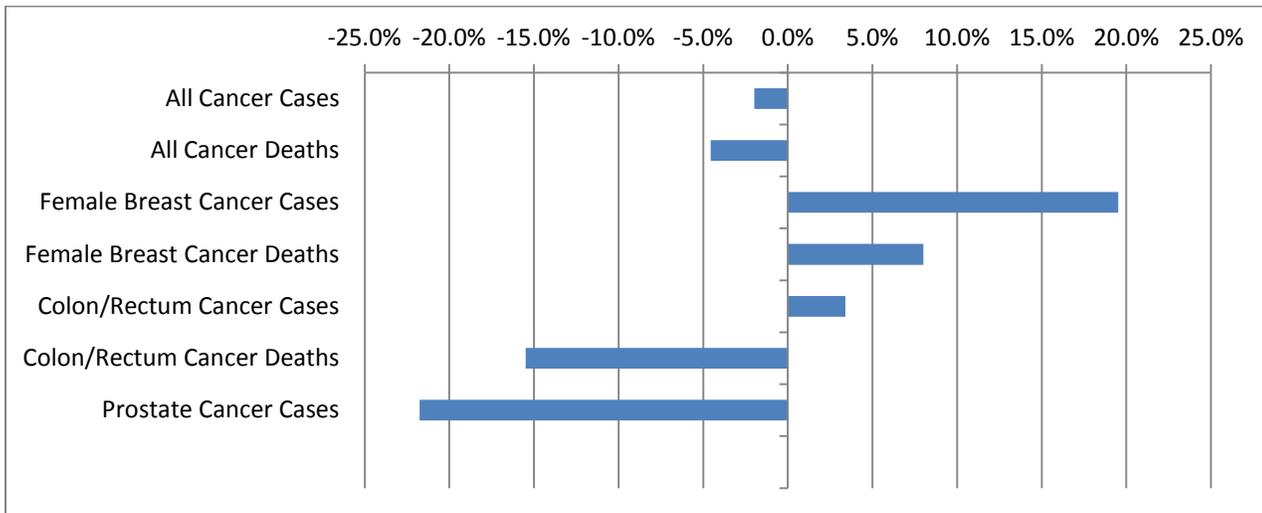
Three Year Trends: Diabetes



Three Year Trends: Heart Disease and Stroke



Three Year Trends: Cancer



Promoting Healthy Women, Infants and Children

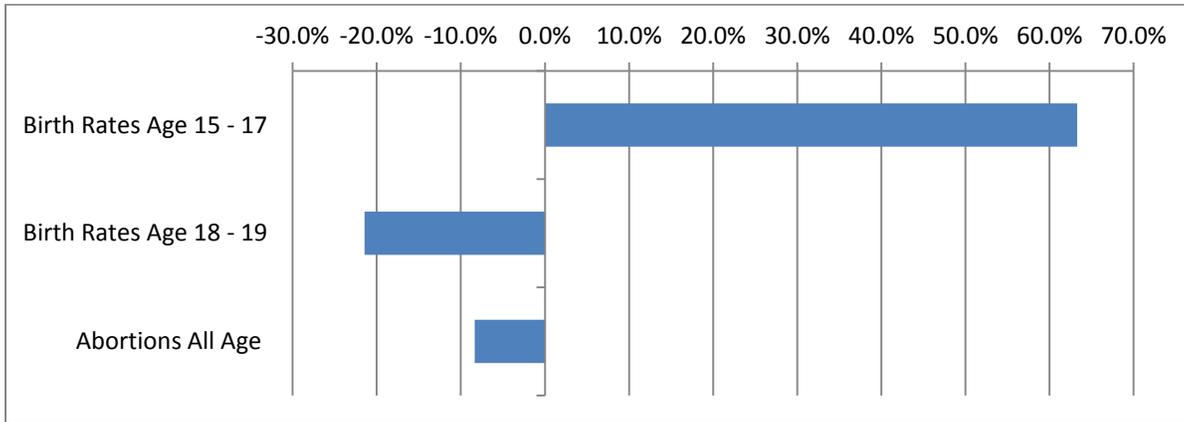
Focus Area: Maternal and Infant Health	Comparison Franklin Co. to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Prenatal Care				
Percent Early Prenatal Care of Total Births Where Prenatal Care Status is Known		66.4%	75.2%	Upstate NY
Births				
Percent of Preterm Births <37 Weeks of Total Births Where Gestation Period is Known		11.1%	10.2%	Prevent NY
Ratio of Preterm Births <37 Weeks Medicaid to Non-Medicaid		1.09	1.00	Prevent NY
Percent of Total Birth with Weights Less Than 1,500 grams (3.3 lbs)		0.7%	1.4%	Upstate NY
Percent of Total Birth with Weights Less Than 2,500 grams (5.5 lbs)		6.9%	7.7%	Upstate NY
Percent of Singleton Births with Weights Less Than 2,500 grams (5.5 lbs)		5.4%	5.7%	Upstate NY
Breastfeeding				
Percent of Live Birth Infants Exclusively Breastfed in Delivery Hospital		54.7%	48.1%	Prevent NY
Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births		0.6	0.66	Prevent NY
Percent of WIC Women Breastfed at 6 Months		18.9%	39.7%	NY State

Discussion: The percent of breastfeeding after a hospital delivery and ratio of breastfeeding among Medicaid to non-Medicaid Mom’s meets or is better than the Prevention Agenda. However WIC women who are breastfeeding at 6 months (18.9%) in Franklin County is very low in comparison to the New York state average (39.5). Perhaps this is due to the fact that the women have gone back to work. The rate of early prenatal care in the county (66.4%) is lower than the Upstate NY bench mark (75.2%), this can be partially attributed to the growing Amish population in the northern end of the county. Franklin County’s number for low birth weight babies in all categories meets or is better than the benchmark. The Early Intervention Program (EIP) in Franklin County is for children under the age of three who are developmentally delayed or have a diagnosed disability. EIP provides services to assist families with the growth and development of EIP eligible children. Franklin County receives on average 95 referrals and case manages about 150 children each year.

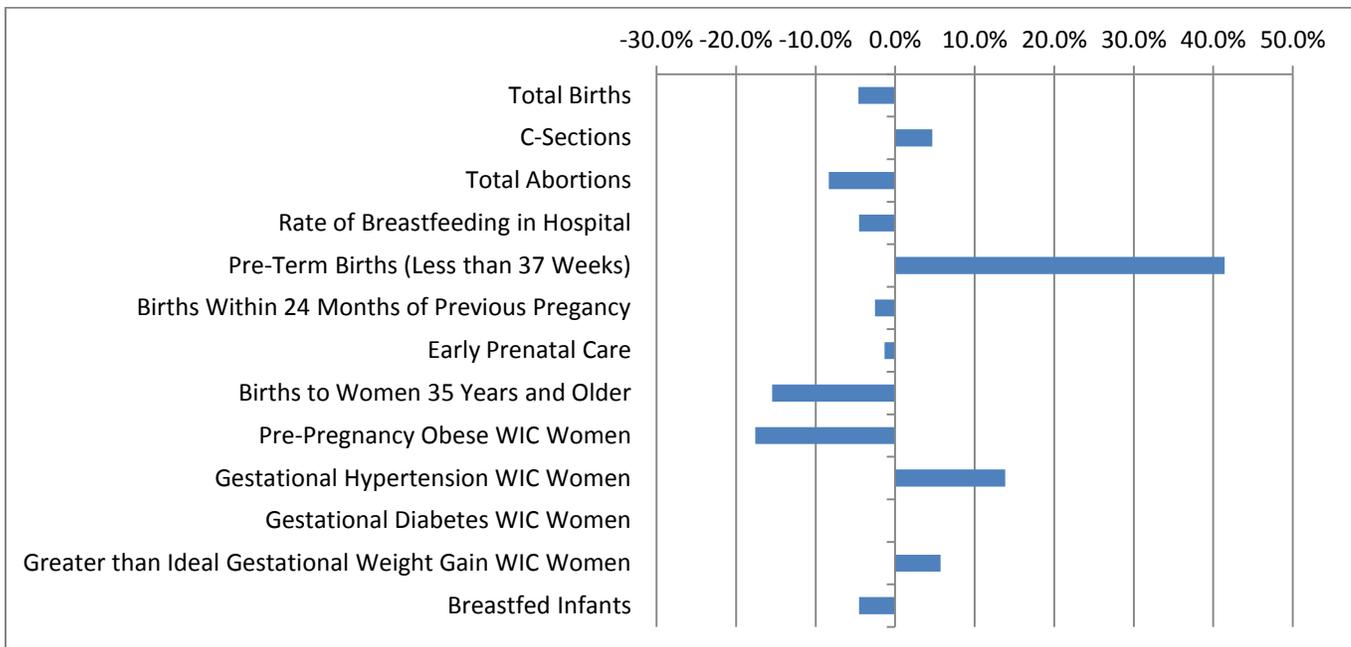
Focus Area: Preconception and Reproductive Health	Comparison Franklin Co. to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Pregnancy				
Rate of Pregnancies Ages 15-17 (per/1K Females)		21.3	25.6	Prevent NY
Rate of Births Ages 15-17 (per/1K Females)		12.2	10.0	Upstate NY
Rate of Pregnancies Ages 18-19 (per/1K Females)		83.5	60.3	Upstate NY
Rate of Birth Ages 18-19 (per/1K Females)		64.7	35.4	Upstate NY
Percent of WIC Women with Gestational Weight Gain Greater than Ideal		50.9%	41.8%	NY State
Percent of WIC Women Pre-Pregnancy Obese		28.8%	23.4%	NY State
Percent of WIC Women with Gestational Diabetes		8.9%	5.5%	NY State
Percent of WIC Women with Gestational Hypertension		10.7%	7.2%	NY State
Births				
Percent of Unintended Births to Total Births		33.8%	24.2%	Prevent NY
Ratio of Unintended Births Medicaid to Non--Medicaid		1.63	1.56	Prevent NY
Percent of Multiple Births of Total Births		3.4%	4.2%	Upstate NY
Percent of Total Births to Women Ages 35+		8.2%	19.0%	Upstate NY
Access to Care				
Percent of Women Ages 18-64 with Health Insurance		83.7%	100.0%	Prevent NY

Discussion: The rates of birth per 1,000 females to teenagers ages 15 to 17 (12.2) and 18 to 19 (64.7) in Franklin County are higher than those in the ARHN region and Upstate New York (10.0) and 35.4 respectively). Pregnant women receiving WIC had higher rates of pre-pregnancy obesity (28.8%), gestational weight gain greater than the ideal (8.9%), gestational diabetes, and gestational hypertension (10.7%) than comparable New York State rate of 23.4%, 5.5%, 7.2% respectively.

Three Trends in Births



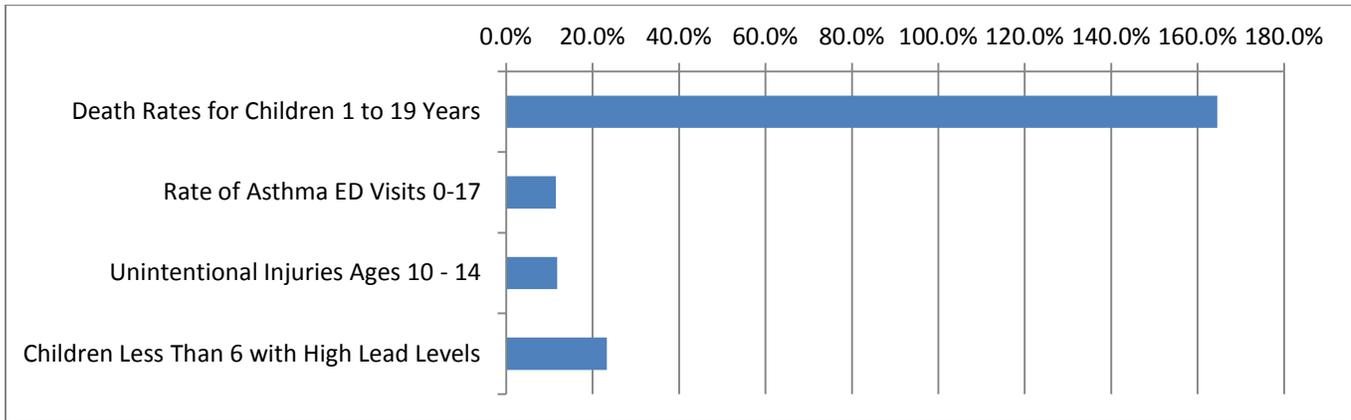
Three Year Trends: Preconception and Reproductive Health



Focus Area: Child Health	Comparison Franklin Co. to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Deaths				
Rate of Children Deaths Ages 1-19 (per/100K)		33.9	21.8	Upstate NY
Government Insurance				
Percent Children Ages 0-15 months w/Government Insurance & Well Visits		75.0%	77.0%	Prevent NY
Percent Children Ages 3-6 Years w/Government Insurance & Well Visits		78.5%	77.0%	Prevent NY
Percent Children Ages 12-21 Years w/Government Insurance & Well Visits		47.0%	77.0%	Prevent NY
Percent of Children 0-19 with Health Insurance		91.7%	100%	Prevent NY
Dental				
Rate of 3 rd Graders w/Untreated Tooth Decay Low Income to Non-Low income children		2.21	2.21	Prevent NY
Percent of Children of 3 rd Graders w/Untreated Tooth Decay		20.5%	21.6%	Prevent NY
Percent Medicaid Ages 2-20 with at least one Dental Visit		32.5%	40.8%	NY State
Lead Screening				
Percent of Children Screened for Lead by Age 9 months		0.2%	2.9%	Upstate NY
Percent of Children Screened for Lead by Age 18 months		36.4%	65.4%	Upstate NY
Percent of Children Screened for Lead by Age 36 months (at least 2 screenings)		20.5%	45.2%	Upstate NY

Discussion: Children’s health issues are also a concern. Overall, the mortality rate for children ages 1 to 19 per 100,000 population in Franklin County was higher (33.9) than both the rate for the ARHN region (25.6) and the rate for Upstate New York (21.8). Untreated tooth decay among 3rd graders meets or is better than the Prevention Agenda benchmark. The county still has only a few dentists that accept Medicaid but that has been improving. Finally, the percentages of children screened for lead by age 9 months, by age 18 months, and with two screenings by age 36 months were lower in Franklin County than in the ARHN region or Upstate New York.

Three Year Trends: Children

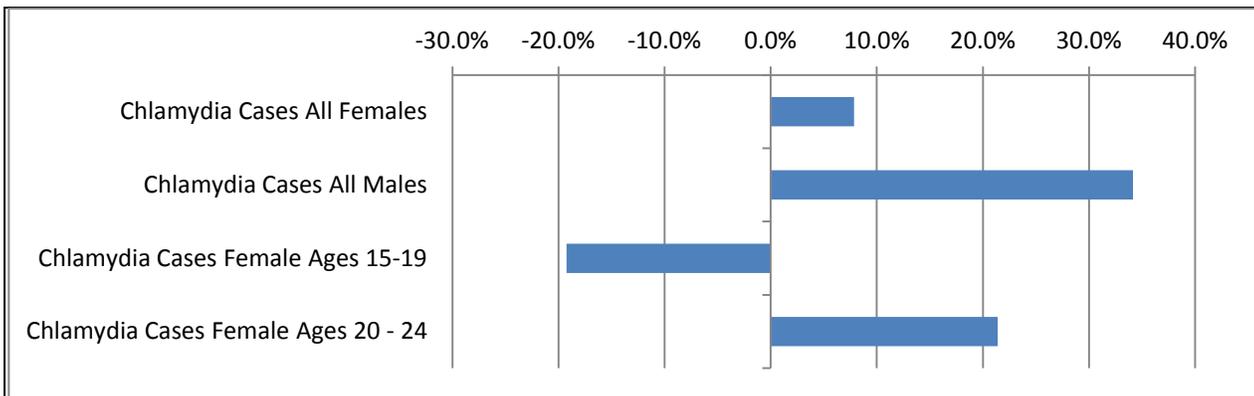


Prevent HIV/STD's, Vaccine Presentable Disease and Health-Care Associated Diseases

Focus Area: HIV/STD and Vaccine Preventable	Compare Franklin Co. to Benchmark	Franklin Co. % or Rate	Benchmark % or Rate	Benchmark Source
HIV				
Rate of Newly Diagnosed HIV Cases per 100,000		3.9	14.7	Prevent
STD's				
Rate of Gonorrhea for Females Ages 15-44 per 100,000		70.3	183.1	Prevent
Rate of Chlamydia Cases for Females Ages 15-44 per 100,000		667.4	1458.0	Prevent
Rate of Chlamydia Cases for all Males per 100,000		50.2	178.9	Upstate
Rate of Chlamydia Cases for all Females per 100,000		243.1	426.2	Upstate
Vaccine Preventable Disease				
Percent of Children Ages 19-35 months with 4:3:1:3:3:1:4		33.7%	80.0%	Prevent
Percent Females 13-17 with 3 doses HPV vaccine		15.4%	50.0%	Prevent
Percent of Adults Ages 65 Plus with Flu Shots within last year		64.6%	75.1%	Prevent
Rate of Pneumonia Hospitalizations Ages 65 Plus per 100,000		185.7	140.1	Upstate
Percent of Adults ages 65 Plus Ever Received a Pneumonia Shot		63.8%	64.7%	Upstate

Discussion: Rates of vaccine preventable diseases are a challenge in Franklin County. The percentage of children ages 19 to 35 months with the appropriate immunization series⁶ was lower (33.7%) than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (15.4%) was also lower than the Prevention Agenda benchmark of 50%. The rate of adults ages 65 and above with a flu shot within the last year in Franklin County (64.6%) was lower than the Prevention Agenda Benchmark (75.1%). Finally, the rate of pneumonia/flu hospitalizations for adults ages 65 and above per 10,000 population was higher than the rates for the ARHN region and for Upstate New York.

Three Year Trends: Chlamydia



Focus Area: Healthcare Associated Infections	Comparison Franklin to Benchmark	Franklin County % or Rate	Benchmark % or Rate	Benchmark Source
Rate of Hospital Onset C. Diff. Infections (per/10K Patient Days)		0.0	5.94	Prevent NY
Rate of Community Onset, Healthcare Associated C. Diff. Infections (per/10K Patient Days)		1.8	2.05	Prevent NY

Discussion: Hospital associated infection rates for the county meet or is better than the statewide rate.

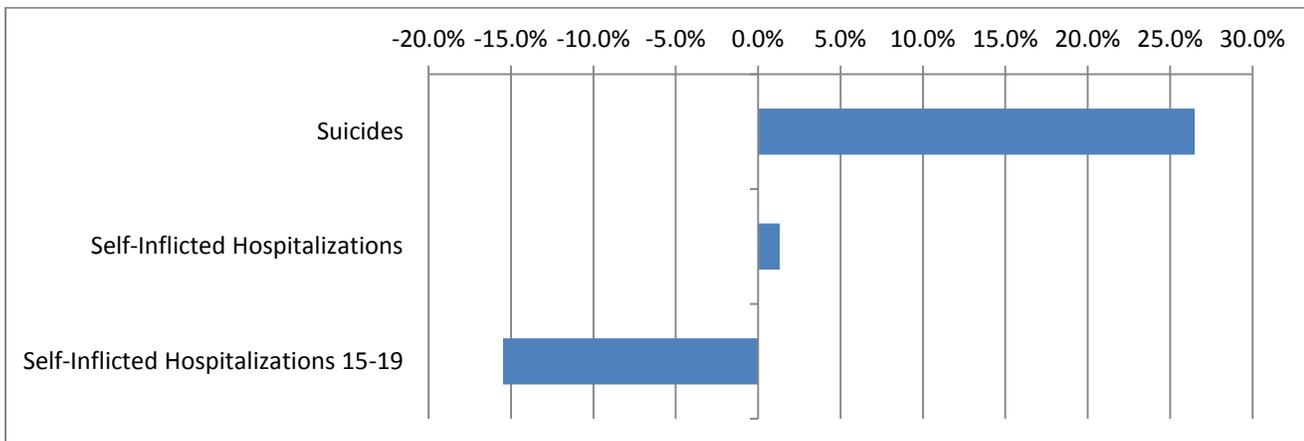
Promote Mental Health and Prevent Substance Abuse

⁶ The number of children (ages 19-35 months) per 100 population who received their 4:3:1:3:3:1:4 immunization series (4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13).

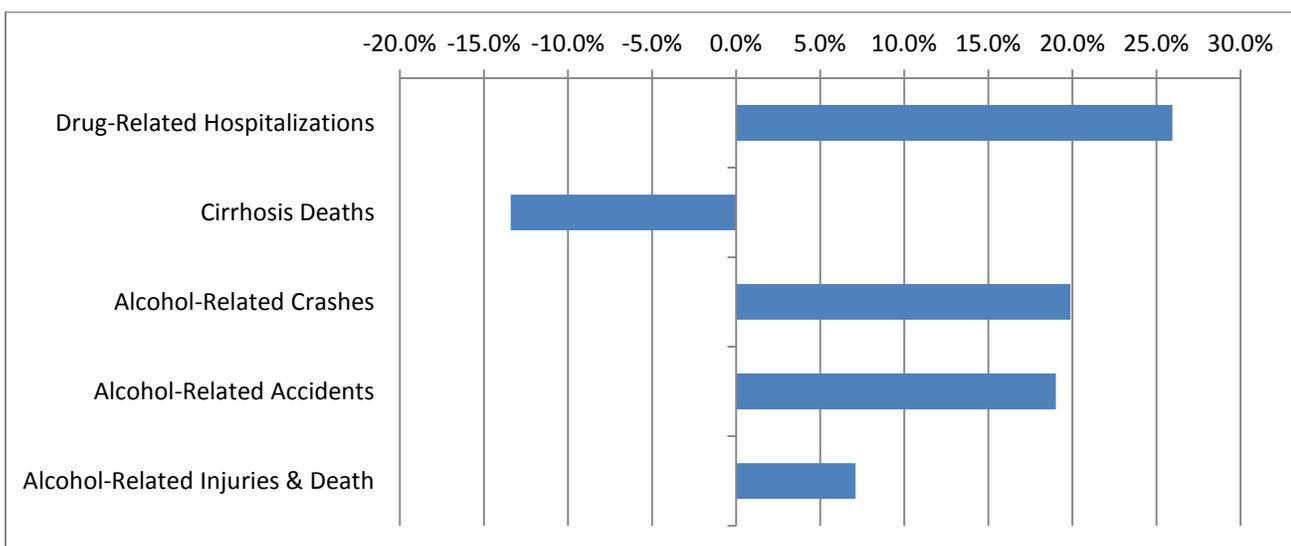
Focus Area: Substance Abuse Mental, Emotional, and Behavioral Disorders	Compare Franklin Co. Benchmark	Franklin Co. % or Rate	Benchmark % or Rate	Benchmark Source
Substance Abuse				
Percent of Adults Binge Drinking within the Last Month		21.2%	17.6%	Prevent NY
Rate of Alcohol-Related Accidents (per/100k)		92.5	67.4	Upstate NY
Percent of Alcohol-Related Crashes to Total Accidents		4.2%	3.2%	Upstate NY
Rate of Drug-Related Crashes to total Accidents (per/10K)		25.9	21.2	Upstate NY
Rate of Cirrhosis Deaths (per/100k)		13.8	7.7	Upstate NY
Mental Health				
Percent of Adults with Poor Mental Health (14+ Days) in the Last Month		8.3%	10.1%	Prevent NY
Rate of Age Adjusted Suicides (per/100K)		11.8	5.9	Prevent NY
Percent of Children Ages 9-17 with Serious Emotional Disturbances (SED) Served to Total SED Children		10.0%	7.7%	Upstate NY
Percent of Adults Ages 18-64 with Serious Mental Illness (SMI) Served		13.8%	14.6%	Upstate NY
Rate of Self-Inflicted Hospitalizations (per/10K)		7.8	6.1	Upstate NY
Rate of Self-Inflicted Hospitalizations For Ages 15-19 (per/10K)		17.3	11.0	Upstate NY
Percent of Adults Ages 65+ With Serious Mental Illness Served		4.3%	4.7%	Upstate NY

Discussion: The rate of alcohol-related accidents in Franklin County (92.5) per 100,000 population was significantly worse than the Upstate New York rate of 67.4 and slightly worse than the ARHN rate of 92.1. The rate of Cirrhosis deaths (13.8) in Franklin County is almost twice the upstate rate (7.7). The rate of age-adjusted suicides (11.8) as compared to the Prevention agenda rate (5.9) is significantly higher. The overall rate of self-inflicted hospitalizations (7.8) in Franklin County is significantly higher than the Upstate NY rate (6.1). Additionally, the rate of self-inflicted hospitalizations for ages 15 to 19 (17.3) was higher than the Upstate New York rate (11.0).

Three Year Trends: Mental Health



Three Year Trends: Substance Abuse



Prioritization Process – Franklin County

Adirondack Rural Health Network and Franklin County Public Health contacted all the community stakeholders on the list used for the Community Surveys, to invite them to a meeting at Paul Smiths College on May 1, 2013. Thirty two people attended Appendix I. The group was given the data that had been collected along with a copy of the slideshow presentation. After presenting how the data was collected and analyzed the participants were divide into small groups to discuss a prevention agenda focus area. Each group then presented their findings to the larger group. The participants were very engaged in the discussion and good conversations came out of the meeting. After the meeting over the next four weeks the Health Educator contacted key informants from a cross section of agencies in the county to do a prioritization process that was recommended by ARHN (Participants List Appendix K). The key informants were walked through the prioritization process either in small groups or one on one. Each person used the scoring process provided by ARHN. The scores were then entered in to a data base which aggregated the individual scores. The results of

the prioritization scoring, has been discussed with the hospitals and other participating agencies as we move into the Community Health Improvement Plan.

Franklin County Priority Areas for 2013-2017

Based on analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following have been identified as the prioritized health needs in Franklin County. In order of priority they are:

Priority Area 1: Obesity in Children and Adults

Goal 1.1: Create community environments that promote and support healthy food and beverage choices and physical activity

Assets	Partners
Objective 1: Creating Healthy Places Grant	North Country Healthy Heart Network, Franklin County Public Health, Saranac Lake School District, Citizen Advocates, Alice Hyde Medical Center, Adirondack Health
Objective 2: Creating Healthy Places Grant, Malone Complete Streets Partnership	North Country Healthy Heart Network, Franklin County Public Health, Alice Hyde Medical Center, Adirondack Health, Franklin County Traffic Safety, LWRP, Dept. of Transportation
Objective 3: Safety Routes to School Non-infrastructure grant, Creating Healthy Places grant	North Country Healthy Heart Network, Franklin County Public Health, Franklin County Traffic Safety, Dept. of Transportation, Local DPW, Cornell Cooperative Extension
Objective 4: Great Beginnings NY Program,	Alice Hyde Medical Center, Franklin County Public Health Maternal Child Health nurses
Objective 5: Pediatric Obesity Grant	Alice Hyde Medical Center, Medical Home Project, Adirondack Health, Pediatrician Offices, Family Practice offices

Priority Area 2: Chronic Disease Preventive Care and Management

Goal 3.3: Promote culturally relevant chronic disease self-management education

Assets	Partners
Objective 1: Alice Hyde Medical Center, Adirondack Medical Center, Eastern Adirondack Healthcare Network, Franklin County Public Health	Alice Hyde Medical Center, Adirondack Medical Center, Eastern Adirondack Healthcare Network, Franklin County Public Health

Objective 2: Alice Hyde Medical Center, Adirondack Medical Center, Eastern Adirondack Healthcare Network, NYS Health Foundation	Alice Hyde Medical Center, Adirondack Medical Center, Eastern Adirondack Healthcare Network, NYS Health Foundation
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Priority Area 3: Tobacco Use and Secondhand Smoke Exposure was picked as the third most important priority. While the smoking rates are high in the county the feeling of the community participants is that resources and staff are in place to implement evidence based interventions. There are currently two funded partners working in Franklin County: the North Country Tobacco Cessation Center and Adirondack Tobacco Free Network. It is the feeling of many community members that the smoking rates will continue to be high as long as people have access to cheap tobacco products produced on the reservation.

Priority Area 4: Substance Abuse and Mental, Emotional and Behavioral Health was picked as the fourth most important priority. There are a variety of agencies in the county working on addressing these issues including Citizen Advocates/Northstar Industries, the Health Home Project and the Colby Center at Adirondack Health. There is a recently formed group addressing Suicide Prevention and the underage drinking task force has been working on this issue for years.

Assets and Resources to Address Obesity in Children and Adults and Chronic Disease Prevention

Several agencies will be working on making policy and environmental changes in the county to create a healthier place to live work and play. They include:

- North Country Healthy Heart Network
- Healthy Places grant
- Healthy Schools grant
- Obesity Prevention in Pediatric Healthcare setting grant
- Eastern Adirondack Healthcare Network
- Cornell Cooperative Extension – Eat Smart New York grant
- Nutrition Services at Adirondack Health and Alice Hyde Medical Center
- Medical Home initiative
- The Malone Complete Streets Partnership
- Traffic Safety Board
- Safe Routes to School grant
- Saranac Lake Healthy Infrastructure Advisory Board
- Community gardens/Farmers Markets
- The Malone YMCA
- Walking and hiking trails throughout the county
- Citizen Advocates
- Malone and Saranac Lake School District

Policy Environment – There has been a lot of work done to create policy and practice changes in the county including the following:

- Complete Streets policies in the village of Malone and Saranac Lake
- Tobacco free parks and playgrounds ordinance in Saranac Lake
- Seven towns in Franklin County have prohibited smoking on town property
- Four employer have create smoke free policies at their work site
- The Village of Saranac Lake has created a Healthy Infrastructure Advisory board to review and recommend policies that enhance a healthy lifestyle.

Prevention Agenda Summary of Findings: Franklin County

Disparities	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
% of Premature Deaths (ages 35-64)	25.3%	21.8%	22.3%	22%	2403%
Ratio of Black, Non Hispanic Premature Deaths (ages 35-64) to White Non Hispanic	N/A	1.87	N/A	N/A	2.13
Ratio of Hispanic/Latino Premature Deaths (age 35-64) to White Non Hispanic	N/A	1.86	N/A	N/A	2.14
Rate of Adults Age-Adjusted Preventable Hospitalizations per 100,000 population (Age 18 plus)	212.5	133.3	147.3	138.9	155.0
Ratio of Black, Non-Hispanic Adult Age Adjusted Preventable Hospitalizations to White non Hispanic	1.85	1.85	N/A	N/A	2.09
Ratio of Hispanic/Latino Adult Age Adjusted Preventable Hospitalizations to White Non Hispanic	N/A	1.38	N/A	N/A	1.46
Percentage of Adults (Ages 18-64) with Health Insurance	80.9%	100%	83.2%	85.7%	83.1%
Percentage of Adults with Regular Healthcare Provider	78.9%	9.8%	86.6%	N/A	83%
Promote Healthy Safe Environment					
1. Focus Area: Injuries, Violence and Occupational Health	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Rate of Hospitalization due to Falls for Ages 65 Plus per 10,000	185.7	204.6	208.4	215.8	202.1
Rate of ED Visits due to falls for Children Ages 1-4 per 10,000	746.1	429.1	515.5	511.9	476.4
Rate of Assault-Related Hospitalization per 10,000 population	1.9	4.3	1.6	2.7	4.7
Ratio of Black Non-Hispanic Assault Related Hospitalization to White Non-Hispanic	N/A	6.69	N/A	N/A	7.28
Ratio of Hispanic/Latino Assault-Related Hospitalizations to White Non - Hispanic	N/A	2.75	N/A	N/A	3.0
Ratio of Assault-Related Hospitalizations for Low-Income versus non-Low Income Zip Codes	N/A	2.92	N/A	N/A	3.26
Rate of ED Occupational Injuries Among Working Adolescents Ages 15-19 per 10,000 population	81.8	33.0	56.1	51.8	36.7
2. Focus Area: Outdoor Air Quality					
Number of Days with Unhealthy Ozone	3	0	9	88	122

Number of Days with Unhealthy Particulate Matter	0	0	4	32	69
3. Focus Area: Built Environment	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percentage of Population that Lives in Jurisdictions that Adopted Climate Smart Communities Pledge	0%	32%	18.5%	46.1%	26.7%
Percentage of Commuters Who Use Alternative Modes of Transportation to Work	22.6%	49.2%	18.1%	22.8%	44.6%
Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store	6.7%	2.2%	4.6%	4.2%	2.5%
Percentage of Homes in Vulnerable Neighborhoods that have fewer Asthma Triggers During Home Revisits	N/A	20.0%	N/A	N/A	12.9%
4. Focus Area: Water Quality					
Percentage of Residents Served by Community Water with Optimally Fluoridated Water	0%	78.5	42.4%	47.4%	71.4%
Prevent Chronic Disease					
1. Focus Area: Reduce Obesity in Children and Adults	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percentage of Adults who are obese	36.5%	23%	N/A	N/A	23.1%
Percentage of Public School Children Who are Obese	22.3%	16.7%	N/A	N/A	N/A
2. Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure					
Percentage of Adults Ages 18 Plus Who Smoke	30.7%	15%	21.4%	18.5%	16.8%
3. Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings					
Percentage of Adults Ages 50-75 Who Receives Colorectal Screenings Based on Recent Guidelines	70.4%	71.4%	69.9%	N/A	66.3%
Rate of Asthma ED Visits per 10,000 population	65.03	75.1	53.2	51.1	83.7
Rate of Asthma ED visits Ages 0-4 per 10,000 population	129.3	196.5	94.9	122.3	221.4
Rate of Short-term Diabetes Hospitalizations for Ages 6-17 per 10,000	2.5	3.06	4.9	3.0	3.2
Rate of Short-term Diabetes Hospitalizations for Ages 18 plus per 10,000	6.5	4.86	4.4	4.8	5.6
Rate of Age Adjusted Heart Attack Hospitalization	16.6	14.4	16.7	16.0	15.5

Promote Women Infants and Children					
1. Maternal and Infant Health	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percentage Preterm Births<37 Weeks of Total Births Where Gestation Period is Known	11.1%	10.2%	10.5%	11.2%	12.0%
Ratio of Preterm Births (< 37 weeks) Medicaid to Non-Medicaid	1.09	1.00	N/A	N/A	1.10
Rate of Maternal Mortality per 100,000	0.0	19.7	5.7	17.6	23.3
Percentage of Live Birth Infants Exclusively Breastfed in Delivery Hospital	54.7%	48.1%	63.0%	N/A	42.5%
Ratio of Exclusively Breastfed in Delivery Hospital Hispanic/Latino to White, Non-Hispanic	0.8	0.64	N/A	N/A	0.6
Ration of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births	0.6	0.66	N/A	N/A	0.6
2. Preconception and Reproductive Health	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percent of Births within 24 months of Previous Pregnancy	27.0%	17.0%	23.4%	21.1%	18.0%
Rate of Pregnancies Ages 15-17 year per 1,000 Females Ages 15-17	21.3	25.6	18.8	20.4	31.1
Ratio of Pregnancy Rates for Ages 15-17 Black, non Hispanic to White non-Hispanic	1.72	4.90	N/A	N/A	5.75
Ratio of Pregnancy Rates 15-17 Hispanic/Latino to White non-Hispanic	0.0	4.10	N/A	N/A	5.16
Ratio of Unintended Births Black, non-Hispanic to White non-Hispanic	N/A	1.88	N/A	N/A	2.11
Ratio of Unintended Births Hispanic/Latino to White non-Hispanic	N/A	1.36	N/A	N/A	1.59
Ratio of Unintended Births Medicaid to Non-Medicaid	1.63	1.56	N/A	N/A	1.71
Percentage of Women Ages 18-64 with Health Insurance	83.7%	10.0%	88.4%	N/A	86.1%
3. Child Health	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percentage of Children Ages 0-15 months with Government Insurance with recommended Well Visits	75%	77.0%	88.7%	84.9%	82.8%
Percentage of Children Ages 3-6 Years with Government Insurance with Recommended Well Visits	78.5%	77.0%	81.9%	80.3%	82.8%
Percentage of Children Ages 12-21 Years with	47.0%	77.0%	59.3%	59.3%	61.0%

Government Insurance with Recommended Well Visits					
Percentage of Children 0-19 with Health Insurance	91.7%	100.0%	94.9%	95.0%	94.9%
Percentage of 3 rd Graders with Untreated Tooth Decay	20.5%	21.6%	24.0%	N/A	M/A
Ratio of 3 rd Graders with Untreated Tooth Decay, Low Income Children to Non-Low Income Children	2.21	2.21	N/A	2.50	N/A
Prevent HIV/STD and Vaccine Preventable Diseases					
1. Human Immunodeficiency Virus	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Rate of Newly Diagnosed HIV Cases per 100,000	3.9	14.7	3.0	7.4	21.4
Ratio of Newly Diagnosed HIV Cases Black, Non Hispanic versus White Non Hispanic	N/A	45.7	N/A	N/A	N/A
2. Sexually Transmitted Disease (STD)	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Rate of Primary and Secondary Syphilis for Male per 100,000 Male Population	0.0	10.1	1.7	2.4	11.2
Rate of Primary and Secondary Syphilis for Male per 100,000 Female Population	0.0	0.4	0.3	0.2	0.5
Rate of Gonorrhea Cases for Females 15-44 per 100,000 Female Population	70.3	183.1	50.4	147.0	203.4
Rate of Gonorrhea Cases for Males 15-44 per 100,000 Male Population	0.0	199.5	18.1	111.3	221.7
Rate of Chlamydia for Females Ages 15-44 per 100,000 Females	667.4	1458.0	775.5	1167.9	1619.8
3. Vaccine Preventable Disease	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percent of Children Ages 19-35 months with 4:3:1:3:3:1:4	33.7%	80.0%	57.6%	47.6%	N/A
Percent of Females 13-17 with 3 doses HPV vaccine	15.45	50.0%	31.2%	26.0%	N/A
Percent of Adults Ages 65 Plus with Flu Shots Within the Last Year	64.6%	75.1%	N/A	N/A	75.0%
4. Health Care Associated Infections	Franklin	2017 Prevent	ARHN	Upstate NY	New York

		Agenda Goal			State
Rate of Hospital Onset CDIs per 10,000 Patient Days	0.0	5.94	2.4	8.4	8.5
Rate of Community Onset Healthcare Facility Associated CDIs per 10,000 Patient Days	1.8	2.05	1.7	2.8	2.4
Prevent Mental Health and Substance Abuse	Franklin	2017 Prevent Agenda Goal	ARHN	Upstate NY	New York State
Percent of Adults Binge Drinking within the Last Month	21.2%	17.6%	21.1%	N/A	18.1%
Percent of Adults with Poor Mental Health (14 or more days) in the Last Month	8.3%	10.1%	10.2%	N/A	9.8%
Rate of Age Adjusted Suicide per 100,000 Adjusted Population	11.8	5.9	10.0	8.0	6.8

Leading Causes of Death in Franklin County

	1st	2nd	3rd	4th	5th
Causes of Death	Heart Disease	Cancer	Chronic Lower Respiratory Disease	Stroke	Unintentional Injuries
Causes of Premature Death	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide

Source: New York State Web Site. 2010 Data

Note: Premature Death is defined as death before age 75.

Leading Causes of Premature Death for Counties in the Greater Region

County	1st	2nd	3rd	4th	5th
Albany	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Stroke
Clinton	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide
Columbia	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Stroke
Essex	Cancer	Heart Disease	Unintentional Injury Chronic Lower Respiratory Disease		Liver Disease
Franklin	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide
Fulton	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Septicemia
Greene	Cancer	Heart Disease	Chronic Lower Respiratory Disease Unintentional Injury		Stroke
Hamilton	Cancer	Heart Disease	Unintentional Injury	Liver Disease	Chronic Lower Respiratory Disease
Rensselaer	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
Saratoga	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke
Schenectady	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Diabetes
Warren	Cancer	Heart Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Suicide
Washington	Cancer	Heart Disease	Unintentional Injury	Chronic Lower Respiratory Disease	Suicide

Source: New York State Web Site. 2008-2010Data

ARHN Stakeholder Survey Results: Franklin County

Franklin County Survey Results

This report details results from the Adirondack Rural Health Network (ARHN) survey that are specific to Franklin County, New York. A full report covering survey findings for the entire eight-county region served by ARHN, *Results of the Adirondack Rural Health Network Survey: Regional Results Summary*, accompanies this report and provides greater detail on the preferences and directions expressed by respondents for the region as a whole, including Franklin County.

Survey Overview and Methodology

This report details the findings of a survey conducted by the Center for Human Services Research (CHSR) for the ARHN between December 5, 2012 and January 21, 2013. The purpose of the study was to provide feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. In addition to Franklin County, the seven other New York counties included in the region are Clinton, Essex, Fulton, Hamilton, Saratoga, Warren, and Washington.

The 81 question survey was developed through a collaborative effort by a seven-member survey ARHN subcommittee during the Fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members identified the broad research questions to be addressed by the survey, drafted the individual survey questions, and developed the list of relevant health care stakeholders that received the survey. A more detailed description of the process is included in the full regional report.

The survey was administered electronically using a web-based survey program and distributed to an email contact list of 624. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent. Of all 285 responses, 83 indicated that Franklin County was part of their service area; however, it should be noted that many of the responding health care stakeholders service multiple counties within the larger ARHN region.

Results

The following summarizes the major findings from the ARHN survey as applicable to Franklin County. In most cases, the survey results for each of the eight individual counties do not differ in either a statistical or interpretive sense from the survey results for the overall region.

- The top emerging issues in the region include increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.

- Among the five NYS Prevention Agenda priority areas, the largest portion of Franklin County respondents selected chronic disease as being most important. However, the promotion of mental health and prevention of substance abuse topic area had a greater portion of respondents rank it second most important. The two topic areas are essentially tied for most important in Franklin County, which represents a slightly different prioritization than seen elsewhere in the region.
- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.
- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- Current involvement in efforts related to NYS Health Agenda issues is highest for prevention of chronic disease, promotion of a healthy and safe environment, and addressing the health of women, infants, and children.
- Franklin County respondents indicated the lowest level of current involvement with efforts to prevent HIV, STIs, and vaccine-preventable disease.
- Most respondents rate current efforts to address major health issues as only moderately effective. Additionally, a large portion of respondents indicated that they did not know enough to rate the effectiveness of current efforts, which suggests that additional information and publicity may be needed for health activities in the region.
- In Franklin County, respondents gave a slightly lower rating to the overall health and safety of the service area than the region as a whole, with most describing it as only “fair.” In general, the rating of the overall health and safety of the region was given only moderate ratings both in Franklin County and throughout the region.
- Education is a dominant strategy currently used to address major health issues in the region.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

Agenda Area Priority Ranking

One of the key aspects of the survey is how health care stakeholders rated the relative importance of each of the five NYS Health Agenda topics. Table 1 shows the priority areas, sorted by the portion selecting each as being the highest priority. The greatest portion of respondents indicated that chronic disease is the most important priority area in Franklin County; however, the agenda area for promoting mental health and preventing substance abuse was also ranked as being very important, as nearly as many respondents ranked the area as being most important and an even greater portion indicated the agenda area was the second most important issue. The results for Franklin County are different than for the remainder of the region and suggest that the county may have a greater concern with mental health and substance abuse issues.

Table 1. 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

Results of County-Specific Questions on Geographic Need and Targeting

The county-specific questions in the survey focus on the identification of specific geographic areas that are in need of targeted efforts to address either emerging health issues or health issues that are part of the five NYS agenda areas. On every issue, one response was consistently the most popular: “entire county.” As shown in Table 2, the portion of respondents that indicated the entire county of Franklin should be targeted was consistently high, with a range from 68 percent to 74.6 percent. Additionally, respondents listed 14 specific sub-county areas, including townships, villages, tribal areas, and one general portion of the county, which they believe are in need of targeted efforts. Most geographies were only mentioned sporadically, although the counties of Malone, Saranac Lake, and Hogansburg were consistently listed for all health issues.

Table 2. Percent of respondents identifying geographic target area by health issue

	Issue						
	Emerging trend	Chronic disease	Healthy & safe environ.	Healthy women, children, infants	Promote mental health	Prevent substance abuse	HIV, STIs, vaccine prevent diseases
Entire county	73.3	74.6	68.0	74.1	72.7	70.9	70.5
Akwesasne	1.3	6.3	8.0	3.7	1.8	3.6	2.3
Bangor	0.0	0.0	0.0	0.0	0.0	1.8	0.0
Brushton	4.0	3.2	0.0	0.0	1.8	3.6	0.0
Burke	0.0	1.6	0.0	0.0	0.0	0.0	0.0
Chateaugay	2.7	3.2	2.0	0.0	0.0	0.0	0.0
Duane	0.0	1.6	0.0	0.0	0.0	0.0	0.0
Ft. Covington	2.7	0.0	0.0	0.0	0.0	1.8	0.0
Hogansburg	4.0	3.2	4.0	3.7	3.6	7.3	6.8
Malone	13.3	11.1	10.0	7.4	10.9	12.7	9.1
Moira	2.7	1.6	0.0	0.0	0.0	0.0	0.0
"Northern" portion	1.3	3.2	4.0	5.6	3.6	5.5	0.0
Saint Regis Falls	4.0	3.2	2.0	1.9	0.0	1.8	4.5
Saranac Lake	8.0	4.8	8.0	7.4	7.3	5.5	6.8
Tupper Lake	5.3	1.6	4.0	3.7	0.0	0.0	0.0

Alice Hyde Medical Center wishes to acknowledge and thank Franklin County Public Health and Adirondack Rural Health Network for their leadership in the development and organization of this project. This is a true partnership. We look forward to continued collaboration as we *Build a Healthier Community Together* and *Make New York the Healthiest State*.