

# Community Health Assessment

Essex County, NY 2013

*Prepared by*  
*Essex County Public Health*

*with*  
*Adirondack Rural Health Network*  
*Adirondack Health*  
*Elizabethtown Community Hospital*  
*Inter-Lakes Health*

*November 15, 2013*

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Essex County Public Health *Community Health Improvement Plan 2013-2017*

# Introduction

## Message to the Community

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Essex County Public Health (ECPH) has been engaged with collaborative community health planning facilitated by the Adirondack Rural Health Network (ARHN) since 2002. ARHN is recognized as the leading sponsor of formal health planning for Essex, Franklin, Clinton, Fulton, Hamilton, Saratoga, Warren and Washington Counties.

The ARHN provides neutral guidance and technical assistance allowing regional key stakeholders to **communicate** about and **work together** on activities necessary to complete their required community health assessment and planning documents, and strategize on a regional level to address common health care concerns.

This work is conducted through the ARHN Community Health Planning Committee (CHPC). The CHPC is comprised of local health departments, hospitals and community based organizations in the region. Its purpose is ongoing collaboration to assess needs and resources, plan, act and evaluate the impact of interventions. ECPH uses the **Take Action Cycle**<sup>1</sup> shown here to demonstrate this ongoing process.

The **Take Action Cycle** is followed in detail throughout the Essex County Public Health Community Improvement Plan, a companion document to this report. The CHA focuses on working together, communicating, and assessing needs and resources.

This report and developed the report following the framework provided by New York State's Prevention Agenda.<sup>2</sup>

For more information about ARHN and New York State's Prevention Agenda 2013-2017, see **Appendix A**.



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<sup>1</sup> Robert Wood Johnson Foundation. County Health Rankings and Roadmap. Take Action Cycle. Retrieved from <http://www.countyhealthrankings.org/resources/take-action-cycle>

<sup>2</sup> New York State Department of Health. Summary: The Prevention Agenda 2013-2017. [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/summary.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm)

## Background: The New York State Department of Health Prevention Agenda

The **Prevention Agenda**<sup>3</sup> identifies the state’s most urgent health concerns and is a five year plan to make New York the healthiest state. Overarching goals, priorities, focus areas and recommended interventions were collaboratively developed and act as a model plan to be adopted by local partners in health. The **Prevention Agenda** was used as the basis for this *Community Health Assessment-Essex County, NY 2013* (CHA) and the companion document, *Essex County Public Health Community Health Improvement Plan 2014-2017*.

### Priorities and Focus Areas

#### Promote a Healthy & Safe Environment

Injuries and Violence  
Outdoor Air Quality  
Built Environment  
Water Quality

#### Prevent Chronic Diseases

Obesity  
Tobacco Use and  
Second Hand Smoke Exposure  
Preventive Care & Management

#### Promote Healthy Women, Infants and Children

Maternal and Infant Health  
Children Health  
Reproductive Health and Wellness

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

HIV and STDs  
Vaccination Against Vaccine-Preventable Diseases  
Healthcare Associated Infections

#### Promote Mental Health and Prevent Substance Abuse

Mental, Emotional and Behavioral Health  
Substance Abuse and Mental, Emotional and Behavioral Health Disorders  
Integration of Promotion, Prevention, Treatment and Recovery Services

### Overarching Goals

Improve health status & reduce disparities.	Promote attention to implications of policies and actions outside the health sector.	Create & strengthen public-private partnerships.	Increase investment in prevention & public health.	Strengthen governmental & non-governmental agencies & resources.
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<sup>3</sup> New York State Department of Health. Prevention Agenda 2013-2017.  
[http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/index.htm)

## CHA Process and Methods

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The Community Health Assessment process was facilitated by Adirondack Rural Health Network (ARHN). ARHN is a NYS Department of Health (DOH) grant-funded Rural Health Network that undertakes activities best accomplished through the collaborative process of its members (public, private, non-profit). The ARHN Community Health Planning Committee (CHPC) provided oversight of the project and included representation of public health and hospital partners from the 8-county ARHN region of Essex, Franklin, Clinton, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington Counties. For a list of ARHN members, data consultants and meeting schedules) see **Appendix B**.

The Community Health Planning Committee established Data, Survey, Public Health, and Hospital subcommittees to focus on specific aspects of the CHA process.

The Data Subcommittee determined data elements to be collected and analyzed for the CHA and consulted with the Center for Health Workforce Studies at the University of Albany School of Public Health to assist with data collection, compilation, display and prioritization strategy.

See the following Appendices for detailed quantitative data collected:

**Appendix C – Demographic Profile**

**Appendix D – Health Systems Profile**

**Appendix E – Educational Profile**

**Appendix F – Indicators Data**

**Appendix G – Data Sources.**

The Survey Subcommittee determined research questions to be addressed through a community stakeholder survey and consulted with the Center for Human Services Research at the University of Albany to develop survey questions, distribution and analysis of the survey data. See **Appendix H** for the ARHN Survey Results for Essex County, qualitative data.

The Public Health and Hospital subcommittees each met to discuss NYS DOH requirements and assure the process would assist members in meeting these requirements and ultimately fulfill its goal of improving community health through assessing health needs, and planning, implementing & evaluating appropriate interventions.

# Community Profile

## Geographic Profile

Essex County is in the North Country region of upstate New York (NY) and situated entirely within the Adirondack Park. It is the second most geographically large county in NY (1,796.80 area square miles) and with a population density of 20.97 is the third least dense in population.<sup>4</sup>

The Adirondack Park Agency has created a land classification system for all public and private lands located in the Adirondack Park. Essex County's land classification with the highest percentage is Wilderness; the land classification with the lowest percentage is Industrial Use.<sup>5</sup>

### Adirondack Park Land Classification Acreage Statistics 2009 Essex County<sup>6</sup>



Land Classification	Acreage	Percent
Hamlet	18,994	1.55%
Moderate Intensity	20,301	1.66%
Low Intensity	77,528	6.33%
Rural Use	184,649	15.08%
Resource Management	300,703	24.56%
Industrial Use	6,319	0.52%
Wilderness	336,561	27.48%
Primitive	21,715	1.77%
Wild Forest	166,069	13.56%
Intensive Use	6,661	0.54%
Historic	530	0.04%
State Administrative	341	0.03%
Pending Classification	7,587	0.62%
Open Water	76,614	6.26%

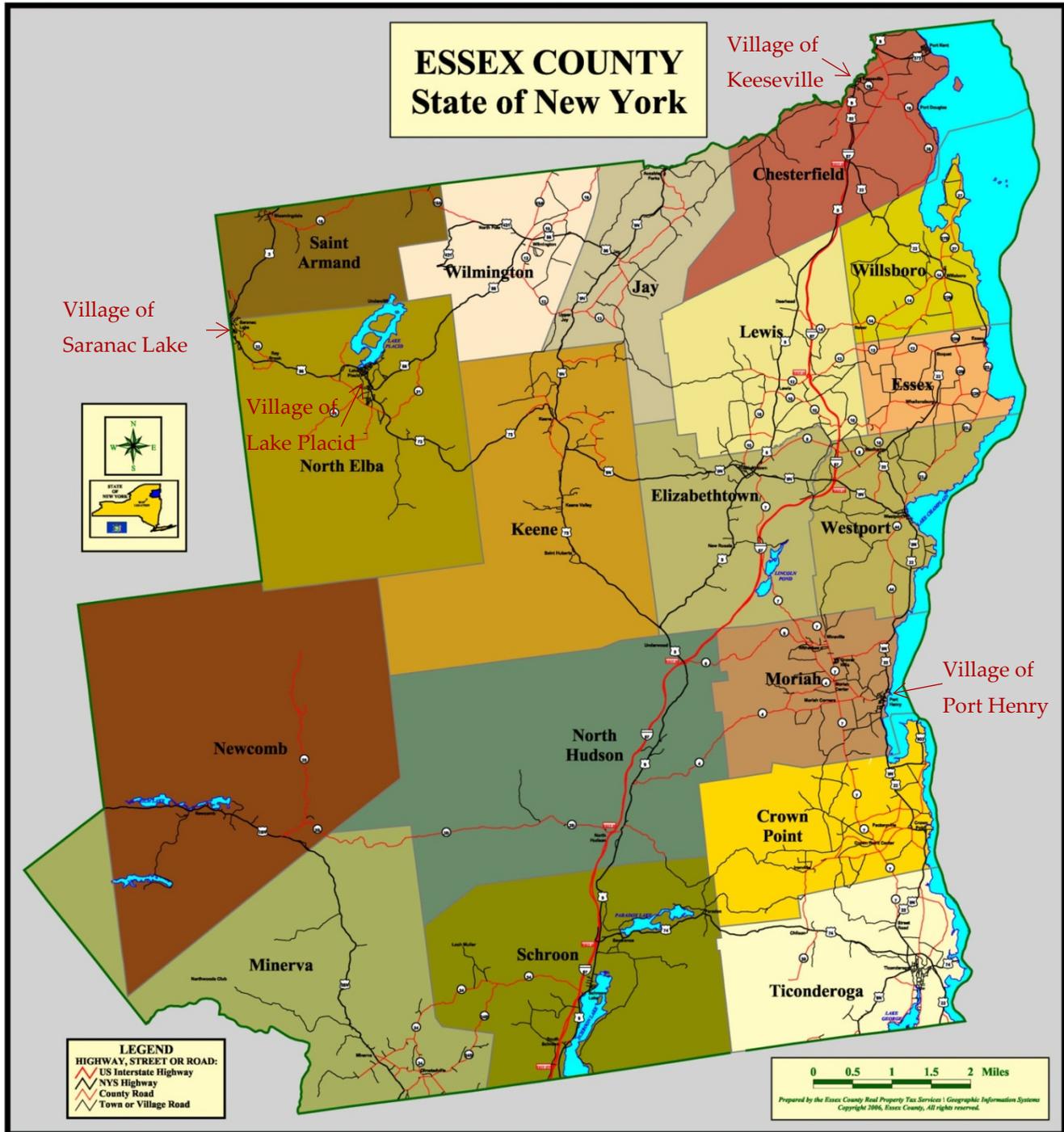
<sup>4</sup> New York State Department of Health. Vital Statistics of New York State. Table 2: Population, Land Area, and Population Density by County, New York State-2009. Retrieved from [http://www.health.ny.gov/statistics/vital\\_statistics/2009/table02.htm](http://www.health.ny.gov/statistics/vital_statistics/2009/table02.htm)

<sup>5</sup> Adirondack Park Agency. Land Classification Statistics. Retrieved from <http://www.apa.ny.gov/gis/CountyStatResults.cfm?countySelect=ESSEX&coSubmit=Go>

<sup>6</sup> Adirondack Park Agency. Land Classification Statistics. Retrieved from <http://www.apa.ny.gov/gis/CountyStatResults.cfm?countySelect=ESSEX&coSubmit=Go>

## Local Government Profile

Essex County is comprised of 18 Towns and 4 Villages; 2 villages (Keeseville and Saranac Lake) are partially within Essex County. A Board of Supervisors governs the county at which every Town Supervisor vote is weighted based on the Town's population.



## Population Distribution and Change

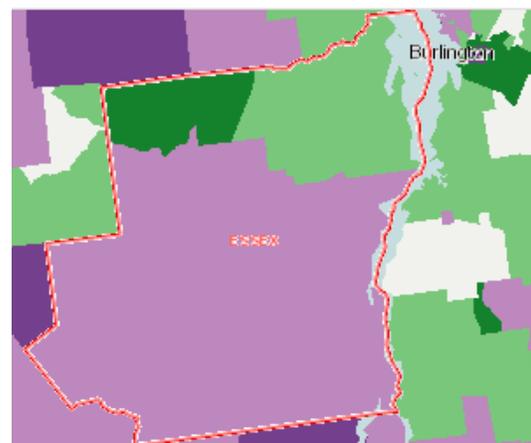
The three largest Towns in population are North Elba (including the Village of Lake Placid) with 8,957 residents; Ticonderoga with 5,042 residents; and Moriah (including the Village of Port Henry) with 4,798 residents.

Even within a rural context, the population of Essex County is widely distributed. For example, the population of Moriah, the third most populated Town, is distributed across 6 smaller community centers - Mineville, Witherbee, Grover Hills, Moriah Center, Moriah Circle, and Port Henry.

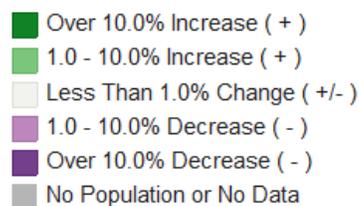
The Towns of North Hudson, Newcomb, Essex and Minerva are the least populated and with numbers in the hundreds.

The Town of St. Armand, Lewis and Wilmington had the greatest percentage increase in population; the town of Elizabethtown, North Hudson and Newcomb and the greatest decrease in population from the 2000 to 2010 census.

Geographic Area <sup>7</sup>	Total Population		Population Change	
	April 1, 2000	April 1, 2010	Number	Percent
Essex County	38,849	39,370	521	1.3
Chesterfield	2,409	2,445	36	1.5
Crown Point	2,119	2,024	-95	-4.5
Elizabethtown	1,315	1,163	-152	-11.6
Essex	713	671	-42	-5.9
Jay	2,306	2,506	200	8.7
Keene	1,063	1,105	42	4.0
Lewis	1,200	1,382	182	15.2
Minerva	796	809	13	1.6
Moriah	4,879	4,798	-81	-1.7
Newcomb	481	436	-45	-9.4
North Elba	8,659	8,957	298	3.4
North Hudson	266	240	-26	-9.8
St. Armand	1,321	1,548	227	17.2
Schroon	1,759	1,654	-105	-6.0
Ticonderoga	5,167	5,042	-125	-2.4
Westport	1,362	1,312	-50	-3.7
Willsboro	1,903	2,025	122	6.4
Wilmington	1,131	1,253	122	10.8

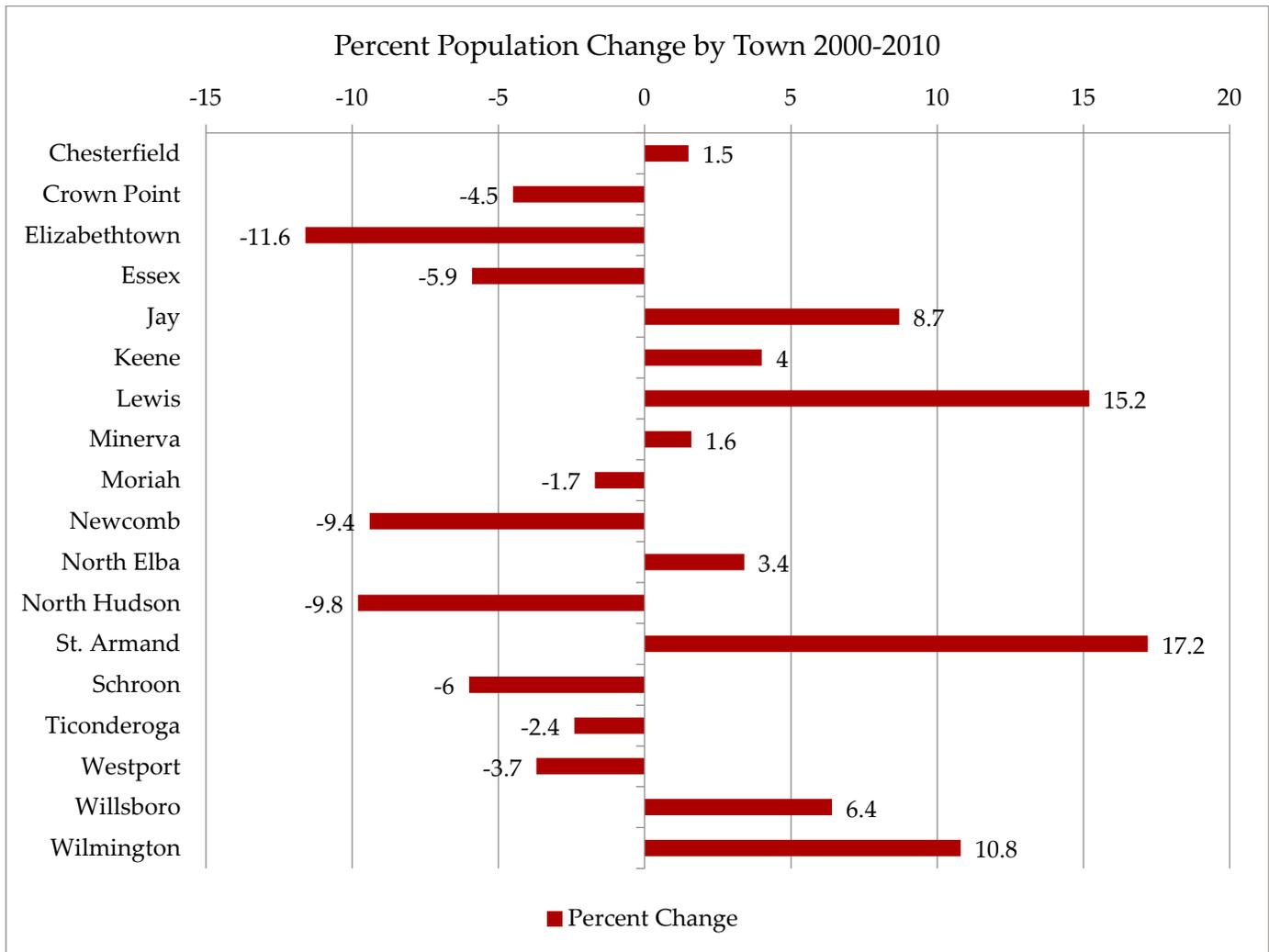


Population Change,  
Percent by Census Tract 2000-2010



<sup>7</sup> New York State. Data Center. Retrieved from <http://www.empire.state.ny.us/NYSDataCenter/Data/Census2010/PL2010Tab2NY.pdf>

The largest population growth from years 2000-2010 are in the northern portion of the county. As a whole the county had a population increase of 1.3%; lower than NYS at 2.12% and the US at 9.74%.<sup>8</sup>



<sup>8</sup> Community Commons. Community Health Needs Assessment. Change in Total Population. Retrieved from <http://assessment.communitycommons.org/CHNA/Report.aspx>

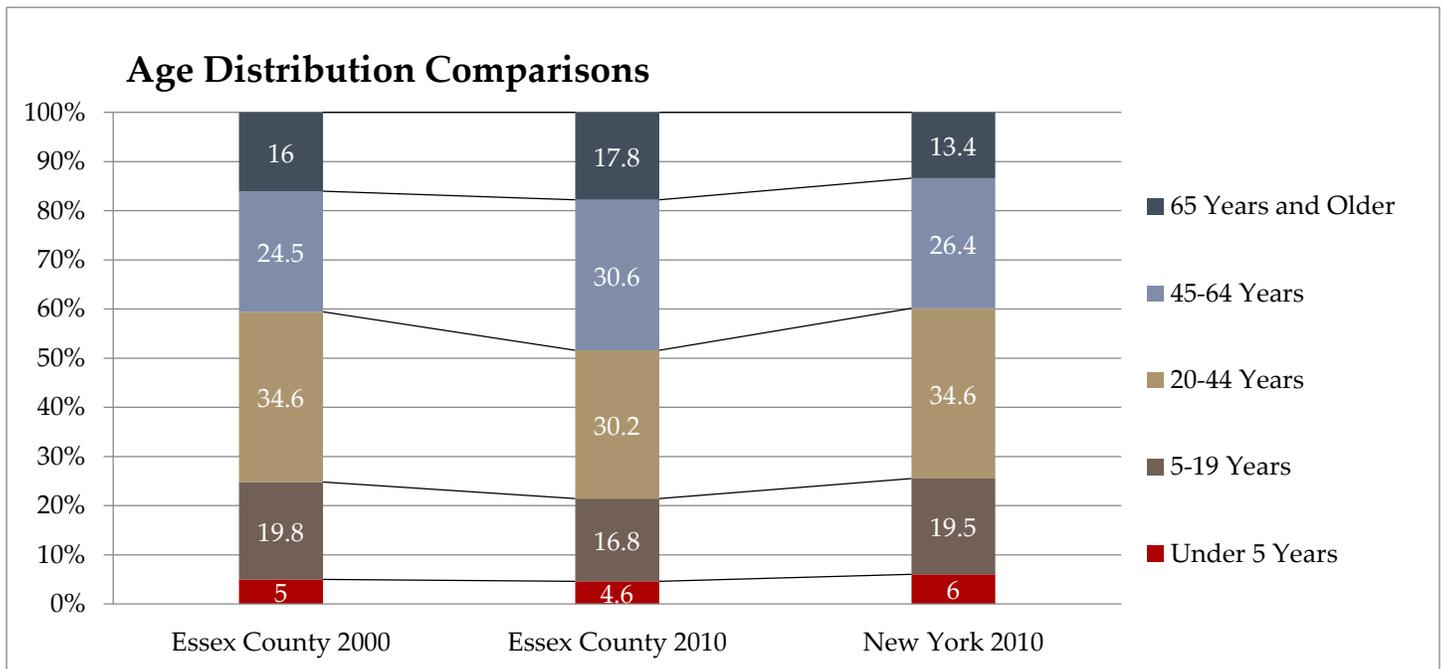
## Social Profile

### Age and Gender Distribution

The median age of Essex County (44.2) is higher than it was at the 2000 Census (39.4).

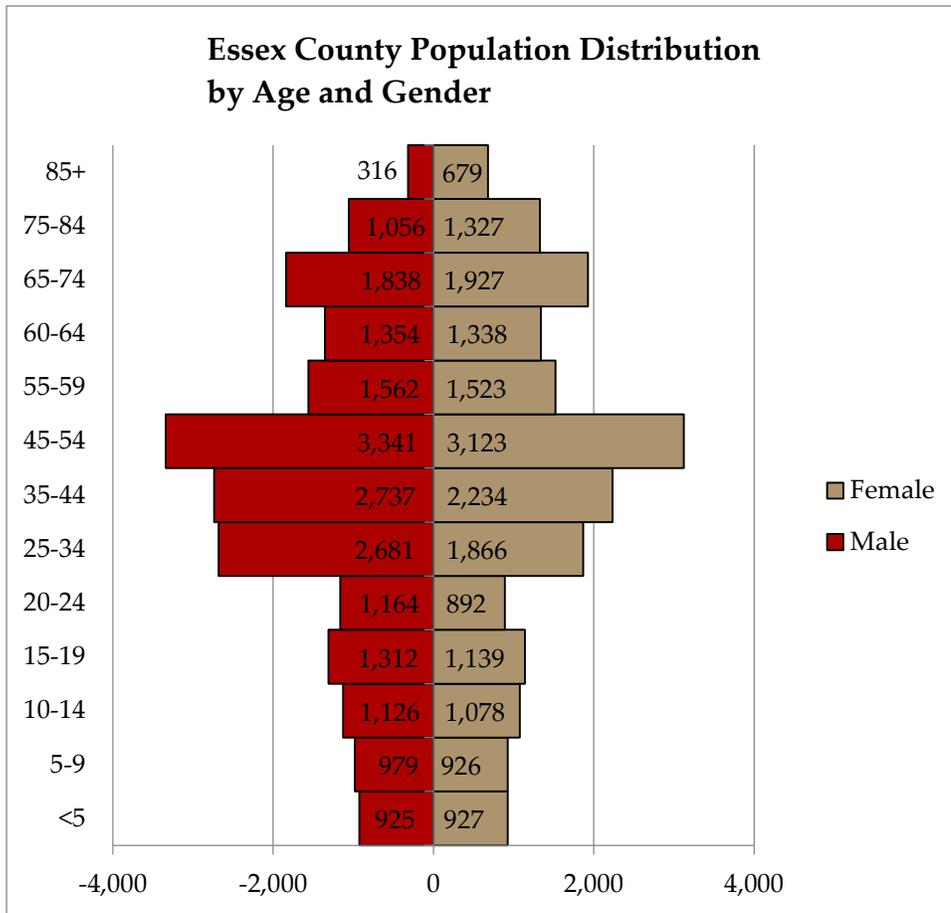
It is also higher than that of NY (37.8).

The percentage of residents in every age category up to 44 years to be less than NY while the percentage of every age category above 45 years to be greater than NY (comparing Essex County 2010 to New York 2010). Approximately 52% of Essex County residents are 44 years of age or younger whereas 60% NY residents fall within this same age range.<sup>9</sup>



<sup>9</sup> US Census Bureau. American Fact Finder. 2007-2011 American Community Survey 5-Year Estimates. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Overall there is a greater percentage of males (52%) than females (48%) in Essex County. However as the population pyramid below demonstrates there is a fairly equal representation of genders through age 64. As would be expected age ranges of 65 and older show a greater percentage of females.<sup>10</sup>



<sup>10</sup> U.S. Census Bureau. American Fact Finder. [factfinder2.census.gov/](http://factfinder2.census.gov/)

## Race

The racial distribution of Essex County residents is much more homogenous than that of NY as demonstrated by the chart below. Nearly 90% of Essex County residents are White, Non-Hispanic.<sup>11</sup> Only 4.9% of Essex County residents are born in another country and 6.4% speak a language other than English at home.

RACE	Essex County	New York
White, Non-Hispanic	89.9%	58.7%
Black, Non-Hispanic	3.2%	14.5%
Hispanic/Latino	2.6%	17.4%
Asian/Pacific Islander, Non-Hispanic	0.9%	7.3%
Alaskan Native/American Native	0.2%	0.2%
Mutli-racial/Other	3.3%	1.9%

## Family Status

There are 7.4% of families with Single Parent Households; less than the 9.9% in New York.

A smaller percentage of Households with Grandparents as Parents exist in Essex County (1.7%) than in NY (4.0%).

## Housing

Seasonal use of housing in Essex County is reflected in a lower occupancy of housing and owner/renter occupied percentages as displayed in the table below. Essex County's housing is younger than that of that of Upstate NY and NY with larger percentages of building occurring between 1970 and 2000 after which a considerable decrease in new building was experienced.

HOUSING	Essex County	Upstate NY	New York
Housing Units Occupied	63.1%	88.2%	89.3%
Housing Units Owner Occupied	72.8%	71.1%	54.8%
Housing Units Renter Occupied	27.2%	28.9%	45.2%

Built before 1970	61.1%	64.1%	70.5%
Built Between 1970 and 1979	13.1%	12.2%	10.1%
Built Between 1980 and 1989	10.5%	9.6%	7.5%
Built Between 1990 and 1999	9.5%	7.9%	6.1%
Built 2000 and Later	5.9%	6.2%	5.8%

<sup>11</sup> US Census Bureau. American Fact Finder. 2007-2011 American Community Survey 5-Year Estimates. Retrieved from <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

## Transportation

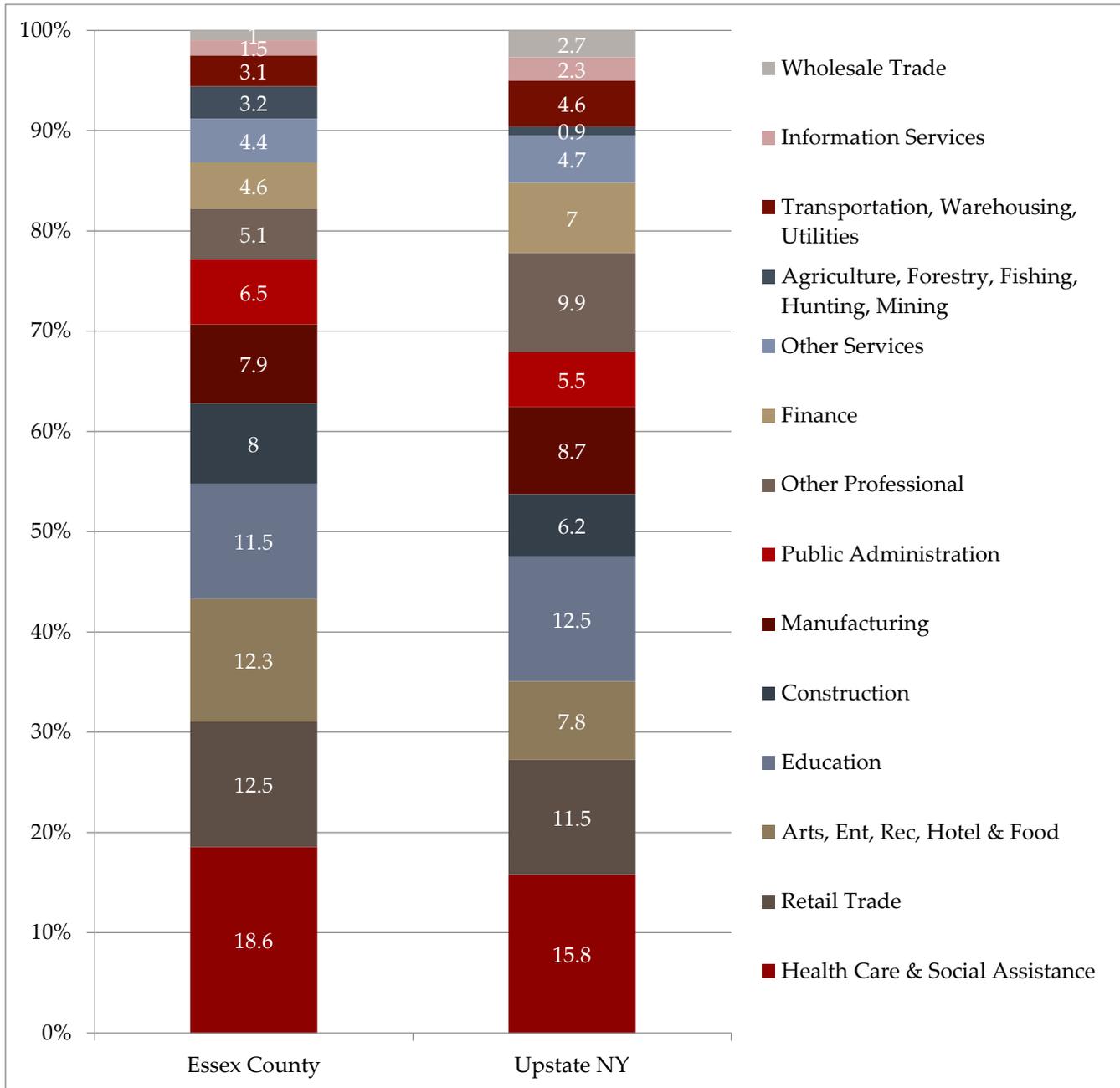
Residents in Essex County rely heavily on personal vehicles for transportation. Public transit is limited to the County public transportation system that offers 4 routes throughout Essex County. There is also a trolley available through the Village of Lake Placid that is primarily geared towards visitors.

VEHICLE AVAILABILITY	Essex County	Upstate NY	New York
No Vehicles	7.1%	9.6%	28.8%
One Vehicle	37.1%	33.2%	32.4%
Two Vehicles	39.5%	39.1%	27.1%
Three or More Vehicles	16.3%	18.1%	11.7%

## Economic Profile

### Employment Sector

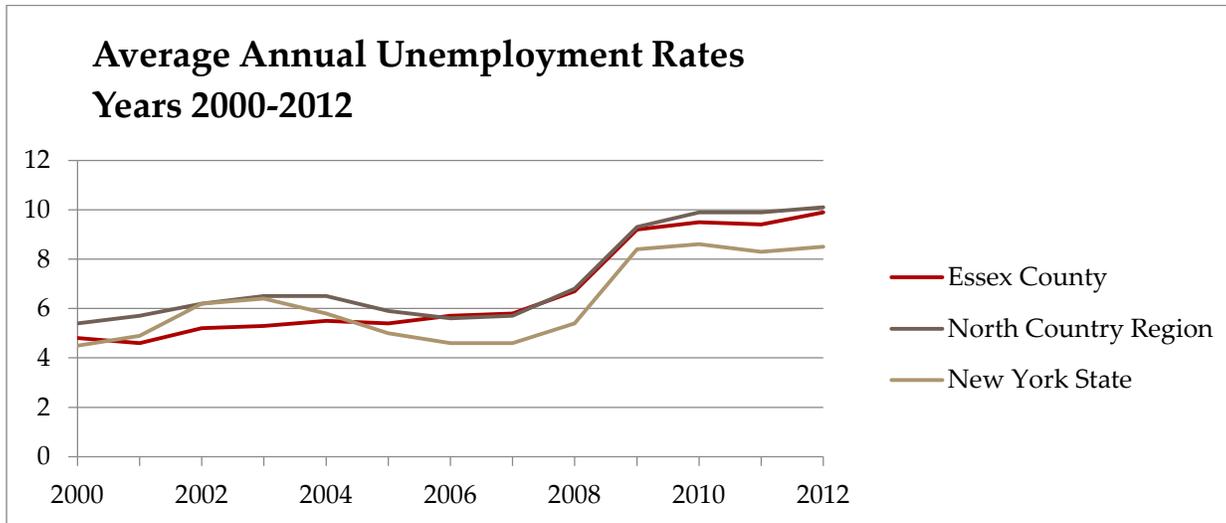
The largest employment sector in Essex County is in Health Care and Social Assistance (18.6%) followed by Retail Trade (12.5%); Arts, entertainment, Recreation, Hotel & Food Service (12.3%); and Education (11.5%) as illustrated in the chart below.



## Employment Status

Of those ages 16 and older, Essex County has a smaller percentage of this population serving in Armed Forces (.13% compared to Upstate NY at .25%) and a smaller percentage in the civilian workforce (59% compared to Upstate NY at 64%). These percentages coincide with the population distribution of Essex County.

The current unemployment rate in Essex County is 7.2 equal that of Upstate NY; slightly higher than the ARHN Region (6.8%); slightly lower than New York State (8.1%). Trends of Essex County, the North Country Region and New York State are very similar over the years 2000-2012 as demonstrated in the chart below.<sup>12</sup>



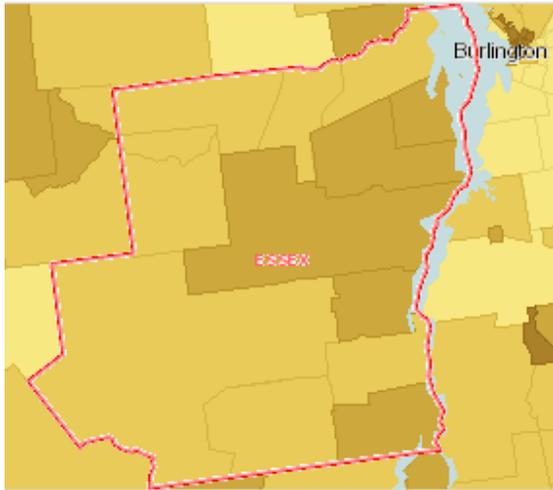
## Income and Poverty

Essex County's mean household income and per capita income are considerably less than New York State. The percent of adults receiving Medicaid and per capita Medicaid expenditures are also less than Upstate NY.

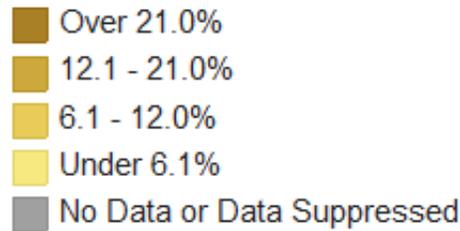
Indicator	Essex County	ARHN Region	Upstate NY	New York State
Mean Household Income	\$60,171	N/A	N/A	\$82,699
Per Capita Income	\$24,915	N/A	N/A	\$31,796
Percent of Individuals under Federal Poverty Level	12.2%	10.9%	10.9%	14.5%
Percent of Adults Receiving Medicaid	16.4%	15.9%	16.3%	25.4%
Per-Capital Medicaid Expenditures	\$1,785.65	\$1,358.05	\$1,472.99	2,306.06

<sup>12</sup> New York State Department of Labor. Labor Force and Unemployment Data. Retrieved from <http://www.labor.ny.gov/stats/LSLAUS.shtm>

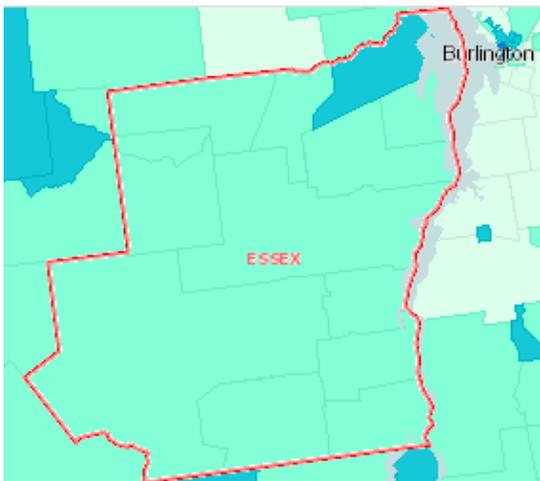
The percent living at or below 100% poverty in Essex County is 12%; lower than NY (14.49%) and US (14.30%). Higher Essex County rates (12.1-21%) are found in Lewis, Willsboro, Essex, Keene, Elizabethtown, Westport, Moriah and Ticonderoga.<sup>13</sup>



Population Below 100% Poverty Level,  
By Census Tract, Years 2007-2011



The percent of residents living at or below 200% poverty is 30.57% with the highest rate (35.1%-50%) in Chesterfield as demonstrated in the illustration below. This percent is lower than NY (31.07%) and the US (32.69%).<sup>14</sup>



Population Below 200% Poverty Level,  
By Census Tract, Years 2007-2011



<sup>13</sup> Community Commons. Community Health Needs Assessment. Poverty Rate (<100). Retrieved from <http://assessment.communitycommons.org/DataReport/Report.aspx?page=2&id=779>

<sup>14</sup> Community Commons. Community Health Needs Assessment. Population in Poverty (200% FPL). Retrieved from <http://assessment.communitycommons.org/DataReport/Report.aspx?page=2&id=780>

### Free and Reduced Lunch

Approximately 41% of Essex County children are eligible for free and reduced lunches; lower than NY (48.12%) & US (48.34%).<sup>15</sup>

\* District are only partially in Essex County. They are not included in Essex County Total.

Public Districts <sup>16</sup>	% Free & Reduced Total		
	2011	2012	2013
Essex County	44.6	48	44.2
AuSable Valley*	41.7	43.5	43.9
Crown Point	49.6	52.8	54.2
Elizabethtown-Lewis	42.4	47	44.7
Keene	32.7	39.1	36.7
Lake Placid	26.7	30.4	31.6
Minerva	41.1	37.7	39.5
Moriah	63.8	71.4	54.3
Newcomb	28.2	29.3	21.2
Saranac Lake*	32.9	35.4	36.5
Schroon	45.1	49.4	46.5
Ticonderoga	49.2	48.7	48.7
Westport	31.2	36	36.9
Willsboro	45	46.9	45.8

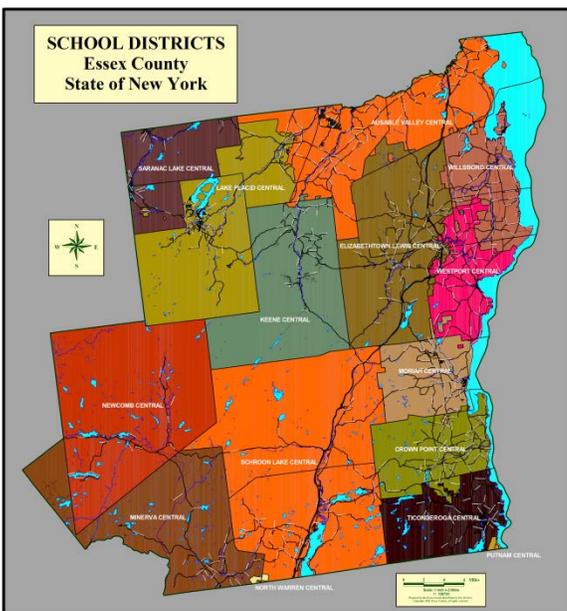
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<sup>15</sup> Community Commons. Community Health Needs Assessment. Children Eligible for Free/Reduced Price Lunch. Retrieved from <http://assessment.communitycommons.org/CHNA/Report.aspx?page=2&id=209>

<sup>16</sup> New York State Education Department. Child Nutrition management System. Eligibles to Enrollment. Retrieved from [http://portal.nysed.gov/pls/cn\\_port/mel3\\_pkg.elig\\_enroll\\_query](http://portal.nysed.gov/pls/cn_port/mel3_pkg.elig_enroll_query)

## Educational Profile

### Educational Institutions

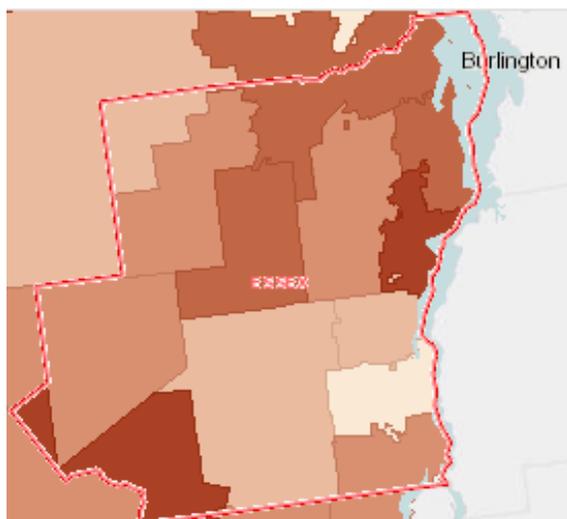


Elementary through high school students are served by 13 public school districts, 4 boarding schools, and 4 private schools in Essex County. All 4 boarding schools are located in Lake Placid. The private schools (Christian Academies) are located in Ausable Forks, Schroon Lake, Lake Placid and Ticonderoga.

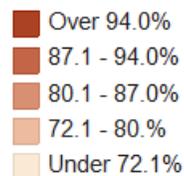
There is one community college located within the county, North Country Community College (NCCC). The College's main campus is situated in the Town of North Elba in the Village of Saranac Lake on the Franklin County boarder (far north-west corner). There is also a remote (NCCC) campus in Ticonderoga (far south-eastern corner).

### Graduation Rate

The image below shows high school graduation percentage based on freshman enrollment. The highest percent of graduation is in Westport Central and Minerva Central; the lowest in Crown Point Central.<sup>17</sup>



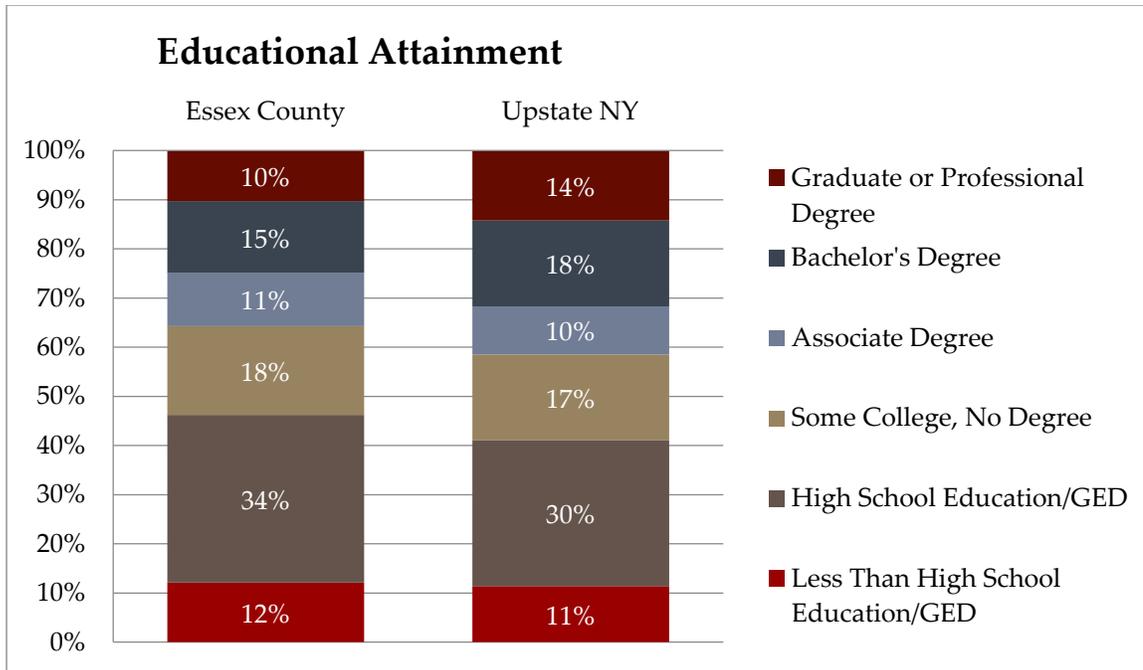
Average Freshman Graduation Rate,  
Percent by School District Years 2008-2009



<sup>17</sup> Community Commons. Community Health Needs Assessment (CHNA). Retrieved from <http://assessment.communitycommons.org/CHNA/Report.aspx?page=2>

## Educational Attainment

Compared to Upstate NY Essex County has lower percentages for Bachelor's and Graduate or Professional Degrees as illustrated in the chart below.



## Health System Profile

Complete Health Systems Profile data may be found in **Appendix D**.

### Health Care Facilities

#### Hospitals

Hospitals in  
Essex County



There are 3 hospitals in Essex County: Adirondack Health, Elizabethtown Community Hospital and Inter-Lakes Health (Moses Ludington Hospital). There are a total of 32 hospital beds; 2 in North Elba, 15 in Elizabethtown, 15 in Ticonderoga. The rate of hospital beds per 100,000 population is 81.7; considerably lower than the ARHN region of 204.5; Upstate NY at 276.3 and New York State at 289.4.

Adirondack Health's main hospital is located just across the Essex County border in Franklin County. Its North Elba location offers a full range of outpatient services including sports medicine and rehabilitation, medical imaging, laboratory services, dental clinic and a 24-hour emergency department.

Elizabethtown Community Hospital is a designated critical access hospital with services including: inpatient care, a 24-hour emergency department, specialty clinics, a complete physical and occupational therapy department, on-site laboratory, radiology department, chemotherapy treatment, and cardiac rehabilitation program

Inter-Lakes Health is the parent organization of Moses Ludington Hospital, a critical access hospital with a 24-hour emergency department, radiology and diagnostic imaging, laboratory, rehabilitation, specialty clinics, dental clinic and adult home services.

#### Nursing Homes

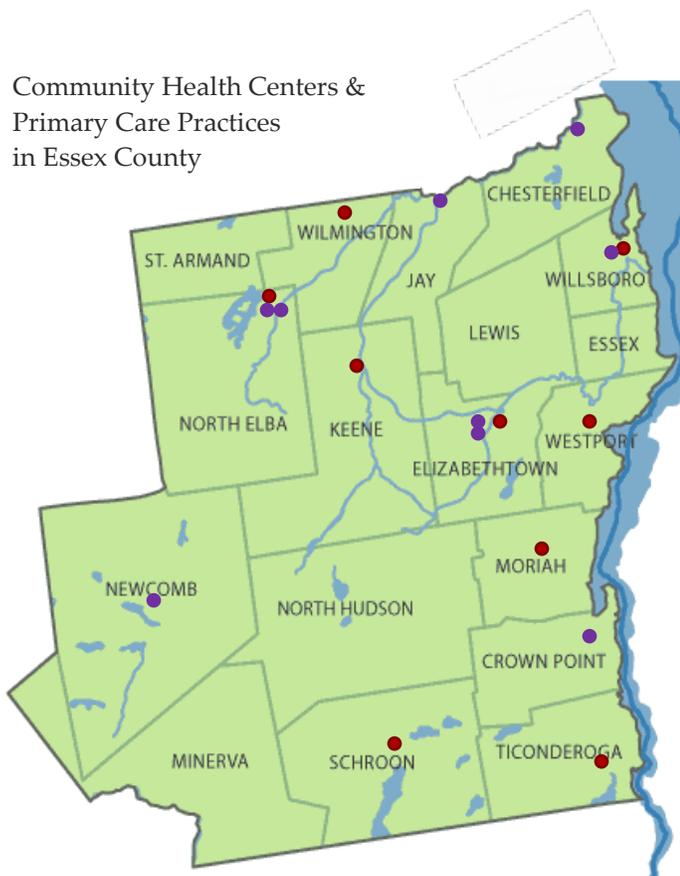
There are 3 nursing home facilities in Essex County offering a total of 340 beds. Heritage Commons Residential Health Care in Ticonderoga has 84 beds; Horace Nye Home in Elizabethtown has 100 beds, and Uihlein Living Center in North Elba has 156 beds. The rate of nursing home beds per 100,000 population exceeds all comparisons: Essex County (867.8); ARHN ( 524.8); Upstate NY (638.5) and New York State (597.5).

## Adult Care Facilities

There are 3 adult care facilities in Essex County with a total of 113 beds. Forty-three (43) beds are considered Adult Home Beds; 70 are considered Assisted Living Beds. Adirondack Manor in Willsboro has 40 beds; Keene Valley Neighborhood House in Keene has 50 beds; and Moses Ludington Adult Care Facility in Ticonderoga has 23 beds.

## Health Centers, Primary Care Practices and Pediatrician Practices

### Community Health Centers & Primary Care Practices in Essex County



There are 9 Community Health Centers (CHC) in Essex County. Approximately 22% of the Essex County population utilizes CHCs; more than 3 times the Upstate NY rate (6.23%) .

Wilmington, Willsboro Westport & Elizabethtown CHCs are operated by Elizabethtown Community Hospital. North Elba and Keene CHCs are operated by Adirondack Health. Moriah, Schroon and Ticonderoga CHCs are operated by Hudson Headwaters Health Network.

There are an additional 9 Primary Care Provider (PCP) offices located throughout Essex County as depicted on the map to the left.

There are no specialty pediatrician practices in Essex County though a pediatrician provider is available at 3 locations as depicted on the map to the left.

● = Community Health Center    ● = Primary Care Provider

Essex County residents are also served by Planned Parenthood offices in Saranac Lake (St. Armand) and Ticonderoga; and outside the county offices to the north (Plattsburgh, Clinton County) and south (Glens Falls, Warren County).

There is Veteran Affairs (VA) Clinics in Westport. Clinics outside the county are located in Saranac Lake (Franklin County), Plattsburgh (Clinton County) or Glens Falls (Warren County).

## Health Care Providers

Access to health care providers is found to be a disparity in Essex County. The rate (per 100,000) of Primary Care Full Time Employees (FTEs) in Essex County is 59.8; considerably lower than the ARHN Region at 99.9, Upstate NY at 108.5, and NY State at 120.0. The rate of Total Physicians that includes subspecialties is also considerable lower than all comparisons with Essex County at 99.7; ARHN Region at 217.5; Upstate NY at 303.4 and NY State at 347.9.

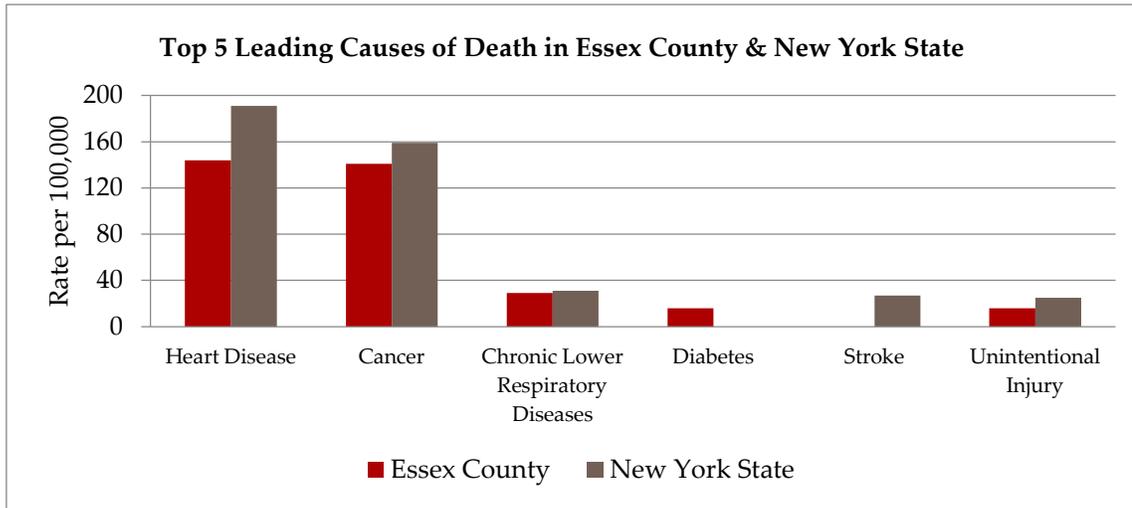
Physician Data	Essex County	ARHN Region	Upstate NY	NY State
Total Primary Care FTEs	23.4	582.0		
Family Medicine FTEs	18.2	273.4		
General Internal Medicine FTEs	3.9	156.2		
General Pediatrics FTEs	1.3	100.3		
Obstetrics/Gynecology FTEs	0.0	52.1		
General Pediatrics FTEs	1.3	100.3		
Obstetrics/Gynecology FTEs	0.0	52.1		
<b>Total Primary Care FTEs / 100K</b>	<b>59.8</b>	<b>99.9</b>	<b>108.5</b>	<b>120.0</b>
Internal Medicine Subspecialty FTEs	1.3	134.1		
General Surgery FTEs	1.3	35.2		
Surgical specialties FTEs	3.9	138.0		
Psychiatry FTEs	0.0	99.0		
Other Physician Subspecialty FTEs	9.1	278.6		
<b>Total Physician FTEs / 100K</b>	<b>99.7</b>	<b>217.5</b>	<b>303.4</b>	<b>347.9</b>

There are federal government Health Professional Shortage Areas (HPSA) for primary medical care, dental, and mental health providers in Essex County.

# Health Indicators

## Leading Causes of Death

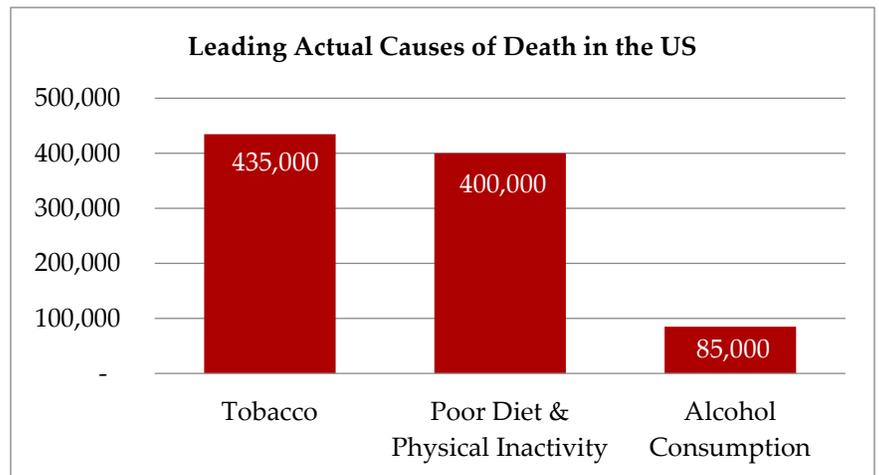
The leading causes of death in Essex County are based on Vital Statistics provided by the New York State Department of Health, Bureau of Biometrics and Health Statistics.<sup>18</sup>



## Leading Actual Causes of Death

Modifiable behavioral risk factors remain leading actual causes of death in the United States.<sup>19</sup> This is also true for Essex County.

*In order to improve the health and quality of life of our population, attention must be given to these factors including how we may best create policies, environments, systems and programs that support health.*



<sup>18</sup> New York State Department of Health. Retrieved from [http://www.health.ny.gov/statistics/leadingcauses\\_death/deaths\\_by\\_county.htm](http://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm)

<sup>19</sup> Journal of the American Medical Association (JAMA). doi: 10.1001/jama.291.10.1238 Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=198357>

## Dashboard 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 NYS DOH Prevention Agenda Priority Categories and Focus Area sub-sections plus additional data indicators collected to provide a more comprehensive picture of health for Essex County. Indicators for which Essex County data was not available or too limited to be statistically significant are not provided in the Dashboard.

Unless otherwise noted in footnote references, all data elements included in the Dashboard of Health Indicators was taken from the quantitative data assessment conducted through ARHN (**Appendix F**). Indicators highlighted in yellow in Appendix F are those included in the Dashboard.

## Benchmarks

Essex 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 ARHN counties are also referenced in Discussion sections as “Region”.

## Quartile Rankings

“Meets/Better” is depicted by the arrow falling within the green area of the gauge if Essex County data met or was better than the benchmark. If Essex County data did not meet the benchmark it was divided into 4 quartiles to demonstrate its percentage variance from the benchmark. The Dashboard Key explains the use of the gauge image as a tool to depict the percentage variance from the benchmark.

## Dashboard Key - Comparison to Benchmark

				
Meets/Better	<b>Q1</b> 0-25% away	<b>Q2</b> 26-50% away	<b>Q3</b> 51-75% away	<b>Q4</b> 76-100% away

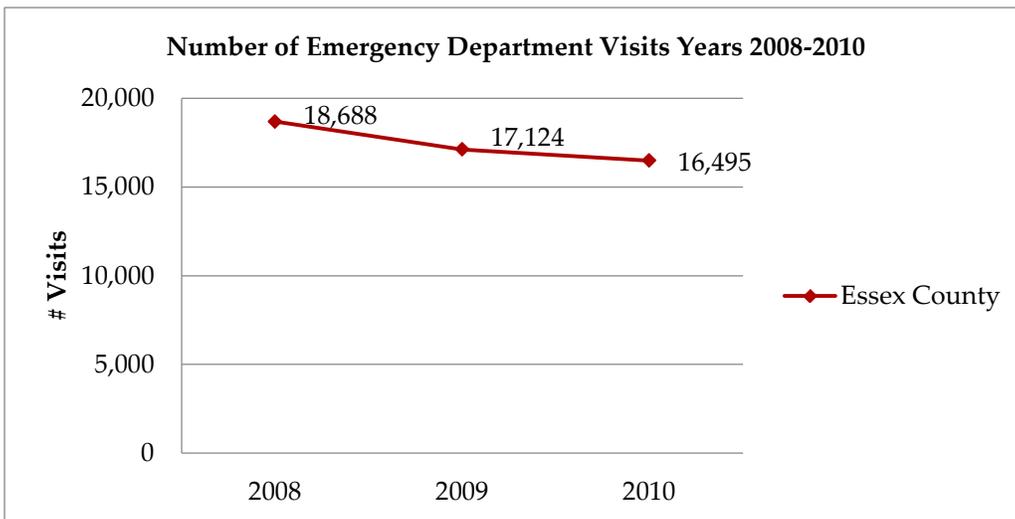
## Quartile and Severity Scores

The quartile score shows the percentage of data indicators that were worse than the benchmark by Prevention Agenda Indicators, Other Indicators and All Indicators [for a Prevention Agenda Focus Area]. The Severity Score shows the percentage of indicators that fell within the third or fourth quartiles (much worse) for the Focus Area.

## Improve Health Status and Reduce Disparities

### Focus Area: Disparities

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Deaths</b>				
Percent of Overall Premature Deaths (ages 35-64) '08-'10		19.9%	21.8%	Prevent NY
<b>Hospitalizations</b>				
Rate of Adult Age-Adjusted Preventable Hospitalizations (/100K) '08-'10		134.9	133.3	Prevent NY
Rate of Emergency Department Visits Total Adjusted Population (/10K) '08-'10		4,611.8	3,522.6	Upstate NY
<b>Access</b>				
Percent of Adults (Ages 18-64) with Health Insurance 2008/2009		84.0%	100.0%	Prevent NY
Percent of Adults with a Regular Health Care Provider 2008/2009		83.7%	90.8%	Prevent NY
Percent of Adults (18 and older) Who Did Not Receive Care Due to Cost 2008/2009		11.1%	13.8%	NY State
<b>Disabilities</b>				
Percent of Adults (18 and older) with Disabilities 2008/2009		24.7%	22.9%	Upstate NY



## Discussion

Essex County does not have significant health disparities based on race or ethnicity. Other health indicators suggest access to care, care delivery difficulties, economic and educational disparities. For more detailed information please see the Community Profile section including Health System Profile, Economic and Education.

The percentage of adults with a regular health care provider (83.7%) was lower than the rate in the ARHN region (86.6%) and lower than the Prevention Agenda benchmark (90.8%).

The rate of age-adjusted preventable hospitalizations<sup>20</sup> per 100,000 population (134.9) was lower than in the ARHN region (147.3) or in Upstate New York (138.9) but slightly higher than the Prevention Agenda benchmark rate (133.3).

The rate of ED visits per 100,000 population was significantly higher in the County (4,553.1) than in the ARHN region (3,673.1) and in Upstate New York (3,534.4). It is expected that this is due to several factors. One is the low availability of primary care providers in the County. Another is the high rate of Medicaid/Medicare recipients whose coverage does not include a disincentive for using the emergency department for non-emergent causes. A third is that Essex County has a considerable influx of seasonal residents and visitors who come to the area to recreate which contributes to Emergency Department visits especially during summer months.

However rate of emergency department visits over the last three years available (2008-2010) shows a steady decrease and unofficial data through 2013 indicates a continued decline. This is expected to be due to dis-encouragement of private insurance holders with a large increase in co-pay for emergency department visits and efforts by providers to provide after-hour consultation through their practices.

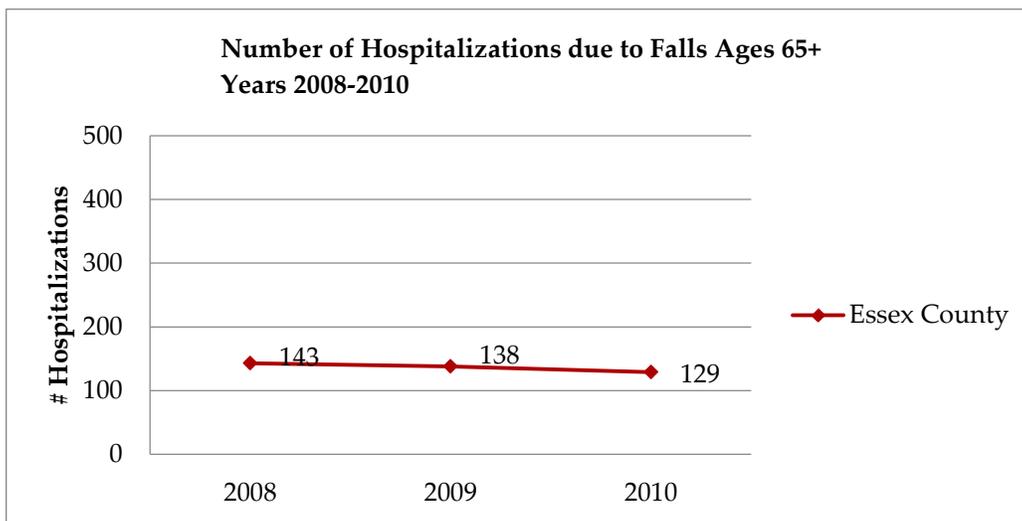
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<sup>20</sup> Hospitalizations for such things as asthma, diabetes, otitis media, etc. that occurred as a result of inadequate access to primary care services.

## Promote a Healthy and Safe Environment

### Focus Area: Injuries, Violence and Occupational Health

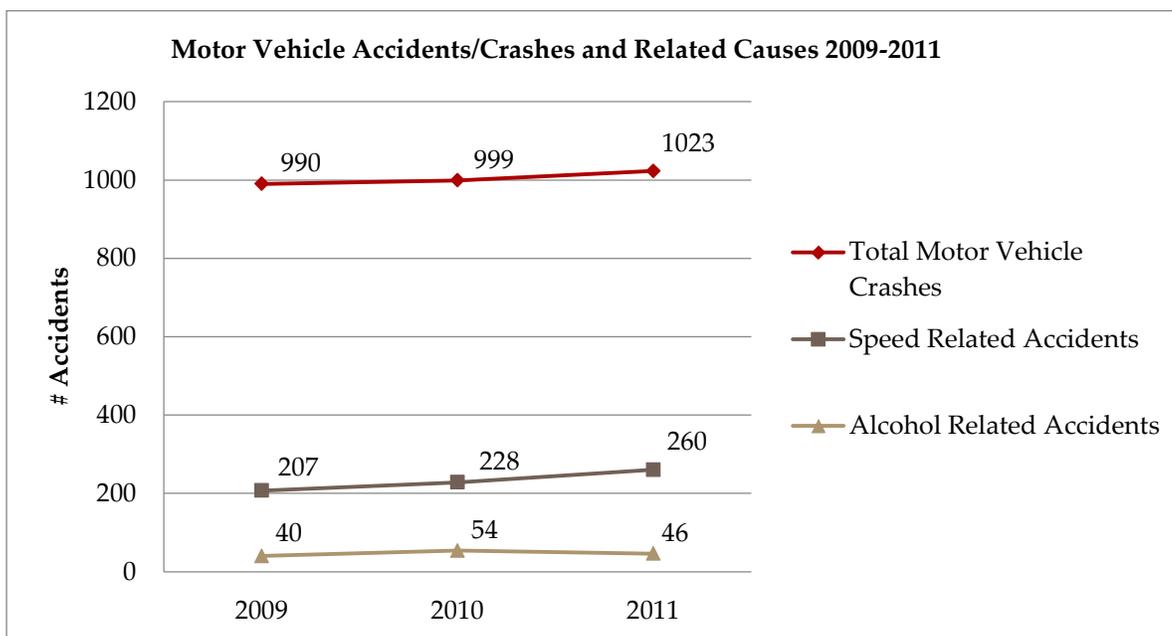
	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Injuries</b>				
Rate of Hospitalizations Due to Falls for Ages 65+ '08-'10		205.0	204.6	Prevent NY
Rate of ED Visits Due to Falls for Children Ages 1-4 (/10K) '08-'10		537.9	429.1	Prevent NY



### Discussion

Falls among various age groups are a challenge for Essex County. The rate of ED visits for falls for children ages 1 to 4 per 100,000 population (537.9) was higher than the ARHN region (515.5) and the Upstate New York rates (511.9) as well as the Prevention Agenda benchmark (429.1). The rate of hospitalizations for falls for individuals ages 15 to 24 per 10,000 population in the County (10.0) was higher than the ARHN region rate and the Upstate New York rate, both at 6.3 per 10,000 population. Hospitalizations for older adult falls (rate of 205.0) does not yet meet the Prevention Agenda benchmark (rate of 204.6), but actual cases have steadily decreased over years included in the assessment from 143 (2008) to 138 (2009) to 129 (2010).

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Motor Vehicle</b>				
Rate of Total Motor Vehicle Crashes (/100K) '08-'10		2,550.2	2,104.5	Upstate NY
Rate of Total Speed Related Accidents (/100K) '08-'10		588.4	225.1	Upstate NY
<b>Violence</b>				
Rate of Total Crimes (/100K) '07-'11		1,391.9	2,340.0	Upstate NY
Rate of Assault Related Hospitalizations (/10K) '08-'10		.9	4.3	Prevent NY

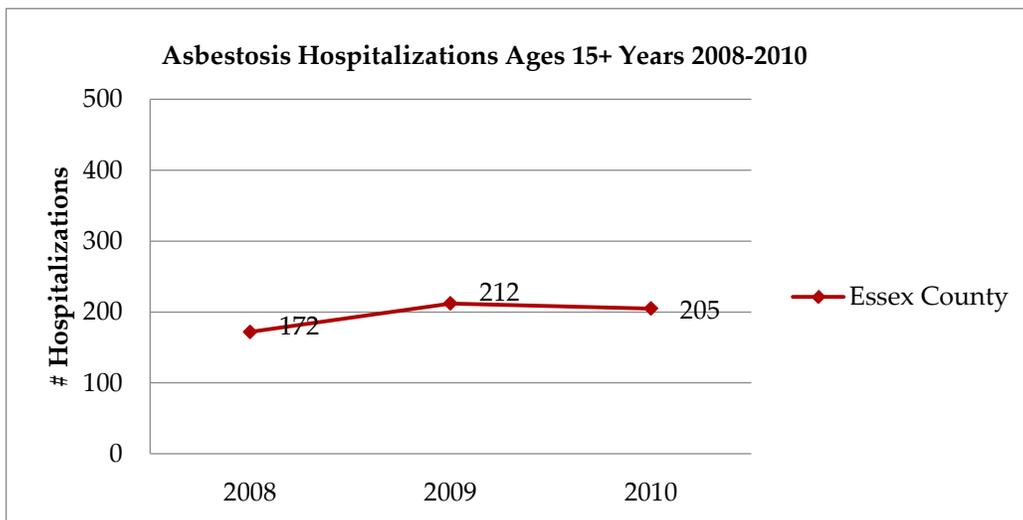


### Discussion

The Rate of Total Motor Vehicle Crashes and Speed-Related Accidents both demonstrate differences from the Upstate NY rates used as comparisons. The rate of Speed-Related Accidents for Essex County (588.4) is significantly different from the Upstate NY rate (225.1) used as comparison. Alcohol-Related Accidents data (found in the Substance Abuse and Mental, Emotional and Behavioral Health section) and the two fore-mentioned data indicators are displayed below to offer related causes for motor vehicle accidents. It is expected that poor weather conditions account for a considerable portion of Total Motor Vehicle Crashes.

Essex County experiences low levels of violence and crime. The Rate of Assault Related Hospitalizations is better than the Prevention agenda and decreased over years assessed from 7 (2008) to 3 (2009) to 0 (2010).

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Occupational Health</b>				
Rate of ED Occupational Injuries Among Working Adolescents Ages 15-19 (/10K) '08-'10		98.4	33.0	Prevent NY
Rate of Malignant Mesothelioma Cases Ages 15 Plus (/100K) '07-'09		3.1	1.7	Upstate NY
Rate of Asbestosis Hospitalizations Ages 15 Plus (/10K) '08-'10		61.1	2.1	Upstate NY
Rate of Work Related Hospitalizations Employed Ages 16 Plus (/10K) '08-'10		9.3	21.1	Upstate NY



### Discussion

Occupational health is also a challenge for Essex County. The rate of ED occupational injury visits for teenagers 15 to 19 per 10,000 population (98.4) was substantially higher than the Prevention Agenda benchmark (33.0) as well as the ARHN region (56.1) and Upstate New York (51.8) rates. The rate of asbestosis hospitalizations for individuals ages 15 and older per 10,000 population is 61.1, substantially higher than the ARHN rate of 4.8 and the Upstate New York rate of 2.1. The rate of malignant mesothelioma cases per 100,000 in Essex County was also higher (3.1) than the rates for the ARHN region (1.5) and for Upstate New York (1.7). Occupational health indicators are likely a reflection of those working under in trades including Construction; Manufacturing; Agriculture, Forestry, Fishing, Hunting, Mining; and Transportation, Warehousing, Utilities.

## Focus Area: Outdoor Air Quality

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
Number of Days with Unhealthy Ozone 2007		3	0	Prevent NY
Number of Day with Unhealthy Particulated Matter 2007		1	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 particulated matter are better than the ARHN (9 ozone; 4 particulated matter), Upstate (88 ozone; 32 particulated matter), and NY State (122 ozone; 69 particulated matter), days. Outdoor air quality in Essex 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 Essex County.

## Focus Area: Water Quality

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
Percentage of Residents Served by Community Water Systems with Optimally Flouridated Water 2012		0.0%	78.5%	Prevent NY

### Discussion

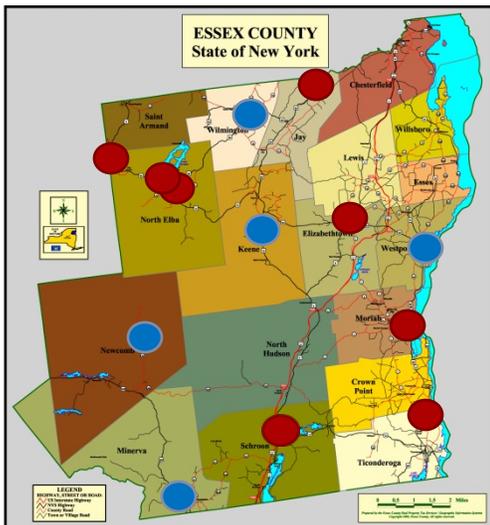
Of Essex County's 18 Towns all but 1, North Hudson, have municipal water supplies. There are a total of 25 water districts. Most (10) towns have 1 water district; 6 towns have 2 water districts; 1 has 3 water districts. None of these supplies are flouridated. As a very rural county a considerable portion of the population have private water systems.

Focus Area: Built Environment

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
Percentage of Commuters Who Use Alternate Modes of Transportation to Work '07-'11		19.7%	49.2%	Prevent NY
Percentage of Population with Low-Income and Low-Access to a Supermarket or Large Grocery Store 2010		2.0%	2.2%	Prevent NY

Discussion

Communities in Essex County are typically designed to have a compact community center or hamlet area surrounded by private and public lands. Those who live and work within the same community may walk or bike to work, school and other community amenities as weather and other circumstances permit. Ride share and car-pooling are also used as a means of reducing fuel costs. The only county-wide public transportation is through Essex County Transportation with three routes covering the county.<sup>21</sup> There is a trolley in Lake Placid operated by the Village of Lake Placid.



The food access landscape in Essex County is complicated. Grocery stores are small and products are more highly priced than in more populated areas. There are eight small grocery stores throughout the county (Price Chopper, Hannaford, GU Family Market, Mac’s Family Market, Walmart Food Center) - depicted in the image at left with red dots (●). The county has experienced the closing of 2 grocery stores in approximately 5 years; Willsboro and Keeseville. There are 5 small marts depicted in the image at left by blue dots (●).

The county also has 28 convenience/corner stores that carry foods and beverages and accept Supplemental Nutrition Assistance Program (SNAP) benefits. These include Stewarts Shops, dollar stores, pharmacies, gas stations, mini-marts. There is one natural food store in Lake Placid.

There are 9 farmers markets that typically run June through August-October. There are 47 farms and/or farm stands in the county. Eight of those accept Farmers Market Nutrition Programs (FMNP) coupons; 1 that accepts WIC Farmers Market Coupons. There are 9 community gardens, 23 day care gardens and 8 school gardens. There are 21 community food shelves in 15 towns of Essex County.<sup>22</sup>

<sup>21</sup> Essex County Transportation. Retrieved from <http://www.co.essex.ny.us/CrossingCommunities.asp>

<sup>22</sup> Essex County Public Health. 2012-2013 Guide to Local Food in Essex County. Retrieved from [http://www.co.essex.ny.us/EssexCountyPublicHealth/pdf\\_files/Local%20Food%20Guide%202012-13%20Essex%20lite.pdf](http://www.co.essex.ny.us/EssexCountyPublicHealth/pdf_files/Local%20Food%20Guide%202012-13%20Essex%20lite.pdf)

## Prevent Chronic Disease

### Focus Area: Reduce Obesity in Children and Adults

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Weight/Obesity</b>				
Percent of WIC Children Ages 2-4 Obese '08/'09		46.5%	45.7%	Upstate NY
Percent of Public School Children Who Are Obese '10-'12		18.8%	16.7%	Prevent NY
Percent of Age Adjusted Adults (Ages 18+) Who Are Overweight or Obese '08/'09		64.3%	59.3%	NY State
Percent of Adults (Ages 18+) Who Are Obese '08/'09		24.9%	23.0%	Prevent NY
<b>Environment</b>				
Number of Recreational and Fitness Facilities (/100K) 2009		15.7	12.4	Upstate NY
<b>Behaviors</b>				
Percent of Adults (Ages 18+) Eating 5 or More Fruits & Vegetables Today '08/'09		30.6%	27.1%	NY State

### Discussion

Overweight and Obesity indicators all exceed benchmarks whether the prevention agenda, Upstate NY or NY State. It is notable that 46.5% of WIC children are obese. Even though these children have access to healthier foods and beverages through WIC, they also have access to other less or un-healthy options as demonstrated by this high obesity rate. These children are at greatest risk of consequences or overweight and obesity over their lifetime.

Nearly one in five public school children are obese, also slightly higher than the Prevention Agenda benchmark of 16.7%. School district data available through the Student Weight Category Reporting System on student weight category distribution demonstrates an approximate difference of 23% of students who fall within the Healthy Weight (50<sup>th</sup>-84<sup>th</sup> percentile) category of students in the richest district and the two less rich districts.<sup>23</sup> This is the first time data for school-aged children are available. An obesity percentage nearing 20% is high compared to the Prevention Agenda benchmark (16.7%). This percentage does not include overweight.

One-fourth of adults in Essex County are obese, slightly higher than the Prevention Agenda benchmark of 23.0%.

<sup>23</sup> NYS DOH. Student Weight Category Reporting Survey Results: District-Level Report, 2008-2009 and 2009-2010.

The Healthy Living Survey of Adults conducted by the North Country Healthy Heart Network in 2011 showed over 80% support for 5 things that might help respondents eat more fruits and vegetables: 1) more healthy foods like fresh or frozen fruit and vegetables in convenience or corner stores; 2) more healthy options (entrees/sides) at restaurants; 3) planting vegetable gardens in their neighborhood; increasing healthy foods at check-out areas in grocery or convenience stores; having more produce from farms in the region sold at local grocery stores. Twenty-nine percent (29%) of respondents reported eating at a restaurant (not fast food or diner); 24% reported eating prepared food from grocery store/convenience store/gas station – at least once per week.<sup>24</sup>

The same survey asked respondents where they typically walk. Seventy-two percent (72%) said Streets/Roads; 52% Sidewalks; 54% Trails or Paths. Sixty-two percent (62%) said their primary reason for walking was Physical Activity/Exercise; 24% Recreation; 10% Transportation. Over 50% of respondents said multiple things would help them become more physically active including safer places, more information about places, more and improved trail access, community parks and recreation areas and others.

Essex County Complete Streets Coalition has worked on advocacy, projects, policy adoption, land use planning, education and encouragement since 2010. Six (6) towns in Essex County have developed and adopted Resolutions of Commitment to Complete Streets. These are Elizabethtown, Lewis, Westport, Wilmington, Willsboro & Newcomb. Additionally Essex County adopted a Complete Streets policy in 2012 that is offered as a template for towns. It is the Coalition's goal to have consistency between NYS, county and local roads such that all users have access.

Work with Day Care providers has produced 8 nutrition, 7 physical activity and 5 media policy adoptions.

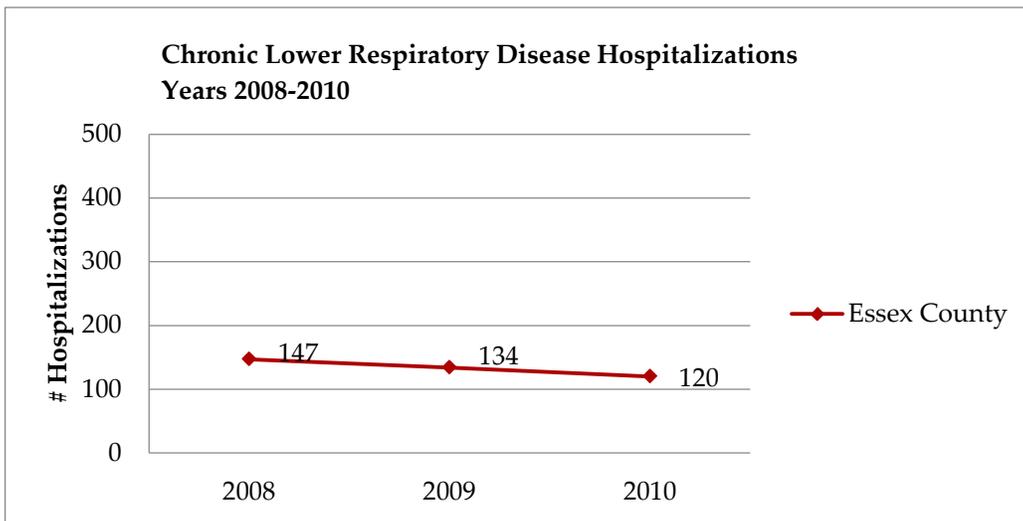
Overweight and obesity are known to have a negative impact on multiple aspects of health and quality of life. Because comparison data was largely unavailable (except Prevention Agenda indicators) the quartile and severity scores may not accurately reflect the extent of this focus area.

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<sup>24</sup> North Country Healthy Heart Network. Healthy Living Survey of Adults. June 2011. Retrieved from <http://heartnetwork.org/wp-content/uploads/2011/12/NCHHN-Report-4-20-12-1.pdf>

Focus Area: Reduce Illness, Disability, and Death Related to Tobacco Use and Second Hand Smoke Exposure

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Tobacco Use</b>				
Percent of Adults (Ages 18+) Who Smoke '08/'09		24.2%	15.0%	Prevent NY
<b>Chronic Illness</b>				
Rate of Chronic Lower Respiratory Disease Deaths (/100k) '08-'10		68.8	46.0	Upstate NY
Rate of Lung and Bronchus Deaths (/100K) '07-'09		72.4	57.2	Upstate NY
<b>Tobacco Access</b>				
Number of Registered Tobacco Vendors (/100K) '09-'10		135.8	94.0	Upstate NY
Percent of Vendors with Sales to Minors Violations '09-'10		1.9%	5.1%	Upstate NY



Discussion

Tobacco use and exposure to second hand smoke remains higher in Essex County (24.2%) than the Region (21.4%), Upstate NY (18.5%), New York State (16.8%).

Access to tobacco is higher in Essex County than Upstate NY as shown by the Number of Registered Tobacco Vendors (/100K) – 135.8 for Essex County compared to the 94.0 for Upstate NY.

Survey data from the Adirondack Tobacco Free Network shows the majority (approximately 45%) of Essex County residents purchasing cigarettes from Convenience Store/Gas Station. The Akwesasne Mohawk Reservation was the second most common location for purchase. Less than 10% purchase from grocery stores, pharmacies, the internet, tobacco shops or other locations. In general, support is consistently high for expansion of the Clean Indoor Air Act to locations such as playgrounds, entryways, public beaches and parks.<sup>25</sup>

Display and sale of tobacco products was addressed in ATFN's 2013 survey. The majority of respondents thought tobacco should be sold in convenience stores, gas stations and grocery stores; but not in pharmacies. While 82% of respondents reporting observing tobacco products behind registers in stores only 57% (including 36% of tobacco users) think tobacco products should not be visible in stores.<sup>26</sup>

In 2011 Essex County government adopted a tobacco free grounds policy that provided only limited designated use areas at certain locations; some locations are 100% tobacco free grounds. This policy has been modified twice since adoption and will continued to be modified with a goal of transitioning to 100% tobacco free grounds. There are six (6) towns with tobacco free policies that address grounds, and or recreation areas. There are 5 additional recreational facilities; businesses; 1 community organization; 3 hospitals & 3 Head Start practices that have tobacco policies.

Chronic illnesses associated with tobacco use (asthma, chronic lower respiratory illness and lung and bronchus illness not all detailed in this dashboard but available in the complete data set) generally reflect higher rates and percentages in Essex County as compared to benchmarks. Other related illnesses data and discussion including asthma and lung cancer rates are found in the other sections (Chronic Disease Preventive Care and Management and Child Health).

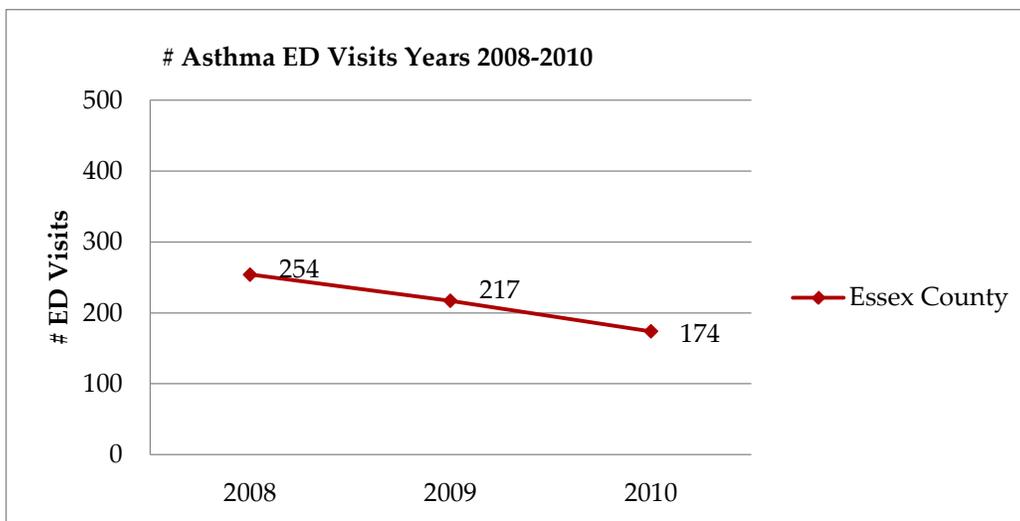
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<sup>25</sup> Adirondack Tobacco Free Network Smoking Survey. May 2011. Opinions on Smoking Issues in the Counties of Clinton, Essex, and Franklin.

<sup>26</sup> Adirondack Tobacco Free Network Smoking Survey. August 2013. Opinions on Smoking Issues in the Counties of Clinton, Essex and Franklin.

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care & Management  
in Both Clinical and Community Settings

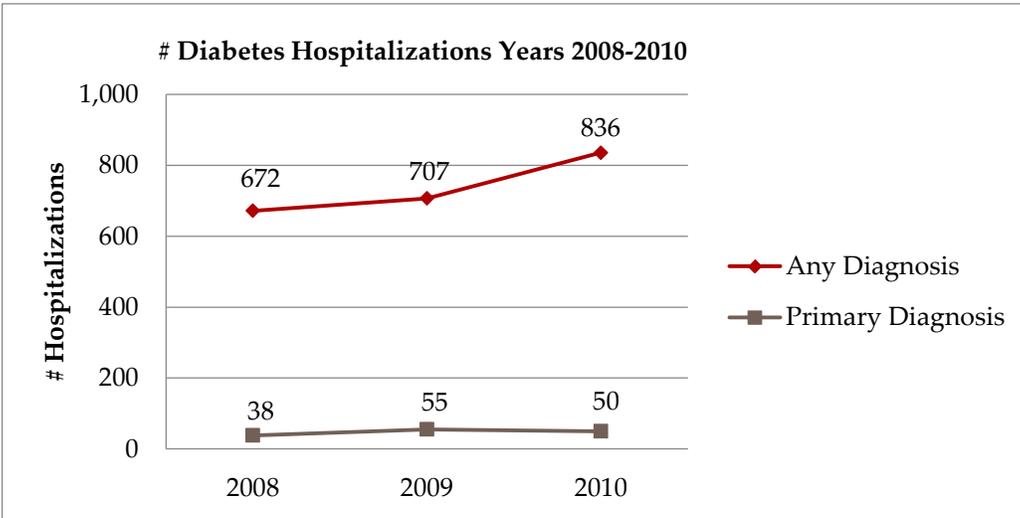
	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Asthma</b>				
Rate of Asthma ED Visits (/100K) '08-'10		56.14	75.1	Prevent NY
Rate of Asthma ED Visits for Ages 18-64 (/10K) '08-'10		57.3	49.3	Upstate NY
Rate of Asthma ED Visits for Ages 65+ (/10K) '08-'10		29.0	18.6	Upstate NY



**Discussion**

Asthma ED Visits (56.14) are better than the Prevention Agenda benchmark (75.1). Rate of Asthma Visits show an increasing rate with age. It is expected these rates may coincide with tobacco use and/or exposure and overall health.

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Diabetes</b>				
Rate of Short Term Diabetes Hospitalizations for Ages 6-17 (/10K) '08-'10		4.0	3.06	Prevent NY
Rate of Short Term Diabetes Hospitalizations for Ages 18+ (/10K) '08-'10		3.6	4.86	Prevent NY
Rate of Diabetes Deaths (/100K) '08-'10		28.7	17.7	Upstate NY

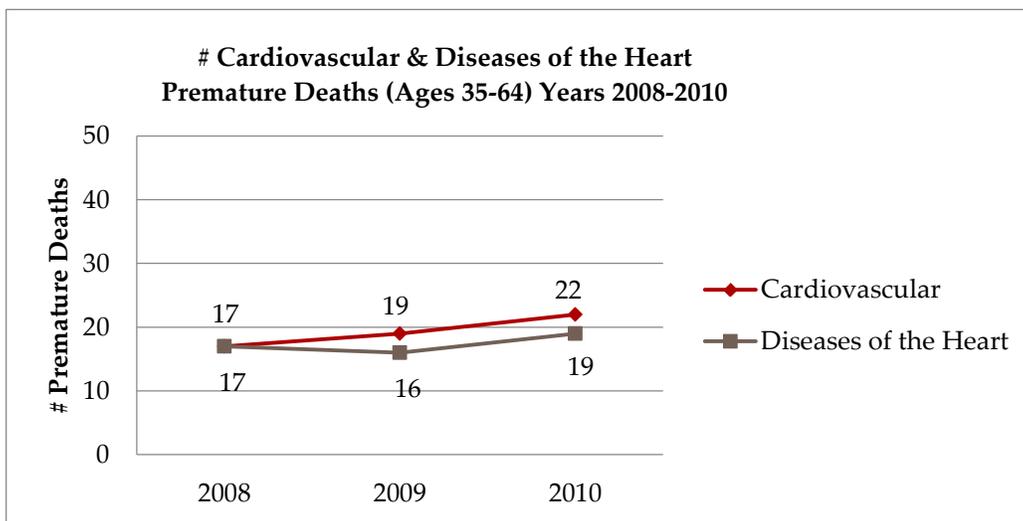


### Discussion

Rate of Diabetes Deaths (28.7) is considerably above the Upstate NY benchmark (17.7) and shows an increase over years 2008-2010 from 8 to 16. The age-adjusted percentage of adults with physician diagnosis of Diabetes is slightly over 10% in Essex County; higher than that of NY State at 9%.<sup>27</sup>

<sup>27</sup> NYS DOH. Age-adjusted percentages of adults with physician diagnosed diabetes 2008-2009. Retrieved from <http://www.health.ny.gov/statistics/chac/general/pdf/g29.pdf>

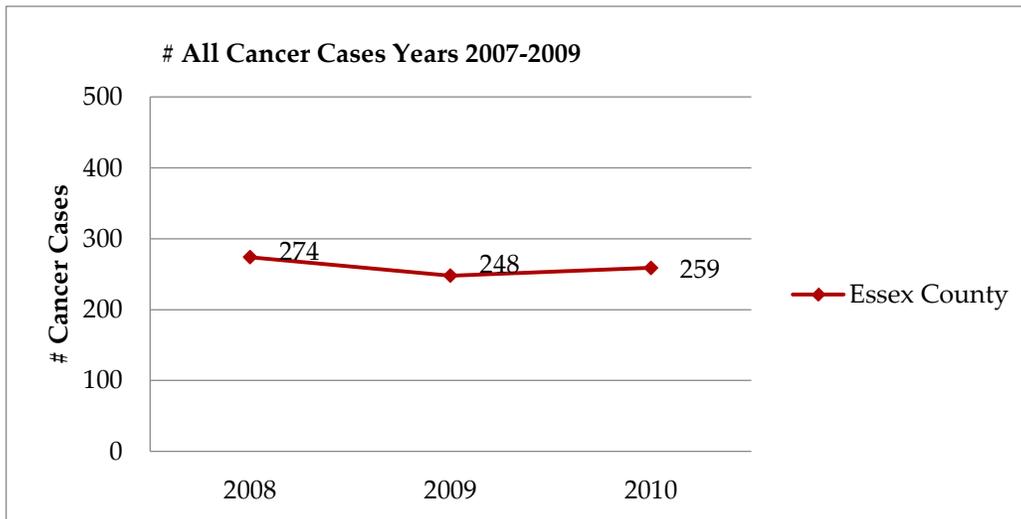
	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Heart, Cardiovascular, Cerebrovascular</b>				
Rate of Age Adjusted Heart Attack Hospitalizations 2010		14.9	14.4	Prevent NY
Rate of Cardiovascular Premature Deaths (Ages 35-64) (/100K) '08-'10		50.5	39.4	Upstate NY
Rate of Diseases of the Heart Premature Deaths (Ages 35-64) (/100K) '08-'10		45.3	32.2	Upstate NY
Rate of Coronary Heart Diseases Premature Deaths (Ages 35-64) (/100K) '08-'10		33.1	24.8	Upstate NY
Rate of Cerebrovascular (Stroke) Deaths (/100K) '08-'10		53.1	39.3	Upstate NY
Percent of Age Adjusted Adults (Ages 18+) with Cholesterol Check Within the Last 5 Years '08/'09		73.1%	77.3%	NY State
Percent of Age Adjusted Adults (Ages 18+) Ever Diagnosed with High Blood Pressure '08/'09		28.2%	25.7%	NY State



### Discussion

Heart disease is the second leading cause of premature death in Essex County after cancer. The indicators under Heart, Cardiovascular, Cerebrovascular section above demonstrate potential for improvement in all areas to meet benchmarks. Improving screening percentages for cholesterol and blood pressure can help individuals become more aware of their risk.

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Cancer</b>				
Rate of All Cancer Deaths (/100K) '07-'09		263.9	204.1	Upstate NY
Rate of Colon and Rectum Cases (/100K) '07-'09		68.9	53.9	Upstate NY
Percentage of Adults Who Received Colorectal Screenings Based on Recent Guidelines '08/'09		67.0%	71.4%	Prevent NY
Rate of Female Breast Cancer Cases (/100K) '07-'09		94.5	83.9	Upstate NY
Percent of Women Ages 40+ With Mammogram Within Last Two Years '08/'09		79.5%	79.7%	NY State
Rate of Prostate Cancer Cases (/100K Male Population) '07-'09		83.9	91.5	Upstate NY
Percent of Males Ages 40+ With A Digital Rectal Exam Within Last Two Years '08/'09		46.0%	57.5%	Upstate NY
Percent of Males Ages 40+ With a Prostate Antigen Test Within Last Two Years '08/'09		42.4%	54.2%	Upstate NY



### Discussion

Cancer is the leading cause of death in Essex County. Screening as recommended and early detection can improve individual outcomes. Essex County data show Colorectal, Mammogram and Prostate screening percentages that fall in the 2<sup>nd</sup> quartile compared to benchmarks.

Screening tests are used with less frequency in Essex County than in Upstate New York as a whole, including the following tests, all of which had lower rates of use in the County than in Upstate:

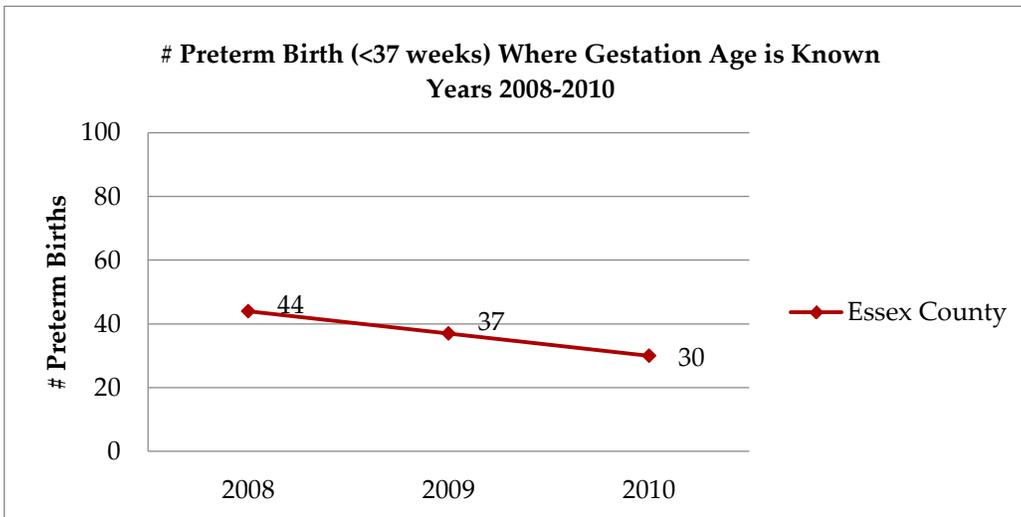
- Age-adjusted adults, ages 18 plus, with a cholesterol check within the last five years;
- Adults, ages 50 plus, with a home blood stool test within the past two years;
- Adults, ages 50 plus, with a sigmoidoscopy or colonoscopy within the last ten years;
- Males, ages 40 plus with a digital rectal exam or a prostate antigen test within the last two years;
- Women, ages 40 plus, with a mammogram within the past two years; and
- Women, ages 18 plus, with a Pap smear within the last three years.

Living health-fully supports quality of life and longevity potential. Improved nutrition, adequate activity levels and healthy weight management can prevent chronic conditions and improve outcomes for those diagnosed with a chronic condition. Regular screenings as recommended also improves early detection and patient outcomes for all chronic conditions.

## Promote Healthy Women, Infants and Children

### Focus Area: Maternal and Infant Health

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Prenatal Care</b>				
Percent Early Prenatal Care of Total Births Where Prenatal Care Status is Known '08-'10		74.2%	75.2%	Upstate NY
<b>Births</b>				
Percent of Preterm Births <37 Weeks of Total Births Where Gestation Period is Known '08-'10		10.7%	10.2%	Prevent NY
Ratio of Preterm Births <37 Weeks Medicaid to Non-Medicaid '08-'10		1.14	1.00	Prevent NY
Percent of Total Birth with Weights Less Than 1,500 grams (3.3 lbs) '08-'10		1.4%	1.4%	Upstate NY
Percent of Total Birth with Weights Less Than 2,500 grams (5.5 lbs) '08-'10		9.0%	7.7%	Upstate NY
Percent of Singleton Births with Weights Less Than 2,500 grams (5.5 lbs) '08-'10		6.6%	5.7%	Upstate NY
<b>Breastfeeding</b>				
Percent of Live Birth Infants Exclusively Breastfed in Delivery Hospital '08-'10		66.8%	48.1%	Prevent NY
Ratio of Infants Exclusively Breastfed in Delivery Hospital Medicaid to Non-Medicaid Births '08-'10		0.8	0.66	Prevent NY
Percent of WIC Women Breastfed at 6 Months '08-'10		20.0%	39.7%	NY State



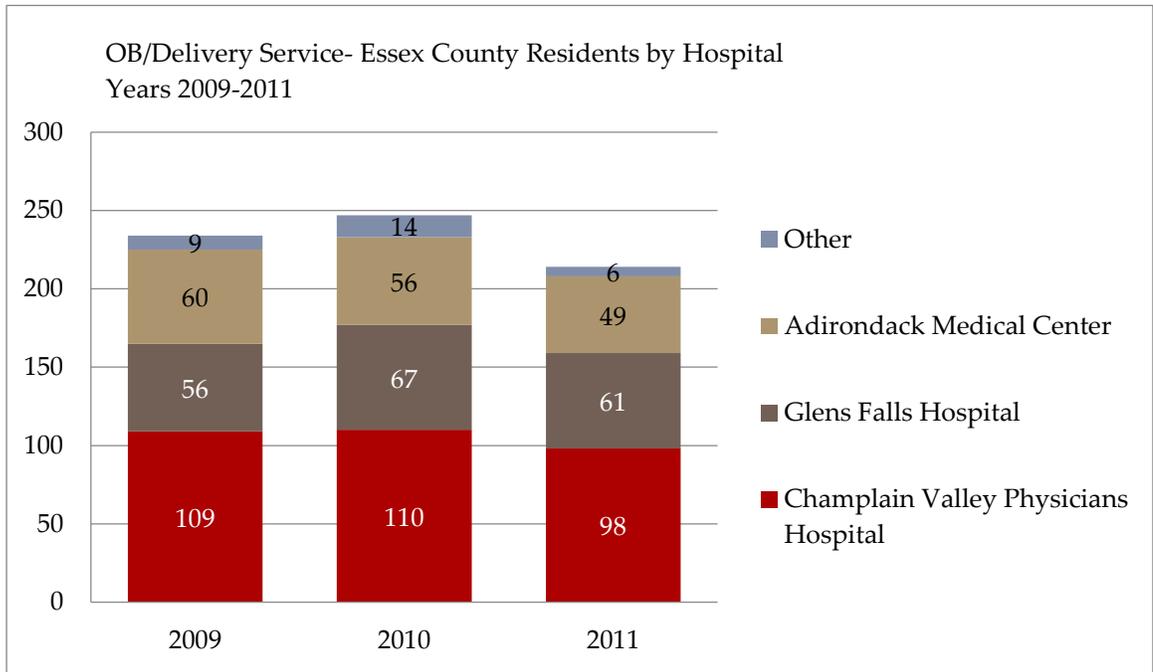
### Discussion

Early prenatal care to assure best outcomes for woman and infants is an indicator for which Essex County (74.2%) does not yet meet Upstate NY's 75.2%. Preterm Births <37 weeks does not meet the Prevention Agenda benchmark though over the years included in this assessment (2008-2010) a decrease from 44 to 37 to 30 is shown. Preterm birth ratio of Medicaid to Non-Medicaid exceeds the 1.00 benchmark. Very low weight births (<1,500 grams or <3.3 lbs) are the same (1.4%) as Upstate NY. Percent of low weight total births and singleton births exceed the Upstate NY percentages used as benchmarks.

It is anticipated that access to providers prevents earlier care and best pregnancy and birth outcomes as there are no OB/GYN providers in the county. ECPH operates a Maternal and Child Health program including antepartum, postpartum, public health guidance and Medicaid Obstetrical and Maternal Services (MOMS) nursing, education and referral visits to assist in meeting the needs of women and infants in Essex County.

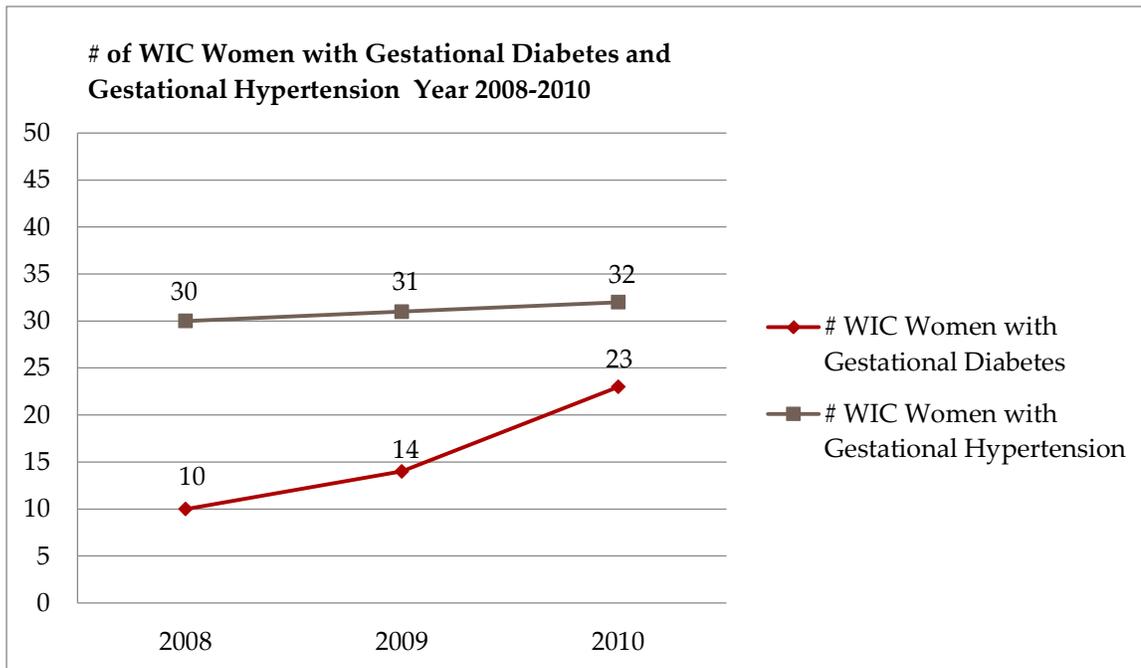
Infants exclusively breastfed in the hospital of delivery (66.8%) exceed the Prevention Agenda benchmark (48.1%) though Essex County's ratio of Medicaid to Non-Medicaid breastfeeding rates do not meet the Prevention Agenda benchmark. Additionally Essex County WIC mothers breastfeeding at 6 months (20.0%) does not meet the NY State 39.7%. Essex County's WIC program offers lactation consultation and breast pumps to support women in initiating and maintaining breast feeding for the health of mothers and babies.

As demonstrated in the chart below most babies are delivered at Champlain Valley Physicians Hospital followed by nearly equal deliveries at Glens Falls Hospital and Adirondack Medical Center (Adirondack Health); a small number are delivered by Other hospitals.



Focus Area: Preconception and Reproductive Health

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Pregnancy</b>				
Rate of Pregnancies Ages 15-17 (/1K Females) '08-'10		21.2	25.6	Prevent NY
Rate of Pregnancies Ages 18-19 (/1K Females) '08-'10		79.8	60.3	Upstate NY
Rate of Abortions All Ages (/100 Live Births to All Mothers) '08-'10		23.8	27.7	Upstate NY
Percent of WIC Women with Gestational Weight Gain Greater than Ideal		54.3%	41.8%	NY State
Percent of WIC Women Pre-Pregnancy Obese '08-'10		32.5%	23.4%	NY State
Percent of WIC Women with Gestational Diabetes '08-'10		7.9%	5.5%	NY State
Percent of WIC Women with Gestational Hypertension '08-'10		15.5%	7.2%	NY State



## Discussion

All indicators for WIC participating women exceed the NY State benchmarks. These include excessive weight gained and associated gestational obesity, diabetes and hypertension. While women on WIC have access to healthier options through their WIC checks, all WIC funds distributed are not regularly redeemed. Participants may be unable to redeem due to access to participating WIC vendors and/or the process of having funds distributed as a check and less easy to use as compared to the swipe redemption available through SNAP.

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Births</b>				
Percent of Unintended Births to Total Births 2011		31.5%	24.2%	Prevent NY
Ratio of Unintended Births Medicaid to Non—Medicaid '08-'10		1.26	1.56	Prevent NY
Percent of Multiple Births of Total Births '08-'10		5.3%	4.2%	Upstate NY
Percent of Total Births to Women Ages 35+ '08-'10		12.5%	19.0%	Upstate NY
<b>Access to Care</b>				
Percent of Women Ages 18-64 with Health Insurance '08/'09		85.7%	100.0%	Prevent NY

## Discussion

Pregnancy indicators show teen pregnancy to be above benchmarks only for those ages 18-19. It is surmised that those pregnancies (of 18-19 year olds) may be planned. While the percent of unintentional births to births does not meet the Prevention Agenda benchmark, unintended births Medicaid to non-Medicaid is better than the Prevention Agenda benchmark.

As discussed under HIV and STD statistics, education regarding for preconception health and communicable diseases is widespread in the county.

There is a higher percentage of multiple births in Essex County (5.3%) than the comparison benchmark of Upstate NY (4.2%) though a lower percentage of births to women 35+ (12.5%) compared to the Upstate (19.0%). It is therefore expected that multiple births may be naturally occurring and not due to medically assisted conception.

Essex County's percent of women ages 18-64 with health insurance does not meet the Prevention Agenda benchmark of 100% and is less than the Regional (88.4%) and New York State (86.1%) percentages. This lower percentage of insured in Essex County supports the need for the MOMS program offered by ECPH that assists women and their infants in increasing access to Medicaid insurance.

Focus Area: Child Health

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Access to Care</b>				
Percent of Children Ages 0-15 months with Government Insurance with Recommended Well Child Visits 2011		62.5%	77.0%	Prevent NY
Percent of Children Ages 3-6 years with Government Insurance with Recommended Well Child Visits 2011		77.1%	77.0%	Prevent NY
Percent of Children Ages 12-21 years with Government Insurance with Recommended Well Child Visits 2011		46.3%	77.0%	Prevent NY
Percent of Children Ages 0-19 with Health Insurance 2010		93.6%	100.0%	Prevent NY
<b>Dental Health</b>				
Percent of 3 <sup>rd</sup> Graders with Untreated Tooth Decay '09-'11		24.9%	21.6%	Prevent NY
Percent of 3 <sup>rd</sup> Graders with Untreated Tooth Decay; Low Income to Non-Low Income '09-'11		1.48	2.21	Prevent NY

Discussion

The percent of Essex County children with health insurance (93.6%) is slightly less than the Region and NY State (both at 94.9%) and does not meet the Prevention Agenda 100%. Well child visits for youngest children, those ages 0-15 months (62.5%) is less than the Prevention Agenda 77.0%. County children ages 3-6 meet the Prevention Agenda benchmark of 77.0%, though the percent of those ages 12-21 (46.3%) again does not meet the Prevention Agenda benchmark of 77.0%. Access to providers is expected to play a role in children receiving well child visits regularly. There are 1.3 pediatricians offering visits at 3 locations in Essex County. Unmet needs by these providers use family practice providers or pediatric care outside the county which may negatively impact regular well child visits and associated preventive screenings and immunizations.

While not detailed in the indicator section here, full data sets demonstrate the percentage of children screened for lead by 9 months, 18 months and with two (2) lead screenings by age 36 months were all lower in Essex County than in Upstate New York. Here again the rate of asthma ED visits (available in the full data set) for children ages 0-17 (81.7) than the ARHN rate (65.1) and upstate rate (77.9) and is expected to be related to higher percentages of tobacco use.

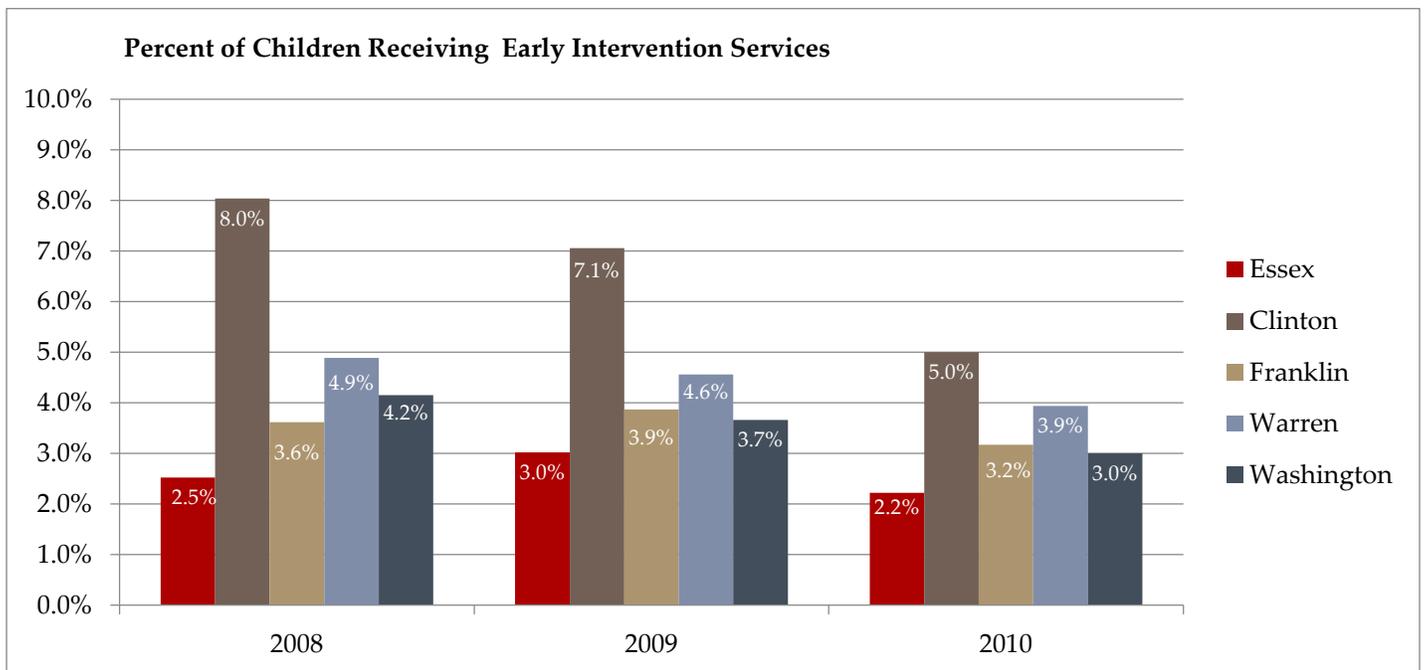
Dental health is impacted by several factors. One is provider availability in Essex County as may be seen in the Health Systems Profile (subsection of Community profile above). Providers accepting new patients, child patients and

government insurance are additional barriers to dental health. Availability of dental health insurance is yet another factor negatively impacting regular dental care. While dental health is covered under Medicaid, it is often not covered by private insurance or available only as a rider or separate plan.

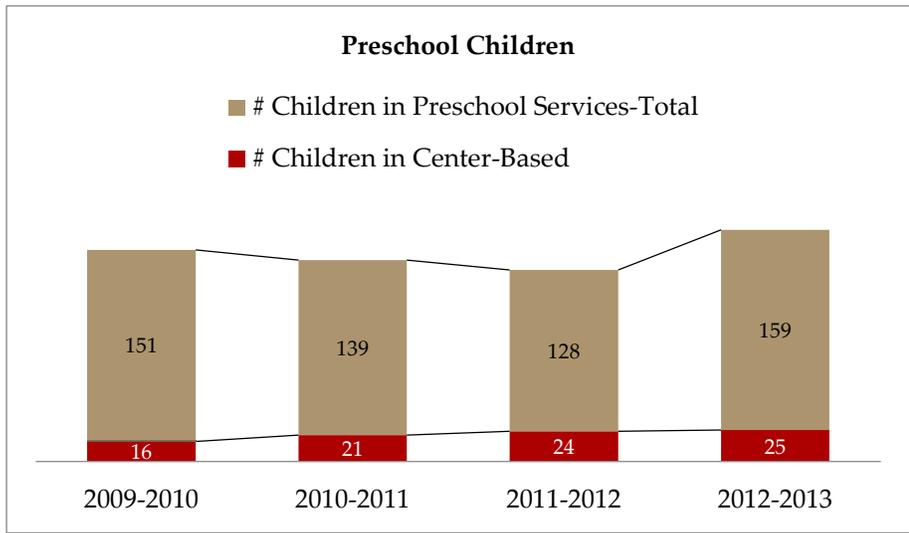
### Children’s Services Data

Essex County Children’s Services Programs includes Early Intervention (for children birth-3 years), Preschool (for children 3-5years) and Children with Special Health Care Needs (for children birth-21 years).

Early Intervention serves children with diagnosed conditions (such as Autism, Angelman’s Syndrome, prematurity, Down Syndrome, vision impairment, Spina Bifida or Hydrocephalus). In 2012 26% of cases were children with a specific diagnosis, 31% were cases without a confirmed diagnosis but receiving multiple services’ 43% were cases receiving 1 service (physical therapy, occupational therapy, speech therapy). The average case load for service coordination increased from 30 in 2011 to 40 in 2012. The program has experienced an increase in referrals for children exhibiting signs of Autism Spectrum Disorder and children moving into Essex County though as demonstrated in the chart below a smaller total percent of children in Essex County require services compared to neighboring counties.



The Preschool Program has experienced an increase in children transitioning from Early Intervention with diagnosed conditions that require center-based classrooms as displayed in the chart below.



## Prevent HIV/STDs, Vaccine Preventable Diseases & Healthcare-Associated Infections

### Focus Area: Human Immunodeficiency Virus (HIV)

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
Rate of Newly Diagnosed HIV Cases (/100K) '08-'10	<10	2.6	14.7	Prevent NY
Rate of AIDS Cases (/100K) '08-'10	<10	1.0	5.6	Upstate NY

### Focus Area: Sexually Transmitted Diseases (STDs)

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
Rate of Primary and Secondary Syphilis For Males (/100K) 2010	<10	4.9	10.1	Prevent NY
Rate of Primary and Secondary Syphilis For Females (/100K) 2010	<10	0.0	0.4	Prevent NY
Rate of Chlamydia for Females Ages 15-44 (/100K) '08-'10		570.9	1458.0	Prevent NY

### Discussion

Essex County rates for HIV and STDs are better than Prevention Agenda benchmarks. It is expected that the slightly older and rural population base along with the strong presence of education provided to schools and free contraceptive access at community pharmacies [provided by ECPH] contribute to these low rates.

Focus Area: Vaccine-Preventable Diseases

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Child</b>				
Percent of Children Ages 19-35 Months With 4:3:1:3:3:1:4 2011		46.0%	80.0%	Prevent NY
Percent Females 13-17 With 3 Dose HPV Vaccine 2011		15.7%	50.0%	Prevent NY
<b>All Ages</b>				
Rate of Pertussis Cases (/100K) '08-'10		5.2	4.3	Upstate NY
<b>Older Adults</b>				
Percent of Adults Ages 65+ With Flu Shots Within Last Year '08/'09		76.2%	75.1%	Prevent NY
Rate of Pneumonia/Flu Hospitalizations Ages 65+ (/100K) '08-'10		188.5	140.1	Upstate NY
Percent of Adults Ages 65+ Ever Received a Pneumonia Shot '08/'09		72.6%	64.7%	NY State

Discussion

Rates of certain vaccine preventable diseases are high and vaccination rates are low in Essex County.

The rates of pertussis cases per 100,000 population and of pneumonia/flu hospitalizations for ages 65 and older per 10,000 population were higher than their respective rates for the ARHN region and for Upstate New York. The percentage of children ages 19 to 35 months with the appropriate immunization series<sup>28</sup> in the County (46.0%) was lower than the rates for the ARHN region (57.6%) and Upstate New York (47.6%) and substantially lower than the Prevention Agenda benchmark of 80%. Additionally, the percentage of females ages 13 to 17 with the 3 dose HPV vaccine (15.7%) was substantially lower than the Prevention Agenda benchmark of 50%.

Vaccination data for children shows Essex County not meeting benchmarks set by the Prevention Agenda. It coincides with data under the Focus Area: Child Health showing the percent of children [with government insurance] with recommended well child visits to be worse than the Prevention Agenda benchmarks for children ages 0-15 months and 12-21 years.

Many Essex County residents seek pediatric care outside of the county due to accessibility. This accessibility barrier is expected to impact regular well child visits and recommended vaccination on schedule. The recent addition of a

<sup>28</sup> 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).

pediatrician in the county that offers patient hours in two locations has improved access bringing practicing pediatricians to 2 and locations to 3.

Finally, the percentage of adults ages 65 and older with flu shots within the past year was slightly lower (72.6%) than the Prevention Agenda benchmark (75.1%). The availability of flu and pneumonia vaccines has also increased most recently through the use of pharmacists and pharmacies as additional access points. It is anticipated that this increases access will positively impact vaccination percentages in the future.

**Focus Area: Healthcare Associated Infections**

	<b>Comparison Essex to Benchmark</b>	<b>Essex County % or Rate</b>	<b>Benchmark % or Rate</b>	<b>Benchmark Source</b>
Rate of Hospital Onset CDIs* (/10K Patient Days) 2011		3.6	5.94	Prevent NY
Rate of Community Onset, Healthcare Associated CDIs* (/10K Patient Days) 2011		1.4	2.05	Prevent NY

\* CDIs = Clostridium difficile infections

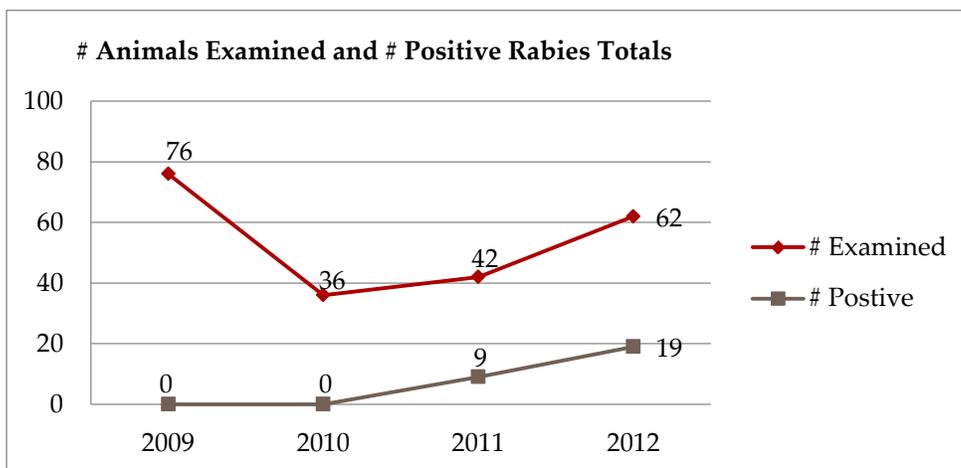
**Discussion**

Hospitals have been focusing on implementation of best practices to avoid hospital acquired infection.

## Other Communicable Disease Indicators

### Rabies

Rabies	2009		2010		2011		2012	
	Examined	Positive	Examined	Positive	Examined	Positive	Examined	Positive
Dogs	6	0	3	0	6	0	2	0
Cats	5	0	6	0	6	1	6	0
Cattle	0	0	0	0	0	0	1	0
Other domestic	0	0	0	0	1	1	4	0
Skunk	2	0	1	0	3	1	3	2
Fox	3	0	3	0	4	1	1	0
Raccoons	9	0	7	0	14	5	20	16
Rodents	2	0	7	0	0	0	3	1
Other Wild	5	0	1	0	0	0	5	0
Bats	44	0	15	0	8	0	17	0
<b>Total</b>	<b>76</b>	<b>0</b>	<b>36</b>	<b>0</b>	<b>42</b>	<b>9</b>	<b>62</b>	<b>19</b>
<b>% Positive</b>		<b>0%</b>		<b>0%</b>		<b>21%</b>		<b>31%</b>



While there has been variance in the number and types of species submitted for rabies testing from 2009-2012 there has been an increase in the number of positives during this time frame as illustrated in the table and graph above.<sup>29</sup>

<sup>29</sup> New York State Department of Health. Wadsworth Center. Current New York State Rabies Data. Retrieved from <http://www.wadsworth.org/rabies/monthly/monthframe.htm>

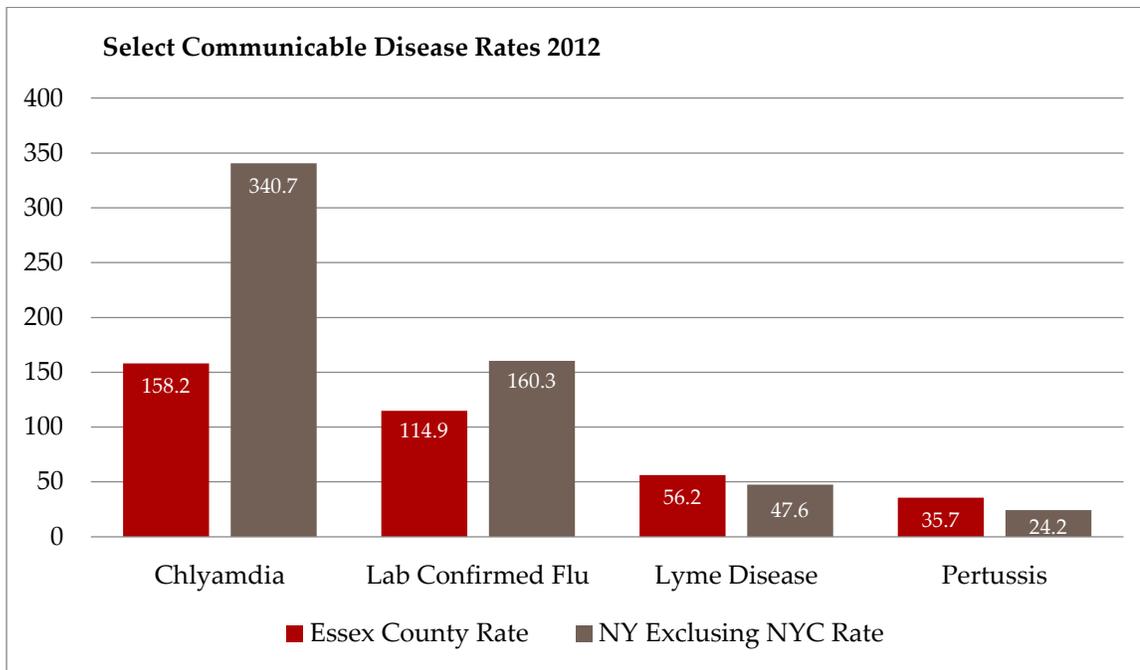
## Lyme Disease

Lyme Disease	2009	2010	2011	2012
Confirmed or Probable Case Counts	43	24	16	22

Lyme disease confirmed or probable cases in Essex County have been increasing from south to north up the Champlain Valley. Case definition for Lyme Disease changed from Confirmed to Confirmed or Probable in 2008. Fluctuations in cases can be attributed to cyclical nature of arboviruses (diseases transmitted by arthropods), weather patterns, provider testing or other factors.

## Select Communicable Diseases

The communicable diseases displayed in the chart below demonstrate a comparison for Essex County against New York State, excluding New York City, for the year 2012. NYS DOH requires the reporting of suspected or confirmed communicable diseases to the county health department under NYS sanitary Code to prevent transmission, identify emerging infections and outbreaks, and evaluate the effectiveness of control measures. In 2012 ECPH conducted 449 communicable disease investigations; 187 of which were positive. Local surveillance reveals an increase in the select communicable diseases displayed below from 2011 to 2012.<sup>30</sup>



<sup>30</sup> New York State Department of Health. Communicable Disease Annual Reports and Related Information. Retrieved from <http://www.health.ny.gov/statistics/diseases/communicable/>

## Promote Mental, Emotional and Behavioral Health and Prevent Substance Abuse

### Focus Area: Prevent Substance Abuse and Other Mental, Emotional, and Behavioral Disorders

	Comparison Essex to Benchmark	Essex County % or Rate	Benchmark % or Rate	Benchmark Source
<b>Substance Abuse</b>				
Percent of Adults Binge Drinking within the Last Month '08/'09		22.8%	17.6%	Prevent NY
Rate of Alcohol-Related Accidents (/100k) '09-'11		121.9	67.4	Upstate NY
Rate of Alcohol-Related Injuries and Deaths (/100K) '08-'10		67.9	50.0	Upstate NY
Rate of Drug-Related Hospitalizations (/10K) '08-'10		13.2	21.2	Upstate NY
<b>Mental Health</b>				
Percent of Adults with Poor Mental Health (14+ Days) in the Last Month '08/'09		8.8%	10.1%	Prevent NY
Rate of Age Adjusted Suicides (/100K) '08-'10	<10	6.8	5.9	Prevent NY
Percent of Children Ages 9-17 with Serious Emotional Disturbances (SED) Served to Total SED Children 2011		11.5%	7.7%	Upstate NY
Percent of Adults Ages 18-64 with Serious Mental Illness (SMI) Served 2011		9.5%	14.6%	Upstate NY
Rate of Self-Inflicted Hospitalizations (/10K) '08-'10		8.4	6.1	Upstate NY
Rate of People Served in ED for Mental Health Ages 18-64 2011		8.2	20.8	Upstate NY
Percent of Adults Ages 65+ With Serious Mental Illness (SMI) Served 2011		2.9%	4.7%	Upstate NY

### Discussion

Adult binge drinking exceeds the Prevention agenda benchmark of 17.6%. Alcohol Related Accidents and Injuries and Deaths also exceed percentages of Upstate NY used as comparisons.

Liquor Store Access (beer, wine, and liquor stores (/100K) provides a measure of access and environmental influences on health behaviors. Essex County's rate (25.4) is higher than NY (14.03) and the US (10.32). It is expected that this higher rate of outlets supports consumption and related accidents, injuries and deaths.<sup>31</sup>

<sup>31</sup> Community Commons. Community Health Needs Assessment. Liquor Store Access. Retrieved from <http://assessment.communitycommons.org/CHNA/Report.aspx?page=3&id=405>

Essex County has a high rate of alcohol-related accidents. The rate of alcohol-related accidents (/100K) was substantially higher (121.9) than the ARHN region rate (92.1) and the Upstate New York rate (67.4). Additionally, the rate of alcohol-related injuries and deaths per 100,000 population (67.9) was higher than the ARHN region rate (59.1) and the Upstate New York rate (50.0).

The rates of children served in mental health outpatient settings per 100,000 for children ages 8 and below and for children ages 9 to 17 (not shown in the dashboard but available in complete data sets) were above the rates for both the ARHN region and Upstate New York.

The rate of self-inflicted hospitalizations per 10,000 population for Essex County (8.4) was higher than the Upstate New York rate (6.1) but lower than the ARHN rate (9.1). The rate of self-inflicted hospitalizations for 15-19-year-olds per 10,000 population was also higher, though there were fewer than 10 cases. However, the number of cases is trending upwards.

# Survey Results Summary

## Essex County Survey Results

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This report details results from the Adirondack Rural Health Network (ARHN) survey that are specific to Essex 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* (Appendix H), accompanies this report and provides greater detail on the preferences and directions expressed by respondents for the region as a whole, including Essex 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 Essex County, the seven other New York counties included in the region are Clinton, Franklin, 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, 86 indicated that Essex 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 Essex 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, chronic disease was ranked as the area of highest community need and agency interest.
- 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.
- Essex County respondents indicated the lowest level of current involvement with efforts to prevent HIV, STIs, and vaccine-preventable disease.
- When asked to rate the effectiveness of current local efforts to address major health issues, most indicate they are only moderately effective. Also, a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in 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. It should be noted that the values reflect region-wide values, since the results of Essex County respondents were did not differ in a statistically significant manner from the rest of the group. Put simply, Essex County respondents agree that chronic disease is the most important agenda area.

Table 1. Ranking of NYS Health Agenda issue areas

	Percent selecting each priority by ranking				
	Most	2nd	3rd	4th	5th
Prevent chronic disease	39.7	19.2	13.2	16.7	10.9
Promote mental health; prevent substance abuse	22.5	23.1	24.5	26.4	3.5
Promote healthy, safe environment	22.1	22.7	21.4	17.1	16.7
Promote healthy women & children	11.5	31.5	34.2	16.7	6.6
Prevent HIV/STIs; promote vaccines	4.2	3.5	6.6	23.3	62.3

## Results of County-Specific Questions on Geographic Need and Targeting

The county-specific questions in the survey focus on the identification of individual sub-county 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, in Essex County as well as every other county in the region, one response was consistently the most popular: “entire county.” As shown in Table 2, the portion of respondents that indicated the entire county of Essex (or some variant such as “all”) should be targeted was consistently high, with a range from 67.5 percent to 78.1 percent. Although respondents identified 20 areas as being in need of targeted efforts, most were only mentioned by a small portion of respondents. One exception was Ticonderoga, which was the most frequently mentioned sub-county geographic area in need of targeted service efforts, particularly for efforts to prevent substance abuse.

Table 2. Percent of respondents identifying geographic target area by health 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	71.9	81.1	67.5	73.2	77.5	75.0	78.1
Bloomingtondale	1.6	1.9	2.5	2.4	2.5	2.5	3.1
Chesterfield	0.0	0.0	0.0	2.4	0.0	0.0	3.1
Crown Point	3.1	0.0	2.5	0.0	0.0	2.5	0.0
Elizabethtown	0.0	0.0	2.5	2.4	0.0	0.0	0.0
Hague	1.6	1.9	5.0	0.0	5.0	0.0	0.0
Lake Placid	4.7	1.9	5.0	4.9	2.5	0.0	0.0
Lewis	0.0	0.0	2.5	0.0	0.0	0.0	0.0
Minerva	1.6	0.0	0.0	0.0	0.0	0.0	0.0
Mineville	0.0	1.9	2.5	0.0	5.0	5.0	0.0
Moriah	7.8	5.7	7.5	7.3	2.5	7.5	9.4
Newcomb	1.6	1.9	2.5	0.0	2.5	2.5	3.1
Port Henry	4.7	3.8	5.0	4.9	0.0	2.5	3.1
Putnam	1.6	0.0	5.0	0.0	2.5	0.0	0.0
Saranac Lake	7.8	0.0	5.0	7.3	5.0	2.5	3.1
Schroon	1.6	1.9	2.5	2.4	2.5	2.5	3.1
Ticonderoga	14.1	11.3	15.0	14.6	10.0	17.5	9.4
Westport	0.0	0.0	2.5	0.0	0.0	0.0	0.0
Willsboro	1.6	0.0	2.5	0.0	0.0	0.0	0.0
Wilmington	1.6	0.0	0.0	0.0	0.0	0.0	0.0
Witherbee	1.6	0.0	0.0	0.0	0.0	0.0	0.0

## Community Assets & Partners

The table below is intended to serve as a succinct summary of community assets [resources, programs & policies] and partners [existing or potential] that can be mobilized to address to address prevention agenda focus areas.

### Environmental Health

Focus Area	Assets (Resources, Programs, Policies)	Partners (Existing or Potential)
<b>Injuries, Violence &amp; Occupational Health</b> <u>Goal #1:</u> Reduce fall risks among vulnerable populations <u>Goal #2:</u> Reduce violence by targeting prevention programs particularly to highest risk populations <u>Goal #3:</u> Reduce occupational injuries and illnesses	Sexual Assault Nurse Examiner (SANE) Program  Domestic Violence Program  Workplace Violence Policies & Programs OSHA Programs	Hospitals  Office for the Aging Eastern Adirondack Health Care Network Chambers of Commerce Businesses/Employers Nursing and Adult Homes Safe Kids Adirondack
<b>Outdoor Air Quality</b> <u>Goal #1:</u> Reduce exposure to outdoor air pollutants		DEC
<b>Outdoor Water Quality</b> <u>Goal #1:</u> Increase fluoridated drinking water <u>Goal #2:</u> Reduce risks for drinking and recreational water	Educational, Awareness & Action-Based Experiential Learning Opportunities	DOH Regional Environmental Office DEC Cornell Cooperative Ext- EDEN Essex County Planning Dept Safe Kids Adirondack Boquet & Ausable River Associations
<b>Built Environment</b> <u>Goal #1:</u> Improve the design and maintenance of the built environment <u>Goal #2:</u> Improve the design and maintenance of home environments	Lead Poisoning Prevention Program Advocacy, Projects, Policies (County + 6 Towns), Land Use Planning, Education, Comprehensive Plans, Strategies, Zoning	Essex County Public Health Essex County Complete Streets Coalition Essex County Planning Dept Essex County DPW Town Planning Boards & Code Officers Trails Groups: CATS, ATIS, BETA Recreation Committees Healthy Communities Coalition of Essex County NYS Bicycling Coalition NYS DOT Eastern Adirondack Healthcare Network Greater Capital District Coalition for Lead Safety

## Chronic Disease

Focus Area	Assets (Resources, Programs, Policies)	Partners (Existing or Potential)
<p><b>Reduce Obesity in Children &amp; Adults</b></p> <p><u>Goal #1.1:</u> Create community environments that promote and support healthy food and beverage choices and physical activity.</p> <p><u>Goal #1.2:</u> Prevent childhood obesity through early child-care and schools.</p> <p><u>Goal #1.3:</u> Expand the role of health care and health service providers and insurers in obesity prevention.</p> <p><u>Goal #1.4:</u> Expand the role of public and private employers in obesity prevention.</p>	<p>Creating Healthy Places to Live, Work &amp; Play</p> <p>NAPSACC Program &amp; Policies – 8 Nutrition; 7 Physical Activity; 5 Media</p> <p>WIC Program</p> <p>Obesity Prevention in Pediatric Health Care Settings</p> <p>Healthy Schools, NY</p> <p>Adirondack Regional Medical Home Project</p> <p>Medically supervised exercise programs</p> <p>Nutritional counseling</p> <p>Wal-mart ‘Choose Healthy Grant’</p>	<p>Essex County Public Health</p> <p>Day Care Providers</p> <p>Pediatricians, Clinton Co PH</p> <p>Schools, Clinton Co PH</p> <p>Providers</p> <p>Hospitals</p> <p>Cornell Cooperative Ext- 4H -Adirondack Harvest</p> <p>Farmers</p> <p>Famers Markets</p> <p>Corner stores/other small food outlets</p> <p>Adirondack Community Action Program</p> <p>Employers</p>
<p><b>Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure</b></p> <p><u>Goal #2.1:</u> Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.</p> <p><u>Goal #2.2:</u> Promote tobacco use cessation, especially among low SES populations and those with poor mental health.</p> <p><u>Goal #2.3:</u> Eliminate exposure to secondhand smoke.</p>	<p>Tobacco Committee –County Gvt</p> <p>Policies (23) – 1 County Gvt; 14 Recreational Areas; 4 Businesses; 3 Hospitals; 1 CBO</p> <p>NC Tobacco Cessation Center</p> <p>Provider Education &amp; Systems</p> <p>Changes</p> <p>Tobacco Counseling</p> <p>Smokers Quitline &amp; Web Assistance</p>	<p>Essex County Public Health</p> <p>Essex County Tobacco Policy Committee</p> <p>Adirondack Tobacco Free Network</p> <p>North Country Healthy Heart Network</p> <p>Schools</p> <p>Towns</p> <p>Businesses</p> <p>Health Care Organizations</p> <p>Providers</p> <p>Hospitals</p> <p>NYS DOH</p>
<p><b>Chronic Disease Care</b></p> <p><u>Goal #3.1:</u> Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.</p> <p><u>Goal #3.2:</u> Promote evidence-based care.</p> <p><u>Goal #3.3:</u> Promote culturally relevant chronic disease self-management education.</p>	<p>Cancer Screening Program</p> <p>Living Healthy Chronic Disease Self-Mgt Program</p> <p>DASH-NY (Designing a Healthy &amp; Strong NY)</p> <p>Arthritis Exercise Program</p>	<p>Essex County Public Health</p> <p>Hospitals</p> <p>Eastern Adirondack Health Care Network</p> <p>NYAM</p> <p>Cornell Cooperative Ext</p> <p>Providers</p> <p>North Country Asthma Coalition</p> <p>Essex County Human Services Coalition</p> <p>Adirondack Rural Health Network</p>

## HIV, STD, Vaccine-Preventable Diseases

Focus Area	Assets (Resources, Programs, Policies)	Partners (Existing or Potential)
<p><b>Prevent HIV &amp; STDs</b></p> <p><u>Goal #1:</u> Decrease HIV morbidity in New York State</p> <p><u>Goal #2:</u> Increase early access to and retention in HIV care in New York State</p> <p><u>Goal #3:</u> Decrease STD morbidity in New York State</p> <p><u>Goal #4:</u> Decrease HIV and STD disparities in New York State</p> <p><u>Goal #5:</u> Increase and coordinate Hepatitis C Virus (HCV) prevention and treatment capacity In New York State</p>	<p>HIV &amp; STD Program</p> <p>HIV AIDS Hotline</p>	<p>Essex County Public Health</p> <p>AIDS Council of Northeastern NY</p> <p>Tri-County HIV Alliance</p> <p>Planned Parenthood North Country</p> <p>Planned Parenthood Hudson Mohawk</p> <p>Health Research Inc</p> <p>Ryan White Network</p> <p>Schools</p> <p>Providers</p> <p>St. Joseph’s Rehabilitation</p>
<p><b>Vaccine-Preventable Diseases</b></p> <p><u>Goal #1:</u> Improve Childhood and Adolescent Immunization Rates</p> <p><u>Goal #2:</u> Educate all parents about the importance of Immunizations</p> <p><u>Goal #3:</u> Decrease the burden of pertussis disease</p> <p><u>Goal #4:</u> Decrease the burden of Influenza Disease</p> <p><u>Goal #5:</u> Decrease the burden of disease caused by human papillomavirus (HPV)</p> <p><u>Goal #6:</u> Increase adult immunizations</p>	<p>Rabies Program</p> <p>Immunization Program</p> <p>Tickborne Disease Education Support</p>	<p>Essex County Public Health</p> <p>NYSACHO</p> <p>Providers</p> <p>Hospitals</p> <p>Nursing and Adult Homes</p> <p>Veterinarians</p> <p>Pharmacies</p> <p>Adirondack Community Action Program</p> <p>Day Care Providers</p> <p>Capital District Regional Office</p> <p>Immunization Coalition</p> <p>Essex County Human Services Coalition</p>
<p><b>Healthcare Associated Infections</b></p> <p><u>Goal #1:</u> Reduce C. difficile infections</p> <p><u>Goal #2:</u> Reduce multidrug-resistant organisms infection</p> <p><u>Goal #3:</u> Reduce device-associated infections</p>	<p>Bordering on Zero Initiative</p>	<p>Hospitals</p> <p>Providers</p>

## Healthy Women, Infants & Children

Focus Area	Assets (Resources, Programs, Policies)	Partners (Existing or Potential)
<b>Maternal &amp; Infant Health</b> <u>Goal #1:</u> Reduce premature births <u>Goal #2:</u> Increase breastfeeding <u>Goal #3:</u> Reduce rate of maternal deaths	Maternal & Child Health Program WIC Program  Childbirth, Breastfeeding & Parenting Classes Early Head Start Nutrition & Breastfeeding Assistance	Essex County Public Health  Adirondack Health Institute Hospitals Providers Adirondack Community Action Program Cornell Cooperative Ext Employers
<b>Child Health</b> <u>Goal #4:</u> Increase well-child care <u>Goal #5:</u> Reduce dental caries	Early Intervention Program Children with Special Health Care Needs Adirondack Regional Medical Home Project Hospital-Based/Medicaid Dental Clinics Head Start  Parenting Classes Poison Control Program	Essex County Public Health Essex County Public Health Hospitals Providers Dentists Adirondack Community Action Program Safe Kids Adirondack Child Care Coordinating Council Upstate Medical
<b>Reproductive Health</b> <u>Goal #6:</u> Prevention of unintended and adolescent pregnancy <u>Goal #7:</u> Increase utilization of preventive health care services among women of reproductive ages.	HIV & STD Program	Essex County Public Health Planned Parenthood North Country Planned Parenthood Hudson Mohawk Providers Schools St. Joseph's Rehabilitation

### Other-Children with Special Health Care Needs

Local Early Intervention Coordinating Council (LEICC)

County Early Intervention Preschool Administrator Committee (CEIPAC)

EI All-County Conference Calls

Early Head Start Policy Committee



# Priority Selection

## Prioritization Method Brief

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The method of identifying priority health issues of Essex County residents involved:

- Quantitative data collection (*Appendix F*) -data sources include multiple state and national supplemented by local data throughout the report;
- Qualitative data collection (*Appendix H*) - stakeholder survey completed by key informants of Essex County;
- Prioritization Tool (*Appendix I*) - quartile ranking, severity scores and Prioritization Worksheet used to interpret data;
- Committee Consensus
  - Essex County Public Health and Hospital Partners presented data to multiple groups for input and discussion (see below);
  - Local Health Department and Hospital Partners used this input, the prioritization worksheet, and professional knowledge to make final decisions on prioritization.

## Prioritization Process

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The CHPC agreed that due to the large area of the 8-county region it would be most beneficial to allow counties and their hospital partners to examine the data and address prioritization at a more local level. Local health departments used county boundaries and hospitals used their service areas to determine with which county or counties they would select priorities.

### Community Stakeholder Discussion Meetings

Data presentations and community stakeholder discussion meetings were conducted 6 times during 2013 to present data, collect additional input and assess partnership commitment in addressing potential priorities.

Inter-Lakes Health Community Forum	May 2, 2013
Community Services Board Annual Retreat	May 8, 2013
Healthy Communities Coalition of Essex County	June 11, 2013 & September 10, 2013
Essex County Human Services Coalition	July 11, 2013
School Nurse In-service	October 8, 2013

### Essex County Public Health and Hospital Partners Meetings

ECPH and hospital partners met 4 times in 2013 (June 4; July 23, 2013; July 31; and August 21) to review data, discuss community stakeholder input and use the prioritization tool described below to establish priorities.

### Prioritization Tool

The prioritization tool developed by the Data subcommittee allowed for prioritization of the Focus Areas of the Prevention Agenda. Weighted scores ranging from 0.5-2.0 were applied to eight (8) items in three (3) scoring categories: Need, Feasibility and Impact. The 8 items included: quartile/severity score; stakeholder survey; perceived need for additional resources; funding availability; evidenced-based intervention availability; stakeholder capacity to implement interventions; effectiveness of current strategies; and whether multiple health benefits may be achieved through intervention. The completed ARHN Prioritization Worksheet may be found in *Appendix I*.

### Prioritization Rationale

Final priority scores as completed by the Essex County group ranged from 8-46. ECPH and hospital partners used stakeholder discussion meeting input, the prioritization worksheet, and professional knowledge to select priorities.

**Preventing Chronic Disease** included the highest priority scores of the Prevention Agenda areas.

**Reducing obesity in children and adults** had the highest priority score (46).

**Increasing access to chronic disease preventive care and management in clinical & community settings** had the second highest priority score (39).

**Income and Access to Care** were identified disparities in Essex County.

Other focus areas also had high priority scores though were not selected for reasons described below.

- **Built Environment**
- **Tobacco Use & Secondhand Smoke Exposure**
- **Healthy Mothers, Infants & Children**
- **Substance Abuse and Mental, Emotional, & Behavioral Health**

Built Environment is addressed in the Community Health Improvement Plan under obesity prevention under the objective of creating community environments that support physical activity.

Tobacco Use and Second Hand Smoke Exposure was not selected as partners believed evidenced-based interventions to be employed to the fullest extent possible given existing and shrinking resources.

Maternal and Infant Health was not selected as hospital partners did not identify appropriate interventions best fitting their capacities and given the strong ECPH Maternal and Child Health program.

Promoting Mental Health and Substance Abuse was not selected due to lack of knowledge of existing activities/interventions and the identified need for capacity building in this area before appropriate interventions could be identified with partners.

*Chronic Disease Prevention*

1. Reduce obesity in children & adults.

2. Increase access to chronic disease preventive care and management in clinical & community settings.

*Disparities: income and access to care.*

1. Reduce obesity in children and adults; and

	Public Health	Hospitals
Goal 1.1: Create <b>community environments</b> that promote and support healthy food and beverage choices and physical activity.	X	
Goal 1.2: Prevent childhood obesity through <b>early child-care and schools</b> .	X	
Goal 1.3: Expand the role of <b>health care and health service providers</b> and insurers in obesity prevention.	X	X
Goal 1.4: Expand the role of <b>public and private employers</b> in obesity prevention.	X	X

2. Increase access to high quality chronic disease preventive care and management in clinical & community settings.

	Public Health	Hospitals
Goal 2.1: Increase <b>screening rates</b> for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.	X	X
Goal 2.2: Promote <b>evidence-based care</b> to manage chronic diseases.		X
Goal 2.3: Promote culturally relevant <b>chronic disease self-management education</b> .	X	X

## Contact Information

For more information about the Essex County Community Health Assessment:

### **Public Health Partner**

#### **Essex County Public Health**

Jessica Darney Buehler

Phone: (518) 873-3500

Email: [jdbuehler@co.essex.ny.us](mailto:jdbuehler@co.essex.ny.us)

### **Hospital Partners**

#### **Adirondack Health**

Megan Murphy

Phone: (518) 897-2439

Email: [mmurphy@adirondackhealth.org](mailto:mmurphy@adirondackhealth.org)

#### **Elizabethtown Community Hospital**

Jane Hooper

Phone: (518) 873-3003

Email: [jhooper@ech.org](mailto:jhooper@ech.org)

#### **Inter-Lakes Health**

Tammy Smith

Phone: (518) 585-3784

Email: [tsmith@interlakeshealth.org](mailto:tsmith@interlakeshealth.org)

## Appendix A

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### Adirondack Rural Health Network

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.

Adirondack Rural Health Network (ARHN) is a program of the Adirondack Health Institute, Inc. (AHI). AHI is a not-for-profit organization 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.

## New York State's Prevention Agenda 2013-2017<sup>32</sup>

*The Prevention Agenda 2013-17* is New York State's Health Improvement Plan for years 2013-2017. Available at the close of 2012, it was developed at the request of the Department of Health (DOH). The New York State Public Health and Health Planning Council (PHHPC) and a unique mix of over 140 organizations across the state collaborated in the effort.

This plan engaged local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses all of whom have the potential to influence the health of individuals and communities and address health disparities.

The five-year plan is designed to serve 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.

*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; and
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated Infections.

Each priority area includes associated focus areas, goals and objectives that may be used by communities to guide their community health improvement plans and work within their communities to improve population health.

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<sup>32</sup> New York State Department of Health. Prevention Agenda 2013-2017. Available on-line at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/summary.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/summary.htm)

## Attachment B

### Adirondack Rural Health Network (ARHN) Members, Data Consultants & Meeting Schedules

#### Membership Affiliation, Steering Committee & Community Health Planning Committee

Name and Organization	Steering Committee	CHPC
Christina Akey, Health Educator, Fulton County Public Health		X
Pat Auer, RN, Director, Warren County Health Services	X	X
Linda Beers, Director, Essex County Public Health	X	X
Sue Cridland, RN, BSN, Director of Community Education, HealthLink Littauer		X
Jessica Darney-Buehler, Senior Public Health Educator, Essex County Public Health		X
Josy Delaney, MS, CHES, Community Wellness Specialist, Alice Hyde Medical Center		X
Dan Durkee, Health Educator Warren County Health Services		X
Denise Frederick, Director, Fulton County Public Health	X	X
Peter Groff, Executive Director, Warren-Washington Association for Mental Health	X	
Katie Jock, Champlain Valley Physicians Hospital Medical Center		X
Chip Holmes, Chief Executive Officer, Inter-Lakes Health	X	X
Jane Hooper, Director of Community Relations, Elizabethtown Community Hospital		X
Travis Howe, Director, Mountain Lakes Regional EMS Council	X	
Patty Hunt, Director, Washington County Health Services	X	X
Lottie Jameson, Executive Director, Hudson Mohawk AHEC	X	X
Dot Jones, Director of Planning, Saratoga Hospital	X	X
Robert Kleppang, Director, Hamilton County Community Services	X	
Karen Levison, Director, Saratoga County Public Health	X	X
Ginger Carriero, VP of Medical Practices, Alice Hyde Medical Center		X
Cheryl McGratten, VP of Development, Nathan Littauer Hospital		X
Tracy Mills, Director, Research & Planning, Glens Falls Hospital		X
Megan Murphy, Grants & Strategic Projects Director, Adirondack Health		X
Sue Patterson, Public Health Educator, Franklin County Public Health		X
Jeri Reid, Director, Clinton County Health Department		X
John Rugge, MD, Chief Executive Officer, Hudson Headwaters Health Network	X	
Beth Ryan, Director, Hamilton County Public Health	X	X
Paul Scimeca, Vice President, Physician Practices & Community Health, Glens Falls Hospital		X
Trip Shannon, Chief Development Officer, Hudson Headwaters Health Network	X	
Tammy Smith, Revenue Cycle Director, Inter-Lakes Health		X
Kathleen Strack, Director, Franklin County Health Department		X
Barbara Sweet, Executive Director, Tri-County United Way	X	X
Laurie Williams, Clinton County Health Department		X
Barbara Wright, Corporate Compliance Manager, Inter-Lakes Health		X
Rob York, Director, Office of Community Services for Warren & Washington Counties	X	X

### Community Health Assessment Data Consultants

Center for Health Workforce Studies, University at Albany School of Public Health

Tracey Continelli, PhD, Graduate Research Assistant; Robert Martiniano, MPA, MPH, Research Associate

Center for Human Services Research, University at Albany

LuAnn McCormick, Ph.D., Senior Research Scientist; Bradley Watts, Ph.D., Senior Research Scientist

### Community Health Planning Meeting Schedule

	2012					2013				
	2/28	4/17	6/28	10/11	12/13	3/28	4/26	8/28	10/28	
Adirondack Health	✓	✓	✓	✓	✓	✓	✓	✓	Well-attended though attendee list unavailable at the time of this report.	
Alice Hyde Medical Center		✓	✓	✓	✓	✓	✓	✓		
CVPH Medical Center				✓			✓	✓		
Clinton County Health Department		✓	✓	✓		✓	✓	✓		
Elizabethtown Community Hospital			✓	✓	✓	✓	✓	✓		
Essex County Public Health	✓	✓	✓	✓	✓	✓	✓	✓		
Franklin County Public Health	✓	✓	✓		✓		✓	✓		
Fulton County Public Health	✓	✓		✓	✓	✓	✓	✓		
Glens Falls Hospital	✓	✓	✓	✓	✓	✓	✓	✓		
Hamilton County Public Health		✓				✓				
Hudson Headwaters Health Network				✓	✓	✓		✓		
Hudson Mohawk AHEC	✓		✓		✓	✓		✓		
Inter-Lakes Health	✓		✓	✓	✓	✓	✓	✓		
Nathan Littauer Hospital	✓	✓	✓	✓	✓	✓	✓	✓		
Saratoga County Public Health	✓	✓		✓	✓	✓	✓	✓		
Saratoga Hospital	✓	✓	✓	✓	✓	✓	✓	✓		
Tri-County United Way	✓	✓	✓							
Warren County Health Services	✓	✓	✓	✓	✓	✓	✓	✓		
Washington County Health Services	✓	✓	✓	✓	✓	✓	✓	✓		

### Essex County Data Presentations & Community Stakeholder Discussion Meetings:

Inter-Lakes Health Community Forum	May 2, 2013
Community Services Board Annual Retreat	May 8, 2013
Healthy Communities Coalition of Essex County	June 11, 2013 & September 10, 2013
Essex County Human Services Coalition	July 11, 2013
School Nurse In-service	October 8, 2013

### Essex County LHD and Hospital Partners Meetings:

June 4, 2013; July 23, 2013; July 31, 2013; August 21, 2013

# Appendix C

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## Demographic Profile



Appendix C- AHRN  
Demographic Profile.pdf

Appendix D

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Health Systems Profile



Appendix D-ARHN  
Health Systems Profile

## Appendix E

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### Educational Profile



Appendix E-ARHN  
Educational System P

## Appendix F

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### Data Indicators



Appendix F-ARHN  
Essex County Data A

Appendix G

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Data Sources



Indicators Data  
Sources.pdf

## Appendix H

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### ARHN Stakeholder Survey Report



Appendix H-ARHN  
Regional Suvey Repo

Appendix I

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ARHN Prioritization Worksheet



Appendix I-Essex  
County Prioritization \

## Companion Document

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### Essex County Public Health Community Health Improvement Plan 2014-2017



Essex County CHIP  
2013 Final.pdf

