

# Adirondack Rural Health

NETWORK

*Building a Healthy Community*

Health Assessment & Community Service Plan Update

SEPTEMBER 2011



SEVEN COUNTY REGION OF NEW YORK STATE

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

# Project Direction

This publication has been made possible through the collaboration among many organizational leaders from the seven-county region. In acknowledgement of their commitment to the health of community residents and their diligent efforts for providing financial support, oversight, and guidance, the following organizations comprise the Adirondack Rural Health Network Community Health Planning Committee (the Committee):

## COMMITTEE

**Adirondack Medical Center**  
**Adirondack Rural Health Network**  
**Elizabethtown Community Hospital**  
**Essex County Public Health**  
**Franklin County Public Health Services**  
**Fulton County Public Health**  
**Glens Falls Hospital**  
**Greater Adirondack Perinatal Network**  
**Hamilton County Public Health Nursing Service**  
**Hudson Mohawk Area Health Education Center**  
**Moses-Ludington Hospital**  
**Nathan Littauer Hospital and Nursing Home**  
**Saratoga Hospital**  
**Saratoga County Public Health Nursing Service**  
**Warren County Health Services**  
**Washington County Public Health**

## ADIRONDACK RURAL HEALTH NETWORK STAFF

**Vicky Wheaton-Saraceni**, *Director*  
**Penny Ruhm**, *Program Coordinator*  
**Gail Danforth**, *Program Coordinator*  
**BJ Eisenhardt**, *Administrative Coordinator*

## CONSULTANT

**Jill Walls**

# Message to the Community

“Health is a state of complete physical, mental, and social well-being – not merely the absence of disease, or infirmity.”

– World Health Organization, 1948

Health. It seems so straightforward. Eat right, exercise and get regular checkups. Yet achieving – and maintaining – health is a battle that many New Yorkers are engaged in every day. The evidence is clear; where we live has an enormous impact on our health. Our health is not the result of our individual actions alone. It is also shaped by the communities we live in. Our communities can provide choices and resources; conversely they can also limit them. Healthy environments – including safe, well-kept housing and neighborhoods with sidewalks, playgrounds and full-service supermarkets – support healthy behaviors and make it easier to adopt and maintain them.

In 2009, the Adirondack Rural Health Network (ARHN) and its partners presented, *Building a Healthy Community, Health Assessment and Community Service Plan*, a comprehensive collection and analysis of data regarding the health issues and needs in six-counties (Essex, Fulton, Hamilton, Saratoga, Warren, and Washington) in the Adirondack region of upstate New York.

The study identified health issues of primary concern and provides critical information to those in a position to make an impact on the health of our region – governments, social service agencies, businesses, health care providers, and consumers.

Over the past year the results have enabled us to more strategically establish priorities, develop interventions, and commit resources to improve the health of our communities and the region. This report provides an update on the strides we have made addressing the priorities identified in 2009. The top priorities identified for the ARHN region are:

- **Physical Activity and Nutrition**
- **Chronic Disease**
- **Access to Quality Health Care**

Further, new partnerships have emerged from this project; Public Health Departments have partnered with hospitals, both have partnered with not-for-profit groups who share similar goals, and local governments have joined initiatives along with groups from churches and schools, and concerned community members. There has been a catalytic effect as partners have brought the data analysis to their communities and developed partnerships with groups and individuals with shared interests.

In addition to new partnerships at the development and grassroots level, Franklin County has joined the ARHN to collaborate on current health initiatives and on the next *Building a Healthy Community, Health Assessment and Community Service Plan*, to be published in 2013.



## Geography & People

### GEOGRAPHY

The area that encompasses this report includes seven counties in northeast New York State (See map). In the aggregate, the land size is 8,159 square miles with a total population of 499,866. Extending from Gloversville and Saratoga Springs on the south to the Canadian border on the north, most of the region lies within the Adirondack Park, as do all or part of each of the seven counties. The Adirondack Park was established in 1892 to provide protection of the Adirondacks as wild, forested, conservation lands and public parks. The entire northern service area is geographically challenged via its location within the Adirondack Park. Interstate 87 bisects the park north to south, otherwise only two lane highways traverse the park with limited east/west connectors. Weather is also a factor within the northern service area as severe winter is the norm from November through April. The southern or “metro” region is anchored by Saratoga Springs and Clifton Park. To the east, Washington County lies between the eastern bank of the Hudson River and the western border of Vermont. To the west, Hamilton County is classified as frontier along with parts of Essex County. Franklin County rests on the Canadian border with Clinton County to the east.



| County                         | Essex    | Franklin | Fulton   | Hamilton | Saratoga | Warren   | Washington |
|--------------------------------|----------|----------|----------|----------|----------|----------|------------|
| Population                     | 39,370   | 51,599   | 55,531   | 4,836    | 219,607  | 65,707   | 63,216     |
| Median Household Income (2009) | \$42,924 | \$40,217 | \$39,467 | \$43,331 | \$66,634 | \$50,017 | \$46,140   |
| # of square miles              | 1,796    | 1,631    | 496      | 1,720    | 812      | 869      | 835        |
| Person/Square Mile             | 21.9     | 31.6     | 111.9    | 2.8      | 270.5    | 75.6     | 75.7       |

SOURCE: 2010 CENSUS



## HEALTH CARE SYSTEM

The region's health delivery system includes hospitals in Gloversville, Saratoga Springs and Glens Falls to the south, and in Malone to the north. In the region's interior, there is one full-service hospital, located in Saranac Lake, plus two small Critical Access Hospitals. While there is a cluster of medical specialists and primary care physicians in private practice near each hospital, most of the region depends upon a widely dispersed array of hospital-based clinics and community health centers.

The area is comprised of multiple Medically Underserved Areas/Populations as well as Health Professional Shortage Area designations for primary care, mental health and dental services.

## PEOPLE

According to the 2010 US Census, there are 499,866 people living in the seven counties of the ARHN area, with almost half of that population living in Saratoga County. Within the ARHN region, the largest growth in the last decade (2000 to 2010 Census) occurred in Saratoga County with a 9.5% increase in population as compared to a 2.1% population change in New York State. The counties of Essex, Franklin, Fulton, Warren and Washington experienced a modest population growth of less than 4%. Hamilton County was the only county in the ARHN area that experienced a decrease in population at minus 10.1%. The service area is overwhelmingly white with English as the primary language. Unemployment in the area ranges from 6% in Saratoga County to 10% in Essex, Fulton, and Hamilton counties, as compared to New York State unemployment rate of 8% (NYS Department of Labor Unemployment Rates, April 2011). The population breakdowns across the counties range from 17% of the population under the age of 18 in Hamilton County to 22% in Fulton and Saratoga counties. The population age 65 and older ranges from 13% in Saratoga County to nearly 22% in Hamilton County. (US Census 2009). If current population trends continue in the next twenty years, the Adirondacks will rival Florida's west coast as the region with the oldest population in America. (Adirondack Regional Assessment Project, May 2009).

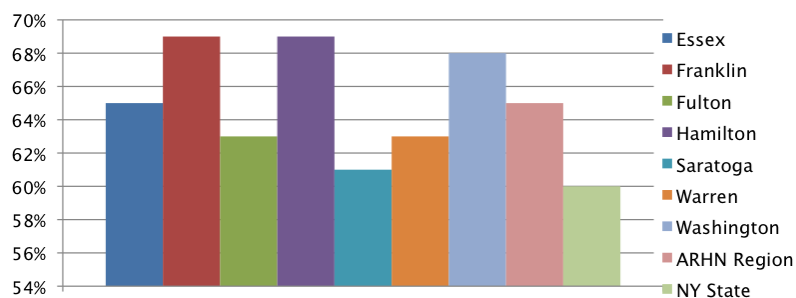
## HEALTH INDICATORS

The key findings of ARHN 2009 *Building a Healthy Community* showed that the area is comparable in many ways to upstate New York, as well as the state overall, in terms of health status, behavioral risk factors and hospital utilization. Economic disparities do exist within the various counties and some sections of the region face significant distance and transportation barriers to accessing community resources and services. While the 2008 New York State Behavioral Risk Factor Surveillance Survey indicates that people are becoming more aware of the importance of preventive health and screenings, there are significant health risk behaviors and chronic diseases present.

In 2009, the ARHN Community Health Planning Committee (the Committee) ranked the 10 health priority areas and determined the area of greatest need was physical activity and nutrition. The decision to concentrate on physical activity and nutrition was due in part to the alarming percentage of adults overweight or obese in the ARHN area. (See chart to right). Additionally, evidence shows that by concentrating on physical activity and nutrition

objectives there will be a direct effect on improving health and well-being. This includes reducing risk for type 2 diabetes; reducing risk of cardiovascular disease such as heart attack, stroke and high blood pressure; reducing incidence of some cancers; strengthening bones and muscles that prevent falls in older adults; and increasing emotional well-being.

**Percentage of Overweight or Obesity Among Adults\***



\*Defined as Body Mass Index (BMI) of 25.0 or greater  
SOURCE: New York State Department of Health, 2009

## Priorities Identified in 2009

There are various mechanisms through which organizations identify priority health issues. In June 2009, based on the guidelines set forth in the New York State Prevention Agenda and Healthy People 2010, and the information gathered in the Community Health Assessment and Community Service Plan, the Committee was able to rate and rank community health issues. The overall results of the weighted prioritization and paired comparison exercises identified the following three health areas as top priorities in the ARHN region:

- Physical Activity and Nutrition
- Chronic Disease
- Access to Quality Health Care

Of these three, Physical Activity and Nutrition was the health priority area that the Committee members agreed to focus on over the next several years. Regular physical activity and good nutrition are cornerstones to health, quality of life, and the prevention of chronic diseases.

One of the challenges that community leaders face is choosing the directions that will best use the time, money and energy of the community. Community health improvement projects can benefit in a number of ways by engaging community residents. With so many possibilities to choose from, it is essential that community leaders choose wisely and use methods that bring people together.

## Prescription for Healthy Communities: Community Approaches and Outcomes

The Healthy Communities Initiative promotes the idea of creating community-based participatory processes for improving community life. The healthy communities approach employs community development strategies and involves a wide range of local institutions, community groups and private citizens, as well as health professionals, in efforts to improve the conditions that encourage and support healthy living. The process engages community members to help realize their visions for a healthier community and makes a positive change in overall quality of life. The outcome is a physical and social environment that promotes healthy individuals in healthy communities. The Healthy Community approach is based on the Centers for Disease Control and Prevention's (CDC) concept that "health equity is achieved when every person has the opportunity to attain his or her full health potential." Full health potential is defined broadly to include the full range of quality of life issues including characteristics of the natural environment, the built environment, and the social environment. To help provide this opportunity for all, the CDC recommends that communities have: effective and accessible preventive health care, healthy and affordable food options in local grocery stores and restaurants, safe places where people can be physically active, and transportation strategies that support walking and biking.

The Healthy Community principles guiding the Committee are:

- Using a broad definition of community and health
- Creating a shared vision from community values
- Addressing quality of life for everyone
- Engaging diverse resident participation resulting in widespread community ownership
- Focusing on systems, policy and environmental change
- Building capacity using local assets and resources
- Benchmarking and measuring progress and outcomes
- Investing in community leadership development

These key components have been essential in putting the principles into practice:

- Collaboration
- Community ownership
- Inclusive/broad based participation
- Benchmark & measure outcomes
- Long term commitment
- Continuous learning
- Positive motivation

## Regional Action Plan

The Committee created a community action plan for healthy eating and physical activity. Based on local data, supported by a wide range of stakeholders, the following activities were identified and implemented.

The first step of the action plan was to form the Physical Activity and Nutrition Task Force (PANTF). Members of the Committee appointed two experts in physical activity and/or nutrition to represent their county. The charge of PANTF was to identify needs, determine capacity, find gaps, and recommend regional, evidence-based solutions to improve rates of physical activity and nutrition in the region. This objective strives to take advantage of opportunities to build on capacity and avoid duplication of efforts.

PANTF, a diverse group of stakeholders, were brought together for three planning meetings to engage in priority setting activities to identify common areas of interest and determine possible areas for regional planning and intervention. An initial survey helped focus the group's interests, and continued planning identified the following priority interventions that could be initiated through policy and environmental change:

- Complete streets
- Community gardens
- School & community joint use policies
- Provider involvement in obesity prevention

The following recommendations for programmatic activities were presented to, and accepted by the Committee for PANTF's first-year focus:

- **Regional Conference** - Sponsor a regional conference on current topics in physical activity & nutrition, environmental and policy change
- **Community Investment** - Offer mini-grants to regional partners to implement one or more of the above interventions in their communities
- **Continuing Education** - Provide in-service education and resource sharing at quarterly meetings on relevant physical activity and nutrition topics



## REGIONAL CONFERENCE

Research has shown that people are more likely to maintain healthy weight if they live in neighborhoods where healthy food is available, walking and biking is safe, and resources for active living are easy to find.

Communities working together can develop creative, sustainable approaches to support healthy food choices and increased physical activity for all segments of the population.

On May 26, 2011, the ARHN and its partners presented *Putting the Pieces Together: Community Strategies to Reduce Obesity*, a day-long conference featuring keynote speaker, Mark Fenton, nationally renowned healthy communities expert.\* The conference also featured breakout workshops on the following topics:

- Community collaborations for healthy kids
- School programs to prevent obesity
- Building healthy communities
- Children and family food choices
- Improving community access to fresh produce
- Advocacy for policy and environmental change

The conference brought together 152 diverse stakeholders to share knowledge and resources, learn obesity prevention strategies, promising practices and resources, and build partnerships across disciplines to address the priority area of physical activity and nutrition.

*“This conference provided excellent research resources, books and changes in conversation to consider the effectiveness of strategy and policy that results in lifelong changes.”*

*– Conference Attendee*

*“Great conference... Great to see that we all want to help the cause.”*

*– Conference Attendee*

*“Excellent conference, provided lots of ideas and inspiration, very refreshing.”*

*– Conference Attendee*

\* Mark Fenton's keynote presentation can be viewed at [www.arhn.org](http://www.arhn.org).



## COMMUNITY INVESTMENT

In April 2011, ARHN and the Committee issued mini-grant opportunities to fund efforts to increase opportunities for physical activity and access to nutritious foods. The mini-grants of up to \$5,000 per county were offered to regional partners to collaborate within their communities to create environments that foster physical activity and good nutrition. Priority was given to projects in four evidence-based interventions:

- Community gardens
- Complete streets
- School / community joint use policies
- Provider involvement in obesity prevention



The following mini-grants received funding:

| <b>Grantee</b>  | <b>County</b>    | <b>Project</b>   |
|---|------------------|--|
| Cornell Cooperative Extension                                   | Hamilton         | Community garden program enhancement for five county gardens   |
| Glens Falls Hospital / Town of Warrensburg                      | Warren           | Tennis court resurfacing for three community tennis courts   |
| Nathan Littauer Hospital  | Fulton           | Community garden program development   |
| North Country Healthy Heart Network                             | Essex & Franklin | Complete streets enhancement in three communities  |
| Saratoga Hospital / Tri-State Transportation Network            | Saratoga         | Support for the complete streets activities of "Shared Access Saratoga" through a zoning and planning audit, production of a GIS map and complete streets training for local officials and policy makers |
| Washington County Public Health / Healthy Communities Coalition | Washington       | Community garden development at Washington County Jail   |

## CONTINUING EDUCATION

In-service education and resource sharing has occurred at quarterly meetings addressing complete streets, community gardens, school-community joint use policies, and provider involvement in obesity prevention. New York State Department of Health provided an overview of statewide physical activity and nutrition initiatives and a session on promoting community health programs.

## COMMUNITY GARDENS

*“A community garden is a single piece of land gardened collectively by a group of people.”*

*– American Community Gardening Association*

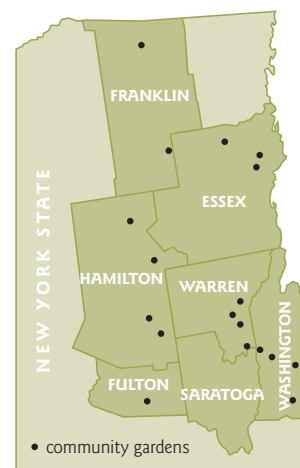
*“Community gardening improves people’s quality of life by providing a catalyst for neighborhood and community development, stimulating social interaction, encouraging self-reliance, beautifying neighborhoods, producing nutritious food, reducing family food budgets, conserving resources and creating opportunities for recreation, exercise, therapy and education.”*

*– American Community Gardening Association*

Supporting community gardens was a natural step for ARHN and the Committee because their existence promotes good nutrition in a community. In the past year, community gardens was a priority area for ARHN mini-grant funding awards and was also a featured workshop at the regional conference, *Putting the Pieces Together: Community Strategies to Reduce Obesity*.

Community gardens have existed for years and can be found throughout the ARHN region. They have become more prevalent and are producing nutritious food, while conserving resources, and reducing family food budgets. Community gardens preserve green spaces, create economic development opportunities, and stimulate social interaction. Communities such as Argyle, Bolton Landing, Cambridge, Elizabethtown, Fort Edward, Glens Falls, Gloversville, Granville, Indian Lake, Jay, Lake George, Lewis, Long Lake, Malone, Salem, Saranac Lake, Speculator, Warrensburg, and Wells are all cultivating community gardens. The continued expansion of community gardens in the region demonstrates a renewed commitment to health by community members and organizations. The partnership of community members and organizations working in concert to meet the nutritional needs of their communities is a compelling example of a shared vision.





Committee members and their partners have been implementing community gardens in their backyard. Below is a list of community gardens that ARHN partners have underway:

| <b>ARHN Partner</b>                                     | <b>Location</b>  | <b>Additional Partners</b>  |
|---|--|---|
| Adirondack Medical Center (AMC)                         | <ul style="list-style-type: none"> <li>• AMC Campus, Saranac Lake</li> </ul>   | <ul style="list-style-type: none"> <li>• Common Ground Gardens a project of Adirondack Sustainable Communities, Inc.</li> <li>• Village of Saranac Lake</li> </ul>  |
| Essex County Public Health                              | <ul style="list-style-type: none"> <li>• Hale House, Elizabethtown</li> <li>• First Congregation Church, Lewis</li> <li>• Grove Street Park, Ausable Forks</li> </ul>  | <ul style="list-style-type: none"> <li>• Elizabethtown Social Center</li> <li>• Elizabethtown Church of the Good Shepard</li> <li>• First Congregational Church</li> <li>• Lewis community members</li> <li>• Jay community members</li> <li>• Cornell Cooperative Extension of Essex County</li> </ul>   |
| Franklin County Public Health                           | <ul style="list-style-type: none"> <li>• Resurrection Park, Malone</li> </ul>  | <ul style="list-style-type: none"> <li>• YMCA</li> <li>• First Baptist Church</li> <li>• Malone Central School District</li> <li>• North Country Healthy Heart Network / Rural Action Now!</li> </ul>   |
| Fulton County Public Health & Nathan Littauer Hospital* | <ul style="list-style-type: none"> <li>• Littauer Pool site, Gloversville</li> </ul>   | <ul style="list-style-type: none"> <li>• Cornell Cooperative Extension of Fulton and Montgomery Counties</li> <li>• Gloversville Boys &amp; Girls Club</li> <li>• Senior Citizens Center of Gloversville &amp; Fulton County</li> <li>• Fulton County Office for Aging</li> <li>• City of Gloversville</li> </ul>   |
| Glens Falls Hospital                                    | <ul style="list-style-type: none"> <li>• The Village Green, Glens Falls</li> <li>• Senior Center, Warrensburg</li> <li>• Lake George Municipal Building, Lake George</li> <li>• Bolton Conservation Park, Bolton Landing</li> <li>• Mettawee River Park, Granville</li> <li>• Pleasant Valley Infirmary, Argyle</li> </ul> | <ul style="list-style-type: none"> <li>• Cornell Cooperative Extension of Warren County</li> <li>• The Village Green community members</li> <li>• YMCA</li> <li>• Saratoga Adirondack BOCES Employees Association</li> <li>• Warrensburg Beautification Committee</li> <li>• Warrensburg Department of Public Works</li> <li>• Warrensburg community members</li> <li>• Lake George community members</li> <li>• Lake George Go Green Committee</li> <li>• Lake George Department of Public Works</li> <li>• Bolton Landing community members</li> <li>• Future Farmer of America</li> <li>• Washington County Administrator</li> <li>• Washington County Youth Bureau and Alternative Sentencing Agency</li> <li>• Washington County Public Works</li> </ul> |
| Washington County Public Health*                        | <ul style="list-style-type: none"> <li>• Washington County Correctional Facility, Fort Edward</li> </ul>   | <ul style="list-style-type: none"> <li>• Washington County Cornell Cooperative Extension</li> <li>• Washington County Correctional Facility</li> <li>• Healthy Communities Coalition of Washington County</li> </ul>  |

\* ARHN 2011 Mini-Grant funded program

## COMPLETE STREETS

*“A community with a complete streets policy ensures streets are designed and altered to make it easy for people to get physical activity as part of their daily routine, helping them stay trim, avoid heart disease, and receive the many other benefits of physical activity.”*

*– National Complete Streets Coalition*

*“Complete streets provide opportunities for increased physical activity by incorporating features that promote regular walking, cycling and transit use into just about every street.”*

*– National Complete Streets Coalition*

As PANTF researched best practices to increase physical activity in our communities, one concept emerged as an effective and practical approach: complete streets. Complete streets provide safe, walkable streets for pedestrians and bikers. As a result, people living in communities with complete streets walk more often thereby increasing their physical activity. According to the National Complete Streets Coalition, “Walkability has a direct and specific relation to the health of residents. A comprehensive study of walkability has found that people in walkable neighborhoods did about 35-45 more minutes of moderate intensity physical activity per week and were substantially less likely to be overweight or obese than similar people living in low-walkable neighborhoods.” Implementing a complete streets policy in a community not only encourages increased walking and biking but provides safer streets in which to do so. According to the Centers for Disease Control and Prevention, adoption of complete streets policies is a recommended strategy to prevent obesity.

Working to institute complete streets policies has led Committee members to develop new partnerships with local town boards, departments of transportation, departments of public works, and highway supervisors. Through these new collaborations, strides are being made to increase physical activity while fostering strong communities. Complete streets are vital to a livable community, as they foster social engagement in conjunction with healthier, more active lifestyles.



Many Committee members are pursuing complete streets policy change in their communities. Below is a list of where complete streets initiatives are advancing:

| ARHN Partner  | Location  | Additional Partners  |
|---|---|--|
| Adirondack Medical Center & Essex County Public Health* | <ul style="list-style-type: none"> <li>• Essex County (county-wide initiative)</li> <li>• Elizabethtown</li> <li>• Lewis</li> <li>• Westport</li> </ul> | <ul style="list-style-type: none"> <li>• North Country Healthy Heart Network / Rural Action Now!</li> <li>• Essex County Public Works</li> <li>• Essex County Community Resources</li> <li>• Essex County Transportation</li> <li>• Town of Elizabethtown Planning Board, Board and community members</li> <li>• Essex County Town Highway Supervisors</li> <li>• Town of Lewis Board</li> <li>• Town of Westport Planning Board, Board and community members</li> <li>• Essex County Complete Street Coalition</li> </ul> |
| Franklin County Public Health*                          | <ul style="list-style-type: none"> <li>• Malone</li> </ul>  | <ul style="list-style-type: none"> <li>• North Country Healthy Heart Network / Rural Action Now!</li> <li>• Malone Village Board of Trustees</li> <li>• Malone Town Board</li> <li>• Malone Complete Streets Partnership</li> </ul>  |
| Glens Falls Hospital*                                   | <ul style="list-style-type: none"> <li>• Warrensburg</li> </ul>   | <ul style="list-style-type: none"> <li>• Warrensburg community members</li> <li>• Town of Warrensburg</li> <li>• ELAN planning consultants</li> </ul>  |
| Saratoga Hospital*                                      | <ul style="list-style-type: none"> <li>• Saratoga Springs</li> </ul>  | <ul style="list-style-type: none"> <li>• Tri-State Transportation Network</li> </ul>   |
| Washington County Public Health                         | <ul style="list-style-type: none"> <li>• Greenwich</li> </ul>   | <ul style="list-style-type: none"> <li>• Healthy Communities Coalition of Washington County</li> <li>• Town of Greenwich</li> </ul>  |

\* ARHN 2011 Mini-Grant funded program



## ACCESS TO QUALITY HEALTH CARE

Access to quality health care was identified as a top priority in the 2009 Community Health Assessment and Community Service Plan. In the past year alone, health care organizations have made great strides in this area, including a ground-breaking new project resulting from a regional partnership dedicated to the Patient-Centered Medical Home Model.

*“The Patient-Centered Medical Home is an approach to providing comprehensive primary care for children, youth and adults. The Patient-Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.”*

*— American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association Joint Principles of the Patient-Centered Medical Home, March 2007*

The Adirondack Regional Medical Home Pilot (the Pilot) is an innovative, multi-payer, patient-centered model for the delivery of health care services that strengthens the role of primary care. Adirondack Medical Center, Community Providers, Inc. (Champlain Valley Physicians Hospital Medical Center), and Hudson Headwaters Health Network collaborated to develop and initiate the Pilot. Launched in January 2010, the Pilot focuses on prevention and care coordination to improve patient quality of care and contain health care costs. Participating in the Pilot are 35 primary care practices, (representing some 100 physicians and a like number of physician assistants and nurse practitioners), and five hospitals. The pilot is organized as three geographic “pods”:



- **Lake George** - Lake George, surrounding communities, and Long Lake & Newcomb
- **Northern Adirondack** - Plattsburgh and surrounding communities
- **Tri-Lakes** - Saranac Lake and surrounding communities



Additional participants include seven commercial health plans and Medicaid, Medicare, the New York State Department of Health, the Medical Society of the State of New York, and the New York State Association of Counties. Thirty-two practices have been awarded National Committee for Quality Assurance (NCQA) recognition as a Level 3 Patient Centered Medical Home – its highest rating. NCQA is an independent, not-for-profit organization that sets high standards for quality at primary care practices. Its approval is given only after a health care organization can demonstrate the ability to meet these standards.

Adirondack Medical Center, Community Providers, Inc. (Champlain Valley Physicians Hospital Medical Center), and Hudson Headwaters Health Network have also partnered to create the Adirondack Health Institute (AHI). A not-for-profit corporation, AHI will provide leadership and support to the Pilot as it navigates the rapid changes and challenges of the evolving health care system.

In addition to the Pilot, health care organizations in the region have improved access to quality health care by achieving or initiating the approval process for the following recognitions and/or technological advancements:

| <b>Organization</b>               | <b>Recognition and/or Advancement</b>   | <b>Status</b>   |
|-----------------------------------|---|---|
| Adirondack Medical Center*        | NCQA Patient-Centered Medical Home  | Achieved  |
|                                   | The Joint Commission Accreditation Program  | Achieved  |
|                                   | American Osteopathic Association (AOA) reaccreditation via the Health Facilities Accreditation Program (HFAP)   | In process, expected completion: December 2011                                |
| Elizabethtown Community Hospital* | NCQA Recognition: <ul style="list-style-type: none"> <li>• Diabetes Program</li> <li>• Heart Stroke Program</li> <li>• Patient-Centered Medical Home Program</li> </ul>   | Achieved  |
|                                   | The Joint Commission Accreditation Program  | Achieved  |
|                                   | Electronic Health Record(EHR) / Electronic Medical Record (EMR) Implementation  | Achieved  |
|                                   | American Association of Diabetes Educators Diabetes Self-Management Education Certification   | Achieved  |
|                                   | American College of Radiology & the Food & Drug Administration certified digital mammography program  | Achieved  |
| Franklin County Public Health     | EHR/EMR Implementation  | Achieved  |
| Glens Falls Hospital (GFH)        | NCQA Diabetes Recognition Program   | Achieved by eight GFH Health Centers & in process for five GFH Health Centers |
|                                   | The Joint Commission Accreditation Program  | Achieved  |
|                                   | NCQA Patient-Centered Medical Home  | In process for all GFH Health Centers, expected completion: 2012              |
|                                   | EHR/EMR Implementation  | In process, expected completion: 2012   |
| Hudson Headwaters Health Network* | NCQA Recognition: <ul style="list-style-type: none"> <li>• Diabetes Program</li> <li>• Patient-Centered Medical Home Program</li> </ul>   | Achieved  |
|                                   | EHR/EMR Implementation  | Achieved  |
|                                   | NCQA Heart/Stroke Recognition Program   | In process  |
| Inter-Lakes Health*               | EHR/EMR Implementation  | Achieved  |
| Nathan Littauer Hospital          | The Joint Commission Accreditation Program  | Achieved  |
|                                   | EHR/EMR Implementation  | Achieved  |
|                                   | American College of Radiology Accreditation Program   | Achieved  |
|                                   | Participating Medical Organization to STOP Sports Injuries  | Achieved  |
|                                   | American Diabetes Association Diabetes Center of Excellence   | Achieved  |
|                                   | Healthcare Association of New York State recognition: <ul style="list-style-type: none"> <li>• Reducing Patient Ventilator Days</li> <li>• Formal Nurse Preceptor Education Program</li> <li>• Restraint Use Reduction</li> </ul> | Achieved  |
| Saratoga Hospital                 | EHR/EMR Implementation  | In process  |
| Warren County Health Services     | EHR/EMR Implementation  | Achieved  |
| Washington County Public Health   | EHR/EMR Implementation  | Achieved  |

\* Adirondack Regional Medical Home Pilot participant

As access to quality health care has emerged as a vital priority to the health of their communities, some of the ARHN regional health care facilities have expanded or will expand to better meet the needs of the community:

| Organization                              | Expansion  |
|---|--|
| Glens Falls Hospital                      | Opened <i>A Woman's View</i> , to provide primary care exclusively to women ages 16 and older focusing on health, wellness, and chronic disease prevention.                |
| Hudson Headwaters Health Network          | Opened <i>Fort Edward-Kingsbury Health Center</i> . Will open an additional community health center in Queensbury at the end of 2011.                                      |
| Nathan Littauer Hospital and Nursing Home | Opened new outpatient pediatric center.  |
| Saratoga Hospital                         | Will open a new outpatient facility in partnership with Albany Medical Center Hospital. Facility will offer urgent and emergency care as well as lab and imaging services. |

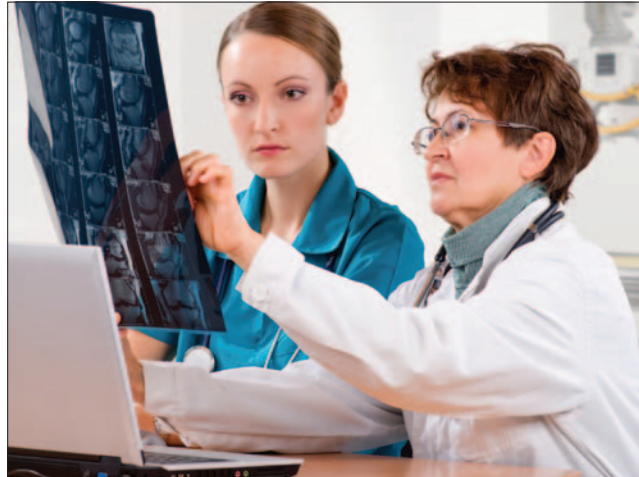


## Community Approaches

### PLANNING FOR THE FUTURE

Beyond public health, hospitals and the ARHN, there are many committed organizations working to ensure the future health care workforce in the region. The region is home to three community colleges and four BOCES that are locally training the next generation of the health care workforce. Also calling the region home are two Area Health Education Centers (AHEC): Hudson Mohawk AHEC and Northern AHEC. As these organizations train the future health care workforce, a homegrown pipeline has developed in our backyard.

As need has emerged, innovative strategies and partnerships have developed. To address both the current and future shortage of emergency medical technicians in the north country, Adirondack Medical Center (AMC) has partnered with North Country Community College (NCCC), Hudson Valley Community College (HVCC), Northeastern New York EMS Educational Corporation, and the AMC Foundation. Through this partnership, NCCC now offers paramedic classes via distance learning from HVCC.



Community colleges throughout the area are a vital component of the pipeline and offer a variety of health care training programs that include:

- Registered Nurse
- Licensed Practical Nurse
- Medical Assistant
- Radiologic Technician
- Certified Nursing Assistant
- Home Health Aide
- Emergency Medical Technician
- Pharmacy Technician

The BOCES system has taken a progressive approach preparing high school students for a career in health care. The BOCES New Visions program provides an immersion-based experience for high school seniors allowing them to explore a variety of health care careers while integrating their academics into the New Visions curriculum. Many Committee members serve as on-site classrooms including: Elizabethtown Community Hospital, Glens Falls Hospital, and Nathan Littauer Hospital. BOCES programs throughout the ARHN region also offer health care training program including:

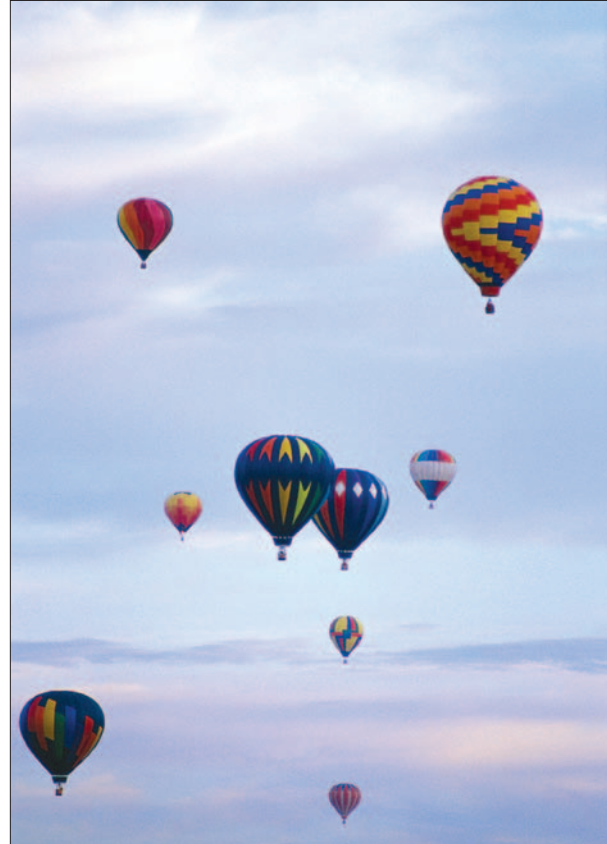
- Licensed Practical Nurse
- Nurse Assisting
- Medical Assisting
- Health Occupations

The AHEC system is a valuable partner working to provide access to quality health care for everyone. One of AHEC's goals is to ensure an ample workforce by recruiting the next generation of health care workers. AHEC initiatives include developing opportunities and arranging placements for future health care professionals to receive their clinical training in underserved areas. Hudson Mohawk AHEC in partnership with Hudson Headwaters Health Network (HHHN) and Albany Medical College (AMC) has introduced medical students to the ARHN region by coordinating clinical rotations at HHHN's community health center sites. HHHN physicians serve as preceptors to third-year medical students, providing them a learning experience in medically underserved communities.

## ADDITIONAL PROGRAMS

Together the Committee, the ARHN region, its partners, and communities have been fostering new partnerships and implementing projects to address the priority areas identified through the Community Health Assessment process. Committee members have continued to develop and participate in advocacy initiatives, professional development programs, and community development activities outside the scope of the priority areas. Like the work completed in the priority areas, these activities strive for the same goal to improve the health of the communities they serve.

The ability to advocate is an integral piece of building and sustaining healthy initiatives. Without it, goals and objectives can often get misrepresented or lost in translation, thereby nullifying efforts. Over the past year, the ARHN, Essex County Public Health and Franklin County Public Health in partnership with North Country Healthy Heart Network/Rural Action Now!, the Greater Adirondack Perinatal Network (GAP-Net), and Washington County Public Health (WCPH) have each engaged the community in advocacy efforts. Whether it be sponsoring advocacy trainings for a community or representing constituents at the state level, advocacy is an essential component in creating healthy communities.



Professional development programs provide health care professionals the opportunity to expand their knowledge and continue their education. Access to regional professional development allows busy health care providers to miss less time with patients while staying up-to-date on new developments in their fields, enabling them to provide a high level of care to their patients. In the past year, WCPH and GAP-Net have each coordinated professional development training opportunities to ensure a highly trained health care workforce.



Empowering individuals with the skills they need to make a change in their community is the core focus of community development. Without it, all the initiatives over the past year would create an incomplete picture. ARHN and the Committee have welcomed the opportunity to engage people to invest in the health of their own community. The ARHN, Essex County Public Health, Glens Falls Hospital, Saratoga Hospital, and WCPH have all reached out to communities to build coalitions, educate community members, and provide healthy lifestyle information.

## FUTURE STRATEGIC DIRECTION

*“Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment... The context of people’s lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate.”*

– World Health Organization

Over the past year, the ARHN region has seen many new initiatives and programs aimed at improving the health of communities by increasing physical activity and nutrition as well as improving access to quality health care. By utilizing the data from the 2009 *Building a Healthy Community, Health Assessment and Community Service Plan*, a strategic plan was developed to commit resources to where they are needed most. The Committee will continue to commit time and resources to the priority areas. Community gardens will grow, more towns will adopt complete streets policies, health care organizations will continue their diligent efforts to provide quality health care to all, and work will continue to foster the homegrown pipeline that has developed to plan for the future health care workforce in the ARHN region.

Along with the strides that have been made in the priority areas, a synergistic effect has emerged as organizations with a shared vision of healthy communities have begun to collaborate, sometimes for the first time. Public health departments, hospitals, not-for-profit groups, local governments, churches, schools, and concerned community members are working together for the betterment of our communities. As new collaborations continue to flourish, additional partners with common goals will be sought to provide a holistic approach to improving the health of our citizens. Empowering individuals to get involved and connect with other organizations will continue to be an essential factor of this regional approach. Through these connections, meaningful and sustainable changes are being made in our communities.

As we look toward the future, next steps are already underway for a *Building a Healthy Community, Health Assessment and Community Service Plan* update, scheduled for 2013.





Adirondack  
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N E T W O R K

[www.arhn.org](http://www.arhn.org)

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