

COMMUNITY HEALTH ASSESSMENT COUNTY SPECIFIC APPENDIX

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GENERAL COUNTY INFORMATION

Health Department Type (please check one):

Full Service Less than Full Service

Organization Type (please check one):

Single Agency (Health Only) Multiple Agency, please list: _____

LIST OF COMMUNITY PARTNERS/COLLABORATIONS

Please list below (using additional sheets, as necessary) those entities or individuals with whom you partner and briefly describe the nature of your work together (i.e., health assessment, health planning, health education, etc.).

- Adirondack Rural Health Network Community Health Planning Committee (the Committee):
Committee
Adirondack Medical Center
Megan Murphy
Adirondack Rural Health Network
Patricia Harrison
Elizabethtown Community Hospital

Kerry Haley & Bonnie Bigelow

Essex County Public Health

Kathryn Abernethy, Kathy Daggett & Jessica Darney Buehler

Fulton County Public Health

Denise Frederick & Christina Akey

Glens Falls Hospital

Colleen Florio

Greater Adirondack Perinatal Network

School Beat Healthy Heart Program

Cathy LaMay

Hamilton County Public Health Nursing Service

Karen Levison

Hudson Mohawk Area Health Education Center

Lottie Jameson

Moses-Ludington Hospital

Barbara Wright

Nathan Littauer Hospital and Nursing Home

Susan Kiernan

Saratoga Hospital

Dot Jones

Saratoga County Public Health Nursing Service

Terry Stortz

Warren County Health Services

Patricia Auer & Dan Durkee

Washington County Public Health

Patty Hunt & Marie Capezzuti

Adirondack Rural Health

Network Staf

Gail Danforth, *Education Consultant*

Phyllis Morreale, *Project Consultant*

Penny Ruhm, *Program Coordinator*

Vicky Wheaton-Saraceni, *Director*

Consultants

Holmes & Associates, Saranac Lake, New York

Strategy Solutions, Inc., Erie, Pennsylvania

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Financial Contributors

Adirondack Medical Center
Adirondack Rural Health Network
Elizabethtown Community Hospital
Essex County Health Department
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 County Public Health Nursing Service
Saratoga Hospital
School Beat Healthy Heart Program
Sexual Trauma and Recovery Services
The Glens Falls Foundation
Warren County Health Services
Washington County Public Health

This planning committee consists of a group of dedicated professionals who bring their sense of community health strengths and needs with them. This was a collaborative group who have been working since the last community health assessment process on ongoing assessment, evaluation and planning processes on a regional basis while still retaining local oversight of individual county communities data and unique individual needs. This was truly a rewarding experience for those involved from Washington County where individual territories were relaxed and the good of the community on a large scale was made priority. We truly were able to accomplish so much more together as a collaborative partnership than we could as distinct individuals. As a participant Washington County gained a greater sense of the entire regional community, its needs, strengths and weaknesses, which will be reflected in the regional community assessment, document, "Building a Healthy Community". This document serves as the Washington County community health assessment as well as a resource to inform planning and strategic planning for the next five years and fully integrates the The Prevention Agenda Toward the Healthiest State released in 2008 by the New York State Commissioner of Health Richard F. Daines, M.D.

The Committee convened regular meetings from August 2008 through August 2009 to strategically plan and execute the components of the regional plan.

The Committee developed and approved the study parameters; designed the data analysis methodology; trained and mobilized focus group facilitators; designed a regional report format that includes sections for regional and individual county conclusions; researched and determined format for placement of tables, charts and graphs; and developed a priority setting criteria matrix. The six hospitals assembled a subcommittee that convened monthly to discuss and design templates for its Community Services Plans. Together, the Community Health Assessment and the hospital Community Service Plan will help to identify overlaps and gaps in coverage within the ARHN area.

This partnership also solidifies the synergistic relationship between key collaborators to work together:

- Identifying priority needs
- Planning for and evaluating new and expanded programs focused on priority needs
- Cataloguing existing health-related activities within the region
- Providing constituents with information on community health needs
- Providing needs assessment data for grant funding

INTRODUCTION:

The Washington County Public Health Nursing Service Community Health Assessment is presented to its residents, partners, stakeholders and community organizations as a document for reference and information on the health status and priority health issues of Washington County. This document is a summation data review, community focus groups, public perceptions and observations, and a survey conducted by telephone on a random sample of 300 residents throughout the county.

Washington County Public Health Service has had the distinct pleasure and opportunity of participating in an ongoing regional community health assessment and community planning committee, The Adirondack Rural health Network Community Health Planning Committee. Together with our partners and contractors we have been able to bring together the expertise and resources needed to carry out a ongoing, comprehensive community health assessment process. The culmination of which is a document of which we are extremely proud it is a functional document that incorporates the needs of the local community as well as the unique needs of the individual counties.

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

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

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

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

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

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

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

Methodology

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

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

The data collection and analysis included six key components:

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

All public health agencies in the United States are charged with and guided by three **Core Functions** or responsibilities to its citizens:

- 1.) Assessing the status of the public's health in the communities they are responsible for;
- 2.) Developing policies and programs to address the public health needs and;
- 3.) Assuring that their needs are met.

The three **Core Functions** guide the **Public Health Systems** as to what each organization should be doing; the *10 Essential Public Health Services* describe how the system should perform them. The **10 Essential Public Health Services** are as follows:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Assure a competent public health and personal care workforce.
- Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
- Research new insights and innovative solutions to health problems.

To assure that this charge is met, Public Health Law (PHL) Article 6 requires the local health department (LHD) to prepare and distribute a health assessment of its community every six years with biennial updates (MPHSP). The New York State Department of Health (NYSDOH) has developed planning and evaluation documents, the Municipal Public Health Services Plan (MPHSP), and the Annual Performance Report. The health department is also required to complete an Annual Agency Evaluation, inclusive of all Agency programs, that is presented to the Washington County Board of Supervisors.

The completion of this comprehensive Regional Community Health Assessment provides Washington County Public Health Service with a charted course for the next four years. Needs have been identified and prioritized using all the Public Health tools currently available. Therefore, this document presents the best effort to identify and strategically plan for the health needs of our communities in the near future. The expected outcome of the Community Health Assessment is to enable the local health department to continue to work collaboratively with the agencies involved in identifying these health needs, to make appropriate decisions in the provision of services and programs, provide education and wellness programs, and to make a significant difference in the health of the residents of this county that will improve their quality of life and reduce health care costs.

SECTION ONE—POPULATIONS AT RISK

Demographic & Health Status Information

Washington County is located in rural Northeastern New York State approximately 50 miles north of the Albany Metropolitan area. It lies between the eastern bank of the Hudson River and the western border of Vermont. Washington County boundaries include Vermont to the east, Essex County to the north, Warren County to the northwest, Saratoga County to the southwest and Rensselaer County to the south.

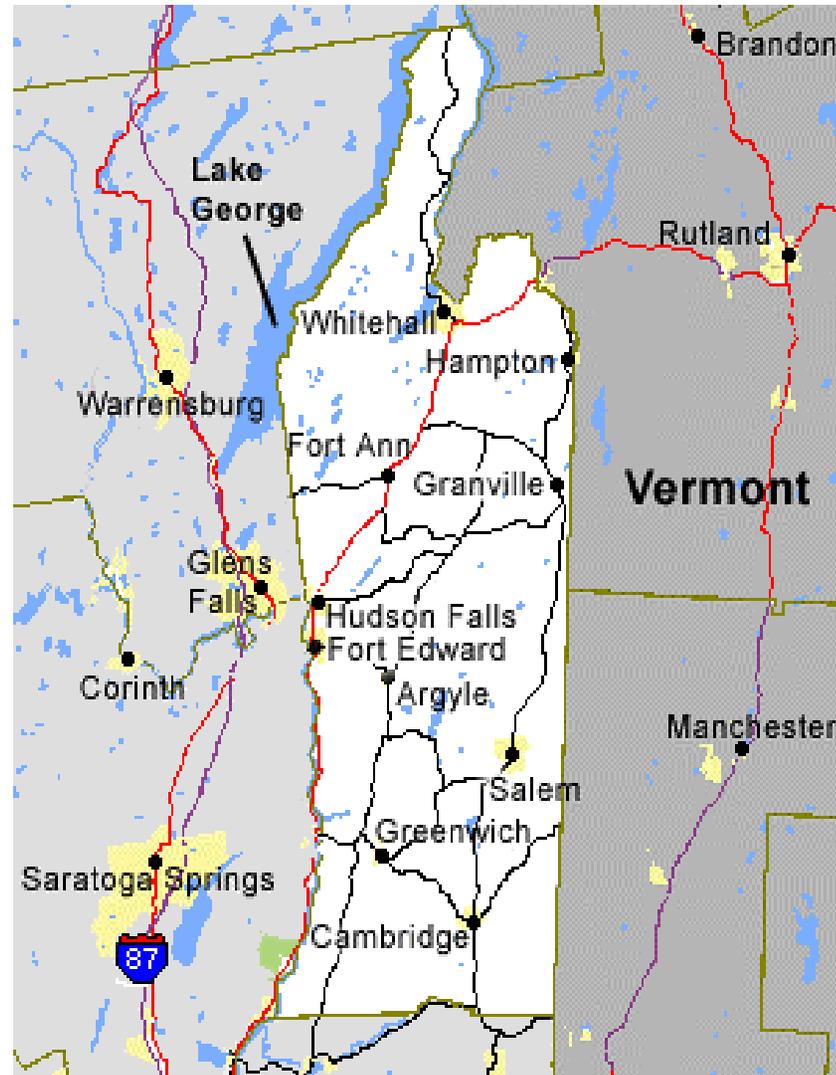
Washington County has a land area of 835 square miles, is 82 miles long (north to south) and varies from 14-26 miles wide. It is a recreational and rural area comprised of 17 townships and 9 villages. The largest township is Kingsbury with a population of 11,171; the smallest town is Putnam with a population of 645. The county is very rural in character with 41% of its 61,042 people living in areas or towns of less than 2500 people. Seven of the 17 townships have populations less than 2500. Over 42.7% of the workforce commutes outside of the county for employment.

2000 Population by Town (Census 2000) * please note 2000 statistics more recent breakouts unavailable are present.

<u>TOWN</u>	<u>NUMBER</u>
Argyle	3688
Cambridge	2152
Dresden	677
Easton	2259
Fort Ann	6417
Fort Edward	5892
Granville	6456
Greenwich	4896
Hampton	871
Hartford	2279
Hebron	1773
Jackson	1718
Kingsbury	11,171
Putnam	645
Salem	2702
White Creek	3411
Whitehall	<u>4035</u>
	61,042

Washington County is classified as 55% wetland, 32% agricultural and the remaining 13% as industrial and residential. Washington County consists of a scenic patchwork of fields and forests. There are many historic sites and farmlands, which contribute to the character and quality of life.

WASHINGTON COUNTY NEW YORK



As of the 2009 estimates, the population is 63,129 a 3.3% increase from the 2000 Census. There are approximately 73.1 persons per square mile as compared to the State average of 401.9 people per square mile. Fourteen point seven percent (14.7%) of the population is 65 years or older, and twenty four point six percent (24.6%) is under 18. The median age of the population is 39.3 years, up from 37.5 years in the last community health assessment.

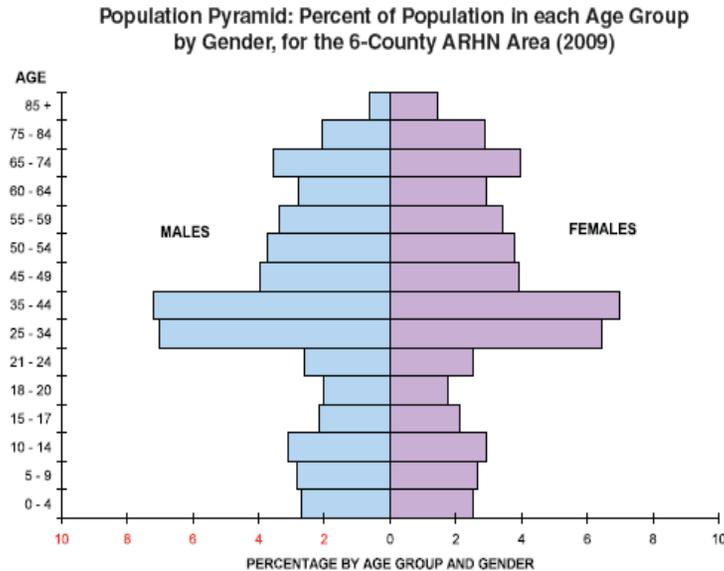
The population is 51.5% male and 48.5% female.

2009 Population by Age

<u>Age (years)</u>	<u>Number</u>	<u>Percent</u>
<5	3228	5.1
5-9	3255	5.2
10-14	3688	5.8
15-17	2754	4.4
18-20	2616	4.1
21-24	3501	5.5
25-34	8791	13.9
35-44	8707	13.8
45-49	4844	7.7
50-54	4659	7.4
55-59	4094	6.5
60-64	3466	5.5
65-74	4990	7.9
75-84	3188	5.0
85+	<u>1348</u>	<u>2.1</u>
	63129	100%

Age and Gender

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



The population of Washington County is primarily white non-Hispanic. Most residents, 96.6% Of the population speak English as their only language. 3.4% speak a language other than English. 1.4% report they speak Spanish. There has been a noted diversification of the population, primarily Latino, many of who have come in as migrant farm workers, and Asian, who staff multiple Asian restaurants. All seem to assimilate into the communities with the assistance of interpreters.

2000 Population by Race (2000 Census)

<u>Race</u>	<u>Number</u>	<u>Percent</u>
White	59426	94.1
Black/African American	2049	3.2
American Indian/Native Alaskan	137	0.2
Asian	316	0.5
Native Hawaiian/Pacific Islander	20	0.1
Hispanic or Latino	1474	2.3
Two or more races	577	0.9
Other	<u>604</u>	<u>1.0</u>
	64603*	102.3*

(* Some individuals report more than one race)

2000 Population by Ethnicity (2000 Census)

<u>Ethnicity</u>	<u>Number</u>	<u>Percent</u>
Hispanic or Latino	1474	2.3
Non-Hispanic or Latino	<u>61655</u>	<u>97.7</u>
	63129	100%

Income and Employment

In 2000, the US Census Bureau Quick Facts estimated there to be 22,548 households as of 2007 an average of 2.46 persons in each household. The median household income was estimated to be \$43,821. Per capita money income in was \$20,522. 11.7% of the population was below the Federal Poverty Level.

72.2% of the population was classified as private wage and salary workers, 17.9% government workers, 9.4% self-employed workers in self-owned unincorporated businesses, and 0.5% were classified as unpaid farm workers. The unemployment rate for 2002 was 4.8%, an increase from the 2001 rate of 3.9% and 2000's rate of 4%. The unemployment rate has increased gradually over the last three years. In 2008, the ARHN six-county average unemployment rate was 6% as compared to 5.4% for the state and 5.8% for the United States. There was an annual increase of 1 to 2% from 2007 to 2008 for each of the counties, as there was nationally. New York State had a slightly lower increase in unemployment of .9% for the same period. The increase in unemployment in the ARHN region from January 2008 to January 2009 indicates how much more severe the increase in unemployment will be for 2009 as a whole. In general, the June 2009 unemployment rate of 7.7% in the ARHN counties was lower than those at the State (8.6%) or national (9.7%) levels. One exception was Fulton County where the unemployment rate was 1% higher than the State rate. The somewhat lower June unemployment rates in the ARHN area reflect, in part, the importance of the area's seasonal construction, hospitality, and service industries.

Housing

In 2007, there were 28,124 housing units in the county. The home ownership rate was 62.2%. This was well above the NYS home ownership rate of 53%. 2597 units or 9.7% of the 27,082 units were reported as seasonal, recreational, or occasional use. Renter occupied units equaled 6357 or 26.7%, with a median rent of \$1509/month. The median value of the owner occupied units was \$116,400 (2007). 22.7% of the homes are valued at greater than \$100,000. Much of the housing stock in Washington County, 41.4% is pre-1939. Only 1.3% of the structures have been built since 1999.

Agriculture

In 2003 there were 880 farms in Washington County, which was a decrease of 1% compared to 887 farms in 2002. (NASS Fact Finders for Agriculture 2003 Census of Agricultural County Profiles).

- The average size farm is 234 acres in 2003, up from 232 acres in 2002.
- The market value of production, average per farm, was \$92,413 in 2002, up 4% from \$88,683 in 1997.
- Market value of production was \$82,000,000 in 2009, \$81,970,000 in 2002, \$77,598,000 in 1997, showing an increase of less than one percent.
- Crop sales accounted for \$11,866,000 of the total value in 2002.
- Livestock sales accounted for \$70,104,000 of the total value in 2002.
- 63.4% of farmland is characterized as cropland, 22.8% as woodland, 6.9% as pasture and 6.9% has other uses.
- Farm operator characteristics are as follows: 547 report primary occupation as farming, males outnumber females 724-163, and the average age of the operator is 53.4 years.
- Median household income per the Department of Commerce in 1999 was \$37,668.

Poverty

In 2007, 8.1% of families and 12% of individuals were considered living in poverty. In 2005, 17.6% of families in poverty had children less than 18 compared to only 5% of those greater than 65 years of age. According to 2008 KWIC data and the Regional Community Health Assessment, Washington County had:

- 15.7% of Washington County children living below the poverty level vs. a regional rate of 10.5%
- 13.1% of Washington County children/youth receive food stamps vs. the upstate rate of 11.9%.
- 37.3% of Washington County children receive a free or reduced price school lunch vs. 32.3% upstate.
- 2.5% of Washington County children receive Public Assistance vs. 3.7% upstate.
- 1.7% of children receive SSI vs. 1.3% regionally
- 8% of all families and 25% of families with a female household head and no husband had incomes below poverty.

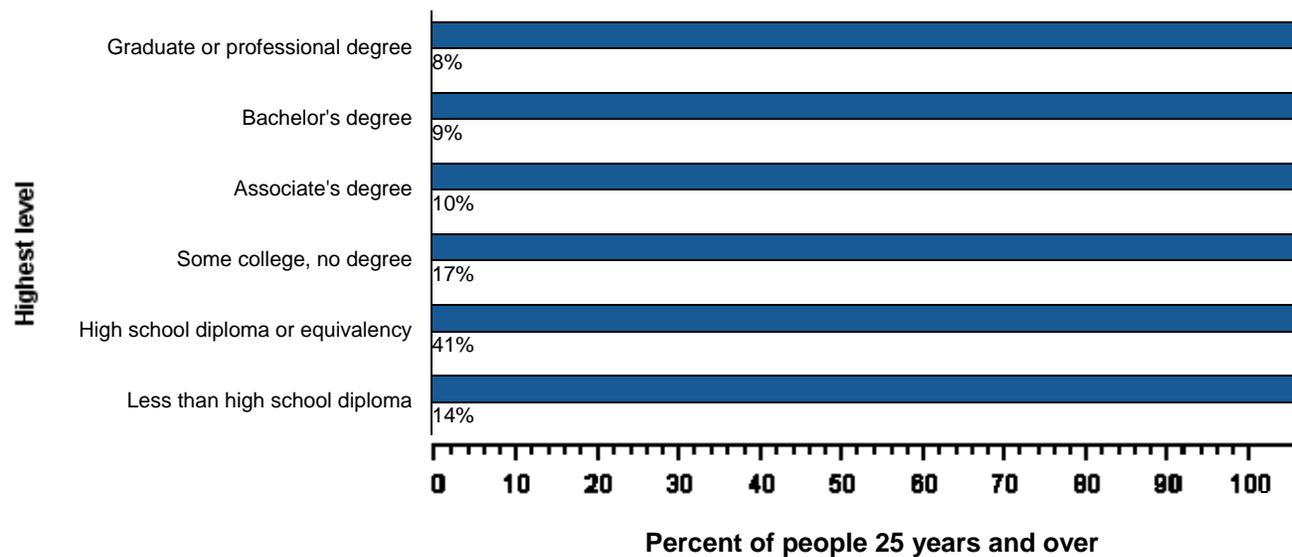
Education

In 2000, 40.2% of the population were high school graduates with 14.9% of the population having no diploma or less than a ninth grade education. There were 14,653 children three years and older enrolled in school. 5.7% of the population have graduate or professional degrees. The drop out rate in 2000 was 3.0 for every 100 students. This is above the Regional Community Health Assessment regional rate of 2%. 2000 data shows that 16.6% of residents over the age of 25 have some college background.

EDUCATION: From 2005-2007, 86 percent of people 25 years and over had at least graduated from high school and 18 percent had a bachelor's degree or higher. Fourteen percent were dropouts; they were not enrolled in school and had not graduated from high school.

The total school enrollment in Washington County was 14,000 from 2005-2007. Nursery school and kindergarten enrollment was 1,400 and elementary or high school enrollment was 10,000 children. College or graduate school enrollment was 2,700.

The Educational Attainment of People in Washington County, New York in 2005-2007



Source: American Community Survey, 2005-2007

Washington County is not home to a college or university. Adirondack Community College in Queensbury, Warren County is partially funded by Washington County taxes, and provides Associate Degree and Certificate programs to residents. There are also cooperative agreements with SUNY Plattsburgh to offer Bachelor and Master level degrees through the use of adjunct faculty, videoconferencing and teleconferencing equipment. For those who have technology available to them and can afford it, there are increasing opportunities for attaining higher degrees through Internet online courses offered by a variety of academic institutions.

Transportation

This continues to be a major concern for many living in Washington County and a cross cutting concern across the focus groups held this assessment period. Transportation was identified as an integral component to health in the community. The theme of transportation received high priority in ideas for improving the health of the community. Improving transportation was one of the top ten themes and items affecting health noted across all focus groups. Lack of transportation impacts an individual's ability to access health care and early screening and detection services. With almost a 1,000 miles of roadway, conventional transit systems are not possible. Public transportation is available in the Hudson Falls/Fort Edward area, but nowhere else in the county. Private vehicles are the primary source of transportation. In rural areas there are increasing opportunities to receive care by walking to needed services with the recent evolution of Health Centers in six of the major towns. However, 12 other townships require transportation for any healthcare. The lack of transportation cannot be overemphasized. 7.7% of respondents reported delays getting needed care secondary to lack of transportation. 4.2% report a lack of transportation to get prescription medications at the pharmacy. There have been small, though valiant, attempts at transportation. One town has a community (ecumenical and service groups) supported van to run seniors about town for errands or appointments. Eligible persons may obtain transportation through the Department of Social Services, but this is a lengthy process and often times up to two weeks notice must be given. The Office for the Aging also have drivers for those in Senior Citizens, but often times the same waiting period applies.

Media

Washington County has limited media outlets in the County. The Glens Falls Post Star is the major newspaper in the area, however there is better reception to information put in the small town papers and weeklys. People will read the local news, PSAs are particularly effective in these papers. Local radio stations in Glens Falls will run information of interest and contact for periodic interview and sound bites for County issues. A small radio station just over the board in Vermont is particularly helpful in getting out messages. It has a large local following and many Public Health program staff have been guest on the "Coffee Break Show" to provide education or promote programs. It is difficult to get prevention and health messages in on a routine basis barring a crisis or timely outbreak. The LHD does budget for paid advertising for this purpose.

Optional Service Areas

Home Health Services

Certified Home Health Agency (CHHA)

Cardiovascular disease, COPD, CHF and Diabetes Mellitus are consistently the most frequent diagnosis of agency patients.

Washington County Public Health Nursing Service is the only Certified Home Health Agency in Washington County. The agency provides comprehensive and coordinated skilled nursing, therapy, social work, nutrition, home health aide and personal care aide services to eligible clients. In 2008 1509, total patients served over 15,364 skilled nursing home visits, 8399 physical therapy visits, 83 speech therapy visits, 1176 occupational therapy visits, 251 medical social worker visits, and 7 nutrition visits. The agency continues to grow and change to efficiently and cost-effectively meet the needs of the county residents, as people are in our communities with greater needs.

Washington County Public Health Certified Home Health Agency works routinely with LDSS, Office of the Aging, and community services agencies mutually serving clients. Washington County enjoys a close working relationship with our in-house Hospice Program.

Long Term Home Health Care Program (LTHHCP)

The LTHHCP is a division of the Washington County Certified Home Health Agency. This program is now 23 years old and provides vital services to individuals wishing to remain at home. This program is a creative, cost effective array of services provided to patients in their own homes as an alternative to nursing home placement. It allows community residents an option in planning their needed end of life care, allowing them to stay in their own homes as long as possible. 64 patients were served in 2008, covered by 1519 skilled nursing home visits, 856 physical therapy visits, 158 occupational therapy visits, 507 medical social worker visits, 380 nutrition visits, 301 respiratory therapy visits, 4953 home delivered meals, 3878 personal care aide visits, and 1174 social day care visits.

Hospice

This unit provides coordinated, compassionate and cost effective care providing care and support at the end of life. In 2008 191 patients were served by 1984 skilled nursing home visits, 22 physical therapy visits, 376 medical social worker visits, and 1450 home health aide visits. A vital piece of care is the Spiritual Care provided to patients and families. 394 visits were made in 2008.

Together these programs serve the needs of the communities addressing chronic, acute and terminal illness in those the county serves.

Emergency Medical Services

The Emergency Medical Services Coordinator is a ¼ position with a very limited budget. All but two rescue squads are completely voluntary. The EMS Coordinator is directly involved in all BT/Disaster Preparedness meetings, table-top drills and full drills. One of our BT/Infection Control Coordinators attends the bi-monthly administrative squad meetings to share concerns and plans. The Public Health Director and EMS Coordinator meet and/or consult monthly to discuss BT and Preparedness issues, EMS education (also coordinated with ARHN), and other issues

Access to Care—General Discussion of Health Resources

Health Indicators and Statistics—38% of births in Washington County during the period of 2000-2002 were self-pay or Medicaid. This is above the Regional total of 29% but less than the State rate of 41.3%.

According to the Regional Community Health Assessment, 14.8% of individuals indicated they could not see a doctor due to cost and 4% of children less than 18 years of age are still uninsured.

According to the Regional Community Health Assessment Survey, 87% of respondents report they have health insurance. Of those, 61.2% have coverage from their employer and 79.6% pay a portion of their premium. 6.6% of residents have Medicaid, 13.6% have Medicare, 0.4% Child Health Plus, and 3.9% Family health Plus. The main reason residents report not having coverage is that they can't afford the premium.

The main reason respondents delayed care was due to lack of insurance or out of pocket expense (42.3%). 82.9% report utilizing community health centers, clinics or physicians when seeking medical attention.

Glens Falls Hospital is the largest hospital in the local area to deliver acute care. This is a 400 bed facility (licensed for 400 and staffed for 233) in Glens Falls, Warren County. Mary McClellan Hospital, which had serviced the southern portion of the county closed in early 2000, and the gaps have been filled in part by a series of Health Centers in the towns affected, owned and operated by Glens Falls Hospital. Tertiary care hospitals are available in Burlington, VT. and Albany, NY. Rutland and Bennington, VT. Also have acute care hospitalization utilized by Washington County residents. Health Centers are available in 5 of the townships in the county, roughly 40%. They provide acute and preventive care for adults and children. There continues to be a small number of private providers in the area. There are two pediatric practices in the county, one in Hudson Falls and one in Cambridge. The health centers provide preventive care in addition to some specialty services such as podiatry, nutrition, and orthopedics. All centers provide services to Medicaid and the uninsured. Independent private practices tend to limit their number of Medicaid patients and, with few exceptions, generally do not provide care to the uninsured. According to the Regional Community Health Assessment, 12% of the respondents report having no insurance at all. 91% of respondents report having a 'family' doctor and 76% report seeing that 'family' doctor within the last year. When sick, 83% report that they use a MD office, clinic, or health center vs. only 6% that utilize the Emergency Room. Of those who do not have a Medical Home, 44% report they do not need one and 15% report they cannot afford one.

Migrant farm workers have had a cultural and language barrier that have impeded access to care. Some of the issues have been solved with translators and use of the Health Living Partnership to provide check-ups for females. WIC and WCPH both plan to have on-site clinics at one of the farms to provide nutrition, health education, parenting sessions as needed. Immunization status will also be addressed.

Section Two--Local Health Unit Capacity Profile

The rural nature of Washington County contributes to the uniqueness. Commitment to prevention is the hallmark of this agency's mission. Preventive services cover a broad array of programs and services that don't "fit" anywhere else. The services cover not only mothers, babies and children, but also communicable disease follow-up, rabies management, control and investigation, tracking sentinels of the West Nile Virus, preparing for caring for the public in the event of a natural disaster or from bioterrorism, weapons of mass destruction, or chemical spills or chemical warfare.

Washington County Public Health Nursing Service offices are centrally located in Hudson Falls. This allows ready access to outlying areas. Space at the Annex is at a premium.

In 2009 the Agency "out-posted" Public Health Nurses in the town of Salem, for increased efficiency and increased access to patients. This process is planned to be replicated in the North. Current technology such as cell phones and a computerized medical record along with electronic scheduling made this possible.

Washington County Public Health Nursing Services has three major divisions, the Maternal Child Health/Preventive section: Family Health, Disease Control, Health Education, Newborn/Postpartum, Pediatric Follow-up, Bioterrorism/Infection Control and the Early Intervention Program, as well as Community Health Assessment. The Certified Home Health Agency/Long Term Home Health Care Program is the second component and has the largest staff and resources available. The third component is the Hospice & Palliative Care section. Due to the configuration of the agency, resources are able to be shared and care provided to the community throughout the life span. The agency staff are flexible and frequently wear many hats. All staff, including administration, provides hands on care and support as needed during times of heavy utilization of services (i.e. Flu clinics) and when there are periodic staff shortages due to illness or unforeseen absences.

The Public Health section has a full time Director of Public Health, who is also the Director of Patient Services for the Certified Home Health Agency and the Long Term Home Health Care Program and Hospice. She is responsible for the overall functioning of the entire agency, including bioterrorism/ disaster preparedness, all services and programs, and their respective budgets. A full time Assistant Director provides administrative assistance and direct supervision clinic and clerical staff. There is one full time Supervising Public Health Nurse and four full time Registered Nurses, two full time Bioterrorism Coordinators/Infection Control Nurses, four full time Early Intervention Program staff - one Coordinator, two Early Intervention Official/Designee/Services Coordinator, and one full time Bookkeeper. An agency Fiscal Officer oversees preparation and monitors all agency budgets, State Aid application and fiscal submission, all grants and all program billing to private insurance, Medicare and Medicaid.

The Certified Home Health Agency and the Long Term Home Health Care Program share the Assistant Director who oversees all aspects of the programs. There are 5 Supervising Nurses, 2 Quality Assurance level nursing staff, 29 nursing staff - including 3 LPN's - full time and per diem, 2 full time physical therapists, 3 On-call Nurses who cover agency needs after hours and on weekends. The Hospice program has Patient Care Coordinator who provides direct supervision to staff, one full time LPN, 3 full time Registered Nurses, 1 full time Spiritual Care Coordinator, 1 full time Volunteer Coordinator, 1 per diem Registered Nurse, and 1 full time Medical Social Worker.

Seventeen full time business staff including Administrative Secretaries, secretary-typists, IT support staff and several senior account clerks provide support for the agency. All units are supported by qualified office and business staff with computer support and additional input and support from various departments of the Washington County government.

Through networking and collaboration with the 24 agencies and the Adirondack Rural Health Network, we were able to complete a comprehensive regional and local community health assessment.

Other

Geography and the unavailability of certain services in Washington County present a problem. Most shopping and eating are done outside the county, as there are few opportunities to have the selection available in neighboring counties and states. Some towns do not have a grocery store, although most have the service of at least one convenience store for gas and food essentials. However, there is a higher cost associated. Transportation is a major issue regarding employment and service access. Many do not have a car or only one car shared between people. This limits employment opportunities as most people commute to work. 78% drive alone, while 13% report car-pooling. Mean travel time to work is 25.6 minutes.

Schools and school related activities are a focal point in our rural communities. Sports and academic excellence are strongly encouraged. Community service has become part of the required curriculums. Cornell Cooperative Extension and its 4H component stress a healthy and active lifestyle. Agricultural communities have clean air and good water quality. The no smoking law has been successful with two exceptions for local businesses that both built separate smoking rooms.

**** For additional data and analysis please refer to the regional CHA "Building a Health Community". Washington County data delineated and discussed by topic area.

