

MAPPING Our Way to a Healthier Community

in Clinton, Essex & Franklin Counties, NY

2010-2013 Community Health Assessment, Priorities and Strategies

Executive Summary

September 2009

What is MAPP?

MAPP (Mobilizing for Action through Partnership and Planning) is a process whereby programs, agencies, organizations and institutions may engage in partnerships for the good of the community. This process first began in the tri-county (Clinton, Essex and Franklin Counties) region in 2004-2005 during the last Community Health Assessment (CHA) process.

In 2008, The New York State Department of Health (NYSDOH) in collaboration with the Healthcare Association of New York State (HANYA) required the September 2009 Local Health Department Community Health Assessment (CHA) and the Hospital Community Services Plan (CSP) be a merged process. The MAPP Committee decided to complete this one comprehensive merged document that includes the tri-county Community Health Assessment Data, the Hospitals' CSPs and shared priorities as selected by the group. These priorities will be the health initiatives for the tri-county region to work on over the next four years.

Setting Regional Priorities

Regional priorities were selected by using the following process:

1. Data collection using the New York State Prevention Agenda and other Community Health Assessment indicators,
2. Compilation and analysis of the data,
3. Selection of the first round of priorities using a prioritization matrix and strategy, and
4. Selection of the final priorities by sharing the first round priorities with the MAPP Committee for their input in the form of focus groups and then reviewing again the soft data with the hard data in order to come to consensus and select final priorities.

The 2010-2013 Tri-County Priorities are:

Physical Activity/Nutrition (Chronic Disease), and

Access to Quality Healthcare

Addressing Priorities

For these priorities, the *Spectrum of Prevention* is used to discuss how each priority issue will be strategically addressed in 2010-2013.

The *Spectrum of Prevention* is a framework for addressing public health issues using seven strategies. These strategies account for the complexity of community health determinants and may be used to develop comprehensive approaches to address issues. These strategies are:

Influencing Policy & Legislation
Mobilizing Neighborhoods & Communities
Changing Organizational Practices
Fostering Coalitions & Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge & Skills

The NYS Prevention Agenda

The NYS Department of Health Prevention Agenda includes ten priority areas:

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

The Prevention Agenda Data for Essex County was collected and compared to Clinton and Franklin Counties as well as NYS, the US, and the Prevention Agenda Objective.

A Community Profile section is included in the complete document.

Priority 1: Physical Activity/Nutrition (Chronic Disease)

The Issue: Physical activity and good nutrition are essential building blocks of preventive health and overall quality of life. Physical inactivity/poor nutrition is the underlying or actual cause of many chronic diseases and is the fastest growing area of disease burden quickly closing the gap on tobacco (currently ranked number 1).

The selection of Physical Activity/Nutrition (Chronic Disease) is viewed as important for preventive health and overall quality of life as well as the prevention of chronic disease.

By selecting this as the priority it provides the opportunity for health departments, hospitals and other partners to further develop and coordinate the continuum of care (primary, secondary and tertiary prevention). Local Health Departments have accepted the role of leaders for this priority and will work to bring partners together to coordinate an approach addressing Physical Activity/Nutrition (Chronic Disease).

Our Vision: Communities in which people may live, work and play that include built environments, social policies, and coordinated organizational systems that support physical activity, good nutrition and primary, secondary and tertiary prevention of chronic diseases.

Our Strategy: The Spectrum of Prevention provides a framework for overall strategic initiatives that will move us towards realization of our vision. More detailed collaborative efforts will be forthcoming as work progresses on this priority area.

Spectrum of Prevention

Strategic Actions for 2010-2013

Influencing Policy & Legislation	Support NYS and local policy & legislative actions that positively impact physical activity/nutrition. Educate local policy makers on the impact of policies that involve physical activity/nutrition including but not limited to community design and other built environment efforts.
Mobilizing Neighborhoods & Communities	Provide training for community partners that supports built environment, policy, and systems changes in areas of physical activity/nutrition. Provide advocacy training for partners in areas of physical activity/nutrition to gain additional ambassadors to support changes within targeted communities/neighborhoods.
Changing Organizational Practices	Assist organizations seeking to develop physical activity/nutrition changes through environmental, policies or systems; coordinated approaches to systems as appropriate.
Fostering Coalitions & Networks	Adapt a coordinated approach to physical activity/nutrition in the region that allows for primary, secondary and tertiary prevention of chronic disease through physical activity/nutrition.
Educating Providers	Educate providers on ways to incorporate physical activity/nutrition promotion during patient contacts and how to make referrals to appropriate community resources.
Promoting Community Education	Promote existing physical activity/nutrition opportunities within the community. Conduct outreach and educational opportunities within the community that focus on the importance of physical activity/nutrition as prevention management of chronic disease.
Strengthening Individual Knowledge & Skills	Provide, support and/or coordinate efforts targeting individual skill building in the areas of physical activity/nutrition and chronic disease management.

Priority 2: Access to Quality Healthcare

The Issue: Access to quality healthcare covers a range of issues including adequate health insurance for all, physician and other provider supply and distribution, and preventive, diagnostic and healthcare treatment.

There are many regional factors that impact access such as rural geography, population density, educational and employment opportunities, regional economics, transportation and more. All of these factors interact and impact access to quality healthcare in the region.

Access to quality healthcare in turn determines health outcomes from preconception throughout life, aging and death.

By selecting this as a priority it provides the opportunity for hospitals, health departments and other partners to further develop and coordinate efforts to positively impact the factors and issues that comprise access to quality healthcare. Hospitals have accepted the role of leaders for this priority and will work to bring partners together to coordinate an approach for Access to Quality Healthcare.

Our Vision: Communities in which people have adequate access to quality preventive, diagnostic and healthcare treatment so that their needs may be met throughout their lifespan.

Our Strategy:

Spectrum of Prevention	Strategic Actions for 2010-2013
Influencing Policy & Legislation	Support NYS and local policy & legislative actions that positively impact access to quality healthcare and/or regional factors that influence access.
Mobilizing Neighborhoods & Communities	Facilitate training and local efforts for communities to gain understanding and support for medical homes, facilitated insurance enrollment, and referrals to community resources in targeted high risk communities.
Changing Organizational Practices	Assist organizations to adopt policies that encourage a medical home versus emergency visits to targets disparate populations in the community.
Fostering Coalitions & Networks	Work towards single point of entry and/or coordinated enrollment assistance for all non-private insurance options. Work towards a coordinated approach to access including the Medical Home Model project and other efforts that encourage systematic improvements in access to quality healthcare. Develop referral networks for providers to community resources as appropriate to encourage individual follow-up for preventive healthcare within the community.
Educating Providers	Educate providers on resources that encourage and assist patients to find a medical home and use the healthcare system as designed. Provide data that identifies potential gaps and educate on resources within the community that will assist and support physicians to maintain patients in a medical home.
Promoting Community Education	Promote existing access opportunities within the community. Support and/or provide outreach and educational opportunities within the community that focus on the importance of medical home, preventive healthcare and appropriate use of the healthcare system.
Strengthening Individual Knowledge & Skills	Provide, support and/or coordinate efforts targeting individual skill building in the areas of access to healthcare including health insurance, providers (including encouragement of a medical home) and associated factors that influence access.

Summary of NYS Prevention Agenda Findings

Clinton, Essex & Franklin Counties Compared to the NYS Prevention Agenda 2013 Objectives, NYS & the US

This section provides an overview of each of the NYS Prevention Agenda Indicators showing how Clinton, Essex and Franklin counties compare to the NYS Prevention Agenda 2013 Objectives, NYS and the US. The most up to date figures available are used, though the year of data vary by indicator as well as region (counties, NYS, US). Details including the years of the data and data sources are not included here; they may be found in each of the previous sections by indicator.

NYS Prevention Agenda Objectives are shown in black.

Indicators shown in **red do not meet** the NYS Prevention Agenda 2013 Objective.

Indicators shown in **Bold green with green background meet or exceed** the NYS Prevention Agenda 2013 Objective.

Access to Quality Healthcare	Clinton	Essex	Franklin	Objective	NYS	US
% of Adults with Healthcare Coverage	90.7%	86.8%	85.0%	100%	86.3%	85.5%
% of Adults with Regular Healthcare Provider	87.3%	85.0%	79.4%	96%	82.8%	80%
% of Adults Who Have Seen a Dentist in the Past Year	74.4%	71.5%	62.6%	83%	70.5%	70.3%
Early Stage Cancer Diagnosis						
Cervical	s	s	s	65.0%	51%	53%
Breast	70.4%	74.4%	74.1%	80.0%	64.0%	63.0%
Early Stage Cancer Diagnosis Colorectal (Male & Female Combined)	51%	50%	51%	50%	41%	40%

Tobacco Use	Clinton	Essex	Franklin	Objective	NYS	US
% of Cigarette Smoking in Adolescents	NA	NA	NA	12%	16.3%	23%
% Cigarette Smoking in Adults	19.8%	23.9%	32.4%	12%	16.5%	20.1%
COPD Hospitalizations Among Adults 18+ Years (per 10,000)	53.2	36.8	46.2	31.0	39.7	23
Lung Cancer Incidence (per 100,000)						
Male	114.0	94.0	112.0	62.0	81.0	85.0
Female	70.0	63.0	68.0	41.0	54.0	54.0

Healthy Mothers, Babies, Children	Clinton	Essex	Franklin	Objective	NYS	US
% of Early Care Prenatal Care (1 st Trimester)	87.7%	78.1%	74.9%	90.0%	74.9%	83.9%
% Low Birthweight Births (<2500 grams)	7.1%	6.6%	8.0%	5.0%	8.3%	8.2%
Infant Mortality (per 1,000 Live births)	7.0	5.4	5.9	4.5	5.8	6.9
Increase % of 2 Year Old Children who Receive Recommended Vaccines (4Dtap, 3 Polio, 3 Hib, 3 HepB)	NA	NA	NA	90%	82.4%	80.5%
% of Children with at Least One Lead Screening by Age 36 Months	82.8%	59.1%	44.3%	96%	82.8%	NA
Prevalence of Tooth Decay in 3 rd Grade Children	74.8%	60.0%	67.8%	42.0%	51.4%	53.0%
Pregnancy Rate Among Females Aged 15-17 Years (per 1,000)	18.2	10.5	23.2	28.0	36.7	44.4

s Suppressed (percent could not be calculated, fewer than 3 cases per year)

NA Not Available

Summary of NYS Prevention Agenda Findings

Clinton, Essex & Franklin Counties Compared to the NYS Prevention Agenda 2013 Objectives, NYS & the US

Physical Activity/Nutrition	Clinton	Essex	Franklin	Objective	NYS	US
Percent of Obese Children by Grade Level (BMI for Age >95 th Percentile)						
2-4 Years (WIC) (Preschool)	13.2%	16.0%	13.9%	11.6%	15.2%	14.8%
K	NA	NA	NA	5%	NA	NA
2	NA	NA	NA	5%	NA	NA
4	NA	NA	NA	5%	NA	NA
7	NA	NA	NA	5%	NA	NA
10	NA	NA	NA	5%	NA	NA
% of Adults who are Obese (BMI >30)	32.6%	26.6%	33.9%	15.0%	23.6%	25.1%
% of Adults Engaged in Some Type of Leisure Time Activity	83.2%	82.1%	82.4%	80.0%	77.3%	77.4%
% of Adults Eating 5 or More Fruits or Vegetables per Day	24.9%	32.6%	20.2%	33.0%	26.7%	23.2%
% of WIC mothers Breastfeeding at 6 Months	17.8%	24.0%	21.1%	50.0%	38.6%	24.3%

Unintentional Injury	Clinton	Essex	Franklin	Objective	NYS	US
Unintentional Injury Mortality (per 100,000)	28.5	34.9	37.2	17.1	21.0	39.1
Unintentional Injury Hospitalizations (per 10,000)	60.3	55.1	61.4	44.5	64.7	NA
Motor Vehicle Related Mortality (per 100,000)	10.3	19.0	17.0	5.8	7.7	15.2
Perdestrian Injury Hospitalizations (per 10,000)	0.2	0.2	0.5	1.5	1.9	NA
Fall related Hospitalizations Age 65+ Years (per 10,000)	208.7	195.3	168.9	155.0	196.0	NA

Healthy Environment	Clinton	Essex	Franklin	Objective	NYS	US
Incidence of Children <72 Months with Confirmed Blood Lead Level (>= 10µg/dl) (per 100,000 children tested)	.7	1.3	1.2	0.0	1.3	NA
Asthma Related Hospitalizations (per 10,000)						
Total	16.9	6.6	8.6	16.7	21.0	16.6
Ages 0-17 Years	12.8	7.0	9.3	17.3	31.5	22.6
Work Related Hospitalizations (per 10,000 employed persons aged 16+ years)	4.0	11.5	20.2	11.5	16.0	NA
Elevated Blood Lead Levels (>25µg/dl) (per 100,000 employed persons aged 16+ years)	s	5.6	4.7	0.0	6.0	NA

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NA Not Available

Summary of NYS Prevention Agenda Findings

Clinton, Essex & Franklin Counties Compared to the NYS Prevention Agenda 2013 Objectives, NYS & the US

Chronic Disease	Clinton	Essex	Franklin	Objective	NYS	US
Diabetes Prevalence in Adults	9.0%	11.3%	9.9%	5.7%	9.7%	7.5%
Diabetes Short-Term Complication Hospitalization Rate (per 10,000)						
Age 6-17 Years	1.7	3.0	4.5	2.3	3.0	2.9
Age 18+ Years	4.1	3.1	6.1	3.9	5.3	5.5
Coronary Heart Disease Hospitalizations (per 10,000)	55.6	37.8	47.4	48.0	61.2	NA
Congestive Heart Failure Hospitalization Rate per 10,000 (ages 18+ years)	33.9	41.5	34.4	33.0	46.3	48.9
Cerebrovascular (Stroke) Disease Mortality (per 100,000)	45.9	48.8	30.7	24.0	30.5	46.6
Reduce Cancer Mortality (per 100,000)						
Breast (Female)	17.4	15.2	20.5	21.3	25.5	24.4
Cervical	2.8	2.8	2.6	2.0	2.6	2.4
Colorectal	20.1	27.8	21.8	13.7	19.1	18.0

Infectious Disease	Clinton	Essex	Franklin	Objective	NYS	US
Newly Diagnosed HIV Case Rate (per 100,000)	3.3	0.9	2.0	23.0	24.0	18.5
Gonorrhea Case Rate (per 100,000)	12.6	5.2	6.5	19.0	93.4	120.9
Tuberculosis Case Rate (per 100,000)	0.4	0.0	2.0	1.0	6.8	4.4
% of Adults 65+ with Immunizations						
Flu Shot Past year	81.3%	73.8%	62.2%	90%	74.4%	69.6%
Ever Pneumonia	82.9%	76.7%	67.8%	90%	64.2%	66.9%

Community Preparedness	Clinton	Essex	Franklin	Objective	NYS	US
% Population Living Within Jurisdiction with State-Approved Emergency Preparedness Plans	100%	100%	100%	100%	100%	NA

Mental Health/Substance Abuse	Clinton	Essex	Franklin	Objective	NYS	US
Suicide Mortality Rate (per 100,000)	9.9	11.5	6.6	4.8	6.4	10.9
% Adults Reporting 14 or More Days With Poor Mental Health in Last Month	7.7%	10.3%	8.9%	7.8%	10.0%	10.1%
% Binge Drinking Past 30 Days (5+ Drinks in a Row) in Adults	20.3%	25.0%	21.5%	13.4%	19.6%	15.4%
Drug-Related Hospitalizations (per 10,000)	19.2	8.9	15.7	26.0	34.0	NA

s Suppressed (percent could not be calculated, fewer than 3 cases per year)

NA Not Available

This **Executive Summary** is just a glimpse of the complete document **MAPPING Our Way to a Healthier Community in Clinton, Essex & Franklin Counties, NY: 2010-2013 Community Health Assessment, Priorities and Strategies**. Many additional data including the Community Profile Section may be found in the complete document along with the Community Service Plans of each of our Hospital Partners:



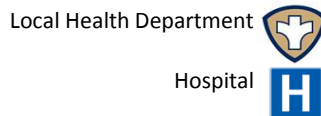
- Adirondack Medical Center,**
- Alice Hyde Medical Center,**
- Champlain Valley Physicians Hospital Medical Center,**
- Elizabethtown Community Hospital,**
- Inter-Lakes Health, Moses Ludington Hospital.**

Print and/or CD copies may be obtained through the Local Health Departments:

Clinton County Health Department 565-4840

Essex County Public Health Department 873-3500

Franklin County Public Health Department 891-4471



The complete **MAPPING Our Way to a Healthier Community in Clinton, Essex & Franklin Counties, NY: 2010-2013 Community Health Assessment, Priorities and Strategies** may be found on the web:

Local Public Health sites: www.clintonhealth.org www.co.essex.ny.us/PublicHealth www.franklincony.org &

Hospital Sites: www.amccares.org www.alicehyde.com www.cvph.org www.ech.org www.interlakeshealth.com

