

Results of the Adirondack Regional Health Network Survey  
Regional Results Summary

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Report to the Adirondack Rural Health Network

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## Executive Summary

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

- The 81-question survey was distributed electronically to 624 participants. In total, 285 surveys were completed, a response rate of 45.7 percent.
- Among the five NYS Prevention Agenda priority areas, chronic disease was ranked as the area of highest community need and agency interest.
- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.
- The top emerging issues in the region include increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.
- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- When asked to rate the effectiveness of current local efforts to address major health issues, a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in the region.
- Education is the dominant strategy currently used to address major health issues in the region. Direct, hands-on strategies such as screening or clinical services are less prevalent.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

## Overview

This report details the findings of a survey conducted by the Center for Human Services Research (CHSR) and the Adirondack Rural Health Network (ARHN) between December 5, 2012 and January 21, 2013. The purpose of the study was to obtain feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. Results presented in this report are for the entire region served by the Adirondack Rural Health Network, which includes eight counties located in upstate New York. In this report, these counties will be referred to as “the region”:

- Clinton
- Essex
- Franklin
- Fulton
- Hamilton
- Saratoga
- Warren
- Washington

## Methodology

The 81 question survey was developed through a collaborative effort by a seven-member ARHN subcommittee during the Fall of 2012. The seven volunteer members are representatives of county public health departments and hospitals in the region that are involved in the ARHN. Subcommittee members were responsible for identifying the broad research questions to be addressed by the survey, as well as for drafting the individual survey questions.

Subcommittee members were also charged with identifying potential respondents to participate in the survey. Because each county in the region is unique in its health care and service-provision structure, ARHN members from each of the counties were asked to generate a list of relevant stakeholders from their own communities who would represent the full range of programs and service providers. As such, the survey population does not necessarily represent a random sampling of health care and service providers, but an attempt at a complete list of the agencies deemed by the ARHN to be the most important and representative within the region.

The survey was administered electronically using the web-based Survey Monkey program and distributed to an email contact list of 624 individuals identified in the stakeholder list created by the subcommittee. Two weeks before the survey was launched on December 5, 2012, an announcement was sent to all participants to encourage participation. After the initial survey email, two reminder notices were also sent to those who had not yet completed the survey. Additionally, participation was also incentivized through an opt-in gift card drawing, with 20 entrants randomly selected to receive a \$25 Stewarts gift card at the conclusion of the survey. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent.

### Profile of Survey Respondents

The tables in this section do not provide survey results, but instead provide a summary overview of the composition of survey participants. The representativeness of the survey participants as a true sample of health organizations in the region is dependent upon the mailing list compiled by ARHN and the willing and unbiased participation of the stakeholders that received the survey invitations.

Survey participants represent a diverse array of different agencies, population groups, and service-areas within the overall eight-county ARHN region. Below, Table A.1 shows the primary functions selected by respondents and Table 2 shows the populations that their agencies serve. Health care and educational agencies are well represented, and the majority provides services to children and adolescents, as well as people living at or near the poverty level.

**Table A.1. Primary functions indicated by survey respondents**

Organization Primary Function	Percent of all applicants
Health care	36.8
Education	36.5
Behavioral health	17.5
Healthy environment	14.7
Early childhood svcs.	14.4
Social services	11.9
Senior services	11.2
Other services	9.1
Developmental disability svcs.	8.4
Employ & training	8.4
Housing services	8.1
STI/HIV prevention	6.0
Physical disability svcs.	4.9
Government agency	2.1
Testing and prevention	2.1

Note: Respondents could select more than one primary function.

**Table A.2. Populations served by survey respondent agencies**

Population Served	Percent of all respondents
Children/adolescents	59.6
People living at or near poverty level	50.9
Seniors/elderly	44.9
People with disabilities	38.9
People with mental health issues	32.3
Women of reproductive age	31.9
People with substance abuse issues	25.6
Specific health condition or disease	24.6
Farmers	14.0
Migrant workers	11.2
Other	10.5
Specific racial or ethnic groups	8.4
Specific geographic area	5.3
Everyone	5.3
Specific age group	3.5

Note: respondents could select multiple populations.

Table A.3 shows the percent of respondents that provide services in each of the eight counties in the region. Most respondents represent health care service providers that work in multiple counties within the region. As the table illustrates, between roughly 18 and 30 percent of all respondents work in each county, which provides a significant level of overlap in services.

**Table A.3. Percent of respondent agencies providing service in each county in the region**

County	Percent
Essex	30.2
Franklin	29.1
Fulton	22.8
Warren	20.4
Hamilton	19.6
Washington	19.6
Clinton	18.6
Saratoga	18.2

## Results

The findings are presented by thematic area: health trends, prevention agenda priorities, and technology trends and regional challenges. Additionally, within the Health Prevention Priorities section the results are detailed by the five areas of the NYS Department of Health Prevention Agenda, which are as follows:

- **Prevent chronic disease.** Focus on heart disease, cancer, respiratory disease, and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol, and associated obesity.
- **Promote a healthy and safe environment.** Focus on environmental quality and the physical environment where people live, work, play, and learn.
- **Promote healthy women, infants, and children.** Focus on improving the health of women and mothers, birth outcomes, and child health including oral health.
- **Promote mental health and prevent substance abuse.** Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.
- **Prevent HIV, STIs, and vaccinate for preventable diseases.** Focus on preventing HIV, sexually transmitted infections, and preventable diseases via immunization.

Both quantitative and qualitative responses are summarized to present an overview of the respondents' perceptions of health care trends, the relevance of the priorities, the magnitude of difficulty faced by the region, areas of need, and the effectiveness of current efforts.

## Emerging Health Trends

Survey respondents were asked two major questions about emerging community health trends: the first was an open-ended query about the most significant trend emerging over the next three years, while the second asked respondents to identify populations that need targeted efforts to address emerging health trends. Responses to the open-ended question were examined and coded into thematic categories in order to identify general areas of growing concern in the region. Table 1 shows the percentage of those who provided a response to the question who identified a trend within each thematic area. Because many respondents identified more than one emerging trend, the percentages do not add to 100.

*By a large margin, the dominant trend emerging in the region is obesity, followed by growing substance abuse, mental health issues, and a declining availability of services and insurance coverage for community residents.* The theme of chronic disease, which was cited by 5.4 percent of respondents, included trends of increasing cases of cancer, COPD (chronic obstructive pulmonary disease), heart disease, and other conditions that require ongoing or intensive care that is not always available in rural communities. Mentions of sexually transmitted infections (STIs) or diseases (STDs) were not dominant, despite the fact that the theme is similar to the identified NYS priority area.

**Table 1. Percent selecting general emerging health trend**

Theme	Percent
Growing obesity, childhood obesity, and related ailments	25.5
Substance abuse (alcohol, drugs, prescriptions)	16.2
Mental health issues	15.8
Lack of service availability, lack of insurance	13.1
Aging population / need for senior care	10.8
Increase in chronic diseases	5.4
Increasing STI/STD cases in community	5.4
Other	34.7

Total percentage is greater than 100 because more than one category could be identified

As shown in Table 2, many of the population groups identified as being in need of targeted efforts are reflected in the previous emerging themes. *Three of the top five population groups selected by respondents for targeting are: people with mental health issues, seniors/elderly, and people with substance abuse issues.* The two groups mentioned by a majority of respondents—people living in poverty and children/adolescents—are general groups of individuals who were frequently associated with emerging health issues in the open-ended question. For example, themes were sometimes listed as growing amongst children (e.g. childhood obesity, teen drug use) or related to an increase in regional poverty. Again, because survey respondents were allowed to select more than one group of individuals to target, the cumulative percentages exceed 100.

**Table 2. Populations in need of targeted service efforts**

Population group	Percent selecting
People living at or near poverty level	56.5
Children/adolescents	53.7
People with mental health issues	42.8
Seniors/elderly	39.6
People with substance abuse issues	37.5
People with disabilities	27.4
Women of reproductive age	26.3
Specific health condition or disease	22.5
Specific racial or ethnic groups	10.5
Migrant workers	5.3
Farmers	3.9
Everyone *	3.9
Other	3.9
Don't know	1.8

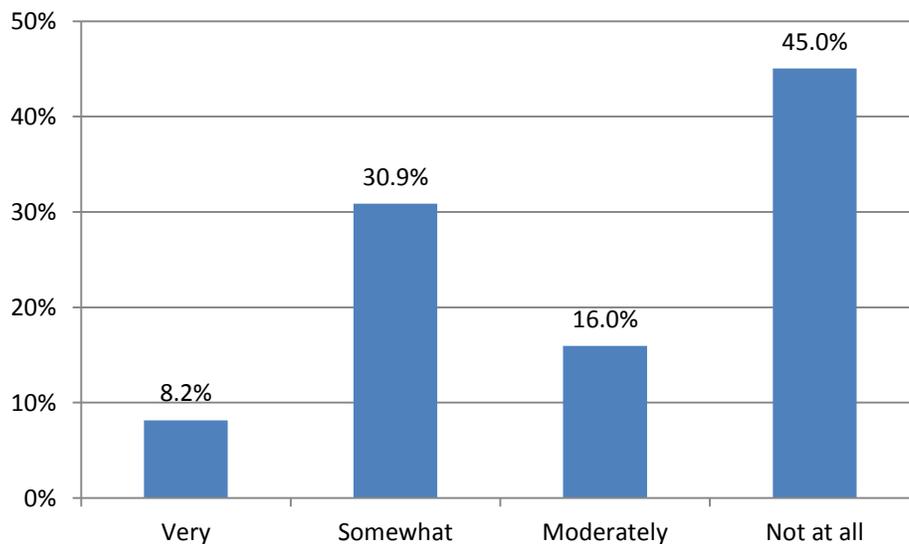
\* Dominant write-in selection under other.

### Health Prevention Agenda Priorities

Most of the survey items focus on identifying perceptions and needs within the region related to the five priorities selected by the NYS Department of Health Prevention Agenda. This section begins with a summary of service provider perceptions on how relevant these priorities are to the needs of their community, as well as the effectiveness of current efforts to address the issue. The latter part of this section presents data specific to each priority area: the strategies being employed, the local populations in need of targeted efforts, and a summary of any unique perspectives from the field.

Respondents were queried about their awareness of the NYS Department of Health (NYSDH) Prevention Agenda. *Slightly over half (50.9 percent) indicated that their organization was already aware that the Department of Health has a prevention agenda; 30.2 percent indicated that their organization was not aware and 18.9 percent indicated that they were not sure.* Those who selected “don’t know” would seem to be indicating that while the respondent was not aware of the agenda, they felt it was possible that other leaders within the organization were aware. When survey respondents were asked about their own personal knowledge of the agenda, they indicated limited overall familiarity. As shown in Chart 1, 45 percent indicated that they were not at all familiar with the agenda, while only 8.2 percent were very familiar with the agenda. Obviously, for many of the survey respondents, their first exposure to the priority agenda focus areas occurred through participation in the ARHN survey.

**Chart 1. Respondent ratings of own familiarity with the NYSDH Prevention Agenda**



The ratings of priority area relevance should reflect both the unique needs of the respondent’s region (which may vary from NYS as a whole) and the mix of service providers who completed the survey. Respondents were asked to rank order the five priorities from most to least important. Interestingly, the results shown in Table 3 indicate a slightly different perspective in priorities than was revealed by the earlier write-in question about emerging health trends. *The “prevent chronic disease” priority area was identified as the most important for the region, with nearly 40 percent selecting the priority as most important and approximately 19 percent selecting it as the second most important.* The health priority

area involving the “promotion of mental health” and the “prevention of substance abuse” was ranked most important by the second largest portion of respondents, 22.5 percent, and also was selected as the least important priority area by the smallest share of survey-takers, only 3.5 percent. At the other end of the spectrum, the priority area of “preventing STIs and promoting vaccines” was selected as most important by only 4.2 percent of respondents and selected as least important to the region by a majority of respondents, 62.3 percent.

**Table 3. Priority areas by percent of respondents selecting ranking of importance to the region**

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

In addition to ranking the importance of the five major NYS priority categories, respondents were also asked to select up to five specific issues most important to their service area. Although the option to select up to five areas of importance, along with the opportunity to write-in another option, allowed for a liberal interpretation of the “most important” issues, there was a clear division between the issues. The issues most frequently selected by respondents are shown in Table 4.

*The issues that were identified as most important or most relevant as selected by around half of all survey respondents were: promoting a healthy and safe environment, preventing diabetes, prevention of substance abuse, and mental health screening.* Once again, although the ordering was not entirely consistent with the findings from previous survey questions regarding regional priority areas, there were commonalities in the presence of the issues of “preventing diabetes” (a chronic condition), “prevention of substance abuse,” “mental health screening,” and the “promotion of a safe and healthy environment.” Additionally, “preventing HIV and STIs” was once again ranked relatively low, with only 4.9 percent selecting the issue as among the most important.

**Table 4. Percent selecting specific issues as most important or relevant to their service area**

Issue	Percent selecting issue
Promoting a healthy & safe physical environment	50.9
Preventing diabetes	48.4
Prevention of substance abuse	44.9
Mental health screening & connection services	44.9
Preventing heart disease	39.3
Improving child health	37.9
Improving the health of women & mothers	33.0
Preventing cancer	31.9
Preventing respiratory disease	28.1
Immunizing against preventable diseases	23.2
Promoting environmental quality	21.4
Improving birth outcomes	12.6
Preventing HIV & STIs	12.3
Other	4.9

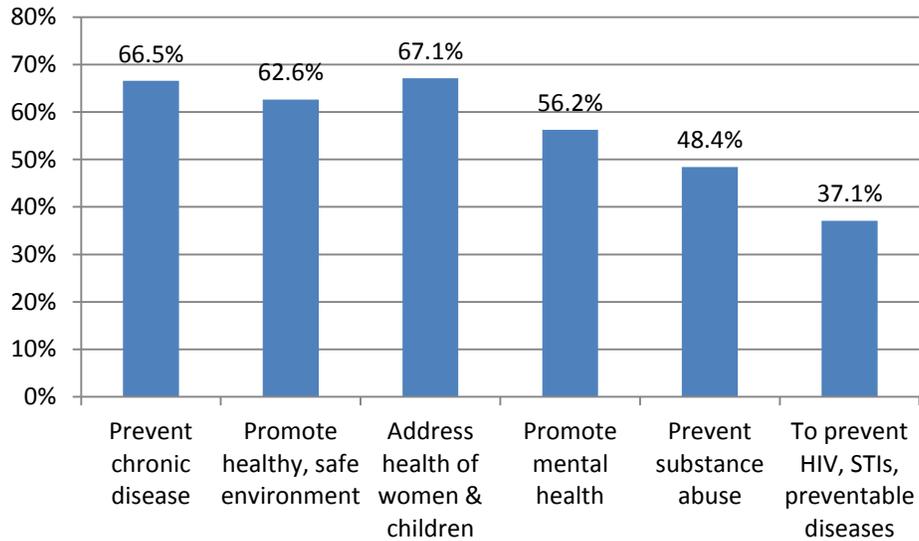
Another way of gauging the relevance of the five priority areas to the region is whether or not health agencies and service providers are already involved in efforts to improve related conditions within their own service areas. Survey respondents were asked about agency involvement in issues relating to the priority areas. Additionally, for each priority area, survey respondents were also asked whether or not their agency would be interested in collaborating on efforts to address the issue if it was selected as a priority community health issue for the Adirondack region. A summary of the results is presented in Chart 2 and Chart 3.

*Agency involvement was highest for efforts to address the health of women and children, followed by efforts to prevent chronic disease, and efforts to promote a healthy and safe environment in the community (Chart 2). Involvement was least prevalent in efforts to prevent HIV, STIs and vaccine-preventable diseases, which only 37.1 percent of survey respondents indicated was an area of activity for their agency. For the priority area of promoting mental health and preventing substance abuse, the level of involvement was in the middle; 56.2 percent of respondents worked for agencies involved in mental health promotion efforts and a somewhat smaller portion were involved in substance abuse prevention efforts.*

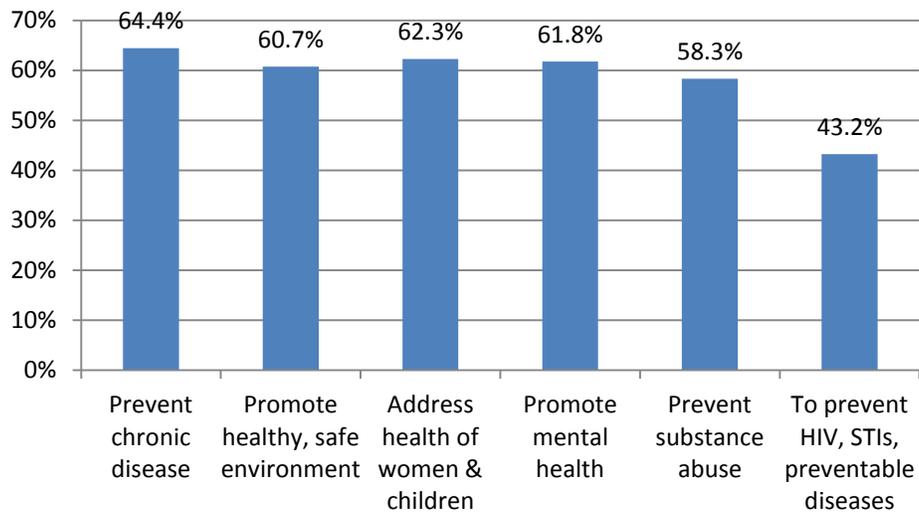
*A majority of survey respondents indicated that their agency would be interested in collaborating to address most priority area issues if it was selected as a priority within the region (Chart 3). The exception was the prevention of HIV, STIs, and vaccine preventable diseases, which only 43.2 percent of respondents indicated would be an issue their agency would be willing to collaborate on. This suggests that HIV, STI, and vaccine preventable disease efforts are either an area of low interest for the region's*

health care and service providers or that many feel they do not have the capacity or expertise to be involved in the issue. The lack of interest neatly corresponds with the limited current involvement with the issue that was illustrated in Chart 2.

**Chart 2. Percent indicating agency currently involved with issue**



**Chart 3. Percent interested in collaborating if issue is selected as a priority for the region**



### Priority Area Strategies and Effectiveness

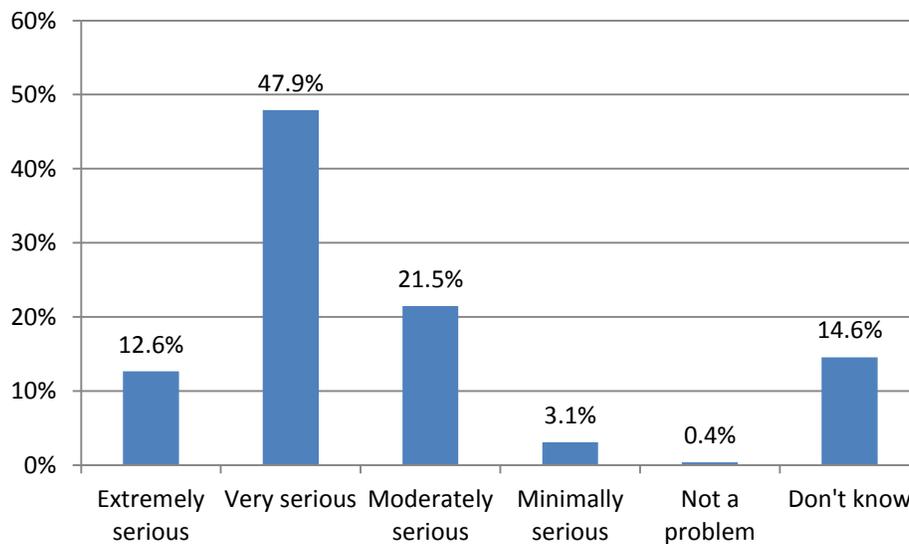
This section of the report details survey responses that are specific to each of the five different priority areas. While the previous section summarizes relative importance, involvement, and level of community need across the priority areas, this section focuses on how health agencies and other service providers have been addressing issues related to the priority areas, the perceived effectiveness of existing efforts

at their own and other agencies, and the level of interest in becoming involved with collaborating on future efforts.

**Area 1: Prevent chronic disease**

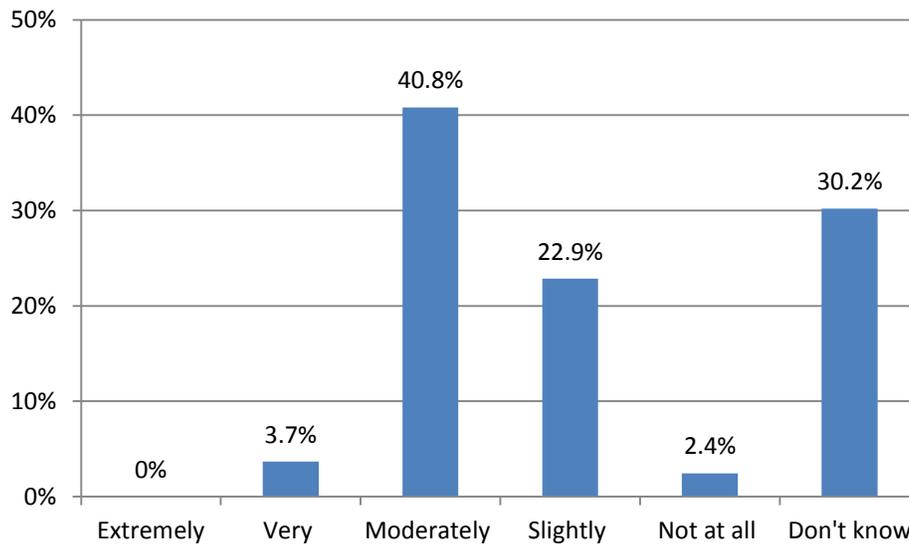
As shown earlier, a large portion of survey respondents believe that prevention of chronic disease is the most important and relevant priority area for the region (Table 3). This high prioritization may be related to the severity of chronic disease as a problem in the region. Chart 4 illustrates how respondents view the severity of the problem of chronic disease. *More than half indicated that the problem of chronic disease is either “very serious” or “extremely serious” while only 0.4 percent indicated that chronic disease is not a problem.* These ratings suggest that chronic disease is a more severe problem than the issues associated with the four other priority areas.

**Chart 4. Rating of severity of chronic disease as a problem by share of respondents**



*One concern may be that effective programs to target chronic disease are limited in the region.* None of the survey respondents indicated that existing efforts were extremely effective and only 3.7 percent rated them as very effective (Chart 5). Additionally, approximately 30 percent indicated that they did not know about the effectiveness of any area programs, which suggests that they may be limited in visibility or even absent from some parts of the region. Among those that provided statements on how these efforts might be improved, education and awareness were the most common themes, though many also noted that reducing chronic disease would require lifestyle changes, which would neither be easy nor quick to accomplish. It was also mentioned that growing poverty and shrinking budgets for programs targeting prevention were already hampering efforts to address problems like diabetes and obesity. When asked who should be targeted by efforts to address chronic disease, the majority identified persons living at or near poverty level, followed by senior citizens.

**Chart 5. Rating of chronic disease effort effectiveness by share of respondents**



Survey respondents were also asked to provide one or two top strategies being employed in the region by their agency to address chronic disease. *An analysis of open-ended responses revealed that educational efforts were the most common strategy to address chronic disease, followed by service coordination and cooperation efforts, and awareness promotion and service marketing (Table 5).* Note that because many respondents reported agency engagement in more than one strategy, the cumulative values shown in Table 5 exceed 100 percent.

**Table 5. Percent reported as engaged in strategy to address issue of chronic disease**

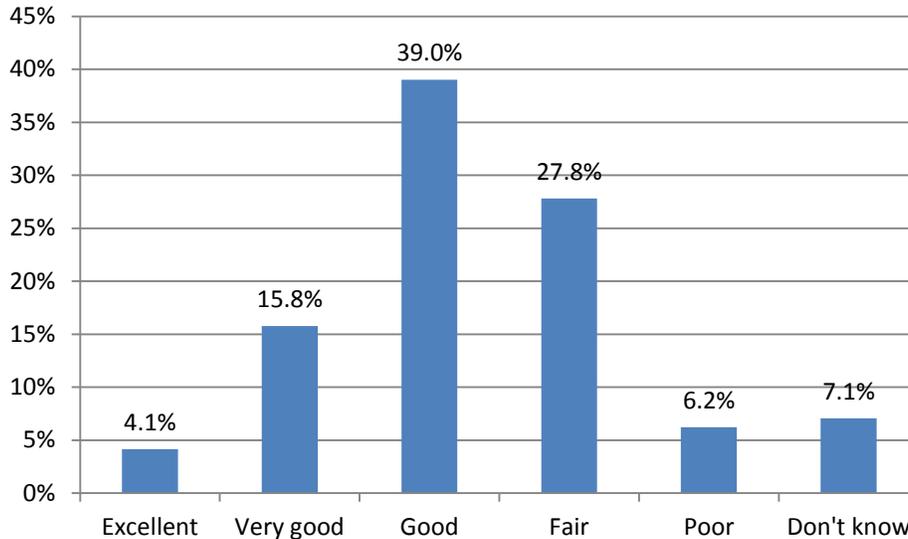
Strategy	Percent
Education (treatment options, prevention, risk factors)	41.8%
Service coordination, cooperation between agencies	14.4%
Promotion & marketing, community awareness campaigns	12.4%
Screening or testing (e.g. cancer, diabetes)	11.1%
Clinics operation, provision of basic medical services, home services	11.1%
Policy advocacy	11.1%
Drug abuse treatment programs, smoking cessation programs	3.9%
Other	23.5%

**Area 2: Promote a healthy and safe environment**

As stated previously, the priority area of promoting a healthy and safe environment was ranked by survey respondents as being very important in terms of its relative importance for the region; however, respondents provided a generally moderate assessment of current conditions. A plurality of respondents, 39 percent, rated the overall health and safety of the region “good,” followed by 27.8 percent who selected the rating of “fair” (Chart 6). Few respondents selected ratings at either end of the ratings

scale: 6.2 percent rated the region’s overall health and safety as poor and less than one percent described conditions as excellent.

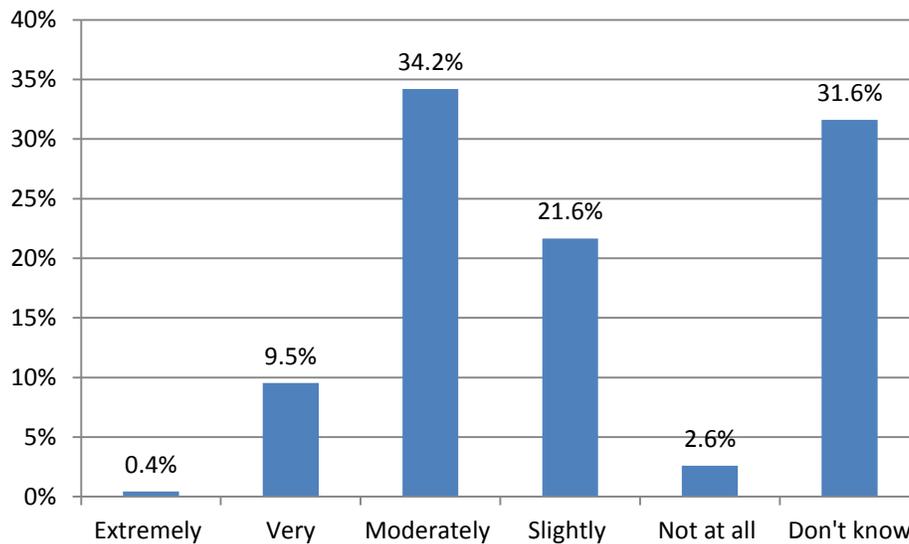
**Chart 6. Rating of overall regional health and safety by share of responses**



Most respondents also provided only moderate rankings on the effectiveness of existing efforts to promote a healthy and safe environment. As shown in Chart 7, more than one-in-three respondents indicated that existing efforts are moderately effective, followed by approximately one-in-five who indicated that existing efforts are only “slightly” effective. A high portion of respondents, 31.6 percent, indicated that they don’t know about the effectiveness of any current efforts to promote a healthy safe environment, which suggests that in some service areas such efforts are either poorly publicized or absent. Overall, the ratings seem to suggest that room exists for improvement in the programs that currently exist. When asked how current efforts could be improved, many respondents stated that they didn’t know and several also suggested that there were not many efforts or that there was not enough follow through. Other respondents also suggested that increased coordination and more broad, community-level efforts were necessary.

As was the case with the chronic disease priority area, *the most prevalent strategy employed by respondent agencies to promote a healthy and safe environment was education*. When asked to provide one or two top strategies used by their own agency, 30.9 percent of respondents identified an activity associated with education of area residents on issues related to health and safety (Table 6). Other popular strategies included providing physical improvements in the community, coordinating with other agencies, and policy advocacy. The most commonly identified population groups for targeted efforts to improve general health and safety were people living at or near poverty, children and adolescents, and senior citizens.

**Chart 7. Rating of effectiveness of existing efforts to promote health and safety by share of responses**



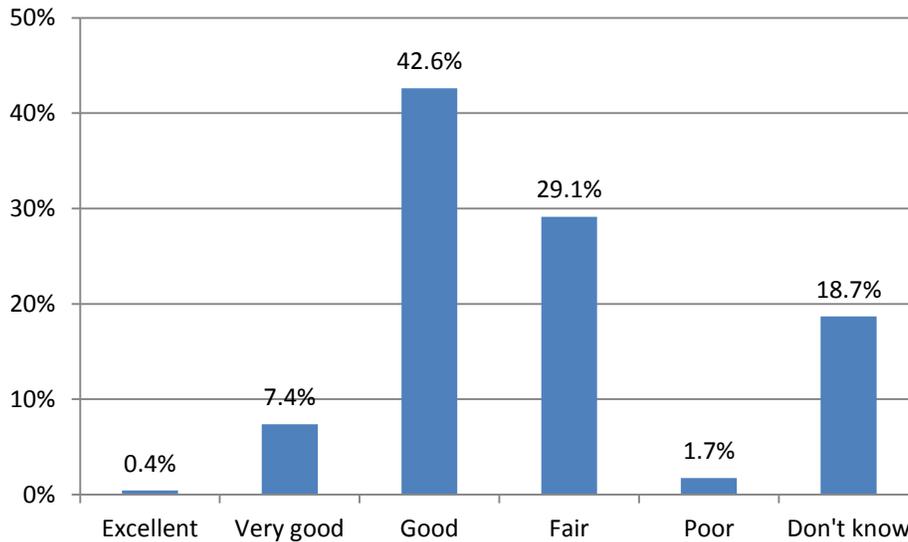
**Table 6. Percent reported as engaged in strategy to promote health and safety**

Strategy	Percent
Education (prevention and health ed., worker training)	30.9
Provide physical improvements (equipment, housing improvements, sidewalks and trails, community assets)	18.7
Service coordination, cooperation between agencies	15.4
Policy advocacy, create and implement safety rules	10.6
Exercise, food, and cooking programs	9.8
Inspection (safety), regulatory enforcement	8.1
Services for children, WIC, child care	8.1
Promotion & marketing, community awareness campaigns	6.5
Other	21.1

**Area 3: Promote healthy women, infants, and children**

The overall health of women, infants, and children was rated similar to that of the overall health and safety of the region: *most gave a rating of “good” or “fair” with few selecting the highest or lowest ratings* (Chart 8). Once again, a somewhat high portion of respondents, 18.7 percent, indicated that they did not know about the health of women, infants, and children in the region. The prevalence of “don’t know” responses throughout the survey suggests that many stakeholders have not been informed about other health care efforts going on in the region. Also, very few described conditions as either excellent or poor.

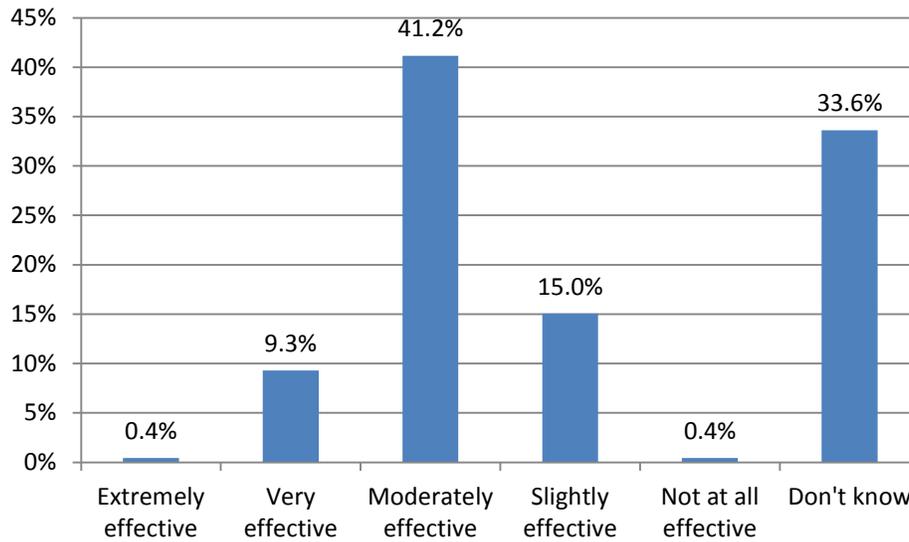
**Chart 8. Rating of overall regional health of women, infants, and children**



*The largest portion of respondents, 41.2 percent, rated the effectiveness of current efforts to promote the health of mothers, infants, and children were rated by the as moderately effective, followed by 33.6 that indicated that they don't know about the effectiveness of current efforts (Chart 9). The large portion of respondents that indicated a lack of knowledge about the effectiveness of current efforts was surprising given that 67.1 percent previously indicated that their own agency was already involved with the issue (Chart 2). Effectiveness ratings at either extreme of the scale were almost non-existent, though 15 percent indicated that existing efforts are slightly effective and 9.3 percent described current efforts as very effective. Overall, the survey suggests that current efforts are middling and unknown to many.*

When asked how current efforts to address the health of mothers, infants, and children could be improved, respondents provided a wide range of responses. Comments in favor of increasing education and outreach efforts were common, particularly around sex education and pregnancy prevention. Many respondents also noted specific health services that needed to be made more accessible, especially dental services for children. Not surprisingly, the population groups identified as being in need of targeting for this Health Agenda area were women of reproductive age, people in poverty, and children and adolescents.

**Chart 9. Rating of effectiveness of existing efforts to promote health of women, infants, and children**



As shown in Table 7, the most common agency strategy used to address the health of women, infants, and children was education programs—particularly those aimed at mothers, such as breastfeeding classes, nutritional classes, and courses on child care skills or health. Other popular strategies included home visiting and assessment programs, the direct provision of medical care services, and food assistance programs such as WIC. Policy advocacy and awareness or publicity campaigns were mentioned, but less prevalent than for other priority areas.

**Table 7. Percent reported as engaged in strategy to promote health of women, infants, and children**

Strategy	Percent
Education (breastfeeding, nutrition, child care skills)	49.2
Home visiting programs, assessment and referral services	18.9
Medical care services	16.4
Food assistance, formula, WIC program	10.7
Awareness campaigns	6.6
Daycare and preschool programs	2.5
Policy advocacy	2.5
Other	23.8

**Area 4: Promote mental health and prevent substance abuse**

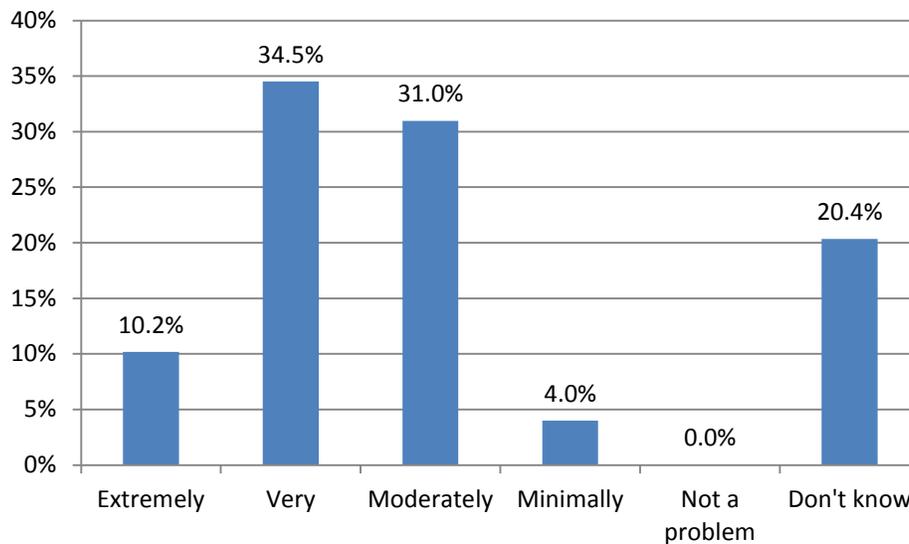
The “promote mental health and prevent substance abuse” priority area differs slightly from the other priority areas in that it includes two relatively distinct types of ailments: mental illness and drug and alcohol abuse. As a result, the survey separates the major issues of the priority area in many of the

questions. An example of the division into separate mental health issues and substance abuse issues was previously reported earlier in the section (see Chart 2 & 3).

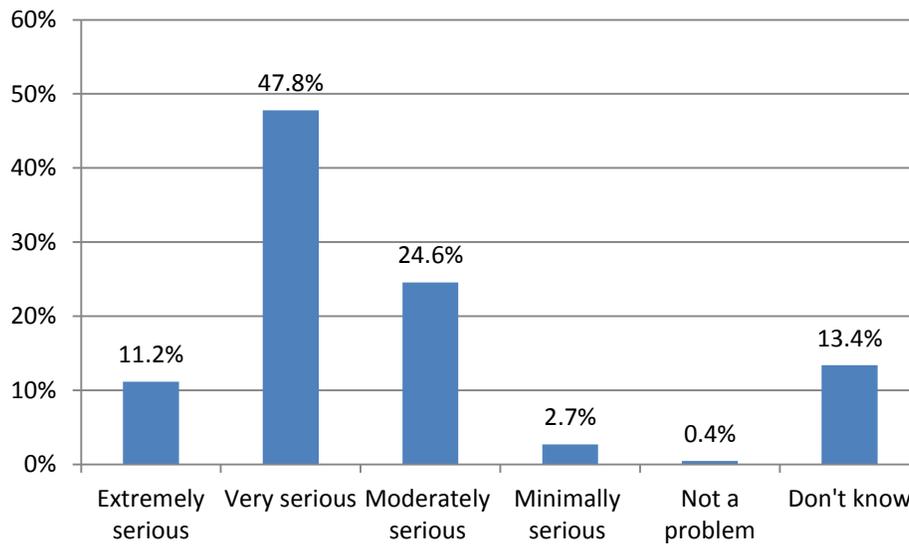
*In general, most survey respondents indicated that both mental health and substance abuse are problematic for the region.* Chart 10 summarizes the respondent’s ratings on the severity of untreated mental illness and Chart 11 summarizes ratings of the severity of substance abuse problems. The largest portion, 34.5 percent, indicated that untreated mental illness is a very severe problem, followed by 31 percent who view the problem as moderately severe, and 10.2 percent who see the problem as extremely severe. Substance abuse was rated as an even more serious problem for the region, as nearly half of all respondents described the problem as very severe. Of course, it should be noted that there were also signs that the extent of both problems is not universally understood by health and service providers. A lack of knowledge about the severity of the issue was cited by respondents roughly 20 percent of the time on the issue of untreated mental illness and by 13.4 percent of respondents in regards to the issue of substance abuse.

The extent to which untreated mental illness and substance abuse are seen as regional problems exhibits a pattern similar to the importance rankings of other issues previously reported in Table 3. Untreated mental illness and substance abuse are both problematic, but are rated at a level of severity that is behind that of chronic disease.

**Chart 10. Rating of severity of problem of untreated mental illness by share of respondents**

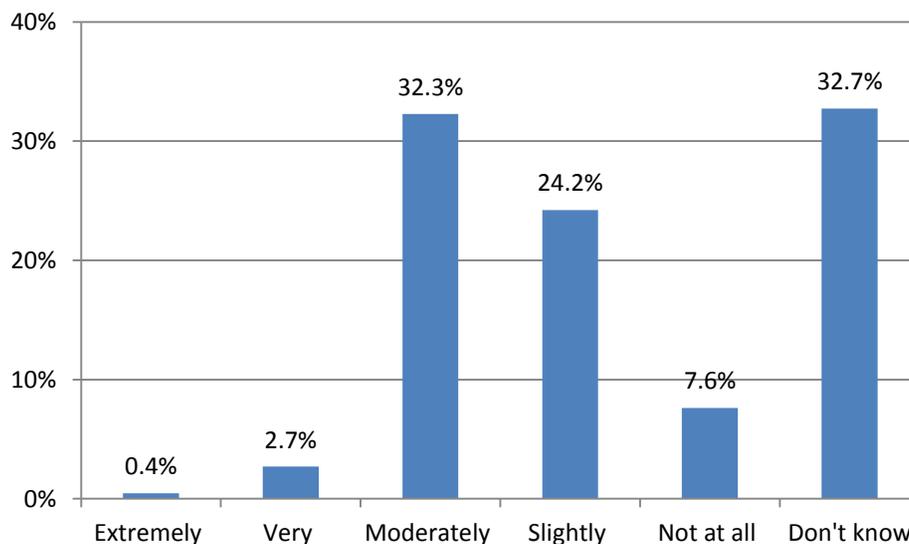


**Chart 11. Rating of severity of substance abuse as a problem by share of respondents**

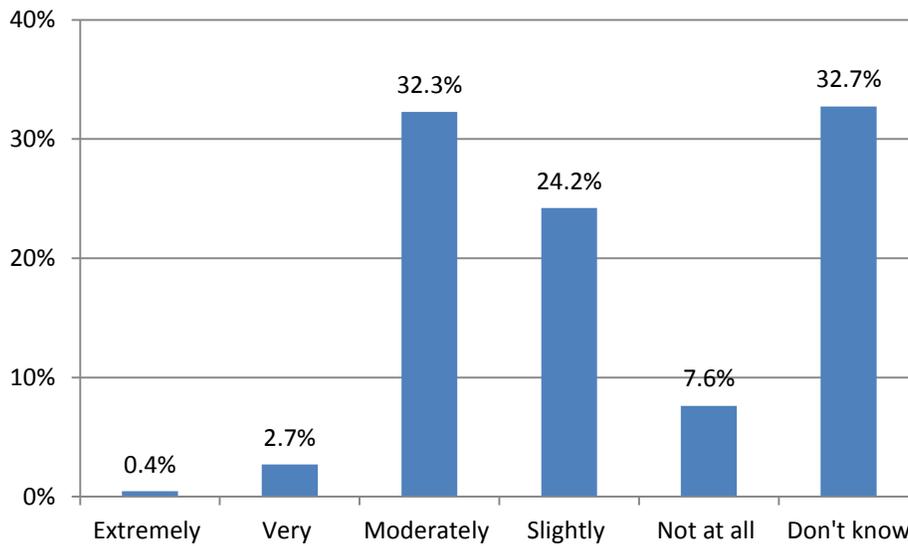


Survey respondents frequently indicated that they don't know about the effectiveness of current efforts to promote mental health and current efforts to prevent substance abuse. As shown in Chart 12 and 13, ratings of "extremely" or "very" effective were rare; most survey respondents selected ratings of "moderately" effective or lower, and roughly one-third simply indicated that they didn't know. The results suggest both a poor perception of mental health and substance abuse programs in the region, as well as a possible lack of programs, given the limited knowledge of effective efforts demonstrated by a survey group primarily comprised of health care and service professionals.

**Chart 12. Rating of effectiveness of existing efforts to promote mental health**



**Chart 13. Rating of effectiveness of existing efforts to prevent substance abuse**



Respondents were also asked how current regional efforts in both substance abuse prevention and mental health promotion could be improved. In a reflection of the ratings shown in Charts 12 and 13, many simply skipped the question or responded that they were unsure. For mental health promotion, a need for increasing the number of providers and screeners was often mentioned, as was the need to reduce stigma around mental illness in general. Suggestions for improving substance abuse prevention efforts were similar, with demands for increases in funding for services and additional counselors and treatment resources. Population groups identified as being in need of targeting were straightforward and obvious: a majority simply indicated people with mental health issues and people with substance abuse issues.

By a small margin, *the most common strategy for promoting mental health reported by survey respondents was in the category of education, followed by the direct provision of mental health and counseling services* (Table 8). The other two major types of strategies frequently listed by respondents were in the categories of assessment, screening, and referral services, and collaboration or coordination efforts with other agencies in the region.

**Table 8. Percent reported as engaged in strategy to promote mental health**

Strategy	Percent
Education (Mental health awareness, training for providers)	32.4
Counseling, behavioral health care, and clinical services	31.4
Assessment, screening, and referrals	21.6
Collaboration, coordination with regional mental health programs and service providers	18.6
Other	26.5

As shown in Table 9, *the most common substance abuse prevention strategy was education, cited by 56 percent of respondents.* Examples of educational strategies included prevention programs targeting children, materials explaining the dangers of substance abuse, and training on identifying and dealing with substance abusers in the community. Coordination or collaboration with other agencies was the second most common strategy, with roughly one-in-five respondents indicating their agency primarily worked with other organizations to address substance abuse. In general, it appears that direct approaches to treating substance abuse are not common in the region; screening and referral services, as well as direct counseling or clinical treatment services, were each only cited by 13.2 percent of survey takers that indicated agency efforts in the substance abuse area.

**Table 9. Percent reported as engaged in strategy to prevent substance abuse**

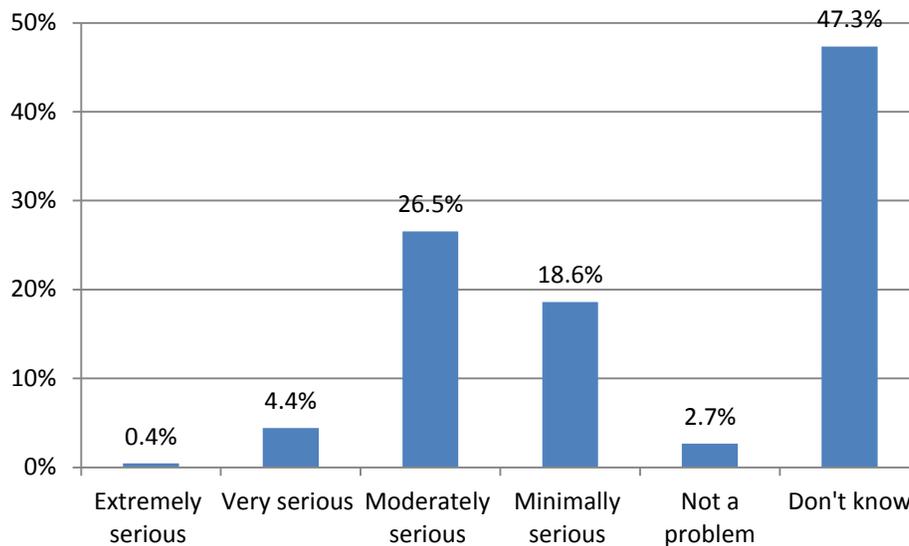
Strategy	Percent
Education (awareness, prevention, and identification materials)	56.0
Coordination and collaboration efforts with other agencies and programs	20.9
Screening and referrals to substance abuse treatment services	13.2
Substance abuse treatment and counseling services	13.2
Policy advocacy, develop or implement regulations	8.8
Other	17.6

***Area 5: Prevent HIV, STIs, and vaccine preventable diseases***

*As a priority area, HIV, STI, and vaccine preventable diseases was rated by survey respondents as a less serious problem relative to issues in the other four priority areas.* This corresponds with the findings, discussed earlier, that the area of HIV, STI, and vaccine preventable diseases had both the lowest level of current efforts from surveyed agencies, as well as the lowest level of interest for potential collaboration if selected as a priority area for the region (Chart 2 & 3).

Not surprisingly, given the lower level of involvement and interest in the issue area, fully 47.3 percent indicated that they did not know enough to rate the severity of the problem in the region (Chart 14). Among those that did provide a rating, the most popular choices were moderately or minimally serious; less than 1 percent of respondents indicated that HIV, STIs, and vaccine-treatable diseases are an extremely serious problem.

**Chart 14. Rating of severity of HIV, STIs and vaccine preventable diseases as a problem by share of respondents**

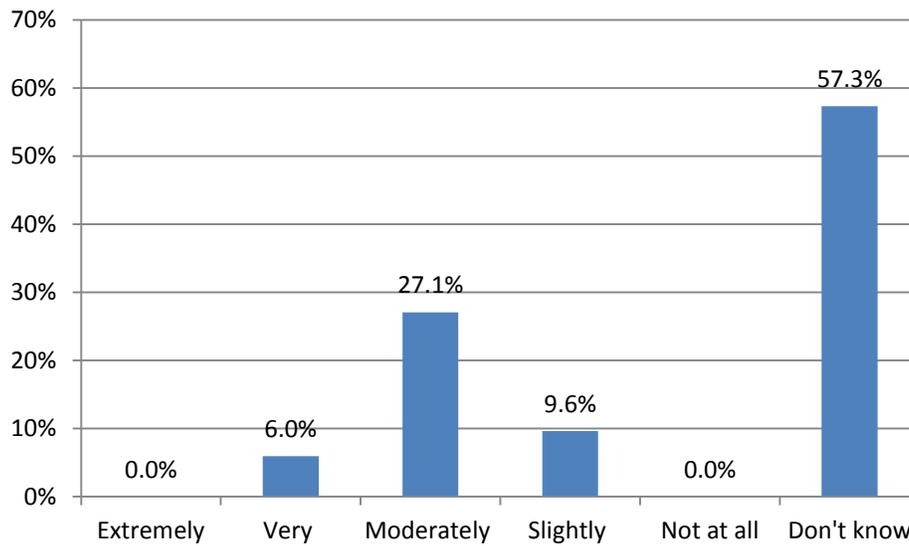


In addition to not being aware of the extent that HIV, STIs, and vaccine preventable diseases are a problem in the region, survey respondents also broadly indicated that they were not knowledgeable about the effectiveness of any existing efforts to address the problem. A majority of respondents could not rate the effectiveness and most of those that could selected only a moderate rating (Chart 15). The response pattern on this question indicates that health care and service agency stakeholders in the region are less aware of both regional need and current efforts related to this priority area than for any of the four other priority areas.

When queried about areas for improvement, education and awareness were frequent themes; however, more than one respondent indicated that they did not feel that HIV or other similar ailments were a widespread problem for the region. Some also mentioned that there was a need for better data on the extent of the problem for the region. Responses to the question about what populations were in need of targeting also revealed a lack of knowledge about the subject, with “don’t know” being the third most popular response behind children and adolescents, and women of reproductive age.

*For respondents that indicated that their agency is involved with an HIV, STI, or vaccine preventable disease efforts, the most common strategy employed was education, followed by screening, testing, and referral services, and offering immunization clinics (Table 10). A few others also indicated that compliance with regulations to prevent disease transmission was a strategy, and a few also indicated that their agency provides clinical services to treat HIV, STIs, or other vaccine preventable diseases.*

**Chart 15. Rating of effectiveness of current efforts to prevent HIV, STIs, & vaccine preventable disease**



**Table 10. Percent engaged in strategy to prevent HIV, STIs, or vaccine preventable disease**

Strategy	Percent
Education (Prevention techniques, sex ed, recognition)	60.6
Screening, testing, and service referrals	31.0
Immunization clinics	18.3
Clinical treatment program	9.9
Rule compliance to inform and prevent transmission	5.6
Other	22.5

**Technology Use and Upcoming Regional Challenges**

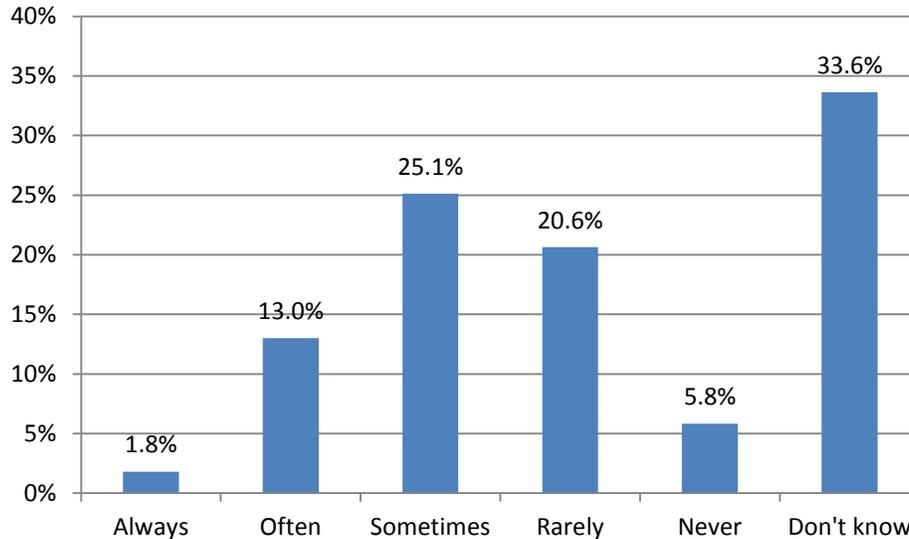
At the end of the survey respondents are asked about the use of technology and were given the opportunity to identify any unique challenges they may be facing over the next few years. This section details these findings providing some insight into possible regional needs and priorities that may not have fit into the five priority areas already identified in the larger state health agenda.

**Technology use and prioritization**

Survey respondents were asked to rate two aspects of technology in the region: how much technology is currently used and how relevant technology and communication enhancement is as a priority specifically for the Adirondack region. Chart 16 illustrates the extent to which survey respondents indicated that the clients of their agency use technology, such as the internet or information kiosks, to access lab results, address billing issues, or submit questions and communicate with the agency. A large portion, approximately one-third, indicated that they don't know, which may simply reflect the fact that the individuals that received the survey are not directly involved with technical aspects of their agency's day-to-day operations. Among those that were able to assess the frequency of technology usage, most

selected a low-usage rating, with one-in-four indicating that clients sometimes use technology and one-in-five indicating that clients rarely use technology.

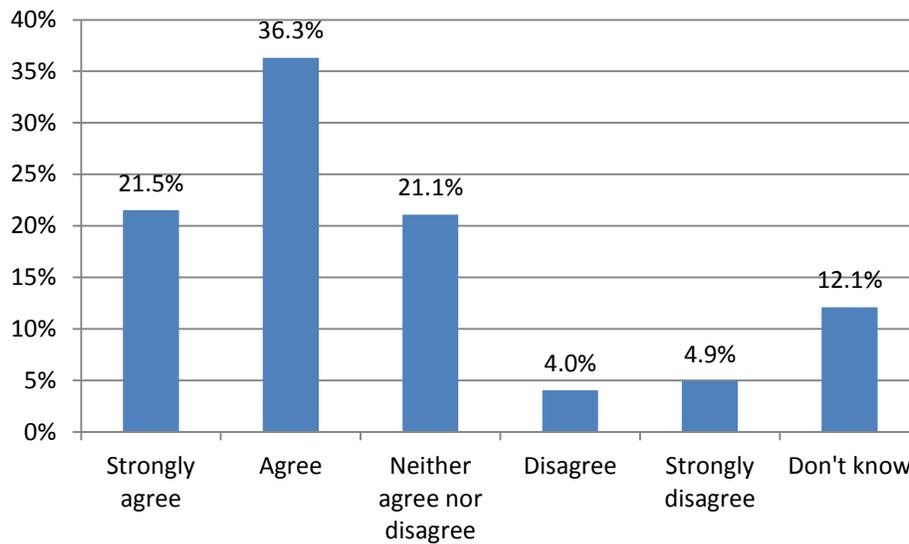
**Chart 16. Rating of frequency of technology use by agency clients by share of respondents**



*The was also a relatively high overall level of support for making the enhancement of technology one of the top five priorities for the region. Over half of all respondents agreed that enhancing technology should be a priority (Chart 17). Additionally, only about 9 percent of respondents indicated any level of disagreement. However, it should be noted that there was a substantial amount of ambivalence about the issue: just over 21 percent are on the fence and could neither agree nor disagree, and 12.1 percent indicated that they don't know enough to answer the question. The share of stakeholders that did not hold a strong opinion on the issue does suggest that support for the issue may grow, or opposition may increase, with additional information on a technology enhancement priority area for the region.*

Respondents were also provided an opportunity to offer additional comments about technology; however, only 66 of the 285 chose to provide additional information. Interestingly, *although the numbers indicate high support overall, many of the comments were not supportive of pushing the use of technology in the region or expressed concerns about the utility or cost for rural health care providers.* Most concerns focused on the elderly and poor or rurally isolated residents, who might not have access to the internet or who might find the technology difficult to use. Others indicated that a lack of staff time or the cost of new technology could be difficult barriers for health agencies to overcome. In short, there is strong support for technology as a priority area; however, a smaller group of dissenting voices has serious concerns about the issue.

**Chart 17. Rating of agreement that enhancing technology should be among top five priorities**



***Additional comments and challenges***

Throughout the survey, respondents were repeatedly given the opportunity to provide general comments and to provide additional information about topics, such as activities serving specific racial or health groups. Few provided comments and most did not provide information that adds to the core survey results. For example, a few noted that they provide services to Native American groups, and others occasionally listed major diseases such as diabetes or COPD that they frequently see in their work. At the end of the survey respondents were also provided with an opportunity to offer closing thoughts about the challenges facing their organization and the process of setting health priorities in an open-ended format. These comment sections were completed at a slightly higher rate: 162 respondents provided a comment on upcoming organizational challenges, but only 45 provided a comment on the process of setting priorities.

The comments on future challenges predominantly focused on funding issues, specifically declining reimbursements and reduced funding from public sources. According to the comments of survey respondents, many agencies in the region rely heavily on reimbursements from Medicare and Medicaid, or funding from grants and local taxes, which they expect to see decline in the near future. Some also cite workforce problems, particularly the ability to maintain a qualified health care workforce given skill shortages and rising wage and benefit expectations.

Regarding the process of setting community health priorities for the region, multiple survey respondents mentioned the importance of collaboration and communication. Others focused on the unique, rural nature of the region, and mentioned issues such as low volumes of clients, regulations that do not make sense, and a difficulty in achieving economies of scale as being problems specific to the area that should be considered when formulating priorities.

## Summary

The results of the ARHN survey reveal several major findings that can be used to guide future efforts to develop a set of unique regional health priorities. *First, survey respondents identified both regional needs and organizational preferences that clearly favored some of the NYS Health Agenda priority areas over others. The issue of chronic disease was identified as a problem area for the region and was selected by a large number as a being a top priority to address.* Additionally, many of the emerging trends for the region can be tied to a chronic disease priority area: an aging population, increases in obesity, and a rising rate of diabetes are all associated with long-term conditions that will challenge the health care system. At the other end of the spectrum, respondents also largely agreed that the HIV, STI, and vaccine preventable disease priority area is less important to the region. *Few respondents perceive HIV and STIs as being an emerging health threat in the region, and most ranked the issue as being the least important to the region overall.*

The second major finding that can be derived from the survey results is that *current efforts to address the problems associated with the five NYS Health Agenda priority areas are only moderately effective overall.* Very few respondents rated current efforts on any major issue as either “effective” or “very effective.” Instead most described current efforts as only slightly or moderately effective, if they provided ratings at all. Additionally, many current activities do not appear to take a hands-on approach to health issues. The most common agency strategies identified across all issues were educational in nature, and most suggestions for population-targeting simply identified groups that are already afflicted: i.e. targeting substance abuse prevention efforts at individuals with substance abuse issues.

*Finally, perhaps the most surprising finding was that a sizable portion of the health care stakeholders that responded to the ARHN survey indicated no knowledge about the Health Agenda priority areas or about major health issues within the Adirondack region.* Only about half of respondents indicated that their agency was familiar with the NYS Health Agenda priority areas and only 8.2 percent described themselves as being personally very knowledgeable about the agenda areas. Additionally, when asked about general current conditions, the portion of respondents that indicated that they “don’t know” how their own region was faring ranged from 7.1 percent who could not rate the overall health and safety of the region to 47.1 percent for who did not know the severity of the problem of HIV, STIs, and vaccine preventable diseases in the region. This suggests that at least some regional health care stakeholders are in need of additional data on community health conditions and improved connections with service agencies working on different issues.

## APPENDIX

The following pages represent a scanned replica of the on-line survey that was completed by participants. Note that although all survey items are shown, respondents may not have been presented with all questions depending on their answer to earlier queries.

This survey should take about 20 minutes. Please note, you may return to previous pages in the survey and update your responses until you exit the survey.

There are no right or wrong answers. Answer the questions keeping in mind your role within your organization and your role representing the population(s) you serve. Due to NYS Department of Health's regulatory reporting requirements, we need to collect your name, title and organization. Your name, title and organization will not be linked to your individual responses, all findings will be reported in aggregate form. As a thank you for your participation, you can sign up for one of 20 gift cards to be awarded at the conclusion of the survey.

The Adirondack Rural Health Network and its partners will use the results to 1) guide strategic planning throughout the Adirondack region; 2) highlight topics for increased public awareness and education; 3) identify areas for training; and 4) inform the NYS Department of Health's Statewide Prevention Agenda, which guides regional health planning activities and resources.

THANK YOU FOR YOUR PARTICIPATION – for more information contact Penny Ruhm at pruhmah@medserv.net.

**\*1. Your Name:**

**\*2. Your Title (director, supervisor, school nurse etc.):**

**\*3. Your Organization's Name:**

**\*4. What is your organization's primary function? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Health care  | <input type="checkbox"/> Behavioral health (mental health, substance abuse) |
| <input type="checkbox"/> Social services  | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Physical disability services   | <input type="checkbox"/> Intellectual or developmental disabilities         |
| <input type="checkbox"/> STI/HIV prevention   | <input type="checkbox"/> Healthy environment                                |
| <input type="checkbox"/> Aging/senior services  | <input type="checkbox"/> Early childhood services                           |
| <input type="checkbox"/> Housing services   | <input type="checkbox"/> Employment & training                              |
| <input type="checkbox"/> Specific health condition/disease or other (please specify primary function) |   |

**\*5. What population(s) does your agency primarily serve (i.e., what is your target population[s])? (check all that apply)**

- Specific racial or ethnic groups
- Specific health condition or disease
- Children/adolescents
- Women of reproductive age
- Seniors/elderly
- People with disabilities
- Other (please specify)
- People living at or near poverty level
- People with mental health issues
- People with substance abuse issues
- Migrant workers
- Farmers

**6. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**7. What counties does your agency primarily serve (i.e., what is your target service area [s])? (check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Clinton                   | <input type="checkbox"/> Hamilton   |
| <input type="checkbox"/> Essex                     | <input type="checkbox"/> Saratoga   |
| <input type="checkbox"/> Franklin                  | <input type="checkbox"/> Warren     |
| <input type="checkbox"/> Fulton                    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Other(s) (please specify) |                                     |

## NYS Department of Health Prevention Agenda

**8. Prior to this survey, was your organization aware that the NYS Department of Health has a five-year Prevention Agenda?**

- Yes  No  I'm not sure

**9. How knowledgeable are you personally of the Prevention Agenda?**

- Not at all knowledgeable  Moderately knowledgeable  
 Somewhat knowledgeable  Very knowledgeable

## Emerging Health Trends

**10. What do you consider the most significant emerging community health trend in your service area of the next one to three years?**

**\*11. Which, if any, populations within your service community need targeted efforts to address this emerging health trend? (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Emerging Health Trends (continued)

**12. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**13. Which geographic areas within your service region need targeted efforts to address this emerging trend? List areas (if any) within the counties listed below, that need targeted efforts on the most significant emerging trend you identified (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

## NYS Department of Health Prevention Agenda

The following portion of the survey addresses the NYS Department of Health Prevention Agenda.

For your information, the five priorities for the 2013-2017 Prevention Agenda are listed below:

1. Prevent Chronic Disease- Focus on heart disease, cancer, respiratory disease and diabetes and the shared risk factors of diet, exercise, tobacco, alcohol and associated obesity.
2. Promote a Healthy and Safe Environment- Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.
3. Promote Healthy Women, Infants and Children- Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.
4. Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.
5. Prevent HIV, STIs and Vaccine Preventable Diseases- Focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.

## NYS Department of Health Prevention Agenda (continued)

### 14. Based on the needs of the residents in your service area, please rank order the importance or relevance of the priorities listed below.

	Most important	2nd most important	3rd most important	4th most important	5th most important
Prevent chronic disease	<input type="radio"/>				
Promote a healthy and safe environment	<input type="radio"/>				
Promote healthy women, infants and children	<input type="radio"/>				
Promote mental health and prevent substance abuse.	<input type="radio"/>				
Prevent HIV, STIs and vaccine preventable diseases	<input type="radio"/>				

### 15. Within these priority areas, what are the issues that are particularly important or relevant to your service area? Select up to five issues that are most important/relevant.

- |  |   |
|--|---|
| <input type="checkbox"/> Preventing heart disease                        | <input type="checkbox"/> Improving birth outcomes   |
| <input type="checkbox"/> Preventing cancer                               | <input type="checkbox"/> Improving child health, including oral health                                      |
| <input type="checkbox"/> Preventing respiratory disease                  | <input type="checkbox"/> Primary & secondary prevention of substance abuse                                  |
| <input type="checkbox"/> Preventing diabetes & related risk factors      | <input type="checkbox"/> Increasing screening to diagnose & connect people to needed mental health services |
| <input type="checkbox"/> Promoting environmental quality                 | <input type="checkbox"/> Preventing HIV & sexually transmitted infections                                   |
| <input type="checkbox"/> Promoting a healthy & safe physical environment | <input type="checkbox"/> Immunizing against preventable diseases  |
| <input type="checkbox"/> Improving the health of women & mothers         |   |

Other(s) (please specify)

## Priority Area 1: Prevent Chronic Disease

Priority Area 1: Prevent Chronic Disease- Focus on heart disease, cancer, respiratory disease and diabetes and the shared risk of diet, exercise, tobacco, alcohol and associated obesity.

### 16. How serious a problem is Chronic Disease in your service region?

- |  |   |
|--|---|
| <input type="radio"/> Not at all a problem       | <input type="radio"/> Very serious problem      |
| <input type="radio"/> Minimally serious problem  | <input type="radio"/> Extremely serious problem |
| <input type="radio"/> Moderately serious problem | <input type="radio"/> Don't know                |

### \*17. Which, if any, populations within your service region need targeted efforts to address chronic disease? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Priority Area 1: Prevent Chronic Disease (continued)

Priority Area 1: Prevent Chronic Disease- Focus on heart disease, cancer, respiratory disease and diabetes and the shared risk of diet, exercise, tobacco, alcohol and associated obesity.

**18. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**19. Which geographic areas within your service region need targeted efforts to address chronic disease? List areas (if any) within the counties listed below, that need targeted efforts to address chronic disease (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**20. How effective are current efforts to prevent chronic disease in your service region?**

- Not at all effective                       Very effective
- Slightly effective                           Extremely effective
- Moderately effective                       Don't know

**21. How can these efforts be improved?**

**22. Is your agency currently involved in efforts to prevent chronic disease in your service region?**

- Yes
- No
- Don't know

## Priority Area 1: Prevent Chronic Disease (continued)

Priority Area 1: Prevent Chronic Disease- Focus on heart disease, cancer, respiratory disease and diabetes and the shared risk of diet, exercise, tobacco, alcohol and associated obesity.

### 23. What are your agency's top one or two strategies to prevent chronic disease in your service region?

1.
2.

### 24. If chronic disease is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?

- Yes  No  Not sure

### 25. COMMENTS- Please add any comments you feel are important to note about this priority area.

## Priority Area 2: Promote a Healthy and Safe Environment

Priority Area 2: Promote a Healthy and Safe Environment- Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.

### 26. How would you rate the overall health and safety of your service region?

- |                            |                                  |
|----------------------------|----------------------------------|
| <input type="radio"/> Poor | <input type="radio"/> Very good  |
| <input type="radio"/> Fair | <input type="radio"/> Excellent  |
| <input type="radio"/> Good | <input type="radio"/> Don't know |

### \*27. Which, if any, populations within your service region need targeted efforts to improve environmental quality and the physical environment where people live, work and play? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Priority Area 2: Promote a Healthy and Safe Environment (continued)

Priority Area 2: Promote a Healthy and Safe Environment- Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.

**28. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**29. Which geographic areas within your service region need targeted efforts to promote a healthy and safe environment? List areas (if any) within the counties listed below, that need targeted efforts to promote a healthy and safe environment (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**30. How effective are current efforts to promote a healthy and safe environment in your service region?**

- Not at all effective
- Slightly effective
- Moderately effective
- Very effective
- Extremely effective
- Don't know

**31. How can these efforts be improved?**



**32. Is your agency currently involved in efforts to promote a healthy and safe environment in your service region?**

- Yes
- No
- Don't know

## Priority Area 2: Promote a Healthy and Safe Environment (continued)

Priority Area 2: Promote a Healthy and Safe Environment- Focus on environmental quality (air, water, etc.) and the physical environment where people live, work, play and learn.

### 33. What are your agency's top one or two strategies to promote a healthy and safe environment in your service region?

1.
2.

### 34. If a healthy and safe environment is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?

- Yes                       No                       Not sure

### 35. COMMENTS- Please add any comments you feel are important to note about this priority area.

## Priority Area 3: Promote Healthy Women, Infants and Children

Priority Area 3: Promote Healthy Women, Infants and Children- Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.

### 36. How would you rate the overall health of women, infants and children in your service region?

- |                            |                                  |
|----------------------------|----------------------------------|
| <input type="radio"/> Poor | <input type="radio"/> Very good  |
| <input type="radio"/> Fair | <input type="radio"/> Excellent  |
| <input type="radio"/> Good | <input type="radio"/> Don't know |

### \*37. Which, if any, populations within your service region need targeted efforts to promote healthy women, infants and children? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Priority Area 3: Promote Healthy Women, Infants and Children (continued)

Priority Area 3: Promote Healthy Women, Infants and Children- Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.

**38. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**39. Which geographic areas within your service region need targeted efforts to promote healthy women, infants and children? List areas (if any) within the counties listed below, that need targeted efforts to promote healthy women, infants and children (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**40. How effective are current efforts to address the health of women, infants and children in your service region?**

- Not at all effective
- Slightly effective
- Moderately effective
- Very effective
- Extremely effective
- Don't know

**41. How can these efforts be improved?**



**42. Is your agency currently involved in efforts to address the health of women, infants and children in your service region?**

- Yes
- No
- Don't know

### Priority Area 3: Promote Healthy Women, Infants and Children (continued)

Priority Area 3: Promote Healthy Women, Infants and Children- Focus on improving the health of women and mothers, birth outcomes and child health, including oral health.

**43. What are your agency's top one or two strategies to address the health of women, infants and children in your service region?**

- 1.
- 2.

**44. If healthy women, infants and children is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?**

- Yes                       No                       Not sure

**45. COMMENTS- Please add any comments you feel are important to note about this priority area.**

## Priority Area 4: Promote Mental Health and Prevent Substance Abuse

Priority Area 4: Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

### 46. How serious a problem is untreated mental illness in your service region?

- Not at all a problem
- Minimally serious problem
- Moderately serious problem
- Very serious problem
- Extremely serious problem
- Don't know

### \*47. Which, if any, populations within your service region need targeted efforts to promote mental health? (check all that apply)

- Specific racial or ethnic groups
- Specific health condition or disease
- Children/adolescents
- Women of reproductive age
- Seniors/elderly
- People with disabilities
- People living at or near poverty level
- Other (please specify)
- People with mental health issues
- People with substance abuse issues
- Migrant workers
- Farmers
- Don't know
- None

## Priority Area 4: Promote Mental Health and Prevent Substance Abuse (contin...

Priority Area 4: Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

**48. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**49. Which geographic areas within your service region need targeted efforts to promote mental health? List areas (if any) within the counties listed below, that need targeted efforts to promote mental health (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**50. How effective are current efforts to promote mental health in your service region?**

- Not at all effective                       Very effective
- Slightly effective                       Extremely effective
- Moderately effective                       Don't know

**51. How can these efforts be improved?**

**52. Is your agency currently involved in efforts to promote mental health in your service region?**

- Yes
- No
- Don't know

## Priority Area 4: Promote Mental Health and Prevent Substance Abuse (contin...

Priority Area 4: Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

### 53. What are your agency's top one or two strategies to promote mental health in your service region?

1.
2.

### 54. If promoting mental health is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?

- Yes  No  Not sure

### 55. How serious a problem is substance abuse in your service region?

- Not at all a problem  Very serious problem  
 Minimally serious problem  Extremely serious problem  
 Moderately serious problem  Don't know

### \*56. Which, if any, populations within your service region need targeted efforts to prevent substance abuse? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Priority Area 4: Promote Mental Health and Prevent Substance Abuse (contin...

Priority Area 4: Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

**57. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**58. Which geographic areas within your service region need targeted efforts to prevent substance abuse? List areas (if any) within the counties listed below, that need targeted efforts to prevent substance abuse (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**59. How effective are current efforts to prevent substance abuse in your service region?**

- Not at all effective                       Very effective  
 Slightly effective                         Extremely effective  
 Moderately effective                       Don't know

**60. How can these efforts be improved?**

**61. Is your agency currently involved in efforts to prevent substance abuse in your service region?**

- Yes
- No
- Don't know

## Priority Area 4: Promote Mental Health and Prevent Substance Abuse (contin...

Priority Area 4: Promote Mental Health and Prevent Substance Abuse- Focus on primary and secondary prevention and strategies for increasing screening to diagnose and connect people to needed services.

### 62. What are your agency's top one or two strategies to prevent substance abuse in your service region?

1.
2.

### 63. If preventing substance abuse is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?

- Yes  No  Not sure

### 64. COMMENTS- Please add any comments you feel are important to note about this priority area (promote mental health and prevent substance abuse).

## Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases

Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases- Focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.

### 65. How serious a problem are HIV, STIs and vaccine preventable diseases in your service region?

- |  |   |
|--|---|
| <input type="radio"/> Not at all a problem       | <input type="radio"/> Very serious problem      |
| <input type="radio"/> Minimally serious problem  | <input type="radio"/> Extremely serious problem |
| <input type="radio"/> Moderately serious problem | <input type="radio"/> Don't know                |

### \*66. Which, if any, populations within your service region need targeted efforts to prevent HIV, STIs and vaccine preventable diseases? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Specific racial or ethnic groups       | <input type="checkbox"/> People with mental health issues   |
| <input type="checkbox"/> Specific health condition or disease   | <input type="checkbox"/> People with substance abuse issues |
| <input type="checkbox"/> Children/adolescents                   | <input type="checkbox"/> Migrant workers                    |
| <input type="checkbox"/> Women of reproductive age              | <input type="checkbox"/> Farmers                            |
| <input type="checkbox"/> Seniors/elderly                        | <input type="checkbox"/> Don't know                         |
| <input type="checkbox"/> People with disabilities               | <input type="checkbox"/> None                               |
| <input type="checkbox"/> People living at or near poverty level |   |
| <input type="checkbox"/> Other (please specify)                 |   |

## Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases (conti...

Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases- Focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.

**67. On the previous question, you indicated that your organization serves specific racial/ethnic group(s) and/or specific health condition(s)/disease(s). Please provide more specific information:**

**68. Which geographic areas within your service region need targeted efforts to prevent HIV, STIs and vaccine preventable diseases? List areas (if any) within the counties listed below, that need targeted efforts to prevent HIV, STIs and vaccine preventable diseases (please be specific, i.e., town names, if your entire county needs targeted efforts, please indicate "entire county").**

Clinton	<input type="text"/>
Essex	<input type="text"/>
Franklin	<input type="text"/>
Fulton	<input type="text"/>
Hamilton	<input type="text"/>
Saratoga	<input type="text"/>
Warren	<input type="text"/>
Washington	<input type="text"/>

**69. How effective are current efforts to prevent HIV, STIs and vaccine preventable diseases in your service region?**

- Not at all effective
- Slightly effective
- Moderately effective
- Very effective
- Extremely effective
- Don't know

**70. How can these efforts be improved?**



**71. Is your agency currently involved in efforts to prevent HIV, STIs and vaccine preventable diseases in your service region?**

- Yes
- No
- Don't know

## Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases (conti...

Priority Area 5: Prevent HIV, STIs and Vaccine Preventable Diseases- Focus on preventing HIV, sexually transmitted infections and vaccine preventable diseases via immunization.

### 72. What are your agency's top one or two strategies to prevent HIV, STIs and vaccine preventable diseases in your service region?

1.
2.

### 73. If preventing HIV, STIs and vaccine preventable diseases is selected as a priority community health issue for the Adirondack region, would your agency be interested in collaborating on efforts to address it in your service area?

- Yes  No  Not sure

### 74. COMMENTS- Please add any comments you feel are important to note about this priority area.

**75. In general, how often do clients in your service area use technology to communicate with their providers?**

**This might include the Internet or information kiosks for lab results, billing issues, submitting questions to providers, etc.**

- Never
- Often
- Rarely
- Always
- Sometimes
- Don't know

**76. How much do you agree that enhancing technology to improve client-to-provider communication should be among the top five priorities for the Adirondack region?**

- Strongly disagree
- Agree
- Disagree
- Strongly agree
- Neither agree nor disagree
- Don't know

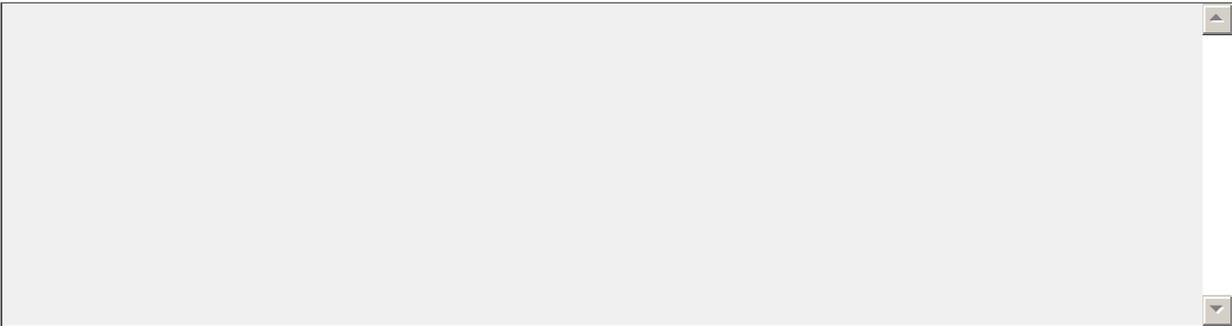
**77. COMMENTS- Please add any comments you feel are important to note about technology.**

**78. What challenges does your organization face in the coming years to meet the needs of your community?**

**In your response, please consider issues such as funding, staffing/workforce, regulations, third party reimbursement, insurance issues, etc.**

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**79. Please add any comments you feel would be pertinent to the process of setting community health priorities for the Adirondack region over the next few years.**

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**80. Thank you for completing the survey. As a thank you, the Adirondack Rural Health Network will be randomly selecting 20 names of people who have completed the survey to receive a \$25 Stewart's gift card.**

**Would you like your name entered into the gift card drawing?**

- Yes
- No

**\* 81. In order to have your name entered please provide a phone number where you can be reached during the day and a current email address.**

Daytime Phone Number:

Email Address:

Thank you for your input.