

Appendix B

Summary of the ARHN Community Stakeholder Survey For Essex County

Prepared for AHI by



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Executive Summary

A. Background

Under contract with the Adirondack Health Institute (AHI) and as part of the Adirondack Rural Health Network (ARHN) coordination of community needs assessment, the Center for Health Workforce Study (CHWS) surveyed health care, social services, educational, governmental and other community stakeholders in the ARHN region to provide the Community Health Assessment (CHA) Committee with stakeholder input on regional health care needs and priorities. The ARHN region is made up of Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties.

B. Methods

The survey was developed using Qualtrics Software that included 15 questions. In working with the participating counties, ARHN provided CHWS a list of health care, social service, educational, governmental, and other community stakeholders (hereafter referred to as service providers) by county to be surveyed. Using these lists, CHWS staff created an unduplicated list of providers numbering 658. An initial email was sent to this list explaining the survey and providing an electronic link to the survey. The survey was available to potential respondents for approximately six weeks.

The survey requested that the respondent identify the two priority areas from a list of five which they believe need to be addressed with their county or counties, and then respondents were also asked to rank the focus areas within each priority area and identify potential barriers to that addressing that focus area.

C. Survey Responses

A total of 217 completed responses were received to the survey through May 31, 2016 for a response rate of 33%. Respondents were asked to indicate in which counties they provided services, and respondents indicated that their service areas included multiple counties as outlined in Exhibit 1.

Exhibit 1: Respondents by County

County	Counts
Clinton	53
Essex	79
Franklin	56
Fulton	51
Hamilton	44
Warren	53
Washington	43
Other	39

D. Findings

Over 200 organizations responded to the survey, spanning multiple counties in the ARHN region. Respondents provided a wide range of services, including education (122), prevention and wellness (115), health care (96), healthy environment (65), and social services among others. Survey respondents also served a wide range of individuals, including school-aged children (163), individuals living at or near the federal poverty level (149), adults (146), individuals with behavioral health issues (123), individuals who are senior citizens (122), and individuals with disabilities (121).

Overall, respondents in the ARHN region identified “promoting mental health and preventing substance abuse” (40%) as their top priority of respondents, followed by “prevent chronic disease” (32%). “Promoting mental health and preventing substance abuse” was also identified as a second priority by 33% of respondents, followed by “providing a healthy and safe environment” by 29% of respondents.

Five of the seven ARHN counties identified “promoting mental health and preventing substance abuse” as their top priority, one identified “preventing chronic diseases” as their top priority, and one had a tie between the two.

Exhibit 2: Summary of County Selections of Top and Second Priority

County	Top Priority		Second Priority	
	First Choice	Second Choice	First Choice	Second Choice
Clinton	Promoting mental health	Preventing chronic disease	Providing a healthy and safe environment	Preventing chronic disease
Essex	Promoting mental health	Preventing chronic disease	Providing a healthy and safe environment	Preventing chronic disease
Franklin	Promoting mental health	Preventing chronic disease	Preventing chronic disease (tied)	Providing a healthy and safe environment (tied)
Fulton	Preventing chronic disease	Promoting mental health	Promoting mental health	Providing a healthy and safe environment
Hamilton	Preventing chronic disease (tied)	Promoting mental health (tied)	Providing a healthy and safe environment (tied)	Promoting mental health (tied)
Warren	Promoting mental health	Preventing chronic disease	Promoting mental health	Providing a healthy and safe environment
Washington	Promoting mental health	Preventing chronic disease	Promoting mental health	Providing a healthy and safe environment

The top focus area identified to address “promoting mental health and preventing substance abuse” for the ARHN region was “strengthening (the mental health) infrastructure across systems” (39), followed by “preventing substance abuse and other mental and emotional disorders” (27). Survey respondents in the ARHN indicated that the top barriers to addressing this priority include “shortage of professionals and staff” (62), “travel distance and the geography of the Adirondacks” (44), “lack of financial resources/reimbursement in the long-term” (40), and “lack of financial resources/ reimbursement in the short-term” (37).

Survey respondents indicated that the focus area to address for “preventing chronic disease” was “increasing access to high quality chronic disease care and management” (38), followed by “reducing obesity in children and adults” (21). Major barriers identified to addressing this priority include “travel distance and the geography of the Adirondacks” (33), “lack of financial resources/ reimbursement in the short-term” (29), “shortage of professionals and staff” (26), and “lack of financial resources/reimbursement in the long-term” (25).

Overview

A. Background

Under contract with the Adirondack Health Institute (AHI) and as part of the Adirondack Rural Health Network (ARHN) coordination of community needs assessment, the Center for Health Workforce Study (CHWS) surveyed health care, social services, educational, governmental and other community stakeholders in the ARHN region to provide the Community Health Assessment (CHA) Committee with stakeholder input on regional health care needs and priorities. The ARHN region is made up of Clinton, Essex, Franklin, Fulton, Hamilton, Warren and Washington Counties.

This survey is part of a larger effort by ARHN to assist its members in developing their community needs assessments for 2016 that included an analysis of outcome data, profiles of the demographic, educational, and health system characteristics of the ARHN region, and an understanding of what other counties are doing around community engagement.

This report represents a summary of the findings from the service provider survey and outlines identified priorities for the ARHN region and for Essex County.

B. Methods

The survey was developed using Qualtrics Software that included 15 questions and a number of sub-questions based on an initial response. A pdf of the survey is attached as Appendix 1 to this report. In working with the participating counties, ARHN provided CHWS a list of health care, social service, educational, government and other community stakeholders by county. Using these lists, CHWS staff created an unduplicated list of 658 providers that cut across all seven counties. An initial email was sent to this list explaining the survey and providing an electronic link to the survey. The survey was available to potential respondents for approximately six weeks.

As follow-up, CHWS sent an additional email reminding potential respondents of the survey. CHWS also provided ARHN with a list of those who responded, and county staff also followed up with non-respondents. As an incentive, respondents were told there would be a random drawing of 20 \$10 gift cards from Stewart's for participating in the survey. A total of 217 completed responses were received to the survey through May 31, 2016 for a response rate of 33%. CHWS staff also provided technical assistance as requested by survey respondents.

The survey requested that the respondent identify their top two priority areas from a list of five following areas which they believe needed to be addressed within their service area:

- Preventing chronic disease;
- Providing a healthy and safe environment;
- Promoting healthy women, infants, and children;
- Promoting mental health and preventing substance abuse; and
- Preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections.

Once respondents identified their top two priorities, they were also asked to rank the focus areas within each priority area and identify potential barriers to that addressing that focus area.

Analysis for this report was conducted by county. Many health care, social service, and educational providers deliver services in multiple counties. Their opinions are reflected in each county they provide services.

C. Survey Responses

1. By County

While there were 217 respondents as discussed previously, service areas for certain stakeholders cut across multiple counties. Respondents were asked to indicate in which counties they provided services, and a large number of respondents provided services in multiple counties. Essex County had the largest number of respondents with 79, followed by Franklin (56), Clinton and Warren, both at 53. Additionally, 39 respondents indicated they delivered services outside of the seven county ARHN region, and those counties include Herkimer, Jefferson, Lewis, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, and Schoharie as well as counties further west and south of the Adirondacks and the immediate surrounding counties.

Exhibit 2: Respondents by County

County	Counts
Clinton	53
Essex	79
Franklin	56
Fulton	51
Hamilton	44
Warren	53
Washington	43
Other	39

2. By Services Provided

Respondents indicated a wide range of services provided, including education (122), followed by prevention/wellness (115), health care services (96), and other (65).

Exhibit 3: Respondents by Services Delivered

Types of Services Delivered	Counts
Day Program Services	29
Education	122
Employment and Training	50
Health Care Services	96
Prevention/Wellness Services	115
Healthy Environment	65
Housing/Residential Services	34
Social Services	53
Other	69

2.1.1 Health Care Services

For respondents who indicated they provided health care services, 43 respondents indicated specialty care, including psychiatry, cancer treatment, infectious disease, women’s health, orthopedics, substance abuse services, among others; 40 indicated primary care; and 26 indicated reproductive health. Another 43 indicated “other” that included home care services, inpatient and hospital care, long-term care, and other specialized health care.

2.1.2. Prevention and Wellness

For respondents who indicated they provided prevention and wellness services, 61 respondents indicated child health, followed by diabetes and related diseases management (57), and immunizations (51).

Exhibit 4: Type of Prevention/Wellness Services Provider

Type of Prevention/Wellness Services Provided	Counts
Alcohol/Substance Abuse	39
Asthma	33
Birth Outcomes	31
Cancer	38
Child Health	61
Diabetes and Related Diseases Management	57
Heart Disease and Related Diseases Management	45
HIV and Other Sexually Transmitted Diseases	32
Immunizations	51
Mental Health Screenings	27
Obesity/Weight Management	54
Occupational Health/Safety	27
Oral Health	35
Reproductive Health	36
Smoking	44
Other	34

3. By Populations Served

Respondents indicated that they deliver their services to a wide variety of populations within the ARHN region, including school aged children (163), individuals living at or near the federal poverty level (149), adults, excluding the elderly (146), individuals with behavioral health issues (123), individuals who are senior citizens (122), and individuals with development disabilities (121).

Populations least serviced include racial/ethnic minorities (50) and migrant workers (59). For organizations which service racial/ethnic minorities, 47 indicated they serve individuals who are Black/African American, non-Hispanic, 45 indicated they serve individuals who are Hispanic/Latino, and 39 indicated they serve individuals who are Native American/Alaskan Native.

Exhibit 5: Respondents by Population Served

Type of Prevention/Wellness Services Provided	Counts
Babies (less than 3 years of age)	87
Pre-School Children (ages 3 and 4)	117
School Aged Children/Adolescents (ages 5 to 17)	163
Adults, Ages 18–64	146
Farmers	73
Individuals Living at or Near the Federal Poverty Level	149
Individuals who are Senior Citizens/Elderly	122
Individuals with Behavioral Health Issues	123
Individuals with Development Disabilities	121
Individuals with Substance Abuse Issues	104
Migrant Workers	59
Specific Racial/Ethnic Minorities	50
Women of Reproductive Age	101
Other	46

4. By Population Served and by Services Provided

Exhibit 6: Respondents by Population Served and by Services Provided

Type of Prevention/Wellness Services Provided	Day Program Services	Education	Employment and Training	Health Care	Prevention & Wellness	Healthy Environment	Housing/ Residential	Social Services
Babies (less than 3 years of age)	9	41	22	52	58	32	14	26
Pre-School Children (ages 3 and 4)	15	46	28	62	67	41	18	36
School Aged Children/Adolescents (ages 5 to 17)	22	101	36	79	93	56	21	41
Adults, Ages 18–64	23	72	43	77	88	43	29	40
Farmers	8	39	22	47	48	30	11	20
Individuals Living at or Near the Federal Poverty Level	16	76	39	75	87	48	28	42
Individuals who are Senior Citizens/Elderly	20	54	33	65	71	37	26	37
Individuals with Behavioral Health Issues	15	65	36	66	70	41	20	36
Individuals with Development Disabilities	14	66	35	64	67	41	20	36
Individuals with Substance Abuse Issues	11	48	30	58	63	34	16	29
Migrant Workers	6	28	14	37	37	21	8	17
Specific Racial/Ethnic Minorities	7	25	12	32	32	18	10	13
Women of Reproductive Age	9	54	25	60	61	34	14	30

I. ARHN Region

A. ARHN’s Priorities

Service providers in the ARHN region identified “promoting mental health and preventing substance abuse” as both their top priority and second priority. “Preventing chronic disease” was the second choice for top priority. “Preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections” was selected the least as a top or second priority.

Exhibit I.1: Identification of Priority Areas for the ARHN Region

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	69	39
Provide a healthy and safe environment	33	61
Promote Healthy Women, Infants, and Children	27	30
Promote Mental Health and Prevent Substance Abuse	87	71
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	1	12

B. Identifying the Top Priority

B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority

For those service providers who identified “preventing chronic disease” as their top priority, they ranked “increasing access to high quality chronic preventive care and management” as the top focus area (38), followed by “reducing obesity in children and adults” (21).

Exhibit I.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Reduce Obesity in Children and Adults	21	25	19
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	9	19	36
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	38	23	7

B.2. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for the ARHN Region

A number of barriers were identified by service providers in the ARHN region who indicated that “preventing chronic disease” was their top priority, including “travel distance and geography of the Adirondacks” (33), “lack of financial resources/reimbursement in the short-term” (29), “shortage of professionals and staff” (26), and lack of financial resources/ reimbursement in the long-term” (25).

Exhibit I.3. Barriers to Addressing Chronic Diseases Prevention as the Top Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	3
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	10
Existing Strategies Have Not Been Effective	16
Lack of Financial Resources/Reimbursement in the Short-Term	29
Lack of Financial Resources/Reimbursement in the Long-Term	25
Lack of Evidenced-Based Strategies	5
There is a Shortage of Professionals/Staff	26
The Existing Population Does Not Believe that My Top Priority is an Issue	15
There are Other Priorities More Important to Address	7
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	33
Other	12

B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority

Service providers in the ARHN who identified “providing a healthy and safe environment” as their top priority ranked “injuries, violence, and occupational health” as their top focus area (18), followed by the “built environment” (10).

Exhibit I.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority for the ARHN Region

	Rank			
	1 st	2 nd	3 rd	4 th
Outdoor Air Quality	1	3	10	16
Water Quality	4	7	14	5
Built Environment	10	13	1	6
Injuries, Violence, and Occupational Health	18	7	5	3

B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for the ARHN Region

The biggest barrier to “providing a healthy and safe environment” identified by service providers in the ARHN region was “the existing population does not believe that (providing a healthy and safe environment) is an issue” (31), followed by “lack of financial resources/reimbursement in the long- term” (14) and the “short-term” (13).

Exhibit I.5. Barriers to Providing a Healthy and Safe Environment as the Top Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	6
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	13
Lack of Financial Resources/Reimbursement in the Long-Term	14
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	8
The Existing Population Does Not Believe that My Top Priority is an Issue	31
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	5

B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority

For service providers in the ARHN region that identified “promoting healthy women, infant, and children” as their top priority, they ranked “child health” (14) as the top focus area, followed by “maternal and infant health” (11).

Exhibit I.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	11	14	1
Child Health	14	8	4
Reproductive, Preconception, and Inter-conception Health	2	4	20

B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for the ARHN Region

A number of barriers were identified by service providers in the ARHN region who indicated that “healthy women, infant, and children” were their top priority, including “lack of financial resources/reimbursement in the short-term” (13), “travel distance and geography of the Adirondacks” (12), “lack of financial resources/reimbursement in the long-term” (12), and “a shortage of professionals and staff” (10).

Exhibit I.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	7
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	12
Lack of Financial Resources/Reimbursement in the Long-Term	13
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	10
The Existing Population Does Not Believe that My Top Priority is an Issue	7
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	12
Other	4

B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority

As indicated previously, “promoting mental health and preventing substance abuse” was ranked 1st and 2nd regionally as priorities. For those service providers that ranked it first as priority, they ranked the top focus area as “strengthening infrastructure across systems” (39), followed by “preventing substance abuse and other mental and emotional disorders” (27).

Exhibit I.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in Communities	19	37	28
Prevent Substance Abuse and other Mental and Emotional Disorders	27	31	27
Strengthen Infrastructure Across Systems	39	17	28

B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for the ARHN Region

For those service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their top priority, they indicated that the biggest barriers to addressing this priority included “a shortage of professionals and staff” (62), “travel distance and geography of the Adirondacks” (44), “lack of financial resources/reimbursement in the long-term” (40), and “lack of financial resources/reimbursement in the short-term” (37).

Exhibit I.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	16
Existing Strategies Have Not Been Effective	31
Lack of Financial Resources/Reimbursement in the Short-Term	37
Lack of Financial Resources/Reimbursement in the Long-Term	40
Lack of Evidenced-Based Strategies	7
There is a Shortage of Professionals/Staff	62
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	8
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	44
Other	16

B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine- Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority

One service provider in the ARHN region identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority, and that organization ranked “preventing HIV and sexually transmitted diseases” as its top focus area.

Exhibit I.10. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	1	0	0
Prevent Vaccine-Preventable Diseases	0	1	0
Prevent Health Care Associated Infections	0	0	1

B.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Top Priority for the ARHN Region

Barriers identified by the organization that selected “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” included “a shortage of professionals and staff” and “travel distance and geography of the Adirondacks.”

Exhibit I.11. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Top Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	0
Lack of Financial Resources/Reimbursement in the Long-Term	0
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	1
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	1
Other	0

C. Identifying the Second Priority

C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority

Service providers in the ARHN region that indicated “preventing chronic disease” was their second priority ranked “increasing access to high quality chronic disease care and management” (22) as their top focus area followed by reducing “obesity in children and adults” (15).

Exhibit I.12: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Reduce Obesity in Children and Adults	15	11	12
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	2	17	19
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	22	11	6

C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority

For service providers in the ARHN region that identified “preventing chronic disease” as their second priority, barriers to addressing this priority included “travel distance and geography of the Adirondacks” (20) and “a shortage of professionals and staff” (15).

Exhibit I.13. Barriers to Addressing Chronic Diseases Prevention as the Second Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	10
Lack of Financial Resources/Reimbursement in the Short-Term	10
Lack of Financial Resources/Reimbursement in the Long-Term	12
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	15
The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues	8
There are Other Priorities More Important to Address	6
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	20
Other	9

C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority

Service providers in the ARHN region that indicated that “providing a healthy and safe environment” was their second priority ranked the “built environment” (26) as their top focus are followed closely by “injuries, violence, and occupational health” (25).

Exhibit I.14: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for the ARHN Region

	Rank			
	1 st	2 nd	3 rd	4 th
Outdoor Air Quality	3	7	13	27
Water Quality	3	12	24	11
Built Environment	26	14	9	4
Injuries, Violence, and Occupational Health	25	17	4	8

C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority

For service providers that identified “a healthy and safe environment” as their second priority, financial issues were the top barriers to addressing this priority, including the “lack of financial resources/reimbursement in the short-term” (27) and in the “long-term” (22).

Exhibit I.15. Barriers to Providing a Healthy and Safe Environment as the Second Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	16
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	5
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	27
Lack of Financial Resources/Reimbursement in the Long-Term	22
Lack of Evidenced-Based Strategies	5
There is a Shortage of Professionals/Staff	10
The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues	10
There are Other Priorities More Important to Address	10
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	9
Other	7

C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority

For service providers in the ARHN region that identified “promoting healthy women, infants, and children” as their second priority, they ranked “child health” (18) as their top focus area followed by “maternal and infant health” (7), and “reproductive, preconception, and inter-conception health” (5).

Exhibit I.16: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	7	18	4
Child Health	18	7	5
Reproductive, Preconception, and Inter-conception Health	5	4	16

C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority

Service providers in the ARHN region that identified “promoting healthy women, infants, and children” as their second priority indicated that the biggest barriers to addressing this priority included “lack of financial resources/reimbursement in the long-term” (14), “travel distance and geography of the Adirondacks” (14), “lack of financial resources/reimbursement in the short-term” (12), and “a shortage of professionals and staff” (10).

Exhibit I.17. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	4
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	4
Existing Strategies Have Not Been Effective	5
Lack of Financial Resources/Reimbursement in the Short-Term	12
Lack of Financial Resources/Reimbursement in the Long-Term	14
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	10
The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues	3
There are Other Priorities More Important to Address	3
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	14
Other	3

C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority

Service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their second priority ranked “preventing substance abuse and other mental and emotional disorders” (27) as their top focus area, followed by “promoting mental, emotional, and well-being in communities” (25).

Exhibit I.18. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in Communities	25	26	20
Prevent Substance Abuse and other Mental and Emotional Disorders	27	25	19
Strengthen Infrastructure Across Systems	19	20	32

C.8. BarrierstoPromotingMentalHealthandPreventingSubstanceAbuseastheSecond Priority

Service providers in the ARHN region that identified “promoting mental health and preventing substance abuse” as their second priority indicated that the biggest barriers to addressing this priority included “a shortage of professionals and staff” (44), “lack of financial resources/reimbursement in the short-term” (37), “lack of financial resources/reimbursement in the long-term” (33), and “travel distance and geography of the Adirondacks” (32).

Exhibit I.19. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	6
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	15
Existing Strategies Have Not Been Effective	21
Lack of Financial Resources/Reimbursement in the Short-Term	37
Lack of Financial Resources/Reimbursement in the Long-Term	33
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	44
The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issues	6
There are Other Priorities More Important to Address	7
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	32
Other	10

C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine- Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority

Service providers in the ARHN region that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases”, and “health care associated infections” as their second priority ranked “preventing HIV and sexually preventable diseases” and “preventing vaccine-preventable diseases” as their top focus area, both at six.

Exhibit I.20. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for the ARHN Region

	Rank		
	1 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	6	1	5
Prevent Vaccine-Preventable Diseases	6	6	0
Prevent Health Care Associated Infections	0	5	6

C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority

Service providers who identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases”, and “health care associated infections” as their second priority indicated that “the existing population does not believe that (preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections) is an issue” (7) as the biggest barrier to addressing it.

Exhibit I.21. Barriers Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for the ARHN Region

Barrier	Count
I am not Aware of any Current Work Addressing My Second Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	3
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	4
The Existing Population in My Service Area Does Not Believe that My Second Priority is an Issue	7
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	2
Other	1

II. Essex County

A. Essex County’s Priorities

Service providers whose service area included Essex County identified “promoting mental health and preventing substance abuse” (37) as the top priority followed by “preventing chronic disease” (29). “Promoting mental health and preventing substance abuse” was identified as the second priority by Essex County service providers.

Exhibit II.1: Identification of Priority Areas for Essex County

Priority Area	Count	
	Top Priority	Second Priority
Prevent Chronic Disease	29	17
Provide a healthy and safe environment	6	23
Promote Healthy Women, Infants, and Children	7	8
Promote Mental Health and Prevent Substance Abuse	37	26
Prevent HIV, Sexually Transmitted Diseases, Vaccine Preventable Diseases, and Health Care Associated Infections	0	3

B. Identifying the Top Priority

B.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority

For service providers in Essex County that identified “preventing chronic disease” as their top priority, the focus areas they believed should be addressed include “increase access to high quality chronic disease preventive care and management” (15), followed by “reducing obesity in children and adults” (11).

Exhibit II.2: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Top Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Reduce Obesity in Children and Adults	11	8	8
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	2	9	15
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	15	11	2

B.2. BarrierstoAddressingChronicDiseasesPreventionastheTopPriorityforEssex County

For service providers in Essex County that chose “preventing chronic disease” as their top priority indicated that “travel distance and the geography of the Adirondacks” (16) was the biggest barrier for achieving this priority, followed by “lack of financial resources/reimbursement to in the short-term,” (13), “a shortage of professionals/staff” (12), and “lack of financial resources/reimbursement in the long-term” (11). One provider noted that the population lacked the self-efficacy to achieve this change.

ExhibitII.3.BarrierstoAddressingChronicDiseasesPreventionastheTopPriorityforEssex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	6
Existing Strategies Have Not Been Effective	6
Lack of Financial Resources/Reimbursement in the Short-Term	13
Lack of Financial Resources/Reimbursement in the Long-Term	11
Lack of Evidenced-Based Strategies	1
There is a Shortage of Professionals/Staff	12
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	16
Other	6

B.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Top Priority

For those respondents whose service area includes Essex County and that indicated “a healthy and safe environment” was their top priority, “injuries, violence, and occupational health” was ranked as the most important focus area followed by “water quality.”

ExhibitII.4: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe environment is the Top Priority for Essex County

	Rank			
	1 st	2 nd	3 rd	4 th
Outdoor Air Quality	0	0	3	3
Water Quality	2	0	2	2
Built Environment	1	5	0	0
Injuries, Violence, and Occupational Health	3	1	1	1

B.4. Barriers to Providing a Healthy and Safe Environment as the Top Priority for Essex County

The two biggest barriers identified by Essex County service providers who indicated that a “healthy and safe environment” was their top priority were both financial, the “lack of financial support and reimbursement to address the issue in the long-term” (4) and “in the short-term” (3).

Exhibit II.5. Barriers to Providing a Healthy and Safe environment as the Top Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	0
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	3
Lack of Financial Resources/Reimbursement in the Long-Term	4
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	1
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	0
Other	2

B.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority

Service providers in Essex County that identified “promoting healthy women, infant, and children” as their top priority ranked “child health” (3) as the top focus area, followed by “maternal and infant health” (2) and “reproductive, preconception, and inter-conception health” (2).

Exhibit II.6: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Top Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	2	4	0
Child Health	3	2	1
Reproductive, Preconception, and Inter-conception Health	2	0	5

B.6. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Essex County

Essex County service providers that identified “promoting healthy women, infants, and children” as their top priority indicated that lack of the “existing population believing this is an issue” (4) is the top barrier, followed by “a shortage of professionals and staff” (3) and “travel distance and geography of the Adirondacks” (3).

Exhibit II.7. Barriers to Promoting Healthy Women, Infants, and Children as the Top Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	1
Lack of Financial Resources/Reimbursement in the Short-Term	2
Lack of Financial Resources/Reimbursement in the Long-Term	2
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	3
The Existing Population Does Not Believe that My Top Priority is an Issue	4
There are Other Priorities More Important to Address	0
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	3
Other	1

B.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority

Essex County service providers that identified “promoting mental health and preventing substance abuse” as their top priority ranked “strengthening the (mental health) infrastructure across systems” (18) as their top focus area followed by “promoting mental, emotional, and well-being in communities” (12).

Exhibit II.8. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Top Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in Communities	12	13	11
Prevent Substance Abuse and other Mental and Emotional Disorders	6	14	16
Strengthen Infrastructure Across Systems	18	9	9

B.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Essex County

For Essex County service providers who indicated that “promoting mental health and preventing substance abuse” was their top priority, the biggest barriers to addressing this priority were a “shortage of professionals and staff” (27) and “travel distance and the geography of the Adirondacks” (21).

Exhibit II.9. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Top Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	8
Existing Strategies Have Not Been Effective	10
Lack of Financial Resources/Reimbursement in the Short-Term	16
Lack of Financial Resources/Reimbursement in the Long-Term	17
Lack of Evidenced-Based Strategies	2
There is a Shortage of Professionals/Staff	27
The Existing Population Does Not Believe that My Top Priority is an Issue	0
There are Other Priorities More Important to Address	6
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	21
Other	6

B.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine- Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Top Priority

No service provider in Essex County identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” as their top priority.

C. Identifying the Second Priority

C.1. Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority

Service providers in Essex County that identified “preventing chronic disease” as their second priority ranked “reducing obesity in children and adults” and “increasing access to high quality chronic disease preventive care and management” as their top focus areas, both with eight.

Exhibit II.10: Ranking the Focus Areas for Chronic Diseases Prevention when Chronic Disease Prevention is the Second Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Reduce Obesity in Children and Adults	8	4	5
Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure	1	7	8
Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings	8	6	3

C.2. Barriers to Addressing Chronic Diseases Prevention as the Second Priority

Respondents in Essex County who identified “preventing chronic disease” as their second priority indicated that “travel distance and geography of the Adirondacks” (8) was the biggest barrier to addressing this priority followed by “existing strategies have not been effective” (5). One respondent noted that the “high prevalence rates of tobacco use and obesity requires a ‘full court press’ to address successfully.”

Exhibit II.11. Barrier to Addressing Chronic Diseases Prevention as the Second Priority for Essex County

Barrier	Count
I am not aware of any current work addressing my top priority	1
Cost of providing services and/or the per client/patient cost is too high/outweigh the benefits	0
Existing strategies have not been effective	5
Lack of financial resources/reimbursement in the short-term	3
Lack of financial resources/reimbursement in the long-term	4
Lack of evidenced-based strategies	1
There is a shortage of professionals/staff	4
The existing population does not believe that my top priority is an issue	3
There are other priorities more important to address	2
Travel distance/geography of the Adirondacks makes it difficult to address patient/client needs	8
Other	6

C.3. Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority

For service providers that indicated “providing a healthy and safe environment” was their second priority, they ranked the “built environment” (9) and “injuries, violence, and occupational health” (8) as their top two focus areas.

Exhibit II.12: Ranking the Focus Areas for Providing a Healthy and Safe Environment when Providing a Healthy and Safe Environment is the Second Priority for Essex County

	Rank			
	1 st	2 nd	3 rd	4 th
Outdoor Air Quality	1	4	4	9
Water Quality	2	3	9	4
Built Environment	9	4	4	1
Injuries, Violence, and Occupational Health	8	7	1	4

C.4. Barriers to Providing a Healthy and Safe Environment as the Second Priority

Essex County service providers that identified a “healthy and safe environment” as their second priority indicated that financial resources and reimbursement were the biggest barriers to addressing the priority, both in the short-term (8) and the long-term (7).

Exhibit II.13. Barriers to Providing a Healthy and Safe Environment as the Second Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	7
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	2
Existing Strategies Have Not Been Effective	2
Lack of Financial Resources/Reimbursement in the Short-Term	8
Lack of Financial Resources/Reimbursement in the Long-Term	7
Lack of Evidenced-Based Strategies	3
There is a Shortage of Professionals/Staff	2
The Existing Population Does Not Believe that My Top Priority is an Issue	3
There are Other Priorities More Important to Address	6
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	4
Other	4

C.5. Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority

Essex County service providers that identified “promoting healthy women, infant, and children” as their second priority ranked “maternal and infant health” and “child health” as their top two focus areas, both with three.

Exhibit II.14: Ranking the Focus Areas for Promoting Healthy Women, Infants, and Children when Promoting Healthy Women, Infant, and Children is the Second Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Maternal and Infant Health	3	3	2
Child Health	3	3	2
Reproductive, Preconception, and Inter-conception Health	2	2	3

C.6. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority

Essex County service providers who indicated that “healthy women, infants, and children” were their second priority identified the “lack of financial resources and reimbursement in the short-term and in the long-term” and “travel distance and geography of the Adirondacks” as biggest barriers for achieving this priority, all with five.

Exhibit II.15. Barriers to Promoting Healthy Women, Infants, and Children as the Second Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	0
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	1
Existing Strategies Have Not Been Effective	0
Lack of Financial Resources/Reimbursement in the Short-Term	5
Lack of Financial Resources/Reimbursement in the Long-Term	5
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	4
The Existing Population Does Not Believe that My Top Priority is an Issue	1
There are Other Priorities More Important to Address	1
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	5
Other	1

C.7. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority

Essex County service providers that identified “promoting mental health and preventing substance abuse” as their second priority ranked “preventing substance abuse and other mental and emotional disorders” (16) as their top focus area.

Exhibit II.16. Ranking the Focus Areas for Promoting Mental Health and Preventing Substance Abuse when Promoting Mental Health and Preventing Substance Abuse is the Second Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Promote Mental, Emotional, and Well-Being in Communities	5	9	12
Prevent Substance Abuse and other Mental and Emotional Disorders	16	7	3
Strengthen Infrastructure Across Systems	5	10	11

C.8. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority

For Essex County service providers who identified “promoting mental health and preventing substance abuse” as their second priority, they indicated the biggest barriers to addressing this priority included “a shortage of professionals and staff” (18), “lack of financial resources/reimbursement in the short-term” (15), “travel distance and geography of the Adirondacks” (15), and “lack of financial resources/reimbursement in the long-term” (14).

Exhibit II.17. Barriers to Promoting Mental Health and Preventing Substance Abuse as the Second Priority for Essex County

Barrier	Count
I am not Aware of any Current Work Addressing My Top Priority	2
Cost of Providing Services and/or the per Client/Patient Cost is Too High/Outweigh the Benefits	6
Existing Strategies Have Not Been Effective	10
Lack of Financial Resources/Reimbursement in the Short-Term	15
Lack of Financial Resources/Reimbursement in the Long-Term	14
Lack of Evidenced-Based Strategies	0
There is a Shortage of Professionals/Staff	18
The Existing Population Does Not Believe that My Top Priority is an Issue	2
There are Other Priorities More Important to Address	2
Travel Distance/Geography of the Adirondacks Makes it Difficult to Address Patient/Client Needs	15
Other	3

C.9. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine- Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority

Three Essex County service providers indicated that “preventing HIV, sexually transmitted diseases, vaccine preventable diseases, and health care associated infections” was their second priority, and all of them ranked “preventing HIV and sexually transmitted diseases” as their main focus area to address.

Exhibit II.18. Ranking the Focus Areas for Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections when Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections is the Second Priority for Essex County

	Rank		
	1 st	2 nd	3 rd
Prevent HIV and Sexually Transmitted Diseases	3	0	0
Prevent Vaccine-Preventable Diseases	0	3	0
Prevent Health Care Associated Infections	0	0	3

C.10. Barriers to Preventing HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care Associated Infections as the Second Priority

Essex County service providers that identified “preventing HIV, sexually transmitted diseases, vaccine-preventable diseases, and health care associated infections” indicated that barriers included a “shortage of professionals and staff” (2) and the “existing population does not believe that this is an issue” (2).