

Adirondack Regional Social Safety Network

2024 REPORT



ADIRONDACK
FOUNDATION

The report and additional research were conducted by
Adirondack Research



The report was funded by
Mother Cabrini Health Foundation



The research was coordinated in collaboration between

Adirondack Foundation

adirondackfoundation.org

&

The John Ruge Center for Community Impact

at Hudson Headwaters

HHHN.org/RuggeCenter

Cover photo by Erika Bailey



Board Trustees

Joe Steiniger, Chair
Bill Creighton, Treasurer
David Sand, Secretary
Lawson Prince Allen
Jim Allison
Jameson Baxter
David Brunner
Deb Cleary
Kathleen Colson
Zak Dake
David Darrin
Mel Eisinger
Margot Ernst
Reg Gignoux
Joan Grabe
Lea Paine Hight
Jay Ireland
Scott McGraw
Stephanie Pianka
Julia Race
Craig Weatherup
Nancy Wolcott

Community Council

Collin McCullough, Chair
Mo Ahmad
Anna Bowers
Jessica Cree Jock
Jerry Delaney
Kim Elliman
Peter Madden
Frances Parent
Wendy Pierce
Jeremiah Pond
Alex Potter
Stacy Sadove
Ben Strader
Ayla Thompson
Joe Vito
Lucy Ward
Susan Waters
Ross Whaley

President & CEO

Cali Brooks

7/15/2024

Adirondack Foundation, in partnership with the Ruggie Center for Community Impact at Hudson Headwaters Health Network, and through generous funding by the Mother Cabrini Health Foundation, is pleased to present this report on our region's current social safety net. The collaborative origins of this report reflect its very intent: to foster understanding and encourage meaningful dialogue among all stakeholders.

The report's primary goal is to spark conversations among diverse stakeholders — government agencies, businesses, non-profits, community groups, funders, and individuals — about how we can collectively strengthen our social safety net. This report represents a snapshot in time, rather than an exhaustive study meant to prescribe definitive solutions. We acknowledge that no single report can encompass every perspective or interest, but through continuous dialogue, we can work towards inclusive and effective solutions.

As you delve into the findings, it is important to recognize the context and limitations that shaped this document. Due to a lack of existing localized data, the analysis relied heavily on qualitative resources, including interviews with key informants. Quantitative sources included regional and state reports with county-level data for Clinton, Essex, Franklin, Hamilton, Warren Counties. The latter of these only partially overlaps with the area covered by this report, though it includes urban centers such as Glens Falls that house the administrative functions of many of the organizations serving the Adirondack region (Hudson Headwaters Health Network being just one example). While this approach provides valuable insights, it also highlights the necessity for ongoing data collection and research to capture a more comprehensive and nuanced picture of our Adirondack regional communities' needs.

Professionals working within the social safety network may find the report's findings unsurprising, which is, in fact, important information. It reaffirms that we understand the populations we serve and are aware of the challenges they face. This shared knowledge is a powerful foundation upon which we can build and coordinate better strategies and interventions. We also hope this serves as a helpful resource for potential collaborations, grant applications, and funder conversations.

We invite everyone with an interest in the region's wellbeing to read this report, reflect on the current state of our social safety net, and consider the impact you wish to have. By working together, we can create more resilient and supportive Adirondack communities for all.

Sincerely,

Cali Brooks

*President and CEO
Adirondack Foundation*

About the Funder

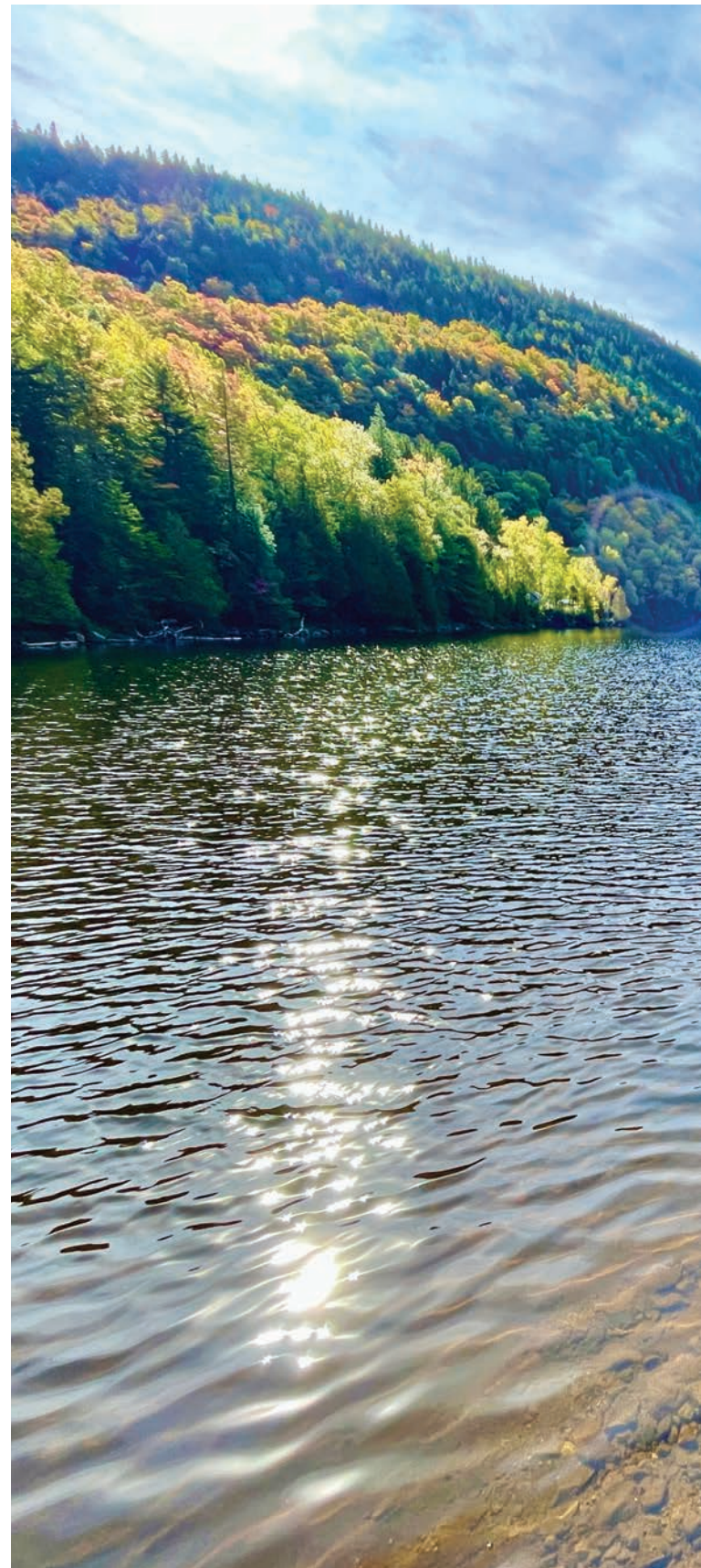
This research and report were funded by the Mother Cabrini Health Foundation (MCHF). The Mother Cabrini Health Foundation works to enhance the health and wellbeing of all across New York State. As the funder of the *Adirondack Regional Social Safety Network Report*, a collaboration between Adirondack Foundation and The John Ruge Center for Community Impact, the Mother Cabrini Health Foundation is supporting the strategic implementation of various programs designed to “build a brighter future for millions of New Yorkers.” This involvement serves to enhance service delivery and interconnectivity among healthcare providers throughout the region. MCHF’s commitment will help strengthen the framework of support services, ensuring a more robust and responsive safety network that better serves the needs of individuals and families across the state.

About the Researchers

Ashley Milne is a Research Associate at Adirondack Research, with extensive policy development and analysis experience. She has previously advised legislative bodies at the Scottish Parliament, the United States House of Representatives, and the New York State Assembly. Ashley has also worked with the Harvard-affiliated think tank The Christensen Institute, providing policy consulting and best practices in K-12 education. Currently, she’s an active member of the Town Board for the Town of Harrietstown in Saranac Lake, where she’s dedicated to creating a brighter future for her two small children.

Ezra Schwartzberg, Ph.D., is the Director at Adirondack Research. Ezra has 15 years of experience with environmental policy and education. Previous work includes establishing baseline documentation on the Adirondack Birth to Three Alliance early child care and education network. Adirondack Research is a contract research firm located in upstate New York that focuses on environmental and social science research and communications.

Preferred Citation: Milne, A and Schwartzberg, E.G. (2024) *Adirondack Regional Social Safety Network [Report]*. Adirondack Research.





Synopsis of Goals

The goal for *The Adirondack Regional Social Safety Network* report is to enhance the understanding of the area's social safety net through a comprehensive approach. By integrating both quantitative data from regional health assessments and qualitative insights from diverse stakeholders, the report seeks to paint a thorough picture of the social care needs, assets, and opportunities within the Adirondack region. This dual-method approach not only describes current conditions, but also fosters future research and interventions. By encompassing a variety of perspectives — including education, early childhood development, workforce development, and health — the report serves as a succinct overview of the region's social needs landscape.

Acknowledgments

This report is the culmination of insights and perspectives generously shared by numerous individuals, whose contributions have been invaluable. The authors extend their heartfelt gratitude to all those who dedicated their time and expertise.

Special thanks to the Mother Cabrini Health Foundation for their support and our core team members at Adirondack Foundation and The John Ruge Center for Community Impact for their pivotal roles.

The dialogue extended beyond these stakeholders to include a diverse array of partners, each bringing unique insights that enriched our understanding of the social care network in the Adirondack region.





Table of Contents

Introduction/Abstract	8
Methodology	12
Analysis and Findings	13
1. <i>Food Security/Access to Foods that Support Healthy Dietary Patterns</i>	
2. <i>Health/Access to Specialty Care</i>	
3. <i>Transportation</i>	
4. <i>Workforce Stability (Including Child Care Implications)</i>	
5. <i>Housing Stability</i>	
6. <i>Social Cohesion</i>	
Conclusion	40
References	43
Appendix	47

Introduction/Abstract

Abstract

The Adirondack region of New York State is defined by its stunning natural beauty and rural character. Its communities face a myriad of social and economic challenges that directly influence the health outcomes of its residents. Rooted in various causes, these hardships are experienced in all communities, yet often remain uncharted beyond the confines of county or state-level assessments. Unfortunately, this lack of granular, localized data and subsequent analysis has hindered comprehensive understanding and collaborative efforts.

This report aims to synthesize quantitative and qualitative data from five Adirondack region counties — Franklin, Essex, Clinton, Hamilton, and Warren — to shed light on emergent social care needs in the post-pandemic landscape. By gathering insights from communities and organizations, the goal of this report is to identify pressing social care needs and lay the groundwork for sustained collaboration among Adirondack stakeholders.

Problem Statement

The Adirondack social safety net involves an array of entities, including New York State agencies, nonprofits, centers of worship, families, and informal networks that provide our population with a lifeline when hard times strike. Unfortunately, the safety net has contracted and began to fray in response to longstanding socioeconomic stressors that have been compounded by the COVID-19 pandemic. Disruptions in connectivity and collaboration among supporting agencies have weakened the safety net precisely when its services are most needed (Cawthorne Gaines et al., 2021).

Acknowledging the importance of mapping the social services network comprehensively, Adirondack Foundation and its partners approached Adirondack Research to complete this research in hopes of catalyzing new discussions throughout the region. With the intent of strengthening organizations, Adirondack Foundation seeks to foster collaborations that will reweave and reimagine the social safety net in the region. By establishing shared measurements and enhancing outcomes for disadvantaged individuals and families, the aim is to cultivate a network of organizations committed to promoting equity and wellbeing throughout the region.

Historic Background

Social safety nets play a crucial role in supporting vulnerable individuals and families, and in providing essential assistance to promote wellbeing and stability. However, with changing and aging demographics, economic development shifts, and evolving societal needs, there is a growing recognition of the need to modernize and reweave these systems (Hjartson et al., 2022).

Over the course of nearly a year, our core team of partners has considered two fundamental questions:

- 1) How can we develop a comprehensive understanding of the Adirondack social safety net landscape?*
- 2) How can we use this information to facilitate more effective interventions and collaborations among organizations committed to supporting our communities?*

In addressing these questions, we remain focused on the broader goal of enhancing the health and wellbeing of the region's residents through accessible, collaborative, and impactful resources and tools. These tools will ultimately assist various stakeholders and social service organizations providing services to the individuals and families who need them.

Current State of Social Safety Nets

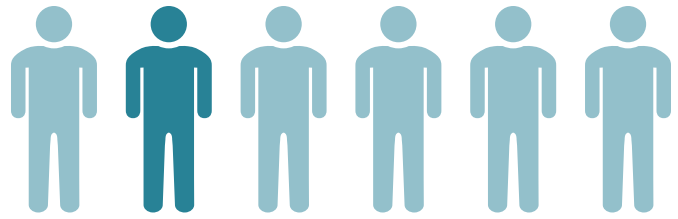
Historically, social safety nets have been instrumental in reducing poverty (Alderman & Hoddinott, 2007), improving health outcomes (Andrews et al., 2018), and promoting social cohesion (Andrews & Kryeziu, 2013). These programs encompass a range of services, including income assistance, healthcare, housing and education support, food supplementation, and employment services. However, despite their importance, social safety nets have “remained largely unchanged in design and delivery since the 1950s,” and they face numerous challenges in the modern context (Hjartson et al., 2022).

One of the primary challenges to all the aforementioned support services is the increasing strain on resources due to rising costs and growing demand. Factors such as demographic aging, economic instability, and changes in family structures have intensified the pressure on social safety nets, threatening their sustainability. Additionally, the COVID-19 pandemic has exacerbated existing vulnerabilities, highlighting the need for more resilient and adaptive social support systems (Alizadeh et al., 2023).

Challenges and Opportunities for Reform

Several key challenges hinder the effectiveness of traditional social safety nets. Administrative complexity, fragmented service delivery, and inadequate responsiveness to individual needs often result in inefficiencies and inequities within these systems (Schweitzer, 2022). Moreover, rigid eligibility criteria and isolated program structures can create barriers to access, particularly for marginalized populations (Cawthorne Gaines et al., 2022; Schweitzer, 2022).

However, amidst these challenges lie opportunities for reform and innovation. The concept of reimagining social safety nets as proactive, integrated systems that prioritize prevention and early intervention has gained traction (Hjartson et al., 2022; Waxman et al., 2021). By leveraging an understanding of the perspective of the individuals that are seeking assistance, and bridging the gap in receiving care, policymakers can enhance the responsiveness, efficacy, and equity of social safety nets (Goodman, 2021).



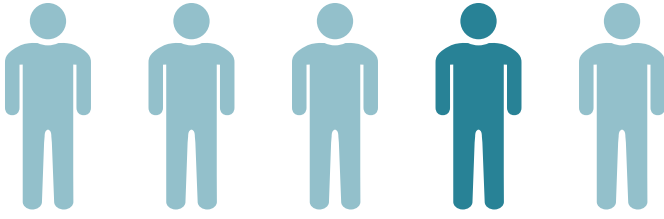
“...one in six workers care for an elderly or disabled family member, relative, or friend.” (Rank, 2011)

All of Us Are Affected by the Social Safety Net, Directly and Indirectly

In order to reweave and reimagine the social safety net, it is important to recognize who currently utilizes it. America continues to have the highest poverty rate among developed countries (Confronting Poverty, 2024). Still, while America’s federal poverty rate has remained at 15 percent, the people within that 15 percent fluctuates over time (Boteach, 2014). Rank (2011) has estimated that of Americans between the ages of 20 and 75, nearly 60 percent will experience at least one year below the poverty line and three quarters will experience a year either in or near poverty. Additionally, Hirschl and Rank (2011) state that “over half of U.S. children will live in homes using food stamps.” Moreover, the wealth gap has widened significantly over time, with the top one percent owning 42% of the nation’s wealth (Rank, 2011).



“...over half of U.S. children will live in homes using food stamps.” (Rank, 2011)



“One in five Americans live with a disability...” (Boteach, 2011)

To add further complexity, Boteach (2011) said, “One in five Americans live with a disability, and many more experience poor health. For individuals whose disability or poor health prevents them from supporting themselves through work, Social Security’s disability programs provide vital but all too meager income support, leaving many in poverty despite receiving benefits.” Additionally, Boteach (2011) said that “one in six workers care for an elderly or disabled family member, relative or friend.” It is equally important to note that those who receive assistance do not receive enough to thrive and become economically stable. Boteach (2011) goes on to say that “one in four poor families with children receive Temporary Assistance for Needy Families, and in no state does this temporary help lift a family above even half of the federal poverty line.”

Poverty in Our Area and New York State

These statistics may seem harrowing, and the previous numbers represent the national average in the United States. **New York State faces even higher rates of poverty, and rates in some parts of the Adirondack region are even higher still.** Since COVID-19, poverty has soared in New York State. The New York Times recently reported, “The number of New Yorkers living in poverty, nearly two million in all, included one in four children” (Chen, 2024). The article later explained that expanded aid during the coronavirus pandemic helped counteract job losses, rising rents, and higher inflation. Unfortunately, most of those relief funds have been discontinued, which has further exacerbated poverty and has led to the poverty gap widening (Chen, 2024).

Thomas DiNapoli, Comptroller for New York State, said that since 2014, poverty rates in New York State have surpassed the national average with “13.9 percent [those living in poverty in NYS] compared to 12.8 percent of all Americans” (2022). Moreover, those with **females as heads**

of household, experience poverty at double the rate of families, and four times the rate of married couples

(Dinapoli, 2022 — emphasis added). Those numbers are staggering considering “households headed by women accounted for half of all households” (Goodman et al., 2021). Additionally, one out four people with solely a high school degree experiences poverty (Dinapoli, 2022). The national average of those with solely a high school degree is 28%, but in the Adirondack region, that number is 36% (ARHN Regional Snapshot, 2019; www.census.gov, 2023). DiNapoli (2022) also explained how employment directly affects poverty: “Unemployment is a key driver of poverty: Some of the greatest discrepancies between poverty rates occur relative to employment status. Specifically, 5.2 percent of employed New Yorkers in the civilian labor force experienced poverty in 2021. For those who are unemployed and in the civilian labor force, this proportion was 26.6 percent — **more than five times** the employed rate” (emphasis added). Lastly, Dinapoli (2024) also asserted, “While DOB [Department of Budget] projects a balanced budget in SFY 2024-25, a cumulative gap totaling **\$20.1 billion** is forecast for the remainder of the Financial Plan period through 2027-28.”

Though many factors will contribute to this budget gap, it is imperative to recognize that the budget gap will most likely affect funding and programming to social service organizations, and will have rippling effects for the social safety net.

Importance of ALICE (Asset Limited, Income Constrained, Employed) Statistics in the Adirondack Region

Even though New York State reports high numbers of those living in poverty, it is also important to note that there are fewer households living below the federal poverty line, due to higher minimum wages than the rest of the United States. However, these income statistics need to be analyzed alongside other demographic factors, such as New York State’s significantly higher cost of living. Because of this, federal poverty statistics do not fully capture the plight of those experiencing economic distress.

It is also important to note that a growing elderly population, as well as other factors, are contributing to a disproportionately high number of the population in the region who don’t participate in the workforce; almost 50% in Franklin and Hamilton Counties as opposed

to the national average of 37% (Labor Landscape for ALICE, 2023; Bureau of Labor Statistics, 2024). This adds an even greater strain to those already working in the market, leading to a more inefficient labor market with little economic growth and expansion.

As mentioned previously, since the minimum wage for New York State exceeds that of the federal minimum, and since the cost of living is relatively high, statistics regarding those who are below the federal poverty line are an unreliable measure of financial hardship experienced by populations within the Adirondack region.

ALICE statistics (an acronym which stands for Asset Limited, Income Constrained, Employed) provide a more accurate measure of financial hardship, since these numbers and figures account for the local housing, food, transportation, healthcare, and other essentials.

Furthermore, ALICE statistics take into account employment considerations including underemployment, lack of benefits, and unpredictable work hours. Through this data, we can see that less than 20% of the residents in the Adirondack region have full-time, salaried positions (ALICE County reports, 2022). Within the Adirondack region, “a substantial portion of both full and part-time workers are paid by the hour; these workers are more likely to have fluctuations in income and less likely to receive benefits” (ALICE County Reports, 2022).

Social Safety Net in the Adirondack Region

The metrics used to capture ALICE data offer a comprehensive view of the social safety net. This research seeks to complement these figures by sharing narratives often obscured by poverty statistics. This understanding will provide greater context of the real, lived experiences of those individuals encountering difficult life circumstances, as well as the first-hand perspectives of the individuals assisting with on-the-ground resources and services for those experiencing financial distress. Through this approach, the report aims to provide a deeper understanding of the strength of the current safety net in the Adirondack region, as well as provide a birds-eye view of its current state.

What follows is a brief overview of domains that have emerged as key facets needed to ensure a robust social safety net, as well as some of areas that have experienced unraveling and fraying in our current landscape. After addressing these domains, guidance for strengthening and reweaving the social safety net is explored.



Methodology

To fully understand the social safety net in the Adirondack region, Adirondack Foundation conducted a meta-analysis of existing regional assessments and public data. These assessments are listed in the Appendix. In addition, Adirondack Foundation employed a mixed-methods survey and stakeholder feedback sessions to gain deeper insight from those who are providing “on the ground” work to assist those populations currently accessing the social safety net.

The initial phase of research was conducted and consolidated by a previous consulting team. Adirondack Research utilized this pre-existing dataset, alongside insights gathered by the prior research team, as foundational groundwork for advancing the final research project. Adirondack Research further refined the research and synthesized the findings in the following report and dashboards.



Data Collection: This study employed a mixed-methods approach.

The methodology included:

- 1. Landscape Scan:** A comprehensive landscape scan included review of existing needs assessments and public data. This provided a summary of need, as well as a basic understanding of major gaps in the social safety net.
- 2. Stakeholder Survey:** An online survey was administered to gather quantitative data on social drivers of health needs within the Adirondack region. 102 individuals/organizations representing 11 counties across the Adirondack region participated in the survey. This survey included nine questions and touched on what these individuals felt is lacking in the Adirondack region. These individuals/organizations represented a multitude of services in the Adirondack region.
- 3. Focus Group Feedback Sessions:** Participants were invited based on their connection to the targeted geographic regions within the Adirondacks, the scale of the population served by their organizations, and the range of safety net services provided.

Analysis and Findings

From the analysis of existing public data, qualitative interviews, and the online survey, six broad themes emerged as major issues or gaps within the Adirondack region social safety net.

These six issue areas will hereafter be referred to as Domains:

- | | | | |
|----------|---|----------|--------------------------------------|
| 1 | Food Security/Access to Foods that Support Healthy Dietary Patterns | 4 | Workforce Stability/Child Care |
| 2 | Health and Specialty Care Access | 5 | Housing Stability/Quality of Housing |
| 3 | Transportation | 6 | Social Cohesion |

1. Food Security/Access to Foods that Support Healthy Dietary Patterns

Access to adequate, nutritious, and culturally appropriate food is fundamental to promoting healthy lifestyles and overall wellbeing. However, in the Adirondack region of New York State, numerous economic and social factors pose significant challenges to ensuring food security for residents. This section examines the complexities of food insecurity in the region and outlines strategies to address these challenges effectively.

In the Adirondack region, many factors contribute to food insecurity among residents. Despite the complexity, there is a concerted effort from organizations and leaders across the region to address these barriers. Collaborative initiatives spanning sectors, such as talent recruitment, education, and agriculture, are essential to combating food insecurity comprehensively.

Understanding Food Security

To gain insight into food insecurity in the region, it is essential to consider key indicators that measure access to food. The USDA Economic Research Service (ERS) publishes a Food Access Research Atlas (FARA), which provides valuable data on geographic distances from supermarkets broken down by demographic groups and census tracts.

The Economic Research Service (ERS) of the USDA defines low-access (LA) census tracts as well as low-income (LI) census tracts. These highlight areas with limited access to food stores, compounded by factors such as vehicle availability and limited income. Most of the counties in the Adirondack region qualify as either a low-income or low-access area. Parts of Clinton County and Franklin County qualify as both a low-income and low-access area (USDA 2024, 2019).

Seasonal weather conditions further compound these challenges, rendering distant grocery stores inaccessible for extended periods.

Further, since New York has a higher minimum wage — along with a higher cost of living — than other parts of the country, federal food assistance is unavailable to nearly half of families in the Adirondack region that need it. “Due to the variation in income and asset limits for food-access programs, census data indicate that the share of food-insecure individuals not eligible for public food assistance is very high: **More than 47% of households below the poverty level are not receiving federal food assistance in the North Country**” (Cyphers, 2024).

Importance of School-Based Nutrition Programs

School-based nutrition programs play a vital role in addressing food insecurity among children in the region. School staff often serve as frontline responders, ensuring that students have access to essential meals. Additionally, these programs contribute to nutrition education, preparing young children for life-long health benefits. Addressing food insecurity in the Adirondacks

requires a multifaceted approach that encompasses community collaboration, policy initiatives, and targeted interventions. By prioritizing efforts to improve food access, enhance nutrition education, and support school-based nutrition programs, stakeholders can work towards ensuring equitable access to healthy foods and promoting overall wellbeing in the region.

The Food Security Dashboard shows various graphs and maps representing a larger pool of data. While this report shows a selected amount of representative data, there is a clear connection between access to stores with fresh produce and better health outcomes. People who are food insecure often end up buying cheaper foods that may exacerbate health conditions and, consequently, are more likely to report unsatisfactory health (NY Health Survey of Food and Health, 2022).

The Connection of Access to Food and Health Outcomes

It is no coincidence that the areas without grocery stores also have a higher rate of chronic disease, including diabetes and heart disease (Adirondack Food System Network Story Map, 2024). This is the reality for many residents in the Adirondack region, -particularly those

from Hamilton County. As seen on the following map of the Adirondack region, Hamilton County has only a handful of stores that are open year-round, offering fresh produce. Additionally, Hamilton County faces large income discrepancies, particularly between full-time and seasonal residents. As a result, these towns become ineligible for state aid or grants that contribute to healthy eating patterns. One administrator from Long Lake school district said, “We’re a high wealth ratio district, although the people that live here year-round are far from that. And so we don’t get a lot of state aid.” (Focus Group).

For those who live in Long Lake year-round, only one store is open in the winter. This store is Stewart’s, which stocks limited fresh produce. The nearest full-service, year-round supermarket is in Tupper Lake, 23 miles away. One participant from Long Lake said, “We have a grocery store that’s open, in the summer, but nothing in the winter. People do their main grocery shopping at Stewart’s. The people that can afford it the least, are spending a ton of money (on groceries)” (Focus Group).

Food insecurity not only affects access to nutritious meals but also strains the social safety net, contributing to various health complications, including malnutrition, chronic diseases and mental health disorders.

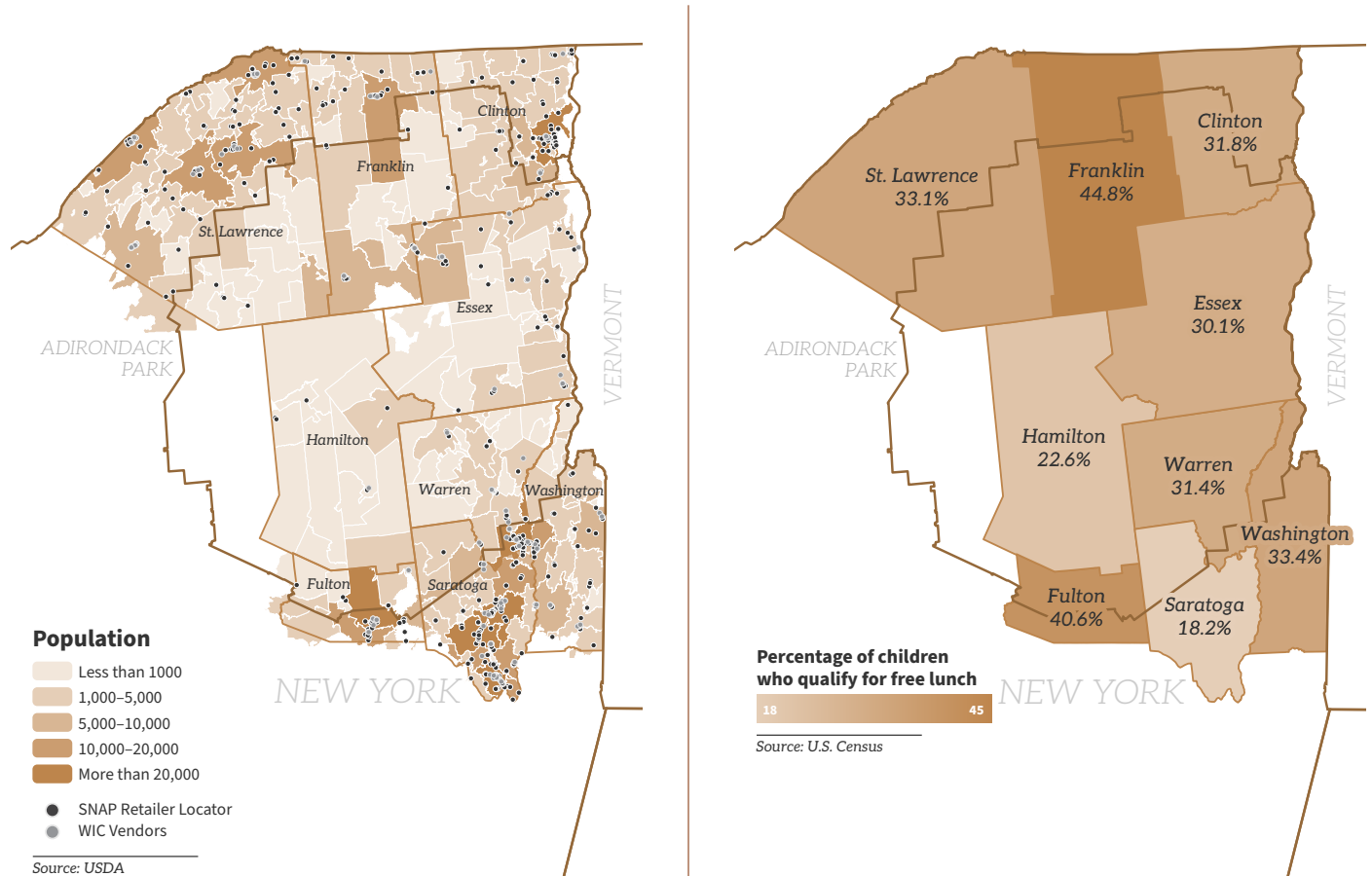




Food Security Dashboard

Bird's-Eye View

(a geographic perspective of challenges our region faces)



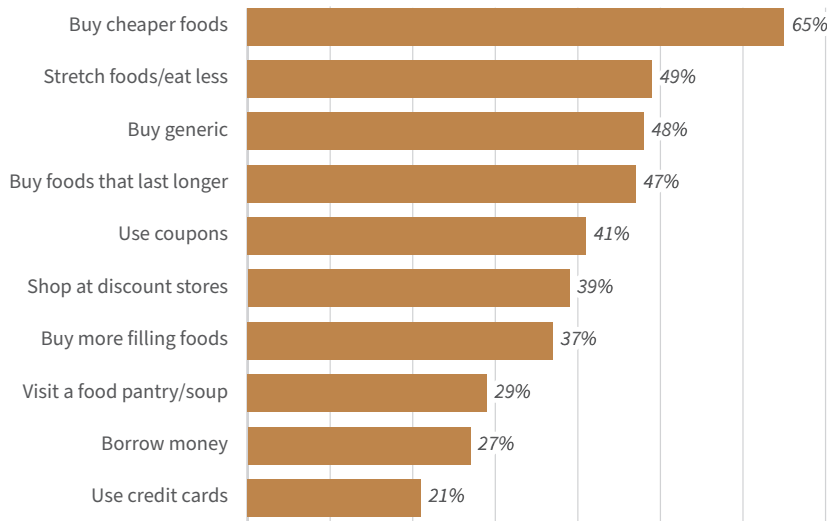
Top left: Census block population ranges and the locations of SNAP retailers and WIC vendors.

Top right: Percentage of children per capita that qualify for free school lunch within each county.

What the Research Shows

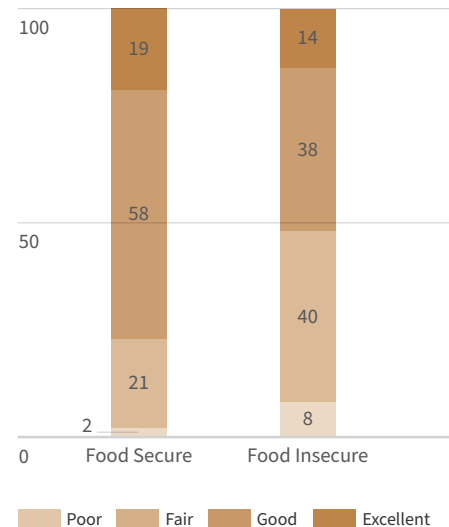
(selected data from research)

Tradeoffs New Yorkers Make to Afford Food



Source: NY Health Foundation

Self-Reported Health (Overall)



Source: NY Health Foundation

Top left: Graphical representation of the trade-offs people make to afford food.

Top right: How people report their self-reported health. Food insecure individuals more often reported poor or fair health compared to food secure people.

What We Are Hearing

(Adirondack Foundation stakeholder meeting and survey results)

1. Lower income families in rural settings have fewer healthy food SNAP options.
2. Lower income families often do not have cars.
3. Lower income families have to drive farther to get food.

Cyphers, L. (2024, March 7). Adirondack Food System Network: A Story Map. Adirondack Health Institute.
<https://storymaps.arcgis.com/stories/f7cc793c10e84b268f81630439033b1a>

Hunger Solutions New York. (n.d.). Food Insecurity and Federal Nutrition Program Participation.

<https://hungersolutionsny.org/resources-action/hunger-in-nys/food-insecurity-and-federal-nutrition-program-participation/>

2. Health/Access to Specialty Care

Access to consistent, high-quality care is crucial to the wellbeing of the region's population. However, Adirondack communities encounter barriers to healthcare access, including geographic distance, seasonal fluctuations, and workforce shortages in the healthcare sector. These barriers lead to poor health outcomes that further strain the social safety net.

Inability to Retain Trained/Skilled Labor in the Adirondack Region

Interviews with healthcare providers underscore accessibility issues, including difficulties finding specialty providers and long wait lists for pediatric care, echoing broader issues identified in regional health assessments and highlighting the necessity of a comprehensive safety net approach.

Health Professional Shortage Areas (HPSAs) highlight significant gaps in primary, mental, and dental health services, straining both the healthcare system and the social safety net. Every county in the Adirondack region, apart from Essex County, is considered an HPSA (Rural Health Information Hub, 2024).

A provider in the mental health sector said that it has become more difficult to recruit providers graduating from local programs, as more competitive salaries located downstate have led to more individuals moving/relocating once they are educated here in the Adirondack region. "The numbers have just dropped considerably. And I do wonder if it's a lack of recognition, I think it's really a systemic issue where the providers aren't paid, what they should be paid" (Focus Group).

In addition to healthcare provider shortages, transportation infrastructure in the Adirondack region poses significant challenges. The rural nature of the area, coupled with limited public transportation options and long distances between towns and medical facilities, creates barriers for residents seeking medical care. Many individuals, especially those without personal vehicles or reliable transportation, struggle to travel to appointments, leading to missed or delayed healthcare services.

High Demand for Specialty Care Services

Many Adirondack residents still face barriers to essential healthcare services, particularly in specialty areas like mental health, addiction, and dental care, necessitating a coordinated effort to strengthen the social safety net and ensure equitable access.

Perhaps the most poignant evidence is from the focus groups, where one participant said, "The amount of mental health referrals that I do through a pediatric doctor's office for adults would blow your mind ... and there's nothing there. And that also goes for the children when we're doing developmental assessments. There's over a year wait list right now. So never mind not accessing providers, now they can't even get seen to have a diagnosis, which opens up more services and supports for the child."

The participant continued, "So we've done a lot of collaboration with our local mental health agencies [to] provide counseling services here in the pediatric office for the children. But that too has diminished and is much less available since COVID. We used to have two to three providers here, now we only have one, one day a week" (Focus Group).

Another provider mentioned, "We're seeing a lot of requests from child care providers for training on behavior management or on-site visits, because they have children in programs who clearly are not getting ... the services they need" (Focus Group). Another participant mentioned that the only licensed clinical social worker for the entire region left during the pandemic, and that position has yet to be filled.



Innovation Example: Mobile Health

Since many individuals experience transportation barriers in getting to medical appointments, some care providers have turned to bringing healthcare to the individual, rather than the reverse. One participant remarked, “Yeah, we do have mobile mammography that comes up here ... as a result of our collaborative efforts. This year, they were here two days in May, one in July, two in two days in September. So that’s a great opportunity. They [the healthcare providers] park in the town parking lot. And again, it’s saving that drive ... one way an hour drive at least to get ... a mammogram. ... So, yeah, if we could have more specialists come up here, that would be even greater” (Focus Group).

Innovative solutions like this may have the potential to reach and provide more healthcare to individuals, especially for preventative care.

In addition to mobile health solutions, some healthcare systems have turned to telehealth to provide those in rural communities the ability to access services from their homes. Though this deserves laud for the effort, it is important to note this does not work for every demographic.

Innovation Example: Telehealth

Sometimes in-person visits are much more beneficial and advantageous. As one healthcare provider mentioned, “So for early intervention in the preschool programs, we’re working with children birth to five and that realm, and we’ve gotten really creative as clinicians and therapists to do telehealth, but obviously it’s not the same as being in the room.... I’ve tried doing telehealth, it’s very difficult to keep a four-year-old engaged via telehealth.... As a service provision tool, I don’t see it being as effective as in person” (Focus Group).

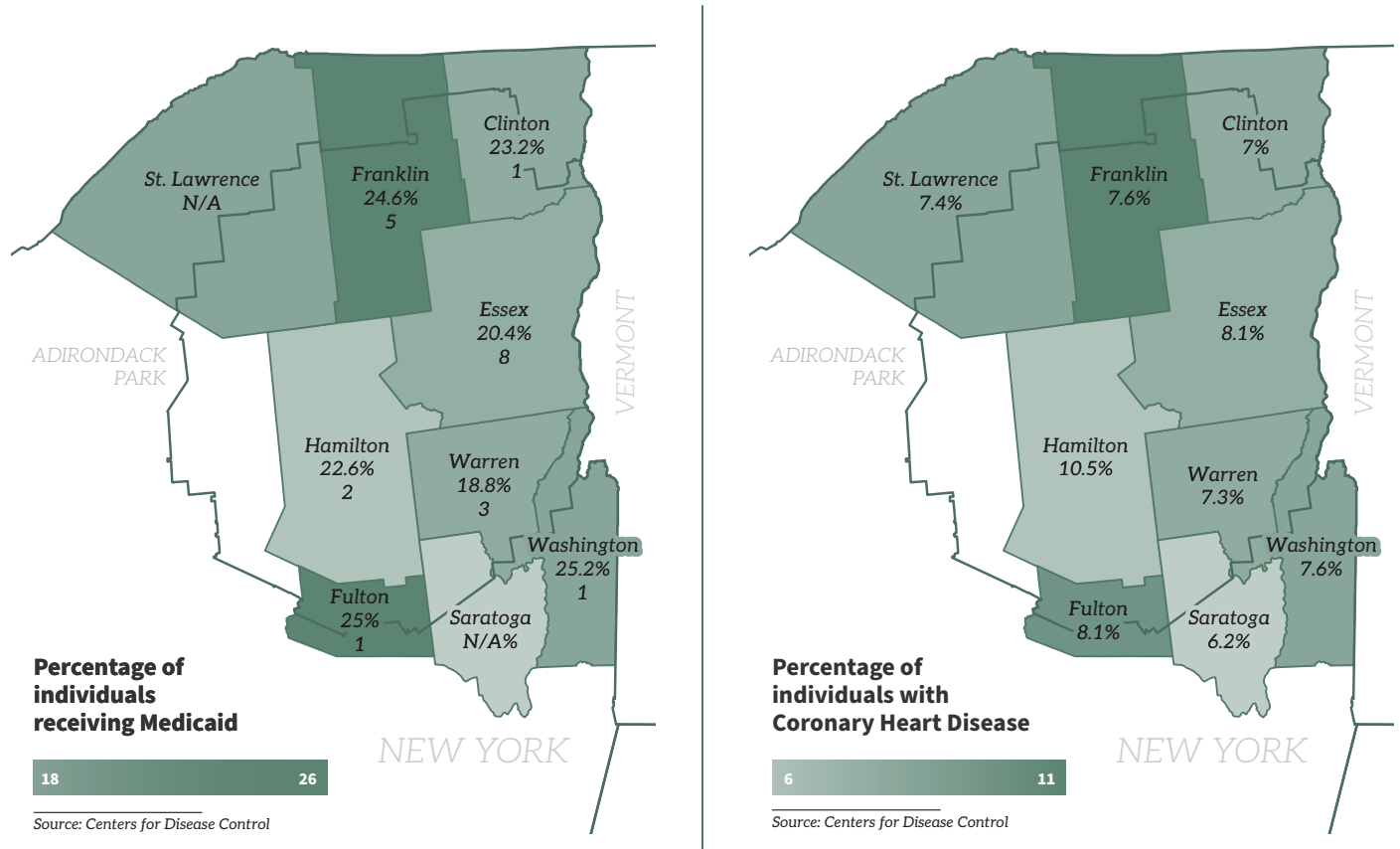
Telehealth is also virtually impossible for those who do not have broadband service. Melinda Ellis, District 7 Franklin County Legislator, said, “Telehealth visits are an encouraging development for rural regions like ours. But we understand that over the last few years about 30 percent of telehealth visits in our region failed because reliable, effective broadband wasn’t available” (Marchand, 2023).

Though telehealth provides an innovative solution for some, still, funding and infrastructure need to be addressed to ensure a sustainable telehealth approach that works for more Adirondack communities and providers.

Health Dashboard

Bird's-Eye View

(a geographic perspective of challenges our region faces)



Top left: Percentage of individuals receiving Medicaid per country with the number of Health Professional Shortage Areas per country.

Top right: Percentage of population with coronary heart disease.

What the Research Shows

(selected data from research)

Metric	Higher/ Lower	ARHN Region	State Comparison	Upstate Area Comparison
Childhood Obesity	Higher	18.3%	N/A	16.0%
Did Not Receive Medical Care Due to Cost	Similar	10.0%	11.2%	9.8%
Adults with Disability	Higher	25.6%	22.9%	22.8%
Adults with Asthma	Higher	12.0%	9.5%	10.1%

Top left: Many health-related metrics show incidence of health challenges among the Adirondack region's population.

What We Are Hearing

(Adirondack Foundation stakeholder meeting and survey results)

1. The distance to service providers provides a challenge for getting to and from medical visits.
2. There is a large demand for increasing healthcare workforce capacity and retention, particularly in underserved areas.
3. Demand for mental health services is high.

Cyphers, L. (2024, March 7). Adirondack Food System Network: A Story Map. Adirondack Health Institute.
<https://storymaps.arcgis.com/stories/f7cc793c10e84b268f81630439033b1a>

Adirondack Health Institute. (2019). ARHN regional snapshot.
<https://ahihealth.org/wp-content/uploads/2019/08/2019-ARHN-Region-Snapshot.pdf>

3. Transportation

With six million acres in the Adirondack Park, transportation between communities remains a long-standing challenge. Transportation is a key limiting variable for equitable access to a variety of social drivers of health such as those called out in this report: healthy food, healthcare access, child care, education, and workforce stability.

Public Transportation Not Accessible to All in the Adirondack Region

In comparison to the national average of 8.3 percent of households with zero vehicles available, data reveals that several Adirondack counties face higher rates, with Franklin County notably reaching 11% (Census.gov, 2024). Furthermore, a significant portion of households in the region have limited vehicular access, with approximately 43 percent possessing one vehicle or less (ARHN Region Snapshot, 2019). Considering there are 14 people per square mile (Visit Adirondacks website, 2024) in the Adirondack region compared to the New York State average of 428.7 people per square mile (HRSA Maternal and Child Health, 2023) — a person without a vehicle in the Adirondack region is at a severe disadvantage.

Though public transit options are available in most counties, routes and times are often inconsistent or inconvenient. For example, in Herkimer County, public transportation is only available to senior citizens age 60 or older (Herkimer County website, 2024). Even though the Adirondack region is known for its vast landscapes and rural populations, many residents rely on public transportation. Smart Growth America reported, “Many people think the only Americans regularly relying on transit to reach jobs and services live in big cities. Yet the majority of counties with high rates of zero-car households are rural” (Bellis, 2024).

Additionally, when one of the focus groups was asked what the biggest gaps in service are in the region, a participant remarked, “Transportation always! Living in a rural area, that’s never going to go away” (Focus Group).

Lack of Public Transportation Leads to Using Emergency Services for Non-Emergencies

Unfortunately, the dearth of transportation resources, as well as the large distance needed to access healthcare facilities, has led to some individuals utilizing emergency services for incidents that were not an emergency. One individual remarked, “We have statistics that show that there are an unhealthy number of residents that take transportation via ambulance down to Utica that aren’t necessarily [an] emergency” (Focus Group).

Volunteer Drivers Aging Out

During an actual emergency, lack of transportation is a barrier to accessing needed services. Some communities have turned to volunteerism to fill the transportation gap. One participant remarked,

“A positive is that we have Community Transportation Services, which is, I think, is a roughly 30-year-old nonprofit . . . that does ambulatory transportation to doctor’s appointments. And they do serve the Inlet area and Racquette Lake as well as the Town of Webb area. But again, volunteer drivers, and most of those drivers are aging out. But they transport to doctor’s appointments like Rome, Utica, Syracuse, possibly even Albany, Rochester, you know, depending on the need. . . . If we don’t start getting some more transportation options up here, we’re going to be in trouble” (Focus Group).

Transportation Availability Leads to Greater Economic Development

In addition to providing better health outcomes, access to transportation can contribute to a more robust economy for the Adirondack region because workers seeking stable employment require a reliable mode of transportation.

Here are some themes that developed as support for transportation and the role it plays in establishing workforce stability:

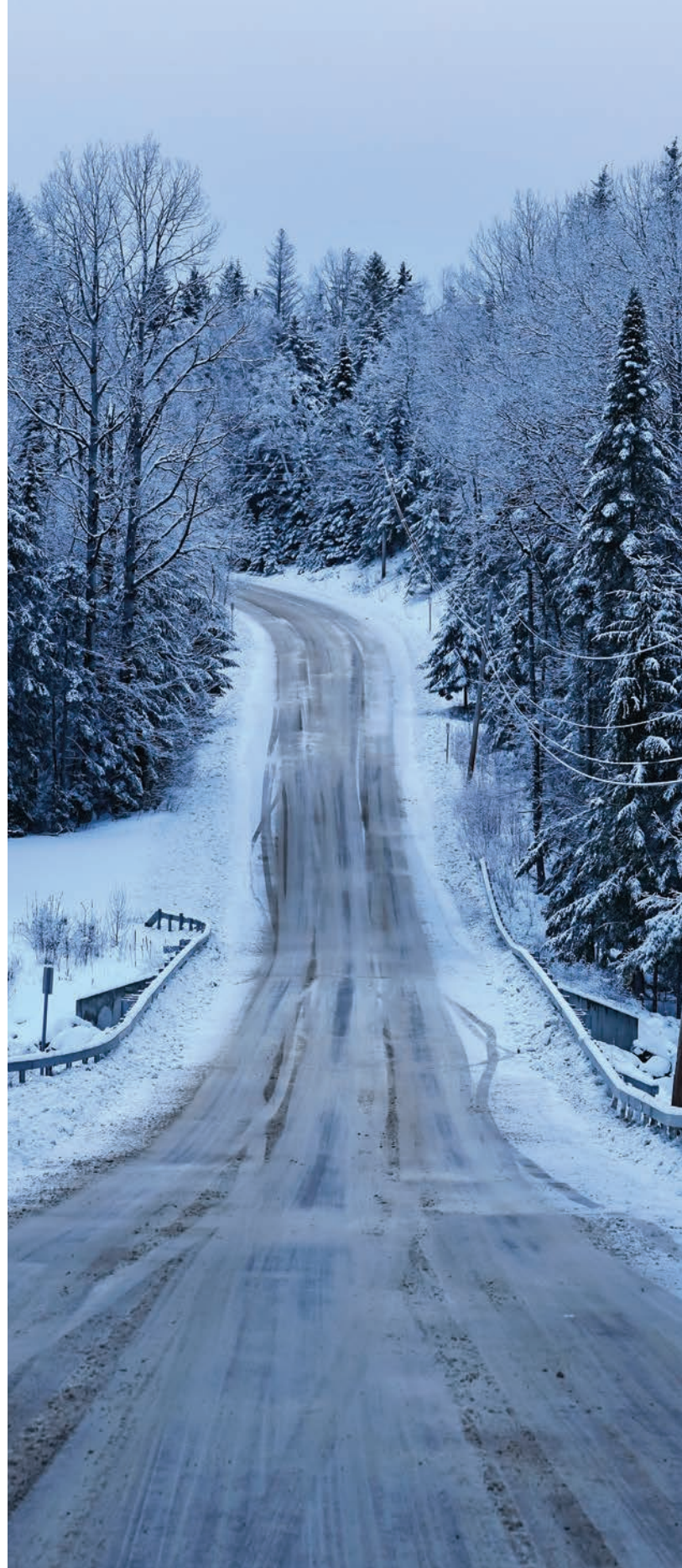
Access to Job Opportunities: Reliable transportation enables individuals to access a broader range of job opportunities beyond their immediate vicinity.

Consistent Work: Reliable transportation ensures that individuals can commute to and from work consistently, allowing them to maintain regular employment schedules. For those in the Adirondack region, extreme temperatures and terrain further exacerbate the challenges of maintaining reliable transportation.

Access to Training and Education: Transportation is essential for accessing training programs, vocational schools, or higher education institutions.

Reliability and Efficiency: Having reliable transportation means individuals are less likely to miss work due to transportation-related issues such as breakdowns, delays, or limited public transit options. This reliability contributes to job stability and consistent income.

Though transportation is needed to maintain stable employment, the availability and supply of stable jobs within the local economy must be established. Next, the implications for Workforce Stability in the Adirondack region are explored.



4. Workforce Stability

The Adirondack region faces significant challenges in providing stable, year-round employment due to its heavy reliance on seasonal industries like tourism, coupled with issues such as transportation barriers, inadequate child care options, and a regulatory environment that complicates small business growth. This dynamic creates a workforce marked by fluctuating incomes and limited benefits, impacting families and local economies alike.

Short Supply of Stable, Year-Round Employment in the Adirondack Region

Unfortunately, many of those living in the Adirondack region experience unstable employment with fluctuations throughout the year. At the same time, both private and public sector employers have recently faced a labor market where open positions outnumber qualified applicants. Tim Rowland (2022) reported in the Adirondack Explorer, “Workers today are in the driver’s seat and can dictate terms— and they know it. Some employers have had to go, hat in hand, back to employees they’ve previously fired and beg them to return.”

Conversations about the Adirondack region’s employment challenges stayed consistent across the research team’s interviews. A 2021 report from the Joint Council for Economic Opportunity of Franklin and Clinton Counties said, “17.5% percent of JCEO consumer survey respondents indicated that they needed help finding a better job which is up from 10% of respondents in 2017.” Many residents are finding that their wages are not keeping pace with rising costs.

Adirondack Jobs Dependent upon Seasonal Fluctuations

The regional economy depends heavily on seasonal tourism. In Essex County, only 61.0% of laborers have full-time jobs where they work all year (United States Census Bureau, 2023). Across the Adirondack region, seasonal employment numbers increase during the summer months in every county. In Hamilton County, employment numbers more than double during the summer months as opposed to the rest of the year (Census Quarter Workforce Index, 2023). Due to these seasonal shifts, a sizable portion of the regional workforce is vulnerable to economic swings. One nonprofit organization leader offered the following example of the challenges her organization confronts: “Often a lot of our families are working, but they’re working in the service industry, which is another challenge... It’s not so much that the wages are low, it’s just that they’re not guaranteed all year long” (Focus Group).

In addition, residents’ experience of employment fluctuations puts pressure on families to make periods of income stretch across longer droughts. This leaves



families exposed to changing economic factors like inflation. A nonprofit organization’s leader described the fragile financial situation of a family dependent on seasonal landscaping work: “We used to have families that would save a certain amount of money every month, and that would get them through those four months that they weren’t working. We’re not seeing that anymore.... they can’t save the money because things are more expensive” (Focus Group).

If not addressed, the predominance of seasonal employment will continue to drive young families to make difficult decisions about whether they stay in the region or seek more stable employment opportunities elsewhere.

Unfortunately, current market conditions coupled with the overall landscape of the local economy creates an unstable and inefficient market, which leaves little incentive for creating and maintaining local businesses in the region.

Ultimately, this affects the quality and quantity of jobs available within the region.

Lack of Business Development and Attraction

Small businesses are the backbone of economic development and stability in the Adirondack region. According to the Census Quarterly Workforce Indicators (QWI), the five combined counties of Clinton, Essex, Franklin, Hamilton, and Warren counties indicate that 54% of workers are employed by small businesses that employ fewer than 250 people. In the rest of the state, only 41% of workers are employed by companies of 250 or fewer, and in NYC, that number is even lower, with only 29% of individuals working in small businesses of 250 people or fewer. Hamilton County, not surprisingly, reports that 95% of jobs are in businesses with fewer than 250 people — with 69% of those jobs being in businesses with fewer than 20 employees (Census QWI, 2023). In the Adirondack region, almost a third of the workforce is employed by businesses with fewer than 20 people.

These numbers illustrate the fundamental role small businesses play in the Adirondack region’s economic and business development ecosystem. Nonetheless, it is important to note that New York State’s labor policies, particularly regarding wage and hour requirements, can pose challenges for small businesses to provide salaried, full-time employment for their employees. This may reduce a small business owner’s incentive to grow and hire more employees.

One key aspect is the threshold for exemptions from overtime pay. In New York State, this threshold is higher compared to other parts of the United States. The New York State threshold is \$58,458.40 per year and \$67,600 for executive, administrative, and professional capacities, as opposed to \$35,568 for the national federal requirement (Ogletree & Deakins, 2024).

Since the threshold for exemptions from overtime pay is higher in New York State compared to other states, more employees may be entitled to overtime pay under state law. For small businesses, this can significantly increase labor costs, especially if they have a workforce that works long hours. As New York State has attempted to deliver and create livable wage jobs, these policies have inadvertently created fewer salaried positions with benefits. As mentioned above, most jobs within the Adirondack region are dependent upon seasonal fluctuations. Ultimately, the seasonal structure of the regional economy, combined with New York State’s unique labor policies, has led to fewer business owners being able to provide a stable salary with benefits to their employees throughout the year.

Innovation Example: Business Alliances and Economic Development Non-Profits

Within the Adirondack region, there is a paucity of skilled-trade professionals. Small Business Development Centers (SBDCs) provide invaluable support to small business owners, including those in the trades, by providing “free business advising and free and low-cost training to startups, entrepreneurs, and small business owners with goals to grow and stay competitive in NY” (SBDC website, 2024).

Unfortunately, there are no physical SBDCs in the Adirondack region. In 2011, Governor Andrew Cuomo created Regional Economic Development Councils (REDC) to create and develop long-term regional strategic plans for economic growth (New York State Economic Development Council, 2024). Clinton, Essex, Franklin and Hamilton counties fall within the North Country REDC, along with Jefferson, Lewis, and Saint Lawrence counties, while Warren County is part of the Capital Region REDC.

Additionally, various small business development offices, planning boards, and non-profits have stepped in to fulfill the business need in the region. Though these organizations provide much help and assistance to small businesses in the Adirondack region, it is important to note that many small business owners do not know of the available resources due to a lack of consolidated efforts from all these various entities.

Lack of Child Care Options Hinders Workforce Stability

Limited child care options prevent some parents from being able to work or hinder their career options. One Focus Group participant said, “I think what impacts the families the most is transportation, child care, and housing, nothing is consistent for them. And so, it’s very volatile” (Focus Group).

Another child care provider said, “I did run a child care center for eight years. And it folded.... It was a large center [of] 117 children. That was because we couldn’t afford to keep staff and operate at that current rate. And that was pre-pandemic; we had to shut down” (Focus Group). Unfortunately, this is not the only facility that has closed its doors and shut down.

The Adirondack Birth to Three Alliance, a project of Adirondack Foundation, issued a report entitled *Child Care in the Adirondacks: A Review of Capacity and Assistance*, which noted that in 2019, 75% of the Adirondack region was considered a child care desert. According to the Office of Children Families, “Child Care Deserts are census tracts where there are 3 or more children under 5 years of age for each available child care slot, or there are no available

child care slots in that census tract” (OCFS website, 2024). Since the pandemic, the region’s child care capacity has further declined. Franklin County had an almost 50% decrease in child care capacity, while Essex County saw a 40% decrease (Adirondack Birth to Three Alliance, 2024).

To help alleviate the child care crisis, New York State has invested heavily in child care assistance programs, including granting subsidies to families of young children to pay for child care services. Notably, while 77% of Franklin County is eligible to receive such assistance, only 2.9% have taken advantage of this offer (Adirondack Birth to Three Alliance, 2024). Though it is unclear why so few individuals participate in this assistance, the limited capacity of available child care options for families in the North Country certainly plays a critical role in this problem.

The lack of adequate child care options forces many parents and caregivers out of the workforce, exacerbating the labor squeeze. Unfortunately, this leads to many employers being unable to reliably recruit and retain talent in the Adirondack region. The lack of quality and available permanent local housing options further complicates the issue of finding retaining a stable workforce.





Workforce Stability Dashboard

Bird's-Eye View

(a geographic perspective of challenges our region faces)



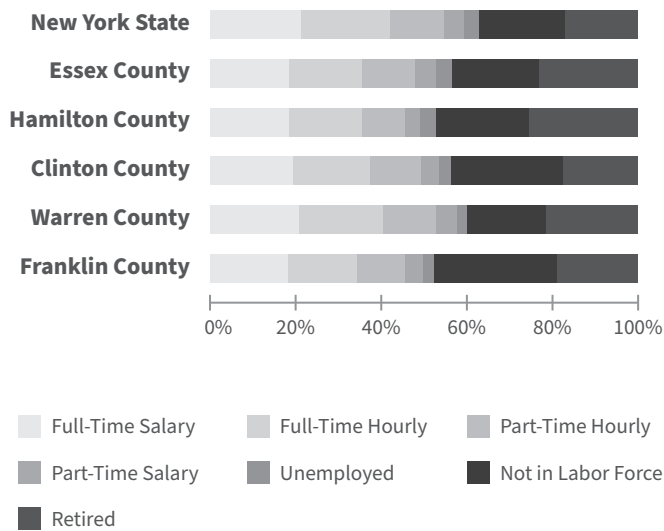
What the Research Shows

(selected data from research)

Below left: Percentage of adults in full-time, part-time, hourly, and salaried positions, or unemployed or retired in NY State, compared to ADK counties.

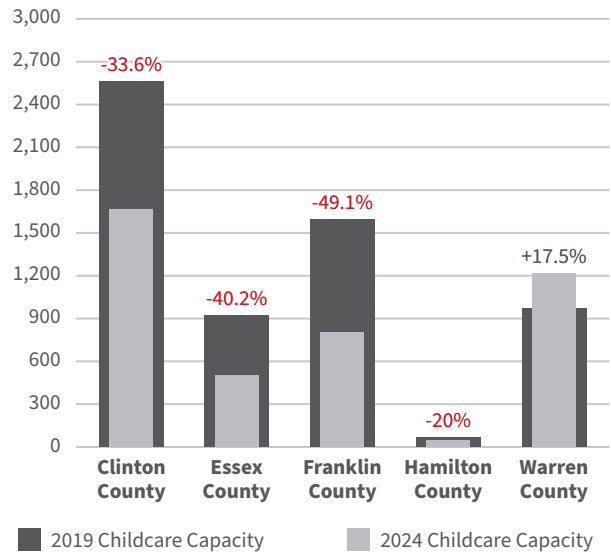
Below right: Changes in childcare capacity in Adirondack counties.

Regional Employment Status



Source: Alice

Change in Childcare Capacity



Source: Adirondack Birth to Three Alliance

What We Are Hearing

(Adirondack Foundation stakeholder meeting and survey results)

1. Business development and attraction for year-round, stable jobs is crucial for economic development.
2. Access to high quality childcare is needed to ensure stable jobs and employment opportunities unfortunately childcare capacity has dramatically decreased in the past 5 years.

New York Small Business Development Center. (n.d.).
New York SBDC locations (view a dynamic map).
<https://nysbdc.org/locations/locations-static.html>

New York State Office of Children and Family Services.

United for ALICE. (2023). ALICE in the crosscurrents: COVID and financial hardship in New York. <https://www.unitedforalice.org/county-reports/new-york>

Child care in the Adirondacks: A review of capacity and assistance. (2024). [Flyer]. Adirondack Birth to Three Alliance.

5. Housing Stability

The housing crisis in the Adirondack region is characterized by a combination of factors that contribute to limited affordable housing options for residents. Addressing the housing crisis in the region requires a comprehensive approach that involves increasing the supply of affordable housing, promoting equitable economic development, improving transportation infrastructure, and implementing policies to protect and support local residents. Collaboration between government agencies, community organizations, and stakeholders is essential to develop and implement effective solutions that address the diverse needs of the region's residents.

High Demand and Limited Supply of Housing Creates Market Inefficiencies

One significant challenge residents in the Adirondack region face is the high demand for housing, driven partly by the region's popularity as a tourist destination, combined with an extreme decline in the pace of development. This creates an unequal demand in the market, inflating property prices and rents, and making it difficult for residents, including those in the workforce, to afford suitable housing.

Another contributing factor is the seasonal nature of the economy, with many jobs tied to tourism and outdoor recreation. This creates fluctuations in employment and income levels, making it challenging for individuals to secure stable housing year-round. Additionally, the lack of available land for development and restrictive zoning regulations in certain areas further constrain the supply of affordable housing.



Affordability Gap Widens as Demographic Shifts Exacerbate the Housing Crisis

The housing crisis is exacerbated by demographic trends, including an aging population and outmigration of young people seeking better economic opportunities elsewhere.

During the course of interviews with the various focus groups, housing repeatedly took center stage as an urgent cluster of problems in dire need of systems-level solutions. Writing for the Adirondack Explorer, Tim Rowland described the housing situation in the Adirondacks this way: “Housing in the Adirondacks today, if it can be found at all, is unaffordable, not just to long-time residents, but to the young professionals with kids — the very demographics the Adirondacks is trying to attract” (June 1, 2023). Alexis Subra, writing for the Adirondack Almanack in 2021, described the experience of moving back into the area and looking for a suitable home as a 10-month ordeal that opened her eyes to how even the more privileged of Adirondack residents are now finding themselves priced out of a housing market characterized by rising costs and transient occupants.

For those able to secure housing, the prices of homes do not match the level of income within the Adirondack region. Most residents in the region spend more than 30% of their household income on housing, which leaves little room for other necessary expenses and emergencies (Rowland, 2023). “More alarmingly, 10% are severely cost burdened, spending more than 50% of their income on housing expenses” (Camoin Associates, 2023). More than 20,000 residents from Clinton, Franklin, Essex, and Hamilton Counties live in cost burdened households or experience severe housing needs (Camoin Associates, 2023).

Becca Halter, Stewardship & GIS Manager at the Adirondack Land Trust (2023), provided the numbers on how unaffordable housing is in terms of income to cost. “While the median house price in the area is a relatively low \$179,900, the median income for common jobs is

only \$38,000. This leaves an earnings gap of \$11,000 to \$53,000 to afford a median priced home” (Halter, 2024). Camoin Associates also cited the affordability gap between incomes and the price of homes. The home price affordability gap for Essex County stands at \$52,876.

This affordability gap is directly related to the workforce issues discussed earlier — in the same report created by Camoin Associates (2023), researchers found that nearly 40% of Adirondack employers have had prospective employees turn down positions because of these affordability issues.

Workforce housing was specifically called out by a cohort of mental health and substance use providers interviewed for this study. While acknowledging all the ongoing challenges Adirondack residents face in the housing market, they pointed out that “the other issue is not just housing for general constituencies, but there’s no workforce housing. So, you can offer a very good salary to come in and work in our not-for-profits and human services, but there’s nowhere to live” (Focus Group).

Regional Net Growth Lags behind Need

Interviewees in the education sector confirmed their experience of this dynamic: “We don’t have housing here. When I interviewed teachers, one of the first things I talked about is housing. Because if I hire somebody, I want to make sure that I have a place for them. We are a housing desert, we do not have houses because people are buying them up for VRBOs. And there’s literally no houses” (Focus Group).

This participant is hardly exaggerating in their assertion that there are “no houses.” The regional net growth in housing development in the past decade has increased by .1% as opposed to 6.7% increase for the national average. (Camoin Study, 2023; www.census.gov, 2021). “Overall, the average pace of housing development in the region has declined by 39% over the past 10 years compared to the previous 10 years” (Camoin Associates, 2023).



Short-Term Rentals Consume Housing Availability and Services for Year-Round Residents

The Camoin study found that, year over year, the short-term rental (STR) market grew by nearly 50% from 2022 to 2023, reaching 2,500 total units in just the four counties of Clinton, Essex, Franklin, and Hamilton alone. These rentals are often entire homes, rather than rooms or apartments, and due to the desire to attract tourists, are frequently in the more desirable areas of the region, further contributing to the marginalization of year-round or long-term Adirondack residents. In Hamilton County, 81% of housing stock is seasonal (Camoin Associates, 2023). Moreover, nearly 30% of the residences in those four counties are “unoccupied,” mostly due to “seasonally vacant” homes related to the region’s tourism as well (Camoin Associates, 2023).

Similarly, Becca Halter, in quoting numbers from the Regional Office of Sustainable Tourism, said, “Along with visitors, the Adirondacks is also a beloved place to own a second home. Some homes go back generations of family members traveling up to enjoy the region’s fresh air and cool lakes. These residents bring with them a marked fluctuation as seasonal populations go from 137,000 residents to 337,000 residents. This means the population in Adirondack towns more than doubles in the popular summer months!” (Halter, 2024).

Due to this influx and increase of STRs, many local municipalities have developed various policies and strategies aimed at regulating current and prospective STRs. Through these regulations, many towns hope to mobilize the resources available to best assist the local communities with their own housing woes.

Nonetheless, many of the towns in our region face an uphill battle in establishing viable infrastructures necessary to create and maintain a community. One such issue includes the dilemma of updating preexisting sewer systems. The limited populations experienced by all towns and villages across the Adirondack region makes it impossible for sewer or large infrastructure projects to be initiated due to small populations and a lack of economies of scale. Unfortunately, many of these towns are also disqualified from state or federal grants to assist with these updates or plans due to wealthy homeowners throwing off the numbers for establishing need. Tim Rowland (2024) from Adirondack Explorer explained that these inflated median incomes boost the area median income, and don’t truly convey the actual incomes

reflected by most of the members of the community. For example, Speculator’s median income is \$77,000. Hamilton County’s is \$13,000 less than this (Rowland, 2023). As Tim Rowland (2023) further reports, “So the conundrum is this: Speculator’s population is too small and too poor to pay for sewer — yet, according the metrics that determine these things, it is too wealthy to need any help.”

Many towns and villages are stuck between a rock and a hard place in navigating under current conditions.

Innovation Example: Home Rehabilitation

Camoin Associates produced a housing survey in which it provided a range of potential housing strategy solutions and asked survey participants to indicate their level of interest in each. Of the strategies listed, respondents were the most interested in programs “to assist with the renovation/improvements of existing housing units” (Camoin Associates, 2023). Considering the average age of the region’s housing stock is 55 years old, this gives our region plenty of opportunities for development and growth. Though some NYS initiatives have been created to incentivize home rehabilitation, these public programs are often overlooked by larger development firms and institutional investors because many of the developments needed in the Adirondack region are too small to make it worth their while. Kevin Kavanaugh, Executive Director for Blue Line Development, told Tim Rowland, “For institutional investors, who receive a fraction of the tax credits and write-offs for depreciation, 60 units is the magic number that makes it worth their while” (Rowland, 2023). Unfortunately, anything with 60 or more units is bigger than many Adirondack communities can absorb.

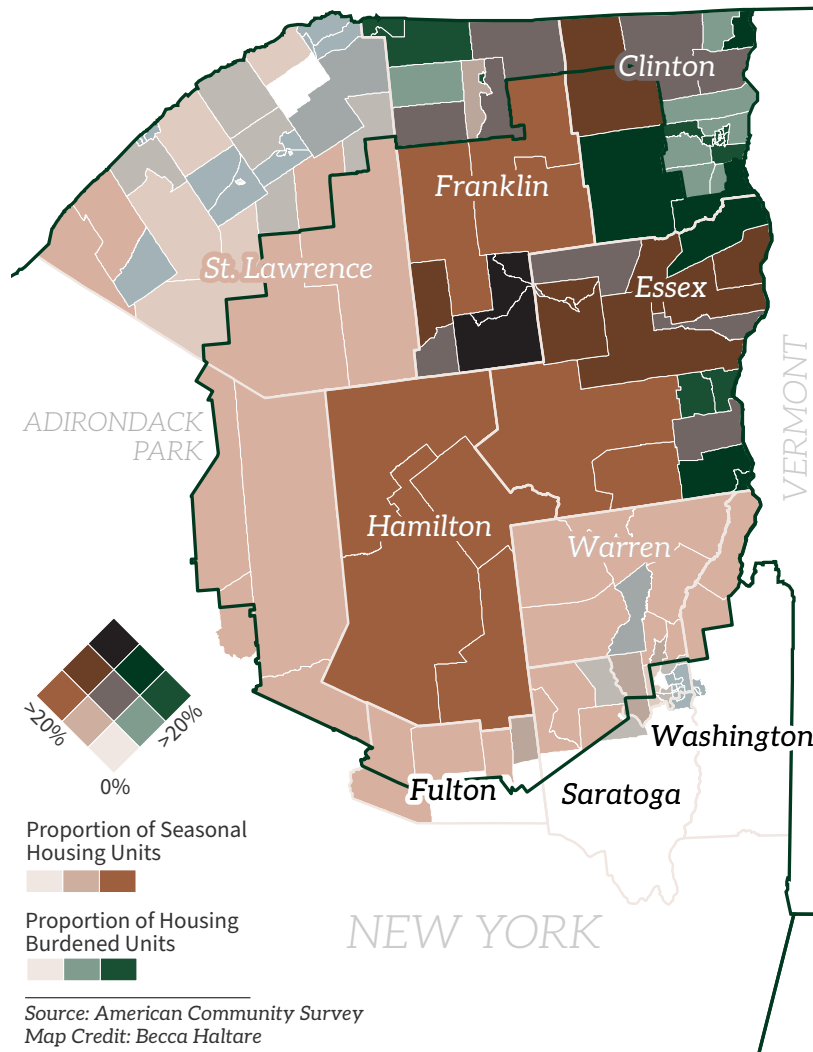
The Adirondack Community Housing Trust was created in 2007 through an initiative by Senator Betty Little to keep a selection of Adirondack Park homes affordable for local residents and families to purchase. Through this program, resale limitations are placed on the property so they “will be passed on to other income-qualified families at affordable prices” (ACHT website, 2024).



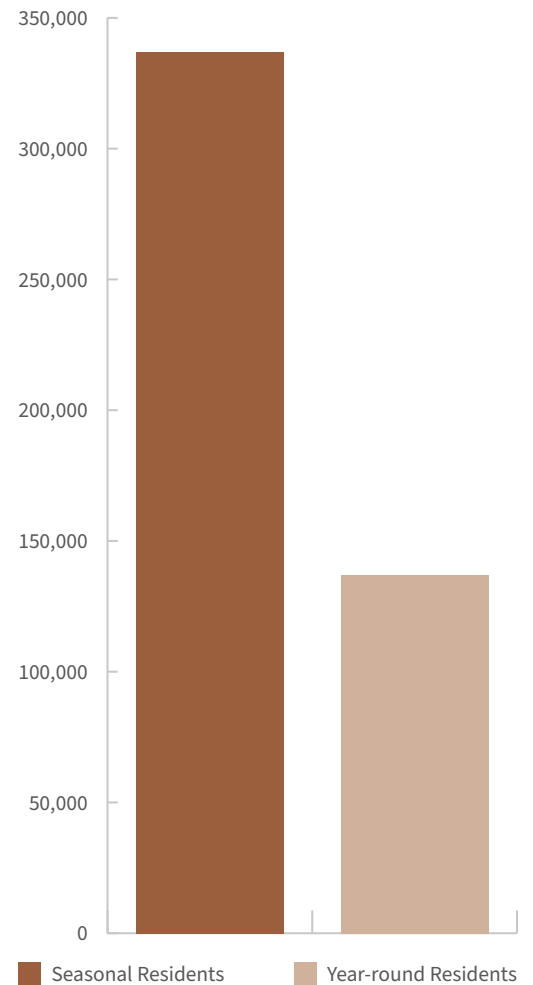
Housing Stability Dashboard

Bird's-Eye View

(a geographic perspective of challenges our region faces)



Ballooning Change in Residents



Top left: Seasonal housing units in the Adirondack Region.

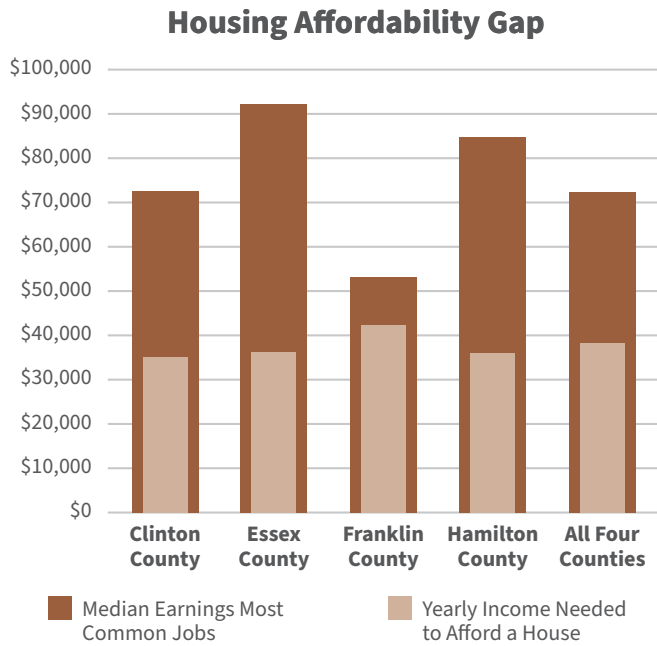
Top right: Seasonal residents versus year-round residents.

What the Research Shows

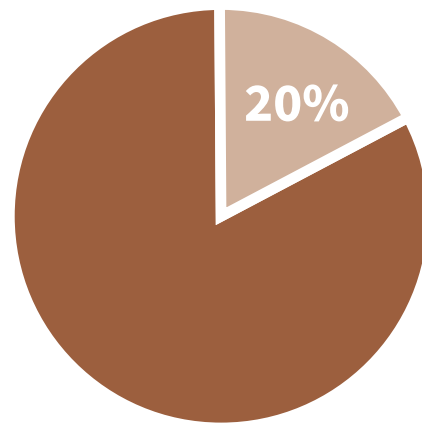
(selected data from research)

Below left: Median earnings of most common jobs versus the yearly income needed to afford a house.

Below right: Seasonal housing versus year-round housing available.



Residential Stay Periods



Source: Camoin Associates

What We Are Hearing

(Adirondack Foundation stakeholder meeting and survey results)

1. A high demand for housing with limited supply has created economic disequilibrium, leading to market inefficiencies.
2. The Affordability Gap of housing is driving out young families and exacerbating the housing issue further.
3. Housing development has not kept pace with demand.

Halter, B. (2024, February 16). *Housing crisis in the Adirondacks*. ArcGIS StoryMaps. <https://storymaps.arcgis.com/stories/f34184b4fe5b44fa9a3b7efb4c01a01a>

Lake Champlain Lake George Regional Planning & Camoin Associates. (2023, March).

Building balanced communities for the North Country: A comprehensive housing study and strategy. Workforce Housing (lclgrp.org)

6. Social Cohesion

Social cohesion encompasses trust, solidarity, connectedness and a sense of belonging within communities. Though it is often overlooked, it impacts health outcomes and helps to keep the social safety net intact. It intertwines with social capital, social efficacy, and social connection, forming the fabric of community wellbeing.

Social Cohesion Needed for Individual Health as Well as Community Development

Social cohesion has only recently risen to prominence as a way to understand the effects of certain communal and relational dynamics on physical health and psychological wellbeing. This refers to the “strength of relationships and the sense of solidarity among members of a community,” (Office of Disease Prevention and Healthy Promotion, 2020), and there are a wide variety of indicators to understand any given community’s degree of social cohesion. While conceptually looser than many other social drivers of health, social cohesion and its relationship to population health consistently came into focus as a key characteristic in the Adirondack social care landscape.

Dr. Tedro Adhanom Gebreyesus, Director-General of the World Health Organization said, “High rates of social isolation and loneliness around the world have serious consequences for health and well-being. People without enough strong social connections are at higher risk of stroke, anxiety, dementia, depression, suicide and more.” Additionally, more than half of Americans felt like “no one knows them well” (Brooks, 2024). Despite its importance, quantitative research on social cohesion in the Adirondack region remains limited. Qualitative insights from stakeholders shed light on the concerns of social efficacy and isolation, revealing the complexities of the region’s social landscape. Issues such as the lack of access to after-school activities for children, frequent relocations among vulnerable families, transportation challenges, and geographic isolation emerge as significant barriers to building social capital.

In this context, the social safety net plays a pivotal role, serving as a central connector and support system for individuals and families navigating various challenges. Addressing the multifaceted barriers to social cohesion requires holistic approaches that consider the interconnectedness of housing, workforce, access to healthcare and healthy food, transportation, and social services. By fostering stronger social ties for vulnerable populations as well as all those living within

the region’s communities, efforts to enhance social cohesion can contribute significantly to improving overall health and wellbeing in the Adirondack region.

COVID-19 Pandemic Exacerbated Issues -from Social Isolation

The COVID-19 pandemic likely intensified experiences of isolation, particularly among older adults, further underscoring the importance of addressing social cohesion in rural areas like the Adirondack region. Isolation in the region manifests in numerous ways, complicating access to essential services, hindering collaboration, and exacerbating social needs. Yet, amidst these challenges, a spirit of neighborliness and collaboration thrives, with communities rallying together to support one another.



COVID-19 Pandemic Brought Awareness and Strategies to Develop Social Cohesion

Efforts to address structural and social aspects of isolation should embrace creativity and partnership, tapping into the resilient spirit that characterizes the region's communities. The COVID-19 pandemic, while straining social care systems, also catalyzed collaborative initiatives aimed at closing systemic gaps, signaling a renewed commitment to collective action and support within the region. Holt and Smith (2023) found that "our relationships impact our physical health so profoundly that chronic loneliness and isolation can be as dangerous as a pack-a-day smoking habit. Loneliness can shorten your life span by about five years." Additionally, though medicine and medical care are important in maintaining an individual's overall health, they only represent a portion of an individual's overall health. Hood et al. (2016) asserted, "the relative contributions of socioeconomic factors, health behaviors, clinical care, and the physical environment to the health outcomes composite score were 47%, 34%, 16%, and 3%, respectively." When adding both socioeconomic factors and physical environment, one can see that encompasses more than 50% to an individual's overall health.

Ultimately, without the balance of the five domains mentioned previously, social cohesion problems will become intensified. Nonetheless, through creative problem-solving and innovation, a balanced approach to the five domains will lead to greater amounts of social cohesion, which will lead to a stronger and more secure safety net.



Conclusion

Each domain discussed in this report plays an integral part of the social safety net. Strengthening or weakening one area of these domains can have ripple effects across the entire system. When one area becomes weakened, or loses support, other domains are affected. By addressing these domains comprehensively and synergistically, communities across the Adirondack region can build a more resilient and effective safety net to support individuals and families in need.

Creating a Unified Mission

Even though we all recognize the interconnected nature of the safety net, it is difficult to ascertain which areas must take precedence and receive top attention when fissures and frays begin to weaken the safety net. Conflicting views and mindsets regarding the role of safety nets also make it difficult to make advancement in strengthening the social safety net. Rank (2020) argues that “beginning in ... 1980, the safety net has been under constant attack and retrenchment.” Similarly, Alderman and Hoddinott (2020) said, “[Social safety nets] are, however, controversial. While proponents of such programs see them as a means of ensuring that the benefits of economic growth are shared widely, critics see them as squandering scarce public resources and doing little to promote longer term development, while at the same time discouraging work and investment.”

Unfortunately, not everyone can agree on what and how aid should be distributed when assisting those who experience poverty or fall on hard times. Still, one thing we all can agree on is that everyone deserves a chance to live a dignified life.



Musical Chairs Analogy

Rank (2011) explains that those who need access to the social safety net can be explained by a game of musical chairs:

Picture a game with ten players, but only eight chairs. When the music stops, who’s most likely to be left standing? It will be those who are at a disadvantage in terms of competing for the available chairs (less agility, reduced speed, a bad position when the music stops, and so on). However, given that the game is structured in such a way that two players are bound to lose, these individual attributes only explain who loses, not why there are losers in the first place. Ultimately, there are simply not enough chairs for those playing the game.

Rank (2011) later explains that many of our policies and reports ask the wrong questions in assisting those in poverty and strengthening the safety net. Rank (2011) says, “The critical mistake that’s been made in the past is that we’ve equated the question of who loses at the game with the question of why the game inevitably produces losers. They are, in fact, distinct and separate questions.” Ultimately, it is not about focusing on what led those individuals to not get a chair, but rather, the conversation should be about how do we get more chairs for everyone to play the game? In other words, it is easy to focus on problems and specific hurdles those that utilize the social safety net encounter. However, the most important approach that we should adopt should be how do we create more opportunity for these populations experiencing poverty to access enough decent support and opportunities to not only survive, but to truly thrive?

Focus for Future Conversation

To further draw upon the musical chairs analogy, the following are suggestions for how to provide “more chairs” to those in need. Though this list is not exhaustive, it provides initial starting points to for further conversations and collaborations.

Housing Solutions: Develop comprehensive strategies to address housing capacity, instability, and affordability. This may include incentivizing affordable housing development, rehabilitating existing housing stock, evaluation of local zoning, and implementing policies to mitigate the impact of short-term rentals on the housing market.

Workforce Development: Invest in workforce development programs tailored to the unique needs of the Adirondack region. This could involve initiatives to attract and retain talent, particularly in critical sectors such as healthcare and social services, by addressing housing affordability, child care, and other barriers to employment.

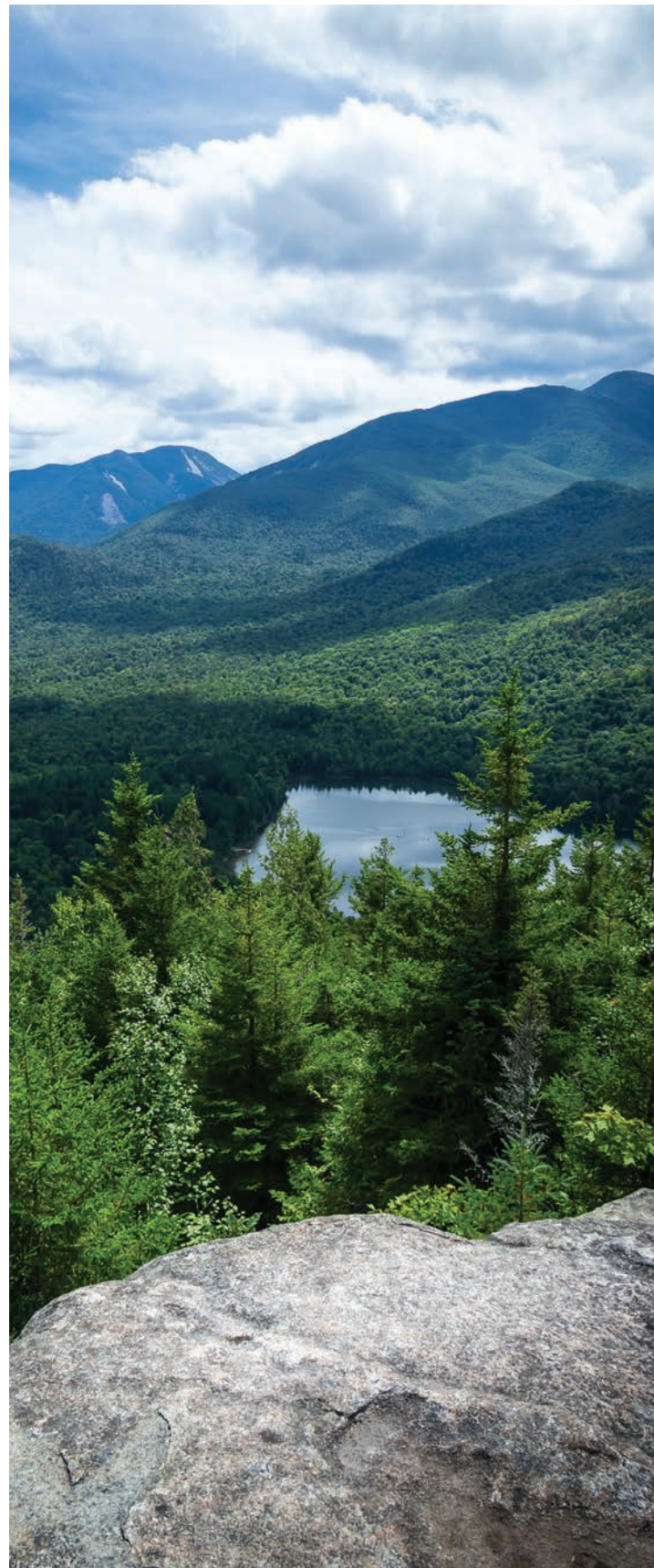
Transportation Access: Improve transportation services and collaboration to enhance access to essential healthcare and employment opportunities. This may include cross-county collaboration with existing public transit options, rideshare programs, and telecommuting initiatives to reduce reliance on private vehicles and overcome geographic barriers.

Social Cohesion: Foster community resilience and connectedness by promoting social cohesion initiatives. This could involve supporting community-led efforts to strengthen social networks, reduce social isolation, and build collective capacity to address shared challenges.

Data Collection and Research: Invest in regional and localized data collection and research efforts to better understand the specific needs and experiences of Adirondack region residents, particularly in areas such as social cohesion and its impact on health outcomes. This could inform evidence-based interventions and policy decisions tailored to the region’s unique context.

Cross-Sector Collaboration: Facilitate collaboration across sectors and stakeholders to address the complex interplay of social determinants affecting health in the Adirondack region. This may involve forming multi-disciplinary task forces, establishing public-private partnerships, and leveraging existing community resources to maximize impact and sustainability.

Community Empowerment: Empower local communities to drive solutions that address their own needs and priorities. This could include providing funding for grassroots initiatives, supporting community-led planning processes, and fostering leadership development to build capacity at the grassroots level.



Everyone Has a Part to Strengthen the Safety Net

Together, we can collaboratively and comprehensively address the solutions in strengthening the safety net as a whole community within the Adirondack region. Whether you are a business owner, social safety net provider, elected official, impact investor, donor and/or community member, we all have a role to play.

To join the conversation, contact Adirondack Foundation:

Lori Bellingham, *VP of Community Impact* | lori@adkfoundation.org



References

- Adirondack Health Institute. (2019). ARHN regional snapshot. <https://ahihealth.org/wp-content/uploads/2019/08/2019-ARHN-Region-Snapshot.pdf>
- Alizadeh, H., Sharifi, A., Damanbagh, S., Nazarnia, H., & Nazarnia, M. (2023). Impacts of the COVID-19 pandemic on the social sphere and lessons for crisis management: A literature review. *Natural Hazards*. Advance online publication. <https://doi.org/10.1007/s11069-023-05959-2>
- Bellis, R. (2020). More than one million households without a car in rural America need better transit. *Smart Growth America*. <https://smartgrowthamerica.org/more-than-one-million-households-without-a-car-in-rural-america-need-better-transit/>
- Boteach, M. (2014, August 11). Reimagining our social contract: The safety net is social insurance for all Americans. *Center for American Progress*. <https://www.americanprogress.org/article/reimagining-our-social-contract-the-safety-net-is-social-insurance-for-all-americans/>
- Brooks, A. C. (2024, May 30). Why It's Nice to Know You: Being understood yourself starts with taking the trouble to understand others. *The Atlantic*. <https://www.theatlantic.com/ideas/archive/2024/05/happiness-knowledge-edgar-allan-poe/678530/>
- Bureau of Labor Statistics. (2024, May). The employment situation. <https://www.bls.gov/news.release/pdf/empsit.pdf>
- Cartafalsa, J. B., & Zagger, Z. V. (2024, February 7). Reminder for New York State employers: Salary basis thresholds increased for 2024. *Ogletree Deakins*. <https://ogletree.com/insights-resources/blog-posts/reminder-for-new-york-state-employers-salary-basis-thresholds-increased-for-2024/>
- Cawthorne Gaines, A., Schweitzer, J., Ajinkya, J., & Modaffari, C. (2021). Weak safety net policies exacerbate regional racial inequality. *Center for American Progress*. <https://www.americanprogress.org/article/weak-safety-net-policies-exacerbate-regional-racial-inequality/>
- Chen, S. (2024, February 21). Poverty has soared in New York, with children bearing the brunt. *The New York Times*. <https://www.nytimes.com/2024/02/21/nyregion/nyc-poverty.html>
- Child care in the Adirondacks: A review of capacity and assistance. (2024). [Flyer]. Adirondack Birth to Three Alliance.
- Cypher, L. (2024, March 7). Adirondack Food System Network: A story map. <https://storymaps.arcgis.com/stories/f7cc793c10e84b268f81630439033b1a>
- Cynkar, P., & Mendes, E. (2011, July 26). More than one in six American workers also act as caregivers. *Gallup*. <https://news.gallup.com/poll/148640/one-six-american-workers-act-caregivers.aspx>
- DiNapoli, T. P. (2022, December). DiNapoli: Nearly 14 percent of New Yorkers live in poverty, surpasses national average for eight straight years. *Office of the New York State Comptroller*. <https://www.osc.ny.gov/press/releases/2022/12/dinapoli-nearly-14-percent-of-new-yorkers-live-poverty-surpasses-national-average-eight-straight-years>

- DiNapoli, T. P. (2024). Report on the state fiscal year 2024-25 executive budget. Office of the New York State Comptroller. [PDF] <https://www.osc.ny.gov/files/reports/budget/pdf/executive-budget-report-2024-25.pdf>
- Goodman, L., Choi, J. H., & Zhu, J. (2021, March 16). More women have become homeowners and heads of household. Could the pandemic undo that progress? Urban Institute. <https://www.urban.org/urban-wire/more-women-have-become-homeowners-and-heads-household-could-pandemic-undo-progress>
- Goodman, V. (Host). (2021, September 1). TALK POLICY: Administrative burdens with Pamela Herd and Don Moynihan [Audio podcast transcript]. Progressive Policy Institute. <https://www.progressivepolicy.org/blogs/talk-policy-administrative-burdens-with-pamela-herd-and-don-moynihan-transcript/>
- Glass, I. (Host). (2011, August 12). Amusement park (Episode 443) [Audio podcast episode]. In This American Life. WBEZ Chicago. <https://www.thisamericanlife.org/443/amusement-park>
- Halter, B. (2024, February 16). Housing crisis in the Adirondacks. ArcGIS StoryMaps. <https://storymaps.arcgis.com/stories/f34184b4fe5b44fa9a3b7efb4c01a01a>
- Health Resources and Services Administration. (2023). III.B. Overview of the state - New York – 2023. <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/b3d5c297-d623-4524-9172-0686a2ef2ee1>
- Herkimer County website (2024). Transportation. <https://www.herkimercounty.org/programs/transportation/>
- Hjartarson, J., Kusmu, P., & Gadwa, B. (2022). Reweaving the social safety net: Building modern, responsive social protections. Deloitte. <https://www2.deloitte.com/us/en/insights/industry/public-sector/social-safety-net-for-social-care-system.html>
- Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B.B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>
- Lake Champlain Lake George Regional Planning & Camoin Associates. (2023, March). Building balanced communities for the North Country: A comprehensive housing study and strategy. Workforce Housing (lclgrpb.org)
- Lam, O., Broderick, B., & Toor, S. (2018, December 12). How far Americans live from the closest hospital differs by community type. Pew Research Center. <https://www.pewresearch.org/short-reads/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/>
- Marchand, M. (2023). While broadband is available to most Adirondack residents, gaps remain. Adirondack Explorer. <https://www.adirondackexplorer.org/stories/broadband-access-gaps>
- New York Small Business Development Center. (n.d.). New York SBDC locations (view a dynamic map). <https://nysbdc.org/locations/locations-static.html> New York State Office of Children and Family Services.
- New York State Economic Development Council. (2024). Reports: Regional Economic Development Councils (REDC). <https://www.nysedc.org/reports.php>
- New York State Office of Children and Family Services. (2023). Invest in NY: Child care deserts report [PDF]. https://ocfs.ny.gov/programs/child_care/assets/docs/deserts/Child-Care-Desert-Info-Session-Presentation.pdf

Poverty facts and myths America's poor are worse off than elsewhere (2024). Confronting Poverty. <https://confrontingpoverty.org/poverty-facts-and-myths/americas-poor-are-worse-off-than-elsewhere/>

Rank, M. R. (2011). Rethinking American poverty. *Contexts*, 10(2), 16-21. <https://doi.org/10.1177/1536504211408794>

Rowland, T. (n.d.). Help wanted but not found in the Adirondacks. *Adirondack Explorer*.
<https://www.adirondackexplorer.org/stories/employee-shortages-adirondacks> Ryan, J., & Evans, M. (2024).

Rowland, T. (2023, November 1). Rural Adirondack communities to gain 60 new apartments. *Adirondack Explorer*.
<https://www.adirondackexplorer.org/stories/north-hudson-affordable-housing-adirondacks>

Rowland, T. (2023, September 19). Taking stock of housing: Infrastructure woes limit growth. *Adirondack Explorer*.
<https://www.adirondackexplorer.org/stories/taking-stock-of-housing-infrastructure-woes-limit-growth>

Rural Health Information Hub. (2024, April). Health Professional Shortage Areas: Primary Care, by County. <https://www.ruralhealthinfo.org/charts/5>

Schweitzer, J. (2022). How to address the administrative burdens of accessing the safety net. Center for American Progress. <https://www.americanprogress.org/article/how-to-address-the-administrative-burdens-of-accessing-the-safety-net/>

Subra, A. (2021, September 13). Discussion time: Short-term rentals. *Adirondack Almanack*. <https://www.adirondackalmanack.com/2021/09/discussion-time-short-term-rentals.html>

U.S. Census Bureau. (2023, February 16). Census Bureau releases new educational attainment data [Press release]. <https://www.census.gov/newsroom/press-releases/2023/educational-attainment-data.html>

U.S. Census Bureau. (n.d.). Quarterly Workforce Indicators (QWI). Retrieved July 11, 2024, from <https://lehd.ces.census.gov/data/>

U.S. Census Bureau. (n.d.). Why we ask questions about... Housing Costs for Owners. <https://www.census.gov/acs/www/about/why-we-ask-each-question/housing/>

U.S. Census Bureau. (n.d.). Why we ask questions about... Vehicles available. <https://www.census.gov/acs/www/about/why-we-ask-each-question/vehicles/>

United for ALICE. (2023). ALICE in the crosscurrents: COVID and financial hardship in New York. <https://www.unitedforalice.org/county-reports/new-york>

U.S. Department of Agriculture, Economic Research Service. (2024, April 17). Food Access Research Atlas. https://gisportal.ers.usda.gov/portal/apps/experiencebuilder/experience/?id=a53ebd7396cd4ac3_a3ed09137676fd40

U.S. Department of Health and Human Services. (n.d.). Social cohesion. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/social-cohesion>

Visit Adirondacks. (2024). The Adirondack Park. <https://visitadirondacks.com/about/adirondack-park>

Waxman, S., Sherman, A., & Cox, K. (2021, May 27). Income support associated with improved health outcomes for children, many studies show. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/federal-tax/income-support-associated-with-improved-health-outcomes-for-children-many>

Appendix

The Adirondack Foundation conducted a comprehensive meta-analysis of existing services in the region, which included a landscape scan of existing regional assessments and public data. This analysis aimed to track trends within the social services sector, identify emerging issues and gaps of services, and uncover existing solutions to community challenges across the Adirondack region within the social safety net framework.

Below is a list of additional resources and assessments that can be viewed as reference.

- Adirondack Community Action Programs. (2019). 2019 Community Assessment Report. <https://www.acapinc.org/wp-content/uploads/2020/04/2019-Community-Asmt-Report-Final.pdf>
- Adirondack Health Institute. (n.d.). Adirondack Food System Network. <https://storymaps.arcgis.com/stories/f7cc793c10e84b268f81630439033b1a>
- Adirondack Health Institute. (n.d.). Adirondack Rural Health Network. <https://ahihealth.org/arhn/regional-community-health-reports-assessments-and-plans/>
- Adirondack Health Institute. (n.d.). HealthyADK. <https://ahihealth.org/healthyadk/>
- Adirondack Rural Health Network. (2022). 2022-2024 Regional Community Health Assessment. <https://www.washingtoncountynyny.gov/DocumentCenter/View/22510/2022-2024-ARHN-Executive-Summary>
- Citizens' Committee for Children. (2023). Child & Well-Being in NYS: Addressing Barriers to More Equitable Opportunities. <https://cccnewyork.org/data-publications/cfwbnys2023/>
- Clinton County Health Department. (2022). 2022-2024 Clinton County Health Assessment <http://www.clintonhealth.org/pdf%20files/CHA%202022-2024%20Final.pdf>
- Early Head Start Warren County. (2021). 2021 Community Wide Strategic Planning and Needs Assessment. <https://www.warrencountyheadstartny.org/wp-content/uploads/2021/09/Community-Assessment.pdf>
- Essex County Health Department. (2022). 2022 Community Health Assessment. <https://essexcountynyny.gov/Health/community-health-assessment/>
- Federal Reserve Bank of New York. (n.d.). Economic Conditions Across New York State, North Country Region. <https://www.newyorkfed.org/regional-economy/profiles/northcountry>
- Franklin County Public Health. (2019). 2019-2021 Community Health Assessment and Health Improvement Plan <https://bit.ly/3W3zCHu>
- Glens Falls Hospital. (2019). 2019-2021 Community Health Needs Assessment. <https://www.glensfallshospital.org/wp-content/uploads/2019/12/GFH-CHNA-2019-2021-FINAL-with-Appendices.pdf>
- Hunger Solutions New York. (n.d.). Food Insecurity and Federal Nutrition Program Participation. <https://hungersolutionsny.org/resources-action/hunger-in-nys/food-insecurity-and-federal-nutrition-program-participation/>
- Life Works Community Action. (2022). 2022 Comprehensive Community Needs <https://bit.ly/3W1kR8j>
- New York State Department of Health. (n.d.). Saratoga County Indicators. <https://bit.ly/3Wu1O89>

- NYHealth Foundation. (2022). NYHealth Survey of Food and Health.
<https://bit.ly/3S3H58v>
- Regional Office of Sustainable Tourism & Economic Development Corporation of Warren County. (2021).
2021 Adirondack Relocation Assessment Survey.
<https://www.roostadk.com/wp-content/uploads/2021/02/Adirondack-Relocation-Assessment-Survey-2021.pdf>
- Saratoga County Public Health & Saratoga Hospital. (2019). 2019-2021 Community Health Assessment and Community Health Improvement Plan.
https://www.saratogacountyny.gov/wp/wp-content/uploads/2019/07/2019_HCDI-Community-Health-Needs-Assessment.pdf
- St. Lawrence Public Health. (2022). 2022 St. Lawrence County Community Health Needs Assessment and Health Improvement Plan.
<https://www.stlawrencehealthsystem.org/-/media/slh/files/community-health-assessment-2022.pdf>
- U.S. Census Bureau. (n.d.). QuickFacts: Clinton County, Essex County, Franklin County, Hamilton County, Fulton County, Warren County, Washington County, New York.
<https://www.census.gov/quickfacts/fact/table/US/PST045222>
- United Way. (n.d.). United for ALICE.
<https://www.unitedforalice.org/new-york>
- Warren County Public Health. (2022). 2022-2024 Community Health Assessment.
Community Health Assessment 2022-24 (warrencountyny.gov)
- Washington County Public Health Department. (2019). 2019-2021 Community Health Assessment and Community Health Improvement Plan. SPublicHeal23010312070 (washingtoncountyny.gov)



Adirondack Foundation

PO Box 288

Lake Placid, NY 12946

(518) 523-9904

www.adirondackfoundation.org