2016

Community Health Needs Assessment

A Compendium of Public Health Data for
Albany, Rensselaer, Saratoga, Schenectady, Greene and Columbia Counties

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The member organizations of HCDI also provided valuable financial support for the development of this Report and the community health survey. We are grateful for the contributions of each and every one of these knowledgeable contributors.

Health Profile of New York's Capital Region, 2016

In 1997, the counties of Albany, Rensselaer, and Schenectady implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. This was the first major collaborative venture undertaken by the three local governments, health care providers, insurers, other community organizations and residents to assess health status, identify health priorities, and develop plans to improve the health status of the Capital District.

It has been an exciting journey. As a result of the first health profile provided to the sponsors and community in 1997, community members from across the region and interest groups have joined together to develop initiatives for focused action. These initiatives have directly resulted in improved access to needed health services for residents in the Capital District.

This Report follows the 2013 Community Health Profile as the fifth data analysis of the health needs in the region. In addition to the original three Capital District counties of Albany, Schenectady and Rensselaer, the 2016 Report includes the additional Population Health Improvement Project (PHIP) counties of Saratoga, Columbia and Greene, into the 6 county Capital Region. The Health Profile expands upon the predominant mortality and years of life lost focus of early editions to include hospitalization and emergency department analyses, prevention quality indicators, and health behaviors. These additional levels of analysis will enable us to track the need and impact of collective efforts to improve health far before the results are terminal. The structure of this report is based upon the 2013-2018 Prevention Agenda of New York State. Utilizing the Prevention Agenda framework for examining public health data, aligns our analysis with that of the New York State Department of Health, creating opportunities to compare the Capital Region to other Upstate counties and New York State goals.

This analysis is not completely comprehensive of every health condition or public health issue. In addition, individuals working on a particular health issue, or experiencing it first hand, will undoubtedly have other local data and valuable knowledge to contribute beyond the data reported. The analysis completed was chosen based upon the availability of reliable, comparable data and the delineated priority health areas of the New York State Department of Health. The results should provide a clear description of the prevalence and concentration of each health indicator included. This document would not be possible without the labor, input and support of our sponsors and members of the community. It is the result of over 8 months of meetings with member organizations and community input through our survey of over 2,400 residents of the Capital Region. Their collaboration was invaluable. As a result of these efforts, priority areas for the Capital Region were identified to focus our collective efforts in the coming years: preventing and reducing the burden of obesity and diabetes, mental health, and substance abuse. This Community Health Needs Assessment was completed and approved in June 2016.

HEALTHY CAPITAL DISTRICT INITIATIVE

MEMBER ORGANIZATIONS

♦ ♦

Albany County Department of Health

Albany Medical Center

Burdett Care Center

Catholic Charities of the Roman Catholic Diocese

Capital District Physicians' Health Plan

Camino Nuevo/PROMESA

Ellis Medicine

Fidelis Care New York

Northeast Health/ Samaritan Hospital/ Albany Memorial Hospital

Hometown Health Centers

Rensselaer County Department of Health

Schenectady County Public Health Services

St. Peter's Health Partners
- Albany Memorial Hospital
- Samaritan Hospital
- St. Peter's Hospital
- Seton Health/St. Mary's Hospital
- Sunnyview Rehabilitation Hospital

Upper Hudson Planned Parenthood

Whitney M. Young, Jr. Health Services

♦ ♦

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I. Introduction and Data Summary

The purpose of this report is to summarize the public health needs of communities in the Capital Region with the most reliable data available. These indicators provide a broad array of health information that may be useful in determining and monitoring health promotion priorities for the community.

The following sections provide an overview of the processes used to select indicators and priorities, and details about individuals and organizations who participated in these processes.

Community Being Assessed

The communities being assessed in this report are the counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene. They form the common service area covered by the local health departments in Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and the primary patient population served by Albany Medical Center, Ellis Hospital, St Peter's Health Partners, Saratoga Hospital and Columbia Memorial Hospital, which are located within the six counties.

Demographic information on the population in the Capital Region is available from the 2009-2013 U.S. Census's American Community Survey (ACS). The combined population in the Capital Region is roughly 952,500 individuals. About 24.2% were 0-19 years of age, while 14.5% were 65 years of age or older. Approximately 11.3% were living in poverty. The race/ethnicity distribution was 85.1% White, 7.7% Black, 3.2% Asian/Pacific Islander, and 4.0% other races; 4.4% were Hispanic/Latino (any race). Additional demographic details are provided in Section III.

Data Sources and Indicator Selection

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the *Prevention Agenda for a Healthier New York*. Upon examination of these key resources, identification of additional indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital Region, it was decided that building upon the 2013-2018 Prevention Agenda would provide the most comprehensive analysis of available public health needs and behaviors for the Region. The collection and management of this data has been supported by the state for an extended period and are very likely to continue to be supported. This provides reliable and comparable data over time and across the state. These measures, when complemented by the recent Expanded Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term. This is a distinct step forward from mortality data leading public health efforts in the past.

The Finger Lakes Health Systems Agency provided SPARCS (hospitalizations and ED visits) and Vital Statistics Data Portals that were utilized to generate county and ZIP code level analyses of mortality,

hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The time frames used for the Zip code analyses were 2009-2013 Vital Statistics and 2010-2014 Statewide Planning and Research Cooperative System (SPARCS) data. The 5-year period establishes more reliable rates when looking at small geographic areas or minority populations.

Additional data was examined from a wide variety of sources:

- Prevention Agenda 2013-18 indicators
- Community Health Indicator Reports (2011-2013)
- County Health Assessment Indicators (2011-2013)
- County Health Indicators by Race/Ethnicity (2011-2013)
- County Perinatal Profiles (2011-2013)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2013-14)
- Cancer Registry, New York State (2010-2012)
- Prevention Quality Indicators (2011-2013)
- Communicable Disease Annual Reports (2011-2013)
- The Pediatric Nutrition Surveillance System (PedNSS) (2010-2012)
- Student Weight Status Category Reporting System (2010-2014)
- New York State Office of Alcoholism and Substance Abuse Services Data Warehouse (2007-2014)
- New York State Conference of Local Mental Hygiene Directors Behavioral Health Information Portal (2013)
- Hospital-Acquired Infection Reporting System (2010-2013)
- NYS Child Health Lead Poisoning Prevention Program (2010 birth cohort; 2011-2013)
- NYS Kids' Well-being Indicator Clearinghouse (KWIC) (2011, 2014)
- County Health Rankings (2016)
- American Fact Finder (factfinder2.census.gov) (2009-2013)
- Bureau of Census, American Community Survey (2009-2013)

These data sources were supplemented by a Siena College Research Institute Community Health Survey. The 2016 Community Health Survey was conducted from February to March 2016 by the Siena College Research Institute. The survey was a random digit dial telephone survey of adult (18+ years) residents for each of the six counties (n= 400 per county; 2,400 for Capital Region). Cell phones and landlines were utilized for the survey. This consumer survey was conducted to learn about the health needs and concerns

of residents in the Capital Region. The Appendix (2016 Capital Region Community Health Survey) contains a detailed summary of the findings, as well as the questionnaire used.

Local data were compiled from these data sources and draft reports were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health knowledge: Kevin Jobin-Davis, Ph.D. who has over 15 years of public health data analysis experience in the Capital Region; and Michael Medvesky, M.P.H. who has over 35 years of experience working with public health data in the New York State Department of Health in many roles including Director of the Public Health Information Group. Drafts of the sections were sent to local subject matter experts for review in the health departments of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, Saratoga Hospital and Columbia Memorial. Comments were addressed and changes were incorporated into the final document.

Structure of this Report: Health Indicators

Every year, the New York State Department of Health (NYSDOH) provides updated information on major health indicators for each county. NYSDOH now also provides county-level information on 2013-2018 Prevention Agenda indicators and objectives that can be used for tracking Prevention Agenda-based efforts. To supplement available information, this report focuses on more detailed information, such as analyses by ZIP code level, gender, race, ethnicity and trends over the past decade. In order to present meaningful information for smaller areas or subgroups, data for several years are combined. Thus, most information presented is based on three or five years of combined data. Still, some areas had too few cases to estimate rates accurately.

After presenting information on demographics and cause of death for the Capital Region, a summary of general health status is presented, including information on health care access and usage. This is followed by sections specific to each of the five 2013-2018 New York State Prevention Agenda Priority Areas. Topics within each Priority Area contain a brief synopsis of the condition and why it is of concern. Prevention Agenda objectives are presented and compared to statistics for New York State, excluding New York City, the Capital Region, and the six Capital Region counties. If available, trend data as well as information by gender and race/ethnicity are presented. Indicators include mortality, natality, and emergency department (ED) visit and hospitalization rates. Additional information from disease registries, administrative data, and the Expanded Behavioral Risk Factor Surveillance System are also included.

ZIP code groups were chosen as a small-area breakdown because there were insufficient data for the primary alternative, census tracts. The groups were selected based on a minimum of 2,500 residents and meaningful groupings generally following municipal or multiple municipal boundaries.

Detailed tables are available in the appendices for: ZIP code neighborhood groupings by county; county socio-demographics (age, race/ethnicity, poverty) by neighborhood; county birth indicators by neighborhood; leading causes of death and premature death by county; county hospitalization rates by race and gender; county ED visit rates by race and gender; county hospitalization rates by neighborhood; county emergency department rates by neighborhood; county mortality rates by

neighborhood; county and neighborhood prevention quality indicators (PQI); county health rankings; and 2016 Capital Region Community Health Survey results. In addition, the Appendix contains a county listing of "assets and resources" specific to the Prevention Agenda Priority Areas chosen by the counties in the Capital Region.

Rates

For most indicators, age-adjusted rates are presented in the tables. Age-adjustment considers the differing age distributions within populations to calculate rates that can be used for comparison purposes. Direct standardization was used for this report. The advantage of this method is that comparisons of Capital Region data can be made with Prevention Agenda objectives for most indicators. Prevention Agenda and NYSDOH indicators have been age-standardized to the United States 2000 population, thus age-adjusted rates presented in this report are standardized similarly.

Data Summary

In addition to the data analyses contained in the county-specific Prevention Agenda Prioritization PowerPoint presentations given at the Public Health Priority Workgroup meetings (http://hcdiny.org/), the 2016 Community Health Profile analyzed the health needs of the Region. In 2014, the most recent demographic profile available, the Capital Region was home to approximately 952,500 residents, equally distributed between males and females, with counties ranging from Urban (Schenectady-758 pop. /sq. mile) to Rural (Greene-75 pop. / sq. mile). The Region's mean age of 40.2 years was higher than that of New York State (NYS). About 17% of the population was 14 years of age or younger, while 16% was 65 years of age and older. Approximately 15% of the Capital Region's population was non-White and 4.4% Hispanic. The Region's median household income of $60,722 was higher than NYS. Its poverty rate of 11.3% was lower than NYS. Almost 16% of the Region's children less than 18 years of age were below poverty. About 8.8% of the Capital Region's population 25 years of age or older had less than a high school education.

The health of Capital Region residents was generally consistent with other New York counties outside New York City (Rest of State), although Capital Region residents had a higher overall age-adjusted mortality rate as well as a higher rate of Years of Potential Life Lost (YPLL) than Rest of State. The YPLL is an indicator driven by premature deaths. Chronic diseases were the leading causes of death in the Capital Region, with heart disease, cancer, chronic lower respiratory disease (CLRD), and stroke being the major causes. Injuries were the major cause of death in the child, adolescent, and young adult populations.

Health care access indicators show the Capital Region having fewer barriers to care than the Rest of State. Capital Region residents, both children and adults, had higher health insurance coverage rates compared to Rest of State. A higher percent of Capital Region residents also had a regular health care provider. The Capital Region's primary care system also seemed to be working well compared to Rest of State. When looking at preventable hospitalizations, Capital Region residents had much lower rates than residents from Rest of State did. Total Emergency Department visit rates, as well as total hospitalization rates were also lower in the Capital Region compared to Rest of State.

There were many positive trends in the Capital Region. Coronary heart disease, stroke, asthma, colorectal cancer, and female breast cancer trends decreased in the past decade. There were also decreasing rates in gonorrhea and HIV. Children 19-35 months of age had higher immunization rates, and women aged 13-17 years had higher HPV vaccination rates than the Rest of State. The Capital Region had also seen a positive change in certain health behaviors. While adult obesity rates have increased slightly in the Capital Region, they have not increased as much as the Rest of State. A greater percentage of residents participated in some leisure time physical activity than the Rest of State. They also consumed less sugary drinks, and ate at "fast food" establishments less than their Rest of State counterparts.

However, many measurements were not as positive, particularly in lower income, inner-city neighborhoods where many rates were 3 to 7 times higher than the county average. Obesity and its related diseases continue to be health issues in the Capital Region. Almost 28% of adult residents were considered obese, or approximately 196,000 adult residents. Obesity in the Capital Region's school children was also alarming, with over 17% of children being considered obese. Diabetes mortality and short-term complication hospitalizations were higher in the Capital Region than Rest of State. Adult smoking rates, lung cancer incidence and mortality, and chronic lower respiratory disease mortality rates were all higher in the Capital Region compared to Rest of State. Adult asthma prevalence, as well as asthma ED visit and hospitalization rates were also higher in the Capital Region. The incidence of positive blood lead in children less than 72 months of age, as well as childhood lead screening, continued to be a Capital Region issue, with rates much higher than residents of Rest of State. Capital Region women had higher rates of infant mortality, low birthweight, and late or no prenatal care than Rest of State women. Capital Region teens had much higher pregnancy rates compared to their Rest of State counterparts. Mammography screening rates for the general population, as well as the Medicaid population, were lower in the Capital Region, while late stage female breast incidence and mortality rates were higher, compared to Rest of State. Chlamydia rates were also much higher in the Capital Region, with increasing trends over the past decade. Capital Region counties presented some of the highest Lyme disease case rates in New York State. Mental Health indicators such as "poor mental health days", suicide mortality, and self-inflicted injury hospitalization rates were higher in the Capital Region compared to Rest of State. Substance abuse indicators also show there is a growing problem in the Capital Region. Substance abuse (any diagnosis) ED visit and hospitalization rates were higher than Rest of State, with increasing trends. Opioid-related ED visit rates have been increasing in all Capital Region counties. New York State Office of Alcoholism and Substance Abuse Services (OASAS) certified treatment programs in the Capital Region have seen a 90% increase in clients receiving heroin dependency treatment between 2011 and 2014. Binge drinking and cirrhosis mortality were also higher in the Capital Region compared to Rest of State.

The Siena Community Health Survey collected responses from a representative sample of Capital Region adults (18+ years). A set of questions asked for feedback on perceived community obstacles. Even with the increased percentage of Capital Region residents covered by some form of health insurance, 40% identified the cost of getting medical care as a very significant obstacle; slightly less of the residents (27%) identified the cost of mental health services as a very significant obstacle. However, 31% identified their reluctance to seek help with a mental health issue as a very significant obstacle. About 31% of Capital Region residents felt the cost of food, and 14% identified access to grocery stores with nutritious options, as very significant obstacles. About 18% of the residents felt access to a safe place to exercise, and 21%

the costs associated with being physically active, as very significant community obstacles. Capital Region residents were asked to identify what were the most important health-related issues to address in their community. About 31% of the residents identified "reducing obesity in both teens and adults", 27% identified "improving both substance abuse treatment and awareness programs", and 23% identified "improving both preventive care and management for chronic diseases like diabetes, asthma and heart disease" as the most important issues.

Gender

Capital Region women had 1.2 times the percent of individuals living below poverty compared to male residents (12.5% vs 10.6%). Capital Region women presented a better preventive health picture than their male counterparts. For 2011-13, male residents had higher age-adjusted total mortality rates than females (821.9/100,000 vs 598.8). A greater percentage of females were covered by health insurance, were more likely to have a primary care health provider, were more likely to have received routine medical checkup, and were less likely to be a current smoker or binge drinker than men from the region. Capital Region adult females (27.9%) and males (27.4%) had similar rates of obesity, but females consumed less sugary drinks or ate less fast food meals than male residents. Adult females reported a higher percentage of self-reported poor health, and higher rates of poor physical health days and poor mental health days than male residents. Females had 10% higher mental disease and disorder hospitalizations than their male counterparts. Adult females had higher asthma prevalence, and 60% higher asthma hospitalization rates than males. Elderly female residents also had 60% higher fall hospitalizations than male residents.

There are a few conditions with mixed results. While Capital Region females have 1.6 times the self-inflicted injury hospitalization rates, males have 5 times the suicide mortality rates. Similarly, females had 40% higher chronic lower respiratory disease (CLRD) hospitalization rates, males had 20% higher CLRD mortality rates.

Compared to their female Capital Region counterparts, males had higher adult diabetes prevalence, 30% higher diabetes hospitalization rate, and 50% higher diabetes mortality rate. They had higher total cancer, lung cancer, and colorectal cancer mortality rates than female residents. Males also had higher prevalence of high blood pressure, coronary heart disease mortality, and congestive heart failure mortality than females. Capital Region males had 2.4 times the unintentional injury mortality rates, and 3.2 times the assault hospitalization rates compared to females. Regarding substance abuse indicators, males had 2.5 times the substance abuse (any diagnosis) mortality rates, 3.5 times the opiate poisoning mortality, 30% higher drug abuse (primary diagnosis) hospitalization rates and 40% the opiate poisoning hospitalization rates than female Capital Region residents.

Race/Ethnicity

In general, Black non-Hispanic Capital Region residents were at greater health risk than White non-Hispanic residents. Black non-Hispanics had 5.5 times the percent of families below poverty compared to White non-Hispanic Capital Region residents (28.7% vs 5.2%). Hispanics had similar poverty rates as Black non-Hispanics (27.1%). For 2011-13, Black non-Hispanic residents also had higher age-adjusted total mortality rates than White non-Hispanics (836.6/100,000 vs 704.5). Hispanic Capital Region residents had the lowest age-adjusted total mortality rates (498.6).

For 2012-2014, Black non-Hispanic residents had 2.7 times the age-adjusted total ED visit rates (6063/10,000 vs 2286) and 1.5 times the age-adjusted total hospitalization rates as White non-Hispanic residents (1273/10,000 vs 860). When reviewing the total Prevention Quality Indicators (PQI), Black non-Hispanic Capital Region residents had 2 times the age-adjusted total PQI rates compared to their White non-Hispanic counterparts (166/10,000 vs 84). Hispanic Capital Region residents had lower ED visit, hospitalization and PQI rates than White non-Hispanic residents.

When compared to White non-Hispanics, Black non-Hispanic Capital Region residents had serious issues with diabetes. They had 2.6 times higher diabetes mortality rates; 3.3 times higher diabetes (primary diagnosis) hospitalization rates; and 4 times higher rates of hospitalizations due to short-term complications of diabetes. In addition, Black non-Hispanic residents also had 4 times the asthma hospitalization rates; 3.9 times higher teen pregnancy rates; 26% lower adequate prenatal care rates; and 2 times higher low birthweight rates than their White non-Hispanic counterparts. In addition to having over 20% higher age-adjusted total cancer mortality rates, Black non-Hispanics had higher lung, breast and colorectal cancer mortality rates than White non-Hispanic Capital Region residents. The difference in assault hospitalizations was especially striking. Black non-Hispanics had 6.4 times the assault hospitalization rates than White non-Hispanic residents. In addition, Black non-Hispanic residents had 1.6 times the mental disease and disorder (any diagnosis) hospitalization rates, and 1.5 times the drug abuse (primary diagnosis) hospitalization rates compared to White non-Hispanic residents.

CLRD, one of the leading causes of death in the Capital Region, had unusual disparity data. Black non-Hispanic residents had a 1.8 times higher age-adjusted hospitalization rate for CLRD, while White non-Hispanics had 1.6 times higher CLRD mortality rates. Similarly, Black non-Hispanic residents had a 2.5 times higher age-adjusted hospitalization rate for congestive heart failure (CHF), while White non-Hispanic residents had 2 times higher CHF mortality rates.

However, there are conditions where the Capital Region White non-Hispanic population fare poorly compared to their Black non-Hispanic counterparts. The rate of hospitalizations of the elderly due to falls showed that White non-Hispanic residents had a 1.9 times higher rates than their Black non-Hispanic counterparts. White non-Hispanics also had 1.1 times age-adjusted unintentional injury mortality and 1.2 times flu/pneumonia mortality rates than Black non-Hispanics. In addition, White non-Hispanics had 1.1 times the age-adjusted self-inflicted injury hospitalization rates and 2.2 times the suicide mortality rates. Recently substance abuse indicators are moving away from targeting minority populations. White non-Hispanic Capital Region residents had 1.1 times the age-adjusted substance abuse (any diagnosis)

mortality rates and 1.2 times the opiate poisoning (any diagnosis) hospitalization rates compared to Black non-Hispanic residents.

The relatively small number of Asian non-Hispanic and Hispanic Capital District residents cautions interpretation of indicators for these populations.

Counties

Based on a review of the data available (see pages 8 and 9), below is a summary of the "leading sociodemographic and health needs" for each Capital Region county. These are listed under Sociodemographic and Prevention Agenda Priority Areas.

Albany County

Sociodemographic

- Albany County had the largest population in the Capital Region and was the 2nd most urban county (584 pop. /sq. mile);
- Albany County had the Region's lowest median age at 38.0 years;
- Albany County had the Region's largest non-White population (27.1%), and 2nd largest Hispanic population (5.2%);
- West Hills/South End neighborhood had the largest non-White population (72%), while West End had the largest Hispanic population (15%);
- Albany County's poverty rate of 13.0% was lower than that of NYS (15.3%);
- West End (37.4%) and West Hills/South End (30.8%) had the highest neighborhood poverty rates.

Chronic Disease

- Albany County's adult current asthma prevalence (11.1%), asthma emergency department visit rate (64.1/10,000), and asthma hospitalization rate (11.2/10,000) were higher or significantly higher than Rest of State (10.5%, 47.6, and 10,9);
- Albany County's asthma ED visit rate decreased 11%, and the asthma hospitalization rate 38% between 2009 and 2013;
- West Hills/South End and West End neighborhoods had 5 times the asthma ED rates and 4 times the asthma hospitalization rates than Rest of State;
- Albany County's lung cancer incidence (72.6/100,000) lung cancer mortality (51.6/100,000), and CLRD mortality (37.6/100,000) rates were higher than Rest of State (68.6, 46.1, and 36.8);
- West Hills/South End and West End neighborhoods had 4 times the CLRD ED visit rates and 2.7 times the CLRD hospitalization rates than Rest of State;
- Albany County's adult diabetes prevalence rate of 8.8% was higher than Rest of State (8.2%);
- Albany County's diabetes short-term complication hospitalization rate (6.6/10,000) was significantly higher than Rest of State (5.8) and increased 42% from 2009 to 2013;

- West End neighborhood had 5 times the diabetes ED rates, and 3 times the diabetes hospitalization rates compared to Rest of State;
- Albany County's congestive heart failure mortality rate (19.0/100,000) was significantly higher than Rest of State (16.1), but showed a decreasing trend over the last decade;
- While Albany County's colorectal screening rate of 72.8% was slightly higher than Rest of State (70.0%), the county's colorectal cancer incidence rate (43.5/100,000) and mortality rate (14.2/100,000) were both higher than Rest of State (41.2 and 13.9);
- Albany County's mammography screening rates were lower than Rest of State for women 40 years of age and older (75.2% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;
- Albany County's female breast cancer incidence (141.6/100,000), late stage incidence (48.8/10,000) and mortality (21.9/100,000) rates were all higher than Rest of State (133.2, 42.7, and 20.9).

Healthy and Safe Environment

- Albany County's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 15.0/1,000 was significantly higher than Rest of State (8.8) and increased 52% from 2009 to 2013;
- Albany County's lead screening rates for children 9-17 months (51.0%) and 2 screens by 36 months (32.1%) were lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Albany County's elderly (65+ years) fall hospitalization rate of 202.7/10,000 was higher than Rest of State (193.8) but decreased 17% from 2009 to 2013;
- Albany County's pediatric (1-4 years) fall emergency department visit rate of 473.1/10,000 was higher than Rest of State (462.1).
- North Albany/Menands neighborhood had 3.1 times the elderly fall ED visit rate and 2 times the fall hospitalization rate compared to Rest of State.

Healthy Women, Infants, and Children

- Albany County's teen (15-17 years) pregnancy rate of 18.3/1,000 was significantly higher than Rest of State (13.0), but has decreased 39% from 2009 to 2013;
- West End neighborhood's teen pregnancy (15-19 years) was 8.4 times higher than Rest of State;
- Albany County's rate of early prenatal care (74.9%) was lower than Rest of State (76.0%) and decreased 26% from 2009 to 2013;
- Albany County's rate of late or no prenatal care (6.0%) was higher than Rest of State (4.1%);
- West End neighborhood's rate of late or no prenatal care was 3 times the rate of Rest of State;
- Albany County's rate of premature births (< 37 weeks gest.) of 11.9% was significantly higher than Rest of State (10.9%) and increased 7% from 2009 to 2013;
- Albany County's rate of low birthweight (< 2.5 kg.) of 8.7% was significantly higher than Rest of State (7.6%), but decreased 2% from 2009 to 2013;
- West Hills/South End neighborhood had 1.5 times the rate of premature births compared to Rest of State.

Infectious Disease

- Albany's gonorrhea case rates in the 15-44 year population of 198.9/100,000 for females and 175.2 for males were significantly higher than Rest of State (149.3 and 129.7);
- Albany's chlamydia case rate for women 15-44 years of 1453.3/100,000 was higher than Rest of State (1220.3) with a 6% increase from 2009 to 2013;
- The County's HIV case rate of 10.5/100,000 was significantly higher than Rest of State (7.9) but has decreased 29% from 2009 to 2013;
- Albany's AIDS mortality rate of 2.2/100,000 was significantly higher than Rest of State (1.3);
- The County's Lyme disease case rate of 86.9/100,000 was significantly higher than Rest of State (60.9).

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 19% of Albany County residents with a mental illness and 4% with a serious mental illness;
- About 13.4% of adult Albany County residents indicated that they had 14+ poor mental health days in the past month, and higher that Rest of State (11.8%);
- Albany County's suicide mortality rate of 9.7/100,000 was slightly higher than Rest of State (9.6);
- The self- inflicted injury ED visit rate for Albany County residents 15+ years of age of 12.8/10,000 was higher than Rest of State (8.5);
- West Hills/South End neighborhood had 3.5 times the mental disease and disorder ED visit rates, 1.6 times the mental disease and disorder hospitalization rates, and 2 times the self-inflicted injury hospitalization rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Albany County residents with drug dependence/abuse, and 3% needing, but not receiving, drug treatment;
- While Albany County residents had lower substance abuse (any diagnosis) ED visit rates (314.2/10,000) than Rest of State (349.5), Albany County's rate increased 57% from 2009 to 2014;
- Similarly, Albany County residents had a lower substance abuse mortality rate (4.9/100,000) than Rest of State (9.3), but the rate increased 75% from 2009-11 to 2011-13;
- Albany County had an opiate-poisoning related ED visit rate (any diagnosis) of 17.5/10,000 that was higher than the Rest of State (15.2), and showed a 64% increase from 2008-10 to 2011-13;
- West Hills/South End neighborhood had 4.4 times the substance abuse (any diagnosis) ED visit rate, 3.5 times the substance abuse hospitalization rate, 3.7 times the opiate-related ED visit rate and 4.7 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 8% of Albany County residents with alcohol dependence/abuse, and 8% needing, but not receiving, alcohol treatment;
- Albany County's cirrhosis hospitalization rate (2.4/10,000) and mortality rate (9.2/100,000) were higher than Rest of State (2.2 and 7.2).

Rensselaer County

Sociodemographic

- Rensselaer had a population of 159,565 and was the 3rd most rural county in the Capital Region (245.0 pop. /sq. mile);
- Rensselaer had the 2nd lowest median age (39.9 years) in the Capital Region;
- About 17% of Rensselaer's population was 14 years of age or younger, while 14% was 65+ years of age;
- Approximately 12.3% of Rensselaer's population was non-White, and 4.0% was Hispanic;
- Troy/Lansingburgh neighborhood had the largest non-White population (21.3%) as well as the largest Hispanic population (6.6%);
- Rensselaer's poverty rate of 12.3% was lower than that of NYS (15.3%);
- Troy/Lansingburgh neighborhood had the highest neighborhood poverty rate (21.6%).

Chronic Disease

- Rensselaer's adult current asthma prevalence (13.5%), and asthma emergency department visit rate (61.2/10,000), were higher or significantly higher than Rest of State (10.5%, and 47.6);
- The County's asthma ED visit rate decreased 4%, and asthma hospitalization rate 40% between 2009 and 2013;
- Troy/Lansingburgh had 2.3 times the asthma ED visit rate and 1.5 times the asthma hospitalization rate as Rest of State;
- Rensselaer's adult smoking rate of 24.8% was higher than Rest of State (18.0%) and increased 33% from its rate in 2008-09 (18.7%);
- The County's lung cancer incidence (83.7/100,000) lung cancer mortality (59.6/100,000), CLRD hospitalization rate (33.7/10,000) and CLRD mortality (37.6/100,000) rates were higher than Rest of State (68.6, 46.1, 28.6, and 36.8);
- Troy/Lansingburgh had 2.6 times the CLRD ED visit rate and 1.7 times the CLRD hospitalization rate compared to Rest of State;
- Rensselaer's adult diabetes prevalence rate of 10.0% was higher than Rest of State (8.2%);
- Rensselaer's diabetes hospitalization rate of 15.4/10,000 and mortality rate of 19.8/100,000 were higher or significantly higher than Rest of State (14.2, and 15.6);
- The County's diabetes short-term complication hospitalization rate (6.6/10,000) was significantly higher than Rest of State (5.8) and increased 14% from 2009 to 2013;
- Troy/Lansingburgh neighborhood had 2 times the diabetes ED rates, and 1.7 times the diabetes hospitalization rates compared to Rest of State;
- Rensselaer's congestive heart failure mortality rate (22.0/100,000) was significantly higher than Rest of State (16.1), but showed a decreasing trend over the last decade;
- Rensselaer's colorectal screening rate of 68.8% was lower than Rest of State (70.0%), while the county's colorectal cancer incidence rate (45.0/100,000) and mortality rate (14.5/100,000) were both higher than Rest of State (41.2 and 13.9);
- Rensselaer's mammography screening rates were lower than Rest of State for women 40 years of age and older (76.7% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;

- The County's childhood obesity rate of 18.0% was higher than Rest of State (17.3%).

Healthy and Safe Environment

- Rensselaer's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 13.9/1,000 was significantly higher than Rest of State (8.8) and increased 185% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (47.9%) and 2 screens by 36 months (28.7%) were lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Rensselaer's elderly (65+ years) fall hospitalization rate of 209.4/10,000 was higher than Rest of State (193.8) but decreased 7% from 2009 to 2013;
- The County's pediatric (1-4 years) fall emergency department visit rate of 574.4/10,000 was significantly higher than Rest of State (462.1).
- East Greenbush neighborhood had 1.7 times the elderly fall ED visit rate and 1.9 times the fall hospitalization rate compared to Rest of State.

Healthy Women, Infants, and Children

- Rensselaer' teen (15-17 years) pregnancy rate of 18.9/1,000 was significantly higher than Rest of State (13.0), but has decreased 23% from 2009 to 2013;
- Troy/Lansingburgh neighborhood's teen pregnancy (15-19 years) was 1.6 times higher than Rest of State;
- Rensselaer's rate of late or no prenatal care (4.7%) was higher than Rest of State (4.1%);
- Rensselaer's rate of premature births (< 37 weeks gest.) of 11.4% was significantly higher than Rest of State (10.9%) and increased 3% from 2009 to 2013;
- The County's rate of low birthweight (< 2.5 kg.) of 7.8% was higher than Rest of State (7.6%), but decreased 3% from 2009 to 2013;
- West Sand Lake/Wynantskill neighborhood had 1.4 times the rate of premature births compared to Rest of State.

Infectious Disease

- Rensselaer's chlamydia case rate for women 15-44 years of 1433.4/100,000 was higher than Rest of State (1220.3) with a 33% increase from 2009 to 2013;
- Rensselaer's Lyme disease case rate of 370.0/100,000 was significantly higher than Rest of State (60.9), and the 3rd highest rate of all NYS counties.

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 19% of Rensselaer residents with a mental illness and 4% with a serious mental illness;
- About 17.2% of adult Rensselaer residents indicated that they had 14+ poor mental health days in the past month, and higher that Rest of State (11.8%), and an 87% increase from 2008-09 (9.2%);

- Rensselaer's suicide mortality rate of 9.8/100,000 was slightly higher than Rest of State (9.6);
- The self- inflicted injury hospitalization rate for Rensselaer residents 15+ years of age of 8.6/10,000 was significantly higher than Rest of State (7.0);
- Troy/Lansingburgh neighborhood had 2.1 times the mental disease and disorder ED visit rates, 2.1 times the mental disease and disorder hospitalization rates, and 1.7 times the self-inflicted injury hospitalization rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Rensselaer residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- While Rensselaer residents had lower substance abuse (any diagnosis) ED visit rates (194.7/10,000) than Rest of State (349.5), Rensselaer's rate increased 25% from 2009 to 2014;
- Similarly, Rensselaer residents had a lower substance abuse mortality rate (4.8/100,000) than Rest of State (9.3), but the rate increased 113% from 2009-11 to 2011-13;
- Rensselaer had an opiate-poisoning related ED visit rate (any diagnosis) of 13.4/10,000 that was slightly lower than the Rest of State (15.2), but showed a 26% increase from 2008-10 to 2011-13;
- Troy/Lansingburgh neighborhood had 2 times the substance abuse (any diagnosis) ED visit rate, 2 times the substance abuse hospitalization rate, 1.8 times the opiate-related ED visit rate and 2 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 7% of Rensselaer residents with alcohol dependence/abuse, and 7% needing, but not receiving, alcohol treatment;
- Rensselaer's adult binge drinking rate of 18.6% was higher than Rest of State (17.4%);
- The County's cirrhosis hospitalization rate (2.4/10,000) and mortality rate (9.9/100,000) were higher than Rest of State (2.2 and 7.2).

Schenectady County

Sociodemographic

- Schenectady had a population of 154,821 and was the Capital Region's most urban county (758.5 pop. /sq. mile);
- Schenectady had the 2nd lowest median age (39.9 years) in the Capital Region;
- Schenectady had the largest percentage of population 14 years of age or younger at 18.5%, while 15% of its population was 65+ years of age;
- Schenectady had the 2nd largest non-White population at 20.2%, and the largest Hispanic population at 6.0% in the Capital Region;
- Hamilton Hill neighborhood had the largest non-White population (67.0%) as well as the largest Hispanic population (18.3%);
- Schenectady's poverty rate of 12.7% was lower than that of NYS (15.3%);
- Hamilton Hill neighborhood had the highest neighborhood poverty rate (30.4%).

Chronic Disease

- Schenectady's asthma emergency department visit rate (69.9/10,000), was significantly higher than Rest of State (47.6);
- Hamilton Hill had 6.2 times the asthma ED visit rate and 2.1 times the asthma hospitalization rate as Rest of State;
- Schenectady's adult smoking rate of 20.3% was higher than Rest of State (18.0%) and increased 19% from its rate in 2008-09 (17.0%);
- The County's CLRD ED visit rate (134.7/10,000) and CLRD mortality (42.7/100,000) rate were higher than Rest of State (73.3, and 36.8);
- Hamilton Hill had 6.7 times the CLRD ED visit rate and 2.6 times the CLRD hospitalization rate compared to Rest of State;
- Schenectady's diabetes mortality rate of 19.2/100,000 was significantly higher than Rest of State (15.6);
- The County's diabetes short-term complication hospitalization rate (8.5/10,000) was significantly higher than Rest of State (5.8) and increased 70% from 2009 to 2013;
- Hamilton Hill neighborhood had 6.9 times the diabetes ED rates, and 3.2 times the diabetes hospitalization rates compared to Rest of State;
- Schenectady's heart attack hospitalization rate of 19.2/10,000 was significantly higher than Rest of State (15.7);
- The County's congestive heart failure hospitalization (25.5/10,000) and mortality (18.1/100,000) rates were significantly higher than Rest of State (23.4, and 16.1);
- Schenectady's stroke hospitalization (24.1/10,000) and mortality (33.3/100,000) rates were higher than Rest of State (23.6, and 29.8);
- Hamilton Hill neighborhood had 1.6 times the heart disease hospitalization rate, 2.3 times the congestive heart failure hospitalization rate, and 2 times the stroke hospitalization rate compared to Rest of State;
- Schenectady's colorectal screening rate of 65.9% was lower than Rest of State (70.0%), while the county's colorectal cancer mortality rate (15.4/100,000) was higher than Rest of State (13.9);
- Schenectady's mammography screening rates were lower than Rest of State for women 40 years of age and older (73.9% vs 77.8%) with a decrease in the rate of 11% from 2008-09 to 2013-14;
- The County's adult obesity rate of 32.8% and childhood obesity rate of 18.0% were both higher than Rest of State (27.0%, and 17.3%).

Healthy and Safe Environment

- Schenectady's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 13.1/1,000 was significantly higher than Rest of State (8.8) and increased 132% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (58.3%) was higher than Rest of State (53.5%), but 2 screens by 36 months (37.8%) was lower (42.1%);
- Schenectady's elderly (65+ years) fall hospitalization rate of 197.1/10,000 was higher than Rest of State (193.8) but decreased 6% from 2009 to 2013;
- The County's pediatric (1-4 years) fall emergency department visit rate of 583.5/10,000 was significantly higher than Rest of State (462.1) but decreased 4% from 2009 to 2013.

- Upper State Street neighborhood had 3.1 times the elderly fall ED visit rate and 2 times the fall hospitalization rate compared to Rest of State.

Healthy Women, Infants, and Children

- Schenectady's teen (15-17 years) pregnancy rate of 29.8/1,000 was significantly higher than Rest of State (13.0), but has decreased 7% from 2009 to 2013;
- Hamilton Hill neighborhood's teen pregnancy (15-19 years) was 3 times higher than Rest of State;
- The County's rate of low birthweight (< 2.5 kg.) of 8.3% was higher than Rest of State (7.6%), but decreased 25% from 2009 to 2013;
- Hamilton Hill and City/Stockade neighborhoods had 1.2 times the rate of premature births compared to Rest of State.

Infectious Disease

- Schenectady's gonorrhea case rates in the 15-44 year population of 198.0/100,000 for females and 235.3 for males were significantly higher than Rest of State (149.3 and 129.7);
- Schenectady's chlamydia case rate for women 15-44 years of 1667.5/100,000 was higher than Rest of State (1220.3) with a 25% increase from 2009 to 2013;
- The County's HIV case rate of 9.1/100,000 was significantly higher than Rest of State (7.9);
- Schenectady's AIDS mortality rate of 5.1/100,000 was significantly higher than Rest of State (1.3);

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 19% of Schenectady residents with a mental illness and 4% with a serious mental illness;
- Schenectady's mental disease and disorder ED visit rate (219.1/10,000), and hospitalization rate (104.7/10,000) were significantly higher than Rest of State (127.7, and 55.8);
- Schenectady's suicide mortality rate of 12.6/100,000 was significantly higher than Rest of State (9.6) and increased 70% between 2008-10 and 2011-13;
- The self- inflicted injury ED visit rate for Schenectady residents 15+ years of age of 12.6/10,000, and self-inflicted injury hospitalization rate of 12.9/10,000 were higher than Rest of State (8.5, and 7.0), Schenectady's hospitalization rate increases 37% from 2009 to 2013;
- Stockade and Hamilton Hill neighborhoods had 5 times the mental disease and disorder ED visit rates, and 6 times the mental disease and disorder hospitalization rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Schenectady residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Schenectady's newborn drug-related discharge rate of 222.2/10,000 discharges was significantly higher than Rest of State (123.4), and increased 29% from 2009 to 2013;

- Schenectady residents had significantly higher substance abuse (any diagnosis) ED visit rates (934.1/10,000), and hospitalization rates (232.2/10,000) than Rest of State (349.5 and 175.0), Schenectady's ED visit rate increased 24% from 2009 to 2014;
- Schenectady had a lower substance abuse mortality rate (5.6/100,000) than Rest of State (9.3), but the rate increased 10% from 2008-10 to 2011-13;
- Schenectady had an opiate-poisoning related ED visit (any diagnosis) rate of 18.7/10,000 that was higher than the Rest of State (15.2), and showed a 70% increase from 2008-10 to 2011-13;
- Hamilton Hill neighborhood had 11 times the substance abuse (any diagnosis) ED visit rate, 4.4 times the substance abuse hospitalization rate, 2.8 times the opiate-related ED visit rate and 3.1 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 7% of Schenectady residents with alcohol dependence/abuse, and 7% needing, but not receiving, alcohol treatment;
- Schenectady's cirrhosis hospitalization rate (2.7/10,000) and mortality rate (7.8/100,000) were higher than Rest of State (2.2 and 7.2).

Saratoga County

Sociodemographic

- Saratoga, with a population of 221,169, was the 2nd most populated county in the Capital Region, and the 3rd most urban (274.3 pop. /sq. mile);
- Saratoga had the 3rd highest median age (41.2 years) in the Capital Region;
- Saratoga had 18.2% of population 14 years of age or younger, while 14.2% of its population was 65+ years of age;
- Saratoga had the smallest non-White (5.2%) and Hispanic (2.6%) populations in the Capital Region;
- Clifton Park West neighborhood had the largest non-White population (9.1%) as well as the largest Hispanic population (3.5%);
- Saratoga had the lowest percentage of its population below poverty in the Region, with a poverty rate of 6.5%;
- North West neighborhood had the highest neighborhood poverty rate (13.2%).

Chronic Disease

- Saratoga's adult current asthma prevalence (11.1%), was higher than Rest of State (10.5%);
- Saratoga's adult smoking rate of 17.7% was lower than Rest of State (18.0%), but increased 4% from 2008-09 (17.0%);
- The County's lung cancer incidence (69.9/100,000) lung cancer mortality (50.0/100,000), and CLRD mortality (38.0/100,000) rates were higher than Rest of State (68.6, 46.1, and 36.8);
- While Saratoga's diabetes short-term complication hospitalization rate (4.1/10,000) was lower than Rest of State (5.8), the rate had increased 53% from 2009 to 2013;
- Saratoga's stroke mortality (33.3/100,000) rates were higher than Rest of State (29.8);

- Saratoga's colorectal screening rate of 71.7% was slightly higher than Rest of State (70.0%), but the county's colorectal cancer incidence rate (44.0/100,000) was higher than Rest of State (41.2);
- Saratoga's mammography screening rates were lower than Rest of State for women 40 years of age and older (75.5% vs 77.8%) with a decrease of 5% in the rate from 2008-09 to 2013-14;
- The County's female breast cancer incidence (136.2/100,000), late stage incidence (46.8/10,000) and mortality (21.8/100,000) rates were all higher than Rest of State (133.2, 42.7, and 20.9).

Healthy and Safe Environment

- Saratoga's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age, while still below Rest of State, increased from 1.5/1,000 in 2012 to 9.7/1,000 in 2013;
- The County's lead screening rates for children 9-17 months (36.1%) and 2 screens by 36 months (18.7%) were significantly lower than Rest of State (53.5% and 42.1%), both rates showing decreasing trends in screening;
- Saratoga's rate of occupational injury ED visits in 15-19 year olds of 53.3/100,000 was higher than the Rest of State rate of 35.0/100,000.

Healthy Women, Infants, and Children

- While Saratoga's teen (15-17 years) pregnancy rate of 6.5/1,000 was lower than Rest of State (13.0), the South Glens Falls neighborhood had 1.4 times the rates compared to Rest of State;
- While Saratoga's late or no prenatal care rate of 3.4% was lower than Rest of State (4.1%), Saratoga Springs neighborhood had 1.3 times the rate of late or no care compared to Rest of State.

Infectious Disease

- While Saratoga's chlamydia case rate for women 15-44 years of 773.0/100,000 was lower than Rest of State (1220.3) the rate increased 50% increase from 2009 to 2013;
- Rensselaer's Lyme disease case rate of 200.8/100,000 was significantly higher than Rest of State (60.9), and the 7th highest rate of all NYS counties.

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 19% of Saratoga residents with a mental illness and 4% with a serious mental illness;
- About 12.7% of adult Saratoga residents indicated that they had 14+ poor mental health days in the past month, higher that Rest of State (11.8%), and an 25% increase from 2008-09 (10.2%);
- Saratoga's suicide mortality rate of 13.0/100,000 was significantly higher than Rest of State (9.6) and increased 53% between 2008-10 and 2011-13;

- The self- inflicted injury ED visit rate for Saratoga residents 15+ years of age of 9.2/10,000, and self-inflicted injury hospitalization rate of 8.9/10,000 were higher than Rest of State (8.5, and 7.0), Saratoga's hospitalization rate increases 70% from 2009 to 2013;
- Saratoga Springs neighborhood had 1.2 times the mental disease and disorder ED visit rates, and South Glens Falls neighborhood 1.5 times the mental disease and disorder hospitalization rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Saratoga residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Saratoga's newborn drug-related discharge rate of 64.7/10,000 discharges was lower than Rest of State (123.4), but increased 115% from 2009 to 2013;
- Saratoga's had an opiate-poisoning related ED visit (any diagnosis) rate of 15.1/10,000 that was similar to the Rest of State (15.2), but showed a 40% increase from 2008-10 to 2011-13;
- The National Survey of Drug Use and Health estimated 7% of Saratoga residents with alcohol dependence/abuse, and 7% needing, but not receiving, alcohol treatment;
- Saratoga's adult binge drinking rate of 19.8% was higher than Rest of State (17.4%);
- Saratoga's alcohol-related motor vehicle injury and death rate of 51.1/100,000 was significantly higher than the Rest of State rate of 44.3/100,000;
- The County's cirrhosis mortality rate (8.6/100,000) were higher than Rest of State (7.2).

Columbia County

Sociodemographic

- Columbia had a population of 62,674, and was the 2nd most rural county in the Capital Region (98.5 pop. /sq. mile);
- Columbia had the highest median age (46.6 years) in the Capital Region;
- About 15.7% of Columbia's population was 14 years of age or younger, while 18.9% was 65+ years of age;
- Approximately 9.4% of Columbia's population was non-White, and 4.0% was Hispanic;
- Hudson neighborhood had the largest non-White population (18.7%) as well as the largest Hispanic population (7.4%);
- Columbia's poverty rate of 9.8% was the 2nd lowest in the Capital Region, and lower than that of NYS (15.3%);
- Hudson neighborhood had the highest neighborhood poverty rate (13.5 %).

Chronic Disease

- Columbia's adult current asthma prevalence (16.9%), was higher than Rest of State (10.5%);
- Hudson neighborhood had 1.7 times the asthma ED visit rate and 1.2 times the asthma hospitalization rate as Rest of State;

- Columbia's adult smoking rate of 23.5% was higher than Rest of State (18.0%);
- The County's lung cancer incidence (76.9/100,000) lung cancer mortality (59.6/100,000), CLRD hospitalization rate (29.8/10,000) and CLRD mortality (47.7/100,000) rates were higher than Rest of State (68.6, 46.1, 28.6, and 36.8);
- Hudson had 1.6 times the CLRD ED visit rate and 1.6 times the CLRD hospitalization rate compared to Rest of State;
- Columbia's coronary heart disease mortality rate (147.1/100,000) was significantly higher than Rest of State (131.6), but showed a decreasing trend over the last decade;
- Columbia's colorectal screening rate of 59.3% was lower than Rest of State (70.0%), while the county's colorectal cancer incidence rate (51.8/100,000) and mortality rate (19.3/100,000) were both higher than Rest of State (41.2 and 13.9);
- Columbia's mammography screening rates were lower than Rest of State for women 40 years of age and older (68.0% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;
- The County's childhood obesity rate of 18.7% was higher than Rest of State (17.3%).

Healthy and Safe Environment

- Columbia's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 15.4/1,000 was significantly higher than Rest of State (8.8) and increased 225% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (50.3%) and 2 screens by 36 months (32.9%) were lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Columbia's pediatric (1-4 years) fall emergency department visit rate of 496.1/10,000 was significantly higher than Rest of State (462.1), but decreased 11% from 2009to 2013;
- Hudson neighborhood had 1.7 times the pediatric fall ED visit rate compared to Rest of State;
- Columbia's work-related hospitalization rate for employed persons 16+ years of 197.7/100,000 was higher than the Rest of State (191.1/100,00), but was a 45% decrease from 2009 to 2013 ;
- The County's incidence rate of occupational elevated blood lead levels (10+ug/dl) for employed persons 16+ years of 55.5/100,000 was significantly higher than Rest of State (22.9);
- Columbia's rate of occupational injury ED visits in 15-19 year olds of 62.2/100,000 was higher than the Rest of State rate of 35.0/100,000.

Healthy Women, Infants, and Children

- Hudson neighborhood's teen pregnancy (15-19 years) was 1.6 times higher than Rest of State;
- Columbia's early prenatal care rate of 70.5% was significantly lower than Rest of State (76.0%);
- The County's rate of late or no prenatal care (5.4%) was significantly higher than Rest of State (4.1%);
- Columbia's rate of adequate prenatal care of 63.6% was significantly lower than Rest of State (67.5%);
- Hudson neighborhood's rate of late or no prenatal care was 1.5 times higher than Rest of State;

Infectious Disease

- While Columbia's chlamydia case rate for women 15-44 years of 944.8/100,000 was lower than Rest of State (1220.3), the rate showed a 37% increase from 2009 to 2013;
- Columbia's HIV case rate of 8.8/100,000 was higher than Rest of State (7.9);
- Columbia's Lyme disease case rate of 533.9/100,000 was significantly higher than Rest of State (60.9), and the 2nd highest rate of all NYS counties.

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 20% of Columbia residents with a mental illness and 4% with a serious mental illness;
- Columbia's mental disease and disorder ED visit rate (130.0/10,000), was higher than Rest of State (127.7), and showed a 25% increase from 2009 to 2014;
- Hudson had 1.5 times the mental disease and disorder ED visit rate and 1.6 times the hospitalization rate than Rest of State;
- Columbia's suicide mortality rate of 10.8/100,000 was higher than Rest of State (9.6);
- The self- inflicted injury ED visit rate for Columbia residents 15+ years of age of 13.9/10,000 was higher than Rest of State (8.5);
- Hudson neighborhood had 2.5 times the self-inflicted injury ED visit rates than Rest of State;
- The National Survey of Drug Use and Health estimated 2% of Columbia residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Columbia residents had higher substance abuse (any diagnosis) hospitalization rates (184.2/10,000) than Rest of State (175.0), Columbia's rate increased 13% from 2009 to 2013;
- Columbia residents had a lower substance abuse mortality rate (5.0/100,000) than Rest of State (9.3), but the rate increased 355% from 2008-10 to 2011-13;
- Columbia had an opiate-poisoning related ED visit (any diagnosis) rate of 12.6/10,000 that was lower than Rest of State (15.2), but showed an 80% increase from 2008-10 to 2011-13;
- Columbia's opiate-poisoning related hospitalization (any diagnosis) rate of 32.2/10,000 was higher than Rest of State (25.7);
- Hudson neighborhood had 1.6 times the substance abuse (any diagnosis) hospitalization rate than Rest of State;
- Germantown neighborhood had 2.2 times the opiate-related ED visit rate and 2.5 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 6% of Columbia residents with alcohol dependence/abuse, and 6% needing, but not receiving, alcohol treatment;
- Columbia's adult binge drinking rate of 20.1% was higher than Rest of State (17.4%);
- Columbia's alcohol-related motor vehicle injury and death rate of 48.6/100,000 was higher than the Rest of State rate of 44.3/100,000;
- The County's cirrhosis mortality rate (9.6/100,000) were higher than Rest of State (7.2).

Greene County

Sociodemographic

- Greene County had a population of 48,928, and was the most rural county in the Capital Region (75.2 pop. /sq. mile);
- Greene had the 2nd highest median age (44.5 years) in the Capital Region;
- About 14.8% of Greene's population was 14 years of age or younger, while 18.3% was 65+ years of age;
- Approximately 9.9% of Greene's population was non-White, and 5.1% was Hispanic;
- Coxsackie/Athens neighborhood had the largest non-White population (17.6%) as well as the largest Hispanic population (8.6%);
- Greene's poverty rate of 15.1% was the highest in the Capital Region, but slightly lower than that of NYS (15.3%);
- Cairo/Durham neighborhood had the highest neighborhood poverty rate (22.0 %).

Chronic Disease

- Greene's adult smoking rate of 24.5% was higher than Rest of State (18.0%);
- The County's lung cancer incidence (76.7/100,000), lung cancer mortality (60.7/100,000), and CLRD mortality (41.5/100,000) rates were higher than Rest of State (68.6, 46.1, and 36.8);
- Catskill neighborhood had 1.5 times the CLRD hospitalization rate compared to Rest of State;
- Greene's adult diabetes prevalence rate of 10.2% was higher than Rest of State (8.2%);
- Greene's heart attack hospitalization rate (16.2/10,000) was higher than Rest of State (15.2), but showed a decreasing trend over the last decade;
- The County's coronary heart disease mortality rate of 134.8/100,000 was higher than the Rest of State (131.6), but also showed a decreasing trend over the last decade;
- Greene's stroke mortality rate of 23.4/100,000 was higher than Rest of State (21.4);
- Cairo/Durham neighborhood had a stroke hospitalization rate 1.5 times greater than Rest of State;
- Greene's colorectal screening rate of 67.8% was lower than Rest of State (70.0%), while the county's colorectal cancer incidence rate (46.2/100,000) and mortality rate (16.7/100,000) were both higher than Rest of State (41.2 and 13.9);
- Greene's mammography screening rates were lower than Rest of State for women 40 years of age and older (67.6% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;
- The County's female breast cancer incidence (137.5/100,000), late stage incidence (47.9/10,000) and mortality (28.7/100,000) rates were all higher than Rest of State (133.2, 42.7, and 20.9).
- Greene's adult obesity rate of 31.4% and childhood obesity rate of 20.8% were both higher than Rest of State (27.0%, and 17.3%).
- About 30.2% of Greene residents did not practice leisure time physical activity, a rate higher than Rest of State (26.2%).

Healthy and Safe Environment

- Greene's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 12.6/1,000 was significantly higher than Rest of State (8.8) and increased 80% from 2009 to 2013;

- The County's lead screening rates for children 9-17 months (27.5%) and 2 screens by 36 months (27.3%) were much lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Greene's work-related hospitalization rate for employed persons 16+ years of 197.7/100,000 was higher than the Rest of State rate of 191.1/100,00, but was a 34% decrease from 2009 to 2013;
- The County's incidence rate of occupational elevated blood lead levels (10+ug/dl) for employed persons 16+ years of 38.6/100,000 was significantly higher than Rest of State (22.9).

Healthy Women, Infants, and Children

- Cairo/Durham neighborhood's teen pregnancy (15-19 years) was 1.9 times higher than Rest of State;
- Greene's early prenatal care rate of 69.4% was significantly lower than Rest of State (76.0%);
- The County's rate of late or no prenatal care (5.8%) was significantly higher than Rest of State (4.1%);
- Greene's rate of adequate prenatal care of 65.4% was significantly lower than Rest of State (67.5%);
- Windom/Ashland/Jewett neighborhood's rate of late or no prenatal care was 2.5 times higher than Rest of State;
- Greene's rate of premature births (< 37 weeks gest.) of 11.9% was significantly higher than Rest of State (10.9%), but decreased 30% from 2009 to 2013;
- The County's rate of low birthweight (< 2.5 kg.) of 7.7% was slightly higher than Rest of State (7.6%), but decreased 38% from 2009 to 2013;

Infectious Disease

- While Greene's chlamydia case rate for women 15-44 years of 1073.2/100,000 was lower than Rest of State (1220.3), the rate showed a 57% increase from 2009 to 2013;
- Greene's Lyme disease case rate of 574.3/100,000 was significantly higher than Rest of State (60.9), and was the highest rate of all NYS counties.

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 20% of Greene residents with a mental illness and 4% with a serious mental illness;
- About 17.8% of adult Greene residents indicated that they had 14+ poor mental health days in the past month, higher that Rest of State (11.8%), and an 80% increase from 2008-09 (10.0%);
- Although Greene's mental disease and disorder ED visit rate (123.4/10,000), was lower than Rest of State (127.7), it showed a 50% increase from 2009 to 2014;
- The County's mental disease and disorder hospitalization rate of 58.9/10,000 was higher than Rest of State (55.8), and showed a 35% increase from 2009 to 2014;
- Cairo/Durham had 1.3 times the mental disease and disorder ED visit rate and 2 times the hospitalization rate than Rest of State;

- The self- inflicted injury ED visit rate for Greene residents 15+ years of age of 11.8/10,000 was higher than Rest of State (8.5);
- Cairo/Durham had 2.2 times the self-inflicted injury ED visit rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Greene residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Greene residents had higher substance abuse (any diagnosis) hospitalization rates (216.8/10,000) than Rest of State (175.0), Greene's rate increased 30% from 2009 to 2013;
- Greene residents had a lower substance abuse mortality rate (59/100,000) than Rest of State (9.3), but the rate increased 225% from 2008-10 to 2011-13;
- Greene had an opiate-poisoning related ED visit (any diagnosis) rate of 15.8/10,000, that was higher than the Rest of State (15.2), and showed a 55% increase from 2008-10 to 2011-13;
- Greene had an opiate-poisoning related hospitalization (any diagnosis) rate of 37.9/10,000, that was higher than the Rest of State (25.7);
- Cairo/Durham neighborhood had 1.8 times the substance abuse (any diagnosis) hospitalization rate than Rest of State;
- Hunter/Tannersville neighborhood had 1.9 times the opiate-related ED visit rate, while Cairo/Durham had 2.1 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 6% of Greene residents with alcohol dependence/abuse, and 6% needing, but not receiving, alcohol treatment;
- Greene's adult binge drinking rate of 25.3% was higher than Rest of State (17.4%);
- Greene's alcohol-related motor vehicle injury and death rate of 58.9/100,000 was significantly higher than the Rest of State rate of 44.3/100,000;
- The County's cirrhosis mortality rate of 8.2/100,000 were higher than Rest of State (7.2).

County Health Rankings-2016

The Robert Wood Johnson Foundation, together with the University of Wisconsin Population Health Institute, develop annual health rankings for every county in the United States (http://www.countyhealthrankings.org/). Counties are ranked on "Health Outcomes" (the present health of the county) and on "Health Factors" (the future health of the county). The Appendix contains the 2016 Rankings for each of six Capital Region counties. The "Health Outcome Rankings" show a wide range within the Capital Region with Saratoga County ranked # 1 for all New York counties, while Schenectady County was ranked #49 and Greene County #59. However, the "Health Factor Rankings" show the Capital Region doing well compared to the rest of New York State counties. All the counties, with the exception of Greene, fell into the top quartile of counties, from Saratoga #4 to Schenectady #16. Greene County also improved to a rank of #43 in New York State.

II. Community Public Health Priorities

Collaboration and Community Engagement

Engaging the community in the health needs assessment process was a priority of HCDI and its stakeholders. Broad community engagement began with participation in the community health survey. The surveys offered multiple choice and open-ended questions to learn about residents' health needs, health behaviors and barriers to care. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income.

Survey results were incorporated into the examination of health needs by the members of the 4 Capital Region Public Health Prioritization Workgroups (Albany-Rensselaer, Columbia-Greene, Saratoga and Schenectady). The Workgroups included community voices through representatives from consumers, community based organizations that serve low-income residents, the homeless, those with HIV/AIDS, advocacy groups, employers, public health departments, providers and health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents. While all health institutions serve high need individuals, the two federally qualified health centers, Food Pantries of the Capital District, United Way of the Capital Region, Interfaith Partnership for the Homeless, and our consumer community representatives have unique access to medically underserved residents.

Selection of Priorities

Selection of the top health priorities for the Capital Region was based on a multi-year process building on existing knowledge from present Community Health Improvement Plan/Community Service Plan implementation efforts, as well as the 2015 Medicaid Delivery System Reform Incentive Payment (DSRIP) Needs Assessment. A Capital Region Prevention Agenda Steering Committee was formed to guide the 2016 Public Health Prioritization process and Plan development. Meetings were held during Fall/Winter 2015-2016 with participation from local health departments of Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties, St. Peter's Health Partners, Ellis Medicine, Albany Medical Center, Saratoga Hospital, Columbia Memorial Hospital and HCDI to ensure that health needs analysis, prioritization and community health plans were timely and of high quality. Members of these organizations worked to identify individuals to participate in the Capital Region Public Health Prioritization Workgroups.

The Capital Region Public Health Prioritization Workgroups were formed to review data analyses prepared by HCDI and to select the top priorities with one health disparity to be addressed. Data presentations were given at the meetings to provide summarized available data on the leading problems in each of the Workgroup's service areas. Health indicators were included in the Prioritization data presentations if:

- At least one of the county rates were significantly higher than the New York State, excluding New York City data; or

- At least one of the county rates are in the highest risk quartile in the state; or
- Rates for the health condition worsened over the past decade for one of the counties; or
- The health condition was a leading cause of death in one of the counties; or
- Disparity between rates was clearly evident in sub-populations; or
- There were a high absolute number of cases in the counties.

Health indicators that met the criteria were included in the data presentations for each of the five Prevention Agenda Priority Areas: Prevent Chronic Diseases, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Mental Health and Prevent Substance Abuse, and Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections.

Ninety (90) health indicators across the five Prevention Agenda Priority Areas were presented. Available data on prevalence, emergency department visits, hospitalizations, mortality and trends were included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available. After the presentation, these data were made available to Capital Region partners on the HCDI website (http://hcdiny.org/).

After the presentation of each set of health indicators, a discussion was held to answer any questions, or for individuals to share their experiences with the health condition in the population. Participants did a preliminary vote on the importance of the condition in the community based on three qualitative dimensions: the impact of the condition on quality of life and cost of health care; if there was community awareness and concern about the condition; and the opportunity to prevent or reduce the burden of this health issue on the community. Participants were provided with a Prioritization Tracking Tool to record their own comments and measure their thoughts on the severity, community values, and opportunity regarding each health indicator.

Upon completion of the data summaries, Capital Region Public Health Prioritization Workgroup members were given an opportunity to advocate for the priority they believed was most meritorious and the group voted on the top two Prevention Agenda categories. Behavioral health and chronic disease categories received the greatest amount of votes by far, because they impacted the largest number of people in the most significant ways, both directly and indirectly, through their influence on other health conditions. They also contributed most significantly to the cost of health care. A summary of each Capital Region Public Health Priority Workgroup is as follows:

Albany-Rensselaer Public Health Priority Workgroup

The Albany Rensselaer Public Health Priority Workgroup was spearheaded by the Albany County Department of Health, the Rensselaer County Department of Health, Albany Medical Center, and St. Peters Health Partners. Because the hospitals catchment areas covered both counties, it was felt a joint-county Albany-Rensselaer Public Health Priority Workgroup was appropriate. Three meetings were held on February 10, February 24, and March 18, 2016. During these meetings, HCDI presented heath indicators for each of the 5 Prevention agenda Priority Areas, and facilitated Albany-Rensselaer Public

Health Priority Workgroup discussions. The Power Point data presentations used during these meetings were made available to the Albany-Rensselaer Public Health Priority Workgroup members and the public on the HCDI Website (http://www.hcdiny.org/). The Albany-Rensselaer Public Health Priority Workgroup choose their priorities at the last Workgroup meeting. Organizations participating in the Albany-Rensselaer Public Health Priority Workgroup include:

- Albany County Department of Health
- Albany County Department of Mental Health
- Albany County Department of Social Services
- Albany Medical Center
- Albany Medical Center: DSRIP
- Albany Rensselaer Cancer Program
- Alzheimer's Association
- Belvedere Health Services, LLC
- Berkshire Farm Center & Youth Services
- Capital District Childcare Coordinating Council
- Capital District Physicans' Health Plan (CDPHP)
- Capital District Psychiatric Center- Office of Mental Health
- Capital District Tobacco-Free Coalition
- Capital District Transportation Committee
- Capital District YMCA
- Capitol Region BOCES
- Care Coordination Services
- Catholic Charities
- Catholic Charities: Commuity Maternity Services
- Center for Disability Services
- City of Albany Police Department
- Colonie Senior Services Centers
- Commission for Economic Opportunity
- Community Care Behavioral Health Organization
- Conifer Park
- Fidelis Care Network
- Hometown Health Centers
- Hospitatlity House
- Independent Living Center of the Hudson Valley
- Interfaith Partnership
- Jewish Family Services of Northeastern NY
- LaSalle School
- Mental Health Empowerment Project
- National Association of Social Workers
- National Grid
- Next Wave
- Rehabilitation Support Services
- Rensselaer County Department of Health

- Rensselaer County Department of Mental Health
- Rensselaer Park Elementary school
- Samaritan Radiation Oncology
- Senator Neil Breslin
- Senior Hope
- Senior Servics of Albany and Cohoes Multi-Service Senior Citizen Center, Inc.
- St. Catherine's Center for Children
- St. Mary's Hospital
- St. Peter's Health Partenrs
- The Community Hospice
- The Food Pantries for the Capital District
- The Sage Colleges
- United Way of the Greater Capital Region
- Unity House
- University at Albany School of Public Health
- Upper Hudson Planned Parenthood
- Van Rensselaer Manor
- Village of Colonie Outreach
- Visiting Nurses Association of Albany
- Xerox State Healthcare

Albany and Rensselaer Counties completed the Community Health Prioritization Meetings together between February and March 2016. Attendance during these meetings ranged between 40-60 participants representing many healthcare, community based and public service providers. Participants were engaged in the data presentations, raised many questions, and provided what services look like day to day. During the Asthma Data presentation there was much reflection on how Care Coordination Services truly help patients understand how to reduce asthma emergencies and also how to react in the midst of a crisis that helps reduce emergency room visits. Action plans were viewed as positive for patients especially when patients make them visible on refrigerators, in the school, etc.

During the Diabetes discussion participants raised many questions around the availability of data on other health related matters that maybe risks of diabetes such as vision issues and obesity. Medication therapy for diabetes may require dose adjustments or may be contraindicated in patients with chronic kidney disease. When reviewing obesity data participants began to draw a correlation to neighborhoods that maybe more of risk due to lack of access to healthy foods, and recreation. Participants were able to provide insight to students in school and their inability to pass many of the physical assessments conducted in Physical Education classes. During the Mental Health and Substance Abuse presentation participants from both counties reflected how much of a crisis the opioid epidemic is here in the Capital Region. Data presented supported the need for more Mental Health and Substance Abuse professionals.

Albany and Rensselaer Counties selected the following Prevention Agenda Priority Areas:

I. **FOCUS AREA: CHRONIC DISEASE**
   a. **Reduce Obesity in Children and Adults (inclusive of risk factors and promotion of evidenced-based intervention programs)**
   b. **Asthma / tobacco cessation (existing CHIP and DSRIP activity)**

II. **FOCUS AREA: BEHAVIORAL HEALTH**
   a. **Prevent Substance Abuse (e.g. opioid)**
   b. **Strengthen Mental Health Infrastructure across Systems (existing CHIP and DSRIP activity)**

The existing Behavioral Health Task Force will focus (Substance Abuse/Mental Health/Tobacco) on Substance Abuse and Opioid Prevention. Mental Health and Tobacco will receive direction from *DSRIP (Delivery System Reimbursement Incentive Payment Program)* activities. DSRIP has initiatives for Mental Health facilities going Tobacco Free, and implementing Tobacco Cessation into treatment planning for those receiving Mental Health Treatment. The Integration of Mental Health and Primary Care is also a focal point of DSRIP. Activities conducted through these DSRIP projects will be documented through this priority area. The existing Diabetes Task Force will continue their efforts to prevent type 2 diabetes, and help patients learn how to self-manage and live a healthy lifestyle. As learned during the Prioritization Meeting, obesity rates continue to increase. Given the connection between both diabetes and obesity this task force will also add goals that are related to the reduction in obesity rates in Albany and Rensselaer Counties.

Schenectady Public Health Priority Workgroup

The Schenectady Public Health Priority Workgroup was spearheaded by Schenectady County Public Health Services, Ellis Medicine and Sunnyview Rehabilitation Hospital. However, they have been working with other Schenectady Partners through the Schenectady Coalition for Healthy Communities (SCHC). The SCHC has been implementing, monitoring and evaluating Schenectady County Prevention Agenda activities since 2013. Three meetings were held on February 4, February 19, and March 31, 2016. During these meetings, HCDI presented heath indicators for each of the 5 Prevention agenda Priority Areas, and facilitated Workgroup discussions. The Power Point data presentations used during these meetings were made available to the Workgroup members and the general public on the HCDI Website (http://www.hcdiny.org/). The Workgroup choose their priorities at the last Workgroup meeting. Organizations participating in the Schenectady Public Health Priority Workgroup include:

- 820 River Street Treatment Facility
- Alliance For Better Health Care
- Schenectady County The ARC
- Boys and Girls Club
- Capital District Childcare Council
- Capital Roots
- Care Central

- Catholic Charities
- CDPHP Health Plan
- Capital District Tobacco Free Coalition
- Center for Disablitiy
- Conifer Park
- Consumer Directed Choices
- DePaul Housing Management
- Ellis Asthma Care
- Ellis Family Health Center
- Ellis Medicine
- Ellis Primary Care
- Kingsway Community
- MVP Health Care
- New Choices Recovery Center
- Planned Parenthood
- Recovery Support Services
- Schenectady Community Action Program
- Schenectady County Community College
- Schenectady County Human Rights
- Schenectady County Public Library
- Schenectady Public Health Services
- Schenetady County Office of Community Service
- Schenectady Inner City Ministry
- St. Peters Health Partners
- Substance Abuse Prevention Coalition
- Sunnyview
- Tobacco Free Coaltion
- University at Albany
- YMCA

In the Schenectady County Prioritization Meetings, input was received from the community on a number of health issues that the community struggles with. Representatives from the organizations which work with the City School District highlighted that the schools are seeing a vast increase in mental health issues. Members of the community from both the Substance Abuse Prevention Council and the recovery centers spoke of the many challenges that their population faces and the lack of resources to address their needs- especially the limited capacity for substance abuse treatment, especially heroin. Many members of the community voiced concern over the increased number of newborn drug-related discharges. Community members and the Tobacco Free Coalition members also voiced their concern over the many alcohol and tobacco related diseases in the community, and the relationship between alcohol and/or tobacco and mental health and/or substance abuse issues. Many in the meeting also stated that they felt strongly that obesity is a comorbidity for the many challenges that the community faces. In addition, representatives from the Public Health Department and Ellis hospital highlighted the

many challenges that members of the community with diabetes face and also that with more support, the growing number of ER visits and hospitalizations for diabetes related complications could be avoided. Another important insight from the community was that within the City of Schenectady, Hamilton Hill has an especially high rate of both physical and mental health issues, and has a tremendous lack of resources and services to adequately address these issues.

Schenectady County began their CHIP prioritization planning process on May 26th, 2016. At that meeting, partners were identified to form work groups/task forces on the priority areas selected. It is expected that CHIPS will be developed by September 30, 2016. The county has selected the following Prevention Agenda Priority Areas:

I. **Priority Area: Promote Mental Health and Prevent Substance Abuse**
   Focus Area: Prevent Substance Abuse and other Mental, Emotional, Behavioral Disease
II. **Priority Area: Prevent Chronic Disease**
   Focus Area: Reduce Obesity in Children and Adults

Saratoga Public Health Priority Workgroup

The Saratoga Public Health Priority Workgroup was spearheaded by the Saratoga County Health Department and Saratoga Hospital. Three meetings were held on February 10, February 24, and March 18, 2016. During these meetings, HCDI presented heath indicators for each of the 5 Prevention agenda Priority Areas, and facilitated Workgroup discussions. The Power Point data presentations used during these meetings were made available to the Workgroup members and the general public on the HCDI Website (http://www.hcdiny.org/). The Workgroup choose their priorities at the last Workgroup meeting. Organizations participating in the Saratoga Public Health Priority Workgroup include:

- Albany Medical Center
- Alcohol & Substance Abuse Prevention Council
- Albany Medical Center Physicians Assistant Program
- Capital Consulting Group, LLC
- Captain Youth and Family Services
- Catholic Charities
- Catholic Charities Care Coord Serv
- City of Saratoga Springs
- Council for Prevention and DSRIP
- Domestic Violence Advocacy/ Family Res Programs
- Ellis Hospital Urgent Care, Clifton Park
- Four Winds
- Franklin Community Center, Inc.
- Healthy Capital District Initiative (HCDI)
- LaSalle Counseling

- Mental Health ~ Saratoga Hospital
- Northern Rivers Family of Services
- NYS Court System
- Office of Mental Health
- Parsons @ Malta
- Recovery Advocacy In Saratoga
- Rehabilitation Support Services Capital Dist Stabilitazation and Support Program
- Saratoga Community Health Center
- Saratoga Center for the Family
- Saratoga City Court Judge
- Saratoga Community Health Center
- Saratoga County Alcohol and Sub Abuse Services
- Saratoga County Dept of Disablity and Social Services
- Saratoga County Emergency Medical Services
- Saratoga County Mental Health Ctr.
- Saratoga County Public Health
- Saratoga County Sheriff
- Saratoga Emergency Physicians
- Saratoga Hospital
- Saratoga Hospital Emergency Department
- Saratoga Springs, Mayor's Office
- Schuylerville High School
- Shenendehowa School District
- Shelters of Saratoga
- St Peters Addiction Recovery Services - Saratoga
- Saratoga Springs Police Department
- St Lukes Recovery Residence Center
- Transitional Services Association, Inc.
- Veteran Mental Health Council @ VA
- Wellspring

In the Saratoga County Prioritization Meetings, input was received from the community on a number of Mental Health and Substance Abuse topics. Representatives from the school districts highlighted that one third of the students in some schools are reporting being depressed. Members of the community from both the Substance Abuse Prevention Council and the Sheriff's department noted that the Narcan training in the county has been very successful but there needs to be more training done. Many members of the community voiced concern that doctors were prescribing opiates recklessly. Employees from hospitals voiced their concern over the increased number of newborn drug-related discharges. Many community members voiced their concern over the many alcohol related events in the county and that the bars close at 4 am. Many in the meeting also stated that they felt strongly that poor mental health increases substance abuse and self-medicating. Representatives from the Tobacco Coalition expressed to the group how dire the consequences of smoking are amongst those with mental health

conditions and informed the group that that population will die 25 years earlier than those without mental illness. Some members of the community also pointed out how obesity plays a role in mental health and substance abuse and that the lack of physical activity and increased screen time rates have serious impacts on the quality of life overall.

Saratoga County selected the following Prevention Agenda Priority Areas:

I. **Priority Area: Promote Mental Health and Prevent Substance Abuse**
   Focus Area: Promote Mental Health
II. **Priority Area: Promote Mental Health and Prevent Substance Abuse**
   Focus Area: Prevent Substance Abuse (e.g. opioid)

The Saratoga DOH is facilitating the CHIP prioritization planning meetings in April, May, June, and August. In the first meeting which took place, April 28th , 2016 it was determined that there would be two work groups, a Mental Health work group and a Substance Abuse Prevention work group. At the second CHIP planning meeting, which took place, May 12th , 2016, the Commissioner of Mental Health led the Mental Health Work Group and the Executive Director of the Prevention Council led the Substance Abuse Work Group. The Director of the Saratoga County DOH facilitated the Substance Abuse work group and the Saratoga County DOH Health Educator and PHIP Public Health Planner facilitated the Mental Health work group. At the conclusion of those meetings, the Mental Health Work Group selected Prevention Agenda Goal 2.3, Prevent suicides among youth and adults and the Substance Abuse Prevention Work Group selected Prevention Agernda Goal 3.2, Strengthen infrastructure for Mental, Emotional, Behavioral (MEB) health promotion and MEB disorder prevention. It is expected that CHIPS will be developed by 9/30/2016.

Columbia-Greene Public Health Priority Workgroup

The Columbia-Greene Public Health Priority Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital. Columbia and Greene counties share similar demographic characteristics and health metrics. For this reason the counties elected to align efforts around mutually-selected priority areas. The Prioritization Workgroup was the product of the collaborative decision. Three meetings were help during the prioritization process on: February 12th, March 2nd, and March 16th. During these meetings, HCDI presented health indicators related to the five Prevention Agenda Priority Areas and then facilitated discussions. The PowerPoint data presentations used during these meetings were made available to the Workgroup members, and the general public on the HCDI website (www.hcdiny.org). The workgroup choose the priority areas they would focus on during the last workgroup meeting. Organizations that participated in the Columbia-Greene Public Health Priority Workgroup include:

- Alzheimer's Association, Faith Outreach
- Apogee Center
- Catholic Charities
- COARC
- Columbia Greene Community College
- Columbia County Community Healthcare Consortium (Tobacco-Free Action)
- Columbia County Department of Health
- Columbia County Emergency Medical Service
- Columbia Memorial Hospital, Community Health Services
- Columbia Memorial Hospital, Mobile Dental Health Services
- Columbia-Greene Mental Health Center
- Community Action of Greene County
- Cornell Cooperative Extension
- Division of Community Services (Greene County)
- Eddy visiting Nurse Association
- Greene County Department of Social Services
- Greene County Human Services
- Greene County Family Planning
- Greene County Legislature
- Greene County Mental Health
- Greene County Public Health
- Healthy Capital District Initiative
- Hudson City School District
- Mobilizing for Action Through Planning and Partnership (MAPP)
- Rural Health Network
- St. Peter's Health Partners
- St. Peter's Health Partners (Health Program and Promotion)
- St. Peter's Health Partners (Tobacco-Free Health System)
- Twin County Recovery Services
- Upper Hudson Planned Parenthood
- Columbia County Community Healthcare Consortium

In the Columbia and Greene County Prioritization Meetings, many of the participating community members offered feedback, and expressed concern around the topic of substance abuse (primarily opiate abuse). Community members shared that the increased prevalence identified in the data presentation was visible in substance abuse programs in the community, and that prescription opiate abuse and heroin use was the pressing concern of the county. Community participants from the Twin County Recovery Center highlighted the comorbid issues that are intertwined with opiate abuse (e.g. increase in difficulties around housing, employment, and psychosocial wellbeing; added stress on interfamily and intercommunity dynamics; decrease in school performance of the children of opiate abusers, etc.). DOH representatives shared that although the prevalence rate (actual number of active cases) of opiate abuse does not represent a large number of lives, the incidence rate (new cases over a set period of time) was increasing at a "staggering rate." Community

members expressed their desire to address the problem proactively (preventing new cases) instead of intervening reactively (addressing those who already have a problem).

Obesity was also identified as a major concern of the community members. Meeting participants expressed shock at the prevalence of obesity among their population, specifically the overweight and obese rate of the counties' youth. Meeting participants agreed on the need to increase leisure time activity but acknowledged this would be a difficult objective given the county's rural nature, and the need to drive for many everyday tasks. Cornell Cooperative Extension (CCE) participants shared that they used to have a program that focused on improving nutritional decision-making via education but that the program had lost its funding. Meeting participants who focus on obesity in the county identified Hudson City as a high-need area for obesity programming. Participants were also interested in learning about the density of fast food establishments in the county.

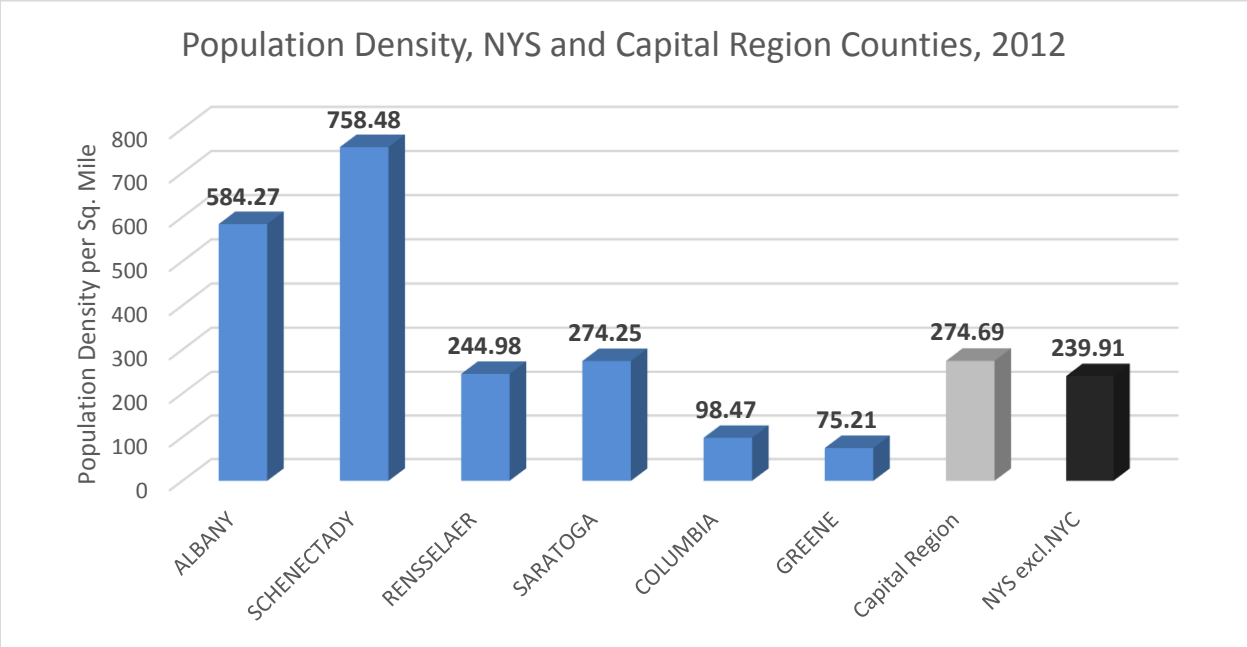
Columbia and Greene Counties selected the following Prevention Agenda Priority Areas:

I. **Priority Area: Chronic Disease**
    a. **Focus Area: Reduce Obesity in Children and Adults**
II. **Priority Area: Promote Mental Health and Prevent Substance Abuse**
    a. **Focus Area: Prevent Substance Abuse and other mental Emotional Behavioral Disorders**

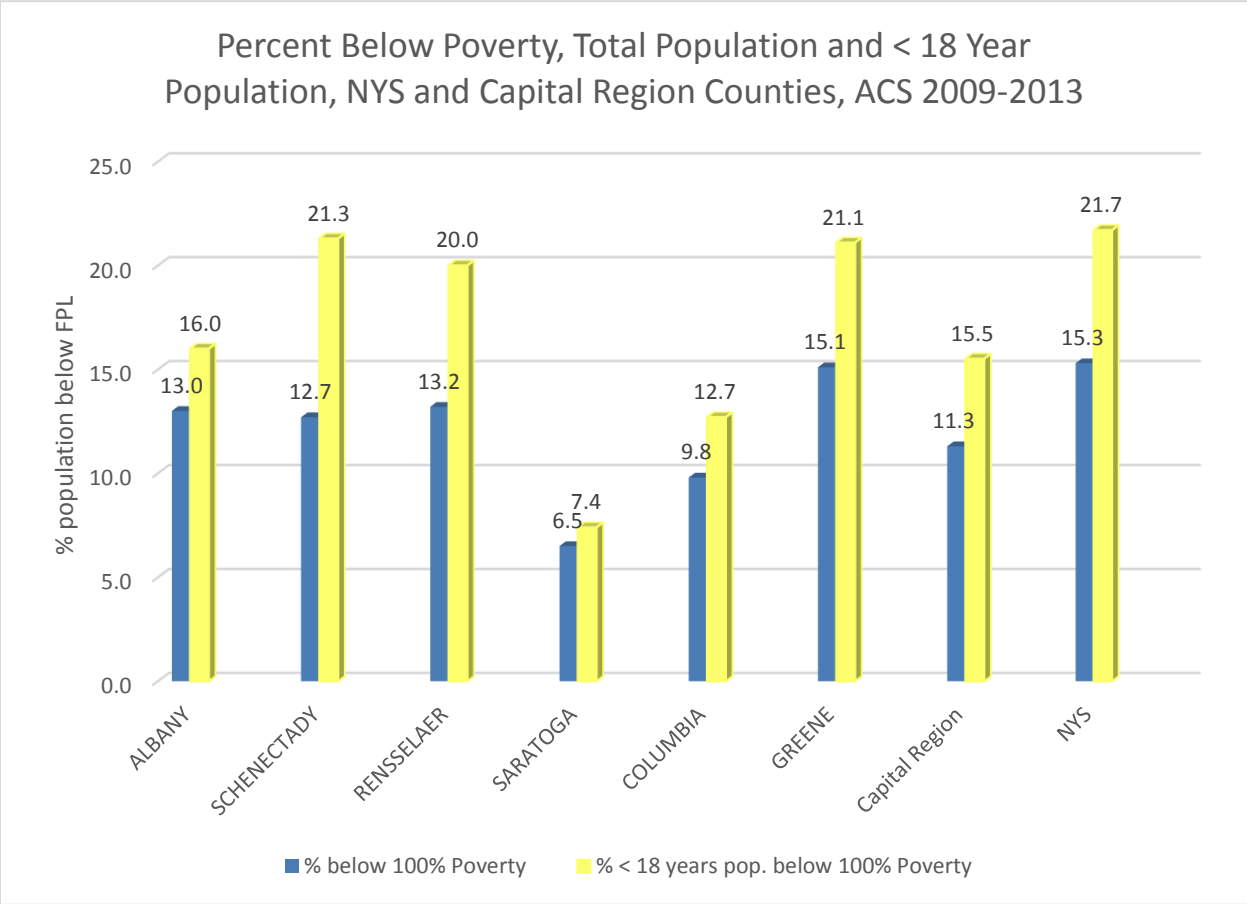
The Greene County Mobilizing for Action through Planning and Partnerships (MAPP) community group and the Columbia County Public Health Leadership group will support the development of a joint-county task force for each Priority Area. Community health partners who work in each respective priority area will comprise each Priority Area-focused task force. Each task force will meet on a monthly basis and community partners responsible for priority area actions will provide updates on ongoing and projected activities and interventions. The task forces will be responsible for alignment and guidance of all countywide activities related to each Priority Area.

III. Sociodemographic Information

The Capital Region consists of the counties of Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady with a population of approximately 952,000. Population density ranged from urban Schenectady County (758 pop. /sq. mile) to rural Greene County (75 pop. /sq. mile).



The Capital Region has a slightly larger female (484,980) to male (467,456) population. The Region's median age of 40.2 years is higher than New York State (NYS), with a range of 38.0 years in Albany County to 44.5 years in Greene County. About 17% of the Capital Region's population is 14 years of age or younger while about 16% of the population is 65 years of age and older. About 14.9% of the Region's population is non-White and 4.4% Hispanic. The non-White population range was 22.1% in Albany County to 5.7% in Saratoga County. The Hispanic population varied from 6.0% in Schenectady County to 2.6% in Saratoga County. The Capital Region's median household income of $60,722 was higher than NYS, ranging from $49,655 in Greene County to $69,826 in Saratoga County. The Region's poverty rate of 11.3%, or 104,000 individuals, was lower than the NYS rate. Greene County had the largest population below the poverty level (15.1%), while Saratoga County had the lowest at 6.5%. Almost 16% of children < 18 years of age living in the Capital Region were below the poverty level. Of the Capital Region's population 25 years of age or older, 8.8% had less than a high school education, lower than NYS; Albany County had the lowest percentage at 7.9%, while Greene County had the largest percentage at 14.6%.



The Appendix (County Demographics by Neighborhood) contains sociodemographic data by County-specific Zip code aggregate neighborhoods by Age, Race/Ethnicity, and Poverty Level.

Selected Sociodemographic Indicators, New York State, Capital Region, and Capital Region Counties, 2009-2013

	NYS	Capital Region		Albany County		Rensselaer County		Schenectady County		Saratoga County		Columbia County		Greene County	
Age	%	#	%	#		#		#		#		#	%	#	
Population	19,487,053	952,436	100	305,279	100	159,565	100	154,821	100	221,169	100	62,674	100	48,928	100
Male	9,442,496	467,456	49.1	147,755	48.4	78,825	49.4	74,933	48.4	108,815	49.2	31,588	50.4	25,540	52.2
Female	10,004,557	484,980	50.9	157,524	51.6	80,740	50.6	79,888	51.6	112,354	50.8	31,086	49.6	23,388	47.8
% <5 years	6.0	50,251	5.3	15,271	5.0	8,795	5.5	9,219	6.0	11,871	5.4	2,859	4.6	2,236	4.6
% 5-14 years	12.1	111,001	11.7	33,106	10.8	18,402	11.5	19,299	12.5	28,259	12.8	6,927	11.1	5,008	10.2
% 15-19 years	6.8	69,039	7.2	24,353	8.0	12,066	7.6	10,888	7.0	14,308	6.5	4,089	6.5	3,335	6.8
% 65-74 years	7.3	74,580	7.8	21,945	7.2	11,744	7.4	11,321	7.3	18,014	8.1	6,489	10.4	5,067	10.4
% 75+ years	6.5	66,868	7.0	21,638	7.1	10,531	6.6	11,994	7.7	13,524	6.1	5,326	8.5	3,855	7.9
Median Age	38.1		40.2		38.0		39.9		39.9		41.2		46.0		44.5
% Non-white	34.4	141,724	14.9	67,547	22.1	19,634	12.3	31,203	20.2	12,562	5.7	5,914	9.4	4,864	9.9
% Hispanic	17.9	42,044	4.4	15,744	5.2	6,364	4.0	9,236	6.0	5,706	2.6	2,515	4.0	2,479	5.1
% <100% FPL	15.3	103,952	11.3	37,541	13.0	20,300	13.2	19,127	12.7	14,192	6.5	5,911	9.8	6,881	15.1
% < 18 yrs < 100% FPL	21.7	30,214	15.5	9,382	16.0	6,535	20.0	7,369	21.3	3,589	7.4	1,496	12.7	1,843	21.1
Median Household Income	$58,003		$60,722		$59,394		$59,432		$56,061		$69,826		$57,336		$49,665
% speak English "< very well"	13.4	26,478	2.9	11,310	3.9	3,770	2.5	5,387	3.7	3,767	1.8	1,016	1.7	1,228	2.6
% 25+ yrs < HS edu.	14.8	51,989	8.8	16,071	7.9	10,469	9.7	10,110	9.6	4,766	13.6	5,807	12.8	4,766	13.6
% with Disability	10.9	97,767	11.8	33,866	11.2	18,889	12.0	19,449	12.7	10,170	6.6	8,699	14.3	6,694	14.6

Source: Bureau of Census, American Communiy Survey, 2009-2013

Albany County

- Albany County had the largest population (305,279), and was the second most urban county (584 pop. /sq. mile) in the Capital Region;
- Albany County had the lowest median age (38.0 years) in the Capital Region;
- West End neighborhood had the highest 0-14 yr. population (25.5%);
- Albany County had the largest non-White population (27.1%) and second largest Hispanic population (5.2%) in the Capital Region;
- West Hills/South End (72.0%) had the largest non-White population, while Wet End (15.0%) had the largest Hispanic population;
- Albany County median household income of $59,394 was higher than NYS and 3rd highest in the Capital Region;
- Albany County had a poverty level of 13.0% which was lower than NYS but 3rd highest in the Capital Region;
- West End (37.4%), and West Hills/South End (30.8%) had the highest neighborhood poverty rates;
- At 7.9%, Albany County had the lowest percent less than high school education in the 25+ yr. population in the Capital Region;
- West End had the highest less than high school education neighborhood rate at 21.8%.

Columbia

- With a population of 62,674, was the 2nd most rural of the Capital Region counties (98.5 pop. /sq. mile);
- Had the highest median age (46.0 years);
- 15.7% of the population was 14 years of age or younger, while 18.9% were 65+ years of age;
- Chatham had the largest population 14 years of age or younger (16.8%);
- Had the 2nd lowest non-White population (9.4%), and 2nd lowest Hispanic population (4.0%);
- Hudson (18.7%) had the largest neighborhood non-White population and the largest (7.4%) Hispanic population;
- Had the 2nd lowest poverty rate in the Capital Region (9.8%), but it's Median Household Income of $57,336 was below that of the Capital Region;
- At 12.8%, had the 2nd highest percentage of population 25+ years of age with less than a high school education;
- Hudson (20.8%) had the highest neighborhood percentage of the population 25+ years with less than a high school education.

Greene

- With a population of 48,928, was the most rural county in the Capital Region (75.2 pop, /sq. mile);
- Had the 2nd highest median age (44.5 years);
- Had the lowest percentage of population 0-14 years of age (14.8%), while 18.3% were 65+ years of age;
- Catskill neighborhood had the largest population 0-14 years of age (18.0%);
- Had the 3rd smallest non-White population (9.9%) in the Capital Region, but the 2nd largest Hispanic population (5.1%);
- Coxsackie/Athens had the largest non-White population (17.6%) as well as largest Hispanic population (8.6%);
- Had the lowest Median Household Income ($49,655) as well as the largest population below poverty (15.1%) in the Capital Region;
- Cairo/Durham (22.0%) had the highest neighborhood poverty rate;
- Had the largest population 25+ years of age with less than a high school education (13.6%);
- Coxsackie/Athens had the largest population 25+ years of age with less than a high school education (18.3%).

Rensselaer

- With a population of 159,565, the 3rd most rural county in the Capital Region (245.0 pop. /sq. mile);
- Had the 2nd lowest median age (39.9 years);
- 17.0% of its population was 0-14 years of age, while 14.0% was 65+ years of age;
- Northeast neighborhood had the largest 0-14 year old population (20.1%);
- Had the Capital Region's 3rd largest non-White population (12.3%), but the 2nd smallest Hispanic population (4.0%);
- Troy/Lansingburgh had the largest non-White population (21.3%) as well as the largest Hispanic population (6.6%);

- Had the 2nd highest Median Household Income in the Capital Region ($59,432) but also the 2nd largest population below poverty (12.3%);
- Troy/Lansingburgh had the highest neighborhood poverty rate (21.6%);
- Had the 3rd largest population 25+years of age with less than a high school education (9.7%);
- Troy/Lansingburgh has the largest population 25+ years of age with less than a high school education (13.5%).

Saratoga

- With a population of 221,169, was the 2nd most populated county in the Capital Region, and the 3rd most urban (274.3 pop. /sq. mile);
- Had the 3rd highest median age (41.2 years);
- 18.2% of its population was 0-14 years of age, while 14.2% was 65+ years of age;
- North East neighborhood had the largest 0-14 years of age population (21.5%);
- Had the Capital Region's smallest non-White (5.7%) and Hispanic (2.6%) populations;
- Clifton Park West neighborhood had the largest non-White (9.1%) and Hispanic (3.5%) populations;
- Had the highest Median Household Income ($69,826), and smallest population below poverty (6.5%);
- North West had the highest neighborhood poverty rate (13.2%);
- Had the smallest population 25+ years of age without a high school education (6.6%);
- North West had the largest population 25+ years of age without a high school education (10.9%).

Schenectady

- With a population of 154,821, the Capital Region's most urban county (758.5 pop. /sq. mile);
- Had the 2nd lowest median age (39.9 years);
- Had the largest percentage of population 0-14 years of age (18.5%), while 15.0% of its population was 65+ years of age;
- Hamilton Hill neighborhood had the largest 0-14 years of age population (32.4%);
- Had the 2nd largest non-White population (20.2%) and the largest Hispanic population (6.0%) in the Capital Region;
- Hamilton Hill had the largest non-White (67.0%) and Hispanic (18.3%) populations;
- Had the 2nd lowest Median Household Income ($56, 061) but the 3rd smallest population below poverty (12.7%);
- Hamilton Hill had the highest neighborhood poverty rate (46.4%);
- Had the 3rd smallest population 25+ years of age without a high school education (9.6%);
- Hamilton Hill neighborhood had the largest population 25+ years of age without a high school education (30.4%).

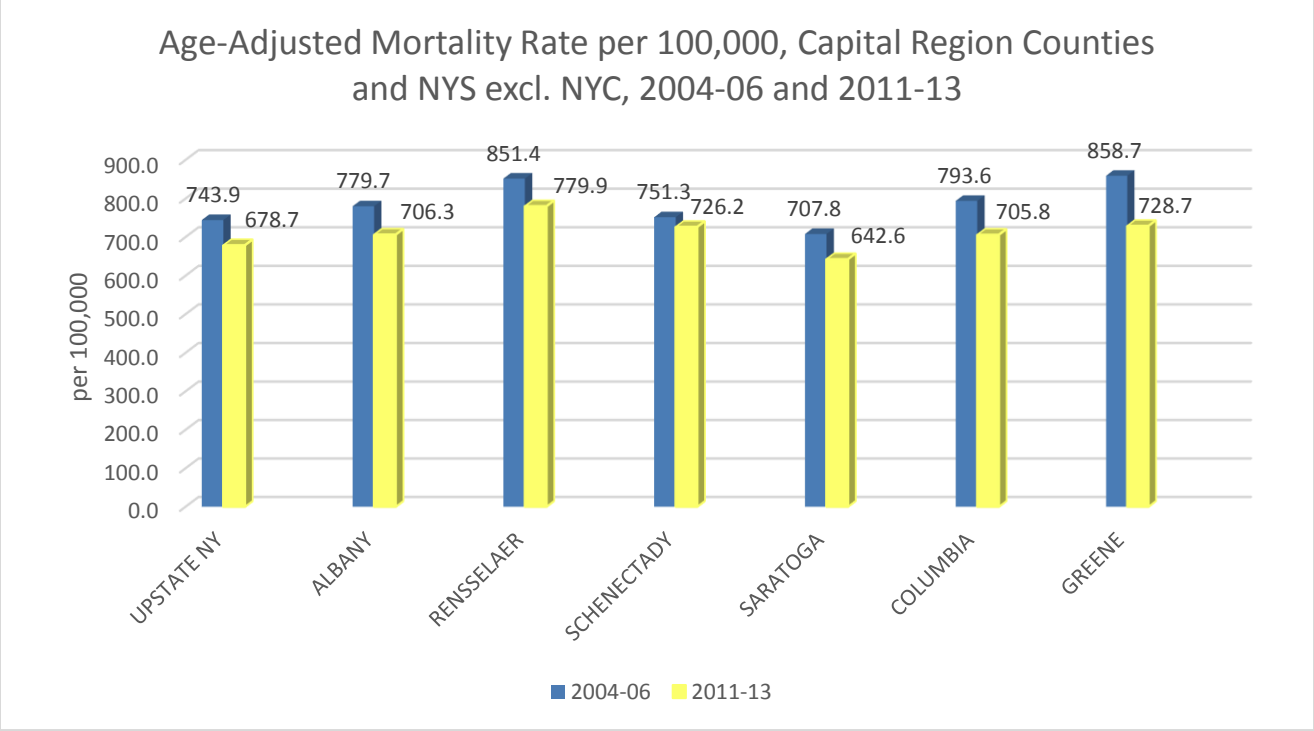
IV. General Health Status

Highlights

- Capital Region total age-adjusted mortality rates have decreased over the last decade.
- Rensselaer County had the highest 2011-13 total mortality rate.
- Schenectady, Greene and Rensselaer counties did not meet the Prevention Agenda Objective for percentage of premature deaths, with Greene County having the highest percentage in the Capital Region.
- The Region's YPLL rate was more than that of Upstate NY; only Saratoga County had an YPLL rate that was lower than Upstate NY, with Greene County having the highest Capital Region rate.
- Males and Black non-Hispanics had the highest mortality, premature death and YPLL rates.

Total Age-Adjusted Mortality

When comparing the age-adjusted total mortality rates in the Capital Region, there has been a decrease in the rates between 2004-06 and 2011-13 for all counties, ranging from a 3.3% decrease in Schenectady County to a 15.1% decrease in Greene County. With the exception of Saratoga County, all counties had total mortality rates higher than Upstate New York. Rensselaer County (779.9/100,000) had the highest total mortality rate in the Capital Region. [1]



For 2011-13, Capital Region males had almost a 40% higher age-adjusted total mortality rate compared to females (821.9/100,000 vs. 598.8). Black non-Hispanic residents had almost a 20% higher total mortality rate than White non-Hispanics (819.4 vs. 691.7). Hispanic residents had the lowest Capital Region mortality rate (566.7).[2]

Leading Causes of Death

Within the Capital Region, the top leading causes of death are heart disease, cancer, chronic lower respiratory disease (CLRD), stroke, unintentional injury, and pneumonia/influenza.[3] County-specific Leading Causes of Death are contained in the Appendix.

Capital District Leading Causes of Death for the Total Population, 2013 [3]			
Rank	**Cause of Death**	**Count**	**Percent of Total**
1	Diseases of the Heart	2,243	26.5%
2	Malignant Neoplasms	2,084	24.7%
3	Chronic Lower Respiratory Disease	477	5.6%
4	Stroke	340	4.0%
5	Unintentional Injury	228	2.7%
6	Pneumonia/Influenza	204	2.4%
	All Other	2,877	34.0%

When reviewing the leading causes of death in New York State by race/ethnicity, White-non Hispanics have the same five leading causes of death as the Capital Region. Black non-Hispanic New Yorkers had heart disease and cancer as the top two causes of death; however, these were followed by diabetes, unintentional injury, and pneumonia/influenza. For the Hispanic population, the leading causes of death were heart disease, cancer, unintentional injury, stroke and diabetes.[3]

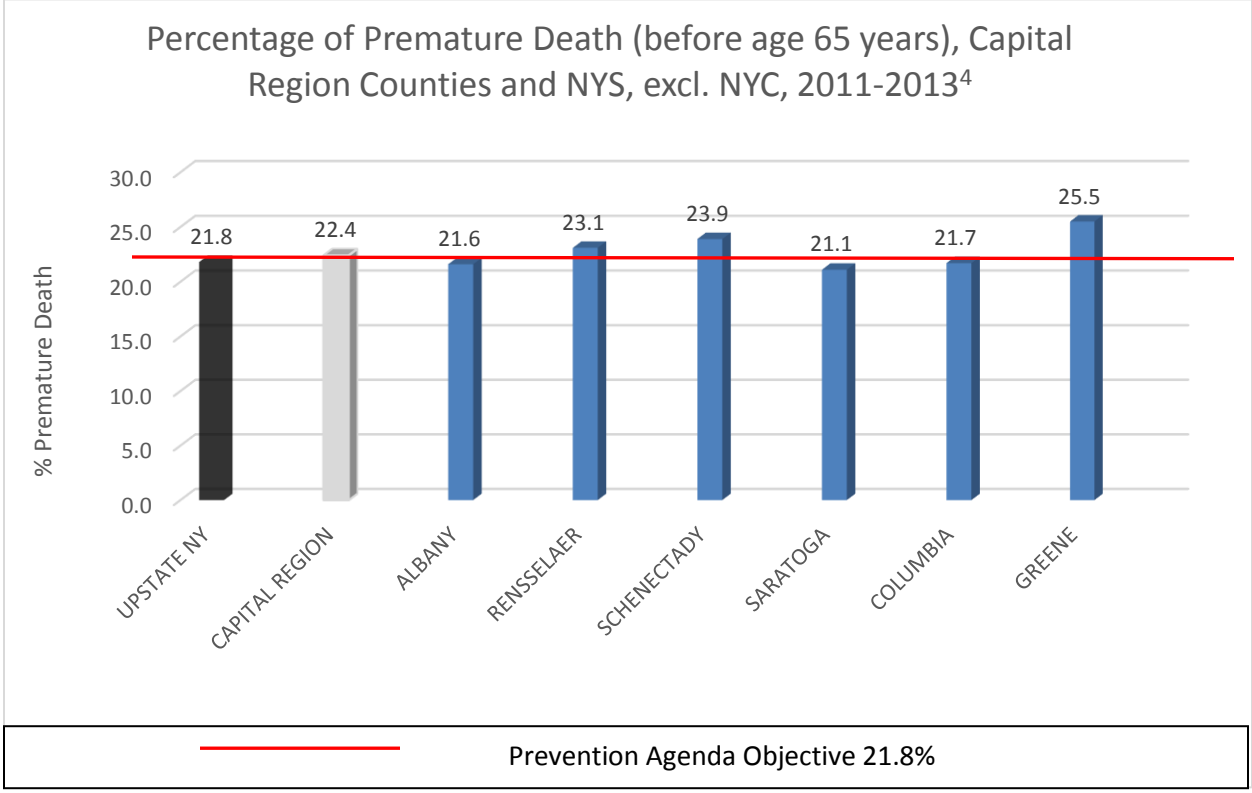
Premature Death and Years of Potential Life Lost (YPLL)

Objective

New York State Prevention Agenda 2013-2018
Reduce the percentage of premature deaths (before age 65 years) to 21.8%

Premature deaths occur before the expected time of death. Premature death can be measured by the percent of as deaths that occurred before 65 years of age, or by Years of Potential Life Lost (YPLL), an estimate or the average years a person would have additionally have lived if they had not died

prematurely. It is a measure of premature mortality that gives more weight to deaths that occur among younger people. Deaths that occur among younger people are most likely preventable and are indicative of failures in the health care system and/or lifestyle.

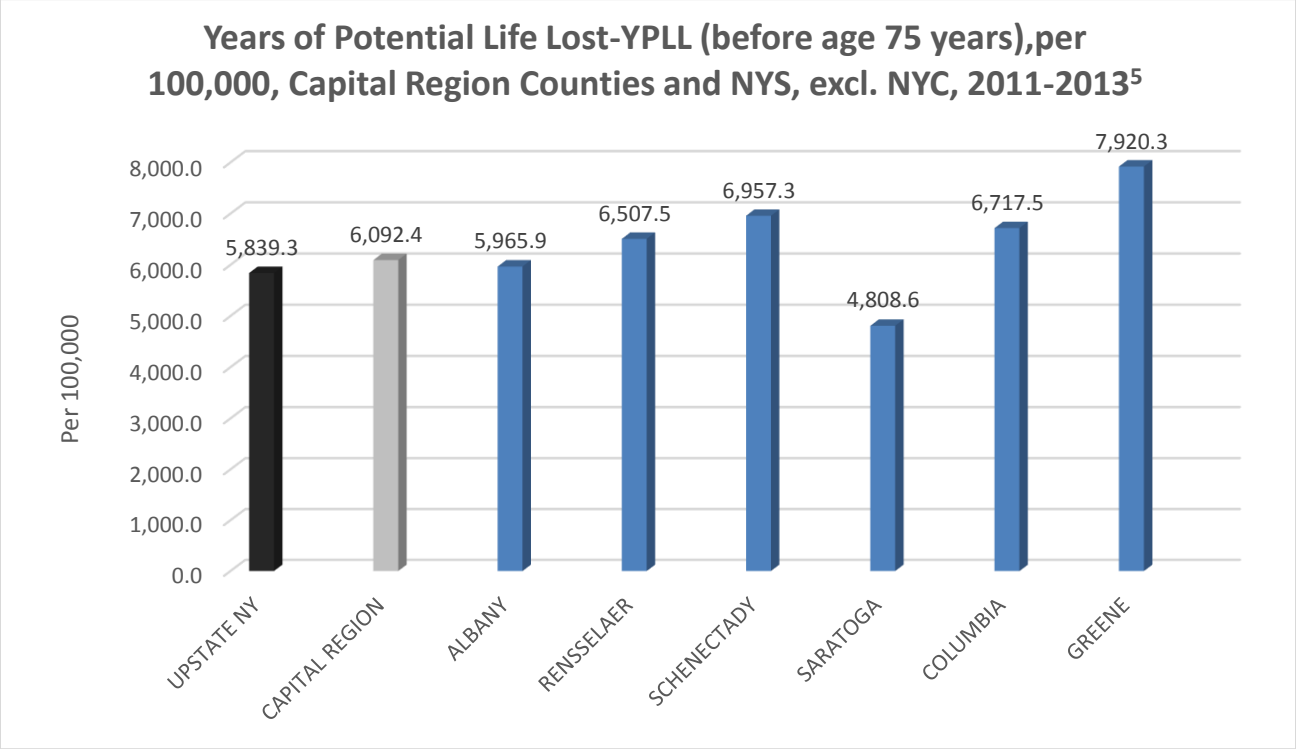


The Capital Region had a slightly higher percentage of premature deaths than Upstate New York. Greene, Schenectady and Rensselaer counties did not meet the Prevention Agenda Objective, with Greene County having the highest percentage of premature deaths (25.5%) in the Capital Region.

Percentage of Premature Death (before 65 years), Capital Region Counties and NYS, excl. NYC, by Race/Ethnicity 2011-2013[4]			
	White non-Hispanic	Black non-Hispanic	Hispanic
Upstate New York	19.5%	41.4%	44.8%
Capital Region	20.0%	48.9%	53.0%
Albany County	18.3%	48.7%	53.8%
Rensselaer County	18.8%	43.5%	40.9%
Schenectady County	24.6%	50.0%	63.6%
Saratoga County	21.5%	47.2%	57.4%
Columbia County	21.0%	35.2%	34.6%
Greene County	19.5%	55.7%	55.6%

The Capital Region had a higher percentage of premature deaths for all race/ethnicity groups compared to Upstate New York. Schenectady County had the highest percentage for White non-Hispanics and Hispanics, while Greene County had the highest Black non-Hispanic percentage of premature deaths in the Capital Region. The Black non-Hispanic to White non-Hispanic ratios ranged from 1.7 in Saratoga County to 2.9 in Schenectady County.

The Hispanic to White non-Hispanic ratios ranged from 1.7 in Saratoga County to 3.0 in Albany County.[4]



In 2013, there were over 55,000 YPLL in the Capital Region. The Region's YPLL rate (6092.4/100,000) was more than that of Upstate NY. Only Saratoga County had an YPLL rate that was lower than Upstate NY,

with Greene County having the highest Capital Region rate (7920.3). The Region's male residents had a 60% higher YPLL rate compared to their female counterparts (6,258.0 vs. 3875.9). Black non-Hispanic residents had a 60% higher YPLL rate than White non-Hispanics (8,634.6 vs. 4,780.1). Hispanic residents had the lowest Capital Region YPLL rate (4,650.1).[6]

References

1. *Age-adjusted total mortality rate per 100,000, 2011-2013*, New York State Department of Health http://www.health.ny.gov/statistics/chac/mortality/d32.htm
2. *Age-adjusted total mortality rate per 100,000, by gender and R/E, 2011-2013*, Statewide Planning and Research Cooperative System, Finger Lakes Health Services Agency https://portal.flhsa.org/asa.aspx
3. *Leading Causes of Death,* New York State Department of Health http://www.health.ny.gov/statistics/leadingcauses_death/
4. *Percentage of Premature Deaths,* New York State Department of Health https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa1_0

5. *Age-adjusted total mortality rate per 100,000, 2011-2013*, New York State Department of Health http://www.health.ny.gov/statistics/chac/mortality/d34.htm

6. *Years of Potential Life Lost rate per 1000,000, by gender and R/E, 2011-2013*, Vital Statistics, Finger Lakes Health Services Agency https://portal.flhsa.org/asa.aspx

Health Care: Usage and Access

Highlights

- All Capital Region counties failed to meet the Prevention Agenda objective for adults having a regular health care provider.
- Saratoga County and Schenectady County had the lowest Capital Region rates for adult 18-64 years having a routine checkup in the last year.
- The Capital Region PQI rates were better than comparable rates for Upstate NY.
- With the exception of Acute PQI conditions, Schenectady County had the highest rates in the Capital Region for all PQI categories.
- Capital Region Black-non Hispanic to White non-Hispanic ratios for PQI categories ranged from 3.7 for Diabetes conditions to 1.2 for Respiratory conditions.
- With exception of Acute conditions, males had higher PQI rates than female Capital Region residents.

Objective

New York State Prevention Agenda 2013-2018
Increase the percentage of adult New Yorkers who have a regular health care provider to 90.8%.

Health Care Usage

More than 2.2 million adults in New York State, or 15%, lack a regular primary care provider. A lack of access to a primary care provider results in negative health outcomes. Primary care, including prenatal care, provides a prime opportunity for prevention education, early detection, early treatment, and referral to other needed health and social services. Sustained contact with a primary care provider improves the consistency and efficacy of treatment for long-term chronic care patients.[1]

About 86% of adults in the Capital Region, indicated that they had a regular health care provider. Adult female Capital Region residents were more likely to have a health care provider than males (92.0% versus 81.0%). White non-Hispanic Capital Region adults were more likely to have a health care provider (87.5%) than Black non-Hispanic (74.9%) or Hispanic (79.8%) residents. [2]

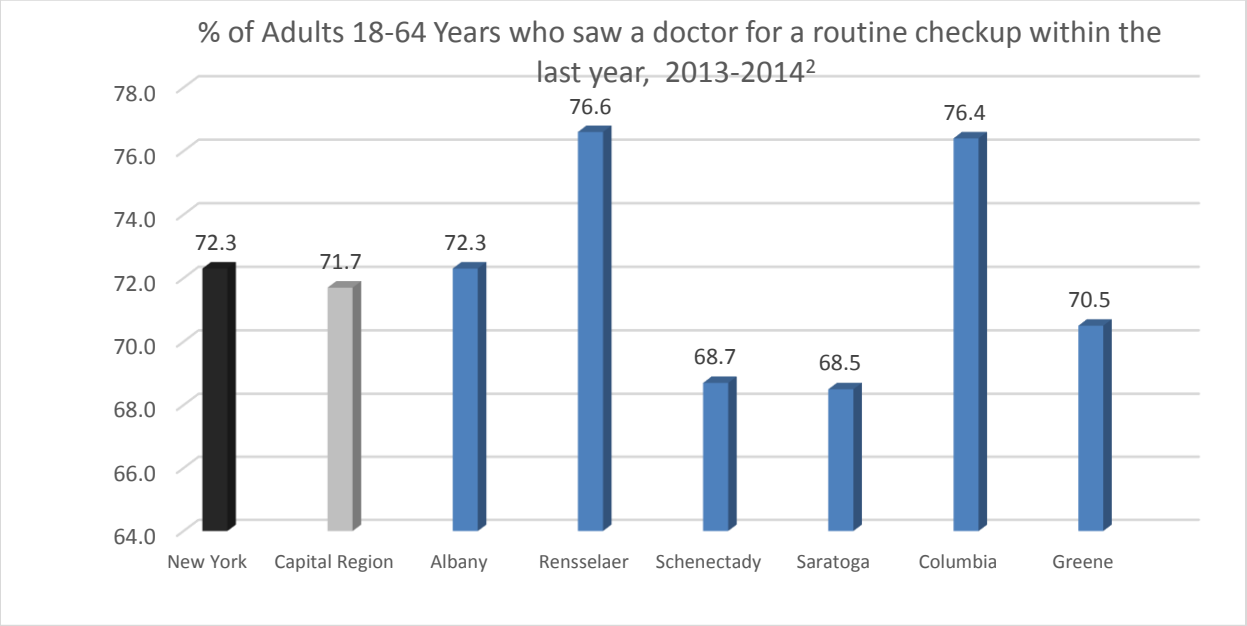
Age-Adjusted Percentage of Adults with Regular Health Care Provider, 2013-2014[3]	
Prevention Agenda Objective	**90.8%**
New York State, excl. NYC	84.6%
Capital Region	85.9%
Albany County	86.8%
Rensselaer County	86.3%
Schenectady County	79.8%
Saratoga	90.2%
Columbia	85.2%
Greene	80.7%

Over 101,000 Capital Region adults indicated that they did not have a regular health care provider; however, 80% to 95% of adults residing in the six Capital District counties have a primary care physician, clinic health center, or other place where they usually go to seek health care or health-related advice. All counties, with the exception of Schenectady and Greene

Counties, exceeded the Upstate New York rate; no Capital Region counties meeting the 2013-2018 Prevention Agenda objective of 90.8%.[3]

Regular health exams and tests can identify problems before they advance. Early detection of health problems improves the chances of successful treatment; therefore, receiving the right health services, screenings and treatment increases the chances of living a longer, healthy and productive life.[1]

Capital Region adults, 18-64 years, indicated that 71.7% had visited a doctor for a routine checkup within the past year. Females were more likely than males to have had a routine doctor's visit within the past year (77.1% versus 66.4%). Surprisingly, when reviewing the rates by race/ethnicity, adult Black non-Hispanics had the highest rate for routine doctor's visit within the last year at 78.0%, compared to White non-Hispanic (70.2%) and Hispanic (72.3%) Capital Region residents. [2]



Approximately 168,500 Capital Region adults 18-64 years did not have a routine doctor's visit within the past year. Only three Capital Region counties either met or exceeded the New York State rate of adults who had a routine doctor's visit within the last year. Saratoga and Schenectady Counties had the lowest rates[2].

Structural, financial, and personal barriers can limit access to health care. Structural barriers include transportation, the distance to providers, insurance policy regulations, the lack of health care facilities, primary care providers, medical specialists, or other health care professionals to meet the public's needs. In addition to not having health insurance, financial barriers can also include not having the financial capacity to cover the cost of services or co-pays in accordance with health plan guidelines. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality. When these barriers exist, care is often not well coordinated or as effective as it should be. Individuals may experience difficulty scheduling or keeping appointments. Delays in seeking treatment or not receiving appropriate screenings reduce overall health care quality.[1]

Approximately 10.8% of adult Capital Region residents indicated that cost prevented them from visiting a doctor within the past year. Females were slightly more likely to have difficulty due to cost than males (11.1% versus 9.7%). Cost was more of a barrier to Hispanic adults (24.0%) compared to Black non-Hispanic (15.6%) or White non-Hispanic (9.6%) Capital Region residents. [2]

Age-Adjusted Percentage of Adults Who Were Prevented from Visiting a Doctor Due to Cost within the Past Year, 2008-2009[2]	
New York State, excl. NYC	12.0%
Capital Region	10.8%
Albany County	11.2%
Rensselaer County	11.1%
Schenectady County	12.4%
Saratoga County	10.6%
Columbia County	7.4%
Greene County	11.1%

An estimated 78,800 adults in the Capital Region had difficulty in accessing needed care due to financial constraints. With the exception of Schenectady (12.4%), the rates for the Capital Region counties were all lower than the Upstate New York rate.[2]

Access to Primary and Preventive Care

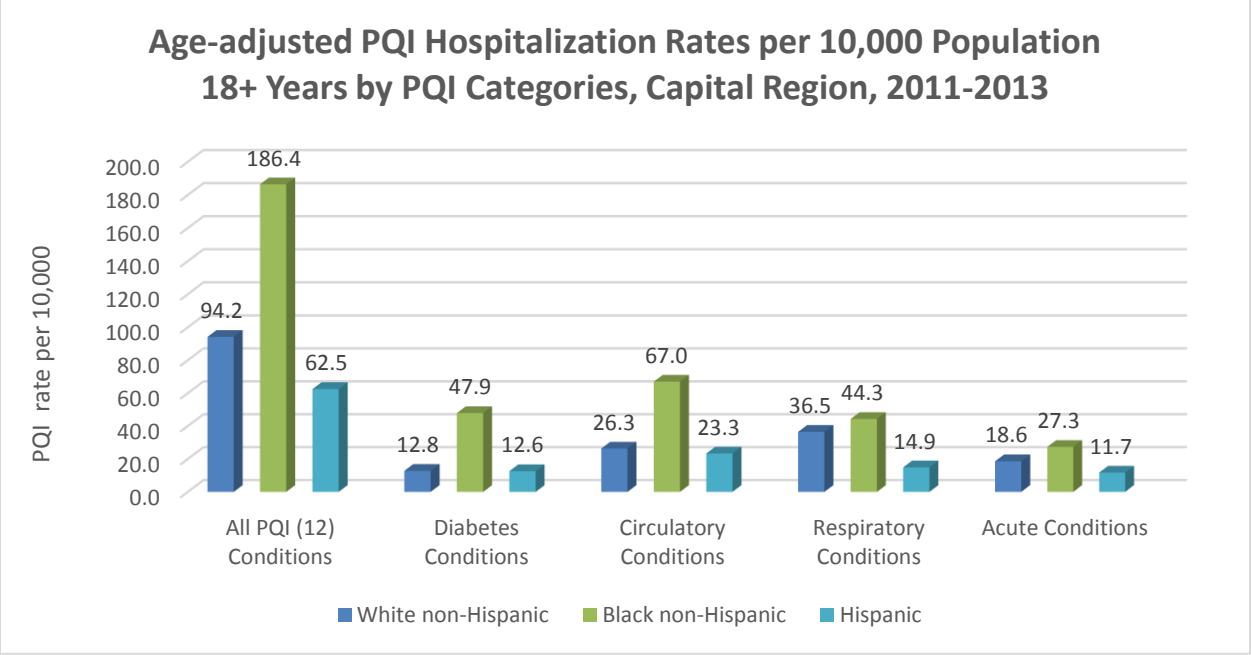
Access to quality primary and preventive care is the cornerstone of a comprehensive health care system. Prevention quality indicators (PQIs) are measures used to assess good primary and preventive health care. These are ambulatory-sensitive care conditions where good primary care can potentially prevent related hospitalizations. PQI data includes information on the 12 PQIs, and inn four categories: diabetes (including short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputations among diabetics); circulatory (including hypertension, congestive heart failure, angina); respiratory (including chronic obstructive pulmonary disease (COPD), asthma); and Acute (including dehydration, bacterial pneumonia, urinary tract infection).[4]

Age-Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, 2011-2013[4]					
	All PQI (12) Conditions	Diabetes Conditions	Circulatory Conditions	Respiratory Conditions	Acute Conditions
NYS excl. NYC	115.6	17.4	30.1	41.7	22.2
Capital Region	100.9	15.3	29.2	37.1	19.2
Albany County	101.8	17.0	30.2	33.4	21.3
Rensselaer County	100.5	16.5	26.5	37.2	20.4
Schenectady County	117.3	17.7	37.5	43.2	18.9
Saratoga County	88.4	11.5	25.1	35.0	16.3
Columbia County	100.7	14.0	24.8	42.9	19.2
Greene County	101.0	13.1	27.7	40.0	20.3

The Capital Region's PQI rates were better than the comparable rates for New York State. Schenectady County had PQI rates that where higher than Upstate NY for all categories except Acute conditions. Otherwise, only Albany County for Circulatory conditions, and Columbia County for Respiratory conditions had PQI rates higher than Upstate NY.

Age-Adjusted PQI Hospitalization Rates per 10,000 Population of 18+ Years, by Gender, Capital Region, 2011-2013		
	Males	**Females**
All PQIs (12 conditions)	101.2	99.4
Diabetes conditions	17.7	13.2
Circulatory conditions	33.4	25.8
Respiratory conditions	38.3	36.7
Acute conditions	13.6	23.7

Capital Region males have higher PQI rates than females for all PQI categories with the exception of Acute conditions.



However, PQI rates by race/ethnicity indicate that the Capital Region's Black non-Hispanic population was faring poorly, having much higher rates than White non-Hispanic and Hispanic residents for all the PQI categories. In addition, there are neighborhoods within the Capital Region counties that presented much higher rates for PQI conditions compared to Upstate NY (see Appendix County PQIs by Neighborhood). [4]

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Adult Dental Visits

Highlights

- Greene County had the lowest percentage of adults visiting a dentist within the past year, and with Schenectady and Rensselaer counties, fell below the Upstate NY average.
- Black non-Hispanic residents had over 25% lower rates of visiting a dentist in the past year as White non-Hispanic Capital Region residents.
- Capital Region females had 10% higher rates for visiting a dentist in the past year than male residents.

Poor oral health negatively impacts a person's general health and well-being. Studies have demonstrated a strong association between periodontal disease and diabetes, heart disease, stroke, pneumonia and adverse pregnancy outcomes, although these relationships are not yet fully understood. The mouth can serve as a portal of entry as well as the site of disease for microbial infections that affect general health. These bacteria can result in extensive localized infections but may also spread to other parts of the body, if the normal barriers of a healthy mouth are breached. Death from complications arising from untreated dental abscesses is rare but does occur. Chronic pain from oral disease can also make eating difficult. Not only does this threaten adequate nutrition, but it also affects a person's ability to function normally.[1]

Routine dental examinations and prophylaxis are effective prevention measures for improving oral health and reducing the burden of oral disease. Having regular dental visits is an important indicator of general access to quality health care.[1]

Oral diseases affect a large proportion of the United States population. About 47% of all adults in the United States have some form of periodontal disease.[2] In New York State, about 50% of adults have lost one or more teeth due to tooth decay or gum diseases and about 19% of persons 65 years and older have lost all their teeth. Cancers of the mouth and throat are detected in five New Yorkers every day.[1]

Dentist Visit within the Past Year Among Adults, 2013-2014[3]	
New York State excl. NYC	70.9%
Capital Region	71.3%
Albany County	71.0%
Rensselaer County	70.3%
Schenectady County	70.0%
Saratoga County	75.5%
Columbia County	72.6%
Greene County	67.7%

There were over 200,500 adults residing in the Capital Region who did not visit a dentist within the past year. The rates for the six Capital Region Counties fluctuated, from a low in Greene County (67.7%) to a high in Saratoga County (75.5%). Greene, Schenectady and Rensselaer Counties had rates below the Upstate New York rate.[3]

As with other preventive health care, men are less likely than women to regularly visit a dentist. While 75.4% of Capital Region women visited a dentist, only 69.7% of men did. White non-Hispanic Capital

Region residents had higher annual dental visit rates (72.6%) compared to Black non-Hispanic (53.0%) and Hispanic (67.1%) residents[3]. Untreated dental disease is more common in populations whose access to oral health care services is limited. These limitations include the inability to pay, inadequate insurance coverage and the lack of available providers including those accepting third party reimbursements like Medicaid. The lack of awareness of the importance of oral health treatment, limited oral health literacy, fears about treatment, transportation issues and language barriers also limit access to adequate oral health care.[1]

Access to dental care is also particularly problematic for vulnerable populations, such as the institutionalized, the elderly, children with special health care needs, persons with HIV infection, people with low income, adults with mental illness or substance abuse problems, and developmentally disabled or physically challenged children and adults.[1]

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V. Chronic Disease

Obesity, Physical Activity and Nutrition

Adult Obesity

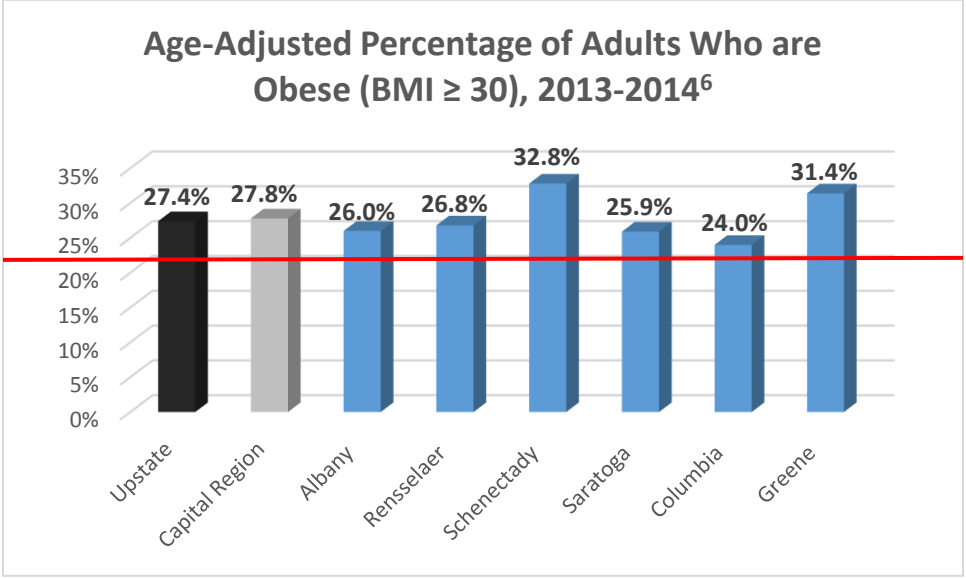
Highlights

- Schenectady and Greene counties had the highest obesity rates in the Capital Region, with all counties having obesity rates higher than the Prevention Agenda objective.
- Black non-Hispanic residents had higher obesity rates compared to White non-Hispanic and Hispanic residents.
- Low income individuals had higher obesity rates than the general population.

Objective

New York State Prevention Agenda 2013-2018
Reduce the percentage of adults ages 18 years and older who are obese to 23.2%.

Many of the major causes of morbidity and mortality in the United States are related to poor diet and physical inactivity.[1] Being overweight and/or obese is defined as falling into a range of weight that is greater than what is considered healthy for a given height. For adults, obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). An adult with a BMI between 25 and 29.9 is considered overweight, and an adult with a BMI of 30 or higher is considered obese.[2] Obesity is caused by a complex interaction of genetic, metabolic, behavioral, social and environmental factors. Obesity is associated with adverse health, social and economic consequences. It is the primary cause of type 2 diabetes; indeed, more than 80% of persons with type 2 diabetes are overweight or obese. It is also a major contributing factor to heart disease, stroke, cancer, asthma, arthritis, and a number of psychological conditions, including depression.[3] Without strong action to reverse the obesity epidemic, for the first time in our history children are predicted to have a shorter lifespan than their parents.[3]



All obesity data presented is gathered from the New York State Expanded Behavioral Risk Factor Surveillance Survey. Survey-based obesity rates are likely under-reported, as self-reported height and weight data has been demonstrated to be lower than measured data in approximately 50% of all cases.

The percentage of obese adults in New York State about doubled from 13.9% in 1995 to 27.0% in 2014.[4]

Percentage of Adults Who are Obese (BMI ≥ 30) by gender, 2013-2014[5]

	Males	Females
Prevention Agenda Objective	**23.2%**	**23.2%**
New York State	23.5%	24.5%
Capital Region	27.4%	27.9%
Albany	24.6%	26.8%
Rensselaer	28.6%	28.4%
Schenectady	33.7%	33.3%
Saratoga	27.9%	23.6%
Columbia	20.7%	30.0%^

^Highly variable rate (confidence interval with half-width greater than 10)

There were an estimated 196,000 adults who were considered obese in the Capital Region. Of the six Capital District counties, Schenectady County had the highest percent of obese adults. Schenectady County and Greene County had obesity rates that were higher than Upstate New York, with none of the counties meeting the Prevention Agenda objective. All six Capital Region counties experienced an increase in adult obesity from the 2008-2009 BRFSS to the 2013-2014 BRFSS.

There was some disparity seen in the Capital Region. Black non-Hispanic residents had higher obesity rates (38.0%) compared to White non-Hispanic (27.7%) and Hispanic (28.0%) residents. There were also differences by socioeconomic status. The Capital Region's 2014 age-adjusted adult obesity rate for individuals with an income less than $25,000/year was 37.6%, higher than for those earning less than $25,000 annually in New York State (28.5%).[5]

Childhood Obesity

Highlights

- Greene, Schenectady, and Columbia counties had the highest child and adolescent obesity rates.
- With the exception of Saratoga County, all counties had child and adolescent obesity rates higher than the Prevention Agenda objective.
- Columbia, and Albany counties had the highest percentage of Special Supplemental Nutrition Program for Women, Infants and Children (WIC) children who were obese; all Capital Region counties had WIC children obesity rates higher than the Prevention Agenda objective.

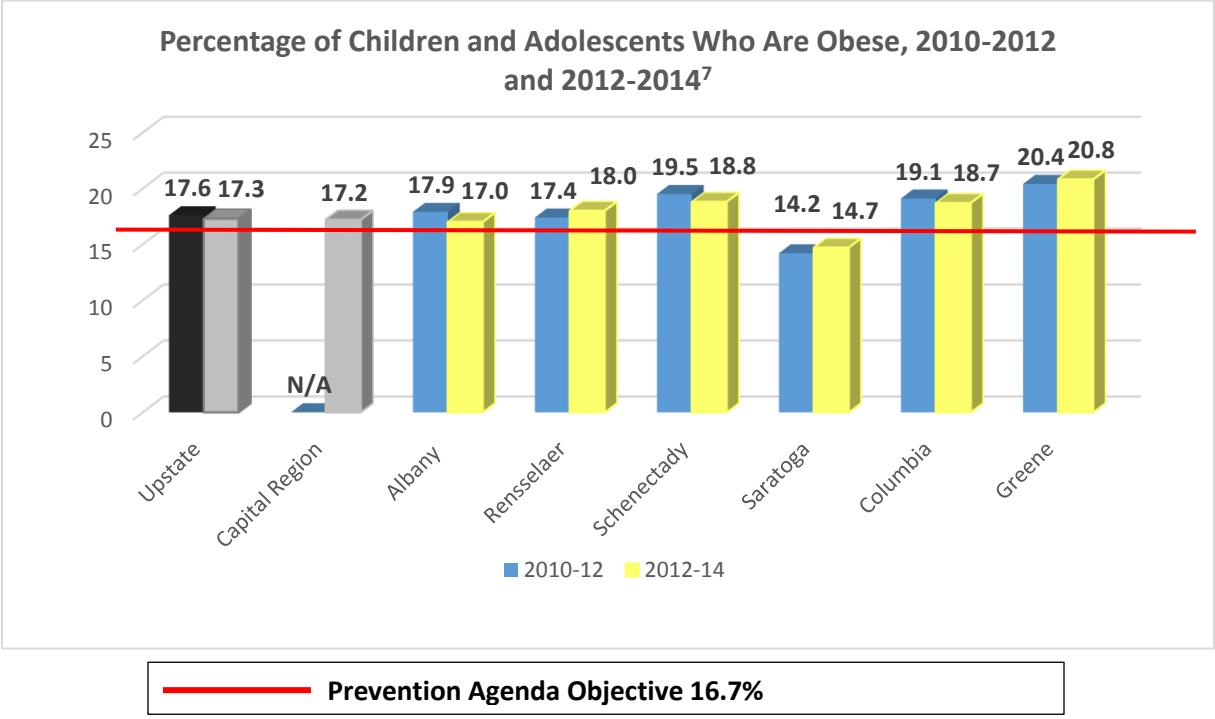
Objective

New York State Prevention Agenda 2013-2018

- *Reduce the percentage of children and adolescents who are obese so that the percentage of public school children in New York State (outside NYC) who are obese is reduced to 16.7%.*
- *Reduce the percentage of WIC children (ages 2-4) who are obese to 12.4%.*

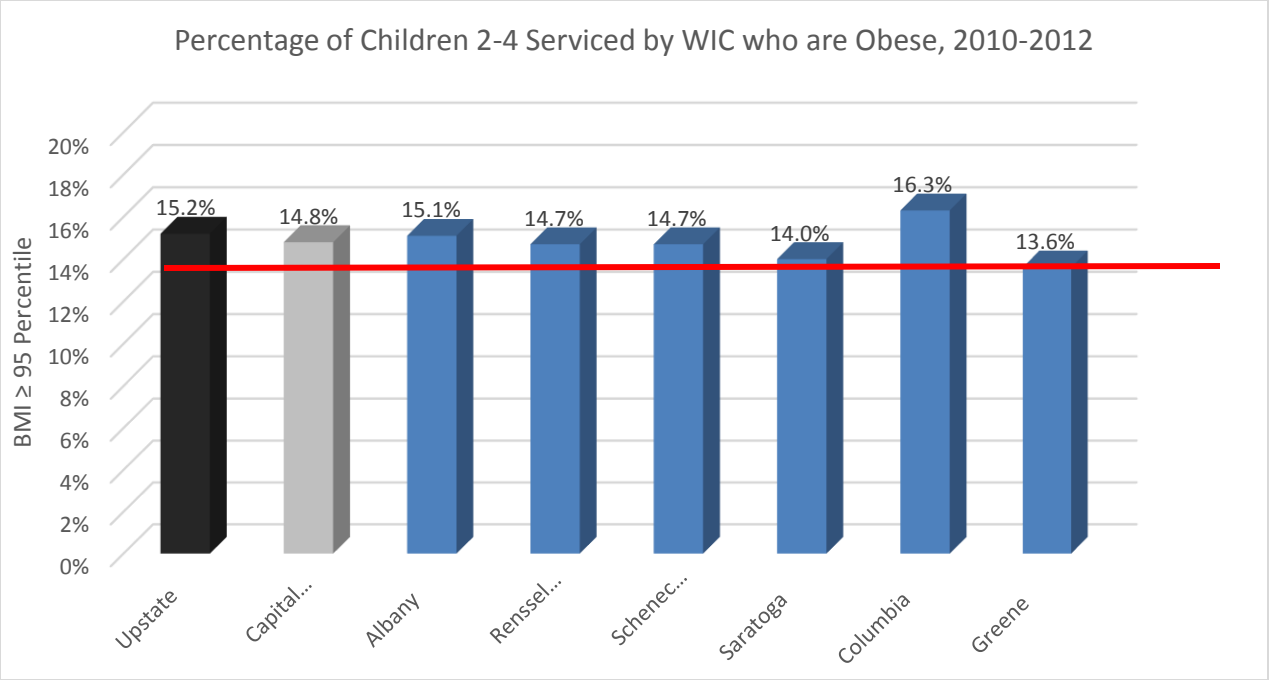
The life expectancy of children and adolescents in the United States and New York is significantly reduced due to increasing obesity rates. The prevalence of obesity in the United States has quadrupled since the 1970s among children aged 6-19 years from 5% to 19%, and doubled from 5% to 10% among preschool children aged 2-5 years.[3] However, between 2004 and 2012, obesity among children 2-5 years decreased from 14% to 8.1%. [11]

For children and teens ages 2-19, overweight and obese are defined differently than for adults.[3] Overweight is defined as a BMI at or above the 85th percentile to below the 95th percentile and obese is at or above the 95th percentile on CDC growth charts for children. Additionally, an age- and sex-specific percentile is used for BMI rather than the BMI categories used for adults. Children's body compositions vary at different ages and vary between boys and girls.[3]



The Student Weight Status Category Report provides information from schools on children and adolescent BMI and weight status. Saratoga County is the only Capital District County meeting the Prevention Agenda objective of 16.7% of children with a BMI at or greater than the 95th percentile. Greene County has the highest prevalence, with 20.8% of students classified as obese. Rensselaer, Saratoga, and Greene counties showed slight increases in student obesity rates between 2010-12 and 2012-14.[7]

For preschoolers, obesity data are available for children aged 2-4 years from low-income families enrolled in the Special Supplemental Nutrition Program for Women Infants and Children (WIC). For the Capital Region, Columbia County had the highest obesity rate for these children at 16.3%, followed by Albany County at 15.1%. No counties in the Capital Region met the Prevention Agenda Objective of 12.4%.[6]



Prevention Agenda Objective 12.4%

Like with adults, childhood obesity is disproportionately distributed among lower-income populations. According to the New York State Department of Health, Division of Chronic Disease Prevention, public school districts in the fourth quartile of eligibility for free lunch had obesity rates twice as high as those in the first quartile for eligibility for free lunch. [8]

Physical Activity

Highlights

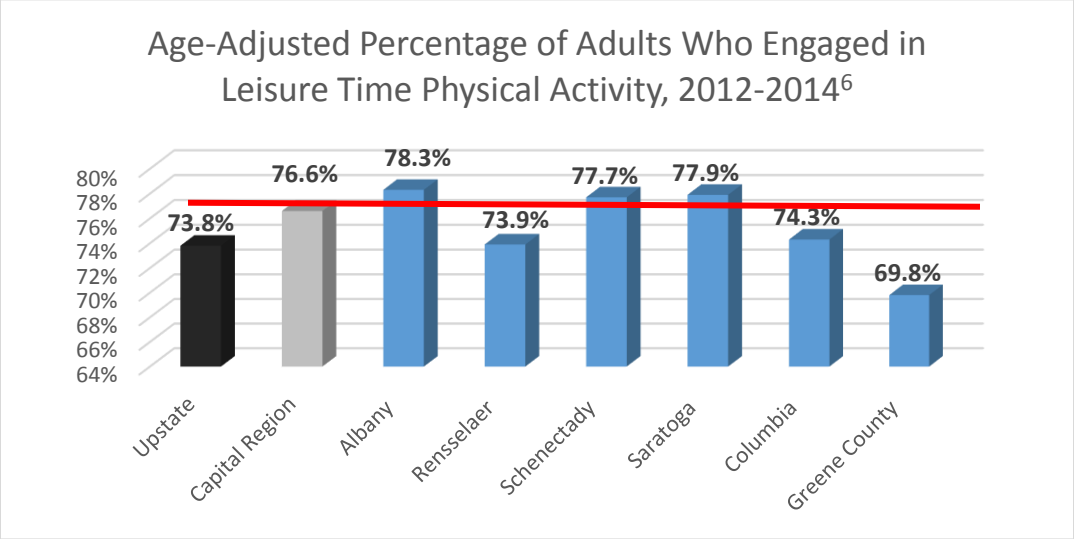
- Greene, Rensselaer, and Columbia counties had the lowest rates of leisure time physical activity, and failed to meet the Prevention Agenda objective.
- Hispanic and Black non-Hispanic NYS residents were less likely to engage in physical activity compared to White non-Hispanic residents.

Objective

New York State Prevention Agenda 2013-2018
Increase the percentage of adult New Yorkers who engage in some type of leisure time physical activity to at least 77.4%.

Physical inactivity is a significant factor leading to overweight and obese children and adults. A lack of physical activity can also lead to many chronic diseases or conditions, including hypertension, heart disease, stroke, type 2 diabetes, and some cancers. Physical activity is proven to help maintain a healthy weight and lower the risk of heart disease and related risk factors, diabetes, and premature mortality. It can also help reduce depression and increase cognitive function in older adults. Staying active provides health benefits in all aspects of life.[9]

Adults need at least 2.5 hours a week of moderate-intensity aerobic activity (or 75 minutes of vigorous-intensity aerobic activity) and muscle strengthening activity two or more days a week.



Adults 65 and older should follow the adult guidelines as closely as possible. Children and adolescents should be physically active at least 60 minutes daily, and do aerobic, muscle-strengthening, and bone-strengthening activities at least 3 days a week.[9]

There were an estimated 174,500 adults residing in the Capital District who did not engage in any type of leisure time physical activity in the past month. Of the six Capital District counties, Rensselaer, Columbia, and Greene counties did not meet the Prevention Agenda Objective of 77.4% of adults engaging in leisure time physical activity.[5]

When reviewing 2014 New York State Behavioral Risk Factor Surveillance System data, non-Hispanic White residents (79.0%) were more likely to participate in leisure time physical activity during the past month then non-Hispanic Black residents (71.0%) and Hispanic residents (62.8%).[16]

Sugary Beverages

Highlights

- Rensselaer, Columbia and Schenectady counties had the highest rates of daily consumption of one or more sugary drinks, all rates higher than the Prevention Agenda objective.
- Hispanics and Black non-Hispanic residents had the highest consumption rates of sugary beverages.

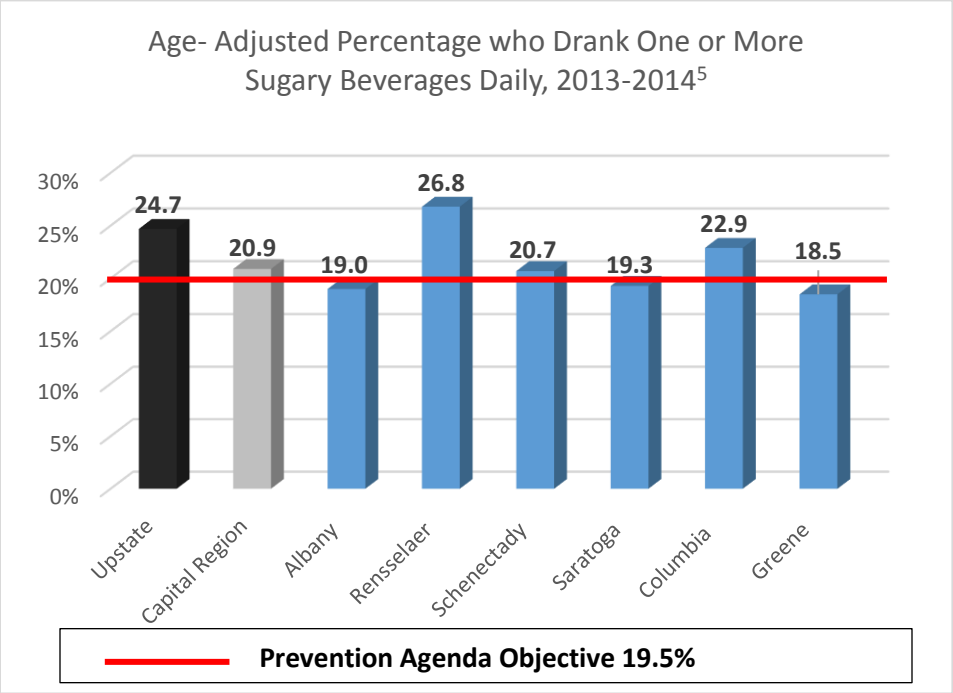
Objective

New York State Prevention Agenda 2013-2018

Decrease the percentage of adults ages 18 and older who consume one or more sugary beverages per day to 19.5%

Sugar-sweetened beverages include fruit juices, soda, sports drinks, coffee beverages with sugar, and many others. In the United States, half of the population consumes at least one sugary beverage daily. Many people do not realize how many calories they are taking in with sugary drinks, and cutting sugary beverages out of one's diet is an easy way to reduce daily caloric intake. For example, one 12 ounce serving of cola has 136 calories and a 20 ounce bottle has 227 calories[13]. Since the mid-20th century, consumption of sugar-sweetened beverages has increased significantly in the US. Standard soda bottles prior to 1950 were just 6.5 ounces, 1/3 the size of the standard 20 ounce soda bottles we have today[14]. In 2001, these drinks made up 9% of the daily caloric intake for people in the US. Further, caloric intake from the consumption of sugary beverages does not create a feeling of being "full," and therefore people usually do not compensate by eating less[15].

Consumption of sugar-sweetened beverages has been attributed to increased risk of obesity, type 2 diabetes, heart disease, and gout. Studies in children have found that replacing sugary beverages with non-caloric options, like water, can improve weight management among children who are overweight, and decrease the accumulation of weight and fat in normal-weight children[14].



About 146,000 Capital Region adults consume sugary beverages daily. Rensselaer, Columbia, and Greene counties did not meet the Prevention Agenda objective of having less than 19.5% of adults consuming sugary drinks daily.[6]

In the Capital Region and Statewide there are several notable disparities in consumption of sugary beverages by race and ethnicity. In the Capital Region, Hispanics had the highest rate of sugary beverage consumption at 38.5%, followed by Black non-Hispanics at 30.3%. Statewide, including New York City (NYC), Black non-Hispanics had the highest consumption rate at 33.6%, followed by Hispanics at 29.8%.[5]

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Tobacco Use

Highlights

- Rensselaer, Greene and Columbia counties had the highest current smoking rates in the Capital Region, but all counties had rates higher than the Prevention Agenda objective.
- Only Albany and Columbia counties experienced a decrease in smoking rates from 2008-09 to 2013-14.
- Hispanic and Black non-Hispanic residents had higher smoking rates than their White non-Hispanic counterparts did.
- Males had higher smoking rates than female residents did.
- Low socioeconomic residents as well as residents with poor mental health had higher smoking rates than the general population.

Objectives

New York State Prevention Agenda 2013-2018

- *Decrease the prevalence of cigarette smoking by adults to 12.3%.*
- *Decrease the prevalence of cigarette smoking among adults who report poor mental health to 26.5%.*

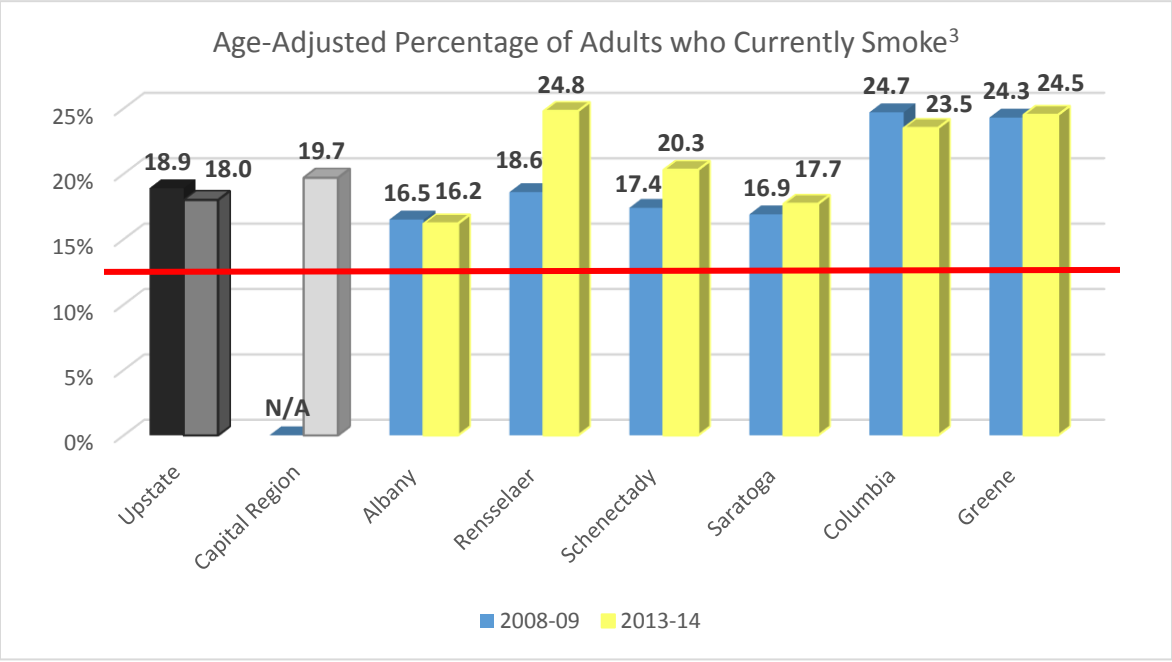
Preventing and reducing tobacco use is a cornerstone of public health. Tobacco use and dependence on tobacco are the leading preventable causes of morbidity and mortality in New York State and in the country. Cigarette use alone results in an estimated 443,000 deaths each year, including 25,400 deaths in New York State.[1]

In addition to its direct impact on people who smoke, smoking negatively affects non-smokers in proximity to smokers. Every year, 2,600 New Yorkers die from the effects of second-hand smoke. Secondhand smoke contains hundreds of toxic and cancer-causing chemicals. The Surgeon General has stated that there is no safe level of exposure to secondhand smoke. The United States Environmental Protection Agency has classified secondhand smoke as a known human carcinogen (cancer-causing agent).[1]

There are 389,000 children alive today who will die prematurely from second hand smoke. Many more children exposed to secondhand smoke will suffer from respiratory illnesses, including bronchitis and pneumonia, asthma, and eye and ear problems.[1]

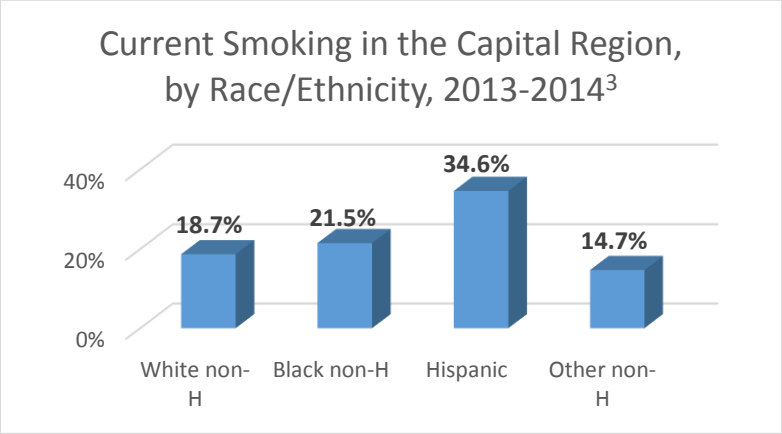
More than half a million New Yorkers currently have a disease caused by smoking, resulting in about $8.17 billion in health care expenditures annually. Tobacco use and secondhand smoke exposure causes heart disease and stroke; chronic lung disease; cancers of the lung, mouth, pharynx, esophagus, and bladders;

and other lung and vascular diseases. Tobacco use during pregnancy leads to poor birth outcomes and increases the chances for sudden infant death syndrome.[1]



In the Capital Region, there were approximately 141,000 adult current smokers ages 18 years and older. The prevalence of current smokers was highest in Rensselaer County, followed by Greene and Columbia counties. With the exception of Albany County, all counties in the Capital Region had higher current smoking rates compared to Upstate New York, with all six counties having rates higher than the Prevention Agenda objective of 12.3%.[2] Smoking rates in Rensselaer, Schenectady, Saratoga, and Greene counties have increased since the 2008-2009.[3]

In the Capital Region, the prevalence of cigarette smoking was highest among Hispanics, followed by Black non-Hispanics, White non-Hispanics, and other non-Hispanics.[3] In the Capital Region, males had higher current smoking rates (21.1%) compared to females (17.2%). Capital Region current smoking rates also vary by socioeconomic status: 39.8% of individuals with incomes <$25,000 currently smoke, compared to the overall rate of 19.7% in the region.[3] Additionally, those who report poor mental health also have higher rates of smoking. Neither New York State nor the Capital Region met the Prevention Agenda objective of 26.5% smoking prevalence for this population. Sample sizes were too small within the Capital Region counties to extrapolate smoking rates among adults who report poor mental health.



Smoking is a special problem among youth. Nearly 80% of tobacco users begin before age 18. According to the New York State Department of Health, the smoking prevalence in youth decreased from 27.1% in 2000 to 7.3% in 2014.[5] At the same time, it is likely youth are engaging in other tobacco use behaviors such as electronic cigarettes and using hookahs.[4]

Age-Adjusted Current Smoking Among Adults who Report Poor Mental Health[3]	
Prevention Agenda Objective	**26.5%**
New York State	29.9%
Capital Region	35.3%

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Chronic Obstructive Pulmonary Disease

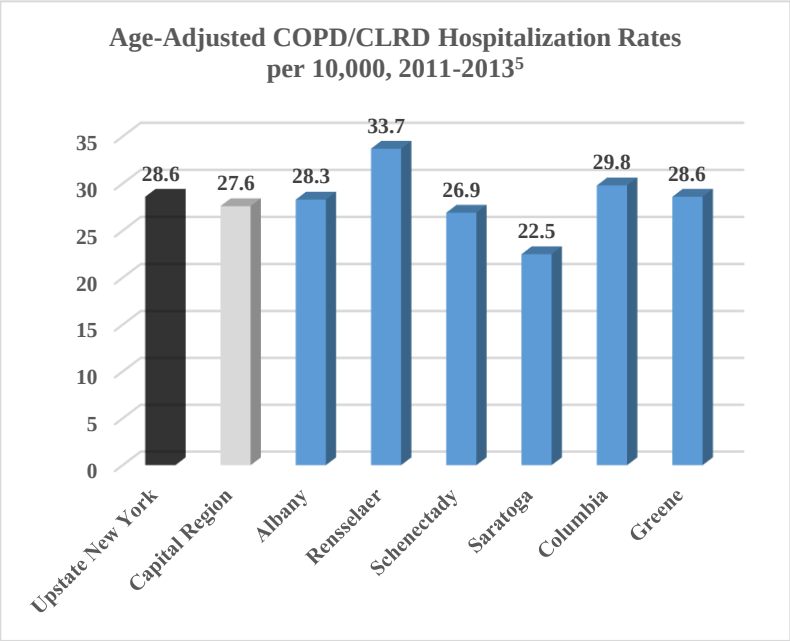
Highlights

- Both the COPD/CLRD hospitalization rate and the mortality rate were highest in Rensselaer County.
- Black non-Hispanics had the highest rates of COPD/CLRD hospitalizations rates in the Capital Region.

Chronic obstructive pulmonary disease (COPD), or chronic lower respiratory disease (CLRD), is a lung disease that makes it harder to breathe over time as the tubes that carry air into and out of the lungs are partially blocked or damaged. It is a group of diseases and includes emphysema, chronic bronchitis, or a combination of these and can coexist with asthma. The severity of COPD/CLRD can vary, but when severe, it can affect the most basic tasks and daily living.[1,2]

Early detection of COPD/CLRD might alter its course and progress. A simple spirometry test can detect COPD/CLRD before the symptoms become severe[1].

In the United States, a history of current or former tobacco use is a key factor in the development and progression of COPD/CLRD. Smoking accounts for 8 out of 10 COPD-related deaths.[3]



COPD/CLRD is the third leading cause of death in the United States, as well as in the Capital Region. It is estimated that there are over 11 million people living with COPD in the United States, with an estimated 24 million who may have the disease without knowing. In addition, COPD/CLRD is an important cause of hospitalization in older populations. [4]

In 2013 there were over 2,900 hospitalizations due to COPD/CLRD in the Capital Region. The highest rate was in Rensselaer County with 33.7/10,000. All Capital Region counties had rates lower than that of Upstate New York (34.1).[5]

There were over 470 deaths due to COPD/CLRD in the Capital Region. Rensselaer County has the highest mortality rate in the Capital Region, with 50.0/100,000, exceeding the Upstate New York rate of 30.7. All Capital Region counties have mortality rates higher than Upstate New York.

Age-Adjusted COPD/CLRD Mortality Rate per 100,000, 2011-2013[6]	
Upstate New York	30.7
Capital Region	41.5
Albany County	37.6
Rensselaer County	50.0
Schenectady County	42.7
Saratoga County	38.0
Columbia County	47.7
Greene County	41.5

There was a racial/ethnic disparity in the COPD/CLRD hospitalization rates. Across the Capital Region, Black non-Hispanics had the highest hospitalization rates due to COPD/CLRD, when compared to White non-Hispanics and Hispanics.

Age-Adjusted COPD/CLRD Hospitalization Rates per 10,000 by Race/Ethnicity, 2011-2013[7]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
Upstate New York	23.6	53.9	42.5
Albany County	23.9	55.7	17.1
Rensselaer County	30.7	56.3	58.2
Schenectady County	24.3	40.6	12.3
Saratoga County	12.8	8.0	4.5*
Columbia County	27.7	45.8	20.3
Greene County	27.1	40.7	32.2
***: Fewer than 10 events in the numerator, therefore the rate or percentage is unstable**			

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Asthma

Highlights

- Columbia and Rensselaer counties had the highest adult current asthma prevalence in the Capital Region.
- Schenectady County had the highest rate of asthma emergency department visits for all ages in the Capital Region.
- Rensselaer County had the highest rate of asthma emergency department visits for ages 0-4 years in the Capital Region.
- Albany County had the highest rate of asthma hospitalizations for all ages and for ages 0-17 years in the Capital Region.

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the asthma emergency department visit rate to:

- *156.9 per 10,000 for residents ages 0-4 years.*
- *65.4 per 10,000 for residents ages 5-64 years.*
- *22.3 per 10,000 for residents 65 years and older.*
- *75.1 per 10,000 for residents of all ages.*

By December 31, 2018, reduce the asthma hospital discharge rate:

- *38.5 per 10,000 for residents ages 0-4 years.*
- *11.9 per 10,000 for residents ages 5-64 years.*
- *25.8 per 10,000 for residents ages 65 years and older.*

Asthma is a disease that affects the lungs and is characterized by difficulty breathing. In most cases the causes of asthma are not known. Symptoms of asthma include wheezing, tightness in the chest, breathlessness, and coughing at night or early in the morning. It is one of the most common long-term diseases of children, but is prevalent in adults as well.[1] Nationwide, about 6.3 million children, or 8.6% of children, and 17.7 million adults, or 7.4% of adults, are living with asthma.[2] In New York State, more than 1.1 million adults and 1 in 13 school-aged children have asthma.[3]

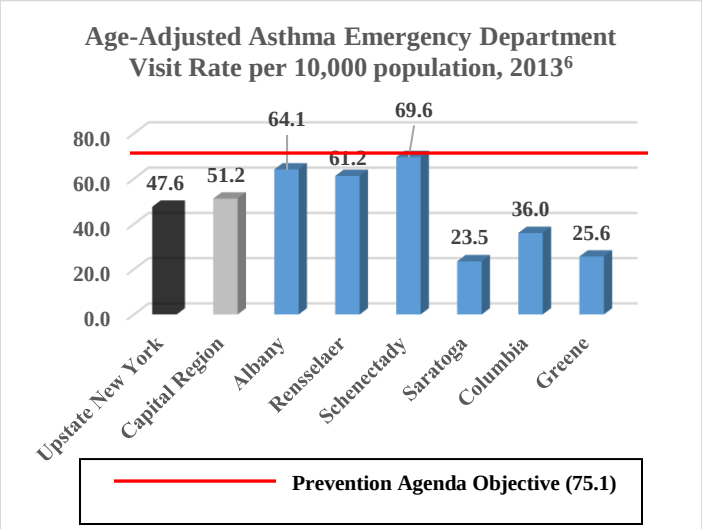
An asthma attack is a distressing and potentially life-threatening experience. When an attack occurs, the sides of the airways in the lungs swell, causing the airways to shrink. As a result, less air is able to able to get in and out of the lungs. If poorly treated, asthma can lead to persistent hospitalization and possibly death. Triggers for an asthma attack vary from person to person. Some triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pets, mold and smoke from burning wood or grass.[1]

Asthma can interfere with daily activities, especially without proper management and treatment. Asthma is the leading cause of missed days of school for children. Parents are also affected, as they frequently miss days of work due to their child's asthma. About 1 in 3 adults with asthma also miss at least one work day per year.[4]

Direct and indirect health care costs due to asthma add up to $56 billion yearly in the United States.[4] Adults are less likely than children to receive care when cost is an issue. Cost also prevents routine doctor visits and medicine use, which makes asthma management difficult.[2]

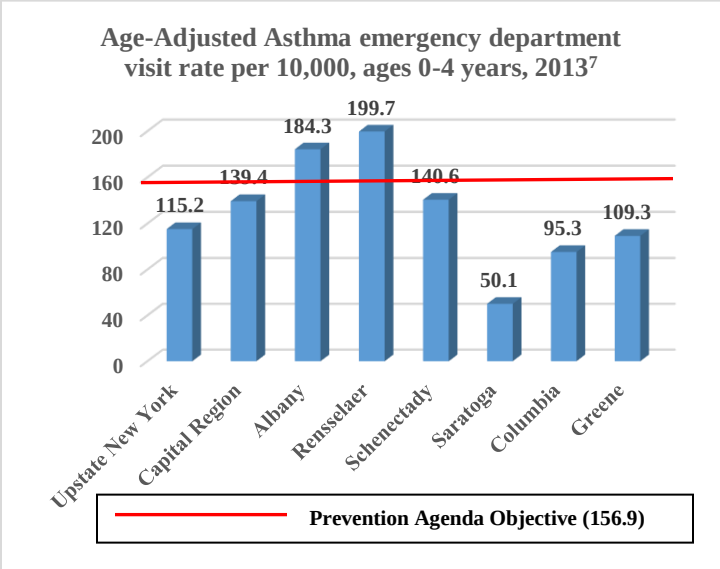
Age-Adjusted Percentage of Adults, Ages 18+ with Current Asthma, Capital Region, 2013-2014[5]	
Upstate New York	10.5%
Capital Region	11.7%
Albany County	11.1%
Rensselaer County	13.5%
Schenectady County	10.0%
Saratoga County	11.1%
Columbia County	16.9%
Greene County	7.2%

Asthma is a major health concern for the Capital Region. In the Capital Region, there were an estimated 85,825 adults living with asthma as of 2013. Greene and Rensselaer counties has the highest adult current asthma prevalence rates in the Region.[5]



In addition, there were over 4,000 emergency room visits due to asthma complications and flare-ups. All Capital Region counties fall below the New York State Prevention Agenda objective of 75.1/10,000 emergency department visits due to asthma. The highest rate was in Schenectady County, with a rate of 69.6/10,000. Saratoga, Columbia and Greene counties were all below the rate of Upstate New York and the Prevention Agenda objective.[6]

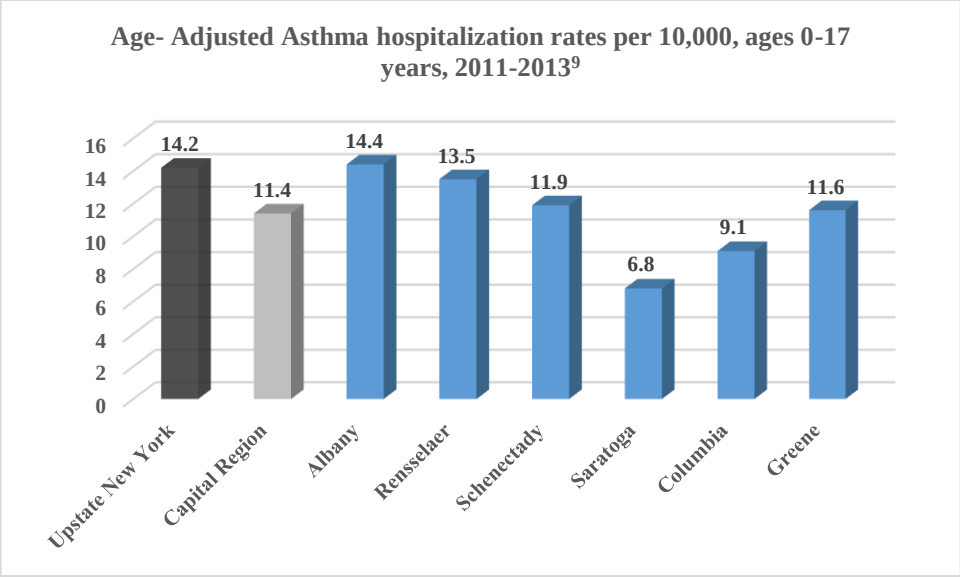
Children ages 0-4 years had the highest asthma ED visit rates of any age group. The highest rate in the Capital Region was in Rensselaer County, with 199.7/10,000. Rensselaer and Albany counties were the only Capital Region counties with rates above the Prevention Agenda objective (156.9), with rates of 199.7 and 184.3 respectively.[7]



Severe asthma attacks and complications may lead to hospitalizations. Hospitalizations usually indicate a lack of properly managing the condition. A combination of early medical intervention and the avoidance of asthma triggers can help to prevent such severe flare-ups. With the exception of Albany County, all Capital Region counties had hospitalization rates below the Upstate New York rate, 10.9/10,000. Albany had the highest rate, with 11.2.[8]

Age-Adjusted Asthma hospitalization rate per 10,000, 2011-2013[8]	
Upstate New York	10.9
Capital Region	9.1
Albany County	11.2
Rensselaer County	10.5
Schenectady County	9.0
Saratoga County	6.0
Columbia County	8.3
Greene County	9.3

For ages 0-17 years, all Capital Region counties had rates below Upstate New York, with 14.2/10,000, with the exception of Albany County. Albany County, with a rate of 14.4, had the highest asthma hospitalization rate of the Capital Region counties for persons ago 0-17 years.[9]



Data for asthma hospitalizations shows that there were racial/ethnic disparities. Black non-Hispanic residents were 3-5 times as likely to have an asthma hospitalization in comparison to White non-Hispanic residents. Hispanic residents were about twice as likely as White non-Hispanic residents.[10]

Age-Adjusted Asthma Hospitalization rates by Race/Ethnicity, 2011-2013[10]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic/White non-Hispanic Ratio	Hispanic/White non-Hispanic Ratio
Upstate New York	7.6	27.3	17.6	3.6	2.3
Albany County	6.9	34.2	11.2	5.0	1.6
Rensselaer County	8.1	27.3	32.0	3.4	4.0
Schenectady County	6.4	22.3	8.8	3.5	1.4
Saratoga County	3.6	5.7*	3.9*	1.6	1.1
Columbia County	7.3	7.4*	12.5*	1.0	1.7
Greene County	8.0	26.1	19.2*	3.3	2.4
***: Fewer than 10 events in the numerator, therefore the rate or percentage is unstable**					

For asthma emergency department visits, high-risk neighborhoods in the Capital Region had 2-5 times the rates of Upstate NY. For asthma hospitalizations, high-risk neighborhoods in the Capital Region had 2-6 times the rates as Upstate NY.[11]

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Diabetes

Highlights

- Greene and Rensselaer counties had the highest adult diabetes prevalence in the Capital Region.
- Only Schenectady and Saratoga counties experienced a decrease in the diabetes prevalence between 2008-09 and 2013-14.
- Rensselaer and Schenectady counties had the highest diabetes mortality rates in the Capital Region.
- Schenectady and Albany counties had the highest diabetes ED visit rates, and with Rensselaer County, the highest hospitalization rates in the Capital Region.
- Schenectady, Rensselaer and Albany counties had the highest diabetes short-term complication hospitalization rates, with only Greene and Saratoga counties having rates that met the Prevention Agenda objective.
- Black non-Hispanic residents had 2.6 times the diabetes mortality rate, 3.6 times the diabetes hospitalization rate, and 4 times the diabetes short-term complication hospitalization rate compared to White non-Hispanic residents.
- Males had 1.4 times the diabetes hospitalization rates than female Capital Region residents.

Objective

New York State Prevention Agenda 2013-2018
Reduce the rate of hospitalizations for short-term complications of diabetes to 4.9 per 10,000 for residents ages 18+ years.

Diabetes is a serious public health concern. Nearly 29 million people in the United States are estimated to have diabetes, over 9% of the population. Another 86 million people, one-third of the population, are estimated to be at risk of diabetes, commonly referred to as pre-diabetics.[1]

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. There are two major type of diabetes: type 1 and type 2. Type 2 diabetes, or non-insulin dependent diabetes mellitus (NIDDM), accounts for about 90% to 95% of all diagnosed cases of diabetes. This type of diabetes has become more prevalent in the United States, particularly among minorities. According to recent studies, type 2 diabetes, formerly called “adult” diabetes, is being seen with alarming frequency among children.[1]

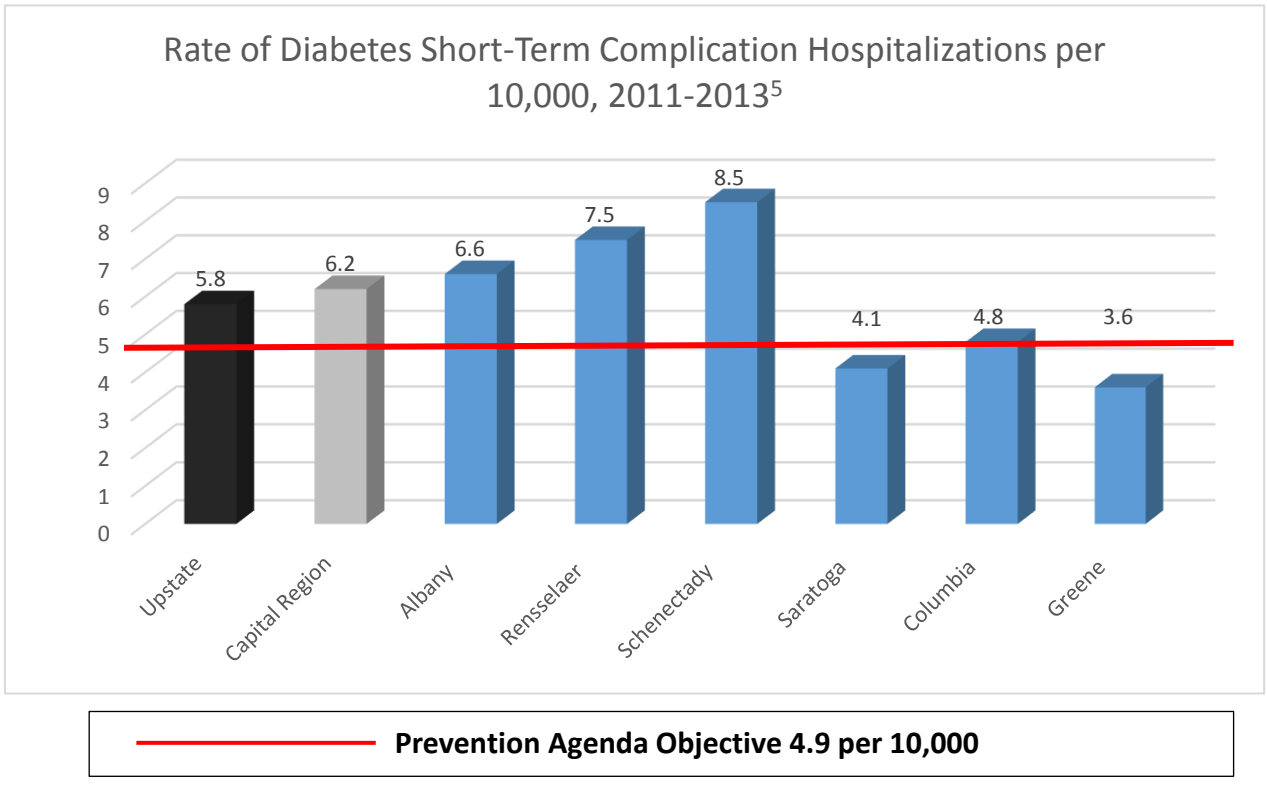
The total cost of diabetes and prediabetes in the United States is $322 billion per year. Approximately 20% of dollars spent on health care are spent caring for people with diabetes. Medical costs for people

with diabetes are 2.3 times higher than those without. These costs could be considerably reduced and important personal benefits realized by diabetics choosing to make some lifestyle changes.[2]

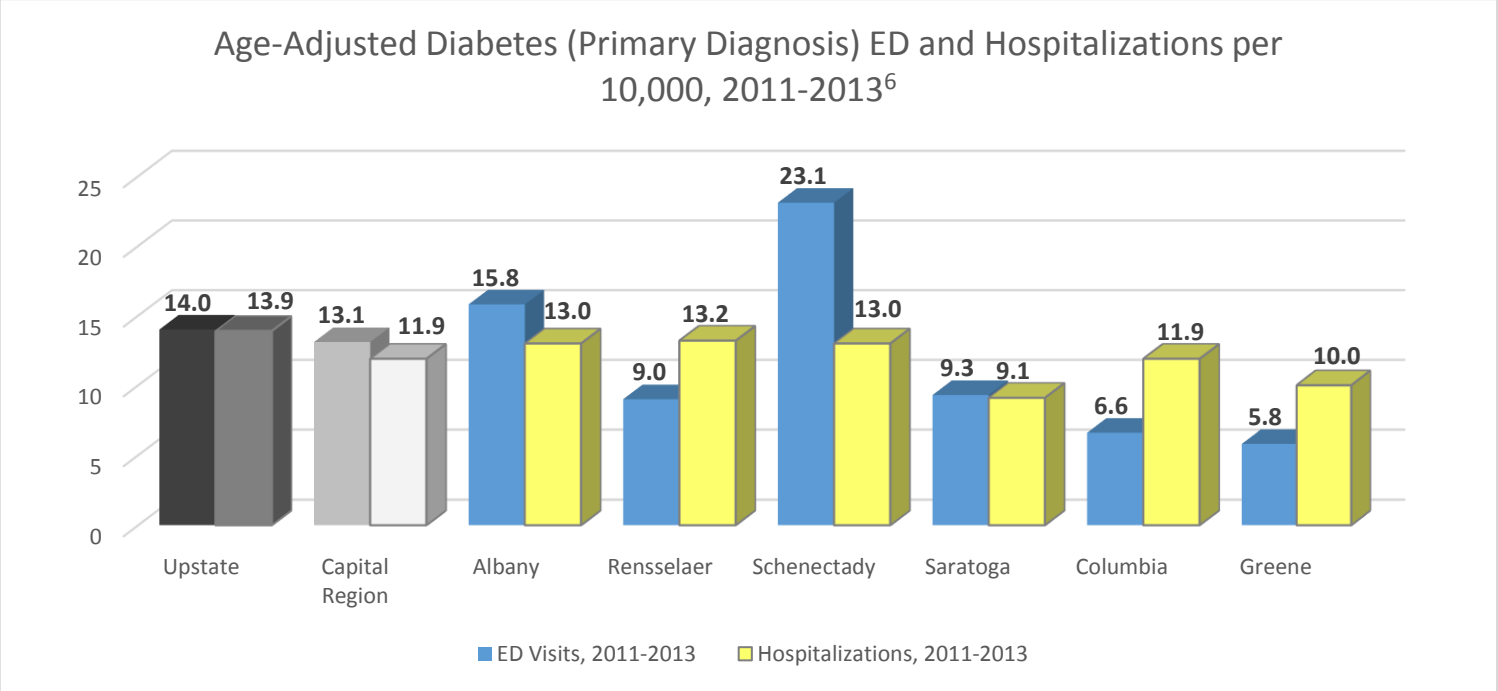
The prevalence of diabetes among adults in the Capital Region is slightly above the Upstate New York rate. An estimated 70,700 adults in the Capital District have been diagnosed with diabetes. Adults in Greene County had the highest prevalence of adult diabetes in 2013-2014. Capital Region counties, with the exception of Schenectady and Columbia counties, had adult diabetes prevalence higher than the Upstate New York. The Capital Region counties, except Schenectady and Saratoga counties, have shown an increase in adult diabetes prevalence from 2008-09 and 2013-14.

Age-Adjusted Percentage of Adults who Have Diabetes[3]		
	2008-09	2013-14
Upstate New York	8.5%	8.2%
Capital Region	N/A	8.7%
Albany County	8.6%	8.8%
Rensselaer County	9.3%	10.0%
Schenectady County	9.4%	7.8%
Saratoga County	8.4%	8.3%
Columbia County	6.6%	7.1%
Greene County	8.7%	10.2%

Short-term complications of diabetes are a result of extreme fluctuation in blood sugar levels. They include: hypoglycemia (low blood sugar), diabetic hyperosmolar syndrome (high blood sugar) and diabetic ketoacidosis (increased blood acids).[4]

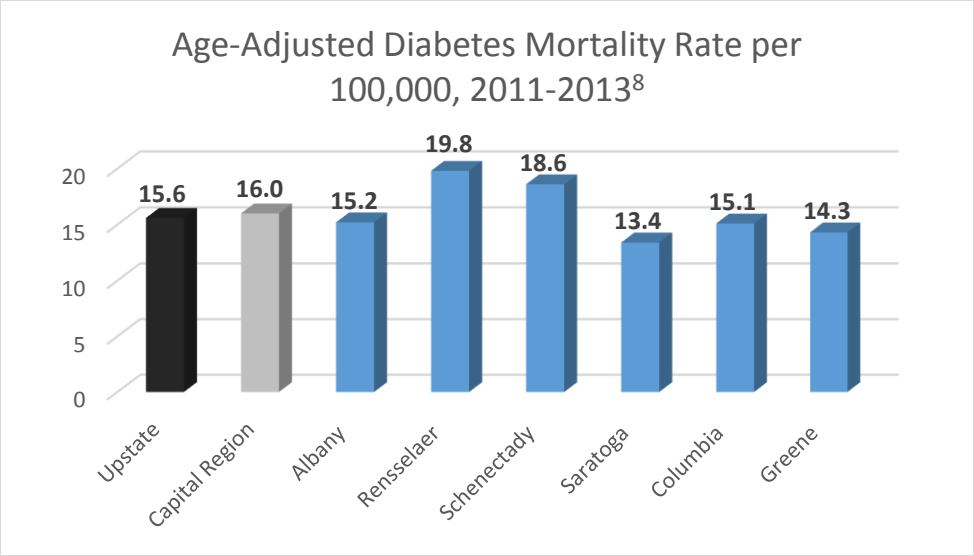


In 2013, there were 470 diabetes short-term complications hospitalizations for Capital Region residents 18 years of age and older. The diabetes short-term complication hospitalization rate for Albany, Rensselaer and Schenectady counties exceeded the Upstate New York, rate and did not meet the Prevention Agenda objective for the 18+ age group.[8] Capital Region Black non-Hispanic short-tern complications hospitalizations rates for the 18+ year population were four times the rates of their White non-Hispanic counterparts (19.3 vs. 4.5).[6]



The Capital Region had lower Emergency Department (ED) and hospitalizations rates compared to Upstate New York from 2011-2013. There were 1,423 ED visits and 1,317 hospitalizations to Capital Region residents in 2013 where diabetes was the primary diagnosis. Schenectady and Albany counties has the highest diabetes ED visit rates, and Rensselaer, Albany and Schenectady counties has the highest hospitalization rates in the Capital Region.[6]

Capital Region males had higher diabetes hospitalization rates 1.4 times higher than their female counterparts from 2011-2013 (10.9 vs. 7.9 per 10,000). Black non-Hispanic Capital Region residents have 3.6 times higher the rate of diabetes hospitalizations than White non-Hispanic residents (35.8 vs. 10.0).



The Capital District averages 179 diabetes deaths per year. The 2011-2013 diabetes mortality rates were highest in Rensselaer and Schenectady counties with rates slightly higher than Upstate New York.[8]

In the Capital Region, Black non-Hispanic (37.5 per 100,000) residents have diabetes mortality rates 2.6 times as high as White non-Hispanics (14.4).[8]

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Cardiovascular Disease

Highlights

- The Capital Region had consistently lower cardiovascular disease rates than Upstate New York.
- Schenectady, Greene and Columbia counties do not meet the Prevention Agenda objective for heart attack hospitalization rates.
- Schenectady County had the highest coronary heart disease hospitalization rate, while Columbia and Greene counties had the highest coronary heart disease mortality rates.
- Schenectady County had the highest congestive heart failure hospitalization rate, while Rensselaer County had the highest mortality rate.
- Schenectady County had the highest stroke hospitalization rate, while Schenectady and Saratoga counties had the highest stroke mortality rates.
- Males and Black non-Hispanics had higher rates for most of the cardiovascular indicators across all Capital Region counties.

Cardiovascular disease refers to a group of diseases that affect the heart and the circulatory system. Almost 610,000 Americans die from cardiovascular diseases each year, which is 1 in every 4 deaths. Risk factors for cardiovascular disease include high blood pressure, high low-density lipoprotein (LDL) cholesterol and smoking, of which 49% of Americans live with at least one of the three.[1] More than one third of the population live with some form of cardiovascular disease. These diseases take more lives than the next five leading causes of death combined (cancer, chronic lower respiratory diseases, injuries, diabetes and influenza/pneumonia).[2] In New York State, Cardiovascular disease killed almost 43,000 residents in 2013 alone.[3]

Heart Attack and Coronary Heart Disease

Objective

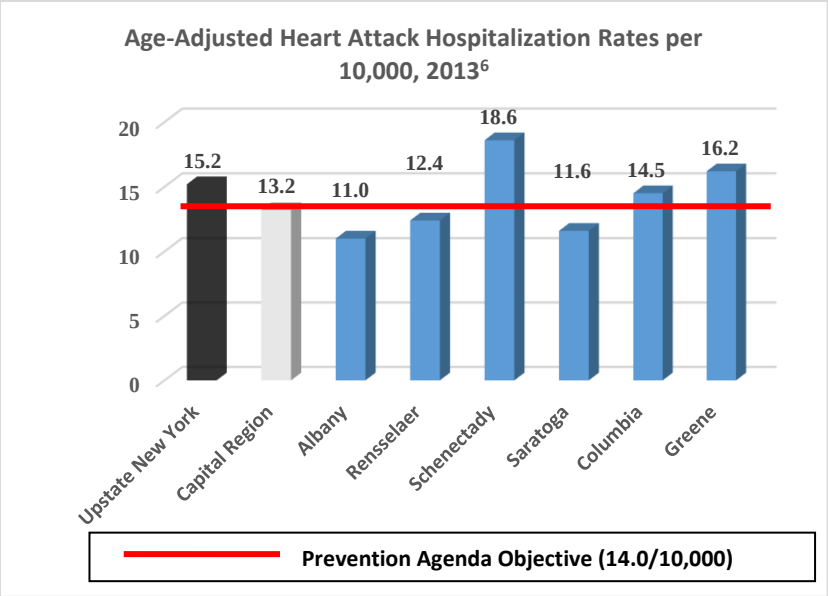
New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the age-adjusted hospitalization rate for heart attack to 14.0 per 10,000 residents of all ages.

Coronary heart disease (CHD) is the leading cause of death in New York State as well as in the Capital Region. Residents of New York State are 29% more likely to die from coronary heart disease than the next leading cause of death. [4]

Coronary heart disease is a disorder that affects the coronary arteries (blood vessels that supply blood to the heart) and the heart muscle. A serious consequence of coronary heart disease is a heart attack, which occurs when the supply of blood to the heart is greatly reduced or stopped due to blockage in a coronary artery and the heart muscle is damaged.[5]

It is estimated that 15.5 million adults in the U.S. have coronary heart disease. Coronary heart disease makes up more than half of the cardiovascular events that occur in men and women <75 years of age.[3]

Every 34 seconds, an American will suffer coronary event, and about every minute someone will die from one.[2]



The Capital Region had over 1,500 heart attack hospitalizations in 2013. Schenectady County had the highest heart attack hospitalization rate in the region, with 18.6/10,000 persons. While the Capital Region falls below the Prevention Agenda objective, Schenectady, Columbia and Greene counties all have rates higher than the objective.[6]

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000, 2011-2013[7]	
Upstate New York	32.6
Capital Region	22.8
Albany County	19.0
Rensselaer County	24.6
Schenectady County	29.6
Saratoga County	21.3
Columbia County	22.6
Greene County	25.5

In 2013, there were over 2,500 hospitalizations due to coronary heart disease in the Capital Region. All Capital Region counties had CHD hospitalization rates lower than that of Upstate New York. CHD rates have decreased over the past decade for Upstate New York and the Capital Region counties.[7]

When comparing coronary heart disease hospitalization rates by race/ethnicity, there is a clear disparity in which Black non-Hispanics had higher rates. Only for Saratoga County was the CHD hospitalization rate for Black non-Hispanics lower than that of Hispanics and White non-Hispanics. In Upstate New York, Hispanics had the highest rate of CHD of the three race/ethnicity groups, but across the Capital Region, Hispanics had the lowest rates.[8]

Age-Adjusted Coronary Heart Disease Hospitalization Rate per 10,000 by Race/Ethnicity, 2011-2013[8]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
Upstate New York	29.5	33.0	34.0
Albany County	17.7	25.4	9.5
Rensselaer County	23.6	28.0	19.7
Schenectady County	27.7	32.5	19.6
Saratoga County	17.0	12.7	12.1
Columbia County	21.1	26.9	22.3
Greene County	23.7	26.5	S
S: Data do not meet criteria for confidentiality			

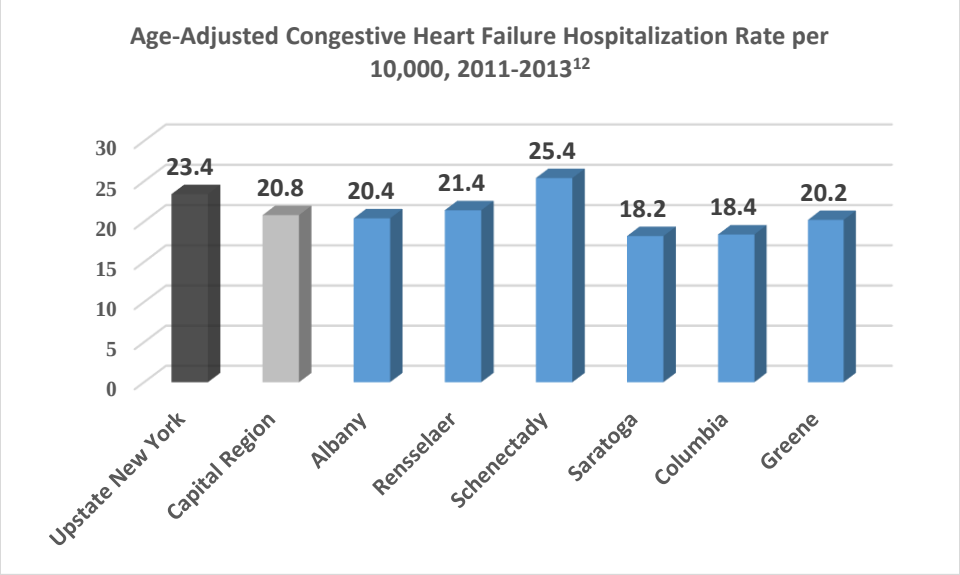
In 2013, there were over 1,440 deaths due to coronary heart disease in the Capital Region. All Capital Region counties had CHD mortality rates lower than that of Upstate New York, with the exception of Columbia and Greene counties.[9]

Age-Adjusted Coronary Heart Disease Mortality Rate per 100,000, 2011-2013[9]	
Upstate New York	131.6
Capital Region	120.8
Albany County	113.0
Rensselaer County	129.4
Schenectady County	124.8
Saratoga County	112.0
Columbia County	147.1
Greene County	134.8

Congestive Heart Failure

Congestive heart failure (CHF) is a specific category of cardiovascular disease (CVD), like coronary heart disease and cerebrovascular disease (stroke). In contrast, to these two diseases, CHF is not one of the leading causes of death in the state;[4] however, it is one of the fastest growing subgroups of CVD, making it a cause for concern and attention. CHF affects about 5.1 million people within the United States. It is the primary cause of over 55,000 deaths and a contributing cause of approximately 280,000 deaths yearly.[10] CHF accounts for 2% of all deaths in New York State and 4% of all CVD deaths; however, the prevalence of CHF has been increasing over the last 20 years.[4]

CHF is a disorder where the heart loses its ability to pump blood efficiently, causing fatigue and shortness of breath. CHF is not a single disease, but the result of different types of heart and artery diseases, including Coronary Artery Disease, Heart Attacks, Cardiomyopathy, High Blood Pressure, Irregular Heart Valves, Abnormal Heart Rhythms, and Blood Clots.[11] The most common causes of congestive heart failure are Coronary Artery Disease, High Blood Pressure and Diabetes. About half of people who develop CHF die within 5 years of diagnosis.[10]



In 2013, the Capital Region had over 2,400 hospitalizations due to congestive heart failure. Of the Capital Region counties, Schenectady County has the highest rate of congestive heart failure hospitalizations, with 25.4/10,000. It is the only county with a rate higher than Upstate New York.[12]

Age-Adjusted Congestive Heart Failure Mortality Rate per 100,000[13]	
Upstate New York	16.1
Capital Region	17.7
Albany County	19.0
Rensselaer County	22.0
Schenectady County	18.1
Saratoga County	13.9
Columbia County	13.4
Greene County	16.1

Over 225 deaths occurred due to congestive heart failure in 2013 in the Capital Region, its mortality rate higher than Upstate New York. Rensselaer County has the highest rate in the Capital Region with 22.0/100,000.[13]

When comparing race/ethnicity across the Capital Region, White non-Hispanics have higher mortality rates of congestive heart failure than Black non-Hispanics and Hispanics. [14]

Cerebrovascular Disease

Cerebrovascular disease, or stroke, is the fifth leading cause of death in the United State and is a major cause of adult disability. Each year, 130,000 Americans are killed by stroke. In the United States, someone has a stroke every forty seconds and dies from a stroke every four minutes.[15]

Stroke occurs when a blood vessel, which brings oxygen and nutrients to the brain, bursts or is blocked by a blood clot or some other particle. With this rupture or blockage, part of the brain does not get the blood and oxygen it needs. Deprived of oxygen, nerve cells in the affected area of the brain die within minutes.[16]

Some risk factors for stroke are uncontrollable, such as heredity, age, gender, and ethnicity. Other conditions such as high blood pressure, high cholesterol, heart disease, diabetes, smoking, being overweight or obese, and previous stroke or transient ischemic attack, can increase your risk of stroke.[15]

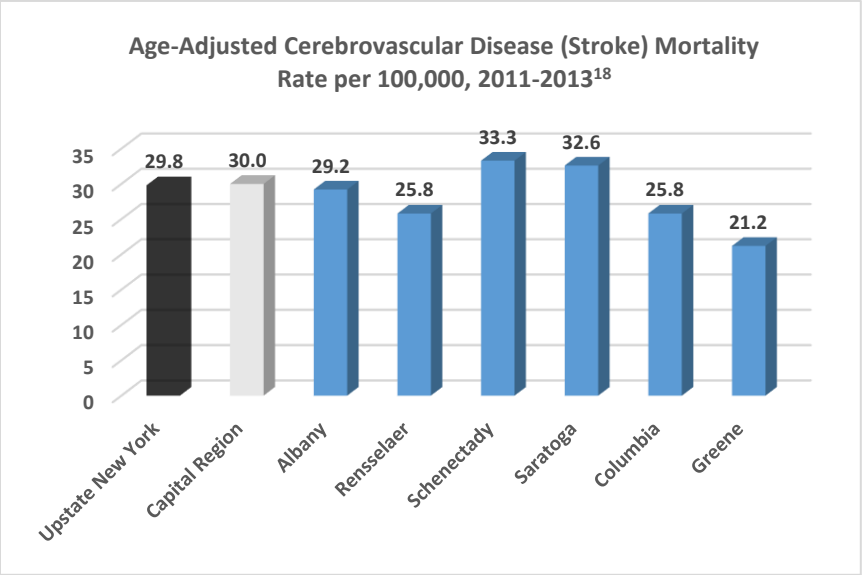
Age-Adjusted Cerebrovascular Disease (Stroke) Hospitalization Rate per 10,000, 2011-2013[17]	
Upstate New York	23.6
Capital Region	21.4
Albany County	21.0
Rensselaer County	22.0
Schenectady County	24.1
Saratoga County	19.7
Columbia County	20.0
Greene County	23.4

In addition to fatal outcome, stroke can result in serious long-term disability. According to the Centers for Disease Control and Prevention (CDC), stroke costs the nation $34 billion annually including cost of health care services, medications and lost productivity.[15]

In the Capital Region, there were over 2,300 hospitalizations due to stroke in 2013. The Capital Region's stroke hospitalization rate was lower than Upstate New York. All Capital Region counties had hospitalization rates below Upstate New York (23.6/10,000), with the exception of Schenectady County (24.1). [17]

There were almost 350 deaths due to stroke in 2013 in the Capital Region, its mortality rate is slightly higher than Upstate New York. Schenectady and Saratoga counties had cerebrovascular mortality rates higher than Upstate New York and the Capital Region.[18]

When comparing cerebrovascular mortality by race/ethnicity, Black non-Hispanics had higher rates across all Capital Region counties compared to the rates for White non-Hispanics and Hispanics.[18]



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Cancer

Highlights

- Greene, Albany and Columbia counties had the lowest breast cancer screening rates in the Capital Region, and lower rates compared to Upstate NY.
- The Capital Region had lower breast cancer incidence rates compared to Upstate NY, but higher rates of late stage breast cancer incidence.
- Albany, Greene and Saratoga counties had the highest late stage breast cancer incidence, as well as breast cancer mortality in the Capital Region.
- Black non-Hispanic women had higher last stage breast cancer incidence than White non-Hispanic or Hispanic residents.
- Greene and Columbia counties had the lowest cervical cancer screening rates, but all capital Region counties had screening rates below Upstate NY.
- Columbia and Schenectady counties had the lowest colorectal screening rates in the Capital Region, with only Albany and Saratoga counties meeting the Prevention Agenda objective.
- Compared to Upstate NY, the Capital Region had higher colorectal cancer incidence and mortality rates, with Columbia and Greene counties having the highest incidence and mortality rates.
- With the exception of Greene County, all Capital Region counties had prostate cancer mortality rates higher than Upstate NY.
- The Capital Region had higher lung cancer mortality rates than Upstate NY, with Rensselaer, Columbia and Greene counties having the highest incidence and mortality rates in the Capital Region.

Cancer is a disease in which abnormal cells in the body grow out of control. It can be caused by many different factors, such as genetics, lifestyle, and the environment. Cancer is the second leading cause of death in New York State, as well as in the Capital Region. Each year, about 105,000 New Yorkers are diagnosed with cancer and over 35,000 New Yorkers die from malignant cancers each year. Lung, colorectal, breast and prostate cancers account for the majority of cancers in New York and nationally.[1]

Many cancer deaths are preventable through early detection. For several types of cancer, detection at an early stage significantly increases the options for treatment and its overall success. “Early stage” is defined as identifying invasive cancers before they have spread from the tissue of origin. Cancer screening helps to identify cancers at an early stage before the onset of clinical symptoms.[1]

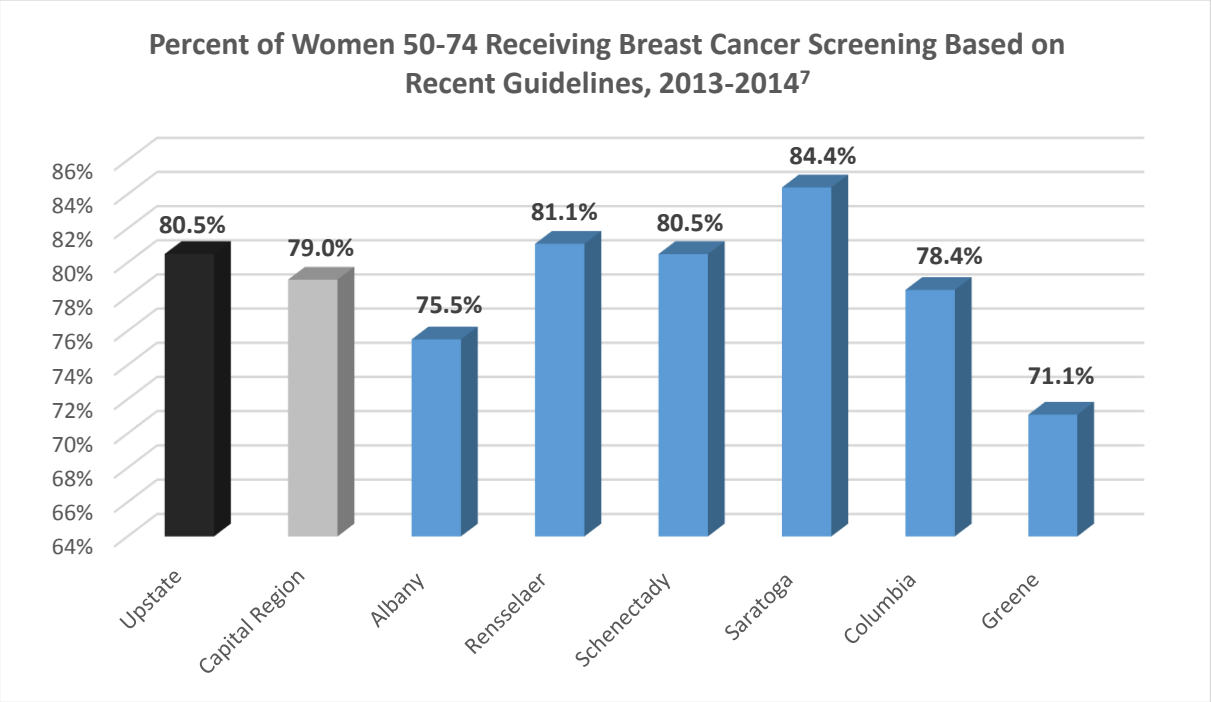
In general, gender and race are important factors in the frequency of different types of cancers. At all ages, women have lower cancer incidence and mortality rates than men in the same age group. This gender difference has remained stable over time in New York State.[1]

Female Breast Cancer

Breast cancer is the second leading cause of cancer death among women in the United States, exceeded only by lung cancer. All women are at risk for breast cancer. Men can also get breast cancer, but this is rare. In New York State, about 14,500 women are diagnosed with breast cancer each year.[1]

Behavioral risk factors amenable to change include obesity after menopause, heavy consumption of alcohol and, possibly, high-fat diets and lack of exercise. Reproductive factors, including having a first child after age 30 and never having children, increase the risk of breast cancer. These identified risk factors, however, do not explain the high frequency of the disease in the population.[2]

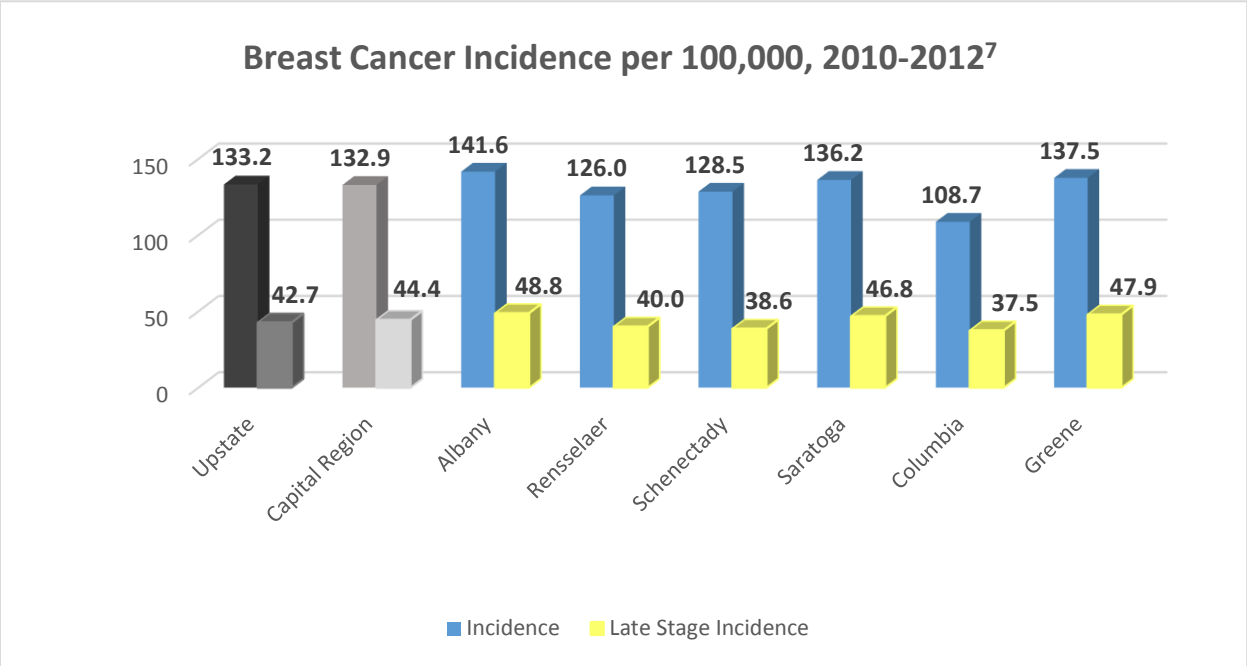
Around 80% of breast cancer cases occur in women over the age of 50. Women who have regular mammograms beginning at age 50 can reduce the risk of dying from breast cancer by nearly 30%. Screening for breast cancer allows early identification and treatment and is the primary way of reducing mortality. It is recommended that all women perform monthly self-breast exams and have routine clinical breast exams.[3] The most recent screening guidelines in New York State recommend women between the ages of 50 and 74 receive a screening mammogram every two years. Women at a higher risk of breast cancer may need to begin screening earlier.[4]



In 2013-2014, 79% of women ages 50-74 and older in the Capital Region reported having had a mammogram within the past two years which was comparable to the Upstate New York rate of 80.5%. Only Rensselaer and Saratoga counties had higher screening rates than Upstate New York. Greene and Albany counties had the lowest breast cancer screening rates in the Capital Region.[7]

The fatality of invasive breast cancer is strongly influenced by the stage of the disease at diagnosis. Early detection of breast cancer plays a significant role in the reduction of breast cancer mortality. When breast

cancer is diagnosed at an early, or localized, stage, 98.4% of women survive for at least five years. Late stage diagnosis only has a 23.3% 5-year survival rate.[3]



The region had approximately 800 cases of female breast cancer cases a year, about 250 with late diagnosis between 2010 and 2012. The Capital Region had a lower incidence rate of female breast cancer than Upstate New York, but a higher late stage diagnosis rate. Albany and Greene counties had the highest incidence of late stage breast cancer diagnosis in the Capital Region.[7]

All the Capital Region counties, with the exception of Columbia County, had age-adjusted breast cancer mortality rates that were slightly higher than the Upstate New York rate. Greene County had the highest age-adjusted breast cancer mortality rate at 28.7/100,000.[7]

In New York State, Black non-Hispanic women had higher late-stage incidence (49.9/100,000) when compared to White non-Hispanic women (43.2) and Hispanic women (30.8). Black non-Hispanic women also had a higher mortality rate (26.7) compared to the White non-Hispanic (21.0) and Hispanic (14.2) populations.[6]

Age-Adjusted Female Breast Cancer Mortality Rate per 100,000, 2010-2012[7]	
New York State, excl. NYC	20.9
Capital Region	21.2
Albany County	21.9
Rensselaer County	20.9
Schenectady County	21.6
Saratoga County	21.8
Columbia County	12.0
Greene County	28.7

Cervical Cancer

Cervical cancer is highly preventable in the United States with proper screening tests and human papillomavirus (HPV) vaccination. Almost all cervical cancers are caused by (HPV), a common sexually-transmitted disease. When found at an early stage, cervical cancer is highly treatable.[9] In the United States, approximately 12,000 women are diagnosed with cervical cancer and 4,000 women die from the disease each year.[9] In New York State, about 800 cases are diagnosed and almost 300 women die from cervical cancer annually.[7] In the Capital Region, 30 women were diagnosed with cervical cancer in 2012 and there were 7 deaths in the same time period.[7]

Several factors have been identified that place women at increased risk of developing cervical cancer. The strongest risk factor is unsafe sexual practices, including having multiple partners and having a history of sexually transmitted diseases. Smoking, giving birth to three or more children, and using birth control for five or more years are also risk factors.[9]

Age-Adjusted Percentage of Women 21-65 Years Receiving Cervical Cancer Screening Based on Recent Guidelines, 2013-2014[5]	
Upstate New York	83.8%
Capital Region	80.0%
Albany County	79.3%
Rensselaer County	81.1%
Schenectady County	80.2%
Saratoga County	82.5%
Columbia County	76.3%*
Greene County	73.7%

The Pap test (or Pap smear) is an effective screening test that can detect cervical cell abnormalities that, without treatment, could lead to cancer. This test can detect cervical cancer *in situ*, an early stage of cervical cancer, where the cells are changing in shape and organization but are still localized and have not spread. Pap tests are recommended every three years for women ages 21-65. Regular Pap screenings decrease the incidence and mortality of cervical cancer by at least 80%.[11] In New York State, the cervical screening recommendation is that women should start getting Pap tests at the age of 21 and have them every 3 years, more frequently if there is an abnormal finding, and Pap tests and HPV tests every five years between the ages of 30 and 65.[12]

During 2013-2014, the percentage of women 21 years of age and older, having a Pap test within the past three years in the Capital Region is lower than the Upstate New York rate.[5] All Capital Region counties have screening rates lower than Upstate New York, with Columbia and Greene counties having the lowest screening rates.

The rate of new cervical cancers in the Capital District is lower than the Upstate New York.

Age-Adjusted Cervical Cancer Incidence Rate per 100,000 Women, 2010-2012[7]	
Upstate New York	6.7
Capital Region	5.6
Albany County	4.3
Rensselaer County	5.9
Schenectady County	5.0
Saratoga County	7.4
Columbia County	7.9*
Greene County	s

*Fewer than 10 events in the numerator, therefore the rate is unstable
S- Data do not meet reporting criteria

Colorectal Cancer

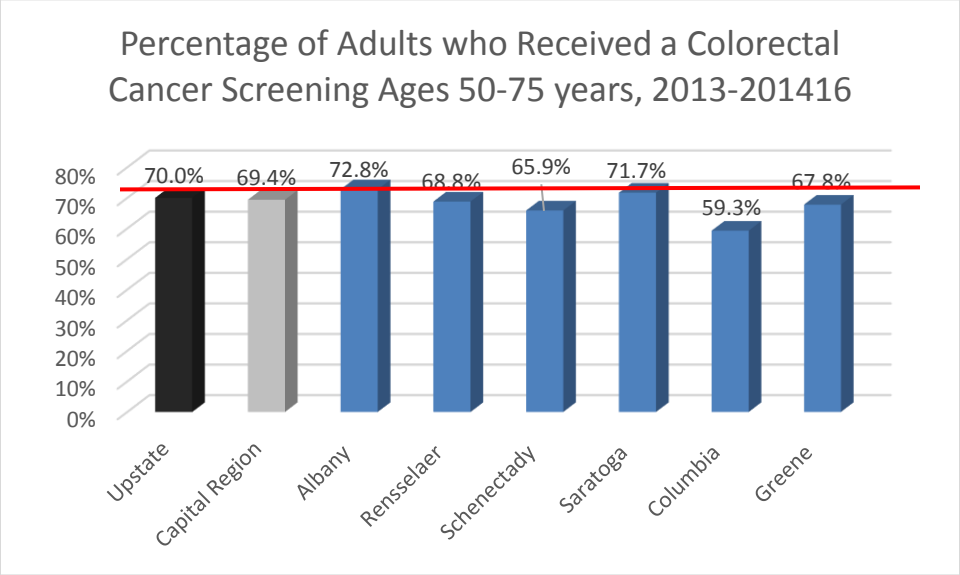
Objectives

New York State Prevention Agenda 2013-2018
Increase the percentage of adults (50-75 years) who receive a colorectal cancer screening to 71.4%.

Colorectal cancer is the third most common cancer in men and women. It is also the second leading cause of death from cancers that affect both men and women.[13] Each year, about 10,000 adults in New York State are diagnosed with colorectal cancer, and 90% of them are over age 50.[1] Routine screening can reduce colorectal cancer deaths by at least 60%.[13] When colorectal cancer is diagnosed in its earliest stage, 90.1% of individuals live five years after diagnosis. In comparison, for late stage diagnosis the five year survival rate dramatically decreases to 9.2%.[1]

Lifestyle factors that contribute to increased risk of colorectal cancer include lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, overweight and obesity, alcohol consumption and tobacco use.[14]

Colorectal cancer screening is recommended for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.[15] During 2013-2014, only Albany and Saratoga counties met the Prevention Agenda objective.[5] Of the Capital Region counties, Columbia County had the lowest colorectal cancer screening rate.[5]

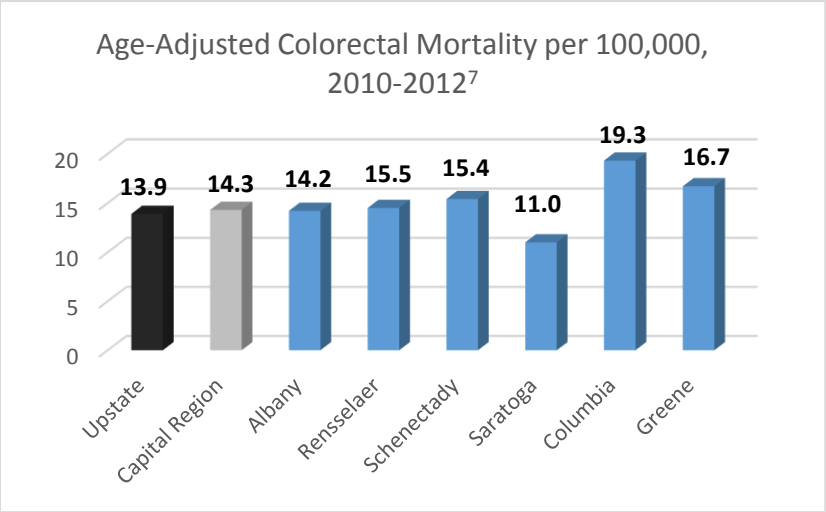


Colorectal cancer incidence is higher in the Capital Region than Upstate New York, with the region averaging 480 cases per year. With the exception of Schenectady County, all counties in the Capital Region had higher incidence rates Upstate New York. There were differences in incidence by gender and race in Upstate New York. Males had higher colorectal cancer incidence than females (48.4 vs. 38.2 per 100,000). Black non-Hispanics had the highest incidence (44.4), followed by White non-Hispanics (41.7) and Hispanics (33.4).[6]

Age-Adjusted Colorectal Cancer Incidence Rate per 100,000, 2010-2012[7]	
Upstate New York	41.2
Capital Region	43.5
Albany County	43.5
Rensselaer County	45.0
Schenectady County	37.3
Saratoga County	44.0
Columbia County	51.8
Greene County	46.2

The rate of colorectal cancer mortality in the Capital Region is slightly higher than the Upstate New York rate. Columbia County has the highest rate of mortality (19.3/10,000) while Saratoga County (11.0) has the lowest rate.[7]

Because of the small numbers, race/ethnicity information for colorectal cancer is not available for all Capital Region counties. For Upstate New York, Black non-Hispanic residents had a 2011-2013 colorectal cancer mortality rate of 16.0 per 100,000, which was higher than the White non-Hispanic rate of 14.0 per 100,000.[6]



Prostate Cancer

Prostate cancer is the most common form of cancer in men and the second leading cause of cancer mortality in men. In New York State, around 15,600 men are diagnosed with prostate cancer annually and there are about 1,700 deaths due to prostate cancer each year.[1]

Age-Adjusted Prostate Cancer Incidence Rate per 100,000, 2010-2012[7]	
Upstate	144.1
Capital Region	114.7
Albany County	127.6
Rensselaer County	127.1
Schenectady County	97.4
Saratoga County	105.0
Columbia County	108.5
Greene County	127.1

The causes and risk factors for prostate cancer are not well understood. The chance of having prostate cancer greatly increases after age 50. Black men are over twice as likely to have prostate cancer, be diagnosed at a late state, and die of prostate cancer as White males. A family history of prostate cancer also increases the risk of getting the disease.[17]

Routine screening for prostate cancer is not recommended for men without symptoms. While screening can detect cancer at an early stage, the benefits of prostate cancer screening do not outweigh the risks. The presence of other health conditions can cause false positive test results. Additionally, some men have prostate cancer that never affects their health; they die from other health conditions. In these cases, the mild to serious side effects from treatment of prostate cancer are more harmful than the cancer itself.[18]

The Capital Region averages 580 cases of prostate cancer annually. All Capital Region counties had age-adjusted prostate cancer incidence rates below the Upstate average, with Albany County having the highest rate.[7]

Age-Adjusted Prostate Cancer Mortality Rate per 100,000, 2010-2012[7]	
Upstate New York	18.5
Capital Region	20.8
Albany County	22.0
Rensselaer County	21.9
Schenectady County	22.0
Saratoga County	23.4
Columbia County	22.4
Greene County	14.0

There were an average of 110 prostate cancer deaths per year in the Capital Region from 2010-2012. In contrast with Capital Region prostate cancer incidence, all Capital Region counties, except for Greene County, had prostate cancer mortality rates higher than New York State, excluding NYC. Saratoga County had the highest prostate cancer mortality rate of the Capital Region counties.[7] Prostate cancer mortality has been decreasing in New York State over the last decade. The New York State age-adjusted mortality rate has decreased 30% from 26.5 per 100,000 in 2003 to 18.8 in 2012.[7]

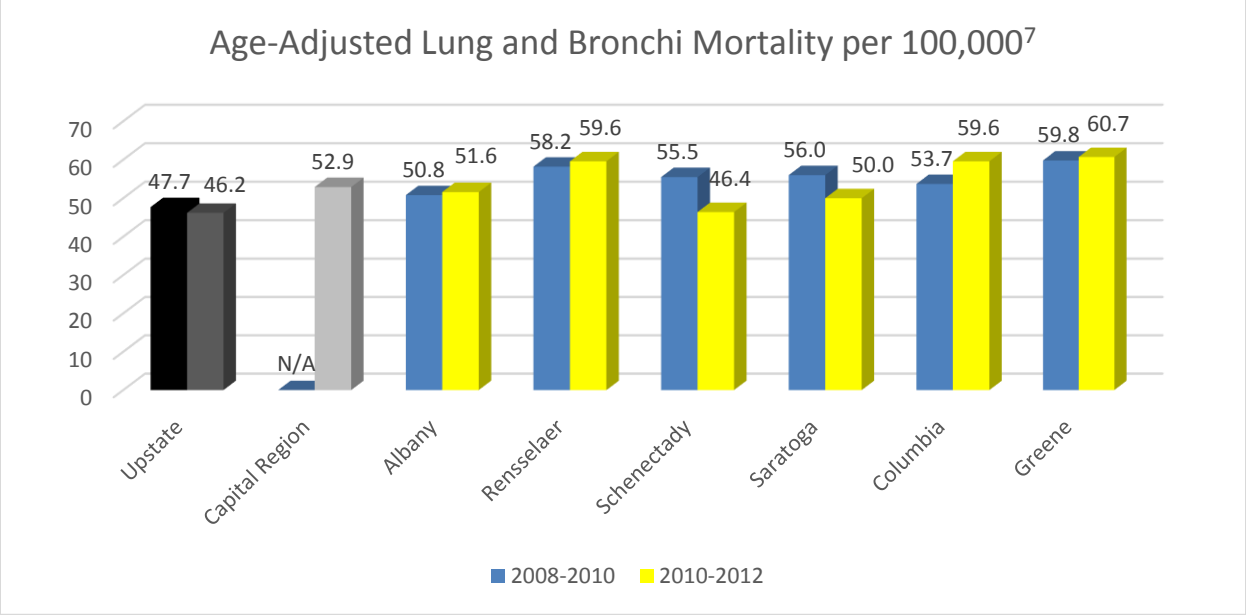
Lung Cancer

Lung cancer continues to be a serious public health concern. More people die from lung cancer than any other type of cancer. This is true for both men and women. According to the CDC, as of 2016 lung cancer was the number one cause of death due to cancer and the second overall cause of death.[19]

The Capital Region averages 900 lung cancer cases a year. Lung cancer incidence in all Capital Region counties, with the exception of Schenectady County, exceeded the Upstate New York rate. Rensselaer County had the highest incidence of lung cancer.[7]

Age-Adjusted Lung Cancer Incidence per 100,000, 2010-2012[7]	
Upstate New York	68.6
Capital Region	73.5
Albany County	72.1
Rensselaer County	83.7
Schenectady County	68.5
Saratoga County	69.9
Columbia County	76.9
Greene County	76.7

The Capital Region averages 580 lung cancer deaths per year. All Capital Region counties have lung cancer mortality rates higher than Upstate New York, with Greene, Columbia, and Rensselaer counties having the highest rates. Between 2008-2010 and 2010-2012 most counties did not see a significant change in mortality rates. However, Columbia County had a 10% increase (53.7 to 59.6/100,000), Schenectady County had a 16% decrease (55.5 to 46.4/100,000), and Saratoga County had an 11% decrease (56.0 to 50.0/100,000).[7]



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VI. Healthy and Safe Environment

Lead Poisoning

Highlights

- **In the Capital Region, 5,250 children born in 2010 did not have one lead screening by 18 months of age and 7,000 children born in 2010 did not have two lead screenings by 36 months of age.**
- **All counties had decreases in their 18 month screening rates from 2007 to 2010.**
- **Columbia County had the highest incidence rate of elevated blood lead levels in children under 6 years of age**
- **With the exception of Saratoga County, all Capital Region counties had incidence rates of elevated blood lead levels higher than Upstate New York.**

Lead poisoning is a completely preventable public health problem. Lead is a heavy metal that was used in many products and materials before the risk to young children was identified. For example, paint containing lead was used in many houses built before 1978.[1] Products that can be hazardous still remain. Lead is also found in air, water, soil, or dust. Lead poisoning leads to serious adverse health, developmental, and cognitive outcomes that can affect individuals throughout their lives.[2]

Lead Screening

Approximately, 400 million children in the United States live in housing that is increasing their risk of lead exposure. Since such a high percentage of children are at risk, routine screening for elevated blood lead levels at 1 year and 2 years of age is important. Children found to be at risk must also have blood lead testing. Early identification of lead exposure can prevent harm and minimize further exposures.[3]

Lead poisoning often occurs with no obvious symptoms. Therefore, it is important to screen children for elevated blood lead levels before they are harmed. Screening is performed by physicians using a blood draw or a finger prick. In New York State, healthcare providers are required to obtain a blood test on all children at 1 and 2 years of age. In addition, children age 6 months to 6 years are required to be assessed annually as a part of routine care and a blood lead level obtained for any child with an increased risk of exposure.[1]

In the Capital Region, 5,250 children born in 2010 did not have at least one lead screening test done by 18 months of age, and over 7,000 did not have two lead screenings by 36 months.[4] With the exception of Schenectady County (58.3%), all other counties in the Capital Region had 18 month lead screening rates lower than Upstate NY. Greene County had the lowest rate of all the counties, 27.5%. All Capital Region counties had rates below those of Upstate NY for children with two lead screenings by 36 months. Saratoga County had the lowest rate in the Capital Region at 18.7%. When comparing the 2007 and 2010 birth cohorts, all counties had decreases in their 18 month screening rates: Albany County, (59.3% to 51.0%), Rensselaer County, (63.5% to 47.9%), and Schenectady County, (62.3% to 58.3%), Saratoga County, (60.1% to 36.1%), Columbia County (56.0% to 50.3%) and Greene County (39.4% to 27.5%).

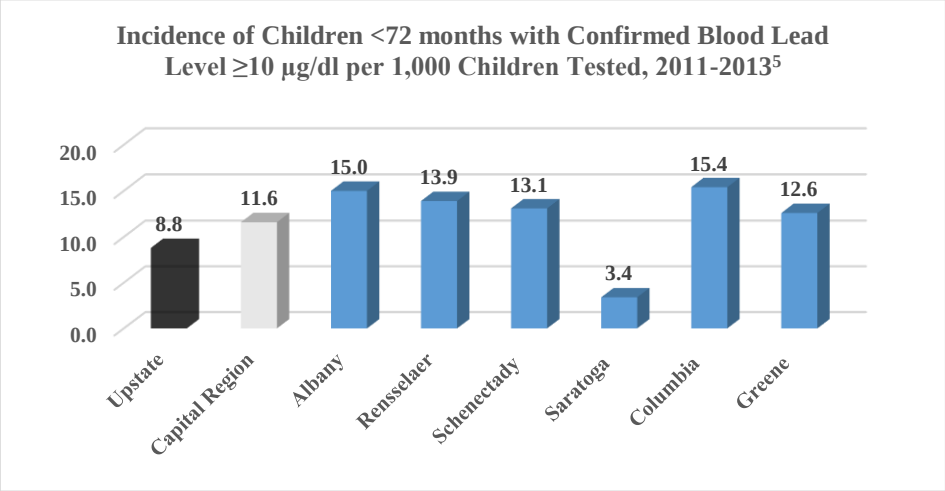
Percentage of Children Born in 2010 with At Least One Lead Screening by 9-17 months or 2 Lead Screenings by 36 months, 2011-2013[4]		
	9-17 months	18-36 months
Upstate (NYS excl. NYC)	53.5	42.1
Capital Region	47.2	29.3
Albany County	51.0	32.1
Rensselaer County	47.9	28.7
Schenectady County	58.3	38.7
Saratoga County	36.1	18.7
Columbia County	50.3	32.9
Greene County	27.5	27.9

Children Younger than 6 Years with Elevated Lead Levels

In New York State, the leading environmental poison of young children is lead. Children under the age of six, but particularly children living at or below the poverty line in older housing, are at risk[1]. While both incidence and severity of childhood lead poisoning have steadily decreased in New York State, it is still a serious public health concern. In 2013, more than 3,200 children under age six were newly identified with blood lead levels (BLLs) 10 micrograms per deciliter (µg/dl) and above; 80 percent resided in just 13 of the states' poorest counties with the oldest housing stock [3]

New York State ranks high consistently in many of the factors associated with childhood lead poisoning, such as childhood poverty, large immigrant populations and an older, deteriorated housing stock. The main cause of lead poisoning among children is exposure to paint chips and dust from deteriorating lead-based paint in their homes.[3]

Annually, an average of 246 children under the age of six living in the Capital Region have confirmed blood lead levels at or above 10µg/dl. Columbia County had the highest incidence rate of elevated blood lead levels with 15.4 per 1,000 children tested, followed by Albany County with a rate of 15.0 per 1,000 children tested. Of the Capital Region counties, only Saratoga County had a rate lower than Upstate New York.



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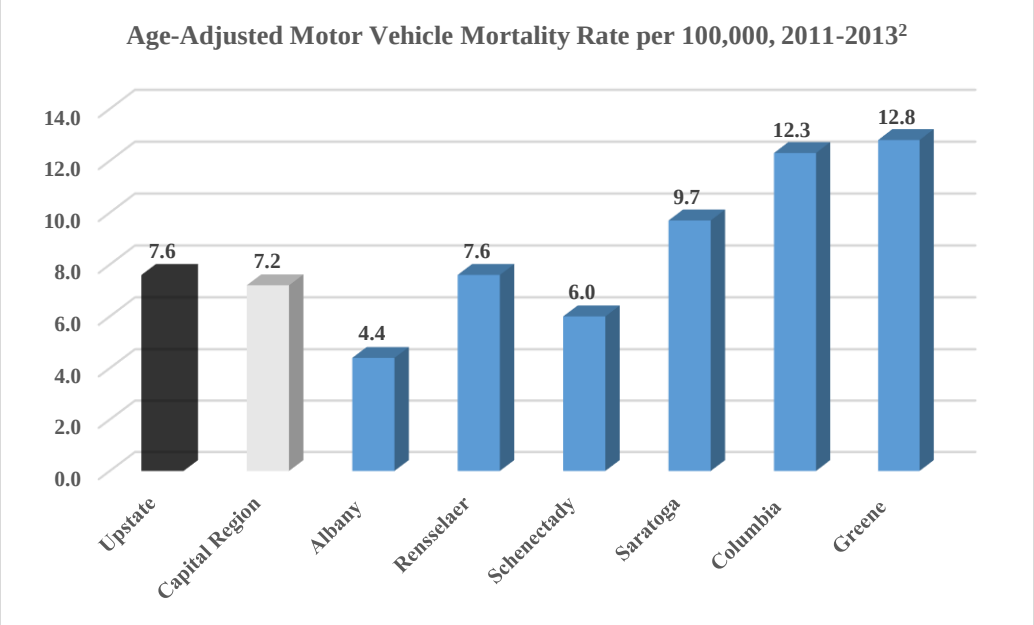
Injury

Highlights

- In the Capital Region, age-adjusted motor vehicle mortality rates were higher in counties that are more rural.
- Greene County had the highest rate of hospitalizations due to motor vehicle accidents; Schenectady County had the highest rate of ED visits due to motor vehicle accidents.
- Except for Saratoga and Greene counties, all Capital Region counties had child fall ED visit rates above the Prevention Agenda objective.
- Rensselaer County was the only Capital Region County not meeting the Prevention Agenda objective for fall hospitalizations to the elderly.
- Columbia and Saratoga counties had the highest rates of occupational injuries treated in ED for adolescents ages 15-19; both were above the Prevention Agenda objective.

Motor Vehicle-Related Injuries

Motor vehicle crashes are the leading cause of death from injury in the United States. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. More than 2.5 million drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2012.[1] Motor vehicle injuries cause death, trauma, impairment, higher insurance premiums, productivity loss at work, and other costs to individuals, their families and communities. In a one year period, medical care and productivity costs associated with motor vehicle crashes exceeded $80 billion.[1]



In the Capital Region, the more rural counties of Columbia, Greene and Saratoga had age-adjusted motor vehicle mortality rates that were above the Upstate NY rates. The highest rate was in Greene County, with 12.8/10,000, followed by Columbia County (12.3). For age-adjusted motor vehicle accidents, the highest rate of hospitalizations was in Greene County, with a rate of 10.4/10,000. For ED visits, Schenectady County had the highest rate, with 93.4. These rates are all lower than those previously seen in ED visit data from 2005-2009 and hospitalization data from 2006-2010.[3]

Age-Adjusted Motor Vehicle Accidents per 10,000, 2011-2013 [3]		
	ED Visits	**Hospitalizations**
Upstate (NYS excl. NYC)	82.6	6.9
Capital Region	58.7	5.7
Albany County	48.1	4.7
Rensselaer County	43.1	5.5
Schenectady County	93.4	5.8
Saratoga County	48.6	5.8
Columbia County	62.1	7.5
Greene County	60.7	10.4

Fall Prevention

Objective

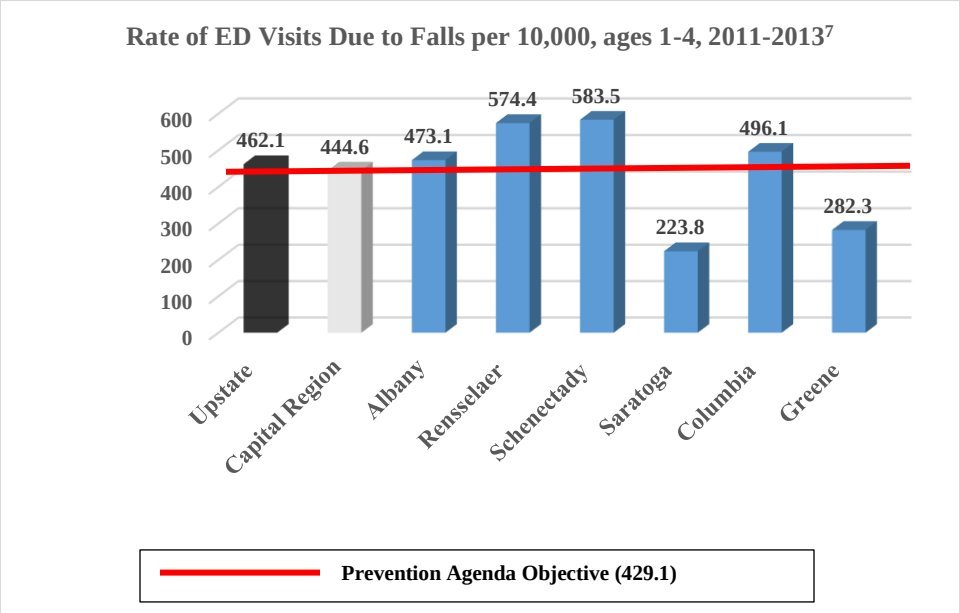
New York State Prevention Agenda 2013-2018

- *Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over by maintaining the rate at 204.6 per 10,000 residents.*
- *Stop the annual increase in the rate of ED visits due to falls among residents ages 65 and over by maintaining the rate at 348.2 per 10,000 residents.*
- *Reduce hospitalization rates due to falls among children ages 1 to 4 to 9.1 per 10,000.*
- *Reduce ED visits due to falls among children ages 1 to 4 to 429.1 per 10,000 residents.*

Falls in Young Children

The primary location of falls for children is in the home. Falls are the leading cause of non-fatal injuries in children up to four years old, [4] and the most common reason for ED visits in this age group.[5] Rapid early development provides various opportunities for children to fall. Babies and young children have bigger heads in comparison to the rest of their bodies, causing the head to hit the ground first. This increases the likelihood of head trauma due to falls. When babies start to roll and kick, they are at increased risk of falling off high surfaces. Similarly, when children learn to crawl and walk, they increase their chances of falling out of windows and off furniture.[6] Injury due to falls can lead to permanent

disability, traumatic stress, and decreased ability to perform age-appropriate activities, among other things. The estimated lifetime medical costs for injuries due to falls among ages 1-19 is $5.0 billion.[5]



In the Capital Region, there is an average of 1,771 ED visits due to falls among children ages 1-4 years annually.[7] All counties exceed the Prevention Agenda objective, with the exception of Greene and Saratoga counties. Schenectady County had the highest ED visit rate, followed by Rensselaer and Columbia counties. In the Capital Region, there is an average of 23 hospitalizations due to falls among children ages 1-4 annually. Only Columbia County, with a rate of 11.8/10,000, did not meet the Prevention Agenda objective.[8]

Rate of Hospitalizations Due to Falls per 10,000, ages 1-4, 2011-2013[8]	
Prevention Agenda Objective	**9.1**
Upstate (NYS excl. NYC)	8.5
Capital Region	6.0
Albany County	6.0
Rensselaer County	7.2
Schenectady County	6.5
Saratoga County	3.5
Columbia County	11.8
Greene County	5.6

Falls in Older Adults

Falls are the leading cause of injury deaths among older adults and the most common cause of nonfatal injuries and hospital admissions for trauma. One out of three older people falls each year in the United States. In New York, every day 223 older adults visit the ER due to a fall. As a result, each day 140 older adults are hospitalized in New York. Approximately 60% of those hospitalized for a fall end up in a nursing home or rehabilitation center.[9]

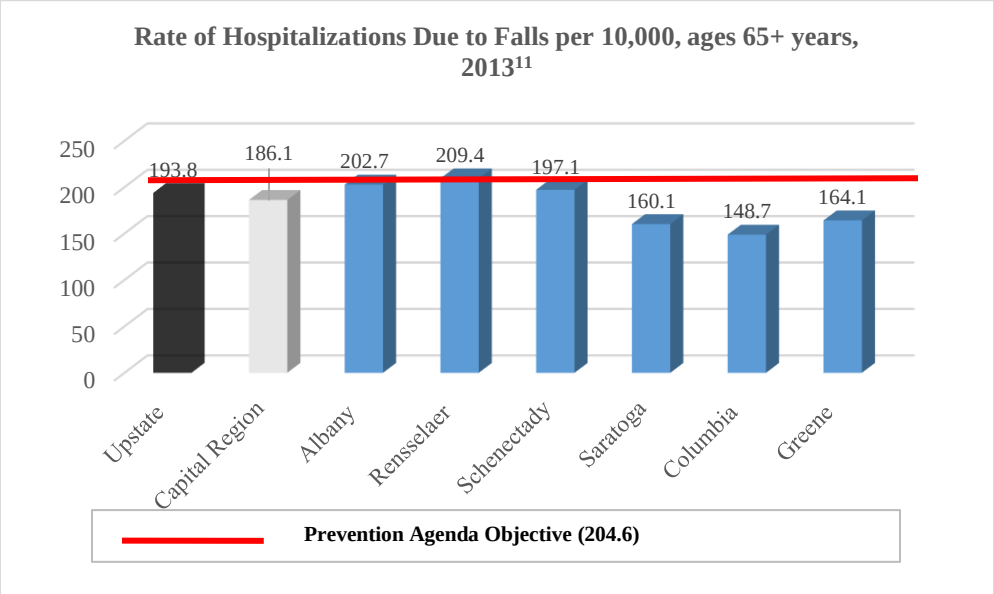
Unintentional falls are a serious threat to the lives, independence and well-being of adults ages 65 and older. Each year in the United States, 2.5 million older adults visit the ER due to falls. These falls can cause injuries such as fractures, bruises, and head traumas, which can increase the risk of early death

and make it difficult to live independently. Falls are also the most common cause of traumatic brain injury (TBI). TBI accounts for almost half of fatal falls among older adults. Hip fractures are the most frequent type of fall-related fractures. Developing a fear of falling is common among people who fall, even among those who are not injured. This fear causes them to limit activities. Such a response leads to reduced mobility, which actually increases their risk of falling.[10] Falls have a heavy financial burden as well, with a yearly cost of $1.7 billion for hospitalizations and $145 million for outpatient emergency charges in New York State.[9]

In the Capital Region, there were 5,300 emergency department visits per year due to falls in the 65+ years population. Schenectady County had the highest rate of ED visits in this population, with a rate of 468.4/10,000, followed by Columbia County. Both counties had rates higher than the Prevention Agenda objective.[8]

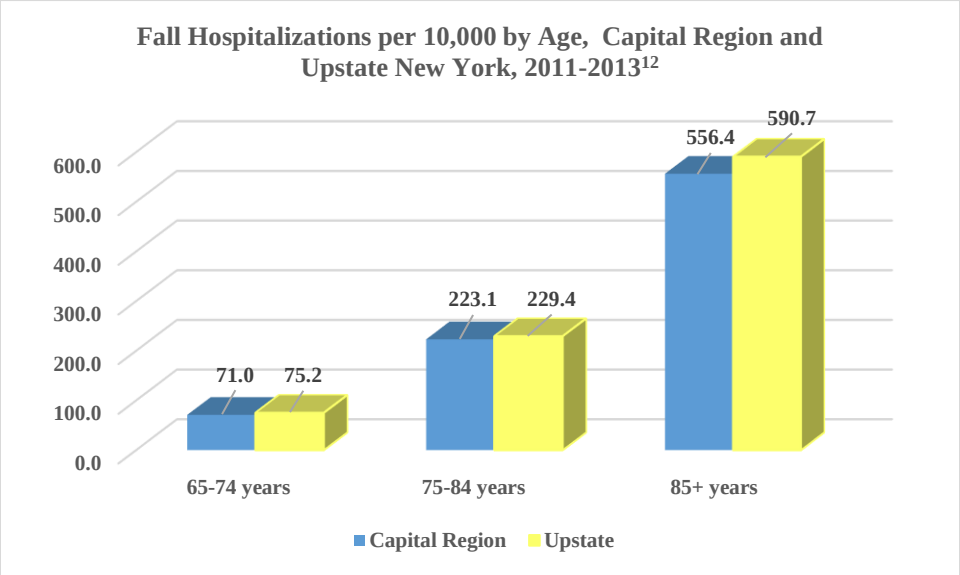
The Capital Region had 2,800 fall-related hospitalizations per year in the older adult population. The rates for hospitalizations in the Capital Region counties are all below the Prevention Agenda objective, with the exception of Rensselaer County, with a rate of 209.4/10,000.[8]

Rate of ED Visits Due to Falls per 10,000, ages 65+ years, 2013[8]	
Prevention Agenda Objective	348.2
Upstate (NYS excl. NYC)	389.2
Capital Region	354.7
Albany County	324.2
Rensselaer County	239.9
Schenectady County	468.4
Saratoga County	332.1
Columbia County	365.6
Greene County	280.4



In the Capital Region, females had over 40% higher ED visit and hospitalization rates due to falls when compared to males, in the 65 + years population. The 2011-2013 female fall-related ED visit rate was

397.1/10,000 compared to 270.4 for the male population. For fall-related hospitalizations, the comparable rates were 210.3 vs. 147.0.[8,11]



The risk of being seriously injured from a fall increases with age. In the Capital Region, the elderly fall hospitalization rates were lower when compared to the Upstate New York rates. In the 85+ year population, the Capital Region's fall hospitalization rate of 556.4/10,000 was almost 8 times higher than the rate in the 65-74 years population.[12]

Workplace Injuries

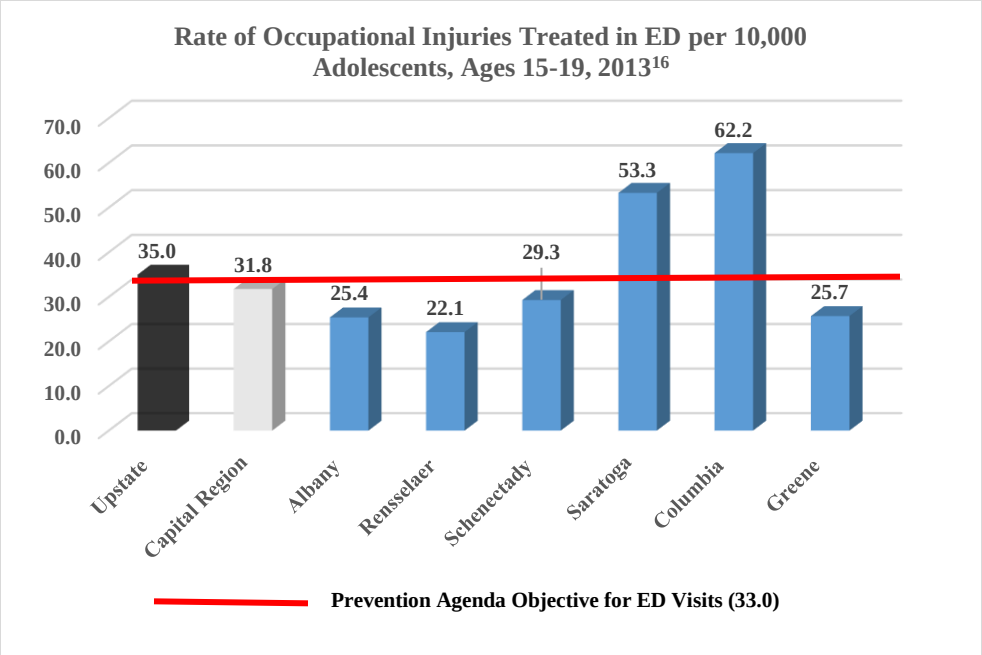
Objective

New York State Prevention Agenda 2013-2018

Reduce the rate of emergency room visits for occupational injuries among adolescents 15-19 years of age to 33.0 per 10, 000.

Workplace injuries continue to be a major health problem in the United States. Each year, about 6,000 employees in the United States die due to workplace injuries, while another 50,000 die from illnesses caused by exposure to workplace hazards. In addition, 6 million workers suffer non-fatal workplace injuries at an annual cost to businesses in the United States of more than $125 billion.[13]

The top causes of work-related injury hospitalizations in New York State are accidents caused by fire, falls, motor vehicle traffic accidents, medical complications and late effects of accidents such as musculoskeletal diseases.[14]



Occupational fatalities and losses arising from workplace disabilities also cause tremendous personal and economic costs In the Capital Region, 664 work-related hospitalizations occurred in those employed and 16 years and older in age. From 2011-2013, there were 39 fatalities due to work-related injuries in the Capital Region.[15]

More than 80% of adolescents in the United States have worked by the time they finish high school, and each year 53,000 youth are injured severely enough to seek emergency treatment.[4] In the Capital Region, there were 210 youths aged 15-19 years of age, treated in an emergency department due to an occupational injury. Of the Capital Region counties, Columbia County (62.2/10,000) and Saratoga County (53.3) had the highest rates as well as did not meet the Prevention Agenda objective.[16]

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Violent Crime

Highlights

- In the Capital Region, Schenectady County had the highest rate of homicide mortality, while Columbia County was the only county to meet the Prevention Agenda objective.
- Schenectady County had the highest assault ED visit rate in the Region, and, together with Columbia and Albany counties, did not meet the Prevention Agenda objective.
- Albany County had the highest assault hospitalization rate, with all counties meeting the Prevention Agenda objective.
- Black non-Hispanics were 9 times more likely to have an assault-related hospitalization than White non-Hispanics.
- In the Capital Region, the urban counties had higher violent crime rates than Upstate New York.
- Schenectady County had the highest rates of firearm-related, property and violent crimes, while Saratoga County had the lowest rates.

Objectives

New York State Prevention Agenda 2013-2018

- *Reduce rate of homicide deaths to 0.39 per 10,000.*
- *Reduce the rate of assault-related hospitalizations to 4.3 per 10,000*
- *Reduce the rate of ED visits due at assault to 42.3 per 10,000.*

Although crime is usually considered to be in the domain of law enforcement and the criminal justice system, there is a growing realization that violent crime is a public health concern as well. Not only does crime compromise physical safety, but it can also affect mental health. Crime, vandalism, and graffiti, among other things lead to a decrease in physical activity and an increase in accumulated stress and fear within the community. Residents of high-crime areas who do not practice healthy behaviors are at higher risk for chronic disease and disability. Continuing stress may exacerbate hypertension, contribute to obesity, and increase the prevalence of other chronic conditions such as upper respiratory illness and asthma.[1]

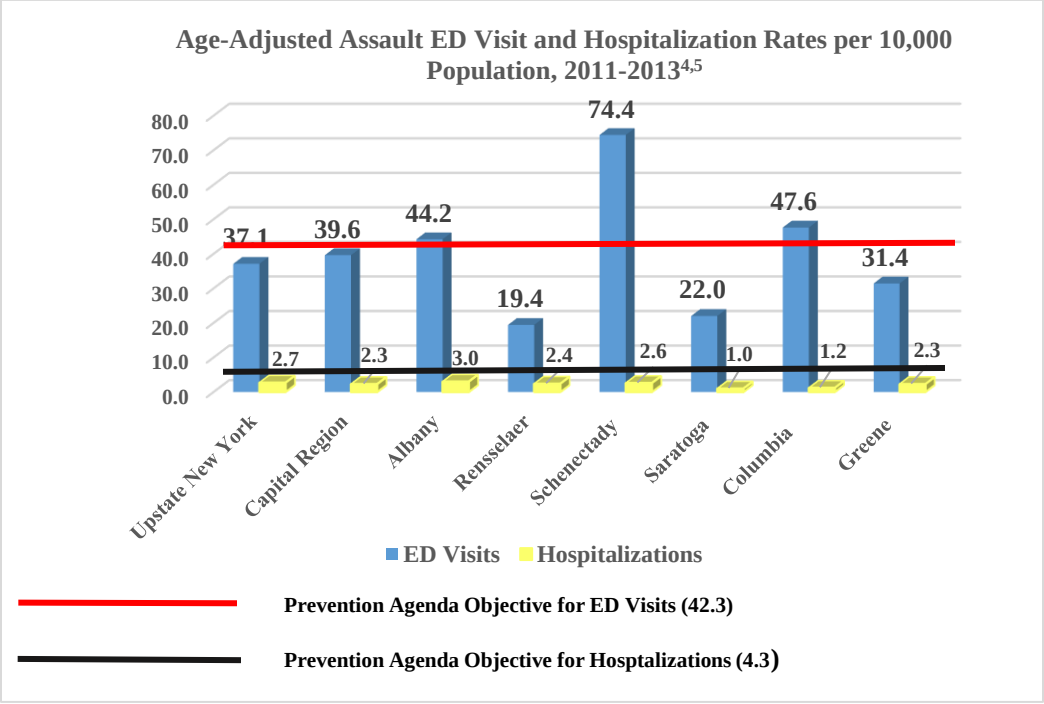
The health consequences of violent crime on the victim are better-documented. Victims of violence are more likely to injure themselves or commit suicide. High school students who are exposed to violence

are at higher risk of running away from home, dropping out of school, having a child, and encountering the criminal justice system in later adolescence.[2]

In 2013, there were 25 homicide deaths in the Capital Region. Schenectady County had the highest rate of homicide mortality in the Capital Region, with 4.4 per 100,000 population, and it was the only county with a rate higher than that of Upstate New York.[3]

With the exception of Columbia County, all counties failed to meet the homicide Prevention Agenda objective.

Age-Adjusted Homicide Mortality Rate per 100,000 Population, 2011-2013[3]	
Prevention Agenda Objective	**0.4**
Upstate (NYS excl. NYC)	2.8
Capital Region	2.4
Albany County	2.6
Rensselaer County	2.7
Schenectady County	4.4
Saratoga County	1.1
Columbia County	0.3
Greene County	1.8



In 2013, the Capital Region had 3,544 assault-related ED visits and 210 assault-related hospitalizations. For hospitalizations, all counties had lower rates than the Prevention Agenda objective. The highest hospitalization rate was in Albany County, with a rate of 3.0/10,000. For ED visits, Albany, Schenectady

and Columbia counties had rates higher than the Prevention Agenda objective. The highest rate was in Schenectady County, with a rate of 74.4. In the Capital Region, males are three times more likely to be hospitalized due to an assault than females.[4,5]

There are also disparities amongst race/ethnicity in regards to violent crimes. Black non-Hispanics in the Capital Region had 9 times higher the assault hospitalization rate than White non-Hispanics. Hispanics had 2 times the rate compared to White non-Hispanics. Those living in low-income zip codes had 3 to 7 times the assault hospitalization rate than those living in high-income neighborhoods.[6]

Assault-related Hospitalization rate per 10,000 by Race/Ethnicity, New York State ad Capital Region Counties, 2011-2013[6]

	White non-Hispanic	Black non-Hispanic	Hispanic
New York State	1.5	10.9	4.9
Capital Region	1.2	10.9	2.7
Albany County	1.4	12.8	2.5
Rensselaer County	1.9	13.8	3.5
Schenectady County	1.4	8.7	3.1
Saratoga County	0.6	S	S
Columbia County	0.6	S	S
Greene County	1.5	S	S

S: Suppressed, data does not meet reporting criteria

In the Capital Region, the urban counties of Albany, Rensselaer and Schenectady had violent crime rates higher than Upstate New York. Schenectady County's rate of 40.5/10,000 was the highest in the Region. With the exception of Saratoga and Rensselaer counties, all counties had lower violent crime rates in 2014 compared to 2011.[7]

Violent Crime Rates per 10,000 Population, Comparison between 2011 and 2014[7]

	2011	2014
Upstate (NYS excl. NYC)	23.1	22.3
Albany County	38.0	33.9
Rensselaer County	30.3	30.8
Schenectady County	43.9	40.5
Saratoga County	6.0	9.5
Columbia County	13.7	12.9
Greene County	21.2	20.5

In 2014, the Capital Region averaged 365 firearm-related crimes, 2,561 violent crimes and 20,743 property crimes. Violent crimes include offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Firearm-related crimes are defined as those that include the presence of a firearm during the commission of a murder, forcible rape, robbery, or aggravated assault. Property crimes include burglary, larceny, and motor vehicle theft.

For firearm-related crime, property crime and violent crime, Schenectady County consistently has the highest rates of the Capital Region., which are all higher than the rates for Upstate New York. Saratoga County consistently has the lowest rates of the Capital Region.[7]

Crime Rates per 10,000 population, 2014[7]		
	Firearm-Related Crime	**Property Crime**
Upstate (NYS excl. NYC)	4.1	178.5
Albany County	4.7	265.2
Rensselaer County	5.9	236.1
Schenectady County	6.5	289.1
Saratoga County	0.5	124.3
Columbia County	0.6	141.1
Greene County	1.7	125.7

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Built Environment

Highlights

- In the Capital Region, only 18.7% of employed workers used alternative modes of transportation.
- All Capital Region counties failed to meet the Prevention Agenda objective for use of alternative modes of transportation.
- No Capital Region county met the "low access to supermarket" Prevention Agenda objective. The highest percentage of low-income residents with low access to supermarkets was in Schenectady County.

Alternate Modes of Transportation

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, increase the proportion of people who commute using alternate modes of transportation, i.e., public transportation, carpool, bike/walk, and telecommute to 49.2%.

Public transit provides many health benefits, but not enough people take advantage of the alternative modes of transportation. While people who use alternative modes of transportation are more likely to stay fit, less than half of Americans achieve this goal. This sedentary lifestyle contributes to many health problems such as less active individuals having a 30-50 percent greater risk of developing high blood pressure.[1] Medical expenses for physically-able adults are 32% lower for those who achieve the CDC's goal: as of 2010, medical expenditures for physically active people are $1,019 annually, while they are $1,349 per year for sedentary people. Public transportation also reduces pollution and traffic accidents and makes health care and healthy food more accessible to low income people. High quality public transit provides many varied public health benefits.[2]

Promoting a healthy and safe environment is a priority of the New York State Department of Health (NYSDOH). Their goal is to improve the design and infrastructure of the environment in order to promote healthy lifestyles and sustainability. An important part of this effort is to increase the percentage of commuters who use alternative modes of transportation. Only 22.7% of the population in Upstate New York uses alternative modes of transportation. In the Capital Region, only 18.7% of employed workers used alternative modes of transportation. The highest rate was in Columbia County, the lowest rate was in Greene County, with 15.7%. All Capital Region counties fall below the Prevention Agenda's objective.[3]

Percentage of employed civilian workers age 16 and over who use alternative modes of transportation to work or work from home, 2009-2013 [3]	
Prevention Agenda Objective	**49.2**
Upstate (NYS excl. NYC)	22.7
Capital Region	18.7
Albany County	20.6
Rensselaer County	19.2
Schenectady County	18.2
Saratoga County	16.0
Columbia County	20.9
Greene County	15.7

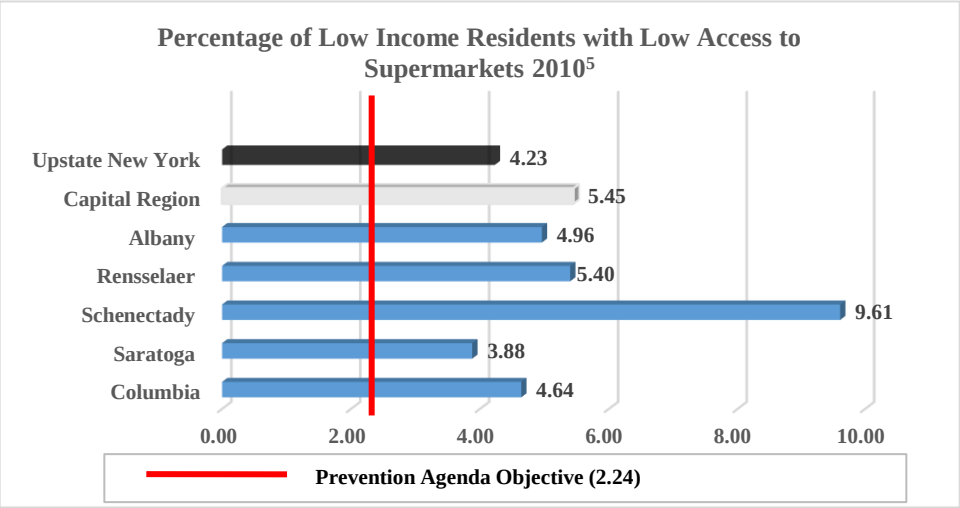
Proximity to Supermarkets

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, improve access to affordable fruits and vegetables among low-income NYS residents by decreasing the percentage who live greater than 1 mile from a supermarket or grocery store in urban areas, or greater than 10 miles from a supermarket or grocery store in rural areas, to 2.24%.
(Year: 2010)

A series of studies throughout the United States has found a direct correlation between access to supermarkets and the rate of obesity in the population. Residents with access to supermarkets or stores with healthy affordable food tend to eat more healthily than those who are not in close proximity to these stores. For example, one study found that for every additional supermarket in a census tract, Blacks increased their produce consumption by 32% and Whites increased their produce consumption by 11%. At the same time, those living in food deserts, or people without easy access to supermarkets, eat much fewer fruits and vegetables than their counterparts in close proximity to affordable healthy food. Access to supermarkets is associated with an increase in healthier eating and a decrease in obesity and diet-related diseases. A combination of a lack of supermarkets, a lack of affordable healthy food options in local stores, an abundance of convenience stores that sell highly-processed food, and a lack of transportation produces the opposite effect- an unhealthy and obese nation.[4]

In Albany County, Hosler et al demonstrated that urban minority communities have less access to supermarkets than rural communities do in the Capital Region. The lack of supermarkets leads to more barriers to fresh fruits and vegetables In addition, more than 80% of minorities live in an area without a store that sells low fat milk and high fiber bread.[6] Of all of the Capital Region counties, Schenectady County had the highest percentage of low income residents with low access to supermarkets, with a rate of 9.61%, this is four times that of the Prevention Agenda objective. In addition, a higher percentage of seniors and children in Schenectady County lack access to supermarkets.[7] All counties in the Capital Region have rates higher than the Prevention Agenda objective.



Improving access to affordable nutritious food involves the entire community. Tax and zoning laws can make it easier for grocery stores, community gardens, and farmer's markets to operate in target areas. Governments can also regulate the nutritious standards of foods brought with government funding and increase enrollment in Supplemental Nutrition Assistance Programs. Public transportation can be planned or rerouted to improve access to supermarkets. Additionally, residents and community leaders can plant community gardens and establish programs that provide heathy food to those in need.

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Fluoridated Water

Highlights

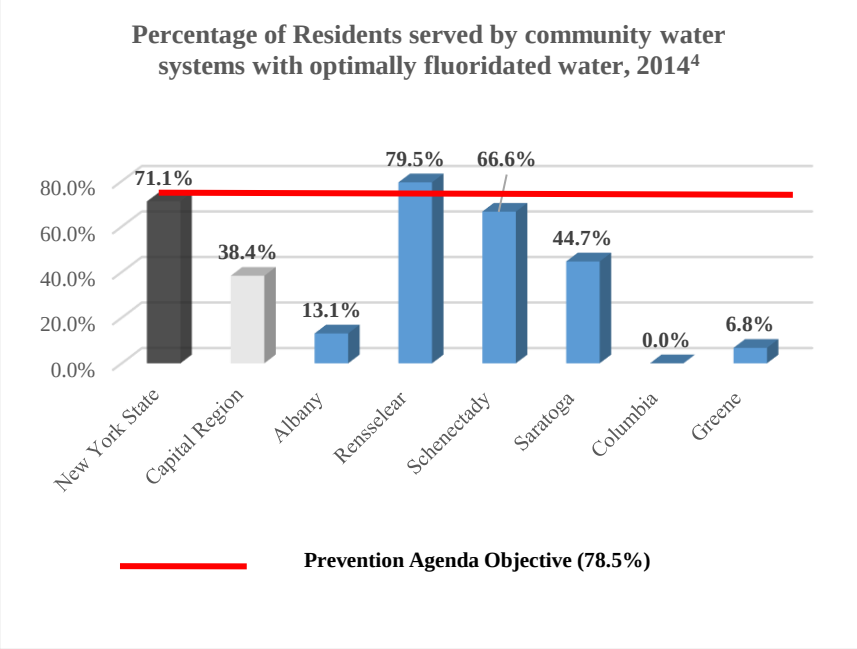
- All Capital Region counties, except Rensselaer County, fall below the Prevention Agenda objective for fluoridation of community water sources.
- From 2012 to 2014, the percentage of fluoridated water use has decreased in all counties except Greene County.

Objective

New York State Prevention Agenda 2013-2018
Increase the percentage of NYS residents served by community water systems that receive optimally fluoridated water to 78.5 %.

Fluoride in water has continuously proven to be effective in preventing tooth decay. Drinking water with a fluoridation level of 0.7 to 1.2 ppm can reduce tooth decay by 25% over a person's lifetime. Since tap water is accessible to all parts of the population, this system has been a very cost-effective way of reducing cavities across the public spectrum.[1] The percentage of people receiving fluoridated water in the United States steadily rose from 57.4% in the early 2000s to 74.6% in 2012.[2] The New York State Department of Health notes that the percentage of New York residents receiving fluoridated water in 2012 was 71.4%, and in 2014 that percentage decreased slightly to 71.1%. Only 38.4% of Capital Region residents had access to fluoridated water. With the exception of Rensselaer County, all Capital Region counties fall below the New York State's Prevention Agenda objective of 78.5%.[3]

Columbia County provides the least amount of fluoridated water in the Capital Region, with a percentage of 0.0%. Greene County had the second lowest percentage of fluoridated water usage with 6.8%. All counties in the Capital Region have decreased the percentage of fluoridated water usage from 2012 to 2014, with the exception of Greene County, which remained the same.[4]



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VII. Healthy Women, Infants, and Children

Prenatal Care

Highlights

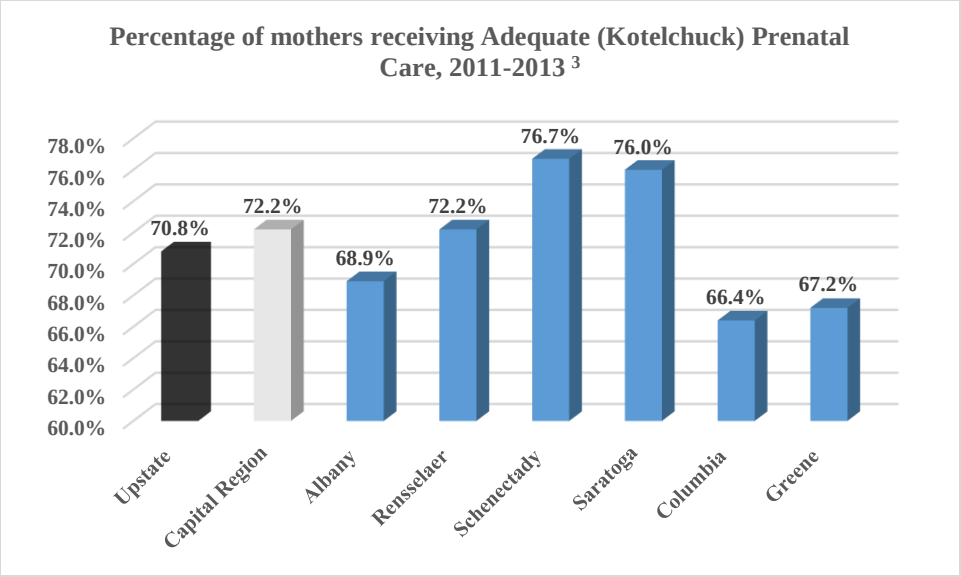
- Greene County had the lowest percentage of births receiving prenatal care during the first trimester, while Albany County had the highest rate of late (3rd trimester) or no prenatal care in the Capital Region.
- Across the Capital Region, Black non-Hispanic mothers and Hispanic mothers had lower percentages of births which received early prenatal care (first trimester) and adequate prenatal care.
- The Capital Region's high risk neighborhoods had 1.2 to 3.0 times higher rates of late or no prenatal care compared to Upstate New York.

Prenatal care improves the likelihood of both a healthier mother and a healthier baby. Comprehensive prenatal care not only includes routine ultrasounds and screening for health conditions the mother may develop, but also focuses on improving nutrition and health habits. It can also provide psychological and social support to assist in quitting smoking and drinking alcohol during pregnancy, if needed.[1] The Prevention Agenda aims to promote pre-conception health care, emphasizing screening and risk assessment. As many health factors can affect birth outcomes, women of reproductive age should maintain regular preventive care. Inquiry into exposure to environmental toxins, medication use, nutrition, folic acid intake, weight management, genetic conditions and family history should be made as well in order to address them prior to conception. These inquiries and regular monitoring of health, may help to reduce disparities across racial and ethnic groups and also to prevent negative birth outcomes.[2]

In 2013, there were 2,154 births without early prenatal care, or prenatal care received in the first trimester in the Capital Region. For 2011-2013, Greene, Columbia, and Albany counties had lower percentages of early prenatal care than Upstate New York, with Greene County having the lowest rate. Approximately 420 Capital Region births had late (3rd trimester) or no prenatal care. Only Saratoga and Schenectady counties had late or no prenatal care rates which were better than the Upstate New York rate, with Albany County having the highest percentage of births with late or no prenatal care .[3]

Percentage of Births with Prenatal Care 2011-2013[3]

	Early (1st trimester)	Late (3rd trimester) or No
Upstate New York	76.0%	4.2%
Capital Region	76.0%	4.8%
Albany County	74.9%	6.0%
Rensselaer County	76.1%	4.7%
Schenectady County	78.2%	4.0%
Saratoga County	78.1%	3.4%
Columbia County	70.5%	5.4%
Greene County	69.4%	5.8%



Adequacy of prenatal care utilization is measured using the Kotelchuck index. This is determined by the month of pregnancy when prenatal care began and the number of prenatal care visits. Women who attend 80% or greater of the recommended number of visits are considered to have received adequate prenatal care.[4] In the Capital Region, there were 2,600 births to women who did not receive adequate prenatal care. Columbia, Greene and Albany counties all had lower percentages of women receiving adequate prenatal care than that of Upstate New York, with Columbia County having the lowest percentage of adequate care.

Percentage of Births with Prenatal Care by Race and Ethnicity, 2011-2013[5]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
Early Prenatal Care			
Upstate New York	79.4%	63.3%	67.2%
Albany County	80.6%	63.0%	65.7%
Rensselaer County	79.3%	59.6%	65.7%
Schenectady County	82.6%	65.6%	68.7%
Saratoga County	78.7%	66.7%	72.4%
Columbia County	72.4%	68.5%	55.3%
Greene County	70.4%	64.5%	62.2%
Adequate Prenatal Care			
Upstate New York	75.1%	58.5%	64.2%
Albany County	77.1%	52.3%	55.0%
Rensselaer County	76.2%	55.7%	57.7%
Schenectady County	81.2%	65.2%	66.7%
Saratoga County	76.4%	71.4%	71.0%
Columbia County	68.7%	61.4%	57.2%
Greene County	68.7%	67.7%	54.6%

Consistently across the Capital Region, Black non-Hispanic mothers and Hispanic mothers have lower rates of early prenatal care and adequate prenatal care compared to White non-Hispanic mothers. For early prenatal care, Greene County had the lowest rate for White non-Hispanic mothers (70.4%) and Rensselaer County had the lowest for Black non-Hispanic mothers (59.6%). Columbia County had the lowest rate for Hispanic mothers (55.3%). For adequate prenatal care, the lowest rates for White non-Hispanic mothers were in Columbia and Greene counties (68.7%); in

Albany County for Black non-Hispanic mothers (52.3%), and in Greene County for Hispanic mothers (54.6).[5]

High risk neighborhoods in the Capital Region had 1.2 to 3.0 times higher rates of late or no prenatal care compared to Upstate New York.[6]

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2. *Focus Area 3: Reproductive, Preconception And Inter-Conception Health*, Prevention Agenda 2013-2018: Promoting Healthy Women, Infants and Children, New York State Department of Health http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/focus_area_3.htm#g7.3
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6. *New York State County/ZIP Code Perinatal Data Profile*, New York State Department of Health http://www.health.ny.gov/statistics/chac/perinatal/

Adverse Birth Outcomes

Highlights

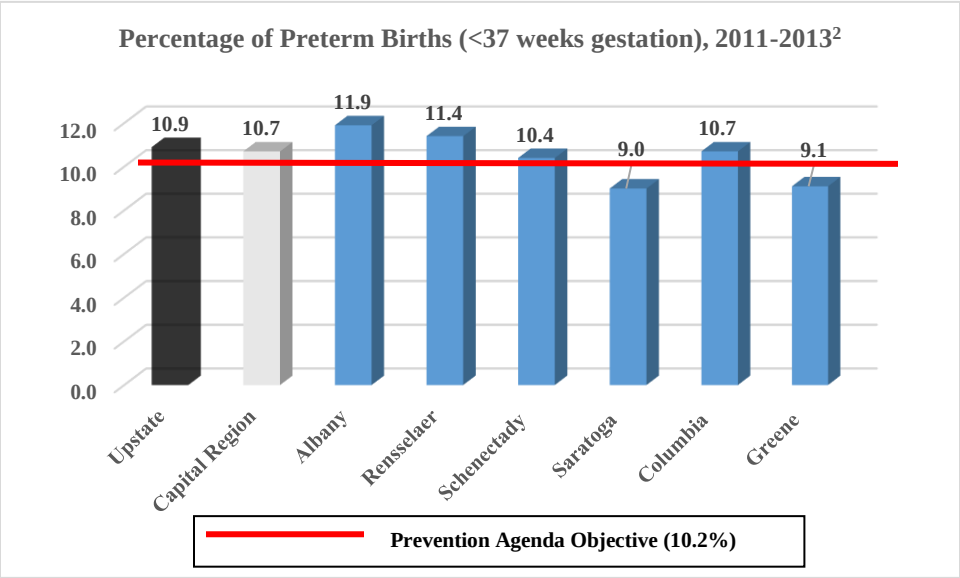
- Albany County had the highest percentage of preterm births; only Saratoga and Greene counties met the Prevention Agenda objective for preterm births.
- Black non-Hispanic mothers had the highest percentage of pre-term birth and low birth weight rates in comparison to both White non-Hispanic and Hispanic mothers.
- Medicaid-insured mothers had lower preterm birth rates than Non-Medicaid mothers did in Albany, Rensselaer and Schenectady counties.
- Only Saratoga and Greene counties had low birth weight rates lower than Upstate New York; Albany County had the highest rate of low birth weight in the Capital Region.
- Only Saratoga County had an Infant Mortality rate lower than Upstate New York.

Preterm Births

Objective

New York State Prevention Agenda 2013- 2018
By December 21, 2018, reduce the rate of preterm birth in New York State to 10.2%.

Preterm births are those that occur any time before 37 weeks of gestation. Although the direct causes are still uncertain, there are known risk factors. Smoking, alcohol consumption, stress, late or no prenatal care, certain gum diseases, vaginal infections, high blood pressure, diabetes, being overweight or underweight, and short spacing between pregnancies can all contribute to preterm births. Additionally, having a prior preterm birth significantly increases the risk of a preterm delivery.[1]



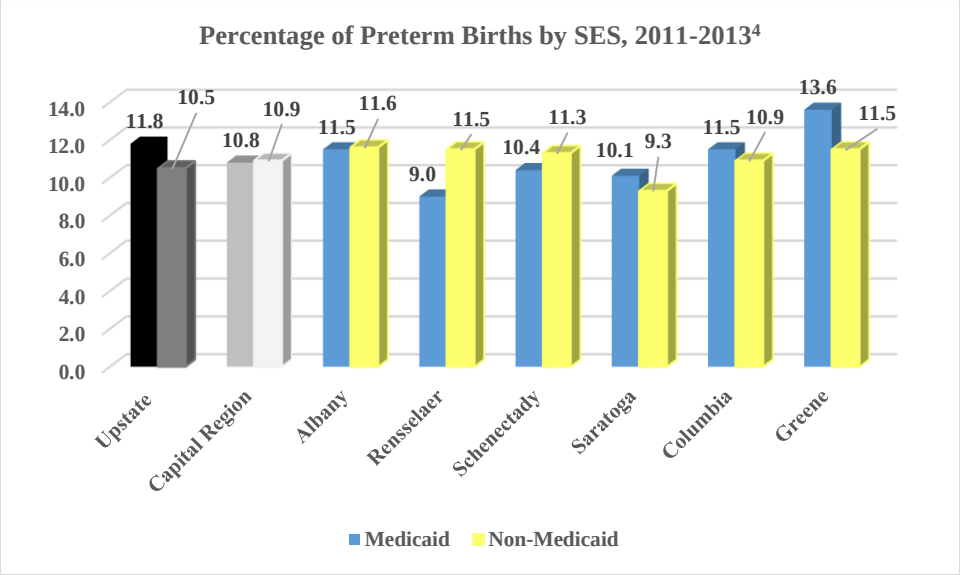
Preterm Birth is the leading cause of infant death in the United States and is a leading cause of long-term neurological problems in children. The final weeks of pregnancy are vital; this is when the baby's organ systems develop to maturity. Infants born preterm may exhibit cerebral palsy, vision and hearing impairment,

and developmental delays. Earlier delivery results in a higher risk for infant death or severe disability; the 2008 United States mortality rate for preterm babies was 7.4 per 1,000 live births, compared to 2.1 for full-term infants.[1]

There were 1,042 preterm births in the Capital Region in 2013. Overall the Capital Region had a slightly lower prematurity rate than Upstate New York. For 2011-2013, Albany (11.9%) and Rensselaer (11.4%) counties had the highest prematurity rates in the Capital Region. Only Saratoga County and Greene County currently meet the Prevention Agenda objective of 10.2% preterm births.

Percentage of Preterm Births by Race/Ethnicity, 2011-2013[3]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
Upstate New York	10.0%	15.4%	11.9%
Capital Region	10.3%	15.1%	10.5%
Albany County	10.1%	16.2%	11.0%
Rensselaer County	10.5%	13.5%	12.0%
Schenectady County	11.3%	15.2%	10.4%
Saratoga County	10.0%	S	8.3%
Columbia County	10.5%	19.6%	9.6%
Greene County	13.8%	S	10.6%
S: Data do not meet reporting criteria			

In the Capital Region, Black non-Hispanic mothers had the highest percentages of preterm births in comparison to both White non-Hispanic and Hispanic mothers. Black non-Hispanic mothers were 1.3 to 1.8 times more likely to have preterm births than White non-Hispanic mothers were. Columbia County had the highest percentage of preterm births for Black non-Hispanic mothers (19.6%). Rensselaer County had the highest percentage of preterm births for Hispanic mothers (12.0%) and Greene County (13.8%) had the highest percentage for White non-Hispanic mothers. Columbia County had the highest ratio for Black non-Hispanic to White non-Hispanic preterm births, at 1.8. Hispanic preterm births were lower than White non-Hispanic in Columbia, Greene, Saratoga and Schenectady counties.

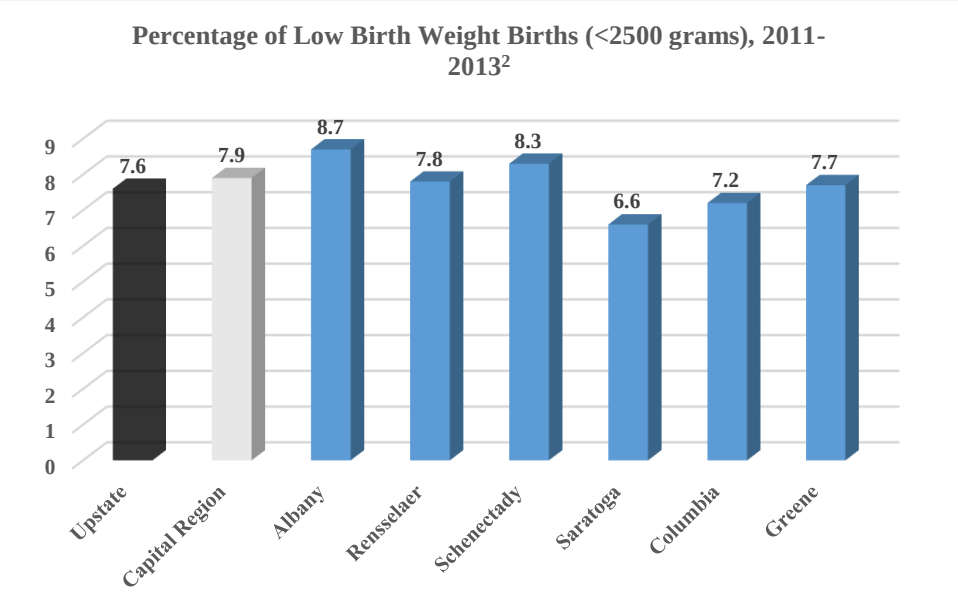


Unlike Upstate New York, where the prematurity rate for Medicaid mothers was higher (11.8% vs. 10.5%), Capital Region Medicaid mothers had a lower prematurity rate than that of Non-Medicaid mothers (10.8% vs. 10.9%). Mothers covered by Medicaid typically had higher percentages of preterm births than Non-Medicaid mothers. However, three Capital Region counties had higher prematurity rates in the Non-Medicaid mothers: Albany, Rensselaer and Schenectady.

Low Birth Weight Births

Low birth weight is a term used to describe infants weighing less than 2,500 grams (about 5.5 pounds) at birth. Low birth weight is a major cause of infant mortality and long term disability.[5] Risk factors associated with low birth weight are extremes of maternal age, poor nutrition, inadequate prenatal care, cigarette smoking, drug abuse, history of having a low birth weight baby, infections such as cytomegalovirus, low socio-economic background, low educational background and preterm labor.[5]

The Capital Region had 727 low birth weight births in 2013 and its low birth weight rate was higher than Upstate New York. Of the Capital Region counties, only Saratoga and Columbia counties had rates lower than Upstate New York. Albany County (8.7%) and Schenectady County (8.3%) had the highest low birth weight rates in the Capital Region.

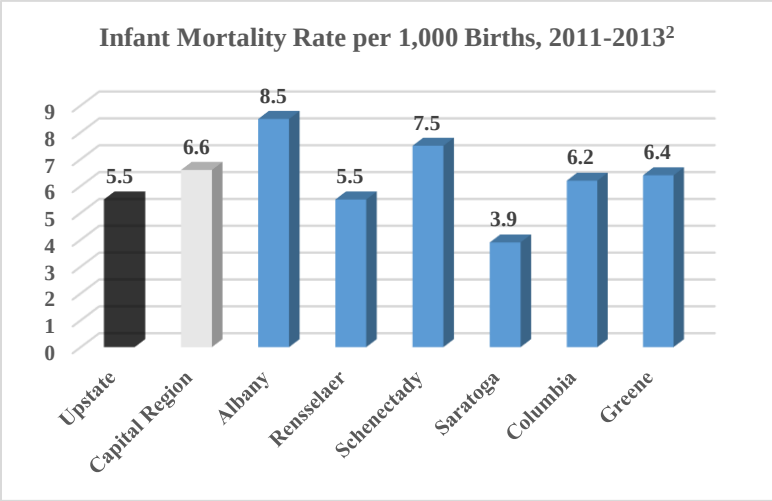


Black non-Hispanic infants had approximately two times the percentage of low birth weight births compared to White non-Hispanic infants. Albany County had the highest percentages of low birth weight births for both Black non-Hispanic infants (14.3%) and Hispanic infants (9.5), while Greene County had the highest percentage for White non-Hispanic infants.

Percentage of Low Birth Weight Births by Race/Ethnicity, 2011-2013[3]			
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**
Upstate New York	6.9%	13.1%	7.3%
Albany County	6.7%	14.3%	9.5%
Rensselaer County	6.8%	12.7%	9.4%
Schenectady County	7.8%	13.6%	8.2%
Saratoga County	6.7%	S	4.4%
Columbia County	6.9%	13.0%	5.8%
Greene County	8.9%	S	4.3%
S: Data do not meet reporting criteria			

Infant Mortality

Infant Mortality has long been considered an indicator of a community's health status. Causes of infant mortality in the United States include respiratory distress and other disorders due to low birth weight and preterm birth. Sudden infant death syndrome (SIDS), unintentional injury, birth defects, preterm labor and pregnancy complications are other causes of infant mortality. These causes accounted for 57% of all infant deaths in 2014.[6]



Infant mortality is reduced when pregnant women make healthy lifestyle choices, such as smoking cessation and avoidance of other harmful substances, maintenance of a nutritious diet and obtaining early prenatal care. These choices are more common among pregnant women in a community that likewise chooses healthy lifestyles. Infant mortality is reduced in communities that have neonatal specialty care for sick newborns and access to comprehensive pediatric care. This specialized medical care commonly occurs in communities that have comprehensive medical care in general. Infant mortality therefore varies among communities in as much as lifestyles, preventive services and medical care varies.[6]

In 2013, the Capital Region had 60 infant deaths; its infant mortality rate was higher than that of Upstate New York. Of the Capital Region counties, only Saratoga County had an infant mortality rate lower than Upstate New York. Albany County (8.5/1,000) and Schenectady County (7.5) had the highest rates in the Capital Region. Infant mortality rates have declined in Upstate New York in the last decade from 6.1/1,000 in 2004 to 5.5 in 2013.

Infant Mortality Rate per 1,000 by Race/Ethnicity, 2011-2013[3]

	White non-Hispanic	Black non-Hispanic	Hispanic
Upstate New York	4.6	12.8	5.1
Albany County	4.7	23.2	5.4
Rensselaer County	4.9	10.4	11.5
Schenectady County	5.4	12.1	13.6
Saratoga County	3.7	29.9	5.1
Columbia County	4.7	33.3	0.0
Greene County	6.4	0.0	10.2

Black non-Hispanic infants have 3 to 8 times the mortality rate of White non-Hispanic infants. Greene County had the highest mortality rate for White non-Hispanic infants, Columbia County had the highest for Black non-Hispanic infants and Schenectady County had the highest for Hispanic infants.

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Unintended Pregnancy

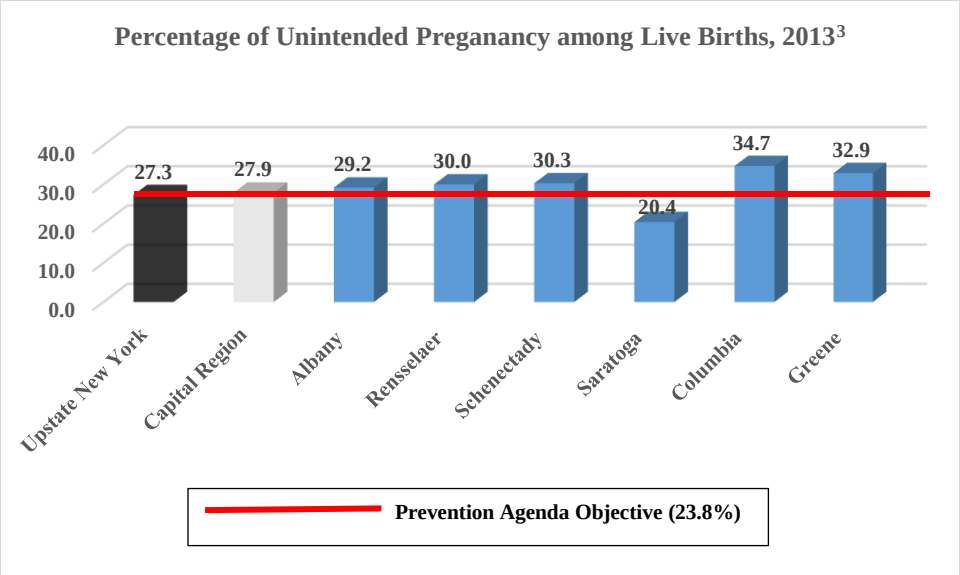
Highlights

- All Capital Region counties, except Saratoga County, were above the Prevention Agenda objective for unintended pregnancies of live births. Columbia and Greene counties had the highest rates in the Capital Region.
- Black non-Hispanic and Hispanic mothers had 1.5-2.4 times the unintended pregnancies compared to White non-Hispanic mothers.
- Medicaid mothers had 1.6-2.1 times the unintended pregnancies compared to non-Medicaid mothers.

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the proportion of NYS births that result from unintended pregnancy to 23.8%

Unintended pregnancies are pregnancies that were mistimed or unwanted at the time of conception. Unintended pregnancies are due to inconsistent or incorrect use of contraceptive methods or the lack of their use at all. Women may not be in optimal health for childbearing when they unexpectedly become pregnant, and they are more likely to delay early prenatal care. The rate of infant mortality, maternal mortality, and sudden infant death syndrome (SIDS) is much higher in live births resulting from unintended pregnancies than from intended ones. [1] Children born to unintended pregnancies are at higher risk for a host of developmental problems; they have a greater amount of mental health and relationship problems, and score lower on verbal assessments and overall grade point-averages.[2] Additionally, unintended pregnancies in women over age 40 pose unique health concerns as they are more susceptible to complications arising during pregnancy, such as gestational diabetes and hypertension. The fetus is also more likely to develop fetal abnormalities, experience fetal distress, and develop chromosomal abnormalities such as Downs' Syndrome.[1]



There were 2,342 unintended pregnancies among live births in the Capital Region in 2013. All counties in the Capital District had higher percentages of unintended pregnancy among live births than Upstate New York with the exception of Saratoga County. The highest percentage was seen in Columbia County with 34.7%, followed by Greene County with 32.9%.

Additionally, there are clear disparities in unintended pregnancies across racial, ethnic and economic backgrounds. In New York State, Black non-Hispanic mothers were 1.5-2.4 times as likely to have a live birth resulting from an unintended pregnancy in comparison to White non-Hispanic mothers. Rensselaer County had the highest percentage of Black non-Hispanic mothers with unintended pregnancies, with 58.0%. Columbia County had the highest percentage of White non-Hispanic mothers with unintended pregnancies with 33.5%. Hispanic mothers were 1.5 to 2.3 times as likely to have a live birth resulting from an unintended pregnancy. Schenectady County had the highest percentage of Hispanic mothers with unintended pregnancies with 51.8%. Medicaid mothers were 1.6 to 2.1 times as like to have a live birth resulting from an unintended pregnancy. Columbia County had the highest percentages of

Percentage of Live Births from Unintended Pregnancies by Race, Ethnicity and SES, 2011-2013[4]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Medicaid	Non-Medicaid
Upstate New York	22.8%	48.6%	33.6%	40.6%	21.4%
Capital Region	23.4%	50.8%	41.8%	45.8%	24.1%
Albany County	22.2%	48.0%	39.2%	47.6%	23.2%
Rensselaer County	25.5%	58.0%	40.6%	43.4%	25.7%
Schenectady County	22.7%	53.6%	51.8%	47.4%	29.0%
Saratoga County	19.9%	S	29.4%	40.3%	18.9%
Columbia County	33.5%	50.0%	S	48.4%	31.0%
Greene County	32.0%	S	S	47.1%	27.5%
S: Data do not meet reporting criteria					

unintended pregnancies for both Medicaid mothers and Non-Medicaid mothers with 48.4% and 31.0%, respectively.[4]

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Adolescent Pregnancy

Highlights

- All counties in the Capital Region fall below the Prevention Agenda Objective for adolescent pregnancy rates, with the exception of Schenectady County which had the highest rate in the region at 29.8/1,000.
- Schenectady County had the highest rates of adolescent pregnancy for White non-Hispanic, Black non-Hispanic and Hispanic adolescents.
- Albany County had the highest Black non-Hispanic/White non-Hispanic (4.6) and Hispanic/White non-Hispanic (4.6) teen pregnancy ratios of the Capital Region counties.
- The Capital Region's high risk neighborhoods had 1.5 to 4.2 times higher rates of adolescent pregnancy among females of ages 15-19 years when compared to Upstate New York.

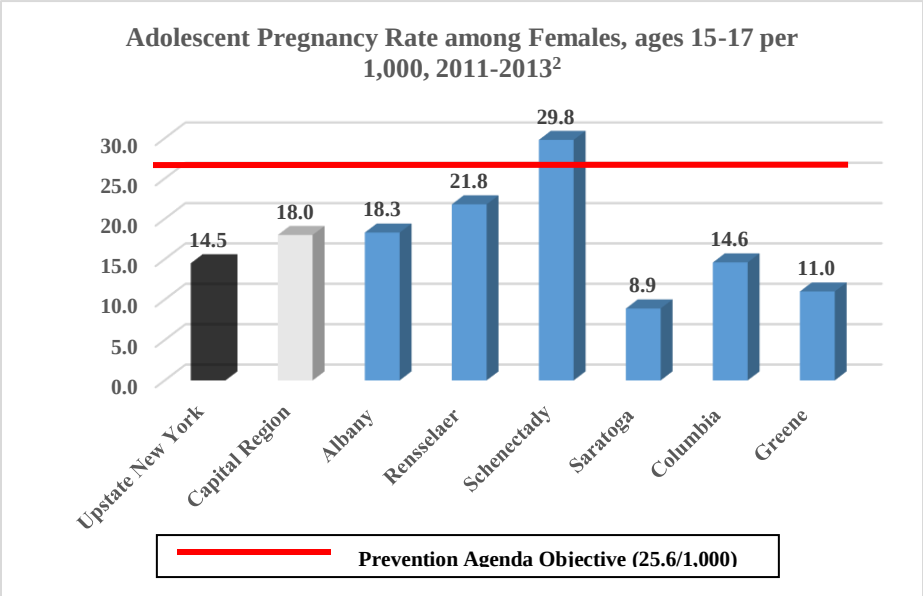
Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the rate of pregnancy among NYS adolescents age 15-17 years to 25.6 per 1,000.

Infants born to adolescent mothers (ages 15-17 years) are at higher risk of low birth weight, neonatal mortality, preterm births, and Sudden Infant Death Syndrome (SIDS) compared to infants born to mothers in their twenties and thirties. Teen motherhood also reduces a woman's education and employment opportunities.[1]

The New York State Prevention Agenda focuses on teen pregnancies rather than births to teen mothers. Four out of five pregnancies among women ages 19 and younger were unintended and 3 in 10 girls become pregnant before the age of 20. Children born to single teen mothers are more likely to have behavioral and emotional problems, poorer physical health, and more likely to use tobacco and alcohol. Adolescent parents are more likely to have economic instability, less educational attainment and more likely to live in poverty.[1]

There were 275 teen pregnancies to Capital Region teens 15-17 years of age in 2013. The Capital Region rate of 18.0/1,000 was higher than the Upstate New York rate of 14.5. All counties in the Capital Region fall below the Prevention Agenda Objective rate of 25.6, with the exception of Schenectady County with a rate of 29.8/1,000. In addition to Schenectady, Rensselaer, Albany and Columbia counties had teen pregnancy rates higher than the Upstate New York rate.[2]



The Prevention Agenda objectives aim to reduce the ethnic and racial disparities in adolescent pregnancy. For Black non-Hispanic adolescents, the Prevention Agenda aims to decrease the ratio of Black non-Hispanics compared to White non-Hispanics to 4.9 and the ratio of Hispanics to White non-Hispanics to 4.1. All Capital Region counties met the Prevention Agenda objective for the Black non-Hispanic/White non-Hispanic teen pregnancy ratio with

Adolescent (15-17 years) Pregnancy Rate per 1,000 females by Race/Ethnicity, 2011-2013 and Black non-Hispanic/White non-Hispanic and Hispanic/White non-Hispanic Ratios[3]					
	White non-Hispanic	Black non-Hispanic	Hispanic	Black non-Hispanic/White non-Hispanic Ratio	Hispanic/White non-Hispanic Ratio
Upstate New York	8.6%	34.3%	25.1%	4.0%	2.9%
Capital Region	11.1%	43.4%	43.9%	3.9%	4.0%
Albany County	9.2%	42.1%	42.4%	4.6%	4.6%
Rensselaer County	14.4%	45.3%	51.5%	3.1%	3.6%
Schenectady County	17.0%	54.2%	63.2%	3.2%	3.7%
Saratoga County	7.5%	19.3%	29.0%	2.6%	3.9%
Columbia County	11.9%	26.3%	22.3%	2.2%	1.9%
Greene County	10.8%	28.0%	5.3%	2.6%	0.5%

Albany County having the highest ratio at 4.57. With the exception of Albany County, all Capital Region counties met the Prevention Agenda objective for the Hispanic/White non-Hispanic teen pregnancy ratio. Schenectady County had the highest rates of adolescent pregnancy for the three race/ethnicity categories.[3]

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Live Births within 24 Months of Pregnancy

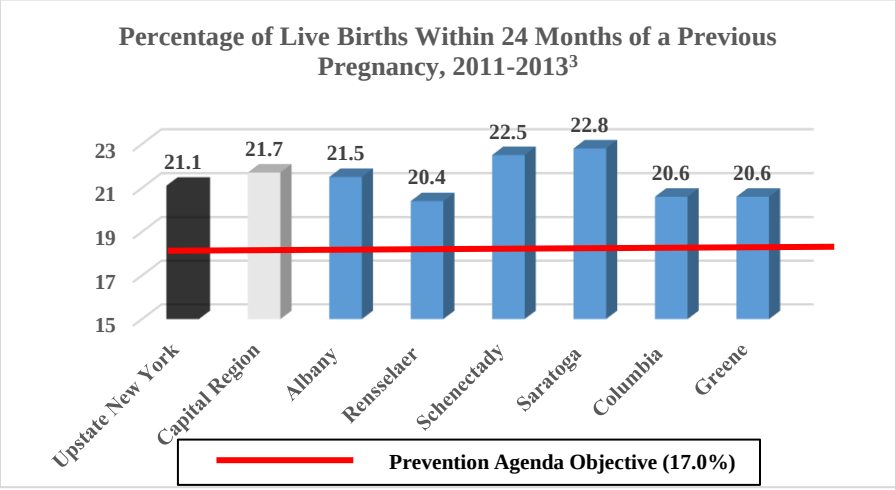
Highlights

- All Capital Region counties were above the Prevention Agenda objective for percentage of live births occurring within 24 months of a previous pregnancy; Saratoga and Schenectady counties had the highest rates of short pregnancy intervals.

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, improve birth spacing to 17.0%.

Emerging evidence shows that spacing between births affects health outcomes of the mother and the baby. A shortened birth interval, defined as the time between the last birth and the birth of the next child, is associated with an increased risk to the second infant and mother during the second pregnancy. Adverse outcome such as miscarriage, infant death, preterm birth, low birth weight, stillborn, and maternal death are much more common in pregnancies and births occurring within 24 months of a previous pregnancy.[1] Other complications may include placenta previa and placental abruption.[2] It is possible that short intervals between pregnancies, those less than 24 months, do not allow the mother's body enough time to recover from the first birth. Additionally, the mother's nutrients may be depleted, leading to insufficient folate and iron during conception and pregnancy. Along with other physiological stresses, this can cause neural tube defects, preterm birth and low birth weight. Adverse health outcomes after a short birth interval may also be related to the population this indicator affects; behavioral and social factors such as inadequate use of medical care, socioeconomic status, and unstable lifestyles may determine health outcomes as well.[1]



In the Capital Region during 2013, over 2,100 births occurred within 24 months of pregnancy, for a rate of 21.7%. No counties in the Capital Region meet the Prevention Agenda Objective. The highest percentages of live births within 24 months of a previous pregnancy were in Saratoga County (22.8) and Schenectady County (22.5).[3]

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Breastfeeding

Highlights

- All Capital Region counties met the Prevention Agenda objective of at least 48.1% of babies being exclusively breastfed while in the hospital.
- Greene County had the lowest percentage of exclusive breastfeeding in the hospital in the Capital Region.
- There is a significant racial/ethnic disparity in which Black non-Hispanic and Hispanic infants have lower percentages of exclusive breastfeeding when compared to White non-Hispanic infants.
- Medicaid mothers had lower breastfeeding rates compared to Non-Medicaid mothers.

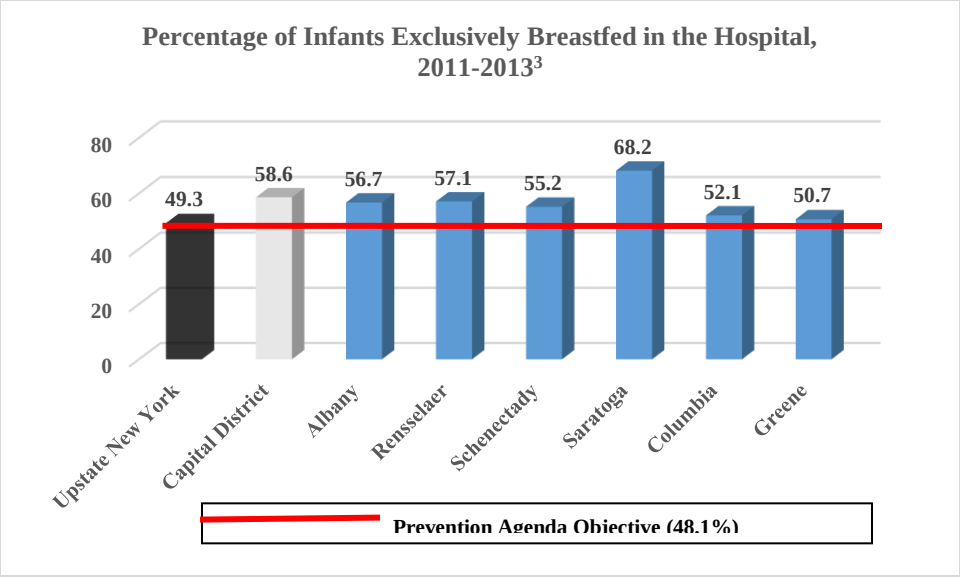
Objective

New York State Prevention Agenda 2013-2018

- *By December 31, 2018, increase the percentage of infants born in New York State who are exclusively breastfed in the hospital to 48.1%.*

Breastfeeding is the healthiest way to feed a baby. A mother's milk provides vital vitamins and nutrients for the baby, supporting the developing brain and boosting the immune system. Additionally, breastfed babies are less likely to develop diseases and infections, such as diabetes, asthma, sudden infant death syndrome (SIDS), childhood obesity and allergies. Breast milk protects the infant against a growing list of chronic diseases, including cardiovascular disease, cancer, and diabetes. Since breast milk is easier to digest than formula, it also causes less vomiting and diarrhea. Automatically adjusting to the baby's changing needs and eliminating the use of bottles, breastfeeding may be more convenient for the mother as well. Breastfeeding strengthens the bond between mother and baby and may help prevent certain cancers, depression, and osteoporosis in the mother.[1]

The positive economic impact of exclusive breastfeeding is well documented. In addition to families saving $1,200-$1,500 in formula expenses in the first year, healthier babies and mothers put less financial stress on insurance companies and workplaces. If 90% of mothers breastfed exclusively for six months, the United States would save $13 million annually in medical and other expenses, according to a 2010 study published in *Pediatrics*.[2]

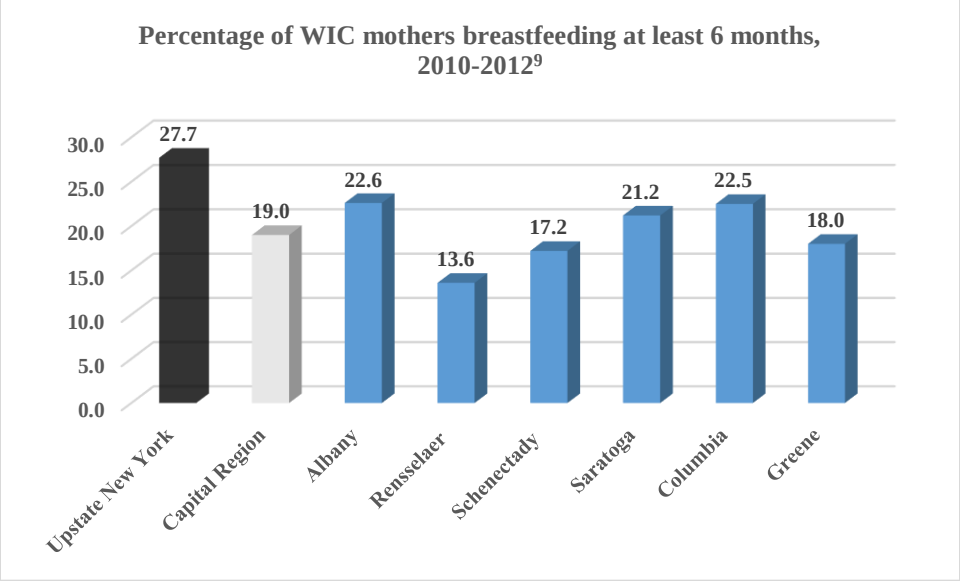


In the Capital Region, there were over 5,400 infants exclusively breastfed in the hospital in 2013.[3] The New York State Department of Health's goal is to increase the number of babies who are exclusively breastfed in the hospital to 48.1%.[4] Hospitals that promote exclusive breastfeeding help both mother and baby more easily transition to full time breastfeeding. All counties in the Capital Region met the Prevention Agenda Objective and had higher rates of exclusive breastfeeding than Upstate New York.[4]

There are clear racial disparities between Black non-Hispanic and White non-Hispanic infants who are exclusively breastfed and between Hispanic and White non-Hispanic infants. For White non-Hispanic infants, the lowest percentage of exclusive breastfeeding in the hospital was in Greene County, with 52.2. For Black non-Hispanic and Hispanic infants, the lowest breastfeeding percentages were in Columbia County, with 32.9 and 30.8 respectively.[5] Medicaid mothers were less likely to exclusively breastfeed their infants than non-Medicaid mothers.[5]

Percentage of Infants Exclusively Breastfed in the Hospital by Race/Ethnicity and Insurance Coverage, 2011-2013[5]					
	White non-Hispanic	**Black non-Hispanic**	**Hispanic**	**Medicaid**	**Non-Medicaid**
Upstate New York	56.4%	30.2%	33.4%	38.2%	54.4%
Capital Region	63.8%	35.7%	44.0%	46.1%	61.3%
Albany County	65.9%	33.7%	44.4%	43.8%	61.0%
Rensselaer County	59.8%	40.8%	46.4%	48.1%	59.8%
Schenectady County	63.3%	35.5%	36.9%	39.9%	57.1%
Saratoga County	68.6%	57.1%	65.2%	56.8%	69.1%
Columbia County	55.8%	32.9%	30.8%	44.9%	53.5%
Greene County	52.2%	S	44.7%	52.9%	50.2%
S: Data do not meet the reporting criteria					

Many mothers initiate breastfeeding, but few babies are still exclusively breastfed a few months later. The American Academy of Pediatrics[6] and the World Health Organization[7] recommend exclusive breastfeeding for the first 6 months of life. In the United States, while 74% of mothers start off exclusively breastfeeding, only 13% are still doing so at the end of six months.[2] Breastfeeding information on the state and national level has been collected from the Women, Infant and Children (WIC) Program, which offers nutritious food and education on healthy eating to low income mothers and their children. The number of New York State WIC mothers breastfeeding at 6 months had increased 27% over the last decade, from 30.2% in 2002 to 38.2% in 2011.[8] The rate of Capital Region WIC mothers breastfeeding at six months of 19.0%, however, was markedly lower compared to the statewide rate of 38.2%. In Albany County, 22.6% of WIC mothers were still breastfeeding at six months, compared to 13.6% in Rensselaer County, 17.2% in Schenectady County and 18.0% in Greene County.[9]



The CDC has identified numerous obstacles to mothers who wish to breastfeed, including healthcare providers who do not provide up-to-date information and instruction and hospital policies and childbirth practices that interfere with breastfeeding initiation. Other obstacles include lack of support and understanding from family and community members, and lack of accommodation at the workplace.[2]

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Well-Child Visits

Highlights

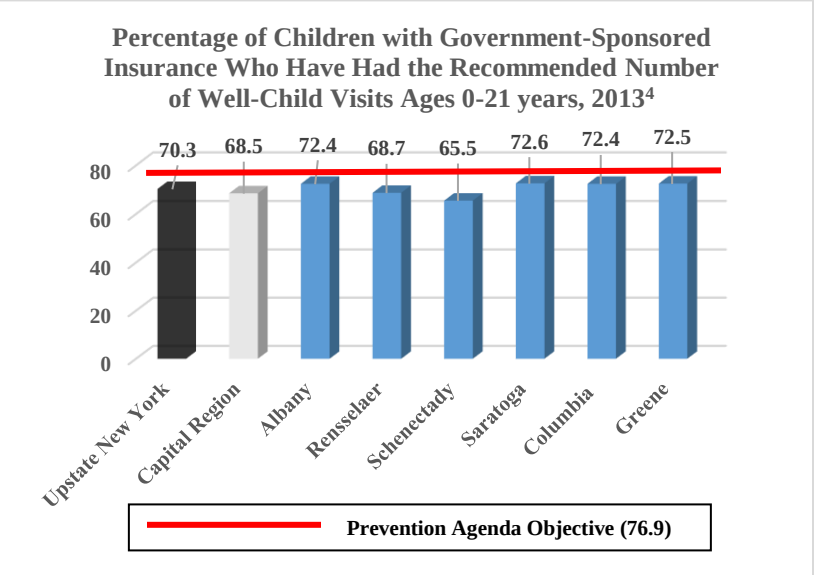
- No Capital Region county met the Prevention Agenda objectives for well child visits among government sponsored insurance programs.
- For ages 0-21 years, all Capital Region counties, except Rensselaer County and Schenectady County, had well child visit rates higher than Upstate New York.
- The percentage of recommended completed well-child visits decreased as age increased across all Capital Region counties.

Objectives

New York State Prevention Agenda 2013-2018
By December 31, 2018, increase the percentage of children ages 0-15 months, 3-6 years and 12-21 years who have had he recommended number of well-child visits among NYS Government sponsored managed care health insurance to: 91.3% for 0-15 months and 3-6 years; 67.1% for 12-21 years; and 76.9% for 0-21 years.

Well-child visits are important to promote health in children and youth. Well-child visits begin shortly after birth and continue through the teen years. During a well-child visit, the doctor checks the child's growth and development by measuring their height and weight, gives any immunizations that are due, and tests hearing and vision. Lead poisoning screenings and vaccinations are scheduled as well.[1] Doctors are able to answer answer's related to the child's health, such as nutrition and physical fitness, and how to manage emergencies and illnesses.[2]

Well-child visits allow children and parents to assess and address concerns, reinforce healthy behaviors and parenting practices, obtain information and guidance from pediatricians and establish and maintain positive relationships between the family and pediatrician. These visits allow for monitoring of a child's general health and development and health risks and special needs to be identified and addressed before they become serious.[3]



Percentage of Children with Government-Sponsored Insurance Who Have Had the Recommended Number of Well-Child Visits by Age, 2013[5]			
	0-15 months	**3-6 years**	**12-21 years**
Prevention Agenda Objective	**91.3%**	**91.3%**	**67.1%**
Upstate (NYS excl. NYC)	85.4%	81.2%	61.9%
Capital Region	88.9%	78.9%	60.2%
Albany County	83.4%	77.8%	58.2%
Rensselaer County	89.9%	78.9%	59.0%
Schenectady County	91.1%	75.0%	58.1%
Saratoga County	94.9%	84.4%	64.2%
Columbia County	90.5%	80.2%	65.7%
Greene County	92.9%	82.5%	65.2%

In the Capital Region, 11,000 children did not receive the number of recommended well child visits in government sponsored insurance programs. All Capital Region counties fell below the Prevention Agenda objectives for all age groups, with the exception of Saratoga County (94.7%) and Greene County (92.9%) for children 0-15 months of age. For the 0-15 months of age group, all counties had higher percentages of children receiving well-child visits when compared to Upstate New York (85.4%), with the exception of Albany County, with 83.4%. For the 3-6 years of age group, all counties were had lower percentages of children receiving well-child visits when compared to Upstate New York (81.2%), with the exception of Saratoga and Greene counties, with 84.4% and 82.5% respectively. For the 12-21 years of age group, the counties varied when compared to Upstate New York. Saratoga Columbia and Greene counties have percentages above Upstate New York with 64.2%, 65.7% and 65.2% respectively. In Upstate New York and the Capital Region counties, the percentage of children with government sponsored insurance having had well-child visits decreased with age, the 12-21 age group reporting the lowest percentages of visits.[5]

Ensuring children attend well-child visits involves improving health care access, utilization of services and the content or quality of care. Racial, ethnic and economic issues affect utilization of well-child services and there are also variations in how the preventive services are offered.[3]

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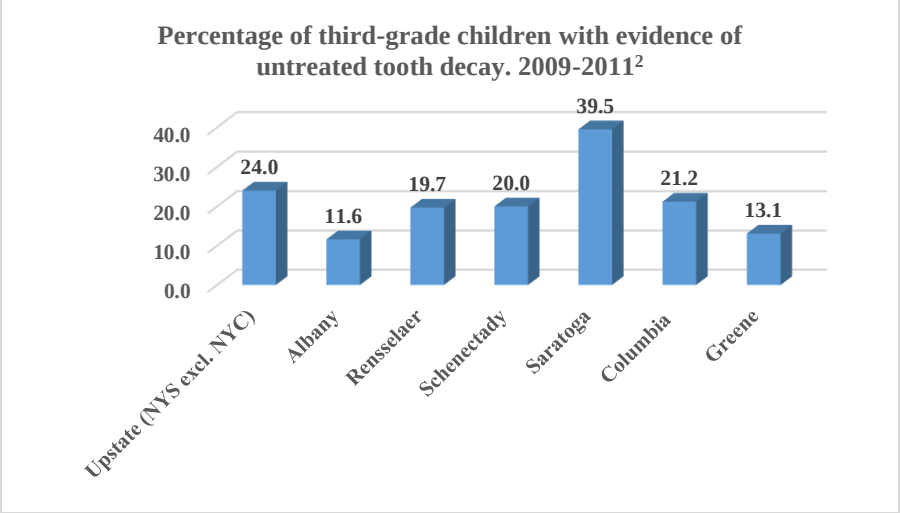
Children's Oral Health

Highlights

- All other Capital Region counties had lower percentages of third-grade children with evidence of untreated tooth decay than Upstate New York with the exception of Saratoga County, which had the highest percentage, with 39.5%.
- Low-income children in Upstate New York had about 2.5 times the untreated tooth decay than non-low income children.

Dental caries, or tooth decay, are the most common chronic disease among children. If left untreated, tooth decay can affect a person's ability to eat, how they look, the way they communicate, and for children, it can disrupt learning and affect performance in school and daily activities. Water fluoridation, access to dental care, and improved oral hygiene have helped to reduce tooth decay in New York State. Dental care accounts for almost 15% of health care expenditures among school-aged children and out-of-pocket expenses are high due to uneven insurance coverage.[1]



Unfortunately, the childhood oral health data have not been updated since 2009-2011. All Capital Region counties had lower percentages of third-grade children with evidence of untreated tooth decay than Upstate New York (24.0%), with the exception of Saratoga County (39.5%), which had the largest percentage of the Capital Region counties. In Upstate New York, low income children had almost 2.5 time more untreated tooth decay than non-low income children.[2]

Poor and uninsured residents of the Capital Region are less likely to have adequate access to dental health care. Across the United States, the greatest racial and ethnic disparity among children aged 2-4 years and aged 6-8 years is in Mexican-American and Black non-Hispanic children.[3] In addition, across the U.S., less than 1 of 3 children covered by Medicaid received at least one preventive dental service in a recent year. The CDC recommends community water fluoridation and school-based sealant programs as evidence-based practices to improve oral health.[4]

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VIII. Mental Health and Substance Abuse

Poor Mental Health

Highlights:

- All counties, with the exception of Columbia County, had a higher percentage of adults reporting 14 or more poor mental health days within the past month than the Prevention Agenda Objective.
- Schenectady and Columbia counties had mental disease and disorder ED visit rates higher than Upstate NY, while Schenectady and Greene counties had higher hospitalization rates than Upstate NY; Schenectady County had 70% higher ED visit rates and 90% higher hospitalizations compared to Upstate NY.
- Black non-Hispanic residents had 1.8 times the mental disease and disorder ED visit and hospitalization rates compared to White non-Hispanic residents.
- All counties had higher age-adjusted suicide mortality rates than the Prevention Agenda Objective.
- Males had higher rates of suicide-related mortality than females; females had higher self-inflicted hospitalization and ED visit rates than males.
- Schenectady County had the highest rates of hospitalizations and ED visits for self-inflicted injuries in those 15+ years of age.

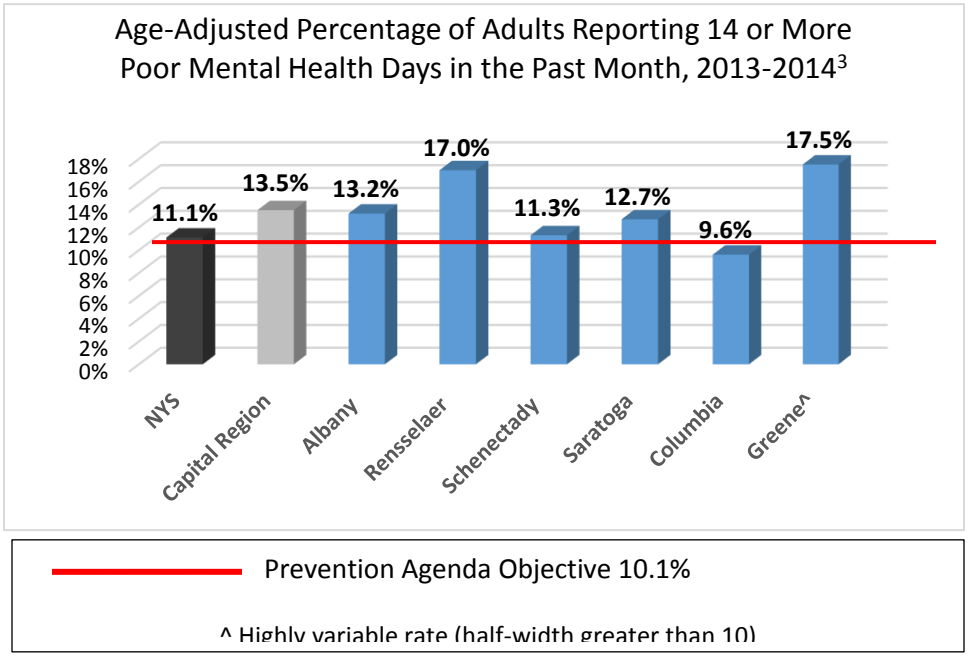
Objectives

New York State Prevention Agenda 2013-2018

1) Reduce the age-adjusted percentage of adults with poor mental health (14 or more days) in the last month to no more than 10.1%.

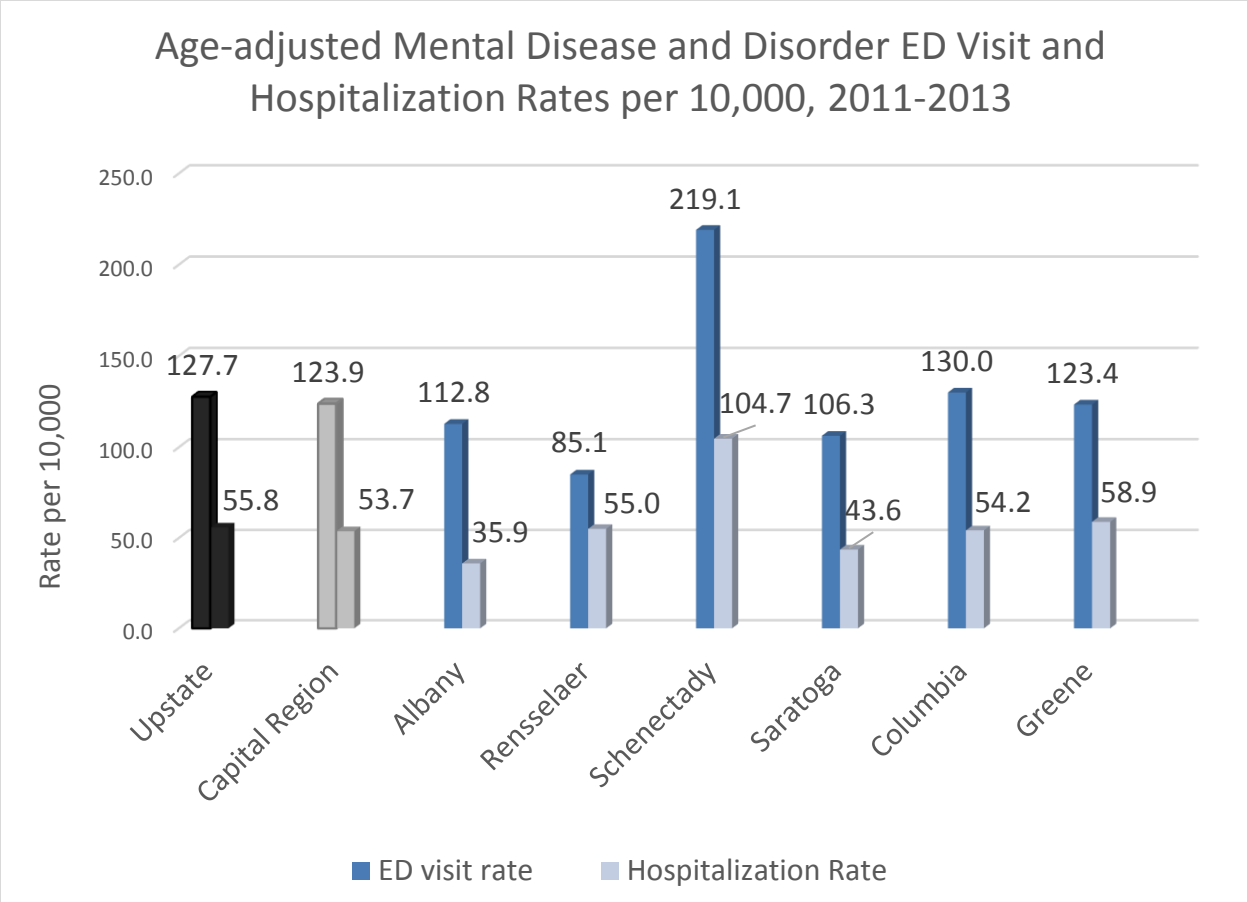
2) Reduce the age-adjusted suicide rate to 5.9 per 100,000.

Mental health is a core function which has physical, spiritual, and socio-economic impacts. Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation.[1] One in five New Yorkers experiences a diagnosable mental disorder annually; and one in ten experiences an illness serious enough to impair functioning.[1] An estimated 97,000 adults in the Capital Region reported 14 or more days with poor mental health in the last month.[2,3]



In the Capital Region, the percent of poor mental health days is higher than in Upstate New York or the United States.[3] No counties, with the exception of Columbia County, met the Prevention Agenda objective for poor mental health days in the past month. Rensselaer County and Greene County had the highest prevalence of 14 or more poor mental health days in the past month. Younger adults are more likely to report poor mental health, as are females and Black non-Hispanics. As income and education levels increase, individuals are less likely to have poor mental health.[3]

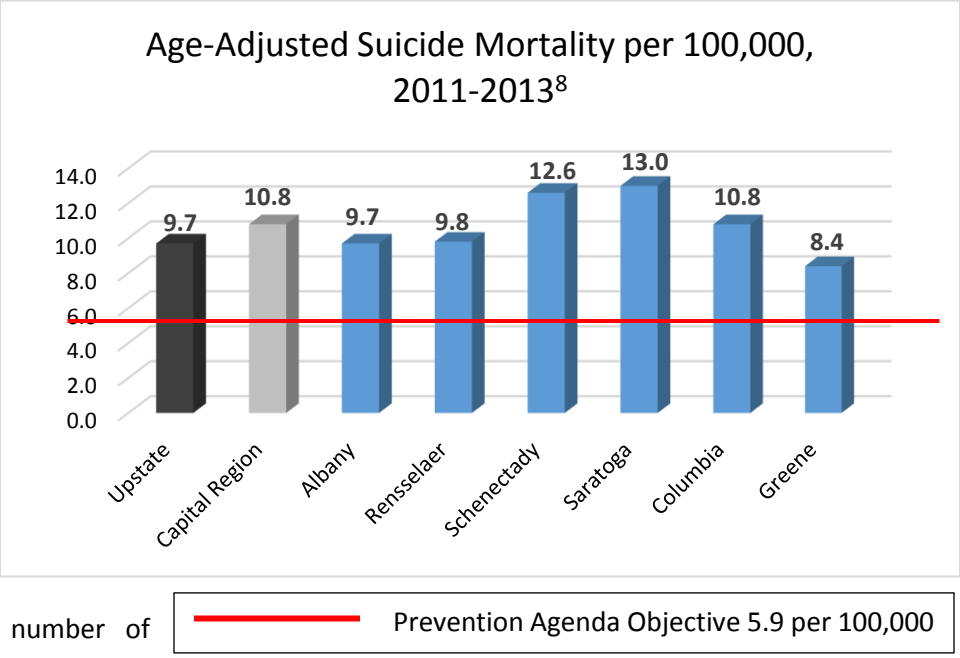
The Capital Region averaged approximately 55,000 mental disease and disorder (any diagnosis) ED visits and 37,000 hospitalizations per year for the 2011-2013 period. For mental disease and disorder as the primary diagnosis, the Capital Region averaged 13,700 ED visits and 4,800 hospitalizations per year. The Region had slightly lower rates compared to Upstate New York. However, Schenectady County had almost twice the mental disease and disorder ED and hospitalization rates compared to Upstate New York. Capital Region male residents had higher mental disease and disorder ED visit rates than female residents (133.7/10,000 vs 114.1), but similar hospitalization rates (53.9 vs 53.6). Black non-Hispanic Capital Region residents have approximately 1.8 times the mental disease and disorder ED visit rates (210.4 vs 116.3) and hospitalization rates (89.4 vs 50.4) compared to White non-Hispanic residents. Hispanic residents had the lowest Capital Region rates.[10]



Mental illness is treatable and preventable, and New York State has one of the world's largest mental health systems in the United States. The Capital Region provides a broad network of mental hygiene services to meet the needs of residents affected by mental illness or emotional disturbance. These services include public, private and not-for-profit providers and target mental health needs from early childhood identification to the unique challenges of seniors. Provider efforts span three disability areas: mental health, chemical dependency, and mental retardation and developmental disabilities. While many New Yorkers with serious mental disorders are eligible for Medicaid, considerable numbers are part of the "working poor." Many people with mental illness are underinsured or uninsured and have difficulty paying for needed services. This stretches already over-burdened public mental health service providers.[4]

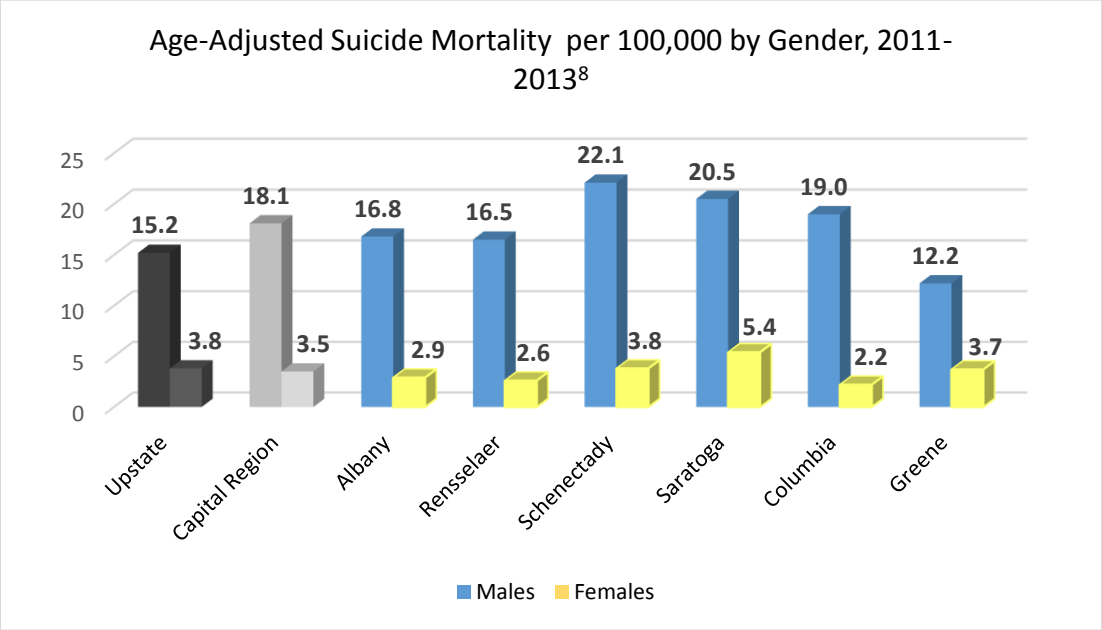
There are several patient barriers to accessing mental hygiene services, some of which include income, stigma, consumers not recognizing the value of treatment, health care providers unaware of treatments, and a complicated system of insurance reimbursement regulations with limits and exclusions.[5]

Mental illness is closely linked to suicide. In general, more than 90 percent of people who die by suicide are suffering from a diagnosable mental illness.[6] It is the 8th leading cause of death in the United States, but among the top two leading causes of death of people in their early twenties.[5] The impact of suicidal behavior is not fully represented in the number of deaths, as hospitalizations also follow failed suicidal attempts. Death and injuries caused by suicidal behavior affect the economic, social and health resources of the nation.



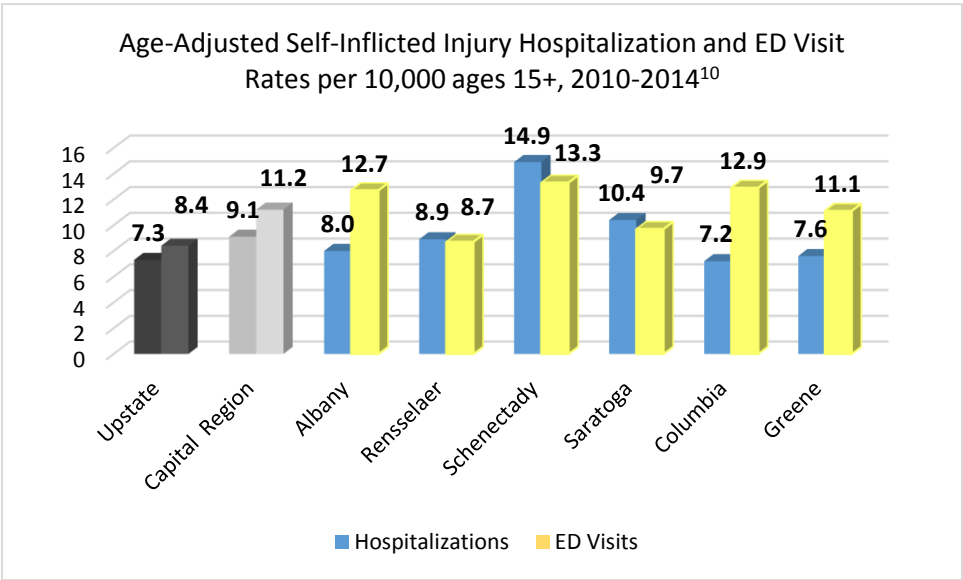
The Capital Region averages over 100 suicide deaths per year. Upstate NY and the Capital Region did not meet the Prevention Agenda Objective for suicide mortality prevalence. The suicide mortality rates for Capital Region counties are above the New York State Prevention Agenda objective.[3] Saratoga and Schenectady counties had the highest suicide mortality rates from 2011-2013.

Women attempt suicide 2-3 times more often than men, but men are four times more "successful" in their attempts than women.[7] In the Capital Region, the suicide mortality rate for men was approximately five times higher than the rate for female residents in the Capital Region (18.1 per 100,000 versus 3.5).



Suicide by White non-Hispanics accounts for 75% of suicides. From 2011-2013, White non-Hispanics had an age-adjusted suicide rate more than twice as high as Black non-Hispanics (11.6 versus 5.2). This trend is similar in other races, with suicides among "other" races had a suicide mortality rate of 5.7. Counts were too low among Hispanics to present reliable data.[8]

The Capital Region annually averaged 810 self-inflicted ED visits and 740 self-inflicted injury hospitalizations in ages 15 years and older between 2010 and 2014. All Capital Region counties, with the exception of Columbia County, had hospitalization rates due to self-inflicted injury that were higher than the Upstate NY. Schenectady and Saratoga



counties had the highest hospitalization rates. Further, all Capital Region counties had higher ED visit rates than Upstate NY. Albany, Schenectady, and Columbia counties had highest ED rates in the Capital Region.[10]

Compared to males residents, Capital Region females had a higher overall rates of ED visit (12.9/10,000 vs 8.6) and hospitalization rates (12.0 vs 8.1) due to self-inflicted injury. In this same time period Black non-Hispanics had the highest rates of self-inflicted injury ED visits, at 14.6 per 10,000, followed by White non-Hispanics (11.2), and Hispanics having the lowest rate (6.1).[10]

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Substance Abuse

Highlights:

- Rensselaer, Saratoga, Columbia and Greene counties did not meet the Prevention Agenda Objective for adult binge drinking.
- Males have 1.6 times the binge drinking rate than female Capital Region residents.
- Schenectady, Albany and Rensselaer counties had the highest cirrhosis hospitalization rates, while Rensselaer County had the highest cirrhosis mortality rate in the Capital Region.
- Greene, Columbia and Schenectady counties had higher rates of drug-related hospitalizations than Upstate NY.
- Schenectady County had a newborn drug-related discharge rate almost twice as high as the Capital Region rate.
- Greene and Columbia counties had the highest rates of opiate-poisoning related hospitalizations, while Schenectady and Albany counties had the highest rates of opiate-poisoning related ED visits.
- All Capital Region counties had seen major increases in opiate-poisoning related ED visit rates between 2008-10 and 2011-13.
- Males had higher rates of opiate-poisoning related hospitalizations and ED visits than female residents.
- Black non-Hispanic residents had higher rates of opiate-poisoning related hospitalizations and ED visits than White non-Hispanic, and Hispanic residents.

The most recent estimates suggest there are 1.9 million New Yorkers with a substance abuse problem, representing approximately 12% of the population.[1] This figure does not fully represent the widespread impact of substance abuse, however, because of the millions of other individuals whose lives are also affected: the children, spouses, and extended families of substance abusers, as well as other affected bystanders. Additionally, reluctance to seek help for substance abuse problems and stigma associated makes it likely this estimate is lower than the true rate.

Alcohol Abuse

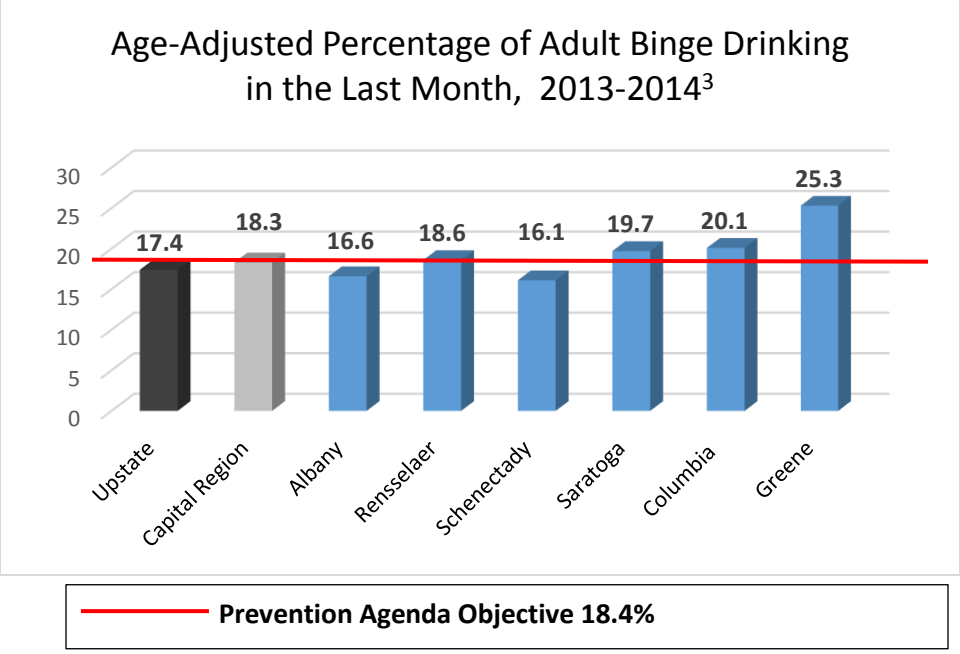
Objectives

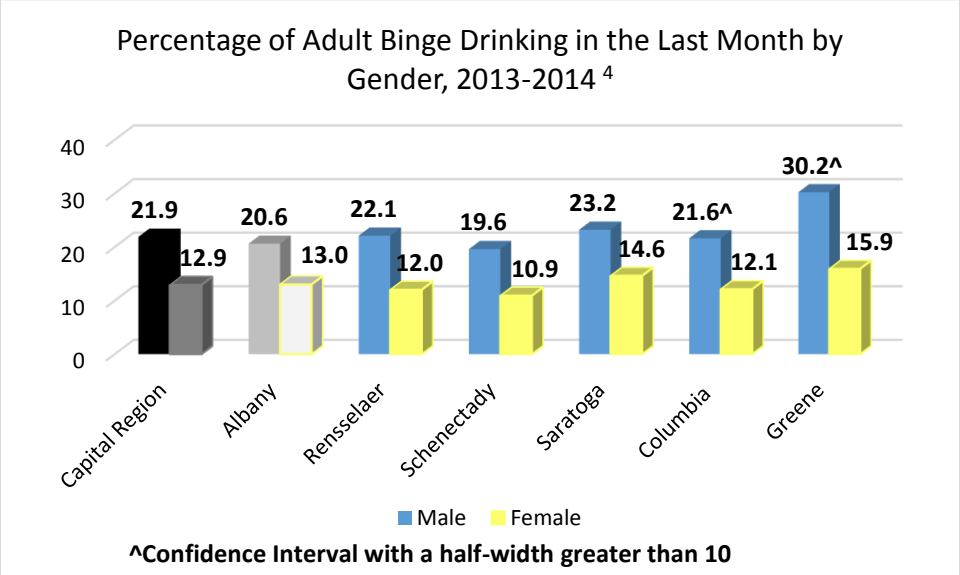
New York State Prevention Agenda 2013-2017
Reduce the age-adjusted percentage of adult binge drinking (5 or more drinks for men on one occasion, and 4 or more drinks for women on one occasion) during the past month to no more than 18.4%.

Alcohol is the primary substance used by adults. For youth, alcohol, marijuana and prescription drugs are principal concerns. Binge drinking is a common pattern of excessive alcohol use that brings a person's blood alcohol concentration (BAC) to 0.08 percent or above. Binge drinking is associated with many health

problems, like unintentional and intentional injuries, alcohol poisoning, sexually transmitted disease, unintended pregnancy, children born with fetal alcohol spectrum disorders, cardiovascular disease, neurological damage and more. Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Binge drinking is also more prevalent in males than in females.[2]

In the Capital Region, Rensselaer, Saratoga, Greene, and Columbia counties did not meet the Prevention Agenda Objective of 18.4% of adults reporting binge drinking in the past 30 days. Additionally, all Capital Region counties, with the exception of Albany and Schenectady counties, reported binge drinking rates





that were higher than Upstate New York rates. All Capital Region counties had higher binge drinking reported among males than females.

The Capital Region averaged about 250 hospitalizations and 100 deaths per year due to cirrhosis from 2011 to 2013. Schenectady,

Age-Adjusted Cirrhosis Hospitalizations per 10,000, 2011-2013[5]	
New York State, excl. NYC	2.2
Capital Region	2.2
Albany County	2.4
Rensselaer County	2.4
Schenectady County	2.7
Saratoga County	1.8
Columbia County	1.7
Greene County	1.6

Age-Adjusted Cirrhosis Mortality per 100,000, 2011-2013[5]	
New York State, excl. NYC	7.2
Capital Region	8.8
Albany County	9.2
Rensselaer County	9.9
Schenectady County	7.8
Saratoga County	8.6
Columbia County	7.8
Greene County	8.2

Schenectady, Albany and Rensselaer counties had cirrhosis hospitalization rates higher than the Upstate rate. All Capital Region counties have cirrhosis mortality rates that were higher than the Upstate rate. Rensselaer County has the highest mortality rate in the Capital Region.[5]

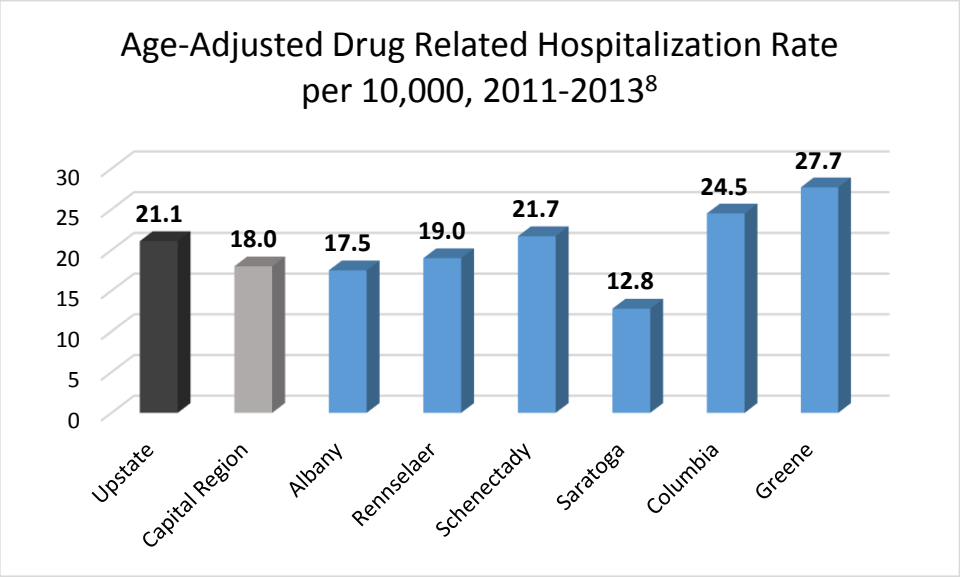
Drug Abuse

Drug abuse causes significant changes in brain structure and function, leading to addiction. The negative personal and social consequences of this problem include the deteriorating ability to function in a family, workplace and community. The repercussions of addiction have a significant impact on public safety, health, education and welfare of the individual. There is a clear linkage between addictive disorders and other social issues, including mental illness, inadequate health care, crime, unemployment, child abuse and neglect, homelessness, and educational deficiencies.[7]

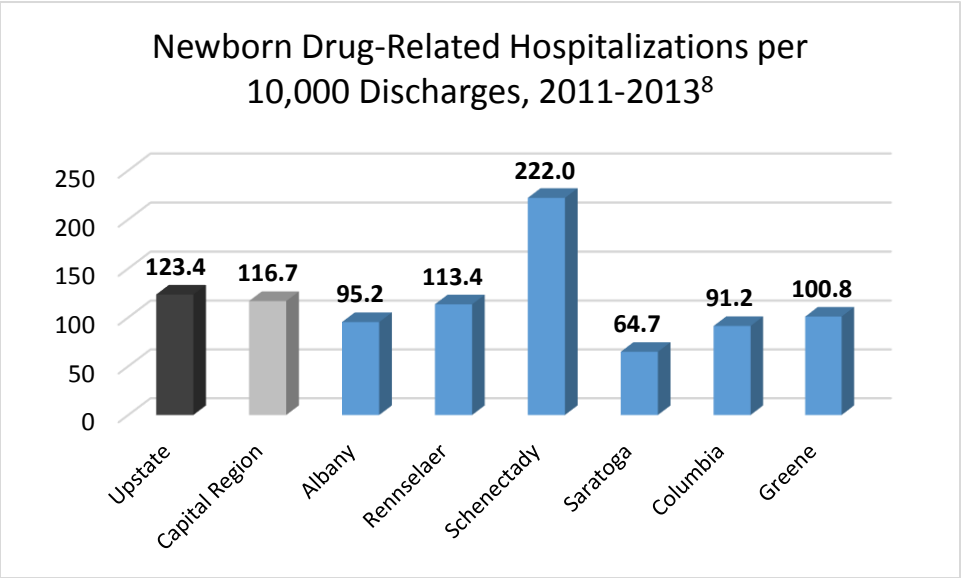
Substance abuse can affect individuals across their lifespan, starting in utero. Maternal use of drugs during pregnancy can result in numerous adverse effects such as low birth rate or developmental disabilities.[7]

According to The New York State Department of Health, as of 2010, approximately 12% of New Yorkers aged 12 and older experienced a substance abuse disorder.[6]

In 2013, there were about 1,900 drug-related hospitalizations in the Capital Region.[8] Greene County had the highest drug-related hospitalization rate, followed by Columbia and Schenectady counties. These counties also had rates higher than the Upstate rate.[8]



The rates of newborn drug-related hospitalizations in the Capital Region were slightly lower than the Upstate New York rate. Schenectady County had the highest rate of newborn drug-related hospitalizations, almost twice that of the Capital Region rate. Schenectady County was the only county with a newborn drug-related hospitalization rate higher than Upstate New York. Between 2008-2010 and 2011-2013, Rensselaer County experienced a 29% increase in newborn drug-related hospitalizations (80.3 to 113.4), Schenectady County had a 23% increase (161.4 to 222.0), and Columbia County had a 29% increase (70.6 to 91.2).[8]

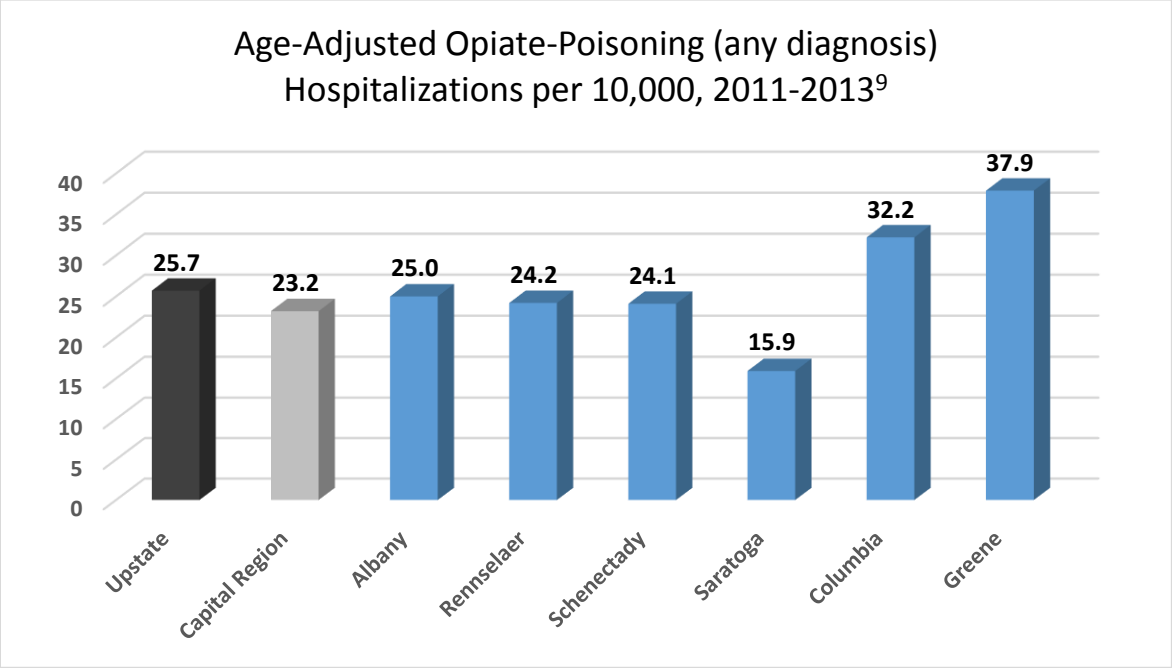


Research shows that alcohol, medications, and other drugs have different effects on seniors than on younger persons. The extent of alcohol and medication misuse among seniors is expected to increase significantly in the future.

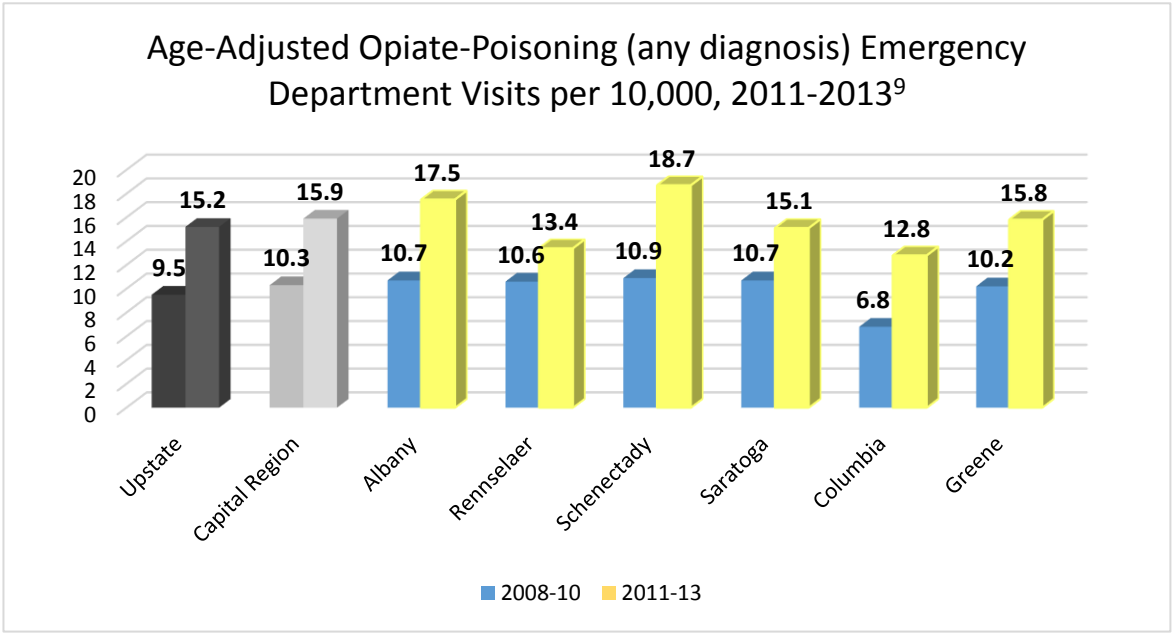
Opiate Abuse

According to the Centers for Disease Control and Prevention, in 2014, opioids accounted for approximately 60% of drug poisoning deaths. Further, heroin-related overdose deaths have tripled nationally from 2011 to 2014. In New York State, first responders and others likely to witness an opioid-related overdose have been trained to reduce the impact of opioid overdoses and prevent death by using naloxone.[10] Naloxone is a medication that counters the effects of opioid overdose.[11]

From 2011 to 2013, the Capital Region averaged 2,200 opiate-related hospitalizations (primary or co-morbidity) annually. Greene County had the highest rates, followed by Columbia and Albany counties. Columbia and Greene counties had higher rates than the Upstate New York rate. Further, between 2008-2010 and 2011-2013 Saratoga County saw a 7% increase in rates of opiate-related drug hospitalizations (14.7 to 15.9), Columbia County had a 10% increase (29.0 to 32.2), and Greene County had a 4% increase (36.2 to 37.9).[9]



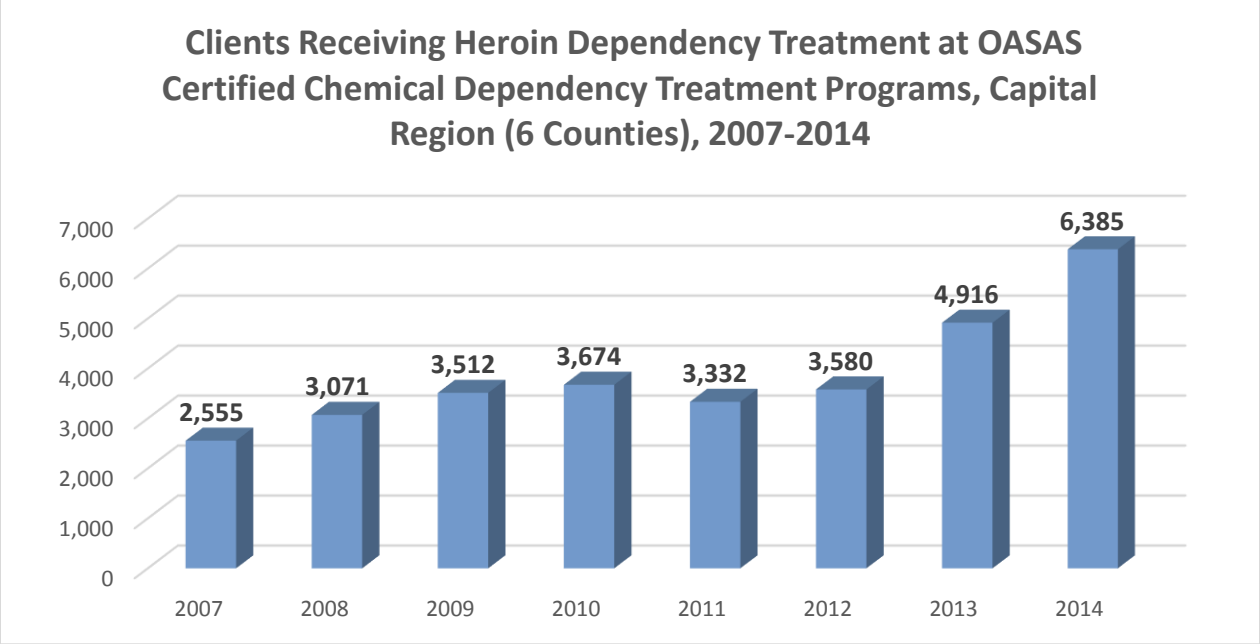
During this same time, the Capital Region averaged 1,400 opiate-related emergency department (ED) visits (primary or co-morbidity). The Capital Region had a higher rate than Upstate New York.



Schenectady County had the highest rate, followed by Albany and Greene counties. All counties saw increases in ED rates from 2008-10 and 2011-13.[9]

In the Capital Region, there were some differences by gender and race. For 2011-2013, males had a higher rate of opiate poisoning than females (26.0 vs. 20.5), and higher rates of emergency department use due to opiate poisoning (18.1 vs. 13.6). Black non-Hispanics had slightly higher rates of opioid-poisoning related hospitalizations (28.7) and ED visits (18.9) than White non-Hispanics (23.4 and 16.1, respectively). Hispanics had the lowest rates of hospitalizations (15.3) and ED visits (10.2) for opiate poisoning.[9]

Between 2009 and 2013, the Capital Region averaged 43 deaths annually due to heroin and opioid analgesic overdose.[10]



There was over a 90% increase in clients receiving Heroin Dependency Treatment at Capital Region Office of Alcoholism and Substance Abuse Services (OASAS) certified treatment programs between 2011 and 2014.

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IX. Infectious Disease

Vaccine-Preventable Disease

Highlights

- All Capital Region counties had higher percentages of children ages 19-35 months who had completed the immunization series than Upstate New York, with the exception of Greene County, with no Capital Region counties having met the Prevention Agenda objective.
- All Capital Region counties fell below the Prevention Agenda Objective, 50% for females aged 13-17 years who were fully immunized for HPV, but were all above the Upstate New York percentage.
- Columbia and Rensselaer counties had the highest incidence of pertussis of all Capital Region counties and rates higher than Upstate New York.
- All Capital Region counties exceeded the Prevention Agenda objective of 70% of adults, ages 65 and older receiving flu immunizations, with the exception of Greene County (65.7%).
- Greene County (60.9%) was the only county with a rate lower than New York State (65.1%) for adults, aged 65 and older, who have ever received a pneumonia vaccine.

Vaccines are used worldwide to protect against disease by inducing immunity. Immunization is a proven tool for controlling and even eradicating disease. Thanks to vaccines, diseases such as smallpox have been eradicated and many other vaccines have saved millions of lives all over the world. Vaccines contain the same antigens that cause disease; however, the antigens in vaccines are either killed or weakened in order not to cause disease.[1]

Childhood Immunization

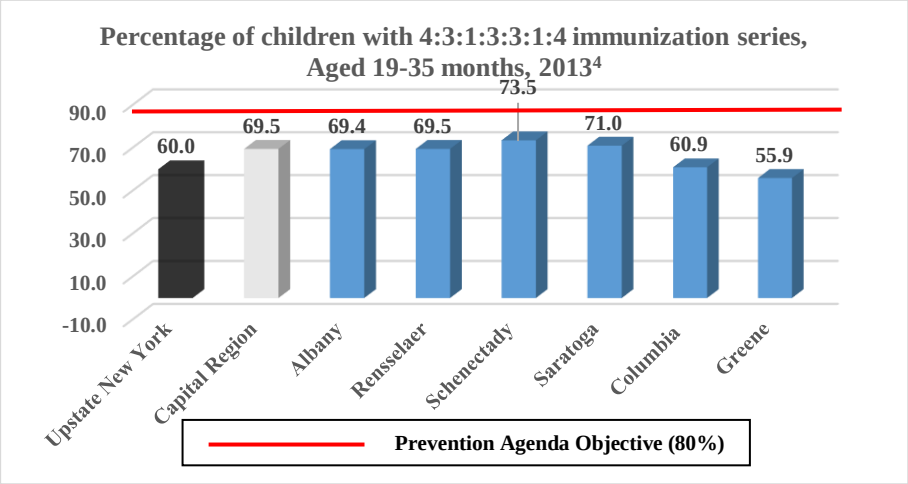
Objective

New York State Prevention Agenda 2013-2018
Increase the rates of immunization among 19-35 month olds with the 4:3:1:3:3:1:4 series (4 Tdap, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13) to 80% or higher.

The Centers for Disease Control and Prevention (CDC) sets a standard child immunization schedule of recommended ages to be vaccinated. Receiving vaccines at a young age allows infants and children to become immune early in life, before they are exposed to any of the diseases. Delaying or skipping shots can put children at risk of developing diseases during the delay period.[2]

In the United States, high immunization rates have greatly helped to reduce the prevalence of vaccine preventable diseases. In New York State, school entry laws require children to receive their vaccinations prior to starting school, which helps to keep immunization levels high. The immunization rates of children younger than school-age, specifically those 19-35 months of age, are still below the Healthy People 2020 goal and the Prevention Agenda objective of 80 percent.[3]

In 2013, over 4,400 children, ages 19-35 months in the Capital Region were not fully immunized. All Capital Region counties had higher percentages of children ages 19-35 months who have completed the immunization series than Upstate New York, with the exception of Greene County. No Capital Region counties meet the Prevention Agenda objective of 80%.[4]



Human Papillomavirus Immunization

Objective

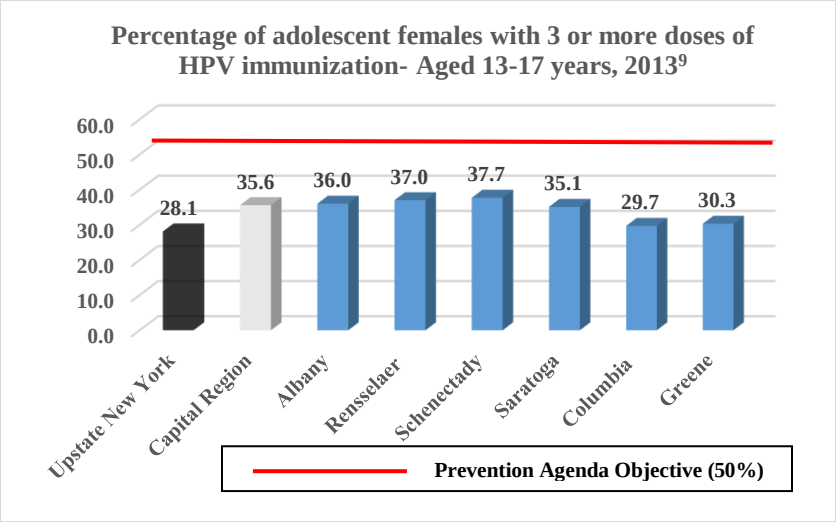
New York State Prevention Agenda 2013-2018
Increase the three-dose HPV immunization rate among adolescent females, ages 13-17 years to 50%.

Human Papillomavirus (HPV) is the most common sexually transmitted disease. An estimated 79 million Americans are infected with HPV, with about 14 million people becoming infected each year.[5] HPV is easily spread by skin to skin contact with an infected individual. There are more than 40 types of HPV that an affect the genital areas of men and women. Types of HPV referred to as "low-risk" strains cause genital warts, which in many cases are not visible to the naked eyes. Most infected persons do not develop symptoms and are unaware they have HPV, increasing the chances of unintended transmission.[5]

Certain types of HPV—the "high-risk" strains—cause cancer. Cervical cancer is developed most frequently. Nearly all cases of cervical cancer are caused by HPV. Cervical cancer does not cause symptoms until it is at an advanced stage. It can be treated only when it is diagnosed at an early stage, through screening.[6]

The recommended ages for administration of vaccines are 11 or 12 years. Males are able to get the vaccine up to the age of 21 years and females up to the age of 26 years. For men with compromised immune systems and who have sex with other men, the vaccine is available up to age 26 years as well. It is important that all three doses of the vaccine be given before sexual activity begins in order for the vaccine to be most effective.[7]

HPV vaccination prevents against the most common strains of HPV that cause genital warts and cancer. Two vaccines, Gardasil and Cervarix, are available. While both are available to protect females, Gardasil is recommended for males.[8]



In the Capital Region, almost 18,900 females between the ages of 13-17 years were not immunized for HPV in 2013. All Capital Region counties fell below the Prevention Agenda Objective, 50%, but were all above the Upstate New York percentage. Columbia County had the lowest percentage of all Capital Region counties.[9]

Parental concerns about vaccine safety and lack of provider recommendation keeps HPV immunization coverage low. It is important to educate providers and parents in order to increase vaccine numbers.[7]

Pertussis Immunization

Pertussis, also known as whooping cough, is an upper respiratory disease caused by the bacteria *Bordetella pertussis*. Symptoms may begin like those of a common cold, but will advance to violent uncontrollable coughing that makes it hard to breathe. If left untreated, pertussis lasts for weeks or months. Symptoms are generally milder in teenagers, adults and those who have been vaccinated. Additionally, although infants may not have coughing fits, pertussis is dangerous for them and can be fatal. Complications of pertussis can include temporary loss of consciousness, pneumonia, and weight loss. Infants may also develop ear infections, apnea, or encephalopathy.[10]

Pertussis is highly contagious, and is spread through the coughing or sneezing of an infected person. Adults who do not know they have the disease can spread it to their infants with negative consequences. People stop being contagious five days after they have started taking antibiotics; treatment is very important in making the infection less severe and preventing its spread to others.[10]

It is recommended that adults aged 19 years and older are vaccinated at least once every ten years. The pertussis vaccine for children, DTaP, is a part of the standard set of childhood immunizations. It is administered in five doses between ages 1-7 years of age, and it protects against tetanus and diphtheria as well as pertussis. The adolescent and adult booster, known as Tdap is administered once every ten years beginning at age 11 or 12. Those in close contact with infants, pregnant women, travelers and healthcare professionals should make sure they are up to date with their immunizations.[11] Prior immunity also increases immunity to the disease.[10]

Pertussis Incidence per 100,000, 2011-2013[12]	
Upstate New York	13.6
Capital Region	11.9
Albany County	9.3
Rensselaer County	16.1
Schenectady County	9.2
Saratoga County	12.7
Columbia County	18.7
Greene County	10.3

In 2013, there were over 50 cases of pertussis in the Capital Region. Over the past 10 years, pertussis cases in New York State have been on the decline, with spikes in 2006 and 2012. In the Capital Region, Columbia County had the highest incidence of pertussis (18.7/100,000), followed by Rensselaer County with 16.1.[12]

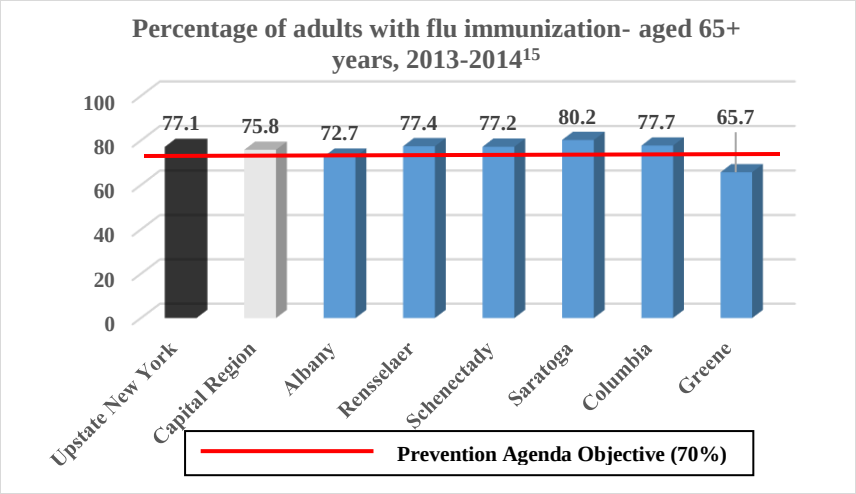
Flu and Pneumonia Immunizations

Objective

New York State Prevention Agenda 2013-2018
Increase the percentage of adults, aged 65 years and older, receiving an annual influenza vaccination to 70%.

Influenza, or the flu, is among several vaccine-preventable diseases. The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Influenza is not the common cold. It is a serious condition. Every year in the United States, 5% to 20% of the population gets the flu. Each year, between 3,000 and 49,000 Americans die from the flu and its complications. Complications from the flu include: pneumonia, ear or sinus infections, dehydration, and worsening of chronic medical conditions (such as congestive heart failure, asthma or diabetes).[13]

The best way to prevent the flu is by getting a flu vaccination. The CDC recommends an annual flu shot for anyone 6 months and older, especially those at high risk of developing flu-related complications. Influenza viruses undergo frequent antigenic change, causing the vaccine to change frequently as well. It is necessary to receive an annual vaccination against the influenza viruses forecasted to be in circulation each year.[14]



In the Capital Region almost 33,500 adults aged 65 and older did not receive a flu vaccine from 2013-2014. From 2013-2014, all Capital Region counties exceeded the Prevention Agenda objective of 70% of adults, ages 65 and older receiving flu immunizations, with the exception of Greene County (65.7%). The highest percentage was in Saratoga County (80.2%).[15]

Percentage of adults aged 65 years and older who ever received pneumonia shot, 2013-2014[16]	
New York State	65.1%
Capital Region	70.0%
Albany County	68.0%
Rensselaer County	72.8%
Schenectady County	71.6%
Saratoga County	72.1%
Columbia County	70.8%
Greene County	60.9%

The flu is often complicated by pneumonia, an inflammation of the lung most often caused by infection. Pneumonia consistently accounts for the overwhelming majority of deaths between the two. Older adults are especially vulnerable. Pneumonia vaccinations are available with the population aged 65 years and older especially targeted for such a vaccination. In the Capital Region, all counties had pneumonia vaccination rates for the 65 years and older population higher than those of New York State (65.1%) with the exception of Greene County (60.9%)

Pneumonia/flu hospitalization rate, ages 65+ per 10,000, Crude Rates, 2011-2013[17]	
Upstate New York	122.1
Capital Region	104.8
Albany County	91.8
Rensselaer County	106.1
Schenectady County	123.5
Saratoga County	107.2
Columbia County	105.9
Greene County	106.6

In 2013, there were over 1,400 hospitalizations due to pneumonia/flu in the Capital Region. The highest hospitalization rate was in Schenectady County (123.5/10,000). All Capital Region Counties had rates lower than the rate for Upstate New York (122.1/10,000), with the exception of Schenectady County. The lowest rate was in Albany County (91.8).

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HIV/AIDS

Highlights

- Albany County had the highest new HIV case rate, AIDS case rate and AIDS mortality rate in the Capital Region.
- Black non-Hispanics were 6-15 times more likely to be newly diagnosed with HIV than White non-Hispanics.
- Hispanics were 5-9 times more likely to be newly diagnosed with HIV than White non-Hispanics.

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the newly diagnosed HIV case rate in New York to no more than 16.1 new diagnoses per 100,000.

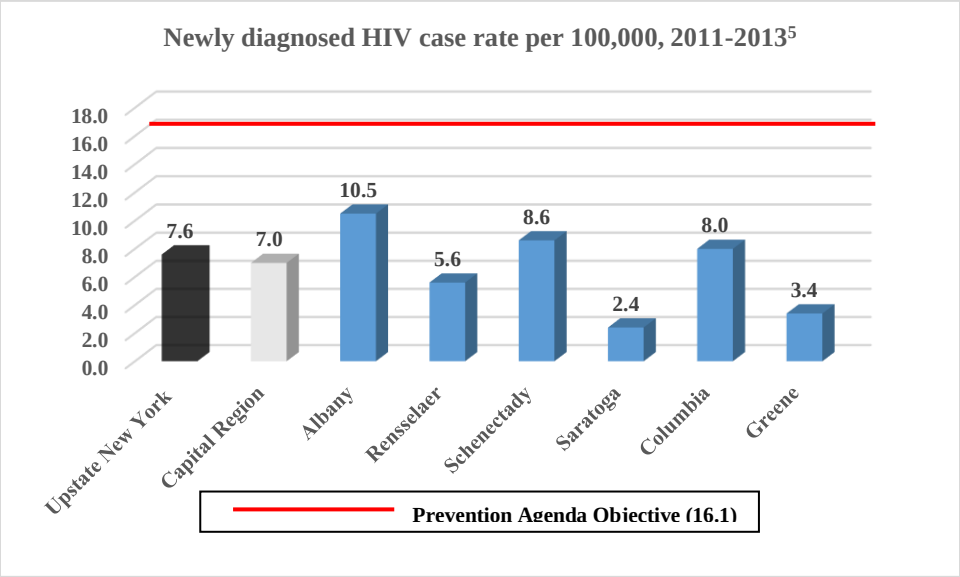
Human Immunodeficiency Virus (HIV) is the virus that can led to acquired immunodeficiency syndrome, AIDS. The virus attacks the cells of the immune system, making it more susceptible to life-threatening infections and diseases and unable to fight them off. HIV progresses to AIDS, the most advanced stage of the disease, in which the body can no longer fight off infections.[1]

HIV testing is the only way to know for sure if a person is infected with HIV. HIV is transmitted through contact with bodily fluids such as blood, semen, genial fluids, or breast milk. Unprotected sex and sharing needles or syringes with an infected person are the most common ways the virus is transmitted. Flu-like symptoms can occur within 2-4 weeks after exposure and last from a few days to several weeks. Although it may take many years for symptoms of HIV to develop, with many people not experiencing symptoms for 10 years or more, HIV antibodies can be detected in most people within 3 to 12 weeks of infection.[1]

Post-exposure prophylaxis, or PEP, is a method to prevent HIV infection following a recent unprotected sexual encounter, through sharing needles, sexual assault or occupational exposure. It involves taking antiretroviral medicines after the exposure event, within 72 hours. PEP should only be used in emergencies. Pre-exposure prophylaxis, or PrEP, is a method to prevent HIV negative individuals in high-risk populations by taking daily antiretroviral medicines to decrease the chances of becoming infected. High-risk populations may include HIV negative individuals who are in an ongoing sexual relationship with an HIV positive partner, or anyone who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection.[1]

There is no cure for HIV currently. Once infected, a person has HIV for life. Antiretroviral therapy (ART) is a treatment for persons infected with HIV that consists of taking a combination of at least three medications that work to slow the growth of the virus. ART can extend the lives of those infected with HIV and have a better quality of life. As more people are living longer due to ART, the prevalence of HIV has increased.[1]

In the United States, the Centers for Disease Control (CDC) estimates that there are about 1.2 million people living with HIV as of 2012. The CDC estimates that of that number 1 in 8 did not know they were infected and may have unknowingly transmitted the virus to others. Research had shown that the majority of people who know they are infected take steps to prevent transmission to their partners. It is vital to identify new cases in order to control and accurately measure the HIV prevention efforts and their effectiveness.[2]



From 2011-2013, there were 199 newly diagnosed HIV cases. Albany County had the highest case rate (10.5/100,000). All Capital Region counties met the Prevention Agenda objective with case rates lower than 16.1/100,000.

As of 2014, there were 20,792 people diagnosed with AIDS in the United States. Of that number, approximately 1,914 people were diagnosed in New York State.[3] In 2013, the Capital Region had 42 cases of AIDS, with 15 AIDS deaths.

AIDS Case Rate and Adjusted Mortality Rate per 100,000, 2011-2013[6,7]

	AIDS Case Rate	AIDS Mortality
Upstate New York	4.5	1.3
Capital Region	4.4	1.4*
Albany County	6.6	2.2
Rensselaer County	3.5	1.1*
Schenectady County	4.9	2.1*
Saratoga County	2.1	0.4*
Columbia County	3.7*	0.4*
Greene County	3.2*	2.5*
***: Fewer than 10 events in the numerator, therefore the rate is unstable**		

Albany County had the highest AIDS case rate and mortality rate in the Capital Region.[6,7]

The majority of persons living with HIV/AIDS are minorities. From 2011-2013, 51.1% of newly diagnosed HIV cases in New York State were Black non-Hispanics, while 33.4% were Hispanics.[4]

Rates of Black and White vs. Rate of Hispanic and White newly diagnosed HIV cases, 2011-2013[8]					
	Black non-Hispanic Rate	White non-Hispanic Rate	Ratio of Black non-Hispanic/White non-Hispanic	Hispanic Rate	Ratio of Hispanic/White Non-Hispanic
Upstate New York	28.3	3.3	8.6	17.5	5.3
Capital Region	28.0	3.5	8.0	26.0	7.4
Albany County	32.1	5.3	6.1	30.6	5.8
Rensselaer County	24.1*	3.1	7.8	20.0*	6.5
Schenectady County	30.2	3.0	10.1	27.8*	9.3
Saratoga County	24.2*	1.6	15.1	S	---
Columbia County	S	5.4*	---	52.0*	9.6
Greene County	0.0*	2.3*	0.0	S	---
***: Fewer than 10 events in the numerator, therefore the rate is unstable S: Data do not meet reporting criteria ---: Ratio could not be determined due to lack of data**					

The racial disparity amongst Black non-Hispanics and Hispanics when compared to White non-Hispanics was significant. Across the Capital Region, Black non-Hispanics were 6-15 times more likely to be newly diagnosed with HIV than White non-Hispanics. While Hispanics were 5-9 times more likely to be newly diagnosed with HIV than White non-Hispanics. Albany County had the highest rate of newly diagnosed HIV cases for Black non-Hispanics, while Columbia County had the highest rate of newly diagnosed HIV cases for Hispanics.

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2. *Basic Statistics,* Centers for Disease Control and Prevention http://www.cdc.gov/hiv/basics/statistics.html
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4. *Difference in rates (Black and White) of newly diagnosed HIV cases, 2011-2013,* New York State Department of Health https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa33.1_0
   Difference in rates (Hispanic and White) of newly diagnosed HIV cases, 2011-2013, New York State Department of Health https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa33.2_0

5. *Newly diagnosed HIV case rate per 100,000, 2011-2013,* New York State Department of Health https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa33_0
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   Difference in rates (Hispanic and White) of newly diagnosed HIV cases, 2011-2013, New York State Department of Health https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=it&ind_id=pa33.2_0

Sexually Transmitted Disease

Highlights

- Schenectady and Albany counties had the highest male and female gonorrhea case rates. The Schenectady County (235.3/100,000) and Albany County (198.9/100,000) female gonorrhea case rates were higher than the Prevention Agenda objective (183.1).
- The highest rate of Chlamydia was in Schenectady County (1,667.5/100,000), which also was the only Capital Region County not to meet the Prevention Agenda objective (1,458).
- Across the region, females had higher Gonorrhea rates than their male counterparts did.
- All Capital Region counties met the Prevention Agenda objective for Syphilis in males, with the exception of Albany County which had the highest rate in the Capital Region (10.8).

Sexually transmitted diseases (STDs) continue to have a significant impact on the health, safety and welfare of the citizens of New York State. As in prior years, STDs are the leading category of reported communicable diseases in the state. 123,122 New Yorkers had STDs, representing 70% of all communicable diseases reported statewide in 2010.[1] Sexually transmitted disease control programs across New York State that conduct public health activities aim to: educate the public on safer sex behaviors; prevent the spread of STDs through counseling and treatment of those infected; and provide health services to partners of persons infected with STDs.[2]

Gonorrhea

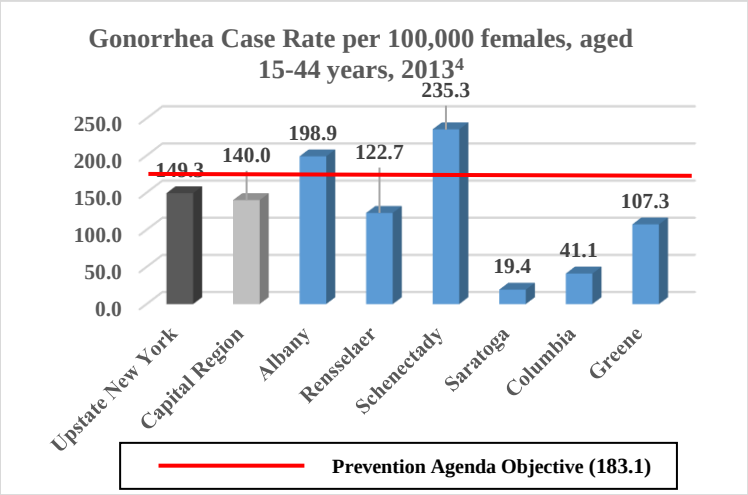
Objective

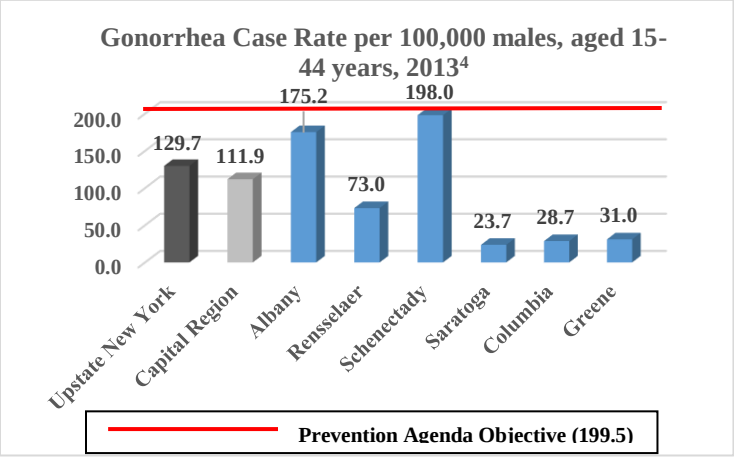
New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the Gonorrhea case rate among persons aged 15-44 in New York to no more than 183.1 cases per 100,000 females and 199.5 cases per 100,000 males.

Gonorrhea is the second most commonly reported sexually transmitted disease (STD) in New York State.[2] Gonorrhea is an infection spread through sexual contact with another person. The bacteria are found in the mucous areas of the body.[3]

Early detection and appropriate treatment is important. If Gonorrhea is left untreated, it will lead to complications such as infertility, pelvic inflammatory disease (PID), and ectopic pregnancy. PID is a painful condition that occurs when the infection spreads throughout the reproductive organs and can lead to sterility in women. Men may suffer some swelling of the reproductive organs. Both sexes may suffer from arthritis, skin problems, and other organ infections caused by the spread of gonorrhea within the body.[3]

In 2013, there were over 500 cases of Gonorrhea reported in the Capital Region. For females, all Capital Region counties met the Prevention Agenda objective of rates lower than 183.1/100,000, with the exception of Schenectady (235.3) and Albany (198.9) counties. Only Albany and Schenectady counties exceeded the rates for males and females in comparison to Upstate New York. For males, all Capital Region counties met the Prevention Agenda objective of rates lower than 199.5/100,000. For all counties except Saratoga County, females had higher Gonorrhea rates than their male counterparts.[4]





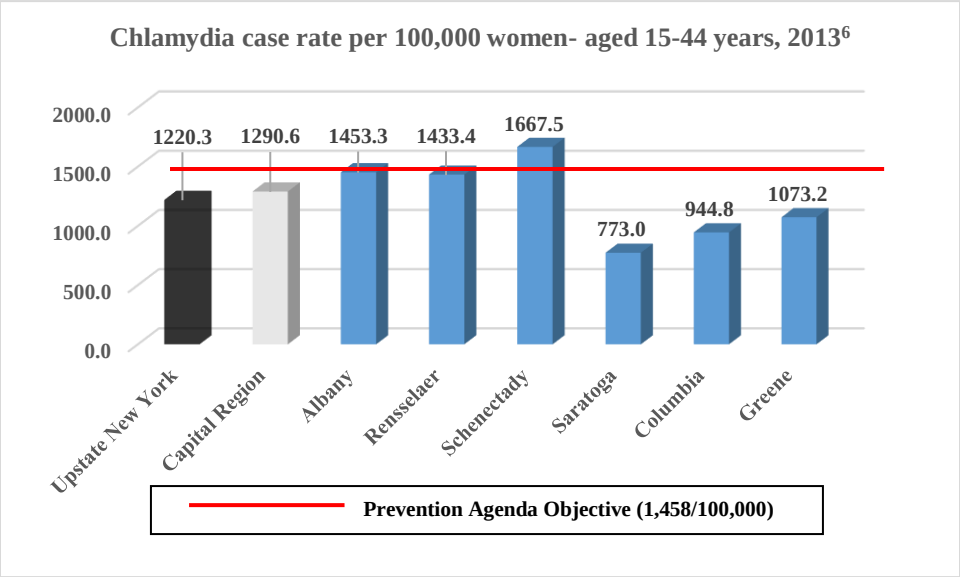
Chlamydia

Objective

New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the Chlamydia case rate in New York among females aged 15-44 years to no more than 1,458 cases per 100,000 population.

Chlamydia is a sexually transmitted disease caused by the bacteria *Chlamydia trachomatis*. Although chlamydia is easily treated, 70% of women and 50% of men do not show symptoms.[2] Complications of the infection may lead to inflammation of the cervix in women and inflammation of the urethra in men.

Additional complications include pelvic inflammatory disease (PID), which can lead to infertility. In fact, chlamydia is the leading cause of infertility in the United States. Pregnant women can pass chlamydia to their babies during childbirth. This may cause problems in newborns, like chlamydial pneumonia or conjunctivitis. Patients are also more susceptible to HIV infection and other STDs, if exposed.[5]



In 2013, there were almost 2,400 cases of Chlamydia amongst women, aged 15-44 years in the Capital Region. The highest rate was in Schenectady County (1,667.5/100,000), which also was the only Capital Region County not to meet the Prevention Agenda objective (1,458). Albany, Rensselaer and Schenectady counties were all above the Upstate New York rate (1,220.3). All Capital Region counties had major increases in female Chlamydia rates over the last decade.[7]

Syphilis

Objective

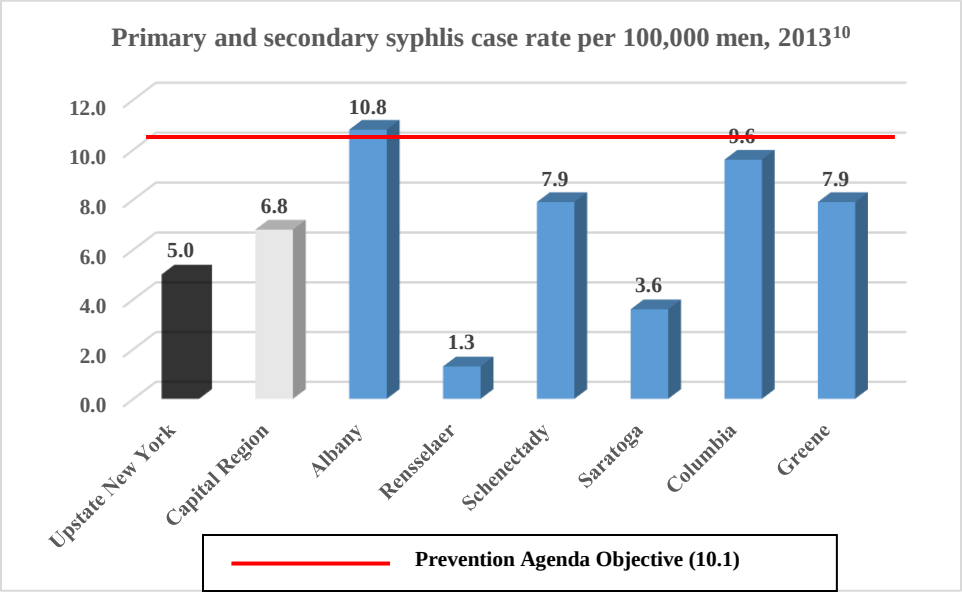
New York State Prevention Agenda 2013-2018
By December 31, 2018, reduce the case rate of primary and secondary Syphilis to no more than 10.1 cases per 100,000 for males and 0.4 cases per 100,000 for females.

Syphilis is a sexually transmitted disease caused by the bacteria *Treponema pallidum*. It progresses through various stages that can last months or years depending on the individual. The primary stage is marked by a painless sore at the location where syphilis entered the body. Left untreated, the sore will go away in a few weeks, and the disease will progress to the secondary stage. This stage is represented by skin rashes or legions in the mucous membranes, and can be accompanied by fever, weight and hair loss, muscle aches, and swollen lymph glands. The rashes may be too light to be noticed, however, and untreated syphilis will pass into the late and latent stages when left untreated. At this point, all

symptoms disappear and the disease can lay latent for months or years. In 15% of untreated people, syphilis can lead to difficulty coordinating muscle movements, paralysis, numbness, dementia, and/or death. Pregnant women with untreated syphilis can pass the disease on to their babies, causing low birth weight, developmental delays, or death. People with genital sores are also at higher risk for transmitting or acquiring HIV. Curing syphilis can be done with an intramuscular injection of penicillin or an appropriate antibiotic, such as tetracyclin.[8,9]

Although the disease was more prevalent in heterosexual minorities ages 30-39 in the 1990s, the 2000s saw an epidemiologic shift. More recently syphilis is most prevalent in 20-29 years old men who have sex with men (MSM). 72% of all primary and secondary syphilis cases in the United States in 2011 were found in MSM.[8]

In 2013, there were 32 cases of syphilis in men in the Capital Region. All Capital Region counties met the Prevention Agenda objective for no more than 10.1 cases per 100,000 males, with the exception of Albany County which had the highest rate in the Capital Region (10.8). For women, all Capital Region counties met the Prevention Agenda objective (0.4/100,000) with the exception of Albany County (0.6).



There was only one case of syphilis for females in the Capital Region.[10]

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9. *Syphilis,* New York State Department of Health http://www.health.ny.gov/diseases/communicable/syphilis/fact_sheet.htm
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Lyme Disease

Highlights

- The Capital Region's Lyme disease case rates were the highest in New York State. Greene, Columbia and Rensselaer counties respectively had the top three rates of New York State counties; Saratoga County had the 7th highest Lyme disease case rate.

Lyme disease is the most commonly reported tick-borne disease in the United States. Lyme disease is a bacterial infection caused by *Borrelia burgdorferi* and transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include headache, fever, fatigue and *erythema migrans,* a characteristic bull's eye skin rash. If left untreated, the disease can progress, affecting the nervous system, heart and joints.[1]

Early detection of the disease is important, as patients in the early stages of the infection usually recover rapidly and completely with treatment. According to the National Institutes of Health (NIH), studies have shown that most patients can be cured with a few weeks of antibiotics taken by mouth. Intravenous treatment with antibiotics may be necessary for more advanced patients with neurological or cardiac forms of the illness.[1]

Patients diagnosed with later stages of disease may have persistent or recurrent symptoms. Known as post-treatment Lyme disease, patients experience fatigue, persistent pain, impaired cognitive function, or unexplained numbness after treatment. Studies have shown that prolonged courses of antibiotics are not helpful among individuals with these symptoms and can cause serious complications.[2]

Lyme disease incidence per 100,000, 2011-2013[3]	
Upstate New York	60.9
Capital Region	206.8
Albany County	86.9
Rensselaer County	370.0
Schenectady County	36.5
Saratoga County	200.8
Columbia County	533.9
Greene County	574.3

The Capital Region had over 1,900 cases of Lyme disease in 2013. Greene, Columbia and Rensselaer counties had the top three Lyme disease rates of all New York State counties.[3]

References

1. *Lyme Disease*, Centers for Disease Control and Prevention http://www.cdc.gov/lyme/
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Clostridium difficile

Highlights

- Albany Medical Center (14.6/10,000 patient days), St. Peter's Hospital (7.0), Ellis Hospital (14.5) and Columbia Memorial Hospital (14.5) all had *C. difficile* infection rates above the Prevention Agenda objective (5.94/10,000 patient days).

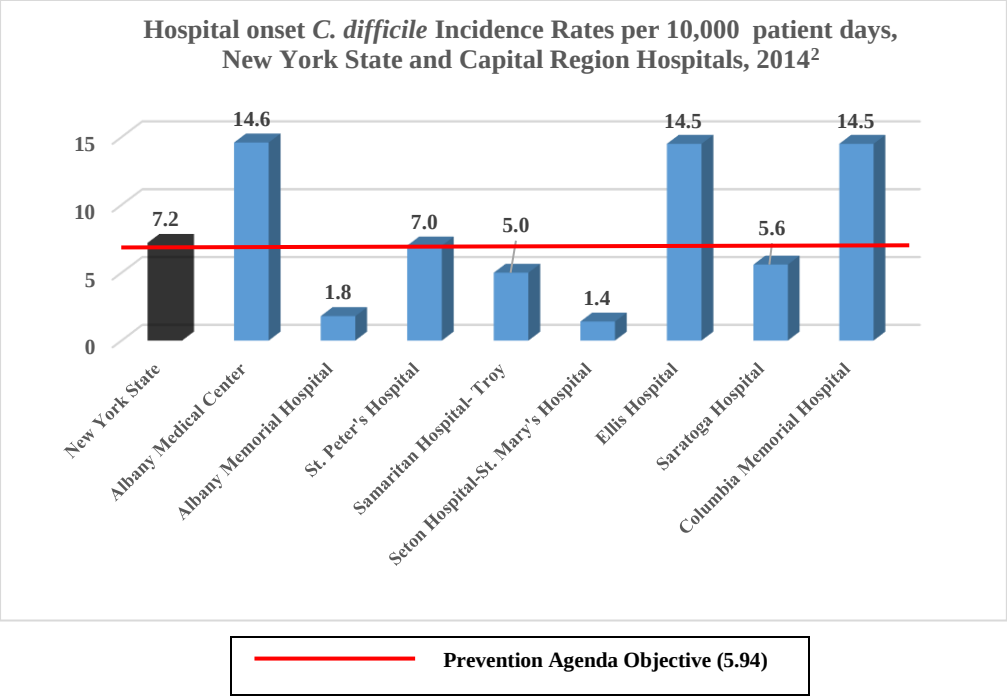
Objective

New York State Prevention Agenda 2013-2018
Reduce hospital onset CDIs to 5.94/10,000 patient days.

C. difficile infection (CDI) occurs when the *C. difficile* bacterium multiplies in the colon and causes colitis, or inflammation of the colon. This leads to severe diarrhea, fever, nausea, loss of appetite and abdominal pain or tenderness.[1] In a small percentage of people, *C. difficile* lives along with other types of bacteria normally found in the intestinal tract and does not cause any symptoms or problems.[2] Taking antibiotics also makes a person more susceptible to catching the infection from others. CDI is a hospital-associated infection (HAI), since at least 80% of people contract it while they receive other medical care. Although most cases are contracted in the hospital, the number of cases contracted in the community has been increasing. Those most at risk for contracting the infection are the elderly and those on antibiotics in a hospital setting. Although most HAIs are declining, CDI rates have been climbing since 2000.[1]

CDI is highly contagious and resistant to usual forms of infection control. *C. difficile* is found in the feces of infected patients, and any contaminated surfaces will become breeding grounds for the bacteria. Transmission can occur through the hands of healthcare personnel who have touched contaminated surfaces, or through the use of contaminated medical instruments. Alcohol does not kill *C. difficile,* so the rooms of infected patients need to be cleaned with bleach, and staff should wash their hands with soap and water.[1] At least 92% of New York hospitals place patients with diarrhea on contact precautions even before a diagnosis comes in and use dedicated medical equipment for these patients. 94% of New York hospitals had an education, orientation, or training program for staff on reducing transmission of CDI.[2] CDI is treated by discontinuing prior antibiotic use and through the prescription of a stronger antibiotic that targets the CDI.

In 2013, New York State hospitals reported 20,273 cases of CDI. Although some cases of CDI are transmitted through the community, most cases are hospital-associated. Albany Medical Center, St. Peter's Hospital, Ellis Hospital and Columbia Memorial Hospital all had rates above the Prevention Agenda objective (5.94/10,000 patient days). All other Capital Region hospitals had rates which met the Prevention Agenda objective. Different testing methods can cause a variation in rates among hospitals. Comparisons between facilities are hard to make, as rates are only risk adjusted and not age- or facility-adjusted.[2]



Prevention and control practices can be used to lower the incidence of *C. difficile* infections. Education programs for healthcare workers, environmental personnel, patients and families can be used to teach proper methods of reducing the spread. Doctors can work to restrict the pervasive usage of antibiotics and prescribe them only when necessary. Many facilities have a specific staff member who reviews antibiotic use. Proper contact precautions, hand hygiene and environmental disinfection have also proven successful in halting the spread of disease.[2]

References

1. *Healthcare-associated infections, Clostridium difficile Infection Information for Patients*, Centers for Disease Control and Prevention http://www.cdc.gov/hai/organisms/cdiff/Cdiff-patient.html
2. *Hospital-Acquired Infections New York State 2013*, New York State Department of Health http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/2013/docs/hospital_acquired_infection.pdf#page=84

X. Appendices

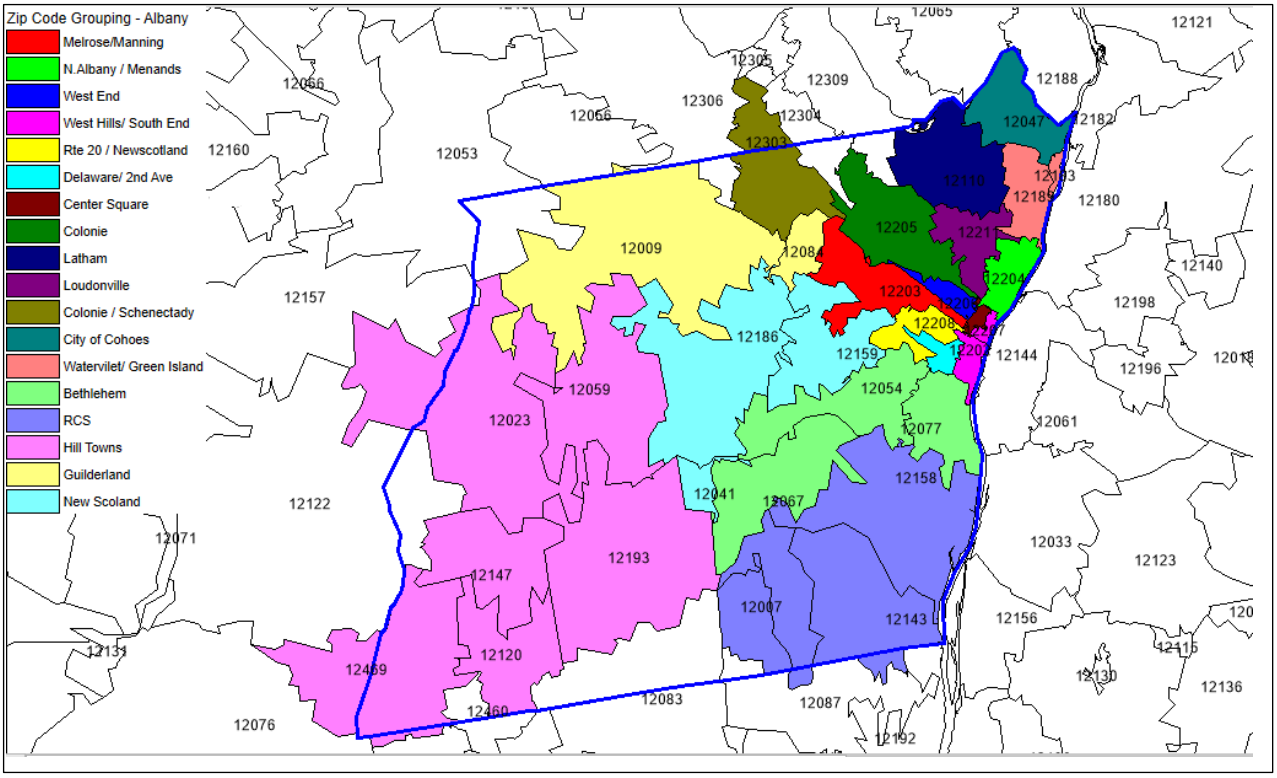
Capital Region Zip Code Groupings and Neighborhoods Maps

Albany County Zip Codes and Neighborhoods (Zip Code Groupings)

Neighborhood: Melrose/ Manning	
12203	Melrose/ Manning
Neighborhood: N. Albany/ Menands	
12204	N. Albany/ Menands
Neighborhood: West End	
12206	West End
Neighborhood: West Hills/ South Ends	
12207	West Hill/ South End
12202	West Hill/ South End
Neighborhood: Delaware/ 2nd Ave	
12209	Delaware/2nd Ave
Neighborhood: Center Square	
12210	Center Square
Neighborhood: Colonie	
12205	Colonie
Neighborhood: Latham	
12110	Latham
Neighborhood: Loudonville	
12211	Loudonville
Neighborhood: Colonie/ Schenectady	
12303	Colonie/ Schenectady
Neighborhood: City of Cohoes	
12047	City of Cohoes
Neighborhood: Watervliet/ G.I.	
12189	Watervliet
12183	Green Island
Neighborhood: Bethelhem	
12054	Delmar
12067	Fuera Bush
12077	Glenmont
Neighborhood: RCS	
12143	Ravena
12158	Selkirk
12046	Coeymans Hollow
12007	Alcove

Neighborhood: Hill Towns	
12059	East Berne
12023	Berne
12147	Rensselaerville
12193	Westerlo
12120	Medusa
12469	Preston Hollow
Neighborhood: New Scotland	
12159	Slingerlands
12186	Voorheesville
12041	Clarksville
Neighborhood: Guilderland	
12084	Guilderland
12085	Guilderland Center
12009	Altamont
12107	Knox

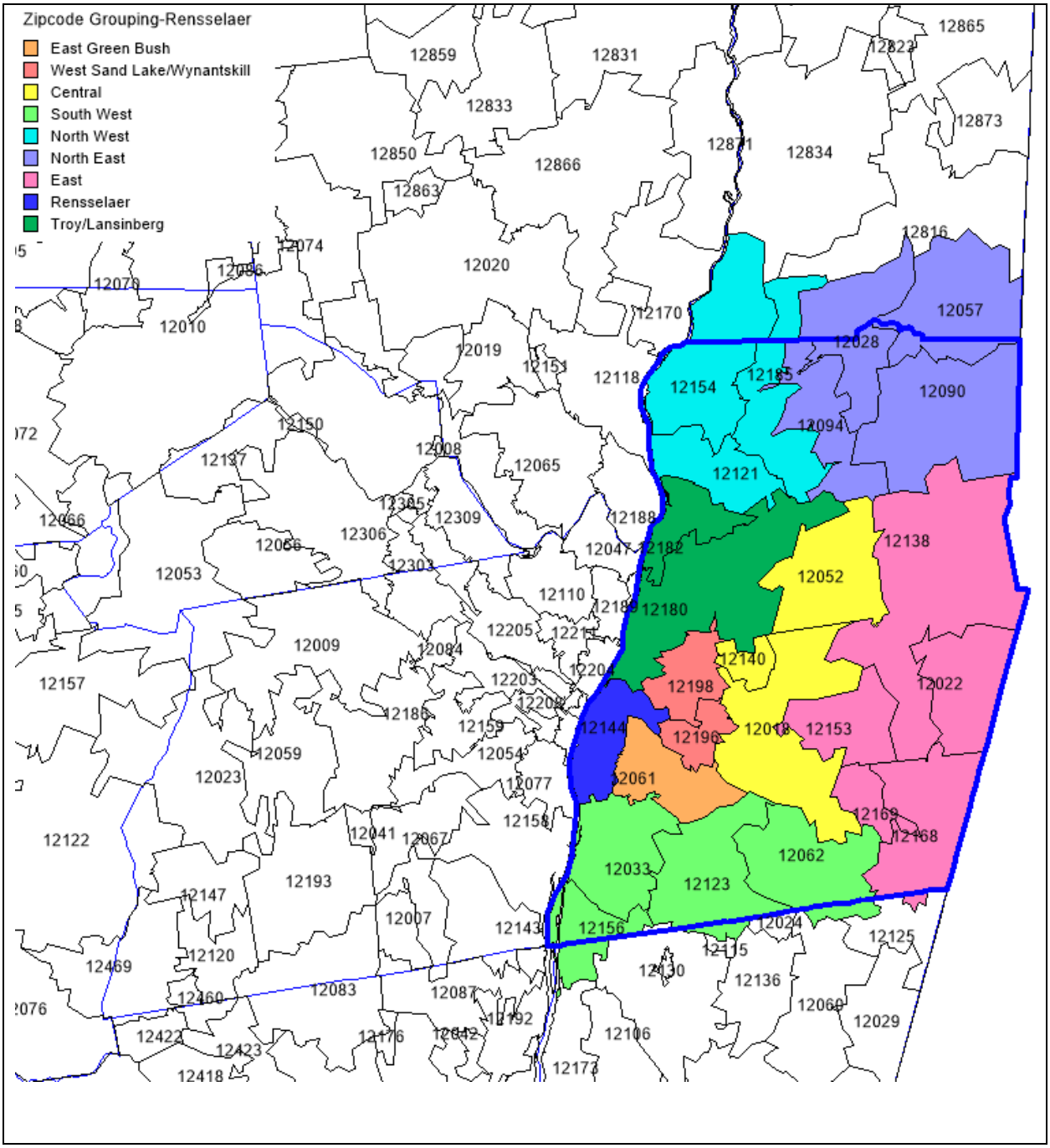
Albany County Neighborhoods Map



Rensselaer County Zip Codes and Neighborhoods (Zip Code Grouping)

Neighborhood: Troy/ Lansingburgh	
12180	Troy
12182	Lansingburgh
Neighborhood: Rensselaer	
12144	Rensselaer
Neighborhood: East	
12022	Berlin
12138	Petersburg
12153	Sand Lake
12168	Stephentown
12169	Stephentown
Neighborhood: North West	
12154	Schaghticoke
12121	Melrose
12185	Valley Falls
Neighborhood: North East	
12090	Hoosick Falls
12057	Eagle Bridge
12094	Johnsonville
12028	Buskirk
Neighborhood: South West	
12033	Castleton on Hudson
12123	Nassau
12156	Schodack
12062	East Nassau
12063	East Schodack
Neighborhood: Central	
12140	Poestenkill
12052	Cropseyville
12018	Averill Park
Neighborhood: W. Sand Lake/ Wyantskill	
12196	West Sand Lake
12198	Wynantskill
Neighborhood: East Greenbush	
12061	East Greenbush

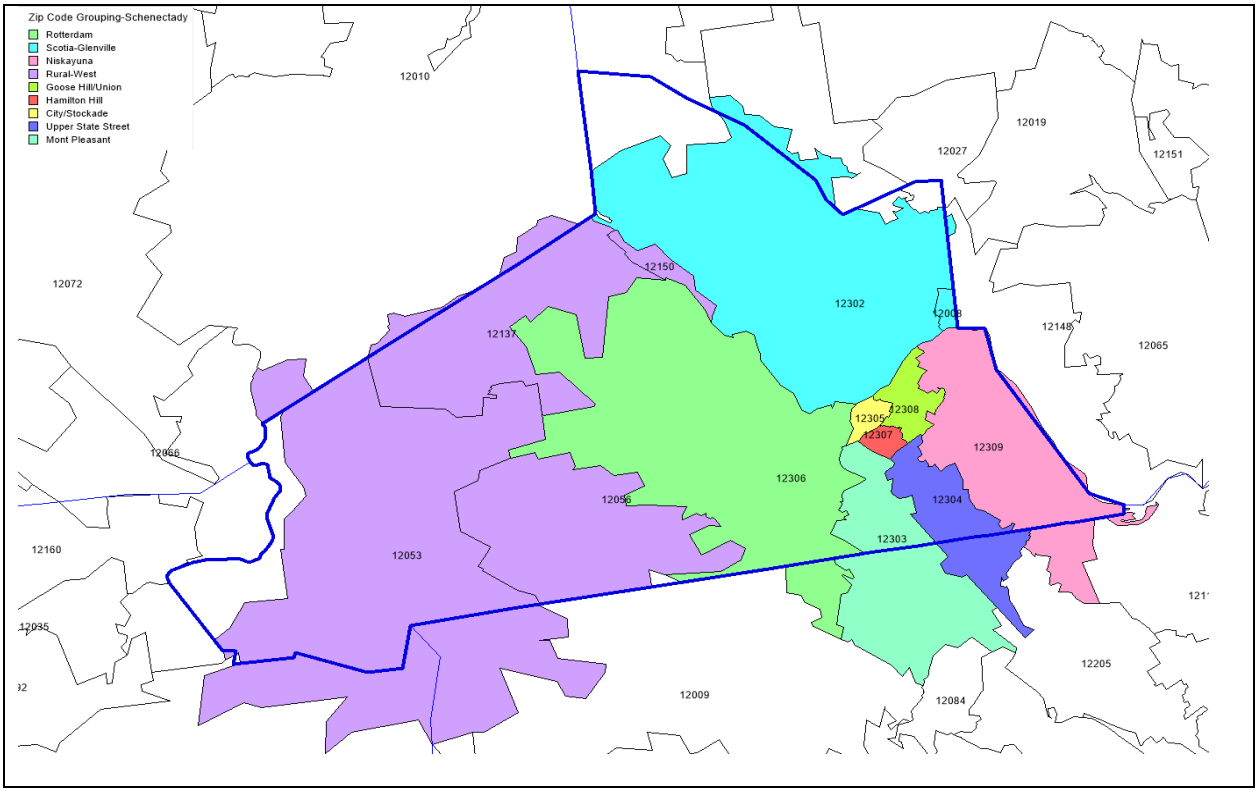
Rensselaer County Neighborhoods Map



Schenectady County Zip Codes and Neighborhoods (Zip Code Groupings)

Neighborhood: Mount Pleasant	
12303	Mount Pleasant
Neighborhood: Upper State Street	
12304	Upper State Street
Neighborhood: City/ Stockade	
12305	City/ Stockade
Neighborhood: Hamilton Hill	
12307	Hamilton Hill
Neighborhood: Goose Hill/ Union	
12308	Goose Hill/ Union
Neighborhood: Rural-West	
12053	Delanson
12056	Duanesburg
12137	Princetown
12150	Rotterdam Junction
Neighborhood: Niskayuna	
12309	Niskayuna
Neighborhood: Scotia-Glenville	
12302	Scotia-Glenville
12008	Glenville
Neighborhood: Rotterdam	
12306	Rotterdam

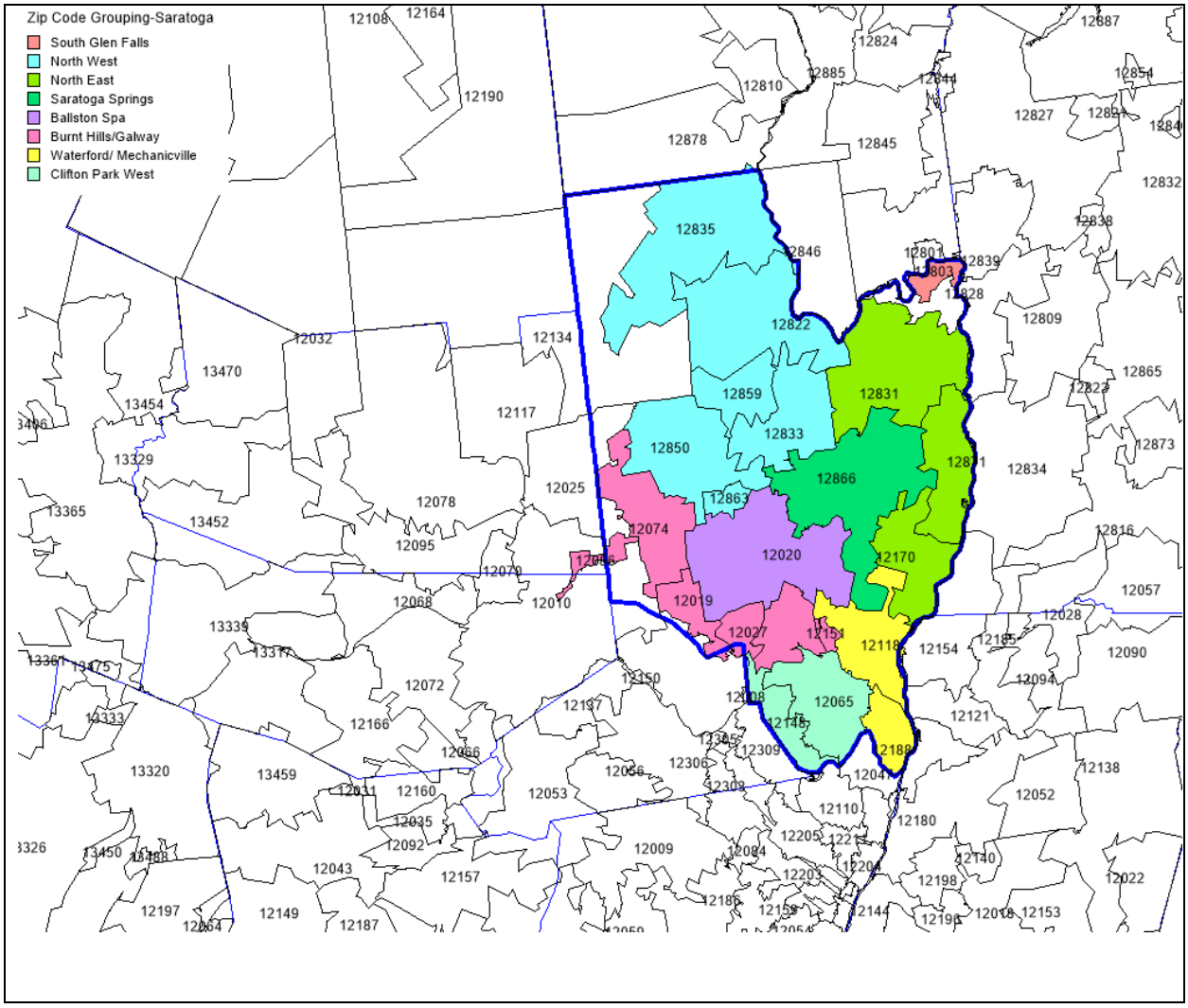
Schenectady County Neighborhoods Map



Saratoga County Zip Codes and Neighborhoods (Zip Code Groupings)

Neighborhood: Clifton Park West	
12148	Rexford/ Vischer Ferry
12065	Clifton Park West
Neighborhood: Waterford/ Mechanicville	
12188	Waterford
12118	Mechanicville
Neighborhood: Burnt Hills/ Galway	
12019	Ballston Lake
12027	Burnt Hills
12074	Galway
12151	Round Lake
12086	Hagaman
Neighborhood: Balston Spa	
12020	Ballston Spa
Neighborhood: Saratoga Springs	
12866	Saratoga Springs
Neighborhood: North East	
12831	Gansevoort
12871	Schuylerville
12170	Stillwater
Neighborhood: North West	
12833	Greenfield Center
12835	Hadley
12850	Middle Grove
12859	Porter Corners
12863	Rock City Falls
12822	Corinth
Neighborhood: South Glens Falls	
12803	South Glen Galls

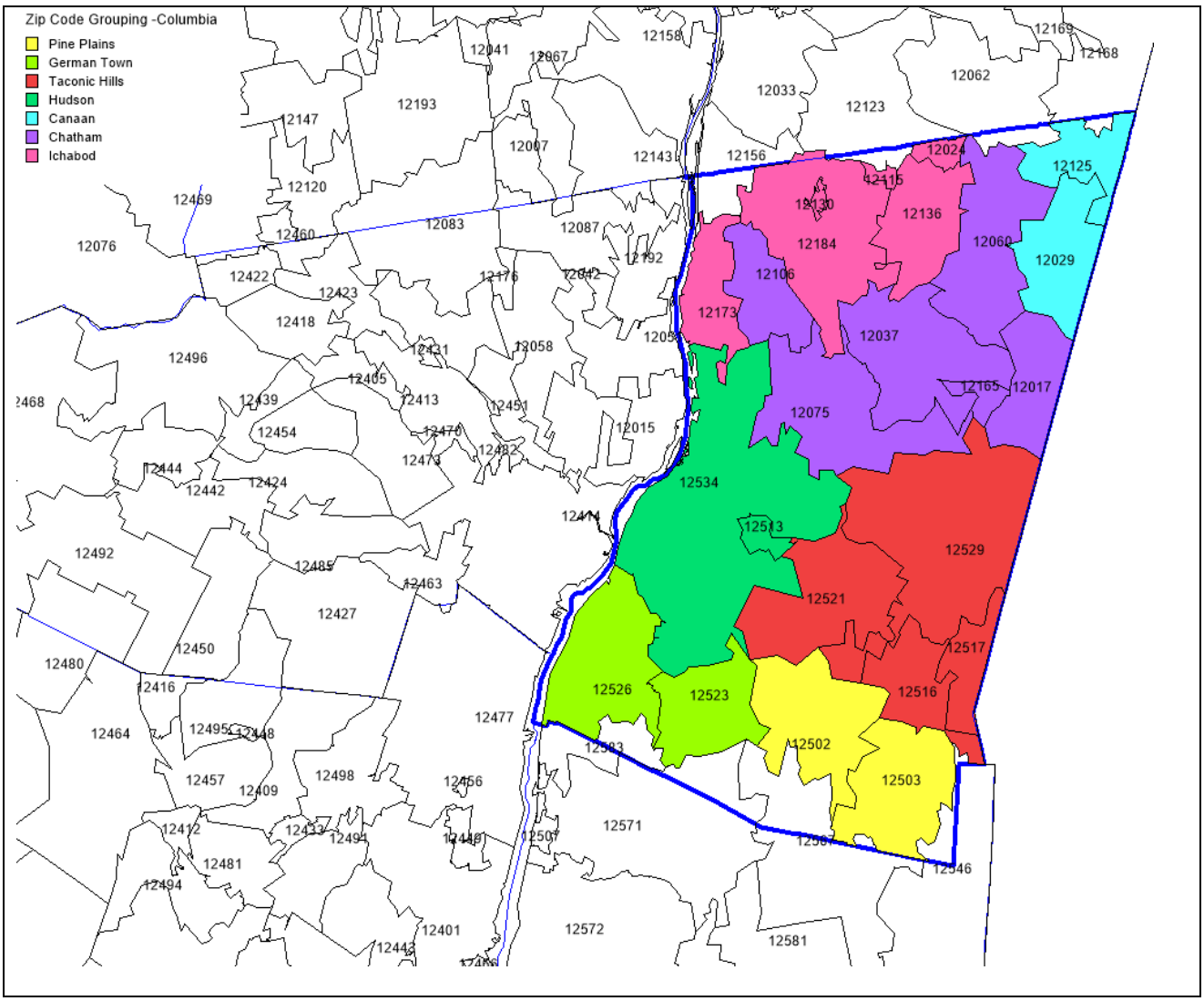
Saratoga County Neighborhoods Map



Columbia County Zip Codes and Neighborhoods (Zip Code Grouping)

Neighborhood: Ichabod	
12024	Brainard
12115	Malden Bridge
12130	Niverville
12132	North Chatham
12136	Old Chatham
12173	Stuyvesant
12174	Stuyvesant Falls
12184	Valatie
Neighborhood: Chatham	
12017	Austerlitz
12037	Chatham
12060	East Chatham
12075	Ghent
12106	Kinderhook
12165	Spencertown
12195	West Lebanon
Neighborhood: Canaan	
12029	Canaan
12125	New Lebanon
Neighborhood: Hudson	
12172	Stottville
12513	Claverack
12530	Hollowville
12534	Hudson
Neighborhood: Taconic Hills	
12516	Copake
12517	Copake Falls
12521	Craryville
12529	Hillsdale
12565	Philmont
Neighborhood: Germantown	
12523	Elizaville
12526	Germantown
Neighborhood: Pine Plains	
12502	Ancram
12503	Ancramdale

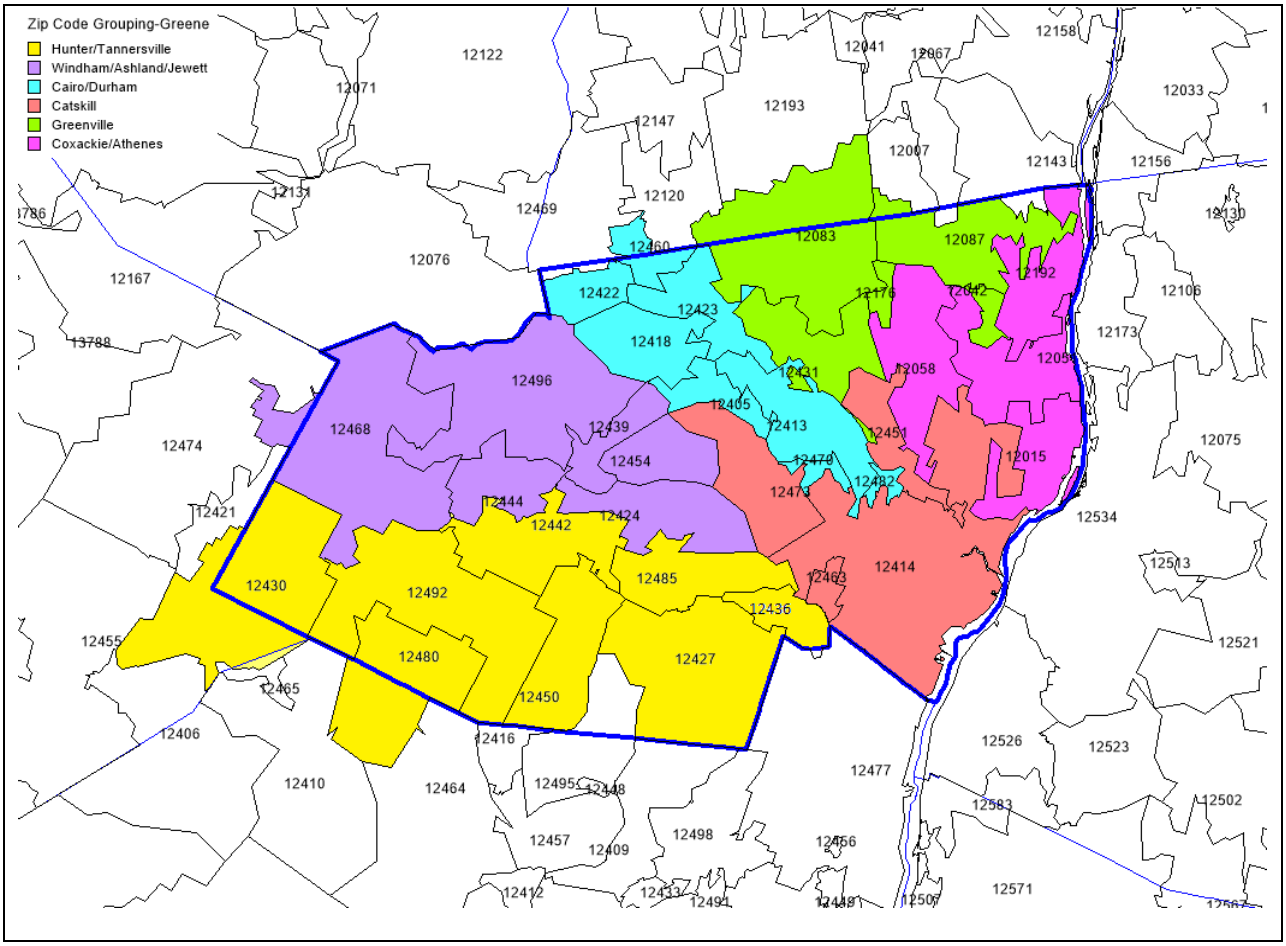
Columbia County Neighborhoods Map



Greene County Zip Codes and Neighborhoods (Zip Code Groupings)

Neighborhood: Coxackie/ Athens	
12015	Athens
12051	Coxsackie
12058	Earlton
12124	New Baltimore
12192	West Coxackie
Neighborhood: Greenville	
12042	Climax
12083	Greenville
12087	Hannacroix
12176	Surprise
12431	Freehold
Neighborhood: Catskill	
12414	Catskill
12451	Leeds
12463	Palenville
12473	Round Top
Neighborhood: Cairo/ Durham	
12405	Acra
12413	Cairo
12418	Cornwallville
12422	Durham
12423	East Durham
12460	Oak Hill
12470	Purling
12482	South Cairo
Neighborhood:	
12407	Ashland
12424	East Jewett
12439	Hensonville
12444	Jewett
12452	Lexington
12454	Maplecrest
12468	Prattsville
12496	Windham
Neighborhood:	
12427	Elka Park
12430	Fleishman
12436	Haines Falls
12442	Hunter
12450	Lanesville
12480	Shandaken
12485	Tannersville
12492	West Kill

Greene County Neighborhoods Map



County Age, Poverty Level, and Race/Ethnicity Demographics by Neighborhood

The following section contains charts representing socio-demographic indicators by neighborhood. All indicators are for the most recent available years, 2009-2013, and are from U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Note:

- Please refer to the Capital Region Zip Code Groupings in the previous section for corresponding neighborhood zip codes.
- County totals represent all county residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Albany County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Melrose/ Manning	30,505	751	2.5	1,850	6.1	3,109	10.2	13,076	42.9	6,676	21.9	2,119	6.9	2,924	9.6
N. Albany/ Menands	7,102	344	4.8	742	10.4	365	5.1	3,021	42.5	1,715	24.1	554	7.8	361	5.1
West End	16,885	1,540	9.1	2,811	16.6	1,378	8.2	5,915	35	3,942	23.3	664	3.9	635	3.8
West Hills/ South End	10,903	901	8.3	1,452	13.3	682	6.3	3,854	35.3	2,919	26.8	627	5.8	468	4.3
Rte. 20/ New Scot	21,327	744	3.5	1,850	8.7	882	4.1	9,867	46.3	5,040	23.6	1,532	7.2	1,412	6.6
Delaware/2nd Avenue	10,913	840	7.7	1,028	9.4	629	5.8	4,339	39.8	2,713	24.9	715	6.6	649	5.9
Center Square	9,079	440	4.8	941	10.4	689	7.6	4,186	46.1	1,984	21.9	516	5.7	323	3.6
Colonie	27,097	1,252	4.6	2,691	9.9	1,428	5.3	8,741	32.3	7,730	28.5	2,503	9.2	2,752	10.2
Latham	21,422	733	3.5	2,156	10.1	2,295	10.8	6,627	30.9	6,623	29.2	1,516	7.1	1,654	7.7
Loudonville	12,054	368	3.1	1,317	10.9	856	7.1	3,094	25.7	3,661	30.4	1,396	11.6	1,359	11.3
Colonie/ Schenectady	30,276	1,935	6.4	3,802	12.6	2,261	7.5	9,141	30.2	8,806	29.1	2,190	7.2	2,141	7.1
City of Cohoes	20,102	1,013	5.0	2,322	11.6	986	4.9	6,563	32.6	6,151	30.6	1,504	7.5	1,563	7.8
Watervliet/G.I	20,469	1,353	6.6	2,446	11.9	1,057	5.2	8,342	40.8	4,572	22.3	1,477	7.2	1,222	6
Bethlehem	24,964	1,556	6.2	3,345	13.4	1,511	6.1	7,129	28.6	7,882	31.6	1,782	7.1	1,759	7
RCS	12,561	898	7.1	1,559	12.4	864	6.9	3,917	31.2	3,721	29.6	676	5.4	926	7.4
Hill Towns	7,358	326	4.4	708	9.6	344	4.7	1,912	26	2,882	39.2	706	9.6	480	6.5
Guilderland	14,908	866	5.8	1,352	9.1	906	6.1	5,058	33.9	4,620	31	924	6.2	1,182	7.9
New Scotland	14,671	532	3.6	2,150	14.7	1,026	7.0	3,458	23.6	4,940	33.7	1,418	9.7	1,147	7.8
Albany	**305,279**	**5,271**	**5.0**	**33,106**	**10.8**	**24,353**	**8.0**	**104,981**	**34.4**	**83,985**	**27.5**	**21,945**	**7.2**	**21,638**	**7.1**

*Albany county totals represent all Albany residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Albany County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Melrose/Manning	26,553	2,535	9.5	4,555	17.2	6,660	25.1	8,255	31.1
N. Albany/Menands	7,204	475	6.6	1,130	16.1	1,827	25.3	2,266	31.5
West End	16,761	3,179	19.0	6,274	37.4	9,107	54.3	10,381	61.9
West Hills/South End	10,782	1,522	14.1	3,326	30.8	5,593	51.9	6,582	61.0
Rte. 20/New Scot	20,816	1,860	8.9	3,513	16.9	5,212	25.0	6,540	31.4
Delaware/2nd Avenue	10,833	544	5.0	2,030	18.7	2,492	23.0	2,913	27.0
Center Square	9,038	955	10.6	2,505	27.7	3,567	39.5	4,479	49.6
Colonie	27,059	874	3.2	2,014	7.4	3,731	13.8	5,356	19.8
Latham	18,764	900	4.8	1,604	8.5	2,205	11.8	3,305	17.6
Loudonville	10,903	213	2.0	618	5.7	905	8.3	1,205	11.1
Colonie/Schenectady	30,242	1,414	4.7	3,465	11.5	5,851	19.3	8,638	28.6
City of Cohoes	19,657	1,015	5.2	2,392	12.2	4,264	21.7	5,500	28.0
Watervliet/G.I	20,348	1,289	6.3	2,795	13.7	4,485	22.0	6,711	33.0
Bethlehem	24,770	876	3.5	1,316	5.3	2,281	9.2	3,804	15.4
RCS	12,470	285	2.3	862	6.9	1,402	11.2	2,273	18.2
Hill Towns	7,315	252	3.4	619	8.5	1,266	17.3	1,712	23.4
Guilderland	14,617	306	2.1	822	5.6	1,511	10.3	2,610	17.9
New Scotland	14,659	262	1.8	581	4.0	974	6.6	1,670	11.4
Albany	**289,520**	**17,569**	**5.0**	**37,451**	**13.0**	**58,489**	**20.2**	**77,352**	**26.7**

*Albany county totals represent all Albany residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Albany County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

	Race								Ethnicity	
	White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Melrose/Manning	24,390	80.0	2,524	8.3	2,218	7.3	1,373	4.5	1,859	6.1
N. Albany/Menands	4,088	57.6	2,116	29.8	484	6.8	414	5.8	758	10.8
West End	5,139	30.4	9,083	53.8	915	5.4	1,748	10.4	2,539	15.0
West Hills/South End	3,034	27.8	6,544	60.0	698	6.4	627	5.8	834	7.6
Rte.20/New Scot	15,604	73.2	3,437	16.1	1,316	6.2	970	4.5	1,073	5.0
Delaware/2nd Ave	6,115	56.0	3,176	29.1	677	6.2	945	8.7	703	6.4
Center Square	4,110	45.3	4,237	46.7	234	2.6	498	5.5	944	10.4
Colonie	24,053	88.8	1,263	4.7	1,057	3.9	724	2.7	853	3.1
Latham	17,076	80.4	1,455	6.8	1,927	9.1	786	3.7	1,357	6.4
Loudonville	10,424	86.5	581	4.8	622	5.2	427	3.5	255	2.1
Colonie/ Schenectady	23,979	79.2	3,187	10.5	1,155	3.8	1,955	6.5	2,177	7.2
City of Cohoes	18,257	90.8	598	3.0	343	1.7	904	4.5	986	4.9
Watervliet/G.I.	17,478	85.4	1,360	6.6	965	4.7	666	3.3	767	3.7
Bethlehem	22,015	88.2	481	1.9	1,471	5.9	997	4.0	437	1.8
RCS	12,335	86.0	1,501	10.5	203	1.4	304	2.1	435	3.0
Hill Towns	7,140	97.0	125	1.7	56	0.7	37	0.5	4	0.05
Guilderland	13,314	89.3	243	1.6	855	5.7	496	3.3	461	3.1
New Scotland	13,516	92.1	168	1.1	571	3.9	416	2.8	498	3.4
Albany	**237,732**	**77.9**	**39,097**	**12.8**	**15,531**	**5.1**	**12,919**	**4.2**	**15,744**	**5.2**

*Albany county totals represent all Albany residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Rensselaer County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Troy/Lansingburgh	68,072	4,194	6.2	6,846	10.1	6,470	9.5	25,551	37.5	16,700	24.5	4,438	6.5	4,503	6.6
Rensselaer	20,447	1,044	5.1	2,364	11.6	1,005	4.9	6,868	33.6	6,220	30.4	1,409	6.9	1,537	7.5
East	7,224	399	5.5	750	10.4	363	5.0	2,092	29.0	2,426	33.6	748	10.4	446	6.2
North East	11,571	631	5.5	1,685	14.6	798	6.9	3,282	28.4	3,486	30.1	941	8.1	748	6.5
North West	7,105	231	3.3	930	13.1	672	9.5	1,744	24.5	2,498	35.2	699	9.8	331	4.7
South West	16,165	780	4.8	1,927	11.9	541	3.3	4,551	28.2	5,217	32.3	1,497	9.3	1,272	7.9
Central	10,780	414	3.8	1,540	14.3	679	6.3	3,110	28.8	3,552	32.9	887	8.2	598	5.5
W. Sand Lake/ Wynantskill	11,386	784	6.9	1,431	12.6	804	7.1	3,293	28.9	3,750	32.9	768	6.7	556	4.9
East Greenbush	9,537	408	4.3	1,432	15.0	497	5.2	3,080	32.3	2,785	29.2	623	6.5	712	7.5
Rensselaer	**159,565**	**8,759**	**5.5**	**18,402**	**11.5**	**12,066**	**7.6**	**52,168**	**32.7**	**45,895**	**28.8**	**11,744**	**7.4**	**10,531**	**6.6**

*Rensselaer county totals represent all Rensselaer residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Rensselaer County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Troy/Lansingburgh	63,069	6,618	10.5	13,615	21.6	18,631	29.5	23,318	37.0
Rensselaer	20,251	837	4.1	2,291	11.3	3,795	18.7	5,262	26.0
East	7,212	273	3.8	543	7.5	946	13.1	1,481	20.5
North East	11,487	559	4.9	1,049	9.1	2,212	19.3	3,657	31.8
North West	7,096	194	2.7	684	9.6	1,037	14.6	1,547	21.8
South West	16,050	261	1.6	987	6.1	1,762	11.0	3,036	18.9
Central	10,733	102	1.0	208	1.9	613	5.7	1,209	11.3
W. Sand Lake/Wynantskill	11,247	295	2.6	509	4.5	1,035	9.2	1,409	12.5
East Greenbush	9,282	84	0.9	412	4.4	632	6.8	1,120	12.1
Rensselaer	**153,704**	**9,109**	**5.9**	**20,300**	**13.2**	**30,360**	**19.8**	**41,591**	**27.1**

*Rensselaer county totals represent all Rensselaer residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Rensselaer County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Troy/Lansingburgh	68,072	53,603	78.7	7,977	11.7	2,627	3.9	3,865	5.7	4,462	6.6
Rensselaer	20,447	18,822	92.1	558	2.7	425	2.1	642	3.1	643	3.1
East	7,224	7,056	97.7	0	0.0	8	0.1	151	2.1	69	1.0
North East	11,571	11,253	97.3	29	0.3	71	0.6	218	1.9	35	0.3
North West	7,105	6,682	94.0	330	4.6	0	0.0	93	1.3	110	1.5
South West	16,165	15,347	94.9	274	1.7	105	0.6	439	2.7	222	1.4
Central	10,780	10,431	96.8	144	1.3	84	0.8	121	1.1	93	0.9
W. Sand Lake/ Wynantskill	11,386	10,896	95.7	201	1.8	10	0.1	279	2.5	177	1.6
East Greenbush	9,537	8,346	87.5	331	3.5	320	3.4	540	5.7	600	6.3
Rensselaer	**159,565**	**139,931**	**87.7**	**9,794**	**6.1**	**3,611**	**2.3**	**6,229**	**3.9**	**6,364**	**4.0**

*Rensselaer county totals represent all Rensselaer residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Schenectady County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Mount Pleasant	30,276	1,935	6.4	3,802	12.6	2,261	7.5	9,141	30.2	8,806	29.1	2,190	7.2	2,141	7.1
Upper State St.	21,708	1,660	7.6	2,848	13.1	1,291	5.9	7,136	32.9	5,668	26.1	1,354	6.2	1,751	8.1
City/Stockade	5,389	286	5.3	261	4.8	438	8.1	2,409	44.7	1,335	24.8	374	6.9	286	5.3
Hamilton Hill	7,619	881	11.6	1,587	20.8	596	7.8	1,934	25.4	2,029	26.6	425	5.6	164	2.2
Goose Hill/ Union	14,401	996	6.9	1,578	11.0	1,521	10.6	5,494	38.2	3,194	22.2	708	4.9	910	6.3
Rural-West	8,261	276	3.2	967	11.7	761	9.2	2,505	30.3	3,477	42.1	749	9.1	541	6.5
Niskayuna	29,419	1,422	4.8	4,009	13.6	1,853	6.3	7,954	27.0	9,143	31.1	2,375	8.1	2,591	8.8
Scotia-Glenville	26,270	1,307	5.0	2,782	10.6	1,698	6.5	7,604	28.9	8,656	33.0	2,444	9.3	2,698	10.3
Rotterdam	25,785	1,378	5.3	2,730	10.6	1,836	7.1	8,299	32.2	7,873	30.5	2,076	8.1	1,593	6.2
Schenectady	**154,821**	**9,219**	**6.0**	**19,299**	**12.5**	**10,888**	**7.0**	**48,547**	**31.4**	**43,553**	**28.1**	**11,321**	**7.3**	**11,994**	**7.7**

*Schenectady county totals represent all Schenectady residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Schenectady County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Mount Pleasant	30,242	1,414	4.7	3,465	11.5	5,851	19.3	8,638	28.6
Upper State St.	21,149	1,592	7.5	3,517	16.6	5,735	27.1	7,740	36.6
City/Stockade	4,391	631	14.4	1,249	28.4	1,929	43.9	2,427	55.3
Hamilton Hill	7,604	1,619	21.3	3,528	46.4	4,338	57.0	5,209	68.5
Goose Hill/ Union	12,708	1,127	8.9	2,610	20.5	4,035	31.8	5,223	41.1
Rural-West	9,245	212	2.3	455	4.9	688	7.4	1,010	10.9
Niskayuna	29,233	598	2.0	1,081	3.7	2,431	8.3	5,365	18.5
Scotia-Glenville	27,824	580	2.1	1,299	4.7	2,694	9.7	4,490	16.1
Rotterdam	25,741	843	3.3	2,522	9.8	3,917	15.2	5,788	22.5
Schenectady	**150,895**	**8,335**	**5.5**	**19,127**	**12.7**	**30,391**	**20.1**	**41,951**	**27.8**

*Schenectady county totals represent all Schenectady residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Schenectady County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Mount Pleasant	30, 276	23,979	79.2	3,187	10.5	1,155	3.8	1,955	6.5	2,177	7.2
Upper State St.	21,708	14,157	65.2	3,913	18.0	1,065	4.9	2,573	11.9	1,764	8.1
City/Stockade	5,389	3,917	72.7	932	17.3	181	3.4	359	6.7	450	8.4
Hamilton Hill	7,619	2,517	33.0	3,300	43.3	385	5.1	1,417	18.6	1392	18.3
Goose Hill/ Union	14,401	10,393	72.2	2,187	15.2	802	5.6	1,019	7.1	1,414	9.8
Rural- West	9,261	9,110	98.4	0	0	111	1.2	142	1.5	83	0.9
Niskayuna	29,419	25,66	86.9	570	1.9	2,221	7.5	1,062	3.6	907	3.1
Scotia-Glenville	28,208	26,574	94.2	536	1.9	264	0.93	834	3.0	649	2.3
Rotterdam	25,785	23,358	90.6	1,192	4.6	342	1.3	893	3.5	898	3.5
Schenectady	**154,821**	**123,618**	**79.8**	**15,230**	**9.8**	**5,984**	**3.9**	**9,989**	**6.5**	**9,236**	**6.0**

*Schenectady county totals represent all Schenectady residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Saratoga County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Clifton Park West	46,391	2,525	5.4	6,371	13.7	2,776	6.0	14,448	31.1	14,172	30.5	3,417	7.4	2,682	5.8
Waterford/ Mechanicville	25,453	1,582	6.2	3,311	13.0	1,651	6.5	8,171	32.1	7,136	28.0	1,974	7.8	1,628	6.4
Burnt Hills/Galway	20,770	1,064	5.1	3,124	15.0	1,481	7.1	6,228	30.0	7,787	37.5	2,539	12.2	1,547	7.4
Ballston Spa	31,403	1,659	5.3	3,889	12.4	2,365	7.5	10,633	33.9	8,952	28.5	2,196	7.0	1,709	5.4
Saratoga Springs	36,864	1,820	4.9	3,670	10.0	2,301	6.2	11,893	32.3	10,812	29.3	3,207	8.7	3,161	8.6
North East	27,190	1,853	6.8	4,002	14.7	1,722	6.3	8,364	30.8	7,994	29.4	1,888	6.9	1,367	5.0
North West	18,752	967	5.2	2,487	13.3	1,234	6.6	5,610	29.9	5,834	31.1	1,362	7.3	948	5.1
South Glens Falls	7,983	296	3.7	932	11.7	637	8.0	2,592	32.5	2,317	29.0	710	8.9	499	6.3
Totals	**221,169**	**11,871**	**5.4**	**28,259**	**12.8**	**14,308**	**6.5**	**68,940**	**31.2**	**66,253**	**30.0**	**18,014**	**8.1**	**13,524**	**6.1**

*Saratoga county totals represent all Saratoga residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Saratoga County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100% of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Clifton Park West	46,155	742	1.6	2,303	5.0	3,765	8.2	6,192	13.4
Waterford/Mechanicville	25,285	1,176	4.7	2,003	7.9	3,484	13.8	5,046	20.0
Burnt Hills/Galway	23,734	399	1.7	856	3.6	1,658	7.0	2,616	11.0
Ballston Spa	30,722	707	2.3	1,860	6.1	4,333	14.1	6,418	20.9
Saratoga Springs	34,627	1,302	3.8	2,564	7.4	4,200	12.1	6,550	18.9
North East	26,502	416	1.6	1,492	5.6	2,873	10.8	4,451	16.8
North West	18,571	735	4.0	2,469	13.2	2,927	15.6	4,971	26.5
South Glens Falls	7,974	206	2.6	135	8.2	1,109	13.9	1,891	23.7
Saratoga	**216,906**	**5,794**	**2.7**	**14,192**	**6.5**	**25,242**	**11.6**	**39,441**	**18.2**

*Saratoga county totals represent all Saratoga residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Saratoga County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	Total	#	%	#	%	#	%	#	%	#	%
Clifton Park West	46,391	42,174	90.9	846	1.8	2,396	5.2	975	2.1	1,624	3.5
Waterford/ Mechanicville	25,403	23,962	94.3	332	1.3	454	1.8	705	2.8	506	2.0
Burnt Hills/Galway	23,410	22,555	96.3	245	1.0	334	1.4	636	2.7	444	1.9
Ballston Spa	31,403	30,549	98.9	206	0.7	129	0.4	519	1.7	829	2.6
Saratoga Springs	36,864	34,559	93.7	666	1.8	630	1.7	1,009	2.7	1,151	3.1
North East	27,190	25,915	95.3	659	2.4	240	0.9	376	1.4	726	2.7
North West	18,752	17,361	92.6	272	1.6	86	0.5	487	2.6	231	1.2
South Glens Falls	7,983	7,729	96.8	164	2.1	14	0.2	76	1.0	151	1.9
Saratoga	**221,169**	**208,607**	**94.3**	**3,469**	**1.6**	**4,289**	**1.9**	**4,804**	**2.2**	**5,706**	**2.6**

*Saratoga county totals represent all Saratoga residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Columbia County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Ichabod	11,125	423	3.8	1,369	12.3	625	5.6	2,915	26.2	3,638	32.7	1,312	3.8	843	7.6
Chatham	11,787	449	3.8	1,529	13.0	803	6.8	2,868	24.3	3,983	33.8	1,131	3.8	1,024	8.7
Canaan	2,578	86	3.3	266	10.3	340	13.2	579	22.5	883	34.3	245	3.3	179	6.9
Hudson	19,034	1,142	6.0	1,963	10.3	985	5.2	5,555	29.2	5,826	30.6	1,847	6.0	1,716	9.0
Taconic Hills	8,314	313	3.8	786	9.5	685	8.2	1,981	23.8	2,718	32.7	976	3.8	855	10.3
Germantown	5,504	285	5.2	595	10.8	374	6.8	1,567	28.5	1,739	31.6	541	5.2	403	7.3
Pine Plains	1,875	30	1.6	122	6.5	103	5.5	512	27.3	763	40.7	196	1.6	149	7.9
Columbia	**62,674**	**2,859**	**4.6**	**6,929**	**11.1**	**4,089**	**6.5**	**16,686**	**26.6**	**20,296**	**32.4**	**6,489**	**4.6**	**5,326**	**8.5**

*Columbia county totals represent all Columbia residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Columbia County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood Name	Population for whom poverty status is determined	50% of Poverty Level		100 % of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Ichabod	10,445	353	3.4	671	6.4	1,334	12.8	2,025	19.4
Chatham	11,500	365	3.2	746	6.5	1,553	13.5	2,579	22.4
Canaan	2,342	96	4.1	218	9.3	355	15.2	541	23.1
Hudson	17,932	1,090	6.1	2,418	13.5	4,539	25.3	6,019	33.6
Taconic Hills	8,154	529	6.5	1,054	12.9	1,835	22.5	2,421	29.7
Germantown	5,476	242	4.4	411	7.5	952	17.4	1,416	25.9
Pine Plains	1,860	108	5.8	179	9.6	249	13.4	488	26.2
Columbia County	**60,363**	**2,854**	**4.7**	**5,911**	**9.8**	**11,194**	**18.5**	**16,127**	**26.7**

*Columbia county totals represent all Columbia residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Columbia County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	**Total**	#	%	#	%	#	%	#	%	#	%
Ichabod	11,125	10,737	96.5	172	1.5	115	1.0	101	0.9	229	2.1
Chatham	11,787	11,118	94.3	209	1.8	206	1.7	254	2.2	125	1.1
Canaan	2,578	2,243	87.0	159	6.2	97	3.8	25	1.0	79	3.1
Hudson	19,034	15,474	81.3	1,781	9.4	456	2.4	1,323	7.0	1,416	7.4
Taconic Hills	8,314	7,840	94.3	221	2.7	37	0.4	214	2.6	249	3.0
Germantown	5,504	5,319	96.6	32	0.6	27	0.5	126	2.3	234	4.3
Pine Plains	1,875	1,813	96.7	18	1.0	13	0.7	31	1.7	33	1.8
Columbia	**62,674**	**56,760**	**90.6**	**2,658**	**4.2**	**985**	**1.6**	**2,271**	**3.6**	**2,515**	**4.0**

*Columbia county totals represent all Columbia residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Age for Greene County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Total Population	<5 Years		5-14 Years		15-19 Years		20-44 Years		45-64 Years		65-74 Years		75 Years and Above	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Coxackie / Athens	13,320	546	4.1	1,199	9.0	1,246	9.4	4,878	36.6	3,768	28.3	919	6.9	764	5.7
Greenville	6,546	392	6.0	574	8.8	387	5.9	1,658	25.3	2,027	31.0	906	13.8	602	9.2
Catskill	14,897	827	5.6	1,844	12.4	997	6.7	4,369	29.3	4,386	29.4	1,193	8.0	1,281	8.6
Cairo/Durham	6,831	340	5.0	783	11.5	277	4.1	1,843	27.0	2,297	33.6	833	12.2	458	6.7
Windham/Ashland	4,319	91	2.1	356	8.2	186	4.3	871	20.2	1,494	34.6	646	15.0	675	15.6
Hunter / Tannersville	4,703	186	4.0	472	10.0	330	7.0	880	18.7	1,865	39.7	701	14.9	269	5.7
Greene	**48,928**	**2,236**	**4.6**	**5,008**	**10.2**	**3,335**	**6.8**	**14,171**	**29.0**	**15,256**	**31.2**	**5,067**	**10.4**	**3,855**	**7.9**

*Greene county totals represent all Greene residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Poverty Level for Greene County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Neighborhood	Population for whom poverty status is determined	50% of Poverty Level		100 % of Poverty Level		150% of Poverty Level		200% of Poverty Level	
		#	%	#	%	#	%	#	%
Coxsackie/Athens	11,227	471	4.2	1,213	10.8	1,777	15.8	3,028	27.0
Greenville	6,536	94	1.4	661	10.1	1,034	15.8	1,477	22.6
Catskill	14,402	1,165	8.1	2,338	16.2	3,198	22.2	4,438	30.8
Cairo/Durham	6,831	355	5.2	1,505	22.0	2,132	31.2	2,863	41.9
Windham/Ashland	4,302	186	4.3	668	15.5	1,172	27.2	1,644	38.2
Hunter / Tannersville	4,627	401	8.7	812	17.5	1,277	27.6	1,601	34.6
Greene	**45,484**	**2,612**	**5.7**	**6,881**	**15.1**	**10,106**	**22.2**	**14,424**	**31.7**

*Greene county totals represent all Greene residents and not a summary of all listed zip codes as some zip codes cross county border.

Population by Race/Ethnicity for Greene County by Neighborhood

U.S. Census Bureau, 2009-2013 5-Year American Community Survey

		Race								Ethnicity	
		White		Black		Asian		Other		Hispanic or Latino	
Neighborhood	Total	#	%	#	%	#	%	#	%	#	%
Coxsackie /Athens	14,073	11,590	82.4	2,002	14.2	100	0.7	381	2.7	1205	8.6
Greenville	6,546	6,478	99.0	32	0.5	0	0.0	36	0.5	23	0.4
Catskill	14,897	12,900	86.6	950	6.4	141	0.9	942	6.3	900	6.0
Cairo/Durham	6,831	6,652	97.4	18	0.3	74	1.1	87	1.3	25	0.4
Windham/Ashland	4,319	4,294	99.4	6	0.1	0	0.0	19	0.4	109	2.5
Hunter/Tannersville	4,703	4,399	93.5	22	0.5	93	2.0	189	4.0	278	5.9
Greene	**48,928**	**44,074**	**90.1**	**3,007**	**6.1**	**320**	**0.7**	**1527**	**3.1**	**2479**	**5.1**

*Greene county totals represent all Greene residents and not a summary of all listed zip codes as some zip codes cross county border.

County Birth Indicators by Neighborhood

The following section contains charts representing birth indicators by neighborhood. All perinatal and natality rates are for the most recent available years, 2011-2013, and are from the New York State County/ZIP Code Perinatal Data Profile.

Note:

- Some zip codes which are not included in the neighborhood totals represented as data was not available for these zip codes for reasons of confidentiality.
- Some zip codes in which teen birth information was unavailable for reasons of confidentiality and not included in the neighborhood totals for information on the Teen population.
- ZIP codes with a population of less than 30 teenage women are suppressed for reasons of confidentiality.
- Please refer to the Capital Region Zip Code Groupings in the previous section for corresponding neighborhood zip codes.

Albany County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Melrose/ Manning	21	7.4	9	3.0	2,899	1.4	1	2.9	2	30.0	207	5.8	40	5.2	36	8.7	60	690
N. Albany/ Menands	8	34.6	5	21.0	233	3.3	1	3.3	1	41.1	123	6.7	20	10.0	30	11.6	35	299
West End	81	121.3	41	62.1	665	10.2	9	12.4	11	79.3	677	12.2	108	11.4	101	13.5	119	884
West Hills/ South End						16.9	11	21.5	14	8.4	530	8.9	58	13.8	90	16.4	107	651
Rte. 20/ New Scotland	22	28.4	11	14.0	766	5.6	4	7.0	5	36.5	261	5.6	40	6.8	49	10.1	72	717
Delaware/ 2nd Ave	15	47.5	7	22.9	324	11.6	5	16.2	7	48.3	208	5.9	25	9.7	42	12.3	53	431
Center Square	24	87.7	14	50.9	270	13.9	6	18.5	8	71.6	310	7.6	33	10.9	47	14.2	61	433
Colonie	20	27.6	10	13.6	721	.1	4	5.1	4	27.9	219	4.5	35	9.2	72	12.1	95	786
Latham	9	12.5	5	6.3	712	4.2	2	4.2	2	20.4	98	5.2	25	9.4	45	11.7	56	480
Loudonville	5	6.8	3	3.2	797	0.0	0	0.0	0	14.9	36	3.4	8	9.5	23	14.7	36	243
Colonie/ Schenectady	57	55.1	30	28.6	1,037	2.8	3	5.7	6	30.5	322	4.2	44	8.7	92	12.2	129	1,055
City of Cohoes	24	42.0	17	30.7	561	7.1	5	8.5	6	46.4	328	5.8	41	7.8	55	1.6	11	707
Watervliet/ G.I.	12	18.5	8	12.3	648	6.8	5	8.1	6	40.4	298	3.3	24	8.7	64	10.2	75	738
Bethelhem	7	7.6	1	1.1	925	1.8	1	3.5	2	11.0	62	3.7	21	6.5	37	10.1	57	565
RCS	8	17.8	6	13.4	449	4.6	2	4.6	2	35.2	152	5.3	23	6.0	26	10.6	46	432
Hill Towns	3	14.4	2	9.6	208	0.0	0	0.0	0	32.8	62	7.4	14	6.3	12	9.0	17	189
Guilderland	4	11.5	1	2.9	349	5.4	2	5.4	2	19.0	70	4.6	17	8.0	30	8.3	31	373
New Scotland	6	13.3	2	4.4	450	6.7	2	6.7	2	16.5	49	2.7	8	7.7	23	10.1	30	297
Totals	368	229.4	194	15.5	12,525	6.3	63	8.0	80	40.5	4,039	5.9	588	8.8	878	11.7	1,167	9,974

Rensselaer County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Troy/ Lansingburgh	118	47.3	69	27.6	2,496	3.2	8	4.8	12	52.3	1,306	5.2	131	8.4	210	11.2	281	2,499
Rensselaer	16	30.3	9	16.1	529	1.4	1	2.8	2	38.1	268	5.9	42	7.8	55	10.9	77	704
East	7	31.0	6	26.5	226	0.0	0	6.5	1	37.9	55	4.1	6	4.5	7	7.1	11	154
North East	5	17.4	2	6.9	288	4.7	1	9.4	2	40.0	85	3.3	7	8.5	18	9.9	21	213
North West	5	22.1	3	13.3	226	0.0	0	0.0	0	22.1	32	4.1	6	6.2	9	7.6	11	145
South West	21	40.3	17	32.6	521	0.0	0	0.0	0	7.5	120	5.3	23	7.3	32	9.9	43	436
Central	8	22.3	3	8.4	358	3.8	1	3.8	1	26.0	69	3.4	9	5.3	14	10.2	27	265
W. Sand Lake/ Wyantskill	4	11.0	1	2.8	363	9.9	3	9.9	3	19.5	59	1.7	5	10.3	31	15.6	47	302
East Greenbush	4	13.5	2	6.2	271	0.0	0	8.5	2	14.5	34	3.5	8	7.7	18	9.1	21	235
Totals	174	33.7	102	19.7	5,159	2.8	14	4.6	23	40.9	2,029	4.8	238	8.0	397	11.0	546	4,961

Schenectady County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Mount Pleasant	57	55.1	30	28.6	1,037	2.8	3	5.7	6	30.5	322	4.2	44	8.7	92	12.2	129	1,055
Upper State St.	52	77.0	31	44.9	681	5.9	5	8.2	7	39.7	338	4.4	37	7.4	63	9.2	78	852
City/Stockade	7	19.9	3	8.9	363	0.0	0	0.0	0	48.4	77	7.9	13	10.7	17	13.0	21	159
Hamilton Hill	49	150.1	27	81.5	326	7.9	4	15.7	8	58.3	297	6.7	34	11.4	58	13.0	76	509
Goose Hill/ Union	52	93.7	27	49.9	551	9.4	6	9.4	6	42.2	268	5.1	32	9.1	58	13.0	83	635
Rural-West	5	17.7	2	7.1	283	4.7	1	4.7	1	19.7	42	3.3	7	8.9	19	10.3	22	213
Niskayuna	12	11.7	4	4.1	986	3.6	3	4.8	4	10.5	87	1.9	16	7.4	61	9.3	77	213
Scotia-Glenville	19	22.4	7	8.3	851	1.4	1	2.7	2	12.6	93	2.6	19	5.8	43	9.8	72	737
Rotterdam	29	38.3	15	19.3	754	6.2	5	8.6	7	25.5	207	3.6	29	8.1	66	11.0	89	812
Totals	212	43.8	108	22.4	4,837	5.3	25	7.4	35	29.7	1,409	3.9	185	8.1	384	10.7	508	4,745

Saratoga County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Clifton Park West	19	13.0	7	4.8	1,462	0.5	7	5.2	7	14.9	201	2.7	36	7.8	105	9.8	132	1,353
Waterford/ Mechanicville	19	25.1	11	14.5	757	0.1	1	1.1	1	24.8	222	1.5	13	6.1	55	8.7	78	896
Burnt Hills/ Galway	11	14.0	5	6.4	785	0.5	3	5.2	3	9.4	54	2.6	15	6.8	39	10.6	61	577
Saratoga Springs	30	19.3	15	9.3	1,570	1.9	2	4.8	5	16.8	176	5.3	56	7.4	78	9.2	97	1,050
North East	15	16.9	9	10.1	889	7.2	5	7.2	5	22.3	156	3.6	25	5.4	38	8.0	56	698
North West	18	32.7	11	20.0	550	0.0	0	1.6	1	30.1	186	3.9	24	5.8	36	9.5	59	618
South Glen Falls	11	39.6	7	24.4	266	0.0	0	0.0	0	41.3	138	4.2	14	2.1	7	5.5	18	334
Totals	141	19.4	76	10.4	7,275	3.0	20	3.8	25	20.1	1,328	3.5	231	6.5	429	9.3	614	6,605

Columbia County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Ichabod	5	17.2	4	13.7	291	3.6	1	7.2	2	32.5	90	5.1	14	7.2	20	13.0	36	277
Chatham	4	12.1	2	6.0	331	7.4	2	7.4	2	40.4	109	5.2	14	7.8	21	9.3	25	270
Canaan	1	17.2	0	0.0	58	0.0	0	0.0	0	38.3	18	4.3	2	6.4	3	10.6	5	47
Hudson	24	47.2	13	25.6	508	4.7	3	7.9	5	63.5	403	6.3	40	8.0	51	12.6	80	635
Taconic Hills	3	16.4	1	5.5	183	0.0	0	0.0	0	54.7	70	2.3	3	6.3	8	11.7	15	128
Germantown	5	30.3	2	12.1	165	0.0	0	0.0	0	31.3	45	6.3	9	2.8	4	7.6	11	144
Pine Plains	1	37.0	1	27.8	24	0.0	0	0.0	0	35.8	19	0.0	0	5.7	3	7.5	4	53
Totals	46	27.2	26	15.2	1,692	3.8	6	5.7	9	48.3	761	5.3	83	7.1	112	11.3	178	1,554

Greene County Birth Indicators by Neighborhood, 2011-2013

Neighborhoods	# Teen Pregnancies	Teen Pregnancy Rate	# Teen Births	Teen Birth Rate	Female Population (15-19)	Neonatal Mortality Rate	# Neonatal Deaths	Infant Mortality Rate	# Infant Deaths	% Medicaid or Self Pay	# Medicaid or Self Pay	% Late or No Prenatal Care	#Late or No Prenatal Care	% Low Birth Weight	# Low Birth Weight	% Premature Births	# Premature Births	Total Births
Coxackie/ Athens	2	6.1	2	6.1	329	0.0	0	0.0	0	40.0	112	3.2	9	5.4	15	8.6	24	280
Greenville	1	5.2	1	5.2	191	5.5	1	11.0	3	38.1	69	5.0	9	11.0	20	13.8	25	181
Catskill	11	28.6	7	18.2	384	2.5	1	7.4	3	55.8	227	4.7	19	8.1	33	12.8	52	407
Cairo/ Durham	7	55.6	4	31.7	126	0.0	0	0.0	0	59.5	144	7.0	17	10.3	25	13.2	32	242
Windham/ Ashland/ Jewett	1	1.2	0	0.0	83	0.0	0	0.0	0	56.2	50	10.1	9	4.5	4	13.5	12	89
Hunter/ Tannersville	0	9.8	0	9.8	28	13.3	1	13.3	1	70.7	53	5.3	4	4.0	3	8.0	6	75
Totals	27	19.6	17	12.5	1,357	2.3	3	5.4	7	51.3	664	5.3	69	7.9	102	12.1	157	1,294

Capital Region Leading Causes of Death by County, 2013

New York State			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	43,112	181
2	Cancer	35,074	153
3	Chronic Lower Respiratory Disease	6,977	30
4	Stroke	5,959	25
5	Unintentional Injury	5,552	26

New York State, excl. NYC			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	26,539	178
2	Cancer	22,611	160
3	Chronic Lower Respiratory Disease	5,124	36
4	Stroke	4,226	29
5	Unintentional Injury	3,916	31

Albany County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	691	172
2	Cancer	620	168
3	Chronic Lower Respiratory Disease	136	37
4	Stroke	107	27
5	Unintentional Injury; Pneumonia/Influenza	64;64	17;16

Rensselaer County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	369	193
2	Heart Disease	370	192
3	Chronic Lower Respiratory Disease	89	47
4	Unintentional Injury	49	28
5	Stroke	49	25

Capital Region Leading Causes of Death by County, 2013

Schenectady County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	417	193
2	Cancer	360	185
3	Chronic Lower Respiratory Disease	78	39
4	Stroke	71	33
5	Unintentional Injury	41	23

Saratoga County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	469	173
2	Heart Disease	448	166
3	Chronic Lower Respiratory Disease	93	35
4	Stroke	76	28
5	Unintentional Injury	39	15

Columbia County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	179	183
2	Cancer	115	156
3	Chronic Lower Respiratory Disease	30	52
4	Stroke	24	27
5	Pneumonia and Influenza	15	23

Greene County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Heart Disease	139	195
2	Cancer	115	162
3	Chronic Lower Respiratory Disease	30	43
4	Unintentional Injury	24	43
5	Pneumonia and Influenza	15	23

Capital Region Leading Causes of Premature Death (<75 years of age) by County, 2013

New York State			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	19,019	90
2	Heart Disease	12,553	59
3	Unintentional Injury	3,991	23
4	Chronic Lower Respiratory Disease	2,407	11
5	Diabetes	1,037	9

New York State, excl. NYC			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	12,031	97
2	Heart Disease	7,265	59
3	Unintentional Injury	2,685	27
4	Chronic Lower Respiratory Disease	1,726	13
5	Suicide	1,041	11

Albany County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	996	310
2	Heart Disease	572	214
3	Chronic Lower Respiratory Disease	140	50
4	Unintentional Injury	139	50
5	Stroke; Suicide	87;87	32;36

Rensselaer County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	627	377
2	Heart Disease	348	266
3	Chronic Lower Respiratory Disease	95	74
4	Unintentional Injury	74	50
5	Diabetes	53	36

Capital Region Leading Causes of Premature Death (<75 years of age) by County, 2013

Schenectady County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	518	321
2	Heart Disease	338	211
3	Chronic Lower Respiratory Disease	91	70
4	Unintentional Injury	71	52
5	Diabetes	55	41

Saratoga County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	749	351
2	Heart Disease	351	143
3	Chronic Lower Respiratory Disease	107	58
4	Unintentional Injury	95	46
5	Suicide	83	46

Columbia County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	268	556
2	Heart Disease	145	284
3	Chronic Lower Respiratory Disease	46	115
4	Unintentional Injury	37	84
5	Liver Disease	20	42

Greene County			
Rank	**Cause of Death**	**Count**	**Age-Adjusted Rate per 100,000**
1	Cancer	220	543
2	Heart Disease	146	358
3	Unintentional Injury	44	110
4	Chronic Lower Respiratory Disease	29	68
5	Stroke	18	53

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Asthma Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	10.6	7.7	27.1	9.0	12.1
Capital Region	8.8	6.7	26.4	6.8	10.6
Albany County	10.7	6.7	32.6	8.2	12.8
Rensselaer County	9.6	7.7	25.3	7.2	11.7
Schenectady County	9.0	6.7	20.3	7.3	10.5
Saratoga County	5.9	5.8	7.9	4.8	6.9
Columbia County	8.7	8.1	12.2	5.6	11.8
Greene County	8.1	7.1	22.9	6.2	10.1

Assault Hospitalization Rate per 10,000					
	All	White	Black	Men	Women
New York State, excl. NYC	2.8	1.6	10.3	4.5	1.1
Capital Region	2.7	1.6	11.0	4.1	1.3
Albany County	3.6	1.8	13.1	5.7	1.6
Rensselaer County	3.1	2.1	12.3	4.8	1.3
Schenectady County	3.2	2.0	9.2	4.6	1.9
Saratoga County	1.3	1.2	4.7	1.8	0.8
Columbia County	1.4	1.0	2.8	2.0	7.7
Greene County	2.5	2.0	5.5	3.2	1.6

Congestive Heart Failure Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	23.1	20.7	52.7	35.7	24.7
Capital Region	19.8	18.6	45.6	29.6	21.8
Albany County	19.0	16.8	36.3	22.4	16.2
Rensselaer County	19.1	17.8	40.2	23.7	15.6
Schenectady County	24.6	22.8	35.3	28.6	21.3
Saratoga County	18.1	18.0	29.3	21.7	15.2
Columbia County	18.6	17.7	40.9	19.2	18.0
Greene County	20.9	20.2	23.6	23.7	18.4

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

CLRD/COPD Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	27.6	24.5	44.5	25.6	29.4
Capital Region	25.6	23.5	46.1	22.4	28.4
Albany County	26.3	22.2	52.2	23.2	28.9
Rensselaer County	28.3	26.1	49.9	23.5	32.6
Schenectady County	26.8	24.7	37.9	23.1	30.0
Saratoga County	21.4	21.6	18.3	20.4	22.4
Columbia County	28.3	27.0	43.1	22.0	34.4
Greene County	25.8	24.8	42.6	22.2	29.5

Diabetes (Any Diagnosis) Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	189.1	163.7	359.7	208.5	172.1
Capital Region	169.3	153.3	364.7	183.7	158.0
Albany County	169.6	143.1	381.8	182.0	160.9
Rensselaer County	177.3	165.3	386.3	191.0	167.6
Schenectady County	196.3	173.5	365.5	214.9	182.3
Saratoga County	145.2	143.1	231.3	163.4	131.4
Columbia County	166.4	153.7	316.8	174.2	159.9
Greene County	175.6	166.9	319.4	190.9	161.1

Diabetes (Primary Diagnosis) Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	13.7	11.2	36.7	15.9	11.8
Capital Region	11.5	9.7	34.5	12.9	10.2
Albany County	12.9	9.6	38.1	14.5	11.5
Rensselaer County	12.4	10.9	37.5	12.9	12.1
Schenectady County	12.5	10.8	31.6	15.2	9.9
Saratoga County	8.6	8.5	21.6	9.7	7.7
Columbia County	11.8	10.7	21.7	12.7	11.0
Greene County	10.1	9.7	23.7	12.3	7.7

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Motor Vehicle Accident Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	6.7	6.2	8.0	8.4	5.1
Capital Region	5.6	5.5	5.8	7.2	4.1
Albany County	4.8	4.7	5.7	6.1	3.6
Rensselaer County	5.3	7.1	5.5	6.3	4.2
Schenectady County	5.8	10.7	6.9	8.1	3.6
Saratoga County	5.6	5.6	3.1	7.4	3.9
Columbia County	7.8	7.1	9.4	9.2	6.3
Greene County	9.9	10.7	2.3	11.9	7.9

Falls Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	35.4	34.8	24.3	32.9	36.4
Capital Region	33.1	33.2	24.5	29.6	34.9
Albany County	34.5	34.9	26.1	31.3	35.9
Rensselaer County	32.4	32.3	27.7	29.4	33.9
Schenectady County	31.7	32.3	19.4	28.3	33.5
Saratoga County	32.8	32.9	18.6	29.3	34.9
Columbia County	32.4	31.4	29.2	29.4	33.9
Greene County	35.5	35.0	21.0	29.6	39.2

Self-Inflicted Injury Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	6.8	7.1	6.4	5.5	8.1
Capital Region	8.0	8.0	9.5	6.4	9.6
Albany County	6.6	6.5	8.2	5.6	7.6
Rensselaer County	7.2	7.4	6.2	6.3	8.2
Schenectady County	12.5	12.5	16.2	9.3	15.8
Saratoga County	8.5	8.6	9.1	6.4	10.5
Columbia County	5.8	5.5	7.4	5.7	5.8
Greene County	6.2	6.4	4.7	5.4	7.5

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Stroke Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	23.3	21.3	36.2	25.3	21.6
Capital Region	20.6	19.6	31.1	22.4	19.0
Albany County	20.0	18.5	31.0	20.8	19.1
Rensselaer County	20.4	19.3	33.2	22.6	18.4
Schenectady County	23.8	22.4	35.1	26.6	21.7
Saratoga County	19.1	18.9	17.0	20.9	17.5
Columbia County	19.3	18.3	31.4	21.4	17.3
Greene County	24.4	24.2	24.8	26.4	22.2

Unintentional Injury Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	123.2	118.0	134.3	134.3	113.1
Capital Region	107.6	105.0	129.5	113.9	101.4
Albany County	108.7	104.7	136.1	113.4	104.4
Rensselaer County	110.5	107.9	145.9	118.8	102.5
Schenectady County	105.6	102.7	112.7	112.3	99.1
Saratoga County	100.9	100.7	92.8	108.8	93.4
Columbia County	114.1	109.4	134.1	119.1	108.3
Greene County	130.7	129.4	120.3	134.2	125.4

Mental Diseases and Disorders Any Diagnosis Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	359.0	350.4	483.9	346.8	369.3
Capital Region	355.8	343.5	560.9	336.6	372.0
Albany County	350.0	327.5	562.1	335.3	360.6
Rensselaer County	358.2	345.8	566.1	338.3	376.1
Schenectady County	438.8	416.8	662.0	418.8	456.4
Saratoga County	303.8	306.7	352.3	281.4	323.3
Columbia County	361.0	352.8	476.0	349.9	370.3
Greene County	400.8	408.6	372.7	363.7	442.0

County Hospitalizations by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Drug Abuse Primary Diagnosis Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	23.0	24.0	30.1	26.3	19.7
Capital Region	20.9	20.3	30.1	23.1	18.7
Albany County	21.8	20.6	29.5	24.5	19.0
Rensselaer County	19.3	18.8	25.8	23.1	15.5
Schenectady County	25.0	22.8	43.7	27.5	22.6
Saratoga County	16.3	16.5	16.0	16.8	15.6
Columbia County	24.5	25.2	19.6	27.4	21.6
Greene County	33.0	37.1	8.7	32.6	34.3

Opiate Poisoning Any Diagnosis Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	25.5	28.4	23.1	29.5	21.6
Capital Region	24.4	24.4	31.0	27.3	21.4
Albany County	25.9	25.2	33.4	30.0	22.0
Rensselaer County	25.1	25.3	28.1	28.5	21.6
Schenectady County	25.7	24.9	38.0	28.7	22.9
Saratoga County	16.8	17.1	13.2	18.8	14.7
Columbia County	32.3	34.3	17.7	34.6	30.0
Greene County	42.2	47.2	11.1	41.6	44.5

County Emergency Department (ED) by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Asthma ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	45.4	29.1	134.9	41.7	48.9
Capital Region	45.2	27.9	171.6	42.0	48.1
Albany County	57.8	25.6	20.5	55.1	60.0
Rensselaer County	32.5	23.4	11.1	29.2	35.7
Schenectady County	75.4	49.2	19.9	68.5	81.4
Saratoga County	23.0	22.7	51.5	21.3	24.5
Columbia County	38.1	30.3	11.1	34.1	42.4
Greene County	27.6	23.7	54.4	27.0	29.1

Assault ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	38.2	27.4	107.4	44.3	32.1
Capital Region	42.1	30.4	138.6	46.3	37.8
Albany County	49.0	30.4	153.2	54.5	43.7
Rensselaer County	31.3	26.1	89.0	33.7	28.9
Schenectady County	72.5	51.9	182.7	76.7	68.5
Saratoga County	21.4	21.2	54.9	24.8	17.8
Columbia County	44.2	35.3	125.9	52.4	35.2
Greene County	34.6	32.8	44.9	39.3	28.8

CLRD/COPD ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	72.5	53.6	178.9	66.2	78.7
Capital Region	68.2	48.1	224.7	63.4	73.0
Albany County	75.0	39.5	249.1	71.6	77.9
Rensselaer County	50.2	39.5	147.7	44.1	56.0
Schenectady County	129.8	95.2	306.3	116.6	141.8
Saratoga County	38.8	38.7	68.3	38.0	39.8
Columbia County	58.8	50.3	138.4	51.2	66.4
Greene County	43.6	40.1	63.0	41.7	46.8

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Diabetes (Any Diagnosis) ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	210.6	125.6	397.3	205.2	163.9
Capital Region	191.7	115.7	470.4	185.2	150.2
Albany County	165.2	117.7	509.0	158.8	172.1
Rensselaer County	114.5	103.7	306.6	112.4	117.3
Schenectady County	257.8	195.8	678.5	245.0	271.8
Saratoga County	113.7	111.5	282.0	114.7	113.8
Columbia County	44.0	41.0	101.6	46.1	42.1
Greene County	59.1	54.2	98.4	54.0	64.6

Diabetes (Primary Diagnosis) ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	14.1	10.3	43.2	15.3	12.8
Capital Region	13.8	10.2	54.9	14.6	12.9
Albany County	16.7	10.6	60.1	14.5	11.5
Rensselaer County	10.8	9.4	34.1	12.9	12.1
Schenectady County	23.3	16.8	77.8	15.2	9.9
Saratoga County	9.3	8.8	37.7	9.7	7.7
Columbia County	6.0	5.5	14.1	12.7	11.0
Greene County	6.4	5.7	9.6	12.3	7.7

Motor Vehicle Accident ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	82.5	66.9	161.5	75.5	89.5
Capital Region	60.7	52.7	128.7	54.2	67.2
Albany County	60.1	44.9	144.7	53.6	66.5
Rensselaer County	48.9	44.3	100.2	43.0	55.5
Schenectady County	93.7	80.8	151.8	82.7	104.5
Saratoga County	48.2	48.5	64.7	44.9	51.5
Columbia County	65.1	62.1	99.2	59.3	71.4
Greene County	64.3	69.5	46.0	55.4	77.9

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Self-Inflicted Injury ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	7.4	7.3	8.7	6.1	8.7
Capital Region	10.1	10.0	12.9	7.8	12.4
Albany County	11.3	11.3	14.4	8.4	14.2
Rensselaer County	7.8	7.7	9.5	6.1	9.7
Schenectady County	11.7	12.2	11.8	9.0	14.5
Saratoga County	9.0	9.2	13.0	6.8	11.2
Columbia County	11.3	11.2	14.6	11.6	11.3
Greene County	9.8	10.2	12.9	8.9	10.9

Falls Hospitalization Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	237,2	230.8	260.7	226.2	248.2
Capital Region	213.5	206.2	301.3	203.8	223.3
Albany County	212.7	196.7	318.4	201.5	219.7
Rensselaer County	177.6	175.8	231.3	164.4	188.1
Schenectady County	330.0	318.6	379.1	315.2	339.9
Saratoga County	160.7	163.8	158.9	154.7	163.8
Columbia County	266.6	260.0	300.6	254.3	277.2
Greene County	194.1	202.2	138.8	172.5	217.6

Unintentional Injury ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	822.1	774.4	1,069.2	873.8	766.8
Capital Region	733.8	681.5	1,245.8	776.9	690.8
Albany County	707.9	605.4	1,328.7	741.8	605.4
Rensselaer County	615.7	597.6	926.7	649.5	597.6
Schenectady County	1,153.9	1,069.4	1,584.3	1209.3	1069.4
Saratoga County	548.0	557.6	653.4	597.3	557.6
Columbia County	969.2	940.1	1,233.3	1,042.1	940.1
Greene County	641.6	675.4	453.9	648.0	675.4

County ED Visits by Race and Gender

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

Mental Diseases and Disorders Any Diagnosis ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	507.9	486.4	830.1	480.0	534.1
Capital Region	531.7	477.2	605.5	460.4	552.7
Albany County	469.4	392.1	1,010.6	472.5	464.1
Rensselaer County	366.1	344.8	711.0	340.3	391.4
Schenectady County	1,189.7	1,056.5	2,304.7	1,124.3	1,251.9
Saratoga County	405.8	412.6	625.5	386.1	422.6
Columbia County	311.5	311.8	339.8	306.4	318.1
Greene County	324.4	341.8	270.3	290.2	370.6

Drug Abuse Primary Diagnosis ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	52.1	49.6	74.4	65.1	39.1
Capital Region	55.7	51.4	106.0	70.5	40.9
Albany County	69.2	59.7	128.1	93.5	44.9
Rensselaer County	41.0	40.1	57.0	49.1	33.0
Schenectady County	79.2	72.1	126.3	104.4	53.9
Saratoga County	43.3	43.9	62.5	48.0	38.9
Columbia County	39.4	40.4	30.8	50.1	28.6
Greene County	43.8	46.2	23.4	46.9	40.6

Opiate Poisoning Any Diagnosis ED Rate per 10,000					
	All	White	Black	Male	Female
New York State, excl. NYC	15.3	17.3	11.6	18.3	12.2
Capital Region	16.0	16.3	19.5	18.1	13.9
Albany County	17.6	17.3	23.0	19.8	15.3
Rensselaer County	14.6	15.3	13.4	16.0	13.2
Schenectady County	18.1	18.2	22.6	21.2	15.0
Saratoga County	15.4	15.9	11.3	17.1	13.6
Columbia County	13.1	14.2	5.7	16.7	9.5
Greene County	15.7	16.8	4.6	16.3	15.1

County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Asthma		Assault		Congestive Heart Failure		Chronic Obstructive Pulmonary Disease	
	N*	Rate	n	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	12,104	11	3,030	3	32,607	23	35,516	28
Capital Region	832	9	251	3	2,368	20	2,820	26
Albany County	317	11	111	4	722	19	885	26
Melrose/Manning	18	7	7	3	83	18	71	22
N Albany/Menands	8	11	2	3	32	38	27	36
West End	54	36	23	12	54	42	108	75
West Hills/South End	48	48	19	17	35	42	79	79
Rt 20/New Scot.	30	17	13	8	58	23	81	39
Delaware/2nd Ave	14	15	7	7	32	35	33	36
Center Square	19	23	14	13	18	27	32	41
Colonie/Schenectady	22	7	6	2	95	25	84	24
Cohoes	20	10	6	3	64	25	108	47
Colonie	24	9	6	3	77	18	82	24
Hill Towns	2	10	*	*	6	14	13	37
Latham	14	7	3	2	50	18	41	18
RCS	10	8	1	1	26	22	31	24
Bethlehem	13	5	1	1	68	18	53	16
Guilderland	7	6	1	1	30	18	31	22
New Scotland	9	7	1	1	34	16	30	17
Watervliet/G.I.	27	14	6	3	51	22	78	37
Rensselaer County	147	10	48	3	355	19	506	28
Central	6	5	1	2	14	14	22	21
Rensselaer	23	13	6	3	56	23	70	31
Troy/Lansingburg	109	18	36	5	222	30	366	52
East	3	5	*	2	6	6	11	13
East Greenbush	6	7	1	1	42	29	23	22
North East	3	4	*	*	10	9	9	9
North West	5	8	*	*	12	17	21	27
South West	10	6	1	1	27	14	42	23
W. Sand Lake/ Wyn.	7	6	3	3	22	18	32	27
Schenectady County	141	9	48	3	508	25	487	27
Mount Pleasant	22	7	6	2	95	25	84	24
Upper State St.	8	11	2	3	32	38	27	36
City/Stockade	6	10	6	9	16	33	27	49
Hamilton Hill	15	23	12	16	24	52	45	76
Goose Hill/ Union	19	15	7	4	35	27	55	44
Rural- West	4	4	*	*	19	19	14	13
Niskayuna	12	4	3	1	64	14	43	12
Scotia-Glenville	19	6	2	1	88	18	71	19
Rotterdam	18	7	4	2	87	25	78	24

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Asthma		Assault		Congestive Heart Failure		Chronic Obstructive Pulmonary Disease	
	N*	Rate	n	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	12,104	11	3,030	3	32,607	23	35,516	28
Capital Region	832	9	251	3	2,368	20	2,820	26
Saratoga County	135	6	27	1	462	18	551	21
Ballston Spa	23	7	5	2	76	23	87	25
Burnt Hills/ Galway	12	6	1	1	42	16	42	17
Clifton Park West	23	5	3	1	90	18	90	17
North East	20	7	3	1	47	19	80	28
North West	14	7	4	2	36	19	68	31
Saratoga Spring	22	6	7	2	99	20	102	23
South Glens Falls	8	9	1	2	24	25	32	34
Waterford/Mechanicville	18	7	4	1	61	21	78	28
Columbia County	54	9	7	1	176	19	232	28
Canaan	1	3	*	*	2	6	3	6
Chatham	7	6	*	*	38	20	40	23
Germantown	5	10	*	*	14	18	18	27
Hudson	26	14	5	3	72	24	114	47
Ichabod	10	9	1	1	34	22	37	25
Pine Plains	1	3	*	*	9	33	8	26
Taconic Hills	3	5	*	*	9	9	13	13
Greene County	38	8	11	3	145	21	159	26
Cairo/Durham	4	5	1	2	19	18	24	24
Catskill	15	11	3	2	60	27	67	37
Coxackie/Athens	14	10	5	4	31	21	40	26
Greenville	4	5	1	3	17	18	15	18
Hunter/Tannersville	2	5	*	*	15	20	9	15
Windham/Ashland/Jewett	*	*	*	*	6	10	10	15

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary Diagnosis)		Falls- Ages 65+		Motor Vehicle Accidents	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	252,502	189	16,998	14	35,115	196	7,888	7
Capital Region	19,177	169	1,190	11	2,772	184	567	6
Albany County	5,953	170	420	13	928	191	155	5
Melrose/Manning	579	169	39	13	145	232	11	4
N Albany/Menands	254	341	21	28	38	393	4	6
West End	547	393	68	40	38	281	12	8
West Hills/South End	452	450	43	39	21	255	9	8
Rt 20/New Scot.	515	240	29	14	87	269	11	6
Delaware/2nd Ave	228	245	15	15	24	206	7	7
Center Square	227	292	18	21	10	178	5	6
Colonie/Schenectady	659	198	40	16	90	175	15	5
Cohoes	563	244	31	15	70	213	8	4
Colonie	626	172	46	15	102	181	17	6
Hill Towns	66	142	4	8	9	202	4	14
Latham	311	123	18	9	71	193	7	3
RCS	269	211	16	13	28	203	11	9
Bethlehem	390	118	22	8	103	226	13	5
Guilderland	230	162	13	10	49	246	6	5
New Scotland	195	100	10	6	60	208	8	6
Watervliet/G.I.	470	218	32	17	53	182	11	6
Rensselaer County	3,243	177	212	12	422	181	87	5
Central	121	119	6	7	15	143	4	4
Rensselaer	472	200	27	13	65	221	10	5
Troy/Lansingburg	2,050	291	148	22	245	248	37	5
East	84	88	6	8	6	51	5	8
East Greenbush	227	197	11	11	53	347	4	5
North East	123	118	7	8	8	52	6	7
North West	150	196	12	18	11	118	5	9
South West	288	144	14	8	49	207	13	8
W. Sand Lake/ Wyn.	194	151	14	11	23	160	5	5
Schenectady County	3,584	196	204	12	464	175	93	6
Mount Pleasant	659	198	40	16	90	175	15	5
Upper State St.	254	341	21	28	38	393	4	6
City/Stockade	196	368	16	25	10	245	4	8
Hamilton Hill	281	562	22	42	11	273	5	7
Goose Hill/ Union	309	250	16	13	28	177	8	5
Rural- West	169	148	8	9	16	138	9	10
Niskayuna	426	112	19	5	85	157	14	5
Scotia-Glenville	533	135	27	8	91	147	14	4
Rotterdam	574	179	31	11	71	162	16	6

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary Diagnosis)		Falls- Ages 65+		Motor Vehicle Accidents	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	252,502	189	16,998	14	35,115	196	7,888	7
Capital Region	19,177	169	1,190	11	2,772	184	567	6
Saratoga County	3,794	145	215	9	595	189	130	6
Ballston Spa	637	184	30	9	102	241	19	6
Burnt Hills/ Galway	304	110	12	5	49	159	14	6
Clifton Park West	680	127	36	7	115	182	22	5
North East	442	155	35	12	65	222	19	7
North West	424	199	23	11	43	191	21	11
Saratoga Spring	731	160	48	11	152	230	15	4
South Glens Falls	207	221	10	11	29	233	5	7
Waterford/Mechanicville	516	176	28	10	59	162	17	6
Columbia County	1,449	166	82	12	201	166	50	8
Canaan	24	75	3	12	*	*	1	4
Chatham	253	139	14	8	45	19	9	7
Germantown	102	140	5	8	14	152	6	11
Hudson	650	246	39	18	72	187	15	7
Ichabod	282	196	16	15	44	223	7	7
Pine Plains	77	272	2	8	13	395	4	20
Taconic Hills	73	83	4	8	10	74	6	9
Greene County	115	175	57	10	162	187	51	10
Cairo/Durham	205	208	8	11	19	143	10	14
Catskill	456	227	24	14	66	217	13	8
Coxackie/Athens	262	166	13	9	34	199	9	7
Greenville	129	145	6	7	23	198	9	14
Hunter/Tannersville	82	116	6	10	15	178	7	15
Windham/Ashland/Jewett	64	99	3	6	11	128	5	16

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Self-inflicted Injury ages 15+		Stroke		Unintentional Injury age 0-14		Unintentional Injury age 15-24	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	6,692	8	32,026	23	6,061	30	6,939	43
Capital Region	675	10	2,411	21	419	26	513	36
Albany County	194	8	728	20	141	29	154	29
Melrose/Manning	16	7	78	20	11	37	9	12
N Albany/Menands	4	8	24	32	6	44	4	42
West End	19	14	36	28	14	39	16	26
West Hills/South End	15	16	35	36	9	34	9	50
Rt 20/New Scot.	24	16	50	21	19	82	20	97
Delaware/2nd Ave	8	11	26	29	5	28	7	57
Center Square	9	11	21	33	8	43	6	39
Colonie/Schenectady	23	12	83	23	13	24	15	45
Cohoes	10	13	61	27	11	30	8	35
Colonie	19	10	76	23	11	29	16	53
Hill Towns	*	*	9	20	2	31	6	162
Latham	11	7	50	18	8	28	7	17
RCS	6	7	31	25	6	27	7	53
Bethlehem	12	7	63	18	10	23	13	48
Guilderland	5	6	30	19	3	17	5	38
New Scotland	7	8	36	18	4	18	5	39
Watervliet/G.I.	16	11	57	26	10	32	10	38
Rensselaer County	112	9	379	20	67	25	90	37
Central	3	6	16	16	3	15	6	58
Rensselaer	18	11	55	23	8	24	14	54
Troy/Lansingburg	74	14	196	26	35	31	39	31
East	3	6	10	11	2	17	4	57
East Greenbush	5	8	29	25	2	14	4	42
North East	5	8	19	18	1	9	6	58
North West	3	6	20	26	2	21	4	57
South West	10	9	42	22	9	36	12	73
W. Sand Lake/ Wyn.	6	8	27	22	4	21	4	38
Schenectady County	175	15	463	24	83	29	77	37
Mount Pleasant	23	12	83	23	13	24	15	45
Upper State St.	4	8	24	32	6	44	4	42
City/Stockade	18	32	15	34	3	55	3	38
Hamilton Hill	22	44	19	39	6	31	6	50
Goose Hill/ Union	19	17	35	27	9	27	7	28
Rural- West	5	8	18	17	4	28	6	52
Niskayuna	14	7	79	20	14	28	13	49
Scotia-Glenville	22	10	75	17	11	22	10	37
Rotterdam	31	16	75	22	10	23	9	29

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Self-inflicted Injury ages 15+		Stroke		Unintentional Injury age 0-14		Unintentional Injury age 15-24	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	6,692	8	32,026	23	6,061	30	6,939	43
Capital Region	675	10	2,411	21	419	26	513	36
Saratoga County	174	10	498	19	78	20	113	42
Ballston Spa	29	12	76	22	16	28	16	48
Burnt Hills/ Galway	14	10	47	17	6	14	16	69
Clifton Park West	24	7	96	18	13	16	19	41
North East	24	12	63	24	11	20	14	50
North West	19	14	46	23	9	27	13	59
Saratoga Spring	27	14	100	20	11	23	22	37
South Glens Falls	9	14	20	20	5	38	5	54
Waterford/Mechanicville	20	10	62	21	10	23	13	45
Columbia County	32	7	176	19	27	29	41	56
Canaan	*	*	3	7	*	*	*	*
Chatham	5	8	34	17	5	26	10	85
Germantown	2	5	20	27	2	28	5	71
Hudson	15	10	65	24	12	37	14	54
Ichabod	6	7	30	20	5	27	8	73
Pine Plains	*	*	9	31	*	*	1	70
Taconic Hills	2	5	11	11	3	26	3	43
Greene County	28	8	167	24	22	31	37	57
Cairo/Durham	7	13	33	31	5	41	7	83
Catskill	9	8	53	25	7	32	7	44
Coxackie/Athens	6	5	38	24	3	18	9	39
Greenville	5	9	18	21	4	31	7	85
Hunter/Tannersville	1	3	20	28	3	37	5	94
Windham/Ashland/Jewett	1	5	11	17	2	37	3	92

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Unintentional Injury age 65+		Mental Health any Diagnosis		Drug Abuse Primary Diagnosis		Opiate Poisoning Any Diagnosis	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	81,858	471	450,843	359	25,114	23	27,730	26
Capital Region	5,863	400	37,714	342	1,937	21	2,270	24
Albany County	1,876	406	11,716	350	661	22	784	26
Melrose/Manning	251	445	1,123	346	61	22	73	27
N Albany/Menands	75	816	464	616	17	23	17	24
West End	75	555	1,043	700	77	50	103	67
West Hills/South End	52	577	938	890	78	69	107	97
Rt 20/New Scot.	172	557	1,207	602	80	40	85	40
Delaware/2nd Ave	54	506	413	423	26	26	27	26
Center Square	27	424	530	612	39	37	59	57
Colonie/Schenectady	174	365	1,284	420	62	26	67	28
Cohoes	141	463	1,102	504	61	31	84	42
Colonie	218	422	1,136	364	67	28	73	30
Hill Towns	23	464	116	301	2	6	2	8
Latham	140	401	623	264	24	13	30	16
RCS	64	441	440	353	20	18	21	19
Bethlehem	194	451	785	266	32	16	29	15
Guilderland	94	502	496	365	23	21	20	20
New Scotland	116	437	433	247	16	14	13	13
Watervliet/G.I.	118	420	907	435	48	24	57	30
Rensselaer County	4,749	417	6,223	358	300	19	390	25
Central	42	375	245	386	14	17	14	17
Rensselaer	139	476	166	395	56	28	65	31
Troy/Lansingburg	519	547	4,161	601	199	31	271	42
East	25	207	166	207	6	11	9	14
East Greenbush	97	660	359	335	15	19	15	20
North East	33	227	194	212	7	7	10	13
North West	35	387	191	270	11	20	14	29
South West	113	471	598	340	34	26	45	34
W. Sand Lake/ Wyn.	67	438	355	305	18	20	22	25
Schenectady County	936	376	7,485	439	370	25	389	26
Mount Pleasant	174	365	1,284	420	62	62	67	28
Upper State St.	75	816	464	616	84	17	17	24
City/Stockade	19	468	582	991	49	49	56	86
Hamilton Hill	25	569	651	1,142	53	53	46	78
Goose Hill/ Union	59	399	801	605	47	47	57	40
Rural- West	41	336	285	286	15	15	17	22
Niskayuna	172	335	888	262	29	29	29	13
Scotia-Glenville	188	331	1,044	301	41	41	42	16
Rotterdam	157	367	1,099	384	57	57	57	23

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County Hospitalization Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Unintentional Injury age 65+		Mental Health any Diagnosis		Drug Abuse		Opiate Poisoning Any Diagnosis	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	81,858	471	450,843	359	25,114	23	27,730	26
Capital Region	5,863	400	37,714	342	1,937	21	2,270	24
Saratoga County	1,278	403	7,409	304	337	16	351	17
Ballston Spa	205	490	1,231	369	53	18	61	20
Burnt Hills/ Galway	119	367	544	230	24	14	21	13
Clifton Park West	253	393	1,296	264	61	16	66	17
North East	144	467	925	334	39	16	38	15
North West	112	477	786	389	36	22	36	21
Saratoga Spring	286	446	1,539	359	74	20	78	21
South Glens Falls	66	539	407	483	17	23	14	20
Waterford/Mechanicville	136	385	951	349	54	23	59	24
Columbia County	454	380	2,649	361	128	25	173	32
Canaan	5	210	53	183	2	11	6	22
Chatham	96	399	481	333	19	20	25	27
Germantown	36	388	202	330	18	43	24	56
Hudson	165	441	1,129	494	59	33	76	41
Ichabod	92	463	520	407	20	24	27	32
Pine Plains	32	891	132	561	4	25	6	36
Taconic Hills	29	215	157	214	9	20	14	27
Greene County	370	422	2,232	401	141	33	18	42
Cairo/Durham	53	392	414	527	38	65	49	82
Catskill	134	468	862	493	46	36	64	49
Coxackie/Athens	78	426	478	329	26	20	31	24
Greenville	49	427	253	336	15	26	19	34
Hunter/Tannersville	42	469	180	319	10	25	14	35
Windham/Ashland/Jewett	29	319	125	304	10	38	13	50

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Asthma		Assault		Chronic Obstructive Pulmonary Disease	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYS	47,353	45	40,742	38	80,192	73
Capital Region	3,926	45	3,857	42	6,346	68
Albany County	1,598	58	1,503	49	2,170	75
Melrose/Manning	81	34	102	35	122	48
N Albany/Menands	71	104	66	93	102	144
West End	386	231	357	187	479	291
West Hills/South End	292	252	231	197	357	311
Rt 20/New Scot.	129	78	157	91	179	101
Delaware/2nd Ave	110	118	76	76	140	150
Center Square	176	169	148	135	213	212
Colonie/Schenectady	187	73	180	74	340	126
Cohoes	108	60	128	70	232	119
Colonie	121	55	117	52	180	74
Hill Towns	6	25	9	32	10	35
Latham	39	24	39	19	70	37
RCS	42	39	34	32	58	50
Bethlehem	44	21	40	21	67	29
Guilderland	26	26	24	25	43	39
New Scotland	25	22	22	21	37	28
Watervliet/G.I.	115	65	118	60	216	114
Rensselaer County	473	32	488	31	782	50
Central	19	23	18	25	35	39
Rensselaer	87	50	88	47	143	73
Troy/Lansingburg	651	106	611	88	1,201	188
East	11	19	10	17	21	34
East Greenbush	17	24	15	21	28	34
North East	13	17	15	20	21	26
North West	18	30	15	25	39	61
South West	36	25	39	30	65	41
W. Sand Lake/ Wyn.	22	23	29	32	39	37
Schenectady County	1,081	75	1,055	72	1,970	130
Mount Pleasant	19	23	18	25	35	39
Upper State St.	87	50	88	47	143	73
City/Stockade	651	106	611	88	1,201	188
Hamilton Hill	193	283	198	288	307	474
Goose Hill/ Union	17	24	15	21	28	34
Rural- West	13	17	15	20	21	26
Niskayuna	18	30	15	25	39	61
Scotia-Glenville	36	25	39	30	65	41
Rotterdam	22	23	29	32	39	37

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Asthma		Assault		Chronic Obstructive Pulmonary Disease	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	47,353	45	40,742	38	80,192	73
Capital Region	3,926	45	3,857	42	6,346	68
Saratoga County	473	23	433	21	878	39
Ballston Spa	93	31	68	24	175	55
Burnt Hills/ Galway	35	18	32	19	62	29
Clifton Park West	59	15	59	15	116	26
North East	72	28	61	26	133	48
North West	69	40	61	37	132	69
Saratoga Spring	95	29	97	27	179	47
South Glens Falls	23	34	25	37	44	57
Waterford/Mechanicville	67	29	69	30	138	55
Columbia County	190	38	227	44	342	59
Canaan	1	8	4	21	3	13
Chatham	22	22	22	26	43	37
Germantown	14	32	7	14	29	53
Hudson	123	74	150	85	208	111
Ichabod	19	23	29	34	37	37
Pine Plains	3	18	4	27	7	36
Taconic Hills	8	16	11	22	17	26
Greene County	112	28	151	35	204	44
Cairo/Durham	20	35	22	36	33	51
Catskill	49	40	52	43	90	64
Coxackie/Athens	24	20	45	31	42	33
Greenville	12	22	15	26	21	34
Hunter/Tannersville	11	26	10	26	19	40
Windham/Ashland/Jewett	4	15	9	35	9	26

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary Diagnosis)		Falls- Ages 65+		Motor Vehicle Accidents	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	202,396	159	16,986	14	69,913	396	90,544	82
Capital Region	15,549	144	1,403	14	5,250	351	5,734	61
Albany County	5,498	165	534	17	1,636	344	1,853	60
Melrose/Manning	488	160	51	17	234	397	156	55
N Albany/Menands	290	401	31	43	124	1,257	74	105
West End	807	558	103	70	65	466	239	134
West Hills/South End	677	640	69	64	44	495	175	152
Rt 20/New Scot.	567	287	52	28	143	454	149	77
Delaware/2nd Ave	242	254	21	21	46	426	101	104
Center Square	382	430	47	48	28	459	115	105
Colonie/Schenectady	735	235	53	18	196	407	257	100
Cohoes	532	241	42	21	164	503	163	87
Colonie	546	167	52	18	206	383	200	82
Hill Towns	45	101	2	7	13	272	21	70
Latham	250	103	18	8	162	446	95	46
RCS	181	145	17	15	43	301	84	76
Bethlehem	274	90	20	8	160	360	108	48
Guilderland	169	120	11	9	68	347	68	64
New Scotland	127	67	5	3	116	417	64	55
Watervliet/G.I.	414	197	35	17	119	425	178	88
Rensselaer County	2,025	115	185	11	664	287	779	49
Central	79	80	5	5	37	339	47	57
Rensselaer	398	174	36	17	127	435	135	71
Troy/Lansingburg	2,145	318	189	28	631	659	664	97
East	41	48	3	4	14	118	32	53
East Greenbush	136	122	11	11	99	666	44	55
North East	68	72	6	8	11	76	36	49
North West	98	129	7	8	31	350	48	77
South West	213	110	19	11	83	346	100	71
W. Sand Lake/ Wyn.	109	87	10	8	44	373	65	67
Schenectady County	442	258	381	23	1,222	474	1,409	94
Mount Pleasant	735	235	53	18	196	407	257	100
Upper State St.	290	401	31	43	124	1,257	74	105
City/Stockade	356	613	34	60	37	804	53	89
Hamilton Hill	537	992	51	90	26	600	130	194
Goose Hill/ Union	542	434	53	40	83	560	173	121
Rural- West	147	131	11	10	47	379	73	84
Niskayuna	401	112	36	11	251	462	157	64
Scotia-Glenville	390	107	33	11	211	357	169	66
Rotterdam	550	183	46	16	186	431	211	87

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Diabetes (Any Diagnosis)		Diabetes (Primary Diagnosis)		Falls- Ages 65+		Motor Vehicle Accidents	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	202,396	159	16,986	14	69,913	396	90,544	82
Capital Region	15,549	144	1,403	14	5,250	351	5,734	61
Saratoga County	2,914	114	226	9	1,046	327	1,034	48
Ballston Spa	604	175	37	11	202	474	174	59
Burnt Hills/ Galway	187	70	12	5	80	251	98	51
Clifton Park West	394	76	38	8	190	297	184	45
North East	367	128	36	12	116	388	144	58
North West	366	173	23	12	78	333	152	86
Saratoga Spring	739	168	56	14	293	445	172	45
South Glens Falls	103	114	11	12	67	531	52	71
Waterford/Mechanicville	389	138	25	10	92	249	150	62
Columbia County	345	44	42	6	436	362	363	65
Canaan	8	32	*	*	2	80	8	35
Chatham	55	33	4	3	90	363	67	67
Germantown	61	89	4	6	43	457	41	83
Hudson	115	50	20	10	156	423	150	80
Ichabod	92	67	11	9	88	445	52	55
Pine Plains	18	75	3	10	40	1,204	9	57
Taconic Hills	10	12	1	1	21	153	31	53
Greene County	343	59	34	6	246	281	297	64
Cairo/Durham	49	53	4	6	32	233	51	79
Catskill	99	62	10	6	108	368	93	72
Coxackie/Athens	100	66	8	6	45	247	63	43
Greenville	65	78	7	10	25	219	53	87
Hunter/Tannersville	35	61	5	8	27	287	39	94
Windham/Ashland/Jewett	19	33	2	6	20	207	18	62

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Self-inflicted Injury ages 15+		Unintentional Injury age 0-14		Unintentional Injury age 15-24	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYS	7,129	8	184,527	910	163,635	1,017
Capital Region	811	11	11,646	792	12,391	885
Albany County	307	13	3,717	772	3,719	715
Melrose/Manning	21	8	213	744	319	515
N Albany/Menands	7	12	186	1,563	143	1,415
West End	34	21	574	1,702	576	1,065
West Hills/South End	21	23	382	1,504	323	1,895
Rt 20/New Scot.	57	44	262	1,189	357	1,216
Delaware/2nd Ave	8	11	227	1,229	167	1,254
Center Square	19	23	246	1,315	243	1,412
Colonie/Schenectady	22	12	650	1,191	545	1,618
Cohoes	36	25	412	1,249	397	1,644
Colonie	24	14	380	996	348	1,182
Hill Towns	2	8	34	605	45	1,155
Latham	13	8	188	683	189	480
RCS	10	11	169	716	145	1,054
Bethlehem	21	13	263	587	269	986
Guilderland	10	14	115	643	110	857
New Scotland	8	9	146	600	129	888
Watervliet/G.I.	28	20	411	1,341	400	1565
Rensselaer County	106	9	1,799	666	1,885	785
Central	6	8	151	808	130	1,234
Rensselaer	19	14	380	1,180	323	1,400
Troy/Lansingburg	87	16	1,890	1,740	1,916	1,510
East	4	9	59	514	58	817
East Greenbush	5	9	109	911	95	1,108
North East	5	8	61	382	60	631
North West	4	8	112	936	128	1,572
South West	10	8	221	823	221	1,238
W. Sand Lake/ Wyn.	10	14	186	868	167	1,453
Schenectady County	153	13	3,543	1,244	3,130	1,483
Mount Pleasant	22	12	650	1,191	545	1,618
Upper State St.	7	12	186	1,563	143	1,415
City/Stockade	12	20	82	1,933	116	1,084
Hamilton Hill	16	28	424	2,154	354	2,819
Goose Hill/ Union	17	14	465	1,643	392	1,307
Rural- West	3	5	152	903	152	1,365
Niskayuna	14	9	382	757	291	1,116
Scotia-Glenville	16	9	355	705	345	1,175
Rotterdam	24	13	496	1,136	457	1,538

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Self-inflicted Injury ages 15+		Unintentional Injury age 0-14		Unintentional Injury age 15-24	
	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	7,129	8	184,527	910	163,635	1,017
Capital Region	811	11	11,646	792	12,391	885
Saratoga County	155	10	2,145	541	2,063	761
Ballston Spa	30	13	380	652	346	991
Burnt Hills/ Galway	14	9	165	398	185	800
Clifton Park West	21	7	286	343	276	594
North East	20	10	349	617	297	968
North West	21	16	352	1,022	31	1,472
Saratoga Spring	32	12	359	698	415	727
South Glens Falls	4	7	142	1,059	131	1,485
Waterford/Mechanicville	21	12	267	615	266	907
Columbia County	52	13	1,039	1,086	1,008	1,393
Canaan	1	4	8	258	16	561
Chatham	8	12	163	836	138	1,142
Germantown	1	4	106	1,292	107	1,609
Hudson	27	19	524	1,683	478	1,901
Ichabod	8	13	139	792	157	1,402
Pine Plains	2	19	18	733	21	1,110
Taconic Hills	4	8	75	738	85	1,126
Greene County	38	11	443	625	585	901
Cairo/Durham	7	14	85	770	113	1,285
Catskill	15	15	148	677	175	1,050
Coxackie/Athens	9	9	86	449	127	534
Greenville	4	8	56	490	83	1,037
Hunter/Tannersville	3	10	57	802	80	1,523
Windham/Ashland/Jewett	3	17	42	794	50	1,441

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Unintentional Injury age 65+		Mental Health any Diagnosis		Drug Abuse Primary Diagnosis		Opiate Poisoning Any Diagnosis	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	123,053	706	568,672	508	57,346	52	16,302	15
Capital Region	8,968	606	50,751	532	5,323	55	1,483	16
Albany County	2,667	573	14,613	469	2,146	69	538	18
Melrose/Manning	355	643	1,175	405	171	59	43	15
N Albany/Menands	179	184	546	751	70	104	13	17
West End	126	874	2,222	1,327	348	205	81	49
West Hills/South End	95	1,012	1,873	1,662	384	334	71	67
Rt 20/New Scot.	238	783	1,784	943	302	158	69	32
Delaware/2nd Ave	84	792	591	597	66	66	18	17
Center Square	55	827	1,049	1,024	172	171	46	42
Colonie/Schenectady	347	748	2,890	1,135	184	73	38	16
Cohoes	282	914	1,524	776	144	76	48	25
Colonie	342	659	1,259	490	186	77	51	22
Hill Towns	24	479	112	360	9	30	1	6
Latham	250	707	576	274	85	39	18	9
RCS	72	486	443	391	46	41	14	13
Bethlehem	252	583	652	280	102	49	26	15
Guilderland	111	584	444	396	48	47	12	12
New Scotland	176	658	358	254	45	40	10	10
Watervliet/G.I.	223	803	1,284	639	163	86	44	20
Rensselaer County	1,118	487	5,885	366	653	41	227	15
Central	72	636	278	331	32	40	11	15
Rensselaer	208	718	985	488	135	68	54	27
Troy/Lansingburg	1,036	1,108	6,282	926	610	89	165	24
East	31	254	175	289	18	33	8	14
East Greenbush	145	1,000	273	308	30	41	11	15
North East	27	196	176	227	19	27	7	11
North West	71	762	215	359	24	45	8	18
South West	154	632	514	342	63	46	28	22
W. Sand Lake/ Wyn.	110	713	364	370	49	52	18	21
Schenectady County	2,091	840	18,008	1,190	1,203	79	265	18
Mount Pleasant	347	748	2,890	1,135	184	73	38	16
Upper State St.	179	1,839	546	751	70	104	13	17
City/Stockade	65	1,353	1,521	2,405	164	251	29	46
Hamilton Hill	59	1,263	2,437	3,855	183	287	31	49
Goose Hill/ Union	141	978	2,605	1,849	192	140	37	27
Rural- West	92	706	500	590	29	37	10	15
Niskayuna	413	793	1,233	469	90	40	19	9
Scotia-Glenville	365	651	1,517	526	115	45	31	12
Rotterdam	324	756	2,321	941	145	59	42	17

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County Emergency Department (ED) Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Unintentional Injury age 65+		Mental Health any Diagnosis		Drug Abuse Primary Diagnosis		Opiate Poisoning Any Diagnosis	
	N*	Rate	N*	Rate	N*	Rate	N*	Rate
New York State, excl. NYS	123,053	706	568,672	508	57,346	52	16,302	15
Capital Region	8,968	606	50,751	532	5,323	55	1,483	16
Saratoga County	1,860	578	8,939	312	914	43	317	15
Ballston Spa	336	793	1,791	585	157	54	67	23
Burnt Hills/ Galway	160	483	650	323	72	40	19	13
Clifton Park West	308	477	1,277	295	165	42	50	13
North East	217	700	1,105	423	129	50	38	16
North West	179	722	1,101	618	84	50	37	22
Saratoga Spring	500	776	2,193	575	229	63	73	20
South Glens Falls	116	934	261	344	34	48	10	16
Waterford/Mechanicville	192	519	1,105	451	122	52	46	19
Columbia County	802	665	1,794	312	214	39	68	13
Canaan	6	176	42	200	5	22	1	4
Chatham	161	659	252	240	36	38	11	12
Germantown	94	994	276	528	21	46	11	25
Hudson	289	787	758	406	96	52	24	13
Ichabod	153	759	303	302	45	53	19	25
Pine Plains	65	1,911	64	371	4	30	2	11
Taconic Hills	48	336	109	200	13	24	6	10
Greene County	429	484	1,502	324	194	44	67	16
Cairo/Durham	61	442	263	400	38	58	13	21
Catskill	177	611	538	388	66	50	23	18
Coxackie/Athens	79	422	329	244	40	31	13	10
Greenville	46	396	192	313	24	44	8	15
Hunter/Tannersville	63	661	135	309	19	48	7	20
Windham/Ashland/Jewett	36	358	91	317	13	50	7	33

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County Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Acute		Circulatory		Diabetes	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYS	21,684	21.8	35,510	34.4	16,110	17.2
Capital Region	1,632	19.3	2,579	29.4	1,170	14.8
Albany County	562	20.9	836	30.0	411	16.7
Melrose/Manning	62	20.9	91	28.7	38	16.7
N Albany/Menands	23	41.1	33	53.1	18	31.7
West End	32	32.4	74	76.5	65	52.0
West Hills/South End	31	49.7	48	74.2	45	54.7
Rt 20/New Scot.	47	27.4	67	36.3	30	19.9
Delaware/2nd Ave	17	24.8	43	63.4	17	22.7
Center Square	20	37.7	27	54.1	18	27.8
Colonie/Schenectady	50	19.6	103	36.8	43	21.9
Cohoes	51	27.9	72	38.7	31	19.8
Colonie	61	21.8	91	28.8	46	19.8
Hill Towns	7	31.4	7	23.2	3	6.5
Latham	39	18.3	54	25.8	17	10.8
RCS	18	20.4	31	34.8	16	17.8
Bethlehem	48	19.6	72	26.2	19	9.8
Guilderland	28	25.0	31	24.3	12	12.5
New Scotland	29	18.8	38	23.5	8	6.3
Watervliet/G.I.	48	29.1	59	34.9	33	22.7
Rensselaer County	281	20.9	375	27.2	203	15.6
Central	10	14.7	16	21.9	5	8.1
Rensselaer	47	27.8	64	36.1	26	15.6
Troy/Lansingburg	185	33.3	237	43.5	143	27.8
East	5	8.1	6	8.5	6	9.8
East Greenbush	20	23.6	32	35.9	11	13.1
North East	5	6.9	9	10.6	7	11.4
North West	12	22.0	12	23.3	12	22.4
South West	29	20.7	29	20.1	13	9.7
W. Sand Lake/ Wyn.	15	16.9	24	25.1	14	14.7
Schenectady County	267	18.4	552	36.5	214	17.3
Mount Pleasant	50	19.6	103	36.8	43	21.9
Upper State St.	23	41.1	33	53.1	18	31.7
City/Stockade	7	25.8	18	50.3	16	34.5
Hamilton Hill	13	42.5	30	85.4	24	61.7
Goose Hill/ Union	19	18.8	40	40.9	18	19.6
Rural- West	9	12.2	21	27.5	9	12.5
Niskayuna	47	15.8	68	21.2	21	7.9
Scotia-Glenville	50	16.4	92	26.1	27	10.5
Rotterdam	37	15.4	97	38.0	34	16.2

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County Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Acute		Circulatory		Diabetes	
	n	Rate	n	Rate	n	Rate
New York State, excl. NYS	21,684	21.8	35,510	34.4	16,110	17.2
Capital Region	1,632	19.3	2,579	29.4	1,170	14.8
Saratoga County	314	16.9	482	25.4	210	11.0
Ballston Spa	49	19.9	76	30.5	29	11.4
Burnt Hills/ Galway	25	14.3	43	22.4	13	6.8
Clifton Park West	62	16.5	94	24.6	32	8.5
North East	34	17.8	52	27.9	34	15.3
North West	33	24.1	40	27.7	23	13.6
Saratoga Spring	66	18.1	100	26.8	46	14.5
South Glens Falls	12	17.6	26	35.7	10	15.9
Waterford/Mechanicville	44	20.6	66	30.5	28	13.6
Columbia County	119	18.6	182	26.3	75	13.9
Canaan	2	13.3	3	14.7	*	*
Chatham	23	17.9	39	27.6	3	2.5
Germantown	9	16.7	16	28.5	3	7.0
Hudson	46	22.9	78	36.5	10	6.6
Ichabod	31	29.2	34	29.6	7	7.5
Pine Plains	4	20.1	6	31.6	2	11.5
Taconic Hills	6	9.2	10	13.0	1	1.6
Greene County	89	18.9	152	30.3	58	13.0
Cairo/Durham	13	20.0	21	28.5	2	2.6
Catskill	32	21.0	54	33.5	5	4.1
Coxackie/Athens	21	19.2	35	32.1	3	2.7
Greenville	10	16.3	20	28.3	4	6.7
Hunter/Tannersville	8	16.2	16	32.6	3	7.0
Windham/Ashland/Jewett	7	17.2	9	18.2	1	4.8

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* Due to confidentiality concerns, counts and rates are not shown when counts are fewer than 5.

Blue indicates rate above New York, excluding New York City, rates.

Red indicates rate over 150% above New York, excluding New York City, rates.

County Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Respiratory		Composite	
	n	Rate	n	Rate
New York State, excl. NYS	42,332	42.2	115,620	115.6
Capital Region	3,270	38.2	8,649	101.7
Albany County	952	35.6	2,761	103.2
Melrose/Manning	95	40.8	289	102.0
N Albany/Menands	73	123.1	110	189.3
West End	265	203.7	257	243.2
West Hills/South End	189	216.9	183	259.2
Rt 20/New Scot.	123	76.3	225	131.2
Delaware/2nd Ave	86	116.9	108	156.6
Center Square	122	148.0	90	165.4
Colonie/Schenectady	161	78.9	303	118.1
Cohoes	152	98.5	262	146.7
Colonie	120	58.4	303	107.9
Hill Towns	9	38.1	30	104.0
Latham	50	30.2	169	85.4
RCS	32	37.6	95	105.3
Bethlehem	47	26.1	211	84.4
Guilderland	29	32.7	114	102.1
New Scotland	25	27.4	116	76.1
Watervliet/G.I.	131	84.4	219	134.4
Rensselaer County	553	40.1	1,411	103.9
Central	28	39.8	59	84.4
Rensselaer	86	48.3	224	127.8
Troy/Lansingburg	351	64.6	916	169.2
East	12	16.2	29	42.6
East Greenbush	38	45.8	101	118.3
North East	10	13.4	30	42.4
North West	24	41.6	60	109.3
South West	50	34.8	120	85.3
W. Sand Lake/ Wyn.	39	43.2	91	99.8
Schenectady County	629	44.1	1,661	116.3
Mount Pleasant	108	39.9	303	118.1
Upper State St.	36	63.5	110	189.3
City/Stockade	26	66.3	67	176.9
Hamilton Hill	43	104.4	110	294.2
Goose Hill/ Union	62	65.0	139	144.4
Rural- West	23	29.0	62	81.2
Niskayuna	77	26.1	213	70.9
Scotia-Glenville	100	32.4	269	85.3
Rotterdam	99	40.6	267	110.2

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Blue indicates rate above New York, excluding New York City, rates.

Red indicates rate over 150% above New York, excluding New York City, rates.

County Prevention Quality Indicator Rates by Neighborhood

NYS Department of Health, SPARCS 2010-2014, Age-Adjusted Rate per 10,000

	Respiratory		Composite	
	n	Rate	n	Rate
New York State, excl. NYS	42,332	42.2	115,620	115.6
Capital Region	3,270	38.2	8,649	101.7
Saratoga County	671	35.1	1,676	88.5
Ballston Spa	110	43.8	264	105.5
Burnt Hills/ Galway	50	26.5	131	70.0
Clifton Park West	109	28.2	298	77.8
North East	95	48.5	214	109.5
North West	79	51.5	175	116.9
Saratoga Spring	131	36.8	344	96.2
South Glens Falls	38	53.4	86	122.6
Waterford/Mechanicville	85	40.5	223	105.1
Columbia County	273	41.9	648	100.7
Canaan	3	10.3	10	52.4
Chatham	56	41.4	131	97.1
Germantown	23	42.8	52	97.9
Hudson	127	65.3	288	145.6
Ichabod	41	36.6	119	112.4
Pine Plains	7	35.4	19	93.9
Taconic Hills	15	19.5	35	51.1
Greene County	193	39.7	492	101.9
Cairo/Durham	33	43.9	77	106.3
Catskill	71	48.3	182	120.7
Coxackie/Athens	46	40.5	114	102.9
Greenville	19	29.7	55	82.9
Hunter/Tannersville	16	30.2	45	89.8
Windham/Ashland/Jewett	16	37.4	37	82.8

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Blue indicates rate above New York, excluding New York City, rates.

Red indicates rate over 150% above New York, excluding New York City, rates.

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Chronic Lower Respiratory Disorder		Diabetes		Cirrhosis		Cardiovascular Disease	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	5,064	36.7	2,056	14.8	888	6.6	33,482	232.7
Capital Region	495	40.0	171	14.6	94	9.6	2,778	225.9
Albany County	140	38.0	50	13.5	30	8.5	886	228.0
Bethlehem	12	35.4	5	15.8	2	7.5	66	174.6
Center Square	2	29.6	1	23.0	1	14.5	14	207.6
City of Cohoes	15	53.7	4	13.7	2	9.3	72	255.8
Colonie	15	34.1	6	15.4	4	14.0	91	213.8
Delaware/2nd Ave	3	22.3	2	16.7	1	12.4	23	196.7
Guilderland	8	35.9	3	15.6	1	5.4	49	203.8
Hill Towns	4	38.8	1	9.0	1	7.0	19	201.7
Latham	9	30.9	4	12.7	2	9.6	58	184.9
Loudonville	6	26.7	1	5.3	0	2.9	48	210.4
Melrose/Manning	13	29.0	4	10.2	2	5.3	126	251.8
N. Albany/Menands	4	39.3	1	12.3	1	11.6	30	278.4
Rt. 20/New Scotland	10	42.5	5	19.9	2	9.1	53	202.4
New Scotland	7	29.7	1	2.5	1	4.6	32	132.8
RCS	4	29.1	1	8.8	1	8.0	29	191.8
Watervliet/G.I.	13	48.7	4	15.3	2	12.8	57	219.4
West End	6	41.4	1	10.6	1	8.4	38	279.1
West Hills/South End	3	33.5	3	29.5	3	22.2	28	309.0
Rensselaer County	99	53.5	34	18.9	18	9.8	497	266.6
Central	4	34.7	2	11.9	1	8.3	22	198.0
East	4	41.6	1	6.2	1	18.5	17	175.4
East Greenbush	6	45.2	1	10.2	0	2.0	37	258.5
North East	7	38.8	2	16.3	1	6.1	25	157.8
North West	4	52.0	1	13.0	1	8.8	11	149.7
Rensselaer	12	46.7	4	16.6	1	6.6	62	251.8
South West	7	31.4	4	17.0	1	6.9	46	226.7
Troy	48	56.9	16	22.0	9	14.5	237	281.5
W. Sand Lake/Wynantskill	5	35.1	1	8.5	1	7.1	27	197.5
Schenectady County	90	44.4	38	18.4	15	8.0	525	236.5
Hamilton Hill	5	94.2	3	51.3	1	10.1	18	332.6
Mount Pleasant	16	38.6	5	13.2	2	6.5	92	222.2
Niskayuna	13	27.4	4	8.2	2	4.5	79	162.0
Rotterdam	12	33.4	6	15.5	4	13.1	81	226.0
Rural West	3	29.9	2	15.3	1	8.6	19	200.7
Scotia-Glenville	19	36.8	8	17.8	4	11.3	112	218.6
Stockade	2	43.9	1	23.4	0	11.5	14	316.5
Goose Hill/Union	7	46.0	4	29.0	1	9.4	40	266.9
Upper State Street	17	55.3	7	21.7	2	11.1	89	258.6

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County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Chronic Lower Respiratory Disorder		Diabetes		Cirrhosis		Cardiovascular Disease Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	5,064	36.7	2,056	14.8	888	6.6	33,482	232.7
Capital Region	495	40.0	171	14.6	94	9.6	2,778	225.9
Saratoga County	106	43.4	31	13.1	20	7.6	550	218.1
Ballston Spa	14	93.0	6	37.8	2	14.4	106	833.6
Clifton Park West	16	28.9	5	8.9	3	4.9	91	163.5
Burnt Hills/Galway	8	25.5	3	11.7	1	2.9	44	152.3
North East	8	28.2	1	7.3	2	8.1	45	160.1
North West	11	50.0	3	14.8	3	13.7	43	204.2
Saratoga Springs	21	38.5	6	12.6	4	9.4	120	201.9
South Glens Falls	5	43.7	1	13.0	1	10.3	20	189.9
Waterford/ Mechanicville	17	54.8	4	12.5	3	9.5	64	200.3
Columbia County	45	48.1	1	12.4	7	8.6	225	246.5
Canaan	0	0.0	1	18.7	1	22.3	6	184.3
Chatham	8	38.4	1	5.4	2	12.5	41	211.3
Germantown	4	46.4	1	7.0	1	6.3	16	178.6
Hudson	14	46.1	4	15.1	2	7.9	82	255.5
Ichabod	9	48.6	4	22.4	1	8.6	42	236.4
Pine Plains	1	43.7	0	4.9	0	7.2	6	176.9
Taconic Hills	6	56.3	1	12.1	0	2.9	25	238.5
Greene County	27	41.8	8	12.4	6	10.1	152	245.0
Cairo/Durham	3	28.0	1	7.0	1	12.1	26	251.5
Catskill	10	42.7	4	20.0	2	8.9	66	271.9
Coxackie/Athens	7	44.7	1	6.0	2	15.4	26	175.8
Greenville	2	23.2	1	9.2	1	13.1	3	170.7
Hunter/Tannersville	2	24.3	1	12.1	0	6.7	13	163.8
Windham/Ashland/Jewett	3	44.2	0	6.4	0	10.0	15	215.7

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County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Coronary Heart Disease Mortality Rate		Heart Attack Mortality		Congestive Heart Failure Mortality	
	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	19,543	135.4	5,159	36.1	2,327	15.7
Capital Region	1,468	122.5	323	27.0	221	16.9
Albany County	446	115.1	101	25.3	79	19.6
Bethlehem	27	71.7	8	19.5	6	15.0
Center Square	8	123.7	1	22.6	1	11.9
City of Cohoes	34	122.2	8	28.8	5	17.6
Colonie	47	107.6	13	29.3	8	16.5
Delaware/2nd Ave	12	97.5	2	14.8	1	12.4
Guilderland	28	115.5	4	17.0	5	13.8
Hill Towns	10	100.0	2	22.0	1	14.7
Latham	27	86.6	7	22.1	6	16.0
Loudonville	26	114.6	5	22.8	5	19.2
Melrose/Manning	68	132.4	11	22.7	13	24.1
N. Albany/Menands	13	115.4	3	25.2	3	26.5
Rt. 20/New Scotland	26	96.9	4	17.5	6	20.2
New Scotland	15	61.8	2	8.1	3	13.1
RCS	15	99.6	3	21.2	3	18.8
Watervliet/G.I.	30	116.6	8	31.8	7	23.9
West End	22	154.4	6	41.2	3	24.8
West Hills/South End	15	173.6	4	49.3	1	13.2
Rensselaer County	247	136.2	57	30.5	43	22.1
Central	10	91.8	2	17.4	1	13.8
East	8	75.0	2	19.3	1	8.8
East Greenbush	12	89.8	1	12.8	6	39.8
North East	13	81.4	4	26.4	1	6.8
North West	5	70.9	2	28.4	0	6.0
Rensselaer	31	125.6	6	25.3	6	26.4
South West	28	138.6	8	39.7	3	16.0
Troy/Lansingburgh	124	146.6	25	29.7	19	22.0
W. Sand Lake/Wynantskill	16	112.8	3	22.0	2	15.9
Schenectady County	269	122.8	61	27.6	44	19.6
Hamilton Hill	12	216.8	2	36.5	1	17.1
Mount Pleasant	50	121.0	14	33.3	9	20.1
Niskayuna	38	79.3	9	20.1	8	14.2
Rotterdam	41	113.5	7	19.6	6	15.4
Rural West	10	101.0	3	27.0	1	13.5
Scotia-Glenville	51	102.5	13	28.5	12	22.2
Stockade	9	185.7	2	31.2	1	26.8
Goose Hill/Union	21	143.6	4	27.7	3	18.7
	46	135.4	8	24.0	8	20.8

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County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Coronary Heart Disease Mortality Rate		Heart Attack Mortality		Congestive Heart Failure Mortality	
	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	19,543	135.4	5,159	36.1	2,327	15.7
Capital Region	1,468	122.5	323	27.0	1,103	16.9
Saratoga County	296	116.2	69	30.1	36	13.1
Ballston Spa	70	556.6	17	126.3	6	54.3
Clifton Park West	50	87.9	12	25.6	6	11.3
Burnt Hills/Galway	23	78.9	6	19.9	4	15.2
North East	22	76.9	7	26.4	3	11.3
North West	24	113.4	7	28.4	1	7.8
Saratoga Springs	55	92.1	10	18.3	6	9.8
South Glens Falls	9	82.9	3	32.7	1	13.5
Waterford/Mechanicville	34	105.7	9	29.0	4	14.1
Columbia County	143	156.1	19	24.1	13	14.6
Canaan	3	96.9	1	25.6	1	31
Chatham	24	124.6	4	17.5	2	9.1
Germantown	9	97.7	1	13.1	1	9.0
Hudson	56	171.4	8	25.5	4	12.5
Ichabod	25	137.5	4	22.8	3	15.5
Pine Plains	4	116.9	1	30.2	0	6.3
Taconic Hills	17	166.9	2	14.5	2	19.4
Greene County	93	146.8	21	31.8	11	14.2
Cairo/Durham	17	155.1	4	33.7	2	20.1
Catskill	41	170.0	8	35.9	4	14.7
Coxackie/Athens	15	95.5	3	18.3	1	9.7
Greenville	9	97.5	2	26.9	1	10.0
Hunter/Tannersville	7	85.8	2	26.5	1	8.4
Windham/Ashland/Jewett	9	126.5	2	25.4	1	20.0

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County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Cerebrovascular Disease Mortality Rate		Cancer Mortality		Lung Cancer Mortality		Breast Cancer Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	4,271	29.8	21,612	157.9	6,026	44.4	1,547	11.2
Capital Region	370	28.7	2,009	168.1	593	48.8	137	12.0
Albany County	113	29.3	631	174.7	181	51.3	45	12.6
Bethlehem	10	27.8	51	150.1	14	39.6	4	25.7
Center Square	1	18.4	12	177.6	3	43.0	1	38.4
City of Cohoes	11	40.5	49	185.2	14	55.4	3	20.5
Colonie	13	31.5	72	177.4	24	59.4	4	16.0
Delaware/2nd Ave	3	22.4	18	157.8	6	57.2	1	15.9
Guilderland	6	24.2	21	108.7	7	37.8	10	17.4
Hill Towns	3	37.0	14	129.2	5	39.1	0	3.4
Latham	8	23.1	45	153.5	11	36.3	3	17.5
Loudonville	4	18.4	30	156.9	7	35.4	2	33.5
Melrose/Manning	14	28.0	72	169.1	16	45.0	6	23.4
N. Albany/Menands	4	34.5	19	206.5	5	60.3	2	39.2
Rt. 20/New Scotland	8	34.1	40	171.1	11	46.6	2	10.3
New Scotland	4	17.8	30	129.8	5	22.4	3	21.4
RCS	4	26.1	25	164.1	9	55.1	1	16.2
Watervliet/G.I.	7	26.0	46	187.8	17	68.6	2	24.6
West End	5	32.1	31	211.1	10	63.9	3	16.9
West Hills/South End	2	25.7	23	209.4	6	59.6	1	11.9
Rensselaer County	64	34.3	343	185.2	106	57.0	21	11.5
Central	4	36.5	19	144.7	6	42.6	1	14.8
East	3	30.7	12	115.6	3	25.3	1	20.6
East Greenbush	6	47.6	18	138.6	5	38.1	2	28.4
North East	4	27.9	22	143.4	7	44.9	1	11.5
North West	2	21.1	15	176.0	6	62.1	1	22.7
Rensselaer	7	29.7	43	170.3	13	52.7	2	14.6
South West	5	24.4	43	201.5	15	66.8	3	22.8
Troy/Lansingburgh	28	33.8	146	185.1	43	57.2	8	18.7
W. Sand Lake/Wynantskill	3	20.1	22	154.7	6	39.5	2	24.6
Schenectady County	67	30.7	339	173.8	93	49.0	25	12.8
Hamilton Hill	1	15.8	11	210.1	3	55.8	0	0.0
Mount Pleasant	12	29.7	68	172.5	21	54.1	5	22.7
Niskayuna	11	23.1	59	138.1	14	33.0	4	17.7
Rotterdam	12	32.4	67	197.4	18	51.5	5	26.0
Rural West	3	30.7	16	141.8	4	35.9	2	26.7
Scotia-Glenville	19	37.0	71	160.7	17	39.1	6	22.7
Stockade	1	33.2	10	193.2	3	53.8	1	23.4
Goose Hill/Union	4	25.1	22	157.3	7	52.8	1	18.0
Upper State Street	10	29.9	49	181.0	16	62.0	4	20.9

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County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Cerebrovascular Disease Mortality Rate		Cancer Mortality		Lung Cancer Mortality		Breast Cancer Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	4,271	29.8	21,612	157.9	6,026	44.4	1,547	11.2
Capital Region	370	28.7	2,009	168.1	593	48.8	137	12.0
Saratoga County	85	33.4	442	174.0	135	52.7	32	12.3
Ballston Spa	12	89.6	59	380.5	18	111.0	4	17.5
Clifton Park West	1	19.7	85	147.2	23	38.9	8	25.6
Burnt Hills/Galway	6	20.7	49	132.1	12	34.6	2	15.9
North East	7	27.9	50	162.9	15	46.6	2	13.5
North West	7	21.1	42	176.0	14	63.0	3	23.1
Saratoga Springs	27	48.0	78	147.2	24	44.9	6	20.6
South Glens Falls	4	33.5	16	149.0	5	51.3	1	15.9
Waterford/Mechanicville	7	23.9	59	184.1	14	52.9	5	30.2
Columbia County	27	30.0	154	166.2	52	55.4	7	7.1
Canaan	1	15.4	6	184.3	1	30.6	0	0.0
Chatham	6	31.5	30	150.3	12	58.2	2	20.7
Germantown	2	26.0	13	149.9	4	38.7	1	23.1
Hudson	10	33.6	51	171.2	17	55.3	2	12.8
Ichabod	4	25.8	24	142.4	8	43.4	1	12.6
Pine Plains	0	7.2	4	148.0	1	34.2	0	11.9
Taconic Hills	2	22.3	18	159.3	7	64.7	0	8.0
Greene County	20	30.0	125	183.4	38	53.9	9	14.4
Cairo/Durham	3	27.7	19	179.8	5	39.6	2	28.8
Catskill	8	32.5	38	169.2	12	52.5	3	32.6
Coxackie/Athens	4	30.1	34	211.7	11	66.7	1	17.9
Greenville	2	19.3	18	177.4	5	50.4	1	31.4
Hunter/Tannersville	2	29.6	7	83.8	1	13.8	1	22.2
Windham/Ashland/Jewett	1	16.4	13	169.3	4	43.3	1	24.3

*N is calculated as the average number of cases per year.

Blue indicates rate above New York, excluding New York City, rates.

Red indicates rate over 150% above New York, excluding New York City, rates.

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Prostate Cancer Mortality		Colorectal Cancer Mortality		Suicide Mortality		Flu/ Pneumonia Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	966	6.9	1,872	13.6	1,008	8.5	2,174	14.9
Capital Region	93	7.8	168	14.9	97	10.4	176	14.0
Albany County	29	7.8	53	14.1	26	8.0	57	14.1
Bethlehem	3	9.6	5	13.9	2	7.7	8	20.7
Center Square	0	7.7	1	22.5	1	10.3	1	13.5
City of Cohoes	2	7.1	4	16.5	1	6.2	4	13.3
Colonie	3	7.7	5	11.5	2	5.7	5	10.6
Delaware/2nd Ave	0	3.5	1	7.6	1	9.5	2	14.0
Guilderland	1	3.2	2	10.7	1	6.0	3	11.7
Hill Towns	1	4.7	1	9.8	2	27.4	2	25.7
Latham	1	4.3	5	16.9	1	6.5	4	13.5
Melrose/Manning	1	7.1	6	13.7	3	11.0	8	16.8
N. Albany/Menands	2	10.8	1	11.7	0	1.9	3	26.0
Rt. 20/New Scotland	2	7.0	4	15.9	1	5.4	4	15.2
New Scotland	0	9.9	3	13.4	1	9.1	2	7.6
RCS	1	4.0	1	8.8	1	8.7	2	11.5
Watervliet/G.I.	1	3.2	3	11.5	2	9.5	3	10.3
West End	1	8.4	2	16.7	1	4.7	2	13.8
West Hills/South End	1	6.0	2	22.4	2	14.9	2	25.7
Rensselaer County	71	7.6	27	14.3	15	9.1	27	13.6
Central	3	8.4	2	13.8	1	4.3	1	6.5
East	1	2.4	2	17.4	1	14.0	0	2.1
East Greenbush	3	6.1	1	10.3	1	7.9	2	20.5
North East	6	8.6	2	9.9	2	13.2	1	5.7
North West	2	10.0	1	16.6	0	2.8	0	0.0
Rensselaer	8	7.2	3	12.8	1	3.9	4	14
South West	10	11.7	2	10.1	3	14.4	3	14.3
Troy/Lansingburgh	33	7.9	12	14.1	7	10.8	14	16.3
Wynantskill	6	10.0	2	15.3	1	5.4	1	7.0
Schenectady County	86	8.4	32	15.7	17	10.9	32	13.9
Hamilton Hill	6	32.7	1	28.3	1	10.4	0	11.6
Mount Pleasant	14	7.1	7	15.8	3	10.9	7	17.4
Niskayuna	14	5.7	7	15.8	2	5.7	5	10.9
Rotterdam	22	13.4	6	17.2	5	18.8	4	12.8
Rural West	4	8.1	1	10.6	1	9.5	1	11.4
Scotia-Glenville	21	8.5	6	12.5	3	9.6	7	12.9
Stockade	2	8.6	1	35.3	1	12.9	0	0.0
Goose Hill/Union	5	6.5	1	9.9	1	7.6	1	7.9
Upper State Street	12	10.8	3	11.6	2	10.5	7	20.5

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Blue indicates rate above New York, excluding New York City, rates.

Red indicates rate over 150% above New York, excluding New York City, rates.

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	Prostate Cancer Mortality		Colorectal Cancer Mortality		Suicide Mortality		Flu/ Pneumonia Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	966	6.9	1,872	13.6	1,008	8.5	2,174	14.9
Capital Region	93	7.8	168	14.9	97	10.4	176	14.0
Saratoga County	19	8.0	33	18.2	27	11.4	33	13.2
Ballston Spa	1	3.8	5	35.7	4	22.5	8	24.1
Clifton Park West	4	7.1	7	12.3	6	11.5	5	8.6
Burnt Hills/Galway	2	6.9	4	12.9	1	5.2	1	3.9
North East	2	9.3	3	10	4	14.3	3	11.5
North West	2	13.1	2	9.8	3	13.4	3	13.5
Saratoga Springs	4	7.6	4	8.0	4	11.1	8	14.2
South Glens Falls	1	5.8	1	9.0	2	24.2	2	16.1
Waterford/Mechanicville	3	9.2	4	12.7	3	9.7	3	10.7
Columbia County	8	8.0	16	18.2	7	10.4	14	14.8
Canaan	1	5.1	1	30.1	0	7.4	1	19.5
Chatham	2	9.1	2	11.7	1	11.3	2	11.9
Germantown	1	9.2	1	15.5	1	17.8	0	2.5
Hudson	3	9.4	5	17.7	3	11	5	16.2
Ichabod	1	4.0	3	19.8	0	2	3	19.8
Pine Plains	0	0.0	0	13.6	1	27.1	0	0.0
Taconic Hills	0	0.0	2	18.4	1	15.6	3	27.3
Greene County	5	8.2	11	16.2	5	10.1	13	19.8
Cairo/Durham	0	5.6	2	19.3	0	3.2	3	29.4
Catskill	1	4.7	5	20.8	1	8.8	6	24.3
Coxackie/Athens	2	14.2	2	15.1	2	14.5	2	15.6
Greenville	1	15.2	1	13.9	1	15.5	1	11.3
Hunter/Tannersville	1	13.0	1	8.2	1	7.2	0	6.5
Windham/Ashland/Jewett	0	5.7	1	11.4	0	7.7	1	9.0

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Red indicates rate over 150% above New York, excluding New York City, rates.

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	AIDS Mortality		Substance Abuse Mortality		Unintentional Injury Mortality		Fall Injury Related Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	152	1.2	729	6.5	3,291	26.4	864	6.1
Capital Region	15	1.8	373	9.3	226	25.2	53	4.9
Albany County	8	2.3	10	3.3	71	20.1	19	4.8
Bethlehem	0	0.0	0	0.0	5	14.2	2	5.3
Center Square	2	25.5	0	0.0	1	9.6	0	0.0
City of Cohoes	1	2.9	2	8.9	6	23.4	1	4.0
Colonie	0	0.4	1	4.6	6	18.8	2	2.7
Delaware/2nd Ave	0	1.9	0	2.6	2	15.9	1	4.5
Guilderland	0	0.0	0	1.8	2	14.1	1	3.4
Hill Towns	0	4.0	0	0.0	2	23.0	0	2.5
Latham	0	0.0	0	1.4	5	21.3	1	4.6
Loudonville	0	0.0	0	0.0	3	17.7	1	6.2
Melrose/Manning	1	2.5	1	3.8	8	23.4	2	5.6
N. Albany/Menands	1	6.6	1	7.0	4	38.0	1	13.4
Rt. 20/New Scotland	1	3.9	1	3.2	5	19.8	1	3.4
New Scotland	0	0.0	1	0.7	3	15.9	1	3.4
RCS	0	1.4	1	5.8	3	19.3	0	2.9
Watervliet/G.I.	0	1.7	1	3.8	5	20.5	1	4.5
West End	0	1.0	1	5.1	3	23.7	1	5.0
West Hills/South End	1	8.5	1	8.8	5	49.6	1	10.4
Rensselaer County	2	1.1	4	2.5	38	22.1	9	5.1
Central	0	1.5	1	2.0	3	24.1	1	9.0
East	0	0.0	0	0.0	3	38.1	1	12.0
East Greenbush	0	1.2	0	1.3	2	19.1	1	8.1
North East	0	0.0	0	0.0	3	27.4	1	3.1
North West	0	0.0	1	1.6	2	29.2	0	2.8
Rensselaer	0	0.0	1	1.1	4	17.9	2	7.3
South West	0	0.0	2	4.9	4	23.2	1	5.0
Troy/Lansingburgh	2	2.4	7	2.5	14	19.1	3	3.1
W. Sand Lake/Wynantskill	0	0.0	1	7.4	3	30.9	0	1.4
Schenectady County	15	1.6	39	5.1	184	20.4	8	3.6
Hamilton Hill	1	2.8	7	27.1	13	42.4	0	9.1
Mount Pleasant	4	2.9	8	7.1	34	20.6	2	4.0
Niskayuna	0	0.0	4	3.4	33	18.0	2	4.7
Rotterdam	1	0.5	2	1.3	20	12.6	1	2.4
Rural West	0	0.0	3	7.0	11	22.0	1	7.0
Scotia-Glenville	1	0.4	3	2.2	26	15.3	1	1.0
Stockade	2	5.1	4	12.4	8	28.9	0	9.0
Goose Hill/Union	2	2.6	2	3.0	15	19.9	1	4.9
Upper State Street	4	3.3	3	7.0	34	25.0	1	2.9

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Red indicates rate over 150% above New York, excluding New York City, rates.

County Mortality Rates by Neighborhood

NYS Department of Health, Vital Statistics 2009-2013, Age-Adjusted Rate per 100,000

	AIDS Mortality		Substance Abuse Mortality		Unintentional Injury Mortality		Fall Injury Related Mortality	
	N	Rate	N	Rate	N	Rate	N	Rate
New York State, excl. NYC	152	1.2	729	6.5	3,291	26.4	864	6.1
Capital Region	15	1.8	373	3.0	226	25.2	53	4.9
Saratoga County	0	0.5	3	1.5	44	18.7	9	3.6
Ballston Spa	0	0.0	0	1.5	6	38.7	1	6.0
Clifton Park West	0	0.0	1	1.9	7	14.6	2	2.7
Burnt Hills/Galway	0	0.0	0	1.2	3	12.6	1	3.2
North East	0	0.6	0	0.0	6	23.7	2	6.3
North West	0	0.0	0	1.2	5	25.7	0	2.0
Saratoga Springs	0	0.7	1	2.4	8	15.9	3	4.5
South Glens Falls	0	0.0	0	0.0	1	14.0	1	6.9
Waterford/ Mechanicville	0	1.4	0	1.8	6	21.7	1	4.4
Columbia County	0	0.5	2	3.7	19	26.5	5	5.1
Canaan	0	0.0	0	3.0	2	57.8	0	0.0
Chatham	0	0.0	1	7.7	3	20.5	1	4.6
Germantown	0	0.0	0	0.0	2	36.7	0	4.4
Hudson	0	1.0	1	3.9	7	29.4	2	7.7
Ichabod	0	0.0	0	4.6	2	10.4	1	3.4
Pine Plains	0	0.0	0	0.0	1	49.1	0	4.5
Taconic Hills	0	0.0	0	1.6	2	27.1	0	0.0
Greene County	2	3.0	2	4.2	19	35.7	4	6.1
Cairo/Durham	0	0.0	0	7.4	3	42.6	1	6.0
Catskill	0	0.0	0	2.6	5	32.3	1	6.8
Coxackie/Athens	1	9.3	0	3.8	4	26.6	1	3.4
Greenville	0	2.5	0	3.2	3	54.8	0	6.9
Hunter/Tannersville	0	0.0	1	11.9	2	27.7	1	7.4
Windham/Ashland/Jewett	0	4.2	0	0.0	1	26.1	0	2.6

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County Health Rankings- Albany County

The University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Albany County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**35**
Length of Life					**26**
Premature death	5,900	5,600-6,200	5,200	5,400	
Quality of Life					**40**
Poor or fair health**	12%	12-13%	12%	17%	
Poor physical health days**	3.3	3.1-3.4	2.9	3.6	
Poor mental health days**	3.4	3.3-3.6	2.8	3.7	
Low birthweight	9%	8-9%	6%	8%	
Health Factors					**9**
Health Behaviors					**12**
Adult smoking**	14%	13-14%	14%	14%	
Adult obesity	27%	23-31%	25%	24%	
Food environment index	7.7		8.3	7.9	
Physical inactivity	22%	19-26%	20%	24%	
Access to exercise opportunities	86%		91%	91%	
Excessive drinking**	19%	18-19%	12%	17%	
Alcohol-impaired driving deaths	21%	16-27%	14%	23%	
Sexually transmitted infections	468.2		134.1	489.5	
Teen births	16	16-17	19	23	
Clinical Care					**6**
Uninsured	9%	8-10%	11%	12%	
Primary care physicians	1,020:1		1,040:1	1,200:1	
Dentists	1,150:1		1,340:1	1,280:1	
Mental health providers	330:1		370:1	420:1	
Preventable hospital stays	49	47-52	38	53	
Diabetic monitoring	87%	83-91%	90%	86%	
Mammography screening	64%	60-68%	71%	62%	
Social & Economic Factors					**8**
High school graduation	81%		93%	77%	
Some college	74%	72-77%	72%	66%	
Unemployment	4.9%		3.50%	6.30%	
Children in poverty	19%	15-22%	13%	23%	
Income inequality	4.8	4.5-5.0	3.7	5.6	
Children in single-parent households	35%	33-37%	21%	35%	
Social associations	14.8		22.1	7.9	
Violent crime	368		59	400	
Injury deaths	41	38-45	51	42	
Physical Environment					**16**
Air pollution - particulate matter	11.1		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	16%	15-17%	9%	24%	
Driving alone to work	78%	77-79%	71%	54%	
Long commute - driving alone	20%	19-20%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings- Rensselaer County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Rensselaer County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**32**
Length of Life					**34**
Premature death	6,200	5,700-6,600	5,200	5,400	
Quality of Life					**24**
Poor or fair health**	12%	12-13%	12%	17%	
Poor physical health days**	3.3	3.1-3.4	2.9	3.6	
Poor mental health days**	3.4	3.3-3.6	2.8	3.7	
Low birthweight	7%	7-8%	6%	8%	
Health Factors					**14**
Health Behaviors					**22**
Adult smoking**	15%	14-16%	14%	14%	
Adult obesity	24%	19-29%	25%	24%	
Food environment index	7.8		8.3	7.9	
Physical inactivity	23%	19-26%	20%	24%	
Access to exercise opportunities	70%		91%	91%	
Excessive drinking**	21%	20.22%	12%	17%	
Alcohol-impaired driving deaths	21%	14-28%	14%	23%	
Sexually transmitted infections	371.0		134.1	489.5	
Teen births	25	23-26	19	23	
Clinical Care					**14**
Uninsured	8%	7-9%	11%	12%	
Primary care physicians	1,950:1		1,040:1	1,200:1	
Dentists	2,280:1		1,340:1	1,280:1	
Mental health providers	690:1		370:1	420:1	
Preventable hospital stays	52	48-56	38	53	
Diabetic monitoring	89%	84-94%	90%	86%	
Mammography screening	62%	57-67%	71%	62%	
Social & Economic Factors					**12**
High school graduation	82%		93%	77%	
Some college	70%		72%	66%	
Unemployment	5.3%		3.50%	6.30%	
Children in poverty	20%	16-24%	13%	23%	
Income inequality	4.4	4.2-4.7	3.7	5.6	
Children in single-parent households	34%	31-38%	21%	35%	
Social associations	9.3		22.1	7.9	
Violent crime	310		59	400	
Injury deaths	44	40-49	51	42	
Physical Environment					**22**
Air pollution - particulate matter	10.9		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	16%	15-17%	9%	24%	
Long commute - driving alone	30%	28-32%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings- Schenectady County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Schenectady County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**49**
Length of Life					**49**
Premature death	6,700	6,200-7,100-	5,200	5,400	
Quality of Life					**50**
Poor or fair health**	12%	12-13%	12%	17%	
Poor physical health days**	3.3	3.2-3.5	2.9	3.6	
Poor mental health days**	3.6	3.5-3.8	2.8	3.7	
Low birthweight	9%	8-9%	6%	8%	
Health Factors					**16**
Health Behaviors					**26**
Adult smoking**	15%	15-16%	14%	14%	
Adult obesity	26%	21-31%	25%	24%	
Food environment index	7.4		8.3	7.9	
Physical inactivity	23%	18-28%	20%	24%	
Access to exercise opportunities	89%		91%	91%	
Excessive drinking**	18%	18-19%	12%	17%	
Alcohol-impaired driving deaths	19%	10-30%	14%	23%	
Sexually transmitted infections	454.5		134.1	489.5	
Teen births	28	26-30	19	23	
Clinical Care					**11**
Uninsured	10%	9-11%	11%	12%	
Primary care physicians	1,340:1		1,040:1	1,200:1	
Dentists	1,310:1		1,340:1	1,280:1	
Mental health providers	530:1		370:1	420:1	
Preventable hospital stays	44	41-47	38	53	
Diabetic monitoring	88%	83-93%	90%	86%	
Mammography screening	63%	58-68%	71%	62%	
Social & Economic Factors					**24**
High school graduation	79%		93%	77%	
Some college	64%	61-67%	72%	66%	
Unemployment	5.4%		3.50%	6.30%	
Children in poverty	21%	16-26%	13%	23%	
Income inequality	8.6	4.5-5.0	3.7	5.6	
Children in single-parent households	35%	31-39%	21%	35%	
Social associations	8.6		22.1	7.9	
Violent crime	457		59	400	
Injury deaths	43	38-48	51	42	
Physical Environment					**4**
Air pollution - particulate matter	11.1		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	16%	15-17%	9%	24%	
Long commute - driving alone	20%	30-34%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings- Saratoga County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Saratoga County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**1**
Length of Life					**6**
Premature death	4,500	4,200-4,800	5,200	5,400	
Quality of Life					**2**
Poor or fair health**	10%	9-10%	12%	17%	
Poor physical health days**	2.9	2.8-3.1	2.9	3.6	
Poor mental health days**	3.3	3.2-3.5	2.8	3.7	
Low birthweight	7%	6-7%	6%	8%	
Health Factors					**4**
Health Behaviors					**9**
Adult smoking**	14%	13-14%	14%	14%	
Adult obesity	27%	21-30%	25%	24%	
Food environment index	7.7		8.3	7.9	
Physical inactivity	22%	19-27%	20%	24%	
Access to exercise opportunities	86%		91%	91%	
Excessive drinking**	19%	20-22%	12%	17%	
Alcohol-impaired driving deaths	21%	20-32%	14%	23%	
Sexually transmitted infections	468.2		134.1	489.5	
Teen births	16	12-14	19	23	
Clinical Care					**3**
Uninsured	7%	6-8%	11%	12%	
Primary care physicians	1,300:1		1,040:1	1,200:1	
Dentists	1,600:1		1,340:1	1,280:1	
Mental health providers	710:1		370:1	420:1	
Preventable hospital stays	49	46-52	38	53	
Diabetic monitoring	90%	85-94%	90%	86%	
Mammography screening	67%	63-71%	71%	62%	
Social & Economic Factors					**2**
High school graduation	86%		93%	77%	
Some college	77%	74-80%	72%	66%	
Unemployment	4.6%		3.50%	6.30%	
Children in poverty	10%	7-12%	13%	23%	
Income inequality	4.0	3.8-4.2	3.7	5.6	
Children in single-parent households	25%	22-27%	21%	35%	
Social associations	8.2		22.1	7.9	
Violent crime	65		59	400	
Injury deaths	438	34-41	51	42	
Physical Environment					**21**
Air pollution - particulate matter	11.1		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	12%	11-13%	9%	24%	
Driving alone to work	83%	82-84%	71%	54%	
Long commute - driving alone	37%	36-39%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings- Columbia County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Columbia County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**29**
Length of Life					**32**
Premature death	6,100	5,300-6,800	5,200	5,400	
Quality of Life					**26**
Poor or fair health**	12%	9-10%	12%	17%	
Poor physical health days**	3.2	2.8-3.1	2.9	3.6	
Poor mental health days**	3.5	3.2-3.5	2.8	3.7	
Low birthweight	7%	6-7%	6%	8%	
Health Factors					**13**
Health Behaviors					**15**
Adult smoking**	14%	13-14%	14%	14%	
Adult obesity	25%	20-31%	25%	24%	
Food environment index	8.2		8.3	7.9	
Physical inactivity	25%	20-31%	20%	24%	
Access to exercise opportunities	58%		91%	91%	
Excessive drinking**	19%	18-20%	12%	17%	
Alcohol-impaired driving deaths	28%	19-38%	14%	23%	
Sexually transmitted infections	211.2		134.1	489.5	
Teen births	23	21-26	19	23	
Clinical Care					**39**
Uninsured	11%	10-12%	11%	12%	
Primary care physicians	2,070:1		1,040:1	1,200:1	
Dentists	2,590:1		1,340:1	1,280:1	
Mental health providers	740:1		370:1	420:1	
Preventable hospital stays	64	58-69	38	53	
Diabetic monitoring	88%	82-95%	90%	86%	
Mammography screening	68%	61-74%	71%	62%	
Social & Economic Factors					**14**
High school graduation	75%		93%	77%	
Some college	63%	58-67%	72%	66%	
Unemployment	4.7%		3.50%	6.30%	
Children in poverty	36%	13-23%	13%	23%	
Income inequality	4.1	3.8-4.4	3.7	5.6	
Children in single-parent households	36%	31-42%	21%	35%	
Social associations	9.3		22.1	7.9	
Violent crime	147		59	400	
Injury deaths	52	44-60	51	42	
Physical Environment					**1**
Air pollution - particulate matter	11.1		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	12%	13-16%	9%	24%	
Long commute - driving alone	37%	32-37%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

County Health Rankings- Greene County

University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation, 2015

	Greene County	Error Margin	Top U.S. Performers^	New York	Rank (of 62)
Health Outcomes					**59**
Length of Life					**59**
Premature death	7,200	6,300-8,100	5,200	5,400	
Quality of Life					**55**
Poor or fair health**	12%	9-10%	12%	17%	
Poor physical health days**	3.3	2.8-3.1	2.9	3.6	
Poor mental health days**	3.5	3.2-3.5	2.8	3.7	
Low birthweight	9%	6-7%	6%	8%	
Health Factors					**43**
Health Behaviors					**27**
Adult smoking**	15%	14-15%	14%	14%	
Adult obesity	30%	23-37%	25%	24%	
Food environment index	7.9		8.3	7.9	
Physical inactivity	25%	19-32%	20%	24%	
Access to exercise opportunities	69%		91%	91%	
Excessive drinking**	18%	18-19%	12%	17%	
Alcohol-impaired driving deaths	26%	17-34%	14%	23%	
Sexually transmitted infections	254.8		134.1	489.5	
Teen births	23	20-26	19	23	
Clinical Care					**47**
Uninsured	11%	9-12%	11%	12%	
Primary care physicians	2,850:1		1,040:1	1,200:1	
Dentists	2,820:1		1,340:1	1,280:1	
Mental health providers	1,330:1		370:1	420:1	
Preventable hospital stays	50	44-55	38	53	
Diabetic monitoring	83%	76-90%	90%	86%	
Mammography screening	58%	51-64%	71%	62%	
Social & Economic Factors					**44**
High school graduation	78%		93%	77%	
Some college	55%	50-61%	72%	66%	
Unemployment	6.7%		3.50%	6.30%	
Children in poverty	20%	14-26%	13%	23%	
Income inequality	4.4	3.9-4.8	3.7	5.6	
Children in single-parent households	31%	25-37%	21%	35%	
Social associations	10.3		22.1	7.9	
Violent crime	207		59	400	
Injury deaths	63	53-72	51	42	
Physical Environment					**21**
Air pollution - particulate matter	11.1		9.5	11.7	
Drinking water violations	Yes		No		
Severe housing problems	12%	15-19%	9%	24%	
Long commute - driving alone	37%	32-40%	15%	36%	

2016
^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data
** Data should not be compared with prior years due to changes in definition/methods

Albany and Rensselaer County Assets and Resources- Obesity and Substance Abuse

Obesity Assets and Resources	Albany County Assets	Rensselaer County Assets
Capital District Child Care Coordinating Council	Capital District Child Care Coordinating Council provides many supportive services to Child Care programs in the Capital Region. - Child and Adult Food Care Program - Eat Well Play Hard in Child Care Settings - Farm to Preschool These programs aim to increase healthy lifestyle changes within the child care program. These lifestyle changes include an increase in fruit and veggies as well as physical activity. As well as identifying Evidenced Based Practices to implement these lifestyle changes.	Capital District Child Care Coordinating Council provides many supportive services to Child Care programs in the Capital Region. - Child and Adult Food Care Program - Eat Well Play Hard in Child Care Settings - Farm to Preschool These programs aim to increase healthy lifestyle changes within the child care program. These lifestyle changes include an increase in fruit and veggies as well as physical activity. . As well as identifying Evidenced Based Practices to implement these lifestyle changes.
Capital District YMCA	Living healthy is about spirit, mind and body at every age and stage. Ys offer classes and programs for those dealing with chronic disease, in addition to health assessments and wellness coaching. Learn more about these life-changing programs: LIVESTRONG® at the YMCA Cancer Survivor Program YMCA Diabetes Prevention Program Diabetes Self-Management Program Pedaling For Parkinson's™ Parkinson's Wellness Program Enhance®Fitness Arthritis Program Smoking Cessation	Living healthy is about spirit, mind and body at every age and stage. Ys offer classes and programs for those dealing with chronic disease, in addition to health assessments and wellness coaching. Learn more about these life-changing programs: LIVESTRONG® at the YMCA Cancer Survivor Program YMCA Diabetes Prevention Program Diabetes Self-Management Program Pedaling For Parkinson's™ Parkinson's Wellness Program Enhance®Fitness Arthritis Program Smoking Cessation

Capital Region Diabetes and Endocrine Care:	• Medical Nutrition Therapy • Diabetes Prevention Program • Diabetes Self-Management Education	• Medical Nutrition Therapy • Diabetes Prevention Program • Diabetes Self-Management Education
Capital Roots	Capital Roots works to reduce the impact of poor nutrition on public health in New York's Capital Region by organizing community gardens, providing healthy food access, offering nutritional and horticultural education for all ages and coordinating urban greening program.	Capital Roots works to reduce the impact of poor nutrition on public health in New York's Capital Region by organizing community gardens, providing healthy food access, offering nutritional and horticultural education for all ages and coordinating urban greening program.
CDPHP **Capital District Physicians Health Plan**	• Medical and behavioral health case management services (Registered Dietician on staff) • Coverage for exercise and nutritional counseling visits with primary care providers and Registered Dieticians for eligible members via the Healthier Generation Benefit • Community based resources – Healthy Living Center (open to all individuals) and community calendar classes that support fitness, nutrition and overall wellness (for members only) • Support and resources to lose weight safely and effectively - Weigh 2 Be, Weight Watchers' rebates, Health Coach Connection, CDPHP InMotion, (all for	• Medical and behavioral health case management services (Registered Dietician on staff) • Coverage for exercise and nutritional counseling visits with primary care providers and registered dieticians for eligible members via the Healthier Generation Benefit • Community based resources - Community calendar classes that support fitness, nutrition and overall wellness (for members only) • Support and resources to lose weight safely and effectively - Weigh 2 Be, Weight Watchers' rebates, Health Coach Connection, CDPHP InMotion, (all for members only) and

	members only) and CafeWell (open to all individuals)	CafeWell (open to all individuals)
Cornell Cooperative Extension	Cornell provides Wellness and Weight Management Programs, Hands on Cooking Courses as well as Nutrition Classes. These classes are both taught onsite as well as can be brought to worksite wellness programs, schools, and community events. Cornell also participates in Eat Smart NY; a program for those receiving SNAP Benefits to learn more about Nutritional Value.	
Northeast Health Diabetes Educators	Our self-management programs are taught by certified diabetes educators, including registered nurses and dietitians, exercise specialists and certified insulin pump trainers. - Individual and small group sessions are available. - For the convenience of our patients, we offer both day and evening classes.	Our self-management programs are taught by certified diabetes educators, including registered nurses and dietitians, exercise specialists and certified insulin pump trainers. - Individual and small group sessions are available. - For the convenience of our patients, we offer both day and evening classes.
Northeast NY Diabetes Educators	Professional Development opportunities provided to Diabetes Educator members.	Professional Development opportunities provided to Diabetes Educator members.

Price Chopper	Full-service grocery stores with multiple locations in the Capital Region. Stores have health and blood pressure kiosks that include scales for monitoring weight, blood pressure, and BMI. All stores have NuVal Nutrition Scores on over 18,000 food items. Price Chopper/Market 32 have in-store kiosks/web resources for NuVal Scores, healthy recipes, and articles on nutrition and health related topics. Stores with pharmacies fill prescriptions for diabetes and weight loss medications.	Full-service grocery stores with multiple locations in the Capital Region. Stores have health and blood pressure kiosks that include scales for monitoring weight, blood pressure, and BMI. All stores have NuVal Nutrition Scores on over 18,000 food items. Price Chopper/Market 32 have in-store kiosks/web resources for NuVal Scores, healthy recipes, and articles on nutrition and health related topics. Stores with pharmacies fill prescriptions for diabetes and weight loss medications.
ShopRite	Full Grocery Store with locations all over the Capital Region. ShopRite offers Dietician Services, Nutritional Programs, Community Programs, Weight Management Programs, Screenings, Menu planning and more.	Full Grocery Store with locations all over the Capital Region. ShopRite offers Dietician Services, Nutritional Programs, Community Programs, Weight Management Programs, Screenings, Menu planning and more.
St. Peter's Health Partners	Creating Healthy School provides services to the following school districts through a NYS DOH grant: • Albany CSD • Watervliet CSD • Cohoes CSD Creating Health Schools works with these districts on tailoring their Wellness Policy to not only meet the NYS and Federal regulations but meet their district needs as well.	Creating Healthy School provides services to the following school districts through a NYS DOH grant: • Rensselaer CSD • Troy CSD • Lansingburgh CSD Creating Health Schools works with these districts on tailoring their Wellness Policy to not only meet the NYS and Federal regulations but meet their district needs as well.

Stratton VA Medical Center **The Stratton VA MOVE Program Coordinator phone # is: 518-626-6869**	• MOVE! Is a weight management health promotion program designed to improve the lives of Veterans. • Our goals are to annually screen every Veteran who receives care at VA facilities for obesity, refer individuals to weight management services, and make available different treatment options that fit the needs and preferences of our Veterans.	
The Albany Med Community Division: **"The Endocrine Group"**	The Endocrine Group enhances the convenience of our health services by offering an endocrine surgeon and a podiatry clinic. Medical Nutrition Therapy is offered by our Registered Dietitian Nutritionist (RDN) for the prevention and treatment of diabetes, cardiovascular problems, and high blood pressure.	
Visiting Nurses Association Home Health	Services Provided: - Skilled Nursing - Diabetes Education - Transition Coaching - Medical Social Services	Services Provided: - Skilled Nursing - Diabetes Education - Transition Coaching - Medical Social Services
Substance Abuse Assets and Resources	**Albany County Assets**	**Rensselaer County Assets**
Addiction Care Center (ACCA) - Prevention and Community Education Services	• The ACCA delivers prevention education to thousands of Capital Region children each year to help support healthy communities	

	and prevent underage drinking, drug abuse and other risky behaviors such as early sexual activity, school delinquency and teen violence. • ACCA's Community Education program delivers the following interactive workshops and presentations to schools, community organizations and corporations upon request.	
Addiction Recovery Coaching & Support services	• Recovery Peer Advocates • Recovery Support Services • Family Support Navigation • Recovery Coach Trainings	
Albany County Mental Health	• Assertive Community Treatment (ACT) Program • Health Home Care Management Services • Adult Forensic Services • Community Services Board • Substance Abuse Services • Adult Treatment Clinic • Opioid Prevention Training • Children's Mental Health Clinic • Single Point of Access (SPOA) • Case Management Services • Child Forensic Services • Parent Partners	

Capital District Physicians Plan	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.
Capital District Tobacco-Free Coalition	Provides comprehensive assistance to BH agencies in Albany County to support tobacco-free living by making their property tobacco-free. Assistance includes: • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers;	Provides comprehensive assistance to BH agencies in Rensselaer County to support tobacco-free living by making their property tobacco-free. Assistance includes: • Telephone, email and in-person technical assistance; • Presentations and information sessions; • Supportive materials and resources for both staff and consumers;

	• Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.	• Sample policies, employee/consumer outreach materials, and FAQs; • Timeline development and implementation; • No-cost tobacco-free signage.
Capital Region BOCES	CAPIT(Comprehensive Approaches to Prevention Intervention & Training) Program Substance Abuse Prevention and Early Intervention Services: Elementary (Life Skills, Bullying Prevention), High School Services (Project Success, Teen Intervene and Reconnecting Youth), Parenting Education and Support, Work With Community Groups and Assistance with Any Prevention Or Health Promotion Efforts; training and consultation on a variety of topics including gambling prevention, dealing with difficult students, substance abuse and the family, mandated reporter, violence prevention and crisis intervention.	CAPIT(Comprehensive Approaches to Prevention Intervention & Training) Program Substance Abuse Prevention and Early Intervention Services: Elementary (Life Skills, Bullying Prevention), High School Services (Project Success, Teen Intervene and Reconnecting Youth), Parenting Education and Support, Work With Community Groups and Assistance with Any Prevention Or Health Promotion Efforts; training and consultation on a variety of topics including gambling prevention, dealing with difficult students, substance abuse and the family, mandated reporter, violence prevention and crisis intervention.
Catholic Charities "Project Safe Point"	Providing Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals.	Providing Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals.

PROMESA- Camino Nuevo (New Path)	Bilingual Outpatient Clinic- Methadone (400 slots) and Sub Oxone Treatment available. Opioid Treatment Programs - are indicated when the client does not meet the criteria for inpatient rehabilitation or intensive residential rehabilitation and the client *has an established opiate dependence condition, and chooses to participate in methadone treatment.*	
Rensselaer County Mental Health		• Children & Adolescents Outpatient Clinic (several satellite clinics) Care Coordination for Children and Youth with Severe Emotional Disturbance • Adult Outpatient Treatment in City of Rensselaer/ Health Home Care Coordination services for Adults • Court Consultation/ Forensic Services • Services to residents of Private Proprietary Homes for Adults (PPHA) • MICA (Mental Illness and Chemical Addiction) Outreach and Assessment Services • Medicaid service Coordination • Substance Abuse Prevention Services • Single Point of Access - SPOA (adult housing and children and youth care coordination) • Opioid Prevention Training

St. Peter's Health Partners Troy Acute Department		• 63 inpatient psychiatric beds across three units at Samaritan Hospital with specialty units for dual diagnosis and geriatric psychiatry • Emergency psychiatric evaluation through a dedicated crisis service at the Samaritan hospital Emergency Room • Outpatient Clinic serving approximately 2,300 individuals in need of psychiatry, counseling, groups, nursing • Health Home services across Albany and Rensselaer Counties to provide care coordination across medical, behavioral and social services • Samaritan PROS located at 1801 Sixth Avenue providing Personalized Recovery Oriented Services for individuals with mental illness • 20 Inpatient Substance Abuse Rehab beds at St. Mary's Hospital • 10 Detoxification bed at St. Mary's Hospital • Consult Liaison Psychiatry services at Samaritan, St. Mary's and Albany Memorial Hospitals.
St. Peter's SPARC	• Inpatient psychiatric consultation services • Inpatient detoxification services	

	• 4 Outpatient addiction clinic services and 1 outpatient psych clinic • Emergency Shelter services	
Whitney Young Health Center	Whitney Young Health Center provides the following services: - Addictions Care - Family Alcoholism and Chemical Treatment Services (FACTS) Program - Integrated Primary Health and Behavioral Health Care - Mental Health Services - Methadone Maintenance Program	Whitney Young Health Center provides the following services: - Addictions Care - Integrated Primary Health and Behavioral Health Care - Mental Health Services

Schenectady County Assets and Resources- Mental Health and Substance Abuse; Diabetes and Obesity

Schenectady County Assets	Mental Health and Substance Abuse	Diabetes and Obesity
820 River Street Treatment Facility	• Substance Abuse Treatment and Halfway House for Men	
Boys and Girls Club	• Partners with youth, parents, schools and other community stakeholders to implement at least one of three approaches: academic enrichment and school engagement; targeted dropout prevention; and intensive intervention and case management.	• Healthy Habits- Designed to incorporate healthy living and active learning in every part of the Club experience, Healthy Habits emphasizes good nutrition, regular physical activity and improving overall well-being. • The program, for ages 6 to 15, is the Mind component of Triple Play: A Game Plan for the Mind, Body and Soul.
Capital District Childcare Council		Eat Well Play Hard in Child Care Settings (EWPH) • The goals of EWPHCCS are to increase fruit and vegetable consumption, increase low fat dairy consumption and increase age-appropriate physical activity among preschoolers, their families and caregivers. • Nutrition and physical activity education for children, parents and child care providers over a six or twelve week period. • The Capital District Child Care Council has been funded to offer this program in Albany, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington counties. Farm to Preschool (F2P) • The program aims to increase access to locally sourced fresh

		fruits and vegetables for food insecure families in the Capital Region through a child care center based farm stand. The Farm to Preschool Farm Stand offers a comfortable location for children and families to learn about and sample fresh fruits and vegetables directly from local farmers. • The program provides education on healthy food resources, nutrition education, and supplies child care centers with garden toolkits and trainings. • Operates in Albany, Schenectady and Rensselaer Counties.
Capital District Tobacco Free Coalition	• Provides comprehensive assistance to BH agencies in Albany, Rensselaer and Schenectady counties to support tobacco-free living by making their property tobacco-free. Assistance includes: o Telephone, email and in-person technical assistance; o Presentations and information sessions; o Supportive materials and resources for both staff and consumers; o Sample policies, employee/consumer outreach materials, and FAQs; o Timeline development and implementation; o No-cost tobacco-free signage	
Capital Roots		-Manages 6 community gardens throughout Schenectady where families can grow their own healthy food -Operates 2 mobile produce markets that make year round weekly stops at 6 locations in Schenectady -Provides thousands of pounds of produce to Schenectady food pantries, soup kitchens and shelters through Squash Hunger program -Provides affordable daily

		access to fresh produce in urban corner stores through the Healthy Stores program
Catholic Charities	• Serving individuals from a Harm Reduction Perspective • Providing non-judgmental person-centered care • Long standing community case management provider • Access to syringe exchange and rehabilitation readiness through Project Safepoint	
CDPHP Health Plan	• Access and Triage: 24 hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance abuse. Effective 7/1/2016, administration of NYS Medicaid HARP services. • Behavioral health and medical case management, providing coordination of care across the continuum of treatment. • Utilization Management: Application of medical necessity criteria to assure members receive the appropriate levels of treatment.	• Medical and behavioral health case management services, with a registered dietician on staff. • Coverage for nutrition and exercise counseling visits with primary care providers and registered dieticians for eligible members via the Healthier Generation Benefit. • Community based resources - Community calendar classes that support fitness, nutrition and overall wellness (for CDPHP members only). • Support and resources to lose weight safely and effectively - Weigh 2 Be, Weight Watchers' rebates, Health Coach Connection, CDPHP InMotion, (all for CDPHP members only) and CafeWell (open to all individuals).
Center for Disability	• Center Health Care • Respite Services • Autism Spectrum Disorder Services & Training • Adult Services • Service Coordination • Family Support Services • Transportation • Clover Patch Camp • Supported Employment • Residential Services • Wellness Program • St. Margaret's Center • Pediatric Skilled Nursing Facility	

	• CENTRA Professional Training • Intensive Behavior Service	
Conifer Park	• Private inpatient chemical dependency treatment facility • inpatient detox • Adult rehabilitation • Adolescent rehabilitation • Outpatient services	
Consumer Directed Choices	• Provide and advance community-based supports to promote self-determination for people with disabilities and their families	
DePaul Housing Management	• sponsored by the Roman Catholic Diocese of Albany • develops and operates primarily senior housing communities for people of all faiths with services and activities that support active, healthy and independent lifestyles	
Ellis Medicine	• Forty years' experience in providing mental health services • Crisis Services available 24/7 through Emergency Department • Inpatient Adult and Adolescent Mental Health facilities • Outpatient Adult and Child/Adolescent (ages 4-18) Mental Health Services • Personalized Recovery-Oriented Services (PROS) and Peer Advocacy Programs	• ADA-recognized Diabetes Self-Management Program • CDC-recognized Diabetes Prevention Program • Community Education Programs include Diabetes Support Groups in Schenectady and Saratoga Counties • Nationally-recognized Bariatric Care Center including weight loss surgery • CDC-sponsored partnership with Schenectady County Public Health Services to improve care for Schenectady patients with type 2 diabetes • Employee Wellness Initiatives reward weight loss activities by Ellis employees • Medical Nutrition Therapy Services
Kingsway Community	• Operated since 1975 • offers a continuum of senior services from independent living apartments, assisted living, skilled nursing/rehabilitation to home care, adult day program, respite, memory care, and Hospice services.	
Planned Parenthood	• Depression and Anxiety Screening; Referrals to therapy; Medication treatment for people 18 years and older • Community Education programs that include	• Screening for diabetes, high blood pressure and cholesterol • BMI assessment, nutritional and exercise support

	linkages between victimization and substance abuse • Crisis counseling for victims of sexual assault and intimate partner violence	
Recovery Support Services	• 10 bed scattered site Treatment Apartment Program for individuals diagnosed with mental illness and substance abuse • Care Management services to coordinate care and link individuals with services they may benefit from • Permanent Supported Housing programs for individuals diagnosed with a mental illness	
Schenectady Community Action Program	• Long-term case management that includes linkage to services. • Supportive housing that includes rental subsidies and therapeutic case management. • Walk-in Crisis Intervention related to homelessness, unemployment or poverty issues.	
Schenectady County Municipal Housing Authority	Promotes smoke-free housing Case Management services for tenants Supportive Services for tenants Collaboration with other community agencies	
Schenectady County Office of Community Service	• Offers a comprehensive array of services across the disability groups of mental health, substance abuse and mental retardation/developmental disabilities for the citizens of Schenectady County • The office operates the County's adult and children's SPOA (Single Point of Access) and AOT (Assisted Outpatient Treatment) programs and contracts out direct service provision to a network of provider agencies	
Schenectady County The ARC	• Schenectady ARC is a multi-faceted Agency providing Residential, Day Programing, Employment Services, Service Coordination along with an Article 28 Clinic and an Article 16 Clinic • Article 28 Clinic Services include Primary Medical Services and Psychiatry Services for individuals with Medicaid and Medicare • Article 16 Clinic Services include Social Work Services for individuals who meet OPWDD eligibility criteria • Schenectady ARC is a multi-faceted	

	Agency providing Residential, Day Programing, Employment Services, Service Coordination along with an Article 28 Clinic and an Article 16 Clinic • Article 28 Clinic Services include Primary Medical Services and Psychiatry Services for individuals with Medicaid and Medicare • Article 16 Clinic Services include Social Work Services for individuals who meet OPWDD eligibility criteria	
Schenectady Inner City Ministry	• Damien Center is a resource center designed to improve health, reduce stress and increase the quality of life in a supportive atmosphere for individuals and families living with and affected by HIV/AIDSInteractive	• Food resources map • Food Pantries • Free Summer Meals
Schenectady Public Health Services	Healthy Schenectady Families (Healthy Families NY Home Visiting Program) Schenectady County Public Health Services • Evidenced based program promotes healthy births, growth and development and positive parent-child relationships • Free family education and support provided by trained home visiting specialists • 18 years of experience supporting Schenectady mothers and fathers • Assists families in navigating other needed community supports • Serving any Schenectady County resident who is pregnant or newly parenting • Services continue until the child enters Head Start, Pre-K or Kindergarten	• Collaborates with community to improve opportunities for chronic disease prevention, risk reduction and management through clinical and community linkages. • Partners with community to improve access to environments with healthy food and beverage options • Focus on convening community partners
Schenectady Public Library System	• Provides free access to books, DVD's, and periodicals on a wide variety of health related topics • Nine locations in the county • Databases with health related information on website • Provides assistance to patrons trying to look up health information, or looking for connections to community based organizations.	• Provides free access to books, DVD's, and periodicals on a wide variety of health related topics • Nine locations in the county • Databases with health related information on website • Provides assistance to patrons trying to look up health information, or looking for connections to community based organizations.
St. Lukes Roman Catholic Church	• a ministry of personal contact, advocacy, referral and counseling aimed at raising the quality of life within the parish and wider community	• Client Choice, Monthly Access, Focus on Fresh Produce, Provides Recipes. • In 2017 the Daily Bread Food

	• a commitment to implementing new and innovative urban initiatives with the goal of congregational and community renewal • The Pastoral Associate for Parish & Urban Ministry will coordinate efforts with parishioners, the Central State Street Neighborhood Association, neighborhood residents, businesses and community groups to address issues related to quality of life, safety and personal and communal empowerment.	Pantry will offer meal planning and food preparation classes on-site as well as a School Vacation Lunch Program
St. Peters Addiction Recovery Services	• psychosocial assessment • psychiatric evaluations and medication monitoring • individual, group and couple's counseling • spirituality and 12-step meetings • relapse prevention • intensive outpatient trauma/recovery groups • MICA intensive outpatient program • driving while intoxicated (DWI) evaluations • self-esteem/relationship groups • criminal justice programming • family consultations and support • tobacco recovery services • discharge planning • alumni groups • shelter care • adolescent programs	
Substance Abuse Prevention Coalition	• Support Groups: Grandmothers raising grandchildren; Grief/Bereavement; others as needs are identified.	
Sunnyview	• Outpatient Addiction clinic services	• Offers a Sunnyview Lifestyle Wellness Center membership for those individuals from Schenectady County who present with diabetes.
Tobacco Free Coalition	• Provides comprehensive assistance to BH agencies in Albany, Rensselaer and Schenectady counties to support tobacco-free living by making their property tobacco-free. Assistance includes: o Telephone, email and in-person technical assistance; o Presentations and information sessions; o Supportive materials and resources for both staff and consumers; o Sample policies, employee/consumer	

	outreach materials, and FAQs; o Timeline development and implementation; o No-cost tobacco-free signage.	
YMCA		• Diabetes Prevention Program • Nutrition Consultations • Couch to 5K beginner runner program

Saratoga County Assets and Resources- Mental Health and Substance Abuse

Organization	Mental Health and Substance Abuse Assets
Alcohol & Substance Abuse Prevention Council	• The Prevention Council staff work in a wide range of venues – from schools and summer camps to courts and family homes – to provide prevention services, including program development and community-based initiatives • training and education for human service professionals. Whether for in-service credit or to keep up with current trends, the agency is committed to helping our colleagues see how prevention services, programs, and initiatives are relevant to the work they do every day • a liaison for area residents looking for additional resources and information about alcohol, substance use, gambling, and other addiction issues
Captain Youth and Family Services	• Housing programs for homeless individuals and families. Eviction prevention to keep individuals and families stably housed and Rapid Rehousing services to get homeless individuals in permanent housing. • Runaway and Homeless Youth Shelter for male and female teens ages 13-17 for up to 30 days. We have 8 bed capacity, case management, transportation to and from school or other appointments, family mediation, and crisis stabilization. We serve the entire Capital Region and provide emergency housing for youth in crisis, running away, homeless, victims of trafficking, and others. • Street Outreach services to youth in Saratoga County who are at-risk, run away, homeless, exploited, trafficked, and others who are vulnerable. Basic needs items, access to emergency shelter housing, transportation, case management, advocacy, crisis stabilization, and many other services. • Emergency Food Pantry for individuals and families. • Bike program to get lightly used and new bikes in the hands of youth and adults. • Feeding programs, holiday giving programs, VITA tax assistance, and many more. • Can provide case coordination, social service system navigation, and advocacy on a case-by-case basis. • Many other services for low-income youth, individuals, and families
Catholic Charities	• Serving individuals from a Harm Reduction Perspective

	• Providing non-judgmental person-centered care • Long standing community case management provider • Access to syringe exchange and rehabilitation readiness through Project Safepoint
Catholic Charities Care Coord Serv	Providing Harm Reduction Services through drop in and by appointment in the community including: Syringe Exchange, Risk Reduction Education, Overdose Training w/Naloxone, HIV/HCV Screening and testing, Substance Use Treatment Referrals Additionally, Project Safe Point provides these services in the following counties: Columbia, Greene, Schenectady, Schoharie, Otsego, Delaware, Fulton, Montgomery, Saratoga, and Herkimer
Domestic Violence and Rape Crisis Services of Saratoga County	• Hotline: Emergency crisis services, information, and counseling available 24 hours a day, 7 days a week. • Shelter: A nine bed safe dwelling, providing shelter to female victims of domestic violence and/or sexual violence and their children for stays of up to 90 days. • Sexual Assault Forensic Exam (SAFE) Program: Provides for the collection of forensic evidence by specially trained nurse examiners in conjunction with Saratoga Hospital, for the purpose of aiding law enforcement and the DA's office in successful prosecution. A rape crisis advocate is available throughout the exam. • Individual Counseling: By appointment or on a walk-in basis. Counseling on issues and dynamics of domestic violence, physical and emotional reactions to sexual assault, safety plans, exploring options. • Information and Referral: Accessing community resources and services. • Advocacy Services: Assistance with legal matters (filing charges, orders of protection, custody and child support petitions, accompaniment to police department, family and criminal courts), medical and therapeutic needs, education, employment, housing and children's services. Some transportation assistance is available. • Legal Clinics: are offered bi-weekly and provide the opportunity for people who cannot afford an attorney to obtain an initial consultation with an attorney. Please contact 583-0280 to schedule an appointment. • Hope Support Group for Women: (Open Group) Weekly support group for women in crisis and at the beginning of making changes. • Children's Services: Call for information on programs & services specifically designed for children. • Safe Pet Partnership: Provides a network of kennels,

	vets, pet foster homes, etc. for safe temporary placement of domestic violence victim's animals. • Individual Case Management: Assistance in transitioning to safe and secure living through regular meetings, focusing on developing goals and working towards economic self-sufficiency. • Other Support and Educational Groups: Issue oriented groups on various topics are offered according to client need and staff availability. Call for more information. • Housing and Employment Counseling: Provided by our full time housing/employment specialist. • Community and Professional Education Training: Programs in family violence and sexual assault issues and prevention for schools, civic organizations, church groups, service providers and professionals. Specialized training is available for professional groups.
Four Winds	- Private Psychiatric Hospital providing Child, Adolescent and Adult inpatient behavioral health services - Outpatient Child & Adolescent practice - Partial Hospital and Intensive Outpatient Programs for Adults - Intensive Outpatient Program for Adolescents - Region 2 Provider for Project TEACH; a child & adolescent psychiatric education and consultative service for Primary Care Providers - Fall and Spring Grand Rounds presentations open to community.
Franklin Community Center, Inc.	• Food Pantry • Project Lift- a free, after-school prevention program for youth in grades 1-5, children are provided with the role models and education needed to help set them on a more positive developmental path • Franklin Community Manor: A Permanent, Safe and Affordable Housing Facility for Low Income Individuals in Saratoga, NY • "Methods of Motherhood" - Providing Services and Education for Pregnant and Parenting Teenagers in Saratoga Springs •
GlennsHealth Falls Hospital- Health Promotion Center/Tobacco Free Initiative	• Delivers expert health promotion to the North Country community • Contributes to chronic disease prevention by addressing tobacco use & dependence within our community • Provides free consultation, resources and support to health systems in order to advance evidence-based tobacco dependence interventions. • Assists North Country communities to create tobacco-free environments, housing & workplaces

Mechanicville Area Community Services Center	Counselor comes in from Saratoga County Mental Health for children on Wednesday and Thursday for adults
Northern Rivers Family of Services	Crisis Teams •Adult Mobile Team - 5 County Regional (AMT) •Child and Adolescent Mobile Team - Capital Region (CAMT) •Home Based Crisis Intervention (HBCI) Behavioral Health Centers •Behavioral Health Center @ Albany •Behavioral Health Center @ Malta •Behavioral Health Center @ Schenectady •Co-located Behavioral Health Clinic at Hometown Health Centers •Early Recognition Specialist Program •OnTrackNY School Based Behavioral Health •Albany City School District •Ballston Spa Central School District •Coxsackie-Athens School District •Saratoga Springs School District •Schenectady City School District •Queensbury Union Free School District
Planned Parenthood Saratoga Springs	• Family Planning/Reproductive Health Services for Women and Men, includes Depression Screening • STI Testing and Treatment • Transgender Services • Community Education and Advocacy • Treatment for Mild to Moderate Depression
Recovery Advocacy In Saratoga	• Recovery Community Organizations (RCO) • a voice of recovery to reduce the stigma of addiction and promote wellness in long-term recovery by changing public perception of the disease and those affected by it
Rehabilitation Support Services Capital Dist Stabilization and Support Program	• Housing Options • Care Coordination and Treatment • Employment Services •Wellness Programs
Saratoga Center for the Family	• Our clinical services focus on abroad variety of concerns such as: Depression and Anxiety Physical or Sexual Abuse

	Trauma Family Dysfunction Behavior Interventions Attentional disorders Stress Management • offers individual and group counseling for children, families and adults at our agency office in Saratoga Springs and through our Student Empowerment Services at Shenendehowa Central Schools.
Saratoga Community Health Center	• Assessment and diagnosis • Medication recommendations • Short-term counseling • Case management: connecting you with community resources • Drug and alcohol abuse treatment: short-term counseling and program assistance
Saratoga County Alcohol and Sub Abuse Services	• offers outpatient, women's rehab, men's rehab and substance abuse treatment services
Saratoga County Dept of Disability and Social Services	• Adult and Family Services • Adult Protective Services • Children's Services Protective/Preventive • Domestic Violence • Employment • Foster Care Services • Home Care • Medicaid • Supplemental Nutrition Assistance Program (SNAP) • Temporary and Disability Assistance/Emergency Assistance
Saratoga County Mental Health Ctr.	-Personalized Recovery Oriented services for adults designed to advance individual goals that are person-centered and strength-based -Alcohol and Substance Abuse assessment and treatment services for adults -Assisted Outpatient treatment services, Single Point of Access coordination and Court-Ordered evaluations
Saratoga County Public Health	o Collaborates on prevention activities of Saratoga County Mental Health and Substance Abuse Coalition o Participate in the cross county approach to prevent opioid abuse in pregnant women o Provides resources and links to prevention and Mental Emotional Behavioral health promotion to schools & parent organizations within Saratoga County o Facilitate action oriented planning meetings with community partners regarding MH and Substance

	Abuse o Promote suicide prevention
Saratoga County Youth Bureau	Ongoing community needs assessment provides criteria for administration of funding streams that support: Youth Development Programs, Delinquency Prevention Programs and Runaway and Homeless Youth. - Ongoing collaboration with funded agencies and community stakeholders; with links to their services, opportunities, and supports located on our webpage. http://www.saratogacountyny.gov/departments/youth-bureau/
Saratoga Hospital	• Comprehensive evaluation • Individual therapy • Family education • Patient education groups • A variety of therapeutic activities • Medical evaluation and medication • Case management • Coordination of outpatient care after discharge • Referral to substance abuse treatment as indicated •16 Bed Unit
Saratoga Prevention Council	• Provides education, information and referral services on the subjects of alcohol, tobacco, other drug and violence prevention to individuals and local communities • The school programs offered by The Prevention Council cover the prevention of alcohol, tobacco and other drugs, as well as bullying and violence prevention, internet safety and conflict resolution. All school programs focus on building skills in order to achieve social, emotional, and academic success. Courses are taught by trained staff who work closely with each school district to meet student and scheduling needs, while also meeting New York State learning standards • The Prevention Council also offers three different substance abuse education classes designed for youth involved in the court system. These substance abuse education classes are not limited to court-referred participants. Both programs are offered to schools as alternatives to suspensions, in addition to suspensions, and also to parents or guardians wishing to refer their children). Both classes have fees attached that can be waived or reduced in some circumstances. The classes are best suited for first- or second-time non-violent offenders. • The Prevention Council offers counseling services in

	various schools throughout Saratoga County via its Student Assistance Program and General Counseling Programs • Offers the Reconnecting Youth program which is a peer-group approach to building life skills for at-risk high school students. The course is designed to foster personal and social skills such as self-esteem, healthy decision making, personal control, and interpersonal communication
Schuylerville High School	• 2 school counselors who assist students with generalized social, and emotional support, collaborate with families, and communicate with outside health care providers with proper authorization. • 1 intervention counselor who assists students in varying degrees of crisis; collaborates with families, and communicates with outside health care providers with proper authorization. • 1 school nurse who treats students and administers medications as allowed, collaborates and communicates with school physician, communicates with outside health care providers with proper authorization. • 1 school physician who oversees school health services and approves requests for home tutoring based on prolonged medical and/mental health related absences; reviews paperwork, communicates with health care providers, and verifies need for tutoring. • 1 school psychologist who administers psycho-educational evaluations and provides counseling as dictated by IEP's and 504 plans. • 1 Student Services Team (administrators, school counselors, school psychologist, school nurse, director of special education) that meets weekly to review and manage the school level implications of a wide range of student issues, including mental health and medical situations. • Varying degrees of access to community-based mental health and substance abuse services for referral to students and families. • Access to self-contained therapeutic educational programs through the WSWHE BOCES, subject to the Committee on Special Education process and program vacancies.
Shelters of Saratoga	• Case Managed Shelter • Outreach •Code Blue Emergency Shelter •Drop-In Center

	• Affordable Housing •Community Resources
Shenendehowa Central School District	• Shenendehowa Central Schools covers approximately 86 square miles serving families from the communities of Clifton Park, Halfmoon, Ballston Lake, Round Lake, Malta and parts of Waterford, Rexford, Mechanicville and Stillwater. • Approximately 9,850 students attend eight elementary schools (gr. K-5), three middle schools (gr. 6-8) and a high school (gr. 9-12). • Shenendehowa is one of the largest central school in the area. • Mission is to work continuously and in partnership with the community to ensure that all students develop and demonstrate the knowledge, skills, abilities and character needed to live useful, productive and rewarding lives • We provide counseling to all students as needed in the area of academics, social and emotional health • Currently have a partnership with Saratoga Center for the Family and they provide mental health counseling to students in need
St. Peters Addiction Recovery Services	• psychosocial assessment • psychiatric evaluations and medication monitoring • individual, group and couple's counseling • spirituality and 12-step meetings • relapse prevention • intensive outpatient trauma/recovery groups • MICA intensive outpatient program • driving while intoxicated (DWI) evaluations • self-esteem/relationship groups • criminal justice programming • family consultations and support • tobacco recovery services • discharge planning • alumni groups • shelter care • adolescent programs
Transitional Services Association, Inc.	• Residential support services to children and adults in transition to less restrictive environments, and Case Management Services. • Supported Housing • Case Management • MICA Program • Single Point of Access
Vet Help	• Provide Housing for Homeless Veterans • Employment Opportunities • Case Management • Benefit and Legal Advocacy

	• Secure Sustainable Employment • Options for Transitional Housing
Wellspring	• Assists survivors of domestic violence or sexual assault • Information and linkage to treatment providers • Rent subsidized apartments for individuals/families with disabilities including mental health or substance use disorder
Capital District YMCA- Southern Saratoga Branch	• Healthy Living, Social Responsibility, Youth Development • Provide health and wellness activities to promote strong mind, body and spirit • Programs such as LIVESTRONG®, Pedaling for Parkinson's and Enhance Fitness®

Columbia and Greene County Assets and Resources- Obesity and Substance Abuse

Obesity Assets and Resources	Columbia County Assets	Greene County Assets
Blue Shield of Northeastern New York	• On-site workshops and wellness challenges • Health fairs • On-site health coaching and education	• On-site workshops and wellness challenges • Health fairs • On-site health coaching and education
Catholic Charities of Columbia and Greene Counties	• Providers of WIC (Women, Infant, and Children) Supplemental Nutrition Education Program • Assistance with enrolling or recertifying for food benefits through SNAP	• Providers of WIC (Women, Infant, and Children) Supplemental Nutrition Education Program • Assistance with enrolling or recertifying for food benefits through SNAP
Columbia County Department of Health	• Provides Healthy Monday Newsletters which focus on nutrition and health living • Provides health educators who present at community events on sugar content and healthy eating behaviors • Collaborates on prevention activities of Columbia County obesity efforts • Breastfeeding in workplace program • Facilitate action-oriented planning meetings with community partners	
Columbia Memorial Health: Endocrinology Services	• The endocrinology team at CMH restores balance to the body through medicine, education and therapy.	• The endocrinology team at CMH restores balance to the body through medicine, education and therapy.
Cornell Cooperative Extension	• Nutrition Education Programs available for community groups	• Nutrition Education Programs available for community groups
Greene County Public Health		• Collaborates on prevention activities of Greene County obesity efforts • Provides resources and links for prevention and health promotion to schools and community groups

		• Facilitate action-oriented planning meetings with community partners • Health educator who provides education on obesity and diabetes-related subjects
Greene County Rural Health Network		• Provide seed money to local organizations in support of innovative obesity and substance use prevention programs • Administer obesity prevention programs and contests • Biggest Loser Contest • Greene walking trail identification • Catskill School District's hall walking program
St. Peter's Health Partners' Creating Healthy Schools and Communities Program	• We are able to work with Hudson CSD through a NYS DOH grant • We work with these districts on tailoring their Wellness Policy to not only meet the NYS and Federal regulations but meet their district needs as well.	
YMCA		• Diabetes Self-Management Program • Health and Wellness Programs • Couch to 5K Running Program • Swimming and exercise programs
Substance Abuse Assets and Resources	**Columbia County Assets**	**Greene County Assets**
Alliance for Better Health	• Syringe Exchange Program provides new, sterile syringes and other injection supplies, safe disposal of used syringes, and opioid overdose prevention. • Services also include education and information on safer injection techniques, referrals to HIV/STI/Hepatitis testing, health care, and substance abuse programs.	• Syringe Exchange Program provides new, sterile syringes and other injection supplies, safe disposal of used syringes, and opioid overdose prevention. • Services also include education and information on safer injection techniques, referrals to HIV/STI/Hepatitis testing, health care, and substance abuse programs.

Apogee Center	• Individual Peer to Peer Support • Peer Led Group Support • Advocacy • Wellness Recovery Action Plan (WRAP)™ development • Benefits Advisement • Wellness and Recovery Events • Community Participation Opportunities	
Catholic Charities of Columbia and Greene Counties	• Prevention Program includes substance abuse education in schools and community	• Prevention Program includes substance abuse education in schools and community
Columbia County Community Healthcare Consortium	• Prescription Access & Referral Program	
Columbia County Mental Health	• Single point of access for mental health needs • Makes referrals for substance abuse assistance and treatment	
Columbia Memorial Hospital	• Pain Management Program offers treatment for acute and chronic pain and offers non-opioid treatment options	• Pain Management Program offers treatment for acute and chronic pain and offers non-opioid treatment options
Columbia/Greene County controlled Substance Awareness Task Force	• Developed Provider Resources around substance use including: • Substance Use Contract • Urine Drug test Protocol and Procedures • Function-focused Pain Scale • Substance Abuse Risk Measurement Tool • Guidelines for comprehensive annual assessments of chronic pain patients	• Developed Provider Resources around substance use including: • Substance Use Contract • Urine Drug test Protocol and Procedures • Function-focused Pain Scale • Substance Abuse Risk Measurement Tool • Guidelines for comprehensive annual assessments of chronic pain patients
Community Action of Greene County, Inc.		• Community Action provides services and programs for low-income and vulnerable individuals. • Services include: Domestic violence program, wheels for work, housing and homelessness prevention, Crime Victims Advocacy Program
Greene County Department of Social Services		• Offers preventative services • makes referrals for treatment involving drug abuse, alcohol

		addiction, and emotional problems
Greene County mental health		• Single point of access for mental health needs • Makes referrals for substance abuse assistance and treatment
Greene County Public Health		• Promote opioid overdose prevention programs through collaboration with community partners • Project Needle Smart is a community safe sharps collection program • Promote medication take-back initiatives • Provide public health education in the community
Greene County Rural Health Network		• Provides medication drop boxes around Greene County
Mental Health Association of Columbia-Greene Counties	• MICA enhancement offers additional assistance to those struggling with alcohol and/or substance use issues and is available to individuals living within a residential program.	• MICA enhancement offers additional assistance to those struggling with alcohol and/or substance use issues and is available to individuals living within a residential program.
Mental Health Center Care Coordination Services	• Comprehensive Case Management, Care Coordination and Health Promotion, Comprehensive Transition Care, Patient and Family Support, Referrals to Community and Social Support Services for adults with two chronic conditions including substance use disorders.	
Mobile Crisis Assessment Team	• Provides effective crisis intervention designed to reduce hospitalization rates, minimize police interventions, and link crisis callers to long-term service providers in the community	• Provides effective crisis intervention designed to reduce hospitalization rates, minimize police interventions, and link crisis callers to long-term service providers in the community
Northeast Career Planning	• Programs are specialized to meet the specific needs of those with addictions and	• Programs are specialized to meet the specific needs of those with addictions and

	substance abuse and other barriers to employment. • Individualized services include: job readiness screening; vocational assessment; vocational counseling; career exploration; job readiness preparation; job seeking skills; job development and placement; job retention and support; and referrals to additional service providers.	substance abuse and other barriers to employment. • Individualized services include: job readiness screening; vocational assessment; vocational counseling; career exploration; job readiness preparation; job seeking skills; job development and placement; job retention and support; and referrals to additional service providers.
Twin County Recovery Services, Inc.	• TCRS offers a wide range of programs and services to meet the needs of those affected by substance use. • Services include: Out- patient clinics, community residences, community prevention, Drinking Driver Program.	• TCRS offers a wide range of programs and services to meet the needs of those affected by substance use. • Services include: Out- patient clinics, community residences, community prevention, Drinking Driver Program.

2016 Capital Region Community Health Survey Summary

Introduction

The Healthy Capital District Initiative (HCDI) conducted its second Community Health Survey of residents in the Capital District during March to April 2016. The aim of the survey was to learn more about behavioral health/lifestyle practices, health care utilization and needs, challenges to practicing healthy behaviors and accessing care and acceptability of community health programs. The Siena College Research Institute was contracted to collect the data for this Community Health Survey. A random sampling design was applied to recruit a representative sample of 2,408 participants. Approximately 400 residents in each of the 6 counties (Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady) participated in the survey. The sample from each county was statistically weighted to the proportionate share of the population of the entire region, making the overall margin of error including the design effects of weighting +/-2.7 percentage points at the 95% confidence level.

The data collection instrument was developed by HCDI in collaboration with the Prevention Agenda Steering Committee and Siena College. The questions were asked in reference to a 12 month period to improve consistency in response. The questionnaire was pilot tested before adopted for use. Trained interviewers at Siena College administered the questionnaires to ensure fidelity of the data. Participants who were ≥18 years and eligible to take part in the study were interviewed on their cellphones or landlines. The questionnaire took approximately 15 minutes to complete and a response rate of 13.7% was obtained. Up to seven attempts were made before participants were classified as non-response. Forty-four percent of the respondents consented to be contacted to participate in future surveys or other research studies. The participants were not compensated to take part in the survey. Descriptive statistics was used to summarize the data. The responses to each question are presented below:

Sociodemographic Factors

1. **Age**
   The median age of the participants was 47 years. The age distribution was fairly even especially among those 18-64 years old. Specifically, participants who were 18-34 years old accounted for 26%, 35-49 (24%), 50-64 (25%); those 65 and older accounted for 17%.

2. **Gender**
   Females accounted for 52% of the sample. This was relatively consistent across all the counties: Schenectady (52%), Albany (52%), Rensselaer (51%), Columbia (50%), Saratoga (51%), and Greene (48%).

3. **Race**

Most of the participants were White (82%); Blacks and Hispanics accounted for 6% and 3% respectively. The proportion of Whites was highest in Greene (88%) and lowest in Albany (75%). Whites accounted for 87% in Saratoga, 85% in Columbia, 84% in Rensselaer and 74% in Schenectady. The county of Albany had the highest proportion of Blacks (9%), followed by Rensselaer (7%) and Schenectady (6%); Blacks accounted for less than 2% in the other counties. The proportion of Hispanics exceeded Blacks in Columbia (5% vs 1%), Greene (3% vs 2%), and Saratoga (4% vs 2%) counties.

4. **Education**

   Sixty-nine percent of the respondents had less than a college degree education. Those with a bachelor's accounted for 15% while those with graduate or professional degrees accounted for 14%. The proportion of participants with at least a bachelor's degree was highest in Albany (38) and lowest in Greene (18%). Those with at least a bachelor's degree in Saratoga accounted for 35%, Rensselaer (27%), Schenectady (27%), and Columbia (26%).

5. **Employment**

   Approximately 58% of the participants were employed [fulltime (47%) and part-time (11%)]; 22% were retired and 6% were disabled. The percentage of participants reporting being employed was highest in Saratoga (63%), followed by Columbia (62%), Albany (60%), Rensselaer (57%), Schenectady (56%) and Greene (52%).

6. **Income (total household income before taxes)**

   Fifteen percent of the participants earned less than $25,000 while 23% earned $100,000 or more; those earning $25,000 but under $50,000 and $50,000 but under $100,000 accounted for 23% and 30% respectively. Saratoga had the lowest percentage (10%) of participants who earned less than $25,000, while Greene had the highest (22%). The percentage of the participants earning less than $25,000 in the other counties was as follows: Albany – 15%; Columbia – 14%; Rensselaer – 17%; and Schenectady – 18%. Saratoga also had the highest percent (30%) of participants earning over $100,000, followed by Albany (23%); Rensselaer (22%); Columbia (18%); Schenectady (18%) and Greene (17%).

7. **Children (under the age of 18 years old) in your household**

   Overall, 37% of the participants reported having children in their household who were < 18 years old. They were similar to Albany (40%), Saratoga (39%), Rensselaer (38%), Schenectady (36%), and Greene (35%). Only 30% of the participants in Columbia County had children under 18 living in there households (30%).

8. **County of residence**

   Approximately 400 participants from each of the 6 counties: Albany – 402; Columbia – 401; Greene – 401; Rensselaer – 402; Saratoga – 401; and Schenectady – 401 in the Capital Region participated in this survey.

9. **Area of residence (urban, suburban, or rural)**
Forty-six percent of the respondents described the area in which they lived as suburban, 30% rural and (21%) urban. The majority of the participants in Albany (54%), Saratoga (58%) and Schenectady (52%) described the area in which they lived as suburban. Most of the participants in Greene (78%) and Columbia (68%) county described the area in which they lived as rural.

Healthy lifestyle practices, health care utilization and needs, barriers to care, and willingness to participate in community wellness programs

10. **How would you rate your overall health? Would you say your health is excellent, good, fair or poor?**
Eighty-one percent of the respondents rated their overall health as excellent (29%) or good (52%), while 20% rated their health as fair (15%) or poor (5%). The percentage of those reporting excellent health was highest in Rensselaer (33%) and lowest in Greene (23.0%) and Schenectady (23.0%). However, the proportion of participants who reported excellent or good health was similar in all counties (Greene – 80%, Albany – 81%, Columbia – 81%, Rensselaer – 82%, Saratoga – 82%) except for Schenectady –75%. Lower income participants were less likely to report excellent health (under $25,000.00 (15%), at least $25,000 but under $50,000 (22%), at least $50,000 but under $100,000 (30%) and $100,000 or more (45%).

Over the past 12 months, in an AVERAGE WEEK how many days did you:

11. **Eat a balanced, healthy diet that includes a variety of nutritious foods from the major food groups, such as fruits, vegetables, whole grains, low-fat dairy products, lean protein, and nuts and seeds?**
Eighty-eight percent of the respondents reported eating a balanced diet at least 3 times per week (37% daily; 28% 5 or 6 days per week and 23% 3-4 times per week). A relatively similar trend was observed in the counties: Albany 86%; Columbia 92%; Greene 91%; Rensselaer 85%; Saratoga 89%; and Schenectady 91%. Lower income participants were less likely to report eating a balanced diet at least 3 times per week (under $25,000 – 76%, at least $25,000 but under $50,000 – 87%, at least $50,000 but under $100,000 – 91% and $100,000 or more – 93%).

12. **Exercise for 30 minutes or more in a day. ``Exercise´´ includes moderate activities like walking or biking, OR more vigorous activities like running, dancing, weight lifting or working out?**
Involvement in physical activities ranged from zero (16%) to 7 days weekly (22%). Further, only 67% exercised at least 3 times per week; this was relatively consistent across the counties (Albany 70%; Columbia 68%; Greene 65%; Rensselaer 65%; Saratoga 65%; and Schenectady 66%). Reports of inactivity (exercise 0 days) was highest in Schenectady (19.0%), followed by Rensselaer (18%), Greene (16%), Saratoga and Columbia (each accounting for 14%) and Albany (13%). A higher percentage of lower income participants tended to report being inactive (under $25,000 – 24%, at least $25,000 but under $50,000 – 18%, at least $50,000 but under $100,000 – 16%, $100,000 or more – 7%).

13. **Drink two or more alcoholic drinks in a day?**
Most (62%) of the respondents did not consume 2 or more alcoholic drinks per day and only 12% drank 2 or more alcoholic drinks 3 or more times each week. The percentage of participants who did not drink 2 or more alcoholic drinks per day was lower in Rensselaer (57%); and relatively similar across the other counties: Albany (63%); Columbia (62%); Greene (65%); Saratoga (60%); and Schenectady (67%). Lower income participants were less likely to report consuming 2 or more alcoholic drinks in a day (under $25,000 – 75%, at least $25,000 but under $50,000 – 65%, at least $50,000 but under $100,000 – 59% and $100,000 or more – 48%).

14. **Smoke cigarettes or use other tobacco products?**
Most of the participants (78%) did not smoke cigarettes or used other tobacco products, while 18 percent smoked every day. The percentage of respondents who reported smoking everyday was highest in Rensselaer (22%); followed by Greene (21%), Albany (18%), Schenectady (17%) and Saratoga. Lower income participants were more likely to report smoking every day (under $25,000 – 34%, at least $25,000 but under $50,000 – 24%, at least $50,000 but under $100,000 – 15% and $100,000 or more – 8%).

15. **Use e-cigarettes?**
Only 5% of the respondents reported the use of use e-cigarettes.

16. **Get 7 or more hours of sleep in a night**
Only 36% of the participants reported that they got 7 or more hours of sleep in a night in an average week. The percentage of the participants reporting at least 7 hours of sleep per night is relatively similar across the counties: Albany – 36%; Columbia – 41%; Greene – 40%; Rensselaer – 36%; Saratoga – 33% and Schenectady 34%. No marked difference was observed by income (under $25,000 – 37%, at least $25,000 but under $50,000 – 36%, at least $50,000 but under $100,000 – 34%; $100,000 or more – 32%).

17. **Overall, have a tough day; that is, feel overwhelmed or stressed out**
One third of the participants indicated that they had a tough day (feel overwhelmed or stressed out) at least 3 days per week (7 days – 9%, 5-6 days – 8, 3-4 days – 16%) over the past 12 months. This was relatively similar across all the counties: Albany 34%, Columbia – 29%; Greene – 31%; Rensselaer 36%; Saratoga –30%; and Schenectady – 34%. A higher percentage of participants with lower income tended to report having a tough day at least 3 days per week (under $25,000 – 50%, at least $25,000 but under $50,000 – 37%, at least $50,000 but under $100,000 – 27%; $100,000 or more – 25%).

18. **Overall, have a positive frame of mind and enjoy what you did that day**
Most of the participants (90%) reported having a positive frame of mind and enjoying what they did at least 3 days per week over the past 12 months, with 44% feeling that way every day, 30% 5-6 times and 16% 3-4 times per week. Relatively similar reports of having a positive frame of mind at

least 3 days weekly were observed in all the counties – Albany (87%), Columbia (93%), Greene (95%), Rensselaer (90%), Saratoga (90%) and Schenectady (91%). Lower income participants were somewhat less likely to report having a positive frame of mind at least 3 days per week (under $25,000 – 80%, at least $25,000 but under $50,000 – 89%, at least $50,000 but under $100,000 – 92%; $100,000 or more – 96%).

19. **Spend quality time with family or friends**
Eighty-four percent of the respondents spent time with family or friends at least 3 times per week (50% daily; 17% 5-6 days and 16% 3-4 days weekly). Overall, spending time with family and friends at least 3-4 times per week was consistent across the counties – Albany 82%, Columbia 83%, Greene 85%, Rensselaer 86%, Saratoga 83% and Schenectady 83%). Lower income participants tended to report spending less likely quality time with family or friends at least 3 times per week (under $25,000 – 70%; at least $25,000 but under $50,000 – 81%; at least $50,000 but under $100,000 – 87%; $100,000 or more – 90%).

20. **Eat junk food like potato chips, pretzels, candy, French fries, pizza, etc**
Most of the participants (85%) reported eating junk food at least once per week with 8% eating it every day and 7% 5-6 days per week. Reports of eating junk food everyday were highest in Rensselaer (11%) and lowest in Columbia (6%); reports of eating junk food every day in the other counties were as follows: Albany (9%), Greene (9%), Schenectady (8%) and Saratoga (7 %). A slightly higher percentage of lower income participants tended to report eating junk food every day (under $25,000 – 12%; at least $25,000 but under $50,000 – 9%; at least $50,000 but under $100,000 – 8%; $100,000 or more – 6%).

21. **Outside of work, sit for 3 hours or more watching TV, playing video games, or sitting in front of some other sort of technology screen**
Thirty-one percent of the respondents expressed that outside of work, they sat for more than 3 hours watching TV or using some other type of technology screen every day. A relatively similar pattern of behavior was observed in all the counties – Albany (33%), Columbia (27%), Greene (32%), Rensselaer (32%), Saratoga (26%), and Schenectady (32%). Reports of watching television at least 3 hours every day was highest among those who earned under $25,000 – 47%, and lowest among those who earned $100,000 or more – 19%; those who earned at least $25,000 but under $50,000 and at least $50,000 but under $100,000 accounted for 35% and 28% respectively.

22. **In the past 12 months, have you seen a doctor for a routine checkup that included health screenings?**
Eighty-two percent of the respondents reported having a routine checkup in the past 12 months. Reports of routine checkup were consistent across the counties – Albany 82%, Columbia 83%, Greene 82%, Rensselaer (81%), Saratoga (82%) and Schenectady (80%). Reports of a routine checkup was lowest among those earning under $25,000, 76% and highest among those earning $100,000 or more – 85%; those earning at least $25,000 but under $50,000 and $50,000 but under $100,000 accounted for 80% and 83% respectively.

23. **If no, When was the last time you went to the doctor for a check-up that included health screenings?**
Of those (18%) who had not visited the doctor in the past year, 51% had a visit within the past 2 years, 29% had a visit more than 3 years ago, while others (17%) had a visit more than two years ago but less than three years ago.

24. **Over the past 12 months, have you taken your prescription medicine more often than you were instructed to do so by your doctor or taken someone else´s prescription medication?**
Most of the participants (97%) reported that they had not taken their prescription medicine more often than was prescribed or took someone else's medication in the past 12 months. Reports of medication use more often than prescribed was 3% in Albany and Schenectady; 2% in Columbia, Rensselaer and Saratoga; and 1% in Greene. Additionally, reports of medication use more often that prescribed was highest among those earning under $25,000 – 6%, and lowest among those earning at least $50,000 but under $100,000 – 1%; those earning at least $25,000 but under $50,000 and $100,000 or more accounted for 3% and 2% respectively.

25. **If yes, Over the past 12 months, how often would you say you have taken your prescription medicine more often than you were instructed to do so by your doctor or taken someone else´s?**
Among participants who reported taking prescription medicines in ways not prescribed (3%), 52% engaged in this behavior at least 3 times in the past year.

26. **Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?**
Only 12% of the participants reported that in the past 12 months there were times when they did not have enough money to buy food that they or their family needed. With the exception of Saratoga (9%) and Rensselaer (9%), more than 10% of the participants in all the counties (Albany – 15%; Columbia – 13%; Greene – 15%; and Schenectady – 17%) reported not having enough money to buy food. Lower income participants were more likely to report not having enough money to buy food (under $25,000 – 32%; at least $25,000 but under $50,000 – 22%; at least $50,000 but under $100,000 – 6%; $100,000 or more – 0%).

27. **If yes, How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months during the past 12 months?**
Of those (12%) who did not at some point have enough money to buy food during the past year, 38% had this experience almost every month; 32% some months but not every month and 30% had this experience only 1 or 2 months during the past year. Rensselaer (53%) and Greene (50%) had the highest percentage of participants reporting that they had this experience almost every month while those in Schenectady (20%) had the lowest; Albany, Columbia and Saratoga accounted for 39%, 39% and 33% respectively.

28. **Over the past 12 months, have you or, to the best of your knowledge, has any other member of your household used recreational drugs like marijuana?**
Twelve percent of the participants reported that they or a member of their household used recreational drugs like marijuana. Reports of recreational drug use were similar across the counties: Albany – 11%; Columbia – 12%; Greene – 11%; Rensselaer – 14%; Saratoga – 12% and Schenectady – 13%. Marijuana use was relatively similar among those earning under $25,000 – 11%; at least $50,000 but under $100,000 – 12%; $100,000 or more – 10%; but was slightly higher among those earning at least $25,000 but under $50,000 – 19%.

29. **And, over the past 12 months, have you, or to the best of your knowledge, has any other member of your household used other drugs like heroin [HAIR-oh-in], cocaine or drugs like those two?**
Only 1% of the participants expressed using or knowing of a household member who used drugs such like heroin, cocaine. Reports of drug use like heroin and cocaine was 2% in Schenectady, Rensselaer, and Columbia; 1% in Saratoga and 0% in Albany and Greene. Drug use among participants earning under $25,000 was 2% and 1% in all other income sub-groups.

For each obstacle cited, tell me to what degree you think it is an obstacle for people in your community. Would you say it is a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle?

30. **The cost of food in general and that of fruits, vegetables, meat, fish and poultry in specific**
Just over two thirds (68%) of the respondents reported that cost was a very significant (31%) or somewhat significant (38%) obstacle to eating a balanced diet for people in their community. A similar percentage of participants reported cost as a very significant or somewhat significant barrier to eating a balance meal for all the counties (Albany – 69%; Columbia – 69%; Greene – 75%; Rensselaer – 69%; Saratoga – 65% and Schenectady – 69%). The percentage of participants who reported cost as a significant or somewhat significant obstacle in their community was highest among those who earned under $25,000 (78%), followed by those who earned at least $25,000 but under $50,000 (74%), at least $50,000 but under $100,000 (67%) and $100,000 or more (62%).

31. **The time it takes to prepare and eat a balanced and nutritious diet**
Over fifty percent (55%) of the participants reported the time it takes to prepare meals as a very significant (17%) or somewhat significant (38%) barrier to consuming healthy meals for people in their community. The percentage of participants reporting time as a very significant or somewhat significant barrier to meal preparation was fairly similar across all counties: Albany – 58%; Columbia – 51%; Greene – 55%; Rensselaer – 50%; Saratoga –55% and Schenectady – 53%. The percentage of participants reporting time as a significant or somewhat significant obstacle in their community did not vary much by income (under $25,000 – 52%; at least $25,000 but under $50,000 – 54%; at least $50,000 but under $100,000 – 59%; $100,000 or more – 59%).

32. **Knowing what a nutritious meal should consist of**

Forty-eight percent of the participants reported that not knowing what a nutritious meal consist of was as a very significant (18%) or somewhat significant (30%) obstacle to eating a balance diet for people in their community. Relatively similar percentages were reported across the counties: Albany – 49%; Columbia – 51%; Greene – 53 %; Rensselaer – 47%; Saratoga –45% and Schenectady – 47%). In addition, participants reports of knowing what a nutritious meal consist of as a very significant or somewhat significant obstacle for people in their community was relatively similar across income sub-groups (under $25,000 – 51%, at least $25,000 but under $50,000 –52%, at least $50,000 but under $100,000 (48%) and $100,000 or more (43%).

33. **Knowing how to prepare a nutritious and balanced meal**
Fifty percent of the respondents reported that knowing how to prepare a nutritious and balanced meal was a very significant (19%) or somewhat significant (31%) barrier to eating a balanced meal for people in their community. Reports of knowing how to prepare a nutritious and balanced meal as a significant or obstacle was consistent across the counties: Albany – 51%; Columbia – 49%; Greene – 52%; Rensselaer – 50%; Saratoga –47 % and Schenectady – 55%). No marked difference was observed by income (under $25,000 – 51%, at least $25,000 but under $50,000 –54%, at least $50,000 but under $100,000 (50%) and $100,000 or more (52%).

34. **Access to grocery stores with nutritious options**
Thirty percent of the respondents expressed that access to grocery stores with nutritious options was a very significant (14%) or somewhat significant (16%) obstacle to eating a balanced diet for people in their community. The highest percentage of participants reporting access to grocery store as a significant or somewhat significant obstacle for people in their community resided in Greene (37%), followed by Columbia (36%), Rensselaer (35%), Albany (31%) and Saratoga (24%). Lower income participants were more likely to report access to grocery stores as a very significant or somewhat obstacle in their community (under $25,000 – 44%; at least $25,000 but under $50,000 – 34 %; at least $50,000 but under $100,000 – 28%; $100,000 or more – 21%).

35. **Having access to a safe place to exercise, such as sidewalks, playgrounds, parks or a gym**
Forty percent of the participants reported that access to a safe place to exercise was a very significant (18%) or somewhat significant (22%) obstacle for people in their community. Reports of this obstacle was highest among respondents in Schenectady (45%), followed by those who resided in Greene (42%), Columbia (41%) and Rensselaer (41%), Albany (40%) and Saratoga (33%). The percentage of participants reporting access to a safe place to exercise as a significant or somewhat significant obstacle in their community was slightly higher among those earning less than $50,000 (under $25,000 – 46%; at least $25,000 but under $50,000 – 45%), compared to those earning $50,000 or more (at least $50,000 but under $100,000 –38%; $100,000 or more – 32%).

36. **The time it takes to exercise as much as is recommended**
Of note 62% of the respondents indicated that the time it takes to exercise was a very significant (21%) or somewhat significant (41%) obstacle to exercising for people in their community. This was consistently reported as a very significant or somewhat significant across the counties: Albany – 64%; Columbia – 57%; Greene – 60 %; Rensselaer – 61%; Saratoga – 62% and Schenectady – 61%.

Lower income participants were less likely to report time as a significant or somewhat significant obstacle for individuals in their community (under $25,000 – 59%; at least $25,000 but under $50,000 –57%; at least $50,000 but under $100,000 – 65%; $100,000 or more – 70%).

37. **Not feeling like being physically active**
Importantly, 63% of the respondents reported that not feeling like being physically active was as a very significant (23%) or somewhat significant (40%) obstacle for individuals in their community. There were no marked differences across the counties in the reports of this obstacle as a very significant or somewhat significant obstacle across the counties: Albany – 62%; Columbia – 65%; Greene – 63%; Rensselaer – 59%; Saratoga – 66% and Schenectady – 64%. Reports of not feeling like exercise was relatively similar across income sub-groups (under $25,000 – 60%; at least $25,000 but under $50,000 –61%; at least $50,000 but under $100,000 – 65%; $100,000 or more – 67%).

38. **The costs associated with being physically active such as membership fees**
Fifty-two percent of the participants reported the costs associated with being physically active as a very significant (21%) or somewhat significant obstacle (31%) for individuals in their community. The highest percentage of respondents reporting this barrier resided in Greene (57%), followed by Saratoga (56%), Albany (54%), Schenectady (52%), Rensselaer (50%) and Columbia (45%). Lower income participants were more likely to report that the cost associated with being physically active as a significant or somewhat significant barrier for individuals in their community (under $25,000 – 60%; at least $25,000 but under $50,000 – 58%; at least $50,000 but under $100,000 – 54%; $100,000 or more – 46%.

39. **Knowing what physical opportunities or activities are available to me in my community, such as walking trails or exercise classes**
Forty-one percent of the respondents reported that knowing what physical opportunities or activities are available as a very significant (14%) or somewhat significant obstacle (27%) for individuals in their community. This was relatively consistent across the counties of Albany – 42%; Rensselaer – 41%; Schenectady – 43%; Columbia – 37%); Saratoga – 36% and Greene – 46%. Reports of this obstacle was highest among those who earned under $25,000 (50%), followed by those earned at least $25,000 but under $50,000 (43%), at least $50,000 but under $100,000 (39%), $100,000 or more (35%).

40. **Access to good, quality preventative care for health screenings like blood pressure tests, colonoscopies, Pap tests, etc**
Forty-one percent of the respondents reported access to good, quality care as a very significant (19%) or somewhat significant obstacle (22%) for individuals in their community. Report of this obstacle was highest among respondents who resided in Greene (48%); followed by those in Schenectady (47%), Albany (43%) and Columbia (43%), Rensselaer (42%), and Saratoga (36%). Reports of access to care as a very significant or somewhat significant obstacle was slightly higher among lower income participants (under $25,000 – 50%; at least $25,000 but under $50,000 – 45%; at least $50,000 but under $100,000 – 37%; $100,000 or more – 36%).

41. **The time it takes to go to the doctor for checkups or screenings?**

Fifty-two percent of the participants reported the time it take to go to the doctor as a very significant (17%) or somewhat significant obstacle (35%) for individuals in their community. Reports this obstacle was highest among respondents who resided in Albany (59%) followed by Columbia (55%), Greene (54%), Schenectady (53%), Rensselaer (52%) and Saratoga (45%). No marked difference was observed by income-sub-groups (under $25,000 – 55%; at least $25,000 but under $50,000 – 53%; at least $50,000 but under $100,000 – 56%; $100,000 or more – 52%).

42. **The cost of getting medical care**
Most of the respondents (68%) reported the cost of getting medical care as a very significant (40%) or somewhat significant obstacle (28%) for individuals in their community. Reports of cost as an obstacle was highest among respondents who resided in Columbia (75%) and lowest among those in Rensselaer (65%). The percentage of participants in the other counties reporting cost as very significant or somewhat significant obstacle for individuals in their community was as follows: Albany (70%), Greene (69%), Saratoga (66%) and Schenectady (72%). Reports of cost as a significant or somewhat significant obstacle were similar across income groups (under $25,000 – 73%; at least $25,000 but under $50,000 – 71%; at least $50,000 but under $100,000 – 69%; $100,000 or more – 65%).

43. **Knowing when to seek medical attention**
Forty-eight percent of the respondents reported knowing when to seek medical attention as a very significant (20%) or somewhat significant obstacle (28%) for individuals in their community. There were no major differences across the counties in the reports of this obstacle as a very significant or somewhat significant obstacle across the counties: Albany – 53%; Columbia – 48%; Greene – 46%; Rensselaer – 48 %; Saratoga – 42% and Schenectady – 51%. Reports of this obstacle was slightly higher among participants who earned less than $50,000 (under $25,000 – 55%; at least $25,000 but under $50,000 – 54%) compared to those earning $50,000 or more (at least $50,000 but under $100,000 – 46%; $100,000 or more – 46%).

44. **Access to medical specialists that treat specific health needs**
Just under fifty percent (49%) of the respondents reported that access to medical specialist was as a very significant (23%) or somewhat significant obstacle (26%) for individuals in their community. The percentage of participants reporting access to medical specialist as an obstacle in their community was highest in Columbia (55%) and lowest in Saratoga (41%). Reports of this obstacle in the other counties were as follows: Albany – 53%; Greene – 54%; Rensselaer – 48%; and Schenectady – 50%. A slightly higher percentage of participants who earned less than $50,000 (under $25,000 – 56%; at least $25,000 but under $50,000 – 54%) reported accesses to medical specialist as a significant or somewhat significant obstacle for individuals in their community compared to those earning $50,000 or more (at least $50,000 but under $100,000 – 48%; $100,000 or more – 43%).

45. **Reluctance to seek help with mental illness**
Fifty-seven percent of the participants reported reluctance to seek help with mental illness was a very significant (31%) or somewhat significant obstacle (26%) for individuals in their community**.**

There were no marked differences across the counties in reports of reluctance to seek help with mental illness as a very significant or somewhat significant obstacle across the counties: Albany – 57%; Columbia – 57%; Greene – 58%; Rensselaer – 56%; Saratoga – 57% and Schenectady – 60.0%. Reports of this obstacle varied slightly with income (under $25,000 – 50.5%; at least $25,000 but under $50,000 – 58.3%; at least $50,000 but under $100,000 – 60.7%; $100,000 or more – 63.4%).

46. **The cost of mental health services**
Fifty-one percent of the respondents reported the cost of mental health services was very significant (27%) or somewhat significant obstacle (24%) for individuals in their community. Reports of this obstacle were relatively consistent across the counties: Albany – 47%; Columbia – 51%; Greene – 49%; Rensselaer – 49 %; Saratoga – 52% and Schenectady – 57%. Additionally, reports of this obstacle was relatively consistent across income sub-groups (under $25,000 – 49%; at least $25,000 but under $50,000 – 49%; at least $50,000 but under $100,000 – 56%; $100,000 or more – 52%).

47. **How likely is it that you would attend an optional program in your workplace that provides wellness education on topics like: healthy eating, smoking/tobacco cessation, or exercise?**
Among those who were employed, sixty-one percent reported that they would be very likely (30%) or somewhat likely (31%) to participate in optional workplace programs. Support for workplace programs was relatively similar across the counties (Albany – 62%; Greene – 58%; Rensselaer – 60%; Saratoga – 62% and Schenectady – 62%) with the exception for Columbia (52%) which was slightly lower. Support of workplace programs (very likely or somewhat likely to attend) did not vary with income (under $25,000 – 62%; at least $25,000 but under $50,000 – 61%; at least $50,000 but under $100,000 – 66%; $100,000 or more – 59%).

48. **And thinking about your community, how likely would you be to attend a COMMUNITY HEALTH PROGRAM on topics like: healthy cooking lessons, tobacco cessation support groups, diabetes or asthma self-management classes.**
Less than fifty percent (46%) of the respondents reported that they were very likely (17) or somewhat likely (29%) to attend community health programs. Support for this program was highest among respondents who resided in Albany (52%) and lowest in Columbia (41%). Support for community programs in the other counties was as follows: Greene – 45%; Rensselaer – 42%; Saratoga – 45% and Schenectady – 46%). Support for this type of program was relatively similar across income sub-groups (under $25,000 – 49%; at least $25,000 but under $50,000 – 51%; at least $50,000 but under $100,000 – 48%; $100,000 or more – 45%).

49. **And how likely would you be to participate in a program in which a COMMUNITY HEALTH WORKER VISITS you at home to work with you on subjects like: planning healthy foods for your budget, identifying and removing asthma triggers, or support for new or pregnant moms.**
Less than one-third (32%) of the respondents reported that they were very likely (13%)or somewhat likely (18%) to participate in programs involving home visits by community health workers. Support for this program was highest among respondents who resided in Albany (36%) and lowest in Columbia (25%). Support for programs involving home visit in the other counties was as follows: Greene – 31%; Rensselaer – 28%; Saratoga – 29% and Schenectady – 36%). Participants who earned less than $50,000 (under $25,000 – 40%; at least $25,000 but under $50,000 – 39%) were more likely to report they would participate in programs involving home visits by a community health

worker compared to those earning $50,000 or more (at least $50,000 but under $100,000 – 30%; $100,000 or more – 26%.

50. **Of the following health-related issues, if you had to choose one issue that you think is MOST important to address in your community, which would it be?**
Almost one third (32%) of the participants expressed that reducing obesity in both teens and adults was the most important health-related issue to address in their community. Improving both substance abuse treatment and awareness programs was considered most important by 29% of the participants, followed by improving both preventive care and management for chronic diseases (23%) and reducing tobacco use (14%).

51. **Of the remaining health-related issues, which is the next most important to address in your community?**
Reducing obesity was identified as most important by 27% of the participants, followed by improving preventive care and management of chronic diseases (25%), improving both substance abuse treatment and awareness programs (22%) and reducing tobacco use (21%). Hence, overall approximately 59% ranked obesity as their first *or* second priority problem, followed by substance use (51%), preventive care (48%), and tobacco use (35%).

2016 Capital Region Community Health Survey Questions

Interviewer:
Hello, this is _____for the Siena College Research Institute. We are conducting a brief confidential opinion survey today with people in your area. Your household has been selected at random and no one will try to sell you anything. Are you 18 years of age or older? IF NEEDED: May I speak with the youngest person in the household age 18 or older?
Continue with survey ..... OK
Call back at a later time 21
Appointment 22
Not a Private Residence 23
No Eligible Respondent 24
Soft Refusal 81
Hard Refusal 82
Do Not Call 83
Spanish Speaking 31
Not English or Spanish Speaking 32
No Male in Household 41

SAFE:
Are you in a place where you can safely talk on the phone and answer my questions?
Yes 1
No 2

INT51:
When would be a better time to call you back?
Call back at a later time - no specific time given 51
Appointment 52
Refusal (at safety) 53

NYRES:
Do you live in New York State?
Yes 1
No 2

INT54:
Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not live in NY 54

BUSCELL:
Is the cell phone I have reached you on used only for personal use, only for business use, or used for both personal and business use?
Personal use 1
Business use 2

Both 3
[DO NOT READ] Refused 9

INT55:
Thank you, that is all the questions I have for you today.
No Eligible Respondent - Business Cell .....

COUNTY2:
What county in New York State do you live in? [DO NOT READ LIST]
Albany 001
Allegany 003
Bronx 005
Broome 007
Cattaraugus 009
Cayuga 011
Chautauqua 013
Chemung..... 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin..... 033
Fulton 035
Genesee..... 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings - Brooklyn 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York - Manhattan 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond - Staten Island..... 085
Rockland 087
St. Lawrence 089
Saratoga 091

Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099
Steuben 101
Suffolk 103
Sullivan 105

Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

INT56:
Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not live in County 56

Q1:
How would you rate your overall health? Would you say your health is excellent, good, fair or poor?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know/Refused 9

Q2KEY:
Thinking back over the past 12 months, for each of the following things people do that affect their health, how many days in an AVERAGE WEEK did you do each one? 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days. Over the past 12 months, in an AVERAGE WEEK how many days did you…
Continue 1

Q2_1:
Eat a balanced, healthy diet that includes a variety of nutritious foods from the major food groups, such as fruits, vegetables, whole grains, low-fat dairy products, lean protein, and nuts and seeds [IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_2:
Exercise for 30 minutes or more in a day. ``Exercise´´ includes moderate activities like walking or biking, OR more vigorous activities like running, dancing, weight lifting or

working out[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_3:
Drink two or more alcoholic drinks in a day[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_4:
Smoke cigarettes or use other tobacco products[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_5:
Use e-cigarettes[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_6:
Get 7 or more hours of sleep in a night[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_7:
Overall, have a tough day; that is, feel overwhelmed or stressed out[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q2_8:
Overall, have a positive frame of mind and enjoy what you did that day[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9
Q2_9:
Spend quality time with family or friends[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9
Q2_10:
Eat junk food like potato chips, pretzels, candy, french fries, pizza, etc.[IF NEEDED: Over the past 12 months, in an AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9
Q2_11:
Outside of work, sit for 3 hours or more watching TV, playing video games, or sitting in front of some other sort of technology screen[IF NEEDED: Over the past 12 months, in an

AVERAGE WEEK how many days did you do this: 0 days, 1 or 2 days, 3 or 4 days, 5 or 6 days, or all 7 days?]
0 days 1
1 or 2 days 2
3 or 4 days 3
5 or 6 days 4
All 7 days 5
[DO NOT READ] Don't know/Refused 9

Q3A:
In the past 12 months, have you seen a doctor for a routine checkup that included health screenings?
Yes 1
No 2
[DO NOT READ] Refused 9

Q3B:
When was the last time you went to the doctor for a check-up that included health screenings?
More than a year ago but less than two years ago 1
More than two years ago but less than three years ago 2
More than three years ago..... 3
[DO NOT READ] Don't know/Refused 9

Q5A:
Over the past 12 months, have you taken your prescription medicine more often than you were instructed to do so by your doctor or taken someone else´s prescription medication?
Yes 1
No 2
[DO NOT READ] Don't know/Refused 9

Q5B:
Over the past 12 months, how often would you say you have taken your prescription medicine more often than you were instructed to do so by your doctor or taken someone else´s prescription medication?
Ten or more times 1
More than five times but less than ten 2
Three to five times 3
Once or twice 4
[DO NOT READ] Don't know/Refused 9

Q6A:
Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?
Yes 1
No 2
[DO NOT READ] Don't know/Refused 9 0316HCDI
7

Q6B:
How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months during the past 12 months?
Almost every month 1
Some months but not every month 2
Only 1 or 2 months during the past 12 months 3
[DO NOT READ] Don't know/Refused 9

Q7:
Over the past 12 months, have you or, to the best of your knowledge, has any other member of your household used recreational drugs like marijuana? [IF NEEDED: I would like to remind you that you are anonymous and all responses are kept confidential.]
Yes 1
No 2
[DO NOT READ] Don't know/Refused 9

Q8:
And, over the past 12 months, have you, or to the best of your knowledge, has any other member of your household used other drugs like heroin [HAIR-oh-in], cocaine or drugs like those two?[IF NEEDED: I would like to remind you that you are anonymous and all responses are kept confidential.]
Yes 1
No 2
[DO NOT READ] Don't know/Refused 9

Q9KEY:
Now, for some of the aspects of living a healthy lifestyle that we have been discussing, I´m going to read some obstacles that some have mentioned. For each obstacle that some have cited, tell me to what degree you think it is an obstacle for people in your community. Would you say it is a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle?
Continue 1

Q9A_1:
The cost of food in general and that of fruits, vegetables, meat, fish and poultry in specific [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9A_2:
The time it takes to prepare and eat a balanced and nutritious diet [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9A_3:
Knowing what a nutritious meal should consist of [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9A_4:
Knowing how to prepare a nutritious and balanced meal [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9A_5:
Access to grocery stores with nutritious options [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9B_1:
Having access to a safe place to exercise, such as sidewalks, playgrounds, parks or a gym [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9B_2:
The time it takes to exercise as much as is recommended [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9B_3:
Not feeling like being physically active [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9B_4:
The costs associated with being physically active such as membership fees [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9B_5:
Knowing what physical opportunities or activities are available to me in my community, such as walking trails or exercise classes[IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_1:
Access to good, quality preventative care for health screenings like blood pressure tests, colonoscopies, Pap tests, etc.[IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_2:
The time it takes to go to the doctor for checkups or screenings [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_3:
The cost of getting medical care [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_4:
Knowing when to seek medical attention [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_5:
Access to medical specialists that treat specific health needs [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_6:
Reluctance to seek help with mental illness [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

Q9C_7:
The cost of mental health services [IF NEEDED: Is this a very significant obstacle, somewhat significant, not very significant, or not at all significant obstacle for people in your community?]
Very significant obstacle 1
Somewhat significant obstacle 2
Not very significant obstacle 3
Not at all significant obstacle 4
[DO NOT READ] Don't know/Refused 9

EMPLOY:
Which of the following categories best describes your current employment situation? [INTERVIEWER: If self-employed, ask "Would that be full time or part time?" and code it as employed]
Employed full time 1
Employed part time 2
Unemployed and looking for a job 3
A student 4
A homemaker 5
Retired 6
Disabled 7
[DO NOT READ] Other (specify)..... 8
[DO NOT READ] Refused 9

Q10:
How likely is it that you would attend an optional program in your workplace that provides wellness education on topics like: healthy eating, smoking/tobacco cessation, or exercise? Would you be very likely, somewhat likely, not very likely or not at all likely to attend?
Very likely 1
Somewhat likely 2
Not very likely 3
Not at all likely 4
[DO NOT READ] Don't know/Refused 9

Q11:
And thinking about your community, how likely would you be to attend a COMMUNITY HEALTH PROGRAM on topics like: healthy cooking lessons, tobacco cessation support groups, diabetes or asthma self-management classes. Would you be very likely, somewhat likely, not very likely or not at all likely to attend programs like that in your community?
Very likely 1
Somewhat likely 2
Not very likely 3
Not at all likely 4
[DO NOT READ] Don't know/Refused 9

Q12:
And how likely would you be to participate in a program in which a COMMUNITY HEALTH WORKER VISITS you at home to work with you on subjects like: planning healthy foods for your budget, identifying and removing asthma triggers, or support for new

or pregnant moms. Would you be very likely, somewhat likely, not very likely or not at all likely to participate in this kind of program?
Very likely 1
Somewhat likely 2
Not very likely 3
Not at all likely 4
[DO NOT READ] Don't know/Refused 9

Q15:
Of the following health-related issues, if you had to choose one issue that you think is MOST important to address in your community, which would it be? [READ LIST]
Reducing obesity in both teens and adults 1
Reducing tobacco use among both teens and adults 2
Improving both preventive care and management for chronic diseases like diabetes, asthma, and heart disease 3
Improving both substance abuse treatment and awareness programs 4
[DO NOT READ] Don't know/Refused 9
Q16:
Of the remaining health-related issues, which is the next most important to address in your community? [READ LIST]
Reducing obesity in both teens and adults 1
Reducing tobacco use among both teens and adults 2
Improving both preventive care and management for chronic diseases like diabetes, asthma, and heart disease 3
Improving both substance abuse treatment and awareness programs 4
[DO NOT READ] Don't know/Refused 9
CELLLL:
Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
No (Landline Only) 1
Yes 2
No 3
[DO NOT READ] Refused 9
LLCELL:
Do you have a working cell phone?
Yes 2
No 1
No (Cell Phone Only) 3
[DO NOT READ] Refused 9
PHONETYP:
Landline or Cell Phone
Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9

BYR2:
And for statistical purposes, a couple of final questions. In what year were you born? INTERVIEWER: ENTER THE LAST TWO DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN01 = BORN IN 1901 OR EARLIER [IF NEEDED: This is just used to compute your age.]
REFUSAL ..... RF

INCOME:
Which of the following general income categories is your total household income before taxes? [IF NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]
Under $25,000 1
At least $25,000 but under $50,000 2
At least $50,000 but under $100,000 3
$100,000 or more 4
[DO NOT READ] Refused 9

EDUC:
Please stop me when I say the highest educational level which you have completed:
Less than high school 1
Graduated from high school (or GED) 2
Some college or trade school 3
Bachelors' degree 4
Graduate or Professional degree 5
[DO NOT READ] Refused 9

CHILD:
Are there children under the age of 18 in your household?
Yes 1
No 2
[DO NOT READ] Refused 9

HISP:
Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?
Yes 1
No 2
[DO NOT READ] Refused 9

RACE:
Would you consider yourself: [IF "Biracial" or "Multi-racial" ask: "What races would that be?"]
Caucasian/White 1
African American/Black 2
Asian 4
Native Hawaiian or Other Pacific Islander 5
American Indian or Alaska Native 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

RACER:
Race Combined
Caucasian/White 1
African American/Black 2
Hispanic/Latino 3
Asian 4
Native Hawaiian or Other Pacific Islander 5
American Indian or Alaska Native 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

AREA:
Would you describe the area where you live as urban, suburban, or rural?
Urban 1
Suburban 2
Rural 3
[DO NOT READ] Refused 9

ZIP2:
What is your zip code? [Enter 5 digit zip code in box at bottom of screen]
[DO NOT READ] Refused 99999

FOLLOWUP:
And finally, our partners on this project that includes the Healthy Capital District Initiative would like to hear more about your views on healthy living. Would you be willing to be contacted by them to possibly answer a couple of follow-up questions?
Yes 1
No 2

CONTACTEM:
What is your email address? [INTERVIEWER: ask to carefully spell and repeat back to them]
Email address 1
No email address 2

CONTACTEMV:
You indicated your email address is <contactem:o>Is that correct?
Yes 1
No 2

CONTACTP:
What is your preferred phone number (including area code)? [Number we called: <phone>]
Phone number 1

GENDER:
[RECORD GENDER: BY OBSERVATION ONLY - DO NOT ASK]
Male 1
Female 2

Emergency Department Visit, Hospitalization (ICD-9) and Mortality (ICD-10) Codes used for Health Indicators in Capital Region Community Health Needs Assessment

Chronic Disease

- **COPD/CLRD ED/Hosp.:** 490-494, 496.
- **COPD/CLRD Mortality:** J40-J47.
- **Asthma ED/Hosp.:** 493.
- **Diabetes ED/Hosp.:** 250.
- **Diabetes Short-term Complications ED/Hosp.:** 250.1-250.3.
- **Diabetes Mortality:** E10-E14.
- **Cardiovascular Disease Mortality:** I00-I99**.**
- **Coronary Heart Disease Hosp.:** 402, 410-414, 429.
- **Coronary Heart Disease Mortality:** I11, I20-I25.
- **Heart Attack Hosp.:** 410.
- **Congestive Heart Failure Hosp.:** 428.
- **Congestive Heart Failure Morality:** I50.
- **Stroke Hosp.:** 430-438.
- **Stroke Mortality:** I60-I69.
- **All Cancer Mortality:** C00-C97.
- **Breast Cancer Mortality:** C50.
- **Colorectal Cancer Mortality:** C18-C21.
- **Prostate Cancer Mortality:** C61.
- **Lung Cancer Mortality:** C34.

Safe and Healthy Environment

- **Motor Vehicle ED/Hosp.:** E810-E819.
- **Motor Vehicle Mortality:** V02-V04, V09.0-V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2.
- **Unintentional Injury ED/Hosp.:** E800-E848, E850-E869, E880-E928.
- **Unintentional Injury Mortality:** V01-X59, Y85-Y86.
- **Fall-related ED/Hosp.:** E880-E886, E888, E957, E968.1, E987.
- **Fall-related Mortality:** W00-W19.
- **Homicide Mortality:** X85-Y09, Y87.1.
- **Assault ED/Hosp.:** E960-E968.
- **Occupational Injury ED/Hosp.**: visit with primary payer as “workman’s compensation”.

Infectious Disease

- **Flu/Pneumonia Mortality:** J10-J18.

Mental Health and Substance Abuse

- **Mental Diseases and Disorders ED/Hosp.:** 290, 293-302, 305-319.
- **Suicide Mortality:** X60-X84, Y87.0.
- **Self-Inflicted Injury ED/Hosp.:** E950-E958.
- **Cirrhosis Hosp.**: 571.
- **Cirrhosis Mortality:** K70, K73-K74.
- **Substance Abuse Mortality:** X40-X45.
- **Drug-related ED/Hosp.:** 292.0-292.9, 304.0-304.9, 305.0-305.9, 960-979, E850-E858, E950.0-E950.2, E980.0-E980.2.
- **Opiate Poisoning ED/Hosp.:** 304.0, 304.7, 305.5, 960.0, E850.0-E850.3.3.