

Saratoga County *New York*



2016-2018 Community Health Assessment and Community Health Improvement Plan

Saratoga County



2016 Community Health Assessment and Community Health Improvement Plan for
Saratoga County

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Summary

Saratoga County Public Health Services (SCPHS) is mandated to complete a Community Health Assessment (CHA) every four years based on the guidance provided under regulation by the New York State Department of Health (NYSDOH). The purpose of this CHA is to identify and prioritize the healthcare challenges currently faced by the residents of Saratoga County. Results are intended to help members of the community, especially healthcare providers, work together to provide programs and services targeted to improve the overall health and wellbeing of all residents of Saratoga County.

The 2016 CHA is the result of information from numerous data sources including the Healthy Capital District Initiative (HCDI), the New York State Prevention Agenda Dashboard, and community stakeholder meetings. The Community Health Improvement Plan (CHIP) was developed in collaboration with community partners after extensive review of the CHA data and demographics. Key points of this report include the identification of ongoing needs within the population of individuals with mental health and substance abuse conditions, pockets of isolated and underserved populations, and the influence of service availability on health, wellness, and timely care. Saratoga County primarily aligned with the New York State Prevention Agenda's priority focus area of Promoting Mental Health and Preventing Substance Abuse.

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This document was written with assistance from the Healthy Capital District Initiative (HCDI) and in collaboration with Saratoga Hospital. Thank you to our public, private, and community partners for your ongoing involvement and support.

Introduction

The Mission of Saratoga County Public Health Services: To Assess, Improve, and Monitor the Health Status of the Community

The Vision of Saratoga County Public Health Services: To Promote Positive Health Practices for a Healthy Saratoga County

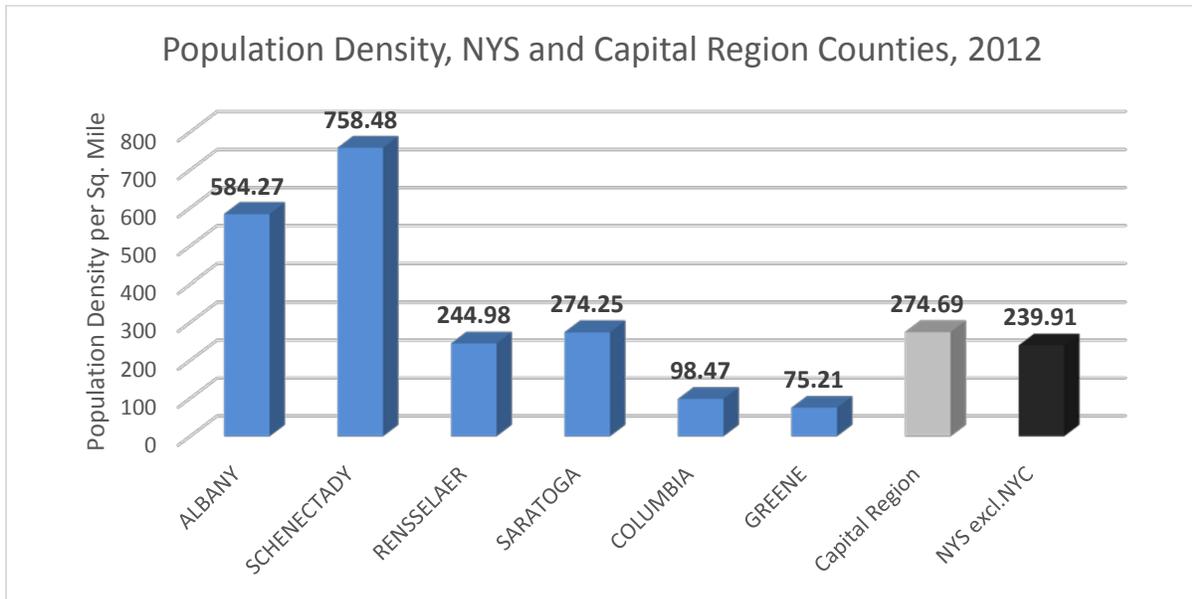
The purpose of Saratoga County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) is to identify, prioritize, and address challenges within the community that prevent the attainment of optimal health and wellbeing. Findings of the CHA result from a process of collecting and analyzing data while consulting with stakeholders throughout the community and the region. Working within the framework provided by New York State's Prevention Agenda, Saratoga County Public Health Services collaborated with Saratoga Hospital and Healthy Capital District Initiative (HCDI) in the development of Saratoga County's CHA/CHIP. Additionally, Saratoga County Public Health Services and Saratoga Hospital participated in regional health assessment and planning efforts conducted by HCDI.

The results of the CHA are intended to help members of the community, especially healthcare and community providers, to collaborate effectively to provide programs and services targeted to improve the overall health and wellbeing of all residents of Saratoga County. This CHA contains the key components as required by New York State Department of Health regulation as described in the guidance document. The resulting development of Saratoga County's CHIP is based on analysis of data, community input, and the knowledge and expertise of various professionals across Saratoga County. Priorities were developed following thorough review of data and active discussion of the magnitude and opportunities that exist regarding each health condition.

Data Assessment Process

The following compilation of data was obtained from HCDCI's 2016 Community Health Needs Assessment, which included public health data for Albany, Rensselaer, Saratoga, Schenectady, Greene and Columbia Counties. The combined demographic information of the Capital Region, from the 2009-2013 U.S. Census's American Community Survey (ACS), is roughly 952,500 individuals, as shown in Table 1. 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). Demographics and further information specific to Saratoga County will be discussed in further sections.

Table 1



Identification and Review of Primary and Secondary Data

The health indicators selected for this report were based on a review of available public health data and New York State priorities disseminated 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 and healthcare 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 (EBRFSS) and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term. This is a distinct step forward from the mortality data that lead 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 timeframes 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)

The aforementioned 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. Appendix B (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 by HCDCI. 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.

Review of Demographic, Socioeconomic, Morbidity and Mortality Data

In order to lead a comprehensive review of the best available data, HCDCI directed Community Prioritization meetings in conjunction with Saratoga County Public Health Services and Saratoga Hospital. The data presented by HCDCI was a summary of information provided by the New York State Department of Health (NYSDOH). Every year, the NYSDOH provides updated information on major health indicators for each county. NYSDOH 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, the report provided focused 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 were combined. Therefore most information that was presented was based on three or five years of combined data. Still, some areas had too few cases to estimate rates accurately.

Following the presentation of information on demographics and cause of death for Saratoga County, a summary of general health status was presented, including information on health care access and usage. This was followed by sections specific to each of the five 2013-2018 New York State Prevention Agenda Priority Areas. Topics within each Priority Area contained a brief synopsis of the condition and why it is of concern. Prevention Agenda objectives were 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 were presented. Indicators included mortality, natality, and emergency department (ED) utilization and hospitalization rates. Additional information from disease registries, administrative data, and the Expanded Behavioral Risk Factor Surveillance System (EBRFSS) were 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 were made available for: ZIP code neighborhood groupings by county (see Appendices D and E); 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 (see Appendix F); county hospitalization rates by neighborhood (see Appendix G); county emergency department rates by neighborhood (see Appendix H); county mortality rates by neighborhood (see Appendix J); county and neighborhood prevention quality indicators (PQI) (see Appendix I); county health rankings (see Appendix K); and 2016 Capital Region Community Health Survey results (see Appendix B).

For most indicators, age-adjusted rates were 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 the 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.

Geography

Saratoga County is in the northeastern part of New York State, north of Albany, northwest of Troy and East of Utica. According to the U.S. Census Bureau, the County has a total area of 844 square miles of which 812 square miles is land and 32 square miles is water. Adjacent counties include Warren County to the north, Albany County to the south/southwest and Washington County to the east /northeast. Rensselaer County lies to the southeast and Montgomery/Fulton Counties are to the west with Hamilton County located to the northwest.

Saratoga County in New York State



Saratoga Springs is the largest city in the County and Ballston Spa is the county seat. Since the construction of the Adirondack Northway (Route I87) in the 1960s, Saratoga County has consistently been the fastest growing portion of the Capital District and upstate New York. In 1960 the County had a population of only 89,000, less than half of its current population.

Population Demographics

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

Table 2: Saratoga County Population Trends

	2000	2010	July 1, 2014	Change from 2000 to 2014	Change from 2010 to 2014
Saratoga County	200,635	219,607	224,921	12.1%	2.4%

Infrastructure and Services

Saratoga County is part of the Capital-Saratoga Region of New York State as well as part of the Capital District, the Albany/Schenectady/Troy Metropolitan Statistical Area (MSA). The northern portion of the county is adjacent to the Glens Falls MSA. Interstate 87 (New York’s North/South corridor) runs directly through the center of Saratoga County. The County is also just 20 miles north of Interstate 90 (New York’s East/West corridor).

Two utilities serve the electric and gas needs of Saratoga County: Niagara Mohawk Power Corporation which encompasses the major part of the County, and New York State Electric and Gas Corporation. Both electric companies furnish all the requirements for electricity within the boundaries of the County, having their own generation, back-up and emergency power. There are seven sewer districts within Saratoga County including a Countywide 21,000,000 gpd system, which has been adequately distributed to all major incorporated area with rural septic systems in the balance of the County. Saratoga County has unlimited water resources stemming

from the Hudson and Mohawk Rivers as well as intricate under-ground spring reserves. There are 20 public and private water systems in the County.

Activities within Saratoga County include thoroughbred racing, harness racing, cross country skiing, downhill skiing, mineral water baths, numerous golf courses, stock car racing, polo, access to tennis, swimming, skating, horseback riding and sailing in addition to numerous country clubs. There are three major public parks, Saratoga Spa Park, offering numerous winter and summer sports, Moreau State Park, which has picnic and camping areas, and the Saratoga National Historical Park, which is the site of the Battle of Saratoga, a turning point in the American Revolution. There are many lakes in the County with public access. There are 28 public libraries, in addition to the Skidmore College Library, which is also a Federal Depository.

Healthcare Facilities

Saratoga Hospital is the only Article 28 hospital operating in Saratoga County; however residents of the County have access to facilities in surrounding counties, including Warren, Albany, Schenectady, Montgomery and Rensselaer. For example, Glens Falls Hospital is located in adjacent Warren County; however, is utilized by many residents of northern Saratoga County. Additionally, Glens Falls Hospital operates outpatient primary and specialty clinics within Saratoga County in Wilton and Corinth. Other providers in Saratoga County include St. Peter's Health Partners and Albany Medical Center. Operating thirteen of the twenty-six Article 28 facilities Saratoga Hospital is the leading provider of healthcare in the County. Saratoga Hospital provides care to almost 40% of the County's inpatients and serves over 200,000 outpatient visits per year. There are 19 hospital extension clinics, one hospital-based ambulatory surgery center, one free-standing ambulatory surgery center, and two Diagnostic and Treatment Centers. The free-standing ambulatory surgery center is a single-specialty center operated by Saratoga Schenectady Gastroenterology Associates. Most of these facilities offer primary care and access to ancillary services such as imaging and physical therapy is available throughout Saratoga County. There are 188.8 FTE's physicians practicing in Saratoga County per 100,000 persons with another 187.6 FTE's reporting specialty practice per 100,000. There are 162 FTE dentist's in Saratoga County per 100,000 persons.

New York State Prevention Agenda Priority Area

Prevent 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).

Promote a 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.

Promote 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.

Promote Mental Health and Prevent 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 than 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; Healthy Capital District Initiative 25
- 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) was higher than Rest of State (7.2).

New York State Prevention Agenda Priority Area: Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Disease, and Healthcare-Associated Infections

- 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.

County Health Rankings

Ranking

The rank is calculated from the 8 scores in the following categories:

1. Overall Health Outcomes
2. Health Outcomes – Length of Life
3. Health Outcomes – Quality of Life
4. Overall Health Factors
5. Health Factors – Health behaviors
6. Health Factors – Clinical care
7. Health Factors – Social and economic factors
8. Health Factors – Physical environment

Table 3: Health Outcome Weights for the County Health Rankings

Outcome	Focus Area	Measure
Length of Life (50%)	Premature death	Year of potential life lost before age 75 (50%)
Quality of Life (50%)	Quality of life	Poor or fair health (10%)
		Poor physical health days (10%)
		Poor mental health days (10%)
	Poor birth outcomes	Low birthweight (20%)

Table 4: Health Factor Weights for the County Health Rankings

Outcome	Focus Area	Measure	
Health Behaviors (30%)	Smoking (10%)	<ul style="list-style-type: none"> • Adult smoking (10%) 	
	Diet and exercise (10%)	<ul style="list-style-type: none"> • Adult obesity (5%) • Food environment index (2%) • Physical inactivity (2%) • Access to exercise opportunities (1%) 	
		Alcohol and drug use (5%)	<ul style="list-style-type: none"> • Excessive drinking (2.5%) • Alcohol-impaired driving deaths (2.5%)
			Sexual activity
		Clinical Care (20%)	Access to care (10%)
Quality of care (10%)	<ul style="list-style-type: none"> • Preventable hospital stays (5%) • Diabetic monitoring (2.5%) • Mammography screening (2.5%) 		

Social and Economic Factors (40%)	Education (10%)	<ul style="list-style-type: none"> • High school graduation (5%) • Some college (5%)
	Employment (10%)	<ul style="list-style-type: none"> • Unemployment (10%)
	Income (10%)	<ul style="list-style-type: none"> • Children in poverty (7.5%) • Income inequality (2.5%)
	Family and social support (5%)	<ul style="list-style-type: none"> • Children in single-parent households (2.5%) • Social associations (2.5%)
	Community safety (5%)	<ul style="list-style-type: none"> • Violent crime (2.5%) • Injury deaths (2.5%)
Physical Environment (10%)	Air and water quality (5%)	<ul style="list-style-type: none"> • Air pollution-particulate matter (2.5%) • Drinking water violations (2.5%)
	Housing and transit	<ul style="list-style-type: none"> • Severe housing problems (2%) • Driving alone to work (2%) • Long commute- driving alone (1%)

Saratoga County Healthy Rankings

According to the annual County Health Rankings published by the Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, Saratoga County ranked 1st for overall health outcomes out of 62 counties in New York State. Saratoga County was ranked 6th for length of life and 2nd for quality of life. In overall health factors, which included health behaviors, clinical care, social and economic factors, and physical environment, Saratoga County ranked 4th of 62 counties.

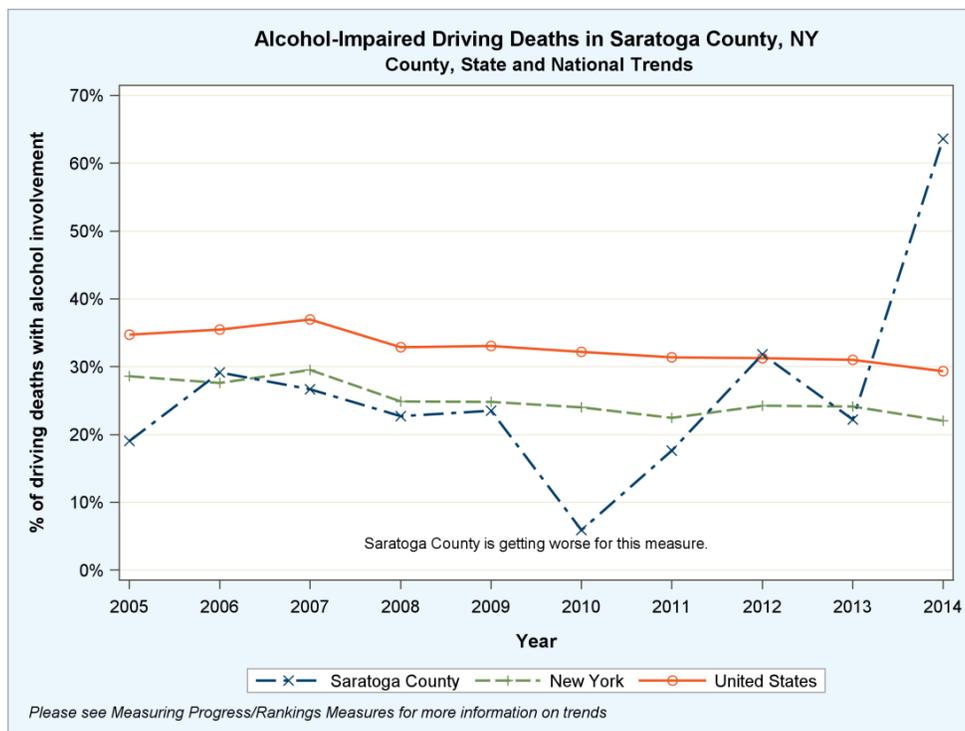
Health Outcome Summary Score

Health outcomes were measured in terms of length of life (50%) and quality of life (50%). Length of life was calculated using premature death rates, defined as the age-adjusted years of potential life lost before age 75 per 100,000 population. Saratoga County ranked number 6 in this category, with a rate of 4,500 per 100,000. To account for quality of life, ‘poor or fair health’, ‘poor physical health days’, ‘poor mental health days’ and ‘low birthweight’ were measured. In Saratoga County, 10% of the sample reported poor or fair health and 7% of live

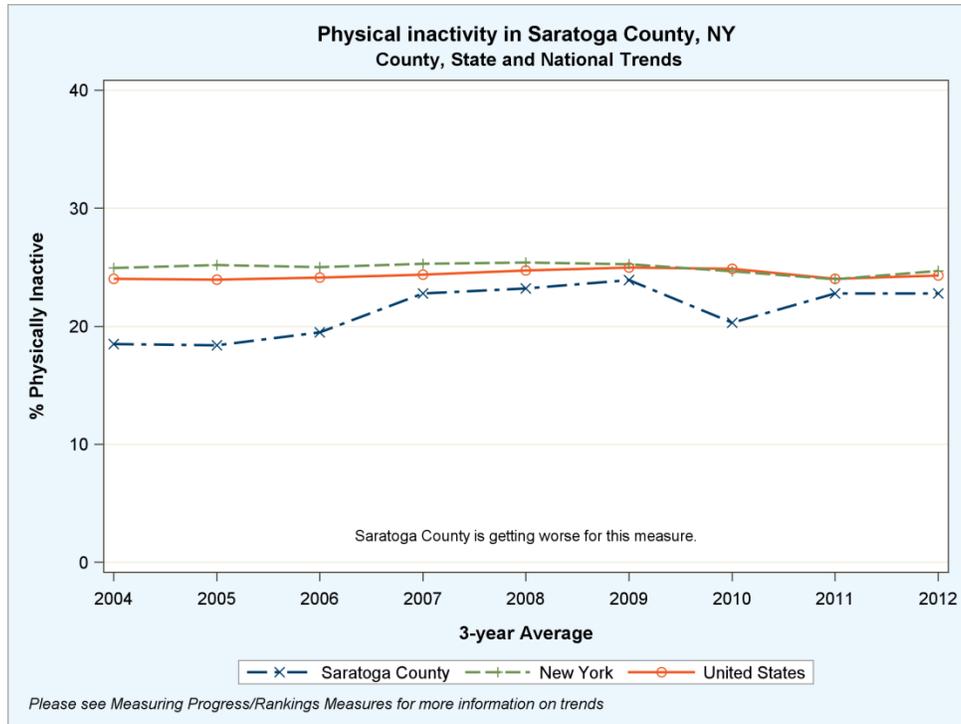
births were born with a low birthweight (<2500 grams). In the last 30 days, the average number of poor physical health days reported for the sample was 3.3 and the average number of poor physical health days was 2.9. Overall in the quality of life category, Saratoga County ranked number 2. In comparing to all other counties in New York State, Saratoga County ranked number 1 in overall health outcomes.

Health Behaviors

Health behaviors were measured based on the following categories: adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving, sexually transmitted diseases, and teen births. In Saratoga County, 14% of adults in the sample identified as current smokers, 26% were identified as obese (BMI 30 or over), and 23% of adults aged 20 and over reported no leisure-time physical activity. The food environment index, or index of factors that contribute to a healthy food environment, was rated 8.6 out of 10 (with 10 being the best). There were approximately 208.4 newly diagnosed chlamydia cases per 100,000, and 13 teen births (females ages 15-19) reported per 1,000 females. About 21% of adults reported excessive drinking and in 26% of driving deaths, alcohol was involved. Adequate access to exercise opportunities was reported by 87% of the sample. Overall, Saratoga County ranked number 9 for health behaviors.



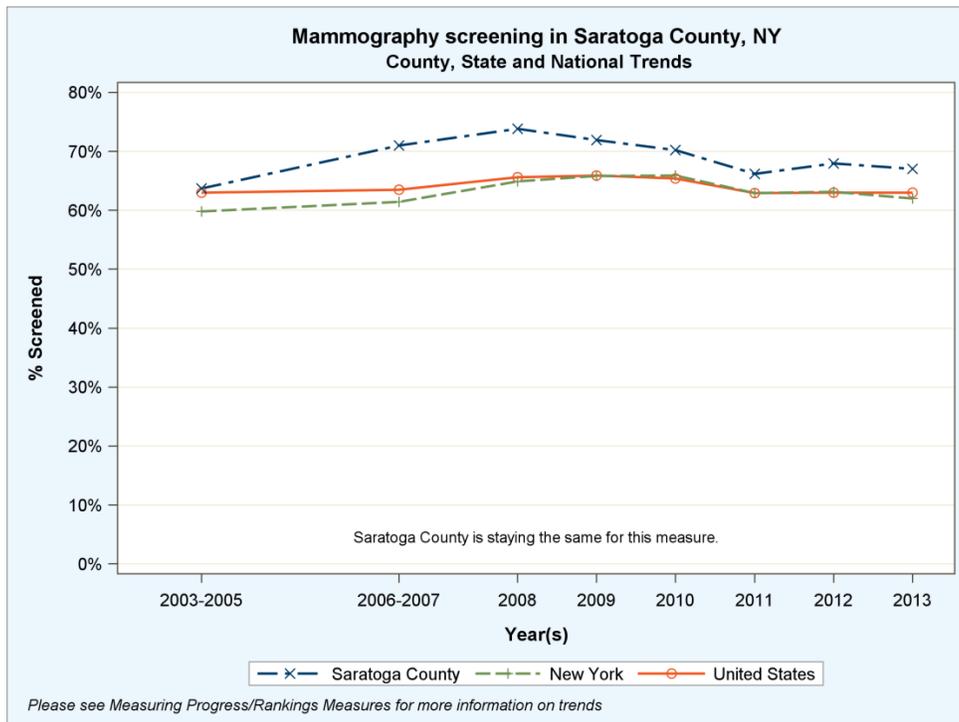
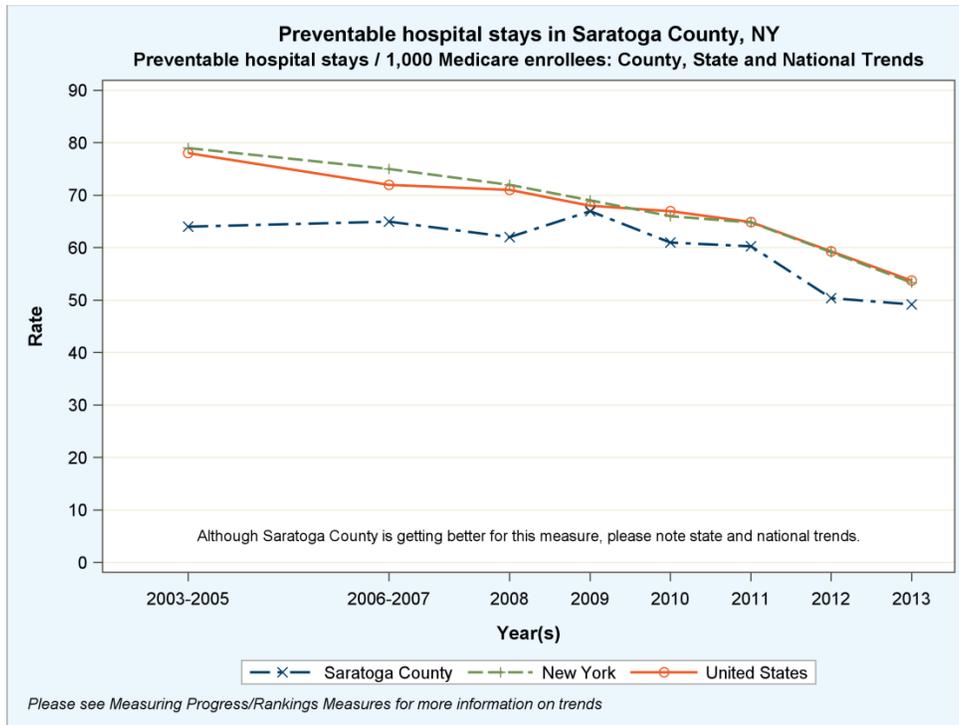
Health Behaviors (cont'd)



Clinical Care

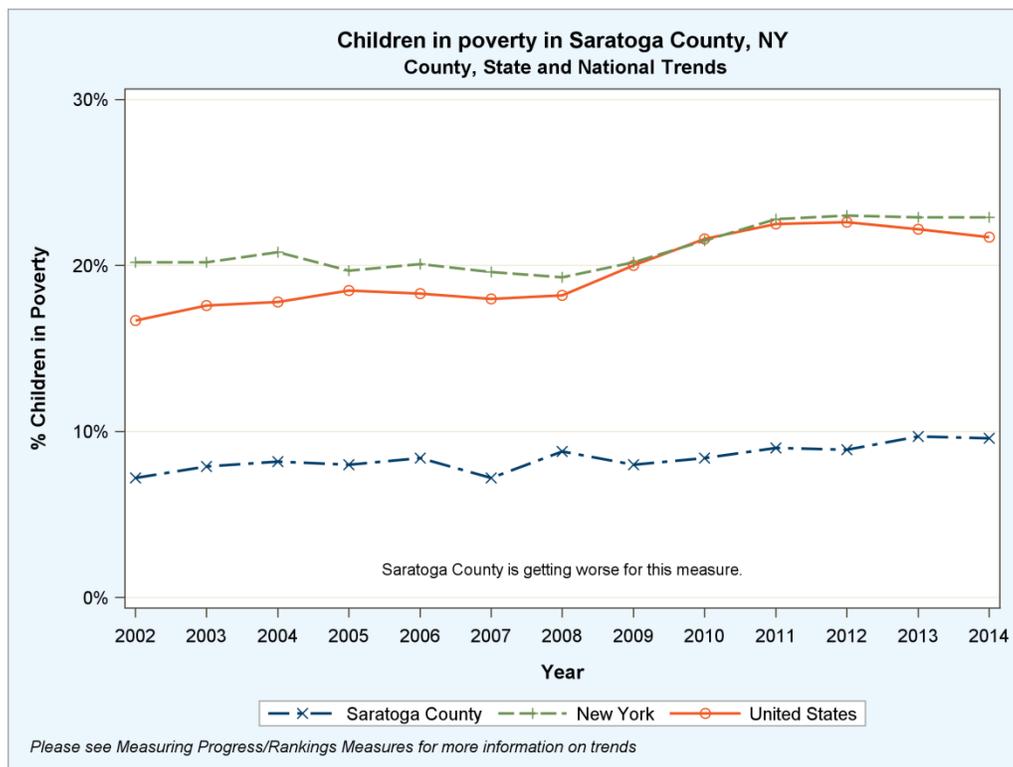
Clinical care was measured by the following factors: percentage of uninsured; ratio of primary care physicians, mental health providers, and dentists to the population; number of preventable hospital stays; diabetic monitoring; and mammography screening. According to the sample, 7% of the population is uninsured; there were 40 preventable hospital stays per 1,000 Medicare enrollees; 90% of diabetic Medicare enrollees aged 65-75 receive HbA1c monitoring; and 67% of female Medicare enrollees aged 67-69 received mammography screening. In Saratoga County, the ratio of population to primary care physician was 1,300:1; population to dentists 1,600:1; and population to mental health providers 710:1. Overall, Saratoga County ranked number 3 in clinical care.

Clinical Care (cont'd)

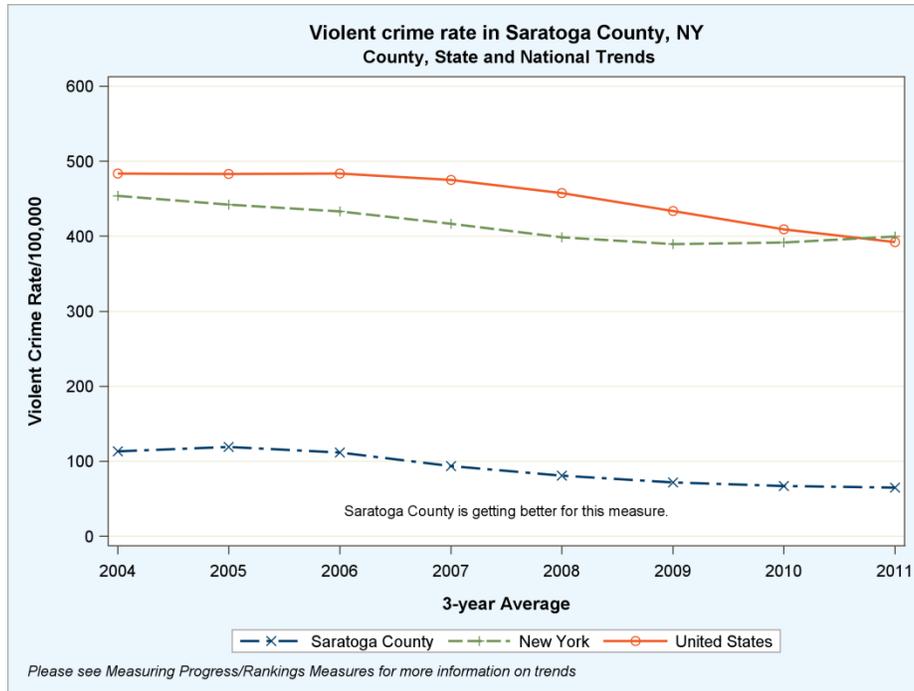


Social and Economic Factors

Social and economic factors were measured through the following: high school graduation, some college, unemployment, and children in poverty, income inequality, children in single-parent households, social associations, violent crime, and injury deaths. In Saratoga County, there is an 86% high school graduation rate, with 77% of the population receiving some college education. Unemployment rates are at 4.6%, around 10% of children are living in poverty, and the ratio of household income at the 80th percentile to income at the 20th percentile is 4.0. There were 38 injury deaths per 100,000 population and 65 violent crime deaths per 100,000 population. There were 8.2 membership associations per 10,000 population and 25% of children live in single parent households. Overall, Saratoga County ranked number 2 in social and economic factors.



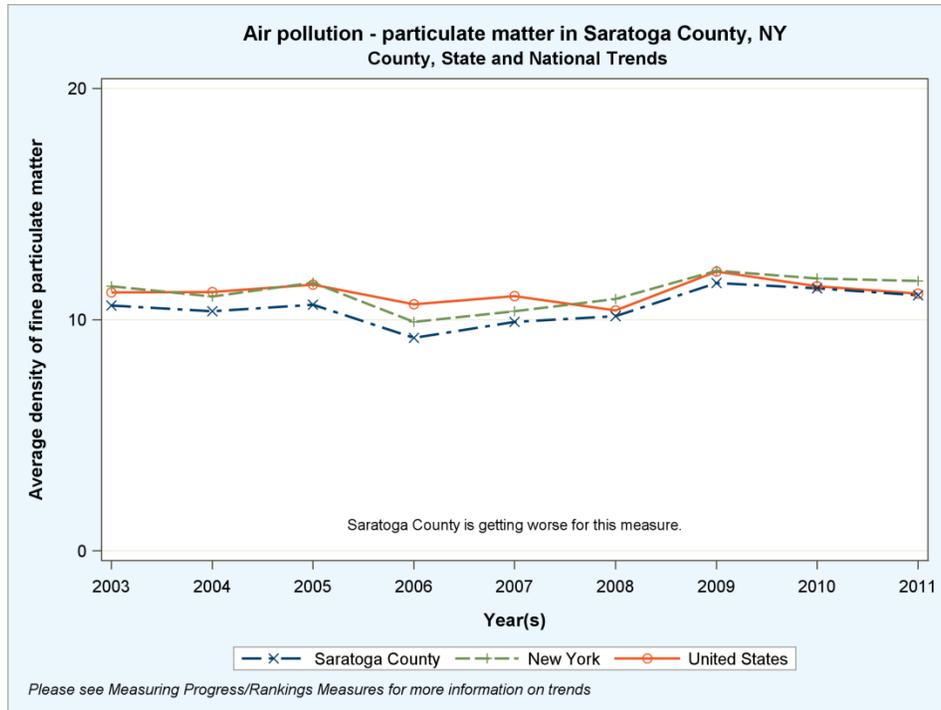
Social and Economic Factors (cont'd.)



Physical Environment

For physical environment, the following categories were considered in the ranking: air pollution-particulate matter, drinking water violations, and severe housing problems, driving alone to work, and long commute-driving alone. The average daily density of fine particulate matter (in micrograms per cubic meter) was 11.1 and there was a presence of health-related drinking water violations. A reported 12% of households had at least one of four severe housing problems: overcrowding, lack of kitchen or plumbing facilities, and high housing costs. In Saratoga County, 83% of the workforce drives alone to work and 37% of workers who commute in their car alone do so for more than 30 minutes. Overall, Saratoga County ranked number 21 of 62 counties in New York State.

Physical Environment (cont'd)



Conclusions

In the preparation of Saratoga County's Community Health Assessment (CHA), Healthy Capital District Initiative (HCDI) played a pivotal role in collecting the data necessary to facilitate further understanding of the needs of the community. Saratoga County engaged a comprehensive group of community partners in reviewing community health data, discussing strengths and opportunities, developing meaningful strategies, and creating realistic timeframes.

Executive Summary

The 2016-2018 Saratoga County Community Health Improvement Plan (CHIP) is a systematic strategy employed to address top public health concerns within the community. The collaborative community efforts made to improve health and wellness are outlined by the plan, with specific activities and measures used to illustrate success and opportunities. The 2013 Saratoga County CHIP identified 3 priorities: preventing chronic disease through the reduction of obesity, promoting mental, emotional, and behavioral health and preventing substance abuse, and preventing chronic disease by increasing access to high-quality chronic disease preventive care and management in clinical and community settings. Priorities have slightly shifted in focus, with more emphasis on the mental health and substance abuse needs of the county due to the opioid epidemic, increasing rates of suicide, and escalating mental health needs in a variety of environments. Although chronic disease is no longer identified specifically as a CHIP priority, ongoing work, such as that by the newly-formed asthma and prediabetes coalitions, continue efforts in this area.

In the 2016-2018 CHIP, Saratoga County has committed its focus to two areas: mental health and substance abuse. Progress in each of the areas will be measured by specific goals and objectives; however, it is important to note that the outlined goals are not entirely representative of the scope of work being done in each of these areas. Saratoga County's reporting on the priority of mental health will involve the development and sustenance of an active Suicide Prevention Coalition; the priority of substance abuse will be measured through the implementation of a Vivitrol Program within Saratoga County's Jail and a public health detailing campaign focusing on Neonatal Abstinence Syndrome. In addition to the priority areas identified, Saratoga County will continue to address the continuum of public health concerns such as obesity, transportation and access to care, and overdoses. The success of the activities identified in Saratoga County's CHIP will largely be determined by the quality of communication, support, and engagement shared by numerous community stakeholders and partners that have demonstrated, and continue to demonstrate, a dedication to transforming the community into a healthier environment that supports overall health and well-being.

Stakeholder Outreach and Contribution

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 4:00am. Many in the meeting also stated that they felt strongly that poor mental health increases substance abuse and self-medicating. Representatives from Glens Falls Center for Health Promotion expressed to the group how dire the consequences of smoking are amongst those with mental health.

Saratoga County's goals and strategies align with the needs identified in the CHA and reflect the priorities of a diverse group of stakeholders. Prioritization was determined through representatives from the community, professional agencies and community organizations, and area healthcare providers. The process by which goals and strategies were identified included the review of primary and secondary data lead by HCIDI, as well as planning work groups and strategy meetings with the support of the Saratoga County Mental Health and Substance Use Disorder Coalition. 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 HCIDI website.

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 made a 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, Saratoga County 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.

Mental health and substance abuse 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. Based on community and provider discussion, county data, and relevance towards the New York State's 2013-2018 Prevention Agenda, two priority areas were selected. The two areas of focus are mental health and substance abuse, both

encompassed in the Prevention Agenda’s focus area to Promote Mental Health and Prevent Substance Abuse. The Table 5 below describes stakeholder activities for the first few months of activities regarding the development of the CHIP; meetings of the Saratoga County Mental Health and Substance Use Disorder Coalition continue on a monthly basis.

Table 5: Stakeholder Activities in Saratoga County CHIP Planning

Date		Topics	
February 11, 2016	First Meeting- Saratoga Prevention Agenda Prioritization Workgroup	Led by Kevin Jobin- Davis of HCDI, Michael Medvesky of HCDI	Reviewed data for Asthma, Respiratory Disease, Diabetes, Chronic Kidney Disease, Cardiovascular Disease, Cancer, Obesity
March 4, 2016	Second Meeting- Saratoga Prevention Agenda Prioritization Workgroup	Led by Kevin Jobin- Davis of HCDI, Michael Medvesky of HCDI	Reviewed data for Falls, Occupational Health, STDs, Lyme Disease, Vaccine Preventable Diseases, Child Access to Care, Childhood Lead, Unintended Pregnancy, Prenatal Care, Low Birthweight
March 17, 2016	Third Meeting- Saratoga Prevention Agenda Prioritization Workgroup	Led by Kevin Jobin- Davis of HCDI, Michael Medvesky of HCDI	Reviewed data for Mental Health and Substance Abuse; discussion and voting for priorities
April 28, 2016	Saratoga County Mental Health and Substance Use Disorder Coalition	Led by Carrie Dunn – Herrera of HCDI	Reviewed county data for Mental Health and Substance Abuse; explained CHIP process and importance
May 12, 2016	Saratoga County Mental Health and Substance Use Disorder Coalition	Mental Health group led by Amanda Duff of Saratoga County Public Health Services; Substance Abuse group led by Janine Stuchin, Executive Director of the Prevention Council	Worked in groups specific to areas chosen
June 2, 2016	Saratoga County Mental Health and Substance Use Disorder Coalition	Led by Carrie Dunn – Herrera of HCDI	CHIP presentation
July 7, 2016	Saratoga County Mental Health and Substance Use Disorder Coalition	Discussed by Dr. Michael Prezioso, Director of Community Services and Director of the Saratoga County Mental Health Center	Updates to whole group on progress toward CHIP strategies

Attendees to the Saratoga Prevention Agenda Prioritization meetings and Saratoga County Mental Health and Substance Use Disorder Coalition include, but are not limited to:

- Albany Medical Center
- Albany Medical Center Physician Assistant Program
- Capital Consulting Group, LLC
- Captain Youth and Family Services
- Catholic Charities - Catholic Charities Care Coordination Services
- City of Saratoga Springs
- Council for Prevention
- Wellspring Domestic Violence Advocacy/ Family Residential Programs
- Ellis Hospital Urgent Care, Clifton Park
- Four Winds Hospital; Franklin Community Center, Inc.
- Healthy Capital District Initiative (HCDI)
- LaSalle Counseling; Saratoga Hospital
- Northern Rivers Family Services
- NYS Court System
- Saratoga County Office of Mental Health
- Parsons Child and Family Center at Malta
- Recovery Advocacy In Saratoga (RAIS)
- Rehabilitation Support Services (RSS) Capital District Stabilization and Support Program
- Saratoga Center for the Family
- Saratoga City Court Judge
- Saratoga Community Health Center
- Saratoga County Alcohol and Substance Abuse Services
- Saratoga County Department of Disability and Social Services
- Saratoga County Emergency Medical Services
- Saratoga County Mental Health Center
- Saratoga County Public Health Services
- Saratoga County Sheriff
- Saratoga Hospital
- Saratoga Hospital Emergency Department
- Saratoga Springs School District

- Ballston Spa School District
- Schuylerville High School
- Shenendehowa School District
- Shelters of Saratoga
- St. Peters Addiction Recovery Services at Saratoga
- Saratoga Springs Police Department
- St. Luke's Recovery Residence Center
- Transitional Services Association, Inc.
- Veteran Mental Health Council at the VA

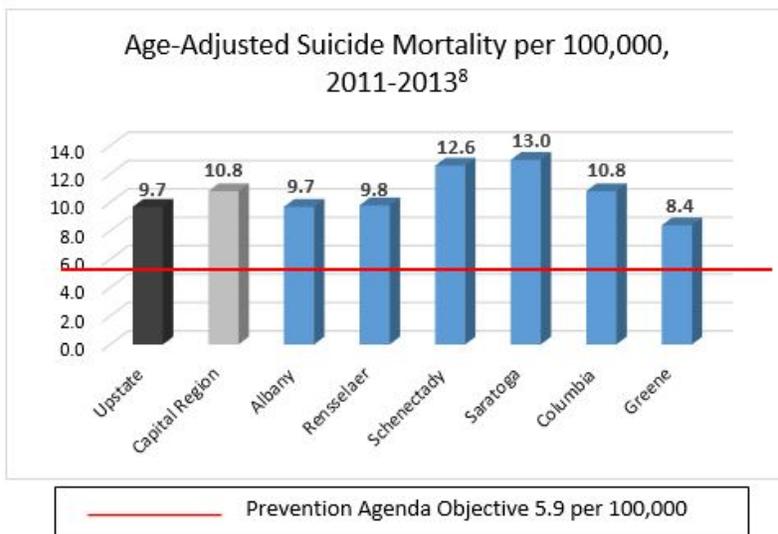
Health Disparities

Saratoga County is a large county of 844 square miles that has numerous rural communities that are isolated from necessary services, which are often concentrated in urban areas. Although not specifically ethnically diverse, overwhelming economic disparities exist within Saratoga County. Areas like Mechanicville, Stillwater, and Galway are isolated, with transportation being a major barrier to accessing services in nearby urban areas. Saratoga County hosts 112 registered mobile home/trailer parks of various sizes. Median income in Saratoga County is \$71,508; however, significant areas of poverty have been identified even in urban areas such as in Ballston Spa and Saratoga Springs. Almost 25% of households with children headed by a female with no husband present living below the poverty level, with that number showing growth over time. Percentage of unemployed individuals has increased, with the resulting loss of health insurance placing additional burden on families' access to services. In a recent Community Needs Assessment, community members surveyed expressed growing poverty and shrinking budgets that appear to discourage prevention programs.

In addition to health disparities based on race and economic factors, data based on zip codes further indicate geographic disparities in access and utilization of appropriate services. Interestingly, need has been identified in various areas of the county, dependent on the criteria used. For example, Burnt Hills (12027) has the highest rate of premature births (15.7), Galway (12074) has the highest rate of low birth weight (10.7), Clifton Park (12065) has the highest rate of infant deaths (6), Round Lake (12151) has the highest rate of late or no prenatal care (7.7), and Hadley (12835) has the highest rate of Medicaid or self-pay births (44.8). Over time, Saratoga County has demonstrated increasing disparities in the health outcomes of its population. According to the New York State Prevention Agenda, the ratios of premature births of blacks to

whites, Hispanics to whites, and Medicaid to non-Medicaid have increased. The ratio of Medicaid to non-Medicaid premature births in Saratoga County (1.10) is higher than both the New York State rate (1.09) and the Prevention Agenda goal (1.0); of note, Saratoga County's rate has worsened since the last time measured. Furthermore, Saratoga County has a higher rate unintended pregnancy in its Medicaid to non-Medicaid populations (2.13) than both New York State average (1.70) and the 2018 Prevention Agenda goal (1.54). Also, the percentage of children aged 3-6 who had the recommended number of well-child visits in government-sponsored programs (84.4) was lower than the Prevention Agenda goal (91.3).

Table 6



Priorities to Improve Health and Wellness

Growing issues with mental health and substance abuse further complicate rural in Saratoga County. The proportion of mental health psychiatrists in Saratoga County is lower than the Upstate average, with psychologists also being needed in Saratoga County and surrounding areas. Saratoga County has higher rates (12.7) of adults with poor mental health days and higher suicide death rates (11.6) than both NYS and the Prevention Agenda goal (see Table 6). Heroin use has skyrocketed in the area, with local Emergency Medical Services reporting up to 14 overdoses per week in 2015, and in 2016 with up to 2-3 overdoses per hour on certain days. Saratoga County's coroner has reported 8 fatal overdoses in 2012; 23 fatal overdoses in 2013; 25 fatal overdoses in 2014; and over 30 fatal overdoses in 2015. Rates of treatment initiation for newly diagnosed Medicaid recipients living in Saratoga County (72.5%) with alcohol or drug

dependence was lower than the NYS rate (78.0%) as well as rates of engagement of treatment (20.7%) and binge drinking rates (18.9%). Priority setting meetings for the CHIP identified mental health and substance abuse as the focus for the Saratoga County. Discussion with Saratoga County WIC and Saratoga County DSS has continued to support the need for supportive family services for individuals with mental health and substance abuse conditions; in consideration of the community need, families with these conditions will be particularly targeted.

The priority focus area of Promote Mental Health and Prevent Substance Abuse was selected based on review of the data and input from various community stakeholders. The three goals chosen are detailed below.

Goal	Outcome Objective	Activities	Process Measures	Partner Role	Partner Resources	By When	Disparity
2.3: Prevent Suicides among Youth and Adults	2.3.2: Reduce the Age-Adjusted Suicide Mortality Rate from 13.0 in 2011-13 to 5.9 per 100,000 by December 31, 2018 by Establishing an Active Saratoga County Suicide Prevention Coalition to Support Evidence-Based Practices and Preventive Activities.	Develop an active Saratoga County Suicide Prevention Coalition (SCSPC): SCSPC will include professionals, human service providers, and community members. SCSPC will support the implementation of preventive activities and evidence-based practices to reduce suicide, focusing in on target populations following the review of current county data from the coroner.	SCSPC will contain appropriate partners to support the implementation of at least 2 evidence-based suicide prevention or postvention practices in Saratoga County. SCSPC will host at least 3 opportunities for suicide prevention training within Saratoga County by December 31, 2018.	Saratoga County Public Health Services (planning and implementation partner), Suicide Prevention Center of New York State (resource for coalition development and sustainability; partner in programming), American Foundation for Suicide Prevention (resource for programming), Four Winds Hospital, Saratoga Hospital, Prevention Council, Saratoga County Department of Probation, Shenendehowa School District, Saratoga County Single Point of Access (SPOA) <i>(see Appendix A for complete list of partners and their identified resources)</i>	Saratoga County Public Health Services and Saratoga County Mental Health will dedicate time and resources to identify space, schedule meetings, and facilitate activities for coalition meetings. Each coalition partner will be responsible for sharing any pertinent information as well as participating in applicable work groups. Depending on need and interventions chosen, partner roles may increase and vary at any point in time.	First meeting of the Saratoga County Suicide Prevention Coalition will commence by August 2017; meetings will then continue on a regular basis. SCSPC will support the implementation of at least 2 evidence-based suicide prevention or postvention practices in Saratoga County by December 31, 2018. SCSPC will host at least 3 opportunities for suicide prevention training within Saratoga County by December 31, 2018.	Middle-aged men (45 to 60 years old) experience a 43% increase in suicide from 1997 to 2014. White males accounted for 7 of 10 suicides in 2014 (American Foundation for Suicide Prevention). The age-adjusted suicide death rate per 100,000 is higher in Saratoga County (13.0) than both the NYS average (8.0) and the NYS Prevention Agenda Objective (5.9).

Goal	Outcome Objective	Activities	Process Measures	Partner Role	Partner Resources	By When	Disparity
3.1: Support Collaboration Among Leaders, Professionals, and Community Members Working in Mental Emotional Behavioral (MEB) Health Promotion, Substance Abuse, and other MEB disorders and Chronic Disease Prevention, Treatment, and Recovery	3.1.2: Identify and Strengthen Opportunities for Implementing MEB Health Promotion and MEB Disorder Prevention through the Implementation of a Vivitrol Program to be offered to Eligible Inmates Incarcerated at the Saratoga County Jail while Gathering Data to Regarding the Number of Eligible Program Recipients by December 31, 2017.	Provide Vivitrol Program to eligible, incarcerated individuals in the Saratoga County Jail that are addicted to opiates. The initiation of Vivitrol administration will be used to support successful recovery. Resources will be provided to ensure smooth transition following incarceration to an appropriate provider for Medication Assisted Treatment (MAT) maintenance and wrap-around services arranged prior to release.	Partners involved with the Vivitrol Program at the Saratoga County Jail will collect data justifying the need for a Vivitrol Program and determine viability within the first year of implementation. Following the first year, there will be further analysis of program effectiveness and potential program expansion as well as inmate engagement in wrap-around services offered following release.	Saratoga County Mental Health (co-lead of initiative); Saratoga County Jail (co-lead of initiative); Saratoga County Public Health Services (resource provision and assistance identifying availability of community services) <i>(see Appendix A for complete list of partners and their identified resources)</i>	Saratoga County Jail and Saratoga County Mental Health will dedicate time to identifying and tracking potentially eligible inmates. Saratoga County Jail, Saratoga County Mental Health, and Saratoga County Public Health Services will collaborate to identify and provide resources to inmates participating in the Vivitrol program.	The Vivitrol Program, complete with its complementary services, will be available to offer medication-assisted treatment to eligible inmates with opiate use disorders incarcerated at Saratoga County Jail by December 31, 2016.	Nearly 50% of all jail and prison inmates have a substance abuse condition. An estimated 70% of inmates regularly used drugs prior to incarceration (National Institute on Drug Abuse, 2012). There is a 77% national recidivism rate for drug offenders within 5 years of release (Bureau of Justice Statistics, 2016).

Goal	Outcome Objective	Activities	Process Measures	Partner Role	Partner Resources	By When	Disparity
1: Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities	1.1.1: Increase the Use of Evidence-Informed Policies and Programs That Are Grounded on Healthy Development of Children, Youth, and Adults through the Implementation of a Public Health Detailing Campaign on Neonatal Abstinence Syndrome (NAS) to Reduce the NAS Infant Discharge Rate from 71.4 per 10,000 to 64.3 per 10,000 by December 31, 2017.	Outreach obstetrics offices across Saratoga County to provide educational materials on NAS and resources. Engage offices in participating in a pilot program to implement 5Ps substance use screen with pregnant patients. Provide educational presentations to complementary service providers to reduce stigma of pregnant women with addiction to better support successful and maintained recovery for healthy families.	Saratoga County Public Health Services, through their NAS public health detailing campaign, will provide materials to 5 obstetrics and gynecology offices within Saratoga County and will offer at least 2 educational sessions on NAS to complementary service providers within Saratoga County.	Saratoga County Public Health Services (lead of initiative); Saratoga Hospital; Saratoga County Jail; Warren County Public Health; Washington County Public Health, Glens Falls Hospital; the Neonatal Abstinence Subcommittee of Hometown Vs. Heroin; Saratoga County Child Protective Services; Myrtle Street Obstetrics & Gynecology; Saratoga Community Health Center; Complete Women's Care of Clifton Park; Women's Care of Saratoga Springs; Saratoga Midwifery; St. Peter's Obstetrics & Gynecology of Clifton Park; CareNet Clifton Park <i>(see Appendix A for complete list of partners and their identified resources)</i>	The Neonatal Abstinence Subcommittee provides a forum for discussing best practices and sharing current NAS information. Saratoga Hospital has dedicated time to collaborate with Saratoga County Public Health Services on the creation of outreach materials. Numerous obstetrics offices across the county have access to the target population and will distribute NAS brochures and actively refer identified patients.	Saratoga County Public Health Services, through their NAS public health detailing campaign, will provide materials to 5 obstetrics and gynecology offices within Saratoga County by December 31, 2016. Saratoga County Public Health Services, with the support of Saratoga Hospital, will offer at least 2 educational sessions on NAS to complementary service providers within Saratoga County by March 31, 2017.	The risk of stillbirth is 2-3 times greater in women who take prescription pain relievers or use illegal drugs during pregnancy (National Institute on Drug Abuse, 2015).

Additional Public Health Activities

In addition to the priorities that will be reported within the CHIP, Saratoga County Public Health Services will continue to grow and initiate new methods for promoting the health and wellness of residents. The development and use of social media, such as an online Directory of Community Resources and high-traffic Facebook page, has become particularly helpful in disseminating information on a large scale. Current projects at Public Health include providing tuberculosis screening clinics at an outpatient substance abuse treatment facility, education at health fairs, at schools open houses, and provider outreach regarding Zika virus transmission, Lyme disease, Hepatitis and Perinatal Hepatitis vaccine recommendations. Additionally, Saratoga County Public Health Services will continue to assist in the development and sustainability of the Adirondack Asthma Coalition, as well as, the Saratoga County Prediabetes Coalition. Saratoga County Public Health Services will continue to collaborate with community partners to identify and address emerging needs.

Communications Plan

The following strategies will be used to disseminate Saratoga County's Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP):

- A press release announcing publication of the 2017 CHA/CHIP will be provided to the local print with a request to include a link to the Public Health website.
- A copy of the 2017 CHA/CHIP will be posted to the county website, the Public Health website, and a link posted on Public Health's Facebook page.
- Printed hard copies and electronic versions of the documents will be offered to the stakeholders included in the CHIP.
- County, Town and Village Government will be offered electronic copies.
- An email with a link to the 2017 CHA/CHIP on the Public Health website will also be sent to organizations, school districts and local colleges, libraries and community health agencies.
- A copy of the 2017 CHA/CHIP will be made available on the HCDI website.
- Public Health representatives will be available to speak to community organizations, planning groups, and concerned citizens upon request.

Appendices

Appendix A: Saratoga County Resources and Assets- Mental Health and Substance Abuse

Organization	Mental Health and Substance Abuse Assets
Alcohol & Substance Abuse Prevention Council	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Housing programs for homeless individuals and families. Eviction prevention to keep individuals and families stably-housed and Rapid Rehousing Services to assist homeless individuals in locating 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, runaway, 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	<ul style="list-style-type: none"> • 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

<p>Catholic Charities Care Coordination Services</p>	<ul style="list-style-type: none"> • 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
<p>Domestic Violence and Rape Crisis Services of Saratoga County</p>	<ul style="list-style-type: none"> • 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, and 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	<ul style="list-style-type: none"> •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.	<ul style="list-style-type: none"> • 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
Glens Falls Hospital-Health Promotion Center/Tobacco Free Initiative	<ul style="list-style-type: none"> • 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 (MACSC)	<ul style="list-style-type: none"> •Counselor comes in from Saratoga County Mental Health for children on Wednesday and Thursday for adults
Northern Rivers Family Services	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> • 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 (RAIS)	<ul style="list-style-type: none"> • 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 District Stabilization and Support Program	<ul style="list-style-type: none"> • Housing Options • Care Coordination and Treatment • Employment Services • Wellness Programs
Saratoga Center for the Family	<ul style="list-style-type: none"> • Our clinical services focus on a broad 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Offers outpatient, women's rehab, men's rehab and substance abuse treatment services
Saratoga County Department of Disability and Social Services	<ul style="list-style-type: none"> • 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 Center	<ul style="list-style-type: none"> •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 Services	<ul style="list-style-type: none"> •Collaborates on prevention activities of Saratoga County Mental Health and Substance Abuse Coalition •Participates in the cross-county approach to prevent opioid abuse in pregnant women •Provides resources and links to prevention and mental emotional behavioral health promotion to schools & parent organizations within Saratoga County •Facilitates action-oriented planning meetings with community partners regarding mental health and substance abuse •Promotes suicide prevention through various outreach strategies
Saratoga County Youth Bureau	<ul style="list-style-type: none"> •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	<ul style="list-style-type: none"> • Diagnostic Evaluation • Medical Specialties • Surgical Services • Classes • New Parents/ Busy Families • Women’s Health • Men’s Health • Elder Care • Wellness/ Education
Saratoga Prevention Council	<ul style="list-style-type: none"> • 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.

Saratoga Prevention Council	<p>The classes are best suited for first- or second-time non-violent offenders.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Case Managed Shelter • Outreach •Code Blue Emergency Shelter •Drop-In Center • Affordable Housing •Community Resources
Shenendehowa Central School District	<ul style="list-style-type: none"> • 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 district in the area. • Mission is to work continuously and in partnership with the

Shenendehowa Central School District	<p>community to ensure that all students develop and demonstrate the knowledge, skills, abilities and character needed to live useful, productive and rewarding lives</p> <ul style="list-style-type: none"> • 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. Peter's Addiction Recovery Services (SPARC)	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provide Housing for Homeless Veterans • Employment Opportunities • Case Management • Benefit and Legal Advocacy • Secure Sustainable Employment • Options for Transitional Housing
Wellspring	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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®

Appendix B: **Capital Region Community Health Survey**

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 and 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

Healthy Capital District Initiative 299 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. Healthy Capital District Initiative 300

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%). Healthy Capital District Initiative 301

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.

15. 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%).

16. 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%).

17. 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 Healthy Capital District Initiative 302 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%).

18. 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%).

19. 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%).

20. 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.

21. 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.

22. 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.

23. 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 than 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.

24. 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.

25. 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%).

26. 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.

27. 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%.

28. 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?

29. 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%).

30. 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%).

31. 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%).

32. 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%).

33. 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%).

34. 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%).

35. The time it takes to exercise as much as is recommended

Of noted 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%. Healthy Capital District Initiative 306 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%).

36. 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%).

37. 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%).

38. 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%).

39. 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%).

40. The time it takes to go to the doctor for checkups or screenings?

Fifty-two percent of the participants reported the time it takes 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%).

41. 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%).

42. 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%).

43. Access to medical specialists that treat specific health needs

Just fewer than 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%).

44. 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. Healthy Capital District Initiative 308 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%).

45. 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%).

46. 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%).

47. 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, and 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%).

48. 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 Healthy Capital District Initiative 309 worker compared to those earning \$50,000 or more (at least \$50,000 but under \$100,000 – 30%; \$100,000 or more – 26%).

49. 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%).

Appendix C: **Emergency Department Visit, Hospitalization, and Mortality Diagnoses used for Health Indicators in Capital Region Community Health Needs Assessment**

Chronic Disease

- COPD/CLRD ED/Hosp.
- COPD/CLRD Mortality
- Asthma ED/Hosp.
- Diabetes ED/Hosp.
- Diabetes Short-term Complications ED/Hosp.
- Diabetes Mortality
- Cardiovascular Disease Mortality
- Coronary Heart Disease Hosp.
- Coronary Heart Disease Mortality
- Heart Attack Hosp.
- Congestive Heart Failure Hosp.
- Congestive Heart Failure Morality
- Stroke Hosp.
- Stroke Mortality
- All Cancer Mortality
- Breast Cancer Mortality
- Colorectal Cancer Mortality
- Prostate Cancer Mortality
- Lung Cancer Mortality

Safe and Healthy Environment

- Motor Vehicle ED/Hosp.
- Motor Vehicle Mortality
- Unintentional Injury ED/Hosp.
- Unintentional Injury Mortality
- Fall-related ED/Hosp.
- Fall-related Mortality
- Homicide Mortality
- Assault ED/Hosp.
- Occupational Injury ED/Hosp.: visit with primary payer as “workman’s compensation”.

Infectious Disease

- Flu/Pneumonia Mortality

Mental Health and Substance Abuse

- Mental Diseases and Disorders ED/Hosp.
- Suicide Mortality
- Self-Inflicted Injury ED/Hosp.
- Cirrhosis Hosp.
- Cirrhosis Mortality
- Substance Abuse Mortality
- Drug-related ED/Hosp.
- Opiate Poisoning ED/Hosp.

Appendix D: Saratoga County Zip Codes and Neighborhoods

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: Ballston 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 Falls

Appendix F: Capital Region Emergency Department Visit Rates by Race and Gender

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

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
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
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

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

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

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
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
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

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

	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 Springs	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

Appendix G: Saratoga County Hospitalization Rates by Neighborhood

	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 Springs	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

	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 Springs	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

Appendix H: Saratoga County Emergency Department (ED) Rates by Neighborhood

	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 Springs	95	29	97	27	179	47
South Glens Falls	23	34	25	37	44	57
Waterford/Mechanicville	67	29	69	30	138	55

	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 Springs	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

	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 Springs	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

	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 Springs	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

Appendix I: Saratoga County Prevention Quality Indicators Rates by Neighborhood

	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 Springs	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

	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 Springs	131	36.8	344	96.2
South Glens Falls	38	53.4	86	122.6
Waterford/Mechanicville	85	40.5	223	105.1

Appendix J: Saratoga County Mortality Rates by Neighborhood

	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

	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

	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

	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

	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

Appendix K: County Health Rankings for Saratoga County

	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 birth weight	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

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